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Gender, substance use and health consciousness among undergraduates in Federal University of Technology, Akure

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Abstract

Substance use or what is sometimes known as the abuse of illicit drugs is a phenomenon that has generated concerns of immense proportion globally. Even though people across all age categories suffer from the dire consequences of illicit drug use; recent health and social research findings have shown that youth, particularly students, bear the brunt the more. Correspondingly, however, literature is awash with the fact that most drug users do not have a penchant for health consciousness. Based on the foregoing, this study examines the intersectionality of gender, substance use and health consciousness among undergraduates at the Federal University of Akure. The sample consisted of 312 respondents who were selected through a multistage sampling method. The relationship between gender and health consciousness was determined using a T-test at 0.05 level of significance and it was indicated in the result that there is a significant relationship between gender and health consciousness. The study revealed that the percentage of alcohol users was higher than that of cannabis, and cocaine, while students used various substances to raise self-confidence, increase aggressiveness and happiness. It was also recommended that male health education be emphasized in both formal and informal settings to ensure that both female and male genders are conscious of their health.

Keywords: Gender, Undergraduates**,** health consciousness, substance use, Federal University Akure

Introduction

Health consciousness refers to the extent to which an individual tends to undertake health actions. In other words, it encapsulates an individual's orientation toward preventing possible illness and improving wellness. Researchers have unanimously described health consciousness as "a tendency to focus attention on one's health"[1]. The tendency is believed to be relevant to personal involvement in health-related issues, and thus to prompt health behaviours in response to health information needs. Kraft and Goodell[2] suggested that health consciousness is characterized as sensitivity to health hazards, physical fitness, stress, and nutrition, which implies individual

readiness to take appropriate actionthat, will guarantee wellbeing[3, 4].. Health consciousness accentuates the extent to which an individual tends to undertake health actions. It corresponds to self-awareness or consciousness about one's health, and the willingness to engage in health and wellness-promoting behaviour[5]. More often than not, health-conscious individuals actively seek information about how to improve their health and obey accordingly[6]. Health-conscious individuals have positive attitudes about their nutrition, self-care and exercise; they thereby live healthier lifestyles than individuals with low health consciousness[7].

Assuredly, health-conscious individuals are believed to be more aware of their wellness, more knowledgeable about health issues and more likely to take action to improve their health conditions. According to Jayanti and Burn[8], three important factors inform the health consciousness of an individual. These are the factors that directly influence the preventive health behaviour of people who prioritize their wellness. They are health value, health motivation and health knowledge. Health value, on the one hand, is described as an individual's assessment and recognition of the benefits and costs concerning engaging in health-promoting activities based on their subjective judgment[8]. Also an individual health value serves as a function of pro-health behaviour and it is believed to be one dimension of health consciousness. On the other hand, however, health motivation is characterized as goal-oriented arousals that make people engage in preventive health behaviour[9,8].

Indeed, health motivation is central to health consciousness in the sense that it is a fairly constant temperament in a person as a pro-health psychological trait. It is embedded in one's mindset and directed by an individual's health outcome. Health knowledge is defined as individuals' stored information regarding physical and mental wellbeing[8]. It is believed to be central to health consciousness. Without health knowledge, individuals cannot process any relevant information, let alone form and maintain consciousness toward health issues or health-related behaviour. In addition, both health knowledge and health motivation play an important role in motivating health-promoting behaviours and facilitating health information seeking[9]. Based on the foregoing, health knowledge is posited to be another dimension of health consciousness.

Some of the commonest activities that demonstrate healthier lifestyles include frequently visiting a general medical practitioner and having a lower propensity to engage in prescription drug misuse[10, 11]). Consequently, failure to participate in disease screening and prevention practices increases the risk of developing multiple illnesses and additional health complications later in life[12].

