



## A STUDY ON PSYCHOSOCIAL VARIABLES AND DRUG KNOWLEDGE ATTITUDE, RISK TAKING BEHAVIOUR AND SPIRITUAL WELLBEING AMONG EMERGING ADULTS: AN CROSS SECTIONAL INDIAN STUDY

**Lalit Kumar Singh, M.Phil, Ph.D**

Corresponding Address: Assistant Professor, Department of Psychiatry,  
Post Graduate Institute of Medical Education & Research, Chandigarh,  
Email: llt\_kumar@yahoo.com, Mobile: 9058434328

**\*Corresponding Author: Kiran Srivastava, M.Phil, Ph.D**

\*Associate Professor, Psychology Department, Chandigarh University, Chandigarh  
Email: kiransrivastava63@yahoo.com, Mobile: 7980067984

Co-author: **Manoj Bajaj: M.Phil, Ph.D**

Associate Professor, Department of Psychiatry, Government Medical College & Hospital, Sector 32,  
Chandigarh, Email: mkbajaj@gmail.com, Mobile: 8558890803

### Abstract

**Background:** The role of gender and psychosocial variables like place of living, drug users in the family, family type in context of drug knowledge attitude and belief, risk-taking behaviour and spiritual well-being in the young adult population is poorly understood. We examined the role of place of living, gender and drug users in the family, family type on drug knowledge attitude and belief, risk-taking behaviour and spiritual well-being.

**Methods:** Online cross-sectional data (n = 548) covered 5-6 provinces and 6 universities of India. The assessment included scales like Drug knowledge attitude and belief, spiritual well-being, and Risk-taking behavior respectively.

**Result:** chi-square test, t-test, Mean and Standard deviation revealed that there is significant difference between drug using respondents and family members using drugs. Urban and rural locality had significant difference among respondents using drug but same was not true in case of family members using drugs. There was a significant difference between place of living and family type.

**Conclusion:** Drug knowledge attitude and belief, attitude toward drug use, risk-taking behaviour, and spiritual well-being had significant differences in case of family type. There are high numbers of respondents not having family member taking substance. Place of living and use and non use of substance by family member has significant difference.

### Introduction/ Background

Substance use disorder is not single problems but it is a psycho-medico-social problem requiring both medical and socio-psychological management (Faizi, 2019). Most students had less knowledge about drugs and (Nurmala, Muthmainnah, Hariastuti, Devi, & Ruwandasari, 2021). But in another study done by Faizi revealed that young adults and students from the population may have adequate knowledge about addictive substances (Faizi, Alvi, Saraswat, Yasir. 2021 ;Nebhinani, Misra, Kau, & Kulhar, 2012). Youth may have half-baked knowledge, propensity towards a risk-taking attitude,

and a substantial prevalence of substance use practices ((Faizi, Alvi, Saraswat, Yasir. 2021). Adolescents are the group of people most prone to addiction (Luikinga , Kim, Perry, 2018). The critical age of initiation of drug use begins during the adolescent period, and the maximum usage of drugs occurs among young people aged 18–25 years old (Nation, World Drug Report 2018 ).

Most of the studies in this context are from west and data from India is limited. This research was aimed to study the drug related knowledge and attitude among college students from India. Understanding of the effect of risk-taking behaviours on health of the adolescents becomes important and finds an adverse effect (Agrawal, 2005). Differences are observed in case of rural and urban boys and girls for low and high level of perceived risk taking behavior (Kaur, & Kang, 2019). Higher stress is associated with increased alcohol, tobacco, and other drug use among youth. Lower spiritual beliefs were found to be associated with greater substance use (Debnam, Milam, Furr-Holden, & Bradshaw, 2016). An inter-professional and university covering various colleges based approach to clarify the concepts of spirituality and spiritual development can not only benefit research but could inform the substance abuse prevention field which is focus of the current study. Evidence-based strategies from the field of substance use and spirituality are developed with the goal of protecting youth and supporting positive development of adolescents (Kub, & Solari-Twadell, , 2013). Prakash & Jayaswal (2020) found that rural students have high spiritual intelligence in comparison to urban students, the female students appears to have high spiritual intelligence when compared to male students. Ahghar showed that training students in spiritual intelligence is effective in changing their attitudes (Ahghae, 2014); and spiritual awakening reduces the craving for alcohol, towards addictive substances and these changes will remain constant(Galanter, Dermatis, & Santucci,2012).

