

A Study to Assess the Effectiveness of Structured Teaching Program on Knowledge and Attitude Regarding Adverse Effects of Substance Abuse among Adolescent Boys Studying in Selected Schools of district Gurdaspur, Punjab

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Abstract

Introduction: Good health is necessary for developmental process and human productivity. Health is essential for the economical and social development of the country. Nowadays, there is an increasing trend for the abuse of psychoactive substances in the developing countries.

Aim: The main aim of the study is to assess the effectiveness of structured teaching program regarding the adverse effects of substance abuse.

Materials and Methods: This was a pre-experimental research approach and one group pre-test, and the post-test research design was used in the research study for a sample of 60 adolescent boys. Convenient sampling technique was used to collect samples. Rosenstock's and Becker's health behavior model for developing the conceptual framework had been used. A structured questionnaire and Likert scale were used to collect data, and collected information were analyzed using descriptive such as mean, percentage, standard deviation, and inferential statistics such as t-test, analysis of variance, and F-test.

Conclusion: The study revealed that, in pre-test, maximum number of adolescent boys 36 (60%) have average knowledge and 24 (40%) have below average knowledge regarding adverse effect of substance abuse and maximum number of adolescents boys 44 (73%) have good attitude and 16 (26.7%) have average attitude regarding adverse effect of substance abuse. In a post-test maximum number of adolescent boys, 46 (76.7%) have the average knowledge and 14 (23.3%) have good knowledge regarding the adverse effect of substance abuse and a maximum number of adolescents boys 60 (100%) have a good attitude regarding adverse effect of substance abuse.

Keywords: Adolescent boys, attitude, knowledge, structured teaching program, substance abuse

BACKGROUND

The word “adolescence” is derived from the Latin word adolescence (to grow up). Adolescence is, therefore, literally the period of growing up and becoming an adult. In western society, the term is now mainly used to describe the period from

13 to 19 years or the period of development from childhood to young adulthood.^[1]

Substance abuse is a threatening social problem of school going and adolescence age group. It is periodic or chronic intoxication by repeated intake of habit-forming agents. The abused agents are mainly tobacco, alcohol, sleeping pill, tranquilizers, mood elevators, stimulants, opiates, cocaine, heroin, and cannabis (bhang, ganja, charas).^[2]

People in almost all cultures have used psychoactive substance since prehistoric times. Psychoactive substances affect the brain. They alter the mind, the way reality is perceived, and

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the way people feel. People continue to use them for the relief of negative emotional states, such as depression, fear, and anxiety; relief from fatigue or boredom; and break from daily routines by way of producing altered states of consciousness. Alcohol and drugs also continue to be used in various religious ceremonies.^[3]

Substance abuse is a universal phenomenon with its roots in history and tradition substance. Abuse problem has become a global challenge from a transit country. India is fast becoming a major consumer of different kinds of substances.^[4]

NEED OF THE STUDY

Psychoactive substance use poses a threat to the health and social and economic fabric of families, communities, and nations. Drug dependence is growing problem and this habit not only affects health, education, and occupational career but also it incurs a huge financial and social burden on the society.^[5]

School students are the most vulnerable group and are at high risk of drug abuse-related problems compared to other population. The prevalence rate of drug abuse is highest among young adolescents, a large majority of whom is students. Substance abuse by students in secondary schools and colleges is a serious problem. As it is gaining gradual popularity among adolescent schoolboy students, it would be vital to examine their knowledge toward substance abuse. Health education is an important strategy of all the programs to prevent and control drug abuse.^[6]

Then, when they enter high school, young people face additional social, psychological, and educational challenges. At the same time, they may be exposed to greater availability of drugs, drug abusers, and social engagements involving drugs. These challenges can increase the risk that they will abuse alcohol, tobacco, and other drugs.^[7]

Objectives of the study

The objectives of this study are as follows:

1. To assess the pre-test knowledge and attitude among adolescent boys regarding adverse effects of substance abuse in selected schools of district Gurdaspur, Punjab.
2. To assess the post-test knowledge and attitude among adolescent boys regarding adverse effects of substance abuse in selected schools of district Gurdaspur, Punjab.
3. To evaluate the effectiveness of structured teaching program on knowledge and attitude regarding adverse effects of substance abuse among adolescent boys.
4. To identify the relationship between knowledge and attitude among adolescent boys regarding adverse effects of substance abuse.
5. To find the association between knowledge and attitude regarding adverse effects of substance abuse among adolescent boys with their selected sociodemographic variables such as the age of adolescent boys, year of study, type of family, type of house, family income, education of mother, education of father, and source of information.

METHODOLOGY

This chapter includes research approach, research design, research setting, target population, sampling technique, sample size, variable under the study, inclusion and exclusion criteria, selection and development of tool, description of the tool, validity of tool, reliability of tool, procedure for data collection, plan for pilot study, ethical consideration, and plan for data analysis. This study was done to accomplish the objectives of the study. Convenient sampling technique was used to collect data, and the sample size was 60 adolescent boys in the age group of 13–19 years. The present study was conducted in The Salvation Army Senior Secondary School, Fatehgarh Churian road, Batala, district Gurdaspur, Punjab. The target population for the present study was 60 adolescent boys of The Salvation Army Senior Secondary School, Fatehgarh Churian road Batala, district Gurdaspur, Punjab.

