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**RELIGIOSITY AND SOCIAL SUPPORT AS PREDICTORS OF SUBSTANCE ADDICTION  
AMONG UNIVERSITY UNDERGRADUATES IN KWARA STATE**

BY

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**Abstract**

*The researcher investigated religiosity and social support as predictors of substance addiction among university undergraduates in Kwara State. Demographic variables such as gender, age, and level of study were considered. This research employed the descriptive survey research method design. 200 respondents were randomly selected across the selected schools. Three research questions were raised and four hypotheses generated to guide the study. Data were collected using a researcher designed instrument questionnaire entitled "Religiosity and Substance Addiction among University Undergraduates Questionnaire" (RSAUUQ), and "Social Support and Substance Addiction among University Undergraduates Questionnaire" (SSSAUUQ). The reliability co-efficient of 0.81 was obtained. The hypotheses generated were tested using Regression Analysis at 0.05 alpha level. The findings revealed that religion and social support are protective factors against substance addiction and; gender and age contribute to level of substance addiction among University undergraduates; these variables should thus be factorised into designing programmes and strategies for reducing substance use, abuse and addiction in the University setting. With the findings of the study, it was recommended that university system should keep encouraging or tolerating religious engagement among the students; thereby, sustaining their high level of religiosity for living a meaningful spiritual life that shapes human personality dispositions, parents, teachers and friends are to maintain given adequate supports to University undergraduates in their environment by interacting with them with love and care; given them listening hears and be concerned about their living conditions. This will go a long way in sustaining the high level of social supports received by the respondents.*

**Keywords:** *religiosity, social support, substance addiction, and undergraduates*

**Introduction**

In this contemporary world, growth and development in medical discoveries have brought about more effective drugs and have changed the overall health of many people. Many drugs are now available to prevent, treat or cure diseases, injuries and medical problems which consequently have helped millions of people live longer and healthier lives. However, many of these drugs and other non-medical drugs are being misused or abused by people most especially the youths. Cases of students' involvement in substance abuse have been reported severally by media and this requires an urgent attention. The United Nations (2012) reported that about 185 million people globally over the age of 15 were consuming drugs by the end of the 20<sup>th</sup> century. The most commonly mentioned substances were marijuana, cocaine, amphetamine-types stimulants (ATS), opiates and volatile solvents (Durani, 2012). Durani, stressed also

that substance abuse touches millions of people worldwide each year. It is estimated that about 76.3 million people struggle with alcohol use disorders contributing to 1.8 million deaths per year. Substances mean chemicals that have effect on the body, mind or behaviour. In other words, drugs are substances other than food that change the structure or function of the body or mind. In medical terms, a substance is a chemical taken in prescribed dosages to treat or prevent illness (Wayne & Dale, 2008). In this case, drug is often referred to as medicine, a vaccine, a tranquilizer, an antibiotic or some other medical terms. In most cases, people use the term "substance" when they refer to medicine. Medicines are used to treat or prevent diseases and other conditions. Merton (2016) stated that medicines are usually grouped according to their effects on the body. Some of the most commonly used types of medicines include those that prevent diseases, those that fight infections and those that provide pain relief.

Substances alter physical or physiological and psychological state of mind of an individual and the problems resulting from the use of them are not new. They have always caused social and health problems and are all harmful substances when improperly used. Pollock, Candace and Charles (2009) considered drug to be any substance, other than food, that by its chemical or physical nature alters structures or function in the living organisms. Included in this broad definition is a variety of psychoactive drugs, medicines and substances that many people do not usually consider to be drugs. Legal substances not usually considered include caffeine, tobacco, alcohol, aspirin and other over-the-counter (OTC) preparations (Pollock, Candace & Charles, 2009). These common substances are used so frequently in many societies that they are rarely perceived as true drugs.

The World Health Organization (2010) defined substance abuse as the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs. Drug abuse is the arbitrary over dependence or misuse of one particular drug with or without a prior medical diagnosis from qualified health practitioner. The majority of Nigerian youths ignorantly depend on one form of drug or the other for their various daily activities, social, educational, political and moral use etc (Garwood, 2012). The American Psychiatric Association (2010) referred to substance abuse as maladaptive patterns of substance use leading to clinical significant impairment or distress, as manifested by one (or more) of the following, occurring within a 12 month period: recurrent substance use resulting in a failure to fulfil major role obligations at work, school, or home; recurrent substance use in situations in which it is physically hazardous; recurrent substance related legal problems; continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance.

