A STUDY TO ASSESS THE KNOWLEDGE AND PRACTICE OF SUBSTANCE ABUSE AMONG ADOLESCENTS IN SELECTED HIGHER SECONDARY SCHOOLS, MADURAI.

A DISSERTATION SUBMITTED TO

THE TAMILNADU DR. M. G. R. MEDICAL UNIVERSITY, CHENNAI.

IN PARTIAL FULFILLMENT OF THE REQUIREMENTS

FOR THE DEGREE OF

MASTER OF SCIENCE IN NURSING

APRIL – 2012

ACKNOWLEDGEMENT

“O Lord, your care has made me great,

And your power has kept me safe”

Psalm 18.35

“Thank you” is a word that takes just a few second to utter, but it is expressed with gratitude from a humble and sincere heart.

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I am at last if I would miss out any one to whom I should express my gratitude for their direct indirect help during the course of this study.

ABSTRACT

A descriptive study to assess the knowledge and practice of substance abuse among adolescents in a selected higher secondary school at Madurai – 2011 was undertaken by N. Dayana Angel in partial fulfilment of the requirement for the Degree of Master of Science in Nursing at C.S.I Jeyaraj Annapackiam College of Nursing, affiliated to the Tamil Nadu Dr. M.G.R Medical University, Chennai during the year 2010 – 2012.

The Objectives of the study were

1. To assess the level of knowledge and practice of adolescents on substance abuse.
2. To identify the relationship between the level of knowledge and the practice on substance abuse among adolescents.
3. To associate the level of knowledge and practice of adolescents on substance abuse with the selected demographic variables.

A review was done on substance abuse, its hazards, and its influence on adolescent health. The conceptual frame work for this study was based on **Nola. J. Penders Health Promotion Model**. The research design selected for this study is descriptive in nature. The study was done in a selected school at Madurai. The level of knowledge and practice of substance abuse on the school going adolescents of 14 – 17 years of age was studied among 150 adolescents. A self administered questionnaire was used to assess the knowledge of substance abuse and a self expressed practice tool was used to assess the existing practice of the adolescents on substance abuse. A health education programme was conducted on the hazards of substance abuse & the participants were given a self – instructional module. The tool was validated for content and the reliability score was r = 0.82. The data collected was analyzed, using descriptive and inferential statistics. Results revealed that majority of the adolescents 76(50.7%) had inadequate knowledge and 74(49.3%) had moderately adequate knowledge with the mean value of 14.8 (SD 3.87). Majority of the adolescents 47(31.3%) had moderate risk regarding practice of substance abuse with the low mean value of 5.7 (SD 7.2). The Karl Pearson correlation of the knowledge to practice on substance abuse was found to be r = 0. At a Chi- square value of 8.13, 15.79 & 12.9,

revealed that there was a significant association between the knowledge of substance abuse with selected demographic variables like age, father's education and type of family. At a Chi square value of 19.4 and 6.6, revealed that there was a significant association between the practice of substance abuse with selected demographic variables like age and type of family. The study concludes that adolescents are not having adequate knowledge on substance abuse whereas the practice was found to be high among them.

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APPENDIX – I

LETTER SEEKING SUGGESSION FOR CONTENT VALIDITY

From

Miss. N. Dayana Angel,
M.Sc. Nursing II nd year,
C.S.I. Jeyaraj Annapakiyam College of Nursing,
Madurai.

To

Through

Prof. Dr.(Mrs). JOTHI SOPHIA, M.SC. (N), Ph.D.,
The Principal,
C.S.I Jeyaraj Annapackiam college of Nursing,
Madurai.

Respected Madam,

Sub: Requisition for opinions and suggestions for content validity of research tool.

With due regards, I kindly bring to your knowledge that I am a post graduate student of the C.S.I. Jeyaraj Annapakiyam College of Nursing, Madurai. I have selected the below mentioned topic for dessertation to be submitted to the TamilNadu Dr.M.G.R.Medical University, Chennai as a part of partial fulfillment of Master of Nursing Degree.

My dissertation topic is as follows:

"A study to assess the knowledge and practice of substance abuse among adolescents in a Selected Higher Secondary School, Madurai."

With regards I humbly request you to validate my study instruments. I will be grateful if you do this favor to me as early as possible.

Thanking you ,

Date: Yours Sincerely,

Place:

(N. Dayana Angel)

APPENDIX – II

LETTER SEEKING PERMISSION FOR PILOT STUDY

From

Miss. N. Dayana Angel,
M.Sc Nursing II nd year,
C.S.I. Jeyaraj Annapakiyam College of Nursing,
Madurai.

To

Forwarded through

Prof. Dr. (Mrs). Jothi Sophia, M.Sc (N), Ph.D.,
The Principal,
C.S.I. Jeyaraj Annapakiyam College of Nursing,
Madurai.

Respected Sir,

Sub: Seeking permission to conduct the pilot study.

I am Miss. N. Dayana Angel, M.Sc Nursing IInd year student of C.S.I Jeyaraj Annapackiam College of nursing, Pasumalai, Madurai.

In partial fulfillment of M.Sc (N) programme I am conducting a research on **"A study to assess the knowledge and practice of substance abuse among adolescents in a selected Higher Secondary School, Madurai."**

I wish to conduct my pilot study among 14 – 17 years old students in your esteemed institution. Hence, I request you kindly grant me permission for the same.

Thanking you in anticipation,

Date: Yours Sincerely,

Place:

(N. Dayana Angel)

APPENDIX – III

LETTER SEEKING PERMISSION FOR MAIN STUDY

From

N. Dayana Angel,
M.Sc (N) II nd year,
C.S.I. Jeyaraj Annapakiyam College of Nursing,
Madurai.

To

Forwarded through

Prof. Dr.(Mrs.).C. JOTHI SOPHIA, M.Sc (N), Ph.D.,
The Principal,
C.S.I. Jeyaraj Annapakiyam College of Nursing,
Madurai.

Respected Sir,

Sub: Seeking permission to conduct the research.

I am Miss. N. Dayana Angel, MSc.Nursing IInd year student of C.S.I Jeyaraj Annapackiam College of nursing, Pasumalai, Madurai.

In partial fulfillment of M.Sc (N) programme I am conducting a research on **"A study to assess the knowledge and practice of substance abuse among adolescents in a selected Higher Secondary School, Madurai."**

I wish to conduct my research among 14 – 17 years old students in your esteemed institution. Hence, I request you to kindly grant me permission for the same.

Thanking you in anticipation,

Date: Yours Sincerely,

Place :

(N.Dayana Angel)

APPENDIX-IV

LIST OF EXPERTS FOR CONTENT VALIDITY OF THE TOOL

1. **Prof. Dr. (Mrs.) C. Jothi Sophia M.Sc (N)., Ph.D.,**
   Principal,
   HOD Child Health Nursing,
   C. S. I Jeyaraj Annapackiam College of Nursing,
   Madurai.

2. **Dr. Selva Pramila,M.B.B.S., D.CH, D.N.B.,**
   Pediatrician,
   Christian Mission Hospital,
   East gate, Madurai.

3. **Prof. Jessie Metilda,M.Sc (N)., Ph.D.,**
   Child Health Nursing,
   C.S.I. Jeyaraj Annapackiam college of Nursing,
   Pasumalai ,Madurai .

4. **Mr. John Sam Arun Prabhu,M.Sc (N), Ph.D.,**
   HOD Community Health Nursing,
   C.S.I. Jeyaraj Annapackiam college of Nursing,
   Pasumalai ,Madurai .

5. **Mrs. Shanthi, M.Sc (N).,**
   Professor,
   C.S.I Jeyaraj Annapackiam College of Nursing,
   Madurai.

6. **Mrs. Jancy Racheal, M.Sc (N)., Ph.D.,**
   HOD Mental Health Nursing,
   C.S.I Jeyaraj Annapackiam college of Nursing,
   Madurai.

7 **Prof. Rose Rajesh, M.Sc (N) Ph.D.,**
Child Health Nursing.

8. **Prof. Helen Mary Perdita, M.Sc (N), Ph.D.,**
Principal,
Apollo college of nursing,
Madurai.

9. **Prof.Dr. Nalini Gobala Krishnan, M.Sc(N), Ph.D.,**
Principal,
Sacred Heart college of nursing,
Madurai.

10. **Prof. Saraswathi, M.Sc(N), Ph.D.,**
Principal,
Rama Chandra Naidu College of Nursing,
Rajapalayam.

11. **Mrs. Prabha, M.Sc (N).,**
Reader,
Sree Mookampika college of nursing,
Kulasekharam.

12. **Mr. Velumani, M.Sc (statistics)., M.Phil.,**
Biostatistician,
Aravind eye hospitals,
Madurai.

APPENDIX - V

SECTION –A

INSTRUCTION: PLACE A (✓) TICK MARK ON THE APPROPRIATE RESPONSE. YOUR ANSWERS WILL BE KEPT CONFIDENTIAL.

DEMOGRAPHIC DATA:

Sample No:

1. Age:

2. Religion

A) Hindu B) Christian

C) Muslim D) Others

3. Educational level of father

A) Illiterate B) Primary School

C) High School D) Higher Secondary

E) Graduate F) Post Graduate

4. Educational level of mother

A) Illiterate B) Primary school

C) High School D) Higher Secondary

E) Graduate F) Post Graduate

5. Occupation of father

A) Coolie worker B) Government

C) Private D) Any other.

6. Occupation of mother

A) Coolie B) House wife

C) Government D) Private

E) Any other

7. Monthly income of the family – Rs.

A) Below 3000 B) 3001- 5000

C) 5001- 10000 D) Above 10001

8. Type of family

A) Joint family B) Nuclear family

9. Place of residence

A) Rural B) Urban

10. Where do you stay at present?

A) With Parents B) Hostel

C) With relatives D) Anywhere else, specify_____.

11. Source of information regarding substance abuse

A) News paper B) Television

C) Friends D) Parents

E) Internet F) Medical personals

12. Is there any substance abusers in your family?

YES / NO.

13. Do you think young adults need to be educated on substance abuse?

YES / NO

SECTION –B

INSTRUCTION

- **PLACE A (✓) TICK MARK ON THE APPROPRIATE ANSWERS WHICH THE PARTICIPANT FEELS MORE ACCURATE.**

PART-I

1. **What is substance abuse?**

A) Self administration of a substance for non medical reason.

B) Taking of drugs for reducing the pain.

C) Taking of drugs to induce sleep.

D) Intake of drugs for medical reasons.

2. What are the common substances that are abused?

A) Alcohol and Nicotine B) Coffee and Tea.

C) Soft Drinks and colas' D) Beverages and Juices

3. **What are the contributing factors make the children to get involved in substance abuse?**

A) Heredity B) Peer pressure

C) Ignorance D) Illiteracy

4. What are the environmental factors associated with the habit of substance abuse?

A) Mass Media B) Affluence

C) Frequent Sickness D) Exam tension

5. How can you identify a substance abused person?

A) Altered Conscious B) Slurred speech

C) Day dreaming D) Insomnia

6. What is the immediate effect of substance abuse on an individual?

A) Happy mood B) Irritability

C) Lack of concentration on studies D) Convulsions

7. Which is the adverse complication of substance abuse?

A) Premature death B) Psychiatric disorder

C) Disorganisation of the environment D) Poverty

PART – II

8 . What do you mean by hazardous drinking?

A) Drinking between 40-60 grams per day of pure alcohol

B) Drinking alcohol rarely

C) Drinking alcohol with peers occasionally.

D) Drinking between 50-70 grams per day of pure alcohol.

9. What is the chemical name of Alcohol?

A) Ethyl Alcohol B) Methyl Alcohol

C) Glycerol D) Spirit

10. What is the reason for taking alcohol?

A) To relieve from worries B) Social problem

C) Parents history of alcoholism D) psychological problems

11. How does an alcoholic person look immediately after consuming alcohol?

A) Loss of self control B) Tiredness

C) Fever D) Insomnia

12. Which organ will be affected by the heavy consumption of alcohol?

A) Lungs B) Liver

C) Kidney D) Hands

13. What is the effect of alcoholism on the family?

A) Disorganisation of the family B) Psychological Disturbance

C) Environmental disturbance D) Societal Disturbance.

14. What is the treatment for alcoholism?

A) Deaddiction B) Leaving him alone

C) Insult him D) Diversion therapy.

PART - III

KNOWLEDGE OF YOUNG ADULTS REGARDING SMOKING

15. Active smoker means.

A).Person who are in the family of a smoker.

B) Person who mingles with a smoker.

C) Person who smokes cigarette.

D) Person who enjoys the smoke, when others smoking.

16. Passive smoker means.

A) Person who smokes cigarette

B) The spouse of cigarette smokers

C) The person who inhale the smoke, when other is smoking

D) One enjoys by seeing others are smoking.

