



ALCOHOL CONSUMPTION RISK BEHAVIOURS AMONG SECONDARY SCHOOL ADOLESCENTS IN NSUKKA LGA

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ABSTRACT: The study investigated socio-demographic predictors of alcohol consumption risk behaviours among secondary school adolescents in Nsukka Local Government Area, Enugu State. Four research questions and three null hypotheses were formulated to guide the study. A descriptive survey design was adopted for the study. A sample of 389 secondary school adolescents which was drawn from a population of 10, 215 secondary school adolescents from 31 public secondary schools was used for the study. Structured questionnaire titled “Socio-Demographic Predictors of Alcohol Consumption Risk Behaviour Questionnaire (SDPACRBQ) with reliability coefficient index of .86 was the instrument used for data collection. Mean statistics was used to analyze data collected in relation to research questions while t-test statistics was used to test the null hypotheses at .05 level of significance. The findings of the study were that; secondary school adolescents in Nsukka LGA involved in alcohol consumption risk behaviour to a high extent (2.17), alcohol consumption.

Key words: Alcohol Consumption, Secondary School Adolescents, Risk Behaviour

Alcohol consumption risk behaviours by adolescent in secondary school is a major public health problem. The risk behavior confronts many high-, middle- and low-income countries globally. For instance, in 2010, the World Health Organization (WHO) (2014) regional report, on alcohol showed that the proportion of adolescents 15 to 19 years currently drinking alcohol was 34.1% globally, 69.5%, 52.7%, 37.3% and 27.3% in Europe, America, Western Pacific Region and Africa respectively. In California nearly 1.3 million youths between the ages of 12 to 25 years were involved in huge drinking.

In Nigeria, alcohol consumption risk behavior follows the same trend. Alarm has been raised by the Federal Ministry of Health (2010) over the increasing prevalence of excessive alcohol consumption by the adolescents.

Guthumbi (2010) in a study of substance abuse among the youth in Nigeria observed that 20 percent of the adolescents within the ages of 12 and 22 years smoke cigarette, a percent had tried to smoke bhang (cannabis), some 23% drank commercial beer and spirit, sex notwithstanding. The ages as identified corresponds to the ages of adolescents in secondary schools.

Alcohol is a liquor that contains ethanol and has the potential to intoxicate drinkers and it can be burnt as fuel. Alcohol is a psychoactive substance with dependable – producing properties that has been widely used in many cultures for centuries. Alcohol consumption risk behavior is a drinking habit that increases risk of disease or injury. It is the extent of alcohol consumption by people that has impact upon their health. According to Ochiaka (2019) alcohol consumption risk behaviors involves actions and

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perceptions that contribute to peoples propensity to engage in alcohol consumption deemed by expert to be hazardous to their health. This is just the quantity and regularity of alcohol intake/drinking that has the potential to cause harm to the health of the individual. This can be termed alcohol abuse or binge drinking.

Binge, is seen as a short period of time when you do too much of a particular thing, especially eating or drinking. Binge drinking therefore is the practice of excessive consumption of alcohol especially without being able to control oneself. Binge drinking according to Shutske (2015) is the habit of too much consumption of alcohol within a short period of time, such that intoxication is induced. It includes having four to five or more bottles of beer in a row (Onuoha and Obukokwo (2010)). Binge drinking is a pattern of alcoholic consumption that brings blood alcohol concentrating to $\geq 0.08\%$ usually corresponds to ≥ 5 standard drinks on a single occasion in man and ≥ 4 standard drinks on a single occasion in women.

Onuoha and Obukoro (2010) stated that while alcohol was not an essential nutrient its global consumption had increased in recent decades with most of it occurring in developing countries. In sub-sahara Africa, evidence of excessive alcohol consumption has been established among its inhabitants, regardless of education level (National Survey on Drugs Use and Health, 2008).

