

FAMILY DYSFUNCTION AND PERCEIVED PEER PRESSURE AS PREDICTORS OF SUBSTANCE USE AMONG IN-SCHOOL-ADOLESCENTS IN IBADAN, NIGERIA.

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ABSTRACT

Substance use has been found to be a major public health concern globally with serious psycho-social problems especially among in-school adolescents in Nigeria. The study therefore establishes how family dysfunction and perceived peer-pressure influenced substance use among in-school adolescents in Ibadan, Nigeria.

This research adopted a cross sectional research design and data was collected using questionnaire from a sample size of 1,069(Females 547, Males-522) respondents. The settings of the (Lagelu and Ibadan North East Local Government, Ibadan) were selected through purposive sampling while the secondary schools and participants' selection were achieved through simple random sampling technique. Three multidimensional scales were adopted in the study and were further developed into a self-reported questionnaire. The scales are: Alcohol, Smoking, Substance Involvement Screening Test (ASSIST), Perceived Peer Pressure Scale and The Brief Measure of The Relationship Dimension in Family Functioning. Three hypotheses were developed and tested in the study.

The results showed that peer pressure had significant influence on substance use behaviour among in-school adolescents [$t(1067) = 15.41; p < .01$]. Further, in-school adolescents with high peer pressure reported significantly higher on substance use behaviour (Mean = 43.38; SD = 8.29) compared to those with low level of peer pressure (Mean = 34.62; SD = 7.44). Moreover, family dysfunction had significant influence on substance use behaviour among in-school adolescents [$t(1067) = 23.71; p < .01$]. Further, in-school adolescents with high family dysfunction reported higher on substance use behaviour (Mean = 45.15; SD = 7.40) compared to those with low level of family dysfunction (Mean = 34.10; SD = 6.29). It is also shown that peer pressure and family dysfunction were significant joint predictors of substance use behaviour [$R = .90; R^2 = .81; F(2, 1066) = 1618.01; p < .01$]. Collectively, peer pressure and family dysfunction accounted for about 81% variance in substance use behaviour. However, only family dysfunction had independent influence on substance use behaviour [$\beta = .87; t = 38.13; p < .01$].

This study concluded that family dysfunction and perceived peer pressure significantly predicted substance use. Based on the results of this study, it was therefore recommended that parental monitoring should be put in place by the parents of in-school adolescents. By knowing their adolescents' friends. This will engender parents to detect any of their adolescents who could be under peer influence of substance use. Parents are also encouraged to ensure positive parent-adolescents relationship within the family from time to time which fosters connectedness, good communication skills and cordial relationships.

Keywords: Substance Use, family Dysfunction, Peer Pressure, In-school, Adolescents

INTRODUCTION

The use of substances and illicit drugs have been reported to create in-school adolescents' problem behavior and health issues (United Nations Office on Drugs and Crime (UNODC, 2021; Banzer et al.2017). Examples of these substances could be alcohol mixture, schushi, colorado, gutter dirts, petrol, soaked tyre amongst others, (NDLEA, 2022). Substance use nowadays could be seen as a pandemic in adolescents' world due to its common use. It is also often taken as status symbol and adolescents who are not using substances are mostly regarded to as non- belonging to a particular group. This is harmful to their health and has become societal concern which calls for urgent attention. World Health Organization (2016).

Adolescence can be viewed as a developmental stage during which young adults begin to understand who they are in relation to others. Adolescents' perceptions of themselves are influenced by physical, behavioral, and cognitive changes. Additionally, it is characterized by a high level of psychological vulnerabilities that may lead to sensation-seeking and risk-taking, both of which are frequently correlated with the engagement in dangerous or transgressive activities like substance use (Steinberg 2008).

Statistics reported on substance use among adolescents have been on the increase. In a research conducted by Tice,(2017) among some students in United States, they compared substance use between 12th grade students and 12th grade aged dropouts, it was gathered that, from 2002 to 2014, approximately one out of nine adolescents aged 16 to 18 years dropped out of school. It was also recorded that, substance use behavior was more common among 12th grade aged dropouts than the ones who are still in school. Their findings also revealed that, adolescents who dropped out were recorded to have used cigarettes (55.9% vs. 20.2%), alcohol (41.1% vs. 33.7%), binge drink (31.8% vs. 22.1%), use illicit drugs (31.4% vs. 18.1%), marijuana (27.5% vs. 15.6%), and use prescription-type drugs nonmedically (9.5% vs. 4.6%).

