

STUDENTS' MENTAL HEALTH RISKS REGARDING SUSCEPTIBILITY TO PEER PRESSURE**Jasna Kundek Mirošević¹, Mirjana Radetić-Paić², Ivan Prskalo³**¹*Faculty of Teacher Education, University of Zagreb, Croatia*²*Faculty of Educational Sciences, Juraj Dobrila University of Pula, Croatia*³*Faculty of Teacher Education, University of Zagreb, Croatia*

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*Original scientific paper***Abstract**

Given that adolescents and young people spend most of their time in the educational system, advancements in neurodevelopmental research emphasize the important and complex role of peers' influence on adolescents' behaviour, suggesting that supportive programmes led by peers have a strong potential benefit (King, & Fazel, 2019). In many cases peers are the most important source of social support, and are therefore an important target group to investigate the factors of risk, signs of poor mental health and ways to assess their health behaviour and awareness of the care which should be taken regarding their mental health, as well as the resources and prevention models. The wish is to study whether there are differences regarding the mental behaviour in certain characteristics of susceptibility to peer pressure as a risk for the mental health of students of the Faculty of Educational Sciences of the Juraj Dobrila University of Pula and students of the Faculty of Teacher Education of the University of Zagreb, Division of Petrinja (N=440). The set hypothesis states that there is a statistically significant difference among students of the faculty in Pula and those in Petrinja in their assessment of certain features of peer pressure susceptibility as a possible risk for mental health. The results obtained at the χ^2 -test showed a statistically significant difference between certain peer pressure features among students regarding their study environment linked to hanging out with peers who consume drugs and being tempted to try them, getting involved in risky behaviours if their peers ask them to, and betting or gambling because their friends also do that. The results indicate that in smaller communities social control and conformity in the students' behaviour is more present due to their wish to fit in a peer group as well as possible, suggesting the need for strengthening the positive health behaviour of young people during their whole education in order to secure a healthy and productive adult population.

Keywords: *healthy lifestyle, mental health, peer pressure, socialisation, students***Introduction**

It is estimated that in today's world more than one in ten young people have been diagnosed with a mental health disorder (Collishaw, 2015; Polanczyk, Salum, Sugaya, Caye, & Rohde, 2015). According to WHO, mental health is, in the widest sense, described as a state of wellbeing in which individuals develop their abilities, face everyday stress, perform productive and prolific activities, and contribute to their community welfare. This definition was also used as the basis for the World Health Insurance Mental Health Action Plan 2013 – 2020 which includes the concepts of mental health promotion, mental diseases prevention and treatment, as well as rehabilitation. The plan especially emphasizes children and young people's developmental aspects including, for instance, the ability to manage thoughts and emotions, as well as the construction of social relationships and the ability to learn (García-Carrión, Villarejo-Carballido,

& Villardón-Gallego, 2019). As children grow up, their parents' influence diminishes, while their peers' opinion becomes more and more important. Adolescents often have very strong emotions which may lead to noticeable extremes when it comes to their mood, thus influencing their academic achievement, self-confidence, discourage them from hanging out with peers and friends, and even lead to changes in behaviour and involvement into risky behaviours. Factors leading to peer-influenced changes in the peer environment are numerous, especially in the area of social skills, communication and self-respect (Cowie, Naylor, Talamelli, Chauhan, & Smith, 2002; Houlston, Smith, & Jessel, 2009). Young people may feel pressure trying to fit in a group of peers and friends they admire and which is often defined by a certain behaviour and awarded social status. Therefore, they often want to change and turn into something they are, in fact, not. Neurodevelopmental changes in the adolescent brain imply that peer relationships become

