''A Study Toasses The Effectiveness Of Planned Teaching Program On The Knowledge Regarding The Prevention Of Drug Addiction Among Higher Secondary In Selected Schools Of Secondary Students In Selected Schools Of Jabalpurcity''

Ms.MargaretJeffrin, Assistant Professor – Child Health Nursing, DattaMeghe
College of Nursing, Wanadongri, Nagpur, Maharashtra, India 441110 Email:
margaret.p.jeffrine@gmail.com
Dr.VaishaliD.TendolkarProfessor – Mental Health Nursing, DattaMeghe College of
Nursing, Wanadongri, Nagpur, Maharashtra, India 441110 Email:
vaishali.ten@gmail.com
Dr.KomalMeshram Associate Professor Dept. of Physiology DattaMeghe Medical
College
Dr.SwapnilBhirange Assistant Professor Dept. of Physiology Jawaharlal Nehru Medical
College, DattaMeghe Institute of Medical ScinecesSawangi (Meghe), Wardha

ABSTRACT
BACKGROUND:
Drug abuse is a worldwide problem, not confined to either the developed on the developing countries. At the age of 10-20 years, the use of drug abuses in adolescence represents a serious public health problems.The teens who abuse drugs and alcohol are at higher risk of physical and mental health problem.OBJECTIVES 1.Assess the pre-test level of knowledge of higher secondary students regarding on the prevention of drug addiction. 2.Assess the post-test level of knowledge of higher secondary students regarding on the prevention of drug addiction. 3.Assess the effectiveness of planned teaching program on knowledge of higher secondary students regarding on the prevention of drug addiction. 4.Find out the association of pre-test level of knowledge of higher secondary students with selected demographic variables
METHODS:
Pre-experimental one group pre-test post-test researchdesign was used to assess the effectiveness of planned teaching program SAMPLE SIZE:100Higher secondary studentsPOPULATION:Accessiblepopulation SETTING :Students of AP Narmada Higher Secondary School in Jabalpur RESULT: Pre-test score(SD=3.26),Post-test score (SD=2.87) Paired value is 1.88 (p=0.05) CONCLUSION: The study concluded that the planned teaching program the prevention of drug addiction was effective method for providing moderate to adequate knowledge of higher secondary students in selected schools of Jabalpur City to enhance their knowledge regarding the prevention of drug addiction.

INTRODUCTION:
Drug addiction is a social problem, not in India alone, but the entire world. The use of drugs has its own culture and history, which varies from country to country. The problem of substance abuse is growing at an explosive rate and in just little over a decade it has spread its malevolent tentacles to almost every part of the globe surmounting almost all barriers of race, caste, creed, religion, sex educational status, economic strata etc. [1] Drug addiction and dependence crosses all lines of race, culture, education and socioeconomic status, leaving no group untouched by its

devastating effects. A recent survey estimated that about 16 million citizens of the United States had used an illegal substance in the month preceding the study. Drug addiction is an enormous public health problem, with far ranging effects throughout society In addition to the toll substance abuse can take on one's physical health, it is considered an important factor in a wide variety of social problem, affecting rates of crime, domestic violence, sexually transmitted diseases (including HIV/AIDS),unemployment, homelessness, teen pregnancy and failure in school. [2]

The current statistics found that, 29% of college students report that illegal drugs were made available to them on college property. Not only that, 38.4% of college students report that drugs are readily available (as opposed to 22.4% at private colleges). College students in upper grades report greater access to drugs than do teenagers in lower grades. And 62.9% report that street gangs are present to sell the drugs. Here are the rates, reported by teens, as to which drugs they knew how to obtain easily. it is found that students using Marijuana constitutes 85.8% , Amphetamines: 55.4%, Cocaine: 47.8% ,Barbiturates: 46.3% , Crack: 39.2% ,LSD: 33.1% ,Tranquilizers: 30.1% , Heroin: 29.6% , Crystal meth: 26.7% .2% So, even if teens do not use drugs, it is clear that they are readily available, either at college or by some other means. And it is also clear that teen drug use, in the area of hard drugs, teen drug use has been declining. Use of the strong drugs is much less than it was in the 1960s and 1970s. Indeed, only 8.1% of college seniors report that they have ever used cocaine, and only 1.5% report any use of heroin. The use of hallucinogens and most opiates is also lower. It is marijuana that causes the greatest amount of concern regarding teen drug use. [3]

