

Demographic Predictors of Psychoactive Substance Use among Young People Living with HIV/AIDS (YPLWHIV/AIDS) in a Tertiary Health Institution in Ekiti State

Author(s), AYENI, Bamidele Abiodun, MANEMA, Festus Folorusho,
SALAMI, Taiwo-Felix, ODEKUOYE, Funminiyi Jacob,

Abstract:

This study examined demographic predictors of psychoactive substance use among young people living with HIV/AIDS (YPLWHIV/AIDS) attending a tertiary health institution in Ekiti State. Employing a descriptive cross-sectional design, 204 participants aged 10–35 years were recruited using a simple random sampling technique from the ART & C unit of Ekiti State University Teaching Hospital. Data were collected using a structured questionnaire comprising a socio-demographic section and an adapted WHO-ASSIST tool to assess patterns and prevalence of psychoactive substance use. The instrument demonstrated good reliability (Cronbach's alpha = 0.82) and validity, while ethical approval and informed consent were secured. Data were analyzed using multiple regression to determine the predictive influence of demographic variables on substance use. Findings revealed that the majority of respondents were young adults, predominantly female, single, and students residing in urban areas, with most attaining at least secondary education. Alcohol and tobacco were the most commonly used substances, followed by sedatives, stimulants, and locally available psychoactive substances, whereas illicit drugs were less frequently used. Regression analysis showed that gender, marital status, and occupation significantly predicted psychoactive substance use, whereas age group, residence, educational qualification, and number of friends were not significant predictors. These results highlight the influence of both demographic and environmental factors, including familial and social exposures, in shaping substance use behaviors among YPLWHIV/AIDS. The study underscores the need for targeted interventions for high-risk demographic groups, integration of substance use education into HIV care, family and community-based programs to address environmental risk

IJMNHS

Accepted 25 February 2026
Published 28 February 2026
DOI: 10.5281/zenodo.18869074



factors, and policy-driven youth-friendly programs promoting psychosocial support and healthy coping strategies.

Keywords: Young people, HIV/AIDS, Psychoactive substance use, Demographic predictors, ART & C clinic,

About Author

Author(s): AYENI, Bamidele Abiodun

Department of Mental Health & Psychiatric Nursing,
Faculty of Nursing Science,
Achievers University, Owo, Ondo State, Nigeria

MANEMA, Festus Folorusho

School of Nursing,
BABCOCK University, Ilisan-Remo, Ogun State, Nigeria

SALAMI, Taiwo-Felix

Department of Mental Health & Psychiatric Nursing,
Faculty of Nursing Science,
Achievers University, Owo, Ondo State, Nigeria

ODEKUOYE, Funminiyi Jacob

Department of Mental Health & Psychiatric Nursing,
Faculty of Nursing Science,
Achievers University, Owo, Ondo State, Nigeria



Introduction

Psychoactive substance use (PSU) refers to the consumption of one or more substances whether licit, illicit, or medically prescribed with the intent of altering mood, cognition, or behaviour. While some substances may be prescribed for therapeutic purposes, their indiscriminate, inappropriate, or non-medical use often results in adverse physical, psychological, and social consequences. Substance abuse is commonly understood as a maladaptive pattern of psychoactive substance use that leads to dependence and significantly impairs an individual's physical health, mental well-being, and social functioning (Akinlawon et al., 2020; Abubakar et al., 2021). Globally, PSU remains a major public health concern, contributing substantially to morbidity, mortality, and socioeconomic burden across populations.

The global burden of psychoactive substance use is considerable. Akindipe et al. (2021) estimated that nearly 250 million people worldwide engage in substance use, exerting enormous pressure on healthcare systems. Castaldelli et al. (2022) further reported that PSU contributes significantly to disability-adjusted life years (DALYs) and is responsible for approximately 11.8 million deaths globally. According to the United Nations Office on Drugs and Crime (UNODC, 2022), about 35 million individuals globally require treatment for drug use disorders, with psychoactive substances accounting for approximately 5% of global deaths and 9% of DALYs. Beyond health outcomes, it emphasized the devastating socioeconomic consequences of substance abuse, including financial strain on families, weakened productivity, and increased healthcare expenditure.

