EFFECTIVENESS OF MULTIMEDIA PACKAGE ON KNOWLEDGE AND ATTITUDE REGARDING SUBSTANCE USE AMONG YOUTH CLUB MEMBERS AT SELECTED SETTING, CHENNAI, TAMILNADU, 2011

DISSERTATION SUBMITTED TO

THE TAMIL NADU DR.M.G.R.MEDICAL UNIVERSITY

CHENNAI

IN PARTIAL FULFILMENT OF REQUIREMENT FOR THE DEGREE OF

MASTER OF SCIENCE IN NURSING

APRIL 2012

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ACKNOWLEDGEMENT

At the outset I the researcher of this study, express my heartfelt gratitude to the honorable **Managing Trustee**, Omayal Achi College of Nursing for giving me a chance to uplift my professional life.

I express my gratitude to **Dr. Rajanarayanan, B.Sc., M.B.B.S., F.R.S.H., (LONDON),** Research Coordinator, ICCR and honorary Professor in community medicine for his valuable guidance, thoughtful comments and constant encouragement throughout the period of the study.

I owe my genuine gratitude and heartfelt thanks to **Dr. (Mrs) S. Kanchana, Ph.D (N) Principal**, Omayal Achi College of Nursing, for her constant guidance, patience, constructive effort, inspiration and valuable suggestion throughout the study.

I express my deepest gratitude and immense thanks to **Prof. (Mrs). Celina, Vice Principal**, Omayal Achi College of Nursing for constant stewardship and encouragement throughout the course of the study.

My deepest gratitude and immense thanks to **Prof. (Mrs). Ciby Jose, Head of the Department**, without whose input, guidance, motivation and untired efforts this study would not have been possible.

I am greatly indebted to express my heartfelt thanks to executive committee members of ICCR, Omayal Achi College of Nursing for their expert guidance for the study.

I owe my profound gratitude and exclusive thanks to my research guide **Mrs.Jayanthi, Lecturer**, for constant inspiration, timely help and patient endurance which helped me in completion of the study.

I am greatly obliged to **Ms.Hemalatha.J (Reader), Mrs.Jeayareka, Mrs.M.Darjilin, Mrs.Kalaiyarasi, Lecturer,** Psychiatric Nursing Department for their encouragement , suggestion and guidance throughout the study.

I extend my earnest gratitude to **Dr.Sathianathan, Medical Expert** for his kind cooperation and encouragement and all the **Experts** who gave their valuable suggestions in validating the tool for the study.

I extend my earnest gratitude to **Mrs.Kannamma, Clinical Psychologist** for her kind cooperation and valuable suggestions in validating the tool for the study.

My sincere thanks to Biostatistician **Mr.Venkatesan,** for his efficient assistance in statistical analysis.

I express my sincere thanks to **Mr.Galli, Youth Club Secretary**, for his effort and cooperation.

I am grateful to all youth club members for participating in this study without them this piece of work would not have come true.

I extend my heartfelt thanks to **Mrs.Judith Anand, Mr.Muthukumaran** and **Mr.Asokan, Librarians**, Omayal Achi College of Nursing for their help extended in locating appropriate search materials.

I express my sincere gratitude to **Mr. Muthumari ,** M.A., M.Phil., B.Ed., for editing in English.

I express my sincere gratitude to **Ms.Amsakumari ,** M.A., B.Ed., M.Phil for editing in Tamil.

A special note of gratitude to **Mr.G.K.Venkataraman of Elite Computers** for his efforts and cooperation in completing the manuscript.

I express my sincere thanks to **Ms.Jothimani** for her efficient work in review for this dissertation.

I am deeply indebted to my Father **Mr.S.Peter,** Mother **Mrs.Dorathy Peter**, my Grandma **Mrs.Sarojini Victor** and my Uncle **Mr.Kevin Raj Durai Victor**, for their unending love, financial support and prayers which made this study a dream come true.

I am very thankful to my Brother **Mr.Sam Naveen Kumar**, my friends **Dr.Anand, Mr.Selvam and Mr.Reuben** for their love, support and prayers which helped me to complete the study successfully.

Above all, I thank **GOD ALMIGHTY** for being with me, guiding me and sustaining me in all my endeavors to complete the dissertation and also throughout my life.

ABSTRACT

"A pre experimental study to assess the effectiveness of multimedia package on knowledge and attitude regarding substance use among youth club members at selected setting, Chennai".

INTRODUCTION

Substance use refers to the harmful or hazardous use of psychoactive substances including alcohol and other illicit drugs. Psychoactive substances can lead to dependence syndrome –a cluster of behavioral, cognitive and physiological phenomenon that develops after repeated substance use and that typically includes a strong desire to take drugs, difficulty in controlling its use, persisting in its use despite harmful consequences, a higher priority given to substance use than to other activities and obligations, increased tolerance and sometimes a physical withdrawal state.

Objectives

To assess the existing level of knowledge and attitude regarding substance use among youth club members.

To assess the effectiveness of multimedia package on knowledge and attitude regarding substance use among youth club members.

To correlate the mean differed knowledge score with attitude score.

To associate the mean differed level of knowledge and attitude among youth with their selected demographic variables.

METHODOLOGY

Research Design

Pre-experimental one group pre-test and post-test design.

Setting

The study was conducted in SIGA youth club, Taylor's road, Chennai.

Sample

60 youth club members, who are registered in the youth club, between the ages of 18-26 years.

Measurement and Tool

Self- administered structured questionnaire for knowledge and attitude scale was used to assess the knowledge and attitude of youth club members regarding substance use. Both descriptive and inferential statistics were used for data analysis.

RESULTS

- In the pre-test level for knowledge majority 39[65%] of the youth club members had moderately adequate knowledge, 21[35%] of them had inadequate knowledge and none of them had adequate knowledge and for attitude19 [31.6%] had moderately favorable attitude and 41[68.3%] had favorable attitude regarding substance use.
- In the post-test level of knowledge and attitude 29 [48.3%] had moderately adequate knowledge and 31[51.6%] had adequate level of knowledge regarding substance use, with respect to attitude 59[98.3%] had favorable attitude and only 1[1.6%] had moderately favorable attitude.
- There is a significant relationship between mean differed knowledge score and attitude score.
- There is statistically significant association of mean differed level of knowledge and attitude with selected demographic variables.

DISCUSSION

Majority of the youth club members 51.6% exhibited adequate knowledge and 98.3% of them had exhibited favorable attitude towards substance use in the post-test. This shows that the multimedia package is effective and relevant in promotion of knowledge and attitude regarding substance use among the youth.

Implication

The psychiatric nurse practitioner has a primary responsibility in creating awareness regarding substance use among the younger population, in order to prevent complication that occurs with respect to the use of substances. The nurse as a primary care giver is accountable for creating the awareness and developing a positive attitude regarding ill- effects of substance use among the younger population and preventing the use of substances by bringing about a behavioral change through various interventional programmes by different modes and means.

TOPIC **:** substance use
GROUP : Youth club members

PLACE : Selected setting – SIGA Youth Club

DATE **:**

TIME :11 AM -12 PM

METHOD OF TEACHING **:** lecture cum discussion

INSTRUCTIONAL AID : Video Clipping - Etiology, risk factor, clinical manifestation
Lecture - Treatment modalities
Pamphlet - Treatment Centers

PRE-REQUISITE : The members will have some knowledge regarding substance use.

GENERAL OBJECTIVE : At the end of the discussion the members acquire in depth knowledge and develop positive attitude regarding substance use.

SPECIFIC OBJECTIVE : The members of the youth club will be able to

- state the meaning of substance use
- Explain about the etiological and pre-disposing factors
- Enumerate the clinical manifestation of substance use
- Describe the complications of substance use
- Explain the treatment and prevention of substance use
- List down the treatment centre available in Chennai

TIME	SPECIFIC OBJECTIVE	CONTENT	TEACHING/LEARNING ACTIVITY
2 min.	Introduce the topic	**Introduction:** People use substance such as alcohol, tobacco and other drugs for varied and complicated reasons, but it is clear that our society pays a significant cost through research. We now have a better understanding of the behavior. Studies have made it clear that education and prevention aimed at children and adolescents offers the best chance to curb abuse nationally.	
1 min.	Recapitulate the previous knowledge of the youth members	**Review of Previous Knowledge:** What do you know about the ill effects of using substance?	
1 min.	Developmental readiness to learn	**Announcement of the Topic:** As we understand the need for knowing the harmful effects, of substance use, today we are going to learn about "substance use."	
2 min.	State the meaning of substance use	**Meaning**: A psychoactive substance is a one that is capable of altering the mental functioning.	The teacher states the meaning, the group listens
	Explain about the etiological and pre-disposing factors	**Etiology and pre-disposing factors** **Genetic Factors**: Genetically predisposed Individuals show less intense response to low doses of alcohol than subjects with no such pre-disposition.	The teacher explains using video clippings, the group actively participates.

		Personality Factors: Anxiety, depression, emotional, instability, non-conformity, hypochondriasis, defensiveness, hostility and loss of control characteristics and other features like tendency to rely on people to an excessive degree, resistance to authority, independence and lowered self-esteem are considered. **Home and Family**: "Parental example is generally more important than parental genes." Children are at greater risk whose parents exhibit poor management skills, antisocial behavior (or) criminality. These families are often disorganized and have poorly defined roles of adults and children. **Peer influence**: Three major reasons for drug abuse among students are peer group pressure, pleasure and curiosity. Adolescents who perceived themselves as unattractive in the eyes of their peer are found to be four times more likely to abuse substance than their counter parts who felt adequately attractive. **Community Settings**: Community is an important influencing factor in an important influencing factor in an individual's decisions to consume substance and availability of substance in the community is a strong factor operating underneath the substance taking behavior. **Culture**: Societal norms and expectations are another set of forces that influences behavior factors such as youth subculture, modeling and advertising, economics and advanced technology of the present day society influence decisions about substance abuse.	

		Youth Subculture: In any society have its own rules, regulations, norms, ethics, roles, standards, expectations, language, dress code and behavior. A gateway substance is the first substance taken as a result of one's choice to experiment with a substance that has much less cultural restriction to use. Tobacco or alcohol is the usual substance. **Modeling**: Is the influence of other's behavior on us. Modeling within the family (or) peer group plays an important role in fostering substance use among younger population. Advertising of use in different form (eg. cigarettes and alcohol) in the media exerts a powerful influence on people of all ages, particularly on the young populations. **Economics**: Economic deprivation and wealth both can foster substance abuse. In the first place, it is an escape (or) coping for new life style.	
	Enumerate the clinical manifestation of substance use	**CLINICAL MANIFESTATION** **ALCOHOL ILL-EFFECTS** **Gastrointestinal Symptoms** • Fatty liver (or) alcohol hepatitis • Cirrhosis of liver – (10-20%) • Hepatocellular carcinoma • Hepatitis C and B **Cardiovascular System** • Hypertension 5-10% of cases • Atrial Fibrillation • Cardiomyopathy	The teacher enumerates the clinical manifestation by video clipping, the group listens

		Central Nervous System • Myopathy • Demyelination **Others** • Anemia • Leucopoenia • Folate deficiency • Thrombocytopenia **TOBACCO USE ILL-EFFECTS** **SMOKING EFFECTS** **Respiratory System:** • Bronchitis • Pneumonia • Emphysema • Lung cancer • Cancer of mouth, throat and oesophagus **Cardiovascular System** • Hypertension • Narrowing of walls of arteries • Heart disease • Heart attack • Circulatory problems **TOBACCO CHEWING EFFECTS** • Erodes tooth • Decay of tooth	

	Describe the complication of substance use	• Gum slump • Bad breadth • Oral cancer • Discoloring of lips and lip cancer • Difficulty in movement of jaws and tongue • Rashes (or) irritation of tongue • Burning sensation on lips and tongue **Psychological Manifestation** • Poor impulse control • Emotional distress • Anxious • Interpersonal alienation • Lack in social skills **Complication of substance use** • Physical dependence • Psychological dependence • Others **Physical dependence** It involves becoming tolerant to substance. This means that more of the substance is needed to obtain the same effect. When people stop taking the substance, they suffer withdrawal symptoms. It can even be life-threatening. Mental (or) psychological problem such as depression and anxiety can also occur. **Psychological dependence** Psychological dependence involves feeling that a substance is needed to feel good and functions with psychological dependence, people often crave the substance and will go to great length to acquire the substance to	The teacher describes the complications using video clipping, the group listens

	Explain the treatment and prevention of substance use	fulfill the craving. • Change in mood • Reduced anxiety • Feelings of superior abilities • Effects on the senses as sight, hearing etc. **Social consequences** • Damage to work • Family and • Personal relationships • Divorce • Suicide and accidents. **TREATMENT AND PREVENTIOIN OF SUBSTANCE USE PROBLEMS** A treatment plan will depend on a person's needs and will take into consideration such things as the severity of the problems, the person's support network and the person's desire (or) motivation to enter treatment. **Levels of care**: Level I : Acute intoxication, over dose and withdrawal symptoms are treated. Level II : Short-term pharmacotherapy, brief interventions, community care and general measures of rehabilitation are given. Level III : Multiple psychological interventions	The teacher explain the treatment and prevention using lecture method, the group listens

		Phases: • Initial phase - Mostly medical treatment • Middle phase - Pharmacotherapy • Last phase - Psycho social therapies **Medical plan** Detoxification: Alcohol problem disulfirm is the common drug given to reduce cravings. Nicotine addiction: Nicotine tablets are administered to reduce craving for smoking **Psychological plan** **Counselling**: Counselling almost always in treatment plan, it helps the person to understand their substance use problem and helps them to develop effective coping skills. • Therapist – patient relationship • Therapeutic alliance • Negotiated treatment • Enhancement of motivation • Improved treatment compliance **Settings** • Traditional hospital settings • Specialized de-addiction centre • Community center • Government and Non-Governmental settings	

		Preventive Measures: Community • Education through media • Environment of social disapproval • Strengthening of government policies • Self Help Groups **Individual Responsibilities In Preventing Substance use.** Create increased awareness about the hazards of substance use. Take strong pledge of abstention from substance use. When somebody forces you to use, be bold enough to refuse it politely - Say "NO"! Discuss and share problems and feelings with parents, teachers, elders and spiritual leaders. H substance abuse.elp and prevent friends and relatives from the negative influences of substance use. Maintain and ensure that your home is always "Alcohol, Drugs and Tobacco Free". Involve and participate in substance abuse prevention programmes and activities.	
	List down the treatment centres available in Chennai	**0RGANISATION AVAILABLE FOR PROVIDING SUPPORTIVE TREATMENT IN CHENNAI:** **Rehabilitation Centre for substance abuse.** • Institute of Mental Health, Ayanavaram - Call: 044 6421085- • TT Ranganathan Clinical Research Foundation TTK Hospital – Indira Nagar, Chennai Call: 044 24912948 / 24918491	The teacher lists down the Treatment Centre's using a pamphlet, the group receives the pamphlet.

	Summarize the topic	• Nivarthi – Sholinganallur, Chennai Phone: 044 6624741 • Hope and Change Doctor Run Rehabilitation Centre – Porur, Chennai - Call: 044 66247772 • Helping Hands Foundation Trust – Red Hills, Chennai Call: 044 66244765 • Wisdom Hospital, Saidapet, Chennai – Call: 044 66426311 • Sumana Good Will Home – Tambaram East – Call: 044 66426654 • New Life Foundation – Manali, Chennai – Call: 044 66420785 • Dr. A.J. Doss Hospital – Valasarawakkam, Chennai Call:044 66247220 • Jeevan Care Centre – Porur, Chennai - Call: 044 66320403 • Bhagavan Shri Dhanavanthi Foundation – Neelankarai, Chennai Call: 044 66369068 • Punnar Jeevan – Perungudi, Chennai - Call: 044 66325673 **Summary:** Today we have discussed about the ill-effects of substance use, its meaning, etiology, clinical manifestation, complication, treatment modalities, preventive measures and available treatment centres in Chennai.	

LESSON PLAN

ON

SUBSTANCE USE

CHAPTER – I

INTRODUCTION

BACKGROUND OF THE STUDY

Substance use refers to 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.

Youth population constitute 1.2 billion that accounts nearly 90% in developing countries, keeping in view the important role that youth can play towards the national development as well as the emerging health problems of the youth, **WHO** declared 1985 as International Youth Year.In the last few years due to socio-economic and political factors, there have been increasing health problems in youth.

Today youth form one of the most vulnerable groups, who on one hand are expected to be the leaders to determine the Nations destiny on the other hand are exploited and confused.

INDIA has moved from the traditional stable society to most agrarian, to highly developed industrial space society as a result of this there is change from rural to urban living, as a result the youth experience difficulty in adaptation to changing roles and value system. This results in alienation, withdrawal, poor interpersonal relationship, depression, suicidal behavior and substance use. In order to adapt to the societal change youth indulge in maladaptive behavior which

they think, that recreational use of substance is safe, acceptable and develops an identity in the groups. They are unaware that this recreational use of substance may later on leads to physical, psychological and social problems in them.

U.S. National Survey On Drug Use and Health (2010)[98] estimated that 30.2 million people 12 % aged 12years or older reported driving under the influence of alcohol at least once in the past year. Questions about forms of tobacco use were included in the survey for 12th graders for the first time in 2010, yielding an annual prevalence rate of 17 % for hookah smoking and 23% for the use of small cigars.

