

**RESILIENCE, PERCEIVED PARENTING STYLES AND
IMPULSIVITY AMONG ALCOHOL USERS AND NON-USERS**

**A THESIS SUBMITTED IN PARTIAL FULFILLMENT OF THE
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PHILOSOPHY**

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**RESILIENCE, PERCEIVED PARENTING STYLES AND IMPULSIVITY
AMONG ALCOHOL USERS AND NON-USERS**

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Philosophy in Psychology of Mizoram University, Aizawl.**



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CERTIFICATE

This is to certify that the present research work titled, “Resilience, Perceived Parenting Styles and Impulsivity among Alcohol Users and Non-Users” is the original research work carried out by Ms. Nuhliri Chhange under my supervision. The work done is being submitted for the award of the Doctor of Philosophy in Psychology of Mizoram University.

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

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Place: Aizawl

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DECLARATION

Mizoram University

March, 2024

I **NUHLIRI CHHANGTE**, hereby declare that the subject matter of this thesis is the record of work done by me, that the contents of this thesis did not form basis of the award of any previous degree to me or to the best of my knowledge to anybody else, and that the thesis has not been submitted by me for any research degree in any other University/Institute.

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(NUHLIRI CHANGTE)

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CHAPTER - I
INTRODUCTION

Alcohol use and alcohol misuse are best understood as the ultimate outcomes of a complex interaction of bio-psychosocial factors (Cloninger et al., 1996). Alcohol (ethanol or ethyl alcohol) is the intoxicating component found in beer, wine, and spirits. Alcohol is formed when yeast ferments the sugars in various foods; for example, beer is produced from the sugar in malted barley, wine is produced from the sugar in grapes, vodka is produced from the sugar in potatoes, and cider is produced from the sugar in apples (Centers for Disease Control and Prevention, 2010).

Alcohol is also classified as a sedative hypnotic substance (Kuhn et al., 2008), which implies that at large dosages, it depresses the central nervous system. Lower dosages of alcohol can function as a stimulant, creating feelings of exhilaration and talkativeness (Roehrs & Roth, 2001), but consuming too much alcohol in one session can result in sleepiness, respiratory depression (when breathing becomes slow, shallow, or stops altogether), coma, or even death (Brust, 2005; Vonghia et al., 2008; Lohr, 2005). Alcohol misuse is a collective term for defining problems or conditions related to alcohol use. More specifically, it refers to any alcohol drinking behavior that increases an individual's risk for negative health and social consequences (National Institute on Alcohol Abuse and Alcoholism, 2005). While repeated alcohol misuse has been linked to dependence, not all high-risk drinkers become dependent users (Babor et al., 2001).

There are several terms used to characterize issues related to alcohol, such as alcohol abuse or misuse, alcohol addiction, alcoholism, harmful use of alcohol, and alcohol dependence, which may contribute to confusion and differing interpretations. This shift in connotation can impact how individuals perceive and understand these terms. The proposed solution was to consider "alcoholism" as an umbrella term encompassing a range of issues, from alcohol abuse, misuse, and harmful use on the milder end of the spectrum to dependence on the severe end. This approach aims to provide a more inclusive and comprehensive framework for understanding the various manifestations of alcohol-related problems (Rajogopal et al., 2008).

The National Institute on Alcohol Abuse and Alcoholism (2005) uses the definition of alcohol misuse:

- Alcohol misuse describes alcohol consumption that puts individuals at increased risk for adverse health and social consequences.

The Centers for Disease Control and Prevention (2008) uses the following definitions of alcohol misuse:

- Alcohol misuse
 - For women, more than 1 drink per day on average
 - For men, more than 2 drinks per day on average
- Binge drinking
 - For women, 4 or more drinks during a single occasion
 - For men, 5 or more drinks during a single occasion
- Excessive drinking includes heavy drinking, binge drinking or both.
- Alcohol misuse is a pattern of drinking that result in harm to one's health, interpersonal relationships or ability to work.
- Alcohol dependence, also known as alcohol addiction and alcoholism, is a chronic disease and is associated with experiencing withdrawal symptoms, loss of control, or alcohol tolerance.

History: Alcohol has a long history of use and misuse, as recorded in sources from biblical, Egyptian, and Babylonian cultures. Different societies had varied attitudes toward alcohol, with some cultures worshiping it and others condemning its misuse. Even in ancient cultures, excessive alcohol misuse and drunkenness were acknowledged as factors causing social problems. This recognition suggests an awareness of the negative consequences associated with alcohol misuse throughout history. While alcohol misuse and its societal impact were recognized, the medical understanding of habitual drunkenness and its adverse effects became more established in the 18th century. In 1647, a Greek monk named Agapios documented the association between chronic alcohol misuse and toxicity to the nervous system and body. This association was linked to various medical disorders, including seizures, paralysis, and internal bleeding. The effects of alcohol misuse and chronic drunkenness contributed to the rise of the temperance movement in the 1910s and 1920s. This movement led to nationwide prohibitions on the production, importation, transportation, and sale of alcoholic beverages in many Western countries, which

remained in place until the late 1920s or early 1930s. The implementation of prohibition policies resulted in a decline in death rates from cirrhosis and alcohol misuse. This suggests a positive impact on public health outcomes during the period of alcohol prohibition (Blocker, 2006).

Long-term misuse: Alcohol dependence syndrome was characterized by an increased tolerance to alcohol. This means that over time, an individual develops the ability to consume larger amounts of alcohol without experiencing the same effects that would be expected in a non-tolerant person. Another defining feature was physical dependence on alcohol. This physical dependency can make it challenging for an individual to control their alcohol consumption. The body becomes accustomed to the presence of alcohol, and the individual may experience withdrawal symptoms if they attempt to reduce or stop drinking. Physical dependency on alcohol often leads to a strong urge or craving to drink. This compulsion can be powerful and contributes to the difficulty individuals with alcohol dependence face in controlling their alcohol intake. The characteristics of increased tolerance, physical dependence, and strong cravings collectively decrease an individual's ability to stop drinking. This difficulty in cessation was a hallmark of alcohol dependence syndrome (Hoffman & Tabakoff, 1996). Alcohol misuse can have adverse effects on mental health. It was also associated with contributing to psychiatric disorders and an increased risk of suicide. One specific mental health impact mentioned was the association between heavy alcohol drinking and a depressed mood. A depressed mood was identified as a common symptom among individuals who consume alcohol heavily (Dunn & Cook, 1999; Wilson & Kolander, 2003).

Psychiatric disorders: Long-term misuse of alcohol can cause a wide range of mental health problems. Severe cognitive problems were common; approximately 10% of all dementia cases were related to alcohol consumption, making it the second leading cause of dementia. Excessive alcohol use causes damage to brain function, and psychological health can be increasingly affected over time (Oscar-Berman & Marinkovic, 2003). Social skills were significantly impaired in people with alcoholism due to the neurotoxic effects of alcohol on the brain, especially

the prefrontal cortex area of the brain. The social skills that were impaired by alcohol use disorder include impairments in perceiving facial emotions, prosody, perception problems, and theory of mind deficits; the ability to understand humor was also impaired in people who misuse alcohol (Uekermann & Daum, 2008). Psychiatric disorders were common in people with alcohol use disorders, with as many as 25% also having severe psychiatric disturbances. The most prevalent psychiatric symptoms were anxiety disorder and depression disorders. Psychiatric symptoms usually initially worsen during alcohol withdrawal, but typically improve or disappear with continued abstinence (Wetterling & Junghanns, 2000). Psychosis, confusion, and organic brain syndrome may be caused by alcohol misuse, which can lead to a misdiagnosis such as schizophrenia (Schuckit, 1983). Panic disorder can also develop or worsen as a direct result of long-term alcohol misuse (Cowley, 1992; Cosci et al., 2007).

The co-occurrence of major depressive disorder and alcohol misuse was well documented (Grant & Harford, 1995; Kandel et al., 2001). Among those with comorbid occurrences, a distinction was commonly made between depressive episodes that remit with alcohol abstinence ("substance-induced"), and depressive episodes that were primary and do not remit with abstinence ("independent" episodes) (Schuckit et al., 1997; Schuckit et al., 2007). Psychiatric disorders differ depending on gender. Women who have alcohol-use disorders often have a co-occurring psychiatric diagnosis such as major depression, anxiety, panic disorder, bulimia, post-traumatic stress disorder or borderline personality disorder. Men with alcohol-use disorders more often have a co-occurring diagnosis of narcissistic or anti-social personality disorder, bipolar disorder, schizophrenia, impulsive disorders or attention deficit/hyperactivity disorders (ADHD). Women with alcohol use disorder were more likely to experience physical or sexual assault, abuse, and domestic violence than women in the general population, which can lead to higher instances of psychiatric disorders and greater dependence on alcohol (Karrol, 2002).

Social effects: Serious social problems arise from alcohol misuse; these dilemmas were caused by the pathological changes in the brain and the intoxicating effects of alcohol (McCully, 2004). Alcohol misuse was associated with an increased risk of committing criminal offences, including child abuse, domestic violence, rape,

burglary and assault (Isralowitz, 2004). It was associated with loss of employment which can lead to financial problems (Langdana, 2009). Drinking at inappropriate times and behavior caused by reduced judgment can lead to legal consequences, such as criminal charges for drunk driving, or public disorder, or civil penalties for tortious behavior (Gifford, 2009). An alcoholic's behavior and mental impairment while drunk can profoundly affect those surrounding him and lead to isolation from family and friends. This isolation can lead to marital conflict and divorce, or contribute to domestic violence. Alcoholism can also lead to child neglect, with subsequent lasting damage to the emotional development of children of people with alcohol use disorders (Schade, 2006). For this reason, children with alcohol use disorders can develop a number of emotional problems. For example, they can become afraid of their parents, because of their unstable mood behaviors. They may develop shame over their inadequacy to liberate their parents from alcohol misuse and, as a result of this, may develop self-image problems, which can lead to depression (Gold, 2006).

Alcohol withdrawal: Alcohol withdrawal may occur in those who were alcohol dependent. This may occur following a planned or unplanned decrease in alcohol intake (National Clinical Guideline Centre, 2010). The underlying mechanism involves a decreased responsiveness of GABA receptors in the brain (Schuckit, 2014). Signs and symptoms of alcohol withdrawal occur primarily in the central nervous system. The severity of withdrawal can vary from mild symptoms such as insomnia, trembling, and anxiety to severe and life-threatening symptoms such as alcoholic hallucinosis, delirium tremens and autonomic instability (Theisler, 2022; Rahman & Paul, 2022). To be classified as alcohol withdrawal syndrome, patients must exhibit at least two of the following symptoms: increased hand tremor, insomnia, nausea or vomiting, transient hallucinations (auditory, visual or tactile), psychomotor agitation, anxiety, generalized tonic-clonic seizures, and autonomic instability (Bayard et al. 2004). The severity of symptoms was dictated by a number of factors, the most important of which were degree of alcohol intake, length of time the individual has been using alcohol, and previous history of alcohol withdrawal (Bayard et al, 2004; Perry, 2014).

Over the last decade, problems related to alcohol have increased, and rates of alcohol consumption and misuse have risen tremendously. The harmful use of alcohol is one of the leading risk factors for population health worldwide and has a direct impact on many health-related targets of the Sustainable Development Goals (SDGs), including those for maternal and child health, infectious diseases (HIV, viral hepatitis, tuberculosis), non-communicable diseases, mental health, injuries, and poisonings. Many other goals and targets of the 2030 Agenda for Sustainable Development are heavily reliant on alcohol production and use (World Health Organization, 2022). The yearly global consumption of alcohol was 5.8 liters of pure alcohol per capita for individuals aged 15 and older. Men consumed 9.2 liters per capita on average, about 3.7 times the amount drunk by women (2.5 liters per capita). Since 2000, alcohol consumption has increased, followed by a plateau from 2010 to 2015, and then a recent drop. Alcohol was the seventh biggest cause of death and disability, as well as the leading risk factor among those aged 15 to 49 worldwide. Alcohol was responsible for 13.5% of deaths among persons aged 20 to 39, as well as 13.5% of total fatalities (WHO, 2021).

Substance Abuse and Mental Health Services Administration (SAMHSA, 2021) shows how people living in America reported about their experiences with alcohol use, 10.2 per cent (28.3 million people) of aged 12 and up had an alcohol use problem in the year 2020. The percentage of people who had a past-year (2020) alcohol use disorder was highest among young adults aged 18 to 25 (15.6 per cent or 5.2 million people), followed by adults aged 26 or older (10.3 per cent or 22.4 million people), then by adolescents aged 12 to 17 (2.8 per cent or 712,000 people). The National Survey on Drug Use and Health (NSDUH, 2019) found that 52.5 per cent of full-time college students ages 18–22 drank alcohol in the previous month, compared to 44.0 per cent of their peers; 33.0 per cent reported binge drinking in the previous month, compared to 27.7 per cent of their peers; and 8.2 per cent reported heavy alcohol use in the previous month, compared to 6.4 per cent of their peers (SAMHSA, 2019). Alcohol also had a greater impact on younger people than on older people (WHO, 2018). According to a study from the National Institute on Alcohol Abuse and Alcoholism (NIAAA, 1998-2014), a total of 1,519 college students between the ages of 18 and 24 die each year as a result of alcohol-related

accidental injuries, such as motor vehicle accidents (Hingson et al., 2017). The multi-country World Mental Health Survey suggests that alcohol and tobacco use were precursors of illicit substances where the use of alcohol and tobacco was high (Degenhardt et al., 2010).

Alcohol use is common and widespread in all Indian states and union territories (UT) as well, with over 16 crore people using alcohol in the country and over 5.7 crore people are affected by harmful or dependent alcohol use and in need of alcohol use treatment (Ministry of Social Justice and Empowerment, 2020). The findings of the National Family Health Survey (NFHS-5, 2019-2021) reported that 1.3 percent of women aged 15 and above in India consume alcohol (urban = 0.6 percent and rural = 1.6 percent). Overall, 18.8 percent of men aged 15 and older consumed alcohol (urban: 16.5 percent, rural: 19.9 percent) (International Institute for Population Sciences (IIPS) and ICF. (2021). According to the National Mental Health Survey of India (2015-2016), substance use disorders have been identified as the most common mental disorders with prevalence >20%, with tobacco leading the list followed by alcohol and other substances (Chadda, 2019). **In Mizoram**, 30% of males between the ages of 15 and 49 consume alcohol, and 1 percent of women also consume alcohol. In rural areas, 30 percent of men and 1 percent of women consume alcohol. In urban areas, 30 percent of men and 1 percent of women consume alcohol. The majority of males who drink alcohol do so once a week (52%), or less frequently (30%), with 18% drinking nearly every day (International Institute for Population Sciences [IIPS] and ICF, 2021). According to 2017 Mizoram Synod Social Front survey, 18% of Mizoram adults use alcohol (Mizoram Synod Social Front, 2017). Alcohol consumption has far-reaching consequences, ranging from accidents and injuries to death and disease, as well as ramifications for family, friends, and society as a whole. Excessive alcohol use has major economic effects, as do the expenses of health care, motor vehicle accidents, and criminal justice engagement (Rehm et al., 2009).

Many risk factors are implicated, including but not limited to psychological and social issues. Demographic factors such as age and gender might reflect an individual's susceptibility to alcohol use. There are various psychological elements associated with alcohol drinking. Location of a place of residence, age,

socioeconomic status, personality characteristics, and emotional circumstances such as stress and anxiety are among these variables. Another finding is that alcohol users indicate they drink to cope with negative emotions (Ham & Hope, 2003). Furthermore, it is crucial to emphasize that regulating one's emotional state is not the primary reason for drinking alcohol. External motivations for drinking include the social benefits of portraying a certain image as well as the avoidance of societal duties. As previously stated, geographic location can be a key element in determining a person's level of risk for alcohol-related disorders. Certain variables linked with living in an urban or rural region may lead to an increased risk, while others may put at peace or be protective. Alcohol availability, standards for acceptable drinking habits, demographic variables, and financial considerations may impact drinking patterns (Dixon & Chartier, 2016).

There are also several risk factors that contribute to the development of substance misuse. These risk factors interact differently in each individual, leading to alcohol use disorders in some but not others. Both internal and external environmental factors impact the development of alcoholism. Internal aspects to consider include genetics, psychological situations, personality, personal choice, and drinking history. External aspects to consider include family, environment, religion, social and cultural norms, age, education, and type of employment. Although there is no single risk factor that can be linked to a young person's alcohol use or problems, a psychosocial risk factor and protective factor framework can be used to determine a person's likelihood of developing alcohol problems. Alcoholism is linked to psychosocial risk, which is determined by the balance of risk and protective factors. The structure considers not only the individual's characteristics but also the factors in the individual's environment that influence the path he or she may take. Protective factors are those that counteract risk factors and help people cope positively with life changes. These can be events, circumstances, or life experiences, family, school, interest groups, and spirituality have all been identified as important protective factors. Moreover, these frameworks often mention 'resilience', which refers to the ability to remain well-adjusted and interpersonally successful in the face of adversity (Werner, 1986). Risk and protective factors can change over time and have different effects at different points or stages of development (Western Australia Department of

Indigenous Affairs, 2005). Families differ in terms of the composition of risk factors that contribute to outcomes, and studies show that, with the exception of excessive consumption during pregnancy, not all children experience adverse outcomes. Most research now supports explanatory models in which children's outcomes are dependent on a combination of factors such as family demographics, individual characteristics, family interaction, and both parents' psychological functioning (Burke et al., 2006). People with mental illnesses are more prone to drink alcohol than those who do not. Alcohol is highly linked to social phobias and anxiety, since it can help those with anxiety feel more at ease in social circumstances, but it also increases the likelihood of alcohol dependence. Depressed persons are more likely to have alcohol issues, and extensive alcohol use is connected with a greater risk of suicide, self-harm, and poor outcomes. Alcohol use enhances the severity of bipolar illness. Heavy alcohol usage is frequent in patients with schizophrenia and may worsen symptoms (National Health and Medical Research Council, 2009).

Relevance of the study

The present study focuses on key psychological variables of resilience, perceived parenting styles, and impulsivity among Mizo adults living in rural and urban areas in the context of alcohol use. The interrelation of resilience, perceived parenting styles, and impulsivity among Mizo adults in the context of alcohol use is a multifaceted and dynamic relationship that can significantly impact individuals' behaviors and well-being.

Resilience, as a psychological variable, plays a crucial role in how individuals respond to challenges and adversity. High levels of resilience are associated with better coping mechanisms and adaptive behaviors in the face of stressors, including substance use like alcohol. Resilient individuals may be better equipped to resist the temptation of alcohol use or may be more likely to seek help when facing substance-related issues.

Perceived parenting styles also play a significant role in shaping individuals' behaviors and attitudes towards alcohol use. Negative parenting styles, characterized by lack of support, inconsistent discipline, or harsh criticism, can have detrimental effects on individuals' well-being and increase the likelihood of engaging in risky

behaviors such as alcohol consumption. On the other hand, positive parenting styles, characterized by warmth, support, and clear boundaries, can promote healthy development and reduce the risk of substance use.

Impulsivity, as a trait, refers to the tendency to act quickly without considering the consequences. High levels of impulsivity have been linked to increased risk of alcohol use and other substance-related problems. Family interactions and conflict can contribute to the development of impulsivity among children, as unstable or conflict-ridden family environments may lead to impulsive behaviors as a coping mechanism.

Positive relationships between these variables can lead to beneficial outcomes. For instance, high levels of resilience coupled with positive parenting styles characterized by warmth, support, and clear boundaries can create a nurturing environment that fosters healthy coping mechanisms and adaptive behaviors in individuals. In this scenario, individuals may be better equipped to resist the allure of alcohol use and make informed decisions regarding substance consumption. Additionally, low levels of impulsivity in conjunction with supportive parenting practices can contribute to the development of self-regulation skills and responsible decision-making, reducing the likelihood of engaging in risky behaviors like alcohol misuse.

Conversely, negative relationships among these variables can have detrimental effects on individuals' well-being and behaviors. For example, low resilience combined with negative parenting styles marked by criticism, inconsistency, or lack of support can create a toxic environment that undermines individuals' ability to cope with stressors and challenges effectively. This negative dynamic may increase the vulnerability of individuals to use alcohol as a maladaptive coping mechanism to deal with emotional distress or difficulties. Moreover, high levels of impulsivity in the presence of negative parenting practices can exacerbate impulsive behaviors and poor decision-making, heightening the risk of engaging in alcohol-related problems and substance misuse.

The interconnection of these variables suggests a complex web of influences on individuals' behaviors and choices regarding alcohol use. For example, individuals with low resilience and high impulsivity may be more susceptible to the

negative impact of perceived negative parenting styles, leading to increased risk of impulsive act leading to alcohol use and related problems. Conversely, individuals with high resilience and positive parenting experiences may be more resilient to impulsivity and less likely to engage in risky behaviors like alcohol use.

Understanding the interplay of resilience, perceived parenting styles, and impulsivity is essential for developing effective interventions and prevention strategies to address alcohol use among Mizo adults where they may not have been previously applied would provide valuable insights into the relationship between these variables and their impact. The ultimate goal is to use this understanding for the development, elucidation, and implementation of intervention approaches and to suggest an innovative approach to studying alcohol use within the present cultural context. This novelty could contribute to better understand and tailored interventions among Mizo adults residing in rural and urban areas. For the present study, the classification of rural and urban areas was done using data published by Census Organization of India (2011). The anticipated contributions and the application of these psychological variables to the Mizo community add value to the research.

Resilience

Resilience has been proposed as a protective factor against increased alcohol use. Several studies examined a link between resilience and alcohol consumption, suggesting that higher resilience was associated with lower rates of alcohol consumption (Cusack et al., 2023). The Latin verb ‘resilire’ is the root of the word resilience; it means to leap back. This definition is found in the Oxford Dictionary of English, and it means the ability to withstand and recover from adverse conditions. In psychology, resilience is defined based on key concepts such as adversity and positive adaptation (Fletcher & Sarkar, 2013). The achievement of positive outcomes in the face of adversity is defined as ‘resilience’ (Neufeldt & Sparks, 2003). Resilient characteristics consist of hardiness, firmness, strong self-efficacy, emotional and cognitive control under pressure, adaptability, the ability to bounce back, tolerance of negative affect, spiritual coping, and goal orientation (Green et al., 2010; Fadardi et al., 2010).

Furthermore, psychological factors that are associated with resilience include optimism, positive emotions, the ability to regulate emotions, cognitive flexibility, the ability to reframe hardship in more positive terms, the ability to master challenges, ability to derive meaning from adversity, high self-efficacy, and a focus on skill development. Highly resilient individuals have fewer risk factors for the use of alcohol and illicit drug. More resilient individuals recover better from psychiatric disorders like depression compared to less resilient individuals (Sher, 2019). Resilience has been defined as a construct with social and personal domains. Resilience constructs were first proposed in the 1970's. The concept of resilience was used to explain how complex systems positively respond to challenging, risky, and stressful situations. Social resilience takes into consideration factors such as environmental factors, family cohesion, peer support, and social capital (Sanders et al., 2017).

Resilience is a construct that evolved from physiological and psychological roots (Tusaie & Dyer, 2004). The psychological root of resilience was found in the 1800 to 1950s focused on unconscious defense mechanisms. In the 1960s there were psychological concepts like coping as a conscious process, and in the 1980s there were psychological concepts like protective and risk factors. Out of a combination of these concepts emerged the concepts of psychoneuroimmunology in the 1980s and resilience in the 1990s. There were three waves of the development of a definition of resilience. The first wave of resilience studies focused on investigating risk and protective factors that enable individuals to overcome adversity (Richardson, 2002). These studies focused on children and adolescents (Rutter, 2012; Weiss, 2008). In the second wave of resilience studies, resilience was conceptualized as a dynamic process which involved disruptive experiences and reintegration (Jacelon, 1997; Luthar et al., 2000), that is, positive adaptation following challenges of a positive or negative nature. Resilience in the second wave was viewed as a process used by individuals to recover from and thrive under challenging circumstances. Unlike trait resilience, dynamic resilience can be learned. In the third wave of development of a definition of resilience, the life force, or the energy within that propels an individual to overcome adversity was the focus (Richardson, 2002).

There is an extensive body of research in both mental and alcohol use disorder areas on developing, increasing, and engaging resilience in those at risk for and suffering from mental and/or substance use disorders. Several resilience studies have focused on children, adolescents, and young adults—populations who are heavily impacted by family, friends, and social environments centered on the individual's school, community, and neighborhood. The effort of increasing resilience for people with mental and/or substance use disorders has the greatest influence at the developmental phases, preventing more serious issues and promoting health. Resilience is also important during the recovery period, where life skills and other resources may be obtained to handle future stress. The interplay of risk and protective variables is crucial in the formation, improvement, and activation of resilience (Sheedy & Whitter, 2013).

The individual, the family, and society are domains of an individual's life that promote resilience (Berk, 2017). It is linked to lower levels of mental illness, fewer physical health issues, and higher levels of life satisfaction (Scali et al., 2012). Grotberg (1995) stated that resilience is important because it is the human capacity to face, overcome, and be strengthened by life's adversities. There is considerable evidence that children can grow up in all sorts of difficult circumstances without developing significant problems (Velleman & Templeton, 2007), often resulting in good outcomes in spite of serious threats to adaptation and development (Masten, 2001). Rutter (2008) provides a conceptual framework for studying the development of resilience within the context of parental alcohol use based on three factors: attributes of the young people themselves, aspects of their families, and characteristics of their wider social environments. It is important to consider that resilience is not an all-or-nothing phenomenon, nor is it fixed in time (Masten, 2001).

Furthermore, an individual may demonstrate major strengths in some areas and at the same time have difficulties in others. Therefore, the domains in which resilience can be observed may be specified, such as educational resilience (Wang & Gordon, 1994) or emotional resilience (Denny et al., 2004). As resilience is the product of an interaction between the individual and their social context, it is potentially open to influence (Velleman & Templeton, 2007). Several studies have

found a link between a lack of resilient factors and alcohol use. Low initial resiliency is found to predict the onset of alcohol use in children. Individuals with low resilience were shown to have greater rates of difficulties linked to alcohol consumption and dependence, cigarettes, and other substances (Wingo et al., 2014). Another study revealed that people who do not use alcohol appear to be more resilient than those who do (Borges et al., 2017). Individuals with low resiliency may be more likely to use ineffective coping skills, such as drug or alcohol, to deal with stressors (Block, 2002). According to Senormanci et al. (2019), resilience is a protective factor against the development of substance use disorders and that there is a negative link between levels of resilience and the development of substance use disorders.

Parenting Styles

The association between parenting styles and alcohol use has indeed been the subject of extensive research. Researchers have explored how different parenting styles may influence the likelihood of adolescents or young adults engaging in alcohol use and its related problems (Ryan et al., 2010). Parenting, also known as ‘child rearing’, is the process of promoting and supporting a child's physical, emotional, social, and intellectual development from infancy to adulthood. It refers to the complexities of raising a child and not solely to biological relationships (Brooks, 2012). Parenting may be defined as purposeful activities aimed at ensuring the survival and development of children. It is a two-way process of interaction between the child and the parent (Maccoby & Martin, 1983). Parenting style is described as a set of attitudes and behaviors displayed by parents towards their children, as well as the emotional environment in which such behaviors are displayed (Darling & Steinberg, 1993). It is widely accepted that parents serve as important role models and reinforcers of their children's alcohol use in terms of drinking behavior, attitudes, and standards.

Over the last 40 years, researchers have studied the impact of alcohol misuse on individuals, families, and society, and there is a large body of literature on the impact of parental alcohol misuse on children and adolescents. Researchers have gradually investigated the role of the family in the development (i.e., etiology),

course, treatment, and prevention of alcohol abuse and dependence. Ryan et al. (2010) found that several aspects of parental behavior were linked with the age of initiation of alcohol use and later drinking levels. In particular, greater quality of the parent-child relationship (warmth, bonding, and affection) and greater parental monitoring (parents' knowledge of their child's activities and whereabouts) were significantly predictive of a later age of initiation and lower levels of later drinking. More dysfunctional parental characteristics (abusiveness, indifference, and over-control) were significantly and positively related to higher distress and higher alcohol use problems (Sonam et al., 2019). Parenting styles shown by a child's mother and father have been found to influence whether he or she will use alcohol. Children whose parents do not set clear rules against or do not monitor alcohol use by children could be at greater risk for alcohol use (Mohler Kuo, 2015). A childhood adverse effect or maltreatment during childhood causes a sufficient amount of psychopathology in adulthood. It may be emotional, physical, or sexual abuse or neglect in early life (Affi et al., 2008). Various studies conclude that this may lead to an increase in alcohol consumption and alcohol-related disorders in adults (Enoch et al., 2010).

A number of studies have found that the drinking habits of parents and their adolescents and adult children are strongly linked. Child abuse and neglect have been connected to alcohol usage and addiction, disturbance of family practices, and a negative impact on the parent-child relationship. Parenting practices of parents with alcohol and drug problems were disrupted in the community and in at-risk groups, making parent-child contact more unpleasant, aggressive, and inconsistent (Velleman & Orford, 1999). When parents are alcohol-dependent or abuse alcohol, their families are generally more distressed and dysfunctional than families that are not affected by parental alcohol issues. Families in such home situations have barriers to effective communication, such as weaknesses in the ability to solve problems, low familial congeniality (Haber & Jacob, 1997), and poor family interrelationship (Bijttebier et al., 2006). Children with alcoholic parents experience higher levels of stress, struggle in response to life events, and develop more symptoms of personal dysfunction than their peers who did not experience either trauma or alcoholism during childhood (Hall & Webster, 2007).

Regarding the detrimental consequences of parental alcoholism on the family, particularly on children, certain factors appeared to shield the children and keep them away from alcohol-related disorders or postpone their onset. This equilibrium of environmental and genetic variables is critical for children, as it is not only a family history of alcoholism that makes someone turn into a person with an alcohol use disorder or problem drinker (Harrison, 1998). The function of family contact in families with an alcohol problem is as a protective element that provides a supportive atmosphere for the children. Families that respect connections, have control over family life, and preserve their own identity while maintaining a positive perspective offer a secure atmosphere. Quality time spent on family activities such as hobbies and sports and spending time together aid in bonding and foster cohesiveness among family members. Positive role models for children to look up to both within and outside the family had a role, and a non-drinking parent was discovered to be an essential protective factor. Positive interaction patterns were discovered to contribute to the positive well-being of individual family members through good communication, coherent relationships, defined leadership and responsibilities, and support networks inside and beyond the family (Bhatti et al., 1998).

Impulsivity

Impulsivity has been recognized as a significant risk factor predisposing for the initiation of alcohol use, continuation and excessive alcohol use. Evidence suggests that impulsivity was also a result of both acute alcohol intoxication and long-term alcohol abuse. The multifaceted character of impulsivity and the various ways of assessing it in humans and animal model hampers the understanding of how impulsivity relates to alcohol use and misuse (Herman & Duka, 2019). Impulsivity is defined as a tendency to experience strong impulses, frequently under negative affective conditions (Barratt, 1993). Patton et al. (1995) examined distinct components of impulsivity using factor analysis on the Barratt Impulsiveness Scale. The studies revealed three higher-order factors: attentional impulsivity, motor impulsivity and non-planning impulsivity. The concept of attentional impulsivity describes an individual's difficulties managing his or her mental processes as well as keeping focused on and attending to one activity or thought. Individuals with high

motor impulsivity tend to act on the spur of the moment without thinking, respond quickly, and look restless. Finally, those with a high level of non-planning impulsivity tend to struggle with self-control in terms of future planning and thinking.

Stanford et al. (2009) classify impulsivity into three categories: attentional impulsivity, defined as an inability to focus attention or concentrate; motor impulsivity, defined as acting without thinking; and non-planning impulsivity, defined as a lack of forethought. The concept of impulsivity has also been studied in three dimensions: cognitive, behavioral, and personality (Barratt, 1993). Eysenck (1993) defined impulsivity as risk-taking, a lack of planning, and a hasty decision-making process.

Many psychiatric illnesses, including bulimia nervosa, borderline personality disorder, attention deficit hyperactivity disorder, obsessive drinking, suicidal, violent, and self-mutilating behavior, have been linked to impulsivity (Cyders & Smith, 2008). Lejuez et al. (2010) state that alcohol use disorders (AUDs) are a devastating public health problem. The construct of impulsivity is biologically based and heritable, and its various dimensions (attentional, motor and non-planning) are relevant for understanding alcohol use. Recent behavioral and biological research examining various dimensions of impulsivity and their relation to AUDs, from initial use risk through dependence and relapse. Highlighting the psychological (socio-demographic factors, personality) variables related to current use and early indications of alcohol problems, as well as psychopathology, violence, and aggression in relation to AUDs. Alcohol users are seen as being more impulsive than non-users. Similarly, impulsivity was correlated with the increase in alcohol and illegal substance usage (Hanson et al., 2008). Brown et al. (2010) state that alcohol use damages brain structure and functioning, which has a direct effect on impulsivity and aggression, resulting in misjudgment, disinhibition, and a lack of planning or foresight, which leads to unprovoked aggression. It has been established that impulsivity is a key concept in alcohol misuse and long-term alcohol use disorders in individuals. Furthermore, increased alcohol consumption has been linked to impulsivity and impulsive decision-making (Mac Killop et al., 2007; Rubio et al., 2008).

In diverse communities, impulsivity has also been related to higher or problematic alcohol consumption. Individuals with alcohol use disorders (AUDs) had greater levels of trait impulsivity than social drinkers (Soloff et al., 2000), and hazardous drinkers appeared to be more impulsive than social drinkers as well (Mac Killop et al., 2007). Impulsivity has been linked to increased binge alcohol usage in college students (Goudriaan et al., 2007), and people who started consuming alcohol as youths have higher levels of impulsive response on a behavioral task than those who started drinking when they were 21 or older (Dougherty et al., 2004). In a prospective analysis evaluating the link between impulsivity and alcohol or tobacco use, researchers discovered that impulsivity was related to both alcohol and tobacco use at baseline and that increasing baseline impulsivity predicted increases in both alcohol and tobacco use (Grano et al., 2004).

The correlation between impulsivity and addictive behaviors is well-known, and new research has proposed a genetic link to the impulsivity tendency which serves as a risk factor for the later prevalence of substance abuse disorders (Verdego-Garcia et al., 2008). There are also reciprocal links between impulsivity and alcohol consumption. However, there is no consensus on how impulsivity should have been characterized and evaluated (Lejuez et al., 2010). Different models and theories have presented various conceptualizations of impulsivity, but the idea that impulsivity is a multidimensional phenomenon is now widely acknowledged (Squillace et al., 2011). As a result, it becomes vital to study which of the impulsive qualities or dimensions has the greater influence on alcohol use. The influence of impulsivity in the development of alcohol consumption, continuance, and escalation of drinking leading to alcohol dependence has increasingly been recognized. The difficulty in identifying impulsivity in its multidimensional nature and the many means of measuring it in people and animals, as well as problems distinguishing between cause and effect, have limited understanding of the significant role that impulsivity plays in alcohol misuse (Potenza & de Wit, 2010). Perry et al. (2013) state that personality traits such as pathological engagement in approach behaviors, high levels of impulsivity, and heightened negative affect are consistently observed in substance-dependent individuals (SDI)

Theoretical Concepts and Framework

Resilience

The original theoretical model of resilience proposed by **Wagnild and Young (1993)** includes five factors: **Equanimity**: a balanced perspective on one's life. **Meaningfulness**: understanding that life is meaningful and valuable. **Perseverance**: the ability to keep going, even after setbacks. **Self-Reliance**: the belief in one's abilities and awareness of limitations. **Existential Aloneness**: the recognition of one's unique path and acceptance of one's life. Through exploratory analyses, Wagnild and Young (1993) suggested grouping these factors into two main categories: **Personal Competence**: includes traits like self-reliance, independence, invincibility, mastery, resourcefulness, and perseverance. **Acceptance of self and life**: encompasses characteristics such as adaptability, flexibility, and a balanced perspective on life. The components of resilience, as measured by this scale, cover a range of personal qualities and perspectives. Personal competence emphasizes an individual's belief in their abilities and their capacity to overcome challenges. Acceptance of self and life focuses on adaptability, flexibility, and maintaining a balanced perspective in the face of life's adversities. The scale explicitly refers to adaptive aspects of resilience, emphasizing an individual's ability to recover from adverse events by drawing upon both internal and external sources of support. The Resilience Scale by Wagnild and Young (1993) also provides a structured approach to measuring resilience, encompassing various dimensions and traits that contribute to an individual's ability to adapt and cope effectively with life's challenges. The grouping of factors into personal competence and acceptance of self and life offers a better understanding of resilience as a multifaceted construct. The present study has employed the Resilience Scale by Wagnild and Young (1993) which was designed to measure an individual's level of resilience.

Fayombo (2010) introduces the concept of protective factors. Protective factors are innate strengths that help individuals cope with adverse situations and enhance their adaptability. These factors contribute to an improved response to hazards in the environment. The protective factor model provides a framework for understanding resilience. In this model, the effects of a risk factor were neutralized

by the presence of a protective factor. When a protective factor was absent, there was a greater level of risk and a negative outcome was more likely. The relationship between the risk and outcome was diminished but not completely removed in the presence of a protective factor. Protective factors play a crucial role in mitigating the impact of risk on individuals. When individuals have inherent strengths or support systems (protective factors), the negative consequences of risk were lessened. Resilient individuals demonstrate an adaptive response to adversity by effectively utilizing their protective factors. These protective factors may include personal strengths, skills, and supportive relationships. These perspectives collectively highlight the dynamic nature of resilience and the importance of protective factors in mitigating the impact of risks. The protective factor model suggests that the presence of certain strengths or support systems can significantly contribute to an individual's ability to navigate challenges successfully (Fergus & Zimmerman, 2005).

Fergus and Zimmerman (2005) proposed the Challenge Model, in which risk was viewed as a source that could contribute to the development of competence. Moderate levels of stress, rather than being harmful, were considered beneficial for building resilience. The model suggests that exposure to a moderate level of stress helps individuals become more resilient and stronger. This implies that facing challenges within a certain intensity range contributes positively to an individual's development. While moderate stress was seen as a constructive force, high levels of stress were acknowledged as potentially leading to maladaptive behavior. There seems to be a critical threshold beyond which stress may become detrimental to an individual's well-being. An example provided in the statement involves children with parental alcohol misuse. These children experience moderate stress, which, according to the model, contributes to their resilience and strength. The Challenge Model emphasizes that resilience is an ongoing developmental process. It implies that individuals, including adults with a history of parental alcohol misuse, continue to mobilize resources to face difficulties, enhancing their capacity to thrive even in the face of adversity over time. The Challenge Model proposes that moderate stress can be a positive force for building resilience and competence, but it also highlights the importance of understanding the threshold beyond which stress might lead to

maladaptive outcomes. This model underscores the dynamic and ongoing nature of resilience development.

Many resilience theories have traditionally focused on individual factors, potentially neglecting the impact of the environment and societal factors on human suffering. **Luthar and Cicchetti (2000) proposed the ecological perspective** shifts the focus to consider how the dynamic environment plays a crucial role in shaping individual resilience. The ecological perspective considers a broad range of environmental factors, including biological, social, micro-level social environments (such as school, neighborhood, and family), and macro-level factors (social, economic, and political processes). This comprehensive approach acknowledges the interconnectedness of various environmental elements. The ecological model of resilience highlights the influence of the environment on individual processes. The emphasis was on understanding how environmental factors affect an individual's resilience. The ecological perspective views individuals within their cultural, social, and communal context. It recognizes the importance of understanding resilience within broader social systems and the interrelationships within and between these systems. The ecological model provides a clearer explanation of resilience, considering the multifaceted influences of the environment. This understanding can be instrumental in developing targeted resilience intervention programs that address both individual and environmental factors. By taking into account various levels of the social environment, the ecological perspective provides a more holistic understanding of resilience. This approach acknowledges that individual resilience was intricately linked to the larger systems and structures in which individuals live and interact. The ecological perspective on resilience offers a broader and more interconnected view that considers the dynamic interplay between individual and environmental factors. This holistic understanding was crucial for developing effective intervention strategies and fostering resilience in individuals within their cultural and social contexts. Theoretical assumptions and empirical findings suggest that resilience can be conceptualized either as a one-dimensional or a multidimensional construct. One-dimensional views might see resilience as a stable trait, while multidimensional perspectives recognize it as a dynamic process involving various factors. There was a debate surrounding the distinction between a

person's internal and external boundaries as stable protective factors and mechanisms.

Parenting Styles

Parenting styles can influence different areas of a child's life, such as psychological, emotional, social, and academic achievement (Baumrind, 1971). The relationship between parent and child in the early years has great importance and was related to numerous aspects of behaviors and development (Cassidy & Shaver, 2008).

Parker et al. (1997) identified 3 parenting styles: indifference (e.g., “Ignored me”, “Left me on my own a lot”, “Was uninterested in me”), **abuse** (e.g., “Verbally abusive of me”, “Physically violent or abusive of me”, “Made me feel in danger”) and **over-control** (e.g., “Over-protective of me”, “Over-controlling of me”, and “Critical of me”). These experiences were thought to strongly predispose individuals to psychological distress and psychopathology (Bowlby, 1969). The importance of assessing dysfunctional parenting was evidenced by the fact that dysfunctional parenting, such as very low care, emotional abuse, and high over-control, has been reported to be a factor of psychopathological vulnerability, affecting development at both neurobiological and psychological levels (Adenzato et al., 2019; Farina et al., 2021; Measelle et al., 2017; Poletti et al., 2022; Teicher et al., 2016). Parker et al. (1997) in his Measure of Parental Style utilizes these different terms as a measure of the likelihood of exposure to dysfunctional parenting. The current study focused on these dysfunctional aspects of parenting style such as indifference, abuse and over control, in which parents show less responsiveness and high demand on children that assess parental styles during the first 16 years of life.

Baumrind (1966, 1971) developed the most common classification for parenting styles. She classified them into authoritative, authoritarian, and permissive styles and eventually introduced underlying dimensions called responsiveness or support and demandingness constructs that are interchangeable with the care and overprotection dimensions (Maccoby & Martin, 1983; Masud et al., 2019). Authoritative parents are classified as such due to their use of high care and high overprotection behaviors, while authoritarian parents utilize low care and high

overprotection behaviors, and permissive parents practice high care and low overprotection behaviors. A fourth style called uninvolved parenting was later added by Maccoby and Martin (1983) to include a type of parenting style that was both uncaring and not protective.

Clarke, et al. (2014) gave the concept of overindulgent parenting which is when parents overprovide things that are typically not developmentally appropriate for their child. An overindulgent parenting style provides children with too much of what looks good- too soon, too long. Sometimes, it appears that parents implement these strategies to fulfill their own unmet needs or feelings of neglect from their childhood. This type of parenting style can result in the child having poor decision-making and coping skills and being highly self-centered.

Swan (2014) gave the concept of **Helicopter parenting** which is characterized by caregivers who are *extremely overinvolved in their child's life* due to the belief that they can protect their child's physical and/or emotional well-being. Caregivers using this approach appear overbearing and overprotective due to the close attention they pay to all of their child's problems and successes. Parents "hover overhead" by constantly overseeing or being excessively interested in every aspect of their child's life. Some contend that cell phones are the world's longest umbilical cord, which is contributing to this phenomenon. Helicopter parenting is when parents are overly involved in their child's life, often as a way to protect their child. This style can result in the child lacking independence, having poor decision-making and coping skills, etc. Many negative outcomes have been linked to helicopter parenting (Swan, 2014).

The traditional parenting style was more commonly used in families with non-western cultural values. Parents using this approach expect their children to respect and obey authority (e.g., parents, elders, etc.) and comply with their cultural beliefs and values without questions. Parents using this approach were high in demandingness, warmth, and responsiveness, similar to the authoritative approach; however, they do not engage in democratic discussions. This style was created because many parenting styles in non-western cultures do not meet the criteria for authoritarian (due to expressing warmth) or authoritative (due to a lack of communication). The caregivers also value closeness and love, which are different

from the authoritarian parenting style. The positive outcomes may also be related to the closeness and love shown to children, which is different from the cold or distant characteristics consistent with the authoritarian style (Chao, 2001).

Impulsivity

Patton et al. (1995), identified three higher-order factors that they argue reflect the different components of impulsivity: **attentional impulsiveness** (the ability to focus on the tasks at hand and cognitive instability), **motor impulsiveness** (acting on the spur of the moment and perseverance), and **non-planning impulsiveness** (self-control and cognitive complexity). Substance users, particularly those with alcohol dependence, tend to exhibit high levels of impulsivity.

Barratt and colleagues (Barratt, 1993; Gerbing et al., 1987; Patton et al., 1995; Stanford & Barratt, 1992) have developed one of the most comprehensive approaches to impulsivity by including information from four diverse perspectives: the medical model, the psychological model, the behavioral model, and the social model. The research incorporates a variety of measures, including self-report inventories, cognitive and behavioral tasks, and brain-behavioral research with animals (Barratt, 1993). The present study employed the measure of Barratt Impulsiveness Scale II (BIS II) that was based on the theoretical framework proposed by Patton et al. (1995), impulsivity is a trait associated with a tendency to act on impulses without sufficient consideration of potential negative consequences. There appears to be variation in impulsivity levels among individuals with alcohol use disorders. Early-onset alcoholics, considered more severe cases, tend to score higher on the BIS-11 compared to late-onset alcoholics, who were generally thought to have less severe cases. Understanding these relationships is important for addressing comorbidities and providing comprehensive care (Dom et al., 2006a).

There have been several previous attempts to bring clarity to the construct of impulsivity. For instance, Eysenck and colleagues have discussed impulsivity in terms of the factor theory of personality, which currently consists of neuroticism, extraversion, and psychoticism. In their earlier work, Eysenck and Eysenck (1968) included impulsivity as a subscale of the second-order personality trait of extraversion. Eysenck and Eysenck (1975) revised their personality scale. After the

revision of the three factor theory of personality, Eysenck and Eysenck (1977) subdivided impulsivity (labeled broad impulsiveness) into four specific dimensions: narrow impulsiveness, risk-taking, non-planning, and liveliness. They found that the four impulsivity scales correlated differentially with extraversion, neuroticism, and psychoticism. The first factor, narrow impulsiveness, had high correlations with neuroticism and psychoticism but did not correlate with extraversion. However, the other dimensions, risk-taking, non-planning, and liveliness, were more strongly correlated with extraversion. This work contributed to Eysenck and Eysenck's (1985) reconsideration of their original placement of impulsivity on extraversion (Eysenck & Eysenck, 1975), and they propose that impulsivity consists of two components: venturesomeness which corresponds to extraversion, and impulsiveness, which corresponds to psychoticism.

Impulsivity is an important psychological construct. It appears, in one form or another, in every major system of personality. For instance, Eysenck and Eysenck (1985) include impulsiveness (e.g., I usually think carefully before doing anything) as a component of psychoticism and venturesomeness (e.g., I would enjoy water skiing) and sensation-seeking (e.g., I sometimes like doing things that are a bit frightening) as components of extraversion in their three-dimensional view of personality. In his models, Cloninger includes a super factor of novelty seeking, which consists of items asking about thrill-seeking and preferring to act on feelings of the moment without regard for rules and regulations (Cloninger et al., 1991; Cloninger et al., 1993).

Buss and Plomin (1975) included impulsivity, along with emotionality, activity, and sociability in their four-factor model of temperament. They hypothesize that impulsivity is a multidimensional temperament with inhibitory control, or the ability to delay the performance of a behavior, as its core aspect. The other three components of impulsivity in this system involve the tendency to consider alternatives and consequences before making a decision, the ability to remain with a task despite competing temptations, and the tendency to become bored and need to seek novel stimuli. Although they describe impulsivity and the other temperaments as separate dimensions, they contend that the traits influence behavior in an

interactional manner. For instance, they postulate that while activity and emotionality motivate individuals to action, impulsivity works to slow down or inhibit behavior.

