
Social and Psychological Effects of Drug Abuse among Rural Youths in Ogun State

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Abstract

The effect of drug abuse on rural youths in Nigeria has grave consequences on different aspects of rural youth lives such as their education, occupation and employment, families, communities, health, social and psychological lives. This study investigated social and psychological effects of drug abuse among rural youths in Ogun State, with specific objective to; (a) identify the youths involved in drugs in the study area, (b) examine the reasons for taking drugs in the study area and (c) examine the effects of drugs abuse in the study area. Three-stage stratified random sampling technique was used to sample one hundred and five (105) respondents in the study area. Data collected were analysed using descriptive (frequency distribution, percentages, mean) and multivariate discriminate analysis. Results showed that 81.9% of the respondents took alcohol than any other drugs because they are widely available, and easy to purchase. The highest proportions (65.7%) of the respondents were still taking alcohol. Also, 55.2% of the respondents strongly agree to take a drug in order to be bold among peers and strong to carry out various tasks. Also, social effect of drug abuse is feeling high and addiction while drowsiness was found as a psychological effect. Discriminate analysis showed that 94 out of 105 respondents were still taken drugs, and 29 (30.9%) claimed to still be taken drugs but their attributes (family size) shows that they were not actually taken drugs anymore while 65 (59.1%) of the respondents that claimed to still be taken drugs. The study shows that most of the respondents that were prone to having chronic and acute social and psychological effects of drug if they continue. There is an urgent need for more adequate awareness of the rural youths on the adverse effects of drug abuse as it gradually becoming an acceptable way of life for rural youths in Ogun state and Nigeria at large.

Keywords: Drug abuse, effects, rural youths, Ogun state.

Introduction

A drug is considered as a substance that modifies perceptions, cognition, mood, behaviour and general body functions (Balogun, 2006). Drug abuse is a major public health problem all over the world (UNODC, 2005). The use and abuse of drugs by adolescents have become one of the most disturbing health-related phenomena in Nigeria and other parts of the world. The National Administration for Food and Drugs Abuse Commission, NAFDAC (2000) as cited by Haladu (2003) explained the term drug abuse as excessive and persistent self-administration of a drug without regard to the medically or culturally accepted patterns. It could also be viewed as the use of a drug to the extent that it interferes with the health and social function of an individual. Drugs can make people work faster and cover large area portions but they fail to realize the long term effects on their health, work and relationships. Any use of a mind-altering drug or the inappropriate use of medication (either prescription or

over-the-counter drugs) is drug abuse. According to Haladu (2003) reported the main causes of drug abuse as been based on experimental curiosity, peer group influence, lack of parental supervision, personality problems due to socio-economic conditions, the need for energy to work for long hours, availability of these drugs and the need to prevent the occurrence of withdrawal symptoms. Substance (licit or Illicit) abuse among rural youths and the new trend is becoming a significant medical, psychological, social and economic problem as well as in the labour force (agricultural farmers) facing the nation. Young adults are characterised by new identities/peer selection, adventurism, curiosity, excitement and role confusion. Some youth vices due to drug abuse among youths include extreme violence, gang rape, drug-induced suicide, poor academic performance, poor health condition, indebtedness and waste of resources (money and material).

Some other reasons in relation to labour (agriculture) is the belief that drug intake aids efficiency in work as work situation is vigorous and tedious and demands more efficiency. Nevertheless, it is worth emphasizing that drug the intake leads to low productivity (as most of these drug abusers sleep at work), less concentration on work, it even goes on to affect their relationships with workers because they may not be able to relate effectively with co-worker. Odejide (2000) warned that drug abusers who exhibit symptoms of stress, anxiety, depression, behaviour changes, fatigue and loss or increase in appetite should be treated by medical experts and counsellors to save them from deadly diseases. However, those affected with drug abuse are the youths, young adults and the adolescents. Young people are seen to be more vulnerable to substance/ drug abuse due to the following reasons; Lack of basic knowledge about the effects and urge to try something new coupled with peer influence and pressure which makes young people vulnerable to drug abuse. Factors that push young people into substance abuse, like relatively easy availability of drugs, community norms, and adverse family situations. However, rural youths have predisposing factors to drug abuse, which are peer pressure, curiosity, ignorance, academic- induced frustration and lack of parental care. The social and psychology effects may go a long way in reducing the work force of the nation, since those involved in drugs abuse are youths, and also cases of youth in psychiatric homes is on the increase .

