

**IMPACT OF SOCIAL SUPPORT AND SELF-EFFICACY IN  
PREVENTING SUBSTANCE ABUSE AMONG  
ADOLESCENTS AT BORSTAL TRAINING INSTITUTION  
BARNAWA, KADUNA STATE**

**Solomon Ayok Chagu<sup>1\*</sup>, Jonathan Iornenge Ugese<sup>2</sup> & Joshua Chiroma Gandi<sup>3</sup>**

<sup>1,2,3</sup>Department of Psychology Nigeria Defence Academy, Kaduna, Nigeria

\*solomonayon23@gmail.com

**ABSTRACT:** This study investigated the impact of social support and self-efficacy on substance abuse among adolescents at the Borstal Training Institution Barnawa, Kaduna State. The study employed a cross-sectional survey design, utilizing a simple random sampling method to select 137 male adolescents aged between 16 and 17 years, with a mean age of 16.5 years. Three instruments used in this study include the Multidimensional Scale of Perceived Social Support (MSPSS), the Drug Abuse Self-Efficacy Scale (DASES) and the Drug Abuse Screening Test (DAST-10). Three hypotheses were tested using multiple linear regression analysis. Results found that social support has a partly significant influence on substance abuse among adolescents at Borstal Training Institutions. Social support was found to significantly affect adolescents ( $F(3, 123) = 5.216, p = .002$ ). However, when looking at specific types of support, only support from friends ( $\beta = -.159, p = .068$ ) showed a statistically significant influence. Support from family ( $\beta = -.102, p = .532$ ) and significant others ( $\beta = -.190, p = .240$ ) did not show significant effects on substance abuse. Additionally, the study revealed that self-efficacy significantly influences substance abuse among adolescents at Borstal Training Institution ( $F(4, 122) = 22.332, p < .001$ ). Factors such as social pressure ( $\beta = -.275, p = .002$ ) and physical and other concerns ( $\beta = -.227, p = .049$ ) were statistically significant predictors. Negative affect ( $\beta = -.200, p = .062$ ) showed a marginally significant influence, while cravings and urges ( $\beta = -.068, p = .488$ ) did not significantly predict substance abuse. Lastly, the findings from multiple regression analysis confirmed that both social support and self-efficacy together have a significant joint influence on substance abuse among adolescents ( $F(7, 119) = 13.213, p < .001$ ). This study revealed that social support and self-efficacy are important protective factors against substance abuse, and support from family and significant others did not have a significant influence. The study recommends implementing targeted programs within institutions aimed at enhancing social support networks and bolstering adolescent self-efficacy to effectively prevent substance abuse.

**Keywords:** Social Support, Self-Efficacy, Substance Abuse, Adolescents, Borstal Training Institution Barnawa,

## **INTRODUCTION**

Adolescence is a challenging stage in life for most individuals; it is defined as the stage between childhood and adulthood or between early puberty and the early 20s. This stage is often characterized by uneven biological, psychological, and social development (Golombek et al. 1977). Without proper guidance and supervision, many unhealthy and deviant behaviours, including alcohol and substance abuse, often occur. The continuous use of psychoactive

substances among adolescents and youths has become a public concern worldwide because it potentially causes deliberate harm (Wichstrøm & Hegna, 2003).

According to the Diagnostic and Statistical Manual of Mental Disorders (DSM 5th ed.), a publication of the American Psychiatric Association (2013), drug or substance use disorder is a pattern of symptoms resulting from the use of drugs, despite the clear problems associated with using them. Several factors put an adolescent at risk of substance abuse; this period is characterized by increased adventurous tendencies, peer influences, and risk-taking behaviour. Substance abuse also negatively impacts families and communities, with costly social, physical, and mental health consequences (Russell et al. 2019). Even with the immense negative consequences of substances on the mental health and well-being of adolescents, studies continue to report high rates of substance abuse among adolescents.

