

Comparative Research on Substance Abuse and Self-Perception Among Adolescents with Physical Handicap

Koraljka Janeković

Center for Education and Rehabilitation »Dubrava«, Zagreb, Croatia

ABSTRACT

The research on substance (alcohol, tobacco and drug) abuse and on self-perception was done by comparing a test group of physically disabled adolescents and a test group of non-disabled adolescents. The respondents of the experimental group were students of the only special high school for physically handicapped persons in Croatia, Zagreb. The respondents of the control group were the students of two regular high schools in the capital of Croatia. The instrument used in this research was a self-reported, anonymous questionnaire. The respondents completed the questionnaire in the classroom. The data analysis regarding alcohol abuse indicated that physically disabled adolescents drink more often and out of quite different motives than their non-disabled peers. Regarding the prevalence, frequency, quantity and motives for smoking, no statistically significant difference has been found between the tested groups. On the contrary, significant differences between handicapped and non-disabled adolescents were evident regarding drug abuse. Only one physically disabled examinee used a drug – marijuana, only a few times a year. On the other hand, almost one quarter of the non-disabled adolescents use at least one, five at the most, type of drug sometimes or often. The results on the self-perception scale show that adolescent with physical disabilities have a much more negative attitude toward themselves than non-disabled controls. Their self-esteem and self-confidence are seriously diminished. Described findings could have a mighty impact on ways of preventing substance abuse, and on ways of increasing self-esteem among disabled and non-disabled adolescents.

Key words: *substance abuse, self-perception, adolescents, physical handicap, Croatia*

Introduction

During the years of work with physically handicapped young persons, I have noticed that, on the one side, their passage through the adolescent crisis doesn't differ from that of non-disabled adolescents; but, on the other side, they manifest some specific difficulties of adolescent development and growing-up. Namely, physical disability brings a series of primary biological problems that are, in a psychosocial context, furthermore multiplied and can lead to deep and sometimes very complex adolescent crisis's. Beside the usual conflicts, specific at a certain phase, physically handicapped adolescents have to deal with a number of other, sometime very difficult, problems, which ensue from the nature of the very handicap, reactions of the environment, and especially from the attitude of the handicapped person toward himself. Kendler said that self-esteem is usually conceptualized as reflection of socialization and interpersonal experiences¹. I suppose that those processes are aggravated for persons with physical disabilities. Whereas we are mirroring in other people eyes, their view is reflecting on our self-perception. Nearly all of the large literature on self-esteem has assumed that the etiology of this construct is to be found in the psychosocial domain. As summarized by Robson »the self-concept was seen as being acquired through interaction with other people rather than being inborn«². Adolescents are, by their nature, very occupied with their looks. Every imperfection can jeopardize their sense of security. It is not hard to imagine how a handicapped adolescent is feeling in his, sometime very conspicuously, deformed body. Since the image of one's own body is also mirroring in other areas of personality, we can assume that self-confidence, self-respect and self-acceptance differs significantly between disabled and non-disabled adolescents. Cromer and coworkers

reported that adolescents with physical disabilities have poorer scores on the body and self-image subscale of the Offer Self-Image Questionnaire for Adolescents (OSIQ) than their non-disabled peers³. Kennedy said: »There is a considerable amount of empirical evidence suggesting that body image is an important component of self-concept and that physical handicaps of various kinds alter social relationships and tend to be associated with decreased self-esteem«⁴. Harvey and Greenway in a study of physically handicapped children found that the presence of congenital physical handicap was associated with a lower sense of self-worth, greater anxiety and a less integrated view of self⁵. Varni, Rubenfeld, Talbot and Setoguchi⁶ in a study of children with congenital and acquired limb deficiencies, found that physical appearance was strongly predictive of self-esteem. Kennedy et al. emphasized: »These findings support those of other studies which have concluded that the self-esteem of physically handicapped children is lower than that of their able-bodied peers, and suggest that this group of children embark on the challenges and developmental task of adolescence already at a disadvantage«⁴. In addition, sexuality of physically handicapped adolescents is laden with problems that are disclosed on a biological, psychological and social level, which greatly embitters overcoming the adolescent crisis^{7,8}. Dorner reported that almost all of his subjects with spina bifida denied sexual activity³. Cromer et al. found that only 25% adolescents with myelomeningocele, between the ages of 13 and 21, were sexually active in spite of 50% adolescents without disabilities. They also had lower level of knowledge about sexuality³. Since a diminished self-respect seriously endangers and violates the quality of living, a physically handicapped person tries various ways to create a positive image of him and to recover his self-res-

pect⁹. If he doesn't succeed to activate positive and prosperous ways out from dejection, he can develop pathological patterns of behavior like addiction, tendency for suicide, emotional difficulties, etc. In my opinion, substance abuse is one of the more frequent ways of establishing the desired semblance. The basic assumption is that physically handicapped adolescents have more negative attitudes toward themselves than non-disabled ones; therefore, they can develop more intensive substance abuse. It is possible to expect for them not only to use more often available substance, but also to use it out of other motives than the non-disabled adolescents.

