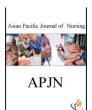


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A DESCRIPTIVE STUDY TO ASSESS THE KNOWLEDGE AND ATTITUDE OF ADOLESCENTS REGARDING 'SUBSTANCE ABUSE' FROM SELECTED AREAS OF PUNE CITY IN A VIEW TO DEVELOPING AN INFORMATION BOOKLET

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ABSTRACT

The study's goals were to determine the level of knowledge about substance abuse among adolescents, assess knowledge about the harmful effects of substance abuse, create an information booklet, determine the relationship between knowledge of substance abuse and selected demographic variables, and determine the relationship between the attitude of substance abuse among the study subjects and selected demographic variables. The study's methodology is based on numbers and established the feasibility of the pilot study. The knowledge level was assessed using multiple-choice questions as a research instrument. Tested the tool's validity, and a total of 100 samples were chosen using a non-probability convenience sampling technique. The demographic profile revealed that the majority of respondents (52%) were between the ages of 13 and 18 and that (35%) had average knowledge (male 17 per cent, female 18 per cent). Substance addiction is well-understood by 30% (males 9%, females 4%). According to the findings, there is no substantial difference between gender and knowledge level. According to the findings, 10% of respondents are in the fifth or sixth grade, 24% are in the eighth or tenth grade, 10% are in the eleventh or twelfth grade, and 0% are illiterate. According to the findings, the greatest number of responses with a positive attitude score is 63 per cent [below13th 10%, 13-14th 24 per cent, 15-16th yr 16 per cent, 17-18th yr 3 per cent]. They created an information brochure based on the knowledge and attitude surveys about substance abuse.

Key words: Substance abuse, Adults, Knowledge, Attitude.

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INTRODUCTION:

Drug misuse is a problem that affects everyone in society, not just addicts. Many people, especially children and teens, are more vulnerable to it because, in their attempt to look "liberal," they are open to "social," drinking, smoking, and even doing drugs. The victim is frequently in desperate need of assistance since they simply cannot help herself [1]. Addiction recovery frequently necessitates some form of assistance and intervention [2]. This issue examines a few of these issues and points you in the right direction for assistance (Health Dialogue, 2005) [3,4]. Adolescents have a lot of energy and drive, and they have a lot of inventive ideas, so they are eager to try new things, and as a result, they abuse drugs[5,6]. Substance abuse frequently begins in youth, according to studies [7,8]. According to UNODC research conducted in India, 40% of people begin using drugs and other substances between 15 and 20 [9, 11]. According to other studies, roughly 15% of people have this condition. According to a WHO report from 2002, Substance abuse and dependency place a significant burden on individuals and societies all around the world. [12,13] According to



the World Health Organization's World Health Report 2002, psychoactive substance use accounts for 8.9% of the illness burden. According to the research, tobacco was responsible for 4.1 per cent of illness burden in 2000, followed by alcohol at 4% and illicit substances at 0.8 per cent [15,17]. Many of the health and social problems associated with substance misuse and dependency are caused by a range of factors, including HIV/Aids, fueled in many countries by injecting drug use [20]. Substance misuse is now a global problem. It has impacted practically every country, albeit the scope and characteristics vary by area. At least 40 million people are estimated to be frequent drug or substance addicts worldwide.[21] Drug misuse is concentrated in India's cities, semi-urban areas, and along its borders. Adolescence is a time in a person's life when they are most vulnerable[22]. Curiosity, poor impulse control, a desire to escape reality, and psychological anguish contributed to the increased vulnerability. Adolescents are additionally exposed to substance misuse due to social factors such as peer pressure, a lack of defined identity, and self- or intrafamily conflict. Substance addiction is a big problem among adolescents in our societies. It is growing by the day due to various variables such as easy availability and rapid socio-economic and demographic changes. Recent studies for treatment and rehabilitation of various treatment centres have mostly adolescents and youth students initiating substance abuse. A significant percentage of drug abusers (83 per cent) began using drugs and other substances between the ages of 16 and 20, followed by those under 15.[23]

Aim and Objective:

This study aims to determine the extent to which adolescents are aware of the term "substance abuse." and to measure adolescents' understanding of the negative consequences of "Substance Abuse.". Determine adolescent attitudes toward drug and alcohol abuse. To see if there was a link between the study subjects' knowledge of 'Substance Abuse. To see if there's a link between adolescent attitudes about substance abuse, create a leaflet with information.

