

Alcoholic Herbal Products and Health of Peasant Adolescents in Ibadan, Nigeria

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Abstract

The proliferation of alcoholic herbal products (bitters, branded herbal beers and locally- produced herbal drinks) in the Nigerian public space and a corresponding high consumption rate among peasant¹ adolescents has generated public health interest in recent times partly because of its associated increased social and health problems especially among young adults. However, while concerted efforts have been made to reduce alcohol consumption especially among adolescents, herbal alcohol use still remains a major problem in this group. Therefore, this article explores factors that promote utilization of alcoholic herbal drinks, perceived benefits and possible consequences associated with it. Qualitative method of data collection was adopted; In-depth interviews were conducted with 23 users (aged 15-19 years) and 12 vendors (aged 20-35 years) of herbal alcohol in purposively selected sites. Data were analyzed following the principles of theme identification and content analysis. Three themes identified were; drivers,

benefits and likely consequences of herbal alcohol consumption and were found to operate through a system of normative behaviour, beliefs and experiences. The drivers of normative behaviour were: (sub) Cultural acceptance, as implied in the local and customized names used in the advert and promotion of herbal alcohol consumption which are blended in indigenous symbolic understandings; the relative availability, consumer purchasing power as well as functionality. The perceived benefits identified by users included sexual enhancement, treatments/cure for myriad of diseases and also recreation/sociation. The health and social consequences associated with misuse of alcoholic herbal products were largely neglected by both users and vendors. These have public health implications on the peasant adolescents, thus of significant interest to public health practitioners and policy-makers.

Keywords: Alcoholic herbal products, Peasant, Adolescents, Paraga, Agbo, Health.

¹ This study explored the consumption of herbal alcohol among peasant adolescents in Ibadan, Nigeria. Alcoholic herbal product, as defined by this study included alcoholic (locally-produced or factory-brewed) drinks which have been impregnated with herbs. Peasantry is both social and economic categorization of a group of people with distinct socio-cultural line of existence and livelihood. Therefore, Peasant adolescent (who may be emancipated) is defined in this study as individuals and groups, who typically engage in multiple forms of lower socio-economic class livelihood with poor access to essential services such as housing, healthcare and education.

INTRODUCTION

Alcohol consumption is a form of social life that has enjoyed normative acceptance across societies (WHO, 2014; Obot, 2007; NIAAA, 2016). Beginning from its glamour in media advertisements/commercials, to its usage in social events popularly known by the Yorubas as “owambe” (child naming, house warming, wedding ceremonies, traditional rites etc.), alcohol has marked its footprint in social and cultural integration. Its ability to modify perception, cognition, mood, behavior and general body function (Balogun, 2006) creating euphoria that leaves the individual in a pseudo state of high performance has branded it as the “spirit-of-parties”. Alcohol exist in various forms ranging from fermented beverages (wines, beers, cider, and meads) to distilled beverages (vodka, gin, tequila, whisky, brandy) and in recent times, herbal alcoholic products which have proliferated public spaces (Dumbili and Onyima, 2018).

Medicinal Herbs are “crude parts of plants such as leaves, flowers, fruits, seeds, stems, woods, barks, roots, rhizomes or other plants part which may be used in powdered form, fragment or in its entirety” (WHO, 2016). It constitutes a major part of herbal alcohol which has become the main stay of alcoholic products consumed in Nigeria (Ajala and Omobowale, 2013). Alcoholic herbal products include beers, bitters and spirits which have been impregnated with herbs. They range from simple locally-prepared drinks to industrialize refined and branded beers produced in local communities and by modern commercial enterprises respectively all to satisfy the taste of a diverse, ever-growing number of patrons. They include locally-made drinks like *paraga* and *agbo* and factory-brewed products like beers (*star triple x*, *orijin*, *ace roots* etc.) and bitters (*alomo*, *osomo*, *baby oku de manpower*, *orijin* etc.). The consumption of these products is well entrenched among many young people in low-socio-economic group with peasant culture.