Adolescence is an important segment of our society with one fifth of them constituting the population. As per WHO (1986) defined adolescent as the period of transition from childhood to adulthood in the age range of 10-20 years. Thus it is the largest ever generation in human history. In India 21% of the total population comprises of adolescents. (National youth policy 2000). Adolescence is a stage between child hood and manhood / womanhood. It is a stage when he cannot make his responsibility of a situation[4].

According to world health organization and the American psychiatric association, drug abuse is the illicit consumption of an naturally occurring or pharmaceutical substances for the purpose of changing the way in which a person feels, think or behaves, without understanding or taking into consideration the damaging, physical and mental side effects that are caused[5].

An articles published by Dr. Ask. Felex, on commonly abuse drugs among adolescents in India are Alcohol, Smoking, tobacco, cough syrup containing codeine, and cap. Spasmoproxyvon etc[6].

Drug abuse is a worldwide problem, not confined to either the developed on the developing countries. At the age of 10-20 years, the use of drug abuses in adolescence represents a serious public health problems.

One of the most important effect of drug abuse is impaired judgment and a lack of rational thinking, drug addicts also develop psychological problems such depression, anxiety irritability, personality problems. During abuse a range of health problem such as unsafe sex, needle sharing which contributed to the spread of infection disease such as HIV/AIDs and hepatitis B and C.

SETTING:
This study was conducted in the selected Higher Secondary School, Jabalpur city. The study was conducted in the selected AP Narmada Higher Secondary School SadarCantt, Jabalpur city. The reason for selecting this school was the investigator's interest in assessing the knowledge on the prevention of drug addiction in higher secondary students, as students are the building block of the Nation and can implement this planned teaching program at the time of emergencies.

RESEARCH DESIGN: Pre-experimental one group pre-test post-test research design.

POPULATION: The population in this study consists of higher secondary students in selected schools of Jabalpur city.

TARGET POPULATION The target population of the study was higher secondary students of Jabalpur city. **ACCESSIBLE POPULATION:** The accessible population of the study was higher secondary students studying in AP Narmada Higher Secondary School SadarCantt, Jabalpur city.

THE SAMPLE AND SAMPLE SIZE: In this study sample comprised of 100 higher secondary students of was AP Narmada Higher Secondary School Sadar, Jabalpur selected which fulfilled the sample criteria. In the present study purposive sampling was used to select the samples.

SAMPLE SIZE: Itconsists of 100 higher secondary students of AP Narmada Higher Secondary School Sadar, Jabalpur, Madhya Pradesh; those who fulfill the inclusion and exclusion criteria.

SAMPLING TECHNIQUE:

Non-probability purposive sampling approach was thought to be most appropriate for this study.

CRITERIA FOR SELECTION OF THE SAMPLE

1. INCLUSION CRITERIA Inclusion criteria for the selection of the sample are:

☐ From Selected Students of Class XI and XII.

☐ Students who were available at the time of data collection

☐ Those students who are willing to participate in the study.

2. EXCLUSION CRITERIA

☐ Those students who are not available at the time of data collection.

☐ Those Students of Class XI and XII on absent and on medical leave.

☐ Who are younger than 16 years and older than 20 years

3.14 DESCRIPTION OF THE TOOL

Section 1: Include items related to the demographic variables of the respondents about Age, gender, Residence, Educational status of father and Educational status of mother, Total family income, Previous knowledge awareness about drug addiction etc.

Section 2: Consists of structured questionnaire to assess the knowledge before and after administering planned teaching program on the prevention of drug addiction among higher secondary students.

SCORING

A score of (1) is assigned to correct response and (0) is assigned to wrong answer.