Here in Nigeria Ochimus, (2014) found that alcohol consumption was very common among college students and young adults, many of whom were first introduced to it in family setting by their parents out of ignorance. For instance, John Opirate and Enre (2012) reported 61% of alcohol consumption among undergraduate students of University of Portharcourt. Also Emmanuel, Morah and Sewany and Olaniyi (2017) reported that the prevalence of alcohol use among secondary school teachers in South West Nigeria was 51.4% in the last 12 months, 80 (75.4%) male and 68

(36.6%) female teachers drank alcohol. This consumption in considered high.

In some other countries some set of individuals alcohol consumption is found not to be high. For instance, Maurice, Darius and Vedaste (2015) reported that alcohol prevalence among Rwanda youth was 34% which they considered low. In Nepel, Narbada, Krisha, Rapendra, Sarawoti, Sheala, Pukai, Pushipa, Megha and Babil (2016) found a low level of alcoholic beverages consumption among married women of reproductive age. This shows that alcoholic consumption is not a matter of ethnicity, but a matter of habit and lifestyle. Loterean, Laza and Vries (2010) reported that there is a no significant difference between senior high school students and University students in Romania regarding alcohol consumption in the last month. No one knows what the extent of alcohol consumption risk behaviours among secondary school adolescents in Nsukka LGA will be.

Alcohol consumption by adolescents and young adults has a mirage of problems which has a negative impact on the state of their health. It is a major risk factor for cardio vascular disease, car accidents and homicides, which has been recognized as the leading cause of death among adolescents and young adults in the United States of America (Malta DC, Mascarehus MDM, Porto Daurte Sandinhar 2011). The harmful use of alcohol is a causal factor in more than 200 disease and injury condition including a variety of undesired consequences of sexual behaviour. Chidubem (2011) lamented that while intoxicated people could forget to use a birth control method and subsequently become unintentionally pregnant chances of having casual sex with a stranger which increases the risk of STIs and AIDS were high. Worse still, alcohol contribute to poor performance in school as a result of truancy, lack of attention in the class, and also drop out from school due to unintended pregnancies due to sexual risk behaviours by the students.



Alcohol consumption risk behaviors have been known to be associated with certain demographic variables. Such demographic variables among others include gender, location and educational level (class level). Gender as a variable has been widely discussed in the field of health. Enebechi and Ejike (2010) defined gender as the characteristics and expected behavior and roles of men and women which a particular society has deemed against each sex. The definition implies that gender is the categorization of people into male and female. It is claimed that gender is a serious factor influencing the alcohol consumption behavior of people. For instance, about half as many men as women reported drinking no alcohol (14.2 vs 29.5%) and among those who reported drinking only alcohol, men drank more on average than women (16.2 vs 6.4%). Nnamdi, Obikezie and Obi (2015) found in their study that there is a significant difference between the male and female adolescents of Senior Secondary School in Anambra State in their alcohol consumption behavior. Also male gender has been reported by Emmanuel, Morah and Sewany (2017) as a significant socio-demographic characteristic associated with hazardous alcohol consumption among secondary school teachers in South West Nigeria. A study by Schwartz et al. (2010) revealed that gender differences with regards to health risk behaviours especially alcohol consumption vary with countries and region or locations as it may be termed.

Locations are delineated into urban and rural setting which are regarded as epidemiological spaces. Location refers to variety of different epidemiological spaces occupied by people (Ezema, 2014). Organization of people into these epidemiological spaces could predispose them into involvement in health risk behaviour. The author further added that higher income per capita which is more prominent in the urban setting has been associated with accumulation of health risk behaviour. On the other hand, the rural setting could

provide some cultural conditions that may promote or reduced alcohol consumption risk behaviour than the urban areas. Aguodo (2018) reported that alcohol consumption risk behaviour of secondary school student in Enugu East LGA of Enugu State are predicted by location.

Apart from gender and location, educational level or class level is another demographic variable that has been identified to be associated with health risk behaviours. Educational level here means upper basic (JS) and senior secondary (SS). The level of one's education has been known to influence certain conditions. Since the secondary school adolescents fall into different educational levels (classes), it will be rewarding to determine the relationship between alcohol consumption risk behaviours and the adolescents educational level (Emmanuel, 2017).