### **Rational of the study**

The earlier studies reveals that there is a great need for creating awareness about drug abuse among students, 91.23% respondents are not aware of the process of drug de-addiction, only 5.6% respondents know about the NGO(s) working in the field of drug de-addiction (Bhat, Rahi & Sidiq, 2015).

Current study aims to measure the association of use of drug by respondents and family member and its association effect of place of living on the use of the drugs by family members and respondents. Current study seeks to provide the updated knowledge on the role of the family type, gender, working status of respondents on the place of living. Study would also reflect over the association between variable like drug knowledge attitude and belief, attitude to drug use, spiritual wellbeing, and risk taking behavior with place of living like rural or urban areas. Researcher wanted to determine the association between the levels of knowledge regarding drug use with selected variables.

Based on the aims of the research, the following research questions and hypotheses have been formulated.

**Research question 1:** How does drug use affect respondents and family members in context of their association?

**Hypothesis:** There would be no difference between drug user respondents and drug user family members.

**Research Question2:** How does place of living affect drug users?

**Hypothesis 2:** There would be not any difference between drug users and place of living.

**Research question 3:** Is there any difference between Drug knowledge attitude & belief, risk taking behavior, spiritual wellbeing?

**Hypothesis:** There is no relationship among variables like drug knowledge attitude and belief, risk taking behavior and spiritual wellbeing.

## Material and Method

### *Study type, population & duration*

This study was a nationwide cross-sectional study in which the participants were asked to fill out a self-report online questionnaire among the college adolescents and youth. The study duration was from 23 January to 25 May 2022. A total of 5 colleges of various universities across the nation participated in the study to develop the representative data of subject's drug knowledge attitude and belief, risk taking behaviour and spirituality among adolescent and youth. Students enrolled in colleges, universities from Punjab, Haryana, Uttar Pradesh, Jammu, and Mizoram were selected for young adult population.

The current research consisted of 548 participants (Male:  $n = 106$ ; Females:  $n = 442$ ). Participants were recruited through non-probability convenience sampling using the researcher's and other co-researcher's social media accounts (Facebook and Instagram, email and what's app groups). A link was shared with a brief paragraph about the study and duration of participation.

Another sampling used by the researchers was snowball sampling in the current study as some participants also shared the link to their own personal social media accounts. This was done to encourage others to partake in the study. As this was an online study, there was a heavy reliance on the willingness of others to partake.

**Sample size and Sampling:** Present study used a non-probability convenience sampling procedure considering the convenience of the researchers and availability of the data. Altogether 548 youths participated in the study via random sampling. Principals of the colleges were first approached and counseled about the nature and nitty-gritty of the study. Further, the teachers working in the specific colleges were approached and briefed about the purpose of the research. After taking permission from the authorities sample collection started.

### Process

Inclusion criteria were students present in the classroom, willing to participate, of both genders. English version of questionnaire was used to collect data and students with any medical/clinical Psychological illness were excluded. Purpose of the study was explained; participation to this study was voluntary and student were free to withdraw any time from. Written consent was obtained from the respondent which was included in the questionnaire in the form of Google sheet which was self-administered. Anonymity and confidentiality of the respondents and data was maintained. The duration for the self-administered questionnaire was 20 minutes. All collected data were reviewed and checked for its completeness, consistency and accuracy.

Self-administered structured drug knowledge questionnaire in the Google sheet was used for data collection. It was divided into two parts. Part I consist of 11 items related to selected socio-demographic variables such as age, sex, ethnicity, religion, economic status, parent's education, parent's occupation etc. Part II consist of 51 structured statements covering areas like drug knowledge attitude and belief and spiritual wellbeing, risk taking behavior. To emphasize the importance of the research, the investigators explained the purpose of the study and confidentiality of the survey. The students were asked to complete the Google sheet consisting questionnaire with the help of the investigator. The collected data was organized, coded and entered in excel and transferred to SPSS version 26. The findings were analyzed using descriptive statistics; percentage and frequency. The chi square test was used to find association between selected demographic variable and level of drug knowledge attitude and belief in reference to other above mentioned variables.