Drug use among undergraduates is not an uncommon phenomenon. In America, according to the Centre for Disease Control (2007) more than 15% of adolescents between the ages of 12 and 18 already smoked cigarette regularly and 11% of high school students have smoked a whole cigarette before age 13. According to United Nations Office on Drugs and Crime (UNODC) world report (2011), Nigeria topped the list of countries that used illicit drugs in Africa (Garwood, 2012). Also, a report published by the Nation Newspaper on 15/01/2012 revealed that the annual prevalence rate in Africa for Cannabis use fluctuates roughly between 4% and 14% and it is the highest in the world. Nigeria has the highest rate of cannabis in the region, with an estimate of more than 14%. Dr. Olive Stolpe, UNODC representatives stated further that annual prevalence of Cocaine use in Africa in 2009 ranged between 0.2% and 0.8%, Nigeria with a prevalence rate of 0.7% again is among the top consumers within the region. Annual prevalence for Opiate use in Africa is estimated between 0.2 and 0.6 percent. In Nigeria, the Opiate prevalence rate was estimated to have increased from approximately 0.6 to 0.7 percent in 2009. This follows that Nigeria would have hosted roughly 500,000 heroin users (Anafi, 2011).

The drugs mostly used by adolescents are cigarettes, alcohol, marijuana, glue, paint, paint thinners, aerosols and polish remover among others (Sweetney & Neff, 2001). In terms of tobacco use, it has been noted that its use is more prevalent and that most children are trying to experiment with tobacco at 9 years

of age. The use of tobacco and alcohol in children are critical since both are considered as gateway drugs (McWhirter, et. all. 2016). In the study carried out by Grunbaum, et al., (2002) it has been found that close to 20% of secondary students have been offered, sold or provided illegal drugs like marijuana on school premises at some period during 12 months. The data given only shows that, different substances have been used by children or adolescents. This means that all children are at high-risk of abusing these substances because they have been aware of such and use it at the earlier age.

Many people most especially the youths use drugs as an escape from reality (such as unhappiness, low performance in school, family/relationship problems). Another factor why the youths use drugs as noted by Nicholsin (2013) is curiosity. Youngsters are eager to experiment on how drug works as a result of what they hear from their peers and other adults in the society that drugs make one feels good, alerted and functioning therefore, they become abusers. Some youths inherit drug abuse/addiction from parents. Genetic factor just like some congenital diseases that are inherited from the parents to children, the drug addict/habits may also be inherited (Slideshare, 2012). Lack of knowledge about what drugs encompass makes youngsters engage in drinking alcohol as most people do not count it as a drug. Pollock, Candace and Charles (2009) stated that legal substances not usually considered as drugs include caffeine, tobacco, alcohol, aspirin and other over-the-counter drugs.

Other factors that make youths engage in substance abuse involve, dealing with anxiety and depression, lack of parental care, loneliness, physical pain, low self-esteem, life frustration such as unemployment or broken homes. The easy access to these drugs and lack of stiff penalty on the abusers are part of reasons drug abuse is prevalent among Nigeria youths. Drug abuse does not necessarily correlate to how wealthy or poor one is (Merki, 1996). Some argue that wealthier individuals can afford to buy more drugs than someone living in poverty who might resort to abusing less expensive addictive substance such as in the case of sniffing glue to alter one's physical and mental state. Hence, different circumstances induce one to abuse drugs.

Youths 'involvement in substance abuse has been found by researchers to have a disastrous effect on the abusers, the family and the society at large. Odedeji (2001) observed that the use of drugs among youths has always been a thought for concern. Maladjusted cases such as riots, indiscipline, moral laxity and poor academic performance of youths has been linked with the abnormal use of drugs. The health effects of drug abuse starts from the brain of the abuser. Drug causes a surge in levels of dopamine in brain, which trigger feelings of pleasure. The brain remembers these feelings and wants them repeatedly. Changes in brain thus interfere with one's ability to think clearly, exercise good judgment, control of behaviour and feel normal without drugs (Lawrence, Melinda, & Joanna, 2013). The individual may also experience heart attack, liver cyrosis, respiratory failure, coma, which may lead to death.

Substance abuser places a burden on the family members as they expend on him financial and emotional support. Abusers involve in crimes such as stealing, pilfering, assassination, armed robbery, prostitution. According to Olatunde (2001), substance abuse is associated with violent and anti-social behaviours, suicidal delinquency, acute psychosis and youth wastage in Nigeria are just few examples of delinquent activities. Further stated was that youths who abuse drugs develop mental disorders such as anxiety, neurosis, inability to concentrate and uncomfortable sensations within the medulla obloganta which preserved the central part of the brain. This is not strange as there are many lunatics in the major streets because of their dealings in India hemp, cocaine, heroin and other dangerous narcotics.

