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Adolescent's social health indices as determinants of health risk behaviours among secondary school students in Ijebu-Ode local government area of Ogun state, Nigeria

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ABSTRACT

The study examined adolescents' social health indices as determinants of health risk behaviours among secondary school students in Ijebu-Ode Local Government Area of Ogun State. Descriptive survey research design was adopted for the study. The study population comprised 1,000 adolescents in the study area. Stratified, proportionate and simple random sampling techniques were used to select the sample. Two self-structured and expert validated questionnaires were used in the study. The collected data were analyzed using Cronbach Alpha to determine internal consistency of the instrument. The hypothesis was tested using multiple regressions. The significant of the joint contribution was tested at P< 0.05. It shows that the analysis of variance for the regression yielded F. value = 42.94, P<0.05. The results showed that social health indices are significant joint determinant of health risk behaviours among secondary school students in Ijebu-Ode Local Government Area of Ogun State. Based on the findings in the study, school counselors and mass media intervention programmes should be encouraged to have impacts on smoking prevention among adolescents in schools. Violence among students should be discouraged to avoid health problems among adolescents.

Keywords

Social health indices, Health behaviour, Health behaviour in adolescence

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Introduction

Adolescence is a significant stage in human's life which is characterized by the transition between childhood and adulthood. Adolescent is a person that is growing to be an adult. It is a time of big social development for a child. Boys and girls are often confronted with numerous adjustments problems that are peculiar to their age group owing to the demand of parents, school and society at large. Adolescent population and health of adolescents are very special issues and focus of attention globally for various reasons.

Adolescence is one of the quickest phases of human development. The features of both the individual and the environment influence the changes taking place during adolescence. Researches on risk taking behaviours in adolescence show that adolescents are at increased risk of anti-social behaviour and risk-taking behaviour. It is generally agreed among experts in the study of adolescent health and development that the greatest threats to the well-being of young people in developing and developed societies come from preventable and often self-inflicted causes, violence, drug and alcohol use, and sexual risk taking

including automobile and other accidents which collectively account for nearly half of all fatalities among youths (Williams, Holmbeck & Greenley, 2002; Blum, Nelson &Mmari, 2004).

Social celebrations that promote the utilization of alcohol/substance are common in Ijebu-Ode area of Ogun State, where adolescents have free access to alcohol and medicines, which might enable the adolescents to have experiment and consequently indulge in risky behaviours. Risky behaviours like smoking, substance use, cultism, gangster and killing are common among the residents where kids are growing. Evidences abound that a lot of adolescents that have these risky behaviours engaged in violence acts, for examples, regulatory offence- rape and drug use simply to say some. The repercussion of risky behaviour on adolescents are often life threatening. Reducing the speed of risky behaviours caused by social health indices among adolescents would create a considerable improvement within the overall well-being of the adolescents' population (Steinberg, 2004).Therefore, this study investigated the social health indices of adolescents as the determinants of risky health behaviours among secondary students in Ijebu-Ode area of Ogun State.

Literature Review

Health as defined by the World Health Organization WHO, (1948), is a state of complete mental, physical and social wellbeing and not merely the absence of disease or infirmity in the body. Health is shaped by some factors which are not entirely medical (Erinosho, 1998). According to Compas (2004), people's attitude to health often affects personal and societal concepts which are based on experience and view on well-being. Achieving and maintaining health is a continuous process, shaped by both the evolution of healthcare knowledge and practices as well as personal strategies together with organized interventions for staying healthy. Thomas, (2005) described health behaviour as any activity undertaken by an individual, regardless of actual or perceived health status, for the motive of promoting, protecting or maintaining health, whether or not such behaviour is objectively effective towards that side.

Springer, Selwyn and Kelder (2006) perceived health behaviour as the combination of knowledge, practices and attitudes that together contribute to motivate actions an individual takes regarding his or her health. World Health Organization itemised the main determinants of health which include the social and economic environment, the physical environment, and the person's individual characteristics and behaviours (WHO, 2011). Cornacchia and Staton (1985) professed health as optimal personal fitness for all fruitful and creative living. This view implies that peak health is a function of individual's capacity to be productive and perform daily tasks efficiently without undue fatigue. Consequently, any factor that impairs health is likely to impede one's performance of routine work. Health risk behavior is any characteristic an individual is exposed to that increases the likelihood of developing a disease or injury. Estimated 1.2 million adolescents died in year 2015 mostly from preventable and treatable causes (WHO, 2017). Many of the health related behaviours that arise during adolescence have implications for both present and future health and development (www.apps.who.int/adolescent). For example, alcohol use and obesity in early adolescence do not only compromise adolescent development but also can lead to serious health challenges.

