

Peer Pressure, Locus of Control and Substance Abuse among Adolescents in Makindye Division  
Secondary Schools.

By

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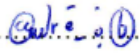
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A Dissertation submitted to School of Psychology in partial fulfillment of the requirements for  
the Award of a Bachelor's Degree in Industrial and Organization Psychology of Makerere  
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### Declaration

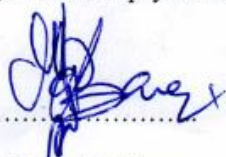
I hereby declare that this Dissertation has been through my personal research and never has it been submitted before.

Signature...  .....

Date ..17/07/2023

### Approval

I certify that this work has been written under my guidance and supervision. The work presented is the original of for the award of the Bachelors of degree in industrial and Organizational psychology of Makerere University.



Date ..... 17/07/2023,

Dr. Richard Balikoowa

Supervisor

## **Dedication**

I dedicate my dissertation to my lovely family the Miiro Family. My dad, Lt Col Miiro Charles, My mum, Mrs. Miiro Sylvia, plus my siblings Deniz, Gloria and Qeshaun. Thank you so much God see you all through.

## **Acknowledgement**

First grateful to the almighty God who has blessed me with life. My gratitude also goes to my supervisor Mr. Balikoowa Richard for his guidance which has been a great contribution to my research. Lastly thanking all other people that have made my work possible by contributing directly and indirectly. By these am referring to who complied and provided data and made my work possible.

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## Abstract

This dissertation presents a full account of the study carried out on Peer Pressure, Locus of Control and Substance Abuse among Adolescents in Makindye Secondary Schools. The main objectives of this study were; to establish if there is any association between peerpressure and adolescent substance abuse, to find out whether there is any association between locus of control and substance abuse and to examine whether there is any association between peer pressure and locus of control among the adolescents. In order to achieve the above objectives a well-structured questionnaire was administered to the population of interest and the data obtained was analysed using Ms-excel and SPSS data analysis tools of frequency tables and Pearson correlation. The positive results of this study are that the proportion of respondents who have fallen victims of substance abuse is relatively small and that there is a strong internal locus of control. Also results showed that there is moderate peer pressure Evidence on religion shows that most of the respondents were Catholic and majority of them were aged between 15-19 years.

There was no significant association between peer pressure and locus of control among adolescents. It has to be noted that most of the respondents stay with both parents and this could explain why peer pressure wasn't related to locus of control in a way that the impact and influence parents have over the adolescents may model a certain kind of behavior. It is recommended that parents, who are partners and stakeholders in the education of their children, be involved more in the affairs of the schools. Parents should be on school management boards to influence policies that will guide and shape their children and the school administration could organize regular parents' meetings to talk about issues affecting the school since most of the behaviors adolescents engage in are either learnt from school or the home environment. This could help track and fight substance abuse among adolescents.

## Chapter One: Introduction

### Background

Adolescents have been lured into the use of substances by a number of factors which are both internal and external. They include peer influence, internal and external locus of control the fact that substances are accessible and available. In Uganda, drug abuse is popular around slum areas surrounding Makerere such as Katanga, Kiwuunya, Katoogo, Kivulu to mention but a few. This practice has managed to gain momentum around neighboring towns such as Wandegeya and Kikoni. Research notes that high substance use among adolescents can be attributed to a couple of factors such as peer pressure (Wolfe, 2006). However, there is less evidence in these studies that addictive behaviors are so common with the field of substance abuse. Adolescents with a firm internal locus of control have got a high sense of self-esteem and can hardly be lured into habits of substance abuse. The case may be different with adolescents that have got an external locus of control and they may hardly stand a chance against bad peer influence. Locus of control is a personality trait described by Rotter and shows how personally responsible people feel about issues relating to their life. Individuals who believe that what they decide to do plays a big role in determining the path of their lives have got an internal locus of control. Whereas those individuals with the external locus of control see luck and fate as the driver of their life and future. Therefore individuals with internal locus of control are expected to exert more efforts in endeavors. >evidence links more positive outcomes to those with an internal locus of control ranging from higher work productivity, less likelihood of being incarcerated (Urzua, Bono et al), higher academic achievement etc. One's strong urge to fit in and be accepted in peer groups is one of the strongest forces among adolescents that lures them into things that they personally well know they are wrong, risky and deadly. Looking at the positive side of peer relationships, with the pressure

to keep up with their peer group, an adolescent can be inspired to achieve goals that they could have never aimed at on their own. (Wall, power & Berk).

It's believed that individuals with internal locus of control are confident, more motivated, and success-oriented and are more politically motivated. The individuals with internal locus of control are more specific and considering each situation as unique. The individuals with internal locus of control also accept blame or failures. On the other hand people with external locus of control had little control over events, they even believe that others will have control over them and they are just accepting authority. They tend to be fatalistic, becomes observer only and little can do about it. This property tends to them as passive and accepting authority only. When they succeed in their life, they attribute it to fate or luck rather than own efforts. In case of internal locus of control, they have expectancy shifts seeing similar events as likely to have different results and are always engage in fruitful activities. In comparison to external locus of control they are less likely to have expectancy shifts and seeing similar events with similar results and hence step back from events and accepting that they cannot change events. Individuals with internal locus of control are willing to take actions irrespective of their results, while individuals with external locus of control looks always around them as part of success or failure. They sometimes believe in team aspect rather than that focus on the internal locus of control. Individuals with internal locus of control constantly analyze what is going wrong around them while as individuals with external locus of control blames environment, team players rather than focuses on personal control. It was observed that middle aged people had high internal locus of control while as younger people had high external locus of control. People with internal locus of control pay attention to the feelings of others with the result others were willing to work with you otherwise seems arrogant and may not work with you. When we believe that we have power to control our own destiny and determine

our own actions, then we have a strong internal locus of control and have an important attitude to become successful. They ultimately work hard and persevere longer but it cannot be said that individuals with external locus of control are always bad; there are some situations where it works well

