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A study to assess the effectiveness of awareness program on knowledge on substance abuse and its consequences among adolescent boys in higher secondary school

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Abstract

Adolescence is a fluctuating period where in there is total confusion regarding everything that is supposed to be performed. The study was conducted to determine the effectiveness of awareness program and knowledge of substance abuse among adolescent boys. Adolescence is a fluctuating period wherein they love to do things as they wish and something that gives them a thrill without reasoning and hence they need to be guided. Determine the knowledge and find the effectiveness of an awareness program on substance abuse and its consequences among the adolescent boys. Find the association between the post test knowledge scores and the selected variables like age, gender, type of family, place of residence, living with, monthly income of parents, education of parents, religion, family history of substance abuse and socio-economic status. A per-test post-test design was used. 60 students from higher secondary school students was selected by the pretest level of knowledge, shows that in the pretest, 28(46.6%) had poor knowledge, 24(40%) had average knowledge, and 8 (13.3%) had good knowledge. In posttest knowledge, 32(53.3%) had average knowledge and 28 (46.6%) had good knowledge regarding substance abuse and its consequences among adolescent boys, the pretest mean score of knowledge among adolescent boys was 4.31 with standard deviation 1.61 and the post test mean score was 3.24 with standard deviation 0.93. The calculated paired 't' test value of t=9.9371 was found to be statistically highly significant at p< 0.001 level. This clearly infers there is significant improvement in the post test level of knowledge regarding substance abuse and its consequences among adolescent boys. The study indicates that the awareness program helps students to gain knowledge and helps in enlightening their future.

Keywords: Adolescent boys, awareness program, knowledge, substance abuse

Introduction

Adolescence is a fluctuating period where in there is total confusion regarding everything that is supposed to be performed. It is a period where in the adolescents love to be popular among all their peers and ready to do things as they wish and something that gives them a thrill. They have their own social grouping, new values in selection of friends, social acceptance, etc. Adolescents are those belongs to the age between 12-19 years which constitute over 23% of the population in India. Adolescence is a phase of rapid physical growth, psychological development, and sexual transformation. Adolescents are with full of energy and have significant drive and exploitation [1]. Among the 1.6 billion persons aged 12-24 in 2012, 0.85 billion are aged 18-24. The overall number of adolescents and youth is expected to change little over the coming decade provided that fertility and mortality levels in developing countries continue to decline, may remain relatively stable over the rest of the century [2]. The population aged 12-24 is still increasing rapidly in Africa, however, while it is declining, or will soon decline, in all other regions. Consequently, the proportion of the world's adolescents and youth living in Africa is expected to rise from 18 percent in 2012 to 28 percent by 2040, while the shares of all other regions will decline. The region comprising Asia and pacific is expected to experience the sharpest decline, from 61 percent in 2012 to 52 percent by 2040X [3].

Substance abuse is a social evil. It destroys not only vitals of the society, but also adversely affects the economic growth of the country. Use of substances knows no bonds or limitations. It spreads all over a country, from nation to nation; to the entire globe, infecting every civilized society irrespective of caste, creed, culture and the geographical location. Globally, substance abuse is a serious public health and social issue.

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With changes into the lifestyle, globalization in substance marketing, the erosion of powers of censure that have existed in traditional societies, and an increased acceptance of such substances, it is clear that their use is growing in low and middle-income countries, particularly among the children, adolescents and the youth [4,5].

Substance abuse has brought problems such as increase in violence and crime, increase in HIV/AIDS diseases, and collapse in the social structure. Substance use leads to health problems, social problems, physical dependence, and psychological addiction. And it is associated with a variety of negative consequences, including school failure, and poor judgement which may put Adolescents at risk for accidents, violence, unplanned and unsafe sex. These dangerous consequences of drug abuse on human life intensity the need for the prevention of drug abuse [6,5].

Peer pressure, social interactions, boredom, curiosity, gender, the media, and low self-esteem may also cause some youth to use and abuse certain substances (Anderson, 1995). Youth may experience pressure from friends, find substances readily available at social gatherings, or simply feel bored on the weekends (Anderson) [6]. We live in a society where youth are constantly being bombarded with mixed messages, with the media glorifying drinking, partying, and living to extremes, while being told by many prevention and treatment programs to completely abstain from these substances (Office of National Drug Control Policy, 2001). This is turn can lead to numerous reasons as to why a youth may choose to use and/or abuse substances, or completely abstain for their entire lives. It can be extremely challenging to discover exactly why a youth becomes involved with substance use and/or abuse, and it may never be possible to state why all youth become involved with these activities (Anderson, 1995) [7, 8]. Various studies on substance abuse are being carried out by the ministry of social justice an empowerment revealed that the rate of prevalence for various substance abuse among the age group 12-18 was highest for which alcohol was 21.4% and the next prevalent was cannabis with 3%, drugs of Opiate origin 0.7% and other illicit drugs were 3.6%. Apart from this, the study also surveyed the people who are at risk and they were workers at transports, sex workers and children in the streets.

