

A comparative study on youth attitude towards drinking alcohol a case study in Hyderabad and surrounding area

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Abstract

Problems related to alcohol abuse have been associated to different factors, regardless of the causes attributed to this phenomenon. Alcohol consumption and dependence is considered a public health problem and deserve attention because of the social, work, family, physical, legal and violence-related risks it represents. This study aimed to know the youth attitude towards drinking alcohol. The results show that respondents belongs to below 20 years group and respondents belong to Tribal community are having positive attitude towards drinking alcohol. It is in accordance with the hypothesis and found to be significant.

Keywords: Alcoholism, Youth, Health, Urban and Rural, Tribal

Introduction

Alcohol consumption and related problems have risen substantially in many Asian countries including India over the last several years. Alcohol related disorders are increasingly being reported in India. Benegal (2005) in a review of literature found a significant lowering of age at initiation of drinking, in a sample from Karnataka which also showed a drop from a mean age of 28years to 20 years between the birth cohorts of 1920-30 and 1980-90. He asserted that alcohol consumption had visibly increased in the nontraditional segments of urban women and young people, with a noticeable upward shift in rates of drinking among urban middle and upper socio-economic sections. Many researchers have shown a relationship between drug use initiation and specific attitudes and beliefs regarding drugs. Use of any substance is preceded by values favorable to its use (Kandel & Andrews, 1987). Parental consumption of alcohol, for example, is associated with adolescents having positive attitude towards alcohol. Further, according to Mc Dermott (1984), permissive parental attitude towards drug use, as perceived by adolescents, may be of equal or greater importance than actual parental drug use in determining the adolescents' use of drugs. Baglioni, Callan, Chant, and Frances (1997) Reported that students' intentions to drink alcohol could be predicted by their attitude subjective norms, perceived behavioral control, past behavior and intentions related to drinking behavior. According to the social learning perspective, an individual's beliefs about the effects of alcohol, referred to as alcohol expectancies, influence the likelihood that alcohol will be consumed. Expectancies are defined as "the anticipation of a systematic relationship between events or objects in a future situation". Expectancies are involved in the onset and maintenance of alcohol consumption during adolescence and are related to different consumption patterns of drinking not only during this period but also in adulthood (Goldman, Brown, & Christiansen, 1987). Goldman, Brown, Christiansen, and Smith (1991) opined that the study of expectancies together with other

variables such as gender, age, and circumstances Journal of the Indian Academy of Applied Psychology January 2010, Vol.36, No.1, 19-24.20

Surrounding consumption could contribute to greater knowledge of risk factors for alcohol use. Gustafson (1993) found that men and high consumers had stronger expectancies and rated these effects as more desirable than did women and low consumers. In a more detailed study, Read, Wood, Lejuez, Palfai and Slack (2004) examined gender differences in alcohol expectancies. They sought to delineate associations among gender, alcohol quantity and alcohol expectancies in a sample of college drinkers, using measures that assessed different expectancy dimensions, accessibility, endorsement, and subjective evaluation. Alcohol consumption was found to be associated with accessibility of two domains of positive expectancies: social enhancement and tension reduction expectancies.

However, no significant association was found between alcohol consumption and gender. In a study, Young, Conner, Ricciardelli, & Saunders (2006) and that positive alcohol expectancy factors accounted for significant variance in three drinking indices, that is, severity of alcohol dependence, frequency of drinking and the quantity of alcohol consumed per occasion.

Wall, Hinson and McKee (1998) in a study revealed that an alcohol out come expectancies, unlike attitude, are proximal predictors of excessive alcohol consumption among undergraduates. Feldman, Harvey, Holowaty, and Shortt (1999) in a cross sectional study found that the most often stated reasons for not drinking were believed adverse effect of alcohol consumption on health and family upbringing while the most often stated reasons for drinking were get into a party mood and that drinking was pleasurable. Although attitude towards alcohol and alcohol related expectancies have been found to be useful in predicting adolescent alcohol use, few studies in India have examined these issues. The present study aimed at assessing attitude towards alcohol and drinking as well as alcohol related expectancies among

college students. In addition, the study examined the role of psychological distress in relation to attitudes and expectancies.

