

Alcohol Consumption among Students at Lédea Bernard Ouédraogo University: Prevalence and Associated Factors

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How to cite this paper Ouattara, Z.D., Hien, S., Zoungrana, S.L., Santi, S., Darga, I., Sanné, Z.S., Sawadogo, N., Koura, M. and Sawadogo, A. (2026) Alcohol Consumption among Students at Lédea Bernard Ouédraogo University: Prevalence and Associated Factors. *Open Journal of Epidemiology*, 16, 201-215.

<https://doi.org/10.4236/ojepi.2026.161015>

Received: February 7, 2026

Accepted: February 25, 2026

Published: February 28, 2026

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Abstract

Background: Excessive alcohol intake is a major global health concern with well-documented adverse consequences. It affects diverse population groups, including university students, who represent a particularly vulnerable population. In Burkina Faso, little is known about this issue. This study aimed to assess the prevalence and patterns of alcohol consumption and to identify associated factors among students at ULBO. **Methods:** A cross-sectional, descriptive, and analytical survey was conducted at ULBO between April 1 and June 30, 2024. Data were collected using two validated tools: the AUDIT-C and the DETA questionnaires. **Results:** The mean age of respondents was 21.43 years, with a male-to-female ratio of 2.03. Muslims accounted for 59.6% of participants, while 23.5% identified as Catholic. Among the 230 students surveyed, 20% reported alcohol consumption. According to the AUDIT-C, 34.8% of drinkers exhibited hazardous use, while the DETA identified 60.8% at risk. Religion and family history of alcohol use were significantly associated with drinking, whereas no significant association was observed with male gender. **Conclusion:** Although the prevalence of alcohol use among ULBO students was lower than that reported in many African universities, one in five students still consumed alcohol, highlighting a public health challenge. Preventive actions targeting this young population group are needed to safeguard the health of the nation's future workforce.

Keywords

Alcohol, Students, Risk Factors, AUDIT-C, DETA Questionnaire,

1. Introduction

Alcohol is a psychoactive substance with the potential to induce dependence [1]. Its consumption carries multiple cultural meanings and, in some African societies, is embedded within traditions and rituals [2]. According to the World Health Organization (WHO), alcohol was responsible for an estimated 2.6 million deaths in 2019, representing 4.7% of global mortality [2].

Alcohol consumption can be quantified in grams per day or per week [3] [4]. In addition to direct measurement, several standardized screening instruments are available to detect hazardous or problematic use [5]-[8]. These instruments were subsequently cross-compared [9]-[11]. Among these, the Alcohol Use Disorder Identification Test (AUDIT), developed by Saunders *et al.* [8], and the DETA questionnaire (Decrease, Entourage, Too much, Alcohol) [6] are widely used. The AUDIT-C, a shorter version of the AUDIT, was designed for rapid screening [12].

Problematic alcohol use is a concern across all social groups, including university students [1]. In Paris, a study reported that 80.2% of students consumed alcohol [13]. In North Africa, prevalence rates ranged from 15.1% among Tunisian students [13] to 17.5% in Morocco [1]. In Cameroon, a multicenter study across three universities reported a prevalence of 87.9% [14]. In Burkina Faso, data are scarce, with school-based surveys estimating prevalence at 32% in Ouagadougou [15] and 45.5% in Bobo-Dioulasso [16]. However, studies specifically targeting university students remain lacking.

Ouahigouya, a northern city of Burkina Faso experiencing significant security challenges, has hosted Léde Bernard Ouédraogo University (ULBO) since 2010. ULBO includes three academic divisions: the Faculty of Medicine (UFR/SS), the Faculty of Science and Technology (UFR/ST), and the Institute for Professional Training (IFPM). Various factors—including socioeconomic difficulties, academic stress, insecurity, and peer influence—may predispose students to early initiation and risky alcohol consumption. To date, no study has documented this issue locally. This research, the first of its kind in the region, aimed to assess the prevalence, patterns, and determinants of alcohol use among ULBO students.

2. Methods

We carried out a descriptive and analytical cross-sectional study at Léde Bernard Ouédraogo University (ULBO) between April 1 and June 30, 2024.

Study Objective

The main aim was to assess alcohol consumption among students. More specifically, the study sought to determine the prevalence of hazardous drinking using the AUDIT-C and DETA questionnaires and to identify factors associated with alcohol use.

