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Impact of peer group influence on the attitudes of adolescents towards drug abuse prevention in cross river state, Nigeria

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Abstract

The study was carried out to determine the impact of peer group influence on the attitudes of adolescents towards drug abuse prevention in Cross River State, Nigeria. Two (2) research questions/hypotheses were formulated to guide the study and relevant literature was reviewed. A survey research design was adopted which made use of a sample of one thousand and eighty Senior Secondary students from 36 sampled schools across three education zones in the state. Two (2) research instruments (a questionnaire and oral interview) were employed for data collection. Data analysis technique used Pearson Product Moment Correlation (r) Coefficient and Independent t-test statistics. All hypotheses were tested at 0.05 alpha level. The results revealed a significant impact of peer group influence on adolescents' attitudes towards drug abuse prevention. It was recommended among others that to foster the development of a positive attitude towards drug abuse prevention by our youths, Government/school authorities and the general public should give young adolescents the competences, values and opportunities to find superior alternatives to drug use.

Keywords: Peer group influence; Attitudes of adolescents; Drug abuse prevention

1. Introduction

Many Nigerian youths use and sometimes abuse alcohol, tobacco, marijuana, and many other drugs. Denga and Akuto (2004) observed that the problems of substance abuse has expanded cancerously during the last two decades, from a relative confinement of those trafficking in drugs from Nigeria to overseas markets for economic purposes, to a widespread misuse of drugs in Nigerian urban areas, rural societies, tertiary institutions of learning, secondary schools and is threatening menacingly these days to engulf primary schools as well.

Drug is a strong propeller of delinquent behaviour among adolescents. Drugs are substances essentially required for human health which should be taken under medical prescription. It is however abused when it is taken without a doctor's prescription or when there is a persistent or sporadic excessive intake. According to Obanya (2015), drug abuse includes smoking cigarettes, marijuana, Indian hemp and taking tramadol without a doctor's advice or taking drugs alleged to aid memory, increase energy, etc.

Adolescents who take drugs do so for a variety of reasons and a given individual may take different drugs at various times for different reasons. Denga and Akuto (2004) pointed out the chief reasons for adolescents taking drugs to include satisfaction of curiosity.

Some adolescents use drugs because some of these substances provide immediate and powerful reinforcing feelings. Substance abuse may be maintained by numerous consequent reinforces that may be psychological, social or

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physiological in nature. These reinforcing factors include anxiety reduction, enhanced ability to exhibit behaviours which one is incapable of without such substances.

Other reasons for taking drugs by adolescents are to:

- Express independence
- Have pleasurable and thrilling new experience
- Gain an improved understanding or creativity
- Foster a sense of ease and relaxation
- Feel high, bold and challenge authority or feel fearless enough to attack other people and destroy them without showing any human feelings.
- Peer group influence

Ajayi (2009) observed that misuse of drugs generally, especially psychoactive drugs, can lead to poor health, personality disorder or behavioral problems. Addicts, he emphasized, are always out of touch with reality and are prone to taking actions which are social vices. Alcohol and other drugs impair perception, reduce powers of sound reasoning, learning ability and memory.

Jessor and Jessor (2008) reported that experimentation with alcohol and other drugs is no longer a common practice of only a small proportion of youths; rather, it has become the norm among the current generation of adolescents. It appears that most adolescents even perceive drug experimentation as a necessary transition to maturity or adulthood.

Adesoji (2019) emphasized that institutions of learning have been noted for student unrest and violent behaviour and that sometimes lecturers and secondary school teachers are harassed and molested whenever students go on rampage. It is the general belief of people that no normal student would engage in any shameful act at the expense of his/her academics without the influence of drugs.

Besides, some students also belong to secret cults whose members are noted for drug abuse. Despite well-known risks, adolescents continue to abuse drugs thereby destroying their own lives. Folawiyo (2008) in a study of prison inmates did observe that many youths are languishing in prison or in police cells over drug-related offences. Folawiyo (2008) added that in spite of the grievous and dastard consequences of drug abuse and the preventive measures undertaken by national and international bodies to curb this menace in youths, this leprous practice has continued to prevail in today's society.