Zuckerman and colleagues (1991) have discussed impulsivity in terms of a general model of personality. Zuckerman, et al. (1991) began the development of an alternative five-factor model through the factor analysis of many general personality inventories. They identified a factor consisting of the four subscales from Zuckerman's Sensation Seeking Scale (Zuckerman, 1994) and other measures of impulsivity, which they have labeled impulsive-sensation seeking. Zuckerman et al. (1993) described this scale as consisting of items that involve a lack of planning and the tendency to act impulsively without thinking, as well as experience seeking, or the willingness to take risks for the sake of excitement or novel experiences. They determined that the impulsive sensation seeking scale measured a construct similar to the NEO conscientiousness factor and the EPQ psychoticism factor (Costa & McCrae, 1992).

Dickman (1990) has proposed a two-dimensional theory of impulsivity based on an information-processing approach to personality. His work stems from his observation that impulsivity can have positive as well as negative consequences, and he differentiates between functional (i.e., the tendency to act with relatively little forethought when such a trait is optimal) and dysfunctional impulsivity (i.e., the tendency to act with less forethought than most people of equal ability when this is a source of difficulty). He has argued that dysfunctional impulsivity is associated with disorderliness, a tendency to ignore hard facts when making decisions, acting without forethought, and a tendency to engage in rapid, error-prone information processing because of an inability to use a slower, more methodical approach under certain circumstances. On the other hand, functional impulsivity was associated with enthusiasm, adventure, activity, and an ability to engage in rapid error-prone information processing when such a strategy was rendered optimal by the individual's other personality traits.

In addition to its importance in personality, impulsivity also plays a prominent role in the understanding and diagnosis of various forms of psychopathology. In fact, after subjective distress, impulsivity may be the most common diagnostic criteria in the fifth version (TR) of the Diagnostic and Statistical Manual for Mental Disorders

(DSM-V TR; American Psychiatric Association, 2022). Furthermore, an entire section devoted to impulse-control disorders (e.g., intermittent explosive disorder, kleptomania, and pyromania), impulsivity appears in the diagnostic criteria for psychiatric disorders as varied as: borderline personality disorder (i.e., impulsivity in at least two areas that are potentially self-damaging), antisocial personality disorder (i.e., impulsivity or failure to plan ahead), attention-deficit/hyperactivity disorder (i.e., blurts out answers, difficulty waiting turn, and interrupts or intrudes), mania (e.g., excessive involvement in pleasurable activities that have a high potential for painful consequences), dementia (i.e., disturbance in executive functioning), bulimia nervosa (e.g., feeling as though one cannot control how much one is eating), substance use disorders, and the paraphilia. Additionally, impulsivity serves as a centerpiece in etiologic theories of psychopathy (Newman & Wallace, 1993), crime (Moffitt, 1993), and substance use (Wills & McNamara, 1994).

Impulsivity and response inhibition deficits were associated with susceptibility to transitioning into alcohol use disorders. Individuals with higher impulsivity traits may be more vulnerable to developing problematic alcohol use patterns. Alcohol misuse was believed to exacerbate impulsivity. Even a single acute dose of alcohol can lead to cognitive deficits similar to those observed in individuals with alcohol dependence or heavy drinking habits. This suggests a bidirectional relationship where alcohol use influences impulsivity, and impulsivity, in turn, may contribute to alcohol-related issues (Poulton & Hester, 2020). When given a single acute dose of alcohol, healthy individuals exhibit cognitive deficits similar to those seen in individuals with alcohol dependence. This implies that alcohol has a direct and immediate impact on cognitive functions related to impulsivity. Understanding the relationship between impulsivity and vulnerability to alcohol misuse and dependence may offer incentives for behavior change. The knowledge that impulsivity can be both a precursor and a consequence of alcohol misuse could be used to develop targeted interventions for individuals characterized by excessive alcohol intake. The bidirectional relationship between impulsivity and alcohol use disorders highlights the complex interplay between cognitive functions and alcohol-related behaviors. Understanding these dynamics may contribute to the development

of more effective prevention and intervention strategies for individuals with or at risk of alcohol misuse and dependence (Reynolds et al., 2006).

REVIEW OF LITERATURE

The objective of the present research was to study resilience, perceived parenting styles and impulsivity among various groups' viz. alcohol users from rural areas, alcohol users from urban areas, non-users from rural areas and non-users from urban areas. It aims to investigate the patterns of relationship between the variables and to determine the prediction of "alcohol use" from the psychological variables and among the groups.

Resilience and Alcohol Use

Several studies indicate a connection between lack of resilience factors and alcohol consumption. People with poor resiliency are more likely to use ineffective coping mechanisms, such as medications or alcohol, to deal with stressors (Block, 2002; Grotberg, 1995). People, who are better at describing depressive feelings, which is a sign of resilience, are found to drink less alcohol (Kashdan et al., 2010). Furthermore, Logan et al. (2010) found a connection between certain positive psychological characteristics and lower-risk drinking habits.

As adolescents transition to adulthood, the problem-solving skills they have learned enable them to be assertive and resist peer temptation to use alcohol and drugs. This deliberateness was obvious in the now-adult child's choices and actions, as he carefully planned how to be distinct from his family of origin. Vellaman (1995) sees this trait with optimism, stating that having to deal with hardship both strengthened and harmed individuals. It would be advantageous for mental health practitioners to actively convert the preceding understanding into practice while addressing the needs of the family and, in particular, children at risk. The trend among rehabilitation clinics was to work with the addicted individual in isolation, virtually considering the family as the core cause of addiction, while others saw the family as naive about their manipulative conduct and encouraged them to aid the addict's recovery (Mane, 1989).

Evidence shows that resilience people have better mental health, better self-regulation abilities, higher self-esteem, more parental support, and are less likely to

engage in high-risk activities. It appears that self-disclosure, problem-solving abilities, and people's favorable evaluations of their social support boost resilience (Bonanno et al., 2007). Furthermore, resilience is associated with good feelings, which in turn protect against depression and substance use following devastation (Fredrickson, 2003). Wills and his colleagues investigated the protective benefits of parental support on the relationship between adverse life events and substance use in many research. As a result, the favorable effects of parental support throughout adolescence were long-lasting in their capacity to shield young adults against the hazards associated with substance use (Wills et al., 1996).

People with poor resilience had greater rates of problems pertaining to alcohol consumption and dependence, cigarettes, and other substances (Wingo et al., 2014). Some researchers believe that resilient people have higher self-esteem and are less prone to engaging in hazardous or harmful behavior. Individuals who abstain from alcohol appear to have greater resilience than those who use alcohol. Studies of resilience may be an effective strategy to foster adaptive behavior towards drug use (Gutiérrez & Romero, 2014). Research from South India investigated the factors associated with resilience in the wives of persons with alcohol use disorder, and excellent resilience was connected with a less severe and shorter duration of alcohol dependency, a lack of domestic violence, and adequate social support. This study shows a significant relationship between low resilience and depression among the participants (Sreekumar et al., 2016).

Wong et al. (2006) discovered that poor initial resiliency thresholds predicted the initiation of alcohol use. Having a good and strong support system is one of the characteristics of a resilient person. Individuals that lack parental help, have insufficient contact with their parents, and are not supervised by their parents appear to use alcohol more often than others who have parental support, have strong communication with their parents, and are monitored by their parents (NIAAA, 1997). The National Longitudinal Study on Adolescent Health (1997) found that adolescents were less likely to consume underage alcohol when they felt supported by their parents. The Kauai longitudinal studies shows that an individual who successfully coped with the stress of growing up in an alcoholic environment and went on to become responsible adults depended on a substantially greater amount of

sources of help in their adolescence and youth than the offspring of alcoholics who had coping challenges by the age of 32. Overall, using a variety of coping strategies and mechanisms can serve as protective factors later in life (Werner & Johnson, 2004).

Children raised in alcoholic homes have been shown to exhibit a wide range of unstable feelings, cognitions, and attitudes. Some children of alcoholics (CoA), on the other hand, adapt to their family environment by demonstrating enhanced maturity, accountability, and resilience (Burnett et al., 2006). Children of alcoholics (CoA) have also experienced a range of difficult cognitive outcomes. There is a significant association between a child's cognitive advancement and the level of care provided at home (Arranz, 2005). Growing up in an alcoholic environment has a negative psychosocial impact on many children of alcoholics (CoA), which affects their welfare and well-being (Sher, 1991). Children of alcoholics (CoA) have poorer levels of self-esteem and self-efficacy, resulting in an inability to deal adequately with their surroundings (Rangarajan & Kelly, 2006). As a result, many children of alcoholics (CoA) have neurological problems such as anxiety and depression (Chassin et al., 2002; Roosa et al., 1996).

Moreover, children of alcoholics (CoA) struggle with social, cognitive, and behavioral reactivity to their family environments, there are certain cases in which children shine in their family atmosphere. The capacity of children to effectively respond to adversity represents their resilience. Parental connectivity is one of the many aspects that contribute to resilience. Consistent comfort and discipline demonstrated by parents help in the production of emotional expression and decrease the risk of children of alcoholics (CoA) developing detrimental outcomes (Trainor et al., 2000; Molin et al., 2010). The availability of support systems is also a good indicator of children's resilience in a high-risk setting. As a result, the availability of protective factors, such as good parent-child contact, can lessen the negative effects of growing up in an alcoholic home and instead enhance children's resilience (Haverfield, 2015).

Responsive parenting can both encourage and hinder adolescent resilience in the face of an alcoholic family member, especially if the parenting is inconsistent. The level of communication within the family may have an influence on the child's

development of resiliency. Furthermore, how parents connect with their children may have an impact on the individual's behavioral and emotional well-being. Children of alcoholics frequently face a range of situational circumstances, such as intoxication, coping with an upset parent, issues with friends coming over, making a scene, and shame (Reich et al., 1988). Adult children of alcoholics (ACoA) who perceive their parents' drinking as harmful, shameful, or taboo frequently struggle to overcome challenging situations and associations with alcohol dependency (Haverfield & Theiss, 2016). Children of alcoholics frequently demonstrate an inability to build trustworthy and close relationships, an inability to communicate one's feelings or needs, a propensity for self-blame and denial, and a tendency to become dominant in future relationships (Walker & Lee, 1998). On the other hand, adult children of alcoholics (ACoAs) may build resilience as a kid, assumes duties that the parent has been unable to manage (Redlin et al., 2019).

Resilience and study of well-adjusted adult children of alcoholics (ACoAs) can assist health practitioners in identifying qualities that can be used to manage difficulties that are not totally connected to substance abuse (Walker & Lee, 1998). Adult children of alcoholics (ACoAs) may exhibit indications of poor self-esteem and resilience as a result of growing up in a chaotic and unpredictable family environment. However, well-adjusted adult children of alcoholics (ACoAs) with better self-esteem and resilience are akin to non-adult children of alcoholics (NACoAs) (Park & Scheep, 2015). Kelley et al. (2011) found parental drinking is frequently associated with an increase in conflict levels between children and their parents. One possible protective element for an alcoholic's kid is resilience, which is connected with a strong, good parent-child connection. If a kid has one parent who can offer that solid relationship, he or she may be able to build resilience as adult children of an alcoholic (ACoA). Children with an alcoholic father have fewer psychological, social, and educational issues than children with an alcoholic mother (Hinz, 1990). Because of the circumstances in which they are put, certain adult children of alcoholics (ACoAs) may acquire resilience more quickly than others.

According to Moe et al. (2007), there were 66 million children who had at least one parent who was an alcoholic. However, not all of those children had poor adult results. The road to resiliency is based on the intangibles. When compared to

non-children of alcoholics (N-COAs), children of alcoholics (COAs) were more likely to report methods to better their lives in terms of intangible things. He found three areas that children of alcoholic parents highlighted as assisting the person in discovering resilience. These include a space to express feelings, education, and demonstrating to children of alcoholics (COAs) that there are alternative ways to live life. Resilience children of alcoholics (COAs) realize that even if their parents are alcoholics, they have the possibility for a happy life and a life beyond what they presently know and experience.

Another feature that contributes to the family's resilience is its capacity to detach itself from adversity. Maintaining family traditions throughout a parent's excessive drinking helps the child's well-being as an adult, decreasing the likelihood of alcohol issue transmission. The retention of unique family routines (e.g., mealtimes, normal bedtime) assists family members in disengaging by detaching from the parent's drinking behavior and protects the family's collective sense of self, stabilizes family life, defines anticipated roles, and establishes family standards (Bennett et al., 1987). The function of problem solving during a parent's excessive drinking is beneficial since it continues to assist children in coping into adulthood. Support from loving people (both inside and outside the family), distance from dysfunctional settings, and the ability to think through problems and create coping mechanisms all play a protective role. Other family qualities include being resourceful, resolute, and flexible in the face of turmoil (Bhatti et al., 1998; Prabhugate, 2002).

Parenting Style and Alcohol Use

The association between parenting styles and alcohol use has become a great deal of study over the years (Ryan et al., 2010; Sher et al., 2005). Abar (2012) investigated the impact of parenting styles on college student alcohol use and discovered that the quality of the parenting styles and parent-teen connections were likely the most important factor in reducing the risk for alcohol abuse. Parents can provide a measure of protection against other influences and pressures to indulge in excessive drinking by creating trust, demonstrating support, and being available to their adolescents.

Cablova et al. (2014) conducted an investigation on the use of alcohol by children and adolescents and discovered a link between various parenting styles and alcohol consumption, but these links differed depending on the age of the child, gender, and cultural values. Cultural disparities in parenting practices and their relationship to alcohol consumption, as well as problem behaviors in general, become increasingly obvious. Parental attachment variables have also been found to be differently related to young adult alcohol consumption. According to Kassel et al. (2007), negative parental style substantially linked to alcohol consumption as a result of stress or negative affect.

McNally et al. (2003) stated that early caregiver interactions offer a foundation for how a child learns to manage feelings of security and anxiety and that these early experiences build adult schemas of emotion regulation. Penjor et al. (2019) discovered that consuming alcohol to cope with unpleasant emotion was related to the quality of parenting approaches via negative self-views. Thus, a dysfunctional parenting style is connected with greater distress and has been linked with increased problem drinking.

Numerous researchers have identified an important link between parental quality and the development of relatively high levels of self-esteem, behavioral control, and peer pressure tolerance in children and adolescents. As a result, multiple strong reasons exist to explore the relationship between parenting style and alcohol consumption (Jackson et al., 1997). The influence of negative parenting styles can result in difficulty dealing with negative feelings and poor coping strategies (Mintz et al., 2017; Sedighimornani et al., 2021).

A research conducted by Veneziani et al. (2022) indicated the significance of a developing environment characterized by neglect, abuse, and over-control as a risk factor for both substance use and behavioral addiction in adulthood (Capusan et al., 2021). Childhood abuse and neglect have often been proposed to excessively activate the threat system, increasing fear-based reactions such as fights (Bahtiyar & Gençöz, 2021; Gilbert, 2005). According to Pinheiro and Gomide (2020), parenting styles have a substantial impact on the development of alcoholism, and positive parenting practices prevent alcohol consumption. The findings further highlight the remarkable impact of paternal negative parenting styles as a predictor of alcoholism (Li et al.,

2014; Nurco & Lerner, 1996). According to Barnes et al. (2000), parenting styles have a bigger impact on adolescent binge drinking than parental alcoholism. One possible reason was that the parental effect on adolescent conducts through parenting style was stronger than any specific parental behavior (Zuquette et al., 2019).

Numerous studies have also shown that the drinking practices of parents and their children are strongly associated. Chassin et al. (1991) found that in adolescence, children of alcoholics (COAs) were 5.1 times more likely than non-children of alcoholics (N-CoAs) to show a social effect or dependency symptom linked to alcohol and other substance (AOD) usage. Children of alcoholics' (COAs') propensity for substance dependence can also be influenced by family relationship patterns. Families with intoxicated parents have more unpleasant family contact in times of problem-solving than control families with no drinking or serious psychopathology (Jacob & Krahn, 1988).

Moreover, parental drinking tends to be linked with disruptive family relationships than constant drinking (Jacob & Leonard 1988). Nancy and Sam (2014) conducted a study on the family environment of alcoholic children. They discovered that children raised in alcoholic families are more likely to experience a variety of negative effects. Lower academic performance and a higher frequency of behavioral disorders are examples of such effects. Children are also harmed by situations that co-occur with or are the result of single-parent family configurations (such as economic deprivation, residential instability, and inter-parental conflict, such as disrupted parenting).

Parenting style has been acknowledged as one of the most important risks and protective variables for adolescent substance use, and evidence shows that the effect of each parenting style on adolescent substance use varies by country (Martínez-Loredo et al., 2016). When a close family member, especially a parent, drinks, gets drunk, or a troubled drinker; young people are more inclined to drink regularly and excessively. Some argue that young people mimic their parents' drinking habits by observing their parents' drinking habits and multiple problem drinkers are increasingly normal among families (Percy et al., 2008). Having two parents with drinking issues has been linked to an elevated likelihood of alcohol problems in

adulthood (Orford & Velleman, 1990). Problem drinking by mothers frequently occurs when the father is also a problem drinker. However, a few reports have been able to distinguish between the impact of mothers' and fathers' drinking on the results of their offspring (such as their alcohol use or mental health). The consumption of alcohol by parents disrupts family functioning. In addition, such families find their societies to be less cohesive; they lack rituals and routines, and they are less likely to convey optimistic emotions, warmth, or compassion, as well as seeing higher degrees of unresolved tension (Burke et al., 2006). Parental alcoholism can lead to poor parenting skills. Parental supervision (being mindful of a child's whereabouts) and consistent control are critical facets of the parent-child bond that can be harmed by parental drinking issues. Monitoring is especially important during puberty, as a parent's close monitoring of teen activity can reduce substance abuse, delinquency, and other risky behaviors (Beck et al., 2004).

Research suggests that a person's views about the effects of alcohol can be significant predictors of alcohol consumption and misuse (i.e., cognitive alcohol expectancies). Research on the effect of parental consumption on the growth of children's alcohol expectations has been published. Children's views of parental drinking quantity and circumstances tend to have an effect on their own drinking frequency (Brook et al., 1990). Family relationship can also affect the risk of substance dependence in children of alcoholics. Furthermore, parental binge drinking tends to be associated with more distressed family relationships than constant drinking (Jacob & Leonard, 1988). Parental intoxication has been linked to their children's early intense binge drinking, weekly binge drinking, and infrequent drinking, characterized by an early age of initiation but no escalation of duration of binge drinking (Chassin et al., 2002).

Parental alcohol issues have been linked to an elevated risk of heavy or problem drinking by their children in early adulthood and problem drinking in high school students (Anda et al., 2002). Braitman et al. (2009) studied alcohol consumption by adult children of alcoholics (ACOAs) who were college students. Adult children of alcoholics (ACOAs) started drinking alcohol faster than non-adult children of alcoholics (N-ACOAs). However, adult children of alcoholics (ACOAs) did not drink more often or excessively than non-adult children of alcoholics (N-

ACOA). Parental alcohol use has been linked to the initiation (but not progression) of adolescent alcohol use (Stoolmiller et al., 2012). According to Plant et al. (1989), parents who drink excessively are more likely to have offspring who abstain from drinking or drink only in moderation. A family history of alcohol issues had a minor impact on alcohol intake but a greater impact on alcohol outcomes, alcohol use disorder symptoms, and other substance activity in university children of alcoholics (COAs) (Elliott et al., 2012). Different kinds of problems are becoming more common among families drinkers, and having both parents who drink or several family members who drink has been linked to a greater likelihood of adult alcoholism (Johnson & Buyske, 2000).

Orford and Velleman (1990) revealed support for increased adulthood risk in ACOAs who had two parents with alcohol disorders and one who drank often at home. Children from families with three or more immediate or extended family members who consume alcohol are more likely to experience negative consequences. Few findings have distinguished between maternal and paternal drinking, exploring the possible differences in their functions. Some researchers believe that maternal drinking has a greater effect than paternal drinking, while others believe that paternal drinking issues are the most reliable indicators of danger, with the prevalence of maternal problems having less impact (Keller et al., 2008). Variations in the role of maternal and paternal alcoholism in predicting drinking behavior (from the paternal side) and mental health problems (from the maternal side) have also been reported, suggesting that maternal and paternal alcoholism may confer different risks varying according to the gender of the offspring (Corte & Becherer, 2007).

Numerous findings have also shown that children who grow up in homes where their parent's abuse alcohol are at a higher risk of having their own alcohol issues later in life. Anda et al. (2002) studied how growing up with alcoholic parents and experiencing adverse childhood experiences was linked to the likelihood of alcoholism and depression in adulthood; they found that the incidence of alcoholism was greater among those who recorded substance dependence, regardless of how many adverse experiences they reported (e.g., sexual abuse, domestic violence, parental separation or divorce). Adolescent substance use was a coping mechanism for dealing with their stressful family lives (Kilpatrick et al., 2000).

Brook et al. (2010) revealed a link between parental alcohol consumption (as stated by their children) and early adolescent alcohol use, which was linked to late adolescent alcohol use. Late-teen alcohol consumption was associated with clinical symptoms that anticipated young adult psychological symptoms. In late adolescence, males showed more alcohol consumption and more psychological symptoms than females, as well as more psychological symptoms in young adulthood. Harwin et al. (2010) proposed in a recent study of the literature that many children of alcoholic parents are vulnerable to feelings of fear, guilt, and isolation, as well as anxiety, depression, violent behavior, and relational issues later in life. Early drinking was linked to low academic success, reckless driving and abusive behavior, blackouts, and eventual substance misuse or dependency (Beil-Gawelczyk et al., 2014).

Research on the impact of alcohol on parents' relationships with their children discovered that parents were unable to react properly to a child's inappropriate behavior. Despite the child's bad conduct, the collective of intoxicated parents not only struggles to discipline the child but also engages in parental indulgences that were inappropriate for the occasion (Lang et al., 1999). Eiden et al. (2004) investigated the transactional existence of parent-child relationships in alcoholic and non-alcoholic populations over time. They discovered that long-term alcohol use predicted poor parental activity.

Kearns et al. (2008) found that children raised in alcoholic families may bring the negative effects of their early family environment into their adult relationships. It has been discovered that a child's mothers and/or fathers parenting style influences whether or not he or she will consume alcohol. Students who have deep emotional attachments to family members were less likely to engage in deviant behavior (Durkin et al., 1999). Children whose parents do not set strict limits against alcohol consumption or do not regulate their children's alcohol use can be at a higher risk for alcohol use. Adolescents were more prone to use alcohol and other substances when their parents were cold and aggressive. In contrast, strong parental feedback, motivation, and physical affection indicated a decreased probability of adolescents using alcohol (Jackson et al., 1997).

The lack of parental engagement has been linked to behavioral issues in adolescents. Substantial evidence has found that biology can play a role in deciding

whether a person becomes an alcoholic or not, with offspring of alcoholics becoming slightly more likely than offspring of non-alcoholics to become alcoholics themselves (Barnow et al., 2002). Another key element that has been related to an increased risk of alcoholism was the presence of a drinking history in one's parents. Children of alcoholic parents have more problem drinking symptoms and are more likely to be on a problem drinking trajectory, binge drink, and have alcohol use disorder (AUD) than persons without a family history of alcoholic difficulties. A study of children of alcoholic and non-alcoholic parents found that children of alcoholic parents were two to ten times more likely to develop alcoholism than children of non-alcoholic parents (Sher, 1997).

Children of alcoholics had greater rates of tobacco use and alcohol dependency than those without a parental history of drinking, and they appeared to be at a higher risk for comorbid alcohol and tobacco dependence (Jackson et al., 2000). John and Singh (2014) performed research among college students in Tamil Nadu and the research sample included 200 in totals, 61 boys and 47 girls confirmed the presence of an alcoholic in their homes. The study's findings show that these children of alcoholics experienced familial breakdown, dysfunctional relationships, emotional difficulties, and problematic behavior issues. However, their tendency to use alcohol or other substances remained low.

Impulsivity and Alcohol Use

Impulsivity is a multifaceted and complicated personality characteristic. It includes characteristics such as reaction impulsivity (the tendency to act quickly without adequately evaluating relevant information), response dis-inhibition (the tendency to react urgently with the inability to inhibit undesirable thoughts and actions), sensation and novelty seeking (the tendency to pursue novel or thrilling activities), and risk-taking (Congdon & Canli, 2008). According to a meta-analysis of multidimensional impulsivity characteristics and alcohol use, the impulsivity component of responding hurriedly in response to emotional states showed the greatest relationship with problematic alcohol use (Stautz & Cooper, 2013). Personality characteristics such as impulsivity and sensation-seeking appear to impact risk-taking in general and substance use processes in particular. Moeller et al.

(2001) described impulsivity as a tendency to act immediately without considering the consequences. Zuckerman (2006) defined sensation seeking as a tendency to take risks in search of novel, exciting experiences. Several studies have been conducted to measure the association between alcohol use and impulsivity in emerging young adults. Risky sexual activities, violence, and poly-substance abuse were all associated with impulsivity (Travers & Lyvers, 2005).

Research into the etiology of alcohol use in emerging adulthood has identified a number of determinants, including environmental, genetic, psychological, cultural, and neurobiological factors (Agrawal & Lynskey, 2008; Auerbach & Collins, 2006). Several researches have been conducted to investigate the relationship between various characteristics of impulsivity and alcohol consumption in emerging adulthood. From the viewpoint of intervention, it is critical to understand which of these impulsive characteristics has the most behavioral effect on alcohol use and related behaviors. Alcohol and drug use disorders are characterized by the continuous use of substances in the face of negative effects, i.e. a lack of behavioral control over substance use. Through executive functions, the frontal-cortical portions of the brain supervise behavioral regulation. Abstract thinking, motivation, planning, task concentration, and regulation of impulsive behaviors are examples of executive functions. In general, impulsiveness refers to behaviors that are too hasty, too dangerous, or inadequately planned. Attention impairments, lack of thought, and/or insensitivity to consequences are all symptoms of dysfunctional impulsivity (Crews & Boettiger, 2009). Understanding different characteristics of impulsivity and its relationship to varying degrees of alcohol intake may help inform preventive and treatment activities, particularly personality-targeted treatments. For example, it may be discovering that urgency (the propensity to behave rashly in response to intense feelings) was linked to increased alcohol consumption (Conrod et al., 2008).

There is an extensive literature linking impulsivity to alcohol use and alcohol problems in human studies. It is also well known that heavy alcohol use can trigger impulsive behavior. Marcuzinski et al. (2005) reported that, following alcohol administration in a challenging paradigm, commission errors in response engagement (i.e., key press responses) increased relative to placebo. In addition, studies of the

development of the dependence process suggest that chronic, heavy alcohol consumption can lead to homeostatic dysregulation that could be expected to induce negative affect and weaken self-regulation (Koob & LeMoal, 1997). That is, increasing levels of dependence can lead to decreasing levels of self-control. Thus, not only can alcohol act acutely to induce or magnify impulsive behavior, but it can also act chronically to increase the likelihood of impulsivity via the adaptive burden of what is termed allostasis. Throughout the literature, the construct of dis-inhibition, which includes traits such as impulsivity, sensation seeking, and risk-taking propensity, was consistently linked with increased or problematic alcohol use (Gunn et al., 2013; Quinn & Harden, 2013).

Behavioral issues are a frequent consequence of growing up in an alcoholic environment. A rise in depression symptoms is a typical feature among drinkers. Children in households with depressed parents were more likely to develop externalizing difficulties as a result of less pleasant family relationships and more familial conflict (Campbell et al., 1991; Johnson & Jacob, 1995). Furthermore, the distress commonly experienced in families of alcoholics may affect interactions between parent and child, such that they were less involved and fail to enact discipline, thereby perpetuating the likelihood for negative behavioral outcomes. Children of substance-abusing parents also commonly display underdeveloped emotional and attentional regulatory abilities, resulting in an increase in impulsivity (Tarter & Vanyukov, 1994).

Research contributes to the idea of impulsivity as a trait that appears to be related to the entire spectrum of externalizing behaviors. Externalizing behaviors describe the overarching umbrella for all outwardly motivated behavioral issues, including aggression, delinquency, and inattention (Bezdjian et al., 2009). Hinshaw (1992) notes that children who struggle with impulse control often demonstrate other behavioral problems such as attention and aggression disorders, interpersonal problems, and learning deficiencies. Individuals who were capable of controlling their behavior were viewed as positively adjusting to their environment, demonstrating flexibility and resourceful adaptation (Diener & Kim, 2004; Eisenberg & Spinrad, 2004).

A growing body of research indicates that high levels of impulsivity may contribute to the development of alcohol use disorders (AUD) and result in poor treatment outcomes. Although less widely studied, there was persuasive evidence that alcohol use may promote elevated levels of impulsivity. Several studies have indicated that drinking alcohol enhances impulsivity in drinkers (Sanchez-Roige et al., 2016). Previous study shows that frontal lobe dysfunction may lead to high levels of impulsivity, as reported by persons with AUD (Wang et al., 2016). Furthermore, high impulsivity has been connected to alcohol withdrawal and the amount of alcohol detoxifications (Duka et al., 2003). Substance misuse was connected with impulsive qualities, which were associated with a tendency to act without thinking and a lack of preparation and deliberation (i.e., attentional, motor, and non-planning impulsivity).

Individuals who drink excessively and episodically were more likely to have difficulty regulating their behavior when given with an instant reward, demonstrating increased motor impulsivity among heavy episodic drinkers (Lyvers et al., 2009). In one study, non-planning impulsivity was linked to the number of beverages consumed per month among college students (Caswell et al., 2016). Alcohol consumption has been linked to impulsivity and previous research has consistently demonstrated the relationship between impulsivity and alcohol consumption showing that greater impulsivity is associated with higher alcohol consumption (Adams et al., 2012). On the other hand, Handley et al. (2011) failed to find a relationship between attentional impulsivity and alcohol use, highlighting the significance of evaluating various characteristics when studying correlations between impulsivity and alcohol consumption.

Personality characteristics associated with impulsivity may be especially important for poor control processes. Indeed, impulsive characteristics are among the most relevant personality factors in predicting alcohol consumption and difficulties. Most studies believe that impulsivity is a broad concept with several components. Whiteside and Lynam (2001) established a comprehensive model of impulsivity that includes four connected but different facets: urgency (the propensity to behave rashly in response to intense feelings), sensation seeking (the desire to seek out new and exciting experiences), lack of premeditation (the tendency to act without

forethought), and lack of perseverance (Whiteside et al., 2005). These aspects of impulsivity have been demonstrated to be related to alcohol consumption and other issues in distinct ways. Urgency and sensation seeking appears to be more consistently associated with alcohol consumption characteristics when evaluated together than persistence and premeditation. Furthermore, positive and negative urgency predict distinct variations in alcohol-related issues, whereas sensation seeking was connected with alcohol consumption but does not predict alcohol difficulties (Cyders & Smith, 2008). As a result, aspects of impulsivity appear to have unique routes to alcohol consequences and, as such, should be investigated as distinct and independent constructs (Littlefield et al., 2014).

Impulsivity and sensation seeking were both positively linked with current alcohol use and current heavy episodic alcohol use in adults and adolescents (Yanovitzky, 2006; D'Alessio et al., 2006), and both qualities have been theorized to have a role in the start of alcohol use as well as in the development of alcohol use disorder (AUD) (Kreek et al., 2005). Higher sensation seeking (the desire to seek out new and exciting experiences) levels have been linked to regular alcohol use in a large cross-national sample and appear to predict longitudinal increases in alcohol consumption over a three-year period. Furthermore, it appears that treatments aimed at sensation seeking can postpone the beginning and advancement of alcohol consumption and binge drinking (Conrod et al., 2008). Overall, sensation seeking appears to have both direct and indirect promotional effects on alcohol use, and a meta-analysis of 61 pooled studies found that sensation seeking had a small to moderate effect size on promoting alcohol use (Hittner & Swickert, 2006).

Evidence from several studies implies that impulsivity is a distinct susceptibility variable for alcohol use, which predisposes an individual to greater alcohol consumption. Studies from longitudinal research have shown that a lack of the ability to defer pleasure at a young age was associated with an increased risk of substance use and dependency at maturity (Ayduk et al., 2000; Moffitt et al., 2011). A study of recent findings that examined delay discounting in 177 substance abusers in recovery (Athamneh et al., 2017) discovered that a parental history of substance abuse was associated with higher discounting in impulsive behavior; in fact, when compared to those with no or only one substance abuse parent, those with both

substance abuse parents had significantly higher rates of discounting in impulsive behavior. Sanchez-Roige et al. (2016) present contradictory findings; they did not substantiate temporal impulsivity as a predictor of alcohol use because people with a family history of alcoholism did not differ in temporal discounting from people without a known history of alcohol misuse. Furthermore, animal studies have highlighted that alcohol-naive inbred and outbred rat strains have higher temporal impulsivity (Linsenhardt et al., 2017; Perkel et al., 2015). Alcohol-naive rats, for example, self-administer more alcohol than less impulsive rats because they favor smaller immediate rewards over bigger delayed ones. Overall, evidence suggests that temporal impulsivity may be a risk factor for the development of substance use (Poulos et al., 1995).

It has been demonstrated that impulsive characteristics contribute to the initiation of alcohol use and associated issues, the development of alcohol use disorder (AUD), and the intensity of substance misuse. There was a positive relationship between trait impulsivity and alcohol consumption, including social drinking, as a large body of research has demonstrated (Cyders et al., 2014; Lannoy et al., 2017), as well as hazardous and problematic drinking (Stautz & Cooper, 2013). There is a significant association between alcohol use and poor perseverance, as several studies have found. However, these impacts are commonly not distinctive (i.e., the impacts were not as intense as those of other features) or were slightly reduced by adjusting for other impulsivity features (Fischer & Smith, 2008; Kiselica et al., 2015). On the other hand, trait sensation seeking has been linked to the prevalence and extent of alcohol consumption and excessive alcohol consumption (Stamates & Lau-Barraco, 2017). A recent study indicated that immediate changes in negative urgency and lack of preparation were differently associated with retrospective perceptions of drinking behavior (Pedersen et al., 2019). Aluja et al. (2019) investigated the impacts of personality characteristics on drinkers in a sample of males. They discovered a link between the impulsive-inhibited personality component and alcohol usage, as well as alcohol-related disorders. As a result, increased impulsivity and dis-inhibition may be related to higher levels of alcohol consumption.

Interrelationship between the psychological variables

The psychological variables of resilience, perceived parenting styles, and impulsivity are all important factors that can influence an individual's use of alcohol. Resilience refers to an individual's ability to cope with stress and adversity, while perceived parenting styles refer to an individual's perception of their parent's disciplinary practices. Impulsivity refers to a tendency to act without thinking about the consequences. Research has shown that individuals with lower levels of resilience are more likely to engage in problematic drinking behaviors, while individuals who perceive their parents as using an authoritarian or neglectful parenting style are also more likely to consume alcohol. Additionally, high levels of impulsivity have been found to be associated with an increased risk of alcohol use and abuse. By examining the interplay between these psychological variables, researchers can gain a better understanding of the pathways that lead to alcohol consumption. This can help inform interventions and treatments aimed at reducing problematic drinking behaviors and improving overall mental health and well-being. Substance abuse is a serious problem that is pervasive in our society.

Numerous factors may contribute to alcohol abuse or misuse, which negatively affects individuals, families, and communities, and the cost of treating these substance abuse individuals can be staggering. The relationship between parenting styles and consumption of alcohol has received considerable attention over the years (Cablova, et al., 2014). A systematic review of longitudinal studies by Ryan et al. (2010) found that several aspects of parental behavior were linked with age of initiation of alcohol use and later drinking levels. In particular, greater quality of the parent-child relationship and greater parental monitoring were significantly predictive of later age of initiation and lower levels of later drinking. Increased impulsivity has also been repeatedly implicated in the development and maintenance of alcohol and other substance use disorders (Dawe & Loxton, 2004; Vitaro et al., 2001). Also, children who have low control over temperament and were highly impulsive were more vulnerable to the negative consequences of bad parenting (Kiff et al., 2011; Ullsperger et al., 2016).

The lack of resilience can also lead to impulsiveness, poor response control, and internal difficulties. Low behavioral control has been associated with a multitude

of impulsive behaviors, including alcohol use, tobacco use, and sexual immaturity (Romer et al., 1999). Resilience development is not unique to other types of development; it is a dynamic process characterized by interaction and interpersonal ties between people and their environments. Concerning the family, particularly parents' playing a fundamental role in children's education, as well as the importance of resilience and its function in the development of children's and adolescents' personalities. It has been suggested that parenting styles other than the authoritative method may be predictors of later impulsivity (Olson et al., 1990). Additionally, the two appear to have comparable psychological impacts. An intoxicated parent's perceptions of his or her own coping capacities appear to be highly connected on psychological and social levels (McKenry & Price, 2005). Decreased alcohol consumption was related to family support, bonding, and parental supervision, and social support and social networks are similarly protective (Ramirez et al., 2012). According to Shu et al. (2011), parental attachment styles, notably rejection and overprotection, were predictive of an impulsive personality.

There are three phases of dysfunction that are usually experienced by a family with an alcohol problem. In the first stage, the acceptance of intoxicated behavior is evident since both the family and the alcoholic parent admit that a problem has emerged. The members of the family try to protect the person who consumes excessive amounts of alcohol. The second phase is an attempt to reduce alcoholism among users. The family acts as a buffer from social criticism; hence, the limitation develops in the neighborhood and local relationships. The third stage of a family's functioning with substance misuse challenges is the loss of hope for a reasonable solution, and accepting this fact is absolutely essential. Members of the family, either a mother or a father, who drink or are dependent on alcohol, are difficult to anticipate, but they typically expose other family members to specific risks. Children do suffer the most in households where there is substance misuse because they act with a sense of constant danger, shame, and resentment, violence from their partners, psychological and even physical powerlessness, and despair towards their closest relatives (Sztander, 2000).

Alcohol Use and Ecology

Alcohol-related disorders can have a significant impact on vulnerability based on geographic location. Living in an urban area or a rural area can have certain features that can be associated with it and may put an individual at risk, while others may be protective. A variety of social and cultural factors influence alcohol consumption practices, as well as the characteristics of urban and rural contexts. These include, among other things, including religious and cultural traditions, community and family ties, economic situations, alcohol availability, standards for acceptable drinking habits, demographic characteristics, and the enforcement of alcohol regulations. One mechanism linking these attributes to drinking is the ability to manage (raise or decrease) access to alcohol for individuals in a certain location, but they might also represent possible buffers or stressors that impact alcohol consumption.

Several Australian studies have found that rural Australians have greater rates of alcohol misuse than their urban counterparts. Males in rural areas were significantly more likely than their urban counterparts to consume alcohol on a daily basis (4 percent higher risk difference) and excessively (8 percent higher risk difference) (Australian Institute of Health and Welfare, 2019). According to Hao et al. (2016), the prevalence of alcohol use in rural areas was higher than in urban areas. Similarly, rural regions in Australia reported greater rates of alcohol use than metropolitan areas (Chan et al., 2016).

According to one study, rural adolescent and peer attitudes toward alcohol use were influenced by lower levels of parental disapproval of adolescent alcohol use and a higher tolerance for alcohol use in rural communities (Cronk & Sarvela, 1997). When compared to urban adolescents, individuals residing in rural locations were more likely to report alcohol usage (Hanson et al., 2009; National Center on Addiction and Substance Abuse, 2000). Cronk and Sarvela (1997) study also revealed that rural areas were more likely to report excessive drinking on a single occasion as well as risk behaviors such as drinking and driving or driving while under the influence of illegal substances (Lambert et al., 2008).

Outlining the differences in patterns of substance use between urban and rural settings were important as feelings of stigmatization, concerns around privacy when

seeking treatment and a lack of confidence in treatments for alcohol use are more prevalent among at-risk drinkers who reside in rural areas (Fortney et al., 2004). Rural adolescents were more likely than urban adolescents to start drinking at an earlier age and engage in riskier drinking behaviors (Gale et al., 2012). They are more prone than urban youth to driving while intoxicated, and they have more access to alcohol in their homes and through retail outlets. On the surface, rural and urban residents appear to have comparable rates of high-risk alcohol use and the prevalence of alcohol use disorders (AUD) (Dixon & Chartier, 2016).

Miller et al. (2010) have found that hazardous alcohol consumption and alcohol-related problems are more widespread in rural or distant populations than in urban communities. However, some research has also discovered the inverse relationship, while others have discovered little to no difference between rural and urban populations (Dixon & Chartier, 2016). Alcohol consumption varies by region. It was observed that there were disparities in alcohol usage between urban and rural areas, with rural adolescents being more likely to drink alcohol than their urban counterparts (Lasseret et al., 2010). Rural adolescents were more likely than urban youth to start drinking at a young age, participate in binge and heavy drinking, and drive while drunk (Sarvela et al., 1990; National Center on Addiction and Substance Abuse, 2000).

Findings are, to a certain extent, mixed for substances, although some claim that urban populations have higher rates of illicit substance use (Hanson et al., 2009). Moreover, others report no differences in illicit substance use between urban and rural areas; for example, the 2013 monitoring the Future Survey (the United States' national school-based survey) found no evidence of illicit substance use associated with population density (Johnston et al., 2014). A number of research studies on adolescent and adult substance use have investigated alcohol consumption in both rural and urban areas. However, few studies have directly compared usage in the two environments while adjusting for other community-size characteristics such as socioeconomic status and geographic location (Diala, 2004).

In general, the research on rural-urban differences was mixed: some studies show that urban regions have higher usage, while others show that remote regions have "caught up" in terms of use (though possibly not abuse); and several conclude

that there were no relevant differences (Scheer et al., 2000). Reddy and Chandrashekar (1998) observed a greater prevalence in rural areas in comparison to urban areas against the overall prevalence of alcoholism (6.9 per 1000) in the country. Local rates of alcohol usage may be related to economic conditions in a geographic region.

Karriker-Jaffe (2011) discovered a number of links between alcohol-related outcomes and local socioeconomic status. Adults in a less desirable neighborhood drank more heavily, whereas those in a more desirable neighborhood drank less. The qualities of one's built environment, in which one lives, were also connected to alcohol use. According to Bernstein and colleagues (2007), people residing in cities were more likely to report excessive drinking. Social disorder, as measured by population density, crime, and other factors, has been found to be positively associated with alcohol intake in adolescents and adults (Bryden et al., 2013).

CHAPTER - II
STATEMENT OF THE PROBLEM

The Sustainable Developmental Goal (SDG) place a premium on health and well-being. SDG 3 assures healthy lives and promotes well-being for all people of all ages and was supported by 13 objectives that encompass a broad range of World Health Organization (WHO) operations. Alcohol consumption is a unique population health risk factor because it affects the risks of approximately 230 diseases and injury codes in the International Statistical Classification of Diseases and Related Health Problems—10th Revision (ICD-10), including infectious diseases, non-communicable diseases (NCDs), and injuries (Rehm et al., 2017a). Substance Abuse and Mental Health Services Administration (2019), shows that an estimated 414,000 children and adolescent aged 12–17 (1.7 per cent) had an alcohol use disorder and 14.1 million adults age 18 years and older (5.6 per) had an alcohol use disorder during that time.

Moreover, the negative consequences of alcohol, on the other hand, is significantly more intricate, impacting more than just the drinker but the family as a whole. Alcohol consumption is a major problem in developing countries such as India because of various sociocultural practices across the country, different alcohol policies and practices across various states, a lack of knowledge or unawareness of alcohol-related problems among the society, misinformation about alcohol use in the media, various alcohol-drinking behaviors among alcohol consumers, and the establishment of social drinking habits as a result of massive urbanization. To reduce alcohol use, severe alcohol restrictions were necessary in many jurisdictions, and alcohol consumers must be taught about the multiple negative consequences of alcohol intake and the effects it may have on their mind, body, and soul (Eashwar et al., 2020).

According to study done by Cudak (2010), with one of the parents drinking, generally the father was the primary root cause of 38% of divorces and breakups. Alcoholism in the family increases the likelihood of pathology and chaos in the living environment; it was also a source of inappropriate child care, schooling, and socialization, and it can exacerbate educational issues. The effects of alcohol use vary depending on the amount, period, and regularity with which it was consumed. Depending on the age and family history of consumption, the effects of alcohol also vary. The consequences of excessive drinking include decreased inhibitions,

impaired memory, attention difficulties, motor impairment, and loss of coordination. Throughout a person's life, these disorders can cause a range of problems, including dangerous or violent behavior, suicide or homicide, car accidents, and financial difficulties. Alcohol consumption can cause not only acute impairments and concerns, but also leads to high blood pressure, strokes, cardiomyopathy, and pancreatic dysfunction (Fuller et al., 2007).

India is the main producer of alcohol in the South-East Asia area (65%), and the total alcohol beverage imports into the region account for around 7% (Mathur, 2014). In a study done by Ambekar et al. (2019) on the National Survey of the Extent and Pattern of Substance Use in India, among those included in the study, the psychoactive substance of alcohol was the most often used by Indians and was used by roughly 14.6 percent (**7.8 percent in Mizoram**) of the Indian population (aged 10 to 75). In absolute numbers, around 16 crore people in the country use alcohol. Men consume alcohol at a substantially greater rate than women (27.3 per cent, 1.6 per cent respectively). For every woman who consumes alcohol, 17 men do the same. The most commonly consumed drinks were country liquor, or "desi sharab" (about 30 per cent of alcohol users), and spirits, or Indian-made foreign liquor (about 30 per cent of alcohol users). The study reveals that approximately 19% of current alcohol users across the country were dependent on alcohol. The dependent pattern of alcohol intake in the general population (10—75 years) prevalence was estimated to be 2.7 per cent, or 2.9 crore persons (1.1 in Mizoram). Furthermore, 2.5 per cent of the country's population (about 2.7 crore people) misuse alcohol in a harmful way. In other words, around 5.2 per cent of the population (more than 5.7 crore people) were affected by problematic or completely reliant on alcohol and require treatment for their alcoholism. Almost one in every five drinkers was dependent and requires quick treatment.

A similar survey was conducted by the Survey of Unrecorded Alcohol in India (SURA, 2018), which comprised five Indian states from both rural and urban areas. 39% of the total sample identified as current drinkers, with the majority (91%) being male and only 9% of female respondents identifying as current drinkers. In urban areas, current drinkers were more numerous (45%) compared to rural areas (35%). Although urban respondents consumed much more alcohol than rural

respondents in terms of overall alcohol use, there was significantly less unrecorded alcohol consumption. The average consumption of pure alcohol varies greatly across the area. In urban areas, the consumption of pure alcohol was higher than in rural areas. Young adults (those aged 25 and under) reported consuming the least quantity of alcohol of any age group, while those aged 46 to 54 consumed the most alcohol among current drinkers.

According to the WHO (2004), household expenditure on alcohol in India ranges 3 percent to 45 percent of income. Its true influence, however, was on the family and social relationships that constitute its communities. Domestic violence and poverty worsening have combined to make alcohol misuse, which has become India's single most serious problem for women. With one in every three Indians living in poverty, the economic effects of alcohol consumption take on significant and considerable relevance. Besides the money spent on alcohol, a heavy drinker also suffers other adverse economic effects. Some of the disadvantages include a reduced salary (due to missed work and poor productivity on the job), increased medical expenses for illness and accidents, legal fees for alcohol-related offences, and reduced loan eligibility.

Alcohol misuse is a family disease that affects not only the person but also his entire family, practically, psychologically, emotionally, spiritually, and financially. All of these children of alcoholics (COAs) are negatively influenced for the rest of their lives, and their cries were frequently disregarded. Adolescents and young adults were the most seriously injured as a result of the risks associated with this developmental stage. Both economically and psychologically, alcoholism affects many people's lives and has significant social consequences. The psychological impact can be particularly high for children growing up in an alcoholic household. The sheer nature of many alcoholic households makes youngsters more vulnerable to developing issues when they become adults (Hall & Webster, 2007).

