

**OMAYAL ACHI COLLEGE OF NURSING, PUZHAL, CHENNAI.**

**PILOT STUDY REPORT**

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### **1.1. INTRODUCTION**

Adolescent are the young people aged between 10 to 19 years. WHO Spotlight the world now has more young people than ever before – of the 7.2 billion people worldwide, over 3 billion are younger than 25 years, making up 42% of the world population. Adolescence is defined as the period of life that starts with the biological, hormonal and physical changes of puberty and ends at the age at which an individual attains a stable, independent role in society.

Adolescents' health and well-being is threatened by their inclination to engage in risky and reckless behaviour.

### **1.2. BACKGROUND OF THE STUDY**

Adolescence is an important ontogenetic period that is characterized by behaviours such as enhanced novelty-seeking, impulsivity, and reward preference, which can give rise to an increased risk for substance use (Hamidullah 2020). ) According to the World Health Organization (WHO), substance abuse is responsible for 11.8 million premature deaths each year [13]. Almost 8 million people die as a result of tobacco use or exposure, 2.9 million people die because of alcohol intake and around 600,000 people die as a result of illicit drug use [14]. Substance use is highly prevalent in Indian children and adolescents. Intriguingly, the recently released “magnitude of substance use in India” report shows that the “proportion of children between 10 and 17 years to adults between 18 and 75 years” in substance use is of the order 2.02, 0.85, and 0.27 for inhalants, opioids, and cannabis, respectively (15).

### **1.3. STATEMENT OF THE PROBLEM:**

- A study to evaluate the effectiveness of substance abuse control strategies on knowledge, drug refusal assertiveness, and self-management skills among adolescents in selected centers of Madurai- A Mixed Method Research Approach.

#### **1.3.1. RESEARCH QUESTIONS:**

- **QUAL: Why do adolescents use substances? & What factors influence the same?**
- **quan: Are substance abuse control strategies effective on knowledge, drug refusal assertiveness, and self-management skills among adolescents in selected settings?**

#### **1.4. OBJECTIVES:**

- To screen adolescents for the use of psychoactive substances
- To explore the reasons and factors influencing adolescent substance use to develop the data collection and intervention tool
- To assess and compare the knowledge, drug refusal assertiveness, and self-management skills among experimental and control groups.
- To evaluate the effectiveness of substance abuse control strategies on knowledge, drug refusal assertiveness, and self-management skills between experimental and control group
- To correlate the knowledge, drug refusal assertiveness Self -management skills among experimental and control group
- To associate the selected demographic variables with mean differed level of knowledge, drug refusal assertiveness, and self-management skills between experimental and control groups.

#### **1.5. HYPOTHESES**

- **NH<sub>1</sub>:** There is no significant difference between pre-test and post-test levels of knowledge, drug refusal assertiveness, and self-management skills among adolescents between the experimental group and the control group.
- **NH<sub>2</sub>:** There is no significant correlation between the mean differed knowledge scores, drug refusal assertiveness, and self-management skills.
- **NH<sub>3</sub>:** There is no significant association of selected demographic variables with the mean differed knowledge, drug refusal assertiveness, and self-management skills regarding substance abuse among adolescents.

#### **1.6. OPERATIONAL DEFINITIONS**

- **1.6.1. Effectiveness:**

Refers to the outcome of substance abuse control strategies on knowledge, drug refusal assertiveness and self-management skills which will be measured by using a structured knowledge questionnaire, Gambrell Richey Assertiveness inventory, and self-management skills scale and will be assessed with the time interval of the first and third week of intervention

- **1.6.2. Substance Abuse control strategies:**

- Substance abuse control strategies refer to the group of interventions devised by the researcher based on the reflection of themes of qualitative phenomenological study. These strategies will be administered in phases by the researcher and include
- **Phase-1: Structured Video Assisted Education:** on the general facts, factors influencing, chemical composition, legal aspects, and harmful effects of smoking, alcohol consumption, and other psychoactive substance use. This education will be provided for 45 minutes through power point presentation to groups of 8-10 students. The components of the same will be presented along with both concerned parents

#### **1.6.3. Knowledge:**

- Refers to the responses given by the adolescent substance users on concepts related to facts, factors influencing, chemical composition, legal aspects, and harmful effects of smoking, alcohol consumption, and use of other substances which will be assessed after the intervention by using a structured knowledge questionnaire prepared by the researcher.

#### **1.6.4. Drug Refusal Assertiveness:**

- Refers to the adolescent responses to the statements elicited using Gambrill Richey Assertiveness inventory in the dimensions of general, substance, and social assertiveness and the capacity to 'say no' to drugs or a demand to use substances that they do not want to do.

#### **1.6.5. Self-Management Skill:**

- Refers to the individual ability of the adolescent to control their thoughts, feelings, and actions from substance use which will be measured by using the self-management skill scale under the dimensions of self-monitoring, evaluation, and reinforcement.

#### **1.6.6. Adolescents:**

- Refers to the individuals of both genders aged 13-17 years studying in VII - XI standard at selected government schools of Madurai and who use either of the following substances like tobacco (cigarettes/ smokeless tobacco), alcohol/marijuana/ cocaine/ stimulants/inhalants.

#### **1.6.7. ASSUMPTIONS:**

- Adolescents may have some knowledge regarding substance use and its harmful effects on health due to the influence of mass media.
- Most adolescents spend about a third of their day in a school environment. The school is therefore a setting through which large groups of participants can potentially be reached for health promotion.
- Despite the serious health risks, a considerable number of adolescents across the world continue to use the substances in their early ages.

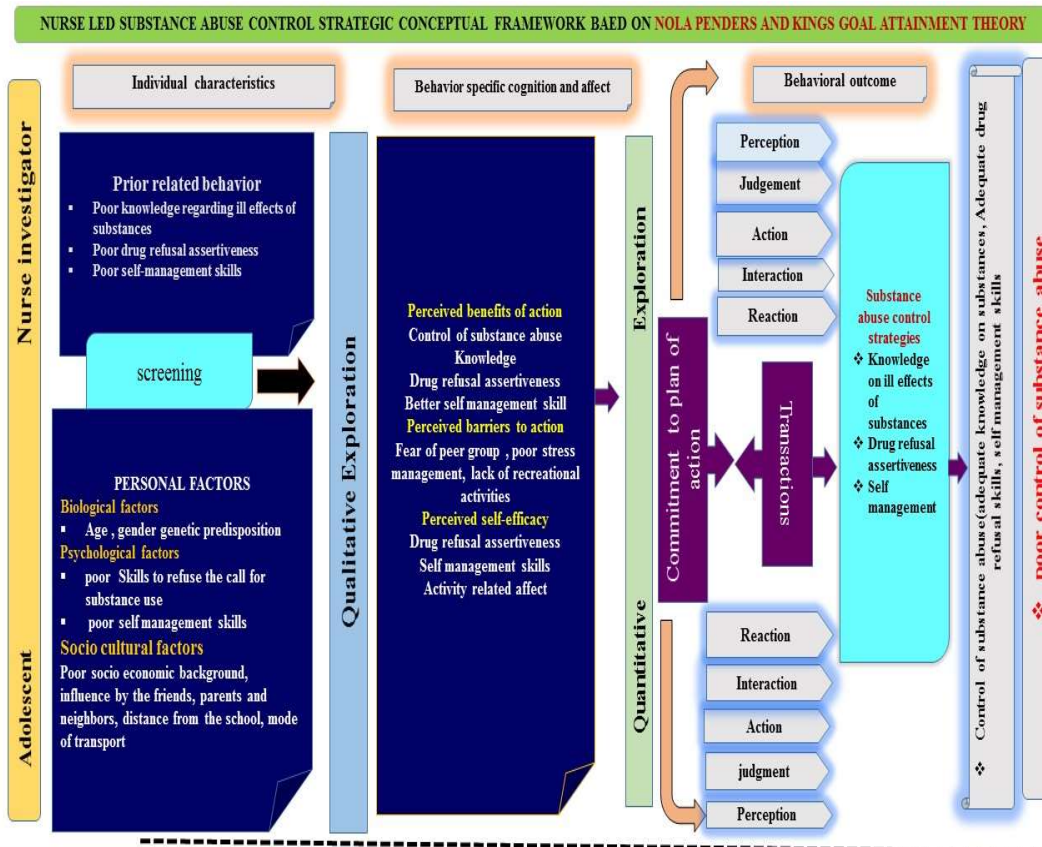
### 1.6.8. DELIMITATIONS:

- This study is delimited to one year
- Selected schools of Madurai district.
- Based upon the estimated sample size calculation

### 1.7. CONCEPTUAL FRAMEWORK

The conceptual framework of the current study is based on Pender’s Health Promotion model King’s theory of goal attainment. Pender’s model focuses primarily on the health promotion of individuals, groups, and communities. In this model, the determinants of health behavior are classified into three categories. They are as follows, 1. Individual characteristics and experiences, 2. Behavior-specific cognition and affect 3. Behavioral outcome.

