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Perceived Effects of Drug and Substance Abuse on Well-Being among Rural Youths in Ogun State, Nigeria

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Article history: Received 13 December 2025, Reviewed 07 March 2026, Accepted for publication 17 March 2026

ABSTRACT

Background: Drug and substance abuse is increasingly becoming a major concern in many parts of the world, affecting both young and older individuals. In recent years, this problem has also become more evident in rural communities despite its serious consequences. This study examines perceived effect of drug and substance abuse on well-being.

Methods: This cross-sectional study was conducted among 160 rural youths using a multistage sampling technique. Data were collected using a structured questionnaire and analysed with IBM SPSS version 23. Both descriptive and inferential statistics were employed, and results were presented in tables and figures. Logistic regression analysis was used to identify factors influencing rural youth's perceptions of the effect of drugs and substances on their well-being.

Results: The findings showed that alcohol was the most commonly abused substance (88.7%), followed by tramadol (64.7%), marijuana (54.90%), and rohypnol (40%). The main reasons reported for drug and substance abuse included boosting physical energy (71.3%), suppressing feelings of depression (55.3%), and relieving boredom (50.7%). More than half of the respondents (59.30%) indicated that drug and substance abuse had no negative effect on their well-being. Result further revealed that curiosity and boredom were significantly factors associated with drug abuse among rural youth.

Conclusion: The rural youths have limited understanding of the implications of drug and substance abuse on their well-being. Without proper awareness, the harmful effects may be overlooked. Regular training, awareness campaigns, and reorientation programmes are essential to improve their perspectives on substance abuse and its implications for their well-being.

Keywords: Rural youth, well-being, drug abuse, perspective and agrarian communities

How to cite this article

Aromolaran, AK, Adeosun KG, Dada OE, Adubi KO, Olawuyi O.O. Perceived Effects of Drug and Substance Abuse on Well-Being among Rural Youths in Ogun State, Nigeria. The Nigerian Health Journal 2026; 26(1): 39 – 50. https://doi.org/10.71637/tnhj.v26i1.1040

INTRODUCTION

Drugs are used globally to improve health conditions. It is useful for both young and old people to maintain a normal and healthy lifestyle. Drugs are produced to serve multiple objectives, which include enhancing overall health and wellness, combating diseases, and supporting mental and physical equilibrium[1]. Despite their potential in improving human health, drugs are often abuse, leading to more harm than benefit. Drugs abuse includes non-medical use of drugs or self-medication without proper medical guidance which can lead to mental health and social issues.[2] Substance and drug abuse have therefore become a global social issue with detrimental consequences for individuals and communities. The report of the United Nations Office on Drugs and Crime[3] estimated that about five percent of the world's population has engaged in drug abuse in recent years.

Drug abuse is on the rise in many societies around the world, and it affects people across different age groups. However, the percentage of young people involved in drug abuse is alarming.[4] Some young people start experimenting with drugs as early as the age of 12, often due to peer pressure. Although students in high schools may initially experiment with smoking in hidden places such as school toilets, but this behavior later progress to use of more harmful substances. Alcohol remains the most abused substance. The World Health Organization (WHO),[5] reported that other commonly abused drugs include cannabis and cocaine. Adetiloye and Abel, [6] and Muthelo et al [7] in their studies conducted in Nigeria and Africa respectively, reported that cigarettes, glue, and marijuana were commonly abused by youths. Drug abuse also is increasingly creating serious social problems in many communities across Nigeria. Rural youth who were once believed to have limited exposure to drug abuse, are in recent times gradually involved in the use of drugs, which negatively affects their well-being. Despite these risks, many youths in both urban and rural areas still display a nonchalant attitude toward drug and substance abuse, often believing that it provides certain benefits rather than causing harmful consequences.

