

## **Peer Pressure and Disposition to Alcohol Drinking Among Some Single Women in Somolu Local Government Area of Lagos State, Nigeria.**

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**Abstract:** *The study focused on peer pressure and disposition to alcohol drinking among some single women. Descriptive research design was adopted to describe causes and effects of alcoholism among single women in Somolu Local Government Area of Lagos state. The study consisted of one hundred and twenty respondents randomly selected across the local government area. Data was collected using a self-constructed 4-point Likert type questionnaire. Four hypotheses were formulated and tested using t-test for independent sample. The findings show that there is significant influence of peer group on predisposition to engage in alcohol consumption by single women in Somolu Local Government Area; there is significant influence of alcohol drinking on social life of single women in Somolu Local Government; there is significant negative effect of alcohol consumption on the health of single women in Somolu Local Government and there is significant influence of alcohol drinking on social life of single women in Somolu Local Government Area of Lagos State. Based on these findings, it was recommended that single women attitudes can be regulated through moral education, counselling services and cooperation of members of the community. There should be need for gender-specific treatment approaches on single women alcoholism, and there should be introduction of rehabilitation centres where single women that are into alcoholism shall be effectively rehabilitated to reduce the effects of alcoholism on them.*

**Keywords:** *Alcohol; Alcohol drinking; Peer pressure; Single women.*

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### **I. Introduction**

Peer pressure is the effect the people around an individual have on his or her decisions. And though this seems simple, peer pressure can be a complicated issue with many different facets. The ability to resist peer pressure comes from a combination of many factors, including self-esteem, respect for others, and experience.

There are both positive and negative peer pressures. Positive peer pressure helps your child make the right choices, and results from having a group of friends with positive values. Negative peer pressure makes it difficult for your child to make positive choices, even if he knows the right thing to do.

Prior research (Steinberg & Monahan, 2007) describes the development of susceptibility to peer pressure in adolescence as following an inverted U-shaped curve, increasing during early adolescence, peaking around age 14, and declining thereafter.

Peer pressure is commonly invoked in discussions of adolescent misbehaviour and is implicated in many accounts of adolescent risk taking, because most risky behaviour in which adolescents engage, such as delinquency, substance use, and reckless driving, takes place in the company of peers (Simons-Morton, Lerner, & Singer, 2005).

There is little doubt that peers actually influence each other and that the effects of peer influence are stronger during adolescence than in adulthood. Indeed, one recent experimental study found that exposure to peers during a risk-taking task doubled the amount of risky behavior among middle adolescents, increased it by 50% among college undergraduates, and had no impact at all among adults (Gardner & Steinberg, 2005 in Steinberg & Monahan, 2007). The ability to resist peer pressure comes from a combination of many factors, including self-esteem, respect for others, and experience.

Alcohol is a product that has provided a variety of functions for people throughout all history. According to Hanson 1995, from the earliest times to the present, alcohol has played an important role in religion and worship. Historically, alcoholic beverages have served as sources of needed nutrients and have been widely used for their medicinal, antiseptic, and analgesic properties. The role of such beverages as thirst quenchers is obvious and they play an important role in enhancing the enjoyment and quality of life. They can be a social lubricant, can facilitate relaxation, can provide pharmacological pleasure, and can increase the pleasure of eating. Thus, while alcohol has always been misused by a minority of drinkers, it has proved to be beneficial to most.

Studies (Chen, Miller, Grube, & Waiters, 2006) unanimously highlighted a strong and positive correlation between sensation seeking and alcohol abuse among college students and other groups of young adults.

However, single women drink alcohol for variety of reasons which include social pressure, as a means of reducing stress and emotional upset, addiction and so on. Blume (2000) observed that despite the increase in the knowledge about the dangers of alcohol among women, the use of alcohol among women is still high. Aspects of a person's environment, such as peer influences and the availability of alcohol, also are significant influences. Both inherited and environmental influences are called "risk factors." Research (NIAAA, 2008) suggests that a woman is more likely to drink excessively if she has any of the following: parents and siblings (or other blood relatives) with alcohol problems; a partner who drinks heavily; the ability to "hold her liquor" more than others; a history of depression; and a history of childhood physical or sexual abuse. The presence of any of these factors is a good reason to be especially careful with drinking.