- Poor knowledge score was 1-10
- Average knowledge score was 11-20
- Good knowledge score was 21-30

TABLE NO: 3.2

DISTRIBUTION OF KNOWLEDGE SCORE

Maximum mark-30

Minimum mark- 1

LEVEL OF KNOWLEDGE	SCORE
Poor	1-10
Average	11-20
Good	21-30

PILOT STUDY: The pilot study was conducted in AryaKanya Higher Secondary School in the first week of April from 4/04/16 to 11/04/16 to assess the feasibility of the study and to decide data analysis plan. The prior permission was taken from the respective authorities.

The pilot study was conducted on 10 higher secondary students. The pre test was given on the first day. The planned teaching program was given. After one week post test was assessed.

METHODOF DATA COLLECTION: The following schedule was followed for data collection:After identifying the sample, objectives of the study were discussed and consent for participation in the study was taken from the selected group. The investigator assured the subject about the confidentiality of the data. The investigator herself administered the questionnaire for

the pre- test. The duration of data collection for each sample was 15-20 minutes. During the pre-test, participants were seated away from each other and discussion was not allowed. The planned teaching program was administered to the experimental group after the pre-test.

The instruction about post test was given to the respective participants. After one week post test is taken. After the data collection, all the participants were thanked for their participation in the study.

Data was analyzed by statistical test. The pilot study did not show any major change in the design of structured questionnaire and the planned teaching program by the researcher

PLANS FOR DATA ANALYSIS

In this present study the investigator planned to analysis the data obtained based on the objectives of study.

1. Socio- demographic data would be analyzed using descriptive statistics i.e. frequency and percentage.
2. Mean and standard deviation of pre test and post test knowledge score were calculated.
3. Computing 't' value to find out the significance of difference between the mean of pre- test and post-test knowledge score.
4. Association between pre-test knowledge score with demographic variable were calculated by chi-square test.

RESULT

The findings shows that mean post test knowledge score (19.25) is apparently higher than the mean pre- test knowledge score (11.1) The pre-test score (SD=3.26) is more than that of post test score (SD=2.87) and computed paired value is 1.88 (p=0.05) is significant shows there is difference between pre- test and post-test mean knowledge score (t=1.880).This indicates that planned teaching program is effective in increasing knowledge score of higher secondary students regarding the prevention of drug addiction.

1.7 DE-LIMITATIONS

The study is delimited to –

- Students of Class XI, XII standard of selected higher secondary school at Jabalpur city.
- Planned teaching program on the prevention of drug addiction once only.

STATISTICAL ANALYSIS

- **Demographic distribution of the samples (N =100)**

S.No.	Variables	Frequency	Percentage
1	**AGE**		
a.	15-16 year	8	8
b.	16-17year	88	88
c.	17-18 year	4	4
EDUCATIONAL STATUS OF FATHER			
a.	Primary education	11	11
b.	Higher secondary(metric)	56	56
c.	Graduate and above	29	29
d.	No formal education	4	4
EDUCATIONAL STATUS OF MOTHER			
a.	Primary education	9	9
b.	Higher secondary	55	55
c.	Graduate and	23	23

	above		
d.	No formal education	13	13
GENDER			
a.	Male	52	52
b.	Female	48	48
RESIDENCE			
a.	Urban	98	98
b.	Rural	2	2
TOTAL FAMILY INCOME			
a.	< 3000 per month	13	13
b.	3000-5000 per month	60	60
c.	6000-10,000 per month	9	9
d.	> 10,000 per month	18	18
PREVIOUS KNOWLEDGE			
a.	Mass media	49	49
b.	Family member	29	29
c.	Friends	21	21
d.	School teachers	1	1

TABLE NO 4.14 Comparison of pre-test & post- test knowledge of students (N = 100)

S. N o	Description	Mean	Mean difference		t-Test
1	Pretest Knowledge	1 1. 1	8.15		1. 8 8 0
2	Post test Knowledge	1 9. 2 5			

5.4 DISCUSSION

Objective 1.Assess the pre-test level of knowledge score of higher secondary students regarding the prevention of drug addiction

Findings of the present study showed that in pre-test knowledge majority of planned teaching program the result clearly indicated that (51%)higher secondary students have poor knowledge, (47%) higher secondary students have average knowledge and (2%) higher secondary students have good knowledge regarding the prevention of drug addiction.

