

INFLUENCE OF FAMILY STYLE AND PEER PRESSURE ON ADOLESCENTS' SUBSTANCE EXPLOITATION IN KARU METROPOLIS

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ABSTRACT: The study examined the influence of family style and peer pressure on adolescent substance exploitation in Karu metropolis using the survey design method. A total of 230 adolescents between the ages of 14-20 years old took part in the study. Participants consisted of 180 males and 50 females whose selection was based on snowball sampling technique. Results showed no significant difference between family style and adolescent's substance exploitation [$F(1, 229) = 0.06, P < .05$], implying that adolescent substance exploitation was not based on family style where adolescents came from. However, findings confirmed a negative relationship between peer group pressure and substance exploitation among adolescents as [$r = .93; P < .05$] and a negative relationship between family relations and substance exploitation among adolescents [$r = -0.35, P < .01$]. The study identified that, socially, adolescent substance exploitation is alarmingly increasing and therefore, recommends that educational institutions and parent/teachers' associations should remind parents and caregivers of their moral and social responsibility to their children's upbringing as so doing will promote desirable standards and ensure a healthy Nigerian society.

Keywords: Family Style, Peer Pressure, Substance Exploitation, Adolescent, Karu

INTRODUCTION

Adolescence is a critical developmental stage marked by multiple physical, emotional, and cognitive changes. It is also a time when many adolescents are at risk for engaging in substance exploitation. Various environmental factors, including family style and peer pressure, have been identified as key influences on adolescent substance use in Nigeria.

Research has shown that family style plays a critical role in shaping adolescent substance use patterns. Parental monitoring, discipline, and emotional support are key factors in family style that impact adolescent substance use. Adolescents who experience low levels of parental monitoring, inconsistent or harsh discipline, and low levels of emotional support are more likely to engage in substance exploitation (Chassin *et al.*, 2015; Simons-Morton *et al.*, 2009). Conversely, adolescents who experience high levels of parental monitoring, consistent and reasonable discipline, and high levels of emotional support are less likely to engage in substance use (Chassin *et al.*, 2015; Simons-Morton *et al.*, 2009).

In Nigeria studies have shown that family style plays a crucial role in shaping adolescent substance use patterns. Parental monitoring, discipline, and emotional support are critical

factors in family style that impact adolescent substance use. Adolescents who experience low levels of parental monitoring, inconsistent or harsh discipline, and low levels of emotional support are more likely to engage in substance exploitation (Ezeah *et al.*, 2018; Oshodi *et al.*, 2014). Conversely, adolescents who experience high levels of parental monitoring, consistent and reasonable discipline, and high levels of emotional support are less likely to engage in substance use (Ezeah *et al.*, 2018; Oshodi *et al.*, 2014).

Peer pressure is another significant environmental factor that influences adolescent substance use in Nigeria. Adolescents who associate with peers who use drugs or alcohol are more likely to engage in substance use themselves. Peer influence on substance use is particularly strong when substance use is viewed as a normative behaviour within a peer group (Daramola *et al.*, 2018; Oshodi *et al.*, 2014). Conversely, adolescents who associate with peers who disapprove of substance use are less likely to engage in substance use themselves (Ezeah *et al.*, 2018). Adolescents who associate with peers who use drugs or alcohol are more likely to engage in substance use themselves. Peer influence on substance use is particularly strong when substance use is viewed as a normative behaviour within a peer group (Borsari & Carey, 2003; Simons-Morton *et al.*, 2009). Conversely, adolescents who associate with peers who disapprove of substance use are less likely to engage in substance use themselves (Chassin *et al.*, 2015).

It is important to note that the impact of family style and peer pressure on adolescent substance use in Nigeria is not uniform. Adolescents with high levels of self-efficacy and a positive self-image are more resilient to the negative influence of these factors (Daramola *et al.*, 2018; Oshodi *et al.*, 2014). Furthermore, individual factors such as genetics, personality traits, and mental health can also contribute to an adolescent's risk for substance exploitation. Adolescents with high levels of self-efficacy and a positive self-image are more resilient to the negative influence of these factors (Simons-Morton *et al.*, 2009). Additionally, individual factors such as genetics, personality traits, and mental health can also contribute to an adolescent's risk for substance exploitation.

Family style and peer pressure are two significant environmental factors that can influence adolescent substance use in Nigeria. Parents, caregivers, and other influential adults can play a crucial role in mitigating the negative effects of these factors by providing emotional support, setting clear boundaries and expectations, and promoting positive peer relationships.

