

Peer Pressure, Locus of Control and Substance Abuse among Adolescents in
Skyland High School and Central College Bugiri - Bugiri District

By

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23/U/07827/EVE

A Dissertation Submitted to the School of Psychology in Partial Fulfillment of the Requirements
for the Award of the Bachelor of Arts Degree in Social Sciences at Makerere University

October, 2026.

Declaration

I, Bwire Mukaga Filex, hereby declare that this dissertation entitled “Peer Pressure, Locus of Control and Substance Abuse among Adolescents in Skyland High School and Central College Bugiri - Bugiri District” is my original work and has not been submitted to any other university or institution for the award of a degree or any other academic qualification.

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Approval

This dissertation entitled “Peer Pressure, Locus of Control and Substance Abuse among Adolescents in Skyland High School and Central College Bugiri - Bugiri District” has been submitted for examination with the approval of the supervisor.

Signature:

Date: 14-10-2026.....

Dr. Anne Ampaire

Supervisor

Dedication

I dedicate this dissertation to my family, whose unconditional love, sacrifices, and belief in my potential have been my anchor throughout this academic journey. To my parents, thank you for your endless prayers, patience, and constant words of encouragement during the most demanding seasons of my studies.

To my friends and classmates, thank you for the late-night study sessions, insightful discussions, and for always being a source of laughter and comfort when the journey felt overwhelming.

Finally, I dedicate this work to everyone who offered a listening ear, a word of advice, or support in any small or grand way. Your presence made the completion of this degree possible, and I am forever grateful.

Acknowledgements

I thank Almighty God for granting me life, wisdom and strength throughout my academic journey. My sincere appreciation goes to my supervisor Dr. Anne Ampaire for the professional guidance, constructive criticism and encouragement provided during the preparation of this research proposal. I also extend my gratitude to the lecturers of Makerere University for the knowledge and skills they have imparted throughout my studies and finally I send special thanks to my family and friends for their moral support, patience and encouragement. Finally, I appreciate everyone who will participate in this study and contribute to its successful completion.

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Abstract

This study examined the relationship between peer pressure, locus of control, and substance abuse among adolescents in Skyland High School and Central College Bugiri-Bugiri District, Uganda. The objectives were to examine the relationships between peer pressure and locus of control, locus of control and substance abuse, and peer pressure and substance abuse. A cross-sectional correlational survey design was used. A sample of 88 adolescents, determined using Krejcie and Morgan's (1970) framework and drawn from a population of 155 through stratified and simple random sampling, completed a structured self-administered questionnaire containing validated scales for the three variables, and all 88 questionnaires were returned (100% response rate). Data were analysed using SPSS, with descriptive statistics summarising respondents' characteristics and Pearson's correlation tested at the 0.05 level of significance. Peer pressure was moderately and positively related to locus of control ($r = .456, p < .001$), locus of control was strongly and positively related to substance abuse ($r = .725, p < .001$), and peer pressure was moderately and positively related to substance abuse ($r = .412, p < .001$). The study concluded that the three variables are significantly related, with locus of control most strongly related to substance abuse. Adolescents with a more external locus of control, and those more susceptible to peer pressure, reported higher substance abuse. It is recommended that schools and guidance and counselling departments strengthen adolescents' sense of personal control and resistance to negative peer influence through life-skills, decision-making, and refusal-skills training, with support from parents and education authorities.

Chapter One: Introduction

Background of the Study

Adolescence is a developmental period characterised by heightened sensitivity to social influence and a greater willingness to take risks, and susceptibility to peer influence is particularly high in the early and middle teenage years, improving only gradually thereafter (Steinberg & Monahan, 2007). Substance abuse is a major global health concern. The World Health Organization (2018) reported that the harmful use of alcohol caused about 3 million deaths worldwide in 2016, roughly 5.3% of all deaths. Because experimentation with alcohol, tobacco, and other drugs commonly begins in adolescence, the school-going years are a critical window for prevention.

In Uganda, substance use among school-going adolescents is a documented concern. A report by the Makerere University School of Psychology, covered in the Daily Monitor, found that 29.9% of secondary school students had ever taken alcohol and 9.5% had ever tried marijuana, and it identified peer pressure among the key factors influencing drug use (“60% of School Children,” 2021). Focus group discussions in Ugandan public secondary schools likewise identified peer pressure as the strongest factor driving substance use (Rukundo et al., 2017). More recently, a cross-sectional study of 1,833 adolescents in eight secondary schools in Iganga and Mukono districts reported alcohol use at 3.0%, marijuana at 2.6%, and tobacco at 1.7%, with 6.2% reporting impairment from substance use (Bing et al., 2025). Such use has been linked to poorer learning, school absenteeism, declining academic performance, and worsening mental health (Bing et al., 2025).

Three constructs are central to this problem. Peer pressure is the direct or indirect influence exerted by age-mates to conform to particular behaviours, attitudes, or values, often to

gain acceptance or avoid rejection (Gebresilase et al., 2026). Locus of control is the perception of control over life events: individuals with an internal locus of control see outcomes as the result of their own actions, while those with an external locus of control attribute them to chance or the will of others (Lassi et al., 2019). Substance abuse is the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs, in ways that damage physical, psychological, or social wellbeing (Bing et al., 2025).

Social cognitive theory explains how these constructs connect, proposing that people learn behaviours through observing and imitating others and through the consequences that follow (Bandura, 2001), which makes peers a powerful source of learning about substance use. Evidence points to a role for locus of control as well. Among secondary school students in Ethiopia, an internal locus of control was negatively associated with conformity to peer influence, while an external locus of control was positively associated with it (Gebresilase et al., 2026). In a large longitudinal cohort, adolescents with a more external locus of control at age sixteen were more likely to report tobacco and alcohol consumption in later years (Lassi et al., 2019).

Despite this evidence, Ugandan research has concentrated largely on prevalence and general correlates, with less attention to psychological mechanisms such as locus of control that may explain why some adolescents succumb to peer pressure while others resist it, and secondary school students outside the major urban centres remain under-researched. This study therefore examined the relationship between peer pressure, locus of control, and substance abuse among adolescents in secondary schools.

