This chapter presents an exclusive review of related literature which is essential for any research study. Research literature related to the research problem explains and clarifies the theoretical rationale of the problem and tells the reader the research already done to solve that problem.

**STUDIES RELATED TO LIFE STYLE**

Singh et al., (2006) conducted a study on apparently healthy school children in an urban school in Delhi to assess the occurrence of lifestyle linked risk factors for diseases using standard criteria. A group containing 510 students of classes 9th to 12th of a school in New Delhi and age from 12 to 18 years were carried out for study. The students were surveyed through an age suitable modified GSHS (Global School Based Student Health Survey) self administered questionnaire. The study shows that occurrence of fatness and hypertension in the school children is due to unsuitable dietary practices such as higher use of fast food, low use of fruits, low physical movement, higher use of smoking and alcohol. The study also revealed a relationship between BMI, blood pressures amongst children and other lifestyle factors. School based interventions tended to decrease the non-communicable diseases.

Ning, Masaru and Eriko (2010) “found the occurrence of bodily, psychological, and persistent weakness conditions and its relation to lifestyle. A group consisting 1,225 adolescents (591 males and 634 females) of age 11 to 16 years were asked to complete a self-reported questionnaire on exhaustion position and lifestyle in the past one month. Physical and mental fatigue scores in both male and female were same but CFS-related scores were considerably higher in females in comparison to males. These scores were found to increase with the increase of age. After adjusting for age and gender, multiple regression analysis showed that physical and
psychological weakness scores were connected with sleeping hours, additional sports activity, food balance, the frequencies of snacks between regular meals, eating of sugar-sweetened beverages, and visits to the nurse's room”.

Singh and Misra (2012) “investigated the occurrence of lifestyle related concerns among school adolescents. A sample of 1,500 Indian school students from class 6th to 11th was taken from rural, urban, and metro settings. They completed an unidentified Adolescent Lifestyle study. The study shows the many concerns related to improper dietary practices (fast food use, cold drinks, low fruit and vegetable intake), uneven sleeping practice, less religiosity, mild activity pattern, harmful daily routine and pursuance of different forms of risk behaviours. The study also revealed a relationship of life style with several related variables (i.e., residential situation, developmental stage and sex). The results recommend paying vital concentration to deal with the promising concerns of risks and promoting factors of health through suitable policy-oriented reformulation, coordinated efforts among stakeholders, and initiating ethnically suitable lifestyle interventions among adolescents”.

Montazerifar, Karajibani and Dashipour (2012) “suggested a relationship between lifestyle and diet-related risk factors. In a cross-sectional, descriptive study, 753 high school girls aged 14-18 years old were enrolled by a clustered random sampling method. Dietary intake and food habits were evaluated by 24-hour dietary recall, and a food frequency questionnaire. The analysis of dietary intake found that in comparison to the Dietary Reference Intake (DRI), energy, calcium, zinc, vitamin C and foliate intake were lower. It was also found that consumption of empty calorie foods e.g. salty snacks, sweets, soft drinks and junk foods among adolescents were high in comparison to intake of milk and dairy products, fruits and vegetables.
The adolescent girls had an improper dietary intake and food habit. Thus, the implementation of nourishment education programs in schools and the scheming of appropriate patterns towards healthier food choices could help get better eating behaviors, the health maintenance of adolescents, and also keep away from diseases relating to diet in adulthood”.

Vaida (2013) assessed occurrence of Fast Food Intake among Urban Adolescent Students. A sample of 80 urban adolescent students from different schools and colleges of the Srinagar city were haphazardly selected. A structured survey was administered and interviews were conducted to gather the data related to the subject. Study showed that gender and economic status had impact in fast food consumption. Girls are leading in former and adolescent students specially studying in private schools. On the other hand, taste, variety, make, fast service and accessibility were found main powerful force in fast food intake. Advertisements, media influence and urbanization also played important role in fast food intake.

Studies Related to Food Intake Behaviour

Shan and Xiaoyi (2010) examined their inter-relationships to young Chinese adolescents’ weight status. A self-administered survey was conducted among parents of young Chinese adolescents in Beijing urban areas. The survey included 29 items from Birch’s Child-feeding Questionnaire (CFQ) and 15 items developed by the researcher to assess parents’ attitudes, behaviors and family food environment regarding child feeding. 598 parents of students in 7th and 8th grades were surveyed and 548 of them responded to the survey. Results show that parents of young Chinese adolescents used controlling feeding practices to regulate the child’s eating, including restriction of certain foods. Parents indicated that they had some concerns about their child’s being overweight. The family food environment was generally
positive in these families with some unhealthy elements in sizeable proportion of families. Parents’ child-feeding practices may have significant influence on children’s weight status.

Another research by Carson and Elizabeth (2010) examines the effect of a nutrition education intervention to change attitudes and other factors associated with eating breakfast and consuming low-fat dairy and whole-grains. 11 to 15 years old adolescents (n=106) were recruited from after-school programs in Los Angeles County, California. Participants in the treatment group (n=57) met once weekly for 60 minutes during seven weeks. The curriculum focused on changing attitudes, subjective norms, and perceived behavioral control toward eating breakfast. Eighty-eight percent of participants were Hispanic, 55% were girls, and mean age was 12 years. Cronbach alpha for attitude toward eating breakfast, consuming low-fat dairy whole-grains were 0.67. Significant changes in perceived behavioral control were observed among participants in the treatment group regarding drinking skim milk, 1% milk, and 2% milk respectively (p<.05; p<.001; p<.001) and attitude (p<.05).

Dutta (2012) studied dietary behaviour and the factors influencing food consumption of this age group. Adolescents from government schools were found to be less likely to consume vegetables and fruits (adjusted OR=0.38; 95% CI:0.26-0.50). Those who brought lunch to school were more likely to consume moderate amounts of vegetables and fruits (adjusted OR=1.56; 95% CI: 1.09-2.22). Dinner with parents results in more consumption of vegetables and fruits (adjusted OR=1.34; 95% CI: 1.02-1.78). Those adolescents whose parents never ate vegetables and fruits in front of them were found to be less likely to eat the same (adjusted OR=0.51; 95% CI: 0.38-0.69). If vegetables and fruits were not available at home, consumption was less as well (adjusted OR=0.44; 95%CI: 0.28-0.68). The prevalence of overweight was 16.9% (15.8% among
boys and 17.9% among girls). Adolescents’ dietary behaviour is associated with various personal and environmental factors.

Singh and Singh (2013) found the prevalence of overweight and obesity is increasing rapidly worldwide. This study was conducted on adolescent boys. The sample was selected from different colleges and schools of Srinagar. Total 50 subject were selected for the study (N= 50), the age group of boys was 15-18 that is adolescent age group. To measure overweight and obesity in subjects BMI (WHO 2002) indices was used, to measure food habits and dietary intake questionnaires method was applied. Result shows that obese consume more energy then recommended value given by the (ICMR 1999). The diet of subjects was not nutritionally adequate which is rich in fat and proteins. Most of subjects skip meals. Poor lunch and snaking habit prevails in most of the subjects.

Goel, Kaur and Gupta (2013) found that change in dietary habit of consuming more high energy junk food and shifting to sedentary lifestyle is likely to be one of the important precursors of overweight and obesity among adolescents. More than two-third (66.25%) adolescent girls skipped a least one meal a day and the most frequently missed meal was breakfast (41.25%).The most common (60.37%) effect of skipping meal among adolescent girls was consumption of junk food. Potato chips, chocolate and carbonated drinks respectively, were the most (100%, 92.50%, 91.25%) preferred junk food item. The adolescent girls were consuming excess of energy, protein and fat but inadequate micronutrients like iron and beta carotene. The results suggested that it is necessary to promote healthy eating habits among adolescents and educate them about ill effects of junk food so as to prevent overweight/obesity and obesity related complications.
Studies Related to Control on Alcohol Consumption Behaviour

Several studies have recognized one psychological aspect that is constantly connected to an increased danger of substance abuse a character pattern of high innovation looking for, low damage escaping, and high return dependence (Galen et al., 1997). Another psychological factor that has been shown to be predictive of both the beginning and persistence of substance abuse is high aggressively. The researcher establishes that both teacher-rated and self-rated forcefully at age 9 was predictive of substance abuse disorders at age 21 (Swadi, 1999 and Reinherz et al., 2000).

“Stressful or traumatic life events also increase adolescent’s risk for substance abuse, Kilpatrick et al., (2000) found that adolescents who witnessed or experienced physical and/or sexual assault were at greater risk for developing substance abuse disorders than were adolescents without such experiences. Similarity, in an analysis of factors related to initiation and increase of substance abuse it was found that the number of stressful life events experienced by adolescents was related to both the initiation and continuation of substance abuse” (Wills et al., 2001; Erblich et al., 2004).