Peer relationships among adolescents are very often involved in substance use/abuse and youths are always adamant towards any form of change. Peer groups are usually made up of playmates, friends or people within the same age bracket. They serve as confidants to their members, share the same values and ideals, stick to group interest instead of individual ideologies, even if such interests/choices are unrealistic, very often predisposed to violent acts that are harmful to the society, etc. However, not all peer groups have negative intentions or are involved in social vices, according to Joshua (2019). Some however think and act positively, hoping for a brighter future and also behave responsibly even as a group. They very often come out as a group to do things that would benefit the society like clean up exercises, inter-youth sports and debates.

Evaluation of prevention programmes indicate that improvement in knowledge and some attitude change may occur, however, there is little evidence that programmes by anti drug agencies have actually reduced or eliminated drug use as reported by Botvin(2009).

Brown (2004) stated that prevention of alcohol and substance use and abuse problems among youths needs to be understood as a continuum of service and consequently research needs to span this continuum. Preventive interventions for alcohol, tobacco and other drug use disorders can be achieved through early detection and diagnosis, and through testing of new behavioural strategies at the individual, family and community levels. Generally, drinking and smoking are instinctive drives which adolescents get involved in because they want to satisfy certain biological and social demands.

Isangedighi (2020) emphasized that, parents and significant others in the society should help to guide the adolescents' impulse and drive energy which is fundamentally biological in nature (Id). Parents and guardians could curb these excesses through good parental upbringing, especially at the early stages of life.

The author also stated that, adolescents' id continues to push them into involvement in this act (substance use and abuse) thereby making prevention difficult. This also implies that there is always a conflict between the three personality components. Thus, parental and societal demands always force adolescents into indulging in the uncontrolled practice of drug use and substance abuse as a means of warding off tension arising from conflict of ideas.

US Department of Health and Human Service (2011) reported that most secondary school students believe that smoking and alcohol intake are dangerous to one's health yet despite this knowledge, many adolescents at that level experiment with smoking and consumption of alcohol. This situation suggests that "social adaptation may override intellectual adaptation or knowledge of the dangers of substance abuse. Thus, peer group pressure or social adaptation (for acceptability) will always cause adolescents to resist any attempt to prevent them from continued indulgence in drinking and smoking.

Ukpong (2020) emphasized that an adolescent who develops a negative self-concept towards life generally becomes frustrated, anxious and loses self-confidence and may venture into other illicit means to obtain happiness such as drug use and drug abuse. The adolescent with such a negative self-concept about life needs help from social workers, parents and especially, teachers to be able to develop a positive and acceptable lifestyle.

Normally, the prevalent values and beliefs in an environment facilitate the making of one's self-image or concept. The basic force motivating the adolescent to engage in substance abuse, and his/her subsequent attitude towards abuse prevention is to actualize, maintain and enhance himself/herself within the context of his/her environment.

The social learning theory of Bandura (1977) emphasized the roles played by vicarious, symbolic and self-regulatory processes in the acquisition of behaviour such as the tendency towards drug abuse and the attitude towards abuse prevention. Thus, drinking, smoking and subsequent abuse of even other drugs, and the attitude towards prevention appear to be initiated as a result of social influences or, more particularly, the imitation of models such as peers and significant others.

1.1. Statement of the problem

Despite well-known risks, adolescents continue to abuse drugs basically because of peer relationship. Such abuses continue to destroy lives according to Eneh (2013) and Olusakin(2015). This persistent act by adolescents has continued to pose serious concern to the government, parents as well as the general public.

Government and parents are worried because continuous substance abuse by adolescents leads to unconsciousness, alteration or narcosis which will invariably affects the aggregate development of the nation.

Researchers like Miller (2005) Onete (2008), and Bachman (2012) stated that adolescents with negative life experiences are known to be at risk or vulnerable to using alcohol, cigarette or marijuana and other drugs.