Substance abuse among youths confers disrespect on the Nigeria image in the international world. According to Akindelly (2009), substance abuse undermines the image of the nation. Nations that are dealing in drugs are usually castigated among the comity of nations. Citizen and leaders of such nations are thus treated as 'pariah' among their colleagues. The nation economy also suffers as government

spends huge resources which supposed to be spent on infrastructural facilities for the citizens, in combatting this menace. It could thus be inferred that drugs abuse have an immediate effect on the brain and tolerance. Death can occur when drugs are taken in doses the body cannot tolerate. Withdrawal from certain drugs may cause convulsion, a depressed breathing rate, and even death (Pollock, Candace Charles, 2009).

Religiosity may also favour lower levels of substance use through the processes of social control and social learning. As key elements of social control, behavioural monitoring and social sanctions function to reinforce specific moral directives and general religious principles that favour abstinence (Adamczyk & Palmer, 2008). Research suggests that involvement in religious institutions and communities is associated with increased monitoring (by parents, elders, and peers) of counter-normative behaviour (Smith, 2004). Religiosity is also associated with direct and indirect exposure to social sanctions (e.g., gossip, ostracism, and formal punishments) that function to elevate the costs (actual and perceived) associated with substance use, which presumably deters use. A study by Benda (2005) confirms that social control mediates the effect of religiosity (a multi-item index) on marijuana use, but not alcohol use. Also research by Cochran (2004) suggests that social control mediates the effect of religious salience on illicit drug use (marijuana and nonspecific hard drug use), but not legalized drugs (alcohol and tobacco use). It has been suggested in the literature that religiosity may discourage substance use by exposing adolescents to religionist peers and adults who espouse anti-substance use norms and, presumably, exhibit low levels of substance use and high rates of abstinence (Longest & Vaisey, 2008). Through the process of "peer selection," religious adolescents are often embedded in anti-substance use networks that are defined by models of moderation and abstinence (e.g., pastors, youth leaders, and other role models). Within this unique social environment, religious adolescents tend to have less access to substances and fewer opportunities to learn to use substances (Hill et al., 2009).

However, law and policy have been made by the government to safeguard the integrity of its territory and the well-being of its citizenry particularly the youths, from the harmful effects of dangerous substances on their physical and mental well-being, and to defend the same against acts or omission, detrimental to national development and preservation. For example, the promulgation of a decree titled Tobacco Smoking Control Decree Number 20; which makes it an offence for any person to smoke in a cinema hall, state public offices, medical establishment, lift, school, or nursing institution in any part of the country. The decree further stated that any person who contravenes the law shall be liable on conviction to a fine of not less than one month and not exceeding two years or both that is fine and imprisonment (Osagbemi, 2000). The decree also banned the sale of tobacco products and its advertisement on the media. That anyone who advertises tobacco products on any media shall be guilty of an offence and be liable on conviction to a fine of not less than N5000:00. If corporate body is guilty of this offence, every director, manager, secretary or similar officers in charge shall be liable on conviction to a fine not less than N5000 or term not exceeding three years of imprisonment or both (Osagbemi, 2000).

Despite laws and policies put in place to curb the menace, substance abuse is still on increase among youths. In a study of five selected psychiatric hospitals, Obot and Olaniyi (1991) showed that drug related cases have increased since 1985. Ikwuagwu, Nafziger and Isichei (1993) also found that about 60% of substance abusers are young persons. The study of Obot (2003) on the Dimensions and Epidemiology of Drugs and Alcohol Consumption and Abuse in Nigeria raised an alert on its increase among youths. This is a contemporary issue of concern for every society that aims to attain a greater height in terms of economic, political, cultural and educational development. Hence, effort must be geared toward finding a direction to arrest the situation. In this regard, this study is aimed at investigating religiosity and its support as predictors of substance addiction among university undergraduates in Kwara State.

### Statement of the Problem

Youth's wrong notion about drug that it gives them a different image, allows them to solve problems and make them respond to social pressures often lead to abuse of drugs. The most frequently abused groups of drugs are stimulants, depressants and other mood changing drugs which have immediate effect on the brain and spinal cord. Of which, its consistency and long term use can cause psychological dependence, physical dependence and tolerance.

