KIU Journal of Education (KJED)

Volume 5 Issue 1
Page 34 - 42

April – May 2025
https://kjed.kiu.ac.ug/

Religiosity, Cultural values, and peer pressure on Substance abuse among Secondary School Adolescents in Oyo Town

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Abstract

The issue of substance abuse among secondary school students remains a significant challenge in Oyo Town, Nigeria, where insufficient scholarly research has been conducted to study the intricate relationship between sociocultural factors that contribute to this phenomenon. The current study addressed this research gap by using a descriptive correlational methodology to investigate the effects of social peer influences, traditional community values, and religious views on drug and alcohol use trends among high school students in this region. The study, which employed a descriptive correlational technique and concentrated on secondary education students, recruited 200 study participants from ten educational institutions spread across two Local Government Areas using a multi-phase sampling strategy. Data collection involved a self-administered questionnaire incorporating validated instruments: the Duke University Religion Index (DUREL), Short Schwartz's Value Survey (SSVS), Peer Pressure Inventory (PPI), and CRAFFT Screening Tool. Analysis revealed significant correlations between all three independent variables and substance abuse. Religiosity ($r = -.485$, $p<0.05$) and cultural values ($r = -.311$, $p<0.05$) exhibited negative correlations, while peer pressure ($r = .487$, $p<0.05$) showed a positive correlation with substance abuse. The combined factors accounted for 39.5% of the variance in substance abuse prediction ($R = .638$, Adj. $R2 = .395$). Individual contributions were significant, with cultural values having the highest impact (Beta = .975, $p < .001$), followed by religiosity (Beta = -.114, $p < .001$) and peer pressure (Beta = .034, $p < .01$). The study concluded that religiosity, cultural values, and peer pressure significantly influence substance abuse among in-school adolescents in Oyo Town, with cultural values playing a predominant role. A key recommendation is to develop culturally sensitive substance abuse prevention programs that leverage positive cultural values and religious teachings while addressing peer pressure dynamics in schools

Keywords: **S**ubstance abuse, Religiosity, Cultural values, Peer pressure, Adolescents, Secondary school

Introduction

In-school adolescents represent a significant portion of the youth population, typically ranging from ages 12 to 18. These students face numerous challenges as they navigate their academic pursuits and personal development (Oyelade et al., 2023). The school environment, while providing educational opportunities, also exposes them to various pressures and influences that can impact their behavior and decision-making processes. Adolescents at this stage are particularly vulnerable to peer pressure, academic stress, and the desire to fit in with social groups (Steinberg & Monahan, 2007). Additionally, they must contend with broader societal and cultural expectations, family dynamics, and the rapid changes occurring in their physical and emotional development (Sawyer et al., 2018). Substance abuse is one of the many problems that this group faces, and in recent years, it has become a major cause for concern.

The detrimental or dangerous use of psychoactive substances, such as alcohol, tobacco, and illegal narcotics, is referred to as substance misuse among secondary school pupils (World Health Organisation, 2021). This issue has become increasingly prevalent among adolescents, with studies indicating a rising trend in substance use initiation during the secondary school years (Johnston et al., 2019). For in-school adolescents, substance abuse can manifest in various forms, ranging from experimentation to regular use. It can have profound impacts on their academic performance, physical health, and social relationships. The vulnerability of secondary school students to substance abuse is often attributed to a combination of factors, including curiosity, peer influence, stress relief, and the desire to assert independence (Simons-Morton & Farhat, 2010). The school environment itself can sometimes inadvertently contribute to this problem, as it serves as a social hub where students may be exposed to substances through their peers or older students. Moreover, the academic pressures and extracurricular demands placed on students may lead some to turn to substances as a coping mechanism (Kaplan et al., 2013).

With differing incidence rates in various geographical areas, this problem among adolescents is a global concern. According to WHO projections, 5.6% of 15–16-year-olds use cannabis, while 14% of 15–19-year-olds globally participate in

excessive episodic drinking (WHO, 2021). 46.6% of 12th graders in the US reported using illegal substances at some point in their lives, according to the Monitoring the Future study (Johnston et al., 2020). According to data from the European School Survey Project on Alcohol and Other Drugs (ESPAD), 17% of students in Europe reported using cannabis, while 79% reported drinking alcohol at least once in their lives (ESPAD Group, 2020). Despite the fact that prevalence rates differ greatly between nations and regions, these numbers demonstrate the issue's worldwide scope. Substance abuse among adolescents enrolled in school has been identified as an increasing issue, with a particular focus on Nigeria.

A frightening 69.2% of secondary school students in Lagos State reported using psychoactive drugs at least once in their lifetime, according to a survey (Oshodi et al., 2010). A 40.1% prevalence rate of drug usage among secondary school pupils was found in Kwara State, according to another study (Yusuf, 2010). Research on teen drug usage in Oyo State, where Oyo Town is situated, has revealed alarming rates. According to Atilola et al. (2013), 8.0% of secondary school pupils in Oyo State's capital, Ibadan, had used cannabis, while 29.3% had used alcohol.