Adolescents are young people. United Nations Emergency Fund (UNICEF) (2005) sees adolescents as individuals between the ages of 10 and 19 years who constitute approximately twenty percent of the world population. WHO (2014) chronologically describes adolescence as a span of life which comes roughly between 10-19 years of age. Secondary school adolescents are the adolescent in secondary school. Adolescent age is often characterized by confusion, exuberance, desire for independence, zealotry, curiosity and a penchant for experimentation especially with drug, sex and alcohol. Many adolescents manage this transformation successfully while others experience major stress and find themselves engaging in behaviours (eg excessive alcohol consumption) that place their well-being at risk. These characteristics nature of adolescents make them more prone to alcohol risk behaviour, hence worthy of study.

The choice of secondary school adolescent was informed by the fact that cases of unethical behaviours associated with lifestyle have been reported more among



them. The study of secondary school adolescents alcohol consumption risk behaviour is critical at this stage of development because it is established that health risk behaviour which may be initiated in adolescents could become damaging at adulthood if it is over looked at the onset. More importantly considering the fact that these adolescents especially those of the secondary schools are assets and future hope of their families, society and nation at large, usually seen as the leaders of tomorrow, whatever affect them affect the future of their families, society and nation. Due to the heavy burden that alcohol abuse exerts on the global burden of diseases (especially among adolescents) more especially its contribution to poor academic performance, it becomes pertinent that this study be carried out and necessary action taken when the risk behaviour is established.

To give direction to this study four research questions and three hypotheses were formulated to guide the study.

1. What is the extent of alcohol consumption risk behaviours among secondary school adolescents in Nsukka LGA.
2. What is the extent of alcohol consumption risk behaviours among secondary school adolescents based on gender
3. What is the extent of alcohol consumption risk behaviours among secondary school students in Nsukka LGA based on location.
4. What is the extent of alcohol consumption risk behaviours among secondary school adolescents in Nsukka LGA based on education level.

Hypotheses

1. There is no significant difference in the extent of alcohol consumption risk behaviours among secondary school adolescents in Nsukka LGA based on gender.

2. There is no significant difference in the extent of alcohol consumption risk behaviours among secondary school adolescents in Nsukka LGA based on location.
3. What is no significant different in the extent of alcohol consumption risk behaviours among secondary school adolescents in Nsukka LGA based on education level.

Method

Cross-sectional descriptive survey design was used for the study. This method was chosen because it is concerned with the present and it permits the description of the situation as they exist in their natural setting (Best, 1977). The population for the study was 10,215 secondary school adolescents from 31 secondary school in Nsukka LGA. The sample for the study comprised of 389 secondary school adolescents. Multi-stage sampling procedure was adopted to draw the sample. Firstly, the schools in Nsukka LGA were stratified into urban and rural schools. Secondly, proportionate sampling techniques was used to draw 2 schools from urban and 3 schools from rural making a total of 5 schools in all. Thirdly, simple random sampling techniques was employed to draw 375 secondary school adolescents.

A structure 4 point rating scale titled “Alcohol Consumption Risk Behaviour Questionnaire” (ACRBQ) was employed for data collection. The instrument was made up of two sections – “A” and “B”. Section ‘A’ of the instrument solicited information on the person data of the respondents. Section ‘B’ contains items that elicited information on the alcohol consumption risk behaviours of the respondents. Section B of the instrument carry a 4-point rating scale of very high extent (VHE), High Extent (HE), Low Extent (LE) and Very Low Extent (VLE).

The instrument was validated by three experts two from Human Kinetics and Health Education and one



from Science and Computer Department all in Enugu State University of Science and Technology (ESUT). Reliability of the instrument was established through the use of Cronbach Alpha statistics which yielded reliability co-efficient value of 0.79.

The questionnaire was administered on the respondents with the help of 3 trained research assistants. Three hundred and eighty nine (389) copies of the instrument were administered on the sampled students but at the end 373 copies (161 males, 212 females, 192 urban, 181 rural, 208 upper basic and 165 SS) were correctly completed and returned giving a return rate of about 90%.