Several research studies have been carried out and the need to address psycho-social factors such as parenting styles, peer group influence, socio-economic status, residential location, and motivation have been stressed. Besides, governments, school counsellors, psychologists and relevant agencies have constantly organized talks aimed at encouraging attitude change towards substance abuse by adolescents. In spite of all these, the problem of substance abuse and adolescents' negative attitude towards drug abuse prevention has persisted as reported by Ekeratte (2019). It is therefore envisaged that this research will help to foster a positive attitude towards drug abuse prevention.

Aims and Objectives of the research

The overall aim of this research work is to determine the influence of peer relationship on adolescents' attitude towards drug abuse prevention in Cross River State, Nigeria. The following specific objectives are formulated to guide the study.

- Determine the influence of peer group on the attitude of adolescents to drug abuse prevention.
- Examine the influence of urban-rural residential location on the attitude of adolescents to drug abuse prevention

1.2. Research Hypotheses

The following research hypotheses were tested in this study:

- Peer group does not significantly influence the attitude of adolescents towards drug abuse prevention.

- There is no significant difference between urban and rural adolescents in their attitudes towards drug abuse prevention.

1.3. Justification/significance of the study

Extensive empirical research work has been carried out on psycho-social determinants of adolescents' attitude towards drug abuse prevention generally and other related variables by various researchers notably Aneh (2003), Onete (2006) Okalahi (2013) and Ebam (2022).

What is perhaps new is indepth awareness of the causes, consequences and how to reduce negative impact of peer relationship influence on adolescent attitudes towards drug abuse prevention.

Based on this, the research is important for the following reasons:

- It is hoped that the outcome of this study will usher in a new era of attitudinal change among adolescents in the society on the factors, which determine their negative dispositions towards drug abuse prevention. If this is achieved, then drug abuse which breeds such social vices as armed robbery, prostitution, violence, criminality, truancy, etc will be reduced to the barest minimum.
- Parents/guardians would become aware of the different roles they can play in awakening desirable attitudes in youths right from the home towards drug abuse use/and drug abuse prevention:If this is achieved, the frequent violence and disharmony usually experienced at home as a result of drug consumption would have been seriously checked.
- Also, various school authorities may see the need for equipped counselling units with committed and dedicated counsellors to handle students' issues pertaining to drug use and drug abuse prevention.

1.4. Scope of the study

This research work is limited to Cross River State, Nigeria. However, any generalization of the results may be done in the context of any geographical area having similar characteristics. Most importantly, the research is limited in scope to the variables of the study namely: adolescents' attitudes and drug abuse prevention among senior secondary school students in Cross River State.

2. Review of related literature

2.1. Peer group influence and the attitude of adolescents towards drug abuse prevention

A peer group according to Onyejiaku (1991) is a small group of individuals of almost the same age group who come from roughly the same socio-economic background, attend the same school and share common ideas. The peer group is a crucial factor when considering the level of harm in adolescent behaviour. Adolescents' actions, perceptions and attitudes have the clearest and strongest meaning when they serve the purpose of achieving a stronger sense of self and sense of belonging within the realm of one's friendship group.

It has always been noted that negative and unhelpful friendship patterns have been found to set the scene for deviancy training and high rate of escalating delinquent behavior. In fact, peer pressure is widely assumed to be a significant causal factor in the initiation of drinking and smoking and their subsequent abuse according to Jenkns, 2006.

In a longitudinal study of Canadian school children, Maggs (2002) found that peer influence was a major factor influencing the attitude of the children towards the prevention of drinking and smoking. The researcher surveyed the feeling of 500 school children using a self-constructed attitude scale as well as observation schedules. The overall analysis reveals that the childrens attitude towards prevention of drinking and smoking was significantly influenced by peer pressure. $F(3,480=8.05;p<0.001)$. The researcher also noted that the influence seems to come from best friends relationships rather than from large or diversified group pressure. Maggs (2002) observed that the number of their friends who finally gave up smoking or chose to remain in smoking after the prevention programmes seriously affected the behaviour of the school children. The researcher concluded that pressure from peers and best friends are important influences to adolescents smoking behavioural manifestations.