Objective 2.Effectiveness of planned teaching programon knowledge of higher secondary students regarding the prevention of drug addiction.

After administration of planned teaching program the result clearly indicated that (2%)higher secondary students have poor knowledge, majority (67%) higher secondary students have average knowledge and (31%) higher secondary students have good knowledge regarding the prevention of drug addiction.

This study shows that there is effective planned teaching program on knowledge of higher secondary students. The t value of pre-test and post-test knowledge score (1.880) was significant at 0.05 level. This value shows that there is marked improvement in knowledge ofhigher secondary students.

Objective 3. Findings related to Compare the pre-test and post-test level of knowledge of higher secondary students regarding the prevention of drug addiction.

Majority of pre-test scored (2%) students had good knowledge and (47%) students had average knowledge and (51%) students had poor knowledge regarding the prevention of drug addiction. The mean =11.1 and SD= 3.26 also justify the knowledge of students.

Majority of post-test scored (31%) students had good knowledge, (67%) students had average knowledge, (2%) students had poor knowledge regarding the prevention of drug addiction. The mean is 19.25 and SD is 2.87 also justify the knowledge of students.

The finding shows that mean post-test knowledge score (19.25) is apparently higher than the mean pre- test knowledge score (11.1). The Pre-test score (SD=3.26) is more than that of the post test score (SD=2.87). The obtained t value is 1.88, (p=0.05) is significant. . In this case the calculated value of "t" is less than the table value (1.984) the hypothesis is accepted.

Finding related to the comparison between pre-test knowledge was 11.1 and post-test knowledge was 19.25 made by t-test. The pre-test and post-test knowledge was statistically tested by applying t-test method at the level of 0.05%. In this case the calculated value of t is less then the table value (1.984), the hypothesis is accepted.

This indicates that planned teaching program is effective in increasing knowledge score of higher secondary students regarding the prevention of drug addiction.The comparison between pre-test and post –test knowledge was made. The result showed positive correlation, t=1.88, p<0.05.

In this major findings of the study are discussed in line with objectives, hypothesis, review of literature is related to similar study. Hence it fulfilled the objective no. 3

Objective 4.Findout the association of pre-test level of knowledge with selected demographic variables

Findings related to the association between the pre-test knowledge scores and the selected demographic variables. The findings show that the association between knowledge of higher secondary students with demographic variables is statistically tested by applying chi-square test and variable in age of the higher secondary students, educational status of father , educational status of mother, gender of the students, residence of the students, total family income, previous knowledge, post were found significant at 0.05 level. Age was found most significant. Other variables were found significant.

Many studies reflect on the different aspects of this study [8,9, 10]. Rathiet. al. reported on quality of sleep among medical students and it'srelationship with personality traits[11]. Different studies were reported focused on students by Pandeyet. a. [12], Debroyet. al. [13], Deoliaet. al. [14].Khatib et al assessed the effect of electronic media among children and adolescents on substance abuse[15-18].

MAJOR FINDINGS OF THE STUDY

 Socio-demographic variables: the majority of the samples 68 (68%) belonged to the age group 16-17 years, 62 (62%) were from Hindi medium, 53 (53%) were from XIITH standard, 64 (64%) stayed in hostel, 66 (66%) lived in rural areas, 51 (51%) is from nuclear family, 59(59%) total monthly income was 5001-10,000/- 59(59%), 60 (60%) educational qualification of their father were undergraduate, 63 (63%) educational qualification of their mother were illiterate, 65 (65%) occupation of father were self employed, 56 (56%) occupation of mothers were housewives, 68 (68%) performance in previous classes were average, 40 (40%) siblings were two, 68(68%) going to school were by own. Majority of pretest samples (73%) had moderate stress and (21%) had severe stress and (6%) had mild stress. In the majority post test samples (79%) had mild stress and (11%) had moderate stress and (4%) had severe stress and (6%) had no stress.   The mean post test scored (28.04) is less than the mean pre test knowledge score (43.92). The mean difference between pre test and post test score is 15.88. The standard deviation score for pre test is 13.76 and for post test is 12.19. The obtained t value is 1.92, (p=0.05) is significant.