Studies have shown that knowledge of the risk associated with substance use will reduce the rate at which students consume illicit drugs, while the lack of such useful knowledge leaves them exposed to drug and substance use[13]. Indeed, a timely awareness of the consequences of illicit drug use would allow individuals to choose a healthy lifestyle by resisting social pressure to use illicit drugs. For a long time now, substance use and abuse have been identified as

one of the main global public challenges[14, 15]. Substance abuse has been defined variously by scholars. For Oluremi[15], it is recognized as the haphazard continuous and uncontrollable misuse of drugs either with or without a prescription from qualified health practitioners. Similarly, Mambe[16] described it as maladaptive, compulsive or overuse of medicine for non-medical reasons. Mandal[17]also defined substance abuse as the use of certain chemicals to create pleasurable effects on the brain.

There are over 190 million drug users around the world and this menace is increasing at an alarming rate, especially among adults under the age of 30[17]. In 2010, about 5% of people of the global population (230 million) used an illicit substance. Of these, 27 million have high-risk drug use causing harm to their health, as well as resulting in other psychological and social problems[18]. In 2015 substance use disorders generally resulted in 307,500 deaths; while opioid and cocaine use disorders respectively caused 122,100 and 11,100 deaths respectively. Over the years, drugs have been classified in different forms based on the different orientations of researchers. Classifying drugs as stimulants (cocaine, nicotine, amphetamine and so on), depressants (alcohol, tranquillizers, barbiturate, Rohypnol etc), cannabis (hashish, marijuana), hallucinogens (Lysergic Acid Diethylamide, Mescaline), narcotics (heroin, opium, codeine, tramadol and others), and inhalants (vasodilator, gases and many others) are popular and widely acceptable[19].

Studies have shown that substance use may cause harm such as drug overdoses, interpersonal violence, and motor vehicle crashes which are the leading causes of death among adolescents[20]. Health consciousness as a protective factor may help youths stay away from substance abuse and other unhealthy lifestyles. Health consciousness helps people recover from drug abuse thereby reducing the chances of injuries, disabilities, and deaths caused by substance use[21].

As well attested to in the literature, most young people do not take drugs to become addicted, the majority engage in this illicit behaviour to get relief from life stresses[22].However, the temporary relief provided by substance use may result in addiction, more complications in life situations or even triggering health challenges including depression, sleep problems, liver damage, and lung cancer among many other debilitating consequences. Similarly, related studies have shown that undergraduates who engage in drug abuse have a reduced ability to get involved in school work and activities as well as a higher risk propensity for health challenges later in life. They are also prone to other related health problems such as academic problems, metabolic diseases, cardiovascular diseases, overweight, violence, hypertension, and so on[35]. This study, therefore, focuses on the influence of health consciousness on substance use among campus residents at the Federal University of Technology, Akure, Ondo State.

This study was guided by health belief model. This is a social psychological health behaviour change model developed to explain and predict health-related behaviours, particularly regarding the uptake of health services. It was

developed in the 1950s by social psychologists at the U.S. public health service[23]. This model predicts that individuals who are conscious that they are susceptible to a particular health problem will get engaged in some activities to reduce their risk of developing health problems. The more conscious a student or anybody is about his or her health the more he or she tries to stay away from health-endangering activities that affect the health and involve in more activities that promote healthy living.

Health Belief Model and Health Consciousness

The Health Belief Model (HBM) is a theoretical model that is used to guide health promotion and disease prevention programmes. It is a social psychological health behaviour change model developed to explain and predict health-related behaviours, particularly concerning the uptake of health services. This model predicts that individuals who are conscious of having any problem will likely engage in some health-promoting activities to reduce their risk of developing health problems. The more conscious a student is about his or her health the more he or she tries to stay away from health-endangering activities and engage more in health-promoting activities. The HBM suggests that a person's belief in a personal threat together with your belief in the effectiveness of the proposed healthy behaviour or action would most likely predict the likelihood of adopting a healthy behaviour. That is, knowing the risk associated with substance use will reduce the rate at which students consume them[13].The more an individual understands the risk involved in the use of substance, the more likely they are to quit substance usage.

Highlighted below are the questions that guided the study.

1. What are the information sources and prevalence of substance use among adolescents?
2. Why do adolescents engage in substance use?
3. What is the level of health consciousness among adolescents?
4. Are there gender differences in health consciousness and substance use among adolescents
5. What is the relationship between health consciousness and substance use?