Goal attainment theory describes a dynamic, interpersonal relationship in which a patient grows and develops to attain certain life goals. The theory explains that factors that can affect the attainment of goals are roles, stress, space, and time. The model has three interacting systems: personal, interpersonal, and social. Each of these systems has its own set of concepts. The concepts for the personal system are perception, self, growth and development, body image, space, and time. The concepts for the interpersonal system are interaction, communication, transaction, role, and stress. The concepts of the social system are organization, authority, power status, and decision-making



## 2.1. WHAT IS KNOWN AND NOT KNOWN IN THE STUDY AREA

### Known facts:

- Most adolescents spend about a third of their day in a school environment. The school is therefore a setting through which large groups of participants can potentially be reached by health promotion.
- It has the potential for a large number of stable population and higher participation rates than home environments.
- Despite the serious health risks, a considerable number of adolescents across the world continue to use the substances in their early ages

### Not known:

- The substance abuse problem is complex and large in magnitude, there is a substantial amount of evidence-based research available to nurses for implementing interventions that can decrease adolescent substance abuse rates. The study may encourage sustained peer-group support and positive peer pressure.
- The competent adolescents are more masterful (i.e., better able to execute a task), less motivated to engage in risky behavior, are less susceptible to negative social influences from peers and the media, and are more likely to either flatly refuse active drug offers or utilize assertive skills to defuse a confrontational situation.

## 2.2. The proposed study differs from the existing literature:

- The proposed study going to address the same problem among adolescents by using a mixed method of research.

The dearth of Indian research available on drug refusal assertiveness and self-management skills for adolescent substance users

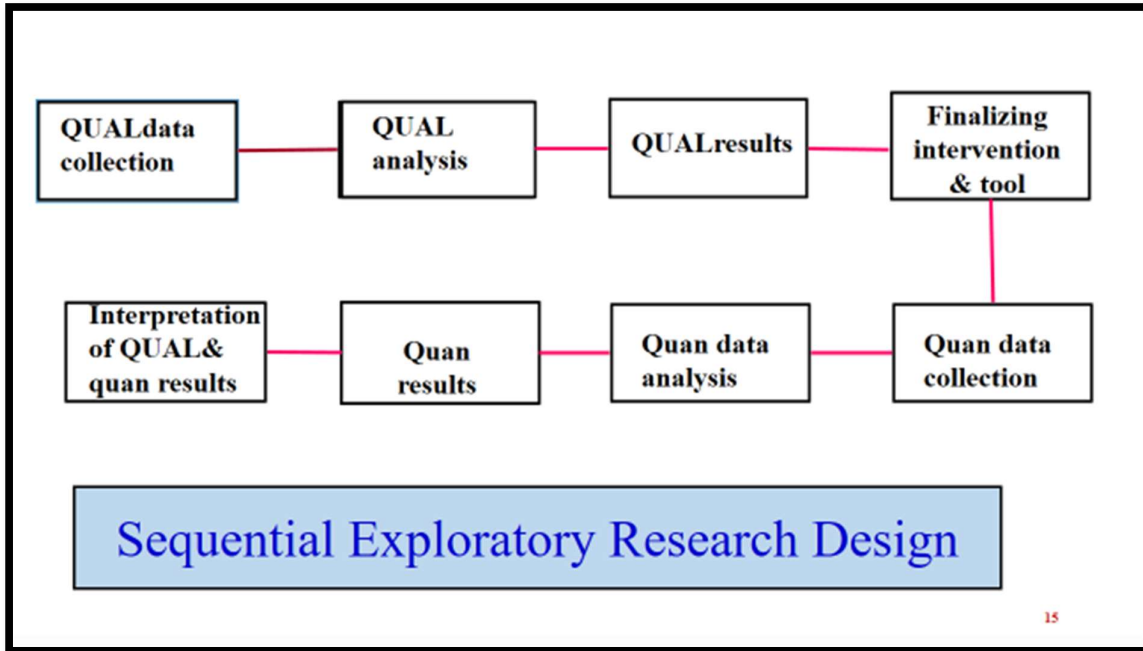
## 3. RESEARCH METHODOLOGY

### 3.1. RESEARCH APPROACH

A mixed-method research Approach will be adopted for this study. Mixed method research is the one in which the investigator collects and analyses data, integrates the findings, and draws inferences using both qualitative and quantitative methods in a single study or a program of inquiry. (Tashakkori & Creswell 2007).

### 3.2. RESEARCH DESIGN

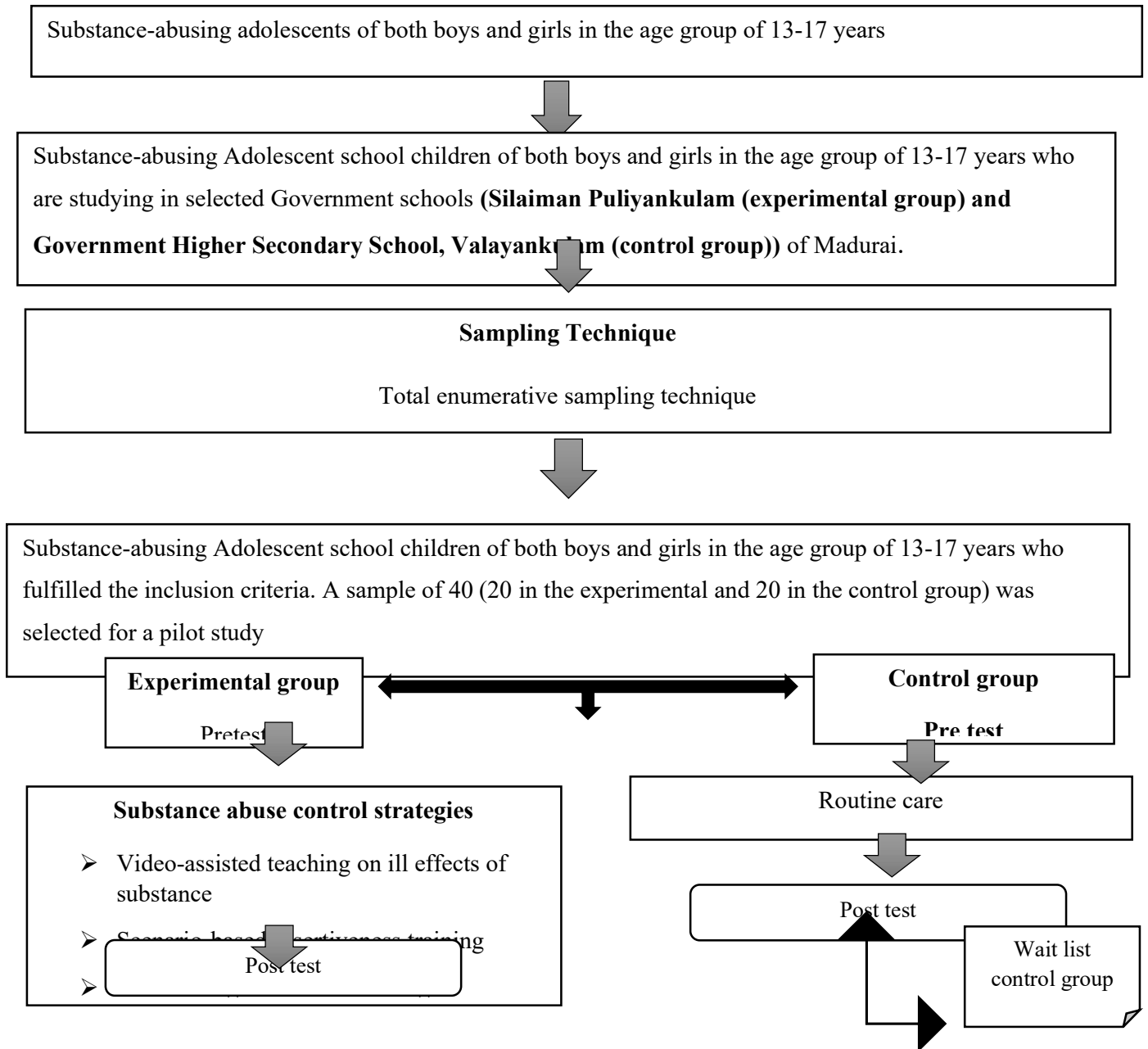
**Sequential Exploratory Mixed Method Research Design** will be used for this study. It involves first gathering qualitative data to explore a phenomenon and utilize the extracted theme from exhaustive descriptions to formulate the data collection and intervention tool and then collecting quantitative data to explain the relationship found in qualitative data.