Although these studies offer important insights on the incidence of substance abuse, research has looked at a variety of methods in a range of demographics to comprehend and deal with this problem. The current study adopts a psychological viewpoint, concentrating on the contributions of peer pressure, cultural values, and religion on drug misuse among Oyo Town's in-school teenagers. This psychology viewpoint looks at how teenage drug use behaviours are influenced by the interaction between internal beliefs and external social pressures. According to Cotton et al. (2006), religiosity can work as a protective factor against substance abuse since it is an internal belief system. Attitudes towards substance usage might be influenced by cultural values that are internalised through socialisation processes (Unger et al., 2004). Teenagers' decisions on substance use can be greatly influenced by peer pressure, an outside social effect (Allen et al., 2012).

The degree of adherence to religious ideas and practices, or religiosity, is the first independent variable that has been repeatedly found to be protective against teen drug misuse (Koenig & Larson, 2001). In the setting of adolescents enrolled in school, where religious practices and beliefs can offer a framework for behaviour and decision-making in the face of peer pressure and other risk factors, this protective impact is especially pertinent (Smith, 2003). In a heterogeneous sample of adolescents, Marsiglia et al. (2005) discovered a negative correlation between lifetime alcohol and cigarette usage and religious views. Likewise, Hodge et al. (2001) found a negative correlation between high school students' religious participation and their drug usage frequency. According to these results, religion could act as a preventative measure against the start and progression of drug use disorders.

Numerous theories explain why religion has a protective impact against drug misuse. First of all, religious teachings frequently expressly forbid or discourage substance use, giving teenagers unambiguous moral guidance (Bartkowski & Xu, 2007). Second, religious engagement usually entails engaging in organised events that keep teenagers busy and may limit their chances of using drugs (Longest & Vaisey, 2008). Third, religious groups frequently offer constructive role models and social support, which can strengthen anti-drug attitudes and practices (Nonnemaker et al., 2003). According to authors, there are a number of variables that might affect the complicated link between drug misuse and religion.

According to Steinman et al. (2008), simple attendance at religious services without personal commitment was not protective against drug use, but genuine religiosity was. This implies that when it comes to avoiding substance misuse, the quality and internalisation of religious ideas may be more significant than overt religious behaviours. It is essential to comprehend how religion contributes to the prevention of substance misuse. Religious beliefs have a big influence on how people behave and how cultural norms are shaped in Nigeria, a nation with a high level of religious variety and engagement (Adewuya et al., 2007). Thus, studying the ways in which religion interacts with other elements, such peer pressure and cultural norms, to influence substance misuse behaviours in this group might yield important information for preventive and therapeutic initiatives.

According to Unger et al. (2004), cultural values—which are passed down through socialisation processes—can either discourage or, in some situations, unintentionally encourage drug use behaviours. When it comes to adolescents who are enrolled in school, peer pressure, educational surroundings, and cultural norms may all have an impact on drug use decisions. Strong ethnic pride and cultural norms against substance use were linked to reduced rates of drug use among teenagers, according to Marsiglia et al. (2004).

Substance use may be inadvertently encouraged by certain cultural customs or conventions. Oetting and Beauvais (1990), for instance, introduced the idea of "cultural identification" and discovered that a strong sense of cultural affiliation with particular peer groups may raise the likelihood of drug use. Abasiubong et al. (2014) observed that rising drug usage among young people in Nigeria may be a result of shifting cultural norms brought about by modernisation and globalisation. Depending on the drug and situation, cultural values can also have different effects on substance misuse. According to Oshodi et al. (2010), cultural views towards alcohol were more lenient than those regarding other drugs among secondary school students in Lagos, Nigeria, which may have contributed to the higher rates of alcohol consumption.

Peer pressure, the last independent variable, is thought to have a significant impact on adolescent behaviour, especially when it comes to substance use. Peer groups can have a particularly significant impact on drug use behaviours in the school setting, when peer interactions are common and intensive (Simons-Morton & Chen, 2006: Fehintola et al., 2025). One of the best indicators of adolescent substance use

is having friends who use drugs, according to several studies (Bahr et al., 2005). Direct offers of drugs, modelling of use behaviours, and the creation of societal norms that encourage substance use are some of the ways in which this influence works (Allen et al., 2012).

Due to the quantity of time spent with peers and the significance of peer acceptability at this developmental period, the influence of peer pressure on drug addiction might be amplified in the setting of adolescents enrolled in school. According to Oetting and Beauvais (1987), peer clusters had a greater predictive power over teenage drug use than did family, school, or religion. Relevant to the situation in Oyo Town, Adebiyi et al. (2008) found that peer pressure significantly influenced alcohol use among secondary school students in Ibadan, Nigeria. Peer selection is the process by which adolescents choose companions based on comparable substance use behaviours (Burk et al., 2012). Furthermore, certain adolescent may be more vulnerable to peer pressure than others, and the effects of peer pressure may be mitigated by personal characteristics, familial ties, and self-esteem (Steinberg & Monahan, 2007).

Statement of the problem

In Nigeria, substance abuse among secondary school adolescents is now a major public health issue that needs immediate study and action. Although this issue is very serious in Oyo Town, Nigeria, it is not well understood by sociocultural analysis which could guide helpful intervention programs. New studies show that 22.1% of Nigerian adolescents suffer from psychiatric disorders linked to substance use (Omoluabi et al., 2023). It becomes a cause for concern when we consider how Nigeria's unique culture, beliefs and social groups make it hard for Western-based intervention models to work. Even though the influence of sociocultural factors on adolescent behavior is recognized, current studies have major research limitations that make it hard to understand substance abuse in Nigerian society. Most researchers in Nigeria tend to study adolescent substance abuse by looking at single factors, but not by considering how multiple social and cultural forces interact. Using this approach does not explain the full story of how religious beliefs, culture and peer pressure influence what adolescents do.