Adolescents with a strong internal locus of control have a strong sense of self-esteem and cannot be influenced into substance abuse habits (Buddy, 2008). This may not be the same with adolescents that have an external locus of control who may not stand a chance against negative peer influence. The Locus of control is a personality trait described by Rotter (1966) and indicates how personally responsible people feel about their life affairs. Those who believe their actions play an important role in determining the course of their lives are said to have an internal locus of control; on the opposite side of the spectrum, people with an external locus of control will typically see fate and luck as the main driving power of life. Therefore, individuals with internal locus of control are expected to exert more effort in their endeavors - empirical evidence links a more internal locus of control to some positive outcomes such as higher academic achievement higher work productivity (Judge and Bono, 2001), smaller likelihood of being incarcerated (Urzua, Bono et al ) and greater care with health .The desire to feel accepted and to fit in peer groups is one of the strongest forces in adolescents which makes them do things that they know are wrong, dangerous and risky. However, on the positive side of peer relationship, the pressure to keep up with their peer group can also inspire adolescents to achieve goals that they might never aim for on their own (Wall, Power & Berk, 2004).The Canadian Lung Association also found that 70 percent of teens who smoke have friends who smoke or started smoking because of peer pressure. Consequently, substance abuse can predict the reduce of the physical body health social isolation and loss of concept, lack of connectedness, poor emotional functioning and mental health among

adolescents. The initial misuse and use of substances is also a determining factor and successfully bringing life stressors among adolescents (Gallo et al, 2005)

Adolescence and young adulthood are critical risk periods for the initiation of substance and alcohol use. Studies on brain development support the idea that the maturing brain may be particularly vulnerable to the effects of substances [ps], and that substance use during early life may increase a young person's risk for developing a substance use disorder later in life]. Tobacco and alcohol consumption are two of the most important preventable causes of morbidity and early mortality..

Understanding factors that influence the use and misuse of tobacco and alcohol is important to inform prevention efforts. In addition to societal factors (e.g. drug availability), psychological characteristics are important in determining whether an individual will go on to use substances, and their subsequent degree of dependence if they do. Where these characteristics are modifiable, they offer potential targets for prevention of substance use. One such trait is locus of control, namely one's perception of control over life events. Individuals differ in the extent to which they judge that events in their lives are a consequence of their own actions or the result of external factors. Those who believe that events are largely the result of their own actions have an internal Locus of Control, whereas those who believe that events are the result of chance or the actions of others have an external Locus of Control. This is thought to arise from associations between behaviour and reinforcers, which are first experienced in early life with the primary attachment figure. Interestingly, Locus of Control changes across the lifespan; it tends to become more internal in adolescence, when parental and societal rules are internalized and children's thinking becomes more abstract, hypothetical and critical. It then remains relatively stable in adolescence and adulthood with a trend to becoming yet more internal in later adulthood.

## **Problem Statement**

The consumption of alcohol amongst adolescents in Uganda has sky rocketed and become a major point of concern. Friends and peers are most influential to adolescents into the consumption of alcohol and this may affect the adolescent's locus of control hence making them prone to substance abuse.(Mukama , 2010). Teenagers give them vague reasons for using drugs and end up suggesting them to their peers that they should also try out that exact substance so as to get a similar experience for themselves. It may not bring immediate or adverse effects to an adolescent but later on manifest in their life such as drug dependence and chronic abuse of drugs such as cannabis.

## **Purpose of Study**

The purpose of this study was to examine possible associations between peer pressure, locus of control and substance abuse among adolescents.

## **Objective of the Study**

1. Examine whether there's a link between locus of control substance abuse
2. Whether there is an association between peer pressure and substance abuse.
3. To find out whether there adolescent substance abuse can be associated with peer pressure.

## **Scope of the Study**

The research was conducted in Makindye division among adolescents between 16-19years in a few secondary schools. The main focus was finding out possible associations between locus of control and substance abuse among adolescents.

**Significances.**

1. Teachers, board of governors and administrators will use the findings to make policies and guidelines to shape students into knowledgeable and responsible citizens.
2. Religious leaders will similarly use this study to design programs that may help adolescents become responsible adults. Through participating in various religious groups and associations plus participating or taking active roles in church.
3. Counselors shall also need this study as they are carrying out counseling and guidance among adolescents who maybe under peer influence and drug abuse.
4. This research can also act as a reference for future researchers who may want to do further study about adolescents, peer pressure n substance abuse.

## Conceptual Framework

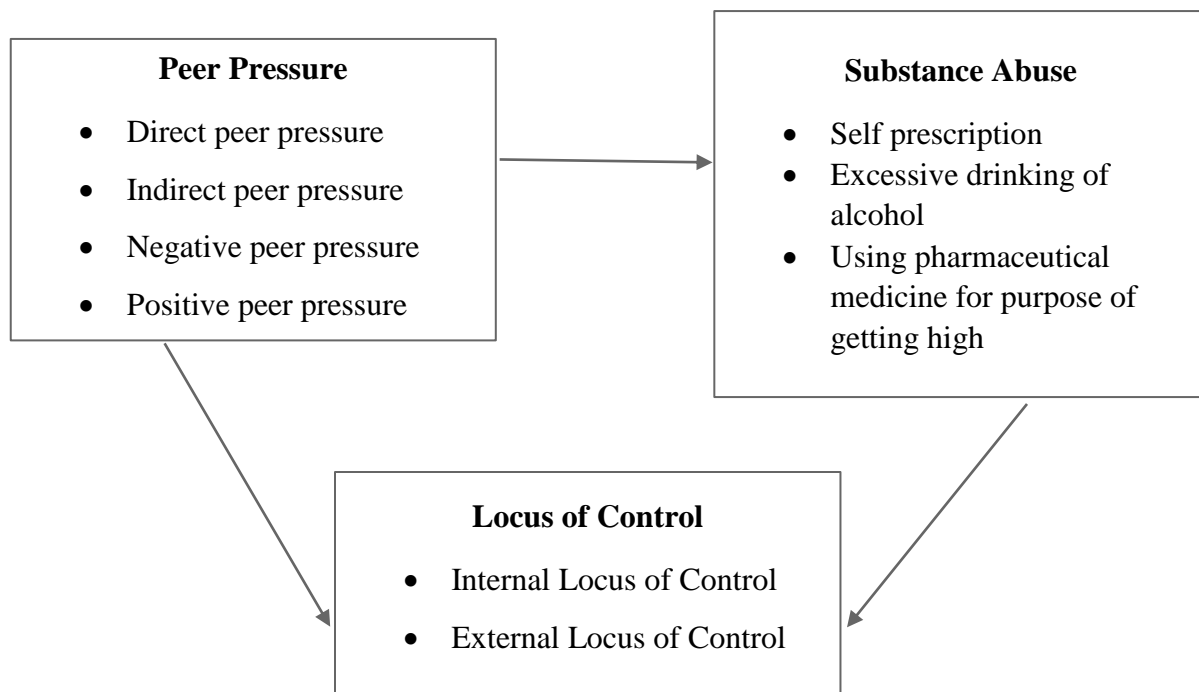


Figure 1: A conceptual framework showing the relationship between peer pressure, locus of control and substance abuse.