WHO report (2010)[38] stated that nearly 4% of all deaths are related to alcohol. Globally, 320,000 young people aged 15-29 years die, from alcohol-related causes, resulting in 9% of all deaths in that age group.

U.S. Department of Health and Human Services (2008)[94] conducted a survey in 2008, regarding substance use among younger population (N=129) in America, the report stated that 14.6% of Americans aged between 12-17years were current drinkers of alcohol and 23.9% were current cigarette smokers.

Rural Women's Social Education Centre report (2007)[90]stated the use of alcohol and psychoactive drugs causes atleast 1, 23,000 deaths globally every year. Illicit liquor consumption is estimated to cause about 800 deaths and 3000 disabilities annually and 50 percent of road accidents. Annually, tobacco related conditions are reported to cause 6, 35,000 deaths in India. It is estimated that over 142 million men and 37 million women above 15 years of age are regular tobacco users. Recognizing the major health problems associated with substance use, World Health Organization and World Bank considers the global health impact of alcohol and tobacco on par with unsafe sex.

Press Trust of India (2006)[95]reported that the prevalence of substance use in INDIA is low compared to industrialized countries, its effects on health of individuals and social well- being is of great concern. An estimated 7.5 core Indians are drug addicts and the number is going up significantly.

National Survey on extend, pattern and trends of drug abuse in India (2006)[91]reported that the current prevalence range of age group were> 12years constituting for alcohol (21.4%), cannabis (3%), opiates (0.7) and only illicit drug (3.6%).

Financial Chronicle (2009)[96] reported that there is 60% increase in alcohol consumption in Tamil Nadu and it ranks third in consumption after Punjab and Andhra Pradesh. According to the report, rural families spent 27% of their income on alcohol, while urban family spends 38%.

NEED FOR THE STUDY

Alcohol and other substance use among youth are serious health problem affecting both rich and poor. Substance use touches millions of people world wide each year**.**

Balasubramanian P. Sundariravindran T. K (2007)[32] conducted a descriptive study on Substance use and health status of males (N=9781) in rural TAMILNADU.The study reported that prevalence of substance use was 16.45 % (15.09% – alcohol, 6.32%- smokers and 3.86%-Panmasala). About three fifths 58 % of substance users were using multiple substances. On average, substance users were using two substances most of the alcohol users had multiple habits.Alcohol was the single most commonly used substance with (54%) of users, followed by (23%) who smoked cigarettes and beedis. Only (9%) chewed pan [betel leaves] with tobacco, used snuff and Ganja. (Of this 9 percent chewed tobacco with betelleaves).

Chavan B.S (2007)[35] conducted a epidemiological survey among 2992 population in Chandigarh to estimate the pattern of alcohol and other substance dependence in rural and slum dwellers, stratified random sampling techniques was used,the results stated that alcohol was the primary substance used in both settings and the age of starting were 20 years.

Kumar C, Prabhu G R. (2006)[42] conducted a descriptive study among 600 male youth aged 15-24 years, using cluster sampling techniques,on prevalence of substance use in Thirupathi. The study reported that, the current use of tobacco, alcohol and cannabis were found to be 12.7%, 5.3% and 0.2% respectively. The mode of consumption of tobacco in the current study was mostly in the form of smoking (85.5%) and most of them (61.5%) were smoking 6-10 cigarettes per day while, among tobacco chewers, most of them were taking 1-5 packets per day. The duration of tobacco use ranged mostly around 2-5 years (52.6%).Most of the alcohol users were taking alcohol weekly and 50% of them were taking 21-50 ml of actual alcohol each time. The main sources of initiation to substance use were peers (84.0%) and self (13.1 %).

The National Center on Addiction and Substance Abuse (CASA)[92] **(2011) at Columbia University** ,conducted an online survey of 1,000 high school students, 1,000 parents, and 500 school personnel using in-depth analyses of seven national data sets; interviews with 50 experts; five focus groups; and review of 2,000 scientific articles and reports. The reportstated that 9 out of 10 adult addicts started smoking, drinking or using drugs before the age of 18.The statistics showed that 1 in 4 American teens started using before age 18 became addicted, compared to 1 in 25 who started using addictive substances at 21 years or older.

Ningombam et al., (2011)[50] conducted a descriptive study on prevalence and pattern of substance use among adolescence by surveying (N=1020) students from Government and Private Schools, using WHO self – administered questionnaire. The findings of the studies revealed, that 551 students reported prior

substance use and most commonly used substance were tobacco, followed by alcohol.

Based on the above study findings,the investigator's personal experience among the youth population and the results(unpublished) collected from the survey done in Karani village by M.sc students of mental health nursing department of OmayalAchi college of nursing, regarding prevalence of substance use among adults, the investigator felt that youth are more prone for substance use and there is lack of knowledge about substance use, even though youth think it is a acceptable norm of the society,they are unaware that it is an illness which leads to physical, psychological and social problems.

Alcohol, smoking and tobacco chewing has been acknowledged to have multiple consequences to healthy society and economy such as high risk behavior, legal problems, family conflicts, physical complications(hypertension, liver diseases, and cancer) and psychological complications such as stress, low self – esteem, lack of social relationship and loss of job leading to poverty. In central Chennai, where there is more of urbanization, the youth populations constitutes 40% and are more prone for substance use due to peer influence and for recreation. So, the investigator thought that there is a need for imparting knowledge and awareness regarding substance use especially in their social gathering place (club) which will enhance the mental health of the youth which indirectly contributes to our National Development.

STATEMENT OF THE PROBLEM

A pre experimental study to assess the effectiveness of multimedia package on knowledge and attitude regarding substance use among youth club members at selected setting, Chennai

OBJECTIVES

1. To assess the existing level of knowledge and attitude regarding substance use among youth club members.
2. To assess the effectiveness of multimedia package on knowledge and attitude regarding substance use among youth club members.
3. To correlate the mean differed knowledge score with attitude score.
4. To associate the mean differed level of knowledge score and attitude score regarding substance use with their selected demographic variables.

OPERATIONAL DEFINITION

Effectiveness

Refers to the outcome of multimedia package on level of knowledge and attitude regarding substance use among youth club members as measured by structured knowledge questionnaire and attitude scale.

Multimedia Package

Refers to the video clippings showing-etiology/pre-disposing factors and ill-effects of substance use, lecture method – regarding treatment and preventive aspects(physiological and psychological aspects) of substance use, pamphlets-containing details of treatment centers(rehabilitation and day care centers) for substance use prepared by Investigator to promote adaptive behavior.

Knowledge

Refers to the level of information possessed by youth regarding substance use, will be elicited by using structured questionnaire on the dimension of etiology/pre-disposing factors, ill-effects, treatment and preventive aspects.

Attitude

Refers to the expressed belief of youth regarding substance use, which is devised by the investigator on the components of etiology/pre-disposing factors, ill-effects, treatment, and preventive aspects.

Substance Use

It refers to the use of one or more of the following substances (Alcohol, cigarette smoking, pan masala) as a habit among youth club members at the time of the study.

Youth Club Members

Refers to the members who are male between the age group of 18-26 years and who are members in the youth club for more than a year.

ASSUMPTIONS

1. Youth club members may have some knowledge regarding substance use.
2. Multimedia package may enhance adequate knowledge and favorable attitude regarding ill- effects of substance use among youth club members.

NULL HYPOTHESES

NH_1: There is no significant difference in pre and post intervention level of knowledge and attitude regarding substance use among youth club members at $p<0.05$.

NH_2: There is no relationship between mean differed knowledge score and attitude score at $p< 0.05$.

NH_3: There is no significant association of mean differed level of knowledge and attitude with selected demographic variables at $p<0.05$.

DELIMITATION

The study is limited to a period of 4 weeks.

CONCEPTUAL FRAME WORK

WIDENBACH'S HELPING ART OF CLINICAL NURSING THEORY

The theory is based on three purpose where the theorist emphasis on the conceiving situation and the ways to attain the goals. This theory consists of three purposes viz: central purpose, prescription and realities along with the nursing

action of identifying ministering and validating. The investigator selected this theory as it was felt that the conceived situation is substance use among the youth population and the main goal of the investigator was to bring about a change in the attitude and improve the knowledge regarding substance use through multimedia package.

Ernestene Wiedenbach was a nurse theorist, who later qualified as a nurse midwife she proposed a prescriptive theory, which was described as conceiving of a desired situation and the ways to attain it. It was directed towards an explicit goal. Here a prescription has to be developed based on central purpose and it will be implemented according to the realities of the situations, Ernestine Wiedenbach's theory explains the following.

CENTRAL PUPOSE:

It refers to what the nurse wants to accomplish (OR) the overall goal towards which a nurse strives, by specifically directing activities towards the client's good. In the present study the central purpose was to enhance the knowledge and attitude regarding substance use among youth.

REALITIES:

The realities were the immediate situation that influenced the fulfillment of the central purpose. The realities identified by Wiedenbach's were agent, goal, means and frame work.

AGENT:

Agent is the participating nurse who has the personal attributes, capacities, capabilities, commitment and competence to provide nursing care. In the present study the agent was the investigator.

RECIPIENT:

The recipient is the one who receives a nurse's action (or) on whose behalf actions are taken. In the present study the recipient were youth club members.

GOAL:

The goal is the defined outcome, the nurse wishes to achieve. Here it was to enhance the knowledge and attitude regarding substance use among youth club members.

THE MEANS:

Comprises the activities derived through which the practitioners attain the goal. The means include skill, techniques and procedures that may be used to facilitate nursing practice. Here it was the multimedia package relevant to enhance the knowledge and attitude regarding the substance use among youth club members. It includes three phases for achieving the goals like identification, ministration and validation of the needed help in this study.

FRAME WORK:

It refers to the facilities in which nursing is practiced. The frame work in this study can be considered as the setting in which the study had been conducted at SIGA youth club Taylor's road, Chennai.

NURSING PRACTICE:

Nursing practice consisted of identifying need for help, ministering the needed help and validating that the needed help was met or not.

IDENTIFICATION:

It involved the process of determining the need for help based on the existence of a need. After obtaining consent from the samples, the investigator carried out a pre interventional assessment of knowledge and attitude using a standard questionnaire and 4 point likert rating scale.

MINISTERING:

It refers to the provision of the needed help through multimedia package. It was undertaken to enhance the knowledge and attitude regarding substance use among youth club members.

VALIDATION:

It refers to the collection of evidence that shows needs to be met as a direct result of the action. Post intervention level of knowledge and attitude was done followed by compilation and analysis of the collected data to validate if the need for help was met or not.

OUTLINE OF THE STUDY REPORT

CHAPTER I – Includes Introduction, Background, Need for the study.

CHAPTER II – Review of literature**.**

CHAPTER III – Research Methodology**.**

CHAPTER IV – Data Analysis and Interpretation**.**

CHAPTER V – Discussion.

CHAPTER VI – Summary, Conclusion, Implication, Recommendation and limitation.

CHAPTER – II

REVIEW OF LITERATURE

Review of literature is a systematic search of a published work to gain information about a research topic **(Polit and Hungler).**

The literature review was based on extensive survey of books, journals and international nursing studies. A review of literature relevant to the study was undertaken which helped the investigator to develop insight into the problem and gain information on what has been done in the past. An extensive review of literature was done by the investigator to lay a broad foundation for the study and a conceptual framework framed based on Wiedenbach's helping art clinical nursing theory to proceed with the study under the following headings.

For the purpose of logical sequence the chapter was divide into the following sections.

SECTION A: Studies related to alcohol and its ill-effects
SECTION B: Studies related to smoking, tobacco and ill-effects
SECTION C: Studies related to multimedia approach to substance use.

SECTION A: STUDIES RELATED TO ALCOHOL AND ITS ILL-EFFECTS

Chermack ST et al.,(2012)[69] conducted a cohort study on (n=3,942,932) veteran health administration patients diagnosed for substance use disorders to determine the association between alcohol use disorder and death by homicide, using the treatment records of all clients diagnosed with substance use disorder over a course of 6years. Findings of the study revealed that veteran health administration patients diagnosed with alcohol use disorders were more likely to die of homicide than those without an alcohol use disorders.

Jim Mc Cambridge et al., (2011)[76] conducted a cohort study to determine the long-term consequences of late adolescent drinking, this systematic review summarizes evidence from general population of drinking between 15–19 years old and any subsequent outcomes aged 20 or greater, with at least 3 years of follow-up study. Fifty-four studies were included, of which 35 were assessed to be vulnerable to bias and/or confounding. The finding indicates that there is consistent evidence that higher alcohol consumption in late adolescence continues into adulthood and is also associated with alcohol problems including dependence.

Hicks BM et al., (2011)[75] conducted a longitudinal epidemiological study to examine the reciprocal relationship between personality changes and the onset and course of alcohol dependence in young adulthood. Participants Male (n=1161) and female (n=1022) from 17-24 years, were recruited from community by in person assessment. The findings revealed that alcohol use increases the risk for alcohol use disorder and the course of alcohol use disorder affects the rate of personality change during emerging adulthood.

Oshodi (2010)[51] conducted a cross sectional and descriptive study on prevalence and associated factors of substance use among (n=402)selected secondary school students (including male and female), in Lagos using WHO students drug use questionnaire and obtained information from the subjects and analysis were done using epi-info version 5. Results indicated that substance use was found to be more prevalent among students leading to physical and mental health complication.

Amy Young et al (2009)[28] conducted a study to document the prevalence and describe the characteristics of alcohol-related sexual assault among middle and high school students, using web- based self-administered survey to collect data on 7^{th}-through 12^{th} grade students (n=1037) in a large metropolitan area in the Midwest. The result of the study indicated that alcohol was involved in

approximately 12%–20% of the assault cases, depending on age and gender of the respondent.

Kulhara .P (2007)[41] conducted a retrospective study to present a series of cases of wernick's encephalopathy from a de- addiction centre in North India. The sample consisted of all in and out patients with wernick's encephalopathy over a 10 years period (1996-2006). Results showed that increased risk of wernick's encephalopathy due to heavy alcohol consumption.

Ravi kumar .N (2007)[57] conducted a descriptive study to assess the prevalence of adult attention deficit-hyperactivity disorder (ADHD), using structured interviews among clients with alcohol dependence syndrome (ADS) and the study group comprised of 62 in patients admitted to the psychiatry ward. Findings revealed that 25% of adults with substance abuse disorder had ADHD.

Arackal B S, et al., (2007)[30] conducted a descriptive study to assess the prevalence of sexual dysfunction in male subjects with alcohol dependence among 100 male subjects admitted to de- addiction centre of NIMHANS, Bangalore. Results stated that alcohol use is the leading cause of impotence and other disturbance in sexual function. The disturbance noted was diminished sexual desire 55%, ejaculatory incompetence 22%, erectile impotence 16% and pre- mature ejaculation.

Jurgen Rehm et al., (2006)[78] conducted a meta- analysis study on various indicators of alcohol-attributable premature chronic-disease morbidity and mortality for Canada. Data on alcohol use were obtained from Canadian addiction survey and weighted for per capita consumption. The results indicated that net number of deaths were 2577 and net chronic disease hospitalization were 91,970 in Canada.

Peter R. et al., (2006)[82] conducted a descriptive study among 300 young adults (18-25 years) diagnosed with alcohol dependence and a history of conduct disorder and with alcohol dependence alone group, to assess that negative expectancies would be associated more strongly with lower levels of alcohol use. Findings revealed that alcohol dependence/ conduct disorder subjects had higher proximal and distal negative expectancies compared to alcohol dependence alone groups.

Gladstone D' Coastal et al., (2006)[74] conducted a cross sectional study in Goa to determine the prevalence and characteristics of alcohol consumption in (n=1567) general practice attendees, social and psychological association with harmful drinking and recognition of harmful drinking by general practice using AUDIT scale. Results indicated that 128, scored ≥8 on the AUDIT indicating harmful drinkers and the population attributable fraction of harmful drinking in the perpetration of any physical violence over the past 12 months was 0.36 in males, indicating high rates of male drinking pattern in Goa.

SECTION B: STUDIES RELATED TO ILL-EFFECTS OF SMOKING AND TOBACCO

Felicia Hodge (2011)[73] conducted a random household survey sampling technique to study the prevalence, factors and patterns of cigarette smoking among rural California American Indian (AI) adults,(N = 457). Statistical tests included Chi Square and Fisher's Exact test, as well as multiple logistic regression analysis among never, former, and current smokers. Findings confirmed, high smoking prevalence among male and female participants (44% and 37% respectively) and Current and former smokers are more likely to report having suicidal ideation.

Tara Elton-Marshall et al., (2011)[64] conducted a cross- sectional study among the aboriginal youth (2620)living in the off-reserve and non- aboriginal youth(26223) on cigarette smoking behavior, use of other tobacco products, and exposure to second-hand smoking. Findings indicated, the prevalence of current

smoking among the Aboriginal youth was more than double than among non-Aboriginal youth (24.9% v. 10.4%) and also had a higher prevalence of regular exposure to second-hand smoke at home (37.3% v. 19.7%) and in cars (51.0% v. 30.3%).

Siatkowska H et al.,(2010)[86] conducted a prevalence study on (n=1026) patients in a health care centre, Poland to determine the prevalence of smoking and the relation between chronic tobacco smoking, clinical symptoms, lung function test and concurrent diseases. Findings of the study revealed that there was correlation between smoking habit and dyspnoea, wheezing were confirmed and lung function decreases with increasing number of pack per year.