CONCLUSION

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

Socio demographic variables: the majority of samples (88%) age of the students belonged to 16-17years, (56%) father educational status were from high secondary school, (55%) mother educational status were from higher secondary school, (52%) male students were from higher secondary school, (98%) lived in urban area, (60%) total family monthly income were from 3000-5000/month, 49(49%) have previous knowledge were from mass media.

From the data analysis and findings of the present study, it is concluded that there is significant difference between mean pre-test post-test knowledge on prevention of drug addiction among higher secondary students. The mean score of the higher secondary students during the pre-test is 11.1 where as mean post-test score is 19.25 after pre-test an effectiveness of planned teaching program. The mean difference is 1.8, hence the planned teaching program can further increase the knowledge on prevention of drug addiction among higher secondary students[16].

Based on the findings of the study there is an association between the pre-test score of higher secondary students with demographic variables such as age, educational status of father and mother, residence, gender, family monthly income, any previous knowledge of students regarding prevention of drug addiction.

IMPLICATIONS OF THE STUDY

The findings of the study have implications related to nursing administration, nursing practice, nursing education and nursing research regarding the prevention of drug addiction among higher secondary students regarding planned teaching program as well as educating the students regarding the prevention of drug addiction to increase knowledge.

LIMITATIONS

- It was difficult to get permission to conduct the study as the examination of the students were learning
- The duration of the study was limited for four weeks only. Sample size is limited to 100 only.
- The subjects in the study were limited to just higher secondary students.
- Study was limited to the one group pre-test post-test design.

REFERENCES

1. Bond, L., Butler, H., Thomas, L. & Carlin, J. (2007). Social and school connectedness in earlysecondary school as predictors of late teenage substance use, mental health and academicoutcomes. *Journal of Adolescent Health*, 40, 357.e9 357.e18.
2. Borawski, E.A., Ievers-Landis, C.E., Lovegreen, L.D., &Trapl, E.S. (2003). Parental monitoring negotiated unsupervised time, and parental trust: The role of perceived parenting practices in adolescent health risk behaviors. *Journal of Adolescent Health*, 33,60-70.
3. Botvin, G. E., &Botvin, E. M. (1992). Adolescent tobacco, alcohol, and drug abuse: Preventionstrategies, empirical findings, and assessment issues. *Journal of Developmental andBehavioral Pediatrics*, 13, 290–301.
4. Brook, J.S., Brook, D.W., & De La Rosa, M. (2001). Adolescent illegal drug use: The impact ofpersonality, family, and environmental factors, *Journal of Behavioral Medicine*, 24, 183-203.
5. Kamala, K.K. Preventing Drug Abuse and trafficking. Health Action 2006; (19), 33-34.
6. Aldhaheri, H., AlSaimary, I. and ALMusafer, M. " The Estimation of prostate specific antigen (PSA) concentrations in patients with prostatitis by fully automated ELISA technique. *Journal of Medical Research and Health Sciences*. 3, 11 (Nov. 2020), 1100-1104. DOI:https://doi.org/10.15520/jmrhs.v3i11.279.
7. Syed MasudAhemed,AKM Measure Rana, shaminmatinchowdhary , Anne mills, sanabennetty. Substance and drug abuse, regional health forum, 2002: 6(2) : 20-25.
8. Jeremy Aldworth, Kortnee Barnett Walker, Kathrine R. boeman, Janice M. Cunninggham, Teresa R Davis, Jessica E. Ducan et.al; (2002) National survey on drug use and health. Substance abuse and mental health services administration, united states of America.