The aims of this research are:

1. Detection of possible differences in habits of drinking alcohol, smoking tobacco and abusing drugs between physically handicapped adolescents and non-disabled controls.
2. Detection of possible differences in motives (reasons) for drinking alcohol, smoking tobacco and abusing drugs between physically handicapped adolescents and non-disabled controls.
3. Detection of possible differences in self-perception between physically handicapped adolescents and non-disabled controls.

Sample and Methods

Respondents sample

This survey included 205 respondents, divided into two groups, experimental and control. The experimental group was comprised of physically handicapped adolescents (N=102), while the control group was comprised of non-disabled adolescents (N=103).

Experimental group

The respondents of the experimental group were selected from the Center for Education and Rehabilitation »Dubrava«,

Zagreb, Croatia. The selection criterions were: diagnosed physical handicap, normal IQ, high school attendance. The respondent sample consisted of all pupils that met the criterions and wanted to participate of their own free will. The Center for Education and Rehabilitation »Dubrava« is the only special high school for students with physical handicaps in Croatia. Students come from all parts of state; they live and attend school in the Center. Integration of physically handicapped students in regular schools isn't usual in our state and because of that a number of integrated disabled students are insignificant. So, the majority of physically handicapped high school students in Croatia comprised this research. Of 177 enrolled students, 123 met the defined criterions. One hundred two students were disposed to participate in the research. Hence, 21 students refused to participate. Of 102 participants, 61 (59.8%) were males, and 41 (40.2%) were females. The mean age of the participants was 17.5 years, between the ages of 14 and 24. Namely, the physically handicapped students often get behind in their education because of indispensable medical treatments. Their diagnoses were different: cerebral palsy, polio, hemiparesis, Paraparesis, spinal cord injury, hemiplegia, paraplegia, quadriplegia, muscular dystrophy, amputations, phokomelia, multiple sclerosis, spina bifida, attention deficit hyperactivity disorder, scoliosis and kiphosis, arthrogryphosis multiplex, arthritis, locomotors disorders, epidermolysis bullosa, hemophilia, diabetes, cancer and severity of impairments. Unfortunately, the results were not compared according to diagnosis. Parental socio-economic status of physically handicapped participants was mostly »Good« or »Medial« (41%).

Control group

The control group consisted of randomly selected pupils from two high schools

in Zagreb. Altogether, there were 129 students in four selected classes; 103 of them wanted to participate in the research, and 26 students refused. 55 (53.4%) were males, and 48 (46.6%) were females. The mean age of the participants was 16.1 years, between the ages of 14 and 19. The parental socio-economic status of non-disabled controls was also mostly »Good« or »Medial« (46%).

Methods of data collection

The instrument used in this research was a self-reported, anonymous questionnaire. The respondents completed the questionnaire in the classroom. They had two school hours for that job. Physically handicapped respondents who couldn't write were given adequate help.

Questionnaire

Two standardized instruments^{10,11} were used in creation of the questionnaire used in this research. The content was split into three parts:

- 1) general information about respondents;
- 2) attributes of using alcohol, tobacco and drugs (frequency, quantity and motives for usage);
- 3) self-evaluation scale.

General information about respondents

General information about respondents comprise 11 questions about gender, age, socio-economic background, quality of relationships in the family, skill and employment of parents and about diagnosis and mobility. Responses were offered and respondents had to round off the appropriate response.

Attributes of using alcohol, tobacco and drugs

This part of the questionnaire contains 24 questions about frequency, quantity, kind and motives for substance usage. Eight questions pertain to the habit of drinking alcohol: has the respondent

ever tried alcohol, does he/she keep on with drinking, when did he/she start with that habit, how often does he/she drink, how many and what kind of alcoholic drinks /beer, wine, spirits, or some sort of alcoholic cocktails/ does the respondent usually drink.

