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PERCEIVED EFFECTS OF ALCOHOL USE AMONG MEN AGED 20 YEARS AND ABOVE IN A RURAL COMMUNITY IN ANAOCHA LOCAL GOVERNMENT AREA, ANAMBRA STATE, NIGERIA.

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ABSTRACT

Background: Harmful alcohol consumption remains a major public health concern globally and is associated with adverse physical, psychological, and socio-economic consequences. Despite increasing alcohol use among men in Nigeria, limited community-based evidence exists regarding perceptions of its effects.

Objective: This study assessed the perceived physical, psychological, and socio-economic effects of alcohol use among men aged 20 years and above in a rural community inAnaocha Local Government Area of Anambra State, Nigeria.

Methods: A descriptive cross-sectional survey design was employed among 262 men aged 20 years and above selected from a community in Anaocha Local Government Area. Data were collected using a structured questionnaire and analyzed using descriptive and inferential statistics. Mean scores were used to assess respondents' perceptions, while chi-square statistics were used to examine relationships between socio-demographic characteristics and perceived health effects of alcohol use at $p < 0.05$.

Results: Respondents perceived alcohol use as having substantial adverse effects across the physical, psychological, and socio-economic domains. The physical effects domain recorded the highest grand mean score (3.06), followed by psychological effects (2.83) and socio-economic effects (2.73). Respondents strongly agreed that alcohol use can contributes to physical injuries, deterioration of family economic well-being. Significant relationships were found between age and perceived health effects of alcohol use and between occupation and perceived health effects ($p < 0.05$), while marital status was not significantly associated with perceived health effects ($p > 0.05$).

Conclusion: The findings underscore the need for strengthened public health education, community-based interventions, and mental health support services.

KEYWORDS: Alcohol use, Perceived effects, Men, Psychological effects, Socio-economic effects.

INTRODUCTION

According to the World Health Organization (WHO, 2024), approximately 2.3 billion people worldwide consume alcohol, and an estimated 400 million individuals aged 15 years and older were living with alcohol use disorders in 2019. Out of these, approximately 209 million people were living with alcohol dependence. Alcohol consumption is responsible for a substantial burden of disease and mortality globally, contributing to approximately 2.6 million deaths annually, representing nearly 4.7% of the global burden of disease (WHO, 2024).

Young adults are disproportionately affected by harmful alcohol use. The WHO reported that approximately 13% of all alcohol-attributable deaths occur among individuals aged 20–39 years (WHO, 2024). In the United States, alcohol use remains highly prevalent.According to the 2024 National Survey on Drug Use and Health (NSDUH), approximately 47.5% of young adults aged 18–25 years reported consuming alcohol within the previous month, indicating that alcohol use remains highly prevalent among young adults in the United States (Substance Abuse and Mental Health Services Administration **[**SAMHSA], 2025).while 26.7% engaged in binge drinking and 6.0% reported heavy alcohol use (National Institute on Alcohol Abuse and Alcoholism. [NIAAA], 2026).

Alcohol Use Disorder (AUD) is a chronic relapsing condition characterized by impaired control over alcohol consumption despite adverse consequences. Although effective treatment options exist, treatment uptake remains low. Recent estimates indicate that fewer than 10% of individuals with AUD receive specialized treatment services annually, highlighting a substantial treatment gap (NIAAA, 2026).

Alcohol consumption remains a major public health concern worldwide and is associated with substantial morbidity, mortality, and socioeconomic burden. According to the World Health Organization (WHO, 2024), harmful alcohol use contributes to approximately 3 million deaths annually, accounting for about 5.3% of all global deaths. Alcohol consumption has been linked to numerous health conditions, including liver cirrhosis, cardiovascular

diseases, cancers, mental health disorders, and injuries resulting from road traffic accidents and violence (WHO, 2024).

In many low- and middle-income countries, including Nigeria, alcohol use is deeply embedded in social and cultural practices. While moderate alcohol consumption is often socially accepted, excessive alcohol use has been associated with adverse physical, psychological, social, and economic consequences (World Health Organization, 2024). Studies have consistently shown that men generally exhibit higher rates of alcohol consumption than women and are disproportionately affected by alcohol-related morbidity and mortality (Rehm *et al*., 2023).

Evidence suggests that harmful alcohol use contributes to family instability, reduced workplace productivity, risky sexual behaviours, domestic violence, and increased healthcare expenditures (WHO, 2024; Rehm *et al*., 2023). In Nigeria, the increasing availability of alcoholic beverages, changing social norms, and aggressive alcohol marketing strategies have raised concerns regarding excessive alcohol consumption, particularly among young and middle-aged men (Obot & Room, 2022). Studies have shown that alcohol consumption is common among Nigerian adults, particularly among men, who are more likely to engage in harmful drinking behaviours (Adeloye*et al*., 2019).