important and may have a great impact on decision making, suggesting that social influences inside their age group have a key role for behaviour (Blakemore, & Robbins, 2012; Telzer, Fuligni, Lieberman, Miernicki, & Galván, 2015). Social pressure may influence a wide range of thoughts, actions and behaviours, from academic achievement to alcohol and drugs consumption, consequently leading to serious mental health disruption. Moreover, the pressure to fit in may result in depression and other mental health problems. This fact is corroborated by research which consider adolescence a stressful developmental phase in which young people feeling fear of confrontation in the society tend to show asocial behaviours, even suicide (Baartman, 1994; McLean, Maxwell, Platt, Harris, Jepson, & The Scottish Government 2008, according to Shilubane, Ruiters, Bos, Reddy, & van den Borne, 2014). A poor quality relationship with peers may disrupt self-confidence and lead to life problems evasion (or their denial) through dependences (drugs, gambling, alcohol...) regarding that non-aggressive, but socially incompetent young people start using drugs to gain their peer group's social approval, when this group may already be actively experimenting with a narcotic. What is more, experimenting with addictive substances usually occurs during adolescence, i.e. at the age of development when tolerance is on a lower scale, but the risk of addiction grows (Glaser, Shelton, & van den Bree, 2010). When peer pressure causes depression in a young person, it may cause changes in their behaviour. On the other hand, some research studies indicate that close peer support networks prevent peer conflicts and diminish risky behaviours, and help the young to regulate their reaction to factors of stress (Telzer et al., 2015), which, regarding the possibility of stress in the educational context, justifies the consideration of peer support formal systems.

The role of peers as important partners in the changes and occasions for raising young people's awareness of the challenges and problems they are faced with in today's world, such as political instability, labour market challenges and a limited space for political and civil participation, have led to a higher level of isolation of young people inside their society. Considering the statement that during childhood and youth two psychosocial factors of risk for mental health, such as social incompetence and aggressiveness, may be developed and consequently lead to social isolation, the international research on students and young people's health behaviour is being conducted (*Health Behaviour in School-Aged Children, HBSC*) in Collaboration with the World Health Organisation in more than 40 countries and regions of Europe and the world including Croatia. The obtained results are of key importance for the support to the development of international policies in assessing

the improvement of global aims, like the UN aims for sustainable development or *Global Strategy for Women's, Children's and Adolescent's Health 2016 – 2030*. Data similar to the ones provided by HBSC enable the identification of key challenges in different phases of life and emphasis on priority action fields. In the WHO's European region, the HBSC data have been used to support the WHO European strategy for children and adolescent's health providing an insight to countries and certain regions into the necessary interventions in various sectors for the promotion of health and children and adolescent's wellbeing. Countries and regions may use these data to monitor improvement, develop their health priorities and compare themselves with similar countries and regions.

During adolescence peers become more important and can be a significant source of social support. Moreover, peers can be the first one to notice certain psychological problems among themselves, i.e. mental health problems which appear in a person. However, some research showed that a higher level of perceived peer support was linked to higher levels of hopelessness, symptoms of depression, as well as suicidal ideas among younger men (Peltzer, & Pengpid, 2012). The authors Peltzer, & Pengpid (2012, according to Shilubane et al., 2014) have determined in their study that sadness, lack of bonds with parents and temporary alcohol consumption may intensify the adolescents' suicidal idea. A study also showed that depression serves as mediator in the relation between factors of risk for psychosocial behaviour and the idea of suicide (Shilubane, Ruiters, Bos, van den Borne, James, & Reddy, 2013). Certain research studies also show that young people are inclined to risky behaviours more when they are followed or watched by peers (Blakemore, & Robbins, 2012), which suggests the negative potential of a certain adolescent dynamic (King, & Fazel, 2019). Through their education, up to the academic one and further on during studies, most adolescents consider this environment to offer them meaningful relationships with their peers which can have important consequences for their development and confrontation with problems (Prinstein, Boergers, & Vernberg, 2001). It is therefore concluded that supporting peer relationships are important for adolescents because they can have a positive impact on their social, emotional and psychic condition, and their health behaviour in general. The significant role of peer influence on decision making is obviously complex and requires further research in the context of providing interventions and assessing the adolescents' mental health. Regarding the fact that adolescents try to define and discover "who they are", an additional pressure for action taking or finding certain ways may often lead them to the sense of confusion, loss of self-confidence, denial of their opinions, values or attitudes if they

are different from those characterising their companions. When peer pressure requires them to act so that they do not feel at ease, adolescents may be faced with low self-esteem, anxiety and depression, which can in the end influence their general health behaviour and lead to difficulties forming a risk for further young people's mental health.

