

Surveying the Level of Knowledge, Awareness and Health Related Risk of Substance Abuse among Students in University of Port Harcourt's Host Communities

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Authors' contributions

This work was carried out in collaboration between both authors. Author CN designed the study wrote the protocol, Author NPO did the study analyses and statistical analysis. Author CN wrote the first draft of the manuscript. Author NPO managed the literature search. Both authors read and approved the final manuscript.

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ABSTRACT

Background: Substance abuse refers to the use of all chemicals, drugs and industrial solvents that can produce dependence (psychological and physical). It can also be referred to as the repeated non-medical use of potentially addictive chemical and organic substances. There is poor data about the health related risk of substance abuse among students in Nigeria. Hence, this survey was done to determine the level of knowledge, awareness & the health related risk of substance abuse among students and her host communities as an attempt to curb the menace and its effect on students and the entire society at large.

Materials and Methods: The study was a descriptive cross-sectional study carried out in ALUU Community in Ikwerre Local Government Area of Rivers State. The study involved 150 volunteers recruited randomly through a multi-staged sampling technique which included secondary school

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students, undergraduates and postgraduates who are 13yrs and above residing in ALUU community while those who did not give consent were excluded. The data was collected using self-structured close-ended self-administered questionnaires and data analysis done using SPSS version 25.

Results and Discussions: The results of the study showed that 98.67% have knowledge of drug abuse, the knowledge of health and social effects of substances of abuse on humans was 96.67%. The most prevalent health/social effects were: memory loss 74.67%, sleeping and eating disorders 67.33%. The results of the study have shown that more than 2/3rd of the participants had good knowledge of drug abuse. Similarly, more than 2/3rd of the participants heard about drug/substance abuse via the mass media. The most abused drug/substance was alcohol, 9 in 10 persons abused alcohol. This goes on to imply that the chance that a student who is resident in Aluu abuses alcohol is 90%.

Conclusion: The results of the study showed that 98.67% have knowledge of drug abuse, the knowledge of health and social effects of substances of abuse on humans was 96.67%. The most prevalent health/social effects were: memory loss 74.67%, sleeping and eating disorders 67.33%. Peer group, neighbourhood influence, and 'the only child syndrome' were the attributed contributing factors to the continual use of alcohol/drugs, even when the health and social effects are well known.

Keywords: Substance abuse; knowledge; awareness; drugs; students; and aluu.

1. INTRODUCTION

Substance abuse refers to the use of all chemicals, drugs and industrial solvents that can produce dependence (psychological and physical) [1, 2]. It can also be referred to as the repeated non-medical use of potentially addictive chemical and organic substances. The main problem at the global level continues to be opiates (notably heroin) followed by cocaine [2,3]. For most of Europe and Asia, opiates accounted for 62 percent of all drug treatment sought in 2003. Again, 3.3 to 4.1 per cent of the global population admits to consuming drugs, the most worrisome trend is the younger ages at which people are becoming addicted [4].

There is poor data about the health related risk of substance abuse among students in Nigeria but in a study in India 84.6% of students have positive knowledge of health related risk of substance abuse in health related areas and 61.5% in rural areas this knowledge is higher amongst girls [5]. Hence, this study was done to determine the level of knowledge, awareness & the health related risk of substance abuse among students and her host communities as an attempt to curb the menace and its effect on students and the entire society at large.

There are reports on similar subject and related matters by other authors in other regions of the country and in international communities [6-13].

2. MATERIALS AND METHODS

The study was a descriptive cross-sectional study carried out in ALUU Community in Ikwerre Local Government Area of Rivers State. ALUU is an upland community with a vast arable land making majority of the people farmers. The main language ALUU is Ikwerre with pidgin as a secondary language and consists of nine villages which include: Omuike, Omuoda, Omuigwe, Mbodo, Omahunwo, Omuchiolu, Omuokiri, Omuhuechi, Omuoko. Rivers State is situated in the South-south geopolitical zone of Nigeria with its capital in Port Harcourt. The estimated population of Rivers State is put at 6,689,087 (2006 census) and the land mass is about 11,077 square kilometers. The state is home to numerous ethnic groups some of which are: Ikwerre, Ijaw, Kalabari, Etche, Ogba/Egbema/Ndoni, Ogoni, Ekpeye, Engenmi, Ibani, Andoni, Abua, Okrika, Ikwerre and Ijaw are the most spoken languages although, English is also widely spoken.

