

Assessment of family solidarity among substance abusers in Punjab

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ABSTRACT

Family solidarity refers to the extent to which the members of a family give their contribution to each other's wellbeing (Bengtson, 1991). The idea of family solidarity is related to mutual respect, personal support and commitment to a common cause. Present study was undertaken with the objective to find out relationship between family solidarity and substance abuse by assessing various dimensions of family solidarity among substance abusers. The study was conducted in de-addiction centers of four relatively developed districts named Amritsar, Jalandhar, Ludhiana and Bathinda, representing three cultural regions of Punjab; Majha, Doaba and Malwa. From each district two de-addiction centers were taken on the basis of availability. 20 substance abusers from each de-addiction center were interviewed. Sample size was 160 respondents. The major findings of the study were that Malwa region has presented a somewhat satisfactory picture with half of its population (51.25%) under study ranging from medium to high family solidarity. Though less yet 22 per cent of respondents belong to high range of total solidarity in the family. Merely 13 per cent of respondents from Majha and 8 per cent of respondents from Doaba region of Punjab were observed to have high range of family solidarity. Overall only 15 per cent of the families of substance abusers were tight knit as against more than half were obligatory families. The capitalist model of development adopted by the country since the last two decades has negatively affected the joint family system, which was once considered as the pride of Punjab. Low family solidarity is an offshoot of broken joint family system which further gives way to deviance among youth in the form of substance abuse. Substance abuse and other types of deviance among youth can be checked by addressing the family solidarity issue sincerely. Increase in parental support and monitoring reduces peer deviance which had been proved one of the significant causes of substance abuse. Therefore social consciousness through campaigning and counseling should be created to promote these factors. The availability of family centered support groups should be fostered along with other services that address the needs of entire family.

Key Words : Family Solidarity Substance Abuse Drugs Punjab

INTRODUCTION

Solidarity is unity based on unites of interests, objectives, standards and sympathies. It refers to the ties in a society that binds people together as one. According to Durkheim solidarity in society

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operates at societal level and family level. At societal level, social solidarity correlates with types of society i.e. mechanical solidarity of simple societies and organic solidarity of complex societies. Mechanical solidarity, normally operating in traditional societies, is based on homogeneity resides in kinship and familial networks. On the other hand organic solidarity of modern societies comes from the interdependence that arises from specialization of work and the complementarities between people. Although individuals perform different tasks and often have different values and interests, the order and solidarity depends upon their reliance on each other to perform the specific tasks. At family level, solidarity refers to the extent to which the members of a family give their contribution to each other's wellbeing (Bengtson, 1991). The idea of family solidarity is related to mutual respect, personal support and commitment to a common cause. It is the sense of fellowship and affection for the members of the family for each other (Meulen, 2010).

As per Durkheimian axiom, as societies change from traditional to modern, the form of solidarity also changes from mechanical to organic solidarity (Adam and Sydie, 2001). However, the family ideal has involved a change in the opposite direction. Since families are no longer units of economic production they need not be based on a division of labor rather can be held together by a sense of common identity. This has also been referred to as the de-institutionalization of the family, from institution to companionship and orderly replacement from functional relations to permanent availability and expressive relationships (Scanzoni and Scanzoni, 1976; Thadani, 1978). The focus has changed the division of labor to quality of dyadic relations between family members (Lesthaegue, 1995). When the family is basically a unit of production and survival, relationships are instrumental; as families become a private sphere, nurture and affection become the basis for relationships. Obviously, sentiment is a weaker basis for stable relationships and the need for continuous gratification puts heavy demands on relationships which may not always fulfill the high expectations. People are more prone to abandon family ties when their emotional well-being is not satisfied. Benjamin (2003) has proposed three notions of lack of family solidarity resulting in family breakdown. First, *structural breakdown* referring to the change in the form of family from joint to extended or nuclear or to single parent, lone family or to step family. Secondly, the *breakdown in familial relations* which proposes the idea of lack of consensual solidarity in the family which leads to discord and conflict in the family, and thirdly the *ideational breakdown* which depicts the fall in traditional family values such as loyalty to the family and the family members.

