"A STUDY TO EVALUATE THE EFFECTIVENESS OF BEHAVIORAL CHANGE COMMUNICATION ON KNOWLEDGE REGARDING SUBSTANCE ABUSE AND RISK FACTORS AMONG THE STUDENTS STUDYING IN JSS ITI COLLEGE DHARWAD"

[1]Mrs Shruthi Y 1st Author, [2]Mr Sanket Shinde 2nd Author

[1]Asst professor , [2] UG student
[1]Mental Health and Psychiatry nursing Department of ,
[1]SDM institute of nursing sciences, SDM University , Dharwad, Karnataka , India

Abstract Now a days peoples are progressive towards fantasy life for temporary pleasures, the life is not like previously because of this peoples are getting into serious threats to the individual and family among irrespective of peoples from society rich or poor, educated or illiterate and younger peoples are all the most of the time get into the temporary pleasure. The most thinking element among these youngsters is the use of chewing forms of substances (Tobacco, alcohol, bidi, cigarette and gutka, etc.) in different kinds in different forms because of this entire functions of life leads to imbalance.

One more cause of this substance abuse is influence of mass media , modeling and imitations , it has a biggest source of diverting an young generation towards the danger side of substance abuse .

KEYWORDS

Nursing students, knowledge, demonstration method, Behavioral Change Communication and substance abuse.

CHAPTER-I INTRODUCTION

"Knowledge is power"

"ALCOHOL AND CIGARETTES ARE ONLY INDUSTRY THAT PRODUCES PRODUCTS TO MAKE HUGE PROFIT AND AT THE SAME TIME DAMAGE THE HEALTH AND KILL THEIR CONSUMERS".

Margaret

Adolescent health determines on health of future generation. Adolescence period is a transformation from childhood to adulthood and is marked by a number of developmental milestones. This is a crucial age of fantasy period in an individual' s life span. This period is mainly divided into early adolescence 12-13 years and middle adolescence 14-16 years , and late adolescence 17-21 years. These age peoples are citizens of tomorrow on whom the future of the nation stands. It is a challenge to meet their health needs. 18-20% of Indian population constituents the age group between 10 and 20 years.

Consumption of substances was an entertainment at Moghul period in India. "Homer in the 9th century B.C described the use of **"mood- changing drugs".** But now it is the headache for civilized society, as the consumption of alcohol and drugs is an important cause of many serious diseases.

Consumption of alcohol and drugs is the primary cause of non-preventable Morbidity and mortality in developing countries. Tobacco is a type of plant belongs to Solanaceae family. There are more than 70 types species of tobacco products are manufactured example Cigarettes , chewing tobacco and flavored shisha tobacco etc.

It has been estimated around 1.1 billion substance users in the world and 182million of them live in INDIA. Among them 80 million are bidi smokers, 40 million are cigarette smokers and 60 million use chewable forms of tobacco.

It had been predicated by the "World Health Organization (WHO) that more than 500 million people alive today will be killed by the use of substances by 2030 as the single leading cause of death". The cases of oral cancers reported in the world is from india due to use of high amount tobacco in the chewing form.

According in to the "world health organization defined substances abuse as "the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs". Substance abuse touches millions of people worldwide each year. It is estimated that about 76.3 million people struggle with alcohol use disorders contributing to 1.8 million deaths per year".

As is the case with some global issues, substances abuse is unequally represented- the developing world, marginalized groups and communities being the most vulnerable to this reality. For example, in North America, indigenous communities are particularly vulnerable to drug and alcohol addictions. The unites nations reported that around 185 million people globally over the age of 15 were consuming drugs by the age of 15 were consuming drugs by the end of the 20th century.

It is hard to fight drug use among teens, but it can be done. Young people are more intelligent than we often give them credit for being. If we talk with them about specific drugs and their negative effects, it will go a long way towards winning the battle against teen drug use.

Substance abuse increasing in India and the number of substance addicts is increasing phenomenally. The process of adaption to various academic and financial responsibilities, conflicts with the parents and peers which make an adolescent vulnerable to emotional stress. They seek an easy solution to these problems. Use and abuse of substance provides instant release from the pressure of life**.**

The study conducted at National Institute of Mental Health and Neurosciences (NIMHANS) in Bangalore (2000) reveals that 70% of HIV patients were alcoholics and they were teenagers. AIIMS in Delhi (2001) survey showed that every 5thteenager's between 15-19 age group in Delhi takes alcohol regularly 3,00,000 is addicted and another lakh needs medical attention for alcohol related disorders.

Behaviour change communication is a process of working individual through different communication channels to promote positive health behaviour and support them to maintain positive health behaviour taken on. Behaviour change is complex process motivated by many factors including, a person's awareness of the need to change, understanding of the benefits of such change, belief and confidence in his ability to change. Behaviour change communication employs a systematic process that involves formative research and behaviour analysis, communication planning, implementation, and monitoring and evaluation.

Once adolescents have experimented with smoking, approximately 50% continue to smoke and become addicted. The number of adolescents continuing to smoke remains a major public health problem in India. With the overwhelming evidence of tobacco- related health problems in India and the world, there is a need to do all thatwe can to stem the tide of onset during adolescence and develop effective treatment programs for those adolescents and young adults who are habituated to use of substances.

CHAPTER-IV METHODOLOGY

This chapter deals with the description iof the research methodology by the researcher to solve the problems. It includes the
1. Description of research approach
2. Research design
3. Research settings
4. Populations
5. Sample and sampling techniques used
6. Development and description of tools
7. Data collection procedure
8. Pilot study and plan for data analysis

RESEARCH APPROACH

The Quantitative Evaluate research approach was used to conduct the proposed study.

RESEARCH DESIGN

Designs have been developed by researchers to meet unique research needs as they emerged.
Depending upon the purpose of the study, research approach and variables to be studied, pre-experimental one group pre-test post-test design (O1 X O2) was adopted for this study.

Figure1
Pre – test and Post test research Design

GROUP NAME	1ST DAY	4TH DAY	DAY 7TH After intervention
	Pre test (O$_1$)	Intervention (x)	Post-test (O2)
STUDENTS	Administration of pre-test	Standard operative procedure	Administration of post-post

KEYS:

O1: Measurement of knowledge and attitude before administrating treatment. X: Treatment with Behavior change communication (BCC)
O2: Measurement of knowledge and attitude after administrating treatment.

SETTINGS: At JSS ITI College Dharwad, Karnataka.

POPULATION:

The students who are studying in JSS ITI college Dharwad.

METHODS OF COLLECTION OF DATA

SAMPLE AND SAMPLE SIZE:

In the present study, the sample size are **30 students** who are studying at JSS ITI college.

SAMPLING TECHNIQUE:

Non-probability, Purposive sampling technique is used to select the sample

INCLUSION CRITERIA: The study includes students who are;

✓ Studying in JSS ITI college.

✓ Available at the time of data collection

✓ Willing to particip[ate in the study

EXCLUSION CRITERIA: The study excludes students who are;

✓ attended same workshop

✓ Not feeling well at the time of data collection

SELECTION OF DEVELOP OF INSTRUMENTS:

- SELECTION OF TOOL

the self-structure tool is used as a instrument prepared by researcher to do data collection to answer the questions raised in the study.

DEVELOPMENT OF THE TOOL:

tool is prepared by researcher after going through

- Review of literature
- Preparation of the blue print
- Discussion and suggestion from subject experts and guide.

DESCRIPTION OF TOOL FOR DATA COLLECTION :

➢ Part 1 : socio demographic variables

➢ Part 2: structure knowledge questionnaires

✓ SECTION a: Structure interview questionaries to assess the knowledge regarding substance abuse
✓ SECTION b: Behavioral Change Communication questionnaire checklist.

In the present study structured knowledge questionnaire and practice checklist was is prepared by researcher "Evaluate the effectiveness of ehavioral Change Communication on knowledge regarding substance abuse "

SCORING AND INTERPRETATION OF KNOWLEDGE

Inadequate	**0-6**
Moderate	**6-12**
Adequate	**12-18**

SCORING AND INTERPRETATION OF BCC

Poor knowledge -------0-5
Average knowledge---5-10
Good knowledge ------10-15

DEVELOPMENT OF CRITERIA CHECKLIST FOR CONTENT VALIDITY

The three-point criteria checklist was prepared by the investigator for assuring the appropriateness, adequacy, and accuracy of formation of objectives, selection, and organization of content, language and feasibility.

