

Comparison of Lay Beliefs of Suburbia and Non Suburbia Adolescents about Symptoms, Causes and Cures of Addiction

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ABSTRACT

This research was carried out with the purpose of Comparison of lay beliefs of suburbia and non suburbia adolescences about symptoms, causes and cures of addiction. The sampling group consists of 200 male adolescences in Kermanshah (suburbia and non suburbia). the sample were chosen randomly. The research instrument including Furnham & Thomos's (1996) lay beliefs questionnaire. Independent sample T-Test was used to analyzing this data. Findings indicated that there are significant differences between suburbia and non suburbia adolescences lay beliefs about symptoms, causes and cures of addiction.

KEYWORDS: lay beliefs, addiction, adolescences.

INTRODUCTION

In the last three decades the world with shocking statistics of the prevalence of substance abuse At the community level, especially in adolescent and young population is facing. Infection in this population due to diseases such as AIDS through intravenous injection And also slow down due to concerns about adverse effects of medication, social, legal, economic and health resulting from substance abuse Control time urgency to develop more and better preventive strategies are about drug addiction Pathogenic environment is shown That any progress that is achieved in the treatment Analyzes and with time and use the most effective methods to high rates of relapse to addiction In an environment where the drug is easily obtained Friends and social network support and continuation of substance abuse are Which are present (Pntz, 1994).

Drug substance or drug addiction to a person's risk is captured In fact, drug abuse and addiction is a major problem in developing countries. Since these countries are having a young population, Therefore most at risk are located. Youth as the major and most vulnerable groups are at higher risk. It is important since the scope of drug effects

And its dire consequences for the addict who just does not, But usually family, friends and colleagues at work and it will be devastating. Substance abuse treatment is expensive, difficult and exhausting it is. Therefore, prevention of drug abuse could prevent tolerance to prevent costs to society. If any one of the undesirable effects of drug use on physical health, psychological and social and family is Mtll And believe it will be less work to do. Negative effects of drug abuse affects Brtmamy pillars of society, but more than anything that threatens the future of young people,

Research evidence suggests that people believe in their existence around the public Pvpy and Williams, 1996; Ylyamz and Pvpy, 1994 are;). This belief may be the result of scientific knowledge or have a long distance (Henderson and Maguire, 2000). Ever created in a variety of folk beliefs about schizophrenia (and believe Frnham, 1992); addiction to heroin (Frnham and Thomson, 1996), heritability of disease (Henderson and Meg Wire, 2000) and suicide (Knight, Frnham and Lester, 2000) research has been done.

Nvmsky and Ratnr (2003 quoted Golparvar et al, 2008) provides as This belief in the importance of this lies In addition to grants, assistance and support of the people of Hay or other people at the community level to bring Influence. On the other hand, believed to affect their control. Mvkhvpadayay and Jvhar (2005, quoted Golparvar et al, 2008) with the study of popular theories in the field have shown Khvdkntrly That, whatever people feel they have more control over their circumstances, To seek solutions to problems, And perseverance, and to show willingness to achieve the final result. However, it is natural that folk beliefs and positive attitudes and beliefs and negative attitudes toward the phenomena, What individuals and their relatives and offer them the support necessary to pursue the goals of instigating

Believe Frnham and Thomson (1996) obtained information about the role of popular theories, the impact on the

necessary preventive and rehabilitation activities associated with addiction to drugs and medicines are provided. Studies have shown that the field of folk beliefs and attitudes associated with the types of drugs, considerable overlap with beliefs toward delinquency, personal characteristics such as extroversion and neuroticism, homosexuality, and have had depression (Frnham and Kvykyn, 1991).

Frnham and Thomson (1996) Folk beliefs about heroin addiction in a sample of men and women 18 to 70 years old and Various studies have been examined. Evidence obtained in this study showed that the universal subjects participating in research about the symptoms, causes, and treatment are drawn. Also, each of these three factors (symptoms, causes, and treatment) are having Zyrmlfh. For example, the agent causes, including causes, familial, social and cultural reasons, psychological reasons, personal reasons, moral and spiritual causes, biological causes.

Frnham and Thomson (1996) popular beliefs about the symptoms of heroin addiction were studied, and the start of symptoms such as symptoms of addiction, antisocial tendencies toward signs, symptoms and family conditions, and trends found immoral. Despite significant differences, are observed between scientific theories and popular beliefs, there are some similarities. The general belief about the symptoms, causes and treatment of addiction.