17. The smoke coming from cigarette is

A) Ammonia gas. B) Carbon monoxide.

C) Pottasium. D) Nicotine.

18. What is the ingredient present in tobacco?

A) Nicotine B) Cannabis

C) Cocaine D) Heroin

19. What is the other name of Ganja?

A) Nicotine B) Cocaine

C) Heroine D) Marijuana

20. What are the physical features of a smoker?

A) Looking happy B) Looking active

C) Bad smell from the mouth and blackish lips.

D) Presence of Nausea and Vomiting

21. What is the adverse complication of smoking?

A) Lung Cancer B) Cirrhosis of Liver

C) Brain Tumour D) Bone cancer

PART - IV

22. What is cannabis?

A) A tobacco like greenish or brownish material

B) Leaf like substance that can be chewed

C) A seed that can be powered

D) A liquid extract from the plants.

23. What are the risks associated with cannabis use?

A) Panic and psychotic episodes B) Suspiciousness

C) Breathing difficulty D) HIV infections

24. What is the action of cocaine?

A) Powerful stimulant B) Sedative

C) Analgesics D) Boostering agent

25. What are the risks associated with cocaine use?

A) Stroke B) Cancer

C) Fever D) Pneumonia

26. What is heroin?

A) Addictive drug B) Pain killer

C) Brown powder D) Relaxing Agent

27. How does heroin affect the users?

A) Creates tension and Anxiety B) Removes physical distress and pain

C) Develops psychological dependence D) Change in physical appearance

28. What are the common routes of administration of drugs?

A) Intravenous B) Oral

C) Smoking D) Inhalation

29. When the drug consumption is considered as drug addiction?

A) A like to stop the use of drug

B) Liking to have drug regularly

C) A tendency to reduce the dose

D) A psychic or physical dependence on the drug.

30. How to avoid and control the behaviours of drug addiction among young adults?

A) By limiting the availability of drugs B) Keeping him away from the family

C) Keeping him away from the society D) Leaving him alone.

SECTION - C

SELF ASSESSMENT SCALE TO ASSESS THE SELF EXPRESSED PRACTICE REGARDING SUBSTANCE ABUSE AMONG ADOLESCENTS

Instruction

The responses are extended from never, sometimes, often and routinely. Please read each of the statement and put tick (✓) in the column that is most commonly practiced by yourself.

N = Never, S = Sometimes, O = Often, R = Routinely

S.No	Practice	N	S	O	R
1.	I smoke when I am tensed				
2.	I smoke when I am alone.				
3.	I smoke when with friends				
4.	I smoke to refresh myself.				
5.	I drink alcohol, when I am tensed.				
6.	I drink alcohol, when with friends.				
7.	I drink alcohol, during functions and parties.				
8	I take tobacco for pleasure.				
9.	I take tobacco when tensed.				
10.	I take tobacco when alone.				
11.	I take tobacco to refresh myself.				
12	I smoke cigarettes or beedi smoked and threw by someone.				
13.	I drink the balance drink left over by my family members.				
14.	I steal money from my home for my habits.				
15.	I tell lies to my parents about these habits.				

APPENDIX - VI

NeHfhzYf;fhd Nfs;tp gbtk;

gFjp -I

khztHfspd; tptuk;

tpjpKiwfs;:

fPNo nfhLf;fg;gl;Ls;s tpdhf;fSf;F rhpahd tpilia NjHT nra;J ✓ nra;aTk;.

Ma;T vz; :

1. **taJ:**
2. **kjk;** :

   m) ,e;J M) fpwp];jtH

   ,) K];yPk <) kw;w gphptpdH
3. **je;ijapd; fy;tpj; jFjp**

   m) gbf;fhjtH M) Muk;gf; fy;tp 1-5Mk;tFg;G

   ,) eLepiyf;fy;tp 6-8 Mk; tFg;G <) caHepiyf; fy;tp 9-10Mk; tFg;G

   c) Nky;epiyf; fy;tp 11-12 Mk; tFg;G C) ,sq;fiy gl;ljhhp

   v) KJfiy gl;ljhhp
4. **jhapd; fy;tpj; jFjp**

   m) gbf;fhjtH M) Muk;gf; fy;tp ,) eLepiyf;fy;tp

   <) caHepiyf; fy;tp c) Nky;epiyf; fy;tp C) ,sq;fiy gl;ljhhp

   v) KJfiy gl;ljhhp
5. **je;ijapd; Ntiy**

   m) $ypj; njhopy; M)jw;fhypf Ntiy ,)epue;ju Ntiy

   <) kw;wit
6. **jhapd; Ntiy**

   m) $ypj; njhopy; M) jw;fhypf Ntiy

   ,)epue;ju Ntiy <) ,y;yj;jurp c)kw;wit
7. **FLk;gj;jpd; khj tUkhdk; vd;d?**

   m) &.3000f;F fPo; M)&.3001-5000 ,)&.5001-10>000

   <)&.10>000j;Jf;F Nky;
8. **FLk;g tif**

   m) $l;Lf; FLk;gk; M) jdpf; FLk;gk;
9. **,Ug;gplk;**

m) fpuhkk; M) efuk;

10. ahUld; trpf;fpwPh;fs;?

m)ngw;NwhUld; M)tpLjpapy; ,)cwtpdh;fSld;

<)NtW VNjDk; ----------.

11. Nghij nghUs;fs; Fwpj;j tptuk; vjd; / ahH %yk; ngwg;gLfpwJ?

m)nra;jpj;jhs; M) njhiyf;fhl;rp ,)FLk;gj;jpdh;

<)ez;gHfs; c)Clfq;fs; C)kUj;Jt JiwapdH

12. cq;fs; tPl;by; Nghij nghUs;fs; gad;gLj;JfpwtH cs;sduh?

m) Mk; **M)** ,y;iy

13. ,sk; tajpdUf;F Nghij nghUs;fs; gw;wpa mwpT Njit vd;W epidf;fpwPHfsh?

m) Mk; M) ,y;iy

gphpT – II

tpjpKiwfs;:

fPNo nfhLf;fg;gl;Ls;s Nfs;tpfisf; ftdkhf thrpj;J> jFe;j Kiwapy; gjpy; vOjTk;. jq;fSila tpil ,ufrpakhf itj;Jf;nfhs;sg;gLk;

gFjp - I

1. kUe;Jfisj; jtwhd Kiwapy; gad;gLj;Jjy; vd;why; vd;d?

m) kUj;Jt fhuzk; jtpHj;J Rakhf kUe;Jfisg; gad;gLj;Jjy;

M) typ epthuzpahf kUe;Jfis cl;nfhs;StJ

,) J}f;fj;jpw;fhf kUe;Jfis cl;nfhs;StJ

<) kUj;Jt fhuzq;fSf;fhf kUe;Jfis cl;nfhs;StJ

2. nghJthf ve;j tifahd nghUl;fs; jtwhd cgNahfj;jpw;fhf gad;gLj;jg;gLfpd;wd?

m) My;f`hy; kw;Wk; epf;Nfhl;bd; M) fhgp kw;Wk; B

,) FspHghdq;fs; <)gor;rhW tiffs;

3. ,isQHfs; kUe;Jfisj; jtwhf cgNahfg;gLj;Jtjw;fhd fhuzk; vd;d?

m) guk;giu M) ez;gHfspd; epHge;jk;

,) mwpahik <); fy;tp mwptpd;ik

4. Nghij gof;fj;jpw;F toptFf;f$ba #o;epiy fhuzpfs; vd;d?

m) Clfq;fs; M) nry;t nropg;G

,) cly; eyf;FiwT <); Njh;T gak;

5. Nghij gof;fj;jpw;Fs; ,Ug;gtiu milahsk; fhZtJ vt;thW?

m) kaf;f epiy M) njspT ,y;yhj Ngr;R

,) gfy; fdT fhz;gJ <) J}f;fkpd;ik

6. Nghij kUe;J gad;gLj;Jtjpd; Muk;g epiy tpisT vd;d?

m) re;Njh\khd kdepiy M) vhpr;ry; miljy;

,) gbg;gpy; ftd FiwT <) typg;G Neha;

7. Nghij kUe;Jfisg; gad;gLj;Jtjhy; Vw;gLk; Nkhrkhd tpisT vd;d?

m) ,sikapy; kuzk; M) kdepiy ghjpg;G

,) Rw;W#oy; rPHNfLfs; <) FLk;g Vo;ik

gFjp–II

8. mghafukhd Fb vd;why; vd;d?

m) 40-60 fpuhk; My;f`hy; xU ehisf;F Fbg;gJ

M) re;jHg;gk; fpilf;Fk; NghJ Fbg;gJ

,) ez;gHfNshL NrUk; NghJ Fbg;gJ

<) 50-70 fpuhk; My;f`hy; xU ehisf;F Fbg;gJ

9. kJtpd; Ntjp ngaH vd;d?

m) vj;jpy; My;f`hy; M) nkj;jpy; My;f`hy; ,)fpspruhy; <)rhuhak;

10. Fbg;gof;fj;jpw;fhd Kf;fpa fhuzk; vd;d?

m) ftiyfis kwg;gjw;f;F M) r%fg; gpur;rid

,) mwpTf;$h;ik <) kdepiy ghjpg;G

11. Fbg;gof;fj;jpw;F mbikahdthplk; fhzg;gLk; mwpFwpfs; vd;d?

m) Ra fl;Lg;ghl;L ,y;yhik M) NrhHT

,) fha;r;ry; <) J}f;fkpd;ik

12. Fbg;gof;fj;jpdhy; ve;j cly; cWg;G mjpfkhf ghjpf;fg;gLfpwJ?

m) EiuaPuy M) fy;yPuy; ,) rpWePufk; <) if

13. Fbg;gof;fj;jpdhy; FLk;gj;jpy; Vw;gLk; ghjpg;G vd;d?

m) FLk;g rPHFiyT M) kdepiy ghjpg;Gfs;

,) Rfhjhu rPHNfL <) r%f njhe;juT

14. Fbg;gof;fj;jpw;F cs;s rpfpr;ir Kiwfs; vd;d?

M) Nghij kWtho;T rpfpr;ir M) jdpikgLj;Jjy;

,) ntl;fg;gLj;Jjy; <) khw;W rpfpr;ir

gFjp – III

15. Mf;bt; RNkhf;fpq; (Active Smoking) vd;why; vd;d?

m) Gifgpbf;fpwthpd; FLk;gj;jpy; cs;s egH

M) Gifgpbf;fpwtNuhL ,Ug;gtH

,) Gifgpbf;fpwtH

<) kw;wtH Gif gpbf;Fk; nghOJ me;j Gifia cl;nfhs;SfpwtH

16. grpt; RNkhf;fpq;(Passive Smoking) vd;why; vd;d?

m) Gifgpbf;fpwtH M) Gifgpbf;fpwtupd; kidtp.

,) kw;wtH Gif gpbf;Fk; nghOJ me;j Gifia cl;nfhs;SfpwtH

<) Gifgpbg;gij ghh;j;J kfpo;r;rp milfpwth;.

17. vJ ,isQHfisg; Gifg;gpbf;f J}z;LfpwJ?

m) rpe;jidj;jpwid mjpfupf;f M) jd;Dila juj;ijf; fhz;gpf;f

,) vspjpy; fpilj;jy; <) gzk;

18. Gifapiyapy; fhzg;gLk; Ntjpg;nghUs; vd;d?

m) epf;Nfhbd; M) fdhgp]; ,)Nfhifd; <)n`uhapd;

19. fQ;rhtpd; khw;Wg; ngaH vd;d?

m) epf;Nfhbd; M) Nfhifd; ,)n`uhapd;

<)khhp[{thdh

20. Gifg;gpbg;gthplk; fhzg;gLk; Fzhjpraq;fs; vd;d?

m) kfpo;r;rpahd Njhw;wk; M) RWRWg;G

,) thapypUe;J JHehw;wk; kw;Wk; fUg;ghd cjLfs;

<) the;jp kw;Wk; FkI;ly;

21. Gifg;gof;fj;jpdhy; Vw;gLk; Nkhrkhd tpisTfs; vd;d?

m) EiuaPuy; Gw;WNeha; M) fy;yPuy; Neha;fs;

,) %isapy; fI;b <) vYk;G Gw;WNeha;

gFjp – IV

22. Nfdhgp]; vd;why; vd;d?

m) Gifapiyg; Nghd;w gr;ir my;yJ muf;F epwkhd nghUs;

M) ,iyg; Nghd;w nky;yf;$ba nghUs;

,) J}s; Mf;fg;gl;l tpij

<) nrbapypUe;J fpilf;Fk; rhW

23. Nfdhgp]; gad;gLj;Jtjhy; Vw;gLk; tpisTfs; vd;d?

m) gak; kw;Wk; kdepiy ghjpg;G M) re;Njf Gj;jp

,)%r;Rj;jpzwy; <)vr;.l.tp. njhw;W

24. Nfhifdpd; nray; vd;d?

m) mjpf fpsHr;rpA+l;Lk; kUe;J M)kaf;f kUe;J

,)typepthuzp <)rj;J kUe;J

25. Nfhifd; gad;gLj;Jtjhy; Vw;gLk; tpisTfs; vd;d?

m) gf;fthjk; M)Gw;WNeha; ,)fha;r;ry; <)epNkhdpah

26. n`uhapd; vd;why; vd;d?

m) Nghij kUe;J M)typ epthuzp

,) muf;F epwg; nghb <)Cf;f kUe;J.

