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"A STUDY TO ASSESS THE EFFECTIVENESS OF ORGANIZED TEACHING PROGRAM ON KNOWLEDGE REGARDING GROWING TRENDS OF SUBSTANCE ABUSE AMONG SELECTED HIGHER SECONDARY SCHOOL STUDENTS OF JAMMU"

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Abstract : The study addresses the critical issue of substance abuse, particularly among the youth aged 15-34 in low-income regions, with a focus on Jammu and Kashmir where approximately 600,000 individuals are affected. The objectives were to evaluate the knowledge level of higher secondary school students in Jammu about substance abuse trends before and after an organized teaching program, and to examine the relationship between this knowledge and certain demographic variables. Employing a pre-experimental one-group pre-test post-test design, 90 students were selected through convenience sampling. The findings revealed a significant increase in knowledge from a pre-test percentage of 47.89% to a post-test percentage of 61.94%, with a mean difference of 2.810 and a highly significant paired t-test value of 12.882 ($p < 0.001$). Additionally, the study found significant associations between knowledge levels and demographic variables such as the educational status of the mother in the pre-test and the father's occupation in the post-test. The study concludes that the organized teaching program was effective in enhancing students' knowledge about substance abuse, underscoring the importance of educational interventions in combating this issue.

IndexTerms - Effectiveness, Organized teaching program, Knowledge, Substance abuse, Higher secondary school students.

INTRODUCTION

Substance abuse involves the detrimental or risky consumption of various substances. One notable consequence of substance use within a community is the emergence of health-related issues among its members. Additionally, substance abuse places a significant financial strain on individuals.[1]

Substance addiction is an intricate neurological condition. It manifests as an involuntary behaviour that can sometimes be unmanageable. The pursuit and consumption of substances persist even in the face of severe adverse outcomes. The compulsion to seek drugs arises from the impact of prolonged substance use on both brain function and behavior.[2]

The indications of abuse or addiction can differ based on the individual and the specific substance in question. Every drug brings about short-term and long-term impacts. For instance, an individual abusing marijuana might experience a persistent cough. Cocaine elevates heart rate and blood pressure, while opioids could lead to a decreased heart rate and diminished breathing rate.[3]

The phase of adolescence spans from the onset of puberty to the cessation of physical growth, marking the transition from childhood to adulthood. As defined by the World Health Organization , the age range of 10 to 19 years signifies a period of significant transformation for children. The distinctive physical and psychological attributes of adolescents frequently present specific challenges and difficulties in terms of adapting to this phase of life. Essentially, adolescents encounter issues linked to their family environment, educational institutions, and the broader society.[4]

Issues like skin complexion, acne, eating irregularities, bodily transformations, self-perception of one's body, emotional fluctuations, feelings of anger, sensitivity, and rebellion, infatuations, daydreaming, self-esteem issues, and personality development. Concerns within the home environment encompass strained relationships with parents, authoritative parenting styles, breakdown in communication, an unsupportive ambiance, lack of personal space, and difficulties in relating with others. School-related challenges involve strict teachers, a confined school environment, unequal treatment, difficulties with classmates, excessive homework, subpar grades, extended school hours, and minimal engagement in extracurricular activities. Common societal problems encompass gender bias, generation gaps, adherence to traditional practices, caste-related issues, and challenges in forming friendships.[5]

The mentioned challenges serve as a selection of typical issues encountered by adolescents. More critical concerns encompass substance addiction, alcohol dependence, smoking, absenteeism from school, and preoccupations with sexual matters. Each form of substance abuse operates through distinct mechanisms that alter brain functioning. Nevertheless, irrespective of the specific substance someone is addicted to, numerous effects it exerts on the brain tend to share similarities.[6]

The spectrum of damage extends from alterations in brain molecules leading to shifts in mood, to modifications in memory processing and cognitive functions, and occasionally significant shifts in motor activities like walking. These alterations profoundly impact all facets of behaviour. An individual ensnared by drug addiction becomes willing to undertake nearly anything to obtain the drug. This phenomenon arises due to the profound changes caused by drug use in the individual's behaviour, social interactions, and overall functioning.[7]

Similar to numerous other illnesses, drug addiction commonly manifests as a chronic condition. While it's true that certain individuals can abruptly cease drug use or successfully quit after a single round of treatment at a rehabilitation centre, the majority of those grappling with substance abuse necessitate extended and often repeated therapeutic interventions.[8]

As stated in the 2021 World Drug Report published by the United Nations Office on Drugs and Crime today, approximately 275 million individuals engaged in drug consumption worldwide within the past year. Furthermore, the report highlighted that over 36 million people experienced drug use disorders during the same period. The document also revealed a significant development over the last two decades: cannabis potency surged by up to fourfold in specific regions, while concurrently, the proportion of adolescents viewing the drug as hazardous declined by up to 40 percent. This decline in perceived risk occurred despite mounting evidence that long-term, consistent cannabis usage leads to various health and other detriments.[9]

In 2020, 20.7% (57.3 million) of individuals aged 12 or older used nicotine products, while alcohol consumption was reported by 50.0%. Among 138.5 million alcohol users, 44.4% engaged in binge drinking, and 28.8% of these (17.7 million) were heavy drinkers. Illicit drug use was seen in 21.4% (59.3 million) of individuals aged 12 or older, with marijuana use accounting for 17.9% (49.6 million), and adolescent use at 10.1%. Opioid misuse affected 3.4% (9.5 million) of those aged 12 or older, involving prescription pain relievers and heroin. Initiations in 2020 included cigarette smoking (1.3 million), alcohol use (4.1 million), marijuana use (2.8 million), and prescription pain reliever misuse (1.2 million). Initiation ages varied among substances, with cigarette and alcohol use typically starting before 26, while pain reliever misuse often began at 26 or older.[10]

SIGNIFICANCE AND NEED FOR THE STUDY

The demographic group at the highest risk of drug use, namely individuals aged 15–34, is expected to expand over the coming decade, particularly in low-income nations.[11]

In Jammu and Kashmir, around 600,000 individuals are associated with matters related to drugs, constituting approximately 4.6 percent of the total population of the Union Territory.[12]

A Jammu and Kashmir police investigation has revealed a disturbing trend where school-going children in Jammu are being targeted by an interstate drug syndicate. Children are initially given drugs as gifts, but they become addicted, leading suppliers to demand high payments. Affluent families' children are specifically targeted, as they can spend on illicit substances. Once ensnared, dealers charge ₹6,000 to ₹10,000 per gram of illicit substance. This distressing situation emphasizes the alarming vulnerability of young individuals to exploitation and drug addiction within a well-organized syndicate.[13]

According to an NGO survey in India, a significant 63.6% seeking treatment for drug issues started using drugs before 15. Around 13.1% involved in drug abuse are under 20, per a report. Notably, child drug abuse involves substances like heroin, opium, alcohol, cannabis, and propoxyphene. Survey findings indicate that 21% of alcohol users, 3% of cannabis users, and 0.1% of opium users are below 18. An alarming trend is the injection of drug mixtures among children, increasing HIV vulnerability due to needle-sharing. Overall, children comprise 0.4% to 4.6% of those seeking treatment in different states.[14]

A cross-sectional study in India involving 416 students found 52 individuals had engaged in substance use or misuse, with 26 from urban and 10.7% from rural areas. Around 3 million Indians abuse drugs, mainly aged 16 to 35, often starting young. Alcohol use/abuse prevalence varies by region, from 167 to 5370 per 1000. Alcohol addiction ranges from 2.36 to 34.5 per 1000, and combined alcohol and drug use/abuse from 21.4 to 28.8 per 1000. A 1998 meta-analysis showed a 6.9 per 1000 substance use prevalence in India, with urban and rural rates at 5.8 and 7.3 respectively. Male prevalence was 11.9%, female 1.7%.[15]

STATEMENT OF THE PROBLEM

"A study to assess the effectiveness of organized teaching program on knowledge regarding growing trends of substance abuse among selected Higher secondary school students of Jammu"

OBJECTIVES

- To assess the Pre-test level of knowledge regarding growing trends of substance abuse among selected higher secondary school students of Jammu.

- To assess the effectiveness of organized teaching program on knowledge regarding growing trends of substance abuse among selected higher secondary school students of Jammu.
- To find the association between the knowledge regarding growing trends of substance abuse with their selected demographic variables.

ASSUMPTION

- Organized Teaching Program may help the students to improve their level of knowledge regarding Problems of Substance abuse.
- Students may have less knowledge regarding problems of substance abuse.
- Level of knowledge on problems of substance abuse may differ in between males and females.

HYPOTHESIS

- **H_0:** There will be no significant difference on the level of knowledge regarding growing trends of Substance abuse among Higher Secondary School Students before and after Organized Teaching Program.
- **H_1:** There will be a significant difference on the level of knowledge regarding growing trends of Substance abuse among Higher Secondary School Students before and after Organized Teaching Program.
- **H_2**: There will be a significant association between the Post-test scores on the level of knowledge regarding growing trends of Substance abuse and their selected demographic variables.

OPERATIONAL DEFINITIONS

- **Effectiveness:**
  It refers to the statistically significant change in knowledge regarding growing trends of substance abuse and its prevention among higher secondary school students after organized teaching program.
- **Organized Teaching Program:**
  It refers to planned teaching program given through lectures to increase the level of knowledge regarding growing trends of Substance abuse and its prevention.
- **Knowledge:**
  It refers to the responses to the questions regarding growing trends of Substance abuse and is measured by organized knowledge questionnaire.
- **Growing trends of substance abuse:**
  This refers to growing trends in use of alcohol, nicotine, tobacco and illicit drugs such an extent that it interferes with the person's physical, behavioural, psychological problems.
- **Higher Secondary School Students:**
  This study refers to the students both boys and girls studying in 11-12th standard.

DELIMITATIONS OF THE STUDY

- The study was be limited to Higher Secondary School students who are studying

in Government higher secondary school Kot Bhalwal Jammu.

- Data collection period was limited to 4 weeks.

PROJECTED OUTCOME

At the end of the study, there will be a Positive effect between knowledge regarding Growing Trends of Substance abuse and organized teaching program.

CONCEPTUAL FRAME WORK

Every study has a framework. A clearly expressed framework is one indication of a well-developed study. Conceptual framework acts as a building block for the research study. The overall purpose of framework is to make scientific findings meaningful and generalized. It provides a certain framework of reference for clinical practice, research and education. They also give direction for relevant question to practical problems.

The present study aimed at evaluating the effectiveness of organized teaching program regarding the substance abuse among Higher Secondary Students. The conceptual framework of this study was based on the General Systems Theory developed by Von Bertalanffy with input, process, output and feedback in 1968.

According to systems theory a system is a group of elements, individuals and their environment. An individual is capable of taking energy and information as input from the environment and release them to the environment. This input, when processed, provides an output and continues to be so, as long as these four parts keep interacting. If there is change in any of the parts, there will be changes in all the parts. This system is cyclical in nature that interacts with one another in order to achieve the goal. Feedback within the system or from the environment provides the information, which helps the system to determine whether it meets its goal. In this study, these concepts can be explained as follows:

- **Input:** It refers to the process by which the system receives energy and information from the environment. These inputs include 'learners' background, level of knowledge and interest. In this study input refers to the students studying in Higher secondary schools. The influencing demographic factors are age, gender, religion, type of family, monthly income and sources of health information.
- **Process:** It refers to the actions needed to accomplish the desired task, i.e., energy and information for the maintenance of homeostasis of the system. Through dynamic interaction with the environment, the system changes information indifferent forms such as verbal and behavioural communication. In this study, process refers to the development and administration of organized teaching program. Following this, knowledge will be assessed again by using the same organized knowledge questionnaire to know the gain.
- **Output:** output refers to the product of the process. After processing the input, the system releases the energy and information to the environment as output. In the present study, output refers to the evaluation of the effectiveness of organized teaching program on substance abuse that may also be regarded as the product of the process.

- **Feedback:** Feedback refers to the process by which information is received at each stage of the system and the feedback as input to guide/direct in its evaluation. It is the process that provides information about the systemic output. Accordingly, the higher knowledge scores obtained by the students in the Post-test indicate that the organized teaching program was effective in increasing the knowledge of higher secondary school students. Lower scores indicate organized teaching program was not effective in increasing their knowledge. Hence, alternative measures should be taken to improve their knowledge.
- **Environment:** The individuals are fixed constraint that may influence the effectiveness of Organized teaching program. In the present study, the environment may be considered as higher secondary school.

Conceptual Framework Paradigm:

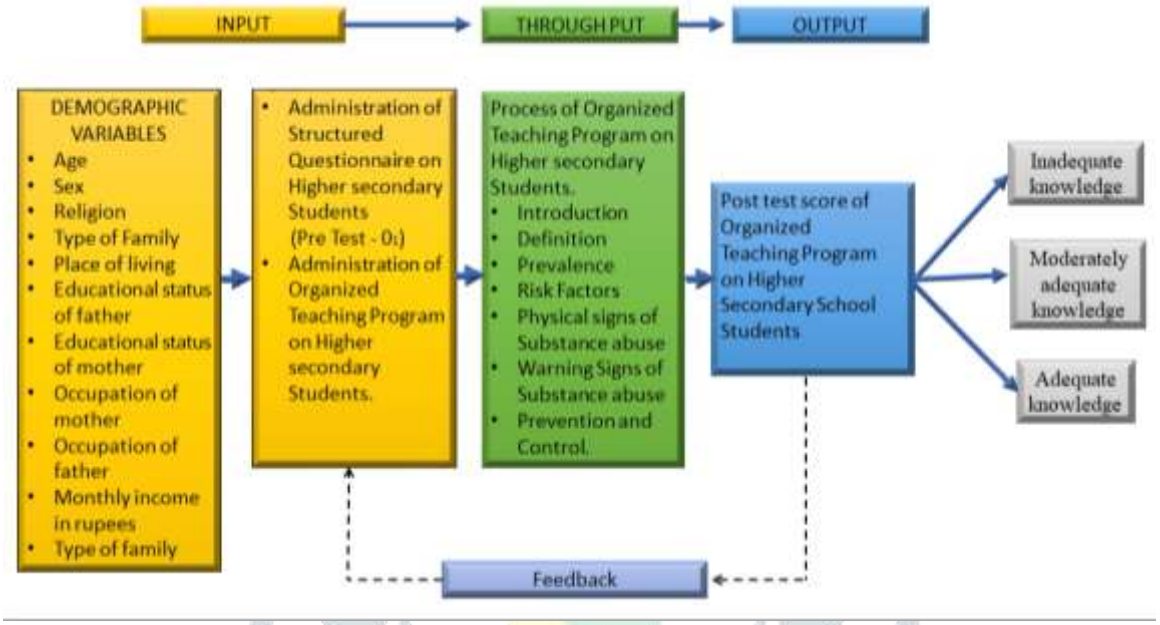


Figure 1: Modified Conceptual Framework based on General System Theory (Von ludwig Bertalanffy)

REVIEW OF LITERATURE

Review of literature is a key step in the research process. A review of literature is comprehensive and covers all relevant research and supporting documents in print. Literature review is essential to locate similar or related studies that have already been completed which helped the investigator to develop deeper insight into the problem and gain information on earlier studies. Review of literature is a systematic identification, location, scrutiny and summary of written materials that

contain information on research and the problem. The literature reviewed related to the present study is organized and presented under the following headings.

- **Literature related to knowledge regarding Growing trends substance abuse among higher secondary school students.**
- **Literature related to effect of substance abuse on higher secondary school students.**
- **Literature regarding effectiveness of Organized teaching program in improving the knowledge regarding trends of substance abuse.**

Literature related to knowledge regarding Growing trends substance abuse among higher secondary school students.

Global Youth Tobacco Survey (2019) The Global Youth Tobacco Survey conducted in 2019 revealed that over 29% of students were subjected to second-hand smoke. The utilization of any type of tobacco was found to be more prevalent among boys compared to girls. The prevalence of tobacco uses among school-going children aged 13 to 15 years was the highest in Arunachal Pradesh and Mizoram, while the lowest rates were observed in Himachal Pradesh and Karnataka. In the regions of Jammu, Kashmir, and Ladakh, the percentage of tobacco use accounted for 11.2%. [16]

Government of India Ministry of Social Justice & Empowerment (2019) According to the Ministry of Social Justice & Empowerment in India, about 14.6% of individuals aged 10-75 are current alcohol users, around 160 million people. Men have 17 times higher alcohol consumption than women. Cannabis use involves 2.8% of the population (31 million), with 2% using Bhang and 1.2% using Ganja/Charas in the past year. Heroin is the most common opioid (1.14% usage), followed by pharmaceutical opioids (0.96%) and Opium (0.52%). Non-medical sedative use is at 1.08% (118 million), while Cocaine, Amphetamine, and Hallucinogen use is lowest (0.10%, 0.18%, and 0.12% respectively). These statistics highlight substance use patterns in India.[17]

Rather Y, Bhat F, Malla A, Zahoor M, Ali Massodi P, Yousuf S (2021) A study investigated substance use prevalence in Kashmir using respondent-driven sampling in two districts. Substance dependence estimation used the benchmark multiplier method. Results showed 1.95% prevalence of any substance dependence, 1.80% for opioids, mainly heroin (84.33% reported use in the past year). Injection drug use was at 0.95%, mostly heroin (91.12%), followed by Pentazocine (5.92%). These findings underscore the significant presence of opioids in Kashmir, including heroin injection. The study emphasizes the need for policymakers to address this concern due to opioids' impact on substance-related mortality and morbidity[18]

Press information Bureau Government of India (2022) Substance abuse patterns in India have shifted over time, reflected in surveys conducted in 2004 and 2018. Alcohol addiction prevalence decreased from 21% (2004) to 14.6% (2018) among 10-75-year-olds. Cannabis addiction reduced from 3% to 2.83%, while opiate/opioid addiction increased from 0.7% to 2.1%. Among 10-17-year-olds, estimated users include Alcohol (3M), Cannabis (2M), Opioids (4M), Sedatives (2M), Inhalants (3M), Cocaine (200K), Amphetamines (400K), and Hallucinogens (200K). The data underscores changing substance use trends, emphasizing the need for intervention strategies and preventive measures.[19]

NDTV (2022) Around 158 million children aged 10 to 17 in the country are struggling with substance addiction. Alcohol consumption involves approximately 160 million individuals, with over 57 million facing harmful or dependency-related issues. Cannabis usage affects 31 million, with 2.5 million dependents. Opioid use affects 22.6 million, and around 7.7 million seek help for opioid-related problems. Alcohol is the primary psychoactive substance, with 14.6% of the 10 to 75 age group using it nationally, totalling about 160 million

individuals. These numbers highlight the widespread substance abuse challenge, emphasizing the need for comprehensive interventions and support services.[20]

Centre for Disease Control and Prevention (2022) According to the CDC, 15% of high school students have used illicit or injectable drugs, including cocaine, inhalants, heroin, methamphetamines, hallucinogens, and ecstasy. Misuse of prescription opioids is reported by 14% of students. Injecting drugs raises HIV risk, while drug use overall exposes them to overdose danger. Youth opioid use links to risky sexual behaviours. Misusing prescription drugs without medical guidance increases chances of dating violence. Drug use connects with sexual risk, violence, and mental health issues, including suicide risk, among students. This underscores the need for comprehensive interventions addressing substance abuse and its associated risks among young people.[21]

Literature related to effect of substance abuse on higher secondary school students.