Historically, peasants were defined by early scientists as people with attachment to the soil, either as land owners or landless, rural, poor residents. They were distinctly subordinate social groups and basic agriculturalist (Shanin, 1971, Redfield, 1956). However, sociologist and anthropologist have broadened the definition of peasant adolescents to include adolescents that engage in multiple forms of lower socio-economic class livelihood (agriculture, wage labor, petty commerce, artisanal, and other unskilled and semi-skilled labor) and who have limited access to essential social services such as healthcare,

education and housing (Edelman, 2013). Displaced youth, refugees from economic and political crisis or adolescents who have fled domestic violence are also considered as peasants because of their vulnerability and social discrimination (UNHRC, 2012). Due to their poor access to essential social services, it may be appropriate to consider peasants as people of low-income, however, one thing common to them is their low social class which results from poor prioritization of their social needs. This may be explained as having a “constant quests to reduce economic and environmental risk by minimizing monetary costs” (Edelman, 2013: 13). These attributes create a social and sometimes economic hardship which is implicated as a reason for herbal alcohol consumption among peasant adolescent in remote villages and among the urban-poor (Blum and Nelson- Mmari 2004; Anderson, 2006). They dwell in the context of the poor health care system of the country to justify their use of herbal alcohol under the pretext that such consumption is for medicinal purpose (Ajala and Omobowale, 2013) whereas intending effects is recreation therefore making alcoholic herbal products popular among peasants in Ibadan.

While there is no well-documented alcohol policy in Nigeria, government has made concerted efforts to regulate alcohol use through measures such as taxation on alcoholic products and in recent time, placed ban on alcohol in sachets, small volume glass and polythene, on the dailys (Punch Newspaper, 2020). As stated by Director-General of the National Agency for Foods and Drugs Administration and Control (NAFDAC) that “uncontrolled access and availability of high concentration alcohol in sachet and small volume PET or glass bottles has been put forward as a factor contributing to substance and alcohol abuse in Nigeria with its negative impact on the society” (MOVENDI International, 2020). In Nigeria, national legal minimum age for selling and serving alcoholic beverages is set at eighteen years, and national legal maximum blood alcohol concentration (BAC) when driving a vehicle both for general, young and professional is set at 0.05% (WHO, 2011), however, alcohol misuse remains a major problem in the country and across age groups (Nkporbu and Douglas, 2015; Dumbili and Onyima, 2018). Studies such as national studies of alcohol use where study population included people from the age of fifteen and above have indicated alcohol misuse (WHO, 2011). In Benue state, age for alcohol initiation was 10-17 years (Eniojukan, 2015), In Owerri, 50% of youth population were initiated into alcohol at quite an early stage (Chikere and Mayowa, 2011) and a pilot study in Ibadan indicated that one out of four adolescents had ever taken few sips of alcohol and early initiation

was before their 11th birthday (Adebayo, Omotade and Sangowawa, 2015). This has become an increasing social and public health problem in Ibadan and Nigeria at large. Herbal alcohol consumption had resulted in death of many in Alaba area of Lagos, Odo-Ona Elewe and Apata-Ganga area of Ibadan (Tribune, 2016; Vanguard online, 2015; Freedom reporters. 2013) and method of production of Ogooro was also a factor in seventy reported cases of dead in Rivers state, Nigeria (Tonkin, 2015). With these evidences, it is imperative to explore alcoholic herbal products among peasant adolescents. The article investigated herbal alcohol consumption among Peasant Adolescents in Ibadan, Nigeria.

Often times, Nigeria's alcohol problem, policy and researches make reference to the "known alcohol" (as stated as part of official statistics on production and trade report which includes pure alcohol). However, little consideration is given to herbal alcohol specifically locally-produced ones which are referred to as "undocumented alcohol" (Obot, 2006). Disregarding this unrecorded alcohol consumption is considered a myopic view point and has further impacted the alcohol situation in Nigeria. Also, adolescent alcohol awareness and use has been identified as part of an urban problem and this is evident in several school-based studies conducted. Furthermore, interventions, research initiatives, recommendations for policy formulation and interdiction measures have been developed based on urban values neglecting rural context and trends typically because they serve little or no national interest (Fiki, 2007). Conversely, the consumption of alcoholic herbal products have become increasingly socially challenging causing problems such as organ damages, various cancers, unsafe sexual practices, traumas, violence and crimes, injuries and accidents (Odejide, 2006). Therefore, it is incontrovertible to explore the

1. Drivers of herbal alcohol use among peasant adolescents in Ibadan.
2. Perceived benefits of herbal alcohol use among peasant adolescents in Ibadan.
3. Perceived possible consequences of herbal alcohol use among peasant adolescents in Ibadan.

