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INFLUENCE OF SELF-PRESENTATION AND SOCIO-ECONOMIC STATUS ON HEALTH-RISKY BEHAVIOURS AMONG SELECTED STUDENTS IN CROSS-RIVER STATE, NIGERIA.

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Abstract

The influence of self-presentation and socioeconomic status on health –risky behaviours was investigated. Two hundred and fifty participants were used drawn from the population of HND I accounting students of Akwa Ibom State Polytechnic, Ikot Osurua, ND2 students of Business Administration from Uyo City polytechnic and second year students of Electrical Electronic Engineering of Cross River State University of Technology (CRUTECH) Calabar Campus. The participants were tested using a 42 –item inventory of both likert type and dichotomous type response scale. A survey design was adopted for the study. The statistics used was a 2X2 Analysis of variance for unequal sample size. Result of ANOVA showed a significant relationship between the self-presentation of participants and health-risky behaviours, $F(1, 249) = 25.23, P < 0.05$.

There was however no significant relationship between socioeconomic status on health –risky behaviours of participants, $F(1, 249), 0.02$ n.s. There was an interaction effect between the two independent variables, $F(1, 249) = 8.39, P < 0.05$. Implications of the study were adduced and suggestions for further studies were made.

Introduction

The human quest for self-knowledge and self esteem tell us about the inner self. The fashion industry, cosmetic counters, diet centers and endless search for miracle drugs that grow hair, remove hair, enhance breast development, whitens teeth, freshens breathe and smoothens out wrinkles, all exploit our preoccupation with physical appearance. In the same vein, people are concerned about impressions they convey through their public behaviour as they try to verify what their neighbours think about them. (Leary, 1994 cited in Brehm and Kassin, 1996)

In recent years, the phenomena of self have attracted unprecedented interest among social psychologists. Researchers are investigating the self as it affects the individual covering the ABCs of the self as these affect behaviour and cognition,

leading them to establish answers to; how people come to know themselves, develop a self-concept and maintain a stable sense of identity. A major breeding ground for these inadequacies in personality include; absence of maternal warmth, passive or hostile male parent or a parent who may serve as a model for such maladaptive behaviour pattern, stormy relationships between the child and parents as well as family instability (Chen, 1964). Leary (1994) noted that acts of self-presentation may take different forms; conscious or unconscious, accurate or misleading intended for external audience or for ourselves (Brehm & Kassir, 1996).

Attestations to the risks influences of self-presentation have been identified in several researches and experiments. Mbodi (2002) states that contemporary psychology and infact social psychology revolves around the self-perceived and the perceivers in the social milieu and added that the dimensions and structure of the term are perilous or contain risks.

Leary (1999) researched on factors that determine the nature of the impressions people desire to convey in particular situations, the self-presentational tactics that leaders use to convey appropriate images of themselves to group members, the role of self-presentation process in emotional and behavioural problems and the deleterious health consequences of being concerned with one's self-presentations (Martin and Leary, 1999).

Influence of factors on risk-taking or health-risky behaviours has been studied across certain age category from adolescence to adulthood and across other demographic variables of religious affiliation by Uwakwe (1998) who examined the prevalence estimates and adolescent risky behaviours in Nigeria: Health Intervention Implications: Nigerian adolescents randomly drawn from seven secondary schools in South Western Nigeria. The results showed that there is a high prevalence of risk-taking behaviours among the Nigerian adolescents surveyed.

Widespread incidence of self-diagnosis and self medication among Nigerian students, (Sogunro & Ogunremi, 1980), use of appetite suppressants (anorectics) as a result of the contemporary pageantry requirements for very slim girls, depressants (alcohols, barbiturates as avoidant mechanisms to daily life problems) by both families and students, ingestion (oral) and intravenous/intramuscular consumption of stimulants (energizers of other sports drugs like cocaine, caffeine, breast enhancers, growth promoting substances, anabolic steroids, cognitive activators, suicide and suicide attempts (Emler & Richer, 1995) to enhance performance in sports, study for longer periods of time and other incentives to abusers constitute a record of health-risky behaviours.

Eyo (2004) found a positive correlation between alienation (non-integration with the family) and the tendency for Nigerian youths to engage in health-risky

behaviour patterns such as drug abuse, alcohol abuse arising from the need by the self to bolster its inferiority status - the need for power (Eze and Omeje, 1999). An incident of unprotected or risky sexual behaviours is also connected to the use or abuse of alcohol. In 1987, the National research council predicted that up to 78 percent of females and 86 percent of males had participated in sexual activities by the age of 20. Some of these activities were likely unprotected leading to sexually transmitted diseases (STD) which account for three to six leading causes of morbidity in the United States (Frost Mc Clauskey – Fasset, and Sharp; 1989).

