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Running Title: Adolescents Perceived Family Function

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### ABSTRACT:

The challenges of the adolescents range from health-related ones to antisocial behaviors. When family support is poor, an adolescent is confronted with seeking help from many sources including the social media with many unguided information. This study aims to assess the influence of perceived family functionality on where adolescents seek for solution to problems affecting their life. A descriptive cross-sectional study of 287 adolescents selected over 3 months' period through systematic random sampling using an interviewer administered questionnaire. Majority of the respondents were from highly functional families (71.5%). Discussing their divergent view of religion was the commonest life problem reported (65.2%). Severely dysfunctional family was significantly associated ( $p < 0.05$ ) with uncertainty about their future, incongruous religious views from the family and substance abuse. Respondents from severely dysfunctional family significantly ( $p < 0.05$ ) sought solutions for goals setting, parental expectation, substance abuse and academic problems from the internet. Functional family setting has a protective role on adolescents' management of their peculiar life challenges. Including family counseling to the evaluation of adolescents and their parents by clinician will help adolescents quest for solutions to their life problems.

**Keywords:** Adolescents, Family, Problems, Social media

### INTRODUCTION:

Adolescents are faced with diverse challenges as they move from childhood to adulthood [1]. Some of these are as a result of the rapid developmental changes they encounter and societal expectation of them to pattern their behavior according to societal norms and some set of values [1]. Many of the adolescents'

problems receive little or no attention, thus a lot of them scabble about in darkness not knowing what to do about their challenges posed by their developmental experiences and survival [1]. Most adolescents transfer this ignorance to adulthood which often affects their perception about life [2].

Adolescence period is a period of storm and crisis which everyone must see as needing urgent attention from parents to health workers, if the task of nation building must experience a success. Chinawa et al [3] have reported several forms of behavioral problems in adolescents which included tobacco use, unsafe premarital sex and suicidal attempts. These and many more challenges like deviant identity and behavioral anomalies could be avoided if the people in this age group are properly assisted to have a successful passage through this period [4].

The family play an important role both in what the adolescent boy or girl turns out to be and in their smooth transition from childhood to adulthood. According to Weiss et al [5], events at infancy such as temperament during the first year of life and child conduct problems had a predictive association with parenting. They also found that hyperactivity and conduct problems during ages 4–13 years were correlated with infant fussiness [5].

The way and manner adolescent perceive their family is instrumental to the way they access support from such family. The family may most probably be the best place for the adolescent to be guided as he/she traverse this period, but if the adolescent's perception of the family is that of a problematic one, such may consider support for life challenges from other sources. To further buttress this, Fleming reported that adolescents who had greater satisfaction with their family relationships have healthful

behavioral patterns that guard against the development of obesity [6]. In the same manner Adams et al [7] reported the impact of perceived family function on adolescent's behavior when they found that adolescents with history of suicidal attempts had more distress and family dysfunction than their non-suicidal peers. In the same study, they also found that perceived family functioning was correlated with the level of depression, hopelessness and self-esteem in the adolescent [7]. Adolescents are peculiar in that they are exposed to strong influence from their social environment [8]. They sense independence as something to experiment with and when they have a good family support they tend to thrive better [9]. The family is a strong and safe place for the adolescent to learn and imbibe good culture for the management of various challenges that they encounter in life [9]. Family functioning differs from parenting style and family structure [10,11]. Concerning family functioning, there is a combination of parental socialization and family structure with a strong focus on encouraging and habituating behaviors by all members of the household working as a system [12]. This idea creates a better understanding on how the family unit is involved in the formation and maintenance of healthy behaviors.

It is however of note that there are other contending forces which puts pressure on the adolescent when they are faced with life problems. From the negative influence of peer

group pressure which leads to aggressiveness, delinquesces and substance abuse to the social media where through interaction with virtual friends they keep learning 'strange' strategies to solving life problems [13]. The adolescents continually have to decide where to turn to for the purpose of solving the challenges they are faced with in life.

One of the medium where an adolescent easily turns to for creativity, collaborative learning and digital media literacy is the social media [14]. The social media become readily available to adolescents who are exploring opportunities to connect to new friends and form new relationships in online global communities. The rate at which adolescents use social media has increased tremendously in this century to the extent that many spend most days of the week on social media [13,15]. The adolescents through social media form social network which often could be long lasting. Other benefits of the social media include exploration of identities and relationship development with family and friends. It has been noted that social media usage lowers the feeling of loneliness among adolescents [14].