Besides, Taormina-Weiss in *Disabled World News* (2011) wrote that people are interested in having relationships and at times the relationships people pursue cause them to also pursue things they might otherwise have avoided in order to maintain the relationship. Peer pressure is a heavy influence and is also at its greatest while we are in our teenage years. During this time in our lives we want to be perceived as, 'cool.' Drug addiction during this time of people's lives starts as a social action, the taking of drugs in order to be a part of the group and be accepted.

Peer pressure does not involve only teenagers, it also takes other forms. Social etiquette suggests a person consume a drink while at a party, for example. Many people identify themselves as, 'social drinkers,' a term that is common. Others believe that addiction to drugs actually causes them to be accepted as a part of a popular group of people.

Institute of Alcohol Studies (2008) listed factors which may predispose some women to develop problems in relation to alcohol or heavy drinking as: having a family background of heavy drinking; a history of sexual abuse; low self-esteem; traumatic life events; and association with eating disorders. 'Role strain' hypothesis whereby women who have multiple roles such as being a wife, mother and work outside of the home were thought to be under more pressure and more likely to drink heavily and develop problems.

Another study (Institute of Alcohol Studies, 2008) found the same, concluding that 'drinking related problems among women are related more to role deprivation than to role overload or to conflicts resulting from multiple roles'. It found that women who were young, professional and single (i.e. those who do not have multiple roles) were more likely to develop problems with drinking.

Alcohol drinking has long and short-term effects. Short-term effects of alcohol drinking (Drugs and Alcohol Services, 2012) is felt when it starts to affect the brain within five minutes of being consumed. The blood alcohol concentration (BAC) peaks about 30-45 minutes after one standard drink is consumed. Rapid consumption of multiple drinks results in higher BAC because the average body can only break down one standard drink per hour.

The effects of alcohol vary depending on a number of factors including:

- type and quantity of alcohol consumed
- age, weight and gender
- body chemistry
- food in the stomach
- drinking experience
- situation in which drinking occurs
- mental health status
- other health conditions made worse by alcohol.

The long-term excessive alcohol drinking is associated with:

- heart damage
- high blood pressure and stroke
- liver disease
- cancers of the digestive system
- other digestive system disorders (e.g. stomach ulcers)
- sexual impotence and reduced fertility
- increasing risk of breast cancer
- sleeping difficulties
- brain damage with mood and personality changes
- concentration and memory problems
- nutrition-related conditions
- 7risks to unborn babies.

In addition to health problems, alcohol also impacts on relationships, finances, work, and may result in legal problems (Drug and Alcohol Services, 2012)

Most of the alcohol intake is absorbed quickly into the bloodstream through the walls of the stomach and intestine. Because it is absorbed directly, the effects of alcohol can be felt very quickly in woman. Alcohol is a depressant, meaning that it slows the activity of the nervous system, in addition to impairing the thought process. This means that the use of alcohol may contribute to a 'depressed' emotional state.

Alcohol plays a major role in more than half of all automobile fatalities. Less than two drinks can impair the ability to drive. Alcohol also increases the risk of accidental injuries from many other causes. One study of emergency room patients found that having had more than one drink doubled the risk of injury, and more than four drinks increased the risk eleven times. Another study reported that among emergency room patients who were admitted for injuries, 47% tested positive for alcohol and 35% were intoxicated. Of those who were intoxicated, 75% showed evidence of chronic alcoholism. This disease is the primary diagnosis in one quarter of all people who commit suicide, and alcohol is implicated in 67% of all murders (Harvey, 1998).

