



## Peer pressure influence as correlates of substance use among adolescents in selected senior secondary school in Ikeja local government area of Lagos state, Nigeria

Abraham Onyinyechi Winifred<sup>1</sup>, Ruth Aderanti<sup>2</sup>, Tolani Williams<sup>1</sup>

<sup>1</sup>Department of Education and Humanities, Babcock University, Ogun, Nigeria

<sup>2</sup>Professor, Department of Education and Humanities, Babcock University, Ogun, Nigeria

### Abstract

The general objective of the study was to investigate the relationship between peer group influence and substance use among adolescents in selected senior secondary school in Ikeja Local Government Area of Lagos State, Nigeria. This study employed a descriptive research design to investigate the relationship between peer group influence and substance use among adolescents in selected senior secondary school in Ikeja Local Government Area of Lagos State, Nigeria. The sample of the study consisted of 385 randomly selected senior secondary school students from four secondary schools in Ikeja Local Government Area of Lagos State, Nigeria. The instrument used a 40-item self-structured questionnaire: peer pressure questionnaire (PPQ) and interest in substance usage questionnaire. The result of the finding revealed that there is a relationship between peer group influence and substance use among adolescents in selected secondary schools in Ikeja Local Government Area of Lagos State, Nigeria”.

**Keywords:** peer pressure, substance use, adolescents, senior secondary schools

### Introduction

Substance use is a prevalent part of our society and there is a growing number of youth becoming involved in this practice (Bonomo & Bowes, 2001) <sup>[3]</sup> and this has made it a major problem worldwide, (United Nations Office on Drugs and Crime, 2009). The use of substance among adolescent linked with peer pressure, exploration and experimentation (Madu & Matla, 2003). According to Sharma, 2015, young people begin the habits of substance use and the greater part of them start trying different things with between the ages of 15 and 18. Adolescent substance users realize that these substances will negatively affect them, yet they proceed with it because of the relief it provides for them from stress (Sharma, 2015). Substances include marijuana, cocaine, inhalants, heroin, hallucinogens, or psychotherapeutic taken without a doctor’s prescription. Adolescents are helpless against the impact of substance use, because their brains are still under developed and are still in the process of developing. Substance use is linked with numerous harmful practices and can prompt both short and long term medical conditions, young people who use substances are more probable than other youths to engage in risky sexual behavior or be engaged in criminal acts. Adolescents who use substances often have problems in school, these problems include not attending classes, not doing well in school, and dropping out or being sent away from school. Substance use may influence adolescents relationship with their loved ones, since it will cause them to be inconsistent, absent minded, exploitative, rough and also putting them at risk of becoming a victim of violence.

Drugs are substances that changes the normal biological and psychological functioning of the body and in particular the central nervous system when introduced into the organism (Escandon & Galvez, 2016). The term “drug” includes all types of substances that may have an effect on the

functioning of the brain and it can lead to dependency. UNICEF and World Health Organization (2006) defines substance use as the self-administration of drugs in such a way that is not medically approved. However, the use of these substances and drugs are usually abused by adolescents. These drugs can include mood lifts, pain killers, antidepressants, phenobarbitone, valium, piritone, and sleep control medicines. According to Rew (2005) <sup>[21]</sup>, these substances are able to produce more stimulation, depression, energy, euphoria, sleepiness, relaxation, hallucinations and temporary wellness. Substance use is involves the usage of legal drugs or illegal drugs that are not medically prescribed. Odejide (2017) described substance abuse as the consumption of drug when it is not pharmacologically required, most especially when it is taken despite being legally prohibited or when socially acceptable beverages are used disproportionately. According to Oshikoya and Alli (2016) <sup>[18]</sup>, many Nigerian youths blindly depend on one or more forms of drug to help them carry on with their various daily routine and therefore identified dependence and addiction as the major consequences of substance abuse, characterized by compulsive drug craving seeking behaviors despite the knowledge of its potential adverse effects. These changes are inappropriate in the social and environmental settings, which might put the individual in a risky situation (American Psychiatric Association, 2006).