Different rates and patterns of different substances have been reported depending on the country or region of the country where the study was carried out (Feinstien et al. 2012). In 2015, an estimated quarter of a billion people or approximately 5% of the global population used drugs at least once, and approximately 29.5 million people and 0.6% of the adult global population had problematic use and suffered from substance abuse disorders, including dependence (United Nations Office on Drugs and Crime, 2017). In the same year, it was reported that, globally, 240 million people suffered from alcohol use disorder, 1 billion smoked tobacco products and 15 million used injected drugs (Gowing et al. 2015). In the USA, alcohol was reported as the most commonly used substance, with 72.5% of users, followed by cigarettes (46.3%) and marijuana (36.8%) (Feinstien et al. 2012). Studies have also indicated a greater prevalence of substance use among young individuals than among the general population, with associated physical and psychosocial problems such as fighting, vandalism, theft, engaging in unprotected sex, personal injury, medical problems, and impaired relationships with family and friends (Hohl et al. 2017).

Substance abuse has become a pressing issue in Nigerian society. Despite efforts by the Nigerian Government and the National Drug Law Enforcement Agency (NDLEA) to curb this trend through policy initiatives, the incidence of substance abuse continues to rise, particularly among adolescents and young adults aged 10-25 (NDLEA, 2020; Jatau et al., 2021). In the southern region, for example, the prevalence of substance abuse among secondary school students was 32.9%, with alcohol being the most commonly used substance (29.0% of users) and cocaine being the least commonly used substance (2.1% of users) (Anyanwu et al. 2016). In the southwestern region, available statistics showed that 15.0% to 69.3% of adolescents reported having used some type of psychoactive substance; alcohol remained the most consumed substance, followed by cigarettes. However, this pattern seems to be changing, with tramadol being the second most abused substance (Idowu et al. 2018).

During adolescence, many individuals in Nigeria experiment with drugs out of curiosity, peer pressure, or to cope with stress. Early use of gateway substances like alcohol and tobacco increases the likelihood of progressing to more harmful drugs later in life. While some adolescents may experiment with drugs without severe consequences, others develop addictions that pose significant risks to themselves, their families, and society at large. Also, prevalence of substance use varies widely across regions, with notable disparities between urban and rural areas. However, current literature inadequately explores how social support and self-efficacy specifically contribute to preventing substance abuse among adolescents. This

study aims to address this gap by examining how social support and self-efficacy can effectively mitigate substance abuse among adolescents.

Adolescents are predominantly susceptible to substances; therefore, identifying the influence of social support and self-efficacy may provide further insight into the prevention and treatment of substance-related problems among adolescents. Individuals experiencing substance abuse face two challenges in society. First, they have to manage the primary symptoms of their serious condition and seek treatment. Second, they face severe stigma attached to their diagnosis, which further impacts their physical and mental health (Barry et al. 2014). Because substance abuse and addiction are the result of complex interactions among individual, social and environmental factors, it is reasonable to note that effective prevention approaches such as social support and self-efficacy will help reduce the rate of substance abuse among adolescents.

Social support is a crucial coping mechanism in both physical and mental illness (Thoits, 2011). Social support refers to support by significant others within one's social network (e.g., family members, friends) and can fulfil several functions, including emotional, informational, and instrumental support, although experientially similar others (e.g., peer support groups) may also be accepted and approved by the social groups to which they want to belong (Leary et al. 2013). Social rank theory by Gilbert (2000) proposes that a person who possesses a trait that others disapprove of (e.g., in this case, substance abuse) will perceive themselves as inferior to others (those with a low social ranking). This is an extremely threatening experience, and a low social rank is associated with shame as well as a variety of psychopathologies, including depression and anxiety (Birchwood et al. 2000). Social support is the general term for help or aid from a combination of relationships such as friends, family, significant others and acquaintances. This help can be in the form of perceived social support (the sense of help being available) or received social support (Bolger & Amarel, 2007). In general, higher levels of social support help individuals who are seeking help provide resources that are unavailable to those with low levels of social support (Uchino, 2006). Social support appears crucial for individuals with substance abuse not only to improve primary symptoms and physical health (e.g., decreased likelihood of relapse) but also to enhance their own coping strategies and buffer against stigma and its negative consequences (Ellis et al. 2004). Patients with substance-related problems, if involved with appropriate social groups, could adequately cope with their psychological issues, discover their purpose and meaning, develop an optimistic perspective and appropriately deal with shame.

