SOCIO-HEALTH EFFECTS OF BINGE DRINKING AMONG WOMEN IN SHENDAM LOCAL GOVERNMENT AREA, PLATEAU STATE, NIGERIA

(FUWJSS)
Volume5 Number 2
September, 2026

Shalbuet Hesniak Cleopatra
Ushiwa Patrick Kwaghe
Department of Sociology, University of Jos, Plateau State, Nigeria
Email*: shalbuetc@unijos.edu.ng; ushiwapkwaghe@gmail.com*

Abstract

Binge drinking among women has been on the increase despite its recognized public health and social challenges. In most communities in Nigeria, alcohol consumption is traditionally associated with men. Contemporary socio-cultural change has recorded a rise in women's involvement in dangerous alcohol consumption. Despite these emerging patterns, very little empirical backing exists in addressing the socio-health effects of binge drinking among women in the rural and semi-urban communities in Nigeria. This study explores the socio-health effects of binge drinking among women in Shendam Local Government Area of Plateau State, Nigeria. A convergent mixed-methods design combining in-depth interviews and a structured questionnaire was used to collect data. A total of 384 structured questionnaires were administered to women, and 12 in-depth interviews were conducted involving women participating in binge drinking, healthcare workers, community and religious leaders and bar owners. Descriptive statistics were used to analyze quantitative data; qualitative data were analyzed thematically. The results show that binge drinking among women is highly influenced by emotional distress, marital crises, financial hardship, peer influence, loneliness and the availability of alcohol. The study reveals that binge drinking leads to poor physical and mental health issues, family instability, domestic conflict, complications in reproductive health, impaired parenting, social stigma and a decline in productivity. The participants suggested public awareness campaigns, economic empowerment, upgraded mental health services, stronger family support systems, and a strict limitation on the sales of alcohol as relevant solutions. The study concludes that binge drinking among women is a critical social and public health issue that requires a collective solution that involves the government, healthcare providers, the community, and families in general.

Keywords: Binge drinking, women, mental health, alcohol consumption, gender

Introduction

The family is considered the first and most fundamental agent of socialization; it is where character is formed, care-giving, emotional support, and morals are learned, and cultural values are transmitted. Women play a vital role as the main caregivers in the family context. They contribute immensely to the well-being of a home. A newborn's successful socialization largely depends on the stability of the home and the presence of the mother; therefore, a woman's role goes beyond birthing a child. She nurtures, trains, maintains family unity, coordinates household responsibilities, and assists with community development. Hence, anything that affects a woman's social, physical, mental, and general well-being usually affects family stability and the wider social fabric of society. Social change is an inevitable aspect of every society, and with recent changes in the social, cultural, and economic aspects of society and women's responsibilities and opportunities have shifted. Changes in gender norms and financial stress, as a result of urbanization, have also led to changes in lifestyles. These expansions also expose women to new behavioural and health hazards. An increase in alcohol consumption among women, especially binge drinking, is one such concern. Alcohol consumption in African societies was predominantly carried out by men. The gap, however seem to be closing as women are gradually participating in alcohol consumption and binge drinking in particular. This harmful drinking practice pattern raises relevant concerns about the consequences for the women involved, families, and society's well-being as a whole.

The Consumption of Alcohol has been one of the main behavioural risk factors that has played a vital role in promoting disability, avertable morbidity, and an increase in mortality rate worldwide. The World Health Organization (WHO) stated that approximately 2.6 million deaths that occur annually are a result of the use of harmful alcohol, which has contributed significantly to the burden of disease globally. There are various harmful drinking patterns that exist, but binge drinking seems to have attracted more attention from scholars due to its critical nature of short and long term social and health effects. Binge drinking can be defined as a contemporary epithet for consuming alcoholic drinks with the intention of becoming intoxicated over a short period of time. There is currently no worldwide consensus on how many drinks constitute a "binge", but in the United States, the term has been described in academic research to mean consuming five or more standard drinks for men, or four or more drinks for women, over a two-hour period (Broning, 2012). The National Institute on Alcohol Abuse and Alcoholism defines binge drinking as a pattern of drinking that brings blood alcohol concentration (BAC) to 0.08 percent, or 0.08 grams of alcohol per decilitre, or higher for a typical adult; this corresponds to consuming four or

more bottles of alcoholic drinks for women, or five or more bottles for men, within about two hours.

