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A study to assess the efficacy of planned teaching programme on knowledge regarding ill effects of substance abuse among adolescents in selected schools of Maharashtra

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Abstract

Background of study: The National Institute of Mental Health and Neuro Science (2007) in Bangalore reveals that 70% of HIV patients were alcoholics and they were teenagers. All India Institute of Medical Sciences (AIIMS) in Delhi showed that every 5th teenagers between 15-19 age group in Delhi takes alcohol regularly. 3,00,000 are addicted and another lakhs needs medical attention for alcohol related disorder A comprehensive study was conducted by WHO (2006) in Bangalore including a survey of 28,507 individuals from four diverse populations groups the prevalence of alcohol abuse is more in adolescents with 24.2% in rural area, 25.5% in town, 30.3% in slums and 35% in urban area As per research done by national survey on drug abuse and health (NSDUH) (2006) has shown that heavy drinking during adolescence can lead to decreased performance on cognitive tasks of memory, attention, spatial skills, and executive functioning. These behavioral ramifications of heavy alcohol use may emerge as a consequence of the reduced volume of important brain structures, compromised quality of white matter, and abnormalities in activation during cognitive tasks National Drug Survey in India (2005) indicates the prevalence of drug misuse among 371 women out of the try out size of 4,648 persons which is 8 per cent. It is figured that on that point are most 6.25 crores alcoholics, 90 million Cannabis and 0.25 gazillion opiates and nearly 1 million illicit drug exploiters in India.

Methods: In the present study Quasi experimental one group pretest post-test research design was used for the study. The sampling technique used in the study was non probability convenient sampling. According to Polit and Hungler convenient sampling entails the selection of most readily available individuals as subject in the study, it represents typical conditions and researchers knowledge about his population and its elements can be used to hand pick cases. It examines the efficacy of planned teaching programme on knowledge regarding ill effects of substance abuse among adolescents.

Results: In pretest, 73.33% of adolescents were having average knowledge, 20% were having good level of knowledge and 6.67% were having very good level of knowledge score. The minimum score in pre-test was 7 and the maximum score was 21, the mean score for the pretest was 11.75 ± 3.58 . In posttest 70% of adolescents were having excellent knowledge, 20% of them had very good level of knowledge and 10% of them had good level of knowledge score. The minimum score in posttest was 16 and the maximum score was 28, the mean score for the posttest was 24.63 ± 3.37 . Hence it is interpreted that the planned teaching regarding substance abuse and its ill effects was effective.

Keywords: Quasi experimental, effective, hand pick cases, gazillion opiates, teenagers

Introduction

The World Health Organization describes substance abuse as, the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs. Psychoactive substance use can lead to dependence syndrome - a cluster of behavioral, cognitive, and physiological phenomena that develop after repeated substance use and that typically include a strong desire to take the drug, difficulties in controlling its use, persisting in its use despite harmful consequences, a higher priority given to drug use than to other activities and obligations, increased tolerance, and sometimes a physical withdrawal state.

The commonly abused substances are alcohol, cannabis and opioid. The commonly abused cannabis is marijuana, hashish, bhang, charas, dagga, ganja etc...and the commonly abused opioid are morphine, heroin, pethedine, and fentanyl, codine etc.

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The National Institute on Drug Abuse (NIDA), advises that there are three main types of drugs. Class A includes drugs such as heroin, cocaine, opiates and lysergic acid diethylamide or LSD. Class B drugs are amphetamines and cannabis and Class C includes legal anabolic steroids, alkyl nitrites, tobacco and alcohol.

Alcoholism is a compulsive drinking, despite awareness of its harm to his or her health. Alcoholism defined as a chronic disease manifested by repeated drinking that produces injury to the drinker's health or to his social or economic functioning.

The ill effects of alcoholism are cirrhosis of liver, heart failure, cancer stomach, hallucination, depression, suicidal thinking, fights, marital problems, violence, theft, cloudiness of consciousness etc...

Cannabis sativa is a hardy, aromatic annual herb. The term marijuana refers to the upper leaves, flowering tops, and stems of the plant, which are cut, dried, and chopped and usually formed into cigarettes. Hashish is the dried black-brown resinous exudates from the tops and undersides of the leaves of the female plant. Also called bhang, charas, dagga, and ganja.