### Instruments

*Drug Knowledge Attitude & Belief (Bryan, Moran, Farrell & O'Brien, 2000).*

It is a 7-item Likert scale where item numbers 2, 6, and 7 are reversed scores. Items 3, 4 and 5 were scored '5' for answers like strongly agree and '1' if the answer is 'strongly disagree'. However,

remaining items 1, 2, 6, and 7 were scored oppositely ('1' for 'strongly agree' and '5' for 'strongly disagree'). To obtain scores for attitude, items should be added together. A score of 35 will indicate a positive attitude toward drug use, while a score of 5 will indicate a negative attitude toward drug use.

#### ***Attitudes to Drug Use (Harmon, 1993)***

This scale consists of 12 items with a Likert scale. In case of scoring, items 2, 3, 6, 7, 8, 10, 12 should be scored '1' for 'strongly agree' to '5' for 'strongly disagree'. The rest of items 1, 4, 5, 9, and 11 are scored oppositely ('5' for 'strongly agree' to '1' for 'strongly disagree'). Items of the present scale are added and then divided by the number of questions in the questionnaire (12) to obtain attitude scores for each individual. A score of 5 will indicate a favorable attitude towards drug use while a score of 1 will indicate an unfavorable attitude towards drug use. The author suggests that if any respondent is not able to answer all 12 questions should be excluded from the analysis as total scores are accumulated by dividing the score by 12.

#### ***Risk-taking questionnaire (Gullone, E., Moore, S., Moss, S., & Boyd, C. 2000).***

It is a 20-item scale which has items related to physical and psychological risks in daily life. Risk-taking Questionnaire (RQ) was developed to comprehensively assess risk-taking beliefs and behaviours. It is a reliable instrument with strong construct validity. Responses are to be given on a Likert scale (1-5).

#### ***The Spiritual Index of Well-Being (Daaleman, T. P. & Frey, B. B. (2004)***

This test attempts to define spirituality as a sense of meaning in daily life or purpose from a transcendent source. It is a 12-item instrument that measures one's perceptions of their spiritual quality of life. The scale is divided into two subscales: (1) the self-efficacy subscale and (2) the life-scheme subscale. Each item is answered on a 5-point scale ranging from 1 (Strongly Agree) to 5 (Strongly Disagree).

### **Result and Discussion**

Table 1 presents descriptive statistics on drug users in the family and drug user as participant. The sample consisted of 548 graduate and post graduate students. The median age of respondents was 21.9 years old, and approximately more than the half of the sample identified as female (442, 80.7%). Majority of the students (349, 63.7%) were from nuclear family.

A chi-square test of independence showed the presence of a significant difference between family member using drugs and participants using drugs. (1, N= 548)= 32.23; p<.001.

In total, n=96 (17.51 %) family members of the participants took any one or more substance as reported by the respondents, where as n=49 (8.94%) participants consume any kind of drug/substance in the present study.

#### **Drug user family \* Drug user**

23=Both takes drugs and substance (self and family member 73=These respondent don't take any drug but family members are taking 26= Respondent take drug but their family member don't 426=None of respondent or family member takes any substance 96=Respondents /Family members 49=Respondents
---

In context of table 2, Total 49 participants were found taking any drug/substance with or without family members taking any drug/substance. Percentage of the participants taking any

drug/substance is more where family members do not take any drug/substance. 26 respondents (53%) takes any drug/substance but their family members do not. Further in the current study, it is clear that 23 (47%) respondents are those where both (respondents and family members) takes any drug/substance. Participants with substance use free family members are higher in the (91%) percentage. These participants outnumbered those taking any drug/substance. In a study done by Srivastava with different finding than findings of the current study, it was found that more than 28% student population had one family members with use of tobacco, alcohol and drugs, respectively (Srivastava, Kumar, Rashmi, Paul, & Dhillon, 2021). The odds of substance use were 2.13 times higher among those adolescent boys whose family members also indulged in substance use.

Percentage of respondents and family members both using drug/substance, (47%) is less when compared with non substance user families (53%). Responders having substance user family are higher in number and percentage. Other past studies also gave similar findings. It was found that substance use was more prevalent among boys (18.5%) whose family members used any substances (Srivastava, Kumar, Rashmi, Paul, & Dhillon, 2021). More than (50%) respondents have non substance user families. Overall the consumption of substance among emerging youth is less than their family members. Those emerging youth are at more risk of consuming the substance who have substance user families. This is also revealed that numbers of participant who do not take drug are more in the section where none of the family member took any substance. It can be assumed that absence of intake of substance among family member works to boost non engagement in substance/drug use among young emerging respondents. Data from the present study suggest that greater percentage means total 73 participants (76%) are (not taking any drug/substance) but having family members with any substance/drug use.

