

The Influence of Peer Pressure on Drinking in Indian Youth: A Mixed-Methods Study

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ABSTRACT

The youth period is considered to be the most vital stages of development during an individual's lifetime and is a period wherein one is more prone to engage in behaviours that have a lasting and negative impact on their health. Keeping this in mind, it is important to gain a better understanding of these problematic behaviours and their causes in order to develop better interventions. The present study aims to investigate one such problem that is gaining major research traction among youth- alcohol-related behaviours, with emphasis on the role of peer pressure and self-efficacy. This mixed-methods study explores the role of peer pressure on drinking behaviours in Indian youth between the ages of 15-24 years, as well as the function of their self-efficacy or regulatory beliefs to resist peer pressure when it comes to drinking.

Keywords: *Alcohol-related behaviors, Peer pressure, Self-efficacy, Youth, Drinking*

History of alcohol use in India

According to ancient writings, alcohol use in India dates back to several thousand years, alongside the developments of early civilizations in Egypt, Mesopotamia, and China (Sharma et al., 2010). In these ancient writings, humans enjoyed the pleasures of alcohol. Yet, at the same time, the atrocities of over-indulgence were denounced and condemned, with certain factions of society prohibited from alcohol consumption in the first place. In spite of this, there seems to be a rapid increment in the consumption of alcohol and associated problems due to the accelerated economic development and westernisation in India today. These effects are even more pronounced when we focus on the age cohort of Indian youth (Khandelwal, 2017).

Current trends of alcohol use among Indian youth

Most existing studies on alcohol use among the Indian youth revolve around findings based on male participants. Even though we see a shift in this trend in recent times, we can attribute this evaluation to the attitudes of the Indian society towards the consumption of alcohol by males versus that of females. This can also have an impact on how peer pressure affects young boys and girls when looking at alcohol consumption. Women face a more

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conservative attitude from both their family as well as society in terms of alcohol consumption whereas men are encouraged to ‘Man up and drink.’

According to a study conducted by the Organisation for Economic Cooperation and Development (OECD) in 2012 among the Indian population, the percentage of boys under the age of 15 who had not consumed alcohol previously decreased from 44% to 30% and from 50% to 31% for girls belonging to the same age group. Another alarming trend highlighted in the same report is the reduction in the average age of initiation of alcohol from 28 years in the 1980s to 17 years in 2007. In light of these recent findings that suggest an increase in alcohol use in Indian youth, it is critical to examine patterns and factors contributing to drinking behaviours in both males and females equally in order to help policymakers develop policies and educational interventions to reduce drinking behaviours among the youth in India.

A study by Bhagapati et al. (2013) on the patterns of alcohol consumption among the underage population in Guwahati, India revealed that although studies on alcohol consumption as a whole are important to gain results regarding healthy habits, we must focus more on the youth in context to this as they are the more impressionable group of people that are not yet fully equipped to make decisions regarding their drinking behaviour. This awareness of the influence of peer pressure and self-efficacy on alcohol consumption can be used to develop future solutions to address this health and social issue of alcohol use among the youth.

The influence of perceived peer pressure on alcohol use

Peers are those around us who affect our decisions, attitudes, behaviour in more impactful ways than we may actively realise. During the adolescent period, peers can prove to be a great source of support and influence (Dacey & Travers, 1996). Feelings of attachment, acceptance, belonging and other social needs intensify during this period which directly impact the amount of control exerted by one’s peer group. Living under the control of one’s peer group may lead to direct or indirect peer pressure, which can be defined as ‘group insistence and encouragement for an individual to be involved in a group activity in a particular way’ (Santor, Messervey, & Kusumakar, 2000). It is in this period that children and adolescents are more vulnerable to alcohol-related impairments when compared to other age cohorts and alcohol dependency in future (Mäkelä & Mustonen, 2000). Perceived peer pressure is an influential factor in youth development which impacts their attitudes and drinking behaviours (Burk et. al., 2011; Kremer & Levy, 2008). The need for validation from specific people is very high in most youngsters and this is what causes them to often give into what we know as “peer pressure.” More often than not, this term is associated with people that start smoking, drinking or using drugs at a very young age because they get influenced by their peers to do so. The support and approval from one’s peer group can benefit an individual’s social and emotional well-being. However, peers are more likely to exert pressure that directs their friends towards risky or undesirable behaviours. For instance, peers are more likely to encourage the use of alcohol than discourage it (Johnson, 1989). We can see peer influence in overt drinking offers and explicit alcohol use (Wood et.al., 2004). Some of these behaviours include offering a toast, being teased or mocked for abstinence, buying your peers the next round, being urged to drink more or chugging drinks, having a drink being refilled without asking (Rosenbluth et. al.,1978). In spite of one’s personal views or beliefs, they might tend to comply with the wishes of their peers when it comes to alcohol use in order to avoid inadequacy, maintain peer acceptance, and comply with the group norms to fit in. In a study by Shore et. al (1983),