The study was limited to students residing in Aluu community in Ikwerre Local Government Area of Rivers State, South-South Nigeria. The study included secondary school students, undergraduates and post graduates who are 13yrs and above residing in ALUU community; while those who did not give consent were excluded.

The sample size for the study population was determined using the formula,

$$n = p \cdot q / e^2 / 1.96$$

Where n = required sample size
 P = estimated proportion/working prevalence (from a previous study)
 e = margin of sampling error tolerated or precision
 q = 100-p

The confidence interval used for the study was 95%, where 'e' is a 5% tolerable error, the calculated minimum sample size was 136; a non-response of 10% was added and the figure rounded up to 150.

2.1 Sampling Method

The sampling method adopted for this study was multi stage sampling. At the stage one: only one (Omuokiri) out of the nine villages in ALUU community was randomly selected based on the assumed students' population as there was no accurate data to that effect. At stage two: houses were systematically chosen at interval of alternate households, and at the final stage: all

eligible students in these households were administered the questionnaires.

2.2 Data Collection

The research tool used was a WHO adapted structured close-ended self-administered questionnaires to conduct the survey. The tool was structured based on the objectives of the study: Section A- information about the socio-demographic characteristics, Section B- the use of drugs and Section C-the type of drugs that is most often abused.

3. RESULTS

In Table 1, males were the most frequent gender (71.0%), the most frequent age group was 23-24yrs, mean age 23±6.64yrs, the most frequent educational level were undergraduates (84.67%), and the family setting with one child and at least a parent was most prevalent, while family with no child (zero) was the least prevalent.

In Fig. 1, the number of participants who responded Yes were far more than No.

Table 1. Socio-demographic characteristics

S/N	Sociodemography	Frequency (n)	Per cent (%)
1	Gender distribution		
	Male	106	71.0
	Female	44	29.0
	Total	150	100.0
2	Age group distribution (yrs)		
	10 - 14	8	5.3
	15 - 19	22	15.0
	20 – 24	63	42.0
	25 - 29	45	30.0
	≥30	12	7.7
	Total	150	100.0
3	Mean Age	23±6.64	
4	Educational level		
	Secondary	13	8.0
	Undergraduate	126	84.67
	Postgraduate	11	7.33
	Total	150	100.0
5	Family setting (Number of children)		
	One (only child)	129	85.99
	Two	7	4.67
	Three	7	4.67
	Four	0	0.0
	Five and more	7	4.67
	Total	150	100.0

In Fig. 2, the most and least prevalent source of information were mass media and family/friends respectively.

In Fig. 4, the knowledge of health and social effects of substances was high.

In Fig. 3, Alcohol, Nicotine and Cocaine were the most commonly known drug/substance.

In Fig. 5, the most prevalent health effect from was memory loss, followed by sleeping and eating disorder.

