

Assess the Knowledge on Psychoactive Substance Abuse among Adolescents

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ABSTRACT

Substance abuse is a social problem in the entire world. The problem of substance abuse is growing in explosive manor. It has spread every part of the world's all race, caste, religion, sex educational status etc. The adolescents are the most vulnerable group of substance abuse as compared to other population. The aim of the study to assess the knowledge of psychoactive substance abuse among adolescents. A quantitative research approach with descriptive research design was adopted for the present study. 100 samples were selected by using purposive sampling technique. A structured questionnaire was used to collect demographic variable. In clinical variable self-structured questionnaires was used to collect data from adolescent age group between (12-18). In result it This study shows that 65(65%) had moderately adequate knowledge, 30(30%) had inadequate knowledge and 5(5%) had adequate knowledge on psycho active substance abuse among adolescents. The findings of the study revealed that, it is evident that majority of the adolescents had inadequate to moderate knowledge on psycho active substance abuse and they need to be educated about the ill effects of substance and their impact on their studies and the family.

KEYWORDS: Assess Knowledge, Psychoactive, and Substance Abuse

INTRODUCTION

Substance abuse is a social problem in the entire world. The problem of substance abuse is growing in explosive manor. It has spread every part of the world's all race, caste, religion, sex educational status etc. The adolescents are the most vulnerable group of substance abuse as compared to other population. The prevalence rate of substance abuse is highest among adolescents. Substance abuse by students in secondary schools and colleges is a serious problem. Health education is very helpful to prevent and control substance abuse in adolescence group (Debajani Nayak, 2019). Substance use and dependence are among the adolescence is the most prevalent causes of adolescent morbidity and mortality. Adolescents who had been physically and sexually assaulted, witnessed violence, or who had family members with alcohol or drug use problems had increased risk of current substance abuse dependence. Substance abuse is a major public health threat for adolescents in world and is an issue to be handled by clinicians, society, and family members. The most promising route to effective strategies for

the prevention of adolescent alcohol and other drug problems is by a risk-focused approach. This approach deals with identification and treatment of risk factors for drug abuse, and application of these methods to appropriate high-risk and adolescence group (Debajani Nayak, 2019). The word 'adolescence' is derived from the Latin adolescence (to grow up). Adolescence is therefore literally the period of growing up and becoming an adult. In western society the term is now mainly used to describe the period from about 12 to about 18 or 19 years, or the period of development from childhood to young adulthood. (Graham Philip, Turk Jeremy and Frank Verhalst). Consequently, the proportion of the world's adolescents and youth living in Africa is expected to rise from 18 percent in 2012 to 28 percent by 2040, while the shares of all other regions will decline. The region comprising Asia and Pacific is expected to experience the sharpest decline, from 61 percent in 2012 to 52 percent by 2040X [3]. Substance abuse is a social evil. It destroys not only vitals of the society, but also adversely affects

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the economic growth of the country. Use of substances knows no bonds or limitations. It spreads all over a country, from nation to nation; to the entire globe, infecting every civilized society irrespective of caste, creed, culture and the geographical location. Globally, substance abuse is a serious public health and social issue.

MATERIALS AND METHODS

The quantitative research approach descriptive research design was used to assess the knowledge of psychoactive substance abuse among adolescents. The sample size was 100 of adolescent age group

between (12-18) who met the selected criteria. Data was collected from the sample using a purposive sampling technique method. The selected criteria were adolescents. Those who wish to participate in this study. Individual who did not wish to participate this study were excluded. Data was collected using structured questionnaires for demographic variable and self-structured questionnaires for clinical variable. Confidentiality was maintained. Collected data was analyzed. The project has been approved by the ethics committee of the institution.

RESULT AND DISCUSSION

SECTION A: DESCRIPTION OF THE DEMOGRAPHIC OF ADOLESCENTS.

Table 1: Frequency and percentage distribution of demographic variables of adolescents

N = 100

Demographic Variables	Frequency (f)	Percentage (%)
Age in years		
13 – 15	47	47.0
16 – 17	31	31.0
18 – 19	22	22.0
Gender		
Male	62	62.0
Female	38	38.0
Standard of class		
8 th standard – 9 th standard	44	44.0
10 th standard – 11 th standard	30	30.0
11 th standard – 12 th standard	26	26.0
Religion		
Hindu	62	62.0
Muslim	10	10.0
Christian	28	28.0
Family income per month		
3000	4	4.0
3001 – 5000	11	11.0
5001 – 7000	31	31.0
Above 7000	54	54.0
Education status of the father		
Illiterate	-	-
Primary education	8	8.0
Secondary education	63	63.0
Graduate	29	29.0
Education status of the mother		
Illiterate	-	-
Primary education	8	8.0
Secondary education	69	69.0
Graduate	23	23.0
Occupation status of the father		
Government employee	13	13.0
Private employee	81	81.0
Unemployee	6	6.0

Occupation status of the mother		
Government employee	8	8.0
Private employee	33	33.0
Housewife	59	59.0
Type of family		
Nuclear family	76	76.0
Joint family	24	24.0

The table 1 shows that most of the adolescents, 47(47%) were aged between 13 – 15 years, 62(62%) were male, 44(44%) were studying 8th standard – 9th standard, 62(62%) were Hindus, 54(54%) had family income of above 7000 per month, 63(63%) of fathers had secondary education, 69(69%) of mothers had secondary education, 81(81%) of fathers were private employees, 59(59%) of mothers were housewives and 76(76%) belonged to nuclear family.