27. n`uhapd; gad;gLj;Jtjhy; Vw;gLk; ghjpg;G vd;d?

m) kd mOj;jj;ijAk; gaj;ijAk; ePf;FfpwJ

M) Nrhk;giyAk; typiaAk; ePf;FfpwJ

,) kdhPjpahf Nghij kUe;Jf;F mbikahjy;

<) cly; upjpahd khw;wj;ij Vw;g;gLj;Jjy;

28. Nghij nghUl;fs; ngUk;ghYk; ve;j topahf cl; nrYj;jg;gLfpwJ?

m) euk;G topahf M) tha; topahf

,) Gifg;gpbg;gJ <) EfHjypd; %ykhf

29. vg;nghOJ xUtd; Nghij gof;fj;jpw;F mbikahfp tpl;lhd; vd;W $wKbAk;?

m) kUe;J gad;gLj;Jtij epWj;j tpUk;Gjy;

M) kUe;ij njhlHe;J cl;nfhs;Sjy;

,) kUe;jpd; msit Fiwf;f tpUk;Gjy;

<) cly; mstpYk;> kdjstpYk; kUe;ij rhHe;jpUf;Fk; epiy Vw;gLjy;

30. ,isQHfs; Nghijf;F mbikaha; ,Uf;Fk; epiyia vt;thW Fiwg;gJ kw;Wk; jtpHg;gJ?

m) Nghij kUe;J fpilg;gij jLj;jy; M) FLk;gj;jpypUe;J tpyf;fp itj;jy;

,) rKjhaj;jpypUe;J tpyf;fp itj;jy; <)jdpikg;gLj;Jjy;

√∆Ì - III

‖°ü•©ó§•©óØč╚ ÄÃ∞ÊĆ╓Č┌Ô≤ Ä¶Ìć╓Čµ

»¡Èč╣ó┌ §Č©ª°™óč╣ ó§®†Čó §ČΩ©óÌ≤, ù™óÔ©‡ ô∆°Čó ć╚Č∫Òªß§□č╣

ć╚¥∞Ć╚‰ØÊ (✓) Ćô≥°Ì≤.

§. ÜÆ	Ć¬ °□óČ¢ú™ó┌	âÎ ć┘ ČÊ≤ Çµč╟	Ω£ ć╚¢™óÀµ	Äø©óø	§•©ó†Čó
é	ûČ∫ †®ÄÓØùØ¡µ ÇÎ©‡≤ć┘ ČÊ Ëč╓√ø©ªć┤∫				
è	ûČ∫ ùÕč╩≈µ ÇÎ©‡≤ć┘ ČÊ Ëč╓√ø©ªć┤∫				
ê	ûÆü¥óÔõ∫ ÇÎ©‡≤ć┘ ČÊ Ëč╓√ø©ªć┤∫				
ë	ûČ∫ Ü∫č╤ ËØÊú¥´Ω°Čó č╟ØÊ© Ć╓Č┌§ù□óČó Ëč╓√ø©ªć┤∫				
í	ûČ∫ †® ÄÓØùØ¡µ ÇÎ©‡≤ć┘ ČÊ †Ê ÄÎ∞Êªć┤∫				
ì	ûČ∫ ûÆü¥óÔõ∫ ÇÎ©‡≤ć┘ ČÊ †Ê ÄÎ∞Êªć┤∫				
î	üÆøč╓óÀ∫ ć┘ ČÊ≤, ć╓À©č╓ ć╚¢™óÀÏ≤ †Ê ÄÎ∞Êć╟∫				
ï	ûČ∫ †®†ª∑´Ω©óČó Ëč╓≈č╟ Ñüć╩ Čª©ªć┤∫				

ñ	ûČ∫ †® ÄÓØùØ¡µ ÇÎ©‡≤Ć┘ ČÓÊ Ëč╓≈č╟ Ñüć╩ Čª±ć┘ ∫				
éç	ûČ∫ ùÕč╩ č╩ ÑúÎ≤Ć┘ ČÓÊ Ëč╓≈č╟ Ñüć╩ Čª©ªć┤∫				
éé	ËØÊú¥´Ω©óČó Ëč╓≈č╟				

	Ñüć╝ Čª©ªć╣║∫				
éè	√ß¥ Ëč╓ØÊ ÜÃ∞ù ÊÆ‰ ÷øč╝ (Ä) ΩóĆ╞≠č╗ Ü‰ØÊ ◊Æ‰≤ Ëč╓©ªć╣║∫				
éê	ûČ∫ ‡‰≤üØ¡®¢Čµ ÄÎ∞¡»≠‰ ◊ù≤ č╠©ó±ü≠õ †Êč╠ ‡ø©ªć╣║∫				
éë	Ü∫Úč╗ ° ć╛ Čč╙ ü•©óØ¡□óČó €≠ø«Î∞Ê üú≤ ¡Î‰ªć╣║∫				
éí	Ü∫Úč╗ ° ć╛ Čč╙ ü•©óØ¡®Čµ Ć╛ □ć╣║ Č∆õ≤ Ć╛ Č≥ Ć╕ ČµÏªć╣║∫.				

APPENDIX – VII

SCORING KEY

Question no	correct response	Score
1	A	1
2	A	1
3	B	1
4	A	1
5	B	1
6	A	1
7	A	1
8	D	1
9	A	1
10	A	1
11	A	1
12	B	1
13	A	1
14	A	1

15	**C**	**1**
16	**C**	**1**
17	**B**	**1**
18	**A**	**1**
19	**D**	**1**
20	**C**	**1**
21	**A**	**1**
22	**A**	**1**
23	**A**	**1**
24	**A**	**1**
25	**A**	**1**
26	**A**	**1**
27	**C**	**1**
28	**D**	**1**
29	**D**	**1**
30	**A**	**1**

Total score 30

APPENDIX - VIII

LEARNING MODULE

ON

HAZARDS OF SUBSTANCE ABUSE AND PREVENTIVE MEASURES OF SUBSTANCE ABUSE

SUBSTANCE ABUSE

INTRODUCTION

Adolescence is a turbulent, as well as dynamic periods of one's life. It has been identified as a period in which young people develop abstract thinking abilities, become more aware of their sexuality, develop a clear sense of psychological identity and increase their independence from parents. Substance abuse is a growing problem throughout the world and unfortunately this is more common among young people and adolescents, where they are about to begin their career but get involved in these problems due to various reasons.

Drug abuse is a great problem for the public health, environmental hygiene, and for the maintenance of law and order.

India has one sixth of the total world population, but every one fifth of the person dying from tobacco use is from India.

Globally tobacco consumption is the second major leading cause of death.

Every six seconds a person is dying because of a tobacco related causes. Per year 8 lakhs people are dying and 12 billion peoples are affected with the diseases related to tobacco consumption.

DRUG ABUSE

It is a mal-adjustment of substance use leading to organ / system impairment or distress.

CAUSES

- Peer group pressure
- Broken family
- Escape from social pressure
- Social deprivation
- Lack of parental control
- Dull, physiologic depression
- Irritability
- Lethargy, Anorexia
- Too much of pocket money

SIGNS AND SYMPTOMS

- Reddening eyes
- Ataxic gait weight loss
- Sleep disturbances

PREVENTION

- Provide healthy and happy social and school environment
- Give mutual respect for the adolescent
- Show interest in child’s activities
- Establish healthy child parent relationship

SMOKING

CIGARETTE

- Each cigarette contains 4000 chemicals and also each cigarette contains 1 gram of nicotine. Nicotine is a highly toxic substance that develops dependency in the user.
- Each cigarette contains 200 toxic substances of which 60 products are carcinogenic substances.

Smoking is a habit of enjoying the smoke, cigarettes contains nicotine it affect body and brain.

COMMON SYMPTOMS

- Bad skin, bad breath
- Reduced athletic performance
- Greater risk of injury
- Slow healing of wound

MEDICAL SYMPTOMS

- Hypertension, asthma
- Staining of teeth and gums
- Emphysema, chronic bronchitis
- Poor circulation
- Angina, heart attack, stroke
- Cataracts
- Cancer

PREVENTION

Teach about complications of smoking.

TEN STEPS TO QUIT SMOKING

- Develop a positive attitude towards quit smoking.
- Make a date and stick to it.
- Avoid the persons, place and environment that stimulate smoking.

- Engage yourself in busy schedule when you are getting thoughts about smoking.
- Drink plenty of water and fruit juices.
- Do regular exercises
- Think of your future when you get thoughts about smoking.
- Keep snacks ready to avoid smoking.
- Do aerobic frequently.
- Ask family and friends help for support

ALCOHOLISM

The use of alcoholic agent or beverage to the point of causing damage to the individual and society.

CAUSES

- Physical exhaustion
- Unhealthy environment
- Ignorance
- Sexual immaturity
- Social factor: Overcrowding, influence of bad company, cinemas, poor social support, fashion.

SYMPTOMS

- Loss of self control
- Outburst of aggressive behaviour
- Sweating
- Unsteady gait
- Lusterless gait
- Haggard eyes
- Indigestion
- Weakness in feet and legs
- Malaise
- Tremors

COMPLICATIONS ALCOHOL DEPENDENCE

MEDICAL

- Gastritis
- Vomiting
- Peptic ulcer
- Cancer
- Reflux esophagitis
- Dyspepsia
- Cirrhosis of liver
- Hepatitis
- Jaundice
- Pancreatitis

CARDIOVASCULAR SYSTEM

- Cardiomyopathy
- Hypertension
- Heart failure
- Myocardial Infarction

HEMATOLOGY

- Anemia
- Infections

NERVOUS SYSTEM

- Confusion
- Numbness of hands and feets
- Depression
- Epilepsy
- Head injury
- Coma

MUSCLES

- Peripheral muscle weakness
- Wasting of muscles

REPRODUCTIVE SYSTEM

- Sexual dysfunction in males
- Failure of ovulation in females
- Interruption in menstruation

MANAGEMENT

- Explaining the complications and personal risks of consuming alcohol.
- Teach methods to cope upon with cognitive distortions.
- Guidance and counselling.

APPENDIX - IX

Nghijg;gof;fjpdhy; Vw;gLk; mghafukhd tpisTfSk;> mjidj; jLf;Fk; KiwfSk; gw;wpa tpsf;fTiu

toq;Fgth;

e. ladh VQ;ry;
vk;.v];.rp (eh;rpq;) 2tJ tUlk;
rp.v];.[n[auh[; md;dghf;fpak; nrtpypah; fy;Y}hp> kJiu

Nghij nghUSf;F mbikahjy;

tiuaiw:

mofhd gs;sp gUtj;ij rPh;Fiyf;fpw gy tif fhuzq;fs; ,e;j rKfj;jpy; fhzg;gLfpwJ. mjpy; Kf;fpa fhuzk; Nghij gof;fk;;.

- Nghijg;gof;fk; cyfstpy; kf;fs; eyDf;Fk;> Rw;Wg;Gw Rfhjhuj;jpw;Fk;> rI;Ik; XOq;if fhg;gjw;Fk; nghpa njhe;juthf ,Ue;J tUfpwJ.
- ,e;jpah cyf kf;fs; njhifapy; Mwpy; xd;iw jd;dplk; nfhz;Ls;sJ.
- Gifapiyapdhy; ,wg;gth;fspy; Ie;jpy; xUth; ,e;jpah;.
- cyfstpy; Gifapiyjhd; kuzj;ij Vw;gLj;Jfpw fhuzq;fSs; ,uz;lhtJ gpujhdkhd fhuzk;.

- xt;nthU 6 tpdhbAk; Gifg;gof;fk; rhh;e;j Nehapdhy; xUth; ,wf;fpwhh;fs;. xU tUlj;jpw;F 8 yl;rk; Ngh; Gifapiy cgNahfpg;gjpdhy; ,wf;fpwhh;fs;> 12 kpy;ypad; kf;fs; Nehapdhy; ghjpf;fg;gLfpwhh;fs;.