Binge drinking has been linked to a wide range of health problems, including sexually transmitted diseases, accidental injuries such as falls, car crashes, burns, alcohol poisoning, and self-injury; violence including sexual assault, intimate partner violence, suicide, and homicide, which can lead to anxiety and depression; unplanned pregnancy and poor pregnancy outcomes such as stillbirth and miscarriage; disorders such as alcohol use disorders, foetal alcohol spectrum disorders, and memory and learning problems; sudden infant death syndrome; and severe diseases such as stroke, high blood pressure, liver and heart disease, complications in reproductive health, and impaired judgement.

The effects of binge drinking go beyond these health factors: it also affects women's marital responsibilities and can lead to family violence, divorce, and the loss of children to caregivers, particularly where the woman is a single mother. It destroys social prestige, as women who binge drink lose respect within society, and it leads to improper use of language and risky sexual behaviour (Job, 2016).

Binge drinking among women also affects women's parental responsibility and could lead to the negligence of children, indiscipline, maladjustment, and poverty (Parker 2018). It also affects their gender role socialisation; they are always absent from home and are no longer respectful, hence neglecting gender socialisation and role. Binge drinking among women also affects their productivity at the workplace, hence causing them to lose their jobs, which in turn affects family income. The consequences of women's binge drinking transcend the individual; it affects the spouses, children, and society as a whole. This is a result of the key roles women play within the family and society.

In Nigeria, there is a high culture of alcohol commercialization as a result of the changes in the socio-cultural norms in the society. Alcohol consumption has been normalized in social gatherings, though discouraged traditionally among many Nigerian societies; there seem to be few or no sanctions for it. Hence, economic hardship, family pressure, and peer influence, among other factors, push women into binge drinking. The drinking culture has recently recorded an influx of women, therefore bridging the gender gap that existed in alcohol consumption. Despite the obvious gender gap in alcohol consumption, very little has been done on binge drinking, especially among women. Research largely focuses on adolescents, the male population, and students in tertiary institutions. Women, however, especially those living in semi-urban areas like Shendam Local Government Area of Plateau State, are mostly left out, despite the pattern of binge drinking noticeable in such communities by women.

It is against this backdrop that this study emerged to explore the socio-health effects of binge drinking among women in Shendam Local Government Area of Plateau State by examining the social and health consequences of binge drinking within the local context. The study aims to generate evidence that will inform interventions in public health, policies that are gender responsive, and strategies that are community-based that can assist in reducing alcohol related harm among women in that community.

Global Trends in Alcohol Consumption among Women

'Binge' drinking is defined as episodic excessive drinking, but there is no worldwide consensus on how many drinks constitute a 'binge '. Although definitions vary, a common binge drinking definition is five or more bottles of alcoholic drinks (for a man) or four or more bottles of alcoholic drinks (for a woman) within two hours. In some contexts, binge drinking is defined as the successive consumption of enough alcohol to bring one's blood alcohol concentration (BAC) to 0.08% in two hours. The effects of binge drinking include headaches, dizziness, nausea, vomiting, fluctuating heart rate, and unsteadiness. People who binge or drink excessively on a regular basis may also be more likely to abuse other drugs. They are also more likely to have unhealthy relationships and be less likely to exercise or follow healthy eating or weight control practices. Some long-term effects of binge drinking include urinary tract problems, liver damage, psychoses, poor cognition, accidents, and an increased risk of heart attacks. Other consequences include memory impairment, problems with learning, and other social and cognitive problems. The effect of binge drinking however is not just limited to the health factor, it affects family stability and children's upbringing, it affects one's gender role in the family, therefore affecting its smooth running.

Drinking and binge drinking are behaviours that are often associated with men in society since time immemorial. In recent times, however, a new pattern seems to be emerging where women are involved in disturbing drinking habits. The gender gap in drinking behaviour is gradually narrowing. This could be as a result of urbanization, increased workforce, changing gender roles, shifting cultural norms, and peer pressure.