Odunukwe (2012) in examining the influence of social environment on the attitude of adolescents identified the peer group as a very influential and significant factor and describes it as second in importance to the family in shaping the

personality of the child. He noted that the group directs the lifestyle of its members and that each member is obliged to conform to group norms and values/interest.

According to Elder cited in Onyehalu (2008), an individual in the group relies on peers for social acceptance, support and solidarity, and can afford to be rejected by the family but not the peers. He also stated that adolescents often choose groups that seem to embody attitudinal qualities they would like to possess.

Hence, a young man who wants to feel “high” and “tough” might be attracted to a street gang that will endow him with a reflected “toughness”. Likewise, a young woman who seeks popularity may join a clique of her school’s most attractive girls, but in both instances, the individual concern must conform to the group norms, values, and beliefs, and this might include waging war against drug abuse prevention or vice versa.

Okon (2008) and Okubanjo (2013) reported that some adolescents may undergo crisis because of rejection by the group they want to join. This is probably because some peer groups provide their members with a social life pattern, those rejected therefore will be denied not only group support but the day to day social contact of their peers. This becomes frustrating and to ward-off such frustration, according to the researchers, the rejected adolescents may become engaged in drinking and smoking which eventually could lead to the abuse of these substances.

Rejection probably could be based on lack of conformity and perhaps extremely slow adjustment in change of behaviour/attitude towards the group.

Also, Udom (2013), investigating predictors (home, peer group, school) of adolescents attitude towards drug use/abuse/and abuse prevention, reported a positive and significant influence of peer relationships on the attitude of the students towards drug abuse prevention. The study which adopted a survey design made use of 500 participants drawn from secondary schools in Akwa Ibom State. An author constructed instrument (questionnaire) was used to elicit responses from the respondents. Data obtained were analysed with the multiple regression statistical technique with the result as indicated below.

$$0.328 (t=3.659; p<0.05).$$

The result revealed a positive correlation of all the variables of the study with peer relationship as the most significant.

2.2. Residential location and the attitude of adolescents to drug abuse prevention

The influence of residential location or neighbourhood on the development of children/adolescents cannot be overemphasized. There are several literatures to support this claim.

For instance, Okunbajo (2013) investigating psycho social factors that influence adolescent problem behaviour reported that residential/school location contributed immensely to influencing the behaviour of youths including drug use, abuse and prevention. The study was a survey design, which made use of 260 students drawn from three rural and three urban secondary schools using the simple random sampling technique. Also, 20 teachers were selected from the sampled schools, and the instrument for data collection was a 15-item questionnaire. The independent t-test analysis adopted revealed a significant influence of residential location on adolescents attitude to drug use, abuse and prevention.

David (2014) stated that substance use and misuse have long been prevalent in rural areas compared to urban locations. The researcher also emphasized that rural adults and adolescents have longer rates of use for tobacco and methamphetamine and are more likely to engage in high-risk behaviours like binge drinking, than their urban counterparts.

Substance use can be especially difficult to combat in rural communities due to limited resources for prevention, treatment and recovery. According to the 2014 update of the rural-urban chartbook (<https://rural.health.und.edu/projects>), the substance use treatment admission rate for non-rural areas was highest for alcohol as the primary substance, followed by marijuana, stimulants, opiates and cocaine.

Factors contributing to substance use and misuse in rural areas globally according to Bryant (2002) include:

- Low educational attainment
- Poverty
- Unemployment

- Lack of access to mental healthcare
- Isolation and hopelessness
- A greater sense of stigma

Substance use disorders can result in increased illegal activities as well as physical and social health consequences, such as poor academic performance, poor health status, changes in brain structure, and increased risk of death from overdose and suicide.