Statement of the Problem

The use of drugs by adolescents has become one of the most disturbing health phenomena in Nigeria and other parts of the world (NDLEA, 1997). The clinical picture of adolescent drug exploitation is as complex as its aetiology. The immediate cost and developmental consequences of adolescents' drug problem on the youth, his or her family, and society are well documented: school failure, delinquency, motor vehicle accidents, arrests and incarceration, and increased risk for human immunodeficiency virus (HIV) and other physical illness (Huizinga *et al.*, 1995). Long-term consequences of drug misuse include impaired psychological functioning, including mental health problems, job instability, serious criminal involvement, marital problems and of course, terrorism.

Substance exploitation is a real problem for adolescents worldwide. Drug exploitation can be understood as the consumption, without medical supervision, of medically useful drugs which alter mood and behaviour for a purpose other than that for which it is prescribed “or” the consumption of any mind changing substances which have no legitimate medical or socially acceptable use” (SAGE, 1985). Such exploitation leads to dependence through repeated administrations. NAFDAC (2000) as cited by Haladu (2003) explained the term drug exploitation as excessive and persistent self-administration of a drug without regard to the medically or culturally accepted patterns. It could also be viewed as the use of a drug to the extent that it interferes with the health and social function of an individual.

Fundamentally, the interactions of environmental factors are recognized in the precipitate manifestation of some mental illness in some populations. Commonly noted is the use of substances which has a long history with man and with variation in consumption across culture, family style and reason. This is because individuals exploiting such substances may at different times in their lives act differently. All the same, the negative consequences of substance use and exploitation affect not only the exploiter alone but also his family and community at large (Shimakaa, Labe, Kudzah, Seer-Uke, Aondoaver & Levi-Iortyom, 2016).

Family style has been linked to many abnormal behaviours including substance exploitation (McKay, Murphy, Rivinus, & Maisto 1991). Particularly, studies have assessed family style in relation in substance exploitation and have proposed that family problems may create an environment that is, none positively grounded in traditional social institutions, which can lead to deviant behaviours, such as drug involvement. Research and clinical evidence have suggested that abnormal patterns of family functioning are associated with psychiatric disorders. For example, a study of family of adolescents with substance exploitation found roles and affective responsiveness to be problematic.

Based on family structure, Needle and Doherty (1990) and Doherty and Needle (1991) found family structure to be an important variable. This has been found in several other studies that have shown that youth from disrupted family’s frequent substance exploitation. Other studies findings revealed that parental divorce was more frequent among adolescents and young adults with the disorder (Runeson, 1990). Stein, Newcomb and Bentler (1987) found that family-disruption was significantly correlated with adolescent drug use, albeit largely mediated through lack of social conformity.

Comparing across cultures, Corrigan (1986) found in Ireland, that disrupted family life appears to be a major risk factor for drug exploitation among some young persons and that as many as 10 percent of the young people between 15 and 20 years of age in the northern part of Dublin were addicted to heroin. In India, an increased number of heroin addicts seeking assistance at treatment centres have been reported. It has been estimated that between half a million and a million persons became addicts in the 1980s, challenging cultural traditions and services (Mohan, 1987).

In addition, other researchers have found parent's drug use (Ellis & Stone, 1979; Kandel, 1973; Newcomb, Huba, & Bentler, 1983), parental noted drug-use attitudes (Jessor & lessor, 1977; Korsnick & Judd, 1982), child-rearing practices (Brook, Whiteman, & Gordon, 1983; Brook,

Whiteman, Gordon, & Brook, 1985), and family disruption or lack of cohesion (Babst, Miran, & Koval, 1976; Jenkins & Guidubaldi, 1992) to relate to children's use of illegal substances. Peer environments acceptance of drug use may be more inviting to adolescents from non-traditional family structures, particularly younger adolescents, who are not only struggling with developmental challenges, but also coping with the stresses associated with single-parent and stepparent families.

Relatedly, affiliation with drug-using peers has been found to represent a strong correlate of drug experimentation, and thus is a critical risk factor for adolescents (Hawkins, Lishner, & Catalana, 1985; Needle et. al., 1986). Central to this empirically supported research, more exactly, is the notion that peer clusters, consisting of closest friends, exert a significant pressure on the development and acceptance of behavioural norms.

From the following, it is hypothesized that:

1. There will be a significant difference between family style and adolescent's substance exploitation.
2. There will be a significant relationship between peer group pressure and adolescent's substance exploitation.
3. There will be significant relationship between family relationship and adolescent's substance exploitation.

METHOD

Participants

The participants for the study were drawn from students, school drop outs who use and exploitation substances. Therefore, a total of 230 youths 180 males and 50 females were purposively selected to take part in the study. The participants were drawn across different tribes and religions. Their age ranged from 14-20 years.