Target Population: Mizoram is a hilly region in the north-east of India that became the 23rd state of the Indian Union on February 20, 1987. Mizoram is one of India's Christian-majority states (87 per cent). Before the spreading of Christianity to the Mizo people in 1894, alcohol consumption was a major aspect of nearly all religious festivities and sacrifices. After Christian missionaries arrived with the

Gospel, the majority of the population became Christians in the first half of the 20th century. The Welsh missionaries forbade the celebration of many Mizo festivals and other pagan customs (Rahul, 2016). The British government and Christianity underwent tremendous transformations. Because newly converted Mizos considered their tribal culture incompatible with Christian practices, they opted for abolition. Headhunting, sacrifices and ceremonies, superstitious beliefs, the bawi (servitude) system, and the customary practice of drinking zu (fermented rice beer) were all abolished as a consequence (Thangtungnung, 2013). Despite the fact that Christianity brought about a near-total revolution in the Mizo lifestyle and outlook, some old rules and standards have been maintained. It seems that the missionaries' initiatives were not intended to change the basic practices of Mizo culture, maybe because they saw nothing wrong with them. They were able to abolish the ceremonies and customs that they saw as meaningless and detrimental through relentless preaching. As a result, tea replaced zu as the Mizos' preferred drinking and modern education had substituted Zawlbuk (Ministry of Communication & Information Centre, 2018).

Alcohol is widely used in Mizoram, and its impact on families is significant. Children often suffer when their parent is an alcoholic, and daily life can be challenging for everyone in the family. Substance abuse by a parent can cause various difficulties in dealing with domestic issues, and emotional ties can become strained. The functioning of a family with a substance abuser can lead to everyday hardships, particularly if the substance abuser is the father or mother. It can also lead to a lack of ability to deal with domestic difficulties, the helplessness of the parent and his family members in conflict and difficult situations, abnormal emotional ties, and the structure of the family system. Therefore, backwardness happens in various facets of family life in families with substance use disorders. Alcohol misuse in parents causes several issues for the rest of the family members who must survive with the substance-abusing individual. Interpersonal conflicts, the loss of basic functions, and a decline in financial, social, and emotional needs are common in such households. It is no surprise that families like this cause a range of disorders in their members, which can lead to complications both now and later in life. Children from these home environments may find themselves with adult responsibilities bearing

enormous obligations that they don't know what to do with, causing problems in their relationships and/or professional lives.

A global issue of alcohol misuse has resulted in a large number of deaths, and presently, the churches in Mizoram are strongly and publicly against alcohol. The Church has been concerned about the manner in which Mizo youth drank alcohol (zu) on the spur of the moment. Beginning with all local churches, they progressively increased awareness and made every effort to persuade people to give up alcohol use (zu). Churches in Mizoram have consistently raised awareness about the need to limit the availability of alcohol in society, sparking a never-ending controversy among Mizos. The major point of contention is whether or not it is permissible to limit alcohol use. Regarding the controversial issue of alcohol, the main churches wish to prohibit it, but some others believe it should not be prohibited (Tribal Research Institute, 1983). Despite the best efforts of the churches, alcohol use has a negative impact on Mizo society's socioeconomic and religious life in general and on young people in particular (Lalbiakhluna, 2018). Alcoholism and associated violence were becoming more common in Mizoram, with far-reaching consequences for individuals, families, and society as a whole (Lalrinawma, 2005).

The structure of social life in Mizo society has changed drastically over the years. However, the consequence of banning alcohol (Zu) may still be evident in the lives of Mizos today since the church claims that liquor is the basis of many societal problems as well as social evils. Alcohol, in addition to being responsible for many deaths in the state, also plays a key role in crimes, delinquency, robberies, economic troubles, dropouts, sex-related offences (Mizoram Excise and Narcotics Department, 2017), mental illness, physical illness, and a general low quality of life. To counter this prevalent issue, many steps have been taken by non-governmental organizations (NGOs), such as the Young Mizo Association (YMA), the Church, and others, which specifically target the immoral characteristic of alcohol use. The Mizoram Liquor Total Prohibition Act (MLTP), 1995, was enacted on February 20, 1997, in response to pressure from civil society organizations to control alcoholism. In 2011, a Study Group on the MLTPA conducted a survey to determine whether the total prohibition was beneficial to the state, and based on this recommendation, the Mizoram Liquor (Prohibition and Control) Act 2014 came into force on January 15, 2015, with a

strong suggestion to 'control' instead of 'prohibit'. Alcohol was sold and imported from other states inside Mizoram under certain rules from the government, but there was a strong protest from the church and the opposition party. After the Congress Party lost the election in 2018, the Mizo National Front Party reintroduced prohibition as one of the MNF's major election promises to save future generations from the rising problem of alcohol and other substances in order to maintain a clean Mizo society, and 'The Mizoram Liquor (Prohibition) Act, 2019' came into existence with effect from May 28, 2019, and total prohibition of liquor is still in effect to this day. Under the new rule, all liquor and associated activities, including those of manufacturing, importing, marketing, consumption, and so on, are completely outlawed under the new law till date.

In the year 1998, the MNF party took power for the second time in the state. During this time, the state government and the strong YMA made every effort to combat the illicit liquor trade. The Young Mizo Association (YMA) even organized the Supply Reduction Service or SRS. On the other hand, IMFL and locally manufactured liquor continued to thrive even as the excise and narcotics departments announced daily confiscations of illicit hooch. In Mizoram, alcohol may only be purchased illegally, generally from Army and paramilitary camps, as they do not come under state law. For the less fortunate, practically every bootlegger in Mizoram sells homemade liquor or alcohol smuggled from across its borders, whether the domestic borders with Tripura, Assam, and Manipur or the international borders with Bangladesh and Myanmar. In towns and villages along the permeable international boundary of Myanmar, imported alcohol as well as local brands can be easily acquired. Due to the shortage of alcohol in Mizoram, profits from illegal alcohol was easily increased by adding ethyl alcohol or other harmful additions to enhance the quantity of liquor supplied and that poses a serious threat to health. The local illicit liquor manufacturer produced it quickly, causing it to start containing harmful chemical substances and impurities detrimental to health. This exacted a high price, with an increase in the frequency of fatalities from stomach and liver disorders among relatively young people, some as young as their twenties.

When Congress regained power in 2008, the party made it clear that the MLTP Act would be repealed. The churches of Mizoram, on the other hand, took a

firm stand against the idea. In the 2013 assembly election, Congress reclaimed control, winning 34 of the 40 assembly seats. The new administration stated that it would repeal the MLTP Act and replace it with new legislation that would permit the sale and use of alcohol to some extent. As a consequence, the 2014 MLPC Act was enacted. The former MLTP Act had become unsuccessful at some point, as it was said that Mizoram was India's wettest dry state. However, there was no shortage of liquor in reality—black marketers of Indian-made foreign liquor (IMFL) made three- to four-fold profits, and local brewers did a roaring business selling moonshine. In fact, two localities in Aizawl became infamous for their liquor dens, which were frequented by young people on weekends. Even the setting up of an outpost by the excise and narcotics departments and strong enforcement of the ban by the state's biggest NGO, the Young Mizo Association (YMA), could not control the illicit liquor trade (Thangliana, 2015).

The church has exerted enormous pressure on the government to enforce prohibition. Since all Mizoram religious denominations support prohibition, the Mizoram Presbyterian Church Synod, with the largest number of members, has been the most vocal about it. They have conducted demonstrations, protested in the streets, and put up posters across the city against the repeal of prohibition. By the 2018 election, the Mizo National Front Party had won the election, and the Mizoram government had banned the sale and use of alcohol on the ground for religious and health concerns till date. Despite prohibition, it has been proven that bootleggers can always provide alcohol. Locally manufactured alcohol is constantly accessible in some locations, and alcohol making has even become a business and a way of life for some families. Although alcohol was brewed secretly and illegally in some areas, it is frequently revealed that this locally made alcohol was brewed poorly, resulting in harmful and deadly alcohol availability in the city, which tragically leads to frequent loss of life. Moreover, some people argue that prohibition increases the smuggling of illicit alcoholic beverages. It seems that the conditions of our situation did not improve much.

Despite the fact that the manufacture and sale of liquor have been prohibited in the state for more than 20 years, alcohol addiction is widespread in both urban and rural regions. Surprisingly, alcohol prohibition has been shown to be less successful

in reducing alcohol consumption in the state, and all sorts of alcohol are accessible in the state illegally, including local brew alcohol (Rakzu), country-made liquors, and foreign-made liquors. It has also been observed that the drinking of alcoholic beverages typically begins around the age of 16, probably. A study done by Mukherjee et al. (2017) on Baseline Survey on Extent & Pattern of Drug Use in Mizoram, alcohol was initiated at age of 16 years, 65.7% (1569/2387) of those who had used it at least once reported using it within the last one month prior to the interview and 39.2% (935/2387) were found to be dependent on it as per the ICD-10 criteria. During periods of maximum use 46.6% (1113/2387) consumed it at least once a day. The use of alcohol was prohibited in Mizoram from the year 1997. Among those who have ever used alcohol, 85.6% (2044/2387) reported initiation into it while the prohibition was in effect.

There appear to be several motives for drinking alcohol, but most people drink under the influence of peer pressure first, merely for fun and enjoyment. During the adolescent period, peers can prove to be a great source of support and influence (Dacey & Travers, 1996). It was in this period that children and adolescents were more vulnerable to alcohol-related impairments when compared to other age cohorts and alcohol dependency in future (Makela & Mustonen, 2000). Perceived peer pressure was an influential factor in youth development which impacts their attitudes and drinking behaviors (Burk et al., 2011; Kremer & Levy, 2008). For instance, peers were more likely to encourage the use of alcohol than discourage it (Johnson, 1989). It has been noted that individuals of a younger age range, particularly adolescents and young adults, mostly consume liquor such as Rum, whiskey, and so on, while some others rely on both locally brewed alcohol and others, which are less expensive and widely available in most areas. According to many studies parental alcoholism predicts the development of alcohol use disorders as well as the onset of alcohol consequences in children. Alcohol has several detrimental effects and consequences. Therefore, there is a need to effectively monitor and document alcohol prevalence, which also encourages the current study to address the gaps and difficulties for in depth studies and making future treatment and prevention strategies.

The Mizos have a high degree of social cohesion. People do have their own opinions, but they see the wisdom in following a group course of action. As a result, alcohol use and alcoholism may be most efficiently studied within the context of its psychosocial characteristics. The causes for the onset and persistence of alcohol usage among the Mizo appear to be specifically tied to their psychological and social dynamics. The proposed study aims to highlight the given prevalence of alcohol intake and the potentially serious consequences of its misuse. The study therefore aims to identify and understand the factors that play a role in alcohol use and put individuals at risk before and while engaging in this behavior. It aims to do this by taking into consideration the psychosocial dimensions of an individual's life such as resilience, perceived parenting styles and impulsivity and their relationship with alcohol consumption among adults in Mizoram. The findings of the proposed study will be one of the few endeavors that will not only satisfy academic interest, but it is also expected to provide a theoretical basis for suggesting the prevention, cessation, and intervention of alcohol use among the target population.

Objectives: Given to the theoretical and methodological foundation provided, the following objectives were framed for the present study as follow:

1. To examine the pattern of relationship between the psychological variables of resilience, perceived parenting styles, and impulsivity.
2. To examine the difference between alcohol users and non-users on the measures of resilience, perceived parenting styles, and impulsivity.
3. To examine the difference between rural and urban participants on the measures of resilience, perceived parenting styles, and impulsivity.
4. To determine the interaction effects of 'alcohol use x ecology' on resilience, perceived parenting styles, and impulsivity.
5. To determine the predictability of 'alcohol use' from resilience, perceived parenting styles, and impulsivity.

Hypothesis: Based on the objectives, the following hypotheses were set forth for the present study as under:

1. It was expected that there will be significant positive relationship between the sub-scales of perceived parenting styles (indifference, abuse and over-control) and impulsivity (attentional impulsivity, motor impulsivity, and non-planning impulsivity). And resilience was expected to show significant negative relationship with the sub-scales of perceived parenting styles (indifference, abuse and over-control) and impulsivity (attentional impulsivity, motor impulsivity, and non-planning impulsivity).
2. It was expected that there will be significant difference between alcohol users and non-users on the psychological variables. Non-users, as compared to alcohol users, were expected to show greater scores on resilience. Alcohol users were expected to show greater scores on the subscales of perceived parenting styles and impulsivity.
3. It was expected that there will be significant difference between rural and urban participants on the psychological variables. Rural participants were expected to show greater scores on resilience. Urban participants were expected to show greater scores on the subscales of perceived parenting styles and impulsivity.
4. It was expected that there will be significant interaction effects of ‘alcohol use x ecology’ on the psychological variables. Non-users living in rural areas were expected to show greater scores on resilience. Alcohol users living in urban areas were expected to show greater scores on perceived parenting styles and impulsivity.
5. It was expected that there will be significant predictability of ‘alcohol use’ from resilience, perceived parenting styles and impulsivity.

CHAPTER - III
METHODS AND PROCEDURE

Sample

At the initial stage, using multistage random sampling, 400 samples were obtained during the first phase of data collection. From these samples, 300 Mizo adults, aged between 18 and 65, were screened out as final participants: 150 Alcohol Users (75 from rural areas and 75 from urban areas) and 150 Non-Users (75 from rural areas and 75 from urban areas).

Classification of Alcohol Users and Non-users:

The classification of alcohol users and non-users was done using AUDIT (Saunders, et al., 1993) whereby **alcohol users** were classified as:

- 1) A score of 1 to 7 indicates risk-free usage.
- 2) Scores ranging from 8 to 14 indicate hazardous or dangerous alcohol use.
- 3) A score of 15 or more suggests the possibility of alcohol dependency (moderate-severe alcohol use disorder).

Non- Users were those who scored 0 in AUDIT indicating total abstainer who has never had any difficulties with alcohol or those who drank alcohol on three or fewer occasions per year and had never been treated for an alcohol problem (Saunders et al., 1993; Babor et al., 2001; Hattingh et al. 2016). The classifications have been done based on Saunders et al. (1993).

The **classification of rural and urban participants** was carried out following the classification given by the Census Organization of India (2011). To ensure diversity and representation across various geographical regions of Mizoram, four districts were selected randomly—one from the north, east, west, and south. Specifically, the districts of Aizawl, Lunglei, Serchhip, and Mamit were chosen at random for inclusion in the study. Subsequently, within these randomly chosen districts, efforts were made to ascertain both rural and urban areas. Within Aizawl District, 4 rural and 4 urban areas were randomly selected. The selection process involved assigning each rural and urban area within the district a unique identifier, then using random sampling method, 4 rural and 4 urban areas were chosen from the pool of available options. The same pattern of subdivision was applied to Lunglei, Mamit, and Serchhip Districts, in which 3 rural and 3 urban areas were selected for Lunglei Districts, and 2 rural and 2 urban areas were selected for Mamit and Serchhip Districts respectively. Households were then located inside the chosen areas

using random sampling. This required selecting every fifth family from a preliminary list that was preset. Individuals who fit the requirements for Mizo adults were contacted when residences were located. All of the people who satisfied the inclusion criteria became participants for the study.

Participants selected for equal representation of alcohol users and non-users were referred to as 'Alcohol use' and participants selected from 'rural' and 'urban' areas, referred as 'Ecology'. The background information of the participants include factors like age, educational qualification, socioeconomic status and family background, parental alcohol use and substance use were recorded with the aim to match or equate the participants in the study. The chosen psychological measures of resilience, measure of parental style and impulsivity were administered to examine whether differences exist between alcohol user from rural areas, alcohol user from urban areas, non-user from rural areas and non-user from urban areas.

Inclusion Criteria:

1. Individuals who are literate (who can read and write).
2. Individuals residing within Mizoram only.
3. Individuals who are willing to participate and cooperate.

Exclusion Criteria:

1. Individuals who are illiterate (who cannot read and write).
2. Individuals residing outside Mizoram.
3. Individuals who are not willing to participate and cooperate.

Design of the study:

The study incorporates two-way classifications of variables 'Alcohol Use' ('alcohol users' and 'non-users') and 'Ecology' ('rural' and 'urban'). Under each cell of the four-cells of the main design (2 'Alcohol Use' x 2 'Ecology'), an equal proportion of participants were included for evaluation on the psychological

variables.

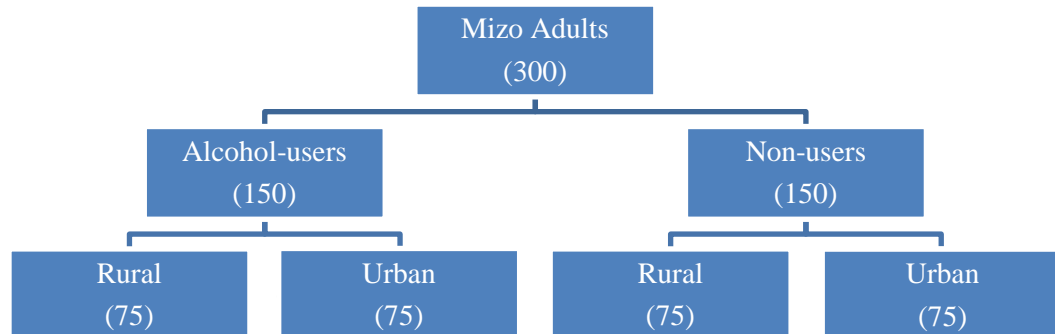


Figure 1: Sample characteristics of 2 x 2 (2 Alcohol Use x 2 Ecology) factorial design.

The analysis of interaction effects of ‘Alcohol Use’ (‘alcohol users’ and ‘non-users’) and ‘Ecology’ (‘rural’ and ‘urban’) was done to clearly reveal how two or more independent variables work together to impact the dependent variables, and also to represent the relationship between the dependent and independent variables. Further, it helps explain more of the variability in the dependent variables. Studying the interaction effects help to unravel how the influence of one variable (e.g., alcohol use) may vary depending on another variable (e.g., rural or urban setting). If an important interaction term is omitted from a model, it may result in a misrepresentation of the effect mechanism of independent variables (Jaccard & Turrisi, 2003; Lavrakas, 2008).

Psychological tools:

1. Alcohol Use Disorders Identification Test (AUDIT; Saunders, et al., 1993):

The AUDIT consists of ten questions, with potential answers of 0, 1, 2, 3, or 4, with the exception of questions 9 and 10, which have possible answers of 0, 2, and 4 according to World Health Organization (WHO) recommendations. The AUDIT has inquired about three essential domains: alcohol consumption, potential alcohol dependency, and experience with alcohol-related damage. The potential ratings range

from 0 to 40, with 0 indicating total abstainer who has never had any difficulties with alcohol, a score of 1 to 7 indicates risk-free usage. Scores ranging from 8 to 14 indicate hazardous or dangerous alcohol usage, while a score of 15 or more suggests the possibility of alcohol dependency (moderate-severe alcohol use disorder). Many of the AUDIT's questions reflect the fundamental relationship between people and alcohol, including its liability to cause dependence (addiction) and a range of harmful consequences. The three domains can be scored individually but it is most usual to compute the score for the AUDIT as a whole. In addition, all the questions have high face validity and in themselves, can be used as the basis for further clinical enquiry.

2. Resilience Scale (RS; Wagnild & Young, 1993):

The 25 item Resilience scale measures the degree of individual resilience through five components: equanimity, perseverance, self-reliance, meaningfulness and existential aloneness. Scoring and Interpretation Responses are on a seven point Likert type format ranging from strongly disagree (1) to strongly agree (7) which are added to provide a total score of resilience. The scores range from 25-175. Scores greater than 145 indicated moderately high to high resilience, 125-145 indicated moderately low to moderate levels of resilience and scores of 120 and below indicated low resilience. Higher score indicates the greater the overall perceived resilience.

3. Measure of Parental Style (MOPS; Parker et al., 1997):

The Measure of Parental Style (MOPS) is a self-assessment test that is used to examine perceived parenting styles in three areas: indifference, abuse, and over-control. To get the overall score for each category, add the scores of the responses to the items in each of the three categories. There is no cut-off score; the total score for each area offers a dimensional assessment of an individual's exposure to that parental style. Higher scores indicate higher levels of negative parenting.

3. Barratt Impulsiveness Scale- 11 (BIS-11; Patton et at., 1995):

The Barratt Impulsiveness Scale-11 is made up of 30 items, which ask about the frequency of impulsivity- related behavior or cognitions. Each item is measured on a 4-point scale, ranging from rarely/ never through to almost always, with no

available neutral response. The Barratt Impulsiveness Scale-11 consists of three subscales, which distinguishes attentional impulsivity, motor impulsivity and non-planning impulsivity. The higher the subscale score, the higher the level of impulsiveness.

Procedure:

The chosen psychological measures which were initially developed in English were translated into Mizo language as the participants generally speak Mizo. The translated scales were proven to be reliable in a pilot study and were all determined to be reliable for the current study.

After obtaining the necessary consent from the participants, the standard procedures of building rapport, instructions, and thorough explanations of the question booklet were all carried out. The questionnaire was administered individually to the participants in their respective places or homes. Most importantly, confidentiality and anonymity were maintained to limit and minimize the impact and influence of social desirability. Following that, each participant began by filling out the demographic information first. The participants were then requested to continue filling the questionnaires. Each testing session lasted between 30 minutes to 1 hour.

CHAPTER - IV
RESULTS

To achieve the main objective of the pattern of relationship between the psychological variables of resilience, perceived parenting styles and impulsivity, subject-wise scores on the specific items of all the behavioral measures of resilience (Wagnild & Young, 1993), measure of parental style with a subscales of indifference, abuse and over control (Parker et al., 1997) and impulsivity with a subscales of attentional impulsivity, motor impulsivity and non-planning respectively (Patton et al., 1995) were first prepared in SPSS 23 (Statistical Package for Social Sciences, Version 23) for statistical analyses among the samples of alcohol users from rural areas, alcohol users from urban areas, non-users from rural areas and non-users from urban areas. As parametric statistics were planned to be used, data were first screened, extreme outliers were deleted, mild outliers were eliminated to maintain equal sample size in each of the design cell (2 alcohol use x 2 ecology), and the following diagnostic tests of assumptions that underlie the application of parametric tests were first checked and were found generally acceptable for the four groups, viz. alcohol users from rural areas, alcohol users from urban areas, non-users from rural areas and non-users from urban areas. However, in instances where parametric assumptions were violated, appropriate non-parametric methods were employed.

Firstly, Psychometric adequacies of each of the behavioral measures were first determined which included (i) descriptive statistics (ii) inter-scale relationships and, (iii) reliability coefficients (Cronbach's Alpha) of the whole sample were analyzed. Descriptive statistics were computed including the mean, standard deviation, skewness, kurtosis, reliability of the scales/sub-scales in checking the normal distribution of scores for checking data structure to decide appropriate statistics on selected behavioral measures such as: i) Resilience Scale (RS; Wagnild & Young, 1993); ii) Measure of Parental Style (MOPS; Parker et al., 1997); and iii) Barratt Impulsiveness Scale- 11 (BIS-11; Patton et al., 1995). Second, Pearson's bivariate correlation was computed on the scales and subscales of the behavioral measures for the whole sample to demonstrate a significant relationship of the variables for further analysis in predicting cause and effect among variables. Thirdly, parametric and non-parametric analyses of variances were employed to illustrate the independent and interaction effects of the independent variables on the selected

dependent variables for the whole samples. Finally, regression analysis was employed to determine a measure of the extent to which variability among the scores on the dependent variable has been explained or accounted for prediction (R²). This was done to detect the presence of autocorrelation in the residuals (prediction errors) to make conclusion of the cause and effect relationship.

The 2X2 (alcohol usage x ecology) factorial design of the study's overall sample characteristics.

Table-1: The sample characteristic table of the 2X2 (alcohol use x ecology) factorial design of the study.

	Rural	Urban	Total
Alcohol Users	75	75	150
Non-users	75	75	150
Total	150	150	300

Note. N=300 (n=75 for each group)

Table -1 showed the sample characteristics for ‘alcohol use x ecology’ to be imposed on the behavioral measures. 300 Mizo Adults {150 alcohol users (75 rural and 75 urban) and 150 non-users (75 rural and 75 urban)} with equal sample size serve as participants.

The descriptive statistics of the scales and subscales of the behavioral measures were presented below in Table 2. The results highlighted the mean, standard deviation, skewness, and kurtosis of the scales and subscales of i) Resilience (Wagnild & Young, 1993). ii) Measure of Parental Style (Parker et al., 1997), which has three subscales: indifference, abuse, and over-control iii) Barratt Impulsiveness Scale, Version 11 (Patton et al., 1995), which has three subscales: attentional impulsivity, motor impulsivity, and non-planning impulsivity for the whole sample.

Table-2: The mean, standard deviation, skewness and kurtosis of the scales/sub scales of the behavioral measures for the whole sample.

		Over						
Alcohol usexEcology	Resilience	Indifference	Abuse	control	AI	MI	NI	
	Mean	110.89	3.93	7.04	13.72	19.46	26.10	27.38
	Std. D	13.96	6.30	5.88	4.70	3.30	4.37	4.69
Alcohol Users Rural	Skewness	-.677	2.24	1.00	.159	.357	.040	.226
	Std. Error	.277	.277	.277	.277	.277	.277	.277
	Kurtosis	-.547	4.98	.650	-.713	.170	-.665	-.391
	Std. Error	.548	.548	.548	.548	.548	.548	.548
	Mean	104.34	4.24	8.16	12.97	19.16	25.90	26.84
	Std. D	10.48	4.99	4.27	3.40	3.35	3.99	4.46
Alcohol Users Urban	Skewness	-.408	1.61	.681	-.366	.067	.147	-.136
	Std. Error	.277	.277	.277	.277	.277	.277	.277
	Kurtosis	.068	2.48	.514	-.344	-.555	-.433	-.684
	Std. Error	.548	.548	.548	.548	.548	.548	.548
	Mean	124.97	1.20	3.88	10.86	15.69	20.96	27.24
	Std. D	9.19	3.52	4.01	3.34	2.52	3.16	3.87
Non Users Rural	Skewness	-.479	6.219	1.05	.366	.102	-.220	-.052
	Std. Error	.277	.277	.277	.277	.277	.277	.277
	Kurtosis	.229	45.82	.850	1.15	-.681	-.363	-.669
	Std. Error	.548	.548	.548	.548	.548	.548	.548

	Mean	124.73	1.72	4.54	10.54	17.90	23.78	27.45
	Std. D	15.89	2.492	3.30	3.35	2.41	3.71	3.62
Non	Skewness	.265	1.91	.897	.299	-.078	.150	-.015
Users	Std. Error	.277	.277	.277	.277	.277	.277	.277
Urban	Kurtosis	-.550	4.22	2.42	-.021	-.372	-.442	.346
	Std. Error	.548	.548	.548	.548	.548	.548	.548

Note: Std.D= Standard Deviation; AI= Attentional Impulsivity; MI=Motor Impulsivity; NI=Non-planning Impulsivity

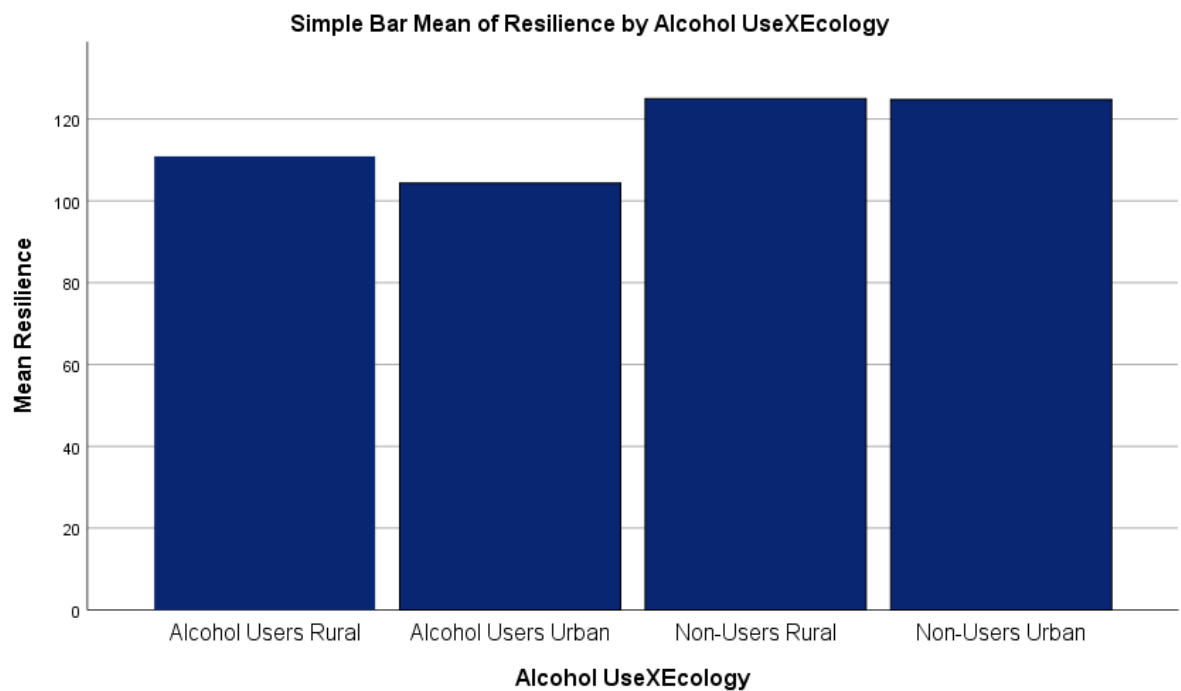


Figure 2: Simple bar graph showing the total means score comparison on resilience for the whole samples.

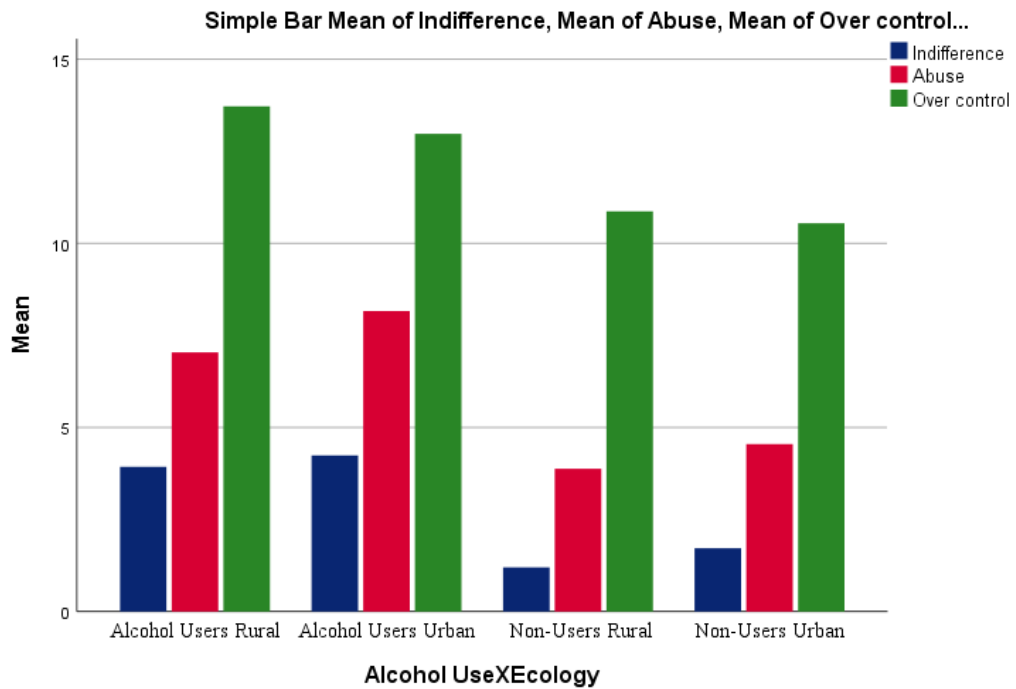


Figure 3: Simple bar graph showing the total means score comparison on perceived parental styles for the whole sample.

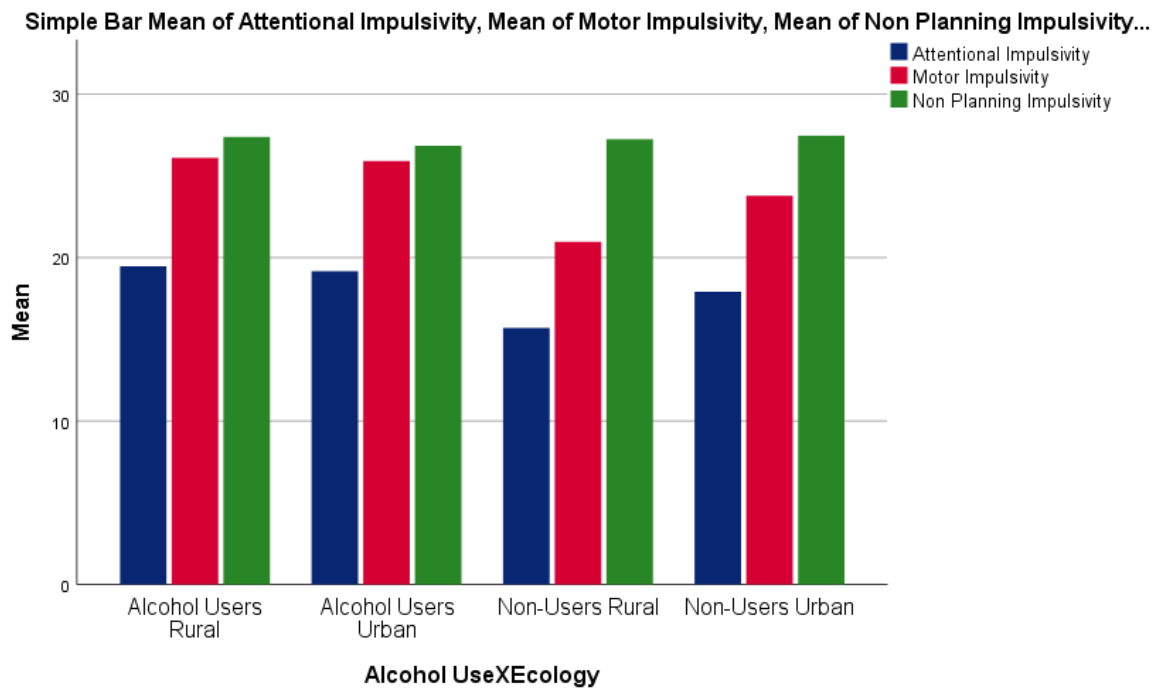


Figure 4: Simple bar graphs showing the total mean score comparison on impulsivity for the whole sample.

The results of non-users living in rural areas depicted the highest mean scores on resilience (M=124.97) compared to other groups.

Alcohol users living in rural areas depicted the highest mean scores on over-control parenting styles (M=13.72), attentional impulsivity (M=19.46), and motor impulsivity (M=26.10) compared to other groups.

Alcohol users living in urban areas depicted the highest mean scores on indifference parenting styles (M=4.24) and abuse parenting styles (M=8.16) compared to other groups.

Non users living in urban areas depicted the highest mean scores on non-planning impulsivity (M=27.45) compared to other groups.

Relationship of the Behavioral Measures

The bivariate relationships between alcohol use, ecology and the scales/subscales of the behavioral measures were computed below in Table 3 which highlighted positive and negative relationship between the variables under the study.

Table-3: The interrelations between the demographic variables and the psychological measures of the study.

Variables	1	2	3	4	5	6	7	8	9
1 Alcohol Use	-								
2 Ecology	.150**	-							
3 Resilience	-.482**	-.110	-						
4 Indifference	.278**	.044	-.359**	-					
5 Abuse	.355**	.094	-.382**	.626**	-				
6 Over- Control	.333**	-.067	-.150**	.090	.287**	-			
7 Attentional Impulsivity	.385**	.146*	-.246**	.233**	.222**	.051	-		
8 Motor Impulsivity	.419**	.151**	-.289**	.274**	.264**	.166**	.513**	-	
9 Non-Planning Impulsivity	.028	-.020	.187**	-.032	-.060	.029	.043	.011	-

Note: * $p < .05$, ** $p < .01$

The results of the Pearson Correlation revealed that there was significant positive and negative relationships between alcohol use on the scales/subscales of the behavioral measures and significant positive and negative relationship between ecology on the scales/subscales of the behavioral measures.

As shown in Table 3, there was significant positive relationship between the subscales of abuse parenting styles and indifference parenting styles $r(298) = .626^{**}$ $p < .001$, over-control parenting styles and abuse parenting styles $r(298) = .287^{**}$ $p < .001$, attentional impulsivity and indifference parenting styles $r(298) = .233^{**}$ $p < .001$ and over control parenting styles $r(298) = .222^{**}$ $p < .001$, motor impulsivity and indifference parenting styles $r(298) = .274^{**}$ $p < .001$, abuse parenting styles $r(298) = .264^{**}$ $p < .001$, over-control parenting styles $r(298) = .166^{**}$ $p < .001$, attentional impulsivity $r(298) = .513^{**}$ $p < .001$, non-planning impulsivity and resilience $r(298) = .187^{**}$ $p < .001$.

Alcohol use showed significant negative correlation with resilience $r(298) = -.482^{**}$ $p < .001$. There was significant positive relationship between alcohol use and ecology $r(298) = .150^{**}$ $p < .001$, alcohol use and indifference parenting styles $r(298) = .278^{**}$ $p < .001$, abuse parenting styles $r(298) = .355^{**}$ $p < .001$, over-control parenting styles $r(298) = .333^{**}$ $p < .001$, attentional impulsivity $r(298) = .385^{**}$ $p < .001$, and motor impulsivity $r(298) = .419^{**}$ $p < .001$.

There was also significant negative relationship between the scales/subscales of resilience and indifference parenting styles $r(298) = -.359^{**}$ $p < .001$, abuse parenting styles $r(298) = -.382^{**}$ $p < .001$, over-control parenting styles $r(298) = -.150^{**}$ $p < .001$, attentional impulsivity $r(298) = -.246^{**}$ $p < .001$, motor impulsivity $r(298) = -.289^{**}$ $p < .001$.

The reliability coefficients (Cronbach alpha) of the scales /subscales of the behavioral measures of Resilience Scale (RS; Wagnild & Young, 1993), Measure of Parental Style (MOPS; Parker et al., 1997) and Barratt Impulsiveness Scale, Version 11 (BIS-11; Patton et al., 1995) were computed for the whole samples.

Table-4: The reliability coefficient (Cronbach's Alpha) of the behavioral measures of resilience, measure of parental style and impulsivity

Dependent Variables		α
AUDIT		.957
Resilience		.721
Parenting Styles	Indifference	.903
	Abuse	.808
	Over Control	.707
Impulsivity	Attentional Impulsivity	.534
	Motor Impulsivity	.640
	Non-planning Impulsivity	.618

Note: AUDIT-Alcohol Use Disorders Identification Test

Results revealed substantial item-total coefficient of correlation (and relationship between the items of the specific scales) for the sub-scales and order of reliability coefficient. Cronbach's alpha was .957 for AUDIT; Cronbach's alpha was .721 for resilience; Cronbach's alpha was .903 for indifference parenting styles, Cronbach's alpha was .808 for abuse parenting styles and Cronbach's alpha was .707 for over-control parenting styles of measure of parental style; Cronbach's alpha was .534 for attentional impulsivity, Cronbach's alpha was .640 for motor impulsivity and Cronbach's alpha was .618 for non-planning impulsivity of Barratt impulsiveness scale.

Diagnostic tests of assumptions that underlie the application of the General Linear Model (ANOVA, etc.) were first checked using Levene's test of equality of error variances for each scale to indicate homogeneity of error variance. Levene's Test of Equality of Error Variances for each scale was shown in Table 5. The results revealed non-significance on both the scales and subscales of resilience and impulsivity, indicating the assumptions of the homogeneity of variance were met and there was a difference between the variances (heterogeneous variance) on the behavioral measures of resilience and impulsivity, which allows us to further proceed with the parametric analysis of variances.

Table-5: Levene's test of homogeneity of variances

	F	df1	df2	Sig.
Resilience	.237	1	298	.63
Indifference	24.10	1	298	.00
Abuse	42.10	1	298	.00
Over-control	37.25	1	298	.00
Attentional Impulsivity	5.87	1	298	.09
Motor Impulsivity	2.79	1	298	.27
Non-Planning Impulsivity	6.25	1	298	.07

The two-way ANOVA was computed to depict significant differences between 'alcohol use x ecology' on the test scores of the behavioral measures. The results of the two-way ANOVA depicted significant group differences on the test scores of the psychological variables of resilience and impulsivity with effect size.

Table-6: Two-way ANOVA for the significant differences between 'alcohol use x ecology' on the psychological variables for the whole sample

Dependent Variables	Independent Variables	Sum of Square	Df	Mean of Square	F	Sig.	Eta Squared
RS	Alcohol use	22274.08	1	22274.08	135.07	.000	.312
	Ecology	863.60	1	863.603	3.64	.057	.012
	Alcohol use X Ecology	23883.45	3	7961.15	49.57	.000	.334

	Alcohol use	473.76	1	473.76	51.71	.000	.148
AI	Ecology	68.16	1	68.16	6.47	.011	.021
	Alcohol use	660.99	3	220.33	25.64	.000	.206
	X Ecology						
	Alcohol use	990.08	1	990.08	63.34	.000	.175
MI	Ecology	129.36	1	129.36	6.98	.009	.023
	Alcohol use	1291.21	3	430.40	29.24	.000	.229
	X Ecology						
	Alcohol use	4.08	1	4.083	.234	.629	.001
NI	Ecology	2.08	1	2.083	.119	.730	.000
	Alcohol use	16.99	3	5.66	.323	.809	.003
	X Ecology						

Note: RS – Resilience Scale AI – Attentional Impulsivity, MI – Motor Impulsivity, NI- Non- Planning Impulsivity; DV- Dependent variable

The two-way ANOVA was computed to depict significant differences between alcohol users and non-users on the test scores of the scales and subscales of the behavioral measures of resilience and impulsivity.

The two-way ANOVA in Table 6 showed significant differences between alcohol users and non-users on resilience, $F(1, 298)=135.00$, $p < .01$, $\eta^2=.312$, attentional impulsivity, $F(1, 298)=51.71$, $p < .01$, $\eta^2=.148$ and motor impulsivity, $F(1, 298)=63.34$, $p < .01$, $\eta^2=.175$. The results indicated that there was significant difference between alcohol users and non-users on the variances of the behavioral measures of resilience, attentional impulsivity, and motor impulsivity but there was no significant difference on non-planning impulsivity.

The results in Table 6 also revealed significant differences between alcohol users and non-users on the analyses for test scores of the behavioral measures. There was significant difference between alcohol users and non-users on resilience with an effect size of 31%, significant difference between alcohol users and non-users on attentional impulsivity with an effect size of 14%, and significant difference between alcohol users and non-users on motor impulsivity with an effect size of 17%.

The two-way ANOVA was computed to depict the significant differences between people living in rural areas and urban areas on the test scores of the behavioral measures of resilience and impulsivity.

The two-way ANOVA (Table-6) showed significant difference between people living in rural and urban areas on resilience, $F(1, 298)=3.64$, $p < .01$, $\eta^2=.01$, attentional impulsivity, $F(1, 298)=6.47$, $p < .01$, $\eta^2=.02$, and motor impulsivity, $F(1, 298)=6.98$, $p < .01$, $\eta^2=.02$. The results indicated that there was significant difference between people living in rural and urban areas on the variances of the behavioral measures of resilience, attentional impulsivity, and motor impulsivity but there was no significant difference on non-planning impulsivity.

The results Table 6 also showed significant differences between people living in rural and urban areas on resilience with an effect size of 1%, attentional impulsivity with an effect size of 2%, and motor impulsivity with an effect size of 2%.

The two-way ANOVA was computed to depict significant interaction effects of ‘**alcohol use x ecology**’ on the test scores of the behavioral measures of resilience, attentional impulsivity, motor impulsivity and non-planning impulsivity.

The two-way ANOVA (Table 6) also showed significant interaction effects of ‘**alcohol use x ecology**’ on resilience, $F(3, 296) = 49.57, p < .01, \eta^2 = .33$, attentional impulsivity, $F(3, 296) = 25.64, p < .01, \eta^2 = .20$, and motor impulsivity, $F(3, 296) = 29.24, p < .01, \eta^2 = .22$. The results indicated that there was significant interaction effects of ‘alcohol use x ecology’ on the variances of the behavioral measures of resilience, attentional impulsivity, and motor impulsivity, but no significant interaction effects was found on non-planning impulsivity.

There was significant interaction effects of ‘alcohol use x ecology’ on resilience with an effect size of 33%, attentional impulsivity with an effect size of 20%, and motor impulsivity with an effect size of 22%.

The data was further analyzed with the post-hoc Scheffe for multiple mean comparisons between the groups. The results showed multiple mean comparisons of all the groups on resilience, attentional impulsivity, motor impulsivity and non-planning impulsivity on all the groups.

Tables 7 – 10 showed post-hoc comparisons. The post-hoc (Scheffe) test was employed for multiple mean comparisons of alcohol users from rural areas, alcohol users from urban areas, non-users from rural areas and non-users from urban areas.

Table-7: Post-hoc (Scheffe) multiple mean comparisons between the groups on resilience.

Dependent variable	(I)Alcohol Use X Ecology	(J)Alcohol Use X Ecology	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
						Lower Bound	Lower Bound
Resilience	Alcohol Users Rural	Alcohol Users Urban	6.547*	2.069	0.02	0.729	12.36
		Non-Users Rural	-14.080*	2.069	0	-19.89	-8.26
		Non-Users Urban	-13.840*	2.069	0	-19.65	-8.02
	Alcohol Users Urban	Alcohol Users Rural	-6.547*	2.069	0.02	-12.36	-0.729
		Non-Users Rural	-20.627*	2.069	0	-26.44	-14.8
		Non-Users Urban	-20.387*	2.069	0	-26.2	-14.56
	Non-Users Rural	Alcohol Users Rural	14.080*	2.069	0	8.26	19.89
		Alcohol Users Urban	20.627*	2.069	0	14.8	26.44
		Non-Users Urban	0.24	2.069	1	-5.57	6.05
	Non-Users Urban	Alcohol Users Rural	13.840*	2.069	0	8.02	19.65
		Alcohol Users Urban	20.387*	2.0693	0	14.56	26.2
		Alcohol Users Rural	-0.24	2.069	1	-6.05	5.57

Table 7 showed post-hoc (Scheffe) multiple mean comparisons of the groups on resilience and results revealed significant mean differences between alcohol users from rural areas, alcohol users from urban areas, non-users from rural areas and non-users from urban areas. Results revealed significant mean differences between alcohol-users from rural areas and non-users from urban areas (M=-14.080, p<.000*), alcohol users from urban and non-users from rural areas (M=-20.627, p<.000*), non-users from rural areas and alcohol users from urban areas (M=20.627, p<.000*) and non-users from urban areas and alcohol users from urban areas (M=20.387, p<.000*). **The highest significant mean difference was found between alcohol users from urban areas and non-users from rural areas.**

Table-8: Post-hoc (Scheffe) multiple mean comparisons between the groups on attentional impulsivity.

Dependent variable	(I)Alcohol Use X Ecology	(J)Alcohol Use X Ecology	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
						Lower Bound	Lower Bound
Alcohol Users Rural		Alcohol Users Urban	.307	.4786	.938	-1.039	1.652
		Non-Users Rural	3.773*	.4786	.000	2.428	5.119
		Non-Users Urban	1.560*	.4786	.015	.214	2.906

Attentional Impulsivity	Alcohol Users	Alcohol Users Rural	-.307	.4786	.938	-1.652	1.039	
		Urban	Non-Users Rural	3.467*	.4786	.000	2.121	4.812
	Non-Users Urban		1.253	.4786	.079	-.092	2.599	
	Non-Users	Alcohol Users Rural	-3.773*	.4786	.000	-5.119	-2.428	
		Rural	Alcohol Users Urban	-3.467*	.4786	.000	-4.812	-2.121
			Non-Users Urban	-2.213*	.4786	.000	-3.559	-.868
	Non-Users	Alcohol Users Rural	-1.560*	.4786	.015	-2.906	-.214	
		Urban	Alcohol Users Urban	-1.253	.4786	.079	-2.599	.092
			Non-Users Rural	2.213*	.4786	.000	.868	3.559

Table 8 showed post-hoc (Scheffe) multiple mean comparisons of the groups on attentional impulsivity and results revealed significant mean differences between alcohol users from rural areas, alcohol users from urban areas, non-users from rural areas and non-users from urban areas. Results revealed significant mean differences between alcohol users from rural areas and non-users from rural areas ($M=3.773$, $p<.000^*$), alcohol users from urban areas and non-users from rural areas ($M=3.467$, $p<.000^*$), non-users from rural areas and alcohol users from rural areas ($M=-3.773$, $p<.000^*$) and non-users from urban areas and non-users from rural areas ($M=2.213$, $p<.000^*$). **The highest significant mean difference was found between alcohol users from rural areas and non-users from rural areas.**

Table-9: Post-Hoc (Scheffe) multiple mean comparisons between the group on motor impulsivity.

