

**PARENTAL ATTACHMENT, MONITORING, AND EARLY SUBSTANCE
USE AMONG ADOLESCENTS IN SOUTH-WEST NIGERIAN
REHABILITATION CENTERS**

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Abstract

To reduce the steady increase of substance use among adolescents, the need to examine underlying factors within the family context cannot be ignored for preventive strategies and addressing adolescent substance use. This study therefore examined parental attachment, monitoring, and early substance use among adolescents in South-West Nigerian rehabilitation centers. This study employed a cross-sectional descriptive design to examine family dynamics and substance use among adolescents in rehabilitation in South-West Nigeria. Using Cochran's formula, a sample of 129 adolescents was selected from seven rehabilitation centers via probability sampling. A structured questionnaire assessed demographics, family relationships, and substance use patterns. Data were collected over six weeks and analysed using SPSS 27, employing descriptive and inferential statistics. Finding revealed that parent-child attachment/conflict ($r = -.461, p < .01$), and parent monitoring/support ($r = -.482, p < .01$) negatively and significantly related with early onset of substance use among adolescents in selected rehabilitation centers. The study found a high prevalence of substance use disorder among adolescents in rehabilitation centers, with frequent alcohol, tobacco, and marijuana use. Parent-child relationships showed warmth but also conflict, with high parental monitoring but limited support on substance use discussions. All respondents admitted to non-medical substance use, with many experiencing withdrawal symptoms. The study recommends parents serve as positive role models, receive parenting support, and that the Nigerian government implement youth-oriented policies in schools to mitigate substance use risks among adolescents

Keywords: Adolescents, Parent-child attachment/conflict, Parent monitoring/support, Rehabilitation centers, Substance use

Introduction

Adolescence is a critical developmental stage marked by significant biological, cognitive, psychological, and social transitions, making young individuals vulnerable to various risk behaviours, including substance use (Olofinbiyi et al., 2020). The World Health Organization (WHO) defines adolescence as the second decade of life (10–19 years), a period characterised by rapid physical and social changes (WHO, 2020). Adolescents begin forming new social relationships, asserting their independence, and engaging in more complex thinking and reasoning patterns (Singh et al., 2019). Unfortunately, this stage is also associated with increased engagement in unhealthy behaviours such as substance use, which can negatively impact their physical, psychological, and social well-being (Obadeji et al., 2020; Adetokunbo et al., 2022). Studies indicate that substance use typically begins in adolescence, with early exposure potentially leading to long-term consequences (Olofinbiyi et al., 2020). Early-onset substance use, particularly before age 15, disrupts brain development, increasing the risk of dependency and cognitive impairments (Solomon et al., 2023). The Centers for Disease Control and Prevention (CDC) defines substance use as the consumption of substances such as alcohol, tobacco, illicit drugs, and inhalants, which may lead to dependence and adverse health effects (CDC, 2024). This differs from substance abuse, which refers to the persistent or periodic misuse of substances contrary to legal or medical guidelines (Meridian Psychiatric Partners, 2020).

Globally, substance use remains a significant public health concern, with an estimated 296 million people aged 15–64 using substances in 2021, reflecting an increase from 240 million in 2011 due to greater substance availability and demand for treatment (United Nations Office on Drugs and Crime, 2023). The WHO (2024) further highlights that substance use contributes to 2.6 million deaths annually. In the adolescent demographic, at least one in eight teenagers engages in illicit substance use (National Center for Drug Abuse Statistics, 2024). Africa mirrors this trend, with a 41.6% prevalence of adolescent substance use, though West Africa has a lower prevalence of approximately 10% (Jumbe et al., 2021). In Nigeria, the estimated prevalence of substance use is between 14.4% and 14.8%, translating to approximately 14.3 million people, 70% of whom are adolescents (Olanrewaju et al., 2022; United Nations Office on Drugs and Crime, 2018). The Southwest region of Nigeria records the highest prevalence (22.4%), followed by the South-South (16.6%) (National Bureau of Statistics, 2018). Various studies suggest that family structure, parental substance use, and home environment significantly influence adolescent substance use behaviours (Obadeji et al., 2020; Hoffmann, 2022; Srivastava et al., 2021). Adolescents who grow up in households where substance misuse occurs may experience disrupted family dynamics, affecting parental guidance and increasing their likelihood of substance use (Olofinbiyi et al., 2023, Ogunjobi et al., 2023)

