IMPACT OF WORK-FAMILY CONFLICT ON DRUG ABUSE AMONG ADOLESCENTS IN NIGERIA

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Abstract: *Parents in Nigeria who combine work and family responsibilities like others in other parts of the world experience work-family conflict. Work -family conflict occurs when efforts to fulfill work role demands interfere with one's ability to fulfill family role demands. As work family conflict reflects the overall goodness -of fit between work and family life, it has been conceptualized as an important source of stress that may influence an individual's well-being. However, combination of work and family responsibilities does not only influence the well-being of these parents but that of their children as well. This influence on children's well -being is likely to be felt more when the children of these parents are adolescents. This line of thought is anchored on the fact that adolescence being a period of transition between childhood and adulthood is characterized by storm and stress especially in industrialized society. To this end, conflict resulting .from parents efforts to combine work and family roles may not give them enough time and energy to care and support these adolescents through this turbulent period. These lacks of appropriate care and support might make these adolescents vulnerable to behaviour problems like drug abuse. Therefore, this paper would bring to fore the impact of 'work family conflict on drug abuse among adolescents and lend support to the ongoing work-family studies. .*

INTRODUCTION

In recent decades, the world working population began to experience gradual if not radical departure from one income families (one parent working) to dual income families (both parents working). For instance, in the United States of America, more than three quarters of parents with adolescent children are in paid work (Lerner, 1994). This represents a substantial increase from a little over half in 1975 (Lerner, 1994). Similarly Schor, (1991) noted that American workers now spend more hours on paid work. However, in Nigeria, parents like their counterparts in other parts of the world are caught in this web of dual income families. Today, it has become a common trend for husbands and wives to engage in paid work irrespective of their family responsibilities. This growing trend is likely to expose Nigerian parents to work family conflict. Jacobs and Gerson (2008) observe that

what has increased maybe the proposition of workers experiencing work –family conflict, rather than the number of work hours. Work family conflict is a form of inter-role conflict in which the role pressures from the work and family domains are mutually incompatible or incongruous in some respect whereby participation in one role is made more difficulty by virtue of participation in the other. Thus, work-family conflict involves work interference with family and family interference with work. Work interference with family occurs when work behaviour expectations make it difficult for employed parents to fulfill family responsibilities like cooking, washing, childcare etc. Family interference with work occurs when family responsibilities make it difficult for employed parents to fulfill their work responsibilities. To this end, the researcher argues that Nigerian parents are likely to experience work –family conflict because of the interference between their work and family demands. Frone, Russel and Cooper, (1992) opined that work family conflict reflects the overall goodness-of-fit between work and family life; they maintained that it is an important source of stress that may influence an individual's well-being. Work-family conflict is also linked to such negative quality-of-life outcomes as life dissatisfaction, marital disruption, poor child outcomes, and substance abuse (Kossek and Ozeki, 1998). To this end, the researcher argues that Nigerian parents are likely to experience work-family conflict because of interference between their work and family demands. Coleman (1998, noted that labour force participation would limit opportunities for families to build social capital by reducing the amount of time parent and children spend together. Following this observation by Coleman (1998), the present researcher further contends that the influence of work-family conflict on children is likely to be felt more when the children of this category of parents are adolescents. This line of thought is anchored on the fact that adolescence being a period of transition between childhood and adulthood is characterized by "storm and stress" Hall (1904). To this end conflict resulting from Nigerian parents' efforts to combine work and family responsibilities may not give them enough time and energy to care and support these adolescents through this turbulent period. These lacks of care and support might make these adolescents vulnerable to behaviour problems like drug abuse. Anthony and Kandel (2009) observe that absence of parents (e.g. father) is likely to expose children to commit school crime such as possessing, using or distributing alcohol or drugs. In view of these negative outcomes of work-family conflict, the researcher suggests that combination of work and family responsibilities by Nigerian parents may not only influence their well –being but of their children as well.

Adolescent behaviours

Thus, it could be asserted that work-family conflict impact negatively on adolescent's activities and behaviours. Adolescence is a description of the period of transition from childhood to adulthood (Hall (1904). The fundamental challenge of adolescence is the creation of one's own adult identity, primarily through choosing and developing a commitment to an occupation or life role, Chen & Sieglet (2000). According to Piaget (1952) it is at adolescence that the individual begins to display the ability to engage in formal reasoning on an abstract level. He can draw hypotheses from his observations,

imagine hypothetical as well as real events deduce or induce principles regarding the world around him and he can take his own thought as an object and reason about it (Conger & Patterson, 2005). These qualitative changes in his cognitive development stem from his physical maturity which helps him cope with the attendant demands. The developments which the adolescents make as they mature go with them some other problems. Some of these problems are emotional capacity for formal thought; preoccupation with personal values and emotions; and the interpretations of the world around them which may lead to some dissatisfaction with the world (Conger and McCarty, 1994).