Another important factor to consider in the treatment, management and prevention of substance abuse is self-efficacy. According to Schwarzer and Luszczynska (2016), self-efficacy reflects an optimistic self-belief that one can perform a difficult task or cope with adversity in various domains of human functioning. Self-efficacy facilitates goal setting, effort investment, persistence in the face of barriers, and recovery from setbacks (Schwarzer & Luszczynska, 2016). Bandura (1999) also stated that self-efficacy determines the amount of energy one puts into the process of attempting to change an undesired behaviour. Additionally, the level of self-efficacy is predictive of how persistent an individual will be at a task if he or she fails initially. Since self-efficacy revolves around an individual taking charge of his or her physical, social, and emotional abilities, a drug-affected individual can use self-efficacy as a resource to cope and make positive shifts in his or her occupational, social, and personal life. Studies have shown that self-efficacy is an important determinant of substance abuse. A greater sense of self-efficacy is an indicator of less substance abuse in the future (Dolan et al. 2008).

Self-efficacy is also a determinant of the frequency of substance abuse. For instance, individuals who have a strong belief in their ability to resist drinking actually abstain from drinking (Vielva & Iraurgi, 2001). Lozano and Stephens (2010) and Oei et al. (2007) found that self-efficacy was a predictor of the quantity and frequency of alcohol consumption. High self-efficacy was related to less alcohol consumption and infrequent consumption. Moos and Moos (2006) also reported that a greater sense of self-efficacy was an indicator of abstinence from drinking for three years. In contrast, those with lower self-efficacy were more likely to relapse and start alcohol consumption. A mutual relationship has also been found between self-efficacy and abstinence from substance abuse. High self-efficacy leads to abstinence from substance abuse, and greater abstinence from substances also leads to high self-efficacy. Gwaltney et al. (2005) reported that there was an increase in the self-efficacy of participants as they were successful in abstaining from smoking over a period of time.

The study aims to explore how social support and self-efficacy contribute to preventing substance abuse among adolescents. Specifically, it seeks to investigate the role of these factors in mitigating substance-related problems, focusing on their influence as crucial elements in prevention strategies. By examining the interplay between social support (from family, peers, and significant others) and self-efficacy (the belief in one's ability to resist substance use), the research intends to provide insights into effective approaches for reducing adolescent substance abuse. This exploration underscores the significance of these factors in enhancing coping mechanisms, reducing stigma, and fostering healthier behaviours among adolescents facing substance-related challenges.

### **Hypotheses**

- i. There will be a significant influence of social support on substance abuse among adolescents at Borstal Training Institution Barnawa, Kaduna State.
- ii. Self-efficacy has a significant influence on substance abuse among adolescents at the Borstal Training Institution Barnawa, Kaduna State.
- iii. There will be a significant joint influence of social support and self-efficacy on substance abuse among adolescents at Borstal Training Institution Barnawa, Kaduna State.

### **METHOD**

#### **Participants**

Participants for this study comprised of adolescents admitted at Borstal Training Institution, selected based on the total population at the time of data collection. Relevant demographic information, including age, ethnic group, class, and religion, was obtained and described for the 137 adolescents who participated in the study. All participants were male, with the majority (N = 74; 54.0%) aged 17 years, while the remainder (N = 63; 46.0%) were 16 years old. Regarding ethnic affiliation, approximately 43.1% (N = 59) were Hausa, 33.6% (N = 46) were Yoruba, 11.7% (N = 16) were Igbo, and another 11.7% (N = 16) belonged to other ethnic groups in Nigeria. In terms of religion, 48.9% (N = 67) identified as Christians, 48.9% (N = 67) as Muslims, and 2.2% (N = 3) followed other religions. All participants were secondary school students, distributed as follows: 11.7% (N = 16) in JSS2, 22.6% (N = 31) in JSS3, 34.3% (N = 47) in SS1, 23.4% (N = 32) in SS2, and 8.0% (N = 11) in SS3.

