SUBSTANCE USE, PREMARITAL SEXUAL PERMISSIVENESS, PSYCHOLOGICAL WELLBEING AND MEDIA CONSUMPTION AMONG MIZO YOUNG ADULTS

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MS. LINCY KHAIKEI

(REGN. NO. – MZU/M.PHIL./593 OF 12.06.2020)

DEPARTMENT OF PSYCHOLOGY
SCHOOL OF SOCIAL SCIENCES
MIZORAM UNIVERSITY
AIZAWL :796004
MIZORAM

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BY
LINCYKHAIKEI
(Regn.no-MZU/M.Phil./593 of 12.06.2020)
Department of Psychology

Under the Supervision of
Prof. C. Lalfamkima Varte

Submitted
In partial fulfillment of the requirement of the Degree of Master of Philosophy in Psychology of Mizoram University, Aizawl.

MIZORAM UNIVERSITY
DEPARTMENT OF PSYCHOLOGY
AIZAWL: 796004
MIZORAM

CERTIFICATE

This is to certify that the present work titled, "Substance Use, Premarital Sexual Permissiveness, Psychological Wellbeing and Media Consumption Among Mizo Young Adults", is the original research work carried out by Lincy Khaikei under my supervision. The work done is being submitted for the award of the degree of Master of Philosophy in Psychology of the Mizoram University.

This is to further certify that the research conducted by Lincy Khaikei has not been submitted in support of an application to this or any other University or an Institute of Learning.

Dr. C. LALFAMKIMA VARTE)
Supervisor

MIZORAM UNIVERSITY
MIZORAM: AIZAWL
January, 2021

DECLARATION

I, Lincy Khaikei, hereby declared that the subject matter of this Dissertation is the record of work done by me, that the contents of this Dissertation did not form basis of the award of any previous degree to me or to do the best of my knowledge to anybody else, and that the dissertation has not been submitted by me for any research degree in any other University/Institute.

This is being submitted to the Mizoram University for the Degree of Master of Philosophy in Psychology.

(LINCY KHAIKEI)

(Prof. C. LALFAMKIMA VARTE)
Supervisor

(Prof. H. K. Laldinpuii Fente)
Head
Department of Psychology

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CONTENTS

List of Tables ………………………………………………….. **i - iii**

List of Appendices…………………………………………….. **iv**

Chapter-I
Introduction …………………………………………………. **1-28**

Chapter-II
Statement of the Problem …………………………………… **29-37**

Chapter-III
Method and Procedure ……………………………………… **38-44**

Chapter –IV
Results and Discussion …………………………………….. **45-79**

Chapter-V
Summary and Conclusion …………………………………. **80-84**

Appendices ………………………………………………… **85-98**
References …………………………………………………. **99-135**

LISTS OF TABLES

Table-1: The sample characteristic table for ‘Substance use’ and ‘Locality’ to be imposed on the behavioral measures.

Table-2: Mean, Standard Deviation, Skewness and Kurtosis of the behavioural measures of the study (N=282) and Cronbach’s alphas of the behavioural measures of internal consistency

Table-3: The bivariate correlation matrix of the sociodemographic variables and the scales and subscales of the behavioural measures of the study (N=282).

Table-4: Levene’s test and *t*-test for equality of means for the effect of ‘Substance use’ on the scales and subscales of the behavioral measures.

Table-5a: Levene’s test of homogeneity of variances for the effect of ‘Locality’ on the scales and subscales of the behavioral measures.

Table-5b: One-way ANOVA for the effect of ‘Locality’ on Male Affection and Female Affection subscales of Premarital Sexual Permissiveness; Psychological Well-being Scale; Antisocial media content and Neutral media content subscales of Content-based Media Exposure.

Table-5c: Robust Tests of Equality of Means (Brown-Forsythe) for the effect of ‘Locality’ on the NMASSIST scale and Male Non-Affection and Female Non-Affection subscales of Premarital Sexual Permissiveness.

Table-5d: The Scheffe test for the significant effect of ‘Locality’ on Psychological well-being.

Table-5e: The Scheffe test for the significant effect of 'Locality' on Neutral media content.

Table-6a: The Standardized Beta values, Adjusted Regression Coefficient (ΔR^2) and Collinearity Statistics in the prediction of Psychological well-being from the socio-demographic variables, Premarital Sexual permissiveness and Media consumption for the Substance-Users sample.

Table-6b: The Standardised Beta values, the Adjusted Regression Coefficient (ΔR^2) and Collinearity Statistics in the prediction of Psychological well-being from the socio-demographic variables, Premarital Sexual permissiveness and Media consumption for the Non-Substance Users sample.

Table-7a: The Standardized Beta values, Adjusted Regression Coefficient (ΔR^2) and Collinearity Statistics in the prediction of Psychological well-being from the socio-demographic variables, Premarital Sexual permissiveness and Media consumption for Locality-1 (Aizawl) sample.

Table-7b: The Standardised Beta values, Adjusted Regression Coefficient (ΔR^2) and Collinearity Statistics in the prediction of Psychological well-being from the socio-demographic variables, Premarital Sexual permissiveness and Media consumption for Locality-2 (Lunglei) sample

Table-7c: The Standardised Beta values, Adjusted Regression Coefficient (ΔR^2) and Collinearity Statistics in the prediction of Psychological well-being from the socio-demographic variables, Premarital Sexual permissiveness and Media consumption for Locality-3 (Siaha) sample.

LISTS OF FIGURES

Figure-1: Design of the study, 3 (Locality) x 2 (Substance use) factorial design to be imposed on the present study.

Figure-2: Religious involvement status of the participants.

Figure-3: Interpersonal relationship status of the respondent with the mother.

Figure-4: Participants interpersonal relationships with the father.

Figure-5: Highlighted the socio-economic status of the participants

Figure-6: The plot of observed weighted means for the significant independent effect of 'Locality' on Psychological well-being

Figure-7: The plot of observed weighted means for the significant independent effect of 'Locality' on Neutral media content.

LIST OF APPENDICES

Appendix – I : Socio-demographic Profile

Appendix – II : NIDA-Modified ASSIST

Appendix – IIIa : Premarital Sexual Permissiveness Scale (Male Standards)

Appendix – IIIb : Premarital Sexual Permisssiveness Scale (Female Standards)

Appendix – IV : Psychological Well-being Scale

Appendix – V : Content-based Media Exposure Scale

Psychosocial problems are difficulties faced by the individual in various areas of personal and social functioning. It a generic term applied to the range of circumstances and aberrant behaviors, held to be manifestations of social disorganization, a condition that many people consider undesirable in a society. Family problems, depression, anxiety, sexual abuse, substance abuse, violence, risk sexual behavior are major psychosocial problems.

Substance abuse is defined as the improper, excessive, irresponsible, or self-damaging use of addictive substances (Reber & Reber, 2001). According to WHO (2015), Substance abuse is the use of harmful psychoactive substances such as alcohol and illicit drugs. These psychoactive drugs can cause dependency syndrome, a cluster of behavioral, cognitive, and physiological phenomena that arise after repeated drug use and usually include a strong urge to take the drug, trouble regulating its use, a higher priority given to drug usage than to other behaviors and commitments, persists in its use despite adverse consequences, increased tolerance, and even a physical withdrawal state.

The National Drug Master Plan (Department of Health, 1999) claimed that substance abuse includes both the misuse and abuse of legal substances such as nicotine, tobacco, over-the-counter products, alcohol concoctions, indigenous plants, solvents, and inhalants, as well as illegal drugs. Substance abuse modifies and affects the perception, mood, memory, actions, or motor function of the person (American Psychological Association, 2000).

The Diagnostic and Statistical Manual of Mental Disorder (DSM-IV-TR) (APA, 2000) defines substance abuse as a pattern of maladaptive substance abuse, causing clinically significant impairment or distress, manifest by one or more of the following symptoms within a period of 12-month, persistent substance use in situations that cause physical danger to the Users, or in the face of obvious impairment in daily functioning, or despite leading to social, interpersonal, or legal problems.

The DSM-5 (APA, 2013) Substance- Related Disorder has eliminated two categories in DSM-IV. Substance Dependence and Substance Abuse which are now under one category called 'Substance-Use Disorders'. The DSM-5 provides a

classification system for the diagnosis of a substance use disorder (SUD) on 10 drug classification which includes alcohol, cannabis, phencyclidine, other hallucinogens, inhalants, opioids, sedatives, stimulants, tobacco, and other/unknown.

DSM-5 substance use disorders are classified on a scale of severity based on 11 number of diagnostic criteria, diagnosis of mild substance use disorder - at least 2-3 criteria are required, 4-5 are moderate, and 6-7 are severe. The substance use is defined on the basis of - taking the substance in greater quantities and for longer than expected, wanting to cut or stop but failing to do so, spending a lot of time in obtaining substance, craving or a strong urge to use the substance, persistent failure to perform major duties in work, school or home, constant use despite repeated social or interpersonal issues, discontinuation or reduction of major social, occupational or leisure activities, repeated use of the substance in physically dangerous circumstances, constant use of the substance despite awareness of the recurring physical or psychological challenges of substance use, toleration decreased with continued use of the same amount, and withdrawal which is development of a characteristic syndrome due to cessation or decrease in use after heavy and prolonged use (APA, 2013).

Craving is a new diagnostic criterion for DSM-5 SUDs that recognizes active symptoms of craving as a typical symptom for complete recovery for more than one year. This decision suits the wider research that demonstrates how intense craving symptoms are encountered by people seeking care and that cravings are the subject of therapeutic treatments (Heinz et al., 2009; Oslin et al,. 2009). DSM-5 also provides an opportunity to specify details regarding any period of abstinence. Early remission happens if the individual had met the full SUD criteria but now has gone between 3 and 12 months without experiencing any of the diagnostic criteria with the exception of craving. Sustained remission happens if the individual has met the full SUD requirements, but has now gone higher (APA, 2013)

The ICD-10 classifies substance use disorder under 'Mental and behavioral disorders due to psychoactive substances use (F10-F19)' and describes four pattern of substance use - acute intoxication, harmful use, dependence syndrome, and withdrawal state. The code in this range represents an individual diagnostic code for different

psychoactive substances which includes tobacco, volatile solvents, and various drug use. Diagnostic criteria are also defined for the various psychiatric conditions caused by the drug, such as delirium withdrawal state, psychotic illness, and Amnesic Syndrome. In addition, for the misuse of non-dependence-producing drugs such as aspirin, a code (F55) exists.

Scientists have proposed a number of theories to explain substance use (Bahr & Hoffman, 2015). A theory is an attempt to predict something, explain why it happened or explain the causes of it (Agnew, 2005). It is a set of two or more interrelated statements that explain the nature of a phenomenon or predict it (Gibbs, 1972). These theories are based on internal and external factors that affect substance use behavior. The major theories are Social cognitive/learning theory (Bandura, 1997), Social control theory (Hirschi, 1969), General Strain theory (Agnew, 1992), Cognitive transformation theory (Giordano, Cernkovich & Rudolph, 2002), Social Development theory (Catalano & Hawkins, 1996), Community-levels theory (Jencks & Mayer, 1990), Biosocial theories (Plomin & Asbury, 2005; Walby & Carrier, 2010; Wright & Biosvert, 2009; Wright & Cullen, 2012), Family system theories (Baumrind, 1985; Snyder, 1992) and Risk-focused model (Hawkins et al.,1992).

Social control theory includes the concepts of attachment, commitment, involvement, and belief (Hirschi, 1969). The theory is also based on the assumption that humans are born with the capability of acquiring deviant behavior. Deviancy, such as substance is a natural response in the face of rules and limited resources, deviance is considered to be normal, due to this conformity rather must be explained instead of deviation. Conformity is based on the bond that is created between the individual and society that refrain them from involvement with drug use (Hirschi, 1969). Most youth are exposed to drugs due to the pervasiveness of drug use in society and may tend to use them if there are no social controls provided by families and other social organizations. If an individual is associated with others who do not use drugs, bonds that restrain them from the use of substances are likely to develop. This theory also speculates that delinquency is the result of a weak family bond and social organization. Positive family bonding, educational level, religious participation, and belief in

society's drug-free standards and values may be inversely related to substance use and bonding is a key protective factor (Johnston et al., 1991; Hawkins et al., 1992).

Strain theory posits that the substance use is a response to different types of stress. Agnew (2006) argued that strains often lead to negative emotional conditions such as frustration, anger, jealousy, anxiety, and fear. Such feelings exhibit pressure for corrective action, decrease the ability to deal with legal issues, and reduce anxiety about the cost of substance use. Strain can also decrease social control and demonstrate the social learning of crime (Agnew, 2005). Individuals describe how they initially started drug abuse by stating a stressful situation in which they turned to drugs for relief (Davis et al. 2013). Societal structures create various objectives and means that criminal behavior can be induced as a means of adaptation (Cloward & Ohlin, 1960; Agnew, 1985; Sykes & Matza, 1957).

Family systems theory recognizes that the family is a unique resource (Snyder, 1992). Beside the individual, substance use is also a product of problem with family systems (Hall, 1987). Disruption of family functioning may increase the negative influence of other social systems on the behavior of individuals (Baumrind, 1985; Hall, 1987; Kumpfer, 1987; U.S. DHHS, 1992). A symptom of family discord, such as negative family relationships and experiences linked to failure to perform essential developmental tasks at each point of the family life cycle is known to affect substance use (Nichols & Schwartz, 1995; Wright, 1990; Kumpfer & Turner, 1991). Family factors such as race and socio-economic status have also been recognized as affecting the use of drugs in addition to the direct influence of family functioning (Johnston, O'Malley, & Bachman, 1989).

Substance use can have a deleterious effect on individual's life by inherent risks such as sexual intuition. Substance abuse are centrals to risky sexual behavior due to the disinhibiting effect (Ritchwood et al., 2015; Khan et al., 2012). Substance use increases the likelihood of engagement in sexual activity likewise such engagement causes an individual to seek substance use (Mott & Haurin, 1988). The plan to indulge in sexual behavior may cause one to abuse a substance (Cooper, 2002). Research indicates that both factors exhibit at the same time but what causes the other

is yet to explore (Eisen, 2000). Substance use can lead young people to initiate risky sexual activity, such as unprotected sexual contact, early onset of initiation than intended, and multiple sexual partners that can ultimately lead to transmission of sexual diseases, unwanted pregnancy, and experience of sexual assault.

Sexual attitudes refer to how accepting people are of sexual activity which includes either for themselves or for others. Sexual attitudes have been identified as a central concept in the study of sexuality because attitudes affect many other aspects of sexuality, sexual behaviors, sexual fantasies, and responses to sexual prompts in the environment (Kelley & Byrne, 1992). Substance-abusing people are more active and responsive to sexual encounters and have a permissive sexual attitude towards sexuality and its norms (Bruno et al., 2012)

Sexuality is assumed to be defined and affected to a large degree by social standards and family values (WHO, 2006). In certain parts of the world, views towards sexuality and its ethical values have been altered over the past few decades (Peplau & Hammen, 1977; Schroeder, 2004; Smith & Son, 2013; Twenge & Sherman, 1972). Therefore, sexual permissiveness and attitudes are conceptualized and interpreted differently by societal contexts (Martel, Hawk & Hatfield, 2004; Merghati-Khoei & Richters, 2008) and constructed sexual practices of males and females (Ghorashi et al., 2014), involving cultural factors such as religious values and the significance of marital financial trade, as well as increased exposure to external influences due to global connectivity and economic changes (Martel, Hawk & Hatfield, 2004). Furthermore, factors such as westernization, modernization, education, social networks, technological progress and the increasingly widening generational gap have given rise to shifts in social values and norms within society (Mahdavi Passionate uprising, 2007; Noroozi et al., 2015; Rafipour & Faramarz, 1996; Sarookhani & Sedaghati, 2010).

Premarital sex is characterized by any form of sex before marriage (Kann et al., 2013), performed by two individuals who do not recognize by a marriage institution or participate in a marital vow (Ajiboye et al., 2014). Sexual behaviour, such as touching, kissing, sexual intimacy without penetration and complete sexual

intercourse, can be included in the sexual act. Premarital sexual permissiveness simply implies that any sexual act before marriage is approved. Premarital sex is also known as nonmarital sex, youthful sex, adolescent sex and young-adult sex (Cavendish, 2010).

For all civilized human society, marriage is a norm that recognizes the union of two individuals in a culturally accepted way. Religiosity primarily directed men and women in most societies of the world to abstain from sexual activity before marriage (Zuo et al., 2012) and the attitudes and actions of the person towards premarital sex are influenced by these values. In most cases, premarital sex is more appropriate to sexually mature people so they can see it as a natural reaction to a natural stimulus. Premarital sex, however, is socially unacceptable among young people who in almost every society are deemed vulnerable to health-related problems and believe as a crime (Cavendish, 2010).

Premarital sex has become more acceptable since the emergence of the so-called 'sex liberation' in the 1960s, particularly in Western countries that have legitimized all sexual activities, in which premarital sex is inclusive (Abraham & Kumar, 1999). In a particular a society, a major shift was observed in sexual activities and attitudes (Layte et al., 2006). Prevalence of pre-marital sexual activity in society was reported by Roche (1986) and Clayton & Bokemeier (1980). Reiss (1964), Masters and Johnson (1966), Bell and Chakes (1970) shared their views on the today's attitudes of young people towards sex, arguing that it has become more liberal and permissive, reflecting society's permissive environment. The greater the degree of liberality in a society, the greater the probability of social forces retaining a high level of permissiveness (Reiss, 1967).

Premarital sexual permissiveness is one of the most common research in general sex studies. Reiss (1967) has flourished premarital sexual permissiveness research who demonstrates that the degree of premarital sexual permissiveness is linked to social and cultural values, and the primary interest lies in the presence or absence of affective bond (Cañizo & Salinas, 2010). Some researchers focused on changes and patterns in premarital sexual permissiveness (Walsh, Ferrell & Tolone,

1976; Singh, 1980), and theoretical models focused on fundamental variables affecting sexual permissiveness (Kelley, 1978; Libby, Gray & White, 1978). Scientific interest has been in gender similarities and differences that have existed since the remarkable works of Kinsey, Pomeroy and Martin (1948). Gender has always played a central role in sexual attitude and preferences in most cultures of the world, there are unique gender roles that significantly affect sexuality (Cheng et al., 2012).

Attitudinal studies on premarital sex by Reiss (1964) indicates that the premarital sexual attitudes of individuals are categorized along a spectrum that involves abstinence, which indicates that despite the circumstances, premarital sex is incorrect for both sexes. Permissiveness with affection or relational sex, where it is correct for both sexes under conditions where a steady relationship is formed with engagement, love or heavy affection. Permissiveness without affection or recreational sex, where it is right for both sexes irrespective of the present or absence of affection or some equilibrium present, providing physical attraction, and Double standard, where premarital sex is right for men but wrong for women (Reiss, 1960). Permissiveness tends to include both physical activity and the conditions under which such activity will be accepted by the individual, so permissiveness depends on the intimacy of the physical act and the conditions under which it takes place. The most significant one is the amount of love in the relationship (Reedich, 1970).

Sexual permissiveness has been shown to be affected by certain background, personality, and other individual variations (Sprecher & Hatfield, 1996). The impact of gender is the most common research that consistently indicates a strong gender influence on sex-related attitudes, and men are found to be more permissive than women (DeLamater & MacCorquodale, 1979; Hendrick et al. 1985; Sprecher, 1988). Other individual variables that influence sexual permissiveness are internal control locus, religiosity, high self-monitoring, personality, and socioeconomic status (Sprecher & McKinney, 1993). In particular, religiousness was found to be an inhibiting factor in sexual permissiveness in several studies (Kinsey et al. 1953; Reiss, 1965; Middendorp et al. 1970).

Well-being is a multifaceted concept and the notion of well-being can have different meanings. Girum (2012) claimed that psychological well-being is an umbrella term, inclusive of various psychological functioning. The word psychological well-being is used interchangeably with the term mental well-being, which refers to a high degree of behavioral and emotional adaptation and functioning, not just the absence of disease (Reber & Reber, 2001).

In coping with environmental complexities, individuals with greater psychological well-being are perceived to be more efficient, whereas a deficiency in psychological well-being can lead to life failure and emotional difficulties (Bar-on, 1988). According to Bar-On (1988, 2000) positive self-regard, warm interpersonal relationships, individuality, problem solving skills, assertiveness, reality checking, stress tolerance, self-actualization, and life satisfaction are the most important markers of psychological well-being.

Ryan and Deci (2001) suggest that well-being corresponds to finest functioning and experience. Two distinct but connected philosophies appear to revolve around the notion of finest functioning: (1) hedonism: a hedonic view of well-being correlates well-being with enjoyment and satisfaction (Kahneman et al. 1999; Ryan & Deci, 2001) and (2) eudaimonism: eudaimonism implies well-being in terms of the quest for personal strengths and commitment to the common good (Aristotle, trans., 2000), behaving in accordance with one's inner nature and values (Waterman, 1993), the realization of one's true potential (Ryff & Keyes, 1995), and the presence of life's purpose or meaning (Ryff, 1989). The degree to which they depend on subjective versus objective determinants of well-being will further distinguish hedonic and eudaimonic approaches to well-being. Wellness determinations from the hedonic approach concentrate on subjective feeling of pleasure and contribute to a positive affective state. The eudaimonic view of well-being is accomplished by meeting objectively-valid needs that are embedded in human nature and are a must for human development (Fromm, 1947). In short, the hedonic approach focuses on positive mental states defined subjectively, while the eudaimonic approach focuses on interactions that are objectively good for the person (Kagan, 1992). Huppert (2009)

believes that psychological well-being is about life goes well and the balance of feeling good and working efficiently.