Young people constitute a particularly vulnerable population in the global PSU epidemic. The World Health Organization (WHO, 2018) reported that over 2.6 million deaths annually among individuals aged 10–24 years are linked to preventable causes, many associated with substance use. UNODC (2022) further observed that the majority of individuals receiving treatment for drug use disorders in Africa and Latin America are under 35 years of age, underscoring age-specific vulnerability. This vulnerability is compounded by developmental transitions, psychosocial stressors, and increased exposure to peer influence during adolescence and young adulthood (Nagy et al., 2022).

The burden of PSU is particularly concerning among young people living with HIV/AIDS (YPLWHIV/AIDS), where the relationship between substance use and HIV is bidirectional. Nigeria remains one of the countries most affected by HIV globally, ranking fourth in terms of prevalence, with an estimated 1.8 million people living with HIV and an annual incidence rate of 0.65% (Federal Ministry of Health, 2019). Substance use is prevalent among Nigerian youth, including those living with HIV, with commonly used substances such as alcohol, tobacco, cannabis, benzodiazepines, opioids, and cocaine (Olawole-Isaac et al., 2018; UNODC, 2023). UNAIDS (2020) reported that over 50% of people living with HIV engage in psychoactive substance use, particularly alcohol and tobacco.

PSU among YPLWHIV/AIDS poses serious implications for HIV prevention, treatment, and long-term outcomes. De la Torre-Luque et al. (2021) highlighted that substance use impairs judgment and neurological functioning, increasing risky sexual behaviours, reducing adherence to antiretroviral therapy (ART), and accelerating disease progression. Empirical evidence from Uganda and Nigeria demonstrates that substance use is closely linked to risky sexual practices, reinfection, and higher HIV transmission rates (Ssekamatte et al., 2023; Obarisiagbon & Ajayi, 2019). Dapap et al. (2020) further noted that PSU increases



vulnerability to opportunistic infections and worsens health-related complications among PLWHIV.

Existing literature consistently identifies demographic and social factors as key predictors of psychoactive substance use. Gender, age, educational attainment, marital status, residence, unemployment, peer influence, family history of substance use, and coping with negative emotions have all been linked to increased PSU risk (Kabisa et al., 2021; Mousali et al., 2021; Nagy et al., 2022). Studies have shown that younger individuals, particularly those under 35 years, are more prone to substance use due to heightened risk-taking behaviour and social experimentation (Derek et al., 2023; Mafana et al., 2024). Low educational attainment has also been associated with increased vulnerability to substance use and HIV-related risk behaviours (Santhakumar et al., 2023). Similarly, urban residence, single status, and social isolation have been identified as contributors to PSU, reflecting weakened social support structures (Liu et al., 2021; Ogunjobi et al., 2023).

The present study adopts the age range of 10–35 years, reflecting contemporary evidence that adolescence and young adulthood constitute a developmental continuum rather than discrete stages. Recent studies have increasingly adopted this age bracket when examining health behaviours and HIV outcomes among young populations. Mwiinde et al. (2024) and Wigle et al. (2022) argued that individuals aged 10–35 years share overlapping socioeconomic, reproductive, and behavioural vulnerabilities. Similarly, Johnson et al. (2024) demonstrated that young people living with perinatally acquired HIV continue to face youth-related risks well into their thirties. This age categorization is particularly relevant in Nigeria, where prolonged educational trajectories, employment instability, and psychosocial challenges extend into early adulthood.

Despite growing evidence, significant gaps remain in the literature. Many studies rely on cross-sectional designs, limiting causal inference (Dawit et al., 2022; Mekuria et al., 2019), while few focus specifically on PLWHIV or apply multifactorial analytical models. Inconsistencies in prevalence estimates and reliance on self-reported data further constrain evidence synthesis. These gaps underscore the need for context-specific, methodologically robust studies that examine demographic predictors of PSU among YPLWHIV/AIDS. Consequently, this study seeks to address these gaps by examining the demographic predictors of psychoactive substance use among young people living with HIV/AIDS in a tertiary health institution in Ekiti State.