Sampling Strategy

The required sample size was estimated with the formula:

$$n = \left[\text{DEFF} \times N \times p(1-p) \right] / \left[\left(d^2 / Z_1^2 - \alpha / 2 \times (N-1) + p(1-p) \right) \right]$$

Assuming an estimated prevalence of 10% of excessive alcohol consumers [17], a 99% confidence level, and an acceptable margin of error, the calculated sample size was 239 students.

However, due to abstention or refusal by students to participate using a random sampling approach, a non-probability convenience sampling method was adopted through direct contact with students on campus, up to the calculated sample size. The calculated margin of error is therefore theoretical.

The target population consisted of students regularly enrolled in one of the ULBO training units. Inclusion criteria were: students enrolled in one of the faculties (UFR), at the undergraduate level, who provided informed consent to participate in the study.

Data Collection

Data were gathered through self-administered, anonymous questionnaires distributed across the different academic units. The instruments included:

- The AUDIT-C questionnaire,
- The DETA questionnaire,
- Classification criteria proposed by the French Society of Addictology (SFA) to categorize patterns of alcohol use.

Data Management and Analysis

Data were entered and analyzed using Microsoft Word® 2019 and EPI-INFO® version 7.2.5.0.

Ethical Considerations

Permission to conduct the study was obtained from university authorities. Participation was voluntary, with prior informed consent. Confidentiality and anonymity of all respondents were ensured throughout the study.

3. Results

Study Population

Of the 3728 students enrolled at ULBO, 240 were initially recruited. Among them, 6 declined to participate and 4 questionnaires were incomplete, leaving a final sample of 230 respondents.

Sociodemographic Profile

- Level of study: The majority (53%) were in their third year of undergraduate training (Licence 3).
- Age: Mean age was 21.4 years (range: 17 - 23 years).
- Sex: Males accounted for 67% of participants.
- Religion: Muslims represented the largest group (59.6%), followed by Catholics (23.5%).

A detailed distribution of participants' sociodemographic characteristics is presented in **Table 1**.

Table 1. Summary of students' sociodemographic data.

Education Level	Number	Percentage (%)
Bachelor's Year 1	59	25.65
Bachelor's Year 2	49	21.30
Bachelor's Year 3	122	53.04
Training Institution	Number	Percentage (%)
UFR of Health Sciences (UFR/SS)	128	55.6
UFR of Science and Technology (UFR/ST)	66	28.7
Institute for Professional Training (IFPM)	36	15.7
Religion	Number	Percentage (%)
Muslim	137	59.6
Catholic	54	23.5
Protestant	30	13.0
Traditional religion	8	3.5
Other	1	0.4
Place of Origin	Number	Percentage (%)
Rural	109	47.4
Urban	121	52.6
Scholarship Status	Number	Percentage (%)
Yes	26	11.3
No	204	88.7
Socioeconomic Level	Number	Percentage (%)
Low	78	34.0
Moderate	150	65.2
High	1	0.4
Not reported	1	0.4
Type of Housing	Number	Percentage (%)
Lives with other students	83	36.1
Lives alone	78	33.9
Lives with parents	43	18.7
Lives with a guardian	26	11.3

Continued

Orphan Status		Number	Percentage (%)
Not orphaned		195	84.8
Paternal orphan		21	9.1
Double orphan		9	3.9
Maternal orphan		5	2.2
Family History of Alcohol Consumption		Number	Percentage (%)
Yes		44	19.1
No		186	80.9
Marital Status	Without Children	With Children	Percentage (%)
Single	201	4	89.2
In a relationship	16	2	7.8
Married	5	2	3.0

Prevalence of Alcohol Consumption

Among the 230 students who completed the survey, 46 reported alcohol use, corresponding to a prevalence of 20%.

Types of beverages consumed: Beer was the most frequently consumed drink (76.1% of users), followed by wine (10.9%), *dolo* or traditional millet beer (8.7%), and other alcoholic beverages (4.4%).

Risky drinking patterns: Based on the AUDIT-C tool, 34.8% of drinkers demonstrated hazardous drinking behavior. Although male gender appeared to be more frequently associated with risky alcohol use, the association did not reach statistical significance. **Table 2** summarizes the results of the AUDIT_C questionnaire.

Table 2. AUDIT-C questionnaire results by gender.