Parental child attachment and parental monitoring/support play crucial roles in mitigating the early onset of substance use among adolescents, particularly in rehabilitation centres. Secure and supportive parent-child relationships provide a foundation for emotional stability and positive psychosocial development, reducing the likelihood of substance use initiation. Studies indicate that strong parental attachment fosters open communication, trust, and emotional support, all of which act as protective factors against early drug use (Zeng et al., 2021). Similarly, parental monitoring and involvement significantly curb adolescent substance use by reinforcing boundaries, setting clear expectations, and providing guidance. Research by Mills et al. (2021) highlights that adolescents with actively involved parents exhibit lower rates of substance use compared to those experiencing neglect or inconsistent supervision. Conversely, poor parental monitoring, weak attachment, and high family conflict create vulnerabilities that increase the risk of early substance use (Mokwena & Setshego, 2021).

Several empirical studies have explored the role of parental attachment and monitoring in preventing the early onset of substance use among adolescents, particularly in rehabilitation settings. Kemjika and Ojiugo (2015) found that a warm and cohesive family environment plays a crucial role in reducing adolescent exposure to peer influences that could lead to early substance use. Their study in Nigeria highlighted the importance of parental involvement in providing structured family leisure times, which serve as protective factors against underage smoking and drug use. Similarly, Daniel et al. (2020) conducted a longitudinal study with 2,669 junior high school students in Hong Kong, finding that strong parent-adolescent relationships, particularly with mothers, were negative predictors of substance use. This suggests that the quality of parental attachment significantly influences adolescent behaviour, reinforcing the idea that adolescents with strong parental bonds are less likely to engage in early substance use.

In examining the impact of family structure, Ogunjobi et al., 2023 investigated substance use patterns among adolescents in single-parent households and found that youth living with single fathers reported higher drug use compared to those in single-mother and two-parent homes. Their findings align with Barrett and Turner (2016), who discovered that adolescents from single-

parent households were more prone to delinquent behaviours, including substance use. Furthermore, Hoffmann (2021) conducted a cross-cultural study using data from 37 countries and found that time spent with peers played a significant role in mediating the relationship between family structure and substance use. Adolescents in disrupted family settings, particularly those without close parental monitoring, were more likely to engage in substance use, highlighting the protective role of cohesive family environments in preventing early exposure to drugs.

Parental monitoring and supervision have also been identified as strong deterrents against adolescent substance use. Patrcik et al., (2010) found that adolescents who perceived higher parental surveillance were less likely to engage in illicit drug use. Miils et al., (2021) reinforced this finding, reporting that parental support was associated with decreased alcohol consumption among adolescents. Likewise, Mills et al. (2021) noted that parents who use cannabis are more likely to have children who engage in substance use, suggesting that parental behaviour serves as a model for adolescent decision-making.

Family-based interventions have been found to be effective in preventing substance use among adolescents. Ogunjob et al., (2023) highlighted that family-oriented programs could significantly reduce adolescent alcohol and drug abuse by fostering emotional security, supervision, and appropriate behavioural limits. Similarly, Thomas, Baker, and Tomas (2016) reviewed multiple randomized controlled trials and found that family interventions significantly reduced smoking initiation among adolescents. Additionally, combined family and school-based interventions were found to be more effective than school interventions alone. It further emphasized that multi-systemic therapy, functional family therapy, and multidimensional family therapy were among the most effective approaches in treating adolescent substance abuse. These findings underscore the importance of parental involvement, consistent monitoring, and structured family interventions in mitigating early substance use among adolescents, particularly in rehabilitation settings.