Although Men still consume more alcohol than women, the World Health Organization (WHO) has reported that there is a surging exposure of women to Alcohol-related danger owing to their physiological vulnerability. The processing of Alcohol by women is different from that of men, exposing them to a higher risk of liver damage, reproductive health issues, cardiovascular complications, and many more, even when consumed at a lower level compared to men. This Global indicator points to the

consumption of alcohol as a rising concern for public health and gender issues demanding a sociological awareness.

Socio-Health Effects of Binge Drinking among Women

Binge drinking has diverse effects, from physical to psychological, and it affects society as a whole. The family is the first agent of socialization, since women are the primary caregivers of children and a significant part of the family; anything that affects them affects not just the immediate family but everyone in the society at large, hence binge drinking among women costs everyone. Physiologically, women are vulnerable to the health-related consequences of alcohol consumption as their body metabolism and composition vary from those of men. The risk of Binge drinking among women is very severe; it is linked to many health problems such as sexually transmitted diseases, accidental injuries such as falls, car crashes, burns, alcohol poisoning, self-injury/ cutting. It also leads to violence, including sexual assault, intimate partner violence, suicide, and homicide. This can lead to anxiety and depression. Unplanned pregnancy and poor outcome of the pregnancy, such as stillbirth and miscarriage, Disorders such as alcohol use disorders, foetal alcohol spectrum disorders and memory learning problems, sudden infant death syndrome, and severe diseases such as stroke, high blood pressure, liver and heart diseases, cancer of the mouth, breast, colon, throat, Oesophagus. It leads to memory and learning disorders.

The CDC and WHO both indicated that even at a lower level of alcohol consumption, women are still exposed to alcohol -related dangers. Women occupy key positions in care-giving and the management of homes in most African societies. Beyond the health effects, women's binge drinking also has significant social and family consequences. Binge drinking among women affects their performance on marital responsibility; it leads to family violence, which can lead to divorce and loss of children to caregivers, especially in a situation where the woman is a single mother. It also destroys social prestige as women involved in binge drinking lose respect from society, it leads to improper use of language and risky sexual behaviour (Job, 2016).

Binge drinking among women also affects women's parental responsibility and could result in the negligence of children, indiscipline, and maladjustment; it can also lead to poverty (Parker 2018). Binge drinking among women affects their gender role socialization; they are always absent from home and are no longer respectful, hence neglecting gender-socialization and role. It can also affect their productivity at the workplace, hence causing them to lose their job, which in turn affects family income. Binge drinking can also result in the disruption of proper family functioning, thereby contributing largely to a broader disorganization in society. This is

because the family is seen as the first agent of socialization; hence, any disruption from the family affects society at large.

Throughout the different regions in the world, empirical review has revealed a consistent increase in binge drinking among women. The World Health Organization has, over time, through systematic review, stated that the consumption of harmful alcohol substances has remained one of the leading causes of diseases globally, even when it is preventable. It also indicated that the consequences are more severe on women due to their biological/physiological differences in the metabolism of alcohol. Dumbili (2020) discovered that the increase in alcohol consumption among women is a result of the changing norms, aggressive marketing of alcohol, and leisure culture expansion, especially in the urban and semi-urban areas. The study also discovered that some important indicators of hazardous alcohol consumption include psycho-social stress, peer influence, and economic hardship.

In a similar research conducted in South Africa and Kenya, Unemployment, depression, poverty, interpersonal violence, and social acceptance play key roles in promoting women's vulnerability to binge drinking. The study also pointed to the relationship that exists between harmful use of alcohol and poor maternal health outcomes, reproductive health complications, domestic violence, and risky sexual behaviour. In the context of Nigeria, most studies on alcohol use focus on University students, youths, and a general pattern of consumption. Few studies, however, examined a sociological view of adult women's binge drinking, particularly in rural areas where gender roles differ, and family stability and structure also differ from those in urban communities. Quantitative methods are mostly employed for this study, hence limiting women's lived experiences and the complications of binge drinking. By adopting the mixed-methods approach, this study identifies the gaps by adopting a mixed-methods approach which combines a survey data and qualitative data from women who binge drink, healthcare workers, community and religious leaders, and bar owners to provide an in-depth understanding of the socio-health effects of binge drinking among women in Shendam Local Government Area.

