

Amplifying Intoxicated Affect Due to Mass Media Exposure in Teenager's Health Related Quality of Life in a Teaching Organisation

Kushagra Sharma³, Syed Iftekhar Abbas Rizvi¹, Devesh Trivedi²

^{1,2}(Amity school of Communication, Amity University Rajasthan, India)

³(Department of Pharmacy Practice, NIMS University Rajasthan, India)

Corresponding Author: Kushagra Sharma

Abstract: Background and Objectives Intoxication has been illustrated as a particular stake in teenagers, both from epidemiologically and experimentally. Various studies found that fair reduction in the frequency of use among teenagers' substance, drug or alcohol abusers was associated with improvements on QOL. In this study, we evaluated the relationships between alcohol/drug use and QOL among teenagers. **Methods** Organisations contacted up to 100 adolescents each for age group (Thirteen to Nineteen years). The adolescents were assessed by using digital questionnaire and RAND SF-36 (v.1) questionnaire. HRQoL were analysed by RAND SF-36 (v.1) Questionnaire those who tried once or used toxic stuff due to mass media exposure. **Result** Out of 300 adolescents, 217 males and 84 females were participated in Quality of life assessment by digital questionnaire. Out of which 118 adolescents were agreed that they use intoxicated stuff or they at least tried once after inspired due to media. Among six subscales, Domain I (Limitations due to physical health) is least affected, mean is 67.6 and SD is 17.6. And Domain II (Limitations due to emotional health) is more affected mean is 46.7 and SD is 36.8. **Conclusion** Lower HRQOL in the adolescents (18 years of age) is a strong augur of onset use of intoxicated stuff. Poor QOL assessment at an early age is a risk factor for commencing smoking and alcoholic consumption at an early age. There is a need to carry out the QOL studies on a continuing and regular basis to track the trends and directions.

Keywords: Intoxication, Teenager's QoL, Mass media exposure, HRQoL, SF-36

Date of Submission: 03-09-2019

Date of Acceptance: 18-09-2019

I. Introduction

Intoxication has been illustrated as a particular stake in teenagers, both from epidemiologically and experimentally¹. Various health or mental problems are linked with intoxications, like depression, hyperactivity or attention problems, anxiety and suicidal behaviour has been disclosed in respective studies¹.

Over the past two decades, measures of a community's morbidity and mortality rates have increasingly been flattered by patient-reported outcome (PRO) measures such as quality of life (QOL) and health-related quality of life (HRQOL), which have been admitted as more sound indicators of a community's well-being. Considering QOL, these measures adequately reflect subjective perceptions of well-being across all domains of an individual's life, while HRQOL adequately reflects the prevalence of psychological dysfunction and the consequences of disabilities associated with several serious health problems. Prominent vigilance has been placed on QOL/HRQOL studies in adolescents or teenagers, and with the great progress in the development of regulatory outcomes for evaluation².

Adolescence anxiety and attention deficit disorder is conscious risk factor for later intoxication^{3,4}, although some researchers explain this as mediated by abnormal peer alliance⁵. On the other hand, intoxication has been considered a common syndrome in several studies^{6,7}.

Previous studies has documented a serious connection between intoxication of substance, drug or alcohol use and HRQOL in teenagers. Among referred adolescents, found that teenagers who met criteria for intoxication of substance use disorder had reduced scores across domains of QOL with the most notable effects on role functioning (e.g., academic achievement and school or physical adjustment)⁸.

Various studies found that fair reduction in the frequency of use among teenagers' substance, drug or alcohol abusers was associated with improvements on QOL².

As a part of the project, in this study, we evaluated the relationships between alcohol/drug use and QOL among teenagers.

II. Methodology

Permission to participation of students were obtained from teaching authorities or organisations ethic committee. Organisations were randomly selected depending on number of peoples they had. Three organisations were randomly selected with a list of organisations in the urban city. Authorities or teaching organisations contacted up to 100 adolescents each to participate in this study. We also informed faculties and adolescents about the study, as well as the parents of participants, of age group (Thirteen to Nineteen years). Of all contacted, only those who agreed to participate and returned the written consents were included. The adolescents were assessed by using digital questionnaire and RAND SF-36 (v.1) questionnaire. Digital Questionnaire includes some demographic questions like (age, gender, qualification) and some other direct questions like (Usage of Smoking and alcoholic stuff, time duration of stuff projected in cinemas, most liked stuff in cinemas, etc). On the basis of recorded data, HRQoL were analysed by RAND SF-36 (v.1) Questionnaire and counsel the adolescents those who tried once or used toxic stuff due to mass media exposure. The students had enough space for comfort and privacy. All adolescents completed the Questionnaire in secrete and returned them sealed to author's representators. It was ensured that none of the organisational authorities had insight into responses.

III. Result

Six subscales of SF-36(v.1) i.e. (Limitations due to physical health, Limitations due to emotional problems, Energy/Fatigue, Emotional well beings, Social functioning, General Health) were demonstrated adequate reliability in this study. Out of 300 adolescents, 217 males and 84 females were participated in Quality of life assessment by digital questionnaire. Out of which 39 % i.e. 118 adolescents were agreed that they use intoxicated stuff or they at least tried once after inspired or encouraged due to mass media.

