Social capital and alcohol consumption among adolescent: A pilot study among adolescents in Ibadan

Short Abstract

Alcohol consumption among adolescent has been linked to several other risky behaviors such as unsafe sexual intercourse, truancy, trouble with family or at school and violence. The aim of this study was to explore the relationship between the different domains of social capital available to adolescents and alcohol consumption.

This cross-sectional pilot was conducted in Ibadan, Nigeria. Respondents were selected via multi-stage sampling from senior secondary classes in two secondary schools in the study area. Information was obtained with the aid of a semi-structured questionnaire.

About 25.9% of the adolescents have ever consumed alcohol, 13.5% of them are current users. All social capital domains were found to be protective against alcohol consumption except 'network of friends'.

Interventions aimed at strengthening relationships between adolescents and other social entities such as family and school might be beneficial in reducing alcohol consumption among adolescents in the study area.

Extended Abstract

Introduction

Adolescence is a period of rapid physical growth, emergence of secondary sexual characteristics and other not visible internal physiologic, cognitive and emotional changes (McNeely & Blanchard 2009). This stage of development has been believed to begin at the onset of puberty which starts prior to the teenage years. The World Health Organization (WHO) defines adolescents as "young people between the ages of 10 and 19 years"(WHO, 2014).

Adolescents are generally classified as poor risk takers, researchers believe that during the adolescent age, the part of the brain that controls risk taking and delayed gratification is not yet well developed; the typical adolescent has some level of difficulty managing the quest for pleasure and adjusting to the environment within which he/she is developing (Kolb B. 2002; Miller D. 1997).

Alcohol has been said to be a 'gate way' drug(Oshodi et al. 2010). It has been associated with several other risk behaviors among adolescents such as violence, other substance use, unsafe sexual intercourse and truancy at school(Dawes et al. 2008; Adeyemo 2007; WHO 2009a). Other problems that relate to alcohol consumption are; poor finance, poor academic performance, problems with family relationships, and emotional problems(Oshodi et al. 2010). Alcohol consumption rate among adolescents have been reported to be on the increase in recent times (WHO 2009c; WHO 2009b), and has been reported to be influenced by parents, peers and other family members(Adeyemo 2007; Idowu 1990; Gale et al. 2012; Whitesell et al. 2013).

Students in secondary school tend to see the substance users as tough and bold. Invariably, those who use alcohol, smoke and use drugs see themselves as possessing these characteristics. Many adolescents have been known to use alcohol, drugs or smoke cigarettes at the influence of peers, elders and siblings, and those who feel inadequate have been known to drink alcohol, smoke or use drugs to achieve social acceptance(Ekpenyong 2012; Idowu 1990; Oshodi et al. 2010).

In Anambra, a study to determine the prevalence of substance abuse among female students reported that 9.5% of the female students indulged in alcohol (Egbuonu, et al 2004). In Lagos, a study among adolescents in school showed the prevalence rates for alcohol to be (Oshodi et al. 2010). In Ilorin, 65% of adolescents recruited for the study take alcohol. Of these numbers, 50.8% were reported to have been influenced by their peers, 10.8% by parents, 6.15% by relations, 7.7% by teachers, 16.9% by TV and Radio Adverts, and 7.7% by books and magazines (Idowu 1990). A study in Australia found a relationship between exposure to alcohol advertisements and consumption of alcohol among adolescents (Jones & Magee 2011).

The 'reciprocal causation' concept explains that, adolescents influence and is influenced by factors within their environment(Waters et al. 2009; Viner et al. 2012). These influences could be positive or negative. The modeling of a behavior by a parent/parent figure and by peers could lure an adolescent into practicing the behavior, in order to feel accepted(Adeyemo 2007). The relationships adolescents are

exposed to within the society could either protect them or predispose them to health risk behaviors. These social relationships are known as social support from which an individual garners social capital.

Social capital refers to those institutions, relationships and norms that shape the quality and quantity of a society's social interactions and is built through is meaningful interactions between people (Johannes 2005). Social capitals are derived from social relationships adolescents build within their environments. A typical adolescent interact with different networks within the society and are also exposed to the risks and benefits of these social networks(Mmari & Blum 2009; Blum & Mmari 2004). During adolescence, strong social ties are formed and broken; studies have shown that these social ties greatly influence the health and behaviors of adolescents.

Social relationships adolescents are exposed to within their environment are: Family relationships, peer relationships, school connectedness, and neighborhood connections. These form the basic social capital source for adolescents as they develop. This study is interested in determining the association between these social capital sources and alcohol consumption among adolescents.

Materials and Methods

Study area

One of the Local government areas in Ibadan Municipal was randomly selected by simple random technique. Two public schools were selected within the selected LGA – Ibadan North. One hundred and eleven eligible responses were obtained in both schools.

Study methods

The study was a cross-sectional study and utilized quantitative method. Data was obtained through a semi-structured questionnaire, 111 adolescents aged 10 – 19 participated in the study.

Data Analysis

Data was analyzed through SPSS; Logistic regression was used to test the association between the outcome measures and the independent variables. Social capital was assessed on the following levels: within the home, school, among peers and in the neighborhood. This was evaluated by assessing the respondent's perception of the availability of a caring adult (male and female) at home, at school (male or female); a trusted/ caring friend; and the perception of the adolescents about their environment (neighborhood cohesion and sense of belonging). The respondents' level of involvement in selected activities within the home and within the school was also measured.

Results

Valid responses were obtained from 111 respondents. The mean age of the respondents in this study was 15.5 (0.13) years. About 50.5% of the respondents were females. More than half of the respondents (58.6%) grew up in monogamous families and 17.1% have a room to themselves. Almost 80% lived with both parents. Social Capital scores were generally high, males in this study reported a higher level of

support from the family than female participants. This was noticed to be the same for other social capital domains where males had slightly higher scores than females, except for school capital where females reported a higher mean score.

About 25.9% of the respondents had ever taken more than just few sips of alcohol and 2.7% of them had their first real drink before their 11th birthday. About 13.5% had consumed alcohol within the 30days preceding the study, 8.1% had been involved in binge drinking within 30 days preceding the study. A few of the adolescents (18.8%) had access to alcohol within their homes.

Family support, school connectedness, peer support, neighborhood cohesion and good sense of belonging were protective of alcohol consumption among adolescents. adolescents with lower family social capital scores were found to be 1.6 times more likely to consume alcohol, those with lower peer capital (presence of a caring friend) were twice (2.3) more likely to consume alcohol. Network density (number of close friends) on the other hand was found to be negatively associated with alcohol consumption. Adolescents with higher number of close friends were 3 times (3.23) more likely to consume alcohol (p=0.04).

Conclusion

The study revealed the protective role played by the different social support groups adolescents are exposed to within the society, the negative association of alcohol and network density reported in the study further reiterates the role of peer pressure in adolescent risk behaviors. Interventions that will improve the positive and protective roles played by the social relationships adolescents are exposed to and reduce the effects of peer pressure among adolescents should be encouraged.