Denga and Akuto (2004) in a study of neighbourhood location and adolescent drinking and smoking behaviour found out that drinking and smoking as delinquent behaviour were closely associated with residential location characteristics such as high rates of population turn-over, and multi-ethnicity. They further found out that most rural locations usually have the lowest rental cost which attracts immigrants because they tend to be of lower economic status. Immigrants generally from different places come with different cultural backgrounds and so tend to pursue, adhere to, and accommodate different norms and values. By implication, people in such a location might as well tolerate drug abuse and resistance to its prevention.

According to 2014 substance abuse and mental health services; substance use disorders “occur when the recurrent use of alcohol and/or drugs causes clinically significant impairment including health problems, disability, and failure to meet major responsibilities at work, school or home”. The behavioural signs according to the publication include: lack of motivation/repeated absences or poor work performance.

- Neglect of children or household/outbreaks of temper
- Interference with sleeping or eating habits
- General changes in overall attitude
- Deterioration of physical appearance and grooming.
- Secretive or suspicious behavior.

Isangedighi (2019) and Okeye (2009) stated that the prevalence of substance use and abuse is more pronounced within a rural community than urban centres and that it can present many problems such as increased crime and violence, vehicular accidents caused by driving while intoxicated, spreading of infectious diseases, total alcohol syndrome, risky sexual behaviour and homelessness.

Perhaps, this could be so because of absence of anti-drug law enforcement officers within rural communities, lack of specialized programmes and counselling services to discourage substance use and abuse, and lack of public campaign against substance use/abuse and prevention.

Also Omuku (2004) in his research work stated that several characteristics that may affect the attitude of adolescents and influence the prevalence of underage drinking and binge drinking in rural areas. These include: Lower levels of parental disapproval of underage drinking, higher acceptance of peer alcohol use, easier access to alcohol at family events and lower levels of prevention.

Musher-Eizenman, Holub and Ameh (2003) carried out a study entitled attitude and peer group influence on adolescent substance use; The moderating effect of age, sex and substance. They found out that there is a strong and consistent correlation between drug use by adolescents and the drug use that adolescents attribute to their peers. The implication here is that adolescents attitude was influenced by peers.

According to Mason, Mennis, Linker, Bares and Zaharakis (2014), close friends attitudes of indifference increased substance use while disapproval associated with reduced use. Also, female marijuana and cigarette use was more influenced by their close friends than by other factors.

3. Research methodology

3.1. Research design

The Survey research design was chosen for this study. Kerlinger (1986) describes this type of research as that which is directed towards determining the nature of a situation as it exists at the time of investigation. Also, it studies large and small populations by selecting and studying samples chosen from the population to discover the relative incidence, distribution, interrelations of sociological and psychological variables. The Survey research design is therefore relevant

here since the research involves opinion and attitude studies and also depends basically on questionnaire and interviews as means of data collection.

3.2. Research area

The study area is Cross River State which is one of the 36 states in Nigeria. Its capital is Calabar with a total land mass of 21.156 km² and a population of over four million people. Cross River State is located in the South-South geo-political zone and is made up of 18 local government areas and lies between Latitude 5⁰32" and 4⁰27" North of the equator and Longitude 7⁰5" and 9⁰28" East of the Greenwich meridian.

Cross River State is bounded on the North by Benue State, to the South by Bight of Bonny and the Atlantic Ocean, on the East by the Republic of Cameroon and to the West by Akwa Ibom, Abia and Ebonyi States.

The present Cross River State people are made up of the Efiks, Quas, Ejaghams, Ekois, Yakurr, Bekwwara and many other ethnic groups found mainly in the northern part of the state.

The state is endowed with a lot of tourist sites such as the National parks in Boki and Akampa, Obudu Ranch Resort, Afi mountains, Nkarassi Monoliths in Ikom, the Kwa Falls in Oban area, the Nigeria Export Processing Zone (EPZ), Tinapa project and a standard Airport for both domestic and international flights. Other distinctive features found in Cross River State include; the federal and state universities, colleges of education, many private/public primary and secondary schools.