A chi-square test (table 3) of independence showed that there was no significant association between family member using drugs and their place of living.  $(1, N=548) = .118, p > .005$ . Total 271 (49%) of respondents were from urban locality where as 277 (51%) are from rural area. Total 49 (51%) respondent's family members living in the urban set up and have at least one family member is using substance/drugs where as 47 (49%) family members of the respondent's living in rural area have at least one family member using substance/drugs. Almost equal number of the family members of the participants from urban and rural background does not take any substance/drugs. There was no significant impact of place of living of the family members which contribute for the substance use among them in the present study.

A chi-square test (table 4) of independence showed that there was a significant association between Drug user and place of living.  $(1, N=548) = 10.396, p > .001$ . Urban respondents outnumber rural ones in case of use of any drugs/substance. Among urban respondents 35 respondents (12%) were found using any substance/drugs whereas same proportion for those in rural areas is 14, (5%) respondents. There are mix studies done in the field in case of the results of current findings. Students in schools of rural settings are at increased likelihood of reporting certain outcomes related to substance use (McInnis, & Young, 2015). 88% urban respondents and 94% rural respondents do not take any drugs/substance. It is seen that greater percentage of respondents without any drug/substance is from rural background. Rural subjects were found to be less involved in alcohol related behavior and marijuana consumption than their urban counterparts as freshmen (Derefinko, Bursac, Mejia, Milich, & Lynam, 2018). Among all respondents taking any drugs/substance 35, (71%) were urban respondent and 14, (29%) were rural respondents. Mixed results of various studies are available to understand the results of the current study. Adolescents from rural community had higher prevalence of substance abuse (37.67%), (Jasani, Jadeja, Patel, Jadeja, Shrimali, & Purani, 2019). Urban respondents 236 (47%) and 263 (53%) rural respondents were not taking any substance/drugs. Rural respondents without any drug/substance use are more in percentage when compared with urban one. It seems that belonging to rural set up can be protective

factor against substance/drugs usage by the young emerging adults. Place of living do not have any influence on the distribution of gender.

### **Family type \* place of living**

Family type was significantly associated with place of living as most 349 respondents (64%) out of 548 respondents were from nuclear families. Among the 199 respondents in joint families only 86 respondents (43%) were from urban and 113 (57%) respondents were from rural set up. Among 349 respondents from nuclear family setup 164 respondents (47%) are from rural background and 185 respondents (53%) from urban background. It shows that higher percentage of respondents from nuclear family set up lives in urban set up.

In rural areas (**Table 5**) total 113(41%) respondents stays in joint family where as 164 (56%) respondents were staying in nuclear family set up. This ratio becomes larger in case of respondents staying in urban set up. In urban set up total 86 (31%) respondents are staying in joint family and 185 (68%) respondents stays in nuclear family type. It was observed that place of living did not have any association in case of working status of the respondents.

### **Association between Drug knowledge attitude, belief, Risk taking behavior and Spiritual wellbeing**

Mean and t –test for the above given variable among students was done. Findings for t –test are significant on all four variable that is Drug knowledge attitude and belief (DKAB), attitude for drug use (ADU), Spiritual wellbeing(SWB), Risk taking behavior (RTB).

### **Drug knowledge attitude and belief**

Mean of rural respondents is high in terms of Drug knowledge attitude and belief. It means that rural participants may have better knowledge attitude belief against drug use. A recent study done by (Mir et al, 2023) suggest that among all the participants 96% used drug some or other time and more than 85% respondents had knowledge about drug use an given sample from outpatient department at Jammu based government tertiary care teaching hospital. It seems that rural environment works like a protective factor and people of that area are much aware about the negative consequences of consumption of substance/drugs use. People staying in rural areas have positive attitude and belief in case of their knowledge, attitude and belief regarding substance/drug use. Results of the study conducted by Derefinko and others on 431 respondents indicated that rural individuals are less likely to use alcohol and marijuana than their urban counterparts as freshmen (Derefinko., Bursac., Mejia, Milich, & Lynam, 2018). Findings from the current study suggest that respondent from rural area have high spiritual wellbeing when compared with those staying in the urban areas. Further, risk taking behavior is also less of rural respondents than their urban counterpart. Those living in urban set up are more prone to engage in harmful behavior like substance/drug use as they are shown more risk taking behavior.