Apart from accidents, suicide, and murder, excessive alcohol drinking may result in domestic violence and thereby have negative effects on the family. Children of alcoholics have increased risk for violent behaviour and abuse from their parents. Such children tend to do worse academically than others, have a higher incidence of depression, anxiety, and stress and lower self-esteem than their peers. Harvey (1998) wrote that one study found that children who were diagnosed with major depression between the ages of six and 12 were more likely to have alcoholic parents or relatives than were children who were not depressed. Alcoholic households are less cohesive, have more conflicts, and their members are less independent and expressive than households with non-alcoholic or recovering alcoholic parents. In addition to their own inherited risk for later alcoholism, one study found that 41% of children of alcoholics have serious coping problems that may be life-long. Adult children of alcoholic parents are at higher risk for divorced and for psychiatric symptoms.

Excessive alcohol drinking may have extensive and far-reaching effects on the brain, ranging from simple "slips" in memory to permanent and conditions that impair strength and vitality which require lifetime custodial care. And even moderate drinking leads to short-term impairment, as shown by extensive research on the impact of drinking on driving. Part of the damaging effects of excessive alcohol drinking (NIAAA, 2004) is the damage done to the brain. This is manifested in difficulty walking, blurred vision, slurred speech, slowed reaction times, and impaired memory. Some of these impairments are detectable after only one or two drinks and quickly resolve when drinking stops. On the other hand, a person who drinks heavily over a long period of time may have brain deficits that persist well after he or she achieves sobriety.

To what extent and how alcohol affects the brain is determined by a number of factors. To Parsons (1996), these include: how much and how often a person drinks; the age at which the person first began drinking, and how long he or she has been drinking; the person's age, level of education, gender, genetic background, and family history of alcoholism; whether he or she is at risk as a result of prenatal alcohol exposure; and his or her general health status.

Equal numbers of men and women reported experiencing blackouts, despite the fact that the men drank significantly more often and more heavily than the women. Research, (NIAAA, 2004) shows that women are more vulnerable than men to many of the medical consequences of alcohol use. For example, alcoholic women develop cirrhosis, alcohol-induced damage of the heart muscle (i.e., cardiomyopathy), and nerve damage (i.e., peripheral neuropathy) after fewer years of heavy drinking than do alcoholic men. NIAAA however concluded that studies comparing men and women's sensitivity to alcohol-induced brain damage have not been as conclusive.

There are other deadly medical problems (Harvey, 1996) that are associated with alcohol drinking include: heart disease. Large doses of alcohol can trigger irregular heartbeats and raise blood pressure even in people with no history of heart disease. A major study found that those who consumed more than three alcoholic drinks a day had higher blood pressure than teetotallers; Cancer. Alcohol may not cause cancer, but it probably does increase the carcinogenic effects of other substances, such as cigarette smoke. Daily drinking increases the risk for lung, oesophageal, gastric, pancreatic, colorectal, urinary tract, liver, and brain cancers, lymphoma and leukaemia. About 75% of cancers of the oesophagus and 50% of cancers of the mouth, throat, and larynx are attributed to excessive alcohol drinking. (Wine appears to pose less danger for these cancers than beer or hard liquor.) Smoking combined with drinking enhances risks for most of these cancers dramatically. When women consume as little as one drink a day, they may increase their chances of breast cancer by as much as 30%.

Liver disorders: The liver is particularly endangered by excessive alcohol drinking. About 10% to 35% of heavy drinkers develop alcoholic hepatitis, and 10% to 20% develop cirrhosis. In the liver, alcohol converts to an even more toxic substance, acetaldehyde, which can cause substantial damage. Not eating when drinking and consuming a variety of alcoholic beverages are also factors that increase the risk for liver damage. People with alcoholism are also at higher risk for hepatitis B and C, potentially chronic liver diseases than can lead to

cirrhosis and liver cancer. People with alcoholism should be immunized against hepatitis B; they may need a higher-than-normal dose of the vaccine for it to be effective (Harvey, 1996).

Other deadly effects caused by excessive alcohol drinking include: Gastrointestinal Problems.; Pneumonia and other infections; Mental and Neurologic Disorders; Skin, Muscle, and Bone Disorders. Hormonal Effects.; Diabetes; Malnutrition and Wernicke-Korsakoff Syndrome which is caused by Vitamin B thiamine deficiency; Acute Respiratory Distress Syndrome (ARDS).