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the effect of drinking offers by peers was significantly and positively related to alcohol-related problems. In another study by Wood et al. (2001), students who acquired more of these drinking offers for alcohol reported heavier drinking and suffered more from alcohol-related problems. This explores the reciprocal relationship between peer pressure and alcohol use. On one hand, drinking offers can lead to excessive drinking behaviour, and on the other hand, this excessive behaviour is more likely to attract encouragement from one's peers and lead to more drinking offers furthermore (Orford et al., 2004). To summarise previous literature on this topic, some of the most prevalent reasons for drinking included socialisation, being accepted and making friends (Wang et al., 2002; Wu et al., 2009). The abovementioned studies have inferred peer interaction as the principal reason for alcohol consumption, thus highlighting the role of social influences in alcohol consumption. One can only expect peer influences to be more robust among Indian youth since the social values in India emphasise a more collectivistic culture and places more importance on group needs as compared to individualistic values.

Alcohol self-efficacy and peer pressure

In addition to peer pressure, an individual's personal attitudes and beliefs can also affect their alcohol usage. Self-efficacy is an important factor in resisting pressures to drink (Shell, 2010). In 1977, Albert Bandura presented the concept of 'self-efficacy' which highlights the role of self-referent and self-regulated beliefs. It refers to an individual's confidence in their abilities to achieve and advance in a specific task and context. Studies have revealed that self-efficacy is a crucial factor in managing social and peer pressure to consume alcohol against one's choice (DiClemente et al., 1994).

With respect to this study, the relationship between alcohol self-efficacy and peer pressure refers to the confidence that people have in their own capabilities to drink responsibly and resist peer pressure to drink. Past literature has shown that self-efficacy is associated with alcohol consumption (Webb & Baer, 1995). Individuals with higher self-efficacy and self-regulation levels were less susceptible to peer pressure and were better able to manage external pressures from their peers when alcohol consumption was against their will. Shore and her colleagues (1983), in their study revealed that students who were presented with more drinking offers by their peers and had low resistance and self-control to these offers were more likely to be affected by excessive drinking behaviours. Another example is a study conducted by Young et al. (1991) who used Australian university students to document that both lower levels of self-efficacy and drinking pressure in resisting alcohol use contributed significantly to the alcohol use.

To summarise these research findings, we can infer an established relationship between the impact of peer pressure and self-efficacy on alcohol consumption. It is safe to assume that some individuals may not feel capable of refusing drinking offers from their peers based on these research findings. In contrast, other individuals who display higher abilities to refuse drinking offers, albeit undergoing peer pressure, would be more likely to refrain from excessive drinking (Shore et al., 1983).

Purpose of this study

The purpose of this study is to analyse the extent of peer pressure perceived and its corresponding effect on alcohol consumption among Indian youth. It also aims to explore the research question of whether greater peer pressure leads to lower self-efficacy levels in the youth and if individuals with higher self-efficacy levels can resist alcohol use as a result of peer pressure.

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By doing so, the study seeks to add to our understanding of alcohol behaviours in a non-western population. Despite the emphasis on the restriction of consumption and sale of alcohol in India for the youth, very little is known about the prevalence of alcohol use among adolescents and the factors contributing to the same and we see a gap in the literature when it comes to this subject.