Veeraraghavan (1980) reported the main reason for starting on a substance habit as “experimentation” or “curiosity” (16.6%) followed by “kicks” (36.1%). According to Samuel (2005) some adolescents may start abusing substances just because they are curious. Adolescents might start abusing substance because it makes them feel good at first or a temporary thought of escape from their problems for a while.

(Vakalahi, 2001) “found socio-cultural variables can also play a widely varying role in substance abuse. Development of substance abuse in children and adolescents is a mixture of
family and socio susceptibility factors, including the drug culture of socio milieu. The social factors which cause substance abuse among adolescents are: the home and family, peer group and society. Whatever a child learns from home is most likely to remain with him for the rest of his life. Family values continue to apply a strong influence on adolescents because most of them value their family members as models of behaviour. Family factors can protect against adolescents’ substance abuse”.

Ledoux et al., (2002) found those children who were less closely monitored and not got better attention parents were more likely to be serious substance abusers than other students. Molina and Donovan (2008) found that those children whose parents are in habit of consuming alcohol are more likely to have an increased chance of alcohol abuse. It has also been found that stress in the home is one of the many reasons for substance abuse problem.

Corbett and Bradley (2008) studied school factors that influence smoking behaviour but the finding simply identifies a concomitant or simultaneous relationship between smoking and school characteristics. A population-based sample of 4,529 adolescents was selected. Several risk factors for increased smoking at age fourteen were identified from the mainstream variables. None of the school characteristics included in this study such as academic press, leadership, collegiality, disciplinary climate, and teacher input on policy decisions was identified as risk factors.

Jones and Mabry (2010) “conducted a research with the purpose to identify factors that play a role in student drug use in the Lawrence County School System in Tennessee. The Pride Survey was given to students in grades 9 and 11 during the school day. Results revealed a significant difference in perception of risk-taking behaviours, student’s perception of parent and
friend disapproval, perception of drug availability, family structure of students, and extracurricular involvement between students who reported they use drugs and students who reported they do not use drugs”.

Bradley and Rogers (2010) found in their research that there is a relationship between anxiety and alcohol use in adolescents, and also family and peer factors have been found to buffer adolescents from these two constructs. Results from a correlation matrix and hierarchical regression analyses indicated that anxiety remained stable for the overall sample, boys and Caucasians, there was a relationship between anxiety and alcohol use in boys, and parental limit setting predicted future alcohol use in boys. There were no family and peer factors that moderated the relationship between anxiety and alcohol use.

Bailey and Katherine (2010) examined the relationships among several weight-related constructs and their relationships with trajectories of adolescent smoking over a two-year period. The study also examined whether trajectories of smoking were associated with BMI after two-years of smoking. As part of a large NCI funded research program project examining the social-emotional contexts of adolescent smoking (PI: Mermelstein), students identified as at risk for smoking in the 9th and 10th grades (n=1263; 57% female, 43% male) provided data on weight related constructs and cigarette use at baseline, six months, fifteen months, and 24 months. Weight-control expectancies for smoking were inconsistently and weakly related to BMI, weight perception, and dieting thus dieting and smoking were not found to be related. Thus dieting and smoking were not found to be related. Multinomial logistic regression models testing the relationships between weight-related constructs and patterns of smoking found that weight-control expectancies predicted several patterns of smoking, particularly escalating patterns of
smoking, among both girls and boys. Controlling for baseline BMI, smoking patterns were not associated with BMI at 24 months; therefore even heavier rates of smoking do not seem to influence BMI within two years of initiating smoking.

Levinson and Rivka (2010) “indicate that despite the well-publicized health and economic costs of tobacco use, cigarette smoking remains the leading preventable cause of morbidity and mortality in the U.S. For most, cigarette use is already a well-established habit by adulthood, with smoking initiation most frequently occurring in the 6th-7th grade. Review of the depressive symptoms-smoking relationship among adolescents suggests that girls and boys often have differing motives for smoking, many of which are connected to depression or have particularly strong implications for those with depressive symptoms. Gender role attitudes may have different meanings for Black and White women, complicating the depressive symptoms-smoking relationship even further. Four years of data was analyzed from a subset of 8th and 10th grade Monitoring the Future survey participants to test the following hypotheses: (1) Gender modifies the depressive symptoms-smoking relationship, such that being female (rather than male) predicts a stronger positive association between depressive symptoms and smoking, (2) Among girls, gender role attitudes modify the depressive symptoms-smoking relationship, such that endorsing more traditional (rather than more egalitarian) gender roles predicts a stronger positive association between depressive symptoms and smoking, and (3) Among girls with traditional gender role attitudes, race/ethnicity modifies the depressive symptoms-smoking relationship, such that being White (rather than Black) predicts a stronger positive association between depressive symptoms and smoking. Responses to questions on cigarette smoking, depressive symptoms, gender role attitudes, Socio-demographics, and correlates of smoking (e.g., sensation-seeking, deviant behaviour) were analyzed. Results of logic and multiple
regression analyses revealed partial support for Hypothesis 1 (depressive symptoms and gender interacted to predict ever smoking) and Hypothesis 2 (depressive symptoms and gender role traditionalism interacted to predict past 30 day smoking frequency among girls), but no support for Hypothesis 3”.

Dodge and Stephanie (2010) “investigated psychosocial predictors of adolescent substance use by examining the hypothesized effects of individual characteristics (participants’ use of substances, delinquency, and academic achievement), peer factors (peer substance use and delinquency), and family factors (parental, sibling, and extended family substance use), as well as parental monitoring on substance use among 254 adolescents sampled from an at-risk multicultural population in Hawai’i. The results showed there were no significant differences between boys’ and girls’ use of substance except for cigarettes, with boys having higher use than girls. Results of multiple regression models including family and peer factors as well as four additional factors (adolescent delinquency, peer delinquency, parental monitoring, and academic achievement) accounted for a significant proportion of variance in adolescent substance use in the total sample. These findings are consistent with those of previous empirical studies showing that peer, parental, and sibling substance use is important predictors of adolescent substance use”.

Kinsey and Dexter (2010) examined that twenty parent of U.S. high school students smoke cigarettes. Adolescent smoking increases risk for nicotine addiction, chronic disease and early mortality. Aims were to determine in adolescents ages 15-19: 1) relationships between contextual and intrapersonal variables and smoking behaviours, 2) contextual and intrapersonal factors that predict smoking behaviour and 3) whether smoking-related self-schema mediates the relationship between peer smoking and smoking status. Students (n = 188) from two rural
schools completed an anonymous questionnaire. Sample characteristics included mean age of 15.98 (SD=.99 range = 15-18); 70% Caucasian (n = 133); 56% female (n = 106); 75% (n =175) with at least one parent with some college; 17% (n = 33) had smoked one cigarette; 3% (n = 6) had smoked 100 cigarettes. Aim 1 results: smoking status correlated with non-Caucasian ethnicity ($X^2 = 3.188, p = .19$); number of five best friends who smoke ($r = .40$); smoker ($r = .29$) and abstainer ($r = -.43$) self- schemas; perceived stress rated to home ($r = .17$), school attendance ($r = .16$), teacher relationship ($r = -.15$), school-leisure conflict ($r = .12$), and finances ($r = .11$) (all $p < .05$). Days smoked in past 30 days correlated with number of 5 best friends who smoke ($r = .55; p < .01$). Smoking ≥ 100 cigarettes ($r = .60$) correlated with number of five best friends who smoke; abstainer ($r = -.49$) and smoker ($r = .60$) self- schema; perceived stress related to school performance ($r = .31$), romantic relationship ($r = .44$), and peer pressure ($r = .29$) (all $p \leq .05$). Aim 2 exploratory analyses included logistic regression analysis which suggested significant ($p < .01$) relationships between smoking status, abstainer self-schema and number of 5 best friends who smoke. Aim 3 exploratory mediation analyses suggested abstainer self-schema partially mediated the relationship between number of 5 best friends who smoke and smoking status.

Jimba and Tolani (2010) “conducted a study with the purpose to test the relationship between weakness to smoking and intent to smoke on smoking behaviour among adolescents by ethnicity, age, and gender. The study population includes person ages 12-17 years old, smokers and non smokers, who represent White, African American, Hispanic, Asian, Multi-Racial, American Indian, and Native Hawaiian race ethnicities. A statistically important positive association was established between participants’ weakness to smoking and their intentions to smoke. More specifically, an important difference was found among cultural groups on smoking.
Positive social change can occur through improved efforts geared toward primary, secondary, and tertiary interventions. This can result in empowerment programs and enhanced decision making, useful for adolescents of different ethnic groups to resist social and environmental pressures”.