Factors Influencing Adolescent Identify

To accomplish this developmental task, many factors come into play. As a child his values and moral standards were largely those of his parents. His feelings of self -esteem stem primarily from the parents' view of him (Joshi and Bogen, 2007). As he goes outside the home to the school environment the values of others, peer group, teachers and other adults become important. According to Parcel & Menaghan (1993) adolescents identity is facilitated if the child's relationships with his parents were rewarding and satisfying and also if there was an adequate model for appropriate sex role behaviour. Among the factors that affect the development of adolescence ego identity are the kinds of parent-child relationships the child had, the peer group, and opportunities offered in social roles. Parent – Child Relationship: A recent study shows that parents with lower-prestige jobs tend to increase their use of a negative parenting style (Raver, 2003). It is not that parents employment itself poses as a risk for children, rather, it could be that parents' long, irregular work hours may reduce opportunities for their adequate involvement in children's lives (Muller, 1995). Research, also suggests that parents' time spent at paid work is significantly associated with the amount of unsupervised time after school for children. Adolescents sense of identity develops gradually out of the various identifications and experiences of childhood (Eya, 2002).Peer -group: In adolescence the peer group constitutes a strong and very important force to reckon with because as the adolescent is growing independent from his family, he is identifying more strongly with his peers (Mussen, Conger & Kagan, (1969). Sorenson (1973) also found that adolescents shared values peculiar to the peer and identifies more with others of their own age rather than with others of their race, religion, community or sex. This involves the sense of belonging to a generation and has given rise to the idea of generation gap between them and their parents. Parents and the mass media have had a lot to say about the adolescent sub-culture and adolescence being a stormy decades. There are indications, however according to Eya (1989) that culture plays an important part in adolescents' behaviour. For example, adolescence in an industrialized society is a phenomenon that lasts a long time because of schooling. This means that in spite of biological maturity children are still dependent on their parents and are not allowed adult freedom until graduation. Despite this identification with the peer group, however studies have shown that normal adolescents do not differ significantly in once attitudes from their parents (Bandura, (1964). Opportunities offered in social roles: The modern Nigerian adolescent growing up in urban areas follows along the lines of industrialized societies. Such adolescents suffer

the conflicts created by non-clarification of values by the adult society, prolonged dependence on parents, peer group identification and bewilderment in vocational choice (Jacobs & Gerson, 2008). In examining identity development in Nigerian adolescents, Eya (1989), states that adolescents in contemporary Nigeria to a large extent are facing the usual problems of other adolescents in modern, industrialized societies. Some of them include:

- Unavailability of parents to serve as role models; Ignorance on the part of modern parents of adequate parenting skills;
- Inability of parents to support their families financially;
- Overwhelmed parents who have given up their responsibility;
- Non-equipment of schools and non-supervision of students by teachers;
- Undue emphasis on certificates in spite of the poor standard of education in schools;
- Unavailability of jobs even after the certificates are obtained, leading to a state of hopelessness;
- The double standards of adults who preach to the youths but practice something else; and
- Bombardment of their senses by the media which highlight drugs, alcohol, sex and violence for commercial gains.

As a result of the above, it could be observed easily that most of our adolescents are confused, misled, unhappy and even angry! They are to be sure of which pathway to follow. Some of the adolescents are lucky and survive the problems confronting them. Others fall prey to peer pressure and unscrupulous adults, and turn to drugs, sex and cult activities with the attendant problems of drug- addiction, mental illness, and sexually-transmitted diseases, including HIV / AIDS and in many cases violent leading to death while some adolescents take to armed rubbery. To this effect, conflict resulting from parents' efforts to combine work and family roles may not give them enough time and energy to observe, care and support these adolescents through this turbulent period. These lacks of appropriate care and support might make some of these adolescents depressed, anxious, hostile and emotionally distressed.

The use of drugs:

Because of the emotional distress and challenges experienced by adolescents, they seek any abuse as an alternative defence mechanism. Substance use means the consumption in any form of any substance to alter mood or behaviour. This includes alcohol and other mood altering substances used traditionally or otherwise such as kola, tobacco, harshish and narcotics etc. It includes also drugs prescribe by a doctor. Some also call this introgenic addiction that is addiction to prescribed, drugs, usually narcotic based drugs which induce euphoric effects in patients. Drugs are also used for the purpose of better performance in sex, sports and studies examples are again kolanuts, coffee, cannabinoids and cocaine (Ebigbo 1982). When these substances are used in ways that go beyond culturally accepted limits are said to be abused (Obot, 1989). Drug use is another serious

concern that is common among adolescents especially in industrialized societies. Among Nigerian adolescents, drug use is on the increase and has drawn enough attention to warrant clinicians, doctors and government agencies to set up facilities to monitor, check and disseminate information against drug use and drug peddling (Eya 2003). Drugs taken by the adolescent include Indian hemp, tranquilizers, Marijuana and alcohol etc (Ebie & Pela, 1981).