Dependent variable	(I)Alcohol Use X Ecology	(J)Alcohol Use X Ecology	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
						Lower Bound	Lower Bound
Motor Impulsivity	Alcohol Users Rural	Alcohol Users Urban	.200	.6265	.992	-1.562	1.962
		Non-Users Rural	5.147*	.6265	.000	3.385	6.908
		Non-Users Urban	2.320*	.6265	.004	.558	4.082
	Alcohol Users Urban	Alcohol Users Rural	-.200	.6265	.992	-1.962	1.562
		Non-Users Rural	4.947*	.6265	.000	3.185	6.708
		Non-Users Urban	2.120*	.6265	.010	.358	3.882
	Non-Users Rural	Alcohol Users Rural	-5.147*	.6265	.000	-6.908	-3.385
		Alcohol Users Urban	-4.947*	.6265	.000	-6.708	-3.185
		Non-Users Urban	-2.827*	.6265	.000	-4.588	-1.065
	Non-Users Urban	Alcohol Users Rural	-2.320*	.6265	.004	-4.082	-.558
		Alcohol Users Urban	-2.120*	.6265	.010	-3.882	-.358
		Non-Users Rural	2.827*	.6265	.000	1.065	4.588

Table 9 showed post-hoc (Scheffe) multiple mean comparisons of the groups on motor impulsivity and results revealed significant mean differences between alcohol users from rural areas, alcohol user from urban areas, non-users from rural areas and non-users from urban areas. Results revealed significant mean differences between alcohol users from rural areas and non-users from rural areas (M=5.147, $p<.000^*$), alcohol users from urban areas and non-users from rural areas (M=4.947, $p<.000^*$), non-users from rural areas and alcohol users from rural areas (M=-5.147, $p<.000^*$) and non-users from urban areas and non-users from rural areas (M=2.827, $p<.000^*$). **The highest significant mean difference was found between alcohol users from rural areas and non-users from rural areas.**

Table-10: Post-hoc (Scheffe) multiple mean comparisons between the groups on non-planning impulsivity.

Dependent variable	(I)Alcohol Use X Ecology	(J)Alcohol Use X Ecology	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
						Lower Bound	Lower Bound
Non-planning Impulsivity	Alcohol Users Rural	Alcohol Users Urban	0.547	0.6842	0.887	-1.377	2.47
		Non-Users Rural	0.147	0.6842	0.997	-1.777	2.07
		Non-Users Urban	-0.067	0.6842	1	-1.99	1.857
	Alcohol Users Urban	Alcohol Users Rural	-0.547	0.6842	0.887	-2.47	1.377
		Non-Users Rural	-0.4	0.6842	0.952	-2.324	1.524
		Non-Users Urban	-0.613	0.6842	0.849	-2.537	1.31
	Non-Users Rural	Alcohol Users Rural	-0.147	0.6842	0.997	-2.07	1.777
		Alcohol Users Urban	0.4	0.6842	0.952	-1.524	2.324
		Non-Users Urban	-0.213	0.6842	0.992	-2.137	1.71
	Non-Users Urban	Alcohol Users Rural	0.067	0.6842	1	-1.857	1.99
		Alcohol Users Urban	0.613	0.6842	0.849	-1.31	2.537
		Non-Users Rural	0.213	0.6842	0.992	-1.71	2.137

Table 10 showed the post-hoc (Scheffe) multiple mean comparisons of the groups on non-planning impulsivity, and the results revealed no significant mean differences among the groups of alcohol users from rural areas, alcohol users from urban areas, non-users from rural areas, and non-users from urban areas. Since the results revealed no significant mean differences among the groups, the highest mean difference could not be reported.

Mann Whitney U-Test was computed on measure of parental style (MOPS) since the data on MOPS does not meet the assumptions of parametric test. Therefore, an alternate or equivalent test of the Non-Parametric Mann Whitney U-Test was employed.

Table-11: Mann-Whitney U-test on measure of parental styles (MOPS) for alcohol use.

	Indifference		Abuse		Over-Control	
Alcohol Use	Alcohol users	Non-users	Alcohol users	Non-users	Alcohol users	Non-users
Median	2.000	000	6.500	4.000	14.000	10.000
Mean	173.67	127.33	180.42	120.58	179.21	121.79
Ranks						
Sum of Ranks	26050.00	19100.00	27063.00	18087.00	26881.50	18268.50
Mann Whitney U	7775.000		6762.000		6943.500	
Z	-4.949		-6.008		-5.765	
Sig.	.000		.000		.000	

Mann-Whitney U-test was employed for ‘alcohol use’ on measures of parental styles due to heterogeneity of variances, which showed differences in the mean rank between alcohol users and non-users in the results Table 11.

In indifference parenting styles, alcohol users obtained a mean rank of 173.67 and non-users obtained a mean rank of 127.33. The results indicated that alcohol users had significantly higher indifference parenting styles than non-users, $z = -4.949$, $p < .001$, indicating that alcohol users tend to perceive indifference from their parents much more as compared to non-users.

In abuse parenting styles, alcohol users obtained a mean rank of 180.42 and non-users obtained a mean rank of 120.58. The results indicated that alcohol users had significantly higher abuse parenting styles than non-users, $z = -6.008$, $p < .001$, indicating that alcohol users tend to perceive more abuse from their parents as compared to non-users.

Similarly, in over-control parenting styles, alcohol users obtained a higher mean rank of 179.21 and non-users obtained a mean rank of 121.79. The results indicated that alcohol users had significantly higher over-control parenting styles than non-users, $z = -5.765$, $p < .001$, indicating that alcohol users tend to perceive over-control from their parents as compared to non-users.

Table-12: Mann-Whitney U-test on measure of parental styles (MOPS) for ecology.

Ecology	Indifference		Abuse		Over-Control	
	Rural	Urban	Rural	Urban	Rural	Urban
Median	.000	2.000	4.000	6.000	12.000	12.000
Mean	138.63	162.37	137.28	163.72	153.5	147.49
Ranks						
Sum of Ranks	20759.00	24355.00	20592.50	24557.50	23026.00	22124.00
Mann	9470.000		9267.500		10799.000	
Whitney U						
Z	-2.535		-2.654		-.604	
Sig.	.011		.008		.546	

Man-Whitney U-test was employed for 'ecology' on the measures of parental styles due to the heterogeneity of variances, which showed differences in the mean ranks between rural and urban areas in Table 12.

In indifference parenting styles, people living in rural areas obtained a mean rank of 138.63 and people living in urban areas obtained a higher mean rank of 162.37. The results indicated that people living in urban areas had significantly higher indifference parenting styles than people living in rural areas, $z = -2.535$, $p < .001$, indicating that people living in urban areas tend to perceive indifference from their parents much more as compared to people living in rural areas.

In abuse parenting styles, people living in rural areas obtained a mean rank of 137.28 and people living in urban areas obtained a higher mean rank of 163.72. The results indicated that people living in urban areas had significantly higher abuse parenting styles than people living in rural areas, $z = -2.654$, $p < .001$, indicating that people living in urban areas tend to perceive more abuse from their parents as compared to people living in rural areas.

In over-control parenting styles, people living in rural areas obtained a higher mean ranks of 153.51 and people living in urban areas obtained mean ranks of 147.49. However, the results showed no significant difference between people living in rural and urban areas.

The results revealed that on the subscales of indifference and abuse parenting styles, people living in urban areas showed higher mean rank scores than people living in rural areas. On the other hand, people living in rural areas showed higher mean rank scores in over-control parenting styles than people living in urban areas.

Kruskal-Wallis one-way ANOVA test was employed for 'alcohol use x ecology', as depicted below in Table 13, showed significant interaction effects of 'alcohol use x ecology' on the subscales of measure of parental styles: indifference, abuse, and over-control.

Table-13: Kruskal-Wallis one-way ANOVA on measure of parental style (MOPS) for alcohol use x ecology.

	Groups	Mean Ranks	Chi-Square	Df	Sig.
Indifference	Alcohol Users Rural	162.93	30.97	3	.000
	Alcohol Users Urban	184.40			
	Non-Users Rural	114.33			
	Non-Users Urban	140.33			
Abuse	Alcohol Users Rural	162.75	43.94	3	.000
	Alcohol Users Urban	198.09			
	Non-Users Rural	111.82			
	Non-Users Urban	129.34			
Over Control	Alcohol Users Rural	181.57	33.61	3	.000
	Alcohol Users Urban	176.85			
	Non-Users Rural	125.44			
	Non-Users Urban	118.14			

Table 13 showed results for **indifference** parenting styles, alcohol users in rural areas obtained mean ranks of **162.93** and alcohol users in urban areas obtained higher mean ranks of **184.40**, while non-users in rural areas obtained mean ranks of **114.33** and non-users in urban areas obtained mean ranks of **140.33**. Kruskal-Wallis H-test revealed that there was statistically significant interaction effects of alcohol use x ecology on indifference parenting styles, $\chi^2(3) = 30.97$, $p = <.000$, indicating that alcohol users in urban areas tend to perceive indifference from their parents much more than other groups.

In terms of **abuse parenting styles**, alcohol users in rural areas obtained mean ranks of **162.75** and alcohol users in urban areas obtained higher mean ranks of **198.09**, while non-users in rural areas obtained mean ranks of **111.82** and non-users in urban areas obtained mean ranks of **129.34**. Kruskal-Wallis H-test revealed that there was statistically significant interaction effects of alcohol use x ecology on

abuse parenting styles, $\chi^2(3) = 43.94$, $p < .000$, indicating that alcohol users in urban areas tend to perceive abuse from their parents more than other groups.

In **over-control parenting styles**, alcohol users in rural areas obtained a higher mean rank of **181.57** and alcohol users in urban areas obtained a mean rank of **176.85**, while non-users in rural areas obtained a mean rank of **125.44** and non-users in urban areas obtained a mean rank of **118.14**. Kruskal-Wallis H-test revealed that there was statistically significant interaction effects of alcohol use x ecology on over-control parenting styles, $\chi^2(3) = 33.61$, $p < .000$, indicating that alcohol users in rural areas tend to perceive over-control from their parents as compared to other groups.

The post-hoc non-parametric comparison for all pairs on measure of parental styles (MOPS) was employed using Steel-Dwass method for alcohol users from rural areas, alcohol users from urban areas, non-users from rural areas and non-users from urban areas.

Tables 14–16 below showed the post-hoc non-parametric comparisons for all pairs on measures of parental styles with a subscale of indifference, abuse, and over-control using the Steel-Dwass method.

Table-14: Non-Parametric comparisons for all pairs on indifference, subscale of measure of parental styles (MOPS) using Steel-Dwass Method

Level	- Level	Score Mean	Std Err	Z	p-Value
		Difference	Dif		
Non-Users Urban	Non-Users Rural	-4.546	7.035	-0.646	0.916
Alcohol Users Urban	Alcohol Users Rural	-5.253	7.057	-0.744	0.879
Non-Users Rural	Alcohol Users Rural	-26.986	7.061	-3.821	0.000*

Non-Users	Alcohol	Users	-27.666	7.040	-3.929	0.000*
Rural	Urban					
Non-Users	Alcohol	Users	-29.866	7.063	-4.228	0.000*
Urban	Rural					
Non-Users	Alcohol	Users	-30.266	7.043	-4.296	0.000*
Urban	Urban					

The results Table 14 showed the post-hoc non-parametric comparisons for all pairs on indifference parenting styles depicted significant mean differences between the pairs of non-users from rural areas and alcohol users from rural areas (M= -.26.986, p<.000*), non-users from rural areas and alcohol users from urban areas (M= -27.666, p<.000*), non-users from urban areas and alcohol users from rural areas (M= -29.866, p<.000*), non-users from urban areas and alcohol users from urban areas (M= -30.266, p<.000*). The highest mean difference was found between non-users from urban areas and alcohol users from urban areas among all the groups.

Table-15: Non-parametric comparisons for all pairs on abuse, subscale of measure of parental styles (MOPS) using Steel-Dwass Method

Level	- Level	Score	Mean	Std Err	Z	p-Value	
		Difference		Dif			
Alcohol	Users	Alcohol	Users	15.533	7.064	2.198	0.123
Urban		Rural					
Non-Users	Non-Users			11.160	7.017	1.590	0.384
Urban		Rural					
Non-Users	Alcohol	Users		-15.280	7.047	-2.168	0.132
Urban		Rural					
Non-Users	Alcohol	Users		-24.733	7.032	-3.516	0.002*
Rural		Rural					
Non-Users	Alcohol	Users		-38.186	7.052	-5.414	0.000*
Urban		Urban					
Non-Users	Alcohol	Users		-41.426	7.052	-5.871	0.000*
Rural		Urban					

The results Table 15 showed the post-hoc non-parametric comparisons for all pairs on abuse parenting styles depicted significant mean differences between the pairs of non-users from rural areas and alcohol users from rural areas (M= -24.733, $p < .002^*$), non-users from urban areas and alcohol users from urban areas (M= -38.186, $p < .000^*$) and non-user from rural areas and alcohol users from urban areas (M= -41.426, $p < .000^*$). The highest mean difference was found between non-users from rural areas and alcohol users from urban areas among all the groups.

Table-16: Non-parametric comparisons for all pairs on over-control, subscale of measure of parental styles (MOPS) using Steel-Dwass Method

Level	- Level	Score Mean Difference	Std Err Dif	Z	p-Value
Non-Users Urban	Non-Users Rural	-4.546	7.035	-0.646	0.916
Alcohol Users Urban	Alcohol Users Rural	-5.253	7.057	-0.744	0.879
Non-Users Rural	Alcohol Users Rural	-26.986	7.061	-3.821	0.000*
Non-Users Rural	Alcohol Users Urban	-27.666	7.040	-3.929	0.000*
Non-Users Urban	Alcohol Users Rural	-29.866	7.063	-4.228	0.000*
Non-Users Urban	Alcohol Users Urban	-30.266	7.043	-4.296	0.000*

The results Table 16 showed the post-hoc non-parametric comparisons for all pairs on over-control parenting styles showed significant mean differences between non-users from rural areas (M= -26.986, $p < .000^*$), non-users from rural areas and alcohol users from urban areas (M= -27.666, $p < .000^*$), non-users from urban areas

(M=-29.866, p<.000*) and non-users from urban areas and alcohol users from urban areas (M=-30.266, p<.000*). The highest mean difference was found between non-users from urban areas and alcohol users from urban areas among all the groups.

Prediction of alcohol use from the psychological variables of resilience and impulsivity

For prediction of alcohol use from the behavioral measures of the scales/subscales of resilience and impulsivity (attentional impulsivity, motor impulsivity and non-planning impulsivity), stepwise regression analysis was employed which attempted to determine the antecedents and the consequences relationship among the behavioral measures of the theoretical construct as envisioned, the results was presented below in Table 17. Using the stepwise regression analysis, a significant model emerged that the R square, the change statistics, Durbin Watson and Collinearity statistics depicting normality and the homogeneity of the regression analysis was presented.

Table-17: Stepwise Regression Analysis showing the prediction of alcohol use from the psychological variables

Predictor	Criterion	B	R ²	F	Sig.	Durbin Watson	Collinearity Statistics	
							Tolerance	VIF
Resilience		.015	.312	135.07	.000		.903	1.107
Attentional Impulsivity	Alcohol Use	-.026	.405	67.15	.001	.725	.727	1.376
Motor Impulsivity		-.023	.384	92.64	.000		.709	1.410

The stepwise regression model with **resilience** ($R^2 = .312$; $F = 135.077$, $p < .001$) as predictors and alcohol use as the criterion emerged to be statistically significant. The regression analysis revealed that resilience significantly predicted alcohol use, $F(1, 298) = 135.077$, $p < .001$, which indicates that resilience can play a significant role in alcohol use ($b = .015$, $p < 0.001$). The result directs the positive effect of the criterion model. The $R^2 = .312$ indicates that the model explains 31.2 % of change in alcohol use.

The stepwise regression model with **attentional impulsivity** ($R^2 = .405$; $F = 67.15$, $p < .001$) as predictors and alcohol use as the criterion emerged to be statistically significant. The regression analysis revealed that attentional impulsivity significantly predicted alcohol use, $F(1, 298) = 67.15$, $p < .001$, which indicates that attentional impulsivity can play a significant role in alcohol use ($b = -.026$, $p < 0.001$). The result directs the positive effect of the criterion model. The $R^2 = .405$ indicates that the model explains 40.5 % of change in alcohol use.

The stepwise regression model with **motor impulsivity** ($R^2 = .384$; $F = 92.64$, $p < .001$) as predictors and alcohol use as the criterion emerged to be statistically significant. The regression analysis revealed that motor impulsivity significantly predicted alcohol use, $F(1, 298) = 92.64$, $p < .001$, which indicates that motor impulsivity can play a significant role in alcohol use ($b = -.023$, $p < 0.001$). The result directs the positive effect of the criterion model. The $R^2 = .384$ indicates that the model explains 38.4 % of change in alcohol use.

The Durbin-Watson statistics and the collinearity statistics which supported the normality and the homogeneity of the regression revealed that on scores of alcohol use with resilience, the predictor explained 31.2% of variance; attentional impulsivity explained 40.5% of variance and motor impulsivity explained 38.4% of variance.

Current Scenario and Burden of Alcohol Use in Mizoram

In an effort to gain deeper insights into the actual extent of alcohol use in Mizoram, an endeavor was undertaken to gather data on alcohol-related hospital admissions and deaths from various healthcare facilities across the region, alongside information from the Excise and Narcotics Department of Mizoram. Records of

admissions and deaths linked to alcohol consumption spanning from 2014 to July 2022 were collected from a range of hospitals, including the Civil Hospital, Synod Hospital, Aizawl Hospital, LRM Hospital, Nazareth Hospital, Bethesda Hospital, Seven Day Hospital, and Greenwood Hospital.

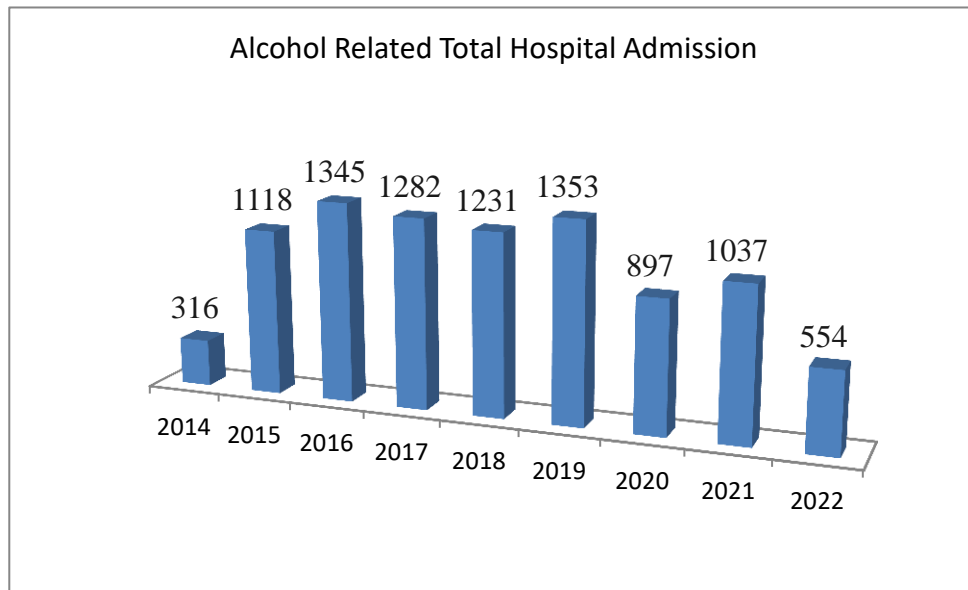


Figure 5: Alcohol Related Total Hospital Admission from 2014-2022

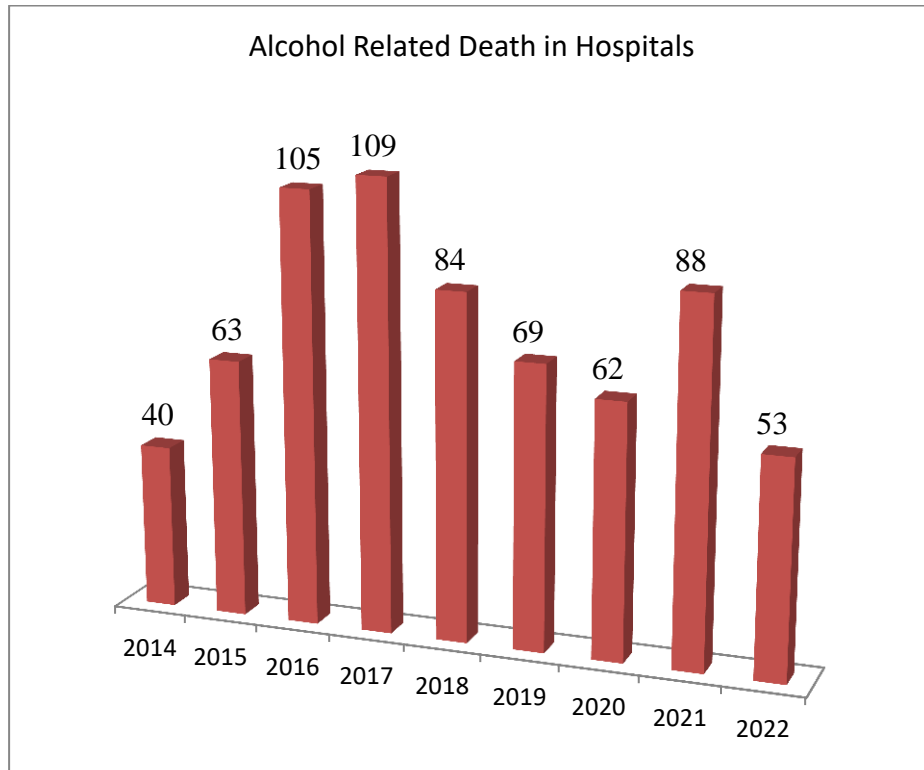


Figure 6: Alcohol Related Death Records from Different Hospitals 2014 -2022 (July)

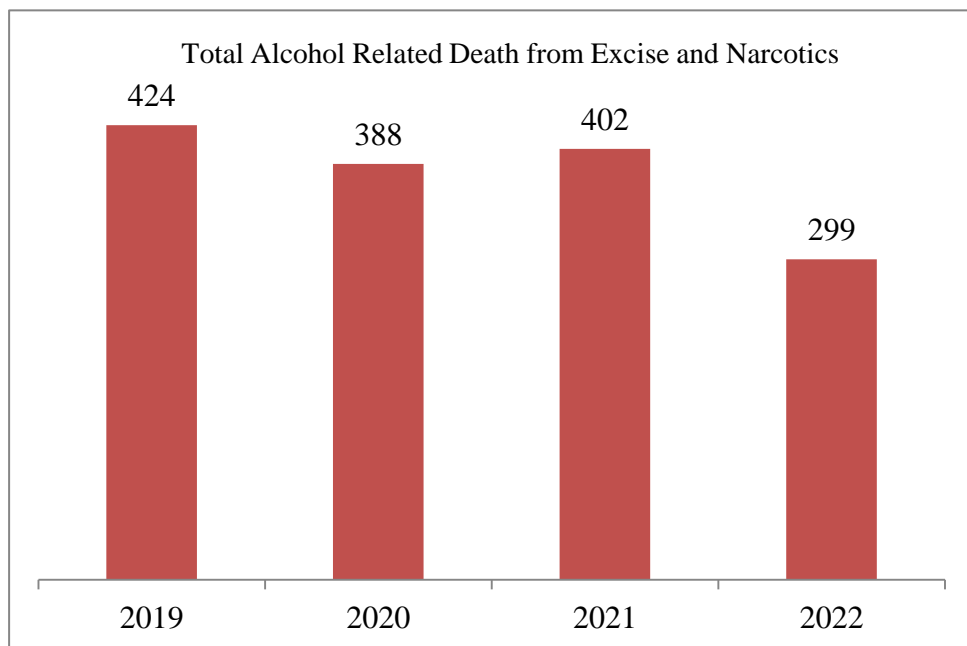


Figure 7: Total Alcohol Related Death from Excise & Narcotics Department

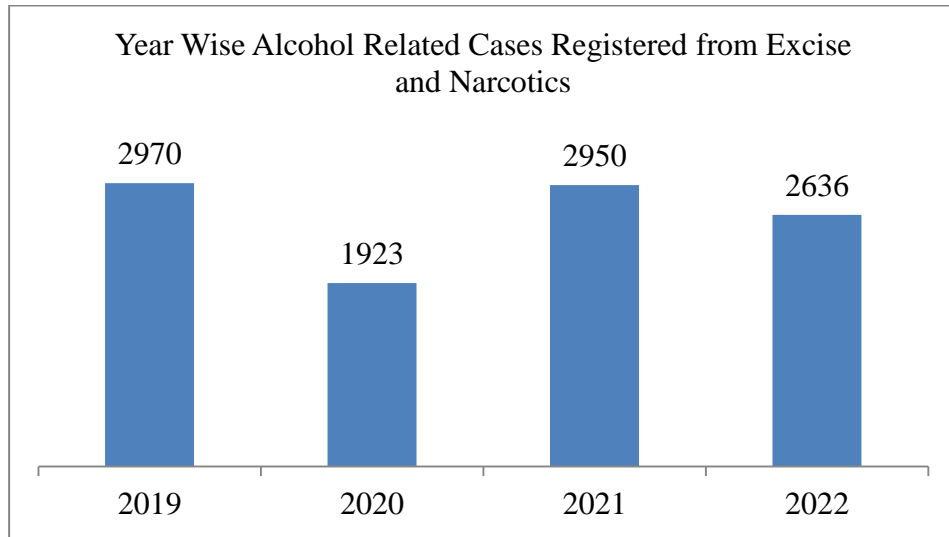


Figure 8: Year Wise Alcohol Related Cases Registered from Excise and Narcotics Department

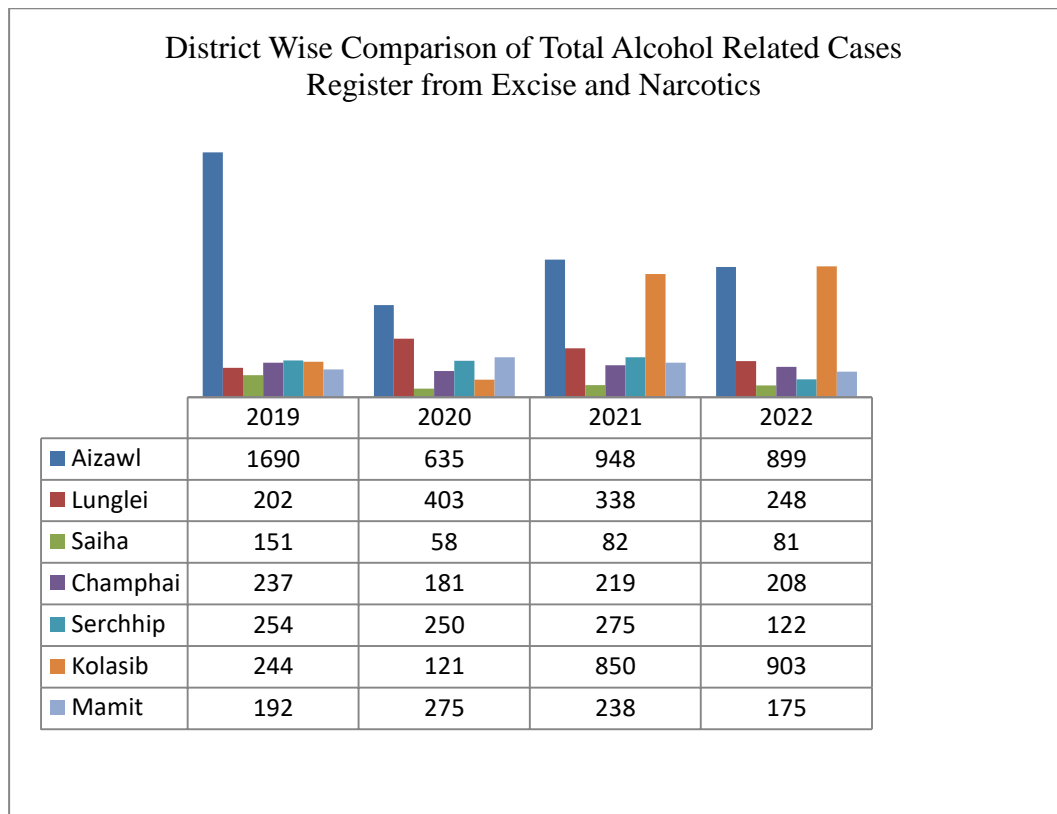


Figure 9: District Wise Comparison of Total Alcohol Related Cases Registered from Excise and Narcotics Department

CHAPTER – V
DISCUSSION

The aim of the present study was to investigate resilience, perceived parenting styles and impulsivity among alcohol users and non-users. The study also took into consideration as how these variables differed among alcohol users from rural areas, alcohol users from urban areas, non-users from rural areas and non-users from urban areas. During the initial phase, 400 samples were taken for the study. After verifying all the information gathered, incomplete responses and anomalies were removed. A total of 300 samples were chosen based on inclusion criteria. The sample was categorized as 'alcohol use' and 'ecology' i.e. 150 alcohol users (75 rural and 75 urban) and 150 non-users (75 rural and 75 urban) with equal sample size and their age ranging between 18-65 years serve as participants. Descriptive statistics were computed including the mean, standard deviation, skewness, kurtosis, reliability, linearity of the scales/sub-scales in checking the normal distribution of scores for checking data structure to decide appropriate statistics on the selected behavioral measures. Pearson's bivariate correlation was computed on the scales and subscales of the behavioral measures for the whole sample to demonstrate significant relationship of the variables for further analysis in predicting cause and effect among variables. Parametric and non-parametric analyses of variances were employed to illustrate the independent and interaction effects of the independent variables on the selected dependent variables for the whole samples. Finally, stepwise regression analysis was employed to determine a measure of the extent to which variability among the scores on the dependent variable has been explained or accounted for prediction.

Descriptive statistics

Descriptive statistics of the scales/subscales of the behavioral measures presented in result Table 2 showed the mean, standard deviation, skewness and kurtosis values for 'alcohol use x ecology' on the behavioral measures of resilience, measure of parental styles with subscales of indifference, abuse and over-control and Barratt impulsiveness scale with subscales of attentional impulsivity, motor impulsivity and non-planning impulsivity.

The results showed that non-users from rural areas depicted the highest mean score on resilience compared to other groups. Similar results were reported by Borges et al. (2017), who found that abstainers from alcohol seem to be more resilient than alcohol users because the psychological factors such as optimism (Ong et al., 2006), self-efficacy (Sapienza & Masten, 2011) and the use of adaptive emotional regulation strategies have all been shown to positively contribute to resilience (Cai et al., 2017; Mestre et al., 2017; Prout et al., 2019) among non-users as they score higher in resilience (Wang & Chen, 2015). A similar finding was also found in a study done by Yamashita and Shin-ichi (2016), depicting that high resilience was found among non-users as compared to alcohol users. The presence of resilience was also found to minimize the impact of stress and lowers the chance of alcohol dependency.

Prior research also found that abstainers were more resilient than people who consumed alcohol. Individuals who do not use alcohol appear to be more resilient than those who do (Gutiérrez & Romero, 2014). The results of the current research also showed similar findings. This may be because rural areas were able to better deal with a variety of stressful events than others, as it has been indicated that resilience was found to play a significant role in buffering the impact of daily stress (Bitsika et al., 2013), stressful life events (Peng et al., 2012), trauma (Roy et al., 2011), and maltreatment (Goldstein et al., 2013). In the context of rural areas, the reason may be that living in rural areas fosters resilience, possibly due to factors such as tight-knit communities, connection to nature, or cultural aspects. The ability to navigate and overcome stressors was essential for maintaining mental health and well-being.

The present study adds to the existing body of evidence by reaffirming the association between low resilience and alcohol use. The results of the present study showed that the score of resilience was lower among alcohol users. A study done by Chun et al. (2014) supports the idea that individual with low resilience may resort to ineffective coping mechanisms, including alcohol use, to manage stress because low resilience individuals may show signs of difficulty in managing emotions and stress, feeling overwhelmed by challenges, avoidance of problems rather than facing them, engaging in self-destructive behaviors, such as substance abuse and a lack of

confidence in one's ability to overcome obstacles. Understanding these maladaptive coping strategies was crucial for developing targeted interventions that address the root causes of alcohol use. Furthermore, a study done by Wingo et al. (2014) also suggests that low resilience was associated not only with alcohol-related problems but also with issues related to other substances, including cigarettes.

In terms of parenting styles, alcohol-users from urban areas depicted the highest mean scores on indifferent parenting styles and abuse parenting styles than other groups. On the other hand, the results showed that alcohol-users from rural areas depicted the highest mean scores on over-control parenting styles. Parents who engage in alcohol misuse tend to exhibit lower levels of nurturance towards their children. This was often due to their increased emotional unavailability resulting from the negative psychological effects of alcohol consumption, such as hangovers, irritability, and negative mood. These repercussions can disrupt the normal emotional development of their offspring.

Similar findings have been reported by Sonam et al. (2019), that showed negative parental characteristics such as indifference, abuse, and over-control were significantly and positively related to higher distress and higher alcohol use problems among rural areas (Rani & Singh, 2013). Another study also supported the present findings that negative parental style was substantially linked to alcohol consumptions (Kassel et al., 2007) and revealed the characterization of neglect, abuse, and over-control as a risk factor for both alcohol use and behavioral issues in adulthood (Veneziani et al., 2022; Capusan et al., 2021).

Penjor et al. (2019) also found that using alcohol to deal with unpleasant emotions was associated with the quality of parenting styles and thus, a dysfunctional parenting style was associated with higher distress and increased problem drinking. Child abuse and neglect were also found to be risk factors for negative parenting behaviors such as overreacting and hostility. The reasons may be because they may struggle with emotional regulation, empathy, and communication skills, which can lead to negative parenting behaviors. These negative behaviors can create a cycle of harm where children may be subjected to similar forms of mistreatment, perpetuating the cycle of abuse and neglect (Zhang et al., 2018; Ma et al., 2011; Hong et al., 2011).

The results of impulsivity also showed that alcohol-users from rural areas depicted the highest mean scores on attentional impulsivity, and motor impulsivity than other groups. On the other hand, non-users from urban areas depicted the highest mean scores on non-planning impulsivity compared to other groups.

The present findings have also been supported by Smaoui et al. (2017) that found a link between alcohol use and impulsivity which indicated that alcohol consumption was influenced by impulsivity as the BIS score was higher among alcohol user compared to non-user participants. This implies that there may be a connection between impulsivity and alcohol consumption, with individuals exhibiting higher impulsivity being more likely to consume alcohol.

A study done by Sanchez-Roige et al. (2016) has consistently shown that alcohol consumption was associated with increased impulsivity in alcohol users. Individuals with high levels of impulsivity may be more likely to engage in risky behaviors, such as excessive alcohol consumption, due to difficulties in inhibiting impulsive urges and making decisions based on immediate gratification rather than long-term consequences. The present study also observed a positive relationship between impulsivity and alcohol consumption. Individuals who consume alcohol scored higher on the Barratt Impulsiveness Scale II (BIS II) compared to non-users. The current result was also aligning with findings from other studies, who reported a positive relationship between impulsivity and alcohol consumption. The positive association between impulsivity and alcohol consumption suggests that impulsivity may serve as a risk factor for engaging in alcohol use or developing problematic drinking patterns because alcohol consumption can also lead to increased impulsivity through its effects on the brain. Alcohol affects areas of the brain responsible for decision-making, impulse control, and emotional regulation, which can result in impulsive behavior while under the influence (Cyders et al., 2014; Lannoy et al., 2017).

The consistency in findings across different studies adds robustness to the understanding of the relationship between impulsivity and alcohol consumption. Aluja et al. (2019) investigated the impact of personality characteristics on alcohol users. The study identified a link between specific personality components, namely the impulsive-inhibited. The impulsive-inhibited personality component suggests a

combination of traits related to impulsivity and inhibition. It implies that individuals with characteristics associated with both increased impulsivity and decreased inhibition may be more prone to alcohol use and related disorders. The study's findings suggest that increased impulsivity was associated with higher levels of alcohol consumption. It reinforces the notion that impulsive tendencies may contribute to engaging in alcohol use. The link between personality characteristics and alcohol use has implications for understanding the underlying factors contributing to alcohol-related behaviors. Personality traits may serve as risk factors or markers for certain patterns of alcohol consumption. Individuals with a higher level of dis-inhibition may be more likely to engage in impulsive behaviors, including excessive alcohol use.

Reliability coefficients (Cronbach alpha)

The reliability coefficient (Cronbach Alphas) was computed on all the behavioral measures. Results revealed substantial consistency over the level of analyses that determined applicability of the scales/subscales of the behavioral measures and recommended using a total score of scale as well as subscale scores. Thus, the scales/subscales was retained for further analyses as it fulfilled the statistical assumption of additivity, linearity, normality and homogeneity tests (Glass, et al., 1972; Tomarken & Serlin, 1986; Rogan & Keselman, 1977).

The analysis for the preliminary psychometric properties was required for illuminating the applicability of the concerned scales/subscales of the behavioral measures for the present study. The main reason was because scales constructed and validated for measurement of theoretical construct for a given population might not be reliable and valid when taken to another cultural settings, and need to check again the reliability and validity (Berry, 1974; Witkin & Berry, 1975), as the differential social desirability and response styles should influence the results among the group, and for methodological fulfillment (Van de Vjver & Leung, 1997).

Relationship of the Behavioral Measures

The results of Pearson Correlation revealed significant positive and negative relationship between alcohol use among the scales and subscales of the behavioral measures and a significant positive and negative relationship between ecology among the scales and subscales of the behavioral measures. Results revealed that alcohol use showed significant negative correlation with resilience. There was also significant positive correlation between alcohol use and ecology, alcohol use and indifference parenting styles, abuse parenting styles, over-control parenting styles, attentional impulsivity, and motor impulsivity.

The findings of the present study partially proved/support hypothesis 1 (H₁) - there will be significant positive relationship between the sub-scales of perceived parenting styles and impulsivity.

The results showed significant positive relationship between indifference parenting styles and abuse parenting styles, abuse parenting styles and over-control parenting styles, indifference parenting styles and attentional impulsivity, over control parenting styles and attentional impulsivity, indifference parenting styles and motor impulsivity, abuse parenting styles and motor impulsivity, over- control parenting styles and motor impulsivity. But no significant relationship was found between indifference parenting styles and non-planning impulsivity; abuse parenting styles and non-planning impulsivity, over-control parenting styles and non-planning impulsivity.

As hypothesized, there was significant positive relationship between the subscales of perceived parenting styles and impulsivity. A significant positive relationship was found between indifference parenting styles and abuse parenting styles, abuse parenting styles and over-control parenting styles, indifference parenting styles and attentional impulsivity, over control parenting styles and attentional impulsivity, and indifference parenting styles and motor impulsivity, abuse parenting styles and motor impulsivity, over- control parenting styles and motor impulsivity. The findings of a significant positive relationship between these variables support theories in developmental psychology and attachment theory. According to attachment theory (Bowlby, 1969), the quality of parent-child

relationships during early childhood significantly influences the development of self-regulation and impulse control. Children who experience consistent warmth, responsiveness, and secure attachment with their caregivers were more likely to develop effective emotion regulation skills and lower levels of impulsivity (Sroufe, 2005). Indifferent or neglectful parenting, characterized by emotional unavailability and lack of supervision, may lead to increased impulsivity in children. The absence of parental guidance and support can result in attention-seeking behaviors and impulsive decision-making (Aunola & Nurmi, 2005). Harsh or abusive parenting practices have shown to associate with higher levels of impulsivity in children. Experiencing consistent punishment or hostile interactions from caregivers can disrupt the development of self-control mechanisms and increase the likelihood of impulsive reactions to stressors (Hong et al., 2019). Overly controlling or authoritarian parenting styles may also contribute to impulsivity. Children rose in environments characterized by excessive rules and restrictions may exhibit reactive or rebellious behaviors as they attempt to assert autonomy and independence (Chao, 1994).

All these psychological factors demonstrate a positive link and revealed that negative parenting practices and impulsivity showed a relationship and may influence a type of adverse childhood experience. Suggesting that parenting styles and impulsivity have an impact on the relationship between these experiences and how they influence the growth of a relationship. By reinforcing the processes associated with adverse life experiences or poor mental processes, negative parenting styles may raise the risk of impulsive behavior. A plausible alternative explanation might also be that exposure to negative parenting practices, including indifference parenting styles and abusive parenting styles could impede the growth of healthy impulse regulation skills but trigger the development of impulsive conduct.

Findings have been supported by Ran et al. (2021) that showed negative parenting styles significantly showed relationship with impulsivity. Parenting styles influence a child's development in the form of behaviors and personalities. Adverse parenting styles may lead to early maladaptive schemas, which begin to form in early childhood. Such schemas may have a long-lasting adverse effect that persists into adulthood, contributing to the development of affective and personality disorders

(Shute et al., 2019; Basso et al., 2019; Young, 1990). Shu et al. (2011) reported that parental rearing patterns, particularly rejection and over protection shows an impulsive personality.

Deater-Deckard et al. (2014) suggested that family factors, such as parenting influence the development and maintenance of self-regulation. Negative parenting may thus interfere with the development of self-control (Bernier et al., 2012) contributing to the rise and maintenance of child psychopathology (Kim & Deater-Deckard., 2011). Also, children who have low control over temperament were highly impulsive and more vulnerable to the negative consequences of bad parenting (Kiff et al., 2011; Ullsperger et al., 2016). These findings collectively highlight the significant role that parenting styles and personality play a role in shaping a child's abilities and how negative parenting practices or low control over personality can potentially lead to adverse outcomes.

However, the results did not showed significant positive relationship on the subscales of perceived parental styles and non-planning impulsivity. Contrary to the hypothesis, there was no significant positive relationship between indifference parenting styles and non-planning impulsivity, abuse parenting styles and non-planning impulsivity, over-control parenting styles and non-planning impulsivity. The results suggested that non-planning impulsivity levels remain relatively consistent across the sample, regardless of their parents' parenting styles. This may imply that variations in non-planning impulsivity levels was not associated with the identified parenting styles (indifference, abuse, and over-control). Individual differences, genetic factors or other environmental influences might play a role. The study's findings provide valuable insights but also open ways for future research and investigating additional factors that might contribute to non-planning impulsivity, offering a more comprehensive understanding of its determinants. Different aspects of impulsivity may have distinct relationships with parenting practices.

It was also hypothesized that resilience will show significant negative relationship with the sub-scales of perceived parenting styles and impulsivity.

The results showed significant negative relationship between resilience and indifference parenting styles, resilience and abuse parenting styles, resilience and over-control parenting styles, resilience and attentional impulsivity, resilience and

motor impulsivity. However, there was no significant negative relationship between resilience and non-planning impulsivity.

As hypothesized, there was significant negative relationship between resilience and indifference parenting style, resilience and abuse parenting style, resilience and over-control parenting style, resilience and attentional impulsivity, and resilience and motor impulsivity. The significant negative relationships indicate that as resilience increases, the levels of indifference parenting style, abuse parenting style, over-control parenting style, attentional impulsivity, and motor impulsivity decreases or vice versa. Psychological explanation can account for these results. The results suggested that resilience exhibits strategies that enhance coping skills and emotional stability in stressful situations. On the other hand, negative parenting styles tend to make people lack social skills, have anxiety, have low self-esteem, and be vulnerable to mental health issues. The current findings suggest that indifference parenting styles, characterized by emotional neglect, lack of warmth and minimal responsiveness to a child's needs, can significantly impact a child's development. Children raised in such environments may not receive the necessary support and guidance to develop adaptive coping mechanisms. This lack of emotional connection and support can hinder the development of resilience as these children may struggle to develop a sense of self-efficacy and confidence in their ability to overcome challenges.

The current findings further suggests that experiencing abuse parenting during childhood can have profound and long-lasting effects on individuals' psychological well-being. Children who are subjected to physical, emotional, or sexual abuse may develop maladaptive coping strategies and suffer from low self-esteem and trust issues. These negative experiences can undermine their resilience, as they may struggle to cope with stressors and setbacks effectively. Additionally, the trauma associated with abuse can impair their ability to form healthy relationships and seek support from others which further diminishes their resilience.

Also, over-control parenting, characterized by excessive monitoring, micromanagement and restriction of a child's autonomy can hinder the development of resilience. Research suggests that children raised in such environments may lack opportunities to learn from their mistakes and develop problem-solving skills

independently. The constant imposition of rules and restrictions may prevent them from exploring their own abilities and strengths, leading to a reliance on external guidance rather than internal resources when facing challenges.

Similarly, the findings that a negative relationship exist between resilience and attentional impulsivity among the sample further suggests that attentional impulsivity, which refers to difficulties in maintaining focus and inhibiting distracting stimuli, has been linked to deficits in self-regulation and emotional control. Individuals who exhibit high levels of attentional impulsivity may struggle to effectively manage stress and regulate their emotions, making it challenging for them to bounce back from adversity. Past research suggests that these individuals may be more prone to experiencing emotional dysregulation and difficulty coping with setbacks, thereby diminishing their resilience over time.

Also, the finding showed that negative relationship exist between resilience and motor impulsivity suggest that motor impulsivity, characterized by acting without forethought or consideration of the consequences, has been associated with impulsive decision-making and risk-taking behaviors. Individuals who exhibit high levels of motor impulsivity may engage in behaviors that put them in harm's way or lead to negative outcomes, thereby undermining their ability to cope with adversity. Past research suggests that these impulsive tendencies can interfere with the development of effective coping strategies and problem-solving skills, ultimately diminishing resilience in the face of challenges. The findings of the present study provide empirical support for the hypothesized relationships, reinforcing the idea that higher levels of resilience were associated with lower levels of certain parenting styles and impulsivity. The study's results contribute to our understanding of how resilience may be linked to specific aspects of parenting styles and impulsivity.

Parenting styles contribute to the overall good and poor development of children. Many studies have indicated that there was a strong relationship between different types of psychological problems and their relationship with perceived parenting style, which was a child's perception of their parent's behavior. The way children perceive their parents in their childhood can affect their personalities throughout their lives (Perris et al., 1998).

Findings have been supported by Ritter (2005) that found resilience was negatively correlated with perceived negative parenting styles. Barnová et al. (2019) suggested that neglect, domestic violence, and abuse can affect the child negatively, making him less resilient. Kritzas and Grobler (2005) conducted research on the negative link between parenting styles and resilience and found the authoritarian style of parenting was associated with psychological disturbances. In this type of parenting style, parents tend to be strict and demanding, enforcing rigid rules with little room for flexibility. This approach can sometimes lead to negative outcomes in terms of psychological well-being for children.

A study done by Ram et al. (2019) found that there was statistically significant negative association between resilience and impulsivity. Prior study supported the present findings that impulsivity has been found to be negatively correlated with resilience (Ran et al., 2022). Impulsivity was also reported to be inversely related to resilience (Narayanan, 2008). The negative correlation between resilience and impulsivity was also found in a study done by Franklin et al. (2012). Evidence suggests that impulsivity has been reported with low levels of resilience (Choi et al., 2015). Another finding suggested that higher resilience was negatively correlated with impulsivity (He et al., 2022). Low behavioral control and resilience has been associated with a multitude of impulsive behaviors, including alcohol use, tobacco use, and sexual immaturity (Romer et al., 1999).

