

Peer Pressure and Emotional Intelligence as Predictors of Alcohol and Drug Abuse amongst Adolescents

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Abstract

Adolescence is the period of progressive developmental changes from late childhood to the beginning of adulthood. Adolescence is characterised by significant existential conflicts as well as by increased vulnerability to the behaviour of alcohol and drug abuse. Thus, the purpose of the present study was to explore the relationship between peer pressure, emotional intelligence and alcohol and drug attitude among adolescents. To achieve the purpose, the sample of 500 students (N=500) in the age range of 15-19 years from the state of Haryana, India, was taken. The measures of Alcohol and Drug Attitude Scale (Singh & Saini, 2010), Peer Pressure Scale (Singh & Saini, 2010), and Schutte Self Report Emotional Intelligence Test (Schutte et al., 1998) were administered on the participants. Results of Pearson's product moment correlation and linear regression established peer pressure as the major predictor of alcohol and drug attitude among adolescents.

Keywords: Emotional Intelligence, Peer Pressure, Adolescents

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Introduction:

Adolescence is the most rapid developmental phase in human growth. The period of transition from childhood to adulthood (Santrick, 2011) marked with progressive developmental changes that begin with the onset of puberty, agreed upon as a period when sexual maturity or the ability to reproduce is attained. Along with the physical changes this developmental phase is accompanied with psychological changes especially the heightened emotionality. Besides these changes, adolescence is a time to take decisions that include seeking independence, taking responsibility and making life decisions about health, family, career, peers, and education (Furstenberg, 2000). Adolescence especially is the time when they acquire behavioural pattern that will affect them for the rest of their lives. During this sensitive and crucial stage of development, propensity to get involved in behaviours that impact health status in negative manner is more (Curtis, 1992; Turner, et al., 1993). Existential conflicts, road rage, risky sexual behaviour, exposure and vulnerability to alcohol and drug abuse behaviour are some of the commonly reported health risk behaviours among adolescents.

Deliberating upon the psychological influences of the alcohol and drug abuse among

adolescent's, peer pressure and emotional intelligence have been documented as the major contributory factors. Being associated with the peer group is one of the basic tasks for development of the adolescents. During this developmental period parental guidance does not seem to be enough, and the effect of peers is most felt and sought. Research has documented that peer group facilitates the adolescent's socialization process by helping them in identifying their identities by providing them the opportunities to examine wants and needs of an individual, potentials, threats, & assets while maintaining a trust and sustenance within a group of friends (Hartup, 1983; Steinberg & Silverberg, 1987).

Peer pressure in simpler terms can be understood, especially in order to produce a particular effect by a peer group, encouraging, and persuading to change their behaviour, and attitudes in confirming the expectations of the group norms. Without argument peer pressure is a crucial aspect of development of normal adolescent, but there would be costs with being a part of that group of people. Research studies have documented peer pressure as the "price of group membership" (Clasen & Brown, 1985) which has further been associated with a variety of potential problems, including substance abuse (Bauman & Ennett, 1996; Robin &

Johnson, 1996; Hawkins, 1982), risk taking behaviour and delinquency (Keena, Loeber, Zhang, & Stouthamer, 1995).

Emotional intelligence (EI) may be understood as the ability to perceive, understand, use and control emotions. Lower levels of emotional intelligence have found to be associated with alcohol consumption, smoking and abuse of other illicit drugs (Mohagheghi, Amiri, Mousavi Rizi, & Safikhanlou, 2015). Tomczak (2010) studied that high level of substance abuse were related to lower score on MSCEIT (Mayer-Salovey-Caruso Emotional Intelligence Test) and lower scores on the dimension of management of emotions were found to be the significant predictor of substance abuse.

But under the present era of globalization, adolescents are increasingly facing many challenges and problems in which they are not fully prepared for that (Louw & Louw, 2007). Young people have greater problems regarding alcohol intake and drug use.

Indeed, the manner in which peer pressure and emotional intelligence have been defined and operationalized has varied greatly across studies. The manner in which peer pressure and emotional intelligence are related to potential alcohol and drug abuse is somewhat unclear. The present study makes an attempt to explore the relationship between peer pressure and emotional intelligence and the extent to which it determines the alcohol and drug abuse behaviour.