Research on the prevention and reduction of health-risky behaviours such as drinking, smoking, drug use, and sex requires verifiable information about the rates at which these behaviours occur. It is important to understand the variables that are likely to influence health-risky behaviours and the psychological drives responsible for these.

This study was designed to investigate and find answers to the following questions and hypotheses through scientific analysis.

1. Does self-presentation have any influence on health risky behaviours?
2. Does a person's socio-economic status exert any influence on his or her involvement in health-risky behaviours?

Hypotheses:

1. There will be a statistically significant relationship between low self-presentation and high self-presentation groups on health-risky behaviours.
2. There will be a statistically significant relationship between individuals on low socioeconomic status and high socioeconomic status on health-risky behaviours.

Method:

Two hundred and fifty (250) participants were randomly and independently selected from three tertiary institutions in Nigeria involving one hundred year Two students of Electrical Electronics Department of Cross River State University of Technology, 75 HND students of Akwa Ibom State Polytechnic, Ikot Osurua and 75 ND1 students of the Uyo City Polytechnic whose ages ranged from 18 to 35, with a mean of 26.5 years. A forty-two-item inventory was used for the research. Items 1 to 10 measured health risky behaviours, items 11 to 24 measured socioeconomic status characteristics and items 25 to 42 measured self-monitoring. The questionnaire were health risk behaviour questionnaire (HBQ) having a 5-point likert type scale scored in descending order of 5 to 1 and reversed for positive response indicating. Always [5], most of the time [4], sometimes [3], on very few occasions [2] and Never [1] with 20 as the baseline score; a socioeconomic status

scale (SESS) ranging from 4 to 1 in descending order of strongly agree [4], Agree [3], disagree [2], and strongly disagree [1]. Self-monitoring scale originally developed by Synder and Gangster (1986) was scored on a dichotomous scale of Yes/No with items worded positively and negatively. Items with true response scored '2' while items with false responses were scored '1'. Questionnaires were administered to students at different lecture rooms in the three schools. The instruments were validated in the Nigerian setting by administering copies to a sample of 40 students to establish the reliability and validity of the instruments. An item correlation was done for the scales formulated. HBQ yielded a validity of 10 items and a Cronbach alpha reliability index of 0.96, the SESS yielded a reliability index of 0.69 while the self-monitoring scale yielded a split-half reliability index of 0.46. A survey design was adopted for this investigation and ANOVA was used in testing the hypotheses formulated at 0.05 level of significance.

Results

Table 1: Table of summary of mean (\bar{x}) and standard deviation (SD) for self presentation and socioeconomic status on Health-risky behaviours.

A

		Socioeconomic Status		
		High	Low	Total \bar{x}
Self-monitoring	↑ High Low	N 80 \bar{x} 34.85 SD 6.97	N 67 \bar{x} 37.16 SD 6.97	53.43
		N 16 \bar{x} 33.21 SD 6.22	N 42 \bar{x} 30.74 SD 7.93	48.58
TOTAL \bar{x}		51.46	52.53	102.01

The mean (x) in Table 1 showed that participants in high socio-economic status group had a mean of 34.85 compared to those in low status group with a mean of 37.16. participants in high self-monitoring group had a mean of 33.21 while those in low self-monitoring group had a mean of 30.74

Table 2: Summary of ANOVA Table

Source of variation	SS	Df	MS	F _{calc}	F _{crit}	
SSA	1104.6	1	1104.06	25.23	3.86	Significant
SSB	0.67	1	0.67	0.02	3.86	NS
SSAXB	367.35	1	367.35	8.39	3.86	
Two way interactions	10764.74	246	43.76	-	-	
SSAXB	12236.82	249				
Total						

Significant at P <0.05 alpha level

NS = Not significant at P <0.05

The results in table 2 indicated that there was a significant relationship between self-presentation and health-risky behaviours $F(1, 249) = 25.23$ at $P < 0.05$.

The results however, indicated that there was no significant relationship in the socioeconomic status (high or low) on health risky behaviours, $F(1, 249) = 0.02$. This shows that high self-presenters engage more in health-risky behaviours.

There was a significant interaction effect as indicated by the results, $F(1, 249) = 8.39$ at $P < 0.05$. Thus health-risky behaviour was influenced by socioeconomic status and self-monitoring; hence hypothesis 1 is retained. The result refuted hypothesis 2 which stated that there was a significant relationship between participants on low socioeconomic status and those on high socioeconomic status on health-risky behaviours.