Alcoholism - Definition

According to the American Medical Association, "alcoholism is an illness characterized by significant impairment that is directly associated with persistent and excessive use of alcohol. Impairment may involve physiological, psychological or social dysfunction." Psychologically speaking, alcoholism has less to do with "how much" someone is drinking, and more to do with what happens when they drink. If you have problems when you drink, you have a drinking problem.

The word alcohol comes from the Arabic "Al Kohl," which means "the essence."

Why do people like alcohol?

Alcohol has always been associated with rites of passages such as weddings and graduations, social occasions, sporting events and parties. The media has often glamorized drinking. Television viewers happily recount the Budweiser frog, the beach parties and general "good time" feeling of commercials selling beer. Magazine ads show beautiful couples sipping alcohol. Love, sex and romance are just around the corner as long as you drink the alcohol product being advertised.

The reality is that alcohol is often abused because it initially offers a very tantalizing promise. With mild intoxication, many people become more relaxed. They feel more carefree. Any preexisting problems tend to fade into the background. Alcohol can be used to enhance a good mood or change a bad mood. At first, alcohol allows the drinker to feel quite pleasant, with no emotional costs. As an individual's drinking progresses, however, it takes more and more alcohol to achieve the same high. Eventually the high is hardly present.

How common is Alcoholism?

Alcoholism is a complex disease, which has been misunderstood and stigmatized. According to the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV), Alcohol Dependence and Alcohol Abuse are among the most common mental disorders in the general population, with about eight percent of the adult population suffering from Alcohol Dependence and five percent from Alcohol Abuse.

It is widely accepted that there is a genetic predisposition toward alcoholism. According to DSM-IV, the risk for Alcohol Dependence is three to four times higher in close relative of people with Alcohol Dependence.

Causes and risk factors of youth alcoholism

Family risk factors for teenagers developing drinking problems include

- Low levels of parent supervision or communication,
- Family conflicts,
- Inconsistent or severe parental discipline,
- Family history of alcohol or drug abuse.

Individual risk factors include

- Problems managing impulses,
- Emotional instability,

- Thrill-seeking behaviors,
- Perceiving the risk of using alcohol to be low.

Symptoms of alcohol abuse among youth

Some of the most common symptoms of alcohol abuse in youngsters include

- Lying
- Making excuses
- Breaking curfew
- Staying in their room
- Becoming verbally or physically abusive toward others
- Having items in their possession that are connected to alcohol use (paraphernalia)
- The smell of alcohol on their breath or body
- Mood swings
- Stealing and changes in friends.

Dangerous effects of alcohol use among youth

Just a few of the many dangerous effects of alcohol use in youth include the following:

- Alcohol decreases ability to pay attention.
- Youth who have experienced alcohol withdrawal tend to have difficulties with memory.
- In contrast to adults, youngsters tend to abuse alcohol with other substances, usually marijuana.
- Male youth who drink heavily tend to complete fewer years of education compared to male youth who do not.
- The younger a person is when they begin drinking, the more likely they are to develop a problem with alcohol.
- Each year, almost 2,000 people under the age of 21 years die in car crashes in which underage drinking is involved. Alcohol is involved in nearly half of all violent deaths involving teens.
- Intoxication is associated with suicide attempts using more lethal methods, and positive blood alcohol levels are often found in people who complete suicide.
- Youth who drink are more likely to engage in sexual activity, have unprotected sex, have sex with a stranger, or be the victim or perpetrator of a sexual assault.
- Excess alcohol use can cause or mask other emotional problems, like anxiety or depression
- Drinking in excess can lead to the use of other drugs, like marijuana, cocaine, or heroin

How much alcohol youngsters can use

Alcohol is the most frequently used drug by youth in the world. About half of UG and PG students drink alcohol on a monthly basis, and 14% of youth have been intoxicated at least once in the past year. Nearly 8% of youngsters who drink say they drink at least five or more alcoholic drinks in a row (binge drink).