Nghijg;gof;fk;

Nghijg; nghUs; gad;gLj;Jtjd; Kyk; clypy; gy nraypog;G Vw;gLfpwJ.

fhuzq;fs;;;:

- ez;gh;fspd; tw;GWj;jy;
- mjpfgbahd gzg;Gof;fk;
- rpjwpa FLk;gk;
- rKf mOj;jj;jpypUe;J tpLgl
- rKf ,og;G
- ngw;Nwhh; fl;Lghbd;ik

mwpFwpfs;:

- Fiwthd nray;ghL
- RWRWg;gpd;ik
- vhpr;ryiljy;
- kdr; Nrhh;T
- grpapd;ik
- fz; vhpr;ry;
- jsh;r;rpaile;j eil
- vil ,og;G
- J}f;fkpd;ik

fl;Lg;gLj;Jk; Kiwfs;:

- kfpo;r;rpahd kw;Wk; MNuhf;fpakhd #oiy gs;sp kw;Wk; FLk;gj;jpy; cUthf;Fjy;
- tpliyg; gUtj;jpy; rkepiy kjpg;Gf; nfhLj;jy;
- Foe;ijfspd; nray;ghLfspy; Mh;tk; fhl;Ljy;
- MNuhf;fpakhd Foe;ij-ngw;Nwhh; cwit epiygLj;Jjy;

Gifgpbj;jy;

tiuaiw:

Gifgof;fk; vd;gJ xU gof;fk;. ,jpYs;s Gifapiy nghUshd epf;Nfhl;bd; vd;w Nghijg; nghUs; cly; kw;Wk; %isia vspjhf mbikg;gLj;JfpwJ.

rpfnul;:

- xU rpfnul;by; 4000 Ntjp nghUl;fs; cs;sd.
- xU rpfnul;by; 1 fpuhk; epf;Nfhbd; cs;sJ. mjpf msT epf;Nfhbd; capiu nfhy;Yk; msTf;F er;R jd;ik cilaJ.
- xU rpfnul;by; 200 tprj;jd;ik tha;e;j nghUl;fs; cs;sd.
- mjpy; 60 Gw;W Neha; cz;lhf;Fk; fhuzpahf tpsq;FfpwJ.

nghJthd mwpFwpfs;:

- Njhy; xOq;fpd;ik (cyh;e;j Njhy;)
- Rthrj;jpy; Jh;ehw;wk;
- Jh;ehw;wk; (Milapy; kw;Wk; Kbapy;)
- tpisahl;by; Fiwthd <LghL
- Gz; MWtjpy; jhkjk;

kUj;Jt mwpFwpfs;:

- cah; ,uj;j mOj;jk;
- M];Jkh
- mhpg;G
- fz;Giw

- gw;fs; kw;Wk; <Wfspy; gbT
- gw;fspy; ghjpg;G
- Gw;WNeha;
- ePz;lehs; Rthrg;ig NfhshW
- Fiwthd ,uj;j Xl;lk;

- neQ;Rtyp
- khuilg;G
- typg;G Neha;

fl;Lg;gLj;Jk; Kiwfs;

Gif gof;fj;ij epWj;j gj;J topfs;

1. vd;dhy; Gif gof;fj;ij epWj;j KbAk; vd;w vz;zj;ij kyu nra;a Ntz;Lk;.
2. xU ehis Fwpj;J itj;J Gif gof;fj;ij tpl;L tpl KbT vLf;f Ntz;Lk;.
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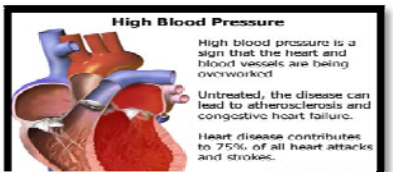

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CHAPTER – 1

INTRODUCTION

"First the man takes the drink

Then the drink takes the drink,

Then the drink takes the man"

- ***Japanese proverb***

How true! Once man starts to drink, there is no end and then drink not only takes the man but also takes the family along. Adolescence, the transitional stage of development between childhood and adulthood represents the period of time during which a person experiences number of biological changes and encounters number of emotional problems. Adolescence is a turbulent, as well as dynamic periods of one's life. It has been identified as a period in which young people develop abstract thinking abilities, become more aware of their sexuality, develop a clear sense of psychological identity and increase their independence from parents.

Adolescent increases the amount of time spends with the peers. They spend eight hours to communicate with others, but only 8% of time is spent to talk with adults. Consequently conflicts between adolescents and parents tend to increase at this time as adolescents strive to create a separation and sense of independence. These interactions are not always positive. Peer pressure is also prevalent among adolescents leading to cheating and bad habits including substance abuse. G.Stanley Hall said that adolescent period as one of storm and stress and according to him, conflict at this developmental stage is normal and not unusual.

Substance abuse is a growing problem throughout the world and unfortunately this is more common among young people and adolescents, where they are about to begin their career but get involved in these problems due to various reasons. Factors associated with the risks of substance abuse include unemployment, living away from home, migration to cities, relaxed parental control ,early broken homes, single parent families, large urban environments, areas where there are drug using gangs, delinquency and peer pressure is playing an important role for adolescents to enter into the habit of substance abuse. Environmental factors associated to substance abuse include, rapid technological developments with associated need for extended period

of education, televisions, world travel, affluence, freedom to speculate experiment have encouraged youngsters to question and often reject the values and goals of their parents. The non-medical use of alcohol and other psycho active drugs has become a matter of serious concern in many countries. While alcohol abuse is a more or less universal problem, the incidence of drug abuse varies from place to place.

The global youth tobacco survey (GYTS) was developed by World Health Organization (WHO) to track tobacco use among young people. The GYTS survey conducted in the year 2003 in about 95 schools of India reveals that 1 in 10 (9.5 %) of students in India in the age group of 13-15 years have ever smoking cigarette practice. WHO has estimated that 2.5 million people worldwide died of alcohol related causes in 2004, including 3,20,000 young people between 15 to 29 years of age. The harmful use of alcohol is also associated with several infectious diseases like HIV / AIDS, tuberculosis and pneumonia. A significant proportion of the disease burden attributable to harmful drinking arises from unintentional and intentional injuries, including those due to road traffic crashes, violence and suicides. Fatal injuries attributable to alcohol consumption tend to occur in relatively young people. Currently over 3 million youth smoke and approximately 4400 youth try their first cigarette everyday. Centre for Disease Control (CDC, 2003).

Studies in many countries indicate that, most tobacco use begins in early adolescence. The age of starting to use tobacco has important implications. Adolescents who begin smoking at a younger age are likely to become regular smokers and are less likely to quit than those who start late.

Marmot ML (1993) reported that regardless of physiological (or) emotional readiness the adolescent has expectations. Too often, adolescents tend to develop substance abuse as a means of coping with their difficulties to accomplish the developmental tasks. Deykin N (2001) reported the transition in the early adolescent stage (physical, psychological and social) make them to be confused, depressed and feel alone. When depression is prevalent, it is a risk factor for substance abuse in an adolescent. Jonson S (1994) reported that, smoking is the primary preventable cause of death and yet, 3000 adolescents become smokers each day. Most adult smokers begin this deadly habit at the age of 18.

Adolescents with substance abuse need proper guidance and Education about the hazards of substance abuse. Nurses can assist adolescents in the area of substance use and teach the effective way to get rid of the habits using simple techniques. Nurses should attempt to educate school children on the physical and psychosocial problems of substance abuse through mass media and group meetings. Our children are the pillars of the nation and they must be cared for a protected at all cost, under suitable environment.

SIGNIFICANCE AND NEED FOR THE STUDY

Substance abuse continues to be the major drug problem in most regions of the world in terms of impact on health and public order. WHO reported that tobacco is the second major cause of death in the World. One person dies every ten seconds due to smoking related diseases. Globally prevalence of smoking is higher for men (40% as of 2006) than for women (nearly 9% as of 2006) and males account for 80% of all smokers. In most countries around the world, men being more likely than women to smoke are also almost two times more likely to die from smoking. WHO (2007) reported that every day more than 13,000 people die from tobacco. Globally cigarette smoking is the dominant form of tobacco use. Cigarettes kills half of all life time users and half of those die in middle age (35-69 years). There is no other consumer product on the market that is remotely as dangerous, or kills as many people. WHO (2003) reported that tobacco kills more than AIDS, legal drugs, illegal drugs, road accidents, murder and suicide combined. U.S department of health and human resources (USDHHS) reported that a number of studies have documented that cigarette smoking initiation primarily occurs between late childhood and young adolescence. The harmful use of alcohol has a serious effect on public health and is considered to be one of the main risk factors for poor health globally.

India is home for one sixth of global population. Currently about one fifth of all worldwide death attributed to tobacco occur in India. More than 8 lakh people die and 12 million people become ill as a result of tobacco every year. The deaths attributable of tobacco in India are expected to rise from 1.4% of all deaths in 1990 to 13.5% in 2020. The global youth tobacco survey (GYTS) in 2003 reported that of the ever smokers in India, 48.6% initiated before 10 years of age.

In the context of this draft strategy, the concept of the harmful use of alcohol is broad and encompasses the drinking that causes detrimental health and social consequences for the drinkers, the people around the drinker and society at large, as well as the pattern of drinking that are associated with increased risk of adverse health outcomes. The harmful use of alcohol is a significant contributor to the global burden of disease and is listed as the third leading risk factors for premature deaths and disabilities in the world. Harmful use of alcohol was responsible for 3.8% of all deaths in the world in 2004 and 4.5% of the global burden of disease as measured in disability, adjusted life years lost, even when consideration is given to the modest protective effects, especially on coronary heart disease of low consumption of alcohol for some people aged 40 years or older.

Harmful drinking is a major avoidable risk factor for neuropsychiatric disorder and other non communicable diseases such as cardiovascular diseases, cirrhosis of the liver and various cancers. Isichei , Ikwuagu and Egbuta, (1993) reported that the impact of alcohol on disease and mortality may be more potent in countries with greater poverty and nutritional deficiencies Worldwide.

UNODC (2004); UNODCCP (2002) reported that 185 million people were estimated to have used illicit drugs during 1998-2002. Cannabis was the most widely used illicit drug, with 146.2 million users in 2002, or 3.2% of the global population over age 15. The stimulant drugs were the next most widely used illicit drugs. 29.6 million people worldwide used Amphetamines, 13.3 million used Cocaine. 8.3 million used Ecstasy. WHO reported that an estimated 15.3 million or 0.4 percent of the world population age 15 to 64 used illicit opioids, more than half used Heroin and the remainder used opium or diverted pharmaceutical opioids.

Nowadays adolescents are more prone to so many environments that influence them to go for substance abuse and also they are not aware of the risk taking behaviours. Because of this the investigator decided to assess the knowledge and practice of substance abuse of adolescents in order to teach them regarding the hazards of substance use and thereby reducing the adolescents' mortality and morbidity rate.

STATEMENT OF THE PROBLEM

A Descriptive study to assess the knowledge and practice of substance abuse among adolescents in selected higher secondary schools at Madurai.

OBJECTIVES

1. To assess the level of knowledge and practice of adolescents on substance abuse.
2. To identify the relationship between the level of knowledge and the practice on substance abuse among adolescents.
3. To associate the level of knowledge and practice of adolescents on substance abuse with the selected demographic variables.

HYPOTHESIS

H_1: There will be a significant correlation between the level of knowledge and practice on substance abuse among adolescents.

H_2: There will be significant association between the level of knowledge and practice on substance abuse with the selected demographic variables of the adolescents.

OPERATIONAL DEFINITION

Knowledge

Knowledge refers to the correct written response as expressed through self administered questionnaire of the adolescents boys on substance abuse like alcohol, smoking and illicit drugs which includes cannabis, cocaine and heroin.

Practice

It is the self expression of the existing practice of the adolescent boys regarding substance abuse as assessed by self expressed practice tool.

Substance Abuse

Substances Abuse refers to the misuse of drugs like alcohol, smoking, and illicit drugs like Cannabis, Cocaine and Heroin, which will produce a negative impact on health and behaviour.

Adolescents

It refers to school going boys, within 14 – 17 years of age.

ASSUMPTION

1. Adolescent boys studying in the schools will have inadequate knowledge regarding substance abuse.
2. The knowledge and practice of adolescent boys regarding substance abuse will vary according to socio demographic factors.

DELIMITATIONS

1. The study is delimited to adolescents between 14 – 17 years only.
2. Assessment of practice on substance abuse is based only on the subjective responses of the adolescents.

PROJECTED OUTCOME

The study findings will help to assess the knowledge and practice of adolescent on substance abuse. It will help to improve the adolescent knowledge regarding the hazards of substance use. The findings of demographic variables will help to identify the factors which affect the level of knowledge and influence the practice of adolescents regarding substance abuse.

