

ATTITUDE TOWARDS ALCOHOL AND DRUG USE AMONG ADOLESCENTS

By

ABHIRAAMEE E

(17PHD001)

**A thesis submitted to the
Avinashilingam Institute for Home Science and Higher
Education for Women,
Coimbatore-641043**

**In Partial Fulfilment of the Requirement for the
Degree of Master of Science in Human Development**

April, 2019

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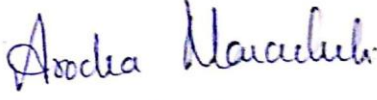
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Signature of Supervisor


Signature of Head of the
Department

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1. INTRODUCTION

Adolescence (from Latin adolescence, meaning “to grow”) is a transitional stage of physical and psychological development that generally occurs during the early period of adulthood. (WHO, 2019)

Biologically the period of adolescence is defined as the biological and physical and sexually mature adolescents. Puberty takes anywhere from two to four years to complete and sexual dimorphism occurs. Sexual dimorphism is the term used to indicate physical difference between males and females in height, weight, body proportion and differences in the reproductive system. The bodily changes are accompanied by adolescent’s awareness of themselves and other’s reaction to them; the period is marked by rapid cognitive as well as physical growth; social expectations also change. The society expects them to be more responsible—to be more adult.

Sociologists define individuals in terms of their status within society. They emerge as individuals who are not self-sufficient - because they are not considered either as children or an adult. Adolescence becomes a transitional period whose age limit is marked by legislation specifying age limits for the legal protection of those not yet adult.

Adolescence must consider biological, psychological and sociological changes. A biological definition tells about the events of puberty that transform the bodies of children into sexually and physically mature adults. A psychological definition distinguishes adolescence in terms of the development tasks to be accomplished, achieving a personal identity is relates to the central task. A sociological definition defines in terms of their status within society, specifically, as a transitional period between childhood and adulthood.

Adolescents should know that they are not the children they once before, but they are equally can understand that they are not the adults they see around them. Adolescence emerges from late childhood stage and merges into adulthood. It is difficult to assign definite years to it because they differ from 12/13 years to 18/19 years in India. The maturity level of girls will be 1 year before than the boys.

The studies on changes in behavior, attitudes and values throughout adolescence have showed that these changes are more rapid in the early part than in the later part of adolescence. The period of adolescence is divided into two they are:

- **Early adolescence**
- **Late adolescence**

Early adolescence extends roughly from 12/13 to 16/17 years and late adolescence covers the period from 17 years to 18/19 years, the age of legal maturity. Late adolescence is thus a short period. Early adolescence is usually known as the “teenagers”. But the term teenager is popularly associated with the characteristics pattern of behaviour of the young adolescence and is rarely applied to older adolescence. Instead they are known as “young men” and “young women” – or even “youths” –it shows that the society recognizes their maturity of behavior which is not noticed in their early adolescence. In the view of our society, girls have to play an important role in the development of our society. In the present-day adolescent girls are faced with many challenges with regards to adjustments and therefore it is necessary to understand how well-adjusted they are at this stage of lifespan. Well adjust adolescence girl can cope up even with problematic situations and they can manage with it.

Sex and gender: Few differences associated with being male or female are very important during adolescence. Both sex differences, which are biologically based, and gender difference, which are socially determined, influence adolescence development.

Culture, ethnicity, and race: Today's adolescence is growing up in a culturally diverse society. The strength of their identification as a member of a particular cultural depends on the extent to which they share the values and attitudes of the group.

Among the various social group, home occupies the first and most important place for the development of the individual. The environment in which the adolescent lives is a very major factor that decides the development of the attitude. The environment of an adolescent is not limited to its home alone. Specifically, social-economic status of the family does have a profound influence on the attitude exhibited (Chaube,2002).

Attitude and behavior during adolescents

Anastasi (2014) defined attitude as, "a tendency to react favorably or unfavorably towards a designated class of stimuli." It is evident that when so defined, attitudes cannot be directly observed, but must be inferred from overt behavior, both verbal and nonverbal. Attitude held by the individuals may be simple or complex, stable or stable, temporary or permanent and superficial or fundamental. Judgment based upon insufficient facts is likely to yield wrong results and thereby develop biased attitude.

The attitude of adolescent depend upon their sex, their intelligence, the environment in which they live, the opportunities they have for developing attitude, their status in social group, their innate abilities, and many other factors. Since girls are expected o behave in a feminine way their interests during adolescence are usually very different from boy's interests. As adolescence progresses, many of the attitudes that were carried over from childhood wane and are replaced by more mature attitude because of the greater responsibilities older adolescent are expected to assume responsibilities, consequently they are forced to limit the range of their attitude. (Hurlock, 2001).

Educated parents realize the importance of different types of attitudes and interest of their adolescents and provide opportunities and facilities for the development of interest right from the childhood than illiterate parents. They encourage, develop self-concept and aspiration to acquire destination in a particular field of socially acceptable attitude of their children.

People learn through observing others' behavior, attitudes, and outcomes of those behaviors. "Most human behavior is learned observationally through modeling: from observing others, one forms an idea of how new behaviors are performed, and on later occasions this coded information serves as a guide for action." Albert Bandura (1977)

Bandura opens up the scope of learning mechanisms by introducing observation as a possibility. Therefore at this stage they would imitate their favorite celebrities, or other role models in the media, in their dress, actions, and speech. Social learning theory explains human behavior in terms of continuous reciprocal interaction between cognitive, behavioral, and environmental influences. According to the "Social Learning Theory", humans are naturally developed to mimic any behaviors that they frequently see as positive and see performed unless there are negative, undesirable consequences to the behavior (Arnett, 2013). Based on this theory, adolescents are especially driven by this pattern of behavior because they are at a critical point in the development of their identity. As a result they will imitate almost anything that seems to benefit the image of the people who do them. In our current society, females at adolescent stage are especially at risk. They imitate through the media which shows woman as thin, beautiful, sexy, figures that are meant to be glorified for meeting that criteria. Many concentrate their health in order to fit into this current status. It is dangerous, but young adolescent females do not see this. Instead these adolescence females see a beautiful woman that they look up too, a woman who is considered the desirable female prototype.

Alcohol and drug use during adolescents

Alcohol and drug use can be defined as a cluster of physiological, behavioral and cognitive phenomena of variable intensity in which the use of a psychoactive drug takes on high priority. The necessary descriptive characteristics are pre-occupation with a desire to obtain and take the alcohol and drug. Determinant and the problematic consequences of drug dependence may be biological, psychological or social, and usually interact. (World Book Encyclopedia, 1990)

Alcohol and drug use was so established in India, both for recreational and commercial purpose, that the Susruta treatise of 400 A.D catalogued with unprecedented detail various types of cannabis preferred by the Indians.

Even in little amounts, alcohol use has a number of consequences, such as risk in sexual behavior, greater suicide rate, violence, juvenile delinquency, familial conflicts, conflicts with friends, a great risk of accidents and illicit drug use and is therefore increases a serious public health problem. Alcohol is the only psychotropic drug accepted and even encouraged by this modern society, which allows early usage and increases the risk of future dependence. The determination of the epidemiological profile of alcohol and drug use and analysis of behaviors, attitudes and associated factors could contribute toward a better understanding of this complex problem and guide the drafting of health programs aimed at the prevention and combating of alcohol and drug use in adolescence.

Family and peers have traditionally been viewed not only as the two most importance social forces impinging on adolescents, but also as dissonant and competing influence. Estimates of the relative influence of peers and parents on adolescents alcohol and drug use and other forms of deviance have inflated the importance of peers and underestimated the influence of parents (Kandel, 2006).

Lerner (1999) in his study of drug use in Peru came to the conclusion that the existence of a cohesive social structure at a family and at community level, together with clear expectations surrounding its members, their rights and needs of the group was the best guarantee against any kind of abuse.

Prevention of drug abuse begins with parents and parents and families, and requires the support of schools and communities. Parents can prevent drug use by sitting down with children and talking with them honestly and openly about dangers of the attitude of alcohol and drug use. The ingenuity of man discovering plants and substances which can provide him with abnormal sensations and produce in him a state of factitious happiness and euphoria is well known from time immemorial (Agarwal, 1990).

Adolescents' attitudes show continuity and modification of early attitude. Attitude plays an important role in the development of adolescent personality. Attitude reduces emotional tension and helps adolescents prepare for the future responsibility of life. They maintain level of motivation in the particular activity and develop perseverance. Attitude helps to earn status, social prestige, heterosexual effectiveness and vocational competence. Sometimes the attitude or interest becomes self-exploratory. If an adolescent is interested in games during his school hours, he is likely to be a player in his later life. Their positive attitude towards good behavior should be motivated by the society.

Adolescence is very often associated with alcohol and drug use. Adolescence is easily demotivated or motivated. This makes adolescents to be vulnerable to alcohol and drug use. Once they are experienced to the use of alcohol and drugs, it is highly likely for them to use and get addicted to them, thus resulting in alcohol and drug use. Increasing stress and peer pressure on the adolescents and for their status today has also led to the drug and alcohol use.