In Nigerian contexts, limited research has examined the direct impact of family dynamics on adolescent substance use, yet existing studies highlight parental communication styles and family cohesion as critical determinants (Shafiâ et al., 2022). When parental discipline is perceived as aggressive or inconsistent, adolescents may experience emotional distress, leading to substance use as a coping mechanism. Additionally, a lack of supervision or family structure allows for greater exposure to peer influences and risky behaviours. The significance of family-centered interventions is evident, as fostering positive parental attachment and consistent monitoring can serve as effective prevention strategies. Given the rising prevalence of adolescent substance use despite government interventions, addressing family dynamics remains an urgent priority. Strengthening parental engagement, promoting open communication, and implementing structured support systems within families could significantly reduce substance use initiation among adolescents in Southwest Nigeria. Based on the foregoing, the study examed parental attachment, monitoring, and early substance use among adolescents in South-West Nigerian Rehabilitation Centers

The specific objectives are to:

1. ascertain the relationship between parental child attachment and early onset of substance use among adolescent in selected rehabilitation centers in South-West Nigeria; and
2. determine the relationship between parental monitoring/support and early onset of substance use among adolescent in selected rehabilitation centers in South-West Nigeria.

Hypotheses

This study was guided by the following null hypotheses:

Ho1: Parent-child attachment and conflict has no significant relationship with early onset of substance use among adolescents in selected rehabilitation centers in South-West Nigeria.

Ho2: Parental monitoring and support has no significant effect on early onset of substance use among adolescent in selected rehabilitation centers in South-West Nigeria.

Methodology

This study adopted a cross-sectional descriptive research design to examine the family dynamics and substance use patterns among adolescents undergoing rehabilitation in South-West Nigeria. The target population comprised adolescents aged 10–19 years receiving treatment for substance use in selected rehabilitation centers, as well as their parents or guardians. The adolescents served as the primary respondents, offering insights into their backgrounds, family relationships, and substance use experiences. The inclusion criteria required that participants be within the specified age range and have spent at least one month in rehabilitation. Exclusion criteria included adolescents with severe cognitive impairments or mental health disorders that could compromise response reliability, as well as those in unstable conditions due to recent relapse. The study ensured that only eligible adolescents who could provide reliable responses were included in the research.

The sample size was determined using Cochran's (1977) formula, which is widely recognised as a robust method for probability sampling. With a 95% confidence interval ($Z = 1.96$), a prevalence rate of substance use among adolescents in South-West Nigeria set at 8.3% (Onigbogi et al., 2023), and a margin of error of 5%, the calculated sample size was approximately 117 respondents. To account for potential attrition, an additional 10% was added, bringing the total sample size to 129 adolescents. A proportionate sampling technique was used to distribute the sample size across the selected rehabilitation centers, ensuring representativeness. The study adopted a probability sampling method, randomly selecting seven out of 24 accredited rehabilitation centers in the region. This selection was based on Mugenda and Mugenda's (2012) guideline that at least 30% of the accessible population is adequate for generalisation. This approach ensured that the selected centers provided a comprehensive and diverse representation of adolescents undergoing rehabilitation.

A structured questionnaire was employed for data collection in this quantitative study. The questionnaire was divided into three sections to capture various aspects of the study variables. Section A gathered demographic information, including age, gender, and other socio-demographic details. Section B focused on family dynamics using the Family Dynamic Evaluation Scale (FDES), which measured parent-child attachment and conflict (14 items) and parental monitoring and support (9 items). Section C examined substance use patterns using the Substance Use Screening Test (SUST), a 10-item Likert scale that assessed adolescents' experiences with substances such as alcohol, cocaine, cannabis/marijuana, and heroin. The

questionnaire provided a structured and standardised means of collecting data relevant to the study's objectives, ensuring that responses, Ogun State. Cronbach's alpha was used to determine internal consistency, yielding reliability coefficients of 0.91 for parent-child attachment/conflict and 0.86 for parental monitoring and support. These results indicated a high level of reliability, confirming that the instrument was suitable for assessing family dynamics and substance use patterns among the target population. The rigorous validation and reliability testing ensured that the questionnaire produced consistent and meaningful results.

Quantitative data collection was carried out over a four to six-week period, with trained research assistants administering the questionnaire to ensure accuracy and completeness. Data analysis was performed using both descriptive and inferential statistics. The collected data were first reviewed for completeness before being coded and entered into Statistical Package for the Social Sciences (SPSS) version 27 for analysis. Descriptive statistics, including frequencies, percentages, means, and standard deviations, were used to summarise demographic characteristics, family dynamics, and substance use patterns. Inferential statistics were applied to test the relationships between study variables using Pearson's product-moment correlation analysis. A significance level of $p < 0.05$ was used to determine statistical significance. Additionally, Cronbach's alpha was re-evaluated post-data collection to confirm the internal consistency of questionnaire items. This comprehensive approach to data collection and analysis ensured that the study generated robust, valid, and reliable findings.