Substance abuse among youngsters affects their academic performance as they do not have time to study which consequently may lead to drop out in school. Robbery, prostitutions, absent in school and other delinquent behaviours has been noted. Richard (2002) observed that cases of robbery and indiscipline are on the high increase among students of tertiary institutions. For instance, students under the influence of drugs indulge in deviant activities such as rape, truancy, destruction of school properties, breaking the school rules and regulations, beating up lecturers. In an effort to combat drug abuse among young ones, different organizations have sprang up both government and non-governmental organization. One of such is Narconon. In November, 2009, a Narconon drug educator joined with government officials and educators to bring a drug free message to the youths. The occasion was the international conference against drug abuse and illicit trafficking. Organized by Narconon Nigeria, the public lecture held in Lagos brought together the representative of Oshodi Isolo federal constituency, a lecturer from the Department of Political science in Lagos State University, a representative of the Dayster Christian centre and the executive director of the local Narconon drug education and prevention office. Together, these covered public services officials spread the message that a drug free life is the best kind of life (Narconon Drug Information Department, 2013).

In the study by Coleman (2010) on Drug Use and Abuse among Students in Tertiary Institutions in Federal University of Technology where he found out that certain pre-disposing factors such as peer pressure, sex, age, family background, occupation of parent contributes immensely to drug abuse by the students. Oriahi, Ajekweneh and Oriahi (2012) conducted a study on Causes and Effects of Drug Abuse among Secondary School Adolescents in Esan West local Government Area of Edo State, Nigeria. The result of the study shows that the majority of students were influenced by peer group and influence of parents on the use of drugs. Age, gender, parental addiction also contributed to drug abuse by the youngsters. Lastly, Raji (2012) investigated the Knowledge and Attitude of Tertiary Institution Students in Kwara State towards drug use in Nigeria. He found out that most respondents have knowledge of drug use but show negative attitude towards it. Also, gender, age, religion and school type have no influence on the respondents' knowledge and attitude on drug use.

Religiosity indicated by observable feelings, beliefs, activities, and experiences in relation to spiritual, divine, or supernatural entities is a prevalent and powerful force in the lives of American adolescents. According to national estimates, over 80% of adolescents' report affiliations with religious groups, roughly 38% attend religious services at least once per week, and over 90% believe in God and Heaven (Gallup & Bezilla, 1992; Regnerus, 2007; Smith, Denton, Faris & Regnerus, 2002). Studies also show that religiosity is associated with a wide range of favourable outcomes in adolescence, including positive family relationships, lower rates of delinquency, greater mental and physical well-being, and generally healthier lifestyles (Regnerus, 2003; Sinha, Cnaan, & Gelles, 2006; Smith, 2003).

Despite different control measures that had been adopted, teens are surrounded with insidious influences that seem to encourage or condone substance abuse. In view of this, the researcher observed that few researches (a nationwide studies) have been done on prevalence of drug abuse among students of tertiary students and on roles counsellors can play to salvage this social ill. Therefore, this study aims at extending the scope of research study to the area by investigating religiosity and social support as predictors of substance addiction among university undergraduates in Kwara State.

Table 1 shows that out of the 200 respondents that participated in the study, 88 (44.0%) were males; while 112 (56.0%) were females; this means that, the female respondents were more than their male counterparts in this study. With respect to age, 54 (27.0%) of the respondents were between 16-22 years, 115 (57.5%) were within the age range of 23-30; while 31 (15.5%) were 31 years and above. This shows that respondents in the early adulthood, between 23-30 years, were more represented in this study. The respondents' level of study shows that 51 (25.5%) of them were in 100 level, 46 (23.0%) were in 200 level, 56 (28.0%) were 400 level students; while 47 (49.3%) were in 400 level of study. This implies that there is slight difference in the degree of participation among respondents across the levels.

### Answers to Research Questions

Research Question 1: What is the level of religiosity among University undergraduates in Kwara State?

**Table 2: Percentage Distribution of Level of Religiosity among the Respondents**

| Score range | Frequency | Percentage % | Remark                          |
|-------------|-----------|--------------|---------------------------------|
| 1-30        | 3         | 1.5          | Low level of religiosity        |
| 31-39       | 5         | 2.5          | Moderately level of religiosity |
| 40-60       | 192       | 96.0         | High level of religiosity       |

Table 2 presents the percentage distribution of level of religiosity among University undergraduates in Kwara State. The table shows that out of the 200 respondents who participated in the study, 3 (1.5%) scored between 1-30 on the religiosity scale, this indicates low level of religiosity, 5 (2.5%) scored between 31-39 on the religiosity scale, indicating moderate level of religiosity; while 192 (96.0%) of the respondents scored between 40-60 on the same scale, indicating a high level of religiosity. Overall, there is high level of religiosity among University undergraduates in Kwara State.