However, there was no significant negative relationship between resilience and non-planning impulsivity. Contrary to the hypothesis, there was no significant negative relationship between resilience and non-planning impulsivity. The results suggest that this variable indicating both the process and the outcome of successfully adapting to difficult or challenging life experiences and non-planning impulsivity characterized as present-moment focus without regard for future consequences does not show significant result. Resilience and impulsivity are psychological constructs that can be influenced by a variety of internal and external factors. It is possible that other variables not considered in the study, such as coping strategies, personality traits, or environmental stressors, may have interacted with resilience and impulsivity in ways that were not captured in the analysis.

Resilience and impulsivity are also multidimensional constructs that can manifest in various ways. It is possible that the specific aspects of resilience and impulsivity examined in the study were not the most relevant for demonstrating a negative relationship. Different dimensions or components of these constructs may interact in more complex ways than initially hypothesized. These are just some potential factors that could contribute to the lack of a significant negative relationship between resilience and non-planning impulsivity in the study. Further research and analysis would be needed to explore these possibilities in more depth and emphasizing the importance of considering these variables in understanding mental health outcomes.

The findings of the present study partially proved/support hypothesis 2 (H₂) - there will be significant differences between alcohol users and non-users on the psychological variables. Non-users as compared to alcohol users will show greater scores on resilience.

The results of the two-way ANOVA depicted significant differences between alcohol users and non-users on resilience. As hypothesized, non-users showed higher mean score on resilience as compared to alcohol users. The possible explanation was that individuals with higher resilience were more likely to exhibit lower levels of alcohol use due to their ability to cope effectively with stressors and challenges without resorting to alcohol as a coping mechanism. This may include a belief in one's abilities, awareness of their own limitations, and acceptance of one's life. Non-users may also be more inclined to engage in positive activities and attitudes, and this positivity could serve as a protective factor against negative behaviors like excessive alcohol consumption. Instead, maintain an optimistic outlook, even in the face of difficulties. This positive mindset may influence individuals to make healthier choices, including decisions related to alcohol use. Alcohol use is often associated with psychosocial factors such as social isolation, dysfunctional family dynamics, and exposure to adverse life events. It is often associated with engaging in risky behaviors, such as sensation-seeking and impaired judgment. The risk-taking behaviors can increase the likelihood of experiencing adverse outcomes and undermine resilience. In contrast, non-users may demonstrate more cautious behavior

and better risk management, contributing to higher levels of resilience. Chronic alcohol use has been linked to impairments in cognitive functioning, including deficits in decision-making, problem-solving, and emotional regulation. These cognitive impairments can hinder an individual's ability to adapt to stressors and setbacks, leading to lower levels of resilience. Non-users on the other hand may demonstrate better cognitive functioning, enabling them to effectively navigate challenges and maintain resilience.

A related study done by Kumar et al. (2018) has shown that higher resilience was found among non-users compared to alcohol users. Evidence has shown that resilient people have better mental health, better self-regulation abilities, higher self-esteem, more parental support, and was less likely to engage in high-risk activities like substance misuse. It appears that self-disclosure, problem-solving abilities, and people's favorable evaluations of their social support boost resilience (Bonanno et al., 2007).

Wingo et al. (2014) discovered that people with poor resilience had greater rates of problems with alcohol consumption and dependence on cigarettes and other substances. Some researchers found that resilient people have higher self-esteem and were less prone to engage in hazardous or harmful behavior. In fact, individuals who abstain from alcohol seem to have better resilience than those who consume alcohol. Consciously, studies of resilience may be an effective way to encourage adaptive behavior towards substance use (Gutierrez & Romero, 2014).

It was also hypothesized that there will be significant differences between alcohol users and non-users on the psychological variables. Alcohol users will show greater scores on the subscales of perceived parenting styles: indifference, abuse, and over-control.

Man-Whitney U- test was employed for alcohol users and non-users on measure of parental styles due to heterogeneity of variances showing differences of the mean ranks between alcohol users and non-users.

As hypothesized, the results revealed that on all the subscales of parenting styles, i.e., indifference, abuse, and over-control, significant differences was found between alcohol users and non-users on the psychological variables. The results revealed that alcohol users depicted higher scores on all subscales of perceived

parenting styles (indifference, abuse, and over-control) compared to non-users. This indicates that individuals who use alcohol perceive their parents as more indifferent, abusive, and controlling than those who do not use alcohol. The study supported the hypothesis that children raised in unfavourable environments, as reflected in their perceptions of parenting styles, may be more susceptible to negative effects. Social learning theory (Bandura, 1977) suggested that individuals learn behaviors through observation, imitation, and reinforcement. Alcohol users may have grown up in environments where parenting styles were characterized by indifference, abuse, or over-control. They may have observed these parenting behaviors and internalized them as normative or acceptable ways of interacting with others, including their own children. Consequently, alcohol users may have developed cognitive schemas characterized by negative perceptions of parental behaviors due to past experiences of indifference, abuse, or over-control. These negative schemas can lead them to interpret their parents' behaviors in a more negative light, resulting in higher scores on the subscales of measuring these parenting styles compared to non-users. On the positive side, the presence of a strong support network was highlighted as a sign of good parenting. Protective factors such as a healthy environment, stable homes, and strong parent-child relationships were associated with positive effects on children as they grew up. This emphasizes the importance of a nurturing and supportive family environment in influencing the development of individuals. The study implies that perceived parenting styles play a crucial role in the development of individuals, with potential consequences for alcohol use. The higher scores on perceived negative parenting styles among alcohol users suggest a connection between early family experiences and later substance use behaviours.

There are several compelling reasons to investigate the association between parenting styles and alcohol consumption (Jackson et al., 1997). The influence of negative parenting styles can result in difficulty dealing with negative feelings and poor coping strategies (Mintz et al., 2017; Sedighimornani et al., 2021). A study done by Veneziani et al. (2022) have also revealed the importance of a developing environment characterized by neglect, abuse, and over-control as a risk factor for both substance use and behavioral issues in adulthood (Capusan et al., 2021).

Prior research has found a significant role for distress factors, suggesting a pathway from negative parenting styles characteristics to greater distress to higher alcohol use problems as have been seen in the present findings. A related study has also been seen in which exposure to alcohol and possibly other situational factors associated with alcohol use (e.g., alcohol consuming peers) may act as negative reinforcement, encouraging the development of alcohol use as a regulating mechanism whenever these feelings arise (McNally et al., 2003).

Parents constitute the foundation upon which the child was guided from a state of infantile dependence into autonomy. Hence, it was evident that the parenting styles adopted by the parents have both an immediate as well as a lasting effect on the child's social functioning as well as his or her personality (Harris & Brown, 1993). The influence of parenting and early life experiences has been considered an important aspect in the development of an individual. Experiencing adverse parenting styles makes children more likely to develop insecure attachment behaviors, a poorer self-concept, and a higher susceptibility to mood fluctuations and anxiety (Thompson, 2008; Yap & Jorm, 2015).

Another related study also found that problematic alcohol use was associated with all the three subscales of parenting styles such as indifference, abuse and over-control (Sonam et al., 2019). Muris et al. (2004) was another related finding that revealed family environment factors such as attachment style and parental rearing are involved in the development of anger and hostility and more dysfunctional parental characteristics (indifference, abuse and over-control) were significantly related to higher distress and higher alcohol use problems. Studies with a large sample of adults have also shown that childhood abuse was associated with alcohol and illegal substance misuse in people with less resilience (Wingo et al., 2014).

It was also hypothesized that there will be significant differences between alcohol users and non-users on the psychological variables. Alcohol users will show greater scores on the subscales of impulsivity: attentional, motor, and non-planning.

The two-way ANOVA depicted significant differences between alcohol users and non-users on the behavioral measures of impulsivity. The results showed significant difference between alcohol users and non-users on attentional impulsivity

and motor impulsivity. But there was no significant difference between the groups on non-planning impulsivity.

The significant differences observed between alcohol users and non-users on attentional impulsivity and motor impulsivity can be understood through various psychological frameworks and past research findings. Past research has consistently shown that individuals who use alcohol tend to exhibit higher levels of reward sensitivity (Schlauch et al., 2013, Koob & Le Moal, 2008, Robinson & Berridge, 1993). This means they may be more likely to seek out rewarding experiences, including the immediate gratification provided by alcohol consumption. In contrast, non-users may demonstrate lower levels of reward sensitivity, leading to less impulsive behavior in seeking out pleasurable experiences. Alcohol use has been linked to impaired inhibitory control, which is a key component of impulsivity. Individuals who consume alcohol may have difficulty suppressing impulsive urges and regulating their behavior. This can manifest in impulsive decision-making, risky behaviors and difficulty resisting immediate rewards. Non-users, on the other hand, may demonstrate better inhibitory control, resulting in lower levels of impulsivity on behavioral measures.

Individuals who consume alcohol may be more likely to experience mood swings, impulsivity, and emotional reactivity. These emotional dysregulation tendencies can contribute to impulsivity on behavioral measures, as individuals may struggle to control their emotions and behavior in response to stimuli. Non-users, who do not experience the effects of alcohol on emotional regulation, may demonstrate more stable and regulated emotional responses. Alcohol use has been associated with cognitive impulsivity, which refers to a tendency to make quick decisions without fully considering the consequences. This may be reflected in behavioral measures of impulsivity, where alcohol users may demonstrate faster response times and less deliberation before acting compared to non-users. Cognitive impulsivity has been linked to deficits in executive functioning, particularly in tasks requiring planning, organization, and problem-solving skills. Psychosocial factors, such as peer influence and social norms, may also play a role in the relationship between alcohol use and impulsivity. Individual who are exposed to social environments where alcohol use is prevalent may be more likely to engage in

impulsive behaviors, including both attentional and motor impulsivity. Additionally, individuals with higher levels of impulsivity may be more susceptible to pressure of peers and less able to resist the influence of others, leading to increased alcohol consumption and subsequent impulsivity.

Prior research done by Herman and Duka (2019) also identified that impulsivity significantly increases the risk of initiation; continuation and excessive alcohol use and can also result from acute intoxication and long-term alcohol abuse. The findings may suggest that attentional and motor impulsivity were associated with a reduced capacity for concentration and acting without thinking. This reduction in concentration and focus may contribute to heightened impulsiveness, characterized by thoughtless, quick-acting, restless behavior and the tendency to act rashly to regulate negative emotions, which was related to increased alcohol use. The findings align with existing literature that associates impulsivity and alcohol use with an alteration in cognitive function and negative emotions characterized by attentional and motor impulsivity which may lead to alcohol intoxication.

Findings have been supported by Meda et al. (2009), who found that when administering the BIS-11 during the experiential discounting task, higher impulsivity was demonstrated by individuals who were at risk of developing substance-use disorders or who were already dependent when compared to non-user participants. The construct of dis-inhibition, which includes traits such as impulsivity, sensation seeking, and risk-taking propensity, was consistently linked with increased or problematic alcohol use (Gunn et al., 2013). Studies have also shown that higher impulsive behavior was demonstrated by youth participating in risk-taking behaviors at an early age, such as substance use and aggression (Caspi & Silva, 1995).

A study of impulsivity traits such as sensation and urgency seeking were persistently associated with different patterns of alcohol use among community participants. This study signifies the impact of distinct impulsive traits toward development of increased alcohol use and manifestation of alcohol use disorder (AUD) in future adulthood (Shin et al., 2012; Patel et al., 2022).

However, there was no significant difference between alcohol users and non-users on non-planning impulsivity. The two-way ANOVA did not show significant differences between alcohol users and non-users on non-planning impulsivity.

Contrary to the hypothesis, the study found that there was no significant difference on the psychological variable of non-planning impulsivity between alcohol users and non-users. This suggests that, contrary to the impact on attentional and motor impulsivity, alcohol use or abstinence does not seem to influence the lack of planning impulsivity among the current samples. The results imply that not every individual is equally impaired by every cause. In this case, the lack of planning impulsivity does not appear to be influenced by alcohol use. These findings highlight the complexity of the relationship between alcohol consumption and various facets of impulsivity. It suggests that the impact of alcohol on impulsivity may be domain-specific, affecting some aspects of impulsivity while leaving others unaffected. It also emphasizes the need to consider different dimensions of impulsivity separately rather than treating impulsivity as a uniform construct. Further, research could explore the mechanisms underlying these differences and contribute to a more comprehensive understanding of the interplay between alcohol use and impulsivity.

Prior study stated that it was less clear how impulsivity traits, specifically non-planning, deliberation, urgency, sensation seeking are associated with different alcohol use outcomes such as alcohol use initiation, escalation, and development of alcohol use disorders (AUDs) (Shin et al., 2012). A study done by Handley et al., (2011) also failed to find a relationship between impulsivity and alcohol use, highlighting the significance of evaluating various characteristics when studying impulsivity and alcohol consumption. As a result, aspects of impulsivity appear to have unique routes to alcohol consequences and as such, should be investigated as distinct and independent constructs (Littlefield et al., 2014).

The findings of the present study partially proved/support hypothesis 3 (H₃) - there will be significant differences between rural and urban participants on the psychological variables. Rural participants were expected to show greater scores on resilience.

The two-way ANOVA depicted significant difference between rural and urban areas on the behavioral measures of resilience. The results showed significant difference between people living in rural and urban areas on the behavioral measures of resilience.

As hypothesized, the study found statistically significant difference on resilience between people living in rural and urban areas. People living in rural areas scored higher on resilience compared to people living in urban areas. This indicates that participants from rural areas perhaps exhibit greater resilience, suggesting a higher ability to adapt and navigate through difficult situations. Rural and urban areas often present distinct environmental stressors that can influence individuals' resilience levels. The significant difference observed between rural and urban areas on behavioral measures of resilience may stem from the unique social and environmental contexts of each setting. Rural areas often foster tight-knit communities with strong social support networks, where individuals may benefit from a sense of belonging and collective identity, promoting resilience in the face of adversity. Additionally, the slower pace of life and closer connection to nature in rural environments may facilitate coping strategies such as problem-solving and active engagement with challenges. Conversely, urban areas, characterized by higher population density, socioeconomic disparities, and faster-paced lifestyles, may present greater stressors and challenges to resilience. Factors such as social isolation, anonymity, and limited access to support services in urban settings may contribute to lower levels of resilience among urban residents. Therefore, the findings underscore the importance of considering the social and environmental factors inherent in rural and urban living when assessing and promoting resilience in diverse communities.

The effort made by the residence of rural areas may have enhanced their ability to adjust to challenging circumstances and may contribute to their higher resilience scores. The ability to go with the flow or determination may be a factor that may contribute to resilience in rural areas. A belief in one's ability to manage and self-reliance may be identified as another factor associated with higher resilience in rural environments. Furthermore, a belief that life has meaning with its unique characteristics and challenges may play a role in fostering resilience. This could be related to a combination of cultural, social, and environmental factors. These findings align with the understanding that resilience is a multifaceted construct influenced by various internal and external factors. The specific qualities mentioned, such as determination, self-reliance, meaningfulness, and a sense of uniqueness, contribute to a comprehensive understanding of the resilience exhibited by rural

residents. This collective body of research suggests that resilience was a valuable trait that can help individuals navigate and cope with various challenges and adversities in their lives. It also highlights the potential importance of considering the role of resilience in different contexts, such as rural versus urban environments.

A higher resilience score among the residence of rural areas may imply a stronger ability to withstand and adjust to changing environmental situations. The literature also demonstrated that warm, attentive, and building supportive environment was critical in developing potential resilience in children and assisting them in dealing with a variety of unique adversities (Hill et al., 2007). Individuals with low resilience, on the other hand, maybe more inclined to use inefficient coping techniques, such as using drugs or alcohol, to handle stress (Chun et al., 2014). Individual with low resilience exhibited higher rates of alcohol intake and dependency, smoking, and other substance abuse issues than individual with strong resilience (Wingo et al., 2014).

A study done by Song et al. (2022) supported the present finding, which showed an urban-rural disparity in resilience, with rural areas reporting higher resilience scores than urban counterparts. Resilience acts as a way to overcome challenges and maintain a positive outlook, even in the face of adversity. Additionally, resilience endorses emotional health and limits psychological problems.

It was also hypothesized that there will be significant differences between rural and urban areas on the psychological variables. Urban participants were expected to show greater scores on the subscales of perceived parenting styles: indifference, abuse, and over-control.

Mann-Whitney U-test was employed for rural and urban areas on the measure of parental styles due to the heterogeneity of variances, which showed differences in the mean ranks between people living in rural and urban areas. Urban areas were expected to show greater scores on the subscales of perceived parenting styles: indifference, abuse, and over-control. However, rural areas score higher on over-control parenting styles than urban areas.

As hypothesized, the results provided a detailed exploration of perceived parenting styles between people living in urban and rural areas. People living in

urban areas reported higher scores on the subscales of indifference and abuse parenting styles compared to their rural counterparts. This suggests that urban areas perceive their parents as more indifference and abusive than those in rural areas. The significant differences observed between rural and urban areas on perceived parenting styles, with urban residents reporting higher scores on the subscales of indifference and abuse parenting styles while rural areas score higher on over-control parenting style, can be explained through various psychological lenses. Urban environments typically offer more structured routines, access to a variety of activities, and lesser exposure to societal norms, which may promote greater self-regulation but may increase higher levels of negative parenting styles. Moreover, the anonymity and social disconnection often found in urban areas may diminish the sense of accountability for negative actions, leading to increased negative parenting among urban residents. On the other hand, higher scores of over-control parenting styles among rural areas can be explained that rural environments often provide fewer structured activities and resources for individuals, potentially leading to increased opportunities for negative reactions. Additionally, rural areas may have fewer mental health resources and support services, leading to reduced access to interventions targeting positive parenting practices.

Dysfunctional parenting, characterized by low care, disinterest in children, and emotional and verbal abuse, was highlighted as a factor linked to psychopathological vulnerability. Dysfunctional parenting practices, such as less responsiveness, high demand on children, and over-control, were associated with psychopathological vulnerability (Bowlby, 1969). The study suggests that these experiences may predispose individuals to psychological distress and psychopathology. Prior study has also shown that negative parenting can contribute to the early onset of aggressive and defiant behaviors that may continue into adulthood and contribute to other mental health problems such as substance abuse (Dubow et al., 2008; Kawabata et al., 2011). Urban parents have more absence or the significant withdrawal of warmth, affection or love from parents toward their children and show more rejections (Zhang, 1997). Another study done by Yang et al. (2005) also found the same results that urban parents have more dysfunctional parenting styles on rejection than rural parents.

However, rural participants scored higher in over-control parenting than urban areas. The study revealed that people living in rural areas scored higher in over-control parenting styles than urban areas. This suggests that rural parents may exhibit more over-control towards their children. Over-control was associated with being critical and overly protective, potentially predisposing individuals to psychological distress. The study proposes that less effective parenting and limited emotional understanding from parents in rural areas might contribute to the observed over-control parenting style. This lack of emotional support may impact the parent-child relationship and contribute to more controlling behaviors. Numerous studies have also shown that negative parenting styles, such as parental control can hinder the development of self-esteem to varying degrees, creating low self-esteem in children (Bulanda & Majumdar, 2008; Dehart et al., 2006; Lo Cascio et al., 2016). Specifically, high levels of parental control over their children can make lack of autonomy and independence (Hare et al., 2015), which in turn triggers a sense of low competence (Salafia et al., 2009) and lower self-esteem. Furthermore, if parent's over-control their children it can create negative psychological perceptions which can lead to despair, distress and psychological crisis. The present study found that rural parents showed negative parenting styles which can influence the occurrence of psychological crisis in the development of children. Therefore, changing parents' negative parenting styles was an important way to mitigate psychological crisis. In recent years, intervention programs such as the attachment-based family therapy model, positive thinking parenting, and parental efficacy system training courses have gradually received widespread attention from educators and practitioners and have achieved good results (Robinson et al., 2003; Coatsworth et al., 2015).

A similar finding shown by Rani and Singh (2013) found that, when comparing rural and urban areas, rural parents tended to adopt overly controlled parenting styles and to accept emotional and physical abuse as a legitimate strategy for child discipline (Rerkswattavorn & Chanprasertpinyo, 2019). Compared with urban parents, rural parents also reported a higher level of negative parenting, a lower level of positive encouragement, and poorer parent-child relationship. Rural parents also reported poorer family adjustment, family relationships, and parental

teamwork, as well as less confidence in managing a child's emotional and behavioral problems (Han et al., 2023).

Evans and English (2002) has also shown that rural youth with negative parenting showed higher rates of psychological distress and maladjustment than their urban counterparts do. Therefore, parents, being the key role models for their children, have the most effect in developing and molding their children's coping skills (Beyersa & Goossens, 2008). There may be major differences in the physical surroundings, social conditions, economic level, cultural, education, medical and health care between urban and rural areas, which can have a significant influence on parenting styles. Researchers discovered that one of the most important elements impacting individual perceptions of stress was parenting styles. Likewise, parenting techniques have a significant impact on the formation of personality. It has also been found to have significant impact on a child's psychological characteristics and may even anticipate future adult issues (Blondin et al., 2011).

It was also hypothesized that there will be significant differences between rural and urban participants on the psychological variables. And urban participants were expected to show greater scores on the subscales of impulsivity: attentional, motor, and non-planning.

The two-way ANOVA depicted significant differences between people living in rural and urban areas on the behavioral measures of impulsivity. The results showed significant differences of people living in rural and urban areas on attentional impulsivity and motor impulsivity. However, there was no significant difference on non-planning impulsivity.

Although there was significant differences between people living in rural and urban areas on the behavioral measures of impulsivity, the present findings was not as hypothesized, the study revealed that people living in rural areas scored higher on attentional impulsivity and motor impulsivity than people living in urban areas. Individuals living in rural areas may exhibit different personality traits compared to those in urban areas. For example, rural residents may be more accustomed to a slower pace of life and have less exposure to external stimuli, which could impact their impulsivity levels. Cognitive processes such as attention, decision-making, and inhibitory control play a crucial role in impulsivity. Differences in cognitive

functioning between rural and urban populations could contribute to variations in impulsivity levels. Life experiences and environmental factors unique to rural or urban settings may influence impulsivity. For instance, individuals in rural areas may face different stressors or social dynamics that shape their impulsive behaviors. Neurobiological differences between rural and urban populations could also play a role in impulsivity. Studies have shown that brain regions involved in impulse control and decision-making may vary based on environmental factors (Bickel, et al., 2012). Substance use, such as alcohol consumption, is linked to impulsivity. Rural and urban areas may have distinct patterns of substance use, which could contribute to differences in impulsivity levels observed in the study. Overall, the interplay of various factors such as personality, cognition, life events, brain function, and behavior patterns may collectively influence the differences in impulsivity between rural and urban populations. Understanding these factors can provide insights into how environmental contexts shape psychological traits like impulsivity. The significant differences observed between rural and urban areas on attentional impulsivity and motor impulsivity, alongside the absence of significant differences in non-planning impulsivity, can be attributed to several psychological factors shaped by the distinct characteristics of rural and urban environments. Modern rural settings may also expose individuals to higher levels of sensory stimulation and cognitive demands, necessitating rapid shifts in attention and quick decision-making, which may contribute to heightened attentional impulsivity and motor impulsivity. However, non-planning impulsivity, characterized by a lack of future-oriented thinking and organization, may be less influenced by environmental factors and more rooted in individual cognitive traits and developmental history. Thus, while rural and urban contexts may shape certain aspects of impulsivity, non-planning impulsivity may remain relatively stable across different geographical settings due to its stronger ties to individual differences. These findings underscore the importance of considering the interplay between environmental factors and specific facets of impulsivity in understanding behavioral variations across diverse populations.

However, the result did not show significant differences between people living in rural and urban on non-planning impulsivity. The present study found no variations in non-planning impulsivity between people living in rural and urban

areas. Non-planning impulsivity refers to a lack of future-oriented thinking, including difficulties in planning and organizing tasks. The possible explanation was that the absence of differences in non-planning impulsivity between people living in rural and urban areas may suggest that a resident of a particular area does not significantly define one's lack of planning impulsivity. However, the finding also acknowledges that while there might be no apparent difference in non-planning impulsivity, it does not necessarily imply that there was no difference in subsequent planning strategies and thought processes between the two groups. The lack of variation in non-planning impulsivity suggests that certain aspects of impulsivity may be influenced by factors other than one's residential location. Understanding the factors contributing to impulsivity was multifaceted, and additional research may be needed to cover the underlying mechanisms. Singh et al. (2008) study found no significant difference between impulsivity scores among rural and urban areas on the score using BIS II.

The findings of the present study partially proved/support hypothesis 4 (H₄) - there will be significant interaction effects of 'alcohol use x ecology' on the psychological variables. Non-users living in rural areas were expected to show greater scores on resilience.

The two-way ANOVA depicted significant interaction effects of 'alcohol use x ecology' on the measure of resilience. The results showed that non-users living in rural areas have greater resilience than other groups.

As expected, non-users from rural areas exhibit higher scores on resilience compared to other groups. This suggests that individuals who do not use alcohol in rural settings tend to possess greater resilience. Resilience has been portrayed as a significant factor in shielding individuals from the impact of everyday stress, adverse life circumstances, trauma, and maltreatments. This brings with the well-established understanding that resilience serves as a protective factor for mental health. The statement implies that people living in rural areas, particularly non-users of alcohol, may be better equipped to handle a range of stressful situations compared to those in other areas. This highlights the potential influence of the rural environment on the development of resilience. The implication was that individuals with higher levels of

resilience may be less prone to engaging in alcohol consumption, emphasizing the potential role of psychological factors in influencing alcohol-related behaviors. The present findings have shown that an individual's environment i.e. geographic location and alcohol use status i.e. whether they use alcohol or not can have an impact on resilience.

Moreover, the significant interaction effects of 'alcohol use (user and non-user) x ecology (rural and urban)' on resilience, particularly the findings that non-users from rural areas exhibit higher scores on resilience compared to other groups, can also be interpreted through various psychological lenses. Rural environments often provide individuals with greater access to social support networks, community cohesion, and a sense of belonging, all of which are crucial factors in fostering resilience. Non-users in rural areas may benefit from these supportive social structures, which can buffer against adversity and promote psychological well-being. Additionally, rural settings may offer greater opportunities for individuals to engage in nature-based activities, which have been linked to improved mental health outcomes and enhanced coping strategies. Conversely, the interaction effect suggests that the protective effects of rural living on resilience may be diminished among alcohol users, who may face additional challenges related to substance use and its associated consequences.

Literature has also shown that alcohol-related disorders can have a significant impact on vulnerability based on geographic location. Living in an urban or rural area can have certain features that can be associated with it and may put an individual at risk, while others may be protective. A variety of social and cultural factors influence alcohol consumption practices, as well as the characteristics of urban and rural contexts. Research revealed that rural areas have more prominent resilience than urban areas.

Prior study also supported the present findings that found resilience people having a better mental health and was less likely to get involved in high-risk behaviors such as alcohol use or abuse (Cuomo et al., 2008; Wallace, 1999). A study done by Bazrafshan et al. (2018) showed that there was a difference between rural and urban areas relating to the individual indicators of resilience. Rural areas score higher than urban areas. Greater resilience reduces alcohol-related consequences

(Sanchez et al., 2021). Therefore, differences exist in each region that can affect the development of individual who live in urban areas and individual who live in rural areas, ranging from lifestyle to the level of resilience (Nestya, 2013).

It was also hypothesized that there will be significant interaction effects of ‘alcohol use x ecology’ on the psychological variables. Alcohol users living in urban areas were expected to show greater scores on perceived parenting styles: indifference, abuse, and over-control.

A Kruskal-Wallis one-way ANOVA test was employed for ‘**alcohol use x ecology**’ showed that there was statistically significant effect of ‘alcohol use x ecology’ in the subscales of measure of parental styles: indifference, abuse and over-control. The scores of alcohol users living in urban areas depicted the highest mean rank on indifference parenting styles and abuse parenting styles among the groups, indicating that alcohol users in urban areas tend to perceive indifference and abuse from their parents much more than other groups.

As hypothesized, alcohol users living in urban areas showed higher mean scores in indifference and abuse parenting styles. The study revealed the intricate relationship between alcohol use and ecology in parenting styles, revealing that individuals who consume alcohol in urban settings tend to exhibit higher levels of indifference and abusive parenting styles. The statistically significant interaction effect of 'alcohol use (user and non-user) x ecology (rural and urban)' on perceived parenting styles, particularly in indifference, abuse, and over-control, may imply that individuals who consume alcohol, especially those residing in urban areas, might encounter elevated levels of stress, impulsivity, and ineffective coping mechanisms, which could influence their parenting practices. Alcohol use may impair cognitive functioning and decision-making abilities, leading to reduced sensitivity and responsiveness to children's needs, manifesting as parental indifference. Moreover, the psychosocial stressors prevalent in urban environments, such as socioeconomic disparities and environmental demands, may exacerbate feelings of frustration and aggression, increasing the likelihood of abusive behaviors among alcohol-using parents. Additionally, alcohol use may impair self-regulation and increase tendencies towards controlling behaviors, resulting in over-control parenting styles characterized by excessive monitoring and restriction. Conversely, non-alcohol-using

parents, particularly those in rural areas, may exhibit lower levels of stress and impulsivity, fostering warmer and more nurturing parenting styles. The slower pace of life and stronger social support networks in rural environments may also buffer against the negative effects of alcohol use on parenting behaviors. These findings highlight the complex interplay between individual behaviors, environmental factors, and parenting practices, emphasizing the need for comprehensive interventions targeting both substance use and parenting skills within different ecological contexts.

The research underscores the bidirectional nature of the parent-child relationship, emphasizing the mutual influence and interaction between parents and children in shaping behaviors and outcomes (Belsky, 1984; Laible & Thompson, 2007). Overall, the study sheds light on the nuanced connections between alcohol use, ecology, and parenting styles, emphasizing the need for a holistic understanding of these factors in promoting effective and positive parenting practices in urban environments.

Dawson and colleagues (2011) reported that prevalence rates of past-year drinking in the adult population were higher for urban areas compared with rural areas and a dysfunctional parenting style was shown by urban parents and has more absence or the significant withdrawal of warmth, affection or love from parents toward their children and show more rejections (Zhang, 1997). Another study done by Yang et al. (2005) also found the same results that urban parents have more dysfunctional parenting styles on rejection than rural parents.

Research also revealed that different parenting styles lead to different outcomes and progress in the development of children in terms of their well-being, psycho-social competency, and responding to environmental demands (Rossman & Rea, 2005; Chen et al., 1997). According to Pinheiro and Gomide (2020), parenting styles have a substantial impact on the development of alcohol misuse, and positive parenting practices prevent alcohol consumption. According to Barnes et al. (2000), parenting styles have a bigger impact on adolescent binge drinking than parental alcohol misuse. One possible reason was that the parental effect on adolescent conducts through parenting style was stronger than any specific parental behavior (Zuquette et al., 2019). Zareir (2010) found a meaningful relationship

between parental styles and affective or negative behaviors in children, and that was because of the important role of parents.

However, contrary to hypothesis 4 (H4), alcohol users living in rural areas depicted the highest score in over-control parenting styles as compared to other groups. The results depicted that alcohol users living in rural areas showed the highest mean rank scores on over-control parenting styles among the groups. This finding provides new insights into the relationship between alcohol use and parenting practices. This suggests that alcohol users from rural areas perceive higher levels of over-control parenting from their parents compared to other groups. The study proposes that disparities in parenting styles, particularly over-control, may be more prevalent in rural areas due to factors such as less support in child-rearing. The lack of support from parents might contribute to the perception of over-control among alcohol users in rural settings. The unexpected findings were linked to the idea that it might be uniquely challenging for rural families to develop and maintain positive parenting practices. This difficulty was attributed to the lack of support systems and amenities in rural areas, as suggested by prior studies. The study implies that the lack of support systems and amenities in rural areas may impact parenting practices, leading to higher levels of over-control. This, in turn, may contribute to the perceived critical nature of parenting among alcohol users in rural areas (Brody & Flor, 1998; Evans, 2006; Conger et al., 2010). The difficulties in rural settings may contribute to variations in parenting styles, especially among individuals using alcohol. The findings suggested that enhancing support systems and providing amenities for child-rearing may contribute to more positive parenting practices and reduce the perception of over-control, especially those using alcohol.

Prior research highlighted the impact of parenting styles with a particular focus on the differences between urban and rural parenting styles. Hazardous alcohol consumption and alcohol-related problems were more widespread in rural or distant populations than in urban communities (Miller et al., 2010). Studies suggest that compared to urban parenting styles, rural parents may be more prone to adopting over-controlling which the present study also found, and overbearing, accepting emotional and physical abuse as disciplinary approaches. These findings emphasize the importance of considering cultural and contextual factors when studying

parenting styles and their influence on alcohol use. It also emphasizes the need for great approaches to understanding and addressing parenting practices in diverse settings (Rani & Singh, 2013; Bornstein et al., 2008). Existing studies also reported that rural parents with children of different ages were more likely to adopt a negative parenting style, whereas urban parents adopted a positive one (Yang et al., 2005; Yue et al., 2017).

Tables 14-17 showed **post-hoc non-parametric comparison** for all pairs on Measure of Parental Style (MOPS) using Steel-Dwass method on alcohol users from rural areas, alcohol users from urban areas, non-users from rural areas and non-users from urban areas.

The result Table 14 showed the post-hoc non-parametric comparisons for all pairs on perceived **indifference parenting styles** depicting significant mean differences for all pairs. The outcomes from the post-hoc non-parametric comparisons across various groups in indifference parenting styles revealed notable mean differences based on alcohol use (alcohol use and non- use) and ecological factors (rural vs. urban) indicating significant interaction effects. Specifically, when comparing non-users from rural areas with alcohol users from rural areas, there was a mean difference ($M = -26.986$, $p < .000^*$) indicating that non-users from rural regions exhibited significantly lower scores on perceived indifference parenting styles compared to alcohol users within the same rural context. Similarly, when comparing non-users from rural areas with alcohol users from urban areas, the mean difference ($M = -27.666$, $p < .000^*$) suggested that non-users from rural settings scored notably lower on perceived indifference parenting styles in comparison to alcohol users from urban environments. Moreover, in comparison between non-users from urban areas and alcohol users from rural areas, a mean difference ($M = -29.866$, $p < .000^*$) was observed, illustrating that non-users from urban regions displayed significantly lower scores on perceived indifference parenting styles relative to alcohol users from rural settings. Lastly, when comparing non-users from urban areas with alcohol users from urban areas, a mean difference ($M = -30.266$, $p < .000^*$) was found, indicating that non-users from urban settings exhibited notably lower scores on perceived indifference parenting styles compared to alcohol users residing in the same urban context. These findings underscore the intricate interplay between alcohol use and

ecological factors in shaping parental styles, with variations observed across different demographic groups.

The highest mean difference on indifference parenting styles was found between non-users from urban areas and alcohol users from urban areas among all the groups. This suggests that individuals who do not use alcohol and reside in urban environments exhibit significantly lower scores in perceived indifference parenting styles compared to their counterparts who consume alcohol in the same urban context. This observation implies that alcohol use within urban settings may be associated with a greater propensity towards perceived indifference in parenting styles, highlighting potential differences in parental behavior influenced by alcohol consumption within urban environments.

The significant mean differences suggest that alcohol use (alcohol use and non- use) and ecological context (rural vs. urban) are associated with variations on indifference parenting styles. This highlights the importance of considering both individual behaviors (alcohol use or non-use) and environmental factors (ecology) in understanding differences in parenting practices. The significant mean differences suggest that alcohol use is associated with higher scores on indifference parenting styles, regardless of ecological context. This indicates that alcohol users, whether residing in rural or urban areas, tend to exhibit greater levels of perceived indifference parenting from their parents compared to non-users. The findings highlight the role of ecological context in influencing perceived parenting styles. While alcohol use appears to have a significant impact on perceived indifference parenting styles, the magnitude of this impact may vary depending on whether individuals reside in rural or urban areas. In summary, the results suggest that alcohol use is associated with higher levels of perceived indifference in parenting styles, with significant differences observed across different ecological contexts. These findings emphasize the importance of considering both alcohol use and ecological factors when examining parenting practices

The results Table 15 showed the post-hoc non-parametric comparisons for all pairs on perceived **abuse parenting styles** depicted significant mean differences. The result showed that there was significant interaction effects of ‘alcohol use x ecology’ on abuse parenting styles among the sample. The significant interaction

effects of 'alcohol use x ecology' on abuse parenting styles highlight the combined influence of alcohol use and ecological context on parenting practices. This indicates that both individual behaviours (alcohol use vs. non-use) and environmental factors (rural vs. urban residence) contribute to differences in abusive parenting behaviours. The significant mean differences observed between different pairs of groups underscore the variability in abusive parenting styles based on alcohol use and ecological context. A significant mean difference between the pairs of non-users from rural areas and alcohol users from rural areas ($M = -24.733$, $p < .002^*$) suggests that non-users from rural areas tend to perceive lower levels of abusive parenting styles compared to their counterparts who consume alcohol within the same rural setting. This implies that alcohol use among individuals residing in rural areas may be associated with heightened perceptions of abusive parenting behaviors. The mean difference between non-users from urban areas and alcohol users from urban areas ($M = -38.186$, $p < .000^*$) indicates that non-users from urban areas perceive significantly lower levels of abusive parenting styles compared to alcohol users residing in urban environments. This suggests that alcohol consumption within urban settings may contribute to a heightened perception of abusive parenting practices among individuals. The substantial mean difference between non-user from rural areas and alcohol users from urban areas ($M = -41.426$, $p < .000^*$) underscores the significant disparity in perceived abusive parenting styles between non-users from rural areas and alcohol users from urban areas. This highlights the pronounced impact of alcohol use in urban settings on perceptions of abusive parenting behaviors, with individuals in urban areas who consume alcohol potentially exhibiting higher levels of perceived abusive parenting compared to non-alcohol-consuming individuals in rural areas.

The highest mean difference on abuse parenting styles was found between non-users from rural areas and alcohol users from urban areas among all the groups. The highest mean difference between non-users from rural areas and alcohol users from urban areas suggests that this particular subgroup may be at elevated risk for engaging in abusive parenting practices. The significant interaction effects of 'alcohol use x ecology' on abuse parenting styles highlight the complex

interplay between individual behaviours, environmental factors, and parenting practices.

The results Table 16 showed the post-hoc non-parametric comparisons for all pairs on perceived **over-control parenting styles** showed significant mean differences. The results showed that there was significant interaction effects of ‘alcohol use x ecology’ on perceived over-control parenting styles among the sample. A significant mean difference was observed between different pairs of groups, indicating variability on over-control parenting styles based on alcohol use and ecological context. The mean differences between non-users from rural areas and alcohol users from rural areas ($M=-26.986$, $p<.000^*$) suggests that non-users from rural areas scored significantly lower on perceived over-control parenting styles compared to alcohol users from rural areas. This implies that alcohol users from rural areas tend to exhibit higher perceived over-control parenting styles compared to non-users from the same rural setting. Non-users from rural areas scored significantly lower on perceived over-control parenting styles compared to alcohol users from urban areas ($M=-27.666$, $p<.000^*$). This finding suggests that alcohol users residing in urban areas demonstrate higher levels of perceived over-control parenting behaviours from their parents compared to non-users from rural areas. The mean difference between non-users from urban areas and alcohol users from rural areas ($M=-29.866$, $p<.000^*$) also indicates that non-users from urban areas scored significantly lower on perceived over-control parenting styles compared to alcohol users from rural areas. This implies that non-users residing in urban settings tend to exhibit lower levels of perceived over-control parenting practices from their parents compared to alcohol users from rural areas. Moreover, non-users from urban areas scored significantly lower on perceived over-control parenting styles compared to alcohol users from urban areas ($M=-30.266$, $p<.000^*$). This finding indicates that alcohol users residing in urban settings demonstrate higher levels of perceived over-control from their parents compared to non-users from the same urban environment.

The highest mean difference on over-control parenting styles was found between non-users from urban areas and alcohol users from urban areas among all the groups. The significant mean differences suggest that both alcohol use or non-use and ecological context (rural vs. urban residence) influence over-control

parenting styles. The elevated mean difference between non-users and alcohol users from urban areas suggests that alcohol use within urban settings may be particularly associated with certain parenting styles, potentially indicating heightened risk factors for maladaptive parenting practices or challenges in the parent-child relationship. The significant mean differences help identify potential risk factors for over-control parenting behaviors. For example, the findings suggest that alcohol users from urban areas may be at elevated risk for perceiving over-control parenting practices compared to non-users from rural areas. The finding underscores the importance of considering the specific ecological context, in this case, urban residence, when examining the impact of alcohol use on parenting practices. It suggests that the urban environment may play a significant role in shaping the parenting behaviors of individuals who consume alcohol, potentially due to factors such as social norms, stressors, or access to support resources.

It was also hypothesized that there will be significant interaction effects of ‘alcohol use x ecology’ on the psychological variables. Alcohol users living in urban areas were expected to show greater scores on impulsivity.

The two-way ANOVA depicted significant interaction effects of ‘alcohol use x ecology’ on attentional impulsivity, and motor impulsivity.

There was significant interaction effects of 'alcohol use x ecology' on attentional impulsivity and motor impulsivity. But contrary to our hypothesis, the results revealed that alcohol users living in rural areas depicted higher scores on attentional impulsivity and motor impulsivity. The significant interaction effects of 'alcohol use x ecology' on attentional impulsivity and motor impulsivity, particularly the unexpected finding that alcohol users residing in rural areas exhibited higher scores on these impulsivity measures, can be explained as an interplay among alcohol use and area of residence on impulsivity, shedding light on the complex relationship between these factors. Specifically, individuals who engage in alcohol consumption and reside in rural areas demonstrated heightened levels of attentional and motor impulsivity. This association suggests that the combined influence of alcohol use and rural living may exacerbate difficulties in filtering out distracting stimuli and sustaining attention on specific tasks.

The findings imply that the context in which individuals consume alcohol, such as rural environments, can impact their impulsivity levels. Individuals, who use alcohol, regardless of their geographical location, may experience impairments in cognitive functioning and impulse control, leading to higher levels of attentional impulsivity and motor impulsivity. However, the rural environment may exacerbate these effects due to factors such as limited access to mental health resources and limited knowledge, which could amplify stress and impulsive behaviors among alcohol users. Additionally, cultural norms and social dynamics in rural areas may contribute to heightened risk-taking behaviors and sensation-seeking tendencies, further exacerbating impulsivity among alcohol users. Furthermore, the absence of structured routines and recreational activities in rural settings may lead to increased boredom and impulsivity, particularly among alcohol users seeking stimulation. These findings underscore the complex interplay between individual behaviors, environmental factors, and substance use patterns in shaping impulsivity across different ecological contexts. Furthermore, the construct of disinhibition, encompassing traits like impulsivity, sensation seeking, and risk-taking propensity, has been consistently linked to problematic alcohol use. The state of drunkenness in rural areas may diminish an individual's ability to concentrate and focus, leading to impulsive, hasty, and restless behaviors. Understanding the specific factors contributing to impulsivity among alcohol users in rural areas is crucial for developing targeted prevention and intervention strategies.

Studies have shown that brain regions involved in impulse control and decision-making may vary based on environmental factors (Bickel, et al., 2012). The present study found significant differences between rural and urban areas which was inconsistent with prior study done by Singh et al. (2008) study that found no significant difference between impulsivity scores among rural and urban areas on the score using BIS II. Though several studies found a linked between alcohol use and impulsivity indicating that alcohol consumption was influenced by impulsivity and the BIS score was higher among alcohol user compared to non-alcohol users (Smaoui et al., 2017). Literature showed that higher impulsivity has been linked to alcohol consumption and previous research has consistently demonstrated the

relationship between impulsivity and alcohol consumption showing that greater impulsivity was associated with higher alcohol consumption (Adams et al., 2012).

A study by Herman and Duka (2019) highlighted the connection between impulsivity and binge drinking or alcohol misuse. The relationship was described as bidirectional, with higher impulsivity predisposing individuals to more frequent alcohol use, and acute alcohol intoxication, in turn, reducing inhibitory control resources, potentially leading to even heavier drinking episodes. This bidirectional relationship suggests a complex interplay between impulsivity and alcohol consumption. Impulsivity can influence the initiation and frequency of alcohol use, and alcohol intoxication, by affecting inhibitory control, may contribute to escalated drinking patterns. Understanding these relationships shed an important interventions and strategies aimed at addressing both impulsivity and alcohol misuse among rural areas.

However, the two-way ANOVA did not showed significant interaction effects of ‘alcohol use x ecology’ on non-planning impulsivity.

Contrary to the hypothesis, the study found no variations on non-planning impulsivity between alcohol users from rural and urban areas and non-users from rural and urban areas. This lack of difference challenges simplistic assumptions about the relationship between impulsivity and geographic location. The study acknowledges that while there may be no apparent difference on non-planning impulsivity, it does not necessarily imply that there was no difference in subsequent planning strategies and thought processes between the two groups.

The absence of variation in non-planning impulsivity suggests that certain aspects of impulsivity may be influenced by factors other than alcohol use or residential location among the sample. This indicates that different facets of impulsivity may manifest differently in urban and rural populations. The findings imply that there are complexities in understanding impulsivity beyond just alcohol use and geographic location.

The study's results highlight the importance of considering various dimensions of impulsivity in research. By recognizing that impulsivity is a multifaceted construct influenced by multiple factors, researchers can gain a more nuanced understanding of how different aspects of impulsivity may interact with

variables such as alcohol use and residential location. This nuanced approach is essential for developing comprehensive theories and interventions related to impulsivity and its implications for behavior and decision-making.

Several studies found the links between alcohol use and impulsivity indicating that alcohol consumption was influenced by impulsivity and the BIS score was higher among alcohol user compared to non-alcohol users (Smaoui et al., 2017). However, prior study did not find a significant relationship between impulsivity and alcohol use among rural and urban areas (Handley et al., 2011; Sing et al., 2008) and it is less clear how different impulsivity traits specifically non-planning, deliberation, urgency, sensation seeking are associated with different alcohol use outcomes such as alcohol use initiation, escalation, and development of alcohol use disorders (AUDs) (Shin et al., 2012). This finding emphasizes the importance of considering various characteristics when studying impulsivity and alcohol consumption. The notion was that different aspects of impulsivity may have unique pathways to alcohol-related consequences. As a result, the recommendation was made to investigate these aspects as distinct and independent constructs. This implies that within the broader concept of impulsivity, there might be specific facets or dimensions that have different relationships with alcohol consequences. It highlights the need for a prospective approach when studying the link between impulsivity and alcohol use, taking into account the complexity of both constructs.

Tables 7-10 showed post-hoc (Scheffe) test for multiple mean comparisons of alcohol users from rural areas, alcohol users from urban areas, non-users from rural areas and non-users from urban areas.

The results Table 7 showed post-hoc (Scheffe) test for multiple mean comparisons of the groups on **resilience** and results revealed significant mean differences between alcohol users from rural areas, alcohol users from urban areas, non-users from rural areas and non-users from urban areas. The results showed that there were significant interaction effects of ‘alcohol use x ecology’ on resilience among the sample. The significant mean differences observed between alcohol users and non-users from both rural and urban areas suggest variations in resilience levels among these groups. These differences indicate that alcohol use and ecological context (rural vs. urban residence) may influence individuals' resilience levels. Result

revealed significant mean differences between alcohol-users from rural areas and non-users from urban areas ($M=-14.080$, $p<.000^*$). The mean difference indicates that non-users from rural areas scored significantly lower on resilience compared to alcohol users from rural areas. This suggests that individuals who use alcohol in rural settings may exhibit higher levels of resilience than their non-using counterparts. The findings indicated a significant disparity in mean scores between alcohol users from urban and non-users from rural areas ($M=-20.627$, $p<.000^*$). Alcohol users from urban areas scored significantly lower on resilience compared to non-users from rural areas. This implies that individuals who use alcohol in urban environments may have lower resilience levels compared to those who do not use alcohol in rural settings. Results also revealed significant mean difference between non-users from rural areas and alcohol users from urban areas ($M=20.627$, $p<.000^*$). Non-users from rural areas scored significantly higher on resilience compared to alcohol users from urban areas. This suggests that individuals who do not use alcohol in rural settings may exhibit higher resilience levels than those who use alcohol in urban settings. Furthermore, the findings indicated significant mean difference between non-users from urban areas and alcohol users from urban areas ($M=20.387$, $p<.000^*$). Non-users from urban areas scored significantly higher on resilience compared to alcohol users from urban areas. This implies that individuals who do not use alcohol in urban settings may have higher resilience levels than those who use alcohol in the same urban environments.

