

# **PSYCHO-SOCIAL PREDICTORS OF ANTISOCIAL BEHAVIOUR AMONG ADOLESCENTS IN SECONDARY SCHOOLS IN IJEBU NORTH LOCAL GOVERNMENT AREA OF OGUN STATE, NIGERIA.**

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## **Abstract**

*This paper examined the psycho-social predictor of anti-social behaviours among adolescents in secondary schools in Ijebu North Local Government Area of Ogun State, Nigeria. two hypotheses were developed by the researcher. The descriptive research design of the ex- post facto type was adopted for this study. The population of this study comprises of all adolescent students in public secondary school in Ijebu North Local Government Area of Ogun State. The study sample consisted of one hundred and fifty (200) respondents from five public secondary schools in Ijebu North Local Government. The sample was based on forty (40) respondents from each school which comprises of both male and female SSS2 students, in each school selected. The respondents were selected using, stratified, random sampling techniques and simple random techniques. three standardize instruments was used to elicit relevant information from the respondents such as The Substance Abuse Attitude Scale developed by Chappel, Veach, & Krug (1985), Zung Self-Rating Depression Scale developed by Zung (1965), and Peer Pressure Inventory (PPI) developed by Clasen, & Brown, (1985),*

*The data collected were analyzed using multiple regression analysis (MRA) and the result was tested significance at 0.05 level. Based on the findings, the following recommendation were made: That school going adolescent should desist from all forms of anti-social behavior, the gospel sound moral counselling should*

*be preached and spread among adolescent, adolescent' should be watchful of the friends they keep and government should make available modern recreational facilities for the adolescent within the school environment as it said that "an idle hand is the Devil's workshop"*

**Key word:** *depression, peer pressure, substance abuse,*

## **Introduction**

Adolescence period is a very sensitive period that requires proper handling and adequate monitoring by parents and those who are concerned like teachers, counselors and other caregivers. It is a span of years during which boys and girls move from childhood to adulthood, developing mentally, physically and socially. The developmental changes that adolescents experience sometimes pose serious problems for them, especially if they have not been counseled before the actual development started. The adolescent period is a social and psychological process the outcome of which may either be positive or negative. When negative it may lead to early onset of antisocial behaviour. For example, studies have shown that this period in children has been associated with a time when adolescents feel tension between dependency on their parents and the need to break away, indulge in risk taking, exhibit restlessness, impulsive behaviour, depressive symptoms, involvement with older and more influential adults, engage in age-inappropriate activities, experience difficulties in school, exhibit antisocial or delinquent tendency, use alcohol, drugs and tobacco, have fewer years of schooling, indulge in early sexual activity, and teenage pregnancy (Miller and Moore, 1990; Ibeagha and Oladimeji, 1998; Osinowo, 1999).

Anti-social behaviour is a broad term that has different meanings at different stages of life course. it is defined as a set of unruly attitude or perception of students which are not in conformity with the school or social norms, such as cultism, substance abuse and examination malpractices. However, within psychosocial literature 'anti-social behaviour' has been a term used for many years as a label for unwanted behaviour as the result of personality disorder and is the opposite of pro-social behaviour (Bowen, Kommy and Heron 2008; McDonald (2004); Nwankwo,et,al. 2010). Recent evidences show that prevalence substance abuse, especially new drugs such as ecstasy, is increasing among adolescent students (Amiri, Shakib, Moosavi, 2009). The multiplicity and interrelatedness of factors associated with substance abuse makes it a complex problem in health domain (Tavolacci, et al. 2013).

Okubanjo (1998) stated that adolescent developmental stage is characterised by want and curiosity, this curiosity leads to the experimentation of these adolescents on various substances such as alcohol and marijuana. Substance abuse is a maladaptive pattern of continuing substance use despite knowledge of impaired social, occupational, psychological or physical functioning caused or

exacerbated by the use (Benzer, 2006). Alcohol abuse in adolescents begins mostly at eighth grade then increases with age and reaches its peak between the ages of eighteen and twenty-two (18-22) years (Waddel 2010). Wallace (2004) stated that the average age when teenagers first try alcohol is 13 years for girls and 11 years for boys, thus indicating that boys are more liable to come in contact with substance such as alcoholic drink, marijuana, Indian helm and heroine before their female counterparts.