<b>QUALITATIVE</b> <b>(Phenomenological) PHASE I</b>				<b>quantitative phase</b> <b>(quasi-experimental) phase II</b>		
<b>screening</b>	<b>QUAL</b>	<b>Group</b>	<b>Pretest</b> <b>O1</b>	<b>Intervention</b>	<b>Post-test at</b> <b>the end of 1<sup>st</sup></b> <b>month</b> <b>O2</b>	<b>Post-test at</b> <b>the end of 3<sup>rd</sup></b> <b>month</b> <b>O2</b>
Assessment of substance use among adolescents by using Alcohol, smoking, substance Involvement Screening Test	Exploration of reasons and factors influencing adolescent substance abuse	Experimental group Control group	Assessment of knowledge, drug refusal assertiveness, and self-management skills	Substance abuse control strategies Routine care	assessment of Knowledge, Drug Refusal Assertiveness, and Self-Management Skills	Assessment of knowledge, drug refusal assertiveness, and self-management skills

Finalizing Substance Abuse	
Control Strategies & Tool	

**SCHEMATIC REPRESENTATION OF THE PILOT STUDY PROCEDURE**



## **Variables**

### **3.3.1. Independent variable**

Substance abuse control strategies

### **3.3.2. Dependent Variable**

Knowledge, Drug refusal assertiveness, Self-Management skills

### **3.3.3. Extraneous variables**

- Previous exposure to knowledge components through media
- Schools adopted by a voluntary counseling service for substance abuse prevention

## **3.4. SETTING OF THE STUDY**

The study was conducted at selected Government Higher Secondary Schools of Silaiman Puliyanakulam, and Valayanakulam of Madurai district.

## **3.5. POPULATION**

### **a. Target population:**

Adolescent school children of both boys and girls in the age group of 13-17 years

### **b. Accessible population:**

Adolescent school children in the age group of 13-17 years who are abusing substances

## **3.6. SAMPLE:**

Adolescent school children in the age group of 13-17 years who fulfil the sampling criteria.

## **3.7. SAMPLING CRITERIA**

### **Inclusion criteria:**

- ❖ Adolescent school children in the age group of 13-17 years studying in VII to XI standard.
- ❖ Adolescents who have consumed either of the following more than 5 times in the past three months include tobacco products, alcoholic beverages, cannabis, cocaine, stimulants, inhalants, sedatives, hallucinogens, and opioids.
- ❖ Adolescents who are willing to undergo substance abuse control strategies on the campus of the school

### **Exclusion criteria:**

- ❖ Adolescence with psychological problems such as anxiety and attention deficit disorder



### 3.6.1. SAMPLE SIZE

**QUAL:** Information-rich 2 samples were taken

**Quan:** The sample size was calculated in two phases

#### Phase I

As per the pilot study, 1,612 students were addressed about substance abuse. In that 74 students came forward, they were abusing the substances. That is, 4.59%, keeping this as prior information, the sample size has been calculated, using **nMaster sample size software**. The relative precision is 20% and the level of confidence is 95%, the required sample size is **2038 students**.

#### Phase II

As per the pilot study, the changes that occur in the experimental group are so high, compared to the control group, in all three outcome variables. Keeping this as prior information, the sample size was calculated, it indicates the number of students required is 10 for each group.

### 3.6.4. DESCRIPTION OF THE TOOL

#### PART I-SUBSTANCE ABUSE SCREENING TEST

This tool is used to identify Adolescents who have consumed either of the following more than 5 times in the past three months tobacco products, alcoholic beverages, cannabis, cocaine, stimulants, inhalants, sedatives, hallucinogens, and opioids.

#### Interpretation:

If they have consumed more than 5 times in the past three months –they were selected as a participant.

#### PART II: QUALITATIVE TOOL

##### ❖ Qualitative Research Question:

**Why does adolescent use substances and what factors influence the same?**

S.No.	Qualitative Question
1.	<b>Grand tour Question:</b> How are you? How is your life?

	<p>What are your hobbies?</p> <p>How about your studies?</p> <p>How do you spend your leisure time?</p>
2.	<p>What was the first drug you ever used? Share your feelings related to the same.</p> <p>Alcohol, tobacco, marijuana, other drugs like cocaine, ecstasy, or prescription drug like sedatives, cough syrup, pain killers.</p>
3.	<p>Describe as much as you can remember about the circumstances of your first use of _____ (substance named by the participant)</p> <p><b>Prompts:</b></p> <ul style="list-style-type: none"> <li>• How old were you?</li> <li>• What grade were you?</li> <li>• Who were you with?</li> <li>• Were they boys or girls?</li> <li>• Were they the same age as you?</li> <li>• Older / younger?</li> <li>• What was the time of the day?</li> <li>• What was the time of the year?</li> <li>• How did you get the _____?</li> <li>• Were you planning on using _____ or did it happen spontaneously?</li> <li>• How much _____ did you use?</li> </ul>
4.	<p>Think about your drug use history. Describe your use of alcohol, tobacco, and other drugs in the year following your first use</p> <ul style="list-style-type: none"> <li>• How often did you use the drugs?</li> <li>• Where did you use them?</li> <li>• How did you usually get them?</li> <li>• Who did you use them with?</li> <li>• Why did you usually use the?</li> </ul>
5.	<p>What encouraged you to use drugs during that first year?</p>
6.	<p>After you first used ..... when did you use ..... or another drug again How long did you wait before your second use</p>
7.	<p>Why did you use ..... (reasons)</p>
8.	<p>What factors provoked you to use the .....</p>

**PART III- SOCIO-DEMOGRAPHIC VARIABLES**

- ❖ **Demographic variables of participant (9)**
- ❖ **Demographic variables of parents/family (8)**
- ❖ **Provoking variables (4)**
- ❖ **Variables related to substance abuse (5)**
- ❖ **Academic performance and hygienic profile (5)**

- **Total 31**

Age in years, gender. Educational status, medium of instruction,, area of residence, religion, birth order, no of siblings, upbringing, educational, occupational status of parents, life status, marital status, size of the family including self, monthly family income, distance from the school, mode of transport to school, amount and source of pocket money, type and pattern of substance abuse, duration of period participant have been using this substance, age of first use, history of substance abuse in and around the family, previous term exam results, attendance percentage, academic commitment compliance, personal hygiene, morale compliance.

### **PART III- STRUCTURED KNOWLEDGE QUESTIONNAIRE**

A Structured questionnaire will be designed to assess the level of knowledge of adolescents regarding various aspects of substance use. There were 25 multiple-response questions focused on different aspects such as general facts, factors influencing, chemical composition, legal aspects, harmful effects of smoking, alcohol consumption, and use of other substances.

<b>SCORING KEY</b>	<b>INTERPRETATION</b>
<b>&lt;50</b>	<b>Inadequate knowledge</b>
<b>51-75</b>	<b>Moderately adequate knowledge</b>
<b>&gt;75</b>	<b>Adequate knowledge</b>

### **Part IV: GAMBRILL RICHEY ASSERTIVENESS INVENTORY**

The inventory is comprised of 15 items focusing on general assertion, social situations, substance-specific, and items. This inventory was administered with the instruction: "Indicate on a scale from 1 to 5 how often you generally do the things listed below:' Responses were on a comparable 1-5 frequency scale (never do this, rarely do this, do this half the time, usually do this, and always do this). The total assertiveness score will be interpreted as 32-44- Low assertiveness, 44-66-Moderate assertiveness, 66 and above -High assertiveness.

<b>32-44</b>	<b>Low assertiveness</b>
<b>45-66</b>	<b>Moderate assertiveness</b>

<b>&gt;66</b>	<b>High assertiveness</b>
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### **PART V: SELF-CONTROL SELF-MANAGEMENT SKILLS SCALE**

The self-control and self-management skills scale contains three major factors include Self-Monitoring (6) items, Self-Evaluating (5) items, and Self-Reinforcing (5) items. The response of the scale were according to the Likert scale with six responses, total score of the scale runs between (0-80), where the higher mark is an indicator to an increased level of self-control, Respondents' responses have been classified into five categories as follows:

<b>17degrees or less</b>	<b>Very low self-control</b>
<b>18-29</b>	<b>low self-control</b>
<b>30-41</b>	<b>the average self-control</b>
<b>42-53</b>	<b>high self-control,</b>
<b>&gt;54</b>	<b>Very high self -control</b>

### **3.7. VALIDITY OF THE TOOL**

- The tool was validated by 15 experts in the field of
- Clinical psychologist -1
- Psychiatrist- 1
- Qualitative Research Experts -2
- Experts in the field of Community Health Nursing.-4
- Experts in the field of Medical-Surgical Nursing-1
- Experts in the field of Child Health Nursing-2

All the experts had given their consensus, and the additions and suggestions given by the experts were incorporated into the tool and intervention and were finalized.