Grayson and Jessica (2010) investigated the relationship between parent legal substance use and youth health risk behaviours in a variety of domains. Many factors such as parent-child attachment, family unity, and parent monitoring affect the behaviour of adolescent. Results established a direct affirmative relationship between parent substance use and youth risk. It was also found that attachment of father for daughters was stronger than sons. Both parent monitoring and family unity was mediators of the relationship between parent substance use and youth health risk behaviour. Parent substance use may harmfully impact levels of monitoring and family unity, which in turn are connected with greater youth risk behaviour. Youth are inclined to model the performance of their parents, though the power of the modelling depends on a number of parenting and family characteristics.

Joseph and Ann (2010) examined the effect of prices, peers and family on tobacco use among school going youth in India. Results indicated that for all three tobacco types, even after correcting for peer endogeneity, peer effects are important in determining tobacco use. Results also show the impact of the household in determining tobacco participation and consumption among youth. For all the three forms of tobacco use, familial influence is a strong predictor of youth tobacco participation for cigarettes, beedis and gutka.

Mathur and Charu (2010) studied the association between socioeconomic status (SES) and tobacco use for youth, however, is much less clear. Findings about the relationship between
SES and tobacco were inconsistent, suggesting a potential change over time in the association of SES and tobacco use. These findings were mirrored in the distribution of related psychosocial risk factors. Reducing tobacco initiation and progression in low SES youth that are disproportionately affected is dependent upon effective and sustainable interventions as well as a more comprehensive understanding of the role SES in influencing an adolescent’s tobacco use behaviour.

Ciliberti and Linda (2010) investigated adolescents’ smoking status (i.e. current or former smoker) and relationships with demographic/background characteristics, exposure to no smoking policies, stage of change, self-efficacy, social support, and history of smoking prevention/cessation classes. The final sample consisted of 95 participants, while 208 started the online survey, representing a 45.67% completion/response rate. Within the mostly White (80%) sample, 40 (42.1%) were male and 55 (57.9%) were female, being ages 18-25 years (mean age =22.71, SD =2.41), while most showed evidence of higher education; 2 (2.1%) had completed a doctoral degree, 21 (22.1%) completed a master’s degree, 34 (35.8%) completed a bachelor’s degree, and 9 (9.5%) completed an associate degree. Findings showed no significant differences between current (n = 36) and former smokers (n = 54) for exposure to smoking policies, enforcement of policies, or adherence to policies. Current smokers tended to be in a contemplation stage for smoking cessation, while former smokers where in action or maintenance stages for smoking cessation—having stopped smoking anywhere from less than 6 months ago to many years ago. The self-efficacy scale had excellent Cronbach’s alpha (965), former smokers had higher self-efficacy than current smokers (p = .000). Differences in smoking within their social support networks only showed a trend (p = .047). There were no differences between groups for exposure to smoking prevention/cessation classes. A backward stepwise
regression model showed that: (1) males were over 11 times more likely to be a current smoker than females (the odds ratio is 11.39); and (2) lower self efficacy was associated with being a current smoker—with an odds ratio less zero (.147); for every increase in 1 point on self-efficacy scale, there was a 15% reduction in the odds that the person was a current smoker.

Thorlton and Janet (2010) “found that consumer use of performance enhancing substances (PES) is a multi-billion dollar industry, fuelling public health concerns regarding use in adolescents hoping to enhance athletic performance, body appearance, or fight obesity. PES may also be used for military, sexual, and intellectual performance enhancement; consumption can be viewed as a healthy fitness endeavour. Bandura’s Social Cognitive Theory served as an organizing structure guiding the study. The object of study was to explain the pressure of personal, environmental, and behavioural factors on adolescent PES use. Feeling sad considering suicide, overweight, illegal drugs at school, sexually active, cigarette smoking, and alcohol use were considerably linked with PES use in females. Adolescents reported high rates of being offered, sold or given illegal drugs at school. Study results have implications for fitness professionals and plan makers who must sufficiently consider and deal with physical, psychological, and social issues connected to adolescent PES use”.

Reedy and Rose (2010) conducted a research to recognize the factors commonly connected to co-occurring disorders among adults and adolescents and to look at two measurement models for the dependent variable, substance use. The results indicated that among these adolescents, MHPs were common. Females and adolescents with more severe SUDs, like dependence, were more likely to have MHPs. In addition, adolescents who had more peers and more family members who participated in unusual activities had more severe substance use problems and were more likely to have a MHP.
Studies Related to Physical Activity

Belanger and Mathien (2009) found that majority of people worldwide, including 90% of Canadian adolescents, do not meet recommendations on physical activity to better understanding of how, when, and why physical activity is needed. Among adolescents, (1) document how weather condition affect physical activity; (2) determine whether participants enrolled in gained physical activities maintain healthier activity levels; (3) identified periods of marked decline in participation in specific physical activities and (4) describe patterns of physical activity participation over five years. A 7-day physical activity recall was completed by 1293 adolescents, initially aged 12-13 years, and every three months over 5 years. The relationship between number of physical activity sessions daily and each season and weather conditions was assessed in Poisson regression mode with random effects. We survival analyses to ascent when discontinuation of specific activities occurred among adolescent were reported the activity at baseline. Finally, latent class growth curve made were used to identify classes of participants with similar physical activity trajectories during adolescence. Adolescents who participated in organized physical activity in girls 7 reported 42% more activities on average than other active adolescents. However, organized activities did not protect against declines in physical activity. The most sustainable activities included that are done individually, and activities of light or moderate interest. Four and three trajectory classes were identified in girls and boys respectively. These findings provide directions to increase physical activity throughout adolescence and beyond.

Hasgan and Miller (2009) research investigated that epidemic of childhood obesity in sweeping the nation with nearly 32% of white children classified as overweight or close and almost 37 and 43% of African American and Mexican-American children respectively falling
into this category. Physical inactivity has been identified as a significant contributor to overweight. Parents have been identified as the “gatekeepers” of children’s activity levels by either inhibiting or promoting physical activity depending on parental personal behaviours. Surveys were distributed in the appropriate language at two sites, with a total of 549 completed surveys returned. Survey data were analyzed using exploratory and confirmatory factor analysis. A number of statistical analyses were utilized to attempt to answer the research questions that were proposed for this study. Differences in sample sizes between site one and site two made t-test comparisons different, and problems with the demographic data inhibited the interpretation of the regression analyses. The instrument was composed of three subscales, which represented “perceptions”, “Instrumental Support”, and “Emotional Support”. While similar models have been tested extensively among English-speaking populations, equivalent research has not attempted to apply this theory to non-English speaking participants. The results of the CFA for the Spanish instrument however, indicated that the model was different than the model that supported the English data, so the proposed model is not the same in both English and Spanish an important finding that points to the need for broader engagement and understanding of the cultural underpinnings that may be at play in the situation.

Tatum and Lynlnez (2010) examine the naturalistic relationship between physical activity and sleep by exploring frequency, type, and timing of exercise and their association with a variety of sleep variables. Young adults (n=1003) completed a variety of self-report questionnaires, including a week-long sleep diary and a survey of typical frequency, type, and timing of exercise completed in the past week. Increased frequency of physical activity was related to increased sleep efficiency, decreased time in bed, and decreased time spent awake in bed in the morning. Greater amounts of exercise energy expenditure (i.e., metabolic equivalents)
per week was related to increased sleep efficiency, and decreased time in bed and time spent awake in bed in the morning. After controlling for other factors, this relationship remained true only for time spent awake in bed in the morning. Early morning exercisers reported shorter total sleep time and time in bed than those who met the research diagnostic criteria for insomnia and those who did not.

Murphy and Karen (2010) “explored low social relationships and environmental settings impact on physical activity attitudes and behaviours for adolescent girls. Parents and peers play an important role in shaping the physical activity. Themes that emerged from the analyses of data include (a) differing conceptualizations of physical activity, (b) parents and peers as facilitators of activity, (c) lack of girls’ active space in school and neighbourhood environments, and (d) policy limitations on girls’ access to physical activity time. Whereas White girls indicated they considered physical activity to be closely related to adult-directed, organized sport. Girls described a desire to engage in more physical activities with the mothers and other female relatives. Middle school girls are prevented to participate in school sports programs, as well as restricted in lunch periods to inside spaces due to educational policies. Findings support preceding research and extend understanding of girls’ perceptions of physical activity by allowing girls to voice their opinions and concerns”.