Adolescence is marked by considerable existential issues as well as exposure and vulnerability to substance use. Young people have major problems regarding alcohol intake. Moreover, early initiation in alcohol and drug use is one of the great predictors of future health, socio-cultural and economic problems. The following factors are considered facilitators of alcohol and drug use among adolescents: modern lifestyle, high levels of stress and anxiety, low self-esteem, depressive symptoms, susceptibility to peer pressure and problems associated with school.

Alcohol consumption is a worrisome social conflict due to the high level of addiction, paired with the fact that it is the most frequently used psychoactive substance among the general population. This addition results in multiple consequences and risks for health, such as liver disease, different types of cancer, risky sexual behaviors, accidents and injury. In turn, these issues significantly affect the quality of life of individuals, families, groups and communities; moreover, alcohol consumption is a global phenomenon that involves multiple factors and determinants. Any alcohol consumption during adolescence is dangerous and excessive. This behavior is considered dangerous because of the physiological, metabolic and hormonal immaturity that exists between the ages of 11 and 19, which increases the severity of the consequences of alcohol consumption.

In addition, alcohol consumption is related to the changes associated with adolescence, including risk-taking behavior, the search for new experiences and sensations, greater socialization and imitation of adult behavior, among others. These conditions may be linked to the acquisition of healthy and unhealthy habits, which most likely will continue to develop during adulthood. At this stage of growth and development, when personal identity is constructed and lifelong habits are acquired, it is vital that contact with toxic substances such as alcohol be completely eliminated. The assumption that all human beings generally behave

reasonably, basing their actions on available information and understanding the consequences of those actions.

The attitude of an individual is a personal trait (and therefore represents an individual determinant) and refers to the position of the individual towards a specific behavior. A given attitude is determined by a set of relevant beliefs concerning the consequences of a given behavior and the emotional value that the individual attributes to the consequences of that behavior, namely, the positive or negative evaluation of that particular behavior.

Subjective norms, also called social influences, are considered to be a collective and social determinant. These refer to the social and cultural context of the individual, as well as the susceptibility of the person towards social pressure to carry out (or not) a particular behavior.

The relative importance of attitude towards behavior, subjective norms and perceived behavioral control depends mostly on intent. Attitudes towards behavior transcend social norms in relation to intent; nevertheless, for some behaviors, subjective norms or perceived behavioral controls are more important, whereas in other cases, just one or two factors are necessary to explain intent. Furthermore, in other cases, three factors may be significant determinants, and the relative weight of these factors can vary from person to person or population to population.

In general, it can be said that an individual decides to carry out a behavior when they evaluate it positively, when they experience social pressure or when they believe that the means and opportunity are available to carry it out it has demonstrated that positive attitudes are related to the intent to consume as well as the actual consumption of alcohol and that there are strong associations between past and present attitudes towards the intent to become intoxicated.

Hence it is imperative, that we gain an insight into those familial risk factors for alcohol and drug use. When family counseling alcohol and drug abuse

prevention programs are designed on the basis of the latest scientific evidence, they promote the productivity pattern of parenting (Alvy, 2003).

It is the need of the hour to probe into the influential factors for the attitude towards alcohol and drug use. On knowing the familial causes of the attitude towards alcohol and drug use, the parents, well-wishers and the welfare organizations can plan and chalk out suitable remedial solutions to the problem.

Hence this study has been an effort with objectives to find out the effect of age, gender, family type, family history and individual experience on attitude of adolescents towards alcohol and drug use. These areas help us to identify the attitude towards alcohol and drug use among adolescents. And also identifies the areas in which counseling is needed to develop his/her low attitude based on the scoring.

Rationale of the study:

Alcohol and drug use are the major risk factors for antisocial activities and health problems. A large number of problems in today's competitive life are due to drinking and drug use. These problems can be prevented by early identification of favorable attitudes towards these substances. It is generally seen that people with favorable attitudes towards alcohol and drug are likely to use such substances later in life. Therefore, early detection of such attitudes can be very effective in controlling such tendencies.

Objectives:

- To understand the attitudes towards drug and alcohol use among adolescents.
- To compare the attitudes towards drug and alcohol use among adolescent between 16-17 and 18-19 years.
- To compare the attitudes towards drug and alcohol use among adolescent boys and girls.

Hypothesis:

The hypothesis proposed for the current research were as follows

H1: There is no association between age and attitude towards alcohol and drug use.

H2: There is no association between gender and attitude towards alcohol and drug use.

H3: There will an interaction between age and gender.

H4: Family type will not play a role in attitude towards alcohol and drug use.

H5: There is no association between age and individual experience.

2. REVIEW OF LITERATURE

A literature review is a text of a scholarly paper, which includes the current knowledge including substantive finding, as well as theoretical and methodological contributions to a particular topic. Literature reviews use secondary sources, and do not report new or original experimental work (**Baglione, L, 2012**). Literature review usually precedes the methodology and results section. Literature reviews is also common in a research proposal or prospectus (the document that is approved before a student formally begins a dissertation or thesis). Its main goals are to situate the current study within the body of the literature and to provide context for the particular reader. Literature reviews is a staple for research in nearly every academic field (**Lamb David, 2013**).

The review of relevant literature on the topic “**Attitude towards alcohol and drug use among adolescents**” is presented under the following headings:

A. Definition and meaning

B. Factors affecting adolescent’s attitude

C. Studies on attitude towards alcohol and drug use among adolescent

A. Definition and meaning

Adolescence has been defined chronologically by age. Early adolescence is from the beginning of the pubescent growth spurt until a year after puberty, when the new biological functions are well stabilized (**Hurlock, 1999**).

Adolescence (from Latin adolescence, meaning “to grow”) is a transitional stage of physical and psychological development that generally occurs during the early period of adulthood (**WHO, 2019**).

Webster (1991) defines drug as any substance that alters the user’s physiological and or psychological state, whether for medical or non- medical use.

The definition for the world “Drug” used in his report proposed by the World Health Organization, refer to all psycho active substance i.e any substance that, when taken into an living organism, may modify its perception, mood, cognition behavior, and motor function **(World Drug Report,1997)**.

According to **Hunt (1992)** when a pharmaceutical preparation of naturally occurring substance is use primarily to bring about a change in some existing process or state (physiological, psychological or biochemical) it can be called a “Drug”.

The **WHO (1997)** has defined drug “abuse as the persistent, of or sporadic excessive drug use inconsistent with or unrelated to, acceptable medical practice. The term Addiction derived from the Latin word “addicere” meaning to bind the person to one thing or another. **(World Drug Report, 1997)**

An attitude characterized by a need to give selective attention to something that is significant to the individual such as an activity, goal, research area or social theory **(Bhagi, 2000)**.

According to **Charles (2005)** interest is a “Favorable attitude towards an object”.

Individual attitude is hypothesized to be a relatively enduring predisposition to attend to certain objects and activities and is associated with positive effect, persistence and learning **(Hidi, 2002)**.

Attitude driven activities are characterized by the experience of competence and personal control, felling of autonomy and self determination; positive emotional states and under optimal circumstance, an experience of flow whereby the person and the object of interest merge **(Schiefcle, 2009)**.

B. Factors affecting adolescent’s attitude

Some well established evidence indicates that drug use by any members of the family is related to drug use by other family members **(Wallen, 2009)**.

Research focused on the role of the parental attitudes and values a high congruence between parents and adolescents perception of the use and drugs. When parents use drugs such as cigarettes and alcohol, it indicates to the adolescent that use is expected or at least allowed in the family **(Andvadon, 2005)**.

Heavy drug use in the family, especially by parents, also disrupts functional properties of the family system and his in turn provides an environment for drug use and abuse by other members of subsequent generations **(Steinglassl, 2003)**. **Dishion and Loeber (2006)** argued that parental drug use diminishes parental ability to exert effective monitoring and supervision, thus allowing children o mingle with peers who abuse drug frequently.

According to **(Narayan, 2016)** due to urbanization and social change, joint family system is fast disappearing and nuclear families are increasing. Rapid changes are responsible for children. They have many experiences which their parents never had and are often unable to understand. Parents are often obvious of the proper way of bringing up children. The way the parents treat their children has a profound impact not only on family relations but also their behavior.

Family and peers have traditionally been viewed not only as the two most importance social forces impinging on adolescents but also as dissonant and competing influence. The family is viewed as the embodiment of traditional values in society influencing the child toward conformity **(Alvy, 2011)**.

Parents have both direct and indirect effects on their deviance. Direct parental influence arise through role modeling, through social reinforcements, and through the quality of the parents – child interaction, especially monitoring of child’s activities and less consistently closeness **(Melby et al, 2005)**.

Baurind (2009), found familial support to be the most robust variable in the prevention of all kinds of delinquent behaviors in children and adolescents **(Wilkins, 2007)**.

Social interactions with peer group and with well-educated persons also help in shaping the interests of adolescents (**Chauhan, 2003**).

Adolescent peer group may be different sizes and may be devoted to different interests. Peer group provide an important social structure for most adolescents, and can serve many other functions also. Such groups can be sources of ready companionship and adventure, and providers of standards against which to compare one self. As a result, a peer group can be powerful influence (**Brown, 2008**)

Adolescent learn that a substantial part of his enjoyment of life depends on his relations with his peers and his status in the group. Thus he is not only forced but actively desires to be acceptance by the group and elderly molds his behavior to fit his perception of what will please his peers. In peer group more important are the similarities of a psychological nature such as the tendency toward similar social perception and like interests (**Dutt, 2007**).