In line with such interpretations, the aim of this paper is to research whether there are differences in health behaviour regarding certain features of peer pressure susceptibility as a risk for mental health for students of the Faculty of Educational Sciences of the Juraj Dobrila University of Pula and students of the Faculty of Teacher Education of the University of Zagreb, Division of Petrinja.

The hypothesis has been set stating that there is a statistically significant difference between students of the faculty in Pula and those of the faculty in Petrinja in their estimation of certain peer pressure susceptibility features as a possible risk for mental health. The hypothesis is based on the assumption that generally there are differences in mental health risks between students in Pula and Petrinja. These are cities of different social, cultural and economic characteristics, among other things, due to the fact that the city of Petrinja was directly exposed to destruction during the Homeland War, and consequently depopulation, while the consequences are felt even today by its citizens, most commonly psychological ones in the form of posttraumatic disorders. Petrinja is also a continental and rural city. On the other hand, Pula is a coastal city, the urban centre of the Istria County which is among the richest counties in the Republic of Croatia. Besides, during the Homeland War it has been significantly inhabited, while compared to other parts of Croatia, emigration is lower. Although both cities have the Faculty of Educational Sciences and Faculty of Teacher Education which are similar in the enrolment quota, Petrinja is territorially dislocated in comparison to the faculty in Pula which has in its vicinity all the accompanying activities, i.e. with better study conditions for students of this faculty. All the aforementioned influences both the atmosphere among citizens and the atmosphere among students, as well as the choice of the place of study in the widest sense. When it comes to the quality of emotional adaptation, the accessibility to additional sources of support is also important (Živčić-Bećirević, Smojver-Ažić, Kukić & Jasprica, 2007), as is, for instance, Student Counselling provided at the University of Pula.

Methods

Sample of examinees

The appropriate sample consists of 440 students, 234 (53.2%) students attending the Faculty of Educational Sciences of the Juraj Dobrila University

of Pula and 206 (46.8%) students attending the Faculty of Teacher Education of the University of Zagreb, Division of Petrinja. Regarding sex, as many as 425 (96.6%) female examinees and 15 (3.4%) male examinees participated in the research. The reason why there are more female participants is that the profession of primary teachers or preschool teachers is usually chosen by young female persons. The sample of examinees regarding their study year in the 2018/2019 academic year is presented in Table 1, where it can be seen that most examinees attended the first three study years, so it can be assumed that they were in the period of late adolescence.

Table 1. *Examinees' study year (N=440)*

Study year	Number of students	Percentage (%)
1	75	17.0
2	170	38.6
3	100	22.7
4	51	11.6
5	44	10.0
Total	440	100

Measuring instrument, collection and methods of data processing

The research was conducted in the 2018/2019 academic year among students of the Faculty of Educational Sciences of the Juraj Dobrila University of Pula and the Faculty of Teacher Education of the University of Zagreb, Division of Petrinja. During the research ethical standards¹ were respected and the examinees were asked to fill out a questionnaire with statements about peer pressure and self-esteem as spontaneously and honestly as possible since data were not going to be used for any other purposes other than research purposes. Moreover, they were informed that if they did not want to provide an answer to a certain statement, they did not have to, and they could also give up further participation in the research at any time, but that by filling out the questionnaire they accepted to participate in the research.

The measuring instrument used in this research is the Peer Pressure Questionnaire (Lebedina-Manzoni, Lotar, & Ricijaš, 2008). The authors' written consent for the use of the questionnaire was procured. The first part of the questionnaire regards the examinees' demographic characteristics, whereas the second part of the questionnaire consists of 25 statements for which the examinees chose the level of their agreement with the statement on a five-point Likert scale (1=never, 2=rarely, 3=sometimes, 4=often, 5=always). Higher values achieved on the scale represent a higher self-assessment of peer pressure susceptibility (Cronbach's alpha coefficient of .89).

