Effectiveness of Planned Teaching Programme on Alcoholism among the Adolescents at Government School Gurugram, Haryana

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Abstract

Background: Alcoholism is considered as a serious public health issue in India and at large in the world. Adolescence is a period of the life cycle when individuals are managing multiple and complex development tasks. They have less self-control, emotional stability and more likely to smoke, drink, use drugs, and get in to trouble with the law. *Objectives:* 1. To assess the pre-test knowledge regarding alcoholism among adolescents. 2. To assess the post-test knowledge regarding alcoholism among adolescents. 3. To find out the association between post-test knowledge scores regarding alcoholism and selected demographic variables. *Material and Methods:* A pre-experimental study-one group pre-test and post-test design was selected for the study. The study was conducted at Government Senior Secondary school, Gurugram, Haryana. Data was collected from 30 students using structured knowledge questionnaire. *Results:* The study findings revealed that the mean knowledge score of students on alcoholism during pre-test (10.87±2.62) was lower than mean knowledge score of students on alcoholism during post-test (13±2.12). The difference in mean pre-test and post-test knowledge scores was found to be significant. *Conclusion:* The result of present study clearly showed that the structured teaching programme regarding alcoholism had significant impact on knowledge of senior secondary school students.

Keywords: Alcoholism; Structured Teaching Programme; Adolescents; Effectiveness.

Introduction

Alcohol is a liquid form substance which contains ethyl alcohol (also known formally as ethanol) that can cause harm and even damage to a person's DNA. Alcohol consumption is recognized worldwide as a leading risk factor for disease, disability, death and is rated as the most used and abused substance by adolescents [1].

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Adolescence is a transitional stage of physical and psychological changes, usually a time in a person life in which they go through puberty [2]. Alcoholism is the most severe form of alcohol abuse and involves the inability to manage drinking habits. It is also commonly referred to as alcohol use disorder. Alcohol use disorder is organized into three categories: mild, moderate and severe. Each category has various symptoms and can cause harmful side effects. If left untreated, any type of alcohol abuse can spiral out of control. Individuals struggling with alcoholism often feel as though they cannot function normally without alcohol [3].

Studies find that drinking alcohol often starts at very young ages. Moreover, studies indicate that the younger children and adolescents are more likely to engage in behaviors that can harm themselves and others. Those who start to drink before age 13 years, are nine times more likely to binge drink frequently than those who begin drinking later.

Data from recent surveys show that

approximately 10% of 9 to 10year-olds have already started drinking; nearly one third of youth begin drinking before age 13, and more than one in four 14 year old report drinking within the past year [4].

There is global concern about drinking trends among young people. Alcohol consumption is an important risk factor for morbidity, mortality and social harm worldwide leading to 2.5 million deaths each year. It is responsible for approximately 4% of the global burden of disease [5,6].

Alcohol consumption has been identified as a risk factor for many health, social and economic problems of communities. The recent traditional societies are gradually adopting modern lifestyles giving rise to new problems. World Health Organization (WHO) report identified alcohol as being responsible for nearly 60 types of disorders and injuries (WHO, 2000). Alcohol consumption has been recognized as the fifth leading risk factor, next only to underweight, unsafe sex, blood pressure and tobacco usage (WHO, 2002). Traditionally, the adverse effects of alcohol use have been linked only to the acute immediate effects (states of drunkenness) and long-term effects of alcohol dependence (resulting from habitual, compulsive and long-term heavy drinking). Numerous other common and frequent public health effects as well as the social and economic aspects have not been recognized by health professionals and policymakers. Further, alcohol has been a known risk factor for increasing crime, work absenteeism, loss of productivity, damage to property and the physical and emotional abuse of women and children [7,8].

People are most likely to begin abusing drugs, including tobacco, alcohol, and illegal and prescription drugs—during adolescence and young adulthood.

By the time they are seniors, almost 70 percent of high school students will have tried alcohol, half will have taken an illegal drug, nearly 40 percent will have smoked a cigarette, and more than 20 percent will have used a prescription drug for a nonmedical purpose [9].

