

Research Article**Study of demographic factor relationship with the drug abusing habits of students in Bikaner zone of Rajasthan state India**Meenakshi Sindolia* and Dharm Pal Singh¹

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ABSTRACT

India has unique cultural diversity. Diversity in culture influences various sociological impacts. Present study help to identify the impact of demographic factors including gender, cast, family type, background, food habits, income level and residential locality in drug abusing habits of students in Bikaner zone of Rajasthan state India. To examine the significance of difference between the demographic categories of students and its impact on the drug abusing behaviour of students One Way ANOVA was performed. Gender, cast, family type, background, food habits, income level and residential locality of students does not show any significant difference in drug abusing habits.

Keywords: Opioids**1. Introduction:****Drug abuse**

Substance abuse, also known as drug abuse, is a patterned use of a substance (drug) in which the user consumes the substance in amounts or with methods which are harmful to themselves or others. The terms have a huge range of definitions related to taking a psychoactive drug or performance enhancing drug for a non-therapeutic or non-medical effect. All of these definitions imply a negative judgment of the drug use in question. Some of the drugs most often associated with this term include alcohol, tobacco, benzodiazepines (like alprazolam and diazepam), cocaine, cigarettes and opioids. Use of these drugs may lead to criminal penalty in addition to possible physical, social, and psychological harm. There are many cases in which criminal or anti-social behavior occur when the person is under the influence of a drug. Long term personality changes in individuals may occur as well¹.

Age related phenomena of school students

Adolescence is defined by characteristic behaviors that include high levels of risk taking, exploration, novelty and sensation seeking, social interaction and play behaviors. In addition, adolescence is the

final period of development of the adult during which talents, reasoning and complex adult behaviors mature. This maturation of behaviors changes in neuronal as well as changes in hormones. Development of brain includes frontal cortical development is later in adolescence and likely contributes to refinement of reasoning, goal and priority setting, impulse control and evaluating long and short term rewards. This review presents findings supporting adolescence as a critical period of cortical development important for establishing lifelong adult characteristics that are disrupted by alcohol and drug use².

Studying demographic factors relationship with the drug abusing habit of students

Present study helps to identify the impact of demographic factors (Gender, Caste, Family type, Background, Food habit, Income level and Residence locality) on the drug abusing habits of the sampled secondary school students of Bikaner. It is a measurable issues which help to identify that is there any relationship between the demographic characteristics and drug abusing of students means the difference in the drug abusing behaviour of students is according to the demographic characters or not. Following hypotheses were formulated for the purpose:

H₀₁₅: Gender of students does not affect their drug abusing behaviour or habit.
H_{a15}: Gender of students significantly affects their drug abusing behaviour or habit.
H₀₁₆: Caste of students does not affect their drug abusing behaviour or habit.
H_{a16}: Caste of students significantly affects their drug abusing behaviour or habit.
H₀₁₇: Family type of students does not affect their drug abusing behaviour or habit.
H_{a17}: Family type of students significantly affects their drug abusing behaviour or habit.
H₀₁₈: Background status of students does not affect their drug abusing behaviour or habit.
H_{a18}: Background status of students significantly affects their drug abusing behaviour or habit.
H₀₁₉: Food habit of students does not affect their drug abusing behaviour or habit.
H_{a19}: Food habit of students significantly affects their drug abusing behaviour or habit.

H₀₂₀: Income level of families students does not affect their drug abusing behaviour or habit.
H_{a20}: Income level of families of students significantly affects their drug abusing behaviour or habit.
H₀₂₁: Residence locality of students does not affect their drug abusing behaviour or habit.
H_{a21}: Residence locality of students significantly affects their drug abusing behaviour or habit.

To examine the significance of difference between the demographic categories of students and its impact on the drug abusing behaviour of students One Way ANOVA was performed.

Sample size

200 students been selected for this study based on different aspect such as gender, different cast, family type, income level, food habits and residential locality,

Table 1: Descriptive of Student Gender and drug abusing or students consuming intoxicants

Descriptive								
Consuming from								
	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
					Lower Bound	Upper Bound		
Male	117	2.8632	1.27243	.11764	2.6303	3.0962	1.00	5.00
Female	83	2.8434	1.16328	.12769	2.5894	3.0974	1.00	5.00
Total	200	2.8550	1.22535	.08665	2.6841	3.0259	1.00	5.00

Source: Primary Data

From Table -1 it could interpret that mean score of male drug consuming is 2.86 and female is 2.84 which shows that mean score of both male and female does not show significant difference so it could conclude that both male and female both are equally drug abuser.