CHAPTER-II

REVIEW OF LITERATURE

A good research does not exist in vacuum. Research findings should be an extension of previous knowledge and theory as well as guide for research activity. In order for a researcher to build an existing work, it is essential to understand what is already known about a topic. A through review of literature provides a foundation upon which to base new knowledge.

Review of literature of the present study is to be arranged in the following headings

1. Review related to Substance abuse
2. Review related to knowledge on substance abuse among adolescents.
3. Review related to practice on substance abuse among adolescents.

1. REVIEW RELATED TO SUBSTANCE ABUSE

Peto et.al, (1996) reported that India is in the midst of a catastrophic epidemic of smoking deaths, which is expected to cause about one million deaths a year during the 2010s including one in five of all male deaths and one in 20 of all female deaths at ages 30-69. On an average, male beedi smokers lost about six years of life, female beedi smokers lose eight years of life and male cigarette smokers lose about 10 years of life.

Roeser, (1998) conducted a descriptive study to assess relationship among self-concept and risky behaviours including smoking among adolescents. 160 adolescents were selected randomly. Tool used was a structured questionnaire. Data analysis was made by differential and inferential statistics. 86% completed follow up assessment , 23% of them were using tobacco and about 5% of them were aware about the health effects of tobacco use. Risky behaviours observed were alcohol consumption, tobacco use sexual activity and poor school performance.

Gohdes et. al, (1999) conducted a comparative study on the prevalence of cigarette smoking among American Indians and non Indians. Sample size was 2722, a structured questionnaire was used to collect the data. Descriptive statistics and inferential statistics was used for data analysis. Smoking prevalence among American

Indian was 38% and non Indians was 19% ($p<0.001$). 87% of Indian respondents were with cardiovascular risk factors and non Indians have 17% cardiovascular risk factors.

NIMHANS in Bangalore on (2000) has conducted a study among HIV patients, it reveals that 70% of HIV patients were alcoholics and they had been teenagers. Studies conducted by the De-addiction centre at All India Institute of Medical Science (AIIMS) (2001) in Delhi showed that every 5^{th} teenager between 15-19 age group in Delhi takes alcohol regularly. 300,000 are addicted and another lakh need medical attention for alcohol related disorders.

Lewis et al, (2001) conducted a comparative study among adolescents to evaluate the dieting and smoking in early adolescents. The sample size was 1,295. Samples were selected randomly. The tool used was interview schedule. They were followed for 2 years to determine whether they had begun smoking. Analysis was done by descriptive and inferential statistics. Girls who reported dieting more than once a week at baseline had nearly four times the risk of beginning to smoke as those who had not dieted. No association between dieting and beginning to smoke was found in boys.

Sodock and Sodock, (2003) reported that approximately 70% of adults with college degrees currently are drinkers, compared to only 40% of those with less than a high school education. These statistics indicate that drinkers are often associated with lower educational levels.

WHO, (2003) reported that the tobacco epidemic is still expanding especially in developing countries where 84% of the smokers live. Of the world total smokers 16.6% live in India. 35% of men and 3% of women in India smoke. In 1.5% of the total deaths in India were tobacco related. By 2020, it is predicted that it will account for 13% of all deaths in India. Despite the fact that tobacco kills its users and smoking cigarettes kills non users too, people continue to smoke and deaths from tobacco use continue to increase

2. REVIEW RELATED TO KNOWLEDGE ON SUBSTANCE ABUSE AMONG ADOLESCENTS

Ram Ray Sharma, (2001) has conducted a study on knowledge of psycho active substance use among college students. A comparative descriptive research approach was adopted. A sample consisted of 50 male and 50 female college students, were selected by using random sampling method. The study results shows that female students had higher knowledge score than male students (t=2.27). The older students had higher knowledge score on substance use disorder than younger students. Students with higher mass-media exposure had more PASUD knowledge than lower mass media exposure.

Selvaraj, (2007) conducted a study to assess the knowledge of problems related to alcoholism among male engineering college students. The research design used was descriptive survey design. The sample size was 100 male students. The tool was prepared under three main areas namely physical problems, psychological problems and social problems. The study shows that the awareness of the students were moderate 68%. The students were moderately aware of physical problem (56%). 53% of them were adequately aware of psychological problems. Students had adequate awareness of social problem (66%). The study shows 53% of the students got information about alcoholism through medias. There was a significant association between the level of awareness and source of information (P=0.05).

Sangamesh Nidagundi, (2008) conducted a study to assess the knowledge related to substance abuse among adolescents. The research design was descriptive. Stratified random sampling technique was used to select the samples for the study.100 samples were selected for the study. In the study, 21% boys and 33% girls belonged to the age group of 17 years.

Utalbasha. N. Dhandargi, (2008) conducted a study to assess the effectiveness of street play in increasing the knowledge of young adults regarding alcoholism. The research approach was quasi experimental, one group pre test post test design. 50 young adults were selected from the simple random sampling technique. The reliability of tool was established by split half method and the r value was found to be 0.89. It clearly demonstrates that the mean of overall knowledge score in pre test was

19.4 and post test was 28.6. The mean knowledge score of young adults regarding concepts of alcohol and alcoholism was increased from 5.32 in post test to 6.74 in post test. No significant association was found between post test knowledge score of the sample with any of the socio demographic variables like age, educational status, religion, type of family, occupation, family monthly income, habit of drinking alcohol and source of information regarding alcoholism.

Kanika Thapar, (2010) conducted a study to assess the knowledge on psychoactive substance use. An evaluative research design was used. Total enumeration sampling technique was adopted for the study and the sample size was 100. The coefficient of correlation between the knowledge and attitude score was 0.381 which is found to be significant at 0.05 level.

Balakrishnan . P (2010) conducted a study to assess the knowledge regarding alcoholism and its hazards among pre university adolescent boys in rural and urban areas. The study was descriptive in nature. Comparison of rural and urban boys was done. Proportionate stratified random sampling technique was used to collect the samples. The size of the sample is 120. 81.7% of adolescents have moderate level of knowledge in rural and urban settings, 11.7% in urban and 6.7% in rural had adequate knowledge about alcoholism and its hazards. 11.7% and 6.7% of urban and rural population had inadequate knowledge about alcoholism.

3. REVIEW RELATED TO PRACTICE ON SUBSTANCE ABUSE AMONG ADOLESCENTS

Feldman et .al (1994) conducted a study to assess the alcohol use beliefs and behaviours among high school students to determine the association between alcoholism and selected demographic variables. Samples were selected by simple random sampling. The total sample size was 1236. 24% of adolescents told they have never tasted alcohol, 22% tasted alcohol, but not a drinker currently. 39% of adolescents are moderate drinkers and 11% of them are heavy drinkers. Adolescents alcoholism was significantly related to sex, educational level, ethnicity and alcoholics in the family.

Madu & Matla, (1999) conducted a study in South Africa to determine the practice of illicit drugs, cigarette smoking, and alcoholism behaviour among high school adolescents. 435 adolescents were participated in the study, between the age group of 15 and 19 years. The study revealed that the prevalence rate of illicit drug use was 19.8%, smoking 10.6% & alcohol consumption was 39.1% among the adolescents. The mean age for first drug use and smoking is 14 years and for alcoholism is 15 years.

Yang et.al, (2001) conducted a study to assess the prevalence and related risk factors of illicit substance use among adolescents in Taiwan. The aim of the study was to determine the prevalence of alcoholism, smoking & illicit drug use and to determine the risk factors associated with the practice of adolescents. A total sample of 1358 students under the age group of 16 – 18 years were participated in the study. The study revealed that 70.7% of adolescents were alcoholics, 56% of them were using tobacco and 6.4% were using illicit drugs.

Kwamanga et.al (2004) conducted a study to assess the practice of smoking and related risk factors among secondary school adolescents in Nairobi. Cross sectional survey method was adopted. 5311 secondary school students were used as samples. A total of 32.2% were ever smokers. 72.2% of adolescents started smoking by the age of 12 – 16 years. The study revealed that there was a strong relationship between the age and smoking habit. Most adolescent smokers were not worried about the health warnings on the cigarette packets and awareness of the dangers of smoking.

Atwoli et.al, (2004) conducted a study on prevalence of substance abuse among adolescents. It revealed that, the practice rate of substance use among adolescents was 69.8% and none of the demographic variables were significantly associated with substance use. Among adolescents 51.9% were life time alcohol users. 97.6% of alcohol users had consumed alcohol in that week. Other substances abused were cannabis 2% and cocaine 0.6%. 75.1% of adolescents were introduced by a friend to these habits, where 23.5% were introduced by a relative, other than a member of nuclear family. 62.2% of adolescents use substances to relax and 60.8% to relieve from stress.

Jaki et. al (2004) in Greece conducted a survey on practice among adolescents including smoking, alcoholism, and drug abuse. The study included 1009 of 1144 inquired students. 583 boys and 426 girls of high school, aged 15-19 years. Among adolescents 74.15% of them drink alcohol, 18.43% took drugs. 563 students drink alcohol more often chi- square = 16.58, $p<0.01$).

Singh. V (2007) in Delhi conducted a cross sectional study amongst 3,422 children in the age group of 10-18 years studying in a Government school in NCT Delhi. About 9.8% of the students had atleast experienced once with some form of tobacco in their life time. The current user of tobacco products was 5.4% (boys 4.6% girls 0.8%).

Gururaj. G et.al (2007) reported the practice of tobacco use among the 13-15 years old school boys in Karnataka. Cluster sampling design was adopted. 80 students from 12 districts were included totally 4110 students were participated. The prevalence of tobacco use among 13-15 years children was 4.9%. One third of the current tobacco users purchased their product from the shop (30.86%). 83% favoured the ban on smoking in the public places. Print media is the predominant source of message more so in metropolitan region.

Dasgupta et.al, (2010) conducted a study on assessing the knowledge and practice of substance abuse among adolescent high school students. The sample size was 416. Out of 416 students, 52 (12.5%) abused any one of the substances in their life time. 26 (15.1%) were among the urban students and 26(10.7%) were rural students. Nearly 73.07% of the samples expressed the desire to quit the substance abuse and 57.69% had tried to stop. Level of knowledge on harmful effects of substances was very high that is in urban – 84.6% and rural – 61.5% and the respondent expresses that media is the most frequent source of information.

CONCEPTUAL FRAME WORK

The conceptual framework for this study is Nola J.Pender's "Health Promotion Model" (2006), was developed to illustrate the "multidimensional nature of persons interacting with their environment as they pursue health". He defines health as positive, dynamic state, not merely the absence of disease. The model was proposed as a framework for integrating the perspectives of nursing and behavioural science and the factors that influence health behaviours. Health promotion is behaviour motivated by the desire to increase well- being and actualize human health potential, whereas health protection is behaviour that is motivated by a desire to avoid illness, detect it early, or maintain function within the constraints of an illness. The health promotion model describes the multidimentional nature of people as they interact within their environment to pursue health. The model incorporates individual characteristics, experiences and behaviour specific knowledge and beliefs, to motivate health promoting- behaviour.

The model focuses on cognitive, perceptual, and modifying factors and participating in health promoting behaviour. The model also identifies the factors that influence the health promotion activities. The health promotion model of this study focuses on the prior related to substance abuse, which can lead them to poor health. Demographic variables such as age, religion, parent's education and occupation, monthly income, type of family, residence, with whom they stay, source of information about substance abuse, any substance abuser in their family are some characteristics that can influence or affect the adolescents awareness on substance abuse. The interaction with friends, relatives and situational influences such as mass media, peer pressure, unhealthy environment, modern society, affluence, lack of personal and parental control modifies the adolescent behaviours towards substance abuse.

Demographic variables and behaviour specific cognitive and affect variables influences the behavioural outcomes. There are 6 variables which are considered to be a major motivational significance for acquiring and maintaining health promoting behaviours.

These six variables are,

Perceived benefits of action are the anticipated positive outcomes that will occur from health behaviour. Benefits anticipated by the students towards prevention of substance abuse

Perceived barriers to action are anticipated, imagined or real blocks and costs of understanding a given behaviour. Mass media influences and lack of parental control are the barrier to action.

Perceived self- efficacy is the judgement or personal capability to organize and execute a health promoting behaviour. Perceived self efficacy influences perceived barriers to action so higher efficacy results in lowered perceptions of barriers to the performance of the behaviour. Perceived self-efficacy such as self motivation, self learning, self capabilities to take care of adolescent with substance abuse.

Activity related affect is defined as the subjective positive or negative feeling that occurs based on the stimulus properties of the behaviour itself. Interest developed in the students through guidance and support.

Interpersonal influences are cognition- concerning behaviours, beliefs, or attitudes of the others. It includes norms, social support and modelling (That is learning through observing others engaged in particular behaviour). Family, friends and health personnals act as interpersonal influences for substance abuse behaviour.

Situational influences are personal perceptions and cognitions that can facilitate or impede behaviour. Situational influences may have direct or indirect influences on health behaviour. Social support, safe and desirable environment, will act as situational influences for substance abuse.

