

Substance Use Among Marginalized Youth: A Study of Socio-Demographic Factors and Assertiveness Intervention Outcomes

Dr. Shivkumar M. Belli^{1*}, Dr. Maheshwari S. Kachapur^{2}**

^{1*} Associate Professor, Dept of Business Studies, Central University of Karnataka.

Email: shivkumarbelli@cuk.ac.in

^{2**} Assistant Professor, Dept of Criminology and Forensic Science, Rani Channamma University, Belagavi, Karnataka. Email: kmaheshwari82@gmail.com, mkachapur@rcub.ac.in

ABSTRACT

Substance abuse among youth has emerged as a significant social and public health concern, particularly among vulnerable and marginalized groups. The present study aims to examine the socio-demographic profile of youth with substance use disorder and to evaluate the effectiveness of a social work intervention in enhancing their assertiveness. The study was conducted among 84 respondents using a pre–post experimental design.

The findings reveal that a majority of the respondents belong to the 16–18 years age group and are predominantly from urban areas, with many coming from low socio-economic backgrounds and marginalized communities. A considerable proportion reported substance use within the family, particularly among fathers, indicating strong familial influence.

The results show that prior to the intervention, a majority of respondents exhibited low levels of assertiveness. However, after the intervention, there was a significant improvement in assertiveness levels. The mean score of assertiveness decreased from 2.46 in the pre-intervention stage to 1.68 in the post-intervention stage. The paired t-test results ($t = 6.835$, $p < 0.05$) indicate that the improvement is statistically significant.

The study concludes that social work interventions, including counselling and life skills training, are effective in enhancing assertiveness among youth with substance use disorder. Strengthening such interventions can play a vital role in preventing and reducing substance abuse among youth.

Keywords: Substance Abuse, Youth, Assertiveness, Social Work Intervention, Socio-Demographic Factors

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Introduction:

Drug addiction or abuse is considered a multidimensional and dangerous phenomenon and one of the most important health and socioeconomic challenges in many countries. Over the last three decades, the world has been confronted with shocking statistics on the prevalence of drug use both at the level of society in general and among adolescents and youth in particular (Jalili & Afshin, 2017). Worldwide, about 185 million people are currently using drugs (Chou and Chou, 2019). Although the upward trend of drug use in developed countries has decreased to some extent and has now shown a downward trend, drug abuse in Iran is common, especially among adolescents; and despite the decrease in the age of addiction, its frequency is growing due to geographical location and proximity to Afghanistan and Pakistan known as the Golden Crescent and the young population structure (Moshki and Aslinejad, 2013).

Substance abuse prevention means taking measures that reduce the incidence of addiction. In this regard, the life skill training program is a preventive and promotional program to change and correct people's tendency toward substance abuse (Pathak and Pokharel, 2017 and Nemati and Matlabi, 2017). Among factors affecting the drug use tendency are the unfamiliarity of young people with assertiveness skills, decision-making skills, coping with anxiety, lack of emotion control, expulsion from school and academic failure, lack of attention of family members to sensitivities during puberty, lifestyle changes, ease of preparation and access to drugs, and depression and anxiety in a person (Pazani et al., 2018). Among the life skills that can affect a person's attitude and tendency to drug use is the assertiveness skill and assertive behavior (Shabani et al., 2020).

Assertiveness training to strengthen the “saying no” skill is a systematic interventional method in which the students are taught the proper social

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behaviors to express themselves, express feelings, attitudes, wishes, points of view, and interests so that they can express their ideas, beliefs, feelings, and emotions easily and without fear and worry (Omura et al., 2017). Today, quality of life is also one of the main concerns of policymakers and public health professionals and is used as an indicator to measure health status in various studies (Asazawa et al., 2020; Javadzade et al., 2012). According to the World Health Organization, quality of life is a multidimensional concept, and it means the perception of each person from life, values, objectives, standards, and individual interests, and it does not mean the absence of disease. Factors affecting each person's personal perception of feeling good include feelings being secure and safe, emotional conflicts, personal beliefs, and the degree of tolerance for failure (Tol, 2013).

As different types of psychosocial damage are increasingly growing in all societies in a worrying way, and mental disorder, addiction, antisocial behaviors, delinquency, and sexual promiscuity, especially in the young generation, have a rising trend and caused severe socioeconomic and moral damage to the body of societies, and considering that several research studies have shown the association between the shortage of social skills and the incidence of high-risk behaviors, mental and behavioral disorders, and noncompromising in interpersonal relationships, the young people are thus required to receive the needed training.

Aim of the Study

An evaluation of the effectiveness of assertiveness skills training programs in developing sobering behavior among drug abusers. More specifically:

- To identify the socio-demographic background of the respondents.
- Assess participants' assertiveness behaviors pre/post interventions.

MATERIALS AND METHODS

Study Design

The research design for this study is a quasi-experimental one-group with a pre and post-test.

Study Area:

The study was conducted in the Gulbarga city of Karnataka.