Data collected were analyzed using mean and standard deviation to make decision, mean scores greater than 0.1 but less than or equal to 1.1 ($0.1 > X \leq 1.1$) was regarded as very low extent; mean greater than 1.1 but

less than or equal to 2.1 ($1.1 > x \leq 2.1$) was regarded as low extent, mean score greater than 2.1 but less than or equal to 3.1 ($2.1 > x \leq 3.1$) was regarded as high extent; mean greater than 3.1 but less than or equal to 4.0 ($3.1 > x \leq 4.0$) was regarded as “very high extent” (Anugwu and Asogwa, 2015). T-statistics was employed to test the three null hypothesis at 0.05 level of significance.

Results

Data collected for the study was presented and analyzed based on the research questions and hypothesis that guided the study.

Research Question One

What is the extent of alcohol consumption risk behaviours among secondary school students in Nsukka LGA

Table 1: Mean Description of the secondary school adolescents on the extent of alcohol consumption risk Behaviour n=373

S/N	Items	N	SD	Dec
1	Consume at least bottles of alcohol or more in a row or at a sitting	2.12	1.043	HE
2	Take more than 4 bottles of alcohol on a day	2.24	1.101	HE
3	Get drunk on alcohol consumption	2.24	1.022	HE
4	Consume alcohol to before driving	1.87	1.032	LE
5	Take alcohol to gain boldness	2.38	1.097	HE
6	Take alcohol to forget worries	2.41	1.090	HE
7	Take alcohol to enhance sexual performance	2.09	1.028	LE
8	In a week I consume more than 14 bottles of alcohol	2.02	1.028	LE
	Grand mean	2.17	.82518	LE

Table 1 shows 8 alcohol consumption risk behaviors of the students. It indicates that the students were involved in the 5 of the risk behaviours (i.e. items 1,2,3,4,5 and 6). This is shown by grand mean of 2.12, 2.24, 2.24, 2.38 and 2.41 respectively. On the other hand, the remaining 3 items (i.e. items 4,7 and 8) were involved in by the students to a low extent.

Question 2

What is the extent of alcohol consumption risk behaviours among secondary school students in Nsukka LGA based on gender.



Table 2: Mean Description of the secondary school adolescents on the extent of alcohol consumption risk Behaviour n=373

S/N	Items	N	SD	Dec
1	Consume at least 5 bottles of alcohol or more in a row	2.24	2.11	HE
2	Take more than 4 bottles of alcohol in a day	2.39	2.02	HE
3	Get drunk on alcohol consumption	2.08	2.35	HE
4	Consume alcohol before driving	1.95	2.54	HE
5	Take alcohol to gain boldness	2.99	2.07	HE
6	Take alcohol to forget worries	2.25	1.88	HE
7	Take alcohol to enhance sexual performance	2.39	1.81	LE
8	In a week I consume more than 14 bottles of alcohol	1.65	2.10	LE
	Grand mean	2.24	2.11	

Table 2 shows that the mean for male adolescents range from 1.65 to 2.39 with a grand mean of 2.24. On the other hand, the mean of female adolescents range from 1.81 to 2.54 with a grand mean of 2.11. This shows that both male and female in school adolescent are involved in alcohol consumption risk behaviors to a high extent with male higher than the female.

Research Question 3

What is the extent of alcohol consumption risk behaviours among secondary school students in Nsukka LGA based on location?

Table 3: Mean Response Scores of Urban and Rural secondary school adolescents on the extent of alcohol consumption risk Behaviour

S/N	Items	Urban	Dec	Rural	Dec
1	Consume at least bottles of alcohol or more in a row or at a sitting	2.20	HE	2.11	HE
2	Take more than 4 bottles of alcohol In a day	2.14	HE	2.02	LE
3	Get drunk on alcohol consumption	2.37	HE	2.35	HE
4	Consume alcohol before driving	2.61	HE	2.54	HE
5	Take alcohol to gain boldness	2.21	HE	2.07	LE
6	Take alcohol to forget worries	2.01	LE	1.88	LE
7	Take alcohol to enhance sexual performance	1.87	LE	1.81	LE
8	In a week I consume more than 14 bottles of alcohol	2.37	HE	2.10	LE
	Grand mean	2.22	HE	2.11	HE