In Africa, which is made up of developing nations, substance misuse and drug use have also recently been a concern. In south western Nigeria's rural and urban communities, 567 secondary school students were studied by Fatoye and Marakinyo (2002) on drug addiction. Salicylate analgesics were found to be the most often abused medications (48.7%), followed by stimulants (20.9%), antibiotics (16.6%), alcohol (13.4%), hypnotic sedatives (8.9%), and cigarettes (3.0%). Males and students in remote schools had significantly higher rates of both present and lifetime alcohol and cigarette use. Their study also showed that majority of the students began using drugs when they were quite young (under 14 years old).

A study confirms that substance use is very common in Nigeria, with different prevalence rates for both general and specialized drug abuse (Abdulkarim, Mokuolu, and Adeniyi, 2005). According to Ladan's research for the NDLEA reports from 2018, those who use drugs in North Western Nigeria began doing so as early as adolescence. He also provided prevalence data for Kaduna, which showed that 60 to 70 percent of teenagers enrolled in schools used drugs. In Zamfara, the prevalence of adolescents' drug usage skyrocketed in 2018, which is also why 41 of them lost their sanity. (NDLEA, 2018).

Adolescents often behave aggressively to achieve their autonomy and self-identity from the family system. (Piko & Balázs, 2012; World Health Organization 2011). They may develop habits of behavior and communication involving delinquency and substance use. Numerous studies conducted in Europe, the United States, South America, Africa, and Asia have stressed the significance of the family system and parenting in this regard.

They all drew their own conclusions regarding the significant influence of parental support and parenting style, parental drinking, and parental incarceration on the youth's antisocial and illegal behavior, as well as substance usage. (Piko B, Balázs 2012; Thomas McLellan &, Perera 2013). As the key institution for fostering connection, nurturing, and socialization in society, the family. Attention must be paid to the effects that substance addiction has both on the family as a whole and on individual family members. Zimic and Jackic (2012) make this claim.

According to Lander et al. (2013), family members are impacted by a loved one's substance abuse in different ways, including but not limited to having unmet developmental needs, impaired attachment, financial hardship, legal issues, emotional distress, and occasionally perpetrating violence. The way a family handles its addiction problem has a significant impact on how others perceive it, as well as how severe and long-lasting the issue is. In households where substance misuse is common, the emotional reactions of family members deteriorate as the disease progresses. Families frequently struggle with a great deal of stress-related issues, such as sadness, anxiety, and insomnia. (Templeton et al. (2007).

Orford et al. (2010) also reported that there is family betrayal, animosity, and suicide thoughts present. The entire family, including not only the substance abuser but also the other family members, is said to be affected by addiction. Therefore, it is believed that substance misuse is a "family disease" that affects most, if not all, members of the family. (Klostermann & O'Farrell,

2013). Functional family roles are frequently absent or misrepresented in families when there is substance abuse (Gruber & Taylor, 2006). Vernig (2011) asserts that in addition to dealing with the consequences of substance misuse, family members actively contribute to this pattern of behavior. Recognizing or dealing with a child's drug usage is a complicated challenge for any parent. According to some researches, families were horrified to learn that one or more of their children used drugs; when parents compared their experiences to "being in hell" Barnard's (2005; Walker, 2018). According to research by Jackson et al. (2007), an adolescent's substance addiction had a major impact on family functioning, affected every member of the immediate family, and brought to light every facet of family life. It was also demanding, overwhelming, and extremely stressful for parents.