Methods

The variables considered by this study are majorly health consciousness (independent variable) on substance use (dependent variable).

Population of Study

The survey population of this study were adolescents who are campus residents at the Federal University of Technology Akure. A self structured questionnaire was adopted to examine the influence of health consciousness among campus residents at the Federal University of Technology Akure, Ondo state. The scope

of this study is limited to student campus residents in the Federal University of Technology Akure, Ondo State. For the inclusion and exclusion criteria, respondents were included in the sample based on the following criteria: Individuals that are students of the Federal University of Technology Akure; respondents that are willing to participate in the study; and respondents that are 16 years and above.

Research Design

A descriptive research design was adopted in this study to gauge how health consciousness will influence substance use among undergraduates at the Federal University of Technology, Akure, Ondo State, Nigeria. Of the 15000 population of undergraduates in the university, questionnaires were conveniently forwarded online to 384 sample size that was calculated using the Cochran formula as shown in the equation below.

$$\frac{n=(Za/2)^2*P(1-P)}{d^2}$$

Z = Confidence level which is z =1.96
d = margin of error d = 5 or 0.05
P = proportion in the targeted population

$$\frac{n=(1.96)^2*0.5(1-0.5)}{0.05^2} \qquad n=384$$

However, only 312respondents out of 384 that received the online survey returned their questionnaires to the researchers. The respondents were active students of the Federal University of Technology Akure that agreed to participate in this study. The study adopted a descriptive cross-sectional survey with a quantitative approach to enable the researchers to identify the link between health consciousness and substance use among University students. A self-structured questionnaire was administered for this research, which consisted series of questions adapted from some standardized questionnaires on health beliefs and substance use. The questionnaire was divided into three sections which include: Part I. Socio-demographic variables of respondents; II. Prevalence and knowledge of substance use; Part III. Gender differences and health consciousness. The questionnaires were designed in English language and the link was sent to the participants digitally via WhatsApp groups and contacts. The WhatsApp posts contained a link to the survey and information about the study. Reminders were sent at intervals to encourage participation.

Methods of Data Collection

The researchers obtained prior permission from the authority of the university before the commencement of data collection. Respondents voluntarily participated in the study while their anonymity and confidentiality were ensured. Also, informed consent was acquired from the participants before they filled out the online questionnaire. The data were obtained from the students across Faculties at the university by a prearranged visit to student executive

body offices through a contact person from each Faculty. Students who were interested to participate in the study were invited to fill out the online questionnaire. All the participants' responses were stored in an online database that only the author could access and download from. The data were summarized in tables, excluding incomplete responses such as those with missing data.

Statistical Analysis

The quantitative data collected from all the respondents were recorded systematically and organized in a way that facilitates computer entry and data analysis. Frequency and percentages from data were calculated from data gathered on socio-demographic variables regression was used to examine how health consciousness positively affects the use of substances among campus residents. At the same time, the correlation was used to determine the level of association between health consciousness and substance use. These analyses were run using the statistical package for social science (SPSS) to gather descriptive and inferential statistics.

RESULTS

Demographic Characteristics of Respondents

The main demographic characteristics of the respondents in this section are sex, level of study, and religion of the respondents.

Table 1 shows the respondents' socio-demographic profile. It is observed from the table that 132 (42.3%) of the total respondents are male, while 176 (56.4%) are female. Out of the 312 respondents, 193 (61.9%) were undergraduates, 94 (30.1%) were postgraduates, and 25 (8%) did not reveal their level of study. The analysis showed that 296 (94.9%) of the respondents were Christians, and 11 (3.5%) were Muslims. 1-person denoting (0.3%) of the respondents revealed that he was a traditionalist, while 4 persons (1.3%) did not state their religion.