Social health reflects a child's development ability to form close associate and protected relationships with other recognizable people in their lives such as parents, relatives, peer group and other nurturing caregivers. This trustful relationship helps adolescents to feel safe in exploring their world.

Raver and Zigler (1997) explained the term social ability as a bunch of behaviours that allows every individual child to develop and relate in positive interactions with others. A number of the behaviours enclosed include showing sympathy, collaborating in co-operative and social activities, partitioning conflict, knowing self and developing a positive self-image and self-esteem. Adolescents and kids represent virtually a third (2.2 billion individuals) of the world's population (Kerling, Baker, Belfer , Conti, Omigbodun, Rohden and Srinath, 2011).

Loneliness may be a vital drawback that may incline young kids to immediate and semi-permanent negative consequences. However, few researches and intervention in instructional settings target young kids suffering from loneliness (Caddy and Asher, 1992). Researchers often consider older adults because the loneliest people surveys have found that the best levels of loneliness naturally start in late adolescence rising to adulthood (Curtona, 1982). Some adolescents feel lonely as a result of their robust desires for intimacy when they have not developed the social skills or relationship maturity to satisfy these desires. For a few adolescents, feeling lonely may be a prolonged and painful experience. It has been proven that partaking in health risk behaviours like substance use and poor sexual behaviour is also a way of dealing with the distress arising from loneliness in adolescence, once a person's social desires are not being adequately met, the subjective and negative feeling of loneliness happens.Andrew, Ai, Bayard, Erica, Pamela, Sergei and Martin (2013) found out in their studies that the prevalence of loneliness varies throughout the countries, feeling lonely and poor health is related to risky health behaviour in some countries.

Social isolation may be a complete or close to complete lack of contact with folks and society. All social isolation results to staying home for days or weeks at a time; having no communication with anyone together with family or perhaps the foremost peripheral of acquaintances or friends; and willful avoidance of any contact with different humans once those opportunities arise. Social isolation may be a problem for anyone despite their age, although symptoms might varies among people, Social isolation is sometimes involuntary and not chosen.

Social isolation can combine with biological process disabilities. Adolescents with learning impairments might have challenges with social interaction. The difficulties in learning will actually affect the adolescent's esteem and sense of self-worth, example would be the necessity to repeat a year of college. Throughout childhood biological progress years, the necessity to suit in and be accepted is preponderant. Isolation will increase the sentiments of loneliness and depression, worry of others or perhaps creates an additional negative self-image, There is a realization within the person that their behaviour is not 'normal behaviour' and may produce the sensation that there is a full world occurring that they do not belong to, or are unable to be a section of. This sense of being detached will produce an inner panic. Social isolation will begin early in life. An example would be to be intimidated or ridiculed, this is usually a time the ego is not totally developed. Analyst projected the concept of self-development, physically and mentally and throughout a person's development, a person might become additionally preoccupied with feelings and thoughts of their individuality that are not straightforward to share with different people. This could be a result from feelings of shame, guilt or alienation throughout childhood experiences. Those who are completely isolated have no one to show to in personal emergencies, nobody to divulge heart's contents to throughout a crisis, which can jointly breed uncomfortable thoughts and behaviours Social isolation may be unsafe as a result of the vitality of individuals' social relationships have an effect on health. Hawkley and Cacioppo (2003);

Seeman (2000), Steptoe, Owen, Kunz-Ebrech and Brydon, (2004) reported in their findings, that aspects of perceived isolation are typically connected to health outcomes through totally different factor. The difference in health related behaviours has not been found to account for the link between loneliness or the perception of an absence of social support and the possible health outcomes.

Health hazards associated with social isolation can be compared in magnitude to the well known dangers of smoking cigarettes and fatness (House, 2001). Some persons are with minimal social connections or rapport and often feel lonely and tend to suffer higher rates of morbidity and mortality as well as infection (Brummett, 2001).