### **3.8. RELIABILITY**

<b>Variables</b>	<b>Scales used</b>	<b>Reliability</b>
<b>Knowledge</b>	Structured knowledge questionnaire	Test retest reliability of Karl Pearson correlation was computed and the score was 0.89
<b>Drug Refusal Assertiveness</b>	Gambrill-Richey Assertiveness Inventory	Karl Pearson correlation was computed and the reliability score was 0.87

<b>Self-management skills</b>	Self-control-self-management skills scale	Cronbach's alpha reliability was computed and the reliability score was 0.79
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### 3.9. ETHICAL CONSIDERATIONS

<b>Ethical considerations</b>	<b>Principles followed by the investigator</b>
<b>1. Principle of Essentiality</b>	Whereby after due consideration of all alternatives in the light of existing knowledge the use of human participants is considered to be essential for the proposed research. This was duly vetted by an ethics committee independent of the proposed research
<b>2. Principle of non-exploitation</b>	Whereby research participants were equitably selected so that the benefits and burdens of research are distributed fairly and without arbitrariness or discrimination. Sufficient safeguards to protect the vulnerable groups
<b>3. Principle of social responsibility</b>	Whereby research was planned and conducted so as to avoid creation or deepening of social or historic divisions or in any way disturb social harmony in community relationships

<b>4. Principles of voluntariness</b>	Whereby respect for the right of the research participants to agree or not to agree to participate in the research or to withdraw from the research at any time, is a paramount. The informed consent process ensured the participants rights are safeguarded
<b>5. Principle of non-exploitation</b>	Whereby research participants were equitably selected so that the benefits and burdens of research are distributed fairly and without arbitrariness or discrimination. Sufficient safeguards to protect the vulnerable groups
<b>6. Ensuring privacy and confidentiality</b>	Privacy and confidentiality related to the participant information's obtained was maintained throughout the study
<b>7. Ensuring privacy and confidentiality</b>	Privacy and confidentiality related to the participant information's obtained was maintained throughout the study
<b>8. Principle of risk minimization</b>	Whereby due care taken by all stakeholders at all stages of the research to ensure that the risks are minimized and appropriate care and compensation is given if any harm occurs.
<b>9. Principle of professional competence</b>	Whereby the <b>research is planned , conducted, evaluated and monitored throughout by the researcher who are competent and have the appropriate and relevant qualifications, experience and or training.</b>

<b>10. Maximization of benefit</b>	Whereby due care is taken to design and conduct the research in such a way as to directly or indirectly maximizes the benefits to the research participants and /or to the society
<b>11. Principle of transparency and accountability</b>	Whereby the research plan and outcomes emanating from the research are brought into the public domain through registries reports and scientific and other publications while safeguarding the right to privacy of the participants. Stakeholders involved in the study should disclose any existing conflict of interest and manage it appropriately. <b>The research was conducted in fair, honest impartial and transparent manner to guarantee accountability</b>

<b>12. Principle of totality and responsibility</b>	<b>The professional , social and moral responsibilities compliant with ethical guidelines and related regulations are binding on all a stake holders directly or indirectly</b>
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### 3.10. DATA COLLECTION PROCESS

**Formal administrative permission** obtained from **Commissioner Of Corporation, Chief Educational Officers** of both government schools and corporation schools **informed written assent** obtained from the sample.

**Screening of the adolescents by asking a question Have you used the below mentioned substances over the past 3 months more than 5 times? (cigarettes/ bidi/alcohol/smokeless tobacco/ marijuana/ inhalants / pain killers) and their answers were collected in the small chit paper (they were taken as participants**

**Pre- test on knowledge. Drug refusal assertiveness and self-management skills were conducted**

**Substance abuse control strategies were given for 4 weeks**

**Post – test of knowledge assessment was done after 14 days of structured video assisted education and remaining two post tests were collected after 4weeks of intervention**

**Wait list control group-interventions were carried out later for control group also**

### 3.11. PHASES OF DATA COLLECTION

**Phase 1 : Screening of adolescents for substance abuse .**

- Sample selection- 20 samples each in the experimental and control group by total enumerative sampling technique respectively from the selected Government schools
- **Phase 2:** The demographic data were collected and the pre-test level of knowledge, Drug refusal assertiveness and Self -Management skills were collected among experimental and control group. On the same day for experimental group Intervention package was started.



### Application of Colaizzi's Method of Data Analysis in Phenomenological Research

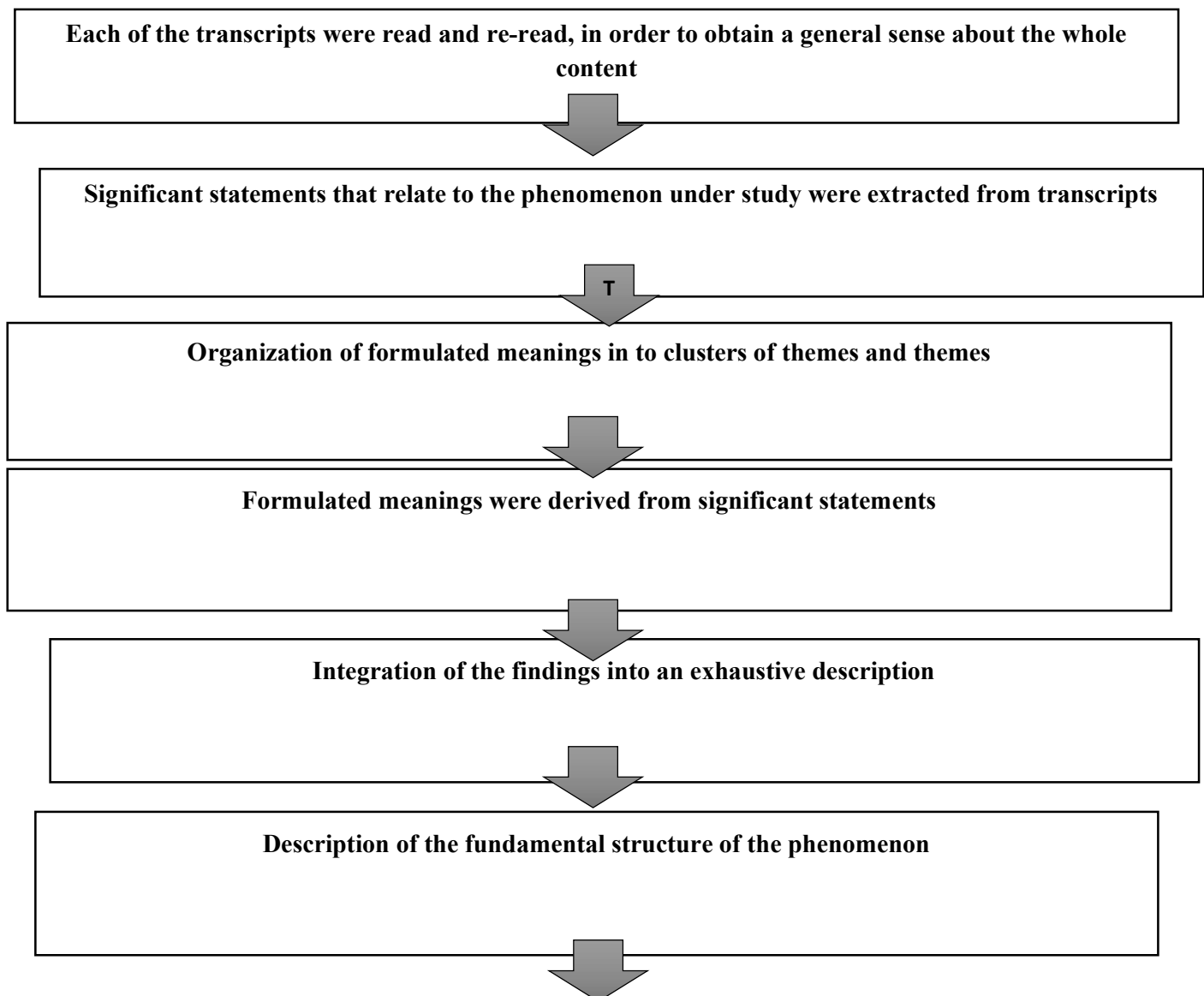
- **Background:** Phenomenology is a research method intended to explore the experiences of people as they live in different phases of their life.
- **Aim:** This study aimed to explore the Colaizzi's method of descriptive data analysis to articulate