Despite growing evidence of alcohol-related harm, community perceptions regarding the effects of alcohol use remain inadequately documented in many rural and semi-urban communities in Nigeria. Understanding how men perceive the effects of alcohol use is essential for designing culturally appropriate health promotion interventions and policies aimed at reducing alcohol-related harm. Perceptions often influence drinking behaviours, help-seeking practices, and acceptance of preventive interventions (Babor *et al*., 2023).

Alcohol consumption constitutes a significant public health concern in Nigeria. According to the WHO (2024), the total alcohol per capita consumption among persons aged 15 years and older in Nigeria was estimated at 2.2 litres of pure alcohol in 2020. Although this figure is lower than the global average, harmful alcohol use remains widespread and contributes substantially to morbidity, mortality, injuries, and social problems within the country (WHO, 2024).

Evidence from Nigerian studies indicates that alcohol consumption is particularly common among men and young adults. A systematic review and meta-analysis by Adeloye*et al*. (2019) reported that the pooled prevalence of harmful alcohol use in Nigeria was 34.3%, with a significantly higher prevalence among men (43.9%) than women (23.9%). The study further

revealed that harmful alcohol use was more prevalent in rural areas than in urban areas, highlighting important geographical disparities in drinking behaviours (Adeloye et al., 2019).

Recent national survey data further demonstrate the widespread use of alcohol among Nigerian men. The Nigeria Demographic and Health Survey (NDHS, 2024) reported that alcohol consumption was highest among men aged 30–39 years, with more than one-quarter reporting alcohol use within the month preceding the survey (National Population Commission [NPC] & ICF, 2025).

In addition, recent studies suggest that alcohol marketing, social media promotion, celebrity endorsements, and sponsorship of entertainment events continue to influence drinking behaviours among Nigerian youths and young adults. These factors, alongside peer pressure, unemployment, socioeconomic stress, and inadequate enforcement of alcohol-control policies, have been identified as important drivers of harmful alcohol use in Nigeria (Obot & Room, 2022; WHO, 2024).

Given the increasing burden of alcohol-related health and social consequences in Nigeria, understanding the perception of alcoholism among adult men is critical for the development of effective public health interventions, health education programmes, and alcohol-control policies aimed at reducing harmful drinking behaviours and their associated consequences (WHO, 2024).The development of AUD is influenced by a complex interaction of biological, psychological, social, and environmental factors. Major risk factors include a family history of alcohol dependence, early initiation of alcohol use, coexisting mental health disorders such as depression and anxiety, peer pressure, adverse childhood experiences, chronic stress, and social environments that normalize excessive alcohol consumption (WHO, 2024; NIAAA, 2024).

Heavy episodic drinking (binge drinking) is a particularly important predictor of alcohol-related harm. The WHO notes that most alcohol-related morbidity and mortality arise from heavy episodic or sustained heavy drinking patterns rather than occasional low-level consumption (WHO, 2024). Individuals with mental health disorders are also at increased risk of developing AUD due to shared neurobiological pathways and maladaptive coping mechanisms (NIAAA, 2024).

Alcohol consumption is a leading preventable cause of death worldwide. According to the WHO, approximately 2.6 million deaths were attributable to alcohol use in 2019, including 1.6 million deaths from non-communicable diseases, 700,000 deaths from injuries, and 300,000 deaths from communicable diseases. Alcohol use is causally linked to more than 200

diseases and injury conditions, including liver cirrhosis, cardiovascular diseases, cancers, mental health disorders, and road traffic injuries (WHO, 2024).

In the United States, excessive alcohol use causes approximately 178,000 deaths annually, making it one of the leading preventable causes of death in the country (CDC, 2024). Binge drinking remains the most common pattern of excessive alcohol consumption. Recent CDC data indicate that approximately 17% of U.S. adults engage in binge drinking and about 6% engage in heavy drinking. Excessive alcohol use contributes substantially to injuries, motor vehicle crashes, violence, suicides, liver disease, cardiovascular disease, and several forms of cancer (CDC, 2024).

Alcohol-related mortality has increased considerably in recent years. The CDC reported that annual alcohol-attributable deaths increased by approximately 29% between 2016–2017 and 2020–2021, reflecting growing concerns regarding harmful drinking patterns and their associated health consequences (CDC, 2024). Consequently, reducing harmful alcohol use remains a major public health priority globally and nationally.

Alcohol use imposes substantial social and economic burdens on individuals, families, communities, and national economies. According to the World Health Organization (WHO, 2024), harmful alcohol use contributes significantly to lost productivity, unemployment, reduced work performance, healthcare expenditures, criminal justice costs, and premature mortality. Excessive alcohol consumption can impair an individual's ability to fulfill family responsibilities, maintain stable relationships, and contribute effectively to household welfare. These adverse effects are particularly pronounced among low-income households, where expenditure on alcohol may divert limited resources from essential needs such as food, healthcare, housing, and education (WHO, 2024).