As beneficial as the social media is, there are sites which an unsuspecting curious adolescent could access which could lead to some risks that are damaging to the young growing mind. Such include cyber-bullying, data breaches, uploading inappropriate content like provocative photos and videos, and inappropriate content like mean aggressive

violent sexual comments and images [16]. A study has reported that online social networking is adversely associated with the psychological status of adolescents [14]. The concept of Facebook depression has become a legitimate medical concern in adolescents [17]. The use of internet and social media has been reported to have effect on family relationship and social relations at large [14]. Previous reports have noted that adolescents with psychiatric illness have increased usage of social media daily [18,19]. Data on adolescent and social media usage in relation to family functionality is scarce in Nigeria and none from our locality. Thus the aim of this study was to assess the influence of adolescents' perceived family function on 'the use of social media as a means to solving life problems.

#### **METHODOLOGY:**

This was a hospital based cross sectional study of adolescents who presented at the outpatient clinics of a tertiary institution. In the health institution of study, adolescents are seen for regular clinic attendance at both the Pediatric and General Outpatient Clinics. Adolescents aged 10 to 15 years are attended to at the Pediatric Outpatient Clinic whereas those above 15 years are attended to at the Adult Outpatient Clinic.

The study was carried out using a systematic sampling technique. Sample size was calculated using a prevalence rate of 25% estimated to be using social media [20]. A

minimum sample size of 287 respondents was arrived at. The inclusion criteria include all adolescent patients aged 10-19 years. All adolescents aged 10 -19 years who assented and or consented to participate were recruited, after parental permission were obtained. Adolescents who were critically ill and those that were married were excluded. Married adolescents were excluded because the effect of their own family dynamics on sexuality may be different from what operates when they were with their parents.

Data collection and study instrument: The survey was conducted using standardized interviewer-administered questionnaires. The questionnaire evaluated for socio-demographic details of the adolescent, their perceived life problems, where the respondents turn to for solutions (family or internet) when they have a problem and the perceived family functionality of the respondents using the Smithklein's APGAR's scoring system [21] to determine whether their family is highly functional, moderately dysfunctional or severely dysfunctional. Assent was sought from parents who accompanied the adolescents who were less than 18 years in addition to the respondent's consent which was obtained. The adolescents who were accompanied by their parents were put in a different room where they were interviewed in the absence of their care givers/parents with assurance of confidentiality. They were also assured of the willingness to discontinue with the study at any time during

the interview. The parents had no input in the response of the adolescents during the study. In each clinic, the consenting adolescents were recruited through the systematic random sampling from the sampling frame.

Ethical considerations: The purpose of the study was explained to the participants in plain and clear language and only those who gave consent and assent as appropriate, were recruited for the study. Refusal to participate in the study did not affect the care given the adolescents who presented for care at the clinics as all received the same standard care. The Research and Ethics Committee of the institution gave approval for this study.

Data analysis: All data collected were sorted, coded and analyzed using the Statistical Package for Social Sciences (SPSS) software; version 20. Frequency tables and charts were generated for relevant variables. Proportions and percentages were also determined as applicable. Categorical variables were summarized using proportions. Chi-square statistics was used to find the level of significance between categorical variables.

## **RESULTS:**

Perceived life problems of respondents

This section contains 20 questions (Q1 to Q20). The responses to the questions are presented in Table 1. In response to the question on parent's expectation (Q8), 48.8% said that they are concern about meeting the expectations of their parents. When asked if

they have difficulty following their parent religion (Q9), 79.1% said “NO”. When asked if they have role model (Q12), 62% said “Yes”. A total of 81.9% said they did not believe in

taking drugs to feel secure (Q16). Majority of the respondents (88.5%) said they have not experiment with cigarette (Q17).