PILOT STUDY

The pilot study is trail version to conduct main study . 10 % of the sample selected to conduct pilot study to access the feasibility of the study.

After obtaining formal approval from SDM Institute of Nursing Sciences Dharwad pilot study was conducted with 10% samples.

➢ **Data was collected from 30 students of selected college SDM Institute of Nursing Sciences Dharwad.**
➢ **The purpose of the study was explained and consent was taken by the respondent prior study to get cooperation and prompt answer**.

➢ Study was conducted in 08 July 2023 ,time taken by the each students was 30 minutes

➢ The purpose of this study was to:

● To assess the feasibility
To find the validity and reliability of the instrument.

● Determine the method of statistical analysis.

DATA COLLECTION

Data was collected by the investigators on structured interview with the respondents based on inclusion criteria of the study. Explanation given to the students about aim of the study , nature of the study and maintained of confidentiality, secrecy and identity of the students.
Self introduction was given by researcher and explained the purpose of the study. A formal letter was obtained from the concerned authority of JSS ITI college, Dharwad. Students were assured about anonymity and confidentiality. Total number of samples selected for the study was 30 from JSS ITI College for 30mints for each pre-test and post-test.

The data collected was then complies for data analysis.

PLAN FOR DATA ANALYSIS

Data collected and analysed based on the objective of the study by using descriptive and inferential statistics.

Entered data in master sheet

Tabulation data to the socio-demographic variables

Paried t test to evaluate effectiveness of BCC

Findings were presented in the form of graphs and tables.

SUMMARY

"The research methodology gives a bird's eye view of entire process of tackling research problem in a specific and systematic manner. This chapter presented the research "

CHAPTER-V RESULTS AND ANALYSIS

This chapter deals with analysis and interpretation of the data collected

OBJECTIVES OF THE STUDY

i. To assess the pre-existing knowledge regarding selected substance abuse and risk factor among the students studying in JSS ITI college Dharwad.
ii. To evaluate behavioral change communication among the students studying in JSS ITI college Dharwad.

HYPOTHESIS

o   **H1:** Mean pretest knowledge score are significantly higher than Mean Post test knowledge score of substance abuse among JSS ITI College students at

0.05 level of significance.

PRESENTATION OF DATA

The data is presented in three sections under the following headings:

✓   SECTION a: Structure interview questionaries to assess the knowledge regarding substance abuse
✓   SECTION b: Behavioral Change Communication questionnaire checklist.

SECTION-A

Table 1: Frequency and percentage distribution of patients according to socio - demographic variables.

n= 30

SLNO	DEMOGRAPHIC VARIABLES	FREQUECNY (f)	PERCENTAGE (%)
1	Age in years		
	17yrs	16	53.33%
	18yrs	8	26.66%
	19yrs	6	20%
2	Religion		
	Hindu	18	60%
	Muslim	11	36.66%
	Christian	01	03.33%
3	Place of living		
	Urban	17	56.66%
	Rural	13	43.33%
4	Type of family		
	Nuclear	10	33.33%
	Joint	20	66.66%
5	Present place of your residence		
	Home	20	66.66%
	College hostel	10	33.33%
6	Total income of family		
	> 5000 Rs	07	23.33%
	5000- 10000Rs	12	40%
	11000- 15000 Rs	06	20%

	< 15001Rs	05	16.6%
7	Education of father		
	No formal education	05	16.66%
	Primary	08	26.66%
	Higher Secondary	13	43.33%
	Graduate	02	06.66%
	Postgraduate	02	06.66%
8	Education of mother		
	No formal education	11	36.66%
	Primary	11	36.66%
	Higher Secondary	08	26.66%
9	Occupation of father		
	Agriculture	10	33.33%
	Business	02	06.66%
	Government employee	01	03.33%
	Private employee	06	20%
	Self employee	07	23.33%
	Labour work	04	13.33%
10	Occupation of mother		
	Housewife	13	43.33%
	Agriculture	08	26.66%
	Government employee	-	-
	Private employee	03	10%
	Labour work	06	20%
11	Anybody in your family uses drug		
	No	18	60%
	Yes	12	40%
12	Sources of knowledge of addicted substance		
	Television	06	20%
	Internet	07	23.33%
	Newspaper	05	16.66%
	Friends	12	40%

Figure 3: The pie diagram indicated that the majority of the subjects 16(53.33%) belonged to the age of 17yrs.   n=30
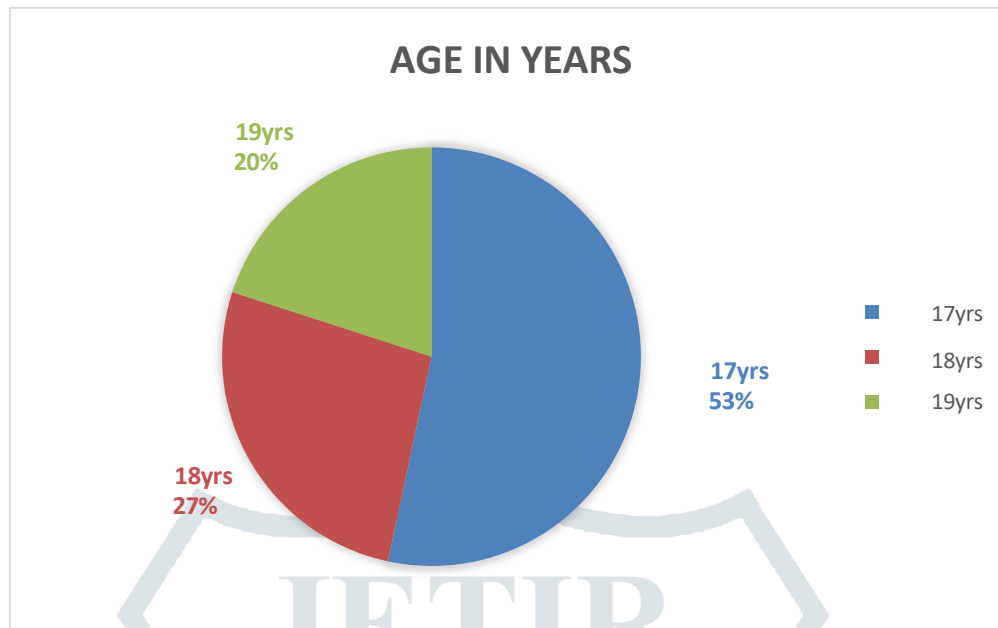

Figure 4: Column diagram indicated that majority subjects 18(60.00%) are of Hindu Religion.
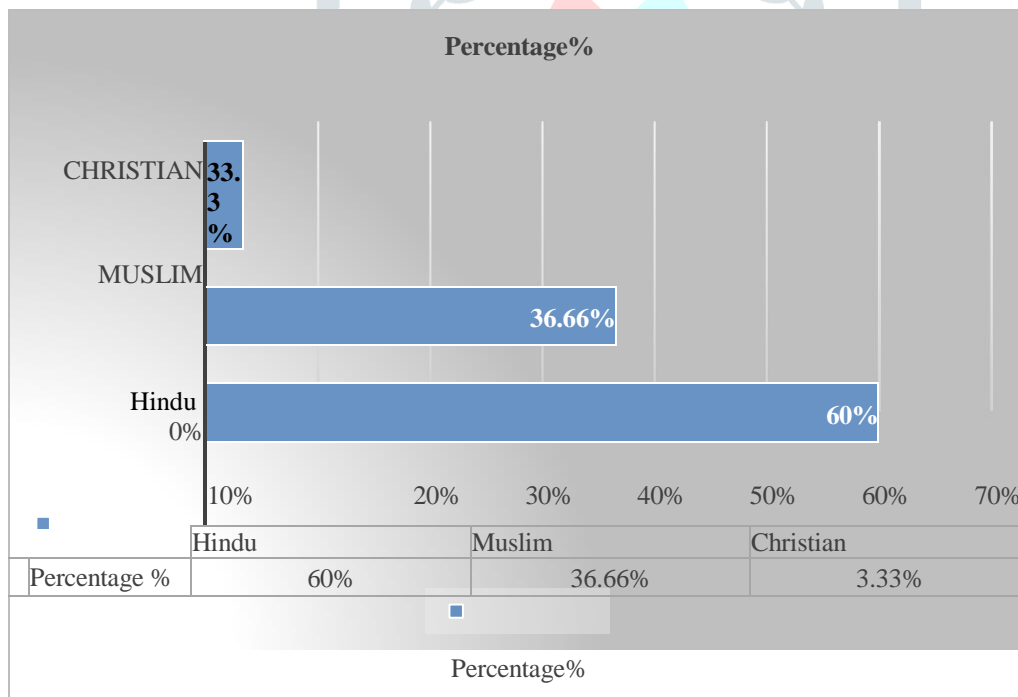

	Hindu	Muslim	Christian
Percentage %	60%	36.66%	3.33%

Figure 5: Column diagram indicated that majority subjects 17(56.66%) are of urban residence.