Approximately 77 percent of current illicit drug users are marijuana or hashish users. About one third (31 percent) of the population reported that they had used marijuana one or more times in their lifetime. Males was almost twice the rate for females overall among those age.

College students who used marijuana regularly had impaired skills related to attention, memory, and learning 24 hours after they had last used the drug. It also causes bronchitis, pharyngolaryngitis, asthma, heart failure etc.

Opium is a powerful drug made from the juice or sap of a type of poppy. Poppy is a plant with large delicate flower usually red in color. The number of current heroin users in U.S has been estimated to be between 600,000 and 800,000. The male to female ratio of person with heroin dependence is about 3 to 1.

The ill effects of opioid are Parkinsonism, peripheral neuropathy, pulmonary embolism, septicemia, skin infections, AIDS etc.

The National Institute on Drug Abuse in the United States describes addition as, "A chronic, relapsing brain disease that is characterized by compulsive drug seeking and use despite harmful consequences. Most people don't realize they are addicted until it is too late. Once addicted, the drug user will continue to use drugs even though it can cause great harm".

Individuals may act on at risky behaviors while under the influence of drugs which can result in violence and infectious diseases. Drug use can alter the function and structure of the brain. Other medical problems which can result of drugs use are: Mental disorders, cardiovascular disease, stroke, HIV/AIDS, cancer, Hepatitis B, Hepatitis C and lung disease and Death just to name a few .

Need of the study

National conference on health statistics (2012) shows that the Uniform Crime Reports by the Federal Bureau of Investigation determine that-if past patterns are unchanged-725,160 people were arrested on drug-related crime from the beginning of the year until the end of May 2012.

In an article Casa Palmera (2009) ^[22] shows that drug abuse is a growing problem among teens. In addition to cocaine, Ecstasy and other club drugs, a recent Monitoring the Future

Study showed that the top six most abused drugs by teens are: marijuana (31.5%), Vicodin (9.7%), amphetamines (8.1%), cough medicine (6.9%), sedatives & tranquilizers (6.6% each). Without treatment, the effects of drug abuse on teens can lead to serious consequences now and well into adulthood.

The National Household Survey on Drug Abuse (2010) estimated the number of users of illicit drugs in the United States to be over 22 million. Other statistics from the survey include that nearly 7% of Americans over 12 years of age are binge drinkers and almost 70 million of Americans smoke cigarettes.

According to Drug Facts, Nationwide Trends (April 2011) edition, marijuana use among eighth, tenth and twelfth graders increased between 2009 and 2010. Ecstasy use also increased at the same time for eighth and tenth graders. The bottom line is that teen drug abuse and use, despite the mountain of education available on the dangers of addiction and drug use seems to be on the rise once again.

The Drug Enforcement Administration (2007) found that abuse of the painkiller Fentanyl killed more than 1,000 people that year in the US. It is thirty to fifty times more powerful than heroin.

Of the 22,400 drug overdose deaths in the US in 2005, opioid painkillers were the most commonly found drug, accounting for 38.2% of these deaths. In 2005, 4.4 million teenagers (aged 12 to 17) in the US admitted to taking prescription painkillers, and 2.3 million took a prescription stimulant such as Ritalin. 2.2 million Abused over-the-counter drugs such as cough syrup. The average age for first-time users is now 13 to 14.

According to a UN report (2008), One million heroin addicts are registered in India, and unofficially there are as many as five million. Cannabis, heroin, and Indian-produced pharmaceutical drugs are the most frequently abused drugs in India. Cannabis products, often called charas, bhang, or ganja, are abused throughout the country because it has attained some amount of religious sanctity because of its association with some Hindu deities.

The International Narcotics Control Board in its 2004 report says that in India persons addicted to opiates are shifting their drug of choice from opium to heroin. Adolescent drug abuse is one of the major areas of concern in adolescent and young people's behavior. It is estimated that, in India, by the time most boys reach the ninth grade, about 50 percent of them have tried at least one of the gateway drugs. A larger proportion of teens in West Bengal and Andhra Pradesh use gateway drugs (about 60 percent in both the states) than Uttar Pradesh or Haryana (around 35 percent).