Table 2: One Way ANOVA of Student Gender and drug abusing or students consuming intoxicants

ANOVA					
Consuming from					
	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	.019	1	.019	.013	.910
Within Groups	298.776	198	1.509		
Total	298.795	199			

Source: Primary Data

According to Table-2 it could interpret that the difference between the two Mean Squares (.019 and 1.509), resulting in a non significant difference ($F = .013$; $Sig. = 0.910$). The Sig. value is greater than the Sig. level of 0.05. This means that H_{015} must be accepted which states that gender of students does not affect their drug abusing behaviour or habit. So it was concluded that drug abusing habit in sampled secondary school students is not depends on gender.

Table 3: Descriptive of Student Caste type and drug abusing or students consuming intoxicants

Descriptives								
Consuming from								
	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
					Lower Bound	Upper Bound		
SC	20	2.8500	1.46089	.32667	2.1663	3.5337	1.00	5.00
ST	44	2.9091	1.09583	.16520	2.5759	3.2423	1.00	5.00
OBC	47	2.8936	1.23771	.18054	2.5302	3.2570	1.00	5.00
General	38	2.8947	1.33132	.21597	2.4571	3.3323	1.00	5.00
Minority	32	2.6875	1.20315	.21269	2.2537	3.1213	1.00	5.00
Others	19	2.8421	1.16729	.26780	2.2795	3.4047	1.00	5.00
Total	200	2.8550	1.22535	.08665	2.6841	3.0259	1.00	5.00

Source: Primary Data

From Table-3 it could interpret that mean score of SC students' drug consuming is 2.85, ST students' drug consuming mean score is 2.90, OBC students' drug consuming mean score is 2.89, General students drug consuming mean score is 2.89, minority students' drug consuming mean score is 2.68 and other category students drug consuming mean score is 2.84 which shows that mean score of all the caste type does not show big difference in the mean score which show that drug consuming do not depends on type of caste.

Table 4: One Way ANOVA of Student Caste type and drug abusing or students consuming intoxicants

ANOVA					
Consuming from					
	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	1.160	5	.232	.151	.979
Within Groups	297.635	194	1.534		
Total	298.795	199			

Source: Primary Data

According to Table-4 it could interpret that the difference between the two Mean Squares (.232 and 1.534), resulting in a non significant difference ($F = .151$; $Sig. = 0.979$). The Sig. value is greater than the Sig. level of 0.05. This means that H_{016} must be accepted which states that caste of students does not affect their drug abusing behaviour or habit. So it was concluded that drug abusing habit in sampled secondary school students is not depends on their caste type.

Table 5: Descriptive of Student family type and drug abusing or students consuming intoxicants

Descriptives								
Consuming from								
	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
					Lower Bound	Upper Bound		
Nuclear	103	2.7476	1.21847	.12006	2.5094	2.9857	1.00	5.00
Joint	97	2.9691	1.22860	.12475	2.7215	3.2167	1.00	5.00
Total	200	2.8550	1.22535	.08665	2.6841	3.0259	1.00	5.00

Source: Primary Data

From Table-5 it could interpret that mean score of students belongs to nuclear families is 2.74 and mean score of students belong to joint families is 2.96 which shows that mean score of all the family type does not show big difference in the mean score which show that drug consuming do not depends on type of family.

Table 6: One Way ANOVA of Student family type and drug abusing or students consuming intoxicants

ANOVA					
Consuming from					
	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	2.451	1	2.451	1.638	.202
Within Groups	296.344	198	1.497		
Total	298.795	199			

Source: Primary Data

According to Table-6 it could interpret that the difference between the two Mean Squares (2.451 and 1.497), resulting in a non significant difference ($F = 1.638$; $Sig. = 0.202$). The Sig. value is greater than the Sig. level of 0.05. This means that H_{017} must be accepted which states that family type of students does not affect their drug abusing behaviour or habit. So it was concluded that drug abusing habit in sampled secondary school students is not depends on their type of families (Nuclear or Joint).