### **Risk taking behavior**

Current study (table 6) suggests that urban respondents have high risk taking behavior when compared with rural one. In a multi-stage sampling design study, Urban and male students had higher prevalence of most youth risk behaviors (Springer, 2006). Urbanstudents showed higher use rates than rural students in case of use of marijuana use at Pennsylvania (Murphy, 2018). Prevalence of risk taking behaviours among the malasian urban and rural adolescent was 81.7% (urban) and .7% (in the rural area ) (p = 0.650) (Azmawati et al, 2015).Ruralsecondary school students have significantly higher level of risk taking behaviour than urban secondary school students( Verma, (2019).

### **Spirituality**

Current study suggests that spiritual wellbeing is better among rural participants when compared with urban participants. This is also to be noted that urban participants have shown high risk behavior than rural participants which seems to be in sync with above mentioned high spiritual wellbeing of rural participants. Rural and Government higher secondary school students had higher level of Spiritual Intelligence than Urban and Private school students (Nair, 2017). Author did a study in the year 2020 on the tribal student of Pakur, Dumka, Jamtara and Sahebganj districts of Santal Pargana division in Jharkhand and found that the rural students of the above mentioned areas had high spiritual intelligence compare to urban students (Prakash, 2020). In context of Drug knowledge attitude and belief, spiritual belief and risk taking behavior, gender and place of living did not have any significant role. Place of living did not have any significant relationship compared with working status of all respondents but family type and place of living did have significant relationship.

### **Conclusion**

Percentage of the participants taking any drug/substance is more where family members do not take any drug/substance. Responders having substance use free family members are higher in number and percentage. Findings are suggestive of the fact that the overall the consumption of substance among emerging youth is less than their family members. Those emerging youth are at more risk of consuming the substance where their family members consume drug/substance. More number of participants are having none of the family member took any substance. It can be assumed that absence of intake of substance among family member works to boost non engagement in substance/drug use among young emerging respondents. Data from the present study suggest that greater percentage means total 73 participants (76%) are (not taking any drug/substance) but having family members with any substance/drug use.

There was no significant impact of urban and rural place of living on the family members which contribute for the substance use among them in the present study. It is seen that greater percentage of respondents without any drug/substance is from rural background. Almost equal number of the participant in case of male and female staying in rural and urban set up. Rural participants may have better knowledge attitude belief against drug use. Current study suggests that urban respondents have high risk taking behavior when compared with rural one. Current study suggests that spiritual wellbeing is better among rural participants when compared with urban participants. This is also to be noted that urban participants have shown high risk behavior than rural participants which seems to be in sync with above mentioned high spiritual wellbeing of rural participants.

### **Clinical implication of the findings of the study**

Role of spirituality as a resource for the student's protection from substance use must be promoted on not only school level but equally on government and strongly on community level. The findings of the study will be useful to policy maker, researcher, government and non-government agency, guardians, education providers, health providers and leaders to know the participant's knowledge, attitude, belief in case of spirituality, risk taking behavior.

### **Acknowledgements**

We are grateful to the faculty members of different colleges and universities of India for cooperating in this research. We thank all the participants in the study. We are great full to the faculties, students from Mizoram, Punjab, Jammu universities who were part of the sample collection.

### **Funding Statement**

No funding for the current research was obtained from any where to complete it.

### **Authors' contributions**

Dr Lalit contributed in study concept, study design writing the discussion and complete article., Dr Manoj contributed in data collection data, Analysis and manuscript preparation was prepared by Dr

Kiran Srivastava. She contributed in sample collection and attending student's queries regarding filling up the online data sheet. The author(s) read and approved the final manuscript.

### **Availability of data and materials**

The datasets used and analyzed during the current study are available from the corresponding author on reasonable request.

### **Ethics approval and consent to participate**

After issuing the permission letter ID code INT/IEC/2023/SPL-951 the Ethics Committee Pgimer, Chandigarh, data collection was initiated. First, the participants were provided with some explanations on the study and its objectives. All participants completed online consent to participate in the study.

### **Consent for publication**

Not applicable.

### **Competing interests**

The authors declare that they have no conflict of interest about this work.