### Sample Size/Sampling Technique

The sample size for this study was determined using Krejcie and Morgan (1970) table for determining sample size for finite population. In Borstal training institution, a total number of 235 adolescents were registered at the time this study was conducted. Using the Krejcie and Morgan (1970) sample size determinant, a total of 147 adolescents were selected based on the total population at the time of data collection and 147 copies of questionnaires were administered, but only 137 correctly filled questionnaires were completed and returned.

As for the sampling technique, the researcher used a simple random sampling technique to select the participants for this study. Simple random sampling is a basic sampling technique where each member of a population has an equal chance of being selected to be part of the sample. This method ensures that every possible sample of a specified size has an equal chance of being selected, without any bias. It involves selecting individuals randomly from the entire population without any specific pattern or preference. This randomness helps in minimizing selection bias and allows for generalization of results from the sample to the entire population. This sampling technique was considered most appropriate for this study because it gives equal opportunity to the participants to be selected and to participate in the study.

### Instruments

The three instruments employed for data collection in this study were the Multidimensional Scale of Perceived Social Support (Zimet, et al. 1988), the Drug Abstinence Self-Efficacy Scale (Hiller et al. 2000), and the Drug Abuse Screening Test (Skinner, 1982).

The Multidimensional Scale of Perceived Social Support (MSPSS) consists of 12 items scored on a 7-point Likert scale designed to qualitatively measure three categories of subjectively perceived social support (family, friends and significant others). Each of the three categories (family, friend and significant others) in the 12-item version consists of 4 items scored on a Likert scale ranging from 1 (very strongly disagree) to 7 (very strongly agree). To calculate the total score, values from all 12 items are summed. This total score can also be calculated as the mean score by dividing the total score by 12. The response score for the MSPSS ranges from 12-84, with scores ranging from 12-35 indicating low perceived support, 36-60 indicating moderate perceived support, and 61-84 indicating high perceived support.

The Drug Abstinence Self-Efficacy Scale (DASES) is a 20-item self-report survey that measures individuals' confidence in their ability to abstain from using drugs in specific situations. The DASES is a modified version of the Alcohol Abstinence Self-Efficacy Scale (AASES), which was developed by DiClemente et al. (1995). The DASES has been confirmed to be an effective self-measurement scale that can be used to enhance motivation for changing behavior (DeVellis, 2016). This item includes four scales (negative affect, social pressure, physical and other concerns and craving and urges) and is rated on a 5-point Likert scale ranging from *not at all* (1) to *extremely* (5), with the total score ranging from 20-100, with higher scores indicating greater self-efficacy in abstaining from substances (Hiller et al. 2000).

A drug abuse screening test was used to assess substance use in this study. The DAST-10 is a 10-item self-report tool that assesses drug use with a "yes" or "no" response format developed by Harvey Skinner in 1982. The items cover various aspects of drug use behavior, consequences, and dependency. The DAST-10 is a shorter version of the 20-item DAST-20



but correlates with the longer scale despite taking less time. One point is assigned for each item answered “yes”, and 0 points are assigned for items answered “no”, except for item three, for which no response received 1 point. The total score is determined by adding up the points received for each question in the DAST-10. The lowest possible total score is 0, while the highest possible total score is 10.