According to National Survey (2009) conducted in India, an estimated 7.5 crore Indians are drug addicts and the number is going up significantly, spreading to semi-urban and backward areas. The actual preponderance values inside the age group of 12-18 age was Alcoholic Drink (preceding21), Cannabis (3), Opiates (0.7) and other illicit drugs (3.6 per cent).

The national household survey of drug and alcohol abuse in India (2003) - estimated the users of alcohol, tobacco, cannabis and opiates. Tobacco - 162 million, Alcohol - 62 million, Cannabis - 9 million, Opiates - 2.5 lakh. Cannabis is by far the most widely cultivated, trafficked and abused illicit drug. About 147 million people, 2.5% of the world population, consume cannabis (annual prevalence)

compared with 0.2% consuming cocaine and 0.2% consuming opiates.

National Survey on Drug Use and Health (NSDUH) conducted by the Substance Abuse and Mental Health Services Administration (2011) says that an estimated 22.5 million Americans aged 12 or older or 8.7 percent of the population had used an illicit drug or abused a psychotherapeutic medication (such as a pain reliever, stimulant, or tranquilizer) in the past month. This is up from 8.3 percent in 2002. The increase mostly reflects a recent rise in the use of marijuana; the most commonly used illicit drug

Aim of the study

To assess the efficacy of planned teaching programme on knowledge regarding ill effects of substance abuse among adolescents.

Objectives

1. To assess the knowledge on substance abuse and its ill effects among adolescents in selected schools of Maharashtra.
2. To assess the efficacy of planned teaching programme on knowledge regarding substance abuse and its ill effects among adolescents
3. To associate knowledge score with selected demographic variables

Study Design

In the present study Quasi experimental one group pretest post-test research design was used for the study.

Sampling Technique

The sampling technique used in the study was non probability convenient sampling. According to Polit and Hungler convenient sampling entails the selection of most readily available individuals as subject in the study, it represents typical conditions and researchers knowledge about her population and its elements can be used to hand pick cases.

Tool

Structured questionnaire is used as a tool is for collection of data.

The investigator developed the tool after updating her theoretical knowledge regarding ill effects of substance abuse, the investigators own experience, theoretical knowledge and guidance from the experts along with the review of literature helped in developing the tool necessary for the study.

Structured questionnaire consists of two sections

Section I: Consists of demographic variables of the Adolescents to be participated in the study e.g. Age, residence, education, religion etc.

Section II: Consists of 30 questions on knowledge regarding ill effects of substance abuse.

Method of data collection

- The investigator visited the Adolescents of selected high schools in advance and obtained the necessary permission from the concerned authorities. The investigator introduced her and informed them about the nature of the study so as to ensure better cooperation during the data collection.
- The investigator explained the purposes of the study and how it will be beneficial for them. She confirmed their willingness to participate in the study. The investigator collected a group of subjects, made them comfortable and oriented them to the study and administered questionnaire to them, instructed them not to interact with each other and their doubts were clarified. Once the questionnaire was completed, investigator collected them back. The subjects required mean time of 30 min. to complete the structured questionnaire. After the pretest planned teaching was given by the investigator. They were instructed to listen carefully and they were informed to take posttest after 7 days.
- Post test was administered with the same questionnaire on the 7th day. The collection of data was performed within the stipulated time. After the data gathering process the investigator thanked all the study samples as well as the authorities for their cooperation.

Reliability

The reliability of research instrument is defined as the extent to which the instrument yields the same result on repeated measures. It is than concerned with consistency, accuracy, precision, stability, equivalence and homogeneity. The structured questionnaire was tested for reliability by split half method. The tool was given to 20 adolescents from selected high schools. Reliability analysis was done by Pearson's correlation coefficient formulae. A score above 0.70 indicates an acceptable level of reliability of tool. The reliability of structured questionnaire was $r = 0.86$. It was highly reliable.