Table 1: **Demographic Characteristics of Respondents**

Variable	Levels	Frequency (N = 312)	Percentage %
Sex	Male	132	42.3
	Female	176	56.4
	Other	4	1.3
Level of Study	Undergraduate	193	61.9
	Postgraduate	94	30.1
	Others	25	8.0
Religion	Christian	296	94.9
	Muslim	11	3.5
	Traditional	1	0.3
	Other	4	1.3

Sources of information and prevalence of substance use among adolescents

Analysis of data collected from respondents as indicated in Table 2 showed that 90.1% of the respondents have adequate information about substance use, while 28% indicated that they had little or no information about what substance use meant. Of the respondents that had adequate information about substance use, 197 (63.1%) got the information from social media, while 49 (15.7%) and 14 (4.5%) got information about substance use from television and magazine respectively. This result shows that social media always plays a significant role in informing students and youths about substance use and its effects on the health of abusers of drugs.

Another development from the study is the revelation that most respondents who are into substance use were influenced by others. Out of the 312 respondents that participated in the study, 59 (18.9%) revealed they were introduced to substance use by friends. 148 (47.4%) noted they were introduced to substance use by social media, while 105 (33.7%) revealed that other sources apart from friends and social media introduced them to substance use. Those who were introduced to drugs through social media claimed they were influenced by songs and videos that promote the use of substances. In all, the majority of respondents that participated in the study (47.4%) agreed they were introduced to substance use by social media.

Regarding the frequency of substance use by the respondents, 7(2.2%) claimed they used substances once a day, 6 (1.9%) maintained they used substances more than once a day, 12 (3.8%) believed that they used substances once a week, while 4 (1.3%) claimed they used substances several times a week. In line with table 2, the majority of the respondents agreed they use drugs once a week. This could be interpreted that the majority of the respondents being conscious of not consuming excess substances to avoid various complications. To this end, the level of health consciousness is quite high because only a few of the respondents 4(1.3%) agreed that they use substances several times a week.

Table 2: Respondents' knowledge of substance use and usage of different drugs =312)

		Frequency (n)	**Percentage (%)**
Knowledge of Substance use	Yes	281	90.1
	No	28	9.0
	Undecided	3	1.0
Source of Information	Friends	59	18.9
	Social media	148	47.4
	Other sources	105	33.7
Substance Usage			
Substance Type	**Levels**	**Frequency**	**Percentage (%)**
Cannabis	Knowledge	203	65.1

	Self-Use	11	3.5
	Someone Uses	35	11.2
	Undecided	63	20.2
Cocaine	Knowledge	225	72.1
	Self-Use	10	3.2
	Someone Uses	21	6.7
	Undecided	56	17.9
Alcohol	Knowledge	184	59.0
	Self-use	20	6.4
	Someone Uses	91	29.2
	Undecided	17	5.4
Tobacco	Knowledge	116	37.2
	Someone Uses	18	5.8
	Undecided	178	57.1
Heroine	Knowledge	112	35.9
	Someone Uses	5	1.6
	Undecided	195	62.5

Frequency of Substance Use

	Period	**Frequency**	**Percentage**
Frequency	once a day	7	2.2
	more than once a day	6	1.9
	once a week	12	3.8
	several times a week	4	1.3
	Non-use	255	81.7
	Total	**312**	**100.0**

Respondents' Perceived Consequences of drug use

In line with the results from the analysis of data collected from the respondents that participated in the study, various factors have been highlighted by the respondents as what they perceived as the consequences of drug or substance use. The myriad factors indicated by the respondents are enumerated as follows:

Substance Addiction – the majority of the respondents thought that consumption of illicit substances such as cocaine (71.2%), hemp (65.1%), Heroine (64.7%), and Sleeping pills (36.5%) will ultimately lead to drug addiction in the lives of drug users if intake of such substances is not stopped at the appropriate time.

Change in Behavioural Pattern – another factor perceived consequence of drug use as shown in this study is the claim by the respondents that drug use will in no small measure cause a change in the behaviour of users. While the majority 45.8% of respondents thought that substance use heightens the level of aggressiveness and euphoria in users, 29.5% maintained that substance use causes improved memory.