Results

Table 1: Percentage Distribution of Adolescents' Demographic Information (n=111)

Adolescents' Demographic Information		Frequency	Percentage
Age	14 years	28	25.2
	15 years	9	8.1
	16 years	9	8.1
	17 years	19	17.1
	18 years	28	25.2
	19 years	18	16.2
Gender	Male	83	74.8
	Female	28	25.2
Highest Level of Education	I have never finished primary school	9	8.1
	I have finished primary school	9	8.1
	I have never finished secondary school	19	17.1
	I have finished secondary school	74	66.7
Type of Family	Mother only	18	16.2
	Step family	38	34.2
	Father only	9	8.1
	Extended family	19	17.1
	Mother and father	18	16.2
	Grandparent	9	8.1

Source: Researcher's Field Survey Result (2025)

Table 1 presents the demographic characteristics of 111 adolescents, highlighting variations in age, gender, educational attainment, and family structure. The age distribution shows that 14-

year-olds and 18-year-olds are the most represented groups, each constituting 25.2% of the sample, while 15-year-olds and 16-year-olds are the least represented at 8.1% each. Gender distribution reveals a significant disparity, with males (74.8%) greatly outnumbering females (25.2%), suggesting a potential gender imbalance in the study sample. Regarding education, the majority (66.7%) have completed secondary school, whereas smaller proportions have either not finished secondary school (17.1%) or primary school (16.2%), indicating that most adolescents have attained at least a basic level of education. Family structure data show that the step-family category is the most common (34.2%), followed by extended family (17.1%), mother-only (16.2%), and both parents (16.2%), while father-only (8.1%) and grandparent-headed families (8.1%) are the least common.

Table 2: Descriptive Analysis of Parent-Child Attachment/Conflict among Adolescents

S/No.	Items	1	2	3	4	5
Parent-Child Attachment						
1	I share an affectionate and warm relationship with my parent	38 (34.2%)	27 (24.3%)	19 (17.1%)	9 (8.1%)	18 (16.2%)
2	If upset, I seek comfort from my parent	38 (34.2%)	54 (48.6%)	10 (9.0%)	9 (8.1%)	-
3	My parent value their relationship with me	10 (9.0%)	18 (16.2%)	28 (25.2%)	27 (24.3%)	28 (25.2%)
4	When I impress my parent, they beam with pride	19 (17.1%)	-	-	47 (42.3%)	45 (40.5%)
5	My parent spontaneously shares information about themselves	56 (50.5%)	18 (16.2%)	10 (9.0%)	18 (16.2%)	9 (8.1%)
6	My parent tries to please me	10 (9.0%)	9 (8.1%)	19 (17.1%)	55 (49.5%)	18 (16.2%)
7	My interactions with my parent make me feel effective and confident as a child	19 (17.1%)	19 (17.1%)	9 (8.1%)	37 (33.3%)	27 (24.3%)
Parent-Child Conflict						
8	My parent and I always seem to be struggling with each other	28 (25.2%)	9 (8.1%)	28 (25.2%)	37 (33.3%)	9 (8.1%)
9	My parent easily becomes angry at me	19 (17.1%)	18 (16.2%)	10 (9.0%)	28 (25.2%)	36 (32.4%)
10	I feel that my parent treats me unfairly	18 (16.2%)	27 (24.3%)	19 (17.1%)	18 (16.2%)	29 (26.1%)
11	I see my parent as a source of punishment and criticism	18 (16.2%)	18 (16.2%)	19 (17.1%)	18 (16.2%)	38 (34.2%)
12	I express hurt or jealousy when my parent spend time with other children	46 (41.4%)	19 (17.1%)	46 (41.4%)	-	-
13	I remain angry or resistant after being disciplined	-	37 (33.3%)	18 (16.2%)	18 (16.2%)	38 (34.2%)
14	Dealing with me drains my energy	19 (17.1%)	9 (8.1%)	18 (16.2%)	37 (33.3%)	28 (25.2%)