The highest significant mean difference on resilience was found between alcohol users from urban areas and non-users from rural areas. The observation of a higher mean difference indicates that individuals who use alcohol in urban areas exhibit significantly lower resilience levels compared to non-users from rural areas. This suggests that urban environments, in combination with alcohol use, may pose unique challenges or stressors that impact individuals' resilience. The elevated mean difference underscores the potential risk factors associated with alcohol use within urban settings. It implies that individuals who consume alcohol in urban areas may face greater difficulties in coping with adversity or challenges compared to their non-using counterparts in rural areas. It suggests that environmental factors specific to urban areas may interact with alcohol use to influence individuals' resilience.

The significant mean differences identified in resilience levels between alcohol users and non-users from rural and urban areas highlight the importance of considering both alcohol use and environmental factors when examining resilience. The comparisons between alcohol users and non-users from rural and urban areas provide insights into how these factors interact to influence resilience. The observed differences in resilience levels between alcohol users and non-users suggest that alcohol use may be associated with lower resilience levels. Conversely, non-users, particularly those from urban areas, appear to demonstrate higher resilience levels. These findings point to potential risk factors associated with alcohol use and protective factors associated with non-use, particularly in urban settings.

The results Table 8 showed post-hoc (Scheffe) test for multiple mean comparisons of the groups on **attentional impulsivity** and results revealed significant mean differences between alcohol users from rural areas, alcohol users from urban areas, non-users from rural areas and non-users from urban areas. The results showed that there were significant interaction effects of ‘alcohol use x ecology’ on attentional impulsivity among the sample. Results revealed significant mean differences between alcohol users from rural areas and non-users from rural areas ($M=3.773$, $p<.000^*$). The significant mean difference indicates that alcohol users from rural areas exhibit higher levels of attentional impulsivity compared to non-users from the same rural setting. This suggests that alcohol consumption among individuals in rural areas may be associated with increased levels of attentional impulsivity. The substantial mean difference between alcohol users from urban areas and non-users from rural areas ($M=3.467$, $p<.000^*$) suggests that alcohol users from urban areas also display elevated levels of attentional impulsivity compared to non-users from rural areas. This implies that alcohol use within urban settings may similarly contribute to heightened levels of attentional impulsivity among individuals. The significant mean difference between non-users from rural areas and alcohol users from rural areas ($M=-3.773$, $p<.000^*$) underscores the contrast in attentional impulsivity between non-users from rural areas and alcohol users from rural areas. This indicates that individuals who do not consume alcohol in rural areas exhibit lower levels of attentional impulsivity compared to their alcohol-consuming counterparts. The mean difference between non-users from urban areas and non-

users from rural areas ($M=2.213$, $p<.000^*$) suggests that non-users from urban areas also display higher levels of attentional impulsivity compared to non-users from rural areas. This indicates that ecological factors, such as urban living, may contribute to increased attentional impulsivity irrespective of alcohol consumption.

The highest significant mean difference on attentional impulsivity was found between alcohol users from rural areas and non-users from rural areas.

This suggests that alcohol consumption among individuals in rural areas may be associated with increased levels of attentional impulsivity. It also indicates that individuals who do not consume alcohol in rural areas exhibit lower levels of attentional impulsivity compared to their alcohol-consuming counterparts.

The results Table 9 showed post-hoc (Scheffe) test for multiple mean comparisons of the groups on **motor impulsivity** and results revealed significant mean differences between alcohol users from rural areas, alcohol user from urban areas, non-users from rural areas and non-users from urban areas. The results showed that there were significant interaction effects of 'alcohol use x ecology' on motor impulsivity among the sample. Alcohol users from rural areas displayed a significantly higher mean motor impulsivity score compared to non-users from the same rural areas ($M=5.147$, $p<.000^*$). This suggests that alcohol consumption within rural settings is associated with elevated motor impulsivity levels. Similarly, alcohol users from urban areas exhibited a significantly higher mean motor impulsivity score compared to non-users from rural areas ($M=4.947$, $p<.000^*$). This indicates that regardless of the ecological context, alcohol users tend to demonstrate higher levels of motor impulsivity. Conversely, non-users from rural areas displayed a significantly lower mean motor impulsivity score compared to alcohol users from the same rural areas ($M=-5.147$, $p<.000^*$). This suggests that the absence of alcohol consumption in rural settings is associated with lower motor impulsivity levels. Non-users from urban areas also showed a significantly lower mean motor impulsivity score compared to non-users from rural areas ($M=2.827$, $p<.000^*$). This indicates that regardless of alcohol use, individuals from urban areas tend to exhibit lower motor impulsivity levels compared to their rural counterparts. The findings of the significant interaction effects of 'alcohol use x ecology' on motor impulsivity

suggests that both alcohol consumption and ecological factors play a combined role in influencing motor impulsivity levels.

The highest significant mean difference on motor impulsivity was found between alcohol users from rural areas and non-users from rural areas. This finding suggests that the most notable distinction in motor impulsivity levels was observed between individuals who consume alcohol in rural areas and those who do not. Specifically, alcohol users from rural regions exhibited substantially higher levels of motor impulsivity compared to non-users from the same rural areas. This implies that alcohol consumption within rural settings may be particularly influential in elevating motor impulsivity tendencies. This distinction underscores the significance of considering both alcohol use and ecological context when examining motor impulsivity levels, highlighting the specific impact of alcohol consumption within rural environments.

The results Table 10 showed post-hoc (Scheffe) test for multiple mean comparisons of the groups on **non-planning impulsivity** and results revealed no significant mean differences among the groups of alcohol users from rural areas, alcohol users from urban areas, non-users from rural areas and non-users from urban areas. This may imply that regardless of alcohol use or the ecological context (rural or urban), individuals did not show significant variations in non-planning impulsivity. This suggests that non-planning impulsivity may not be strongly influenced by alcohol use or the rural-urban divide in the studied population. It underscores the importance of considering multiple factors beyond alcohol use and ecological context when examining impulsivity traits, indicating that non-planning impulsivity might be influenced by other variables not captured in this study.

A stepwise regression analysis was employed for the predictability of alcohol use from the psychological variables of resilience and impulsivity.

The findings of the present study partially proved/support the hypothesis 5 (H₅) - there will be significant predictability of 'alcohol use' from resilience.

As hypothesized, the stepwise regression model with resilience as predictor and alcohol use as the criterion emerged to be statistically significant. The regression analysis indicates that resilience can play a significant role in alcohol use. The study

suggests that among Mizo adults, there was potential association between alcohol use and the level of resilience. The results showed that the utility of the predictive model was significant. The predictor explains a large amount of variance between the variables. The results showed that resilience was significant positive predictors of alcohol use. This indicates that resilience plays a pivotal role in predicting alcohol use behaviors among individuals. Resilience which refers to an individual's capacity to adapt, recovers, and thrive in the face of adversity or stress can significantly influence their likelihood of engaging in alcohol use or not. An explanation to this can be because individuals with high levels of resilience are more adept at employing adaptive coping mechanisms when confronted with stressors or negative emotions. They possess strong problem-solving skills, a sense of self-efficacy, and optimism, enabling them to navigate challenging situations without resorting to maladaptive behaviors like excessive alcohol consumption. Their ability to effectively manage stress and adversity reduces the need to turn to alcohol as a coping strategy.

Conversely, individuals with lower levels of resilience may be more susceptible to the detrimental impacts of stress and may turn to alcohol as a means of alleviating distress or emotional discomfort. Alcohol use can offer temporary relief from negative emotions, leading to a cycle of dependence and reliance on alcohol as a coping mechanism. In this context, resilience acts as a protective factor that shields against the risk of problematic alcohol use.

Moreover, resilient individuals are more inclined to prioritize their long-term well-being and resist engaging in risky behaviors such as excessive drinking. Resilience serves as a critical determinant in predicting alcohol use behaviors by shaping how individuals respond to stress, adversity, and emotional challenges. By enhancing resilience through interventions such as stress management strategies, social support systems, and cognitive-behavioral therapies, individuals can cultivate the skills and resources necessary to resist the allure of alcohol as a coping mechanism and uphold healthier behavioral patterns.

Evidence suggests that greater resilience predicted the probability of low alcohol use disorders (Elton et al. 2021). Sanchez et al. (2021) also found that greater resilience predicted fewer drinking motives, lower alcohol consumption, and reduced the negative impact of drinking motives on alcohol use. A study done by Arredondo

et al. (2017) showed that regression models indicated that the higher the characteristics of resilience were the lower the probability of alcohol consumption.

Wong et al. (2006) reported that children with greater levels of resilience were less likely to continue consuming alcohol. People, who were better at describing depressive feelings, which was a sign of resilience, were found to drink less alcohol (Kashdan et al., 2010). People with poor resiliency were more likely to use ineffective coping mechanisms, such as medications or alcohol, to deal with stressors (Block, 2002; Grotberg, 1995).

It was also hypothesized that there will be significant predictability of ‘alcohol use’ from impulsivity.

As hypothesized, the psychological variables of attentional impulsivity, motor impulsivity and non- planning impulsivity were used as predictors and alcohol use as a criterion. The regression analysis indicates that attentional impulsivity and motor impulsivity can play a significant role in alcohol use. However, no significant prediction was found on the subscale of non-planning impulsivity.

As hypothesized, the results showed that the utility of the predictive model was significant. The predictors explain a large amount of variance between the variables. The results showed that attentional impulsivity and motor impulsivity were significant positive predictors of alcohol use. Specifically, a higher level of impulsivity was associated with higher levels of alcohol use. This finding underscores the potential role of attentional impulsivity and motor impulsivity in engaging problematic alcohol consumption. This finding suggests that impulsivity can serve as a significant predictor of alcohol use and that may be explained by its influence on decision-making processes and self-control mechanisms. Individuals with higher levels of impulsivity may be more prone to engaging in risky behaviors, such as excessive alcohol consumption, without fully considering the consequences. This lack of inhibitory control can lead to impulsive actions, including alcohol use, as a means of seeking immediate gratification or coping with stressors (Lejuez et al., 2010).

Moreover, prior study showed that impulsivity is often associated with personality traits of sensation-seeking behavior, where individuals seek out novel and stimulating experiences, including alcohol consumption, to fulfil their desire for

excitement and arousal. This sensation-seeking trait can drive individuals to engage in alcohol use as a way to enhance their mood or social interactions, especially in social settings where alcohol is readily available (Cyder & Smith, 2008).

Additionally, individuals with high impulsivity levels may struggle with regulating their emotions and managing stress effectively. Alcohol use may serve as a maladaptive coping mechanism to alleviate negative emotions or distress, leading to a cycle of impulsive drinking behavior as a means of temporary relief from emotional discomfort (Sher & Trull, 1994).

The findings shows that impulsivity can predict alcohol use as it influences decision-making, self-control, sensation-seeking behavior, and coping mechanisms. Understanding the interplay between impulsivity and alcohol consumption is crucial for developing targeted interventions and prevention strategies to address impulsive drinking behaviors.

Supported research found that impulsivity was significant predictor of substance use, including both alcohol consumption and alcohol-related problems (Hamdan-Mansour et al., 2018). Substance users were considered to be very impulsive, and their BIS-11 scores reflect this. Early-onset alcoholics do better on the BIS-11 than late-onset alcoholics, who are believed to be less severe (Dom et al., 2006a). Impulsivity was a variable of interest because people with lower levels of self-control may be predisposed to developing substance use disorders (APA, 2013).

Impulsivity has also been linked to substance abuse and relapse. The role of impulsivity has received increased attention from both clinicians and drug abuse researchers. Impulsivity has been shown to be a critical component in the initial experimentation and maintenance of substance use. People with substance abuse disorder have been shown to have higher impulsivity characteristics than non-abusers, and the presence of impulsivity often has a negative effect on treatment outcome. It has also been shown that children and adolescents who have the greatest substance abuse later in life also have increased impulsivity. Frequently abused drugs have the potential to actually increase impulsivity.

Studies on impulsivity and substance abuse suggest that impulsivity was not only a risk factor but also a result of substance abuse (Moeller & Dougherty, 2002). Smaoui et al. (2017) investigate the links between alcohol use and impulsivity

indicating that alcohol consumption was influenced by impulsivity (attentional impulsivity, motor impulsivity and non-planning impulsivity) and the BIS score was higher among alcoholic participants compared to non-alcoholic participants.

Flaudias et al. (2019) found that a dimension of impulsivity (sensation seeking and lack of premeditation) was strong predictors of current alcohol consumption among college students. Past research has found that impulsivity was predictive of substance use significantly correlated with binge drinking (Kazemi et al., 2011), predictive of alcohol intoxication frequency (O'Halloran et al., 2018), predictive of both alcohol consumption and alcohol-related problems (Dunne et al., 2013), and predictive of AUDIT total score and problem drinking as indicated by a cut off score on the AUDIT (Murphy & Garavan, 2011).

Contrary to the hypothesis, the results did not showed significant prediction of alcohol use from non-planning impulsivity. The results indicated that non-planning impulsivity did not significantly predict alcohol use. This suggests that the relationship between impulsivity and alcohol use may be complex and context-dependent. The study emphasizes the importance of using a developmental context to understand the impulsivity-alcohol use relationship. Personality, including impulsivity, has traditionally been viewed as a stable characteristic, but longitudinal research suggests significant changes across the life course. The mention of developmentally related decline in impulsivity as individuals mature suggests that changes in impulsivity over time may play a role in the relationship with alcohol use. This aligns with research indicating that drinking problems tend to decrease with maturity (Littlefield, et al., 2009). The acknowledgment that personality was not static and can change across the life course adds to the understanding of the complex interplay between impulsivity and alcohol use. This dynamic nature of personality may contribute to fluctuations in the strength of their relationship.

Current Scenario and Burden of Alcohol Use in Mizoram

The present situation regarding alcohol use in Mizoram and its associated challenges are reflected in the available data, which are primarily based on officially reported cases by hospitals and the Excise and Narcotics Department. However, it's crucial to acknowledge that these figures may not capture the full extent of alcohol-related issues, as there could be instances that haven't been reported. Despite this limitation, efforts have been made to compile the existing data with the aim of raising awareness among policymakers and healthcare professionals about the importance of addressing underreporting. By doing so, interventions can be tailored more effectively. Moreover, this underscores the need for further exploration into the true scale of alcohol-related harm across various aspects of life in Mizoram, facilitating the development of targeted strategies to mitigate its impact. Figure 5 showed the overall number of alcohol-related hospital admissions across all hospitals in 2014 was 316, 1118 in 2015, 1345 in 2016, 1282 in 2017, 1231 in 2018, 1353 in 2019, 897 in 2020, and 1037 in 2021 and 554 in 2022 (figure 5)

Figure 6 showed Alcohol related death record on a yearly basis was also compiled separately. Total death records in 2014 was 40, 63 in 2015, 105 in 2016, 109 in 2017, 84 in 2018, 69 in 2019, 62 in 2020, 88 in 2021 and 53 in 2022 (figure 6). All the hospitals have well documented records only for the past 3 years, and some hospitals changed their system from manual to computer-based, many files were damaged or lost and were unfortunately not possible to be recovered, which resulted in a decline in the total records.

Figure 7 showed the total number of alcohol related death in the year 2019 was 424, 388 in 2020, 402 in 2021, and 299 in 2022 (till June) (2019-2022 Total Death=1513) which could be seen in figure 7. Total number of people arrested under the MLP Act, 2019 was 2345, and the total number of cases recorded under the MLP Act, 2019 was 2752 (Mizoram Excise & Narcotics Department, 2021).

Figure 8 showed the records of the Mizoram Excise and Narcotics Department, total number of cases registered in the year 2019 was 2970, 1923 in 2020, 2950 in 2021, and 2636 in 2022 (till June) (2019-2022 Total Cases=10479) of year wise alcohol related cases registered could be seen in figure 8.

Figure 9 showed the total number of cases registered for District wise in the year 2019 was 1690 (Aizawl), 202 (Lunglei), 151 (Siaha), 237 (Champhai), 254 (Serchhip), 244 (Kolasib) and 192 (Mamit) (2019 Total District Wise=2970). In the year 2020: 635 (Aizawl), 403 (Lunglei), 58 (Siaha), 181 (Champhai), 250 (Serchhip), 121 (Kolasib) and 275 (Mamit) (2020 Total District Wise=1923). In the year 2021: 948 (Aizawl), 338 (Lunglei), 82 (Siaha), 219 (Champhai), 275 (Serchhip), 850 (Kolasib) and 238 (Mamit) (2021 Total District Wise=2950). In the year 2022 (till June): 899 (Aizawl), 248 (Lunglei), 81 (Siaha), 208 (Champhai), 122 (Serchhip), 903 (Kolasib) and 175 (Mamit) (2022 Total District Wise=2636) which could be seen in figure 9.

In summary, in 2014, there were 316 alcohol-related hospital admissions, which increased to 1118 in 2015, peaked at 1353 in 2019, and decreased to 554 in 2022. Similarly, alcohol-related deaths varied from 40 in 2014 to 109 in 2017, with a decline to 53 in 2022. From 2019 to 2022 (till June), total alcohol-related deaths decreased from 424 to 299. Additionally, under the MLP Act, 2019, 2345 people were arrested, and 2752 cases were recorded. The Mizoram Excise and Narcotics Department registered 2970 alcohol-related cases in 2019, which decreased to 2636 in 2022 (till June). District-wise, Aizawl consistently had the highest number of cases each year, followed by varying numbers across other districts, with fluctuations observed in each year's data.

CHAPTER VI
SUMMARY AND CONCLUSION

The study revealed the results of ‘alcohol use and ecology’ on the behavioral measures of resilience, measure of parental style with a subscale of indifference, abuse and over-control and Barratt impulsiveness scale with a subscale of attentional impulsivity, motor impulsivity and non-planning impulsivity.

The results revealed that non-user from rural areas depicted the highest mean score on resilience than other groups. Alcohol user from rural areas depicted the highest mean scores on the subscales of over-control parenting styles, attentional impulsivity and motor impulsivity than other groups. Alcohol user from urban areas depicted the highest mean scores on the subscales of indifference parenting styles and abuse parenting styles than other groups.

The present finding has been supported by a related study which showed higher resilience was found among non-users than alcohol users (Yamashita & Shin-ichi, 2016). Another study also revealed that presence of resilience lessens the impact of tension and reduces the risk of alcohol dependence. Resilience was also found to play an important role in relapse prevention of alcohol dependent person (Wang & Chen, 2015). Studies done by Asnaani et al. (2015) have also shown that resilience plays a protective role against substance abuse. Substance abuse groups showed that there was significant negative relationship between resilience and a tendency to alcohol use, as they score lower in resilience (Hosseinni-Almadani et al., 2012).

From the present findings, alcohol users from urban areas reported highest score in parental indifference and abuse while alcohol users from rural areas reported highest score in parental over control. The study highlighted the bidirectional nature of the parent-child relationship, emphasizing the mutual influence and interaction between parents and children in shaping behaviors and outcomes. Findings have also been confirmed by Han et al., (2023) that found rural parents tended to adopt over-controlling parenting styles than urban parents. Another related study also supported the findings that negative parental style was substantially linked to alcohol consumptions (Kassel et al., 2007). Bernstein et al., (2007) found that people living in urban areas were more likely to report heavy drinking. Community disorder, as characterized by population density, crime, and so on, was found to be positively linked with alcohol consumption in adolescents and adults (Bryden et al., 2013). A study done by Veneziani et al. (2022) found the significance of a developing

environment marked by neglect, abuse, and over-control as a risk factor for both substance abuse and behavioral difficulties in adulthood (Capusan et al., 2021).

Alcohol users from rural areas reported highest score in attentional impulsivity and motor impulsivity. The study revealed that the combined influence may exacerbate difficulties in concentration and sustaining attention on specific tasks highlighting the importance of considering environmental, individual, and behavioral factors in understanding the effects of alcohol on cognitive functions and behavioral control. A related study supported the present results that found alcohol consumption increases impulsivity in alcohol users (Sanchez-Roige et al., 2016). Smaoui et al. (2017) investigate the links between alcohol use and impulsivity indicating that alcohol consumption was influenced by impulsivity and the BIS score was higher among alcoholic participants compared to non-alcoholic participants.

There was significant positive and negative correlation between the psychological variables among the sample. Similar findings revealed that resilience was strongly associated with a reduction in risk for alcohol use disorder. This relationship appears to be the result of environmental influences which can include parenting styles that impact resilience and risk of alcohol use disorder, rather than a directly causal relationship (Long et al., 2017). The lack of resilience can also lead to impulsiveness, poor response control, and internal difficulties. Low behavioral control has been associated with a multitude of impulsive behaviors, including alcohol use, tobacco use, and sexual immaturity (Romer et al., 1999). Sonam et al. (2019) discovered that more dysfunctional parenting styles were linked with increased distress and problematic alcohol use across all three parenting style subscales. Alcohol use has also been connected to impulsivity, and research has repeatedly proven the association between impulsivity and alcohol consumption, revealing that higher impulsivity was associated with higher alcohol intake (Evren & Dalbudak, 2009).

Significant predictions of alcohol use from the behavioral measures of resilience and impulsivity have been found. Findings have been supported by Sanchez et al. (2021) that found greater resilience predicted fewer drinking motives, lower alcohol consumption, and reduced the negative impact of drinking motives on alcohol use. Arredondo et al. (2017) indicated that the higher the characteristics of

resilience were the lower the probability of alcohol consumption. Research has also found that impulsivity was a significant predictor of substance use, including both alcohol consumption and alcohol-related problems (Hamdan-Mansour et al., 2018).

Several reviews have clearly stated that resilience has the greatest impact during the developing stages, and the present results also showed non-users having higher resilience compared to alcohol users. The effort of increasing resilience, especially with mental and/or substance use problems, prevents more serious challenges while, at the same time, encouraging overall health. Resilience is particularly essential throughout the process of recovery, when life skills and other resources may be acquired to deal with additional challenges in the future. The interaction of risk and protective factors plays a major role in the development, enhancement, and activation of resilience. Resilience is built through a combination of factors, including genetic predisposition, life experiences, and intentional effort. While some people may be naturally more resilient than others, research has shown that resilience can be developed and strengthened over time. Protective factors in the social environment, such as supportive relationships with parents, caregivers, teachers, and other adults in the community, can play a crucial role in building resilience. These relationships can provide emotional support, guidance, and opportunities for positive experiences and skill development. Additionally, research has shown that early and ongoing experiences of positive social support can have long-term effects on resilience and well-being. Therefore, building and nurturing supportive relationships can be a key ingredient in building resilience. Furthermore, resilience may also be improved by providing resilience-related training programs and promoting training might also be provided in schools, colleges, and workplaces. Aiding in the development of this particular trait may be incredibly beneficial and the more we practice the better we will become resilience. Berk (2017) also defines the individual, the family, and society as domains of an individual's life that promote resilience.

By building trust, displaying support, and being available to the children, parents can give some protection from other influences and pressures to engage in excessive drinking. Lack of parental involvement, on the other hand, has been related to behavioral difficulties. Abar (2012) studied the influence of parenting styles and

discovered that the quality of parenting styles and parent-teen connections are likely the most important factors in lowering the likelihood of alcohol consumption. Therefore, programs aimed at educating and training mothers and fathers on the importance of consistent application of promoting positive parenting styles, supervision and monitoring of their children's activities, quality communication, and upright teaching can be a promising path toward reducing alcohol use. Malakar and Mullick (2018) stated that parenting styles have a significant psychological impact on children's personalities and behavior patterns not only during their childhood and adolescence, but also during adulthood. Barnes et al. (2000) also revealed that parenting styles have a bigger impact on adolescent drinking than parental alcoholism. One possible reason was that the parental effect on adolescent conducts through parenting style is stronger than any specific parental behavior (Zuquette et al., 2019)

The influence of impulsivity in the development of alcohol consumption, and escalation of drinking to alcohol dependence has increasingly been recognized. The developmental path of the relationship between parenting styles and impulsivity is crucial for developing intervention strategies for impulsivity linked to parenting styles. Impulsivity can show as a variety of behaviours or personality traits, including poor attentional, motor, and planning abilities, as well as a tendency for impulsive acts, particularly in the face of negative emotions (Moeller et al., 2001). Adams et al. (2012) also found an association between substance use and impulsivity traits linked to a tendency to act without thinking and a lack of forethought and deliberation. As a result, possible interventions to reduce impulsivity could be evaluated as a means to reduce risk for AUD and alcohol-related consequences among more impulsive individuals, such as promoting mindfulness training or a personality-targeted cognitive-behavioral approach, which involves modifying traditional cognitive-behavioral therapy (CBT) strategies to target individual differences in trait impulsivity. The Preventive Programmed employs the CBT framework to assist high-risk groups in understanding how individual differences in trait impulsivity and response inhibition impact behavioral and emotional control and decision making. Cognitive behavioral therapies are being developed to assist impulsiveness in

becoming better 'stoppers' by assisting them in identifying high-risk circumstances that precede an impulsive action (Vassileva & Conrod, 2019).

The current findings may suggest potential strategies for reducing the prevalence of alcohol misuse at the individual, community, and/or policy levels by taking into account psychological variables of resiliency, which may be an effective way to encourage adaptive behaviour toward substance use. Research has shown that parenting styles can have a significant impact on the development of children's personality traits, including impulsivity. It clearly highlighted the need to design and implement certain intervention measures in an effort to curb the psychological variables that contribute to the influence of alcoholism. The current study's findings could be used to further target at-risk groups or to fully comprehend intervention and prevention strategies by increasing policymakers' capacity to make changes for the better and improve public health strategies to reduce the burden of alcohol-related health costs, as alcohol taxation and law enforcement may not generally be effective at reducing alcohol availability and drinking-related problems across communities. It is also critical to consider storing and maintaining records linked to alcohol use in order to get the actual picture of the situation. Though not specifically addressed, it is of the utmost importance to consider whether the availability of treatment services matches the needs of the people, as differences in the types of services offered may also influence access to treatment services and raise awareness of the harmful or misuse of alcohol among younger generations. To ensure that young people have the information and skills necessary to make healthy choices. Many non-governmental organizations (NGOs) and government departments have carried out appropriate awareness, training, and outreach activities in various parts of the states. Generally, pharmacological and detoxification are the initial form of treatment, followed by individual counseling once a week or more, and group discussions were held to motivate themselves with specific topics that would help each person on assertiveness, relapse prevention, cognitive behavioral therapy, and so on with health care professionals. After the hospital/care center treatment was completed, a home visit was made and a talk with the family was held to underline the need of not just improving understanding of alcohol-related hazards, but also increasing motivation to drink sensibly and developing the essential skills. Motivation is essential to resist

temptation, expectation, or pressure to drink. The findings are expected to provide valuable insights for preventing and treating alcohol-related issues.

The present study also developed an interest to investigate the current status and effects of alcohol use in Mizoram and gathered data from different hospitals such as Civil Hospital, Synod Hospital, Aizawl Hospital, LRM Hospital, Nazareth Hospital, Bethesda Hospital, Seven Day Hospital, and Greenwood Hospital. Furthermore, the researchers visited the Excise and Narcotics Department to obtain information on alcohol-related cases and deaths in various districts of Mizoram. However, the data collected had some limitations, and it was widely agreed that there were more alcohol-related hospitalizations and deaths than recorded. The limitations were attributed to the shift from manual paper-based to computerized record-keeping systems, which caused significant data loss. Some hospitals even experienced system failures, resulting in further reductions in the number of records available. Additionally, most hospitals only kept information for the past three years and limited the number of documents collected, which may not provide a comprehensive picture of alcohol consumption in Mizoram. Despite these shortcomings, the available data were included to emphasize the importance of proper record-keeping. However, to better understand the current condition and burden of alcohol consumption in Mizoram, more accurate and adequate documentation is necessary. Upon observation of record-keeping practices in different hospitals, it was found that the process was mostly similar except for Synod Hospital, which categorizes patients at the time of admission in an efficient and organized manner. This approach allows for clear and convenient record-keeping. If all hospitals adopted this method, it could potentially provide a more accurate representation of alcohol usage in the state by increasing the number of hospital admissions and death records. All of the reports gathered were from 2014 to 2022. (Till July 2022). Figure 5 depicted the overall number of alcohol-related hospital admissions across all hospitals. Figure 6 depicted the overall number of alcohol-related hospital fatalities. According to Mizoram Excise and Narcotics Department (2021) data, the total number of alcohol-related deaths documented was 1513, as shown in Figure 7. Figure 8 showed the overall number of alcohol-related cases recorded, whereas Figure 9 showed the total number of alcohol-related cases registered by the district.

Implications of the study

The findings of the present study have important implications for understanding the role of resilience, perceived parenting styles, and impulsivity among alcohol users and non-users from rural and urban areas.

The study's findings indicate that individuals who do not use alcohol, regardless of their residential setting, tend to exhibit higher levels of resilience and lower levels of negative parenting styles and impulsivity compared to those who consume alcohol. This suggests that resilience, negative parenting and impulsivity play crucial roles in shaping an individual's behavior and environment. The results underscore the significant impact of psychological variables on alcohol use, highlighting those alcohol users, both in rural and urban areas; demonstrate higher levels of negative parenting styles and impulsivity. This indicates a clear association between these psychological factors and alcohol consumption, emphasizing the need to address these factors in interventions aimed at reducing alcohol misuse. The study's findings also shed light on the complex interplay between resilience, parenting styles, impulsivity, and alcohol use in both rural and urban contexts. The implications of these results suggest the need for targeted interventions that focus on enhancing resilience, promoting positive parenting, and addressing impulsivity to effectively address alcohol-related issues and improve overall well-being.

Firstly, the study suggests that building resilience skills can be a valuable strategy for reducing the risk of alcohol misuse. Resilient individuals may be better equipped to cope with stress and negative emotions without relying on alcohol as a coping mechanism. By enhancing resilience and creating a supportive and nurturing environment through positive parenting, individuals may develop better behavioral control and a more positive outlook, potentially reducing the likelihood of engaging in harmful behaviors and limits impulsive decision making such as consuming alcohol use and misuse. The study also emphasizes the importance of fostering resilience and promoting positive parenting practices to mitigate the risk of alcohol use and impulsivity. Interventions that focus on building resilience skills, such as life skills training during childhood and adolescent period, or cognitive-behavioral therapy or mindfulness-based approaches, for both alcohol users and non-users may be helpful. At the community level, promoting a supportive and connected

environment can foster resiliency and reduce the risk of alcohol misuse. Finally, at the policy level, initiatives that reduce stressors such as poverty and inequality can also promote resiliency and decrease the prevalence of alcohol misuse.

Secondly, the study highlights the important role of parenting practices in shaping attitudes towards alcohol use. Positive parenting practices, such as setting clear rules and boundaries and fostering a supportive family environment can help encourage adaptive behaviors towards substance use and reduce the risk of alcohol misuse. Parenting practices can play an important role in shaping children's attitudes towards alcohol and substance use, and can have long-lasting effects on their behavior in adulthood. The present study has also shown that positive parenting promotes resilience and negative parenting methods, in particular, have been shown in studies to raise the likelihood of impulsivity and other psychological problems. Parents who are neglectful or overly permissive may unintentionally encourage their children to turn to alcohol use. Interventions that focus on promoting positive parenting practices may be particularly helpful for non-users who are at risk of developing alcohol misuse. Moreover, supportive and positive parenting may also aid in the cessation of substance use and prevent relapse. At the community level, programs that focus on promoting positive parenting practices and providing support for families can be effective in reducing the prevalence of alcohol misuse. Utilizing churches and NGOs like the Young Mizo Association (YMA) for organizing programs focused on promoting positive parenting practices and supporting families. This can include educational workshops, support groups, and awareness campaigns within the community. For raising awareness educational institutions can also be engaged among students and parents. Parent-teacher meetings can serve as a platform to disseminate information and resources about alcohol misuse prevention and positive parenting practices. By combining efforts at both the community and policy levels, it's possible to create a comprehensive approach to addressing alcohol misuse and promoting positive parenting practices. These strategies not only focus on prevention but also support families in maintaining healthy and supportive environments, which are essential for overall well-being. At the policy level, initiatives that promote family-friendly policies, such as paid parental leave and

flexible work arrangement, have also been found to support positive parenting practices and reduce the risk of alcohol misuse.

Finally, the study suggests that impulsivity is a risk factor for alcohol misuse. Individuals who struggle with impulsivity may be more prone to engaging in risky behaviors, such as excessive drinking. The study highlights the importance of a positive environment during childhood development. A nurturing and supportive environment can significantly impact later life outcomes. Parents play a crucial role in creating such an environment, emphasizing mutual understanding and interaction with their children. Addressing impulsivity and creating positive environments during childhood development are essential in mitigating the risk of alcohol misuse and fostering well-adjusted individuals. Interventions such as CBT and mindfulness-based Cognitive-behavioral therapy (CBT) and mindfulness-based approaches are suggested interventions for individuals struggling with impulse control as these approaches offer potential paths for supporting individuals in developing impulse control skills. These interventions can be beneficial for both alcohol users and non-users, helping individuals learn to manage their impulses effectively.

A multifaceted approach can be a valuable strategy for decreasing the prevalence of alcohol misuse at individual, community, and policy levels. By creating a supportive environment that encourages healthy decision-making and reduces the risk of alcohol-related harm, it may be possible to promote a culture of responsible alcohol use. Overall, it's important to address alcohol misuse from multiple angles, and taking psychological factors like resilience, parenting styles, and impulsivity into account can be a valuable addition to any prevention strategy. At the individual level, interventions that target psychological factors such as resiliency and impulsivity can be helpful, while at the community level, programs that focus on promoting a supportive and connected environment can be effective. Non-governmental organizations (NGOs) like the church and the young mizo association etc. in the context of Mizoram and government agencies may perform more awareness, training, and outreach initiatives both at individual and community level to assist young people in making healthy choices and to increase knowledge of the consequences of alcohol misuse. At the policy level, initiatives that reduce stressors and improve access to resources can also be helpful in reducing the prevalence of

alcohol misuse. By addressing these psychological factors and taking a multifaceted approach, it may be possible to create a more comprehensive and effective strategy for reducing alcohol misuse and promoting responsible alcohol use. These findings can also be used to target at-risk groups and encourage policy changes to improve public health efforts and minimize alcohol-related health expenses. Furthermore, the present research clearly demonstrated the need of keeping accurate records of alcohol consumption and ensuring that treatment options are available and accessible to individuals in need. Proper records and accurate data are critical for understanding the actual scenario and the burden of alcohol misuse. Moreover, it is important for identifying risk and for implementing effective interventions.

Limitations

All possible care and precautions have been observed to make the most adequate statistical analysis and do the most representative selection of the sample through randomization. Still, the present study is not free from limitations. Firstly, the measurements were self-reported, which can create the possibility of response bias since individuals may give answers that are socially acceptable or find it difficult to evaluate their actions. Secondly, the study only used negative parenting styles, which may not fully capture the parenting dynamics within the study population. Adding positive parenting scales could provide a more comprehensive understanding of effective parenting styles among the samples. Therefore, including measures of positive parenting styles alongside negative ones can provide a more balanced view of parenting styles and their effects on child development. Thirdly, despite the low reliability ($\alpha = .534$) of the attentional impulsivity subscale, it was still utilized in this study due to its theoretical relevance and the limited availability of alternatives for measuring this construct. Acknowledging its limitations, it provides a basis for future refinement and improvement, allowing for incremental advancements in the assessment of attentional impulsivity. Fourthly, one of the primary challenges faced by the present study is the limited existing literature on rural and urban comparisons of the chosen psychological variables. Furthermore, while the study found significant differences in the interaction effects of 'alcohol x ecology', it was challenging to find supported literature on this topic as well. This

scarcity of prior research makes it difficult to build upon existing knowledge or theoretical frameworks and draw conclusions with supported findings. Fourthly, in this study, the term "alcohol use/misuse" was utilized to refer to individuals who consume alcohol. While this term is commonly used in research to encompass a broad spectrum of alcohol consumption, including moderate use, heavy use, and alcohol dependence, employing a more technical terminology such as alcohol abuse, alcohol dependence syndrome or alcoholism could have provided a more specific characterization of the participants' alcohol-related behaviors. This limitation suggests that future studies may benefit from employing more precise language to describe the alcohol use patterns under investigation, thereby enhancing the clarity and specificity of the research findings. Moreover, the current study's limitations were also linked to the record-keeping procedures related to alcohol use in Mizoram, which caused considerable data loss and may not offer a full picture of alcohol use in Mizoram. This clearly emphasizes the significance of maintaining accurate records in order to better understand the present state and burden of alcohol consumption in Mizoram. As a result, more precise and appropriate documentation needs to be provided. Addressing these limitations in future research can contribute to a more comprehensive and better understanding of the relationships between resilience, parenting styles, and impulsivity on alcohol use.

Suggestions

Future research should focus on the many psychological facets of the behavioral measures that may be used to examine alcohol use in greater depth. Although the present result may support prior studies, the most important impact may be that they raise a variety of intriguing questions for future studies. Therefore, if techniques like longitudinal designs were applied to more thoroughly demonstrate the accuracy of resilience, parenting styles, and impulsivity towards problematic alcohol use, the current study would be strengthened. To obtain a deeper understanding, an alternative strategy based on a mixed approach combining qualitative and quantitative research might be employed. Furthermore, in terms of future research, it would be useful to extend the current findings by examining studies that go beyond self-reported measures, such as focus groups, interviews,

experimental tasks, cognitive tasks, or computer-based assessments. All these assessments might be worthwhile because alcohol abuse and misuse can impair cognitive development and create problems for individuals, families, and society at large, further study is still necessary.

APPENDICES

APPENDIX – I
CONSENT FORM (ENGLISH VERSION)

**Title of Research: Resilience, Perceived Parenting Styles and Impulsivity among
Alcohol Users and Non-Users**

The research study has been described to me in language that I understand and I freely and voluntarily agree to participate. My questions about the study have been answered. I understand that my identity will not be disclosed and that I may withdraw from the study without giving a reason at any time and this will not negatively affect me in any way.

Participant's signature

Researcher's Name: Nuhliri Chhangte

Supervisor: Dr. C. Lalfakzuali

Mizoram University

Phone No.: 8794647848

Email: nuhliri004@gmail.com

APPENDIX – II

CONSENT FORM (MIZO VERSION)

Title of Research: Resilience, Perceived Parenting Styles and Impulsivity among Alcohol Users and Non-Users

He research a zawhna te hi ka hrethiam in keima duhthlanna ngei a tel ka ni a, in tih luihna hmanga in chhan tir na engmah a awm lo a ni. Zawhna ka neihte pawh chhanna pek ka ni. Ka chhanna te hi thup vek niin research atan chauh a hman a ni dawn tih ka hria a, ka duh huna in hnuk dawk turin zalenna ka nei bawk a ni.

Participant's signature

Researcher's Name: Nuhliri Chhangte

Supervisor: Dr. C. Lalfakzuali

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APPENDIX – III

DEMOGRAPHIC PROFILE (ENGLISH VERSION)

There is no right or wrong answers in the following statements below; it is just for taking your opinion. Please don't just choose the statements which others choose instead choose the best that support your opinion. Before giving your answers please remember and follow the three given guidelines:

A. Give your first thought as your answer.

B. To show that you have a firm and steady opinions try to leaves the moderate options.

C. Please answer all the statements.

1. Male Female
2. Age: _____
3. Residence Rural Urban
4. Educational Qualification M.Phil/Ph.D etc. M.A./M.Sc./M.Com etc.
 B.A./B.Sc./B.Com etc. HSSLC
HSLC
 Middle School Primary School Illiterate
5. Occupation: Employed (Post held _____)
 Retired (Post held earlier _____)
 Unemployed
6. Marital Status: Single Married Widow Divorce
7. Parents: Married Widower Divorce
8. Family Type: Nuclear Joint
9. Total Monthly Income: Rs. _____
10. Do you drink alcoho Yes No
11. Do you still drink? Yes No
12. Why do you drink Alcohol? _____
13. Why do you stop drinking alcohol? _____

14. Alcohol intake:

What type of alcohol you drink	Started year	How many glass you usually drink in a day	How do you see MLPC	How do you see MLTP

15. Do you have any illness? If yes, mention? _____

16. In your descendants is there anybody with alcoholic? (Choose them)

Grandfather Grandmother Father Mother
 Siblings
 Paternal Uncle Maternal Uncle Paternal Aunty Maternal
 Aunty Cousins

17. In your descendants is there anybody who drinks alcohol? (Choose them)

Grandfather Grandmother Father Mother
 Siblings
 Paternal Uncle Maternal Uncle Paternal Aunty Maternal
 Aunty Cousins

12. Zu hi engtianga/ engvanga in tan nge I nih? _____ -

13. Zu i nghei tawh chuan, eng vanga nghei nge i nih?

14. Zu hman dan:

Zu eng chi nge i in thin?	In tan kum	Nikhata zu in zat tlangpui (no zat)	MLPC hmuh dan	MLTP hmuh dan

15. Natna I nei em? I neih chuan eng natna nge? _____

16. In thlahah zu ngawlvei an awm em?(A dik apiang thai rawh)

I pu	I pi	I pa	I nu	I unau (Pianpui)
I patea	I putea	I ni	I nutei	I unau (Cousin)

17. In thlahah zu in thin an awm em?(A dik apiang thai rawh)

I pu	I pi	I pa	I nu	I unau (Pianpui)
I patea	I putea	I ni	I nutei	I unau (Cousin)

APPENDIX – V

AUDIT (ENGLISH VERSION)

PATIENT: Because alcohol use can affect your health and can interfere with certain medications and treatments, it is important that we ask some questions about your use of alcohol. Your answers will remain confidential so please be honest.

1	How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times a month	2-3 times a week	4 or more times a week
2	How many drinks containing alcohol do you have on a typical day when you are drinking?	1 – 2	3 – 4	5 - 6	7 - 9	10 or more
3	How often do you have six or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
4	How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
5	How often during the last year have you failed to do what was normally expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
6	How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
7	How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily

		Never	Less than monthly	Monthly	Weekly	Daily or almost daily
8	How often during the last year have you been unable to remember what happened the night before because you had been drinking?					
9	Have you or someone else been injured because of your drinking?	No		Yes, but not in the last year		Yes, during the last year
10	Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?	No		Yes, but not in the last year		Yes, during the last year

APPENDIX – VI

AUDIT (MIZO VERSION)

Zu in dan chungchangah zawhna zawh che kan duh a, i chhana hi puanzar a nih dawn loh avangin dik taka min chhan sak turin kan ngen a che.

Zawhna tin zawnah a chhana tur a awm a, nagmah nena inmil ber chhanna, i thai dawn nia.