Adolescence is a period when youngsters express their independence by facing challenges and taking risk, risk-taking is a typical cycle faced by adolescent on the way adulthood, however it additionally carries danger. This critical developmental period is conventionally understood as the years between the onset of puberty and the establishment of social independence (Steinberg, 2014). Adolescence is a distinct phase of the developmental

lifecycle in humans and other animal species (Elliot & Feldman, 1990, Spear 2000

). Among humans, adolescence is a complex, multi-system transitional process involving progression from the immaturity and social dependency of childhood into adult life with the goal and expectation of fulfilled developmental potential, personal agency, and social accountability (Greenfield, Keller, Fuligni, & Maynard, 2003, Graber & Brookes-Gunn, 1996, Modell & Goodman, 1990, Steinberg, 2002). It is the period of life that starts with the biological, hormonal and physical changes of puberty and ends at the age at which an individual attains a stable, independent role in society (Balocchini, Chiamenti, & Lamborghini, 2013). During adolescence one is vulnerable to engaging in a lot of risky behaviors and substance use is one of these behaviors. This study examined the relationship between peer group influence and substance use among adolescents in selected senior secondary school in Ikeja Local Government Area of Lagos State, Nigeria.

Peer group influence, it plays a key role in promoting health during adolescence, as well as, the perception that youngsters have of their quality of life and subjective well-being (Gaspar & Matos, 2008) <sup>[8]</sup>. Glaser, Shelton & Bree, (2010) <sup>[9]</sup>, posits that peer group may on one hand, serve as a model and influence behaviors and attitudes, whilst on the other hand, it may provide easy access, encouragement and an appropriate social setting for consumption. Peers may strongly determine preference in the way of dressing, speaking, using illicit substances, sexual behaviour, adopting and accepting violence, adopting criminal and anti-social behaviours and in many other areas of the adolescent's life (Padilla, Walker & Bean, 2009, Tomé, Matos & Diniz, 2008) <sup>[9, 8]</sup> while on the other hand, having friends allows to share experiences and feelings and to learn how to solve conflicts. Not having friends may lead to social isolation and limited social contacts, as there are fewer opportunities to develop new relations and social interactional skills.

Peers have a key role in promoting health during adolescence, as well as, the perception that youngsters have of their quality of life and subjective well-being. Health does not depend solely on the delivery of health care during illness; on the contrary, influence of different settings may be crucial (Gaspar & Matos, 2008) <sup>[8]</sup>. Behavioural problems that occur during infancy and adolescence (particularly external problems, such as substance use and violence behaviours) may continue throughout adulthood, associated to social non-adaptation, substance abuse and conflicts (Bongers, Koot, Van der Ende & Verhulst, 2008). The peer group may on one hand, serve as a model and influence behaviours and attitudes, whilst on the other hand, it may provide easy access, encouragement and an appropriate social setting for consumption (Glaser, Shelton & Bree, 2010) <sup>[9]</sup>. Peers may strongly determine preference in the way of dressing, speaking, using illicit substances, sexual behaviour, adopting and accepting violence, adopting criminal and anti-social behaviours and in many other areas of the adolescent's life (Padilla, Walker & Bean, 2009; Tomé, Matos & Diniz, 2008) <sup>[9, 8]</sup>. Also, mimicking risk behaviours may be greater when consumption begins in the context of a social event (Larsen, Engels, Sourén, Granic & Overbeek, 2010). On the other hand, having friends allows to share experiences and feelings and to learn how to solve conflicts. Not having friends, on the other hand, leads to