Table 1

SNO.	AGE (In years)	MALES	FEMALES	TOTAL
1.	13	14	10	24
2.	14	20	8	28
3.	15	18	10	28
4.	16	10	4	14
5.	17	8	4	12
6.	18	3	1	4
7.	19	6	2	8
	GRAND TOTAL	79	39	118

In 118 adolescents 79 are males and 39 are females of age thirteen to nineteen years. [Table 1]

Table 2

SNO.	DOMAINS	TOTAL POPULATION	MEAN	SD
1	Limitations due to physical health	118	67.6	17.6
2	Limitations due to emotional problems	118	46.7	36.8
3	Energy/Fatigue	118	57.8	20.8
4	Emotional well beings	118	59.7	18.1
5	Social functioning	118	51.6	24.7
6	General Health	118	60.2	22.2

Among six subscales of SF-36 (v.1), Domain I (Limitations due to physical health) is least affected in overall population (118) viz mean is 67.6 and SD is 17.6. And Domain II (Limitations due to emotional health) is more affected in overall population (118) viz mean is 46.7 and SD is 36.8.[Table 2]

The subscales of the SF-36(v.1) are related to most and least affected by student's health due to mass media exposure. [Table 3, 4]

Table 3 Least affected

SNO.	AGE	DOMAIN	TOTAL	MALE	FEMALE	MEAN	SD
1.	13	Role limitations due to physical health	24	14	10	68.7	15.2
2.	14	General Health	28	20	08	70.1	17.8
3.	15	Role limitations due to physical health	20	10	10	66.07	20.6
4.	16	Role limitations due to physical health	14	10	04	67.8	20.6
5.	17	Role limitations due to physical health	12	08	04	68.7	18.8
6.	18	Role limitations due to emotional problems	04	03	01	100	0
7.	19	Role limitations due to physical health	08	06	02	75	13.4

Table 4 Most affected

SNO.	AGE	DOMAIN	TOTAL	MALE	FEMALE	MEAN	SD
1.	13	Role limitations due to emotional problems	24	14	10	51.3	32.5
2.	14	Role limitations due to emotional problems	28	20	8	41.6	29.5
3.	15	Role limitations due to emotional problems	20	10	10	38.09	38.10
4.	16	Role limitations due to emotional problems	14	10	04	42.8	46.09
5.	17	Social Functioning	12	08	04	56.25	21.8
6.	18	General Health	04	03	01	30.5	11.35
7.	19	Role limitations due to emotional problems	08	06	02	33.3	35.6

IV. Discussion

Summary and main findings

Among 300 adolescents, 39% of adolescents were using or used intoxicated stuff once in a life. 8% of the adolescents were found who doesn't know the health-related issues regarding smoking or drinking pattern. Out of 118 adolescents 64.1 % knows everything about health issues regarding use of intoxicated stuff. 54.7 % of adolescents consume alcohol till excitement level, 26.5 % of adolescents consume till Euphoria level, and 18.8 % of adolescents consume alcohol on a subclinical level. 45.3 % of adolescents liked both smoking and alcoholic projection in cinemas, 23.8 % liked smoking over alcohol, and 30.9 % liked alcohol over smoking. 46.3 % of adolescents agreed that they smoke three to five cigarettes daily. 61 % of adolescents liked mostly Cigarettes and hookah in cinema projection. 77.9 % of adolescents prefer to use intoxicated stuff with friends, 19.1 % with colleagues, and 3 % with family. 54.7 % of adolescents agreed that they follow their favourite cinema character in every context. 48.4 % adolescents commented that the duration of intoxicated stuff projection in cinemas is less then ten minutes in the whole cinema. 2.8 % of adolescents were agreed that duration of intoxicated stuff projection in whole cinema is more than twenty minutes.

Over the past years, it has become clear that health-risk behaviours, such as alcohol/drug use, significantly impact teenager's health related quality of life and well-being. The strong relationship between frequent intoxication and symptoms of attention and conduct problems, has also been described in clinical research⁹⁻¹¹.

Strengths and limitations

The limitations associated with this study were the reported nature and mode of the data collection with socially desirable responses possible because of the somewhat sensitive nature of the topic, and the fact that the questionnaire was filled within the class, during which other faculty members or friends may have been close which may influence responses. Other limitations include the possibility of an underestimate compared with point of sale data. Studies have consistently shown that data collected by surveys, whatever the mode, underestimate consumption when compared against point-of-sale data¹².

V. Conclusion

Lower HRQOL in the adolescents (18 years of age) is a strong augur of onset use of intoxicated stuff. It is also a strong indication of the age when adolescents first experience the stuff. Poor QOL assessment at an early age is a risk factor for commencing smoking and alcoholic consumption at an early age. Censored board should take some steps or action to limit the projection of intoxicated stuff in media it addresses adolescents or motivate for smoking and drinking in the first place. There is a need to carry out the QOL studies on a continuing and regular basis to track the trends and directions.

Acknowledgment

We express our sincere gratitude to **Mrs. Meenu Pandey, Mr. Mohammad Intezar** for giving us a chance to explore the world and to do research work in their prestigious organizations. We express our deepest gratitude to **Ms. Mansi Sharma** for all her support and optimistic encouragement. This study would not have been possible without her involvement from the beginning of the project till the very end. Last but not the least we would like to express our sincere gratitude to our family members who ingrained us with all the necessary values and ambition to successfully complete this study.

Above all are eternally thankful to **GOD** almighty for his blessings on us as well as those around us throughout the study.

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Syed Iftekhar Abbas Rizvi. “Amplifying Intoxicated Affect Due to Mass Media Exposure in Teenager's Health Related Quality of Life in a Teaching Organisation.” *IOSR Journal of Dental and Medical Sciences (IOSR-JDMS)*, vol. 18, no. 9, 2019, pp 01-04.