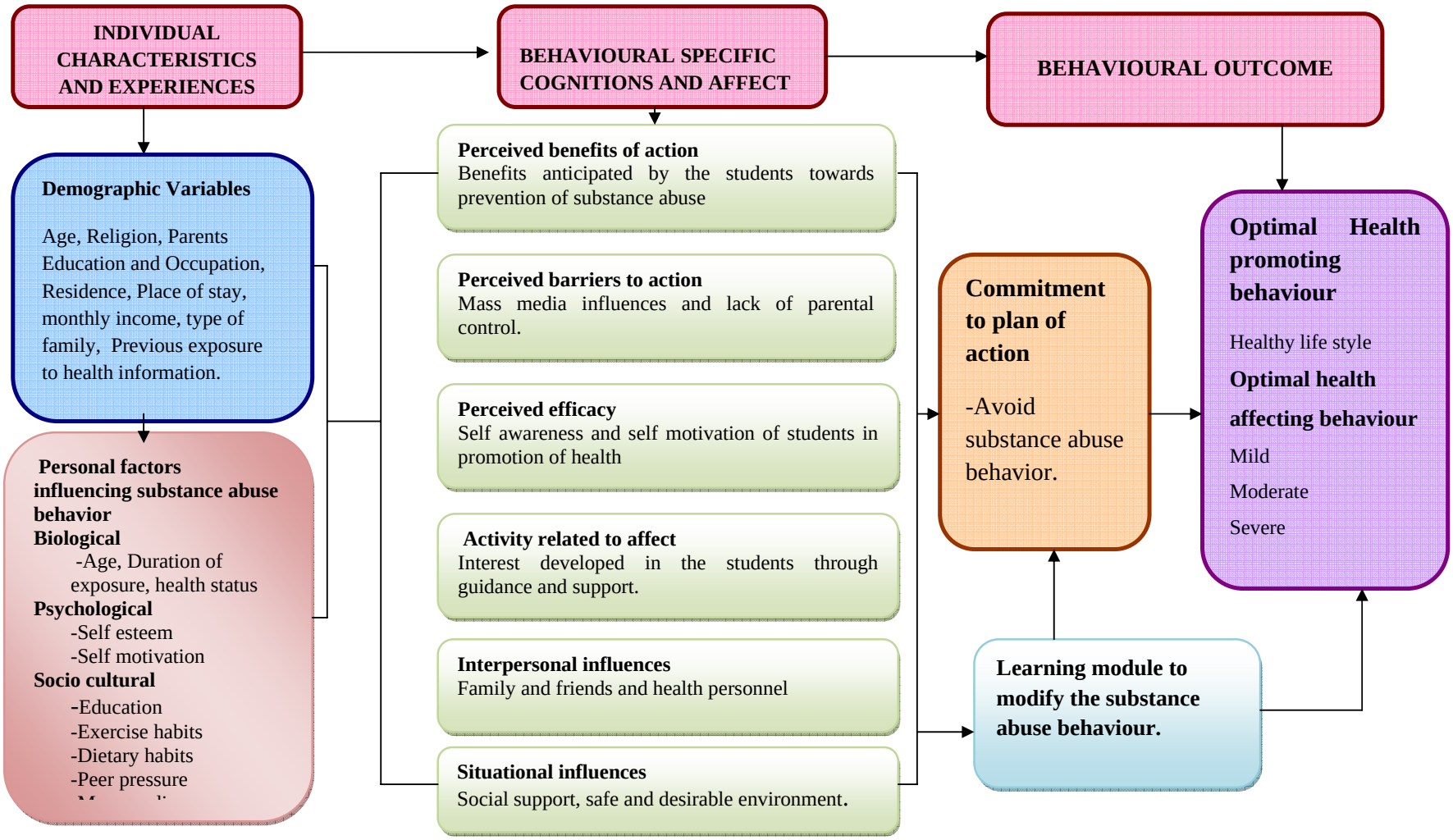
The variables are the ingredients for the adolescent's commitment to the plan of action. When the adolescents commit to the plan of action, it will result in a positive health promoting behaviour. If decreased adolescents' commitment to plan of action and leads to negative health promoting behaviour.

The present study aims to assess the health promoting behaviour of adolescents with substance abuse. The adolescents assess health promoting resources and then accept (or) reject them based on perceived health needs of the adolescents. Health promoting life style, such as longing to know about health and health related issues on substance abuse, following healthy behaviour, guidance and counselling, and preventive measures can be likely resources for adolescents with substance abuse to lead a healthy life style.

Identifying the above factors that benefits to health promotion activities assist adolescents to strengthen themselves in health maintenance behaviour when adolescents with substance abuse perceive this, the resulting goals of health promotion, health maintenance and disease prevention and better quality of life are more likely to be achieved.

Learning module prepared on prevention of substance abuse will improve knowledge and modify unhealthy behaviour among adolescent boys, positive healthy behaviour could occur when the adolescent read and practices the guide lines given in the learning module.

FIGURE: 1 CONCEPTUAL FRAMEWORK



HEALTH PROMOTION MODEL BY NOLA J. PENDER'S (2006)

CHAPTER III

METHODOLOGY

This chapter deals with research approach, research design, setting of the study, population, sample and sample size, sampling technique and plan for data analysis.

RESEARCH APPROACH

The research approach used for the study is Non experimental approach.

RESEARCH DESIGN

The research design selected for present study is descriptive design.

SETTING OF THE STUDY

The study was conducted in Pasumalai C.S.I Boy's higher secondary school which is situated at a distance of 1 kilometer from C.S.I Jeyarai Annapackium College of Nursing, Madurai. The school has a total of 1397 students. The student studying within 14-17 years of age were included in the study.

POPULATION

The target population were adolescent boys between 14-17 years of age, studying in higher secondary schools at Madurai.

The accessible population were boys between 14-17 years of age, studying in C.S.I boys Higher Secondary School, Pasumalai.

SAMPLE SIZE

The sample includes 150 adolescent boys studying in C.S.I Boys Higher Secondary School. Pasumalai.

SAMPLING TECHNIQUE

In this study, purposive sampling technique was used to select samples.

CRITERIA FOR SAMPLE SELECTION

The samples were selected based on the following inclusion and exclusion criteria.

INCLUSION CRITERIA

Adolescent boys who were

- within 14 – 17 years of age.
- present during the data collection period
- able to read Tamil.

EXCLUSION CRITERIA

Adolescents were not

- willing to participate in the study.

METHOD OF SAMPLING

The sample size was 150 students for the study who were selected using purposive sampling technique. They were in the age group of 14-17 years.

DESCRIPTION OF THE TOOL

After the intense library and internet search, and consultation with experts a structured interview schedule was developed to measure the knowledge of substance abuse. Self expressed practice tool was developed to assess the practice of substance abuse.

The tool consists of 3 parts

Closed ended questionnaire consists of 4 sections.

Part – I This includes demographic variables such as age, religion, education, occupation and income per month of the parents , type of family, place of residence, place of stay, source of information, substance abuser in the family, any habit of substance abuse, aspects of adolescents on education of substance abuse.

Part - II

Closed ended questionnaire to assess the knowledge on substance abuse among adolescents. It consists of 30 questions. It includes 4 sections

Section I – Knowledge of substances abused - 7 questions

Section II - Alcoholism and its hazards – 7 questions

Section III - Smoking and its hazards – 7 questions

Section IV - Illicit drugs, effects and hazards (Cannabis, Cocaine & Heroin) – 9 questions.

Part – III

This consists of a self expressed practice tool questionnaire on practice related to substance abuse which consists of 15 statements.

SCORING PROCEDURE:

Part II:

There were 30 items pertaining to the knowledge of adolescents on substance abuse. Each item had 4 responses with only one correct answer. The score for the correct response to each item is 'one' and for wrong response 'Zero'. The level of knowledge was categorized based on the percentage of score obtained. Maximum score was 30.

The knowledge score interpreted in percentage is as follows,

Adequate knowledge: 76 – 100%

Moderate knowledge: 51- 75%

Inadequate knowledge: 0 – 50%

Part III:

It consists of 15 statements. Each statement in the questionnaire are designed to identify the level of risk on practice of substance abuse which adolescents have to respond in a 4 point rating scale ranging from routinely, often, sometimes and never. Numerical values 3, 2, 1, 0 are assigned to each statement to indicate the level of risk on practice. The maximum score was 45.

The practice is interpreted in percentage as follows,

No risk: 0

Mild risk: 1- 30 %

Moderate risk: 31- 60 %

High risk: 61 - 100 %

VALIDITY AND RELIABILITY OF THE TOOL

The tool was validated by ten nursing experts, one medical experts and one research experts. The tool was evaluated for appropriateness, adequacy, relevance, completeness and comprehensiveness. Comments and suggestions were invited followed by that appropriate modifications were made accordingly. The questionnaire was translated into Tamil language based on the need of study participants.

The content validity of the tool was obtained from experts. Reliability of the tool was elicited by Split Half method. The statistical analysis Karl Pearson co-efficient was found to be 'r' value was 0.82 which was positively correlated. Therefore the instrument was found to be reliable.

VALIDITY OF THE LEARNING MODULE

The learning module was assessed by experts for its appropriateness, organization of content, and language.

DATA COLLECTION PROCEDURE

Data was collected for a period of six weeks. Data collection was done on separate days for the various class. Purpose of the study was explained to the concerned authorities of the school. The headmaster of the school and the class teachers of the respective classes were approached by the investigator. An initial rapport was established with the adolescents and the purpose of the study was explained to them. Assured them that confidentiality will be maintained. A convenient time and date was fixed and informed to the participants to gather in the classroom. Questionnaire was distributed. A time limit of 30 minutes was given to complete the questionnaire. All the subjects were very much cooperative and the investigator expressed her gratitude for their cooperation.

SCHEDULE FOR DATA COLLECTION PROCEDURE

Date	Activity	Samples
27-07-2011 to 2-07-2011	Data collection	50
3-08-2011 to 10-08-2011	Data collection	50
11-08-2011 to 18-08-2011	Data collection	50
18-08-2011 to 23-08-2011	Teaching programme	50
23-08-2011 to 26-08-2011	Teaching programme	50
27-08-2011 to 29-08-2011	Teaching programme	50

PLAN FOR DATA ANALYSIS

The data were analyzed in terms of the objectives of the study by using descriptive and inferential statistics. The plan of data analysis was as follows.

1. Organize the data in a master sheet.
2. Frequency and percentage distribution were used to analyze the demographic data of adolescents.
3. Frequency and percentage distribution were used to assess the level of knowledge and practice on substance abuse.
4. Mean and standard deviation were measured on the level of knowledge and practice of substance abuse.
5. Chi – square test was used to determine the association between the knowledge and practice and the selected demographic variables.

PILOT STUDY

The pilot study was conducted at Muthudevar Mukkulathoor Boys Higher Secondary school at Thirunagar.

The pilot study was conducted among 15 adolescent boys. Anonymity and confidentiality was maintained while collecting information. Questionnaire was used to assess the knowledge and self expressed practice tool was used to assess the practice on substance abuse. The method of organizing data, analysis method, statistical test to be employed and presentation of data were formulated. The feasibility with regards to the availability of sample, cooperation of respondents and accessibility of setting was established. The time taken to complete the questionnaire was found to be satisfactory in terms of simplicity and clarity. The pilot study helped the investigator to confirm the feasibility of carrying out the main study.

PROTECTION OF HUMAN RIGHTS

Ethical considerations were taken in to account for the purpose of the study.Research proposal was approved by the dissertation committee prior to the pilot study and main study. Each individual student was informed about the purpose of the study and confidentiality was promised and ensured. The client has the freedom to leave the study at his will without assigning any reason.

CHAPTER – IV

DATA ANALYSIS AND INTERPRETATION

The analysis of data collected is from the sample of 150 adolescents. The findings of the study are presented in this chapter under the following sections.

The data collected were analyzed and presented under the following headings.

1. Distribution of adolescents based on their demographic variables.
2. Distribution of adolescents based on their level of knowledge on substance abuse.
3. Distribution of adolescents based on their level of practice on substance abuse.
4. Correlation between knowledge and practice on substance abuse among adolescents.
5. Distribution of adolescents based on association between level of knowledge on substance abuse and selected demographic variables
6. Distribution of adolescents based on association between level of practice on substance abuse and selected demographic variables.