Note: *1= Definitely does not apply, 2=Not really, 3 = Neutral not sure, 4=Applies somewhat, 5=Definitely applies
Source: Researcher's Field Survey Result (2025)

The descriptive analysis of parent-child attachment and conflict among adolescents in Table 2 reveals a mixed dynamic in their relationships. A significant proportion of adolescents reported experiencing warmth and affection with their parents, as 34.2% agreed that they share an affectionate relationship, while 48.6% sought comfort from their parents when upset. However, parental valuation of relationships appeared to be more neutral, with 25.2% neither agreeing nor disagreeing. While 42.3% and 40.5% of adolescents noted that their parents beamed with pride

when impressed, and 50.5% indicated that parents spontaneously shared personal information, parental efforts to please children were more evenly distributed across responses. Confidence-building interactions with parents were also moderate, with 33.3% somewhat agreeing and 24.3% definitely agreeing. On parent-child conflict, responses indicated notable struggles, as 33.3% of adolescents somewhat agreed that they frequently clashed with their parents, while 32.4% reported that their parents easily became angry at them. Unfair treatment and criticism were also concerns, with 34.2% perceiving their parents as sources of punishment and criticism. Additionally, feelings of jealousy when parents spent time with other children were high (41.4%), and 34.2% of respondents remained angry or resistant after discipline. Overall, the findings suggest a balance of positive attachment experiences with underlying elements of conflict, pointing to the complexities of adolescent-parent relationships.

Table 3: Descriptive Analysis of parental monitoring among adolescents (N=111)

S/No.	Items	1	2	3	4
	Parental Monitoring				
1	My parents/caregivers know whom I am with in the evenings	47 (42.3%)	36 (32.4%)	19 (17.1%)	9 (8.1%)
2	My parents/caregivers know where I am in the evenings	47 (42.3%)	36 (32.4%)	10 (9.0%)	18 (16.2%)
3	My parents/caregivers know my friends	56 (50.5%)	27 (24.3%)	28 (25.2%)	-
4	My parents/caregivers know the parents of my friends.	65 (58.6%)	18 (16.2%)	19 (17.1%)	9 (8.1%)

Note: *4= Applies very well, 3=Applies well, 2= Applies poor, 1=Applies very poorly

Source: Researcher's Field Survey Result (2025)

The descriptive analysis of parental monitoring among adolescents (N=111) in Table 3 reveals that a majority of parents or caregivers are actively involved in monitoring their children's activities. Specifically, 74.7% of adolescents reported that their parents knew whom they were with in the evenings (combining "applies very well" and "applies well"), while 74.7% also indicated that their parents knew where they were during the evenings. Furthermore, 74.8% of adolescents affirmed that their parents knew their friends, and 74.8% stated that their parents knew the parents of their friends. These findings suggest a generally high level of parental monitoring, which could be crucial in guiding adolescent behaviour and reducing risky activities. However, a small proportion of adolescents indicated poor parental monitoring, particularly regarding parents knowing where they were in the evenings (16.2% rated this as "applies very poorly"), highlighting potential gaps in supervision.

Table 4: Descriptive Analysis of parental support among adolescents (N=111)

S/No.	Items	1	2	3	4
	Parental Support				
1	Caring and warmth	39 (35.1%)	36 (32.4%)	27 (24.3%)	9 (8.1%)
2	Discussions about personal affairs	39 (35.1%)	45 (40.5%)	18 (16.2%)	9 (8.1%)
3	Advice about school	29 (26.1%)	19 (17.1%)	27 (24.3%)	36 (32.4%)
4	Advice about other issues (substance use)	20 (18.0%)	28 (25.2%)	27 (24.3%)	36 (32.4%)

5	Assistance with other things	39 (35.1%)	18 (16.2%)	36 (32.4%)	18 (16.2%)
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Note: *1= Very difficult, 2=difficult, 3=Easy, 4=Very easy. **Source:** Researcher's Field Survey Result (2025)

The descriptive analysis of parental support among adolescents (N=111) in Table 4 reveals mixed experiences in various aspects of support. While a significant proportion of adolescents found it easy or very easy to receive caring and warmth (58.6%) and discuss personal affairs (56.7%) with their parents, challenges emerged in receiving school-related advice, where 43.2% found it difficult or very difficult. Similarly, advice on substance use and other issues was relatively challenging, with 43.2% also reporting difficulty. Assistance with other matters showed a balanced distribution, with 51.3% finding it easy or very easy and 51.3% experiencing difficulty. These findings suggest that while emotional support is relatively accessible, practical guidance, particularly on school and substance use, remains a challenge for many adolescents.