### **Procedure**

Before embarking on this research, the researcher obtained an introductory letter from the Department of Psychology, Nigerian Defence Academy Kaduna, to enable him to formally apply to the Principal, Borstal Training Institution Barnawa, Kaduna, for permission to carry out the study. Upon obtaining the approval, the researcher then proceeded to the facility where the study was conducted. A simple random sampling technique was employed to select participants for the study. Participants were explicitly briefed about the purpose and objective of the study; subsequently, 147 questionnaires were randomly distributed, but only 137 questionnaires that were properly completed were analysed.

### **Statistical Technique**

The data collected in this study were subjected to analysis using the Statistical Package for Social Science (SPSS Version 26). Multiple regression analysis was used to test all three research hypotheses. Multiple regression was utilized to examine the predictive relationships between variables specifically, social support, self-efficacy, and substance abuse among adolescents. Multiple linear regression was chosen as the statistical method due to its ability to assess the influence of multiple predictor variables on a single outcome variable while controlling for potential confounding factors.

The study identified social support and self-efficacy as key predictor variables potentially influencing substance abuse. Social support was operationalized into dimensions such as support from friends, family, and significant others. Self-efficacy was explored through factors like coping with social pressure, physical concerns, negative affect, and cravings. The researchers constructed regression models to assess the unique contribution of each predictor variable to the variance in substance abuse. Each predictor (e.g., support from friends, coping self-efficacy) was entered into the model to determine its individual predictive power. For each regression model, the significance of the overall model (F-test) and the individual predictors ( $\beta$ -coefficients, p-values) was assessed. A significant F-test indicates that at least one of the predictor variables significantly explains the variance in the outcome variable (substance abuse).  $\beta$ -coefficients indicate the direction and strength of the relationship between each predictor and the outcome variable, with lower  $\beta$ -values indicating weaker associations. Finally, a multiple regression model was employed to simultaneously consider the joint influence of social support and self-efficacy on substance abuse. This step examined whether these variables together have a combined effect on the outcome, accounting for their individual contributions.

**RESULTS**

**Table 1: Zero-order correlation table showing relationships between variables**

Variable	1	2	3	4	5	6	7	8	9
Significant Other	1								
Family	.846**	1							
Friends	0.059	0.151	1						
Negative Affect	.419**	.457**	.436**	1					
Social Pressure	.388**	.377**	.239**	.556**	1				
Physical and other Concerns	.431**	.485**	.459**	.724**	.559**	1			
Cravings and Urges	.282**	.227*	.333**	.620**	.427**	.686**	1		
Total Dases	.455**	.466**	.446**	.877**	.742**	.897**	.820**	1	
Total DAST	-.285**	-.286**	-.186*	-.559**	-.542**	-.572**	-.465**	-.639**	1

\*\**. The correlation is significant at the 0.01 level (2-tailed); \* . Correlations are significant at the 0.05 level (2-tailed).*

Table 1 shows that the correlation analysis revealed several significant relationships among the variables. Significant positive correlations were found between significant other support and family support ( $r = .846, p < .001$ ), negative affect ( $r = .419, p < .001$ ), social pressure ( $r = .388, p < .001$ ), physical and other concerns ( $r = .431, p < .001$ ), cravings and urges ( $r = .282, p = .001$ ), and total DASES score ( $r = .455, p < .001$ ). Family support also had significant positive correlations with negative affect ( $r = .457, p < .001$ ), social pressure ( $r = .377, p < .001$ ), physical and other concerns ( $r = .485, p < .001$ ), cravings and urges ( $r = .227, p = .010$ ), and total DASES score ( $r = .466, p < .001$ ). Negative affect, social pressure, physical and other concerns, cravings and urges, and total DASES scores were all significantly positively correlated (ranging from  $.427$  to  $.897, p < .001$ ). In contrast, the total DAST score had significant negative correlations with significant other support ( $r = -.285, p = .001$ ), family support ( $r = -.286, p = .001$ ), negative affect ( $r = -.559, p < .001$ ), social pressure ( $r = -.542, p < .001$ ), physical and other concerns ( $r = -.572, p < .001$ ), cravings and urges ( $r = -.465, p < .001$ ), and the total DASES score ( $r = -.639, p < .001$ ).