social isolation and limited social contacts, as there are fewer opportunities to develop new relations and social interactional skills. Friendship is also positively associated to psychological well-being (Ueno, 2004) <sup>[25]</sup>, whilst a conflicting relation with peers is negatively associated with health (Laftman & Östberg, 2006) <sup>[13]</sup>. Stronger friendships may provide adolescents with an appropriate environment to development in a healthy way and to achieve good academic results. Adolescents with reciprocal friendships mention high levels of feelings of belonging in school; at the same time, reciprocity and feelings of belonging have positive effects in academic results (Vaquera & Kao, 2008) <sup>[27]</sup>. School is a setting where interpersonal relations are promoted, which are important for youngsters' personal and social development (Ruini, 2009) <sup>[22]</sup>; it is responsible for the transmission of behavioural norms and standards and it represents an essential role in the adolescent's socialisation process. The school is able to gather different peer communities and to promote self-esteem and a harmonious development between adolescents, which makes it a privileged space for meetings and interactions (Baptista, Tomé, Matos, Gaspar & Cruz, 2008). Adolescents spend a great part of their time at school, which also makes it a privileged context for involvement in or protection from risk behaviours (Piko & Kovács, 2010). Camacho, Tomé, Matos, Gamito and Diniz (2010) confirmed that adolescents who like school were those that more often were part of a peer group without involvement in risk behaviours; whilst those that mentioned they did not have any friends reported that they liked school less. Despite the positive influence of the peer group during adolescence, the higher the adolescent's autonomy from the peer group, the higher his/her resilience against its influence. This resilience seems to increase with age, which may mean that it is associated with youngsters' maturity; and girls emerge in several studies as more resilient than boys (Sumter, Bokhorst, Steinberg & Westenberg, 2009). Another factor that may be found in the influence of the peer group is the type of friendship, which adolescents maintain with their peer group: if friends are close they have a greater influence on the other's behaviours (Glaser, Shelton & Bree, 2010) <sup>[9]</sup>. When the friendship is perceived as reciprocal and of quality, it exerts greater influence (Mercken, Sniijders, Steglich, Vartiainen & Vries, 2010). Another factor, which has been identified as a possible factor of decreasing peer influence is assertive refusal. Adolescents that are able to maintain an assertive refusal are less susceptible to the group's influence (Glaser, Shelton & Bree, 2010) <sup>[9]</sup>. These are only some variables identified as possible factors decreasing peer influence. The relation with parents may be a mitigating factor of the negative influence by peers. Communicating family rules and parental style have been inversely associated to substance, alcohol and tobacco consumption during adolescence. This influence is essential for adolescents' development up to adulthood. Communication between parents and adolescents emerges as a protective factor for alcohol, tobacco and substance use (Newman, Harrison & Dashiff, 2008). Sen (2010) <sup>[14]</sup> observed that family meals could lead to creating a closer relation between parents and adolescents, by strengthening a positive relationship and avoiding certain risk behaviours, such as substance use amongst girls and alcohol consumption, physical violence and robberies, amongst boys. These differences between genders may be due to a greater importance that girls

attribute to family activities, but they do not reveal that boys are indifferent to them, only that the relation between genders may differ. Huebner and Howell (2003) <sup>[11]</sup> verified that parental monitoring and communication with parents protected adolescents of both genders from being involved in risk behaviours. Parental monitoring can be defined as parents' knowledge about their children's activities, who they hang out with and what they do. It has been associated to protection of various risk behaviours throughout adolescence, such as substance use or sexual behaviours. It may vary according to age, gender or ethnicity and it generally decreases with age (Westling, Andrews, Hampson & Peterson, 2008). The peer group plays a crucial role in the socialization of the adolescent. Gouws and Kruger (1994) <sup>[10]</sup>, point out that the functions of the peer group are very distinguishable. These include the following:

**Emancipation:** through the peer group, the adolescent realizes the gradual attainment of independence from parents and are forced to stand on their own feet and make own decisions. They also begin to share their own feelings and thoughts with their peers more than with their parents. The peer group also offers the security which the adolescent experienced earlier in the family environment.

**Social acceptability and support:** the peer group gives the adolescent an opportunity to practice social skills and to communicate with members of the opposite sex. It further serves to meet the young person's needs for friendship. Because of fear of loneliness, adolescents view acceptance by the peer group as highly important. The acceptance and support offered to adolescents by their peers is often in contrast to the disapproval from their parents and other adults.

**Search for individual identity:** The peer group offers the adolescent the opportunity to develop a status and serves as a source of feedback about the personality, appearance and behavior. The peer group contributes to the adolescent's forming of his sense of identity. Acceptance by the peer group leads to a positive self-concept formation and self-acceptance. Rejection by a peer group can grossly affect the forming of an adolescent's self-concept and sense of identity. The peer group as a reference and experimentation base: the peer group provides an environment where adolescents can test their ideas about all kinds of matters, particularly matters that are not discussed with adults.

The peer group serves as a reference for the adolescent in that it helps them to find out how well or how badly they are doing in life. Within the peer group, the adolescent also gains the opportunity to learn new roles and to experiment with them. Members of the peer group try out behavior patterns with the peer group as a reference and to shape these when feedback is negative.

**As a reference group:** the peer group also informally provides the adolescent with knowledge on matters such as drugs and sex, but can contribute to the development of behavior which conforms to social rules and regulations.

**Recreation and competition:** the peer group offers the adolescent the opportunity of group participation in sporting activities and encourages spending almost all their leisure time with the group. When forbidden to go out with their peer group, they feel isolated. Within the peer group, the adolescent competes with members of their age group on an equal footing. Healthy competition with peers is important preparation for adult life.

