To Assess the Effectiveness of Planned Teaching on Knowledge of Ganja Addiction Hazards, and Its Prevention among Male Adolescents

Suvarna Banduji Ghugare¹, Archana Tej Mourya²

¹Department of Child Health Nursing, Smt. Radhikabai Meghe Memorial College of Nursing, Datta Meghe Institute of Medical Sciences, Wardha, Maharashtra, India. ²Department of Child Health Nursing, Smt. Radhikabai Meghe memorial College of Nursing, Datta Meghe Institute of Medical Sciences, Wardha, Maharashtra, India.

ABSTRACT

BACKGROUND

Marijuana may be smoked, braided as a tea, or consumed in foods such as brownies and chocolate bars. Many people treat chronic pain, muscle spasm, anorexia, pneumonia and sleep disorders with medical marijuana. Medical marijuana means whole marijuana or its ingredients, on which a few licensed drugs are based, such as cannabidiol (CBD). The government does not standardize medical marijuana and does not recognize its strength and ingredients. Not legal in any state. We wanted to assess the existing knowledge regarding hazards of ganja and prevention among male adolescents in selected senior secondary school to evaluate effectiveness of planned teaching regarding hazards of ganja and prevention among male adolescent in selected senior secondary school.

METHODS

This is a pre-test and post-test study based on evaluative approach. The sample was 60 senior secondary school male adolescents from a selected senior secondary school in Sawangi, Wardha. Self-administered questionnaire having 30 MCQs was given to the study participants. The correct answer got score 1 and wrong score got 0 score.

RESULTS

The mean score of posttest knowledge 16.80 was apparently higher than the mean score of pre-test knowledge 7.45. There was significant difference between the mean pre-test and post-test knowledge score ($t = 22.024$, $p = 0.095$) at $p < 0.05$ level and no significant association was found between selected demographic variables.

CONCLUSIONS

Planned teaching was highly effective in enhancing the knowledge regarding hazards of ganja, and its prevention among male adolescents in the selected senior secondary school.

KEY WORDS

Effectiveness, Knowledge, Male Adolescent, Prevention, Hazards

Corresponding Author:

Dr. Suvarna Banduji Ghugare,
Shankar Nagar, Near Reliance Tower at
Sindhi Railway Taluka Seloo, Dist. Wardha,
Maharashtra, India.
E-mail: suvarna.ghugare1990@gmail.com

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BACKGROUND

Natural cannabinoids serve as neurotransmitters, transmitting chemical signals in the nervous system and nerve cells (neurons). These neurotransmitters affect memory, mind, attention, motion, balance, visual, perception of time as well as pleasure areas in the brain. The receptors which respond to these cannabinoids also respond to THC that can alter and disturb the normal function of the brain affect brain regions which control the development and attention of memory. It also interferes with other brain parts, affecting balance, posture, coordination and time of reaction. This could lead to insecurity in the driving of cars, heavy machinery, sports or other potentially harmful physical activities for anyone using marijuana.¹ THC (tetrahydrocannabinol) also activates the release of dopamine, a fun-related neurotransmitter, through unique cannabinoid receptors.

People use marijuana to get a feeling of fun, giddiness and relaxation. Marijuana also induces improvements in sensory perception, colors, vivid music and deeper emotions. Some people have anxiety feelings.² People can smoke marijuana, inhale it through vapor, brew it as a tea, apply it as a balm, or eat it in product, such as brownies or chocolate bars. Some people use medical marijuana to treat chronic pain, muscle spasticity, anorexia, nausea, and sleep disturbances. Medical marijuana refers to either whole marijuana or its ingredients, such as cannabidiol, which form the base of a limited number of approved medications. Medical marijuana is not subject to government standardization, making its ingredients and potency unknown. It is not legal in all states.³ According to UN report, one million heroin addicts are registered in India and unofficially there is as much as five million. Cannabis, Heroin and Indian Produced pharmaceutical Drugs are the most frequently abused drugs in India. The International Narcotic Control Board reported that in India person addicted to opiates are shifting their drug of choice from opium to heroin Srivastava, A Pal, HR Dwivedi et al 2003.

Various studies in India shows that 80% of Adults starts using psychoactive substance before 18 years of age and if they continue with its addiction may be developed within three years with increased risk of physical and mental illness Singhi S I, Broca JS, Mathur GM 2007.

