

Knowledge and Attitude of School-Going Children About the Negative Impact of Substance Use in Indore

Miss K. Krishna Priya

Research Scholar, Department of Nursing, Index Nursing College & Research Centre

ABSTRACT

Adolescents begin as healthy young people and, if left untreated, develop a variety of unhealthy problems. Substance abuse is one of the high-risk health problems associated with adolescence. It was a global issue ten years ago, and India was also caught in this vicious cycle. The future of the entire country has been impacted, in addition to the health of adolescents.

Objective: The study's objectives were to ascertain school-age children's knowledge and attitudes regarding the negative impacts of substance use.

Material and Methods: A cross-sectional descriptive design was used in the study. After obtaining consent, 265 school-age children were chosen using the purposive sample technique for the two-week study, which was carried out in three schools in Golaghat, Assam. Both an attitude scale and a tool knowledge questionnaire pertaining to substance use were used.

Results: It was discovered that 94% of school-age children had a high degree of understanding about the negative consequences of substance use, and their attitudes about substance use varied. The knowledge score and the chosen sociodemographic characteristic did not significantly correlate.

Conclusion: It was discovered that many teenagers are caught up in this phenomenon despite having adequate knowledge and a negative attitude against substance usage. It can be the result of adolescents' diminished coping skills and lack of assertiveness.

Keywords: Knowledge, Attitude, Substance use, School Going Children

INTRODUCTION

A youthful group of people between the ages of 10 and 19 go through a transitional phase called adolescence. The World Health Organization claims that although teenagers are generally seen as a healthy demographic, many major problems in adulthood have their origins in adolescence. Substance abuse is one of the problems. [1] It is a stage at which the mind is inherently driven to experiment, and substance use typically begins for the first time in adulthood. Tobacco, alcohol, non-prescription drugs, opioids, and other addictive substances are examples of substance usage.[2]

Numerous factors, including peer pressure, the allure of popularity, the accessibility of drugs, shifting cultural norms, mounting financial strain, weakening support networks, etc., are linked to an increase in substance use instances.[2-3]

Early drug use has been linked to increased impairment, criminality, difficulty quitting, accidents, aggression, high-risk sexual conduct, interpersonal issues, declining academic performance, etc.[4-5]

Public concern has been raised by the growing global problem of drug usage among the younger population. In addition to having an impact on people's lives and health, it also threatens the political, social, and cultural underpinnings of every nation.[3, 6]

According to a number of surveys, the adolescent's overall health and that of their family have been impacted by the start of substance use, which hinders the nation's progress. Therefore, the researcher looked into the phenomenon of substance use with the goal of determining school-age children's knowledge and attitudes regarding the negative impacts of substance use.

MATERIALS AND METHODS

This cross-sectional descriptive study was carried out in three high schools with 265 students in classes VIII, IX, and X who were chosen using the purposive sampling technique at Golaghat School in Assam between December 22 and December 30, 2020, with permission from the relevant school administration. After obtaining informed verbal consent, a self-structured questionnaire was given. Tool I for sociodemographic data and Tool II for knowledge questionnaire linked to substance use, which is a check list with "Yes" and "No" options for evaluating knowledge of the negative effects of substance use, were used in the study. drug use with a "Yes and No" choice.

Tool III used a three-point Likert scale with the options "Agree, Don't Know, and Disagree" to measure attitudes on substance use. Respondents voluntarily took part in the survey, and ethical considerations were followed by protecting the privacy of the data collected.

Statistical analysis

The statistical program Statistical Package for the Social Sciences (SPSS-18) was used to analyze the data. The sociodemographic variable's descriptive data was computed. There were three categories for the knowledge score: low, moderate, and high.

The frequency distribution for the attitude scale and the correlation between the knowledge score and a chosen sociodemographic indicator were computed.

RESULTS

The results of the current study, which involved 265 school-age children, were divided into three categories.

Section I shows the sociodemographic variable's frequency distribution for school-age children. The children's mean age, according to the study, was 15.06 ± 1.21 . According to Table 1, 63% of female students enrolled in school took part in the study, with 40% of them being in the ninth grade. 97% of them were staying with family, and 94% of them were from rural areas. Thirty percent of the kids learned about substance abuse from the school.