Ms. Debajani Nayak (2016) conducted a non-experimental descriptive study to assess the knowledge and practice of substance abuse among adolescence. Socio-demographic variables shows the majority of the participants were Hindus (71%), 81% were males. In knowledge regarding prevention and treatment of substance abuse shows that 5.39% agree with the prevention and treatment of substance abuse. As regards to physical and psychological aspects of substance abuse shows that 7% feels happy after consuming alcohol,9% have good sleep and relax well, 10% avoids negative motions ^[1].

Charis Theou *et al.* (2015) [1] conducted a pre-experimental study to determine the effectiveness of an awareness program on knowledge on substance abuse and its consequences among the students in Karnataka. During the pre-test 7.6% were having good knowledge and after the post-test the knowledge score reached to 52.8%. The

association between the demographic variables and the knowledge score were not statistically significant at a level of 0.05. Overall the study helped in improving the knowledge on substance abuse and its consequences among pre-university students [1].

Methods and Materials

Final data was collected for one week of January 2020 among adolescent boys. Purpose of the study was explained to the subjects. The subjects were assured about anonymity and confidentiality of the information provided by them and written consent was taken from those who were willing to participate in the study. Pre-test was conducted using questionnaire regarding substance abuse and its consequences. After pre-test, structured teaching program was given to the participants. Structured Teaching Program was given to the adolescent boys and clearly explained about the topic. The participants were asking doubts in between the teaching. Then am cleared all the doubts. After given the intervention post -test knowledge were assessed through given questionnaire regarding substance abuse and its consequences.

Results and Discussion

Most of the adolescent boys, 30(50%) were in the age group of 15-16 years, 30 (50%) were in the broken family, 20 (33.3%) were in the equal,31 (51.6%) were living in urban,28 (46.6%) were primary educated,25 (41.7%) were 15000 above income,32 (53.3%) were no history of substance abuse, 26 (43.3%) were living with others.

In the pretest, 28(46.6%) had inadequate knowledge, 24(40%) had moderate knowledge, and 8 (13.3%) had adequate knowledge. In post test, 32(53.3%) had moderate knowledge and 28 (46.6%) had adequate knowledge regarding substance abuse and its consequences among adolescent boys.

In the pretest level of knowledge, shows that in the pretest, 28(46.6%) had poor knowledge, 24(40%) had average knowledge, and 8 (13.3%) had good knowledge. In posttest knowledge, 32(53.3%) had average knowledge and 28 (46.6%) had good knowledge regarding substance abuse and its consequences among adolescent boys.

Section: assessment of level of knowledge regarding substance abuse and its consequences.

 $\begin{tabular}{ll} \textbf{Table 1:} Frequency and distribution of level of knowledge \\ regarding substance abuse and its consequences among adolescent \\ boys N=60 \\ \end{tabular}$

Level of Knowledge	Inadequate		Moderate		Adequate		
	No	%	No	%	No	%	
Pretest	28	46.6%	24	40%	8	13.3%	
Post test	0	0%	32	53.3%	28	46.6%	

The Table 2 shows that in the pretest, 28 (46.6%) had inadequate knowledge, 24(40%) had moderate knowledge, and 8 (13.3%) had adequate knowledge.

In post-test, 32(53.3%) had moderate knowledge and 28 (46.6%) had adequate knowledge regarding substance abuse and its consequences among adolescent boys.

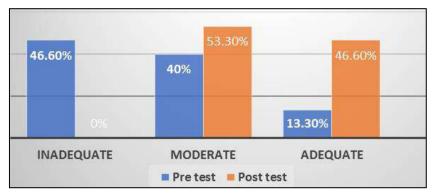


Fig 1: Pre test and post test

Percentage distribution of level of knowledge regarding substance abuse and its consequences among adolescent boys.

Section: Effectiveness of awareness program on knowledge on substance abuse and its consequences among adolescent boys.

Table 2: Frequency and Percentage distribution of awareness program on knowledge among adolescent boys