	Urban	Rural
Series 1	56.66%	43.33%
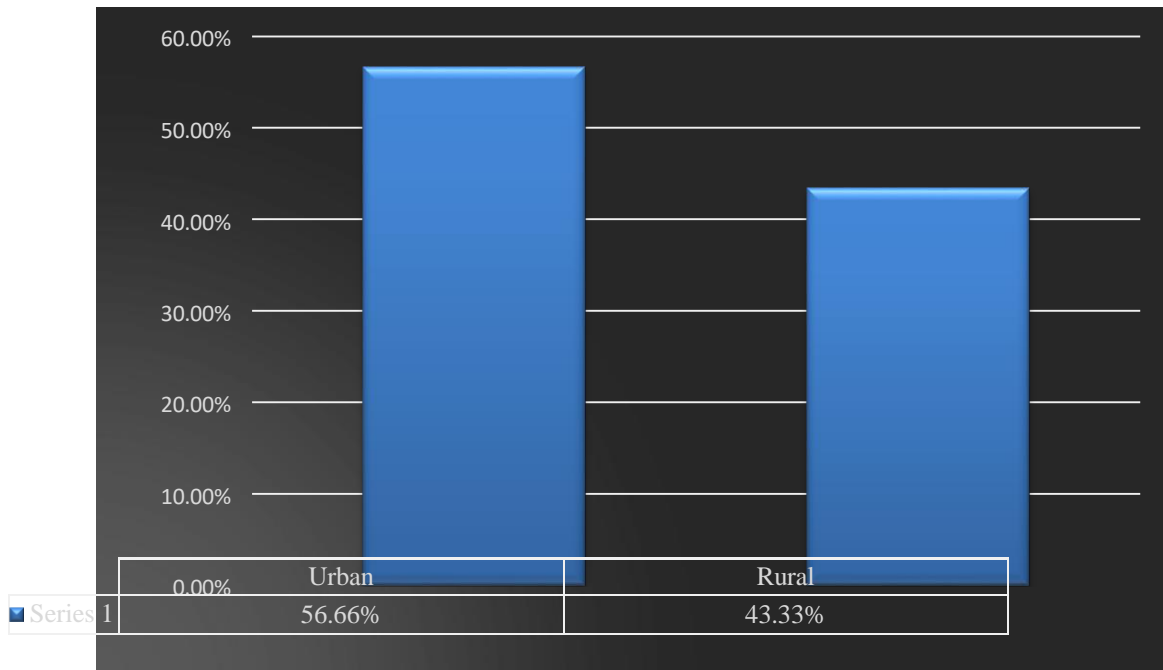
Figure 6: Line diagram indicated Education of the father majority subjects 13(43.33%) are of Higher Secondary Education.

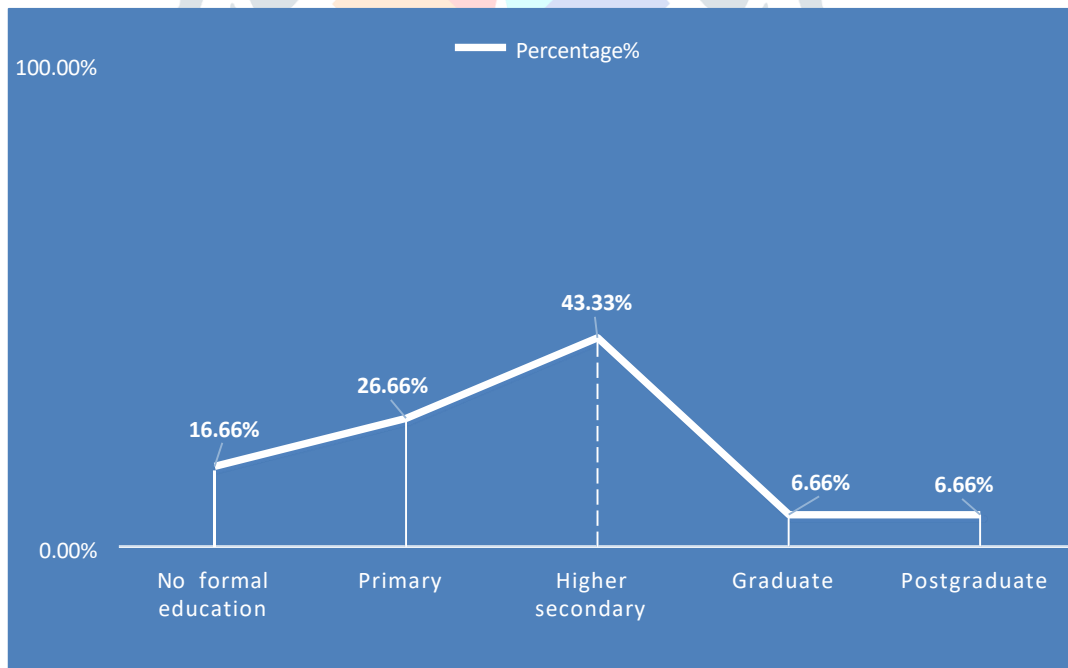**Figure 7:** Line diagram indicated Education of the mother majority subjects 13(43.33%) are of Primary Education.
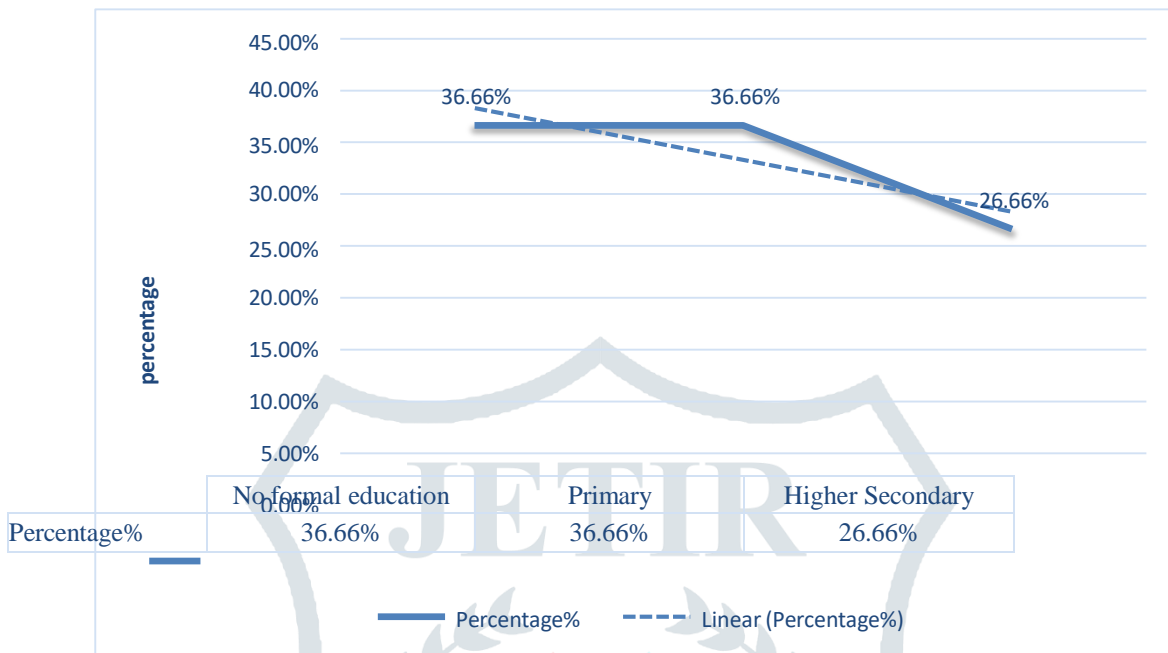

	No formal education	Primary	Higher Secondary
Percentage%	36.66%	36.66%	26.66%

Figure 8: Column diagram indicated total income of the family the majority subjects 12(40.00%) are of Rs 5000- Rs 10000.