#### Research question

- **Why do adolescents use substances? & what factors influence the same?**

**Why do adolescents use substances? & What factors influence the same?**

#### STEPS OF COLAIZZI'S PHENOMENOLOGICAL Data ANALYSIS



**Validation of the findings from the study participants**

**QUALITATIVE RESEARCH**

**SIGNIFICANT STATEMENT : 1**

**Participant code: 9**

- **My father married another woman, myself, my mom and, my sister were left alone. Mom is working as a sweeper in the corporation. It was burdensome to pull the family with a meager income. I got a job during night-times at Aavin milk booth through family friends. Initially, it was very sleepy and difficult to be alert at Night. My friend (not a school friend..long pause by the participant) introduced this cool lip to me. Now I can handle the nights and job-related stress easily through this. Whenever mom scolds me that anger also will be relieved.**

**Transcription no:5 line:11**

<b>SIGNIFICANT STATEMENT</b>		<b>FORMULATED MEANINGS</b>	
<p>My <u>father married another woman</u>, myself, my mom and, my sister were <u>left alone</u>. Mom is working as a sweeper in the corporation. It <u>was burdensome</u> to pull the family with a <u>meager income</u>. I got a <u>job</u> during night-times at <u>Aavin milk booth</u> through family friends. Initially, it was very sleepy and <u>difficult to be alert at Night</u>. My friend (not a school friend.. long pause by the participant) introduced this cool lip to me. Now I can handle the nights and <u>job-related stress</u> easily through this. Whenever mom <u>scolds</u> me that <u>anger also will be relieved</u>.</p>		<p>Father separated and married another woman it was burdensome and had a meager income to manage the family. so he went for a job at Aavin (night duty every day) and had a sleepless night. Job-related pressure was high for him. Stress-related anger was very commonly noted in him. As a part of</p> <p>Stress management he started to use cool-lip</p>	
<b>FORMULATED MEANINGS</b>	<b>THEME CLUSTERS</b>	<b>EMERGENT THEME</b>	
<p>Father separated and married another woman it was burdensome and had meager income to manage the</p>	<ul style="list-style-type: none"> <li>▪ Father separated</li> <li>▪ Meagre income</li> <li>▪ Job during schooling</li> <li>▪ Job related pressure</li> </ul>	<ul style="list-style-type: none"> <li>• Weak/lousy economy.</li> </ul>	

<p>family.so he went for a job at aavin (night duty everyday) and had a sleepless nights. Job related pressure was high for him. Stress related anger was very commonly note in him. As a part of Stress management he started to use cool-lip</p>	<ul style="list-style-type: none"> <li>▪ stress</li> </ul>	<ul style="list-style-type: none"> <li>• stress</li> </ul>
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**SIGNIFICANT STATEMENT II**

**Participant code :23**

**My father is working as a grave digger (vettiyan) in the graveyard. I have to accompany him along with dad person’s relatives and other diggers when I was doing my fifth standard. The dead body sat up during mid of the burning state that time fear will touch my abdomen. In order to minimize such fear my father and other diggers used to consume a sarakku (alcohol). They used to take me to graveyard by 3 am to the graveyard. Because I have no mother .....long sigh if respiration mom expired due to breast cancer had no one is there to take care for me (face become dull and sad). To relieve the fear they gave to me also... after 2 or 3 times. Initially I used to faint now a days I can handle it very easily**

SIGNIFICANT STATEMENT	FORMULATED MEANINGS
<p><b>My father is working as the grave digger (vettiyan) in the <u>graveyard</u>. I had to accompany him along with the dead person's relatives and other diggers when I was doing my fifth standard. The dead body sat up during mid of a burning state that <u>time fear touched the abdomen</u>. To <u>minimize such fear other diggers and my father used to consume sarakku (alcohol)</u>. They used to take me by <u>2 or 3 am to the graveyard</u> because I have <u>no mother</u> ..... long sigh of respiration: <u>mom expired</u> due to breast cancer) and <u>no one</u></b></p>	<p><b>Fathers job at graveyard. He has to go at nights Mom expired so no one is there to take care of him. In order to overcome the fear and to have a fearless night. Father’s coworkers compelled him to consume alcohol, cool lip sometimes bidi. They threatened the boy that if he had not consume the alcohol half burned dead body would roll towards him.</b></p>

<p><b>is there to take care of me (face become dull and sad). To relieve the fear they gave to me also... after 2 or 3 times</b></p>	
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FORMULATED MEANING	THEME CLUSTERS	EMERGENT THEME
<p><b>Father's job at graveyard. He has to go at nights Mom expired so no one is there to take care of him. In order to overcome the fear and to have a fearless night. Father's coworkers compelled him to consume alcohol, cool lip sometimes bidi. They threatened the boy that if he had not consumed the alcohol half burned dead body would roll towards him.</b></p>	<ul style="list-style-type: none"> <li>• <b>Father's job at graveyard</b></li> <li>• <b>No one is there to take care of him at home</b></li> <li>• <b>Night time visits to grave yard</b></li> <li>• <b>Sleepless nights</b></li> <li>• <b>Compelled to consume the substance</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Risky job</b></li> <li>• <b>Fear to say no</b></li> </ul>

#### THEMATIC MAP

THEME CLUSTERS	EMERGENT THEME
<ul style="list-style-type: none"> <li>▪ <b>Father separated</b></li> <li>▪ <b>Meagre income</b></li> <li>▪ <b>Job during schooling</b></li> <li>▪ <b>Job related pressure</b></li> <li>▪ <b>stress</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Weak/lousy economy.</b></li> <li>• <b>Stress</b></li> </ul>
<ul style="list-style-type: none"> <li>✓ <b>Father's job at graveyard</b></li> <li>✓ <b>No one is there to take care of him at home</b></li> <li>✓ <b>Night time visits to grave yard</b></li> <li>✓ <b>Sleepless nights</b></li> <li>✓ <b>Compelled to consume the substance</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Risky job</b></li> <li>• <b>Fear to say no</b></li> </ul>

### Integration of qualitative research finding for tool and intervention of quantitative research

Themes emerged	Intervention modified
Stress	Stress Management
Fear to say no	How Say to no assertively

### FLOW OF INTERVENTION

- I. Investigator after screening make the participants to take the pledge
- II. video assisted education on ill effects of substance abuse (45 minutes at audiovisual room)



# PAMPHLET ON ILL EFFECTS OF SUBSTANCE ABUSE

### கஞ்சாவினால் ஏற்படும் தீமைகள்

**நனைவின்மை**  
கல்லீரல் வீக்கம்  
இதய தசை நலிவுறல்  
COPD நுரையீரல் நோய்த்தொற்று நுரையீரல் புற்றுநோய்  
நோய் எதிர்ப்பின்மை  
கருவில் இருக்கும் குழந்தையை பாதிக்கிறது

**பாலின அர்ப்பிகள் குறைவாக கரத்தல்**  
மலட்டுதலின்மை குறைவான விந்தணு அர்ப்பு இழங்கற்ற மாத விடாய்  
புற்றுநோய் வாய், இரத்தப்புற்றுநோய், நுரையீரல், குச்சுகுழாய், ப்ரோஸ்டேட்  
ஹாஸ்திசீனேஷன் என்னும் மாயத்தொற்றுப் சீரற்ற உணர்வுகள்

### புகையற்ற புகையிலை

மெல்லும் புகையிலை ஓக்கும்பொழுது, கறையும் புகையிலை, பல்லுக்கும் சிறுகளுக்கும் நடுகிள் வைக்கப்படும் புகையிலை இவையே புகையற்ற புகையிலை ஆகும்.

எல்லா வகையான புகையற்ற புகையிலைமீதும் நீக்கோட்டாய் மற்றும் புற்றுநோய் விளைவிக்கும் வேதிப் பொருள்கள் உள்ளது.

**புகையற்ற புகையிலைத் தயாரிப்புகளும் அவைகளின் தீமைகளும்**

### புகையற்ற புகையிலையின் தீமைகள்

- வாய் துர்நாற்றம், பற்களில் கறை ஏற்படுத்தி பல்லிழப்பின் சளாமல்களை நீக்கி பற்குழிகளை ஏற்படுத்துகிறது.
- புற்றுநோய்- உதடு, நாக்கு, கன்னங்களில் புற்றுநோய் ஏற்படுத்தலாம்.
- இதய நோயினை ஏற்படுத்தலாம்.

