AWARENESS AND PREVALENCE OF ALCOHOL USE AND ITS ABUSE AMONGST THE RESIDENTS OF AMASSOMA, BAYELSA STATE, NIGERIA

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ABSTRACT: *Background: Alcohol use and its abuse is gradually becoming a global concern because its use is deeply rooted in many societies and cultures. In recent years there have been changes in drinking patterns across the globe with increases in the rates of consumption and drinking to excess among the general population. Nevertheless, the abuse of alcohol carries a risk of adverse health and social consequences related to its toxicity and dependence-producing properties. The abuse or harmful use of alcohol is a well-known risk factor for disability and premature mortality. This study was conducted to determine the awareness and prevalence of alcohol use and its abuse among residents of Amassoma community, Bayelsa State, Nigeria. Methods: A descriptive cross-sectional randomized study design was conducted among residents of Amassoma community in Southern Ijaw Local Government Area of Bayelsa State. Data collection was carried out using both self-administered and interview-administered questionnaires. One hundred and fifty seven (157) respondents were selected for the study. Results: Data obtained from this study revealed that the majority of the respondents take alcohol or have taken it at one point in their life. Palm wine was the most frequently-used alcoholic beverage (21.7%), followed by beer and red wine (20.4%) which was usually taken for pleasure or during occasions/festivals. Majority of the respondents (69.4%) reported that their siblings take alcohol whereas 48.4% said their parents take alcohol in their presence. Conclusion: The risk factors for the use of the alcohol in the Amassoma community are being a female, single or young adult, cultural practices and beliefs of the populace.*

KEYWORDS: Alcohol Consumption, Alcohol Abuse, Prevalence, Amassoma.

INTRODUCTION

Alcohol is the oldest and most widely used intoxicating substance known to man. In many parts of the world, drinking alcohol is a common feature of social gatherings. While alcohol use is deeply embedded in many societies, recent years have seen changes in drinking patterns across the globe; rates of consumption, drinking to excess among the general population and heavy episodic drinking among the populace are on the rise in many countries (Babor *et al.*, 1999). Nevertheless, the abuse of alcohol carries a risk of adverse health and social consequences related to its toxicity and dependence-producing properties. Alcohol abuse is the chronic continual drinking or periodic consumption of alcohol which is characterized by impaired control over drinking, frequent episodes of intoxication, preoccupation with alcohol, and use of alcohol despite adverse consequences. The abuse or harmful use of alcohol is a well-known risk factor for disability and premature mortality (Fuster & Samet, 2018).

According to the World Health Organization (WHO), hazardous or harmful use of alcohol was responsible for about 2.3 million global deaths in 2004, accounting for 3.8% of all global mortality. This is because harmful use of alcohol is a risk factor for non-communicable diseases such as cardiovascular diseases, cancers, trauma/injuries and chronic liver diseases which have been on the increase. Among the Ijaws of the Niger Delta, Nigeria, alcohol is used for various social and religious activities; it is used to entertain visitors at engagement and marriage ceremonies, to signify the settlement of quarrel and at funerals, among other social and religious engagements. However, despite the widespread use, alcohol-related problems are not commonly recognized in the Ijaw society, and this has led to a widespread prevalence of alcohol abuse and its related symptoms (Brisibe & Ordinioha, 2011).

From casual observation, many people are involved in increased alcohol consumption, hence the need to carry out this study to determine the prevalence of alcohol amongst residents of Amassoma. The aim of this research was to enhance awareness on the prevalence of alcohol abuse amongst residents in Amassoma, Bayelsa State, Nigeria.

METHODOLOGY

Study Setting

The study was carried out in Amassoma community in Southern Ijaw Local Government Area of Bayelsa State. Amassoma is 60km from Yenagoa which is the capital city of Bayelsa State[19]. Amassoma is situated at Latitude 4.97^0 North and Longitude 6.11^0 East; it is 76 meters above sea level[19]. It has a population of greater than 20,000 people. Amassoma is also the host community of the state-owned Niger-Delta University (NDU). Amassoma is bounded by the Ogobiri community on the North, Oporoma on the South, Otuan on the East and Torubeni on the West.

