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**Original Research Paper** 

# Impact of Family or Social Factors on Substance-Abusers among Youth

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# **ABSTRACT**

Substance or drug abuse has become the most prevalent social evil in the present times. If youth indulge in substance abuse, they can never utilize their potential and energies for self-growth, family welfare as well as for the welfare and development of the nation. To curb this menace among youth, psychologist must come forward to ascertain the family or other social factors which tend to increase this. Thus these factors must be removed from the society and the nation which is the ultimate aim of this research. For this purpose, a sample of 300 students out of which 100 habituated, 100 occasional & 100 non-users were used. Drug abusers schedule & Personal and Family Data Sheet (PFDS) were used to obtain information regarding the personal and family details of the students. A significant association existed between social factors (presence/absence of parents, marital status, type of family and birth order) and substance abuse in youth. The present study has both theoretical and practical application. Keeping this in view, the present work was undertaken.

**Keywords:** Substance abusers, Drug abuse schedule, Social factors, Personal and Family Data Sheet (PFDS)

**D**rug abuse, Drug addiction & substance abuse are one of the most burning problems of each one & every one. We live amidst the drug culture – not a culture of youth alone but of the entire nation and worldwide. National Committee on Drug Abuse in India (1984) reported that "there are disturbing signs which show that drug abuse in India is likely to worsen and get out of hand if the planned comprehensive and sustained measures are not taken immediately to curb the evil.

A drug is a chemical substance that changes the way our body works through. When a pharmaceutical preparation or natural crude substance is used primarily to bring out a change in so existing process or state (Physiological, Psychological or Biochemical) it is called a drug. In short, any chemical that alters the physical or mental functioning of an individual is termed as drug.

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Drug may or may not be used for medical purposes. Their usage without there being a medical presentation renders its use to be illegal or non-medical. When drugs are used to cure or prevent a disease or improve the health condition, it is called a medicine and using it so is termed 'drug use'. Drugs prescribed by a physician include antibiotics, tranquilizers, pain reliever etc. When drugs are taken to alter the mood and remove anxiety without there being any prescription by a physician, it is 'Drug abuse'.

Pattern of mood altering drug use without a medical presentation forms an eight-point continuum ranging from Non-use to addiction viz- Non-use-Appropriate use-misuse-Experimental use Abuse-Habituation-Psychological & physiological dependency-Addiction.

Family which is a primarily socializing agent can predispose the individual towards deviancy. Parental attitude of rejection, inconsistent child-rearing practices, parental deprivation, drugs use by parents and other family members, family structure, sibling position & income, occupation, socio-economic status of the family, and disturbed patterns of the family play a vital role of escape from himself and society and ultimately indulge in one or more drug.

In the family, family type, family size, birth order, status of family, parental attitude, parental deprivation, child rearing practices and the history of drug abuse in the family can be looked upon. In this connection a lot of researches have been done in India and abroad.

Chein et.al. (1964) contrasted the family background of addicts and normal controls. The addicts tended to come more often from families characterized by emotional disturbances, distance, poor father-son relationships, and instability. 'O' Dowd (1973) examined one aspect of the family relationships i.e. emotional support to determine whether supportiveness, among family members co-related with the absence of illicit drug use. Bear & Corrado (1974) studied the role of parental influence in the etiology of heroin addiction. The addicts reported more physical punishment, more evening freedom as teenager, less encouragement to bring friends home, less parental co-habitation, less career planning assistance, & parents having less influence on their conduct. Majority of addicts lead an unhappy childhood which includes harsh physical punishment and a general pattern of parental neglect and rejection. Reilly reported that the social distance between parents and child increases so much that abusers put less value on their parents opinion. Bulk of drug abusers come from families where there is a communication gap and their laissez-faire or authoritarian discipline. In addition, drug abusers belonged to families in which the person whom they defined as the most powerful tended to use psychological crutches to cope up with stress (Jurich, et.al., 1985). In India, Khan (1978) reported a mild but inverse relation between parental control and drug use. This trend was further reinforced by the distribution of the user types (former users and current users) in relation to parental control (Khan & Unnithan, 1979).