Symptoms and signs of alcohol intoxication

- Signs that indicate a person is intoxicated include
- The smell of alcohol on their breath or skin,
- Glazed or bloodshot eyes,
- The person being unusually passive or argumentative, and/or deterioration in the person's appearance or hygiene.
- Other symptoms of intoxication include flushed skin and memory loss.

Alcoholism – An overview

As defined by the Diagnostic and Statistical Manual of Mental Disorders, alcoholism (alcohol dependence) is a negative pattern of alcohol use leading to a number of problems, which may include needing more alcohol to get intoxicated (tolerance), difficulties that occur when the effects of alcohol wear off (withdrawal), using more alcohol or for longer time than intended, and other life problems because of the use of alcohol.

Five stages of alcohol and drug use have been identified.

The first stage is described as access to alcohol rather than use of alcohol, tobacco, inhalants, or other drugs. In that stage, minimizing the risk factors that make a teenager more vulnerable to using alcohol are an issue.

The second stage of alcohol and other drug use ranges from experimentation or occasional use to regular weekly use of alcohol, tobacco, inhalants, or other drugs.

The third stage is characterized by youths further increasing the frequency of alcohol use and/or using alcohol and other drugs on a regular basis. This stage may also include the teenager either buying drugs or stealing to get drugs.

The fourth stage of alcohol and drug use, adolescents have established regular usage, have become preoccupied with getting intoxicated ("high") and have developed problems in their social, educational, vocational, or family life as a result of using the substance.

Fifth stage, the final and most serious of alcohol or other drug use is defined by the youth only feeling normal when they are using. During this stage, risk-taking behaviors like stealing, engaging in physical fights, or driving while intoxicated increase, and they become most vulnerable to having suicidal thoughts.

Treatment for alcohol intoxication

Replacing fluids that are lost as a result of the increased urination associated with drinking is often used to treat alcohol intoxication. Doctors frequently use fluids that contain sugars for that purpose.

Alcohol poisoning

Alcohol poisoning is the potentially fatal result of drinking excessive amounts of alcohol in a short period of time. It is caused by alcohol slowing down the body's functions (for example, breathing, heart rate, and gag reflex), thereby potentially leading to choking, coma, stopped breathing, stopped heart, and death. Treatment involves getting the person to the hospital immediately so he or she can be closely watched by medical professionals, given oxygen and fluids, and so that other measures can be taken in order to prevent choking, as well as stopped breathing or heartbeat.

Treatment for alcoholism

There are few medications that are considered effective in treating alcoholism. Zofran (ondansetron) has been found to be effective in treating alcoholism in people whose problem drinking began before they were 25 years old.

Naltrexone (Trexan, ReVia, or Vivitrol) has also been found effective in managing alcoholism. Naltrexone is the most frequently used medication in treating alcoholism. It decreases the alcoholic's cravings for alcohol by blocking the body's euphoric ("high") response to it. Naltrexone is either taken by mouth on a daily basis or through monthly

injections. Disulfiram (Antabuse) is prescribed for about 9% of alcoholics. It decreases the alcoholic's craving for the substance by producing a negative reaction to drinking. Acamprosate (Campral) works by decreasing cravings for alcohol in those who have stopped drinking. However, none of these medications have been specifically approved to treat alcoholism in people less than 18 years of age. Some research indicates that psychiatric medications like lithium and sertraline (Zoloft) may be useful in decreasing alcohol use in youngsters who have another mental-health disorder in addition to alcohol abuse.