Theoretical Framework

The Stress and coping theory was developed by Richard Lazarus and Susan Folkman (1984). The theory states that when one perceives that the demand of the environment exceeds their available coping resources. To manage the stress, coping strategies are adopted by individuals; these can be adaptive or maladaptive. Adaptive mechanisms include problem solving and counselling, social support, etc and maladaptive mechanisms include excessive alcohol consumption and substance abuse, harmful behaviours.

Women within the context of this study experience marital and domestic conflict, loneliness, bereavement, social isolation, emotional distress, etc. Alcohol is therefore used as a temporary means to reduce the psychological pain. Even though it's a short -term solution, this can go on and on, especially when others share the same feelings; this gradually leads to prolonged binge drinking, which eventually leads to deteriorating physical and mental health conditions, promotes emotional dependence, family conflict, and failure in parenting responsibilities. The results from the conducted research in Shendam Local Government tally with the theory. Marital abandonment, emotional trauma, financial challenges, loneliness, and peer influence were consistently mentioned by those interviewed as the major reasons why women binge drink. This further suggests that the consumption of alcohol is an attempt to cope with unresolved stress instead of just recreational behaviour. This theory serves as a guide for understanding the connections between social stressors and hazardous alcohol consumption among women.

In spite of growing concerns about the harmful effects of alcohol consumption among women, empirical evidence regarding the socio-health effects of binge drinking among women in urban and semi-urban communities is limited. Focus has been more on the prevalence, pattern of alcohol consumption, and students' consumption. Very little has been done on women's lived experiences and its implication on larger community. Through the integration of both quantitative and qualitative results, the study provides in-depth knowledge that can provide appropriate cultural interventions, control policies on alcohol consumption and further studies based on family well-being, women's health and general development.

Research Methodology

A convergent mixed-methods design was adopted to examine the socio-health effects of binge drinking among women in Shendam Local Government Area of Plateau State, Nigeria. The approach combines both the quantitative and the qualitative methods to provide a detailed understanding of the phenomenon. A structured questionnaire was administered to 384 women within the age range of 20 and above, and 12 in-depth interviews were conducted for the qualitative data. It comprises women who are binge drinkers, healthcare workers, community and religious leaders, and bar owners. A multistage sampling technique that involves simple random, purposive, and snowball sampling procedures was used. The Alcohol Use Disorders Identification Test-Consumption (AUDIT-C) was used in identifying women who met the binge drinking criteria before the research was carried out. The questionnaires contained data on socio- demographic features, drinking patterns, factors that influence binge drinking, the socio-

health effects, and possible solutions. Semi-structured interview guides were utilized to examine the lived experiences of participants and the greater depth of their perception. Experts in the sociology department validated the research instrument; a pilot study producing a Cronbach's alpha coefficient of 0.85 was established for reliability.

IBM SPSS Statistics was used in analyzing the quantitative data, employing the use of frequencies, percentages, and descriptive statistics. The qualitative data, however, was analyzed thematically. The researchers ensured informed consent, confidentiality, anonymity, and voluntary participation for the study. In preparing this manuscript, the authors utilized Claude (Claude Sonnet 5) a generative artificial intelligence large language model developed by Anthropic. It was used to correct grammatical errors and run -on sentences, that led to the restructuring of an overly long paragraph in the introduction for clarity. The tool was solely used for language editing and structural formatting, and not utilized in any way to generate data, findings analysis or any relevant intellectual content of the manuscript.

Results and Discussions

Table 1: Socio-Demographic Characteristics of Respondents 1

Socio-Demographic Characteristics	**Frequency**	**Percentage**
20-29	93	24.2
30-39	156	40.6
40-49 And Above	135	35.2
TOTAL	**384**	**100**
Level of Education	**Frequency**	**Percentage**
No formal education	48	12.5
Primary	107	27.9
Secondary	144	**37.5**
Tertiary	85	**22.1**
TOTAL	384	**100**
Marital Status	**Frequency**	**Percentage**
Married	152	39.7
Single	53	13.8
Widowed	68	17.7
Divorce/Separated	**111**	28.8
TOTAL	384	100
Number of Children	**Frequency**	**Percentage**
None	34	8.9
1-2	77	20.1
3-4	124	32.3
5 and above	149	38.8
Total	384	100
Occupation	**Frequency**	**Percentage**
Casual/government employment	61	15.9