Statement of the Problem

Substance abuse among adolescents in secondary schools is a growing concern because it threatens their academic performance, health, and long-term development. Although guidance and counselling programmes and awareness campaigns have been implemented, these efforts have largely focused on the substances themselves or on peer influence in isolation, with little attention to the psychological disposition that shapes how strongly an adolescent is affected by peer pressure. There is also limited locally grounded evidence on how peer pressure, locus of control, and substance abuse relate to one another among adolescents in the study setting. As a result, school administrators, guidance counselors, and policymakers lack the information needed to design targeted interventions. This study therefore sought to examine these relationships in order to inform more effective, locally relevant prevention strategies.

Purpose of the Study

To examine the relationship between peer pressure, locus of control, and substance abuse among adolescents in Skyland High School and Central College Bugiri-Bugiri District.

Objectives of the Study

1. To examine the relationship between peer pressure and locus of control among adolescents.
2. To assess the relationship between locus of control and substance abuse among adolescents.
3. To examine the relationship between peer pressure and substance abuse among adolescents.

Scope of the Study

Geographical Scope

The study was conducted in Bugiri District, in the Busoga sub-region of Eastern Uganda, and focused on two secondary schools, Skyland High School and Central College Bugiri. The district lies along the busy transit route that links central Uganda to the eastern border, which exposes its young people to trade, travel, and the easy availability of alcohol and other substances. The two schools were selected because adolescents in this district have received little dedicated research attention on the psychological and social correlates of substance abuse, because the schools serve a large adolescent population drawn from the town and its surrounding communities, and because they were accessible to the researcher within the available time and resources. Studying two schools also allowed the results to reflect more than one school environment.

Content Scope

The study examined the relationship between peer pressure and locus of control, between locus of control and substance abuse, and between peer pressure and substance abuse among adolescents. Peer pressure was defined as the influence exerted by age-mates on an adolescent to conform to particular behaviors, attitudes, or values, and was assessed in terms of susceptibility to negative and positive peer influence (Gebresilase et al., 2026). Locus of control was defined as the generalised expectancy that outcomes depend on one's own behaviour (internal) or on external forces such as chance, fate, or powerful others (external), and was assessed along the internal-external continuum (Rotter, 1966). Substance abuse was defined as the harmful or hazardous use of psychoactive substances that affects physical, psychological, or social wellbeing, and was assessed in terms of the use of alcohol, tobacco, and other commonly

available psychoactive substances (Bing et al., 2025). Age, sex, and class level were considered as background characteristics.

Time Scope

This study was conducted between March 2026 and October 2026, covering all phases of the research process from instrument development to report writing.

Contextual Scope

The study area is one of the districts of the Busoga sub-region in Eastern Uganda. The 2024 National Population and Housing Census, conducted by the Uganda Bureau of Statistics, recorded 480,345 people in the district, of whom 251,040 (about 52%) were below 18 years of age. The municipality that serves as the district headquarters had a population of 31,819, while the Busoga sub-region as a whole had about 4.4 million people. The district is largely rural and agricultural, with a trading centre and a growing peri-urban population around the municipality, and the young people in it are exposed to local alcohol outlets, informal trade, and limited recreational alternatives. The study schools operate within this environment and draw their students from the town and surrounding communities. The study did not extend to secondary schools outside the district or to substance use among out-of-school youth.

Significance of the Study

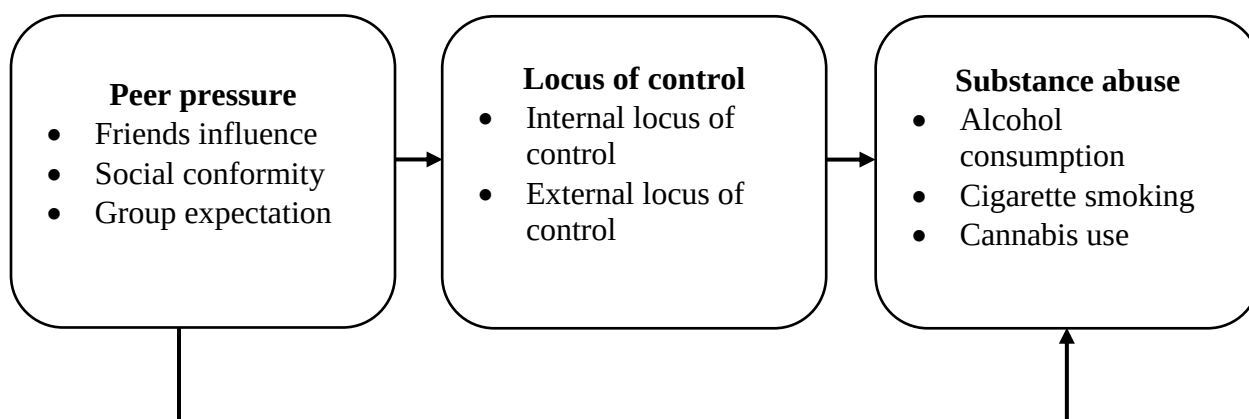
This study generated context-specific evidence on the relationship between peer pressure, locus of control, and substance abuse among adolescents. The findings are useful to the administration and the guidance and counselling departments of the participating schools, offering evidence to inform school-based interventions that address both peer influence and the psychological disposition of adolescents towards substance abuse.

For the Ministry of Education and Sports and other government agencies concerned with adolescent welfare, the findings contribute evidence that can inform national school health and substance abuse prevention policies, as well as local programmes that serve young people.

Parents and guardians stand to benefit from a clearer understanding of the factors that place their children at risk of substance abuse. Academically, the study contributes to the limited body of literature examining the joint relationship between peer pressure, locus of control, and substance abuse among adolescents in Uganda, addressing a gap left by studies that have tended to examine these constructs separately.