The Expectancy Theory posits that individuals engage in certain behaviour based on the outcomes they expect. These expected outcomes can predict both the initiation and continued use of elements, even when the users are aware of the potential risks. [8,9] It explains the foreground cognitive appraisals of short-term rewards as primary motivators for substance use, which underscores the importance of investigating both perceived benefits and knowledge of harms. Evidence from a longitudinal and cross-sectional studies confirms that positive expectancies are linked with increased use and can surpass awareness of long-term harms.[10,11]

Social learning processes and Health-Belief Model further clarify the reason for such favourable perceptions' persistence in rural settings. Social Learning Theory explains that drug and substance use becomes normalized when peers, family members, or prominent members of the community use drugs and receive social reinforcement.[12] Meanwhile, The Health Belief Model stated that when perceived benefits overshadow perceived vulnerability, people are less responsive to warnings about long-term harms. [13,14] The Health Belief Model (HBM) opined that information centered solely on harms may be ineffective, as people tend to disregard preventive advice if the perceived social and personal rewards seem more significant.[15] Together, these theories illustrate how social modeling and perceived short-term benefits can often take precedence over knowledge of actual risk especially in the rural settings.

This study sought to address the knowledge gap by investigating the effect of substance and drug abuse on the rural youths and their daily activities. If not addressed, such abuse could have a negative effect on their main livelihood, which is agriculture, thereby altering the food production and further increasing hunger in the nation. Several factors may drive youth involvement in drug and substance use, especially in rural communities where agricultural activities dominate. Moreso, the rural youths often lack clear understanding of the implications of drug and substance abuse on their health, well-being. and productivity. Therefore, it is imperative to find out the specific drugs and substances abused by rural youth, their reasons, and how they perceive the abuse's effect on their well-being.

METHODOLOGY

Description of the study area

The study was conducted in Ogun State, Nigeria. The state has a land area of about 16,726 square kilometers. Ogun State has latitudes 70°01' and 70°, as well as longitudes 20°45' and 30°55'. The population of Ogun State was estimated by the National Population Commission to be over 5 million people. The state has a distinct bimodal rainfall pattern, with an annual rainfall of about 1500 mm. The availability of agricultural land in most of the rural communities of Ogun State, Nigeria,

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makes agriculture the main livelihood of the people, although there are other income-generating activities that have bases in industries and commerce. The Ogun State, Nigeria was selected for this study first, because of the state rural-urban dynamics, characterized by high mobility and porous borders, contribute to the circulation of illicit substances, yet most studies overlook this issue by focusing on major cities. Second, although drug and substance abuse has been widely researched in Nigeria, very limited empirical evidence exists on rural communities, where social structures, access to healthcare, and exposure to preventive education are markedly different from urban environments. Rural youths often face unique vulnerabilities, including limited employment opportunities, weak social support systems, and reduced access to professional counseling services, which may heighten susceptibility to drug abuse. Third, this study emphasized the perspectives of rural youth, offering insights into their opinions of pleasure, risks, and well-being associated with substance and drug abuse, which is essential for developing effective prevention programs. Finally, the current drug abuse policies mainly focus on the urban, and this study fills a research gap to offer empirical evidence necessary for youth development interventions and rural health promotion.

The research employed a descriptive cross-sectional design to investigate the perspectives of rural youth in Ogun State, Nigeria, concerning the effects of substance and drug abuse on their well-being. The study's population comprised rural youth, specifically those aged 15 to 35 years, residing within the selected communities, all of whom had given their informed consent and demonstrated a willingness to participate in the research.

Sampling procedure and sample size

Determination of sample size: The sample size for this study was determined using Cochran's formula. The formula is expressed as: $n_0 = Z^2 p(1 - p) / e^2$

Where: n_0 = initial sample size,

Z = standard normal deviation that corresponds to the desired level of confidence (1.96 for a 95%),

p = estimated percentage of the population that has desired characteristic,

1 − p = percentage of the population that did not have desired characteristics

e = margin of error (0.05)

$n_0 = (1.96)^2 \times 0.2 (1 - 0.2) / (0.05)^2$

$n_0 = 3.8416 \times 0.2 \times 0.8 / 0.0025$

$n_0 = 3.8416 \times 0.16 / 0.0025$

$n_0 = 0.614656 / 0.0025$

$n_0 = 245.86$

Since the population of rural youths in the selected communities was finite, the finite population correction (FPC) was applied using the following formula:

$n = n_0 / [1 + (n_0 - 1) / N]$

Where:

n = adjusted sample size

n_0 = calculated sample size (245.86)

N = estimated population of rural youths in the selected communities (450)

Substituting the values:

$n = 245.86 / [1 + (245.86 - 1) / 450]$

$n = 245.86 / (1 + 0.54)$

$n = 245.86 / 1.54$

n = 159.64 approximately 160

Sampling procedure: A multistage sampling technique was used to select rural youth from agrarian communities. The first stage involved the selection of the Agricultural Development Programme (ADP) Zones in Ogun State, which are the primary sampling units. From the four ADP zones, two zones, representing 50 percent of the total, were selected using simple random sampling. In the second stage, two blocks were randomly selected from each of the selected zones to make a total of four blocks. At the third stage, two cells were randomly selected from each of the four blocks, which produced eight cells. The fourth stage involves the selection of two villages using purposive sampling techniques based on the incidence of drug activities and abuse among rural youths in the communities to make 16 villages. In the final stage, rural youth who satisfied the inclusion criteria from each of the villages were selected using simple random sampling. The number of the rural youth drawn from each of the villages was determined through proportionate allocation across the villages to make 160 rural youths as the total sample size. Although out of the 160 respondents, only 150 provided valid responses that were properly completed and suitable for data analysis.

Data collection: Data were collected with the aid of a questionnaire, which was designed to measure the reasons for drug and substance abuse and the perceived effect on well-being. The instruments consisted of multiple sections, each designed to capture specific information related to drug abuse. The trained field enumerators were used to guide and obtain the

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information from the rural youth in the agrarian communities.

Measurement of variables: The reasons for drug abuse were measured with a series of items structured to identify the motivations behind their engagement in substance use using Yes and No. The type of substance and drugs commonly abused were measured using a checklist, and participants were asked to indicate which ones they had used. The perceived effect of drug abuse on well-being was measured using a Likert rating scale, ranging from strongly agree (5) to strongly disagree (1), which allowed participants to indicate their level of agreement with various statements related to the effects of drug abuse on their well-being. The reliability of the perception scale was confirmed with the Cronbach's Alpha (α) of 0.76 indicating acceptable internal consistency. The scale included both negative and positive constructs; scores for favorable responses ranged from strongly agree (5) to strongly disagree (1), while scores for unfavorable responses were reversed, ranging from strongly agree (1) to strongly disagree (5). The responses were aggregated to calculate the mean score. Responses above the benchmark mean score were considered positive, while those below the mean were classified as negative perceptions of the effect of drug abuse on well-being.

Data analysis: Data was analyzed using IBM SPSS Statistics version 23.0. Frequency count, percentage, and mean were obtained using descriptive statistics. The results were presented in tables, bars, and pie charts. Binary logistic regression was used to assess the impact of various factors on youths' perceptions of the effects of drug abuse on their well-being. The level of significance was set at $p < 0.05$.

The binary logistic regression model is estimated as

$$\log\left(\frac{p_i}{1-p_i}\right) = log_{it}\ (P_i) = \beta_0 + \beta_1 X_1 + \cdots\ldots\ldots \beta_n X_n + \varepsilon\ldots\ldots\ldots\ldots Equ\ (1)$$

Where;

p_i = log of the i*th* respondent

X = Vector of the explanatory variables

ε = error term for the i*th* respondent

While the implicit equation is specified as:

$Y_i = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \beta_4 X_4 + \ldots\ldots\ldots\ldots\ldots\ldots + \beta_n X_n + \mu$ ……..Equ (2)

Where:

Yi = Dependent variable (Binary response, 1= positive perceived effect of drug abuse on wellbeing, 0 otherwise)
βs = estimated regression coefficients
X_s = the explanatory variables
X_1= Sex (1=male, 0 otherwise)
X_2= Age (years)
X_3= Marital status (1=married, 0 otherwise)
X_4= Monthly income (naira)
X_5= Education level (1=primary, 0 otherwise)
X_6 = Boredom (1=yes, 0 otherwise)
X_7= Depression (1=yes, 0 otherwise)
X_8= Curiosity (1=yes, 0 otherwise)
X_9= Stress (1=yes, 0 otherwise)
X_{10}= Low self-esteem (1=yes, 0 otherwise)
X_{11}= Feeling among (1=yes, 0 otherwise)
X_{12}= Energetic (1=yes, 0 otherwise)
X_{13}= Parental influence (1=yes, 0 otherwise)
X_{14}= Self-medication (1=yes, 0 otherwise)
μ = Error term