1	Engtianga zingin nge zu leh a kaihhnawih i in/tih thin?	Ngai miah lo	Thla tin	Thla khatah vawi 2 - 4	Kar khatah vawi 2 - 3	Kar khatah vawi li aia tam
2	I in nasat laiin, nikhatah no engzat nge i in thin?	1 – 2	3 – 4	5 - 6	7 - 9	10 aia tam
3	Tum khatah no ruk emaw a aia tam engtianga zingin nge i in thin?	Ngai miah lo	Thla hnih/thum danah	Thlating	Kartin	Nitin deuh thawin
4	Nikum chhung khan zu i in vak vak chuan i in teuh thin tih vawi engzat nge i hriatchhuah thin?	Ngai miah lo	Thla hnih/thum danah	Thlating	Kartin	Nitin deuh thawin
5	Nikum chhungin zu i in vangin vawi engzat nge i tih thin i tihtak loh?	Ngai miah lo	Thla hnih/thum danah	Thlating	Kartin	Nitin deuh thawin
6	Engtianga zingin nge nikum chhung khan pentawng avangin a tuk zingah in leh i ngaih thin?	Ngai miah lo	Thlahnih/thum danah	Thlating	Kartin	Nitin deuh thawin
7	Nikum chhung khan zu i in hnuah vawi engzat nge hrehawm tiin i inchhir thin?	Ngai miah lo	Thla hnih/thum danah	Thlating	Kartin	Nitin deuh thawin
8	Nikum chhung khan vawi engzat nge a hma zan a zu i in avangin thil thleng engmah i hriat chhuah theih loh?	Ngai miahlo	Thla hnih/thum danah	Thlating	Kartin	Nitin deuh thawin
9	I zu in vangin nangmah emaw midang emaw an inhliam tawh em?	Aih		Aw, hmanah		Aw, tun hnaiah
10	I chhungte, thian, daktawr emaw midang ten an ngaihtuah vang che in zu in tlem turin an fuih tawh che em?	Aih		Aw, hmanah		Aw, tun hnaiah

APPENDIX – VII

RESILIENCE SCALE (ENGLISH VERSION)

Please read the following statements. To the right of each you will find seven numbers, ranging from "1" (Strongly Disagree) on the left to "7" (Strongly Agree) on the right. Tick the number which best indicates your feelings about that statement. For example, if you strongly disagree with a statement, tick "1". If you are neutral, tick "4", and if you strongly agree, tick "7", etc.		Strongly Disagree						Strongly Agree
1	When I make plans, I follow through with them	1	2	3	4	5	6	7
2	I usually manage one way or another	1	2	3	4	5	6	7
3	I am able to depend on myself more than anyone else	1	2	3	4	5	6	7
4	Keeping interested in things is important to me	1	2	3	4	5	6	7
5	I can be on my own if I have to	1	2	3	4	5	6	7
6	I feel proud that I have accomplished things in life	1	2	3	4	5	6	7
7	I usually take things in stride	1	2	3	4	5	6	7
8	I am friends with myself	1	2	3	4	5	6	7
9	I feel that I can handle many things at a time	1	2	3	4	5	6	7
10	I am determined	1	2	3	4	5	6	7
11	I seldom wonder what the point of it all is	1	2	3	4	5	6	7
12	I take things one day at a time	1	2	3	4	5	6	7
13	I can get through difficult times because I've experienced difficulty before	1	2	3	4	5	6	7
14	I have self-discipline	1	2	3	4	5	6	7

15	I keep interested in things	1	2	3	4	5	6	7
16	I can usually find something to laugh about	1	2	3	4	5	6	7
17	My belief in myself gets me through hard times	1	2	3	4	5	6	7
18	In an emergency, I'm someone people can generally rely on	1	2	3	4	5	6	7
19	I can usually look at a situation in a number of ways	1	2	3	4	5	6	7
20	Sometimes I make myself do things whether I want to or not	1	2	3	4	5	6	7
21	My life has meaning	1	2	3	4	5	6	7
22	I do not dwell on things that I can't do anything about	1	2	3	4	5	6	7
23	When I'm in a difficult situation, I can usually find my way out of it	1	2	3	4	5	6	7
24	I have enough energy to do what I have to do	1	2	3	4	5	6	7
25	It's okay if there are people who don't like me	1	2	3	4	5	6	7

APPENDIX – VIII

RESILIENCE SCALE (MIZO VERSION)

A hnuaiia thu te hi uluk takin chhiar la, a dinglam a chhanna awm I ngaihdan mil ber hi I thaibial dawnnia. Chhan hmaih nei lo hram ang che.		Pawm lo lutuk						Pawm lutuk
1.	Ruahmanna ka siam in, ka bawhzui thin	1	2	3	4	5	6	7
2.	A tlangpuiin thil hi kawng khat emaw kawng dangin ka kal tlangpui thei	1	2	3	4	5	6	7
3.	Midang te aiin keima ah ka innghat nasa thei zawk.	1	2	3	4	5	6	7
4.	Thil ngaihsak/tui zawng neih reng hi ka tan a pawimawh.	1	2	3	4	5	6	7
5.	A tul chuan mahni chauh in ka awm thei.	1	2	3	4	5	6	7
6.	Ka nun a hlawhtlinna ka neih te avang hian ka lawm/inchhuang thin	1	2	3	4	5	6	7
7.	Thil eng pawh fim takin ka ti tlangpui.	1	2	3	4	5	6	7
8.	Mahni chauh pawh in ka hlim thei.	1	2	3	4	5	6	7
9.	Thil tam tak hi a rualin ka ti thei in ka hria.	1	2	3	4	5	6	7
10.	Ka tum a ruh	1	2	3	4	5	6	7
11.	Thil reng reng hi engnge a tulna tih ka ngaihtuah khat hle.	1	2	3	4	5	6	7
12.	Ka hma a tih tur te hi a indawt dan ang zel in ka ti thin.	1	2	3	4	5	6	7
13.	Hun harsa takte hi ka palthlang theih na chhan chu a hmain ka lo tawn tawh thin vang ani.	1	2	3	4	5	6	7
14.	Mahni inthununna ka nei.	1	2	3	4	5	6	7

15.	Thil ngaihsak/tui zawng ka nei tlangpui.	1	2	3	4	5	6	7
16.	Eng kim mai ah hian nuih/hlim na tur hi ka hmu thei tlangpui.	1	2	3	4	5	6	7
17.	Mahni ka inrin tawkna hian hun harsa tak takte min paltlang tir thin.	1	2	3	4	5	6	7
18.	Harsatna a lo thlen thut hian, mite inngah ngamna ka ni fo thin.	1	2	3	4	5	6	7
19.	Kawng hrang hrang atangin thil nih dan phung hi ka thlir fo thin.	1	2	3	4	5	6	7
20.	A chang chuan thil hi ka duh emaw duh lo emaw ka ti lui hram hram thin.	1	2	3	4	5	6	7
21.	Ka nun hian awmzia a nei.	1	2	3	4	5	6	7
22.	Thil ka tih theih loh hi chu ka ngaihtuah zui reng ngai lo.	1	2	3	4	5	6	7
23.	Harsatna ka tawh chang hian, ka in hai chhuak thei tlangpui.	1	2	3	4	5	6	7
24.	Ka tih tur tulte ti tur hian chakna ka nei.	1	2	3	4	5	6	7
25.	Min ngaina lo tu awm mahse a paw ka ti vak lo.	1	2	3	4	5	6	7

APPENDIX IX

MEASURE OF PARENTAL STYLE (ENGLISH VERSION)

During your first 16 years how 'true' are the following statements about your <u>MOTHER's/FATHER's</u> behavior towards you Rate each statement either as: 0 - not true at all 1 - slightly true 2 - moderately true 3 - extremely true		Mother				Father			
		Not true at all	Slightly true	Moderately true	Extremely true	Not true at all	Slightly true	Moderately true	Extremely true
1	Overprotective of me	0	1	2	3	0	1	2	3
2	Verbally abusive of me	0	1	2	3	0	1	2	3
3	Over controlling of me	0	1	2	3	0	1	2	3
4	Sought to make me feel guilty	0	1	2	3	0	1	2	3
5	Ignored me	0	1	2	3	0	1	2	3
6	Critical of me	0	1	2	3	0	1	2	3
7	Unpredictable towards me	0	1	2	3	0	1	2	3
8	Uncaring of me	0	1	2	3	0	1	2	3
9	Physically violent or abusive of me	0	1	2	3	0	1	2	3
10	Rejecting of me	0	1	2	3	0	1	2	3
11	Left me on my own a lot	0	1	2	3	0	1	2	3
12	Would forget about me	0	1	2	3	0	1	2	3
13	Was uninterested in me	0	1	2	3	0	1	2	3
14	Made me feel in danger	0	1	2	3	0	1	2	3
15	Made me feel unsafe	0	1	2	3	0	1	2	3

APPENDIX – X

MEASURE OF PARENTAL STYLE (MIZO VERSION)

Kum sawmparuk i nih thleng a,i nu/pa enkawl na hnuai ah, a hnuai a mite hi i tawng thin em? 0 – Dik lo lutuk 1 – Dik vak lo 2 – Dik ve tho 3 – Dik lutuk		I ‘NU’ IN				I ‘PA’ IN			
		Dik lo lutuk	Dik vak lo	Dik ve tho	Dik lutuk	Dik lo lutuk	Dik vak lo	Dik ve tho	Dik lutuk
1	Min ngaihtuah uchuak	0	1	2	3	0	1	2	3
2	Tawngkam dengkhawng an hmang	0	1	2	3	0	1	2	3
3	Min thunun nasa	0	1	2	3	0	1	2	3
4	In thiam lo takin min siam	0	1	2	3	0	1	2	3
5	Min hawisan	0	1	2	3	0	1	2	3
6	Min sawisel	0	1	2	3	0	1	2	3
7	Hriatthiam an har	0	1	2	3	0	1	2	3
8	Min duat lo	0	1	2	3	0	1	2	3
9	Kut min thlak	0	1	2	3	0	1	2	3
10	Min ensan	0	1	2	3	0	1	2	3
11	Mahni chauhin min awmtir thin	0	1	2	3	0	1	2	3
12	Min theihngilh fo	0	1	2	3	0	1	2	3
13	Min ngaihven lo	0	1	2	3	0	1	2	3
14	Hlauthawng takin min siam	0	1	2	3	0	1	2	3
15	Him lo takin min siam	0	1	2	3	0	1	2	3

APPENDIX XI

BARRAT IMPULSIVENESS SCALE-II (ENGLISH VERSION)

DIRECTIONS: People differ in the ways they act and think in different situations. This is a test to measure some of the ways in which you act and think. Read each statement and put an X on the appropriate statement. Do not spend too much time on any statement. Answer quickly and honestly.		Rarely/Never	Occasionally	Often	Almost Always/Always
1	I plan tasks carefully.	1	2	3	4
2	I do things without thinking.	1	2	3	4
3	I make-up my mind quickly.	1	2	3	4
4	I am happy-go-lucky.	1	2	3	4
5	I don't "pay attention."	1	2	3	4
6	I have "racing" thoughts.	1	2	3	4
7	I plan trips well ahead of time.	1	2	3	4
8	I am self-controlled.	1	2	3	4
9	I concentrate easily.	1	2	3	4
10	I save regularly.	1	2	3	4
11	I "squirm" at plays or lectures.	1	2	3	4
12	I am a careful thinker.	1	2	3	4
13	I plan for job security.	1	2	3	4
14	I say things without thinking.	1	2	3	4
15	I like to think about complex problems.	1	2	3	4
16	I change jobs.	1	2	3	4
17	I act "on impulse."	1	2	3	4
18	I get easily bored when solving thought problems.	1	2	3	4
19	I act on the spur of the moment.	1	2	3	4
20	I am a steady thinker.	1	2	3	4

21	I change residences.	1	2	3	4
22	I buy things on impulse.	1	2	3	4
23	I can only think about one thing at a time.	1	2	3	4
24	I change hobbies.	1	2	3	4
25	I spend or charge more than I earn.	1	2	3	4
26	I often have extraneous thoughts when thinking.	1	2	3	4
27	I am more interested in the present than the future.	1	2	3	4
28	I am restless at the theater or lectures.	1	2	3	4
29	I like puzzles.	1	2	3	4
30	I am future oriented.	1	2	3	4

APPENDIX – XII

BARRAT IMPULSIVENESS SCALE-11 (MIZO VERSION)

Mihringte hi kan che zia leh rilru suk thlek te hi a inanglo fo thin a. A hnuai a zawhnate hi i che zia leh rilru suk thlek te enna atana siam ani a. Nangmah mil ber leh hmehbel rem ber nia i hriat chhanna zawnah i thai bial dawn nia. Hun rei tak hmang duh lo la, i nihna dik tak milin i chhang dawn nia		Ngailo/ Ngailo ang tluk	A changing	Ti fo	Ti ziah/ Ti ziah ang tluk
1	Ka tih tur uluk takin ka duang lawk thlap thin	1	2	3	4
2	Ngaihtuah chianglo a thil tih ka ching	1	2	3	4
3	Ka rilru ka siam fel zung zung thin	1	2	3	4
4	Mi hlim leh che tha ve thei tak mi ka ni	1	2	3	4
5	Ka vela thilte hi ka ngaihsak lemlo	1	2	3	4
6	Thil tamtak ngaihtuahin ka rilru a vak vut thin	1	2	3	4
7	Ka zin chhuah dawn in ahma daih atangin ka lo in ruahman fel thin	1	2	3	4
8	Mahni inthunun mi tak ka ni	1	2	3	4
9	Rilru sawrbing ka awlsam	1	2	3	4
10	Ka in khawl ve reng	1	2	3	4
11	Infiam lai emaw midang thusawi laiin ka awm hle hle theilo	1	2	3	4
12	Fimkhur taka thil ngaihtuah mi ka ni	1	2	3	4
13	Hna inngahna tlak nei turin ruahmanna ka siam thin	1	2	3	4
14	Thil ngaihtuah chiang lem loin ka sawi mai thin	1	2	3	4
15	Zawhna khirhkhon lampang ngaihtuah nuam ti mi ka ni	1	2	3	4

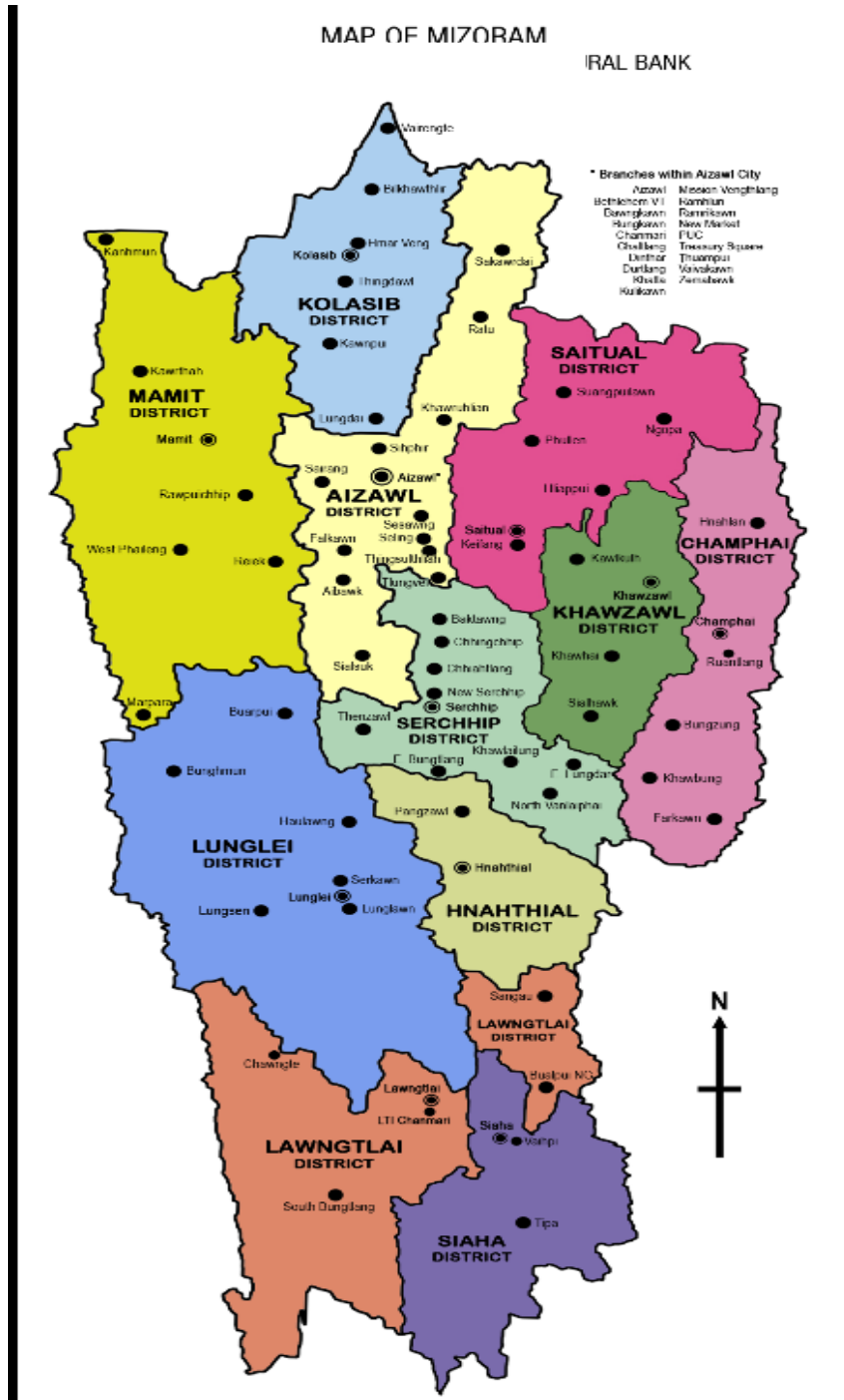
16	Ka hnathawh ka thlak fo thin	1	2	3	4
17	Tum lawk pawh awm lem lo in thil ka ti phut thin	1	2	3	4
18	Ngaihtuahna/ Rilru buaina chungchang chin fel hi ka ning zung zung thin	1	2	3	4
19	Ngaihtuah Chiang Lemlo in a hunlaia thil tih thut ka ching	1	2	3	4
20	Mi rilru nghet/tluang tak ka ni	1	2	3	4
21	Ka chenna hmun ka thlak fo	1	2	3	4
22	Tum lawk lem loh in thil ka lei leh thut thin	1	2	3	4
23	Vawikhatah thil pakhat chauh ka ngaihtuah thei	1	2	3	4
24	Ka thil ngaiat zawng/nuam tih zawng ka thlak fo thin	1	2	3	4
25	Ka lakluh aia tam ka hmang ral thin	1	2	3	4
26	Ngaihtuahna ka hman chan hian thil penhlehtak ngaihtuah thlen ka ching thin	1	2	3	4
27	Nakin hun ai chuan tun hun hi ka ngaihven zawk	1	2	3	4
28	Midang thusawi lai emaw ennawm chhuahna hmunah te hian ka awm hle hle theilo	1	2	3	4
29	Thil hriatthiam har ngaihtuah emawh rem khawm nuam ka ti	1	2	3	4
30	Hma lam hun ngaituah mi ka ni	1	2	3	4

APPENDIX – XIII

MAP OF INDIA



APPENDIX – XIV
MAP OF MIZORAM



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Topic: Relationship between Impulsivity and Alcohol Use among Mizo Adults.

2. 10th InSPA International Conference on COVID19: Empowering Mental Health and Lifelong Learning in Children held on 5th - 7th November, 2020 organized by Aligarh Muslim University, Aligarh and Indian School Psychology Association 2020.

Topic: The Relationship between Parenting Styles and Resilience among Mizo Living in Rural and Urban Areas.

3. 57th National and 26th International Conference of Indian Academy of Applied Psychology (IAAP) jointly organized by the Department of Clinical Psychology and Department of Psychology, Mizoram University from 27th January to 29th January, 2022.

Topic: Resilience in Relation to Alcohol use among Mizo Adults.

Research Publications:

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ABSTRACT

**RESILIENCE, PERCEIVED PARENTING STYLES AND
IMPULSIVITY AMONG ALCOHOL USERS AND NON-USERS**

**AN ABSTRACT SUBMITTED IN PARTIAL FULFILLMENT OF
THE REQUIREMENTS FOR THE DEGREE OF DOCTOR OF
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ABSTRACT

**RESILIENCE, PERCEIVED PARENTING STYLES AND IMPULSIVITY
AMONG ALCOHOL USERS AND NON-USERS**

BY

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Submitted

**In partial fulfillment of the requirement of the Degree of Doctor of Philosophy
in Psychology of Mizoram University, Aizawl.**

Alcohol is one of the leading risk factors for population health worldwide and has a direct impact on many health-related targets of the Sustainable Development Goals (SDGs), including those for maternal and child health, infectious diseases (HIV, viral hepatitis, tuberculosis), non-communicable diseases, mental health, injuries, and poisonings. Many other goals and targets of the 2030 Agenda for Sustainable Development are heavily reliant on alcohol production and use (WHO, 2022). Alcohol use is also common and widespread in all **Indian** states and union territories (UT), with over 16 crore people using alcohol in the country and over 5.7 crore people affected by harmful or dependent alcohol use and in need of alcohol use treatment (Ministry of Social Justice and Empowerment, 2020). **In Mizoram**, 30% of males between the ages of 15 and 49 consume alcohol, and 1 percent of women also consume alcohol. In rural areas, 30 percent of men and 1 percent of women consume alcohol. In urban areas, 30 percent of men and 1 percent of women consume alcohol. The majority of males who drink alcohol do so once a week (52%), or less frequently (30%), with 18% drinking nearly every day (International Institute for Population Sciences [IIPS] and ICF, 2021). According to 2017 Mizoram Synod Social Front survey, 18% of Mizoram adults use alcohol (Mizoram Synod Social Front, 2017). Records from the years 2014–2022 (July), the total number of alcohol-related hospital admissions across all hospitals was 9135, and the total number of alcohol-related deaths recorded in hospitals was 673. The records of the Mizoram Excise and Narcotics Department (2021) shows that during the year 2019–2022 (June), the total number of alcohol-related deaths registered was 1513, and the total number of alcohol-related cases registered was 10479.

The study examines the interplay between resiliency, parenting practices, and impulsivity in the context of alcohol use. These variables are crucial in understanding the development of adaptive behaviors and the prevention of substance misuse. Firstly, building resilience is highlighted as a potential protective factor against alcohol use. Resilience can empower individuals to resist the allure of alcohol and make healthier choices. By fostering resilience, individuals may be better equipped to navigate challenges and avoid succumbing to substance misuse. Secondly, perceived parenting styles are examined as they have a profound impact on an

individual's susceptibility to alcohol use disorder. Negative parenting styles can significantly affect a child's overall well-being, leading to behavioral problems and increased impulsivity. Family interactions characterized by conflict and negativity may contribute to a higher likelihood of impulsivity, where individuals act without considering the consequences. Thirdly, impulsivity emerges as a key factor in the progression towards substance abuse. The tendency to act impulsively can lead individuals to engage in risky behaviors such as alcohol misuse. Understanding the role of impulsivity in the development of substance abuse is essential for designing effective intervention strategies. By exploring the relationships between resiliency, parenting practices, and impulsivity, the study aims to uncover the pathways that influence an individual's decision-making regarding alcohol use. This comprehensive understanding can inform the development of targeted interventions to support those at risk of alcohol misuse and promote positive outcomes for individuals, families, and communities.

In order to meet the objectives of the study, a multistage random sampling procedure was used. The participants were randomly selected from different districts of Mizoram, 300 Mizo Adults {150 Alcohol Users (75 Rural and 75 Urban) and 150 Non-users (75 Rural and 75 Urban)} with their ages ranging between 18-65 years serve as participants, alcohol users and non-users were identified based on their score on AUDIT (Saunders, et al., 1993). A demographic profile was framed to tap all important information about the participants. Permission and consent forms were obtained from the concerned authorities and participants. Standardized psychological tools were used for data collection and the administrations of the psychological scale were conducted in individual settings for the ethical purpose of psychological assessment as prescribed by APA ethical code, 2002. All the prescribed administration procedures laid down by each scale was strictly followed. The response sheets were carefully checked to detect any missing or incomplete responses before leaving the administration setting and collected for further analysis.

The study incorporates two classifications of variables: 'alcohol use' (alcohol users and non-users) and 'ecology' (rural and urban). Under each of the four cells of

the main design (2 'Alcohol Use' x 2 'Ecology'), an equal proportion of participants were included for the evaluation of the psychological variables.

The present study incorporated the following psychological measures: i) Alcohol Use Disorders Identification Test (AUDIT; Saunders, et al., 1993), ii) Resilience Scale (RS; Wagnild & Young, 1993), iii) Measure of Parental Style (MOPS; Parker et al., 1997) which has three subscales: Indifference, Abuse and Over-Control, and iv) Barratt Impulsiveness Scale, Version 11 (BIS 11; Patton et al., 1995) which has three subscales: Attentional impulsivity, Motor impulsivity, and Non-Planning impulsivity for measurement purposes in the target population among the samples.

To achieve the main objectives of the study, subject-wise scores on the specific items of all the behavioral measures of resilience (Wagnild & Young, 1993), measure of parental styles with a subscales of indifference, abuse and over control (Parker et al., 1997) and impulsivity with a subscales of attentional impulsivity, motor impulsivity and non-planning respectively (Patton et at., 1995) were first prepared in SPSS 23 (Statistical Package for Social Sciences, Version 23) for statistical analyses among the samples of alcohol user from rural residents, alcohol user from urban residents, non-user from rural residents and non-user from urban residents.

For statistical analysis, Psychometric adequacies of each of the behavioral measures were first determined which included (i) descriptive statistics (ii) inter-scale relationships and, (iii) reliability coefficients (Cronbach's Alpha) of the whole sample were analyzed. Descriptive statistics included the mean, standard deviation, skewness, kurtosis, and standard errors in order to check various test assumptions for further statistical analyses of the scales/sub-scales on the selected behavioral measures. The Pearson's bivariate correlation was computed on the scales and subscales of the behavioral measures for the whole sample to demonstrate a significant relationship of the variables for further analysis in predicting cause and effect among variables. Parametric and non-parametric analyses of variances were employed to illustrate the independent and interaction effects of the independent

variables on selected dependent variables for the whole samples. Finally, regression analysis was employed to determine a measure of the extent to which variability among the scores on the dependent variable has been explained or accounted for prediction (R²). This was done to detect the presence of autocorrelation in the residuals (prediction errors) to make conclusion of the cause and effect relationship.

The **first** objective was to examine the pattern of relationship between the psychological variables of resilience, perceived parenting styles, and impulsivity. It was hypothesized that there will be significant positive relationship between the sub-scales of perceived parenting styles and impulsivity. And resilience was expected to show significant negative relationship with the sub-scales of perceived parenting styles and impulsivity.

The findings of the present study partially proved/support hypothesis 1 (H₁) - there will be significant positive relationship between the sub-scales of perceived parenting styles and impulsivity.

The results of Pearson correlation showed significant positive relationship between indifference parenting styles and abuse parenting styles, abuse parenting styles and over-control parenting styles, indifference parenting styles and attentional impulsivity, over control parenting styles and attentional impulsivity, indifference parenting styles and motor impulsivity, abuse parenting styles and motor impulsivity, over- control parenting styles and motor impulsivity. But no significant relationship was found between indifference parenting styles and non-planning impulsivity, abuse parenting styles and non-planning impulsivity, over-control parenting styles and non-planning impulsivity. All these psychological factors demonstrate a positive link and revealed that negative parenting practices and impulsivity showed a relationship and may influence a type of adverse childhood experience. Suggesting that negative parenting styles and impulsivity have an impact on the relationship between these experiences and how they influence the growth of a relationship. By reinforcing the processes associated with adverse life experiences or poor mental processes, negative parenting styles may raise the risk of impulsive behavior. A plausible alternative explanation might also be that exposure to negative parenting practices, including

indifference parenting styles, and abusive parenting styles, could impede the growth of healthy impulse regulation skills but trigger the development of impulsive conduct.

Findings have been supported by Ran et al. (2021) that showed negative parenting styles significantly showed relationship with impulsivity. Parenting styles influence a child's development in the form of behaviors and personalities. Adverse parenting styles may lead to early maladaptive schemas, which begin to form in early childhood. Such schemas may have a long-lasting adverse effect that persists into adulthood, contributing to the development of affective and personality disorders (Shute et al., 2019; Basso et al., 2019; Young, 1990). Shu et al. (2011) reported that parental rearing patterns, particularly rejection and over protection, shows an impulsive personality.

However, the results did not showed significant positive relationship on the subscales of perceived parental styles and non-planning impulsivity.

Contrary to the hypothesis, there was no significant positive relationship between indifference parenting styles and non-planning impulsivity, abuse parenting styles and non-planning impulsivity, over-control parenting styles, and non-planning impulsivity. The results suggested that non-planning impulsivity levels remain relatively consistent across the sample, regardless of their parents' parenting styles. This may imply that variations in non-planning impulsivity levels were not associated with the identified parenting styles (indifference, abuse, and over-control). Individual differences, genetic factors, or other environmental influences might play a role. Different aspects of impulsivity may have distinct relationships with parenting practices.

It was also hypothesized that resilience will show significant negative relationship with the sub-scales of perceived parenting styles and impulsivity.

The results showed significant negative relationship between resilience and indifference parenting styles, resilience and abuse parenting styles, resilience and over-control parenting styles, resilience and attentional impulsivity, resilience and

motor impulsivity. However, there was no significant negative relationship between resilience and non-planning impulsivity.

As hypothesized, there was significant negative relationship between resilience and indifference parenting styles, resilience and abuse parenting styles, resilience and over-control parenting styles, resilience and attentional impulsivity, and resilience and motor impulsivity. The significant negative relationships indicate that as resilience increases, the levels of indifference parenting styles, abuse parenting styles, over-control parenting styles, attentional impulsivity, and motor impulsivity decreases or vice versa. Resilience exhibits strategies that enhance coping skills and emotional stability in stressful situations. On the other hand, negative parenting styles tend to make people lack social skills, have anxiety, have low self-esteem, and be vulnerable to mental health issues. Similarly, impulsivity can also lead to impulsive decision-making and a lack of self-regulation instead of utilizing effective coping mechanisms. Individuals with heightened impulsivity may struggle with strong urges during negative emotional periods and resort to impulsive actions to relieve negative feelings, even at the expense of long-term negative outcomes.

Psychological explanation can account for these results. The results suggest that resilience exhibits strategies that enhance coping skills and emotional stability in stressful situations. On the other hand, negative parenting styles tend to make people lack social skills, have anxiety, have low self-esteem, and be vulnerable to mental health issues. The current findings suggest that indifference parenting style, characterized by emotional neglect, lack of warmth, and minimal responsiveness to a child's needs, can significantly impact a child's development. Children raised in such environments may not receive the necessary support and guidance to develop adaptive coping mechanisms. This lack of emotional connection and support can hinder the development of resilience as these children may struggle to develop a sense of self-efficacy and confidence in their ability to overcome challenges.

The current finding further suggests that experiencing abuse parenting during childhood can have profound and long-lasting effects on individuals' psychological

well-being. Children who are subjected to physical, emotional, or sexual abuse may develop maladaptive coping strategies and suffer from low self-esteem and trust issues. These negative experiences can undermine their resilience, as they may struggle to cope with stressors and setbacks effectively. Additionally, the trauma associated with abuse can impair their ability to form healthy relationships and seek support from others, further diminishing their resilience.

Also, over-control parenting, characterized by excessive monitoring, micromanagement, and restriction of a child's autonomy, can hinder the development of resilience. Research suggests that children raised in such environments may lack opportunities to learn from their mistakes and develop problem-solving skills independently. The constant imposition of rules and restrictions may prevent them from exploring their own abilities and strengths, leading to a reliance on external guidance rather than internal resources when facing challenges.

Similarly, the finding that a negative relationship exist between resilience and attentional impulsivity among the sample further suggests that attentional impulsivity, which refers to difficulties in maintaining focus and inhibiting distracting stimuli, has been linked to deficits in self-regulation and emotional control. Individuals who exhibit high levels of attentional impulsivity may struggle to effectively manage stress and regulate their emotions, making it challenging for them to bounce back from adversity. Past research suggests that these individuals may be more prone to experiencing emotional dysregulation and difficulty coping with setbacks, thereby diminishing their resilience over time.

Also, the finding showed that negative relationship exist between resilience and motor impulsivity suggest that motor impulsivity, characterized by acting without forethought or consideration of consequences, has been associated with impulsive decision-making and risk-taking behaviors. Individuals who exhibit high levels of motor impulsivity may engage in behaviors that put them in harm's way or lead to negative outcomes, thereby undermining their ability to cope with adversity. Past research suggests that these impulsive tendencies can interfere with the

development of effective coping strategies and problem-solving skills, ultimately diminishing resilience in the face of challenges. The findings of the present study provide empirical support for the hypothesized relationships, reinforcing the idea that higher levels of resilience were associated with lower levels of certain parenting styles and impulsivity. The study's results contribute to our understanding of how resilience may be linked to specific aspects of parenting styles and impulsivity.

Findings have been supported by Ritter (2005) that found resilience was negatively correlated with perceived negative parenting styles. Barnová et al. (2019) suggested that neglect, domestic violence, and abuse can affect the child negatively, making him less resilient. Kritzas and Grobler (2005) conducted research on the negative link between parenting styles and resilience and found negative parenting style was associated with psychological disturbances. In this type of parenting style, parents tend to be strict and demanding, enforcing rigid rules with little room for flexibility. This approach can sometimes lead to negative outcomes in terms of psychological well-being for children.

However, there was no significant negative relationship between resilience and non-planning impulsivity.

Contrary to the hypothesis, there was no significant negative relationship between resilience and non-planning impulsivity. The results suggested that this variable indicating both the process and the outcome of successfully adapting to difficult or challenging life experiences and non-planning impulsivity characterized as present-moment focus without regard for future consequences does not show significant result. Resilience and impulsivity are psychological constructs that can be influenced by a variety of internal and external factors. It is possible that other variables not considered in the study, such as coping strategies, personality traits, or environmental stressors, may have interacted with resilience and impulsivity in ways that were not captured in the analysis.

Resilience and impulsivity are also multidimensional constructs that can manifest in various ways. It is possible that the specific aspects of resilience and impulsivity examined in the study were not the most relevant for demonstrating a

negative relationship. Different dimensions or components of these constructs may interact in more complex ways than initially hypothesized. These are just some potential factors that could contribute to the lack of a significant negative relationship between resilience and non-planning impulsivity in the study. Further research and analysis would be needed to explore these possibilities in more depth and emphasizing the importance of considering these variables in understanding mental health outcomes.

An analysis of the **second** objective was to determine the independent effects of 'alcohol use' (alcohol users and non-users) on the measures of resilience, perceived parenting styles, and impulsivity. Based on this, it was hypothesized that there will be significant independent effects of alcohol use on the psychological variables. Non-users as compared to alcohol users will show greater scores on resilience. And alcohol users will show greater scores on the subscales of perceived parenting styles and impulsivity.

The findings of the present study partially proved/support hypothesis 2 (H₂) - there will be significant differences between alcohol users and non-users on the psychological variables. Non-users as compared to alcohol users will show greater scores on resilience.

The results of the two-way ANOVA depicted significant differences between alcohol users and non-users on resilience. As hypothesized, non-users showed higher mean score on resilience as compared to alcohol users. The possible explanation was that individuals with higher resilience were more likely to exhibit lower levels of alcohol use due to their ability to cope effectively with stressors and challenges without resorting to alcohol as a coping mechanism. The possible explanation may include a belief in one's abilities, awareness of their own limitations, and acceptance of one's life. Non-users may also be more inclined to engage in positive activities and attitudes, and this positivity could serve as a protective factor against negative behaviors like excessive alcohol consumption. Instead, maintain an optimistic outlook, even in the face of difficulties. This positive mindset may influence individuals to make healthier choices, including decisions related to alcohol use.

Alcohol use is often associated with psychosocial factors such as social isolation, dysfunctional family dynamics, and exposure to adverse life events. It is often associated with engaging in risky behaviors, such as impulsivity, sensation-seeking, and impaired judgment. These risk-taking behaviors can increase the likelihood of experiencing adverse outcomes and undermine resilience. In contrast, non-users may demonstrate more cautious behavior and better risk management, contributing to higher levels of resilience. Chronic alcohol use has been linked to impairments in cognitive functioning, including deficits in decision-making, problem-solving, and emotional regulation. These cognitive impairments can hinder an individual's ability to adapt to stressors and setbacks, leading to lower levels of resilience. In contrast, non-users may demonstrate better cognitive functioning, enabling them to effectively navigate challenges and maintain resilience.

A related study done by Kumar et al. (2018) has shown that higher resilience was found among non-users compared to alcohol users. Evidence has shown that resilient people have better mental health, better self-regulation abilities, higher self-esteem, more parental support, and was less likely to engage in high-risk activities like substance misuse. It appears that self-disclosure, problem-solving abilities, and people's favorable evaluations of their social support boost resilience (Bonanno et al., 2007).

It was also hypothesized that there will be significant differences between alcohol users and non-users on the psychological variables. Alcohol users will show greater scores on the subscales of perceived parenting styles: indifference, abuse, and over-control.

Man-Whitney U- test was employed for alcohol users and non-users on measure of parental styles due to heterogeneity of variances showing difference of mean rank between alcohol users and non-users.

As hypothesized, the results revealed that on all the subscales of parenting styles, i.e., indifference, abuse, and over-control, significant difference was found between alcohol users and non-users on the psychological variables. The results revealed that alcohol users depicted that higher scores on all subscales of perceived

parenting styles (indifference, abuse, and over-control) compared to non-users. This indicates that individuals who use alcohol perceive their parents as more indifference, abusive, and controlling than those who do not use alcohol. The study supported the hypothesis that children raised in unfavourable environments, as reflected in their perceptions of parenting styles, may be more susceptible to negative effects. Social learning theory (Bandura, 1977) suggests that individuals learn behaviors through observation, imitation, and reinforcement. Alcohol users may have grown up in environments where parenting styles were characterized by indifference, abuse, or over-control. They may have observed these parenting behaviors and internalized them as normative or acceptable ways of interacting with others, including their own children. Consequently, alcohol users may have developed cognitive schemas characterized by negative perceptions of parental behaviors due to past experiences of indifference, abuse, or over-control. These negative schemas can lead them to interpret their parents' behaviors in a more negative light, resulting in higher scores on subscales measuring these parenting styles compared to non-users. On the positive side, the presence of a strong support network was highlighted as a sign of good parenting. Protective factors such as a healthy environment, stable homes, and strong parent-child relationships were associated with positive effects on children as they grew up. This emphasizes the importance of a nurturing and supportive family environment in influencing the development of individuals. The study implies that perceived parenting styles play a crucial role in the development of individuals, with potential consequences for alcohol use. The higher scores on perceived negative parenting styles among alcohol users suggest a connection between early family experiences and later substance use behaviours.

There are several compelling reasons to investigate the association between parenting styles and alcohol consumption (Jackson et al., 1997). The influence of negative parenting styles can result in difficulty dealing with negative feelings and poor coping strategies (Mintz et al., 2017; Sedighimornani et al., 2021). A study done by Veneziani et al. (2022) have also revealed the importance of a developing environment characterized by neglect, abuse, and over-control as a risk factor for both substance use and behavioral issues in adulthood (Capusan et al., 2021).

Another related study also found that problematic alcohol use was associated with all three subscales of parenting styles such as indifference, abuse and over-control (Sonam et al., 2019). Muris et al. (2004) was another related finding that revealed family environment factors such as attachment style and parental rearing were involved in the development of anger and hostility and more dysfunctional parental characteristics (indifference, abuse and over-control) were significantly related to higher distress and higher alcohol use problems.

It was also hypothesized that there will be significant differences between alcohol users and non-users on the psychological variables. Alcohol users will show greater scores on the subscales of impulsivity: attentional, motor, and non-planning.

The two-way ANOVA depicted significant differences between alcohol users and non-users on the subscales of the behavioral measures of impulsivity. The results showed significant difference between alcohol users and non-users on attentional impulsivity and motor impulsivity. But there was no significant difference between the groups on non-planning impulsivity.

The significant differences observed between alcohol users and non-users on attentional impulsivity and motor impulsivity can be understood through various psychological frameworks and past research findings. Past research has consistently shown that individuals who use alcohol tend to exhibit higher levels of reward sensitivity (Schlauch et al., 2013; Koob & Le Moal, 2008; Robinson & Berridge, 1993). This means they may be more likely to seek out rewarding experiences, including the immediate gratification provided by alcohol consumption. In contrast, non-users may demonstrate lower levels of reward sensitivity, leading to less impulsive behavior in seeking out pleasurable experiences. Alcohol use has been linked to impaired inhibitory control, which is a key component of impulsivity. Individuals who consume alcohol may have difficulty suppressing impulsive urges and regulating their behavior. This can manifest in impulsive decision-making, risky behaviors, and difficulty resisting immediate rewards. Non-users, on the other hand,

may demonstrate better inhibitory control, resulting in lower levels of impulsivity on behavioral measures.

Individuals who consume alcohol may be more likely to experience mood swings, impulsivity, and emotional reactivity. These emotional dysregulation tendencies can contribute to impulsivity on behavioral measures, as individuals may struggle to control their emotions and behavior in response to stimuli. Non-users, who do not experience the effects of alcohol on emotional regulation, may demonstrate more stable and regulated emotional responses. Alcohol use has been associated with cognitive impulsivity, which refers to a tendency to make quick decisions without fully considering the consequences. This may be reflected in behavioral measures of impulsivity, where alcohol users may demonstrate faster response times and less deliberation before acting compared to non-users. Cognitive impulsivity has been linked to deficits in executive functioning, particularly in tasks requiring planning, organization, and problem-solving skills. Psychosocial factors, such as peer influence and social norms, may also play a role in the relationship between alcohol use and impulsivity. Individuals who are exposed to social environments where alcohol use is prevalent may be more likely to engage in impulsive behaviors, including both attentional and motor impulsivity. Additionally, individuals with higher levels of impulsivity may be more susceptible to pressure of peer and less able to resist the influence of others, leading to increased alcohol consumption and subsequent impulsivity.

Findings have been supported by Meda et al. (2009), who found that when administering the BIS-11 during the experiential discounting task, higher impulsivity was demonstrated by individuals who were at risk of developing substance-use disorders or who were already dependent when compared to non-user participants. The construct of dis-inhibition, which includes traits such as impulsivity, sensation seeking, and risk-taking propensity, was consistently linked with increased or problematic alcohol use (Gunn et al., 2013). Research also suggests higher impulsive behavior was demonstrated by youth participating in risk-taking behaviors at an early age, such as substance use and aggression (Caspi & Silva, 1995).

However, there was no significant difference between alcohol users and non-users on non-planning impulsivity.

The two-way ANOVA did not show significant differences between alcohol users and non-users on non-planning impulsivity.

Contrary to the hypothesis, the study found that there was no significant difference on the psychological variable of non-planning impulsivity between alcohol users and non-users. This suggests that, contrary to the impact on attentional and motor impulsivity, alcohol use or abstinence does not seem to influence the lack of planning impulsivity among the current sample. The results imply that not every individual is equally impaired by every cause. In this case, the lack of planning impulsivity does not appear to be influenced by alcohol use. This finding highlights the complexity of the relationship between alcohol consumption and various facets of impulsivity. It suggests that the impact of alcohol on impulsivity may be domain-specific, affecting some aspects of impulsivity while leaving others unaffected. It also emphasizes the need to consider different dimensions of impulsivity separately rather than treating impulsivity as a uniform construct. Further, research could explore the mechanisms underlying these differences and contribute to a more comprehensive understanding of the interplay between alcohol use and impulsivity.

Prior study stated that it is less clear how impulsivity traits specifically non-planning, deliberation, urgency, sensation seeking were associated with different alcohol use outcomes such as alcohol initiation, escalation, and development of alcohol use disorders (AUDs) (Shin et al., 2012). A study done by Handley et al., (2011) also failed to find a relationship between impulsivity and alcohol use, highlighting the significance of evaluating various characteristics when studying impulsivity and alcohol consumption. As a result, aspects of impulsivity appear to have unique routes to alcohol consequences and as such, should be investigated as distinct and independent constructs (Littlefield et al., 2014).

The **third** objective was to examine the independent effects of ‘ecology’ (rural and urban) on the measures of resilience, perceived parenting styles, and impulsivity. It was hypothesized that there will be significant independent effects of

ecology on the psychological variables. Rural participants were expected to show greater scores on resilience. And urban participants were expected to show greater scores on the subscales of perceived parenting styles and impulsivity.

The findings of the present study partially proved/support hypothesis 3 (H₃) - there will be significant differences between rural and urban participants on the psychological variables. Rural participants were expected to show greater scores on resilience.

The two-way ANOVA depicted significant difference between rural and urban areas on the behavioral measures of resilience. The results showed significant difference between rural and urban areas on the behavioral measures of resilience.

As hypothesized, the study found statistically significant difference in resilience between people living in rural and urban areas. People living in rural areas scored higher on resilience compared to people living in urban areas. This indicates that participants from rural areas perhaps exhibit greater resilience, suggesting a higher ability to adapt and navigate through difficult situations. Rural and urban areas often present distinct environmental stressors that can influence individuals' resilience levels. The significant difference observed between rural and urban areas on behavioral measures of resilience may stem from the unique social and environmental contexts of each setting. Rural areas often foster tight-knit communities with strong social support networks, where individuals may benefit from a sense of belonging and collective identity, promoting resilience in the face of adversity. Additionally, the slower pace of life and closer connection to nature in rural environments may facilitate coping strategies such as problem-solving and active engagement with challenges. Conversely, urban areas, characterized by higher population density, socioeconomic disparities, and faster-paced lifestyles, may present greater stressors and challenges to resilience. Factors such as social isolation, anonymity, and limited access to support services in urban settings may contribute to lower levels of resilience among urban residents. Therefore, the findings underscore the importance of considering the social and environmental factors inherent in rural and urban living when assessing and promoting resilience in diverse communities.

The effort made by the residence of rural areas may have enhanced their ability to adjust to challenging circumstances may contribute to their higher resilience scores. The ability to go with the flow or determination may be a factor that may contribute to resilience in rural areas. A belief in one's ability to manage and self-reliance may be identified as another factor associated with higher resilience in rural environments. Furthermore, a belief that life has meaning with its unique characteristics and challenges may play a role in fostering resilience. This could be related to a combination of cultural, social, and environmental factors. These findings align with the understanding that resilience is a multifaceted construct influenced by various internal and external factors. The specific qualities mentioned, such as determination, self-reliance, meaningfulness, and a sense of uniqueness, contribute to a comprehensive understanding of the resilience exhibited by rural residents. This collective body of research suggests that resilience was a valuable trait that can help individuals navigate and cope with various challenges and adversities in their lives. It also highlights the potential importance of considering the role of resilience in different contexts, such as rural versus urban environments.

A higher resilience score among the residence of rural areas may imply a stronger ability to withstand and adjust to changing environmental situations. The literature also demonstrated that warm, authoritative, attentive, and supportive parenting was critical in developing potential resilience in children and assisting them in dealing with a variety of unique adversities (Hill et al., 2007). A study done by Song et al. (2022) supported the present findings, which showed an urban-rural disparity in resilience, with rural areas reporting higher resilience scores than urban counterparts. Resilience acts as a way to overcome challenges and maintain a positive outlook, even in the face of adversity. Additionally, resilience endorses emotional health and limits psychological problems.

It was also hypothesized that there will be significant differences between rural and urban areas on the psychological variables. Urban participants were expected to show greater scores on the subscales of perceived parenting styles: indifference, abuse, and over-control.

Mann-Whitney U-test was employed for rural and urban areas on the measure of parental styles due to the heterogeneity of variances, which showed differences in the mean ranks between rural and urban areas. Urban areas were expected to show greater scores on the subscales of perceived parenting styles: indifference, abuse, and over-control. However, rural areas score higher in over-control parenting styles than urban areas.

As hypothesized, the results provide a detailed exploration of perceived parenting styles between people living in urban and rural areas, particularly in terms of indifference and abuse. People living in urban areas reported higher scores on the subscales of indifference and abuse parenting styles compared to their rural counterparts. This suggests that urban individuals perceive their parents as more indifference and abusive than those in rural areas. The significant differences observed between rural and urban areas on perceived parenting styles, with rural residents reporting higher scores on the subscales of indifference and abuse parenting styles while urban areas score higher in over-control parenting style, can be explained through various psychological lenses. Urban environments typically offer more structured routines, access to a variety of activities, and lesser exposure to societal norms, which may promote greater self-regulation but may increase higher levels of negative parenting styles. Moreover, the anonymity and social disconnection often found in urban areas may diminish the sense of accountability for negative actions, leading to increased negative parenting among urban residents. On the other hand, higher scores of over-control parenting styles among rural areas can be explained that rural environments often provide fewer structured activities and resources for individuals, potentially leading to increased opportunities for negative reactions. Additionally, rural areas may have fewer mental health resources and support services, leading to reduced access to interventions targeting positive parenting practices.

Dysfunctional parenting, characterized by low care, disinterest in children, and emotional and verbal abuse, was highlighted as a factor linked to psychopathological vulnerability. Dysfunctional parenting practices, such as less responsiveness, high demand on children, and over-control, were associated with psychopathological vulnerability (Bowlby, 1969). The study suggests that these experiences may predispose individuals to psychological distress and psychopathology. Prior study has also shown that negative parenting can contribute to the early onset of aggressive and defiant behaviors that may continue into adulthood and contribute to other mental health problems, such as substance abuse (Dubow et al., 2008; Kawabata et al., 2011). Urban parents have more absence or the significant withdrawal of warmth, affection or love from parents toward their children and show more rejections (Zhang, 1997). Another study done by Yang et al. (2005) also found the same results that urban parents have more dysfunctional parenting styles on rejection than rural parents.

However, rural participants scored higher in over-control parenting than urban areas.

Contrary to the hypothesis, the study revealed that rural areas scored higher in over-control parenting styles than urban areas. This suggests that rural parents may exhibit more over-control towards their children. Over-control was associated with being critical and overly protective, potentially predisposing individuals to psychological distress. The study proposes that less effective parenting and limited emotional understanding from parents in rural areas might contribute to the observed over-control parenting styles. This lack of emotional support may impact the parent-child relationship and contribute to more controlling behaviors. Numerous studies have also shown that negative parenting styles, such as parental control can hinder the development of self-esteem to varying degrees, creating low self-esteem in children (Bulanda & Majumdar, 2008; Dehart et al., 2006; Lo Cascio et al., 2016). Specifically, high levels of parental control over their children can make lack of autonomy and independence (Hare et al., 2015), which in turn triggers a sense of low competence (Salafia et al., 2009) and lower self-esteem. Furthermore, if parents over control their children it can create negative psychological perceptions which can lead

to despair, distress and psychological crisis. The present study found that rural parents showed negative parenting styles which can influence the occurrence of psychological crisis in the development of children. Therefore, changing parents' negative parenting styles was an important way to mitigate psychological crisis. In recent years, intervention programs such as the attachment-based family therapy model, positive thinking parenting, and parental efficacy system training courses have gradually received widespread attention from educators and practitioners and have achieved good results (Robinson et al., 2003; Coatsworth et al., 2015).

A similar finding shown by Rani and Singh (2013) found that, when comparing rural and urban areas, rural parents tended to adopt overly controlled parenting styles and to accept emotional and physical abuse as a legitimate strategy for child discipline (Rerkswattavorn & Chanprasertpinyo, 2019). Compared with urban parents, rural parents also reported a higher level of negative parenting, a lower level of positive encouragement, and poorer parent-child relationship. Rural parents also reported poorer family adjustment, family relationships, and parental teamwork, as well as less confidence in managing a child's emotional and behavioral problems (Han et al., 2023).

It was also hypothesized that there will be significant differences between rural and urban participants on the psychological variables. And urban participants were expected to show greater scores on the subscales of impulsivity: attentional, motor, and non-planning.

The two-way ANOVA depicted significant differences between rural and urban areas on the behavioral measures of impulsivity. The results showed significant differences of rural and urban areas on attentional impulsivity and motor impulsivity. However, there was no significant difference on non-planning impulsivity.

Although there was significant differences between people living in rural and urban areas on the behavioral measures of impulsivity, the present findings was not as hypothesized, the study revealed that people living in rural areas scored higher on attentional impulsivity and motor impulsivity than people living in urban areas.

