Journal of Nursing and Occupational Health
JNOH, 5(1): 498-521
www.scitcentral.com

ISSN: 2640-0845

Original Research Article: Open Access

A Study to Assess Knowledge Regarding Effectiveness of Structured Teaching Program on Prevention of Substance Abuse Among Adolescents in Selected Junior Colleges at Sangareddy Telangana State

Seema Yadav*

Principal College of Nursing, Sarojini Naidu Medical College, AGRA, Uttar Pradesh, India.

Received August 22, 2023; Revised September 08, 2023; Accepted September 12, 2023

ABSTRACT

Aim: The aim of the study was to evaluate knowledge regarding prevention of substance abuse among adolescents at selected junior college at Sangareddy, Dist.

Material and Method: In this study was adopted by pre-test, post-test design, the setting was selected Sri Venkateshwara junior college Sangareddy, dist. The instrument used for the study was a structured teaching program. A total of 60 Junior college students were selected by convenience sampling technique, the data obtained were analyzed and interpreted in terms of objectives and hypothesis of the study. Knowledge assesses the use by a structured questionnaire to evaluate the knowledge after with the structure teaching program was administered. The posttest was administered after 9 days, using the same questionnaire to identify the changes in knowledge. The collected data were analyzed using descriptive and inferential statistics.

Results: The First was to assess the demographic variable in experimental group. Majority of the Adolescent students 30(50.00%) were in the age group of (17-18) yrs. Majority of the of the Adolescent students 27(45.0%) Hindus. Majority of the of the Adolescent student's mother's education 27(45.0%) were Illiterates. Majority of the of the Adolescent student's mother's occupation 24(40%) were Housewife. Majority of the of the Adolescent students Fathers education 21(35.0%) were Illiterates. Majority of the of the Adolescent students Fathers occupation 27(45.0%) were private employees. Majority of the of the Adolescent students Income per month 33(55.0%) were belongs to 5,001/-10,000/- income per month. Majority of the of the Adolescent student's resident 42(70.0%) were belongs to rural resident. Majority of Adolescent students 21(35.00%) belongs to three family's members. Majority of the Adolescent students Family type 27(45.00%) were Joint family type. Majority of the Adolescent students 30(50.0%) had previous knowledge through mass media.

The pretest 54(90.0%) were having Below average knowledge, 6(10.0%) were having Average knowledge, 0(0%) were having Above average knowledge. For posttest 0(0.0%) were having Below average knowledge, 46(76.66%) were having Average knowledge, 14(23.33%) were having Above average knowledge. The mean pre-test knowledge score pretest score (m11.71+/- SD3.24) was less than the post-test knowledge score (m26 +1- SD2.94) Paired "t" value 51.35 table value: 2.023. value. computed between the pretest and posttest level of knowledge score. which was significantly at 0.05 level. So, the calculated" value is greater than tablet" value, the research hypothesis (H) is accepted. The tool used for the study was a structured learning program.

Conclusion: The study was conducted to evaluate the level of knowledge among Adolescents students studying at Sri Venkateshwara Junior college. knowledge mean score was 26 with the standard deviation 2.94 so the structured teaching program was an effective method to improve the knowledge.

Keywords: Assess substance abuse, Improve the knowledge regarding prevention of substance abuse, Adolescence age, Peer pressure acceptance in group, Modern trend

INTRODUCTION

Adolescence can be defined biologically, as the physical transition marked by the onset of puberty and the termination of physical growth; cognitively, as changes in the ability to think abstractly and multi-dimensionally; or socially, as a period of preparation for adult roles. Major pubertal and biological changes include changes to the sex organs, height, weight, and muscle mass, as well as major changes in brain structure and organization. Cognitive advances encompass both increment in knowledge and in

Corresponding author: Seema Yadav, Principal College of Nursing, Sarojini Naidu Medical College, AGRA, Uttar Pradesh, India, Tel: +91 9966 279944; E-mail: seemakishan22@gmail.com

Citation: Yadav S. (2024) A Study to Assess Knowledge Regarding Effectiveness of Structured Teaching Program on Prevention of Substance Abuse Among Adolescents in Selected Junior Colleges at Sangareddy Telangana State. J Nurs Occup Health, 5(1): 498-421.

effectively. The study of adolescent development often involves interdisciplinary collaborations. Adolescence is a phase separate from both early childhood and adulthood. It is a transitional period that requires special attention and protection. Physically, children go through several transitions while they mature. We now know that the brain undergoes quite substantial developments in early adolescence, which affect emotional skills as well as physical and either solidified, rejected, or transformed [1]. As adolescent girls and boys grow, they take on additional responsibilities, experiment with new ways of doing things and push for independence. It is a time in which values and skills are developed that have great impact on well-being and accompanied by an increased. Independence allowed by the parents or legal guardians, including less supervision as compared to preadolescence. Such milestones include driving a vehicle, having legal sexual relations, serving in the armed forces or, purchasing and drinking alcohol, voting, entering contracts, finishing certain levels of education, and marriage". Evidence shows that when adolescent girls and boys are supported and encouraged by caring adults, along with policies and services attentive to their needs and capabilities, they have the potential to break long-standing cycles of poverty, discrimination, and violence. Children grow up in a dynamic social context in which local communities drive global development. Adolescents, social actors, are part of this movement. Young adolescents (aged 10-14) are often invisible in discourse and data, falling between policies and program focused on "children" and on "youth" [2]. Good health is a prerequisite of developmental process and human productivity. Health is essential for the economic and social development of the country. Health is a state of complete physical, mental, social, and spiritual wellbeing and not merely an absence of disease or infirmities. It is also a state of wellbeing of individuals and community. Alcohol has been consumed in India at least since the Vedic period of 2000-800 BC and was allowed in Hinduism, particularly among the ruling classes. However, Buddhism, Jainism, and Islam did not allow their followers to drink. Although alcohol became more freely available in the Indian subcontinent under British rule, Indians did not generally incorporate drinking alcohol into their social or religious activities. Substance abuse is a common phenomenon in the world and has invaded human society as the most important social damage. Substance abuse is a non-adaptive model of drug use, which results in adverse problems and consequences, and includes a set of cognitive, behavioral, and psychological symptoms. Now a days there is an increasing trend for the abuse of psychoactive substances in the developing countries like India, which has a great impact on social, cultural, economic, and health status of individual & community. Substance abuse, especially amongst youth, has been a matter of concern throughout the world. Adolescence is the critical period when the first initiation of substance use takes place. Among the youth the students are more vulnerable due to increased academic pressure, peer group influence and Increased popularity & availability of substances like alcohol, tobacco, huka bar, Tobacco, E cigar etc. The technical persons or the students of professional institutions also are not away from such hazardous behavior. Indian constitution emphasis that, "The state shall endeavor to bring about prohibition of consumption except for medical purposes of intoxicating drinks and of drugs which are injurious to health" [3-5]. Alcohol tobacco and other substance abuse is a drastic social problem in India. Around 25 % of the current users are dependent users. Dependent users as a proportion of current users were 17% for alcohol, 26% for cannabis and 22% were opiates. Substance abuse has a major impact on individuals, their families, and their communities. The effects of substance abuse are cumulative, contributing to costly social, physical, mental, and public health problems. These problems include teenage pregnancy, HIV/AIDS, other sexually transmitted diseases (STDs), domestic violence, child abuse, motor vehicle crashes, physical fights, crime, homicide, and suicide. Advances in preventing substance abuse and the provision of treatment to substance users have contributed to improved lives for many Americans [3]. Although disparities in access to substance abuse treatment remain, some progress in reducing them has been accomplished. Regarding disparities in attitudes toward drug and alcohol use, data demonstrate that the highest rates of disapproval exist among youth in select racial and ethnic populations. Addiction is a state of physical or psychological dependence on a substance. Physical addiction includes the development of tolerance (needing more and more of the drug to achieve the same effect) and withdrawal symptoms that appear when the user stops taking the drug, and disappear when more of the drug is taken [3]. It is increasingly apparent that the health burden as well as the social cost attributable to alcohol misuse, is due in greater measure to persons with hazardous use than to person with dependent use. Hazardous use has been estimated at over 80 and 55% of all male and female users respectively [4]. Many different types of drugs can be abused: not only illegal drugs such as heroin, cannabis, cocaine, or ecstasy, but also prescription drugs such as tranquillizers, analgesics (painkillers), and sleeping pills. Even medicines that can be bought off the supermarket shelf can be abused (such as cough mixtures or herbal remedies) and the abuse of alcohol is a major area of concern [4]. Studies from different parts of the world have shown that college students have a higher prevalence of alcohol drinking and alcohol-use disorders than non-college youth. This could be attributed to the well-established developmental phase college students go through, in which they are away from home, family and longstanding friendships. Throughout their college years, students pass through a phase of vulnerability (intellectually, emotionally, and socially), in a new environment characterized by considerable peer influence, and often aggressive promotion of alcoholic beverages. In addition to the college setting

being a unique environment to which a large proportion of young people are exposed end masse, nearly all the world's future leaders, policy-makers, and healthcare providers will have passed through the college system as young people [4].

NEED FOR THE STUDY

The period of adolescents is not an easy stage of life. Many physical and emotional changes take place during adolescent's period. The period of adolescents is a critical one and that has many health-related beliefs, attitudes and behaviors are adopted and consolidated [5]. During this stage of life, adolescents have increased freedom to access to health compromising substances and experiences such as alcohol, tobacco, other drugs, and sexual risk taking as well as opportunities for health-enhancing experiences such as regular exercise and a healthy diet [6]. Estimating prevalence of alcohol use in the general population range from 26-50 % of all males. The survey generally show that many people are abstainers, some are drinkers and quite a few are heavy drinkers, with tendency among those who drink to indulge in very drinking, to get drunk rather than to aid mutual social activity. Health demands on adolescents cannot be ignored since they form an important part of the human resources of our country. Habits and behaviors (Food habits, substance abuse, conflict and emotional management, sexual expression) picked up during adolescence have life-long impact [6]. But it is considered that the physical manifestations of adolescents in substance abuse include alterations in vital signs, weight loss, chronic fatigue, chronic cough, respiratory congestion, red eyes, and general apathy and malaise. The mental status examination may reveal alterations in level of consciousness, impaired attention and concentration, impaired thought processes, delusions and hallucinations misdial thoughts are also common. Males have higher incidence for both non-dependent and dependent use for all the drug categories. Females had a higher incidence of dependent toward tobacco, Alcohol [7]. A study to estimate the prevalence rate of alcohol abuse and to study its socio-demographic correlates. Alcohol consumption is higher in rural areas of India compared to urban areas. Scheduled tribes have a higher prevalence of alcohol consumption compared to other castes or tribal groups. In terms of religious groups, the percentages of alcohol consumption are approximately as follows: Hindus 20%, Muslims 5%, Christians 28%, Sikhs 23.5%, Buddhist/Neo-Buddhist 24.5%, Jains 5.9%, and others 47%. A socio-demographic profile was also included to collect information on gender, race, age, level of education, professional program, health status, employment status and distance students who stayed at the university. Result indicated that urban university students' overall knowledge of alcohol and alcohol effects were generally low. As saying goes, today's young people are tomorrow's future. Since the increasing rate of alcoholism among the youth of our country is alarmingly high, there is an urgent need for systematic initiation of preventive health education programs on alcoholism among the youth, most of which are contributed by the student population. Hence the investigator felt the need to conduct a study to evaluate the effectiveness of health education on alcoholism for undergraduate students. Telangana stand at the top among all the southern states when it comes to Consumption of alcohol as per the study is 43.4% and out of every 100 women 7 consumes alcohol, sangareddy rural the number of substance abuse among adolescents are 50-60% and cigarette smokers and alcohol abuse is 30-40%. Therefore, the investigator planned to conduct the study among adolescents in selected colleges because of the high prevalence of the problem among adolescents. The investigator planned to give health education regarding the prevention of substance abuse [8].

STATEMENT OF THE PROBLEM

"A study to assess knowledge regarding effectiveness of structured teaching program on prevention of substance abuse among adolescents in selected junior colleges at Sangareddy Telangana state".

OBJECTIVES OF THE STUDY

To assess pre-test knowledge level of adolescents regarding prevention of substance abuse among adolescent students at selected junior colleges.

1. To plan, validate and administer structured teaching program regarding prevention of substance abuse among adolescent students at selected junior colleges.
2. To assess post-test level of knowledge level regarding prevention of substance abuse among adolescent students at selected junior colleges.
3. To evaluate substance abuse among adolescent students at a selected high school effectiveness of a structured educational program in the field of prevention.
4. To find out the association between post-test knowledge, scores of adolescents on prevention of substance abuse with their selected demographic variables among adolescent students at selected junior colleges.

HYPOTHESES OF THE STUDY

- H1: Their will be significant difference between pre and posttest level of knowledge regarding prevention of substance abuse among adolescents' students at selected junior college.
- H2: There will be a significant association between posttest level of knowledge scores on prevention of substance abuse among adolescents and their demographic variables.

OPERATIONAL DEFINITION

Effectiveness: It refers to the significant gain in post knowledge level regarding prevention of Substance abuse which will be measured by the self-administered structured questionnaire prepared by the investigator for the purpose of the study.

Knowledge: Refers to correct responses from adolescent students regarding prevention of substance abuse.

Structured Teaching Programme on Prevention of Substance Abuse: For the purpose of this study, it refers to the systematically developed instructional and teaching aids designed for adolescent students regarding prevention of substance abuse like Alcohol - Beer, Wine, and Liquor. Opioid - Morphine, Heroin, Pentazocine, Pethidine.

Substance Abuse: For the purpose of this study, the following Substance alcohol wine, Liquor. Opioid - Morphine, Heroin, Pentazocine, Pethidine. Cannabinoids - Ganja, Hashish, Charas and Bhang. Sedatives and hypnotics- Barbiturates, Benzodiazepines. Cocaine Stimulants Caffeine, amphetamine, methylphenidate, Hallucinogen -LSD, dimethyl tryptamine, psilocybin Tobacco - Cigarettes, cigars, bidi, zarda, khaini Volatile solvents - Toluene, ethyl acetate

Abuse: Misuse of substance

Adolescents: They are adolescent students including both male and female studying in selected junior college students at Sangareddy.

Junior College: It refers to the period of age between 16 to 8 years of age.

Assumption:

- The students may have some knowledge regarding "substance abuse."
- The student may willingly participate in the study.
- Tool prepared may effectively assess the knowledge regarding "substance abuse."

Delimitation:

- The study is de-limited to adolescents of age 16 to 18 Yrs.
- The study is de-limited to adolescents in selected junior college.
- The data collection period is de-limited to 4 weeks.

Conceptual framework: Conceptualization refers to the process of developing and refining abstract ideas a conceptual model provides a logical thinking for systemic observation of interpreting the observed data if describes each of the concept shows in general way how the concept is related to one another. Conceptual framework for the present study is based on prevention of substance abuse among adolescents at selected junior colleges and providing structured teaching programs to improve knowledge. The development of conceptual theoretical framework is fundamental process required before conducting actual research teaching programs on knowledge regarding prevention of substance abuse. The study is based upon J.W. Kenny's open system model. The present study is aimed at developing and evaluating the effectiveness of structure.

Concepts: The concepts of J.W. Kenny's open system model are input, throughput, output, and feedback. The study was based upon J.W Kenny's open system model. All living systems are open in that there is continual exchange of matter energy and information. Open system has varying degree of interaction with the environment from which the system receiving input and gives back output in the form of matter energy and information for survival all systems most receive varying types and amount of information, matter of energy. Feedback may be possible, negative, or neutral. In this study the concepts have been modified as follows.

Input: According to J.W Kenny's input refers to matter, energy and information that enter the system through its boundary. In the present study the input was assessing the level of knowledge regarding prevention of substance abuse among adolescents at selected junior colleges.

Throughput: Throughput refers to processing where system transforms the energy matter and information. In this study throughput refers to the process of transferring the knowledge of structured teaching program to adolescent junior college students.

Output: It refers to the matter, energy and information that are processed. Output is the change level of knowledge regarding prevention of substance abuse among adolescents at selected junior college.

REVIEW OF LITERATURE

The literature reviewed for the present study is organized under the following headings:

1. Epidemiology of substance abuse
2. Effects of substance abuse
3. Knowledge, attitude, and opinion regarding substance abuse
4. Prevention and control of substance abuse
5. Teaching strategies and development and evaluation of informational booklet

METHODOLOGY

Research methodology refers to a way of obtaining organizing and analyzing data [9-10].

Research approach:

1) Evaluative research approach was adopted for the study.

2) Research design: the research design adopted in this study is one group, pre-test and

3) Post-test design

Setting of the Study

Setting refers to physical location and condition in which the data collection take place in the study. The present study was conducted at Sri Venkateshwara junior college, Sangareddy dist., Telangana state. which is a professional, co-educational college offering junior college all courses, the duration of the study will be 9 weeks.

Population

Population is the entire aggregation of cases on which a researcher is interested here the population is adolescent students who are studying at Sri Venkateshwara junior college.

Target Population is the aggregate of cases about which the researcher would like to make generalization. In the present study the target population was Adolescent junior college students who are studying at Sri Venkateswara junior college, Sangareddy dist.

Accessible Population is the aggregate of cases that confirm to the designated criteria and that are accessible as a pool of subjects for the study. The accessible population in this study was 60 adolescent students who are studying at Sri Venkateshwara junior college, Sangareddy district.

Sample and sampling techniques is a sample is a subset of population elements, which are the most basic units about which data are collected. The sample was chosen to represent the key characteristics of population, freeform bias, and errors, substitution, and completeness. The sample used for the present study was 60 Adolescent junior college students who are studying at Sri Venkateswara junior college, Sangareddy dist.

Sampling Techniques is the process of selecting a representative part of the population. in present study Stratified random sampling technique. For this study convenient sampling techniques was adopted to draw the sample.

Sample Size

The number of samples selected for this study is 60 adolescent students.

Criteria for Selection of Sample

Inclusion Criteria: Adolescent junior college students who are studying at Sri Venkateshwara junior college, Sangareddy dist., Telangana state.

- Adolescent students are those who are present and willing to participate in their studies.
- Adolescent students who can read and write Telugu or English.

Exclusion Criteria:

- Sick during the time of study.
- Not interesting to participate and those who have already attended previous seminars, workshop on prevention of substance abuse.
- Those who have age group below 15years.

Descriptive variables include in this study are

Independent variables: In this study independent variable are structure teaching program regarding prevention of substance abuse among adolescent students.

Dependent variables: The dependent variable in this study is Knowledge regarding prevention of substance abuse among adolescent students.

Extraneous variables: Extraneous variables are demographic data such as age, religion, mother education, mother occupation, father education, father occupation, type of family, family size, family income per month, previous knowledge on substance abuse.

Development and description of tool: The tool was prepared based on the objectives of the study; it was the most appropriate instrument to elicit the response from Adolescent students. Who can read, write, and understand Telugu and English. After an extensive review of literature and discussion with experts, the structured knowledge questionnaire, was prepared to assess the level of knowledge of adolescent junior college students, sangareddy dist. [10-12].

Description of tool:

The tool consists of 2 sections:

Part-A:

It consists of demographic variables such as age, religion, mother education, mother occupation, father education, father occupation, type of family, family size, family income per month, previous knowledge on substance abuse.

Part-B:

It deals with knowledge regarding the prevention of substance abuse. It consists of 42 multiple choice questions; each question will have four responses among one response it corrects_1` mark. Will be given to correct response and _0' will be given to wrong answers **(Table 1).**

Table 1. The total score was 42. The score was interpreted as follows. Scale Levels.

Level of knowledge	Score	Percentage %
Inadequate knowledge (Below average)	1-14	0-33.3 %
Moderately adequate knowledge (Average)	15-28	33.4-66.6 %
Adequate knowledge (Above average)	29-42	66.7-100 %

Validity of Tool

The validity of the tool was obtained from the experts from various nursing professors and medicine. The tool was modified according to the suggestions of the experts. To establish, split half method and findings were compared. Split half method was used to assess the reliability of the tool. Karl Pearson's correlations coefficient formula was use and the value was r=0.987. Which shows that the tool was reliable.

Pilot study:

Pilot study was conducted at Sri Venkateshwara junior college, sangareddy dist. On $1/10^{th}$ of sample of the main study that is by using the structured questionnaire and structured teaching program. On 06 Adolescent students were selected for the pilot study. The tool was administered to adolescent junior college students who are studying at junior college. Analysis was done by using descriptive and inferential statistics. Pre-Post test scores were tested by paired t` - test method. The calculated value was r= 0.90. The result of the study showed that structured teaching program was effective, and tool was feasible and applicable to conduct the main study [12-13].

Method of data collection:

From Sri Venkateshwara junior college Sangareddy dist. Structured knowledge questionnaire was used as a tool for data collection in this study.

Phases 1: 60 Adolescent students' samples were selected for Pretest by using sampling Convenient sampling technique in one setting. Consent was obtained from the samples and purpose of the study.

was explained to the participants. Pretest was conducted by using the structured knowledge questionnaire given time for the sample to fill the tool.

Phases 2: Structured teaching program was given to the Adolescent junior college students who all participated in the study. Data collection structured knowledge questionnaires were administered to the samples that were fulfilling inclusion criteria.

Phases 3: Post test was conducted to the same group after Three weeks the collection data were analyzed with the help of descriptive and inferential statistics.

METHOD OF DATA ANALYSIS

Descriptive and inferential statistical analysis was used to analyze the data **(Table 2)**.

Table 2. Descriptive and inferential statistical analysis was used to analyze the data.

Data Analysis	Method	Purpose
Descriptive Statistics	Frequency, Percentage, Mean standard deviation.	To assess the pre and post-test level of knowledge on prevention of substance abuse.
Inferential statistics	Paired" t" test	To Effectiveness of structured teaching program by comparing pre and post level of knowledge score
	Independent "t" test	To compare the association between pre and post-test knowledge scores.
	Chi square test"	To find out the association between scores on Adolescent students in their demographic variables.

Analysis and Interpretation

Data analysis and interpretation is the process of assigning meaning to the collected information and determining the conclusions, significance and implications of the findings. In all research studies follows data collection. This section deals with analysis and interpretation of the information collected from 60 students' junior college, the purpose of the study was to evaluate the effectiveness of structured teaching program on knowledge regarding prevention of substance abuse among adolescents at selected junior college, sangareddy dist. Evaluate before and after knowledge level.

Objectives of the study are to assess the level of knowledge regarding prevention of substance abuse among adolescents at selected junior college, Sangareddy by pretest.

- To develop and administer structure teaching program prevention of substance abuse among adolescents at selected junior college, Sangareddy.
- To evaluate the effectiveness of structure teaching program prevention of substance abuse among adolescents at selected junior college, Sangareddy by posttest.
- To find out association between knowledge regarding prevention of substance abuse among adolescents at selected junior college, Sangareddy and selected socio demographic variables.

Part-A

Assess the demographic variables among Adolescent students [13-14] **(Table 3)**.

Table 3. Frequency and percentage distribution among Adolescent students according to their age.

Age	Frequency; N=60	Percent
12-13 years	0	0.0
14-15 years	3	5.0
16-17 years	27	45.0
18 and above years	30	50.0
Total	60	100.0

Table 3 Shows that out of 60 Adolescent students 0 (0.0%) were in the age group 12-13 years. 3(5.0%) were in the age group 14-15 years. 27(45.0%) were in the age of 18 and above years **(Figure 1)**.

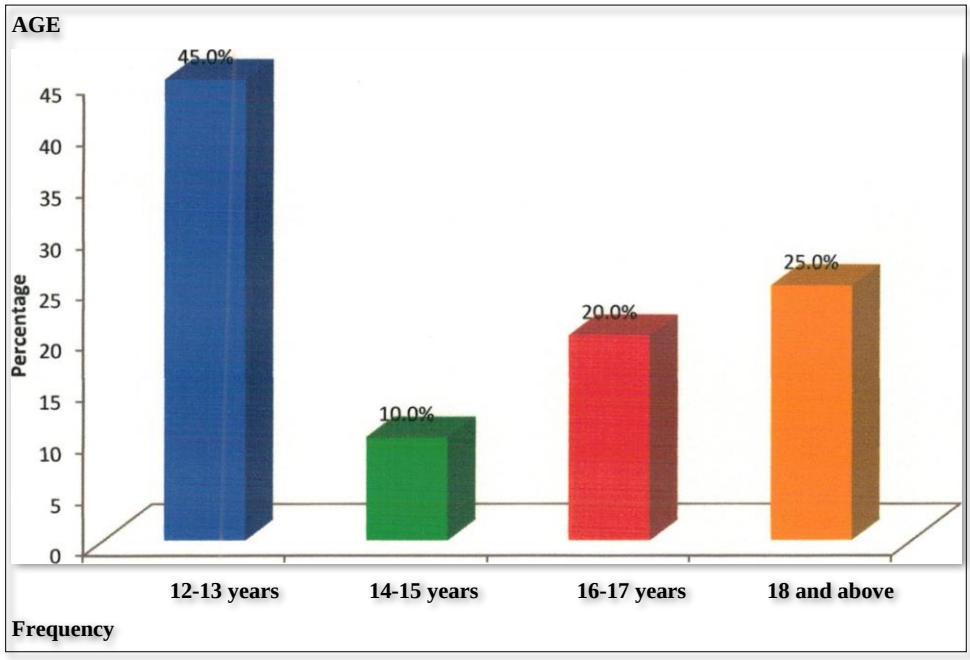

Figure 1. Frequency and percentage distribution among Adolescent students according to their age.

Table 4 shows that majority of 60 Adolescent students 27(45.0%) were Hindus, 6(10.0%) were. Muslims, 12(20.0%) were Christians, were others **(Figure 2)**.

Table 4. Frequency and percentage distribution among Adolescents according to the Religion.

Religion	Frequency; N=60	Percent
Hindu	27	45.0
Muslim	6	10.0
Christian	12	20.0
Others	15	25.0
Total	60	100.0

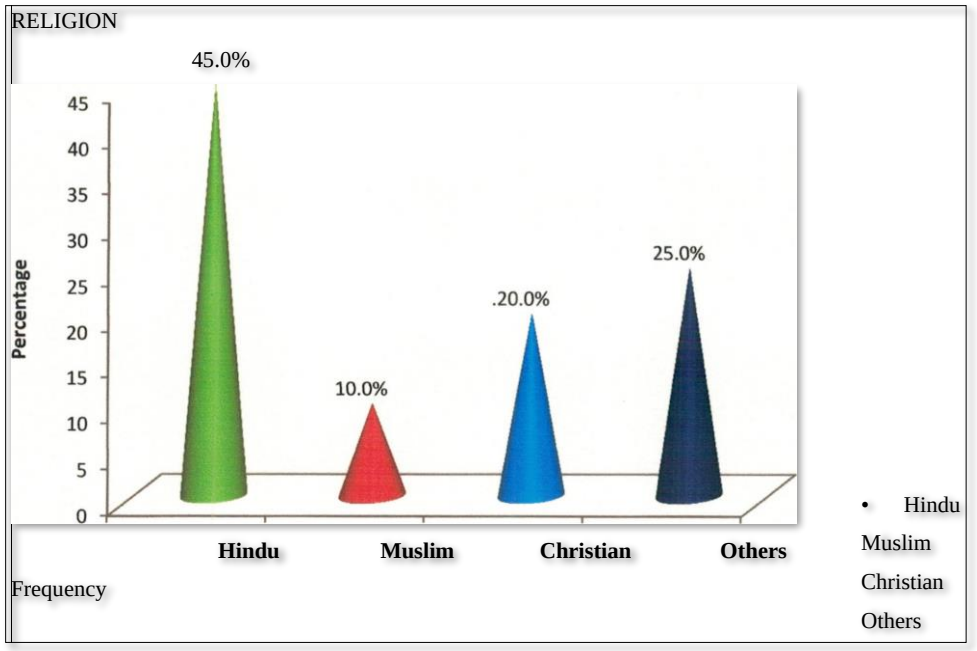

Figure 2. Frequency and percentage distribution among Adolescents according to their Religion.

Table 5 shows that out of 60 Adolescent students 27(45.0%) are illiterate, 15(25.5%) had. Primary education, 12(25%) had Secondary education, 16(10%) had higher education **(Figure 3)**.

Table 5. Frequency and percentage distribution among adolescent students according to their mother's education status.

Education	Frequency; N=60	Percent
Illiterate	27	45.0
Primary education	15	25.0
Secondary education	12	20.0
Higher education	16	10.0
Total	60	100.0

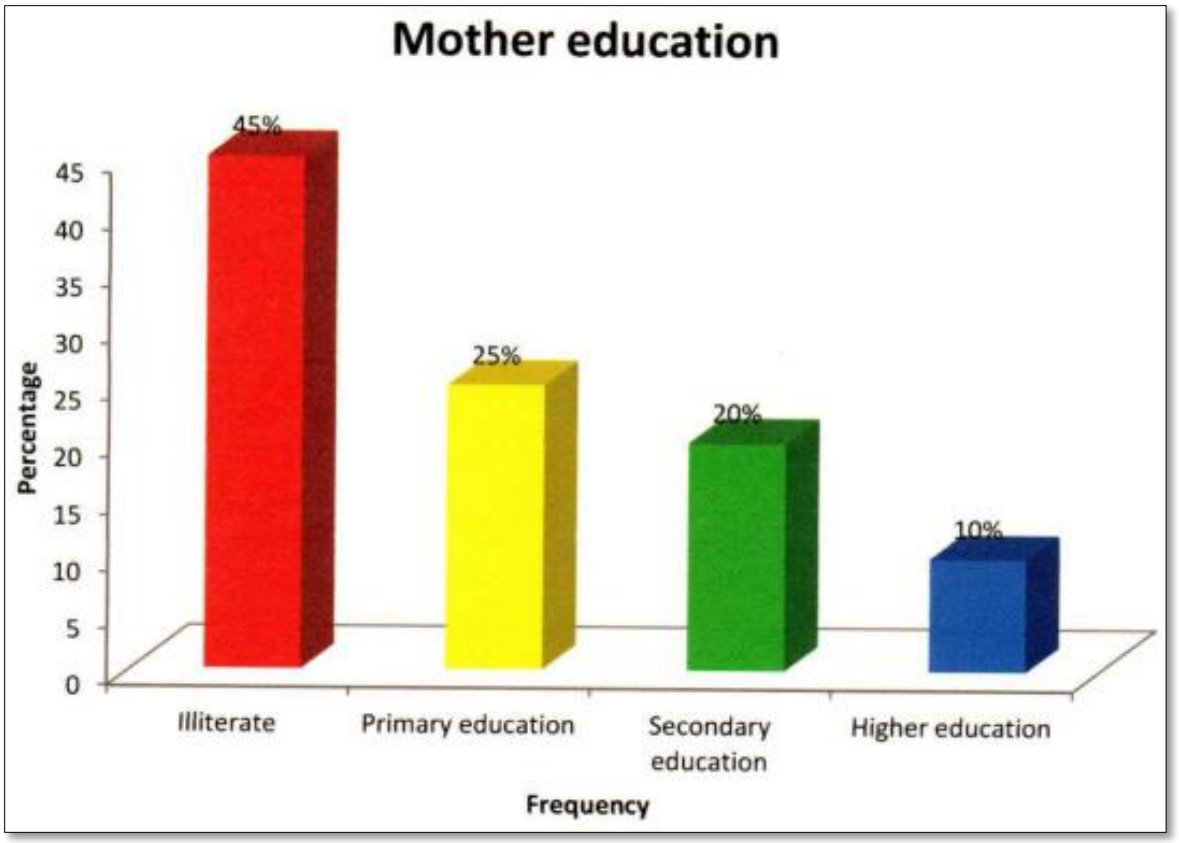

Figure 3. Frequency and percentage distribution among Adolescents according to their mother educational status.

Table 6 shows that out of 60 Adolescent students 24(40.0%) are housewife, 12(10.0%) are private employee, had Primary, 6(20.0%) are Govt employee, 18(30.0%) are coolie in occupation **(Figure 4)**.

Table 6. Frequency and percentage distribution among adolescent students according to their mother's occupation.

Mother occupation	Frequency; N=60	Percent
Housewife	24	40.0
Private employee	12	10.0
Govt. employee	6	20.0
Coolie	18	30.0
Total	60	100.0

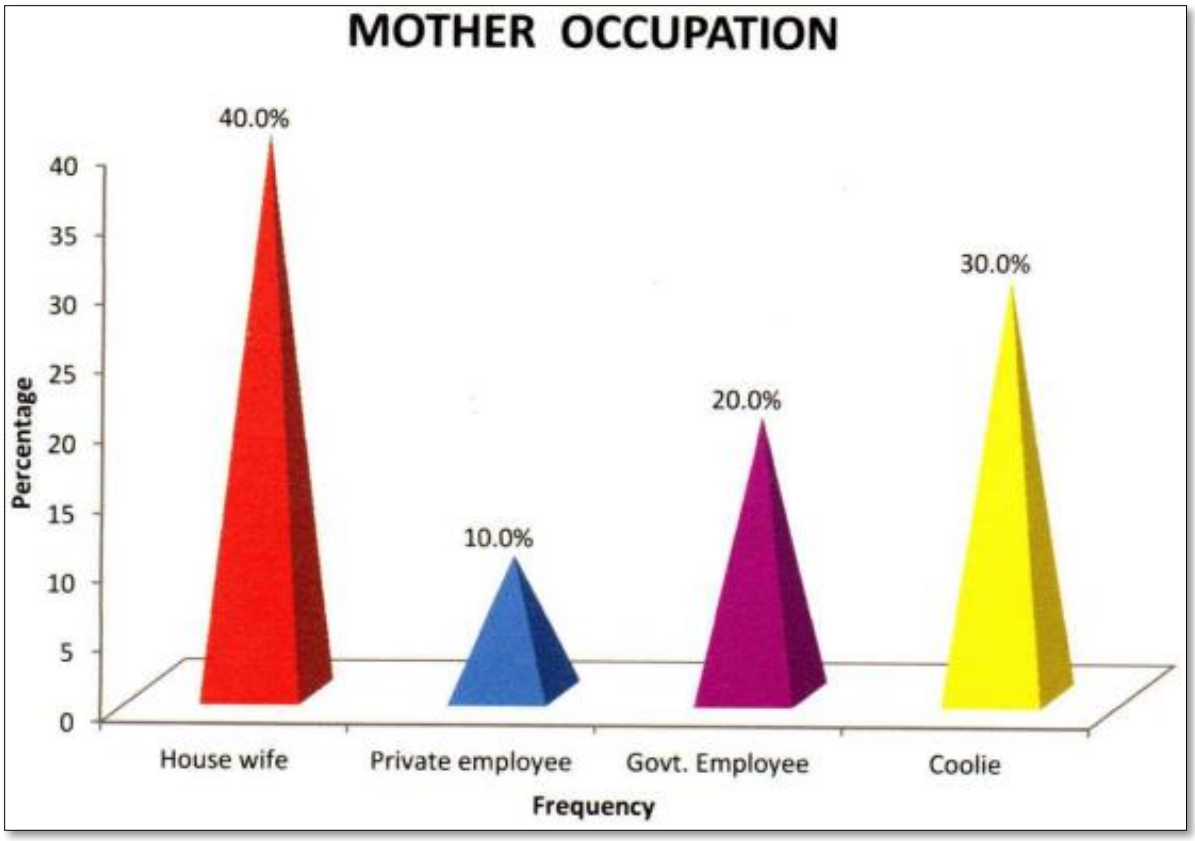

Figure 4. Frequency and percentage distribution among Adolescent student according to their mother occupation.

Table 7 shows that of 60 Adolescent students 21 (35.0%) are illiterate, 12(20.0%) had primary education, 18(30.0%) had secondary education, had higher education **(Figure 5)**.

Table 7. Frequency and percentage distribution among Adolescent students according to their father educational status.

Educational status	Frequency; N=60	Percent
Illiterate	21	35.0
Primary education	12	20.0
Secondary education	18	30.0
Higher education	9	15.0
Total	60	100.0

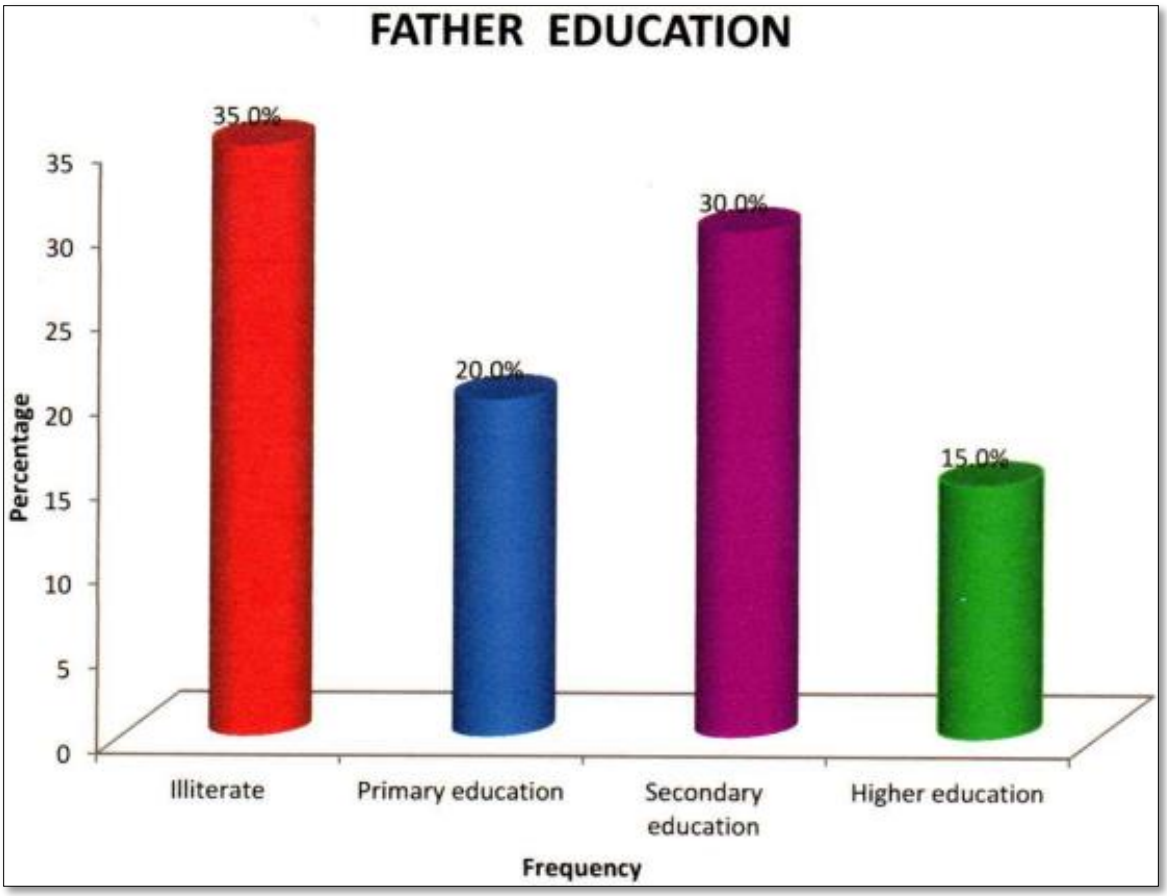

Figure 5. Frequency and percentage distribution among Adolescent students according to their father educational status.

Table 8 shows that out of 60 adolescent students 6 (10.0%) were belong to businessman, 27(45.0%) were belongs to private employee, 9 (15.0%) were belong to Government employees, 18 (30.0%) were belong to coolie **(Figure 6)**.

Table 8. Frequency and percentage distribution among Adolescent students according to their father occupation.

Father occupation	Frequency; N=60	Percent
Business	6	35.0
Private Employee	27	20.0
Govt. Employee	9	30.0
Collie	18	15.0
Total	60	100.0

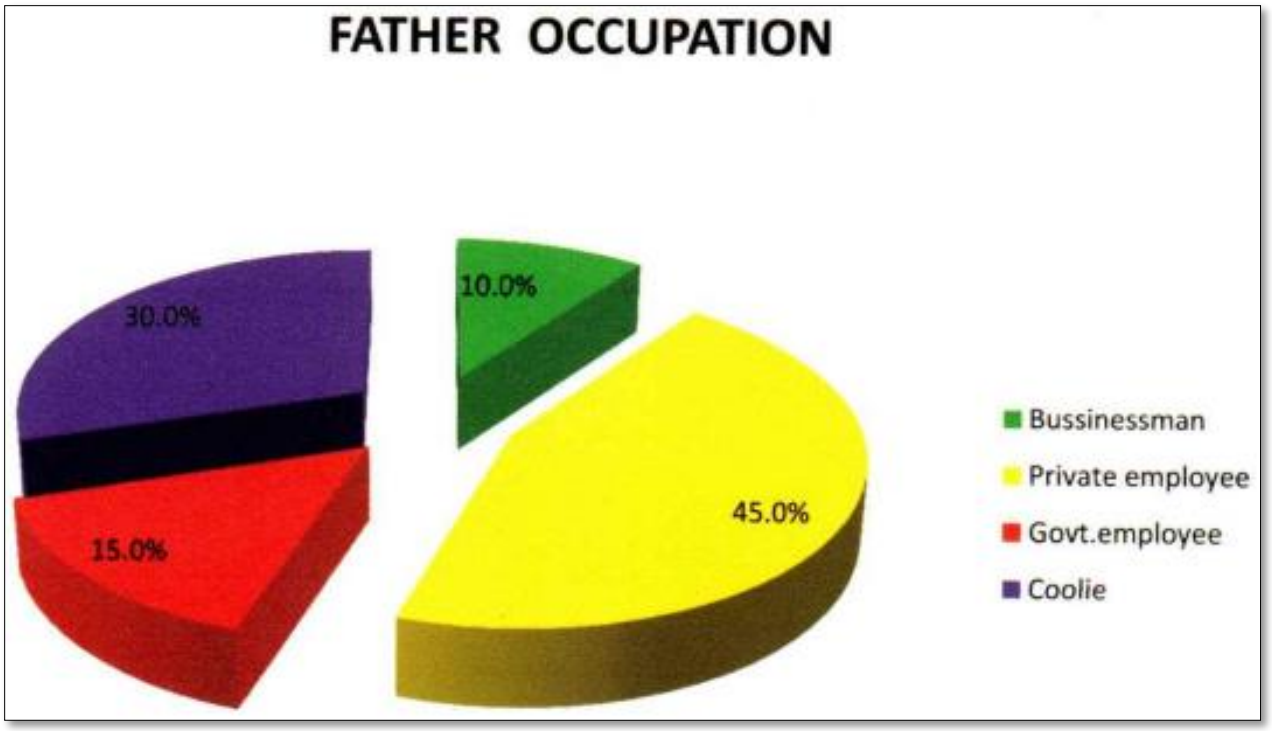

Figure 6. Frequency and percentage distribution among Adolescent students according to their father's occupation.

Table 9 shows that of 60 Adolescent students. 33 (55.0%) belong to 5000-10000 income, 18)30.0%) belong to 10001-15000 income, 9 (15.0%) belong to 15001 and above income **(Figure 7)**.

Table 9. Frequency and percentage distribution among Adolescent students according to their family income.

Income	**Frequency; N=60**	**Percent**
5,001-10,000/-	33	55.0
10,001-15,000/-	18	30.0
15,001/- and above	9	15.0
Total	60	100.0

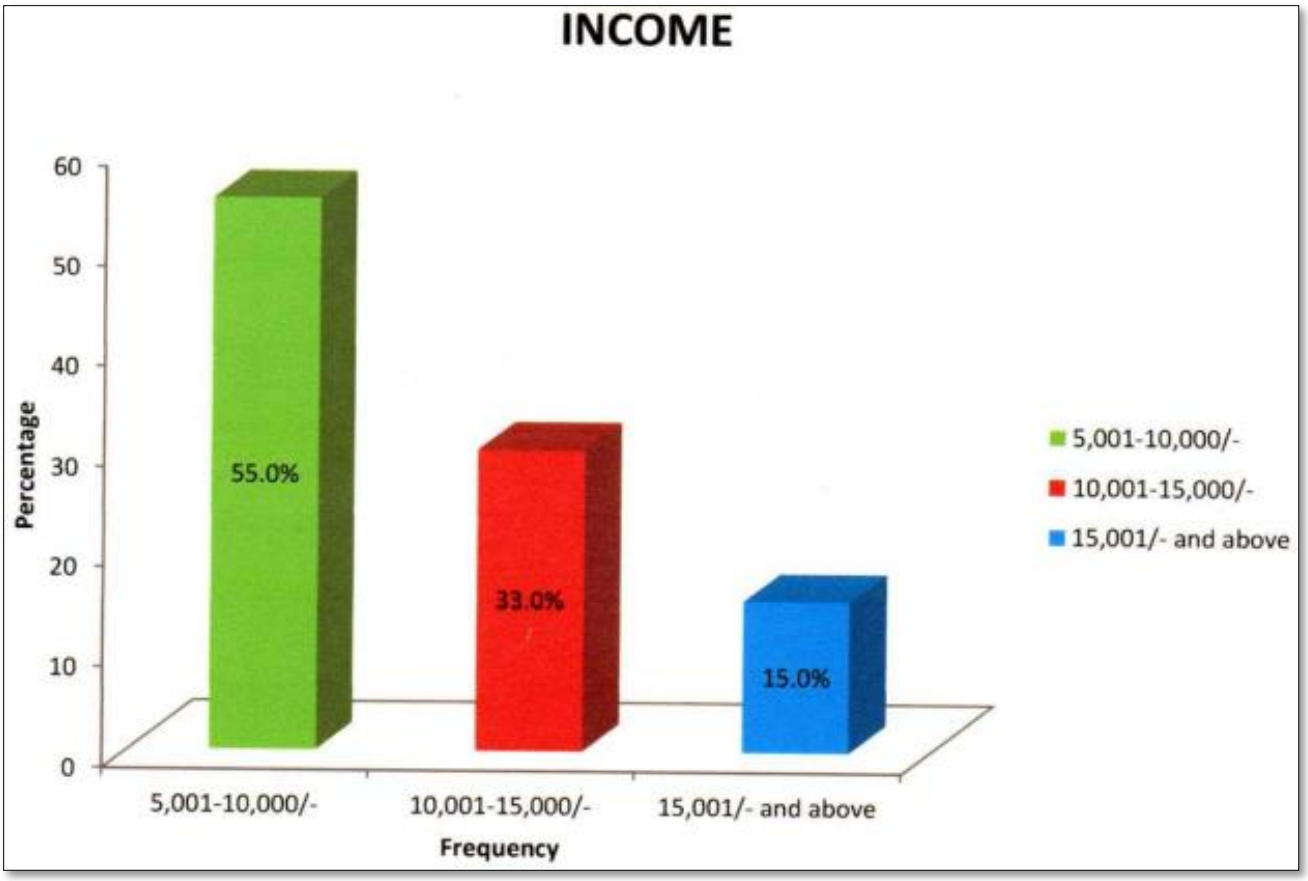

Figure 7. Frequency and percentage distribution among Adolescent students according to their family income.

Table 10 shows that out of 60 Adolescent students 18 (30.0%) belonged to urban residents, 42 (70.0%) belonged to rural residents **(Figure 8)**.

Table 10. Frequency and percentage distribution among Adolescent according to their Resident.

Resident	**Frequency; N=60**	**Percentage**
Urban	18	30.0
Rural	42	70.0
Total	60	100.0

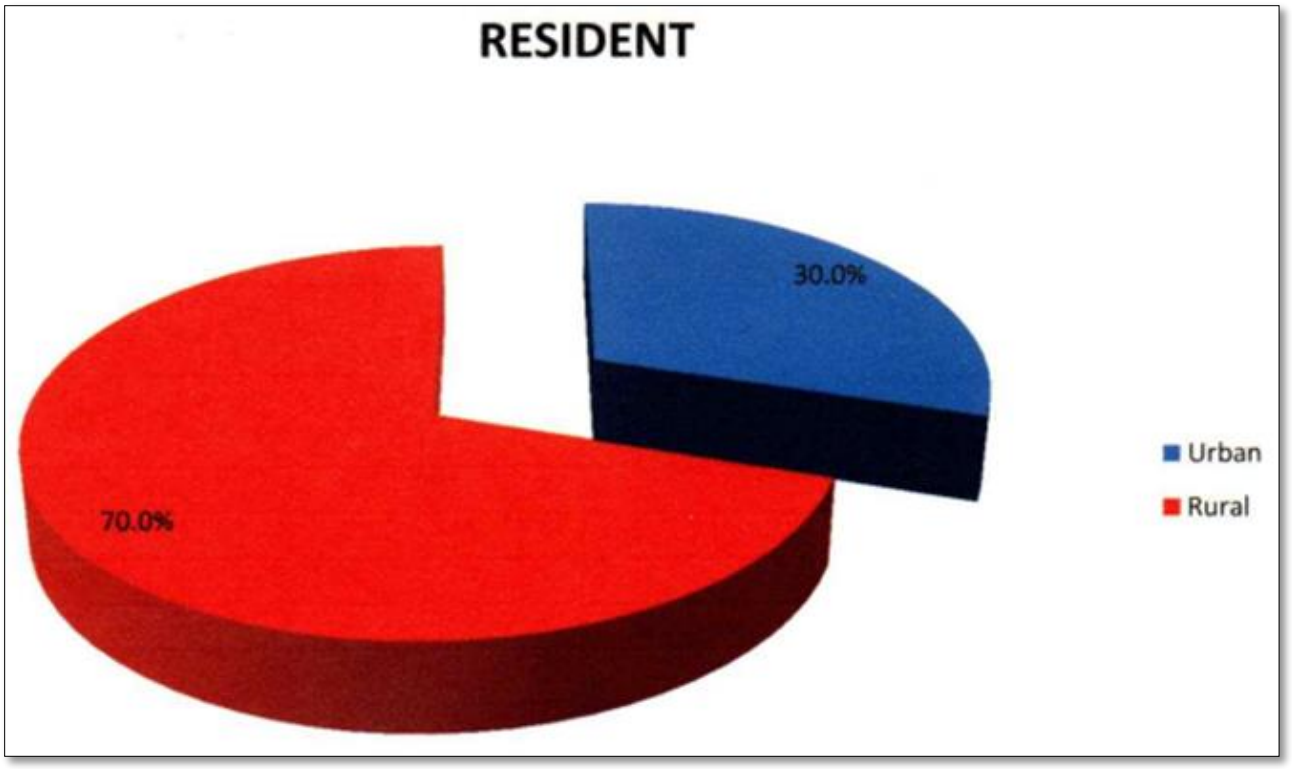

Figure 8. Frequency and percentage distribution among Adolescent students according to their residents.

Table 11 shows that out of 60 adolescent students 9(15.0%) belonged to two, 21 (35.0%) belonged to three 18(30.0%) belonged to four ,12(20.0%) belonged to more than four family size **(Figure 9)**.

Table 11. Frequency and percentage distribution among adolescent students according to their Family size.

Family size	Frequency; N=60	Percent
Two	9	15.0
Three	21	35.0
Four	18	30.0
More than four	12	20.0
Total	60	100.0

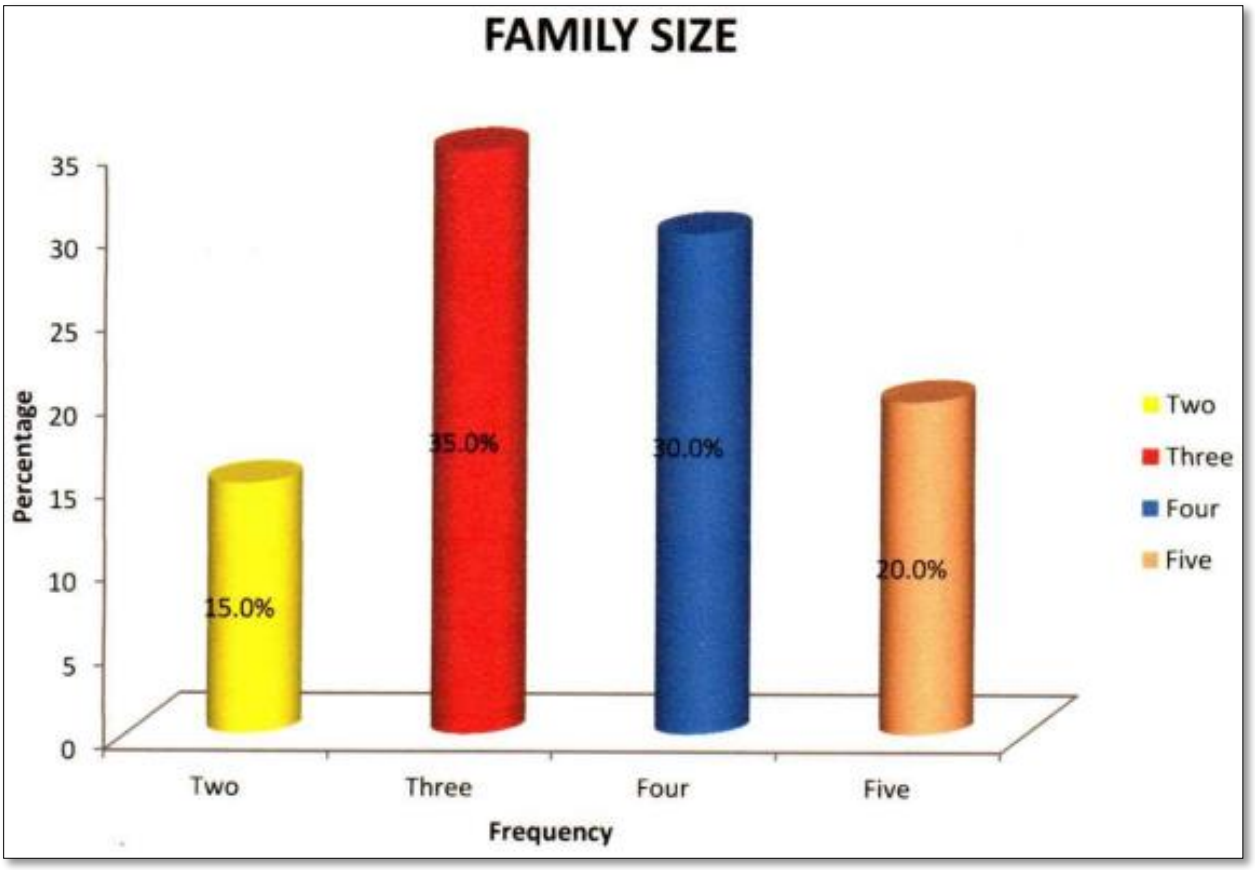

Figure 9. Frequency and percentage distribution among Adolescent students according to their family size.

Table 12 shows that out of 60 adolescent students 27(45.0%) were belong to joint family 18(30.0%) belongs to nuclear family, 15(25.0%) belongs to single family **(Figure 10)**.

Table 12. Frequency and percentage distribution among Adolescent students according Family type.

Family type	Frequency; N=60	Percent
Joint family	27	45.0
Nuclear family	18	30.0
Single family	15	25.0
Total	60	100.0

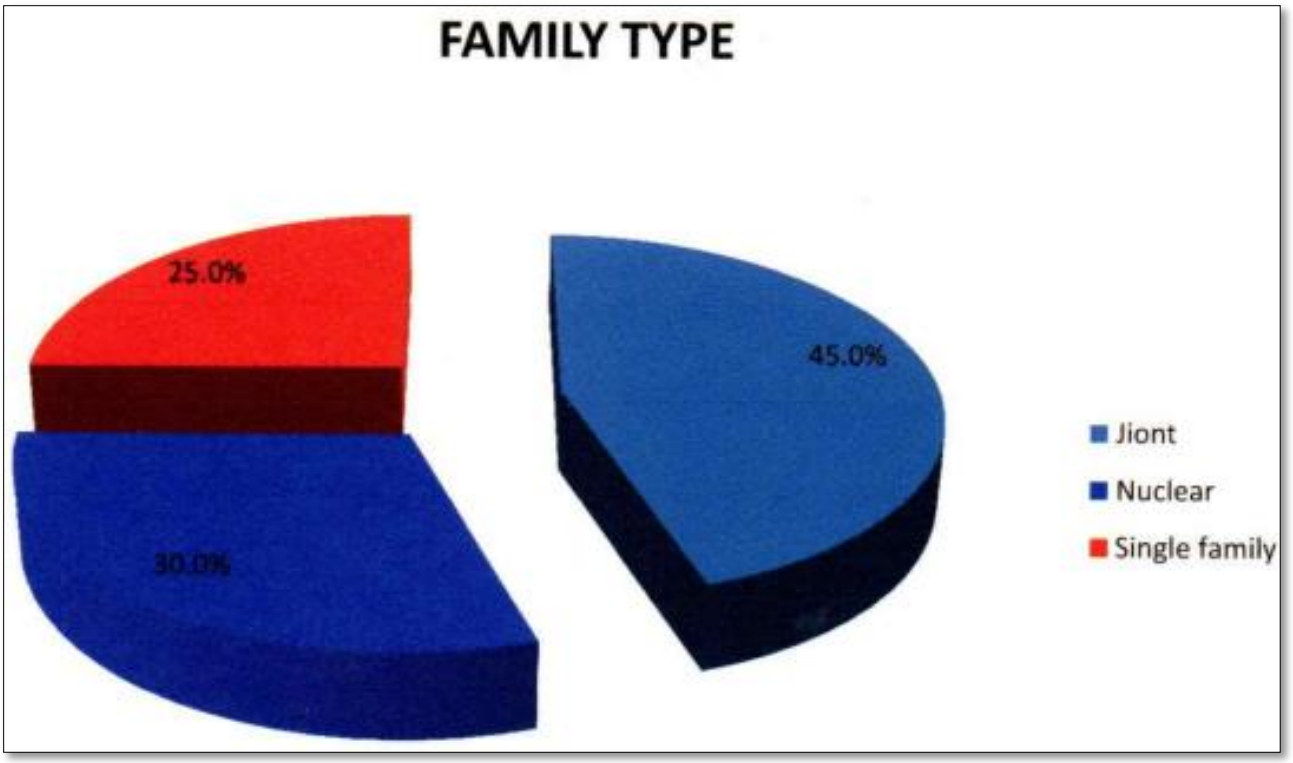

Figure 10. Frequency and percentage distribution among Adolescent students according to their family type.

Table 13 shows that out of 60 Adolescent students 6 (10.0%) received information from teachers, 18 (30.0%) received information from parents, 30 (50.0%) received information from mass media, 6 (10.0%) received information from friends **(Figure 11)**.

Table 13. Frequency and percentage distribution among Adolescent students according to their Source of Information.

Source of Information	Frequency; N=60	Percentage %
Teachers	6	10.0
Parents	18	30.0
Mass Media	30	50.0
Friends	6	10.0
Total	60	100.0

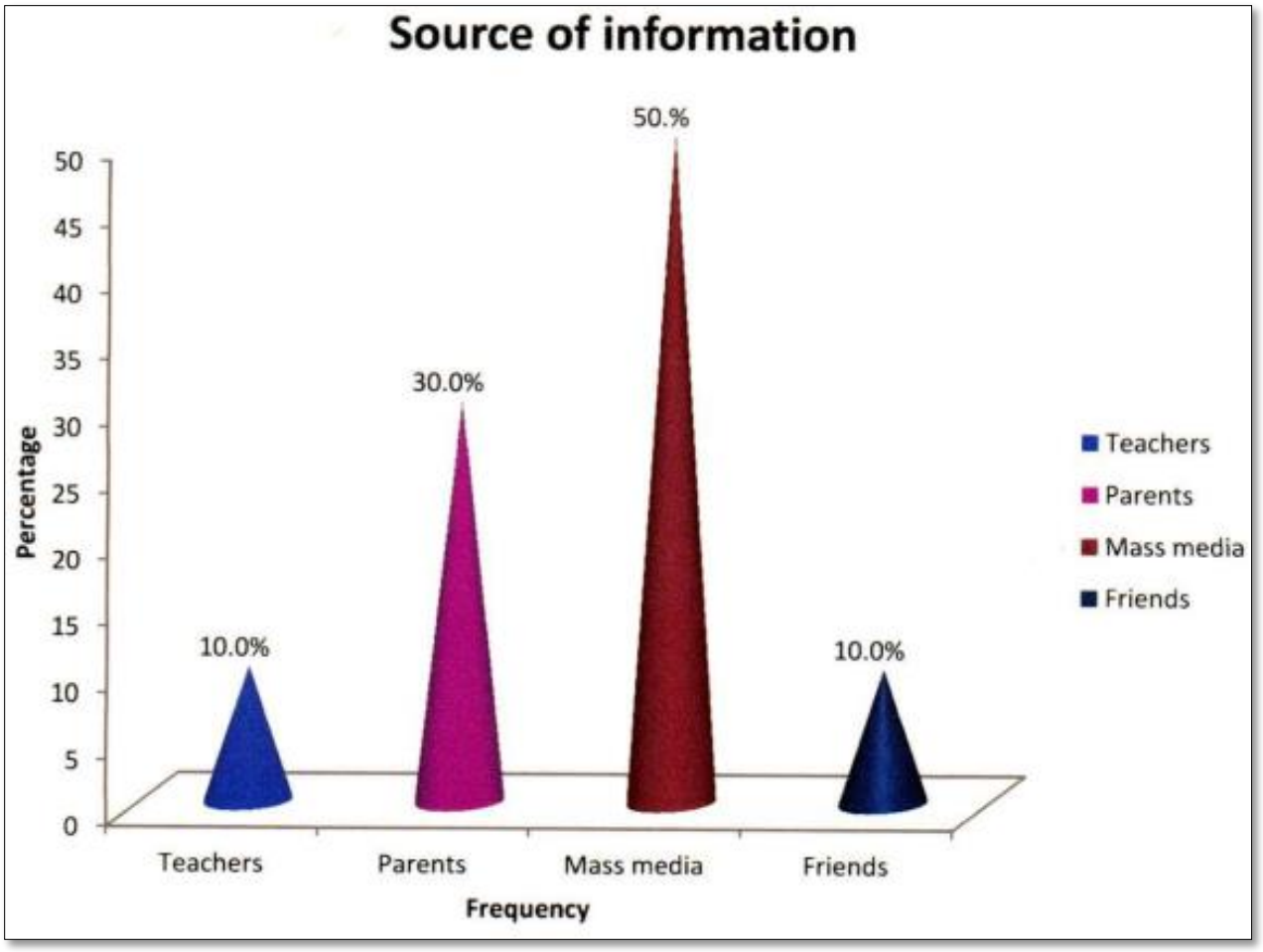

Figure 11. Frequency and percentage distribution among Adolescent students according to their source of Information.

Table 14 shows that out of 60 adolescent students pretest mean score is 11.71 (19.55%) standar deviation score is 3.24(5.4%), Range score is 11(18.33%), Minimum value is 07(11.666%), Maximum value is 18(30%) **(Figure 12)**.

Table 14. To assess the pre-& post level of knowledge regarding prevention of substance abuse among adolescents at selected junior college.

Test		**Knowledge score**	**Knowledge Percent**
Pre-Test	N	60	60
	Mean	11.71	19.55
	Std. Deviation	3.24	5.4
	Range	11	18.33
	Minimum	07	11.666
	Maximum	18	30

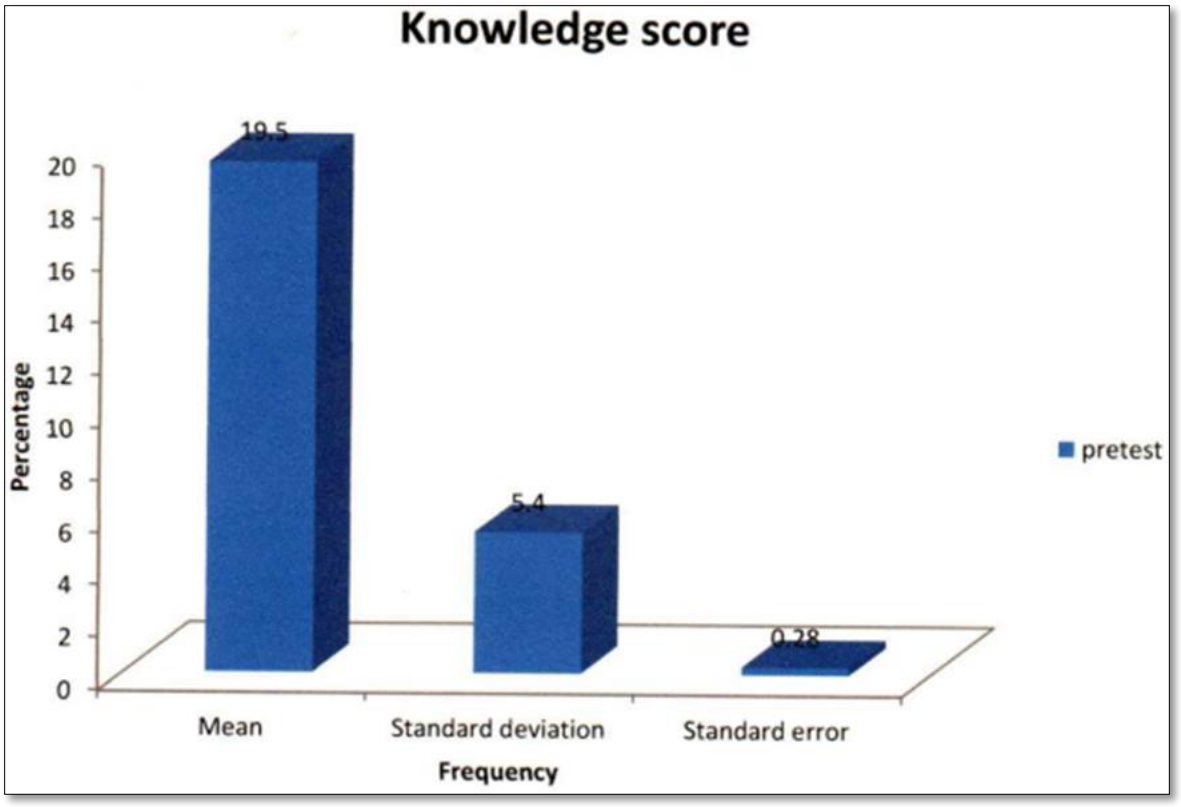

Figure 12. Frequency and percentage distribution of Pre-test level of knowledge on prevention of substance abuse among adolescent students.

Part B

Table 15 shows that out 60 Adolescent students posttest mean score is 26 (43.33%) standard deviation score is 22.64 (38.233%) range score is 11 (18.333%) minimum value is 21 (35%) maximum value is 32 (53.333%) **(Figure 13)**.

Table 15. Frequency and percentage distribution of post-test level of knowledge regarding prevention of substance abuse among adolescents at selected junior college.

Test		Knowledge score	Knowledge Percent
Post-Test	N	60	60
	Mean	26	43.333
	St. Deviation	22.94	38.233
	Range	11	18.333
	Minimum	21	35
	Maximum	32	53.333

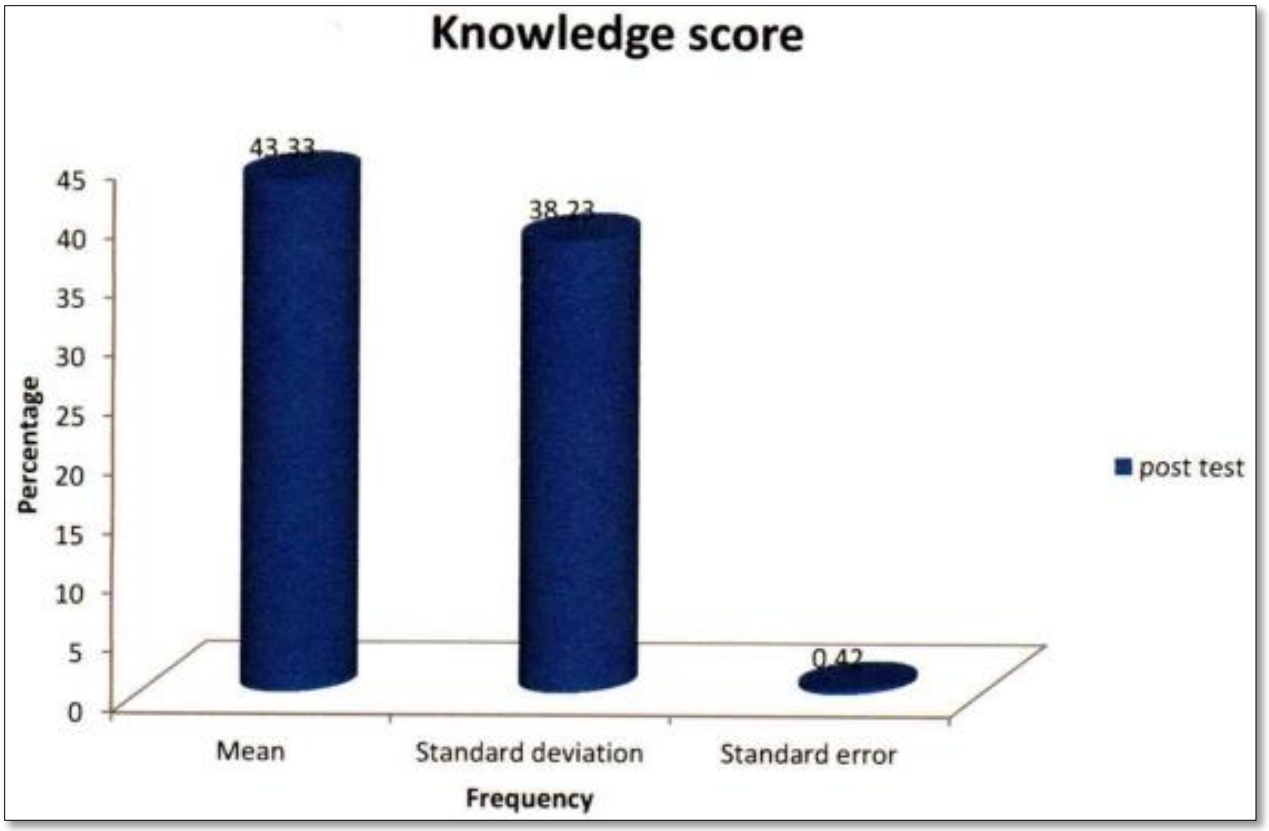

Figure 13. Frequency and percentage distribution of post-test level of knowledge on prevention of substance abuse among adolescents' students.

Part C

Table 16 shows that pretest 54(90%) were having Below average knowledge, 6(10%) were having. Average knowledge, 0(0%) were having Above average knowledge. For posttest 0(0.0%) were having Below average knowledge, 46(76.7%) were having Average knowledge, 14(23.3%) were having Above average knowledge **(Figure 14)**.

Table 16. Frequency and percentage distribution of pre and post level of knowledge on prevention of substance abuse among adolescents at selected junior college.

			Knowledge level			Total
			Below		Above	
			Avg (<=33.3%	Avg (33.4%-66.6%)	Avg (>66.7-7%)	
Test	Pre-test	Count	54	6	0	60
		%	90.0%	10%	0	100.0%
	Post test	Count	0	46	14	60
		%	0.0%	76.7%	23.3%	100.0%
Total	Count	54	52	14	120	
	%	45%	43.3%	11.7%	100.0%	

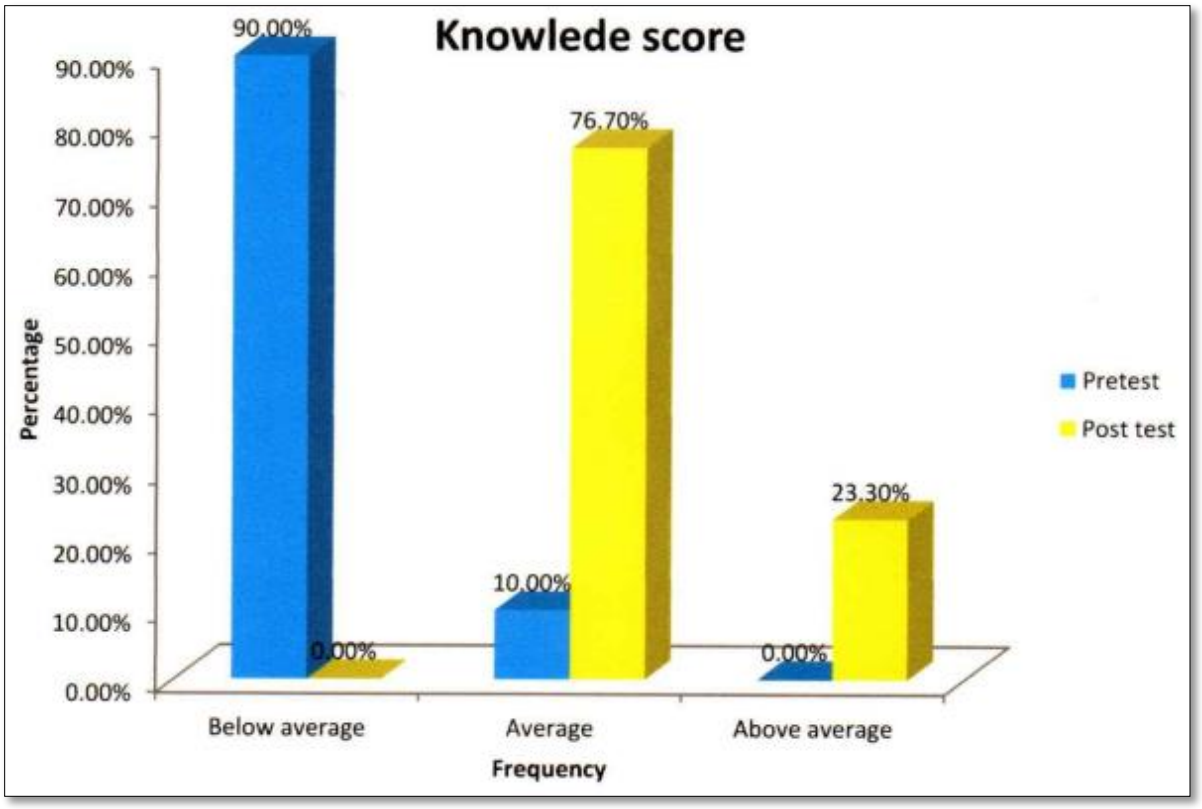

Figure 14. Frequency and percentage distribution of pre-& post-test level of knowledge on prevention of substance abuse among adolescent students.

Part D

To compare the pre and post level of knowledge regarding prevention of substance abuse among adolescent students [14-15].