TABLE 1

DISTRIBUTION OF ADOLESCENTS BASED ON THEIR DEMOGRAPHIC VARIABLES

N = 150

S. No	Demographic Factors	Frequency	Percentage
1	Age in years		
	14	31	20.7%
	15	34	22.7%
	16	70	46.6%
	17	15	10%
2	Religion		
	Hindu	129	86%
	Christian	15	10%
	Muslim	6	4%
	Any other	0	0
3	Father's education		
	Illiterate	29	19.3%
	Primary	39	26%
	Middle	34	22.7%
	High school	27	18%
	Higher secondary	17	11.3%
	Graduate	0	0
	Post graduate	4	2.7%
4	Mother's Education		
	Illiterate	38	25.3%
	Primary	41	27.4%
	Middle	30	20%
	High school	22	14.7%
	Higher secondary	15	10%
	Graduate	2	1.3%
	Post graduate	2	1.3%

5	Fathers Occupation		
	Coolie	121	80.6%
	Temporary	13	8.7%
	Permanent	13	8.7%
	Any other	3	2%
6	Mother’s Occupation		
	Coolie	79	52.7%
	Temporary	7	4.7%
	Permanent	5	3.3%
	House Wife	59	39.3%
7	Monthly Income		
	< Rs.3000	75	50%
	Rs.3001 – 5000	51	34%
	Rs. 5001 – 10,000	15	10%
	>Rs. 10,001	9	6%
8	Type of Family		
	Joint Family	30	20%
	Nuclear Family	120	80%
9	Residence		
	Rural	68	45.3%
	Urban	82	54.7%
10	Place of stay		
	With Parents	121	80.7%
	Hostel	26	17.3%
	Relatives	2	1.3%
	Any other	1	0.7%
11	Source of Information		
	Newspaper	12	8%
	Television	62	41.4%
	Friends	53	35.3%
	Parents	9	6%
	Internet	6	4%
	Medical personnel	8	5.3%

12	Substance Abuser in their home		
	Yes	44	29.3%
	No	106	70.7%
13	Is knowledge about substance abuse needed for young adults		
	Yes	69	46%
	No	81	54%

The above table reveals that among the 150 adolescents, majority of the boys 70 (46.7%) were of 16 years old boys. Majority of adolescent boys 129(86%) were Hindus. Most of the adolescents father's 39(26%) were completed primary school, whereas only 4(2.7%) were post graduates.

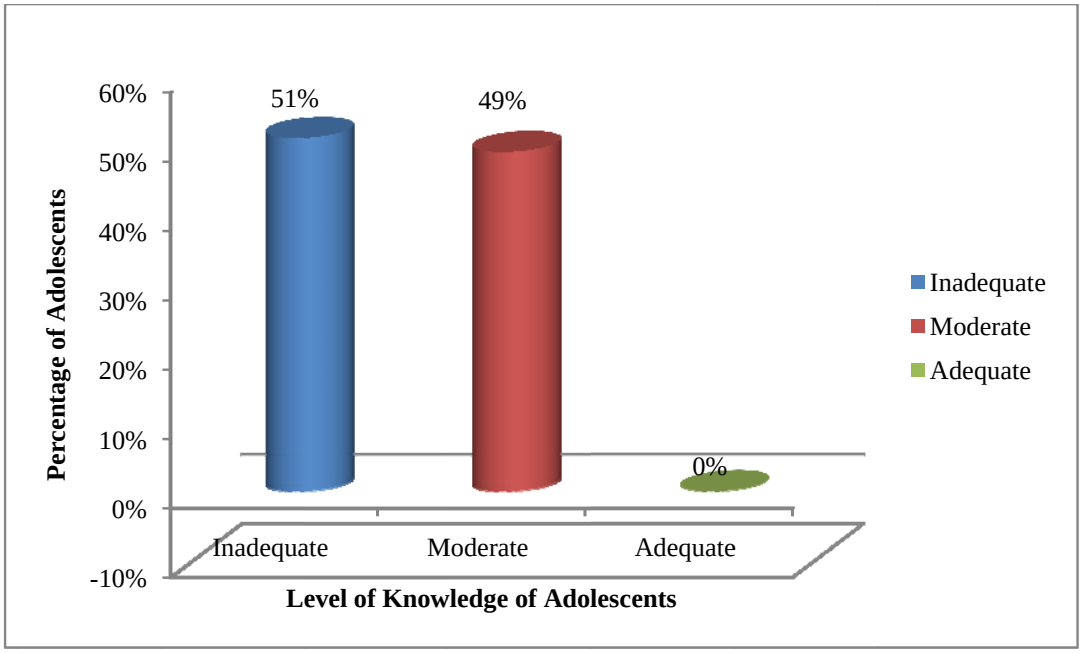
Among 150 adolescents, most of the adolescents mother's 41(27.4%), completed primary school whereas 2(1.3%) were graduates and post graduates, majority of the adolescents father's occupation is coolie 121(80.7%), majority of adolescent mothers occupation is coolie 79(52.7%) , majority of adolescents 75(50%) family monthly income is < 3000 rupees. Most of the adolescents are from nuclear family 120(80%).

Among 150 adolescents, majority of adolescents were from urban set up 82(54.7 %), majority of adolescents were staying with their parent 121(80.7%). Most of the adolescents got information about substance abuse is from television 62(41.4%) and from friends 53 (35.3%). 44(29.3%) adolescents had substance abusers in their family, most of the adolescents 81(54%),expressed that they don't need knowledge about substance abuse .

FIGURE: 2

DISTRIBUTION OF ADOLESCENTS BASED ON THEIR LEVEL OF KNOWLEDGE ON SUBSTANCE ABUSE

N = 150



The figure reveals that, (76)51% of the adolescents have inadequate knowledge, 74(49%) had moderate knowledge and none of the adolescents had adequate knowledge about substance abuse.

TABLE 2

DISTRIBUTION OF ADOLESCENTS BASED ON THEIR LEVEL OF KNOWLEDGE ON SUBSTANCE ABUSE

N = 150

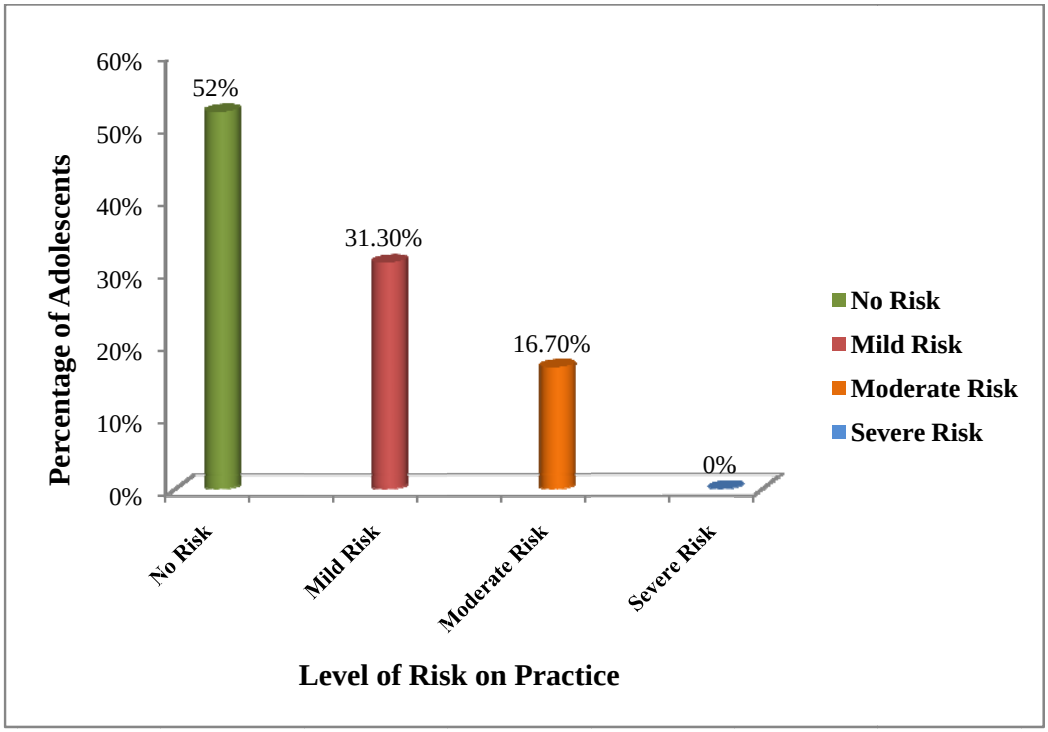
S.No	Area	Mean	SD
1	General Aspects	3.3	1.42
2	Alcoholism	4	1.39
3	Smoking	3.8	1.45
4	Illicit Drugs	3.6	1.67

The above table reveals that a high mean value of 4(S.D 1.39), and 3.8(S.D 1.45) for Alcoholism and smoking related knowledge, whereas 3.6(S.D 1.67) for illicit drugs knowledge on adolescents.

FIGURE 3

DISTRIBUTION OF ADOLESCENTS BASED ON THEIR LEVEL OF PRACTICE ON SUBSTANCE ABUSE

N = 150



The above figure reveals majority 78(52%) of the adolescents had no risk regarding practice of substance abuse, least number of adolescents 25(16.7%) had moderate risk regarding substance abuse practice whereas none of the adolescents had severe risk regarding practice of substance abuse.

TABLE 3

DISTRIBUTION OF ADOLESCENTS BASED ON THEIR LEVEL OF PRACTICE ON SUBSTANCE ABUSE

N = 150

S. No	AREA	MEAN	S.D
1	Smoking	1.9	2.9
2	Alcoholism	1.2	2.1
3	Tobacco	0.9	1.8
4	Bad Practice	1.7	2.2

The above table reveals that mean value score of tobacco is low 0.9(SD1.8) when compared to smoking, alcohol and bad practices (1.9, 1.2, 1.7) respectively.

TABLE 4

CORRELATION BETWEEN THE KNOWLEDGE AND PRACTICE REGARDING SUBSTANCE ABUSE

N = 150

S.No	Area	Mean	Standard Deviation	'r'
1.	Knowledge	14.8	3.87	r = 0.03
2.	Practice	5.7	7.2	

The above table shows that there was no relationship between knowledge and practice of substance abuse. This indicates adequate knowledge will not necessarily reduce the practice.

TABLE 5

DISTRIBUTION OF ADOLESCENTS BASED ON ASSOCIATION BETWEEN SELECTED DEMOGRAPHIC VARIABLES IN RELATION TO KNOWLEDGE ON SUBSTANCE ABUSE.

N = 150

S. No	Demographic Variables	Moderately adequate	Inadequate	Chi Square	Table Value
1.	Age in years				
	14	10	31		
	15	21	35	$\chi 2 = 8.13^*$	7.82
	16	33	70		
	17	10	14		
2.	Religion				
	Hindu	65	64		
	Christian	6	9	$\chi 2 = 0.62$	5.99
	Muslim	3	3		
3.	Father's education				
	Illiterate	17	12		
	Primary	16	23		
	Middle	14	20	$\chi 2 = 15.79^*$	15.09
	High school	14	13		
	Higher secondary	10	7		
	Post graduate	3	1		
4.	Mother's Education				
	Illiterate	20	18		
	Primary	22	19		
	Middle	13	17	$\chi 2 = 1.54$	12.59
	High school	11	11		
	Higher secondary	6	9		
	Graduate	1	1		
	Post graduate	1	1		

5.	Fathers Occupation				
	Coolie	58	63		
	Temporary	8	5	$\chi 2 = 6.27$	7.82
	Permanent	8	4		
	Any other	-	4		
6.	Mother's Occupation				
	Coolie	32	47		
	Temporary	3	4		
	Permanent	2	3	$\chi 2 = 7.38$	7.82
	House Wife	37	22		
	Any Other	0	0		
7.	Monthly Income				
	< Rs.3000	36	39		
	Rs.3001 – 5000	26	25	$\chi 2 = 0.31$	7.82
	Rs. 5001 – 10,000	7	8		
	>Rs. 10,001	5	4		
8.	Type of Family				
	Joint Family	6	24	$\chi 2 = 12.9$*	10.82
	Nuclear Family	68	52		
9.	Place of stay				
	With Parents	60	61		
	Hostel	13	13	$\chi 2 = 0.97$	7.82
	Relatives	1	1		
	Any other	-	1		
10.	Substance Abuser in their home				
	Yes	17	27	$\chi 2 = 2.8$	3.84
	No	57	49		

* Significant

The above table reveals that, at a chi square value $\chi 2 = 8.13^{*}$ ($p < 0.05$) shows that there was a significant association between the level of knowledge and the age of the adolescents. At a chi square value $\chi 2 = 15.79^{**}$ ($p<0.01$) shows that there was a significant association between the level of knowledge and the father education of the adolescents.

At a chi square value $\chi 2 = 12.9^{***}$ ($p<0.001$) shows that there was a highly significant association between the level of knowledge and the type of family of the adolescents.

The table shows that, there was no significant association between the level of knowledge and other demographic variables of the adolescents like religion, mother's education, father's and mother's occupation, monthly income, place of stay, substance abusers in their home.