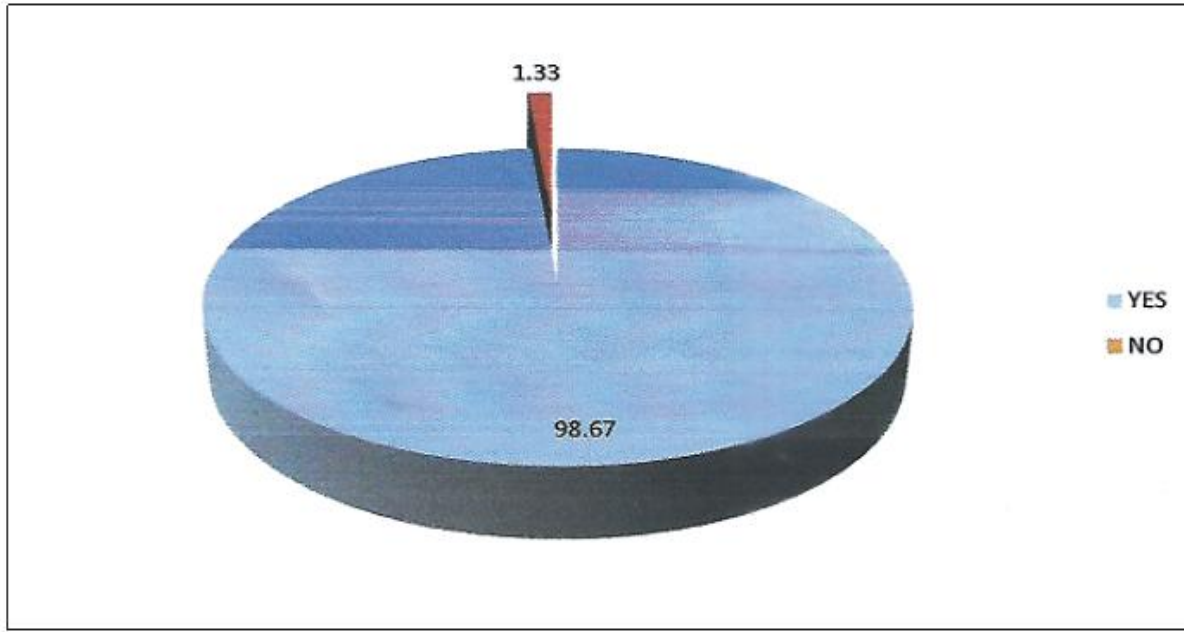


Fig. 1. Knowledge distribution

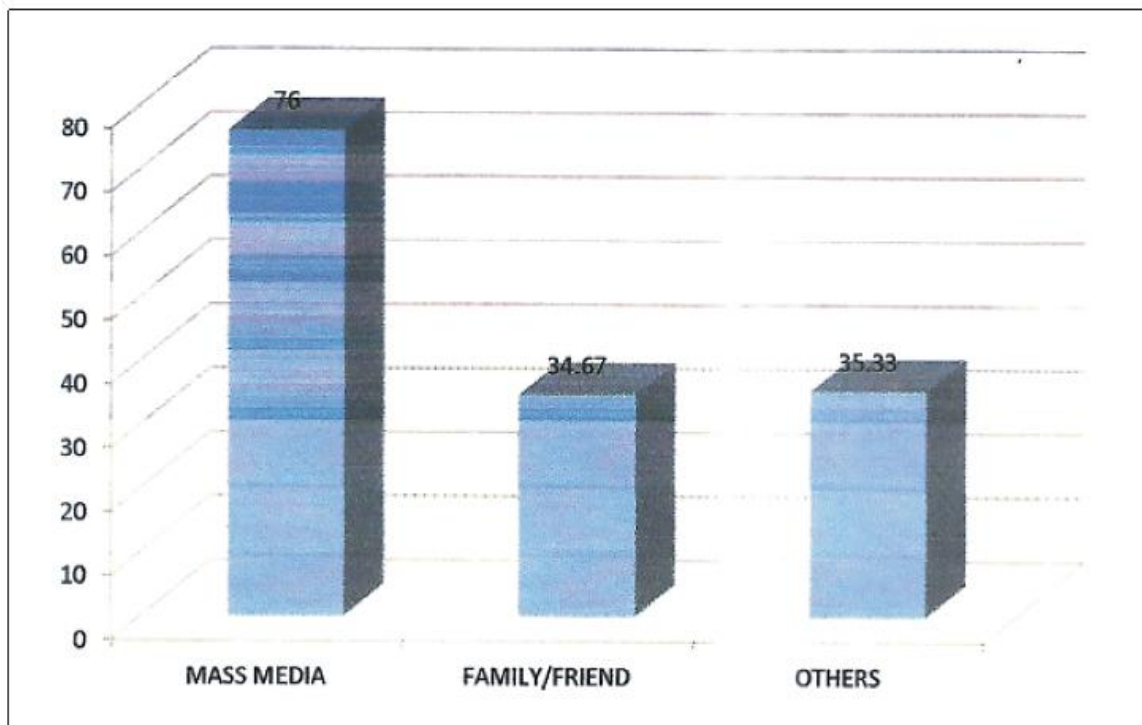