Table 4 shows that the mean for upper basic adolescents range from 1.29 to 2.45 with a grand mean of 1.81. On the other hand, the mean score for the SS adolescents range form 2.08 to 2.99 with a grand mean of 2.61. This shows that upper



basic adolescent are involved in alcohol consumption to a low extent (1.81) while SS adolescents are involved in alcohol consumption to a high extent (2.61).

Hypotheses

Table 5: Summary of t-test analysis of Difference between the male and female secondary school students on the extent of alcohol consumption risk behavior

Gender	N	X	Df	p-value	Dec
Male	161	2.24			
Female	212	2.11	371	.130	Not sig.

Data in table 5 shows that the P-value for alcohol risk behavior (.130) were greater than 0.05 level of significance ($P>0.05$). Therefore, the null hypothesis was not rejected or not significant. This means that their alcohol consumption risk behaviors is not dependent on gender.

Table 6: Summary of t-test analysis of difference between the male and female secondary school students on the extent of alcohol consumption risk behaviour.

Gender	N	X	Df	p-value	Dec
Urban	192	2.22			
Rural	181	2.11	371	.210	No sign

Data in table 6 shows that the P-value for alcohol consumption risk behavior (.210) was greater than 0.05 level of significance before, the null hypothesis for the risk behaviour was not rejected (not significant).

Table 7: Summary of t-test analysis of difference between the upper basic and SS adolescents on the extent of Alcohol Consumption Risk Behaviour.

Gender	N	X	Df	p-value	Dec
Upper basic	208	1.81			
SS	165	2.61	371	.000	Significant

Table 7 showed that the P-value for alcohol consumption risk behavior (.000) was less than .05 level of significance. Therefore, the null hypothesis was rejected or significant. It then means that there is a significant difference between upper basic and SS adolescents on their extent of involvement in alcohol consumption risk behaviour or that alcohol consumption risk behaviour is dependent on educational level.

Discussion

The finding pertaining to research question 1 revealed that the secondary school adolescents in Nsukka

Local Government Area involve in alcohol consumption risk behaviour to a high extent (2017).



This finding is not expected and encouraging because the respondents are students and as such need not be involved in alcohol consumption let alone high extent. Moreover, they are dependent on their parents and have no money to spend on alcohol. Also, as students, it is not ethical and they are not permitted by the established rules and regulation of the school to consume alcohol.

This finding is in disagreement with the findings of many similar studies with Maurice, Darius, and Vadaste (2015) who formed low alcohol prevalence among Rwanda youth which was put at 34%. The result is also in contrary with the funding of Narbada, Krishna, Rupendra, Sarawoti, Sheela, Pukar, Suresh, Pushpa, Megha and Bubill (2016) who found a low level of alcohol beverage consumption among in-school adolescents in Nepal.

This disagreement may be due to geographical distance. The reason for this disagreement with this similar research report is quite obvious. Even though the students may not be permitted by the established rules and regulation of the alcohol, culture and the value system in these different localities may differ.

However, the finding of this study is in agreement with the findings of some researchers such as Omotowo, Ndu, Olanike, Ezeoke and Umeobiere (2017) who found that almost half of the students. Studies in Enugu South East Nigeria, had consumed alcohol to a high extent in the past. The reason for this agreement could be linked to the developmental levels of the respondents.

They are the same in character (physiological and psychological). There is this general belief that alcohol make one forget worries and students may take alcohol to forget their worries brought about by academic challenges.

The funding pertaining to research question 2 revealed that both male and female secondary school adolescents in Nsukka LGA are involved in alcohol

consumption risk behaviour to a high extent (male 2.24, female 2.11).

This finding is surprising because it disagrees with the common sense that makes indulge more in more alcohol consumption than females. Females are most often saved with soft drinks. The female high involvement in alcohol may have connection with their male friends.