¹ The research was approved by the decision of the Committee for the Assessment of Research Ethics of the Faculty of Educational Sciences of the Juraj Dobrila University of Pula.

For the need of this research, eleven items, relating to health behaviour regarding certain peer pressure susceptibility characteristics representing a possible risk for the students' mental health, were extracted from the questionnaire. In this sense, the research was conducted with the purpose of getting an insight into the significance of differences between faculties, as well as of planning adequate activities for students facing the negative effects of peer pressure, and other risks in the student environment affecting their mental health. Questionnaire items, accepted for the needs of this questionnaire, relate to the importance of belonging to the society students are part of, as well as to their opinion about the importance of their appearance to feel good among their companions, giving-up their opinion/values/attitudes if different from those of their companions, experimenting with drugs influenced by their companions, the feeling that they cannot fit in/have fun/relax in a group of friends if they do not consume alcohol, the need to be praised by their companions to have a good self-perception, accepting those who are different, involvement into risky behaviours if asked by their companions, involvement in betting and gambling because their friends do so, and spending time with friends because this is expected from them. The items were chosen based on the data provided by *Health Behaviour in School-Aged Children World Health Organisation (HBSC)* and the international study by the World Health Organisation on adolescents' health and wellbeing conducted with the aim to develop international policies and monitor progress according to global aims, such as the UN aims for sustainable development and the *Global Strategy for Women's, Children's and Adolescent's Health 2016-2030*. Their last research was conducted in the period from 2017 to 2018 in 45 countries of Europe and North America. Results show that behaviours established during adolescence may continue in adulthood, thus affecting mental health issues, the consumption of tobacco and alcohol, nutrition and level of physical activity. HBSC focuses on understanding young people's health in their social context – their residence, school, family and friends. Researchers in the HBSC network are interested to understand how these factors, individually and jointly, affect young people's health in their transition from childhood to young adulthood. In the WHO European region the HBSC data are used to support the WHO European strategy for the young and adolescent's health, aiming to monitor the progress of their health priorities for young people's wellbeing and to make the comparison with other similar countries and regions, attaining an insight into the health and development of policies and practice as social determinants of health for the improvement of young people's life. HBSC focuses on understanding

young people's health in their social context (at home, in the education system, with family and friends). The ultimate goal of this study is to improve understanding about the ways in which these factors, individually and/or jointly, affect young people's health during adolescence.

Besides calculating frequencies and arithmetic means for groups, to determine the deviation of the observed frequencies from the expected ones, the χ^2 – test was used in data processing. It is part of the licensed SPSS program 24.0 Standard Campus Edition (SPSS ID: 729357 20 May 2016).

Results and discussion

Table 2 shows the basic statistic values of the observed items where item (V1) sticks out: *It is important to be similar to the people I socialise with to feel good*. Regarding the examinees age, it can be concluded that they mostly care about being similar to the people they socialise with, which was expected since adolescence is the age when being accepted by peers is extremely important, and that after the age of 20 the influence of peers on asocial behaviours disappears due to the fact that individuals become more and more resilient to peer influence, and the process of resilience to a social behaviour may be linked to normative changes in peer relationships occurring as individuals get socially and emotionally more mature (Monahan, Steinberg, & Cauffman, 2009). In accordance to higher susceptibility to peer influence among adolescents with regard to older age (Steinberg, & Monahan, 2007), data indicate to the role of peer influence as the primary contextual factor contributing to the increased tendency of adolescents to make risky decisions (Albert, Chein, & Steinberg, 2013). Furthermore, the item (V4) *I compare my appearance to other people's appearance* indicates to the theory of basic psychological needs, i.e. the need to belong based on the need to avoid rejection and to be accepted by other people who are represented by peers in the context of adolescents and the youth. This all implies that social rejection and expulsion disrupt one's self-regulatory abilities (Baumeister, De Wall, Ciarocco, & Twenge, 2005). Therefore, such results are directed toward other research results indicating that adolescents spend more time with peers than in any other social context (Myers, Doran, & Brown, 2007), and that peer relationships are decisive for their further positive adaptive development (Erdley, & Nangle, 2001). Other items were averagely assessed inside the possible options of never and rarely.