Theories of Drug Abuse

Drugs are abused for a variety of reasons. Individuals may initially use drugs due to curiosity, but discover the effects and develop a preference. But there are two mainstream personality theories that provide explanations for drug abuse: Trait theories and psychoanalytic theories. Trait theories explain that individuals who abuse drugs possess specific personality characteristics that render them vulnerable to the abuse of drugs. Such characteristics have been identified as inability to delay gratification, low tolerance for frustration or noxious stimuli, poor impulse control, high emotional dependency on other people, poor coping capacity, and low selfesteem (Enekwechi, 1984). Family background was proposed as the breeding ground for these personality inadequacies. Such factors in the family have been identified as absence of maternal warmth, passive or hostile male parent, a parent who may serve as a model for criminal behaviour or drug abuse, stormy relationship between the mother and the father and. Family instability (Eze & Omeje, 1999). Personality factors may not be ruled out entirely in accounting for drug abuse by some individuals (Burns, 1988). Psychoanalytic theories were substantially devoted to explanation of alcohol abuse. One of such explanations is that excessive drinking is a means of obtaining oral gratification which was not satisfied during the oral phase of psychosexual development which occurs in infancy; or a regression to that phase as a resort to coping with overwhelming problems of life (Freud,1939). Other explanations are that drinking is a manifestation of the Thenatos which is a basic force that is inherent in human beings and pushes them towards annihilation; or that it is a defense mechanism adopted to reduce emotional conflict or eliminate guilt which the superego component of personality bore-the psychoanalysts believe that the superego is the aspect of personality that is soluble in alcohol (McClelland, 1972). Learning theorists explain that drug abuse and dependence is a response tendency built and maintained through the same basic principles that underlie any other form of learning. Jessor, (1987) points out that, like any other learned behaviour, the most basic factor behind drug abuse is that it is functional, purposive, and instrumental towards the attainment of goals. Drug abuse, invariably, is an instrumental effort to attain goals that are blocked or that seem otherwise unattainable. For instance, it may serve as a 'way of attesting to independence from parental authority and taking control of one's life; an expression of opposition to the norms and values of conventional society; a coping mechanism; a fw1ction to express solidarity with peers or the demonstrate identification with the youth culture; or serve to confirm personal identify.

Why do some people become addicted, while others do not?

No single factor can predict whether or not a person will become addicted to drugs. Risk for addiction is influenced by a person's biology, social environment, and age or stage of development. The more risk factors an individual has, the greater the chance that taking drugs can lead to addiction West (1991). West gave the following examples:

- **Biology:** The genes, that people are born with in combination with environmental influences account for about half of their addiction vulnerability. Additionally, Gender, ethnicity, and the presence of other mental disorders may influence risk for drug abuse and addiction.

- **Environment:** A person's environment includes many different influences from family and friends to socioeconomic status and quality of life in general. Factors such as peer pressure, physical and sexual abuse, stress, and parental involvement can greatly influence the course of drug abuse and addiction in a person's life.

- **Development:** Genetic and environmental factors' interact with critical developmental stages in a person's life to affect addiction vulnerability, and adolescents experience a double challenge. Although taking drugs at any age can lead to addiction, the earlier that drug use begins, the more likely it is to progress to more serious abuse. And because adolescents brain are still developing in the areas that govern decision-making, Judgment, and self-control, they are especially prone to risk-taking behaviours, including trying drugs of abuse.

Some signs that may indicate abuse of drugs for a prolonged period.

- Detection of alcohol, cannabis or cigarette scent in the person's breath in the morning or too frequently, or at odd times of the day.
- Reddening of the nose of the individual- from glue sniffing, and at times snorting of cocaine.
- Frequent reddening of the individual's eyes, from cannabis smoking.
- Scars on the hands or legs where the blood veins closely appear to the surface of the skin-where needles may have frequently been used to inject the substance.
- Emaciation and persistent gross reduction in food intake by the person that can not be linked to illness.
- The person immediately taking alcohol or tobacco when annoyed or faced with a problem.
- Evasion of family activities and former friends and staying out of the house more than usual.
- Crack on the lips/darkening of the lips as well.
- Frequent irritability for no known cause.
- Drop in academic performance in school may also be investigated.

In any case, relations, parents or siblings should always act timely, urgently and most effectively to rid their own of the drug abuse habit. Enablement is usually counter-productive. Family members and good friends should always be interested in sudden gross changes in the personality of the individual, though expressed emOtion must be minimal. It also needs to be noted that denial of drug abuse or problem that may be associated with the habit is a hallmark of drug dependence (AP A, 1987).