Table 17 shows that mean post test score of knowledge 26 with standard deviation 2.94, were significantly higher than mean pre-test score of knowledge 1 1.71 with standard deviation of the paired 't' 51.35.

Table 17. Mean, standard deviation and paired 't' test value of pre-test and post-test level of knowledge on prevention of substance abuse among adolescents.

Tests	Mean	Standard Deviation	Standard Error	Paired 't' Test	Table
Pre-test	11.71	3.24	0.28	51.35	2.39
Post-test	26	2.94	0.418		

df=59

Part E

The association between post level of knowledge on prevention of substance abuse among adolescents' students with their selected demographic variables **(Table 18)**.

Table 18. The association between post level of knowledge on prevention of substance abuse among adolescent students with their selected demographic variables.

S. No	Demographic Variable	Level of Knowledge				Chi Square Value	Table Value	Inference E
		Average		Above Average				
		F	%	F	%			
1	Age in Years							
	12-13 years	0	0	0	0			
	14-15 years	2	33.	1	0	48.58	7.81	NS
	16-17 years	25	41.	2	3.	df=3		
	18 and above	19	31.	11	18.			
2	Religion							
	Hindu	22	36.	5	8.			
	Muslim	4	6.	2	3.	51.87	7.81	S*
	Christian	9	15	3	5	df=3		
	Others	11	18.	4	6.			
3	Mother Education							
	Illiterate	24	41.	2	3.			
	primary Education	11	18.	6.	6.	44.34		
	Secondary Education	8	13.	4	6.	df=3	7.81	NS
	Higher Education	10	16.	6	10.			
4	Mothers Occupation							
	Housewife	19	31.	5	8.			
	Govt. Employee	8	13.	4	6.	128.11	7.81	NS
	Private Employee	4	6.	3.	3.	df=3		
	Coolie	15	25.	5	5.			
5	Fathers Education							
	Illiterate	19	31.	2	3.			
	Primary Education	18	13.	4	6.	30.14	7.81	NS
	Secondary Education	13	21.	5	8.	df=3		
	Higher Education	6	10.	3	5.			
6	Fathers Occupation							
	Businessman	5	8.	1	1.			
	Private	21	35.	6	10.	155.74		
	Govt. Employee	6	10	3	5.	df=3	7.81	NS

	Coolie	14	23.	4	6.			
7	Income							
	5,001-10,000	23	38.	10	16.			
	10,001-15,000	15	25.	3	5.	38.2	5.99	NS
	15,001 and above	8	13.	1	1.	df=2		
8	Resident							
	Urban	14	23.	4	6.	145.74	3.84	NS
	Rural	32	53.	10	16	df=1		
9	Family Size							
	Two	6	10.	3	5.			
	Three	16	26.	5	8.	41.65		
	Four	17	28.	1	1.	df=3	7.81	NS
	More than Five	7	11.	5	8.			
10	Family Type							
	Joint	20	33.	7	11.			
	Nuclear	15	25.	3	5.	41.65	5.99	NS
	Single	11	18	4	6.	df=2		
11	Previous Knowledge							
	Teacher	4	6.	2	3.			
	Parents	13	21.	5	8.	145.74	7.81	NS
	Mass Media	24	40.	6	10.	df=3		
	Friends	5	8.	1	1.			

n: 60; NS: Not significant; S: Significant

The above table revealed that demographic variable such as Age, Religion, Educational qualification of mother, occupation of mother, educational qualification of father, occupation of father, Income per month, Resident, Family size, Family type, Previous knowledge on substance abuse and had no association with knowledge on prevention of substance abuse. Except Religion has association with knowledge.

SUMMARY

The Study was conducted to assess the knowledge towards prevention of substance abuse among adolescents at selected junior college, Sangareddy, Telangana state. Descriptive research approach was used for this study sample size were 60. The conceptual framework used for this study was J.W. Kenny's open system model are input, throughput, output, and feedback convenient sampling technique were used select the Adolescent junior college students. Structured teaching program was given to Junior college students to evaluate knowledge on prevention of substance abuse at selected junior colleges. The collected data were analyzed with the help of descriptive and inferential statistics.

Major findings of the study: The findings were discussed under the following objectives. The study assesses the demographic variable regarding prevention of substance abuse among adolescent students.

- Majority of the Adolescent students 30(50.00%) were in the age group of (17-18) yrs.
- Majority of the of Adolescent students 27(45.0%) Hindus.
- Majority of the of the Adolescent student's mother's education 27(45.0%) were Illiterates.
- Majority of the of the Adolescent student's mother's occupation 24(40%) were Housewife.
- Majority of the of the Adolescent students Fathers education 21(35.0%) were Illiterates.
- Majority of the of the Adolescent students Fathers occupation 27(45.0%) were private emp.
- Majority of the of the Adolescent students Income per month 33(55.0%) were belongs to 5,001/-10,000/- income per month.

- Majority of the of the Adolescent student's resident 42(70.0%) were belongs to rural resident.
- Majority of the Adolescent students 21(35.00%) belongs to three family members.
- Majority of the Adolescent students Family type 27(45.00%) were Joint family type.
- Majority of the Adolescent students 30(50.0%) had previous knowledge through mass media.

To assess the pre and post level of knowledge regarding prevention of substance abuse among adolescents at selected junior college. Data analyzed showed that 54(90%) were having below average knowledge. 6(10%) were having Average knowledge in pre-test were as in posttest 0(0%) have below average 46(76.7%) have Average and 14(23.3%) have adequate knowledge.

To compare the pre and post level of knowledge regarding prevention of substance abuse among adolescents at selected junior college. Data analyzed shows that mean post test score of knowledge 76.79 with standard deviation of 6.78 was significantly higher than the mean pre-test score of knowledge 31.08 with standard deviation of 11.11, the paired 't' value was 51.35 which was significantly at 0.05 level.

Therefore H1: There will be significantly increase in the post -test level of knowledge on prevention of substance abuse among adolescents' students was accepted.

To compare the post level of knowledge regarding prevention of substance abuse among adolescent students. Therefore, there will be significant difference in the post-test level of knowledge on prevention of substance abuse among adolescents' students was accepted. To find out the association between variables in post-test level of knowledge among Adolescent students with their selected demographic variables. Chi-square value showed that, demographic variables such as age, religion, educational qualification of mothers and fathers, occupation of mothers and fathers. Family income per month, resident. family size, family type, source of information on substance a therefore 114: there will be significant association between post-test knowledge on prevention of substance abuse among adolescent students with their selected demographic variable.

CONCLUSION

The study was conducted to assess the level of knowledge among Adolescent students at selected junior colleges. knowledge Mean score was 76.79 with standard deviation 6.795 so the structured teaching program was an effective method to improve the knowledge [15].

Implications in nursing: The findings of the study have been implemented in four areas such as nursing practice, nursing education, nursing administration and nursing research.

Nursing Education: Nurse educators need to provide adequate knowledge towards prevention of substance abuse among adolescent students by providing information, it can be by teaching. Every Phase of nursing-educator will be influenced by the philosophy upon which it is based philosophy takes in all aspects of human life with the view in regulating and protecting life. Their offer is the primary concept of the nurse. From the finding of the study, it is evident that there is improvement of Adolescent students' knowledge towards prevention of substance abuse at selected junior colleges.

Nursing Administration: Nurse Administrators can provide education to nursing personnel by conducting in-service education programs, workshops, conferences to enhance their knowledge regarding prevention of substance abuse. Nursing Administrators should take the initiative in creating policies or plans in providing education to Adolescent students. We are in changing world; today's needs are different than yesterday's being healthy person we should be able to bring new interventions to our society. Even though they exist in the developed countries.

Nursing Services: Nurses should maintain Standards in providing nursing care on substance abusers at adolescent students. She should improve standard of care by updating her knowledge and skills.

Nursing Research: It helps to make evidence-based nursing practice in various areas. A profession seeking to improve the practice of its members and to enhance its professional striver for the continual development of the relevant body of knowledge. Nursing research represents a critically important tool for the nursing profession to acquire such knowledge. Nursing research should be aware about existing health care system and the status of the nursing profession by conducting research and by formulating new theories, research could improve the knowledge of the midwife and ultimately, improve the status and standard of nursing.

REFERENCE

1. Poor RA (2004) A guide for prevention and treatment of substance abuse. pp: 13, 23-24, 32, 17, 53, 143, 51-54.
2. Bennett LA, Campillo C, Chandrashekar CR (1998) Alcoholic beverage consumption in India, Mexico, and Nigeria: A cross-cultural comparison. Alcohol Health Res World 22: 243-252.
3. Siam SH (2006) Drug abuse prevalence in male students at different universities in Rasht in Tabibe Shargh. Zahedan J Res Med Sci 8: 279-284.
4. Madadi A, Nogani F, Tehran J (2004) The Textbook of Addiction and Substance Abuse. pp: 10.

5. D'Costa G, Nazareth I, Naik D, Vaidya R, Levy G, et al. (2007) Harmful alcohol use in Goa, India, and its associations with violence. A study in primary care. Alcohol Alcoholism 42(2): 131-137.

6. Benegal V, Bajpai A, Basu D, Bohra N, Chattergi S, et al. (2007) Proposal to the Indian psychiatric society for adopting a specialty section on addiction medicine (alcohol and other substance abuse). Indian J Psychiatry 49: 227-282.

7. Benegal V (1994) India; alcohol and public health (invited editorial) Addiction 100: 1051-1056.

8. Gaunekr G, Patel V, Rane A (2005) The impact and patterns of hazardous drinking amongst male industrial workers in goa, India. Soc Psychiatry Psychiatr Epidemiol 40: 267-275.

9. Shore ER (1994) Outcomes of a primary prevention project for business and professional women. J Stud Alcohol 55(6): 651-659.

10. Gupta SP, Kumar N, Kumar A, Dube KC (1978) Prevalence, and pattern of drug use amongst college students. Acta Psychiatric Scacd 57(4): 336-356.

11. Chakravorthy P (2018) A study to assess the effectiveness of planned teaching program on knowledge and attitude of mothers of mentally retarded children attending child guidance center at R.A.K. College of Nursing New Delhi. Unpublished Master of Nursing dissertation, University of Delhi.

12. Ziaaaldini H, Sharifi A, Nakhaee N, Ziaaaldini AA (2018) Theat-least-once narcotics consumption prevalence among male pre-university students in Kerman city. J Addict Health Summer Autumn 2nd Year. pp: 103-110.

13. World Health Organization (1987) The selection of teaching learning materials in health sciences education. Tech Rep Series 538: 115-123.

14. World Health Organization (1985) Self-learning material and module for health worker a guide for the development, utilization and evaluation, technical publication series.

15. Neeta R (2016) A study to develop and evaluate the effectiveness of an informational booklet on care of low-birth-weight infants for the mothers whose babies are admitted in neonatal intensive care unit in selected hospitals in Delhi. Unpublished Master of Nursing dissertation, University of Delhi.