Table 6

Distribution of adolescents based on association between selected demographic variables in relation to practice of substance abuse.

N = 150

S.No	Demographic Variables	No Risk	Mild Risk	Moderate Risk	Chi Square	Table value
1.	**Age in years**					
	14	26	5	0		
	15	18	9	7	$\chi 2 = 19.4$*	16.81
	16	27	28	15		
	17	7	5	3		
2.	**Religion**					
	Hindu	67	40	22		
	Christian	8	5	2	$\chi 2 = 0.15$	9.49
	Muslim	3	2	1		
	Any Other	-	-	-		
3.	**Father's Education**					
	Illiterate	17	7	5		
	Primary	21	13	5		
	Middle School	20	6	8	$\chi 2 = 14.9$	18.3
	High School	10	15	2		
	Higher Secondary	7	6	4		
	Graduate	-	-	-		
	Post Graduate	3	-	1		
4.	**Mother's Education**					
	Illiterate	19	11	8		
	Primary	20	13	8		
	Middle School	18	9	3	$\chi 2 = 5.5$	21.03
	High School	10	9	3		
	Higher Secondary	8	4	3		
	Graduate	1	1	-		
	Post Graduate	2	-	-		

5.	**Father's Occupation**					
	Coolie	66	38	17		
	Temporary	7	2	4	$\chi 2 = 11.4$	12.59
	Permanent	3	7	2		
	Any Other	2	-	2		
6.	**Mother's Occupation**					
	Coolie	46	21	12		
	Temporary	5	-	2	$\chi 2=10.14$	12.59
	Permanent	2	1	2		
	House wife	25	25	9		
	Any other	-	-	-		
7.	**Monthly Income**					
	< Rs.3000	42	27	6		
	Rs.3001-5000	25	13	13	$\chi 2 = 8.6$	12.59
	Rs.5001-10000	7	4	4		
	>Rs.10,001	4	3	2		
8.	**Type of Family**					
	Joint Family	16	5	9	$\chi 2 = 6.6$*	5.99
	Nuclear Family	62	42	16		
9.	**Place of Stay**					
	With parents	60	41	20		
	Hostel	17	6	3	$\chi 2 = 8.6$	12.59
	Relatives	1	-	1		
	Any other	-	-	1		
10.	**Substance abusers in their home**					
	Yes	23	12	9	$\chi 2 = 0.89$	5.99
	No	55	35	16		

* Significant

The above table shows, at a chi-square value $\chi^2 = 19.4^{**}$ ($p<0.01$) shows that there was a significant association between the practice of substance abuse and the age of the adolescents. At a chi square value $\chi^2 = 6.6$ ($p<0.05$) shows that there was a significant association between the practice of substance abuse and the type of family of the adolescents.

The table shows that, there was no significant association between the level of practice and other demographic variables of the adolescents like religion, father's and mother's education, father's and mother's occupation, monthly income, place of stay and substance abusers in their home

CHAPTER – V

DISCUSSION

The purpose of the study was to assess the knowledge and practice of substance abuse among adolescents in selected higher secondary school at Madurai. The study findings had been discussed in terms of objectives and theoretical base.

The first objective of the study was to assess the level of knowledge and practice on substance abuse among adolescent boys.

The study findings showed that majority 76 (50.7%) of adolescent boys had inadequate knowledge and 74 (49.3%) had moderately adequate knowledge about substance abuse.

These findings were consistent with the study done by Selvaraj (2007) found that the awareness of problems related to alcoholism among male engineering college students were moderate 68%. The students (56%) were aware to a certain extent of physical problem. 53% of them were aware of psychological problems. Dasgupta et.al(2010) found that level of knowledge on harmful effects of substances were very high that is in urban – 84.6% and rural – 61.5. The reason for the awareness of substance abuse is more, it could be because of T.V and mass media exposure.

The study findings showed that, majority 78 (52%) of the adolescent boys had no risk regarding substance abuse. Nearly 47 (31.3%) of the adolescent boys had mild risk regarding practice of substance abuse. Least number of adolescent boys 25 (16.7%) had moderate risk regarding substance abuse practice whereas none of the adolescent boys had severe risk regarding substance abuse. This study finds that 48% of adolescent boys had any one of the practice of substance abuse.

These findings were consistent with the study done by Madu & Matla (1999) conducted a study among adolescents between the age group of 15 and 19 years. The study revealed that the prevalence rate of illicit drug use was 19.8%, smoking 10.6% & alcohol consumption was 39.1% among the adolescents. Sodock and Sodock (2003) found that approximately 70% of adults with college degrees currently are drinkers, and 40% of those with less than a high school education.

The second objective of the study was to identify the relationship between the level of knowledge and the practice on substance abuse among adolescents.

The study findings showed that, there was no correlation between knowledge and practice (r = 0.0395). This indicates that adequate knowledge will not necessarily reduce the practice.

These findings are consistent with the study done by Kwamanga et.al (2004) that most adolescent smokers were not worried about the health warnings on the cigarette packets and awareness of the dangers of smoking. The reason could be that the adolescents are pleasure seeking and also most of the effects of substance abuse are occurring after a long period of use only. So they are giving importance only to the present pleasure and not worried about the future problems.

The third objective of the study was to find out association between the level of knowledge and practice of substance abuse with the selected demographic variables.

The study findings showed that there was no association between religion, mother education, father and mother's occupation, monthly income, place of stay and substance abuser in their home, with the level of knowledge of substance abuse. The obtained value in each of these variables showed that there was no significant association between these demographic variables and the knowledge of substance abuse among adolescent boys.

The study findings showed that, at a chi-square value $\chi 2 = 8.13$ ($p<0.05$) there was a significant association between the age and knowledge of the substance abuse. At a chi-square value $\chi 2 = 15.79$ ($p<0.01$) there was a significant association between the father's education and the knowledge of substance abuse. At a chi-square value $\chi^2 = 12.9$ ($p<0.001$) there was a significant association between the type of family of adolescent and knowledge of substance abuse.

These findings were consistent with the study done by Ram Ray Sharma (2001) conducted a study on level of knowledge of psychoactive substance use. The study concludes that the older students had higher knowledge score on substance use

disorder than younger students. Kwamanga et.al (2004) revealed that there is a strong relationship between the age and smoking habit.

The study findings showed that association between religion, father & mother's education, father and mother's occupation, monthly income, place of stay and substance abuser in their home, with the practice of substance abuse was analyzed using inferential statistics namely chi-square. That the result shows that there was no significant association between these demographic variables and the practice of substance abuse.

At a chi-square value $\chi 2 = 19.4$ ($p<0.01$) shows that there was a significant association between the practice of substance abuse and the age of the adolescent boys. At a chi square value $\chi^2 = 6.6$ ($p<0.05$) shows that there was a significant association between the practice of substance abuse and the type of family of the adolescents. The reason could be older children's are practicing substance abuse because of their environmental exposure, mass media influences and transitional change in the attitude of adolescents towards substance abuse.

CHAPTER – VI

SUMMARY AND RECOMMENDATIONS

SUMMARY

The focus of the study was to assess the knowledge and practice of substance abuse among adolescents. The research approach used was non experimental.

The study was descriptive in nature. The conceptual frame work of the study was based upon Nola J. Penders Health Promotion Model. The instrument used for data collection was a self administered questionnaire and self expressed practice tool to assess the knowledge and practice regarding substance abuse which was prepared based on review of literature and with the help of subject experts. The content validity of the tool was obtained from experts. Reliability of the tool was elicited by using Split Half method. The statistical analysis Karl Pearson coefficient was found to be' r' value was 0.82 which was positively correlated. Therefore the instrument was found to be reliable.

A purposive sampling was used to collect data from the study participants. Data was collected for a period of 6 weeks. Data collection was planned and data was gathered using self administered questionnaire.

The main study was conducted at C.S.I Boys Higher Secondary School, Pasumalai, Madurai.

Descriptive and Inferential statistics were used to analyze the data. The data was presented using tables and graphs.

THE MAIN FINDINGS OF THE STUDY

- The majority 76(50.7%) of adolescent boys had inadequate knowledge and 74 (49.3%) had moderate level of knowledge regarding substance abuse. None of the adolescents have adequate level of knowledge regarding substance abuse.
- The majority 78(52%) of adolescents have no risk on practice of substance abuse. 47(31.3%) had mild risk regarding practice of substance abuse. 25 (16.7%) had moderate risk regarding practice of substance abuse and none of the adolescents have severe risk on practice of substance abuse.

- This study finds that 48% of adolescent boys have any one of the practice of substance abuse and 52% of adolescents have none of the practice of substance abuse.
- The computed 'r' value revealed that there was no relationship between the knowledge score and the practice of substance abuse among adolescents.
- The mean value score in all the aspects of knowledge regarding substance abuse like general aspects, smoking, alcoholism and illicit drugs was found be to found be(3.3, 3.8, 4, 3.6) respectively.
- The mean value score in all the aspects of practice of substance abuse like smoking, alcohol, tobacco and bad practice was found to be (1.9, 1.2, 0.9, 1.7) respectively.
- At a chi square value $\chi 2 = 8.13$ ($p < 0.05$) shows that there was a significant association between the level of knowledge with the age of the adolescents.
- At a chi square value $\chi 2 = 15.79$ ($p<0.01$) shows that there was a significant association between the level of knowledge with the father education of the adolescents.
- At a chi square value $\chi 2 = 12.9$ ($p < 0.001$) shows that there was a high significant association between the level of knowledge with the type of family of the adolescents.
- At a chi-square value $\chi 2 = 19.4$ ($p<0.01$) shows that there was a significant association between the practice of substance abuse with the age of the adolescents.
- At a chi square value $\chi^2 = 6.6$ ($p<0.05$) shows that there was a significant association between the practice of substance abuse with the type of family of the adolescents.

CONCLUSIONS

- The majority of the adolescent boys, 76(50.7%) have inadequate knowledge regarding substance abuse. None of the adolescent boys have adequate knowledge regarding substance abuse.
- Majority of the adolescent boys have mild level of risk regarding practice of substance abuse. And some, 25(16.7%) have moderate level of risk regarding practice of substance abuse; none have severe level of risk regarding practice of substance abuse.

- There was no significant relationship between the knowledge and practice of substance abuse among adolescents.
- There was no significant association between the knowledge and religion, mother's education, parents occupation, monthly income, residence, place of stay and source of information has no influence on the adolescents.
- There was a significant association between the age, father's education and type of family with the knowledge of substance abuse among adolescents.
- There was no significant association between the practice, and the demographic variables such as religion, parents education and occupation, monthly income, residence, place of stay, source of information and substance abusers in the family.
- There was a significant association between the age and type of family with the practice of substance abuse among adolescents.

IMPLICATIONS

The study has the following implication for nursing service, nursing administration, nursing education, and nursing research.

IMPLICATIONS FOR NURSING SERVICE

1. The findings suggest that nurses should increase focus on school health, especially the adolescent boys in higher secondary school.
2. This study recommends that individual counselling programme should be carried out among adolescents in primary health care settings.
3. This study suggests that parents should increase focus on the adolescents.
4. This study recommends that health education programme should be carried out among the adolescent boys regarding hazards of substance abuse.
5. These findings suggest that nurses should increase their knowledge regarding early identification of practice of substance abuse among adolescents.
6. This study emphasizes that teachers, health care professionals should be thought about prevention of substance abuse among adolescents.

The findings of the study emphasizes that nurses should know substance abuse prevention as a therapeutic care in reducing substance abuse among adolescents.

IMPLICATION FOR NURSING ADMINISTRATION

1. The finding of the study emphasizes, that the nurse administrators should make plan to increase resources to support and maintain health care facilities of the adolescent boys.
2. This study suggest that nurse administrators should conduct inservice education for the nursing staff regarding common problems of the adolescent and their management.
3. These findings will help the administrators to encourage the nurses to implement health education programme on prevention of substance abuse during school health camps.

IMPLICATION FOR NURSING EDUCATION

1. The study enhances the nursing curriculum to provide opportunities for students to learn about healthy behaviour of adolescent and prevention of substance abuse among adolescents.
2. Extensive use of mass media propaganda can help in the prevention of substance abuse of adolescents in the country.
3. The study will enable the student nurses to acquire knowledge about substance abuse and its prevention.

IMPLICATION IN NURSING RESEARCH

1. As the substance abuse of adolescent has significantly increased, more research to be conducted among the school going adolescents.
2. The study can be published in journals to disseminate knowledge regarding prevention of substance abuse among adolescents.
3. Different ways of caring the adolescents can be explored.

RECOMMENDATIONS

1. Study can be done as a comparative study in rural and urban higher secondary school students.
2. Different types of substance abuse can be assessed using different scales.
3. A similar study can be done on early and late adolescents.
4. A similar study can be done on a large sample using a structured teaching programme.