Psychological well-being is based on a eudaemonic view of well-being that suggests that well-being is connected to whether people live their lives according to their true nature or spirit (daimon), expressed in previous psychological theories such as the self-actualization theory of Maslow. Ryff (1989) developed an integrated theoretical structure of well-being based on life span theories (Erikson, 1959), personal development theories (Maslow, 1968; Rogers, 1961; Allport 1961) and the concepts of positive mental health framed by Jahoda (1958). In addition, she included observations from her own life-long creation work (Ryff, 1995; Ryff & Keyes, 1995) and a comprehensive analysis of philosophical attempts to define the good life (Becker, 1992).

Psychological well-being maintains living life in a complete and rewarding way and to the growth and self-realization of the person (Linley, 2013; Ryff, 1989). The Ryff (1989) model incorporates six dimensions of well-being in this perspective: (i) Self-acceptance, which refers to maintaining a good attitude towards oneself and past life, understanding and embracing one's own characteristics, (ii) positive relationships with others, referring to close and warm relationships, good satisfactory relationships with others and being considerate for other's well-being, (iii) autonomy, which ultimately refers to the degree to which the individual is self-determining and follows his own choices, (iv) environmental mastery, referring to the ability of the individual to deal effectively with environmental complexities and to take advantage of the environment offers to fulfill one's needs and values; (v) purpose in life, indicating that one's life is firm and meaningful; and (vi) personal growth, referring to the sense of continuous creation of one's own potential (Ryff, 1989; Ryff & Keyes, 1995). Ryff (1989) argued that all these views provide equivalent and complementary criteria for positive psychological functioning. An important similarity is that, instead of disease, the parameters are all formulated in terms of well-being.

There are a number of adverse effects associated with substance use including physical ability, social and psychological deterioration (Bano et al., 2019). Substance

use has typically been seen as a product rather than a source of diminished psychological well-being. Ford (2001) stated that drugs are commonly used to alleviate psychiatric symptoms or to deal with psychological conditions. In turn, substance abuse, may hamper their psychosocial functioning. As such, it has been theorized that a psychological disorder is generally shown to induce substance use, which then influences the original psychological condition (Ford, 2001). Mainous (1996) also suggested that drugs are seen as a way to escape from life that poses so many obstacles. Some researchers, on the other hand, have specified that drug use contributes to a decrease in psychological well-being (Blum, 1987).

McQuail (2005) defines the media as an entity that seeks to produce and spread information in the broadest sense of the word, reflecting that such knowledge helps its users to make some sense of their social world experience, even if the understanding of meaning takes place in relatively independent and diverse ways. In general, media are divided into three groups, namely print media, electronic media and online media. Newspapers, magazines, booklets and brochures, magazines, newspapers or newsletters, direct mailers, handbills or posters, billboards, press releases, books are all part of the print media. A broadcast or electronic media that includes television, radio, and films is classified as a second form of media. Online media or digital media, like cell phones, computers, the Internet and virtual worlds, are the third type of media (Manovich, 2003: Leinonen, 2010). Mass media consists of media that multiply messages and at the same time take them to a vast number of people. Media consumption, also commonly known as media diet is the amount of knowledge and entertainment consumed through various media channels by a person or groups.

Media exposure can refer to particular messages or groups of media content encountered by the audience members or viewers (Slater, 2004), a small yet intuitive meaning can be an open eyes or ears in front of media content. Consumption of media can have detrimental behavioral and emotional consequences (Bryant et al., 2013). Neil Postman (1992) claimed that technology is both friends and enemies. By making life simpler, technology is seen as a friend to humanity. Another negative comment was made by Jacques Ellul (1964), who perceived technology as an irresistible, enigmatic force that can transform every aspect of existence that it encounters.

Many studies have established the effect of portrayal of violence on various media outlets that effect on the degree of aggression of individuals. The acts of aggression may be soothed or provoked by these violent depictions (Bryant et al. 2013). Likewise, media often have the ability to form or increase knowledge about sex and sexuality of young people during this crucial period in their social and sexual development (Ward, 2003). Roberts et al. (2005) noted that young people spend 6.5 hours a day on average. This indicates media presence in the lives of young people.

Sexual content on media outlet is enormous, despite differing opinions about the content depicted over time (Kunkel et al., 2005; Hetsroni, 2007). Research on media exposure and sexual activity has assumed that sexual content exposure is prior to sexual behavior (Brown et al., 2006; Collins et al., 2004; Martino et al., 2006), but a non-recursive relationship between exposure to sexual content and sexual behavior is likely to occur. Sexually active young people can selectively expose themselves in sexual media content, and this exposure can in turn contribute to an increase in the fulfillment of their sexual desires.

A variety of theories have been offered to explain why and how individual's attitude and behavior is influenced by the media. Bandura (1997) and Bandura et al. (1963) suggest that children learn from the media when the role model is relatable to the audience, the action or meaning is real, the role model is appealing and the behavior is positively rewarded, the chance to imitate is more likely for the viewers. Thus, social cognitive theory (Bandura, 1977; 1997) implies that young people are likely to imitate those behavior through observational learning and imitating actions by seeing other young people enjoying sexual behavior in media with no adverse effects. Research indicates that this phase takes place through cycles of sexual stereotypes and schemes being primed and/or embraced (Eggermont, 2004; Hansen, 2004)

The theories of Reasoned Action (Fishbein & Ajzen, 1975) and Planned Behavior (Ajzen, 1991) provide a theoretical explanation for the influence of media sexual content on individual's behavior. According to these theories, the underlying mechanism that alter these behaviors are acquired through direct experience or from significant others. Young people can learn from the media and draw inferences about

sex and associated behaviors. If their views, behaviors, and values regarding sex and sexual activity are influenced by sexual portrayals in the media, sexual portrayals can affect their intentions to initiate or participate in different sexual activities. Such motives are the key indicator of actual behavior (Bleakly et al. 2008).

The theory of social ecology indicates that mass media is another significant dimension of the lives of young people that can influence their sex-related behaviors (L'Engle et al., 2006; Brown & Cantor, 2000). With the approach of the information age, access to the media is becoming prevalent in the everyday lives of teens and young adults, whether in the East or the West. Media plays a very important role in development of the sexual attitude (Lou et al. 2012). Their views on sexuality and attitude toward premarital sexual permissiveness was predominantly affected by the type of the media they accessed (l'Engle et al. 2006).

Research on media impact has long been dominated by a focus on recognizing the harmful effects of media usage, such as media violence or excessive and addictive media use (Lowery & DeFleur, 1995). Contemporary research has paid less attention to the beneficial impact of media use (de leeuw & Buijzen, 2016). More recently, the research has also begun to examine the possible beneficial effect of media on well-being (Reinecke & Oliver, 2017). Similar effect sizes have been reported by research that has examined positive media effects as those that address adverse media effects (Bushman & Anderson, 2001; Mares & Woodard, 2005; Moses, 2008; Paik & Comstock, 1994).

With the emergence of the 'positive thinking' trend in modern psychology, research on well-being and its determinants has seen a revival that has attempted to change the conventional focus of clinical psychological research away from pathology and place more emphasis on factors such as life satisfaction and positive experiences (Seligman & Csikszentmihalyi, 2000). Media use accounts for a large proportion of our waking hours (Bureau of Labor Statistics, 2016), and accessing of conventional mass media has been expanded by mobile phone that makes media accessibility easier at any time and at any place (Vorderer & Kohring, 2013).

Two wide research traditions exist within psychological literature (Huta & Waterman, 2014). The first of these two 'schools' is the hedonic viewpoint of research that conceptualizes well-being in terms of the existence of positive and the absence of negative affect on cognitive aspects, along with high levels of life satisfaction (Diener et al., 1999). The tradition of eudaimonic perspective, on the other hand, provides a more nuanced view of well-being that goes beyond mere enjoyment and pleasant experience and conceptualizes well-being in terms of personal development and fulfillment of intrinsic needs, meaningful and purposeful life (Huta & Waterman, 2014).

For a holistic understanding of the effects of media use on well-being, considering a balanced perspective of the full breadth of well-being indicators is important. Media influence research has historically been dominated by a hedonic perspective of well-being, addressing the media as a means of mood optimization (Zillmann, 1988). Recently, research has also begun to concentrate on the impact of media use in the perspective of eudaimonic well-being, who viewed media as a 'meaningful entertainment' that encourage the improvement of psychological well-being (Oliver & Bartsch, 2011).

Media psychology, for several decades, has focused on the determinant elements of media consumption and the processes or mechanisms involved. Entertainment or pleasure (Bartsch, Mangold, Viehoff, & Vorderer, 2006; Bartsch & Oliver, 2011; Bartsch & Viehoff, 2010; Bilandzic & Busselle, 2011; Vorderer, 2003; Vorderer, Klimmt & Ritterfel) is one of the most common words in this sense. Enjoyment may play both the role of the independent variable as a motivating factor in the quest for entertainment and that of the dependent variable where entertainment is shown as a consequence of media consumption. Therefore, it has been proposed from the viewpoint of uses and gratifications that there are various motives that function as a precursor of media consumption, and that the desire for diversion or entertainment is one of the key factors that explain media consumption (Rubin, 2002). On the other hand, entertainment has been described as a dependent variable using principles such as mood control, for instance, people make media decisions to maximize their emotional well-being (Zillmann, 1988), affective provisions for

example, the greatest entertainment or enjoyment is produced when the protagonists achieve their goals (Raney, 2003; 2006), narrative transportation where media consumption is gratifying if there is high absorption at the very moment of reception (Green, Brock & Kaufman, 2004), narrative interaction where more immersive narrative interactions are more enjoyable (Busselle & Bilandzic, 2009), character recognition where placing oneself in the shoes of the protagonist and assuming his/her identity momentarily leads to a greater and excitation transfer, even the consumption of suspenseful contents could be explained by the anticipation of a gratifying resolution (Zillmann, 1991).

All these theoretical viewpoints suggest that gratifying media consumption is correlated with a positive emotional experience. In addition, Bartsch & Oliver (2011) indirectly indicated that content with emotional involvement in media entertainment stimulates some kind of heuristic form of profound cognitive process. Granic et al. (2014) reviewed literature on the advantages of gaming and concluded that video games have tremendous potential to learn new ideas and habits that can enhance well-being.

Fredrickson's broaden-and-build theory on positive emotions also indicates that positive emotions extend the repertoires of thought-action of individuals, which in turn build skills and resources that are likely to improve well-being (Cohn & Fredrickson, 2006; Fredrickson, 2003). Witnessing prosocial acts in the media may affect the repertoire of thought-action, cause moral elevation and, in turn, make viewers more likely to comply with prosocial behaviors (Cohn & Fredrickson, 2006; Fredrickson, 2003; Haidt, 2000). The media can have valuable ways of inspiring prosocial behaviors. There is considerable evidence to depict that prosocial act can be stimulated by exposing children to media that portray such desirable behaviors (Christakis et al., 2013; Mares & Woodard, 2005). The most prominent theories explaining these positive effects have been social cognitive theory and entertainment-education theory (Bandura, 2004; Mares & Woodard, 2005; Moyer-Gusé, 2008).

Review of literature

Globally, substance use is a public health concern. The use of substance has a profound effect on the individual and societies as a whole. The consequences of substance abuse are clearly huge, creating intense issues with social, physical, emotional, and public health. Several studies have been undertaken to resolve the risks associated with substance use and primarily target young people. Teenagers and young adults account for the largest proportion of those who use drugs and they are also the most vulnerable to the effects of drugs (UNDCP, World Drug Report, 1999).

Substance abuse is caused by a dynamic interaction of sociological, psychological and biological factors. Denton and Kempfe's (1994) suggested that there are multiple fundamental variables to be addressed as to why certain persons involved in substance use.

Family-related risk factors such as family conflict, domestic abuse, family disorganization, lack of family cohesion, family separation, increased family tension, history of family substance use involvement, value less or contradictory family rules, sibling rivalry, negligence of child monitoring and disciplinary activities, level of parental education, unreasonable standards or demands of development; and characteristics of family background such as race and ethnicity have been discussed (Department of Health and Human Services, US, 1993; Reich et al., 1988; Segal, 1990;Werner, 1986; Beardslee, Son & Vaillant, 1986; Brown, & Horowitz, 1993; Willis, Vaccaro & McNamara, 1992; Wilson, 1982).

On the other hand, Family-related protective factors includes perceived family support, positive interpersonal family relationships, positive bond, loyalty, and belief in family values (Hawkins et al., 1992), high level of parental education (Evans & Skager, 1992) and family religiosity (Beeghley, Bock & Cochran, 1990). Studies have concluded that positive family bonding appears to prevent an individual to refrain from substance use (Hawkins et al., 1992; Selnow,1987).

To address family as a protective factor, in her research, Klara (2013) also found a significant association between substance abuse and certain family

characteristics. Family plays a key role in both reducing the risk of involvement with drug use and further identified that family support and positive bond facilitate and foster safety and resilience against drug use. Similarly, in his study, Selnow (1987) found significantly greater involvement with drug use among participants living in a single-parent household. Participants who reported a healthy relationship with their parents, on the other hand, reported decreased with level of alcohol consumption. The study further stated that the increase or decrease in drug use had more to do with the strength of the parent-child relationship than simply with the present of both the parents in the household.

Owing to the duration and strength of their relationship, sibling's involvement with substance use often causes similar affect as parents. In one study, it was reported that respondents with history of drug-using older siblings were stated to have started using drugs at a younger age relative to those with nondrug-using siblings (Needle et al. 1986; Craig, & Brown, 1975).

Studies have found that joining a marriage tends to minimize alcohol use with respect to bonding, while separation and divorce tend to be accompanied by an increase in substance use (Laub, Nagin & Sampson, 1998; Sampson, Laub & Wimer, 2006). In their research, however, Laub et al. (1998) found that a coherent marriage had a protective impact and not simply a marriage. It was found that individuals receiving positive family support from parents, children, spouses or partners could refrain from indulgence with substance use (Bahr et al. 2010; Davis, Bahr & Ward, 2013).

Religions with the teachings of abstinence from substance use often tend to be associated with lower rates of substance use among their adherents. Differences in the frequency of substance use was found between individuals with religious affiliation and no religious affiliation. For example, one study showed that the lowest rate of drug use was found in participants associated with the church of Latter-day Saints (LDS) faith (Hawks & Bahr, 1992). Similarly, in their study, Borders & Booth (2013) found that regular church participants showed less substance use and less risk of developing alcohol use disorder.

Conversely, one study showed that religious attachment had little effect on the use of alcohol, cocaine, and amphetamine (Marcos & Bahr, 1988). Methodological shortcomings of the studies may have been the cause of this contradictory finding. The effect of social expectations on drinking often tends to be moderated by religiosity. Therefore, as social norms favor the use of alcohol, these norms would have less impact on the drinking habits of a strongly religious person (Neighbors et al. 2013).

Another increasing area of concern in the field of substance use research is the relationship between substance-abusing individual and risky sexual behavior (Li et al. 2011; Booth, Watters & Chitwood 1993). Sexual attitudes refer to how sexual behavior is tolerated by individuals, either for themselves or for others, and premarital sex is recognize as involving in sexual acts before marriage. Substance-abusing person has been shown to be related to having liberal sexual views or being sexually active (Whitbeck et al., 1999; Perkins et al., 1998).

Massive studies have shown that substance use correlates positively with youth involvement in risky sexual behavior (Graves & Leigh, 1995; Cooper, 2002; Baskin-Sommers & Sommers, 2006; Leigh & Stall, 1993; Santelli et al., 2001; Tapert et al., 2001; Turchik et al., 2010). In their research, for instance, a strong correlation between illegal drug use and unsafe sex is shown by Anderson and Mueller (2008).

The relationship between cigarette/alcohol intake and subsequent premarital sex among Taiwanese college students is explored by Chiao et al. (2012). Their findings shows that alcohol use is substantially correlated with a greater propensity for both males and females to participate in premarital sexual intercourse. Likewise, smoking is often associated with premarital sexual activity among males but not females. Mason et al. (2010) stated that early intake of alcohol abuse is associated with a higher likelihood of participation in risky sexual activity, where premarital sex is inclusive.

Bruno et al. (2012) stated that substance users are distinguished by many distinctive characteristics in sexual activities. They tend to be more active and open to sexual encounters and have a clear attitude of openness towards sexuality and its rules.

Research studies have shown that several variables account for premarital sex, age-effect is one of the factors. One study reported that younger respondent have more liberal attitude than older people because of self-interest and physical development (Middendorp et al., 1970). In particular, the unprecedented growth and development of sex organs and the increased emotion that follows them are important factors that may predispose young people to pre-marital sex. Eze (2014), for example, discovered that young people have accommodating attitudes towards premarital sex and are motivated by factors such as showing off, satisfying sexual impulses, and the like.

The majority of young men and women consider that engagement in premarital sex depend on love and/or enjoyment. Relational sex refers to the acceptability of premarital sex under terms of intimacy or emotional involvement. Recreational sex, on the other hand, refers to the acceptability of sex under conditions of love for enjoyment and lack of engagement (Reiss, 1960). One study revealed that respondents are more open about sex in relationships with greater dedication or intimacy than less commitment and are more reserved for more intimate sexual activity than less intimate sexual behaviors such as petting (Sprecher et al. 1988).

Majumdar (2017) inspects the sixth wave of the World Values Survey that explores Indian respondents varying attitudes towards premarital sex. His finding noted that premarital sex is becoming more prevalent in India, but still not widespread. Furthermore, the ordered logit regression study shows that respondents belonging to higher socioeconomic class and lower levels of education are found to be more liberal toward premarital sex.

Family structure has been linked with premarital sex in Thailand and the Philippines. Single-parent respondents recorded a higher level of engaging in premarital sexual activity than respondents who live with both parents (Stewart, Sebastiani & Lopez, 2001). In Turkey, Meghet (2006) described characteristics such as the age of the mother, level of education, ethnicity and employment status are the most important predictors of young women's attitude towards premarital sex.

Another prevalent factor that disposes young people to premarital sex is the family background of a person. In support of this, Durojaiye (1972) observed that the

absence of sex education form home in African society gives young people an opportunity to explore themselves, resulting in unprecedented participation in premarital sex. It has also been found that subcultural membership also affects sexual attitudes. In a study, blacks were found to have more liberal sexual attitude than whites (Harrison et al., 1974; Staples, 1978; Weinberg & Williams, 1988; Cortese, 1989) and Mexican American students have more conservative sexual attitudes than other racial groups (Padilla & O'Grady, 1987). Although some research has shown that respondents in the lower class are more permissive than respondents in the middle or upper class, a less consistent relations between social status and sexual norms has been found (Zelnick & Kantner, 1972)

Many of the research on gender differences in sexual behavior has shown that men are more likely to participate in a more permissive way in sexual activity (Cheng et al., 2012; Zuo et al., 2012). Sunbhaia (2008) in his study showed that premarital sex is still relatively low among females and somewhat higher among male respondents in India. Others, however, found that this view was inaccurate (Laner, Laner & Palmer 1978). In recent studies, for example, several researchers have found that the double sexual norm has declined and the disparities between male and female sexual attitudes have decreased due to the greater liberalization of female premarital sexual conduct and attitudes (Curran, 1975; King, Balswick & Robinson 1977; Delameter & MacCorquodale 1979; Hopkins, 1977; Singh, 1980). However, few researchers insist that there are still gender disparities in sexual attitudes, with women having more conservative attitudes than men (Medora & Woodward, 1982; Peplau, Rubin & Hill, 1977).

Psychological well-being is defined as the mental or conscious intellectual determination of individuals existence (Diener, Oishi & Lucas, 2003). These assessments include the conscious state of mind of a person, reaction to a situation, comprehension of sublimity, and one’s delight in mundane aspects of existence. It also focuses on one’s perception of happiness (Diener, Oishi & Lucas, 2003).

Psychological well-being research has identified several fundamental variables that impact well-being. Socio-demographic factors such as age, sex, socio-economic

indicators and living conditions have been shown to impact the well-being and mental health of individuals (Diener & Ryan, 2009, Keyes & Waterman, 2003). These variables play a significant role in the perception of various aspects of well-being (Hansson et al. 2005; Keyes & Waterman, 2003; Roothman et al. 2003; Temane & Wissing., 2008). On the other hand, few studies have identified socio-demographic variables account for only a slight variation in well-being measures (Diener et al. 2003).

Prior studies on the correlation between age and well-being has also been documented. Keyes & Waterman (2003) found that well-being among western respondents remains constant over time and slightly increases with age. Ryff (1995) found that environmental mastery and autonomy increased with age, while personal development and purpose in life declined with age, while there were no substantial differences in positive relationships with others and self-acceptance over a lifetime. Contrary to this, Myers & Diener (1995) said that well-being is not affected by the chronological age of the person. Evidence of a u-shaped or convex relation between positive well-being and age has been provided by Blanchflower & Oswald (2008). Horley & Lavery (1995) suggest that subjective well-being increases with an increase in age. Furthermore, their findings found that well-being started to increase at the age of 40 to 70 years. Their finding contradicts the notion that well-being is stable over time and suggests that fundamental factors such as physical health and living conditions are important indicators of well-being in addition to chronological age.

Another significant factor that determines psychological well-being is gender. On both the dimensions of positive relationships with others and personal growth, women have higher scores than men (Ryff, 1989; Ryff & Keyes 1995). Lindfors et al. (2006) have found that women not only score substantially higher in positive relationships with others, but also in personal growth and purpose in life.

Marriage impact mental health, well-being and satisfaction in a positive way (Hansson et al., 2008; Hinks & Gruen, 2005; Horley & Lavery 1995; Talala et al., 2008). Social relations such as marriage, religious engagement and political participation are closely linked to facets of psychological well-being (Keyes &

Waterman, 2003). Quality relationships with others are a central aspect of a well-lived life and are vital to what it means to be truly human (Ryff & Singer, 2000; Delle Fave et al., 2010). This declaration demonstrates the significance of an essential correlation between the nature of one's interpersonal relationships with significant other person to the individual and the overall quality of life.