Social withdrawal refers to consistent show of solitary behaviours within the presence of peers. Social withdrawal refers to the child's uninflected himself/herself from their contemporaries. Social withdrawal is observed as originating from such internal factors like anxiety, self-perceived difficulties in social skills and social relationships (Rubin and Asendorpf, 1993). Socially withdrawn kids take away themselves from peer interactions as a result of underlying social worry and anxiety that inhibits social approach motivations. Socially withdrawn adolescents often times refrain from social activities within the presence of peers; the shortage of social interaction in adolescence might result from a range of causes, together with social worry and anxiety or a preference for solitude. From babyhood through adolescence, socially withdrawn kids are at the same time predictively in danger for a large vary of negative adjustment outcomes, together with socio-emotional difficulties (anxiety, low vanity, depressive symptoms, and internalizing problems), peer difficulties (rejection, victimization, poor friendly relationship quality), and college difficulties (poor-quality teacher-child relationships, tutorial difficulties, college avoidance).

In middle childhood to adolescence, social withdrawal becomes more and more related to peer refutation, loneliness, depressive symptoms, social anxiety, negative vanity, and negative thoughts concerning their social skills and relationships (Boivin, Hymel, and Bukowski, 1995; Rubin, Chen, and Hymel, 1993). Moreover, results from longitudinal analysis indicate that socially withdrawn kids become old to be adults that suffer from feelings of depression and lower self-esteem, lead less active social lives, and show delays in necessary life transitions like getting married, having kids, and getting a stable career (Caspi, Elder, and Bem, 1998; Gest, 1997, Kerr, Lambert and Bem, 1996). Socially withdrawn kids are likely to face issues associated with early college adjustment, together with peer rejection, social isolation, inflated teacher attention, educational difficulties, and faculty refusal (Rubin, 1982: Hart, Yang, Nelson, Robinson, Olsen, Nelson, Porter, Jin, Olsen, & Wu, 2000; Coplan and Prakash, 2003).

Social withdrawal in childhood, depend on the age at which it is discovered, reflects the lack of a social interaction and a preference for object manipulation and construction over social exchange (Coplan, Prakash, O'Neil and Armer, 2004). The expression of social withdrawal represents the organic process or outcome of explicit temperamental tendencies (Fox, Nelson, and Rubin, 2005).

Peer satisfaction is the degree of peer relationship to that adolescent social acceptance by peers. It includes the amount of peer acceptability and also the ease with which a baby or adolescent will initiate and maintain satisfactory peer relationships. Peer acceptance and relationships are necessary for children's social and emotional development. Peer acceptance and friendly relationship bring about a very good of learning

and development opportunities for kids. These embody fellowship, recreation, building social skills, managing competition and conflict. They altogether promote self-exploration, emotional growth, and moral development. Parents, teachers, and other adults are good example of social support for kids; however it is among other kids that youngsters learn the way to act with one another.

Researchers typically explore two areas that are associated with a child's psychological and social development. The primary area is the child's social standing within the peer cluster and is indicated by the child's level of social acceptance by different members within the group, typically classmates. Another one is that the child's individual friendships, characterized by each of the number and quality of those friendships, though genes could also be an element in an exceedingly child's social ability and level of peer acceptance, and environmental factors are very necessary too. (www.healthofchildren.com). Analysis suggests that people who begin preschool with a devotee in their category create a much better adjustment to high school than people who do not begin with a devotee. Results from analysis in line with the National Network for Kid Care at Iowa State University indicate that, on average, twenty five percent of low-accepted kids drop out of college compared to eight percent of different kids, (Parker and Asher, 1987). The reviewed social health indices are important and may influence adolescent's behavioural formation, patterns or sustenance.

Conceptual framework

The independent variables in this study are: loneliness, isolation, withdrawal and acceptability.
The dependent variable is health risk behaviours. The probable extraneous variables are: parental-separation, society, peer pressure and social media.

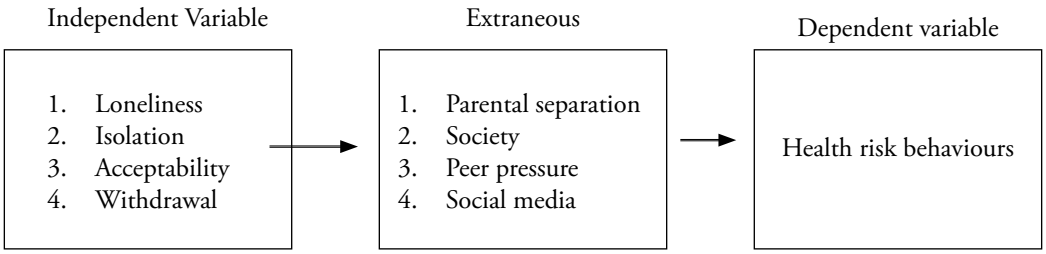

Fig 1: Conceptual framework for the study. Self-developed (2018)

Theoretical Framework

The Social-Ecological Model: A Framework for Prevention

This model considers the complex interaction between individual, relationship, community, and societal factors. It helps to dissect factors that can put people at risk for violence or protect them from experiencing or perpetrating violence. Apart from helping to clarify these factors, the model also suggests that in order to avert violence, it is significant to act across multiple levels of the model at the same time.

