# TO ASSESS THE EFFECTIVENESS OF PLANNED TEACHING REGARDING KNOWLEDGE ON GANJA ADDICTION HAZARDS AND THEIR PREVENTION AMONG MALE ADOLESCENT

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Type of Article: Study Protocol

Conflict of Interest: None

## **ABSTRACT**

**Background:**- Human beings can smoke, inspire it by vapour, brew it as a tea, apply it as a ointment, or eat it in items like dark chocolate. Many person use medical marijuana to relieve long pain, muscle aperiodic, anorexia, insomnia and nausea.

## **Objectives**

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

### Methodology

The Research Design was one group pre-test and post-test design. Research approach was Interventional Evaluatory Approach and the sample for the study is general population. The Samples will be collected by non-probability convenient sampling technique and the sample size for the study was 60. The setting of the study was selected area of Wardha. Ethical approval was obtained from IEC,DMIMS (DU)/IEC).

**Expected outcome:-** The planned teaching on hazards and prevention of ganja among male adolescents will be effective in reducing the addiction.

Key word: effectiveness ,knowledge, male adolescent, prevention ,hazards

## **Introduction:**

Natural cannabinoids act as neurotransmitters and send chemical messages across the nervous system between nerve cells (neurons).<sup>2</sup>

These neuro transmitted effect brain areas that are complicated in memory, thought, attention, move, balance, perception of the sensitive and time and pleasure. The receptors that answer to cannabinoids also react the THC, which can change and interfere with normal brain activity, affect brain areas that control memory development and attention.<sup>3</sup>

Many sections of the brain are also affected, unfavorably effecting balance, position, collaboration, and reaction time. That can make driving a vehicle, operating big machinery, or engaging in sports or other possible threatening physical activities unsafe for a person using marijuana.<sup>4</sup>

THC (tetrahydrocannabidinol) also activates different cannabinoid receptors that enhance dopamine release, a neurotransmitter linked to pleasure sensations.

**Background of study:**-Human beings can smoke, inspires it by vapour, brew it as a tea, apply it as a ointment, or eat it in items like dark chocolate. Many person use medical marijuana to relieve long pain, muscle aperiodic, anorexia, insomnia and nausea.<sup>5</sup>

## Need for the study

People are using cannabis to get a care of elation (a big), giddiness, or relaxation. cannabis also gives rise to improvements in sensory perception; colors can appear lighter, music more vibrant, and emotions deeper. Some people get suspicious feelings.<sup>6</sup>

People who use marijuana for recreation purposes can incident the following affects:

- Changes in discernment attributable to a possible narcotics influence that can produce a skewed impression of space and time.
- Small changes in mood contributing to euphoria, care of strength and calming state

and Increased heart rate.

- Decreased blood pressure (BP).
- Decreased attention and recollection.
- Decreased cognitive control.
- Nausea, although various cannabinoids can help decrease nausea.
- Increased hunger.
- Rapid respiration.

One million heroin given to using are registered in India, according to the UN report, and unconfirmed there are as many as 5 million. The most popular substance abuse in India is cannabis, heroin & Indian manufactured prescription drugs. The International Board of Narcotic Control announced that people addicted to opiates in India are changing drug of option from morphine to heroin. Different studies in India show that 80 per cent of adults begin to use psychoactive drug before the age of 18 and if they continue to use it, they may develop addiction within 3 years with increased risk of mental illness and physical.<sup>7</sup>

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#### **Inclusion criteria**

The study includes male adolescents of selected senior secondary school

- 1. Who are in the selected senior secondary school
- 2. Who are the students between the age group of 14 to 16 age

#### **Exclusion criteria:**

The study includes male adolescents of selected senior secondary school

- 1. Who are not available at the time of data collection.
- 2. Who are not interested to participate in the study.

Randomization: The sequentially numbered system assigns all students to the random.

**Interventions**: The pre test was conducted and planned teaching was given by the researcher under the guidance of the professor of child health nursing and after 7 days the post test is conducted.

**Statistical Analysis:** Analysis of the statistics using the SPSS version will be performed. ANOVA test is used for the interpretation of results, independent t-test..

**Ethics and Dissemination** The DMIMS Institutional Ethics Committee (DU / IEC) approves this study. All participants are invited to read and sign an informed consent.

**Expected outcome:-** The planned teaching on hazards and prevention of ganja among male adolescents will be effective in reducing the addiction.

**Discussion:-** Because no important correlation between usage of marihuana and academic participation was detected, I did not find a significant difference in GPA between marihuana users and non-users as Pearlman (1968), Blum (1969), Goode (1971) and Hochman and Brill (1973) all found. These results have been interesting since SAMHSA carried out a 2005 survey that, compared to 3.1% of students with GPA 1.0 or lower in the last month, 17.9% of students with GPA 1.0 or more used marijuana in the last semester. As I found that the academic involvement amongst rare users of marijuana has risen significantly in comparison to their non-user counterpart, the results of my independent sample t test are also against the claim set by SAMHSA in 2005. Few studies from this region on impairments<sup>8-10</sup> and substance abuse<sup>11</sup> are available. Chole et al <sup>12</sup> and Lohe et al <sup>13</sup> reported studies on tobacco abuse. Gedam et al addressed the psychiatric morbidity in addicted cases <sup>14,15</sup>. Gaikwad et al detailed about different learning modules <sup>16,17</sup>. Rawekar et al narrated about skill learning through early clinical exposure <sup>18</sup>. Sawarkar emphasized on peer-assisted learning of procedural skill in Basti Karma<sup>19</sup>. Some Formative Assessment and Peer Teaching techniques were elaborated by Shrivastava et al <sup>20,21</sup>. All these related issues need to be addressed in framing the planned teaching protocol.

Conclusion: Conclusion will be drawn from statistical analysis

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