9. Waryana, SabarSantosa, J Supadi (2018) Integrated Community Service's Guideline Influences Communication Skill And Team Work On Solving Health Problem International Journal Of Scientific Research And Education.06,03 (March-18) 7877-81

10. James, Spencer L, Chris D Castle, Zachary V Dingels, Jack T Fox, Erin B Hamilton, Zichen Liu, Nicholas L S Roberts, et al. "Estimating Global Injuries Morbidity and Mortality: Methods and Data Used in the Global Burden of Disease 2017 Study." *Injury Prevention* 26, no. Supp 1 (October 2020): i125–53. https://doi.org/10.1136/injuryprev-2019-043531.

11. Ni LuhPutriSantje, S.L.Sangar (2018) The Model Development of Makeup Learning For Early Mentally Disabled Children in The Extraordinary Kindergarten North Sulawesi International Journal Of Scientific Research And Education.06,07 (July-18) 7980-85

12. James, Spencer L, Chris D Castle, Zachary V Dingels, Jack T Fox, Erin B Hamilton, Zichen Liu, Nicholas L S Roberts, et al. "Global Injury Morbidity and Mortality from 1990 to 2017: Results from the Global Burden of Disease Study 2017." *Injury Prevention* 26, no. Supp 1 (October 2020): i96–114. https://doi.org/10.1136/injuryprev-2019-043494.

13. Yana, W., Andu, E.C., Tofel, K.H. and Henri, A. " Bioefficacy of local Lantana camara (Verberneae) plant extracts against the 3rd instar larva and adult stages of Anopheles gambiaesensolato (Giles). *Journal of Medical Research and Health Sciences*. 3, 12 (Dec. 2020), 1120-1129. DOI:https://doi.org/10.15520/jmrhs.v3i12.214.

14. Murray, Christopher J L, Cristiana Abbafati, Kaja M Abbas, Mohammad Abbasi, Mohsen Abbasi-Kangevari, FoadAbd-Allah, Mohammad Abdollahi, et al. "Five Insights from the Global Burden of Disease Study 2019." *The Lancet* 396, no. 10258 (October 2020): 1135–59. https://doi.org/10.1016/S0140-6736(20)31404-5.

15. Rathi, A., R.S. Ransing, K.K. Mishra, and N. Narula. "Quality of Sleep among Medical Students: Relationship with Personality Traits." *Journal of Clinical and Diagnostic Research* 12, no. 9 (2018): VC01–4. https://doi.org/10.7860/JCDR/2018/24685.12025.

16. Pande, G., P. Kute, and Y.U. Chitriv. "To Study the Relationship of Dietary Habits and Physical Activity with BMI in Medical Students." *International Journal of Pharmaceutical Research* 11, no. 1 (2019): 1145–47. https://doi.org/10.31838/ijpr/2019.11.01.201.

17. Debroy, A., A. Ingole, and A. Mudey. "Teachers' Perceptions on Student Evaluation of Teaching as a Tool for Faculty Development and Quality Assurance in Medical Education." *Journal of Education and Health Promotion* 8, no. 1 (2019). https://doi.org/10.4103/jehp.jehp_47_19.

18. Duran, D. (2020). The Pharmacological Evaluation of Flax Seed Oil. Journal of Current Medical Research and Opinion, 3(05), 459–464.
    https://doi.org/10.15520/jcmro.v3i05.282

19. Deolia, S., J. Johny, M.S. Patil, N.R. Lanje, and A.V. Patil. "Effectiveness of 'Audio-Tactile Performance Technique' to Improve the Oral Hygiene Status of Visually Impaired Schoolchildren." *Journal of Indian Society of Pedodontics and Preventive Dentistry* 37, no. 2 (2019): 172–76. https://doi.org/10.4103/jisppd.jisppd_245_18.

20. Khatib M, Sinha A, Gaidhane A, Simkhada P, Behere P, Saxena D, et al. A systematic review on effect of electronic media among children and adolescents on substance abuse. Indian Journal of Community Medicine. 2018;43(5):S66–72. https://doi.org/10.4103/ijcm.IJCM_116_18.

21. Nagrale N, Wankhade T et al. Prevalence and Pattern of Substance Abuse among Patients Presenting to De-addiction Centres: A Study from Central India. International Journal of Medical Toxicology & Legal Medicine. 2018; 21 (1 & 2): 31-34.