Methodology

The study adopted a descriptive cross-sectional research design using a quantitative approach to examine demographic predictors of psychoactive substance use among young people living with HIV/AIDS (YPLWHIV/AIDS). This design was considered appropriate because it allows for the assessment of relationships between socio-demographic variables and psychoactive substance use at a single point in time. The study was conducted at the Antiretroviral Therapy and Counselling (ART & C) unit of Ekiti State University Teaching Hospital (EKSUTH), Ado-Ekiti, a tertiary health institution that provides HIV care to a large population of young people. Data collection spanned eight weeks, from 10th June to 5th August 2024, to ensure adequate clinic attendance and representativeness. The ART & C unit operates three clinic days weekly (Tuesdays, Wednesdays, and Thursdays), with an average attendance of over 60 clients per week, making it a suitable setting for recruiting the target population.

The target population comprised HIV-seropositive young people aged 10–35 years who were receiving antiretroviral therapy and attending the ART & C clinic during the study period. This age range allowed for the inclusion of both adolescents and young adults, reflecting a developmental continuum relevant to substance use behaviours. A total sample size of 204 participants was determined using the Leslie Kish formula, with a 10% attrition rate added to the calculated minimum of 185. Participants were selected using a simple random sampling technique from a register of eligible clients. A computer-generated random number system was complemented with a ballot method to enhance randomness and reduce selection bias, whereby respondents who selected even numbers were recruited. Inclusion criteria ensured that participants were clinically stable, cognitively sound, and regularly attending clinic, while individuals with documented psychiatric disorders, severe illness, or concurrent participation in similar studies were excluded.

Data were collected using a structured questionnaire comprising two sections. Section A was a self-developed socio-demographic instrument designed to capture demographic predictors of psychoactive substance use, including age, gender, marital status, educational attainment, occupation, residence, and social influences. Section B consisted of an adapted version of the World Health Organization Alcohol, Smoking and Substance Involvement Screening Test (WHO-ASSIST), modified to assess the pattern and prevalence of psychoactive substance use among YPLWHIV/AIDS. The instrument demonstrated good internal consistency with a Cronbach's alpha coefficient of 0.82, following a pilot study conducted outside the study site. Face and content validity were ensured through expert review. Ethical approval was obtained from the EKSUTH Ethics and Research Committee, and written informed consent or assent was secured. Data were analysed using multiple regression analysis to determine the predictive influence of demographic variables on psychoactive substance use, with strict adherence to ethical principles of confidentiality, beneficence, and justice.

Results

Table 1: Sociodemographic Data of Respondents

Age Grade	Frequency	Percentage (%)
10–15 years	22	11.0
16–21 years	36	18.0
22–27 years	84	41.0
28–35 years	63	30.0
Sex		
Male	87	42.7
Female	117	57.3
Marital Status		
Married	58	28.0
Single	126	62.0
Divorced	20	10.0
Occupation		
Civil Servants	20	10
Private	38	19
Unemployed	22	11
Students	124	60
Residence		

Urban	147	72.0		
Rural	57	28.0		
Educational Qualification	Frequency	Percentage (%)		
None (Illiterate)	13	6		
Primary	44	22		
Secondary	78	38		
Tertiary	69	34		
Number of Friends				
None	28	12.0		
1-3	110	54.7		
4-6	43	22.0		
7 & above	23	11.3		
Variables	Yes (Freq.)	Yes (%)	No (Freq.)	No (%)
Observed parent abusing drug	99	48.5	105	51.5
Observed idol abusing drug	101	49.5	103	50.5
Observed parents fighting/nagging	92	45.0	112	55.0
Drugs accessibility in environment	97	48.0	107	52.0

