Chapter 4

CHALLENGES OF MEDIA EXPOSURE OF ADOLESCENTS IN SECONDARY SCHOOLS IN MAKURDI METROPOLIS

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Introduction

Media has become one of the most pervasive forces in the world today. Whether inside our homes, on the road, in the shops or mall, at the physician office, we are constantly bombarded with messages and images through different media channels, from Television (TV) to radio to the internet, from billboards to iPods to Digital Versatile Disc (DVDs) in cars. Adolescents in particular spend a significant amount of time viewing and interacting with others on media in the form of TV, Video games, music and the internet. Media provide the main vehicle for education and information sharing and for almost all forms of entertainment. Media sites also allow adolescents to accomplish online many of the tasks that are important to them on line, staying connected with friends and family, making new friends, sharing pictures, and exchanging ideas.

Media exposure can offer adolescents deeper benefits that extend into their view of self, community and the world in general. Adolescent in secondary school are use media to connect with one another on homework and group projects. For example.
face book and other social networks programmes allow students to gather outside of the class to collaborate and exchange ideas about assignments. Some schools successfully use blogs as teaching tools, which has the benefit of reinforcing skills in English language, written expression, and creativity.

The print media are available to almost all adolescents in their homes, schools, libraries, and throughout the community, but adults generally have control over their selection and distribution and can monitor their content. However, electronic media is less open to parental control, especially internet access through cell phones, television, Video Cassette Recorder (VCR), DVD, and the internet, parents may have no idea of the content thus, have little control over the exposure. All of this media exposure is suspected of having negative effects on adolescents' health and behaviour.

Adolescents who are highly engaged in media are having identity crisis. Many of them are someone else on social media and another personality when they are with their family members. Media exposure has made it easy for adolescents not to be consistent and have a double life. They daily post things on social media sites such as facebook, twitter that totally contradict what they are personally known by their parents or what they think of themselves. Exposure media violence becomes a risk to adolescents more often than most adult realize.

According to Mwamwenda (1995), adolescence is defined as that period in every person's life that lies between the end of childhood and the beginning of adulthood which is influenced by factors such as environment, culture and social set-up of the community. It is also used to denote the physical, psychological, and social development, and maturation that take place. The time span in years is roughly between 12-20 years.
Negative influence of Media Exposure

Aggressive Behaviour
Media has experienced vast expansion in recent years leading to its extensive use by adolescents which affect them in different ways. One of them is aggressive behaviour. The aggressive behaviour such as being quarrelsome or bullying or fighting are very common with adolescents who are exposed to media violence. There are many studies indicating that playing violent video games is positively correlated with aggressive behaviour. In a study by Gentile (2004), he found that adolescents who are often exposed to violent video games are reported of getting into more physical fights and arguments with teachers and school authorities.

According to Strasburger and Wilson (2002), exposure to television violence increases the likelihood of subsequent aggressive or anti-social behaviour. In a similar vein, Bushman and Anderson (2002) in their study reported that those who participated in the violent video games were more likely to be described as thinking and feeling more aggressively than those who played non-violent games.

It is assumed that by the ages of 13 to 19, the average adolescents would have seen an estimated 300,000 acts of violence on TV alone. 100 will be from music, videos and rap music. Interactive media can encourage anti-social beliefs and behaviours in adolescents, particularly because violence in modern media has been found prevalent as well. A recent analysis of video games revealed that more than half of all games contain violence. Many researchers believe that repeated exposure to mediated violence can lead to anxiety and fear. Today's interactive media also gives adolescent the opportunity to behave aggressively through internet bullying and harassment.
Poor Study Habit

Study habit is defined as regular tendency and practice that is depicted during the process of gaining information through learning. It means not being distracted by anything when trying to learn or assimilate items of crucial concern. It is very difficult to pair good study habit with media exposure. In Makurdi, most teenagers or adolescents spend much time nowadays watching movies, league matches, wrestling and what have you. Little or no time is given to academic activities. Although, there is a saying that “Work without play makes Jack a dull boy.” That notwithstanding, in a situation where there is no work (academic work) there is no time for leisure. The exposure of adolescents to media leads to poor study habit.

Examination Malpractice

Examination malpractice is any wrong act that is exhibited before, during and after examination. Cell phones have become a common medium that adolescents in Makurdi use for examination malpractice. Our youths with the influence of cell phones receive text messages that contain answers for examination questions. Some of them store answers to be used in examination halls and others use the cell phones to browse in the examination hall. In fact, a good number of examination malpractice acts are exhibited through the use of cell phones.