According to **Devadas (2002)** children of different social – economic backgrounds engage in leisure activities which are both qualitative and quantitative different.

C. Studies on attitude towards alcohol and drug use among adolescent

S. Sagy, E. Shani and E. Leibovich (2009) research among Russian immigrant adolescents indicates that despite their stressful situation the great majority of them are found to be drug-free. The results of the self- report questionnaires indicate that the two groups had relatively low levels of positive attitudes towards drug abuse and alcohol drinking. The results are discussed in relation to the immigration experience of adolescents and their cultural transition.

Maria Itayra Padilha (2011) thematic content analyses resulted in the category: attitudes and behavior related to drinking alcohol. Alcohol consumption is associated with fun, but it is also a way to avoid thinking about problems. The

adolescence used other type of drugs at times, but the use of alcohol was unanimous. In conclusion, alcohol promotes socialization and enjoyment for adolescence, and it may lead to abuse and the contact with illicit drugs, such as marijuana cocaine and thinner.

Meriam M Janssen, Jolanda JP mathijssen, et al., (2014), The present qualitative study focuses on two of these five segments (“ordinaries and ordinary sobers”) which five segments explores the attitudes of these two segments towards alcohol, and the role of parents and peers in their alcohol use in more details. The ordinary thought that drinking alcohol was fun and relaxing. The attitudes of ordinary sobers towards alcohol was that drinking alcohol was stupid; moreover, they did not feel the need to drink.

Ciencia and Saude Coetiva (2014) the attitudes and behaviors regarding alcohol use and analyze associated factors among schoolchildren in public schools of Campina Grande in the state of Paraíba. The results of this study underscore the complexity of this issue and the need to pay particular attention to the adolescent population. Public policies alone are not sufficient. Support from family, school and society is essential to curtail early alcohol use and its consequences.

Revista Brasileira de Enfermagem (2015), to analyze the perceptions of adolescent public school students about drugs. The adolescent students know about some drugs, and associate their use with delinquent and criminal behavior. The students identified factors that lead to drug abuse, such as easy access, use by family and friends, idleness, dropping out of school and the characteristic vulnerability of adolescence. The results point to the need for educational activities in the context of where the adolescents live, including school, community and family environments, to support and to minimize their vulnerability.

Dechenla Tsering.,etal (2010), To assess the knowledge regarding harm of use and to obtain information about attitudes among high school students. This

was a population based cross-sectional study conducted in two high schools of West Bengal, India, among 416 students. Primary outcome measurements were substance use: knowledge regarding harm, attitude, and opinion. Out of 416 students, 52 (12.5%) used or abused any one of the substances irrespective of time and frequency in lifetime; 26 (15.1 %) were among the urban students and 26 (10.7 %) were among their rural counterparts. More than two-thirds (73.07%) of the respondents expressed a desire to quit substance use and 57.69% had tried to stop. Level of knowledge on harmfulness of substance use among students was very high (urban — 84.6% and rural — 61.5%) and they stated media as the most frequent source of information. Users were successful in influencing their peers into taking up this habit (urban — 15.4% and rural — 26.9%). Effective measures are required to encourage shaping the attitude of school children toward self-confidence and adequacy, as also to prevent risk behavior among adolescents.

Jenny John Cheriathu (2012) Knowledge about effects of alcohol consumption and attitude towards anti-substance use campaign among school students in Ajman, UAE was assessed. 411 students between 15-17 years of age participated (Male students constituted 55.7%, mean age: 15.65±1.1 years). 375 (91.2%) students indicated alcohol consumption was harmful that. 288 (70.1%) were aware of the use alcohol among school students. About 334 (81.3%) responded that social problems were associated with alcohol consumption. 81% were willing to organize and participate in anti-substance use campaign in their school. High proportions of students were aware of the harmful effects of alcohol and had positive attitude towards anti-substance use campaigns that are necessary to reduce unhealthy behaviors among adolescents.

Chaiken and Chaiken (2009) suggested that drug use is associated with almost every major kind of crime and they argue that information about criminal's drug histories can tell more about the seriousness of their criminal activity than the kind of crimes they are arrested for.

Adekeye, O. A. (2012) The study sought to find out the knowledge level and attitude of school going male adolescents towards drug use and abuse. The sample for the study consists of 300 students with age range of 14-19 years. At the end of the study, recommendations were proffered because realistically, it is difficult to completely eradicate drug use and its abuse among youths especially school going male adolescents in Nigeria.

Haske Van Der Vorst, et al.,(2006) The present study explores the role of having rules about alcohol, parental norms about early alcohol use, and parental alcohol use in the development of adolescents' drinking behavior. Longitudinal data collected from 416 families consisting of both parents and two adolescents (aged 13 to 16years) were used for the analyses. Further, parental norms about adolescents' early drinking and parental alcohol use were associated with having alcohol-specific rules. As a result, Parental norms were also related to adolescents' alcohol use.

Smith (2013) carried out a study of alcohol and drug in the work place in the European community. Of the 237 respondents, more than half the sample reported specific performance impairments and absence from work as a result of drug related problems. Two out of the five samples have been dismissed for related reasons.

Mustafa N. Kirmani and L.N. Suman (2015) the study aimed at examining parental and peer influences on attitude towards alcohol and drinking among undergraduate students. The sample consisted of 433 students (231 boys and 202 girls). Further, boys were more influenced by heir family and peers than girls in terms of attitude towards alcohol. The finding has implication of alcohol abuse and possible differential prevention packages for boys and girls among college going students.

Suzanne H.W.Mares, et al., (2010) Alcohol-specific parent–child communication has often been studied in relation to regular alcohol use of

adolescents. Therefore, the current study examined the direct effects of parental alcohol use, alcohol-related problems, and parental alcohol-specific attitudes on adolescent excessive drinking and alcohol-related problems later in life. The sample consisted of 428 Dutch families including fathers, mothers and adolescents from two age groups (15 and 19 years old). Parental drinking and lenient parental alcohol-specific attitudes are positively associated with adolescent excessive alcohol use and related problems. The results showed that parental alcohol-related problems were positively associated with communication about alcohol, which in turn was related with less excessive adolescent drinking and alcohol-related problems.

Substance Use Tobacco Like delinquency and abuse, adolescent smoking, alcohol and substance use is a serious health problem. It is estimated that over 8% of high school students smoke daily (**Miller & Slap, 2010**). **Farrell et al (2008)** surveyed 11th graders and found that 23% males and 22% females had experienced smoke. Peers are influential in the initiation of smoking (**Stanton and Silva, 2002**). Smoking is more common among adolescent females than males in U.S (**Zabin et al, 2006**).

Smith and Caldwell (2009) found adolescent smoking to be related to a perception of leisure time as having produced boredom, It results their interest towards drug is more. Prior experimentation with smoking is a strong predictor of future use (**Eiser et al, 2007**). Teens that have a boy or girl friend are at higher risk to initiate smoking (**McNeil et al, 2003**). Out of every ten people who were on probation said that they were drinking when they committed a violent crime (**Quindlen, 2000**). **McNeil et al (2001)** found that parental attitudes and behavior towards alcohol affect teen's usage.

In **Farrell et al's (2009)** sample of 12th graders, 17% of the boys and 11% of the girls; while 21% and 16% of the male and female college. In his study there was a gradual increase in their attitude. **Windle (2000)** studied a national sample of 1,254 and 1,157 male and female adolescents. Forty-seven percent and 44%

males and females reported that they consume alcohol without parental permission. Although males and females have a similar overall proportion of drinkers, males are more likely to engage in heavier drinking (**Barnes & Welte, 2008**).

The attitude of alcohol consumption increases with age for both males and females (**Windle & Barnes, 2012**). Alcohol consumption among adolescent "best-friends" correlates closely. For example, female friends mirror one another in alcohol consumption (**Windle & Barnes, 2011**).

Peer drinking influences adolescent drinking by shaping their norms on drinking, preferences, and expected consequences (**Ennett & Bauman, 2001**). **Wind le (2009)** found that 23% of both the males and females smoked marijuana at least once in their adolescence period. **Farrell et al (2002)** found that 9% and 6% of males and females adolescents had used marijuana during their high school age. Adolescents from impoverished urban communities are at high risk for involvement in drug use (**Greenwood, 2012**). No gender difference exists for substance use (**Levine and Singer, 2018**). The influence of peers tends to increase once an adolescent starts using drugs (**Halebsky, 2007**). Parental conflict in child rearing practices, inconsistent discipline, restrictive discipline, and maternal rejection is associated with adolescent substance use (**Vicary, Lerner, 2000**).

Adolescents in single parent homes are at higher risk for experimentation with smoking, alcohol, and drugs (**Turner, Irwin, Millstein, 2012**). **Farrell et al (2002)** studied 11th and 12th graders, and found that smoking, alcohol use, drug use, and delinquency are correlated with one another. This supports the notion that many problems of adolescence are interrelated.