Table 7: Descriptive of Student background status and drug abusing or students consuming intoxicants

Descriptives								
Consuming from								
	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
					Lower Bound	Upper Bound		
Low	55	2.8000	1.26784	.17095	2.4573	3.1427	1.00	5.00
Middle	68	2.8088	1.22483	.14853	2.5124	3.1053	1.00	5.00
High	77	2.9351	1.20675	.13752	2.6612	3.2090	1.00	5.00
Total	200	2.8550	1.22535	.08665	2.6841	3.0259	1.00	5.00

Source: Primary Data

From Table-7 it could interpret that mean score of Low background status students' drug consuming is 2.80, Middle background students' drug consuming mean score is 2.80 and higher background status students drug consuming mean score is 2.93 which shows that mean score of all the caste type does not show big difference in the mean score which show that drug consuming do not depends on background status.

Table 8: One Way ANOVA of Student background status and drug abusing or students consuming intoxicants

ANOVA					
Consuming from					
	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	.805	2	.402	.266	.767
Within Groups	297.990	197	1.513		
Total	298.795	199			

Source: Primary Data

According to Table-8 it could interpret that the difference between the two Mean Squares (.402 and 1.513), resulting in a non significant difference ($F = .266$; $Sig. = 0.767$). The Sig. value is greater than the Sig. level of 0.05. This means that H_{018} must be accepted which states that background status of students does not affect their drug abusing behaviour or habit. So it was concluded that drug abusing habit in sampled secondary school students is not depends on background of students.

Table 9: Descriptive of Student food habit and drug abusing or students consuming intoxicants

Descriptives								
Consuming from								
	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
					Lower Bound	Upper Bound		
Vegetarian	93	2.7849	1.15955	.12024	2.5461	3.0238	1.00	5.00
Non Vegetarian	107	2.9159	1.28211	.12395	2.6702	3.1616	1.00	5.00
Total	200	2.8550	1.22535	.08665	2.6841	3.0259	1.00	5.00

Source: Primary Data

From Table-9 it could interpret that mean score of vegetarian students (93) consuming intoxicants is 2.78 and mean score of non vegetarian students (107) consuming intoxicants is 2.91 which is not good difference between the mean score.

Table 10: One Way ANOVA of Student food habit and drug abusing or students consuming intoxicants

ANOVA					
Consuming from					
	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	.853	1	.853	.567	.452
Within Groups	297.942	198	1.505		
Total	298.795	199			

Source: Primary Data

According to Table-10 it could interpret that the difference between the two Mean Squares (.853 and 1.505), resulting in a non significant difference ($F = .567$; $Sig. = 0.452$). The Sig. value is greater than the Sig. level of 0.05. This means that H_{019} must be accepted which states that food habit of students does not affect their drug abusing behaviour or habit. So it was concluded that drug abusing habit in sampled secondary school students is not depends on their food habit.

Table 11: Descriptive of Students' family Income level and drug abusing or students consuming intoxicants

Descriptives								
Consuming from								
	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
					Lower Bound	Upper Bound		
1 - 5 Lakhs	28	2.8929	1.31485	.24848	2.3830	3.4027	1.00	5.00
50001 - 1 Lakh	29	2.5172	1.18384	.21983	2.0669	2.9676	1.00	5.00
20001 - 50000	34	2.8824	1.34310	.23034	2.4137	3.3510	1.00	5.00
10001 - 20000	94	2.9468	1.17654	.12135	2.7058	3.1878	1.00	5.00
5001 - 10000	15	2.8000	1.20712	.31168	2.1315	3.4685	1.00	5.00
Total	200	2.8550	1.22535	.08665	2.6841	3.0259	1.00	5.00

Source: Primary Data

From Table-11 it could interpret that least mean score was observed for the 50001 to 1 Lakh income level which is 2.51 and the highest mean score 2.94 was observed for the 10001 to 20000 income level family students.

Table 12: One Way ANOVA of Students' family Income level and drug abusing or students consuming intoxicants

ANOVA					
Consuming from					
	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	4.212	4	1.053	.697	.595
Within Groups	294.583	195	1.511		
Total	298.795	199			

Source: Primary Data

According to Table-12 it could interpret that the difference between the two Mean Squares (1.053 and 1.511), resulting in a non significant difference ($F = .697$; $Sig. = 0.595$). The Sig. value is greater than the Sig. level of 0.05. This means that H_{020} must be accepted which states that income level of families of students does not affect their drug abusing behaviour or habit. So it was concluded that drug abusing habit in sampled secondary school students is not depends on income level of their families.