Alcohol use is also strongly associated with interpersonal violence, family disruption, and domestic abuse. Recent evidence suggests that alcohol consumption, particularly heavy episodic drinking, increases the risk of intimate partner violence, child neglect, and community violence. A systematic review by Bryant and colleagues (2023) found that harmful alcohol use was consistently associated with a higher likelihood of perpetrating or experiencing domestic violence across low- and middle-income countries. In sub-Saharan Africa, alcohol misuse has been identified as a major contributor to gender-based violence and family instability (Bryant et al., 2023).

The economic burden of alcohol consumption extends beyond the individual user. A recent global assessment estimated that alcohol-related productivity losses, healthcare costs, law enforcement expenditures, and social welfare costs account for approximately 1–2% of the

gross domestic product (GDP) in many countries (Manthey et al., 2021). Alcohol-related absenteeism, presenteeism (reduced productivity while at work), workplace injuries, and unemployment contribute substantially to these economic losses. Employees with alcohol use disorders are more likely to experience prolonged sick leave, occupational injuries, reduced job performance, and premature exit from the workforce (Manthey et al., 2021).

Furthermore, harmful alcohol use has been associated with increased road traffic crashes, workplace accidents, and disability. The WHO (2024) reported that alcohol remains a leading risk factor for injury-related deaths among adults, particularly males of working age. Consequently, alcohol-related harm affects not only individual health and well-being but also broader economic development and social stability.

The researchers, in their Public Health programme in the study area, noticed with dismay the increasing level and number of young men that are involved in excessive consumption of alcohol in the town. This poses questions on whether these men are aware of the consequences of this act and the possibility of getting triggered into alcoholism which may in the long run ruin the physical, social-economic and health status of the affected person. It was on this backdrop that the researchers were engineered to carry out this study to determine the perceived effect of alcoholism on men, 20 years and above 31.

Objectives for the Study

1. Perceives physical effects of alcohol use among men aged 20 years and above
2. Perceived Socio-Economic Effects of Alcohol Use among men aged 20 years and above
3. Perceived Psychologicaleffects of alcohol use among men aged 20 years and above

Research Hypothesis

H01: There is no significant relationship between socio-demographic characteristics and perceived health effects of alcohol use among men.

MATERIALS AND METHODS

Study Design

This study employed a descriptive cross-sectional survey design to assess the perceived effects of alcohol use among men aged 20 years and above in a rural community in Anaocha Local Government Area, Anambra State, Nigeria. The design was considered appropriate because it enabled the collection of data from a representative sample of participants at a single point in time without manipulating any study variables.

Study Area

The study was conducted in Agulu-Uzoigbo, a rural community in Anaocha Local Government Area of Anambra State, Nigeria. The community comprises six villages: Iluowere, Etuleze, Ihuru, Uffa, Ifite, and Nduani. The area is characterized by a mixture of, traders, artisans, and farmers. The community is one of the major towns in Anambra State with aspiration for development. It located between one semi-urban and three rural communities.

With farming and trading as the main stay of livelihood, the cultural practice of gathering together in oneness and solidarity remain common among the indigenous people especially during ceremonies and social gatherings.

Study Population

The target population consisted of all men aged 20 years and above residing in Agulu-Uzoigbo at the time of the study. According to records obtained from the National Population Commission, Anaocha Local Government Headquaters, the estimated population of eligible men in the six villages was 754.

Sample Size

The sample size of 262 participants was determined from the population using the Taro Yamane formula for finite populations:

Sampling Technique

Cluster sampling technique was employed to randomly select villages in the community that participated in the study, from which all the men, 20 years and above who met the inclusion criteria were recruited as participants for the study. Respondents were approached at churches, markets, village squares, drinking establishments, and other public gathering places within the community. This approach was adopted because of the varying occupational engagements of the residents, which made probability sampling difficult.

Inclusion and Exclusion Criteria

Men aged 20 years and above who had resided in the community for at least six months prior to the study were eligible to participate irrespective of their indigene status.Individuals who are visitors, and residents who had lived in the community for less than six months were excluded from the study.

Instrument for Data Collection

Data were collected using a researchers' structured questionnaire following an extensive review of relevant literature and in line with the objectives of the study with the title Perceived Effects of Alcohol Use Among Men (PEAUAM). The questionnaire validated by

experts in community health and Measurement and Evaluation for face, content, and construct Standing. The internal consistency was tested by pilot-testing it in another rural community in the same area. A reliability index of 0.78 was obtained using the Pearson Product Moment Correlation Coefficient analysis method

Procedure for Data Collection

Permission to conduct the study was obtained from the elders in the community and relevant village authorities. Data collection was done on face to face bases over a six-month period. The purpose of the study was explained to participants and informed consent was obtained prior to questionnaire administration.

Participants who were literate completed the questionnaire independently, while those that were unable to read received verbal translation and explanation of the questionnaire in the Igbo language before providing their responses. Some villagers were recruited as research assistants for easy data collection.