The above figure (figure1) indicates that peer pressure may affect the locus of control which may later on lead to substance abuse. To explain further, an adolescent that in hangs with a bad peer group is most likely to develop an external locus of control which may prone them to use of substances. The conceptual frame work also indicate that peer pressure may influence an adolescent to start abusing substances. It also shows that locus of control can influence substance abuse and vice versa.

## **Chapter Two: Literature Review**

### **Introduction**

Chapter Two expands on themes in the conceptual framework by looking at studies related to the above themes. Below is a review of related studies.

### **Theoretical Review**

The feeling of belonging to a group cultural identity is how I can explain Cultural identity. Its related to religion, ethnicity, locality, generation or any other kind of group that has its own culture that distinguishes it from the rest of the cultures,(Bodley 1993) in the field of substance abuse , this theory has been used to explain peer pressure and substance abuse where a peer group is identified as a distinct setting and of which each of the is ought respect its norms. The consequence for going against any of the group's rules. (Wall ,Power&Berk) . The cultural Identity theory states that substance abuse is an outcome of substance related identity change identity process set in motion by the three micro-level( personal marginalization, ego identity discomfort and lost control in defining an identity) two meso-level( social marginalization and identification with a drug sub-cultural group) and thee macro-level( economic opportunity, educational opportunity and popular culture) concepts. Furthermore, lusting (2002) states that cultural identity is central to a person's sense of self.

### **Peer Pressure and Substance Abuse**

Peer pressure can be described as direct or indirect encouragement by peers with in one's age bracket that engages them in activities that they may or not have interest in taking part in. (Messervey 2000). It plays a big role in developing risky behavior such as alcohol, substance abuse, tobacco use etc) It has been noted that peers introduce youth and adolescents to substances,

provide them and also shape their attitude about substances. In the study about the role of peer influence in substance abuse, Kimberly (2002) observed that if friends don't engage in risky behavior such as taking marijuana, alcoholism etc, teenagers are less likely to engage in this behavior. Teens are most influenced by their peers. Though teens weigh the risks and rewards of an activity just as adults do, teens are more likely to ignore the risk for the reward when their peers are present. This is partly because of brain structure. The systems of the brain that respond to reward are easily aroused during adolescence. This attracts teens to risky behaviors, including alcohol consumption, and makes them particularly vulnerable to peer influence.

Peers play a large role in the social and emotional development of children and adolescents. Their influence begins at an early age and increases through the teenage years. It is natural, healthy and important for children to have and rely on friends as they grow and mature. Peers can be positive and supportive. They can help each other develop new skills, or stimulate interest in books, music or extracurricular activities.

However, peers can also have a negative influence. They can encourage each other to skip classes, steal, cheat, use substances or alcohol, share inappropriate material online, or become involve in other risky behaviors. The majority of teens with substance abuse problems began using drugs or alcohol as a result of peer pressure. This pressure can happen in person or on social media. Kids often give in to peer pressure because they want to fit in. They want to be liked and they worry that they may be left out or made fun of if they don't go along with the group. A survey carried out in Uganda by The National Institute on Alcohol and Alcoholism Journal ( NIAA,1997) shows that peers contribute a lot in shaping students' behavior. It has been argued that peers initiate youth into drugs, provide drugs, model drug-using behaviors, and shape attitudes about drugs. For example, an anti-drug and substance abuse campaign commissioned by the National Agency for

Campaign against Drug Abuse in the years 2001 and 2002 revealed that more than a fifth of primary school pupils in Uganda have taken alcohol and the figure rises to more than three-fourths for university students (NACDA, 2004). Siringi (2003) found out that more than 23% of the primary school children have taken alcohol, a figure that rises to 58% in secondary schools and to 68% among university students. He also found out that a large number of students across all age groups have been exposed to alcohol, tobacco, miraa, glue, marijuana, and even hard substances such as heroin and cocaine. In some cases, people can resist the pressure to conform or obey because of their personality. For example, research supports the idea that individuals with an internal locus of control are more likely to resist social pressure. Rotter's locus of control to determine whether the locus of control is linked to conformity.

We tend to think of peer pressure as negative, but in truth, substance and alcohol use, peer pressure can be either negative or positive. Negative peer group pressure and addiction tend to be linked. This type of peer pressure leads to someone engaging in unhealthy behaviors, including substance or alcohol use. Peer pressure may occur directly or indirectly. Direct pressure involves peers explicitly asking you to do something. Indirect pressure happens when you witness others engaging in an activity and are motivated to do the same.

Peer pressure can be obvious, such as offering a person a drink or mocking someone who refuses to use the substance. However, peer pressure can also be more subtle and indirect. For example, if popular students choose to consume alcohol, other students may believe they should consume alcohol to be accepted by their peers. Unlike negative peer pressure, positive peer pressure encourages someone to make healthy and positive choices. Through positive peer pressure, a peer or group of peers may encourage others to avoid using certain substances or to avoid using

substances in specific ways. Positive peer pressure may also include encouraging a friend to study more to get better grades or motivating a peer to save money for a financial goal.

In his study about the role of peer influence across risk behaviors, Kimberly (2002) observed that if friends do not engage in activities like alcohol consumption, teens might be less likely to engage in it. Chalder, Elgari, & Bennett (2005) agreed that peer group influence is a key determinant in causing alcohol consumption and this influence could be enhanced by the drinking behaviors of the individuals in peer groups themselves. However, it is good to note that the type of peer group one joins will determine the kind of influence one will get.

### **Locus of Control and Substance abuse**

Study shows that an internal locus of control can be associated with a more active achievement and pursuing of goals such as high performance, alertness , a sense of well being, seeking for knowledge and well being and emotional adjustment. An external locus of control is associated with less ability to handle stressful and intense situations, depression and anxiety (Crandal & Crandal 1983). Usually parents, guardians and care takers look away from away from personal factors such as an the adolescent's control and strength to desist from substance abuse and adolescents have occasionally engaged in such behavior without their guardians teaching them about self control. Curie el at (1999) found out that internally oriented adolescents and youths are less prone to the use of drug, marijuana and tobacco.

A lot of times parents and care givers ignore personal factors such the adolescents ability to control or refrain from substance abuse. A basic assumption of attribution theory is that a person's understanding of the causes of past events influences his or her future actions thus the argument that self-rewarding behavior may shape substance use behavior (Jones et al, 1972). In examining the effects of early alcohol use by adolescents, Jessor (2000) found that an internal-

external locus of control scale did not predict adolescents risk for alcohol use/misuse. In contrast Currie et al (1999) found that internally oriented youth were less likely to use marijuana than externally oriented youth. Similarly Clarke (1998) found adolescents past and presents use of cigarettes and intentions to use cigarettes to be modestly related to an external view of control.