Muttapppallymyalil et al., (2010)[48] conducted a cross – sectional study to determine the prevalence and pattern of smokeless tobacco use among 1200 children school children, in Kerala using self administered questionnaire was used for data collection. Results indicated the minimum age was 12 years and the maximum age was 14 years and about 84.6% smokeless tobacco users were using it 2-3 times a week.

David Lawrence et al., (2009)[70] conducted a population survey in U.S and Australia to investigate the relationship between mental illness and smoking using the US National Co morbidity Survey-Replication, Australian Survey of Mental Health and Wellbeing, and the US National Health Interview Survey. Results indicates approximately 20% of the adult population had 12-month mental disorders in US (95% CI: 29.5%–33.8%) and 32.4% in Australia (95% CI: 29.5%–35.3%) young smokers had considerably higher rates than older smokers.

Miguel E. Roberts (2008)[46] Conducted a population-based study among 15,197 young adults to examine the relation between smoking and trauma exposure. Results indicated that controlling for demographics and depressive symptoms, exposure to traumatic events yielded a significant increase in the odds

of lifetime regular smoking and nicotine dependence. Decreased age of regular smoking onset was seen for those reporting childhood physical abuse and childhood sexual abuse.

Ranjeeta kumara and Bhola Nath (2008)[84] conducted a cross sectional study among 250 undergraduates male medical students in Lucknow, using pre-tested questionnaire to study the problem and various correlates of tobacco use. Analysis was done using SPSS software and Excel. The findings of the study revealed, tobacco use was found to cause a significant health problems among the male medical students.

Kung, C.M (2008)[43] stated in his study that cigarette smoking exacerbates health problems in young men. 1169 subjects were recruited of them 25.41% were smokers (2-15 cigarettes daily). All the subjects were examined for the body mass index, blood pressure, exhaled carbon monoxide content, hematology and bio – chemistry. Findings indicated that young smokers had an increased risk of hypertriglyceridemic, hyreglycemia, RBC macrocytosis and polychemia.

Naresh R . et al., (2007)[49] conducted a cross – sectional study on prevalence of smoking and tobacco chewing among 930 adolescents of 10-19 years of age in rural areas of Jamnagar district, Gujarat state using a pre-tested oral questionnaire. Results indicated 33.12% were addicted to one or other type of tobacco chewing, major addiction were found in age groups of 17-19 years and tobacco chewing is the most frequent form of using tobacco than smoking and was addicted for more than 12 months.

SECTION C: STUDIES RELATED TO MULTIMEDIA APPROACH TO SUBSTANCE USE

Whittaker R et al., (2011)[89] conducted a randomized control trial among 226 young adults to assess the effectiveness of multimedia mobile phone

intervention for smoking cessation. Findings revealed a positive feedback about the use of this novel intervention for smoking cessation.

John T. P. Hustad et al., (2011)[77] conducted a randomized controlled trial to assess the effectiveness of AlcoholEdu and the Alcohol eCHECKUP TO GO (e-Chug), in reducing both alcohol use and alcohol-related consequences in incoming college students(N = 82). Results reported lower levels of alcohol use across multiple measures at 1-month follow up, the findings indicated that e-intervention is a promising prevention approach to address the problem of college student alcohol consumption.

Sung Seek Moon and Uma Rao (2011)[88] conducted a study on the effects of three hypothesized protective factors: social activities, school-related activities, and anti-substance use media messages on adolescent tobacco and alcohol us, samples included 2,551 twelfth-grade students. The results of the structural equation model showed that exposure to media anti-drug messages had an indirect negative effect on tobacco and alcohol use and increases the preventive effects of adolescent's substance use.

Kristin V Carson, et al., (2011)[79] conducted a study to determine the effectiveness of multi-component community based intervention in influencing smoking behavior and also preventing the uptake of smoking in young people. Randomized and non randomized controlled trials were used to assess the effectiveness of multi-component community intervention compared to no intervention or to single or school-based programmes only. The result indicates that there is some evidence to support the effectiveness of community interventions in reducing the uptake of smoking in young people.

Yardley et al., (2011)[81] conducted a electronic literature searches on various data base to identify persuasive features in Web- Based Alcohol and smoking interventions. A randomized controlled trials of web-based interventions articles

was used to analyze persuasive system features in web-based interventions for substance use. The findings revealed that reduction, self- monitoring, simulation and personalization are the persuasive elements helps the users to engage and keep motivated in their endeavors.

Salim Surani et al., (2011)[87] conducted a pre-expremental one- group pre-test, post test design to assess the effectiveness of multimedia package("AntE Tobacco method), on knowledge regarding ill- effects of smoking among school children for 6 weeks, using questionnaire base line data was obtained. The finding of the study indicates that multimedia educational programme is effective in educating and reinforcing anti-tobacco measures.

Carson K V et al., (2010)[68] conducted a randomized and non –randomized controlled trials to assess the effectiveness of multi- component intervention compared to no intervention of smoking behavior among young people under the age of 25 years in Australia. Information relating to community intervention were extracted by one reviewer and checked by a second, meta analysis were used to report the study in narrative form in text and tables. Findings revealed that community intervention has some effectiveness in reducing the uptake of smoking in young people.

Deborah Ossip –Klein et al., (2008)[71] conducted a pilot study to test youth-oriented multimedia smoking cessation intervention delivered solely by mobile phone. Young people(N=180) participated in three content development phases (consultation via focus groups and an online survey, content pre-testing, and selection of role models). Video and text messages were then developed, incorporating the findings from this research. Results indicated that multimedia mobile phone smoking cessation program is technically feasible, for its effectiveness in increasing smoking cessation rates in young people.

EricC. Twombly, et al., (2008)[93] conducted a study on the development and evaluation of a science education-based multimedia prevention curriculum on substance abuse. The evaluation used a pretest/post-test quasi-experimental design in which sixth, seventh and eighth-grade students in the treatment group (N=611) were exposed to the curriculum and those in the control group (N=731) were not. The findings suggest that the multimedia approach significantly improved knowledge about substance abuse in the treatment group.

Lee et al., (2008)[80] conducted a experimental study to assess the effectiveness of the rich media web module on lecture method to test the medical students competency in screening clients for hazardous drinking. First year medical students were assigned to a web module (N=82) or lecture (N=81). The findings revealed that web- group had higher mean scores than the lecture method.

CHAPTER – III

RESEARCH METHODOLOGY

This chapter consists of research design, variables, setting of the study, population of the study, sample size, sampling technique, and criteria for the sample selection, description of tool and the procedure for data collection.

RESEARCH APPROACH

Quantitative Research approach was used for this study.

RESEARCH DESIGN

The research design adopted for this study was Pre-experimental, One group Pretest and Posttest design. The rationale for adopting this design was control and homogeneity cannot be maintained among the selected samples.

According to Polit and Beck (2011) the schematic representation of Pre-experimental study is shown below.

GROUP	**PRE-TEST**	**INTERVENTION**	**POST – TEST**
Youth club members	Assess the existing level of knowledge and attitude regarding substance use using structured knowledge questionnaire and attitude scale.	Multimedia Package: **Video clipping** Etiological and predisposing factors and Ill-effects of substance use **lecture-** Treatment and preventive aspects of substance use **Pamphlets** – details of rehabilitation and day care centers available for substance use	Assess the post test level of knowledge and attitude regarding substance use using same knowledge questionnaire and attitude scale.

VARIABLES

Independent Variable

The independent variable for this study was Multimedia package on substance use prepared by the investigator, which comprises of video clipping, lectures and pamphlet.

Dependent Variable

The dependent variable for this study was Knowledge and Attitude regarding substance use prepared by the investigator.

Extraneous Variable

Age, religion, education, occupational status , marriage, individual monthly income, work setting, hours of working, mode of travel to work place, type of substance used, frequency, initiating factors, common place for substance use , distance travelled to club, hobbies, co-morbidity , willingness to quit, type of family, father's education, father's occupation, father's habit, mother's education, mother's occupation, place of residence, type of living, total family income per month, number of siblings and birth order.

SETTINGS

The setting for the study was, SIGA youth club, located at Taylor's road Chennai, for more than 10 year. It consisted of 100 youth who had registered in the club starting from 12 years to 35 years of age. The major activities of the club include cultural activities, organizing sports and camps.

POPULATION

The target population for the study was 85 members, who belonged to the age group of 18-26 years of age, the accessible population was 60 youth club members who were members of the club more than one year and who fulfilled the inclusive criteria.

SAMPLE

The study sample comprises of youth between 18-26 years of age who fulfilled the inclusive criteria.

CRITERIA FOR SAMPLE SELECTION

Inclusive Criteria

1. Youth who were members in the SIGA youth club.
2. Youth who were between 18-26 years.
3. Youth who had the habit of substance use at the time of the study.
4. Youth who know to read and understand Tamil/English.

Exclusive Criteria

1. Youth who were not willing to participate in the study.

SAMPLE SIZE

It consisted of 60 youth club members between 18-26 years of age who fulfilled the sample selection criteria from SIGA youth club members formed the samples for the study.

SAMPLING TECHNIQUE

Non-probability convenient sampling technique was used to select the samples for the study.

DEVELOPMENT AND DESCRIPTION OF THE TOOL:

I. DATA COLLECTION

With an extensive review of literature and consultation with expert's opinion the tool was constructed to generate the data. Tool for the data collection consisted of three sections.

SECTION A: Demographic variables

Age, religion, education, occupational status , marriage, individual monthly income, work setting, hours of working, mode of travel to work place, type of substance used, frequency, initiating factors, common place for substance use , distance travelled to club, hobbies, co-morbidity , willingness to quit, type of family, father's education, father's occupation, father's habit, mother's education, mother's occupation, place of residence, type of living, total family income per month, number of siblings and birth order.

SECTION B: **Knowledge questionnaire regarding substance use**

The knowledge questionnaire prepared by the investigator was divided into the following sections and total number of questions in each sections were given below.

- Etiological/predisposing factor of substance use.
- Ill-effects of substance use.
- Treatment aspects of substance use.
- Preventive aspects of substance use.

Etiological/predisposing factor of substance use. – 3 questions.
Ill-effects of substance use. - 8 questions.
Treatment aspects of substance use. - 7 questions.
Preventive aspects of substance use. - 2 questions.

Scoring key: The tool consisted of 20 questions**.**

Each correct response was awarded a score of "1" mark and wrong response was given a score "0"

Score	Percentage	Level of knowledge
1- 9	< 50 %	Inadequate
10-15	50-75 %	Moderately adequate
16-20	>75 %	adequate

SECTION C: Attitude scale regarding substance use

The attitude scale prepared by the investigator was divided into the following sections were given below.

- Etiological/predisposing factor of substance use.
- Ill-effects of substance use.
- Treatment aspects of substance use.
- Preventive aspects of substance use.

A four point likert scale which consisted of 10 positive worded and 10 negative worded statements were used to assess the attitude regarding substance use among youth was prepared.

Scoring key: The tool consisted of 20 questions with Maximum score of 80 and Minimum score of 20, divided into the following:

- Positive statements- 10- score 4-3-2-1
- Negative statements- 10- score 1-2-3-4

Positive statements: 10. [2, 3, 5, 7, 8, 11, 13, 17, 18, 20]

Negative statements: 10. [1, 4, 6, 9, 10, 12, 14, 15, 16, 19]

Score	Percentage (%)	Level of attitude
61-80	>75	Favorable attitude
40-60	50-75	Moderately favorable attitude
20-39	<50	Unfavorable attitude

II. INTERVENTION TOOL

The intervention tool prepared by the investigator consisted of the following: **Video Clippings** containing images related to Etiology/pre-disposing factors and ill-effects of substance use was planned for 30 minutes. **Lecture method** consisted

details regarding treatment and preventive aspects(physiological and psychological) of substance use was planned for 20 minutes and distribution of **Pamphlets** that contained details of treatment centers(rehabilitation and day care centers) for substance use was planned for 10 minutes.

CONTENT VALIDITY

The content validity of the tool was obtained from 2 psychiatrist, 3 psychiatric nursing experts and 1psychologist. The content validity for the translated tool in Tamil language was also obtained from a Tamil Pandit. As per the experts' advice changes were made in the demographic variables by adding component such as type of residence, common place for substance use, willingness to quit, distance travelled to club from the house and addition of 5 attitude statements were added to the previous 15 attitude statements. All the modifications were made and were incorporated in the final tool.

ETHICAL CONSIDERATION

Ethics is a system of moral values that is concerned with the degree to which the research procedures adhere to the professional, legal and social obligations to the study participants. **Polit and Hungler (2011)**

1. BENIFICIENCE

The investigator followed the fundamental ethical principle of beneficence (doing good) by adhering to

a) The right to freedom from harm and discomfort

The study will be beneficial for the participants as it enhances their knowledge and attitude of the youth club members regarding ill-effects of substance use.

b) The right to protection from exploitation

The investigator explained the procedure and nature of the study to the participants and ensured that none of the participants will be exploited or denied fair treatment.

2. RESPECT FOR HUMAN DIGNITY

The investigator followed the second ethical principle with respect for human dignity. It includes the right to self determination and the right to self disclosure.

a) The Right to Self-determination.

The investigator gave full freedom to the participants to decide voluntarily whether to participate in the study, to withdraw from the study and the right to ask questions.

b) The Right to Full Disclosure.

The researcher has fully described the nature of the study, the person's right to refuse participation and the researcher's responsibilities based on which the informed consent both oral and written consent was obtained from the participants.

3. JUSTICE

The researcher adhered to the third ethical principle of justice, it includes participant's right to fair treatment and right to privacy.

a) Right to Fair Treatment

The researcher selected the study participants based on the research requirements, no vulnerable or compromised candidates were selected as study participants.

b) Right to Privacy.

The researcher maintained the participant's privacy throughout the study.

4. CONFIDENTIALITY:

The researcher maintained confidentiality of the data provided by the study participants.

PILOT STUDY

The pilot study was conducted at Pattabiram youth club Chennai on12/6/2011 after getting formal permission from the club secretary. Informed consent was obtained from the study participants, the number of participant selected for the study were 10. After which pre-test was conducted using structured knowledge questionnaire and attitude scale along with the assessment of demographic variables, soon after pre-test, intervention was administered using multimedia package comprising of (video clippings, lecture and pamphlet). The post-test was conducted after 7 days of intervention by administering the same structured knowledge questionnaire and attitude scale. The results showed that, it was feasible and practicable to conduct the main study and the criterion measures were found to be effective. The plans for statistical analysis were also determined. Therefore the data collection for the main study was done in a different setting.

RELIABILITY

Tool reliability was checked by test-retest method. This was done by introducing the tool to the same group of sample, at different times. The reliability score was ‘r’= 0.84 for knowledge questionnaire and ‘r’=1 for attitude scale. This indicated that the tool was reliable.

PROCEDURE FOR DATA COLLECTION

A formal permission was obtained from the Principal, Omayal Achi College of Nursing. The main study was conducted at SIGA youth club in Chennai, a formal permission was obtained from the youth club secretary of the institution. The data was collected within the period of 4 weeks. The study participants were gathered at the time of the study in a seminar hall with help of the club secretary and were made to sit comfortably. A formal introduction of self and to the topic

was given to the study participants. The study participants were given the consent form along with the pre-test questionnaire consisting of demographic form, knowledge questionnaire and 4 point likert attitude scale, the participants took approximately 15- 20 minutes to fill the questionnaire. After the completion of the questionnaire, the investigator administered the intervention tool (multimedia package) for 60 minutes on the aspects of etiology/predisposing factors, ill-effects of substance use, treatment and prevents aspects. The session was commenced by clarifying the doubts of the participants and answering to their questions. The participants were given refreshment after the intervention. Post test was conducted after seven days by using the same knowledge questionnaire and attitude scale.

The instruction given to the participants were:

1. They can fill the questionnaire with frank and honest answers to the best of their ability.
2. All the responses will be treated confidential.
3. All questions should be answered.
4. Doubts can be clarified.

PLAN FOR DATA ANALYSIS

Descriptive Statistics

1. Frequency and percentage distribution was used to analyze the demographic variables.
2. Mean and standard deviation was used to compare the pre and post test level of knowledge and attitude.

Inferential Statistics

1. Paired ‘t’ test was used to compare the pre and post test level of knowledge and attitude regarding substance use among youth club members.
2. Correlation coefficient (Karl Pearson Method) was used to find out the relationship between knowledge and attitude regarding substance use among youth club members.

3. One way ANOVA test was used to associate mean improvement level of knowledge score and attitude score with selected demographic variables of the youth club members.

CHAPTER – IV

DATA ANALYSIS AND INTERPRETATION

This chapter deals with analysis and interpretation of the data collected from 60 samples regarding substance use among youth club members. The data collected was organized, tabulated and analyzed according to the objectives. The findings based on the descriptive and inferential statistical analysis, are presented under the following sections.

ORGANISATION OF THE DATA

Section A **:** Description of demographic variables.

Section B **:** Assessment of pre-test and post- test level of knowledge and attitude regarding various aspects of substance use among youth club members.

Section C **:** Comparison of pre- test and post test level of knowledge and attitude regarding substance use among youth club members.

Section D **:** Correlation between mean improved knowledge score and attitude score regarding substance use among youth club members.

Section E **:** Association of mean improved knowledge score with selected demographic variables of youth club members.

Section F **:** Association of mean improved attitude score with selected demographic variables of youth club members.