**Role distribution in the peer group:** within a peer group, the adolescent assume particular roles which determine their position within the

group. These roles depend largely on such factors as popularity, conformity, acceptance and rejection.

Popularity, Kimmel and Weiner (1985) <sup>[12]</sup>, explain popularity as to how well liked people are in the groups they belong. They add that being popular means being regarded by others as someone whose company, friendship and esteem they would like to have. Steinberg, in Gouws and Kruger (1994) <sup>[10]</sup>, says the main determinant of adolescents' popularity is their social skills. Adolescents enjoy popularity to the extent that they possess attributes or characteristics which are admired by the groups to which they belong. This means that popularity will vary from one group setting to another. However, because of the variation, adolescents may experience different levels of popularity in different groups to which he belong. Acceptance and rejection, adolescents who are accepted by their peer group will show certain distinguishable traits. These characteristics, according to Gouws and Kruger (1994) <sup>[10]</sup>, include friendliness, cheerfulness, tolerance, initiative, self-confidence and naturalness. They are also the ones who will usually plan interesting and enjoyable group activities and also make others feel accepted and promote interaction within the group. Muuss (1975) <sup>[16]</sup>, points out that the criteria applied by the peer group for the evaluation of social acceptability vary from community to community and from group to group.

**Conformity:** as a result of the young person's need to be accepted, there will be an increase in his motivation to conform to the group's way of behaviour. Kimmel and Weiner (1995), have reported that the strongest type of peer pressure results from expectation of group involvement. They add that when the relationship between the adolescent and his parents is dysfunctional, the adolescent may turn to the peer group for support. Cobb (1992) <sup>[6]</sup>, maintains that friends draw adolescents into realms beyond the family that highlight differences between themselves and their parents. He adds that adolescents consider it a bargain to give up their individuality for the security that comes with belonging to a group. However, depending on the values that are upheld by the peer group to which an adolescent may belong to, the general behaviour of that group may either become socially acceptable or unacceptable - socially unacceptable behaviours will include, amongst others, drug abuse and delinquency.

**Substance use among Adolescents,** substance use among adolescent has been rampant in recent times, Students who ordinarily feel like they are inadequate have been known to use various substance to attain social acknowledgement. Esen (2016) observed that in Nigeria secondary school today adolescents who are under the influence of substances exhibit behaviour that are inconsistent with the school rules and regulations, he further observed the rate at which there is an increase in the incidence of substance abuse among the students and this is a contributing factor in the ugly confrontation between school organization and students. Ubom, (2014) <sup>[26]</sup> in his research he demonstrated that the issue of substance abuse know no boundaries. It hinders the improvement of any society because it could be a risk to life, wellbeing, respect and success of all people. Fayombo and Aremu (2010) <sup>[7]</sup> in their inquire on the impact of substance abuse on academic performance of some adolescent in Ibadan and found out that the misuse of drugs has reached a level where it should be referred to as an epidemic and that substance abuse can low academic accomplishment or put a stop to one's academic pursuit.

According to Ubom, (2014) [26], adolescents take drugs such as amphetamines and pro-plus as aid for success in examination. He hypothesized that those who take substances to study for examinations are those with destitute academic records, a history of insecurity and family/social problems, while others, he commended; utilize floor coverings to extend their self-confidence, increase joy, adapt with sentiments of discouragement and insufficiency, and to encourage communication. He moreover also found that students smoke and utilize drugs at the occasion of friends/peers, guardians and television/radio promotions. Young people are known to be exceptionally vulnerable to the impact of their peers. Osikoya and Ali (2016) attested that socially, a substance abuser is continuously pre-occupied with how to get drug and the need for the substance. Their research uncovered that the scholastic interests of those students who abuse substances isn't unduly jeopardized, and the abusers don't socialize exceptionally, opposite to apparently prevalent desire. Osikoya and Ali (2016) later displayed plenty of purposes for which students use these substances. The list includes interest, intensity, Friends-do-it, satisfaction of social gathering, scholastic weight, sound-sleep, sexual-prowess, and execution in sports. Substance abuse could be an exceptionally genuine issue among adolescents and which has gradually made a typical Nigerian student to be mutilated, sentenced to a life of misconduct, craziness and untimely death.