### **Contributor Information**

First author: Lalit Kumar Singh, M.Phil, Ph.D

Corresponding Address: Assistant Professor, Department of Psychiatry,  
Post Graduate Institute of Medical Education & Research, Chandigarh,  
Email: llt\_kumar@yahoo.com, Mobile: 9058434328

Corresponding author: Kiran Srivastava, M.Phil, Ph.D

Associate Professor, Psychology Department, Chandigarh University, Chandigarh  
Email: kiran\_srivastava63@yahoo.com, Mobile: 7980067984

Co-author: Manoj Bajaj: M.Phil, Ph.D

Associate Professor, Department of Psychiatry, Government Medical College & Hospital, Sector 32,  
Chandigarh  
Email: mkbajaj@gmail.com, Mobile: 8558890803

### **Reference**

1. Bhat, B. A., Rahi, S., & Sidiq, M. (2015). Awareness of drug addiction among college students of Kashmir Valley. *International Journal of Medical Sciences & Pharmaceutical Research*, 1(1), 01-14.
2. Kub, J., & Solari-Twadell, P. A. (2013). Religiosity/spirituality and substance use in adolescence as related to positive development: a literature review. *Journal of Addictions Nursing*, 24(4), 247-262.
3. Nation, U. World Drug Report 2018 (United Nations publication, Sales No. E.18X.XI.9. United Nations publication). 2018. Retrieved from <https://www.unodc.org/wdr2018>
4. Luikinga SJ, Kim JH, Perry CJ. Developmental perspectives on methamphetamine abuse: exploring adolescent vulnerabilities on brain and behavior. *Progress Neuro Psychopharmacol Biol Psychiatry*. 2018;87(Pt A):78–84. <https://doi.org/10.1016/j.pnpbp.2017.11.010> Elsevier Inc.
5. Debnam, K., Milam, A. J., Furr-Holden, C. D., & Bradshaw, C. (2016). The role of stress and spirituality in adolescent substance use. *Substance Use & Misuse*, 51(6), 733-741.



6. Galanter, M., Dermatis, H., & Santucci, C. (2012). Young people in Alcoholics Anonymous: The role of spiritual orientation and AA member affiliation. *Journal of addictive diseases*, 31(2), 173-182.
7. Ahghae, G. (2014). Effectiveness of the group's spiritual intelligence training on change of attitude towards drugs in students. *Thoughts and Behavior in Clinical Psychology*, 8(30), 77-89.
8. Prakash, K. O., & Jayaswal, M. (2020). Prevalence of spiritual intelligence among mal paharia (PVTG) youth. *International Journal of Indian Psychology*, 8(3).
9. Nurmala, I., Muthmainnah, Hariastuti, I., Devi, Y. P., & Ruwandasari, N. (2021). The role of knowledge, attitude, gender, and school grades in preventing drugs use: findings on students' intentions to participate in peer education program. *Journal of Public Health Research*, 10(3), jphr-2021.
10. Kaur, M., & Kang, T. K. (2019). Perceived risk taking behaviour among rural and urban adolescents. *Indian Journal of Health and Wellbeing*, 10(1-3), 32-36.
11. Agrawal, S. (2005, July). Analyzing adolescent risk-taking behavior in India: Findings from a large-scale survey. In *France: IUSSP XXV International Population Conference* (pp. 18-23).
12. Faizi, N. (2019). Report of Drug Abuse Prevention Programme, Aligarh Muslim University, 2018-2019. *PHRASE. Aligarh, India*.
13. Faizi, N., Alvi, Y., Saraswat, A., & Yasir, M. (2021). Knowledge, attitude, practice, and pattern of substance use among adolescents and young adults from Aligarh, India. *Indian Journal of Community Health*, 33(4), 615-620.
14. Nebhinani, N., Misra, A. K., Kaur, M., & Kulhara, P. (2012). Drug Related Knowledge and Attitude among Adolescents: A School Based Survey. *Indian J Social Psychiatry*, 28, 67-70.
15. McInnis, O. A., & Young, M. M. (2015). *Urban and rural student substance use*. Ottawa, ON, Canada: Canadian Centre on Substance Abuse.
16. Srivastava, S., Kumar, P., Rashmi, Paul, R., & Dhillon, P. (2021). Does substance use by family members and community affect the substance use among adolescent boys? Evidence from UDAYA study, India. *BMC Public Health*, 21, 1-10.
17. Derefinko, K. J., Bursac, Z., Mejia, M. G., Milich, R., & Lynam, D. R. (2018). Rural and urban substance use differences: effects of the transition to college. *The American journal of drug and alcohol abuse*, 44(2), 224-234.
18. Jasani, P. K., Jadeja, Y. M., Patel, N. M., Jadeja, D. Y., Shrimali, J. B., & Purani, S. K. (2019). Prevalence of substance abuse among adolescents of urban and rural community in Surendranagar district, Gujarat. *International journal of community medicine and public health (Gujarat)*, 6(5), 1970-1974.
19. Mir, M. H., Gupta, R. K., Langer, B., Kumari, R., Mahajan, R., Mir, M. T., ... & Singh, S. (2023). Pattern, knowledge and attitude regarding substance use among youth (11-24 years): findings from an exploratory survey. *International Journal of Community Medicine and Public Health*, 10(3), 1218.
20. Derefinko, K. J., Bursac, Z., Mejia, M. G., Milich, R., & Lynam, D. R. (2018). Rural and urban substance use differences: effects of the transition to college. *The American journal of drug and alcohol abuse*, 44(2), 224-234.
21. Azmawati, M. N., Shamsul, A. S., Norfazilah, A., Azimatun, N. A., Rozita, H., & Hazariah, A. H. S. (2015). Risk taking behaviour among urban and rural adolescents in two selected districts in Malaysia. *South African Family Practice*, 57(3), 1-6.
22. Verma, M. (2019). Risk taking behaviour in relation to gender, locale and socio-economic status. Prof. Mohammad Iqbal Mattoo, 119.
23. Springer, A. E., Selwyn, B. J., & Kelder, S. H. (2006). A descriptive study of youth risk behavior in urban and rural secondary school students in El Salvador. *BMC International Health and Human Rights*, 6, 1-11.
24. Murphy, J. (2018). Comparing rural and urban drug use and violence in the Pennsylvania Youth Survey. The Center for Rural Pennsylvania.