The advent of Global System for Mobile communication (GSM) has brought about a hi-tech form of examination malpractice. Some GSM handset owners store a lot of information in its memory. Students are the major culprits here because they copy most of what they are taught in class and during the examination or test, they enter the hall and engage in examination malpractice. This has made most students to become lazy, as they no longer spend time in studying their books and making researches, they prefer storing everything in their phones and taking it to examination hall. This has made most brains to be lazy and dull, ignoring the fact that the brain is the first
computer endowed on human beings.

Health

The media also changes adolescents' views on health issues. Health is the state of being bodily and mentally vigorous and free from disease. Potter (2003) attests that exposure to television does more harm than good. In the early 1990s when the news media focused on crime, the percentage of American ranking violence and crime as the main problem in the country rose from 9% to 40%. He added that exposure to media violence results to physiological arousal which increase the heart rate or blood pressure. The increase consequently results to high blood pressure which is disadvantageous to one's health.

In addition, Brown and Whiterspoon (2002) noted that the intensity of the outline world is thought to be a factor that may trigger depression in some adolescents. As with online depression, adolescents who suffer from facebook depression are at risk of social isolation.

The media nowadays is filled with young, beautiful celebrities gracing the covers of magazines, billboards, and appearing in television programs looking like the personification of beauty. These images of perfection, however, are usually faked and edited by using computer programs to make them look more attractive. Adolescents are presented with unattainable illustrations of beauty. This is why some adolescents resort to dieting methods that may result in personality disorders, such as anorexia nervosa and bulimia. Anorexia nervosa is when people starve themselves in order to lose weight. Bulimia is when people force themselves to vomit up their food so that they will not gain weight. This shows how the media presents society with impossible images of good looks which adolescents try to imitate by forcing themselves to destroy their bodies. Health issues in the media are changing adolescents' views on
the issue (Ashby, and Edmonson, 2006).

**Substance Abuse**

Substance abuse is a pathological pattern of excessive use of substance in which a person cannot close down or reduce his or her intake of it even though it may be causing physical damage, jeopardizing safety (such as driving a car while intoxicated) impairing social relationship and occupational functioning.

Colman (2003) sees substance abuse as a maladaptive use of a drug, resulting in impairment of functioning and distress, as manifested by a failure to perform adequately at home, school, or work. Most of our adolescents indulge in substance abuse with the influence of media. They watch the consumption of substance on television and emulate the act out of ignorance of its devastating effect. According to Potter (2003), habitual viewing of media violence and other social vices portrayed over time can lead people to crave the arousal they get from violent exposure. The key risk periods for drug use or abuse occur during major transitions in children's lives. These transitions include significant changes in psychological development for example, puberty or social situations such as family structure transition, when children experience heightened vulnerability for problem behaviours.

The first big transition for children is when they leave the security of the family and enter school. Later when they enter school and advance from elementary school to middle or junior high school, they often experience new academic and social situations, such as learning to get along with a wider group of peers and having greater expectations for academic performance. It is at this state-early adolescence—that children are likely to encounter drugs for the first time.

It is observed that adolescents who take drugs experience health issues such as
depression, insomnia, and anxiety which are likely to interfere with their ability to function at school, maintain relationships with the family and friends, and feel that they could live normal lives. The level of distress associated with these health concern along with the lack of effective intervention by health workers and family members appeared to leave them with few alternatives. Commenting on the problem behaviours of adolescents, Jessor and Jessor (1984), noted that adolescence is a period on which youth reject conventionality and traditional authority figures in an effort to establish theirs. for a significant number of adolescents, this rejection consists of engaging in a number of risky behaviours, including drug and alcohol use. They suggested that drug and alcohol use may be a default activity engaged in when youths have few or no opportunities to assert their independence in a constructive manner.

As noted by Leader and French (2006), addictive substance use adversely affect brain development and maturation in the areas related to motivation, judgment, inhibition and, self-control. As a result, addictive substances impair the judgment of teens in the face of potential rewards, leading not only to their engagement in risky behaviours, such as driving under the influence of alcohol or fighting, but also participating in unsafe sexual practices, and continue use of addictive substances despite negative consequences. In the United States of America in the 1970s and 1980s, cannabis use appears to have increased the risk of discontinuing a high school education, and of experiencing job instability in young adulthood. Compared to teens who have never seen pictures of facebook, myspace or other social networking sites of kids getting drunk, passed out, or using drugs, teens who have seen such pictures are four times likelier to have used marijuana more than three times likelier to have used alcohol, and almost three times likelier to have used tobacco.