Table 1 Frequency distribution of respondents according to Perceived life problems (n = 287)

Perceived Life Problems	Yes % (n)	No % (n)
1. Self-direction	35.9 (103)	64.1 (184)
2. Setting of goals	34.1 (98)	65.9 (189)
3. Pulling through with set goals	27.5 (79)	72.5 (208)
4. Accepting established norms	30.3 (87)	69.7 (200)
5. Knowing what one ought to do and be	30.3 (87)	69.7 (200)
6. Handling peer group pressure	24.7 (71)	75.3 (216)
7. Uncertainty about the future	32.4 (94)	67.2 (193)
8. Concern about meeting parents expectation	48.8 (140)	51.2 (147)
9. Difficulty following parents' religion	20.9 (60)	79.1 (227)
10. Discussing divergent view of religion in the family	34.8 (100)	65.2 (187)
11. Handling relationship with opposite sex	23.0 (66)	77.0 (221)
12. Do you have a role model?	62.0 (178)	37.6 (108)
13. Difficulty choosing a life career	27.5 (78)	72.5 (208)
14. Having opinion conflict with generally held views	37.3 (107)	62.7 (180)
15. Insecurity with bodily appearance	23.0 (66)	77.0 (221)
16. Do taking drugs keep one secure?	18.1 (52)	81.9 (235)
17. Ever experimented with Cigarette	10.5 (30)	88.5 (267)
18. Ever experimented with alcohol	21.6 (62)	78.4 (225)
19. Assurance of who you will turn out to be	47.7 (137)	52.3 (150)
20. Having problems with academics	25.8 (74)	74.2 (213)

Relationship between perceived adolescent problems and family functionality

As shown in Table 2, Adolescents' family functionalities were significantly associated with the sundry perceived life problems facing them. More adolescents from severely dysfunctional families compared to those from highly functional ones were confused about knowing what they want to become in life ( $X^2=20.069$ ,  $df=2$ ,  $p<0.0001$ ), uncertain about their future ( $X^2=8.098$ ,  $df=2$ ,  $p=0.017$ ), had difficulty

following their parents religion ( $X^2=8.120$ ,  $df=2$ ,  $p=0.017$ ), discussing divergent religious view with their families ( $X^2=10.454$ ,  $df=2$ ,  $p=0.005$ ), difficulty in choosing a life career ( $X^2=14.138$ ,  $df=2$ ,  $p=0.001$ ), taking drugs to feel secure ( $X^2=10.279$ ,  $df=2$ ,  $p=0.006$ ), Ever experimented with cigarette ( $X^2=16.261$ ,  $df=2$ ,  $p<0.0001$ ), and having problems with academics ( $X^2=19.265$ ,  $df=2$ ,  $p<0.0001$ ). There were no significant relations found with other thematic areas assessed (Table 2).

Table 2: Relationship between perceived adolescent life problems and their family functionality