Family relationships play a vital role in affecting the well-being of a person over a lifetime (Merz et al., 2009). Stress undermines health and well-being (Thoits, 2010), and strains are a particularly prominent form of stress in relationships with family members. Family scholarship shows that parenthood has both incentives and stressors implications on well-being (Nomaguchi & Milkie, 2003; Umberson et al., 2010), generating time restrictions, stress and deteriorating well-being (Nomaguchi et al., 2005). Positive parenthood, on the other hand can improve social adaptation and emotional support (Berkman et al., 2000). For example, the level of interpersonal relationship satisfaction of children with their parents affects their psychological well-being (Barnett et al., 1991; Black & Pedro-Carroll, 1993; Bogard, 2005; Videon, 2005: Symister et al., 2003).

Previous research has also found that the kind of relationship children have with their fathers can impact the mental and physical health of children (Lamb, 1986, 1997; Lamb & Lewis, 2005; Schwebel, & Brezausek, 2007). In his research, Shek (2002) found that father's parenting is strongly related to the well-being of their children. Father can have beneficial influence on the lives of their daughters as they may act as a direct counterforce to escape male prejudices (Biller, 1993).

In fact, women in young adult age are more likely to experience psychological and emotional issues and are more likely to become depressed than daughters who have good relationships with their fathers (Amato & Dorius, 2010; Carlson, 2006; King & Soboleski- 2006: Stewart, 2003). Poor care from father can directly influence the well-being of children (Pedersen, 1994) and indirectly affect an individual's involvement with substance abuse (Pedersen, 1994; Patock & Morgan, 2007). Burns & Dunlop (1998) notes that young adults raised in a supportive parent-child

relationship display greater social and psychological adaptation than those raised in a weak parent-child relationship.

Women are more active and influenced by intergenerational relationships, and adult kids are closer to mothers than fathers (Swartz, 2009). The level of interpersonal interaction with children is closely correlated with the well-being of the mother rather than the well-being of the father (Milkie et al., 2008). Motherhood can be especially relevant for women (McQuillan et al. 2008), and women's parenting is associated with children's well-being (Nomaguchi et al., 2005; Pinquart & Sorensen, 2006) and actively works on family relationships (Erickson, 2005). Mothers are even more likely to blame themselves for the poor nature of parent-child relationships (Elliott, Powell & Brenton, 2015), that likely contributes to greater distress for mothers.

Another common predictor of psychological well-being is religious involvement. Religious participation, defined as formal or informal participation in worship-related services (Aranda, 2005), can lead to better mental health by promoting to avoid unhealthy behaviors such as risky sexual activities and substance use. In psychological well-being research, religious engagement has provided important benefits for individual well-being and better physical health (Pargament, 2002). Pajevic, Sinanovic, and Hasanovic (2005) reported that psychopathological problems have been minimized by religiosity. This could mean that greater psychological well-being can also be experienced by people with high religious attendance. Religiosity can serve as a moderator during stressful times or events for improving psychological well-being (Glass, 2014).

Another important factor that determines individual's well-being is socio-economic status (SES) (Reshma & Manjula, 2016). As Pearlin (1989) noted, well-being is deeply influenced by the social structure and arrangements in which the person lived. Ryff and Singer (2008) have also argued that the surrounding meaning of people's lives profoundly influences well-being and human happiness. The important social factors that have an effect on psychological well-being are educational level, occupation and income.

Many studies have gathered empirical evidence on the positive relationship between SES and psychological well-being or mental health (Diener & Oishi, 2000; Diener & Biswas-Diener, 2002; Diener et al. 2003; Vera-Villarroel et al., 2015). Income and education are also likely to influence well-being (Barger et al., 2009). Study have found that respondents belonging to lower socio-economic status groups have substantially lower psychological well-being in all dimensions, in contrast to the middle and upper socio-economic status group (Reshma & Manjula, 2016). It was also reported that higher financial resource exhibits better psychological well-being and is strongly linked to Purpose in Life (Clarke et al. 2000).

Education and psychological well-being literature indicate that educational standards are positively related to psychological well-being, and that association is particularly pronounced for personal growth and meaning or purpose in life. Higher education respondents registered greater general psychological well-being than lower-level education classes (Ryff & Singer, 2008; Marmot et al. 1998, Marmot Ryff et al.,1997; Ryff et al., 1999; Keyes et al., 2002; Ryff, 1989).

The poor experience low levels of psychological well-being due to adverse circumstances associated with poverty and a lack of resources to cope with (Amato & Zuo, 1992). In both developed and developing countries, employment is another significant contributor to the overall functioning of individuals and society (Hinks & Gruen, 2005; Powdthavee, 2007). Employment is also a source of ownership and an important indicator of self-esteem (Winkelmann & Winkelmann, 1998). Unemployment, on the other hand, is related to decline in well-being, discontent in life and added social costs (Fryer & Fagan, 2003; Lucas et al. 2004). Unemployment is such a strong human well-being factor that can alter the set-point of life satisfaction and thus result in long-term inhibition of life satisfaction. Socio-economic variables are usually a good predictor for assessing one's psychological well-being (Ryff & Singer, 2008).

Epidemiological studies that investigate whether urban or rural residences have an effect on well-being have consistently shown lower rates of mental illness in rural areas (Jaco, 1968; Flax et al., 1979; Cockerham, 1989). These results were consistent

with the Wirth's theory of Urbanism (1938), which suggests that people who live in urban area are associated with urban stress. However, the fact that metropolitan areas had higher rates of mental illness was not a generally accepted scientific generalization, it had a clear theory basis (Armstrong, 1991). To foster new ideas that argue that rural life can potentially be more stress-inducing than urban life, Amato & Zuo (1992) observed that the psychological well-being of the poor is lower for Caucasians in rural areas than in urban areas.

In a study in China, Wen and Wang (2009) discovered that there is a deep socio-economic and cultural difference between urban and rural settings and housing. The environmental context plays a major role in what is partly accomplished by deciding the quality of education available, formal job opportunities and living standards (Kalule-Sabiti et al., 2007). Human settlement is therefore intertwined with socio-economic factors that allow for living conditions and are likely to have an effect on psychological well-being.

Diener et al. (1995) found that lower levels of life satisfaction are experienced by people who live in conditions of poverty. Vorster et al. (2000) noted that many South Africans are leaving rural areas for urban areas in search of a better life. With urbanization, they have observed an improvement in psychological well-being, since urbanization is linked to other changes in the lifestyle, such as moving away from relationship compulsions, less social influence and more self-determination (Kalule-Sabiti et al., 2007) improved socio-economic conditions. In other study, women in rural areas are less likely than urban women to be exposed to higher quality education as well as formal jobs (Kalule-Sabiti et al., 2007).

Substance use can influence the rest of the life of a person, and co-morbidity of drug use and other psychological disorders is prevalent among young adults (Visser & Rouledge, 2007). The connection between substance use and psychological well-being can possibly be clarified by the theory of Barlow and Durand (1999) that people often abuse substance as a means of escaping life stressors.

In general, contemporary studies view substance use as a consequence rather than a cause of decreased psychological well-being. Ford (2001) indicated that

substance is often used to inhibit pre-existing psychological problems or to deal with psychological distress. Due to this, it has been theorized that a psychological state is typically seen to trigger substance use which then affects the initial psychological condition. Therefore, substance was abused as a means of forgetting unpleasant experiences (Mainous, 1996). Kandel (1978) also found that an increased marijuana use was associated with high levels of depression.

Some researchers, on the other hand, have discovered that substance use deteriorates psychological well-being. For instance, in a study, Blum (1987) found that cessation of smoking contributed to improved psychological well-being as well as other desirable outcomes. Thus, as compared to their smoking peers, people who quit smoking showed improved psychological well-being.

An analysis of Thai drug user's psychological well-being conducted by Tuicompee et al. (2005) reveals a low level of psychological well-being on purpose in life, life satisfaction, life aspirations, and happiness. Likewise, Visser & Routledge (2007) noted that respondents who reported heavy alcohol consumption and drug use had significantly lower psychological well-being and lower levels of life satisfaction. Aiappan et al. (2018) also concluded that psychological well-being was higher for those who were not under the influence of alcohol than for those who reported alcohol consumption.

Psychological well-being was found to be associated with the early onset of the substance use. Studies found that earlier substance use initiation substantially predicts subsequent psychological distress, but not the reverse (Brook et al., 1998; Luthar & Cushing, 1997). Others have found that substance use is predicted by psychological distress, which in turn predicts psychological distress in later life (Johnson & Kaplan, 1990; McGee et al. 2000). An important indicator of substance use disorders later in life is the early initiation of drug use during adolescence (Brecht, Grnwall & Anglin, 2007; Griffin et al., 2002; Grant & Dawson, 1998; Poudel & Gautam, 2017).

Media consumption can influence negative behavioral and emotional processing in a broad range of ways (Bryant et al., 2013). With the approach of the information age, access to the media is increasingly becoming prevalent in the

everyday lives of teens and young adults, whether in the East or the West. A systematic analysis of 42 studies on the relationship between media consumption and substance use reveals that 83 percent have reported a correlation between the media and an increased risk of smoking, illegal drug use, and alcohol consumption. Of 30 research analyzing media content, 95 percent found that increased media exposure and negative behavior were strongly associated. Similarly, 67 percent of the 12 studies analyzing the quantity of media exposure reported an association with a negative behavioral and mental outcome. A longitudinal study on the association between media consumption and negative behavioral outcome was reported where the evidence for associations between media exposure and tobacco use was strongest while, illegal drug use and alcohol consumption were moderate (Smith et al., 2010).

The theory of social ecology suggests that in particular, mass media is another important dimension in the lives of young people that can lead young people in sexual risk behaviors (L'Engle et al., 2006; Brown & Cantor, 2000). Ward (2003), Escobar-Chaves et al. (2005), and Annenberg Media Exposure Research provide comprehensive summaries on how different media platform contributes in the development of an individual's sexual knowledge and sexual attitides.

L'Engle et al. (2006) found that sexuality knowledge was primarily influenced by the media content that the individual accessed, which was instrumental in developing the concept of premarital sexual permissiveness. Smith (2000) conducted a content analysis on web-based reproductive health information and found that 63% of online data can be described as pornography that can adversely affect the sexual attitudes and behaviors of young people.

A qualitative study in Vietnam shows that young people used the Internet as a medium for accessing sexual related materials or to fulfill their sexual desires (Ngo, Ross & Ratliff, 2008). Previous research has shown that respondents consistently cite mass media as important sexual information sources (Strasburger, Wilson & Jordan, 2009); Qi & Tang, 1999).

Collins et al. (2004) discovered in a study that watching sexual content on TV predicted early sexual initiation and progressive sexual activity a year later. Brown and colleagues (2006) report that high exposure to sexual content in music, TV, movies and magazines predicted precoital sexual activity and sexual intercourse among white respondents.

In addition, Martino et al. (2006) found that listening to music with derogatory sexual lyrics hastened sexual initiation and resulted in more advanced precoital behavior. One study found that exposure to sexual content on television shows is likely to increase the risk of teenage pregnancy (Chandra et al., 2008).

Research by Nguyen (1998) and Qi YL (1999) among young adults in three cities of China showed that media were used to access sex-related data. Almost all respondents report having learned from legacy media about sex, and majority of the respondents learned from the Internet. The findings are consistent with previous studies conducted among Asian adolescents and young adults, where different types of media have been a major source of knowledge in learning concepts about sex. Those who had more access to Western media were more likely to have permissive attitudes about premarital sex. More permissive sexual attitudes and practices are portrayed in Western media.

Well-being was elaborated as the presence of positive cognitive component that includes high levels of life satisfaction (Diener et al., 1999). In comparison, the tradition of eudaimonic research suggests a more nuanced view of well-being that goes beyond mere happiness and pleasant experience and conceptualizes well-being in terms of personal development and purposeful life (Huta & Waterman, 2014). For a better understanding of the impact of media use on well-being, a hedonic perpective on well-being viewed media as a means of mood optimization (Zillmann, 1988). Recently, research has also begun to concentrate on the impact of media use on eudaimonic well-being, media was conceptualized as a tool that encourage psychological well-being through 'meaningful entertainment' (Oliver & Bartsch, 2011).

Studies have suggested the positive effect of media use on well-being in which media was conceptualize as a social resource (Utz & Breuer, 2017), a tool for coping with stress (Nabi, Perez Torres, & Prestin, 2017) or a vehicle for the social sharing of emotions (Choi & Toma, 2017). The broaden-and-build theory of Fredrickson on positive emotions states that positive emotions broaden the repertoires of thought-action of individuals, which then build skills and resources that subsequently boost well-being (Cohn & Fredrickson, 2006; Fredrickson, 2003). In a series of laboratory experiments, researchers used movies to evoke positive emotions to test this theory. Participants watched movies that either induced positive, negative or no emotions. Participants with positive feelings were more likely to be creative, inventive, focusing on the built resources that helped cope and prosper in life (Cohn & Fredrickson, 2006; Fredrickson, 200). Witnessing good deeds in the media could change the thought-action repertoire, trigger moral elevation and, in turn, induce audience the likelihood of imitating prosocial acts (Cohn & Fredrickson, 2006; Fredrickson, 2003; Haidt, 2000). A study among adult research has produced promising results regarding film exposure and moral elevation (Niemic & Wedding, 2014; Oliver et al., 2017).

As we all grow and enter various stages of our lives, we face many obstacles and overcome milestones that are special to that level. According to WHO, 'Youth' refers to a person between the ages of 15 and 24. Youth is described by the National Youth Policy (2014) as an individual between the ages of 15 to 29. Young people make up about 27.5 percent of the total population of India.

Substance use is one of the world's most public health concern, that effects nearly every section of society. According to the United Nation Office on Drugs and Crime report (2020), the most affected age groups are teenagers and young adults, who account for the highest proportion of those involved in drug use. The use of drugs can be part of identity exploration in two ways for young people. They can either function in a way that leads to positive or negative results in coping with life stressors. They can internalize or externalize by following unhealthy path. Internalization takes the form of negative mental health symptoms such as anxiety, depression, or other loss of mental health. Externalization takes the form of indulging in high-risk activities such as substance use or involving in crime activity (Arnett, 2005).

UNODC (2020) reported the global scenario of drug use in 2018. According to the survey, about 269 million people worldwide engaged in drugs and more than 35 million people experience substance use-related disorders. In 2018, cannabis accounted for the most prevalent drug use worldwide, with an estimated 192 million individuals participating worldwide. However, opioids accounted for the most recorded deaths due to opioid use disorders, rising by 71 percent, with a 92 percent increase among women and 63 percent among men. Increased drug use in developing countries was much higher than in developed countries over the period 2000-2018. Compared to rural areas, drug use is often higher in urban areas, both in developed and developing countries. The increase in the number of people migrating to urban and urban areas from the countryside leads to the overall increase in substance use. The survey also reported that socio-economically deprived groups face a higher risk of substance use disorders. The key factors contributing to the increased risk of substance use disorders include poverty, low educational level and socially disadvantaged individuals.

Substance use is also a growing person and social problem in India. The issue of street children, working children and trafficked children has now become a widespread epidemic that distresses all segments of society. One of the studies on drug use in India by National Survey on Extent, Pattern and Trends of Drug abuse in India (2019) reports that Around 14.6 percent of people in the age group of 10-75 drink alcohol. The study also noted that alcohol use is 17 times more prevalent among males than females and it is estimated that about 5.2 percent of Indians face problems related to alcohol use. In terms of cannabis usage, 2.8 percent reported using cannabis-related products and about 0.66 percent needed help with problems associated with cannabis use. Heroin is the most prevalent in terms of opioid use, accounting for around 1.14 percent, followed by prescription opioids, accounting for around 0.96 percent and then heroin with 0.52 percent and about 0.55 percent of opioid use-related consequences. In terms of the proportion of the population affected by opioid use in India, the northeast states that include Mizoram, Nagaland, Arunachal Pradesh, Sikkim, Manipur along with Punjab, Haryana and Delhi are the top states with the highest prevalence.

In terms of sedative use, about 1.08 percent of Indians involved with sedatives in the 10-75year age range, which involves both non-medical and non-prescription use. Sikkim, Nagaland, Manipur, and Mizoram are the states with the highest number of current users. Inhalants are the only group of substances found to be predominant in children and teenagers, with around 1.17% compared to 0.58% for adults. An approximate 4.6 lakh children and 18 lakh adults need assistance as a result of the problem associated with their inhalant use. The survey also found that 8.5 Lakh is an estimate of individuals who inject drugs (PWID). PWID is predominantly injected with opioid drugs, with 46 percent of heroin and 46 percent of prescription opioids. PWID reports a substantial proportion of unsafe injection procedures. In addition, the report further revealed that access to rehabilitation services remains grossly low for individuals affected by drug use.

Substance use has an ill effect on Mizo society as well. Mizos are the people who occupied the state of Mizoram, located in Northeast India. The Mizos are practically Christians and the community revolves around Christianity and its values.

Despite the massive efforts made by the community to curb substance related products, the consequence of drug use is still pronounced in the society. Heroin claimed the lives of many Mizos, in particular young adults. The social, private, and psychological behaviour of both individuals and society is profoundly affected by this multifaceted phenomenon. According to the reports issued by Mizoram's Excise & Narcotics Department, as many as 54 individuals, including 12 women, died in 2019 due to drug use. At least 27 people were killed by heroin, while the rest died later year due to misuse of various substances. Since 1984 until March 2020, 1592, 1405 male and 187 females are the cumulative deaths attributed to drug misuse. The baseline Survey on Extent and Pattern of Drug User reports that the most common abused drugs in Mizoram is prescription opioids. The survey also noted that the average age of substance users was 28 years.

Substance abuse is caused by a dynamic interaction of sociological, psychological and biological factors that influence the individual. Denton & Kempfe's (1994), suggests that there are multiple underlying factors that explain why certain individuals are involved in the use of illicit drugs and other substance-related products. The use of drugs may be considered a result of family relationships and experiences, as well as a sign of family dysfunction associated with failure to fulfill the developmental tasks expected at each stage of the family life cycle (Nichols & Schwartz, 1995; Wright, 1990; Kumpfer, & Turner, 1991). Family factors such as race and socioeconomic status also affect drug use, in addition to the direct effect of family relationships and experiences on substance use (Johnston, O'Malley, & Bachman, 1989).

Substance use is associated with a variety of adverse effects, including reductions in physical ability, social and psychological relapses (Bano, et al., 2019). In general, prior research considers drug use as a result rather than a cause of reduced psychological well-being. For example, Ford (2001) claimed that substance is frequently used to self-medicate or cope with psychological distress from pre-existing psychological symptoms. In turn, drug misuse, marked by impaired psychological and social growth, can lead to deterioration in psychosocial functioning. As such, it has

been theorized that a psychological disorder is generally shown to induce substance use, which then influences the original psychological condition (Ford, 2001). Mainous (1996) also suggested that self-medication and substance use are also a way of forgetting traumatic memories or satisfying a desire that cannot be fulfilled otherwise.

Some scholars on the other hand, have found that the use of drugs lead to the deterioration of psychological well-being. For example, in a study consisting of a wide age range (18-65), Blum (1987) found that smoking cessation appeared to contribute to improved psychological well-being, cognitive functioning, energy levels and adequacy of sleep. Thus, as opposed to their smoking peers, people who quit smoking showed better psychological well-being. Other researchers stated that an important predictor of substance use disorders later in life is early initiation of substance use during adolescent (Brecht, Grnwall, & Anglin, 2007; Griffin et al., 2002; Grant & Dawson, 1998; Poudel & Gautam, 2017).

Another emerging social problem in the society is premarital sex. The effect of globalization and rapid social change had repercussion on young people in all over the society (Mary & Manikandan, 2015). In particular, the advent of the so-called 'sex liberation' in the 1960s and 1970s in the Western world dramatically legitimized the acceptance of sexual practices outside marriage (Abraham & Kumar, 1999). In certain ways, modern culture thus tends to be more permissive because premarital sex has become a 'standard' occurrence in most part of the society.

The recent National Family Health Survey and the National Behavioral Surveillance investigated young people's premarital sexual activity in India. Proof from these studies shows that despite socio-cultural taboos, young people in India do involved in premarital sex. In the context of Mizoram, a study conducted by the Mizoram Presbyterian Church's social organization Synod Social Front (2010) recorded that over 43 percent of Mizo young people were involved in pre-marital sex. While 52.88% said they did not have premarital sex, 43.27% admitted to doing so. The survey also noted that premarital sex is on the rise among Mizo youth. One research study on the 'liberal or conservative' attitude towards premarital sex among Mizoram University students by Lalmalsawmzauva (2014) highlighted that girl students are

more conservative than their male counterparts on virginity issues. In addition, the study also noted that students from both urban and rural backgrounds are more liberal in premarital sex as compared to students with only urban or rural backgrounds.

Recently, the state has recorded a high number of HIV-positive cases, with India's highest HIV prevalence rate at 2.04%. The prevalence of HIV/AIDS in Mizoram is 42.38 per cent among people in the 25-34 age group, 26.46 per cent in the 35-49 age group and 23.03 per cent in the 15-24 age group. The most popular route of transmission for HIV-positive cases is registered through heterosexual route at 66.08 per cent. 28.16 per cent of transmission accounts for the use of needles and syringes. The transmission of parents to children is 2.96%, while homosexual/bisexual transmission is 1.03%. It does not specify the remaining 1.77 percent transmission. Before meth butted in a few years ago, heroin and cannabis are the most prevalent substance-related products in the society (Indian Express, 2021).

The above statement clearly depicted the ill-effects of sexual-related consequence in the society. It is particularly a serious concern among Substance Users, where intoxication can impair an individual's ability to make sound decisions, resulting in a pattern of deceit and irresponsive behavior. To address the relation between substance use and sexual attitude is a need of an hour in Mizo society. Sexual attitudes refer to how sexual behavior includes embracing others, either for themselves or for others. In the study of sexuality, sexual attitudes have been recognized as a key concept since attitudes influence many other aspects of sexuality, including sexual activities, sexual fantasies, and reactions to sexual indicators in the community (Kelley and Byrne, 1992).