The population of Amassoma comprises natives (who were originally fishers and farmers but are now mainly civil servants since the inception of NDU), and business men and women from other parts of the country and students[19]. There are numerous bars, and clubs where people take alcohol at their leisure and also the locally produced alcohol (Ogogoro, *kai-kai*) and palm wine which are readily available and patronized by inhabitants (Ebitimi, 2011).

Study Population

The study population comprised individuals who are 18 years and above (males and females) who reside in Amassoma, including natives and non-natives[20].

Eligibility Criteria

Residents of Amassoma who are above 18 years of age and have consented to participate.

Study Design

A descriptive cross-sectional study design was used. It was designed to assess the prevalence of alcohol abuse amongst residents of Amassoma and its related symptoms.

Sampling Technique

A multistage sampling technique was used.

Stage 1: A list of the 22 sub-communities in Amassoma serves as a simple frame from which 16 sub-communities were selected using simple random sampling (balloting). Questionnaires were allocated to each sub-communities selected.

Stage 2: In each sub-community, a list of the houses in the major street serves as the sample frame from which 10 houses were selected using systematic sampling method and a questionnaire was allocated to each household.

Stage 3: In each house, a list of households serve as the Sample frame from which one household was chosen.

Stage 4: In each household, a list of eligible participants serves as the sample frame from which one participant was selected using a simple random sampling method.

Sample Size Determination

We adopted the WHO steps guideline to calculate the appropriate and minimum sample size as shown below

$$n = \frac{z^2\, p\, (1-p)}{d^2}$$

where n   =   sample size

z   =   confidence level

p   =   proportion

d   =   Margin of error

N   =   95

$z = 95\%$ - 1.96

$d = 5\%$ - 0.05

$p = 11.8\%$ - 0.118 (from an earlier study carried out)[1]

$$n = \frac{(1.96)^2 \ x \ 0.118 \ (1 - 0.118)}{0.05^2}$$

= 159.81

= 160

Non response rate of 10% (10% of 160, i.e, 16 persons) brings our sample size to 176 participants.

Study Instrument/Procedure of Data Collection

Data was collected from the respondents using an interviewer-administered questionnaire approach by group members.

Ethical Clearance and Consideration

1. Ethical approval for this study was obtained from the Research and Ethical review committee, Niger-Delta University, Bayelsa State.

2. Approval from the head of each house/household was gotten.

3. Informed consent was obtained on an individual basis before administration of the questionnaire.

Confidentiality was maintained throughout the course of the study as the questionnaires were made anonymous.

Validity

Pre-test questionnaires were shared to ten (10) residents who met the criteria for the study in Ogobiri community which is a nearby rural Ijaw speaking community in Southern Ijaw Local Government Area, Bayelsa State. This was used to:

● Check the relevance of the instrument and quality of information to be obtained.

● Check the understanding ability (both the researchers and respondents) of the language used. ??

Data Processing

Data from questionnaires was analysed using statistical package for social sciences (SPSS) windows version 20.0.

RESULTS

Sociodemographic profile of respondents is shown in Table 1. One hundred and fifty seven (157) respondents participated in this study, with a mean age of 18 years. Majority were within the age range of 18–23 years (34.4%); males (51.1%), females (49.0%), Christians (91.15%), single (65.6%), and students (56.1%). The majority ethnic group in Amassoma community are the Ijaws (54.8%).

Table 1: Sociodemographic Distribution of Respondents

VARIABLES	FREQUENCY	PERCENTAGE
AGE:		
18–23	54	34.4%
24–29	50	31.8%
30–35	21	13.4%
36–41	6	3.8%
42–47	8	5.1%
48–53	6	3.8%
54–59	5	3.2%
60–65	4	2.5%
66–71	3	1.9%
TOTAL	157	100%
GENDER:		
MALE	80	51.0%
FEMALE	77	49.0%
TOTAL	157	100%
RELIGION:		
CHRISTIAN	143	91.1%
MUSLIM	5	3.2%
TRADITIONAL	9	5.7%
TOTAL	157	100%
ETHNICITY:		
IJAW	86	54.8%
URHOBO	18	11.5%
IGBO	39	24.8%
EFIK	5	3.2%
IBIBIO	5	3.2%
HAUSA	4	2.5%
TOTAL	157	100%

MARITAL STATUS:		
SINGLE		
MARRIED	103	65.6%
DIVORCED	44	28.0%
TOTAL	10	6.4%
	157	100%
OCCUPATION:		
STUDENTS		
BUSINESSMEN/WOMEN	88	56.1%
CIVIL SERVANTS	32	20.4%
TOTAL	37	23.6%
	157	100%

Table 2 reveals that 91.1% of the respondents have taken alcoholic drinks at some point in their lives while 8.9% have never had alcoholic drinks.

