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RESEARCH ARTICLE

KNOWLEDGE, PATTERN AND CONTRIBUTING FACTORS REGARDING SUBSTANCE ABUSE AMONG ADOLESCENTS

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ABSTRACT

Background: India is home to the highest number of child population in the world- around 440 million, out of which 243 million are adolescents constituting over 20% of the population of India. Of total adolescent population, 54% belong to 10-14 year age group and nearly 46% are in the most vulnerable age group in which the child acquires academic, cognitive, social and life skills. Recent times have witnessed a gradual increase in substance use amongst the younger population, with more people initiating substance use from an early age. WHO estimates that globally 25 to 90% Adolescents have used at least one substance of abuse. **Method:** A descriptive cross sectional study was undertaken by using purposive sampling technique to assess the knowledge, pattern and contributing factors regarding substance abuse among adolescents. Total 50 samples of aged between 13-19 years were selected through purposive sampling from Alambagh, Urban Community under Rural Health Training Centre of KGMU, Lucknow. Non experimental quantitative survey approach in which structured questionnaire was used for assessing the socio demographic data, existing level of knowledge, pattern of substance abuse and contributory factors leading to substance abuse among the respondents. Descriptive and inferential statistics was used for the analysis of the tabulated data. **Results:** Out of 50 respondents maximum respondents 23(46%) were from age group of 16-17 years, Further on the basis of educational qualification ,maximum respondents 46(96%) were from graduation, 3(6%) from class 12th, 1(2%) was from class 8th . 37 (74%) had poor knowledge regarding substance abuse and 13 (26%) had average knowledge about substance abuse. There were no respondents in the category of good knowledge level. It was also found that alcohol i.e. 38(76%) is the most frequently abused substance. The preferred occasions for substance abuse were found to be mostly with friends 14(33%). The availability of getting the beverages was found to be very easy as Beer in 25(50%) respondents and wine in 22(44%), foreign liquor 20(40%), country liquor 22(44%). Most of the respondents 36 (60%) use their pocket money for substance abuse and 4(6%) use getting money by stealing or received by relatives for substance abuse. 22 (44.9%) use substance due to emotional disturbances. However there was no significant association observed between the knowledge level and selected socio demographic variables. **Conclusion:** The first step is to acknowledge this emerging problem that needs to be proactively addressed. It is important to bring stakeholders together to address the issue through a multisectorial approach with an equal focus on prevention as well as treatment efforts at individual, family and community level of the concerned ones.

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INTRODUCTION

India is home to the highest number of child population in the world- around 440 million, out of which 243 million are adolescents constituting over 20% of the population of India. Of total adolescent population, 54% belong to 10-14 year age group and nearly 46% are in the most vulnerable age group in which the child acquires academic, cognitive, social and life skills.

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Recent times have witnessed a gradual increase in substance use amongst the younger population, with more people initiating substance use from an early age. WHO estimates that globally 25 to 90% adolescents have used at least one substance of abuse. By the age of adolescent, youth in India have been exposed to various stresses like changing roles in the family and community, new responsibilities and competitions in the field of education and employment. Many adolescents engage in substance abuse activities which they perceive as acceptable within their peer groups. As a result, risk behaviors including substance abuse during the adolescent years are of major concern because they are associated with the

increased risk of injury, interpersonal violence, crime, high-risk sexual behavior, suicide, academic difficulties and school drop-out. Consequently, substance abuse can have a major impact on the lives of adolescents, families and communities

MATERIALS AND METHODS

A descriptive cross sectional study was undertaken by using purposive sampling technique to assess the knowledge, pattern and contributing factors regarding substance abuse among adolescents. Total 50 samples of aged between 13-19 years were selected through purposive sampling from selected Urban Community, Alambagh, Lucknow. Non experimental quantitative survey approach in which structured questionnaire was used for assessing the socio demographic data, existing level of knowledge, pattern of substance abuse and contributory factors leading to substance abuse among the respondents. Statistical methods of Chi square and inferential statistics were used using SP 20.

Socio Demographic profile of the subjects: In the present study age wise distribution revealed that maximum respondent were from age group of 19-21 years, 23(46%) followed by 22 (44%) from age group of 20-24 years, 5(10%) from 15 to 18 years. Further on the basis of educational qualification of respondent maximum respondents 46(96%) were from graduation, 3(6%) from class 12th, 1(2%) was from class 8th. As per the type of educational institution 25 (50%) were from private institution, 13(26%) were from state government 9 (18%) were from central government and 3 (6%) were from Residential institution.

