

Family Factors and Adolescents' Substance Abuse: A Study of Adolescent Substance Abusers in Ilorin, Kwara State

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Abstract

There has been a plethora of studies on the relationship between family factors and adolescents' substance abuse. However, few studies have been done on the impact of religious training in home and parental substance abuse on adolescents' substance abuse in Nigeria. Therefore, the objective of this study was to fill this fundamental gap. The study was an explorative type while a survey method was applied. The sample of the study comprised four hundred and twenty-six respondents (n=426) from twelve selected secondary schools in Ilorin, Kwara State. The respondents were selected, using snowballing sampling technique. Questionnaire technique was used to collect quantitative data; while In-depth interview was adopted to collect qualitative information. Two hypotheses were formulated for the study, and they were tested using Chi-Square at 0.05 level of significance. Content analysis was employed to analyze qualitative information obtained from In-depth interview. The results of analysis showed religious training in homes as a protective factor; while parental substance abuse as a risk factor of adolescents' substance abuse. Based on these findings, it was recommended that parents should inculcate religious values and ethics into their wards.

Keywords: Abuse; Adolescents; Alcohol; Drug; Substance

Introduction

A child is brought in to the world via the union of a man and a woman. The psycho social personality development of the child to the adolescent age is largely determined by the family background and or the family factors. Hence, this research looked at the influence of the religious training at home as on the psycho social personality development of a child to the adolescent age as a protective factor vis a vis parental substance abuse as a risk factor to adolescents' substance abuse. This paper is sectioned to capture the statement of the problem, objectives of the study, the reviewed literatures, theoretical framework, methods of data generated, discussion of the findings and then, summary, conclusion and recommendations.

Statement of the Problem

Most of the previous empirical studies on family factors and adolescents' substance abuse focused on the impacts of parental monitoring and supervision, parental discipline styles, single parenthood, socio-economic status of family and family instability on adolescents' substance abuse. Few studies have been conducted on the relationships between religious training at home and adolescents' substance abuse. Though, a sizeable number of studies have been done on the

impact of parental substance use on adolescents' substance abuse. This research however, examines the impact of religious training in home and parental drug-alcohol use and adolescents' alcohol abuse, using selected secondary schools in Ilorin, Kwara State as its basis of empirical analysis.

Study Objectives

The general aim of this paper is to explore the impact of the religious training at home on the psycho social personality development of a child to adolescent age as a protective factor to adolescents' substance abuse. Other specific objectives of the study included:

1. To explore the impact of religious training at home as a protective factor to adolescents' substance abuse.
2. To examine the parental substance abuse as a risk factor to adolescents' substance abuse
3. To determine the prevalence rate of drug-alcohol abuse among the adolescents in Ilorin, kwara state

Literature Review

There is no universally accepted definition of the word adolescence. Some authors defined the term adolescence in term of chronology. For instance, The United Nations Organization (UNO) regards adolescents as those who fall between the ages of 10 and 19 (UNO, 1997, cited in Oladele and Olufunmilayo, 2013). Following the same line, the Nigerian Adolescent Health Policy put the age range of an adolescent to be between 10 and 24 years (NPC, 2003, cited in Stephen, 2012). Other researchers viewed adolescents in terms of psycho-social and biological development. According to Forman and Emans (2000), WHO (1999), Weyman, (2004) and Inem, (2004) cited in Animashaun and Animashaun (2014), adolescence is a progression from childhood to adulthood shown by the onset of puberty. In the words of Adebimpe and Tbhade (2012), adolescent is a period of many transitions which involves a process of confrontation with diverse tasks of development and with demands on development. Suffice to say that adolescent stage is the most precarious stage in individual's life. As a matter of fact, adolescents are important assets of every country with serious orientation towards development. Therefore, they should be properly managed in order to attain the goal of sustainable national development; because they are critical inputs in every human society (Fatoye and Morakinyo, 2002; Kobiowu, 2006; Oladele and Olufunmilayo, 2013).