The area of this study is Somolu Local Government which is one of the eight local governments located in the Ikeja division of Lagos State, Nigeria. Other Local Governments in the division include: Agege, Alimosho, Ifako-Ijaiye, Ikeja, Nigeria (capital of Lagos State), Kosofe, Mushin, and Oshodi-Isolo, The Local Government area is bounded in the North by Bariga Local Government at Ikorodu road excluding Obanikoro and Gbagada Phases I and II; South by Shiro Street, beginning of Morocco at roundabout to Abule- Ijesha canal including Akoka communities; East by Ikorodu road from Fadeyi to Anthony bus/stop; and West by Abule-Ijesha canal through Johnson Street to Ajidagan canal. It has a population of 402,673 (Lagos State website).

### **Research Hypotheses**

The following hypotheses were tested in the study:

1. There is no significant influence of peer group on predisposition to engage in alcohol consumption by single women.
2. There is no significant influence of alcohol drinking on social life of single women in Somolu Local Government.
3. Alcohol consumption will not have significantly negative effects on the health of single women in Somolu Local Government Area.
4. There is no significant effect of alcohol consumption on finances of single women in Somolu Local Government Area.

### **II. Research Design**

A descriptive survey research design was used for this study. The main goal of this type of research is to describe the data and characteristics about what is being studied. The idea behind choosing this type of research is to study frequencies, averages, and other statistical calculations. Descriptive research design is a scientific method which involves observing and describing the behaviour of a subject without influencing it in any way. Ilogu (2005) wrote that it seeks to ascertain how some dimensions, variables or characteristics of a given population change with time and data is collected to enable the researcher describe systematically the characteristic features about the population. This design requires that the variables of interest had finished interacting among themselves before the research, making it possible for the researcher to consciously manipulate the variables (Nwadinigwe, 2000).As a survey research, a thirty item Likert-type questionnaire was used to collect data from the respondents.

### **POPULATION OF THE STUDY**

The study was conducted in Somolu Local Government area of Lagos State, Nigeria; and the population of the study comprised of singles women in the Local Government. One hundred and twenty single mothers were randomly selected from the population of the study. The sampling technique used is the probability sampling technique where every item in the population had equal chance of being included in the sample.

### **RESEARCH INSTRUMENTS**

A thirty item questionnaire designed by the researcher was used to elicit responses from the respondents. The questionnaire was divided into two sections: A and B. Section A included the bio-data of respondents which included gender, age, religion, and marital status. Section B was a thirty item, Likert-type questionnaire grouped into four parts.

### **III. Data Analysis And Interpretation**

#### ***Hypotheses Testing***

**Hypothesis 1:** There is no significant influence of peer group on predisposition to engage in alcohol consumption by single women.

**Table 1: t-test analysis of influence of peer group on predisposition to engage in alcohol consumption by single women in Somolu Local Government.**

Variables	N	X	SD	df	t-cal	t-crit
Disposition to alcohol consumption.	100	108.2	5.21	98	141.8	1.67.
Peer group influence on alcohol drinking.	100	27.5	2.44			

Significant at 0.05; df = 98

The result revealed that the value of t-cal of 141.8 is greater than t-crit. of 1.67 at 98 degree of freedom and at 0.05 level of significance. This therefore led to the acceptance of the alternate hypothesis and consequently rejection of the null hypothesis. It was therefore concluded that there is significant influence of peer group on predisposition to engage in alcohol consumption among single women in Somolu Local Government.

**Hypothesis 2:** There is no significant influence of alcohol drinking on social life of single women in Somolu Local Government.

**Table 2: t-test analysis of influence of alcohol drinking on social life of single women in Somolu Local Government.**

Variables	N	X	SD	df	t-cal	t-crit
Single women alcohol consumption	100	57.1	4.34	98	47.96	1.67
Social life of Single women	100	27.5	2.44			

Significant at 0.05; df = 98

From table 2, it was revealed that the values of t-cal of 47.96 is greater than t-crit of 1.67 at 98 degree of freedom, and at 0.05 level of significance. Therefore, the null hypothesis was rejected and the alternate hypothesis is accepted. It was therefore concluded that there is significant influence of alcohol drinking on social life of single women in Somolu Local Government.