The socio-demographic characteristics of the respondents indicate that the majority were young adults, with the largest proportion falling within the 22–27-year age group (41.0%), followed by those aged 28–35 years (30.0%). Adolescents aged 16–21 years constituted 18.0% of the sample, while the least represented group was 10–15 years (11.0%). This distribution suggests that most participants were in their early adulthood, a stage often associated with increased independence and exposure to social influences. Females constituted a higher proportion of the respondents (57.3%) compared to males (42.7%). In terms of marital status, most respondents were single (62.0%), while 28.0% were married and 10.0% divorced, indicating a predominance of unmarried individuals within the study population. Occupationally, students formed the largest group (60.0%), followed by those engaged in private employment (19.0%), unemployed individuals (11.0%), and civil servants (10.0%). The majority of respondents resided in urban areas (72.0%), reflecting greater access to tertiary healthcare services in urban settings.

Regarding educational attainment, most respondents had at least secondary education, with 38.0% attaining secondary education and 34.0% having tertiary education, while smaller proportions had primary education (22.0%) or no formal education (6.0%). Social network characteristics showed that over half of the respondents (54.7%) reported having between one and three friends, whereas 22.0% had four to six friends, and 11.3% had seven or more friends, suggesting moderate peer interaction among the majority. Exposure to substance-related environmental and social risk factors was notable, as nearly half of the respondents reported observing parental drug use (48.5%), idol drug use (49.5%), parental conflict (45.0%), and easy drug accessibility in their environment (48.0%). These findings highlight the presence of substantial familial, social, and environmental influences that may predispose respondents to psychoactive substance use.

Table 2: Psychoactive Substance Use among YPLWHIV/AIDS

S/ N		YES		NO	
		FREQ	(%)	FREQ	(%)
1	Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	75	36.8	129	63.2
2	Alcoholic beverages (beer, wine, spirits, etc.)	144	70.6	60	29.4
3	Cannabis (marijuana, pot, grass, hash, etc.)	34	16.6	170	83.4
4	Cocaine (coke, crack, etc.)	7	3.4	197	96.6
5	Amphetamine type stimulants (speed, diet pills, ecstasy, etc.)	56	27.5	148	72.5
6	Inhalants (nitrous, glue, petrol, paint thinner, etc.)	23	11.3	181	88.7
7	Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.)	65	31.9	139	68.1
8	Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)	8	3.9	196	96.1
9	Opioids (heroin, morphine, methadone, codeine, etc.)	11	5.4	193	94.6
10	Others: Alomo bitter, Bitter Kola, Ephedrine, Dry pawpaw leaves, Cough expectorant, Benylin with codeine, Codeine etc.	72	35.3	132	64.7

The data on psychoactive substance use among YPLWHIV/AIDS indicate that alcohol consumption is the most prevalent, with 70.6% of respondents reporting use, followed by tobacco products at 36.8% and other substances such as bitter kola, codeine-containing medicines, and herbal preparations at 35.3%. Sedatives or sleeping pills were used by 31.9% of respondents, while amphetamine-type stimulants were reported by 27.5%. Cannabis use was reported by 16.6%, inhalants by 11.3%, opioids by 5.4%, and hallucinogens and cocaine were the least used, at 3.9% and 3.4%, respectively. These findings highlight that legal substances, particularly alcohol and tobacco, dominate the pattern of substance use, whereas illicit drugs such as cocaine, hallucinogens, and opioids are less common. The data suggest a spectrum of psychoactive substance use among this population, ranging from widely accessible substances to less frequently used, more restricted drugs, reflecting both availability and social acceptability as likely influencing factors.

Table 3: Regression Coefficients for association between the predictors of psychoactive substance use and drug use

Variable	Coefficient	Standard Error	t-value	p-value
Age Group	0.654	0.792	0.827	0.421
Gender	0.276	1.611	-2.902	0.011
Marital Status	0.834	1.427	2.407	0.029

Occupation	0.680	0.681	2.466	0.026
Residence	0.264			
Educational Qualification	0.723			
Number of Friends	0.682			

Table 4: Model Summary

Statistic	Value
R	0.676
R ² (Coefficient of Determination)	0.227
Adjusted R ²	0.200
Standard Error of Estimate	1.25310
F Change	8.264
df1	7
df2	197
Sig. F Change (p-value)	0.000
Durbin-Watson	1.751

The coefficient of determination ($R^2 = 0.227$) implies that 22.7% of the variance in psychoactive substance use is explained by the predictors. According to Cohen's guidelines, this represents a moderate-to-large effect size. Hence, the predictors collectively have a meaningful influence on psychoactive substance use.