**Objective of the Study**

The general objective of the study was to investigate the relationship between peer group influence and substance use among adolescents in selected senior secondary school in Ikeja Local Government Area of Lagos State, Nigeria.

**Research hypotheses**

The following null hypotheses are formulated and was addressed in this investigation.

Ho1: There is no significant relationship between peer group influence and substance use among adolescents in selected senior secondary school in Ikeja Local Government Area of Lagos State, Nigeria.

Ho2: There is no significant relative influence of peer group influence on substance use among adolescents in selected senior secondary school in Ikeja Local Government Area of Lagos State, Nigeria.

**Research Design**

This study adopted a descriptive research design which enabled the researcher collect data from a cross-section of the target population. This design was used because no attempt was made to manipulate any of the variable of this study but to portray it as it pre-exist among the participants in this study. This is because the independent or predictor variables being investigated have already occurred and the researcher was only interested in determining its influence on the dependent or criterion variable. In this design, Peer group influence is the dependent variables, while substance use is the independent variable.

**Population of the Study**

The sample for this study consisted of 384 senior secondary school students in two private and two public secondary

schools in G.R.A, Ikeja Local Government Area of Lagos State.

**Results**

**Table 1:** Frequency Distribution of Participant's Demographic Data

S/No.	Variable	Category	Frequency N=313	Percentage
1.	Name of School	Grange	86	27.5
		Grenville	91	29.1
		Tunwase	40	12.8
		Ikeja Senior School	96	30.7
2.	Sex	Male	138	44.1
		Female	155	49.5
3.	Age	Less than 13years	12	3.8
		14-16years	198	63.3
		17-19years	80	25.6
		20years and above	19	6.1
4.	Class	SS1	43	13.7
		SS2	154	49.2
		SS3	106	33.9
5.	Type of Family	Monogamous	76	24.3
		Polygamous	147	47.0
		Single Parent	56	17.9

Table 1: revealed the respondents demography. A total of 313 questionnaires were returned out of 385 distributed for data collection, 86(27.5%) respondents were Grange students, n91 (29.1%) were students of Grenville, 40 (12.8%) were students Tunwase, while 96(30.7%) were students of Ikeja senior school. Hence, most of the respondents were Ikeja senior school students. The sex distribution revealed that 138(44.1% of the respondents are male, while 155(49.5%) are female. Respondents who were within the ages less than 13years were 12(3.8%), 198(63.3%) were within the ages of 14-16years, 80(25.6%) were within the ages of 17-19years, while 19(6.1%) were within the ages of 20years and above. The class distribution indicated that 43(13.7%) of the respondents were in SS1, 154(49.2%) of the respondents were in SS2, while 106(33.9%) were SS3 students. On family type, 76(24.3%) of the respondents were from a monogamous family, 147(47%) are from a polygamous family, while 56(17.9%) of the respondents are from a single parent family.

**Hypothesis One**

**Ho1:** There is no significant relationship between peer group influence and substance use among adolescents in selected senior secondary school in Ikeja Local Government Area of Lagos State, Nigeria.

**Table 2:** Correlations Matrix on the relationship between peer group influence and substance use among adolescents in selected senior secondary school in Ikeja Local Government Area of Lagos State, Nigeria

		Substance abuse
Peer group influence	Pearson Correlation	.322**
	Sig. (2-tailed)	.000
	N	313

\*\* . Correlation is significant at the 0.01 level (2-tailed).

Table 2. Shows the correlation matrix on the relationship between peer group influence and substance use among adolescents. It could be deduced from the result there is a

significant relationship between peer group influence and substance use, ( $r=0.322$ ;  $P<0.05$ ). This implies that there is a direct relationship between peer Group Influence with substance abuse.

**Hypothesis Two**

**Ho2:** There is no significant relative influence of peer group influence on substance use among adolescents in selected senior secondary school in Ikeja Local Government Area of Lagos State, Nigeria.

**Table 3:** Model summary of a multiple regression on the relative influence of peer group on substance use among adolescents in selected senior secondary school in Ikeja Local Government Area of Lagos State, Nigeria.

Model	Unstandardized coefficients B Std. Error	Standardized coefficients Beta	T	Sig
(Constant)	7.614 3.057		2.491	.013
Peer pressure	.637 188	.315	3.398	.001

Dependent Variable: Substance use

Table 2. Revealed the relative influence of peer pressure on substance use. From the result it could be deduced peer group influence has a significant influence on substance use (Beta= 0.311;  $t= 5.821$ ;  $P<0.000$ ), this implies that peer pressure has a significant influence on substance abuse.