Data Analysis

Data were coded, entered, and analyzed using descriptive statistical methods. Frequencies, percentages, means, and standard deviations were used to summarize the data. Responses were presented in tables. A criterion mean of 2.50 was used for interpreting participants' perceptions of alcohol use effects.

Ethical Considerations

Ethical approval and community entry permission were obtained from the village leaders of before commencement of the study. Participation was voluntary, and informed consent was obtained from all respondents.

Confidentiality and anonymity were maintained throughout the study by excluding personal identifiers from the questionnaire. Participants were informed of their right to decline participation or withdraw from the study at any stage without penalty. Respect for participants' dignity, privacy, and autonomy were upheld throughout the research process.

RESULTS

Socio-Demographic Characteristics of Respondents

Table 1. Socio-Demographic Characteristics of Respondents. (N = 262)

Variable	Frequency (n)	Percentage (%)
Age (years)		
20–39	98	37.4
40–59	72	27.5

60–79	65	24.8
≥80	27	10.3
Marital Status		
Married	136	51.9
Single	89	34.0
Divorced	3	1.1
Separated	34	13.0
Occupation		
Civil Servant	36	13.8
Businessman	116	44.3
Vehicle Driver	52	19.8
Artisan	38	14.5
Farmer	20	7.6

The majority of respondents were aged 20–39 years (37.4%), married (51.9%), and engaged in business activities (44.3%).

Table 2: Perceived effect of alcohol use on the physical life of men. (N = 262)

Item	SA n (%)	A n (%)	D n (%)	SD n (%)	Mean Score	SD
Alcoholism can lead to physical injury to the alcoholics	105 (40.1)	87 (33.2)	50 (19.1)	20 (7.6)	3.06	0.94
It is common to have alcoholics involved in accidents	123 (46.9)	97 (37.0)	40 (15.3)	2 (0.8)	3.30	0.76
It can lead to stress reduction	57 (21.8)	69 (26.3)	120 (45.8)	16 (6.1)	2.64	0.84
Sleeplessness is associated with alcoholism	128 (48.9)	79 (30.2)	53 (20.2)	2 (0.8)	3.27	0.84
It potentiates homicide	134 (51.1)	79 (30.2)	38 (14.5)	11 (4.2)	3.28	0.89
Persons with alcoholism usually suffer from change in vision	103 (39.3)	91 (34.7)	58 (22.1)	10 (3.8)	3.00	0.88
Flushing of the face is common in alcoholism	131 (50.0)	83 (31.7)	33 (12.6)	15 (5.7)	3.26	0.91
It can lead to organ damage such as liver disease	126 (48.1)	80 (30.5)	42 (16.0)	14 (5.3)	3.21	0.92
Slurred speech is common in alcoholism	89 (34.0)	99 (37.8)	68 (26.0)	6 (2.3)	3.03	0.83
Abuse and assault are clear issues associated with alcoholism	137 (52.3)	81 (30.9)	38 (14.5)	6 (2.3)	3.33	0.82

Item	SA n (%)	A n (%)	D n (%)	SD n (%)	Mean Score	SD
Alcoholism can increase human anxiety	103 (39.3)	78 (29.8)	72 (27.5)	9 (3.4)	3.05	0.90
It is a common source of depression	140 (53.4)	73 (27.9)	43 (16.4)	6 (2.3)	3.33	0.85
It is a pathway to healthy life	30 (11.5)	43 (16.4)	132 (50.4)	57 (21.8)	2.18	0.89
Alcoholism is a means of building energy	48 (18.3)	57 (21.8)	127 (48.5)	30 (11.5)	2.47	0.89
It can lead to impotence	128 (48.9)	75 (28.6)	56 (21.4)	3 (1.1)	3.16	0.85

Grand Mean and Standard Deviation 3.06;0.87

Table 2 presents respondents' perceptions of the effects of alcohol use on the physical life of people. The findings revealed an overall grand mean score of 3.06 (SD = 0.87), indicating that respondents generally agreed that alcoholism has significant adverse effects on physical health.

The item with the highest mean score was "Abuse and assault are clear issues associated with alcoholism" (Mean = 3.33, SD = 0.82), closely followed by "It is a common source of depression" (Mean = 3.33, SD = 0.85), suggesting strong agreement among respondents regarding these consequences of alcohol use. Similarly, respondents agreed that alcoholism is commonly associated with involvement in accidents (Mean = 3.30, SD = 0.76), potentiates homicide (Mean = 3.28, SD = 0.89), is associated with sleeplessness (Mean = 3.27, SD = 0.84), causes flushing of the face (Mean = 3.26, SD = 0.91), can lead to organ damage such as liver disease (Mean = 3.21, SD = 0.92), and may result in impotence (Mean = 3.16, SD = 0.85).

Furthermore, respondents agreed that alcohol use can lead to physical injury (Mean = 3.06, SD = 0.94), increase anxiety (Mean = 3.05, SD = 0.90), cause slurred speech (Mean = 3.03, SD = 0.83), and result in changes in vision (Mean = 3.00, SD = 0.88).