Individual: The factors that affect individuals are age, education, income, substance use, or history of abuse. Prevention strategies at this stage includes; promotion of attitudes, beliefs, and behaviours that prevent violence.

Relationship: A person's closest social circle (peers), partners and family members influences the way they behave and contribute to immensely to the experience.

Community: This involves exploration of the settings, such as schools, workplaces, and neighborhoods, in which social relationships occur and seeks to identify the features of these settings which are associated with becoming victims or perpetrators of violence. Avoidance methods at this stage include (creating safe places where people live, learn, work, and play) addressing other conditions that give rise to violence in communities (neighborhood poverty, residential segregation, and instability, high density of alcohol outlets).

Societal: The factors that determines either violence is encouraged or discouraged. It includes social and cultural norms that support violence as a way of resolving conflicts. Other huge societal factors include the health, economic, educational, and social policies that help to maintain economic or social inequalities between groups in society. Prevention strategies at this stage consist of efforts to promote societal norms that guard against violence together with plans to support household financial security, education and employment opportunities, and other policies that influence the structural determinants of health.

Data and Methods

The study examined adolescents' social health indices as determinants of health risk behaviours among secondary school students in Ijebu-Ode Local Government Area of Ogun State. The research design adopted for this study was descriptive survey. This study consisted 1,000 adolescents in secondary school / colleges within the study area. Sampling techniques, include stratified, proportionate and simple random sampling techniques to select adolescents from varied colleges.

The researchers developed a structured form to sought information. The instrument was named "Adolescents Social Health Indices Questionnaire (ASHIQ), and Health Risk Behaviour Questionnaire (HRBQ). The instrument was divided into sections A, B and C. Section A contained bio-data (characteristics of the respondents). Section B, sought information on social health standing of respondents whereas section C restrained health risk behaviour. Section A, B and C had twelve (12 items). To ensure the validity of the instrument(s), the instrument was subjected to face, construct and content validity by the researcher's supervisor and different specialists within the field and subject matter. The suggestions raised ensured that the instrument was valid.

In order to ensure reliability of this instrument, the instrument was administered on ten (10) College students who were not a part of the study in Ijebu-North Local Government area of Ogun State. The data collected were analyzed using Cronbach Alpha analysis, which yielded 0.78. The researcher obtained letter of introduction from the Head of Department of Human Kinetics and Health Education, Olabisi Onabanjo University, Ago-Iwoye, Ogun State to gain access to the population under study. The researcher established rapport with the Principals, teachers and the respondents, the need to conduct the study. The instrument was then administered by ten (10) research assistants and ensured its high return rate.

Results

Hypothesis 1: There is no significant combined effect of loneliness, isolation, withdrawal, and acceptability on health risk behaviour of adolescents

Table 1: Regression Analysis on the combined effect of predictor variables (loneliness, isolation, withdrawal, and acceptability) on health risk behaviour of adolescents.

R	R^2	Adj R^2	F	Sig
0.457	0.209	0.205	53.17	0.00

Table 1: shows the joint contribution of the independent variables to the prediction of the dependent variable. Health risk behaviour has positive correlation with the four predictors variables which also show a coefficient of multiple correlation (*R = 0.457* and a multiple R^2 *= 0.209*, Adjusted value R^2*= 0.205*) this means that 20.5% of the variance was accounted for by four predictor variables when taken together. The significance of the joint contributions was taken together and tested at *P< 0.05*. The Table shows the analysis of variance for the regression yielded F value 53.17 *(P<0.05*). This implies that there is a significant influence of social health indices (loneliness, isolation, withdrawal and acceptability) on health risk behaviour. Therefore the null hypothesis was rejected.

Hypothesis 2: There is no significant relative contribution of loneliness, isolation, withdrawal, and acceptability on health risk behaviour of adolescents.

Table 2: Relative influence of Social health indices of adolescents (loneliness, isolation, withdrawal, and acceptability) on health risk behaviors of adolescents.