Farmer	73	19.0
Trader	102	26.6
Artisan	15	3.9
Business owners	73	19.0
Unemployed	43	11.2
Others	17	4.4
TOTAL	**384**	**100**
Religion	**Frequency**	**Percentage**
Muslim	71	18.5
Christian	259	67.5
TRADITIONAL RELIGION	38	9.9
OTHER	**16**	**4.2**
Total	**384**	**100**

FIELD WORK 2025

A total of 384 questionnaires were distributed, returned, and analyzed. The respondent comprises of women from diverse age groups, educational backgrounds, occupations, marital statuses, and religious affiliations within Shendam Local Government Area of Plateau State. The demographic profiling, it shows that binge drinking is not limited to a particular group but cuts across women from different socio-economic classes. The majority of the respondents were, however, within an economically productive age, which suggests that the population affected consists of women who are struggling to balance family responsibilities with employment, economic pressures, and other factors. The respondents are also from different marital statuses, which shows that they come from different family structures, including single, married, divorced, widowed, or separated. The use of harmful alcohol is influenced by wider social and environmental factors and not just education or occupation. This is because the respondents represent varying educational and occupational backgrounds.

Table 2: Patterns of Alcohol Consumption among Women in Shendam Local Government Area, Plateau State

OCCURRENCE	FREQUENCY	PERCENTAGE
Never	45	11.7
Monthly or less	37	9.6
2-4 times a month	71	18.5
2-3 times a week	143	37.2
4 or more times a week	88	22.9
TOTAL	**384**	**100**

FIELD WORK 2025

Table 3: On a typical day when you drink, how many bottles of drinks do you consume?

Number of Drinks (In Bottles)	Frequency	Percentage
I do not drink	45	11.7
1–2	94	24.5
3–4	179	46.6
5–6	54	14.1
7–9	12	3.1
10 or more	---	------
Total	384	100

FIELDWORK 2025

Table 4: How often do you consume four or more bottles of drink on one occasion?

Variable	Frequency	Percentage
Never	45	11.7
Less than monthly	24	6.3
Monthly	56	14.6
weekly	172	44.8
Daily or almost daily	87	22.7
Total	**384**	**100**

FIELD WORK2025

The AUDIT-C Screening was used to select respondents who met the requirement for what constitutes a binge. The findings show that alcohol consumption patterns vary among participants. With a repeated pattern reported by the majority of respondents during a single occasion of drinking, the result indicated that binge drinking has become a common pattern among women within the area of study.

From the qualitative reports, one participant stated:

> Anytime I am worried, especially after quarreling with my husband, I go out with my friends to drink because it helps me forget my problems for some time
> (KI03)

Another participant stated:

> When you stay alone after losing someone close to you, drinking becomes the easiest way to pass time.
> (KI05)

The narratives indicate that the consumption of alcohol among women goes beyond recreation; it serves as a coping mechanism for psychological and emotional anxiety.

Table 6: Factors Influencing Binge Drinking among Women

Factors	Strongly agree	Agree	Undecided	Disagree	Strongly disagree	Total (Frequency/Percentage)
Peer influence contributes to binge drinking.	177 (46.1%)	122 (31.8%)	38 (9.9%)	32 (8.3)	15 (3.9%)	384 (100%)
Financial stress encourages excessive drinking.	193 (50.3%)	111 (28.9%)	30 (7.8%)	37 (9.6%)	13 (3.4%)	384 (100%)
Alcohol helps me cope with emotional stress.	113 (29.4%)	144 (37.5%)	51 (13.3%)	47 (12.2)	29 (7.6)	384 (100%)
Alcohol is socially acceptable among women in my community.	92 (24%)	123 (32.0%)	115 (30%)	33 (8.6%)	21 (5.5%)	384 (100%)
Easy access to alcohol promotes binge drinking.	127 (33.1%)	159 (41.4%)	38 (9.9%)	31 (8.1%)	29 (7.6%)	384 (100%)
Family problems encourage alcohol consumption.	197 (51.3%)	93 (24.2)	47 (12.2)	28 (7.3)	19 (4.9)	384 (100%)
Social events encourage excessive drinking.	211 (55%)	72 (18.8%)	55 (14.3%)	25 (6.5%)	21 (5.5%)	384 (100%)