MATERIALS AND METHODS:

Research Technique:

This study used a quantitative research approach.

Research Design:

The study's research design is a non-experimental descriptive design.

The Study's Setting:

This research takes place in a few neighbourhoods in Pune.

- 1. An urban slum in Pandavnagar.
- 2. In Shivajinagar, there are secondary schools and junior colleges.

Target Population:

This study will take place in a few regions in Pune.

- 1. An urban slum in Pandavnagar.
- 2. In Shivajinagar, there are secondary schools and junior colleges.
- 3. The adolescents [13 to 18 years] in selected regions of Pune city were the study's target population.

Techniques of Sampling:

For this investigation, non-probability convenience sampling was adopted.

Size of a Sample:

For this investigation, used a sample size of 100 teenagers.

Statistical Tool:

The first section contains demographic information.

Section 2: Questionnaire for assessing adolescents' awareness about substance abuse.

Section 3: A modified Likert scale was used to measure adolescent attitudes about substance abuse.

Hypothesis:

- Ho Adolescents may be unaware of the dangers of substance usage.
- H1- Adolescents may be aware of the dangers of substance usage.
- The survey covers respondents who are
- 1. Adolescents
- 2. Willing to take part
- 3. Be fluent in the language (English, Hindi, Marathi)

Exclusive Criteria:

Respondents who are unavailable during data collection are excluded from the study.

2. Refusing to take part in the research

RESULTS:

The analysis is organizing and synthesizing data so that research questions can be answered and hypothesis tested. This chapter deals with the analysis and interpretation, i.e. pilot study result of the data collected from 100 samples to assess knowledge about substance use of a selected area of Pune city to develop an information booklet. The collected data were tabulated in the master sheet and analyzed using descriptive and inferential statistics as per the study's objectives.

Section I: Description of demographic data of adolescent **Section II:** Description of the knowledge about substance use in adolescents from a selected area of Pune city.

Section III: Description of association between study findings and selected demographic variables.



Section I: Description of Socio-demographic data of patients (n=100)

Percentage-wise distribution of respondents according to their gender depicts that the highest percentage (58%) were a male group and (42%) of the respondents were a female group. I can interpret that most of the respondents were from the male group.

Percentage-wise distribution of respondents according to their age depicts that highest percentage (44%%) of the respondent were in the age group of 17-18 yrs and (24%) of the respondents were in the age group of 13-14 yrs and (21%) of the respondents were in the age group of 15-16 yrs and (11%) of the respondents were in the age group below 13 yrs. I can interpret that most of the respondent falls under the age group of 17-18yrs.

Percentages wise distribution of respondents according to their Education depicts that highest percentage (52%) of the respondent is from $11^{th}-12^{th}$ std and (32%) of the respondents are from $8^{th}-10^{th}$ std and (13%) of respondents are from $5^{th}-7^{th}$ std and (3%) are illiterate. I can interpret that most of the respondents are from $11^{th}-12^{th}$ std.

Percentages wise distribution of respondents according to their ReligionReligion depicts that the highest percentage (62%) of the respondent are Hindu and (21%) of the respondents are Muslim, and (12%) of respondents are Christian and (5%) are others. I can interpret that most of the respondents are Hindu.

Percentage-wise distribution of respondents according to the type of family depicts that the highest percentage (60%) of the respondent have a nuclear family and (32%) of the respondents have a joint family and (6%) of respondents are a single parent and (2%) have extended family. I can interpret that most of the respondents have a nuclear family.