However, despite their importance, the adolescents nowadays have been confronted with various socio-economic problem issues such as truancy, criminality, poor academic performance, substance abuse and so on. According to Oimage and Oimage (2009), the use of substance constitutes one of the most rampant risks taking behaviour among adolescents in our society. Similarly, Oshodin (2004) and Adeyemo (2007) reiterated that substance abuse is one of the major problems of adolescents in many urban and rural areas in Nigeria. Also, in a study conducted in 2004 by Eneh on pattern of substance abuse among adolescents in River State, the prevalence rate of alcohol use was found to be 65%. Also, study carried by Anumonye (1996) on substance abuse among 2,888 high school students in Lagos metropolis found that the most commonly used substance were alcohol (44%), followed by cigarettes (21%), cannabis (11%) and stimulants (2%). In Sokoto, the reported prevalence rates were 10.9% - 17.8% (Nnaji, 2000). In a more recent survey, the overall prevalent rate was 78%, and the commonly used drugs are tobacco, marijuana (Oshodi, Aina, and Onajole, 2010). In a study of trends in prevalence and pattern of substance abuse among secondary school pupils in Ilorin, Nigeria, it was found that there was a significant increase in current use rates for alcohol, cannabis, mild stimulants and hypno-sedatives (Adelekan and Ndom, 1997). Also, in Ilorin, Nigeria, the lifetime prevalence rates found for adolescents vary between 1.5% for tobacco and 47% for psycho-stimulants (Adelekan and Ndom, 2002).

Various studies have been conducted on the implications of adolescents' substance abuse in our society. Most of the studies pointed that drug-alcohol abuse has physical, psychological, educational and social implications on the adolescents. Every year, approximately 1,400 adolescents die because of the effects of substance abuse (National Institute on Alcohol Abuse and Alcoholism, 2002 cited in Abikoye and Adetifa, 2011). Clements (2004) cited in Abikoye and Adetifa (2011) estimated that four out of ten adolescents are likely to have a lifelong substance abuse problem, with 32 percent having experienced at least one symptom of substance dependence in their life, and 13 percent having had such an experience in the past month. Perkins (2002) argued that adolescent substance abusers are more likely to engage in vandalism, fight, and interpersonal violence. And because of the devastating effects of substance abuse on the physical and mental development of children; it is imperative to examine risk and protective factors of adolescents' substance abuse in our contemporary society.

What account for this high prevalence rate? Researchers such as Oshodi *et al* (2010), Igwe, Ojinnaka, Ejiofor, Emechebe and Ibe (2009), Abudu (2008), Oluremi (2012), Desalu, Iseh, Olokoba, Salawu and Danburan (2010), Ajibulu (2011), Henry, Smith and Caldwell (2007) argued that family variables are the fundamental risk factors of adolescents' substance abuse. Their observations could be substantiated on the conclusion of many social scientists who agreed that the family provides the most important social contact in the child's early life and in most cases provide the basis for personality formation of the child. The family in this respect could be regarded as the most natural environment for child's behavioural development. It is however worrisome today that the family system is in serious disarray because many contemporary family units have faced massive disorganization which makes them capturing of multitudinous tasks difficult (Oketahi, 2003). This has invariably led to situations where the children of the family grow up with abnormal behavioural tendencies such as truancy, drug-alcohol abuse and so on.

Substance Abuse Defined

In order to fully grasp the meaning of substance abuse, it is important to briefly discuss what substance means. Thus, what is substance? Substance refers to anything that could bring about a change in the biological function through its chemical actions (Okoye, 2001). Balogun (2006) views substance as anything that modifies perceptions, cognition, mood, behaviour and general body functions. To Nachi (2007), substance could be seen as a chemical modifier of the living tissues that could bring about physiological and behavioural changes. From these definitions, it can be argued that substance is anything that alters the behaviour of an individual who takes it.

There are many definitions of substance abuse. But few of these definitions would be presented in this paper. According to David (1990) cited in Obot, Ibanga, Ojiji and Wai (2001), substance abuse refers to as a pathological pattern or excessive use of drugs, even though it may be causing physical damage, jeopardizing safety or impairing social relationships and occupational functioning. Mersy (2003), described substance abuse as problematic use of alcohol, tobacco, or illicit and/or prescription drugs and it has been referred to as nation's number one health problem. To Abdullahi (2009), substance abuse is the use of drug and alcohol to the extent that interferes with the health and social function of an individual. While Animashaun and Animashaun (2014) define substance abuse as overindulgence in and dependence on a stimulant, depressant, chemical substance, herb (plant) or fungus leading to effects that are detrimental to the individual's physical health or mental health or the welfare of other. From all these definitions, it can be inferred that drug-alcohol abuse misuse or excessive use or dependence on substance like marijuana, tobacco, alcohol among others, which has great likelihood of causing biological, psychological or social impairment.