Table 5: Descriptive Analysis of Substance Use Screening Test among Adolescents (N=111)

S/No.	Items	Agree	Disagree
1	Have you used substances other than those required for medical reasons?	111 (100.0%)	-
2	Do you abuse more than one substance at a time?	84 (75.7%)	27 (24.3%)
3	Are you always able to stop using substances when you want to? (If you never use substances, answer "Yes.")	45 (40.5%)	66 (59.5%)
4	Have you had "blackouts" or "flashbacks" as a result of substance use?	74 (66.7%)	37 (33.3%)
5	Do you ever feel bad or guilty about your substance use? If you never use substances, choose "No."	93 (83.8%)	18 (16.2%)
6.	Does your spouse (or parents) ever complain about your involvement with substances?	65 (58.6%)	46 (41.4%)
7	Have you neglected your family because of your use of substances?	47 (42.3%)	64 (57.6%)
8	Have you engaged in illegal activities in order to obtain substances?	19 (17.1%)	92 (82.9%)
9	Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking substances?	74 (66.7%)	37 (33.3%)
10	Have you had medical problems as a result of your substance use (e.g. memory loss, hepatitis, convulsions, bleeding, etc.)?	74 (66.7%)	(33.3%)
	Mean computed constructed (\pm SD) =	17.4 \pm 2.51	
	Percentage of max. point score =	87 =High SUST	

Note: ***Source:** Researcher's Field Survey Result (2025)

The descriptive analysis of the Substance Use Screening Test (SUST) among adolescents (N=111) reveals a high prevalence of substance use, with all respondents (100%) admitting to using substances beyond medical requirements. A significant proportion (75.7%) reported abusing more than one substance simultaneously, while only 40.5% claimed they could stop using substances at will. Notably, 66.7% of respondents had experienced blackouts or flashbacks due to substance use, and 83.8% felt guilt or remorse over their habits. Parental complaints about substance involvement were common (58.6%), though 57.6% denied neglecting family responsibilities. Engagement in illegal activities to obtain substances was relatively low (17.1%), yet withdrawal symptoms (66.7%) and substance-induced medical complications (66.7%) were reported by a considerable portion. The computed mean score of 17.4 \pm 2.51 and a high

percentage of the maximum possible score (87%) indicate a severe level of substance use disorder among the adolescents surveyed.

Test of Hypotheses

Ho1: Parent-child attachment and conflict has no significant relationship with early onset of substance use among adolescents in selected rehabilitation centers in South-West Nigeria.

Table 6: Correlation Analysis of Parent-child attachment/conflict and early onset of substance use among adolescent

Variable	Max point on scale of measure	Mean	Std. Dev.	N	r	P-value	Remark
Parent-child attachment/conflict	70	42.41	6.56	111	-0.504**	.000	-ve Sig.
Early onset of substance use	40	14.22	7.97				

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

Source: Researcher’s Field Survey Result (2025)

The result in Table 6 presents correlation coefficients and significance values of parent-child attachment/conflict and early onset of substance use among adolescents in rehabilitation centers. The result revealed that there was a negative significant relationship between parent-child attachment/conflict and early onset of substance use among adolescents ($r = -.461$ $N= 111$, $p < .01$). Therefore, the null hypothesis one was hereby rejected and this implies that parent-child attachment/conflict has a negative relationship with early onset of substance use among adolescents in selected rehabilitation centers in Southwest Nigeria. The finding is expected for the reason that findings in research question one also revealed that there is no affectionate and warm relationship between parent and adolescents in rehabilitation centres. Also, parents easily get angry at the adolescents in rehabilitation centers, treat them unfairly and adolescents see their parents as a source of punishment and criticism. This implies that unsecure and unhealthy parent-child attachment/conflict will have a negative contribution to adolescents’ early use of substance.