SECTION A: DESCRIPTION OF THE DEMOGRAPHIC VARIABLES

Table 1(a) : Frequency and percentage distribution of demographic variables with respect to Age, Religion, Education, Marital status, Occupational status and Individual monthly income.

N = 60

S.No.	Demographic Variables	Frequency	%
1	**Age in years**		
	18 - 20 years	15	25
	21 - 23 years	13	21.67
	24 - 26 years	32	53.33
2	**Religion**		
	Hindu	32	53.33
	Christian	28	46.67
	Muslim	0	0.00
	Others	0	0.00
3	**Education**		
	Non-literate	3	5.00
	High school	15	25.00
	Senior secondary	11	18.33
	Graduates and above	31	51.67
4	**Marital Status**		
	Married	5	8.33
	Unmarried	55	91.67
	Divorced	0	0.00
	Separated	0	0.00
5	**Occupational Status**		
	Unemployed	16	26.67
	Unskilled	7	11.67
	Semi-skilled	0	0.00

S.No.	Demographic Variables	Frequency	%
	Skilled	7	11.67
	Own business	7	11.67
	Semi-profession	23	38.33
	Profession	0	0.00
6	**Individual monthly income**		
	Below Rs.5000	16	26.67
	Rs.5000 - 10,000	22	36.67
	Above Rs.10,000	6	10.00
	No income	16	26.67

Table 1(a) shows the frequency and percentage distribution of demographic variables with respect to age, religion, education, marital status, occupational status and individual monthly income.

Considering the distribution of the demographic variables of youth club members, majority 32[53.3%] of them were in the age group of 24-26 years, most of them were Hindu 32 [53.3%], majority 31[51.6%] of them were graduates. With respect to the marital status most of them 55 [91.6%] were unmarried and when analyzing their occupational status, majority of them 23[38.3%] were semi-professionals and most of them 22[36.6%] were earning between Rs 5000-10,000.

Table 1(b): Frequency and percentage distribution of demographic variables with respect to Work setting, Hours of working, Mode of travel to work place, Type of substance used and Amount.

N= 60

S.No.	Demographic Variables	Frequency	%
1	**Work setting**		
	Government organization	2	4.55
	Private organization	42	95.45
2	**Hours of working**		
	8 hrs of day work	29	66
	12 hrs of day work	13	29.55
	Alternate day and night shifts	2	4.55
	Only night shifts	0	0.00
3	**Mode of travel to work place**		
	By walk	7	16
	Roadways (bus/two-wheeler)	37	84
	Railways	0	0.00
4	**Type of substance used**		
a	**Alcohol**		
	Yes	47	78.33
	No	13	21.67
	If Yes		
	90 ml	8	17.02
	180 ml	31	65.96
	375 ml	7	14.89
	750 ml	1	2.13
b	**Smoking**		
	Yes	35	58.33
	No	25	41.67

	Demographic Variables	Frequency	%
	If Yes		
	1/2 pkt	6	17.14
	1 pkt	28	80.00
	>1pkt	1	2.86
c	**Tobacco chewing**		
	Yes	29	48.33
	No	31	51.67
	If Yes		
	1/2 pkt	9	31.03
	1 pkt	18	62.07
	>1pkt	2	6.90

Table 1(b) shows the frequency and percentage distribution of demographic variables with respect to work setting, hours of working, mode of travel to work place, type of substance abused and amount among the youth club members.

Considering the distribution of the demographic variables of youth club members, majority 42[95.4%] of them were working in private organization, majority 29[66%] of them were doing 8hrs shift, majority 37[84%] of them traveled to work their work place by roadways. While analyzing the type of substance used most 47[78.3%] of them were alcohol users, in which majority of them 31 [66%] consumed 180 ml/week. With respect to cigarette smoking 35[58.3%] were cigarette smokers and most of them 28 [80%] accounted for 1 packet/ week and for tobacco chewing 31[52%] were tobacco chewers, were most of them 18[62%] accounted for chewing 1 packet/ week.

Table 1(c): Frequency and percentage distribution of demographic variables with respect to Frequency of substance used, Initiating factors for substance use, Common place for substance use, Availability of substance, and Distance travelled to club from residence.

N=60

S.No.	Demographic Variables	Frequency	%
1	**Frequency of substance used**		
	Often	1	1.67
	Occasionally	15	25.00
	Weekly once/twice	34	56.67
	Daily once/twice	5	8.33
	Monthly once/twice	5	8.33
2	**Initiating factors for substance use**		
	Parents	2	3.33
	Siblings	0	0.00
	Peer groups	35	58.33
	Relatives	0	0.00
	Social clubs	13	21.67
	Media	10	16.67
3	**Common place for substance use**		
	Work place	9	15
	Friend's house	14	23.33
	House	1	1.67
	Club	36	60.00
4	**Availability of substance**		
	<2 km	36	60.00
	2-5 km	20	33.33
	>5 km	4	6.67

S.No.	Demographic Variables	Frequency	%
5	**Distance travelled to club from residence**		
	<5 km	39	65.00
	5 - 10 km	19	31.67
	>5 km	2	3.33

Table 1(c) shows the frequency and percentage distribution of demographic variables with respect to frequency of substance used, initiating factors for substance use, common place for substance use, availability of substance and distance travelled to club from residence among youth club members.

Considering the distribution of demographic variables majority 34[57%] of them were using substance weekly once/twice, majority of initiating factors 35[58.3%] were influenced by peer groups, most of them 36[60%] chose club as a common place for substance use. While analyzing the availability of substance, majority 36[60%] was <2km, and distance travelled to club from residence was <5km and 39[65%] of them were travelling this distance.

Table 1(d): Frequency and percentage distribution of demographic variables with respect to Leisure time activity, Co-morbidity and Willingness to quit.

N=60

S.No.	Demographic Variables	Frequency	%
1	**Leisure time activity**		
	Watching TV	22	36.67
	Reading books	2	3.33
	Indoor games	12	20.00
	Outdoor games	18	30.00
	Social gathering	1	1.67
	Internet chatting	5	8.33
	Video games	0	0.00
2	**Co-morbidity**		
	Hypertension	8	13.33
	Diabetes	1	1.67
	Asthma	2	3.33
	Gastritis	10	16.67
	None	39	65.00
3	**Willingness to quit**		
	Never thought about	26	43.33
	Likes to quit	30	50.00
	Not possible to quit	1	1.67
	Not necessary	3	5.00

Table 1(d) shows the frequency and percentage distribution of demographic variables with respect to leisure time activity, co-morbidity and willingness to quit among youth club members.

Considering the distribution of the demographic variables of youth club members, majority 22[37%] of the leisure time activities of the youth club members, were watching TV and none have co-morbidity 39[65%]. With respects to willingness to quit, majority 30[50%] of them were wanted to quit.

Table 1(e): Frequency and percentage distribution of demographic variables with respect to family details such as Type of family, Father's education, Father's occupation and Father's habit.

N=60

S.No.	Demographic Variables	Frequency	%
	FAMILY DETAILS		
1	**Type of family**		
	Nuclear	36	60.00
	Joint	23	38.33
	Extended	1	1.67
2	**Father's education**		
	Non-literate	17	28.33
	Primary	9	15.00
	Middle school	13	21.67
	High school	16	26.67
	Senior secondary	3	5.00
	Graduate and above	2	3.33
3	**Father's occupation**		
	Unemployed	6	10.00
	Un-skilled	12	20
	Semi-skilled	8	13.33
	Skilled	17	28.33
	Own business	7	11.67
	Semi profession	10	16.67
	Profession	0	0.00
4	**Father's habit**		
a	**Alcohol**		
	Yes	24	40.00
	No	36	60.00

b	**Smoking**		
	Yes	24	40.00
	No	36	60.00
c	**Tobacco chew**		
	Yes	7	11.67
	No	53	88.33

Table 1(e) shows the frequency and percentage distribution of demographic variables with respect to family details such as type of family, father's education, father's occupation and father's habit of the youth club members.

Considering the demographic variables with regard to family details of the youth club members, majority 36[60%] of them belongs to nuclear type. With regard to father's education and occupation majority 17[28.3%] of them were non-literate, and were skilled workers and majority 24[40%] of them have the habit of alcohol and cigarette smoking.

Table 1(f): Frequency and percentage distribution of demographic Variables with respect to family details such as Mother's education, Mother's occupation, Place of residence, Type of residence, Total family income, Number of siblings And Birth order.

N=60

S.No.	Demographic Variables	Frequency	%
1	**Mother's education**		
	Non-literate	22	36.67
	Primary	12	20
	Middle school	12	20
	High school	9	15
	Senior secondary	2	3.33
	Graduate and above	3	5
2	**Mother's occupation**		
	Unemployed	39	65.00
	Un-skilled	6	10.00
	Semi-skilled	0	0.00
	Skilled	9	15.00
	Own business	4	6.67
	Semi profession	2	3.33
	Profession	0	0.00
3	**Place of residence**		
	Urban	48	80
	Rural	6	10
	Suburban	6	10
4	**Type of residence**		
	Hostel	8	13.33
	House	15	25.00
	Living with parents	37	61.67

S.No.	Demographic Variables	Frequency	%
	Living with relatives	0	0.00
5	**Total family income per month**		
	<Rs.10,000	34	56.67
	Rs.10,000 - 20,000	20	33.33
	Rs.>20,000	6	10.00
6	**Number of siblings**		
	1	23	38.33
	2	15	25.00
	3 and above	22	36.67
7	**Birth order**		
	1st	25	41.67
	2nd	13	21.67
	3rd	10	16.66
	4th and above	12	20

Table I(f) shows the frequency and percentage distribution of demographic variables with respect to family details such as mother's education, mother's occupation, place of residence, type of residence, total family income per month, number of siblings and birth order of the youth club members.

Considering the distribution of the demographic variables with respect to mother's education and occupational status, 22[36.6%] of them were non-literate and 39[65%] were unemployed, majority 48[80%] of the youth club members were residing in urban setting and 37[62%] of them were living with parents. With respect to number of siblings, majority 23[38.3%] of them have one sibling and 25[42%] of them were first born.

SECTION B: ASSESSMENT OF PRE-TEST AND POST- TEST LEVEL OF KNOWLEDGE AND ATTITUDE REGARDING SUBSTANCE USE AMONG YOUTH CLUB MEMBERS.

Table 2 : Frequency and percentage distribution of pre- test and post-test level of knowledge regarding various aspects of substance use among youth club member.

N=60

Knowledge	Inadequate				Moderately Adequate				Adequate			
	Pre Test		Post Test		Pre Test		Post Test		Pre Test		Post Test	
	No	%	No	%	No	%	No	%	No	%	No	%
Etiology & predisposing factor	31	51.67	4	6.67	21	35	15	25	8	13.33	41	68.33
Ill-effects of substance abuse	9	15	3	5	47	78.33	24	40	4	6.67	33	55
Treatment aspects of substance abuse	39	65	9	15	18	30	36	60	3	5.0	15	25
Preventive aspects of substance	16	26.67	6	10	31	51.67	15	25	13	13	39	65

Table 2 reveals pretest and post test level of knowledge regarding various aspects of substance use among youth club members.

With regard to pre- test and post- test level of knowledge on etiology/predisposing factors, majority 31(51.6%) had inadequate knowledge in pre-test, while 41(68.3%) only had inadequate knowledge in post- test. With

respect to ill- effects of substance use 47(78.3%) had moderately adequate knowledge in pre-test, while 33(50%) had adequate knowledge about ill-effects of substance use in post- test, 39(65%) had inadequate knowledge about treatment aspects of substance use in pre-test, while 36(60%) had moderately adequate knowledge in post-test and 31(51.6%) had moderately adequate knowledge about preventive aspects of substance.

N=60

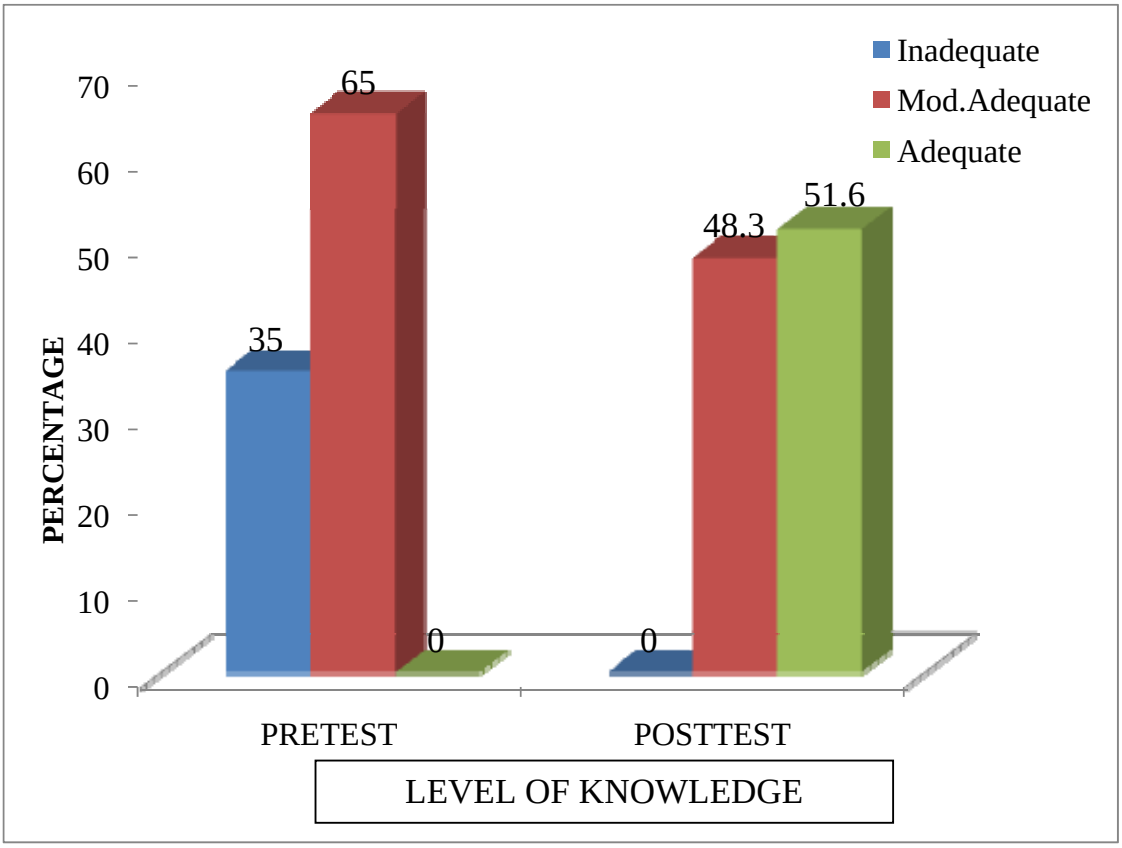

Fig.2: Percentage distribution of overall pre test and post test level of knowledge regarding substance use among youth club members.

Figure 2 shows the percentage distribution of overall pre-test and post- test level of knowledge regarding substance use among youth club members. .

The findings reveals that, majority 39[65%] had moderately adequate knowledge, 21[35%] of them had inadequate knowledge and none of them had adequate knowledge in pre test and in post test level of knowledge majority, 31[51.6%] of them had adequate level of knowledge and 29[48.3%] had moderately adequate knowledge and none of them have inadequate regarding Substance use.

N=60

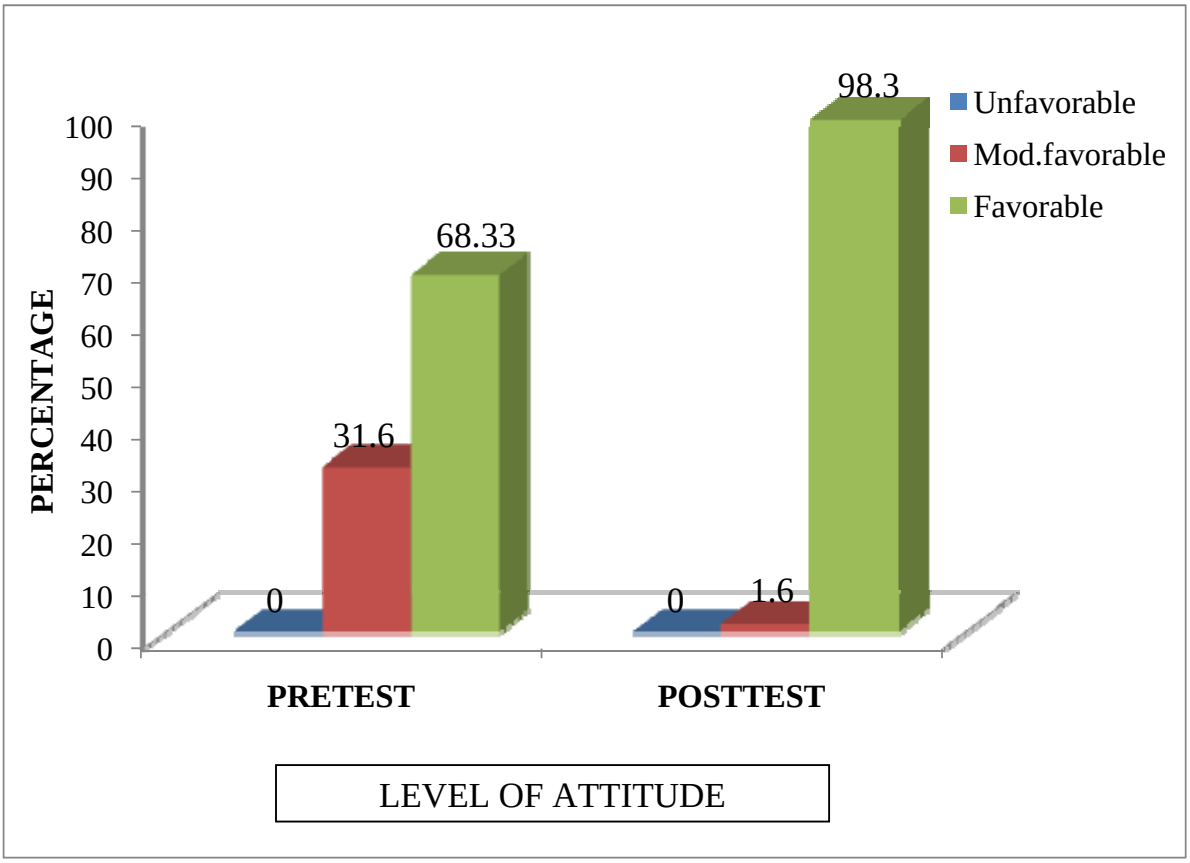

Fig.3: Percentage distribution of overall pre test and post test level of attitude regarding substance use among youth club members.