Substance use increases the likelihood of engagement in sexual activity which in turn, induces a person to seek substance (Mott & Haurin, 1988). Research indicates that both variables occur at the same time, but what induces the other has yet to explore (Eisen, 2000). Drug misuse contributes to risky sexual activity, due to the disinhibition effect, (Ritchwood et al., 2015; Khan, 2015). The intention to engage in sexual behavior or sexual assault could lead one to abuse a drug (Cooper, 2002). Alcohol and other drugs increase risk-taking habits, especially in relation to their sexuality (Strunin

& Hingson, 1992; Unachukwu & Nwankwo. 2003). Substance use can lead young people to engage in risky sexual activities, including unprotected sexual contact, starting sexual activity at an extremely young age, and having more than one sexual partner can potentially lead to sexual disease (STD) transmission, unintended pregnancy, and sexual assault. People who misuse substance tend to be more active and open to sexual encounters and have a very tolerant attitude towards sexuality and its rules (Bruno et al., 2012). All these statements suggested substance Users tolerance attitude toward sexual activity in general, and that premarital sex is inclusive.

With the approach of the information age, access to the media is increasingly becoming prevalent in the everyday lives of teens and young adults, whether in the East or the West. Media consumption may have a wide variety of adverse behavioral and emotional implications (Bryant, Thompson, Jennings, & Susan, 2013). Mass media is another important dimension in the lives of young people (L'Engle et al., 2006; Brown & Cantor, 2000). The conceptions of sexuality were largely influenced by the media content they accessed, which was influential in the development of sexual permissiveness attitude before marriage (l'Engle et al., 2006).

In addition to sexual knowledge, exposure to substance-related media content may also enforce viewers knowledge about substance use. The most important literature pertaining to this argument is the systematic analysis by Smith et al. (2010) of about 42 studies. An inclusive outcome was recorded where substance use such as alcohol, tobacco, and other illegal drugs was found to be correlated with films, music, and other videos.

Substance use can affect the remainder of our lives, and among young adults, co-morbidity of substance use and other psychological problems are common (Visser & Rouledge, 2007). Substance Users typically have poor psychological well-being with respect to prior study. Psychological well-being refers to a complete and fulfilling way of living life and to the individual's growth and self-realization (Linley, 2013; Ryff, 1989). The idea of Barlow and Durand (1999) suggests that people often use drugs as a way of fleeing when life presents too many challenges. On the other hand,

some studies have found that the use of substances contributes to degradation of psychological well-being (Blum, 1987).

Socio-demographic factors such as age, gender, socio-economic indicators and living conditions have been shown to affect mental health and well-being (Diener and Ryan 2009, Keyes & Waterman 2003). Such factors play a role in the perception of various levels of different aspects of well-being (Hansson et al. 2005; Keyes & Waterman 2003; Roothman et al., 2003; Temane & Wissing 2008). Therefore, it is important to recognize the relationship between the psychological and social factors that effect on drug use involvement of an individual (Bronfenbrenner, 1979).

With the advent of positive psychology, study on media impact on well-being has become popular. From the hedonic viewpoint on well-being, media is addressed as a source of mood optimization that likely to have positive impact on well-being (Zillmann, 1988). On the other hand, from the eudemonic perspective on well-being, media is conceptualized as encouraging psychological development through meaningful entertainment from different media outlets (Oliver & Bartsch, 2011). The emotional effect of media entertainment content activates some kind of heuristic form of deep or superficial cognitive process (Bartsch & Oliver, 2011).

In view of all the above-mentioned psychosocial problems and the current scenarios of substance use, premarital sex and media consumption and their relation to psychological well-being, the purpose of the present study is divided into four fold: first, the current study will categorize Substance Non-Users and Substance-Users by employing NMASSIST (National Institute on Drug Abuse, 2009), a score above 2 will be labelled as Substance-Users and examine their differences on premarital sexual attitude or permissiveness based on affectionate and non-affectionate premarital sex separately for male and female standards by using Premarital Sexual Permissiveness Scale (Reiss, 1964) and explore their differences on psychological well-being by employing Psychological Well-being Scale (Ryff & Keyes, 1964) and explore their media consumption based on two dimensions Antisocial media content and Neutral media content in which Content-based Media Exposure (den Hamer et al., 2017) will be employed. Finally, for the predictability of psychological well-being, the study will

include socio-demographic variables (age, sex, marital status, family type, family size, interpersonal relationship with father, mother, siblings and grandparents, age of onset of drug use, religious participation, and social involvement) as well as substance use, premarital sexual permissiveness and media consumptions will be further explored.

In addition, the present study will incorporate the three locality-Aizawl, Lunglei & Siaha in the analyses and examine their differences on Substance use, premarital sexual permissiveness, psychological well-being and media consumption. The present study will further examine the predictability of psychological well-being from substance use, socio-demographic variables, premarital sexual permissiveness and media consumption among the three localities.

Objectives of the study:

The following objectives is planned in view of the foregoing empirical findings and theoretical considerations:

1. To determine the differences between Substance Users and Non-Substance Users on premarital sexual permissiveness, psychological well-being and media consumption.

2. To determine the differences between Aizawl, Lunglei and Siaha on substance use, premarital sexual permissiveness, psychological well-being and media consumption as well as the patterns of chronological variation.

3. To illustrate the patterns of relationship between the socio-demographic variables, substance use, premarital sexual permissiveness, psychological well-being and media consumption.

4. To determine the predictability of psychological well-being from socio-demographic variables, substance use, premarital sexual permissiveness and media consumption.

Hypotheses:

The following hypotheses are set out in order to meet the target objectives:

1. It is expected that Substance-Users as compared to Non-Substance Users higher mean scores on antisocial content media consumption, the reverse is expected on premarital sexual permissiveness, psychological well-being and neutral content media consumption.

2. It is expected that substance use, premarital sexual permissiveness, psychological well-being and media consumption will show decreasing trends along the selected locality – Aizawl, Lunglei and Siaha.

3. It is expected that significant inter-relationships will emerge between socio-demographic variables, substance use, media consumption, premarital sexual permissiveness and psychological well-being.

4. It is expected that significant predictability will emerge on psychological well-being from socio-demographic variables, substance use, premarital sexual permissiveness and media consumption.

Sample:

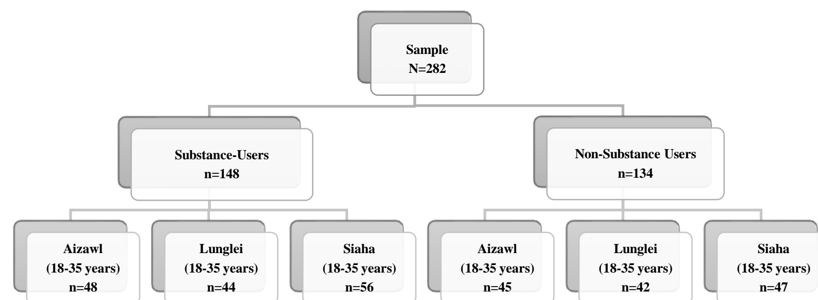
The study comprised of 282 Mizo young adults, 148 Substance-Users from Aizawl (n=48), Lunglei (n=44) and Siaha (n=56) were selected based on purposive sampling. Comparable groups comprising of 134 Non-Substance Users were also selected from Aizawl (n=45, Lunglei (n=42) and Siaha (n=47). The categorization of Substance-Users and Non-Substance Users was made based on NIDA Modified ASSIST V2.0 (NIDA, 2009) and a score above 2 was labelled as 'Substance-Users'.

The socio-demographic information of the participants - age, gender, socio-economic status (derived from the background information of educational qualification, occupational status and family monthly income), locality, family type, relations to head of the family, interpersonal relationship with father, mother, siblings and grandparents, societal and religious involvement, and age of onset of substance use are carefully recorded to match or equate the participants in the study.

Table 1: The sample characteristic table for 'Substance use' and 'Locality' to be imposed on the behavioral measures.

	Aizawl	**Lunglei**	**Siaha**	**Total**
Substance-Users	48	44	56	148
Non-Substance Users	45	42	47	134
Total	93	86	103	282

Figure 1*: Design of the study*: The study employed *3 (Locality) x 2 (Substance use)* factorial designs. 148 Substance-Users and 134 Non-Substance Users Mizo young adults from three separate localities, Aizawl, Lunglei and Siaha, were served as participants in the main design of the study. Therefore, 3x2 factorial design was imposed on the psychological measures of the study.



Psychological tools:

The NIDA-Modified ASSIST (National Institute of Drug Abuse, 2009): The NIDA-Modified ASSIST (NMASSIST), is a test consisting of 8 item screening questions which produces a drug involvement score based on the patient's responses that identifies the risk level of the patient from high to low and indicates intervention required that is suitable for patients 18 years of age or older. The evaluation includes a total of 10 screenings focused on activity in the past 3 months for illicit or non-medical prescription drug use. The NIDA-Modified ASSIST was adapted from the World Health Organization (WHO) Alcohol, Smoking and Substance Involvement Screening Test (ASSIST), Version 3.0. The higher score suggests higher substance use levels.

Premarital Sexual Permissiveness Scale (Reiss, 1964): For the assessment of the permissiveness of premarital sex among the participants, the Premarital Sexual Permissiveness scale was employed, which consists of 12 items in Likert scale ranges from (1) Strongly Agree to (2) Strongly Disagree. The scale would identify the levels of sexual permissiveness for premarital sex. The scale consists of 1) Permissiveness

with affection for Male – which indicates that premarital premarital sex is right for men under certain conditions when a stable relationship of engagement, love, or strong affection is present. 2) Permissiveness with affection for Female - premarital sex is right for women under certain conditions when a stable relationship of engagement, love, or strong affection is present. 3) Permissiveness without affection for Male - premarital sex is right for men regardless of the amount of affection or stability present, providing there is physical attraction. 4) Permissiveness without affection for Female - premarital sex is right for women regardless of the amount of affection or stability present, providing there is physical attraction. The lower score indicates higher permissiveness.

Psychological Well-being Scale (Ryff & Keyes, 1995): The Psychological Well-being Scale was the 18 items shortened version of the original 42 item of psychological well-being. The item is Likert scale ranges from 1 'Strongly agree' to 7 'Strongly disagree'. The model of Ryff incorporates six dimensions of psychological well-being, such as self-acceptance, supportive relationships with others, autonomy, environmental mastery, meaning in life and personal development. The higher scores indicate better psychological well-being.

The Content-based Media Exposure scale C-ME (den Hamer, A. H., Konijn, Plaisier, Keizer, Krabbendam & Bushman 2017): The Content-based Media Exposure (C-ME) was designed to measure both the frequency and content of media exposure regardless of the media source. The scale contains 17 items that measure exposure to media content that is antisocial (8 items) and neutral (9 items). The higher score indicates higher antisocial and neutral media content exposure.

Procedure:

All participants in the study were invited to participate and to receive an overview of the aims and risks of their involvement in the study. All of the respondents were asked for their approval. Data confidentiality was assured, as was the prospect of withdrawal from the survey at any time without obligation, and all the ethical protocols advocated by the APA were followed.

For further study, all the completed answers have been carefully screened, cleaned, coded and tabulated. The method of data clearing was implemented by screening incomplete answers, outliers and responses to social desirability.

Operational definition:

The terminologies employed for the study are hereby explained as operationalized.

Age: The participants' chronological age.

Sex: Whereas socially, each can have a feminine and masculine inclination, male and female. As the biological male and female characteristics, gender is used for the present analysis.

Marital status: four categories are presented- married, single, divorced and widowed.

Locality: Information concerning the geographical location of the respondent's residence in three areas:

1. **Aizawl**: the Mizoram State Capital. Locality-1 (Aizawl) was considered as an urban area in the current study.
2. **Lunglei**: Mizoram's second largest area. Locality-2 (Lunglei) was treated as a rural region in the current study.
3. **Siaha**: District capital of Siaha, located on southern area of Mizoram. Locality-3 (Siaha) was treated as a rural zone in the current study.

Family type: The type of family in which the participant lives and is divided into four levels:

(1) **Single**: not having a spouse/life partner or children from the same family.
(2) **Nuclear family**: parents who live under one roof, and their minor children.
(3) **Joint family**: where, under one roof, grandparents, father, mother and children live together.
(4) **Blended family**: when one or both of the previous relationships are created by one of the partners making a life together with the children, a stepfamily develops.

Head of the family: one who receives money or makes decision for the rest of the family.

Relation to the head of family: the relationship of the individual to the head of the family is presented on 9 levels:

1) Biological father and mother
2) Biological mother and no man
3) Biological father and no woman
4) Biological father and another woman
5) Biological mother and another man
6) Foster parents
7) Stepfather
8) Stepmother
9) Any other living arrangements

Interpersonal relationships with family members- Father, Mother, Siblings and Grandparents is presented in 3 levels: Good, In between, and Bad.

1) Interpersonal relationship with Father
2) Interpersonal relationship with Mother
3) Interpersonal relationship with Siblings (If any)
4) Interpersonal relationship with Grandparents (if any)

Societal involvement: Social participation of respondents based on the societal position and societal status.

Religious involvement: respondent's religious participation based on religious position and religious status.

Age of onset of substance use: substance use initiation of individuals measured by chronological age

Statistical Analyses:

The following statistical treatments were used on the socio-demographic variables and the psychological measures to address the target research objectives of the study.

The following statistical treatments were used to ascertain the applicability of the psychological tools and the descriptive nature of the socio-demographic variables and the psychological tools:

Firstly, the descriptive statistics of the behavioral measures were computed (mean, standard deviation, skewness and kurtosis) and the internal consistency of the psychological tools was calculated.

Secondly, the coefficient of bivariate correlation was calculated for the behavioral measures of the study

Third, *t*-test was used to compare group mean differences on the scales and subscales of the behavioral measures for the effect of 'substance use'.

Fourthly, to demonstrate the patterns of heterogeneity, one-way variance analysis (ANOVA) was used to show the effect of 'locality' on behavioral measures.

The Scheffe Test, which is a parametric Post-hoc multi-comparison, was used to elucidate the group/mean variance patterns for the significant independent effect of 'Locality' on the scales and subscales of the behavioral measures.

To summarize the overall findings of the study, Stepwise Hierarchical Multiple Regression was employed separately for ‘Substance use’ and ‘Locality’ to determine the impact of the scales and subscales of the behavioral measures and socio-demographic variables on Psychological Well-being.

The outcomes of the statistical analyses are presented in the following chapters.

Background demographic profiles:

In the present study, the analyses plan of the total variables is 282. The categorization of 'Substance use' (Substance-Users and Non-Substance Users) was made based on a score above 2 on NIDA Modified ASSIST/NMASSIST scale (NIDA (2009)). Participants who scored above 2 on the scale were categorized as Substance-Users.

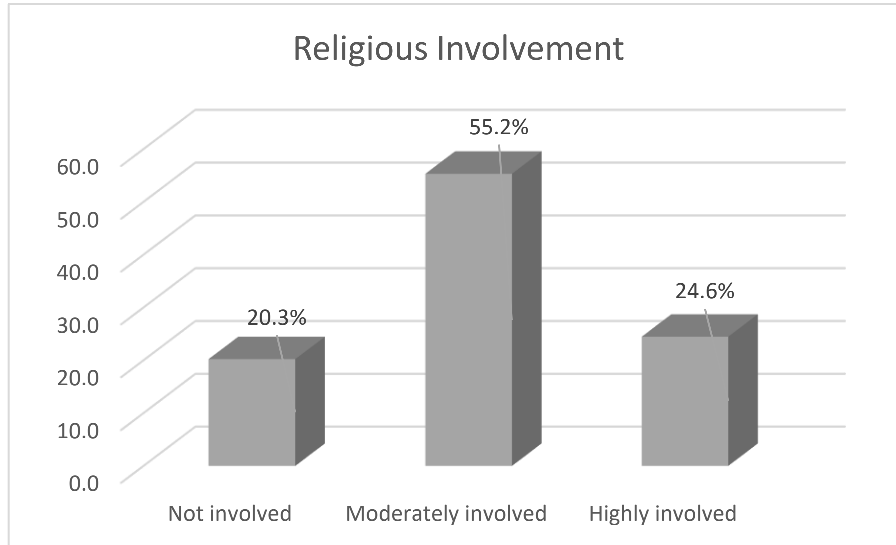
The age range consists of 18-35 years, mean age was found to be 26 years. The average age of onset of substance use was found to be 16 years among Substance-Users. In terms of gender, 184 participants are males and 97 are females.

Majority of the respondents reported they were single (73.3%), followed by married (13.5%) and divorced (13.2%). In terms of family type, about 75.8% belong to the nuclear family, 17.1% to the joint family, 4.3% to the single family, and 2.8% to the blended family. Father (68%) secure highest, followed by mother (20.3%), grandmother (4.8%), grandfather and others (3.6%) in relation to head of the family responses.

Majority of the participants have biological father and mother (71.2%), followed by biological mother and no man (13.5%), some other living arrangement (7.1%), biological father with no woman (4.6%), biological father and another woman & biological mother and another man (1.4%), stepfather & stepmother (0.4%) respectively.

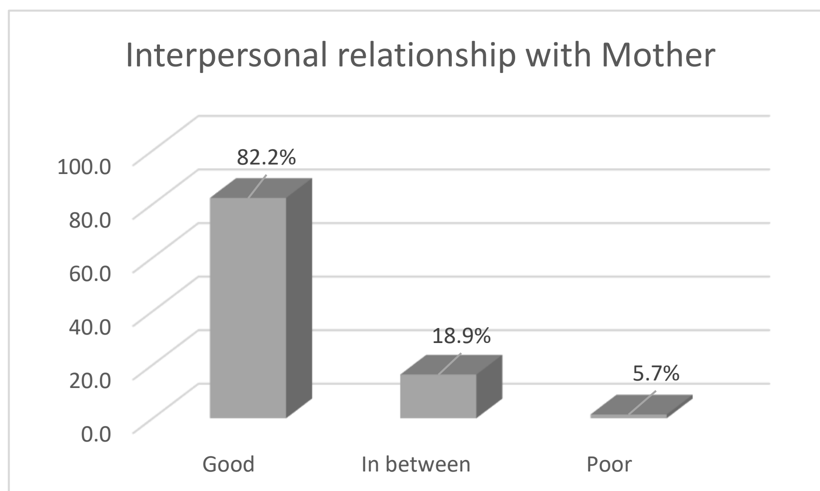
About 73.3 percent had positive relationships with siblings, 23.8 in between and 2.8 in bad relationships. About 75.8 percent are in positive relationships with grandparents, 21.7 percent in between and 2.5 percent reported poor relationships. In terms of societal involvement, 61.9 percent reported moderate participation, 24.6 percent were highly involved, and 13.5 percent reported never being involved.

Figure-2: The result (Figure-2) represents religious involvement status of the participants.



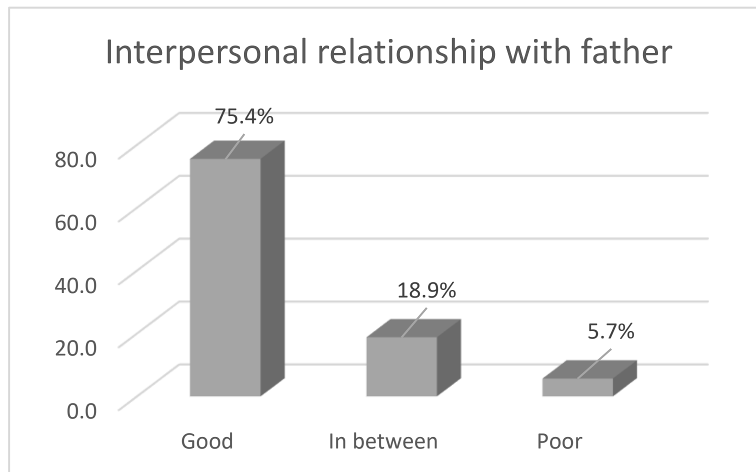
The result (Figure-2) shows that majority of the participants 55.2 percent reported moderate religious involvement, 24.6 percent reported never involved and 20.3 percent reported highly involved.

Figure-3: The result (Figure-3) shows the interpersonal relationship status of the respondent with the mother.



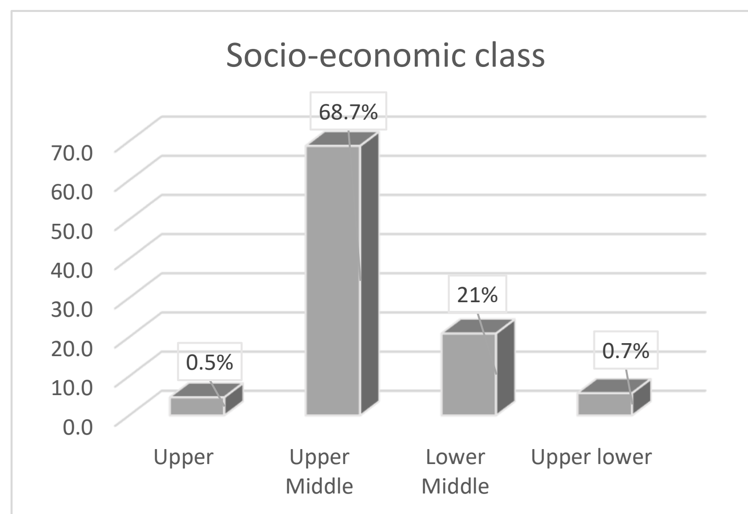
The result (Figure-3) highlighted that most of the participants reported having positive interpersonal relationships with Mother, securing 82.2 percent followed by18.9 percent 'in between' and 5.7 percent reported having poor relationships with mother.