Ethical considerations and limitations of the study: This study was reviewed and approved by the Research Ethical Review Committee of the Federal University of Agriculture Abeokuta (FUNAAB-R-2023 Received: July 27, 2023). The verbal consent was obtained for the study from the participants after explaining the purpose of the study to them and ensuring the confidentiality of information of the participants. The communal support from the community leader instilled confidence in the respondents, allowing them to express themselves freely. Measures were taken to avoid recording videos or taking pictures during the study. The study employed self-reported responses and there is a possibility of underreporting or exaggeration of behaviours, particularly regarding the sensitive focus of the study. Nevertheless, the data offers valuable insights into the experiences and perspectives of rural youths in the communities examined.

RESULTS

Socio economic characteristic of the rural youth: The result presented in Table 1 show that most of (78.0%) of the rural youth were male, while the remaining 22.0 percent were female. The mean age of the rural youth was 26 years. Results show that 63.3 percent of the rural youth had primary education while only 2.7 percent had tertiary. Many (73.3%) of the rural youth were single; above 70 percent were from the

Print ISSN: 0189-9287 Online ISSN: 2992-345X

Yoruba tribe. The monthly income of 75percent of the rural youth ranges between 5000-50,000 Naira with an average income of 34, 661.76 Naira.

Table 1: Socio economic characteristic of the rural youth in the study area

Variables	Freq	Percent	Mean($\bar{x}$)
Age in years			
20 and below	21	14.0	
21-30	99	66.0	26years
31 and above	30	20.0	
Sex			
Male	117	78.0	
Female	33	22.0	
Level of Education			
No formal education	6	4.0	
Primary education	95	63.3	
Secondary education	45	30.0	
Tertiary education	4	2.7	
Religion			
Christianity	105	70.0	
Islam	45	30.0	
Marital status			
Single	110	73.3	
Married	40	26.7	
Tribe			
Yoruba	107	71.3	
Hausa	7	4.6	
Igbo	36	24.0	
Monthly income (Naira)			
≤ 50,000	114	76.0	
50,001-100,000	18	12.0	34,661.76
100,001-150,000	3	2.0	
150001-200000	1	0.7	

Drugs and substances commonly abused among youths in the study area

The results presented in Figure 1 show the types of drugs and substances commonly abused by youths in the study area. Alcohol was the most commonly abused substance, with over 80 percent of the rural youth reporting its use Tramadol (64.70%) was the second most common drug abused among the rural youths. More than fifty percent of the rural youth abused marijuana, while rohypnol (40%) and codeine (41.33%) were also prevalent, indicating growing presence of these drugs and substances in agrarian communities. It is alarming that there is exposure of rural youth to more potent drugs such as cocaine and heroin which potential impact on individual and community should not be ignored.

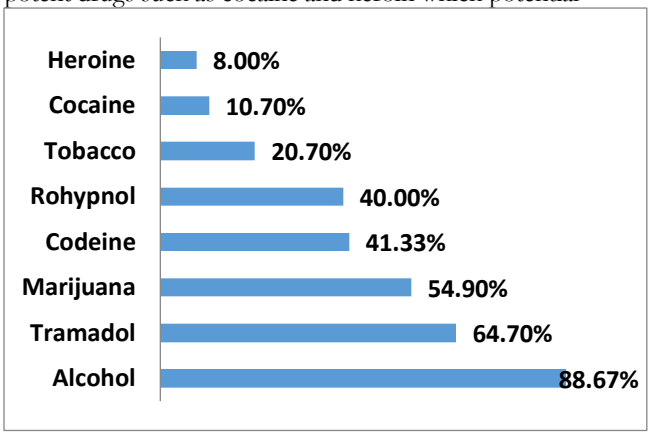

Figure 1: Distribution of the rural youth by the substance and drug abuse

Reasons for drug and substance abuse among youths in the study area

Entries in Table 2 show that drugs and substances are being abused primarily for the purpose of gaining perceived energy (71.3%). Another reason for drug abuse among youths in the study area was to cope with the feeling of depression (55.3%) and boredom (50.7%). Over 40 percent of the rural youth pointed out that their reason for engaging in drug and substance abuse is just to feel among. Only 6% of the rural youth indicated parental influence as the reason for the drug abuse, while 25 percent pointed to curiosity as the reason.