Bugbee BA, Beck KH, Fryer CS, Arria AM. (2019) This study examined data from a nationally representative sample of 9,578 twelfth graders in the 2015 Monitoring the Future survey. It aimed to understand the links between substance use abstention and academic factors—school absenteeism, performance, self-efficacy, and emotional engagement. Participants were grouped into lifetime non-users, former users, and past-year users based on interactions with 14 substances. About a quarter never used substances, while 8% used in the past but not the prior year. Past-year users were 2.71 times more likely to skip school and 1.74 times more likely to achieve low grades than lifetime non-users, who showed higher self-efficacy and emotional academic engagement. Abstaining from substances correlated with better academic outcomes compared to substance-using peers.[22]

Soares FRR, Farias BRF de, Monteiro ARM (2019) This study investigated the link between alcohol and drug use and school absenteeism among public high school students in Mossoró, RN. A cross-sectional study involved 282 students from May to September 2017. A questionnaire was used for data collection, and SPSS 20.0 analysed the results through hierarchical binary logistic regression. Notably, drug consumption patterns, especially heavy episodic alcohol drinking, tobacco, inhalants, and marijuana use, were associated with absenteeism during bivariate analysis. After adjustments, the regression model included only tobacco and heavy episodic alcohol drinking, explaining 12.3% of absenteeism cases. The study reveals a significant connection between substance use and school absenteeism among these students.[23]

Centre for Disease Control and Prevention (2021) CDC studies on adolescents reveal a clear connection between substance use and sexual risk behaviours, including sexual activity, multiple partners, lack of condom use, and early pregnancy. Greater substance use frequency corresponds to increased likelihood of sexual activity and multiple partners. Alcohol use heightens sexual risk, even more so with marijuana, cocaine, prescription drugs (sedatives, opioids, stimulants), and illegal substances. Conversely, substance-abstaining adolescents show the lowest risk propensity. The 2017 National Youth Risk Behaviour Survey indicates 40% of high school students had intercourse, and 29% are currently sexually active. Among them,

19% reported alcohol or drug use before their last sexual encounter. This underscores the link between substance use and risky sexual behaviour among adolescents.[24]

Literature regarding effectiveness of Organized teaching program in improving the knowledge regarding trends of substance abuse.

Goswami YP (2015) This study aimed to evaluate a Structured Teaching Program's effectiveness in enhancing substance abuse knowledge among adolescents in selected Nursing Colleges in Udaipur District, India. Using a quasi-experimental design, the research assessed adolescents' knowledge on substance use through a one-group pre-test post-test approach. The sample included 91 participants aged 17-18, selected from B.Sc. Nursing colleges in Udaipur. Knowledge questionnaires were administered before and after the program, with data analysed using descriptive and inferential statistics. Pre-test knowledge was notably lower ($P<0.05$), but the Structured Teaching Program significantly improved post-test knowledge levels on substance abuse among students. The findings underscore the positive impact of educational interventions in enhancing awareness about substance abuse.[25]

Kumar D, Huidrom H. (2016) The study aimed to assess substance abuse knowledge among Higher Secondary School students and provide a planned teaching program for preventive health education. Using a quasi-experimental approach, a pre-test and post-test design was employed at a school in Karnataka, India. Sixty participants were randomly selected, and data were collected using a structured knowledge questionnaire. Pre-test knowledge score was 35.1% with an average of 10.53+/- 1.32. After the teaching program, post-test knowledge score significantly increased to 80.8% with a mean of 24.23+/- 1.8. A paired t-test confirmed significance ($P=0.001$). Knowledge enhancement correlated significantly with age, residence, and family type ($P<0.001$). The study highlights the effectiveness of education in improving substance abuse awareness among students.[26]

Najama Bibi, Rais Ahmad Bhat, Aisha Akther. (2017) This study assessed awareness of substance abuse hazards among Kashmiri higher secondary school students and the impact of a structured teaching program on their knowledge. Using a pre-experimental one-group pre-test post-test design, 60 students were sampled randomly. The program effectively improved knowledge, with the mean post-test score (36.11) significantly higher than the mean pre-test score (15.88) at $p < 0.001$. The research aimed to analyse the relationship between pre-test knowledge and demographic factors. The study underscores the positive influence of the educational intervention in enhancing students' understanding of substance abuse risks, indicating the significance of targeted awareness programs in educational settings.[27]

Naseemullah, Muhammad Hussain, Iram Majeed. (2019) This study aimed to assess the impact of a structured teaching program on enhancing drug abuse understanding among school students. Using a quasi-experimental one-group pre-test post-test design, 100 high school students (average age 17.63 years) were randomly selected. A knowledge questionnaire was administered before and after the health education program. Initially, students showed some knowledge about drug abuse (mean pre-test score 28.92). Notably, after the program, knowledge significantly increased, with the mean post-test score reaching 41.19. The study

highlights the substantial improvement in students' knowledge due to the intervention, indicating the effectiveness of educational programs in bringing about positive changes in understanding and behaviour related to drug abuse.[28]

Kaur p (2019) The study aimed to assess the effectiveness of a structured teaching program in improving substance abuse knowledge among 10th-grade adolescent boys. Using a pre-experimental one-group pre-test post-test design, 60 students (aged 16-17) were selected from a government higher secondary school in Srinagar, Jammu and Kashmir. A self-structured knowledge questionnaire was administered before and after the program. Results indicated a significant increase in knowledge scores after the structured teaching program. Notably, a statistically significant correlation was found between knowledge enhancement and students' fathers' occupation ($p = 0.034$). The study concludes that the program positively impacts substance abuse knowledge among high school students, emphasizing the value of structured interventions in education.[29]

Wahengbam Tinita Devi, Mr. Karthikeya Prasth P, Prof. Nisha Clement, Dr. I. Clement (2019) The study aimed to assess the impact of a structured teaching program on substance abuse knowledge among adolescents in selected nursing schools in Bangalore. Using a quasi-experimental one-group pre-test post-test design based on Pender's Health Promotional Model, 60 adolescents were sampled through non-probability convenience sampling. A structured knowledge questionnaire was used for pre-test and post-test assessments. Pre-test average score was 9.16±2.54, and post-test average score was 21.11±3.41. The program significantly enhanced nursing students' substance abuse knowledge, as indicated by a paired t value of 48.79, surpassing the tabulated value of 2.6 at $p < 0.05$. The study concludes that the structured teaching program effectively increased awareness of substance abuse and prevention strategies among adolescents.[30]

Uhaa MM, Lakshmi DMB, Hemalatha DS, Rani DPS (2019) The study aimed to assess the effectiveness of a Structured Teaching Program in preventing substance abuse among adolescents in Tirupati schools. Employing a Quasi-Experimental design with a one-group pre-test post-test setup, 60 adolescent boys were randomly sampled. Pre-test showed 30% with inadequate, 36.7% with moderate, and 33.3% with adequate knowledge. After the program, post-test results indicated 20% inadequate, 33.3% moderate, and 46.7% adequate knowledge. Socio-demographic variables like age, education, mother's education, mother's occupation, and pocket money significantly related to post-test knowledge ($p < 0.05$). Implementation of the Structured Teaching Program effectively improved adolescent boys' substance abuse prevention knowledge, aiding in health concern identification. The study highlights the program's role in enhancing adolescents' quality of life.[31]

Rani M, Nain N. (2019) The study aimed to evaluate a structured teaching program's efficacy in enhancing substance abuse knowledge among adolescents in a government school in Aherwan, Fatehabad (Haryana). Employing a pre-experimental one-group pre-test post-test approach, the sample included 100 adolescents selected through simple random sampling. Post-test mean (13.05±3.43) exceeded pre-test mean (9.67±2.98), resulting in a mean difference of 3.38. The calculated 't' value ($t_{99}=13.55$) indicated high significance ($p < 0.05$) between means. The study concludes that the structured teaching program effectively

increased substance abuse knowledge among adolescents in the mentioned government school, underscoring its positive impact in this context.[32]

Rattan MK, Sumeriya NK (2020) This exploratory study assessed adolescent students' knowledge and attitudes towards psychoactive substance abuse, aiming to identify gaps and create an informative pamphlet on the topic. A sample of 150 students from 10th to 12th grade was chosen through simple random sampling. A self-reported questionnaire measured knowledge and attitudes. While most students had knowledge about addictive substances and their harm, few knew about treatment options. A minority had negative attitudes towards substance abusers and agreed with personal, friend, or family substance use. Positive correlation between knowledge and attitude was observed. Significant associations were noted between knowledge and fathers' education, and attitude and gender. The study suggests educational interventions to enhance knowledge and attitudes and recommends using the developed pamphlet for raising awareness.[33]

Gurung D, Thapa B, Paudel A. (2020) This study aimed to evaluate substance use disorder prevalence and assess the impact of an educational program on knowledge among adolescents in Lekhnath, Nepal. Using a pre-experimental one-group pre-test post-test design, 155 students from classes 9 and 10 were chosen through convenience sampling. Data were collected via a structured questionnaire and analysed using SPSS 16.0. Most participants (97.40%) were aware of substance use disorders, and 62.24% learned from mass media. 16.8% had family members involved in substance use disorders. 1.90% reported alcohol consumption, all being male aged 15-16. Pre-test, 69.70% had inadequate knowledge, while post-test showed 37.4% with adequate and 58.1% with moderate knowledge. The educational program significantly improved knowledge ($t=23.76$, $p<0.01$). Caste/ethnicity associated with pre-test knowledge ($F=3.495$, $p=0.033$). The study emphasizes adolescents' risk and highlights the educational program's effectiveness in enhancing their knowledge of substance use disorders.[34]

Dykes G, Casker R. (2021) The study aimed to explore the negative effects of adolescent substance abuse on caregiving and family well-being. Utilizing a qualitative case study design, one case was chosen, focusing on families with adolescents engaged in substance abuse in Mitchells Plain, Cape Town. Purposive sampling gathered 12 participants, including parents and siblings. Semi-structured interviews collected data, subsequently subjected to qualitative thematic analysis. Four themes emerged, highlighting financial, physical, emotional, and trust-related consequences. These impacts significantly affect family well-being due to the presence of substance abuse. The study underscores the diverse range of detrimental effects on families resulting from adolescents' substance abuse, emphasizing the need for support and interventions within such contexts.[35]

Al-Tameemi HMA, Yasir AA, Al-Jubouri (2021) The study aimed to assess high-school students' knowledge about drug addiction and the impact of a planned teaching program on enhancing this knowledge. Using a quasi-experimental design involving two groups, the research spanned three assessment phases between September 2019 and July 2021 in Al Najaf city. With 70 high-school students divided into study and control groups using purposive sampling, post-test results indicated significant knowledge enhancement in the study group compared to the control group, which showed a slight decline. The educational program

successfully raised awareness about drug addiction among students, emphasizing its importance in preventing addiction risks. The study recommends further program modifications, while highlighting the importance of educating teachers and families on drug addiction issues.[36]

Sandhya K, SuvarnaJyothiKantipudi, Prince Annadurai (2021) The study aimed to assess knowledge and awareness about substance use among a target group of 175 students and evaluate the effectiveness of a brief educational intervention. Pre-intervention assessment showed inadequate knowledge and awareness. A 90-minute educational session with a role-play activity was conducted, followed by revaluation. Paired t-tests were used to compare pre- and post-intervention results. The mean age of participants was 17.53 years. Significant improvements were observed in knowledge and awareness domains after the intervention. The study demonstrates that even a short educational intervention can substantially enhance knowledge and awareness levels regarding substance use, addressing deficiencies among adolescents.[37]

Taddapalli KV, Jungale RV, Kulthe VR. (2021) The study examined the effectiveness of a Structured Teaching Program (STP) in improving high school students' knowledge about drug addiction in selected rural areas. Employing a quasi-experimental design, the research involved 60 students from rural high schools. The findings showed a significant 28.26% increase in overall knowledge scores between pre-test and post-test phases due to the STP implementation. Post-test results revealed significant associations with demographic factors like age, family income, high school year, and source of information about drug addiction (all $p < 0.05$). The STP positively impacted students' comprehension of substance abuse effects, treatment, and coping. As youth drug use rises, educators and institutions should prioritize addressing this issue.[38]

Vijayamalar S (2021) The study aimed to evaluate the effectiveness of a Structured Teaching Program (STP) in educating adolescents about the adverse effects of alcoholism in selected Bangalore colleges. Using a pre-and-post design, the research involved 30 participants. Pre-test questionnaires were followed by STP implementation and a post-test using the same group. Analysis relied on descriptive statistics, revealing changes in Pre-test and post-test knowledge means, percentages, and differences. Initial Pre-test knowledge scores averaged 45.037%, whereas post-test scores averaged 40.44%. The mean difference in post-test knowledge score was 27. The study highlights the STP's role in enhancing adolescents' knowledge of alcohol's negative consequences, emphasizing the importance of awareness and behavioral change.[39]

Shekhawat VS. (2022) This study aimed to assess the effectiveness of an educational intervention in enhancing knowledge and coping skills related to substance abuse among inmates in de-addiction centre in Rajasthan. Using a pre-experimental design, the research involved 300 inmates selected through convenience sampling. Data collection included socio-demographic information, a knowledge questionnaire, and a coping abilities scale. Initial knowledge and coping scores were low. After the intervention, a significant improvement in both knowledge and coping scores was observed ($p < 0.001$). The findings indicate that the educational intervention effectively enhanced inmates' knowledge and coping abilities regarding substance abuse, suggesting its efficacy in de-addiction centers.[40]

METHODOLOGY

Research is a scientific approach used to objectively understand study objectives and hypotheses. It scrutinizes problems impartially, evaluates variables, and employs scientific tools for solutions. In social sciences, research guides investigations and enhances studies through systematic methodologies. Research Methodology ensures systematic, scientific, and rational problem analysis. It categorizes solutions based on authentic evidence, refining investigator approaches and eliminating irrelevant elements. This process enhances study precision by focusing on crucial factors and eliminating unnecessary aspects. It includes: -

- Research approach.
- Research design.
- Research setting.
- Population
  - Target population.
  - Accessible population
- Sample size and sample technique.
- Inclusion and exclusion criteria.
- Selection and development of the tool.
- Description of the tool.
- Validity of the tool.
- Reliability of the tool
- Data collection method.
- Plan of data analysis.

RESEARCH APPROACH

The research strategy outlines the fundamental steps involved in conducting research. The purpose of the current study is to Assess the effectiveness of organised teaching program on knowledge regarding growing trends in substance abuse among selected higher secondary school students of Jammu.

The questionnaire was made and used to gather replies from the respondents. The quantitative research approach was used by the researcher.

RESEARCH DESIGN

This is the framework for conducting research through gathering knowledge required to address study-identified challenges. The study included quantitative research techniques. In order to obtain a precise picture of the situation, well-defined study ideas, and associated variables, a pre-experimental research design was used.

RESEARCH SETTINGS

The present study was conducted at Government Higher Secondary School Kot Bhalwal Jammu.

TARGET POPULATION

The target population was Class 11^{th} and 12^{th} Students.

ACCESSIBLE POPULATION

11^{th} and 12^{th} class students of Government Higher Secondary school Kot Bhalwal Jammu.

VARIABLES

In educational research, variables significantly shape the study direction. They reflect traits of individuals, groups, or institutions. Variables include attributes like gender or age, and they can be conditions manipulated, controlled, or observed by researchers. In educational research, independent variables encompass teaching methods, materials, rewards, or exposure duration. Dependent variables, like test scores or task speed, measure changes influenced by independent variables on pupil performance. Variables hold a crucial role in defining and analysing educational phenomena, facilitating understanding of cause-and-effect relationships in diverse settings.

DEPENDENT VARIABLE

Dependent Variables are mostly the outcome of manipulating independent variables. Dependent variables hold more credibility for the researcher. Dependent variable varies according to the changed environment created by the independent variables. In the present study, the dependent variable is knowledge regarding trends of Substance abuse.

INDEPENDENT VARIABLE

Independent Variable is a set of variables which the researcher uses as per his or her convenience. Independent Variable are the ones which can be easily manipulated and used in such a manner that their values are related to the dependent variable. In the present study the independent variable was the Organise Teaching program on regarding substance abuse among Higher Secondary students.

SAMPLING TECHNIQUE AND SAMPLE SIZE

A total sample size of 90 students were selected, and purposive sampling technique was used.

INCLUSION CRITERIA

- Students who were willing to participate in this study.

- Both male and female students.
- Students who were studying in 11th and 12th standard.

EXCLUSION CRITERIA

- Students who were not willing to participate in the study.
- Students who were Physically ill during data collection period.
- Students were absent during the data collection period.

SELECTION AND DEVELOPMENT OF TOOL

A self-structured questionnaire was used to assess the level of knowledge regarding trends of substance abuse among higher secondary students of Jammu

DESCRIPTION OF TOOL

As the study was concerned to assess the effectiveness of organized teaching program on knowledge regarding growing trends of substance abuse among selected higher secondary school students of Jammu.

The following structured tool was used for data collection. It has two parts: -

SECTION-A (DEMOGRAPHIC DATA)

This part included student's, demographic data such as age, gender, religion, place of living, education qualification of parents, occupation of parents, monthly income, type of family.

SECTION-B (QUESTIONS RELATED TO TRENDS OF SUBSTANCE ABUSE AMONG SELECTED HIGHER SECONDARY SCHOOL STUDENTS OF JAMMU)

SCORING PROCEDURE

The tool consists of two parts.

Part – I:

The first part of the tool consists of demographic variables that are Age in years, Gender, Religion, Place of living, Education status of father, Education status of mother, Occupation of father, Occupation of mother and Monthly income in rupees.

Part – II:

• It consists of Self Structured knowledge questionnaires regarding of substance abuse knowledge regarding substance abuse among higher secondary students. There was one correct answer and three distracters for each question. For every correct answer a score of one awarded and for every wrong answer a score of zero awarded. The total possible score is 20. The total score of each item is calculated and converted in to percentage and interpreted as follows:

- 0-10 50 % and below - Inadequate knowledge (Coding :03)
- 11-15 51- 75 % - Moderately adequate knowledge (Coding :02)
- 16-20 76 % and above - Adequate knowledge (Coding :01)

VALIDITY OF THE INSTRUMENT

It refers to the degree to which the items in an instrument adequately represent the universe of content. The prepared tool, along with the objectives, blue print, and criteria rating scale were given to ten experts, for establishing content validity. The experts were requested to give their opinion regarding adequacy, relevance and appropriateness of content. There was hundred percent agreement on the content area of the blue print.

RELIABILITY OF THE TOOL

The reliability of an instrument is the degree of consistency with which it measures the attribute it is supposed to be measuring. The reliability of the instrument was established by administering the tool to 10 students of Government Boys Higher Secondary School Kot Bhalwal Jammu. Reliability of the tool was tested by using Split-Half (odd-even) Correlation the corelation was found to be 0.8580 and reliability coefficient was found to be 0.923. The tool was found reliable.

METHOD OF DATA COLLECTION

The investigator obtained written permission from Government Boys Higher Secondary School Kot Bhalwal Jammu prior to data collection. The investigator assured the confidentiality to the subjects and to their responses and consent was obtained. The data collection was terminated by thanking each student for their participation and cooperation. The data collected was compiled for data analysis. For the present study, the investigator also collected information from various books, newspapers and magazines, research journals, articles, and from different educational websites.