Some studies conducted to know the relation between drug use and parental deprivation. Parental deprivation includes lack of parental presence whether due to death, separation, or divorce. Fort (1954) found that father or father figure to be absent in most of the drug abuse

cases. Chein et.al. (1964) also reported, father or father figure is totally absent in about half of their addict group. Needless to say, broken homes have been found to be more common in the background of addicts. Bucky (1971) found that 63 percent of the heroin addicts who got separated from parents know that their fathers were still alive but had no communication with them. Malhotra (1983) who studied the familial and personal correlates of drug consumption among common youth, found that drug consumption was higher in families in which one or both of the natural parents were absent. But contradictory remarks have been given by Ahuja (1982). In is not the father or mother absence but the quality of interpersonal relationship between the child and parents which is important in the incidence of drug usage. Lather (1993) has viewed that parental divorce seems to be related to drug problem more than parental death. Because separation due to divorce has alarming psychological impact than separation due to death.

The family as the primary socializing agent, predisposes the individual towards deviancy or non-deviancy which includes use of hard narcotics. Bucky (1971) found that heroin addicts came from the largest families of all drug using groups. Delhi School of Social Work reported of that 87 percent of the drug abusers came from joint families. 64 percent lived with families and 36 percent in the hostels. Khan (1978) divided students into two broad groups: (a) Those coming from nuclear family, and (b) Those from joint family. His findings revealed that there were comparatively more drug users in joint family groups than in single family groups. In sharp contrast, Veeraghavan (1981) reported that students from nuclear family groups were more given to drugs. Birth order wise, drug abuse was more frequent in the middle than in other groups.

Mukangi, A. (2010) study was guided by two objectives. The first objective was to investigate which of the ordinal birth order (one's chronological position with in their family of origin) was more prevalent in relation to substance related disorders. The second objective was to investigate whether psychological birth order (a person's perception of their ordinal birth order)was more prevalent in relation to substance related disorders. In reference to the first objective, it was found that youngest child was more likely to have a substance related disorder 33.3% followed by the first and middle child who were just as likely to develop the disorder 28.6% and lastly, an only child with a frequency of 7.6%. In the second objective, it was found sthat majority of the participants rated themselves as psychological first born with a frequency score of 51.9%. This was followed by ratings of the psychological middle child 22.2% and the psychological only (11.1%).

Khan (1978) reported the proportion of married students in the categories of regular and habitual users was higher than that of unmarried ones. Bagadia and others (1981) found chronic alcoholism distinctly high among married persons. On the contrary Kodandaram and Murthy (1979) reported that drug use was prevalent among unmarried criminals. Beckett & Lodge (1971) report on the sample of male addicts in treatment, that 71 percent single and 7 of the 10 married addicts are separated. In three cases, wives were also involved in using heroin. The married life of heroin-addicts is full of tension and anxiety.

# Objective:

Assess the family and other social factors of substance abuser.

# Hypothesis:

- It was hypothesized that there would be significant association between present or 1. absence of parents and drug abusers university students.
- 2. It was hypothesized that there would be significant association between types of family and drug abusers university students.
- 3. It was hypothesized that there would be significant association between birth order and drug abusers university students.
- 4. It was hypothesized that there would be significant association between marital status and drug abusers university students.

# **METHOD**

# Sample:

In present research the sample consisted of the three hundred (300) male postgraduate students of Vth and VIIth years from different departments of Magadh University, Bodh-Gaya. The sample was selected from incidental-cum- purposive sampling technique. The sample was drawn from three groups, namely, occasional drug users, habitual drug users and non-users. Attempt was also made to match the three groups of respondents in terms of their age (20 - 25 years) and socioeconomic status.

### Tools:

#### Personal and Family Data Sheet (PFDS): 1.

The personal and family data sheet was prepared by the present investigator. The sheet which may be abbreviated as PFDS is a twenty (20) items sheet in Hindi. The PFDS is prepared mainly to obtain information regarding the personal and family details of the students. The personal and family details to be obtained through this sheet are related with the age, sex, education, caste, religion, area of residence, marital status, Father's education, father's occupation, father's income, father's presence or absence, family types and sibling's position. Almost all the items in the sheet are having fixed response alternatives and the responses of the subjects toward these items are expected to yield information pertinent to the aims and hypotheses of the present study.

2. Drug abuse schedule (DAS): To categorizing the drug users a "Drug Abuse Schedule" was used.

# Procedure of Data collection:

For collecting the Data, the above mentioned tools in printed forms were distributed among small groups consisted of 10 to 15 students from a class in a separate room. It was extended over a period of two sessions. Efforts were made to establish a workable rapport with the students in order to ensure their co-operation.

# RESULT AND DISCUSSION

In quest of obtaining the result, of the present study the data were analyzed by the descriptive as well as by inferential statistics. The X<sup>2</sup> of the variables among the group of occasional user, habitual and non-users are shown in tables.