Grant (2002) reported that two (2) out of three (3) students at age of 21 years consume alcoholics drink, with men most likely to engage in heavy drinking than women. Fifty percent (50%) of high school students surveyed reported they had at least one drink in the last 30 days and 31% reported having up to five drinks on at least one occasion in the past 30 days (Laurie, 2001). Smoking and alcohol consumption is a world-wide serious risk factor for chronic diseases and injuries worldwide (Swahn, Ali, Palmier, Sikazwe, & Maeya, 2011). According to the United Nations World Drug Report (2011), globally, drug and alcohol consumption causes 118 million or 3.2 per cent of all death and accounts for 4.0% of the disease burden. The report further indicates that globally more pre-adolescent and teenage are using drugs and alcohol. This has a detrimental effect on all sectors of society in all countries globally. In particular it affects the liberty and development of the youths who are the world's most valuable assets (United Nations Office on Drugs and Crime, 2002). The magnitude and characteristic of this challenge vary from region to region and country to country (World Drug Report, 2011). Psychotropic substances are frequently used by adolescents and young adults, alcohol and tobacco being the most prevalent substances (Oetting & Beauvais, 1990).

Excessive drinking represents a serious risk given the related negative consequences like injuries to oneself or others, property damage, and HIV-infection due to unprotected sexual intercourse. However, young students apparently do not perceive excessive drinking as a problem (Murgraff et al., 1999; Wechsler et al., 1999). Since adolescents and young adults tend to experiment with alcohol in order to test their own limits of tolerance and intoxication, it is possible that high levels of consumption might be seen as desirable, rather than as a problem. High levels of intake might also be perceived as the norm, if excessive drinking is frequently practiced among peers. In the past, the prevalence of drugs and alcohol consumption among young people has risen to unprecedented levels. The World Drug Report (2011) reports that a total of 190 million people consume drugs and alcohol worldwide and the majority of these are youths. Bennett, Smith, and Nugent (1991) observes that alcohol, tobacco and marijuana are the most common consumed substances by the adolescents (boys and girls) across the globe. Njuki (2004) maintains that there are many issues confronting Africa such as substance abuse which is not looked at with the seriousness it deserves. He observed that illicit drug-trafficking and substance abuse are increasing in Africa. Cannabis,

methaqualone, heroin and alcohol are included among drugs used across the continent of Africa. Kacwana's (2010) indicates that 60% of the students in secondary schools use or abuse alcohol. The study findings showed that alcohol, especially in sachets (tot packs) are very accessible and easy to conceal by young boys and girls. Another survey done in Kenya and Lesotho revealed that 8.8% of 10 to 14 years boys and girls and 42% of the secondary school male and females were consumers of alcohol, respectively (Kacwana 2010). The learning of these deviant acts, calls for testing social learning behavioural theories like Bandura's social learning theory. In view of the prevalence of anti-Social behaviours among adolescents,

It is well documented that adolescents are more likely than adults to engage in risky behavior. They engaged more in risky behavior than do adults because they are more susceptible to the influence of their similarly risk-prone peers. Olugbenga, Adebimpe and Abodunrin (2009) opines that peer pressure is the influences that people of the same rank or age have on each other. "peer groups have so much influence, especially with adolescents, because, no matter how inappropriate it seems to adults, belonging to a group really does give something significant to the young person Peer pressure is a fact of life and most children will experience some form of it. Many parents want to shield their children from peer pressure and realize they cannot. However, there is much a parent can do to help their child deal with peer pressure. Peer pressure is all about being forced into a certain way of living, dressing, talking, socializing and even thinking-simply because that is how everyone else in a given environment behaves, dresses, talks, socializes and thinks. Mayer (2001) states that attraction of having friends make some teens act, dress, talk, play, and think as their friends do. Nothing is forced; instead it only feels as if it is. Peer pressure is one of the most common reasons young people give for starting to smoke. Simons-morton and Farhat (2010) is of the suggestion that peer pressure might be better referenced as pressure we "feel" from another's influence. And the pressure we "feel" is as much a measure of our current belief system as it is a measure of influence from another. Also, the pressure of our peers can be categorized in two ways: influence and manipulation. Whereas influence is passive, manipulation is hostile, yet both "can" create pressure and both can be either positive or negative.