The shift in the basis of family solidarity often has implications on integration of individuals specifically among the youngsters in the family. Sometimes disintegration reaches to the extent that it manifests in deviant behavior among family members especially among youngsters in the form of delinquency or escapism. Young people with this mind set prove to be an easy prey to anti-social elements. Substance abuse, a manifestation of Merton's deviance (escapism) is one such anti-social habit which is taking youngsters into its grip like a monster.

Punjab is a state which has become infamous in the recent past for use, abuse and paddling of substance among its youth (Seth, 2012). Since last two decades, it has been observed that joint family system is weakening by giving way to nuclear families characterized by individualistic values (Sinha, 1984). The point of inquiry is that weather there is some connection between substance abuse and familial relationships. A very few studies have been conducted on family solidarity in relation to substance abuse in India and even less in Punjab where drug business has devastate the human resource in a big way. There is at least one drug addict in 65 per cent of families in Majha and Doaba and in 64 per cent of families of Malwa. Of those taking illicit drugs 75.8 per cent are from the age group of 16-35 years. Nearly 66 per cent of school students take gutka or tobacco and

about seven out of ten college students abuse one or the other drug (Singh, 2005). Present study was undertaken with the objective to find out relationship between family solidarity and substance abuse by assessing various dimensions of family solidarity among substance abusers. The study has adopted the paradigm of family solidarity for two reasons. First, the solidarity paradigm represents one of the few long-term efforts in family sociology to develop and test a theory of family integration. Second, measures based on the dimensions of solidarity comprise a valid and reliable tool for assessing the role of intergenerational family bonds among the substance user youth.

METHODOLOGY

The study was conducted in de-addiction centers of four relatively developed districts named Amritsar, Jalandhar, Ludhiana and Bathinda, representing three cultural regions of Punjab; Majha, Doaba and Malwa. From each district two de-addiction centers were taken on the basis of availability. Further, from each de-addiction center only those admitted drug addicts were selected who were unmarried, and were willing to be the part of study. In all 160 respondents (20 respondents from each de-addiction center) were interviewed. The data was collected on a structured *Family Solidarity Scale* (Appendix) loosely based on Family Environment Scale by Dr. Harpreet Bhatia and Dr. N.K. Chadha. The responses of the respondents were recorded on four point Likert scale categorized by strongly agree, agree, disagree and strongly disagree Data was analyzed by using percentages and family solidarity was assessed with the help of mean scores. The levels of various types of solidarities were determined by cube root method.

RESULTS AND DISCUSSION

Results of the study have been discussed under two heads i.e. i) Socio-economic profile of the respondents and Family solidarity.

Personal profile of the respondent :

This section presents the socio economic profile of the respondents.

All the respondents under study were male. This was mainly because females either did not get admitted in a de-addiction center or they preferred private de-addiction and re-habilitation center over Government due to trepidation of disclosure of their identity and defame. Those who were available in the de-addiction center did not agree to be the part of the study. Data in Table 1 show that majority of the respondents belonged to the age group of 21-30 years of age. In this concern, Doaba region was ahead of other regions with 72.5 per cent respondents in that age group. At the same time it was worrisome to note that 18.13 per cent of the respondents with maximum in Doaba region (27.5%) were adolescents i.e. below the age of 20 years. So far as the rural and urban status among respondents was concerned, not much difference was found in the number of rural and urban respondents among all the three regions.

Table 1 also demonstrates the level of education possessed by the respondents. The largest group of respondents comprised 66 per cent had attained a low level of education. This included 68 per cent of respondents from Majha and 67 and 63 per cent from Malwa and Doaba respectively. Number of graduates and higher degree holders was 14 per cent in Majha, 13 per cent in Malwa and 12 per cent in Doaba. All three regions of Punjab reported to have a nearly equal number of illiterate respondents i.e. 13.12 per cent. The data further explains that a majority of respondents from the entire state had not reached beyond the school level education.