Research Question 2: What is the level of social support received by University undergraduates in Kwara State?

**Table 3: Percentage Distribution of Level of Social Support Received by the Respondents**

| Score range | Frequency | Percentage % | Remark                             |
|-------------|-----------|--------------|------------------------------------|
| 1-30        | 9         | 4.5          | Low level of social support        |
| 31-39       | 65        | 32.5         | Moderately level of social support |
| 40-60       | 126       | 63.0         | High level of social support       |

Table 3 presents the percentage distribution of level of social support received by University undergraduates in Kwara State. The table shows that 9 (4.5%) scored between 1-30 on the social support scale, this indicates low level of social support, 65 (32.5%) scored between 31-39 on the social support scale, indicating moderate level of social support; while 126 (63.0%) of the respondents scored between 40-60 on the same scale, indicating a high level of social support. Overall, University undergraduates in Kwara State received a high level of social support from their acquaintances.

Research Question 3: What is the level of substance addiction among University undergraduates in Kwara State?

**Table 4: Percentage Distribution of Level of Substance Addiction among the Respondents**

| Score range | Frequency | Percentage % | Remark                        |
|-------------|-----------|--------------|-------------------------------|
| 1-30        | 160       | 80.0         | Low level of addiction        |
| 31-39       | 32        | 16.0         | Moderately level of addiction |
| 40-60       | 8         | 4.0          | High level of addiction       |

Table 4 presents the percentage distribution of level of substance addiction among University undergraduates in Kwara State. The table shows that 160 (80.0%) of the respondents scored between 1-30

on the substance addiction scale, this indicates low level of substance addiction, 32 (16.0%) scored between 31-39 on the substance addiction scale, indicating moderate level of substance addiction; while 4 (4.0%) of the respondents scored between 40-60 on the same scale, indicating a high level of substance addiction. Overall, there is low level of substance addiction among University undergraduates in Kwara State.

### Hypotheses Testing

Four null hypotheses were formulated and tested using the Pearson Product Moment Correlation Coefficient ( $r$ ) statistic and Multiple Regression Analysis at 0.05 level of significance. The results of the hypotheses tested are as follows:

$H_{01}$ : Religiosity will not significantly predict substance addiction among University undergraduates in Kwara State.

**Table 5i: Model Summary**

| Model | R                 | R Square | Adjusted R Squares | Std. Error of the Estimate |
|-------|-------------------|----------|--------------------|----------------------------|
| 1     | .469 <sup>a</sup> | .329     | .314               | 1.627                      |

a. Predictors: (Constant), Religious, Participation, Practice and Piety

**Table 5ii: ANOVA**

| Model |            | Sum of Squares | df  | Mean Square | F      | Sig.              |
|-------|------------|----------------|-----|-------------|--------|-------------------|
| 1     | Regression | 752.702        | 3   | 250.900     | 25.863 | .000 <sup>b</sup> |
|       | Residual   | 1901.493       | 196 | 9.701       |        |                   |
|       | Total      | 2654.195       | 199 |             |        |                   |

a. Dependent Variable: Substance Addiction

b. Predictors: (Constant), Religious Participation, Practice and Piety

**Table 5iii: Coefficients**

| Model |               | Unstandardized Coefficients |            | Standardized Coefficients |        | Sig. |
|-------|---------------|-----------------------------|------------|---------------------------|--------|------|
|       |               | B                           | Std. Error | Beta                      | t      |      |
| 1     | (Constant)    | 15.866                      | 1.059      |                           | 8.106  |      |
|       | Piety         | -.276                       | .110       | -.235                     | -1.686 | .000 |
|       | Practice      | -.274                       | .124       | -.207                     | -2.410 | .021 |
|       | Participation | -.299                       | .120       | -.224                     | -2.657 | .032 |
|       |               |                             |            |                           |        | .019 |

a. Dependent Variable: Substance Addiction

The model summary Table 5i provides the  $R$  values of .469, which indicates a high degree of correlation. The  $R^2$  (.329) value indicates how much of the total variation in the dependent variable (substance addiction) is explained by the predictor variables (religion – piety, practice and participation); and shows 31.4% explanation  $R^2_{adj}$  (.314), which is high. Table 5ii is the ANOVA table that presents how well the regression equation fits the data (that is, predict the dependent variable). The table revealed that the regression model is a good fit for the data; as the regression model predicts the dependent variable ( $F \{3, 196\} = 25.865$ ;  $p < .05$ ). The coefficients Table 5iii indicates that religion – piety, practice and participation contributes to the model,  $B = (-.276, -.274 \text{ and } -.299$ ;  $p < .05$ ) respectively. Hence, the

hypothesis is rejected. Therefore, religion significantly predicts substance addiction among University undergraduates in Kwara State.