FIELDWORK 2025

Several factors are considered to be associated with binge drinking among women, the quantitative data revealed marital conflict, loneliness, peer influence, financial hardship, family-related stress, emotional stress, and the easy access to alcohol within the society. The qualitative data further provided an insight into the factors, increasing economic pressure, and poor support from family have immensely contributed to the rise in binge drinking among women. The religious leader indicated that:

> Men are doing too much in marriage; they do not take good care of their families, and stress pushes these women to binge drink.

Similarly, the community leader stated that the reason for the increase in binge drinking is embedded within the society; There are beer parlours in every corner; therefore, it is normal to experience such an increase. The results indicate that binge drinking among women stems from the interaction between personal stressors and the influence of the environment.

Table 7: Socio-Health Effect of Binge Drinking among Women

Effects	Strongly Agreed	Agree	Undecided	Disagree	Strongly Disagree	Total
Binge drinking negatively affects women's physical health.	176 (45.8%)	55 (14.3%)	73 (19%)	47 (12.2%)	33 (8.6%)	384 (100%)
Binge drinking contributes to mental health challenges.	100 (26%)	171 (44.8%)	82 (21.4%)	12 (3.1%)	19 (4.9%)	384 (100%)
Binge drinking increases conflict within families.	165 (42.9%)	118 (30.7%)	64 (16.7%)	27 (7.0%)	10 (2.6%)	384 (100%)
Binge drinking affects parenting responsibilities.	154 (40.1%)	119 (31%)	72 (18.8%)	24 (6.3%)	15 (13.3%)	384 (100%)
Binge drinking reduces women's productivity at work or business.	99 (25.8%)	132 (34.4%)	115 (30%)	28 (7.3%)	10 (2.6%)	384 (100%)
Binge drinking contributes to domestic violence.	183 (47.7%)	126 (32.8%)	47 (12.2%)	16 (4.2%)	12 (3.1%)	384 (100%)
Binge drinking affects women's participation in community activities.	88 (22.9%)	98 (25.5%)	133 (34.6%)	42 (10.9%)	23 (6%)	384 (100%)
Binge drinking exposes women to accidents and injuries.	97 (25.3%)	147 (38.3%)	85 (22.1%)	33 (8.6%)	22 (5.7%)	384 (100%)
Binge drinking affects women's reproductive health.	86 (22.4%)	138 (35.9%)	98 (25.5%)	45 (11.7%)	17 (4.4%)	384 (100%)
Binge drinking contributes to social stigma and discrimination.	213 (55.5%)	66 (17.2%)	55 (14.3%)	29 (7.6%)	21 (5.5%)	384 (100%)

FIELDWORK 2025

The result points that there are serious consequences for women who binge drink and the consequences covers physical, mental and general health wellbeing, family relationship, social participation and parental responsibilities. The qualitative results are in syn with the findings. Health care workers reported cases like miscarriages, liver disease, sexual transmitted disease, stillbirth, accident related injuries and other complications among women. One Health worker indicated: “We have had cases of miscarriages and stillbirths, accidents and even women who get pregnant without knowing who the father is because they were drunk. Another added: “Cases of liver diseases, sexually transmitted disease and even miscarriages: some of them come with injuries because of their recklessness”. Similarly, bar owners also acknowledged encountering the negative effects of excessive alcohol consumption among female customers. One participant narrated: “One of my customers became pregnant for another man, her husband sent her away, she almost died while given birth”. These accounts show the obvious psychological, social consequences related with binge drinking among women.

Table 8: Should there be more public education about Binge Drinking?

VARIABLE	FREQUENCY	PERCENTAGE
Yes	345	89.6%
No	39	10.1%
Total	384	100%

FIELD WORK 2025

Table 9: Would you seek professional help if needed?