Family Defined

Family is a universal institution, and it is an important social unit in every human society. According to Wright and Wright (1994), family is the basis, bedrock and the foundation of human society. It should be noted that the concept is difficult to conceptualize, because it varies from one society to another. According to Murdock (1949), family is a social unit, consisting of adults of

both sexes, with at least two of whom maintaining socially approved sexually relationship, and with one or more child (ren) owned or adopted of a sexually cohabiting adults. Murdock arrived at the definition after intensive and extensive studies of about 256 human societies. Family performs many important functions, which make scholars to term it the 'nerve' of society. Eekelaar (1996:56) cited in Philip (2002) captures various families' responsibilities when he argued that

Parents have to be breadwinners, cooks, sources of encouragement and consolation, homework tutors, arbiters childhood disputes, imparters of sex education, nurses calm crisis, launderers, housekeepers, financial controllers, accountants, enforcers of the family's code of behaviour and of sanctions for its breach, monitors of the child's whereabouts, promoters of the family's religious or ethical standards, purchasers or advisers in relation to clothing, counselors, willing listeners, career advisers, managers of their children's social life and so on

However, in our contemporary society, most families have been dysfunctional; as different forms of families have emerged; such as single-parenthood, divorced households, cohabitating families, and among others. It can be logically argued that these emerging family structures appear incapable of performing complex and multi-dimensional family responsibilities.

A number of empirical studies have been conducted on the relationships between family factors and adolescents' substance abuse. Researchers have linked various family variables such as quality of parental monitoring, parental discipline styles, and family socio-economic status, among others to the prevalence rate of adolescents' substance abuse. The studies of Paschal, Ringwalt, and Flewing (2003), Pearce and Haynie (2004), Eitle (2006), Zimmermann (2006), Changizi (2007) and Dēghani, Roshan and Ganjavi (2008) have shown that single-parenthood or absence is significantly associated with adolescents' drug use and alcohol consumption. This is because single parent places fewer maturity demands on their adolescents, engage in less monitoring and use less effective disciplinary methods (Simons, Simons and Wallace, 2004).

According to Marshall and Ribéaud (2003), inadequate and lack of parental supervisions and monitoring is one of the strong predictive factors of adolescents' substance abuse. Less parental supervision and monitoring signifies weak social bonds between the parents and their adolescents. Brendgen, Vitaro and Bukowski (2000), Paschal, *et al* (2003) and Meldrum, Young and Weerman (2009) shown that poor parental supervision and monitoring may lead the adolescents to affiliate with drug addicts peers, which could predict adolescents' drug abuse. Adolescents who are less supervised and monitored are more likely to have weak self control and they can be easily be influenced by the anti-social peers. Laird, Petit, Bates and Dodge (2003), Queen (2004), and Heilbrum, Goldstein and Reading (2005) found similar results in their empirical studies. Adolescents who are less supervised are more likely to be found on the streets, and possibly associate with anti-social peers (WHO, 1993; and Aderinto, 2007). This may mark the onset of substance abuse among the adolescents. While, Rai (2003), Soenens, Vansteenkiste, Luyeks and Goosens (2006), Clark, Kirisci, Mezzich and Chung (2008) opined that there is a connection between parental knowledge of a child's whereabouts and adolescents' problem behaviour.

Some researchers, such as Lintonen, Rimpela, Vikat, Rimpela (2000), Vereecken, Maes and DeBacquer (2004), and Lemstra, Bennet, Neudorf, Kunsta, Nannapaneni, Warren, Kershaw and Scott (2008), examined the relationship family social economic status and adolescents' substance abuse. According to their findings, family socio-economic status is positively related to the prevalence rate of adolescents' substance abuse. This agrees with the findings of Kouvonon and Lintonen (2002) that adolescents' own financial resources, that is, amount of pocket money determine the level of drunkenness and drug abuse. It seems that the adolescents from the rich families are more likely to abuse drug and alcohol that are expensive such as heroine, adolescents

from lower class are more likely to specialize in substances like tobacco, marijuana, locally made substance (herbs), among others.

Equally, series of empirical studies on the relationships between parenting discipline styles and adolescents' substance abuse have been conducted. Farrington (2011) showed that harsh and punitive discipline; including physical punishment have a link with adolescents' drug abuse and alcohol consumption. According to Glueck and Glueck (1950), Laub and Sampson (1988), Wells and Rankin (1988), and Animashaun and Animashaun (2014) inconsistent discipline such as parents who ignore inappropriate behaviour, negligent about consistently punishing all misbehaviours with pre-established punishments or who threaten punishment but do not follow through lead to anti-social acts, like substance abuse and alcohol consumption. In the same vein, Amosun, Ige and Ajala (2010), monitoring behaviour, applying consistent discipline and developing parent-child attachments could terminate the episode of drug abuse and alcohol consumption among adolescents. It can be inferred from the above empirical studies that excessive or over-indulgent disciplinary methods are more likely to abuse drug or alcohol. It has been argued that excessive beating of children may hamper their psychosocial development, which is one of the critical risk factors of adolescents' drug-alcohol abuse.