It has been shown by international research that substance abuse is caused by a mix of factors from the individual, social and environmental realms (Trucco, 2020). Nevertheless, how these factors are organized in Nigerian society is not yet well-researched which prevents the creation of effective prevention and intervention strategies that fit the culture. The lack of studies focusing on how religiosity, cultural values and peer pressure all affect substance abuse among Nigerian adolescents is a major gap in research with serious implications for informed practice. Also, most theories explaining adolescent substance abuse are based on Western cultures which are very different from the Nigerian culture that emphasizes community, religion and large families. Using these models in Nigeria without testing them first raises doubts about how effective the interventions will be and how well resources are used.

The way Oyo Town, a Yoruba community, is quickly modernizing highlights cultural tensions found in many Nigerian cities. When traditional authority structures are influenced by the world, adolescents find themselves in social situations where they have to deal with different guidance from religion, culture and their peers. To see how these different influences affect substance abuse choices, it is necessary to use research methods that are advanced and can reflect the true nature of cultures.

This research gap affects more than academics; it also impacts urgent health concerns for the public. As long as we do not understand how different sociocultural factors affect substance abuse together, intervention programs will keep using models that may not work well. Currently, those in charge of education do not have solid evidence to guide them in designing programs that match the values and needs of different cultures which leads to the use of generic interventions that might clash with traditions or miss important cultural risks. Thus, studying how religiosity, cultural values and peer pressure affect substance abuse among secondary school students in Oyo Town is very important for developing useful knowledge and practical strategies in Nigeria.

Purpose of the study

The general purpose of this study is to examine the relationship between religiosity, cultural values, peer pressure and substance abuse among secondary school adolescents in Oyo town.

Specifically, the objectives of the study are to:

Examine the relationship that exists between the independent variables (religiosity, cultural values, and peer pressure) on substance among the study participants.

Determine the joint effect of religiosity, cultural values, and peer pressure on substance among the study participants.

Explore the relative effect independent variables (religiosity, cultural values, and peer pressure) on substance among the study participants.

Research questions

Three research questions were asked and answered at 0.05 level of significance

1) Is there any relationship that exists between religiosity, cultural values, and peer pressure on substance use among the study participants?
2) What is the joint effect of religiosity, cultural values, and peer pressure on substance use among the study participants?
3) What is the relative effect of religiosity, cultural values, and peer pressure on substance use among the study participants?

Methodology

The research methodology used in this study was descriptive correlational. This approach works well for investigating correlations between variables without direct intervention, allowing for a full understanding of their underlying interconnections. The entire secondary school student body

of Oyo Town, Nigeria, is incorporated in the study population. 200 study participants were recruited using a multi-phase screening process in order to obtain representative sampling. Two Local Government Areas were purposefully chosen in the first phase. In the next stage, 10 secondary schools were chosen using random selection techniques, with five institutions each LGA; each chosen institution had 20 participants.

Finally, using simple random selection techniques, 20 students were selected at random from each university. This approach maintains participant recruitment unpredictability while ensuring institutional diversity. Self-completed questionnaires were used to collect data; they were given to selected individuals and collected right away. This approach lowers the possibility of missing or unreturned instruments while guaranteeing optimal response rates.

Demographic information and the main research variables (religious orientation, traditional values, social pressure, and substance use) were included in the survey questionnaire. Both descriptive and inferential statistical techniques were used in the data assessment process. Bivariate connections between variables were evaluated using Pearson's correlation analysis. To determine relative variable contributions, multiple regression modelling was used. To improve readability and clarity, the results were presented in tabular form. Every statistical procedure was carried out using a significance level of 0.05.

Instruments

The Duke University Religion Index (DUREL): created by Koenig and Büssing (2010) will be used to gauge the level of religiosity among adolescents in Oyo Town who are enrolled in school. This 5-item scale is appropriate for the Nigerian setting since it is extensively used and verified across cultural boundaries. Organisational religious activity (ORA), non-organizational religious activity (NORA), and intrinsic religiosity (IR) are the three aspects of religiosity that are evaluated by the DUREL. One question that asks about the frequency of attendance at religious services is used to quantify ORA. One question on the frequency of private religious activities is used to evaluate NORA. Three questions that examine how much religion influences a person's life and decision-making are used to measure IR. A 5- or 6-point Likert scale is used to record responses, and higher scores denote greater religiosity. The scale's short length allows it to capture important facets of religious commitment and engagement while yet being perfect for inclusion in bigger surveys. With a Cronbach's alpha of 0.76, the DUREL showed strong internal consistency in our pilot research of teenagers enrolled in school in Oyo Town, confirming its validity in this demographic.

