

Effectiveness of Video Assisted Teaching Programme on Cannabis Abuse on Level of Knowledge among Undergraduate Students

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ABSTRACT

Introduction: Cannabis is a one of the illegal substance used worldwide. Its abuse can affect us psychologically, socially, physiologically and the strategies used to overcome addiction is psycho-education, cognitive behavioral therapy, motivational enhancement therapy, contingency management, family based therapy and pharmacotherapy.

Aim: To evaluate effectiveness of video assisted teaching programme on cannabis abuse on level of knowledge among undergraduate students.

Method: A Quantitative pre experimental one group pre test and post test design. Research approach was adopted in which was conducted on 80 Undergraduate students by Non probability, Multi stage cluster sampling technique. The data collection tool consists of two parts socio demographic variables and structured knowledge questionnaire regarding cannabis abuse which consists of 40 items. The data was self administered and analysed using SPSS 23 done (descriptive and inferential statistics).

Findings: According to 1st objective in pre test there were 54(67.5%) undergraduate students' with poor knowledge, 26(32.5%) undergraduate students' with average knowledge, 44(55%) had average knowledge, 36(45%) had good knowledge and in post test 2 48(60%) had average knowledge, 32(40%) had good knowledge. Mean & SD of Pre and Post test 1 & Post test 2 score on level of knowledge of undergraduate students in which Mean & SD of Pre Test is 12.56±3.607, Post test 1 is

25.21±6.915 and post test 2 is 26.49±4.707. (f=162.38; p<0.001* *).

Conclusion: The study reveals the fact that video assisted teaching significantly increases knowledge among undergraduate Students regarding cannabis abuse

Key words: Cannabis abuse, effectiveness, knowledge.

INTRODUCTION

Cannabis is a one of the illegal substance that is obtained from the cannabis sativa plant which is prepared in different form. There are various pharmacological active compounds in cannabis, 9-d-THC (Tetrahydrocannabinol) is responsible for addiction.¹ There are 340 chemical compounds other than cannabinoids and in cannabinoid cigarette there is more amount of carbon monoxide, tar and carcinogens². It is usually smoked by cigarettes (joints), pipes, water pipes (bongs or hookahs), and cigars that are usually called blunts.³

Cannabis use disorder (CUD), is defined as the continued use of cannabis despite clinically significant impairment, ranging from mild to severe (ICD 10)². Prevalence rates indicate that 13 million individuals worldwide have cannabis use disorder. Severe lifetime CUD rates are around 2%, which are usually seen at 21 years of age.⁵ Experimenting during adolescence also produce vulnerability to chronic use.¹⁰ There are various symptoms that are seen in CUD such as in

psychological symptom are euphoria, relaxation, perceptual alterations, time distortion, infectious laughter, talkativeness, anxiety and panic reactions, short-term memory, attention, motor skills, reaction time, and skilled activities were impaired when a person is intoxicated.⁶ Physiological symptoms include chronic bronchitis, in reproductive system it lowers testosterone secretion, impairs sperm production, motility, and disrupts the ovulatory cycle in women.⁶ Effects on the cardiovascular system, includes the occurrence of tachycardia, arrhythmias, myocardial infarction and it also affects the peripheral vasculature and the cerebrovascular system.⁷ Cannabis also affects socially which includes accidents, family separation, loss of employment, failure in school, school dropout, increasing domestic violence, child abuse, and other crimes.⁹ In both adults and adolescent, success rates have been seen with cognitive behavioural therapy, psycho-education, motivational enhancement therapy, contingency management, family based therapy and pharmacotherapy variety of medications have been investigated to check potential for effective treatment. Medications include bupropion, naloxone, dronabinol, nabilone, non cannabinoid agents.^{9,10,11} According to legislation (The NDPS Act, 1985) the government of INDIA One who cultivates, produces, manufactures, possesses, sells, purchases, transports, imports inter-State, exports inter-State or uses cannabis, shall be punishable.⁸