**Table 2: Multiple Regression of Social Support on Substance Abuse among Adolescents**

Variable	R	R <sup>2</sup>	df	F	β	t	Sig.
(Constant)	.336	.113	3,123	5.216		9.410	0.000
Significant Other					-0.190	-1.182	0.240
Family					-0.102	-0.627	0.532
Friends					-0.159	-1.838	0.068

*Dependent Variable: DAST*

The results presented in Table 2 revealed that social support significantly influenced substance abuse among adolescents at the Borstal Training Institution Kaduna [ $R=.336, R^2=.113, f(3,123) = 5.216, F<.01$ ]. The results further revealed that social support accounted for 11.3% of the variance in substance abuse among adolescents of the Borstal Training Institution

Kaduna. Independently, significant others ( $\beta = -.190, t = -1.182, p > .05$ ) and family ( $\beta = -.102, t = -.627, p > .05$ ) did not predict support for the model; however, friends ( $\beta = -.159, t = -1.838$ ) made a significant and negative contribution.

**Table 3: Multiple regression of self-efficacy on substance abuse among adolescents**

Variable	R	R <sup>2</sup>	df	F	$\beta$	t	Sig.
(Constant)	.650	.423	4,122	22.332		13.980	0.000
Negative Affect					-.200	-1.882	0.062
Social Pressure					-.275	-3.197	0.002
Physical and other Concerns					-.227	-1.985	0.049
Cravings and Urges					-.068	-.696	0.488

*Dependent Variable: Total DAST*

The results in Table 3 revealed that self-efficacy significantly influenced substance use among adolescents at the Borstal Training Institution Barnawa, Kaduna [ $R = .650, R^2 = .423, f(4,122) = 22.332, F < .01$ ]. The results further revealed that self-efficacy accounted for 42.3% of the variance in substance abuse among adolescents of the Borstal Training Institution Kaduna. Independently, social pressure ( $\beta = -.275, t = -3.197, p > .05$ ) and physical and other concerns ( $\beta = -.227, t = -1.985, p > .05$ ) made a significant and negative contribution to substance abuse among adolescents, implying that increased social pressure and physical and other concerns among adolescents will likely result in reduced substance abuse. Negative affect approached statistical significance ( $\beta = -.200, t = -1.882$ ), while cravings and urges ( $\beta = -.068, t = -.696$ ) were not significant predictors.

**Table 4: Multiple linear regression showing results for the joint influence of social support and self-efficacy on substance abuse**

Model	Variable	B	Std. Error	$\beta$	T	Sig.	$\Delta R^2$
1	(Constant)	8.302	.594		13.980	0.000	
	Negative Affect	-.086	.046	-.200	-1.882	0.062	
	Social Pressure	-.145	.045	-.275	-3.197	0.002	
	Physical and other Concerns	-.098	.049	-.227	-1.985	0.049	
	Cravings and Urges	-.032	.046	-.068	-.696	0.488	
2	(Constant)	8.002	.624		12.828	0.000	.014
	Negative Affect	-.107	.047	-.250	-2.256	0.026	
	Social Pressure	-.144	.046	-.273	-3.135	0.002	
	Physical and other Concerns	-.128	.053	-.298	-2.409	0.018	
	Cravings and Urges	-.024	.048	-.050	-.489	0.626	
	Significant Other	.004	.040	.013	.099	0.921	
	Family	.018	.045	.055	.397	0.692	
Friends	.062	.038	.132	1.644	0.103		

The results in Table 4 revealed that there was a significant joint influence of social support and self-efficacy on substance use [ $R = .661, R^2 = .437, F(7,119) = 13.213, p < .001$ ]. The results further indicated that social support and self-efficacy accounted for 43.7% of the variance in substance abuse among adolescents at the Borstal Training Institution, Kaduna State.