METHOD OF DATA ANALYSIS

Data analysis is the systematic organization and synthesis of research data and testing of the research hypothesis using that data. Data was planned to be analysed on the basis of objectives and hypothesis. Most of the data were analysed quantitatively with the help of SPSS (Special Packages for Social science). In the present study, both Descriptive and Inferential Statistical Techniques were used to analyse the data.

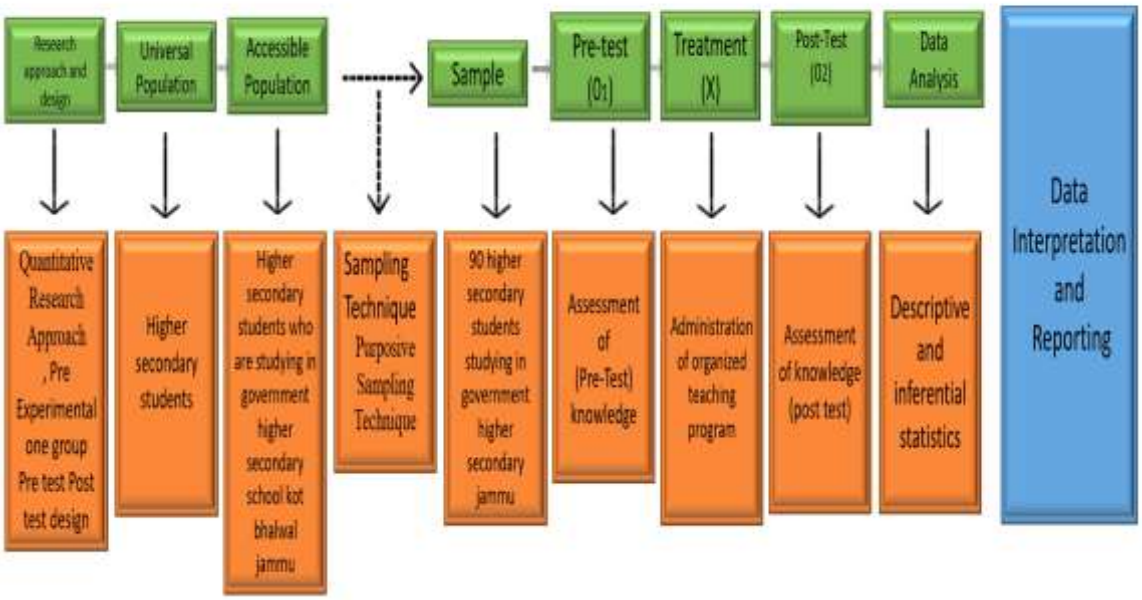
The Descriptive Statistics used in the present study are: Mean, standard deviation, simple Percentage, graphical representation.

The Inferential Statistical Techniques used are: t-test, Correlation and Chi-square.

PROTECTION OF HUMAN RIGHTS

I have done this research only for educational purpose. In doing this research I had not violated the rules and regulations, and also not violated the individual's identity or harmed them. A consent was obtained from the respondents of the study before administering the questionnaire.

DIAGRAMATIC REPRESENTATION OF METHODOLOGY



SAMPLE SIZE ESTIMATION

SAMPLE:

Sample the sample is a subset of population under the study

SAMPLE SIZE:

A sample is the subset of population elements, which are the most basic unit about which data are collected.

The sample for Pilot study is from Government higher secondary school Students Kot Bhalwal Jammu.

Formula given for sample size estimation is given below:

$$n = N \frac{\frac{z^2 * p*(1-p)}{e^2}}{\left[N - 1 + \frac{z^2 * p*(1-p)}{e^2}\right]}$$

Here,

n= Estimated sample size

N=Population Size

Z=Critical Value

p= Sample proportion

e=Margin of Error

So according to the pilot study:

Total Population Size (N)= 100

Critical Value (95% confidence level) (Z)= 1.96

Sample proportion (p)= 0.5

Margin of Error (e) = 0.05

Now,

Putting the values in above formula,

$$n = N \frac{\frac{z^2 * p*(1 - p)}{e^2}}{\left[N - 1 + \frac{z^2 * p*(1 - p)}{e^2}\right]}$$

$$n = 100 \frac{\frac{1.96^2 * 0.5*(1 - 0.5)}{0.05^2}}{\left[100 - 1 + \frac{1.96^2 * 0.5*(1 - 0.5)}{0.05^2}\right]}$$

$n = 79.5098$

So estimated sample size is 79.5098 which is approximately 80.

Now taking the attrition rate of 10 percent the sample size would be 88 rounded off to 90.

So total 90 Students were taken for the present study.

ANALYSIS AND INTERPRETATION OF DATA

The term analysis refers to the process of organizing and synthesizing data so as to answer research questions and test hypothesis. Statistical procedures enable the investigator to reduce, summarize, organize evaluate, interpret and communicate the numerical information. The data collected are interpreted in the following manner.

The chapter emphasizes data analysis and interpretation as crucial steps in research. These processes allow examination and logical reasoning of data components, leading to desired results and new knowledge. It covers data organization, presentation, analysis, and interpretation, contributing to the development of new insights.

This chapter deals with the analysis and interpretation of data collected. The data was analysed by calculating the score in terms of frequency, percentage, mean, standard deviation and chi- square.

Plan of Analysis

Data analysis is the systematic organization and synthesis of research data and testing of the research hypothesis. Data was planned to be analysed on the basis of objectives and hypothesis.

Analysis and interpretation of data was done by using descriptive and inferential statistics. The level of significance chosen was at $p \leq 0.05$.

Description of Demographic Profile of Students

This section describes the demographic characteristics of the sample under study. The data obtained describes the characteristics pertaining Age, Gender, Religion, Place of Living, Educational Status of Father, Educational Status of Mother, Occupation of father, Occupation of Mother, Monthly Income and Type of Family.

SECTION A

"DEMOGRAPHIC VARIABLES"

Table 1: Frequency percentage of demographic variables

N=90

Variables	Options	Frequency	Percentage
Age	16- 17 years	74	82.20%
	18- 19 years	16	17.80%
	20- 21 years	0	0.00%
	22 years and above	0	0.00%
Gender	Male	34	37.80%
	Female	56	62.20%
Religion	Hindu	63	70.00%
	Muslim	24	26.70%
	Sikh	2	2.20%
	Others	1	1.10%
Place of Living	Urban	25	27.80%
	Rural	65	72.20%
Educational Status of Father	Professional or honours	7	7.80%
	Graduate or post-graduate	3	3.30%
	Intermediate of post high school diploma	2	2.20%
	High school certificate	22	24.40%
	Middle school certificate	25	27.80%
	Primary school or literate	10	11.10%
	Illiterate	21	23.30%
Educational Status of Mother	Professional or honours	6	6.70%
	Graduate or post-graduate	6	6.70%
	Intermediate of post high school diploma	1	1.10%
	High school certificate	17	18.90%
	Middle school certificate	20	22.20%

	Primary school or literate	15	16.70%
	Illiterate	25	27.80%
Occupation of father	Professional	8	8.90%
	Semi-professional	1	1.10%
	Clerical, shop owner, farmer	29	32.20%
	Skilled worker	22	24.40%
	Semi-skilled worker	10	11.10%
	Unskilled worker	15	16.70%
	Unemployed	5	5.60%
Occupation of Mother	Professional	4	4.40%
	Semi-professional	1	1.10%
	Clerical, shop owner, farmer	4	4.40%
	Skilled worker	11	12.20%
	Semi-skilled worker	10	11.10%
	Unskilled worker	6	6.70%
	Unemployed	54	60.00%
Monthly Income	< Rs 6,174	38	42.20%
	Rs 6,175-18,496	41	45.60%
	Rs 18,497- 30,830	8	8.90%
	Rs 30,831-46,128	2	2.20%
	Rs 46,129-61,662	0	0.00%
	Rs 66,663-123,321	0	0.00%
	> Rs 123,332	1	1.10%
Type of Family	Nuclear family	37	41.10%
	Joint family	50	55.60%
	Extended	3	3.30%

The above Table represents a comprehensive overview of the demographic and socio-economic characteristics of a specific group of individuals. The data within the table is categorized across several key variables, including age, gender, religion, place of living, educational status of parents, occupation of parents, monthly income, and type of family. Each variable is further broken down into specific options or categories, allowing for an in-depth analysis of the composition and distribution of the surveyed population.

Here are the major findings from the provided table:

Age Distribution: The majority of respondents (82.20%) are in the age group of 16-17 years, indicating a youthful population. A smaller but still significant proportion (17.80%) falls within the 18-19 years age range. No respondents are in the 20-21 years or 22 years and above categories.

Gender Ratio: Females are more predominant in the surveyed population, constituting 62.20% of the total. Males make up the remaining 37.80%.

Religious Composition: Hindu is the largest religious group among the respondents, representing 70.00% of the sample. Muslim follows with a proportion of 26.70%. Sikh and other religious groups have smaller representations (2.20% and 1.10% respectively).

Urban-Rural Distribution: A significant portion of respondents (72.20%) reside in rural areas. Urban areas are home to 27.80% of the surveyed population.

Educational Status of Parents: A diverse range of educational backgrounds exists among fathers, with the majority having middle school certificates (27.80%) and high school certificates (24.40%). A similar trend is observed among mothers, with notable portions having middle school certificates (22.20%) and high school certificates (18.90%). A substantial number of both fathers and mothers are also illiterate (23.30% and 27.80% respectively).

Occupation of Parents: Fathers are engaged in various occupations, with the largest group being clerical, shop owners, and farmers (32.20%).Among mothers, a significant proportion (60.00%) are unemployed, while skilled workers (12.20%) and clerical, shop owners, and farmers (4.40%) are also present.

Monthly Income Distribution: A considerable percentage of respondents fall within the income range of Rs 6,175-18,496 (45.60%), suggesting a moderate-income level. The next significant proportion is in the < Rs 6,174 category (42.20%). Smaller segments are distributed across other income ranges.

Type of Family: Joint families are the most prevalent family type (55.60%), indicating a strong presence of extended family structures. Nuclear families comprise 41.10% of the surveyed population. Extended families represent a smaller proportion (3.30%).

These findings collectively provide insights into the demographic, socio-economic, and family structure characteristics of the surveyed group, highlighting notable trends in age distribution, gender representation, religion, education, occupation, income, and family type.

The findings were as follows:

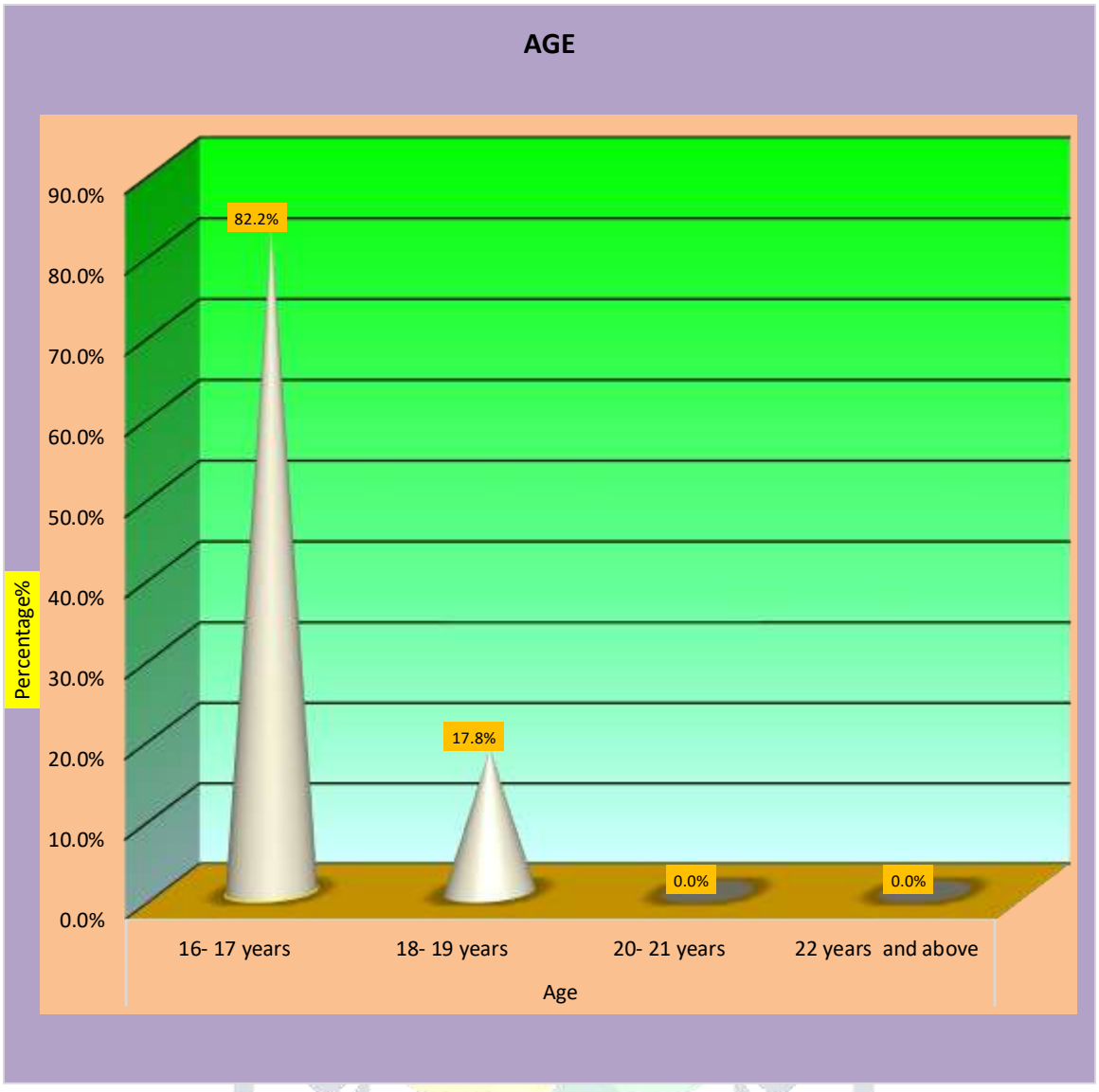


Figure No.01: Conical diagram showing the percentage distribution according to their Age.

The above **Figure No.01** shows that **82.2%** of the respondents fall under the age group between **16-17 years, 17.8 %** of the respondents were between the age of **18-19 years, 0 %** of the respondents were between the age of **20-19 years** and 0% of the respondents were **22 years and above.**

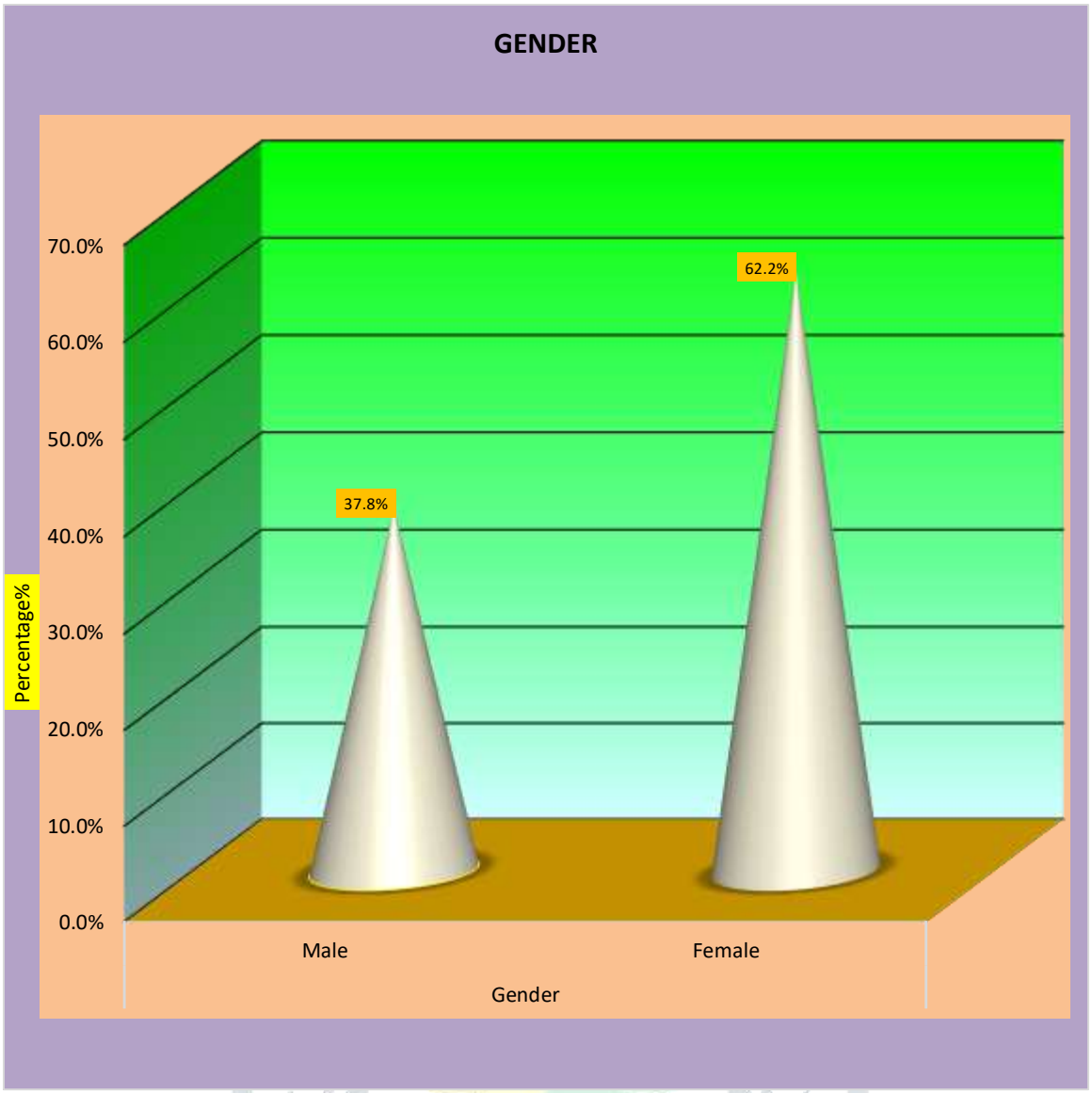


Figure No.02: Conical diagram showing the percentage distribution according to their Gender.

It is seen from the above **Figure No.02** that **(37%)** of the adolescents were male and **62.2 %** of the adolescents were female.