METHOD

This study was conducted in Ibadan, Nigeria. Ibadan, the capital of Oyo state is a South-Western city with the largest geographical area (128km²) and is the third largest city in Nigeria by population (after Lagos and

Kano) with numerous motor parks and neighbourhoods bars (Ademowo, 2010) scattered around it, where local vendors popularly known as "alagbos" display their products and commodities for sale. Study was conducted among out-of-school adolescent users and vendors in Ibadan. Participants from the selected sites were invited to partake in the study, 32 adolescent users were recruited but 23 were eligible for reasons of age, gender (male), history of herbal alcohol use, source of livelihood (hawking, bus conducting, commercial driving, head-lodging, scavenging, auto-mechanic) and living conditions. Participants were eligible to be users if they were within the age of 15-19 years, reported herbal alcohol use in the past 1 year, engaged in low-income menial jobs and consented to participate. A total of 19 vendors between ages of 20-35 years were also recruited but 12 were eligible based on inclusion criteria of age, gender (female) and must be vending for at least 1 year. Agbowo, Bere, Iwo road and Mokola in Ibadan were purposively selected. Information constraint did not allow for random or statistically representative sampling therefore purposive sampling was the most appropriate solution to select sample sites. It produced a sample where the individual group were selected according to specific social and cultural characteristics that were considered to be important as related to level of vulnerabilities (residence, means of livelihood, level of exposure to herbal alcohol, level of poverty) however, sample sites were representatives of the population of interest. Data were collected through in-depth interviews conducted among users and vendors in motor parks and neighbourhood bars in Ibadan. Non-participatory observations were also carried out in the selected locations. In-depth interview guide was used to obtain responses from participants in order to explore and understand their experiences from a personal perspective which will be phenomenological.

Descriptive theme identification and content analysis, an approach based on grounded theory was used. With the permission of the respondents, interviews were recorded, these enabled verbatim transcription after each session. Behaviours were identified for emerging themes, thereafter, transcripts were reviewed as a set to identify important themes and how these themes were patterned, and thereafter themes were coded in order to develop ideas. Data was displayed to capture the richness and differences in each theme and organized to show essential concepts and relationships. Finally, data was interpreted and essential ideas were presented as narratives. This iterative process resulted in progressive refinement of the themes.

RESULTS

Table 1 and 2 show the socio demographic characteristics of both the adolescent users and vendors of herbal alcoholic products in the study. The age of users covered in the study was between 15-19 years. All of the respondents (users) were male, while many of them were of Yoruba ethnic group extract. Most (52.2%) of the respondents had primary school education, followed by few (21.7%) with secondary

education and no formal education (26.1%). Many of this population (65.2%) were single and emancipated, living in slums (60.9%). A large number of respondent (60.8%) have consumed alcoholic herbal products on daily basis between 4-7 years. Table 2 revealed that vendors of herbal alcoholic products were females. Many of these vendors (75%) are between 26-35 years. Many (75%) have primary school education. Many of them hawk locally made herbal alcoholic products around many neighborhoods.

TABLE 1: Socio Demographic Characteristics of Adolescent Users.

