

# A Quasi-Experimental Study to Assess the Impact of Health Education Program on Holistic Well-Being and Awareness Regarding Substance Abuse Among Adolescents in Selected Schools, Hoshiarpur

## Running Title:

Health Education and Substance Abuse Awareness

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## ABSTRACT

**Background:** Alcohol use dates back to tribal rituals, where it first appeared. In the modern world, many individuals turn to narcotics to alleviate stress, alleviate pain, and experience pleasure. The number of young people abusing drugs and alcohol is on the rise like an epidemic. The use of numerous drugs has been tried by many. The issue arose when this experimental usage was abused, resulting in harm to the health and well-being of individuals, families, and society as a whole, as well as criminal and legal issues that jeopardised national economic growth. Adolescence is a period of exploration, challenge, and experimentation, which is when many of those harmful issues begin. Tobacco, alcohol, and marijuana are all common drugs of choice for adolescents, and nicotine may lead to the "opening of the gates" to more dangerous substances. An adolescent's well-being is influenced by the use of illegal substances, which in turn affects society's future.

**Materials & Methods:** The study used a non-equivalent quasi-experimental control group design.

Using a convenient selection method, 30 of the 60 students were chosen for the experimental group and 30 for the control group. "Self-designed questionnaire and modified well-being evaluation scale" were used to measure the consciousness and well-being of participants. Statistical approaches were used to assess the collected data. **Results:** There were 57% average, 43% average, and 0% excellent Adolescents' pre-test awareness scores in the experimental group; in the post-test, there were 53% average, 37% excellent, and 10% Below average Adolescents' awareness scores. Teenagers in the control group had pre-test knowledge scores of Below 60 percent average and 40 percent average, but their post-test scores were 50 percent average and 47 percent and . Post-test awareness scores in the experimental group averaged 13.8, higher than pre-test awareness scores of 10.3. In this study, the mean difference was 3.5, and the t-value was determined to be 5.3, which was statistically significant. Thus,  $H_0$  is rejected. hypothesis 1. **Conclusion:** Study results showed a statistically significant difference in pre-interventional and post-interventional holistic well-being and awareness of drug usage in the experimental group as compared to the control group. Consequently, the health education programme is successful in raising teenagers' awareness and well-being.

Keywords: "*Substance abuse, adolescents, health education programme.*"

## Introduction:

Adolescence means to grow up. Adolescence is the time of adulthood. In western civilization, the word usually describes the time from 12 to 18 or 19 years, or childhood to early adulthood.

Health action believes that adolescents are the nation's future citizens. Their health requirements are challenging. 18-20% of Indians are aged 10-20. Adolescence is a significant era of human development in this stage dramatically changes will take place. Physical and social changes characterize adolescence. In all civilizations, between 12 and 18 years, young people's lives are eventful and change greatly. Biologically, puberty begins with accelerated growth and secondary sexual development and ends with bone epiphyses fusing and sexual maturation. Adolescence is culturally defined as a time of intensive preparation for adult responsibilities. Throughout many cultures, puberty ceremonies are clearly marked by puberty tests of strength and bravery, the fulfillment of which confers the person with the status of an adolescent.'

Substance-taking behaviour is not a new phenomenon, despite growing attention in the last 50-60 years. Mind-altering substances have followed mankind's social growth for millennia and will continue to do so whatever our beliefs, choices, or punishments?

In India, drug and alcohol misuse have increased rapidly in the previous two decades. Alcohol is gaining popularity throughout society. Heroin (also known as smack and brown sugar) consumption has increased in the U.S. Changes have impacted affected groups. Previously, only elites, high

## Objectives:

1. To assess the level of holistic well-being and awareness regarding substance abuse among adolescents in experimental & control group.
2. To implement the health education program on holistic well-being and awareness in experimental group.
3. To compare the level of holistic well-being and awareness regarding substance abuse among adolescents in experimental & control group.
4. To find out the association between level of holistic well-being and awareness regarding substance abuse among adolescents with selected socio- demographic variables in experimental and control group"

## HYPOTHESIS:

HO: "There was no statistically significant difference in the post-test score of level of holistic well-being and awareness among adolescents between experimental and control group as measured by self-structured questionnaire and modified well-being assessment scale at  $p < 0.05$  level of significance.

H1: There was statistically significant improvement in the level of holistic well-being and awareness among adolescents after receiving health education program in experimental group as compared to control group as measured by self-structured questionnaire and modified wellbeing assessment scale at  $p < 0.05$  level of significance."