Table 2. Basic statistical values of the predictive set of items describing certain students' peer pressure features (N=440)

Items	Min.	Max.	Mean	Stand. deviation
V1-It is important to be similar to the people I socialise with to feel good.	1.00	5.00	2.6977	1.0267
V4-I compare my appearance to other people's appearance.	1.00	5.00	2.3727	.9339
V8-I will give up my opinions/values/attitudes if they are different than my companions'.	1.00	4.00	1.4409	.6304
V12-When I hang out with people who use drugs, I am tempted to try them myself.	1.00	5.00	1.2023	.6241
V13-I take drugs because I want to experience the "great" feeling which the rest of my companions already have.	1.00	5.00	1.1250	.5143
V15-When I find myself in the situation when everyone is consuming alcohol and I am not, I feel that I cannot fit in/have fun/relax.	1.00	5.00	1.7045	.9445
V17-I need my "party's" praise to perceive myself well.	1.00	5.00	1.8864	.9009
V19-My friends and I find it hard to accept people who dress differently or listen to a different kind of music.	1.00	5.00	1.6500	.9618
V20-I will get involved in risky behaviours if my companions ask that from me.	1.00	5.00	1.2500	.6121
V21-I bet/gamble because my friends do that, too.	1.00	3.00	1.0409	.2582
V23-I stay out later than I would like to because my friends expect that from me.	1.00	5.00	1.5932	.7932

Table 3 presents the absolute and relative frequencies and values of the χ^2 - test for three items where the deviation from the observed frequencies from the theoretical or expected frequencies can be considered significant since the values of their χ^2 - test are higher than the appropriate border values at the appropriate level of freedom. The deviations are statistically significant for the item (V12) *When I hang out with people who use drugs, I am tempted to try them myself*, in the sense that students from the faculty in Petrinja estimate this risky behaviour more than students of the Pula faculty, and they do it sometimes, often and always. However, considering the overall picture, students of the Petrinja faculty (89.4%) have never been tempted to try drugs more often than Pula students (86.3%). Regarding item (V20) *I will get involved in risky behaviour if my*

companions ask that from me the estimation is more prominent for students of the Petrinja faculty who will sometimes, often and always get involved in risky behaviours, whereas regarding item (V21) *I bet/gamble because my friends do that, too*, Petrinja students are more inclined to do that sometimes, while Pula students would not do that. Such results indicate that student in narrower surroundings are in general more inclined to other risky behaviours in order to fit in, and it can be assumed that social control and conformism are more present there, indicating students' behaviour and the way they choose to fit in their peer group as well as possible (Frieden, 2004; Swahn, & Bossarte, 2009; Sohrabivafa, Tosang, Molaei Zadeh, Goodarzi, Asadi, Alikhani, Khazaei, Dehghani, Beiranvand, & Khazaei, 2017).

Table 3. Absolute and relative frequencies and values of the χ^2 - test

Items	Place	never	rarely	sometimes	often	always
V12	Pula	86.3% 202	9.8% 23	0.9% 2	2.6% 6	0.4% 1
	Petr.	89.4% 184	4.3% 9	4.3% 9	1.5% 3	0.5% 1
V20	Pula	85% 199	12.4% 29	1.7% 4	0.9% 2	0% 0
	Petr.	79.6% 164	10.7% 22	7.7% 16	1.5% 3	0.5% 1
V21	Pula	98.3% 230	1.7% 4	0% 0	0% 0	0% 0
	Petr.	96.1% 198	1% 2	2.9% 6	0% 0	0% 0

V12 $\chi^2=10.68$, $p = ,030^*$ V20 $\chi^2=10.99$, $p = ,027^*$ V21 $\chi^2= 7.31$, $p = ,026^*$