Materials and Methods

In this study, three-stage stratified random sampling technique was used to select two agricultural zones in Ogun state (Abeokuta and Ijebu-ode Zones). In Abeokuta zone, three blocks were selected (Olorunda, Ilugun and Ifo) while three blocks were also selected in Ijebu-ode zone (Ijebu North, Ijebu-ode and Ijebu North East). A total of one hundred and twenty structured questionnaires were distributed but one hundred and five respondents were interviewed and their responses analysed accordingly. Data collected were based on questions concerning what drugs were used for, psychological and social effects, how the drugs were accessed and why these drugs were taken. The descriptive tools like tables, frequency, and percentages were used while multivariate discriminate analysis shows the grouping variable is respondent's continuation of drug use and independent variables were sex, tribe, household size, family type, educational status, and how much do you earn per day, e.t.c

Results and Discussion

Table 1 shows that 19% of the respondents were within the age 15-24 years, 53.3% were within 25-34 years while 21.9% were between 35 and 44years. Most of the respondents were male (80%) and the remaining 20% of the respondents were females. Also, 62.9% were monogamous while the remaining 37.1% of the respondents were polygamous. About five percent of the respondents comes from or has a family size of 0-1, 38.1% have a family size

of 4-5 and 40% of the respondents have a family size of 5-6. This implies that the respondents were all youths based on the operational definition of youths that states that 'a youth is an individual who may be above 40 years but quite sound in mind, heart and body' (Ovwigho and Ifie, 2009). Most farm activities were carried out by male because most of them work outside homes and females in the rural areas were mainly at home taking care of the households. This also shows the more vulnerability of male participation in drug abuse than females because of their exposure to strenuous and long hours of work. Dauda (2011) reported in a related study that males were into drug abuse related offences than the female counterparts. Monogamous marriage is on the increase in rural areas due to high cost of living, low standard of living and economic crisis; therefore most of the respondents were from a monogamous family.

Majority of the respondents had formal education, 30.5% of the respondents had primary education, 37.1% of the respondents had secondary education while 22.9% of the respondents have tertiary education. This information shows that the rural people have become more exposed to education and new technologies which exposure them to vices and drugs related issues positively and negatively.

Table 1: Socio-Demographic Characteristics of Respondents

Sex of Participants n=105	Frequency	Percent
Male	84	80.00
Female	21	20.00
Total	105	100.00
Age of Participants Mean Age = 24.98		
15-24	20	19.00
25-34	56	53.30
35-44	23	21.90
45 and above	6	5.70
Total	105	100.00
Size of Family Mean Age = 3.13		
0-1	5	4.80
2-3	18	17.10
4-5	40	38.10
5-6	42	40.00
Total	105	100.00
Type of Family Mean Age = 1.37		
Monogamous	66	62.90
Polygamous	39	37.10
Total	105	100.00
Educational Status Mean Age = 2.73		
no formal education	10	9.50
primary education	32	30.50
secondary education	39	37.10
tertiary education	24	22.90
Total	105	100.00

Results on figure 1 indicated that 81.9% of respondents took alcohol, 53.3% have taken tobacco, 59% cough syrups and 80% energy drink while 92.4% claimed not to have taken ecstasy, 88.6 cannabis, 97.1% cocaine 95.2% heroine and steroids and methamphetamine respectively. This shows that tobacco, Alcohol, cough syrups and energy drinks were easily

accessible to the youth and may find in the open market and at a cheaper rate which makes the youth vulnerable to drug abuse. Figure 2 shows that poverty ($\bar{X}= 3.87$), low self-esteem, availability of drugs ($\bar{X}=2.5$), due to unemployment or less job ($\bar{X} =2.77$), lack of knowledge on the effect of drugs among others are the reasons for taken drugs by the youths in the study area.