Figure-4: the result (Figure-4) highlighted participant's interpersonal relationships with the father.



The result (Figure-4) highlighted that about 75.4% of the respondents indicated that they had a good relationship with their father, 18.9% in between and 5.7% in poor relationships.

Figure-5: the result (figure-5) highlighted the socio-economic status of the participants.



The result (Figure-5) shows that majority of the participants (68.7%) belong to the Upper Middle Class, followed by the Lower Middle Class (21%), Upper Lower (0.7%) and Upper class (0.5%).

Descriptive statistics:

The result (Table-2) describes the mean, standard deviation, skewness and kurtosis of the behavioral measures of NIDA-Modified ASSIST/NMASSIST (NIDA (2009)); Male Affection, Male Non-Affection, Female Affection, and Female Non-Affection subscales of Premarital Sexual Permissiveness Scale (Reiss, 1964); Psychological Well-being Scale (Ryff & Keyes, 1995); and Antisocial media content, and Neutral media content subscales of Content-based Media Exposure Scale (den Hamer, Konijn, Plaisier, Keizer, Krabbendam, & Bushman, 2017).

The skewness and Kurtosis statistics (table-2) were employed to discern the pattern of the distribution of the measured variables for the scales of NMASSIST; Psychological Well-being Scale; subscales of Premarital Sexual Permissiveness Scale-Male Affection, Male Non-Affection, Female Affection and Female Non-Affection; subscales of Content-based Media Exposure Scale - Antisocial media content and Neutral media content. The statistics and the skewness and kurtosis on the scale are found at the desired range for the assumption of normality.

The result (Table-2) also highlighted the Cronbach's Alpha of the behavioral measures as a measure of internal consistency. Cronbach's Alpha of NMASSIST scale was found to be .96 which is excellent, Male Affection was found to be .91 which is excellent, Male Non-Affection was found to be .71 which is considered acceptable, Female Affection was found to be .89 which is good, Female Non-Affection which was found to be .69 which is considered questionable, Psychological Well-being Scale was found to be .85 which is considered good, Antisocial media content was found to be .88 which is considered good and Neutral media content was found to be .84 which is considered good.

Table-2: Descriptive statistics of the mean, standard deviation, skewness and kurtosis of the scale/subscales of the behavioral measures and the Cronbach's alpha value of the behavioral measures (N=282).

	Mean	**SD**	**Skewness**	**Std. error**	**Kurtosis**	**Std. error**	**α**
NMASSIST	30.96	46.29	1.88	.15	3.34	.29	.96
Male Affection	24.80	8.72	.02	.15	-.85	.29	.91
Male Non-Affection	12.21	3.24	-.50	.15	-.19	.29	.71
Female Affection	28.70	8.58	-.08	.15	-.30	.29	.89
Female Non-Affection	12.91	3.32	-.68	.15	.10	.29	.69
Psychological Well-being	48.04	9.98	-.36	.15	-.91	.29	.85
Antisocial media content	20.77	6.40	.20	.15	-.02	.29	.88
Neutral media content	29.05	6.26	-.56	.15	.91	.29	.84

Table-3: The bivariate correlations between socio-demographic variables and the scales and subscales of the behavioral measure.

		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22
1	Substance use	-																					
2	Locality	.02	-																				
3	Age	.33**	-.18	-																			
4	Sex	-.48	-.07	-.13	-																		
5	Social class	.22	.04	.03	-.20**	-																	
6	Family type	.14	-.09	.08	.04	.02	-																
7	RWHF	.11	-.18**	.01	.05	-.01	.47**	-															
8	IPF	.30**	-.02	.03	-.09	.19**	.32**	.32**	-														
9	IPM	.33**	.10	.04	-.05	.13	.32**	.30**	.51**	-													
10	IPS	.37**	.08	.06	-.14*	.12*	.29**	.19**	.58**	.63**	-												
11	IPGP	.21**	-.15*	.10	-.12*	.19**	.20**	.17**	.36**	.33**	.48**	-											
12	SI	-.34**	.04	-.02	.19**	-.18**	-.11	-.20**	-.30**	-.18**	-.18**	-.20**	-										
13	RI	-.42**	.06	-.10	.26**	-.18**	-.12*	-.12*	-.35**	-.28**	-.26**	-.25**	.63**	-									
14	OSU	.71**	-.04	.30**	-.43**	.11	.13*	.05	.19**	.21**	.24**	.13*	-.22**	-.31**	-								
15	Substance use	.64**	.07	.21**	-.38**	.23**	.13*	.03	.30**	.32**	.32**	.16**	-.26**	-.39**	.41**	-							
16	PSPMA	-.38	.05	-.01	.13*	-.03	-.18**	-.16**	-.23**	-.25**	-.24**	-.14*	.27**	.28**	-.36**	-.24**	-						
17	PSPNMA	-.30**	.02	-.01	.09	-.06	-.13	-.06	-.15*	-.14*	-.10	-.05	.20**	.14*	-.22**	-.27**	.54**	-					
18	PSPFA	-.34	.08	.02	.10	-.07	-.13*	-.12*	-.20**	-.19**	-.22**	-.17**	.26**	.27**	-.32**	-.20**	.83**	.51**	-				
19	PSPFNA	-.24**	-.10	-.02	-.01	-.07	-.07	-.01	-.06	-.08	-.04	-.04	.12*	.10	-.13*	-.21**	.35**	.61**	.47**	-			
20	PWB	-.71**	-.16**	-.18**	.32**	-.23**	-.23**	-.13*	-.46**	-.39**	-.41**	-.20**	.40**	.53**	-.49**	-.56**	.30**	.22**	.24**	.12**	-		
21	CMEAS	.47**	-.03	.05	-.28**	.06	.21**	.06	.16**	.27**	.26**	.14*	-.24**	-.33**	.42**	.43**	-.42**	-.32**	-.40**	-.23**	-.40	-	
22	CMEN	.03	-.18**	-.02	-.02	-.03	-.01	-.01	-.15*	-.02	-.08	-.01	.08	.08	.06	.02	.02	-.02	-.03	.02	.16**	.30**	-

***Significant at .01 level *Significant at .05 level*

{RWHF - Relationship with head of family; IPF - Interpersonal relationship with father; IPM - Interpersonal relationship with mother; IPS - Interpersonal relationship with siblings; IPGP - Interpersonal relationship with grandparents; OSU – Age of onset of Substance use; SI-Societal Involvement; RI-Religious Involvement; PSPMA - PSP Male Affection; PSPMNA - PSP Male Non-affection; PSPFA - PSP Female Affection; PSPFNA - PSP Female Non-affection; CMEAS -Anti-social Media Content; CMEN – Neutral Media Content}

The bivariate correlation coefficients between substance use, Locality, the demographic variables of age, sex, marital status, social class, family type, head of the family, relations to head of the family, interpersonal relationships with (father, mother, siblings, grandparents), societal involvement, religious involvement, age of onset of substance use, and the scales and subscales of the behavioral measures are presented in table-3.

The results (table-3) revealed that Substance use (Substance Users and Non-Substance-Users) to be positively correlated with age, Interpersonal relationship with father/mother/siblings/grandparents, age of onset of substance use, NMASSIST, and Antisocial media content and negatively correlated with Social involvement, Religious involvement, Male Affection, Male Non-Affection, Female Non-Affection, Psychological Well-being; Locality emerged to be negatively correlated with Head of the Family, Relations to the head of family, Interpersonal relationship with Grandparents, and Psychological Well-being Scale.

Age emerged to be positively correlated with onset of substance use and NMASSIST and in negative correlation with Psychological Well-being; Sex was found to be positively correlated with social involvement, religious involvement, Male Affection and Psychological Well-being and in negative correlation with Socioeconomic class, Interpersonal relationship with Siblings and Grandparents, onset of substance use, NMASSIST and Antisocial media content.

Socioeconomic class emerged to be in positive correlation with Interpersonal relationships with Father, Siblings, Grandparents, and NMASSIST and in negative correlation with Societal status, Religious status, and Psychological Well-being; Family type is in positive correlation with Head of the family, relations to the head of the family, interpersonal relationship with the father, mother, siblings, grandparents, onset of substance use, NMASSIST and Antisocial media content scale whereas in negative correlation with Religious status, Male-Affection, Female-Affection, and Psychological Well-being.

Head of the family is in a positive correlation with Relations to head of the family, Interpersonal relationships with Father/Mother/Siblings/Grandparents, and

Antisocial media content and in negative correlation with Societal involvement, Religious involvement, Male Affection, Female Affection, and Psychological Well-being. Relations to the head of family emerged to be positively correlated with Interpersonal relationships with father, Mother, Siblings, and Grandparents and in negative correlation with Societal involvement, Religious involvement, Male Affection, Female Affection, and Psychological well-being; Head of the family is in a negative correlation with Societal involvement, Religious involvement, Male Affection, Female Affection and Psychological well-being.

Interpersonal relationship with father emerged to be positively correlated with Interpersonal relationships with the mother, Siblings, Grandparents, age of onset of substance use, NMASSIST, and Antisocial media content and in negative correlation with Social involvement, Religious involvement, Male Affection, Male Non-Affection, Female Affection, Psychological Well-being, and Neutral media content; Interpersonal relationship with mother is in positive correlation with Interpersonal relationship with- Siblings, Grandparents, age of onset of substance use, NMASSIST, Antisocial media content and in negative correlation with Societal involvement, Religious involvement, Male Affection, Male Non-Affection, Female Affection, and Psychological Well-being; Interpersonal relationship with Siblings is in a positive correlation with interpersonal relationship with Grandparents, age of onset of substance use, NMASSIST and Antisocial media content and in negative correlation with Societal involvement, Religious involvement, Male Affection, Female Affection, and Psychological Well-being. Interpersonal relationship with Grandparents is in positive correlation with Onset of substance use, NMASSIST and Antisocial media content and in negative correlation with Societal involvement, Religious involvement, Male Affection, Female Affection, and Psychological Well-being.

Societal involvement is in a positive correlation with Religious involvement, Male affection, Male Non-Affection, Female Affection, Female Non-Affection, and Psychological Well-being and in a negative correlation with age of onset of substance use, NMASSIST and Antisocial media content; Religious involvement is in a positive correlation with Male Affection, Male Non-Affection, Female Affection, and Psychological Well-being whereas in negative correlation with age of onset of

substance use, NMASSIST and Antisocial media content; Age of onset of Substance use is positively correlated with NMASSIST, and Antisocial media content and in negative correlation with Male Affection, Male Non-Affection, Female Affection, Female Non-Affection and Psychological Well-being.

Finally, the bivariate relationships are also observed between the scales/subscales of the behavioral measures. NMASSIST scale is in a positive correlation with Antisocial media content and in a negative correlation with Male Affection, Male Non-affection, Female Affection, Female Non-Affection and Psychological Well-being Scale. The significant interrelationships emerged between the socio-demographic variables and the scales and subscales of the behavioral measures supported the proposed hypotheses (H_3) and the findings in the present study.

All the subscale of Premarital Sexual Permissiveness Male Non-Affection, Male Non-Affection, Female Affection, and Female Non-Affection show highly significant positive relationship in all possible combinations, negatively correlated with Antisocial media content subscale and positively correlated with Psychological Well-being Scale. Psychological Well-being Scale also emerged to be positively correlated with Neutral media content. Antisocial media content is also in a positive correlation with Neutral media content.

Summary: the significant relationships that emerge for substance use, Locality, the socio-demographic variables and the scale and subscales of the behavioral measures warranted the employment of differential and inferential statistics as presented in the following results

t-test for 'Substance use' (Substance Users and Non-Substance Users) on the scale of Psychological Well-being and subscales of Premarital Sexual Permissiveness and Content-based Media Exposure

The *t*-test was employed for 'Substance use' (Substance Users and Non-Substance Users) on the scale of Psychological Well-being; Male Affection, Male Non-Affection, Female Affection and Female Non-Affection subscales of Premarital

Sexual Permissiveness; and Antisocial media content and Neutral media content subscales of Content-based Media Exposure.

In view of the homogeneity of variances, equal variances were assumed for all subscales of Premarital Sexual Permissiveness and Content-based Media Exposure while equal variances were not assumed on Psychological Well-being scale.

The result (Table-4) further revealed significantly greater mean score for Non-Substance Users as compared to Substance-Users on Male Affection {$\text{Mean}_{(\text{Substance Users})}=21.69$; $\text{SD}_{(\text{Substance-Users})}=7.94$; $\text{Mean}_{(\text{Non-Substance Users})}=28.23$; $\text{SD}_{(\text{Non-Substance Users})}=8.27$}, Male Non-Affection {$\text{Mean}_{(\text{Substance-Users})}=11.28$; $\text{SD}_{(\text{Substance-Users})}=3.29$; $\text{Mean}_{(\text{Non-Substance Users}}=13.25$; $\text{SD}_{(\text{Non-Substance Users})}=2.86$}, Female Affection {$\text{Mean}_{(\text{Substance-Users}}=28.23$; $\text{SD}_{(\text{Non-Substance Users})}=8.45$, $\text{Mean}_{(\text{Non-Substance Users})}=31.73$; $\text{SD}_{(\text{Non-Substance Users}}=7.69$}, Female Non-Affection {$\text{Mean}_{(\text{Substance-Users})}=12.17$; $\text{SD}_{(\text{Substance-Users})}=3.38$, $\text{Mean}_{(\text{Non-Substance Users})}=13.74$; $\text{SD}_{(\text{Non-Substance Users})}=3.06$} and Psychological well-being {$\text{Mean}_{(\text{Substance Users}}=41.35$; $\text{SD}_{(\text{Substance Users}}=8.57$; $\text{Mean}_{(\text{Non-Substance Users}}=55.43$; $\text{SD}_{(\text{Non-Substance Users}}=4.94$}. In contrast, the results (Table-4) revealed significantly greater mean score for Substance-Users as compared to Non-Substance Users on Antisocial media content {$\text{Mean}_{(\text{Substance Users}}=23.6$; $\text{SD}_{(\text{Substance Users})}=5.78$; $\text{Mean}_{(\text{Non-Substance Users})}=17.63$; $\text{SD}_{(\text{Non-Substance Users})}=5.55$}.

Table-4: Levene's test and t-test for equality of means for the effect of 'Substance use' on the scales and subscales of the behavioral measures.

		Levene's Test for Equality of Variances		t-test for Equality of Means		
		F	Sig.	t	df	Sig.
Male Affection	Equal variances assumed	0.48	0.49	6.78	280.00	0.00
Male Non-Affection	Equal variances assumed	2.72	0.10	5.34	280.00	0.00
Female Affection	Equal variances assumed	0.66	0.42	6.00	280.00	0.00
Female Non-Affection	Equal variances assumed	0.82	0.37	4.08	280.00	0.00
Psychological Well-being	Equal variances not assumed	34.18	0.00	17.10	239.04	0.00
Antisocial media content	Equal variances assumed	0.00	0.98	-8.84	280.00	0.00
Neutral media content	Equal variances assumed	0.01	0.94	-0.52	280.00	0.60

The result (Table-4) revealed that there is a significant difference between Substance-Users and Non-Substance Users on Male Affection, Male Non-Affection, Female Affection and Female Non-Affection subscales of Premarital Sexual

Permissiveness Scale which indicates that Substance-Users are more permissive towards premarital sex. In line with the previous finding, youth deviant behavior, such as substance abuse, has been shown to be associated with having liberal sexual attitudes or being sexually active (Whitbeck, et al., 1999; Perkins, et al.1998) that proved the first hypothesis set-forth for the study.

Graves & Leigh (1995) found that respondents who smoked cigarettes and used marijuana between the ages of 18 and 30 were more likely to have sex and have more than one partner than those who did not. People who undergo treatment for substance use and alcohol use or who use multiple substances are more likely to engage in risky sexual behavior than others. A study of alcoholics found that those with addiction issues are more likely to have multiple sex partners (CASA, 1999; Scheidt & Windle, 1997), of which premarital sex is inclusive.

The result (Table-4) also showed statistically significant differences in Psychological Well-being between Substance Users and Non-Substance Users, with Non-Substance Users showing greater psychological well-being relative to Substance-Users. Substance use can affect the rest of our lives, and among young adults, co-morbidity of substance use and other psychological disorders tend to be prevalent (Visser & Rouledge, 2007). Ford (2001) believed that from pre-existing psychiatric symptoms, drugs are mostly used to self-medicate or deal with psychological distress. Drug addiction, in turn, characterized by diminished psychological and social development, can contribute to degradation in psychosocial functioning. As such, it has been theorized that a psychological state is typically shown to trigger drug abuse, which then affects the initial psychological condition (Ford, 2001). Some scholars, on the other hand, have found that the use of drugs contributes to the deterioration of psychological well-being. In his study Blum (1987) found that the impact of smoking cessation appeared to contribute to improved psychological well-being. An overview of the psychological well-being of Thai drug users by Tuicompee et al. (2005) reveals a low level of psychological well-being on four dependent variables such as purpose in life, life satisfaction, life goals, and happiness.

The result (Table-4) also shows a statistically significant differences between Substance Users and Non-Substance Users on Antisocial media content. The finding revealed that Substance-Users have higher exposure to antisocial media content as

compared to Non-Substance Users that proved the first hypotheses of the study. Research has shown that exposure to violent or antisocial content in media causes numerous adverse social, emotional and cognitive effects, such as rage, hostility and fear, and increased use of drugs (Buijzen et al., 2007; Villani, 2001). Primack & Kraemer (2009) also found in a study that the use of marijuana was linked to music exposure linearly and independently, but not film exposure. Alcohol use, on the other hand, was independently related with film exposure, but not music exposure. Another evidence indicates that early alcohol consumption could be associated with exposure to films (Dalton et al., 2002, 2006; Sargent, Wills, Stoolmiller, Gibson, and Gibbons, 2006). A Columbia study showed that increased marijuana was correlated with watching R-rated movies (National Center on Addiction and Substance Abuse., 2005). Alsayyari & Albuhairam (2018) also discovered that the chances of using cigarettes, legal and illegal drugs were greater for students watching television, surfing the Internet, or playing video games for more than two hours compared to their peers watching less than two hours. Heavy and light internet use are both closely related to male smoking. Several studies have shown that intake of alcohol advertisement results in more positive drinking habits and is predictive of drinking in early adolescence and young adulthood (Grube & Wallack, 1994; Engels et al., 2009). All these findings supported the proposed hypotheses (H_1) and the findings of the present study.

Summary: the significant relationships that emerge for substance use, Locality, the socio-demographic variables and the scale and subscales of the behavioral measures warranted the employment of differential and inferential statistics as presented in the following results:

One-way analyses of Variance for 'Locality' on the NMASSIST, Psychological Well-being, Premarital Sexual Permissiveness, and Content-based Media Exposure:

One-way ANOVA was employed for 'Locality' on the scales of NMASSIST and Psychological Well-being and Male Affection, Male Non-Affection, Female Affection and Female Non-Affection subscales of Premarital Sexual Permissiveness and Antisocial and Neutral Media content of Content-based Media Exposure Scale.

The result (Table-5a) highlighted the Levene's test of homogeneity of variances on 'Locality'. The assumption of homogeneity of variances was found tenable on Male Affection, Female-Affection and Female Non-Affection subscales of Premarital Sexual Permissiveness; Psychological Well-being Scale; Antisocial media content and Neutral media content subscales of Content-based Media Exposure; and Media Content Scale. However, significant heterogeneity of variances was found on NMASSIST Scale, Male Non-Affection, and Female Non-Affection. When Levene's test is found significant, Robust test of means was employed.

Table-5a: Levene's test of homogeneity of variances for the effect of 'Locality' on the scales and subscales of the behavioral measures.

	Levene Statistic	df1	df2	Sig.
NMASSIST	6.14	2	279	.002
Male Affection	.69	2	279	.505
Male Non-Affection	10.76	2	279	.000
Female Affection	1.54	2	279	.216
Female Non-Affection	3.37	2	279	.036
Psychological Well-being	2.20	2	279	.112
Antisocial media content	1.62	2	279	.201
Neutral media content	2.52	2	279	.082

The result (Table-5b) highlighted One-way ANOVA for the effect of 'Locality' on Male Affection and Female Affection subscales of Premarital Sexual Permissiveness; Psychological Well-being Scale; Antisocial media content and Neutral media content subscales of Content-based Media Exposure.

Table-5b: One-way Anova for the effect of 'locality' on Male Affection, Female Affection, Psychological well-being, Antisocial media content and Neutral media content

		Sum of Squares	Df	Mean Square	F	Sig.
Male Affection	Between Groups	49.55	2	24.776	.32	.723
	Within Groups	21311.93	279	76.387		
	Total	21361.48	281			
Female Affection	Between Groups	233.13	2	116.565	1.59	.206
	Within Groups	20448.64	279	73.293		
	Total	20681.77	281			
Psychological well-being	Between Groups	723.04	2	361.522	3.70	.026
	Within Groups	27237.53	279	97.626		
	Total	27960.57	281			
Antisocial media content	Between Groups	116.09	2	58.046	1.42	.244
	Within Groups	11409.38	279	40.894		
	Total	11525.48	281			
Neutral media content	Between Groups	370.87	2	185.435	4.87	.008
	Within Groups	10633.53	279	38.113		
	Total	11004.40	281			

Table-5c Robust Tests of Equality of Means (Brown-forsythe) for the effect of 'Locality' on the NMASSIST scale, and Male Non-Affection and Female Non-Affection subscales of Premarital Sexual Permissiveness Scale.