Instruments

The data was collected using the self-designed 24 items questionnaire to measure family and peer pressure on adolescent's substance exploitation. The instruments are divided into four parts, section (A) measures personal data, section (B) family relations, section (C) measures peer pressure and section (D) measures substance exploitation. A pilot study was carried out to determine the psychometric properties of the instruments. The reliability for the family pressure scale is .39 (Cronbach's Alpha). For the peer pressure scale, the reliability coefficient is .76 (Cronbach's Alpha). The adolescent drug exploitation scale has a reliability coefficient of .86 (Cronbach's Alpha).

Although the family pressure coefficient is relatively low, Nunnally (1967) specified .30 coefficient alphas as adequate. These reliability coefficients indicate that, the sub-scales of the questionnaire are reliable and can be used for data collection.

Procedure for data collection

The instrument was administered by the researcher and some volunteer research assistants to administer the questionnaire to participants who were selected from the psychiatric hospital, Karu, some selected secondary schools in Karu, motor parks and Karu markets. Participant consent was obtained from each person involved in the study.

Design

A survey research design was adopted to examine the effect of family style and peer pressure on adolescents' substance exploitation in Karu metropolis.

RESULTS

Table 1: One-way ANOVA summary showing the differences in family style and adolescent's substance exploitation.

Source of variation	Sum of square	Df	Mean square	F	P
Between Groups	0.066	1	0.066	0.62	.80
Within Groups	263.814	227	1.068		
Total	263.880	229			

The result in table 1 shows that there is no significant difference between family style and adolescent's substance exploitation as the statistical analysis was ($F(1, 227) = 0.62, P < .05$), this implies that adolescent substance exploitation is not based on the family style. Therefore, hypothesis one was not accepted.

Table 2: Pearson correlation showing relationship between peer pressure and adolescent substance exploitation

Variables	N	df	r	P	Remark
Peer pressure					
	230	228	0.93	0.05	Sig
Substance exploitation					

The result on table 2 shows that there is a significant negative relationship between peer group pressure and substance exploitation among adolescents as $r = .93, P < .05$). Based on this finding, hypothesis two was confirmed.

Table 3: Pearson correlation showing relationship between family relationship and substance exploitation among adolescents

Variables	N	df	r	P	Remark
Family Relation					
	230	228	-0.35	0.05	Sig
Substance exploitation					

Result on table 3 shows that a significant negative relationship between family relations and substance exploitation among adolescents $r = -0.35, p < .01$). Hence, hypothesis three accepted.

DISCUSSION

Statistically, this study found no significant difference between family style and adolescent's substance exploitation. This research is essentially consistent with Petraitis & Miller (1995) and Stevansson (2000) who shows that adolescents from any style of family be it monogamous, polygamous, single parenting is susceptible to substance exploitation in so far as a family environment whereby the required values and functions are eroded, the risk of children to maladaptive behaviour is provoked.

Also, the findings of the second hypothesis showed a significant negative relationship between peer group pressure and substance exploitation among adolescents. This finding is consistent with previous researchers who found that adolescents were very susceptible to the pressure of their peers (Okorodudu & Okorodudu, 2004; Oladele, 1989). Also, Idowu (1987) found that students smoke and use drugs at the instance of friends/peers, parents and television/radio advertisements. Enakpoya (2009), Okorodudu and Okorodudu (2004), and Oladele (1989) stated that adolescents were very susceptible to the pressure of their peers. In addition, affiliation with drug-using peers has been found to represent a strong correlate of drug experimentation, and thus is a critical risk factor for adolescents (Hawkins, Listner, & Catalana, 1985; Needle *et al.*, 1986).

The result of hypothesis three which stated that there will be significant relationship between family relationship and adolescent's substance exploitation was accepted. This finding has correspondently agreed with previous researchers reports which also proved that substance use is associated with the quality of relationships between parents and children. At the adolescent level, the less identification the child has with his/her family, the more likely it is that the child will adopt the norms of his or her peers. Brook *et al.*, (1969) outlines how specific predisposing familial relations and parental neglect can lead to a lack of security, independence, confidence, delinquency and ultimately, to drug exploitation.

Recommendations

1. Educational institutions and parent/teachers' associations should remind parents and caregivers of their moral and social responsibility to their children's upbringing as so doing will promote desirable standards and ensure a healthy Nigerian society.
2. Peer group culture is inevitably unavoidable, but then, the government and non-governmental organizations should take advantage of the peer group structure, develop an intervention program and use professionals with intensive knowledge and experience in human behaviour and development to help in the modification of the youth's culture and ideology of growing up with certain behaviour and attitudes to be responsible men and women in the society.
3. Going from childhood to adulthood is a transition that requires a lot of wisdom and love. Navigating through the child-adult struggles elevates your child stress levels, sometimes making them feel out of control. Parents are therefore, advised to be rational and not reactive. A father or mother is to shepherd children to maturity. If you abdicate your role because you are afraid of your child's anger, rejection, or unhappiness, you abandon them to their own confused ways and social predators (peers) who will lead them to destruction.

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