**வாய் / தொண்டை புற்றுநோயின் அறிகுறிகள்.**

- வாயில் எளிதில் ஆறாத இரத்தக்கசிவை புண்களை ஏற்படுத்தும்.
- வாய் / தொண்டையில் கட்டிகள் காணப்படும், எளிதில் போகாத சீய்ப்பு / வெள்ளை படலம் தோன்றலாம்.
- குழக்கலோ, மெல்லலோ, விழும்பலோ இயலாமல் போகலாம்.

**சிகரெட் / புகை இலை தயாரிப்புகள் உடலுக்கு தீங்கு மது உயிரை குழக்கும் கஞ்சா நவையினமாய்க் விடும்**

என் நலன்.... என் குடும்ப நலன்  
என் குடும்பநலன் எனக்கானது நோய்க்கானது அல்ல  
போதை மாதை எனக்கு வேண்டாம்  
நல்ல இளைஞனாக சாதிப்பேன்

### குடும்பநலன் என்றால் என்ன?

குடும்பநலன் அல்லது இளைப் பருவம் வயதின் என்பது பத்து முதல் பத்தொன்பது வயதிலே உள்படக்கம்யது.

### முறையற்ற மருந்து உபயோகம்

மருந்துகளை தன் சுய மகிழ்ச்சிக்காக தகுந்த காரணங்களின்றி முறையற்று, பரிந்துரைகளின்றி உபயோகிப்பதை (முறையற்ற) மருந்து உபயோகம் எனப்படுகிறது.

### மருந்துகளைச் சார்ந்து இருத்தல் என்றால் என்ன?

சில மருந்துகள் நம்மை உடல் மற்றும் உள்தீயமாக கட்டாயம் உட்கொள்ள வேண்டிய நிபந்தனையை ஏற்படுத்தி தொட்டிசியாக அல்லது குறிப்பிட்ட கால இடைவெளியில் எடுக்க வேண்டிய நிபந்தனையை ஆளாக்கும் நிலைமையை மருந்துகளைச் சார்ந்து இருத்தல் என்கிறோம்.

### போதைமருந்து துஷ்பிரயோகம் என்றால் என்ன?

கட்டாயமாக தேவைப்படாதும், அநீதிகளில் ஈடுபடாமல் அனை சுயசேதத்தை ஊக்குவிக்கவில்லாதும், யுக்கைகளுக்கு ஆட்படுத்தவில்லாதும் பெரும் அபாயமருந்துகளைமேல் சார்ந்து இருக்கும்படி செய்யவில்லை அல்லது அபாயமாய்க்கவில்லை தன்மையினை உடைய மருந்துகளின் தேவையற்ற பிரயோகமே போதை மருந்து துஷ்பிரயோகம் எனப்படுகிறது.

### மதுவினால் ஏற்படும் தீமைகள்

சிறுமூளைமைய பாதியதால் நட தள்ளாட்டம் மனநலம் பாதியு அல்லியு பக்களைதம் எனப்படும் ஸ்ட்ரோக் லென்சின்ஸ் எனப்பலையாத

பேச்சில் குறாடுத்தலம், கோபம், குறைஸ் மற்றும் குழப்பமான பேச்சு வாய், தொண்டை மற்றும் குரல் வளைப் பெட்டியில் புற்று நோய்

இரத்தக்கொதாப்பு இதய நோய் ஆன்டிபயோபயோசின்ஸ் எழும்பு குறவு

கல்லீரல் கொடியுப்பு நோய் கல்லீரல் சுருக்கம் கல்லீரல் புற்று நோய் தசை நலிவுறல் கடுமீ தசைச் சுரிப்பு

இரைப்பையிழப்பின் பெரும் பட அங்களில் நோய் தொற்று ஏற்பட்டே விற்று லை, சொர்மாளமீன்மை, பசுமின்மை, இரைப்பையின் வெடிப்பு குட்டில் உணவுக் குழல் புற்று நோய்

நிமோனியா நுரையீரல் நோய் தொற்று சிறுநீரக கோளாறு சிறுநீரக சமயல் அழும்பு

### சிகரெட்டினால் ஏற்படும் தீமைகள்

வாய் மற்றும் நுரை சரல் புற்று நோய்

நிகோடின் நரம்பியல் மண்டலத் தூண்டுகள், எனவே இவை இரத்தக் குழல்களைச் சுருங்கச் செய்து இரத்தக் கொதிப்பை அதிகாக்கிறது.

காய்ச்சல் போன்றவை: தீக்களுக்கே தேவையற்ற போத்ய ஆக்சிசனை கொண்டு செல்லும் பணமீவைப் பெருமளவு பாதிக்கிறது தாய்: இந்நச்சுப் பொருளை சிகரெட் பிழம்பங்களுக்கு பற்களில் ஏற்படும் கறைக்கு காரணமாய்கிறது.

கவாச்சுழாய் நோய்த்த தொற்று, நுரையீரல் புற்றுநோய், எமல்சையீயா போன்ற நோய்கள் ஏற்படுகின்றது. இது பக்களைதம் மற்றும் இதய நோய்கள் ஏற்பட வழி வகுக்கின்றது. இது இரத்தப் புற்றுநோய், இரட்டாய் வகை சர்க்கரை நோய் மற்றும் நுரையீரல் நோய்த்த தொற்று போன்றவை ஏற்பட காரணமாய்கிறது.

### **III. SCENARIO-BASED ASSERTIVENESS TRAINING**

**Scenario based assertiveness training (30 minutes duration in the audiovisual room) twice weekly for 4 weeks 8 sessions.**

#### **SAMPLE SCENARIOS USED**

- 1. While walking through the halls at school, a friend asks you to go to the restroom to join some friends who are smoking.**

#### **Instructions:**

- Analyze the situation and the possible decision you could make**
  - Determine and describe the pros and cons of any of your decisions.**
- 2. Before going into the movie theatre your friend suggests stopping to smoke cigarettes.**

#### **Instructions:**

**Analyze the situation and the possible decision you could make**

**Determine and describe the pros and cons of any of your decisions.**

#### **ASSERTIVE TECHNIQUES USED**

##### **1. BROKEN RECORD**

**It is a verbal response that is firm and clear and conveys a message that you mean what you say**

##### **2. FOGGING**

**This technique allows the adolescent to acknowledge the possible truth or opinion of the other person while maintaining a separate position of themselves**

- 1. Active listening**
- 2. Maintaining separate position**

#### **KEY AREAS FOCUSED ON DRUG REFUSAL ASSERTIVENESS**

- ❖ Definition of assertiveness**
- ❖ Why it is important to refuse the drug**
- ❖ Why it is difficult to say no**
- ❖ Techniques of drug refusal**
- ❖ How to refuse the drug offer assertively**
- ❖ Sentences to say no**

- ❖ Broken record technique of assertiveness
- ❖ Fogging technique of assertiveness

**Pamphlet On Drug Refusal Assertiveness**

**நுகர்ச்சி செய்வது உத்தமம் போதாது, சிறிது நேரம் மனது சிதறாமல் கூறுவது மிகவும் அவசரம்.**

உறுதியான சற்று உணர்ச்சி உணர்ச்சி நிகழும்போது உறுதி செய்தல் மிகவும் அவசரம்.

**உறுதியான சற்று உணர்ச்சி உணர்ச்சி நிகழும்போது உறுதி செய்தல் மிகவும் அவசரம்.**

உறுதியான சற்று உணர்ச்சி உணர்ச்சி நிகழும்போது உறுதி செய்தல் மிகவும் அவசரம்.