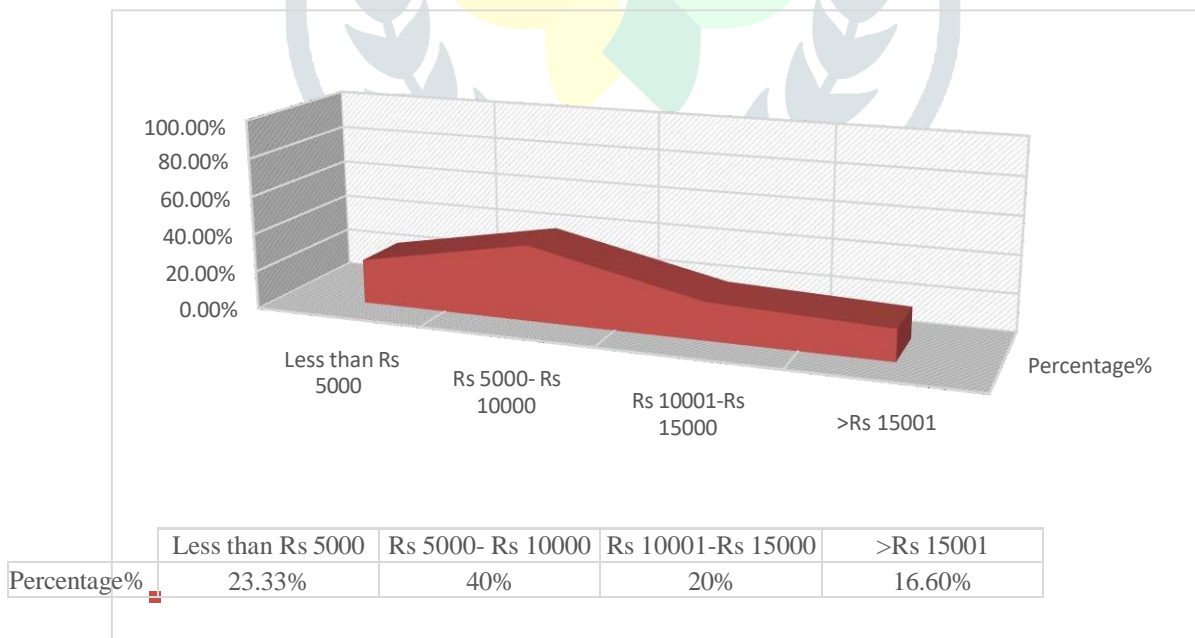|	Less than Rs 5000	Rs 5000- Rs 10000	Rs 10001-Rs 15000	>Rs 15001
Percentage%	23.33%	40%	20%	16.60%

Figure 9: Column diagram indicated that majority subjects 20(66.66%) are belongs to joint family.

Percentage %

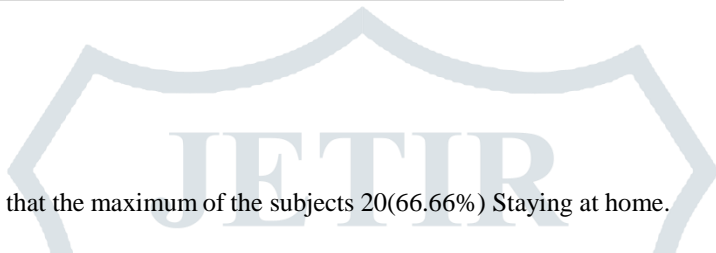|	Nuclear	Joint
0.00%		
Percentage%	33.33%	66.66%

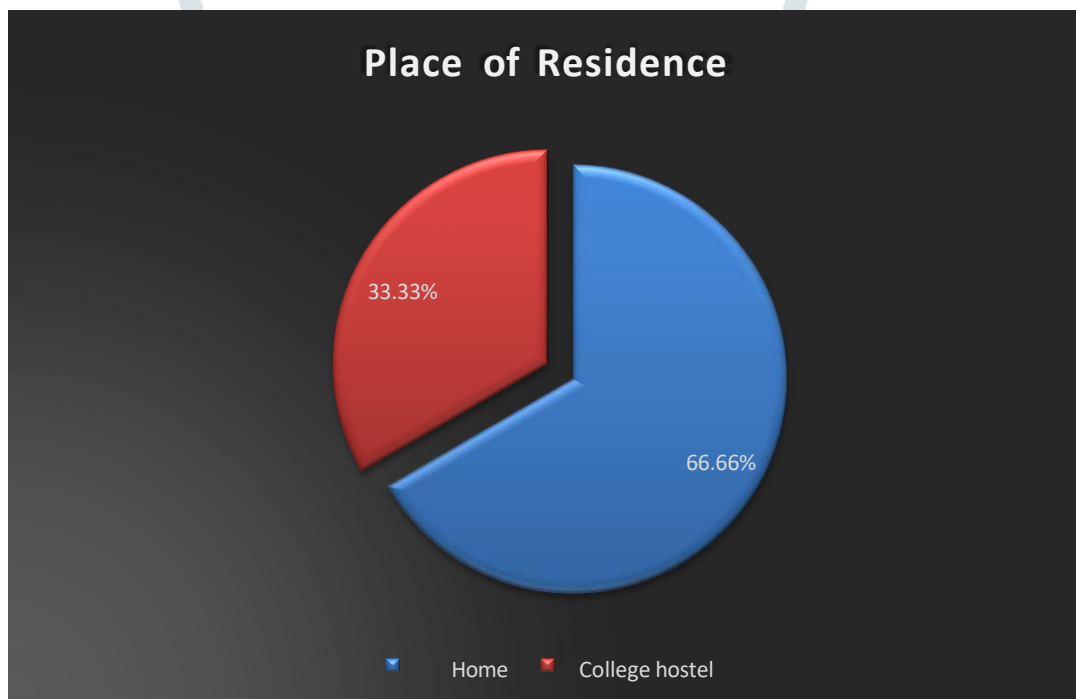**Figure 10:** The pie diagram indicated that the maximum of the subjects 20(66.66%) Staying at home.

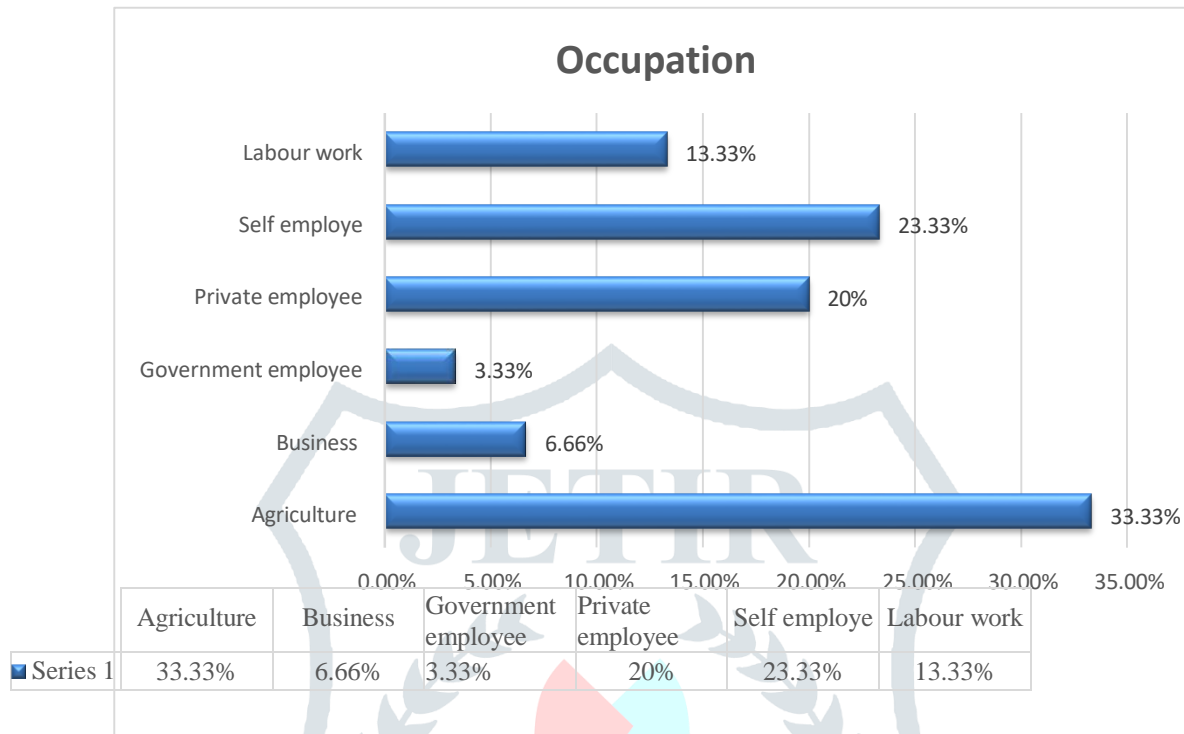**Figure 11**: Bar diagram indicated that majority subjects 10(33.33%) have Fathers occupation as Agriculture .