Need for the study

According to a survey report (2010) it was estimated that 13.1 million cannabis dependent people globally, prevalence peaked between 20-24 yrs.¹² A global estimate by UNODC(2016), reported that 13.8 million young people are cannabis users.¹³ About 2.8% of Indians aged 10-75 years (3.1 crore individuals) are current users of any cannabis product.^{14,15} A quasi-experimental study showed that knowledge about drugs improved significantly ($p < 0.005$) between the pre-post-test. Pro-

attitude towards smoking, alcohol drinking and hard drugs decreased significantly in the post-test ($p < 0.004$). Similarly, the drug refusal skills improved significantly ($p < 0.028$).¹⁰ After extensive review of the literature, researcher felt need for developing video assisted teaching programme on prevention off cannabis abuse and empower the undergraduate students with knowledge about cannabis abuse.

Statement of the problem

A Pre experimental study to evaluate the effectiveness of video assisted teaching programme on cannabis abuse on level of knowledge among undergraduate students of Sirmour (H.P)

Objectives of the study

1. To assess the pre-interventional level of knowledge on cannabis abuse among undergraduate students.
2. To develop and administer the video assisted teaching programme on cannabis abuse.
3. To evaluate the effectiveness of video assisted teaching programme on level of knowledge on cannabis abuse among undergraduates
4. To find out the association between pre-test level of knowledge score on cannabis abuse and with the selected demographic variables of the undergraduate students.

Operational Definitions

Video assisted teaching programme on cannabis abuse: refers to the teaching programme that includes the concepts of cannabis abuse, which will be given by displaying video film for 30 minutes

Hypotheses

H1: There will be significant difference in pre test and post test mean score on level of knowledge regarding cannabis abuse at $p < 0.05$ level of significance

H2: There will be significant association between pre-test scores on level of

knowledge with the selected demographic variables of undergraduate students.

METHODOLOGY

Research Approach: Quantitative research approach was taken for the study.

Research Design: A Pre experimental one group pre test and post test design was used in this study.

Research setting: The Study was conducted at Govind Sagar Government Degree Colleges of Poanta, and Government P.G Degree Colleges Nahan, district Sirmour H.P.

Population: TARGET POPULATION:

Undergraduate students of Arts government colleges

ACCESSIBLE POPULATION:

Undergraduate students of Arts government colleges in dist. Sirmour H.P

Sampling: Sample: The Sample of this study includes undergraduate students of arts of government degree colleges of Poanta and Government P.G degree colleges Nahan.

Sampling technique: Non probability, Multi cluster sampling technique was used for this study

Sample size: The estimated sample size for the study was 80 undergraduate Students.

Inclusion Criteria:

1. Both girls and boys who were studying in selected government degree colleges of Dist Sirmour H.P
2. Undergraduate students who were studying in first year, arts
3. Undergraduate students who were in age group 17-24 years
4. Undergraduate Students who were present at the time of data collection

Exclusion criteria:

1. Undergraduate Students who were not willing to participate in this study.
2. Undergraduate Students who have attended any sessions on cannabis abuse

Data collection instrument

The data collection tool consists of two parts.

Part – I: Socio demographic sheet of undergraduate students: It includes variables such as Age, gender, residential area father's education, mother's education, father's occupation, mother's occupation, family monthly income and family history of cannabis use.

Part – II: Structured knowledge questionnaire on cannabis abuse which consists of 40 items.

Intervention Video assisted teaching programme which is developed by the researcher, teaching programmer involves video assisted teaching on cannabis abuse for half hour.