**Hypothesis 3:** Alcohol consumption will not have significantly negative effects on the health of single women in Somolu Local Government Area.

**Table 3: t-test analysis of on negative effects of alcohol consumption on the health of single women in Somolu Local Government.**

Variables	N	X	SD	df	t-cal	t-crit
Influence of peer group	100	30.6	2.79	98	8.40	1.67
Predisposition to engage in alcohol drinking	100	27.6	5.28			

Significant at 0.05; df = 98

From table 3, it was revealed that the values of t-cal of 8.40 is greater than t-crit of 1.67 at 98 degree of freedom and at 0.05 level of significance. This therefore led to acceptance of the alternate hypothesis and consequently rejection of the null hypothesis. It was therefore concluded that there is significant negative effect of alcohol consumption on the health of single women in Somolu Local Government.

**Hypothesis 4:** There is no significant relationship between influences of alcohol drinking on social life of single women in Somolu Local Government.

**Table 4: t-test analysis of the relationship between influence of alcohol consumption and social life of single women in Somolu Local Government.**

Variables	N	X	SD	df	t-cal	t-crit
Alcohol consumption	100	67.9	0.88	98	11.27	1.67
Social life of single women	100	62.94	2.1			

Significant at 0.05; df = 98

The result revealed that the values of t-calculated of 11.27 is greater than t-critical of 1.671 at 98 degree of freedom and 0.05 level of significance. This therefore led to the acceptance of the alternate hypothesis and consequently rejection of the null hypothesis. It was therefore concluded that there is significant relationship between influence of alcohol drinking and social life of single women in Somolu Local Government.

#### IV. Discussions

Many adverse effects of alcohol are common to men and women. In some cases, women may be at greater risk and there are some problems specific to women.

Studies have shown that the probability of medical and psychosocial harm rises with the level of drinking. The consequences of drinking may include effects on relationships, family, friendships, health, work and finances. Women appear not to be more likely than men to report social problems at a given level of drinking, whereas in the area of physical health, the evidence suggests that they suffer harm at lower levels of consumption than men (Edwards, Anderson, Babor, Casswell, Ferrence, Giesbrecht, Godfry, Holder, & Lemmens, 1995).

The result of hypothesis one revealed that there is significant influence of peer group on predisposition to engage in alcohol consumption by single women in Somolu Local Government. This is in consonance with Pizza, Vrbka, and Yeager, (1989) when they said that single women suffering from alcoholism are often called 'alcoholics'. Many other terms, some of them insulting or informal have been used throughout history to refer to them. Grant, Stinson, and Dawson (2004a) believed that significant alcohol intake by single women produces changes in the brain's structure and chemistry, though some alterations occur with minimal use of alcohol over a short time period, such as tolerance and physical dependence. These changes maintain the person with alcoholism's compulsive inability to stop drinking and result in alcohol withdrawal syndrome if the person stops.

Result of hypothesis two reveals that there is significant influence of alcohol drinking on social life of single women in Somolu Local Government. Social harms associated with alcohol are less easy to quantify but some social problems of young adulthood and alcohol are known to co-exist. These include violence and anti-social behaviour (McKinlay, Forsyth, and Khan, (2009) unplanned sexual activity and the related problem of sexually transmitted infections (Rashad and Kaestner, 2004), suggesting that societal trends in alcohol consumption and social harm are likely to increase alongside one another.

According to the report, no correlation was found between antisocial behaviour, pathological reasons for drinking, increase in alcohol (quantity and frequency), or alcohol related problems with mother care, father autonomy, mother overprotect, or mother neglect. For male participants, there does appear to be a strong connection between gender match (father and son), but gender mismatch (mother and son) cannot be completely discounted as contributing factors in antisocial behaviour, pathological reasons for drinking, increase in alcohol use (quantity and frequency), and alcohol related problems.