**விலாபம் அளவுக்கு அதிகமான உறுதியைக் காட்டுவது உறுதியற்றது.**

**உறுதியற்றது உறுதியற்றது உறுதியற்றது.**

**சிலருக்கு சிலருக்கு மட்டுமே சான்றிதழ் உண்டு, மற்றவர்களுக்கு உண்டுமேல் உண்டுமேல் உண்டுமேல் உண்டுமேல்.**

**சிலருக்கு சிலருக்கு மட்டுமே சான்றிதழ் உண்டு, மற்றவர்களுக்கு உண்டுமேல் உண்டுமேல் உண்டுமேல் உண்டுமேல்.**

**சிலருக்கு சிலருக்கு மட்டுமே சான்றிதழ் உண்டு, மற்றவர்களுக்கு உண்டுமேல் உண்டுமேல் உண்டுமேல் உண்டுமேல்.**

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**சிலருக்கு சிலருக்கு மட்டுமே சான்றிதழ் உண்டு, மற்றவர்களுக்கு உண்டுமேல் உண்டுமேல் உண்டுமேல் உண்டுமேல்.**

**சிலருக்கு சிலருக்கு மட்டுமே சான்றிதழ் உண்டு, மற்றவர்களுக்கு உண்டுமேல் உண்டுமேல் உண்டுமேல் உண்டுமேல்.**

### KEY AREAS FOCUSED FOR SELF-MANAGEMENT

- What's meant by Self- Management
- Significance of Self –Management
- Self –Management skills
- Goal setting
- Stress management
- How to improve the self –Management skills
- Eisen Hower matrix
- Self –monitoring
- **Time management**
- **Positive affirmation (self- reinforcement)**



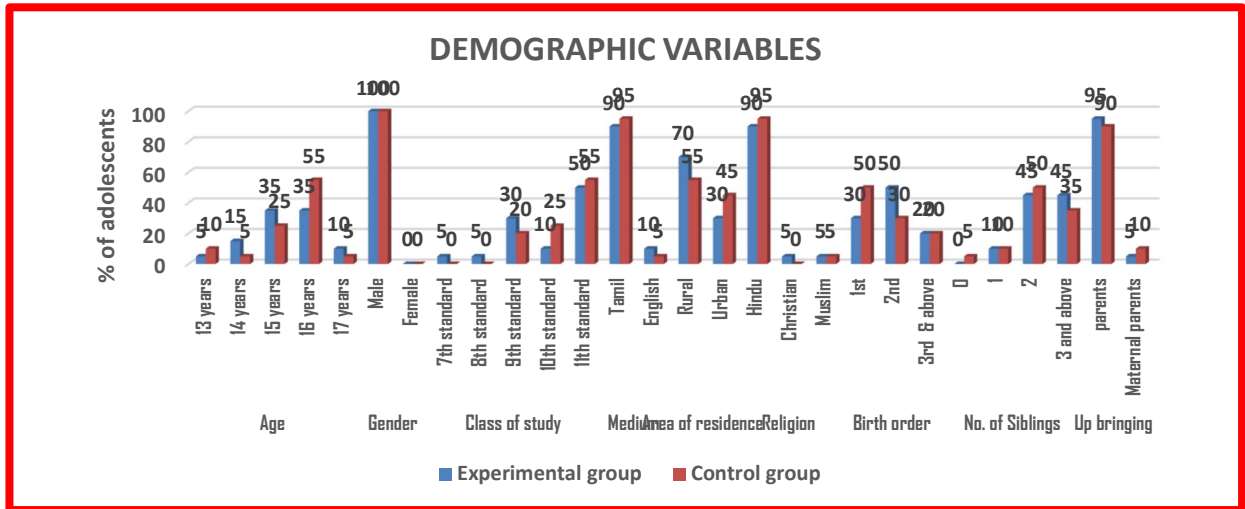


OMAYAL ACHI COLLEGE OF NURSING, PUZHAL, CHENNAI.  
PILOT STUDY REPORT

Gender	Male	20	100.00	20	100.00	0.00	1.00
	Female	0	0.00	0	0.00		
Class of study	7 <sup>th</sup> standard	1	5.00	0	0.00	3.73	0.44
	8 <sup>th</sup> standard	1	5.00	0	0.00		
	9 <sup>th</sup> standard	6	30.00	4	20.00		
	10 <sup>th</sup> standard	2	10.00	5	25.00		
	11 <sup>th</sup> standard	10	50.00	11	55.00		
Medium	Tamil	18	90.00	19	95.00	0.36	0.54
	English	2	10.00	1	5.00		

OMAYAL ACHI COLLEGE OF NURSING, PUZHAL, CHENNAI.  
PILOT STUDY REPORT

Variables	Categories	Experimental group(n=20)		Control group(n=20)		Chi-square test value	P-value
		No.	%	No.	%		
Religion	Hindu	18	90.00	19	95.00	1.02	0.59
	Christian	1	5.00	0	0.00		
	Muslim	1	5.00	1	5.00		
Birth order	1st	6	30.00	10	50.00	2.00	0.37
	2nd	10	50.00	6	30.00		
	3 <sup>rd</sup> & above	4	20.00	4	20.00		
No. of Siblings	0	0	0.00	1	5.00	1.30	0.73
	1	2	10.00	2	10.00		
	2	9	45.00	10	50.00		
	3 and above	9	45.00	7	35.00		
Up bringing	parents	19	95.00	18	90.00	0.36	0.55
	Maternal Grand parents	1	5.00	2	10.00		



**Table no.2: Distribution of the parents/family-related variable in experimental and control group**

**Table no.3: Distribution of the parent’s education in experimental and control group**

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Variables	Categories	Experiment group(n=20)		Control group(n=20)		Chi-square test value	P-value
		No.	%	No.	%		
<b>Father's Education</b>	Non-Literate	5	25.00	1	25.00	10.76	0.10
	Primary	0	0.00	2	0.00		
	Middle	7	35.00	2	35.00		
	Secondary	4	20.00	7	20.00		
	Higher Secondary	3	15.00	5	15.00		
	Graduate	1	5.00	1	5.00		
	Not applicable	0	0.00	2	0.00		
			0.00		0.00		
<b>Mother's Education</b>	Non-Literate	3	15.00	3	15.00	41.24	0.65
	Primary	5	25.00	3	25.00		
	Middle	4	20.00	3	20.00		
	Secondary	3	15.00	8	15.00		
	Higher Secondary	2	10.00	2	10.00		
	Graduate	2	10.00	1	10.00		
	Not applicable	1	5.00	0	5.00		

**Table no.4: Distribution of the parent's Occupation in experimental and control group**

Variables	Categories	Experiment group(n=20)		Control group(n=20)		Chi-square test value	P-value
		No.	%	No.	%		
<b>Father's Occupation</b>	Professional / Executive / Business head	4	20.00	2	10.00	6.53	0.36

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	Supervisor / clerical / medium level business head	3	15.00	2	10.00		
	Self-employed / skilled	5	25.00	7	35.00		
	Unskilled / landless labourers	0	0.00	1	5.00		
	Home maker	0	0.00	0	0.00		
	Retired	1	5.00	0	0.00		
	Unemployed able to work	7	35.00	5	25.00		
	Not applicable	0	0.00	3	15.00		
<b>Mother's Occupation</b>	Professional / Executive / Business head	3	15.00	1	5.00	7.40	0.28
	Supervisor / clerical / medium level business head	1	5.00	2	10.00		
	Self-employed / skilled	1	5.00	3	15.00		
	Unskilled / landless labourers	0	0.00	1	5.00		
	Home maker	3	15.00	7	35.00		
	Retired	9	0.00	9	0.00		
	Unemployed able to work	9	0.00	9	0.00		
	Others	11	55.00	6	30.00		
	Not applicable	1	5.00	0	0.00		

**Table no.5: Distribution of the subjects based on the provoking variables for substance use in experimental and control group**

Variables	Categories	Experiment group(n=20)		Control group(n=20)		Chi-square test value	P-value
		No.	%	No.	%		

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<b>School Distance from house</b>	<1 km	5		8		1.38	0.71
			25.00		40.00		
	1-2 kms	8	40.00	5	25.00		
	3-4 kms	2	10.00	2	10.00		
	>4 kms	5	25.00	5	25.00		
<b>Mode of transport</b>	By walk	5	25.00	10	50.00	3.39	0.33
	Bicycle	1	5.00	0	0.00		
	Bike	0	0.00	0	0.00		
	Auto	1	5.00	1	5.00		
	Bus	13	65.00	9	45.00		
	Others		0.00		0.00		
<b>Pocket money per day in Rs.</b>	<10	5	25.00	5	25.00	1.04	0.79
	10-20	13	65.00	12	60.00		
	20-50	2	10.00	2	10.00		
	50-100	0	0.00	1	5.00		
<b>Source of Pocket Money (Multiple response)</b>	From Parents	15	75.00	16	80.00	1.53	0.46
	Own earnings	5	25.00	3	15.00		
	Friends and Relatives	0	0.00	1	5.00		
	From home without parents knowledge	0.00		0.00	0.00		