Figure 3 shows the percentage distribution of pre test and post test level of attitude regarding substance use among youth club members.

The findings reveals that, 19 [31.6%] had moderately favorable attitude and 41[68.3%] had favorable attitude regarding substance and none of them had unfavorable attitude regarding substance use in pre-test level of attitude and in post test level of attitude majority 59[98.3%] had favorable attitude and only 1[1.6%] had moderately favorable attitude and none of them had unfavorable attitude regarding substance use.

SECTION C : COMPARISON OF PRE AND POST TEST LEVEL OF KNOWLEDGE AND ATTITUDE REGARDING SUBSTANCE USE AMONG YOUTH CLUB MEMBERS.

Table 3 : Comparison of pre and post test level of knowledge and attitude regarding substance use among youth club members.

N=60

comparison	Pre-test		Post- test		't' Value
	Mean	S.D	Mean	S.D	
knowledge	10.32	2.31	15.65	2.33	t = 14.316***
Attitude	62.05	6.90	70.15	4.81	t = 10.714***

P<0.001 *** S- significant

Table 3 reveals the effectiveness of multimedia package by comparison of pre and post test level of mean knowledge and attitude score and standard deviation.

The overall mean improvement score for knowledge and attitude in pre-test was 10.32 for knowledge, with S.D of 2.31, and for attitude the mean score was 62.05, with S.D of 6.90 and for the post test the mean improvement score for knowledge was 15.65, with S.D 2.33 and for attitude the mean improvement score was 62.05, with S.D 4.81. The calculated table value for the pre-test was't'= 14.316 and for the post test't'= 10.714. Hence there was a significant improvement in overall knowledge and attitude regarding substance use after the administration of multimedia package.

SECTION D: CORRELATION BETWEEN MEAN IMPROVEMED KNOWLEDGE SCORE AND ATTITUDE SCORE REGARDING SUBSTANCE USE AMONG YOUTH CLUB MEMBERS.

N =60

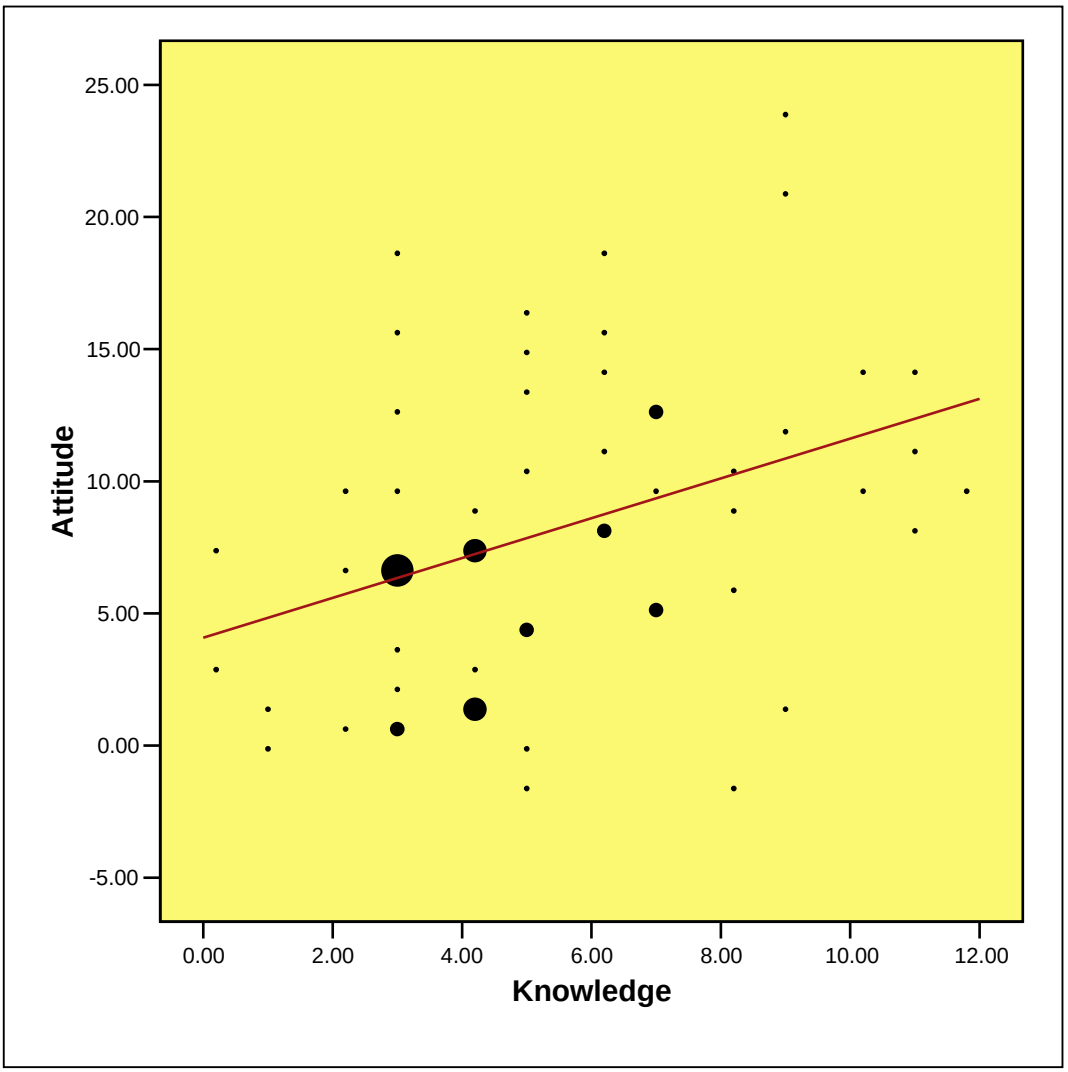

Fig.4: Correlation between mean improved knowledge and attitude score regarding substance use among youth club members

Figure 4 shows the correlation between the post test knowledge score and attitude score. While analyzing the level of knowledge, the mean score was 5.33 with S.D 2.88. In the level of attitude, the mean score was 8.10 with S.D was 5.86. The calculated 'r' value was 0.371, which showed that there was a moderate correlation between the level of knowledge and attitude regarding substance use among youth club members.

SECTION E : ASSOCIATION OF MEAN IMPROVED KNOWLEDGE SCORE WITH SELECTED DEMOGRAPHIC VARIABLES.

Table 4 : Association of mean improved knowledge score with selected demographic variables like type of substance used and amount

N=60

Demographic Variables	Pretest		Post Test		Mean Dif		ANOVA/ 't' value
	Mean	S.D	Mean	S.D	Mean	S.D	
Type of substance used							t = 0.673 p = 0.509 N.S
Alcohol							
Yes	10.29	2.32	15.77	2.38	5.47	2.88	
No	10.38	2.36	15.23	2.17	4.85	2.97	
If Yes							F = 3.085 p = 0.037 S*
90 ml	9.37	1.99	16.62	3.20	7.25	3.10	
180 ml	10.19	2.48	15.68	2.19	5.48	2.73	
375 ml	11.43	1.39	15.57	2.22	4.14	1.95	
750 ml	13.00	-	13.00	-	0.00	-	
Smoking							t = -0.151 p = 0.881 N.S
Yes	10.77	2.13	16.06	2.18	5.28	2.96	
No	9.68	2.44	15.08	2.45	5.40	2.84	
If Yes							F = 4.099 p = 0.026 S*
1/2pkt	9.17	1.33	17.33	2.66	8.17	3.06	
1pkt	11.11	2.17	15.82	2.05	4.71	2.65	
>1pkt	11.00	-	15.00	-	4.00	-	

The association of the mean improved knowledge with selected demographic variables was done by using one way ANOVA test.

The findings revealed that with regards to the type of substance used and quantity, the calculated‘t’ value was 3.085 for alcohol consumption amount and 4.099 for cigarette Smoking which showed statistical significant at $p<0.05$. The other demographic variables did not show any significant association with knowledge score.

SECTION F : ASSOCIATION OF MEAN IMPROVED ATTITUDE SCORE WITH SELECTED DEMOGRAPHIC VARIABLES.

Table 5 : Association of mean improved attitude score with selected demographic variables like place of residence and type of residence.

N=60

Demographic Variables	Pretest		Post Test		Mean Dif		ANOVA/ 't' value
	Mean	S.D	Mean	S.D	Mean	S.D	
Place of residence							F = 4.835 p = 0.011 S*
Urban	60.79	6.36	69.91	4.99	9.13	5.81	
Rural	69.87	5.33	72.50	4.47	2.62	3.25	
Suburban	61.40	6.77	68.60	2.30	7.20	5.02	
Type of residence							F = 8.798 p = 0.000 S***
Hostel	70.12	4.05	72.25	4.03	2.12	2.69	
House	59.47	8.18	71.13	4.27	11.67	5.65	
Living with parents	61.35	5.57	69.29	5.06	7.94	5.39	
Living with relatives	-	-	-	-	-	-	

The association of the mean improved attitude with selected demographic variables was done by using one way ANOVA test.

The findings revealed that there was significant association in the mean improved score in place of residence with 't' value of 4.835 ,which showed statistical significance at $p<0.05$and association in the type of residence with 't' value of 8.798, which showed high statistical significance at $p< 0.001$. The other demographic variables did not show any significant association with attitude score.

CHAPTER – V

DISCUSSION

This chapter discusses the findings of the analysis in relation to the objectives of the study and further discusses how those objectives were satisfied by the study.

The first objective was to assess the existing level of knowledge and attitude regarding substance use among youth club members.

The analysis on existing level of knowledge revealed that , majority 31[51.6%] had inadequate knowledge on etiology and predisposing factors, 47[78.3%] had moderately adequate knowledge on ill-effects of substance use, 39[65%] had inadequate knowledge on treatment aspects of substance use and 31[51.6%] had moderately inadequate knowledge on preventive aspects of substance. The overall pre-test level of knowledge revealed that, majority 39[65%] had moderately adequate knowledge, 21[35%] of them had inadequate knowledge and none of them had adequate knowledge.

The analysis on existing level of attitude revealed that, 19 [31.6%] had moderately favorable attitude and 41[68.3%] had favorable attitude regarding substance use.

The study findings were consistent with findings of **Dechenla Tsering[72] et al ., [2010]** conducted a population based cross- sectional study to assess the knowledge and attitude among 416 students in two high schools in West Bengal by using a self- administered anonymous questionnaire. Findings revealed that around 50% of them have knowledge about harmful effects of substance abuse and most of them 73% have a positive attitude regarding substance use.

The second objective was to assess the effectiveness of multimedia package on knowledge and attitude regarding substance use among youth club members.

The overall post test level of knowledge and attitude revealed that, 29[48.3%] had moderately adequate knowledge and 31[51.6%] had higher level of knowledge regarding Substance use, with respect to attitude 59[98.3%] had favorable attitude and only 1[1.6%] had moderately favorable attitude. The finding revealed that after multimedia package administration, there was a significant improvement in the level of knowledge and attitude among the youth club members.

Based on the objectives, the effectiveness of multimedia package regarding substance use was assessed by comparing the pre-test and post-test level of knowledge and attitude using paired 't' test.

The analysis on the effectiveness of knowledge and attitude by comparing the pre-test and post-test knowledge and attitude scores revealed that, the overall improvement in knowledge was 15.65 with standard deviation of 2.33, the calculated 't' value was 't'= 14.316 and for attitude the overall improvement was 70.15 with standard deviation of 4.81, the calculated 't' value was 't'= 10.714. The findings showed a high statistical significant difference at $p<0.001$ level. Hence there was a significant improvement in the overall knowledge and attitude among the youth club members after the administration of multimedia package.

The findings are consistent with the study conducted by **Eric C. Twombly[91] et al., (2008)** conducted quasi-experimental a study on the development and evaluation of a science education-based multimedia prevention curriculum on substance use among sixth, seventh and eighth-grade students. The treatment group (N=611) were exposed to the curriculum and those in the control group (N=731) were not. Findings revealed 52.1% have adequate knowledge and 86.5% with positive attitude in the study group.

Hence the null hypothesis **NH_1** stated earlier that there is no significant difference in pre and post intervention level of knowledge and attitude regarding substance use among youth club members was rejected.

The third objective was to correlate the mean differed knowledge score with attitude score.

The correlation of knowledge score with attitude score was done by using Karl Pearson Correlation Co-efficient method.

The findings revealed that mean difference knowledge score was 5.33 with standard deviation of 2.88 and attitude score was 8.10 with standard deviation of 5.86, the calculated 'r' value of knowledge with attitude score was $r = 0.371$ with $p = 0.004$, which showed statistical significant correlation at $p< 0.001$.

Hence the null hypothesis **NH_2** stated earlier that there is no relationship between mean differed knowledge score and attitude score at $p< 0.05$ was rejected.

The fourth objective was to associate the mean difference level of knowledge score and attitude score with selected demographic variables.

The association of mean difference level of knowledge score and attitude with demographic variables was done using one way ANOVA test.

The findings revealed that there was association in the mean difference knowledge with selected demographic variables such as type of substance and their amount consumed mainly for alcohol and cigarette smoking, and in addition to this there was also significant association in attitude level for type of residence and place of residence. Hence the null hypothesis **NH_3**, stated earlier that there is no significant association of mean differed level of knowledge score and attitude score with selected demographic variables at $p<0.05$, was rejected for the above variables and was accepted for the other variables.

CHAPTER – VI

SUMMARY, CONCLUSION, IMPLEMENTATIONS, RECOMMENDATIONS AND LIMITATIONS

Substance use is one of the biggest problems faced by people today, especially the youth population. Many of the study results stated that substance use is common among youth even before the age of 13 years, which is later on becomes a habit in their adulthood. So, it is essential to provide knowledge regarding substance use, in order to reduce complication.

Psychiatric nurse play a major important role in the improvement of knowledge regarding substance use on the dimensions such as physical, psychological, family and social among the youth, especially in the areas where the youth gather for the social gathering and to bring about a positive attitude regarding ill- effects of substance use.

Primary prevention covers the specific protection and health promotion measures to prevent substance use through enhancing the level of knowledge regarding substance use and develop a favorable attitude among youth regarding ill-effects of substance use. So, it is important that interventional programme to youth club members to enhance their knowledge and develop a positive attitude thereby, bringing about behavioral change and help them to adapt a acceptable behavior in future.

Statement of the Problem

A pre experimental study to assess the effectiveness of multimedia package on knowledge and attitude regarding substance use among youth club members at selected setting. Chennai.

Objectives

1. To assess the existing level of knowledge and attitude on substance use among youth club members.
2. To assess the effectiveness of multimedia package on knowledge and attitude on substance use among youth club members.
3. To correlate the mean difference knowledge score with attitude score.
4. To associate the mean difference level of knowledge and attitude among youth with substance use with their selected demographic variables.

Assumptions

1. Youth club members may have some knowledge regarding substance use.
2. Multimedia package may enhance adequate knowledge and attitude regarding substance use among youth club members.

Null Hypotheses

NH_1 There is no significant difference in pre and post intervention level of knowledge and attitude regarding substance use among youth club members at $p<0.05$.

NH_2 There is no relationship between mean difference knowledge score and attitude score at $p< 0.05$.

NH_3 There is no significant association of mean difference level of knowledge and attitude with selected demographic variables at $p<0.05$

The extensive review of literature, experts guidance from the field of psychiatry, psychiatric nursing, clinical psychology and sociology enabled the investigator to design the methodology, develop tools and to plan interventional programme.

The conceptual frame work is based on Wiedenbach's helping art of clinical nursing theory. This provides comprehensive frame work for assessment, plan of action, implementation and evaluation of intervention programme.

The researcher adopted pre-experimental one group pre test and post design. Tools used were knowledge questionnaire and four point Likert attitude rating scale for pre and post test. Reliability and validity of the tool was checked by test-retest method 'r' value=0.84 for knowledge questionnaire and 'r' value=1 for attitude scale. Pilot study was conducted at SIGA youth club in Taylor's road, Chennai. Sample size was 60 and convenient sampling technique was used based on the inclusive criteria. Ethical aspects of the study were strictly followed. Pre test was done using the structured knowledge questionnaire and attitude scale, followed by intervention (multimedia package) administration and post test was done using the same tool after 7 days of pre test.