Table 2: Frequency of Use of Alcohol

	FREQUENCY/ PERCENTAGE	FREQUENCY/ PERCENTAGE	FREQUENCY/ PERCENTAGE
VARIABLES	YES	NO	TOTAL
FEMALES	72 (45.8%)	5 (3.2%)	77 (49.0%)
MALES	71 (45.3%)	9 (5.7%)	80 (51.0%)
TOTAL	143 (91.1%)	14 (8.9%)	157 (100%)

Table 3 demonstrates that the majority (59.9%) still take alcohol and 30.6% intend to continue taking alcohol, while 31.2% quit drinking less than a year ago. Furthermore, 48.4% and 69.4% of respondents said their parents and siblings drink alcoholic drinks respectively.

Table 3: Current Alcohol Use

VARIABLES	FREQUENCY	PERCENTAGE
DO YOU STILL TAKE ALCOHOL?	94	59.9%
YES	63	40.1%
NO		
IF YES, DO YOU INTEND TO		
YES	48	30.6%
CONTINUE?	109	69.4%
NO		
IF NO, WHEN DID < 1		
YEAR AGO	49	31.2%
YOU QUIT? > 1	108	68.8%
YEAR AGO		
DO YOUR PARENTS/GUARDIANS		
YES	76	48.4%
TAKE ALCOHOL?	81	51.6%
NO		
DO YOUR SIBLINGS/RELATIVES		
YES	109	69.4%
TAKE ALCOHOL?	48	30.6%
NO		

Table 4 shows that the majority of the respondents take alcohol for pleasure (24.8%), followed by celebrations/occasions (21.0%), with the least reason being peer pressure (7.6%).

Table 4: Reasons for First Intake

Variables/ Age at first intake	Celebra tion	Depressi on	Fun/ pleasure	Medial purpose	Nil	No reason	Peer pressure	Total
12–17yrs	10 (6.4%)	9 (5.7%)	10 (6.4%)	16 (10.2%)	0 (0.0%)	7 (4.5%)	3 (1.9%)	55 (35.0%)
18–23yrs	7 (4.5%)	6 (3.8%)	15 (9.6%)	4 (2.5%)	0 (0.0%)	7 (4.5%)	3 (1.9%)	42 (26.8%)
24–29yrs	8 (5.1%)	0 (0.0%)	6 (3.8%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	2 (1.3%)	16 (10.2%)
30–35yrs	1 (0.6%)	3 (1.9%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (0.6%)	0 (0.0%)	5 (3.2%)
6–11yrs	7 (4.5%)	1 (0.6%)	8 (5.1%)	1 (0.6%)	0 (0.0%)	4 (2.5%)	4 (2.5%)	25 (15.9%)
NIL	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	14 (8.9%)	0 (0.0%)	0 (0.0%)	14 (8.9%)
Total	**33 (21.0%)**	**19 (12.1%)**	**39 (24.8%)**	**21 (13.4%)**	**14 (8.9%)**	**19(12.1%)**	**12(7.6%)**	**157 (100.0%)**

Table 5 reveals that the commonest settingsof alcohol intake are occasions (28.7%), followed by clubs (22.9%), with the least setting being shops (7.6%).