3. METHODOLOGY

Research is careful investigation or inquiry especially a search for new fact in any branch of knowledge and is important part of any scientific study. The main aim of the research is to find out the truth hidden. Methodology is the systematic, theoretical analysis of the methods applied to a field of study. It comprises the theoretical analysis of the body of methods and principles associated with a branch of knowledge.

The present study, "**Attitude towards alcohol and drug use among adolescents**", was taken up and research design of study is presented under the following headings:

- A. Selection of the area
- B. Selection of the sample
- C. Selection of tool
- D. Conduct of the Study
- E. Administration of the scale
- F. Statically analysis and interpretation

A. SELECTION OF THE AREA

The study has focused on to assess the attitude towards alcohol and drug use among adolescents. Coimbatore was the area selected for the present study as it is one of the fastest growing cities in Tamil Nadu and it have a major textiles, industries and educational institutions. Government College of Technology was selected for the present study. There were two reasons for selecting this place as an area of study; the first and foremost reason has selected this city for the easy accessibility and rapport with the investigator. Secondly the researcher's previous rapport help for collecting further information about their attitude of alcohol and drug use.

B. SELECTION OF THE SAMPLE:

According to Gupta (2006) sampling is the process of learning about the population on the basis of the sample drawn from it. The sampling method selection for the present study is random sampling. Random sampling refers to the sampling technique in which each and every items or each possible sample combination in the whole population has an equal and independent chance of being included in the sample. The random sampling is based on the concept of equip-probable outcomes. Therefore, it is also known as a probable sample as it refer to a definite method of selection of individual items under such condition that each items has equal opportunity or probability on chance of being selected (P.Saravanel,2009).

For the conduct of the current study 100 adolescent boys and girls were selected from the age group of 16-19 years. As in this age group the adolescent's attitude towards alcohol and drug use will be different from each other.

Ethical Consideration

The application form explaining the experimental design and protocols used in the research study was submitted to the Institutional Human Ethics Committee (IHEC) and clearance was obtained in the topic title "Attitude towards alcohol and drug use among adolescents" with the approved number AUW/IHEC-17-18/HD/XPD-07.

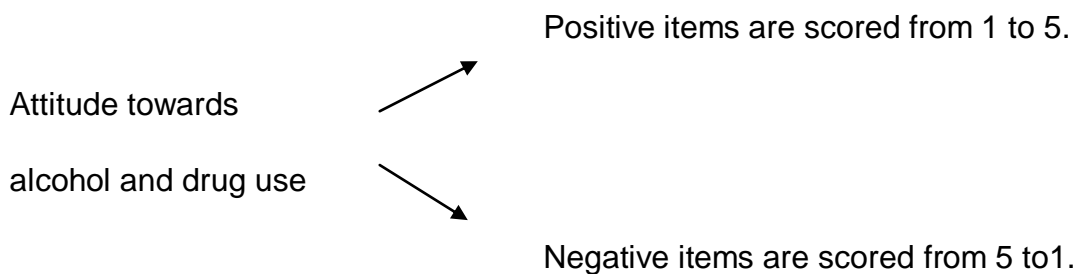
C. SELECTION OF TOOL

1. Demographic information questionnaire:

A questionnaire was constructed to elicit adequate information on general and personal profile of the selected adolescent boys and girls with special reference to their age, area of origin, individual experience and family history etc.

2. Alcohol and Drug Attitude Scale (ADAS):

The test is suitable for use with both the sexes. The tool used for conducting the study was the standardized tool. **Alcohol and Drug Attitude Scale (ADAS)** tries to obtain reliable information from the student concerning what he/she attitude towards alcohol and drug use. Adolescent attitude towards alcohol and drug use is covered by the Alcohol and Drug Attitude Scale (ADAS). It is a 5-point Likert scale. Five response categories, i.e., Strongly disagree (5), Disagree (4), Can't say (3), Agree (2), Strongly agree (1).



D. CONDUCT OF THE STUDY

The study was conducted in phases with the prime objective of assessing attitude towards alcohol and drug use by selected adolescent boys and girls. The phases of study are-

Phases 1- Rapport establishment:

The permission letter from the selected college was obtained for the conduct of the study. The researcher has developed good rapport with the selected adolescents before conducting the study. After that the researcher has

collected general information followed by specific information. Before the interview schedule the research explained about how to answer the items. The researcher assured that all information given by them shall be kept secret and won't affect their college performance so that they will respond without hesitation.

Phase 2- Collection of data:

The research collected the information required after developing a good rapport with the students. The investigator distributed the questionnaire to the respondents and explained how to fill the general information and the specific information's. The investigator cleared the doubts asked by the students during the administration session. The respondents have to spend 20-25 minutes to fill up the entire questionnaire as specified earlier. The data are collected randomly from Government college of technology, Coimbatore city.

E. ADMINISTRATION OF THE SCALE:

Detailed instruction:

- There are no right and wrong answers because everyone has the right to tell their own views. All you have to do is answer what is true for you.
- Answers will be made in the same questioner sheet. Mark your answer for each question by filling in the right-hand circles.
- Your answer can be 1. Strongly disagree, 2. Disagree, 3. Can't say, 4. Agree, 5. Strongly agree.

Principle and mechanics of scoring:

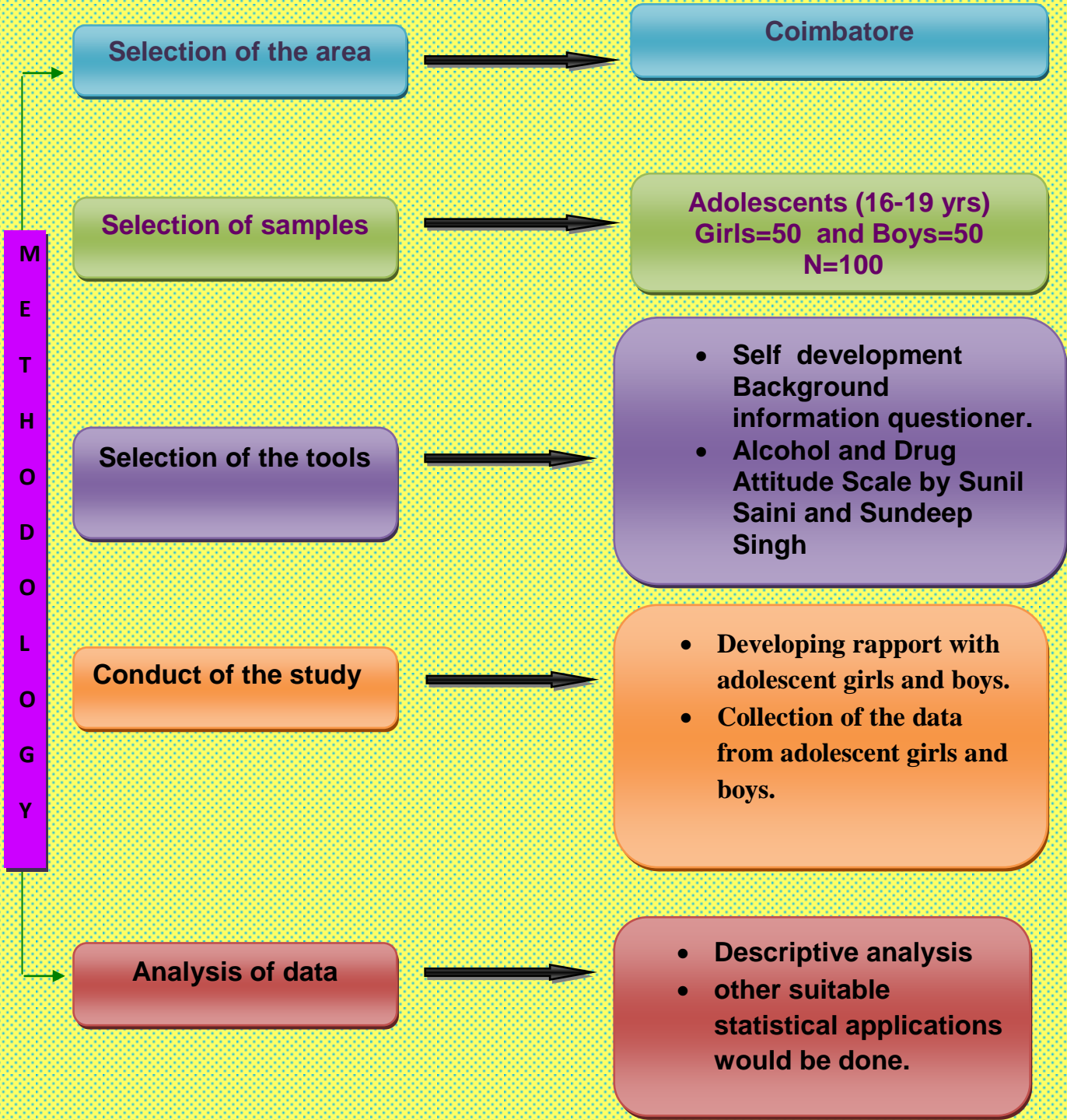
The scoring procedure in **ADAS- BK** is quite objective and simple. The minimum and maximum scoring range is 28-140. Please follow the steps mentioned below to do the scoring:

1. Before starting the scoring procedure, examiner should ensure that her subject has answered all the questions on the answer sheet.
2. If more than 15 questions are skipped, the test is considered invalid and should not be scored.
3. The test contains 28 items seeking responses in five categories, i.e., Strongly disagree (5), Disagree (4), Can't say (3), Agree (2), Strongly agree (1).
4. Please also ensure that each question has one and only one answer.
5. Add these scores for each individual.
6. Higher score is interpreted as positive attitude towards alcohol and drug use and low score indicates negative attitude towards alcohol and drug use.