This is in line with the finding of Ochiaka (2019) that male and female in-school adolescents in Enugu State exhibit health risk behaviours to a high extent (male 2.25, female 2.19).

The finding pertaining to research 3 revealed that both urban and rural secondary school adolescents in Nsukka LGA are involved in alcohol consumption risk behaviours to a high extent (urban 2.22, rural 2.11).

However, the finding is in contrast with the findings of same similar studies especially that of Okelta (2018) that reported that 21% of adolescents drink alcohol with the habit being more prevalent among girls than boys. In contrast, Ochimus (2010) observed that alcohol drinking was more in the males than females.

The researcher expected rural secondary school adolescents to indulge in alcohol consumption risk behaviour more than the urban counterpart. This is because environment is a key factor influencing behaviour. Those in urban area have more parental control and attention than those in the rural areas. In line with the researchers thinking, Chidubem (2011) disagreeing with this finding maintained that one of the leading factors to health risk behaviours is belonging to a low economic group.

Continuing the author maintained that this low economic groups is found more in rural areas. Some other findings are in disagreement. For example, Ezenna (2014) opined that income per capita which is more prominent in the



urban setting has been associated with accumulation of health risk behaviours which alcohol is a components.

In the same, Ogbualla (2019) disclosed that higher income per capita that reflect an urban area was related to accumulation of health risk behaviours in the individuals.

The finding pertaining to research question 4 revealed that upper basic adolescents are involved in alcohol consumption risk behaviour to a low extent (1.81) while SS students are involved in alcohol consumption risk behaviour to a high extent (2.61). The finding is expected, by the researcher because it is in line with common reasoning that upper basic students are not supposed to involve in health risk behaviours especially alcohol consumption goes with age with age and this age is shown in class level.

The finding pertaining to research question 5 revealed that alcohol consumption risk behaviour of secondary school adolescents is not dependent on gender. This means that gender has no influence on the extent of alcohol consumption risk behaviour. The finding is in disagreement with Ochiaka (2019) which shows that significant difference exist between male and female in-school adolescents in their extent of alcohol consumption risk behaviour in Nsukka LGA.

Also in line with this finding Okegbe (2018) who observed that alcohol drinking was more in the males than females. This might be that males has more time to drink than female and also that the society and culture frowns more at female drinking than males.

The finding pertaining to research question 6 indicated that alcohol consumption risk behaviour of secondary school adolescents is not dependent on location. This means that location has no influence on alcohol consumption risk behaviour of the students. This finding was surprising because other earlier studies implicated location as an influencing factors in alcohol risk behaviours. Again aggregation of people from plural background in an urban environment had been known to

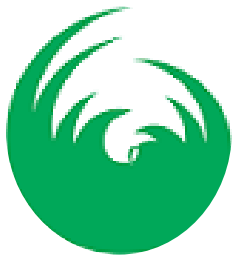
be associated with vices of social and health dimensions. There appear to be more sanity in the behaviours of people living in a rural setting than those in the urban dwellings.

Enebechi (2014) disagrees with this finding when he observed that high income per capita which is more predominant in the urban has been associated with accumulation of health risk behaviours. The author still observe that rural setting provides some cultural conditions that may promote or reduce some health risk behaviours. A finding of Aguodo (2018) is in agreement with this finding. Aguodo (2018) reported that alcohol consumption risk behaviour of secondary school students in Enugu East LGA of Enugu State are predicted by location.

The finding in table 7 revealed that significant differences exist between upper basic and SS secondary school adolescents in their extent of alcohol consumption risk behaviour. This means that alcohol consumption is dependent on class level. This finding is expected as many research findings favour educational level as predictor of health risk behaviour. For instance, Emmanuel, Morah and Oluniyi (2017) found that gender, young age, lower level of education and large family size are significantly associated with hazardous alcohol consumption of secondary school teachers of South West Nigeria. This shows that educational level which is a function of age influences alcohol consumption risk behaviour. Even though what is addressed here is secondary school teachers, that can be also applicable to secondary school students.

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