Most students who abuse drugs have learnt it through exposure to media also by
coming in contact with those that take those drugs. Example, it is assumed that on an annual basis, adolescents see more than 100 beer commercials carrying the message that "Go for more shine, shine bobo" or young children do not understand the concept of a sales pitch. They turn to believe what they are told and may even assume that they are deprived if they do not have the advertised products.

**Risky Sexual Behaviour**

It appears to be virtually impossible for adolescents to avoid sexual media. A number of sexual patterns increased as the level of exposure to sexual material increased. Media like cell phones and magazines have boosted the rate of pornographic and allied deviant activities especially among the youths. This has contributed in the rise of immorality and its undoubtedly corrupting minds of our young boys and girls. Teenagers, boys and girls now download and post indecent texts messages and pictures and circulate them for reasons best known to them.

Children can learn through what is considered to be acceptable sexual behavior. Many movies, music, videos, video games and TV shows feature characters engaging in carefree sexual behavior without depicting any potential negative consequences. These characters are often glamorized in ways that inspire kids and adolescents to be like them. Media, particularly TV, can often be the main or only source of information about sexuality for children and teens. Unrealistic portrayals of sexual behavior in the media combined with less alternative sources of factual information about sexuality and appropriate behaviors can lead children to use media as a "sexual super peer" that may encourage them to be sexually active, take risks, and adopt these beliefs as their own.

Sexual intercourse is the most commonly studied form of adolescent sexual behaviour, and there is a substantial literature on the determinants of initiation of
coitus. 48% of high school students have ever had sexual intercourse; 35% are currently sexually active. Much is known about the predictors of sexual debut. For example, studies show the influence of perceived parental and peer norms on adolescent sexual activity and risk-taking. Race and ethnicity are key predictors of age of intercourse initiation, as is gender, gender, with minority youth and males more likely to have at a younger age. According to the most recent Youth Risk Behaviour Surveillance survey, a study of US high school students conducted by the Centres for Disease Control and Prevention (CDC), more black male (72.1%) and Hispanic male (52.8%) students have ever had sex than black female (58.3%) and Hispanic female (45.4%) students. These rates compare to 42% among white males and females, who do not differ from each other in terms of percent who have ever had sex. Possible explanations of gender differences include the differential consequences of unintended pregnancies and the opportunity costs of sexual activity, as well as differences in parental supervision. Racial and ethnic differences may stem from socio-economic factors that limit opportunities for poor youth, cultural factors that consider parenting path to adulthood among African-American youth, and differences in the normative environment surrounding sexual activity and parenting. Social bonds, including strong relationships with parents, schools, or religious organizations, serve as protective factors, reducing rates of early sex (Strasburger and Wilson 2002).

Early intercourse appears to be part of a cluster of adolescent problem behaviours. It correlates with substance use, truancy, and aggression and is also well predicted by indicators of behavioural deviance. Intercourse at any age places an individual at risk of pregnancy and at greater risk of Sexually Transmitted Diseases (STDs). But early intercourse initiation poses special risks, with an increase in the odds of both pregnancy and STIs when it occurs at a younger age. As noted at the outset of this paper, rates pregnancy and STIs are high among U.S. teens, and delaying the age of
sexual debut may be one method of addressing these high rates. Most of the problems discussed here, adolescents learn them through exposure to media.

**Indecent dressing**

Indecent dressing simply means deliberate exposure of one's body to the public. This practice is contrary to the acceptable norms and values of the society. Most of our adolescent children have gone wayward all in the name of dressing. Indecent dressing is the major cause of the various assault and sexual harassment recorded in most schools. As a result of civilization, Nigerian ladies dress half naked to occasions all in the name of fashion and this is contrary to the prestige placed on decent womanhood. For instance, Nigerian ladies derive pleasure in wearing clothes such as mini skirt, bumper short, armless etc. some girls have been embarrassed and even abused because of their outrageous outfit.

Indecent dressing is copied from exposure to television programmes and movies. Our adolescents nowadays give more time to such indecent dressing than their academic activities. They use their money in purchase of make-up kits and dresses instead of textbooks. Many innocent guys have been arrested along with armed robbers just because of the way they dressed. As a result of indecent dressing that our adolescents imitate from television, this may lead to poor academic performance; hence they give much time to it than academic work.