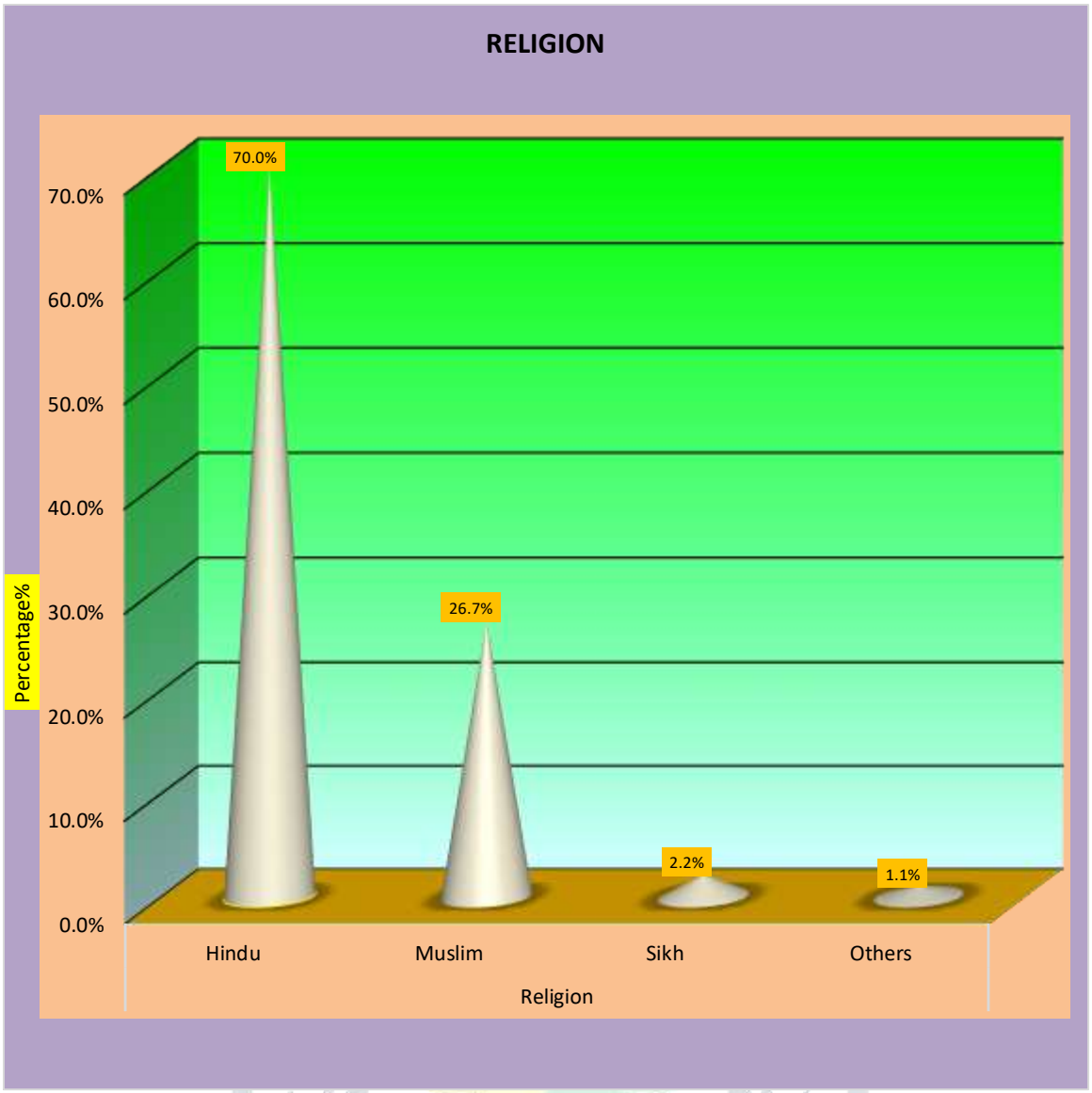


Figure No.03: Conical diagram showing the percentage distribution according to their Religion.

From the above **Figure No. 03**, With regard to religion, majority **(70%)** of the respondents were Hindu, **26.7%** were Muslim, **2.2 %** were Sikh and the remaining, & **1.1 %** of the respondents were from other religions.

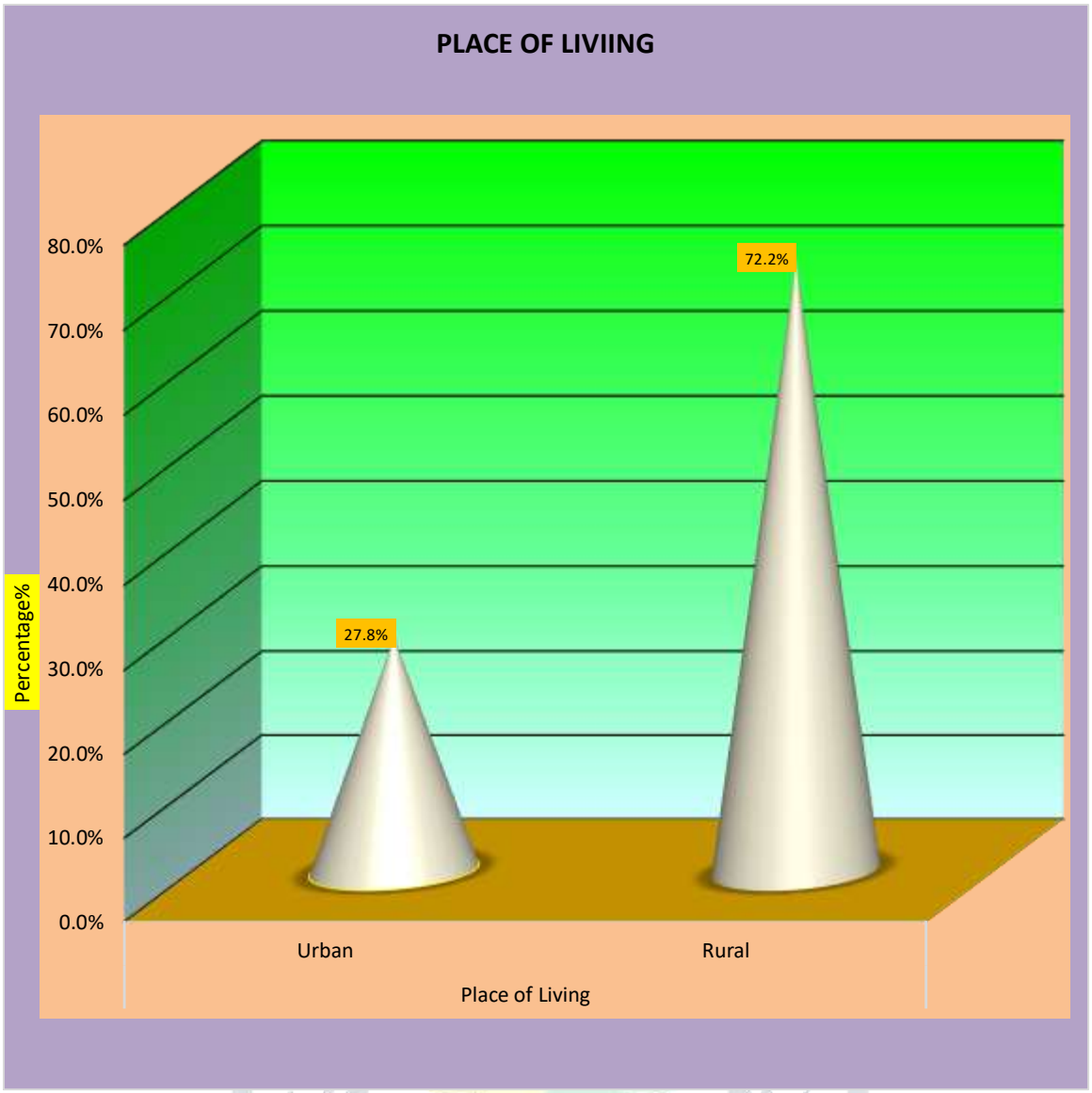


Figure No.04: Conical diagram showing the percentage distribution according to their Place of Living.

Figure 04, Indicates that among the total respondents **27.8%** of the respondents were from Urban areas. **72.2%** of the respondents were from the Rural areas.

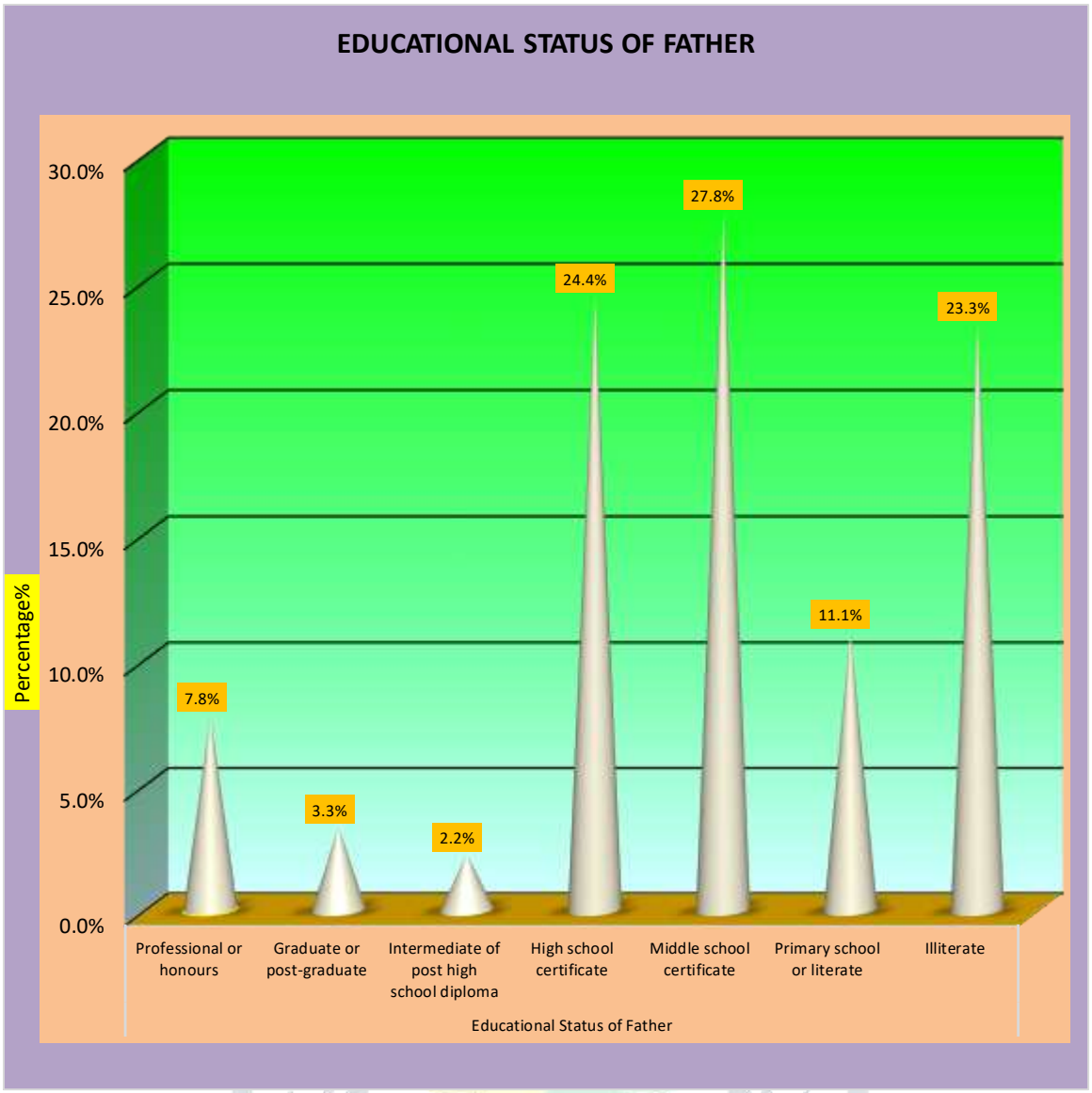


Figure No.05: Conical diagram showing the percentage distribution according to their Educational Status of Father.

From the **Figure 05**, it can be inferred that **7.8%** of the fathers were studied up to professional or honours, **3.3%** were studied up to graduate or post-graduate, **2.2%** fathers were studied up to intermediate or post high school diploma, **24.4%** of the respondent's fathers were studied up to high school, **27.8%** were studied up to middle school certificate, 11.1**%** of the respondents' fathers studied up to primary school and **23.3%** of the respondents' fathers were illiterate.

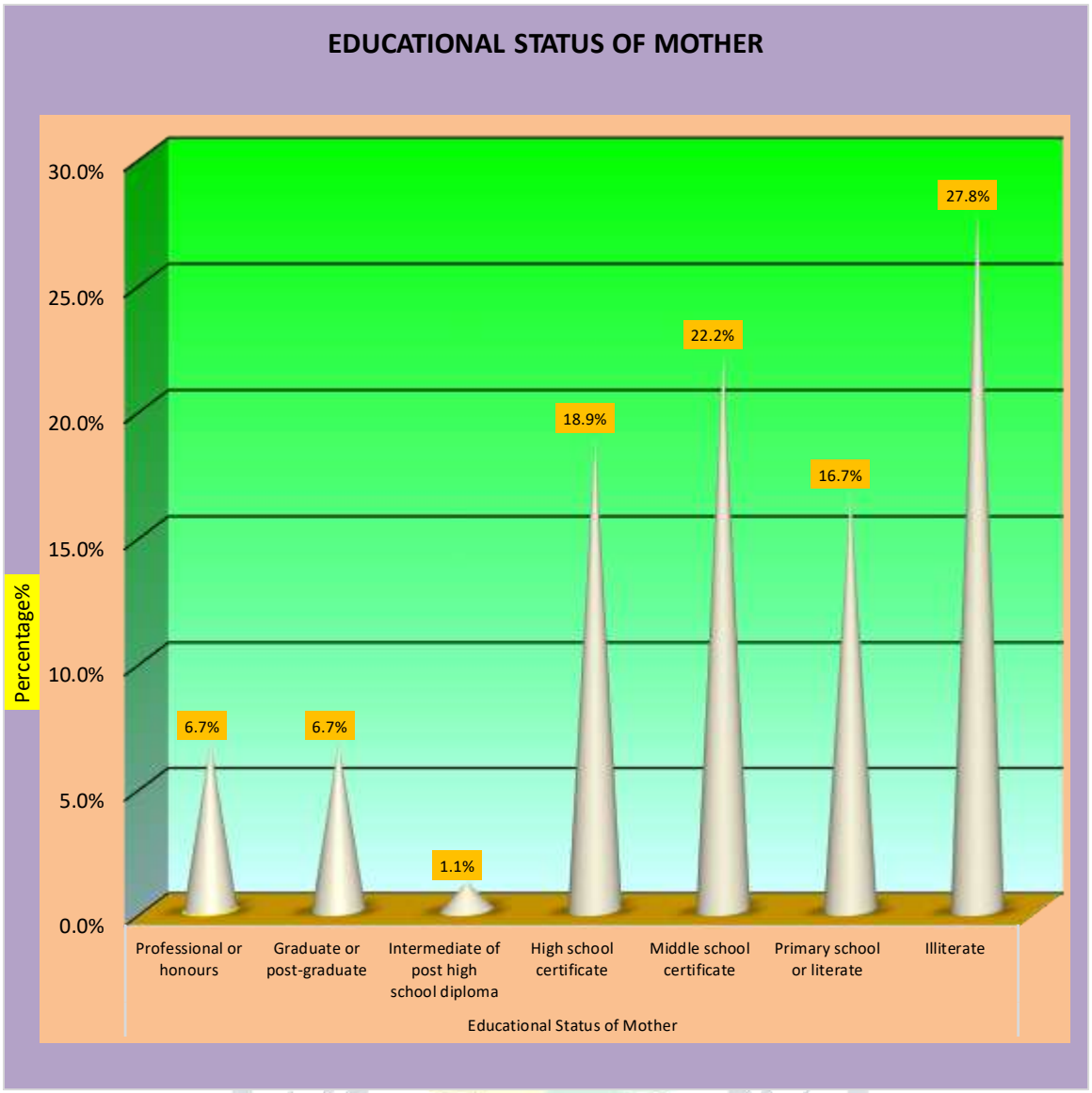


Figure No.06: Conical diagram showing the percentage distribution according to their Educational Status of Mother.

From the **Figure 05**, it can be inferred that **6.7%** of the mothers were studied up to professional or honours, **6.7 %** studied up to graduate or post-graduate, **1.1%** mothers studied up to intermediate or post high school diploma, **18.9%** of the respondent's mothers studied up to high school, **22.2%** were studied up to middle school certificate, 16.7**%** of the respondents' mothers studied up to primary school and **27.8 %** of the respondents' mothers were illiterate.

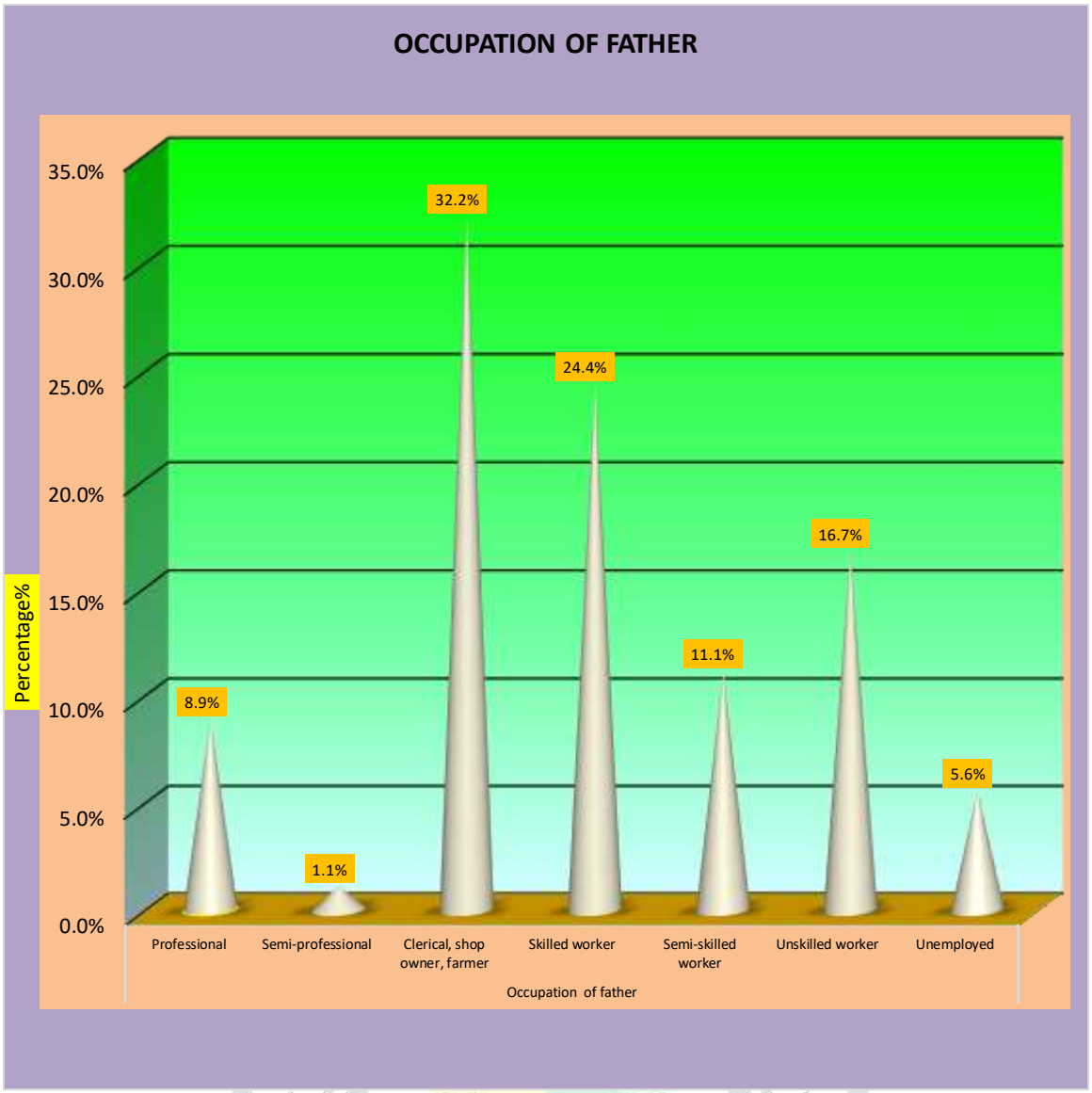


Figure No.07: Conical diagram showing the percentage distribution according to their Occupation of Father.