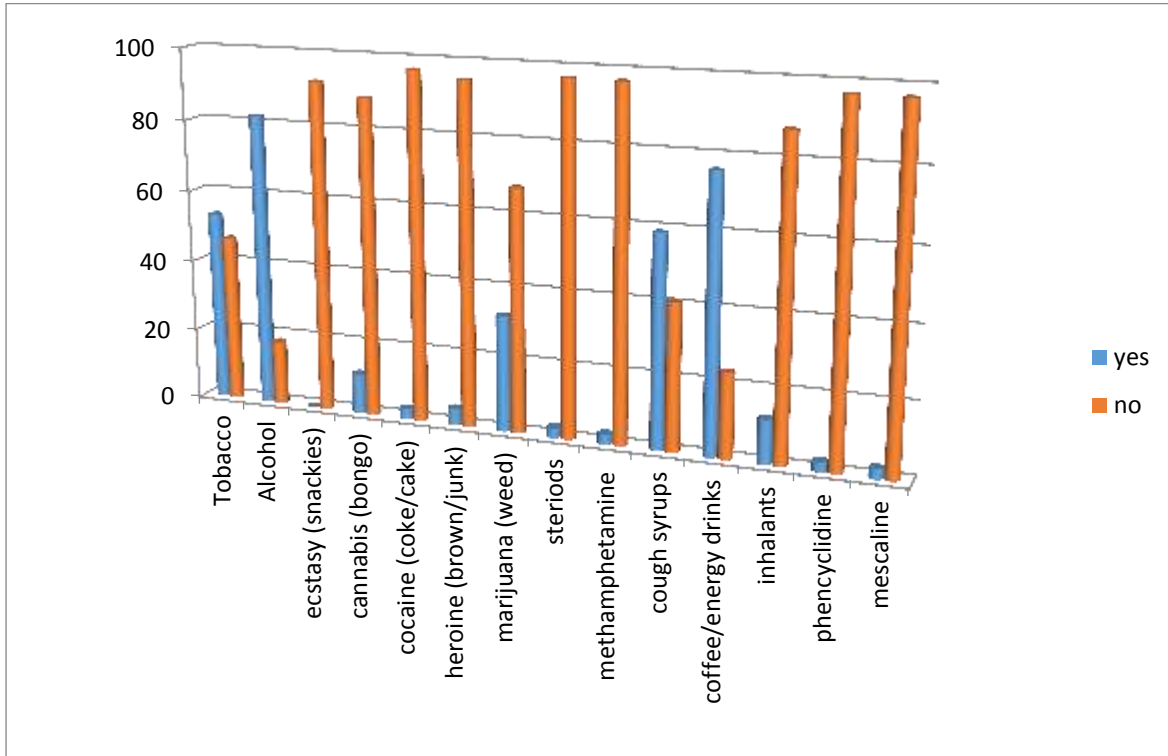