Perceived Life Problems	Response	Highly functional (%)	Moderately dysfunctional (%)	Severely dysfunctional (%)	Total	X <sup>2</sup>	P value
Self-direction	Yes	34.1 (70)	37.5 (27)	60.0 (6)	103	2.878	0.237
	No	65.9 (135)	62.5 (45)	40.0 (4)	184		
Setting goals	Yes	35.1 (72)	27.8 (20)	60.0 (6)	98	4.358	0.113
	No	64.9 (133)	72.2 (52)	40.0 (4)	189		
Pulling through with set goals	Yes	25.4 (52)	30.6 (22)	50.0 (5)	79	3.343	0.188
	No	74.6 (154)	69.4 (50)	50.0 (5)	208		
Accepting established norms	Yes	27.8 (57)	34.7 (25)	50.0 (5)	87	3.108	0.211
	No	72.2 (148)	65.3 (47)	50.0 (5)	200		
Knowing what one is meant to do and be	Yes	23.9 (49)	41.7 (30)	80.0 (8)	87	20.069	<0.0001
	No	76.1 (156)	58.3 (42)	20.0 (2)	200		
Handling peer group pressure	Yes	24.9 (51)	23.6 (17)	30.0 (3)	71	0.200	0.905
	No	75.1 (154)	76.4 (55)	70.0 (7)	216		
Uncertainty about the future	Yes	27.8 (57)	44.4 (32)	50.0 (5)	94	8.098	0.017
	No	72.2 (148)	55.6 (40)	50.0 (5)	193		
Concern about meeting parents expectation	Yes	47.8 (98)	48.6 (35)	70.0 (7)	140	1.881	0.390
	No	52.2 (107)	51.4 (37)	30.0 (3)	147		
Difficulty following parents' religion	Yes	16.6 (34)	31.9 (23)	30.0 (3)	60	8.120	0.017
	No	83.4 (171)	68.1 (49)	70.0 (7)	227		
Discussing divergent view of religion in the family	Yes	29.3 (60)	47.2 (34)	60.0 (6)	100	10.454	0.005
	No	70.7 (145)	52.8 (38)	40.0 (4)	145		
Handling relationship with opposite sex	Yes	21.0 (43)	26.4 (19)	40.0 (4)	66	2.573	0.276
	No	79.0 (162)	73.6 (53)	60.0 (6)	221		
Do you have a role model	Yes	64.4 (132)	58.3 (42)	44.4 (4)	178	2.084	0.353
	No	35.6 (73)	41.7 (30)	55.6 (5)	73		
Difficulty choosing a life career	Yes	21.5 (44)	44.4 (32)	30.0 (3)	79	14.138	0.001
	No	78.5 (161)	55.6 (40)	70.0 (7)	208		
Having opinion conflict with generally held views	Yes	33.7 (69)	45.8 (33)	50.0 (5)	107	4.095	0.129
	No	66.3 (136)	54.2 (39%)	50.0 (5)	180		
Insecurity with bodily appearance	Yes	20.5 (40)	29.2 (21)	30.0 (3)	66	2.554	0.279
	No	79.5 (163)	70.8 (51)	70.0 (7)	221		
Do taking drugs keep one secure	Yes	13.7 (28)	30.6 (22)	20.0 (2)	52	10.279	0.006
	No	86.3 (177)	69.4 (50)	80.0 (8)	235		
Ever experimented with Cigarette	Yes	5.9 (12)	22.2 (16)	20.0 (2)	30	16.261	<0.0001
	No	94.1 (193)	77.8 (56)	80.0 (8)	257		
Ever experimented with alcohol	Yes	18.5 (38)	27.8 (20)	40.0 (4)	62	4.758	0.093
	No	81.5 (167)	72.2 (52)	60.0 (6)	225		
Assurance of who you will turn out to be	Yes	49.3 (101)	41.7 (30)	60.0 (6)	137	1.859	0.395
	No	50.7 (104)	58.3 (42)	40.0 (4)	150		
Having problems with academics	Yes	21.0 (43)	31.9 (23)	80.0 (8)	74	19.265	<0.0001
	No	79.0 (167)	68.1 (49)	20.0 (2)	213		