Table 1 : Distribution of respondents on the basis of Socio-Economic characteristics				
Socio-economic Characteristics	Majha n = 40	Doaba n = 40	Malwa n = 80	Total N = 160
Age				
< 20	10.0	27.5	17.5	18.13
21-30	65.5	72.5	67.5	68.50
>30	25	–	15.0	13.37
Region				
Rural	50.0	40.0	45.0	45.0
Urban	50.0	60.0	55.0	55.0
Education				
Up to middle	68.18	63.42	66.67	66.25
Secondary /Higher Secondary	18.18	24.39	20.00	20.63
Graduation and above	13.64	12.19	13.33	13.12
Occupation				
Student	20.0	17.50	20.0	19.37
Agriculture	22.50	7.50	15.0	15.0
Self Employed	22.50	15.0	17.50	18.13
Service	20.0	30.0	15.0	20.0
Labourer	5.0	10.0	8.75	8.13
Unemployed	10.0	20.0	23.75	19.37

As reported by the respondents, 27 per cent were either self-employed or a labourer or were into service. A considerable percentage of drug abusing respondents i.e. 20 per cent were found to be unemployed. This included respondents who left their job for drugs, those who were thrown out of their jobs for they failed to abide by the rules and principles of their work place being a slave to the drugs and those who never opted for any job. Majha contributed 10 per cent, Malwa 24 per cent and Doaba 20 per cent to the group of unemployed respondents. Yet 23 per cent of respondents from Majha were self-employed and 20 per cent were into private or public service. In Doaba 30 per cent of respondents were pursuing jobs and 15 per cent were self-employed. In the Malwa region nearly 18 per cent of respondents were self-employed while 9 per cent were labourers. An infinitesimal yet worth considering percentage of respondents (19%) was found as students.

Family Solidarity :

Adolescents and young people tend to spend more time with their friends and relations outside family and spend much less time with their parents. Spending lesser time with family may result in their wish to become more independent from their parents' control. Young people with this mind set prove to be an easy prey to anti-social elements. During this period, in the absence of family supervision, they are more likely to deviate and develop one or the other ill-habit. Substance abuse is such an ill habit which has held the youth of Punjab in its clutches. By focusing on this very fact, the following section tries to explain the relation between family solidarity and substance abuse. Building on theoretical and empirical advances, the previous research has codified six principal dimensions of solidarity between generations in a family viz a viz associational solidarity, affectual solidarity, functional solidarity, consensual solidarity, normative solidarity and structural solidarity.

Affectual solidarity :

Affectual solidarity depicts the expression of affinity and sentiments among the members of a family. This highlights how well the family members get along with each other. The extent of affection they have for each other is also disclosed through the evaluation of affectual solidarity in the family. The three categories of range status unravel the extent of affection expressed within the family. Higher the range higher the affection evaluated. Respondents with medium range had an average affectual solidarity, while families with low affectual solidarity were noted to have least expression and sharing of affection within the family. Lesser expression of affection and closeness in the family force its members to seek these attributes outside the family which majority of times proves misleading and indulging into anti-social activities. Such people become an easy prey to evil minded nexus. According to the data presented in table 2, nearly half of the total population under study belonged to low range of affectual solidarity. 31 per cent had a medium range while only 23 per cent of respondents had a high range of affectual solidarity among the members of their respective families. It is highlighted in the data that among the respondents from Doaba only 5 per cent had a high range whereas 60 per cent of the respondents from this region reported to have a low range. It is also known as the NRI hub of Punjab state. Since majority of households have at least one of its members residing abroad, lack of proximity might have resulted in lack of opportunities of sharing of affection. Almost an equal per cent of respondents from Majha (27.5%) and Malwa (28.75%) fell in the category of high range of affectual solidarity. In Majha region more than half of the respondents lacked affectual solidarity in their family. Nearly 80 per cent of the respondents from the state had a low to medium level of affectual solidarity. Change in family pattern and style of life has resulted in fall in recreational time family members used to spend with each other.

Table 2 : Distribution of respondents on the basis of affectual solidarity in their family				
Affectual solidarity	Majha n=40	Doaba n=40	Malwa n=80	Total N=160
High	27.5	5.0	28.75	22.50
Medium	20.0	35.0	33.75	30.63
Low	52.50	60.00	37.50	46.87

Associational Solidarity :

Associational solidarity encompasses patterns of interaction among family members and includes measures of frequency of contact with family members. It includes the frequency of calls and visits to members of the family and frequency of getting together with family to spend time with them. The three levels of range categories represent the extent of association the members of the family had among them. The high range represents greater association while the middle range represents an average amount of association and frequency of calls and visits among the members of the family. Low range of associational solidarity highlights poor communication and lesser sharing and time giving among the family members.