Ho2: Parental monitoring and support has no significant relationship with early onset of substance use among adolescent in selected rehabilitation centers in Southwest Nigeria

Table 7: Correlation Analysis of Parental monitoring and early onset of substance use among adolescent

Variable	Max point on scale of measure	Mean	Std. Dev.	N	r	p-value	Remark
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Parent monitoring	16	7.40	3.41	111	-0.504**	.000	-ve Sig.
Early onset of substance use	40	14.22	7.97				

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

Source: Researcher's Field Survey Result (2025)

Table 8: Correlation Analysis of Parental support and early onset of substance use among adolescent

Variable	Max point on scale of measure	Mean	Std. Dev.	N	r	p-value	Remark
Parent support	20	11.67	4.60	111	-0.643**	.000	-ve Sig.
Early onset of substance use	40	14.22	7.97				

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

Source: Researcher's Field Survey Result (2025)

The result in Table 7 and Table 8 presents correlation coefficients and significance values of parent monitoring and support and early onset of substance use among adolescents in rehabilitation centers. The result deduced that there was a negative significant relationship between parent monitoring and early onset of substance use among adolescents ($r = -.504$ $N= 111$, $p < .01$), and parent support and early onset of substance use among adolescents ($r = -.643$ $N= 111$, $p < .01$). The null hypothesis two was hereby rejected and this implies that parent monitoring/support has a negative relationship with early onset of substance use among adolescents in selected rehabilitation centers in Southwest Nigeria. This is not surprising as the findings in research question two also revealed that parental monitoring and control was not available for most adolescents in the rehabilitation centers, which therefore influenced them to engage in substance uses at an early stage of their lives.

Discussion of Findings

The finding revealed all the adolescents who took part in the study have high risk level of alcohol use disorder when they were admitted in the rehabilitation centers, as majority of the adolescents often drink alcohol, unable to stop drinking once they started, frequently feel the urge to drink first in the morning and occasionally have six or more drinks in one sitting. These findings are in agreement with Ogunjobi et al. (2023) who in their study revealed the prevalence of substance use disorders was 59.9%. Another study whose findings were similar to this study was a study by Olanrewaju et al., (2022) who found that drug and substance abuse prevalence was high with one in every four respondents abusing substances showing that the prevalence was

severe. However, a lower prevalence rate was spotted in a Nigerian study by Idowu et al., (2023) where it was reported that about a quarter of adolescents had ever consumed alcoholic beverages while very few of them had engaged in substance abuse.

The varying prevalence rate across these studies might be linked to the geographical and socioeconomic factors which can greatly influence the rate of substance use. For instance, if a study is conducted in an urban and well monitored environment where drug acquisition might be very difficult for the adolescent, this might reflect in a very low prevalence of substance use. Another possible reason might be linked to underreporting during data collection. Since substance use is against the law, many respondents might try to give a socially desirable response for fear of prosecution. Finding also revealed that the majority of the adolescents in study claimed they have experienced medical problems of various types as a result of their substance use. These findings are a reflection and a testament of the anti-health consequences that can arise from substance use. These finding is corroborated by a review by Steinfeld & Torregrossa, (2023) where it was revealed that adolescent's substance use is related long-lasting changes in the body which can cause different medical conditions

The findings of this study revealed a relationship between parent-child attachment and the early onset of substance use among adolescents. It was observed that parents who prioritize a positive relationship with their children are likely to have adolescents with a lower risk of substance abuse. This could be due to the fact that strong attachment usually provides emotional support which can be of help to adolescents in dealing with stress and peer pressure in good ways. Adolescents who feel emotionally supported by their parents may be less attracted to seek other coping mechanisms such as substance use. Although, the finding from a Nigerian study by Shafiã et al., (2022) took a slightly different turn from the findings from this present study where it was reported that there was a significant relationship between aggressive parental communication style and substance use of adolescents.