Effect of family functionality on where adolescents seek for solution to their life problems. As shown in table 3, more respondents from severely dysfunctional family sought help from the internet in respect of setting their life goals ( $X^2=6.108$ ,  $df=2$ ,  $p=0.047$ ), on meeting their parents' expectation ( $X^2=6.961$ ,  $df=2$ ,  $p=0.031$ ), handling relationship with opposite sex ( $X^2=6.77$ ,  $df=2$ ,  $p=0.034$ ), Experimenting with cigarette

( $X^2=8.156$ ,  $df=2$ ,  $p=0.017$ ), and academic problems ( $X^2=6.025$ ,  $df=2$ ,  $p=0.049$ ). Whereas there was no significant relationship found between family functionality, internet use, and other perceived problems of the participants with other thematic areas assessed, adolescents from highly functional families however sought solution from the internet in respect of dangers of taking drugs to keep secure ( $X^2=6.077$ ,  $df=2$ ,  $p=0.048$ ) (Table 3).

Table 3: The effect of family function on where respondents seek for solution to life problems

Problems	Source of Solution	Highly functional family (%)	Moderately dysfunctional family (%)	Severely dysfunctional family (%)	X <sup>2</sup>	P value
Self-direction	Family	74.3 (52)	81.5 (22)	33.3 (2)	5.912	0.052
	Internet	25.7 (18)	18.5 (5)	66.7 (4)		
Setting of goals	Family	68.5 (50)	18.0 (90)	40.0 (2)	6.108	0.047
	Internet	31.5 (23)	10.0 (2)	60.0 (3)		
Pulling through with set goals	Family	67.3 (35)	63.6 (14)	100.0 (5)	2.568	0.227
	Internet	32.7 (17)	36.4 (8)	0.0 (0)		
Accepting established norms	Family	54.4 (31)	64.0 (16)	20.0 (1)	3.303	0.192
	Internet	45.6 (26)	36.0 (9)	80.0 (4)		
Knowing what one ought to do and be	Family	69.4 (34)	66.7 (20)	37.5 (3)	3.122	0.210
	Internet	30.6 (15)	33.3 (10)	62.5 (5)		
Handling peer group pressure	Family	68.6 (35)	64.7 (11)	33.3 (3)	1.559	0.449
	Internet	31.4 (16)	35.3 (6)	66.7 (5)		
Uncertainty about the future	Family	66.7 (38)	68.8 (22)	37.5 (5)	2.398	0.302
	Internet	33.3 (19)	31.2 (10)	62.5 (0)		
Concern about meeting parents expectation	Family	74.5 (73)	74.3 (26)	28.6 (2)	6.961	0.031
	Internet	25.5 (25)	25.7 (9)	71.4 (5)		
Difficulty following parents' religion	Family	55.9 (19)	43.5 (10)	0.0 (0)	3.799	0.150
	Internet	44.1 (15)	56.5 (13)	100.0 (3)		
Discussing divergent view of religion in the family	Family	81.7 (49)	76.5 (26)	100.0 (6)	1.878	0.391
	Internet	18.3 (11)	23.5 (8)	0.0 (0)		
Handling relationship with opposite sex	Family	37.2 (16)	63.2 (12)	0.0 (0)	6.770	0.034
	Internet	62.8 (27)	36.8 (7)	100.0 (4)		
Do you have a role model	Family	75.8 (100)	61.0 (25)	40.0 (2)	5.817	0.055
	Internet	24.2 (32)	39.0 (16)	60.0 (3)		
Difficulty choosing a life career	Family	61.4 (27)	56.2 (18)	66.7 (2)	3.122	0.875
	Internet	38.6 (17)	43.8 (14)	33.3 (1)		
Having opinion conflict with generally held views	Family	72.5 (50)	57.6 (19)	80.0 (4)	2.618	0.270
	Internet	27.5 (19)	42.4 (14)	20.0 (1)		
Insecurity with bodily appearance	Family	52.4 (22)	47.6 (10)	66.7 (2)	0.416	0.812
	Internet	47.6 (20)	52.4 (11)	33.3 (1)		
Do taking drugs keep one secure	Family	53.6 (15)	27.3 (6)	100.0 (2)	6.077	0.048
	Internet	46.4 (13)	72.7 (16)	0.0 (0)		
Ever experimented with Cigarette	Family	8.3 (1)	56.2 (9)	0.0 (0)	8.156	0.017
	Internet	91.7 (11)	43.8 (7)	100.0 (2)		



Ever experimented with alcohol	Family	65.8 (25)	50.0 (10)	50.0 (2)	1.524	0.467
	Internet	34.2 (13)	50.0 (10)	50.0 (2)		
Assurance of who you will turn out to be	Family	82.4 (84)	79.3 (23)	100.0 (6)	1.477	0.478
	Internet	17.6 (18)	20.7 (6)	0.0 (0)		
Having problems with academics	Family	67.4 (29)	39.1 (9)	37.5 (3)	6.025	0.049
	Internet	32.6 (14)	60.9 (14)	62.5 (5)		

## DISCUSSION:

The adolescence age is a time of changes that is associated with rapid changing experience in cognitive and emotional capacity and lots of expressions that are contrary to parental views and these may include avoidance strategies [22]. This study revealed that more than 50% of respondents have difficulty discussing their divergent view of religion with their family. This may be as a result of the changing views that are held by the surge of new teaching about religion through internet usage. The lowest perceived life problem among the respondents is the problem of experimenting with cigarette (10.5%). This finding may indicate that cigarette use is not common among adolescence in the study locality and this may be related to the increased awareness created by government against the dangers of tobacco smoking in Nigeria. Nigeria released the first ever global adult tobacco survey report in 2013 where about 10% of Nigerian men still smoke cigarette and from this figure about 70% planned quitting while 3 out of 10 thought of quitting because of the warning label on the pack. [23] Since fewer adults get involved in cigarette smoking, adolescents who often times imitate adults action in their childhood may be shifting their interest in experimenting with

cigarette and thus an added reason why we have the least problems in cigarette smoking. [23]. The total proportion of all the respondents from dysfunctional families was more than a quarter (28.6%) with 25.1% from moderately dysfunctional families and 3.5% from severely dysfunctional families. This may not be far from the fact that the struggle to make ends meet in the family in the atmosphere of poverty had a negative effect on the family. [24] The impact of family dysfunctionality was also observed in the problems the respondents had. About twice the percentage of respondents from severely dysfunctional family (80%) when compared to those from highly functional family had difficulty in knowing what they were meant to do and be. The reason for this finding has been linked to poor access to resources, parental support and good family relationships that adolescents from low family functionality experience. [16] Other findings which follow similar pattern of adolescent problems being significantly associated with severely dysfunctional families when compared with those from highly functional ones include experimentation with cigarette smoking, academic problems, thoughts that taking drugs or living like the 'big boys/girls' guarantee security, choosing a life career and fears/concerns of knowing what the

