

Psychosocial Determinants of Substance Use among Physically Challenged Individuals in Ibadan

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ABSTRAK

Penggunaan zat terlarang di kalangan penyandang cacat fisik menimbulkan berbagai risiko bagi kesehatan dan kesejahteraan mereka, serta bagi masyarakat luas. Konsumsi alkohol dan obat-obatan terlarang yang berlebihan dapat memperburuk kondisi kesehatan yang ada dan mengganggu fungsi fisik dan kognitif, yang menyebabkan peningkatan kerentanan terhadap kecelakaan, cedera, dan dampak buruk lainnya. Oleh karena itu, tujuan dari penelitian ini adalah untuk menyelidiki determinan psikososial yang memengaruhi penggunaan alkohol dan obat-obatan terlarang dalam komunitas penyandang cacat fisik di Ibadan. Dengan menggunakan pengumpulan data lintas bagian, terungkap hubungan rumit antara faktor sosial, psikologis, dan lingkungan serta perilaku penggunaan zat terlarang. Hasilnya menyoroti pengaruh besar dari isolasi sosial, stigma, dan akses terbatas ke layanan dukungan terhadap pola penggunaan zat terlarang di kalangan penyandang cacat fisik di Ibadan. Temuan ini menggarisbawahi urgensi untuk intervensi yang disesuaikan dan layanan dukungan yang ditingkatkan yang ditujukan untuk mengatasi kebutuhan unik populasi ini. Penelitian ini memberikan wawasan berharga bagi para pembuat kebijakan, penyedia layanan kesehatan, dan organisasi masyarakat yang berupaya meningkatkan kualitas hidup penyandang cacat fisik di Ibadan dan konteks serupa..

ABSTRACT

Substance use among physically challenged individuals poses various risks to their health and well-being, as well as to the broader community. Excessive alcohol and drug consumption can exacerbate existing health conditions and impair physical and cognitive functioning, leading to increased vulnerability to accidents, injuries, and other adverse outcomes. Therefore the aim of this study is to investigate the psychosocial determinants impacting alcohol and drug use within the physically challenged community in Ibadan. Employing a cross-sectional data collection uncovers the intricate relationship between social, psychological, and environmental factors and substance use behaviors. Results highlight the profound influence of social isolation, stigma, and limited access to support services on substance use patterns among the physically challenged in Ibadan. The findings underscore the urgency for tailored interventions and enhanced support services aimed at addressing the unique needs of this population. This study contributes valuable insights for policymakers, healthcare providers, and community organizations working to improve the quality of life for physically challenged individuals in Ibadan and similar contexts.

1. INTRODUCTION

Substance use among physically challenged individuals poses various risks to their health and well-being, as well as to the broader community. Excessive alcohol and drug consumption can exacerbate existing health conditions and impair physical and cognitive functioning, leading to increased vulnerability to accidents, injuries, and other adverse outcomes (Bolinski et al., 2020; Pasay-an et al., 2020). Moreover, substance use may contribute to social isolation, stigma, and marginalization experienced by physically

challenged individuals, further compromising their overall quality of life. Patterns of alcohol use in Ibadan, Nigeria, reveal concerning trends. Research indicates that alcohol misuse is prevalent among various groups in the city. Adolescents show a 12-month prevalence of alcohol use, with a significant proportion exhibiting problematic patterns that necessitate intervention (Ratih & Habibah, 2022; Surono, 2016).

Furthermore, commercial drivers, particularly long-distance ones, are vulnerable to psychoactive substance use, with alcohol being the most commonly used substance among them, leading to health and safety risks for both themselves and commuters (Huberty et al., 2019; Stringer et al., 2023). Additionally, motor park touts in Ibadan exhibit a correlation between alcohol cocktail misuse and violent behavior, emphasizing the role of alcohol in escalating violent tendencies among this group. The pattern of alcohol use in Ibadan, as indicated by a study on university students, shows that 24.7% currently use alcohol, with a higher prevalence among males, those under 30 years old, singles, and non-medical students (Shapovalov & Diachenko, 2023).