AUDIT-C Risk Level	Male	Female	Total (%)
High-risk or probable problematic consumption	10	0	10 (21.74%)
Low-risk or no-risk consumption	21	9	30 (65.22%)
Moderate-risk consumption	2	4	6 (13.04%)

Chi-squared = 9.77; p = 0.0017.

Based on the CAGE (DETA) questionnaire, 60.8% of respondents were identified as engaging in risky alcohol use. **Table 3** presents the distribution of DETA

scores according to gender.

Table 3. CAGE questionnaire results by gender.

CAGE Total Score	Male	Female	Total (%)
0	123	63	186 (80.87%)
1	9	7	16 (6.96%)
2	15	4	19 (8.26%)
3	4	2	6 (2.61%)
4	3	0	3 (1.30%)

Reasons for alcohol consumption among students

Table 4 summarizes the reasons for alcohol consumption reported by students.

Table 4. Distribution of motivations for alcohol consumption among students.

Motivation for Consumption	Frequency (n)	Percentage (%)
Enhancement (To feel good)	8	17.39
Stress regulation/Anger management	2	4.35
Coping mechanism (To forget worries)	3	6.52
Social celebration	18	39.13
Gustatory preference (For the taste)	7	15.22
Social recreational use	8	17.39
Total	46	100.00

Factors Associated with Alcohol Consumption

In the multivariate analysis, only two factors remained significantly associated with alcohol consumption.

Bivariate analysis revealed two variables that were significantly associated with alcohol use:

- Religion;
- Family history of alcohol consumption.

A summary of the sociodemographic variables examined and their statistical relationship with alcohol use is provided in **Table 5**.

Table 5. Distribution of sociodemographic characteristics according to alcohol consumption.

Characteristic	Alcohol Users n (%)	Non-Users n (%)	p-value
Gender			0.278
Male	33 (21.43%)	121 (78.57%)	
Female	13 (17.11%)	63 (82.89%)	
Religion			0.000
Muslim	8 (5.84%)	129 (94.16%)	
Catholic	21 (38.89%)	33 (61.11%)	
Protestant	12 (40%)	18 (60%)	
Traditional religion	4 (50%)	4 (50%)	
Other	1 (100%)	0	
Place of Origin			0.069
Rural	16 (14.68%)	93 (85.32%)	
Urban	30 (24.79%)	91 (75.21%)	
Scholarship Status			0.072
Yes	2 (7.69%)	24 (92.31%)	
No	44 (21.57%)	160 (78.43%)	
Academic Unit			0.923
UFR/SS	27 (21.09%)	101 (78.91%)	
UFR/ST	12 (18.18%)	54 (81.82%)	
IFPM	7 (19.44%)	29 (80.56%)	
Year of Study			0.175
Year 1	7 (11.86%)	52 (88.14%)	
Year 2	10 (20.41%)	39 (79.59%)	
Year 3	29 (23.77%)	93 (76.23%)	
Socioeconomic Level			0.369
Low	16 (20.51%)	62 (79.49%)	
Moderate	29 (19.33%)	121 (80.67%)	
High	0	1 (100%)	
Not specified	1 (100%)	0	

Continued

Housing Situation			0.198
Living with other students	20 (24.10%)	63 (75.90%)	
Living alone	18 (23.08%)	60 (76.92%)	
Living with parents	6 (13.95%)	37 (86.05%)	
Living with a guardian	2 (7.69%)	24 (92.31%)	
Family history of alcohol use			0.000
Yes	29 (65.91%)	15 (34.09%)	
No	17 (9.14%)	169 (90.86%)	
Orphan status			0.066
Yes	11 (31.43%)	24 (68.57%)	
No	35 (17.95%)	160 (82.05%)	

4. Discussion**Study Limitations**

Despite careful planning, this study presents several methodological constraints. Although the sample size (239 students) was calculated to achieve representativeness, the use of a non-probability sampling technique may have introduced selection bias. Data collection relied on self-administered questionnaires, making the results susceptible to social desirability bias. The study was conducted over a relatively short period (April-June 2024), which did not allow assessment of potential seasonal variations in alcohol use. Finally, given the cultural and religious sensitivities surrounding alcohol in Burkina Faso, some students may have underreported or refrained from disclosing their consumption habits. Consequently, the findings may underestimate the true extent of alcohol use among ULBO students.