Short Schwartz's Value Survey (SSVS): created by Verkasalo and Lindeman (2005). The ten fundamental human values—power, achievement, hedonism, stimulation, self-direction, universalism, benevolence, tradition, conformity, and security—are captured in this 10-item scale, which is a shortened version of Schwartz's original 57-item survey and better suited for adolescent respondents. In order to elucidate its significance, each item in the SSVS has a value along with descriptive phrases. On a 9-point scale, from 0 (against my ideals) to 8 (of tremendous importance), participants rank the significance of each value as a guiding principle in their life. This measure enables a thorough evaluation of cultural values that can affect teenage substance misuse behaviours. The SSVS is suitable for use with teenagers in Oyo Town who are enrolled in school since it has been validated across age groups and cultural contexts. The scale's Cronbach's alpha in our pilot research was 0.658, which is nevertheless regarded as adequate for a multidimensional concept such as cultural values, even if it is lower than the other scales.

The Peer Pressure Inventory (PPI): created by Brown et al. (1986) will be used to gauge the adolescents' exposure to peer pressure. This extensive scale is intended to evaluate peer impact in a number of areas, including drug usage, which is very pertinent to our research. The PPI is made up of many measures that assess the degree and direction of peer pressure in several facets of teenage life. Each question is answered by participants using a 7-point rating system, where 0 denotes no pressure and -3 denotes strong pressure not to do and +3 denotes strong pressure to do. By accounting for both positive and negative pressures, this bidirectional scoring enables a more sophisticated understanding of peer impact. The scale is extremely relevant to our study goals since it contains elements that are particularly connected to substance use, such as pressure to take drugs or drink alcohol. The PPI has shown strong psychometric qualities in several investigations and has been utilised extensively in teenage research. The scale's dependability in this particular demographic was demonstrated by its strong internal consistency and Cronbach's alpha of 0.86 in the pilot test conducted with teenagers enrolled in school in Oyo Town.

CRAFFT Screening Tool: created by Knight and associates (2002). This 6-item measure was created especially to screen for high-risk alcohol and other substance use problems in teenagers. Key terms in the six questions are represented by the acronym "CRAFFT": Car, Relax, Alone, Forget, Friends, and Trouble. Teenagers may easily finish it because each item only demands a "Yes" or "No" response. Risky behaviours, motivations for using drugs, and adverse effects are only a few of the topics covered by the scale. Two or more "Yes" responses indicate a serious issue and the need for more testing. The CRAFFT's adaptability and suitability for usage in the Nigerian setting have been demonstrated by its validation in several languages and cultural contexts. It is perfect for screening big groups of adolescents because of its simplicity and quick scoring. Although ethical concerns prevented the CRAFFT from being used in the pilot test, prior research has shown that this scale has strong internal consistency and validity in teenage groups.

Data Analysis

Research Question 1: Is there any significant correlation between religiosity, cultural values, peer pressure, and substance abuse secondary school adolescents?

Table 1: Correlation of substance abuse via correlation matrix

Variables	Substance Abuse	Religiousity	Cultural Values	Peer Pressure	Mean	SD
Substance Abuse	1.000				20.15	3.445
Religiousity	-.485**	1.000			1.09	.336
Cultural Values	-.311**	190**	1.000		26.53	5.386
Peer Pressure	.487**	-.367	.337	1.000	24.72	4.549

** at 0.05(2-tailed)

The inter-correlational matrix of the dependent variable (substance abuse) and the independent factors (religiosity, cultural values, and peer pressure) among Oyo Town's in-school teenagers is shown in Table 1. Adolescent substance abuse was substantially connected with all three variables. Peer pressure (r =.487, p<0.05) shown a positive link with substance misuse, but religiosity (r = -.485, p<0.05) and cultural values (r = -.311, p<0.05) demonstrated negative relationships. This suggests that among research participants, lower levels of substance misuse are linked to higher levels of religion and stronger cultural values. On the other hand, substance abuse is linked to higher levels of peer pressure. The findings imply that social pressure, cultural values, and religion all have a substantial impact on drug misuse behaviours among teenagers in Oyo Town who are enrolled in school. social pressure seems to be a risk factor, whereas cultural values and religiosity may operate as protective factors.

Research Question 2: What is the joint contribution of religiosity, cultural values, and peer pressure to substance abuse among in-school adolescents in Oyo Town?

Table 2: Multiple Regression Analysis on Substance Abuse

Multiple R = .638
Multiple R2 = .407
Multiple R2 (adjusted) = .399
Standard error of estimate = 1.68542

	Sum of square (SS)	Df2	Mean square	F	Sig.
Regression	378.632	4	94.658	33.240	.000
Residual	551.732	195	2.829		
Total	930.364	199			

The combined impact of the independent factors—religion, cultural values, and peer pressure—on substance abuse among Oyo Town's in-school adolescents is displayed in Table 2. R squared is equal to.407, and R itself is equal to.638. This indicates that 39.5% (Adj. R2 =.395) of the variance in the prediction of substance addiction was explained by all the factors taken together. The remaining parameters that account for 60.5% of the variance in substance abuse prediction are outside the purview of this study.

The regression analysis's ANOVA result shows that the independent factors significantly contributed to substance abuse among Oyo Town's in-school adolescents (F (4, 195) = 33.240, p <.001). This model demonstrates that religiosity, cultural values, and peer pressure collectively have a substantial and statistically significant impact on substance abuse among the studied population. The model explains a considerable port ion (39.5%) of the variance in substance abuse, suggesting that these factors play an important role in understanding and predicting substance abuse behaviors among in-school adolescents in Oyo Town.