Questions about frequency and quantity of drinking alcohol have very strict defined categories. Frequency is defined as: Rarely – less than once per month; Occasionally – once per month to once per week; Often – two to three times per week or more. Quantity is defined as: Few – one to two drinks; Some – three to four drinks; Many – five or more drinks. One drink is defined as 5 dl of beer, 2 dl of wine or 0.3 dl of spirits.

The question about reasons for drinking of alcohol contains 18 variables.

Seven questions pertain to habits of smoking tobacco. The questions are formulated the same way as questions about the drinking of alcohol: did he/she ever try smoking cigarettes, does he/she keep on with that habit, when did he/she start smoking; does he/she intend to leave off the cigarettes, how often does he/she smoke, how many cigarettes. The questions about frequency and quantity of smoking tobacco also have very strict defined categories. Frequency: Rarely (once per month or rarely), Occasionally (once per week or rarely) and Often (two to three times per week or more often). Quantity is defined as: Few – five or less cigarettes; Some – six to ten cigarettes; Many – eleven to twenty cigarettes or more.

The question about reasons for smoking tobacco contains 14 variables.

Nine questions pertain to habits of drug abuse (did he/she ever try any kind of drug, what kind, how old was he/she in that moment, does he/she keep on with that habit, how many and which kind of drugs does he/she take, how often, in

which quantity, why does he/she do that). Frequency of drug abuse was defined as: Never; (Only few times in life); Rarely (once a month or even rarely); Occasionally (once a week or even rarely); Often (more than once a week).

There is no question about the quantity of drug abuse because it's too hard to define a precise quantity of different kinds of drug. The question about reasons for drugs abuse contains 19 variables. Every reason for alcohol, tobacco or drug usage is attached with a five degrees of Likert-Type scale (1 – Never; 2 – Rarely; 3 – Sometimes; 4 – Often; 5 – Almost always or always). The respondent has to round off the matching number for each variable (how often does he/she takes substance because of that particular reason). Altogether, the whole questionnaire has 35 questions.

Self-perception scale

At the end of the questionnaire is the self-perception scale that contains 35 variables (23 positive and 12 negative) for evaluation of physical appearance, personal character, and acceptance by the peer group and by the opposite sex. To each variable, the respondent could answer with »yes« or »no«.

The reliability of the described instrument was tested at the School of Public Health »Andrija Štampar«, Department for Statistic Researches, and it was very high.

Data analysis method

Various statistical methods were used in the analysis of the data given by the questionnaires. The qualitative characteristics measured by nominal scales were analyzed with tables of contingency and with hi-quadrante statistic. Quantitative characteristics measured by ordinal scales were analyzed with nonparametric Mann-Whitney test¹². The ordinal data about reasons of substance abuse were

analyzed by factor analysis. Differences in factor scores were analyzed with Mann-Whitney test. The two tested groups were compared in relation to the prevalence, frequency, quantity and reasons for substances abuse and in relation with self-perception. Groups were also compared in relation with some potential influencing factors such as gender. The results are so complex that they couldn't be presented in this paper; that material is for another article.

Results

General information about respondents

There are no statistical significant differences between tested groups in relation to the socio-economic background, quality of relationships in the family, skill and employment of parents. Physically handicapped respondents were older than non-disabled controls, but that difference was not statistically significant. More male (60%) than female respondents (40%) were in the experimental group. This difference is explicative; namely, some affection, which causes physical invalidity, is more prevalent in the masculine than in the feminine population. Besides, boys are injured more often than girls in all kind of accidents.

Alcohol drinking

The results of the comparative analysis of the quantity and frequency of alcohol drinking are shown in Table 1.

Although there are great differences between the groups in the frequency variable of alcohol drinking, Mann-Whitney test ($U = 5252.5$, $p = 0.9990$) shows that these differences aren't statistically relevant ($p > 0.01$). Although the percentage of alcohol consumers is lesser in the experimental than in the control group, the distribution of responses on the frequency scale leads to the conclusion that physically handicapped respondents drink al-

TABLE 1
FREQUENCY OF ALCOHOL DRINKING

	Never	Rarely	Occasionally	Often	Total
Physically handicapped	29 28.4%	18 17.6%	32 31.5%	23 22.5%	102 49.8%
Controls	16 15.5%	33 32.1%	45 43.7%	9 8.7%	103 50.2%
Total	45 22.0%	51 24.8%	77 37.5%	32 15.7%	205 100%