Objectives:

- To examine the relationship between peer pressure and alcohol and drug abuse behaviour among adolescents.
- To examine the relationship between emotional intelligence and alcohol and drug abuse behaviour among adolescents.

Hypotheses:

- There shall be a significant relationship between peer pressure and alcohol and drug abuse behaviour among adolescents.
- There shall be a significant relationship between emotional intelligence and alcohol and drug abuse behaviour among adolescent.

Method:

Participants:

The target population of the study was adolescents with the age group of 15-19 years. The sample of present study comprises of 500 (N=500) adolescents, males (n=250) and females (n=250) coming from the state of Haryana, India.

Measuring Instruments:

Schutte Self Report Emotional Intelligence Test (SSREIT) (Schutte et al., 1998): It is a 33 item self-report inventory developed by Schutte et al., (1998) which measures perception, understanding, regulating, and expression of emotions by self and others. Based upon Salovey and Mayer (1990) three factor model of emotional intelligence, in SSREIT items are to be answered as strongly disagree, disagree, neither disagree nor agree, agree, and strongly agree. The positive items are scored from 1 to 5 on the scale and reverse items are scored from 5 to 1. The test demonstrates good psychometric properties with reliability of 0.78 established by using Cronbach's alpha coefficient (0.87). Predictive validity and discriminant validity of this scale has been stable and acceptable.

Alcohol and Drug Attitude Scale (Singh & Saini, 2010): The Alcohol and Drug Attitude Scale is a 28 item self-report inventory developed by Singh and Saini (2010) to measure the attitude towards alcohol and drug use among adolescents. The higher score indicates the positive attitude towards use of alcohol and drug use. The test possesses good psychometric properties with reliability of 0.82 established by using Cronbach's alpha coefficient. The experts reported that the scale has good face validity and content validity.

Peer Pressure Scale (Singh & Saini, 2010): The Peer Pressure Scale is a 25 item self-report inventory developed by Singh and Saini (2010) to measure the level of peer pressure among adolescents. The five-point scale where the positive items on the scale are scored from 1 to 5 and reverse items are scored as 5 to 1. The total scores range from 25-125, with higher score indicating the high levels of peer pressure. The test demonstrates good psychometric properties with reliability of 0.79 established by using Cronbach's alpha coefficient. The test also possesses good criterion and predictive validity.

Procedure:

After establishing the rapport, the participants were briefed about the nature and purpose of the study. A consent form from the participants of the study was obtained and participants were assured of the confidentiality. The Peer Pressure Scale by (Singh & Saini, 2010), Schutte Self Report Emotional Intelligence Test (Schutte et al., 1998), and Alcohol and Drug Attitude Scale (Singh & Saini, 2010) was administered to all the participants. The scores on respective measures were obtained as per the scoring standards and the data obtained was put to statistical analysis and inferences were made.

Results:

The data obtained from the study was analysed with the help of SPSS 16.0. The descriptive statistics (mean and standard deviation) and Pearson's product moment coefficient of correlation was applied to explore the relationship among the variables of the present study. The multiple linear regression was further applied on the data to explore the predictors of alcohol and drug abuse attitude among adolescents. The outcomes of the present study are as presented in Table No.1 and Table No. 2.

Table 1. Descriptive statistics and Inter correlation matrix for alcohol and drug attitude, peer pressure, and emotional intelligence (N= 500).

Variables	Mean	SD	ADA	PP	EI
ADA	90.13	20.040	1	.844**	-.043
PP	79.21	17.268		1	-.022
EI	117.82	11.579			1

**Correlation is significant at the 0.01 level.

* Correlation is significant at the 0.05 level.