H<sub>02</sub>: Social support will not significantly predict substance addiction among University undergraduates in Kwara State.

Table 6i: Model Summary

| Model | R                 | R Square | Adjusted R Squares | Std. Error of the Estimate |
|-------|-------------------|----------|--------------------|----------------------------|
| 1     | .280 <sup>a</sup> | .078     | .064               | 3.533                      |

a. Predictors: (Constant), Friends' Support, Parental Support and Teachers' Support

Table 6ii: ANOVA

| Model |            | Sum of Squares | df  | Mean Square | F     | Sig.              |
|-------|------------|----------------|-----|-------------|-------|-------------------|
| 1     | Regression | 207.433        | 3   | 69.144      | 5.539 | .001 <sup>b</sup> |
|       | Residual   | 2446.762       | 196 | 12.483      |       |                   |
|       | Total      | 2654.195       | 199 |             |       |                   |

a. Dependent Variable: Substance Addiction

b. Predictors: (Constant), Social support

Table 6iii: Coefficients

| Model |                   | Unstandardized Coefficients |            | Standardized Coefficients | t      | Sig. |
|-------|-------------------|-----------------------------|------------|---------------------------|--------|------|
|       |                   | B                           | Std. Error | Beta                      |        |      |
| 1     | (Constant)        | 22.550                      | 1.901      |                           | 11.860 | .000 |
|       | Parental support  | -.224                       | .103       | -.157                     | -2.176 | .031 |
|       | Teachers' support | -.375                       | .122       | -.234                     | -3.075 | .002 |
|       | Friends' support  | -.288                       | .104       | -.215                     | -2.759 | .006 |

a. Dependent Variable: Substance Addiction

The model summary Table 6i provides the *R* values of .280, which indicates a moderate degree of correlation. The  $R^2$  (.078) value indicates how much of the total variation in the dependent variable (substance addiction) is explained by the predictor variables (social support); and shows 6.4% explanation  $R^2_{adj}$  (.064), which is very small. Table 6ii is the ANOVA table that presents how well the regression equation fits the data (that is, predict the dependent variable). The table revealed that the regression model is a good fit for the data; as the regression model predicts the dependent variable ( $F \{3, 196\} = 5.539$ ;  $p < .05$ ). The coefficients Table 6iii indicates that social support – parental support, teachers' support and friends' support contributes to the model, with  $B = (-.224, -.375 \text{ and } -.288$ ;  $p < .05$ ) respectively. Hence, the hypothesis is rejected. Therefore, social support significantly predicts substance addiction among University undergraduates in Kwara State.

H<sub>03</sub>: Demographic variables of gender, age and level of study will not significantly predict substance addiction among University undergraduates in Kwara State.

Table 7i: Model Summary

| Model | R                 | R Square | Adjusted R Squares | Std. Error of the Estimate |
|-------|-------------------|----------|--------------------|----------------------------|
| 1     | .145 <sup>a</sup> | .021     | .006               | 3.641                      |

a. Predictors: (Constant), Level of Study, Age and Gender

Table 7ii: ANOVA

| Model |            | Sum of Squares | df  | Mean Square | F     | Sig.              |
|-------|------------|----------------|-----|-------------|-------|-------------------|
| 1     | Regression | 109.157        | 3   | 36.385.144  | 2.802 | .024 <sup>b</sup> |
|       | Residual   | 2545.038       | 196 | 12.984      |       |                   |
|       | Total      | 2654.195       | 199 |             |       |                   |

a. Dependent Variable: Substance Addiction

b. Predictors: (Constant), Level of Study, Age and Gender

Table 7iii: Coefficients

| Model |                | Unstandardized Coefficients |            | Standardized Coefficients |  | t      | Sig. |
|-------|----------------|-----------------------------|------------|---------------------------|--|--------|------|
|       |                | B                           | Std. Error | Beta                      |  |        |      |
| 1     | (Constant)     | 27.828                      | .698       |                           |  | 39.891 | .000 |
|       | Gender         | 2.064                       | .550       | .245                      |  | 2.936  | .029 |
|       | Age            | 1.075                       | .424       | 1.013                     |  | 1.178  | .039 |
|       | Level of Study | .214                        | .245       | .065                      |  | .873   | .434 |