**Table no.6: Distribution of the subjects based on their substance usage in experimental and control group**

Variables	Categories	Experiment group(n=20)		Control group(n=20)		Chi-square test value	P-value
		No.	%	No.	%		
<b>Type of substance used</b>  (Multiple response)	1. Tobacco	10	50.00	10	50.00	6.18	0.20
	2. Bidi	11	55.00	10	50.00		
	3. Alcohol	6	30.00	2	10.00		
	4. Beer	5	25.00	9	45.00		
	5. Pan products	0	0.00	2	10.00		
	6. Snuff powder	0	0.00	0	0.00		
	7. Any other	3	15.00	1	5.00		
<b>Pattern of substance abuse</b>  (Multiple Response)	1. Swallowing	12	60.00	13	65.00	2.32	0.80
	2. Snorting	4	20.00	3	15.00		
	3. Inhaling	3	15.00	2	10.00		
	4. Smoking	12	60.00	12	60.00		
	5. Injecting	0	0.00	1	5.00		
	6. Any other	0	0.00	0	0.00		

<b>Duration of usage</b>	<b>&lt;1year</b>	<b>7</b>	<b>35.00</b>	<b>8</b>	<b>40.00</b>	<b>1.44</b>	<b>0.70</b>
	<b>&gt;2 years</b>	<b>7</b>	<b>35.00</b>	<b>8</b>	<b>40.00</b>		



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<b>Age of first usage</b>	<b>1. &lt; 10 years</b>	4	20.00	1	5.00	6.62	0.16
	<b>2. 10 – 12 years</b>	7	35.00	5	25.00		
	<b>3. 13 – 15 years</b>	8	40.00	8	40.00		
	<b>4. 15 – 17 years</b>	1	5.00	6	30.00		
<b>Family history of usage</b>	<b>1. Father</b>	8	40.00	4	20.00	4.83	0.30
	<b>2. Mother</b>	1	5.00	1	5.00		
	<b>3. Brother</b>	1	5.00	5	25.00		
	<b>4. Sister</b>	0	0.00	0	0.00		
	<b>5. Neighbor</b>	5	25.00	7	35.00		
	<b>6.Others</b>	5	25.00	3	15.00		

**Table no.7: Distribution of the subjects based on their academic compliance and hygienic profile**

<b>Variables</b>	<b>Categories</b>	<b>Experiment group(n=20)</b>		<b>Control group(n=20)</b>		<b>Chi-square test value</b>	<b>P-value</b>
		<b>No.</b>	<b>%</b>	<b>No.</b>	<b>%</b>		
<b>Marks obtained in the previous test</b>	1. < 30	8	40.00	5	25.00	5.61	0.13
	2. 30 – 50	3	15.00	10	50.00		
	3. 51 – 75	7	35.00	4	20.00		
	4. > 75	2	10.00	1	5.00		
<b>Attendance Percentage</b>	1. < 30	1	5.00	2	10.00	4.70	0.19
	2. 30 – 50	8	40.00	12	60.00		
	3. 51 – 75	5	25.00	5	25.00		
	4. > 75	6	30.00	1	5.00		

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<b>Academic commitment compliance</b>	1. Compliant	8	40.00	12	60.00	1.60	0.20
	2. Non – compliant	12	60.00	8	40.00		
	3. Others	0	0.00	0	0.00		
<b>Personal hygiene</b>	1. Good and adequate	20	100	18	90	3.10	0.08
	2. Poorly groomed and inadequate hygiene	0	0.00	2	10.00		
<b>Morale compliance</b>	1. Compliant	1	5.00	2	10.00	0.36	0.54
	2. Non – compliant	19	95.00	18	90.00		

**Table:8 Comparison of the control group and experimental group at post test**

**Table no14: Mean and SD of the knowledge score on substance abuse at post test by group wise**

Group	Mean	SD	Minimum	Maximum	t-test/ Mann- whitney test value	P-value
<b>Experimental(n=20)</b>	13.60	.995	12	16	21.86	0.001
<b>Control(n=20)</b>	4.70	1.525	2	8		

**Table no 9: Distribution of the subjects based on their knowledge adequacy status at pre test in experimental and control group**

Knowledge level	Experimental group		Control group		$\chi^2$ - value	P-value
	No.	%	No.	%		

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<b>Inadequate</b>	0	0.0	20	0.0	38.99	0.001
<b>Moderately adequate</b>	19	95.0	0	0.0		
<b>Adequate</b>	1	5.0	1	5.0		
<b>Total</b>	20	100	20	100		

**Table no.10: Mean and Standard Deviation of the assertiveness and its dimension score at post test in experimental and control group**

<b>Assertiveness</b>	<b>Group</b>	<b>Mean</b>	<b>SD</b>	<b>Minimum</b>	<b>Maximum</b>	<b>T test/ Mann Whitney test value</b>	<b>P- value</b>
<b>Substance assertiveness</b>	Experimental	11.30	1.490	10	14	11.95	0.001
	Control	5.75	1.446	4	8		
<b>General assertiveness</b>	Experimental	23.80	3.105	20	28	6.45	0.001
	Control	15.60	4.762	8	24		
<b>Social assertiveness</b>	Experimental	12.90	2.198	10	18	7.01	0.001
	Control	8.15	2.084	4	14		
<b>overall</b>	experiment	48.0	3.83	42	56	14.84	0.001
	Control	29.5	4.08	21	36		

**Table no.10: Mean and Standard Deviation of the self-control and its dimension score at post test by group wise**

Self control	Group	Mean	SD	Minimum	Maximum	T test/ Mann Whitney test value	P- valu e
<b>Self - Monitoring</b>	Experimental	7.30	1.17 4	6	10	3.47	0.00 1
	Control	6.05	1.09 9	4	8		
<b>Self - Evaluation</b>	Experimental	15.90	2.10 0	12	18	11.37	0.00 1
	Control	9.30	1.52 5	7	12		
<b>Self - reinforcemen t</b>	Experimental	13.90	1.65 1	12	16	4.88	0.00 1
	Control	10.90	2.19 8	8	15		
<b>Overall self - control</b>	Experimental	37.10	3.38	32	42	11.82	0.00 1
	Control	26.25	2.33	20	29		

**Table no.11: The mean and SD of assertiveness and its dimension at pre and post test for the control group subjects**

Assertiveness and its dimensions	Pre test		Post test		Paired t-test/ Wilcoxon rank test	P- value
	Mean	SD	Mean	SD		
<b>Substance Assertiveness</b>	<b>5.65</b>	<b>1.348</b>	<b>5.75</b>	<b>1.446</b>	<b>0.22</b>	<b>0.82</b>
<b>General Assertiveness</b>	<b>17.30</b>	<b>5.243</b>	<b>15.60</b>	<b>4.762</b>	<b>1.07</b>	<b>0.29</b>

<b>Social Assertiveness</b>	<b>8.20</b>	<b>2.118</b>	<b>8.15</b>	<b>2.084</b>	<b>0.10</b>	<b>0.94</b>
<b>Overall Assertiveness</b>	<b>31.15</b>	<b>4.837</b>	<b>29.50</b>	<b>4.09</b>	<b>1.17</b>	<b>0.25</b>

#### **CHALLENGES FACED BY THE INVESTIGATOR DURING DATA COLLECTION**

- **Geographical locations of the schools (it is very far from the residence and working site of the principal researcher)**
- **Difficult to access the senior students during class timings. They are the more significant group to address the issue.**
- **Getting informed consent from the parents.**
- **Very difficult to identify the Substance abusing adolescents.**
- **Teachers wanted to be with the students but the participants not willing for the same.**
- **Travelling expenses crossed beyond the investigator's expectation.**

#### **MOST WORRYING FACTS NOTED DURING DATA COLLECTION**

- **Though legally punishable the shops near the schools are selling smoking and smokeless tobacco to the school Students.**
- **Marijuana and alcohol usage also very common among school students**
- **Using cool lip by the students during class timings**

#### **INTERESTING POINTS NOTED DURING DATA COLLECTION**

- **Participants wanted to be treated like other children by the teachers and classmates.**
- **More interested in getting the multi-color pens and writing board from the researcher**
- **Cooperation obtained from the headmasters and physical education teachers**
- **Provision of very well-maintained audio-visual rooms with adequate sound systems by the government schools.**
- **Active participation was noted during tree plantation & Planted saplings were taken care of very well by the participants**
- **Enjoyed the sessions of scenario-based assertiveness training & Eyes widened when they saw the pamphlets contained information and scared expressions while watching ill effects**

- **Permission obtained from the commissioner for corporation schools**
- **School grounds trash filled with used cool lip packs along with others**
- **Age at the first puff around 9-10 years at least once.**
- **Many schools are isolating the substance abusing adolescents and ill-treating them.**
- **Teachers don't know how to handle the affected children**

## **CONCLUSION**

At the end of the pilot study, it was identified that the tools and interventions used in the study were found to be feasible and researchable. Practically it is a very important issue to be addressed in order to have a healthy society in the near future. With this view of relevance and Usefulness, the present study is highly useful and relevant.