Table 13: Descriptive of Student residence locality and drug abusing or students consuming intoxicants

Descriptives								
Consuming from								
	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
					Lower Bound	Upper Bound		
Rural	96	2.9583	1.21323	.12382	2.7125	3.2042	1.00	5.00
Urban	104	2.7596	1.23458	.12106	2.5195	2.9997	1.00	5.00
Total	200	2.8550	1.22535	.08665	2.6841	3.0259	1.00	5.00

Source: Primary Data

From Table-13 it could interpret that mean score of rural area students' drug consuming is 2.95, urban area students' drug consuming mean score is 2.75 which shows that mean score of residence locality does not show big difference in the mean score which show that drug consuming do not depends on residence locality.

Table 14: One Way ANOVA of Student residence locality and drug abusing or students consuming intoxicants

ANOVA					
Consuming from					
	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	1.971	1	1.971	1.315	.253
Within Groups	296.824	198	1.499		
Total	298.795	199			

Source: Primary Data

According to Tabl-14 it could interpret that the difference between the two Mean Squares (1.971 and 1.499), resulting in a non significant difference ($F = 1.315$; $Sig. = 0.253$). The Sig. value is greater than the Sig. level of 0.05. This means that H_{021} must be accepted which states that residence locality of students does not affect their drug abusing behaviour or habit. So it was concluded that drug abusing habit in sampled secondary school students is not depends on their residence locality (Rural and Urban).

Conclusion

To identify the impact of demographic factors (Gender, Caste, Family type, Background, Food habit, Income level and Residence locality) on the drug abusing habits of the sampled secondary school students of Bikaner One Way ANOVA was applied. Conclusions derived from the statistical analysis are as follows:

1. Drug abusing habit in sampled secondary school students not depends on gender (Male and Female).
2. Drug abusing habit in sampled secondary school students not depends on their caste type (SC, ST, OBC, General, Minority and Others).
3. Drug abusing habit in sampled secondary school students not depends on their type of families (Nuclear or Joint).
4. Drug abusing habit in sampled secondary school students not depends on background (Low, Middle and High) of students.
5. Drug abusing habit in sampled secondary school students not depends on their food habit (Vegetarian and Non vegetarian).
6. Drug abusing habit in sampled secondary school students not depends on income level of their families.
7. Drug abusing habit in sampled secondary school students not depends on their residence locality (Rural and Urban).

Suggestions for family and school to prevent children from drug abuse

From the study conducted following recommendations are made for the family to prevent their children from drug abuse.

Preventing Ideas for family:

Children are more likely to experience risk when there is:

1. Lack of mutual attachment and nurturing by parents or caregivers;
2. Ineffective parenting;
3. A chaotic home environment;
4. Lack of a significant relationship with a caring adult; and
5. A caregiver who abuses substances, suffers from mental illness, or engages in criminal behavior.

These experiences, especially the abuse of drugs and other substances by parents and other caregivers, can impede bonding to the family and threaten feelings of security that children need for healthy development. On the other hand, families can serve a protective function when there is:

6. A strong bond between children and their families;
7. Parental involvement in a child's life;
8. Supportive parenting that meets financial, emotional, cognitive, and social needs; and
9. Clear limits and consistent enforcement of discipline.

Preventing Ideas for School

1. Prevention programs in schools focus on children's social and academic skills, including enhancing peer relationships, self-control, coping skills, social behaviors, and drug offer refusal skills.
2. School-based prevention programs should be integrated within the school's own goal of enhanced academic performance.
3. Evidence is emerging that a major risk for school failure is a child's inability to read by the third and fourth grades (Barrera et al. 2002), and school failure is strongly associated with drug abuse.
4. Integrated programs strengthen students' bonding to school and reduce their likelihood of dropping out.
5. Most prevention curricula include a normative education component designed to correct the misperception that many students are abusing drugs.
6. Teachers should seek to acknowledge students' feelings before dealing with their counseling. This conveys the message that the feelings themselves are not wrong but the way in which they are acted upon may need to be altered.
7. Allowing students to make some choices in the classroom setting encourages a sense of responsibility and builds problem-solving skills.
8. Counseling teachers working with the drug-affected students should view the home as an integral part of the curriculum, as early intervention programs result in long-term positive change only when parents/caregivers involvement is emphasized. A genuine interest in the well-being

of parents/caregivers can assist in establishing a strong home-school partnership.

9. The curriculum needs revision to ensure sequence, progress and continuity of messages relating to the declaration of national and international war on drug abuse and the plight of the youth.

10. There is need to introduce drug therapy programmes in schools for proper identifications of students with drug abuse problem and prevention of drug abuse.

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