#### 1. **Presence/Absence of Parents:**

The influence of parents, especially of father, cannot be underrated in the process of socialization. It is observed that parental guidance and control help in molding and shaping individuals personality and values. Just opposite, lack of parental guidance and control may encourage development of undesirable traits like drug abuse (Harris et al,1998; Zimmerman et al,1995). Keeping this in mind, it was hypothesized that there would be significant association between presence or absence of parents and drug users. In order to test this hypothesis  $X^2$  was computed and obtained results are summarized in Table -1.

Table - 1, Comparison of presence or absence of subject's father in terms of drug users.

Groups	Father		Total
	Presence (Alive)	Absence (Dad)	
Habitual	150	14	164
Occasional	42	07	49
Non-users	78	09	87
Total :-	270	30	300

Chi-square = 1.39; p-value = NS (df = 2)

Table – 1 clearly shows that fathers of the majority of students are alive. However, the respondents having their fathers alive and dead do not differ statistically in terms of their use of drugs. The obtained X<sup>2</sup> value 1.39 is not significant even .05 level of confidence. Thus, our hypothesis is not fulfilled. The findings are on the line of findings of Ahuja (1982). According to him, it is not the father or mother absence but the quality of interpersonal relationship between the child and parents which is important in the incident of drugs usage. Lather (1993) has viewed that parental divorce seems to be related to drug problem more than parental death.

Akhter (2012) found a significantly higher proportion of substance abuse was associated with predisposing factors like where parents are not living together. Children who live with a single parent or stepfamilies are more likely to use and abuse illegal drugs, alcohol or tobacco compared to children who live with both biological or adoptive parents (Bronte-Tinkew, Moore, Capps & Zaff, 2006; Johnson Haffmann & Gerstein, 1996; Kelly, 2000; Painter & Levine, 2000) and report higher rates of drinking & smoking (Griffin et al 2000). Mandra & Murray (2006) found that father absent boys were much more likely than father present boys or either group of girls of use drugs. Father closeness was negatively correlated with the number of a child's friends who smoke marijuana (National Fatherhood Initiative, 2004). But Saxena et al (2010) found lower prevalence of substance abuse (34.4%) among adolescents

who have lost their one or both the parents in comparison to adolescents with both the parents alive (47.7%).

# 2. Types of family:

The impact of single vs. joint family structure was studied in order to establish its impact on drug abuse. In a joint family setting the transmission of social norms and values from one generation to another is distinctly more effective than in a single or nuclear family. However, it has been observed that children of nuclear family are more effectively and efficiently taken care than children of joint family. In this connection, it was hypothesized that there would be significant association between types of family and drug users. In order to test this hypothesis, the students have been divided into two categories – joint family group and single family group. Chi-square was calculated to see the association between two variables. The obtained results are presented in Table -2

Table - 2, Comparison of joint and single family of subjects in terms of drug users.

Groups	Family types		Total
	Joint	Single	
Habitual	110	50	160
Occasional	50	30	80
Non-users	20	40	60
Total :-	180	120	300

*Chi-square* = 23.86; p - value = .01 (df = 2)

It is clear from above table that the majority of students are from joint family group. It is further clear that most of the students accepting habitual and occasional drug use belong to joint family. Obtained  $X^2$  value ( $X^2 = 23.86$ ) is highly significant on .01 level of confidence. Thus the present hypothesis has been proved.

The present finding proved by some previous studies. Khan (1978) divided students into two groups - (a) those coming from joint family. His findings revealed that there were comparatively more drug users in joint family groups than in single family groups. Singh, (2009) found majority (80%) of respondents belonged to joint families while 20% belonged to nuclear families. Akhter (2012) found respondents in joint families were consuming significantly higher amounts of substances as compared with their counterparts in nuclear families. Sarangi et al (2008) reported significantly higher proportion of substance abuse among adolescents from joint family (47.3%).

Saxena (2010) reported higher levels of substance abuse in nuclear families (48.8%). Qadri et al (2013) also found more of the substance abuser belonged to the nuclear families (57.49%) as compared to the joint families (42.50%). But Ahmed (2009) not found any significant association between type of family and drug abuser.

#### 3. Birth order:

Birth order as a social correlates has also attracted the attention of behavioral scientists. Several investigators have studied the effect of birth order on the life style of an individual. It is often observed their first born child seeks more attention, approval and support and social interaction than the later born children. Keeping this in view, it was hypothesized that there would be significant association between birth order and drug users. In order to test this hypothesis also Chi-square was calculated. The obtained results are presented in Table -3

Table -3 Comparison of birth order of subjects in terms of drug users.