METHODOLOGY

Aim and objective

The aim of this study is to explore the extent of peer pressure perceived and its corresponding effect on alcohol consumption. Additionally, the study also assesses the relationship between peer pressure and alcohol self-efficacy- that is, if greater peer pressure leads to lower self-efficacy and vice versa.

Rationale

The approval and support from one's peers is an important aspect of their social identity. Past research has consistently revealed a link between peer pressure and alcohol use among youth (Martin & Hoffman, 1993; Werner, Walker, & Greene, 1996). Therefore, to better understand alcohol use and its related problems in the youth, we must consider and study one of its major contributing factors, peer pressure. It has also been suggested that an individual's self-efficacy is greatly influenced by peers. This study aims to assess this relationship and see if an individual's self-efficacy has a result of drinking in the face of peer pressure.

Operational definitions of variables

Independent variable: The level of peer pressure perceived.

The independent variable is operationally defined by the participants' score on the 8-item Perceived Peer Pressure Scale which has been adapted from Santor et al. (2000) as being either low, moderate or high.

Dependent variable:

1) **Alcohol Use-** This was based on the participants' reported frequency of consumption in the past month and year. Participants were categorised on one of the three levels: non-drinkers (those who didn't consume alcohol at all), occasional drinkers (those who consumed alcohol in the last year but not the past month), and regular drinkers (those who consumed alcohol in the past month).

2) **Self-efficacy-** Participants' self-efficacy levels were defined based on their score on the English version of the Chinese Alcohol Self-regulation Self-efficacy (CASSE).

Sample and sampling technique

After a review of literature on the shift in trends and patterns of alcohol use among the youth including that in India, a sample of 56 participants between the ages of 15 years and 24 years were identified for this study. Out of the 56 participants selected for the quantitative part of the study, 4 of them were picked for an interview for the qualitative part. A purposive sampling technique was used to select the participants for both, the qualitative and quantitative part of the study.

Selection criteria

Consenting participants who fell under the age group of 15-24 years were selected for this study. Participants who are or have been previously treated for alcohol related disorders or

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addiction were excluded from the sample. Only participants who have a native, bilingual or limited proficiency in the English Language were considered.

Measures

Quantitative questionnaire:

The participants were asked to fill out an online questionnaire that consisted of three parts

- **Part 1:** This part of the questionnaire is concerned with collecting some demographic details about the participant and also 3 questions that assess their frequency of alcohol consumption.
- **Part 2:** This part of the questionnaire consists of an 8-item measurement of perceived peer pressure that has been adapted from a pre-existing scale by Santor et al. (2000). This measure required participants to respond to each of the 8 items on a 5-point Likert scale.
- **Part 3:** The participant's level of self-efficacy was measured using the Chinese Alcohol Self-regulation Self-efficacy (CASSE). This instrument was developed by Shell, Newman and Fang (2010). The CASSE consists of 4 subscales and 28 items that are scored on a 1-5 linear scale.

Qualitative interview

A purposive sample of 4 interviewees were selected for this part of the study. The interviews were semi-structured and covered various questions linked to alcohol related behaviours, self-regulatory beliefs and peer pressure. Participants described their patterns and frequencies of alcohol consumption, the place of drinking within their patterns of socialisation, and the drinking patterns of their peers. They also described their beliefs about resisting alcohol and their self-efficacy when it comes to alcohol consumption.

Procedure

The study consists of both quantitative and qualitative elements. For the quantitative part of the study, participation required approximately 30 minutes for the data collection process. Data was collected via a questionnaire that was sent to the identified participants online, through Google Forms. The questionnaire contained a total of 3 parts: Part 1- a brief demographic questionnaire and alcohol use; Part 2- included questions about the participant's levels of perceived peer pressure; Part 3- consisted of questions from the CASSE. No names or identifying information was collected throughout the course of the study. The responses of all the participants were collected and data was then analysed and scored. For the qualitative part, the 4 participants selected were interviewed in-person. The semi-structured interview lasted anywhere between 20-30 minutes. The interview was recorded, transcribed, coded and analysed on a case-by-case basis.