**Discussion**

The study investigated the relationship between peer group influence and substance abuse among adolescents in selected secondary schools in Ikeja Local Government Area of Lagos State, Nigeria. The data showed that there is a relationship between peer group influence and substance use among adolescents in selected secondary schools in Ikeja Local Government Area of Lagos State, Nigeria”.

Karl and Bauman, (2002), highlights peer group as a prominent cause in substance use and many other vices in adolescent, friends persuade that peers to use substances claiming that it poses a lot of positive benefits like freedom from stressors, enhancing academic performance and increasing their energy. Furthermore adolescents tend to start looking towards their peers for guidance in preference to family members and become less subjective to parental dominance and of engaging in risky behaviors like substance use (Feldstein & Miller, 2008). According to Steinberg and Mohanan (2007), the strongest predictors of substance use in adolescents is affliction with their peers, an association that has been attributed in varying degrees to peer socialization and friendship choices in which risk taking adolescents are normally attracted towards each other. Negative peer group influence among adolescents may promote engaging in risky behavior like substance use (Bulk, 2008). Peers have a key role in promoting health during adolescence, as well as, the perception that youngsters have of their quality of life and subjective well-being. Health does not depend solely on the delivery of health care during illness; on the contrary, influence of different settings may be crucial (Gaspar & Matos, 2008) [8]. Behavioural problems that occur during infancy and adolescence (particularly external problems, such as substance use and violence behaviours) may continue throughout adulthood, associated to social non-adaptation, substance abuse and conflicts (Bongers, Koot, Van der Ende

& Verhulst, 2008). The peer group may on one hand, serve as a model and influence behaviours and attitudes, whilst on the other hand, it may provide easy access, encouragement and an appropriate social setting for consumption (Glaser, Shelton & Bree, 2010) [9]. Peers may strongly determine preference in the way of dressing, speaking, using illicit substances, sexual behaviour, adopting and accepting violence, adopting criminal and anti-social behaviours and in many other areas of the adolescent’s life (Padilla, Walker & Bean, 2009; Tomé, Matos & Diniz, 2008) [19, 2]

**Conclusion**

Adolescence is an important developmental stage of an individual’s life because they are faced with physiological development as well as pressures from their families and their social environment. They are also vulnerable to environmental pressures from their peers, family members, and family environmental factors. If they are not prepared for these developmental changes and challenges of adolescence, they may end up being frustrated, confused and helpless when confronted by them and in trying to cope with such challenges, adolescents may end up indulging in a variety of substances that endanger their own lives as well as the lives of other people. It can be upsetting, discouraging and sad to see adolescents being under the influence, and dependent so badly into these substances. As future leaders of our country, they should be loved, guided and supported so that they are able to deal with their substance abuse behavior and refrain from further use of substances as it impacts negatively on their lives as discussed under the effects of substances. This study managed to achieve its goals of investigating how it came about that adolescents use substances, investigating the complexities of substance use among secondary schools in GRA, Ikeja Local Government of Lagos, Nigeria, finding out their knowledge of substances and the effects thereof.

**Benefit of the study**

The concern of this study, was to help provide a basis of understanding on how peer group influence can influence adolescent’s engagement in substance use.

The results of this study will provide information to adolescent students which can help them to understand the influence of peer group influence on substance use. Since a problem known is half solved, they are better informed about how to manage optimally peer pressure. Furthermore, paying attention to the factors predisposing adolescents to substance abuse can help to improve self-understanding and self-actualization among students. This study will help teachers and counsellors to easily identify, guide, and counsel students who exhibit dysfunctions such as behavioural or academic achievement problems associated with substance use. Through the findings from this study, school authorities can introduce social orientation programmes aimed at providing information to students on the interrelationships of the variable of this study and its implications. This study will enable school principals stamp down on peer bullying among students by putting in place rules and actions to eliminate bullying in the school system.

**References**

- Balocchini E, Chiamenti G, Lamborghini A. Adolescents: Which risks for their life and health? Journal of Preventive Medicine & Hygiene, 2013.