Discussion and implication of the Study

Hypothesis 1 indicated a significant relationship between individuals on low and high self-presentation groups on health-risky behaviours. The results further proved that there is a interaction relationship between self-presentation and socioeconomic status on health-risky behaviours. This is in agreement with Leary (1994) and Goffman (1959) studies on self-presentation and health concerns. The results could be attributed to the fact that people's different motives lead them to engage in strategic self-presentation tactics in their efforts to shape others impressions in specific ways so as to gain influence, power sympathy, empathy or approval; they therefore consciously or unconsciously engage in self-presentation to be consistent with their self-concepts.

The results obtained for Hypothesis 2 agrees with Uwakwe (1998) findings, that no significant relationship existed between high socioeconomic status (SES) and low SES students in their risk-taking behaviours. This could be attributed to the fact that risk taking behaviours often fulfill major biophysical developmental needs served by engaging in risk-taking behaviours such as: achievement/mastery, affiliation and sexuality.

On the other hand, people are generally very conscious of their public images thus, in order not to be socially awkward or be viewed as social misfits, they present themselves in the light of the expectations of the environment they find themselves. The interaction effect is evident in Leary (1994) assertion that self-presentation can be hazardous to health and this is confirmed by the results of this study. This may be due to a desire to maintain consistency with self-conception and what others know or think about us makes us engage in health compromising behaviours so as to fit into particular social environments such as the behavioural expectations of peer groups. Implications of these findings show that inspite of socioeconomic status, interest and goal motives, people go into acts or behaviours that meet their social demands and which boost the ego or the self-conceptions of such individuals. On personality and self-concepts, it shows that our behaviours are synonymous with our personality characteristics and self-concepts and that as stimulus persons the status of significance others expect of us, play very important roles in our everyday life. It becomes imperative therefore, to take into consideration the situational, personality characteristics and environmental variables that are responsible for one's behaviour, adaptive or maladaptive when perceiving others, as well as their experiences, preferences, ideologies and more.

Conclusion and Recommendation

The study examined whether self-presentation and socioeconomic status had any influence on health-risky behaviours. It found out that there was a significant interaction relationship on the two independent variables (self-presentation and socioeconomic status). Both high and low self-monitors (self-presenters) were found to be involved in health-risky behaviour patterns, which are caused by status consciousness, and goals aspired for by participants. It is recommended that studies be carried out in such a way as to evaluate the risk-taking tendencies in males and females to establish the correlation and the dispersion between the two groups. Media advertisement and effective communication channels should be utilized as awareness strategies on the evils of health-risky behaviours among these age groups as an urgent need to arrest this malaise. Jingles for family re-orientation values should be reappraised in adversarial agencies and like bodies.

References

- Brehm, S. S & Kassin, S. M (1999). *Social Psychology* (3rd Ed), Boston: Houghton Mifflin Company.
- Chen, E. P. (1964). Impression of Personality, *Journal of Abnormal & Social Psychology*, 4, 258-269.]
- Emler, N. & Richer, S. (1995). *Adolescent and Delinquency*. Blackwell: Cambridge M. A.
- Eyo, I. E. (2004). Socialization the basis of adaptive and maladaptive forms of behaviour. *A Handbook of Psychology. An African Orientation*, 23,307-317.
- Eze, J. E & Omege, O. (1999). *Fundamentals of Substance Abuse* Enugu: Snaap Press Ltd. .
- Frost. H. I. & Mc Clauskey-Fasset, K (1989). Adolescent Sexual Behaviour: A model for behaviour rile Strategies. *The Behaviour therapist*, 12, 239-242.
- Goffman, E. (1959). *The Presentation of Self in Everyday Life*. Double day: Garden City, New York.
- Leary, M. R. (1994). Self-Presentations of Small Group Leaders: Effects of Role Requirements and Leadership Orientation, *Journal of Personality & Social Psychology* 51, 4, 742-747.
- Leary, M. R. (1999). Self Monitoring and Cooperational Strategy. *Journal of Personality and Social Psychology* 44,789-804.
- Mbodi, F. A. (2002). *Blacks Abandon Potential Self :Be Yourself'*. Rome.
- Martin, F. A. & Leary, M. R. (1999). Self-liking, Self-confidence, & the Quest for Self-Verification. *Personality and Social Psychology Bulletin*, 25 (10) 1230-1241.
- Sogunro, T. & Ogunremi, K. (1980). *Abnormal Psychology and Modern Life* (10th Ed). In Carson, R. C and J. N. Mineka (eds). Addison Wesley Educational Publishers Inc. United States.
- Uwakwe, W. J. (1998). Socioeconomic Perspectives on Health-Risky Behaviours. *Journal of Social Psychology*. 25, 56-72.