Research Paper Medical Science

Effectiveness of Education on Knowledge and Attitude on Alcoholism Among Adolescents

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ABSTRACT

Aim: To evaluate the effectiveness of education on knowledge and attitude on alcoholism among adolescents.
Participants and setting: The objective of the study was to evaluate the effectiveness of education knowledge and attitude on alcoholism among adolescents. Descriptive design was adopted and the study was conducted in suryapet.50 adolescents who fulfilled the inclusion criteria were selected by using non-probability convenient sampling technique.
Intervention: Data was collected regarding demographic variable, knowledge and attitude of the adolescents on alcoholism. The investigator assessed the level of knowledge and attitude of the adolescents by using structured questionnaire and modified three point Likert Scale and by using checklist through one to one teaching by lecture, demonstration, video clippings and verbalization. Structured teaching programme was conducted on the same day on group wise each group consists of 10 members. Data collection was done in Telugu and English the questionnaire was distributed to each adolescents. At the end of the teaching the doubts were cleared. Then 10 minutes was allotted for discussion.
Measurement and findings: The study revealed that 76% of adolescents had good knowledge and 24% had average knowledge. It was found that majority (82%) of adolescents had positive attitude and 18% had negative attitude towards alcoholism. The effectiveness of programme showed high level of significant at $p<0.001$ level. It showed that structured teaching programme was an effective method to improve the knowledge and attitude there by the avoiding alcoholism.
Conclusion: Adolescents tend to adopt negative attitude towards alcoholism only after they have good knowledge regarding alcoholism. On the basis of the results of the present study, it may be suggested that youth should be aware regarding the complications and consequences of alcohol consumption so that they may adopt the negative attitude towards alcoholism and plan their future life accordingly.

KEYWORDS | Knowledge, Attitude, Alcoholism, Adolescents

INTRODUCTION

Alcohol abuse is a major health problem in India and world at large. For the past thirty to forty years alcohol consumption has increased tremendously. The problem of alcoholism until a few decades was considered a moral problem and a sign of social irresponsibility. After introduction of prohibition, it was reined as an illegal act. Recently scholars consider it as more complicated, chronic and immensely costly disease than a type of deviant behaviour. Alcohol dependence is a pervasive and destructive yet highly treatable disease. Taking alcohol even once in a while leaves the possibility of a habit – forming phenomenon open and the drinker may start drinking frequently and in large quantity which could have drastic effects on his health. Chakravarthy, N, (1990).

Alcoholism is a chronic disease that makes body dependent on alcohol. Person may have alcohol-related problems, but not exhibit all the characteristics of alcoholism. In other words, alcohol abuse does not mean that man is an alcoholic—but it does mean that person will soon get there if he does not seek help. Alcohol abuse happens when ones drink excessively despite health or relationship problems, but are not dependent on alcohol or still have control over the use of alcohol. But alcoholism, on the other hand can be catastrophic. It makes a person dependent on alcohol—he just cannot do without that drink. It can ruin his personal and professional life. Abuse is defined as repeated use of alcohol or other drugs leads to problems but does not include compulsive use or addiction, and stopping the drug does not lead to significant withdrawal symptoms the term substance abuse applies. Dependence is defined as when an individual persists in use of alcohol or other drugs despite problems related to use of the substance, substance dependence may be diagnosed. Compulsive and repetitive use may result in tolerance to the effect of the drug and withdrawal symptoms when use is reduced or stopped. (Dsmvi TR.2000).

Currently preventive strategies and research which are employed in the control of alcohol related problems are not effective in the reduction of mortality and morbidity related to alcoholism. People fail to understand alcoholism as a disease. The common man sees alcoholism as a weakness of character. The moralist looks it as vice versa, finds the consequence of alcoholism as a crime. The clergyman looks it as a sin. After an extensive research in 1956 American Medical Association came to the conclusion that it is a disease. The peak age of alcohol dependence syndrome is found between the age group of 16 to 25 years. The highest rate of alcohol dependence is found in men in the age group between 30 to 50 years. (Jones, Mcmahon, 2000).

Alcoholism is a condition in which an individual loses control over his alcohol intake. He is constantly unable to refrain from drinking once he begins. Rapid growth of alcohol consumption in developing countries is likely to be followed by a higher incidence of alcohol related problems. In India, number of drinkers has increased from one in 300 to one in 20. However, alcoholics comprise 5% while occasional drinkers account for 90%.The crisis of increased drinking in young population was stated as the disappearance of stigma associated with drinking, the emergence of a new group of social drinkers including women and girls and government tourism - oriented policy of starting beer parlors all over the state. Thus, the extent of alcoholism is very grave, which calls for immediate attention from the society and the health professionals as alcohol related problems cost heavily for community and form major public health problems.(Chander, S. 1991).