On the other hand, respondents disagreed with the statements that alcohol use is a pathway to a healthy life (Mean = 2.18, SD = 0.89) and that alcohol use is a means of building energy (Mean = 2.47, SD = 0.89). Respondents also disagreed that alcohol consumption leads to stress reduction (Mean = 2.64, SD = 0.84).

Overall, the findings suggest that respondents were aware of the numerous negative physical and psychosocial consequences associated with alcohol use and generally perceived alcohol use as detrimental to health and well-being.

Table 3: Perception on the socio-economic effect of alcohol use. (N = 262)

Item	SA n (%)	A n (%)	D n (%)	SD n (%)	Mean Score	SD
Alcoholism is a common avenue to reduce family economy	101 (38.5)	52 (19.8)	60 (22.9)	49 (18.7)	2.78	1.15
It can lead to loss of employment opportunity	93 (35.5)	102 (38.9)	57 (21.8)	10 (3.8)	3.06	0.85
Several medical and legal expenses may result from alcoholism	24 (9.2)	60 (22.9)	98 (37.4)	80 (30.5)	2.11	0.94
Domestic violence can be an issue resulting from alcoholism	39 (14.9)	121 (46.2)	60 (22.9)	42 (16.0)	2.60	0.93
It can lead to absence from work and school dropout	97 (37.0)	59 (22.5)	70 (26.7)	36 (13.7)	2.83	1.08
Many rape cases have been attributed to alcoholism	108 (41.2)	63 (24.0)	58 (22.1)	33 (12.6)	2.94	1.07
It can lead to reduced productivity	89 (34.0)	93 (35.5)	62 (23.7)	18 (6.9)	2.97	0.92
It is a means to arrive at social deviation and pervasion	78 (29.8)	83 (31.7)	67 (25.6)	34 (13.0)	2.78	1.01
Unemployment can spring from alcoholism	96 (36.6)	73 (27.9)	70 (26.7)	23 (8.8)	2.92	0.99
Low wages may occur due to alcoholism	74 (28.2)	88 (33.6)	80 (30.5)	25 (9.5)	2.84	0.95
It helps to boost self-image of an individual	52 (19.8)	68 (26.0)	70 (26.7)	72 (27.5)	2.38	1.09
Alcoholism does not give room for social isolation	68 (26.0)	52 (19.8)	90 (34.4)	52 (19.8)	2.52	1.08

Grand Mean = 2.73

Decision Rule: Mean score (MS) ≥ 2.50 = Agree; Mean score (MS) < 2.50 = Disagree

RESULTS

Table 3 presents respondents' perceptions regarding the socio-economic effects of alcohol use among men. The overall grand mean score was 2.73, indicating that respondents generally agreed that alcohol use has substantial socio-economic consequences.

The highest-rated item was "It can lead to loss of employment opportunity" (MS = 3.06, SD = 0.85), with 74.4% of respondents either strongly agreeing or agreeing with the statement.

Similarly, respondents agreed that alcoholism can lead to reduced productivity (MS = 2.97, SD = 0.92), that many rape cases have been attributed to alcoholism (MS = 2.94, SD = 1.07), and that unemployment can spring from alcoholism (MS = 2.92, SD = 0.99).

Respondents also agreed that alcohol use can lead to low wages (MS = 2.84, SD = 0.95), absence from work and school dropout (MS = 2.83, SD = 1.08), reduction in family economic wellbeing (MS = 2.78, SD = 1.15), and social deviation/pervasion (MS = 2.78, SD = 1.01). Domestic violence resulting from alcoholism was also perceived as a significant socio-economic effect (MS = 2.60, SD = 0.93).

Conversely, respondents disagreed that several medical and legal expenses may result from alcoholism (MS = 2.11, SD = 0.94). They also disagreed that alcoholism helps to boost an individual's self-image (MS = 2.38, SD = 1.09). Furthermore, the statement that alcoholism does not give room for social isolation received a mean score of 2.52 (SD = 1.08), indicating only marginal agreement among respondents.

Overall, the findings suggest that respondents perceive alcoholism as having predominantly negative socio-economic consequences, particularly in relation to employment, productivity, family economic wellbeing, unemployment, and social problems.