Result

Table 1: Assessment of knowledge in pre-test

Level of knowledge score	Pre-Test	
	Frequency	Percentage
Poor	0	0.00
Average	44	73.33
Good	12	20.00
Very Good	4	6.67
Excellent	0	0.00
Minimum score=7		Maximum score=21
Mean score =11.75±3.58		

The above table shows that in pre-test, 73.33% of adolescents were having average knowledge, 20% were having good level of knowledge and 6.67% were having very good level of knowledge score. The minimum score in pretest was 7 and the maximum score was 21, the mean score for the pretest was 11.75±3.58.

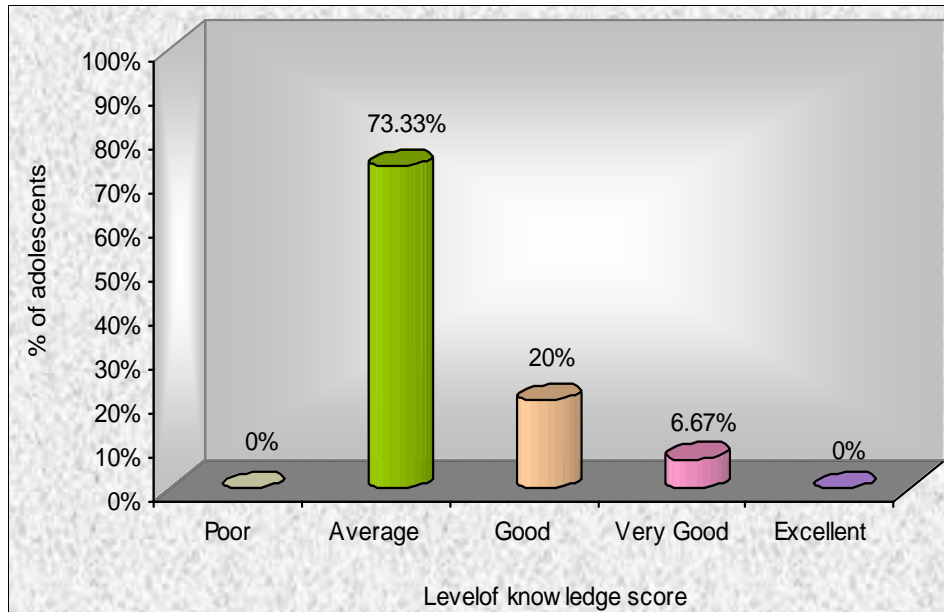


Fig 1: Assessment of knowledge in pre-test

Table 2: Assessment of knowledge in post test

Level of knowledge score	Post Test	
	Frequency	Percentage
Poor	0	0
Average	0	0
Good	6	10
Very Good	12	20
Excellent	42	70
Minimum score=16 Maximum score=28 Mean score=24.63±3.37		

The above table shows that in post-test 70% of adolescents were having excellent knowledge, 20% of them had very good level of knowledge and 10% of them had good level of knowledge score. The minimum score in posttest was 16 and the maximum score was 28, the mean score for the posttest was 24.63±3.37.

The above table shows that in pre-test 73.33% of adolescents were having average knowledge, 20% each were having good level of knowledge and 6.67% were having very good level of knowledge score. The minimum

score in pretest was 7 and the maximum score was 21, the mean score for the pretest was 11.75±3.58 whereas in post-test 70% of adolescents were having excellent knowledge, 20% of them had very good level of knowledge and 10% each of them had good level of knowledge score. The minimum score in posttest was 16 and the maximum score was 20, the mean score for the posttest was 24.63±3.37.

Table 3: Comparison of knowledge score in pretest and post test

Level of knowledge score	Knowledge score	
	Pre-test	Post-test
Poor	0(0%)	0(0%)
Average	44(73.33%)	0(0%)
Good	12(20%)	6(10%)
Very Good	4(6.67%)	12(20%)
Excellent	0(0%)	42(70%)
Minimum score	7	16
Maximum score	21	28
Mean score	11.75±3.58	24.63±3.37