Study Subjects and Sample Size Calculation

The study population was a non-probability sample (convenient technique) of male drug addicts. The following inclusion criteria were used to choose the participants: Being at least 15 years old, having a history of drug addiction. A nonprobability convenient

sampling technique was employed to select the respondents. A total 84 respondents were included in the study.

Data Collection Instruments and Measurements

Personal information: Sheet which enquires the subjects about their level of education, job, age, caste, substance abuser in family, and duration of drug dependency.

Assertiveness Inventory: The Assertiveness Inventory is a list of questions that will be helpful in assessing your assertiveness. The inventory is developed by Alberti, R. & Emmons, M. (1995). It contains 17 items. Completing this inventory may be a useful exercise in increasing awareness of behavior in situations that call for assertive responding. The Inventory is not a standardized psychological test, there are no "right" or "wrong" answers, and there is no formal scoring procedure. All you have to do is draw a circle around the number that described you best. For some questions the assertive end of the scale is at 0, for others at 4. The only "score" is your own evaluation of how you close you actually come to your own ideal level of assertiveness.

Data collection proceeded in 3 main phases as the followings:

1st Phase: Introduction and Informed Consent: Following study approval, all participants who met the inclusion criteria. The participants were given an overview of the study and asked to sign an informed consent form. The participants were then asked to complete the pre-assessment inventory and the assertiveness scale.

2nd phase: Implementations of the Program Preparation of the content: The program's content was created using other related literature. The program covered topics such as assertiveness, problem solving and socio-demographic background of the respondents.

3rd Phase: Closing and post-assessment measurement: The researchers thanked all participants for attending and completing the intervention during this phase. The participants were monitored for 2 months after the implementation of the intervention. Then asked to complete the (post-test) after completing the intervention.

Data Management and Analysis Plan

The latest version of the SPSS software was used to analyze the data. A paired t-test was used to compare the changes in the mean score of the inventory and the scale of the participants' pre/post interventions.

Data analysis and interpretation:

Table No: 1 Demographic Details of the Respondents

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	Age	Frequenc y	Percen t
Age of Respondents	16 to 18 Years	37	44.0
	18 to 20 Years	14	16.7
	21 to 23 Years	15	17.9
	24 and above	18	21.4
	Total	84	100.0
Domicile	Semi-Urban	23	27.4
	Urban	61	72.6
	Total	84	100.0
People live in the same household	Single parent	17	20.2
	Parents	56	66.7
	Grandparent(s)	11	13.1
	Total	84	100.0
Caste of Respondents	Madiga	34	40.5
	Holeya	16	19.0
	Lambani	15	17.9
	Samagar	16	19.0
	Dhor	3	3.6
	Total	84	100.0
Level of Education	Primary school	16	19.0
	Middle school	5	6.0
	High school	27	32.1
	PUC	21	25.0
	No Education	15	17.9
	Total	84	100.0
Type of Employment of Respondents	Coolly	18	39.1
	Hotel supplier	11	23.9
	Construction work	10	21.7
	Business	7	15.2
	Total	46	100.0
Income of the Respondents	2000/- to 5000/-	23	50.0
	6000/- to 10000/-	13	28.8
	11000/- to 15000/-	10	21.2
	Total	46	100.0
Who is using alcohol or other drugs	Father	43	51.2
	Sibling(s)	14	16.7
	NA	27	32.1
	Total	84	100.0

The demographic profile of the respondents reveals important socio-economic and family characteristics of youth involved in substance use.

With regard to age, a majority of the respondents (44.0%) belong to the 16–18 years age group, followed by 21.4% in the 24 years and above

category. This indicates that substance use is more prevalent among adolescents, suggesting early exposure and vulnerability during formative years.

In terms of domicile, most of the respondents (72.6%) are from urban areas, while 27.4% belong to semi-urban areas. This suggests that substance use is more prominent among urban youth, possibly due to greater availability and accessibility of substances.

Regarding family structure, a significant proportion (66.7%) of respondents live with their parents, while 20.2% come from single-parent families and 13.1% live with grandparents. Although most respondents reside with parents, the presence of substance use indicates that mere family presence may not act as a sufficient protective factor.

The caste composition shows that a large proportion of respondents belong to marginalized communities, with 40.5% from Madiga, followed by 19.0% each from Holeya and Samagar, and 17.9% from Lambani communities. This reflects the higher vulnerability of socially and economically disadvantaged groups to substance use.

In terms of educational status, 32.1% of respondents have studied up to high school, followed by 25.0% at PUC level, while 19.0% have primary education and 17.9% have no formal education. This indicates that lower educational attainment may be associated with increased risk of substance use.

Among the working respondents, 39.1% are engaged in coolie work, followed by 23.9% as hotel suppliers, 21.7% in construction work, and 15.2% in business. This reflects that most respondents are involved in low-skilled and unorganized sector employment, which may contribute to stress and substance use.