Although Locus of Control has been extensively investigated in the psychological and social science literature, there has been little research in the field of substance abuse. Some studies of tobacco and alcohol users have assessed constructs related to Locus of Control such as self-efficacy, for example, by appraising confidence in being able to successfully stop smoking, abstain from alcohol, or resist peer pressure [17–19]. Others have highlighted the role of personality traits as risk factors for substance use and abuse, such as low self-esteem, high sensation seeking, self-control and, in particular, the inability to inhibit impulsive actions or delay gratification; all are positively associated with addictive behaviour. In addition, internalizing (depression and anxiety) and externalizing (conduct problems) symptoms have also been found to be positively associated with smoking and alcohol consumption respectively.

Despite the evidence that Locus of Control is associated with the use/abuse of substances, and in contrast with more widely studied behaviours such as cessation and abstinence in adults, data about the relationship between Locus orientation and tobacco and/or alcohol use in young adults is limited. The studies that have examined this have reported that adolescent smokers with a higher nicotine dependence and individuals with greater alcohol consumption, had a more external Locus of Control; however, all of these studies have been limited by relatively small sample sizes and/or by using cross-sectional designs that do not allow to analyse behaviour over a period of time. Adolescence is a key period for targeting prevention strategies for smoking uptake and alcohol misuse. Such interventions could be delivered in the form of teacher-delivered

interactive sessions to raise awareness of the effect of psychological factors on smoking and drinking in secondary schools. Successful randomized controlled trials targeting maladaptive coping strategies and personality traits, including hopelessness, sensation seeking, anxiety and sensitivity, have been conducted in school settings in order to prevent alcohol and substance use (with no specific reference to tobacco consumption though) in high-risk adolescents .

### **Peer pressure and Locus of Control**

Most teenagers prefer engaging or doing things suggested to them by their peers (Stephanie 2012). Adolescents with a strong internal locus of control are most likely to overcome these forces that may make them abuse drugs by their peers. Members of the peer group usually act and for the same things and a penalty of rejection is usually given if one fails to comply with what the peers suggest they should do or what they do. It's more common among adolescent females than males. Peer pressure is one thing that every individual is vulnerable to and has faced before at some point in their lives. It is becoming a serious health problem, especially for adolescents as well as concerned parents because, though not all peer pressure leads to health-related concerns or is negative, most are that need curbing, or treatment. Thus, NGOs, youth organizations, social welfare as well as parents, are looking for different ways to tackle this health-related issue in society. It should be noted that not all peer influence is bad. Organizations such as Red Cross use peer educators to teach teenagers about safe sex because they have found that teens are more likely to listen when the positive messages come from those in their age groups. Susceptibility to peer pressure can be linked to several factors, including the level of persuasive skill of the influencer, the perceived authority of influencer as well perceived degree of choice by the individual, amongst others. Teens, worry about what others think of them. They want to fit in and avoid awkwardness.

Consequently, they are pressured to drink, either directly or indirectly, at company-sponsored functions or social situations where alcohol is present

Peer pressure is an epidemic among young people. In 2014, nearly 60 percent of full-time college students had drunk alcohol in the past month. Many students drink at bars or house parties, where peer pressure is common. It is common for peers to shame individuals for turning down a drink. A study published in *Social Behavior and Personality: an international journal* found shame to be the strongest predictor of vulnerability to peer pressure.

Teens are most likely to give into shame. A study published in *Peer* suggests early life experiences are a predictor of someone's vulnerability to shame, specifically those abused as children. The report also linked shame with substance abuse. You may be ridiculed, not invited to future get-togethers or lose relationships with peers. Consistently giving in to peer pressure can lead to frequent alcohol consumption. This could lead to alcohol problems or an alcohol addiction.

Peer pressure often plays a role in substance use and addiction. When everyone else is doing something, it can be difficult for us to refrain from joining in. We often surround ourselves with peers who share interests and hobbies. As such, if you are a big drinker or a drug user, you likely have friends who drink or use drugs as well. If you are in a situation where most of your peers are substance users, how can you quit using the substance yourself? Can you remain friends with drinkers when you decide to live a sober life? With the right professional help and support, you can stay friends with people who use substances even when you are sober, though you may want to add sober friends to your peer group.

Rotter suggested that individuals with an internal locus of control are more likely to resist the pressures to conform or obey to indulge in such activities in comparison to individuals with an external locus of control. The issues revolving around peer pressure influence among secondary

school students had remain dominant in discussion relating to attitude and behaviour of students. Therefore, there is need to continue to investigate factors that determine and dictate the pace of peer pressure among students in secondary schools with the view to come up with recommendations relating to peer pressure influence. This study, therefore, addresses the concept of locus of control and peer pressure among secondary school students in Uganda. The study reveals locus of control as a very important factor that determines the pace of peer pressure among secondary school students. The study recommends the need for parents and teachers to encourage students to develop their internal locus of control to enable them resist negative peer influence from their peers.

Research supports the idea that individuals with an internal locus of control are more likely to resist the pressure to obey. Oliner & Oliner (1998) interviewed non-Jewish survivors of WWII and compared those who had resisted orders and protected Jewish people from the Nazi's, in comparison to those who had not. Oliner and Oliner found that the 406 'rescuers', who had resisted orders, were more likely to have a high internal locus of control, in comparison to the 126 people who had simply followed orders. These results appear to support the idea that a high internal locus of control makes individuals less likely to follow orders, although there are many other factors that may have caused individuals to follow orders in WWII and it is difficult to conclude that locus of control is the only factor. Furthermore, research also supports the idea that individuals with an internal locus of control are less likely to conform. Spector (1983) used Rotter's locus of control scale to determine whether locus of control is associated with conformity. From 157 students, Spector found that individuals with a high internal locus of control were less likely to conform than those with a high external locus of control, but only in situations of normative social influence, where individuals conform to be accepted. There was no difference between the two groups for

informational social influence. This suggests that normative social influence, the desire to fit in, is more powerful than informational social influence, the desire to be right, when considering locus of control.

Peer pressure influences teenagers to do things they would not normally do, most of which are negative and, in some cases, go against the moral upbringing of adolescents. Research shows that it is at this stage in life that individuals experience first-hand peer pressure and are more susceptible to succumb to it. If they do not conform, they are ridiculed. If they yield to the pressure, they are labeled as “cool” among their peers, and these “cool” teens also enjoy a sense of belonging. Such early indulgence in deviant acts can affect a youth for the rest of his or her life.