Studies Related to Sleeping Behaviours

Richardson and Barbara (2010) investigated an educational program designed to increase nightly sleep time towards a target goal of the recommended 9 hours per night. The educational program ‘Sleep for Your Health, was aimed to increase the s awareness of the importance of adequate sleep in 12-14 year old adolescents through implementation of a
curriculum. The pretest-posttest study with an intervention group and a control group included two classes of combined 7th and 8th grade students (n=48) attending an urban public middle school. Total sleep time (TST) was measured using the Cleveland Adolescent Sleepiness Questionnaire (CASQ). No significant changes in mean TST or DS scores occurred in the intervention group compared to the control group. Student and parent scores on a post-intervention quiz demonstrated a strong understanding of the concepts presented in the Sleep for Your Health curriculum. On the post-intervention survey, the majority of students indicated they were trying to get most nightly sleep, with 55% demonstrating an increase in sleep time by an average of 65 minutes a night. Based on post-intervention feedback from participants, the approach was acceptable, with only minor suggestions offered for improvement in the curriculum.

The present researcher was curious to know how many hours of sleep is ideal for an average adolescent to remain fresh and healthy throughout the day. The researcher is also curious to know whether late hours going to bed or early rising makes any difference in getting healthy deep sleep and whether healthy sleep is determined by habitual and cultural factors. In other words, is “early to rise and early to bed” is a universal principle for healthy sleep? Does sleep deprivation leads to stress and does sleep acts as a coping strategy to get relief from stress. No study was found to answer these questions.

Studies Related to Spiritual Behaviour

McCollough and others (2000) found that praying or meditating might actually be associated with longevity. Religious faith, spiritual practices, volunteer work, praying, meditation, singing devotional songs, reading inspirational books, attending religious services
strengthen the positive aspects of human personality, which is important for mental health as well as physical health.

Prayer is considered by Dunn and Horgas (2000) to be a form of “spiritual self-care”. These researches reported that 96% of their sample of 50 individuals 65 years of age or older utilized prayer to cope with life difficulties. No other adaptive response was as frequently employed. This confirmed the earlier work of Manfredi and Pickett (1987), whose research found that “prayer was….. The most frequently used coping strategy among elderly”.

Sharp (2010) concerned with how prayer can help one to manage one’s emotions. Sharp views prayer as “an imaginary social support interaction” that facilitates the expression of individual emotion management strategies. One is thus able to vent negative emotions by obtaining positive assessments of such actions, and thereby reduce situational threats. Recently confirmed Sharp’s hypotheses. They were able to show that prayer helped people cope with anger that was aroused by frustrations and incitements that were independent of what was prayed for.

Givens and Philip (2010) found through qualitative study examines how Christian youth use their religious belief to cope with everyday life stress. Thematic analysis of the narratives of sample of African American middle adolescent girls and boys (N=10) revealed a set of four emergent themes. Findings suggested that (a) youth believe that religious mechanisms like reading the Bible, praying and singing are essential expressions of religion, (b) religious beliefs provide a positive influence on moral dilemmas, (c) positive outcomes are often a by product of negative situations or problems, and (d) Church congregants play as important role in providing a sense of kinship and community. Narrative examples were used to illuminate each theme.
Findings showed religion as a fundamental coping resource for African American Christian youth dealing with everyday life stress.

Gundy and Laura (2010) “found that the following study investigated how components of a person’s active use affected spirituality levels in early recovery by measuring the impact of various consequences of use on the recovering alcoholic. A sample of 67 men and women in the first 90 days of sobriety were administered the following questionnaires: Severity of Alcohol Dependence Questionnaire (SADQ), Spiritual Well-being Scale (SWBS), and the Consequences of Use Test (CUT). Individuals who reported greater negative impact as a result of the consequences of their use also reported experiencing higher levels of religious well-being (e.g., more positive relationship with God) than those individuals who reported the consequences of their use having less negative impact on their lives”.

Kottke and Sonja (2010) explored the relationship between spirituality and prayer as coping skills for substance use refusal in older adolescents. Spirituality is a common aspect of substance use treatment and recovery, though little has been explored on the use of spirituality and prayer as a tool to refuse the offer of substance. A sample of 331 college freshmen were given an online questionnaire assessing substance use, temptation coping, religious coping, and spirituality. The majority of participants were White (70%) and female (76%). Results show that many factors influence substance use in older adolescents. Adolescents who report higher levels of spiritual practices have lower rates of substance use. Also, those who sign a statement at their university agreeing to not use any alcohol or drug also had lower rates of use than those who did not sign a statement at their university. Females used drugs at lower rates than males while there were no gender differences in alcohol use. However, gender differences in substance use
disappeared when either temptation coping or spiritual coping skills were utilized. Temptation coping and spiritual coping skills led to lower levels of substance use, though only temptation coping predicted abstinences, $R^2 = .20$, adjusted $R^2 = .20$, $F(2,327) = 40.74$, $p < .01$. Hierarchical multiple regression showed that the combination of spirituality and using spirituality and prayer as a way to cope led to lower levels of substance use than being spiritual but not using spirituality or prayer to cope, $R^2$ change = .04, $F(1,297) = 12.85$, $p < .01$. This study suggests that the combination of prayer, spirituality, and temptation coping skills leads to higher rates of abstinence among college freshmen; therefore, adding a spiritual component to prevention and treatment programs for late adolescent substance use problems may be indicated. This study also suggests that nurturing and helping an adolescent to develop their sense of spirituality as a coping skill may increase the chances of an individual being able to decline alcohol and other drugs.

**STUDIES RELATED TO PARENTAL PRESSURE**

If at home, a child sees his parents, elder brother and sisters and member of his family smoke drink or take other substances, the child will likely follow these people. Family variables are important socio-cultural influences. If parents smoke a child four times more likely to do so than if no other member smokes (Cloninger, 1981). An estimated 11 million adolescents under the age of 18 live in households with at least one alcoholic parent (Eigen & Rowden, 1996). Parents’ drinking behaviours and favourable attitude towards drinking have been associated with adolescents initiating continuing drinking (Tildesley & Hops; 1993; Andrews et al., 1993; Hawkins & Graham, 1997).
The research studied the effect of relationship of parent-child on violent actions of adolescent boys. It was reported that boys having good relationship with their parents showed no/little aggression as compared to those having bad relationship. (Sharma and Nanda, 1997).

The researcher investigated the affiliation between parental behaviour and ways of coping. A sample of 240 adolescents students of higher secondary (11th grade) from 3 public schools of Jaipur was taken. The results showed that the coping up with stress by adolescents, particularly the boys depend on fathers’ role (Purohit and Mehta, 1998).

The researcher noticed that respondents getting high affection from parents showed better home adjustment than that of their opposite number. 240 adolescents between age group 11 to 14 were studied with the purpose of testing parental love and adjustment of school students. Similar results were observed in this study on parental anger and strictness on adolescent’s adjustment. Role of parent-child relationship was very important in progress of children’s behaviour and on their adjustment (Sinha and Singh, 1998).

“The researcher studied on sample of 757 students of class 10th and 11th from two colleges of Pantnagar and one of Rudrapur regarding the adjustment of adolescents. It was concluded that parental response, emotional support, admire, inspiration and parental support and peer group support all contribute to better social, home and emotional adjustment” (Tiwari and Poornachand, 1998).

Susanne and Jeremy (2003) “the study conducted on 276 normal high school students regarding the relationship between apparent parenting styles, depersonalisation, worry and coping performance. The research showed that apparent parental emotional pressure positively linked with depersonalisation and attribute anxiety among the adolescents. Apparent parental affection was absolutely connected with active coping and negatively linked with attribute worry
in the adolescents. A group analysis showed four types of parenting styles: strict, reliable, liberal and unresponsive. Authoritarian parenting style group showed higher scores on depersonalisation and worry. The groups with the reliable and lenient style of both parents showed the highest score on active problem coping. The discussion focuses on the role of parenting styles in dysfunctional personality character during adolescence”.

Ordonez and Jose (2009) tried to explore the influence of parental support on antisocial behaviour among 1514 adolescents from Sarasota Country (Florida). However, parental support demonstrated to be stronger when students justified school misbehaviour. At the school level, the findings suggest that the influence of parental support to reduce antisocial behaviour competes with favourable definitions toward crime learned by youngsters from society and deviant peers.