F. STATISTICAL ANALYSIS AND INTERPRETATION:

Kothari (2004) defines that the research is an original contribution to the existing stock of knowledge making for its development. The systematic approach concerning generalizations and formulation of a theory is also research. As such the term 'research' refers to the systematic method consisting of enunciating the problem, formulating a hypothesis, collecting the data, analyzing the facts and reaching certain conclusions either in the form of solutions towards the concerned problem or in certain generation for some theoretical formulation. In order to attain the purpose of the current study, the collected data was coded, classified, tabulated and computing with suitable analysis. The obtained results were interpreted and presented in the following chapter.

RESEARCH DESIGN



4. RESULT AND DISCUSSION

The result pertaining to the study on “**Attitude towards alcohol and drug use among adolescents**” is discussed under the following heading,

- A. General profile of the selected respondents.**
- B. Attitude of adolescents towards alcohol and drug use.**
- C. Association of gender, individual experience, and family history with the attitude of adolescents towards alcohol and drug use.**
- D. Association of age with the attitude of adolescents towards alcohol and drug use.**
- E. Association of age and experience of adolescents towards alcohol and drug use.**
- F. Association of age and gender with the attitude of adolescents towards alcohol and drug use.**

A. General profile of the selected respondents.

The general profile of the selected respondents is given below.

Table 1. General profile of the selected respondents

S.NO	Variables	N	%	
1	Age	16-17 years	50	50
		18-19 years	50	50
		Total	100	100
2	Gender	Boys	50	50
		Girls	50	50
		Total	100	100
3	Individual Experience	Yes	17	17
		No	83	83
		Total	100	100
4	Family type	Nuclear	73	73
		Joint	27	27
		Total	100	100
5	Family history	Yes	26	26
		No	74	74
		Total	100	100

Glancing at the age composition of the selected adolescents, the selected boys and girls 16-17 years were 50 in numbers representing 50% of the total sample, and the selected boys and girls of 18-19 years were 50 in numbers representing 50%. Looking at the above table in gender both, boys and girls are

divided equally representing 50% each. More than three fourth of the respondents that is 83% were not found to have previous experience in alcohol and drug usage only 17% of the respondent have previous experience. In family types 73% of the selected respondents were from nuclear family and the remaining 27% were from joint family. By glancing at the family history of the selected respondents 74% of them were not having any family history on alcohol and drugs usage and 26% of them were having on family history about alcohol and drugs usage.

B. Attitude of adolescents towards alcohol and drug use.

Attitude of adolescents towards alcohol and drug use is given below.

Table 2. Attitude of adolescent towards alcohol and drug use

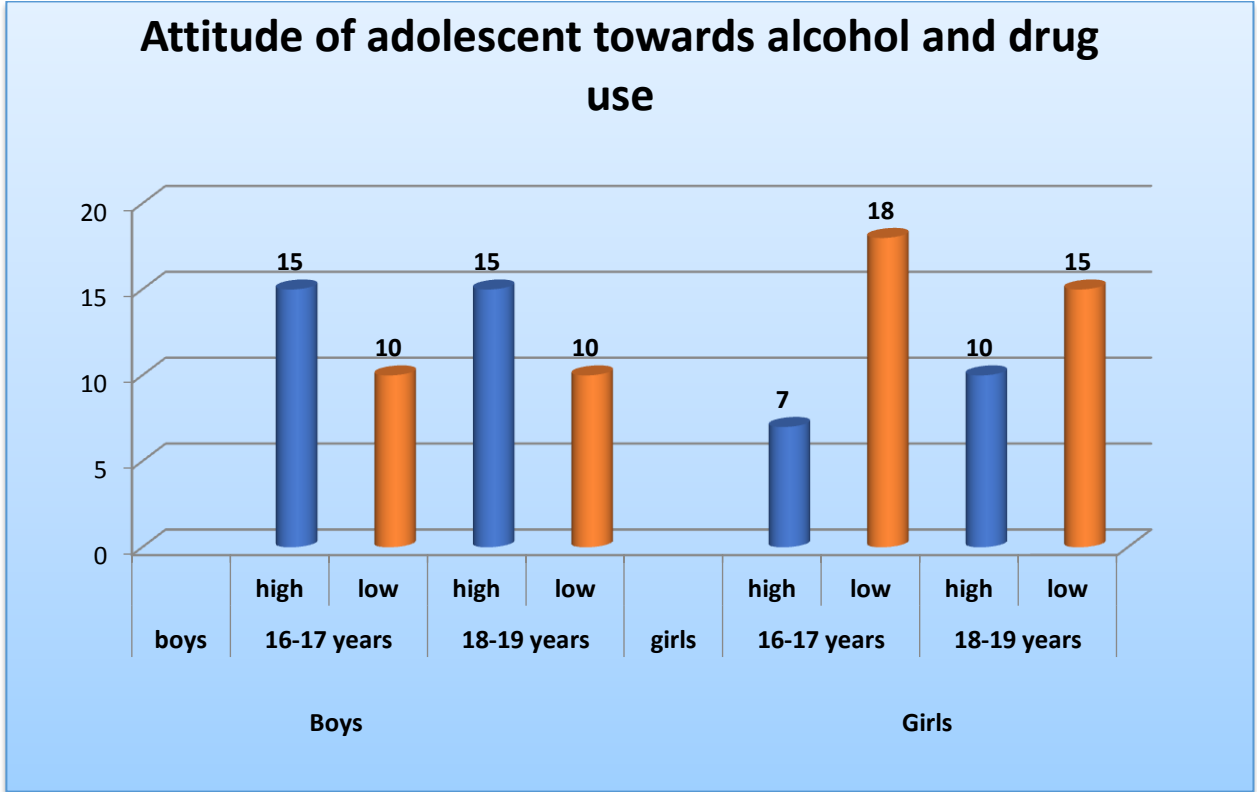
S.NO	Attitude		N		%
	Gender	Age			
1	Boys	16-17 years	High	15	60
			Low	10	40
			Total	25	100
		18-19 years	High	15	60
			Low	10	40
			Total	25	100
2	Girls	16-17 years	High	7	28
			Low	18	72
			Total	25	100
		18-19 years	High	10	40
			Low	15	60
			Total	25	100

Based on the attitude of the 16-17 years adolescent boys 15 in numbers were (60%) of them are having higher attitude towards alcohol and drug use, and 10 in numbers were (40%) of them are having lower attitude towards alcohol and drug use. The attitude of the 18-19 years adolescent boys 15 in numbers were (60%) of them are having higher attitude towards alcohol and drug use, and 10 in numbers were (40%) of them are having lower attitude towards alcohol and drug use. By seeing the two age groups of adolescence boys there is no difference in

their high and low attitude towards alcohol and drug use. Looking at the above table the attitude of the 16-17 years adolescent girls 7 in numbers were (28%) of them are having higher attitude towards alcohol and drug use, and 18 in numbers were (72%) of them are having lower attitude towards alcohol and drug use. The attitude of the 18-19 years adolescent girls 10 in numbers were (40%) of them are having higher attitude towards alcohol and drug use, and 15 in numbers were (60%) of them are having lower attitude towards alcohol and drug use. The above table shows that boys of both age groups shows higher percentage of high attitude towards alcohol and drug use than the girls. Hence this could be said that there is an increased high attitude towards alcohol and drug use among girls.

This study is supporting by **Saluja et.al (2007)** on adolescents at Postgraduate Institute of Medical Education and Research, Chandigarh showed that there was a consistent rise in adolescents registered in De-addiction OPD, 27% in the first 20 years (1978-1997), 31% over the next four years (1998-2001) and 27% over the final 2 years (2002-2003). These findings **showed that there is increase in the number of adolescents reported for treatment in the last few years which indirectly indicates the increase in drug use among adolescents.**

Figure 1. Attitude of adolescent towards alcohol and drug use



C. Association of gender, individual experience, and family history with the attitude of adolescents towards alcohol and drug use.

Association of gender, individual experience, and family history with the attitude of adolescents towards alcohol and drug use is given below.

Table 3. Association of gender, individual experience, and family history with the attitude of adolescents towards alcohol and drug use.