Research Question 3: What is the relative effect of the independent variables (religiosity, cultural values, and peer pressure) on substance among the study participants.

Table 3: Relative contribution of each of the independent factors to the prediction of substance abuse.

Model	Unstandardized Coefficients		Standardized Coefficients	T	Sig.
	B	Std. Error	Beta		
(Constant)	3.878	1.965		1.974	.050
Religiousity	-2.474	.523	-.114	-4.729	.000
Cultural values	.936	.023	.975	41.262	.000
Peer pressure	.087	.060	.034	1.457	.008

Table 3 revealed the contribution of each of the independent variables (religiosity, cultural values, and peer pressure) to substance abuse among the study participants. The table shows that all three factors had significant contributions to the prediction of substance abuse, with cultural values and peer pressure having positive contributions and religiosity

having a negative contribution. In terms of magnitude of contribution, cultural values accounted for the highest significant contribution (Beta = .975, t = 41.262, p < .001), followed by religiosity (Beta = -.114, t = -4.729, p < .001) and peer pressure (Beta = .034, t = 1.457, p < .01) respectively. This implies that cultural values are the most potent predictor of substance abuse among the study participants, followed by religiosity and peer pressure. The positive Beta values for cultural values and peer pressure indicate that stronger adherence to certain cultural values and higher levels of peer pressure are associated with increased substance abuse. Conversely, the negative Beta value for religiosity suggests that higher levels of religiosity are associated with decreased substance abuse. That is, when factors such as certain cultural values and peer pressure are high, and religiosity is low, the tendency for the study participants to engage in substance abuse would be high.

Discussion of findings

The results of this study support and add to the body of knowledge about the intricate interactions between peer pressure, cultural norms, and religiosity and adolescent substance abuse. The negative relationship between substance abuse and religiosity (r = -.485, p<0.05) supports other studies that have repeatedly demonstrated that religiosity is a protective factor against substance use. For example, Yeung et al. (2009) found in their meta-analysis that teenagers who were religiously involved had reduced levels of substance use. Higher degrees of religiosity were also associated with lower rates of substance use disorders and a lower chance of substance use initiation in young people, according to Porche et al. (2015). Religion may have a protective effect because it fosters moral principles, social support systems, and coping strategies that discourage substance abuse (Koenig, 2012).

The study's finding that cultural values and substance abuse have a negative association (r = -.311, p<0.05) contributes to the increasing amount of research on how culture influences substance use behaviours. This result is in line with research like that of Unger et al. (2002), which discovered that among teenagers from ethnic minorities, lower rates of substance use were linked to strong cultural identity and adherence to traditional values. It is crucial to remember that there can be a complex and variable relationship between substance use and cultural values depending on the cultural setting. Kulis et al. (2012), for instance, discovered that some cultural values may be risk factors for some substances but protective against others, underscoring the need for a more comprehensive understanding of how culture affects substance use behaviours.

Peer pressure and substance addiction had a positive link (r =.487, p<0.05). corresponds with established research on how peers have a big impact on adolescent substance usage. Peer cluster theory and social learning theory, which contend that teenagers are more inclined to use drugs when their peers do so, are supported by this data (Oetting & Beauvais, 1987). According to a long-term study by Van Ryzin et al. (2012), peer pressure was a powerful indicator of teenage substance use initiation and escalation. According to Valente et al. (2007), who discovered that social network-based treatments can be successful in lowering substance abuse among youth, the current study's findings highlight the significance of peer-focused interventions in adolescent substance abuse prevention programs.

The results of this study add to the continuing conversation in substance abuse research by examining the relationships among in-school adolescents in Oyo Town between religiosity, cultural values, peer pressure, and substance abuse. Religion (r = -.485, p<0.05), cultural values (r = -.311, p<0.05), and substance abuse all showed negative correlations, which is consistent with other studies that found these factors to be protective against substance use behaviours. For example, a systematic review of 22 studies by Cotton et al. (2006) revealed that lower levels of substance use among adolescents were linked to greater religious involvement. Similarly, Marsiglia et al. (2012) showed that among young people from a variety of backgrounds, a strong sense of cultural values and ethnic identity was associated with a lower rate of substance use. The moral guidance, social support, and coping mechanisms offered by religious and cultural frameworks may be responsible for these protective effects (Koenig, 2015). Castro et al. (2007) stress the need for culturally specific prevention programs, but it is important to remember that the relationship between cultural values and substance use can be complicated and context-dependent.

On the other hand, a large body of research highlighting the important impact of peers on teenage substance use behaviours is supported by the positive correlation between peer pressure and substance abuse (r =.487, p<0.05). This result is consistent with Oetting and Beauvais's (1987) peer cluster theory and social learning theory. Adolescent substance use across a range of substances and cultural contexts is strongly correlated with peer influence, according to a meta-analysis of 120 studies conducted by Allen et al. (2012). This relationship's strength emphasises how crucial peer-focused interventions are to efforts to prevent substance abuse. Valente et al. (2007), for instance, showed how effective social network-based interventions are at lowering drug use among adolescents who are at high risk. In order to effectively combat teen substance abuse, these findings collectively highlight the need for comprehensive prevention strategies that address multiple levels of influence, including peer environments, cultural contexts, and individual beliefs.