25. Nair, K. A., & Paul, G. (2017). A study on spiritual intelligence among higher secondary students in relation to their social adjustment. *Journal of Research in Humanities and Social Science*, 5(3), 38-42.
26. Prakash, K. O., & Jayaswal, M. (2020). Prevalence of spiritual intelligence among mal paharia (PVTG) youth. *International Journal of Indian Psychology*, 8(3).

Gender

<b>Female</b>	442, 80.7%
<b>Male</b>	106 , 19.3%
<b>Mean age &amp; S.D.</b>	21.98, (3.41)
<b>Mean age &amp; S.D. (male)</b>	23.38, (3.09)
<b>Mean age &amp; S.D. (Female)</b>	21.64, (4.26)

Family type

<b>Nuclear</b>	349, 63.7%
<b>Joint</b>	199, 36.3%

		Drug user			Chi-Square T
		1.00 (Yes)	2.00 (No)	Total	Sig. (2-sided)
Drug user family	1.00 (Yes)	23	73	96	.000
	2.00 (No)	26	426	452	
Total		49	499	548	

		Place of living			Chi-Square
		1= Urban	2	Total	Sig. (2-sided)
Drug user family	1=Yes	49	47	96	.732(non-signif.)
	2	222	230	452	
Total		271	277	548	

		Place of living			Pearson Chi-Square Tests
		1= Urban	2	Total	Sig. (2-sided)
Drug user	1=Yes	35	14	49	.001
	2=No	236	263	499	
Total		271	277	548	

		Place of living			Chi-Square Tests
		1= Urban	2=rural	Total	Sig. (2-sided)
Family type	1=Joint	86	113	199	.027
	2=Nuclear	86	113	199	
Total		185	164	349	

		t-test for Equality of Means				
	Place of Living Urban=1, Rural=2	Mean	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference
DKAB	1	15.42	546	.005	-.96923	.33980
	2	16.38				
SWB	1	25.49	546	.001	-1.82683	.55743
	2	27.32				
RTB	1	72.80	546	.000	7.33511	1.50789

A Study On Psychosocial Variables And Drug Knowledge Attitude, Risk Taking Behaviour And Spiritual Wellbeing  
Among Emerging Adults: An Cross Sectional Indian Study

---

	2	65.46				
ADU	1	41.88	546	.000	3.35853	.84364
	2	38.52				