It is seen from the above **Figure 07, 8.9%** were professional**, 1.1%** were semi-professional, **32.2%** of the fathers were clerical, shop owner or framer, **24.4%** were skilled worker, **11.1%** were semi-skilled workers, **16.7%** of the fathers were unskilled and **5.6%** of the respondent's fathers were un-employed.

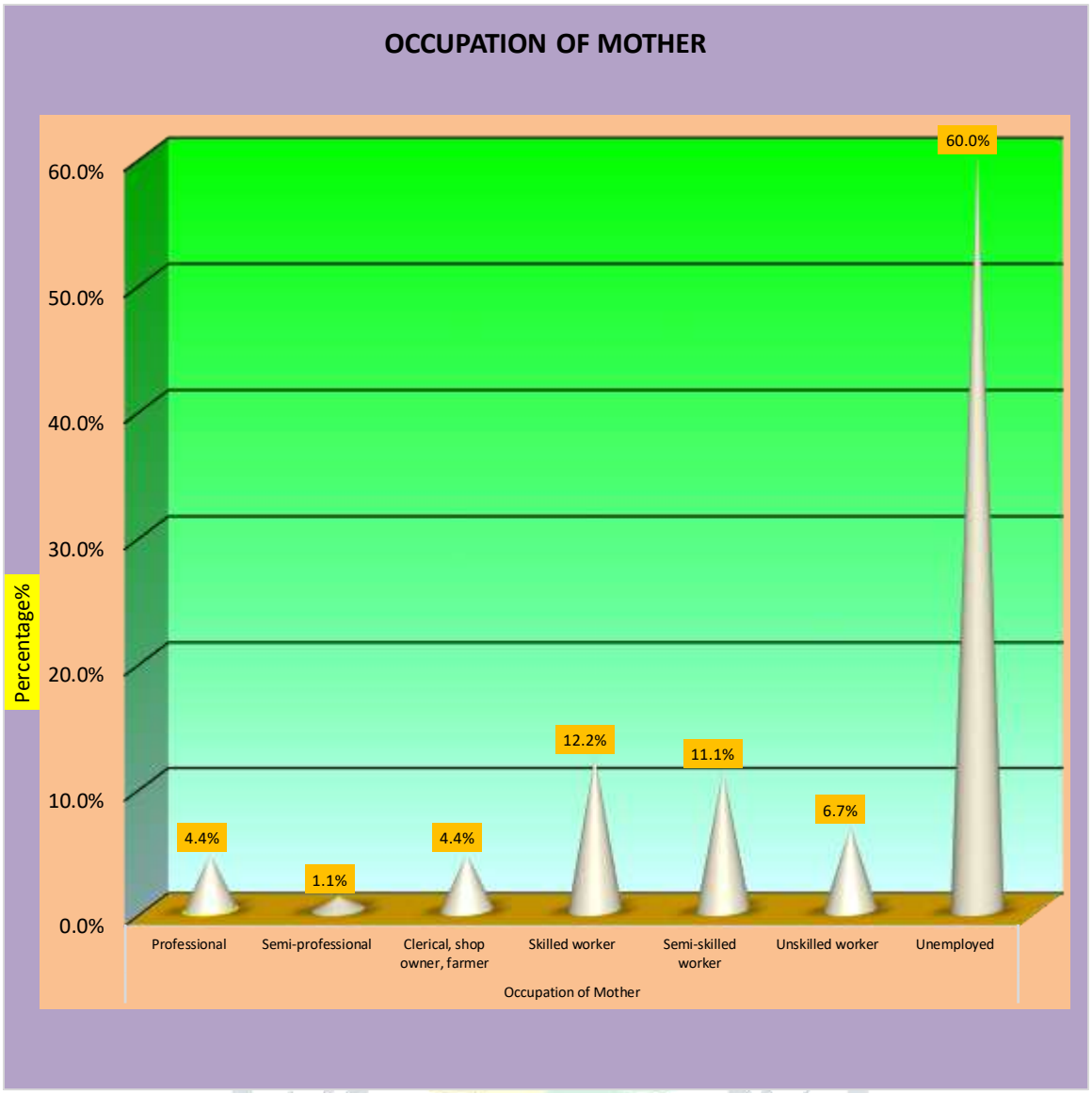


Figure No.08: Conical diagram showing the percentage distribution according to their Occupation of Mother.

It is seen from the above **Figure 08** that**, 4.4%** were professional**, 1.1%** were semi-professional, **4.4%** of the mothers had occupation of clerical, shop owner or framer, **12.2%** were skilled worker, **11.1%** were semi-skilled workers, **6.7%** of the mothers were unskilled and **60.0%** of the respondent's mothers were un-employed which is the highest.

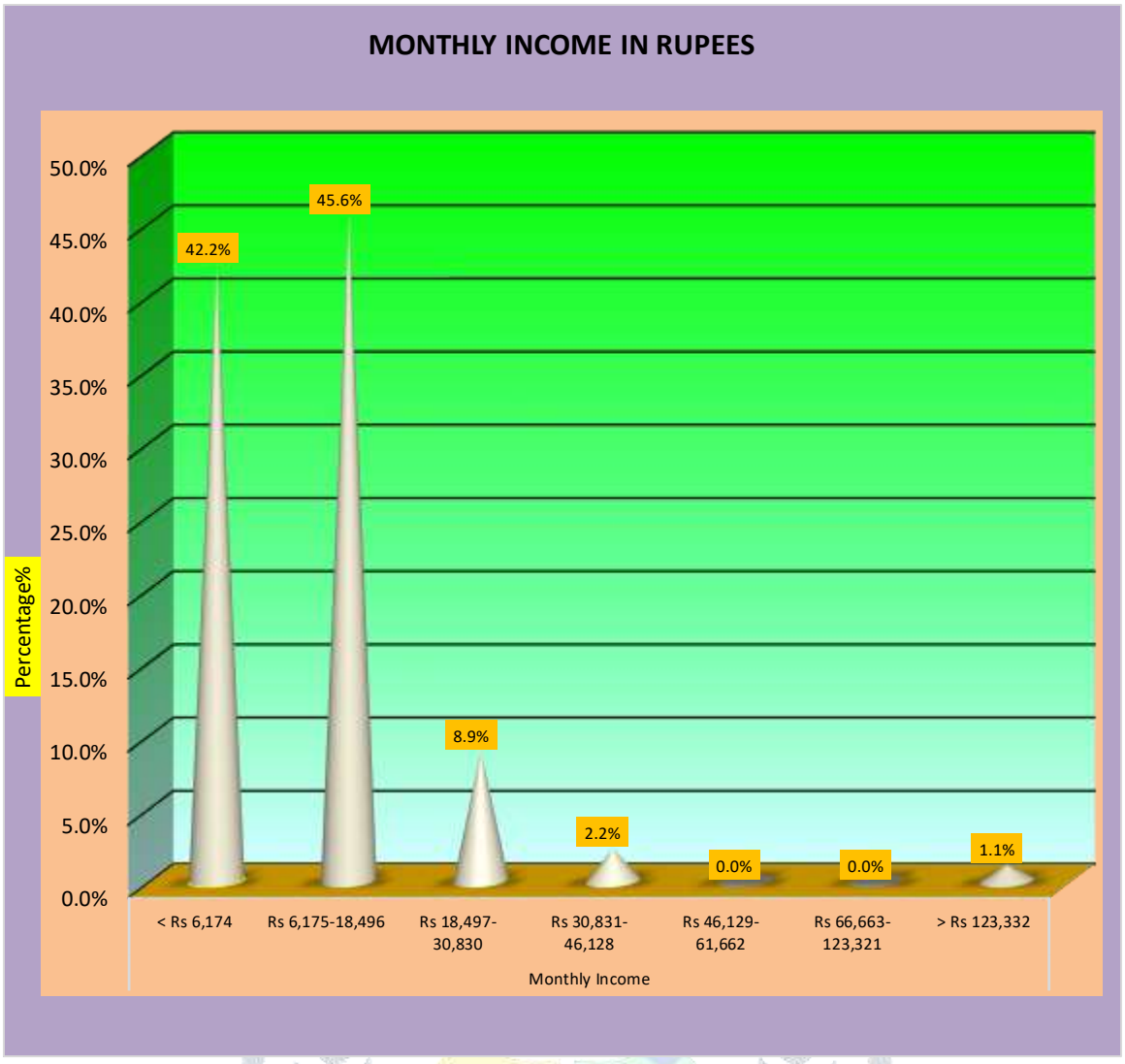


Figure No.09: Conical diagram showing the percentage distribution according to their Monthly Income in rupees.

Considering the family income as presented in **Figure No.09** it is inferred that **42.2%** of the respondents have **<Rs. 6,174** as their monthly income of the family, **45.6%** of the respondent's family income were between **Rs.6,175 to Rs.18,496**, **8.9%** of the respondent's family income were between **Rs. 18,497 to Rs.30,830, 2.2 %** of the respondent's family income between **Rs. 30,831 to 46,128, 0 %** of the respondent's family income were between **Rs. 46,1289 to 61,662**, **0%** of the respondent's family income is between **Rs. 61,623 to 123,321, 1.1 % o**f the respondent's family income were between **>Rs. 123,321.**

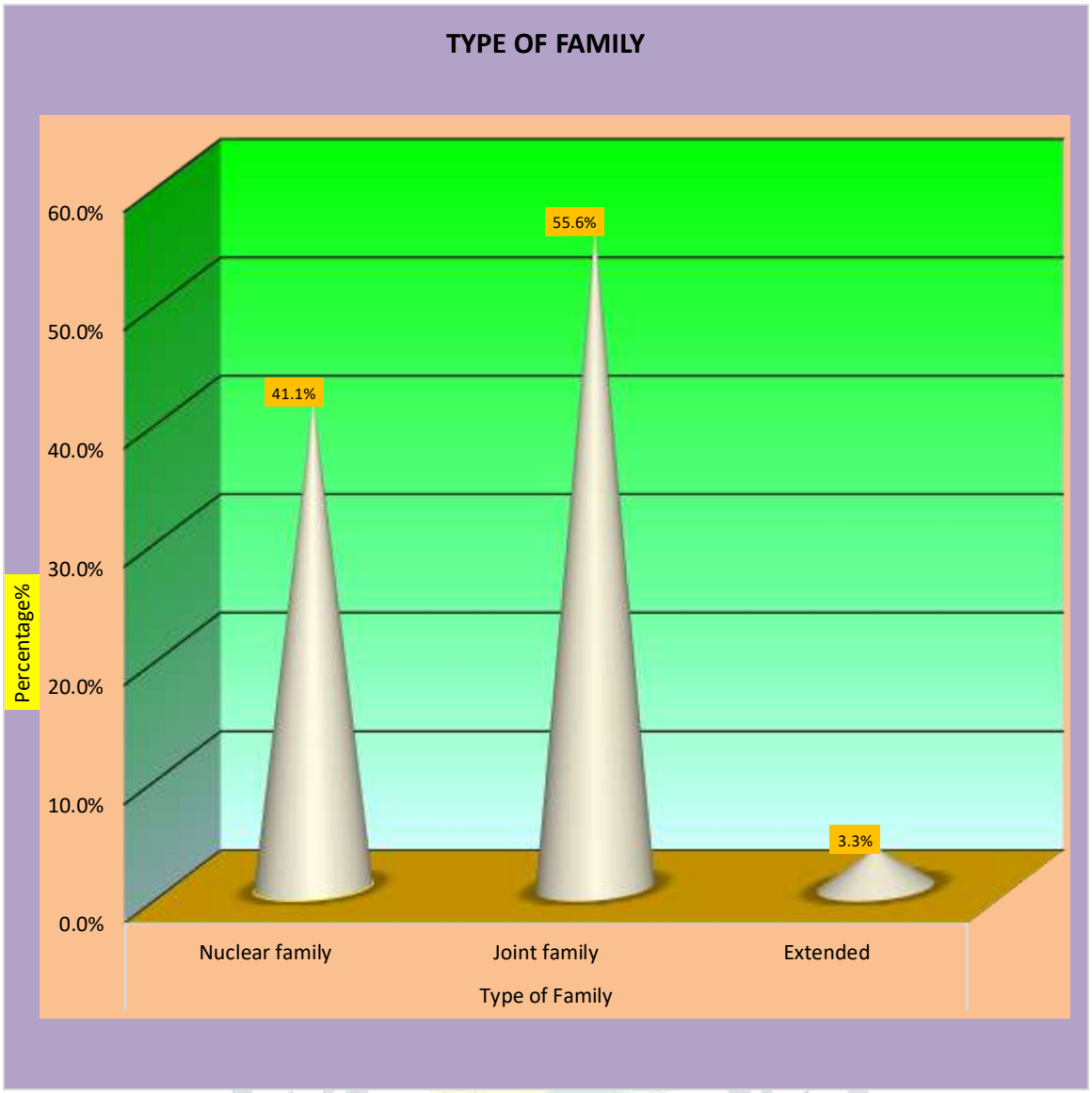


Figure No.10: Conical diagram showing the percentage distribution according to their Type of Family.

It is represented in **Figure No.10** that **41.1%** of the respondents were from nuclear family, majority (55.6**%**) of the respondents were from joint family and **3.3%** were from extended family.

SECTION – B

Table 02: Frequency & Percentage distribution of Pre-test level of knowledge

N=90

CRITERIA MEASURE OF PRE-TEST KNOWLEDGE SCORE	
Score level (N= 90)	**Pre-test f (%)**
Inadequate knowledge. (0-10)	50(55.6%)
Moderate knowledge. (11-15)	38(42.2%)
Adequate knowledge. (16-20)	2(2.2%)

Minimum Score: 0 Maximum Score: 20

Table 02 presents a detailed breakdown of the frequency and percentage distribution of pre-test knowledge levels among a sample of 90 participants. The table categorizes participants based on their pre-test knowledge scores and provides insights into their proficiency levels.

Pre-Test Knowledge Score Categories:

The participants' pre-test knowledge scores are divided into three categories based on the specified score ranges:

1. Inadequate Knowledge (0-10):

- The largest proportion of participants, 50 individuals, falls within this category.
- This represents 55.6% of the total sample.
- Participants in this category exhibit a lower level of pre-test knowledge.

2. Moderate Knowledge (11-15):

- 38 participants are classified within this category.
- This group constitutes 42.2% of the total sample.
- Participants with moderate knowledge scores fall within this range, indicating a reasonable grasp of the subject matter.

3. **Adequate Knowledge (16-20):**

- A smaller subset of participants, 2 individuals, belong to this category.
- This represents 2.2% of the total sample.
- Participants with scores in this range possess a higher level of pre-test knowledge.

In summary, Table 2 offers a comprehensive overview of the distribution of pre-test knowledge scores among the participant group. It indicates that a majority of participants possess inadequate or moderate knowledge levels, with only a small percentage demonstrating adequate knowledge. This breakdown provides valuable insights into the participants' familiarity with the subject matter prior to any interventions or learning activities.

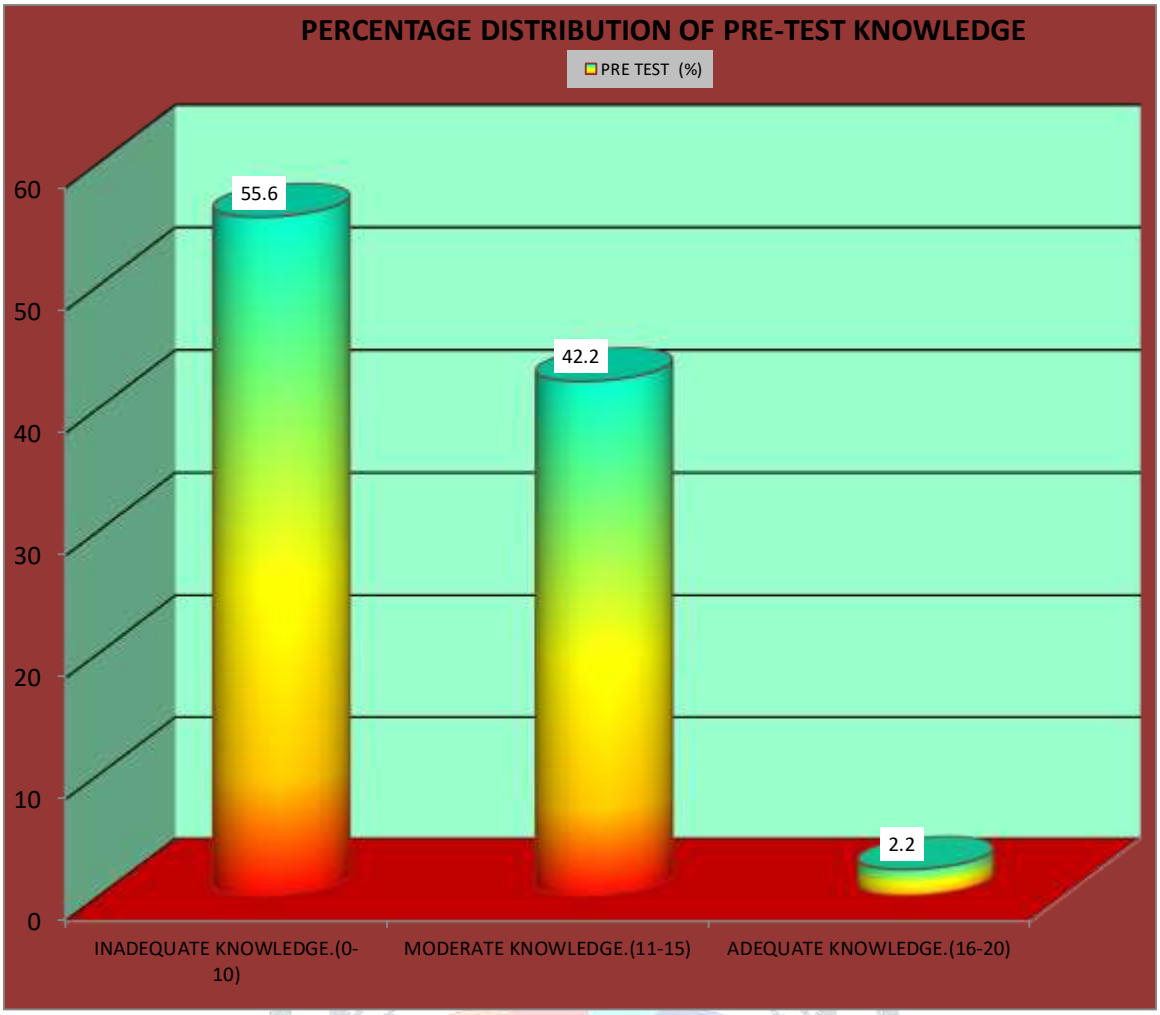


Figure No.11: Diagram showing the percentage distribution of Pre-test knowledge

The **Figure No.11** depicts that **55%** of the respondents had inadequate knowledge, **42.2%** of the respondents had moderate knowledge and **2.2** percent of the respondents had adequate knowledge in Pre-test.

Table 03: Descriptive statistics of Pre-test level of knowledge

N=90

Descriptive Statistics	Mean	S.D.	Median Score	Maximum	Minimum	Range	Mean %
PRE-TEST KNOWLEDGE	9.58	3.554	10	17	3	14	47.90

Minimum Score: 0 Maximum Score: 20

Table 03 provides descriptive statistics for the pre-test level of knowledge among a sample of 90 participants. The table offers insights into the central tendency, variability, and distribution of pre-test knowledge scores. The sample size for the analysis is N=90.