According to Compass (2004), the experience of difficult changes or challenges is associated with depressive system in adolescence. Depression has a high prevalence and relationship with both memory and academic achievement. Depression indices are: persistent sadness, discouragement, loss of self-worth and interest in daily activities. True depression in teens is often difficult to diagnose because normal adolescent behaviour is marked by both up and down moods. These

moods may alternate over a period of hours or days. Watson and Kendall (2009) study showed that depression in adolescents increase with age, more in females with age 15 to 16-year-olds. Ghahari (2004) also found that disordered mood at the age of 12 years was not only related to heavy alcohol, but perceiving oneself as failing to perform well at school and low self-esteem at the age of 12 years were related to heavy use of alcohol 3 years later among girls. This longitudinal study was carried out in Finland to discover whether certain aspects of depression are more predictive than others in regard to later heavy alcohol use. It suggests that changes in the society have an impact on alcohol use in adolescence. Furthermore Kacwana (2010) investigated the relationship between depression and alcohol dependency in 123 high school students and concluded that depressed students may be inclined to alcohol dependency. Grant (2002) also found that impulsive and depressed adolescents drank more heavily than their non-impulsive counterparts. Depression has an effect on academic achievement. Research has indicated that depressed mood is negatively related to academic achievement. In addition, depressed youth are at risk for many co-morbidities, including conduct problems, personality disorders, substance abuse, obesity, interpersonal conflict, unfulfilling social relationships, and educational and occupational underachievement (Compas, Ey and Grant 2002).

This study is aimed at investigating depression and peer pressure (independent variable) as a Psycho Social predictor of substance abuse (dependent variables); an Anti Social behaviour among adolescents in secondary schools in Ijebu North Local Government area of Ogun State, Nigeria. The main goal of the study is to find out the extent to which psycho-social factor (depression and peer pressure) can predict anti-Social behaviours (substance abuse) among adolescents in secondary schools in Ijebu North Local Government area of Ogun State, Nigeria. Also, to find out if depression in adolescents can lead to substance abuse among secondary schools students and Finally,

### **Hypotheses:**

Two hypotheses are proposed and tested at 0.05 error margin.

- 5) There is no significant combined contributions of depression and peer influence in the prediction of substance abuse among adolescents in secondary schools in Ijebu North Local Government area of Ogun State, Nigeria.
- 6) There is no significant relative contributions of depression and peer influence in the prediction of substance abuse among adolescents in secondary schools in Ijebu North Local Government area of Ogun State, Nigeria.

## **Method**

### **Design and Participants**

This study adopted the descriptive research design of the ex- post facto type. This is because the researcher will not manipulate any of the variables. The target population of this study consisted of all Senior Secondary Schools (SSS 2) students in the selected secondary schools in Ijebu North Local Government area of Ogun State, Nigeria. Stratified and simple random sampling technique was adopted for the purpose of this study. the first stage of stratification was represented by the five town in ijebu North Local Government Area of Ogun State, (Ijebu Igbo, Ago-Iwoye, Oru, Awa and Ilaporu,) one secondary school were randomly selected in each town. In each school, the researcher requested from the management to provide the list of SSS 2 students. Also, from each school, 40 students (20 males and 20 females) were randomly selected to participate in the study making a total of two hundred participants.

### **Instrument**

Three standardized instrument were used in collecting data for this study. These are:

#### **Depression Anxiety Stress Scales**

Depression Anxiety Stress Scales was designed by Antony, Cox, Enns and Swinson, (1998) to assess the level of depression for patients diagnosed with depressive disorder. The Depression Anxiety Stress Scales is a short self-administered survey to quantify the depressed status of a patient. measure on four-point Likert scale ranging from strongly agree, agree, disagree and strongly agree. There are 21 items on the scale that rate the four common characteristics of depression: the pervasive effect, the physiological equivalents, other disturbances, and psychomotor activities. There are ten positively worded and eleven negatively worded questions. Each question is scored on a scale of 1-4 (a little of the time, some of the time, good part of the time, most of the time). The scale reported Cronbach-alpha Reliability score of .87

#### **Substance Abuse Screening Instrument**

Substance abuse will be measured using Drug Abuse Screening Test (DAST) which was developed by Alridge in 1982 and is still an excellent screening tool. It is a 28-item self-report scale that consists of items that parallel to those of the Michigan Alcoholism Screening Test (MAST). The DAST has exhibited valid psychometric properties, of Cronbach alpha reliability co-efficient of .82 and has been found to be “a sensitive screening instrument for the abuse of drugs other than alcohol, examples of items are “Have you abused prescription drugs”, “Do you

abuse more than one drug at a time”, “Are you always able to stop using drugs when you want to”, “Do you try to limit your drug use to certain situations”

Scoring and interpretation: A score of “1” is given for each YES response, except for items 4, 5, and 7, for which a NO response is given a score of “1.” Based on data from a heterogeneous psychiatric patient population, cutoff scores of 6 through 11 are considered to be optimal for screening for substance use disorders. Using a cutoff score of 6 has been found to provide excellent sensitivity for identifying patients with substance use disorders as well as satisfactory specificity (i.e., identification of patients who do not have substance use disorders). Using a cutoff score of <11 somewhat reduces the sensitivity for identifying patients with substance use disorders, but more accurately identifies the patients who do not have a substance use disorders.

### **Peer Pressure Inventory (PPI)**

The peer pressure inventory (PPI) was used to elicit information on Peer Pressure; this PPI was developed by Brown and Clasen (Brown, Clasen and Eicher 1986; Clasen and Brown 1985). The PPI was designed to assess the perception of peer pressure in a number of domains, including peer social activities, misconduct, conformity to peer norms, involvement in school, and involvement with family. Young people are required to assess 53-items on a 7-point scale indicating whether they feel pressure toward or away from a number of activities (e.g., “be social, do things with other people” versus “not be social, do things by yourself”) and to what degree. Research has shown that the scale is valid, reliable and has internally consistency with cronbach alpha of .83 and that high scores on the scale are related to involvement in peer activities, antisocial activities and misconduct (Brown, 1986).

Scoring: Each item is scored from 3 to +3, with the «No Pressure» option scored as zero. Subscale scores are derived by taking the mean of item scores. In the 'No Pressure' box above, in place of the zero score is a letter indicating the subscale with which the item is associated, and a figure indicating the corrected item to scale correlation. Items with nothing in this box are not associated with any of the 5 subscales. C = peer conformity; F = family involvement; P = peer involvement; S = school involvement; M = misconduct.

### **Procedure**

To ensure substantial return of the instrument, the researcher went through adequate pain and vigour to personally administer the questionnaires to the respondents and all were collected back immediately after establishing adequate rapport with the students.

## Result

**Table 1: Mean, standard Deviation and Correlation Matrix of depression, peer influence and substance abuse**

### Correlations

		Depression	Substance Abuse	Peer influence
Depression	Pearson Correlation	1	.291(**)	.012
	Sig. (2-tailed)		.000	.872
	N	192	192	192
Substance Abuse	Pearson Correlation	.291(**)	1	-.486(**)
	Sig. (2-tailed)	.000		.000
	N	192	192	192
Peer influence	Pearson Correlation	.012	-.486(**)	1
	Sig. (2-tailed)	.872	.000	
	N	192	192	192

### Descriptive Statistics

	Mean	Std. Deviation	N
Depression	45.5938	11.30869	200
Peer influence	40.2917	4.93501	200
Substance abuse	6.6354	2.57706	200

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

\* Correlation is significant at the 0.05 level (2-tailed).



The results in table 1 above revealed that there was negative relationship between peer influence and substance abuse ( $r_{(192)} = .486$ ;  $P < .01$ ) and there was positive relationship between depression and substance abuse ( $r_{(192)} = .291$ ;  $P < .01$ )

### Test of hypothesis One

*There is no significant combined contributions of depression and peer influence in the prediction of adolescent substance abuse in Ijebu North Local Government Area in Ogun State Nigeria.*

**Table2:** The composite contributions of depression and peer influence in the prediction of adolescent substance abuse in Ijebu North Local Government Area in Lagos State Nigeria.

#### Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.602(a)	.362	.352	2.07494

a Predictors: (Constant), peer influence, personality type

#### ANOVA(b)

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	459.070	3	153.023	35.543	.000(a)
	Residual	809.409	188	4.305		
	Total	1268.479	191			

a Predictors: (Constant), peer influence, depression

b Dependent Variable: substance abuse

From the table 2 (Model Summary) the result revealed a significant relationship between the predicting variables (depression and peer influence) and the dependent variable (adolescent substance abuse).. The value of the coefficient of determination (( $R = .602$ ;  $R^2 = 0.362$   $F_{(3,191)} = 35.543$ ;  $P < .05$ ) implies that depression and peer influence contribute about 36.2% of the adolescent substance abuse in Ijebu North Local Government Area in Ogun State Nigeria. The null hypothesis which states that there is no significant combined contributions of depression and peer influence

in the prediction of adolescent substance abuse in Ijebu North Local Government Area in Ogun State Nigeria was hereby rejected.

## **Test of Hypothesis Two**

***There is no significant relative contributions of depression and peer influence in the prediction of adolescent substance abuse in Ijebu North Local Government Area in Ogun State Nigeria***

**Table 4: The relative contributions of depression and peer influence in the prediction of adolescent substance abuse in Ijebu North Local Government Area in Ogun State Nigeria.**

Model	Unstandardized Coefficients		Standardized Coefficients	T	Sig.
	B	Std. Error	Beta	B	Std. Error
1 (Constant)	5.214	2.917		1.788	.075
depression	.073	.013	.322	5.480	.000
Peer influence	-.237	.031	-.453	-7.651	.000

The results above show that the independent variables (depression and peer influence) made significant relative contribution to the adolescent substance abuse in Ijebu North Local Government Area in Ogun State. Peer influence made the highest contribution ( $B = .453$ ;  $t = 7.651$ ;  $P < .05$ ) followed by Depression ( $B = .322$ ;  $t = 5.480$ ;  $P < .05$ ). This implies that adolescent substance abuse to a large extent depends on the peer influence of the adolescent in Ijebu North Local Government Area in Ogun State.

## **Discussion**

This research work was carried out with reference to psycho-social predictors of antisocial behavior among adolescents, in which adequate and essential information were gathered with respect to the influence of psycho-social predictors on antisocial behavior among adolescents. Primary data was gathered by the use of

standardized instruments to gather vital information which was administered to the respondent (secondary school students) selected from public secondary school in Ijebu North Local Government in Ogun State without being biased. Multiple regressions analysis was employed as an analytical technique which was incorporated to ensure effective and efficient analysis interpretation of research hypotheses, several findings were made during this research. Considering the complex nature of human being it is pertinent to state here that there is diversity in the area of depression in the prediction of anti-social behavior among adolescent. From the hypotheses formulated for this research study, hypotheses one stated that "There is no significant combined contributions of depression and peer influence in the prediction of substance abuse among adolescents in secondary schools in Ijebu North Local Government area of Ogun State, Nigeria.

from result of the analysis of this research study, it was posited that depression and peer pressure will significantly have impact on substance abuse among adolescents in secondary schools in Ijebu North Local Government area of Ogun State, depression and peer influence contribute about 36.2% of the adolescent substance abuse the finding was in line with Ghahari (2004) who found that disordered mood at the age of 12 years was not only related to heavy alcohol, but perceiving oneself as failing to perform well at school and low self-esteem at the age of 12 years were related to heavy use of alcohol 3 years later among girls, This longitudinal study was carried out in Finland to discover whether certain aspects of depression are more predictive than others in regard to later heavy alcohol use. It suggests that changes in the society have an impact on alcohol use in adolescence. Furthermore Kacwana (2010) investigated the relationship between depression and alcohol dependency in 123 high school students and concluded that depressed students may be inclined to alcohol dependency. Grant (2002) also found that impulsive and depressed adolescents drank more heavily than their non-impulsive counterparts. Their findings were further confirmed by Watson and Kendall (2009) and the study showed that depression in adolescents increase with age, more in females with age 15 to 16-year-olds.

Hypotheses two stated that "There is no significant relative contributions of depression and peer influence in the prediction of substance abuse among adolescents in secondary schools in Ijebu North Local Government Area of Ogun State, Nigeria. from the analysis of this research study, it was posited that Peer influence made the highest contribution follow by Depression. This implies that adolescent substance abuse to a large extent depends on the peer influence of the adolescent in Ijebu North Local Government Area in Ogun State. findings of this research was in line with health behavior organisation who found out that one of the mechanisms by which anti-social behavior is acquired is through imitation or modeling of other's behavior. The role of significant others is particularly important

in this respects. Among adolescents, regular smoking has been associated with both peer (Withers, et al 2000). Likewise, data indicates that regular use of tobacco and alcohol and lifetime illegal substance use are associated with cigarette use among peers and older siblings (Okoye 2001). The result of this findings also affirms the result of Andrews, Tildesley, Hops and Li, (2002) that “peer influence was more important than the parental influence”. The study therefore reveals that peer pressure exerts significant influence on adolescents substance abuse. This is linked to adolescent substance use as peer groups directly and indirectly forces adolescents to use substance. Instances of direct peer pressure include encouragement to make use of tobacco, while indirect peer influences occurs when adolescents see their peers as role models and the use of substance may increase their acceptance. This lend supports to Olugbenga, Adebimpe and Abodunrin (2009) submission that that “peer groups have so much influence, especially with adolescents, because, no matter how inappropriate it seems to adults, belonging to a group really does give something significant to the young person”

## **Conclusion**

The research study reveals that a number of volitional strategies correspond to the control or meta-cognitive components of adolescent ' and anti-social behaviour, it was deduced from this research study that there is significant combined and relative contributions of depression and peer influence in the prediction of substance abuse among adolescents in secondary schools in Ijebu North Local Government area of Ogun State, Nigeria.

It was found out in this study that substance abuse among school going adolescent in ijebu north local government in Ogun state could be significantly attributed to depression and peer influence The conclusion made from this research study was that depression and peer influence will have a significant effect in prediction of adolescent anti-social behaviour.

## **Counselling Implication**

This study revealed that depression and peer influence has a significant effect in prediction of adolescent anti-social behavior

This has implication for counselling.

1. Consellers should organize workshops, seminars and symposium for parents where effective parenting will be discussed. Parents should be encouraged to visit their children in the school so that they can do a follow up of their children's progress in school and also know the kind of friends

they keep. This constant check on children can sustain their educational and moral development.

2. Counsellors should organize seminars, symposium and workshops for students on other social clubs in school where they can become members and participate actively in sporting, sporting activities should be encourage among the students if these are done the students outside academic work will always be engaged and not idle because the idle mind they say is the devils workshop,

### **Recommendations**

Based on the findings emanating from this study, the following recommendations are highlighted.

1. That school going adolescent should desist from all forms of anti-social behaviour.
2. That the gospel sound moral counseling should be preached and spread among adolescent.
3. That adolescent' should be watchful of the friends they keep.
4. That the government should make available modern recreational facilities for the adolescent within the school environment as it said that "an idle hand is the Devil's workshop"
6. State and National Surveys on patterns of drug use and abuse should be carried out among school going adolescent. The survey should allow for identification of students who use drug so as to direct the preventive programme towards them.
7. Establishment of Counselling Centres for Drug Control: Counselling centres should be established in schools and community by the government or private individuals. Qualified health counsellor should be employed in helping drug addicts or those dependent on drug by giving them counsel on how to go about the withdrawal.
8. health educators should develop programmes that would educate student/adolescent population in tertiary institutions and communities on the negative effects of substances use. Also, drug education should be integrated into the General Course Study in public secondary school in Nigeria.

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