We learn all kinds of social behaviours by observing and imitating models. The imitation of models shape children's development. For example, shortly after birth, an infant may imitate an adult who sticks out his tongue, by 9 months; infant will imitate novel play behaviours. To persuade children to smoke, simply expose them to parents, older youths, and attractive media models who smoke. To encourage children to read, read to them and surround them with books and people who read
them. People who exemplify nonviolent, helpful behaviour can prompt similar behaviour in others. According to social learning theory, children and adolescents learn by observing and imitating what they see on the screen, particularly when these behaviours seem realistic or are rewarded.

The social development of an individual is a continuous and cumulative process. With puberty comes increasing social awareness. The adolescent becomes more aware of his attitudes toward himself, which in turn are reflected in his social behaviour. He strives to attain approval from those of the same sex as well as from the opposite sex. The emotional tensions that attend these adjustments often cause the adolescent to be anxious, insecure, fearful, and suspicious of others.

The social group with which the adolescent most closely associates determines to a considerable extent the sort of individual into which he will develop. The greatest influence comes from primary groups such as family, close friends, media and the like.

Because of his feeling of insecurity, the adolescent is often slavishly conforming in his behaviour. He desires to appear and behave like the group with which he associates and what he or she sees on the TV. This conformity is often a means of escape from embarrassment and self-consciousness. Often one of the greatest tragedies of the adolescent years is for an individual to perceive himself as “different” from others in his age group. In a desperate attempt to achieve peer acceptance, an adolescent may resort to deviant behaviour. Adolescents look increasingly to each other rather than to parents, teachers, and other adults for social rewards and social recognition.
School dropout
This is a process whereby a student quits school before he or she graduates or avoiding entering a university or college. The negative influence of media on adolescents could not only be below academic achievement but school dropout. Adolescents is a stage of crisis when an adolescent is exposed to media violence where such acts as drug and other social vices are portrayed, he or she may likely copy such act and end up leaving the school. Anderson (2003) confirmed that drug abusers and addicts are always sick as a result of consequence of the abuse. They are prone to constant malaria, dizziness and other issues such as raping, robbery and occult acts that may have devastating effect on the adolescents which may subsequently lead to either death or school dropout.

Teen marijuana users are approximately twice as likely as non-users to drop out of high school. One study found that, compared to students who did not use marijuana at all in the past year, those who used marijuana less than weekly were 2.6 times as likely to be school dropouts (5.8 percent vs. 2.2 percent) and those who used marijuana at least weekly were 5.8 times as likely to be school dropouts (12.8 percent vs. 2.2 percent). Students who use marijuana before age 15 are twice as likely as other students to report frequent truancy and three times as likely to leave school before age 16. One study found that, by their 40s, individuals who used marijuana in adolescence and young adulthood had more than a third of a year's less educational attainment than non-users. The more frequent the marijuana use in this age group, the fewer the number of years of educational attainment achieved.

Recommendations
Based on the discussion above, the following recommendations are made:
1. Parents should become more familiar with the kinds of media which their adolescents may be exposed to, such as programmes that portray irresponsible
sex, and questionable internet sites.

2. Psychologist should make parents aware of the significance of TV early in a child's life; there should be ground rules for TV viewing and healthy viewing habits should be established in the second year of life.

3. Adolescent should be encouraged to criticize and analyze what they see in the media. Parents should help them differentiate between fantasy and reality, particularly when it comes to sex, violence and advertising.

4. There should be promotion of implementation of secondary school programmes in media awareness and support for good media.

5. Schools should provide comprehensive school-based sex educational programmes for adolescents. Also, drug and media education programmes should be provided by the school authority.

6. There should also be prevention programme for adolescents in secondary schools that will increase academic and social competence skills. Such as Study habit and academic support, communication, peer relationships, self-efficacy and assertiveness, reinforcement of anti-drug attitude, strengthening of personal commitments against drug abuse.

7. There should be a community prevention programme reaching populations in multiple settings such as schools, clubs, media, market places, Churches and Mosques. This programme should address all forms of negative influence of media on both the children and adults.

Conclusion

It may be impossible to shield children and adolescents from exposure to all media messages that adult consider inappropriate or potentially harmful, yet it is possible to be aware of those messages and balance them with appropriate facts and beliefs.
References
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