- **Mean:** The mean pre-test knowledge score is 9.58. On average, participants scored around 9.58 out of 20 on the pre-test assessment.

- **Standard Deviation (S.D.):** The standard deviation is 3.554. This measure of variability indicates the spread of scores around the mean. The larger the standard deviation, the greater the dispersion of scores.
- **Median Score:** The median pre-test knowledge score is 10. This is the middle value of the sorted scores and serves as an additional measure of central tendency.
- **Range:** The range of pre-test knowledge scores is 14, calculated as the difference between the maximum (17) and minimum (3) scores. This illustrates the spread between the highest and lowest scores.
- **Mean%:** The mean percentage score is 47.90%. This is the mean pre-test knowledge score expressed as a percentage of the maximum possible score (20), providing a normalized view of the participants' performance.

In summary, Table 03 offers a comprehensive summary of the central tendency, variability, and distribution of pre-test knowledge scores among the participant group. It helps provide a clear understanding of the participants' average performance, spread of scores, and the overall range of knowledge levels within the sample.

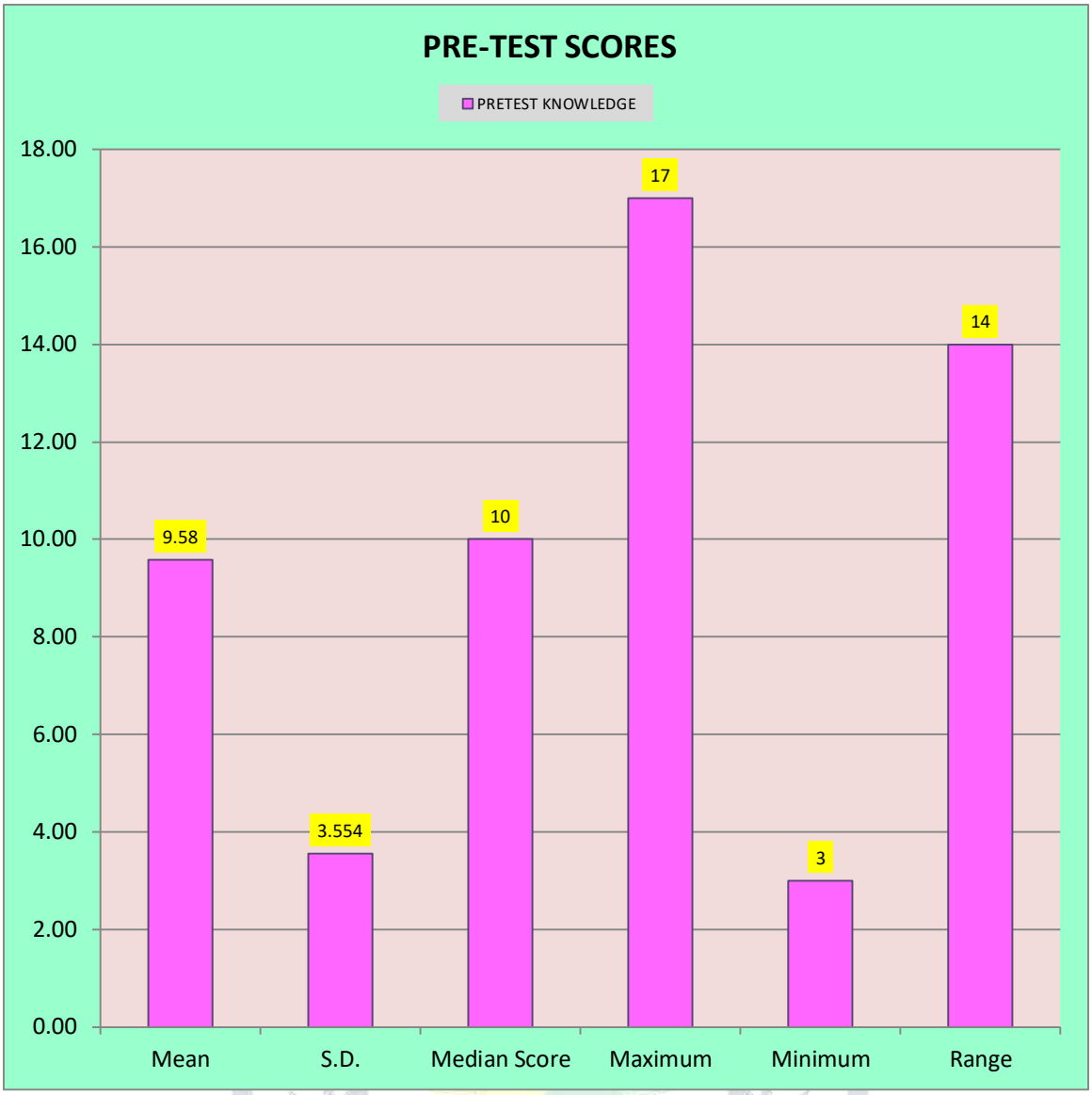


Figure No. 12: Bar diagram representing descriptive statistics of Pre-test level of knowledge

The diagram **No. 12** represents that the Pre-test level of knowledge had a Mean of **9.58**, standard deviation of **3.55**, Median Score of **10**, Maximum of **17**, Minimum of **3** and a range of **14**.

Table 04: Frequency & Percentage distribution of post-test level of knowledge

N=90

CRITERIA MEASURE OF POST-TEST KNOWLEDGE SCORE	
SCORE LEVEL (N= 90)	**POST-TEST f (%)**
INADEQUATE KNOWLEDGE. (0-10)	17(18.9%)
MODERATE KNOWLEDGE. (11-15)	65(72.2%)
ADEQUATE KNOWLEDGE. (16-20)	8(8.9%)

Minimum Score: 0 Maximum Score: 20

Table 04 presents a comprehensive breakdown of the frequency and percentage distribution of post-test knowledge levels among a sample of 90 participants. The table categorizes participants based on their

post-test knowledge scores, offering insights into their performance after an intervention or learning activity. The sample size for the analysis is N=90.

Post-Test Knowledge Score Categories:

The participants' post-test knowledge scores are divided into three distinct categories, each reflecting their level of understanding after the intervention:

1. **Inadequate Knowledge (0-10):**
   - A total of 17 participants fall within this category.
   - This group accounts for 18.9% of the total sample.
   - Participants in this category exhibit a limited grasp of the subject matter post-intervention.
2. **Moderate Knowledge (11-15):**
   - The majority of participants, comprising 65 individuals, belong to this category.
   - This constitutes a significant 72.2% of the total sample.
   - Participants with moderate knowledge scores demonstrate a reasonable level of comprehension after the intervention.
3. **Adequate Knowledge (16-20):**
   - A smaller subset of participants, 8 individuals, are categorized within this group.
   - This represents 8.9% of the total sample.
   - Participants achieving scores in this range showcase a high level of understanding post-intervention.

The table provides essential insights into the post-test performance of participants, indicating the effectiveness of the intervention in enhancing their knowledge.

In summary, Table 4 offers a clear overview of the distribution of post-test knowledge scores among the participant group. It reveals the changes in participants' understanding levels following the intervention, highlighting improvements and variations in their performance across different knowledge categories.

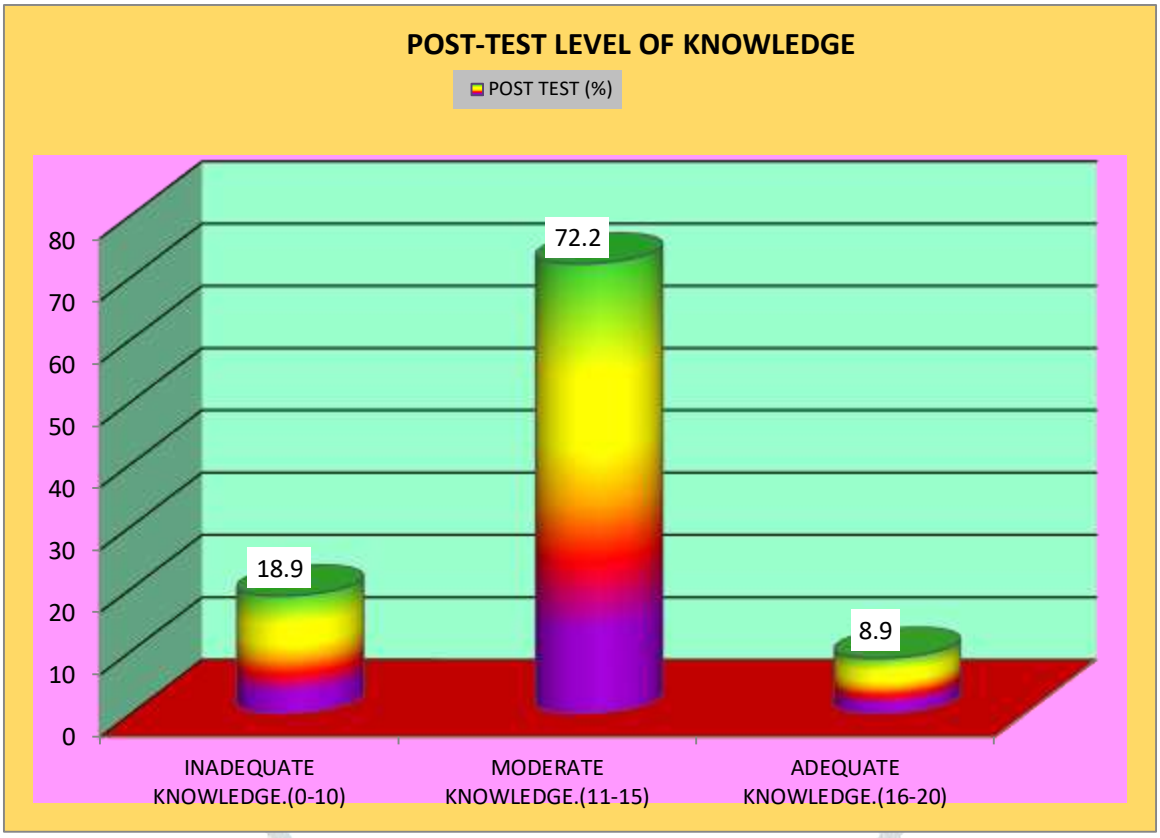


Figure No.13: Diagram representing percentage distribution of post-test level of knowledge

The **Figure No.13** depicts that **18.9%** of the respondents had inadequate knowledge, **72.2%** of the respondents had moderate knowledge and 8.9 percent of the respondents had adequate knowledge in Post-test.

Table 05: Descriptive statistics of post-test level of knowledge

N=90

Descriptive Statistics	Mean	S.D.	Median Score	Maximum	Minimum	Range	Mean%
POST-TEST KNOWLEDGE	12.39	2.425	12	18	5	13	61.9

Table 05 presents a comprehensive set of descriptive statistics that offer insights into the post-test level of knowledge among a sample of 90 participants. The table highlights key statistical measures that aid in understanding the central tendency, variability, and distribution of post-test knowledge scores. The sample size for the analysis is N=90.

- **Mean:** The mean post-test knowledge score is 12.39. This indicates that, on average, participants scored approximately 12.39 out of a total score of 20 on the post-test assessment. The mean serves as a measure of the central tendency and provides a general overview of participants' performance.
- **Standard Deviation (S.D.):** The standard deviation is 2.425. This measure quantifies the dispersion or variability of post-test knowledge scores around the mean. A smaller standard deviation suggests that scores are clustered closely together, while a larger value indicates greater variability.

- **Median Score:** The median post-test knowledge score is 12. This represents the middle score in the dataset when ordered. It is another measure of central tendency that can provide insight into the typical performance of participants.
- **Maximum Score:** The highest post-test knowledge score observed within the sample is 18. This signifies the highest level of knowledge achieved by any participant after the intervention.
- **Minimum Score:** The lowest post-test knowledge score observed within the sample is 5. This indicates the lowest level of knowledge exhibited by a participant after the intervention.
- **Range:** The range of post-test knowledge scores is 13, which is the difference between the maximum (18) and minimum (5) scores. This range signifies the spread of knowledge levels across the sample.
- **Mean%:** The mean percentage score is 61.9%. This represents the mean post-test knowledge score expressed as a percentage of the maximum possible score (20), providing a normalized view of participants' performance.

Table 5 summarizes essential statistical information to provide a comprehensive understanding of the post-test knowledge levels among the participant group. The measures presented enable insights into participants' average performance, the extent of variability in their scores, and the overall distribution of post-test knowledge levels.

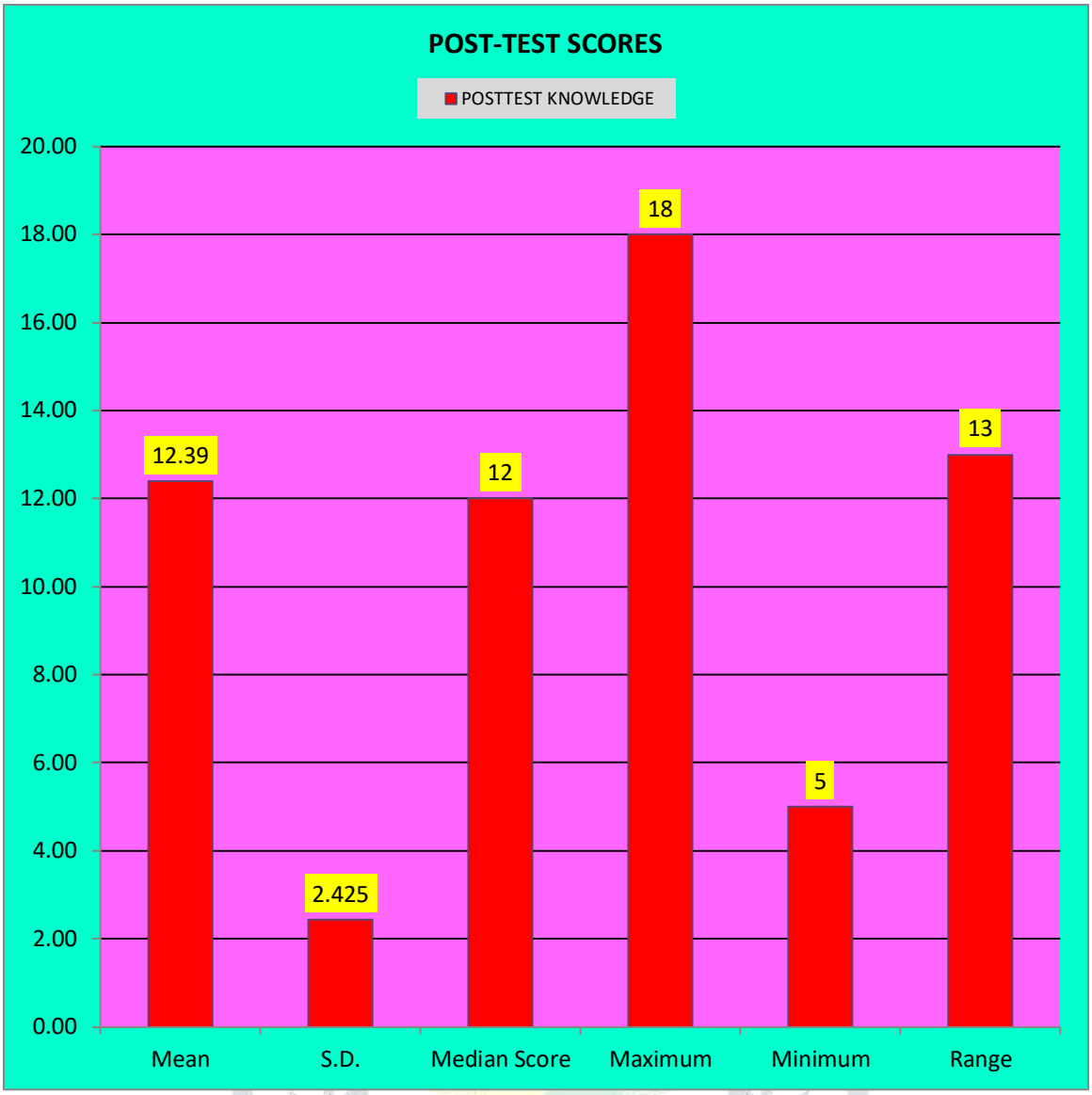


Figure No. 14: Bar diagram representing descriptive statistics of post-test level of knowledge

The **Diagram no. 14** represents that the Post-test level of knowledge had a Mean of 12.39, standard deviation of 2.425, Median Score of 12, Maximum of 18, Minimum of 5 and a range of 13.

SECTION – C

Table 06: Comparison of frequency & percentage distribution of Pre-test and post-test level of knowledge.

N=90

CRITERIA MEASURE OF KNOWLEDGE SCORE		
SCORE LEVEL (N= 90)	**PRE-TEST f (%)**	**POST-TEST f (%)**
INADEQUATE KNOWLEDGE. (0-10)	50(55.6%)	17(18.9%)
MODERATE KNOWLEDGE. (11-15)	38(42.2%)	65(72.2%)
ADEQUATE KNOWLEDGE. (16-20)	2(2.2%)	8(8.9%)

Minimum Score=0 Maximum Score=20

Table 06 presents a comparative analysis of the frequency and percentage distribution of pre-test and post-test knowledge levels among a sample of 90 participants. The table highlights changes in participants' knowledge after an intervention or learning activity, enabling a direct comparison between their initial and improved understanding. The sample size for the analysis is N=90.

Comparative Distribution of Knowledge Levels:

The participants' knowledge levels are categorized into three groups based on their pre-test and post-test scores:

1. **Inadequate Knowledge (0-10):**
   - Pre-Test: 50 participants (55.6%) fall within this category before the intervention.
   - Post-Test: After the intervention, 17 participants (18.9%) still exhibit inadequate knowledge levels.

2. **Moderate Knowledge (11-15):**
   - Pre-Test: 38 participants (42.2%) demonstrate moderate knowledge levels prior to the intervention.
   - Post-Test: Following the intervention, this group sees an increase to 65 participants (72.2%) with moderate knowledge levels.

3. **Adequate Knowledge (16-20):**
   - Pre-Test: Initially, only 2 participants (2.2%) show adequate knowledge levels.
   - Post-Test: This group expands to 8 participants (8.9%) after the intervention.

The table allows a direct comparison of participants' knowledge levels before and after the intervention. It highlights how the intervention led to shifts in participants' understanding across different knowledge categories.

In summary, Table 6 offers a comprehensive overview of the changes in knowledge levels among the participant group as a result of the intervention. By comparing the pre-test and post-test distributions, it provides insights into the effectiveness of the intervention in enhancing participants' knowledge and promoting shifts from inadequate to moderate or even adequate understanding.