According to Swartbooi (2013), Bowen's family theory asserts that the family is a system made up of separate individuals who can only be understood in relation to their larger system, which contends that one cannot be fully comprehended in isolation from one's surroundings. Bowen's family theory is relevant to the modifications and accommodations that families make to maintain a feeling of normalcy in the face of substance abuse. This theory also emphasizes the significance of emotional connections and functional roles within families. Each family member fills a specific position, such as "father or brother, and have a significant impact on the thoughts, feelings, and behaviors of their family members. Whereas, if these are absent, a dysfunctional family can emerge. Moreover, adolescents who have strict parents have been found to be less likely to start drinking heavily. They exhibit greater fortitude, self-esteem, and psychological adaptability. Furthermore, a careless parenting style reduces children's ability to self-regulate, which can lead to problems with adaptation and functionality that are linked to behavioral issues or social competence (Van der & Watt, 2014). Moreover, authoritative parenting is negatively related to alcohol use even when adolescents have friends who drink (Bahr & Hoffmann, 2010)

Adolescents' substance usage is heavily influenced by peer pressure. This can be as a result of peer pressure, the allure of fame, and the accessibility of several substances like alcohol, tobacco, and other drugs, which make teenagers ideal targets. Therefore, drug usage is a problem that affects many in-school adolescents (Lida et.al, 2021). Due to pressure of peers, they become open to drug experimentation. Some also reported to use substance as a means of combating depression. Breakups and failed relationships are other key factors in young people using drugs. Unwanted occurrences and rejection by peers can also make them lose confidence, which might lead to drug usage. To retain their standing among their friends, young individuals from the upper classes of society use alcohol and other drugs (Shafiq, 2008).

The use of alcohol by college students was found to be positively connected with both their opinions of their friends' drinking and the drinking themselves. College students who drink significantly frequently reported that their peers also engage in heavy drinking. High-risk drinkers are actually consuming more alcohol than is typical for their peer group, according to interventions for college students in which they are provided feedback about how much they are drinking in relation to peers of the same gender and age (Olatuwara & Odejide, 2011). According to Monica, Skewes, Vivian & Gonzalez (2013). Normative feedback interventions also show that heavy drinkers exaggerate what is considered to be normal drinking, leading them to assume falsely that the majority of students behave in a similar manner. College students' alcohol use and problems associated to it have regularly been proven to decrease as a result of these programs. Other studies have discovered a link between young adult drinkers' opinions of their peers' drinking and their own alcohol use. Adult heavy drinkers claim to have larger drinking networks than light or moderate drinkers. Social networks have a significant impact on both adult and

adolescent's substance use. Numerous studies have discovered evidence to back up the claim that more alcohol and substance are consumed.

From the literatures reviewed many studies carried out on adolescents' substance use behaviour have identified different psycho-social factors as predictors but there are limited literatures on the predictive influence of family dysfunction and perceived peer pressure on substance use among in-school adolescents in Ibadan. This is however the existing gap the researcher aims to fill.

The following are the Objectives of the study:

1. To investigate the influence of peer pressure on in-school adolescents' substance use in Ibadan.
2. To examine the role of family dysfunction on substance use among in school adolescents in Ibadan.
3. To ascertain the joint prediction of both Peer pressure and family dysfunction on substance use behaviour among in-school adolescents in Ibadan.

The following Hypotheses were tested in the study

1. Adolescents who score higher on peer pressure will report significantly higher on substance use than those with low level of peer pressure.
2. Adolescents who score higher on family dysfunction will report significantly higher on substance use than those with low level of family dysfunction.
3. Peer pressure and family dysfunction will jointly and independently predict substance use among in-school adolescents in Ibadan.

METHOD

Research Design

This research adopted a cross sectional research design. Cross sectional surveys attempt to describe and explain present conditions through the use of a sample population of interests across some age groups and using instruments(questionnaire) to describe a phenomenon (Substance use).

Settings and Participants

The settings of the study are Lagelu and Ibadan North East Local Government, Ibadan. Which were selected through purposive sampling while the secondary schools (8) and participants included in the study were selected through simple random sampling technique. Sample size determination was obtained using taroyamane (Yamane,1973) sample size calculator to obtain 1,069 (Females -547, Males- 522) which represents the number of respondents of the study .

Instruments

Three multidimensional scales were adopted in the study and were further developed into self-reported questionnaire which was divided into four sections (A,B,C and D). The scales are: Alcohol, Smoking, Substance Involvement Screening Test (ASSIST), Perceived Peer Pressure Scale and The Brief Measure of The Relationship Dimension in Family Functioning.