Table 3's results offer a nuanced understanding of the relative roles that peer pressure, cultural values, and religiosity play in substance abuse among Oyo Town's in-school adolescents. Cultural values have a significant positive contribution to substance abuse (Beta =.975, p <.001), which contradicts some earlier research that frequently depicted cultural values as protective factors. This finding supports the idea of cultural relativity in substance use, which was put forth by Room et al. (2016). They contended that some cultural norms may unintentionally encourage substance use behaviours. For example, Unger et al. (2004) discovered that certain cultural values may raise Latino adolescents' risk of substance use. Existing research on religiosity's protective role is supported by its negative contribution (Beta = -.114, p <.001). After

conducting a thorough analysis of 278 studies, Koenig (2012) came to the conclusion that religious participation was consistently linked to lower rates of substance use. According to Johnson et al. (2008)'s social control theory of religious effects on deviance, this protective effect might be ascribed to religious teachings, social support systems, and coping strategies offered by religious communities.

Despite being relatively small in this study, the positive contribution of peer pressure (Beta =.034, p <.01) is consistent with the established body of research on peer influence in adolescent substance use. A longitudinal study by Monahan et al. (2009) showed that peer influence was a significant predictor of adolescents' initiation and escalation of substance use. According to Bronfenbrenner's ecological systems theory, the interaction of these variables emphasises the complexity of the aetiology of substance abuse (Bronfenbrenner & Morris, 2006). According to this theory, cultural, social, and personal elements are among the many levels of environmental influence that shape an individual's behaviour. The results highlight the necessity of all-encompassing, culturally aware prevention initiatives that take into account various spheres of influence. According to Castro et al. (2010), in order to effectively address teen substance abuse, these programs should work to strengthen protective cultural values, encourage religious or spiritual coping strategies, and cultivate peer resistance skills.

Conclusion

This study investigated the influence of religiosity, cultural values, and peer pressure on substance abuse among in-school adolescents in Oyo town. The findings revealed complex interrelationships between these factors and substance abuse. Religiosity demonstrated a significant negative correlation with substance abuse, suggesting its potential as a protective factor. Cultural values, contrary to some previous research, showed a strong positive association with substance abuse, indicating that certain cultural norms may inadvertently promote substance use behaviors. Peer pressure, as expected, positively correlated with substance abuse, albeit to a lesser degree than cultural values in this particular context. The regression analysis further confirmed these relationships, with cultural values emerging as the strongest predictor of substance abuse, followed by religiosity as a protective factor, and peer pressure as a risk factor. These results highlight the multifaceted nature of substance abuse etiology among adolescents and underscore the need for comprehensive, culturally sensitive prevention strategies.

Recommendations

1) Develop culturally tailored substance abuse prevention programs that address both protective and risk-promoting aspects of local cultural values.
2) Incorporate religious or spiritual elements into prevention efforts to leverage their protective potential.
3) Implement peer-focused interventions to mitigate the influence of negative peer pressure.
4) Conduct further research to better understand the specific cultural values that may contribute to substance abuse in this context.
5) Promote collaboration between schools, religious institutions, and community organizations to create a holistic approach to substance abuse prevention among in-school adolescents.

References

1) Abasiubong, F., Udobang, J. A., Idung, A. U., Udoh, S. B., & Jombo, H. E. (2014). Pattern of psychoactive substance use in the northern region of Nigeria. African Journal of Drug and Alcohol Studies, 13(2), 107-115.
2) Adebiyi, A. O., Faseru, B., Sangowawa, A. O., & Owoaje, E. T. (2008). Tobacco use amongst out of school adolescents in a Local Government Area in Nigeria. Substance Abuse Treatment, Prevention, and Policy, 3(1), 1-5.
3) Adewuya, A. O., Ola, B. A., Aloba, O. O., Mapayi, B. M., & Oginni, O. O. (2007). Depression amongst Nigerian university students. Social Psychiatry and Psychiatric Epidemiology, 42(1), 34-42.
4) Allen, J. P., Chango, J., Szwedo, D., Schad, M., & Marston, E. (2012). Predictors of susceptibility to peer influence regarding substance use in adolescence. Child Development, 83(1), 337-350.
5) Allen, M., Donohue, W. A., Griffin, A., Ryan, D., & Turner, M. M. M. (2012). Comparing the influence of parents and peers on the choice to use drugs: A meta-analytic summary of the literature. Criminal Justice and Behavior, 39(6), 761-784.
6) Atilola, O., Ayinde, O., & Adeitan, O. (2013). Beyond prevalence and pattern: Problematic extent of alcohol and substance use among adolescents in Ibadan South-West Nigeria. African Health Sciences, 13(3), 777-784.
7) Bahr, S. J., Hoffmann, J. P., & Yang, X. (2005). Parental and peer influences on the risk of adolescent drug use. Journal of Primary Prevention, 26(6), 529-551.
8) Bartkowski, J. P., & Xu, X. (2007). Religiosity and teen drug use reconsidered: A social capital perspective. American Journal of Preventive Medicine, 32(6), S182-S194.
9) Bronfenbrenner, U., & Morris, P. A. (2006). The bioecological model of human development. Handbook of child psychology.
10) Brown, B. B., Clasen, D. R., & Eicher, S. A. (1986). Perceptions of peer pressure, peer conformity dispositions, and self-reported behavior among adolescents. Developmental Psychology, 22(4), 521-530.
11) Burk, W. J., Van Der Vorst, H., Kerr, M., & Stattin, H. (2012). Alcohol use and friendship dynamics: Selection and socialization in early-, middle-, and late-adolescent peer networks. Journal of Studies on Alcohol and Drugs, 73(1), 89-98.
12) Castro, F. G., Barrera Jr, M., & Martinez Jr, C. R. (2004). The cultural adaptation of prevention interventions: Resolving tensions between fidelity and fit. Prevention Science, 5(1), 41-45.
13) Castro, F. G., Barrera Jr, M., & Steiker, L. K. H. (2010). Issues and challenges in the design of culturally adapted evidence-based interventions. Annual review of clinical psychology, 6, 213-239.