		Statistic[a]	df1	df2	Sig.
NMASSIST	Brown-Forsythe	1.869	2	254.303	.156
Male Non-Affection	Brown-Forsythe	.867	2	269.014	.422
Female Non-Affection	Brown-Forsythe	1.449	2	272.482	.237

Table-5d: The Scheffe test for the significant effect of 'Locality' on Psychological well-being

		1	2	3
	Rank Means	50.20	47.65	46.41
1	Aizawl	X		
2	Lunglei	-2.55	X	
3	Siaha	-3.80*	-1.24	X

**Significant at the .05 level*

Table-5e: The Scheffe test for the significant effect of 'Locality' on Neutral media content

		1	2	3
	Rank Means	30.20	29.56	27.57
1	**Aizawl**	X		
2	**Lunglei**	-.65	X	
3	**Siaha**	-2.63*	-1.99	X

**Significant at the .05 level*

Figure-:6 The plot of observed weighted means for the significant independent effect of 'Locality' on Psychological well-being

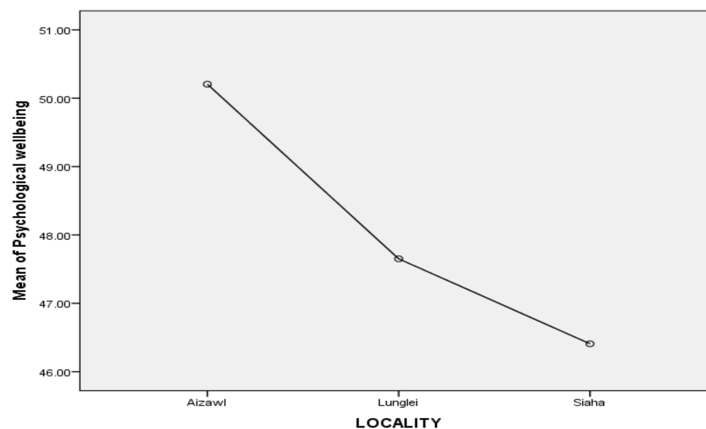
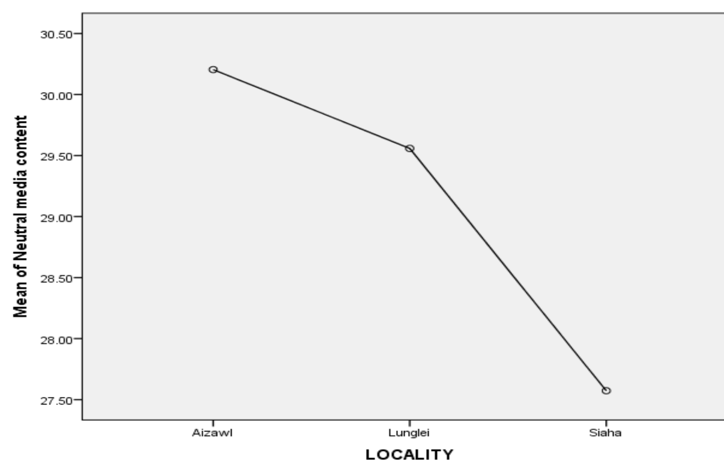


Figure-7: The plot of observed weighted means for the significant independent effect of 'Locality' on Neutral media content.



The result (Table-5a, b, c, d & e) highlighted significant effect of 'Locality' on Psychological Well-being and Neutral media content. The closure observation of the significant effect of 'Locality' on Psychological Well-being revealed greater scores for participants from Aizawl (Mean=50.20, SD=8.99) as compared to participants from Siaha (Mean=46.41, Sd= 10.41) in the Post Hoc Multiple mean comparison as supported by the mean plot (Figure-6). Similarly, closure observation of the significant effect of 'Locality' on Neutral media content revealed greater scores for participants from Aizawl (Mean=30.20, SD=5.24) as compared to participants from Siaha (Mean=27.57, SD=6.51) in the Post Hoc Multiple mean comparison as supported by the mean plot (Figure-7).

The result (Figure-6) shows that there is a significant difference between Aizawl (mean=50.20, SD=8.99) and Siaha (mean=46.41, SD=10.41) on Psychological well-being which indicates that participants from Aizawl have higher Psychological well-being as compared to participants from Siaha. Consistent with the present findings, Vorster et al. (2000) found that many South Africans are leaving rural areas for urban areas in search of a better life. With urbanization, they have observed an improvement in psychological well-being, since urbanization is linked to other changes in the lifestyle, such as moving away from relationship compulsions, less social influence and more self-determination (Kalule-Sabiti et al. 2007) improved socio-economic conditions (Kalule-Sabiti et al. 2007). Higher psychological well-being was correlated with urban living, jobs, education and marriage (Khumalo, Temane, & Wissing, 2012). These findings supported the proposed Hypotheses (H_2) and the findings of the present study.

The result (Figure-7) also shows that there is a significant difference between Aizawl (Mean=30.20, SD=5.24) and Siaha (Mean=27.57, SD=6.51) on Neutral media content. The result (Figure-7) shows that, compared to Siaha participants, participants from Aizawl have greater exposure to neutral media content. The outcome may suggest that, due to modernization, individuals from cities are more involved in attractive lifestyle practices, which may be reflected in their choice of positive media content. The result supported the proposed Hypotheses (H_2) set-forth for the present study on Psychological Well-being and Neutral Media Content.

Stepwise Hierarchical Linear Regression separately for 'Substance use' and 'Locality':

Finally, to address the target objectives of the study, series of Stepwise hierarchical multiple regression was employed separately for the 'substance use' (Substance-Users and Non-Substance Users) and 'Locality' (Aizawl, Lunglei and Siaha). In the stepwise hierarchical multiple regression to determine the predictability of Psychological Well-being (***criterion***) the demographic variables (age, sex, marital status, socioeconomic class, family type, relations to the head of family, interpersonal relationship with father/mother/siblings/grandparents, societal involvement, religious involvement, age of onset of substance use) were first included as ***predictors*** in Model-1. In Model-2, the Male Affection, Male Non-Affection, Female Affection, and Female Non-Affection subscales of Premarital Sexual Permissiveness were included as predictors in the second block. Finally, Antisocial content media and Neutral media content subscales of Content-based Media Exposure were included as predictors in the third block for Model-3.

The Stepwise hierarchical multiple regression for the 'Substance-Users' emerges with significant predictability of psychological well-being from Religious involvement (F=32.20; $p<.01$) in Model-1, Interpersonal relationship with father (F=28.47; $p<.01$) in Model-2, and Neutral media content (F=23.24; $p<.01$) in Model-3. The results Table-6a highlighted the standardized beta values, the adjusted regression coefficients (ΔR^2) and the Collinearity Statistics (Tolerance and Variance inflation Factor).

Table-6a: The Standardized Beta values, Adjusted Regression Coefficient (ΔR^2) and Collinearity Statistics in the prediction of Psychological well-being from the demographic variables, Premarital Sexual permissiveness and Media consumption for the Substance-Users sample.

	Models			Collinearity Statistics	
	1	**2**	**3**	Tolerance	VIF
Religious involvement	.43**	.33**	.32**	.916	1.092
Interpersonal relationship with father		-.33**	-.29**	.890	1.123
Neutral media content			.22**	.952	1.051
ΔR^2	.18**	.27**	.31**		

**. Significant at the .05 level; **. Significant at the .01 level*

The results (Table-6a) revealed that: a) Higher Religious involvement significantly predicted 43% increase of variation on Psychological Well-being in the first Model, that was reduced with the inclusion of significant predictor variables in the stepwise analyses and explaining 32% of variation in the final Model; b) Poor interpersonal relationship with father significantly predicted 33% decrease of variation on Psychological Well-being in the second Model, that was reduced with the inclusion of Neutral media content and explaining 29% of variation in the final Model; c) increase in exposure to neutral media co-ntent significantly predicted 22% increase of variation on Psychological Well-being in the Model-3. The significant predictability of Psychological well-being from each of Religious involvement, Interpersonal relationship with father and Neutral media content were supported by the standardized regression coefficients, highly acceptable range of tolerance (minimum=.890) and VIF (1.051-1.123).

The result (Table-6a) revealed that increase involvement in religion predicted better Psychological well-being for Substance Users participants. Religious participation is characterized as including formal, public and collective participation in worship-related services and more informal, private forms of participation, such as private prayer (Aranda, 2005). The lower risk of depressive disorder was associated with higher levels of religious attendance. By encouraging participants to avoid negative behaviors (for example, high-risk behaviors, risky sexual activities, alcohol

and drug use, other addictions), thus avoiding or delaying stressful life events, religious participation can contribute to better mental health. In studies of psychological well-being, religious engagement has given people substantial benefits, including better physical health (Pargament, 2002). Pajevic, Sinanovic, and Hasanovic (2005) reported that psychopathological traits have been minimized by religiosity. This could mean that improved psychological well-being can also be experienced by people with high religious participation. Religiosity can serve during stressful times or events as a moderator for psychological well-being. (Glass, 2014).

The result (Table-6a) also revealed that interpersonal relationship with father is a significant predictor of psychological well-being. Previous research has also found that the kind of relationship children have with their fathers can impact the mental and physical health of children (Lamb, 1986, 1997; Lamb & Lewis, 2005; Schwebel, & Brezausek, 2007). In his research, Shek (2002) found that the consistency of a father's parenting is strongly related to the well-being of their children. Likewise, the relationship satisfaction of a daughter with her father can have a huge effect on her psychological well-being (Barnett et al., 1991; Black & Pedro-Carroll, 1993; Bogard, 2005; Videon, 2005). Father's beneficial influence on the lives of their daughters as they may act as a direct counterforce to escape male prejudices (Biller, 1993). In fact, women are more likely to experience psychological and emotional issues in the young adult age group and are more likely to become depressed than daughters who have good relationships with their fathers (Amato & Dorius, 2010; Carlson, 2006; King & Soboleski- 2006: Stewart, 2003). Poor father care can directly influence the well-being of children (Pedersen, 1994) and indirectly affect the use of substances (Pedersen, 1994; Patock & Morgan, 2007). Burns & Dunlop (1998) notes that young adults raised in a supportive parent-child relationship display greater social and psychological adaptation than those raised in a weak parent-child relationship.

The result (Table-6a) also revealed that increased exposure to Neutral media content increased psychological well-being among substance Users. Contemporary research has paid less attention to the beneficial impact of media use (de leeuw & Buijzen, 2016). The studies that investigate positive media impacts have created similar effect sizes to those that address adverse media effects (Bushman & Anderson,

2001; Mares & Woodard, 2005; Moses, 2008; Paik & Comstock, 1994). A hedonic perspective on well-being approaches the media as a means of mood optimization (Zillmann, 1988). Recently, research has also begun to concentrate on the effect of media use on eudaimonic well-being, such as encouraging psychological change through meaningful entertainment (Oliver & Bartsch, 2011). Granic et al. (2014) reviewed research on the advantages of gaming and concluded that video games have tremendous potential to acquire new ideas and behaviors that can encourage well-being, especially given how enthralled most children and adolescents are with gaming. All these findings for the predictability of psychological well-being supported the fourth hypotheses (H_4).

The Stepwise hierarchical multiple regression for the 'Non-Substance Users' emerge with significant predictability of psychological well-being from Socioeconomic class (F=4.38; *p*<.04) in Model-1, Sex (F=4.84; *p*<.01) in Model-2, Neutral media content (F=4.98; *p*<.01) in Model-3, and Antisocial media content (F=5.24; *p*<.01) in the final Model (Model-4) supported by healthy collinearity diagnostic (Durbin Watson=1.919). The results (Table-6a) highlighted the standardized beta values, the adjusted regression coefficients (ΔR^2) and the Collinearity Statistics (Tolerance and Variance inflation Factor).

Table-6b: The Standardised Beta values, the Adjusted Regression Coefficient (ΔR^2) and Collinearity Statistics in the prediction of Psychological well-being from the demographic variables, Premarital Sexual permissiveness and Media consumption for the substance Non-Users sample.

	Models				**Collinearity Statistics**	
	1	2	3	4	Tolerance	VIF
Socioeconomic class	-.18*	-.20*	-.17*	-.19*	.972	1.029
Gender		-.19*	-.20*	-.23**	.961	1.040
Neutral media content			.19*	.28**	.815	1.227
Antisocial media content				-.21*	.798	1.254
ΔR^2	.03*	.06*	.08*	.11*		

***. Significant at the .01 level *. Significant at the .05 level*

The results (Table-6b) revealed that: a) low Socioeconomic class significantly predicted 18% decrease of variation on Psychological Well-being in the first Model,

that was augmented with the inclusion of significant predictor variables in the stepwise analyses and explaining 19% of variation in the final Model; b) Being Female as compared to being male significantly predicted 19% decrease of variation on Psychological Well-being in the second Model, that was augmented with the inclusion of significant predictor variables in the stepwise analyses and explaining 23% of variation in the final Model; c) increase in exposure to Neutral media content significantly predicted 19% increase of variation on Psychological Well-being in the second Model, that was augmented with the inclusion of Antisocial media content as significant predictor variable and explaining 28% of variation in the final Model; and d) increasing exposure to Antisocial media content significantly predicted 21% decrease of variation on Psychological well-being in Model-4. The significant predictability of Psychological well-being from each of Socioeconomic class, Gender, Neutral media content and Antisocial media content were supported by the standardised regression coefficients, highly acceptable range of tolerance (minimum=.798) and VIF (1.029-1.254).

The result (Table-6b) revealed that low socioeconomic class predicted lower Psychological well-being among Non-Substance Users sample. Evidence indicates that both income and education are likely to influence well-being (Barger et al. 2009). Higher education, higher financial capital, and therefore a higher SES, in different ways, improve psychological well-being. Other studies also gathered empirical evidence on the positive relationship between socioeconomic status and factors linked to psychological well-being/health (Diener and Oishi, 2000; Diener and Biswas-Diener, 2002; Diener et al. 2003; Vera-Villarroel et al. 2015).

The result (Table:6b) also revealed that being female significantly predicted lower psychological well-being. Studies on the disparities in well-being between women and men have not provided clear results (Ferguson, et al. 2016). Few studies have shown gender differences in psychological well-being, while women have documented a greater frequency and severity of positive and negative emotions than men (Diener et al.2014). While in certain dimensions of psychological well-being, literature has shown disparities between women and men (Karasawa et al. 2011; Li R et al. 2015; Gomez-Baya et al. 2018), such differences typically vary depending on

other factors such as age, culture, or roles played (Ahrens & Ryff, 2006; Karasawa et al. 2011).

The higher score of women in healthy relationships with others is one distinction that has been consistently found between women and men (Ryff & Keyes, 1995; Ahrens & Ryff, 2006; Karasawa et al. 2011). It has also been found that women scored lower in self-acceptance and autonomy in different societies than men (Ahrens & Ryff, 2006; Karasawa et al. 2011), but in the Karasawa et al. (2011) study, the disparities in autonomy between women and men only occurred in the early decades of adulthood. The psychological well-being of women and men is important and based on cultural defining gender roles (Matud, Lopex-Curbelo, & Fortes, 2019).

The result (Table:6b) also revealed that increased exposure to neutral media content increased psychological well-being. The beneficial results of media use have gained less coverage (de leeuw & Buijzen, 2016). The studies on positive media impacts have created similar effect sizes to those that address adverse media effects (Bushman & Anderson, 2001; Mares & Woodard, 2005; Moses, 2008; Paik & Comstock, 1994). Furthermore, it is implicitly suggested that emotional implication with the contents of media entertainment stimulates some kind of depthless or superficial cognitive process of the heuristic kind (Bartsch & Oliver, 2011). The broaden-and-build theory of Fredrickson on positive emotions states that positive emotions broaden the repertoires of thought-action of individuals, which then build skills and resources that subsequently boost well-being (Cohn & Fredrickson, 2006; Fredrickson, 2003). In a series of laboratory experiments, researchers used movies to evoke positive emotions to test this theory. Participants watched movies that either induced positive, negative or no emotions. Participants with positive feelings were more likely to be creative, inventive, focusing on the built resources that helped cope and prosper in life (Cohn & Fredrickson, 2006; Fredrickson, 200). Witnessing good deeds in the media could change the repertoire of thought-action, trigger moral elevation and, in turn, induce audience prosocial acts more likely to (Cohn & Fredrickson, 2006; Fredrickson, 2003; Haidt, 2000). Adult research has produced promising results regarding film exposure and moral elevation (Niemic & Wedding, 2014; Oliver et al., 2012).

The result (Table-6b) also revealed that increased exposure to antisocial media content predicted lower psychological well-being. Antisocial and danger behaviors are also portrayed in the media (e.g., cursing, cheating, fighting, binge drinking). This form of media is also popular with young people and is particularly vulnerable to its negative effects (Brown & Witherspoon, 2002; Dahl & Hariri, 2005; Bijvank et al. 2012; Parkes et al. 2013; Strasburger, Jordan & Donnerstein, 2010). Many studies indicate that exposure to high doses of television violence, particularly in boys, increases violent behaviour (Johnson et al.2002; Comstock et al.1990; Huston et al.1992). Other studies relate suicide coverage on television or newspapers to an increased suicide risk (Gould & Davidson, 1988). Higher media exposure to terrorism and mass violence, regardless of any direct exposure, predicts poorer mental health, including greater symptoms linked to trauma (Goodwin et al, 2013; Pfefferbaum et al, 2001; Holmes et al, 2007) and greater acute stress responses (Homan et al. 2014; Thompson et al. 2017), as well as poorer cardiovascular health outcomes (Silver et al.2013). The negative effects of exposure to substance use, excessive sexuality and offensive language (American Academy of Pediatrics) are persuasive. All these findings supported the proposed hypotheses (H_4) and the findings of the present study.

The Stepwise hierarchical multiple regression for the 'Locality-1'(Aizawl) emerge with significant predictability of psychological well-being from Onset (F=31.97; p<.01) in Model-1, Religious involvement (F=29.67; p<.01) in Model-2, Socioeconomic class (F=23.59; p<.01) in Model-3, Interpersonal relationship with mother (F=20.29; p<.01) in Model-3, NMASSIST (F=25.81; p<.01), Male Non-Affection (F=25.72; p<.01) and Male Affection (F=23.40; p<.01) supported by healthy collinearity diagnostic (Durbin Watson=2.175). The results Table-7a highlighted the standardized beta values, the adjusted regression coefficients (ΔR^2) and the Collinearity Statistics (Tolerance and Variance inflation Factor).

Table-7a: The Standardized Beta values, Adjusted Regression Coefficient (ΔR^2) and Collinearity Statistics in the prediction of Psychological well-being from the demographic variables, Premarital Sexual permissiveness and Media consumption for Locality-1 (Aizawl) sample.

	Models							Collinearity Statistics	
	1	2	3	4	5	6	7	**Tolerance**	**VIF**
Onset of substance use	-.51**	-.40**	-.41**	-.39**	-.30**	-.30**	-.33**	.798	1.253
Religious involvement		.39**	.38**	.37**	.20*	.16*	.18*	.724	1.381
Socio-economic Class			-.21**	-.20*	-.10	-.07	-.07	.895	1.117
Interpersonal Relationship with Mother				-.20*	-.12	-.10	-.11	.896	1.115
NMASSIST					-.43**	-.53**	-.51**	.556	1.799
Male Non-Affection						-.23**	-.16*	.706	1.417
Male Affection							-.15*	.717	1.395
ΔR^2	.25**	.38**	.42**	.46*	.57**	.62**	.63*		

***. Significant at the .01 level *. Significant at the .05 level*

The result (Table-7a) shows that Age of Onset of Substance use, religious status, Socio-economic class, interpersonal relationship with mother, NMASSIST, Male Non-Affection, and Male Affection is a significant predictor of Psychological Well-being among Participants from Aizawl.

The results (Table-7a) revealed that: a) Late onset of substance use significantly predicted 51% decrease in variation on Psychological Well-being in the first Model, that was reduced with the inclusion of significant predictor variables in the stepwise analyses and explaining 33% of variation in the final Model; b) higher religious involvement significantly predicted 39% increase of variation on Psychological Well-being in the second Model, that was reduced with the inclusion of significant predictor variables in the stepwise analyses and explaining 18% of variation in the final Model; c) low socioeconomic class significantly predicted 21% decrease of variation on Psychological Well-being in the third Model, that was reduced with the inclusion of significant predictor variables in the stepwise analyses and explaining .07% of variation in the final Model; d) bad interpersonal relationship with mother significantly predicted 21% decrease of variation on Psychological well-being in the fourth model, that was reduced with the inclusion of significant predictor variables in the stepwise analyses and explaining 11% of variation in final Model; e) increasing

score on NMASSIST significantly predicted 43% decrease of variation on Psychological Well-being in Model-5 that was augmented with the inclusion of significant predictor variables in the stepwise analyses and explaining 51% of variation in the final model; f) being negative toward non-affectionate premarital sex significantly predicted 23% decrease of variation on Psychological Well-being in Model-6 that was augmented with the inclusion of Male Affection in the stepwise analyses and explaining 16% decrease of variation in the final model. g) being negative toward non-affectional premarital sex significantly predicted 15% decrease of variation on Psychological Well-being in Model-7. The significant predictability of Psychological well-being from each of Onset, Religious Involvement, Socioeconomic class, Interpersonal relationship with mother, NMASSIST, Male Non-Affection and Male Affection were supported by the standardized regression coefficients, highly acceptable range of tolerance (minimum=.556) and VIF (1.115-1.799).

The result (Table-7a) show that late onset of substance use predicted lower psychological well-being among participants from Aizawl. In contrast to the previous findings, Psychological swell-being was associated with the early onset of the substance use. Studies found that earlier drug use initiation substantially predicts subsequent psychological distress, but not the reverse (Brook et al. 1998; Luthar & Cushing, 1997). Others have found that later drug use is predicted by psychological distress, which in turn predicts psychological distress in later life (Johnson & Kaplan, 1990; McGee et al., 2000). An important indicator of substance use disorders later in life is the early initiation of drug use during adolescence (Brecht, Grnwall & Anglin, 2007; Griffin et al. 2002; Grant & Dawson, 1998; Poudel, & Gautam, 2017).