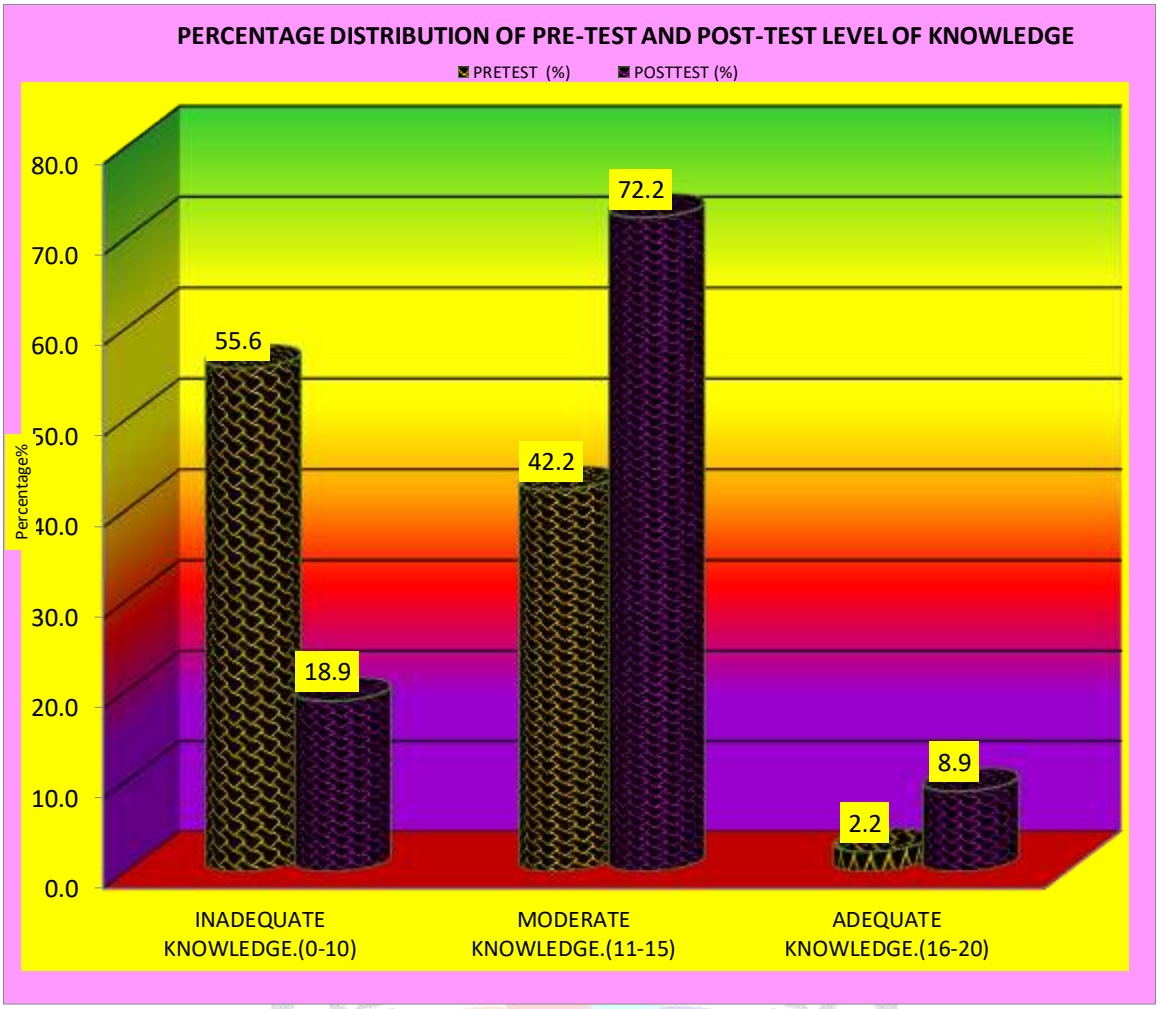


Figure No. 15: Diagram representing comparison of percentage distribution of Pre-test and post-test level of knowledge.

The **Figure No. 15** depicts that **55.6%** respondents in Pre-test had inadequate knowledge while in Post-test in the score has fallen down to **18.9%** while in Pre-test **42.2 %** of the respondents had moderate knowledge while in Post-test the percentage is **72.2** and 2.2**%** of the respondents had adequate knowledge in Pre-test and in Post-test this percentage increased to **8.9** percent.

Table 07: Comparison of descriptive statistics of Pre-test and post-test Scores of knowledges.

N=90

Paired T Test	Mean±S.D.	Mean%	Range	Mean Diff.	Paired T Test	P value	Table Value at 0.05
PRE-TEST KNOWLEDGE	9.58±3.554	47.90	3-17	2.810	14.882 *Sig	<0.001	1.99
POST-TEST KNOWLEDGE	12.39±2.425	61.90	5-18				

Significance Level 0.05 Maximum=20 Minimum=0 **Table 07**

provides a comparative analysis of the descriptive statistics of pre-test and post-test scores of knowledge among a sample of 90 participants. The table employs paired t-tests to assess the significance of differences between the two knowledge assessments, shedding light on the impact of an intervention or learning activity. The sample size for the analysis is N=90.

Comparative Descriptive Statistics:

- **Paired T Test:** The paired t-test is used to compare the mean pre-test and post-test knowledge scores. It evaluates whether the observed differences are statistically significant.
- **Mean±S.D.:** For pre-test knowledge, the mean score is 9.58 with a standard deviation of 3.554. For post-test knowledge, the mean score is 12.39 with a standard deviation of 2.425. These measures provide insights into the central tendencies and variability of scores before and after the intervention.
- **Mean%:** The mean percentage score for pre-test knowledge is 47.90%, while for post-test knowledge, it is 61.90%. These values express the mean scores as percentages of the maximum possible score (20), indicating participants' average performance levels.
- **Range:** The range of pre-test knowledge scores is 3-17, and for post-test knowledge, it is 5-18. These ranges represent the spread of scores across the two assessments.
- **Mean Difference:** The mean difference in scores between the pre-test and post-test assessments is 2.810. This indicates the average increase in knowledge levels following the intervention.
- **Paired T Test:** The paired t-test statistic is 14.882, accompanied by the symbol '*', which signifies statistical significance. This suggests that the changes observed in knowledge scores between pre-test and post-test assessments are unlikely to have occurred by chance.
- **P Value:** The p-value associated with the paired t-test is less than 0.001. A p-value below this threshold suggests strong evidence against the null hypothesis, further indicating the significance of the observed changes.
- **Table Value at 0.05:** The critical table value at a significance level of 0.05 is 1.99. This value helps in assessing the significance of the paired t-test results.

In essence, Table 7 offers a detailed comparison of the pre-test and post-test knowledge scores, utilizing statistical measures to assess the impact of an intervention. It demonstrates how participants' knowledge levels have changed after the intervention and indicates that these changes are statistically significant. The table provides valuable insights into the effectiveness of the intervention in enhancing participants' understanding.

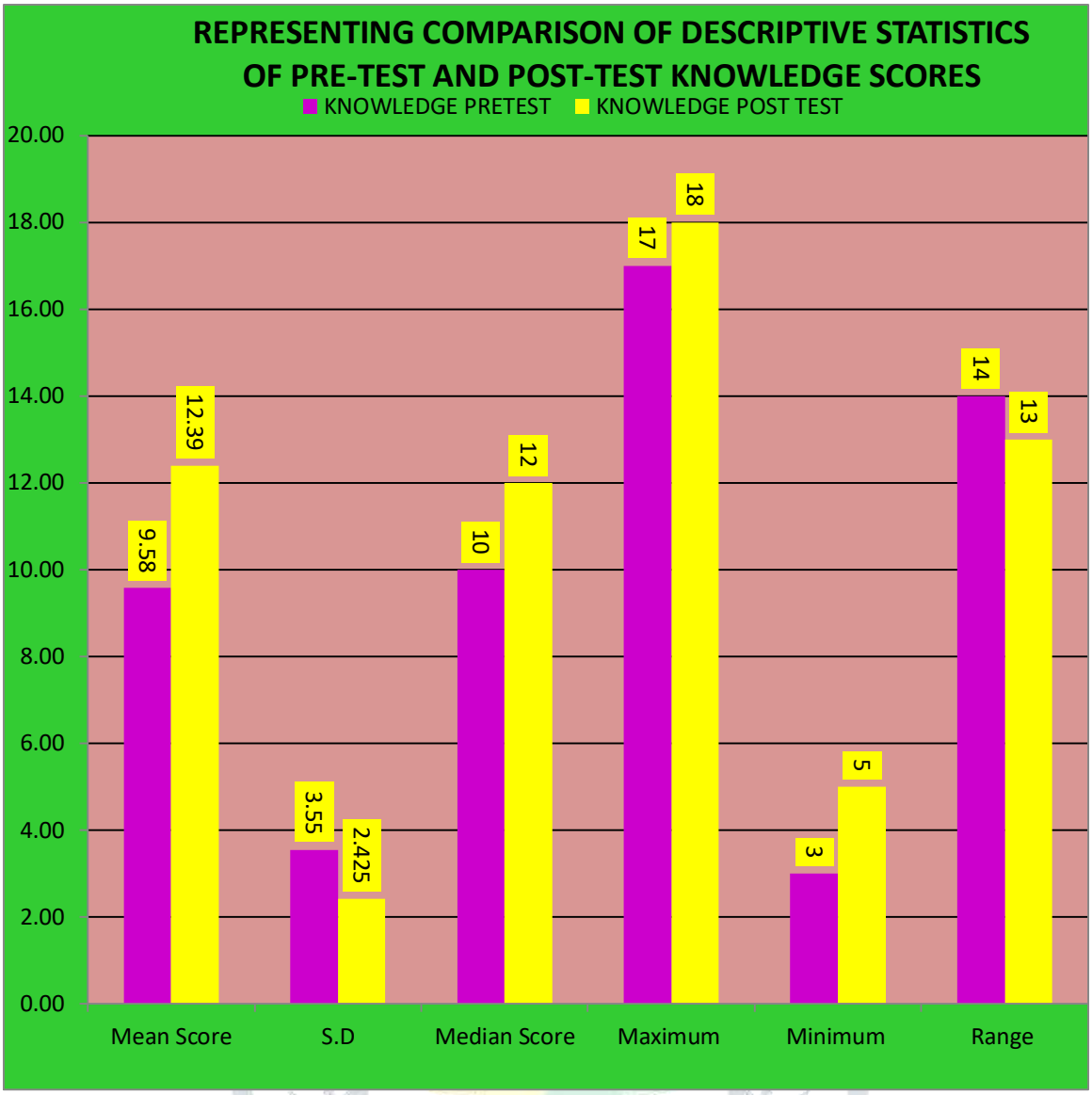


Figure No. 16: Bar diagram representing comparison of descriptive statistics of Pre-test and post-test knowledge scores

From **Figure No. 16** it is clear that there is a significant increment in knowledge of the participants of the study as the Pre-test mean Score is 9.58 while Post-test mean score is 12.39, Pre-test standard deviation is 3.55 while in Post-test it is 2.425, Pre-test median Score is 10 while for the Post-test it is 12, the maximum score for the Pre-test is 3 while for the post-test it is 5 and the range for Pre-test the range is 14 and for Post-test it is 13.

Table 08: Comparison of descriptive statistics of Pre-test and post-test Scores of knowledge.

N=90

DIAGRAM SHOWING INDIVIDUAL SCORE GAIN (EFFECTIVENESS)						
Mean%	**PRE-TEST KNOWLEDGE**	**POST-TEST KNOWLEDGE**	**DIFFERENCE**	**PRE-TEST KNOWLEDGE SCORE %**	**POST-TEST KNOWLEDGE SCORE %**	**DIFFERENCE %**
Average	9.58	12.39	2.81	47.89	61.94	14.06

Table 08 presents a comprehensive comparison of the descriptive statistics of pre-test and post-test scores of knowledge among a sample of 90 participants. The table is complemented by a diagram illustrating individual score gain, which showcases the effectiveness of an intervention or learning activity in terms of knowledge enhancement. The sample size for the analysis is N=90.

Comparative Descriptive Statistics:

- **Mean%:** The mean percentage score for pre-test knowledge is 9.58, while for post-test knowledge, it is 12.39. These mean percentage values are derived from the total score of 20, indicating the average performance levels before and after the intervention.
- **Pre-Test Knowledge**: The average pre-test knowledge score is 9.58, representing participants' performance before the intervention.
- **Post-Test Knowledge**: The average post-test knowledge score is 12.39, indicating participants' performance after the intervention.
- **Difference:** The difference between the post-test and pre-test knowledge scores is 2.81. This value signifies the average increase in knowledge levels for participants due to the intervention.
- **Pre-Test Knowledge Score %:** The average pre-test knowledge score percentage is 47.89%. This represents the proportion of the maximum possible score (20) achieved by participants before the intervention.
- **Post-Test Knowledge Score %:** The average post-test knowledge score percentage is 61.94%. This indicates the proportion of the maximum possible score (20) achieved by participants after the intervention.
- **Difference%:** The difference in knowledge score percentages between post-test and pre-test is 14.06%. This illustrates the improvement in participants' understanding due to the intervention.

In summary, Table 8 offers a comprehensive comparison of pre-test and post-test knowledge scores, along with accompanying percentage values and a visual diagram. This presentation effectively communicates the average performance improvement due to the intervention, offering a clear demonstration of its effectiveness in enhancing participants' knowledge.

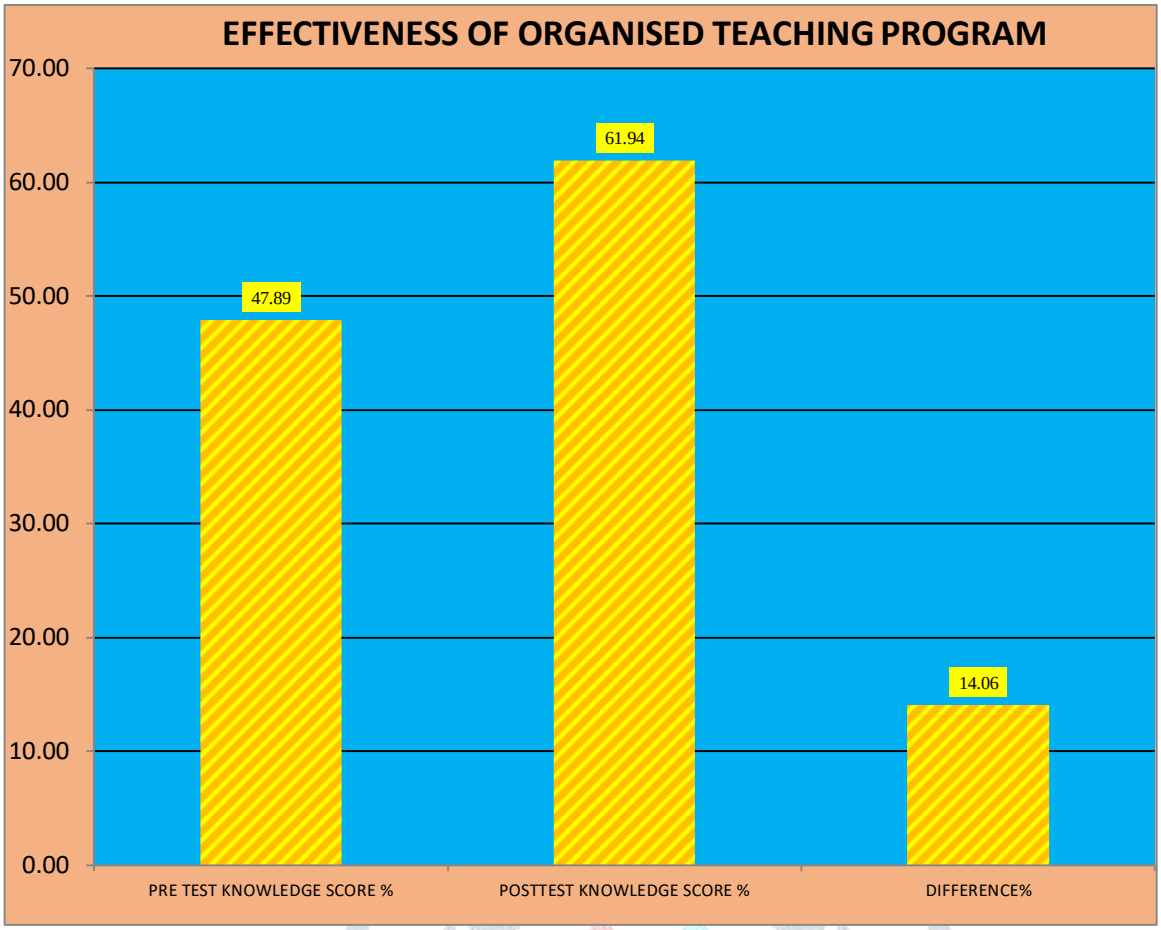


Figure No. 17: Bar diagram representing effectiveness of organized teaching program

Figure No. 17 represents that the Pre-test knowledge percentage was 47.89 and Post-test knowledge percentage was 61.94 with a difference of 14.06 that means the knowledge increment after intervention was 14.06 percent.

Table 09: Table Showing Association of Pre-test Scores and Demographic Variables.

This section deals with the findings related to the association between score and selected demographic variables. The chi-square test was used to determine the association between the score levels and selected demographic variables

N=90

ASSOCIATION OF PRE-TEST KNOWLEDGE SCORES WITH SELECTED SOCIO-DEMOGRAPHIC VARIABLES.									
Variables	**Options**	**ADEQUATE KNOWLEDGE**	**MODERATE KNOWLEDGE**	**INADEQUATE KNOWLEDGE**	**Chi Test**	**P Value**	**Degree of freedom**	**Table Value**	**Result**
Age	16- 17 years	2	30	42	0.8	1	2	5.991	Not Significant

	18- 19 years	0	8	8					
	20- 21 years	0	0	0					
	22 years and above	0	0	0					
Gender	Male	0	10	24	5.6	0	2	5.991	Not Significant
	Female	2	28	26					
Religion	Hindu	1	30	32	3.6	1	6	12.592	Not Significant
	Muslim	1	7	16					
	Sikh	0	1	1					
	Others	0	0	1					
Place of Living	Urban	0	10	15	0.9	1	2	5.991	Not Significant
	Rural	2	28	35					
Educational Status of Father	Professional or honours	0	3	4	17	0	12	21.026	Not Significant
	Graduate or post-graduate	0	1	2					
	Intermediate of post high school diploma	0	0	2					
	High school certificate	1	11	10					
	Middle school certificate	1	16	8					
	Primary school or literate	0	4	6					
	Illiterate	0	3	18					
Educational Status of Mother	Professional or honours	0	0	6	28	0	12	21.026	Significant
	Graduate or post-graduate	0	3	3					
	Intermediate of post high school diploma	0	0	1					
	High school certificate	1	10	6					
	Middle school certificate	0	13	7					

	Primary school or literate	1	9	5					
	Illiterate	0	3	22					
Occupation of father	Professional	0	2	6	13	0	12	21.026	Not Significant
	Semi-professional	0	1	0					
	Clerical, shop owner, farmer	1	15	13					
	Skilled worker	1	12	9					
	Semi-skilled worker	0	4	6					
	Unskilled worker	0	2	13					
	Unemployed	0	2	3					
Occupation of Mother	Professional	0	0	4	19	0	12	21.026	Not Significant
	Semi-professional	0	0	1					
	Clerical, shop owner, farmer	0	2	2					
	Skilled worker	1	3	7					
	Semi-skilled worker	0	3	7					
	Unskilled worker	1	1	4					
	Unemployed	0	29	25					
Monthly Income	< Rs 6,174	1	20	17	9	0	8	15.507	Not Significant
	Rs 6,175-18,496	1	12	28					
	Rs 18,497-30,830	0	3	5					
	Rs 30,831-46,128	0	2	0					
	Rs 46,129-61,662	0	0	0					
	Rs 66,663-123,321	0	0	0					
	> Rs 123,332	0	1	0					

Type of Family	Nuclear family	2	19	16	7.1	0	4	9.488	Not Significant
	Joint family	0	17	33					
	Extended	0	2	1					

Table 09 reveal the association between pre-test knowledge scores and selected socio-demographic variables. The chi-square test was employed to assess the significance of these associations among a sample of 90 participants.