Section A reflects respondents' demographic information which are age, gender, class of study, family history of substance use, fathers' occupation, mothers' occupation, father's educational qualification, mother's educational qualification among others. Sections B,C and D measure Alcohol, Smoking, Substance Involvement Screening Test (ASSIST), Perceived Peer Pressure Scale and The Brief Measure of The Relationship Dimension in Family Functioning respectively.

Substance use behavior Screening Test.

World Health Organization Screening Test WHO-ASSIST V3.0 is The alcohol, smoking and substance involvement screening test is an eight item scale developed by World Health organization (2010) The ASSIST is brief screening tool which consists of eight items that investigates the lifetime use of substances, the frequency of using the substances .It also measures risk level for each substance category. Positive responses to question one indicates that the participants will proceed to item 2 through 8. Negative response to Q1 indicates no experience of substance use. After that, a risk score is obtained and categorized into 'low', 'moderate' or 'high'. ASSIST demonstrated good reliability in which test-retest reliability coefficients (kappas) ranged from a high of 0.90 (consistency of reporting 'ever' use of substance) to a low of 0.58 (regretted what was done under influence of substance).

Perceived peer pressure scale. It is a multidimensional scale developed by Palani and Mani 2016. It was initially a 50- item scale but later reduced to 30 items. It has strong psychometric properties (reliability and validity) with cronbach alpha f 0.942.the validity of the scale was established by taking the square root of the reliability coefficient and was found to be 0.971. Its dimensions are: Yielding to peer pressure, Resistance to peer pressure and peers' encouragement. It ranges from strongly agree to strongly disagree. The high score reflects higher level of peer pressure while low score reflects lower level of peer pressure as perceived by higher secondary students.

Family dysfunction scale

The brief measure of the relationship dimension in family functioning is also a 16-item multidimensional scale which was developed by Carlotta, James &David and people awakening team.it is into three dimensions which are: family cohesion (7 items), expressiveness (3 items) and conflict (6 items). Internal consistency for cohesion is .83, Conflict=.80 and expressiveness=.65. For the full scale =.88.

Ethical Considerations

Ethical approval was obtained from Ministry of Health, Oyo State Ibadan with Ref.**AD 13/44579^B**.

RESULTS

This section presents results of gathered data from 1069 in-school adolescents in Ibadan metropolis.

Hypothesis one adolescents with high peer pressure will significantly report higher on substance use than those with low level of peer pressure. This was tested using t-test for independent samples and the result is presented on Table 1;

Table 1: t-test for independent sample summary table showing results influence of peer pressure on substance use substance use behaviour

Peer pressure	N	Mean	SD	T	df	P
High	578	43.38	8.29	15.41	1067	< .01
Low	471	34.62	7.44			

Table 1 presents results on the influence of peer pressure on substance use behaviour among in-school adolescents. It is shown that peer pressure had significant influence on substance use behaviour among in-school adolescents [t (1067) = 15.41; p < .01]. Further, in-school adolescents with high peer pressure reported higher on substance use behaviour (Mean = 43.38; SD = 8.29) compared to those with low level of peer pressure (Mean = 34.62; SD = 7.44). This confirms the stated hypothesis.

Hypothesis two stated that adolescents with high family dysfunction will significantly report higher on substance use than those with low level of family dysfunction. This was tested using t-test for independent samples and the result is presented on Table 2;

Table 2: t-test for independent sample summary table showing results influence of family dysfunction on substance use behaviour

Family dysfunction	N	Mean	SD	t	df	P
High	519	45.15	7.40	23.71	1067	< .01
Low	550	34.10	6.29			

Table 1 presents results on the influence of family dysfunction on substance use behaviour among in-school adolescents. It is shown that family dysfunction had significant influence on substance use behaviour among in-school adolescents [t (1067) = 23.71; p < .01]. Further, in-school adolescents with high family dysfunction reported higher on substance use behaviour (Mean = 45.15; SD = 7.40) compared to those with low level of family dysfunction (Mean = 34.10; SD = 6.29). This confirms the stated hypothesis.