Conceptual Framework

Figure 1: the conceptual frame work



In figure 1, peer pressure and locus of control are closely connected. An adolescent who constantly seeks the approval of age-mates is likely to begin to see the direction of their life as being decided by other people, which is the core of an external locus of control. On the other hand, an adolescent who believes that their own effort and decisions determine what happens to them is better placed to hold their ground when friends push them to do something they do not agree with. The relationship is therefore expected to be positive: the more susceptible an adolescent is to peer pressure, the more external their locus of control is likely to be. The reverse

may also be true, since adolescents who already feel powerless may look to their peers for direction. Locus of control shapes how an adolescent responds to opportunities to use substances. Adolescents with an external locus of control may feel that their health, school performance, and future depend on luck or on other people, so they see little reason to avoid risk, and substance use may become a way of coping with stress they feel unable to change. Adolescents with an internal locus of control are more likely to link today's choices to tomorrow's outcomes and therefore to avoid substances in order to protect their studies and health. A more external locus of control is thus expected to go with greater involvement in substance abuse. Peer pressure is considered to be the most direct pathway to substance abuse. In secondary schools, friends are often the first people to offer a drink or a cigarette, and the wish to belong makes refusal difficult. Using substances may also be seen as a way of proving loyalty to the group. Adolescents who are highly susceptible to negative peer influence are therefore expected to report greater substance abuse, while positive peer influence, such as encouragement to focus on studies, may reduce it. Taken together, the three relationships suggest that locus of control may help explain why peer pressure leads to substance abuse in some adolescents and not in others.

Chapter Two: Literature Review

Introduction

This chapter reviews empirical literature on the three relationships examined in this study. The review follows the order of the research objectives: the relationship between peer pressure and locus of control, the relationship between locus of control and substance abuse, and the relationship between peer pressure and substance abuse among adolescents. The chapter closes with the literature gap that the study addresses and the hypotheses that guided the study.

Peer Pressure and Locus of Control among Adolescents

Few studies have examined directly whether an adolescent's beliefs about personal control shape how readily they yield to their peers. The most direct evidence comes from Gebresilase et al. (2026), who surveyed 516 secondary school students in grades 9 to 12 in Ethiopia (mean age 14.77 years). They found that an internal locus of control was negatively associated with conformity, while an external locus of control was positively associated with conformity. Assertiveness was also negatively correlated with conformity, and structural equation modelling showed that assertiveness partially mediated the relationship between locus of control and conformity for both orientations. The authors concluded that a strong sense of personal control and good interpersonal skills are protective factors that help adolescents resist peer pressure and make independent decisions.

This study is particularly relevant to the present research because its participants were secondary school students in an African setting. However, it has limitations that restrict how far its findings can be applied. Conformity is a broader construct than susceptibility to peer pressure, and the study did not link either variable to risk behaviors such as substance use. The design was cross-sectional, so it cannot show whether a weak sense of control makes adolescents more

likely to yield to peers or whether repeatedly yielding to peers weakens an adolescent's sense of control. The finding that assertiveness only partially mediated the relationship also suggests that other mechanisms are involved. In addition, the participants were drawn from a narrow age band, whereas secondary school students in Uganda span a wider range of ages.

Other studies have approached the same question by examining what makes some adolescents more susceptible to peer pressure than others. Chan and Chan (2013), in a study of 550 secondary school students in Hong Kong, found that maternal behavioral control and psychological control predicted adolescents' susceptibility to peer pressure in negative and positive directions respectively. They also found that maternal warmth lowered susceptibility, with the effect operating through the adolescent's emotional autonomy from parents. These findings indicate that susceptibility to peer pressure is related to how autonomous adolescents feel, which is conceptually close to the sense of personal control captured by locus of control, although the study did not measure locus of control itself.

Similarly, Eyiah-Bediako et al. (2021) surveyed 525 junior high school adolescents aged 12 to 19 years in Ghana and found that peer pressure and child-rearing practices each independently predicted sexual adventurism, while parental discipline moderated the effect of peer pressure. This suggests that the influence of peers is not uniform and depends on the psychological and family resources an adolescent brings to the situation. Taken together, these studies point to a plausible link between perceived control and susceptibility to peer pressure. However, they come from Ethiopia, Hong Kong, and Ghana, they rely on different constructs and measures, and none of them tested the association between peer pressure and locus of control among secondary school students in Uganda.

The way these studies were conducted also matters for interpreting the evidence. Gebresilase et al. (2026) note that adolescents in Ethiopia live in interdependent social settings where there is considerable pressure to behave in line with the expectations of family and peers. Ugandan adolescents may face similar social conditions, which could make the way they handle peer influence especially dependent on their own sense of control. This remains an inference, because none of the studies reviewed tested the relationship in Uganda. The studies also used different instruments, ranging from conformity scales to measures of susceptibility to peer pressure and parenting practices, which makes it difficult to compare their results or to say which aspects of peer pressure are most closely tied to locus of control. Differences by age, sex, and family background, such as the moderating role of parental discipline reported by Eyiah-Bediako et al. (2021), suggest that the relationship may not be the same for all adolescents, and this has to be examined within a single sample using validated measures of both variables.

Locus of Control and Substance Abuse among Adolescents

The relationship between locus of control and substance use has been examined in adolescent and young adult samples, with results that point in a consistent direction but vary in strength and timing. Lassi et al. (2019) used data from the Avon Longitudinal Study of Parents and Children in the United Kingdom and found that a more external locus of control at age 16 was associated with higher tobacco consumption at ages 17 and 21 and with hazardous alcohol use at age 17. The association with hazardous alcohol use was not present at age 21. The authors noted that earlier studies on this question were limited by small samples or cross-sectional designs, and they suggested that locus of control may be a useful target for preventing substance use.

The longitudinal design of Lassi et al. (2019) is a strength because it shows that locus of control measured earlier is related to substance use later. The disappearance of the alcohol association by age 21 is also informative. It suggests that the link between perceived control and alcohol use may be strongest during adolescence, which is the period when young people are still in school and when prevention is most likely to be effective. At the same time, the study was conducted in a high-income country with a birth cohort whose access to alcohol and tobacco, and whose social environment, differ greatly from those of Ugandan school-going adolescents.

Evidence from a clinical setting points the same way. Patel et al. (2022) studied hospitalized patients with alcohol use disorder in Western India and found that a higher external locus of control was associated with an earlier age at first alcohol intake ($r = .209$), with more relapses, and with greater severity of alcohol use ($r = .315$). Impulsivity was even more strongly related to severity ($r = .716$) and was itself related to external locus of control ($r = .345$). These results suggest that locus of control operates alongside other personality traits rather than alone. However, the participants were adults already in treatment, so the findings cannot be applied directly to school-going adolescents who have not developed alcohol use disorders.