The result (Table-7a) also revealed that increase involvement in religion predicted better Psychological well-being among Aizawl participants. Religious participation, defined as formal or informal participation in worship-related services (Aranda, 2005), can lead to better mental health by promoting unhealthy behaviors such as risky sexual activities and drug use to be avoided by individuals. In psychological well-being research, religious engagement has provided important benefits for individual well-being and better physical health (Pargament, 2002).

Pajevic, Sinanovic, and Hasanovic (2005) reported that psychopathological problems have been minimized by religiosity. This could mean that greater psychological well-being can also be experienced by people with high religious attendance. Religiosity can serve during stressful times or events as a moderator for psychological well-being (Glass, 2014).

The result (Table-7a) also highlighted that socioeconomic class significantly predicted psychological well-being among Aizawl participants. Ryff and Singer (2008) also argued that the surrounding meaning of people's lives profoundly influences well-being and human happiness. The important factors that have an effect on psychological well-being are social factors such as schooling, occupation, income. Many studies have gathered empirical evidence on the positive relationship between SES and psychological well-being/health (Diener & Oishi, 2000; Diener & Biswas-Diener, 2002; Diener et al. 2003; Vera-Villarroel et al. 2015). Earnings and schooling are also likely to influence well-being (Barger et al. 2009). In contrast to the middle and upper socio-economic status group, adult respondents belonging to lower socio-economic status groups have substantially lower psychological well-being in all dimensions (Reshma & Manjula, 2016). In different ways, a higher financial resource exhibits better psychological well-being and is strongly linked to Purpose in Life (Clarke et al. 2000).

The result (Table-7a) also highlighted that bad interpersonal relationship with mother predicted poor Psychological well-being. Family relationships play a vital role in influencing the well-being of a person during life, for better and for worse (Merz et al. 2009). Previous studies clearly show that stress undermines health and well-being (Thoits, 2010), and stresses are a particularly salient form of stress in relationships with family members. A greater sense of self-worth can be felt by those receiving help from their family members, and this improved self-esteem may be a psychological benefit, promoting optimism, positive results, and better mental health (Symister & Friend, 2003).

Women tend to be more involved with and affected by intergenerational relationships, with adult children feeling closer to mothers than fathers (Swartz, 2009).

In addition, the consistency of relationships with children is more associated with the well-being of mothers than with the well-being of fathers (Milkie et al. 2008). Motherhood can be especially significant for women (McQuillan et al. 2008), and women bear a disproportionate share of the burden of parenting, including higher care for small children and elderly parents, as well as time deficits from these responsibilities that contribute to lower well-being (Nomaguchi et al. 2005; Pinquart & Sorensen, 2006). Furthermore, the quality of relationships with children is more aligned with mothers' well-being than with fathers' well-being (Milkie et al. 2008).

The result (Table-7a) also show that increase in substance use leads to decrease in psychological well-being. In general, contemporary studies view substance use as a consequence rather than a cause of decreased psychological well-being. Ford (2001) indicated that substance are often used to treat pre-existing psychological problems or to deal with psychological distress. It has been theorized that a psychological state is typically seen to trigger substance use which then affects the initial psychological condition. Therefore, substance was abused as a means of forgetting unpleasant experiences (Mainous, 1996). Kandel (1978) also found that an increased marijuana use was associated with high levels of depression. Some researchers, on the other hand, have discovered that substance use deteriorates psychological well-being. For instance, in a study, Blum (1987) found that the impact of cessation of smoking contributed to improved psychological well-being as well as other desirable outcomes. Thus, as compared to their smoking peers, people who quit smoking showed improved psychological well-being. An analysis of Thai drug users' psychological well-being conducted by Tuicompee et al. (2005) reveals a low level of psychological well-being on purpose in life, life satisfaction, life aspirations, and happiness. Likewise, Visser & Routledge (2007) noted that respondents who reported heavy use of alcohol and drug use had significantly lower psychological well-being and life satisfaction levels. Aiappan et al. (2018) also concluded that psychological was higher for those who were not under the influence of alcohol than for those who drank alcohol.

The result (Table-7a) also shows that Male Non-Affection and Male Affection subscales of Premarital Sexual Permissiveness significantly predicted low psychological well-being. The findings could be due to exposure to Globalization and

modernization have shifted the attitude towards sex dramatically (Anthony & Manikandan, 2015). Sex was also glorified and commercialized as a part of this sexual revolution in the Western world, and all sorts of activities were experimented on, such as nudity, homosexuality, premarital sex and the like. Researchers, Reiss (1964), Masters and Johnson (1966) and Bell and Chakes (1970) have the same view that today's youth's views and attitudes towards sex are becoming more liberal and permissive, as a consequence of society's permissive climate (Roche, 1986) and the findings in this study may be attributed to society's permissive environment (Aizawl-Urban) towards premarital sex and higher-class respondents are more permissive towards premarital sex (Majumdar, 2007) and normalized to the degree that their psychological well-being is not affected. All these findings supported the proposed hypotheses (H_4) and the findings of the present study.

The Stepwise hierarchical multiple regression for the 'Locality-2'(Lunglei) emerge with significant predictability of psychological well-being from Interpersonal relationship with father (F=62.30; *p*<.01) in Model-1, Religious involvement (F=47.60; *p*<.01) in Model-2, Age (F=42.19; *p*<.01) in Model-3, and NMASSIST (F=33.10; *p*<.01) in Model-4 supported by healthy collinearity diagnostic (Durbin Watson=1.797). The results Table-7a highlighted the standardized beta values, the adjusted regression coefficients (ΔR^2) and the Collinearity Statistics (Tolerance and Variance inflation Factor).

Table-7b: The Standardised Beta values, Adjusted Regression Coefficient (ΔR^2) and Collinearity Statistics in the prediction of Psychological well-being from the demographic variables, Premarital Sexual permissiveness and Media consumption for Locality-2 (Lunglei) sample

	Models					Collinearity Statistics	
	1	2	3	4	5	**Tolerance**	**VIF**
Interpersonal relationship with father	-.65**	-.43**	-.41**	-.44**	-.42**	.67	1.49
Religious involvement		.40**	.36**	.30**	.20*	.55	1.83
Age			-.28**	-.26**	-.22**	.92	1.09
NMASSIST					-.23**	.65	1.55
ΔR^2	.42**	.52**	.59**	.62**	.65**		

***. Significant at the .01 level *. Significant at the .05 level*

The results (Table-7b) revealed that: a) Poor interpersonal relationship with father significantly predicted 65% decrease of variation on Psychological Well-being in the first Model, that was reduced with the inclusion of significant predictor variables in the stepwise analyses and explaining 42% decrease of variation in the final Model; b) higher religious involvement significantly predicted 40% increase of variation on Psychological Well-being in the second Model, that was reduced with the inclusion of significant predictor variables in the stepwise analyses and explaining 20% of variation in the final Model; c) increasing Age significantly predicted 28% decrease of variation on Psychological Well-being in the third Model, that was reduced with the inclusion of NMASSIST and explaining 22% of variation in the final Model; d) increasing score on NMASSIST significantly predicted 23% decrease of variation on Psychological Well-being in the Model-5. The significant predictability of Psychological well-being from each of Interpersonal relationship with father, Religious Involvement, Age and NMASSIST were supported by the standardized regression coefficients, highly acceptable range of tolerance (minimum=.547) and VIF (1.090-1.827).

The result (Table-7b) revealed that poor interpersonal relationship with father is a significant predictor of psychological well-being among participants from Lunglei. Previous research has shown that women are more likely to experience psychological and emotional issues in puberty or as a young adult, and are more likely to become depressed than daughters who retain strong relationships with their fathers (Amato & Dorius, 2010; Carlson, 2006; King & Soboleski- 2006: Stewart, 2003). Pedersen (1994) indicated that inadequate father-side treatment can have a direct effect on children suffering from such psychological issues, such as anxiety and depression. Patock-Peckham and Morgan-Lopez (2007) indicated that the negative relation between the father and his child indirectly influences alcohol problems via depression.

The available research literature generally indicates that young adults and adolescents from separated or divorced families but reared under positive parent-child relationships, report better social and psychological adjustment than those reared under poor parent-child relationships (Burns & Dunlop, 1998). Ryff and Singer (2007) assert that actively maintaining positive and satisfying interpersonal connections is as significant for an individual’s overall health as eating well and exercising regularly. In

particular, an individual's level of relationship satisfaction with certain influential interpersonal partners has been shown to affect his or her level of psychological well-being (Barnett et al. 1991; Black & Pedro-Carroll, 1993; Bogard, 2005; Videon, 2005). In particular, the sort of relationship children has with their fathers can affect the cognitive, social, emotional and physical health of children (Lamb, 1986, 1997; Lamb & Lewis, 2005; Schwebel, & Brezausek, 2007).

The result (Table:7b) also revealed that increase involvement in religion predicted better Psychological well-being. In support to the present finding, Religious participation, defined as formal or informal participation in worship-related services (Aranda, 2005), can lead to better mental health by promoting unhealthy behaviors such as risky sexual activities and drug use to be avoided by individuals. In psychological well-being research, religious engagement has provided important benefits for individual well-being and better physical health (Pargament, 2002). Pajevic, Sinanovic, and Hasanovic (2005) reported that psychopathological problems have been minimized by religiosity. This could mean that greater psychological well-being can also be experienced by people with high religious attendance. Religiosity can serve during stressful times or events as a moderator for psychological well-being (Glass, 2014).

The result (Table-7b) also shows that increase in age significantly predicted decrease in psychological well-being among Lunglei participants. Keyes and Waterman (2003) found that well-being remains stable over time among western respondents and rises marginally with age. Ryff (1995) found that environmental mastery and autonomy increased with age, while personal growth and life purpose declined with age, while positive relationships with others and self-acceptance over a lifetime did not vary significantly. Myers & Diener (1995) said that the chronological age of the person does not affect well-being. Evidence of a u-shaped or convex relation between positive well-being and age has been provided by Blanchflower and Oswald (2008). Horley and Lavery (1995) suggest that, with age, subjective well-being increases.

The result (Table-7b) also shows that increase in substance use leads to decrease in psychological well-being. In general, contemporary studies view substance

use as a consequence rather than a cause of decreased psychological well-being. Ford (2001) indicated that substance is often used to treat pre-existing psychological problems or to deal with psychological distress. It has been theorized that a psychological state is typically seen to trigger substance use which then affects the initial psychological condition. Therefore, substance was abused as a means of forgetting unpleasant experiences (Mainous, 1996). Kandel (1978) also found that an increased marijuana use was associated with high levels of depression. Some researchers, on the other hand, have discovered that substance use deteriorates psychological well-being. For instance, in a study, Blum (1987) found that the impact of cessation of smoking contributed to improved psychological well-being as well as other desirable outcomes. Thus, as compared to their smoking peers, people who quit smoking showed improved psychological well-being. An analysis of Thai drug users' psychological well-being conducted by Tuicompee et al. (2005) reveals a low level of psychological well-being on purpose in life, life satisfaction, life aspirations, and happiness. Likewise, Visser & Routledge (2007) noted that respondents who reported heavy use of alcohol and drug use had significantly lower psychological well-being and life satisfaction levels. Aiappan et al, (2018) also concluded that psychological was higher for those who were not under the influence of alcohol than for those who drank alcohol. All these findings supported the proposed hypotheses (H_4) and the present findings of the present study.

The Stepwise hierarchical multiple regression for the 'Locality-3'(Siaha) emerge with significant predictability of psychological well-being from Age of onset of substance use ($F=47.09$; $p<.01$) in Model-1, Religious involvement ($F=49.95$; $p<.01$) in Model-2, Interpersonal relationship with father ($F=47.99$; $p<.01$) in Model-3, Male Non-Affection ($F=39.63$; $p<.01$) in Model-4, and Neutral media content ($F=35.68$; $p<.01$) in Model-5 supported by healthy collinearity diagnostic (Durbin Watson=1.777). The results Table-7a highlighted the standardized beta values, the adjusted regression coefficients (ΔR^2) and the Collinearity Statistics (Tolerance and Variance inflation Factor).

Table-7c: The Standardised Beta values, Adjusted Regression Coefficient (ΔR^2) and Collinearity Statistics in the prediction of Psychological well-being from the demographic variables, Premarital Sexual permissiveness and Media consumption for Locality-3 (Siaha) sample.

	Models					**Collinearity Statistics**	
	1	2	3	4	5	**Toler ance**	**VIF**
Onset	-.57**	-.48**	-.41**	-.38**	-.41**	.86	1.16
Religious involvement		.44**	.36**	.36**	.32**	.87	1.15
Interpersonal relationship with father			-.32**	-.25**	-.24**	.74	1.35
Male Non-Affection				.18*	.17*	.77	1.31
Neutral media content					.18**	.93	1.07
ΔR^2	.32**	.50**	.59**	.61*	.63**		

***. Significant at the .01 level *. Significant at the .05 level*

The results (Table-7c) revealed that: a) Late onset of substance use significantly predicted 57% decrease of variation on Psychological Well-being in the first Model, that was reduced with the inclusion of significant predictor variables in the stepwise analyses and explaining 41% of variation in the final Model; b) increase in religious involvement significantly predicted 44% increase of variation on Psychological Well-being in the second Model, that was reduced with the inclusion of significant predictor variables in the stepwise analyses and explaining 32% of variation in the final Model; c) poor Interpersonal relationship with father significantly predicted 32% decrease of variation on Psychological Well-being in the third Model, that was reduced with the inclusion of significant predictor variable and explaining 24% of variation in the final Model; d) being permissive toward non-affectionate premarital sex particularly for males significantly predicted 18% decrease of variation on Psychological well-being in Model-4 that was reduced with the inclusion of Male Non-Affection and explaining 17% decrease of variation in the final model. e) increasing exposure on Neutral media content significantly predicted 18% increase of variation on Psychological Well-being in the Model-5.

The significant predictability of Psychological well-being from each of Interpersonal relationship with father, Religious Involvement, Age, NMASSIST were supported by the standardized regression coefficients, highly acceptable range of tolerance (minimum=.741) and VIF (1.072-1.349).

The result (Table-7c) show that late onset of substance use led to poor psychological well-being among participants from Siaha. In contrast to the previous findings, Psychological well-being was associated with the early onset of the substance use. Studies found that earlier drug use initiation substantially predicts subsequent psychological distress, but not the reverse (Brook et al., 1998; Luthar & Cushing, 1997). Others have found that later drug use is predicted by psychological distress, which in turn predicts psychological distress in later life (Johnson & Kaplan, 1990; McGee et al., 2000). An important indicator of substance use disorders later in life is the early initiation of drug use during adolescence (Brecht, Grnwall & Anglin, 2007; Griffin et al, 2002; Grant & Dawson, 1998; Poudel, & Gautam, 2017).

The result (Table-7c) also revealed that increase involvement in religion predicted better Psychological well-being among participants from Siaha. In consistent with to the previous finding, religious participation, defined as formal or informal participation in worship-related services (Aranda, 2005), can lead to better mental health by promoting unhealthy behaviors such as risky sexual activities and drug use to be avoided by individuals. In psychological well-being research, religious engagement has provided important benefits for individual well-being and better physical health (Pargament, 2002). Pajevic, Sinanovic, and Hasanovic (2005) reported that psychopathological problems have been minimized by religiosity. This could mean that greater psychological well-being can also be experienced by people with high religious attendance. Religiosity can serve during stressful times or events as a moderator for psychological well-being (Glass, 2014).

The result (Table-7c) also revealed that interpersonal relationship with father is a significant predictor of psychological well-being among participants from Siaha. Previous research has shown that women are more likely to experience psychological and emotional issues in puberty or as a young adult, and are more likely to become depressed than daughters who retain strong relationships with their fathers (Amato & Dorius, 2010; Carlson, 2006; King & Soboleski- 2006: Stewart, 2003). Pedersen (1994) indicated that inadequate father-side treatment can have a direct effect on children suffering from such psychological issues, such as anxiety and depression.

Patock-Peckham and Morgan-Lopez (2007) indicated that the negative relation between the father and his child indirectly influences alcohol problems via depression.

The available research literature generally indicates that young adults and adolescents from separated or divorced families but reared under positive parent-child relationships, report better social and psychological adjustment than those reared under poor parent-child relationships (Burns & Dunlop, 1998). Ryff and Singer (2007) assert that actively maintaining positive and satisfying interpersonal connections is as significant for an individual's overall health as eating well and exercising regularly. An individual's level of relationship satisfaction with certain influential interpersonal partners has been shown to affect his or her level of psychological well-being (Barnett et al. 1991; Black & Pedro-Carroll, 1993; Bogard, 2005; Videon, 2005). In particular, the sort of relationship children has with their fathers can affect the cognitive, social, emotional and physical health of children (Lamb, 1986, 1997; Lamb & Lewis, 2005; Schwebel, & Brezausek, 2007). Shek (2002), for example, found that the consistency of a father's parenting is strongly related to the well-being of adolescents.

The result (Table-7c) highlighted that low score on Male Non-Affection predicted higher psychological well-being among participants from Siaha. Park (2015) stated that attitude is not taught, rather it us caught by us. Sexual attitude formation is influenced by diverse factors. Majumdar (2017) stated that premarital sex is more permissive for respondents belonging to higher or lower levels of education. Participants from Siaha may have a conventional attitude towards non-affectionate premarital sex, where their psychological well-being may be enhanced by abstinence from indulging in such actions.

The result (Table-7c) revealed that increased exposure to neutral media content increased psychological well-being among Siaha participants. The studies that investigate positive media impacts have created similar effect sizes to those that address adverse media effects (Bushman & Anderson, 2001; Mares & Woodard, 2005; Moses, 2008; Paik & Comstock, 1994). A hedonic perspective on well-being approaches the media as a means of mood optimization (Zillmann, 1988). Recently, research has also begun to concentrate on the effect of media use on eudaimonic well-being, such as encouraging psychological change through meaningful entertainment

(Oliver & Bartsch, 2011). Granic et al. (2014) reviewed research on the advantages of gaming and concluded that video games have tremendous potential to acquire new ideas and behaviors that can encourage well-being, especially given how enthralled most children and adolescents are with gaming. All these findings supported the proposed hypotheses (H_4) and the findings of the present study.

The aim of the present study is to explore the differences between Substance-Users and Non-Substance Users in premarital sexual permissiveness, psychological well-being and media consumption between and explore the predictability of psychological well-being from socio-demographic variables, premarital sexual permissiveness, and media consumption. In addition, the present study also incorporates the three Localities-Aizawl, Lunglei and Siaha in the analyses and explore their differences on substance use, premarital sexual permissiveness, psychological well-being and media consumption and further explore the predictability of psychological well-being from socio-demographic variables, substance use, premarital sexual permissiveness, and media consumption.

In terms of 'substance use' (Substance Users and Non-Substance Users), the result shows that Substance-Users scores significantly lower on all the subscales of Premarital Sexual Permissiveness Scale: Male-Affection, Male Non-Affection, Female-Affection and Female Non-Affection, suggesting that Substance-Users are more permissive towards Premarital Sex compared to Non-Users. In line with the previous finding, youth deviant behavior, such as substance abuse, has been shown to be associated with having liberal sexual attitudes or being sexually active (Whitbeck, et al. 1999; Perkins, et al.1998). The first hypothesis set-forth for the present study was not proved.

The result also shows that in Antisocial media content, Substance-Users scored higher, suggesting that substance users are more exposed to antisocial media content compared to non-user participants. Research has shown that exposure to violent or antisocial content in media causes numerous adverse social, emotional and cognitive effects, such as rage, hostility and fear, and increased use of drugs (Buijzen et al., 2007; Villani, 2001). Primack & Kraemer (2009) also found in a study that the use of marijuana was linked to music exposure linearly and independently, but not film exposure. Alcohol use, on the other hand, was independently related with film exposure, but not music exposure.

On the other hand, Non-Substance Users scored substantially higher on psychological well-being compared to Substance-Users participants. Substance use can affect the rest of our lives, and among young adults, co-morbidity of substance use and other psychological disorders tend to be prevalent (Visser & Rouledge, 2007).

Ford (2001) believed that from pre-existing psychiatric symptoms, drugs are mostly used to self-medicate or deal with psychological distress. Drug addiction, in turn, characterized by diminished psychological and social development, can contribute to degradation in psychosocial functioning. As such, it has been theorized that a psychological state is typically shown to trigger drug abuse, which then affects the initial psychological condition (Ford, 2001). All these findings supported the proposed hypotheses (H_1) and the findings of the present study.

In the stepwise multiple regression for the prediction of psychological well-being from socio-demographic variables and the scales and subscales of the behavioural measures among Substance-Users sample, increase in religious involvement and greater exposure to Neutral media content significantly predicted better psychological well-being. In contrast, negative interpersonal relationship with father significantly predicted lower psychological well-being. For Substance-Non Users sample, the result revealed that low socio-economic class and increase in exposure to Antisocial media content significantly predicted lower psychological well-being. Being males and increase in exposure to Neutral media content significantly predicted better psychological well-being. These findings proved the fourth hypotheses (H_2) proposed in the present study

In terms of 'locality', the result shows that there is a significant between Aizawl and Siaha on psychological well-being and neutral media content, suggesting that Aizawl participants have higher psychological well-being and greater exposure to neutral media content as compared to participants from Siaha. Consistent with the present findings, Vorster et al. (2000) found that many South Africans are leaving rural areas for urban areas in search of a better life. With urbanization, they have observed an improvement in psychological well-being, since urbanization is linked to other changes in the lifestyle, such as moving away from relationship compulsions, less social influence and more self-determination (Kalule-Sabiti et al. 2007) improved socio-economic conditions (Kalule-Sabiti et al. 2007). Higher psychological well-being was correlated with urban living, jobs, education and marriage (Khumalo, Temane, & Wissing, 2012). The result also shows that, compared to Siaha participants, participants from Aizawl have greater exposure to neutral media content. The outcome may suggest that, due to modernization, individuals from cities are more involved in

attractive lifestyle practices, which may be reflected in their choice of positive media content. The result supported the proposed Hypotheses (H_2) set-forth for the present study on Psychological Well-being and Neutral Media Content.