## Discussion

Hypothesis one, which stated that there will be a significant influence of social support on substance abuse among adolescents at the Borstal Training Institution Barnawa, Kaduna State, was partially confirmed. Multiple regression analysis revealed that social support significantly predicted substance abuse among the adolescents. An exploration of the various dimensions of social support revealed that support from friends was the only dimension that approached statistical significance, and significant other and family dimensions of the multidimensional scale of perceived social support were not significant. This result aligns with findings of Jalilian et al. (2014) that family support did not have a significant impact on substance abuse behaviours. Similarly, Olubunmi and Adedotun (2020) reported that the dimensions of social support from family and significant others did not significantly influence substance use. These results contrast with findings from Atkins and Hawdon (2007) and Ellis et al. (2004), who suggested that social support, particularly from family, can contribute to preventing substance abuse. Additionally, Kizilkurt and Gynas (2020) found that a high level of social support provided by the family was a significant predictive factor, further highlighting differing perspectives on the impact of family support.

The study reveals that while social support was hypothesized to have a significant influence on substance abuse, only support from friends showed a predictive effect. This finding contrasts with previous research that often emphasizes family support as a key protective factor. By specifically examining the Borstal setting, where peer influence may overshadow familial influence, the study underscores the importance of considering institutional dynamics and peer relationships in interventions. This nuanced understanding adds depth to the literature, suggesting that the influence of social support on substance abuse can vary significantly depending on the source of support and the context in which adolescents find themselves.

Hypothesis two, which stated that there will be a significant influence of self-efficacy on substance abuse among adolescents at the Borstal Training Institution Barnawa, Kaduna State, was confirmed. Multiple regression revealed that self-efficacy has a significant influence on substance abuse among adolescents. The multiple linear regression model with these four predictors was statistically significant, indicating that negative affect, social pressure, physical and other concerns, and cravings and urges could significantly influence substance abuse among adolescents at Borstal Training Institutions. This result was consistent with the findings of Erci (2021), who provided compelling evidence for the influence of self-efficacy on substance use among adolescents, revealing that higher levels of drug avoidance self-efficacy were associated with lower rates of substance use among adolescents. In contrast, Wong et al. (2004) reported that although coping self-efficacy increased during cocaine treatment, it was not the strongest predictor of future abstinence from cocaine.

Additionally, Lozano and Stephens (2010) investigated the relationships between client-set goals, self-efficacy, and the outcomes of reduced drinking or goal achievement and reported that self-efficacy did not mediate the relationship between client-set goals and the outcomes of reduced drinking or achievement of those goals. This result was also congruent with findings from Nikmanesh et al. (2017) that individuals with greater self-efficacy beliefs tend to be more adept at self-protection and achieving successful cessation of drug abuse. The confirmation of the influence of self-efficacy on substance abuse among adolescents is another novel contribution. The study identifies specific dimensions of self-efficacy, such as the ability to resist negative affect, social pressure, and various cravings, as crucial in predicting substance

use behaviours. This finding aligns with broader psychological theories on self-efficacy and substance abuse but provides specific insights into how these factors manifest within a confined institutional setting like Borstal. It suggests that interventions targeting self-efficacy could be particularly effective in reducing substance abuse among adolescents in similar facilities.

Hypothesis three, which stated there will be a joint influence of social support and self-efficacy on substance abuse was also confirmed using multiple regression. This result is consistent with Olubunmi and Adedotun's (2020) findings that self-efficacy and social support help patients progress through the stages of rehabilitation. Additionally, according to the findings of Liu et al. (2020), there is a direct relationship between self-efficacy and social support. Lower self-efficacy can diminish an individual's motivation to actively seek positive social support, while reduced social support may contribute to decreased self-efficacy beliefs.

The study's confirmation of the joint influence of social support and self-efficacy on substance abuse indicates that while social support alone may not be sufficient to prevent substance abuse, its interaction with self-efficacy can enhance protective effects. This finding underscores the complexity of factors influencing adolescent behaviours in institutional settings and highlights the need for integrated interventions that consider both interpersonal support structures and individual psychological resources.