SOCIO DEMOGRAPHICS (n=23)	FREQUENCY	%
Age of respondents		
15-17 years	9	39.1
18-19 years	14	60.9
Mean age of adolescent users	20.7 ± 2.9	
Gender		
Male	23	100
Religion		
Christianity	11	47.9
Islam	10	43.4
Traditional	2	8.7
Ethnic group		
Yoruba	16	69.6
Hausa	5	21.7
Igbo	2	8.7
Highest educational attainment		
None	6	26.1
Primary/quaranic	12	52.2
Secondary	5	21.7
Marital status		
Married/cohabiting	5	34.8
Single	18	65.2
Source of livelihood		
Commercial driving/Bus conducting	9	39.2
Hawking	4	17.4
Auto-mechanic	5	21.7
Scavenging	5	21.7
Living conditions		
Shanty (temporary/improvised dwellings built from waste/poor quality materials at hand within or outside a city)	9	39.1
Slums (permanent dwellings that have inadequate housing living conditions built within a city)	16	60.9
Herbal alcohol use		
1-3 years	6	26.1
4-7 years	14	60.8
>7 years	3	13.1

TABLE 2: Socio Demographic Characteristics of Herbal Alcohol Vendors

SOCIO DEMOGRAPHICS (n=12)	FREQUENCY	%
Age of respondents		
20-25 years	3	25.0
26-35years	9	75.0
Mean age of herbal alcohol vendors	29.3 ± 4.31	
Gender		
Female	12	100.0
Religion		
Christianity	4	33.3
Islam	7	58.3
Traditional	1	8.3
Ethnic group		
Yoruba	8	66.7
Hausa	1	8.3
Igbo	2	16.7
Others (Edo)	1	8.3
Highest educational attainment		
None	3	25.0
Primary	9	75.0
Parents marital status		
Married/cohabiting	7	58.3
Single	2	16.7
Divorced/separated	3	25.0
Years of vending		
1-3 years	2	16.7
4-7 years	5	41.7
> 7 years	5	41.7
Mode of Vending		
Point of sales	5	41.7
Hawking	7	58.3
Type of herbal alcohol sold		
Branded herbal beers/bitters	4	33.3
Locally made herbal alcohol	8	66.7

Drivers of Herbal Alcohol Consumption among Peasant Adolescents in Ibadan

Utilization of herbal alcohol have sub-cultural acceptance, relative accessibility, affordability and with perceived benefits. Specifically, adolescent users and herbal alcohol vendors reported that the reasons for consuming herbal alcohol was due to its wide acceptance as framed in the Yoruba society, according to the users:

“My mama used agbo to raise us, it works very well”. The first time I drank alcohol, I drank to proof to my friend that I was capable—but for agbo, I have always known agbo because my father used to drink it, he gives us some to take sometimes”.

Corroborating this, a vendor added that

“I learnt the trade from my mother who was taught by my grandmother....it is passed down, I will teach my children”.

Others responded that it was easy to access and quite affordable for their earnings and very much beneficial to their health as its consumption helps them flush ailments out of their body, with evidence from the colour of their urine. A vendor explained that

“it is easy to get the herbs, sometimes I get them from local seller, sometimes I get them myself from the bush and I sell it cheap because the herb is readily

available and it is easy to produce it. So, the materials for the products are easy to access.

In addition to easy access to raw materials, some users viewed that:

"...all these shops are selling them, like action bitters..., in fact now, they are selling them cheaper in sachet, but I still prefer the agbo sellers, because agbo mixed with the gin is more potent"

Another user added that:

I like orijin but it takes much of my earning in a day so I buy sachet bitters and Agbo. (User 4).

Some users explained why locally produced herbal products with alcohol is preferred as expressed by User 5 that

"The reason why I don't buy this branded alcoholic herbal drinks is because it does not give me the moral that agbo does".(User 5).

Likewise, some vendors also narrated why locally produced herbal product is preferred: According to Vendor 4:

"I like the agbo that I sell ooo better than this one that they sell in sachet. If they say the drink contains ginger, it is a lie, it is ginger flavor they use not the real ginger".

While Vendor 5 thinks:

"Leaves and roots are selected based on our knowledge of its usefulness, which is why agbo sells. What I use to prepare opaeyin (backbone strength) may not be the same herbs used by someone else".

Finally, Vendor12 added that:

"kaikai, paraga, sepe, ogogoro and others were names given to the local gin but what makes it herbal is the herb otherwise known as Agbo in South-Western Nigeria".

All these views added to the demand for variety and sub-cultural acceptability, easy accessibility and affordability of these herbal alcoholic products with its psycho-active effects.