Table 4: Perceived effect of alcohol use on the psychological life of people (N = 262)

Item	SA n (%)	A n (%)	D n (%)	SD n (%)	Mean Score	SD
Poor emotional state is synonymous with alcoholism	132 (50.4)	62 (23.7)	45 (17.2)	23 (8.8)	3.16	1.01
Poor learning ability may become an outcome in alcoholism	122 (46.6)	59 (22.5)	38 (14.5)	43 (16.4)	2.99	1.16
Memory function is easily affected in alcoholism	73 (27.9)	83 (31.7)	98 (37.4)	8 (3.1)	2.84	0.86
Mood swing occurs frequently in alcoholism	98 (37.4)	93 (35.5)	63 (24.0)	8 (3.1)	3.07	0.85
Reflex coordination impairment is very common in alcoholism	97 (37.0)	89 (34.0)	70 (26.7)	6 (2.3)	3.06	0.84
Shifting of blame and accusation is often witnessed among alcoholics	103 (39.3)	73 (27.9)	53 (20.2)	33 (12.6)	2.94	1.05
Delusion is often a resultant effect of alcoholism	73 (27.9)	62 (23.7)	90 (34.4)	37 (14.1)	2.65	1.01
It is very common to see alcoholics relate cordially with their family members	38 (14.5)	60 (22.9)	103 (39.3)	61 (23.3)	2.29	0.99
Poor remembrance is not an issue in alcoholism	52 (19.8)	70 (26.7)	98 (37.4)	42 (16.0)	2.50	0.99

Item	SA n (%)	A n (%)	D n (%)	SD n (%)	Mean Score	SD
Feeling of wellbeing is a common experience among alcoholics	71 (27.1)	78 (29.8)	90 (34.4)	23 (8.8)	2.75	0.94

Grand Mean = 2.83

Decision Rule: Mean ≥ 2.50 = Agree;Mean < 2.50 = Disagree

Table 4 presents respondents' perceptions regarding the psychological effects of alcoholism. The overall grand mean score of 2.83 indicates that respondents generally agreed that alcohol use has substantial psychological consequences.

The highest-rated psychological effect was poor emotional state (MS = 3.16, SD = 1.01), with 74.1% of respondents either strongly agreeing or agreeing that poor emotional state is synonymous with alcohol use. Respondents also agreed that mood swings occur frequently among alcoholics (MS = 3.07, SD = 0.85), while impairment of reflex coordination was perceived as a common consequence of alcoholism (MS = 3.06, SD = 0.84).

Poor learning ability was identified as another major psychological consequence of alcohol use (MS = 2.99, SD = 1.16). Similarly, respondents agreed that shifting of blame and accusation is often witnessed among alcoholics (MS = 2.94, SD = 1.05), and that memory function is easily affected in alcoholism (MS = 2.84, SD = 0.86). Feeling of wellbeing among alcoholics was also perceived by respondents (MS = 2.75, SD = 0.94), while delusion was considered a notable psychological effect (MS = 2.65, SD = 1.01).

Respondents marginally agreed that poor remembrance is not an issue in alcoholism (MS = 2.50, SD = 0.99). However, they disagreed that alcoholics commonly relate cordially with their family members (MS = 2.29, SD = 0.99), suggesting that alcoholism may negatively affect family relationships.

Overall, the findings indicate that respondents perceive alcohol use as having profound adverse psychological effects, particularly in relation to emotional instability, learning difficulties, memory impairment, mood disturbances, impaired reflex coordination, and maladaptive behavioural tendencies.

Table 5: relationship between socio-demographic characteristics and perceived health effects of alcohol use among men.

Variable	χ^2	p-value	Decision
Age	12.46	0.014	Significant
Marital Status	4.21	0.240	Not Significant
Occupation	15.83	0.003	Significant

A Chi-square test was conducted to determine the relationship between socio-demographic characteristics and perceived health effects of alcohol use among men. The results showed a significant relationship between age and perceived health effects of alcohol use ($\chi^2 = 12.46$, $p = 0.014$), as well as between occupation and perceived health effects of alcohol use ($\chi^2 = 15.83$, $p = 0.003$). However, marital status was not significantly related to perceived health effects of alcohol use ($\chi^2 = 4.21$, $p = 0.240$). Therefore, the null hypothesis was rejected for age and occupation but retained for marital status.

DISCUSSION

Socio-demographic Characteristics of the men

The majority of respondents were aged 20–39 years, married, and engaged in business activities. This age distribution is noteworthy because alcohol consumption is often highest among young and middle-aged adults who are economically active and socially engaged. Previous studies have shown that harmful alcohol use is more prevalent among younger adult males and is associated with increased risk-taking behaviours, injuries, and productivity losses (World Health Organization [WHO], 2024; GBD 2020 Alcohol Collaborators, 2022). The predominance of married respondents suggests that the consequences of alcohol misuse may extend beyond the individual to affect spouses, children, and household functioning.

Perceived physical effects of alcohol use among the men

The findings demonstrated strong agreement among respondents that alcoholism is associated with several adverse physical health outcomes, including accidents, physical injuries, homicide, organ damage, impotence, anxiety, depression, sleeplessness, and slurred speech. The highest-rated items were abuse and assault, depression, and involvement in accidents.

These findings are consistent with evidence from the World Health Organization, which reports that harmful alcohol use contributes substantially to injuries, violence, road traffic accidents, liver diseases, cardiovascular diseases, and mental health disorders worldwide (WHO, 2024). Similarly, the Global Burden of Disease Study identified alcohol use as a major risk factor for premature mortality and disability, particularly among men (GBD 2020 Alcohol Collaborators, 2022).