The result also demonstrates the variations between the three locations about the predictability of psychological well-being: Among participants from Aizawl, high religious involvement significantly predicted better psychological well-being. Late onset of substance use, low socio-economic class, negative interpersonal relationship with mother and Increase in substance use significantly predicted lower psychological well-being. Among participants from Lunglei, negative interpersonal relationship with father, increasing age and substance use significantly predicted negative psychological well-being. in contrast, religious involvement significantly predicted better psychological well-being. Among participants from Siaha, Late onset of substance use and negative interpersonal relationship with father significantly predicted lower psychological well-being. Negative attitude toward non-affectionate premarital sex for males and increase in exposure to Neutral media content significantly predicted better psychological well-being.

In sum, the overall result shows that greater exposure to neutral media content is significant predictor of psychological well-being. Research findings have shown that emotional interaction with media entertainment content activates some form of heuristic type of deep or superficial cognitive operation (Bartsch and Oliver, 2011). Enjoyment may play both the role of the independent variable (a motivating factor in the quest for entertainment) and that of the dependent variable (entertainment as a result of media consumption). In reference to a hedonic outlook on well-being, Zillmann (1988) interpreted media as a means of mood optimization. One research study found that positive films elicit positive feelings that improve their well-being indirectly (Cohn & Fredrickson, 2006).

Religious participation is a significant predictor of psychological well-being among Substance Users and all the participants from three localities. In studies of psychological well-being, religious engagement has given people substantial benefits, including better physical health (Pargament, 2002). Psychopathological behaviors have been diminished by religiosity. This may mean that improved psychological well-

being can also be experienced by people with high religious participation (Pajevic, Sinanovic, and Hasanovic, 2005). Religiosity can serve during stressful times or events as a moderator for psychological well-being. (2014, Glass).

Among Aizawl participants, liberal attitudes towards affectionate and non-affectionate premarital sex for male significantly predicted better psychological well-being. In contrast, among Siaha participants, the liberal attitude towards non-affectionate premarital sex for males significantly predicted lower psychological well-being. The discrepancies observed may be attributed to liberal attitudes in urban life that have embraced sex as a legitimized norm. One study found that respondents with a higher economic status display a more permissive premarital sexual attitude (Majumdar, 2007). Participants from Siaha may have a conventional attitude towards non-affectionate premarital sex, where their psychological well-being may be enhanced by abstinence from indulging in such actions.

In all the three localities, a negative interpersonal relationship with either parent is also a significant indicator of psychological well-being. Ryff and Singer (2007) believe that maintaining positive and fulfilling interpersonal relations effectively is as critical for the overall health as eating well and exercising regularly for an individual. It has been shown that the degree of relationship satisfaction of an individual with some significant interpersonal partners affects his or her level of psychological well-being (Barnett, et al., 1991; Black & Pedro-Carroll, 1993; Bogard, 2005; Videon, 2005). All these findings on the predictability of psychological well-being supported the proposed hypothese (H_4) and the findings of the present study.

LIMITATIONS AND SUGGESTIONS

There is a need to take into account the following shortcomings of the present study. The results may be misleading for different reasons:

The present study employed a purposive sampling procedure, which is not the most suitable method for making generalization. Since purposive sampling is employed for Substance-User participants to be inclusive in the current study, it may be undesirable for making generalization in locality-wise analyses.

During the data collection, many of the participants were complaining due to its exhaustive psychological measures. This makes them more likely to be untruthful and respond for the sake of completion alone. Regardless of informed consent, as the subject is sensitive, many participants were hesitant to respond, claiming that it was too personal. There is a risk that their answers could be inaccurate, which, in turn, could influence the results. During data collection, some participants were uncooperative, many returned incomplete questionnaires and few items were left unanswered.

However, despite the limitations, the psychometric properties, the assumption fulfilled, and the normal distribution of the data clearly indicate the study's trustworthiness for future implications.

APPENDICES

Appendix-I

SOCIO-DEMOGRAPHIC PROFILE:

Please fill up the following as applicable:

1. Age: ___________
2. Sex: (a) Male (b) Female (c) Other (a dang)
3. Marital status: (a) Married (b) Single (c) Divorced (d) Widowed
4. Locality: (a) Aizawl (b) Lunglei (c) Siaha
5. Education status: (a) Primary (b) Middle (c) High School (d) Higher Secondary (e) Graduate (f) Post Graduate
6. Occupation: ____________
7. Family type: (a) Nuclear Family (b) Joint Family (c) Single (d) Blended family
8. Head of the family: (a) Father (b) Mother (c) Grandfather (d) Grandmother (e) Others
9. Relations to head of the family:
    a) Biological father and mother
    b) Biological mother and no man
    c) Biological father and no woman
    d) Biological father and another woman
    e) Biological mother and another man
    f) Foster parents
    g) Stepfather
    h) Stepmother
    i) any other living arrangement
10. Interpersonal Relationship with father: (a) Good (b) In between (c) Poor

11.Interpersonal Relationship with mother: (a) Good
(b) In between
(c) Poor

12. Interpersonal Relationship with siblings: (a) Good
(b) In between
(c) Poor

13. Interpersonal relationship with grandparents:(a) Good
(b) In between
(c) Poor

14. Average Monthly Income of a Family:____________

15. Societal status: (a) Not involved
(b) Moderately involved
(c) Highly involved

16. Religious status: (a) Not involved
(b) Moderately involved
(c) Highly involved

17. Age of onset of substance use:__________

Appendix-II

NIDA-Modified ASSIST

National Institute on Drug Abuse (2009)

Instructions: The questions relate to your experience with alcohol, cigarettes, and other drugs. For each substance, mark in the appropriate column. For example, if you have used cocaine monthly in the past year, put a mark in the "Monthly" column in the "illegal drug" row.

In the past year, how often have you used the following?	Never	Once or twice	Monthly	Weekly	Daily or almost daily
Alcohol • For men, 5 or more drinks a day • For women, 4 or more drinks a day					
Tobacco Products Prescription					
Drugs for Non-Medical Reasons					
Illegal Drugs					

		Yes	No
1.	In your LIFETIME, which of the following substances have you ever used?		
a)	Ganja (cannabis, marijuana, pot,grass,hash,etc.)		
b)	Cocaine (coke,crack, etc.)		
c)	Prescription stimulants (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.)		
d)	Methamphetamine (Speed, Crystal meth, ice etc)		
e)	Inhalants (nitrous oxide, glue, gas, paint thinner, etc.)		
f)	Sedatives/Slepping pill (Valium,Serepax,Ativan,Xanax, Librium, Rohypnol, GHB, etc.)		
g)	Hallucinogen (LSD,Acid,mushroom, PCP, special K, ecstasy, etc.)		
h)	Street opiods (heroin, opium, etc.)		
i)	Prescription Opiods (Febtanyl, Oxycodone-oxyContin, Percocet,Hydrocodeone-icodin,Methadone,Buprenorphine,etc.)		
j)	Other-specify:		

2. In the past three months, how often have you used the substances you mentioned (first drug, second drug, etc)?	Never	Once or twice	Monthly	Weekly	Daily or almost
a) Ganja (cannabis, marijuana, pot,grass,hash,etc.)	0	2	3	4	6
b) Cocaine (coke,crack, etc.)	0	2	3	4	6
c) Prescription stimulants-Ritalin,Concerta,Dexedrine, Adderall, Diet pills, etc.)	0	2	3	4	6
d) Methamphetamine (Speed, Crystal meth, ice etc)	0	2	3	4	6
e) Inhalants (hip luh chi- nitrous oxide, glue, gas, paint thinner, stc.)	0	2	3	4	6
f) Sedatives/Slepping pills(Nachhawkna/Mut damdawi-Valium,Serepax,Ativan,Xanax, Librium, Rohypnol, GHB, etc.)	0	2	3	4	6
g) Hallucinogen (LSD,Acid,mushroom, PCP, special K, ecstasy, etc.)	0	2	3	4	6
h) Street opiods (heroin, opium, etc.)	0	2	3	4	6
i) Prescription Opiods (Febtanyl, Oxycodone-oxyContin,Percocet,Hydrocodeone-vicodin,Methadone,Buprenorphine,etc.)	0	2	3	4	6
j) Other-specify:	0	2	3	4	6

3. In the past 3 months, how often have you had a strong desire or urge to use (first drug, second drug, etc)?	Never	Once or	Montly	Weekly	Daily or almost daily
a) Ganja (cannabis, marijuana, pot,grass,hash,etc.)	0	3	4	5	6
b) Cocaine (coke,crack, etc.)	0	3	4	5	6
c) Prescription stimulants-Ritalin,Concerta,Dexedrine, Adderall, Diet pills, etc.)	0	3	4	5	6
d) Methamphetamine (Speed, Crystal meth, ice etc)	0	3	4	5	6
e) Inhalants (nitrous oxide, glue, gas, paint thinner, stc.)	0	3	4	5	6
f) Sedatives/Slepping pills (Valium,Serepax,Ativan,Xanax, Librium,	0	3	4	5	6

	Rohypnol, GHB, etc.)					
g)	Hallucinogen (LSD,Acid,mushroom, PCP, special K, ecstasy, etc.)	0	3	4	5	6
h)	Street opiods (heroin, opium, etc.)	0	3	4	5	6
i)	Prescription Opiods (Febtanyl, Oxycodone-oxyContin, Percocet, Hydrocodeone-vicodin,Methadone,Buprenorphine,etc.)	0	3	4	5	6
j)	Other-specify:	0	3	4	5	6

4.	During the past 3 months, how often has your use of (first drug, second drug, etc) led to health, social, legal or financial problems?	Never	Once or	Monthly	Weekly	Daily or
a)	Ganja (cannabis, marijuana, pot,grass,hash,etc.)	0	4	5	6	7
b)	Cocaine (coke,crack, etc.)	0	4	5	6	7
c)	Prescription stimulants-Ritalin,Concerta,Dexedrine, Adderall, Diet pills, etc.)	0	4	5	6	7
d)	Methamphetamine (Speed, Crystal meth, ice etc)	0	4	5	6	7
e)	Inhalants (nitrous oxide, glue, gas, paint thinner, stc.)	0	4	5	6	7
f)	Sedatives/Slepping pills (Valium,Serepax,Ativan,Xanax, Librium, Rohypnol, GHB, etc.)	0	4	5	6	7
g)	Hallucinogen (LSD,Acid,mushroom, PCP, special K, ecstasy, etc.)	0	4	5	6	7
h)	Street opiods (heroin, opium, chhinsen,etc.)	0	4	5	6	7
i)	Prescription Opiods (Febtanyl, Oxycodone-oxyContin,Percocet,Hydrocodeone-vicodin,Methadone,Buprenorphine,etc.)	0	4	5	6	7
j)	Other-specify:	0	4	5	6	7

5.	During the past 3 months, how often have you failed to do what was normally expected of you because of your use of (first drug, second drug, etc.)?	Never	Once or twice	Monthly	Weekly	Daily or almost daily
a)	Ganja (cannabis, marijuana, pot,grass,hash,etc.)	0	4	5	6	7
b)	Cocaine (coke,crack, etc.)	0	4	5	6	7
c)	Prescription stimulants-Ritalin,Concerta,Dexedrine, Adderall, Diet	0	4	5	6	7

	pills, etc.)					
d)	Methamphetamine (Speed, Crystal meth, ice etc)	0	5	6	7	8
e)	Inhalants (nitrous oxide, glue, gas, paint thinner, stc.)	0	5	6	7	8
f)	Sedatives/Slepping pills(Valium,Serepax,Ativan,Xanax, Librium, Rohypnol, GHB, etc.)	0	5	6	7	8
g)	Hallucinogen (LSD,Acid,mushroom, PCP, special K, ecstasy, etc.)	0	5	6	7	8
h)	Street opiods (heroin, opium, chhinsen,etc.)	0	5	6	7	8
i)	Prescription Opiods (Febtanyl, Oxycodone-oxyContin,Percocet,Hydrocodeone-vicodin,Methadone,Buprenorphine,etc.)	0	5	6	7	8
j)	Other-specify:	0	5	6	7	8

6.	Has a friend or relative or anyone else ever expressed concern about your use of (first drug, second drug, etc)?	No, never	Yes, but not in the past 3 months	Yes, in the past 3 months
a)	Ganja (cannabis, marijuana, pot,grass,hash,etc.)	0	3	6
b)	Cocaine (coke,crack, etc.)	0	3	6
c)	Prescription stimulants-Ritalin,Concerta,Dexedrine, Adderall, Diet pills, etc.)	0	3	6
d)	Methamphetamine (Speed, Crystal meth, ice etc)	0	3	6
e)	Inhalants (nitrous oxide, glue, gas, paint thinner, stc.)	0	3	6
f)	Sedatives/Slepping pills(Valium,Serepax,Ativan,Xanax, Librium, Rohypnol, GHB, etc.)	0	3	6
g)	Hallucinogen (LSD,Acid,mushroom, PCP, special K, ecstasy, etc.)	0	3	6
h)	Street opiods (heroin, opium, chhinsen,etc.)	0	3	6
i)	Prescription Opiods (Febtanyl,	0	3	6

	Oxycodone-oxyContin,Percocet,Hydrocodeone-vicodin,Methadone,Buprenorphine,etc.)			
j)	Other-specify:	0	3	6

7.	Have you ever tried and failed to control, cut down or stop using (first drug, second drug, etc)?	No, never	Yes, but not in the past 3 months	Yes, in the past 3 months
a)	Ganja (cannabis, marijuana, pot,grass,hash,etc.)	0	3	6
b)	Cocaine (coke,crack, etc.)	0	3	6
c)	Prescription stimulants-Ritalin,Concerta,Dexedrine, Adderall, Diet pills, etc.)	0	3	6
d)	Methamphetamine (Speed, Crystal meth, ice etc)	0	3	6
e)	Inhalants (nitrous oxide, glue, gas, paint thinner, stc.)	0	3	6
f)	Sedatives/Slepping pills(Valium,Serepax,Ativan,Xanax, Librium, Rohypnol, GHB, etc.)	0	3	6
g)	Hallucinogen (LSD,Acid,mushroom, PCP, special K, ecstasy, etc.)	0	3	6
h)	Street opiods (heroin, opium, chhinsen,etc.)	0	3	6
i)	Prescription Opiods (Febtanyl, Oxycodone-oxyContin,Percocet,Hydrocodeone-vicodin,Methadone,Buprenorphine,etc.)	0	3	6
j)	Other-specify:	0	3	6

8.	Have you ever used any drug by injection?	No, never	Yes, but not in the past 3 months	Yes, in the past 3 months

Appendix-IIIa

REISS PREMARITAL SEXUAL PERMISSIVENESS SCALES

Ira Reiss (1964)

Instructions: The following questions concern some attitudes of yours regarding courtship behavior. On the following questions we would like you to circle the degree of agreement or disagreement you have with each statement. For example, if you agree slightly with a statement you would circle "3." If you disagreed strongly, you would circle "6."

MALE STANDARDS

Q 1. I believe that kissing is acceptable for the male before marriage when he is engaged to be married.

1. Strongly agree 2. Medium Disagree 3. Slightly agree
4. Slightly disagree 5. Medium disagree 6. Strongly disagree

Q 2. I believe that kissing is acceptable for the male before marriage when he is in love. (The same seven-way agree-disagree choice follows every question)

Q 3. I believe that kissing is acceptable for the male before marriage when he feels strong affection for his partner.

Q 4. I believe that kissing is acceptable for the male before marriage even if he does not feel particularly affection- ate toward his partner.

Q 5. I believe that petting is acceptable for the male before marriage when he is engaged to be married.

Q 6. I believe that petting is acceptable for the male before marriage when he is in love.

Q 7. I believe that petting is acceptable for the male before marriage when he feels strong affection for his partner.

Q 8. I believe that petting is acceptable for the male before marriage even if he does not feel particularly affection- ate toward his partner.

Q 9. I believe that full sexual relations are acceptable for the male before marriage when he is engaged to be married.

Q10. I believe that full sexual relations are acceptable for the male before marriage when he is in love.

Q11. I believe that full sexual relations are acceptable for the male before marriage when he feels strong affection for his partner.

Q12. I believe that full sexual relations are acceptable for the male before marriage even if he does not feel particularly affectionate toward his partner.

Appendix-IIIb

FEMALE SEXUAL STANDARDS

Q 1. I believe that kissing is acceptable for the female before marriage when she is engaged to be married.

1. Strongly agree   2. Medium Disagree   3. Slightly agree
4. Slightly disagree   5. Medium disagree   6. Strongly disagree

Q 2. I believe that kissing is acceptable for the female before marriage when she is in love. (The same six-way agree-disagree choice follows every question.)

Q 3. I believe that kissing is acceptable for the female before marriage when she feels strong affection for her partner.

Q 4. I believe that kissing is acceptable for the female before marriage even if she does not feel particularly affectionate toward her partner.

Q 5. I believe that petting is acceptable for the female before marriage when she is engaged to be married.

Q 6. I believe that petting is acceptable for the female before marriage when she is in love.

Q 7. I believe that petting is acceptable for the female before marriage when she feels strong affection for her partner.

Q 8. I believe that petting is acceptable for the female before marriage even if she does not feel particularly affection- ate toward her partner.

Q 9. I believe that full sexual relations are acceptable for the female before marriage when she is engaged to be married.

Q10. I believe that full sexual relations are acceptable for the female before marriage when she is in love.

Q11. I believe that full sexual relations are acceptable for the female before marriage when she feels strong affection for her partner.

Q12. I believe that full sexual relations are acceptable for the female before marriage even if she does not feel particularly affectionate toward her partner.

Appendix-IV

Psychological Well-being Scale

Ryff & Keyes (1995)

Instructions: Circle one response below each statement to indicate how much you agree or disagree.

1. I like most parts of my personality?
   (1) Strongly agree (2) Somewhat agree (3) A little agree
   (4) Neither agree nor disagree (5) A little disagree (6) Somewhat disagree
   (7) Strongly disagree
2. "When I look at the story of my life, I am pleased with how things have turned out so far." (The same seven-way agree-disagree choice follows every question)
3. Some people wander aimlessly through life, but I am not one of them.
4. "The demands of everyday life often get me down
5. "In many ways I feel disappointed about my achievements in life."
6. 'Maintaining close relationships have been difficult and frustrating for me."
7. I live life one day at a time and don't really think about the future."
8. "In general, I feel I am in charge of the situation in which I live."
9. 'I am good at managing the responsibilities of daily life."
10. 'I sometimes feel as if I've done all there is to do in life."
11. "For me, life has been a continuous process of learning, changing, and growth."
12. "I think it is important to have new experiences that challenge how I think about myself and the world."
13. "People would describe me as a giving person, willing to share my time with others."
14. "I gave up trying to make big improvements or changes in my life a long time ago"
15. "I tend to be influenced by people with strong opinions"

16. “I have not experienced many warm and trusting relationships with others.”
17. “I have confidence in my own opinions, even if they are different from the way most other people think.”

Appendix-V

Content-based Media Exposure Scale

(den Hamer, Konijn, Plaisier, Keizer, Krabbendam & Bushman, 2017)

Instructions: Please report for every question how often you watch this type of content on TV/Internet/DVD. This could be clips on YouTube, videos, quiz shows, television shows, in video games, in the cinema, etcetera. So, it does not matter where you watch it, but how often you watch it. (The same five-ways never to very often choice follows every questions).

How often do you watch (on the Internet/TV/games/ mobile phone/DVD) …

1.… people who fight?

    1 = Never
    2 = Incidentally
    3 = Sometimes
    4 = Often
    5 = Very often

2. … people who openly talk about sex?

3. … people who use drugs?

4. … people who destroy someone else's belongings?

5. … people who shoot at another person?

6. … people who drink a lot of alcohol?

7. … people who are having sex?

8. … people who steal?

9. … people who help someone?

10. … people who stand up for someone?

11. … a quiz?

12. … talkshows?

13. … shows where houses or cars get a makeover?

14. … shows about nature or animals?

15. … shows about travelling?

16. … cooking shows?

17. … the news?

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CHAPTER-I
INTRODUCTION

CHAPTER-II
STATEMENT OF THE PROBLEM

CHAPTER-III
METHODS AND PROCEDURE

CHAPTER - IV
RESULTS AND DISCUSSION

CHAPTER-V
SUMMARY AND CONCLUSION

References

Appendices

DEPARTMENTOF PSYCHOLOGY

MIZORAM UNIVERSITY

AIZAWL : MIZORAM

PARTICULARS OF THE CANDIDATE

Name of the Candidate	:	Ms. Lincy Khaikei
Degree	:	Master of Philosophy
Department	:	Psychology
Title of Dissertation	:	"Substance Use, Premarital Sexual Permissiveness, Psychological Wellbeing and Media Consumption among Mizo Young Adults"
Date of Admission	:	25th July, 2019
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1. DRC	:	12th April, 2020
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3. SCHOOL BOARD	:	12th June, 2020
MZU REGISTRATION NO	:	1506905
M.Phil. REGISTRATION NO. & DATE	:	MZU/M.Phil./593 of 12.06. 2020
DATE OF SUBMISSION	:	29th January, 2021
EXTENSION (If any)	:	NIL

Prof. H. K. Laldinpuii Fente
Head of Department
Psychology

BRIEF BIO-DATA OF THE CANDIDATE :

NAME	: LINCY KHAIKEI
SEX	: FEMALE
DATEOF BIRTH	: 25.01.1995
MARITAL STATUS	: SINGLE/UNMARRIED
FATHER'S NAME	: C. LAWBEI
MOTHER'S NAME	: C. BEIZI
EDUCATIONAL QUALIFICATION	: M.A (PSYCHOLOGY)
RELIGION	: CHRISTIAN
NATIONALITY	: INDIAN