Table 3: Distribution of respondents on the basis of associational solidarity in their family				
Associational solidarity	Majha n=40	Doaba n=40	Malwa n=80	Total N=160
High	22.50	10.00	22.50	19.37
Medium	12.50	35.00	30.00	26.88
Low	65.00	55.00	47.50	53.75

Data in Table 3 exhibits the range of associational solidarity found the family. 20 per cent of total respondents showed to have a high range of associational solidarity among the member of their family. More than half of the population understudy fell in the category of low range of associational solidarity, representing lack of contact as well as sharing of time and enjoyment among the family members. In Majha and Malwa an equal number of respondents (23%) had a high range of associational solidarity while only 10 per cent of respondents from Doaba had a high range of solidarity. Majority of respondents from Punjab had an average to poor range of associational solidarity. Among all three regions of Punjab the highest per cent of respondents represented a low range of association with 65 per cent from Majha, 55 per cent from Doaba and nearly 50 per cent from Malwa region. This depicts low frequency of contact among the members of families of drug abusers.

Functional Solidarity :

It addresses the amount of help and exchanges that occur between the family members. A family plays numerous roles for its members. The assistance and support received from as well as provided to the members of family is quoted as functional solidarity. This includes emotional, functional, psychological support etc. High functional solidarity represents high opportunities of providing functional aids to its members whereas low range depicts least opportunities of provision of emotional, psychological and financial support within the family.

Table 4 : Distribution of respondents on the basis functional solidarity in the family				
Functional Solidarity	Majha n=40	Doaba n=40	Malwa n=80	Total N=160
High	25.00	12.50	27.50	23.13
Medium	17.50	32.50	31..25	28.12
Low	57.50	55.00	41.25	48.75

The data presented in Table 4 distributes the respondents on the basis of range of functional solidarity found in the respondents' family. More than half of the respondents' family members in Doaba as well as Majha reported to have a low functional solidarity where as in Malwa region 42 per cent of respondents' families observed to have low level of emotional and financial support. More than 50 per cent of respondents from Doaba and Malwa were received average amount of functional support from the members of their family. Nearly one-fourth of respondents from Majha (25%) and Malwa (27.5%) had high range of functional solidarity. About an equal number of total respondents' families reported to have high amount of financial, physical as well as emotional aid from the members of three respective families. The largest number of respondents from all three regions received and provided a low range of assistance among the members their family. Overall, the support provided was observed to be less in about 50 per cent of families of respondents in the state while less than one-fourth of respondents indicated to bear a high range of functional solidarity. Yet significant majority reported to have a low range of emotional as well as monetary support in the family.

Consensual Solidarity :

Consensual Solidarity considers the level of agreement on values, attitudes and beliefs among family members. The families that think alike or have same attitudes believed to have more consensual

solidarity among its members whereas families with disagreement during decision making regarding family matters are considered as having lesser consensual solidarity resulting in more of mutual conflict.

Table 5 : Distribution of respondents on the basis consensual solidarity in the family

Range of Consensual Solidarity	Majha n=40	Doaba n=40	Malwa n=80	Total N=160
High	20.0	7.50	721.25	17.50
Medium	30.0	42.50	27.50	31.87
Low	50.0	50.00	51.25	50.63

The data presented in Table 5 show that the larger section of respondents from all three regions fall in the categories of low to medium level of consensual solidarity representing average to poor agreement on opinions among the members of the family. As many as 50 per cent respondents, from all three regions, reported to have a low consensual solidarity in their families. Nearly 20 per cent of respondents from Majha and Malwa regions belonged to high level consensual solidarity while Doaba region of the state presented a varied picture as compared to both the rest of regions, with only 7.5 per cent respondents with high range of consensual solidarity and 43 per cent had an average level of this kind of cohesion. 50.63 per cent of respondents had a low representation in consent and agreements on values and opinions in the family. Attributed to the factors like development, education and modernity, the social exposure has increased at a younger age resulting in individuals forming their mind set and is more influenced by the external elements than the elements present inside their family e.g. value, mores, norms and folkways. Since ages, Punjab had always been known for the unity and cohesion within its families but now the families have undergone a tremendous change causing lack of similarities in the attitude among family members. That is why only 17.50 per cent of respondents could be weighed to have a high range of consensual solidarity among the members of their family.