There are many reasons adolescents use these substances, including the desire for new experiences, an attempt to deal with problems or perform better in school, and simple peer pressure [10]. Adolescents are "biologically wired" to seek new experiences and take risks, as well as to carve out their own identity. Trying drugs may fulfill all of these normal developmental drives, but in an unhealthy way that can have very serious long-term

consequences [11]. Some children and adolescents start using alcohol at a very early age and are at a risk of developing physical and psychological problems earlier.

The World Health Organization estimates that as of 2010, there were 208 million people with alcoholism worldwide (4.1% of the population over 15 years of age). In the United States, about 17 million (7%) of adults and 0.7 million (2.8%) of those age 12 to 17 years of age are affected [12,13]. In November 2011, ASSOCHAM survey found a 100% rise in drinking among the 15-18 age groups in the last 10 years. The greater problem these days is not alcoholism but drinking problem, which affects 60 percent of users and makes them aggressive, said Dr. BK Rao, Chairman of ASSOCHAM. Usage of alcohol has also resulted in deliberate self-harm, high-risk sexual behavior, HIV infection, tuberculosis, esophageal cancer, liver disease, duodenal Ulcer and many more [14].

In 2014, the World Health Organization reported that alcohol contributed to more than 200 diseases and injury-related health conditions, most notably DSM–IV alcohol dependence (see sidebar), liver cirrhosis, cancers, and injuries. In 2012, 5.1 percent of the burden of disease and injury worldwide (139 million disability-adjusted life-years) was attributable to alcohol consumption [15].

According to the 2015 NSDUH (National survey on Drug use and Health), 33.1 percent of 15-year-olds reported that they had had at least 1 drink in their lives. Research indicates that alcohol use during the teenage years could interfere with normal adolescent brain development and increase the risk of developing AUD. In addition, underage drinking contributes to a range of acute consequences, including injuries, sexual assaults, and even deaths—including those from car crashes [16,17].

Methodology

For the present study, quantitative approach and pre-experimental one group pre-test and post-test design was used. The study was conducted at a selected Government Senior Secondary school, Gurugram, Haryana.

Administrative permission was taken to conduct the study. An informed consent was taken from each subject individually to participate in the study. Convenient sampling technique was used to select 30 students. The data were collected using structured questionnaire which was divided into

three sections. Section I consisted of items related to demographic data including 6 items such as age, gender, education, type of family, family income, & residence. Section II consisted of 20 items to assess the level of knowledge among students and Section III consisted of structured teaching program on Prevention of Alcoholism. Content validity of the tool was established by experts from Nursing, Psychiatric Nursing, Psychology, and Psychiatry. The collected data was analyzed by using descriptive and inferential statistics.

Results

Table 1: Frequency and Percentage distribution of subjects by their sample characteristics   n = 30

S.No.	Characteristics	N	Percentage
1	AGE (in years)		
	15 to 16	12	40%
	17 to 18	18	60%
2	Gender		
	Male	23	76.66%
	Female	7	23.34%
3	Educational Status		
	11th class	23	76.66%
	12th class	7	23.34%
4	Type of Family		
	Nuclear	18	60%
	Joint	12	40%
5	Family Income		
	1000 to 5000	26	86.67%
	5000 to 10,000	4	13.33%
6	Residence		
	Rural	23	76.66%
	Urban	7	23.34%

The data presented in the table 1 indicates that the 40% students were in the age group of 15 to16 years were 40%, and 60% were in 17 to 18 years age group. According to gender, 76.66% students were male and 23.34% students were female. According to educational status, 76.66% students were in 11th class, 23.34% students were in 12th class. According to family, 60% students belonged to nuclear family and 40% students belonged to joint family.

According to family income, 86.67% students had family income Rs.1000 to 5000 and 13.33% students had family income of Rs. 5000 to 10,000. According to residence, 76.66% students belonged to the rural area, 23.34% students belonged to urban area.