There are numerous individual treatments for alcoholism among youth. Relapse prevention uses methods for recognizing and amending problem behaviors. Individualized drug counseling specifically emphasizes short-term behavioral goals in an attempt to help the individual reduce or stop the use of alcohol altogether.

Cognitive therapy techniques, like helping the youth recognize what tends to precede and follow their episodes of alcohol use, are often used to address alcohol abuse in teens. Some treatment programs include drug testing. Twelve-step programs like Alcoholics Anonymous are individualized drug-counseling methods. Motivational enhancement therapy encourages the teen to increase their desire to participate in therapy. Stimulus control refers to a treatment method that teaches the person to stay away from situations that are associated with alcohol use and to replace those situations with activities that are contrary to using drugs. Urge control is an approach to changing patterns that lead to drug use. Social control involves family members and other significant others of the alcoholic in treatment.

While group therapy can be helpful in decreasing alcohol use in youngsters, groups that include a number of teens who also engage in disordered behaviors can actually tend to increase alcohol use in this age group. Family interventions for alcoholism that tend to be effective for teens include multidimensional family therapy (MDFT), group therapy, and multifamily educational intervention (MFE). MDFT has been found to be quite effective. Longer-term residential treatment of three to five months that addresses peer relationships, educational problems, and family issues is often used in treating alcoholism among youth.

For youth in the first stage of alcohol use (having access, but not having yet used alcohol), preventive measures are used. Therefore, limiting access to alcohol or other drugs, addressing any risk factors of the youth or family, as well as optimal parental supervision and expression regarding expectations are often recommended. The approach to those who have experimented with alcohol should not be minimized by mental-health professionals, since infrequent use can progress to the more serious stages of alcohol use if not addressed. Therefore, professionals recommend that the youth be thoroughly educated about the effects and risks of alcohol, that fair but firm limits be set on the use of alcohol, and that the user is referred for brief counseling, a self-help group, and/or family support group. Youth who have progressed to the more advanced stages of alcoholism are typically treated intensively, using a combination of the medical, individual, and familial interventions already described.

Parents can prevent alcohol use

Clear communication by parents about the negative effects of

alcohol, as well as about their expectations regarding drug use, have been found to significantly decrease alcohol use among youngsters. Adequate parental supervision has also been found to be a deterrent to alcohol use in youth. Alcohol, and other drug use, has been found to occur most often between the hours of 3 p.m. and 6 p.m., immediately after school and prior to parents' arrival at home from work. Teen participation in extracurricular activities has therefore been revealed to be an important measure in preventing use of alcohol in this age group. Parents can also help educate teens about appropriate coping and stress-management strategies. For example, youngsters who use religion to cope with stress tend to use drugs significantly less often and have fewer problems as a result of drinking than their peers who do not use religion to cope.

Alcohol and Youth at a glance

- Alcoholism is a substance-use disorder in which the sufferer has problems managing how much alcohol they drink, and their lives as a result.
- The symptoms of alcoholism include tolerance to alcohol, withdrawal episodes, using more alcohol for longer periods of time, and problems managing life issues due to alcohol.
- Alcoholism is caused by a number of individual, family, genetic, and social factors rather than by any one cause.
- Although a number of genes play a role in the development of alcoholism, this is a disease in which other factors more strongly influence its occurrence.
- Alcoholism is diagnosed by evaluating whether the individual shows a number of symptoms of problem drinking on a regular basis.
- Alcoholism treatment is usually treated based on the stage of the addiction, ranging from management of risk factors and education to intensive residential treatment followed by long-term outpatient care and support.

The Progression of the Disease

Alcoholism is a progressive disease and follows several phases

The Social Drinker: Social drinkers have few problems with alcohol. A social drinker can basically take or leave it. There is no preoccupation with drinking. A social drinker is able to control the amount of alcohol consumed and rarely drinks to the point of intoxication. For these individuals, drinking is a secondary activity. It is the party, the meal, the wedding that interests the social drinker, not the opportunity to drink.