## **Hypotheses**

**The research studied the following hypotheses;**

1. There is no significant relationship between peer pressure and locus of control.
2. There is no significant relationship between peer pressure and substance abuse.
3. There is no significant relationship between peer pressure, locus of control and substance abuse.

## **Chapter Three: Methodology**

### **Introduction**

The chapter defined the main methodological aspect that the research study follows, they included study design, sample design, instruments and measures, procedure, data management and data analysis.

### **Study Design**

A correlation research design was used to carry out the study. This method was adopted because the study interest was finding out whether there is a significant association between peer pressure, locus of control and substance abuse among adolescents.

### **Sample Design**

The main population target was adolescents in Makindye secondary schools selected randomly. The age was 16-19 years both male and female while using the Krejcie and Morgan table to find out and determine sample size.

### **Instruments and Measures**

This talks about the instruments that were used to measure the variables. The questionnaires provided had two sections i.e. bio data section and the other section that had the questions in the study as described below:

#### **The peer Pressure Scale**

This refers to a uni-dimensional scale which estimates peer pressure among adolescents. It measures internal consistency. It was established by using Cronbach's alpha coefficient and a reliability of 0.79 was obtained for final 25 items.

### **Locus of Control Scale**

This scale comprised of 20 items by Terry Pett John (1966) following Julian B Rotter's original scale. It measured both internal and external locus. It was meant to measure generalized expectations for internal versus external control.

### **Alcohol and Substance Questionnaire**

Here I will employed The Alcohol and Other Drugs (AOD) scale to measure drug abuse. It comprised of 9 items and accesses substance use problems among adolescents . It was developed by Knight , Far fell Bilt and Schaffer (1999). It was validated on a sample of 14-18 year old African Americans and Caucasians. It was developed by Knight, Shrier , Farefell, and Bravender.

### **Data Management**

The instrument used to collect data was developed in accordance to author's scale of scoring as seen below;

### **Peer Pressure Scale**

The test was to be administered to both individually or to a relatively small amount of people. It took a duration of 10-20 minutes to finish all items administered. Peer pressure is a uni-dimensional scale which gives estimate of peer pressure among adolescents. A Likert scale measured five categories i.e. Agree, strongly agree, disagree , can't say and strongly disagree. Minimum scores range between 33-60 and they represent low peer pressure. Moderate scores range from 61-90 which show moderate peer pressure and lastly 91-120 that represent high peer pressure.

## **Locus of Control**

Five points were awarded for every question indicated false on questions 2,3,5,9,10,12,14,16,19,20 and five points for each questions indicated true on questions 1, 4,7,8,11,15,17,18. High scores range from 31-35 indicate a strong internal locus of control. Below are the results scored.

<b>Score</b>	<b>Degree of Control</b>
20-35	External Locus of control
40-60	Both Internal and External
65-50	Internal Locus of Control

## **Procedure**

I introduced myself to the respondents and further more introduced my topic of study to them and explain vividly the purpose and objectives of my research. A total of 80 Questionnaires was distributed. I later on explained to them how they were to attempt them. Respondents were assured about confidentiality and anonymity of the information they provided. The completed questionnaires were thoroughly checked for completeness and later on used for data analysis

## **Data Analysis**

Pearson's correlation will be used to test for association between peer pressure, Locus of Control and Substance abuse among adolescents.

## Chapter Four: Results

### Introduction

This chapter presents and interprets the results from data analysis. The data presented includes both the descriptive information about the respondents (respondents' bio-data) in frequencies and percentages, and inferential statistics using Pearson's correlation between the different variables in the study objectives.

### Bio-data of respondents

Respondents were asked to tell their age, sex, religion and who they stay with. The results were obtained and computed into frequencies and percentages as shown in the tables below.

**Table 1: Age of Respondents**

Age	Frequency	Percent
12-14	18	18.0
15-19	82	82.0
<b>Total</b>	<b>100</b>	<b>100.0</b>

Majority of respondents were aged between 15-19 years as shown in the table 4.1 above, and the rest were aged between 12-14 years.

**Table 2: Sex of Respondents**

Sex	Frequency	Percent
Male	46	46.0
Female	54	54.0
<b>Total</b>	<b>100</b>	<b>100.0</b>

Majority of the respondents were female constituting slightly more than a half of the respondents.

**Table 3: Religion of the respondents**

<b>Religion</b>	<b>Frequency</b>	<b>Percent</b>
Catholic	39	39.0
<b>Moslem</b>	16	16.0
Born again	22	22.0
Protestant	23	23.0
<b>Total</b>	<b>100</b>	<b>100.0</b>

Most of the respondents were catholic consisting nearly two fifth of the Responses as shown in table 4.3.

**Table 4: Who do respondents stay with**

<b>Who do you stay with</b>	<b>Frequency</b>	<b>Percent</b>
Both parents	48	48.0
Father only	15	15.0
Mother only	24	24.0
Others	13	13.0
<b>Total</b>	<b>100</b>	<b>100.0</b>

Findings in the table 4.4 above show that nearly half of responds live with both parents.

**Table 5: Ranges of scores**

<b>Scale</b>	<b>Range</b>	<b>Frequency</b>	<b>Percent</b>	
<b>Peer pressure scale</b>				
Low chances to conform	1-42	65	65.0	
Average chances to conform	43-84	31	31.0	
High chances to conform	84-126	4	4.0	
<b>Locus of Control</b>				
Very strong external locus of control	0-15	0	0.0	
External locus of control	20-35	13	13.0	
Both internal and external	40-60	60	60.0	
Internal locus of control	65-80	17	17.0	
Very strong external locus of control	85-100	10	10.0	
<b>Alcohol and other drugs</b>				
No problem reported	0	21	21.0	
Low level	1-2	28	28.0	
Moderate level	3-5	43	43.0	
Substantial level	6-8	8	8.0	
<b>Total</b>		<b>100</b>	<b>100.0</b>	

The finding in table 4.5 showed that more than half of the respondents on the peer pressure Scale had a score of 43-84 which meant having an average level of attendance to air pressure.

These people can be persuaded but will see it that their thought are about a matter and then first weighed things out.

Results also indicate that most respondents had both internal and external locus of control. Responses show that nearly three quarter of the respondents scored between the 40-60 ranges. Results also show that most of the responses on the alcohol and other drug scale were between 3-5 which implies moderate use of substances and other drugs

### Verification of hypothesis

**Table 6: shows the relationship between peer pressure and substance abuse.**

		Peer pressure	Substance abuse
Peer pressure	pearson correlation sign (2-tailed)	1	.018
			.039
	N		100
substance abuse	person Correlation sign (2-tailed)	.018	1
		.039	
	N	100	100

Since ( $r=.018$ ,  $p. 0.39 < 0.05$ ), the null hypothesis is rejected to conclude that peer pressure and substance use are significantly related. This implies that adolescents who experience high levels of peer pressure practiced more substance abuse.