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Table 2: Reasons for using the drug/substance by rural youths

Reasons	Freq	Percent
Boredom	76	50.7
Depression	83	55.3
Curiosity	38	25.3
Stress	56	37.3
Low self esteem	28	18.7
To feel among (Peer influence)	64	42.7
Energy boosting	107	71.3
Parental influence	9	6.0
Self-medication	30	20.0

Perceived effect of drug abuse on the well-being of youths in the study area

The categorization of the perceived effects of drug abuse on the well-being of the respondents revealed a surprising outcome, with a significant majority (59.3%) believing that drug use has a positive impact on their overall well-being, as shown in Figure 2, which reflect a concerning misperception. This suggests that many youths view drug and substance use as fulfilling their personal needs, expectations and providing short-term benefits. For instance, as shown in Table 4, respondents reported experiencing a strong sense of pleasure when using drugs ($\bar{x}$ = 4.49), indicating a strong association between drug use and positive emotions. The result reveals that less than 1% strongly agreed that excess intake of drugs and substances can weaken their immune system and health. More than half (64%) strongly disagreed that abuse of drugs and substances can affect their brain and mental capacity. Only 1.3% strongly disagreed that the energy and strength required for daily activities is from the use of drugs and substances.

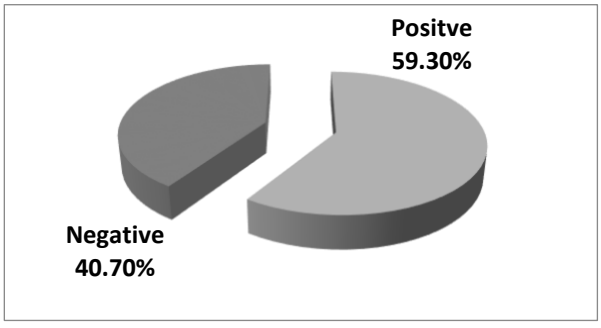

Figure 2: Categorization of perceived effect of drug abuse on well-being of rural youth

Regression analysis of the association between socioeconomic characteristics, reasons for substance abuse, and perceived effect of drug abuse on their well-being

Entries in Table 5 reveal that the perception of drug abuse was negatively and significantly impacted by age ($\beta = -0.930$, $p < 0.05$). This implies that as young people get older, they are less likely to view drug abuse as beneficial, perhaps as a result of growing knowledge of or exposure to its negative effects. The findings further showed that married youths were more likely to believe that drug use improved their well-being ($\beta = 1.783$, $p < 0.05$). This could be because, while married individuals struggle to cope with marital pressure and stress, they tend to feel that the use of substances and drugs could make them relaxed and give them energy to cope.

Likewise, monthly income ($\beta = 0.132$, $p < 0.05$) and education level ($\beta = -0.845$, $p < 0.05$) were significant determinants, which indicate that a slight increase in income of rural youth may enhance their likelihood of favorable perceptions regarding drug abuse, though better education helps to diminish such perceptions; this aligns with the role education is expected to play by improving people's understanding of health risks and their implications. Among the psychosocial factors analyzed, boredom ($\beta = 0.774$, $p < 0.05$) and curiosity ($\beta = 1.223$, $p < 0.05$) emerged as significant predictors. This implies that people who are either bored or curious are more likely to experiment with drugs to satisfy their curiosity and improve their state of boredom. The remaining factors, on the other hand, were not statistically significant; such include depression, low self-esteem, and parental influence.

The overall model, however, did not achieve statistical significance at the 5% level, indicating that the variation in young people's perceptions cannot be absolutely explained by the combined predictors. Nevertheless, the significant individual predictors are still useful and interpretable, and their effects should not be dismissed.

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Table 4: Perceived effect of drug abuse on the well-being of the youth in the study area

Statement	Strongly agree		Agree		Undecided		Disagree		Strongly disagree		Mean (SD)
	Freq.	%	Freq.	%	Freq.	%	Freq.	%	Freq.	%	
Feelings of pleasure whenever one take drugs	76	50.7	67	44.7	2	1.3	5	3.3	0	0.0	4.43 (0.69)
Drugs make one feel happy and good when sad	59	39.3	79	52.7	9	6.0	3	2.0	0	0.0	4.29 (0.67)
Drugs give confidence and courage	51	34.0	90	60.0	6	4.0	3	2.0	0	0.0	4.26 (0.63)
Constant intake makes one feel alert and warm	45	30.0	95	63.3	7	4.7	2	1.3	1	0.7	4.21 (0.65)
Feeling less pain when on drugs	47	31.3	88	58.7	10	6.7	4	2.7	1	0.7	4.17 (0.72)
Drugs give energy and strength for daily activities	54	36.0	75	50.0	14	9.3	5	3.3	2	1.3	4.16 (0.83)
Constant intake makes one feel less tired	53	35.3	80	53.3	8	5.3	6	4.0	3	2.0	4.16 (0.85)
One gets cured from illness with intake of drugs	44	29.3	93	62.0	3	2.0	8	5.3	2	1.3	4.13 (0.79)
Feeling relaxed with drugs	32	21.3	101	67.3	11	7.3	4	2.7	2	1.3	4.05 (0.71)
Constant intake helps to socialize	33	22.0	95	63.3	14	9.3	4	2.7	4	2.7	3.99 (0.81)
Breathing increased due to constant intake	1	0.7	11	7.3	11	7.3	85	56.7	42	28.0	1.96 (0.84)
Less sleeping when on drugs	4	2.7	7	4.7	2	1.3	100	66.7	37	24.7	1.94 (0.83)
Drugs abuse puts one in danger	4	2.7	6	4.0	12	8.0	68	45.3	60	40.0	1.84 (0.92)
Physical damage on body due to drug abuse	3	2.0	3	2.0	14	9.3	72	48.0	58	38.7	1.81 (0.84)
Drug abuse make one spend little time with family	2	1.3	7	4.7	5	3.3	79	52.7	57	38.0	1.79 (0.82)
Excess intake weakens immune system	1	0.7	9	6.0	5	3.3	78	52.0	57	38.0	1.79 (0.82)
Excess intake causes aggressiveness	5	3.3	7	4.7	1	0.7	75	50.0	62	41.3	1.79 (0.93)
Neglect of responsibilities due to excess drugs			5	3.3	10	6.7	73	48.7	62	41.3	1.72 (0.73)
Excess intake of drugs reduce income	3	2.0	1	0.7	10	6.7	72	48.0	64	42.7	1.71 (0.79)
Constant intake affects brain	3	2.0	0	0.0	16	10.7	35	23.3	96	64.0	1.53 (0.84)

Table 5: Result of regression of socioeconomic characteristics and psychosocial determinants of perceived effect of drug abuse on well-being

Variable	Coefficient (β)	S. E	p-value	OR	95% CI
Sex	-0.288	0.464	0.535	0.75	0.30 – 1.87
Age	-0.930	0.450	0.038	0.39	0.16 – 0.94
Marital status	1.783	0.536	0.001	5.95	2.08 – 17.04
Monthly income	0.132	0.033	0.000	1.14	1.07– 1.22
Education level	- 0.845	0.389	0. 029	0.43	0.20 – 0.92
Boredom	0.774	0.379	0.041	2.17	1.03 – 4.57
Depression	-0.179	0.386	0.644	0.84	0.39 – 1.80
Curiosity	1.223	0.549	0.026	3.40	1.16 – 9.97
Stress	0.296	0.433	0.494	1.34	0.57 – 3.14

Print ISSN: 0189-9287 Online ISSN: 2992-345X

Variable	Coefficient (β)	S. E	p-value	OR	95% CI
Low self esteem	-0.889	0.582	0.127	0.41	0.13 – 1.29
Feeling among	0.115	0.400	0.773	1.12	0.51 – 2.45
Energetic	0.047	0.446	0.917	1.05	0.44 – 2.51
Parental influence	-0.201	0.904	0.824	0.82	0.14 – 4.84
Self-medication	0.894	0.519	0.085	2.44	0.89 - 674
Constant	-0.352	1.173	0.764		

Significant at 5%

Print ISSN: 0189-9287 Online ISSN: 2992-345X

DISCUSSION

The rising involvement of females in drug and substance abuse indicates that a substantial number of women are now participating in these activities. While males still represent the majority of drug users, the growing number of females cannot be overlooked. Recent reports show that women now account for nearly 49% of amphetamine users and non-medical users of pharmaceutical stimulants, opioids, tranquilizers, and sedatives in Nigeria.[16] This trend highlights that drug abuse affects both males and females, albeit with differing prevalence rates. The findings also indicate that youths are more frequently involved in drug abuse compared to children and adults. The National Bureau of Statistics,[17] reported that young people are commonly engaged in substance use, although awareness of the risks does not always prevent participation due to addiction. Education alone does not fully protect rural youths from involvement in drug abuse. Social pressures and the desire to increase confidence or boldness in communication are also contributing factors. Okafor[1] noted that young people, including students and undergraduates in Nigeria, are often involved in drug use, which can have serious implications for both the community and the nation as a whole.

Alcohol is abused by nearly all young people in rural communities. It could be because alcohol is easily accessible to young people, and it is often perceived as less harmful than other drugs. Many youth view alcohol as a stimulating substance rather than a depressant, associating its use with growing up and maturity, which gives them acceptance among their peers. Cultural practices also play a role, as alcohol is sometimes glamorized or considered a necessary element in traditional marriage rites, such as dowry payments, further reinforcing its use among young people. Therefore, it is believed to be harmless; hence, its abuse. This finding is consistent with Enamhe and Eba,[18] that alcohol was one of the most abused drugs among Nigerian youths. Tramadol closely follows alcohol's rate of abuse in the study area. It could be attributed to the perceived benefit as a painkiller or for the treatment of some health conditions. In addition, tramadol is relatively inexpensive, which makes it easily accessible to many youths. The feelings of euphoria or relaxation after taking a high dose of the substance could also influence its abuse. About half of the rural youth abused marijuana, Rohypnol, and codeine, and it is of growing concern that even rural youth are now exposed to harder drugs such as cocaine and heroin. The potential health and social consequences of this trend should not be ignored.

Young people try to boost their energy levels when they feel stressed or overwhelmed with the use of drugs and substances. This they do most of the time when energy is required for their activities. They believed to succeed in jobs that require physical energy, such as farming, carpentry, bricklaying, and transportation, among others, they needed to take drugs in high doses to provide quick energy. Also, youths felt some drugs serve as stimulants, which give them focus and boldness. A lot of youth, even in the rural communities, are always anxious about life and eager to get rich as early as possible, which, when their expectation fails, makes them depressed. Some of the youths are faced with emotional trauma, which is sometimes linked with their depression. This did not only influence their well-being but also their livelihoods; during this moment, they always resorted to the use of drugs, believing it would help them to overcome the prevailing circumstances. Due to personality status in some cases, the prevailing social and environmental factors make some youths bored and lonely. Boredom makes youth withdraw from their engagements and activities; in order to manage their boredom, some took overdoses of drugs and other substances. Instead of the abuse putting them in the right perspective, it actually worsened their condition. Biolcati and Passini[19] opined that motives of substance use are prompted by depression, boredom, self-expansion, and other factors, as exhibited by the outcome of the Substance Use Motives Measure (SUMM). The rural youth wanting to be exposed and to feel among tend to engage in drug and substance activities with less concern if it has a detrimental effect on their lives and livelihoods. Majee et al. [20] asserted that more drugs were offered by peers than by any other social group, and peer interactions had the strongest impact on substance usage. It is more likely that youth who are highly vibrant in social life and have numerous friends interacting are more likely to be exposed to drug and substance use.

The perception among rural youths that drug and substance abuse has a positive impact on their well-being, rather than harmful consequences, is a major cause for concern. Flores-García et al.[21] reported that a considerable number of individuals believe that substance use provides rewarding effects that help regulate their physical health, behavior, emotions, and thoughts. This finding suggests that the respondents

Print ISSN: 0189-9287 Online ISSN: 2992-345X

perceived drug use as a way of meeting their needs and fulfilling their expectations. The sense of pleasure derived from drugs and substances makes the youth emotionally attached to drugs, which can affect their other activities. This indicates a strong association between drug use and positive emotions. Furthermore, they perceived that regular drug use enables them to feel warm and alert, which may be attributed to the stimulant effects of certain substances.

The positive attitude towards drug use among the respondents can be attributed to the fact that their needs and expectations are being met through drug use. This could include coping with stress, enhancing mood, or improving cognitive function. The respondents' perception of drug use as beneficial may also be influenced by the social and environmental context in which they use drugs, such as peer pressure or cultural norms. Azieze,[22] asserted that the young people perceive substances as providing pleasure, happiness, and enjoyment in their perspectives; substance abuse has no detrimental effect on their well-being. However, it is important to recognize that this favourable perception of drug use may be limited in perspective, as it tends to overlook the possible long-term consequences associated with substance abuse. Over time, continued drug use can lead to serious outcomes such as physical dependence, mental health challenges, and a range of social problems that may affect both individuals and the wider community. For this reason, it is important to address the underlying factors that encourage drug use among young people. This can be achieved through awareness, counseling and supportive community interventions to mitigate the risks associated with drug abuse.

The results of age were negative and statistically significant ($p < 0.05$). This indicates a yearly increase in the age of the youths, which improves their opinion on the consequences of drug abuse on their well-being. This shows that as one gets older, the effects of drug abuse begin to manifest, and at that point, they will realize that drug abuse has not improved their well-being but rather contributed negatively. The income and education level of the rural youth significantly contribute to the perception of rural youth about drug and substance abuse. The significance of income is an indication that a person's financial capacity can increase their access to drugs or further influence their beliefs about the perceived benefits since they have enough to maintain their health despite the detrimental effects of the consequences in contrast, higher educational attainment seems to enhance people's knowledge about health risks and discourages favorable attitudes toward drug abuse.

Meanwhile, marital status was another significant variable, which showed that married youths had a greater tendency to increase in abusing drug and substance. This might be because marriage has its responsibilities, challenges, and problems, and that could lead to boredom, which was also significant. Once they are able to overcome boredom due to taking drugs, they perceive that taking drugs in a wrong manner actually improved their well-being. These findings reveal that there is a need for targeted and specific interventions which will address both the socioeconomic vulnerabilities in drug abuse as well as socio-behavioral drivers such as idle time, peer influence, and sensation-seeking tendencies.

CONCLUSION

The study concluded that youths in the agrarian communities often perceive drug and substance abuse as having a positive impact on their well-being especially among younger people, due to the immediate sense of satisfaction or pleasure experienced using these substances. The study further concluded that the perception of youths is influenced by income and education. The more educated the rural youths demonstrated greater awareness of the negative effect of drug and substance abuse on health, well-being and other aspect of life. It is also important to note that higher income of drug abuser was associated with an increased likelihood of substance use, suggesting that financial capacity may enhance access to drugs. However, the main reasons for drug abuse in the study area included desire to gain physical energy for demanding tasks, boredom, and coping with the feeling of depression. It is therefore recommended that community health workers should encourage drug users to constantly go for medical check-ups to know the state of their health. The government and non-government organizations should enhance their interventions aimed at reorienting and economically empowering young married adults. The policymakers should enact a law that will guide against indiscriminate use of drugs even if it is medically prescribed. The community leaders should constitute surveillance and monitoring teams to track drug-related activities and report concerns to the appropriate authorities.

Author Contributions: AK conceptualized and formulated the study, and AK, with KG and KO,

Print ISSN: 0189-9287 Online ISSN: 2992-345X

designed the research instrument, while data collection was by OE and OO. Data obtained were analyzed by OE with the guidance of AK. The proofreading and editing were done by KG and KO. All authors have read and approved the manuscript prior to its submission for publication.

Acknowledgements: We are sincerely grateful to all the rural youths and their association for their cooperation during the research. We also appreciate the field extension officer and primary health workers in the Ogun State Agricultural Development Programme (OGADEP) and the Ministry of Health supervisor for their support during data collection. Thanks to all authors and research assistants for their invaluable effort, support, and contributions to the success of this study.

Source of Funding: The author did not receive any funding to implement this project; it was self-funded.

Conflicts of Interest: The authors have no conflicts of interest in all the research stages

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Print ISSN: 0189-9287 Online ISSN: 2992-345X