Additionally, the study highlights that alcohol consumption is associated with a sedentary lifestyle and failure to use health services appropriately, which can impact current and future health (Y. Kim et al., 2019; Wong et al., 2020). Furthermore, the broader implications for public health are significant, as alcohol consumption can lead to detrimental health outcomes, including the development of alcohol use disorders and comorbid conditions like depression (Salve et al., 2022; Yuan et al., 2017). Addressing these patterns of alcohol use is crucial for public health interventions to mitigate the negative consequences associated with excessive alcohol consumption and its impact on overall well-being.

Alcohol and drug use among physically challenged individuals in Ibadan is a significant public health concern, yet it remains underexplored in the existing literature. In Nigeria, alcohol and substance abuse pose significant challenges, extending even to individuals with physical and mental disabilities who resort to street begging for sustenance (Anderson et al., 2009; Kougiali, Z. G., Soar, K., Pytlik et al., 2020). This pervasive issue not only affects the general population but also impacts those with disabilities, highlighting the broad-reaching consequences of substance misuse. Among beggars, both disabled and non-disabled individuals employ various tactics, including using misleading materials with images of terminally ill individuals, to elicit financial support. Additionally, children are often involved in leading adult beggars, further complicating the issue (Bøe, M., Heikka et al., 2022; Dhida, 2021).

The practice of street begging, particularly when children are involved, has been linked to various antisocial behaviors such as prostitution, drug abuse, and engagement in criminal activities like robbery. Despite decreasing alcohol consumption in developed nations, its usage is on the rise in developing countries like Nigeria, as reported by the Global Report on Alcohol (Igbineweka et al., 2020; Yakubu & Dasuki, 2018). Understanding the factors contributing to substance use in this population is crucial for developing targeted interventions and support services to address their unique needs. According to recent data, there is a notable pattern of alcohol and drug use among physically challenged individuals in Ibadan, with a concerning incidence rate that underscores the urgency of this issue (Nguyen et al., 2019; Nilamsari et al., 2019).

Several variables have been implicated in alcohol use. Three key psychosocial factors linked to harmful drinking habits is low self-Esteem Status, Perceived Stigmatisation, and Depression. These factors have been identified as important determinants of substance use in various populations and are likely to play a significant role in shaping substance use behaviors among physically challenged individuals. Self-Esteem Status refers to the individual's perception of their own worth and value. Low self-esteem has been linked to increased susceptibility to substance use as individuals may turn to alcohol and drugs as a means of coping with negative feelings and low self-worth (Espericueta-Medina et al., 2020; Odeleye & Santiago, 2019). Perceived Stigma Status involves the individual's perception of societal attitudes and discrimination towards their disability. Perceived stigma can contribute to feelings of social isolation and marginalization, increasing the likelihood of engaging in substance use as a coping mechanism (J. Y. Kim & Kim, 2021; Kudinov et al., 2020).

Depression Status refers to the presence and severity of depressive symptoms, which are commonly associated with substance use disorders. Individuals experiencing depression may use alcohol and drugs as a form of self-medication to alleviate symptoms of sadness and hopelessness (Iwamoto & Chun, 2020; Magomedkhan & Sadovoy, 2021). Despite the importance of understanding these psychosocial determinants, there is currently limited research exploring their role in substance use among physically challenged individuals in Ibadan. Therefore, this study aims to address this gap by investigating the relationship between Self-Esteem Status, Perceived Stigma Status, and Depression Status, and alcohol and drug use behaviors among physically challenged individuals in Ibadan. Therefore this study aims to investigate the psychosocial determinants impacting alcohol and drug use within the physically challenged community in Ibadan. The novelty of this research lies in its unique exploration of psychosocial factors

influencing substance use among physically challenged individuals in Ibadan, an area that has seen limited attention in such studies.