Occupation

	Agriculture	Business	Government employee	Private employee	Self employe	Labour work
Series 1	33.33%	6.66%	3.33%	20%	23.33%	13.33%

Figure 12: Bar diagram indicated that majority subjects 10(33.33%) have Mothers occupation as Agriculture .

Percentage%

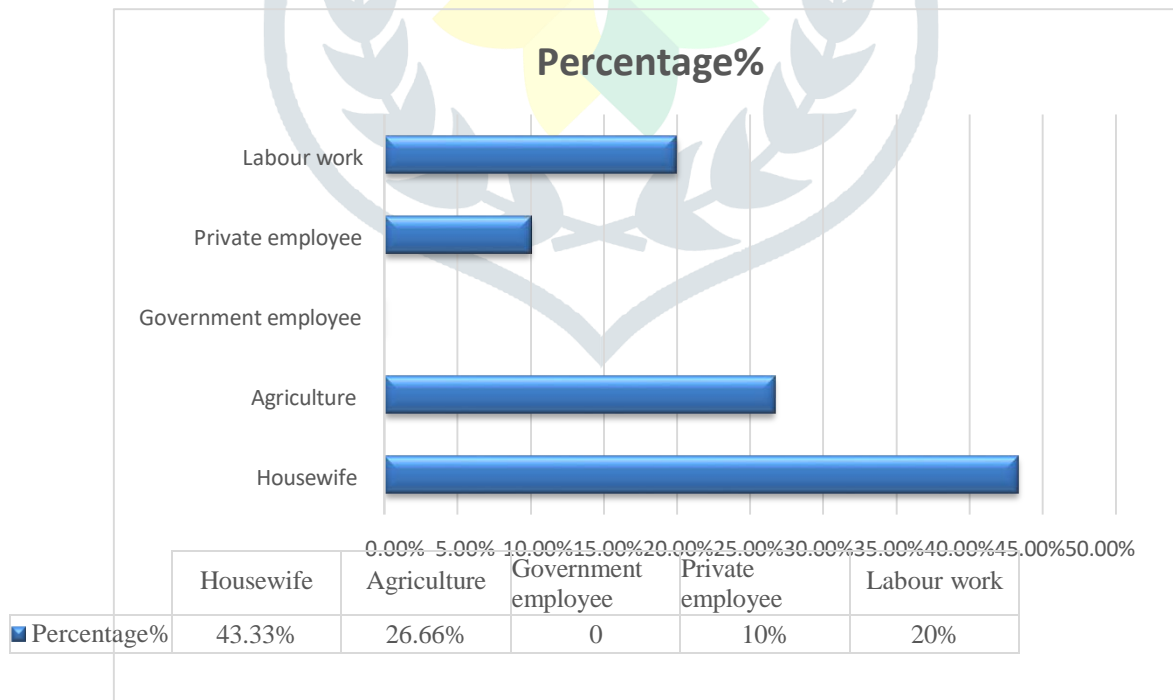|	Housewife	Agriculture	Government employee	Private employee	Labour work
Percentage%	43.33%	26.66%	0	10%	20%

Figure 13: The Pie diagram indicated that the maximum of the subjects 18(60.00%) Not addicted(Family Members).
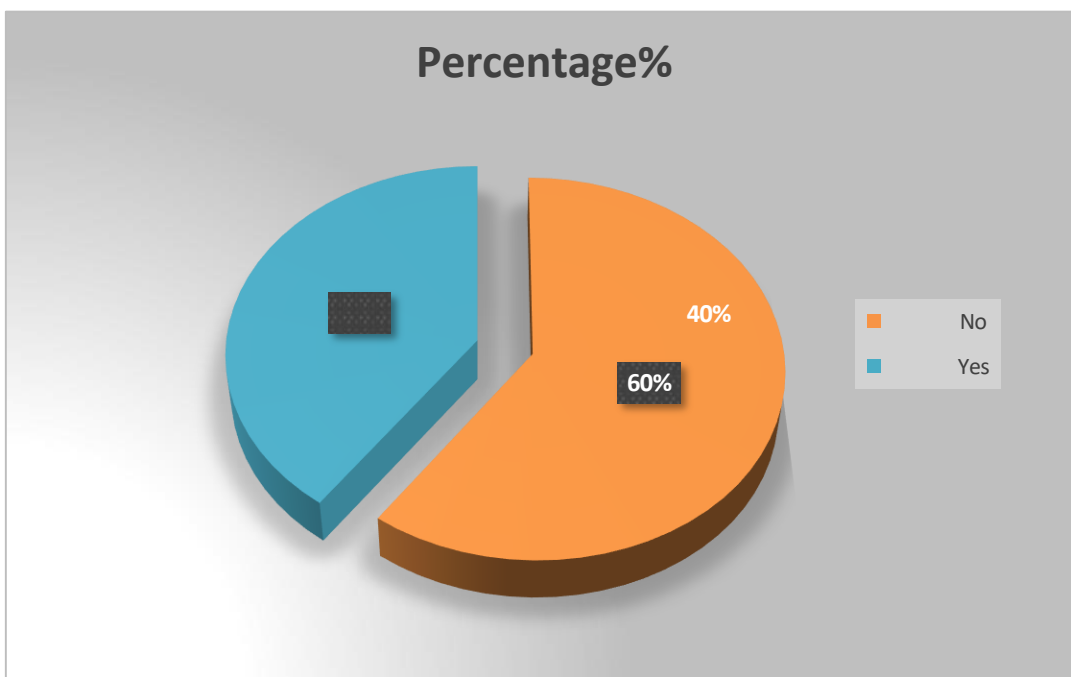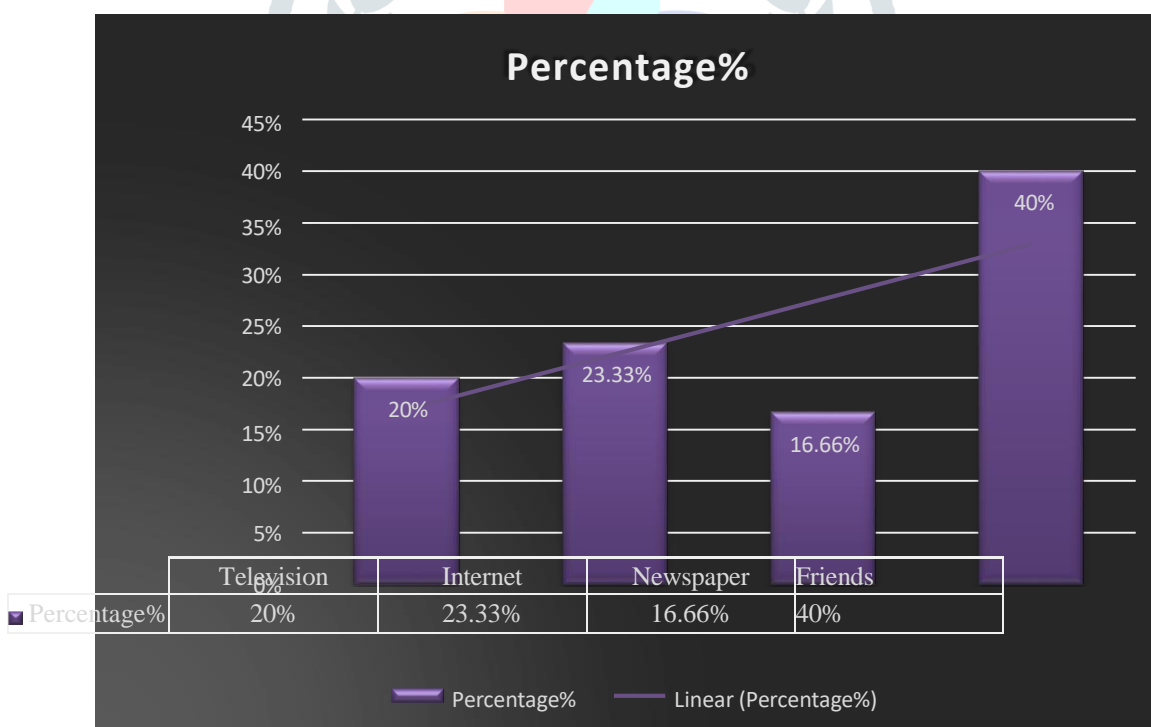