Characteristics of the Study Population

The mean age of participants was 21.4 years (range: 17 - 27 years), which is consistent with reports from Ntone *et al.* in Cameroon (22 years) [14] and Abdelaziz *et al.* in Tunisia (University of Monastir, 2018) [18]. In our cohort, the prevalence of alcohol consumption was 20%, which is considerably lower than levels reported in other contexts: 83.2% in Cameroon [14], 60.7% in southern Ethiopia [19], 80.2% in France [13], and 65% in Italy [20]. These differences are likely related to cultural, religious, and socioeconomic factors. According to national statistics (INSD) [21], the northern region of Burkina Faso is predominantly Muslim and economically disadvantaged, both of which are known to limit alcohol consumption.

Prevalence of Risky Alcohol Use

Two validated screening tools, the AUDIT-C and CAGE (DETA) question-

naires, were used to detect hazardous drinking. These instruments have been widely applied in student populations and are recognized for their simplicity and effectiveness in identifying alcohol-related problems [22]-[25].

In our sample:

- 34.8% of drinkers met the criteria for risky alcohol use according to AUDIT-C, with higher proportions among males.
- 60.8% of drinkers were identified as at risk by the DETA questionnaire.

This discrepancy reflects differences in the sensitivity and specificity of the two tools [17] [26], though both remain useful for rapid screening. AUDIT-C results indicated that 76.1% of users were low- or no-risk drinkers, 13.0% were moderate-risk, and 10.9% were classified as high-risk consumers. Although the majority of students reported moderate alcohol use, a substantial minority displayed hazardous drinking patterns or signs suggestive of dependence.

International comparisons highlight both similarities and contrasts. In China, Chow *et al.* reported 8.7% risky use by AUDIT-C and 7.8% by DETA [27], while Herrero-Montes *et al.* in Spain found 42.6% risky drinking with the AUDIT-C [28].

However, the discrepancy between the AUDIT-C and CAGE (DETA) tools is significant. Comparative research regarding alcohol consumption screening instruments remains scarce in Africa; indeed, a PubMed search covering the last decade yielded no studies on this specific topic. Ouattara *et al.* [29], in a comparative study of the full AUDIT and CAGE questionnaires based on WHO standards, reported that the full AUDIT exhibited higher sensitivity (84%) compared to the CAGE questionnaire (64%). As that study did not utilize the AUDIT-C, it is currently impossible to determine which of the two instruments holds greater validity within our specific context. Nevertheless, it can be hypothesized that these two questionnaires serve complementary objectives: the AUDIT-C is designed for rapid screening and assessment of alcohol intake quantity, whereas the CAGE questionnaire focuses on behavioral patterns and alcohol misuse.

Contextual Considerations

The relatively lower prevalence of alcohol use observed in our study appears to be influenced by several local factors:

- The predominance of Islam in the region, where alcohol is prohibited.
- Limited socioeconomic resources, restricting access to alcoholic beverages.

Conversely, other contextual elements may contribute to alcohol use among students, including:

- The proliferation of drinking establishments in urban centers.
- Weak regulation of alcohol sales, particularly the absence of age restrictions.
- Cultural and religious ceremonies, during which alcohol is often consumed in large quantities (e.g., funerals, traditional rituals, and Christian festivities).

Factors Associated with Alcohol Consumption

Gender Differences

Among students who reported alcohol use, 21.43% were men and 17.11% were women, with no statistically significant difference ($p = 0.278$). This distribution likely reflects both culturally shaped behaviors and social norms in our context.

Similar patterns have been documented elsewhere:

- In Cameroon, Ntone *et al.* [14] observed that alcohol consumption was predominantly male (70%).
- In Tunisia, Zedini *et al.* [1] reported a male-to-female ratio greater than 1.5, with 76% of consumers being men.
- In Western universities (e.g., the US and Europe), Wilsnack *et al.* [30] noted that while men generally consume more alcohol than women, the gap is narrowing due to evolving gender roles and greater equality.

In many African societies, drinking is socially accepted for men but often stigmatized for women [31]. Men are more frequently in social settings that promote alcohol use, such as parties or peer gatherings, whereas societal expectations may lead women to underreport consumption or drink privately [32]. The lack of statistical significance in our study may suggest a trend toward more balanced alcohol consumption between genders, possibly reflecting increasing use among female students. Prior research has consistently linked male gender with higher alcohol use [16] [17], highlighting the need to monitor female drinking patterns in future studies.