In Iran, studies done that show the wide range of beliefs and ideas about drugs there. These beliefs, often in terms of nature, in Zmrh folk beliefs are, its dominant figure is expected to appear .For example Golparvar, Delaware, Ahadi and Nafisi (2004) on expectations of opiate addicts and addicted men ,Four categories of negative beliefs and expectations, including expectations, overall ,Expected positive changes in their influence on others, Positive expectations, motivation and expectations of mental and metabolic (lipid and glycemic effects of opiates) were identified. Expectations for the behavior of individuals in each of these materials and addictions, to determine the role of a play.

Conducted research on the prevalence of addiction in the area, Causes and are treated in the field That some of them are mentioned below .In Siam (2006) Prevalence of substance abuse addictive Between students from different universities receive Rasht The prevalence of smoking and other addictive substances in single students Most of the married students and students residing in rented houses and private residences than native students living in homes with family. The highest percentage of students Tobacco and other drugs tend to mimic the incentives of and colored people were being mentioned.

Wagner (1985) conducted research on smoking nurses in West New York And the question of what factors caused them to start smoking, Most effective agent should have smoking friends.

Mkkalr and colleagues (2001) in research to predict the risk of substance abuse among adolescents, some demographic variables, attitudes and beliefs, psychological factors - social, peer pressure, depression and anxiety in a sample consisting of 1315 cases of abuse of substances placed. Results showed that family conflict, depression, anxiety, positive attitudes and beliefs about drugs is the most powerful predictor of drug use

Golparvar and colleagues (2008) in research as compared to folk beliefs about symptoms, Atbad its causes and treatment among drug users represented, members and non-addicts in Narcotics Anonymous found between the three groups in terms of beliefs about symptoms, causes and treatment of addiction, there are significant differences.

Frnham and Lvyk (1984) Domain structure and determinants of people's folk beliefs about the causes of alcoholism in America implied Qrardadnd investigated. Results showed that age and sex of the most important to determine the shape and type of folk beliefs about alcoholism are. Wide range of folk beliefs about alcoholism and mental work. He is a belief in biological

Frnham and Thomson (1996) in their study reached this conclusion Ignorant people participating in research about the symptoms, Theories are the causes and treatment of addiction. For example, the causes of causes, including family, social, cultural, psychological causes, moral person - spiritual and biological causes.

Numerous factors, including demographic factors, Family and society at the beginning, And to continue after treatment of the disorder; Clinical findings indicate that the formation of drug dependence, personality characteristics, Lifestyle, social relationships, attitudes, beliefs, feelings, interests, emotions and behaviors that are formed during the growth, they play a major role), basarat, and Bafghi Myrzmany, 2001)

Looking at the statistics, especially with the increasing spread of drug addiction in adolescents and young adults shows

The young generation should be involved in the development and progression of addiction goes to waste. Thus, the study identified a wide and deep dimension, attitudes and beliefs about addiction in adolescents and young adults should be done;

Addiction is such a close relationship with the culture, beliefs and religious beliefs, economic conditions, social and historical background of each country. Thus, relying on external research would be very useful, Regional and national studies, but there is a fundamental requirement. Since the identification of various segments of folk beliefs about the extent of addiction in Iran has been less studied, And the other hand, evidence shows that humans in general beliefs about various phenomena are wide spread. The main objective of this study of folk beliefs about addiction and addiction among adolescents Tvangamy that effectively prevent the risk of addiction is to teenagers. Accordingly, the following hypotheses are formulated:

- between marginalized youth and non-marginalized folk beliefs about the causes of addiction, there are significant differences.
- between marginalized youth and non-marginalized areas of folk beliefs about the symptoms of addiction, there are significant differences.
- between marginalized youth and non-marginalized areas of folk beliefs about addiction treatment there are significant differences.

METHOD

Community Samples and sampling

Study Ali - comparative or after the event. Statistical population of this study include all the boys and living in marginalized areas in the city (downtown), Kermanshah And simple random sampling was It means that by referring to the regions and places (including parks, etc.), youth who were willing to fill the questionnaire, The uestionnaire was placed in them, and they attempt to fill them hidden. The mean age was 15 years young and in the age range was 15 to 19 years. 86. /. Percentage of adolescents enrolled in this study and others were left in a state of rest.

Measurement tool Folk beliefs questionnaire about symptoms, causes and treatment: a questionnaire to measure beliefs of folk beliefs and folk Frnham Thomson (1996) in the case of opiates (especially heroin opium Ahyanan) is used. Data Golparvar and colleagues (2008) was translated and prepared. The questionnaire contains 86 questions and comparisons to seven-degree Likert (completely disagree to completely agree = 7 = 1). This structure was called the first level of three popular beliefs about the symptoms of addiction (28 questions), causes addiction (30 questions) and treatment (28 questions) is formed. Time to answer the questionnaire is about 25 minutes.