Figure 14: Column diagram indicated that majority subjects 20(66.66%) are belongs to joint family.

SECTION -B

The   analysis   is applied   to assess   the   effectiveness of Behavioural change communication(BCC) on maintenance of positive health.

Table 2: Mean , median and SD are calculated to assess the Effectiveness of BCC to maintain positive health.

n=30

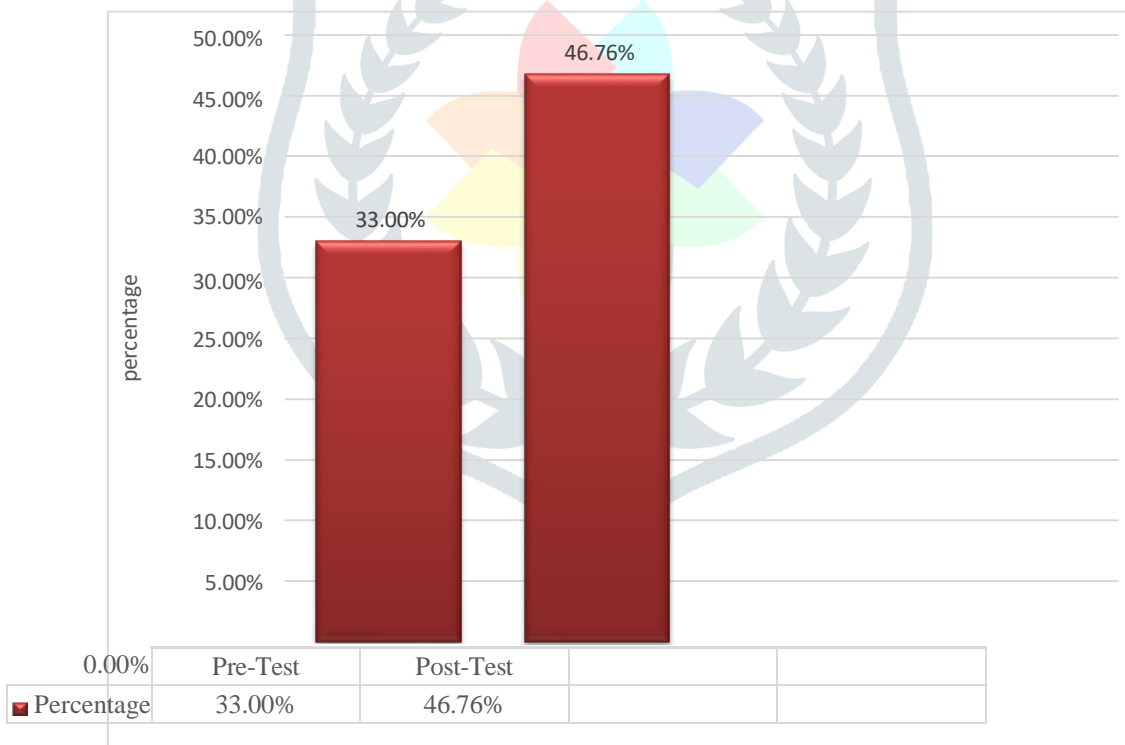|	**Mean**	**Median**	**SD**		**%**	**Min score**	**Max score**
Pre-test	9.9	15.25	2.09		33	4	15
Post-test	14.03	15.25	1.21		46.76	10	17

Table 2(Figure 15) : Describes that the mean post-test knowledge scores were

(47.76%) and the mean pre-test scores were (33.00%) mentioning the impact of BCC

in the improvement of the knowledge.

Table 3: Mean, Standard deviation and Mean percentage of pre and post-test BCC scores of the students on maintenance of positive health.

n=30

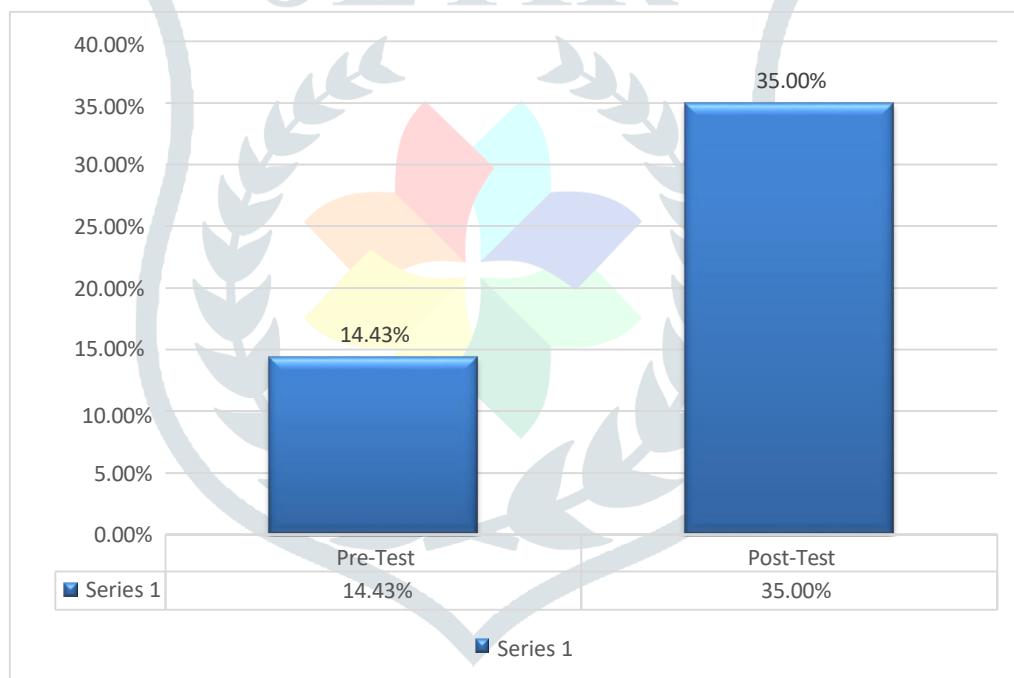|	Mean	Median	Standard Deviation	%	Min score	Max score
Pre-test	4.33	15.25	1.28	14.43	2	11
Post-test	10.5	15.25	1.89	35.00	7	14

Table 3 (Figure 16): Shows that the mean post-test level of BCC Score was (35.00%) while the mean pre-test scores (14.43%), indicating that BCC was effective in changing the behaviour of the students in positive direction.