a. Dependent Variable: Substance Addiction

The model summary Table 7i provides the  $R$  values of .145, which indicates a moderate degree of correlation. The  $R^2$  (.021) value indicates how much of the total variation in the dependent variable (substance addiction) is explained by the predictor variables (gender, age and level of study); and shows .6% explanation  $R^2_{adj}$  (.006), which is very small. Table 7ii is the ANOVA table that presents how well the regression equation fits the data (that is, predict the dependent variable). The table revealed that the regression model is a good fit for the data; as the regression model predicts the dependent variable ( $F(3, 196) = 2.802; p < .05$ ). The coefficients Table 7iii indicates that gender and age contribute to the model, with  $B = (2.064$  and  $1.075; p < .05$ ) respectively; while level of study did not,  $B = (.214; p > .05)$ . Hence, the hypothesis is rejected with respect to gender and age; while it is retained based on level of study. Therefore, gender and age significantly predict substance addiction among University undergraduates in Kwara State; while level of study does not.

### Discussion

One of the key findings of this study is that there is a high level of religiosity among University undergraduates in Kwara State. The researcher was not amazed with this finding owing to the fact that Nigeria is labelled as one of the most religious nations across the globe; rarely is there any individual without belonging to one religious sect or the other. In addition, Ilorin community and University of Ilorin in particular are religious accustomed society where maximum percent of religious tolerance is upheld so far it does not compromise the peace and safety of others. This finding suggests that undergraduates of University of Ilorin will be the type that will imbibe the teachings of the scriptures (Bible and Qur'an) on abstaining from all forms of immorality and misconduct but to fear the Creator, abide by His rules and regulations, and exhibit good behaviours. Therefore, the respondents are expected to have God's piety, involve in religious practices and participation to the best level of their ability. The finding of this current study is in contrast with the study of Yeterian, Bursik and Kelly (2015) whose finding indicated that adolescents in the study scored low in their level of religiosity. Disparity of this finding from previous study could have resulted from the fact that the studies were not conducted among respondents in similar locale where religion is not priority among its people. In view of this current

finding, high level of religion among the respondents is expected to predict a low level of involvement in drug addiction.

The second key finding of this current study revealed that University undergraduates in Kwara State received a high level of social support from their acquaintances. This finding also tallies with the researcher expectation that the respondents will receive maximum support from people around them despite the current family system and technological development that have created a wide gap between friends and families. This finding demonstrates that the Africa support system still exists in this modern dispensation; thus, the respondents received support from parents, teachers and their friends. Parental support is very important for socio-emotional adjustment of an individual, right from conception till adulthood. It is a natural impulsive that almost every parent will lend hand of supports to their children when in need. This finding is in line with the study by Stevens, Jason, Ram and Light (2015) whose finding indicated that the respondents got a high degree of support from their parents. Teachers and friends' support as secondary socialising agents of individuals play a very significant role in the quality of life of an individual. They serve as models that shape individual behaviours and characters. Previous studies such as Kafka and London (2009); Piko and Kovacs (2010); have also established a high level of social support (from teachers and friends) received by undergraduates of Universities studied. Agreement of this current result with the previous research could be explained by perhaps, the same category of respondents used and their age range that are similar. It is expected in this regard that high social support will translate to low level of immorality such as substance addiction.

Thirdly, the outcome of this study indicated that there is low level of substance addiction among University undergraduates in Kwara State. As expected, substance addiction is less common among University undergraduates that participated in this study. This could be attributed to their high level of religiosity and social support received. The respondents' low level of substance addiction suggests that their level of substance abuse is low; thus, they are more likely to be free from major consequences of substance use, abuse and addiction. This consequently, may help them live a high quality of life. This current finding is in contrast with the finding of ... who noted that University undergraduates studied were found with a high level of substance addiction. Disparity of this current study from the past studies could be as a result of the fact that that of the previous study was conducted among students who had already being claimed to be substance dependent; while this study was conducted among the general University undergraduates. The finding of this study is an indication high level of religiosity and social support would lead to low level of substance addiction and vice-versa.