SELECTION AND DEVELOPMENT OF TOOL

The study was aimed to assess the effectiveness of structured teaching program on knowledge and attitude regarding adverse effects of substance abuse among adolescent boys studying in selected schools of District Gurdaspur, Punjab. Therefore, a structured questionnaire was prepared to assess the knowledge among adolescent boys regarding the adverse effects of substance abuse and the Likert scale was used to assess the attitude among adolescent boys regarding adverse effects of substance abuse. Preliminary drafting of the tool was prepared after an extensive review of the literature and after consulting with subject experts.

DESCRIPTION OF TOOLS

The tools consist of two sections Section-A and Section-B

Section A: Sample characteristics

This section consists of 9 items for obtaining personal information about the subject such as the age of adolescent boys, year of study, type of family, family income, education of father, education of mother, the occupation of father, occupation of mother, and source of information.

Section B: Section B divided into two parts

Part 1: Self-administered knowledge questionnaire was prepared to assess the knowledge regarding adverse effects of substance abuse among adolescent boys.

This part consisted of multiple-choice questions regarding the adverse effects of substance abuse. The total of 28 questions was included, and each question carried one mark. The maximum score was 28, and the minimum score is zero.

Part 2: Likert scale was used to assess the attitude regarding adverse effects of substance abuse among adolescent boys.

This part consisted of questions regarding the adverse effects of substance abuse by the use of a Likert scale. The total 15 questions were included, and each question carried 5 marks. The maximum score was 75, and the minimum score is 0.

Criterion measure

Section A is related to sample characteristics, which were not included in the scoring system.

Section B:

Part 1 - Self-administered knowledge questionnaire was prepared to assess the knowledge regarding adverse effects of substance abuse. The knowledge score refers to the total obtained on knowledge items in the structured questionnaire by adolescent boys.

Knowledge score: Maximum score: 28 and minimum score: 0

Level of knowledge	Percentage	Score
Good	76–100	22–28
Average	51–75	15–21
Below average	<50	0–14

Part 2 - Questions were prepared to assess the attitude regarding adverse effects of substance abuse. The attitude score refers to the total obtained on attitude items in the questions by adolescent boys.

Attitude score: Maximum score: 75 and minimum score: 0

Level of attitude	Percentage	Score
Good	76–100	57–75
Average	51–75	38–56
Below average	<50	0–37

RESULTS

Frequency and percentage distribution of sociodemographic variables shows that a maximum number of adolescent boys 20 (33.3%) were in age group of 13–14, followed by 14 (23.3%) in the age group of 15–16 and 19 and adolescent boys 12 (20.0%) in the age group of 17–18.

A maximum number of adolescent boys 21 (35.0%) were studied in 9th class, followed by 14 (23.3%) adolescent boys who were studied in 12th class, 13 (21.7%) adolescent boys who were studied in 10th class, and minimum adolescent boys 12 (20.0%) who were studied in 11th class.

A maximum number of adolescent boys 36 (60.0%) belonged to the nuclear family, and a minimum number of adolescent boys 24 (40.0%) belonged to a joint family Table 1.

A maximum number of adolescent boys (16 [26.7%]) had monthly family income Rs less than 5000 and 10001–15000, and a minimum number of adolescent boys (14 [23.3%]) had family income Rs 5001–10000 and above 15000.

Father's education of a majority of adolescent boys (17 [28.3%]) were having informal education, followed by matriculation (15 [20.0%]), primary education (12 [20.0%]), secondary (9 [15.0%]), and graduate and above in minimum number of adolescent boys (7 [11.7%]).

Mother's education of a majority of adolescent boys (17 [28.3%]) had informal education and up to primary education,

Table 1: Frequency and percentage distribution of sample characteristics $n=60$

Sample characteristics	n %
Age of adolescent boys	
13–14	20 (33.4)
15–16	14 (23.3)
17–18	12 (20.0)
19	14 (23.3)
Year of the study	
9 th	21 (35.0)
10 th	13 (21.7)
11 th	12 (20.0)
12 th	14 (23.3)
Type of family	
Joint	24 (40)
Nuclear	36 (60)
Family income (in rupees/month)	
Less than 5000	16 (26.7)
5001–10000	14 (23.3)
10001–15000	16 (26.7)
Above 15000	14 (23.3)
Education of father	
Informal education	17 (28.3)
Up to primary education	12 (20)
Up to Matriculation	15 (25)
Up to secondary education	9 (15.0)
Graduate and above	7 (11.7)
Education of mother	
Informal education	17 (28.3)
Up to primary education	17 (28.3)
Up to matriculation	13 (21.7)
Up to secondary education	9 (15.0)
Graduate and above	4 (6.7)
Occupation of father	
Laborer	16 (26.7)
Farmer	18 (30)
Private employee	14 (23.3)
Government employee	9 (15.0)
Own business	3 (5.0)
Occupation of mother	
Laborer	13 (21.7)
Housewife	28 (46.6)
Private employee	10 (16.7)
Government employee	9 (15.0)
Source of information	
Parent and relative	17 (28.3)
Friends	8 (13.3)
School	32 (53.4)
Mass media	3 (5.0)

followed by matriculation (13 [21.7%]), secondary (9 [15.0%]), and graduate and above in a minimum number of adolescent boys (4 [6.7%]).