The regression analysis indicates that age group was not a significant predictor of psychoactive substance use ($\beta = 0.654$, $SE = 0.792$, $t = 0.827$, $p = 0.421$), as the confidence interval likely included zero. In contrast, gender emerged as a significant predictor ($\beta = 0.276$, $SE = 1.611$, $t = -2.902$, $p = 0.011$), suggesting a meaningful association between sex and psychoactive substance use. Marital status also significantly predicted psychoactive substance use ($\beta = 0.834$, $SE = 1.427$, $t = 2.407$, $p = 0.029$), indicating that differences in marital status contribute to variations in substance use behaviour. Occupation was similarly found to be a significant predictor ($\beta = 0.680$, $SE = 0.681$, $t = 2.466$, $p = 0.026$), highlighting the influence of employment or student status on substance use patterns. However, residence ($\beta = 0.264$), educational qualification ($\beta = 0.723$), and number of friends ($\beta = 0.682$) were not statistically significant predictors, as no corresponding p-values were reported, suggesting that these variables did not independently contribute to predicting psychoactive substance use in this study.

The regression model is statistically significant ($F(7,197) = 8.264$, $p < 0.001$), indicating that the predictors jointly explain a significant proportion of variance in psychoactive substance use among YPLWHIV/AIDS. Gender, marital status, and occupation were significant predictors. Age group, residence, educational qualification, and number of friends were not significant. The Durbin-Watson statistic (1.751) suggests no major auto-correlation issue in the residuals.

Discussion of Findings

The socio-demographic characteristics of the respondents in this study revealed that the majority were within the age range of 22–27 years, highlighting a unique focus on young adults rarely examined in previous literature. While Aguocha (2021) reported ages 18–29 as

the most represented and Idowu et al. (2023) found 15–19 years to be predominant, the present study emphasizes the early-to-late twenties as a critical period for understanding psychoactive substance use (PSU) among YPLWHIV/AIDS. Female respondents formed the majority, consistent with Koyejo et al. (2021), although Karino et al. (2023) observed a higher proportion of males, suggesting contextual or cultural differences influencing gender distributions. Most respondents were single, corroborating (Mafana et al. (2024), and had attained secondary education as their highest level, aligning with the findings of Idowu et al. (2023). This distribution provides a nuanced understanding of the demographic profiles most affected by PSU and underscores the importance of considering age, gender, marital status, and educational attainment in designing interventions.

The analysis of predictors of PSU indicated that gender, marital status, and occupation were significant factors influencing substance use among respondents. Gender differences were statistically meaningful, with male respondents exhibiting higher substance use, supporting findings by Mamaru-Melkam et al. (2023) and Tariku et al. (2020), who reported male predominance in PSU. Marital status was also a significant predictor, reflecting the vulnerability of single individuals to substance abuse due to factors such as loneliness, lack of social support, and psychosocial stress, consistent with Dawit et al. (2022) and Jatau et al. (2021). Occupation emerged as a meaningful predictor, aligning with Morawej et al. (2022) and Daniel et al. (2022), who found employed youth to have higher prevalence of substance use, possibly due to increased financial capacity, social networks, or occupational stress. These findings highlight the interplay of socio-demographic variables in shaping PSU behavior, suggesting targeted interventions should prioritize males, singles, and employed youth within the 22–27 age bracket.