Section: II:- Item analysis of knowledge scores of adolescents regarding substance use in the selected area of Pune city

1. The present study shows that the majority (56%) of respondents know the most commonly used substance in adolescents.

- 2. The present study shows that the majority (61%) of respondents didn't know the ill effects of consuming substances.
- 3. The present study shows that most (55%) of respondents know consumption of substances most commonly seen in the age group.
- 4. The present study shows that the majority (63%) of respondents didn't know the reasons for consuming substances.
- 5. The present study shows that the majority (61%) of respondents didn't know long term use of drugs changes the brain chemical system that affects.
- 6. The present study shows that the majority (66%) of respondents didn't know the type of treatment that can help you stop using drugs.
- 7. The present study shows that most (57%) of respondents didn't know the most frequently used route of substance use.
- 8. The present study shows that most respondents (64%) didn't know the signs of drug addiction.
- 9. The present study shows that most respondents (62%) didn't know the legal consequences of substance use.
- 10. The present study shows that most respondents (83%) didn't know the leading cause of drug-related death.
- 11. Percentage-wise distribution of respondents according to the level of knowledge scores of adolescents regarding substance use that highest percentage (52%) of them were having poor knowledge score (13%) of them was having good knowledge score and (35%) of them having average knowledge. Hence can interpret that most of the respondents had poor knowledge regarding substance use.
- 12. Percentage-wise distribution of respondents according to the level of attitude scores of adolescents regarding substance use that highest percentage (63%) of them were having a positive attitude (0%) of them were having a negative attitude and (37%) of them having a neutral attitude. Hence can interpret that most of the respondents had a positive attitude regarding substance use.

S No	Demogra	phic variables	Samples(100)				
			Frequency	Percentage (%)			
1	Gender	Male	58	58			
		Female	42	42			
		Other	0	0			
2 Age	Below 13	11	11				
		13-14	24	24			
		15-16	21	21			
		17-18	44	44			
3	Education	5th -7th	13	13			
		8th -10th	31	31			
		$11^{\text{th}} - 12^{\text{th}}$	52	52			

 Table I : Showing Socio Demographic Data of patients (n=100)



		Illiterate	4	4
4	Religion	Hindu	62	62
		Muslim	21	21
		Christian	12	12
		Others	5	5
5	Type of family	Nuclear	60	60
		Joint	32	32
		Single parent	6	6
		Extended	2	2

Table No: II

S.No	Questions	Correct	answer	Wrong	Wrong answer	
		F	%	F	%	
1	The type of substance most commonly used among adolescents?	56	56	44	44	
2	The ill-effects of consumption of substances is/are?	39	39	61	61	
3	The consumption of substances is most commonly seen in an age groups?	55	55	45	45	
4	What are the reasons that lead to the consumption of substances?	37	37	63	63	
5	Long term use of the drug causes changes in the brain chemical system that affect?	39	39	61	61	
6	The type of treatment can help you to stop using drugs are?	34	34	66	66	
7	The most frequently used route of substance use is?	43	43	57	57	
8	What are the signs of drug addiction?	36	36	64	64	
9	What are the legal consequences of substance abuse?	38	38	62	62	
10	What is the number one leading cause of drug-related death?	17	17	83	83	

Table No: III: Frequency and percentage-wise distribution of knowledge score of adolescents regarding substance use in a selected area of Pune.

S.NO	SCORE	LEVEL	FREQUENCY	PERCENTAGE
1	0 - 3	Poor Knowledge Score	52	52
2	4 - 7	Average Knowledge Score	35	35
3	8 - 10	Good Knowledge Score	13	13

Table IV: Frequency and percentage-wise distribution of Attitude score of adolescents regarding substance use in the selected area of Pune.

S.NO	SCORE	LEVEL	FREQUENCY	PERCENTAGE
1	10 - 20	Negative Attitude	52	52
2	21 - 30	Neutral Attitude	35	35
3	31-40	Positive Attitude	13	13

Table No V: Contingency table to find the association between level of knowledge score and gender.

SN Gender	Poor score		Average	Average score		Good Score			
DIN	Genuer	0	Ε	0	Е	0	Ε	Total	γ2
1	Male	32	30.16	17	20.30	9	7.54	58	2.2
2	Female	20	21.84	18	14.70	4	5.46	42	
3	Others	0	0	0	0	0	0	0	
	Total		52	35		13		100	

Table value of $\gamma 2 = 18.307$

The above table shows that the calculated value of chi-square (2.2) is less than the table value (18.307) shows there is no significant difference between gender and level of knowledge score.

Table No: VI Contingency table to find out the association between level of knowledge score and age



SNo Age		Poor	Poor score		Average score		d Score	Total	
5110	Agt	0	E	0	E	0	E	Total	γ2
1	Below 13yrs	9	5.72	2	3.85	0	1.43	11	46.511
2	13to14 yrs	20	12.48	4	8.4	0	3.12	24	
3	15to16 yrs	17	10.92	4	7.35	0 2.73		21	
4	17 to 18 yrs	6	22.8	25	15.4	13 5.72		44	
	Total	5	2	3	35	13		100	

Table value of $\gamma 2 = 24.996$

The above table shows that the calculated value of chi-square (46.511) is more than the table value (24.996), which shows a significant difference between age and level of knowledge score.

Table no VII: Contingency table to find out the association between level of knowledge score a	and Education.
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SNo	Education	Poor score		Average score Good Score			Total	γ2	
5110	Education	0	Ε	0	Ε	0	Ε		
1	5th -7th	10	6.76	3	4.55	0	1.69	13	
2	8th -10th	24	16.64	7	11.2	1	4.16	32	
3	$11^{\text{th}} - 12^{\text{th}}$	18	27.04	22	18.2	12	6.76	52	24.35
4	Illiterate	0	1.56	3	1.05	0	0.39	3	
	Total		52	35	5	13		100	

Table value of $\gamma 2 = 24.996$

The above table shows that the calculated value of chi-square (24.35) is less than the table value (24.996) shows there is no significant difference between Education and level of knowledge score.

Table VIII: Contingency table to find out the association between level of knowledge score and Religion Religion
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SNo	Dellater		Poor score		Average score			Total	γ2
2110	Religion	0	Ε	0	E	0	Ε		
1	Hindu	22	32.24	27	21.7	13	8.06	62	
2	Muslim	20	10.92	1	7.35	0	2.73	21	
3	Christian	9	6.24	3	4.2	0	1.56	12	30.91
4	Others	1	2.6	4	1.75	0	0.65	5	
	Total		52	35	5		13	100	

Table value of $\gamma 2 = 24.966$

The above table shows that the calculated value of chi-square (30.91) is less than the table value (24.966) shows there is a significant difference between ReligionReligion and level of knowledge score.

Table IX: Contingency table to find out the association between level of knowledge score and type of family.

SNo	Type of]	Poor score	Average	score	Good Score		Total	γ 2
5110	family	0	Е	0	Е	0	Е		
1	Nuclear	30	31.2	22	21	8	7.8	60	
2	Joint	15	16.64	12	11.2	5	4.16	32	
3	Single parent	6	3.12	0	2.1	0	0.78	6	6.34
4	Extended	1	1.04	1	0.7	0	0.26	2	
	Total		52	35			13	100	

Table value of $\gamma 2 = 24.996$

The above table shows that the calculated value of chi-square (6.34) is less than the table value (24.996) shows there is no significant difference between the type of family and level of knowledge score.



Tuble III	contingency	tuble to m	iu out the up	joelution	between R	of the of the second	aue score and g	Senaer	
SNo	Gender	Negative attitude		Neutra	Neutral attitude Positive attitude				
5110	Genuer	0	Е	0	Е	0	Е	Total	γ2
1	Male	0	0	24	21.46	34	36.54	58	
2	Female	0	0	13	15.54	29	26.46	42	
3	Others	0	0	0	0	0	0	0	
	Total		0		37		63	100	

Table X. Contingency	table to find out the	association between	level of Attitude score and	d gender
Table A. Comungency	table to mu out the	association detween	level of Athlude Score and	a genuei

Table value of $\gamma 2 = 18.307$

The above table shows that the calculated value of chi-square (1.13) is less than the table value (18.307) shows there is no significant difference between gender and level of attitude score.

SNo Age		Poor	score	Average score		Goo	d Score	Total	
5110	ngu	0	Е	0	Е	0	E	10121	γ2
1	Below 13yrs	0	0	1	4.07	10	6.93	11	
2	13to14 yrs	0	0	0	8.88	24	15.1	24	
3	15to16 yrs	0	0	5	7.77	16	13.2	21	
4	17 to 18 yrs	0	0	31	16.2	13	27.7	44	
	Total		0		37		63	100	

 Table XI: Contingency table to find out the association between level of attitude score and age

Table value of $\gamma 2 = 24.996$

The above table shows that the calculated value of chi-square (33.36) is more than the table value (24.996), which shows a significant difference between age and level of attitude score.

Table XII Contingency table to find out the association between level of attitude score and Education	on.
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		Poor Score		Average	score	Good Score	9		
S.No	Education							Total	γ2
		0	Ε	0	E	0	Е		
1	5th -7th	0	0	1	4.81	12	8.19	13	
2	8th -10th	0	0	3	11.8	29	20.1	32	
3	$11^{\text{th}} - 12^{\text{th}}$	0	0	30	19.2	22	32.7	52	24.35
4	Illiterate	0	0	3	1.1	0	1.8	3	
	Total	0		37			63	100	

Table value of $\gamma 2 = 24.996$

The above table shows that the calculated value of chi-square (29.78) is more than the table value (24.996) shows there is a significant difference between Education and level of attitude score.

	Table XIII: Contingenc	y table to find out the	association between level	of attitude score and R	eligion Religio	n
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S.No	Religion	Poor Score		Averag	Average score Good Score			Total	γ2
	C	0	Е	0	Е	0	Е		
1	Hindu	0	0	28	19.2	34	39.06	62	
2	Muslim	0	0	4	7.7	17	13.2	21	
3	Christian	0	0	1	4.4	11	7.5	12	30.91
4	Others	0	0	4	1.8	1	3.1	5	
	Total	0		3	37		63	100	



Table value of $\gamma 2 = 24.966$

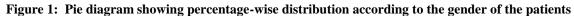
The above table shows that the calculated value of chi-square (15.69) is less than the table value (24.966) shows there is a significant difference between Religion Religion and level of attitude score.

S No	Trung of fomily	Poor Score		A	verage score	Good Score		Total	γ2
S.No	Type of family	0	E	0	E	0	Е		
1	Nuclear	0	0	22	22.2	38	37.8	60	
2	Joint	0	0	14	11.8	18	20.1	32	
3	Single parent	0	0	1	2.2	5	3.7	6	6.34
4	Extended	0	0	0	0.7	2	1.2	2	
	Total	0			37		63	100	

Table No XIV Contingency table to find out the association between level of attitude score and type of family

Table value of $\gamma 2 = 24.996$

The above table shows that the calculated chi-square (2.95) value is less than the table value (24.996). There is no significant difference between the type of family and level of attitude score.



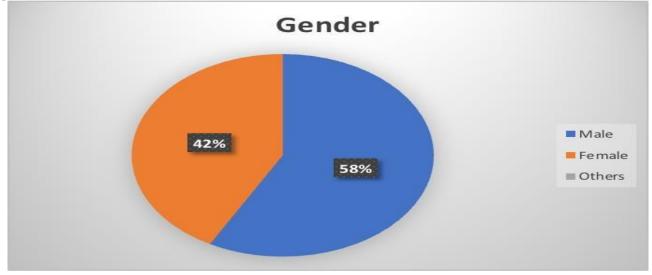
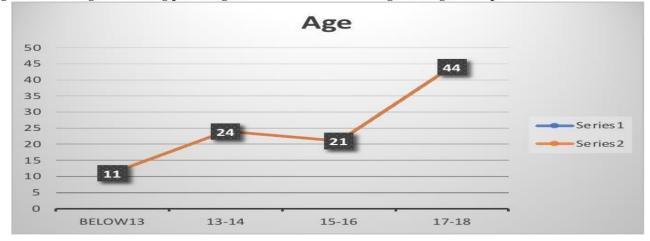
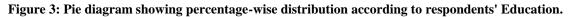


Figure 2:Line diagram showing percentage-wise distribution according to the age of the patients





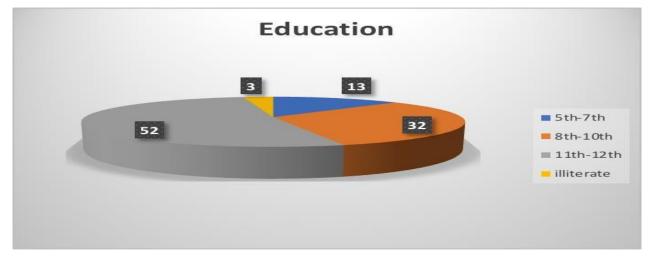


Figure 4: Bar diagram showing percentage-wise distribution according to the ReligionReligion of patients

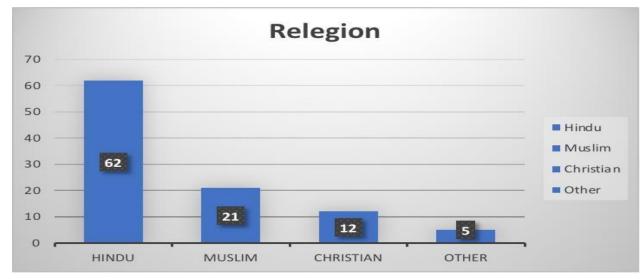
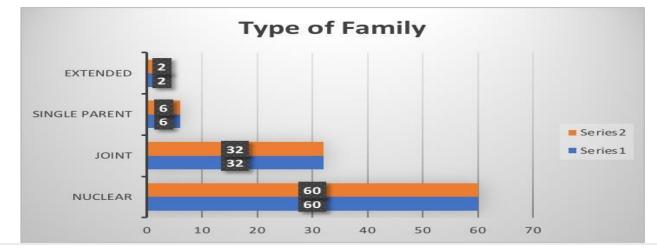


Figure 5: Bar diagram showing percentage-wise distribution according to the type of family



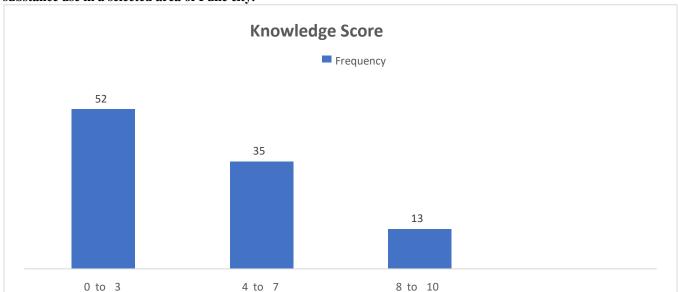
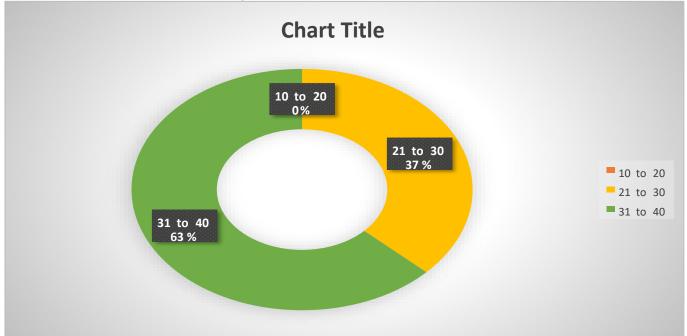


Figure 6: Bar diagram showing percentage-wise distribution according to adolescents' level of knowledge scores about substance use in a selected area of Pune city.

Figure 7: Pie diagram showing percentage-wise distribution according to adolescents' level of attitude score regarding substance use in selected areas of Pune city.



DISCUSSION

A study was proposed to explore and describe the knowledge and attitude of adolescents in selected areas of Pune city regarding substance abuse using multiple-choice questions, to develop an information booklet. Took a sample size of 100 from the selected areas of Pune city. The content validity and reliability of the tool was done, which suggested that the tool was reliable. We did the pilot study on ten samples, and we found that the study was feasible for the final study. Based on the objectives , I analyzed the data.

- Objective 1: To assess the knowledge regarding "substance abuse; which was met under Section B Chapter 4
- Objective 2: To associate the knowledge with selected demographic variables is met under
- Section A While,



- Objective 3: to associate the attitude with selected demographic variables.
- Objective 4: To develop an information booklet that was prepared considering the above findings.

The findings showed that the maximum number of respondents had poor knowledge regarding substance abuse among the respondents. A significant association was found between the knowledge of substance abuse and demographic variables like age, gender, Education, ReligionReligion and type of family. A significant association was found between the knowledge score regarding substance abuse in adolescents.

Suppose we review the finding of our study in context to literature. In that case, the literature review (under the heading of Studies related to assessing the knowledge, attitude regarding substance abuse) shows that drug abuse was more prevalent among male students than female students.

Did a similar study In 2002; WHO stated that the use of Alcohol and Illicit drugs contributed 4% of the disease burden in the 15 to 29 years age group in low and middle countries. A study by Saluja et al. 2007 on adolescents at Postgraduate Institute of Medical Education and Research, Chandigarh showed that there was a consistent rise in adolescents registered in De-addiction OPD, 27 in the first 20 years (1978-1997), 31 over the next four years (1998-2001) and 27 over the final two years (2002-2003). These findings showed an increase in the number of adolescents reported for treatment in the last few years which indirectly indicates the increase in drug abuse among adolescents.

A study in Jaipur by Singh et al. 2006 on students of classes 9-12, aged between 13-18 years, reported that 2.1 % of boys and 1.7% of girls were tobacco users. Smoking cigarettes was present in 72.8 % of boys and 50.0% of girls with drug abuse. Smoking and tobacco use was more in adolescents who have families using tobacco and smoke (86.4% in boys and 68.8 % in the case of girls). A study by Juyal et al. 2008on substance abuse among inter-college students showed that 58.7% of students were ever users while 31.3 % were regular users of any drug. Found that the regular drug abuse was higher in urban students than rural ones (Urban 37.9% and Rural - 24. 4%). The study also stated that drug abuse was more prevalent among male students than female students.

Kracmaroval, mklusonovaH, Grappasonnilhad studied illegal substances and alcohol; experience and attitude among Italian university students. The study's objective was to assess the prevalence of addictive drug use among students of the university of concertino and to verify aspects related to substance use in this population. The researcher has selected 345 samples. The study concluded with findings that the increased.

MAJOR FINDINGS OF THE STUDY SECTION A: Demographic Profile

The findings indicated the following:

- 1. Among the respondents maximum (44%) number of respondents belongs to the age group of (17-18Year).
- 2. In the study, 58% of the respondents were females, and 42% were males.
- 3. Majority of the respondents had completed their primary Education (97%).
- 4. Majority of the respondents are Hindu ReligionReligion (62%). 5. Of the total respondents of 100,60% of respondents had a nuclear family.

SECTION B: Assessment Of Knowledge Score Of Adolescents Regarding Substance Abuse In Selected Areas Of Pune City.

The findings showed that among the respondents, the maximum number of respondents.

(52%) are having poor knowledge, (35%) of respondents have average and (13%) have good knowledge regarding substance abuse in adolescents, indicating that the respondents' overall knowledge was poor.

The findings showed that among the respondents, the maximum number of respondents (52%) have poor knowledge, (35%) of respondents are having average and (13%) have good knowledge regarding substance abuse in adolescents. They are indicating that the overall knowledge of the respondents was poor.

SECTION C: To Find Association Between Study Findings And Selected Demographic Variables.

Association Between Level Of Knowledge Score And Gender

The findings show that a maximum number of responses are 52% (male 32% and female 20%), having poor knowledge, 35% of responses are having average (male 17% and female 18%), and 13% are having good knowledge (male 9% and female 4%) regarding substance abuse in adolescent. The above finding shows no significant difference between gender and level of knowledge score.

Association Between Level Of Knowledge Score And Age

The findings shows that maximum number of responses is 52% (below 13 year 9%,1314years 20%, 50- years 17% and 17-18 years 6%), having poor knowledge, 35% of responses are having average (below 13 years 2&,13-14 years 4%, 15-16 years 4% and 17-18 years 25%), and 13% are having good knowledge (below 13 years 0%,13 - 14years 0% 15-16 years 0% and 17-18 years 13%) regarding substance abuse in adolescent. The above finding shows a significant difference between age and level of knowledge score.



Association Between Level Of Knowledge Score And Education

The findings show that the maximum number of responses is 52% (5th -6th 10%,8th -10th 24%, 11th -12th 10% and Illiterate 0%), having poor knowledge, 35% of responses are having average (5th -6th 3%,8th -10th 7%, 11th -12th 22% and Illiterate 3%), and 13% are having good knowledge (5th -6th 0%,8th -10th 1%, 11th -12th 12% and Illiterate 0%) regarding substance abuse in adolescent. The above finding shows no significant difference between Education and level of knowledge score.

Association Between Level Of Knowledge Score And Religion

The findings show that the maximum number of responses is 52% (Hindu 22%, Muslim20%, Christian9% and Others 1%), having poor knowledge, 35% of responses are having an average (Hindu 27%, Muslim1%, Christian3% and Others 4%), and 13% are having good knowledge (Hindu 13%, Muslim0%, Christian0% and Others 0%) regarding substance abuse in adolescent. The above finding shows a significant difference between ReligionReligion and level of knowledge score.

Association Between Level Of Knowledge Score And Type Of Family

The findings show that a maximum number of responses is 52% (Nuclear 30%, Joint 15%, Single parent 6% and Extended 1%), having poor knowledge, 35% of responses have an average (Nuclear 22%, Joint 12%, Single parent 0% and Extended 1%), and 13% have good knowledge (Nuclear 8%, Joint 5%, Single parent 0% and Extended 0%) regarding substance abuse in adolescent. The above finding shows no significant difference between the type of family and level of knowledge score.

To Associate Between Level Of Attitude Score And Gender

The finding shows that a maximum number of responses is 63% [male 34, female 29, other 0] having a positive attitude, 37% responses are having neutral attitude [male 24%, female 13%], 0% having negative attitude regarding substance abuse in adolescent. The above finding shows no significant difference between gender and level of attitude score.

To Associate Between Level Of Attitude Score And Age

The finding shows that a maximum number of responses is 63% [Below 13years 10%, 13 to 14 years 24% 15 to 16 years 16%, 17 to 18 years 13%] having good attitude score, 37% responses are having average attitude score [Below 13years 1%, 13 to 14 years 0% 15 to 16 years 5%, 17 to 18 years 31%], 0% having poor attitude

score regarding substance abuse in adolescent. The above finding shows a significant difference between age and level of attitude score.

To Associate Between Level Of Attitude Score And Education

The finding shows that a maximum number of responses is 63% [5^{TH} -7TH 12%, 8^{TH} -10TH 29%, 11TH - 12TH 22%, Illiterate 0%] having good attitude score, 37% responses are having average attitude score [5^{TH} -7TH 1%, 8^{TH} -10TH 3%, 11TH -12TH 30%, Illiterate 3%], 0% having poor attitude score regarding substance abuse in adolescent. The above finding shows a significant difference between Education and level of attitude score.

To Associate Between Level Of Attitude Score And Religion

The finding shows that the maximum number of responses is 63% [Hindu 34%, Muslim 17%, Christian 11%, Others 1%] having good attitude score, 37% responses are having average attitude score [Hindu 28%, Muslim 4%, Christian 1%, Others 4%], 0% having poor attitude score regarding substance abuse in adolescent. The above finding shows a significant difference between ReligionReligion and level of attitude score.

To Associate Between Level Of Attitude Score And Type Of Family

The finding shows that a maximum number of responses is 63% [Nuclear 38%, Joint 18%, single parent 5%, extended 5%] having good attitude score, 37% responses are having average attitude score [Nuclear 22%, Joint 14%, single parent 1%, extended 0%], 0% having poor attitude score regarding substance abuse in adolescent. The above finding shows a significant difference between the type of family and level of attitude score.

CONCLUSION:

Highlighted the relevance of family and community preventive initiatives in preventing child and adolescent substance misuse in the 2010 NIDA Report (NIDA, 2010). According to the study's findings, the adolescents exhibited average awareness and a neutral attitude regarding drug addiction. Fewer than 30% of primary care physicians are thought to do substance misuse screenings, and up to 69% do not give any counselling. A family-based approach to prevention focuses on teaching parenting and child-rearing skills together. These programmes aim to improve family functioning, communication skills, provide training to help families discuss and develop substance abuse policies, and teach parents how to enforce these rules effectively.



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