Golparvar and colleagues (2008) reliability coefficient was popular beliefs about the addiction / 90. And the three subscales, respectively, for the symptoms, causes and treatment, equal to / 88. , 87 /. And 88 /. Reported.

Methods of data analysis

In order to analyze the data using descriptive and inferential statistics were used. In this study was to compare the mean scores of folk beliefs about the causes, Symptoms and treatment of the t test for independent groups was used. Data analysis was performed using SPSS software.

RESULTS

A) describe the data

Table 1 - Descriptive statistics of variables folk beliefs of adolescents (marginalized, non-marginal and total) about symptoms, causes and treatment of addiction

max	min	md	sd	number	Statistics	Variable
180	58	142/57	21/337	100	symptoms	marginalized
198	46	143/62	19/758	100	causes	
182	60	96/23	25/851	100	treatment	
183	52	119/24	26/174	100	symptoms	non-marginal
195	49	120/80	31/407	100	causes	
171	37	125/39	28/555	100	treatment	
183	52	130	26/317	200	symptoms	total
198	46	132	28/562	200	causes	
182	37	110	30/850	200	treatment	

B) inferential findings

1-between marginalized youth and non-marginalized folk beliefs about the causes of addiction, there are significant differences.

Table 2: Summary of t test for independent groups (first hypothesis)

p	t	df	sd	md	number	gorup
			21/337	141/57	100	marginalized
0/000	6/613	198				
			26/174	119/24	100	non-marginal

The calculated t value (613/6) and a significant level (000/0) with 99% confidence interval is zero can be rejected. In other words, the average score of marginalized young people and marginalized Nzrbavrhay folk about the symptoms of addiction, there are significant differences. Therefore, it can be concluded that there is sufficient evidence to accept the first hypothesis.

2- between marginalized youth and non-marginalized areas of folk beliefs about the symptoms of addiction, there are significant differences.

Table 3: Summary Results of t test for independent groups (second hypothesis)

p	t	df	sd	md	number	group
			19/758	143/62	100	marginalized
0/000	1506/	198				
			31/407	120/80	100	non-marginal

The calculated t value (150/6) and a significant level (000/0) with 99% confidence interval is zero can be rejected. In other words, the average score of marginalized youth and non-marginalized folk beliefs about the causes of addiction, there are significant differences. Therefore, it can be concluded that there is sufficient evidence to accept the second hypothesis

• between marginalized youth and non-marginalized areas of folk beliefs about addiction treatment there are significant differences.

Table 4: Summary of t test for independent groups (third hypothesis)

p	t	df	sd	md	number	gorup
			25/851	96/23	100	marginalized
0/000	-7/57	198				
			28/555	125/39	100	non-marginal

The calculated t value (-7/57) and a significant level (000/0) with 99% confidence interval is zero can be rejected. In other words, the average marginal areas and marginalized young people in folk beliefs about addiction treatment there are significant differences.

Conclusion

This study compared young folk beliefs Mhashyh marginalized neighborhoods and the city of Kermanshah on the causes, symptoms and treatment of addiction was. Results of hypothesis test showed Between the two groups in terms of folk beliefs about symptoms, Causes and treatment of addiction, there are significant differences. The above findings with the findings Golparvar and colleagues (1387 concluded that there are significant differences in their abusers represent folk beliefs, Narcotics Anonymous members and non-drug users about the symptoms, Were the causes and treatment of addiction, Is aligned.

In explaining the above findings and the findings are based on cash and Sadeghi (2006) as such will be In fact, than people in marginalized urban living conditions are very satisfied And enjoy a low sense of citizenship.

Marginalization of social and cultural system of the inner aspect of the mental status of individuals is linked to. According to Park (1981, quoted by Cash, 2003), people marginalized due to the disbelief of values, individual alienation with the new position of the edge of society are suspended and the community sits on the sidelines. The margins are usually multi-ethnic population and higher unemployment among them, and also have community service in Pine Level. The Cash (2003) that the social harm and social disorder such as theft, gambling, smuggling,

suicide, prostitution, drug addiction, alcoholism and Vandalism more prevalent in marginalized areas. Marginalization and social deviations is actually a manifestation of damage

According to research, Cash and Sadeghi (2006) 50% of people have believed that, Addiction and drug trafficking in this region is high And we can all understand that,

Many young people face drug is contaminated In this area everyone knows the location of distribution and consumption (injecting) drug distribution where or who they are.