Income distribution shows that half of the respondents (50.0%) earn between ₹2000–₹5000 per month, indicating low economic status. Only 21.2% earn between ₹11000–₹15000, highlighting financial instability as a possible contributing factor.

Importantly, 51.2% of respondents reported that their father uses alcohol or other drugs, while 16.7% reported substance use among siblings. This indicates a strong influence of family behaviour on youth substance use, suggesting intergenerational transmission and normalization of such practices.

Table No: 2 Level of Assertiveness among substance use disorder youth pre and post intervention

Response	Pre- Intervention	%	Post- Intervention	%
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Generally assertive.	12	14.3	38	45.2
Need improve the assertiveness	21	25.0	35	41.7
Lack of assertiveness	51	60.7	11	13.1
Total	84	100.0	84	100.0

Table No: 2 presents the comparison of assertiveness levels among youth with substance use disorder before and after the intervention.

Before the intervention, a majority of the respondents (60.7%) exhibited a lack of assertiveness, while 25.0% needed improvement, and only 14.3% were generally assertive. This indicates that most of the youth initially had poor assertiveness skills, which may contribute to their vulnerability to substance use due to factors such as peer pressure and inability to refuse.

However, after the intervention, there is a noticeable improvement in assertiveness levels. The proportion of respondents who are generally assertive increased significantly to 45.2%. Similarly, those who need improvement in assertiveness rose to 41.7%, indicating a positive shift from the “lack of assertiveness” category. Importantly, the percentage of respondents with a lack of assertiveness drastically decreased from 60.7% to 13.1%.

This shift clearly demonstrates that the intervention was effective in enhancing assertiveness among the respondents. The reduction in low assertiveness and the increase in moderate and high assertiveness levels suggest that the youth developed better communication skills, confidence, and the ability to resist negative influences such as substance use.

Table No: 3 Assertiveness among substance use disorder youth pre and post intervention

	Mean	Std. Deviation	t	df	Sig. (2-tailed)
Pre-Intervention	2.46	.735	6.835	83	.000
Post-Intervention	1.68	.697			

Table No: 3 presents the comparison of mean scores of assertiveness among substance use disorder youth before and after the intervention, along with the results of the paired sample t-test.

The mean score of assertiveness in the pre-intervention stage is 2.46 with a standard deviation of 0.735, whereas in the post-intervention stage, the mean score decreased to 1.68 with a standard deviation of 0.697. This reduction in mean score indicates an improvement in assertiveness levels among the

respondents after the intervention (as lower scores represent better assertiveness).

The calculated t-value is 6.835 with 83 degrees of freedom, and the significance value (p-value) is 0.000, which is less than the standard level of significance ($p < 0.05$). This clearly indicates that the difference between pre- and post-intervention assertiveness scores is statistically significant. Thus, the results confirm that the social work intervention had a significant positive effect on improving assertiveness among youth with substance use disorder.

Discussion of Findings:

The study examined the socio-demographic background of youth with substance use disorder and evaluated the effectiveness of a social work intervention in improving their assertiveness. The findings show that a majority of the respondents belong to the 16–18 years age group and most of them are from urban areas. Many respondents belong to marginalized communities, have low levels of education, and come from low-income families. A significant number also reported substance use by their fathers, indicating the strong influence of family environment on youth substance use.

The results related to assertiveness reveal that before the intervention, most of the respondents lacked assertiveness. However, after the intervention, there was a clear improvement, as a large number of respondents became generally assertive and the percentage of those lacking assertiveness decreased considerably.

The statistical results further confirm this improvement. The mean assertiveness score reduced from the pre-intervention stage to the post-intervention stage, and the t-test result shows a statistically significant difference. This indicates that the social work intervention was effective in improving assertiveness among youth with substance use disorder.

Suggestions / Recommendations

1. **Strengthen Social Work Interventions:** Regular counselling, group work, and life skills training should be implemented to enhance assertiveness among youth.
2. **Family-Based Interventions:** Awareness programmes and counselling for parents are essential, especially where family members use substances.
3. **Early Prevention Programmes:** Schools and colleges should introduce substance abuse

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awareness and assertiveness training at an early stage.

4. **Focus on Vulnerable Groups:** Special attention should be given to youth from low socio-economic backgrounds and marginalized communities.
5. **Skill Development and Employment Support:** Providing vocational training and employment opportunities can reduce stress and substance dependency.
6. **Community Awareness Campaigns:** Community-level programmes should be conducted to reduce stigma and promote healthy behaviours.

Conclusion

The study concludes that substance use among youth is strongly influenced by socio-demographic factors such as age, family environment, education, and economic status. A significant number of respondents were found to have low assertiveness before the intervention, making them more vulnerable to substance use. However, the findings clearly demonstrate that the social work intervention was effective in improving assertiveness levels among youth. The significant change observed in both descriptive and statistical analysis confirms the positive impact of the intervention. Thus, enhancing assertiveness through structured social work strategies can play a crucial role in preventing and managing substance abuse among youth, highlighting the need for continued and targeted intervention programmes.

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