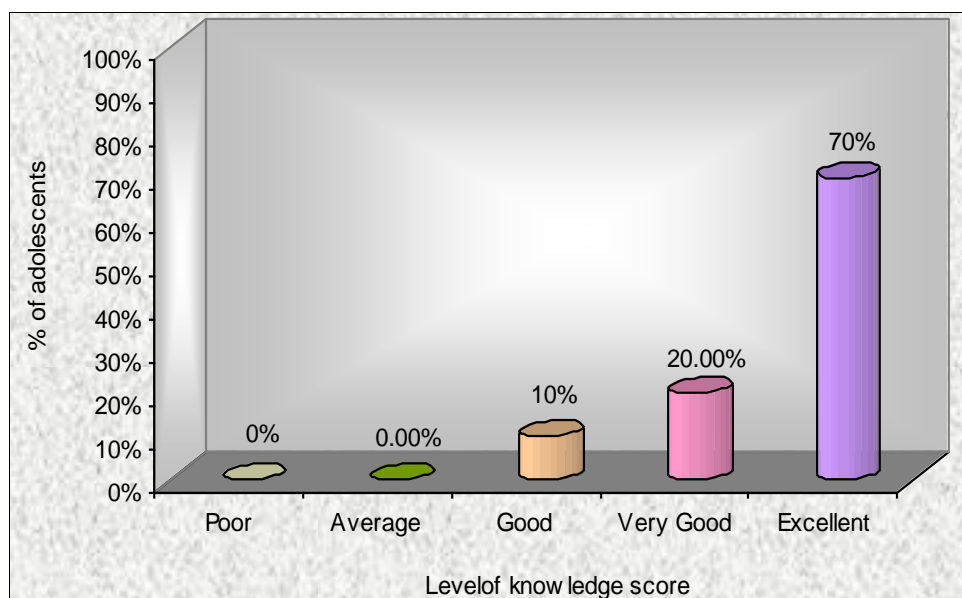


Fig 2: Assessment of knowledge in post-test

Difference between knowledge score in pre and post-test in relation to knowledge

Table 4: Regarding substance abuse and its ill effects, N=60

Overall	Mean knowledge score	SD	Mean percentage	Z-Value	P-Value
Pre-Test	11.75	3.58	39.16	21.99	0.000m S, <i>p</i> <0.05
Post-Test	24.63	3.37	82.11		

Mean, standard deviation and mean score percentage values

are compared and z-test is applied at 5% level of significance. The calculated values was 21.99 respectively for the knowledge regarding substance abuse and its ill effects. In addition the calculated ‘p’ values for all the areas of knowledge regarding substance abuse and its ill effects was 0.000 which is ideal for any population. Hence it is statistically interpreted that the planned teaching regarding substance abuse and its ill effects was effective. Thus the H₁ is accepted.