**Table 7: Shows the relationship between locus of control and substance abuse**

		Locus of control	Substance abuse
locus of control	Pearson Correlation	1	.061
	Sig (2-tailed)		.543
	N	100	100
Substance abuse	Pearson Correlation	.061	1
	Sign (2-tailed)	.543	
	N	100	100

From the table above, since ( $r = .061$ ,  $p = .543 > 0.05$ ), the null hypothesis is accepted to conclude that locus of control and substance abuse are not significantly related.

**Table 8: shows the relationship between peer pressure and locus of control**

		Peer pressure	Locus of control
Peer pressure	Pearson	1	.054
	Correlation		
	Sign. (2-tailed)		.543
	N	100	100
<b>Locus of control</b>	<b>Pearson</b>	<b>.054</b>	<b>1</b>
	<b>Correlation</b>	.543	
	Sign. (2-tailed)		
	N	100	100

Since ( $r = .054$ ,  $p = .543 > 0.05$ ), the null hypothesis is accepted to conclude that peer pressure and locus of control are not significantly related. The further show that peer pressure negatively related to Locus of control.

## **Chapter Five: Discussions, Conclusions and Recommendations**

### **Introduction**

This involves the discussions, recommendations and in the part of this chapter are other proposed areas of research.

### **Discussions**

This section discusses literature that is consistent or inconsistent with the research findings. It also discusses the relationship between peer pressure, adolescent substance abuse and locus of control.

### **Peer pressure and Substance Abuse among Adolescents**

Hypothesis one stated that: “peer pressure is not significantly associated to substance abuse”. The Pearson correlation coefficient for the relationship between peer pressure and substance abuse was positive; this means that adolescents who experience high levels of peer pressure adopt high level of substance abuse. The findings of the study rhyme with what (Kimberly, 2002) observed that if friends do not engage in activities like alcohol consumption, teens might be less likely to engage in it. In addition to that, Chalder, Elgari, and Bennett (2005) agreed that peer group influence is a key determinant in causing alcohol consumption and this influence could be enhanced by the drinking behavior of the individuals in the peer groups themselves. However, it is good to note that the type of peer group one joins will determine the kind of influence one will get.

The findings of the study agree with what Steinberg and Silverberg (1986) observed that as young people grow, they begin to surrender to the influences of their peers as they shed off their parental orientation and replace it with dependence on their peers. Friends may encourage

their peers to engage in undesirable acts like fighting, alcohol drinking, and sexual promiscuity. Groups reward and give approval to individuals who conform; commendation is given rather than censure. Kandel, Kessler, Margulies (1978) also pointed out that children, who are friends consistently, have similar attitudes and engage in similar habits that include alcohol consumption. Foxcroft and Lowe (1991) reported that social interaction with peers is a key determinant that results into alcohol consumption among the adolescents. This rhymes with what was reported in the National Institute on Alcohol Abuse and Alcoholism Journal (NIAAA) that peer groups contribute a lot in shaping students attitude towards alcohol drinking (NIAA,2007).

Similarly, a survey carried out in Uganda by the National Coalition Against Alcohol & Substance Abuse found out that adolescents begin drinking alcohol when they are still young (NACODA,2007) and this has got some far-reaching consequences like getting addicted, and chances are that such children may consequently influence their friends to indulge in alcohol consumption while at school

Therefore the results of the study agree with the studies carried out by the above mentioned scholars that peer pressure influences substance abuse among the adolescents.

### **Locus of Control and Substance Abuse**

Hypothesis two stated that: “locus of control is not significantly associated to peer pressure substance abuse”. The results showed that locus of control is not significantly related to substance abuse. The findings agree with what was hypothesized by Orv and Hetil (2011). They pointed out that individuals with a high internal locus of control may not be swayed into substance abuse. This is because such individuals tend to take care of their health behavior.

The findings of the study are in line with Jessor (2000) who found out that that an internal-external locus of control scale did not predict adolescents risk for alcohol use/misuse. In contrast, Currie et-al (1999) found that internally oriented youth were less likely to smoke marijuana than externally oriented youths. Lack of a significant relationship between locus of control and substance abuse could be attributed to some other factors like the existence of rules and regulations in schools, established to control students' behavior and discipline. Ignorance of the available illicit and licit substances may also be a factor for lack of such a relationship.

The results above are consistent with those that were obtained in a prevention study that was conducted in 2011 to find the significance of the relationship between external/ internal locus of control and adolescents substance use among young youths. It was concluded that individual with high level on internal locus of control e.g. tend to take care of their health behavior, the lack of it , on the other hand may worsen the effectiveness of stress release which may increase the likelihood of turning to substance use (ORV Hetail,2011).

### **Peer Pressure and Locus of Control**

Hypothesis three stated that: “peer pressure was not significantly associated to locus of control”. The result showed that peer pressure wasn't significantly related to locus of control. The results are in line with what Arata, Stafford &Tims (2003) found, that teenagers are sometimes self-motivated towards using alcohol and drugs further more they stated that most teenagers report to have been handed an alcoholic beverage. A lot of the times, teenagers are faced with depressive thoughts hence being easily lead to substance abuse by peers in a way to lift their moods.

The findings of the study reveal that peer pressure was negatively related to locus of control. This means that when peer pressure increase, locus of control decreases meaning that when peer

pressure is high, adolescents view of internal locus of control becomes negative thus acquiring an external locus of control.

Dielman (1999) found that studies that assess peer pressure use measures like students' friends, students' perception of peer pressure to use substances and students' perceptions of attitudes towards substances. There has been no attempt to measure peer pressure from an internal perspective i.e., students' degree of susceptibility to peer pressure.

Chikitani (2015) found that empirical evidence links a more internal locus to some positive outcomes such as higher academic achievement, higher work productivity and smaller likelihood of being incarcerated. This could imply that adolescents with a high external locus of control can be easily influenced to abuse substances and alcohol. Locus of Control is not an essentially interpersonal construct, and yet, it is strongly influenced by the social environment (Strauser et al. (2002) and Schneewind (1995)). Therefore, peer effects may play a role in determining the use of substances mainly in adolescents with a high external locus of control.

In a nutshell, externally oriented adolescents are more susceptible to peer pressure however it will be wrong to reject the fact that even those that are internally oriented, with a significant amount of pressure from friends and play mates; they can be influenced in a way to use alcohol and other drugs.