Fig. 2. Distribution of source of information

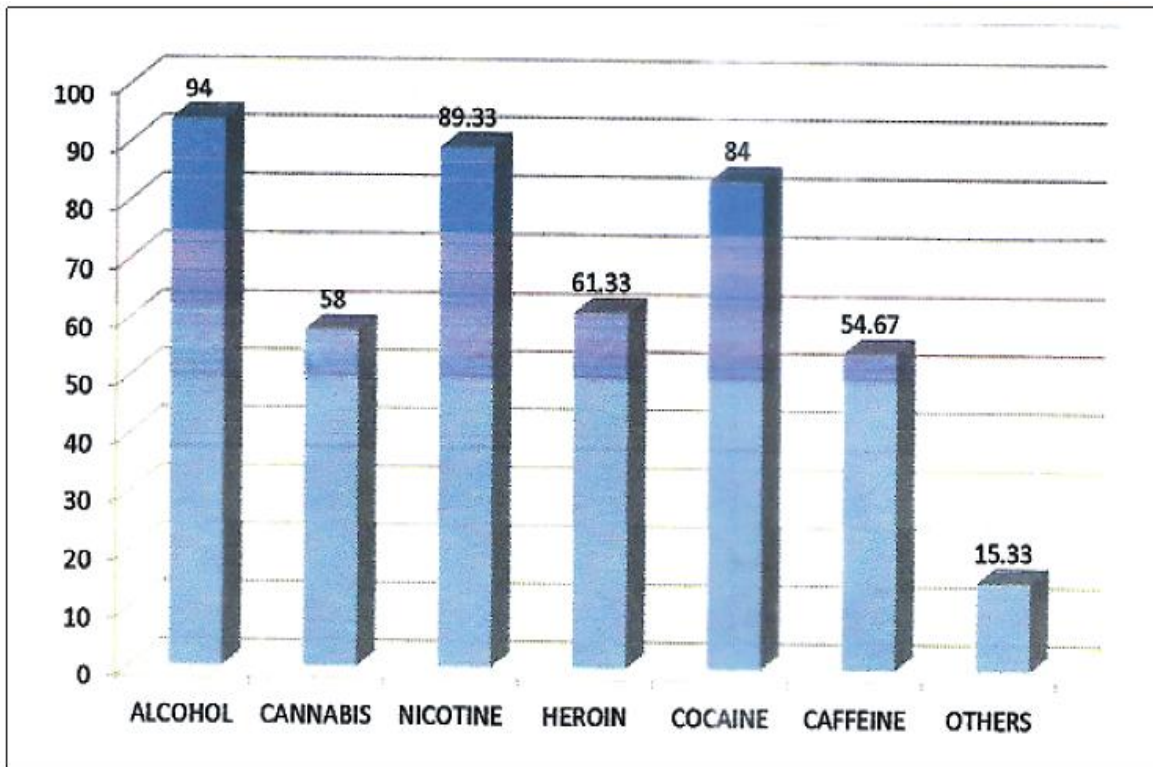


Fig. 3. Distribution of type of substance known