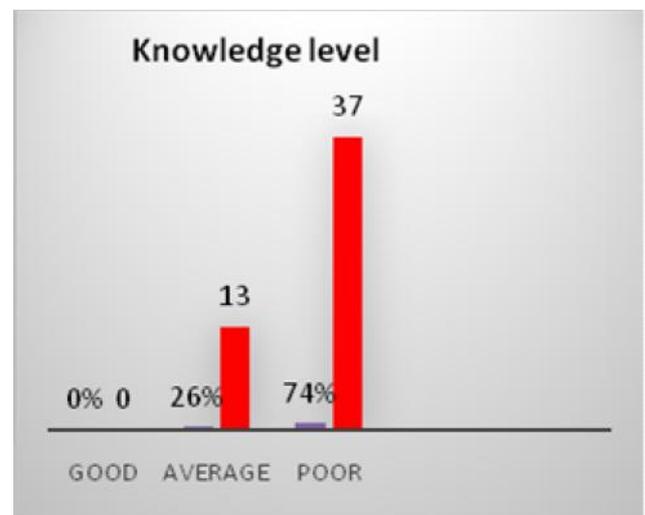
As per the type of family 23(46%) were belonging to nuclear family 21(42%) were living with joint family and 6 (12%) were staying in a extended family. 30(60%) of the respondent belongs to upper middle class and 2 (4%) were from upper class. Most of the respondent were staying in the hostel 30(60%),18(36%) were living with both parents followed by 1(2%) were living with father alone and mother alone respectively. 44(88%) respondent's family does not abuse substance and 06(12%) respondent's family abuse substance.14(28%) respondent had source of substance abuse from their friends followed by 13(26%) from media, 02(04%) from their teacher, 01(02%) from doctor and 10(20%) don't know about substance abuse.

RESULTS

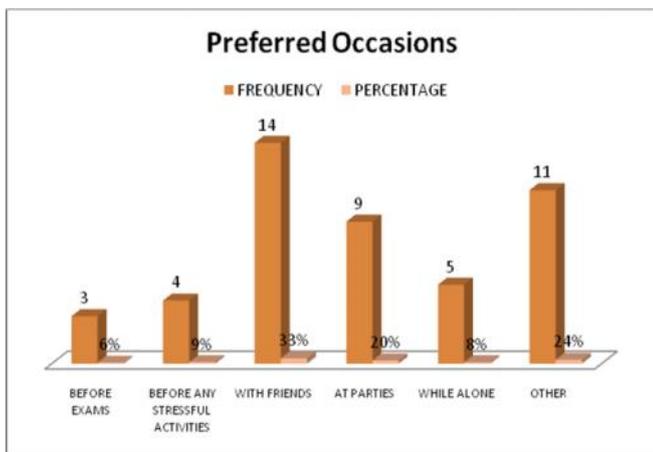
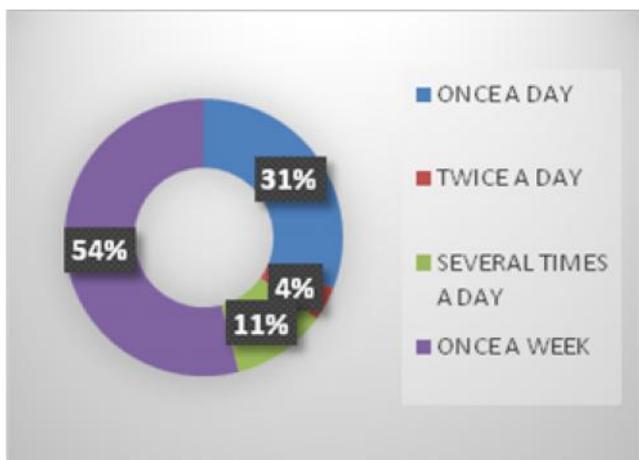
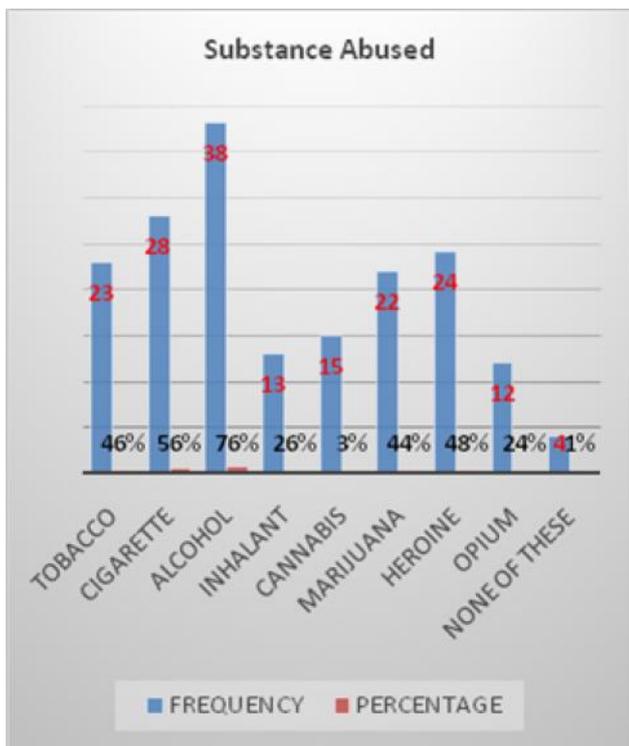
The present study focused on the knowledge about substance abuse in terms of good, average, poor. It was found that 37(74%) have poor knowledge whereas 13(26%) have average knowledge and none of them possess good knowledge. It was found that alcohol i.e. 38(76%) is the most frequently abused substance followed by cigarette 28(56%), tobacco 23(46%), heroine 24(48%) and marijuana 22(44%) and 4(1%) do not consume substance at all 21(47%) out of 50 respondents initiated substance abuse after the age of 18 years and 2% of the respondents initiated substance abuse between the age of 13-15 and the frequency of substance abuse for 27(54%) was once in a week, 31% consume once in a day followed by 11% and 4% several times a day and twice a day respectively.