Table 1:

Table 1: Socio demographic profile of participants				
Sno	Variable	Categories	Frequency	Percentage (%)
1	Gender	Male	97	37
		Female	168	63
2	Class	8 th	95	35
		9 th	103	40
		10 th	67	25
3	Religion	Hindu	230	87
		Islam	22	8
		Christian	8	3
		Others	5	2
4	Type of family	Nuclear	202	76
		Joint	63	24
5	Domicile	Rural	249	94
		Urban	16	6
6	Source of knowledge about substance abuse	School	80	30
		Friends	23	9
		Parents	25	9
		Television	44	17
		Internet	37	14
		Don't know	56	21
7	Type of stay	With family/ Relatives	258	97
		Hostel/ PG	3	1
		With Friends	4	2
8	Does anyone in your family consume alcohol or smoke cigarette?	Yes	102	38
		No	163	62
9	No. of siblings	One	101	38
		Two	92	35
		Three or four	63	24
		None	9	3
10	Parents education	Primary	91	34
		Secondary	60	23
		Diploma	26	10
		Graduate	29	11
		Post Graduate	4	1
		Illiterate	55	21

SECTION II: shows the knowledge level's frequency distribution. According to Figure 1, 94% of school-age children had a high level of knowledge of the negative impacts of substance use, whereas just 1% had a low level.

Figure 1:

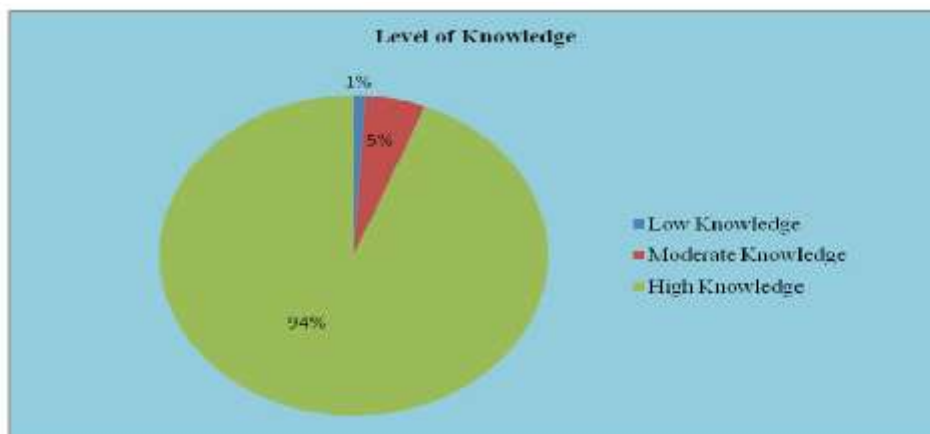


Figure 1: Scoring of knowledge level on ill effects of substance use N=265

Section II: shows the frequency distribution of school-age children's attitudes toward substance usage. It has been discovered that school-age children's attitudes toward substance use vary.

Table 2:

Table 2: Attitude of school going children towards Substance Use

N=263

Sino.	Attitude of school going children towards Substance Use		Frequency	Percentage (%)
1	Risk of substance use increases if person is staying with such people	Agree	150	57
		Disagree	81	30
		Don't Know	34	13
2	Females wont consume any substance	Agree	71	27
		Disagree	139	52
		Don't Know	55	21
3	There is no problem in substance intake until it is revealed to others	Agree	97	37
		Disagree	111	42
		Don't Know	57	21
4	Youth takes substances only when there is any quarrel between parents/peers	Agree	45	17
		Disagree	120	45
		Don't Know	100	38
5	Substance abusing youth have no confidence to say "No" when somebody offers them any substance.	Agree	154	58
		Disagree	35	13
		Don't Know	76	29
6	Friends are the one who influence to take drugs	Agree	127	48
		Disagree	85	32
		Don't Know	53	20
7	Substance use is a social evil, not a disease	Agree	86	32
		Disagree	137	52
		Don't Know	42	16
8	Chances of substance taking behavior increases if there is a history of family intake.	Agree	154	58
		Disagree	62	23
		Don't Know	49	19
9	Easy availability of the substance cause of increase substance use.	Agree	189	71
		Disagree	21	8
		Don't Know	55	21
10	Unemployment is a risk factor for substance abuse	Agree	48	18
		Disagree	118	45
		Don't Know	99	37

Section III: It displays the results on the relationship between the knowledge score and a chosen sociodemographic indicator. The study discovered no correlation between the knowledge score and a chosen sociodemographic indicator.