Variables		N	Mean	SD	Median	df	T	Sig
Gender	Boys	50	60.80	20.46	60.00	98	2.975	.004**
	Girls	50	50.02	15.41	45.50			
Individual Experience	Yes	17	72.41	23.51	76.00	98	4.462	.000**
	No	83	51.41	15.73	49.00			
Family History	Yes	26	61.92	20.56	57.50	98	2.086	.040*
	No	74	53.12	17.75	50.00			

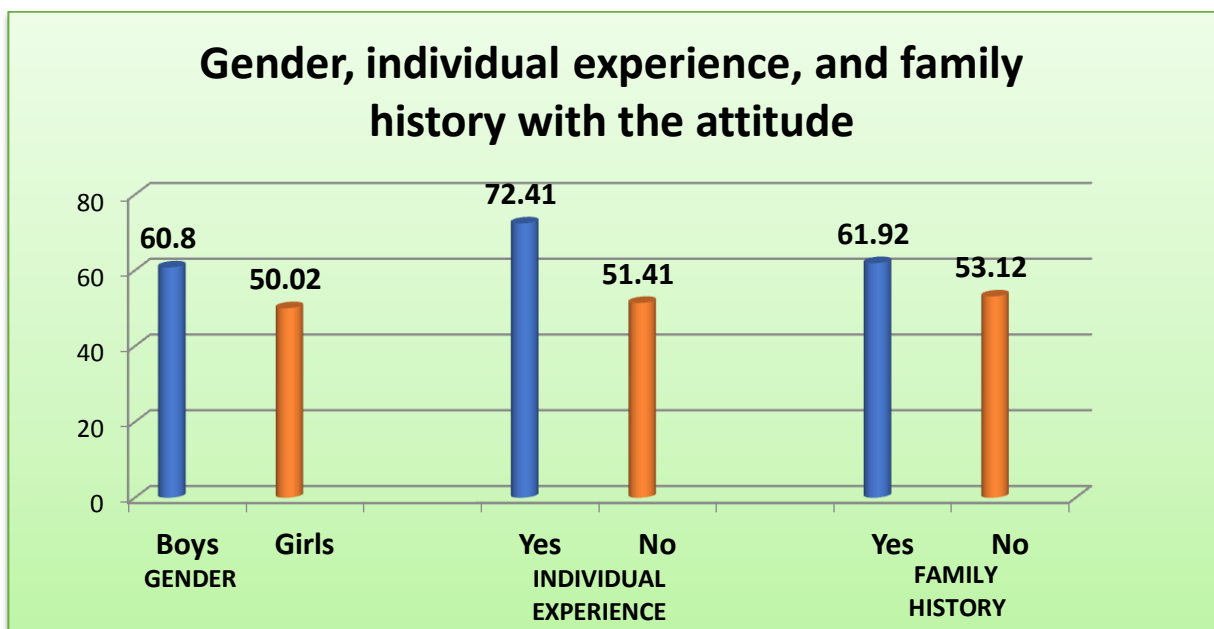
**-1% Significant level, *-5% Significant

Table 3 shows the association between gender, individual experience and family history with the adolescence attitude towards alcohol and drug abuse. With regard to the gender there is 5% level of significance difference between boys and girls. The mean score and standard deviation boys is mean \pm S.D is 60.80 ± 20.46 and girls is mean \pm S.D is 50.02 ± 15.41 the above value shows that boys have higher attitude towards alcohol and drug use than girls. Hence the hypothesis

stated that gender will not have significance, been here by rejected. This study is supported my **Levine and Singer, (2018) no gender difference exists** for substance use. The mean score and standard deviation of the selected adolescent who have experience is mean \pm S.D is 72.41 ± 23.51 and does not have experience is mean \pm S.D is 51.41 ± 15.73 on attitude towards alcohol and drug use. The adolescent who have experience have higher attitude towards alcohol and drug abuse than those who does not have experience. This shows that exist high significance of 1% significance level.

The t value 2.086 reveals that there were 5% levels of significance differences between those adolescent who were having family history on using alcohol and drug use. Their mean score and standard deviation of the selected adolescent who has family history is mean \pm S.D is 61.92 ± 20.56 and mean and standard deviation scores of adolescent who does not have family history is mean \pm S.D is 53.12 ± 17 shows that adolescent with family history have higher attitude towards alcohol and drug use than adolescent with no family history.

Figure 2. Association of gender, individual experience, and family history with the attitude of adolescents towards alcohol and drug use.



D. Association of age with the attitude of adolescents towards alcohol and drug use.

Association of age with the attitude of adolescents towards alcohol and drug use is given below.

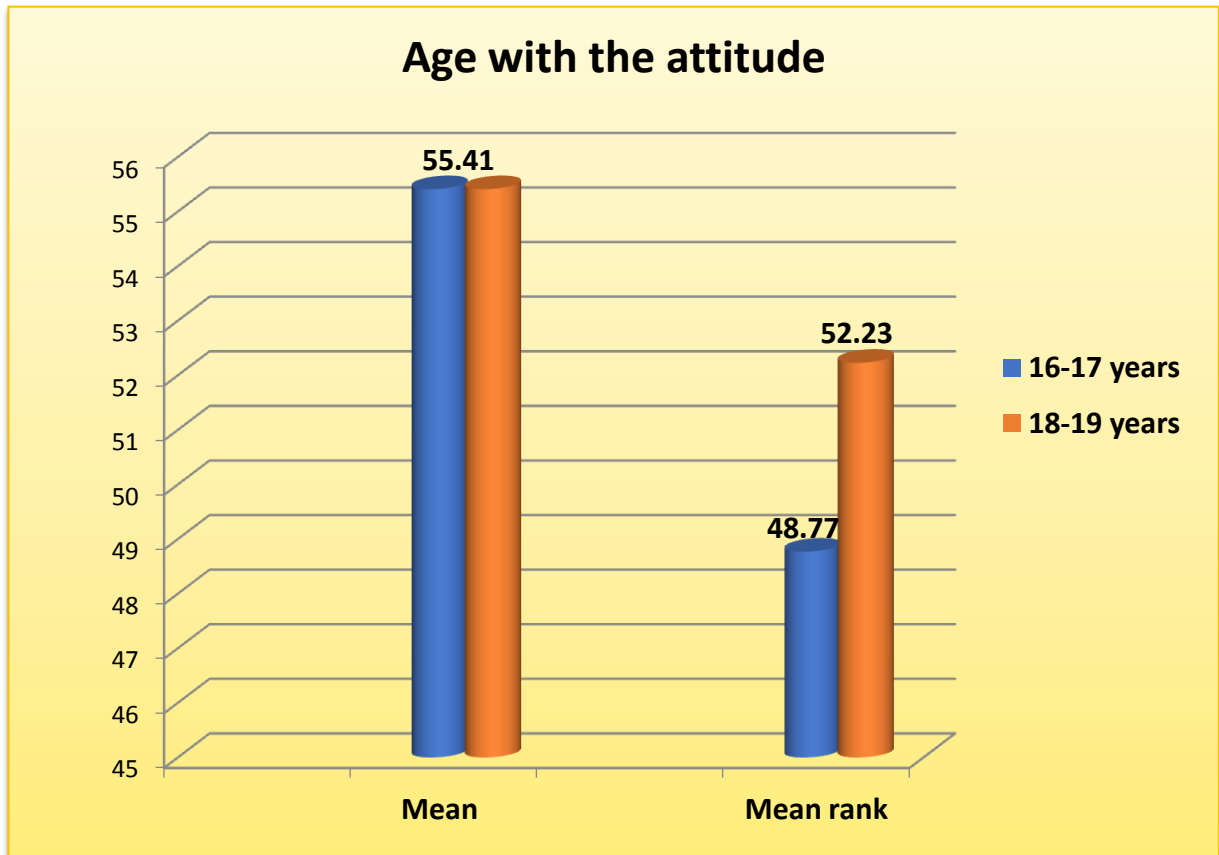
Table 4. Association of age with the attitude of adolescents towards alcohol and drug use.

Variables		N	Mean	SD	Mean Rank	Z	Sig
Age	16-17 years	50	55.41	18.82	48.77	-.597	.551
	18-19 years	50			52.23		

On analysis of Mann-Whitney U test the data using Z value (-0.597) it was observed that there is no significant difference between the age and the attitude of alcohol and drug use. Looking at the mean rank of the age 16-17 years (48.77) and 18-19 years (52.23) there was a slightly difference with reference to the age groups. This shows that 18-19 years adolescent show slightly higher attitude towards alcohol and drug use.

Since it is that the normal distribution is not normal, this Mann-Whitney U test being used is find the difference between age and attitude. As age below 18 is not a legally matured they are not allowed to have experiences with alcohol and drug use.

Figure 3. Association of age with the attitude of adolescents towards alcohol and drug use.



E. Association of age and individual experience of adolescents towards alcohol and drug use.

Association of age and individual experience of adolescents towards alcohol and drug use is given below.

Table 5. Association of age and individual experience of adolescents towards alcohol and drug use.