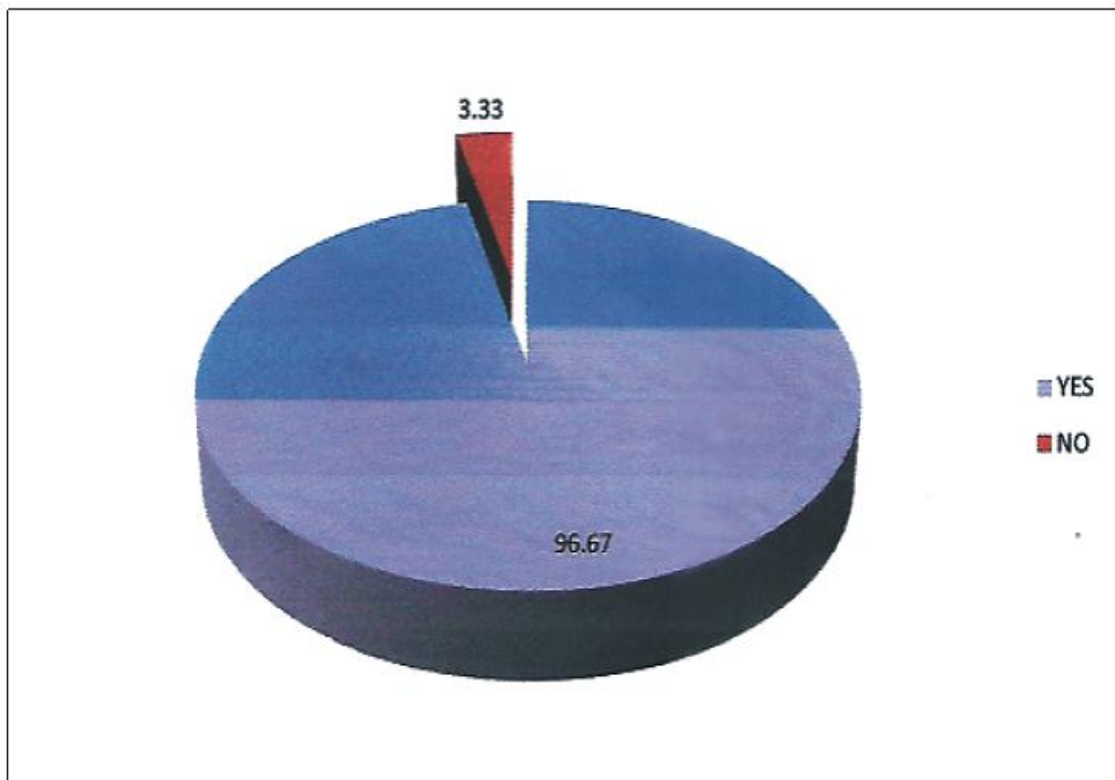


Fig. 4. Distribution of knowledge of health and social effects of substances of abuse on humans