Table 3:

Table 3: Association between Knowledge score and selected socio demographic variable

N=265

Socio Demographic Variable	Categories	Knowledge level		Calculated χ^2	df	P Value	S/NS
		<15	≥ 15				
Gender	Male	25	72	.128	1	.720	NS
	Female	40	128				
Religion	Hindu	56	174	.031	1	.835	NS
	Others	9	26				
Years of education	8 th	32	63	6.7	1	.012	NS
	9 th and 10 th	33	137				
Types of family	Nuclear	48	155	.365	1	.613	NS
	Joint	17	45				
Domicile	Urban	63	186	1.331	1	.37	NS
	Rural	2	14				
Type of stay	With Family	64	194	0.47	1	0.52	NS
	Hostel / Friends	1	6				
Parents occupation	Salaried	14	43	.000	1	1	NS
	Not salaried	51	157				
Education of Parents	Formal education	13	41	.008	1	1	NS
	No formal education	52	159				

DISCUSSION

The mean age of the school-age children in the current study was 15.06 ± 1.21 , which is comparable to the mean age of 15 ± 1.22 in the study by Sharma I et al. [1]. In the current study, the majority of school-age children were female, which is consistent with studies by Adibelli D et al. [7] and Azima S et al. [8], where 70.6% and 55 out of 90 were female. In contrast to the study of Tsering D et al. [9], where the urban population is greater, at 69.2%, the current investigation revealed that the rural population (94%) is greater than the urban population (6%).

The current study revealed that 76% of participants had nuclear families, which is consistent with prior research by Gupta S et al. [10] (80.5%), Smriti S et al. [11] (83.4%), Prakash O et al. [5] (two thirds), Dibya T et al. [12] (51%), and Adibelli D et al. [7] (77.7%).

Similar to studies by Smriti S et al [11] (49.6%), Sharma I et al [1] (59%), Dibya T et al (66%) [12], and Rawat VS et al [13] (68%), the majority of individuals were Hindu.

According to a study by Sharma I et al. [1], the majority of respondents learned about substance usage from their schools, and 38% of respondents learned about the negative health impacts of smoking from their professors. In contrast to the current study, a study by Shashidhar A et al. [14] indicated that over half of the participants learned about smoking from TV and family, and the majority had never been educated about smoking at home or in school. The majority of students in the current study reported that there was no family history of substance use, which is in line with the findings of a study by Dibya T et al. [12], which found that the majority of teenage students (77%) had no family history of substance use. School-age children's high degree of knowledge (94%) on the negative impacts of substance use was similar to that of the other study. According to Tsering D et al. [9], Nebhinani N et al. [4], and Masibo RM et al. [15], the majority of respondents said they knew enough about the negative effects of substance use.

According to Dibya T et al. [12], Masih OZ et al. [16], and Ong'ang'o, Jane [17], the majority of students—54%, 82.03%, and 72.4%, respectively—had high knowledge.

Paul L. et al. [18] showed that adolescents' understanding of alcoholism was poor, with 58% of them having only average levels of knowledge. This is one of the few research studies that contradicts these findings.

Children in the current study concur that the following factors contribute to increased substance use: peer pressure, substance availability, parental/peer conflict, unemployment, and a lack of confidence in saying "no," which is also evident in the other study. Peer pressure is one of the factors that influence substance use, according to studies by Tsering D et al. [9], Sharma I et al. [1], Shashidhar A et al. [14], and Sahu KK et al. [19].

According to Sydow K et al. [24], substance use rises when a substance is easily accessible. Barkin SL et al. [21] discovered that adult substance use is influenced by peer pressure and low self-esteem. According to Geramian N et al. [22], Shamsi MA et al., Sydow K et al. [23], and Sydow K et al. [24], peer pressure, drug availability, conflict between family and friends, low self-esteem, and unemployment are the reasons why people start using drugs. In contrast to the results of the study by Prakash O. et al. [5], where students agreed that substance use is a disease, the majority of students in the current study disagree that substance use is a social evil rather than a disease.

In contrast to the current study by Dibya T et al [12], where there was a significant association between the awareness score and a selected sociodemographic variable, there was no significant association found in this study between the knowledge score and a selected sociodemographic variable.

CONCLUSION

Substance abuse is a ten-year-old social issue that has long impacted our children and been the subject of numerous research. According to the current study, school-age children have varying attitudes toward substance usage and possess sufficient knowledge about it. Adolescence has not been able to resolve this issue, despite having substantial knowledge about the drug.

Recommendation

In order to assess the efficacy of interventional programs, a school health program that teaches pupils about substance abuse, stress management, relaxation techniques, and assertive training should be planned. The educational initiatives must to incorporate parents as well.