Gebresilase et al. (2026) also frame locus of control as a psychological resource that helps adolescents resist negative peer pressure and avoid risky behaviours, including substance use and alcohol consumption. However, their study measured conformity rather than substance use, so the link to substance abuse remains an inference. In Uganda, recent studies of adolescent substance use have focused on prevalence and general correlates rather than personality dispositions. For example, Bing et al. (2025) reported significant use of alcohol, marijuana, and tobacco among 1,833 secondary school students in Iganga and Mukono districts, but locus of control was not the focus of that study. As a result, the evidence that an external locus of control

raises the risk of substance abuse comes mainly from outside Africa or from adult clinical samples, and it remains untested among Ugandan secondary school students.

The studies reviewed also differ in how they define locus of control and in the substances they consider. Lassi et al. (2019) found that the association between an external locus of control and tobacco use persisted to age 21, while the association with hazardous alcohol use did not, which suggests that the relationship may differ by substance. Patel et al. (2022) examined alcohol only, and found that high external locus of control was linked to more relapses as well as to earlier first use and greater severity. Ugandan adolescents report use of alcohol, marijuana, tobacco, and other substances (Bing et al., 2025), so it cannot be assumed that a pattern observed for one substance in one country applies to the others. The studies reviewed also differ in whether they measure locus of control in general or in relation to health, and this adds to the variation in results.

If an external locus of control is shown to be associated with substance abuse among adolescents, it would be a useful target for school-based prevention, because beliefs about personal control can be strengthened through guidance and counselling, life-skills training, and decision-making activities. Lassi et al. (2019) make this point in the context of the United Kingdom. Whether the same reasoning holds for Ugandan secondary schools depends on evidence from Ugandan adolescents, which the studies reviewed do not provide.

Peer Pressure and Substance Abuse among Adolescents

The relationship between peer pressure and substance abuse has been examined more often in Uganda than the other two relationships. Rukundo et al. (2017) held 12 focus group discussions with students in public secondary schools in Uganda and reported that all the groups identified peer pressure as the strongest factor influencing the use of psychoactive substances in

their schools, followed by relief from domestic stress. The authors concluded that substance use results from an interaction between the adolescent, the substances, and the environment in which the adolescent lives. A Makerere University School of Psychology report, covered in the Daily Monitor ("60% of School Children," 2021), similarly found that 29.9% of secondary school students had ever taken alcohol and 9.5% had ever tried marijuana, and it named peer pressure, family and religious background, and the strictness of rules at school and at home among the main factors influencing drug use.

Quantitative evidence from Eastern Uganda points the same way. A study of secondary school students in Mbale Municipality found significant, positive, and very high correlations between peer group influence and substance abuse at school ($r = .723$), at home ($r = .631$), and in the neighbourhood ($r = .871$) (Islamic University in Uganda, 2015). Correlations of this size are unusually large for behavioral research and may partly reflect overlap between the items used to measure peer influence and those used to measure substance abuse, so they should be interpreted with caution. Even so, the study shows that peers in different settings are all related to substance abuse among adolescents in the same region of the country as the present study.

Studies from other African countries report similar patterns. Obosi et al. (2022) surveyed 200 in-school adolescents in Nigeria and found that peer pressure was positively correlated with drug use ($r = .68$, $p < .01$), meaning that adolescents who experienced more peer pressure were more likely to use substances. Bing et al. (2025) provide the most recent school-based evidence from the region: among 1,833 adolescents from eight secondary schools in Iganga in Eastern Uganda and Mukono in Central Uganda, 3.0% reported significant alcohol use, 2.6% marijuana use, and 1.7% tobacco use, and 6.2% reported impairment from substance use. Their study was

designed to establish prevalence and general correlates, and it indicates the scale of the problem in a district within the same Busoga sub-region as the present study area.

The same report ("60% of School Children," 2021) further found that drug use was higher in government schools than in private schools and higher in rural schools than in urban ones. This is relevant to those two secondary schools where research was carried which is largely rural, because it suggests that adolescents in such settings may be exposed to peer-related risks that are not captured in studies conducted mainly in Kampala. Bing et al. (2025) likewise recommend school-based interventions that address sex-specific risks and urban-rural disparities in mental health. Evidence of this kind supports the view that peer influence works through the particular school and community environment in which adolescents live, and that its effect needs to be studied in specific districts and schools rather than assumed from national figures.

Overall, the studies reviewed consistently identify peer pressure as a risk factor for substance abuse among adolescents, but they have important limitations. Several are qualitative or rely on simple correlations, many measure peer influence in general terms rather than susceptibility to peer pressure, and almost all examine peer pressure on its own. They do not explain why adolescents exposed to similar peer environments differ in how far they take up substance use. That question requires the psychological dispositions of the adolescents themselves, such as locus of control, to be measured in the same study.

Literature Gap

The literature reviewed shows that each of the three relationships has been examined, but only in separate studies, with different samples, different instruments, and mostly outside Uganda. First, the link between peer pressure and locus of control has been tested directly in only one study among those reviewed, and that study used conformity in Ethiopian students rather

than susceptibility to peer pressure and did not include any substance use outcome. No study reviewed examined this relationship among Ugandan adolescents.

Second, evidence on locus of control and substance use comes largely from a United Kingdom birth cohort and an Indian clinical sample, and the Ugandan studies on adolescent substance use do not measure locus of control. It is therefore not known whether an external locus of control is associated with substance abuse among school-going adolescents in a setting where alcohol and other substances are easily available and where peer influence is reported to be the strongest driver of use.

Third, because the relationships have been studied in isolation, it is unclear whether peer pressure and locus of control are each related to substance abuse when they are examined in the same group of adolescents, and whether adolescents who are highly susceptible to peer pressure also tend to hold a more external locus of control. Finally, there is a contextual gap. The Ugandan school-based studies reviewed were conducted in Kampala, Gulu, Mbale, Iganga, Mukono, and other areas, and none was conducted in Bugiri District. This study addresses these gaps by measuring peer pressure, locus of control, and substance abuse in the same sample of secondary school adolescents in Bugiri District and testing the relationship between each pair of variables.

Hypotheses

There is no significant relationship between peer pressure and locus of control among adolescents.

There is no significant relationship between locus of control and substance abuse among adolescents.