Hypothesis three stated that peer pressure and family dysfunction will jointly and independently predict substance use behaviour among in-school adolescents. This was tested using multiple regression analysis and the result is presented on Table 3;

Table 3: Multiple regression summary table showing results on the joint and independent influence of peer pressure and family dysfunction on substance use behaviour

Predictors	β	T	P	R	R ²	F	p
Peer pressure	.04	1.74	>.05	.90	.81	1618.01	<.01
Family dysfunction	.87	38.13	<.01				

Table 3 presents results on the joint and independent influence of peer pressure and family dysfunction on substance use among in-school adolescents. It is shown that peer pressure and family dysfunction were significant joint predictors of substance use behaviour [R = .90; R² = .81; F (2, 1066) = 1618.01; p < .01]. Collectively, peer pressure and family dysfunction accounted for about 81% variance in substance use behaviour. However, only family dysfunction had independent influence on substance use behaviour [β = .87; t = 38.13; p < .01]. The hypothesis is accepted.

DISCUSSION

This study investigated the influence of family dysfunction and peer pressure on substance use among in-school adolescents. Hypothesis one stated that adolescents who score higher on peer

pressure will significantly report higher on substance use than those with low level of peer pressure. The result revealed that, peer pressure had significant influence on substance use behaviour among in-school adolescents. This finding is similar to the study of Lida and Moses (2021) who found that peer grouping, drug exposure by friends, low self-esteem, and drug exposure by a sexual partner all influenced drug and substance misuse among teenagers in higher education institutions in Mombasa County. Similarly, According to Monica, Skewes, Vivian & Gonzalez (2013), substance use by students are considered to be normal, influencing others and leading them to assume falsely that the majority of students behave in a similar manner. Moreover, in their study, Wills et al. (2011) conducted a study of 1700 adolescents and assessed them yearly from the seventh to the ninth grade. Their findings revealed that there is a good correlation between the level of substance use and the number of peers who use substances among in school adolescents.

Hypothesis two which stated that adolescents with high family dysfunction will significantly report higher on substance use than those with low level of family dysfunction was also significant. In-school adolescents with high family dysfunction reported higher on substance use behaviour compared to those with low level of family dysfunction. A study by Glynnis Dykes & Riefqah Casker (2021) who worked on Adolescents and substance abuse and the effects of substance abuse on parents and siblings used a qualitative case study design using family members of substance abusing adolescents in Mitchells Plain, a township in Cape Town, as an exemplar for the study. Purposive sampling was used to select 12 participants, seven parents (mothers) and five siblings.

Data were gathered through the use of interview schedules during private semi-structured interviews. The qualitative analysis of the data concentrated on the many impacts of residing with a substance-abusing adolescent, such as financial, physical, emotional, and distrust, on family well-being. Also, Saladino, Hoelzlhammer, and Verrastro (2020) also discovered some ideas regarding the interplay between criminality, drug misuse, and the family structure in young people's development. Pieterse (2019) also reported lack of protection and support from community and social services resulting in vulnerability of family members' substance use.

In addition, a significant theme that emerged from the qualitative study by Mathibela and Skhosana (2021) is that the parents who are not in good relationship with their adolescents experience loss of their adolescents through substances.

Conclusion

This study concludes that family dysfunction has significant influence on substance use behaviour among in school adolescents in Ibadan. This has implication for families to be well connected and possibly have positive interactions. This study also concludes that peer pressure has significant influence on substance use behaviour among in-school adolescents. This study further concluded that there is joint influence of both peer pressure and family dysfunction on substance use among in-school adolescents.

Recommendations

Based on the results of this study, it was therefore recommended that parental monitoring should be put in place by the parents of in-school adolescents. By knowing their adolescents' friends. This will engender parents to detect any of their adolescents who could be under peer influence of substance use.

Parents are also encouraged to ensure positive parent-adolescents relationship within the family from time to time which could foster connectedness, good communication skills and cordial relationships. If these aforementioned were things to go by, in -school adolescents are likely not



to reach out for substances that could calm them of their family issues and disturbances arising from their family nor be seek advices from friends or neighbours who could introduce them to substance use.

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