Table 4: levels of knowledge scores.

n=30

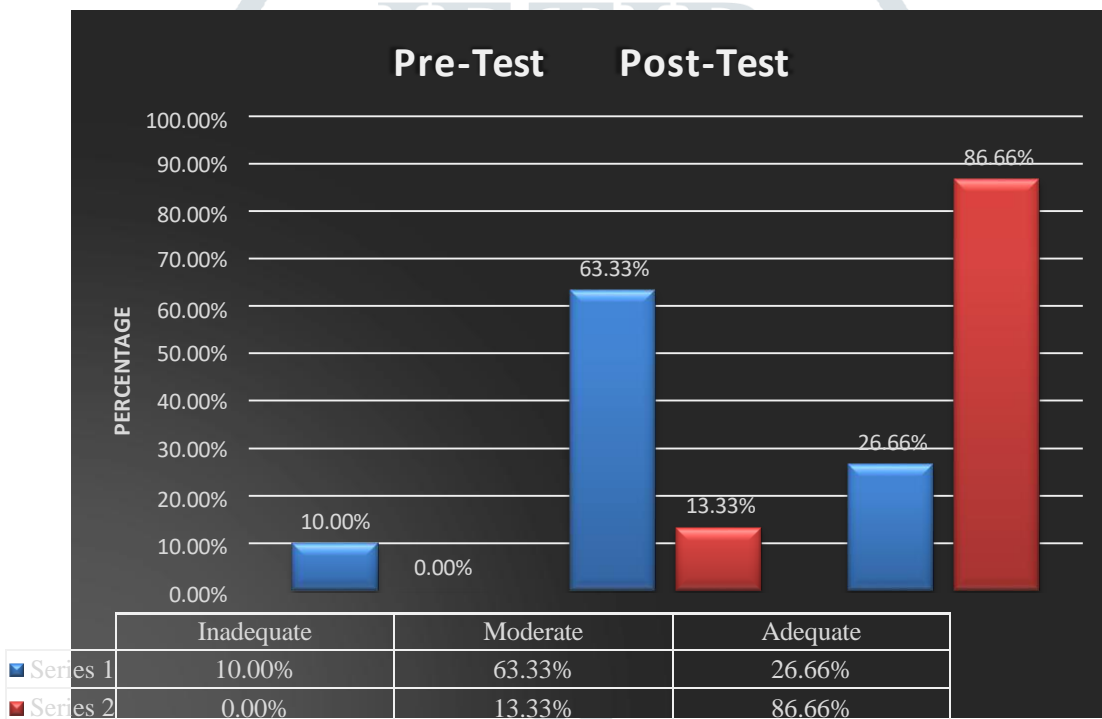|	pre-test frequency(f)	percentage(%)	post-test frequency(f)	percentage(%)
Inadequate	3	10%	-	-
Moderate	19	63.33%	4	13.33%
Adequate	08	26.66%	26	86.66%

Table 4 and (Figure 17): Depicted that in the post-test 26 (86.66%) has adequate knowledge and 4 (13.33%) had moderate knowledge while in the pre-test 3 (10%) had inadequate knowledge and 19(63.33%) had moderate knowledge.

Table 5: level of BCC

	pre-test frequency(f)	percentage(%)	post-test frequency(f)	percentage(%)
Poor	13	43.33%	-	-
Average	15	50%	10	33.33%
Good	8	26.66%	20	66.66%

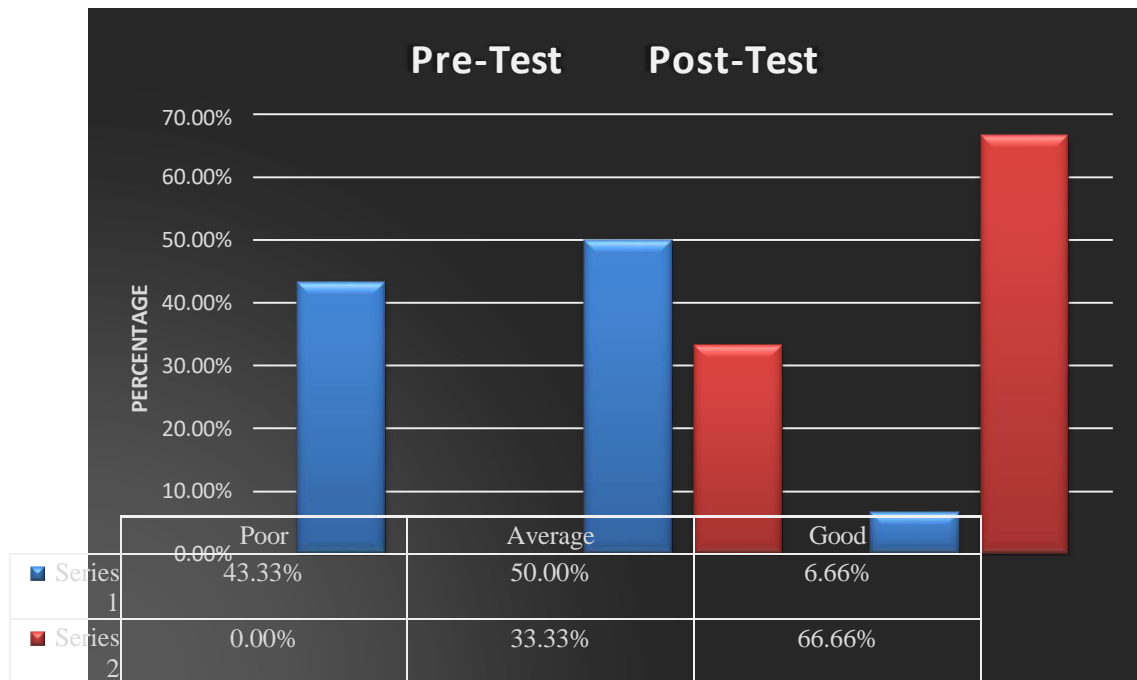|	Poor	Average	Good
Series 1	43.33%	50.00%	6.66%
Series 2	0.00%	33.33%	66.66%

Table 5:(figure 18): Depicted that majority 13(43.33%) had poor level of BCC in pre-test where as in the post-test 20(66.66%) had changed their behaviour towards maintenance of positive health.

Table 6: Comparison of pre-test and post-test knowledge scores by dependent "t" test.

	Mean	SD	Mean Diff.	SD Diff.	t-value	P-value
Pre-test	9.9	2.09				
Post-test	14.03	1.1	4.13	0.88	-6.93	2.05

Table 6: Shows that t-value at 29df , for 2.05 level of significance

f tabulated t-value is more than calculated t-value accept the null hypothesis.

Table 7: comparison of pre-test and post-test of BCC scores by dependent "t" test.

	Mean	SDMean Diff.	SD Diff.t-value	P-value
Pre-test	4.33	1.288		
Post-test	10.5	1.8946.17	0.606-321.97	2.05

Table 7: shows that t-value at 29df ,for 2.05 level of significance,
If tabulated t-value is more than calculated t-value accept the null hypothesis.

CHAPTER-VI DISCUSSION

This chapter discuss on the major finding of the study with reference to the objectives

and hypothesis stated and review them in relation findings from the result of the other studies.
The present study was proposed with aim to evaluate the effectiveness of Behavioral Change Communication on knowledge regarding substance abuse and risk factors among the students studying in JSS ITI College Dharwad.

OBJECTIVES OF THE STUDY

i.To assess the pre-existing knowledge regarding selected substance abuse and risk factor among the students studying in JSS ITI college Dharwad.
ii.To evaluate behavioral change communication among the students studying in JSS ITI college Dharwad.

HYPOTHESIS

o   **H1:**Mean pretest knowledge score are significantly higher than Mean Post test knowledge score of substance abuse among JSS ITI College students at
0.05 level of significance.

MAJOR FINDINGS OF THE STUDY

To achieve the set objectives of the study of thirty subjects were selected by applying sampling criteria.

- Majority of the students 16 (53.33%) belongs to the age of 17 years.

- Majority of the students 18(60%) are of Hindu religion.

- Majority of the students 20(66.66%) are of joint family.

- Maximum 12(40%) monthly income of the family was Rs5000- Rs10000 per month.
- Majority of the students 18(60%) do not use drug in there family.

- The mean Post test knowledge score   were (46.76%) and Pre test knowledge score were (33%) mentioning the impact of BCC in the improvement of the knowledge.
- The Mean post test BCC score were (35%) and the Mean pre test score BCC score were(14.43%) ,indicating that BCC was effective in changing the behaviour of the students in positive way
- The post-test 26(86.66%) had adequate knowledge and 4(13.33%) had Moderate knowledge while in pre test 3(10%) had

inadequate

● 　　　　Majority 13 (43.33%) had poor of BCC in pre test where as in post test 20(66.66%) had changed their behavior towards maintenance of positive health.

The two-tailed 'P' value is less than 2.05 by conventional criteria this difference is considered to be extremity significant.

The significant association in the age , type of family and family history with pre- test knowledge score at 2.05 level of significance.

