

INFLUENCE OF FAMILY DYSFUNCTION ON DRUG ABUSE OF ADOLESCENT STUDENTS OF UNITY SCHOOLS IN SOUTH - SOUTH ZONE NIGERIA

Prof. O. G. Kemjika & Achumba Beatrice Ojiugo

Department of Educational Psychology

Guidance and Counselling

University of Oort Harcourt, NIGERIA

ABSTRACT

The study investigated the influence of family Dysfunctional on Drug Abuse of Adolescents Students of Unity Schools in South-South Zone Nigeria. Four research questions and four hypotheses guided the study. Expost facto and correlational designs were employed for the study. A sample of 640 SS 2 and SS 3 students was drawn from the population using stratified random sampling technique. The instruments used for data collection were Dysfunctional Family Assessment scale (DFAS) and Drug/Alcohol Abuse Scale (DAAS). The results were estimated through Linear Multiple Regression, Analysis of Variances (ANOVA), T- test associated with the regression and Mean and Standard deviation. The finding revealed significant influence of family dysfunction on adolescent's drug abuse based on the findings it was recommended that drug education should form part of the curriculum for health education in both basic and secondary school suggestions' for further studies were made.

Keywords: Family dysfunction, Drug and Adolescent.

INTRODUCTION

The family environment, parents create play an important role in determining whether the offspring raised in that family will be well adjusted children, teenagers and finally responsible adults or not. In other words, the family as a social unit performs the initial socialization functions for the child. Children are educated and molded after what obtains in the family. Many facets of the family have great impact on the children, adolescents included. According to Uwe (2012) the parenting style, the socio – economic status and the climate conditions in the home all affect either negatively or positively the personality of the child. Families therefore, could be said to be the strongest socializing forces of life. In the families, children are taught to eschew unacceptable behaviors, to delay gratification and respect the right of others. Conversely, families can teach children aggressive, antisocial and violent behaviors as well, (Sanni, Udoh, Okediji, Modo and Eze 2010). In essence, it could be rightly deduced that the behavioral patterns adolescents came up with could be traced to their home background. Most families have some periods when functioning is impaired by stress (death in the family, parents' /children's serious illness etc), healthy families tend to return to normal functioning after the crises passed. In some other families, however, problems tend to be chronic; parents repeatedly fail to deliver their roles with awareness and sensitivity to each member of the families, children do not always get their need to be dominant in the lives of the children. Families where these situations are in place will become unbalanced, unhealthy and fail to function normally, as difficult behaviors may result in one or all of the members of the families (Bakker 2009, De- Guzman and Bosch 2007). Families units of this nature, where abnormality seems to be the norm are said to be dysfunctional. Equally, families in which conflicts misbehaviors and often child neglect or abuse on the part of individual parent occur continually and regularly; leading other members to accommodate such actions. In such families normal functioning is distorted by one condition or the other and things do not go on

normally as they should. (Vrakas 2009). For instance, in a situation where father – mother relationship which usually plays key role in the proper up-bringing of a child is not cordial the children in such family will come up with negative behaviors. Usually, when conflicts between husband and wife are mismanaged it predicts both marital distress and negative effects for children. In a situation like this, trust and love may be lacking and for the children, their most plausible alternative will be mischief and rebellion. Such children will enter adolescence lacking the security, the psychological stability, the coping skill and sense of belonging within a social order that one gets from growing in a family, (Okoro 2001 Dada 2010 cited in Mbadugha 2012).

Adolescence is a period of rapid growth and development of human beings, which occurs between ages of 12 to 18years. The individuals who belong to this age bracket are referred to as adolescents; and many of them are in secondary schools (Onukwufor 2009). An adolescent has been said to be a person between childhood and maturity, (Hornby 2000). Adolescents have been described as persons between the ages of 12 -19 years – what could be described as the last stage before early adulthood. In some cultures, adolescence covers from ages 10-19 years while in some others, it is from 13 -21. This simply implies that, the age range of adolescence varies from culture to culture (Achumba 2009). At this period the adolescents are faced with a lot of challenges because of dramatic physiological changes they experience. The advent of these physical changes affect adolescent's life in every aspect. The way and manner the adolescents try to face these challenges have probably given rise to their peculiar behavioral patterns.

Drug, which is defined as any chemical substance that can affect the structure or function of a living body, often used as a medicine or in making medicine, or taken for its pleasurable or satisfying effects; could be misused, (Colman 2003). When this happens, it is said to be abused. Drugs are abused when they are used for reasons other than as prescribed by medical experts. As the definition above has it, if drug is used to alter or interfere in the total functioning of an individual, and not for the sake of treating ailment, it is an abuse, (Odiase 2009). The drug could be legal or illegal but if excessively used could spell danger to the user's health. According to Jimoh (2012) cited in Odigie 2012), a relatively high number of adolescents in Nigeria use hypo-sedatives to cope with stress, stemming from poverty, frustration and parental neglect. Odiase, (2009) stated that many Nigerian adolescents and youths abuse drugs. More than half of them started using it at age 16 while 85 percent by age 17. Medical authorities say adolescents whose bodies are still developing are at risk for adverse effects which include stunted growth, mood changes, fluid retention, breast development in males, masculinization in females, high blood pressure and reversible sterility in males. Generally, negative effects of illicit drug use include, but not limited to, brain damage, and damage to major physical organs. It has also been linked to other health compromising behaviors, like risky driving, engagement in high-risk sexual behaviors and violence, etc. (Odiase 2009). Anguish, confusion, disorientation, loss of control, depression, feeling of worthlessness, personality distortion, guilt, shame, accident which may lead to death etc. are some of the experiences of alcoholics. Other health challenges alcoholism poses include but not (limited to) cancer of the mouth, pharynx, larynx and esophagus, liver damage, inflammatory diseases of the pancreas, damage of any part of the central nervous system and muscles infection (Baba-Gana and Idris 2011). Alcohol abuse among teens is not limited to the male; the females are also involved. The percentage of female students engaged in abuse of alcohol is said to have tripled in the last 20 years and 90 percent of all campus rapes occur when alcohol has been used either by the assailant, the victim or both, (Odiase 2009).

The negative consequences of drug abuse on adolescents cannot be over emphasized. Considering the fact that, adolescents in our secondary schools get involved in virtually every vice one can think of, raises a question mark on the type of background they come from. Such maladaptive behaviors range from smoking, fighting and aggression, inflicting cuts on others, willful destruction of properties, involvement in cultism, lesbianism, homosexuality, examination malpractice and gross indiscipline etc. The researcher has witnessed students' involvement in virtually all the vices listed above and more. In one of the Unity Schools, the incident of a student who hit a fellow student and he dropped dead is still fresh in the researcher's mind. Yet, in another Unity School, a couple of years ago, a student cut a major artery in the neck of another student, unfortunately, the victim bled to death as he was being rushed to the hospital. The researcher, a couple of years ago, 2006 to be précised, was a victim of teenage robbery. These dare – devil armed robbers, evaded her Port Harcourt residence and shot her on the leg, but God spared her life. The family however, has been noted to have powerful influences in the life of a child. A child's home – background and parental approach to child up-bringing are predictable because a child reflects to some extent, at least the environment in which he has lived and treatment he has received. However, in looking for ways and means of resolving these problems, it is pertinent to look inward and the family ultimately becomes the first port of call. It is against this background therefore, coupled with the researcher's experiences in different Unity Schools for over two decades, as a teacher/Guidance Counselor she decided to carry out this study. To this end the problem of this study therefore, is: to find out what influence dysfunction in the families have on drug abuse of adolescent students of Unity Schools in the South-South of Nigeria? In other words, does dysfunction in the family influence adolescents' drug abuse.

The main aim of the study was to investigate the extent dysfunction in the families influenced drug abuse of adolescent students' in Unity Schools within the South-South Geopolitical Zone of Nigeria. Specifically the study was designed to achieve the following objectives.

1. Find out the extent Family dysfunction types (Deficient-parents, Controlling-parents and Alcoholic-parents) jointly influenced adolescents' drug abuse.
2. Verify the extent Family dysfunction types (Deficient-parents, controlling and Alcoholic-parents) independently influenced adolescents' drug abuse.

Two research questions guided the study:

1. To what extent do family dysfunction types (Controlling-parents, Deficient-parents, and alcoholic-parents) jointly influence adolescents' drug abuse?
2. To what extent do family dysfunction types (Controlling-parents, Deficient-parents, and Alcoholic-parents) independently influence adolescents' drug abuse?

Two null hypotheses formulated and tested at 0.05 alpha level articulated the study:

1. Family dysfunction types (Controlling-parents, Deficient-parents, and Alcoholic-parents) jointly do not have any significant influence on adolescents' drug abuse.
2. Family dysfunction types (Controlling-parents, Deficient-parents, and Alcoholic-parents) independently do not have any significant influence on adolescents' drug abuse.

Method

Ex-post facto and co relational designs were employed for the study. Simple random sampling by balloting was used to choose seven (7) Unity schools out of the seventeen Unity Schools located within the six states in the South – South zone. The seven schools had a population of three thousand, two hundred and ninety –eight (3298) Senior Secondary two

(SS 2) and Senior Secondary three (SS 3) students which composed of one thousand, nine hundred and fifty (1950) males and one thousand, three hundred and forty eight (1348) females. Stratified random sampling method was then employed to compose a representative sample of 700 students (SS 2 and 3) out of which 640 questionnaires were completely filled and retrieved for the analysis. The sex composition of the sample size is 384 males and 272 females which represent 59 and 42 percent of the sample size respectively.

Two instruments were designed for the study: A twenty two (22) item Dysfunctional Family Assessment Scale (DFAS) and a Drug Abuse Scale (DAS) of eight (8) items were used to gather data for the study. The data was analyzed using multiple linear regression analysis to answer research questions 1, while research questions 2, was answered using beta values. Analysis of variance – ANOVA associated with multiple linear regressions was used to test hypotheses 1, while hypotheses 2, was tested using t-test associated with multiple regression.

RESULTS

The first hypothesis asserts that, family dysfunction types (controlling parents, deficient parents, and alcoholic parents) jointly do not have any significant influence on adolescents' drug abuse. To test this hypothesis, ANOVA associated with the regression analysis was used. The result of the ANOVA is presented in the table below.

Table 1: Summary of ANOVA test associated with the Multiple Regression of family dysfunction types on adolescents Drug abuse.

MODEL	S.S	D.F	M.S	F	SIG
Regression	824.286	3	274.762	21.052	0.000
Residual	8300.814	636	13.052		0.301
Total	9125.100	639			

Predictors: (constant), Family dysfunction types. Dependent variable: Drug Abuse

The result from the table above shows that the calculated f- value of 21.052 was significant at 0.000 level which is lower than the 0.05 probability level. This means that the deficient-parents, alcoholic-parents and controlling-parent's family types jointly have a significant influence on adolescent drug abuse.

The second hypothesis states that; family dysfunction types' (controlling-parents, deficient-parents, and alcoholic-parents) independently do not have any significant influence on adolescents' drug abuse. To test the null hypothesis the t- values from the Regression analysis as presented in the table below were used.

Table 2: BETA values associated with Multiple Regression analysis of family dysfunction types on adolescents Drug abuse

Model 1	B	SEB	BETA	t	Sig
Constant	7.550	0.834		9.048	0.000
Deficient Parents	0.158	0.063	0.100	2.515	0.012
Alcoholic Parents	0.074	0.035	0.088	2.114	0.035
Controlling Parents	0.263	0.052	0.208	5.022	0.000

Dependent variable: Drug Abuse

The results in the table above revealed that the beta value for Deficient -Parents was 0.100 and the associated t- value was 2.515 which was significant at 0.012 level that is lower than

0.05 chosen probability level. Based on this result, Deficient -Parents independently has a significant influence on adolescent drug abuse. The beta value for Alcoholic- Parents was 0.088 and the associated t- value was 2.114 which was significant at 0.035 level that is lower than 0.05 chosen probability level. This shows that Alcoholic- Parents independently has a significant influence on adolescent drug abuse. The table above revealed that the beta value for Controlling Parents was 0.208 and the associated t- value was 5.022 which was significant at 0.000 level that is lower than 0.05 chosen probability level. Hence, Controlling Parents independently has a significant influence on adolescent drug abuse. Generally, based on their beta values, we can deduce that Controlling- Parents has the highest influence on adolescent drug abuse, followed by Deficient Parents and lastly Alcoholic Parents. Therefore based on the unstandardized coefficient B, the model for the equation is $y^1 = 7.550 + 0.158x_1 + 0.074x_2 + 0.263x_3$, Where y^1 is the predicted Drug abuse score while x_1, x_2, x_3 are the respondents scores on Deficient Parents, Alcoholic Parents, and Controlling Parents.

DISCUSSION

The results in table 4.1 revealed that only about 8.6% of the variations in the adolescents' drug abuse are accounted for by the joint influence of deficient-parents, controlling –parents and alcoholic-parents family dysfunction types. This means that the remaining 92.4% of the variations are influenced by other factors which may include location, peer pressure, mass media etc. This finding means that the adolescents' involvement in drugs is significantly influenced by other variables. It should be noted here that behavioral science do not record high percentages of relationships between the variables, however this particular study is statistically significant. This finding is in line with that of Kim and Kim 2008 cited in Rohanny et al, 2011 who found that delinquent adolescents showed more dysfunctional parental pattern dynamics, poor family functioning and higher level of family violence compared to non-delinquent adolescents. Also in line with this finding is that of Koplan et al, 1998 who found that physical abuse which is one of the characteristics of alcoholic-parents family dysfunction, contributed significantly to adolescents' drug abuse, cigarette smoking and disruptive behaviors. Also corroborating the findings of this present study is Odigie 2012, whose study revealed that drug addiction in adolescents is brought about by family instability and other psycho-social trauma in the family.

RECOMMENDATIONS

Based on the findings, the following recommendations were made:

1. Efforts should be intensified in educating the populace especially parents, students and pupils on the consequences of drug abuse.
2. Sex education and drug education should form part of the curriculum for health education in both basic and secondary schools.
3. Programs planned by counseling psychologists and other educators for tackling adolescents' drug abuse, should tailor prevention strategies to the needs of adolescent students and pupils as well. Such strategies should be geared towards equipping them to control their urges.
4. School administrators should ensure family structure and types form part of pre-admission forms to enable counselors gain insight into students' background to enable them employ effective strategies in tackling students' delinquent issues.
5. Marriage counselors should create more awareness on the consequences of dysfunction in the families especially on the children.

6. In tackling issues of students' drug abuse, parents of such students should be involved and if need be counseled.

CONCLUSION

Based on the findings from this study it is concluded that family dysfunction types jointly contribute significantly to adolescents' drug abuse. Secondly, controlling-parents family dysfunction type, independently wields significant influence on adolescents' drug abuse. It should also be noted that other factors beyond the scope of this study could equally be accountable for adolescents' drug abuse; for instance, peer pressure and mass media, the adolescents' environment outside his family, his community and what goes on there, etc.

REFERENCES

- Achumba, B. O. (2009). Adolescents high risk behaviours: implications for counselling: unpublished Ph.D seminar- University of Port Harcourt.
- Baba –Gana & Idris (2011). The effects of alcoholism on individuals and community In eight selected areas of Yerwa district Maiduguri, Nigeria. In Proceedings Of The fourth International Conference On Research And Development Social SU. And Humanities 1(9), 23-52. Pan African Book Company and GIMST Accra.
- Bakker K. (2009). Causes and effects of dysfunctional family relationships.<http://EzineArticles.com/expert=kiki Bakker>.
- Colman (2003) Adolescent drug use. Retrieved from <http://www.cpdd.vcu.edu>
- De-Guzman, M. R. & Bosch, K. R. (2007). High-risk behaviour in youth University of Nebraska, Lincoln. <http://www.ianrpubs.unl.edu/pages/publication D.jsp?publicationid=786> retrieved 26/7/2013.
- Kaplan, SJ, Pelcoritz, D, Salzinger S, Weiner, M, Mendel, FS, Lesser, ML, Labruna, V.E (1998). Physical Abuse As an Additional Risk Factor For Adolescent Psychopathology in: American Journal 155 (954-959).
- Mbaduha N. I. (2012). Family factors influencing mal-adaptive behaviour among Senior Secondary School Students In Rivers State.
- Odiase E. J (2009). The influence of drug abuse on adolescents / youths in Nigeria: an implication for counselling In: Nigerian Journal of Empirical Studies in Psychology and Education Harcourt.
- Odigie, J. I. (2013). Engendering family stability with adolescent stress counselling Intervention. A paper presented at an International Association of Nigeria (CASSON) OAU, Ile-Ife 27th-31st August pg 1-7.
- Okoro, T.O. (2001). Factors and effects of marital breakdown on the child's moral character. Unpublished B.A.(Ed). thesis of delta state university.
- Onukwufor, J. N. (2012). Measures to prevent the spread of HIV / Aids among adolescent secondary school students in Rivers State. in: Nigerian Journal of Empirical Studies In Psychology And Education (NJESPE) 1(13) 89-98.
- Sanni, K. B., Udoh, NA, Okediji, AA; Modo, F. N. and Eze, LN (2010). Family Types and Juvenile Delinquency Issues among Secondary School students in Akwa Ibom State, Nigeria Counselling Implications IN: Journal of Social Sciences 23(1): 21-28. Nnamdi Azikiwe University, Akwa Nigeria.
- Uwe, E.A. (2012), Pre-marital and marital therapy as family homeostasis and counselling strategy for enhancing Societal security: in Keynote and lead presentations at the annual international conference of the counselling Association of Nigeria. Kolo I.A (ed). Pg 26-31.

Vrakas, M. (2009). Causes and effects of the dysfunctional family Helium.com retrieved from realisticrecovery.wordpress.com /2009/08/17/causes-and...

Sex Distribution of The Respondents

Schools	Location	POPN	SEX			
			Male	Male %	Female	Female %
FGC Ikot-Ekpene	Urban	100	48	7%	52	8%
FGC Odi	Rural	94	64	10%	30	5%
FGC Ibillo	Rural	99	70	11%	29	4%
FGC Warri	Urban	97	61	9%	36	5%
FSTC Uromi	Urban	99	43	7%	56	9%
FSTC Ahoada	Rural	99	64	10%	35	5%
FGC Port Harcourt	Urban	52	29	5%	23	5%
TOTAL		640	379	59%	261	41%