Individuals living in rural areas may exhibit different personality traits compared to those in urban areas. For example, rural residents may be more accustomed to a slower pace of life and have less exposure to external stimuli, which could impact their impulsivity levels. Cognitive processes such as attention, decision-making, and inhibitory control play a crucial role in impulsivity. Differences in cognitive functioning between rural and urban populations could contribute to variations in impulsivity levels. Life experiences and environmental factors unique to rural or urban settings may influence impulsivity. For instance, individuals in rural areas may face different stressors or social dynamics that shape their impulsive behaviors. Neurobiological differences between rural and urban populations could also play a role in impulsivity. Studies have shown that brain regions involved in impulse control and decision-making may vary based on environmental factors (Bickel, et al., 2012). Substance use, such as alcohol consumption, is linked to impulsivity. Rural and urban areas may have distinct patterns of substance use, which could contribute to differences in impulsivity levels observed in the study. Overall, the interplay of various factors such as personality, cognition, life events, brain function, and behavior patterns may collectively influence the differences in impulsivity between rural and urban populations. Understanding these factors can provide insights into how environmental contexts shape psychological traits like impulsivity. The significant differences observed between rural and urban areas on attentional impulsivity and motor impulsivity, alongside the absence of significant differences in non-planning impulsivity, can be attributed to several psychological factors shaped by the distinct characteristics of rural and urban environments. Urban settings often expose individuals to higher levels of sensory stimulation and cognitive demands, necessitating rapid shifts in attention and quick decision-making, which may contribute to heightened attentional impulsivity and motor impulsivity. Conversely, rural environments typically offer more tranquility and fewer distractions, fostering conditions conducive to greater focus and deliberation, potentially resulting in lower levels of attentional and motor impulsivity. However, non-planning impulsivity, characterized by a lack of future-oriented thinking and organization, may be less influenced by environmental factors and more rooted in individual cognitive traits and developmental history. Thus, while rural and urban contexts may shape certain

aspects of impulsivity, non-planning impulsivity may remain relatively stable across different geographical settings due to its stronger ties to individual differences. These findings underscore the importance of considering the interplay between environmental factors and specific facets of impulsivity in understanding behavioral variations across diverse populations.

However, the results did not show significant differences between rural and urban on non-planning impulsivity.

Contrary to the hypothesis, the present study found no variations in non-planning impulsivity between rural and urban areas. Non-planning impulsivity refers to a lack of future-oriented thinking, including difficulties in planning and organizing tasks. The possible explanation was that the absence of differences in non-planning impulsivity between rural and urban individuals may suggest that a resident of a particular area does not significantly define one's lack of planning impulsivity. However, the finding also acknowledges that while there might be no apparent difference in non-planning impulsivity, it does not necessarily imply that there was no difference in subsequent planning strategies and thought processes between the two groups. The lack of variation in non-planning impulsivity suggests that certain aspects of impulsivity may be influenced by factors other than one's residential location. Understanding the factors contributing to impulsivity was multifaceted, and additional research may be needed to cover the underlying mechanisms. Singh et al. (2008) study found no significant difference between impulsivity scores among rural and urban areas on the score using the same scale used in the present study which was BIS II.

The **fourth** objective highlighted the interaction effects of 'alcohol use x ecology' on resilience, perceived parenting styles, and impulsivity. It was hypothesized that there will be significant interaction effects of alcohol use and ecology on the psychological variables. Non-users living in rural areas were expected to show greater scores as compared to other groups on resilience. Alcohol users living in urban areas were expected to show greater scores on perceived parenting styles and impulsivity.

The findings of the present study partially proved/support hypothesis 4 (H₄) - there will be significant interaction effects of ‘alcohol use x ecology’ on the psychological variables. Non-users living in rural areas were expected to show greater scores on resilience.

The two-way ANOVA depicted significant interaction effects of ‘alcohol use x ecology’ on the measure of resilience. The results showed that non-users living in rural areas have greater resilience than other groups.

As expected, non-users from rural areas exhibit higher scores on resilience compared to other groups. This suggests that individuals who do not use alcohol in rural settings tend to possess greater resilience. Resilience has been portrayed as a significant factor in shielding individuals from the impact of everyday stress, adverse life circumstances, trauma, and maltreatments. This brings with the well-established understanding that resilience serves as a protective factor for mental health. The statement implies that people living in rural areas, particularly non-users of alcohol, may be better equipped to handle a range of stressful situations compared to those in other areas. This highlights the potential influence of the rural environment on the development of resilience. The implication was that individuals with higher levels of resilience may be less prone to engaging in alcohol consumption, emphasizing the potential role of psychological factors in influencing alcohol-related behaviors. The present findings have shown that an individual’s environment i.e. geographic location and alcohol use status i.e. whether they use alcohol or not can have an impact on resilience.

Moreover, the significant interaction effects of 'alcohol use (user and non-user) x ecology (rural and urban)' on resilience, particularly the finding that non-users from rural areas exhibit higher scores on resilience compared to other groups, can also be interpreted through various psychological lenses. Rural environments often provide individuals with greater access to social support networks, community cohesion, and a sense of belonging, all of which are crucial factors in fostering resilience. Non-users in rural areas may benefit from these supportive social structures, which can buffer against adversity and promote psychological well-being.

Additionally, rural settings may offer greater opportunities for individuals to engage in nature-based activities, which have been linked to improved mental health outcomes and enhanced coping strategies. Conversely, the interaction effect suggests that the protective effects of rural living on resilience may be diminished among alcohol users, who may face additional challenges related to substance use and its associated consequences.

Prior study also supported the present findings that found resilience people having a better mental health and was less likely to get involved in high-risk behaviors such as alcohol use or abuse (Cuomo et al., 2008; Wallace, 1999). A study done by Bazrafshan et al. (2018) showed that there was a difference between rural and urban areas relating to the individual indicators of resilience. Rural areas score higher than urban areas and greater resilience reduces alcohol-related consequences (Sanchez et al., 2021). Therefore, differences exist in each region that can affect the development of individual who live in urban areas and individual who live in rural areas, ranging from lifestyle to the level of resilience (Nestya, 2013).

It was also hypothesized that there will be significant interaction effects of ‘alcohol use x ecology’ on the psychological variables. Alcohol users living in urban areas were expected to show greater scores on perceived parenting styles: indifference, abuse, and over-control.

A Kruskal-Wallis one-way ANOVA test was employed for ‘**alcohol use x ecology**’ showed that there was statistically significant effect of ‘alcohol use x ecology’ in the subscales of measure of parental styles: indifference, abuse and over-control. The scores of alcohol users living in urban areas depicted the highest mean rank in indifference parenting styles and abuse parenting styles among the group, indicating that alcohol users in urban areas tend to perceive indifference and abuse from their parents much more than other groups.

As hypothesized, alcohol users living in urban areas showed higher mean scores in indifference and abuse parenting styles. The study revealed the intricate relationship between alcohol use and ecology in parenting styles, revealing that individuals who consume alcohol in urban settings tend to exhibit higher levels of

indifference and abusive parenting styles. The statistically significant interaction effect of 'alcohol use (user and non-user) x ecology (rural and urban)' on perceived parenting styles, particularly in indifference, abuse, and over-control, may imply that individuals who consume alcohol, especially those residing in urban areas, might encounter elevated levels of stress, impulsivity, and ineffective coping mechanisms, which could influence their parenting practices. Alcohol use may impair cognitive functioning and decision-making abilities, leading to reduced sensitivity and responsiveness to children's needs, manifesting as parental indifference. Moreover, the psychosocial stressors prevalent in urban environments, such as socioeconomic disparities and environmental demands, may exacerbate feelings of frustration and aggression, increasing the likelihood of abusive behaviors among alcohol-using parents. Additionally, alcohol use may impair self-regulation and increase tendencies towards controlling behaviors, resulting in over-control parenting styles characterized by excessive monitoring and restriction. Conversely, non-alcohol-using parents, particularly those in rural areas, may exhibit lower levels of stress and impulsivity, fostering warmer and more nurturing parenting styles. The slower pace of life and stronger social support networks in rural environments may also buffer against the negative effects of alcohol use on parenting behaviors. These findings highlight the complex interplay between individual behaviors, environmental factors, and parenting practices, emphasizing the need for comprehensive interventions targeting both substance use and parenting skills within different ecological contexts.

The research underscores the bidirectional nature of the parent-child relationship, emphasizing the mutual influence and interaction between parents and children in shaping behaviors and outcomes (Belsky, 1984; Laible & Thompson, 2007). Overall, the study sheds light on the nuanced connections between alcohol use, ecology, and parenting styles, emphasizing the need for a holistic understanding of these factors in promoting effective and positive parenting practices in urban environments.

Dawson and colleagues (2011) reported that prevalence rates of past-year drinking in the adult population were higher for urban areas compared with rural areas and a dysfunctional parenting style was shown by urban parents and has more

absence or the significant withdrawal of warmth, affection or love from parents toward their children and show more rejections (Zhang, 1997). Another study done by Yang et al. (2005) also found the same results that urban parents have more dysfunctional parenting styles on rejection than rural parents.

However, contrary to hypothesis 4 (H4), alcohol users living in rural areas depicted the highest score in over-control parenting styles as compared to other groups.

The results depicted that alcohol users living in rural areas showed the highest mean rank scores in over-control parenting styles among the groups. This finding provides new insights into the relationship between alcohol use and parenting practices. This suggests that alcohol users from rural areas perceive higher levels of over-control parenting from their parents compared to other groups. The study proposes that disparities in parenting styles, particularly over-control, may be more prevalent in rural areas due to factors such as less support in child-rearing. The lack of support from parents might contribute to the perception of over-control among alcohol users in rural settings. The unexpected findings were linked to the idea that it might be uniquely challenging for rural families to develop and maintain positive parenting practices. This difficulty was attributed to the lack of support systems and amenities in rural areas, as suggested by prior studies. The study implies that the lack of support systems and amenities in rural areas may impact parenting practices, leading to higher levels of over-control. This, in turn, may contribute to the perceived critical nature of parenting among alcohol users in rural areas (Brody & Flor, 1998; Evans, 2006; Conger et al., 2010). The difficulties in rural settings may contribute to variations in parenting styles, especially among individuals using alcohol. The findings suggest enhancing support systems and providing amenities for child-rearing may contribute to more positive parenting practices and reduce the perception of over-control among individuals, especially those using alcohol.

Prior research highlighted the impact of parenting styles with a particular focus on the differences between urban and rural parenting styles. Hazardous alcohol consumption and alcohol-related problems were more widespread in rural or distant

populations than in urban communities (Miller et al., 2010). Studies suggest that compared to urban parenting styles, rural parents may be more prone to adopting over-controlling which the present study also found, and overbearing, accepting emotional and physical abuse as disciplinary approaches. These findings emphasize the importance of considering cultural and contextual factors when studying parenting styles and their influence on alcohol use. It also emphasizes the need for great approaches to understanding and addressing parenting practices in diverse settings (Rani & Singh, 2013; Bornstein et al., 2008). Existing studies also reported that rural parents with children of different ages were more likely to adopt negative parenting styles, whereas urban parents adopted a positive one (Yang et al., 2005; Yue et al., 2017).

It was also hypothesized that there will be significant interaction effects of ‘alcohol use x ecology’ on the psychological variables. Alcohol users living in urban areas were expected to show greater scores on impulsivity.

The two-way ANOVA depicted significant interaction effects of ‘alcohol use x ecology’ on attentional impulsivity, and motor impulsivity.

There was significant interaction effects of 'alcohol use x ecology' on attentional impulsivity and motor impulsivity. But contrary to the hypothesis, the results revealed that alcohol users living in rural areas depicted higher scores on attentional impulsivity and motor impulsivity. The significant interaction effects of 'alcohol use x ecology' on attentional impulsivity and motor impulsivity, particularly the unexpected finding that alcohol users residing in rural areas exhibited higher scores on these impulsivity measures, can be explained as an interplay among alcohol use and area of residence on impulsivity, shedding light on the complex relationship between these factors. Specifically, individuals who engage in alcohol consumption and reside in rural areas demonstrated heightened levels of attentional and motor impulsivity. This association suggests that the combined influence of alcohol use and rural living may exacerbate difficulties in filtering out distracting stimuli and sustaining attention on specific tasks.

The findings imply that the context in which individuals consume alcohol, such as rural environments, can impact their impulsivity levels. Individuals, who use alcohol, regardless of their geographical location, may experience impairments in cognitive functioning and impulse control, leading to higher levels of attentional impulsivity and motor impulsivity. However, the rural environment may exacerbate these effects due to factors such as limited access to mental health resources and social support networks, which could amplify stress and impulsive behaviors among alcohol users. Additionally, cultural norms and social dynamics in rural areas may contribute to heightened risk-taking behaviors and sensation-seeking tendencies, further exacerbating impulsivity among alcohol users. Furthermore, the absence of structured routines and recreational activities in rural settings may lead to increased boredom and impulsivity, particularly among alcohol users seeking stimulation. These findings underscore the complex interplay between individual behaviors, environmental factors, and substance use patterns in shaping impulsivity across different ecological contexts. Furthermore, the construct of disinhibition, encompassing traits like impulsivity, sensation seeking, and risk-taking propensity, has been consistently linked to problematic alcohol use. The state of drunkenness in rural areas may diminish an individual's ability to concentrate and focus, leading to impulsive, hasty, and restless behaviors. Understanding the specific factors contributing to impulsivity among alcohol users in rural areas is crucial for developing targeted prevention and intervention strategies.

Studies have shown that brain regions involved in impulse control and decision-making may vary based on environmental factors (Bickel, et al., 2012). The present study found significant differences between rural and urban areas which was inconsistent with prior study done by Singh et al. (2008) study that found no significant difference between impulsivity scores among rural and urban areas on the score using BIS II. Though several studies found a linked between alcohol use and impulsivity indicating that alcohol consumption was influenced by impulsivity and the BIS score was higher among alcohol user compared to non-alcohol users (Smaoui et al., 2017). Literature showed that higher impulsivity has been linked to alcohol consumption and previous research has consistently demonstrated the

relationship between impulsivity and alcohol consumption showing that greater impulsivity was associated with higher alcohol consumption (Adams et al., 2012).

However, the two-way ANOVA did not show significant interaction effects of ‘alcohol use x ecology’ on non-planning impulsivity.

Contrary to the hypothesis, the study found no variations in non-planning impulsivity between alcohol users from rural and urban areas and non-users from rural and urban areas. This lack of difference challenges simplistic assumptions about the relationship between impulsivity and geographic location. The study acknowledges that while there may be no apparent difference in non-planning impulsivity, it does not necessarily imply that there was no difference in subsequent planning strategies and thought processes between the two groups. The absence of variation in non-planning impulsivity suggests that certain aspects of impulsivity may be influenced by factors other than alcohol use or residential location among the samples. This indicates that different facets of impulsivity may manifest differently in urban and rural populations. The findings imply that there are complexities in understanding impulsivity beyond just alcohol use and geographic location. The study's results highlight the importance of considering various dimensions of impulsivity in research. By recognizing that impulsivity is a multifaceted construct influenced by multiple factors, researchers can gain a more nuanced understanding of how different aspects of impulsivity may interact with variables such as alcohol use and residential location. This nuanced approach is essential for developing comprehensive theories and interventions related to impulsivity and its implications for behavior and decision-making.

Several studies found the links between alcohol use and impulsivity indicating that alcohol consumption was influenced by impulsivity and the BIS score was higher among alcohol user compared to non-alcohol users (Smaoui et al., 2017). However, prior study did not find a significant relationship between impulsivity and alcohol use among rural and urban areas (Handley et al., 2011; Sing et al., 2008) and it is less clear how different impulsivity traits specifically non-planning, deliberation, urgency, sensation seeking are associated with different alcohol use outcomes such

as alcohol use initiation, escalation, and development of alcohol use disorders (AUDs) (Shin et al., 2012). This finding emphasizes the importance of considering various characteristics when studying impulsivity and alcohol consumption. The notion was that different aspects of impulsivity may have unique pathways to alcohol-related consequences. As a result, the recommendation was made to investigate these aspects as distinct and independent constructs. This implies that within the broader concept of impulsivity, there might be specific facets or dimensions that have different relationships with alcohol consequences. It highlights the need for a prospective approach when studying the link between impulsivity and alcohol use, taking into account the complexity of both constructs.

The results of the post-hoc non-parametric comparisons for all pairs in perceived **indifference parenting styles** depicting significant mean differences for all pairs. The outcomes from the post-hoc non-parametric comparisons across various groups in indifference parenting styles revealed notable mean differences based on alcohol use (alcohol use and non- use) and ecological factors (rural vs. urban) indicating significant interaction effects. Specifically, when comparing non-users from rural areas with alcohol users from rural areas, there was a mean difference ($M=-26.986$, $p<.000^*$) indicating that non-users from rural regions exhibited significantly lower scores in perceived indifference parenting styles compared to alcohol users within the same rural context. Similarly, when comparing non-users from rural areas with alcohol users from urban areas, the mean difference ($M=-27.666$, $p<.000^*$) suggesting that non-users from rural settings scored notably lower on perceived indifference parenting styles in comparison to alcohol users from urban environments. Moreover, in the comparison between non-users from urban areas and alcohol users from rural areas, a mean difference ($M=-29.866$, $p<.000^*$) was observed, illustrating that non-users from urban regions displayed significantly lower scores in perceived indifference parenting styles relative to alcohol users from rural settings. Lastly, when comparing non-users from urban areas with alcohol users from urban areas, a mean difference ($M=-30.266$, $p<.000^*$) was found, indicating that non-users from urban settings exhibited notably lower scores in perceived indifference parenting styles compared to alcohol users residing in the same urban

context. These findings underscore the intricate interplay between alcohol use and ecological factors in shaping parental styles, with variations observed across different demographic groups.

The highest mean difference on perceived indifference parenting styles was found between non-users from urban areas and alcohol users from urban areas among all the groups. This suggests that individuals who do not use alcohol and reside in urban environments exhibit significantly lower scores in perceived indifference parenting styles compared to their counterparts who consume alcohol in the same urban context. This observation implies that alcohol use within urban settings may be associated with a greater propensity towards perceived indifference in parenting styles, highlighting potential differences in parental behaviour influenced by alcohol consumption within urban environments.

The significant mean differences suggest that alcohol use (alcohol use and non- use) and ecological context (rural vs. urban) are associated with variations in indifference parenting styles. This highlights the importance of considering both individual behaviours (alcohol use or non-use) and environmental factors (ecology) in understanding differences in parenting practices. The significant mean differences suggest that alcohol use is associated with higher scores on indifference parenting styles, regardless of ecological context. This indicates that alcohol users, whether residing in rural or urban areas, tend to exhibit greater levels of perceived indifference parenting from their parents compared to non-users. The findings highlight the role of ecological context in influencing perceived parenting styles. While alcohol use appears to have a significant impact on perceived indifference parenting styles, the magnitude of this impact may vary depending on whether individuals reside in rural or urban areas. In summary, the results suggest that alcohol use is associated with higher levels of perceived indifference in parenting styles, with significant differences observed across different ecological contexts. These findings emphasize the importance of considering both alcohol use and ecological factors when examining parenting practices

The results of the post-hoc non-parametric comparisons for all pairs on perceived **abuse parenting styles** depicted significant mean differences. The results showed that there were significant interaction effects of 'alcohol use x ecology' on abuse parenting styles among the sample. The significant interaction effects of 'alcohol use x ecology' on abuse parenting styles highlight the combined influence of alcohol use and ecological context on parenting practices. This indicates that both individual behaviours (alcohol use vs. non-use) and environmental factors (rural vs. urban residence) contribute to differences in abusive parenting behaviours. The significant mean differences observed between different pairs of groups underscore the variability in abusive parenting styles based on alcohol use and ecological context. A significant mean difference between the pairs of non-users from rural areas and alcohol users from rural areas ($M=-24.733$, $p<.002^*$) suggests that non-users from rural areas tend to perceive lower levels of abusive parenting styles compared to their counterparts who consume alcohol within the same rural setting. This implies that alcohol use among individuals residing in rural areas may be associated with heightened perceptions of abusive parenting behaviors. The mean difference between non-users from urban areas and alcohol users from urban areas ($M=-38.186$, $p<.000^*$) indicates that non-users from urban areas perceive significantly lower levels of abusive parenting styles compared to alcohol users residing in urban environments. This suggests that alcohol consumption within urban settings may contribute to a heightened perception of abusive parenting practices among individuals. The substantial mean difference between non-user from rural areas and alcohol users from urban areas ($M=-41.426$, $p<.000^*$) underscores the significant disparity in perceived abusive parenting styles between non-users from rural areas and alcohol users from urban areas. This highlights the pronounced impact of alcohol use in urban settings on perceptions of abusive parenting behaviors, with individuals in urban areas who consume alcohol potentially exhibiting higher levels of perceived abusive parenting compared to non-alcohol-consuming individuals in rural areas.

The highest mean difference on perceived abuse parenting styles was found between non-users from rural areas and alcohol users from urban areas among all the groups. The highest mean difference between non-users from rural areas and alcohol users from urban areas suggests that this particular subgroup may be at elevated risk for engaging in abusive parenting practices. The significant interaction effects of 'alcohol use x ecology' on abuse parenting styles highlight the complex interplay between individual behaviours, environmental factors, and parenting practices.

The results of the post-hoc non-parametric comparisons for all pairs in perceived **over-control parenting styles** showed significant mean differences. The results showed that there were significant interaction effects of 'alcohol use x ecology' on perceived over-control parenting styles among the sample. Significant mean differences were observed between different pairs of groups, indicating variability in over-control parenting styles based on alcohol use and ecological context. The mean differences between non-users from rural areas and alcohol users from rural areas ($M=-26.986$, $p<.000^*$) suggests that non-users from rural areas scored significantly lower on perceived over-control parenting styles compared to alcohol users from rural areas. This implies that alcohol users from rural areas tend to exhibit higher perceived over-control parenting styles compared to non-users from the same rural setting. Non-users from rural areas scored significantly lower on perceived over-control parenting styles compared to alcohol users from urban areas ($M=-27.666$, $p<.000^*$). This finding suggests that alcohol users residing in urban areas demonstrate higher levels of perceived over-control parenting behaviours from their parents compared to non-users from rural areas. The mean difference between non-users from urban areas and alcohol users from rural areas ($M=-29.866$, $p<.000^*$) also indicates that non-users from urban areas scored significantly lower on perceived over-control parenting styles compared to alcohol users from rural areas. This implies that non-users residing in urban settings tend to exhibit lower levels of perceived over-control parenting practices from their parents compared to alcohol users from rural areas. Moreover, non-users from urban areas scored significantly lower on perceived over-control parenting styles compared to alcohol users from

urban areas ($M=-30.266$, $p<.000^*$). This finding indicates that alcohol users residing in urban settings demonstrate higher levels of perceived over-control from their parents compared to non-users from the same urban environment.

The highest mean difference was found between non-users from urban areas and alcohol users from urban areas among all the groups. The significant mean differences suggest that both alcohol use or non-use and ecological context (rural vs. urban residence) influence over-control parenting styles. The elevated mean difference between non-users and alcohol users from urban areas suggests that alcohol use within urban settings may be particularly associated with certain parenting styles, potentially indicating heightened risk factors for maladaptive parenting practices or challenges in the parent-child relationship. The significant mean differences help identify potential risk factors for over-control parenting behaviours. For example, the findings suggest that alcohol users from urban areas may be at elevated risk for perceiving over-control parenting practices compared to non-users from rural areas. The finding underscores the importance of considering the specific ecological context, in this case, urban residence, when examining the impact of alcohol use on parenting practices. It suggests that the urban environment may play a significant role in shaping the parenting behaviours of individuals who consume alcohol, potentially due to factors such as social norms, stressors, or access to support resources.

The results of the post-hoc (Scheffe) multiple mean comparisons of the groups on **resilience** and results revealed significant mean differences between alcohol users from rural areas, alcohol users from urban areas, non-users from rural areas and non-users from urban areas. The results showed that there were significant interaction effects of 'alcohol use x ecology' on resilience among the sample. The significant mean differences observed between alcohol users and non-users from both rural and urban areas suggest variations in resilience levels among these groups. These differences indicate that alcohol use and ecological context (rural vs. urban residence) may influence individuals' resilience levels. Results revealed significant mean differences between alcohol-users from rural areas and non-users from urban areas ($M=-14.080$, $p<.000^*$). The mean difference indicates that non-users from rural

areas scored significantly lower on resilience compared to alcohol users from rural areas. This suggests that individuals who use alcohol in rural settings may exhibit higher levels of resilience than their non-using counterparts. The findings indicated a significant disparity in mean scores between alcohol users from urban and non-users from rural areas ($M=-20.627$, $p<.000^*$). Alcohol users from urban areas scored significantly lower on resilience compared to non-users from rural areas. This implies that individuals who use alcohol in urban environments may have lower resilience levels compared to those who do not use alcohol in rural settings. Results also revealed significant mean difference between non-users from rural areas and alcohol users from urban areas ($M=20.627$, $p<.000^*$). Non-users from rural areas scored significantly higher on resilience compared to alcohol users from urban areas. This suggests that individuals who do not use alcohol in rural settings may exhibit higher resilience levels than those who use alcohol in urban settings. Furthermore, the findings indicated significant mean difference between non-users from urban areas and alcohol users from urban areas ($M=20.387$, $p<.000^*$). Non-users from urban areas scored significantly higher on resilience compared to alcohol users from urban areas. This implies that individuals who do not use alcohol in urban settings may have higher resilience levels than those who use alcohol in the same urban environments.

The highest significant mean difference on resilience was found between alcohol users from urban areas and non-users from rural areas. The observation of a higher mean difference indicates that individuals who use alcohol in urban areas exhibit significantly lower resilience levels compared to non-users from rural areas. This suggests that urban environments, in combination with alcohol use, may pose unique challenges or stressors that impact individuals' resilience. The elevated mean difference underscores the potential risk factors associated with alcohol use within urban settings. It implies that individuals who consume alcohol in urban areas may face greater difficulties in coping with adversity or challenges compared to their non-using counterparts in rural areas. It suggests that environmental factors specific to urban areas may interact with alcohol use to influence individuals' resilience.

The significant mean differences identified in resilience levels between alcohol users and non-users from rural and urban areas highlight the importance of considering both alcohol use and environmental factors when examining resilience. The comparisons between alcohol users and non-users from rural and urban areas provide insights into how these factors interact to influence resilience. The observed differences in resilience levels between alcohol users and non-users suggest that alcohol use may be associated with lower resilience levels. Conversely, non-users, particularly those from urban areas, appear to demonstrate higher resilience levels. These findings point to potential risk factors associated with alcohol use and protective factors associated with non-use, particularly in urban settings.

The result of the post-hoc (Scheffe) multiple mean comparisons of the groups on **attentional impulsivity** and result revealed significant mean differences between alcohol users from rural areas, alcohol users from urban areas, non-users from rural areas and non-users from urban areas. The results showed that there were significant interaction effects of ‘alcohol use x ecology’ on attentional impulsivity among the sample. Results revealed significant mean differences between alcohol users from rural areas and non-users from rural areas ($M=3.773$, $p<.000^*$). The significant mean difference indicates that alcohol users from rural areas exhibit higher levels of attentional impulsivity compared to non-users from the same rural setting. This suggests that alcohol consumption among individuals in rural areas may be associated with increased levels of attentional impulsivity. The substantial mean difference between alcohol users from urban areas and non-users from rural areas ($M=3.467$, $p<.000^*$) suggests that alcohol users from urban areas also display elevated levels of attentional impulsivity compared to non-users from rural areas. This implies that alcohol use within urban settings may similarly contribute to heightened levels of attentional impulsivity among individuals. The significant mean difference between non-users from rural areas and alcohol users from rural areas ($M=-3.773$, $p<.000^*$) underscores the contrast in attentional impulsivity between non-users from rural areas and alcohol users from rural areas. This indicates that individuals who do not consume alcohol in rural areas exhibit lower levels of attentional impulsivity compared to their alcohol-consuming counterparts. The mean

difference between non-users from urban areas and non-users from rural areas ($M=2.213$, $p<.000^*$) suggests that non-users from urban areas also display higher levels of attentional impulsivity compared to non-users from rural areas. This indicates that ecological factors, such as urban living, may contribute to increased attentional impulsivity irrespective of alcohol consumption.

The highest significant mean difference on attentional impulsivity was found between alcohol users from rural areas and non-users from rural areas. This suggests that alcohol consumption among individuals in rural areas may be associated with increased levels of attentional impulsivity. It also indicates that individuals who do not consume alcohol in rural areas exhibit lower levels of attentional impulsivity compared to their alcohol-consuming counterparts.

The results of the post-hoc (Scheffe) multiple mean comparisons of the groups on **motor impulsivity** and results revealed significant mean differences between alcohol users from rural areas, alcohol user from urban areas, non-users from rural areas and non-users from urban areas. The results showed that there were significant interaction effects of 'alcohol use x ecology' on motor impulsivity among the sample. Alcohol users from rural areas displayed a significantly higher mean motor impulsivity score compared to non-users from the same rural areas ($M=5.147$, $p<.000^*$). This suggests that alcohol consumption within rural settings is associated with elevated motor impulsivity levels. Similarly, alcohol users from urban areas exhibited a significantly higher mean motor impulsivity score compared to non-users from rural areas ($M=4.947$, $p<.000^*$). This indicates that regardless of the ecological context, alcohol users tend to demonstrate higher levels of motor impulsivity. Conversely, non-users from rural areas displayed a significantly lower mean motor impulsivity score compared to alcohol users from the same rural areas ($M=-5.147$, $p<.000^*$). This suggests that the absence of alcohol consumption in rural settings is associated with lower motor impulsivity levels. Non-users from urban areas also showed a significantly lower mean motor impulsivity score compared to non-users from rural areas ($M=2.827$, $p<.000^*$). This indicates that regardless of alcohol use, individuals from urban areas tend to exhibit lower motor impulsivity levels compared to their rural counterparts. The finding of significant interaction effects of 'alcohol

use x ecology' on motor impulsivity suggests that both alcohol consumption and ecological factors play a combined role in influencing motor impulsivity levels.

The highest significant mean difference on motor impulsivity was found between alcohol users from rural areas and non-users from rural areas. This finding suggests that the most notable distinction in motor impulsivity levels was observed between individuals who consume alcohol in rural areas and those who do not. Specifically, alcohol users from rural regions exhibited substantially higher levels of motor impulsivity compared to non-users from the same rural areas. This implies that alcohol consumption within rural settings may be particularly influential in elevating motor impulsivity tendencies. This distinction underscores the significance of considering both alcohol use and ecological context when examining motor impulsivity levels, highlighting the specific impact of alcohol consumption within rural environments.

The results of the post-hoc (Scheffe) multiple mean comparisons of the groups on **non-planning impulsivity** and results revealed no significant mean differences among the groups of alcohol users from rural areas, alcohol users from urban areas, non-users from rural areas and non-users from urban areas. This may imply that regardless of alcohol use or the ecological context (rural or urban), individuals did not show significant variations in non-planning impulsivity. This suggests that non-planning impulsivity may not be strongly influenced by alcohol use or the rural-urban divide in the studied population. It underscores the importance of considering multiple factors beyond alcohol use and ecological context when examining impulsivity traits, indicating that non-planning impulsivity might be influenced by other variables not captured in this study.

The **final** objective was to determine the predictability of 'alcohol use' from resilience, perceived parenting styles, and impulsivity. It was hypothesized that there will be significant predictability of alcohol use from resilience, perceived parenting styles and impulsivity.

The findings of the present study partially proved/support the hypothesis 5 (H₅) - there will be significant predictability of ‘alcohol use’ from resilience.

As hypothesized, the stepwise regression model with resilience as predictor and alcohol use as the criterion emerged to be statistically significant. The regression analysis indicates that resilience can play a significant role in alcohol use.

The results showed that the utility of the predictive model was significant. The predictor explains a large amount of variance between the variables. The results showed that resilience was significant positive predictors of alcohol use. Resilience, within the realm of psychology, plays a pivotal role in predicting alcohol use behaviors among individuals. Resilience refers to an individual's capacity to adapt, recover, and thrive in the face of adversity or stress. It encompasses the ability to effectively cope with challenges, maintain emotional well-being, and function optimally despite difficult circumstances. Research indicates that the level of resilience a person possesses can significantly influence their likelihood of engaging in alcohol use. Individuals with high levels of resilience are more adept at employing adaptive coping mechanisms when confronted with stressors or negative emotions. They possess strong problem-solving skills, a sense of self-efficacy, and optimism, enabling them to navigate challenging situations without resorting to maladaptive behaviors like excessive alcohol consumption. Their ability to effectively manage stress and adversity reduces the need to turn to alcohol as a coping strategy. Conversely, individuals with lower levels of resilience may be more susceptible to the detrimental impacts of stress and may turn to alcohol as a means of alleviating distress or emotional discomfort. Alcohol use can offer temporary relief from negative emotions, leading to a cycle of dependence and reliance on alcohol as a coping mechanism. In this context, resilience acts as a protective factor that shields against the risk of problematic alcohol use. Moreover, resilient individuals are more inclined to prioritize their long-term well-being and resist engaging in risky behaviors such as excessive drinking. Resilience serves as a critical determinant in predicting alcohol use behaviors by shaping how individuals respond to stress, adversity, and emotional challenges. By enhancing resilience through interventions such as stress management strategies, social support systems, and cognitive-

behavioral therapies, individuals can cultivate the skills and resources necessary to resist the allure of alcohol as a coping mechanism and uphold healthier behavioral patterns.

Evidence suggests that greater resilience predicted the probability of low alcohol use disorders (Elton et al. 2021). Sanchez et al. (2021) also found that greater resilience predicted fewer drinking motives, lower alcohol consumption, and reduced the negative impact of drinking motives on alcohol use. A study done by Arredondo et al. (2017) showed that regression models indicated that the higher the characteristics of resilience were the lower the probability of alcohol consumption. Wong et al. (2006) reported that children with greater levels of resilience were less likely to continue consuming alcohol. People, who were better at describing depressive feelings, which was a sign of resilience, were found to drink less alcohol (Kashdan et al., 2010). People with poor resiliency were more likely to use ineffective coping mechanisms, such as medications or alcohol, to deal with stressors (Block, 2002; Grotberg, 1995).

It was also hypothesized that there will be significant predictability of ‘alcohol use’ from impulsivity.

As hypothesized, the psychological variables of attentional impulsivity, motor impulsivity and non- planning impulsivity were used as predictors and alcohol use as a criterion. The regression analysis indicates that attentional impulsivity and motor impulsivity can play a significant role in alcohol use. **However, no significant prediction was found on the subscale of non-planning impulsivity.**

The results contribute to the understanding of the particular subjective response patterns which linked not only to personality traits but also to alcohol use within the samples. The results showed that the utility of the predictive model was significant. The predictors explain a large amount of variance between the variables. The results showed that attentional impulsivity and motor impulsivity were significant positive predictors of alcohol use. Impulsivity can serve as a significant predictor of alcohol use due to its influence on decision-making processes and self-control mechanisms. Individuals with higher levels of impulsivity may be more

prone to engaging in risky behaviors, such as excessive alcohol consumption, without fully considering the consequences. This lack of inhibitory control can lead to impulsive actions, including alcohol use, as a means of seeking immediate gratification or coping with stressors (Lejuez et al., 2010). Moreover, prior study showed that impulsivity was often associated with personality traits of sensation-seeking behavior, where individuals seek out novel and stimulating experiences, including alcohol consumption, to fulfill their desire for excitement and arousal. This sensation-seeking trait can drive individuals to engage in alcohol use as a way to enhance their mood or social interactions, especially in social settings where alcohol was readily available (Cyder & Smith, 2008). Additionally, individuals with high impulsivity levels may struggle with regulating their emotions and managing stress effectively. Alcohol use may serve as a maladaptive coping mechanism to alleviate negative emotions or distress, leading to a cycle of impulsive drinking behavior as a means of temporary relief from emotional discomfort (Sher & Trull, 1994). The findings shows that impulsivity can predict alcohol use as it influences decision-making, self-control, sensation-seeking behavior, and coping mechanisms. Understanding the interplay between impulsivity and alcohol consumption is crucial for developing targeted interventions and prevention strategies to address impulsive drinking behaviors.

Supported research found that impulsivity was significant predictor of substance use, including both alcohol consumption and alcohol-related problems (Hamdan-Mansour et al., 2018). Substance users were considered to be very impulsive, and their BIS-11 scores reflect this. Early-onset alcoholics do better on the BIS-11 than late-onset alcoholics, who were believed to be less severe (Dom et al., 2006a). Impulsivity was a variable of interest because people with lower levels of self-control may be predisposed to developing substance use disorders (APA, 2013). Flaudias et al. (2019) found that a dimension of impulsivity (sensation seeking and lack of premeditation) was strong predictors of current alcohol consumption among college students. Past research has found that impulsivity was predictor of substance use significantly correlated with binge drinking (Kazemi et al., 2011), predictor of alcohol intoxication frequency (O'Halloran et al., 2018), predictor of both alcohol

consumption and alcohol-related problems (Dunne et al., 2013), and predictor of AUDIT total score and problem drinking as indicated by a cut off score on the AUDIT (Murphy & Garavan, 2011).

Contrary to the hypothesis, the results did not show significant prediction of alcohol use from non-planning impulsivity.

The results indicated that non-planning impulsivity did not significantly predict alcohol use. This suggests that the relationship between impulsivity and alcohol use may be complex and context-dependent. The study emphasizes the importance of using a developmental context to understand impulsivity and alcohol use relationship. Personality, including impulsivity, has traditionally been viewed as a stable characteristic, but longitudinal research suggests significant changes across the life course. The mention of developmentally related decline in impulsivity as individuals mature suggests that changes in impulsivity over time may play a role in the relationship with alcohol use. This aligns with research indicating that drinking problems tend to decrease with maturity (Littlefield, et al., 2009). The acknowledgment that personality was not static and can change across the life course adds to the understanding of the complex interplay between impulsivity and alcohol use. This dynamic nature of personality may contribute to fluctuations in the strength of their relationship.

Current Scenario and Burden of Alcohol Use in Mizoram

The present study also developed an interest to investigate the current status and effects of alcohol use in Mizoram and gathered data from different hospitals such as Civil Hospital, Synod Hospital, Aizawl Hospital, LRM Hospital, Nazareth Hospital, Bethesda Hospital, Seven Day Hospital, and Greenwood Hospital. Furthermore, the researchers visited the Excise and Narcotics Department to obtain information on alcohol-related cases and deaths in various districts of Mizoram. However, the data collected had some limitations, and it was widely agreed that there were more alcohol-related hospitalizations and deaths than recorded. The limitations were attributed to the shift from manual paper-based to computerized record-keeping systems, which caused significant data loss. Some hospitals even experienced system

failures, resulting in further reductions in the number of records available. Additionally, most hospitals only kept information for the past three years and limited the number of documents collected, which may not provide a comprehensive picture of alcohol consumption in Mizoram. Despite these shortcomings, the available data were included to emphasize the importance of proper record-keeping. However, to better understand the current condition and burden of alcohol consumption in Mizoram, more accurate and adequate documentation is necessary. Upon observation of record-keeping practices in different hospitals, it was found that the process was mostly similar except for Synod Hospital, which categorizes patients at the time of admission in an efficient and organized manner. This approach allows for clear and convenient record-keeping. If all hospitals adopted this method, it could potentially provide a more accurate representation of alcohol usage in the state by increasing the number of hospital admissions and death records. All of the reports gathered were from 2014 to 2022. (Till July 2022). The present situation regarding alcohol use in Mizoram and its associated challenges are reflected primarily based on officially reported cases by hospitals and the Excise and Narcotics Department. However, it's crucial to acknowledge that these figures may not capture the full extent of alcohol-related issues, as there could be instances that haven't been reported. Despite this limitation, efforts have been made to compile the existing data with the aim of raising awareness among policymakers and healthcare professionals about the importance of addressing underreporting. By doing so, interventions can be tailored more effectively. Moreover, this underscores the need for further exploration into the true scale of alcohol-related harm across various aspects of life in Mizoram, facilitating the development of targeted strategies to mitigate its impact.

Implications of the study

The findings of the present study have important implications for understanding the role of resilience, perceived parenting styles, and impulsivity among alcohol users and non-users from rural and urban areas.

The study's findings indicate that individuals who do not use alcohol, regardless of their residential setting, tend to exhibit higher levels of resilience and

lower levels of negative parenting styles and impulsivity compared to those who consume alcohol. This suggests that resilience, negative parenting and impulsivity play crucial roles in shaping an individual's behavior and environment. The results underscore the significant impact of psychological variables on alcohol use, highlighting those alcohol users, both in rural and urban areas; demonstrate higher levels of negative parenting styles and impulsivity. This indicates a clear association between these psychological factors and alcohol consumption, emphasizing the need to address these factors in interventions aimed at reducing alcohol misuse. The study's findings also shed light on the complex interplay between resilience, parenting styles, impulsivity, and alcohol use in both rural and urban contexts. The implications of these results suggest the need for targeted interventions that focus on enhancing resilience, promoting positive parenting, and addressing impulsivity to effectively address alcohol-related issues and improve overall well-being.

Firstly, the study suggests that building resilience skills can be a valuable strategy for reducing the risk of alcohol misuse. Resilient individuals may be better equipped to cope with stress and negative emotions without relying on alcohol as a coping mechanism. By enhancing resilience and creating a supportive and nurturing environment through positive parenting, individuals may develop better behavioral control and a more positive outlook, potentially reducing the likelihood of engaging in harmful behaviors and limits impulsive decision making such as consuming alcohol use and misuse. The study also emphasizes the importance of fostering resilience and promoting positive parenting practices to mitigate the risk of alcohol use and impulsivity. Interventions that focus on building resilience skills, such as life skills training during childhood and adolescent period, or cognitive-behavioral therapy or mindfulness-based approaches, for both alcohol users and non-users may be helpful. At the community level, promoting a supportive and connected environment can foster resiliency and reduce the risk of alcohol misuse. Finally, at the policy level, initiatives that reduce stressors such as poverty and inequality can also promote resiliency and decrease the prevalence of alcohol misuse.

Secondly, the study highlights the important role of parenting practices in shaping attitudes towards alcohol use. Positive parenting practices, such as setting

clear rules and boundaries and fostering a supportive family environment can help encourage adaptive behaviors towards substance use and reduce the risk of alcohol misuse. Parenting practices can play an important role in shaping children's attitudes towards alcohol and substance use, and can have long-lasting effects on their behavior in adulthood. The present study has also shown that positive parenting promotes resilience and negative parenting methods, in particular, have been shown in studies to raise the likelihood of impulsivity and other psychological problems. Parents who are neglectful or overly permissive may unintentionally encourage their children to turn to alcohol use. Interventions that focus on promoting positive parenting practices may be particularly helpful for non-users who are at risk of developing alcohol misuse. Moreover, supportive and positive parenting may also aid in the cessation of substance use and prevent relapse. At the community level, programs that focus on promoting positive parenting practices and providing support for families can be effective in reducing the prevalence of alcohol misuse. Utilizing churches and NGOs like the Young Mizo Association (YMA) for organizing programs focused on promoting positive parenting practices and supporting families. This can include educational workshops, support groups, and awareness campaigns within the community. For raising awareness educational institutions can also be engaged among students and parents. Parent-teacher meetings can serve as a platform to disseminate information and resources about alcohol misuse prevention and positive parenting practices. By combining efforts at both the community and policy levels, it's possible to create a comprehensive approach to addressing alcohol misuse and promoting positive parenting practices. These strategies not only focus on prevention but also support families in maintaining healthy and supportive environments, which are essential for overall well-being. At the policy level, initiatives that promote family-friendly policies, such as paid parental leave and flexible work arrangement, have also been found to support positive parenting practices and reduce the risk of alcohol misuse.

Finally, the study suggests that impulsivity is a risk factor for alcohol misuse. Individuals who struggle with impulsivity may be more prone to engaging in risky behaviors, such as excessive drinking. The study highlights the importance of a

positive environment during childhood development. A nurturing and supportive environment can significantly impact later life outcomes. Parents play a crucial role in creating such an environment, emphasizing mutual understanding and interaction with their children. Addressing impulsivity and creating positive environments during childhood development are essential in mitigating the risk of alcohol misuse and fostering well-adjusted individuals. Interventions such as Cognitive-behavioral therapy (CBT) and mindfulness-based approaches are suggested interventions for individuals struggling with impulse control as these approaches offer potential paths for supporting individuals in developing impulse control skills. These interventions can be beneficial for both alcohol users and non-users, helping individuals learn to manage their impulses effectively.

A multifaceted approach can be a valuable strategy for decreasing the prevalence of alcohol misuse at individual, community, and policy levels. By creating a supportive environment that encourages healthy decision-making and reduces the risk of alcohol-related harm, it may be possible to promote a culture of responsible alcohol use. Overall, it's important to address alcohol misuse from multiple angles, and taking psychological factors like resilience, parenting styles, and impulsivity into account can be a valuable addition to any prevention strategy. At the individual level, interventions that target psychological factors such as resiliency and impulsivity can be helpful, while at the community level, programs that focus on promoting a supportive and connected environment can be effective. Non-governmental organizations (NGOs) like the church and the young mizo association etc. in the context of Mizoram and government agencies may perform more awareness, training, and outreach initiatives both at individual and community level to assist young people in making healthy choices and to increase knowledge of the consequences of alcohol misuse. At the policy level, initiatives that reduce stressors and improve access to resources can also be helpful in reducing the prevalence of alcohol misuse. By addressing these psychological factors and taking a multifaceted approach, it may be possible to create a more comprehensive and effective strategy for reducing alcohol misuse and promoting responsible alcohol use. These findings can also be used to target at-risk groups and encourage policy changes to improve

public health efforts and minimize alcohol-related health expenses. Furthermore, the present research clearly demonstrated the need of keeping accurate records of alcohol consumption and ensuring that treatment options are available and accessible to individuals in need. Proper records and accurate data are critical for understanding the actual scenario and the burden of alcohol misuse. Moreover, it is important for identifying risk and for implementing effective interventions.

Limitations

All possible care and precautions have been observed to make the most adequate statistical analysis and do the most representative selection of the sample through randomization. Still, the present study is not free from limitations. Firstly, the measurements were self-reported, which can create the possibility of response bias since individuals may give answers that are socially acceptable or find it difficult to evaluate their actions. Secondly, the study only used negative parenting styles, which may not fully capture the parenting dynamics within the study population. Adding positive parenting scales could provide a more comprehensive understanding of effective parenting styles among the samples. Therefore, including measures of positive parenting styles alongside negative ones can provide a more balanced view of parenting styles and their effects on child development. Thirdly, despite the low reliability ($\alpha = .534$) of the attentional impulsivity subscale, it was still utilized in this study due to its theoretical relevance and the limited availability of alternatives for measuring this construct. Acknowledging its limitations, it provides a basis for future refinement and improvement, allowing for incremental advancements in the assessment of attentional impulsivity. Fourthly, one of the primary challenges faced by the present study is the limited existing literature on rural and urban comparisons of the chosen psychological variables. Furthermore, while the study found significant differences in the interaction effects of 'alcohol x ecology', it was challenging to find supported literature on this topic as well. This scarcity of prior research makes it difficult to build upon existing knowledge or theoretical frameworks and draw conclusions with supported findings. Fourthly, in this study, the term "alcohol use/misuse" was utilized to refer to individuals who consume alcohol. While this term is commonly used in research to encompass a

broad spectrum of alcohol consumption, including moderate use, heavy use, and alcohol dependence, employing a more technical terminology such as alcohol abuse, alcohol dependence syndrome or alcoholism could have provided a more specific characterization of the participants' alcohol-related behaviors. This limitation suggests that future studies may benefit from employing more precise language to describe the alcohol use patterns under investigation, thereby enhancing the clarity and specificity of the research findings. Moreover, the current study's limitations were also linked to the record-keeping procedures related to alcohol use in Mizoram, which caused considerable data loss and may not offer a full picture of alcohol use in Mizoram. This clearly emphasizes the significance of maintaining accurate records in order to better understand the present state and burden of alcohol consumption in Mizoram. As a result, more precise and appropriate documentation needs to be provided. Addressing these limitations in future research can contribute to a more comprehensive and better understanding of the relationships between resilience, parenting styles, and impulsivity on alcohol use.

Suggestions

Future research should focus on the many psychological facets of the behavioral measures that may be used to examine alcohol use in greater depth. Although the present result may support prior studies, the most important impact may be that they raise a variety of intriguing questions for future studies. Therefore, if techniques like longitudinal designs were applied to more thoroughly demonstrate the accuracy of resilience, parenting styles, and impulsivity towards problematic alcohol use, the current study would be strengthened. To obtain a deeper understanding, an alternative strategy based on a mixed approach combining qualitative and quantitative research might be employed. Furthermore, in terms of future research, it would be useful to extend the current findings by examining studies that go beyond self-reported measures, such as focus groups, interviews, experimental tasks, cognitive tasks, or computer-based assessments. All these assessments might be worthwhile because alcohol abuse and misuse can impair cognitive development and create problems for individuals, families, and society at large, further study is still necessary.

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