Table 5: Commonest Setting Of Intake

Variables/ Age (years)	Clubs	Home	Joints	NIL	Occasions	Shops	Total
18–23	4 (2.5%)	16 (10.2%)	8 (5.1%)	6 (3.8%)	15 (9.6%)	5 (3.2%)	54 (34.4%)
24–29	25 (15.9%)	11 (7.0%)	4 (2.5%)	4 (2.5%)	3 (1.9%)	3 (1.9%)	50 (31.8%)
30–35	1 (0.6%)	7 (4.5%)	3 (1.9%)	0 (0.0%)	10 (6.4%)	0 (0.0%)	21 (13.4%)
36–41	2 (1.3%)	0 (0.0%)	0 (0.0%)	1 (0.6%)	3 (1.9%)	0 (0.0%)	6 (3.8%)
42–47	2 (1.3%)	0 (0.0%)	0 (0.0%)	1 (0.6%)	3 (1.9%)	2 (1.3%)	8 (5.1%)
48–53	1 (0.6%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	3 (1.9%)	2 (1.3%)	6 (3.8%)
54–59	1 (0.6%)	0 (0.0%)	0 (0.0%)	1 (0.6%)	3 (1.9%)	0 (0.0%)	5 (3.2%)
60–65	0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (0.6%)	3 (1.9%)	0 (0.0%)	4 (2.5%)
66–71	0 (0.0%)	1 (0.6%)	0 (0.0%)	0 (0.0%)	2 (1.3%)	0 (0.0%)	3 (1.9%)
Total	**36 (22.9%)**	**35 (22.3%)**	**15 (9.6%)**	**14 (8.9%)**	**45 (28.7%)**	**12 (7.6%)**	**157 (100.0%)**

Table 6 reveals the longest duration of intake of alcohol to be more than 5 years (34.4%) with the least duration as 3–4 years (8.9%).

TABLE 6: DURATION OF INTAKE

VARIABLES	1–2 years	3–4 years	4–5 years	< 1yr	>5yr	NIL	Total
Total	27 (17.2%)	14 (8.9%)	29 (18.5%)	19 (12.1%)	54 (34.4%)	14 (8.9%)	157 (100.0%)

This table shows that 51.6% of the population take 1–2 bottles of alcoholic drinks per day, 21% take 3–4 bottles per day whereas the least intake was 5–6 bottles consumed by 18.5%. Thus, the percentage of harmful drinking (drinking more than 4 bottles for men and more than 3 bottles for women) is 21.0% + 18.5% = 39.5%. Therefore, the prevalence of alcohol abuse (harmful or hazardous drinking) in the community can be calculated as:

$$P = \frac{number\ of\ abusers}{Total\ number\ of\ the\ population} \times \frac{100}{} = \frac{(33+29) \times 100}{157} = \frac{6200}{15} = 39.5\%$$

TABLE 7: FREQUENCY OF INTAKE

VARIABLES		1–2 per day	3–4 per day	5–6 per day	NIL	Total
ETHNICITY	Efik	2 (1.3%)	1 (0.6%)	1 (0.6%)	1 (0.6%)	5 (3.2%)
	Hausa	4 (2.5%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	4 (2.5%)
	Ibibio	3 (1.9%)	0 (0.0%)	1 (0.6%)	1 (0.6%)	5 (3.2%)
	Ibo	18 (11.5%)	11 (7.0%)	8 (5.1%)	2 (1.3%)	39 (24.8%)
	Ijaw	43 (27.4%)	18 (11.5%)	16 (10.2%)	9 (5.7%)	86 (54.8%)
	Urhobo	11 (7.0%)	3 (1.9%)	3 (1.9%)	1 (0.6%)	18 (11.5%)
Total		**81 (51.6%)**	**33 (21.0%)**	**29 (18.5%)**	**14 (8.9%)**	**157 (100.0%)**

Table 8 showed that the most frequently used alcoholic drink is palm wine (21.7%), followed by beer and red wine (20.4%), with the least being rum/dry gin (3.8%).

TABLE 8: MOST FREQUENTLY USED ALCOHOLIC DRINKS

VARIABLES		Baileys	Beer	Kai-kai	NIL	Palmwine	Red wine	Rum	Stout	Total
SEX	female	3 (1.9%)	12 (7.6%)	6 (3.8%)	5 (3.2%)	19 (12.1%)	23 (14.6%)	4 (2.5%)	5 (3.2%)	77 (49.0%)
	Male	4 (2.5%)	20 (12.7%)	7 (4.5%)	9 (5.7%)	15 (9.6%)	9 (5.7%)	2 (1.3%)	14 (8.9%)	80 (51.0%)
Total		**7 (4.5%)**	**32 (20.4%)**	**13 (8.3%)**	**14 (8.9%)**	**34 (21.7%)**	**32 (20.4%)**	**6 (3.8%)**	**19 (12.1%)**	**157 (100.0%)**

DISCUSSION

Alcohol use in Nigeria dates far back in history. Alcoholic beverages in the pre-colonial period consisted mainly of palm wine (or distillate of palm wine, e.g., Ogogoro) and fermented cereals such as guinea corn (Gureje, Oye, Olley, and Dapo, 2015). This research aimed to create and enhance the awareness and the prevalence of alcohol abuse amongst residents in Amassoma. A total of 157 respondents obtained from the sub-communities in Amassoma were used for the study. Majority of the respondents were males (51.0%), young adults (18–23 years), Christians (91.15%), Ijaw (54.8%), single (65.6%) and students (56.1%). This is because the study was done in an environment predominated by students by virtue of the presence of the university. The study was carried out in an Ijaw community, hence the predominance of Ijaws, and the predominant religion is Christianity because the study was carried out in South-South Nigeria where Christianity predominates. This is in accordance with a similar study carried out by Aroyewan in Benin, where more than half of the population were single (83.1%) and schooling (33.8%), and less than a quarter of the respondents were employed (24.6%) (Afolabi *et al.*, 2014).

Data from Table 2 demonstrates that the majority of the respondents (91.1%) had taken alcohol at some point in their lives. Majority of the consumers were females (45.8%) and males were 45.3%. This could be due to the societal relevance of increased alcohol use for medicinal purposes (a rising use of herbal concoctions containing alcohol), cultural beliefs and traditional rites. This is in contrast with a previous study carried out by Kasirye in Uganda in which males (55%) consumed more alcoholic beverages than females (40%) (Kasirye, 2006). Majority of the respondents (59.9%) according to Table 3 still took alcohol while a minority of respondents (31.2%) quit intake of alcohol less than a year ago and 30.6% intended to continue drinking. Majority of the respondents (69.4%) reported that their siblings took alcohol whereas 48.4% said their parents took alcohol in their presence. This infers that poor parental supervision, indiscipline, and parental and sibling intake are influential factors for the consumption of alcohol. This is similar to a study carried out by Adewuya in Ondo State which revealed a strong association between parental drinking and increased alcohol use among young adults (Adewuya, 2007).

Majority of the population (24.8%) according to Table 4 took alcohol just for pleasure and the commonest setting of intake was at occasions/festivals (28.7%) as recorded in Table 5. Table 4 reveals that 13.1% of the respondents who consume alcohol were introduced to it by friends, 28.0% by family members, while 26.1% said they were not introduced by anybody. This is in accordance with the facts from the study carried out by Sylvestre in Lisbon which revealed that consumption by friends, parental approval and family members are risk factors for alcohol consumption (Sylvestre, 2015).

Table 6 shows that the majority of the respondents (34.4%) had been taking alcohol for more than 5 years of which the majority (19.7%) were females and males were 14.6%. This is in accordance with the easy accessibility and affordability of the alcoholic drinks in the community. However, this is in contrast with a study carried out by Kasirye in Uganda which revealed that men were more likely to be long-term drinkers than women (Kasirye, 2006).

Table 7 shows that the majority of the respondents who consumed alcohol (51.6%) took 1–2 bottles daily whereas the least intake is 5–6 bottles by 18.5% of the population. This is similar to a study carried out by Sylvestre in Portugal which revealed that 46% drank up to 6 bottles and it inferred that there is no limit to the amount an individual can consume per day (Sylvestre, 2015). Table 8 shows that palm wine is the most frequently-used alcoholic beverage (21.7%), followed by beer and red wine (20.4%). This could be because the drinks are locally brewed, cheap and readily available. This is in accordance with a similar study carried out by Dimelu in Enugu State, where the preferentially used alcoholic drinks were palm wine, followed by beer and then dry gin (rum) (Dimelu & Agbo, 2011).

CONCLUSION

Our results showed that the risk factors for the use of the alcohol in the Amassoma community are being a female, single or young adult, and cultural practices and beliefs of the populace. There is no current government policy on the use of alcohol in the community.

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