Other researchers have focused their attention on parents' substance abuse as the correlate of adolescents' substance abuse. Yu (2003), Van der Holst, Engels, Meeus, Dekovic and Van Leeuw (2005), Brook, Balka, Crossman, Dematis, Galanter and Brook (2010) found a significant relationship between parental substance use and substance abuse among the adolescents. In the same vein, Seljamo, Aromaa, Koivusilta, Rautava, Sourander, Helenius and Sillanpaa (2006) found that father's heavy drinking was the major determinant of their adolescents' heavy drinking and drug use at the age of 15. According to Otten, *et.al* (2008), substance use of the younger children is more likely to be affected by substance use of both parents; whereas alcohol use of the older children is more likely to be affected by alcohol use of mother. This implies the impact of parental substance use on the adolescents is cyclical. In a study done by Ethen (2000), parental influence was identified as a critical factor in adolescents' substance abuse. Also, in a study conducted in Ilorin, Nigeria, there is a significant relationship between parental use of illicit drugs and adolescents' drug abuse (Taylor, 2005). The above research findings seem plausible when we considered social learning theory of Albert Bandura (1977). According to this theory, children observe and imitate the behaviour of their significant others (parents or older siblings). Substance use can be seen as a form of behaviour which can be learned through observation. Therefore, substance abuse by the adolescents may have been learned through substance use of their parents.

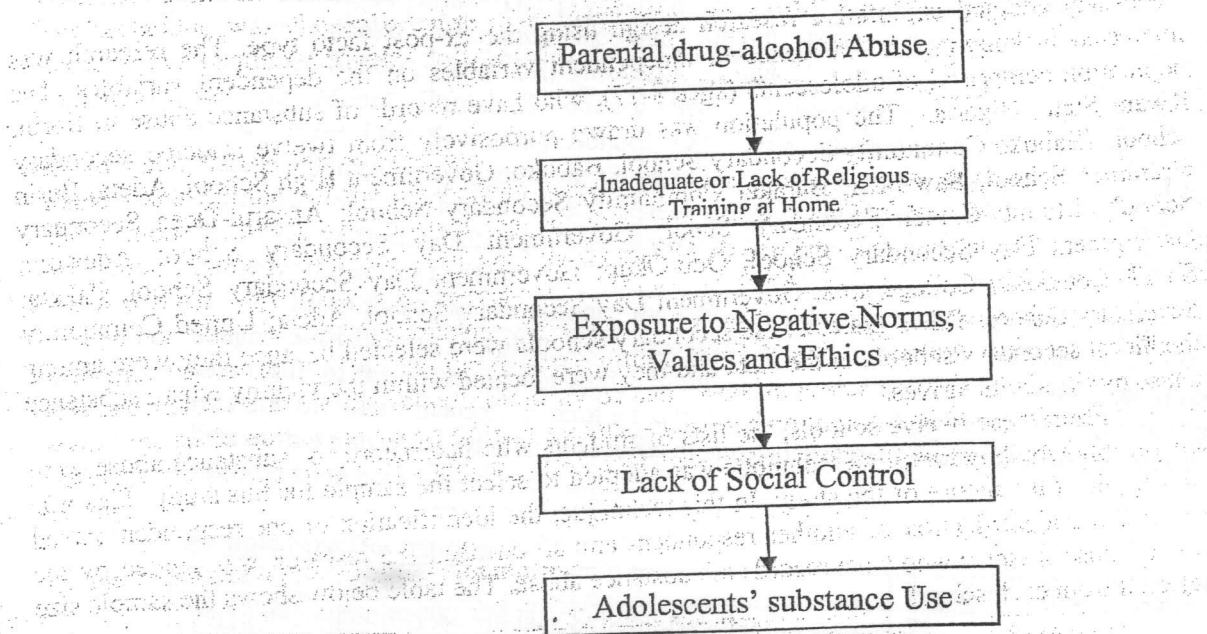
Theoretical Framework

The social control theory was used as a frame of reference in this study. This is because the theory sees family attachment as the strongest socializing forces via which the child learns any forms of social behaviours. The theory was proposed by Hirschi (1969). According to Rebellon (2002), social control theory is one of the most frequently cited theoretical frameworks regarding the context of adolescents' anti-social behaviour. According to the theory, family is one of the strongest socializing forces in the life of adolescents as it teaches adolescents how to control unacceptable behaviour, delay gratification, and respect the rights of others (Wright and Wright, 1994). According to Junger-Tas, Marshall and Riberaud (2003), there are two type of family social control. These are: indirect and direct social control. Indirect control is exercised by the quality of the relationship of an adolescent with his parents (Loeber and Stouthamer, 1986). The stronger the bond, the more the norms will be internalized (Agnew, 1991; Hirschi, 1969; Miller, Esbensen and Freng 1999); while direct control in the family is exercised by close monitoring and supervision (Miller, *et.al.*, 1999).