VARIABLE	FREQUENCY	PERCENTAGE
Yes	297	77%
No	87	22.7%
Total	384	100%

FIELD WORK 2025

Table 10: What Intervention do you think would reduce Binge Drinking among Women?

Intervention	Frequency	Percentage
Limit or ban alcohol marketing	215	56%
The community leader should cut down on the number of women who own beer parlours	56	14.6%
Reduce the number of beer parlours in the community	198	51.6%
Husbands and fathers should learn to provide for their family and not leave responsibilities for the women.	225	58.6%
The government should prioritize the creation of awareness of the dangers of alcohol consumption instead of marketing it	47	12.2%
Jobs should be created, and expansion capital should be given to women to keep them busy	198	51.6%
Men should be assisting at home and not make it inconvenient	177	46.1%
Religious leaders should discourage the consumption at events.	154	40.1%

FIELD WORK 2025

In the quantitative results, there is strong support for interventions that are community based. Majority of the respondents suggested that public awareness, counselling and campaigns should be provided, also job creations, alcohol sales regulation and a strong family support system is seen as an effective solutions to curtail binge drinking among women. The qualitative data also echoed these views. Healthcare workers suggested a more strict policy for alcohol control, discounted therapy for affected

women was also encouraged. Community leaders made emphasis on reducing the number of beer parlours in the community and creating awareness on the harm of binge drinking through local media outlets.

Bar owners also agreed with the measures, practical measures was also suggested by one respondent who stated: " Everyone should be restricted to the number of bottles they can take. Once they reach that number no one should sell to them". Generally, putting the quantitative and qualitative data together shows that the community acknowledged the rising pattern of binge drinking among women and its socio-health effects that needs a coordinated intervention of not just government agencies but also healthcare providers, families, civil society organizations and the head of communities. The study investigates the effects of binge drinking among women in Shendam local government area of plateau state Nigeria. Binge drinking has become an emerging public health and social concern it is influenced by both environmental, economic and psycho-social factors. The results shows that peer influence, marital crises, emotional stress, loneliness, financial hardship and easy accessibility of alcohol has contributed greatly to binge drinking. Supported by the Stress and coping theory which indicated that individuals when faced with constant stress and limited social support resorts often to harmful consumption of alcohol as maladaptive coping strategies.

The study also stated that binge drinking has grave consequences especially on the mental and physical health of a woman. It destroys family relationships and the stability of the community. Respondents noted that excessive consumption of alcohol affects women's reproductive health leading to different complications. It also leads to liver diseases, injuries, domestic conflict, social stigma, impaired parenting, depression and marital crisis. These findings are in alignment with the World Health Organization (WHO) findings that stated harmful alcohol use as a key contributor to disease and injury, and disruption of families among women. Another relevant findings is the increasing social acceptance of alcohol consumption among women within the area of study. Healthcare and community leaders stated that binge drinking among women is now very visible as a result of the changing norms, easy access and widespread availability, and economic pressure. This results is in line with Dumbili (2023) research that stated changing gender roles and marketing of alcohol as a contributory factor to the increase in its consumption by women. The study also revealed that increase in the public awareness campaigns, subsidized and accessible therapy and counselling services, stronger family support, economic empowerment of women, a more strict regulation of alcohol sales are the community based intervention that will help curtail binge drinking. The study further indicates that a comprehensive approach that involves government agencies, healthcare providers, community leaders, families and

other key institutions is required to curtail binge drinking among women. The study in general contributed to the limited literature on binge drinking among women in semi-urban areas, showing how harmful alcohol use in Nigeria is rooted deeply to a more wider health, social, economic and family dynamics and not seen as an individual behaviour. It is important to address such underlying indicators so it can help improve women's general health, encourage sustainable development in the community and strengthens family stability

Conclusion and Recommendations

The findings of this study reveals that binge drinking among women in Shendam Local Government area of Plateau State is an emerging concern in public health and society. The research shows that binge drinking is mostly influenced by marital crisis, financial hardship, peer influence, emotional distress and easy access to alcohol. The findings also shows that binge drinking leads to serious physical, reproduction socio-economic and psychological effects. These effects do not just affect women alone but the entire family and society in general. The study concluded by suggesting coordinated efforts that involves government, healthcare providers, family, community heads and other key institutions in addressing and curtailing binge drinking which will go a long way to promote a healthy lifestyle among women, stronger families and a more coordinated society.