2. Baptista I, Tomé G, Matos MG *et al.* Jovens com Saúde - Diálogo com uma geração. Lisboa: Texto A Escola, 2008, 197-214.
3. Bonomo Y, Bowes G. Annotation: putting harm reduction into an adolescent context. *Child Health*,2001:37:5-8.
4. Bongers IL, Koot HM, Van der Ende J *et al.* Predicting young adult social functioning from developmental trajectories of externalizing behaviour. *Psychological Medicine*,2008:38:989-999.
5. Camacho I, Tomé G, Matos M. A escola e os adolescentes: Qual a influência da família e dos amigos? *Revista de Psicologia da Criança e do Adolescente*,2010:1:101-116.
6. Cobb NJ. *Adolescence, Continuity, Change and Diversity.* Mayfield Publishing Company, 1992.
7. FAYOMBO GA, Aremu S. "Drug education and its effects on the educational performance of some adolescents drug abusers in Ibadan. *The counsellor*,2010:18(5):378-387.
8. Gaspar T, Matos M. *Qualidade de vida em crianças e adolescentes versão portuguesa dos instrumentos Kidscreen, 52.* Lisboa: FCT, 2008.
9. Glaser B, Shelton HK, Bree M. The Moderating Role of Close Friends in the Relationship between Conduct Problems and Adolescent Substance use. *Journal of Adolescent Health*,2010:47:35-42.
10. Gouws E, Kruger N. *The adolescent: an educational perspective.* Durban: Digma Publications, 1994.
11. Huebner A, Howell L. Examining the relationship between adolescent sexual risk-taking and perceptions of monitoring, communication, and parenting styles. *Journal of Adolescent Health*,2003:33(2):71-78.
12. Kimmel DC, Weiner LB. *Adolescence: A developmental transition.* New York: John Wiley & Sons Inc, 1985.
13. Laftman SB, Östberg V. The pros and cons of social relations: An analysis of adolescents' health complaints. *Social Science & Medicine*,2006:63:611-623.
14. Larsen H, Engels RC, Souren PM. Peer influence in a micro-perspective: Imitation of alcoholic and non-alcoholic beverages. *Addictive Behaviors*,2010:35:49-52.
15. Mercken L, Snijders T, Steglich C. Dynamics of adolescent friendship networks and smoking behavior. *Social Networks*,2010:32:72-81.
16. Muuss RW. *Adolescent behaviour and society. A book of readings,* random House Inc, 1975.
17. Newman K, Harrison L, Dashiff C. Relationships between parenting styles and risk behaviors in adolescent health: An integrative literature review. *Revista Latino-Americana de Enfermagem*,2018:16:142-150.
18. Oshikoya KA, Alli A. Perception of drug abuse amongst Nigerian undergraduates. *World journal of medical sciences*,2016:1(2):133-139.
19. Padilla-Walker LM, Bean RA. Negative and positive peer influence: Relations to positive and negative behaviors of African American, European American, and Hispanic adolescents. *Journal of Adolescence*,2009:32:323-337.
20. Piko B, Hamvai C. Parent, school and peer-related correlates of adolescents' life satisfaction, *Children and Youth Services Review*,2010:32:1479-1482.
21. Rew L. *Adolescent Health. A multidisciplinary Approach to Theory Research and Intervention.* California: sage publications, 2005.
22. Ruini C, Ottolini F, Tomba E. School intervention for promoting psychological well-being in adolescence. *Journal of Behavior Therapy and Experimental Psychiatry*,2009:40:522-532.
23. Sumter S, Bokhorst C, Steinberg L. The developmental pattern of resistance to peer influence in adolescence: Will the teenager ever be able to resist? *Journal of Adolescence*,2009:32:1009-1021.
24. Tomé G, de Matos MG, Simões C, Camacho I, Alves Diniz J. How Can Peer Group Influence the Behavior of Adolescents: Explanatory Model. *Global Journal of Health Science*,2012:4(2):26-35.
25. Ueno K. The effects of friendship networks on adolescent depressive symptoms. *Social Science Research*,2004:34:484-510.
26. Ubom IU. "Behaviour problems of children: Counselling interventions". *Nigerian Society for Educational Psychologists, (NISEP), 2014, 47-58.*
27. Vaquera E, Kao G. Do you like me as much as I like you? Friendships reciprocity and its effects on school outcomes among adolescents. *Social Science Research*,2008:37:55-72.
28. Westling E, Andrews J, Hampson S. Pubertal Timing and Substance Use: The Effects of Gender, Parental Monitoring and Deviant Peers. *Journal of Adolescent Health*,2008:42:555-563.