Brain Damage and Physical Illness – closely related to the above is another perceived consequence of substance use in the form of damage to the brain of users and its associated physical illness. In line with the analysis of data collected for the study, 42.9% and 35.3% of respondents respectively opined that substance use causes brain damage and forgetfulness.

Level of Health consciousness and Substance use among adolescents

As part of its objectives, this study was also designed to determine the level of health consciousness and substance use among adolescents that are students at the Federal University of Technology, Akure. The analysis of data conducted for the study revealed that 46.2% of respondents consider themselves to be very health conscious due to their claim that they as a matter of decision avoid taking substances that are injurious to their health. Closely related to this figure, 42.9%of the respondents indicated that they consume various stuff including substances without considering whether those materials are injurious to their health or not.

Regarding the questions that were asked in an attempt to measure the readiness of respondents to be more conscious about their health, 44.2% of the respondents maintained that they are willing and ready to do whatever it requires them to have good health, and this means that they are fully aware that their health is their responsibility. Also, 34.3%of the respondents agreed that they constantly examine their health, while 31.4% of respondents agreed strongly that they always prevent common health problems before they feel any symptoms. Interestingly, 94.6% of respondents agreed with the fact that there is a link between the intake of drugs and their health. This is an indication that adolescents know and are aware that the substance they take affects their health. Also,96.5% of respondents agreed that they are aware that these substances are hazardous to health, which may simply mean that even when they take these substances, they are likely not to use a lot in order not to affect their health. 98.4% of respondents agreed that they are aware that their health is their responsibility.

Table 3: Respondents' perception of the link between the intake of drugs and health

	Level	Frequency	Percentage
Drug intake and health	Yes	295	94.6
	No	17	5.4
Respondent's perception of the hazardous effect of substances on health			
	Level	**Frequency**	**Percentage**
Hazard effect of substance use	Yes	301	96.5
	No	11	3.5
Respondent's awareness of the responsibility for their health			
	Level	**Frequency**	**Percentage**
Responsibility	Yes	307	98.4

	No	5	1.6

Gender differences in health consciousness and substance use among adolescents

The relationship between gender and substance use was determined using a T-test at a 0.05 level of significance. The hypothesis here states that there is no significant relationship between gender and substance use and it was tested using Levene's Test for Equality of Variances. The substance included cannabis, cocaine and alcohol only as the findings from the study showed that no students were involved in tobacco and heroin use. The result shown in Table 4 indicates that there was a significant difference in the use of cannabis and cocaine between male and female students, t (306) = 2.29, P = .023 and t (306) = 3.44, P = .001 respectively. Thus, the null hypothesis is rejected indicating that the use of cocaine and cannabis was significantly higher in males than females as P < 0.05. However, the result showed that there was no significant difference in the use of alcohol between male and female students, t (272) = -.476, P = .635.

Table 4 Descriptive statistics for each group

Group Statistics

	Sex	N	Mean	Std. Deviation	Std. Error Mean
Cannabis Use	Male	132	2.0909	.73572	.06404
	Female	176	1.9148	.61282	.04619
Cocaine Use	Male	132	2.0909	.64742	.05635
	Female	176	1.8523	.56649	.04270
Alcohol Use	Male	132	2.3485	.70964	.06177
	Female	176	2.3864	.66645	.05024

T-test for gender and substance use

						95% Confidence Interval of the Difference	
	F	Sig.	T	Sig (2-tailed)	Df	Lower	Upper
Cannabis Use	2.082	.150	2.289	.023	306	.02474	.32753
			2.231	.027	251.772	.02063	.33164
Cocaine Use	.276	.600	3.440	.001	306	.10214	.37514
			3.375	.001	260.372	.09942	.37786
Alcohol Use	.013	.909	-.480	.632	306	-.19314	.11738
			-.476	.635	272.405	-.19462	.11886

Relationship between gender and health consciousness

The relationship between gender and health consciousness was determined using a T-test at a 0.05 level of significance. The hypothesis states that there is no significant relationship between gender and health consciousness and it was tested using Levene's Test for Equality of Variances. The t-test for independence as shown in table 5 indicates that there is a significant relationship between gender and health consciousness. There is a statistically significant difference in the means as P < 0.05, that is P = .031. Thus, the hypothesis is rejected. The t-test suggests that females are more health-conscious than males.