Cross Riverians are engaged in diverse occupations for livelihood most of which are subsistence and commercial farming, business, fishing, white-collar jobs among others. Also, Cross Riverians are pluralistic in spoken/written languages ranging from Efik, Ejagham, Bekwara, etc.

3.3. Population of the study

The population of the study comprised all the Senior Secondary Two (II) students in all public secondary schools in Cross River State. The estimated population is 17,650 Senior Secondary II students drawn from 308 public secondary schools in Cross River State for the 2023/2024 academic session (Source: Statistics Division of SEB, Calabar, 2023).

3.4. Sample and sampling technique

The sampling technique adopted was the stratified random sampling that is multistage. The stratified sampling method or procedure was employed because of the heterogeneity of the population. Also, this method was used for fair representation of all elements/subjects in the sub-groups and to increase statistical precision or reduce sampling error.

The schools in the state were first stratified according to education zones, followed by local government areas. By simple random sampling, five local government areas from each education zone (Calabar, Ikom and Ogoja) were selected giving a total of fifteen (15) local government areas in which schools were located. Eighteen (18) co-educational senior secondary schools were selected according to the basis of stratification. Also, sixty (60) students were randomly selected from each school to give a total of 360 students per zone and 1,080 students for the three zones as sample size (see Table I).

Table 1 Distribution of subjects in the selected schools in Cross River State, Nigeria

S/N	Edu. zone	No. of schools selected	No. of students per class/gender						Total	
			M	F	M	F	M	F	M	F
1	Calabar Zone	Akamkpa (1)	10	10	10	10	10	10	30	30
		Biase (1)	10	10	10	10	10	10	30	30
		Calabar (2)	20	20	20	20	20	20	60	60
		Calabar south (1)	10	10	10	10	10	10	30	30
		Odukpani	10	10	10	10	10	10	30	30
2	Ikom Zone	Abi	10	10	10	10	10	10	30	30

		Boki	10	10	10	10	10	10	30	30
		Ikom	20	20	20	20	20	20	60	60
		Obubra	10	10	10	10	10	10	30	30
		Yakurr	10	10	10	10	10	10	30	30
3	Ogoja Zone	Bekwara	10	10	10	10	10	10	30	30
		Obanlikwu	10	10	10	10	10	10	30	30
		Obudu	10	10	10	10	10	10	30	30
		Yala	10	10	10	10	10	10	30	30
		Ogoj	20	20	20	20	20	20	60	60
		Total	180	180	180	180	180	180	540	540

3.5. Instrument for data collection

The research instrument used for data collection in this study was a questionnaire entitled, “Adolescents Attitude Towards Drug Abuse Prevention Scale” (AADAPS). The questionnaire had four (4) sections with a total of 40 items designed to elicit responses that were clear enough to indicate the subjects attitude towards drug abuse prevention on a Likert-type scale with four (4) response categories ranging from Strongly Agree (SA) to Strongly Disagree (SD). Also, an oral interview was carried out with the subjects using tape-recorder for reliable information about adolescents’ substance use, abuse and prevention.

3.6. Validation and reliability of the instrument

The instruments were subjected to preview and independent expert judgement for face and content validity. The Cronback coefficient alpha method was used to analyse data that were trial-tested. The internal consistency of the sub-scales obtained were high enough to justify the use of the instruments.

Table 2 Cronbach coefficient Alpha Reliability Estimates of the Research instrument sub-scales

Sub-scales (variables)	N	No. of items	\bar{x}	SD	r
Attitude towards drug abuse prevention	50	20	23.35	3.58	0.83
Residential location	50	10	18.78	3.09	0.79
Peer group influence	50	10	15.49	2.42	0.84
Over all	50	40	112.71	10.28	0.81

3.7. Statistical analysis of data

The method of data analysis adopted in this study depended on the hypothesis that was analysed. Each hypothesis of the study was restated and the appropriate statistical analysis technique for testing was given. However, for the purpose of this study two statistical analysis technique were adopted namely. Pearson Product Moment Coefficient Correlation (r) and the independent t-test statistics. All hypotheses were tested at 0.05 level of significance.