The first null hypotheses tested revealed that religion (piety, practice and participation) significantly predicts substance addiction among University undergraduates in Kwara State. The result indicated that God's piety (-.276;  $p < .05$ ), religious practices (-.274;  $p < .05$ ) and religious participation (-.299;  $p < .05$ ) contributed considerably to low level of substance addiction among the respondents. Since the contributions are negative, it implies that an individual with high level of God's piety, religious practices and participation will translate to lower level of substance addiction; whereas less involvement in religion components is equivalent to high level of substance addiction among the study sample. This finding suggests that anybody with strong faith, consciousness of the religion and vigorous participation in the religion is less likely to involve in substance use or abuse, and vice-versa. This finding is in line with the findings of Conner, Anglin, Annon and Longshore (2008); Yeterian, Bursik and Kelly (2015) which revealed that religion is a predictor of drug addiction. This study and the previous research were conducted among respondents of the same age group; perhaps, the reason for the similar findings documented. The idea from this finding is that religion is a protective factor for substance addiction in an individual; as research by Krentzman, Farkas and Townsend (2010) has demonstrated that individuals with less or no religious involvement were more prone to substance abuse and addiction.

The linear regression result revealed that social support (parental, teachers and friends' supports) significantly predicts substance addiction among University undergraduates in Kwara State. This means that supports that the respondents received from their parents (-.224;  $p < .05$ ), teachers -.375;  $p < .05$ ) and friends (-.288;  $p < .05$ ) contributed substantially to the low level of substance addiction among the respondents. Since the contributions are negative, it implies that an individual who received a high level of support from parents, teachers and friends will likely involve less in substance addiction; whereas a lower level of support might be responsible for a high level of substance addiction among the study sample. The finding of this study is consistent with the finding of Stevens, Jason, Ram and Light (2015) whose results indicated that social support played a predictive role in substance addiction reduction among the target respondents in the study. This current and the past research agreed because of the similarity in their recruited samples and methodology adopted. It is inferred from this finding that social support plays a protective role in an individual becoming substance addicts. However, the kinds of support offered by these acquaintances also play a mediating role in an individual substance addiction. For example, a financial support for an individual with drug problem will rather complicate the situation than reducing his/her addiction level.

The multiple regression analysis result showed that the respondents' demographic variables of gender and age significantly predict substance addiction among University undergraduates in Kwara State; while level of study did not. The finding of this study means that being a male or female is a significant factor in the level at which an individual becomes a substance addict. For example, researches Dobkin, Civita, Paraherakis and Gill (2002); Davis and Jason (2005) have indicated that males are more involved in drug abuse than their female counterparts; in turn, their susceptibility to substance addiction. The mean value in this result also indicated that it is more among the males than the females. This finding could be explained by the strong nature of men and their level of involvement in risky behaviours. The current finding of this study is in tandem with the study of Piko (2000); Piko and Kovacs (2010) whose finding revealed that gender is a predictor of substance addiction; males were more attributed to addiction than their female folks. With respect to age, it implies that differences in the respondents age categories contributed to their level of substance addiction. Study by Janicijevic, Kocic, Radevic, Jovanovic and Radovanovic (2017) has indicated that substance addiction is more among respondents who were within the adolescence age than those in the early to late adulthood. Agreement between these findings with the previous studies results from the fact that the respondents possessed similar characteristics. Level of study, on the other hand, is not a predictor of substance addiction. This contradicts the result of Patrick, Wightman, Schoeni and Schulenberg (2012) where respondents' level of study influenced their drug abuse and addiction. This implies that undergraduates early year students and old students could be susceptible to drug addiction. Hence, level of study is not a determining factor in assessing drug addiction among University undergraduates.

### Conclusion

The conclusion inferred from the findings of this study is that religion and social support are protective factors against substance addiction and; gender and age contribute to level of substance addiction among University undergraduates; these variables should thus be factorised into designing programmes and strategies for reducing substance use, abuse and addiction in the University setting.

### Recommendations

Based on the above findings, it was suggested that:

1. The University system should keep encouraging or tolerating religious engagement among the students; thereby, sustaining their high level of religiosity for living a meaningful spiritual life that shapes human personality dispositions.
2. Parents, teachers and friends are to maintain given adequate supports to University undergraduates in their environment by interacting with them with love and care; given them listening hears and be

- concerned about their living conditions. This will go a long way in sustaining the high level of social supports received by the respondents.
3. The counsellors, parents and teachers should keep orientating and enlightening the undergraduates of University on the need to abstain from substance use and involve in rehabilitating those who have already become addicts; thereby, sustaining the low level of substance addiction found among them.
  4. Substance reduction agencies (such as NAFDAC and NDLEA), healthcare professionals as well as trained rehabilitation counsellors should consider the relevance of religion and social support in dealing with students with drug abuse and addiction; this will go a long way in eliminating substance addiction among University undergraduates.
  5. The clients' gender and age should also be integrated in the substance addiction treatment so that adequate care can be given to the groups that are more affected; thereby, balancing the reduction of substance addiction among different categories of people involved.

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