## **Conclusions**

The study was geared to establish whether there is significant association between peer pressure, locus of control and substance abuse. The conclusions of the findings were as follows: There is a significant association between peer pressure and substance abuse among adolescents. According to the findings of the study a good number of the respondents showed no pressure

from friends and peers to smoke marijuana and drink liquor this implies that the students have self-belief and are concerned with their academic performance.

Secondary, it was revealed that there is no significant association between locus of control and substance abuse among adolescents. Many of the respondents affirmed that every individual is a master of their own life and most of them affirmed that they would not use alcohol while on their own. More to that is most of the respondents affirmed that they would never try anything that they are not sure of. This can be used to explain why there was no relationship between locus of control and substance abuse.

There was no significant association between peer pressure and locus of control among adolescents. It has to be noted that most of the respondents stay with both parents and this could explain why peer pressure wasn't related to locus of control in a way that the impact and influence parents have over the adolescents may model a certain kind of behavior i.e. it may have an impact on the locus of control of the adolescent making them internally oriented thus resisting pressure from peers.

## **Recommendations**

In line with the discussions of the findings, the following recommendations have been put forward. School administrators should be vigilant and explain to students the influence that can come from other areas like the mass media and be in position to guard against such influence. Parents, Teachers, should always be near the concerned students in order to influence them positively so as to try to have a good focus on the decision making.

School governing bodies should encourage and promote organizations among students that can be helpful to develop student's talents. This can be a stepping stone to fight substance abuse and

improve the adolescent's self-worth hence thus helping him/her to fight negative peer pressure that could have forced them into drug abuse

Furthermore, school administrators should work together with local communities around schools to ensure that alcohol is not served to students. School administrators should themselves sensitize students on the dangers of substance abuse and they should supervise students to ensure that they comply with the school regulations that prohibit bad habits like alcohol consumption, smoking and use of other illicit substances.

It is recommended that parents, who are partners and stakeholders in the education of their children, be involved more in the affairs of the schools. Parents should be on school management boards to influence policies that will guide and shape their children and the school administration could organize regular parents' meetings to talk about issues affecting the school since most of the behaviors adolescents engage in are either learnt from school or the home environment. This could help track and fight substance abuse among adolescents.

### **Suggestions for Further Research.**

Since the study found out that locus of control is not related to substance abuse, it means that other factors are responsible and so it is recommended that further research in future could be done to establish these factors.

It is recommended that an investigation be carried out to establish the relationship between parents and adolescents substance use behavior in order to find out how parents and guardians may help students to mitigate substance abuse culture.

A study should be conducted to find out how age and sex of students could affect their attitudes towards substance abuse, and this will help school administrators in helping individual students. Research should also be carried out to examine the influence of religion and abuse of

alcohol and other drugs this will help establish whether the religion of someone influences him or her to alcohol consumption and how this may affect ones locus of control.

Finally, an investigation could be carried out to establish the relationship between socioeconomic factors and adolescent substance abuse in order to find out how the socioeconomic background of someone influences his or her attitudes towards substance abuse. This could help further to explain why adolescents seek peers and end up abusing drugs.

## References

- Allen, J. P., Marsh, P., McFarland, C., McElhane, K., L & Peck, S. (2002). Attachment and autonomy as predictors of the development of social skills and delinquency during mid-adolescence. *Journal of Consulting and Clinical Psychology*, 70(1), 56-66. <http://www.academia.edu/mukamaeverst/profile/publications> retrieved December, 2015
- Awori, R. (2003). Alcoholism and role performance, Kampala: M.K Publishers.
- Banny & Barret, J. (2006). Drug abuse: Prevention Strategies for Schools retrieved December, 2015 from <http://www.ericdigests.org/pre-925/drug.htm>
- Barbour, C., Barbour, N. H., & Scully, P. A. (2010, October 25). Peer group influence. Retrieved August 9, 2016, from <http://www.education.com/reference/article/peer-group-influence>
- Basangwa, D. (1994). Prevalence of substance use among students in Kampala Secondary Schools.
- Boski, P., Strus, K. & Tiaga, E. (2004). Cultural identity, existential anxiety, and traditionalism. E-Books. Retrieved Feb. 28, 2013 from [http://ebooks.iaccp.org/ongoing\\_themes/chapters/boski](http://ebooks.iaccp.org/ongoing_themes/chapters/boski)
- Bryant, A. L., Schulenberg, J. E., O'Malley, P. M., Bachman, J. G., & Lloyd, D. J. (2003). How academic achievement, attitudes, and behaviors relate to the course of substance use during adolescence: A six-year, multiwave national longitudinal study, *Journal of Research on Adolescents*, 13, 361- 397.
- Chalder, M., Elgari, F. J., & Bennett, P. (2005). Drinking and motivations to drink among adolescent children of parents with alcohol problems. University of Bristol, UK. 41

- Coleman, J. S. (1991). *The adolescent society. The social life of the teenager and its impact on education.* The Free Press of Glencoe. Excellence, retrieved from [http://crede.berkeley.edu/research/sfc/3.5\\_final.html](http://crede.berkeley.edu/research/sfc/3.5_final.html)
- Dielman TE, Campanelli PC, Shope JT, Butchart AT. 1999. Susceptibility to peer pressure, self-esteem, and health locus of control as correlates of adolescent substance abuse. *Health Education & Behavior* 14(2):207–221
- Fishkin, S.A., S. Sussman. A.W. Stacey, C.W. Dent, D. Burton, & B.R. Flay. (1993). In-group versus Out-group Perceptions of the Characteristics of High-Risk Youth: Negative Stereotyping. *Journal of Applied Social Psychology* 23(13), 1051-1068.
- Flay, B., & J. Petraitis. (1994). *The Theory of Triadic Influence: A New Theory of Health Behavior with Implications for Preventive Interventions.* In *Advances in Medical Sociology, Vol. 4: A Reconsideration of Health Behavior Change Models*, edited by G. Albrecht. Greenwich, CT: JAI Press.
- Galan, F.J. (1988). Alcoholism Prevention and Hispanic Youth. *The Journal of Drug Issues* 18 (2), 49-58.
- Gans, H. (1974). *Popular Culture and High Culture.* New York: Basic Books.
- Gara, P. & Davis U. C. (2006). Peer group influence and academic aspirations across cultural groups of high school students. Center for research on Education, Diversity. 42
- Gara, P. & Davis U. C. (2006). Peer group influence and academic aspirations across cultural groups of high school students. Center for research on Education, Diversity.42
- Glaser, B.G., & A.L. Strauss.(1971). *Status Passage.*Chicago, IL: Aldine. Goffman, E. (1963). *Stigma.* Englewood Cliffs, NJ: Prentice-Hall.
- Goode. E. (1993). *Drugs in American Society*, 4th edition. New York: McGraw-Hill.