FINDINGS

The analysis on the effectiveness of knowledge and attitude by comparing the pre-test and post-test knowledge and attitude scores revealed that, the overall improvement in knowledge was 15.65 with standard deviation of 2.33, the calculated 't' value was 't'= 14.316 and for attitude the overall improvement was 70.15 with standard deviation of 4.81, the calculated 't' value was 't'= 10.714. This shows a high statistical significant difference at $p<0.05$ level. Hence there was a significant improvement in the overall knowledge and attitude among the youth club members after the administration of multimedia package. Hence the null hypothesis $\mathbf{NH_1}$, stated earlier that there is no significant difference in pre and post intervention level of knowledge and attitude regarding substance use among youth club members was rejected.

The correlation of knowledge score with attitude score was done by using karlpearson correlation co-efficient method the findings revealed that the there is statistical significant at $p<0.05$ level. Hence the null hypothesis $\mathbf{NH_2}$, stated earlier that there is no relationship between mean differed knowledge score and attitude score at $p< 0.05$, was rejected.

The association of mean differed level of knowledge score and attitude score with demographic variables was done using one way ANOVA test. The findings revealed that there was association in the mean differed knowledge score with selected demographic variables such as type of substance and their amount consumed mainly for alcohol and cigarette smoking, and in addition to this there was also significant association in attitude level for type of residence and place of residence.

Hence the null hypothesis NH_3, stated earlier that there is no significant association of means difference level of knowledge and attitude with selected demographic variables at $p<0.05$, was rejected for the above variables and was accepted for the other variables.

CONCLUSION

The findings of the study revealed that youth are the vulnerable population and the knowledge regarding substance use was found to be moderately adequate and their attitude regarding ill effects of substance use was positive one, despite having a positive attitude there are still increasing number of younger population who take substance as a recreational one.

The present study conducted by the investigator, mainly focused on the multimedia package as a educational tool to bring about a change in the knowledge and attitude regarding ill- effects of substance use among youth population was found to be effective and it is considered one of the best interventional tool, which has a direct impact on the younger population.

IMPLICATIONS

Some of the implications derived from the present study in various area of nursing were as follows.

Nursing Practice

- The prime duty of the nurse to implement information, education and communication activities regarding substance use among adolescents and high risk population to be targeted.
- In community setup, the nurse can design a protocol for managing substance use especially among youth population.
- The nurse needs to extend the role towards clients families and educate them in caring for the clients with substance use problems.
- The nurse needs to encourage and motivate the clients to abstain from substance use, by helping them to participate in self- help groups.

Nursing Education

- Curriculum for U.G and P.G students should also be focused on substance use disorders, its effect, complication, and the nursing management of those clients.
- The psychiatric nurse educator should be competent enough to teach the nursing students to care for the clients independently**.**

Nursing Administration

- In service education programme can be periodically organizing through symposium, conference, workshop and seminars on current trends in prevention and management of substance use and its disorders.
- Formulation of protocol and policies to ensure total quality care for the clients with substance use problems and their families.
- Ensuring that the policy and protocols, framed in treating the substance use disorders is implemented effectively in hospital and having a periodical review of those policies and protocols by staff meetings and internal auditing.
- Appoint a nurse counselor for counseling support for the clients with substance use problems and the families, especially the youth population.

Nursing Research

1. Nurse researcher can motivate the practicing nurses in clinical area to apply the findings into practice, especially among youth population.
2. Dissemination of findings related to substance use and the impact of awareness created by means of different modes and the importance of those modes in creating awareness among the youth population, can be presented through posters, presenting in conference, placing in professional journals and in website.
3. Researchers should ensure that the utilization of the findings and approach in treating clients with substance use disorders is effective and is accepted by the top-level management in delivering a total quality care.

RECOMMENDATIONS

1. Study can be done in large setting.
2. Comparative studies can be conducted between urban and rural areas.
3. Experimental study can be undertaken with control group, to study the effectiveness of selected nursing intervention.
4. Various forms of interventional programme can be conducted in order to increase the awareness regarding substance abuse among the younger population.
5. Youth can be involved in propaganda, in their local community areas to communicate the ill-effects of substance use.

LIMITATIONS

1. The investigator faced difficulty in gathering and controlling the group.
2. The investigator faced difficulty in getting ethical permission for the study.

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APPENDIX – C

LETTER SEEKING EXPERT'S OPINION FOR CONTENT VALIDITY

From

Mr . Allwyn Prem Raj. P
M. Sc (N) II year,
Omayal Achi College of Nursing,
puzhal, Chennai – 600 066

To

Respected Madam / Sir,

Sub: Requisition for expert opinion on suggestion for content validity of the tool

I am Mr. Allwyn Prem Raj.P doing my M.Sc Nursing II year specializing in Mental Health Nursing at Omayal Achi College of Nursing. As a part of my research project to be submitted to the Tamilnadu Dr.M.G.R University and in partial fulfillment of the University requirement for the award of M.Sc (N) degree, I am conducting **"A pre experimental study to assess the effectiveness of Multimedia Package on knowledge and attitude regarding substance use among youth club members at selected setting, Chennai".**

I have enclosed my data collection tool and intervention tool for your expert guidance and validation. Kindly do the needful.

Thanking you,

Yours Faithfully,

(ALLWYN PREM RAJ.P)

Enclosures:

1. Research proposal
2. Data collection tool
3. Intervention tool
4. Content validity form
5. Certificate for content validity

LIST OF EXPERTS FOR CONTENT VALIDITY

1. **Dr. R.SATHIANATHAN, M.D. D.P.M. M.P.H., (USA)**
   Professor, Madras Medical College,
   Chennai-3

2. **Ms.KANNAMMA, M.A., M.Phil**
   Clinical Psychologist,
   Southern Railway Hospital,
   Ayanavaram, Chennai-23.

3. **D.ELAKKUVANA BHASKARA RAJ, M.Sc., M.hil.,PGDHM, RN.RP**
   Head of the Department,
   Padmashree College of Nursing,
   Psychiatric Nursing
   Bangalore.

4. **Ms.G. NEELAKSHI, M.Sc (N).,**
   Professor In Mental Health Nursing,
   SRI RAMACHANDRA COLLEGE OF NURSING
   Porur, Chennai-116.

5. **Ms.SHANTHI, M.Sc (N).,**
   Professor In Mental Health Nursing,
   SRI RAMACHANDRA COLLEGE OF NURSING
   Porur, Chennai-116.

APPENDIX – D

CERTIFICATE OF ENGLISH EDITING

TO WHOMEVER IT MAY CONCERN

This is to certify that the dissertation work conducting **"A pre experimental study to assess the effectiveness of Multimedia Package on knowledge and attitude regarding substance use among youth club members at selected setting, Chennai", 2010-2012"** done by **Mr. Allwyn Prem Raj.P,** II year M.Sc. Nursing, student of Omayal AChi College of Nursing, Puzhal, Chennai, is edited for English language appropriateness by _____

Date: **Signature**

APPENDIX – E

CERTIFICATE OF TAMIL EDITING

TO WHOMEVER IT MAY CONCERN

This is to certify that the dissertation work **"A pre-experimental study to assess the effectiveness of Multimedia Package on knowledge and attitude regarding Substance Use among youth club members at selected setting, Chennai, 2010-2012"** done by **Mr. Allwyn Prem Raj. P,** II year M.Sc. Nursing, student of Omayal AChi College of Nursing, Puzhal, Chennai is edited for Tamil language appropriateness by _____

Date: **Signature**

APPENDIX – F

INFORMED CONSENT REQUISITION FORM

Good Morning,

I am Allwyn Prem Raj. P, II year M.Sc. Nursing Student from Omayal Achi College of Nursing, Puzhal, Chennai. As a partial fulfillment of the programme, I am conducting **"A pre-experimental study to assess the effectiveness of Multimedia Package on knowledge and attitude regarding Substance Use among Youth Club Members at selected setting, , Chennai.** Kindly co-operate with me, by giving frank and free answer to my questions. Your answers will be kept confidential and will be used only for my study.

Thank you.

INFORMED CONSENT FORM

I understand that I am being asked to participate in a research study conducted by **Mr.Allwyn Prem Raj.P**, Msc (N) student of Omayal Achi College of Nursing. This research study will evaluate **Effectiveness of multimedia package on knowledge and attitude regarding substance use among youth club members at selected setting, chennai.** If I agree to participate in the study and no identifying information will be included when it is transcribed. I understand that there are no risks associated with this study.

I realize that I may participate in the study if I am younger than 18 years of age with consent from my parent/ guardian. I realize that the knowledge gained from this study may help either me or other people in the future. I realize that my participation in this study is entirely voluntary, and I may withdraw from the study at any time I wish. If I decide to discontinue my participation in this study, I will continue to be treated in the usual and customary fashion.

I understand that all study data will be kept confidential. However, this information may be used in nursing publication or presentations. If I need to, I can contact **Mr.Allwyn Prem Raj.P** Omayal Achi College of Nursing, 45, Ambattur road, Puzhal, Chennai any time during the study.

The study has been explained to me. I have read and understood this consent form, all of my question have been answered, and I agree to participate. I understand that I will be given a copy of this signed consent form.

---------- ----------
Signature of Participant Date:

---------- ----------
Signature of Investigator Date:

ஒப்புதல் படிவம்

வணக்கம்

பீ.ஆல்வின் ஆகிய நான் புழலில் உள்ள உமையாள் ஆச்சி செவிலியர் கல்லூரியில் முதுகலை பட்டபடிப்பு பயின்று வருகின்றேன். என் படிப்பின் ஒரு பகுதியாக இன்றைய இளைஞர்களிடம் மிகவும் அதிகமாக காணப்படும் போதைப் பொருட்களை எடுப்பதினால் ஏற்படும் பாதிப்புகளை பற்றிய கேள்விகளை வடிவமைத்து உள்ளேன். இன்றைய இளைஞர்களாகிய உங்களின் சுய மதிப்பீடு மற்றும் நன்நடைத்தையை உயர்த்துவதற்காக வீடியோ குறும்படங்கள் மூலம் அதை உங்களுக்கு கற்பிக்க உள்ளேன்.

தயவு செய்து நீங்கள் என்னுடன் ஒத்துழைக்குமாறு வேண்டிக்கொள்கிறேன். நான் உங்களிடம் இருந்து பெற்ற தகவல்களை எக்காரணம் கொண்டும் வெளியிடமாட்டேன் என்றும் உறுதி அளிக்கிறேன்.

நன்றி

முன் அறிவிப்பு ஒப்பந்த படிவம்

உமையாள் ஆச்சி செவிலியர் கல்லூரியின் சார்பில் நடைபெறும் இந்த ஆய்வில் என்னை பங்கேற்க கேட்டுக் கொண்டதை நான் ஏற்றுக்கொள்கிறேன்.

இந்த ஆய்வுக்கு நான் ஒப்புக் கொண்டால் அதனைத் தொடர்ந்து உள்ள பயிற்சிகளில் என் சக மாணவர்களிடம் நான் பயிற்சி பெற வேண்டும் என்பதை நான் அறிவேன். என்னிடம் நடத்தும் இந்த ஆய்வு முடிவுகள் அனைத்தும் பதிவு செய்து பாதுகாக்கப்படும் என்பதை நான் அறிவேன்.

என்னைப் பற்றி சேகரித்த சுய தகவல்கள் அனைத்தும் வெளியிடப்படாமல் ஆய்வு மேற்கொள்ளப்படும் என்பதை நான் அறிவேன். இந்த ஆய்வின் மூலமாக எனக்கு எந்த பாதிப்பும் இல்லை என்பதை அறிந்துக்கொண்டேன்.எதிர்காலத்தில் இந்த ஆய்வின் முடிவுகள் எனக்கோ அல்லது பிற மக்களுக்கோ பயன்படும் என்பதை நான் அறிவேன்.

நான் எவரின் / யாருடைய கட்டாயத்தின் பெயரிலோ அல்லது வற்புறுத்தலின் பெயரிலோ ஆய்வில் பங்குகொள்ளவில்லை என்பதையும், தேவைப்பட்டால் நான் ஆய்விலிருந்து விலகிக்கொள்ளவும் எனக்க முழு உரிமை உண்டு என்பதையும் அறிவேன். அவ்வாறு ஆய்விலிருந்து விலகிக் கொள்ளும்பட்சத்திலும் எப்போதும் பிறரைப் போலவே நடத்தப்படுவேன் என்பதை அறிவேன்.

என்னைப் பற்றிய அனைத்து தகவல்களும் இரகசியமாக பாதுகாக்கப்படும் என்பதை அறிவேன். தேவைப்படும்போது ஆய்வின் முடிவுகள் செவிலியர் சார்ந்த பத்திரிகைகளிலும், கருத்தரங்குகளிலும் வெளியிட முழு சம்மதம் அளிக்கிறேன். இந்த ஆய்வினை பற்றிய முழு விளக்கமும் எனக்கு அளிக்கப்பட்டிருக்கிறது. அதனை நான் முற்றிலுமாக புரிந்துக்கொண்டு ஆய்வில் பங்குக்கொள்ள சம்மதம் அளிக்கிறேன்.

பங்குக்கொள்பவரின் கையொப்பம் தேதி :

ஆராய்ச்சியாளரின் கையொப்பம் தேதி :

APPENDIX – G

DATA COLLECTION TOOL

SECTION – A: DEMOGRAPHIC VARIABLES

INDIVIDUAL DETAILS

1. AGE IN YEARS

    a) 18-20 years
    b) 21-23 years
    c) 24-26 years

2. RELIGION
    a) Hindu
    b) Christian
    c) Muslim
    d) Others

3. EDUCATION
    a) Non-literate
    b) High School
    c) Senior Secondary
    d) Professionals

4. MARITAL STATUS

    a) Married
    b) Unmarried
    c) Divorced
    d) Separated

5. OCCUPATIONAL STATUS
    a) Unemployed
    b) Un-skilled

c) Semi-skilled
d) Skilled
e) Own business
f) Semi-profession
g) Profession

6. INDIVIDUAL MONTHLY INCOME
   a) Below Rs.5000
   b) Rs.5000 – 10, 000
   c) Above Rs.10,000
   d) No income

7. WORK SETTING
   a) Government organization
   b) Private organization

8. HOURS OF WORKING
   a) 8 hrs. of day work
   b) 12 hrs. of day work
   c) Alternate day and night shifts
   d) Only night shifts

9. MODE OF TRAVEL TO WORK PLACE
   a) By walk
   b) Roadways (bus/two-wheeler)
   c) Railways

10. TYPE OF SUBSTANCE ABUSED
   a) Alcohol - i) YES ii) NO
      Amount - i) 90 ml. ii) 180 ml. iii) 375 ml. iv) 750 ml.

b) Smoking - i) YES ii) NO

Amount - i) ½ pkt. ii) 1 pkt. iii) > 1 pkt.

c) Tobacco chewing - i) YES ii) NO

Amount - i) ½ pkt. ii) 1 pkt. iii) > 1 pkt.

11. FREQUENCY OF SUBSTANCE ABUSED

a) Often
b) Occasionally (festivals/special occasion)
c) Weekly once/twice
d) Daily once/twice
e) Monthly once/twice

12. INITIATING FACTORS FOR SUBSTANCE ABUSE

a) Parents
b) Siblings
c) Peer groups
d) Relatives
e) Social Clubs
f) Media

13. COMMON PLACE FOR SUBSTANCE ABUSE

a) Work place
b) Friend's house
c) House
d) Clubs

14. AVAILABILITY OF SUBSTANCE

a) <2 Km.
b) 2-5 Km.

c) > 5 Km.

15. DISTANCE TRAVELLED TO CLUB FROM RESIDENCE
    a) < 5 Km.
    b) 5-10 Km.
    c) > 5 Km.

16. LEISURE TIME ACTIVITY\
    a) Watching TV
    b) Reading books
    c) Indoor games
    d) Outdoor games
    e) Social gathering
    f) Internet Chatting
    g) Video games

17. CO-MORBIDITY
    a) Hypertension
    b) Diabetes
    c) Asthma
    d) Gastritis

18. WILLINGNESS TO QUIT
    a) Never thought about
    b) Likes to quit
    c) Not possible to quit
    d) Not necessary

19. TYPE OF FAMILY
    a) Nuclear
    b) Joint

c) Extended

20. FATHER'S EDUCATION

a) Non-literate
b) Primary
c) Middle School
d) High School
e) Senior Secondary
f) Graduate and above

21. FATHER'S OCCUPATION

a) Unemployed
b) Un-skilled
c) Semi-skilled
d) Skilled
e) Own Buisness
f) Semi profession
g) Profession

22. FATHER'S HABIT

a) Alcohol - i) Yes ii) No
b) Smoking - i) Yes ii) No
c) Tobacco chew - i) Yes ii) No

23. MOTHER'S EDUCATION

a) Non-literate
b) Primary
c) Middle School
d) High School
e) Senior Secondary
f) Graduate and above

24. MOTHER'S OCCUPATION

a) Unemployed
b) Unskilled
c) Semi-skilled
d) Skilled
e) Own business
f) Semi-profession
g) Profession

25. PLACE OF RESIDENCE

a) Urban
b) Rural
c) Sub-urban

26. TYPE OF RESIDENCE

a) Hostel
b) House
c) Living with parents
d) Living with relatives.