Data analysis

Quantitative analysis:

Based on reported drinking frequency, participants were divided into three groups in the first part of the questionnaire. For part 2 of the questionnaire, the participant's score on the 8-item Perceived Peer Pressure Scale is added and the participant is assigned to belong to one of the three levels: having low, moderate or high levels of perceived peer pressure. For part 3 of the questionnaire, the participant's scores on each of the four subscales were identified and analysed in terms of their drinking behaviours and patterns. To examine how perceived peer pressure is related to self-regulation self-efficacy and drinking frequency, SPSS was

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used. Cronbach's alpha value was calculated for each of the four subscales of CASSE along with the total alpha value.

Qualitative analysis:

Thematic analysis was conducted on a case-by-case basis for the 4 interviews and comparisons were then made between interviews. The three primary research questions explored during the analysis of qualitative data were

1. To explore the extent of peer pressure perceived
2. To explore this perceived peer pressure and its effect on alcohol consumption
3. To explore the relationship between peer pressure and alcohol self-efficacy. The quantitative and qualitative findings are integrated in three sections that reflect the research questions among other demographic details of the participants.

Ethical considerations

Ethical issues of informed consent, maintenance of anonymity, recording permission, and debriefing were followed in this study. To protect the privacy and identity of the participants, the demographic section of the questionnaire did not ask the participants to state their full names or any other personal details and they were assured of confidentiality. It was ensured that no psychological or physical harm was caused to the participants at any point in time. Additionally, deception through the online questionnaire was avoided altogether.

Before agreeing to take part in the study, participants were provided with a brief about the context and purpose of the study. Participants were allowed to withdraw from the study at any point in time, and if they decided to do so, their responses and data collected were erased permanently. For the qualitative part of the study, the purpose of the study was explained to the interviewee and informed consent was taken. Additionally, the interviewee was asked if the interviewer could make notes and record the interview. Participants who were suspected to have high/chronic use or misuse of alcohol were identified and referred to a mental health professional.

RESULTS

A total of 58 individuals between the ages 15-24 years volunteered to participate in this study. Two questionnaires were deleted since the respondents exceeded the target age selected for this study. After dropping the invalid responses, a total of 56 participant responses were used for the analysis (96%).

Demographics of the sample

A total of 56 respondents were considered for this study. Table 1 shows the ages of the 56 participants selected for this study. Furthermore, the total number of male respondents for this study was 15 (27%) while the total number of female respondents was 37 (66%). 3 respondents (5%) identified themselves as others, whereas 1 respondent (2%) chose not to disclose their gender.

Table No. 1 Demographics of the sample

| Age | Frequency |
|--------------|-----------|
| 15 years | 1 |
| 16 years | 7 |
| 17 years | 10 |
| 18 years | 5 |
| 19 years | 4 |
| 20 years | 2 |
| 21 years | 8 |
| 22 years | 7 |
| 23 years | 6 |
| 24 years | 6 |
| Total | 56 |

Drinking behaviours

Based on their reported drinking frequency, participants were divided into three groups, namely non-drinkers, occasional drinkers, and regular drinkers. Non-drinkers were those that had not consumed any alcohol in the past 30 days or the last year. Occasional drinkers were those who had consumed at least once in the last year but not in the past 30 days while regular drinkers had consumed alcohol at least once in the past 30 days. According to the results in Table 2 of 56 participants, 11 (20%) reported they never consumed alcohol in the last year and were classified as non-drinkers. 11 (20%) who reported only consuming alcohol in the last year but not in the past month were classified as occasional drinkers, while 34 participants (40%) reported consuming alcohol in the past month and were classified as regular drinkers.

Table No. 2 Drinking status

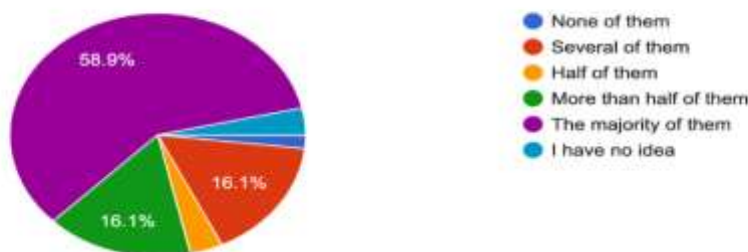
| Drinking status | Frequency |
|---------------------|-----------|
| Non-drinkers | 11 |
| Occasional drinkers | 11 |
| Regular drinkers | 34 |

Peers’ drinking patterns and alcohol use.