Living Arrangements

- 36.09% of students lived in shared accommodation, which may facilitate social interactions and peer influence, leading to collective drinking.
- 33.91% lived alone, potentially seeking independence but also at risk of solitary alcohol use due to isolation.
- 18.70% resided with parents, and 11.30% with a guardian, environments that may provide oversight and reduce risky behaviors.

Borsari and Carey [33] demonstrated that students in dormitories or shared housing are more likely to engage in risky drinking due to normalization of alcohol use. Crawford and Novak [34] also found that students living alone tend to consume more alcohol to cope with stress, whereas those living with family drink less due to supervision.

Marital Status

In our study, 204 students (89.13%) were single, 5 of whom had children. Students in a relationship accounted for 7.83%, while married students represented 3.04%. Students in a relationship may be subject to specific emotional pressures. In addition to affective concerns, married students or those with children must manage family and financial responsibilities likely to induce stress. In our study, the limited sample size of married students and those with children resulted in insufficient statistical power to establish significant correlations or draw definitive conclusions regarding these subgroups.

Nevertheless, a review of the literature, notably the work of Dizon [34] and Freire *et al.* [35], suggests that single students—being less exposed to immediate family responsibilities—had greater academic availability but were more involved in social activities conducive to alcohol consumption. Conversely, students in a relationship or married might benefit from protective emotional support, yet they

also face additional pressures that could foster compensatory behaviors, such as the use of psychoactive substances. Bistricean *et al.* [36] emphasized that these students face unique challenges, including cultural and financial expectations, which may affect their mental health, academic performance, and consumption habit.

Religion

Religious affiliation was significantly associated with alcohol use. Muslim students reported the lowest consumption (7.69%), reflecting Islamic prohibitions and strong community norms, whereas Christian students showed higher consumption (33.33%), likely influenced by social and religious practices that tolerate moderate drinking.

Socio-Economic Status

- Students from modest-income backgrounds: 22% consumed alcohol.
- Students from underprivileged backgrounds: 16.7%.
- No alcohol use was reported among students from affluent families.

Students with modest means may have sufficient resources for alcohol while facing academic and social pressures. Underprivileged students often experience stress but are constrained financially, and affluent students may abstain due to parental monitoring or social expectations.

Field of Study

Students in the Faculty of Health Sciences (UFR/SS) had the highest proportion of alcohol users (58.7%) compared to 41.3% in other faculties. Freire *et al.* in Brazil reported that 85% of medical students consumed alcohol [37], potentially due to high academic workload, stress, and a distinctive professional culture in health sciences.

Family History of Alcohol Use

- 93% of students reported no family history of alcohol use.
- 7% reported a positive family history, showing a strong association with alcohol consumption ($p < 0.0000001$).

A permissive family environment may encourage drinking behaviors, while abstinent households likely instill protective norms.

In the introduction, we hypothesized that insecurity serves as both a stress factor and a driver of alcohol consumption. However, our analysis of students' motivations revealed that insecurity was not cited by the participants. While "worries" or personal concerns were mentioned by 6.5% of respondents, no explicit reference was made to insecurity. Ultimately, alcohol consumption among these students remains primarily social and festive, aligning with global trends observed in youth populations.

5. Conclusions

Alcohol consumption among students at the Université Bernard-Lédée Ouédraogo constitutes a multidimensional issue, combining cultural, social, and individual influences. This study has established a situational assessment, highlighting a high

prevalence of alcohol consumption, risky behaviors, and their underlying factors. This situation must not be overlooked, as it directly impacts human capital—an essential driver of sustainable development. Addressing the harms of university-based alcohol consumption is a challenge that requires collective mobilization. Among modifiable factors, alcohol consumption within the family is a key correlate; consequently, parent-targeted awareness initiatives are necessary to address this factor.

Primary prevention strategies should prioritize screening for excessive alcohol consumption within the population. Awareness-raising messages and Behavior Change Communication (BCC) represent essential initial measures. Secondary prevention could be achieved through the management of screened cases within the general population. This management would require the implementation of addiction centers specialized in the clinical care of these cases.

Conflicts of Interest

The authors declare no conflicts of interest regarding the publication of this paper.

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