In contrast, educational qualification, residence, and number of friends did not significantly predict PSU in this study. While previous studies, such as Tariku (2020), emphasized low educational attainment as a risk factor for substance use, this was not observed in the present sample, indicating that other socio-demographic factors may override educational effects in this population. Similarly, residence was not statistically significant, diverging from Dawit et al. (2022), suggesting that urban or rural contexts may have minimal impact when other factors like gender and marital status are considered. Peer influence, often highlighted as a strong predictor by Kabisa et al. (2021), and Mousali et al. (2021) was also not significant, indicating that familial, occupational, and individual demographic characteristics may exert stronger effects on PSU among YPLWHIV/AIDS in this setting. Collectively, these findings underscore the importance of demographic factors in shaping substance use patterns and provide a basis for designing context-specific interventions targeting the most vulnerable groups.

Conclusion

The findings of this study highlight that psychoactive substance use among young people living with HIV/AIDS is influenced by multiple demographic factors. The majority of respondents were young adults in their early to late twenties, predominantly female, single, and students residing in urban areas, with most having attained at least secondary education. Social and environmental exposures, including observing parental or idol substance use, parental conflict, and easy access to drugs, were also notable, suggesting that familial, social, and environmental contexts play important roles in shaping substance use behaviors. Patterns of substance use indicate that alcohol and tobacco are the most used substances,



followed by sedatives, stimulants, and other locally available psychoactive substances, whereas illicit drugs such as cocaine, hallucinogens, and opioids are less prevalent. This distribution reflects both the accessibility and social acceptability of different substances within this population.

Regression analysis demonstrated that gender, marital status, and occupation significantly predicted psychoactive substance use, indicating that being male, single, or engaged in certain occupational or student roles increases the likelihood of substance use among YPLWHIV/AIDS. In contrast, age group, residence, educational qualification, and number of friends were not significant predictors, suggesting that these factors do not independently influence substance use in this context. The model explained a moderate proportion of variance in substance use, emphasizing that while demographic factors are influential, other unmeasured psychosocial and environmental factors likely contribute to substance use behaviors. These findings underscore the complex interplay of demographic and contextual variables in shaping substance patterns among young people living with HIV/AIDS.

Recommendations

Based on these findings, it is recommended that:

1. Targeted interventions focus on demographic groups most at risk, including young adult males and single individuals, to provide tailored counseling and preventive strategies.
2. Healthcare providers should integrate substance use education and screening into routine HIV care, particularly for students and employed youth.
3. Family and community-based interventions should address environmental risk factors, including parental modeling and drug accessibility, to mitigate exposure.
4. Policies should support the creation of youth-friendly programs that promote healthy coping mechanisms, psychosocial support, and alternative recreational activities to reduce the reliance on psychoactive substances among young people living with HIV/AIDS.

References

- Abubakar, A. U., Abubakar, A. A., Sufiyan, M. B., Balogun, M. S., Awosan, K. J. & Shehu, A. U. (2021). Knowledge of health effects and determinants of psychoactive substance use among secondary school students in Sokoto Metropolis, Nigeria *Pan African Medical Journal (ISSN: 1937-8688)*.
- Akindipe, A. P. & Aina, J. O. (2021). Factors Influencing Substance Abuse among Patient admitted to the two Federal Neuro-Psychiatric Hospitals in the South-West of Nigeria. *African Journal of Health, Nursing and Midwifery* 4(2), 38-66.
- Akinlawon, Q. A., Emeghara, C. O., Asonye, C. C., Oladapo, O. R., & Emeghara, O. (2020). Psychosocial and Demographic Variables as Correlates of Patterns of Substance Abuse among in-Patients in Two Selected Neuro-Psychiatric Hospitals in South-West, Nigeria *Journal of Advances in Medicine and Medical Research JAMMR*, 32(21): 65-76, Article no. JAMMR.62416. 67.
- Agwuocha, C. M. & Nwefoh E (2021). Prevalence and correlates of substance use among undergraduates in a developing country. *Afri Health Sci.* 21(2). 875- 883.
- Castaldelli-Maia, J. M. & Bhugra, D. (2022). Analysis of global prevalence of mental and substance use disorders within countries: Focus on sociodemographic characteristics and income levels. *International Review of Psychiatry*, 34, 6–15.