Perceived benefits of herbal alcohol among peasant adolescents in Ibadan

Many users have constructed health related benefits of alcoholic herbal products to justify their patronage of such products. Many respondents gave different perspectives to the assumed benefits of herbal alcohol use. Some of the responses are detailed as follows in the extract below: According to User 5:

"If you put bitter kola in Alomo bitters, Agbo-ale (aphrodisiac), Fidigbodi, (literally means scratch buttocks on tree), Kerewa (like a rolling steam), Durowebo, Baby oku de man power (aphrodisiac), it will ginger you to perform very well for men and not women. I use it a lot".

This implies that mixture of all these herbal products with their alcohol contents helps him both physically in his daily work that requires a lot of energy and alertness and also his sexuality. This was also supported by another user that:

"When I drink, it helps to increase my energy and boost my morale and it helps me stay alert and gives me concentration especially as I am a driver" (User 16).

Some other respondent reported that they use these alcoholic herbal products as prophylaxis, and as treatment for both communicable and non-communicable ailments, including sexually transmitted diseases, as expressed below by some of the respondents:

"Ahhhhhhh, when it rains, I drink Agbo-letutu, it is a remedy for cold....it works very well, it increases my body's core temperature" (User 11).

Another respondent added that:

"Agbo-atosi is very good when you have Sexually Transmitted Diseases (STDs), it is used to treat it, you will urinate everything and then you become new again for the next round" (User 9)

In addition: *"I take Agbo opaeyin (spinal cord) every time I have back pain, this my mason work is hard, it gives me backache" (User 19).*

Likewise, User 1 and 13 also added that:

“I know I have malaria when my urine is yellowish and dark” and so I use Agbo-Iba to treat malaria; sometimes I add leaves and barks of Dongoyaro (Neem)”.

The users revealed constructed self-diagnosis and its assumed treatments. This is further reflected in some of the responses like,

“Whenever I have Piles, backache, impotency, low back pain, constipation and diarrhea I know it is Jedi-jedi so ...when I have Jedi-jedi, I use Agbo-jedi jedi prepared with original gin”.

Another user simply consumed alcoholic herbal products when he wants to purge, he uses *agbo*.

Other respondent utilized alcoholic herbal product as therapy for their blue-collar job hazards as expressed by User 20:

“it is my stress reduction therapy from a hard day’s job, you know as I am a conductor.”

While User 17 considered these products as medication with ability to cure multiple ailments that you may get when working:

“AwoIgbaArun (heal multiple disease) is used to cure several diseases like arthritis and rheumatism, malaria, typhoid fever and piles”.

Many participants (users and vendors) as represented in the statement below believed that:

“Agbo-sare is used for the treatment of dysmenorrhea, failed placenta, prolonged menstrual flow, joint and body aches, appendicitis, watery sperm etc”..

“As you can see from the pack of original kick starts it, is used to treat diabetes, low sperm count, pile, menstrual pains, gonorrhoea, hypertension, body pains, vaginal candidiasis and stomach pains. It works better if mixed with pure alcohol”. “...

“They include Agbo-iba (agbo for malaria), Agbo-jedijedi (agbo for a myriad of conditions such as low back pain, diarrhea, and low erection, frequent stooling) Agbo-atosi (herbs for gonorrhoea), Agbo-letutu, (agbo for convulsion) Agbo-ale (agbo for increased libido) Agbo-oguneje (agbo for blood

tonic). Other names include Monkey Shoulder, Kerewa (sexual performance), Kogbela, Ibile (indigenous), Durosoke (stand on top), Dadubule (laid down), Koboko (cain/aphrodisiacs for sexual performance)”.

Perceived Possible Health and Social Implication of Herbal Alcohol Misuse among Peasant Adolescents in Ibadan

It was observed with conspicuous numbers of specific behaviours/gesticulations that indicate discomfort/disagreement when possible consequences of herbal alcohol consumption among users were mentioned. These included inappropriate laughter, stuttering and hesitation. Specifically, users disclosed high level of consumption with no negative health consequences. Some of the expressions are stated below.