future holds for them. There is a significant association between parental influence and academic performance. [25] These observations attest to the fact that, it is only when there is highly functional environment in the family that parental influence can be felt on adolescents' care and development. Good support from the family will help adolescents have security from within the family rather than in internet, drugs or following the so called big boys or girls who can easily distract and derange them. In addition, the observation that adolescents from highly functional families sought internet for dangers of taking drugs may not be unconnected with the security and conviviality in their family as this may give room for them to seek clarification from whatever message/content they obtained from the internet where necessary. Adolescents' life satisfaction and psychological well-being has been reported to be statistically related to good family relationship. [26] In like manner, a situation where there is severe dysfunctionality in the family, the adolescent will not have recourse to support that can help him or her to face the future. The adolescent perception of how important they are to their parents' influences adolescents' mental health. [27] Once there is a poor perception of adolescents' importance to their parent, they will naturally not want to discuss something as important as their future with their parents.

It was observed from this study that a larger percentage of respondents from severely

dysfunctional family had difficulty following their parent's religion when compared to those from highly functional families. While a larger percentage (60%) from severely dysfunctional families discusses their divergent view of religion in their family, only about a third from highly functional families do same. The reason for this might not be removed from the possible deviant behaviors exemplified by adolescents from dysfunctional families. [22] It has been noted that religious participation is related to the quality of the relationship between parents and children. [28] There is a reduction in domestic violence in families that attend regular church services. [28] The respondents from highly functional family might not be courageous to discuss a divergent view on religion because of the authoritative nature of parents from such homes and the fear of disrupting the unity enjoyed in the family. [24;28]

A look at family functionality vis-a-vis where respondents seek for solution to their problems showed that when the problem of setting of goals was considered, more than half of those from severely dysfunctional families prefer the internet to their family to access solution. This is not surprising because, it has been reported that in a dysfunctional family the parents are busy and non-present with overall results being parental inadequacy. [29] In addition, there is extreme conflict and hostility which does not give room for interaction between the family [29] thus living the adolescent with no other

option than to seek help from other sources like the internet.

In a similar manner, when the concern about meeting parents' expectation were assessed, a greater percentage, about thrice the percentage (71.4%) of respondents from severely dysfunctional family sought for help from the internet against 25.5% who went to internet for help from respondents in highly functional family. In an atmosphere of conflicts and animosity as in a poor dysfunctional family setting, [29] adolescents will find it difficult to know what the parents' expectation is and even more challenging meeting such expectation.

Regarding relationship with opposite sex, a larger percentage of both respondents from highly functional and severely dysfunctional families sought for solution from the internet.

On the contrary, a larger percentage of respondents from moderately dysfunctional families sought for solution from their families.

Handling relationship with the opposite sex is not limited to family functionality alone. It has been reported that perceived family expressiveness and moral religious emphasis protect the adolescents when sexual matters are concerned. [30] Perhaps the reason why respondents from moderately dysfunctional family had a larger percentage seeking solution from their parents might be because of other factors that play role in handling relationship with opposite sex.

On the contrary, a larger percentage of respondents from highly functional families will

go to their families for solution among those with problems of whether taking of drugs and copying other peers will make them secure as opposed to about 27% who sees the family as a source of solution. It has been stated earlier that good family functionality is protective of adolescents' mental health [16,26] Whilst respondents from severely dysfunctional families seek for solution for their academic problems from the internet, their counterpart from highly functional families sought for solution from their families further affirming previous observations that Adolescents from dysfunctional families do not have the requisite environment where they can discuss their academic problems with their parents [22,25,29]. Another reason behind this might be because adolescents from severely functional families often become deviant more so, in a setting where punitive parenting, violence and interparental conflicts are common. [30]

#### **CONCLUSION:**

This study concludes that adolescents from dysfunctional families use social media more to access negative information in order to solve their perceived problems or needs. Therefore, all efforts should be geared towards making families more functional in the study locality.

#### **Study limitations:**

This study is limited by its being questionnaire based with the possibility of recall bias and respondents not volunteering the total

information as they may want to project a positive image for themselves. Despite this, it highlighted the behaviors of the adolescents (when stratified according to the family functional level with respect to the use of social media for the first time in our study locality and found important factors fueling this practice).

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