Figure 1 illustrates the frequency of alcohol use of the participants’ peers. According to the respondents, 58.9% of their peers have consumed alcohol in the past 12 months while 16.1% each reported at least more than half or several of their peers consuming alcohol in the past 12 months.

Figure No 1. Frequency of alcohol use of peers

3. Think about your peers at your school/university or workplace who are around the same age as you. How many do you think have consumed alcohol in the past 12 months?
56 responses



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To explore the extent of peer pressure perceived and its effect on alcohol consumption For the second part of the study, the participants' responses on the Perceived Peer Pressure scale adapted from Santor et al. (2000) were added. Based on their responses, participants were assigned to belong to one of the three levels: having low levels of perceived peer pressure, moderate levels of perceived peer pressure or high levels of perceived peer pressure.

Subjects were asked to rate a total of 8 items on a 5-point Likert scale ranging from strongly disagree to strongly agree. An average score of all eight items is used as an indicator of perceived peer pressure in drinking behaviours. An average score of 5 indicates the strongest perceived peer pressure toward alcohol use, whereas a score of 1 indicates the lowest level of perceived peer pressure to drinking.

Table 3 shows the average scores of the 56 respondents on the 8 questions of the Perceived Peer Pressure scale. Using this table, we can infer that the participants usually showed stronger levels of perceived peer pressure in drinking behaviours for situations that involved direct requests or behaviours from one's peers.

Reflecting the quantitative data, the interviewees also extended support for this data. JP, a 22 year old female noted that her peers play a big role in her consuming alcohol, especially in social situations involving requests or accompanying them: "I don't really enjoy consuming alcohol whenever I do socially. Like some days it's just because your friends are having it and you need to give them company.... I usually consume alcohol with my friends and they play a big part in me consuming alcohol, I just give in to give them company because they ask."

The qualitative data revealed a discourse of participants consuming more alcohol when their peers consumed alcohol too as compared to drinking alcohol by themselves or drinking when they did not feel like. When asked about reasons to consume alcohol and the role his peers play in it, participant AT, a 23 year old male responded: "Sometimes...when everyone else is drinking and even though I don't want to drink, I feel like I just give in cause you know everyone's doing it and I don't want to be left out ...Then even with your friends they'll always tell you why aren't you drinking and there's just a lot of questions, so...I just give in to drinking and I feel guilty but I feel like it ends up being fun afterwards so yeah."

Table No. 3 Mean scores of 56 participants on the Perceived Peer Pressure scale

| | Range | Minimum | Maximum | Mean |
|--|-------|---------|---------|------|
| 1. If my friends raise a toast, it would be hard for me to say no | 4 | 1 | 5 | 2.86 |
| 2. At times, I've consumed alcohol because my friends urged me to | 4 | 1 | 5 | 2.11 |
| 3. I often feel pressured to drink when I normally would not drink | 4 | 1 | 5 | 1.77 |
| 4. If my friends are drinking, it would be hard for me to resist having a drink | 4 | 1 | 5 | 2.70 |
| 5. I've felt pressured to get drunk at parties | 4 | 1 | 5 | 1.98 |
| 6. If my best friend offered toast, it would be hard for me to refuse drinking alcohol | 4 | 1 | 5 | 2.61 |

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| | | | | |
|--|---|---|---|------|
| 7. At times I have drink alcohol because my best friend urged me to | 4 | 1 | 5 | 1.72 |
| 8. If my best friend urged me to get drunk at a party I would have a drink | 4 | 1 | 5 | 2.39 |

Relation between peer pressure and alcohol self-efficacy

The scale of Chinese Alcohol Self-regulation Self-efficacy (CASSE) was used to assess the self-confidence levels of the participant in resisting peer pressure in relation to alcohol related behaviours. The CASSE consists of 28 test items scored on a 1-5 linear scale. For each test item, the participant selects the option that best reflects their confidence. A score of 5 illustrates having full confidence to resist the pressure to drink, while a score of zero represents having no confidence.