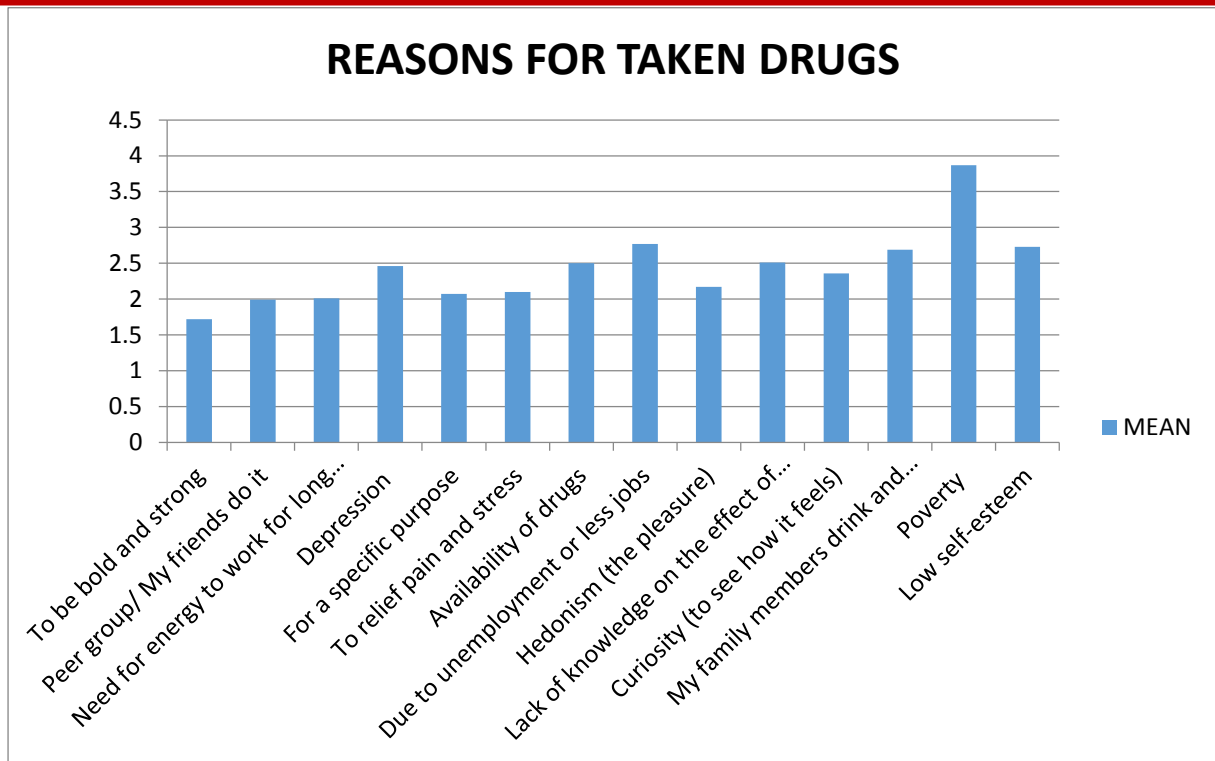