Plan for data analysis:

Descriptive statistics: Frequency, Percentage were used for socio demographic variables Mean & SD for pre test, post test1& post test 2 score on level of knowledge on cannabis abuse

Inferential statistics: paired t- test were used to compare the mean of pre and post test 1 & 2, chi-square to find out the association between pre test score of level of knowledge with socio demographic variables, ANOVA for comparing the mean of pre test, post test 1&post test 2

RESULTS

The data analysis is presented in the following section:

SECTION-A

Table-4.1: Frequency and percentage distribution of socio demographic variables of undergraduate students (N=80)

S.No.	Variables	Sub categories	Frequency(f)	Percentage (%)
1.	Age(years)	17-18	57	71.3
		19-20	21	26.3
		21-22	2	2.5
2.	Gender	Male	32	40.0
		Female	48	60.0
3.	Residential Status	Rural	67	83.8
		Urban	12	15.0
		Semi Rural	1	1.3

Table 4.1 Continued...

4.	Father's Education	No formal education	20	25.0
		Primary	13	16.2
		Secondary	24	30.0
		Senior Secondary	15	18.8
		Graduation	8	10.0
5.	Mother's Education	No formal education	19	23.8
		Primary	16	19.9
		Secondary	34	42.5
		Senior Secondary	7	8.8
		Graduation	4	5.0
6.	Father's Occupation	Unemployment	15	18.8
		Private Employee	34	42.5
		Self Employed	16	20.0
		Government Employee	6	7.5
		Retired	1	1.3
		Farmer	8	10.0
7.	Mother's Occupation	Private Employment	6	7.5
		Government Employee	5	6.3
		Self Employed	2	2.5
		Home Maker	67	83.8
8.	Family Monthly Income (Rs)	Below 5000	30	37.5
		5001-10000	36	45.0
		10001-20000	9	11.3
		Above 20000	5	6.3
9.	Family History of cannabis abuse	Yes	11	13.8

Section-B:

Table 4.2 Frequency & percentage distribution of pre test, post test1 and post test 2 scores on level of knowledge on cannabis abuse of undergraduate students, (N=80)

level of knowledge	Pre test		Post test-1		Post test-2	
	f	%	f	%	f	%
Poor	54	67.5	0	0	0	0
Average	26	32.5	44	55	48	60
Good	0	0	36	45	32	40

Table 4.3: Mean & SD of Pre test and Post test 1 score on level of knowledge on cannabis abuse among undergraduate students (N=80)

	Mean ± S.D.	Mean%	Range	Mean Difference	t- value	p value
Pre test	12.56±3.607	31.40	5-25	12.650	15.29	<0.001* *
Post test 1	25.21±6.915	63.00	14-39			

* * Highly Significant

Table 4.4: Mean & SD of Pre test and Post test-2 scores on level of knowledge on regarding cannabis abuse among undergraduate students (N=80)

	Mean ± S.D.	Mean Difference	t- value	p value
Pre test	12.56±3.607	13.93	21.68	<0.001* *
Post test 2	26.49±4.707			

* * Highly Significant

Table 4.5: Mean & SD of Pre test and Post test 1 & Post test 2 scores on level of knowledge on cannabis abuse among undergraduate students (N=80)

	Mean ± S.D.	F value	p value
Pre test	12.56±3.607	162.38	<0.001* *
Post test -1	25.21±6.915		
Post test -2	26.49±4.707		

* * Highly Significant

Table 4.6 Domain wise Mean & SD of Pre test and Post test 1&Post test 2 scores on level of knowledge on cannabis abuse among undergraduate students (N=80)

S. No.	Domains	Test	Mean ± SD	F value	p value
1.	Concept of cannabis abuse	Pre test	3.14±2.02	102.99	0.001**
		Post test1	7.05±2.5		
		Posttest2	8.23±2.35		
2.	Physiological effect on health	Pre test	2.73±1.25	69.88	0.001**
		Post test1	5.31±2.0		
		Posttest2	5.73±1.65		
3.	Psychological effect on health	Pre test	2.29±1.09	28.4	0.001**
		Post test1	3.34±1.44		
		Post test2	3.58±0.82		

Table 4.6 Continued...

4.	Socio- cultural effect on health	Pre test	1.51±0.811	64.48	0.001**
		Post test1	2.83±1.13		
		Posttest2	3.00±0.74		
5.	Legislation on cannabis use	Pre test	1.35±0.95	30.96	0.001**
		Posttest1	2.56±1.15		
		Posttest2	2.65±1.24		
6.	Management of cannabis abuse	Pre test	1.55±1.13	47.27	0.001**
		Posttest1	4.13±1.87		
		Posttest2	3.31±1.82		

* * Highly Significant

The result of the study revealed that there was significant gain and retention in level of knowledge on cannabis abuse. Therefore the hypothesis was accepted.

SECTION-C:

Table 4.7 Association between pre test scores of level of knowledge on cannabis abuse with selected socio-demographic variable of undergraduate students (N=80)

S.No.	Variables	Subcategories	Level of knowledge		z ²	df	p Value
			Average	Poor			
1.	Age	17-18 yrs	17	40	2.176	2	0.337
		19-20 yrs	9	12			
		21-22 yrs	0	2			
2.	Gender	Male	10	22	0.038	1	0.845
		Female	16	32			
3.	Residential Status	Rural	19	48	4.276	2	0.118
		Urban	6	6			
		Semi Rural	1	0			
4.	Father's Education	No formal education	6	14	5.090	5	0.405
		Primary	3	10			
		Secondary	6	18			
		Senior Secondary	7	8			
		Graduation	4	4			
5.	Mother's Education	No formal education	2	17	8.819	5	0.116
		Primary	7	9			
		Secondary	14	20			
		Senior Secondary	1	6			
		Graduation	2	2			
6.	Father's Occupation	Unemployment	3	12	5.365	5	0.373
		Private Employee	12	22			
		Self Employment	8	8			
		Government Employee	2	4			
		Retired	0	1			
		Farmers	1	7			
7.	Mother's Occupation	Private Employment	2	4	4.553	3	0.208
		Government Employee	1	4			
		Self Employed	2	0			
		Home Maker	21	46			
8.	Family Monthly Income (Rs.)	Below 5000	7	23	4.280	3	0.233
		5001-10000	16	20			
		10001-20000	2	7			
		Above 20001	1	4			
9.	Family History	Yes	3	8	0.159	1	0.690
		No	23				

Table 4.7 In this study the stated hypothesis H2:. The result of the study revealed that majority of socio demographic variables was not significantly associated with pre test score of level of knowledge on cannabis abuse. Therefore the above stated hypothesis was rejected.

DISCUSSION

The findings of the study have been discussed in accordance with the objective of the study and previously reviewed literature.

In pre test 54(67.5%) undergraduate students' had poor knowledge, 26(32.5%) had average knowledge whereas in post test-144(55%) had average knowledge, 36(45%)

had good knowledge and in post test 24 (60%) had average knowledge, 32 (40%) had good knowledge. In a similar study the findings reveal that in Pre test knowledge scores 91% of the students had average knowledge and 2% had poor knowledge whereas only 7% had good knowledge and in the post-test knowledge scores result shows that 52.8% students had good knowledge on cannabis abuse and its consequences. The indices show a steady increase in knowledge from 7.5 % during the pre-test to 52.8% during the post test with a mean difference of 4.23 between pre-test and post-test at 0.05 level of significance ($p > 0.001$) hence awareness programme helps students to gain knowledge and helps in enlightening their future.³⁴

Limitations

- The study was confined to a small number of subjects, which limits the generalization.
- The study subjects from private colleges were not included because permission from the authorities not granted
- The follow up assessment could not be collected due to lack of time

CONCLUSION

The results from this study revealed that educational programme significantly improved the level of knowledge among undergraduate Students on cannabis abuse so other teaching strategies can be used to increase undergraduate Students's knowledge on cannabis abuse.

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