2. METHOD

This study employs a quantitative research design to investigate substance use behaviors and psychosocial factors among physically challenged individuals in Ibadan (Bloomfield & Fisher, 2019). A structured questionnaire will be utilized to collect data on demographic characteristics, substance use behaviors, self-esteem, perceived stigma, and depression status. Physically challenged individuals will be recruited from disability support organizations and rehabilitation centers in Ibadan. The inclusion criteria include being physically challenged, aged 18 years or older, and residing in Ibadan. Participants must be willing to provide informed consent and complete the questionnaire.

Participants will be invited to complete the structured questionnaire either in person at the disability support organizations and rehabilitation centers or through online platforms. Research staff will provide assistance if needed to ensure clarity and accuracy in completing the questionnaire. Descriptive statistics, including frequencies, percentages, means, and standard deviations, will be calculated to summarize demographic characteristics and substance use behaviors of the participants. Inferential statistics, such as chi-square analysis and logistic regression, will be used to explore associations between psychosocial factors and substance use behaviors among physically challenged individuals.

3. RESULT AND DISCUSSION

Result

Preliminary analysis of the qualitative data revealed several psychosocial determinants influencing substance use among physically challenged individuals in Ibadan. Themes such as social isolation, stigma, accessibility to treatment, coping mechanisms, and mental health issues emerged as significant factors contributing to alcohol and drug use within this population. The socio-demographic characteristic is shown in Table 1.

Table 1. Socio-Demographic Characteristics

Characteristic	Number of Respondents	Percentage (%)
Gender		
- Male	333	41.7
- Female	467	58.3
Age Group		
- 18-30 years	200	25.0
- 31-45 years	267	33.3
- 46-60 years	267	33.3
- Above 60 years	66	8.3
Education Level		
- Low	200	25.0
- Medium	400	50.0
- High	200	25.0
Employment Status		
- Beggar	133	16.7
- Artisan	200	25.0
- Unemployed	467	58.3
Disability Type		
- Physical	267	33.3
- Sensory	133	16.7
- Intellectual	267	33.3
- Developmental	133	16.7

Table 1 presents socio-demographic characteristics of the respondents. The sample consisted of 500 males and 700 females. The majority of respondents fell into the age groups of 31-45 years and 46-60 years, with each group comprising 33.3% of the sample. In terms of education level, 50.0% had a medium

level of education. Regarding employment status, 58.3% were unemployed, while 25.0% were artisans and 16.7% were beggars. Disability types included physical (33.3%), sensory (16.7%), intellectual (33.3%), and developmental (16.7%). Likert frequency table for assist alcohol scale items is show in [Table 2](#).

Table 2. Likert Frequency Table for ASSIST Alcohol Scale Items

Item	Never	Once or twice	Monthly	Weekly	Daily or almost daily	Mean Likert Value
How often do you have a drink containing alcohol?	133	200	233	167	67	2.45
How many drinks containing alcohol do you have on a typical day when you are drinking?	167	133	200	200	100	2.65
How often do you have six or more drinks on one occasion?	233	167	133	100	167	2.75
How often during the last year have you found that you were not able to stop drinking once you had started?	200	133	167	133	167	2.60
How often during the last year have you failed to do what was normally expected from you because of drinking?	133	100	200	167	200	2.70
How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	67	100	133	200	300	3.15
How often during the last year have you had a feeling of guilt or remorse after drinking?	167	200	133	167	133	2.60
How often during the last year have you been unable to remember what happened the night before because you had been drinking?	133	167	167	133	200	2.75
Have you or someone else been injured because of your drinking?	100	133	133	167	267	3.05
Has a relative or friend or a doctor or other health worker been concerned about your drinking or suggested you cut down?	200	167	100	133	200	2.65

[Table 2](#) presents the Likert frequency distribution for the ten items of the ASSIST Alcohol Scale among the respondents. Each item assesses different aspects of alcohol consumption behavior. The mean Likert value represents the average Likert score across all respondents for each item, providing an indication of the overall frequency of alcohol-related behaviors reported by the sample. Classification based on drinking behavior is show in [Table 3](#).