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ed problems cost heavily for community and form major public health problems.(Joseph Issac, M, 1998).

MATERIALS AND METHODS

The researcher obtained a formal permission from Village Administrative Officer, Suryapet. The investigator selected 50 adolescents by non probability convenient sampling technique. An oral consent was obtained from the adolescents. A brief introduction about self and the study was given by the investigator and confidentiality of the responses was assured. The data was collected by self administered questionnaire. The investigator collected 10 samples per day to assess the knowledge and attitude by using structured knowledge questionnaire and modified five point Likert scale. The investigator issued the questionnaire to the respondents, after the completion of the questions he received back the questionnaire. The interview was conducted in Telugu and English. Ethical aspects were considered throughout the study. Analysis of socio demographic data of adolescents on alcoholism was done in terms of frequency and percentage distribution. Mean and standard deviation was used to compute the knowledge and attitude of adolescents on alcoholism. Correlation coefficient was used to study the correlation between knowledge and attitude with selected socio demographic variables.

DESCRIPTION OF RESEARCH TOOL

It consists of three sections.

Section A

Socio Demographic Variables include age, religion, educational status, occupation, income per month, marital status, type of family, number of children and habit of drinking alcohol.

Section B

Multiple choice questions to assess the knowledge of alcoholism

Part I: Questions related to alcoholism.

Section C

Modified three point Likert scale to assess the attitude regarding alchoholism.This section includes 10 items with choices as agree, uncertain and disagree.

SCORING PROCEDURE

Section B

The total number of knowledge questions was 20. All the questions had four alternatives with one right answer. A score of "one" was given for every correct answer and score of "zero" was given for every wrong answers. The total score was converted into percentage and interpreted as follows,

Adequate knowledge - >75%

Moderate knowledge - 50 – 75%

Inadequate knowledge - <50%

Section C

To interpret the level of attitude the score was classified as,

Positive attitude - >75%

Favourable attitude - 50 – 75%

Negative attitude - <50%

Attitude questions consist of both positive and negative statements. The score given for positive questions were as follows,

Agree - 2
Uncertain - 1
Disagree - 0

Similar for attitude negative question scored as follows,

Agree - 0
Uncertain - 1
Disagree - 2

RESULTS

Table1: Mean and standard deviation of knowledge on alcoholism among adolescents.
N = 50

Knowledge	Mean	Standard Deviation
Meaning	1.13	0.48
Causes	2.02	1.47
Physical Problems	3.42	1.89
Psychological Problems	4.34	1.89
Social Problems	2.34	1.9
Overall	13.25	7.63

Table 1 shows the mean and standard deviation of knowledge on alcoholism among adolescents. The above table clearly indicates that the overall mean score of knowledge is 13.25 with standard deviation of 7.63

Table 2: Mean and standard deviation of attitude on alcoholism among adolescents.
N = 50

Attitude	Mean	Standard Deviation
Biological / Physical Factor	9.25	3.15
Occupational / Economic Factor	8.62	2.23
Management	6.43	1.21
Overall	24.3	6.51

Table 2 shows the mean and standard deviation of attitude on alcoholism among adolasecents.The above table clearly indicates that the overall mean score of attitude is 24.3 with standard deviation of 6.51

Table3: Correlation between knowledge and attitude on alcoholism among adolescents
N = 50

Variables	Mean	Standard Deviation	'r' value
Knowledge	13.25	7.63	0.26***
Attitude	24.3	6.51	

***p<0.001

Table 3 shows the correlation between knowledge and attitude on alcoholism among adolescents. The above table reveals that among the study objects, the mean score of knowledge on alcoholism was 13.25 with standard deviation of 7.63 respectively. The mean score of attitude on alcoholism was 24.3 respectively with the standard deviation of 6.51 respectively. It clearly indicates moderate positive correlation between knowledge and attitude (r = 0.26) which is highly significant at p<0.001 level.

DISCUSSION

Table 1 shows the mean and standard deviation of knowledge on alcoholism among adolescents. The above table clearly indicates that the overall mean score of knowledge is 13.25 with standard deviation of 7.63

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CONCLUSION

The present study concludes that adolescents tend to adopt negative attitude towards alcoholism only after they have good knowledge regarding alcoholism. On the basis of the results of the present study, it may be suggested that youth should be aware regarding the complications and consequences of alcohol consumption so that they may adopt the negative attitude towards alcoholism and plan their future life accordingly. The study highlights that awareness does not always lead to the low consumption or negative attitude towards alcoholism. A lot of educational activities and improvement in the alcohol awareness programmes are needed to promote the good knowledge and negative attitude towards alcoholism to make the future life better.

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