Structural Solidarity :

Structural solidarity refers to the social and economic structure and availability in terms of number of family members, the type of family, occupation and fixed property. Structural Solidarity represents Family structure as well as the residential proximity among the members of family of the respondents it also refers to opportunity structure for intergenerational relations which at least partially determiners the interactions within the members of the family.

Table 6 : Distribution of respondents on the basis structural solidarity in their family

Structural Solidarity	Majha n=40	Doaba n=40	Malwa n=80	Total N=160
High	15.00	10.00	30.00	25.00
Medium	17.50	32.50	36.25	30.63
Low	67.50	57.50	33.75	48.13

Table 6 represents the range of structural solidarity among the members of the family of respondents. It was observed that 67.50 per cent of the respondents from Majha region of Punjab and 57 per cent from Doaba region reported to have low structural solidarity. On the other hand from Malwa region nearly 33.75 per cent of the respondents' families were found to have fallen in

the category of poor structural solidarity. Above one-third of the respondents from Malwa region as well as Doaba region bore an average structural solidarity in the family. A considerably low number of respondents from Majha as well as Doaba were observed to have a high range of structural solidarity in the family while the respondents from Malwa region (30%) of Punjab having high structural solidarity with more than the sum of respondents from the other two regions. It exhibits that there was more of geographical proximity among the family members of the respondents in Malwa whereas the regions of Doaba and Majha lacked interactions within the family. Overall, less than one fourth of the total respondent from the state were noted to have high level of structural solidarity.

Normative Solidarity :

Every family has a set of stated and unstated norms and expectations for its members. These expectations consist of obligations towards other members of the family and family values. It means that extent of the traditional values existing in the family and are believed to be followed by all the members of the family. These values and belief in those values are collectively known as normative solidarity. Higher the attainment of obligations results in higher normative solidarity in the family. It includes strength of internalized commitment or obligation to family roles and family members.

According to Table 7 More than half of the respondents from Majha region of Punjab expressed to have a medium to high range of normative solidarity in the family whereas the category with poor normative solidarity solely comprised of 45 per cent of the respondents from the same region, highlighting a large chunk of respondents having low normative solidarity. Doaba and Malwa regions on the other hand exhibited a similar status as far as the fulfillment of family obligations it was concerned.

Table 7 : Distribution of respondents on the basis range of normative solidarity in their family

Normative Solidarity	Majha n=40	Doaba n=40	Malwa n=80	Total N=160
High	32.50	12.50)	12.50)	17.50)
Medium	22.50)	25.00)	23.75)	23.75)
Low	45.00)	62.50)	63.75)	58.75)

Less than one-fifth of the respondents from each on these two regions; Doaba and Malwa with 12.5 per cent each had high normative solidarity and one-fourth on the respondents were analyzed to have an average of this type of solidarity within the family. A significantly large group of respondents belong to the low range category. From the state nearly 60 per cent of the families of respondents failed to fulfill family obligations and expectations the resulting in low range of normative solidarity. The members of only 17.50 per cent families of respondents stood up to the expectations of the family. The lacking in number of respondents in high range category is a result of lack of parent-child interaction and more of peer influence.

Family Solidarity :

After analyzing various dimensions of family solidarity, overall solidarity in terms of high, medium and low was also analyzed. The Table 8 demonstrates an overall distribution of respondents on the basis of total family solidarity. Malwa region has presented a somewhat satisfactory picture with half of its population (51.25%) understudy ranging from medium to high family solidarity.

Though less yet 22 per cent of respondents belong to high range of total solidarity in the family. It shows that nearly half of the respondents (48.75%) fell short of solidarity among the members of their family. Merely 13 per cent of respondents from Majha and 8 per cent of respondents from Doaba region of Punjab were observed to have high range of family solidarity.