4. Results and discussion

4.1. General description of research variables

The study was conducted on the impact of peer group influence on the attitudes of adolescents towards drug abuse prevention in Cross River State, Nigeria. The major independent variable of the study was peer group influence, while the sub-variable identified and used during data gathering was residential location.

The only dependent variable in the study was attitudes of adolescents towards drug abuse prevention. The descriptive statistics variables in the study are shown in Table 3.

Table 3 Means and standard deviations of major variables in the study

S/N	Variable	N	Mean (\bar{x})	SD
1	Attitude towards drug abuse prevention	1080	20.32	3.60
2	Residential location	1080	20.09	2.62
3	Peer group influence	1080	23.68	2.39
	Total	1080	115.34	9.61

4.2. Presentation/interpretation of results

Hypothesis one (1); This was stated as:Peer group does not significantly influence the attitude of adolescents towards drug abuse prevention in Cross River State, Nigeria. The independent variable is peer group influence while the dependent variable is attitude of adolescents towards drug abuse prevention.

Pearson's Product Moment Correlation Coefficient analysis was used to ascertain whether there is any correlation between peer group influence and attitudes of adolescents towards drug abuse prevention. The result is as shown in Table 4.

Table 4 Pearson's Product Coefficient Correlation Analysis of the Influence of Peer Group on the Attitude of Adolescents towards Drug Abuse Prevention

Variables	EY	EY ² EX ²	EXY	r
Peer group influence	(x) 22680	46423	752478	0.62*
Adolescents attitude towards drug abuse prevention	(y) 20320	46135		

*P<.05, df=1078, critical r-value=0.062

The result of the analysis as presented in Table 4 rejected the null hypothesis indicating that peer group has a significant influence on adolescents' attitudes towards drug abuse prevention. The calculated r-value of 0.62 is greater than the critical r-value of 0.062 at 0.05 alpha level with 1078 degrees of freedom.

This implies that respondents agreed that the type of friends (peers) that they keep can cause them to accept or reject any effort at preventing drug abuse.

Hypothesis II: There is no significant difference between urban and rural adolescents in their attitudes towards drug abuse prevention. The independent variable in the hypothesis is residential location (urban or rural) while the dependent variable is attitudes of adolescents towards drug abuse prevention.

The respondents were categorized into urban and rural groups based on their residential locations. The independent t-test statistic was used to analyse the data obtained; the result is presented in Table 5.

Table 5 Independent t-test analysis of the differences between urban and rural adolescents' attitudes towards drug abuse prevention

Group	N	\bar{x}	SD	T
Urban	540	21.08	3.48	
Rural	540	19.56	3.66	6.73*
Total	1080	20.32	3.60	

*p<0.05, df=1078, critical value=1.96

The results in the table above show that the calculated t-value of 6.73 is higher than the critical t-value of 1.96 at 0.05 level of significance with 1078 degrees of freedom, rejecting the null hypothesis.

This means that there is a significant difference between urban and rural adolescents in their attitudes towards drug abuse prevention, with urban adolescents showing more favourable attitude ($\bar{x}=21.08$) towards drug abuse prevention than those in rural locations ($\bar{x}=19.56$).

This also implies that adolescents living in urban locations will more readily accept drug abuse prevention than their counterparts in the rural locations.

5. Discussion of the findings

5.1. Peer group influence and adolescents attitudes towards drug abuse prevention.

The revealed result revealed a significant influence of peer relationship on adolescents' attitudes' towards drug use/abuse and prevention. This result agrees with the research findings of Maggs (2002), Jenkins (2006), Odumukere (2012) and Udom (2013) who reported a positive and significant influence of peer relationships on the attitude of the students (peers) towards drug abuse prevention.