There is no significant relationship between peer pressure and substance abuse among adolescents.

Chapter Three: Methodology

Introduction

This chapter presents the methodology that was used for the study. It covers the research design, study population, sample size and sampling technique, data collection methods and instruments, data collection procedure, data analysis, ethical considerations , limitations of the study and mitigation measures that guided the study.

Research Design

The study adopted a cross-sectional survey design, using a quantitative correlational approach, since it sought to examine the relationships between peer pressure, locus of control, and substance abuse among adolescents (Creswell & Creswell, 2018). A correlational design was considered appropriate because it allows for the collection of numerical data on the three study variables from respondents at a single point in time, enabling the testing of the strength and direction of the hypothesized relationships between them.

Study Population

The study population comprised adolescents enrolled in those two secondary schools. According to school enrollment records, the two schools had a combined population of approximately 155 adolescents across the various secondary school classes. This population was considered appropriate because adolescents themselves were best positioned to report on their own experiences of peer pressure, their locus of control orientation, and their exposure to substances.

Sample Size and Sampling Technique

The sample size was determined using the Krejcie and Morgan (1970) sample size determination framework for finite populations. Based on a target population of 155 adolescents the sample size was 88 at a 95% confidence level and a 5% margin of error.

A sample size of 88 adolescents was therefore drawn from the study population. Stratified random sampling was used to ensure proportionate representation of adolescents from each of the two schools, with the sample allocated proportionately to the enrollment of each school. Within each stratum 44 students were selected to participate in the study, simple random sampling, using the lottery method, was applied to select individual respondents from class registers, giving every adolescent in each school an equal chance of being included in the study.

Data Collection Methods and Instruments

Data were collected using the survey method, in which quantitative data were gathered directly from the adolescents who took part in the study. This method was suitable because the study needed numerical data on three variables, collected from many respondents at one point in time, so that the relationships between the variables could be tested statistically.

A structured self-administered questionnaire was used as the primary data collection instrument. A questionnaire was appropriate for several reasons. It presented the same questions in the same way to every respondent, which made the responses comparable. It allowed respondents to complete the items at their own pace and in private, which was important because some of the questions concerned sensitive behaviours such as substance use. It also minimized the influence of an interviewer on the answers that respondents gave. The items were closed-ended, so the responses could be coded and entered directly into statistical software for analysis.

The questionnaire was organised into two parts and three sections. Part one represented consent form and part two collected socio-demographic information about the respondents, namely their age, sex, who they stay with, and the programme they are offered (day scholar or boarding). Sections A, B and C contained items measuring the three study variables using three established and validated scales, one for each variable. Section A measured substance abuse, which was assessed in terms of the adolescent's use of alcohol, tobacco, and other commonly available psychoactive substances. Section B measured peer pressure which was assessed in terms of the adolescent's susceptibility to negative and positive peer influence. Section C measured locus of control along the internal-external continuum, that is, whether the adolescent believes that outcomes in their life depend on their own actions or on external forces such as chance, fate, or other people. Each scale produced a score for its variable, and these scores were used in the correlation analysis.

Quality control

Validity of the Research Instrument

Validity refers to the extent to which an instrument measures what it is intended to measure. Content validity of the questionnaire was established through expert review. Drafts of the instrument were reviewed by the research supervisor at the School of Psychology, who assessed each item for clarity, relevance, and alignment with the study objectives, and whose feedback informed revisions before the instrument was considered fit for data collection. Validity was further supported by the use of established and validated scales to measure the three study variables.

Reliability of the Research Instrument

Reliability refers to the consistency of an instrument, that is, the extent to which it gives similar results when it is used repeatedly under similar conditions. The reliability of the questionnaire was established through a pilot test administered to a small group of adolescents who did not form part of the final sample. Data from the pilot test were used to compute Cronbach's alpha coefficients for each of the three subscale, because Cronbach's alpha is a widely used measure of the internal consistency of scales that have several items. A coefficient of .70 or above was considered the minimum acceptable level for each subscale, and a subscale that reached this level was considered reliable for use in the study.

Data Collection Procedure

Before data collection commenced, the researcher was given an introductory letter from the School of Psychology. Permission was also sought from the head teachers of the two schools. Since the study population comprised adolescents, most of whom were minors, written informed consent was sought from guardians or teachers, and written assent was additionally sought from each adolescent respondent; only adolescents who both provided assent and whose guardians or teachers provided consent were included. Self-administered questionnaires were then distributed to consenting and assenting respondents in a supervised classroom setting and collected upon completion.

Data Analysis

Completed questionnaires were checked for completeness, coded, and entered into IBM SPSS Statistics for analysis. Descriptive statistics, including frequencies, percentages, means, and standard deviations, were used to summarize respondents' demographic characteristics and their responses on the peer pressure, locus of control, and substance abuse subscale. Pearson's

Product Moment Correlation Coefficient was used to test the relationship between peer pressure and locus of control, the relationship between locus of control and substance abuse, and the relationship between peer pressure and substance abuse, in line with Hypotheses One, Two, and Three respectively. All hypotheses were tested at the 0.05 level of significance.

Ethical Considerations

Given that this study involved adolescents, several additional ethical considerations were given particular attention. Guardian or teacher consent was obtained for all respondents, in addition to the personal assent of each adolescent respondent, and participation was entirely voluntary, with respondents free to withdraw at any stage without penalty. Given the sensitive nature of questions relating to substance use, respondents were not required to write their names on the questionnaire, and all responses were treated with strict confidentiality and used solely for academic purposes. Respondents were also informed, prior to participation, of the availability of the school's guidance and counselling department should participation raise any personal concerns.

Limitations of the Study and Mitigation Measures

The study encountered two main limitations. First, the cross-sectional research design limited the ability to establish causal relationships among peer pressure, locus of control, and substance abuse among adolescents. This limitation was addressed by interpreting the findings in terms of statistical associations rather than cause-and-effect relationships.