27. TOTAL FAMILY INCOME PER MONTH

a) < Rs.10,000
b) Rs.10,000 – 20,000
c) > Rs.10,000

28. NUMBER OF SIBLINGS

a) 1
b) 2

c) 3 and above

29. BIRTH ORDER

a) 1st

b) 2nd

c) 3rd

d) 4th and above

SECTION-B: KNOWLEDGE QUESTIONNAIRE

ETIOLOGY/PREDISPOSING FACTOR

1. The major reason for substance abuse among younger population

a) Economy constraint

b) Peer group pressure

c) Loss of control

d) Religious reason

2. The powerful influence for fostering substance abuse

a) Media influence

b) Stress

c) Urbanization

d) Intra familial conflicts

3. Common reason for abusing substance among population

a) Personality factor

b) Genetic factor

c) Ease of availability of substance

d) Emotional factor

ILL- EFFECTS OF SUBSTANCE ABUSE

4. Major ill-effects caused by alcohol consumption

a) Liver cirrhosis

b) Gastritis

c) Anemia

d) Colitis

5. Major ill-effects caused by smoking

a) Increased susceptibility to infection

b) Renal damage

c) Lung cancer

d) Jaundice

6. Tobacco chewing leads to

a) Oral cancer and mouth ulceration

b) Gastritis

c) Heart disease

d) Liver disease

7. Major complication of substance abuse, concerning alcohol intake

a) Disruptive physical, mental and social process

b) Seizure

c) Tremors

d) Reduced concentration and attention.

8. Long term use of substance abuse leads to

a) Feeling high and negligence

b) Criminal activities

c) Psychological and physical dependence

d) Anxiety

9. Physical dependence of substance abuse leads to

a) Heart attack

b) Asthma problem

c) Hypertension

d) Tolerance and withdrawal

10, Psychological dependence of substance abuse leads to

a) Depression

b) Anxiety

c) Craving for the substance

d) Stress

11. Social consequence of substance abuse includes the following:

a) Damage to work and family

b) Personal relationship

c) Only (a)

d) Both (a) and (b)

TREATMENT ASPECTS OF SUBSTANCE ABUSE

12. Primary factor for treating substance abuse

a) Medication

b) Hospitalization

c) Patient motivation to change

d) Therapies

13. Initial measures used for the treatment of substance abuse

a) Treatment of overdose and associated symptoms

b) Psycho social factor

c) Preventive of relapse

d) Rehabilitation

14. Secondary level of treatment for substance abuse involves

a) Medicine

b) Counseling and Rehabilitation

c) Only (a)

d) Only (b)

15. Tertiary level of case for substance abuse

a) Medicine

b) Treatment of withdrawal signs

c) Counseling and Rehabilitation

d) Over dose treatment

16. Nicotine replacement therapy is available in the form which is commonly used in hospital setting

a) Patch
b) Gum
c) Tablets
d) Spray

17. Common drug that is administered for treating alcohol dependence, with client consent

a) Aspirin
b) Paracetamol
c) Brufen
d) Disulfiram

18. Substance abuse can be treated apart from hospital by

a) Rehabilitation centre
b) Clinic
c) Abstinence
d) Therapeutic alliance

PREVENTIVE ASPECTS OF SUBSTANCE

19. Method used in preventing the use of substance at the community level

a) Strengthening of Government policies
b) Half way home
c) Residential Centre
d) Non-governmental organization

20. Awareness programme conducted by affected member of same group

a) Self help group
b) Nursing homes

c) Centre for de-addiction

d) Day Care Centre.

SECTION- C

S.No.	Statement	Strongly Agree	Agree	Disagree	Strongly Disagree
1.	Taking alcohol (or) having a smoke (or) paan improves your social status and self identity in a group.				
2.	I feel, taking substance over a long time leads to mental illness.				
3.	I believe, that taking substance leads to family and social problems.				
4.	I believe, that after a smoke of (or) drink (or) chewing paan will relieve stress and tension immediately.				
5.	I feel, spending money to buy alcohol (or) a cigarette (or) paan is waste.				
6.	Addicted to substance use cannot be reversed.				
7.	I believe, that using substance will lose one's respect for himself among his family and society.				
8.	I feel, personal motivation is the best way to quit substance use .				
9.	Taking substance over a long period will not affect your work and performance.				
10.	It is not necessary for counseling when your physical problems are treated with medicines.				
11.	I believe, that strengthening of government policy is the best way to prevent substance use.				
12.	I believe, that like diabetes and hypertension substance use does not create a major public health problems.				
13.	I believe, counseling and rehabilitation are important for treating substance use.				

14.	Substance use problems can be only treated in hospitals and not any other centers.				
15.	Taking substance after recovery, does not leads to further complication.				
16.	Taking substance over a longer period of time does not leads to tolerance and dependence.				
17.	I believe, that awareness programme conducted by the self-help group helps in complete recovery from substance use.				
18.	I believe, that lifelong complete abstinism from substance use and personal motivation is one of the important form of treatment in substance use problems.				
19.	I feel, taking using substance is a form of acceptable social habits.				
20.	I believe, taking substance leads to physical, psychological and social complications.				

தனிநபர் விவரம்

1 . வயது

i . 18 - 20 .
ii . 21 - 23 .
iii . 24 - 27

.

2 . மதம்

i . இந்து .
ii . கிறிஸ்தவம்.
iii . இஸ்லாம்/முஸ்லிம்.
iv . மற்றவை.

3 . கல்வித்தகுதி

i . எழுத படிக்க தெரியாதவர்.
ii . உயர்நிலைக்கல்வி.
iii . மேனிலைக்கல்வி.
iv . பட்டதாரி.
v . தொழில்சார்ந்த கல்வி.

4. திருமணம் சார்ந்த விவரம்.

i . திருமணம் ஆனவர்.
ii . திருமணம் ஆகாதவர்
iii . விவாகரத்து பெற்றவர்.
iv . பிரிந்து வாழ்பவர்.

5 . பணி விவரம்

i . வேலையமர்வு இல்லாதவர்.
ii . திறமையற்ற பணி.
iii .அரைக்குறைத் தேர்ச்சி பெற்ற பணி
iv . சுய தொழில்.
v . தொழில் சாரா பணி
vi . தொழில்சார்ந்த பணி.

6 . தனிநபர் மாத வருமானம்.

i . < ரூபாய் 5000
ii .ரூபாய் 5000 -10,000

iii . > ரூபாய் 10,000 .

iv . வருமானம் இல்லாதவர்.

7 . பணி விவரம்

i . அரசு பணி.

ii . தனியார் பணி

.

8 . பணி நேரம்

i . 8 மணிநேர வேலை.

ii .12 மணிநேர வேலை.

iii . பகல் அல்லது இரவு வேலை .

iv . இரவு நேர வேலை.

9 . பணி இடத்திற்கு செல்லும் விதம்

i . நடை வழியாக .

ii .சாலை வழி (பஸ்/பைக்).

iii . ரெயில் பயணம்.

10 . தனிபட்ட தவறான பழக்க வழக்கம் .

i . மது - (1). ஆம் (2) இல்லை

அளவு - (1) 90ml (2) 180ml (3). 375ml (4). 750ml

ii . சிகரெட் - (1) ஆம் (2) இல்லை

அளவு - (1) ½ பாகெட் (2) 1 பாகெட் (3) > 1 பாகெட் .

iii . பான்மசாலா - (1) ஆம் (2). இல்லை

அளவு - (1) ½ பாகெட் (2) 1 பாகெட் (3) > 1 பாகெட்.

11 . நேர இடைவெளி

i . அடுத்தடுத்து.

ii . எபோழுதாவது.(பண்டிகை மற்றும் விசெச்ஷா நாட்களில்)

iii . வாரத்திற்கு ஒன்று /இரண்டு முறை.

iv . நாளைக்கு ஒன்று /இரண்டு முறை .

v . மாதத்திற்கு ஒன்று / இரண்டு முறை.

12 . போதை பழகத்திற்கு உந்துவது .

i . பெற்றோர்

ii . உடன் பிறந்தோர்

iii . நட்பு வட்டாரம்

iv . உறவினர்

v . பொது நிகழ்ச்சி

vi . ஊடகம் (மீடியா).

13 . போதை பழக்கத்திற்கான பொதுவான இடம்.

i . வேலை செய்யும் இடம் .

ii . நண்பர்களின் வீடு .

iii . வீடு

iv . கிளப்.

14 . போதை பொருள்(மது, சிகர்ரெட் ,பான்மசாலா) கிடைக்ககூடிய தூரம்

i < 2 km

ii . 2 - 5 km

iii . > 5 km .

15 . கிளப் இருக்கும் தூரம் விட்டிலிருந்து

i . < 5km .

ii . 5 - 10km

iii . > 10km.

16 . பொழுதுபோக்கு

i . தொலைக்காட்சி.

ii. புத்தகம்

iii . உள் விளையாட்டு

iv . வெளி விளையாட்டு.

v . பொது நிகழ்ச்சி .

vi . கனிப்பொறி ,இணையம்.

vii .வீடியோகேம்.

17 . உடனேற்படும் நோய்கள்

i . இரத்தஅழுத்தம் .

ii. சர்க்கரை நோய் .

iii . ஆஸ்த்மா

iv . வயிற்றுப் புண்

18 . பழக்கத்திலிருந்து விடு பட விருப்பம் பற்றி

i . எண்ணியதே இல்லை .

ii. விடு பட விரும்புகிறேன் .

iii . விடுபட இயலாது

iv . விடுபட தேவையில்லை.

குடும்ப விவரம்

19. குடும்ப வகை

i . தனி குடும்பம் .

ii. கூட்டுக் குடும்பம் .

iii .விரிவான குடும்பம்

20 . தந்தையின் கல்விநிலை .

i . எழுதபடிக்கத்தெரியாதவர்

ii. தொடக்கக் கல்வி

iii. நடுநிலைக் கல்வி.

iv. உயர்நிலைக் கல்வி.

v . மேனிலைக் கல்வி .

vi . பட்டதாரி .

21 . தந்தையின் பணி

i . வேலையமர்வு இல்லாதவர்.

ii . திறமையற்ற பணி.

iii .அரைக்குறைத் தேர்ச்சி பெற்ற பணி

iv . சுய தொழில்.

v . தொழில் சாரா பணி

vi . தொழில்சார்ந்த பணி.

22 . தந்தையின் தனிபட்ட தவறான பழக்க வழக்கம்

i . மது (1) ஆம் (2) இல்லை

ii . சிகரெட் (1) ஆம் (2) இல்லை

iii . பான்மசாலா (1) ஆம் (2) . இல்லை

23 . தாயின் கல்வி நிலை

i . எழுதபடிக்கத்தெரியாதவர்

ii. தொடக்கக் கல்வி
iii . நடுநிலைக் கல்வி.
iv . உயர்நிலைக் கல்வி.
v . மேனிலைக் கல்வி .
vi . பட்டதாரி

24. தாயின் பணி
i . வேலையமர்வு இல்லாதவர்.
ii . திறமையற்ற பணி.
iii .அரைக்குறைத் தேர்ச்சி பெற்ற பணி
iv . சுய தொழில்.
v . தொழில் சாரா பணி
vi . தொழில்சார்ந்த பணி.

25 . வசிப்பிடம்
i . நகரம்.
ii . கிராமப்புறம்.
iii . புற நகர்.

26 . குடியிருப்பு வகைகள்.
i . விடுதி
ii . வீடு
iii . பெற்றோருடன் வசிப்பவர் .
iv. உறவினர்களுடன் .

27 . குடும்ப மாத வருமானம்
i . <ரூபாய் 10 ,000 .
ii . ரூபாய் 10 ,000 - 20 ,000 .
iii . >ரூபாய் 20 ,000 .

28 . உடன் பிறந்தோர்
i. 1 .
ii. 2 .
iii . 3 / > 3 .

29 . பிறப்பு வரிசை

i. முதற் குழந்தை .

ii. இரண்டாம் .

iii . மூன்றாம்.

iv. நான்காம் அல்லது நான்கிற்கு மேல்

பகுதி – II

காரணங்கள்.

1. இளைஞ்சர்கள் மத்தியல் போதை பழக்கம் (மது ,சிகர்ரெட் ,பாண் மசாலா போன்றவை) இருக்க முக்கிய காரணம்

அ. பண நெருக்கடி
ஆ. நட்பு வட்டார நிர்பந்தம்.
இ. கட்டுப்பாடு இழப்பதால்
ஈ . மத காரணங்கள்.

2. போதை பழக்கம் (மது, சிகரெட்டே, பாண் மசாலா போன்றவை) வளர துணை புரிவது ?

அ . ஊடகங்களின் தாக்கம்
ஆ. சோர்வு
இ. நகரமயமாதல்
ஈ குடும்பத்தில் ஏற்படும் பிரச்சனை .

3. மக்களிடையே போதை பழக்கம் ஏற்பட பொதுவான காரணம் ?

அ . தனி மனித வாழ்வு
ஆ. மரபு வழி பண்பு
இ. போதை பொருட்கள் எளிதாக கிடைப்பதால்
ஈ. உணர்ச்சி வயத்தால்.

4. மது அருந்துவதால் ஏற்படும் தீய விளைவு ?

அ . கல் ஈரல் பாதிப்பு
ஆ. வயிற்று புண்
இ.. இரத்த சோகை
ஈ குடல் புண்

5. புகை பிடிப்பதால் ஏற்படும் தீய விளைவு ?

அ.தொற்றுநோய் எளிதில் ஒட்டும்
ஆ. சிறுநீரக பிரச்சனைகள்
இ. நுரையீரல் புற்றுநோய்
ஈ. மஞ்சள் காமாலை.

6. புகையிலை மேல்லுதால் ஏற்படும் தீய விளைவு ?

அ. வாய் புண் / வாய் புற்றுநோய்
ஆ. வயிற்று புண்
இ. இதயநோய்கள்
ஈ. கல்லீரல் பிரச்சனைகள் .

7. மது அருந்துவதால் ஏற்படும் முக்கியமான தீங்கு எது ?

அ. உடல்,மனம், சமுதாய நடைமுறைகளில் பிளவு.
ஆ. வலிப்புநோய்

இ. நடுக்கம்
ஈ. கவனக்குறைவு

8. நெடுநாளைய போதை பழக்கம் ஏற்படுத்துவது ?

அ. சீற்றம் /கிளர்ச்சி.
ஆ. குற்றச்செயல்

இ. மனம்-உடல் ரீதியான சார்பு நிலை
ஈ. மனகலக்கம்.

9. போதை பழக்கத்தால் ஏற்படும் உடல் ரீதியான சார்பு உண்டாகும் நோய் ?

அ. இதயநோய்
ஆ. ஆஸ்த்மா

இ. இரத்தஅழுத்தம்
ஈ. போதை ஏற்பட தேவைப்படும் பொருளின் அளவு அதிகமாதல் உடல் நடுக்கம், வலிப்பு.

10. போதை பழக்கத்தல் ஏற்படும் மனரீதியான சார்பு உண்டாகும் நோய் ?

அ. மன அழுத்தம்
ஆ. கவன குறைவு

இ. போதை பொருட்களுக்காக அலையும் தன்மை
ஈ. சோர்வு

11. போதை பழக்கத்தால் ஏற்படும் சமுக பாதிப்புகள்?

அ. குடும்பம் மற்றும் வேலையிடத்திலும் பிரச்சனைகள்
ஆ. சமுக உறவுகளில் பாதிப்பு .

இ. (அ) மட்டும்
ஈ. (அ) மற்றும் (ஆ)

12. போதை பழக்கம் சரி செய்வதில் முதன்மையான வழி?

அ. மாத்திரைமருந்துகள்
ஆ. மருத்துவமனையில் அனுமதிப்பது

இ.சுய ஊக்கமளிப்பதன் மூலம்
ஈ. மற்ற சிகிச்சைகள்

13. போதை பழக்கத்தை சரி செய்ய முதல்கட்டமாக பயன்படும் வழி

அ.தேவைகும் அதிகமான அளவுக்கு போதை எடுத்ததால் ஏற்படும் நோய்க்குறிகளை சரி செய்தல்
ஆ. மனம் மற்றும் சமூக காரணியை சரி செய்தல்

இ. மறுவீழ்வை தடுப்பதன் மூலம்
ஈ. மறு வாழ்வு

14. போதை பழக்கதிற்கு இரண்டாம் நிலை தீர்வு ?

அ. மருந்துகள் ஆ. கவுன்செல்லிங்
இ. (அ) மட்டும் ஈ. (அ) மற்றும் (ஆ)

15. போதை பழக்கதிற்கு மூன்றாம் நிலை தீர்வு?
அ. மருந்துகள் ஆ. உடல் நடுக்கம் வலிப்புகான மருத்துவம்,
இ. கவுன்செல்லிங்/ மறுவாழ்வு ஈ. தேவைக்கு அதிகமான அளவிற்கு போதை பொருட்கள் எடுத்ததின் மூலம் ஏற்படும்பிரச்சனைகளுக்கு தீர்வு

16. மருத்துவமனையில் பொதுவாக பயன்படுத்தப்படும் நிகோடின் ஈடு செய்யும் முறை எது?
அ. நிகோடின் பத்து ஆ. நிகோடின் சவ்வு
இ. நிகோடின் மாத்திரை ஈ. நிகோடின் ஸ்ப்ரே.