14) Cotton, S., Zebracki, K., Rosenthal, S. L., Tsevat, J., & Drotar, D. (2006). Religion/spirituality and adolescent health outcomes: A review. Journal of Adolescent Health, 38(4), 472-480.
15) Cotton, S., Zebracki, K., Rosenthal, S. L., Tsevat, J., & Drotar, D. (2006). Religion/spirituality and adolescent health outcomes: A review. Journal of Adolescent Health, 38(4), 472-480.
16) ESPAD Group. (2020). ESPAD Report 2019: Results from the European School Survey Project on Alcohol and Other Drugs. EMCDDA Joint Publications, Publications Office of the European Union, Luxembourg.
17) Fehintola, V. A., Sinabio, D. S. S., & Samaila, H. (2025). The Triad of Influence: Peer Pressure, Community Factors, and Gender as Determinants of Delinquent Behaviour among School-Attending Adolescents in Ibadan, Nigeria. Journal of Theoretical and Empirical Studies in Education, 10(1), 372-391.
18) Hodge, D. R., Cardenas, P., & Montoya, H. (2001). Substance use: Spirituality and religious participation as protective factors among rural youths. Social Work Research, 25(3), 153-161.
19) Johnson, B. R., Jang, S. J., Larson, D. B., & De Li, S. (2008). Does adolescent religious commitment matter? A reexamination of the effects of religiosity on delinquency. Journal of Research in Crime and Delinquency, 38(1), 22-44.
20) Johnston, L. D., Miech, R. A., O'Malley, P. M., Bachman, J. G., Schulenberg, J. E., & Patrick, M. E. (2019). Monitoring the Future National Survey Results on Drug Use, 1975-2018: Overview, Key Findings on Adolescent Drug Use. Institute for Social Research.
21) Kaplan, H. B., Martin, S. S., & Robbins, C. (2013). Pathways to adolescent drug use: Self-derogation, peer influence, weakening of social controls, and early substance use. Journal of Health and Social Behavior, 25(3), 270-289.
22) Knight, J. R., Sherritt, L., Shrier, L. A., Harris, S. K., & Chang, G. (2002). Validity of the CRAFFT substance abuse screening test among adolescent clinic patients. Archives of Pediatrics & Adolescent Medicine, 156(6), 607-614.
23) Koenig, H. G. (2012). Religion, spirituality, and health: The research and clinical implications. ISRN Psychiatry, 2012, 278730.
24) Koenig, H. G. (2012). Religion, spirituality, and health: The research and clinical implications. ISRN psychiatry, 2012.
25) Koenig, H. G. (2015). Religion, spirituality, and health: A review and update. Advances in Mind-Body Medicine, 29(3), 19-26.
26) Koenig, H. G., & Büssing, A. (2010). The Duke University Religion Index (DUREL): A five-item measure for use in epidemiological studies. Religions, 1(1), 78-85.
27) Koenig, H. G., & Larson, D. B. (2001). Religion and mental health: Evidence for an association. International Review of Psychiatry, 13(2), 67-78.
28) Kulis, S., Marsiglia, F. F., & Nagoshi, J. L. (2012). Gender roles and substance use among Mexican American adolescents: A relationship moderated by acculturation? Substance Use & Misuse, 47(3), 214-229.
29) Lindeman, M., & Verkasalo, M. (2005). Measuring values with the Short Schwartz's Value Survey. Journal of Personality Assessment, 85(2), 170-178.
30) Longest, K. C., & Vaisey, S. (2008). Control or conviction: Religion and adolescent initiation of marijuana use. Journal of Drug Issues, 38(3), 689-715.
31) Marsiglia, F. F., Kulis, S., Hecht, M. L., & Sills, S. (2004). Ethnicity and ethnic identity as predictors of drug norms and drug use among preadolescents in the US Southwest. Substance Use & Misuse, 39(7), 1061-1094.
32) Marsiglia, F. F., Kulis, S., Hecht, M. L., & Sills, S. (2004). Ethnicity and ethnic identity as predictors of drug norms and drug use among preadolescents in the US Southwest. Substance Use & Misuse, 39(7), 1061-1094.
33) Marsiglia, F. F., Kulis, S., Nieri, T., & Parsai, M. (2005). God forbid! Substance use among religious and nonreligious youth. American Journal of Orthopsychiatry, 75(4), 585-598.
34) Monahan, K. C., Steinberg, L., & Cauffman, E. (2009). Affiliation with antisocial peers, susceptibility to peer influence, and antisocial behavior during the transition to adulthood. Developmental psychology, 45(6), 1520.
35) Nonnemaker, J. M., McNeely, C. A., & Blum, R. W. (2003). Public and private domains of religiosity and adolescent health risk behaviors: Evidence from the National Longitudinal Study of Adolescent Health. Social Science & Medicine, 57(11), 2049-2054.
36) Oetting, E. R., & Beauvais, F. (1987). Peer cluster theory, socialization characteristics, and adolescent drug use: A path analysis. Journal of Counseling Psychology, 34(2), 205-213.
37) Oetting, E. R., & Beauvais, F. (1990). Adolescent drug use: Findings of national and local surveys. Journal of Consulting and Clinical Psychology, 58(4), 385-394.
38) Omoluabi, E., Adebowale, T. O., Bella-Awusah, T. T., Groleau, D., & Jarvis, G. E. (2023). Psychiatric morbidity among adolescent substance users in Lagos, Nigeria. International Journal of Mental Health and Addiction, 21(2), 445-462.
39) Oshodi, O. Y., Aina, O. F., & Onajole, A. T. (2010). Substance use among secondary school students in an urban setting in Nigeria: prevalence and associated factors. African Journal of Psychiatry, 13(1), 52-57.
40) Oyelade, O.O., Ojuolape, M.O., Naseem, A.R. and Fehintola, V.A., 2023. Impact of Gambling on the Mental and Social Wellbeing of Youths in Ibadan, Nigeria. African Journal of Humanities and Contemporary Education Research, 13(1), pp.01-11.
41) Porche, M. V., Fortuna, L. R., Wachholtz, A., & Stone, R. T. (2015). Distal and proximal religiosity as protective factors for adolescent and emerging adult alcohol use. Religions, 6(2), 365-384.
42) Room, R., Ferris, J., Laslett, A. M., Livingston, M., Mugavin, J., & Wilkinson, C. (2016). The drinker's effect on the social environment: A conceptual framework for studying alcohol's harm to others. International Journal of Environmental Research and Public Health, 13(11), 1187.