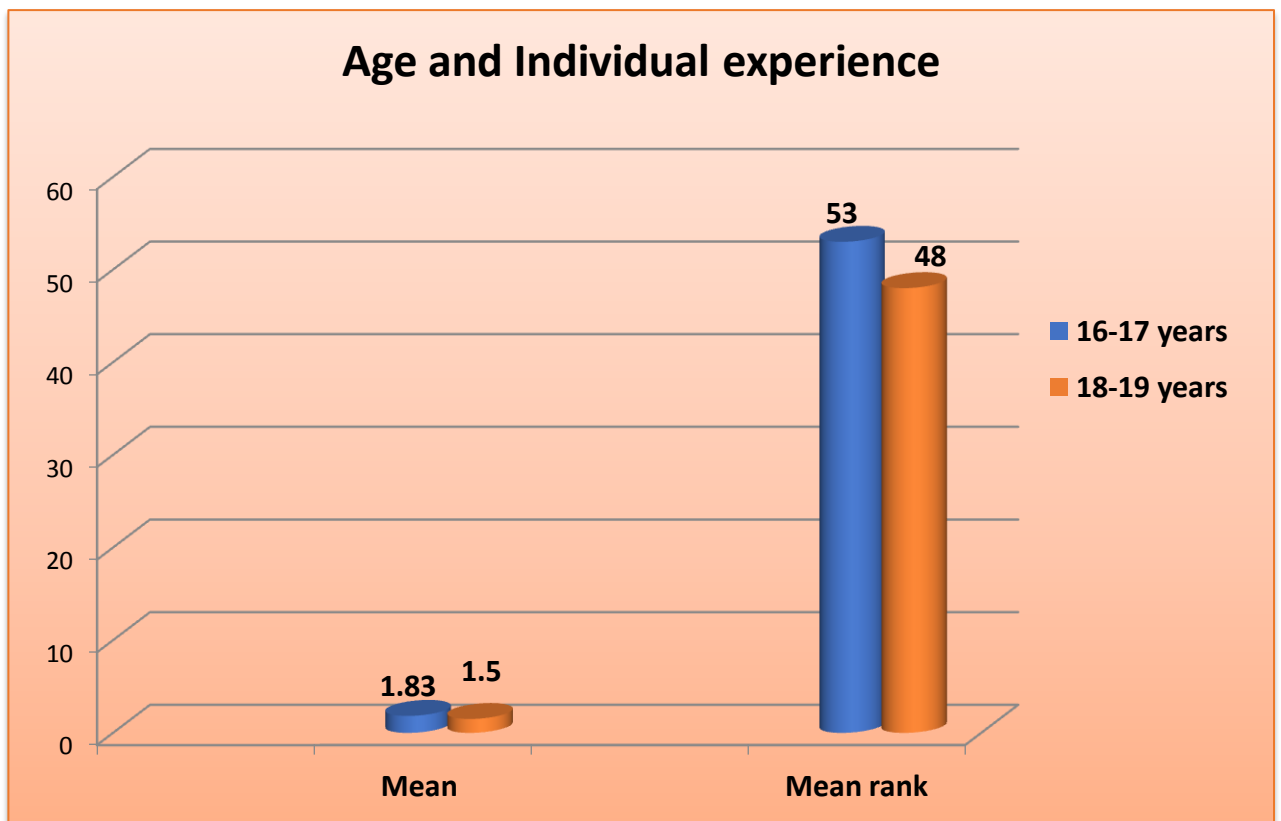
Variables	Individual Experience					
	N	Mean	SD	Mean Rank	Z	Sig
16-17 years	50	1.83	0.377	53	-1.324	0.185
18-19 years	50	1.50	0.502	48		

The results of Mann-Whitney U test the data using Z value (-1.324) it was seen that there was no significant difference between the age and individual experience of adolescents towards alcohol and drug use. Looking at the mean rank of the age 16-17 years with individual experience is 53 and 18-19 years with individual experience is 48 with reference to the age group showing 16-17 years have slightly higher level of attitude towards alcohol and drug use than 18-19 years.

This study is supporting by **Maria Itayra Padilha (2011)** thematic content analyses resulted in the category: attitudes and behaviour related to drinking alcohol. **Alcohol consumption is associated with fun**, but it is also a way to **avoid thinking about problems**. The adolescence used other type of drugs at

times, but the use of alcohol was unanimous. In conclusion, alcohol promotes **socialization and enjoyment** for adolescents, and it may lead to abuse and the contact with illicit drugs, such as marijuana cocaine and thinner.

Figure 4. Association of age and individual experience of adolescents towards alcohol and drug use.



F. Association of age and gender with the attitude of adolescents towards alcohol and drug use

Association of age and gender with the attitude of adolescents towards alcohol and drug use is given below.

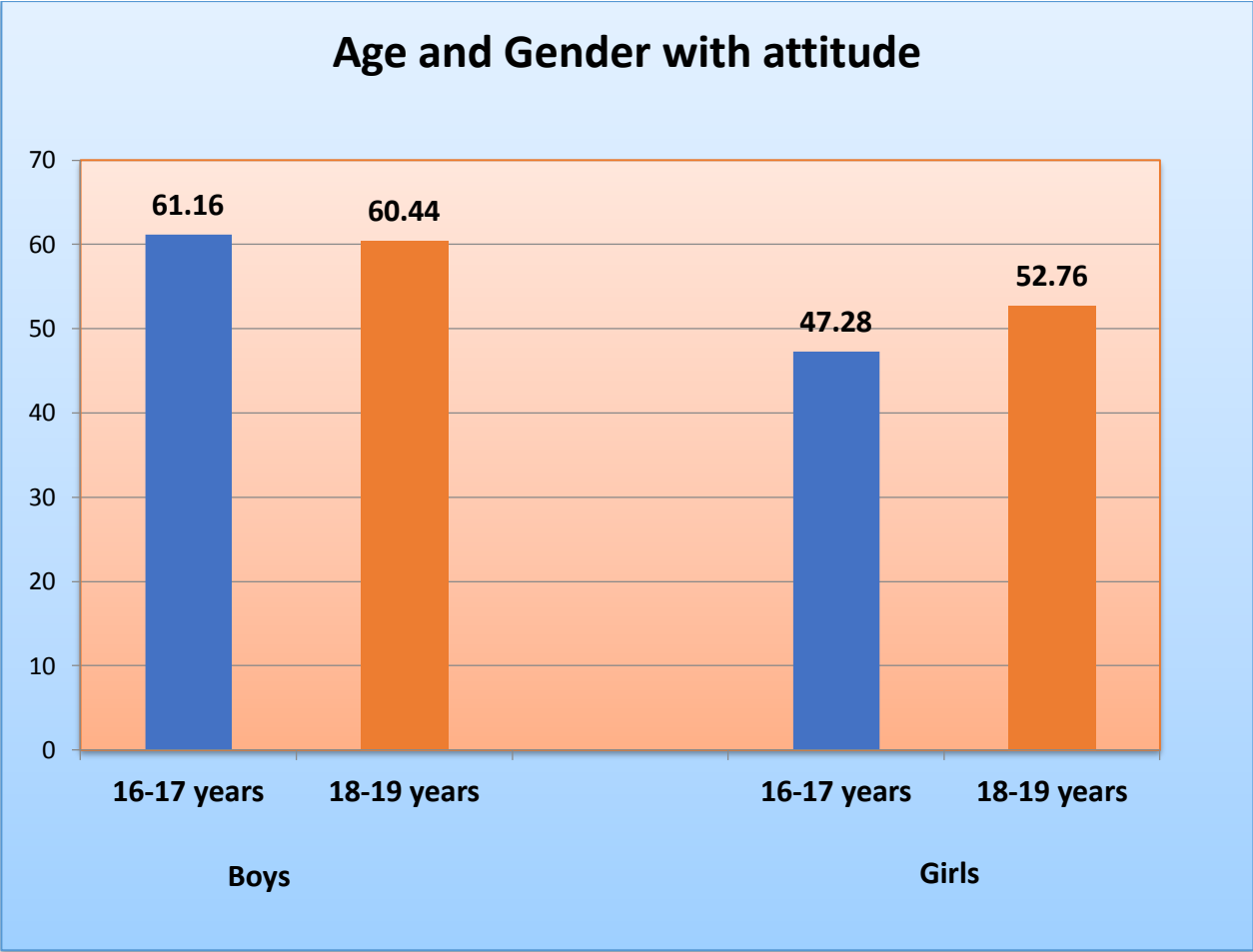
Table 6. Association of age and gender with the attitude of adolescents towards alcohol and drug use

Variables		Age				
		16-17 years	18-19 years	df	Sum of Square	Sig
Boys	Mean	61.16	60.44	2	3046.820	.012**
	SD	20.51	20.83			
	N	25	25			
Girls	Mean	47.28	52.76			
	SD	12.96	17.35			
	N	25	25			

**-.1% Significant level

The results of two way ANOVA test shows that there exist significance at 1% level with age and gender. The mean \pm S.D score of 16-17 years boys is 61.16 \pm 20.51 and mean \pm S.D score of 16-17 years girls is 47.28 \pm 12.96 this value shows that boys have higher attitude towards alcohol and drug use than girls. With regard to 18-19 years adolescents the mean \pm S.D score of 18-19 years boys is 60.44 \pm 20.83 and mean \pm S.D score of 18-19 years girls is 52.76 \pm 17.35 this value shows that boys have higher attitude towards alcohol and drug use than girls. Hence the hypothesis stated that “gender will not have significance”, is there by rejected.