TABLE 2
QUANTITY OF ALCOHOL DRINKING

	I don't drink	Few	Some	Many	Total
Physically handicapped	29 28.4%	57 55.8%	14 13.8%	2 2.0%	102 49.8%
Controls	16 15.5%	58 56.4%	18 17.4%	11 10.7%	103 50.2%
Total	45 22.0%	115 56.1%	32 15.6%	13 6.3%	205 100%

cohol more often than non-disabled respondents. It is essential to emphasize that the »Often« category contains two and a half times more respondents from the experimental than from the control group. Because of that fact, we tested the differences between groups by dichotomizing alcohol use into those who use alcohol two or three times per week or more (»Often«) and those who use alcohol less than once per month (»Rarely«). Mann-Whitney test ($U=2131.0$, $p=0.0003$) shows that these differences are statistically relevant ($p < 0.01$). Hence, physically handicapped adolescents are in greater percentage teetotalers. However, if they drink, they drink more often than their non-disabled peers.

The Mann-Whitney test proved that $p > 0.01$, which means that there is no significant statistical difference between the two groups regarding the quantity (number) of consumed alcohol drinks at an occasion ($U = 4310.0$, $p = 0.0201$). The distribution

of responses on the drink quantity scale shows that physically handicapped respondents drink less alcohol at an occasion than their non-disabled peers. It is essential to emphasize that the »Many« category comprises more than five times less respondents from the experimental than from the control group. The analysis of data about occasions in which respondents drink alcohol at most has shown that non-disabled adolescents are mainly weekend consumers (meaning that they drink at evening outings to disco clubs, parties, etc.), while physically handicapped adolescents drink more frequently, during the whole week, but a lesser quantity at once.

From the eighteen reasons for alcohol drinking given by the questionnaire, four factors have been isolated by the factor analysis:

Factor 1 – Psychic discomfort alleviation factor;

- Factor 2 – Social drinking and drinking as a habit factor;
Factor 3 – Self-confidence factor;
Factor 4 – Adult influence factor.

The analysis showed that there is a significant statistical difference between the groups for factor 1 ($U = 2105.0$, $p = 0.0002$), while there isn't for factors 2, 3 and 4. Drinking for the purpose of psychic discomfort alleviation is significantly more present among adolescents with physical handicaps than among their non-disabled peers.

Smoking tobacco

No significant statistical difference has been noticed between the groups regarding the prevalence, frequency, quantity and reasons for smoking tobacco. Forty six point one percent of physically handicapped respondents and 44.7% non-disabled controls don't smoke at all. In the experimental group 1% of respondents smoke rarely, 1% occasionally, and 59.1% smoke often. In the control group 2.8% respondents smoke rarely, 1% occasionally, and 51.5% often. The distribution of responses on the smoke quantity scale shows that 15.7% respondents with physical handicap smoke a few, 13.7% some, and 24.5% many cigarettes. 21.3% respondents from control group smoke a few, 9.7% some, and 24.3% many cigarettes.

From the fourteen reasons for smoking tobacco given by the questionnaire, three factors have been isolated by the factor analysis:

- Factor 1 – Psychosocial factor;
Factor 2 – Habit factor;
Factor 3 – Social influences factor.

The analysis showed that there isn't a significant statistical difference between the groups for either of the factors.

Drug abuse

There is a significant statistical difference between adolescents with physical disabilities and their non-disabled peers regarding the prevalence of drug abuse: drug has been tasted by 3.9% of physically handicapped and 26.2% of non-disabled respondents ($p = 0.0004$). One respondent from the experimental group and twenty-two (21.4%) respondents from the control group have continued to use drugs on an occasional or regular basis ($p = 0.0001$). From the given data we can see that the percentage of respondents who use drugs is significantly less in the experimental than in the control group. Since there is only one physically handicapped respondent who is using a drug (marijuana, few times a year), we won't make any mistake by saying that drug abuse isn't present among physically handicapped adolescents. On the contrary, drug abuse is seriously present among non-disabled adolescents. One third of the total number (21.4%) of non-disabled respondents that use drugs is using one kind of drug, while two thirds are using two or more (at most five) kinds of drugs.

Since the Mann-Whitney test showed that there is a statistically significant difference ($p < 0.01$) between the two groups regarding the drug abuse frequency variable ($U = 4040.5$, $p = 0.0000$), we may conclude that physically handicapped adolescents' drug use is significantly rarer than non-disabled adolescents.