Applying the theory to adolescent's substance abuse, the adolescents who lack or have little religious training at home are more likely to abuse substance. Religious training is a process of inculcating religious norms, values and ethics in adolescents. The inculcation would serve as a

protective factor to substance abuse. Also, parents who indulge in substance use would pass negative social norms, values and ethics to their children or adolescents. This is because the adolescents may observe and imitate this anti-social behaviour, and they may think that it is an acceptable act. Therefore, parental substance abuse can be seen as a risk factor of adolescents' substance abuse. The theory was tested by Hay (2001) on 14-18 years old high school children, and the theory was found to be relevant to the adolescents' substance abuse.

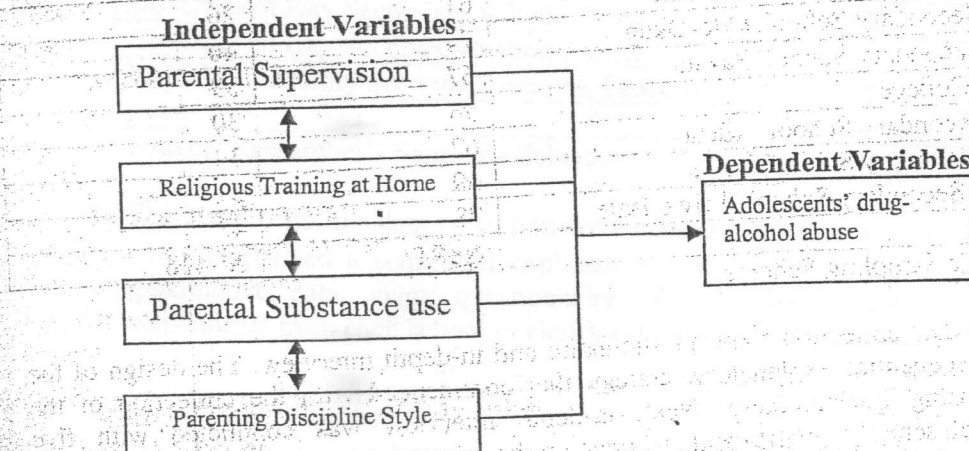
Figure 1: A Model Showing the Relationship among Parental Substance Abuse, Inadequate Religious Training in Home and Adolescents' Substance Abuse



Source: Gottfredson and Hirschi (1990)

The above model shows the genesis and development of substance use among the adolescents. From the model, parental substance use may denote lack or inadequate religious training at home. When this is lacking, adolescents may be exposed to negative norms, values, and ethics, which may culminate into adolescents' substance abuse.

Figure 2: Conceptual Framework Showing Relationship between Independent and Dependent Variable



Source: Designed by the Authors

The independent variables are parental monitoring and supervision, parenting discipline styles, religious training at home, and parental substance use. The dependent variable is adolescents' substance abuse. This means that substance abuse is a function of parental supervision and monitoring, parenting discipline styles, religious training at home and parental substance abuse.

$$ASA = f(PMS, PDS, RTH, PSA)$$

Where, ASA - Adolescents' Substance Abuse; PMS - Parental Monitoring and Supervision; PDS - Parenting Discipline Style; RTH-Religious Training at Home; and PSA-Substance Abuse by Parents.

Methodology

The study adopted explorative research design using the ex-post facto type. The research was interested in knowing the influence of independent variables on the dependent variables. The population comprised of adolescents (ages 8-17), who have records of substance abuse in Ilorin, Kwara State, Nigeria. The population was drawn purposively from twelve selected secondary schools (Baboko Community Secondary School, Baboko; Government High School, Adeta; Ilorin Grammar School, Saw-Mill; Barakat Community Secondary School; Ansarul-Deen Secondary School; Mount Camel Secondary School; Government Day Secondary School Adewole; Government Day Secondary School, Odo-Okun; Government Day Secondary School, Pakata; Sheilk Abdulkadir College area; Government Day Secondary School, Adeta; United Community Secondary School, Taiwo Isale. These secondary schools were selected because they were among the oldest secondary schools in the state and they were located within the vicinity where substance abuse by the adults thrives.