Model	Unstandardized Coefficients		Standardized Coefficients	T	Sig.
	B	Std. Error	Beta		
(Constant)	22.861	1.491		15.332	.000
Loneliness	.557	.089	.221	6.270	.000
Isolation	.669	.089	.248	7.487	.000
Acceptability	-.310	.100	-.108	-3.086	.002
Withdrawal	.227	.101	.077	2.255	.024

Table 2: shows the relative contributions of each of the independent variables (loneliness, isolation, withdrawal and acceptability) to prediction of the dependent variable (health risk behaviour). It revealed that the independent variables were good predictors of health risk behaviour. Isolation was the most potent out of the predictor variables (*β=.669; t=7.487; P< .05*). Loneliness was next to isolation in predicting adolescents' health risk behaviour (*β=.557; t=6.270; P< .05*). Withdrawal was the next predictor variable of health risk behaviour (*β=.227; t=2.255; P< .05*) while Acceptability was the least predictor of adolescents' health risk behaviour *β= -.310; t=-3.086; P< .05*).

Discussion

The two hypotheses focused on combined and relative effects of social health indices of adolescents (loneliness, isolation, withdrawal and acceptability) will not significantly determine health risk behaviours among secondary school students in Ijebu-Ode Local Government of Area of Ogun State.

The stated null hypotheses of social health indices of adolescents (loneliness, isolation, withdrawal, and acceptability) on health risk behaviour were significant. Therefore the stated null hypotheses were rejected. The findings of this study is in line with Pressman and Colleagues (2005) who reported in their study that assessed the associations between daily loneliness and health practices, including alcohol consumption, they examined average daily loneliness as predicting average daily health behaviours, rather than the within-person associations between variations in loneliness and subsequent health behaviour. This finding also supported the findings of Andrew, Ai, Bayard, Erica, Pamela, and Sergei (2013) who concluded in their study that the prevalence of loneliness varies throughout the countries and that feeling lonely is associated with risky health behaviour in some countries and poorer health in every country. The implication is that loneliness might be an important, but until now, it is a neglected public health problem among adolescents. The findings of this study corroborated Cacioppo, and Hawkley, (2003), House, (2001) who confirmed in their studies that isolation and loneliness are believed to affect health behaviours through their impacts on social support or social cues for behavioural choices. The result replicates that of Cornwell and Waite (2009) who reported that social isolation has been associated with worse health risk behaviour across all age groups. Researches also reported in their studies that evidence of other mechanisms that link one or the other form of isolation to health outcomes suggests that social disconnectedness and perceived isolation affect health risk behaviour. Hawkley and Caccioppo (2003); Seeman (2000), Steptoe, Owen, Kunz-Ebrech and Brydon, (2004). Who believed that some aspects of perceived isolation are often linked to health outcomes through different means. The modification of health-related behaviours has not been found to account for the link between loneliness or the perception of a lack of social support and worse health outcomes. The findings of this study show that acceptability is a significant influence on health risk behaviour of adolescent. The result of the findings also shows that withdrawal also is a significant influence on health risk behaviour of the adolescents.

Limitations of the study

The purpose of this study was to investigate adolescents' social health indices as determinants of health risk behaviours among secondary school students in Ijebu-Ode Local Government Area of Ogun State. The study examined the impact of loneliness, isolation, withdrawal, and acceptability on health risk behaviours. In carrying out this research work, the following limitations were encountered.

- The respondent's lesson schedules did not give some of them the chance to fill the questionnaire to time.
- Some of the respondents may not be sincere in information provided on the instrument in-spite of the researcher's efforts.

Nonetheless, adequate measures were ensured so as to ameliorate. The researcher engaged school principal, teachers within the colleges and 10 other research assistants to assist with the administration of the prepared questionnaire. Finally, the researcher assured them of confidentiality of their information as the data is for research purposes.

Conclusion

Social health indices (loneliness, isolation, withdrawal and acceptability) have combined and relative effects in determination of health risk behaviours among secondary school students in Ijebu-Ode Local Government of Area of Ogun State.

Recommendations

Based on the findings of this study, the following recommendations were made:

- Parents should be a good model and talk to their children about value.
- Social networks should be encouraged among adolescents. .
- Government should employ more counsellors in schools to monitor and guide the students on health risk behaviours and the school counselors should see their job as number one priority to address all students' academic, personal/social and career development need.
- Schools should engage and maximize the office of school counselors to the advantage of the students since they have received special training relating to children/students psychology

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