Fig 1: show the distribution of youth on the drug they are taken



Social effects of drug use which includes sexually transmitted disease (STD) which has the highest mild proportion (69.5%) have experienced STD as a mild social effect of drug use while feeling high is another social effect which has the highest chronic respondents (43.8%) have experienced the feel of been 'high' due to drug use) and addition has the majority acute respondents (13.3%). However the mean score shows that all except sexually transmitted diseases $\bar{X}=1.41$ and it makes me overcome my problems $\bar{X}=1.41$, were having less social effect on the youth in the study area. This implies that all the claimed by the youth are part of youthful exuberant which if not check will affect the society in the immediate or later in the future. Psychological effect of drug abuse includes lack of pleasure to work which is the highest mild proportion (71.4% of the respondents lost interest or pleasure in working due to the intake of drugs), 29.5% of the respondents experienced drowsiness as a chronic psychological effect of drug abuse and 10.5% of the respondents also experienced drowsiness as an acute psychological effect of drug abuse. However, the mean score shows that drowsiness ($\bar{X}=1.50$) is the only factor that is having significant effect on the youth, therefore drug abuse causes drowsiness to most of the respondents and as expected there were more male users of alcohol and other substances than females

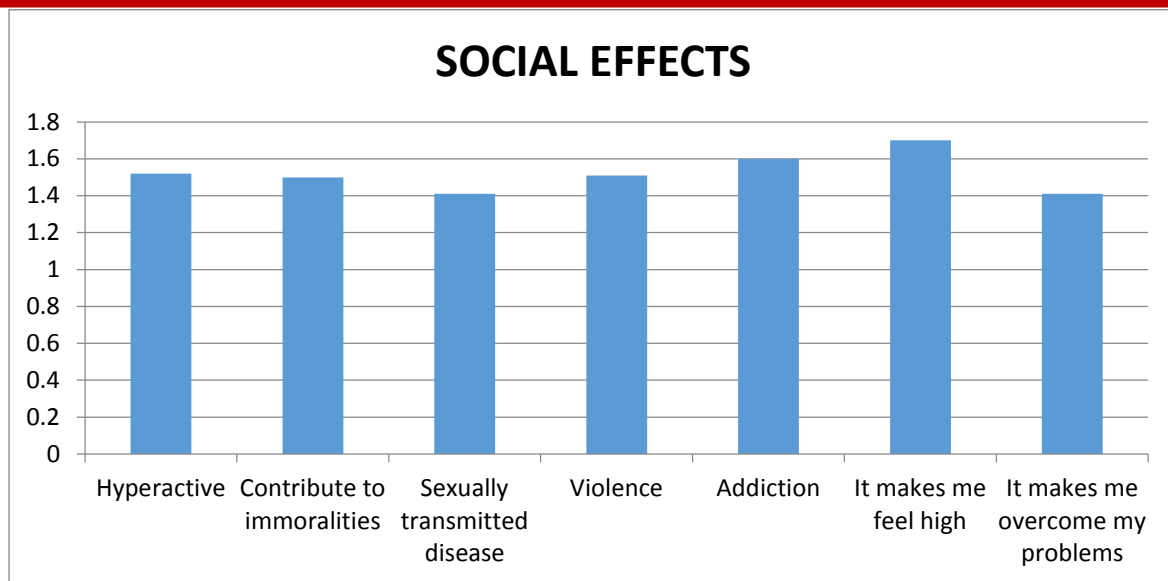


Fig 2 showing the mean distribution of respondent on social effect of drug abuse

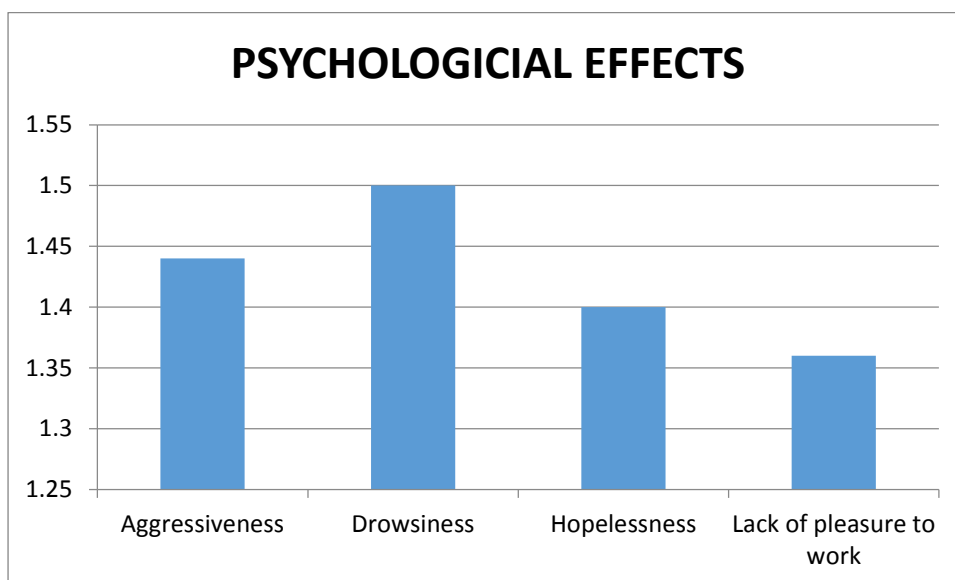


Fig 3 showing mean distribution of psychological effect of drug abuse on youth

Discriminate analysis on respondents who are still taking drugs and those who are not taking drugs anymore

The discriminate analysis when the grouping variable is respondent's continuation of drug use and independent variables were sex, tribe, household size, family type, educational status, how much do you earn per day, age and age coded. Table 2 shows that *family type* is the most important variable or factor that can help to identify drug users because it has the lowest significant value 0.042 ($P > 0.05$) shows that family type is a valid factor for identifying drug abuse users. Family type consists of monogamous and polygamous families.