In theory, social disarray, it is assumed that Mhlhhayy with poverty, social level - low economic, and Kmsvady illiteracy, high population density and high rates of crime are identified, the underlying cause in which they can grow to substance abuse because of a loopholes and escape from the stresses of this kind of social environment with multiple offers. Materials are available in this type of environment in a drug subculture Jrmmdar is socially accepted (Work, 1999, Bhnql of Farmer, 2002).

Marginalized people typically have lower education and economic level. Low education of parents and their lack of social knowledge And lack of social education for children and adolescents, the family always, has to become a disaster, because unfortunately Bnhvhy and obligations towards their children's education are not aware of (Fire, 2002).

Without a doubt, addiction-prone areas are usually areas of social and economic status and education level is lower villages. Study the role of demographic variables and performance of this young family was examined.

Given the prevalence of drugs among youth need to learn ways to increase awareness and change false beliefs in order to prevent drug addiction-prone areas is necessary.

Also conducted research on adolescents and youth of both sexes, different social and economic classes, Addicts and with different education, can be about the addiction problem is very common and widespread, the discovery of a new valve folk beliefs in adolescents about causes, symptoms, treatment and addiction prevention and treatment strategies to address the open.

RESOURCES

- atashen sholah (2001). We, addiction, community. (Volume II), Tehran: Institute of Cultural Essence of publishing poetry.
- basharat, MA, Myrzmany, M. and Pourhossein, R. (2001). The role of family variables in Pdydayy ectopic substance use disorder. Quarterly Journal, Year VII, No. 27, 52-46.
- farmer, Mahmoud (2003). Relationship between attachment styles, addiction and psychological profile of addicts addicted people in the province. MA thesis in Psychology, Social Welfare and Rehabilitation Sciences, Tehran.
- Siam, SH (2007). Prevalence and drug addiction among male university students in Rasht. Journal of East physician. Eight years. (4).
- Golparvar, M.; Delaware, Ali; Ahadi, H. and Nafisi, G. (2004). Build your credit rating and expectations with respect to narcotics. Knowledge and research in psychology. Sixth year. 21- 22. Pp. 13-44.
- Golparvar, M.; sewing, flora and Kamkar, M. (2008). Borough of folk about the symptoms, causes and treatment of drug addiction among their representative, member of NA and non-addicts. Psychological Research, Volume 11, Number 3 and 4.
- Moradi, M. (2003). Bang Nang, look at the problem of drug abuse and addiction. Tehran: Publications of the hoax
- Cash, Asadollah (2003). Incomes of urban sociology, and in humans. Hamadan: Publications Fanavaran.
- Cash, Asadollah and Sadeghi, R. (2006). Nshynychalshy margins facing sustainable urban development. Journal of Social Welfare. Fifth year. No. 20.
- Furnham, A. , & Bower, P. A. (1992). A comparison of academic and lay theories of Schizophrenia. *British Journal of Psychiatry*, 161, 201-210.
- Furnham, A. , & Kuyken, W. (1991). Lay theories of depression. *Journal of Sociology of Personal Behavior*, 6, 329-342.
- Furnham, A. , & Lowick, V. (1984). Lay theories of the causes of alcoholism. *British Journal of Medical Psychology*, 57, 319-332.
- Furnham, A. , & Thomson, L. (1996). Lay theories of heroin addiction. *Social Science and Medicine*, 43, 29-40.
- Henderson, B. J. , & Maguire, B. T. (2000). Three lay mental models of disease inheritance. *Social Science & Medicine*, 50, 293-301.

- Knight, M. T. D. , Furnham, A. F. , & Lester, D. (2000). Lay theories of *Personality and Individual Differences*, 29, 453-457.
- McCuller, W. J. , Sussman, S. , Dent, C. W. , & Teran, L. (2001). Concurrent prediction of drug use among high-risk youth. *Addictive Behaviors*, 26 (1), 137-142.
- Pentz, M. A. (1994). Cost, benefits, and cost effectiveness of community- based drug abuse prevention trials. Paper presented at the NIDA technical review meeting. Rockville, MD.
- Popay, J., & Williams, G. (1996). Public health research and lay knowledge. *Journal of Medical Genetics*, 33, 485-492
- Wagner, J. t. (1985). Smoking of nurse in western new York, *nursing research*, 34:58-60.
- Williams, G., & Popay, P. (1994). Lay knowledge and the privilege of experience. In J. Gabe., D. Kelleher, & Williams, G (Eds.), *Challenging Medicine*. London: Routledge.