17. பயனர் சம்மதத்துடன் , மதுபற்றை சரிசெய்ய பயன் படுத்தப்படும் மருந்து எது?
அ. அஸ்பிரின் ஆ. மெடாசின்
இ. ப்ருபின் ஈ. அன்ட் அபுசே

18. போதை பழக்கத்தை மருத்துவமனை தவிர வேறு எங்கு சரி செய்ய இயலும்?

அ. மறுவாழ்வு மையம் ஆ. கிளினிக்
இ. போதை பொருட்களை தவிர்பத்தின் மூலம் ஈ. நோய்த்தீர்வியல் மூலம்

போதைப்பழக்கத்தை .

19. சமுதாய அளவில் போதைப்பழக்கத்தை தடுக்க பயன்படுத்தும் முறை?
அ. அரசின் கொள்கைகளை வலுவாகுவதன் மூலம் ஆ.குடியிருத்தல் சார்ந்த கவனிப்பு மையங்கள
இ. அரசு சார்பற்ற அமைப்புகள் ஈ. பகல் நேர மையங்கள் .

20.பாதிப்படைந்தவர்களுக்காக நடத்தப்பெறும் விழிப்புணர்வு நிகழ்ச்சிகள் நடைபெறுவது
அ. சுய உதவி குழுக்கள் ஆ. மருத்துவ இல்லதில்
இ. மறுவாழ்வு மையம் ஈ. பகல் நேர மையங்கள்

பகுதி – III

ÁÉôÀ¡íÌ «Ç×§¸¡ø

குறிப்பு: கீழ்கண்ட வாசகங்களை கவனமாக படித்து உங்கள் உங்கள் மனதிற்கு சரியென்று பட்டதை ( ) செய்யவும்

மொத்த மதிப்பெண்கள்: 80

ÁÉôÀ¡íÌ «È¢¾ø					
Å¡¢¨º ±ñ		**Åý¨ÁÂ¡, ¯¼ý ÀÎ¸¢§ÈÝ**	**¯¼ý ÀÎ¸¢§ÈÝ**	**¯¼ýÀ¼ ÁÚì¸¢§ÈÝ**	**Åý¨ÁÂ¡, ¯¼ýÀ¼ ÁÚì¸¢§ÈÝ**
1.	§À¡¨¾ô ÀÆì¸õ (ÁÐ, º¢¸¦Ãð, À¡ý Áº¡Ä¡ §À¡ýÈ¨Å) ¯í¸û ¦¾¡ì¾¢ ¦ºøÅ¡ì¨¸Ôõ «ó¾Š¨¾Ôõ ¯Â÷òÐõ.				
2.	§À¡¨¾ ¾Õõ ¦À¡Õð¸û (ÁÐ, º¢¸¦Ãð, À¡ý Áº¡Ä¡ §À¡ýÈ¨Å) ¦¿Î¿¡û ÀÂý ÀÎòÐÅÐ ÁÉ §¿¡ö¸¨Ç ²üÀÎòÐõ.				
3.	§À¡¨¾ô ÀÆì¸õ (ÁÐ, º¢¸¦Ãð, À¡ý Áº¡Ä¡ §À¡ýÈ¨Å) ÌÎõÀ ¯È¨ÅÔõ, ºã¸ ¯È¨ÅÔõ À¡¾¢ìÌõ ±É ¿õÒ¸¢§ÈÝ.				
4.	§À¡¨¾ô ¦À¡Õð¸û (ÁÐ, º¢¸¦Ãð, À¡ý Áº¡Ä¡ §À¡ýÈ¨Å) ÀÂý ÀÎò¾¢Â À¢ÈÌ ÁÉ ¯Çîº¨ÄÔõ, À¾ð¼ò¨¾Ôõ ¯¼§É Ì¨ÈìÌõ.				
5.	§À¡¨¾ô ¦À¡Õð¸ÙìÌ (ÁÐ, º¢¸¦Ãð, À¡ý Áº¡Ä¡ §À¡ýÈ¨Å) ¦ºÄ× ¦ºöÅÐ Å£ñ ±É ¸ÕÐ¸¢§ÈÝ.				
6.	§À¡¨¾ô ÀÆì¸ò¾¢ø þÕóÐ Å¢ÎÀ¼ ÓÊÂ¡Ð.				
7.	§À¡¨¾ô ÀÆì¸õ ¯ÈÅ¢É÷¸Ç¢¼Óõ,				

ÁÉôÀ¡íÌ «È¢¾ø					
Å¡¢¨º ±ñ		**Åý¨ÁÂ¡¸ ¯¼ý ÀÎ¸¢§Èý**	**¯¼ý ÀÎ¸¢§Èý**	**¯¼ýÀ¼ ÁÚì¸¢§Èý**	**Åý¨ÁÂ¡¸ ¯¼ýÀ¼ ÁÚì¸¢§Èý**
	¿ñÀ÷¸Ç¢¼Óõ, ºÓ¾¡Âò¾¢Öõ ±ý Á¾¢ô¨Àì Ì¨ÈìÌõ ±É ¿õÒ¸¢§Èý.				
8.	¦ºi¾ ÓÂüº¢Ôõ / °ì¸Óõ ÁðÎ§Á §À¡¨¾ô ÀÆì¸ò¾¢Ä¢ÕóÐ Å¢ÎÀ¼ º¢Èó¾ ÅÆ¢ ±ýÚ ±ñÏ¸¢§Èý.				
9.	¦¿Î¿¡¨ÇÂ §À¡¨¾ô ÀÆì¸õ, ¦ºöÔõ §Å¨Ä¨ÂÔõ / ¦ºÂø ¾¢È¨ÉÔõ À¡¾¢ì¸¡Ð.				
10.	§À¡¨¾ô ÀÆì¸õ (ÁÐ, º¢¸¦Ãð, À¡ý Áº¡Ä¡ §À¡ýÈ¨Å) ãÄõ ²üÀÎõ ¯¼ø ºõÀó¾ôÀð¼ Å¢Â¡¾¢¸¨Ç ÁÕóÐ¸û ÁðÎ§Á ¦¸¡ñÎ Ì½ôÀÎò¾Ä¡õ. ÁÉ ¡£¾¢Â¡É ¾£÷× §¾¨ÅÂ¢ø¨Ä.				
11.	«Ãº¢ý ¦¸¡û¨¸¸¨Ç ÅÖÅ¡ìÅ¾ý ãÄõ §À¡¨¾ô ÀÆì¸ò¨¾ ¾Îì¸ ÓÊÔõ ±É ¿õÒ¸¢§Èý.				
12.	§À¡¨¾ô ÀÆì¸õ º÷ì¸¨Ã §¿¡ö ÁüÚõ þÃò¾ì ¦¸¡¾¢ôÒ §À¡ýÈ¨Å §À¡ø ºã¸ «ÇÅ¢ø ¦À¡¢¾¢ÇÅ¢ø À¡¾¢ô¨À ¯ñ¼¡ì¸¡Ð ±É ¿õÒ¸¢§Èý.				
13.	¸Äó¾¡ö×õ, ÁÚÅ¡ú×õ §À¡¨¾ô ÀÆì¸ò¾¢üÌ Óì¸¢ÂÁ¡É º¢¸¢î¨º Ó¨È¸û ±É ¿õÒ¸¢§Èý.				
14.	ÁÕòÐÅÁ¨ÉÂ¢ø ÁðÎ§Á §À¡¨¾ô ÀÆì¸ò¾¡ø ²üÀÎõ À¡¾¢ôÒ¸¨Ç º¡¢ ¦ºöÂ ÓÊÔõ.				

ÁÉôÀ¡íÌ «È¢¾ø					
Å¡¢¨º ±ñ		**Åý¨ÁÂ¡¸ ¯¼ý ÀÎ¸¢§Èý**	**¯¼ý ÀÎ¸¢§Èý**	**¯¼ýÀ¼ ÁÚì¸¢§Èý**	**Åý¨ÁÂ¡¸ ¯¼ýÀ¼ ÁÚì¸¢§Èý**
15.	§À¡¨¾ô ÀÆì¸ò¾¢ý º¢¸¢îº¨ìÎô À¢ÈÌ ´ÕÅ÷ Á£ñÎõ §À¡¨¾ô ¦À¡Õð¸û (ÁÐ, º¢¸¦Ãð, À¡ý Áº¡Ä¡ §À¡ýÈ¨Å) ±Îò¾¡ø «Ð À¡¾¢ôÒ ²üÀÎò¾¡Ð.				
16.	§À¡¨¾ô ¦À¡Õð¸û (ÁÐ, º¢¸¦Ãð, À¡ý Áº¡Ä¡ §À¡ýÈ¨Å) ¦¿Î¿¡û ÀÂýÀÎò¾¢É¡ø º¸¢òÐì ¦¸¡ûÙõ ¾ý¨ÁÔõ, ¾½¢ì¸ ÓÊÂ¡¾ ¬¨ºÔõ ²üÀÎò¾¡Ð.				
17.	ÍÂ ¯¾Å¢ ÌØì¸û ãÄõ ²üÀÎò¾ôÀÎõ Å¢Æ¢ôÒ½÷× ¿¢¸úîº¢¸û §À¡¨¾ô ÀÆì¸ò¾¢Ä¢ÕóÐ Á£ñÎ ÅÃ ¦À¡¢Ðõ ¯¾×¸¢ÈÐ ±É ¿õÒ¸¢§Èý.				
18.	Å¡ú¿¡û ÓØÅÐõ (ÁÐ, º¢¸¦Ãð, À¡ý Áº¡Ä¡ §À¡ýÈ¨Å) §À¡¨¾ô ¦À¡Õð¸¨Ç ±Ì¸¡Áø, ÁÉì ¸ðÎôÀ¡Î¼ý þÕôÀ§¾ Ói¸¢ÂÁ¡É º¢¸¢î¨º Ó¨È¸Ç¢ø ´ýÈ¡Ìõ ±É ¿õÒ¸¢§Èý.				
19.	§À¡¨¾ô ¦À¡Õð¸¨Ç (ÁÐ, º¢¸¦Ãð, À¡ý Áº¡Ä¡ §À¡ýÈ¨Å) ±ÎôÀÐ ºã¸ ÀÆì¸ ÅÆì¸í¸Ç¢ø ´ýÈ¡Ìõ ±ýÚ ±ñÏ¸¢§Èý				
20.	§À¡¨¾ô ¦À¡Õð¸û (ÁÐ, º¢¸¦Ãð, À¡ý Áº¡Ä¡ §À¡ýÈ¨Å) ±ÎôÀ¾¢É¡ø ¯¼ø ¡£¾¢Â¡¸×õ, ÁÉ ¡£¾¢Â¡¸×õ À¡¾¢ôÒ ²üÀÎòÐõ ±É ¿õÒ¸¢§Èý.				

APPENDIX – I
CODING FOR DEMOGRAPHIC VARIABLES

Section A: Demographic Data **code no.**

INDIVIDUAL DETAILS

1. **AGE IN YEARS**
   - e) 18-20 years 1
   - f) 21-23 years 2
   - g) 24-26 years 3

2. **RELIGION**
   - a) Hindu 1
   - b) Christian 2
   - c) Muslim 3
   - d) Others 4

3. **EDUCATION**
   - a) Non-literate 1
   - b) High school 2

c) Senior secondary 3

d) Professionals 4

4. **MARITAL STATUS**

a) Married 1

b) Unmarried 2

c) Divorced 3

d) Separated 4

5. **OCCUPATIONAL STATUS**

a) Unemployed 1

b) Un-skilled 2

c) Semi-skilled 3

d) Skilled 4

e) Own business 5

f) Semi-profession 6

g) Profession 7

6. **INDIVIDUAL MONTHLY INCOME**

a) Below Rs.5000 1

b) Rs.5000 – 10,000 2

c) Above Rs. 10,000 3

d) No income 4

7. **WORK SETTING**

a) Government organization 1

b) Private organization 2

8. **HOURS OF WORKING**

a) 8 hrs of day work 1

b) 12 hrs of day work 2

c) Alternate day and night shifts 3

d) Only night shifts. 4

9. **MODE OF TRAVEL TO WORK PLACE**

a) By Walk 1

b) Roadways(bus/two-wheeler) 2

c) Railways 3

10 **TYPE OF SUBSTANCE ABUSED**

a) Alcohol - i)YES ii) NO 1

Amount - i) 90ml ii) 180ml iii) 375ml iv) 750ml

b) Smoking - i)YES ii) NO 2

Amount - i) ½ pkt ii) 1pkt iii) > 1pkt

c) Tobacco chewing - i) YES ii)NO 3

Amount - i) ½ pkt ii) 1pkt iii) > 1pkt

11 **FREQUENCY OF SUBSTANCE ABUSED**

a) Often 1

b) Occasionally(festivals/special occasion) 2

c) Weekly once/twice 3

d) Daily once/twice 4

e) Monthly once/twice 5

INITIATING FACTORS FOR SUBSTANCE ABUSE

12. a) Parents 1

b) siblings 2

c) Peer groups 3

d) Relatives 4

e) Social clubs 5

d) Media 6

13. **COMMON PLACE FOR SUBSTANCE ABUSE**

a) Work place 1

b) Friend’s house 2

c) House 3

d) Clubs 4

14. **AVAILABILITY OF SUBSTANCE**

a) < 2Km 1

b) 2-5 Km 2

c) > 5Km 3

15. **DISTANCE TRAVELLED TO CLUB FROM RESIDENCE**

a) < 5Km 1

b) 5- 10 Km 2

c) > 5Km 3

16. **LEISURE TIME ACTIVITY**

a) Watching T.V 1

b) Reading books 2

c) Indoor games 3

d) Outdoor games 4

e) Social gathering 5

f) Internet chatting 6

g) Video games. 7

17. **CO-MORBIDITY**

a) Hypertension 1

b) Diabetes 2

c) Asthma 3

d) Gastritis 4

18. **WILLINGNESS TO QUIT**

a) Never thought about 1

b) Likes to quit 2

c) Not possible to quit 3

d) Not necessary 4

FAMILY DETAILS

19. **TYPE OF FAMILY**

a) Nuclear 1

b) Joint 2

c) Extended 3

20. **FATHER'S EDUCATION**

a) Non-Literate 1

b) Primary 2

c) Middle School 3

d) High School 4

e) Senior Secondary 5

f) Graduate and above 6

21. **FATHER'S OCCUPATION**

a) Unemployed 1

b) Un-skilled 2

c) Semi-skilled 3

d) Skilled 4

e) Own business 5

f) Semi profession 6

g) Profession 7

22. **FATHER'S HABIT**

a) Alcohol – i) Yes ii) No 1

b) smoking - i) Yes ii) No 2

c) Tobacco chew - i) Yes ii) No 3

23. **MOTHER'S EDUCATION**

a) Non-Literate 1

b) Primary 2

c) Middle School 3

d) High School 4

e) Senior Secondary 5

f) Graduate and above 6

24. **MOTHER'S OCCUPATION**

a) Unemployed 1

b) Un-skilled 2

c) Semi-skilled 3

d) Skilled 4

e) Own business 5

f) Semi profession 6

g) Profession 7

25. **PLACE OF RESIDENCE**

a) Urban 1

b) Rural 2

c) Suburban 3

26. **TYPE OF RESIDENCE**

a) Hostel 1

b) House 2

c) Living with parents 3

d) Living with relatives. 4

27. **TOTAL FAMILY INCOME PER MONTH**

a) < Rs.10,000 1

b) Rs.10,000 – 20,000 2

c) > Rs. 10,000 3

28. **NUMBER OF SIBLINGS**

a) 1 1

b) 2 2

c) 3 and above 3

29. **BIRTH ORDER**

a) 1^{st} 1

b) 2^{nd} 2

c) 3^{rd} 3

d) 4^{th} and above. 4

SCORING KEY

Section – B:

Part – I

It consisted of knowledge questionnaire to assess the knowledge of youth club members regarding substance use, totally 20 questions were formulated.

Scoring key for the knowledge questionnaire was each correct answer carried ‘1’ mark, incorrect answer ‘0’ mark.

The scoring for level of knowledge was distributed as follows:

< 50% - Inadequate knowledge

51-74% - Moderate knowledge

>75% - Adequate knowledge

Part – II

A modified 4 point Likert scale consisting of 20 statements was used to assess the attitude regarding high risk behavior among adolescent boys. Out of the 20

statements, 10 statements were positively worded statements and 10 statements were negatively worded statements.

S.NO	QUESTIONS	Strongly agree	Agree	Disagree	Strongly disagree
1	Positive	4	3	2	1
2	Negative	1	2	3	4

Maximum score: 80

Scoring key:

Scoring in percentage (%)	Level of attitude
<50%	Unfavorable
51-74%	Moderately favorable
>75%	Favorable

APPENDIX – J

BLUE PRINT

S.NO	Content	Item	Total Item	Percentage
1	Demographic variables	1-29	29	
2	Knowledge			
	Etiology /pre-disposing	1-3	3	7.5%
	Ill –effects of substance use	4-11	8	20%
	Treatment aspects	12-18	7	17.5%
	Preventive aspects	19-20	2	5%
3	Attitude	1-20	20	50%
	Total		40	100%

APPENDIX – K

MULTI MEDIA PACKAGE

- Lesson plan on substance use.
- Video clipping regarding substance use (etiology, ill-effects, complications of substance use)
- Pamphlets (short description of substance use and details of treatment centres)