Family type overshadows using of household size to determine the respondents still taken drugs because polygamous families many have higher household size than monogamous families. It also covers the use of educational status because most of the polygamous family members have less access to education since the children are too many for the man to cater for and most polygamous fathers are irresponsible. Also, sex is overshadowed by family size

because it is mainly males involved; it also overrules tribe as virtually all tribes considered have polygamous and monogamous families. The income also is not considered as best for identifying because a polygamous or monogamous man will still remove out of his little income to take drugs.

Family size shows that most of the respondents from polygamous families are mainly involved in drug abuse because most of the polygamous families end up divorcing some of their wives and divorcing a wife will force the woman and her children to fend for themselves (child labour) in order to eat, cloth and have shelter, which eventually put the young youths on the street and gets them exposed to drugs. Most of the fathers of polygamous families are irresponsible and take drugs also, which exposes the child to an environment where drugs are abused.

Table6 shows that out of 105 respondents, 11 are not taken drugs but the discriminant analysis shows further that out of the 11 not taken it, 5 (45.5% of the respondents not taken it) are actually not taken it but 6 (54.5% of the respondents not taken it) are actually still taken it because their family type indicates that they most likely have been exposed to drugs but have just refused to take it or might have not reviewed the truth while 94 out of 105 respondents are still taken it but the discriminate analysis also shows further that 29 (30.9%) claim to still be taken it but their attributes (family size) shows that they are not actually taken it anymore while 65 (59.1%) of the respondents that claim to still be taken it are still taken it. The entire table therefore shows that66.7% of cross-validated grouped cases correctly classified

Table 2: Discriminate analysis of tests of equality of group means
Tests of Equality of Group Means

	Wilks' Lambda	F	df1	df2	Sig.
Sex	.980	2.057	1	103	.154
Tribe	.990	1.004	1	103	.319
Household size	.997	.316	1	103	.575
Family type	.961	4.229	1	103	.042**
Educational status	.996	.443	1	103	.507
How much do you earn per day	.994	.636	1	103	.427
Age	.989	1.154	1	103	.285
Age coded	.990	1.077	1	103	.302

Table 3: Discriminate analysis of drugs use
Classification Results

		Predicted Group Membership		Total	
		not taken it	taken it		
Hard drug use	Count	not taken it	5	6	11
		taken it	29	65	94
Cross-validated	%	not taken it	45.5	54.5	100.0
		taken it	30.9	69.1	100.0

a.68.6% of original grouped cases correctly classified.

b. Cross validation is done only for those cases in the analysis. In cross validation, each case is classified by the functions derived from all cases other than that case.

c. 66.7% of cross-validated grouped cases correctly classified.

Conclusion

Drug abuse as shown by this study is gradually becoming an important problem and it has numerous effects on rural youths socially and psychologically. Most of the respondents involved in drug use are still experiencing most of the effects of drug use mildly while a few are experiencing it chronically and acutely which shows that an efficient awareness and control of drug use can prevent most users to get to experience these effects in a chronic and acute way due to continuous drug use that may eventually lead to chronic and acute conditions. This finding reveals that most respondents take drugs based on personal decisions which must have been influenced by several factors like availability of drugs, urge to be bold and strong in their daily activities among others.

Recommendation

Enacting new laws and reforming existing regulations as regards to the import, production and use of drugs are recommended. Government should try to regulate the sales of alcohol and cigarette. Government can also help by improving social infrastructures and providing job opportunities that requires the use of their skills and also well paying.

Extension services in Nigeria can establish programs that will create awareness about drug abuse, its effect and possible rehabilitation centres that can be recommended to addicts of drug use.

Extension agents can further generate information and carefully study rural areas and inform the governments about the catastrophe that drug abuse can cause as time goes by as these drugs are not only taken in rural areas but even in the urban areas and will gradually begin to affect the work efficiency of most of the workers, even the educational sectors.

Organizations or groups joined by most of the rural youths can help educate members on the effects of drug abuse and even go as far as screening the members before they join and continuous screening even after joining. If this is done by most groups in other to be a part of well recognized groups, it will help purify most communities with less government intervention.

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