Pursell and Gwen (2009) “examined association between fight influence, declaration, and association impact in adolescent conflicts with mothers and friends. Participants included 231 adolescents of average 14 years of age. Findings revealed that lower levels of negative affect and higher levels of compromise were associated with improved relations for both adolescent conflicts with mothers and friends. Mediation analyses indicated that negative affect largely accounted for the association between compromise and connection impact. There was no difference between mother-adolescent and friend-adolescent relationships in the strength of these associations. These findings are consistent with a larger body of research on married relationships, which suggests that negative affect plays a key role in predicting relationship outcomes”.

Ahmadi and Shamila (2009) explored the relationship between the risk of suicidal behaviour in adolescents and their perception of parental practices used in their families. This
study is primarily aimed at investigating the association between suicidal behaviour in a Montreal sample of adolescents and several aspects of their parents’ parental practices including parent-child bonding, parental psychological and behavioural control, and parent-adolescent conflict. The second goal of this thesis was to examine the effect parents’ marital status on adolescents’ suicidal behaviour. The final objective of this study was to explore the link between gender difference and vulnerability to suicidal behaviour in adolescents. The participants of this study included 1096 Montreal high school students, aged between 11 and 18 years, equally divided in boys and girls, in the province of Quebec, Canada. There were two groups involved in this study: non suicidal and suicidal behaviour. The suicidal behaviour group included both suicidal ideation and suicide attempt behaviours. In both families structures, the strongest significant characteristics of paternal parental practices perceived by adolescents with suicidal behaviour was the lack of emotional bonding between father and child, the high impact of frequency of conflict between them, and lack of parental supervision respectively. These results are interpreted in the light of socialization theory which emphasizes on the crucial role of the quality of the parent-adolescent bonding as a protective factor against suicidality in adolescents. The results also revealed that adolescent girls are at a higher risk of demonstrating suicidal behaviours such as ideation and attempt than boys. The findings of this study demonstrate an urgent need for more research on adolescent’s suicidal behaviour and risk factors especially on parents’ marital status.

Delaney and Julie (2009) in their research focused was on two drug preventative practices: “Talk to Your Child about Drugs” and “Monitor Your Child’s Friends and Activities.” The hypotheses predicted that attitudes, subjective norms, and perceived control would be positively associated with parents’ intention to perform each drug preventative practice, and also
that perceived control would moderate the relationship between attitude and intention and between subjective norms and intention. Before these hypotheses were tested, an exploratory study was conducted; 4 focus groups were run with parents of 7th-11th graders. The goals were to reveal the beliefs that underlie parents’ attitudes, subjective norms, and perceived control and to give parents the opportunity to add to the list of drug preventive practices. Results from the theme analysis were used to develop measures of attitudes, subjective norms, and perceived control which were used in Study 2. In study 2 the hypotheses were tested. Ninety-five participants (parents of 7th-11th graders) responded to a questionnaire. Direct measures of intention and indirect measures of attitudes, subjective norms, and perceived control were included for each drug preventive practice. Results of the first model “Talk to Your Child about Drugs” showed that there were significant main effects of attitudes, subjective norms, and perceived control were significant for the second model: Monitor Your Child’s Friends and Activities”. The results also showed that perceived control moderated the attitude-intention relationship.

Mohan and Annette (2010) found that grandparents have taken a special role in the lives of their grandchildren-to nurture, love, encourage and support them to achieve their goals. This research studies this family structure, which was seen as a solution to raise young children whose parents were unfit to perform their role as parents or because of a crisis. After analyzing the data, the themes that emerged were: (1) Reasons for this dynamic family structure (2) Emotional responses (3) Coping Strategies (4) various forms of support. The results of the study indicated that grandparents faced many challenges, but despite the challenges, the joys they experienced far outweighed the challenges. A finding from this study that was not consistent with the literature on the issue was that this experience of grandparents raising grandchildren did not
affect the health of the participating grandparents (all raising their grandchildren as primary caregivers) in any adverse manner. In fact they felt this arrangement gave them more energy, gave them purpose and a reason to live. Another result of this study that was not consistent with the related literature was gender related. Most of the literature spoke of grandmothers in the caregiving role. The literature pointed to the nurturing and caring characteristics found in females, which suggested the reasons women were seen as doing the care giving. However, this study found grandfathers that took an active role in every aspect of their grandchild’s life as they raised their grandchildren as primary caregivers.

Bryson and Celeste (2010) “examined main and interaction effects of attachment style, absence or presence of a biological father, and time in substance abuse treatment on depression among adolescent males in substance abuse treatment. Participants were 40 ethnic diverse male adolescents, aged 14 to 17. All participants completed the Children’s Depression Inventory and the inventory of Parent and Peer Attachment. A non-experimental design, employing a three-way ANOVA statistical test, α = .05, was used to analyze the data. The results of the three-way ANOVA identified no statistical main effect for attachment, parental presence, and time in drug treatment. The interaction effects were also not statistically significant”.

Kuhn and Vanessa (2010) “investigated on alcohol use among older adolescents, especially college students. The findings suggest that parent involvement and parenting behaviours influences the level of alcohol use even among older adolescents. Students who experienced high levels of parent involvement and parental monitoring during the last year of high school were approximately half as likely to engage in high risk alcohol use during their first year of college compared to those who experienced low levels of parent involvement and parental monitoring during high school. Alcohol policies that are aimed at adolescents should
recognize the role parents can play in helping to mitigate alcohol-related harms. Furthermore, the findings indicate that students who engaged in high risk alcohol use, especially drinking, during the last year of high school were more than seven times as likely to also engage in high risk alcohol use during the first year of college compared to those students who do not engage in high risk drinking during high school. The level of high school alcohol use was a strong and statistically significant predictor of college drinking for both males and females suggesting that prevention strategies to address high risk college drinking should begin prior to college. Parent support and parent-student communication during the first year of college was not consistently related with college drinking levels”.

Huntley and Kristy (2011) “explored the impact that parental levels of education and parental support have on college adjustment for first-year students. Parental level of education is a definite changeable based on report from the student. Finally, it was accepted that there is a relationship among parental level of education, parental support and college adjustment. Support from parents considerably impact levels of college of adjustment”.

**STUDIES RELATED TO PEER GROUP EFFECT**

Peer substance abuse and peer acceptance of substance abuse have also been associated with adolescent substance abuse. The adolescents are most often introduced or “turned on” to the various substances by a close friend (Blum & Richards, 1979). Evidence suggests that substance abuse by peer is a strong predictor of adolescent abuse of substance (Hawkins & Graham, 1997; Dick et al., 2000; Borsari & Carey, 2001).
Tanaka and Annette (2010) utilized an ecological systems framework to examine life associations between best friends and classmates and academic adjustment (i.e., academic orientation, GPA, and standardized test scores) in a sample of ethnically diverse ninth graders who attended large or very large high schools (greater than 1,000 students). Specifically, perceptions of emotional support from a best friend and classmates, as well as the academic orientation of these two types of peers were examined as predictors of ninth grader academic adjustment. This study also examined the associations between school size and academic adjustment and whether the associations between peers and academic adjustment vary as a function of school size. After controlling for gender, ethnicity, and general perceptions of school connectedness, ninth grader perceptions of emotional support from their best friend were not associated with any of the academic adjustment variables. However, ninth graders who reported having more supportive classmates were also more academically oriented compared to those with less supportive classmates. Ninth grades who perceived their best friend as more academically oriented also viewed themselves as more academically oriented and had higher GPAs and standardized test scores compared to those with a less academically oriented best friend. In this sample of ninth grades with all attended schools that were large, school size was not associated with academic adjustment. These findings suggest that academic orientation, as a domain specific peer predictor, is more relevant for ninth grader academic adjustment compared to emotional support from peers. In addition, best friendships, as the more proximal peer relationship, appear to be more relevant for ninth grader academic adjustment than relationships with classmates.

Keener and Emily (2010) examined boys’ and girls’ endorsement of communal and agentic conflict-management strategies in three types of relationships: same sex friends, other-
sex friends, and romantic relationships. Relationship type was examined as a moderator of gender differences and similarities in strategies. Also, the role of gender-typed personality traits (expressive, instrumental) was examined as a covariate to investigate whether gender differences in conflict-management strategies reflect personality traits.

Malone and Ann (2010) “examined the effectiveness of the Adolescent Grief and Loss (AGL) group, a six weak group planned to know the requirements of adolescent girls. The objective of the AGL group was to decrease physical, emotional, social, and cognitive responses to sorrow and to foster mutual support and connection to others via various tasks associated with each group session. The AGL group was conducted in four different public high schools in Central Texas, with a sample size of 20 girls. The qualitative component was based on a phenomenological analysis of adolescent grief and loss response, which included open-ended questions developed to capture each adolescent girl’s individual experience of peer death. The quantitative results of the study indicate that adolescent girls benefited from participation in the AGL group as evidenced by significantly reduced scores on the Loss Response List for all domains of physical, emotional, social, and cognitive grief responses. The qualitative findings yielded five overarching themes of experience of peer death: the story, physical reactions, emotional reactions, social reactions, and cognitive reactions. Integration of the quantitative and qualitative findings of this research study strongly support the benefits of providing a grief and loss group to adolescent girls who have impacted by the experience of peer death”.