Table 5: Table showing the t-test for gender and substance use

						95% Confidence Interval of the Difference	
	F	**Sig.**	**T**	**Sig (2-tailed)**	**Df**	**Lower**	**Upper**
Level of health-conscious	15.650	.000	-2.258	.025	306	-.51390	-.03535
			-2.172	.031	235.332	-.52368	-.02556

Table 4.4.3: Respondents level of health consciousness by gender

Relationship between gender and health consciousness				
	Gender			
	Male		**Female**	
Health Consciousness	**Frequency**	**Percentage (%)**	**Frequency**	**Percentage (%)**
Disagree Strongly	5	3.79	4	2.27
Disagree a little	17	12.88	2	1.13
Neither agree nor Disagree	21	15.91	30	17.04
Agree a little	29	21.97	59	33.52
Agree Strongly	60	45.45	81	46.02
	132	100.00	176	100.00

Health consciousness among students and substance use

The relationship between health consciousness and substance use was determined using correlation (Pearson correlation coefficient). The Pearson coefficient of the correlation between health consciousness and cannabis, cocaine, alcohol, tobacco, and heroin was -0.069, -0.083, and -0.035, indicating a negative linear relationship. Since P for all correlations is greater than 0.05 level of significance, it, therefore, follows that correlation is not statistically significant or just occurred by chance. Thus, there is not enough evidence to show that correlation exists between substance use and health consciousness.

Table 6 Correlation between substances and health consciousness

		Cannabis	Cocaine	Alcohol	Tobacco	Heroine	Health consciousness
Cannabis	Pearson Correlation	1	.613**	.362**	.047	.058	-.069
	Sig. (2-tailed)		.000	.000	.412	.307	.222
Cocaine	Pearson Correlation	.613**	1	.249**	.029	.100	-.083
	Sig. (2-tailed)	.000		.000	.613	.079	.145
Alcohol	Pearson Correlation	.362**	.249**	1	.050	-.032	-.035
	Sig. (2-tailed)	.000	.000		.378	.571	.541
Health consciousness	Pearson Correlation	-.069	-.083	-.035	.114*	.107	1
	Sig. (2-tailed)	.222	.145	.541	.044	.058	

Discussion

The study investigates the influence of health consciousness on substance use among campus students at the Federal University of Technology Akure, Ondo State. The result of the study showed that respondents claimed to have used cannabis, cocaine and alcohol but not tobacco and heroin. The percentage of alcohol users (6.4%) was higher than that of cannabis (3.5%), and cocaine (3.2%). This finding is in agreement with the research of [24, 25], that revealed that alcohol was the most prevalent psychoactive substance used by students on university campuses. The reason for this could be associated with the accessibility, affordability and availability of alcohol in contrast to the remaining two substances.

Although many of the students believed that substance use raised self-confidence, increased aggressiveness, and happiness, they also agreed to understand its addictive and depressive effects. This finding is supported by the reports of Odejide[26], and Awowusi and Adegboyega[13]. The harmful effects of substance use cannot be overemphasized as it could in the long run result in heart malfunctioning and breathing problems, which can ultimately lead to death[27]. Over half of the respondents (74.4%) considered themselves very health conscious and noted that they were prepared to do many things to maintain good health. 98.4% of the respondents acknowledged that their health

was their responsibility. The respondents also agreed that too much substance could result in complications in their health system.

Therefore, the level of health consciousness and responsibility among the students is considerably high. This explains why less than 7% of the entire survey respondents are involved in substance use. The result also shows that the low percentage of those who indulge in substance use can be attributed to the awareness of the hazards that comes with using them. Hence, the greater the knowledge of the harmful effects of the substance, the less the consumption of such substance. Students involved in cocaine, cannabis and alcohol use were likely to take the substance out of ignorance or peer pressure. This finding is in contrast with reports of Olaitan[28] (2006) and Nwankwo*et al.*[29] as they discovered that their respondents demonstrated low knowledge of the risks associated with substance use and that the level of health consciousness or the knowledge of health effects of substance use was insufficient.