The strong perception that alcoholism contributes to depression and anxiety aligns with findings from recent epidemiological studies demonstrating a bidirectional relationship between alcohol use disorders and mental health disorders. Excessive alcohol consumption has been associated with increased risks of depression, anxiety disorders, sleep disturbances, and suicidal behaviours (Boden & Fergusson, 2021; WHO, 2024). The agreement that

alcoholism can lead to organ damage, particularly liver disease, is also supported by contemporary clinical evidence indicating that alcohol-associated diseases remain major contributors to preventable morbidity and mortality globally (Rehm et al., 2021; WHO, 2024). Respondents disagreed with statements suggesting that alcoholism promotes a healthy life or builds energy. This finding reflects a relatively high level of awareness regarding the harmful health consequences of excessive alcohol consumption and is consistent with public health evidence indicating that no level of alcohol consumption can be considered completely safe for health (WHO, 2023).

Perceived socio-economic effects of alcohol use among the men

The study revealed that respondents perceived alcoholism as having substantial socio-economic consequences, particularly loss of employment opportunities, reduced productivity, unemployment, school dropout, domestic violence, and deterioration of family economic well-being.

The finding that alcoholism contributes to loss of employment and reduced productivity is consistent with previous research indicating that harmful alcohol use negatively affects work performance through absenteeism, presenteeism, workplace injuries, and reduced efficiency (OECD, 2021). Alcohol-related productivity losses represent one of the largest indirect economic costs attributable to alcohol consumption worldwide.

Respondents also perceived alcoholism as a contributor to domestic violence and rape. This finding corroborates existing evidence that alcohol misuse increases aggression, impairs judgment, and elevates the risk of interpersonal violence and sexual assault (WHO, 2024). Previous studies have identified alcohol consumption as a major contributing factor to intimate partner violence, gender-based violence, and other forms of interpersonal aggression (Manthey et al., 2021; Kilian et al., 2023).

The perception that alcoholism leads to unemployment and low wages further supports previous findings that chronic alcohol misuse can hinder occupational advancement, reduce employability, and worsen economic instability among affected individuals and households (OECD, 2021). Moreover, the finding that alcoholism reduces family economic well-being aligns with studies showing that alcohol expenditure often diverts household resources away from essential needs such as education, nutrition, and healthcare, thereby exacerbating poverty and social inequality (WHO, 2024).

Interestingly, respondents disagreed that alcoholism results in medical and legal expenses. This finding contrasts with existing evidence showing that alcohol use disorders impose substantial healthcare and legal costs through hospitalizations, treatment expenditures, law

enforcement involvement, and judicial processes (Manthey et al., 2021). The discrepancy may reflect limited awareness of the broader economic costs associated with alcohol misuse among the study population.

Perceived Psychological effects of alcohol use among the men

The findings showed that respondents strongly perceived alcoholism as having adverse psychological consequences, including poor emotional state, mood swings, impaired learning ability, memory dysfunction, reflex coordination impairment, delusion, and blame-shifting behaviours.

The high rating of poor emotional state and mood swings is consistent with neuropsychiatric evidence indicating that chronic alcohol consumption disrupts neurotransmitter systems involved in emotional regulation, resulting in irritability, emotional instability, and mood disorders (Boden & Fergusson, 2021; WHO, 2024). Similarly, the perceived association between alcoholism and poor learning ability is supported by research demonstrating that prolonged alcohol use negatively affects cognitive functions, including attention, executive functioning, problem-solving, and learning capacity (Topiwala & Ebmeier, 2023).

Respondents also agreed that memory function is adversely affected by alcoholism. This finding aligns with studies showing that excessive alcohol use impairs both short-term and long-term memory and may contribute to alcohol-related cognitive impairment later in life (Topiwala & Ebmeier, 2023). The agreement regarding reflex coordination impairment further reflects established evidence that alcohol affects cerebellar functioning, balance, motor coordination, and reaction time, thereby increasing the risk of injuries and accidents (WHO, 2024).

The finding that respondents disagreed that alcoholics commonly relate cordially with family members is noteworthy. Family conflict and social relationship difficulties are well-documented consequences of alcohol misuse and often contribute to marital dissatisfaction, family dysfunction, and social isolation (WHO, 2024). This perception among respondents suggests awareness of the disruptive effects of alcoholism on interpersonal relationships and family cohesion.

Relationship between socio-demographic characteristics of the men and their perceived health effects of alcohol use

The study found significant relationships between age and perceived health effects of alcohol use as well as between occupation and perceived health effects. However, marital status was not significantly associated with perceived health effects.

The significant association between age and perception may reflect differences in life experiences, exposure to alcohol-related harm, and health literacy across age groups. Older adults may have greater exposure to the long-term consequences of alcohol misuse, leading to heightened awareness of its adverse effects (WHO, 2024). Similarly, occupational differences may influence perceptions through varying workplace exposures to alcohol-related incidents, productivity losses, and social interactions.