Questionnaire		-Test	Post Test	
		%	No	%
Substance abuse and causes:				
1. Substance abuse meaning				
a) Excessive use of a substance especially drug or alcohol.	10	16.7%	50	88.3%
b) It is a drug.	24	40%	7	10.3%
c) It is harmful to health.	26	43.3%	3	1.3%
2. Most addictive drug is				
a) Alcohol.	20	33.3%	58	96.7%
b) Paracetamol.	20	33.3%	2	3.3%
c) None.	20	33.3%	0	0%
3. Marijuana meaning				
a) It is a plant.	27	45%	1	1.7%
b) It is a drug.	16	26.7%	6	10%
c) Psychoactive drug.	17	28.3%	53	88.39
4. Smoking meaning				
a) The gaseous products of burning materials especially of organic origin made visible by the	12	20%	49	81.79
presence of small particles of carbon.	12	20%	49	01./9
b) A mass or column of smoke.	34	56.7%	8	13.39
c) A suspension of particle in a gas.	14	23.3%	3	1.3%
5. Reason for taking drug				
a) Teenagers curiosity, anger.	26	43.3%	8	13.39
b) Joy seeking, Stress, Inadequate information about abuse.	26	43.3%	10	16.79
c)A and B.	08	13.3%	42	70%
Signs and symptoms and ill effects of substance abuse				
6.Signs of substance abuse				
a) Bloodshot eye, Bad breath.	19	31.7%	0	0%
b) Shakes of tremors, Slurred speech.	26	43.3%	5	8.3%
c) All above.	15	25%	55	91.79
7. Symptoms of substance abuse				
a) Dizziness, vomiting, changes in memory and learning.	32	53.3%		5%
b) changes in motor skills.	18	30%	12	20%
c) All above.	10	16.7%	45	75%
8. Ill effects due to substance abuse				
a) Loss of co-ordination, poor judgement, distorted vision, memory loss, slowed reflexes.	32	53.3%	54	90%
b) Normal reflexes.	10	16.7%	3	5%
c) Sustained appropriate judgement.	18	30%	3	5%
9. Psychological effects of substance abuse	•			
a) Aggression, Hallucination	28	46.7%	48	79%
b) Anxiety.		33.3%	_	11.79
c) Depression.	12	20%	5	8.3%
10. Social effects of substance abuse		1		
a) Employment.	0.0	3.3%	4	6.79

b) Low productivity, unemployment, Financial and legal problems.	49	81.7%	53	88.3%				
c) High productivity.	09	15%	3	5%				
Knowledge about substance abuse	0)	1370	5	370				
11. The number of people die per year approximately due to substance abuse is								
a) 3.3 million.		53.3%	47	78.3%				
b) 11.8 million.		26.7%		8.3%				
c) 11.2 million	12	20%	8	13.3%				
12. NDAFA		2070	Ü	10.070				
a) National Drug and Facts Week.	32	53.3%	53	88.3%				
b) National DE addiction and alcohol Facts Week.	24	40%	7	11.7%				
c) National DE addiction and Ayush Fact week.	04	6.7%	0	0%				
13. Drug facts Chat Day initiated on		l.						
a) October,12,2007.	23	38.3%	8	13.3%				
b) September, 12, 2008.	19	31.7%	3	5%				
c) July,15, 2008.	18	30%	49	81.7%				
14. Routes of drug usage								
a) Oral, Injection, Smoke.	46	76.7%	55	91.7%				
b) Through food.	12	20%	0	0%				
c) Others.	02	4.3%	5	8.3%				
15. People who are more addicted to drug								
a) Geriatric.	12	20%	0	0%				
b) Adolescence.	40	66.7%		91.7%				
c)others.	08	13.3%	5	8.3%				
16. Preventive aspects of substance abuse 16.deaddiction meaning								
a) It is a hospital.	18	30%	5	8.3%				
b) It is a psychiatric center.	12	20%	5	8.3%				
c) Rehabilitation for the purpose of curing addiction.	30	50%	50	83.3%				
17. 5 c's of addiction is								
a) Chronic, loss of control, compulsions despite negative consequences, cravings.		36.7%		91.7%				
b) control, compulsion co-ordination, coma, crime.	_	38.3%		5%				
c) Chronic, control, coma, Cravings, Changes in activities.	15	25%	2	3.3%				
18. Government Deaddiction Centre in Chennai		r						
a) CMC, Hospital.		31.7%		5%				
b) IMH, Hospital, Kilpak.	29	48.3%		91.7%				
c) Meenakshi, Hospital.	12	20%	2	3.3%				
19. National Toll-Free Helpline Number for Deaddiction	1	1						
a) 1800-21-0032.	29		4	6.7%				
b) 1800-12-0031.		48.3%	54	90%				
c) 1800-21-0096.	02	3.3%	2	3.3%				
20. Treatment aspects for substance abuse is								
a) Hospitalization, Therapies, Changes in addicts and environment.		66.7%		83.3%				
b) Rehabilitation.	+	16.7%	_	8.3%				
c) Counselling.	10	16.7%	5	8.3%				

The table 3 shows that in the pretest level of knowledge, shows that in the pretest, 28 (46.6%) had poor knowledge, 24(40%) had average knowledge, and 8 (13.3%) had good knowledge. In posttest knowledge, 32(53.3%) had average knowledge and 28 (46.6%) had good knowledge regarding substance abuse and its consequences among adolescent boys.

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Conflicts of interest

The authors declare no conflicts of interest.

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