Groups	Birth order			Total
	First born	Middle born	Last born	
Habitual	37	84	13	134
Occasional	33	55	10	98
Non-users	32	21	15	68
Total :-	102	160	38	300

Chi-square = 19.92; p-value = .01 (df = 4)

We find from the results shown in table -3 that the obtained  $X^2 = 19.62$  is significant on .01 level of confidence. It means there is a significant association between birth order and drug abuse. It is obvious from the table -3 that majority of students are middle born. They have accepted more use of drugs as compared to their first and last born counterparts. Veeraraghavan (1981) also reported that drug abuse was more frequent in the middle than in other groups.

The middle born has often been described as 'feeling squeezed out' since they can never get the full attention as is the case with the first and last born (Craighead & Nameroff, 2002). As a result, these middle borns often feel like they are in a race with the first born so as to take over the privileged position of their older sibling whilst still staying ahead of the youngest child (Kalkan, 2008; Adler, 1931). The middle child has also been referred to as the black sheep of the family and can go to great lengths to receive the attention they feel they were deprived by doing things such as joining rebellious social groups (Rickert, 2002). Research on birth order has often implicated the middle born as being over represented in delinquent populations when compared to their older and middle child counterparts (Sutherland, Cressey & Luckenbill, 1992). This over representation has been deemed to take place as a result of the middle child not ever receiving as much attention as the first and last child (Sutherland et al., 1992). It should be noted that the middle child syndrome can lead the individual to either end up as philanthropist or, the opposite (Rickert 2002). And particularly, the middle child has been implicated in helping others get justice possibly because they felt that there was no justice whilst growing up in the family of origin (Stewart 2004; Ashby, LoCicero & Kenny 2003).

But Mukangi (2010) found that youngest child was more likely to have a substance related disorder 33.3%, followed by the first and middle child who were just as likely to develop the

disorder 28.6 % and lastly, an only child with a frequency of 7.6%. The results also support those of Smart (1963) and Schachter (1959) which stated that the youngest child is more likely to become an addict and mainly because they tend to react to anxiety evoking situations by becoming more anxious. Therefore, this means that as opposed to developing strategies that relieve this anxiety, the youngest child is more inclined to use substances as a way of escaping such situations.

## 4. Marital Status:

The role of marital status cannot be under rated in the development of drug abuse. Many researchers have found marital status to be significant determinants in drug abuse. Do unmarried youths involve more in drug abuse or married youths? To examine this, it was hypothesized that there would be significant association between marital status and drug users. In order to test this hypothesis also married and unmarried youths have been compared and  $X^2$  was calculated. The obtained findings are summarized in Table – 4

Table – 4 Comparison of marital status of the subjects in terms of drug users.

Groups	Marital status		Total
	Married	Unmarried	
Habitual	39	81	120
Occasional	13	67	80
Non-users	28	72	100
Total :-	80	220	300

*Chi-square* = 6.62; *p-value* = .05 (*df* = 2)

It is evident from table -4 that the three groups differ wide apart in respect of drug use. Most of the subjects are unmarried. The statistical comparison of married and unmarried youths in respect of use of drugs has yielded a significant result ( $x^2 = 6.62$ , <.05). The findings are more or less in the expected direction. Since unmarried youths take more risk as compared to their married counterparts, they may involve more in using drugs. Due to majority in age and familial responsibility married youths are likely to inhibit their responses related to acceptance of drug abuse. Kodandaram & Murthy (1979) also reported that drug use was prevalent among unmarried persons. Almeida et al (2004), Jhingan et al (2003), Malyutina et al (2004) & Wild et al (2004) found that the single, divorced or widowed people generally consume more alcohol. Wilson (2004) & Akhter (2012) also found that most of the substance abuser are unmarried. Akhter (2012) found among substance abuser 86.1% are single and only 13.9% are married. But Barros (2007) not found any significant association between marital status & alcoholism.

But Khan (1978) reported the proportion of married students in the categories of regular and habitual users was higher than that of unmarried ones. Bagadia & others (1981) found chronic alcoholism distinctly high among married persons.

# CONCLUSION

- Out of three social factors marital status, types of family and birth order have significantly associated with drug abuse among university students.
- Father's presence or absence has been found to be insignificant association with drug abuse among university students.

# LIMITATIONS

- (i) The present study is limited only on male students.
- (ii) This study is solely based on self-reporting method. Therefore, this method has its disadvantages, which subject to systematic errors.
- (iii) The study is based on limited sample and one culture.

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