From the nineteen reasons for drug abuse given by the questionnaire, four factors have been isolated by the factor analysis:

- Factor 1 – Drug-effects-attractiveness factor;
Factor 2 – Escape-from-reality factor;
Factor 3 – Peer-group-influence factor;
Factor 4 – Protest factor.

The data analysis showed that there isn't any statistically significant differ-

TABLE 3
DRUG ABUSE FREQUENCY

	Never	Only few times in life	Rarely	Occasionally	Often	Total
Physically handicapped	98 96.1%	3 2.9%	1 1.0%	0 0.0%	0 0.0%	102 49.8%
Controls	76 73.8%	4 3.9%	3 2.9%	8 7.7%	12 11.7%	103 50.2%
Total	174 84.9%	7 3.4%	2 2.0%	2 3.9%	2 5.9%	205 100%

ence between the groups regarding any of the factors. Since only four respondents from the experimental group were answering the questions about reasons for drug abuse, the result of this analysis cannot be taken as approving.

Self-perception scale

As it was mentioned above, the self-perception scale contains 35 variables. Each positive self-view was associated with point +1 and negative self-view with point -1, therefore the point scale lies within +35 and -35. The Minimal value of physically handicapped respondents was -27, and maximal value was +35 points. The central value (median) adds up to 12 points, the most often value (mod) adds up to 17 points, which is relatively low. The rank (the diameter between lowermost and highest value) was 62. The results were significantly higher for non-disabled controls. Their minimum was only -19 points and the maximum was +35 points. The central value was 23 points, almost double of that in experimental group. The most often value was 29 points. The rank was 54 points, less than in the experimental group. The percentage of respondents with negative points is almost three times higher in experimental (20.6%) than in control group (6.8%). The data analysis revealed that respondents with a physical handicap have a significantly more negative attitude

toward themselves than the non-disabled respondents. The statistical gravity of the given disparity between the groups was proved by the Mann-Whitney test ($U = 2986.5$; $p = 0.0000$); $p < 0.01$.

Conclusions

Although, primarily none of the statistically significant differences have been noticed between groups regarding the frequency and quantity of alcohol drinking variables, the analysis of the distribution of answers leads to the conclusion that physically handicapped adolescents drink alcohol more often than non-disabled adolescents, but in a lesser quantity. That conclusion was corroborated, by the supplemental analysis. When the differences between the groups dichotomized according to the alcohol use (»Often« and »Rarely«) were tested, the results of the analysis showed that these differences are statistically relevant. In accordance with that are also the results of alcohol drinking reasons analysis which show that physically handicapped adolescents drink significantly more often for the purpose of psychic discomfort alleviation (i.e. depression, tension, sufferance and pain – to actually forget their problems and escape from reality) than their non-disabled peers. Hence, adolescents with physical handicap drink more often and for other reasons than the non-disabled adolescents. The results of Boyle and Offord¹³ are in

accordance with these results. They emphasized that emotional difficulties are associated with substance abuse. Since none of the seven variables, which examine prevalence, frequency, quantity and motives for smoking tobacco, showed statistically significant difference between groups, we may conclude that the structure of smoking tobacco is equal in both groups. Smoking is still somewhat widespread and usual behavior in our state. Many people, exclusive of their age, are smoking. To be a smoker isn't anything special. In my opinion, that is the reason for the high proportion of smokers in this research. Unger et al. reported about the lower percent of smokers in the adolescent population¹⁴. The law about prohibition of selling cigarettes and alcoholic drinks to under age persons was entered just recently. Besides, the campaign against smoking and prevention of smoking are just beginning. I think that public opinion and a strong media campaign could affect a decrease in the number of smokers, especially among young people. That would be very important for adolescents with physical disabilities, because their health is often already diminished. Filice et al. emphasized the influence of social environment on attitudes toward smoking. Non-disabled adolescents are using drugs in a significantly higher percentage and frequency than the adolescents with physical handicaps. That percentage of non-disabled addicts is disquieting¹⁵. The importance of the prevention and the repulse of drug use, regarding to many levels and tracts of life, such as family, school, peers, sport, society, and so on, can't be emphasized enough. The number of respondents in the control group was relatively small in relation to the whole adolescent population. And, because of that, we must be temperate in reasoning. I suppose that adolescents with physical handicaps aren't immune to drug abuse. In my opinion, there are a