Note: ADA- Alcohol Drug Attitude; PP- Peer Pressure; EI- Emotional Intelligence

Table 2. Regression analysis of peer pressure and emotional intelligence on alcohol and drug attitude behaviour

Variables	R	R ²	Adjusted R ²	B	Std. Error	Beta	T	F	Sig.
Peer Pressure	.845	.713	.712	.979	.028	.844	35.130	618.618	.000
Emotional Intelligence				-.041	.042	-.024	-.981		.327
Constant				17.372	5.439		3.194		.001

Dependent variable: ADA- Alcohol Drug Attitude

Predictors: (constant): PP- Peer Pressure, EI- Emotional Intelligence

The outcomes obtained from the present study as depicted in Table No.1 express the relationship between alcohol drug attitude, peer pressure, and emotional intelligence (EI). The findings of the present study depict the positive significant correlation ($r=.844$, $p<.01$) between peer pressure and alcohol and drug attitude among adolescents. The findings further establish the negative correlation ($r= -.022$) between peer pressure and emotional intelligence. The findings also depict negative correlation ($r= -.043$) between emotional intelligence and alcohol and drug attitude among adolescents.

The multiple linear regression further applied to explore the predictors of alcohol and drug attitude among adolescents. The findings

revealed (Table No. 2), indicate that peer pressure is one out of two variables yielding as the best predictor of the alcohol and drug attitude among adolescents. With linear regression for peer pressure being $R= .845$, $R^2=.713$, $\beta=.844$, $F=618.618$, $p<.01$. The high value of B found to predict the alcohol and drug attitude among adolescents. The adjusted R^2 indicated that peer pressure accounted 71.3% of the variance in the prediction of alcohol and drug attitude among adolescents. Emotional intelligence (EI) the values being $\beta= -.024$. Furthermore, in the present study findings depicting the negative value of beta suggest that lesser the emotional intelligence than higher the attitude towards the alcohol and drug abuse.

Discussion:

The major objective of the present study was to explore the peer pressure and emotional intelligence as predictor of the alcohol and drug abuse attitude among adolescents.

The finding of the present study has also established the significant positive correlation between peer pressure and alcohol and drug abuse behaviour among adolescent. From this it can be inferred that higher the peer pressure higher is the chance or probability of consuming alcohol and other illicit drugs of abuse. The findings further established the peer pressure as the predictor of alcohol and drug attitude among adolescents. The findings of the present study are in line with the finding of Trucco, Colder and Wieczorepk in 2011, wherein they concluded peer pressure as the direct and indirect initiator of alcohol use among adolescents. They further elaborated that direct peer pressure may be understood as offering the alcohol directly whereas the indirect peer pressure may be understood as ordering the alcohol without asking.

In the present study, emotional intelligence did not predict alcohol and drug attitude among adolescents. This is in contrast to several studies that reported negative correlation between emotional intelligence and alcohol and drug attitude behaviour (Trinidad & Johnson, 2002; Goleman, 2004). Present study establishes the negative correlation between EI and alcohol and drug abuse, which is not found to be significant. But the presence of negative correlation is an indicator of the fact which may further be supported with the findings of the Riley and Schutte (2003) that lower trait EI is a significant predictor of alcohol and drug abuse attitude behaviour. Moreover, earlier studies have documented a negative relationship between EI and drug addiction such as alcohol, tobacco, and cigarette. Research studies in the past have documented low level of EI as the major causative factor of substance abuse (Austin, et al., 2005).

Conclusion:

Adolescence is crucial period that has been characterized in part of propensity towards alcohol and drug abuse behaviour. Looking at the findings obtained from the present study it

can be concluded that peer pressure is a potential predictor of alcohol and drug abuse among adolescents. Findings have also documented the negative correlation between emotional intelligence and alcohol and drug abuse among adolescents. The findings mark the attention of the researchers, health, mental health professional, parents and mentors to develop the strategies wherein the peer pressure should be reduced and it should come up with the positive effect instead of negative.

The strategies should be in the manner where in the emotional regulation is worked upon and emotional intelligence is enhanced.

Limitations:

The main limitation of the present study is its sample size. Nonetheless, the results obtained in the current study are supported by previous studies. Though there is need of large sample with different age groups and areas for the generalizability concerns. Further, there is need of intervention-based studies targeting the management of peer pressure and emotional intelligence.

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