The Early Stage

An individual who is experiencing the early stages of alcoholism will begin to have an assortment of problems associated with drinking. In early stage alcoholism, a person may start to sneak drinks, begin to feel guilty about his or her drinking, and become preoccupied with alcohol. Blackouts, drinking to the point of drunkenness, and increased tolerance (needing more alcohol to achieve the same effect) are all signs of early alcoholism.

An individual who is entering the early stage of alcoholism will seek out companions who are heavy drinkers and lose interest in activities not associated with drinking. Family and friends may begin to express concern about the person's consumption of alcohol. Work problems, such as missing

work or tardiness, may also take place.

Middle Stage

By the time someone has entered the middle stages of alcoholism, his or her life has become quite unmanageable, and although the alcoholic still denies that he or she has a problem. At this point, the alcoholic will often drink more than intended. He or she will drink in an attempt to erase feelings such as anger, depression and social discomfort. Drinking in the morning to relieve a bad hangover may also take place. The alcoholic's health care provider may begin to suggest that the alcoholic stop drinking. The individual may try to stop drinking, but without success. Job loss, medical problems, and serious family conflicts occur during this phase.

Late Stage

At this stage, the alcoholic's life has become completely unmanageable. Medical complications are numerous and include liver diseases such as cirrhosis or hepatitis. Acute pancreatitis (inflammation of the pancreas), high blood pressure, and bleeding of the esophageal lining can result from prolonged use. The heart and brain are compromised so that an alcoholic is at a higher risk for a heart attack or stroke. Depression and insomnia and even suicide are more prevalent at this stage.

A condition known as Wernicke-Korsakoff Syndrome, which involves memory loss, indicates that the individual has sustained brain damage from drinking. A child born to a woman who drinks during her pregnancy may have a condition called fetal alcohol syndrome, causing a number of birth defects.

An alcoholic at this stage has become physically addicted to alcohol and will experience seizures or delirium tremens (DTs) if he or she stops drinking. It is extremely important to seek out medical care at this point in the disease process.

Treatment

If an individual is dependent on alcohol, he or she should be supervised medically during a detoxification process. Further treatment may include individual or group counseling.

Mental health professionals have been trained to treat substance abuse problems. You can seek out treatment with an individual counselor or by entering an inpatient or outpatient substance abuse treatment program.

Support groups such as Alcoholics Anonymous, Smart Recovery, and Rational Recovery have helped many alcoholics to stay sober, allowing them to live productive lives.

Methodology

Statement of the problem

A comparative study on youth attitude towards drinking alcohol.

Objectives

To know the youth attitude towards drinking alcohol.

Specific objectives

1. To study the UG and PG students attitude towards drinking alcohol.
2. To study the hostellers and Day scholars attitude towards

drinking alcohol.

3. To know the interdependence of independent and dependent variables.
4. To study the attitude of youth hailing from urban, rural and Tribal areas.

Hypothesis

1. Variation may exist in youth attitude towards drinking alcohol.
2. UG students may have positive attitude towards drinking alcohol than PG students.
3. Hostellers may have positive attitude towards drinking alcohol than day scholars.
4. Urban youth (youth hailing from urban area) may have positive attitude towards drinking alcohol than rural youth (youth hailing from rural area).

Research Instrument

The tool used to conduct the present study was the “Attitude towards drinking alcohol scale. It is a 34 item scale consisting positive key items only in which each statement is rated on a 5 point scale.

Reliability

Spilt – half reliability coefficient is 0.84. Test – retested reliability coefficient is 0.74.

Validity

Validity coefficient between attitude and belief ranges from 0.28 to 0.38 construct validity coefficient between and attitude and using behavior is 0.51.

Sample

For the purpose of the study a simple random sample of 60 was taken. The sample was taken according to the requirement of the research, i.e. the sample was divided into different categories – hostellers, Day scholars, UG and PG students and hailing from Urban, Rural and Tribal communities.