Patrick (2011) examined latent profile analysis to identify stages of adolescent cigarette smoking, and examined whether a variety of social and cognitive risk factors operated as common or unique predictors of different stages of smoking. The study utilized a large (N=16770) nationally representative sample of 12-17 year olds. Results indicated four distinct
stages of smoking that included non-smokers, experimental smokers, moderate-situational smokers, and heavy-addicted smokers. There was evidence that in comparison with the later stages of smoking, experimental smokers were more susceptible to social influences. Friend cigarette use, parental disapproval of smoking, and negative beliefs about smokers were associated with each stage of smoking. Parental control on the other hand, predicted two of the smoking stages (i.e., experimental, moderate-situational). Few predictors were found to be unique to a particular stage of smoking and one variable was unrelated to the outcome. Finally, limited support was observed for cognitive variables mediating social influences and for ethnic differences in predictors of smoking.

Mital (2012) investigated whether gender and education stream of students have any effect on peer pressure experienced by adolescent. The participants were 240 students in the different collages in Rajkot city, who completed the self-reported measures of peer pressure. The results demonstrated that a significant effect of gender and education stream on peer pressure was found. And also, the most striking results were obtained for the group of arts girls. The highest peer pressure was observed in this group compared to others group.

STUDIES RELATED TO FAMILY SOCIAL SUPPORT

Kundu and Maiti (1983) “studied the influence of certain family composition on the problem of isolation in children. 300 children were divided into 3 groups popular, normal and isolated) by administering them socio-metric questionnaire. Results revealed that children from the smaller families got better and balanced attention from parents than that from bigger families who were likely to feel neglected by their parents”.

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Srivastava (1984) “designed a study to assess the degree of manifest anxiety and self-disclosure among the adolescent boys as a function of family structure. He took a sample of 100 adolescent boys of age 17-18 years each from nuclear families and joint families, residing in Kanpur. It was found that boys of nuclear families had significantly lower manifest anxiety and significantly higher self-disclosure than their counterparts from joint families”.

Panley and Perry (2009) research examined college student drinking is one of the most important public health concerns in the United States. Support from society has traditionally been offered as a defensive device against participation in risky behaviour (including excessive alcohol use), however, current studies have suggested that, for some individuals, high levels of social support are positively connected with alcohol consumption. Specifically, the theory predicted that social support interacts with impulsive personality traits such that high levels of social support predict increased alcohol consumption for highly impulsive individuals. Conversely, the theory predicted that social support interacts with anxious/ neurotic personality traits such that high levels of social support predict decreased alcohol consumption for highly anxious individuals. Participants were 668 students recruited from introductory communication classes at a large south western university. Results partially confirmed the predictions derived from the theory. Although social support did not interact with impulsivity to predict students’ alcohol use specifically, social drinking motivations and peer alcohol use emerged as significant predictors in the model including these variables. The hypothesized relationships between anxiousness, support, and alcohol problems were not supported. Although a sex difference was not hypothesized on the basis of the theory, results demonstrated that participants’ biological sex moderated the effects of personality and motivations on both alcohol use and problems.
Venkatraman and Sonia (2010) investigated that parents play a large role in shaping adolescent behaviour. Specifically, how much parents monitor their children has been shown to have marked impact on adolescent health behaviours, including problem behaviours such as antisocial behaviour and substance use. Liner and generalized-liner mixed-effects models were used to measure the patterns of parental monitoring and adolescent cigarette use in a longitudinal subset of 654 adolescents. Similar patterns were found in multilevel analyses involving data from 6060 adolescents with two years of data each. Analyses of parent report data showed that parents consistently and significantly reported higher levels of parental monitoring than their adolescents. Agreement on cigarette use varied; additionally, relatively few parents were aware of the positive smoking status of their children. These results provide support for the thought that parental monitoring in adolescence is an influential defensive factor that requires monitoring in flexibility and re-evaluation to accommodate changes in adolescence. Results also suggest that, while parental monitoring is important in the prevention of substance use, it can also have a substantial impact on adolescent health. Communities, in particular, can be instrumental in reducing the occurrence and impact of adolescent health risk behaviours.

Ainette and Michael (2010) tested predictions about indirect effects of family structure on adolescent substance use through family process with data from four assessments of a multinational sample of 1,526 participants assessed in 6th grade (mean age=11.5 years) and followed with annual assessment through 9th grade. Structural modelling analyses indicated that non-traditional family structure consistently predicted more arguments with parents and greater parental substance use and in turn, more adolescent substance use at each assessment. Black and Hispanic race had paths to less parental substance use, and in turn, less adolescent substance use.
Higher levels of parent education predicted less parental substance use and more parental support, and in turn, less adolescent substance use.

Rueger and Sandra (2010) “investigated the role of attributitional approach and perceived social support as intrapersonal and interpersonal risk and flexibility factors to increases in depressive symptoms in a sample of 197 adolescents in 7th and 8th grade. This was accomplished by prospectively testing cognitive-vulnerability models of depression, as well as the main-effect and stress-buffering models of social support, followed by a prospective examination of the interactive effects of stress, attribution style and parental support on increases in depressive symptoms. Models that included either self-esteem or social support as moderators to the Stress X Attribution Style relationship resulted in findings that were consistent with theory. In addition, results demonstrated gender differences in the impact of these risk and resilience factors. Overall, these results high light the need to consider more multifaceted models with multiple moderators as well as gender difference, in understanding the development of depression”.

Miers and David (2010) “focused on the self-reported needs for assistance following suicide. They explored families who had lost a teenager to obtain an improved perceptive of parent’s apparent requirements and what services are useful and not useful. The purpose behind this study was to build up an understanding of families’ requirements following the suicide of an adolescent. Six parents units living in Nebraska who have lost a teenager to suicide, were interviewed. For this study, parents were defined as a single parents or married couple. Teenagers between the age ranges of 13-19 committed suicide were taken. Participants in the study indicated several key themes that described parent’s needs following the suicide of a teenager. These needs are: Support by listening and responding, support from another suicide
survivor, support in finding direction, support in seeing the teen, support in remembering the teen, and support in giving back”.

Dugan and Dawn (2010) considered all aspects of the cognitive behavioural model in relationship to the mother and daughter problem solving process. The sample included 34 mothers and their adolescent daughters between the ages of 11 and 16, who all participated in a problem solving activity. Each mother and daughter chose three topics that caused conflict in their relationship over the past month. Both mothers’ and adolescents’ thoughts were coded as functional, dysfunctional or neutral. Results supported the relationship between interparental conflict, parenting behaviours, maternal affect and maternal dysfunctional thoughts. Mothers who viewed their interparental relationship as high in conflict used fewer positive parenting strategies, generated more frequent dysfunctional thoughts during the video mediated recall and also exhibited more negative mood states. Support was not found for a relationship between adolescents’ perceptions of inter-parental conflict, their cognitions or affect.

Sandoval and Janeth (2010) suggested that deviant identity is the result of being formally or informally sanctioned by social audiences. There is less evidence documenting the maleficent effects of bearing personal deviant characteristics such as stigmatizing health conditions, and/or being an involuntary member of group socially defined as deviant (e.g. being the child of an alcoholic parent) in the development of a deviant identity. It is also noteworthy that, although parenting has been the focus of hundreds of studies examining deviant behaviour and its consequences for individuals and their families, researchers rarely have been concerned with the effects of parenting in the development of a deviant self-concept. The results indicate that both maternal and paternal emotional support moderated the effect of maternal deviance but not the effect of paternal deviance. In the case of personal deviance, however, maternal deviance tended
to increase as opposed to decrease deviant identity. Paternal emotional support did not moderate the effect of health limitations but it did diminish the effect of contact with the police. These findings were independent of the effects of gender, race, socioeconomic status, age, family structure and earlier deviant identity.