Second, the use of self-reported data may have introduced recall bias and social desirability bias, whereby participants could have provided inaccurate or socially acceptable responses. To minimize these biases, participants were assured of anonymity and confidentiality, and standardized research instruments were used to promote consistent responses. Future studies

should use larger samples drawn from more schools and districts, including both rural and urban schools, so that the findings can be generalised more widely. Studies should use regression and mediation analysis to test whether locus of control explains part of the relationship between peer pressure and substance abuse, and should control for age, sex, family background, and whether students are day scholars or boarders. Longitudinal studies would show whether a more external locus of control comes before susceptibility to peer pressure and substance abuse or follows from them. Qualitative studies could explore how adolescents themselves explain the link between control beliefs, their peers, and substance use, and further studies could examine specific substances separately and include out-of-school adolescents.

Chapter Four: Results

Introduction

This chapter presents the results of the study in line with the research objectives. It begins with the response rate and the demographic characteristics of the respondents, followed by the presentation of the Pearson correlation coefficient matrix for peer pressure, locus of control, and substance abuse. The chapter then interprets the results for each of the three specific objectives, namely; the relationship between peer pressure and locus of control, the relationship between locus of control and substance abuse, and the relationship between peer pressure and substance abuse among adolescents in the two secondary schools and concludes with a summary of the key results.

Response Rate

A total of 88 questionnaires were administered to adolescents. All 88 questionnaires were fully and properly completed and returned, yielding a response rate of 100%. This response rate provided a sufficiently representative sample on which to base the statistical analyses undertaken in this study.

Demographic Characteristics of Respondents

This section presents the demographic characteristics of the respondents, including their age, sex, who they stay with, and the programme they are offered, as summarized in Table 4.1.

Table 4.1: Demographic Characteristics of Respondents

Variable	Category	Frequency	Percent
Age (years)	12 – 14	23	26.1%
	15 – 19	65	73.9%
Sex	Male	48	52.2%
	Female	44	47.8%
Who They Stay With	Both parents	42	47.7%
	Mother only	31	35.2%
	Father only	15	17.0%
Programme Offered	Day scholar	60	68.2%
	Boarding	28	31.8%

Note. N = 88.

As presented in Table 4.1, the majority of respondents (73.9%) were aged between 15 and 19 years, while 26.1% were aged 12-14 years. Male respondents constituted a slight majority (52.2%) compared to female respondents (47.8%). Regarding who they stay with, close to half of the respondents (47.7%) stayed with both parents, while 35.2% stayed with their mother only and 17.0% stayed with their father only. With regard to the programme offered, the majority of respondents were day scholars (68.2%), while 31.8% were boarders.

Correlation Matrix for Peer Pressure, Locus of Control, and Substance Abuse

Prior to testing the null hypotheses for each objective, a Pearson correlation matrix was computed to establish the strength, direction, and significance of the relationships among peer

pressure, locus of control, and substance abuse. The resulting coefficient matrix is presented in Table 4.2.

Table 4.2: Correlation Matrix for Peer Pressure, Locus of Control, and Substance Abuse

Variable	1	2	3
1. Peer Pressure			
2. Locus of Control	.456**		
3. Substance Abuse	.412**	.725**	

Note. **Correlation is significant at the 0.01 level (2-tailed). N = 88.

Table 4.2 shows that all three pairwise correlations were positive and statistically significant at $p < .001$. Using Evans' (1996) guidelines for interpreting correlation strength (.00-.19 very weak, .20-.39 weak, .40-.59 moderate, .60-.79 strong, .80-1.0 very strong), the relationship between locus of control and substance abuse ($r = .725$) is classified as strong, while the relationships between peer pressure and locus of control ($r = .456$) and between peer pressure and substance abuse ($r = .412$) are both classified as moderate. These results are interpreted in relation to each specific objective below.

The Relationship between Peer Pressure and Locus of Control

This section presents the results on the relationship between peer pressure and locus of control among adolescents in line with the first objective of the study. Pearson's correlation analysis was conducted to determine the strength, direction, and significance of the relationship between the two variables. The null hypothesis tested was: There is no significant relationship between peer pressure and locus of control among adolescents in two secondary schools.

As shown in Table 4.2, Pearson's correlation analysis revealed a moderate, positive, and statistically significant relationship between peer pressure and locus of control ($r = .456$, $p <$

.001, $N = 88$). This indicates that as adolescents' exposure to peer pressure increases, their locus of control scores also tends to increase, and vice versa. Since the p-value ($p < .001$) is less than the .05 significance threshold, the null hypothesis was rejected. It was therefore concluded that there is a statistically significant relationship between peer pressure and locus of control among adolescents in the two secondary schools.

The Relationship between Locus of Control and Substance Abuse

This section presents results on the relationship between locus of control and substance abuse among adolescents in line with the second objective of the study. Pearson's correlation analysis was conducted to determine the strength, direction, and significance of the relationship between the two variables. The null hypothesis tested was: There is no significant relationship between locus of control and substance abuse among adolescents in those two secondary schools.

As shown in Table 2, Pearson's correlation analysis revealed a strong, positive, and statistically significant relationship between locus of control and substance abuse ($r = .725$, $p < .001$, $N = 88$). This indicates that locus of control is closely associated with substance abuse among the adolescents sampled, more so than either variable is associated with peer pressure. Since $p < .001$ is less than .05, the null hypothesis was rejected. It was therefore concluded that there is a statistically significant relationship between locus of control and substance abuse among adolescents in those two secondary schools.

The Relationship between Peer Pressure and Substance Abuse

This section presents the results on the relationship between peer pressure and substance abuse among adolescents in line with the third objective of the study. Pearson's correlation analysis was conducted to determine the strength, direction, and significance of the relationship

between the two variables. The null hypothesis tested was: There is no significant relationship between peer pressure and substance abuse among adolescents in the two secondary schools.

As presented in Table 4.2, Pearson's correlation analysis revealed a moderate, positive, and statistically significant relationship was found between peer pressure and substance abuse ($r = .412$, $p < .001$, $N = 88$). This indicates that adolescents who report higher exposure to peer pressure also tend to report higher levels of substance abuse, although this relationship is less pronounced than that observed between locus of control and substance abuse. Since $p < .001$ is less than .05, the null hypothesis was rejected. It was therefore concluded that there is a statistically significant relationship between peer pressure and substance abuse among adolescents in those two secondary schools.