Frequency of use of substance: The preferred occasions for substance abuse was found to be mostly with friends 14(33%) followed by other 11(24%) and 9(20%) consume alcohol at parties whereas 3(6%) consume it before exams.

SNo.	Sample Characteristics	Frequency	Percentage
1.	Age Group		
	13-15 yr	5	10%
	16-17 yr	23	46%
2	Educational Qualification		
	18-19 yr	22	44%
	VIII Std	1	2%
3	Educational Institution		
	XII Std	3	6%
	Graduation	46	92%
4	Family Type		
	State Government	13	26%
	Central Government	09	18%
	Private	25	50%
5	Family living status		
	Residential	03	06%
	Nuclear	23	46%
6	Father's Occupation		
	Joint	21	42%
	Extended	06	12%
7	Mother's living status		
	Living	49	98%
	Deceased	01	02%
8	Mother's occupation		
	Professional	26	52%
	Semi professional	03	06%
	Clerical	09	18%
	Skilled	09	18%
	Unemployed	03	06%
9	Socioeconomic class		
	Living	47	94%
	Deceased	03	06%
	Professional	08	16%
	Semi professional	01	02%
	Clerical	01	02%
9	Socioeconomic class		
	Skilled	02	04%
	Unemployed	37	74%
	Unskilled	01	02%
9	Socioeconomic class		
	Upper	02	04%
	Upper middle class	30	60%
	Lower middle class	14	28%
	Lower	04	08%



The preferred ways of using drugs was found to be 22(67%) as smoking and 1(3%) of them use injection for substance use. Out of 50 respondents 28(56%) have not used cigarette or Bidi in the past. 12(24%) of them had not smoked substance daily in their past. 10(20%) were daily smokers. Also, 37(74%) of the respondents do not use cigarette or Bidi currently and 5(10%) use them on daily basis. The availability of getting the beverages was found to be easy for beer in 25(50%) respondents and in wine to be 22(44%), foreign liquor 20(40%), country liquor 22(44%) out of 50 respondents respectively.



Most of the respondents i.e. 36 (%60) out of 50 responses use their pocket money for substance abuse and 4(6%) use their money by stealing or received by relatives for substance abuse. 22 (44.9%) respondents use substance due to emotional disturbances and 1(2%) of the respondents use substance due to strict parents. Majority of the subjects i.e. 30 (63%) out of 45 prefer their friend’s company for substance abuse and very few of them use substance with their family and relatives.