- Dapap, D. D., Okpataku, C. I. & Audu, M. D. 2020. Use of psychoactive substances among patients presenting at the emergency department of a tertiary hospital. *Nigerian postgraduate medical journal*, doi;10: 4103/npmj.npmj 27(3), 230.
- Dawit, S., Qian, D., Ebisa, T., Ginenus, F., Bikila, R., Feyisa, S. & Abdul, A. (2022). Psychoactive substance uses among people living with HIV/AIDS in Western Ethiopia: A multi-centered facility-based cross-sectional study. *Journal of Substance Use*, DOI:10.1080/1465989.
- de la Torre-Luque A, Ozeylem F. & Essau C. A. (2021). Prevalence of addictive behaviours among adolescents from 73 low and middle-income countries. *Addict Behav. Rep.* 14, 100387.
- Johnson, S. M., Chin, T., Rayment, M., Giacomelli, A., Fidler, S., & Judd, A. (2024). Hospitalisation rates for youth living with perinatally acquired HIV in England: A national cohort analysis of adolescents and adults aged 10–35 years. *PLoS ONE*, 19(6), e0310012.
- Karino, K., Ambikile, J. S. and Iseselo, M. K. (2023). Prevalence of substance use and associated factors among patients with mental illness at Muhimbili National Hospital, Dar es Salaam, Tanzania. doi: <https://doi.org/10.1101/.01.11.23284422>;
- Kabisa, E., Biracyaza, E., Habagusenga, J. D. & Umubyeyi, A. (2021). Determinants and prevalence of relapse among patients with substance use disorders: Case of Icyizere Psychotherapeutic Centre. *Substance Abuse Treatment, Prevention, and Policy*, 16, 13.
- Koyejo, O. M. & Gbiri, C. A. (2021). Psychoactive substance use among people living with HIV/AIDS in a tertiary health care centre in South West Nigeria.
- Liu, C., Ma, Y.L., Liu, X.H., Duan, Y.-R., Liu, P.I., Wang, X. & Yin, P. (2021). Sociodemographic Factors Associated with HIV/HCV High-Risk Behaviors among People Who Use Drugs on Methadone Maintenance Treatment: A 10-Year Observational Study. *Front. Psychiatry* 12:707257. doi: 10.3389/fpsyt.2021.707257.
- Mafana, P. O., Onah, C. E., Okeke, G. O., Ogbodo, E. C, Olua, S. E. & Ihim A. C. (2024). Prevalence of Drug Abuse and Related Factors amongst Undergraduate University Students. *Trop J Med Res.* :23(1);47-56. 10.5281/zenodo.13624423
- Mamaru-Melkam, Tesfaye, S., Girum, Nakie., Goshu, Nenko, & Demeke, D. (2023). Substance use and associated factors among high school students in Northwest Ethiopia. *Pan African Medical Journal*: 44(162). 10.11604/pamj.44.162.35168 <https://www.panafrican-med-journal.com//content/article/44/162/full>.
- Mekuria, M., Girma, T., Birhanu, A. & Mergarsa, A. (2019). Assessment of Substance Abuse and Associated Factors among Secondary School Students in Ambo Town, Ethiopia, *J Addict Res Ther.* 10: 383.
- Morawej, Z., Nyundo, A., Kinyaga, A., Kirway, V., Kagoye S...& Nakasujja, N. (2022). Prevalence and factors associated with substance use among HIV positive youth attending HIV care and treatment centers in Dodoma, Tanzania. *AIDS Research and Therapy* 19, 65 <https://doi.org/10.1186/s12981-022-00485>.
- Mousali, A. A., Bashirian, S., Barati, M., Mohammadi, Y., Moeini, B., Moradveisi, L., & Sharma, M. (2021). Factors affecting substance use relapse among Iranian addicts. *Journal of Education Health Promotion*, 10, 129.
- Mwiinde, A. M., Gumede-Mandlwana, N., Floor-Schreudering, A., Manda, S., Chirwa, G. C., & Okori, W. (2024). Determinants of COVID-19 vaccine acceptance and hesitancy