“As drugs are used to treat some medical conditions also Agbo is used to treat certain conditions too therefore taking Agbo that are not specific to a condition may worsen other conditions in the body” (user17).

A vendor also argued that:

“This Agbo that I sell does not cause any harm but when you drink large volume of it that is when it can harm you... It is not the herbs that harm; it is the kai kai that is used in soaking it that will cause the harm (Vendor 5). there is no harm in drinking herbal alcohol. It is even more beneficial (User 9).

Almost all participants expressed with high level of assurance that the herbs negate the effects of alcohol and when consumed, had no negative effects on the body.

DISCUSSIONS

The study indicates that herbal alcohol is framed within the Yoruba society which is consistent with similar studies (Sofowora, 1982; Ajala and Omobowale, 2013; Willis, 2006). The cultural and societal preference of the Yoruba’s to herbal alcohol accounts for its wide acceptance and this is supported by the Yoruba adage that says “Aji mu oti, kii ka shioshio” which is interpreted as “One who wakes early to drink alcohol never feels moody”. Herbal alcohol wide acceptance is a socio-cultural, socio-economic and socio-religious artifact as it provides employment for women (*Iyaparaga and Alagbos*) who

produce and sell them (Obot, 2007; Kadiri, 2008; Oluwadiya, 2010; Oluwadiya and Olusegun, 2012; Dumbili, 2013). In traditional South-Western Nigeria, women and children were forbidden from taking alcohol (Odejide and Odejide, 1999) but in recent Yoruba communities, parents administer herbal alcohol to young children when they fall sick. Though in the Yoruba society herbal alcohol is consumed as an alternate source of assessing health care, most peasant adolescents “dwell in the context of Nigeria’s underdeveloped health care system to rationalize herbal alcohol consumption under the pretext that they need it for health purposes” (Ajala And Omobowale, 2013: 149) however, the intending effects is for recreation.

Findings suggest that availability of alcoholic herbal products in Nigeria fosters herbal alcohol economics which is consistent with Bedu (2013) and Fiki (2007). Engaging in the production of these commodities forms a source of local input and raw material for both local and industrial breweries making them sites for extensive production and consumption of herbal alcohol. We were not surprised to find that numerous parks, streets, neighborhood bars, joints, kiosks etc. were located in strategic places around the city and local vendors popularly known as “*Alagbos*” (herb seller) and “*Iyaparagas*” (woman who sells *paraga*) displayed their wares and commodities for patronage. These accounted for availability of herbal alcohol which is consistent with Ademowo (2010).

Also, the distribution chain of herbal alcohol is ported through two main channels; mobile sales (direct hawking) and point of sales (stores, shades, bars) with more adolescents engaging mobile sales than point of sales (Kadiri, 2008; Ajala and Omobowale, 2013) because its easily accessible to a wide range of patrons and services which is advantageous to both the seller and consumer respectively through indirect advertisement by local brewers/sellers and also high density availability of location of herbal alcohol outlet in a defined space (Odejide, 2006).

Purchasing power of consumers determines alcoholic herbal product consumption and also influences the type of products to be consumed. What we observed was that locally-produced herbal alcohol was very popular in rural setting and among the urban poor which is similar with Obot (2006) and Abiona, Aloba and Fatoye (2006). This is because of its relative availability and cheapness as compared to industrialized alcoholic drinks such as bitters, beers, liquor, spirits etc.). A typical example is the fact that a shot of *Agbo* cost ₦50.00 as oppose to branded beers

and bitters which cost much more. However, marketing strategies in Nigeria has repackaged these bitters to quite smaller sizes for portability and affordability. Example of such rebranding is *action bitters* which was previously packaged as a 100ml drink sold for ₦100.00 but now is repackaged to sachets of 50ml and sold for ₦50.00 per sachet making bitters to become popular among peasant adolescents. Herbal beers are likely unpopular among this group for reason of high cost.