## DELIMITATION

The study was limited to

- Residing in Hoshiarpur.
- Who were males?

## Materials and Methods

**Research Design:** Quasi-experimental one-group pre-test post-test design.

**Setting:** Selected senior secondary schools of Hoshiarpur, Punjab.

**Sample:**60 adolescents.

**Target population:** The study were adolescents of selected schools from Hoshiarpur.(Punjab)

**Accessible population:** The students of 11<sup>th</sup> and 12<sup>th</sup> class in selected school, Hoshiarpur.(Punjab)

**Sampling Technique:** Convenient sampling technique was used to select the sample.

**Convenience sampling.**

**Inclusion Criteria:**

- Only Adolescents boys.
- Adolescents who were not taking any psychotropic drug.

**Exclusion Criteria:**

- Adolescents who were not willing to participate.

**Variables**

**Independent variable:** Health education program.

**Dependent variable:** Holistic well – being and awareness.

**Development and description of tool:**

**Section I:** It consists of socio-demographic variables i.e., Age (in years), area of residence, type of family, occupation of mother, occupation of father, family income (in Rs/-month, previous information about substance abuse, source of information."

**Section II: "Self-structured questionnaire"**

It includes 30 items for assessing awareness regarding substance abuse

Each item has 4 options. Each correct response is given 1 score.

**Measurement criteria:**

| LEVEL OF AWARENESS | SCORES |
|--------------------|--------|
| Excellent          | 21-30  |
| Average            | 11-20  |
| Below Average      | 0-10   |

**Minimum score = 0**

**Maximum score = 30**

**Section-III: "Modified WHOQOL BREF Questionnaire":**

It consists of "26 questions about holistic well- being and quality of life i.e., Physical health, Psychological, Social relationships and Environment. Each item has 5 options which range from 1-5(1- Very poor,2- Poor, 3-Neither poor nor good,4- Good and 5- Very good)"

## Measuring criteria

| Holistic well - being | Score  |
|-----------------------|--------|
| Good                  | 96-130 |
| Average               | 61- 95 |
| Below Average         | 26-60  |

## Result and Finding

The data is organized and presented in four sections: -

**Section I:** "Frequency and percentage distribution of adolescents in experimental and control group according to their socio-demographic variables.

**Section II:** Frequency and percentage distribution of adolescents in experimental and control group according to pre-interventional and post-interventional level of holistic well-being and awareness.

**Section III:** Comparison of pre- and post-interventional level of holistic wellbeing and awareness among adolescent in experimental and control group.

**Section IV:** Association of mean post interventional level of holistic well-being and awareness among adolescent in experimental and control group"

**Section I:** "Frequency and percentage distribution of adolescents in experimental and control group according to their socio-demographic variables.

**Table -1**

“Frequency and percentage distribution of adolescents in experimental and control group according to their socio-demographic variables.”

N=60

| S. No. | Demographic characteristics       | Experimental Group (n=30) |     |     | Control Group (n=30) |    |                    |
|--------|-----------------------------------|---------------------------|-----|-----|----------------------|----|--------------------|
|        |                                   | (n)                       | (%) | (n) | (%)                  | df | X <sup>2</sup>     |
| 1.     | <b>Age</b>                        |                           |     |     |                      |    |                    |
|        | 10-12 years                       | 4                         | 13  | 9   | 30                   | 4  | 3.21*              |
|        | 13-15 years                       | 18                        | 60  | 12  | 40                   |    |                    |
|        | 16-19 years                       | 8                         | 27  | 9   | 30                   |    |                    |
| 2.     | <b>Occupational of the father</b> |                           |     |     |                      |    |                    |
|        | Unemployed                        | -                         | -   | -   | -                    | 3  | 0.65 <sup>NS</sup> |
|        | Business                          | 10                        | 33  | 8   | 27                   |    |                    |
|        | Government job                    | 12                        | 40  | 15  | 50                   |    |                    |
|        | Private job                       | 8                         | 27  | 7   | 23                   |    |                    |
| 3.     | <b>Occupation of the mother</b>   |                           |     |     |                      |    |                    |
|        | House wife                        | 13                        | 43  | 14  | 47                   | 3  | 0.71 <sup>NS</sup> |
|        | Business                          | 8                         | 27  | 5   | 17                   |    |                    |
|        | Government job                    | 7                         | 23  | 4   | 13                   |    |                    |
|        | Private job                       | 2                         | 7   | 7   | 23                   |    |                    |