Furthermore, Peckham, and Morgan-Lopez (2010) discovered a direct link between mother care and increased antisocial behaviour for female participants, which, unlike the males in the study did not lead to an increase in alcohol use (quantity and frequency), pathological reasons for drinking, or alcohol related problems. Father rejection for female participants, as with male participants, led to an increase in pathological reasons for drinking which led to more alcohol related problems and an increase in alcohol use (quantity and frequency), circuitously adding to alcohol related problems.

In female participants, mother neglect directly led to more alcohol related problems, but did not indicate an increase in alcohol use (quantity and frequency). Interestingly, no correlation was found between antisocial behaviour, pathological reasons for drinking, increase in alcohol (quantity and frequency), or alcohol related problems with father care, mother autonomy, father autonomy, mother overprotect, father overprotect, mother rejection, or father neglect. For female participants, there does appear to be a small connection between gender match (mother and daughter), but gender mismatch (father and daughter) cannot be completely ruled out as a contributing factor in antisocial behaviour, pathological reasons for drinking, increase in alcohol use (quantity and frequency), and alcohol related problems.

Findings in hypothesis three show that there is significant influence of peer group on predisposition to engage in alcohol drinking by single women. The peer culture Osarenren (2002) includes the gangs, crowds, and cliques.

The main values of the peer culture are social participation, group loyalty and individual achievement and responsibility.

Yeh (2006) wrote that peers can exert extraordinary influence over each other into the formation of certain behaviours, among which is alcohol consumption. Peer group influence has been recognized as a powerful socializing agent, from the traditional societies to the present modern societies (Tizifa, 1993).

The idea of peer pressure has a long association in accounts of young people's alcohol and substance use. In a report, Seaman and Ikegwuonu (2010) highlighted some key points as related to peer pressure and alcoholism. These are:

- Excessive drinking was characteristic of young adults when drinking in friendship groups. Alcohol had an important cultural role in offering one of the few occasions in their lives for fun, making and maintaining friendships and group bonding.
- Excessive consumption was given considerable encouragement and opportunity in the youth-orientated bars and clubs they felt comfortable drinking in.
- In deciding how much to drink on a given occasion, the price of alcohol was more likely to curtail consumption than concerns about health or personal risk associated with drunkenness.
- Some individuals suggested that if they were priced out of alcohol consumption they would seek intoxication through substances available illegally, such as black market alcohol or other drugs.
- Young adults did not worry about the health risks of alcohol, perceiving their drinking as part of the normal experience of young adulthood and therefore temporary.

A key reason for this excessive drinking in peer groups was in giving young adults a valuable opportunity to relax, have fun and form and maintain relationships. The presence of alcohol marked 'time aside' from the stresses, formality and focus on achievement that often characterised their lives (Seaman and Ikegwuonu (2010). The results in hypothesis four revealed that there is significant influence of alcohol consumption and social life of single women. Living with an alcoholic Ackerman (1987) is a family affair. Because it subjects all members of a household to constant stress and fears of various kinds, it has often been referred to as a "family illness." To one degree or another, all members of the family are affected. However, not all alcoholic families, nor all members of the same family, are affected in a similar manner. However, the finding supports the view by Schouten, Zeegers, Goldbohm, and van den Brandt (2004) when they said that adolescent single mothers who use alcohol more than five times per month are five times likelier to be sexually active and one-third less likely to use condoms than girls who do not use alcohol. They further that social stigma can also pose as an obstacle to seeking care among women with children who reported being reluctant to identify themselves as alcoholic for fear of losing custody of their children.

Mothers who consume alcohol during pregnancy risk serious harm to their unborn infants. The range of effects that can occur is called foetal alcohol spectrum disorder (FASD) and includes physical, mental, behavioural and/or learning disabilities, possibly with lifelong implications. Every year in the U.S. more than 40,000 babies with an FASD are born to mothers. This costs upwards of \$6 per year nationally. FASD is comprised of foetal alcohol syndrome (FAS), and foetal alcohol effects (FAE), alcohol-related neurodevelopmental disorder (ARND), and alcohol-related birth defects (ARBD) (Promises .com).