Almost 40 (80%) of the subjects didn’t have any major conflict with the parents or sibling which led to substance abuse behaviour whereas 5 (10%) of the subjects had major conflicts with the family members which led to substance abuse behaviour. There is no statistical association or significant difference ($p>0.05$) found between the age, education, type of institution, family type, fathers’ living status, father’s occupation, socioeconomic status, mothers living status, history of substance abuse in the family and knowledge level of the respondents at 0.05 level of significance. At 0.05 level of significance a statistical association ($p<0.05$) was observed between the mother’s occupation and knowledge level of the respondents.

DISCUSSION

Study findings revealed that most respondents were from age group of 16-17 years, majority of them were pursuing graduation i.e. 46(92%), 25(50%) maximum were studying in private institutions whereas minimum were from residential institutions 3(6%). As per the type of family, 23(46%) were belonging to nuclear family, 21(42%) were living with joint family and 6(12%) were with extended family. Most of the respondents were staying in the hostel 30(60%) and minimum 1(2%) were living with father alone and mother alone respectively. 44(88%) respondent’s family does not abuse substance and 06(12%) respondent’s family abuse substance. 14(28%) respondents had source of substance abuse from their friends followed by 13(26%) from media and minimum, 01(02%) know about substance abuse from the doctor. Study findings were similar to another study conducted by Silas Triveli M and Seeta Devi A in 4 different pre-university colleges of Pune in the year 2016 revealed that maximum respondents were from age group of 16 years contributing to 36% of drug addiction whereas minimum addiction were from 19 years. The present study focused on the knowledge about substance abuse in terms of good, average, poor. It was found that 37(74%) have poor knowledge whereas 13(26%) have average knowledge and none of them possess good knowledge. It’s contrary to a survey conducted by Monita Thokchom et al among adolescents (10-19 years) boys and girls in Pune to assess the knowledge regarding substance abuse. A total of 200 samples were collected from the community area for the study. It was found that 68(34%) were having poor knowledge, 96(48%) were having average followed by 36(18%) contributing to good knowledge. It was found that alcohol i.e. 38(76%) is the most frequently abused substance followed and the frequency of substance abuse for 27(54%) was once in a week, and 4% used twice a day. The preferred occasions for substance abuse was found to be mostly with friends 14(33%) The preferred ways of using drugs was found to be 22(67%) as smoking and 1(3%) of them use injection for substance use. 12(24%) of them had not smoked substance daily in their past. 10(20%) were daily smokers. The availability of getting the beverages was found to be easy for beer in 25(50%) respondents and in wine to be 22(44%), foreign liquor 20(40%), country liquor 22(44%) out of 50 respondents respectively. These findings were similar to study conducted by Birhanu, A.M. et al in Woreta town which revealed that the lifetime substance use prevalence was 65.4%, the prevalence of alcohol drinking 40.9%, prevalence of khat chewing was 13.8% and cigarette smoking was 6.8%.

36(60%) out of 50 respondents used pocket money for substance and minimum respondents. In the present study,

most common reason for continuation of substance abuse was found to be emotional disturbance. 22 (44.9%) .Majority of the subjects 30 (60%) prefer their friend's company for substance abuse and very few of them abuse substance with their relatives which was similar to a study conducted by National Drug Dependence Treatment Centre, AIIMS in 2013, revealed that 42.5% of the respondents were given money by family or borrowed from them, 32.6% reported taking money from family by lying to them whereas 22.3% borrow from their friends while 14% reported stealing from home. The obtained chi-square value for our study for mother's occupation was 12.69($p < 0.05$) which was more than tabulated value (11.07) at 0.05 level of significance. Hence there was statistical association between mother's occupation and knowledge level of the respondents was found which is non consistent to the North Indian study conducted by Sorab Gupta et al among 256 students whose mothers were housewives, 53% used substance as compared to 63.6% students whose mothers were in some profession.

Conclusion

This study is one of the few studies in that has assessed the knowledge, pattern and contributing behaviours among adolescents. Substance abuse among the adolescents has received attention only recently in India and much work needs to be done to address the issue. The first step is to acknowledge this emerging problem that needs to be proactively addressed. It is important to bring stakeholders together to address the issue through a multipronged approach with an equal focus on prevention as well as treatment efforts.

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