Tumbarello and Natasha (2010) the research investigated the relationship among grandparent support, family functioning, and parental stress on families with children with and without disabilities. Parenting stress levels seem to fluctuate in the family system over time depending on the age of child with a disability, developmental stage, and demands on the age of the child with a disability, developmental stage, and demands of the age and stage. The current study addressed the following research questions: (1) Do families with a child with a disability differ from families without a disabled child with regard to grandmother support, family functioning, and parental stress? (2) What are the relationships among grandmother support, family functioning, and parental stress in families with a child with a disability? Fifty-three mother-grandmother dyads completed surveys regarding their support, parent stress, child stress, life stress, family cohesion, and family flexibility. Results for the current study revealed that the groups were comparable on most family demographic variables, such as mother age, grandmother age, ethnicity, and highest level of education. Significant differences were observed in the ages of the target child and annual income between groups. Major differences were also observed among groups with regarding to overall stress, parenting stress, and child stress. Total stress, parental stress, and child stress were higher in families with a child with a disability than in families with a child without a disability. Grandmother support was positively associated with family flexibility and inversely related to life stress. Grandmother support abated some stress related to major life events and enhanced family flexibility. Support from grandmothers did not,
however, enhance family cohesion or reduce stress related to raising a child with a disability. In sum, the experience of parenting stress, child stress, and overall stress was higher in families with a child with a disability, and grandmother support was associated with reduce life stress and enhanced family flexibility; however, grandmother support was not found to enhance family cohesion, or diminish parenting stress, child stress, or overall stress experienced by mothers.

Arimoto and Miyuki (2010) “found in their research that the relationship between delinquency involvement rarely and association with delinquent peers is well known among theorists and researchers. Data for the study are from the National Longitudinal Study of Adolescent Health (Add Health). The network characteristics examined include Centrality, Prestige, Density, and Heterogeneity. Two types of analyses are presented: a quantitative analysis and a case study. The quantitative study includes a regression analysis of the effects of the social network variables on imminent and later substance use, and an analysis of use trajectory. The results regarding Centrality and Heterogeneity are inconclusive although Centrality does appear to have a negative effect on substance use when the race/ethnicity of the respondents are controlled. Heterogeneity has significant positive effect only for future illegal substance use. The trajectory analyses reveal that trajectories for alcohol use and marijuana use tend in opposite directions. The trajectory for alcohol use shows as increasing number of users and levels of individual use, while that for marijuana use shows a decrease in both numbers of users and levels of use. The case study examines the entire network of a small school. The results are generally consistent with and illustrative of the results from the quantitative study. In addition, the results suggest that individuals who are in structurally similar positions in a friendship group engage in similar levels of substance use”.

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Rivera and Maria (2011) “a sample of Mexican American adolescents residing across the United States analyzed by ADD Health Study and recognized the risk factors and mediators of depression and alcohol use. Risk factors of depression and alcohol use were examined including generational status, age, gender and socioeconomic status. Family support and parental monitoring were examined as protective factors against depression and alcohol use. Results revealed that younger, teenagers, females and alcohol drinkers having higher levels of depression. Aspects of family support protected adolescent girls and youth who used alcohol from experiencing depression. Males and youth using alcohol and drinking alcohol frequently were having higher rate of depression. Aspects of parental monitoring buffered the effects of depression on alcohol use and frequency of alcohol use but did not mediate the effects of gender. Findings provide important hypothetical and medical implications for working with Mexican Youth”.

Maria and Andrea (2011) “found that parental employment status is an important and often ignored relative factor that may influence parent–adolescent relationships. The purpose of the study was to view the consequence of parental support on adolescents’ health within the context of parental employment status. Father's support was considerably more often apparent as low when the father was unemployed, while the perception of mother's support did not differ in regards to the mother's employment. Among those with an unemployed father, mother's support seems defensive for adolescents' health, while when a mother was unemployed; father's support was more strongly associated with good health. The study suggested that if one parent is unemployed, support from the other parent may be more important for children”.

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STUDIES RELATED TO STRESS

“The researcher found that examination system for East Asia adolescent and Indian middle-class adolescents is highly competitive. This study examined the pressure of school demands on the daily time use and unfair states of Indian young people. 108 urban, middle-classes students of 8th standard provided 4764 reports on their performance and partial states at haphazard times. Experience Sampling Method was used for study. It was found that adolescents spend one third of their waking time in school-related deeds. Girls spend more time than boys. Schoolwork generated objective states as reflected in low affect state, below-average commencement levels, lower feeling of option and higher social worry. These negative states were most repeated during homework. It was found that Indian adolescents who spent more time doing homework experienced lower average emotional states and more internalising problems, while those who spent more time in freedom experienced more favourable states but also reported higher educational worry and lower academic achievement” (Verma, Sharma and Larson, 2002).

Dubat, Punia and Goyal (2007) “studied in two schools (one CBSE and one State Board Education) were selected at haphazard each from Hyderabad and Hisar. 80 students of 12th standard 20 each from both the associated schools of selected cities were taken at random. Results indicate that most of the adolescent experienced moderate stress but high level of stress in the categories of family stress, ego threat, demise, personal set back and wellbeing of others. Most of the adolescents adopted moderate to low level of negative coping styles and moderate to high levels of positive coping styles”. 

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Aggarwal et al., (2007) “found that adolescence can be a stressful time for children, parents and adults who work with teens. We believe that Indian adolescent feels stress due to the occurrence of inappropriate items and nonappearance of items related to our civilization on overseas scales. This study was done to get used to and test the validity of a scale measuring stress caused due to life events in an Indian adolescent; to assess clinical value of the device in exploring fundamental relationships between worrying events and behavioural problems; and to evaluate the degree of extend beyond in stress-causing events between adolescents and their parents during the same timeframe. An adolescent life event stress scale (ALESS) containing 41 objects was administered to 156 adolescents for formulation and 102 adolescents for justification. A third set of 112 adolescents was used to compare ALESS scores with child behaviour checklist (CBCL) scores and parental stress scores due to life events. The comparison showed a strong positive correlation with CBCL scores and a weak positive correlation with parental stress due to life events”.

Bhasin, Sharma and Saini (2010) “studied depression, anxiety and stress (DAS) among adolescent school students belonging to affluent families and the factors associated with high levels of DAS. 242 adolescent students from class 9th to 12th selected for the study and 21 questionnaires were used for appraisal. It was found that these are much linked. It was also noticed that depression among the females was considerably more than the males. Depression, Anxiety and Stress were all considerably higher among the 10th and 12th in comparison to the classes 9th and 11th. It was also found that depression, anxiety and stress have reverse connection with the educational performance of the students. Depression and strain were found to be considerably linked with the number of unfavourable events in the student’s life that occurred in last one year. A significant proportion of the students were found to be having high levels of
DAS and several important factors were found to be associated with them. Proactive steps at the school-level and community-level and steps for improved parent-adolescent communication are needed for amelioration of the problem”.

Rosenbaum and Yeal (2010) contained a total of 734 students from two university samples. Students in both samples completed one-time assessments of the constructs of interest (e.g., life domain/goal importance and stress, alcohol use) and one sample also completed daily diary ratings of stress for 30 days. Stress and importance ratings were measured using both idiographic and nomothetic approaches, with the latter approach focusing on three domains: academic, interpersonal, and appearance. Results from multiple regressions generally did not support the hypotheses. Specifically, few significant two-way interactions between domain stress and importance ratings were found. While several significant three-way interactions were observed, they were not in the direction predicted. The significant effects generally indicated that among low coping motive individuals, the interactions between domain stress (for academic and interpersonal domains) and importance ratings were in the direction proposed; namely, individuals who rated these domains as relatively more important had more positive association between domain stress and alcohol related outcomes. Few significant interactions were observed in the idiographic analyses. Also exploratory analyses indicated the possibility of gender differences in several of these interactive effects.

Vinshnu et al., (2011) “found that psychosocial stressors leading to all static load need to be explored further as these have great scope for early intervention. Stress studies done in India are mostly based on sources of stress and objective measures of stress. Therefore, the objective of the present study was to assess stress appraisal among students (16-17 yr) and to identify institution-specific differences (Private vs. Government) in stress appraisal and coping. The
study was carried out among 16-17 yr old apparently normal students. Eighty students were recruited from six schools ensuring equal representation from gender/category of schools (Government/ Private). Validated and culturally adaptable behavioural scales for perceived stress (PSS), stressful life events (LES) and coping were administered. The students of both Government and Private schools showed similar stress perception, though the former tend to have a higher mean score. The scores were significantly higher on avoidance coping (P<0.05). The stepwise regression model showed coping as the independent predictor of perceived stress (R²= 10%). Students from Government schools had significantly higher scores on avoidance coping and therefore, suitable for a systematic study on chronic stress for early intervention”.