- Gorman, D.M. (1996). Etiological Theories and the Primary Prevention of Drug Use. *Journal of Drug Issues* 26 (2), 505-520.
- Granfield, R., & W. Cloud. (1996). The Elephant that No One Sees: Natural Recovery Among Middleclass Addicts. *Journal of Drug Issues* 26: 45-61.
- Jeffery J.A (2007). The myth of peer pressure in adolescent smoking initiation. Department of psychology, Clark University.
- Jo Kirby, Winfried Van der Sluijs & Jo Inchley (2008). Young people and substance abuse. Child and Adolescent Health Research Unit (CAHRU). University of Edinburgh.
- Knight, J.R., Shrier, L.A., Bravender, T.D., Farfell, M., Bilt, J.V., & Schaffer, H.J. (1999). A new brief screen for adolescent substance abuse. *Archives of Pediatrics and Adolescent Medicine*, 153, 591-596.
- Mukama E. (2010). Peer group influence alcohol consumption and secondary school students  
Viner R.M & B Taylor. 2007. Adult outcomes of binge drinking in adolescence. *J Epidemiol Community Health* 2007; 61:902–90
- Namugambe, R. (1999). The effect of peer relations on academic performance of students. A case study of selected secondary schools in Goma sub-county, Mukono District 43
- Nutt, D., King, L. A.; Saulsbury, W. & Blakemore, C. (2007). Development of a rational scale to assess the harm of drugs of potential misuse. *The Lancet* 369 (9566): 1047-1053.
- Reed BG. 1987. Developing women-sensitive drug dependence treatment services: why so difficult? *Journal of Psychoactive Drugs* 19(2):151–164
- Schultz, D.P. & Schultz, S.E. (2005). *Theories of Personality* (8th Ed.). Wadsworth: Thomson. ISBN 0-534-62402-2.

Viner R.M & B Taylor. 2007. Adult outcomes of binge drinking in adolescence. *J Epidemiol Community Health* 2007; 61:902–907

World health organization (2008).Global School-based Student Health Survey (GSHS), 2008  
retrieved from [who.com/drugs](http://who.com/drugs) and alcohol.

## Appendices

### Questionnaire

#### Appendix 1: informed consent form

Dear respondent,

I am Miiro Trevor a student of Makerere University doing Bachelor of Industrial and organizational Psychology carrying out a study on “Peer Pressure, Locus of Control and Substance Abuse among Adolescents.” I kindly requested you to fill in the questionnaires. The information you give will remain confidential and shall not be disclosed or used against you but strictly for research purposes.

I agree signature.....

#### Appendix 2: Bio-data of Respondents

Instructions: Please tick your appropriate choice

1. Age (years)

12-14 years                       15-19 years

2. Sex

Male                       Female

3. Religious affiliation

Catholic     Moslem                       Born Again     Protestant

4. Who do you stay with?

Both parents                       Father only     Mother only

Others specify. ....

4. Program offer

Day scholar.                       Boarding student

**Section B: Peer pressure**

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

SN	Items	1	2	3	4	5
•	Sometimes I miss classes because my friends urge me to do so.					
•	I cannot resist going for a late night party with friends.					
•	I go for a date with my friend despite parental warnings.					
•	Sometimes I do things because my friends want me to do so.					
•	I feel pressure to chat long hours on internet.					
•	Sometimes I do something wrong just to be good on friends view.					
•	I cannot say 'NO' to my friends even if my parents do not agree.					
•	There is always a peer pressure for dating.					
•	At times I feel peer pressure to smoke.					
•	Sometimes I do violent acts to keep up with peers.					
•	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.					
•	Sometimes I have to undergo peer pressure to be liked in a group.					
•	Many times I put off my homework and other important assignments for friends' party.					
•	Sometimes I have to appease my peers by doing things that I don't want to do.					
•	To maintain a status in a peer group, sometimes I pressurize my parents to buy an expensive item					
•	I do not take advice from my parents about peer group activities.					
•	It is difficult to think about the negative consequences of what we do with peers.					
•	There is no harm in doing one wrong with friends when we do a number of good things with them					
•	It is very difficult for me to deny friend's request to drink in a party or on other occasions.					
•	Sometimes I do risky and harmful acts to get acceptance in the peer group.					
•	When I feel uncomfortable in a group I do not know how to say NO.					
•	I usually compromise with peers' request for a movie, party, etc.					
•	At times I feel peer pressure to watch pornography					

**Section C: Locus of Control Scale**

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

Instructions: Please tick statement that applies to you

SN	ITEMS	1	2	3	4	5
5.	I usually get what I want in life					
6.	I need to be kept informed about news events					
7.	I never know where is stand with other people					
8.	I do not really believe in luck or chance					
9.	I think that I could easily win a lottery					
10.	If I do not succeed on a task, I tend to give up					
11.	I usually convince others to do thing					
12.	People make a difference in controlling crime					
13.	The success I have is largely a matter of chance					
14.	Marriage is largely a gamble for most people					
15.	People must be the master of their own fate					
16.	It is not important for me to vote					
17.	My life seems like a series of random events					
18.	I never try anything that I am not sure of					
19.	I earn the respect and honors I receive					
20.	A person can get rich by taking risks					
21.	Leaders are successfully when they work hard					
22.	Persistent and hard work usually lead to success					
23.	It is difficult to know who my real friends are					
24.	Other people usually control my life					

### Section D : Substance Abuse Screening Test

Instructions: please tick YES if the statement is true and NO if the statement is wrong.

NO	QUESTIONS	YES	NO
•	Have you ever ridden in a car driven by someone (including yourself) who was high or had been using alcohol?		
•	Do you ever use alcohol or drugs to relax, feel better about yourself, or fit in?		
•	Do you ever use alcohol or drugs while you are by yourself (alone)?		
•	Has anyone (parent, teacher, and friend) ever thought you had a problem with alcohol or drugs?		
•	Do you ever forget things you did while you were using alcohol or drugs?		
•	Have you ever gotten into trouble while you were using alcohol or drugs?		
•	Does alcohol or drug use cause your moods to change quickly, from happy to sad or vice versa?		
•	Does your family or friends ever tell you that you should cut down on your drinking or drug use?		
•	Does your alcohol or drug use ever make you do something that you would not normally do-like breaking rules, missing curfew, breaking the law, or having sex with someone?		