Table 8 : Distribution of respondents on the basis overall solidarity in their family				
Family/Solidarity	Majha n=40	Doaba n=40	Malwa n=80	Total N=160
Tight Knit Families/High	12.50	7.50	21.25	15.63
Sociable Families /Medium	35.00	32.50	30.00	31.87
Obligatory Families/Low	52.50	60.00	48.75	52.50

While Majha region had nearly 53 per cent of its respondents having least or no solidarity in the family, Doaba region persistently demonstrated low range of family solidarity in the family of substance abusers. 60 per cent of respondents from Doaba were analyzed to have poor cohesion among their family members. The data highlighted the difference of range in overall solidarity among the three regions and presented a picture of range of overall family solidarity. On the basis of range of solidarity, the families have been designated as under.

Tight Knit Families:

Families characterized by high level of solidarity were with score range from 298-350. Among such families there was least incidence of conflict and members enjoy each other's company and completely rely on each other for support during favorable and unfavorable circumstances.

Sociable Families:

Here the family solidarity was of medium level with score ranged from 254-297. Here the family members trusted their family and got support during unfavorable circumstances but under usual/normal conditions they did not enjoy much of each other's company and preferred their peer groups over their family.

Obligatory Families:

These were the families with low level of solidarity with scores equal to or less than 253. These types of families were characterized by always conflicting relations among family members. They neither enjoyed each other's company nor expected family support in adversities. They didn't trust each other and rely on other groups outside home during adversities. Their stay with their family was more of an obligation owing to the social norms.

Conclusion :

The study concludes that overall only 15 per cent of the families of substance abusers in the study were tight knit as against more than half of them were obligatory families. The capitalist model of development adopted by the country since the last two decades has negatively affected the joint family system, which was once considered as the pride of Punjab. Low family solidarity is an offshoot of broken joint family system which further gives way to deviance among youth in the form of substance abuse. Substance abuse and other types of deviance among youth can be checked by addressing the family solidarity issue properly. Increase in parental support and monitoring

reduces peer deviance which had been proved one of the significant causes of substance abuse. Therefore social consciousness through campaigning and counseling should be created to promote these factors. The availability of family centered support groups should be fostered along with other services that address the needs of entire family.

Appendix :

Family Solidarity Scale

A four point Likert scale, categorized by Strongly agree, Agree, Disagree and Strongly disagree with one score each, carrying 69 statements under six types of family solidarity viz. affectual solidarity, associational solidarity, consensual solidarity, functional solidarity, normative solidarity and structural solidarity was used to assess family solidarity, The detailed account of variables and the range of scores for each type of solidarity is given as under:

Variables for Affectual Solidarity	Range of Scores
Enjoyment in doing things together.	High = 107-120
Expression of affection in the family.	Medium = 92-106
Faults finding with each other	Low = ≤ 91
Availability of time and attention for each other in family.	
Enjoyment in cooperating others during routine tasks	
Criticize each other openly	

Variables of Associational Solidarity	Range and Scores
Family members going out together with family members	High= 48-55
Linger on dispute for long.	Medium = 39-47
Recreational time spent together.	Low = ≤ 37
Family sharing feelings and emotions	
Family sits and talks to each other	
Seek family help during difficulty	

Variables of Consensual Solidarity	Range and Scores
Tendency of resolving disagreement.	High= 26-35
Ideas of members are appreciated.	Medium = 16-25
Collective decision making in family	Low = ≤ 15
Mutual acceptance of decision made	
Criticism of individual decisions.	

Variables of Functional Solidarity	Range and Scores
Freedom of expression	High= 58-65
Looking after each other	Medium = 51-57
Provision of emotional comfort	Low = ≤ 50
Mistakes are ridiculed openly	
Helping each other in difficulty	

Variables for Normative Solidarity	Range and Scores
Following family rules	High= 33-40
Restrictions in the family.	Medium = 24-32
Expectation of eating together at least one meal a day.	Low = ≤ 23
Staying out without prior information	

Variables for Structural Solidarity	Range of Scores
Size of family	High= 30-35
Type of family	Medium = 22-29
Number of siblings	Low = \leq 21
Family Land holding	
Family Occupation	

Family Solidarity Index:

On the basis of accumulative scores obtained by all the six types of solidarity, a composite index for family solidarity was worked out. Through cube root frequency test, the families of the substance abusers were categorized into following three types.

Type of family (Solidarity)	Range of Scores
Tight Knit Families (High)	298-350
Sociable Families (Medium)	254-297
Obligatory Families (Low)	$<$ 253

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