From these twelve schools, the lists of students who had records of substance abuse were sought. Snowballing sampling technique was adopted to select the sample for this study. This was as a result of the nature of the study. In this technique, the identification of one respondent paved way for the identification of another respondent and so on. But, the research was guided by the lists of those students who have records of substance abuse. The table below shows the sample size selected from each school:

Sample Size Description

School	Population (N)	Sample Size (n)
Baboko Community Secondary School, Baboko	71	37
Government High School, Adeta	65	36
Ilorin Grammar School, Saw-Mill	76	41
Barakat Community Secondary School	57	31
Ansarul-Deen Secondary School	45	27
Mount Camel Secondary School	64	35
Government Day Secondary School Adewole	61	26
Government Day Secondary School, Odo-Okun	74	40
Government Day Secondary School, Pakata	67	39
Sheilk Abdulkadir College	58	30
Government Day Secondary School, Adeta	62	34
Government Day Secondary School, Adeta	69	37
United Community Secondary School, Taiwo Isale	78	43
Total	N=847	N=426

Source: Researcher's Sampling Scheme

The instruments for data collection were questionnaire and in-depth interview. The design of the study comprised a sequential explanatory strategy that commenced with the collection of the quantitative data, using questionnaire. Next, in-depth interview was conducted with five respondents from each school to clarify and elaborate on the initial quantitative data. Permission to

conduct the survey was sought and obtained from the Ministry of Education, and the school administrators. A formal introduction was done as a written opening statement at the beginning of the questionnaire and also verbally at the point of administration of the questionnaire. An assurance was given on the anonymity and confidentiality. Furthermore, explanations were given to the respondents on the questionnaire, where necessary.

The data gathered from the use of questionnaire were analyzed using the Statistical Package for the Social Sciences. The descriptive statistics of frequencies and percentages were used to analyze both socio-demographic data and the prevalence rate of adolescents' drug-alcohol abuse gathered for the study. They were chosen because they were effective in describing the essential characteristics of the respondents. Chi-Square was used to test the formulated hypotheses. The technique was chosen because of its usefulness for establishing the degree of relationship between independent variables and dependent variable. The qualitative data were analyzed using content analysis.

Results and Discussion of Findings

Table 1 showed that all the respondents were male. This agrees with the argument of Kouvonen and Lintonen (2002) who posited that alcohol abuse is a "male phenomenon". On the tribal distribution of the respondents, the table shows that 83.10 percent of the respondents were Yoruba; 10.56 percent were Igbo; 2.82 percent were Hausa; and 3.52 percent belonged to other ethnic groups not listed in the questionnaire. This means that majority of the respondents were Yoruba. This may be due to the fact that the research setting was a Yoruba speaking settlement. All of the respondents were attending school. Majority of them were in junior secondary school. In order to assess the socio-economic status of their parents, questions on the type of their dwelling unit were asked, and 97.89 percent of them reported that they were living in single room or room and parlour.

Table 1: Socio-Demographic Information

Variables	Frequency	Percentage
1. Sex		
Male	426	100.00
Female	0	0
Total	426	100.00
2. Tribe		
Yoruba	354	83.10
Igbo	45	10.56
Hausa	12	2.82
Others	15	3.52
Total	426	100.00
3. School Attendance		
Yes	426	100.00
No	0	0.00
Total	73	100.00
4. Type of dwelling unit		
Single room/room and parlour	417	97.89
Self-contained apartment	2	0.47
Flat/duplex	1	0.23
Others	6	1.41
Total	426	100.00
5. Mother Highest Level of Education		
No formal education	101	23.71

Primary education	157	36.85
Secondary education	139	32.63
NCE/OND	7	1.64
B.Sc./HND	3	0.70
Master	1	0.23
Ph.D	0	0
Others	18	4.23
Total	426	100.00
6. Father Highest Level of Education		
No formal education	113	26.53
Primary education	125	29.34
Secondary education	161	37.79
NCE/OND	9	2.11
B.Sc./HND	2	0.47
Master	0	0
Ph.D	0	0
Others	16	3.76
Total	426	100.00
7. Mother Occupation		
Self-employed	289	67.84
Unemployed	54	12.68
Civil Servant	81	19.01
Others	2	0.47
Total	426	100.00
8. Father Occupation		
Self-employed	230	53.99
Unemployed	57	13.38
Civil Servant	85	19.95
Others	54	12.68
Total	426	100.00
9. Who do you live with?		
Mother only	247	57.93
Father only	38	8.92
Mother and father	35	8.22
Relatives	78	18.31
Friends	15	3.52
Living alone	13	3.05
Total	426	100

Source: Researcher's fieldwork (2014)

Similarly, on the educational qualifications of their parents, 23.71 percent of the respondents reported that their mothers had no formal education; 36.85 percent reported that they had primary education; 32.63 percent reported that they had secondary education; 1.64 percent reported that they had National Certificate in Education (NCE) or Ordinary National Diploma (OND); 0.70 percent reported that they had Bachelor Degree or Higher National Diploma (HND). On the other hand, 26.53 percent of the respondents reported that their father had no formal education; 29.34 percent reported that they had primary education; 37.79 percent reported that they had secondary education; 2.11 percent reported that they had National Certificate in Education (NCE) or Ordinary National Diploma (OND); 0.47 percent reported that they had Bachelor Degree or Higher National

Diploma (HND). It can be inferred that the majority of the respondents' parents fell within primary and secondary educations.