Chapter Summary

This chapter presented and discussed results on the relationship between peer pressure, locus of control, and substance abuse among adolescents in the two secondary schools. All three null hypotheses were rejected: peer pressure was found to be moderately and positively related to locus of control ($r = .456$, $p < .001$); locus of control was strongly and positively related to substance abuse ($r = .725$, $p < .001$); and peer pressure was moderately and positively related to substance abuse ($r = .412$, $p < .001$).

Taken together, these results suggest that locus of control has a considerably closer relationship with substance abuse than peer pressure does, raising the possibility that locus of control may help explain part of how peer pressure relates to substance abuse among adolescents, although this study did not formally test for mediation. This pattern suggests that interventions targeting adolescents' locus of control, alongside broader peer-pressure-focused programmes, may be particularly beneficial in efforts to reduce substance abuse in schools.

Chapter Five: Discussion, Conclusion, and Recommendations

Introduction

This chapter, discusses the results in relation to the literature reviewed in Chapter Two, draws conclusion, and makes recommendations. The discussion follows the order of the research objectives: the relationship between peer pressure and locus of control, the relationship between locus of control and substance abuse, and the relationship between peer pressure and substance abuse among adolescents in the two secondary schools.

Discussion

Peer Pressure and Locus of Control

The first objective was to examine the relationship between peer pressure and locus of control. The study results showed a moderate, positive, and significant relationship ($r = .456, p < .001$). Since higher scores on the locus of control scale indicate a more external orientation, this means that adolescents who reported greater susceptibility to peer pressure also tended to believe that outcomes in their lives are determined by chance, fate, or other people rather than by their own actions.

This results agrees with the most direct evidence in the literature. Gebresilase et al. (2026), in a study of 516 secondary school students in Ethiopia, found that an external locus of control was positively associated with conformity to peers, while an internal locus of control was negatively associated with it. The present result also fits the pattern reported by Chan and Chan (2013), who found that adolescents' susceptibility to peer pressure was related to how much emotional autonomy they had, and by Eyiah-Bediako et al. (2021), who showed that the influence of peer pressure depends on the resources an adolescent brings from home. These studies point to the same explanation: adolescents who feel that they have little control over what

happens to them are more likely to rely on their peers for direction and approval, while those with a stronger sense of personal control are better able to make independent decisions.

The present study adds to this evidence in two ways. It measured susceptibility to peer pressure directly, rather than conformity as in the Ethiopian study, and it did so among secondary school students in Bugiri District, where no such evidence had been available. However, the results must be interpreted with care. A correlation does not show which variable comes first. It is possible that a weak sense of control makes adolescents more likely to yield to peers, but it is equally possible that repeated yielding to peers weakens an adolescent's sense of control, a limitation that was also noted for the Ethiopian study.

Locus of Control and Substance Abuse

The second objective was to assess the relationship between locus of control and substance abuse. This was the strongest relationship in the study ($r = .725$, $p < .001$), indicating that adolescents with a more external locus of control reported higher levels of substance abuse. The direction of this results is consistent with Lassi et al. (2019), who found in a United Kingdom birth cohort that a more external locus of control at age 16 was associated with higher tobacco consumption at ages 17 and 21 and with hazardous alcohol use at age 17. It is also consistent with Patel et al. (2022), who found that a higher external locus of control was associated with earlier first use of alcohol, more relapses, and greater severity of use among patients in Western India.

The size of the relationship in this study is larger than the correlation of .315 between external locus of control and severity of alcohol use reported by Patel et al. (2022). Several differences may account for this. The earlier study involved adult patients already in treatment, while the present study involved adolescents in secondary schools, and the two studies used

different instruments and different measures of substance use. In addition, the sample in this study was small, and both variables were reported by the same respondents on the same questionnaire, which can raise the size of a correlation. For these reasons the strength of the relationship should be treated as an estimate to be confirmed in larger samples rather than as a precise value.

The results are nevertheless important because it provides the first evidence from the study area that locus of control is closely linked to substance abuse among Ugandan secondary school students. Earlier Ugandan studies, such as that of Bing et al. (2025), described the prevalence of alcohol, marijuana, and tobacco use among school-going adolescents but did not examine locus of control. The present result suggests that how adolescents explain what happens in their lives is connected to whether they become involved in substance abuse.

Peer Pressure and Substance Abuse

The third objective was to examine the relationship between peer pressure and substance abuse. The study results showed a moderate, positive, and significant relationship ($r = .412$, $p < .001$), meaning that adolescents who were more susceptible to peer pressure reported higher levels of substance abuse. This agrees with the studies reviewed in Chapter Two. Rukundo et al. (2017) reported that students in all 12 focus groups held in Ugandan public secondary schools named peer pressure as the strongest factor in substance use, and a Makerere University School of Psychology report ("60% of School Children," 2021) named peer pressure among the main factors influencing drug use. Quantitative studies in Eastern Uganda (Islamic University in Uganda, 2015) and Nigeria (Obosi et al., 2022) also found significant positive correlations between peer influence and substance abuse.

The correlation found here is lower than the correlations of .63 to .87 reported in the Mbale study and the correlation of .68 reported in Nigeria. Differences in the way peer pressure and substance abuse were measured, the size and make-up of the samples, and the settings of the studies may all contribute to this. It is also notable that, in this study, peer pressure was less strongly related to substance abuse than locus of control was. This differs from the qualitative evidence in which students described peer pressure as the strongest factor, and it suggests that the personal disposition of the adolescent may matter as much as, or more than, the pressure itself. This is in line with the argument made in Chapter Two that adolescents exposed to similar peer environments differ in how far they take up substance use.

Conclusion

Based on the results, the following conclusion was drawn in line with the objectives of the study.

First, there is a significant, moderate, and positive relationship between peer pressure and locus of control among adolescents in the study schools. Adolescents who are more susceptible to peer pressure tend to have a more external locus of control.

Second, there is a significant, strong, and positive relationship between locus of control and substance abuse. Adolescents with a more external locus of control tend to report higher levels of substance abuse, and this was the strongest relationship in the study.

Third, there is a significant, moderate, and positive relationship between peer pressure and substance abuse. Adolescents who are more susceptible to peer pressure tend to report higher levels of substance abuse, although this relationship was weaker than that between locus of control and substance abuse.