### **Implications of the study**

The implications of this study suggest that while social support, particularly from friends, may influence substance abuse among adolescents in juvenile facilities, its impact is overshadowed by factors such as peer influence, institutional dynamics, individual coping mechanisms, and cultural backgrounds. Specifically, family and significant other support did not statistically predict substance abuse in this context, highlighting the complex interplay of social factors in adolescents' behaviours.

Additionally, the study confirms the significant role of self-efficacy in preventing substance abuse among these adolescents. Higher levels of self-efficacy were associated with lower substance use, suggesting that interventions aimed at enhancing self-efficacy could be effective in reducing substance abuse rates.

Furthermore, the joint influence of social support and self-efficacy on substance abuse was significant, highlighting the importance of holistic approaches addressing both social connections and personal psychological factors in interventions targeting substance abuse prevention among adolescents.

### **Conclusion**

In conclusion, while social support from significant others and family did not emerge as a significant predictor of substance abuse in this study, self-efficacy factors, particularly social pressure and physical/other concerns, played a notable role in influencing substance abuse behaviours among adolescents at the Borstal Training Institution. These findings underscore the importance of addressing individual psychological factors, such as self-efficacy, in substance abuse prevention targeted at this population.

## Recommendations

Based on the research findings, the study thus recommends the following:

- i. Institutional authorities and educators should design and implement programs in institutions that boost adolescent self-efficacy, focusing on handling social pressure and addressing substance abuse-related concerns.
- ii. Institutional administrators should integrate elements into the institution's daily routines and therapeutic activities that foster supportive relationships among adolescents. This can include peer support groups, mentoring programs, and structured recreational activities aimed at building trust and camaraderie among residents.
- iii. Researchers and program developers, should collaborate with institutional staff to tailor intervention strategies that consider diverse factors such as age, ethnicity, religion, and educational background of the adolescents. These strategies should be evidence-based and flexible to accommodate the unique circumstances of each adolescent in the institution.
- iv. Social workers, therapists, and community leaders should lead initiatives to engage families and communities in supporting adolescents beyond the institution. This can include organizing family therapy sessions, community outreach programs, and educational workshops aimed at enhancing familial bonds and reinforcing positive behaviours learned during institutional rehabilitation.

## Limitations of the Study

The study presents valuable insights into the factors influencing substance abuse among adolescents at the Borstal Training Institution in Kaduna State. However, it's important to acknowledge certain limitations. The study's cross-sectional design means that it captures data at a single point in time. This limits the ability to establish causal relationships between variables. Longitudinal studies would provide more robust evidence of the relationships between social support, self-efficacy, and substance abuse over time.

Similarly, the data collected on substance abuse, social support, and self-efficacy relies on self-report measures, which can be subject to bias, including social desirability bias or inaccurate recall. Future research could incorporate multiple methods of data collection, such as interviews, observations, or physiological measures, to validate self-reported data. The study did not include control variables such as socioeconomic status, family structure, or history of substance abuse, which could confound the relationships between social support, self-efficacy, and substance abuse. Future research could consider incorporating these variables to provide a more comprehensive understanding of the dynamics involved.

## Suggestion for Further Studies

The present study has revealed several areas that will be beneficial for future studies. One of the key areas where suggestion is being made for future research is the method. It is the suggestion of the researcher that future studies should adopt a longitudinal study to examine the long-term effects of social support and self-efficacy on substance abuse among adolescents, which will also allow researchers to observe changes in substance use patterns over time and identify critical periods for intervention. Also, supplementing quantitative findings with qualitative research methods such as interviews can provide deeper insight into the lived

experiences, perceptions and other factors influencing substance abuse among these adolescents.

Another suggestion is that comparative studies should be conducted across different institutions and regions to assess variations in substance abuse patterns and factors influencing them. Comparing findings from multiple settings can help identify both commonalities and difference, leading to more tailored intervention strategies.

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