Objectives

1. To assess the existing knowledge regarding hazards of ganja and prevention among male adolescent in selected senior secondary school.
2. To evaluate the effectiveness of planned teaching regarding hazards of ganja and prevention among male adolescents in selected senior secondary school.
3. To evaluate the association between post-test knowledge scores regarding hazards of ganja use and prevention of the same among male adolescents.

METHODS

The research took place from August 2018 to July 2019, in Sawangi High School, having got approval from the Institutional Ethics Committee and written informed consent

from the students in their vernacular language.⁴ this is a quasi-experimental study with pre – post design. The sample was taken for conveniences and the sample size was 60. 60 male adolescents (14 to 16 years of age) from Sawangi High School were included in the study. Male adolescents of selected senior secondary school who are not available at the time of data collection and who are not interested to participate in the study were excluded from the study.

Self-administered questionnaire having 20 MCQs. the correct answer got score 1 and wrong score got 0 score. To associate knowledge score with demographic variable.

Statistical Analysis

Data was analysed using the SPSS version 22.0, GraphPad Prism 6.0. $p < 0.05$ was considered the level of statistical significance using the chi square test, student paired test, one-way ANOVA.

RESULTS

Demographic Variable	Frequency	Percentage (%)
13-14	27	45%
15-16	22	36.67%
17-18	11	18.33%
Residential Area		
Urban	45	75%
Rural	15	25%
Type of Family		
Joint family	23	38.34%
Extended family	2	3.33%
Nuclear family	32	53.33%
Single parent family	3	5%
Educational Qualification		
8 th standard	2	3.33%
9 th standard	44	73.33%
10 th standard	1	1.67%
11 th standard	13	21.67%
Parents Education		
Illiterate	2	3.34%
Primary School	1	1.66%
Secondary	8	13.34%
Graduate	33	55%
Post graduate	18	26.66%
Children Staying in		
With parents	54	90%
Hostel	00	00%
Paying Guest	1	1.67%
Rent	4	6.66%
With relatives	1	1.67%
Hours Spend with Friends		
8 hours	48	80%
9 hours	8	13.34%
10 hours	2	3.33%
12 hours	2	3.33%
Place of Spending Time with Friends		
School	46	76.68%
Tuition	10	16.66%
Extra activity	4	6.66%
Table 1. Percentage Wise Distribution of Samples with Regards to Selected Demographic Variables		
n =60		

The table shows percentage wise distribution of sample with regard to age, residential area, type of family, education, parent education, children stay in, hours spend with friends, place of spending time friends.

Distribution of male adolescents according to their age in years shows that, 27 (45%) of them were belonging to the age of 13-14 years, 22 (36.67%) in the age group of 15-16 years and remaining 11 (18.33%) in the age group 17-18 years.

Distribution of male adolescents according to residential area shows that, 45 (75%) of them were from urban, 25 (25%) were from rural area. Distribution of male adolescents according to type of family shows that, 23 (38.34%) of them were living joint family and 2 (3.33%) were living with extended family, 32 (53.33%) were living with nuclear family and 3 (5%) were living with single parent family.

Figure 1.
Knowledge Score
Regarding Hazard
and Prevention of
Ganja Pre-Test

Figure 2.
Knowledge Score
Regarding Hazard
and Prevention of
Ganja Post-Test

Figure 3. Percentage Wise Distribution of the Effectiveness of Planned Teaching on Knowledge Regarding Hazards and Prevention of Ganja among Male Adolescents

Distribution of male adolescents according to education shows that, 2 (3.33%) of them from 8th standard, 44 (73.33%) from 9th standard, 1 (1.67%) from 10th standard and 13 (21.67%) from 11th standard. Distribution of male adolescents according to parent's education shows that, 2 (3.34%) them were illiterate, 1 (1.66%) them were primary school, 8 (13.34%) them were from secondary, 33 (55%) them were graduate and 18 (26.66%) them were from postgraduate. Distribution of male adolescents according to children staying in shows that, 54 (90%) are living with parents, 1 (1.67%) were living as paying guest, 4 (6.66%) were living as rent and 1 (1.67%) living with relatives.