Overall, peer pressure, locus of control, and substance abuse are significantly related among the adolescents studied, and an adolescent's sense of control over life outcomes appears to be an important factor alongside peer influence in understanding substance abuse.

Recommendations

The following recommendations are made on the basis of the results

School administrators and guidance and counselling departments should include activities that build adolescents' sense of personal control in their programmes, such as life-skills training, decision-making and goal-setting sessions, and individual counselling. This is recommended because an external locus of control was strongly related to substance abuse and to susceptibility to peer pressure.

Schools should teach adolescents how to resist negative peer influence, including assertiveness and refusal skills, and should support positive peer groups such as peer educators, clubs, and mentoring. Gebresilase et al. (2026) identified assertiveness as a protective factor that helps adolescents resist peer pressure, and this study found that susceptibility to peer pressure was related to substance abuse.

Schools should use the combination of approaches described above rather than relying on awareness campaigns about substances alone or on the control of peer groups alone, since the study found that both peer pressure and locus of control were related to substance abuse.

Parents and guardians should be encouraged to support their children's independence and sense of responsibility, to stay involved in their lives, and to know the friends they keep. The literature reviewed in Chapter Two shows that family practices influence how susceptible adolescents are to peer pressure (Chan & Chan, 2013; Eyiah-Bediako et al., 2021).

The Ministry of Education and Sports and the district education authorities should consider including locus of control and peer-resistance skills in the guidelines for school guidance and counselling and in school health and substance abuse prevention programmes, and should train guidance and counselling teachers to deliver them.

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Appendices

Appendix A: Questionnaire

**MAKERERE UNIVERSITY
COLLEGE OF HUMANITIES AND SOCIAL SCIENCES (CHUSS)
SCHOOL OF SOCIAL SCIENCE
DEPARTMENT OF PSYCHOLOGY**

Self-Administered Questionnaire

Part 1: Information Consent Form

Dear Respondents,

I am Bwire Mukaga Filex, a student of Makerere University, doing Bachelor of Arts in Social Sciences, carrying out research on "Peer Pressure, Locus of Control and Substance Abuse among Adolescents in Secondary Students of Bugiri District". I kindly request you to fill in this self-administered questionnaire, as there is no wrong or right answer, and the information you give will remain confidential and shall not be disclosed or used against you but strictly for research purposes.

☐ I agree

Signature: _____

Part 2: Bio Data of Respondents

Instructions: Please tick your appropriate choice.

Age (years)

☐ 12–14 years

☐ 15–19 years

Sex

☐ Male

☐ Female

Whom do you stay with?

☐ Both parents

☐ Father only

☐ Mother only

Category of student

- ☐ Day scholar
- ☐ Boarding student

Section A: Substance Abuse

Instructions: These questions refer to the past 12 months. Circle your response.

1. Have you used drugs other than those required for medical reasons? Yes No
2. Have you abused prescription drugs? Yes No
3. Do you abuse more than one drug at a time? Yes No
4. Can you get through a week without using drugs (other than those required for medical reasons)? Yes No
5. Are you always able to stop using drugs when you want to? Yes No
6. Do you abuse drugs on a continuous basis? Yes No
7. Do you try to limit your drug abuse in certain situations? Yes No
8. Have you had “blackouts” or “flashbacks” as a result of drug abuse? Yes No
9. Do you ever feel bad about your drug abuse? Yes No
10. Do your boyfriend or girlfriend or parents ever complain about your involvement with drugs?
Yes No
11. Do your friends or relatives know or suspect you abuse drugs? Yes No
12. Has drug abuse ever created problems between you and your boyfriend/girlfriend or parents?
Yes No
13. Have you ever lost friends because of your drugs? Yes No
14. Have you gotten into fights under the influence of drugs? Yes No
15. Have you engaged in illegal activities to obtain drugs? Yes No

Source: Adapted from Skinner, H. A. (1982). The drug abuse screening test. *Addictive Behaviors*, 7(4), 363-371

Section B: Peer Pressure

Strongly Disagree	Disagree	Can't Say	Agree	Strongly Agree
1	2	3	4	5

Instructions: Please tick the statement that applies to you.

SN	Items	1	2	3	4	5
1	Sometimes I miss classes because my friends urge me to do so.					
2	I cannot resist going for a late night party with friends.					
3	I go for a date with my friend despite parental warnings.					
4	Sometimes I do violent acts to keep up with peers.					
5	To maintain a status in a peer group sometimes I pressurize my parents to buy an expensive item.					
6	Many times I put off my homework and other important assignments for friend's party.					
7	Sometimes I do risky and harmful acts to get acceptance in the peer group.					
8	When I feel uncomfortable in a group I do not know how to say No.					
9	It is very difficult for me to deny friend's request to drink in a party or other occasions.					
10	It is difficult to think about the negative consequences of what we do with peers.					
11	There is no harm in doing one wrong with friends when we do a number of good things with them.					
12	At times I feel peer pressure to smoke.					
13	In close relationships, we have to approve pressures of peers. I know my limits when with friends. I find it difficult to escape from peer pressure.					
14	Sometimes I have to undergo peer pressure to be liked in a group.					
15	I feel peer pressure to chat long hours on the internet.					

Source: Adapted from Saini, S. (2016). *Peer Pressure Questionnaire-revised ResearchGate*

Section C: Locus of Control

Strongly Disagree	Disagree	Can't Say	Agree	Strongly Agree
1	2	3	4	5

Instructions: Please pick the statement that applies to you.

SN	Item	1	2	3	4	5
1	I usually get what I want in life.					
2	I need to be kept informed about new events.					
3	I never know where I stand with other people.					
4	I do not really believe in luck or chance.					
5	I think that I could easily win a lottery.					
6	If I do not succeed on a task I tend to give up.					
7	I usually convince others to do things.					
8	People make a difference in controlling crime.					
9	Other people usually control my life.					
10	People must be the master of their own fate.					
11	My life seems like a series of random events.					
12	I never try anything that I am not sure of.					
13	A person can get rich by taking risks.					
14	The success I have is largely a matter of chance.					
15	Persistent and hard work usually lead to success.					

Source: Adapted from Rotter, J. B. (1966). Generalized expectancies for internal versus external control of reinforcement. *Psychological Monographs: General and applied*, 80(1), 1-28.

Thank you for participating in this research.