A similar study by Larson (2010) revealed prevailing peer model to be one of the most important variables contributing to the shaping or formation of attitudes of adolescents towards participation in drug abuse prevention programmes.

In fact, peer pressure is a great influence and is a very major factor in the lives of adolescents. Since children go to school, recreational centers, markets and various other places without parents, they can become influenced by what they see and hear, and practice and relate with friends they meet.

5.2. Residential location and adolescents' attitudes towards drug abuse prevention

The result of testing and analysis of residential location and adolescents attitude towards drug abuse prevention showed a significant difference between urban and rural adolescents in their attitudes towards drug abuse prevention. The result showed that adolescents from urban areas seem to have a more positive attitude towards drug abuse prevention ($\bar{x} = 21.08$) than those from rural areas ($\bar{x} = 19.56$). This research finding agrees with that of David (2014) and Okunbajo (2013), Denga and Akuto (2004) who stated that residential/school location contributes immensely to influencing the behaviour of youths including drug use, abuse and prevention.

Also, according to the 2014-rural-urban-chartbook-updae.pdf, rural adolescents and young adults use alcohol at higher rates and are more likely to engage in high-risk behaviours like binge drinking, cigarette smoking, marijuana, cocaine and misuse of opioids than their urban counterparts. This is perhaps as a result of easier access to alcohol and other drugs and to lack of presence of an anti-drug enforcement agency.

The research report above also stated that the consequences of substance use and abuse/addiction is poor academic achievement, poor health status and increased risk of death from overdose and suicide.

Results from the 2022 National Survey on Drug use and Health globally showed that tobacco use for young adults aged 18-25 years was 31.8% in non-metro (rural) areas. The result also indicated that the high rate of tobacco use is an important contributor to rural health disparities as a result of related diseases such as cancers, chronic pulmonary obstructive disorder, heart diseases and stroke.

Also, the findings concerning residential location and adolescent attitudes towards drug abuse prevention agrees with the research results of Diaz (2016) who found strong geographical location influence on attitude. The researcher in his studies indicated that residing in a rural or disadvantaged location increases the likelihood that adolescents could develop abusive tendencies and persistent attitude in drug use and abuse. The complete absence of electricity/other social amenities in rural locations could worsen the situation more as the adolescents have no opportunity to see or hear anti-smoking and alcoholism advertisements on television. This perhaps could have exposed them to the dangers inherent in drug use and abuse such that their attitudes would have been modified.

6. Conclusion

The study was carried out to determine the impact of peer group influence on the attitudes of adolescents towards drug abuse prevention in Cross River State, Nigeria.

A Survey research design was adopted, which made use of a sample size of one thousand and eighty (1080) Senior Secondary Students from 36 sampled schools across three education zones in the research area using multistage stratified random sampling procedure.

Also, two research instruments were employed to test two (2) hypotheses that were formulated. Pearson Product Moment Correlation Coefficient as well as the Independent t-test statistics were employed to analyse the field data obtained.

On the basis of the findings, it was concluded that:

There is a significant impact of peer relationship on adolescents attitudes towards drug abuse prevention

- There is a significant difference between urban and rural adolescents in their attitudes towards drug use, abuse and prevention.
- Adolescents living in urban locations will more readily accept drug abuse prevention than their counterparts in the rural locations.
- Factors contributing to substance use in most rural communities include: low educational attainment, poverty, unemployment, isolation and hopelessness and that there is high rate of tobacco use in rural areas resulting in related diseases such as cancers, chronic pulmonary obstructive disorder, heart diseases and stroke.

However, the researcher recommended that government at all levels and the church/mosque should enlighten the public on the dangers of drug use and abuse addiction.

Also, parents should treat their adolescents/children with high sense of responsibility. This will enhance the development of a positive self-concept of the adolescent and make him/her to think, feel and act positively in matters of drug use and abuse.

Compliance with ethical standard

Disclosure of conflict of interest

No conflict of interest to be disclosed.

Statement of informed consent

Informed consent was obtained from all individual participants included in the study.

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