SECTION B: ASSESSMENT OF LEVEL OF KNOWLEDGE ON PSYCHOACTIVE SUBSTANCE ABUSE AMONG ADOLESCENTS.

Table 2: Frequency and percentage distribution of knowledge on psycho active substance abuse among adolescents

	Frequency (F)	Percentage (%)
Inadequate knowledge ($\leq 50\%$)	30	30.0
Moderately Adequate Knowledge (51 – 75%)	65	65.0
Adequate Knowledge ($>75\%$)	5	5.0

N = 100

The above table 2 shows that 65(65%) had moderately adequate knowledge, 30(30%) had inadequate knowledge and 5(5%) had adequate knowledge on psycho active substance abuse among adolescents.

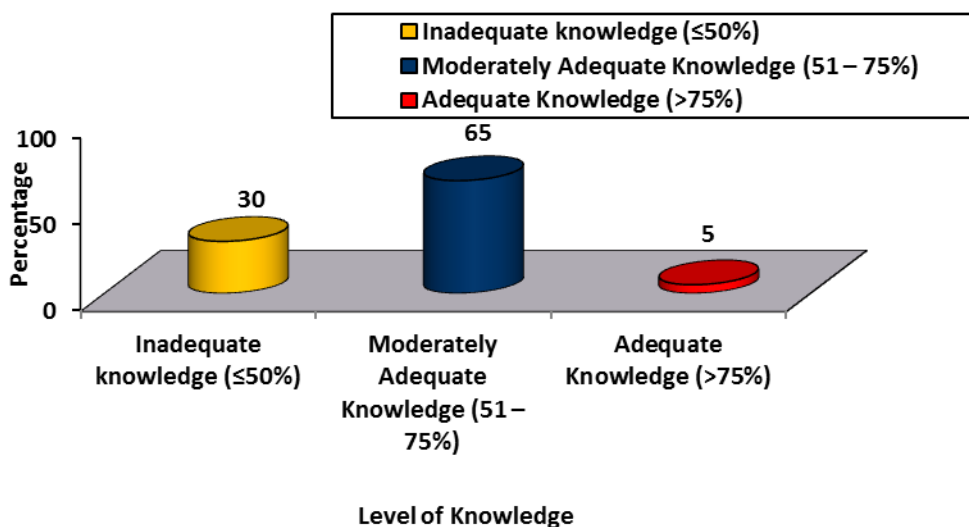


Figure 1: Percentage distribution of knowledge on psycho active substance abuse among adolescents

Table 3: Assessment of mean and standard deviation of knowledge scores on psycho active substance abuse among adolescents

Knowledge	Scores
Minimum score	4.00
Maximum score	10.00
Median	6.00
Mean	6.32
S.D	1.36

N = 100

The above table 3 shows that the mean score of knowledge was 6.32 ± 1.36 . The median score was 6.00 with minimum score of 4.0 and maximum score of 10.00

SECTION C: ASSOCIATION OF LEVEL OF KNOWLEDGE ON PSYCHOACTIVE SUBSTANCE ABUSE AMONG ADOLESCENTS WITH SELECTED DEMOGRAPHIC VARIABLES.**Table 4: Association of level of level of knowledge on psychoactive substance abuse among adolescents with their selected demographic variables****N = 100**

Demographic Variables	Frequency	Chi-Square & p-value
Age in years		$\chi^2=7.181$
13 – 15	47	d.f=4
16 – 17	31	p=0.127
18 – 19	22	N.S
Gender		$\chi^2=0.559$
Male	62	d.f=2
Female	38	p=0.756
		N.S
Standard of class		$\chi^2=5.396$
8 th standard – 9 th standard	44	d.f=4
10 th standard – 11 th standard	30	p=0.249
11 th standard – 12 th standard	26	N.S
Religion		$\chi^2=1.215$
Hindu	62	d.f=4
Muslim	10	p=0.876
Christian	28	N.S
Family income per month		$\chi^2=17.955$
3000	4	d.f=8
3001 – 5000	11	p=0.022
5001 – 7000	31	S*
Above 7000	54	
Education status of the father		$\chi^2=1.534$
Illiterate	-	d.f=4
Primary education	8	p=0.821
Secondary education	63	N.S
Graduate	29	
Education status of the mother		$\chi^2=1.046$
Illiterate	-	d.f=4
Primary education	8	p=0.903
Secondary education	69	N.S
Graduate	23	
Occupation status of the father		$\chi^2=2.982$
Government employee	13	d.f=4
Private employee	81	p=0.561
Unemployee	6	N.S
Occupation status of the mother		$\chi^2=1.434$
Government employee	8	d.f=4
Private employee	33	p=0.838
Housewife	59	N.S
Type of family		$\chi^2=2.890$
Nuclear family	76	d.f=2
Joint family	24	p=0.236
		N.S

*p<0.05, S – Significant, N.S – Not Significant

The table 4 shows that the demographic variable family income per month ($\chi^2=17.955$, $p=0.022$) had shown statistically significant association with level of knowledge on psychoactive substance abuse among adolescents at $p<0.05$ level and the other demographic variables had not shown statistically significant association with level of knowledge on psychoactive substance abuse among adolescent

CONCLUSION

The findings of the study revealed that **“There will be a significant association of level of knowledge on psycho active substance abuse among adolescents with demographic variables”** was accepted for the demographic variable family income per month and not accepted for all other demographic variable

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AUTHORS CONTRIBUTION

All the authors actively participate in the work of study. All the authors read and approved the final manuscript.

CONFLICT OF INTEREST

The authors declare no conflict of interest.

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