Father's occupation of a majority of adolescent boys (18 [30.0%]) was own business, followed by laborer (16 [26.7%]), private employee (14 [23.3%]), government employee (9 [15.0%]), and others in a minimum number of adolescent boys (3 [6.7%]).

Mother's occupation of a majority of adolescent boys (28 [46.7%]) was homemaker, followed by laborer (13 [21.7%]), private employee (10 [16.7%]), and government employee in a minimum number of adolescent boys (9 [15.0%]).

A maximum number of adolescent boys (32 [53.3%]) had a source of information school, followed by 17 (28.3%) who

had information from parents and relatives, adolescent boy (8 [13.3%]) who had information from friends, and minimum number of adolescent boys (3 [5.0%]) got information from mass media.

Table 2 reveals that, in pre-test, maximum 36 (60%) adolescent boys were having average knowledge, whereas minimum 24 (40%) adolescent boys were having below average knowledge and maximum 44 (73.3%) adolescent boys were having good attitude, whereas minimum 16 (26.7%) adolescent boys having average attitude.

Table 2(a) reveals that 46 (76.7%) adolescent boys have average knowledge scores, 14 (23.3%) adolescent boys have good knowledge scores, and 60 (100%) adolescent boys have good attitude score after administration of structured teaching program regarding adverse effects of substance abuse.

Objective-4: To identify the relationship between knowledge and attitude among adolescent boys regarding the adverse effects of substance abuse.

Table 2(c) depicts that there was a positive relationship between knowledge and attitude of adolescent boys. It shows positive relativity of 0.730. In knowledge and (0.715) in attitude and there is highly significant correlational between knowledge and attitude.

Thus, it is concluded that knowledge modifies the attitude of adolescent boys regarding the adverse effect of substance abuse.

DISCUSSION

The results of the study revealed that, in pre-test, maximum number of adolescent boys 36 (60%) have average knowledge and 24 (40%) have below average knowledge regarding adverse effect of substance abuse and maximum number of adolescents boys 44 (73%) have good attitude and 16 (26.7%) have average attitude regarding adverse effect of substance abuse.

In a post-test, maximum number of adolescent boys 46 (76.7%) have the average knowledge and 14 (23.3%) have good knowledge regarding the adverse effect of substance abuse and a maximum number of adolescents boys 60 (100%) have a good attitude regarding adverse effect of substance abuse. According to the associated knowledge and attitude score, sociodemographic variables such as family monthly income showed significant association at $p < 0.05$ level.

Recommendations

Based on the study, the following recommendations have been made for further study.

- A similar study on the large sample may help to draw more definite conclusions and make a generalization.
- A comparative study may be conducted between rural and urban adolescences with regard to their knowledge and attitude on adverse effects of substance abuse.
- A similar study can be conducted with an experimental research approach having a control group.

Table 2: Frequency and percentage distribution of pretest knowledge and attitude scores among adolescent boys regarding adverse effects of substance abuse $n=60$

Level of pre-test knowledge and attitude (%)	Knowledge and attitude score	
	Pre-test knowledge score	Pre-test attitude score
	<i>n (%)</i>	<i>n (%)</i>
Good (76–100)	-	44 (73.3)
Average (51–75)	36 (60)	16 (26.7)
Below average (<50)	24 (40)	-
Maximum knowledge score=28	Maximum attitude score=75	
Minimum knowledge score=0	Minimum attitude score=0	

Table 2(a): Frequency and percentage distribution of post-test knowledge and attitude scores among adolescent boys regarding adverse effects of substance abuse $n=60$

Level of post-test knowledge and attitude	Knowledge and attitude score	
	Pre-test knowledge score	Pre-test attitude score
	<i>n %</i>	<i>n (%)</i>
Good (76–100)	14 (23.3)	60 (100)
Average (51–75)	46 (76.7)	-
Below average (<50)	-	-

Table 2(b): The relationship between knowledge and attitude among adolescent boys regarding adverse effects of substance abuse

Relationship	Knowledge and attitude score			
	Pre-test		Post-test	
	Mean	R	t	Mean
Knowledge	15.25	0.730	0.000	19.78
Attitude	59.13	0.715	0.000	68.20
Maximum knowledge score=28	Maximum attitude score=75			
Minimum knowledge score=0	Minimum attitude score=0			

- A comparative study may be conducted between male and female adolescents with regard to their knowledge and attitude on adverse effects of substance abuse.
- A descriptive study can be done to assess the knowledge of nursing students regarding the adverse effects of substance abuse.

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