The absence of a significant relationship between marital status and perceived health effects suggests that awareness of alcohol-related harm may be relatively uniform across marital categories. Similar findings have been reported in community-based studies where knowledge of alcohol-related consequences was influenced more by educational and occupational factors than by marital status alone (Manthey et al., 2021).

Overall, the findings indicate that respondents possess substantial awareness of the harmful physical, psychological, and socio-economic consequences of alcoholism. These perceptions are largely consistent with current scientific evidence and reinforce the need for sustained public health education, community-based interventions, and alcohol control policies aimed at reducing the burden of harmful alcohol use among men in Nigeria.

CONCLUSION

This study examined the perceived physical, socio-economic, and psychological effects of alcohol use among men aged 20 years and above in a rural community in Anaocha Local Government Area of Anambra State, Nigeria. The findings revealed that the men generally perceived alcoholism as having substantial adverse effects across all domains investigated. Alcohol use was perceived to contribute significantly to physical health problems such as accidents, injuries, organ damage, depression, anxiety, and impaired functioning. It was also perceived to have negative socio-economic consequences, including loss of employment opportunities, reduced productivity, unemployment, domestic violence, and deterioration of family economic well-being. Furthermore, the men recognized the psychological consequences of alcohol use, including poor emotional states, mood swings, memory impairment, reduced learning ability, and impaired coordination.

The study further established significant relationships between age and occupation and the perceived health effects of alcohol use, while marital status showed no significant association. Overall, the findings indicate a high level of awareness among respondents regarding the harmful consequences of alcoholism and underscore the need for intensified public health interventions aimed at reducing harmful alcohol consumption among men in the

community. Strengthening alcohol prevention strategies, health education programmes, and community-based support services could contribute substantially to reducing the health and social burden associated with alcohol misuse.

Implications for Nursing Practice

The findings of this study have important implications for nursing practice, particularly in community health, public health, and mental health nursing. Nurses occupy a strategic position in identifying individuals at risk of harmful alcohol use and implementing preventive interventions. The high level of awareness of the adverse effects of alcoholism observed among the studied population suggests that nurses can build upon existing knowledge through targeted health education and behavioural change communication programmes.

Community health nurses should intensify alcohol-related health promotion activities by educating individuals and families on the physical, psychological, and socio-economic consequences of excessive alcohol consumption. Routine screening for alcohol use disorders should be incorporated into primary healthcare services to facilitate early identification, counselling, referral, and treatment of affected individuals. Nurses should also collaborate with community leaders, religious organizations, schools, and governmental agencies to develop culturally appropriate interventions aimed at reducing alcohol misuse among men.

Based on the observed association between alcohol use and psychological disturbances, nurses should strengthen mental health assessment and support services for individuals with alcohol-related problems. Family-centred nursing interventions should be promoted to address the effects of alcohol misuse on family relationships, domestic violence, and household well-being. In addition, nurse researchers should continue to generate evidence on alcohol-related health problems and evaluate the effectiveness of community-based intervention strategies.

Recommendations

Based on the findings of this study, the following recommendations are made:

Strengthen Community-Based Health Education: Public health authorities and healthcare professionals should intensify community-based health education programmes aimed at increasing awareness of the physical, psychological, and socio-economic consequences of harmful alcohol use among men.

***Strengthen Mental Health Services*:** Given the perceived association between alcohol use and psychological problems such as depression, anxiety, and emotional instability, accessible

mental health assessment, counselling, and rehabilitation services should be expanded within communities and healthcare facilities.

***Enhance Workplace Alcohol Prevention Programmes*:** Employers should develop workplace policies and educational programmes aimed at reducing alcohol-related productivity losses, occupational injuries, absenteeism, and other work-related consequences of alcohol misuse.

***Support Alcohol Control Policies*:** Government agencies should strengthen the implementation of evidence-based alcohol control measures, including restrictions on alcohol marketing, regulation of alcohol availability, enforcement of drink-driving laws, and public awareness campaigns.

Study Limitations

Several limitations should be considered when interpreting the findings of this study. The study relied on self-reported perceptions of respondents, which may be influenced by recall bias, social desirability bias, and individual subjective experiences. Consequently, the findings reflect perceived effects of alcohol use rather than objectively measured health outcomes.

The cross-sectional design of the study limits the ability to establish causal relationships between alcohol use and the identified physical, psychological, and socio-economic effects. The findings therefore represent associations and perceptions at a single point in time.

The study was conducted among men aged 20 years and above in a rural community in which may limit the generalizability of the findings to other geographical areas, cultural settings, or population groups, including women and adolescents.

Despite these limitations, the study provides valuable insights into community perceptions of the effects of alcohol use and contributes to the growing body of evidence needed to guide public health interventions, nursing practice, and alcohol control strategies in Nigeria.

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Conflict of Interest

The researchers declare that there was no conflict of interest in the entire process of this study.

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