Based on the findings, the first recommendation is for government agencies to intensify policies regarding alcohol consumption, sales and marketing of alcoholic beverages should be limited or curtailed by government. For Health Agencies, alcohol screening, counselling and other mental health services should be made accessible and affordable for the people particularly women going through psycho-social stress.

Awareness campaigns on the dangers of alcohol consumption should be intensified. by the community leaders. Family support and conflict resolution should be provided. Furthermore, in order to reduce financial burden on women, economic empowerment programmes and funding should be provided. Finally future research should explore long term effects of binge drinking among women in other communities and compare for a better solution.

References

Babor, T. F., Higgins-Biddle, J. C., Saunders, J. B., & Monteiro, M. G. (2001). AUDIT: The Alcohol Use Disorders Identification Test: Guidelines for use in primary care (2nd ed.). Geneva, Switzerland: World Health Organization.

Bryman, A. (2016). Social research methods (5th ed.). Oxford, England: Oxford University Press.

Creswell, J. W. (2014). Research design: Qualitative, quantitative, and mixed methods approaches (4th ed.). Thousand Oaks, CA: Sage Publications.

Dumbili, E. W. (2015). Changing patterns of alcohol consumption in Nigeria: An exploration of responsible factors and consequences. *Medical Sociology Online, 9(1),* 20–33.

Dumbili, E. W. (2016). Gendered norms, drinking practices and alcohol-related problems in Nigeria. *Nordic Studies on Alcohol and Drugs, 33(5–6),* 573–589.

Dumbili, E. W. (2020). Alcohol consumption and alcohol industry marketing in Nigeria. *Drugs: Education, Prevention and Policy, 27(5),* 389–397.

Field, A. (2013). Discovering statistics using IBM SPSS statistics (4th ed.). London, England: Sage Publications.

Gmel, G., Rehm, J., & Frick, U. (2011). Methodological approaches to alcohol epidemiology. *International Journal of Methods in Psychiatric Research, 20(3)*, 145–156.

Lazarus, R. S., & Folkman, S. (1984). Stress, appraisal, and coping. New York, NY: Springer.

National Institute on Alcohol Abuse and Alcoholism. (2021). Drinking levels defined. Bethesda, MD: National Institutes of Health. Obot, I. S. (2000). The measurement of drinking patterns and alcohol problems in Nigeria. *Journal of Substance Use*, 5(3), 155–160.

Obot, I. S., & Room, R. (Eds.). (2005). Alcohol, gender and drinking problems: Perspectives from low and middle income countries. Geneva, Switzerland: World Health Organization.

Onwuegbuzie, A. J., & Leech, N. L. (2005). Taking the "Q" out of research: Teaching research methodology courses without the divide between quantitative and qualitative paradigms. *Quality & Quantity, 39(3)*, 267–296.

Rehm, J., Gmel, G. E., Gmel, G., Hasan, O. S. M., Imtiaz, S., Popova, S.,... Shuper, P. A. (2017). The relationship between different dimensions of alcohol use and the burden of disease. *Addiction, 112(6)*, 968–1001.

Saunders, J. B., Aasland, O. G., Babor, T. F., De La Fuente, J. R., & Grant, M. (1993). Development of the Alcohol Use Disorders Identification Test (AUDIT). *Addiction, 88(6)*, 791–804.

United Nations Office on Drugs and Crime. (2023). *World drug report 2023*. Vienna, Austria: United Nations.

World Health Organization. (2010). *Global strategy to reduce the harmful use of alcohol*. Geneva, Switzerland: Author.

World Health Organization. (2014). *Global status report on alcohol and health 2014*. Geneva, Switzerland: Author.

World Health Organization. (2018). *Global status report on alcohol and health 2018.* Geneva, Switzerland: Author.

World Health Organization. (2023). *Global status report on alcohol and health 2023*. Geneva, Switzerland: Author.

Yin, R. K. (2018). *Case study research and applications: Design and methods* (6th ed.). Thousand Oaks, CA: Sage Publications.