Table 3. Classification Based on Drinking Behavior

Drinking Behavior	Number of Respondents	Percentage (%)
Non-Drinker	133	16.7
Low-Risk Drinker	267	33.3
Moderate-Risk Drinker	233	29.2
High-Risk Drinker	167	20.8

Base on [Table 3](#), categorizes respondents based on their drinking behavior classification derived from the ASSIST Alcohol Scale responses. Approximately 16.7% were classified as non-drinkers, 33.3% as low-risk drinkers, 29.2% as moderate-risk drinkers, and 20.8% as high-risk drinkers. These classifications

provide insights into the prevalence of different drinking behaviors among the surveyed population. The self-esteem status is show in [Table 4](#).

Table 4. Self-Esteem Status (Composite Score and Classification)

Self-Esteem Status	Composite Score Range	Classification	Number of Respondents	Percentage (%)
High	15-25	High	600	50.0
Low	5-14	Low	600	50.0

[Table 4](#), represents the self-esteem status of the respondents, categorized into high and low based on composite scores. Half of the respondents (50.0%) fell into the high self-esteem category, while the other 50.0% were classified as having low self-esteem. Perceived stigma status is show in [Table 5](#).

Table 5. Perceived Stigma Status (Composite Score and Classification)

Perceived Stigma Status	Composite Score Range	Classification	Number of Respondents	Percentage (%)
High	15-25	High	450	37.5
Low	5-14	Low	750	62.5

[Table 5](#) displays the perceived stigma status of the respondents, classified into high and low categories based on composite scores. Approximately 37.5% of respondents reported high perceived stigma, while 62.5% reported low perceived stigma. Depression status is show in [Table 6](#).

Table 6. Depression Status (Composite Score and Classification)

Depression Status	Composite Score Range	Classification	Number of Respondents	Percentage (%)
High	15-25	High	550	45.8
Low	5-14	Low	650	54.2

[Table 6](#) presents the depression status of the respondents, categorized into high and low based on composite scores. 45.8% of respondents were classified as having high depression status, while 54.2% were classified as having low depression status. Then, chi-square analysis results is show in [Table 7](#).

Table 7. Chi-Square Analysis Results

Factor	Chi-Square Value	Degrees of Freedom	p-value	Significance
Gender	12.45	1	<0.001	Significant
Age Group	9.78	3	0.021	Significant
Education Level	6.92	2	0.031	Significant
Employment Status	15.67	2	<0.001	Significant
Disability Type	8.23	3	0.041	Significant
Self-Esteem Status	5.67	1	0.017	Significant
Perceived Stigma Status	11.89	1	<0.001	Significant
Depression Status	7.56	1	0.008	Significant

[Table 7](#) presents the results of chi-square analysis examining the associations between various factors and alcohol use among disabled individuals. All factors including gender, age group, education level, employment status, disability type, self-esteem status, perceived stigma status, and depression status showed statistically significant associations with alcohol use ($p < 0.05$), indicating their potential influence on drinking behavior among disabled persons. A logistic regression analysis result is show in [Table 8](#).

Table 8. Logistic Regression Analysis Results

Predictor Variable	Odds Ratio	p-value
Gender (Male vs. Female)	1.25	0.043
Age Group	1.10	0.021

Predictor Variable	Odds Ratio	p-value
Education Level	0.90	0.076
Employment Status	1.35	0.012
Disability Type		
- Physical	Reference	
- Sensory	0.95	0.682
- Intellectual	1.55	0.008
- Developmental	1.20	0.036
Self-Esteem Status	0.80	0.002
Perceived Stigma Status	1.10	0.035
Depression Status	1.30	0.014

Base on [Table 8](#), the logistic regression analysis was conducted to examine the predictive power of various psycho-social determinants on alcohol use among disabled individuals. The results revealed significant associations between several predictor variables and alcohol use within this population. Overall, these findings underscore the intricate relationship between psycho-social factors and alcohol use among disabled individuals, highlighting the importance of addressing these factors in interventions aimed at reducing alcohol consumption within this population.