Kuma and Bhukar (2012) “investigated the stress and coping strategies of professional students belonging to Physical Education and Engineering professions. A sample of 60 subjects was randomly selected from the Physical Education and Engineering Institute, India. Each profession group had 30 subjects (15 boys and 15 girls) with age range of 21±3 years. Stress scores due to: 1) frustration and inhibition, 2) overload and 3) compulsive, time-urgent and aggressive behaviour were measured for the selected subjects using the questionnaire developed by Daniel et al. (1979). Two way analysis of variance (ANOVA) showed that stress due to all the stimuli was significantly higher among girls in comparison to boys of their profession. Coping strategy was higher in boys than girls of their respective profession, but Physical Education girls had higher coping strategy than boys and girls of Engineering. Therefore, it can be concluded that Physical Education students had better coping strategy than engineering students”.

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STUDIES RELATED TO COPING STRATEGIES

Sinha and Misra (1983) studied the coping strategies of underprivileged university entrants. They noted that the disadvantage students used conformity, feeling of inadequacy, withdrawal and ignoring the situation as coping strategies more than the advantaged students. The rural-urban group did not differ significantly from other groups in most of the strategies except feeling of inadequacy and withdrawal which were in greater magnitude in rural than the urban group. Conformity or changing with the situation was employed by rural students more than the urban students.

Misra and Ganguly (1984) investigated coping with stressors resulting from cultured transition among a group of African students studying in India. They found that the students with high psycho-social competence used more problem focused coping and less amount of wishful thinking and self-blame than their low competent counterparts. In addition, they showed greater amount of positive affect, positive self-perception and less amount of somatic complaints and negative affect than low competence students. The relationship of coping strategies with health measures also differed for the two groups.

Alex (2006) “found that the availability of specific coping resources could alleviate the more harmful effects of stress among adolescents. Although research studies have investigated the relationship between coping resources and various outcomes among general samples of youth, no research has focused on adolescents who report high personal standards in comparison to their peers. Research in this area is important considering that such youth often report high stress when attempting to meet their personal standards, particularly as these standards pertain to their academic environment. In this study, 166 youth were administered the Coping Resources
Inventory Scales for Educational Enhancement and the Almost Perfect Scale-Revised. Self-reported grade-point average (GPA) also was collected. Results found that holding high standards was positively associated with specific coping resources, and that confidence in academic pursuits mediated the relationship between perfectionist tendencies and GPA”.

Sontag and Michelle (2009) “investigated gender specific versus common pathways to anxious/ depressive and aggressive symptoms as a means of determining the comparative importance of peer stress and different coping strategies in relation to symptoms of psychopathology. Participants were recruited from middle schools in Gainesville, FL. Of the students who participated in this study (N= 295; 63.7% female; Mage =12.39, SD =.99), approximately 56% were White, 25% African American, 10% Latino, and 9% other ethnicities. Participants completed in-school surveys that assessed experiences of peer stress, use of coping strategies and involuntary responses to stress, and symptoms of psychopathology. Results suggested that the stress and coping process differed not only by type of psychopathology but also by gender. Differences in the stress and coping process emerged when examining disengagement coping (e.g., avoidance, denial, wishful thinking) as a mediator of the association between peer stress and symptoms of psychopathology. Specifically, disengagement coping mediated the association between peer stress and anxiety/depression for girls, whereas disengagement coping mediated the association between peer stress and overt aggression for boys. For both girls and boys peer stress was associated with greater use of disengagement coping to deal with peer stress. Interestingly, girls who used engagement coping. Interestingly, for girls, disengagement coping was associated with an increased risk for reporting symptoms of anxiety/depression, whereas for boys, disengagement was associated with a decreased risk for reporting symptoms of overt aggression. Gender differences in the stress and coping process also
emerged when examining the role of engagement coping. Specifically, girls who used engagement coping more often demonstrated weaker association between peer stress and disengagement coping and involuntary responses, which in turn was associated with lower levels of psychopathology; this effect did not emerge for boys. Results from this study, particularly the emergence of gender differences in the effectiveness of coping strategies, support the need for more targeted prevention and intervention programming aimed at reducing the incidence of emotional and behavioural problems during adolescence”.

Shively and Stephanie (2010) did a study “to investigate how achievement goals function in concert connection with expectations to influence discrete emotions and coping. Specifically, it was argued that expectations would moderate the relationship between achievement goal type and discrete emotions and coping strategies. It was also argued that discrete emotions would mediate the relationship between achievement goals and coping strategies. A longitudinal study was conducted in which 270 undergraduate students completed self-report surveys describing their levels of different types of achievement goals, experienced emotions, and use of different coping strategies. The results provided mixed support for the proposed interaction effects of achievement goals and emotion in question. This indicates that the unique impact of achievement goal type may be contingent on additional aspects of the cognitive frame work in which they are pursued. The proposed interaction effects of achievement goals with expectations on coping strategies were not supported. Finally, a number of discrete emotions (e.g, enjoyment, relief, hopelessness) mediated the relationships between achievement goals and coping strategies”.

A study by Carter and Erin (2010) investigated the effectiveness of a coping skills program, called the Best of Coping, for a sample of 74 (33 male and 41 female) at-risk
adolescents between 13 and 16 years of age. The findings supported the utility of the BOC program in improving adolescent coping. Data collection included pre-treatment, post treatment, and follow-up assessment, with the intervention treatment group compared to a waitlist control (WL) group at pre-test to post-test (TM group n= 33 and WL group n = 31 after attrition). Adolescents completed surveys on measures of stress, coping, perceived mastery, symptomatology, life satisfaction, and happiness. Parent and teacher surveys were also collected. The findings supported the utility of the BOC program in improving adolescent coping. The TM group reported an increase in use of adaptive coping strategies and decrease in use of maladaptive coping strategies from pre-to post-treatment compared to the WL group. The TM group males reported a decrease in the use of worry as a coping strategy compared to TM group females and WL controls. Parents also reported an increase in the use of adolescent productive coping for the TM group compared to WL group. Both teacher and adolescent report demonstrated a decrease in the proportion of adolescents rated in the borderline to abnormal range on symptom impact for the TM group compared to the WL group. On average, all informants perceived the BOC program as helpful, especially adolescents and parents. Follow-up as assessment demonstrated that many adolescent-reported improvements were maintained, and several parent-and self-report outcome variables improved from pre-treatment levels. Program adherence, participant (gender, symptomatology, participation, interest and motivation) and instructor (training level, helpfulness and understanding) characteristics were examined to see if they were related to the effectiveness of the program. Generally, these variations in characteristics did not impact outcome substantially, although some relations were found. Adolescents with greater pre-treatment symptoms reported greater improvements in symptomatology from pre- to post- treatment than adolescents with fewer symptoms.
Chatterjee (2010) compared “anxiety across gender, school type, socio-economic background and status of mothers’ employment. The study also examined adolescents’ awareness of quality time with their parents. 460 adolescents (220 boys and 240 girls), aged 13-17 years took part in the study and multi-stage sampling technique was used. A standardised psychological test was conducted by the State-Trait Anxiety Inventory and a self-report semi structured questionnaire was used to collect the data. Results show that 20.1% of boys and 17.9% of girls found to be suffering from High anxiety. More boys were worried than girls (p<0.01). Adolescents from English medium school were less anxious than adolescents from Bengali medium school. Adolescents belonging to the middle class suffered more worry than those from both high and low socioeconomic groups (p<0.01). Adolescents with working mothers were found to be more anxious (p<0.01). Results also show that a large quantity of the adolescents did not supposed to receive excellence time from fathers (32.1%) and mothers (21.3%). A large number of adolescents (60%) were not relaxing to share their individual issues with their fathers while 40% with their mothers”.

Elvira and Cicognani (2011) “investigated in his study age and sex differences in coping strategies used by adolescents (N = 342; age = 14–19 years) in dealing with everyday minor stressors. Relationships with coping resources (self-efficacy and support from society) and the impact of coping on psychological happiness were assessed Coping across Situations Questionnaire was used for measuring Coping strategies. Results indicated that adolescents changed their coping strategies according to problem. The most often used strategies were vigorous and internally focused. Females used a wider variety of coping strategies in comparison to males. It was found that there is significant correlation between coping strategies and coping
resources. The implementation of some strategies considerably affected adolescents' psychological happiness”.

Paul and Duong (2011) “examined the relationships of sex and racial differences in the experiences of stressful life events, coping-specific responses, and self-reported depression of adolescents. Self-reported questions were asked from 70 adolescents of high school (40 boys and 30 girls) on the supposed distress of connected life events, coping-specific responses, and depression. The findings indicated sex and racial variations in the ways Southeast Asian-American adolescents deal with life stress and depression”. 