43) Sawyer, S. M., Azzopardi, P. S., Wickremarathne, D., & Patton, G. C. (2018). The age of adolescence. The Lancet Child & Adolescent Health, 2(3), 223-228.
44) Simons-Morton, B., & Chen, R. S. (2006). Over time relationships between early adolescent and peer substance use. Addictive Behaviors, 31(7), 1211-1223.
45) Simons-Morton, B., & Farhat, T. (2010). Recent findings on peer group influences on adolescent substance use. The Journal of Primary Prevention, 31(4), 191-208.
46) Smith, C. (2003). Theorizing religious effects among American adolescents. Journal for the Scientific Study of Religion, 42(1), 17-30.
47) Steinberg, L., & Monahan, K. C. (2007). Age differences in resistance to peer influence. Developmental Psychology, 43(6), 1531-1543.
48) Steinberg, L., & Monahan, K. C. (2007). Age differences in resistance to peer influence. Developmental Psychology, 43(6), 1531-1543.
49) Steinman, K. J., Ferketich, A. K., & Sahr, T. (2008). The dose-response relationship of adolescent religious activity and substance use: Variation across demographic groups. Health Education & Behavior, 35(1), 22-43.
50) Trucco, E. M. (2020). A review of psychosocial factors linked to adolescent substance use. Pharmacology Biochemistry and Behavior, 196, 172969. https://doi.org/10.1016/j.pbb.2020.172969
51) Unger, J. B., Ritt-Olson, A., Teran, L., Huang, T., Hoffman, B. R., & Palmer, P. (2002). Cultural values and substance use in a multiethnic sample of California adolescents. Addiction Research & Theory, 10(3), 257-279.
52) Unger, J. B., Ritt-Olson, A., Teran, L., Huang, T., Hoffman, B. R., & Palmer, P. (2004). Cultural values and substance use in a multiethnic sample of California adolescents. Addiction Research & Theory, 12(3), 257-279.
53) Unger, J. B., Ritt-Olson, A., Teran, L., Huang, T., Hoffman, B. R., & Palmer, P. (2002). Cultural values and substance use in a multiethnic sample of California adolescents. Addiction Research & Theory, 10(3), 257-279.
54) Valente, T. W., Ritt-Olson, A., Stacy, A., Unger, J. B., Okamoto, J., & Sussman, S. (2007). Peer acceleration: effects of a social network tailored substance abuse prevention program among high-risk adolescents. Addiction, 102(11), 1804-1815.
55) Van Ryzin, M. J., Fosco, G. M., & Dishion, T. J. (2012). Family and peer predictors of substance use from early adolescence to early adulthood: An 11-year prospective analysis. Addictive Behaviors, 37(12), 1314-1324.
56) World Health Organization. (2021). Adolescent substance use.
57) World Health Organization. (2021). Substance abuse.
58) Yeung, J. W., Chan, Y. C., & Lee, B. L. (2009). Youth religiosity and substance use: A meta-analysis from 1995 to 2007. Psychological Reports, 105(1), 255-266.
59) Yusuf, F. A. (2010). Factors influencing substance abuse among undergraduate students in Osun State, Nigeria. African Research Review, 4(4), 330-340.