Figure 5. Association of age and gender with the attitude of adolescents towards alcohol and drug use



5. SUMMARY AND CONCLUSION

Adolescence is a transitional stage of physical and psychological development and they experiment and explore new things that generally occur during the period of early adulthood. During this phase, adolescents develop interests on self, real-life choices, and these interests are important determinants for engagement and achievement in life. Adolescents tend to seek opportunities to engage with the content of their interests. The first experience with alcohol and drugs generally occur during adolescence, since individuals in this phase are vulnerable from a psychological and social point of view. Adolescents in India have been exposed to various stresses. This also leads into use of alcohol and drug even before reaching legal age.

Key findings:

The key findings of the present study was thrashed into the following heads

A. General profile of the selected respondents

- Age wise distribution of the selected sample reveled that 50% are in the age group of 16-17 years and 50% are in the age group of 18-19 years.
- In gender both, boys and girls are divided equally representing 50% each.
- More than three fourth of the respondents that is 83% are not found to have previous experience in alcohol and drug usage only 17% of the respondent have previous experience.
- In family types 73% of the selected respondents are from nuclear family and the remaining 27% were from joint family.
- By glancing the family history of the selected respondents 74% of them are not having any family history on alcohol and drugs activities

and 26% of them are having on family history about alcohol and drugs activities.

B. Attitude of adolescents towards alcohol and drug use

- Based on the attitude of the 16-17 years adolescent boys (60%) of them are having higher attitude, and (40%) of them are having lower attitude.
- The attitude of the 18-19 years adolescent boys (60%) of them are having higher attitude, and (40%) of them are having lower attitude.
- From the result, adolescence boys irrespective of their age group both of them show high attitude towards alcohol and drug use.
- The attitude of the 16-17 years adolescent girls (14%) of them are having higher attitude, and (36%) of them are having lower attitude.
- The attitude of the 18-19 years adolescent girls (20%) of them are having higher attitude, and (30%) of them are having lower attitude.
- From value it is found that 18-19 years adolescence girls show higher attitude towards alcohol and drug use.

C. Association of gender, individual experience, and family history with the attitude of adolescents towards alcohol and drug use

- With regard to the gender there is 5% level of significance difference between boys and girls. Boys show higher attitude towards alcohol and drug use.
- The adolescent who have experience have higher attitude towards alcohol and drug use than those who does not have experience. They show high significance of 1% significance level.
- Adolescents having family history and individual experiences show higher attitude towards alcohol and drug use.

D. Association of age with the attitude of adolescents towards alcohol and drug use

- On analysis of Mann-Whitney U test the data using Z value (-0.597) it was observed that there was no significant difference between the age and the attitude of alcohol and drug use.
- There was a slightly difference with reference to the mean rank this shows that 18-19 years adolescent show higher attitude towards alcohol and drug use.

E. Association of age and individual experience of adolescents towards alcohol and drug use

- The results of Mann-Whitney U test the data using Z value (-1.324) it was seen that there was no significant difference between the age and individual experience of adolescents towards alcohol and drug use.
- Looking at the mean rank of the age 16-17 years with individual experience is (53) and 18-19 years with individual experience is (48) there is a slightly difference with reference to the age groups.

F. Association of age and gender with the attitude of adolescents towards alcohol and drug use

- The results of two way ANOVA test shows that their exist significance at 1% level with age and gender.
- 16-17 years adolescent boys have higher attitude towards alcohol and drug use than girls.
- In 18-19 years also, adolescent boys have higher attitude towards alcohol and drug use than girls.

Conclusion

The research hopefully could help the adolescents to know about their attitude towards alcohol and drug use. The present study also concluded that each and every adolescent has got his\ her own attitude towards alcohol and drug use and this attitude depends on to a great extent on the interaction with the environment and social media. From this study, it could be concluded that as the age raises positive attitude towards alcohol and drug use increase among both the genders.

By providing counseling and changing their interest towards any positive behavior, may decrease the attitude towards alcohol and drug use and this would be taken up as a follow up research to help these adolescents to lower their attitude towards alcohol and drug use.

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Appendix- I

INSTITUTIONAL HUMAN ETHICS COMMITTEE



Avinashilingam

Institute for Home Science and Higher Education for Women

Deemed to be University Under category 'A' By MHRD, (Estd. u/s 3 of UGC Act 1956)

Re Accredited with 'A' Grade By NAAC, Recognised by UGC Under Section 12 B

Coimbatore - 641043, Tamil Nadu, India

Chairman

Dr. S. Ramalingam
Principal, PSG Institute
of Medical Sciences
& Research, Coimbatore

Member Secretary

Dr.S.Uma Mageshwari
Professor,
Dean Student Affairs,
Department of Food Service
Management & Dietetics

Members

Dr.P.R.Padma
Mr. K.Arulmoli (Legal Expert)
Dr. N.S. Rohini
Dr.Subhashini K. Sripathi
Dr.A. Saraswathy
Ms.D.Kavitha
Dr.S. Muthulakshmi
Dr.G.Victoria Naomi
Dr. Judith Justin
Dr.Anitha Subash

4th April 2019

To
Ms. Abhiraamee E
Department of Human Development
Avinashilingam Institute for Home Science and
Higher Education for Women
Coimbatore – 641 043

Dear Abhiraamee E,

Ref: Your presentation of the proposal
No. IHEC/18-19/HD/07 entitled "Attitude towards Drug and
Alcohol Abuse among Adolescents" to the IHEC on 28th
March 2019

The Institutional Human Ethics Committee of our University hereby grants approval to your research proposal No. IHEC/18-19/HD/07 entitled "Attitude towards Drug and Alcohol Abuse among Adolescents" submitted and presented by you. The Approval number for the same is AUW/IHEC-17-18/HD/XPD- 07.

We wish you all the best in your research endeavours.

Regards,

S. Uma Mageshwari
Dr.S.Uma Mageshwari
Member Secretary



Appendix- II
GENERAL BACKGROUND INFORMATION

Please fill in the following entries:

Name :

Age :

Gender :

Education :

Family type : **Nuclear** **Joint**

Environmental status:

1. Does your close relation have a habit of alcohol and drug use?

Yes

No

2. First alcohol and drug experience is with your?

Peers

Family members

Not till now

Appendix- III

Confidential Consumable Booklet of

Code:

ADAS - BK

Sunil Saini and Sandeep Singh
16-0667-BK

Age:

Gender:

Education:

Instructions: Please read all the statements carefully and give the first natural answer as it comes to you. It is compulsory to answer all the statements by marking a 'tick' (✓) in the given circle in front of each statement.

1 Strongly Disagree 2 Disagree 3 Can't say 4 Agree 5 Strongly Agree

- ① ② ③ ④ ⑤
1. There is no harm in drinking at special occasions.
 2. Drinking is acceptable until we do not break laws.
 3. If I get a chance, I would like to taste beer/whiskey atleast once.
 4. Drinking is not bad, excessive drinking is bad.
 5. Drinks are for social celebrations.
 6. Drinking enhances perfection.
 7. Drinking is helpful in better sleep.
 8. Sometimes drinks are necessary to maintain relationships.
 9. Sexual performance can be improved by drinking.
 10. Sexual desires can be increased by alcohol and drugs.
 11. Drinking is a status symbol.

 **PRASAD PSYCHO**
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CS CamScanner

12. If my parents drink, there is no harm in drinking.
13. Drinking improves creative talents.
14. Drinks improve decision-making.
15. During holiday trips, one can enjoy drinking.
16. Drinking removes hesitation.
17. I cannot resist drinking in parties.
18. Price of beer/whiskey should be decreased.
19. If one can afford, there is no harm in drinking.
20. Alcohol helps in relaxation.
21. There is no harm in drinking at night.
22. Drugs like Viagra are for improving sexual performance and have no side effects.
23. Use of drugs like Heroin and Cocaine are symbols of richness.
24. Costlier the drug, higher the status symbol.
25. Late nights are for 3D's (drinking, drugs and dancing).
26. Drugs improve self-confidence.
27. Drugs act as a stimulant in sexual activity.
28. Drinking does not lead to any illness.

Appendix- IV



Avinashilingam
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Coimbatore - 641043, Tamil Nadu, India



Dr.K.Arockia Maraichelvi
M.Sc., M.Phil., Ph.D.
Assistant Professor and Head i/c
Department of Human Development
e-mail – selvibru97@rediffmail.com
Mob. No: 9843114463

Permitted to
collect the data.
P. Thirumala
10/9/18

Date : 10/9/18

To,

The Principal,
Government College of Technology
Coimbatore - 43

Sir/Madam

Sub: Permission for data collection from the students of your esteemed institution– reg.

As a part of curriculum for II M.Sc. Human Development, the students have to submit a dissertation thesis. Ms. E. ABHIRAAMEE is working on the topic "Attitude Towards Alcohol & Drug Abuse Among Adolescents". In this connection, she has to collect data from the students of your esteemed institution. Hence, with due regards, kindly permit her to collect data and conduct her research work.

I would also like to mention that the data collection work will be carried out according to the schedule given by you without causing any inconvenience to your classes.

Thanking you

Arockia Maraichelvi
Yours faithfully

Human Development Dept.
Avinashilingam Institute for Home Science
and Higher Education for women
Coimbatore - 641 043