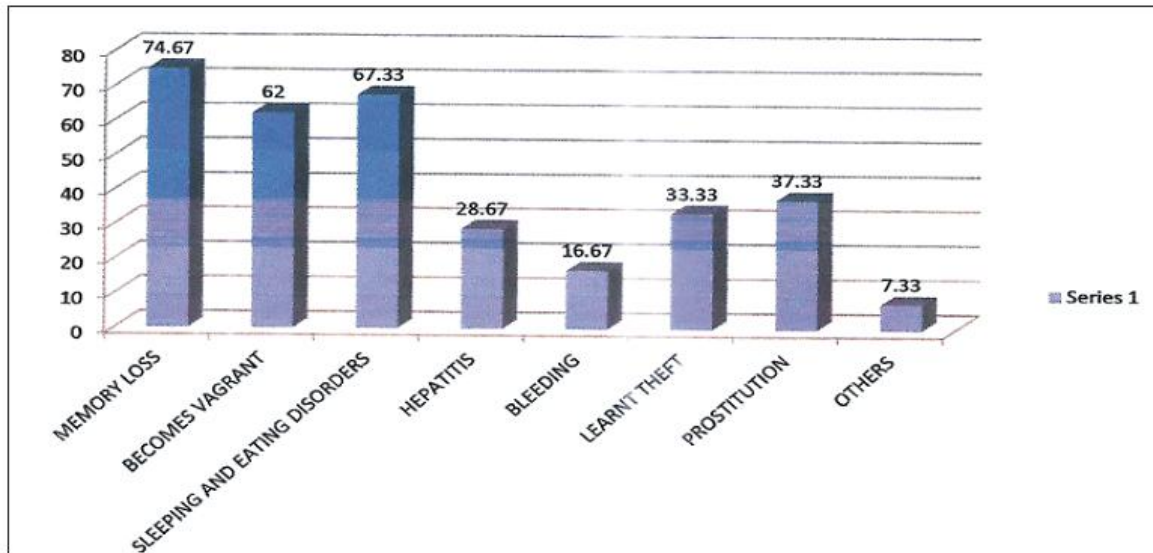


Fig. 5. Distribution of known health effects of substance abuse by students

4. DISCUSSIONS

4.1 Summary of Results

The results of the study showed that 98.67% have knowledge of drug abuse, the most prevalent source of information about drug abuse was mass media 76.0%, and the most abused substance/drug was alcohol with 94.0%. In addition, the knowledge of health and social effects of substances of abuse on humans was 96.67%; memory loss 74.67%, sleeping and eating disorders 67.33% were the most prevalent known health effects.

4.2 Implications

The results of the study have shown that more than 2/3rd of the participants had good knowledge of drug abuse. Similarly, more than 2/3rd of the participants heard about drug/substance abuse via the mass media. The most abused drug/substance was alcohol, 9 in 10 persons abused alcohol. This goes on to imply that the chance that a student who is resident in Aluu abuses alcohol is 90%. Moreover, twelve in thirteen students resident in Aluu have knowledge of the health and social effects of drug/substance abuse. It is therefore obvious that the knowledge of drug/substance abuse; its health and social effects are not enough to prevent drug/substance students from abusing drugs. It is apparent that there are other forces at play such as peer pressure and environmental influence. The study has revealed

that for every one student who abuses drugs/substances, he/she has at least two friends/acquaintances who abuse drugs as well. This goes on to imply that there seems to be a positive correlation between peer group, acquaintance and abuse of drug/substance. It means that to curb the prevalence of drug/substance abuse, peer group influence, association and interaction in the neighbourhood should be considered. If there is a possibility of isolating a student who is given into drug abuse from peers and neighbourhood influence, there are chances that such student will be free from drug abuse or at least reduce the frequency of addiction. This is consistent with the reports of other authors [6, 7].

Furthermore, the most prevalent number of children in the family in the study is one following socio-demography. It means that if you randomly select a student from the population, there are more chances that such a person will be an only child with at least a parent. It further implies that most students who abuse drugs/substances come from homes where there is only one child. In most families here in Nigeria where there is an only child, there is a great tendency for such a child to be pampered as is commonly seen in traditional settings. This is because the parents would want to shower their love on such a child without since he /she is an only child, without taking into consideration impacting discipline alongside. The level of comfort that such child, ward or student would afford if not put on check, would be destructive in the long run. As he/she would attract friends who would further derail

such student from good conduct such as dabbling into alcoholism drug/substance abuse. The findings of this study corroborate the results of Ekpenyong [8], Fearnow-Kenney [9], Werch [10], Schwinn [11] and Wyrick [12] in their various studies.

5. CONCLUSION

The results of the study showed that 98.67% have knowledge of drug abuse, the knowledge of health and social effects of substances of abuse on humans was 96.67%. The most prevalent health/social effects were: memory loss 74.67%, sleeping and eating disorders 67.33%. Peer group, neighbourhood influence, and 'the only child syndrome' were the attributed contributing factors to the continual use of alcohol/drugs, even when the health and social effects are well known.

CONSENT AND ETHICAL APPROVAL

The ethics committee of the University of Port Harcourt gave approval before the commencement of the study. In addition, the gate keepers of the community gave a verbal approval for the study to be done in the community. Afterwards, an informed consent was gotten from the respondents and assurance of confidentiality was given to the respondents.

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COMPETING INTERESTS

Authors have declared that no competing interests exist.

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