On the other hand, the study found that parent-child conflict is strongly correlated with an increased risk of early onset substance use among adolescents. Conflicts between parents and children can disrupt healthy emotional and social development, leaving adolescents more vulnerable to peer pressure and risky behaviours like substance use. This aligns with Shahzadi et al. (2023), who reported that permissive and neglectful parenting styles are associated with higher chances of adolescents engaging in drug use. In contrast, authoritative parenting, characterized by a balance of warmth and discipline, can reduce the risk of substance use by developing a stable environment where children feel secure and guided. Furthermore, a systematic review by Parveen & Jan (2024) revealed that parent-child conflict as a significant predictor of adolescent substance abuse, noting that the emotional problem and disrupted attachment that arise from conflict can profoundly affect a child's mental health. Adolescents experiencing high levels of parental conflict may turn to drugs as a coping mechanism in order to seek relief from the emotional stress at home.

Another key observation in this study revealed a significant negative relationship between adequate parental monitoring and support and adolescents' early onset of substance use. This implies that the level of parental supervision and control that adolescents received played a role in their early exposure to substance use. The findings suggest that many of these adolescents were raised by parents or guardians who were largely disengaged and showed little concern for

how their children lived their lives or spent their time. This lack of parental involvement may have created an avenue for the adolescents to be more susceptible to external influences such as peer pressure.

The implication of these findings is that inadequate parental monitoring and control were common among most adolescents in this present study, which in turn contributed to their early substance use. Without sufficient guidance and structure at home, adolescents may have lacked the necessary boundaries and discipline to resist engaging in this kind of behavior. This aligns with the findings of Mills et al. (2021), who reported that parental support and monitoring serve as protective factors against substance use. Their study indicated that adolescents with strong parental monitoring and emotional support were significantly less likely to engage in alcohol and tobacco use. A similar finding was seen in a study by Fisher et al., (2024) where it was reported that parental support and involvement reduced the likelihood of substance use initiation. Another supporting finding was reported in a study by Rodríguez-Ruiz et al., (2024) where it was reported that low positive parenting and parental supervision is associated with adolescent's substance use.

However, a contrasting perspective was sighted in a study by Pelham et al. (2024), which reported that greater parental monitoring did not necessarily translate into increased parental awareness of their teenagers' substance use. This shows that while monitoring is very important, its effectiveness may depend on how it is implemented. If parental control is too strict, adolescents may become more secretive about their activities which can reduce the parent's ability to detect early signs of substance use. This contradiction shows how complex parental monitoring can be and also shows the need for a balanced approach in order to prevent adolescent substance use.

Conclusion

The study found that the high risk level of substance use disorder among adolescents in rehabilitation centers was severe. Similarly, the study established that adolescents who participated in the study had alcohol use often along with smoking of tobacco and marijuana. The findings from the descriptive analyses highlight a complex interplay between parent-child attachment, conflict, monitoring, support, and substance use among adolescents. While a significant proportion of adolescents reported experiencing warmth and comfort in their relationships with parents, indicators of conflict, such as struggles and perceived unfair treatment, were also evident. Parental monitoring was found to be relatively high, with the majority of parents being aware of their children's whereabouts and social circles. However, parental support, particularly in areas such as school advice and discussions on substance use, appeared to be less accessible to some adolescents. Notably, substance use was highly prevalent, with all respondents admitting to using substances beyond medical purposes, and a significant proportion experiencing withdrawal symptoms and guilt.

Recommendations

Based on the findings of this study that family dynamics are negatively related with early onset use of substance among adolescents in rehabilitation centers in South-West Nigeria, the study therefore recommends the following:

1. Since the family is first school for every child in this world and regarded as where children learn from, therefore, parents/guardians or immediate family members should be good role models and take up the responsibility of passing values onto their children through a value-oriented life. The parents should also be more careful on what kind of examples they set for their children and they should be seen to be caring, coming up with intervention strategies in support of the positive development of their children.
2. Parenting is a natural occurrence but with the current serious parenting problems in Nigeria, the parents need to be empowered to be able to steer their children in the right direction so as not to go the direction of substance use.
3. Both state and federal governments in Nigeria should initiate youth-oriented policies to guide the adolescents in primary and secondary schools of learning. This will help cushion the adolescents against the effects of substance use.

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