The data presented in table 2 indicated that the mean knowledge score of students on alcoholism in pre-test (10.87±2.62) was lower than mean knowledge score of students on alcoholism in post-test (13±2.12). t-test was applied to find the significance of mean difference of pre-test and post-test knowledge scores. The calculated t-value of 4.326 was found to be higher than the table value (2.04) at 0.05 level of significance which indicated that the PTP on alcoholism was effective in increasing the knowledge of adolescents on alcoholism.

Findings in Table 3, Indicated that subjects 1 (3.33%) subject had poor level of knowledge, 23 subjects 76.67% were having average level of knowledge and 6 (20%) subjects were having good level of knowledge. No subject had excellent knowledge during pre-test. In the post-test, no subjects was found to have poor knowledge, 14 (46.67%) subjects were having average level of knowledge and 16 (53.33%) subjects were having good level of knowledge. No subjects was found to have excellent knowledge during post-test.

Chi-square test was applied to find association of knowledge scores of the adolescents on alcoholism with age, gender, educational status, type of family, family income and place of residence.

Table 2: Range, Mean,Standard Deviation and significance of mean difference of Pre-Test and Post-Test Knowledge scores regarding alcoholism among Adolescents.   n=30

S no.		Range	Mean	Standard Deviation	t- test	Table Value
1.	Pre-test	7-13	10.87	± 2.62	4.326	2.04
2.	Post-test	14-20	13	± 2.12		

Table 3: Frequency and percentage distribution of adolescents by their pre-test and post-test knowledge scores regarding alcoholism.

n=30

S No.	Level of knowledge	Range of scores	Pre-test Frequency	%	Post-test Frequency	%
1	Poor	0-6	1	3.33%	0	0%
2	Average	7-13	23	76.67%	14	46.67%
3	Good	14-20	6	20%	16	53.33%
4	Excellent	21-28	0	0%	0	0%

The findings depicted that the knowledge of the adolescents about alcoholism was dependent on age, gender, educational status, type of family but knowledge of adolescents on alcoholism was independent of family income and place of residence.

Discussion

The present study showed that 76.66% adolescent boys and 23.34% adolescent girls who consumed alcohol. A similar study conducted by Tur, Puig and Benito[18] showed that about 60% of adolescents, 53% of boys and 65%of girls, reported alcohol consumption, which increased with age in boys [91% when they were 18 years old], but remained constant in girls.

In the present study, 3.33% subjects were having poor level of knowledge, 23 (76.67%) subjects were having average level of knowledge and 6 (20%) subjects were having good knowledge on alcoholism.In the post-test, 14 (46.67%) subjects were having average level of knowledge and 16 (53.33%) subjects were having good level of knowledge.

These findings were consistent with the study conducted by Gopi D, S Deepa [19] who found that school students in general lacked knowledge about alcohol abuse and its adverse effects before the education programme.

The findings of this study support the need for conducting educational programme to increase the knowledge about alcohol abuse.The study shows that knowledge of adolescents regarding alcohol abuse significantly increased after attending teaching programme on alcohol abuse.

The findings of the present study showed that the mean knowledge score of students on alcoholism in pre-test (10.87±2.62) was lower than mean knowledge score of students on alcoholism in post-test (13±2.12).

A similar study conducted byR Snehalatha*, M Bhagyalakshmi and S Hemalatha [20] also revealed the same results, i.e.,pretest mean value and standard deviation of knowledge scores was 15.40+2.499 and the posttest mean value and standard deviation of knowledge scores on alcoholism was higher at 24.08+2.499.

The above results revealed that there was a significant difference between pre-test and post-test scores among high school children after structured teaching programme.

Conclusion

Alcoholism has been found to be a serious health problem. There is need to generate adequate awareness and plan educational interventions. There is also a need to identify vulnerable groups, for example children and adolescents. Children and adolescents need to be educated on alcohol addiction and its ill-effects. Schools should have adequate resources, such as well-informed teachers, school health nurse and counselor for early recognition and management of alcoholism in school children.

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