|           |                                                       |    |    |    |    |   |
|-----------|-------------------------------------------------------|----|----|----|----|---|
|           | others                                                | 0  | 0  | 0  | 0  |   |
| <b>4.</b> | <b>Area of Residence</b>                              |    |    |    |    |   |
|           | Urban areas                                           | 17 | 57 | 15 | 50 | 2 |
|           | Rural areas                                           | 13 | 43 | 15 | 50 |   |
| <b>5.</b> | <b>Types of family</b>                                |    |    |    |    |   |
|           | <b>Joint family</b>                                   |    |    |    |    |   |
|           | Nuclear family                                        | 16 | 53 | 15 | 50 | 3 |
|           | Extended family                                       | 14 | 47 | 15 | 50 |   |
|           | others                                                | 0  | 0  | 0  | 0  |   |
| <b>6.</b> | <b>Previous Information Regarding Substance Abuse</b> |    |    |    |    |   |
|           | Yes                                                   | 16 | 53 | 17 | 53 | 3 |
|           | No                                                    | 14 | 47 | 13 | 43 |   |
| <b>7.</b> | <b>Source of information</b>                          |    |    |    |    |   |
|           | News paper                                            | 2  | 7  | 5  | 17 | 3 |
|           | Television                                            | 11 | 37 | 5  | 17 |   |
|           | Internet                                              | 9  | 30 | 13 | 43 |   |
|           | Family members , relatives and friends                | 8  | 27 | 7  | 23 |   |
|           | Others                                                | 0  | 0  | 0  | 0  |   |

Table 1 reveals that 60 percent of the adolescents in the experimental group were between the ages of 13 and 15, followed by 27 percent of those between the ages of 16 and 19, and only 13 percent of those between the ages of 10 and 12 years. 40 percent (12) of the adolescents in the control group were between the ages of 13 and 15, 30 percent (9) were between the ages of 10 and 12, and 30 percent (9) were between the ages of 16 and 19.

As per their father's profession, Thirty-three percent (10) of the adolescents in the experimental group had their fathers working in the commercial sector, and twenty-seven percent (8) of the adolescents had their fathers working in the public sector. In the control[10:07 AM, 5/2/2026] +91 97980 42987: 50% (15) of the adolescents had a father who worked for the government, 27% (8) had a father who worked in business, and 23% (7) had a father who worked for himself

More over half of the mothers in the experimental group were housewives, whereas 27 percent of the mothers in the control group had a business, 23 percent of the mothers had a government position, and two of the mothers had a private work. Housewives accounted for 47 percent of the mothers of adolescents in the control group, while private-sector workers accounted for 23 percent. One-third (3%) of the adolescents had a mother who worked in the private sector, while 13% (4%) had a mother who worked for the government

The "Chi-square test" was used to determine if the two groups were similar. Age, prior awareness of drug usage, as well as the source of information, were shown to be statistically significant demographic factors in this study.

**Section II - “ Frequency and percentage distribution of adolescents in experimental and control group according to pre-interventional and post-interventional level of holistic well-being awareness”**

**Table 2 (a)**

**N=30**

| Level of holistic well-being |              | Criterion measure |    | Experimental Group |    |
|------------------------------|--------------|-------------------|----|--------------------|----|
|                              |              | Pre-Test          |    | Post-Test          |    |
|                              |              | n                 | %  | n                  | %  |
| <b>Excellent</b>             | 16 & above   | 0                 | 0  | 11                 | 37 |
| <b>Average</b>               | 11-15        | 13                | 43 | 16                 | 53 |
| <b>Below Average</b>         | Less than 10 | 17                | 57 | 3                  | 10 |

Table no.2 (c) depicts No adolescent had an exceptional level of holistic well-being in the experimental group, whereas 37 percent adolescents had an excellent level of holistic well-being, 53 percent had an average level of holistic well-being, and 10 percent had a below-average level of holistic well-being in the post test

### **Ethical Considerations:**

- Institutional Ethical Committee approval obtained
- Written informed consent from school authority and parents
- Assent from students

### **Discussion:**

The findings indicate that structured health education significantly improves awareness and holistic well-being among adolescents. Similar findings were reported in previous school-based intervention studies in India.

Health education programs act as primary preventive strategies in reducing future substance use risk.

### **Limitations:**

- Single group design
- Short follow-up period
- Limited to selected schools

### **Conclusion:**

Structured health education programs are effective and should be integrated into school curriculum to prevent substance abuse and promote holistic well-being.

### **References (Vancouver Style – Sample):**

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