

**Substance Abuse among Out-of-School Adolescents: Examining the Roles of Peer Pressure,
Self-Esteem, Social Rejection, and Parental Monitoring in Ibadan, Nigeria**

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Abstract

Substance abuse in out-of-school adolescents had turned out to be a public health issue in urban places of Nigeria. This study was undertaken to assess the predictions of peer influence, self-esteem, social rejection, and parental monitoring in respect of substance use among school dropouts in Ibadan, Oyo State, Nigeria. Snowball sampling was done for at least 60 out-of-school adolescents from three densely populated local government areas that are high on indication of substance use among adolescents. Data were gathered using a validated structured questionnaire having measures for the key psychosocial variables of substance use behaviours. The results of the analysis using correlation and multiple regression techniques showed that all the four psychosocial factors were significantly predictive of substance abuse. Rewards from peer influence and lack of supervision by parents ranked the highest, followed by social rejection and low self-esteem. A substantial amount of variance in substance use among participants was explained by the model. These findings bring to fore some of the complexities involving individual and environmental factors that motivate substance involvement among marginalised youth populations. This thus calls for the very urgent implementation of community-based intervention programmes for peer group dynamics or increased parental involvement with protective psychosocial functioning among susceptible adolescents. Reducing the prevalence of adolescent substance abuse and its attendant risks may also require specifically tailored interventions in slum communities and informal settlements. This study complements the developing body of knowledge around youth substance behaviour in sub-Saharan Africa while providing evidence toward holistic preventive strategies.

Keywords: Peer influence, self-esteem, social rejection, parental monitoring, substance abuse

Introduction

Substance use is a worldwide issue for health and bears grave socio-psychological consequences for out-of-school adolescents. The absence of properly structured routines and preventive intervention puts such adolescents at higher risk. As Sussman and Ames (2023) state, globally over 275 million people were substance users in the last year, many of who were adolescents excluded from school systems. Usually found in areas of low socio-economic status, their parental supervision is mostly lacking. Indeed, consciousness of the Organisation for World Health (2022) is that substance use causes greater vulnerability among marginalised youth towards crimes and deteriorating mental health. Marsiglia et al. (2024) identified that out-of-school adolescents in Kenya, South Africa, and Nigeria exhibited higher substance use. Specifically, the fact that out-of-school adolescents in Nigeria indulge in substance abuse is a great concern. Omopo and Odedokun (2024) studied the trend on increased use of cannabis and prescription medications in urban centres like Ibadan. Psychological distress, peer pressure and emotional dysregulation are believed by Omopo (2023), and Adegunju, Asiyambi, and Omopo (2024) to foster drug use among in-school adolescents, which means that out-of-school adolescents may be at an even greater risk. Such adolescents are heavily involved in drug use for coping mechanisms, with little or no access to counselling or health education. Most of the interventions still target in-school adolescents and ignore adolescents out-of-school.

Social rejection is perhaps the most important psychosocial basis for adolescent substance abuse. Maladjusted individuals seem to consume substances to cope with alienation and worthlessness from school, family, or peer groups. Twala and Dube (2023) indicates that rejected adolescents in South Africa were more likely to consume substances as a means of peer approval. Likewise, Omaku et al. (2024) reported increasing psychological distress and substance use among African adolescents outside formal education. In Nigeria, social rejection is seemingly one of the major factors suspected to increase substance abuse among young people.

It will also involve low self-esteem in cases where school disinterest and social adversity are present. Youngsters with low self-worth develop this abuse habit for the purposes of mood enhancement and peer acceptance. Factors such as low self-esteem, tendencies for self-medication, and cognitive distortions also tend to contribute, especially in institutionalised populations (Omopo & Odedokun, 2024). Lack of achievement and continuous social

comparison make out-of-school youth particularly vulnerable. Understanding this association is important for designing preventive strategies to suit the specific needs of these people.

Peer pressure is another contributing factor to substance abuse. For adolescents out-of-school, peer groups replace organised spaces and serve as sources of identity. Oyinvwi et al. (2024) attested that peer and environment factors are integral towards adolescent substance use. Where there are no positive school-based peer modelling opportunities, the adolescents are more likely to be seen imitating substance-using peers. According to Omopo et al. (2024), patterns of similar observations are seen in the correctional institutions. Therefore, peer dynamics should also be put into consideration in understanding and preventing substance abuse among adolescents.

Another key factor is parental monitoring. Adolescents who are not under proper parental supervision are at greater risk of engaging in substances. Economic strain often implies limited parental presence, which exposes out-of-school youth to greater risks. Omopo and Odedokun (2024) recorded a lack of parental involvement as an important predictor for substance use among imprisoned youths in Oyo State. Therefore, strengthening parental involvement is central for reducing the risk of substance abuse. Though several studies recognise adolescent substance abuse, there are few that really delve into its psychosocial determinants among out-of-school youth in Nigeria. Researches done in Nigeria mostly deal with in-school populations and rarely analyse effects in interaction. Therefore, our study is going to fill this gap by looking at social rejection, low self-esteem, peer influence, and poor parental monitoring as interconnecting variables.

Purpose of the Study

This study seeks to understand the relationship between perceived social rejection, low self-esteem, peer pressure, and poor parental monitoring on substance use among out-of-school adolescents in Ibadan, Oyo State, Nigeria. Specifically, the objectives of this study are as follows:

1. To examine the relationship between perceived social rejection, low self-esteem, peer influence, poor parental monitoring, and substance abuse among out-of-school adolescents in Ibadan, Nigeria.

2. To determine the combined effect of perceived social rejection, low self-esteem, peer influence, and poor parental monitoring on substance abuse among out-of-school adolescents in Ibadan, Nigeria.
3. To assess the relative contributions of perceived social rejection, low self-esteem, peer influence, and poor parental monitoring to substance abuse among out-of-school adolescents in Ibadan, Nigeria.

Hypotheses

The following hypotheses was tested at the 0.05 level of significance:

1. There is no significant relationship between perceived social rejection, low self-esteem, peer influence, poor parental monitoring, and substance abuse among out-of-school adolescents in Ibadan, Nigeria.
2. There is no significant combined effect of perceived social rejection, low self-esteem, peer influence, and poor parental monitoring on substance abuse among out-of-school adolescents in Ibadan, Nigeria.
3. There is no significant relative contribution of perceived social rejection, low self-esteem, peer influence, and poor parental monitoring to substance abuse among out-of-school adolescents in Ibadan, Nigeria.

Methods

A descriptive survey design was used in the study. Three Local Government Areas (LGAs), namely Ibadan North, Ibadan South-West, and Ibadan North-East, were purposively selected because of their high concentration of out-of-school adolescents living in slum areas where substance abuse is rampant. Snowball sampling was adopted for exposing participants from this hidden population where marijuana, codeine, tramadol, alcohol, and other illicit drugs are mostly used. A total of 60 adolescents were sampled (with 20 from each LGA) were selected randomly. Data were collected using a structured questionnaire comprising demographic section, social rejection, peer influence, substance abuse behaviour, parental monitoring, and self-esteem. The validation and reliability were ensured by adapting Rigby and Slee Peer Influence Scale (1993) and Skinner's Substance Abuse Scale (1982). The field researchers gave detailed instructions to the participants on how to fill in the questionnaire. Some descriptive and inferential statistics,

like frequencies, percentages, means, standard deviations, Pearson's Product Moment Correlation, and Multiple Regression Analysis, were used. Regression analysis examined the contributions of social rejection, self-esteem, peer influence, and parental monitoring toward substance abuse, whereas correlation analysis estimated the strength of the relationships.

Results and Discussion

Demographic Representation of the Participants

Table 1: Demographic Characteristics of Respondents

Demographic Variables	Frequency (n = 60)	Percentage (%)
Age		
15 - 18 years	28	46.7
19 - 22 years	22	36.7
23 - 25 years	10	16.6
Gender		
Male	38	63.3
Female	22	36.7
Religion		
Islam	30	50.0
Christianity	26	43.3
Traditional Religion	4	6.7

The demographic characteristics of the participants indicate that most respondents were aged between 15 and 18 years, thus constituting 46.7% of the total respondents. The next majority are those aged between 19 and 22 years, comprised of 36.7%. The least representation are those within the age group of 23 to 25 years, accounting for 16.6% of total respondents. In terms of gender, most respondents were males (63.3%), while the females constituted 36.7% of the sample. In terms of religious affiliation, half of the participants were Muslims (50.0%) while 43.3% were Christians. A very small number of participants (6.7%) practiced traditionalism.

Hypothesis Testing

Hypothesis 1: There is no significant relationship between perceived social rejection, low self-esteem, peer influence, poor parental monitoring, and substance abuse among out-of-school adolescents in Ibadan, Oyo State, Nigeria.

Table 2: Correlation Results for Hypothesis 1

Variables	Peer Influence	Poor Parental Monitoring	Self-Esteem	Social Rejection	Substance Abuse
Peer Influence	1				
Poor Parental Monitoring	0.312	1			
Self-Esteem	0.190	0.410	1		
Social Rejection	0.270	0.380	0.356	1	
Substance Abuse	0.458	0.420	0.276	0.315	1

From the correlation analysis carried out for Hypothesis 1, significant relationships existed between all the independent variables and substance abuse. Peer influence was the strongest established relationship with substance abuse ($r = 0.458$, $p = 0.000$), followed closely by Poor Parental Monitoring ($r = 0.420$, $p = 0.000$). There was also a positive significant correlation between social rejection ($r = 0.315$, $p = 0.003$) and self-esteem ($r = 0.276$, $p = 0.005$) against the determinant of substance abuse.

These analyses ascertain that peer influence is a relevant predictor of substance use and abuse among out-of-school adolescents, because of identity development and mimicry of behaviour. This group is vulnerable to both overt and covert pressures—from blatant persuasion to much more subtle imitation of the observed behaviours of peers participating in substance use. Peer groups become avenues of social acceptance, with substance use being normalised among these peers, especially in urban slums where such behaviours are rampant. Peer validation therefore buttresses high-risk behaviour, and in the absence of adult supervision, adolescents might easily adopt substance use as part of their self-identity. The meta-analysis carried out by Allen et al. (2022) shows that adolescents align closely with the substance use patterns of their peers, emphasising the need for peer-targeted interventions.

Peer influence is one of the most important aspects concerning factors influencing adolescent substance use. Neglectful or authoritarian parenting styles, which are more often found in economically disadvantaged settings, seem not to provide enough emotional support for healthy self-regulation. Surveys in such regions indicate that adolescents might seek emotional self-validation from deviant peer groups, developing risky behaviours associated with drug or

substance use. There is a further risk factor in parental supervision, as adolescents from such homes are invariably free to come and go with minimal accountability or supervision; therefore, they are highly susceptible to peer pressure. Kuntsche and Kuntsche (2024) note that authoritative parenting is a negative predictor of substance use, while neglectful, permissive, and authoritarian parenting styles increase risk. Where socio-economic strains disrupt family structure, these same adolescents might be exposed to maladaptive coping mechanisms like substance use.

Rejection and self-esteem issues can fuel substance-using behaviour. A young person with low self-esteem succumbs more easily to peer pressure and may seek to gain approval through high-risk activities. An adolescent rejected socially may seek to gain acceptance into drug-using peer groups under the belief that acceptance will guarantee inclusion. Research evidence by Igbineweka and Tari (2023); Okurame et al. (2024); and Richardson et al. (2013) proves the association of low self-esteem as a strong predictor for substance use, when combined with emotional distress. Furthermore, social rejection, especially excluding certain peers, becomes a source of discomfort and anxiety, potentially leading the adolescent to counteracting their state through substance use. Beard et al. (2021) and Wesselmann and Parris (2021) also pointed out that social connectedness mitigates the risk of substance abuse, because withdrawal leads to increased substances use among vulnerable adolescents.

Hypothesis 2: There is no significant combined effect of perceived social rejection, low self-esteem, peer influence, and poor parental monitoring on substance abuse among out-of-school adolescents in Ibadan, Oyo State, Nigeria.

Table 3: Results of Multiple Regression for Hypothesis 2

Source	Sum of Squares	df	Mean Square	F	p-value	R ²
Regression	13.788	4	3.447	16.854	0.000	0.186
Residuals	59.028	295	0.200			
Total	72.816	299				

The multiple regression analytical results of Hypothesis 2 proved a significant combined effect of perceived social rejection, low self-esteem, peer influence, and poor parental monitoring on substance abuse ($F(4, 295) = 16.854, p = 0.000$). The model accounted for 18.6% of the substance abuse variance ($R^2 = 0.186$). All four predictor variables had a significant contribution

to substance abuse; however, peer influence and poor parental monitoring were found to be the biggest contributory factors.

Peer influence and poor parental monitoring stood out as the significant predictors of substance use. Peer pressure is a major influence on behaviour, primarily where family structures are weak or non-existent. Poor parental efforts at monitoring their children lessen the opportunities available for association with deviant peers and increase the exposure to substance use. Lacking particular supportive adult figures, adolescents could seek their sense of belonging from peer groups, a risky behaviour. The power of peer influence is heightened when coupled with the absence of adult supervision and emotional support. Emotional vulnerability, in turn, caused by low self-esteem and perceived social rejection, has its own significant consequences. Adolescents with a low sense of self-worth may resort to substances in an attempt to either alleviate their personal distress or be accepted.

Recent evidence supports these findings. Okurame, Oladipo, and Uye (2024) prove that peer influence and low parental supervision are statistically significant predictors of substance use among secondary school adolescents in Ibadan. Similar studies from Igbineweka and Tari, (2013), indicate that peer pressure and self-esteem are key predictors of substance use among Nigerian students in secondary schools. They show that adolescents with low self-esteem are more prone than those with high self-esteem to engage in early substance use, especially in the presence of peers or limited supervision.

Hypothesis 3: There is no significant relative contribution of perceived social rejection, low self-esteem, peer influence, and poor parental monitoring to substance abuse among out-of-school adolescents in Ibadan, Oyo State, Nigeria

Table 4: Relative Contribution of Variables to Substance Abuse

Predictor Variable	β	t	p-value
Perceived Social Rejection	0.118	2.124	0.035
Low Self-Esteem	0.097	1.832	0.068
Peer Influence	0.233	4.198	0.000
Poor Parental Monitoring	0.184	3.156	0.002

Using multiple regression analysis to investigate Hypothesis 3, the contributions of perceived social rejection ($\beta = 0.118$, $p = 0.035$), peer influence ($\beta = 0.233$, $p = 0.000$), and poor parental monitoring ($\beta = 0.184$, $p = 0.002$) to substance use were found to be significant. A marginally

significant influence was that of low self-esteem ($\beta = 0.097$, $p = 0.068$). These results demonstrate that peer influence was the most strongly felt relative influence on substance use, followed by poor parental monitoring and perceived social rejection.

The analyses showed that peer influence was found to be the most potent predictor of substance use among out-of-school adolescents. This could be due to the critical influence peers exert upon these adolescents, deprived as they are of stable educational and nurturing environments. These youths seek their identities, support, and social orientation from peers when they are out-of-school. Peer groups whose norms allow or condone substance use are therefore often engaged in with the perspective of social acceptance. When the institutional monitoring is weak, peers have greater influence over the adolescent and can become instrumental in determining behavioural patterns, including drug or substance abuse. Being among key contributors to such behaviour and interaction, poor parental monitoring retains the same importance.

The self-esteem ranks as number three in predictors influencing out-of-school adolescents' substance use. Low-self-worth adolescents rarely make their self-evaluating decisions, thus tend to be peer compliant or try to seek worth through risky behaviours. Not having educational inclusion usually aggravates this dependence which draws young people to curbing their problems through substance usage. However, the role of self-esteem was mediated by peer and Peer influences. Perceived social rejection was also predictive of the phenomenon yet had the least effect, considering that it would exert influence mostly through an interaction with self-esteem and peer relations. Such findings correlate with those previously reported in studies such as Adegunju, Asiyanbi and Omopo (2024), and also with those of Omake and Ogah, and Godiya (2024), which showed the direct involvement of peer and Peer influence in substance use.

Conclusion

From the results, all the predictor variables significantly relate to substance use, with peer influence and poor parental monitoring as the strongest predictors. Exposure to negative peer influence, poor parental supervision, and social rejection all play a role in increasing vulnerability to substance abuse; low self-esteem adds a significant, but less weighty factor. Hence, these findings emphasised that adolescent substance abuse is born from many facets and therefore calls for the establishment of extensive prevention and intervention programmes

including peer groups and parental support. Formulated as such, one would not fall victim of segregating things into social or familial factors in addressing such cases.

Limitations

The study has limitations, the first being the relatively small sample size, which limits generalisation to a larger population of out-of-school adolescents in Ibadan or elsewhere in Nigeria. Secondly, self-reports might suffer from social desirability or faulty recall. Thirdly, It has only considered four predictors and excluded many more, like socioeconomic status, trauma history, or neighborhood influence. Finally, the specific cultural factors typical to the context of Ibadan were not analysed.

Recommendations

Intervention programmes should be focused on peer group education and peer-based counselling activities that discourage substance abuse among young people. Parenting skills education and support programmes should be established for the purpose of improving parental monitoring of adolescents outside school. Psychosocial support centres should also be opened to keep a focus on social rejection and self-perception among vulnerable youth by improved self-esteem. The collaboration of schools, religious institutions, and community organisations should be promoted for education on the risks of substance misuse. Vocational training and educational re-entry programmes should be prioritised by policymakers to keep out-of-school adolescents from becoming vulnerable. Future studies should use bigger samples that better represent the population and should examine causality in relation to sample longitudinal designs. Besides, qualitative studies might look into the lived experiences of out-of-school adolescents, giving voice to the complex realities underlying substance abuse. A cross-sectional study of in-school and out-of-school adolescents could also help to illustrate the effects of school engagement on substance-use behaviours.

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