Intervention

Rehabilitation centers have already been reported to be more concerned with how to restore an addicted adolescent to full working ability in the society. Since what we have in Nigerian for now is rehabilitation units attached to psychiatric hospitals, it will be reviewed here the various strategies to apply for both psychiatric and rehab patients.The first intervention strategy of course to be undertaken by a psychiatrist is to limit the frequency of drug intake or get the patient to, give it up completely. This of course is accompanied by programmes to give the addict-especially the youths psychosocial competences in order to also get along with the events of life in the society without waiting to rely on alcohol and drugs. They are to acquire competences to improve self-perception and self esteem. They are also to acquire and, learn solutions and techniques to recognize and use to solve interpersonal and intrapersonal conflicts. Essan (2005) maps out four psychological intervention programmes namely:

1. **Problem solving training:** The adolescents are trained to develop general skills to solve problems, which can prevent them from changing in their drinking behaviour or their drug consumption. The main goals of training are: to help the adolescents to recognize the present problems; to recognize possible problem solutions, choose the best possibilities to develop a plan to carryout the solution possibility and to evaluate the efficaciousness of the selected solution (Jarvis 1995)

2. **Cognitive Restructuring:** The adolescent learn to recognize the thoughts and feelings which could lead to substance consumption and to view them critically. The cardinal goals of cognitive restructuring are to help the adolescents (a) to be aware of negative thinking or of the manner in which negative thought can lead to substance consumption in which they experience or recognize the negative feeling, where it is leading to, if they drink or take in drugs (b) to question negative thoughts and replace them with positive ones (c) to re-examine spontaneous thoughts with consideration of the training of the thought, to learn the advantages and disadvantages of the thought, the presence of mistaken or wrong thought and alternative thought.

3. **Self Management Training:** Skills are learnt to bring the consumption of the substance to a level which minimizes the risk of body and social problems (Asuni, 2003). The various steps hereby are (a) daily self observation which enables the adolescent to register their substance intake when and why they consume it; (b) to maintain the determined limits by the adolescents learning the skills of alcohol rejection; (c) to

retain the new drinking behaviour by making use of self reward if the drinking is limited and alternatives to drinking recognized, which supports the new drinking behaviour.

4. **Commutation Training:** To learn to begin an appropriate discussion and to' sustain it. The adolescents should learn -to overcome silence in order to develop a sensitivity for social cues and in order to be able to express their feelings and opinions to other and also understand the feelings of other (Owie, 1988). Appropriate communication can contribute to reduce feelings of embarrassment and social tension, which can lead the adolescents to substance intake (Pela; 2000). In the process of rehabilitation and eventually also prevention the importance of family involvement is absolutely important.

CONCLUSION AND RECOMMENDATIONS

This study has considered the major causes of drug abuse among the adolescents. Lack of parental care was seen as one of them and, it was inferred that working on paid jobs by parents was concomitant to this .lack of proper parental care. Now, having established the fact that work-family conflict is a major cause of lack of proper parental care of the children, this question arises: What should be done? The issue of one of the parents stopping work and staying at home to take care of the children has made anachronistic due to the economic situation in the country. Today the emoluments of both parents are no longer sufficient for a family up keep how much more when only one of them is qIade the sol_ bread winner for the family. If this is the case, are there other options left for both parents who are working on paid jobs for their children to be properly cared for. It could be thought there are, and we it could be forward the following options which we are convinced that when they are scientifIcally studied and carefully applied will even be better than the care of one parent of today's adolescents who rarely stay at home to be watched and corrected when they err. Here are the options which are considers will do the magic when properly and scientifically applied:

- The societies, especially the Government, should bring back and strongly reorganize boarding schools in our secondary and tertiary institutions. These boarding institutions should be manned by well trained men and women who should also be real expert guidance counselors.
- Occasionally, drug tests should be carried out on these students.
- Those of them who react positively to the test should be sent to rehabilitation centres to stay until they have made visible changes.
- NAFDAC workers and the NDLEA workers should be religiously trained to do their job without peddling because of gratification. Their salaries should be enhanced and be made special to make them to some extent, be satisfied with their pays.
- Coming to the under aged children, there should exist care-taker centres where those of them whose parents are working for long hours as paid workers or on private business go to and are taken care of after school until their parents return,

home after work. These centres being recommended exist here and there now but they are poorly organized and run. This researcher is recommending here well organized ones manned by experts who are supervised by the government, from time to time.

- As we have mentioned in passing, drug peddlers and traffickers should be seriously punished when caught and possibly face capital punishment as in days of Buhari–Idi Agbon military regimen in Nigeria.
- But above all, our citizens who are apparent religious practitioners should be, and be seen to be, God fearing.

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