REFERENCES

1. Sharma I and Chalise S. The Knowledge and Attitude Regarding the Health Effect of Smoking among Secondary Level Students in Nepal. *Asian Journal of Humanities and Social Studies*. 2018; 6(2): 83-90
2. Adolescents in India: A desk review of existing evidence and behaviours, programmes and policies. New Delhi: Population Council & UNICEF; 2013
3. Sharma B, Arora A, Singh K et al. Drug abuse: Uncovering the burden in rural Punjab. *Journal of Family Medicine and Primary Care*. 2017; 6(3): 558-562
4. Nebhinani N, Mamta, Misra AK, et al. Knowledge and attitude about substance use in school students. *Indian Journal of Social Psychiatry*, 2013; 29 (3-4): 114-118
5. Prakash O, Giri OP, Mishra AK, et al. Knowledge and attitude of Indian adolescents towards addiction: Findings from an exploratory survey. *Journal of Mental Health & Human Behavior*, 2009; 14 (2) : 74-79
6. Silas Treveli M and Seeta Devi A. A study to assess the knowledge and attitude of drug addiction among adolescent boys in selected pre-university colleges in Pune. *International Journal of Recent Scientific Research*. 2016; 7(5): 11293-11295
7. Adibelli D and Olgun S. Knowledge, Attitude and Behavior of Health College Students Related to Drug Abuse. *The Ulutas Medical Journal*. 2016; 2(2): 90-100
8. Azima S, Mousavi S and Azima M. Students' Knowledge and Attitude about Factors, Treatment, and Prevention of Addiction in Higher Education Environments. *International journal of current microbiology and applied sciences*. 2015;4(10): 96-100
9. Tsering D, Pal R and Dasgupta A. Substance use among adolescent high school students in India: A survey of knowledge, attitude, and opinion. *Journal of Pharmacy and Bioallied Sciences*. 2010; 2: 137-40
10. Gupta S, Sarpal SS, Kumar D et al. Prevalence Pattern and Familial Effects of Substance Use Among the Male College Students-A North Indian Study *Journal of Clinical and Diagnostic Research*. 2013; 7(8): 1632-1636
11. Smriti S, Divakar SV, Suryanarayana SP, et al. Prevalence of substance abuse among high school students in field practising area of Dr. B. R. Ambedkar Medical College, Bengaluru. *International Journal of Community Medicine and Public Health*. 2018; 5: 4423-6

12. Divya T, Radhakrishnan G and Chithra SA. The level of awareness and attitude on ill effects of substance abuse among adolescent students in selected high schools at Belgaum district, India. *International Journal of Health Sciences & Research*. 2018; 8(3): 199-205
13. Rawat VS. A Study to Assess Knowledge and Attitude among Late Adolescents towards Alcoholism in Selected Colleges at Udaipur (Rajasthan). *Journal of Drug Delivery and Therapeutics*. 2019; 9(4-s): 1141-1143
14. Sashidhar A, Harish J and Keshavamurthy SR. Adolescent Smoking: A Study of Knowledge, Attitude and Practice in High School Children. *Paediatric Oncall Journal*. 2011; 8(1): 1-2
15. Masibo1 RM, Mndeme E and Nsimba DES. An assessment of knowledge, attitudes and practices of psychoactive substance use among secondary school students in Dodoma Municipality, Tanzania. *American Journal of Research Communication*. 2013; 200-240
16. Masih OZ, Hussain M, Afzal M, et al. Knowledge, Attitudes and Beliefs Regarding Drug Abuse among Male of Rural Community, Lahore, Pakistan. *International Journal of Social Sciences and management*. 2019; 6(1): 1-6
17. Jane O. Knowledge, attitude and practice on substance use among high school students in Nairobi, Kenya. 2001;
18. Paul L and Ramya KR. Knowledge and Attitude towards Alohohism among Adolescents. *Asian Journal of Nursing Education and Research*. 2012; 2(4):212 214
19. Sahu Kk1and Sahu S.2 Substance abuse causes and consequences. *Bangabasi Academic Journal*. 2012; 9: 52-59
20. Kodjo CM KJ. Prevention and risk of adolescent substance abuse. The role of adolescents, families, and communities. *Pediatric Clinics of North America*. 2002; 49: 257-268
21. Barkin SL, Smith KS and DuRant RH. Social skills and attitudes associated with substance use behaviors among young adolescents. *Journal of Adolescent Health*. 2002; 30: 448-54