Significant Associations:

- **Educational Status of Mother:** The calculated chi-square value for this variable is 28.157, with a p-value of 0.005. This indicates a significant association between the educational status of the mother and pre-test knowledge scores. The chi-square value is greater than the table value at the 0.05 level of significance, suggesting that the relationship between the two variables is statistically significant.

Non-Significant Associations:

- Age, Gender, Religion, Place of Living, Educational Status of Father, Occupation of Father, Occupation of Mother, Monthly Income, Type of Family: For these variables, the calculated chi-square values are less than the table value at the 0.05 level of significance. This indicates that there is no significant association between pre-test knowledge scores and these demographic variables.

In conclusion, the chi-square test results show a significant association between pre-test knowledge scores and the educational status of mothers. However, there is no significant association between pre-test knowledge scores and the other demographic variables considered in the analysis. The findings underscore the varying impact of socio-demographic factors on participants' pre-test knowledge levels, with educational status of mothers emerging as a noteworthy influencer.

Table 10: Table Showing Association of Post-test Scores and Demographic Variables.

This section deals with the findings related to the association between score and selected demographic variables. The chi-square test was used to determine the association between the score levels and selected demographic variables

N=90

ASSOCIATION OF POST-TEST KNOWLEDGE SCORES WITH SELECTED SOCIO-DEMOGRAPHIC VARIABLES.

Variables	Options	ADEQUATE KNOWLEDGE	MODERATE KNOWLEDGE	INADEQUATE KNOWLEDGE	Chi Test	P Value	Degree of freedom	Table Value	Result
Age	16- 17 years	6	53	15	0.73	0.7	2	5.991	Not Significant
	18- 19 years	2	12	2					
	20- 21 years	0	0	0					
	22 years and above	0	0	0					
Gender	Male	1	25	8	2.81	0.2	2	5.991	Not Significant
	Female	7	40	9					
Religion	Hindu	6	48	9	7.09	0.3	6	12.59	Not Significant
	Muslim	2	16	6					
	Sikh	0	1	1					
	Others	0	0	1					
Place of Living	Urban	2	19	4	0.25	0.9	2	5.991	Not Significant
	Rural	6	46	13					
Educational Status of Father	Professional or honours	0	7	0	17.7	0.1	12	21.03	Not Significant
	Graduate or post-graduate	0	3	0					
	Intermediate of post high school diploma	0	1	1					
	High school certificate	2	16	4					
	Middle school certificate	4	20	1					
	Primary school or literate	1	7	2					
	Illiterate	1	11	9					
Educational Status of Mother	Professional or honours	0	5	1	17.3	0.1	12	21.03	Not Significant
	Graduate or post-graduate	0	5	1					
	Intermediate of post high school diploma	0	1	0					
	High school certificate	2	15	0					
	Middle school certificate	3	16	1					
	Primary school or literate	2	9	4					
	Illiterate	1	14	10					

Occupation of father	Professional	0	6	2	22.6	0	12	21.03	Significant
	Semi-professional	0	1	0					
	Clerical, shop owner, farmer	3	24	2					
	Skilled worker	5	16	1					
	Semi-skilled worker	0	7	3					
	Unskilled worker	0	8	7					
	Unemployed	0	3	2					
Occupation of Mother	Professional	0	2	2	11.9	0.5	12	21.03	Not Significant
	Semi-professional	0	1	0					
	Clerical, shop owner, farmer	0	4	0					
	Skilled worker	2	6	3					
	Semi-skilled worker	0	10	0					
	Unskilled worker	1	3	2					
	Unemployed	5	39	10					
Monthly Income	< Rs 6,174	6	29	3	15.3	0.1	8	15.51	Not Significant
	Rs 6,175-18,496	2	25	14					
	Rs 18,497-30,830	0	8	0					
	Rs 30,831-46,128	0	2	0					
	Rs 46,129-61,662	0	0	0					
	Rs 66,663-123,321	0	0	0					
	> Rs 123,332	0	1	0					
Type of Family	Nuclear family	5	25	7	2.68	0.6	4	9.488	Not Significant
	Joint family	3	37	10					
	Extended	0	3	0					

The main findings of Table 10 revolve around the association between post-test knowledge scores and selected socio-demographic variables. The chi-square test was utilized to determine whether an association exists between the levels of knowledge scores and the chosen demographic variables within a sample of 90 participants.

For each demographic variable, the table includes the distribution of participants across different knowledge levels (Adequate, Moderate, Inadequate) and the calculated chi-square value.

Significant Association:

- Occupation of Father: The calculated chi-square value for this variable is 22.601, with a p-value of 0.031. This indicates a significant association between the occupation of the father and post-test knowledge scores. The chi-square value is greater than the table value at the 0.05 level of significance, suggesting that the relationship between the two variables is statistically significant.

Non-Significant Associations:

- Age, Gender, Religion, Place of Living, Educational Status of Father, Educational Status of Mother, Occupation of Mother, Monthly Income, Type of Family: For these variables, the calculated chi-square values are less than the table value at the 0.05 level of significance. This indicates that there is no significant association between post-test knowledge scores and these demographic variables.

In conclusion, the chi-square test results demonstrate a significant association between post-test knowledge scores and the occupation of fathers. However, there is no significant association between post-test knowledge scores and the other demographic variables considered in the analysis. The findings emphasize the varying influence of socio-demographic factors on participants' post-test knowledge levels, with the occupation of fathers emerging as a notable influencer.

DISCUSSION

The study was conducted to Assess the Effectiveness of Organized Teaching Program on Knowledge Regarding Growing Trends of Substance Abuse Among Selected Higher Secondary School Students of Jammu. The study was conducted using pre-Experimental research design. Subjects were selected by the Convenance sampling method.

A Self Structured Questionnaire was used to Assess Effectiveness of Organized Teaching Program on Knowledge Regarding Growing Trends of Substance Abuse Among Selected Higher Secondary School Students of Jammu. The response was analysed through Descriptive statistics (mean, frequency, percentage, standard deviation) and inferential statistics (chi-square). The discussion of the results was arranged according to the study's objectives.

The first objective of this study was to assess the Pre-test level of knowledge regarding growing trends of substance abuse among selected higher secondary school students of Jammu.

In Pre-test it was found that 55.6% respondents inadequate knowledge with percentage, 42.2% respondents had moderate knowledge and 2.2% of the respondents adequate knowledge.

These findings were supported by the study done by **Vinoth Chandran. V (2012)** he conducted a study to evaluate the effectiveness of structured teaching program on level of knowledge regarding problems of substance abuse among higher secondary school students using pre-excremental research design among 50 students, in the pertest 32(64%) of them had inadequate knowledge, 18(36%) had moderate knowledge regarding problems of substance abuse. In the post-test 35(70%) of them had adequate knowledge, 15(30%) of them had moderate knowledge regarding problems of substance abuse.

The second objective of this study was to assess the effectiveness of organized teaching program on knowledge regarding growing trends of substance abuse among selected higher secondary school students of Jammu.

Pre-test knowledge percentage was 47.89 and Post-test knowledge percentage was 61.94 with a difference of 14.06 that means the knowledge increment after intervention was 14.06 percent. The Mean±S.D. of Pre-test was 9.58±3.554 and the Post-test the Mean±S.D. was 12.39±2.425, the mean difference was found to be 2.810, paired t test was found to be significant (12.882) p value <0.001 at the Significance Level 0.05

These findings were supported by the study done by **Chandravathi .k. S. V (2018)** she conducted a study to assess the effectiveness of Structured teaching program on knowledge Regarding substance abuse among pre university students of selected junior colleges, Bengaluru using pre excremental research design In the pre-test knowledge scores the majority (66percent) of pre university students had poor Knowledge, 22 percent of them had average knowledge,12 percent of them had very poor Knowledge and there were no pre university students who had good and excellent knowledge. Whereas in Post-test 64 percent of the pre university students had excellent knowledge and 36 percent of them had good Knowledge.

The third objective of this study was to find the association between the knowledge regarding growing trends of substance abuse with their selected demographic variables.

This study revealed that there was significant association between the Pre score level and demographic variable Educational Status of mother while as in Post-test there was significant association between the Pre score level and demographic variable Occupation of father at the 0.05 level of significance.

There is no significance association between the level of scores of Pre-test and other demographic variables Age, Gender, Religion, Place of Living, Educational Status of Father, Occupation of father, Occupation of Mother, Monthly Income, Type of Family. The calculated chi-square values were less than the table value at the 0.05 level of significance.

There was no significant association between the level of scores of Post-test and other demographic variables (Age, Gender, Religion, Place of Living, Educational Status of Father, Educational Status of Mother, Occupation of Mother, Monthly Income, Type of Family) The calculated chi-square values were less than the table value at the 0.05 level of significance.

These findings were supported by the study done by **Franklin CA et al (1988)** to assess the awareness among college students to determine relationship of knowledge and selected variables in 100-Pre-degree students (first year) from 3 colleges in Kolkata using a structured knowledge questionnaire. The results showed that the college students' knowledge of drug abuse was inadequate; no significant relationship was found between knowledge, sex and mass media exposure. But there was significant relationship between knowledge and parental education.

SUMMARY AND RECOMMENDATIONS

This chapter discusses the major findings of the study and reviews them in relation to findings from the results of other studies. The present study was done to Assess the Effectiveness of Organized Teaching Program on Knowledge Regarding Growing Trends of Substance Abuse Among Selected Higher Secondary School Students of Jammu. The sample was selected by convenient sampling technique. The sample comprised of 90 nursing students and the data were collected from them. This chapter also deals with the summary of the study, its findings and conclusion. It focuses on the implications and gives recommendations for nursing practices, nursing research, nursing administration and nursing education.

OBJECTIVES OF THE STUDY

- To assess the Pre-test level of knowledge regarding growing trends of substance abuse among selected higher secondary school students of Jammu.
- To assess the effectiveness of organized teaching program on knowledge regarding growing trends of substance abuse among selected higher secondary school students of Jammu.
- To find the association between the knowledge regarding growing trends of substance abuse with their selected demographic variables.

SUMMARY OF THE STUDY

The focus of the study was to Assess the Effectiveness of Organized Teaching Program on Knowledge Regarding Growing Trends of Substance Abuse Among Selected Higher Secondary School Students of Jammu

A review of literature helped the investigator to develop the conceptual framework, tool and methodology of the study the review of literature was organized under the following headings.

- Literature related to knowledge regarding Growing trends substance abuse among higher secondary school students.
- Literature related to effect of substance abuse on higher secondary school students.
- Literature regarding effectiveness of Organized teaching program in improving the knowledge regarding trends of substance abuse.

The conceptual framework adopted for this study was derived from General System Theory (Ludwig Von Bertalanffy). Research design adopted for this study was Pre-Excremental Pre-test Post-test research design.

A self-structured questionnaire was developed and used for data collection to Assess the Effectiveness of Organized Teaching Program on Knowledge Regarding Growing Trends of Substance Abuse Among Selected Higher Secondary School Students of Jammu. The content validity of the questionnaire was found reliable and feasible. The tool was found to be reliable and feasible.

The main study was conducted in Government Higher Secondary school Kot Bhalwal Jammu. 90 samples were selected through Convenience sampling technique. The data were organized and interpreted by using both descriptive and inferential statistics.

SUMMARY OF THE STUDY FINDINGS

Demographic Features of the Respondents

Age: 82.2% of the respondents fall under the age group between 16-17 years

Gender: 62.2 % of the adolescents were female.

Religion: With regard to religion, majority (70%) of the respondents were Hindu

Place of Living: among the total respondents 72.2% of the respondents were from the Rural areas.

Education status of Father: 27.8% were studied up to middle school certificate.

Education status of Mother: 27.8% of the respondent's mothers were illiterate.

Occupation of Father: 32.2% of the fathers of respondents were cleric, shop owner or framer.

Occupation of Mother: 60.0% of the respondent's mothers were un-employed

Monthly income: that 42.2% of the respondents have <Rs. 6,174 as their monthly income of the family.

Type of Family: majority (55.6%) of the respondents were from joint family

Pre-test, Intervention & **Post-test of the Respondents**

Pre-test: In Pre-test it was found that 55.6% respondents had inadequate knowledge

Post-test: In Post-test it was found that 72.2% respondents had moderate knowledge

Effectiveness of Intervention: Pre-test knowledge percentage was 47.89 and Post-test knowledge percentage was 61.94 with a difference of 14.06 that means the knowledge increment after intervention was 14.06 percent. The mean difference was found to be 2.810, paired t test was found to be significant (12.882) p value <0.001 at the Significance Level 0.05

This study also revealed that there was significant association between the Pre score level and demographic variable Educational Status of mother while as in Post-test there was significant association between the Pre score level and demographic variable Occupation of father at the 0.05 level of significance.

There is no significance association between the level of scores of Pre-test and other demographic variables Age, Gender, Religion, Place of Living, Educational Status of Father, Occupation of father, Occupation of Mother, Monthly Income, Type of Family. The calculated chi-square values were less than the table value at the 0.05 level of significance.

There was no significant association between the level of scores of Post-tests and other demographic variables (Age, Gender, Religion, Place of Living, Educational Status of Father, Educational Status of Mother, Occupation of Mother, Monthly Income, Type of Family) The calculated chi-square values were less than the table value at the 0.05 level of significance.

CONCLUSION

In conclusion, this research study aimed to assess the effectiveness of an Organized Teaching Program in enhancing knowledge about growing trends of substance abuse among selected higher secondary school students in Jammu. The study's foundation was built upon the General System Theory, and a Pre-Experimental Pre-test Post-test research design was employed. Through a self-structured questionnaire, data were collected and analysed from 90 participants in Government Higher Secondary School Kot Bhalwal, Jammu.

The study's findings revealed several significant aspects related to the demographic features of the respondents. The majority of respondents were between the ages of 16-17 years, with a higher representation of females. Hinduism was the predominant religion, and a significant proportion of respondents hailed from rural areas. The educational and occupational profiles of parents exhibited variations, reflecting a diverse socio-economic background among the participants.

Regarding the intervention effectiveness, the pre-test and post-test scores demonstrated a noteworthy improvement in knowledge about substance abuse trends. The intervention led to a substantial increase in knowledge by 14.06 percentage points, indicating the positive impact of the Organized Teaching Program.

Analysing the associations between pre-test and post-test scores and demographic variables, the study uncovered that while educational status of the mother was linked to pre-test scores, the father's occupation was associated with post-test scores. Other demographic factors such as age, gender, religion, place of living, and family type showed no significant correlation with the level of knowledge.

This study provided valuable insights into the effectiveness of an Organized Teaching Program in enhancing awareness of substance abuse trends among higher secondary school students. The findings underscore the importance of tailored educational interventions in addressing this pressing issue. The research not only contributes to the existing body of knowledge but also offers practical implications for educators, policymakers, and stakeholders invested in promoting informed decision-making and healthy lifestyles among adolescents.

IMPLICATIONS

The findings of the study can be used in the following areas of nursing profession. It can be discussed on four areas namely Nursing practice, Nursing administration, Nursing education and Nursing research.

IMPLICATION OF NURSING PRACTICE

1. Nurse leaders play a crucial role in the incorporation of substance abuse health teaching in nursing. When nurse leaders are competent and well informed regarding the code of ethics and policies set to safe guard nurses from substance abuse, there are numerous benefits to its use in the nursing profession. These benefits include professional education, professional networking and even patient education and care.
2. Appropriate methods of assessment of substance abuse for nurses must be evaluated through examining the policies and ethical considerations , also examine leadership styles and strategies for implementation that promote appropriate prevention of substance abuse in the healthcare environment.
3. Nurses can raise awareness about this public health issues. There is no limit to the amount of awareness and education that can be created in the community through the use of health education and teaching programs.
4. The nursing professional should use the skills based with evidence base care to protect population from Substance abuse.
5. The school health nurses need to be trained on identifying substance abuse cases and its preventive measure.

IMPLICATION IN NURSING ADMINISTRATION

1. The nurse administrator should take interest in providing information on substance abuse. The nurse administrator should plan and organize educational programs for students to motivate them by conducting teaching programs on Substance Abuse and its impact on academic performance.
2. Nursing leaders should consider Substance abuse prevention, treatment and rehabilitation as one of many engagement strategies to ensure nurses and other stakeholders participate in policy debate that informs health strategy development.
3. Nursing administrators must invest in and lead digital health developments and collaborate with others to develop and deliver services regarding substance abuse that patient and the public need.
4. Nursing administrators need to facilitate the utilization of research-based nursing interventions such as role playing in the management of Substance abuse.

5. Nursing administrator should hold a key responsibility to organize in-service education program on safe and effective Drug practices to enrich the knowledge and skills of the students as well as nurses.
6. Nursing administrators should utilize public awareness campaign at Schools and community level about substance abuse and its preventive measures.

IMPLICATIONS OF NURSING EDUCATION:

1. The study emphasizes on to explore student utilization College resources to educate students regarding the of trends in substance abuse and its professional implications in nursing education.
2. Nursing education should be used as a platform that supports learning in an innovative and engaging approach for educating nursing professionals by facilitating and extending the discussion away the traditional classroom, fostering critical thinking, providing collaboration among students and educators and assisting with student education.
3. Education should be provided to budding healthcare professionals by helping to acquire healthcare information and other useful medical resources regarding substance abuse.
4. Nurse educators have a set of technological and innovations tools to engage and stimulate student nurse learning not just educating in traditional class room because it's a critical topic in healthcare.
5. Nursing students should be encouraged to organize educational program like exhibition, role play and laughter yoga regularly for the adolescents in the community and schools, to create awareness on substance abuse.
6. Nurse educators should conduct periodical seminars, workshops and conferences about the effect of nursing strategies on substance abuse and quality of life.

IMPLICATIONS OF NURSING RESEARCH

1. The findings of the study help to expand the scientific body of professional knowledge upon which further research can be conducted.
2. Developing a specific theory revolving around trends in substance abuse could be very helpful in continuing research on this behavioural phenomenon.
3. Nurses should come forward to take up unsolved questions in the field substance abuse and to carryout studies and publish them for the benefit of youth, public and nursing fraternity. The public and private agencies should also encourage research in this field through materials and funds.

RECOMMENDATIONS

In the light of the findings of this study, the following recommendations are made:

1. A similar study can be undertaken with a large stratified sample including Higher Secondary School students from selected college to generalize the findings.
2. A similar study can be undertaken with a Survey design.

3. A study can be conducted to find out the prevalence of substance abuse among Higher secondary school students.
4. Manuals, information booklets and self-instruction module may be developed on trends in substance abuse prevention, treatment and rehabilitation.
5. A study can be carried out to evaluate the efficiency of various teaching strategies like SIM, pamphlets, leaflets and computer-assisted instruction on substance abuse among Higher secondary school students.
6. A study can be conducted to assess the impact of substance abuse use on quality of life.
7. A study can be conducted to assess the effectiveness of Laughter yoga on stress reduction among the adolescents with substance addiction.
8. A study can be conducted to assess the effectiveness of Role play and Laughter yoga on other addictions such as video gaming, and extreme smartphone usage among the adolescents.

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