few reasons for such results. Respondents from the experimental group of this research live in same kind of asylum, under uninterrupted supervision. However, that isn't the main reason. A physical handicap is a big obstacle for generation and sustentation of addiction. Namely, the addict must be very swift-handed and light-footed to get drugs and the money. The majority of adolescents with physical disabilities are hardly movable. The radius of their stir is very narrow and, because of that, they don't have a big chance to procure drugs. I think that they would take drugs if drugs were accessible to them. Vignau and Karila writes: »Drug use is either a physiological experience or a symptom related... and to psychopathological condition and other forms of psychic suffering. The most relevant parameters predictive of poor outcome are the various types of individual and social vulnerability«¹⁶. As it was mentioned before, adolescents with physical disability often live in physical and psychical pain. They suffer for many reasons. We saw that they were drinking alcohol for the purpose of psychic discomfort alleviation. It is logical to presuppose that they would take drugs for the same reason if they could get it. In accordance with this supposition are the results on self-perception scale, which revealed that physically handicapped adolescents have a significantly more negative attitude toward themselves than the non-disabled adolescents ($p=0.0000$). The responds distribution on the respective variables of the self-perception scale purport very clearly to, we can say, the main problem of adolescents with physical handicaps. On the variable »I-am happy-person«, an even 45% respondents with physical disability answered »no«, versus only 11% of non-disabled respondents. On the variable »I-am-unhappy«, 51% respondents from the experimental and 11% from the control group answered »yes«.

Even 60% of physically handicapped and 26% of non-disabled respondents think that they don't have luck in the life. It would be of great interest to examine the reasons of diminished self-respect among physically handicapped adolescents, particularly the formation of their »self«. It should be pointed out that there is necessity of very hard work on the reinforcing psychical stability, self-confidence, self-respect, self-acceptance, self-worth etc. of handicapped adolescents. One of the possible ways for that is to engage persons with physical handicap from early ages (infancy) in some kind of supportive

therapy. That could be helpful in consolidation of their self and resumption of emotional stability.

LeBlanc et al. emphasize: »The challenge of adjusting to a chronic illness can provide an excellent opportunity for a child or adolescent to master crucial skills, such as emotion regulation and problem solving. Mastery of these skills can engender strong self-esteem and confidence«¹⁷. But, in that process, they must have support by family, peers, society and professionals (special educators, therapists, psychotherapists etc.).

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K. Janeković

Centar za odgoj i obrazovanje »Dubrava«, Prilaz T. Špoljara 2, 10000 Zagreb, Croatia

USPOREDNA STUDIJA UPORABE SREDSTAVA OVISNOSTI I SAMOPERCEPCIJE U ADOLESCENATA S TJELESNOM INVALIDNOŠĆU

SAŽETAK

Istraživanje uporabe sredstava ovisnosti (pijenja alkoholnih pića, pušenja duhana i uporabe droga) i samopercepcije, provedeno je u uzorku adolescenata s tjelesnom invalidnošću i uzorku adolescenata bez oštećenja. Ispitanici eksperimentalne skupine bili

su učenici jedine srednje škole za osobe s tjelesnom invalidnošću u Hrvatskoj, a ispitanici kontrolne skupine, učenici dviju zagrebačkih srednjih škola. Instrument korišten u ispitivanju bio je samoizvještavajući, anonimni upitnik. Ispitanici su testirani u razrednoj situaciji, tijekom dva školska sata. Analizom podataka prikupljenih varijabla koje se odnose na pijeње alkoholnih pića ustanovljeno je da adolescenti s tjelesnom invalidnošću piju češće i iz drugačijih pobuda nego njihovi zdravi vršnjaci. U odnosu na prevalenciju, učestalost, količinu i razloge pušenja duhana nije nađena statistički značajna razlika među skupinama. Na području uporabe droga očitovale su se vrlo velike razlike među ispitivanim skupinama. Samo jedan ispitanik s tjelesnom invalidnošću konzumira drogu (marihuanu) i to samo nekoliko puta godišnje; nasuprot tome, gotovo jedna četvrtina zdravih adolescenata uzima najmanje jednu, a najviše pet vrsta droga i to ponekad ili često. Rezultati dobiveni na skali samopercepcije pokazuju da adolescenti s tjelesnom invalidnošću imaju značajno negativniji stav prema sebi od svojih zdravih vršnjaka, odnosno da njihovo samopoštovanje i samopuzdanje ozbiljno narušeno, odnosno sniženo. Opisani rezultati mogli bi imati značajan utjecaj na programe prevencije zlouporabe sredstava ovisnosti, te na programe jačanja samopoštovanja, kako u adolescenata s tjelesnom invalidnošću, tako i u adolescenata bez oštećenja.