Research design

A research is the logical and systematic and planning in directing the research. The design results from translating a general scientific model into varied research problems. But in practice in most of the cases just a plan of study generally vague and tentative.

Research describes accurately as possible characteristics of group of people. Community it is the phenomena describes as accurately as possible, in this study researcher as selected descriptive type of research design.

Variables

▪ **Independent variable**

Age, level of education, hailing from and residential status.

▪ **Dependent variable**

Youth attitude towards drinking alcohol

Data collections

In order to obtain the data needed, the researcher approached the students who are in UG and PG levels and hailing from different communities (Urban, Rural & Tribal) and also

different residential status (Hostellers & Day scholars) in Hyderabad randomly. After establishing friendly rapport with subjects, the researcher distributed the questionnaires and instructed as follows:

“Below are given some statements. Choosing an appropriate number indicate to what extent they are true in your case. Your response will be confidential.”

Methods and tools of data collections

There are two sources of data collection

They are

1. Primary sources
2. Secondary sources

The primary sources all the sources which can collect the data from the respondent through face to face interaction in the sources there are three methods.

There are tolls for collecting

1. Observation
2. Interview
3. Case study.

The secondary sources are the sources which can collected through books, journals, newspapers and from expert in the field, the researcher used this source from collecting information and for the preparation of synopsis.

The researcher selected interview method as a method of interview schedule as tools for collecting data from the respondents.

Data analysis

All questions had five alternatives namely

1. Strongly agree
2. Agree
3. Undecided
4. Disagree
5. Strongly disagree

The scoring ranges from 1,2,3,4 & 5 respectively. For every statement, the scores allotted on this basis were added up. The scoring of the youth attitude towards drinking alcohol scale follows the principles that greater the scores, greater the attitude of drinking alcohol.

Interpretation

The study was intended to find out the youth attitude towards drinking alcohol, based on the age, level of education, hailing from and residential status.

Age

Age is an important factor which has great impact on our life, table– 1 shows the distribution of respondents according to the age.

Table 1: Age of the respondents

Age		Frequency	Percentage
Group – 1	>20 yrs	25	41.7
Group – 2	21 – 25 yrs	25	41.7
Group – 3	<26 yrs	10	16.7
Total		60	100.0

Table – 1 indicates that less number of respondents (16.7) age in group – 3.

Level of education

Education is an important factor which has great impact on our life. Table- 2 shows the distribution of respondents according to the education.

Table 2: Level of education of the respondents

Education	Frequency	Percentage
UG	30	50.0
PG	30	50.0
Total	60	100.0

Table – 2 indicates that the number of respondents in both groups are equal (50.0)

Residential status

Residential status is an important factor which has great impact on our life. Table – 3 indicates that the distribution of respondents according to the residential status.

Table 3: Residential status of the respondents

Residential status	Frequency	Percentage
Hostellers	30	50.0
Day scholars	30	50.0
Total	60	100.0

Table – 3 indicates that the number of respondents in both groups are equal (50.0)

Community

Community is an important factor which has great impact on our life. Table- 4 indicates that the distribution of respondents according to the community.

Table 4: Community of the respondents

community	Frequency	Percentage
Rural	19	31.7
Urban	21	35.0
Tribal	20	33.3
Total	60	100.0

Table – 4 indicates that the large numbers of respondents are fall in urban group (35.0)

Age and Youth attitude towards drinking alcohol

Age is an independent variable which may influence the attitude towards drinking alcohol. Table – 6 examines whether there is any interdependence between Age and Youth attitude towards drinking alcohol.