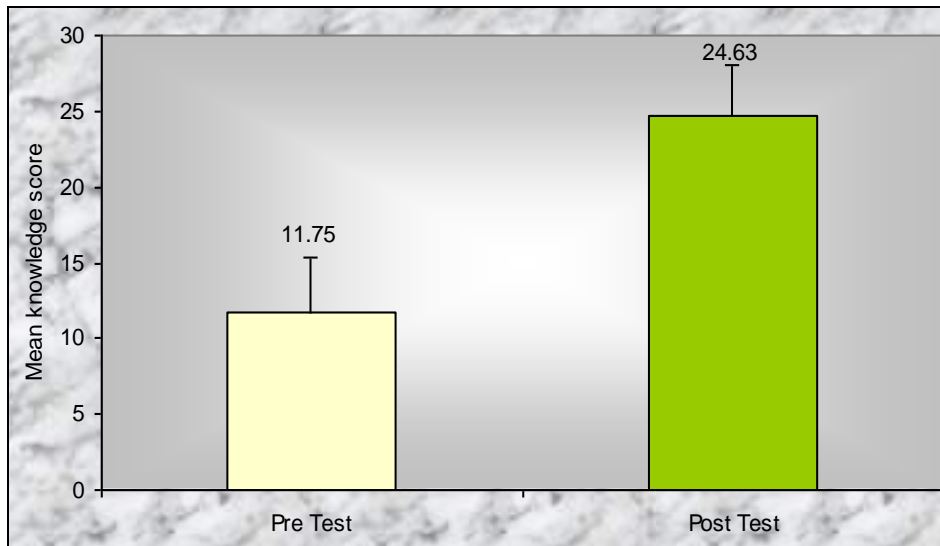


Fig 3: Difference between knowledge score in pre and post test

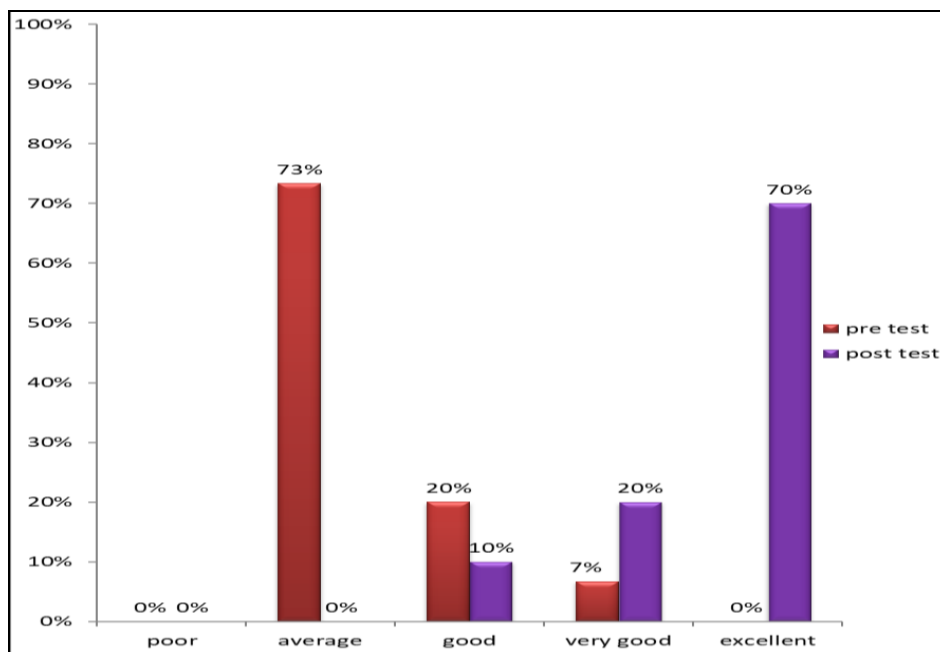


Fig 4: Comparison of knowledge score in pretest and post test

Discussion

Findings are discussed based on the objectives of the study. Distribution of people knowledge regarding ill effects of substance abuse shows that in pre-test 73.33% of adults were having average knowledge, 20% each were having good level of knowledge and 6.67% were having very good level of knowledge score. The minimum score in pretest was 7 and the maximum score was 21, the mean score for the pretest was 11.75±3.58 whereas in post-test 70% of

adolescents were having excellent knowledge, 20% of them had very good level of knowledge and 10% each of them had good level of knowledge score. The minimum score in posttest was 16 and the maximum score was 20, the mean score for the posttest was 24.63±3.37. Mean standard deviation and mean score percentage values are compared and z-test is applied at 5% level of significance. The calculated value was 21.99 for the knowledge regarding substance abuse and its ill effects. In

addition the calculated 'p' values for all the areas of knowledge regarding substance abuse and its ill effects was 0.000 which is ideal for any population. Hence it is statistically interpreted that the planned teaching regarding substance abuse and its ill effects was effective. Thus the H_1 is accepted that there is significant difference between the pre-test knowledge and the post-test knowledge on substance abuse and its ill effects among the adolescents which is measured by structured questionnaire at $p < 0.05$ level of significance.

Conclusion

After the detailed analysis, this study leads to the following conclusion:

The adolescents had an average knowledge regarding ill effects of substance abuse. There was a significant increase in the knowledge of subjects after the introduction of planned teaching. To find the effectiveness of planned teaching 'Z' test was applied and 'Z' value was calculated, post test score was significantly higher at 0.05 level than that of pre-test score. Thus it was concluded that planned teaching on ill effects of substance abuse was found effective as a teaching strategy.

Demographic variables like occupation of head of family, family income, area of residence shows association with the post test knowledge score among adolescents of selected high schools.

Hence based on the above cited findings, it is clear that the planned teaching helped the adolescents to improve their knowledge regarding ill effects of substance abuse.

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