It should be taken into consideration that students attending teacher study programmes are a pre-selected and according to their excellence "chosen" population and do therefore not reflect the condition of the young population in general. However, lifestyle bringing along various behaviour risks can be prevented. For instance, former kinesiology achievements as a relatively young scientific discipline, at least bearing this name since this science appears under the name of anthropomotrics, kinanthropology, motor skills or psychomotrics as only part of the names attributed to it even in today's time (Prskalo, & Sporiš, 2018), confirm its role, as well as the role of its applied disciplines for the aforementioned global aims, especially regarding the global aims of health, wellbeing and quality education, which would be inconceivable without quality kinesiological education (Prskalo, 2018). The here presented interest of kinesiology for the problem area of global aims is only an indicator of interdisciplinarity and multidisciplinary of the aforementioned and herein partly researched problem area. Namely, there is no exclusive area of a science, or even scientific group in the research and interpretation of phenomena and finding optimal solutions in, for instance, the re-socialisation of the young (Žugić, 1996), choice of optimal paths of maturation, as well as healthy lifestyle.

Conclusion

Given the fact that they are in their developmental transition, students are especially susceptible to impacts coming from their social environment. Their peer group and faculties may support or jeopardise their health and wellbeing and face challenges relating to their developmental and behavioural needs. The aim of this paper was to study whether there are differences regarding health behaviour in certain peer pressure susceptibility features as risks for the mental health of students of the Faculty of Educational Sciences of the Juraj Dobrila University of Pula and students of the Faculty of Teacher

Education of the University of Zagreb, Division of Petrinja, and in line with this aim the hypothesis was set claiming that there is a statistically significant difference between students of the faculty of Pula and students of the faculty of Petrinja in their estimation of certain peer pressure susceptibility features as a possible risk for mental health. Differences are visible in certain peer pressure features and items relating to hanging out with people who take drugs and being tempted to try them, getting involved in risky behaviours if asked by their companions, and betting and gambling because their friends do that, too. It can be concluded that students of the Pula faculty are more exposed to risks linked to drug abuse due to the easier accessibility to drugs, i.e. in the Republic of Croatia, the city of Pula is the first after the city of Zadar regarding the number of drug addicts per number of citizens (www.uredzadroge.hr), according to Radetić-Paić, 2010). On the other hand, students of the Petrinja faculty have a higher tendency toward other risky behaviours in order to fit in, i.e. in narrower surroundings such as Petrinja, conformism and social control of the ways in which students will behave to fit in the peer group as well as possible is higher (Stojanov, 1988).

This research results are in line with some world studies' results showing that peers can strongly determine the advantage in the way they dress and speak, use illicit substances and other asocial behaviours in other areas of adolescent lives, too (Padilla-Walker, & Bean, 2009; Tomé, Matos, & Diniz, 2008 according to Tomé, Matos, Simões, Diniz, & Camacho, 2012) which eventually disrupts their mental health. An example of this are the main motives adolescents mention for the consumption of alcohol, i.e. social events usually occurring with a group of friends when they become tempted to try and do things which make their socialisation and approach to others easier, help them relax and/or simplify sharing experiences and emotions (Kuntsche, Knibbe, Gmel, & Engels, 2005). The results also indicate to the conclusion reached by former research that adolescents will risk more than

children or adults and get involved in riskier behaviours, which is proved by an elevated rate of experimenting with gambling, alcohol, tobacco, drugs, etc. (Steinberg, 2008). Nevertheless, results should be interpreted in the context of limitations and taken "with a pinch of salt" before coming to conclusions. Namely, students feel well with certain peer pressure susceptibility features regarding their living environment, so it could be further examined whether peer pressure affects their mental health badly and if this is, in fact, a risk for mental health.

However, despite the limited power of generalisation of this research, as well as the specific geographical position from which the studied sample was taken, the results indicate to the need for further interdisciplinary research on the topic of health behaviour with the aim to preserve young people's mental health, and to help students recognise suicidal and risky behaviours both in themselves and their peers in order to offer support through information and prevention or referring them to relevant persons.

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