Table 5: Age and Youth attitude towards drinking alcohol

Age	Youth attitude towards drinking alcohol			Total
	Low	Moderate	High	
Group 1 >20 yrs	9 (36.0)	7 (28.0)	9 (36.0)	25.0 (100.0)
Group 2 21 – 25 yrs	3 (12.0)	18 (72.0)	4 (16.0)	25.0 (100.0)
Group 3 <26 yrs	3 (30.0)	5 (50.0)	2 (20.0)	10.0 (100.0)
Total	15 (25.0)	30 (50.0)	15 (25.0)	60 (100.0)

Chi – square = 9.960; df = 4; p = .041

Table – 5 clearly interprets that among respondents Group – 1 is having positive /high level attitude towards drinking

alcohol (36.0), However Chi – square results shows that the association between age and drinking alcohol is significant.

Level of education and attitude towards drinking alcohol

Level of education is an independent variable which may influence the attitude towards drinking alcohol. Table – 6 examines whether there is any interdependence between the Level of education and Youth attitude towards drinking alcohol.

Table 6: Level of education and attitude towards drinking alcohol

Education	Attitude towards drinking alcohol			Total
	Low	Moderate	High	
UG	7 (23.3)	14 (46.7)	9 (30.0)	30 (100.0)
PG	8 (26.7)	16(53.3)	6 (20.0)	30 (100.0)
Total	15 (25.0)	30 (50.0)	15 (25.0)	60 (100.0)

Chi – square = .800; df = 2; p = .670

Table – 6 clearly interprets that among the respondents UG group is having positive /high level attitude towards drinking alcohol (30.0), However Chi – square results shows that the association between level of education and drinking alcohol is insignificant.

Residential status and attitude towards drinking alcohol

Residential status is an independent variable which may influence the attitude towards drinking alcohol. Table – 6 examines whether there is any interdependence between the residential status and youth attitude towards drinking alcohol.

Table 7: Residential status and attitude towards drinking alcohol

Residential Status	Attitude towards drinking alcohol			Total
	Low	Moderate	High	
Hostellers	7 (23.3)	13 (43.3)	10 (33.3)	30 (100.0)
Day scholars	8 (26.7)	17 (56.7)	5 (16.7)	30 (100.0)
Total	15 (25.0)	30 (50.0)	15 (25.0)	60 (100.0)

Chi – square = 2.267; df = 2; p = .322

Table – 7 clearly interprets that among the respondents hostellers are having positive /high level attitude towards drinking alcohol (33.3), However Chi – square results shows that the association between residential status and drinking alcohol is insignificant.

Community and attitude towards drinking alcohol

Community is an independent variable which may influence the attitude towards drinking alcohol. Table – 6 examines whether there is any interdependence between the Community and Youth attitude towards drinking alcohol.

Table 8: Community and attitude towards drinking alcohol

community	Attitude towards drinking alcohol			Total
	Low	Moderate	High	
Rural	7 (36.8)	9 (47.4)	3 (15.8)	19(100.0)
Urban	6 (28.6)	14 (66.7)	1 (4.8)	21 (100.0)
Tribal	2 (10.0)	7 (3 c.0)	11 (55.0)	20 (100.0)
Total	15 (25.0)	30 (50.0)	1 (25.0)	60 (100.0)

Chi – square = 16.351; df = 4; p = .003

Table – 8 clearly interprets that among respondents tribal is having positive /high level attitude towards drinking alcohol (55.0), However Chi – square results shows that the

association between community and drinking alcohol is significant.

Findings

- Respondents belong to Group – 1 (36.0%) are having positive/high attitude towards drinking alcohol.
- Respondents belong to UG section (30.0%) are having positive/high attitude towards drinking alcohol.
- Respondents, who are staying in the hostels (33.3%) are having positive /high attitude towards drinking alcohol.
- Respondents hailing from tribal community (55.0) are having positive/high attitude towards drinking alcohol.

Conclusion

After making a study of 60 subjects arrived at the following conclusion

Respondents belongs to below 20 years group and respondents belong to Tribal community are having positive attitude towards drinking alcohol. It is in accordance with the hypothesis and found to be significant.

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