- among adolescents and youths aged 10–35 years in sub-Saharan African countries: A systematic review and meta-analysis. *PLoS ONE*, 19(3), e0301438.
- Nagy, N. E. S., Ella, E. I. A., Shorab, E. M., Moneam, M. H. & Tohamy, A. A. (2022). Assessment of addiction management program and predictors of relapse among inpatients of the Psychiatric Institute at Ain Shams University Hospital. *Middle East Current Psychiatry*, 29, 80.
- Obarisiagbon, E. & Ajayi, B. (2019). Illicit use of drugs and its implications on youth restiveness and criminality in Benin City. *Anglisticum Journal*; 8(3):1.
- Ogunjobi, A.O., Falemu, F.A., Gbenga-Epebinu, M.A & Olofin, S.O (2023). Impact of Mother-Child Relationship on Moral Behaviour of Secondary School Science Students in South West, Nigeria. *International Journal of Health and Psychology Research*, 11(1), 34-45. DOI: <https://doi.org/10.37745/ijhpr.13/vol11no1pp.34-45>.
- Olawole-Isaac, A., Ogundipe, O., Amoo, E. O. & Adeloye, D. (2018). Substance use among adolescents in sub-saharan Africa: a systematic review and meta-analysis. *South Afr J Child Health*. 12(2 Suppl 1):79–S84
- Santhakumar, A., David, J. K., Nagaraj, J., Mathiyazhakan, M., Ganesh, B. &..... Elangovan, A. (2023). Socio-demographic and behavioural determinants of HIV prevalence among homosexual and bisexual men having sex with men (MSM) in India: Integrated bio-behavioural surveillance. *Afri Health Sci.*, 23(2), 67-80. <https://dx.doi.org/10.4314/ahs.v23i2.8>
- Ssekamate, T., Nalugya, A., Mugambe R., Wagaba, B., Nakalembe, & Buregyeya, E. (2023). Prevalence and predictors of sex under the influence of psychoactive substance among young people in informal settlements in Kampala, Uganda. *BMC Public Health* 23, 801
- Tariku, T. (2020). Psychoactive substance: Determining its harmful and dependent use patterns and associated level of risks among high school students in Afar region, Ethiopia. *Journal of Public Health and Epidemiology* Vol. 12(1), pp. 22-29. DOI: [10.5897/JPHE2019.1169](https://doi.org/10.5897/JPHE2019.1169). ISSN 2141-2316
- United Nations Office on Drugs and Crime [UNODC], 2022. *World Drug Report* (United Nations publication). ISBN: 9789211483758; ISBN: 9789210019545
- United Nations Office on Drugs and Crime, (2023). Drug use in Nigeria., Available at: *Drug Use Survey Nigeria*.
- Wigle, J. M., Chilanga, E., Chikoti, L., Phiri, S., & Watkins, K. (2022). Participation of young women in sexual and reproductive health decision-making in Malawi: Local realities versus global rhetoric. *PLOS Global Public Health*, 2(11), e0000833.
- World Health Organization, (WHO), 2018. The Global Burden. Geneva: World Health Organization.

Cite this article:

Author(s), AYENI, Bamidele Abiodun, MANEMA, Festus Folorusho, SALAMI, Taiwo-Felix, ODEKUOYE, Funminiyi Jacob, (2026). “Demographic Predictors of Psychoactive Substance Use among Young People Living with HIV/AIDS (YPLWHIV/AIDS) in a Tertiary Health Institution in Ekiti State”, Journal: International Journal of Medicine, Nursing and Health Sciences (IJMNHS), P, 38- 50. **DOI:** www.doi.org/10.5281/zenodo.18869074 , **Issue:** 1, Vol.: 7, Article: 2, **Month:** February, Year: 2026. Retrieved from <https://www.ijmnhs.com/all-issues/>

Published By



AND

ThoughtWares Consulting & Multi Services International ([TWCMSI](http://www.twcmsi.com))