The CASSE includes four subscales for confidence in relation to regulating one's own drinking behaviours: situational social pressures (e.g. resist pressure to drink on a date) which has eight items, mood/affect (e.g. resist the urge to drink when feeling joyful/sad) which consists of four items, excessive drinking which has eight test items (e.g. resist pressure to get drunk at a birthday party) and personal social pressures (e.g. resist the urge to drink to impress friends) which has eight items as well.

The Cronbach's alphas for the original CASSE subscales were .90 for situational social pressures, .80 for mood/affect, .92 for excessive drinking and .91 for personal social pressures (Shell et al., 2010). Table 4 illustrates Cronbach alpha values for each of the four subscales of CASSE for this study. For this study, Cronbach's alpha for situational social pressures was 0.91. For the mood/affect subscale, the alpha value was 0.86. Alpha value for excessive drinking was 0.93 and 0.86 for the personal social pressures subscale. The total Cronbach's alpha value for the four subscales on this test was 0.96.

Table No. 4 Cronbach alpha values for each of the four subscales of the CASSE

| Subscale | Number of items | Cronbach's alpha | Interpretation |
|-------------------------------------|-----------------|------------------|----------------|
| Situational Social Pressures | 8 | 0.91 | Excellent |
| Mood/Affect | 4 | 0.86 | Good |
| Excessive Drinking | 8 | 0.93 | Excellent |
| Personal Social Pressures | 8 | 0.86 | Good |

Figure 2 explores the four qualitative themes identified for this study, namely- role of peers in alcohol behaviours, social settings, alcohol consumption, and self-efficacy and regulatory behaviours. It also identifies sub-thematic categories for each of these four themes along with specific examples for each of the sub-themes in the form of responses from the interviewees. Originally, the CASSE was developed for high school students in China and has been tested for its validity and reliability. However, for the current study, this scale was administered to individuals between the ages of 15-24 years in India. Against this background, it could be possible for the age gap, geographic and cultural context, and differences in developmental processes to impair the reliability of this scale.

Figure No 2. Qualitative themes and sub-themes identified for the study

| ALCOHOL RELATED BEHAVIOURS | |
|---|--|
| Role of peers in alcohol behaviours | Influence of peers on alcohol consumption <ul style="list-style-type: none"> "I usually consume alcohol with my friends and they play a big part in me consuming alcohol." "I hardly drink by myself. Its always with someone-friend or a group of friends." "I don't really enjoy consuming alcohol in these settings whenever I do. Like some days its just because your friends are having and you need to give them company so you just drink." |
| | The alcohol consumption behaviours and patterns of ones peers <ul style="list-style-type: none"> "My peers also consume alcohol in settings in celebrations or traditions." "Yes, peers consume alcohol. We sometimes drink together and uhh I think they consume just as much as I do. We usually go drinking together." |
| Social settings | The sociocultural settings one drinks in <ul style="list-style-type: none"> "In our religion/culture, we have a tradition of everyone sitting on the table, having some drinks and everything." |
| Alcohol consumption | Reasons one consumes alcohol <ul style="list-style-type: none"> "I drink in social situations when I go out as a group of friends or.. when its someones birthday, or a party or a celebration." |
| | Alcohol consumption patterns of the participant <ul style="list-style-type: none"> "I consume alcohol when it comes to anything which is related to celebration" |
| Self-efficacy and regulatory behaviours | Reasons one resists alcohol <ul style="list-style-type: none"> "If I'm not with very close friends then I think it's easier for me to just say no and not drink" "If there are other people in the group also who are not drinking it's easy for me to say no so then they don't force you or ask you why you're not drinking." |
| | Self regulatory behaviours concerning alcohol consumption <ul style="list-style-type: none"> "If i try, I think i can regulate my alcohol consumption irrespective of the people around me- repetitive refusal might help." "Somewhere, I think I'm not that mentally strong to maybe resist alcohol before and I'd go into those peer pressure and drink." |

Presented with XMind

DISCUSSION

The first objective of this study was to explore the extent of peer pressure perceived and its corresponding effect on alcohol consumption. Results of the present study indicate that individuals who perceive higher levels of peer pressure tend to consume alcohol more often as compared to those who perceive lower levels of peer pressure. Individuals who demonstrated higher average scores on the Perceived Peer Pressure Scale were more likely to give in to advances of alcohol consumption from their peers. An implication of this research finding could be in the development of educational and social strategies to teach adolescents the skills required to resist or tackly peer pressure effectively. Enhancing these protective strategies among adolescents can prove to be beneficial when it comes to alcohol related behaviours.