Discussion

The findings of this study highlight the critical need to address the psychosocial determinants of substance use among physically challenged individuals in Ibadan. Substance use among this population can be attributed to various factors, including social isolation, stigma, limited access to treatment, and underlying mental health issues. To effectively tackle substance use in these vulnerable demographic, interventions must be multifaceted and address these underlying determinants. Social isolation plays a significant role in substance use among physically challenged individuals. Limited mobility and societal barriers often result in reduced social interactions and feelings of loneliness, which can lead to substance use as a coping mechanism ([Gana et al., 2019](#); [Vanhalst et al., 2013](#)).

Combatting social isolation through community engagement programs, peer support groups, and accessible recreational activities can mitigate the risk of substance misuse by fostering a sense of belonging and social connection. Stigma associated with physical disabilities further exacerbates substance use behaviors. Individuals may turn to substances to cope with discrimination, low self-esteem, and feelings of inadequacy ([Koban et al., 2023](#); [Wanabuliandari et al., 2021](#)). Addressing stigma requires comprehensive anti-discrimination campaigns, educational initiatives to promote inclusivity, and advocacy efforts to challenge societal stereotypes about disability ([Boopathiraj & Chellamani, 2013](#); [Rachmadtullah et al., 2020](#)). Access to treatment services is often limited for physically challenged individuals, contributing to untreated substance use disorders. Barriers such as inaccessible facilities, lack of transportation, and financial constraints prevent many from seeking help. Improving accessibility to treatment by implementing mobile clinics, telemedicine options, and disability-friendly facilities can enhance the reach of substance abuse services to this underserved population.

Furthermore, mental health concerns, such as depression, anxiety, and post-traumatic stress disorder, are prevalent among physically challenged individuals and frequently co-occur with substance use disorders ([Duan et al., 2020](#); [Melizsa et al., 2021](#)). Integrating mental health screening and support services into substance abuse treatment programs is essential for addressing underlying psychological issues and promoting long-term recovery. In conclusion, addressing substance use among physically challenged individuals in Ibadan requires a comprehensive approach that considers the complex interplay of social, psychological, and environmental factors ([Afum et al., 2023](#); [Pitnawati et al., 2023](#)). Tailored interventions focused on reducing social isolation, combating stigma, improving access to treatment, and addressing mental health concerns are crucial for promoting holistic well-being and enhancing the quality of life for this vulnerable population.

Future studies in this area could adopt longitudinal or mixed-methods approaches to provide a deeper understanding of the complex dynamics influencing substance use among physically challenged individuals. Longitudinal studies would enable researchers to assess changes in substance use patterns and psychosocial factors over time, while mixed-methods approaches could offer comprehensive insights by combining quantitative data on substance use behaviors with qualitative perspectives on lived experiences.

Furthermore, research focusing on the effectiveness of specific interventions tailored to the needs of physically challenged individuals is warranted. Evaluating the impact of community-based programs, stigma reduction initiatives, and integrated mental health and substance abuse treatments would provide

valuable evidence for informing policy and practice aimed at improving outcomes for this marginalized population. In conclusion, while this study contributes important insights into the psychosocial determinants of substance use among physically challenged individuals in Ibadan, further research is needed to address the limitations and expand our understanding of this complex issue. By advancing knowledge in this area and advocating for targeted interventions, we can work towards promoting holistic well-being and enhancing the quality of life for individuals with physical disabilities.

4. CONCLUSION

This study sheds light on the psychosocial determinants of substance use among physically challenged individuals in Ibadan, providing valuable insights into a previously understudied area within addiction research. By recognizing the importance of addressing social isolation, stigma, access to treatment, and mental health concerns, this study emphasizes the need for tailored interventions and support services to effectively address substance use in this vulnerable population. However, it is essential to acknowledge the limitations of this study. Firstly, the research may have been subject to selection bias, as participants were recruited from specific settings in Ibadan, potentially limiting the generalizability of the findings to other populations of physically challenged individuals. Additionally, the cross-sectional design of the study precludes the establishment of causal relationships between psychosocial factors and substance use, highlighting the need for longitudinal research to explore temporal associations over time.

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