On the parental occupations, 67.84 percent of the respondents reported that their mothers were self-employed; 12.68 percent reported that they were unemployed; and 19.01 percent reported that they were civil servants. On the other hand, 53.99 percent reported that their fathers were self-employed; 13.38 percent reported that they were unemployed; and 19.95 reported that they were civil servants. This denotes that majority of the parents were self-employed. Some further reported that their mothers were petty traders (tomatoes, yam, meat, and fish sellers in Oja-Tuntun and Oja-Oba markets); while their fathers were taxi-drivers, mechanics and other manual works. These kinds of occupations may affect the quality of parental monitoring and supervision as they spend their substantive time in the markets and workplace. Furthermore, the table shows that 57.98 percent of the respondents reported that they were living with only mother; 8.92 percent reported that they were living with only father; 18.31 percent were living with the relatives; and only 8.22 percent of the respondents were living with both parents. This implies that the majority of the respondents were from single-parent households.

Table 2: Prevalence Rate of Drug-Alcohol Abuse among Adolescents

Variables	Frequency	Percentage
1. What type of substance do you use?		
Alcohol	117	27.47
Tobacco	58	13.62
Cannabis	121	28.40
Agbo (Local herb, mixed with alcohol)	94	22.07
Others	36	8.44
Total	426	100.00
2. How often do you use substance?		
Everyday	154	36.15
Frequently, but not every day	201	47.18
Weekly	34	7.98
Monthly	37	8.69
Yearly	0	0
Total	426	100.00
3. Where do you normally take substance?		
Hidden Place	72	16.90
Home	34	7.98
School	41	9.62
When I am with my friend	243	57.04
Others	36	8.46
Total	426	100.00
4. Are you aware of the negative effects of substance use?		
Yes		
No	39	9.15
Total	387	90.85
	426	100

Source: Researcher's fieldwork (2014)

Table 2 shows that 27.47 percent of the respondents used alcohol; 13.62 percent of the respondents reported that they always take tobacco; 28.40 percents reported that they frequently take cannabis; while 22.07 percent took locally made alcohol (*Agbo*). In addition to this, 36.15 percent of the respondents reported that they take the substance everyday; with another 47.18 percent reporting

the frequent use of the substance; and another 7.98 percent reported weekly used of the substance; while 8.69 percent of the respondents reported that they used the substance monthly. This means that substance abuse is most prevalent among the adolescents in Ilorin, Kwara State. This finding is supported by the finding of Anumonye (1996); Adelekan *et.al.* (2002); Nnaji (2001); and Aina and Onajole (2010) who found out that substance abuse is most common among the adolescents in our contemporary society. The table further shows that 84 percent of the respondents did not know the implications of substance abuse and they tend to persist in the act. This is equally plausible with the findings of Omage and Omage (2009); Oshodin (2004); and Adeyemo (2007) who reported that adolescents repeatedly used substance because most of them have little or no knowledge about the negative consequences of the substance abused.

Test of Hypotheses

Hypothesis One

H_0 - There is no relationship between religious training in home and adolescents' substance abuse

H_1 - There is a relationship between religious training in home and adolescents' substance abuse

Table 3: Cross-Tabulation on the Relationship between Religious Training at Home and Adolescents' Substance Abuse

Substance Abuse	Availability Religious training			
	High	Low	Not available	Total
Alcohol	9	55	53	117
Tobacco	4	19	35	58
Cannabis	8	58	55	121
Agbo (traditional herbal concoction)	5	45	44	94
Others	2	20	14	36
Total	28	197	201	426

$X^2_c = 16.987$; $DF=8$; $\alpha \text{ level}=0.05$; and $X^2_{\text{table}} = 15.51$

The above table shows that $X^2_c = 16.987$, $P \text{ value} = 0.003$ which is less than 0.05. Thus the null hypothesis is rejected and the rejection was on the basis of the data generated which concluded that there is a significant inverse relationship between availability of religious training in homes and adolescents' substance abuse. This finding is in line with the theoretical assumptions of social control theory (Hirschi, 1969), and supported by Loeber and Stouthamer (1986); Golttfirdson and Hirschi (1990); Wright and Wright (1994); Agnew (1991); Miller *et.al* (1999); Hay (2001); and Rebellon (2002). Families that are religious, inculcate moral values in their children which would serve as a means of social control. It is believed that adolescents who have imbibed norms, ethics and values of their religion may not abuse drug and alcohol. This is because those imbibed religious values and ethnics would serve a means of social control. Accordingly, a respondent further asserted:

My dad was a devoted Muslim, but I'm not sure about my mum. He is a petty trader at Oja-Oba. He normally leaves the house around 8am and returns back around 6pm. Before he would leave in the morning, he makes sure that we observe the morning prayers. We always observe morning and evening prayers, because our dad is always available at those times. But, we always skip afternoon prayers, because he would have been in the market. Our mum is a full house-wife, she stays at home always. Although, she also tells us to go and observe solat, we always turn her down. Sometimes, we run away; or we would not even listen to her

The information in Table 3 was also supported by another respondent who reported that:

My dad has four wives where my mother was the second wife. The first wife has eight children; my mother has six children; the third wife has five while the fourth wife has just a set of twine children (we often call her Iya Ibeji). In all, we are twenty-one. Out of these twenty-one, fifteen were males while the remaining were females. Our dad was a driver, plying Ibadan and Lagos. Sometime, we may not see him for week, even when was at home, he would not communicate or relate with us. He would discuss with our mums and our elder ones. Sometimes, we wonder whether he is our dad simply because he acts as if he was a visitor

Hypothesis Two

H₀ - There is no relationship between parental drug-alcohol use and adolescents' substance abuse

H₁ - There is a relationship between parental drug-alcohol use and adolescents' substance abuse

Table 4: Cross Tabulation on the Relationship between Parental Substance Use and Adolescents' Substance Abuse

Drug-Alcohol Abuse	Parental Drug-Alcohol Use		
	Yes	No	Total
Alcohol	109	8	117
Tobacco	52	6	58
Cannabis	107	14	121
Agbo	77	17	94
Others	33	3	36
Total	378	48	426

$\chi^2_c = 10.69$; $DF=4$; $\alpha \text{ level}=0.05$; $\chi^2_{\alpha} = 9.49$

The above table shows that $\chi^2_c = 10.69$, P value = 0.003 which is less than 0.05. Thus the research findings rejected the null hypothesis and concluded that there is a relationship between parental substance use and adolescents' substance abuse. This finding agrees with the findings of Amosun *et.al* (2010), Onongha (2012), Adebimpe (2012), Stephen (2012), and Oladele and Olufunmilayo (2013). These researchers found that there is a significant correlation between parental substance use and adolescents' substance abuse which implies that adolescents of the parents who use substance are more likely to abuse drug-alcohol. Furthermore, a respondent argued:

Although, I have never seen my dad taking alcohol or any other substance but my mum always accuse him of wasting his money on alcohol, though it's obvious of him that he keeps late at night.

Conclusion and Recommendations

Family factors had strong effects on adolescents' drug-alcohol abuse. It can be concluded that religious training at homes is the protective factor. This is because adolescents who are well fortified with religious ethics are less likely to abuse drug or alcohol; while, parental substance use is one of the major risks factor of adolescents' substance abuse. Parents who abuse substance mostly in the presence of the adolescent are more likely to have adolescents who indulge in substance abuse. Therefore, Hirschi' (1969) social control theory is supported as there are strong links between processes in the family and its relation to delinquent behaviour. This finding also agreed with the conclusion of Rebellon (2002), and Rai, Stanton, Wu, Li, Galbraith, Cottrell, Pack, Harris, D'Alessandri and Burns (2003). Based on this conclusion, the following recommendations are suggested:

- Emphasis should be on religious teachings at home. If religious ethics, values and norms are incorporated or inculcated into the adolescents, they may not indulge in anti-social behaviour,

such as drug-alcohol abuse. No religion preaches or supports drug-alcohol use. Adolescents should be reminded of injunctions in the Holy Scriptures. For example, the Holy Qur'an says "they will come and ask you about alcohol and gambling, tell them that in the two are great sins and some benefits for human kind, but their sins outweighing their benefits" (Qur'an 2; verse 219). Also "your body is a sacred place...you cannot live whenever you please" (Holy Bible: The Message, 1st Corinthians 6:19-20); "honour...your creator while you are still young before the years take their toll and your vigour wanes" (Holy Bible: The Message; Ecclesiastes; 12:1); "but know also that not just anything goes, you have to answer God for every last bit of it" (Holy Bible: The Message; Ecclesiastes; 11:9) Thus, religious training in homes is one of the important ways of addressing the problem of drug-alcohol abuse.

(b) Lastly, parents should be informed about the relationships between parental substance use and adolescents' substance abuse. They should be strongly warned to desist from drug-alcohol use as it can mark the onset of substance abuse among the adolescents.

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