From the result, social media influence and peer pressure is the chief reason why respondents were involved in substance use. Social media influences could be from various secular songs and videos where substance use is usually promoted as a "feel good" enhancer. Other factors that influence drug uses among respondents are the fact that they wanted to feel happy,they were experimenting, the need for them to remain alert at night during exams and to enhance sexual performance etc. Family problems such as the collapse of marriages and family structures, sexual or physical abuse, neglect, and strain on family finances are some other reasons why students involve in substance use, particularly alcohol[30]. Dealing with these problems and adequate health education or awareness programmes will help reduce the prevalence of substance use among university students.

Consequent to the above, analysed data from the study showed that there was no relationship between alcohol use and gender among campus students of the Federal University of Technology, Akure. However, the results further revealed that more males were involved in cocaine and cannabis use than females. The study confirmed the previous findings of other studies that drug use was a predominantly male activity in Nigeria[31, 32, 33]. The use of alcohol is accepted as part of the social lives of Nigerian men and women; however, it is not entirely tolerated by women in all cultures or societal settings. The result also suggests that some aspects of culturally prescribed gender roles may have a protective effect against drug use for both male and female students.

Findings from this study showed that females were more health conscious than males. 79.54% of the females responded that they were very health conscious, while 67.42% of males responded that they were also very health conscious. This indicates that females were more intentional about their health, and more proactive about health-seeking than their male counterparts. Another reason for this could be that girl health education in a formal setting is more emphasized than male health education. This result is, however, contrary to

reports of[34]Motyka*et al.* (2007), which disclosed that gender will not significantly influence the knowledge of the health effects of substances.

The correlation coefficient indicates that there is not enough evidence to show that relationships exist between substance use and health consciousness. However, Awowusi and Adegboyega[13] reported that a significant relationship exists between knowledge of health effects and substance use. Thus, the greater the knowledge of the harmful effects of the substance, the less the consumption of such substance. Generally, persons who involve in alcohol use believe that taking it does not cause harm as long as it is taken responsibly or moderately. This explains why alcohol is permissible to many people, unlike any other substance.

Conclusion

This study has provided important information on the health consciousness of campus residents (students) of Federal University Akure and how this has influenced their consumption of substances or illicit drugs. The study also examined the roles that the sex of the respondents plays in determining their level of health consciousness and the extent to which they partake in drug consumption. Based on the analysis of data gathered through the use of a questionnaire and analyzed, the following conclusions were drawn from the study. Alcohol is the most used substance among university students. The reason for this could be attributed to the accessibility, affordability and availability of alcohol in contrast to the remaining two substances which are cocaine and cannabis.

Another plausible deduction from the study is that students consume substances to raise their self-confidence, to increase aggressiveness and happiness. The study equally revealed that the level of health consciousness of the majority of the students is considerably high because they considered themselves health conscious and noted that they could do anything to maintain good health.

Students that use various illicit substances, do it out of ignorance or peer pressure. Social media and peer pressure are the chief reasons why students get involved in substance use. Also, family problems such as the collapse of marriage and family structures, sexual or physical abuse, neglect and strain on family finance are other reasons students allude to as causes of substance use. Males get more involved in cocaine and cannabis use than females. Psychoactive substance use has been found to adversely affect the personal, behavioural and social functioning of those who are involved in it. Its prevalence amongst university students has been adduced to result in declining grades, absenteeism from school, and an increased likelihood of dropping out of school.

To address substance use among campus students, policies should be made to address the prevention and treatment of drug abuse in higher institutions in Nigeria. These policies should confidentially identify and assist drug-dependent

students overcome the habit and prevent the problem in those who are yet to engage in the habit of substance consumption. Additionally, formal policies on drug abuse should be made available in the school curricula. Efforts should also be made to relatively reduce the easy access of students and other members of the public to alcohol and other prescription drugs.

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