Besides the risk to unborn children, there's also the significant risk of negative consequences to existing children of the alcoholic mother. According to Promises .com, alcoholism is a progressive and often life-threatening disease. Without treatment, it steadily causes a host of physical, psychological, social, legal, vocational and familial problems. The children, however, are often the ones who suffer the most. As minors, they are not able to adequately take care of themselves, although many children of alcoholics try to function as adults – and lose their innocent childhood in the process. Nor should they have to. Again, being a mother is supposed to mean that the woman nourishes and cares lovingly for her children. The alcoholic mother is more concerned with her intake of alcohol than in doing what's best for her offspring.

Children suffer a range of problems as a result of being in a childhood environment where a parent has an alcohol problem – physical, psychological, and behavioural (Velleman, 2002). Children can be affected, albeit differently, regardless of whether it is the mother or father who is the problem drinker. They often take on responsibilities that are beyond their years, thus affecting their education and peer relationships. The child can be deprived of their childhood as they are too ashamed to bring friends home, or are not able to go out with friends because they have to care for a sibling or drunken parent.

Experiencing or witnessing physical, verbal and sexual abuse are realities, with the drinking affecting family holidays and celebrations such as Christmas and birthdays (Velleman, 2002). The child will commonly blame themselves for the problems that the family is experiencing in a vain attempt to make their environment better able to support them. Children exposed to alcohol because their mother drank problematically whilst pregnant are at risk from a particular range of physical and psychological problems. Studies suggest that problematic alcohol use by a parent most significantly affects the quality of their parenting. Problem-drinking can result in a parent being emotionally unavailable, inconsistent and unpredictable (Clever, Unell, & Aldgate,

1999). This can lead to parenting that is passive, cruel or neglectful; where children are not supervised, nurtured or supported.

Kroll and Taylor, (2003) wrote that how children are affected by parental problem drinking can vary, with gender and being particular areas of difference. Increasingly, research provides evidence of the impact of parental substance misuse on child welfare at both an emotional and physical level and of the effects on child-parent attachment across the life-cycle. This is in line with Moore (2012) that children of single-parent households are more commonly involved in delinquent activities than those living in two-parent households. With the parent working one or more jobs to provide for the family, adolescents have more opportunity to be without supervision and to engage in delinquent acts, such as alcohol and drug consumption, violence, truancy and property crime. Research, (Harper, 2004) found that adolescent males who live in father-absent households are more at risk for delinquency and youth incarceration than those living in father-mother households.

## V. Conclusion And Recommendations

This research gives insight to peer pressure and disposition to alcohol drinking among some single women. There is a fourfold enhanced alcohol-dependence risk in relatives of alcoholics; second, identical twins of alcohol-dependent subjects carry a higher risk for this disorder than do fraternal twins or full siblings; and third, the adopted children of alcoholics have the same fourfold enhanced risk for this disorder as do offspring raised by their alcohol-dependent parent (Goodwin et al., 1974; Cotton, 1979; Prescott and Kendler, 1999 in Pharmacol, 2008). The family and twin studies support the conclusion that the proportion of risk for this disorder explained by genes (that is, heritability) is between 40 and 60% (Prescott and Kendler, 1999; Schuckit et al., 2001 in Pharmacol, 2008). It is therefore recommended that:

1. Since in all known societies where alcohol is consumed, the traditional practice of the men drinking more than the women, and men have been much more likely than women to experience alcohol problems. There is need for governments to provide gender specific counselling and treatment for women with alcohol problems. The realization that in recent times the gap between men and women has narrowed in relation to both consumption and problems give credence to this.
2. Concerted efforts should be made by the government to create enabling environments for women alcoholics, using female therapists to enhance rehabilitation, especially where the drinking problem is associated with male abuse or domestic violence and may feel intimidated by the presence of men.
3. The Federal Ministry of Health as part of its programme should draw a programme guidelines for drinking of alcohol that will address the limit of the quantity of liquor to be taken by different categories of women in order to reduce the health risks involved in alcoholism.
4. There should also be public sensitization through print and electronic media on the risks involved in alcohol consumption by women stating the alcohol-related diseases, alcohol-related injury, and lifetime risk of alcohol-related harm.

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