DISCUSSION

The findings of this study is organized under the following headings for the purpose of discussion.

1. 　　　　Finding related to socio demographic variables

2. 　　　　Findings related to Behavioral change communication on maintenance of positive health.

FINDING RELATED TO SOCIO DEMOGRAPHIC VARIABLES data of the students (table 1)

　　　For the proposed study, a sample size comprising of thirty students studying 1st year ITI in JSS ITI College Dharwad
The findings (table 1) of the study suggested that all the (30) students were between the 17 years of age of whom 18(60%) are Hindu religion,11 (36.66%) are of Muslim and 1(03.33%) are Christians.
Majority of the students 17(56.66%) are of urban residence and a3(43.33%) of rural residence.

Maximum 20(66.66%) are of joint family and 10 (33.33%) are unclear family. Maximum 12(40%) monthly income of the students family was between Rs5000- Rs10000 per month, 07 (23.33%) less than Rs5000, 06(20 %) Rs1000-Rs15000 and05(16.66%) is > Rs15001.

FINDINGS RELATED TO BEHAVIORAL CHANGE COMMUNICATION ON MAINTENANCE OF POSITIVE HEALTH

In pre test outbof 30 students 3(10%) has Inadequate knowledge , 19 (63.33%) has Moderate knowledge ,and 8(26.66%) has Adequate level of knowledge. While majority 15(50%) has Average level of BCC, 13(43.33%) had Poor level of BCC and 2(06.66%) had good level of BCC . Where in the post test 26(86.66%) had adequate knowledge and 4(13.33%) had Moderate level of knowledge and 20(66.66%) had Good practice and 10(33.33%) had Average level of practice towards maintenance of positive health

Further, the computed "t" value on the knowledge (-6.93) and BCC (-321.97) found to be less than table value at 2.05 level of significance conforms that BCC had made true difference in enhancing the knowledge and change in the behaviour of students on towards maintenance of positive health . Hence H1 is accepted.

CHAPTER-IX BIBLIOGRAPHY

1. 　　　　World health organization, the health of young a challenge & promise 1993.

2 World health adolescence, the crucial years Geneva WHO 1976.

3. World health organization, no tobacco day 2010.

4 　　　　www.who.int/substance_abuse/en/

5 　　　　www.drug abuse.gov/publications.

6 　　　　www.aacap.org/AACAP/Families-and-youth/facts-for-families

7. 　　　　https:/www.ashwoodrecovery.com/blog/teen-substance-abuse-statistics-coming-2018/

8.   World Health Organization, The Health Of Young A Challenge And a promise 1993.

9.   World Health Adolescence, The Crucial Years Geneva W.H.O 1976.

10.   Through internet, wikipedia.

11.   world health organization, world no tobacco day 2010.

12.   Parthima murathy, N Manjunath, B N Sudha, prabhakar kumar, department of psychiatry, De addiction center NIMHANS Bangalore 2011.

13.   National Institute of Mental Health and Neuroscience (NIMHANS) Bangalore (2000).

14.   World Health Adolescence, The Crucial Years Geneva W.H.O 1976.

15.   Effects of Drug Abuse. Available from: URL:www.usnodrugs.com.

16.   Effects of Drug Abuse. Available from: URL: www.usnodrugs.com.

17.   Nieradko B, Swies Z, Milczanowska K, Sieklucka-Dziuba M. Frequency analysis of the use of addictive substances by adolescents attending secondary schools in Sanok. Wiad Lek 2002;55 Suppl 1(Pt 2):818-24.

18.   Singh V, Pal HR, Mehta M, Dwivedi SN, Kapil U. Pattern of tobacco use among school children in National Capital Territory (NCT). Indian J Paediatr. 2007 Nov;74(11):1013-20.

19.   Asmara Ahmed Malik, Sadia Nawaz, Adeel Ali Tahir, Sohaib Ahmed, Sabiha Ashraf, Naila Hanif, Jahanzeb Aslam, Irum Jamshed (Medical Students, ShifaCollege of Medicine, Islamabad.) 2012

20.   D'Cost G,et al, 2007 "Harmful alcohol use in Goa, India, and its association with violence ;A stdy in primary case", Alcohol Alcohol ;42 (2) ;131-7 & put 2006 Dec. 15.

21.   Dechenla Tsering, Ranabir Pal', Aparajita Dasgupta Department of Community Medicine, Sikkim Manipal Institute of Medical Sciences (SMIMS) and Central Referral Hospital (CRH), 5th Mile, Tadong, Gangtok, Sikkim- 737102, India Department of Community Medicine, All India Institute of Hygiene and Public Health, Chittaranjan Avenue, Kolkata - 73, India.

22.   Linda Haddad, PhD, RN Virginia Commonwealth University, Richmond, VA, USA, Ihaddad2@vcu.edu.Ali Shotar, MD, PhD, Jordan University of Science and Technology, Irbid, Jordan.

23.   Sundran K.R et al., 1984 "alcohol abuse in a rural community in India Part I:

epidemiological study"; D`rug Alcohol Depend; 14(1):27-36.

Review of literature references:

1 Alka P. Vidya B. WannurS, MohananA, KundapurR.etal. Substance abuse and pactices and their consequences among adolescents and young adults in Mangalore Nitte Unversity Journal of Health Science. December 2015 (cited on 2018 March 5); Vol 5(4): P31- (Available from: http://nitte.edu.in

2. BasagoudarS, ChandrashekharR, HatanoorS, Kirte C R.Perception and practice towards alcohol consumption among a government boy's pre-university college students-a cross sational study International Journal of Community Medicine and Public Health 2017 (cited 2018 march 6): Vol 4(3):P713- 17:Availablefrom:http://www.ijcmph.com.

3. Antra A, Kannan S, Choudhary S, Sudarasanan S, Khosla P Petal. Substance abuse among the medical graduate students in a developing country. Indian Journal of medical research January 2016 (cited on 2018 March 6); Vol 143(1) :P 101-103: Available from. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4822348/

4. Kamate R. Ashtagi GS. Mallapur MD. Prevalence of substance use among adolescents on urban slums of Belgavi.Indian journal of health sciences biomedical research January 2017 (cited on 2018april 5): Vol 10(1): P25- Available from: http://www.journals.org/text.com.

5. Ibrahim A. Mathew S.T. Arekal S, Kondapur. Assess the Awareness of III Effects of Tobacco among Adolescents and Young Adults of Mangalore. Nitteuniversity Journal of health sciences. August 2016(cited on 2018 March 6): Vol 6(3): P21-3: Available from: http://www NUJHS data research publication.com.

6. Kulkarni M. Ballal K. Agrawal A, Kamath A. MuthuKumar knowledge and attitude regarding tobacco and its use among adolescent students. National Journal of Community Medicine. June-2016; (cited on 2018 March 6): Vol7(6) :P 519-
523.Available from: http://wwwnjcmindia.organisation.

7. Hiremath P. Mohite V R.Naregal P. Pawar S.Katti A. Descriptive Study to Assess the Knowledge and Attitude on III Effects of Alcohol among Nursing Students in a Selected College at Karad International Journal of innovative research & development. April 2016: (cited on 2018 March 6): Vol 5(5) :P 133-136. Available from: https://www.researchgate.net/publication.

8. Behavior Change Communication for the Prevention and Treatment of STDs Arlington, VA: AIDSCAP/Family Health International, 1997 Available from: doi: 10.2471/BLT.08.056713

9. Gurupada K P, David A Kola. Effectiveness of Behavior Change Communication (BCC) on maintenance of positive health among the students at Rural Higher Primary Schools, International Journal of Nursing Education and Research. 2019; 7(4): 535- 538Available from: DOI No: 10.5958/2454 2660.2019.00118.2

10. Newson, R.S., Lion, R., Crawford, R.J. et al. Behaviour changes for better health: nutrition, hygiene and sustainability. BMC Public Health 13,81 (2013). https://doi.org/10.1186/1471-2458-13-S1-S1

11. Milgrom, K.The Role of Health Communications in Behaviour Change.2015. Available from https://www.google.com/search?rlz=1C1CHBD_enIN886IN886&ei-   AGmQX   tvTBv2V4-EP v6OyAM&q++The++Role++of++Health++Communications
    ++in++Behaviour++Change 2015&oq=++The ++Role++of++Health DOI: