

PEER PRESSURE AND PARENTAL EDUCATIONAL LEVEL AS CORRELATES OF HEALTH RISK TAKING BEHAVIOURS AMONG UNDERGRADUATES OF TERTIARY INSTITUTIONS IN ONDO STATE, NIGERIA

¹KONWEA P. E.; ²AKINMUSERE Ayo Kayode and ³ADEYELE Tolulope Kolade

¹Department of Human Kinetics and Health Education, Ekiti State University, Ado Ekiti

²Departments of Physical and Health Education, Adeyemi Federal University of Education, Ondo

³Departments of Human Kinetics and Health Education, Bamidele Olumilua University of Education, Science and Technology, Ikere Ekiti.

Abstract

The study investigated peer pressure and low parental educational level as predictors of health risk taking behaviours among undergraduates of tertiary institutions in Ondo State, Nigeria. Descriptive research design of survey type was adopted. The population for the study consisted of undergraduates of tertiary institutions in Ondo State, Nigeria. A total of seven hundred and twenty (720) respondents were selected using the multistage sampling procedure. Data were collected with the use of a validated, self-structured questionnaire titled Health Risk Taking Behaviours (HRTBQ). The instrument was validated and found reliable at 0.81. Data collected were analyzed using frequency counts, simple percentages, and mean score to answer the research questions raised, while Pearson Product Moment Correlation was used to test the hypotheses at 0.05 level of significance. The findings revealed that peer pressure and low parental educational level have significant relationship with health risk taking behaviours among undergraduates of tertiary institutions in Ondo State, Nigeria. The findings recommended, among other things, that undergraduates in tertiary institutions of learning should make an effort to associate with peers who will not encourage or compel them to engage in unhealthy habits.

Keywords: Peer, Predictors, Risk, Health, Undergraduates

Introduction

University students are considered crucial in any society, and they represent the future of families and act as role models for the public. However, many university students engage in risky behaviours that threaten their current and future health. The burdens such behaviours as tobacco, alcohol, and other drug use, risky sexual behaviours, unhealthy dietary behaviours, and physical inactivity have placed on several students in tertiary institutions in Nigeria are manifested in different patterns and trends by most of the affected students.

An individual's involvement in activities that lead to physical and/or mental health impairment can be considered a health-risk behavior. These behaviours stem from certain choices and attitudes that have a negative impact on the health of young individuals, thereby increasing the risk of premature morbidity and mortality.

Many young people identify the transition from high school to university as a major life stressor. During this period, many students live away from their homes for the first time, which may result in a substantial decrease in contact and support from family and friends (Tajallia, Sobhi, &

Ganbaripannah, 2010). Additionally, during this period, students must manage increased autonomy, increased academic demands, and establish new social relationships. While navigating the challenges of university life, students may either engage in health-promoting activities or increase the prevalence of risky behaviours that lead to poor health.

Different countries have shown that the proportion of individuals exposed to one or more health risk behaviours is high (Lapsley & Edgerton, 2011). The main groups at risk for behavioural misconduct are adolescents and young adults. These risky behaviours have led to the increased rates of early mortality, disability, and chronic diseases observed in recent decades in developing countries like Nigeria. The majority of undergraduates in tertiary institutions of learning fall into the category of adolescence and young adults—a critical transitional period that includes the biological changes of puberty and developmental tasks such as normative exploration and learning to be independent. Young adults who have reached maturity also face significant social challenges with few organisational supports at a time when they are expected to take on adult responsibilities and obligations (Hajjan, Khirkhah, & Habibi, 2011).

Risk behaviour is an important health issue among undergraduate students in tertiary institutions in Nigeria, especially in Ondo State. The students are prone to high risky health behaviours because of their susceptibility to peer influence. Many seek information from magazines, newspapers, and movies, which place them at health risks (Oyediran & Oladimeji, 2010). Risky health behaviours are often exhibited by undergraduate students because the majority of them are adolescents who want to engage in risky behaviours like sexual activities, smoking, drinking, stealing,

bullying, and all other kinds of behaviours that are inimical to their health (Isaiah, 2010). Furthermore, the undergraduate schooling period establishes adult behaviour patterns, such as drinking, smoking, and sexuality, which pose significant health problems for many undergraduate students.

The study categorized these behaviors among undergraduate students as tobacco, alcohol, and other drug use; risky sexual behaviors; unhealthy dietary habits; physical inactivity; and behaviors that contribute to unintentional or intentional injuries. These health risk behaviours have enormous impact on the current and future health status of students. In order to develop more successful intervention programmes targeting university students' health, it is important to achieve a better understanding of health risk behaviours among them.

Tobacco use and consumption of alcohol and illicit drugs, among others, by adolescents and young people, especially students in tertiary institutions, is spreading worldwide and constitutes an important public concern. While the prevalence of smoking among this group is on the decline in many countries, there is a substantial increase in the developing countries. Smoking experimentation in adolescents and young adults confers a significant 16-fold increase in the risk of becoming a smoker in adulthood when compared to non-smokers (Brito, Hardman & Barros, 2015). An additional concern over smoking is the so-called 'gateway' effect. It is believed that tobacco use, together with alcohol misuse, can lead to the abuse of other drugs.

Young adults, particularly students in tertiary institutions, are prone to substance experimentation and subsequent use, with the reasons for initiation being multifactorial. They allegedly claim that drugs provide pleasure, relaxation, surges of exhilaration, or a prolonged heightened sensation. At the same time, drugs affect

the users directly or indirectly, regardless of age, sex, culture, ethnic background, education, or socio economic status (Kann, McManus, Harris, Shanklin, Flint, & Hawkins, 2015). When individuals use drugs and alcohol as coping strategies, they may prove ineffective and worsen their existing problems. Alcohol is particularly attractive to the youths, among which are students in tertiary institutions, as it is considered a sign of maturity or adulthood. The inappropriate use of alcohol has linked many individuals in this group to significant behavioral problems.

High risk sexual behaviours put people at risk for sexually transmitted infections, unplanned pregnancy, and being in a sexual relationship before being mature enough to know what makes a healthy relationship. Younger adults, such as undergraduates in tertiary institutions, are at higher risk than adults. Examples of risky sexual behaviours are unprotected intercourse without a male or female condom, unprotected mouth-to-genital contact, early sexual activities, especially before age 18, having multiple sex partners, having anal sex, or a partner who does and exchanges sex for drugs or money.

Undergraduate students exhibit unhealthy dietary behaviors, such as skipping meals, overeating, or not eating enough, favoring sweet foods, and eating late at night. Adolescents—a category that includes many undergraduates—exhibit some of the unhealthy dietary behaviors previously identified. Many nutrition-related health problems, primarily obesity and chronic diseases, have been linked to the diet patterns of adolescents. These issues also affect undergraduates in tertiary institutions. (El Ammari, El Kazdough, Bouftini, El Fakir & El Achhab, 2020).

People who do not get the recommended level of regular physical activity are known as physically inactive. Not getting enough physical activity comes with high health and financial costs.

Many undergraduates are less active and fit, which has historically increased their risk of high blood pressure, type 2 diabetes, coronary heart disease, feelings of anxiety and depression, and overweight or obese conditions (Hopkins, 2021).

Adolescence and youth represent critical developmental stages, when a variety of unsafe behaviors—including those that lead to unintentional and intentional injuries—can significantly impact an individual's health, social interactions, and academic performance. Violence and unintentional injury are two of the interrelated areas of vulnerability that adolescents and undergraduates may encounter. They form part of a complex web of potential challenges to the health of undergraduates. Adolescence is a time when significant numbers of serious violent offenders emerge, a category into which undergraduates often fall without any warning signs during childhood (Schwarg, 2021).

The use of psychoactive substances is prevalent throughout the world and is associated with a significant public health burden. Tobacco, alcohol, and illicit drugs are among the top 20 risk factors for ill health, as identified by the World Health Organization (2002). They are strongly associated with several non-communicable diseases, and they are the leading cause of death and morbidity in most countries. It is estimated that tobacco is responsible for 8.8% of all deaths and for 4.1% of disability-adjusted life years (DALYs), while alcohol is responsible for 3.2% of deaths and 4.0% of Disability Adjusted Life Years (DALYs), and illicit drugs for 0.4% and 0.8%, respectively. Furthermore, for individuals under 24 years old, road traffic crashes are the leading cause of death, primarily due to alcohol abuse or illicit drug use, particularly among young individuals who frequent discotheques (Arria, Caldeira, Vincent, Gamier-Dykstra, & O'Grady, 2011).

Researchers have identified factors that could trigger health risk behaviors among undergraduates in tertiary institutions of learning. Among these factors, the concept of peer pressure refers to the influence of a peer group, which encourages a person to change their attitudes, values, or behavior to conform to group norms (Weerman, 2009). The attachment to the peer group often overpowers the adolescent learner's individual degree of self-reliance and independence. Peer groups provide young people with a sense of acceptance and freedom to discuss topics that are important to them, while also offering the opportunity to learn specific skills that may not be available in other social relationships.

Parental educational level, which relates to education, is perhaps the most basic sociological factor since it shapes future occupational opportunities and earning potential. It also provides knowledge and life skills that allow better-educated persons to gain more ready access to information and resources to promote health. Education is key to health inequality; policies encourage more years of schooling and support early childhood education.

The quality of education may be relevant to health, but it could be difficult to assess accurately. The relationship between lower educational attainment and worse health outcomes occurs throughout the course of life. Lower educational attainment in adulthood may have resulted from a serious childhood illness that limited an individual's ability to complete their desired years of schooling, thereby placing them at a higher risk of premature mortality.

Conversely, parents who possess a high level of education are better equipped to teach their children to avoid unhealthy habits, as their education often shapes their approach to raising their children. Parents with good educational backgrounds tend to

supervise their children's' educational pursuits more effectively. They often keep a close watch on their children in school, ensuring they stay focused on their studies and don't diverge into other activities.

Statement of the Problem`

The occurrence of health risk taking behaviours among Nigerians has been observed to be on the increase. Many of these behaviors have resulted in a variety of issues, including mental and emotional disorders, disabilities, chronic diseases, and in some cases, even fatalities. Undergraduates in tertiary institutions are not immune to such problems. Every day, news from tertiary institutions abounds about suicide attempts, violence, and bullying, among other issues. These stories come from students themselves, their interactions with other students, their interactions with members of the institution's communities, and their interactions with members of larger communities. The majority of students in tertiary institutions are single, young adults who easily fall prey to exuberance, coupled with the liberal nature of campus life that predisposes them to high risk health behaviours. Concerns regarding the implications of these behaviors have led to more interventions, particularly for in-school adolescents. Undergraduates in tertiary institutions may exhibit risky health behaviors, likely due to their inclination to experiment with adult behaviors like alcohol consumption, smoking, and indiscriminate sexual practices, often without considering the consequences of their actions. Adolescents and young adults, who comprise the undergraduate population, are the primary group at risk for behavioural misconduct. Therefore, the main thrust of the problem was to look into peer pressure and low parental educational level in relation to health risk taking behaviours that are peculiar to undergraduate students.

Purpose of the Study

The purpose of this study was to examine peer pressure and parental educational level as predictors of health risk taking behaviours among undergraduates of tertiary institutions in Ondo State, Nigeria.

Research Hypotheses

These hypotheses guided the work:

1. There is no significant relationship between peer pressure and health risk-taking behaviours among undergraduates in tertiary institutions in Ondo State, Nigeria.
2. There is no significant relationship between parental educational level and health risk-taking behaviours among undergraduates in tertiary institutions in Ondo State, Nigeria.

Methodology

The study employed the descriptive survey research design. The design assisted the researcher to describe the existing situation as regards peer pressure and low parental educational level as predictors of health risk-taking behaviours among undergraduates in tertiary institutions in Ondo State, Nigeria.

The population for this study comprised undergraduates in all the tertiary institutions in Ondo State, Nigeria. There are thirteen tertiary institutions in Ondo State, Nigeria. The sample for this study consisted of seven hundred and twenty (720) respondents who are undergraduate students in tertiary institutions in Ondo State, Nigeria. A multistage sampling procedure was used to select the sample.

An instrument tagged "Questionnaire on Health Risk Taking Behaviours (HRTBQ)" was used to collect relevant data for the study. It consisted of four sections. Section A sought the demographic characteristics of the respondents, such as institution, Faculty/School, Department, Level, Age, Sex and Marital Status. Section B consisted of 20 items. The instrument was validated and found reliable at 0.81.

Hypotheses Testing

Hypothesis 1: There is no significant relationship between peer pressure and health risk taking behaviours among undergraduates in tertiary institutions in Ondo State, Nigeria.

Table 1: Relationship between peer pressure and health risk taking behaviours among undergraduates

Variable	N	Mean	SD	Df	Sig.
Peer Pressure	720	10.453	2.060	718	0.000
Health Risk Taking Behaviours	720	20.944	2.889		

*P<0.05

Table 1 showed that the calculated significance value (0.000) was less than the significance value (0.05), therefore the null hypothesis which states that there is no significant relationship between peer pressure and health risk taking behaviours among undergraduates in tertiary institutions was rejected. Hence, there was significant relationship between peer

pressure and health risk taking behaviours among undergraduates in tertiary institutions in Ondo State, Nigeria.

Hypothesis 2: There is no significant relationship between parental educational level and health risk taking behaviours among undergraduates in tertiary institutions in Ondo State, Nigeria

Table 2: Relationship between parental educational level and health risk taking behaviours among undergraduates

Variable	N	Mean	SD	Df	Sig.
Parental educational level	720	10.469	1.923	718	0.040
Health Risk Taking Behaviours	720	20.944	2.889		

*P<0.05

Table 2 showed that the calculated significance value (0.040) was less than the significance value (0.05); therefore, the null hypothesis, which states that there is no significant relationship between parental educational level and health risk taking behaviours among undergraduates in tertiary institutions, was rejected. Hence, there was significant relationship between parental educational level and health risk taking behaviours among undergraduates in tertiary institutions in Ondo State, Nigeria.

Discussion

The study revealed that peer pressure as a factor influenced health risk taking behaviours among undergraduates in tertiary institutions in Ondo State, Nigeria. The findings revealed that undergraduates' peer pressure led to health risk taking behaviours. The findings align with Chauhan's (2007) findings, which suggest that peer groups significantly influence teenagers' social development by establishing "rituals" for acceptable behavior. The findings also agreed with those of Santrock (2007), which indicated that adolescents' affiliation with deviant peers represented the strongest predictor of deviant behavior. The implication of the findings is that undergraduates who associate with bad peers will exhibit health risk taking behaviours and vice versa.

The study also revealed that parental educational level contributed to health risk taking behaviours among undergraduates in tertiary institutions in Ondo State, Nigeria. The findings show that students whose parents had low educational levels experienced health risk-taking behaviours. The findings align with

those of Mattys and John (2016), who found that students' disruptive behaviors typically stem from their parents' low educational attainment. The findings also agreed with the findings of Purvati and Muhammad (2017) that parents' education determined students' personalities, which in turn influenced the health risk-taking behaviours being displayed by the students. The findings align with those of Carine, Lea, and Dirk (2004), who found that a lower educational level is associated with less healthy food habits, less teeth brushing, less seatbelt use, more TV watching, more smoking, more drunkenness, more hashish use, and more lifetime Ecstasy use. This implies that the educational status of parents usually leads to health risk behaviours among undergraduates. This also suggests that parents with a high or average educational status may display positive health behaviors, and vice versa.

Conclusion

Based on the findings of this study, it was concluded that peer pressure influenced health risk taking behaviours of undergraduates in tertiary institutions in Ondo State. The study also concluded that the parental educational level determined the health risk-taking behaviours of undergraduates in tertiary institutions.

Recommendations

The following recommendations were made based on the findings of the study:

1. Undergraduates in tertiary institutions should strive to associate with peers who will not encourage or compel them to engage in unhealthy habits.

2. Undergraduates whose parents appear to have low educational levels should strive to interact and associate with their counterparts who have average or high educational levels. This will allow them to benefit from their good educational contributions in promoting positive healthy behaviors, which could potentially help them avoid risky health behaviors.
3. Health risk taking behaviours are very detrimental to the health of undergraduates in tertiary institutions of learning. They should, therefore, avoid actions that can lead to such behaviors.

References

- Aria, A. M., Caldeira, K.M, Vincent, K.B. & O, Grady K.E. (2011). The Academic Opportunity Costs of Substance Use during College. *Centre on Young Adult Health and Development*. 1(16) 1-9.
- Brito A.LS, Hardman C.M. & Barros M.V.G. (2015). Prevalence and Factors Associated with the Co-Occurrence of Health Risk Behaviors in Adolescents. *Cited 2017 May 10*; 33(4):423-30.
- Carine, V, Lea M. & Dirk, D. B. (2004). The influence of parental occupation and the pupils' education level on lifestyle behaviours among adolescents in Belgium. Pubmed; *Journal of Adolescent Health* 34(4) 330-338.
- Chauhan, S. S. (2007). Principles and techniques of guidance. New Delhi; Vikas Publishing House.
- El Ammari A, El Kazdoui H, Bouftini S, El Fakir S & El Achhab Y (2020). Social-ecological influence on unhealthy dieting behaviours among Moroccan adolescents: A mixed method study. *Public Health Nutrition*. 23(6); 996-1008.
- Haijan K, Khirkhah F, & Habibi M. (2011). Frequency of Risky Behaviours among Students in Babo University. *Journal of Gorgan University of Medical Science*.
- Hopkins J. (2021). Risks of Physical Inactivity. Johnson Hopkins Medicine, Johnson Hopkins University. www.hopkinsmedicine.org
- Kann L, McManus T, Harris WA, Shanklin SL, Flint KH, Hawkins J, et. al. (2015). Youth Risk Behavior Surveillance: Unites States. *MMWR Surveillance*. ; 65(6):1-174.
- Lapsley K. & Edgerfan C. (2011). Separation – Individualization, Adult Attachment Style and College Adjustment. *Journal of Counselling and Development*. Vol. 80(4) page 484-492.
- Matthys W., & John E. (2016). Oppositional Defiant Disorder and Conduct Disorder in Childhood. John Wiley & Sons.
- Oyediran S. O. & Oladimeji O. (2010). Effect of Peer Education on Deaf Secondary School Students about HIV/AIDS Knowledge, attitude and Sexual Behaviour. *African Journal of Reproductive Health*. 4(2), 93-103.
- Purvati P. & Muhammad J. (2017). Parents Education, Personality and Their Children's Disruptive Behavior. *International Journal of Instruction*. 10(3). 227-240.
- Santrock J. (2007). Child Development. New York, McGraw Hill
- Schwarg S.A. (2021). Adolescent Violence and Unintentional Injury in the United States: Facts for Policy Makers. Infonccp.org
- Tajalli P, Sobhi A. & Ganbaripناه A. (2010). The Relationship between Daily Hassles and Social Support on Mental Health of University Students. *Procedia Social and Behavioural Sciences*, 5, 99 – 103.
- Weerman L. (2009). Global Assessment of School Aggression and its Impact on Society. *Journal of Abnormal Child Psychology*. 2(1), 187-201.