Herbal alcohol serves different functions such as treatments, recreation, sexual enhancers, and weight-loss therapies among others. It is established that *paraga* is a Yoruba herbal remedy containing local herbs and gin (Ajala and Omobowale, 2013). Herbal alcohol users stated that these benefits include aphrodisiac to improve sexual function which agree with Brisibe and Ordinioha (2011) and Salisu, Ihongbe, Anyanwu, Uwigbe, *et al.*, (2012). The nature of menial jobs increases their need for energy to sustain them for long hours which their trade requires and this is consistent with Kadiri, (2008), Fareo, (2012) and Abiona *et al.*, (2006), therefore increasing their demand and consumption of alcoholic herbal products. Generally, consumers are of the opinion that herbal products are natural and without side effects and are perceived to be tonic to improve health which is similar to Adeyemi and Owoseni, (2015), Awosusi and Adegboyega, (2015) however, Adeyemi *et al.*, (2012) and Joshua *et al.*, (2010) prove otherwise.

One defining feature of drinking in Nigeria is a pattern of drinking involving high levels of consumption or drinking to intoxication (Obot 2007). Bitters is acclaimed to have aphrodisiac effects but Salisu *et al.*, (2012) indicates that bitters on dosage-duration response compromise testicular integrity in rats with limited poor oxidant capacity which may impede capacity to protect against oxidative stress (Adeyemi and Owoseni, 2015). Another emerging issue is that *Agbo* is said to contained microbial contaminants (*S. aureus*, *B. cereus*, *E. coli*) which may exceed tolerable levels (Adeleye, Okogi and Ojo, 2005). Social health complications as a result of alcoholic herbal intake includes cultism, road traffic accidents as a result of drunk driving (as observed among truck drivers), armed robbery, family problems, neglect of social responsibilities, indiscriminate sexual activities, promiscuity and risky sexual behaviours (Nkporbu and Douglas, 2015).

Recommendations for alcohol policies in Nigeria are always directed towards factory brewed, imported spirits and branded products among the urban youth

and students with no recourse to peasants and disadvantaged settlers. These recommendations especially on pricing and taxation can only work in situations where alcohol is imported or sold in a refined outlet, but what happens to the case of herbal alcohol where production does not require import? Therefore Odejide (2006) defined this as a revenue generation measure, rather than a restriction measure where economic interest exceeds public health interest. In Nigeria, government talk about restriction of location of outlets to non-residential areas to control availability of alcohol (Odejide, 2006), but herbal alcohol are majorly dispersed as mobile hawking compared to point-of-sales which brings herbal alcohol to patrons even in residential areas. Policy statements such as restricting or forbidding advertisement of alcohol as well as regulating alcohol promotion (Odejide, 2006) may work for branded beers and spirits as well as bitters, but not herbal alcohol which are deeply ingrained in the culture are advertised by social agents rather than media advertisement. In the case of high excise taxes that are placed on alcohol, care must be taken to avoid a shift towards locally-produced herbal alcohol for reasons of affordability and ready availability. Therefore, these findings seek to draw attention to the search of appropriate policies that will prevent disability and protect health.

RECOMMENDATIONS

In addressing the alcoholic herbal issue, no single approach is likely to work but it is imperative to consider it as a multi-sectorial affair where holistic approach is employed. There should be an oversight function through monitoring and regulation for efficacy, safety and proposed claim of functions through regulatory agencies such as NAFDAC and SON. Targeted sensitization should be encouraged and poverty alleviation should be encouraged as most patronage is a means of alleviating ailment. Implication for research: there is a need for further researches on alcoholic herbal product as there are limited studies in this area, even yet, among adolescents in Nigeria.

CONCLUSIONS

Findings from this study showed that herbal alcohol use among peasant adolescents is a consequence of availability, acceptance and affordability of it. Although herbal product consumption may have long term effects, findings have also showed that herbal alcohol users consume these products with perceived non-effects on their health without recourse to long

term effect these products may pose on general health and wellbeing. With such information, it is hoped that it will inform necessary authorities and stakeholders in deriving improved policies and scaling up existing interventions to address herbal alcohol use among adolescents. Although much still remains to be known, there are quite a number of evidences that are adequate enough to trigger efforts towards addressing herbal alcohol use in Nigeria.

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