Distribution of male adolescents according to hours spending with friends in shows that, 48 (80%) were spending time 8 hours, 8 (13.34%) were spending time 9 hours, 2

(3.33%) were spending time 10 hours and 2 (3.33%) were spending time 12 hours. Distribution of male adolescents according to place of spending time with friends shows that, 46 (76.68%) were spending in school, 10 (16.66%) were spending in tuition and 4 (6.66%) were spending in extra activity.

The results of the study, figure No. 1, indicate that the knowledge level of, 11 (18.3%) is less of whom 42 (70%) is in the average and 7 (11.67%) has a good knowledge level, of which 0 (0%) has a good knowledge performance. The minimum result was 0 and the score limit was 12 and the average score was 7.45 ± 2.60 , and the mean percentage score 37 and interquartile range is 3.75.

The pre-test indicates that neither of them has poor knowledge, the average awareness level was 0 (0.0%), the good response level was 11 (18.33%), the very good level of awareness was 49 (81.67%) and There was an overall minimum score of 12, and the overall maximum score was 20, with an average score of 16.80 ± 1.715 for 84. And the post-test indicates a substantial difference in understanding between pre-test and post-test awareness ratings. The percentage of wise distribution among male adolescents is the successful delivery of planned awareness teaching on hazards and ganja prevention. The mean pre-test value is 37.25 and Post-test value is 84, the averages of the pre-test are 2.600, and Post-test values are 1.715. The t-value determined is 22.024 and 0.095 is p-value. Therefore, it is statistically interpreted that it was beneficial for male teenagers to learn about risks and avoid ganja.

DISCUSSION

There was no major GPA gap between the drug consumers and the non-consumers, according to Pearlman (1968), Blum (1969), Goode (1971) and Hochman and Brill (1973). These findings are noteworthy because the 2005 report of SAMHSA showed that 17.9% of students with GPA 1.0 or lower used marijuana in their last half last month compared to 3.1% with GPA 3.5 and lower in their last six months. As they found that academic participation in unusual marijuana users has increased statistically significantly, the findings of theirs independent study T-test are also in contrast to the SAMHSA assertion of 2005.⁵ These are interesting results and lead to a large number of questions. Was it merely a phenomenon that statistically important? Is there also any influence which is rare for those who use marijuana? Is there a relaxing effect on the student while we use marijuana? On the contrary, these students may be using marijuana for successful academics as a "reward?"

At the other hand, their independent study t-test findings add up the evidence collected by Arrias (2013), Caldeira, Bugbee, Vincent and O'Grady say that 15 days a month in which students use marijuana twice as often as moderate users would stop in school, given there was a decreased in social engagement with users withdrawing from school. their study has shown that uncommon users of marijuana are more academically active than non-users when their findings are tested using Austin's (1985-1998) student participation theory, and according to the theory of Austin, college experience was more effective.⁶

Although the uncommon use of marijuana may help students relax and reduce the stress of university education. Regarding social participation and usage based on the review literature given in this dissertation, Bell and Johnston (1997) need to research more carefully why few people are engaging with academia more closely. The findings of their research showed a lower risk of social participation for people who used marijuana more than once a day. When these findings had been discussed through the lenses of Austin's (1985) theory of student engagement, it was cleared that a heavy use of marijuana decreases the likelihood that you are socially engaged on campus.⁷ The findings agree with and correlate with the cultural identity theory of substance addiction by Anderson (1998), in particular with that of her theory of social marginalization and exclusion from society in general to stop and fill with a sense of dignity the otherwise marginalized student (Henderson & Boyd, 1992). Because of the fairly poor associations between university and marijuana use and social participation, their research refers to the current literature, in which conflicting findings and nebular findings were popular.⁸ Although not significant, the deleterious effect of marijuana on university participation occurred more than once every week, daily and daily. In addition, a student can undergo a change in drug-related identity because heavy marihuana users suffered from fewer social involvement, as Anderson shows in her theory of cultural identity for drug abuse in 1998. This change of identity may be encouraged by social isolation because the undergraduate experience lacks social engagement. Further studies must be carried out using the model developed in this study with bigger samples from different fields.⁹

CONCLUSIONS

Planned teaching was highly effective in enhancing the knowledge regarding hazards of ganja, and its prevention among male adolescents in the selected senior secondary school.

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