FA, a 18 year old male was one of the four interviewees who suggested that he found himself giving in to the requests of his friends when it came to consuming alcohol more frequently when they were in social settings and they were all raising a toast, despite not

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wanting to drink than when he was with friends who did not force or pressurise him to drink alcohol. He attributed this behaviour to the fear of being left out and judged negatively by his peers.

This study also assesses the relationship between peer pressure and alcohol self-efficacy—that is, if greater peer pressure leads to lower self-efficacy and vice versa. Based on the data collected from this study, we can infer that individuals with lower confidence in regulating their drinking behaviours were not as resistant in giving into peer pressure. They were more susceptible to falling for the advances of their peers and consumed alcohol more number of times in such situations on average. One of the possible explanations to this is these individuals aspired to be accepted by their peers which led them to conform and give in to peer pressure and decrease their self-efficacy in resisting drinking pressures. Another possible explanation to this could be that these individuals feared offending their friends' good intentions and did not risk being looked upon as ungrateful or get negative evaluations if they refused to drink alcohol.

The qualitative data is in accordance with the quantitative data, which indicated that individuals with lower self-regulation and self efficacy indulged in higher frequencies of alcohol consumption. This can be seen in the interview responses of TS, a 17 year old female who when asked about her beliefs in her ability to resist advances of consuming alcohol responded:

“ I think on a scale of 1-10, I'm at a 3 when it comes to my confidence in refusing alcohol pressures from my friends. Somewhere, I think I'm not that mentally strong to maybe resist alcohol before and I'd go into those peer pressure and drink.”

Other implications of this study include the development of interventions to improve cognitive skills of adolescents against peer pressure. With the help of these skills, we can expect these individuals to be more assertive and confident when it comes to resisting drinking pressures from their peers or drinking for the sake of recognition and approval. These skills will not just help them in the short-run but also be beneficial to them in the long run with other peer pressure related behaviours. It can also help policy makers in India develop laws and plans around alcohol use for this vulnerable population.

Limitations

One of the most important limitations of the study is its generalizability. The findings of the study cannot be generalised to the entire adolescent population in India because the study consisted of a limited sample size. Samples from different regions in India could be used in further studies. Another limitation of this study is the relationship between gender and peer pressure, a concept that was overlooked in this study. Understanding the role gender plays in perceived peer pressure can better help understand its role in alcohol related behaviours.

This study is dependent on self-reported data and information. Such measures are subjected to self-report bias among other biases and distortions. The participants could have inaccurately represented the nature of their responses to peer influences.

Culture and alcohol consumption is another concept that needs to be kept in mind while interpreting and analysing the results of this study. In certain cultures in India, alcohol consumption may not be a choice, but a traditional obligation that may display loyalty and intimacy. Refusal to drink alcohol in these situations can cause adverse effects on social interaction, and people who offer alcohol are likely to be offended by the refusal.

CONCLUSION

In conclusion, alcohol consumption was found to be prevalent among the majority of adolescents in the study. Individuals with higher peer pressure were found to be more prone to drinking frequently. The influence of peer pressure on alcohol use was mediated by the participants' self-efficacy and regulatory beliefs towards resisting pressures. The results from this mixed-methods study have expanded on previous qualitative and quantitative methods by incorporating these phenomena in the Indian context and among Indian adolescents- both males and females.

Results from this study indicate the importance of peer influence and pressure and one's self-regulation in alcohol consumption.

These findings can be used to provide critical implications for alcohol education and intervention of alcohol abuse among adolescents in India. Additionally, they offer implications for the development of educational programs that are specifically targeted to improve the cognitive defence capacity of adolescents to resist peer pressure in drinking and other alcohol related behaviours.

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Conflict of Interest

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