



Cover Page



DOI: <http://ijmer.in.doi./2023/12.05.10>
www.ijmer.in

A PRE -EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME REGARDING HARMFUL EFFECTS OF ALCOHOLISM AMONG MALES OF EARLY ADULTHOOD AT SELECTED RURAL COMMUNITY HARIDWAR

¹Mr. Rajeev Bharti, ²Deepak Kumar Sampson
Under the Guidance of – Mrs Shobita Bansal

²Assistant Professor

¹MSc Nursing (Community Health Nursing) SSBCON

Nursing Tutor, K.P. Nursing &

^{1,2}Paramedical Training College

Lakhimpur Kheri, Uttar Pradesh, India

ABSTRACT: - The world health organization estimates that there are about 2 billion people worldwide who consume alcoholic beverage and 76.3 million with diagnosable alcohol use disorders. Alcohol causes 1.8 million deaths and loss of 58.3 million of Disability Adjusted Life Years (DALY). Alcohol related neuropsychiatric conditions account for close 40% of the 58.3 million DALYS. It is the largest risk factor in developed countries.[1]

Age wise distribution of sample object as shown in table-1 reveals that majority of the population minimum 50% were in the age group of 20-22 years followed by 23.3% were in the age group 23-25, 20% were in age group of 26-27 years, 6.66% in the age group of 28-30 years. According to Religion 80 %were Hindu, 3.33% wise Muslim,6.66% wise Sikh and10% wise Christian. Education level status of the subjects reveals that 16.6% belongs to were up to primary, 43.37% higher secondary, 30% were Senior secondary and 10% were graduation Male. According to type of family, the subject distribution indicates 53.33% of population belongs to nuclear family, 40% belongs to joint family and 6.667% belong to extended family. Occupation of the sample emphasis that 30% were private16.667% was government, 36.6667% were business, and 16.6% were other. According to Marital status of the 46.6667% was married and 53.33% were unmarried. According to previous source of previous information 70% were Mass media, 26.667% were Health worker, 0% were study center and 3.33% were other source of information.

Keywords: Knowledge, Harmful Effect of Alcoholism, Males of Early Adulthood, Community Area Bahadradab, Haridwar.

INTRODUCTION: The world health organization estimates that there are about 2 billion people worldwide who consume alcoholic beverage and 76.3 million with diagnosable alcohol use disorders. Alcohol causes 1.8 million deaths and loss of 58.3 million of Disability Adjusted Life Years (DALY). Alcohol related neuropsychiatric conditions account for close 40% of the 58.3 million DALYS. It is the largest risk factor in developed countries. [2] A National household survey of drug use recorded in India alcohol us in only 21% of adult male. The prevalence of current use of alcohol ranged from 7% in the western state of Gujarat, to 75 in the North eastern state of Arunachal Pradesh. Significantly higher use has been recorded among ‘tribal’ rural and lower social economic urban sections. [3] National institute of mental and neuro science in Bangalore reveals that 70% Of HIV patients were ALCOHOLICS and they were teenagers. AIIMS in India showed that every 5th teenagers between 15-19 Age E group in Delhi takes alcohol regularly 3,00,000 is addicted and another lakhs need medical attention for school related disorders. [4] Media vision India, in India has been estimated that 40-50% of all males’ drinks alcohol as compared to less than 1% female adults, so alcoholism appears to be predominantly a male disorder especially in India. Because of the influence of urbanization peer pressure westernization, media curiosity and age the college students are more prone to alcohol abuse[5]

OBJECTIVE

1. To assess the pretest knowledge regarding harmful effects of alcoholism among the early adulthood.
2. To assess the effectiveness of post-test knowledge regarding harmful effects of alcoholism among the early adulthood.
3. To find the association between pre-test knowledge with their selected demographic variable i.e. age, religion, education level, type of family, occupation, marital status and source of previous information regarding alcohol.

RESEARCH METHODOLOGY

Research Design

The research design selected for the present study was pre-experimental, one group pre-test post-test research design.



Cover Page



DOI: <http://ijmer.in.doi./2023/12.05.10>
www.ijmer.in

RESEARCH SETTING

The study was conducted in Community health centre Bahadradbad Haridwar most of client come from different places.

POPULATION

In this study, were males of early adulthood considered as the population who are in Community Health center Bahadradbad Haridwar.

Sample

In this study, samples were males of early adulthood considered the at selected community area, Bahadradbad Haridwar

Sample size

In this study, 30 were males of early adulthood selected from the selected community area, Bahadradbad Haridwar

Inclusion criteria

- Males of early adulthood age between 20 – 30 years,
- who were available on the day of data collection.
- Who were able to read and right Hindi or English.

Exclusion criteria

- Not willing to give consent to participants in the study.
- Patient who missed a single meeting during the course of study.
- Males who were not having age 20 – 30 years.

Sampling techniques

In this study, researcher used non-probability purposive sampling technique to select study participants.

Development and description of tool

The tool used for the study consist two part.

Part:1 Socio demographic tool

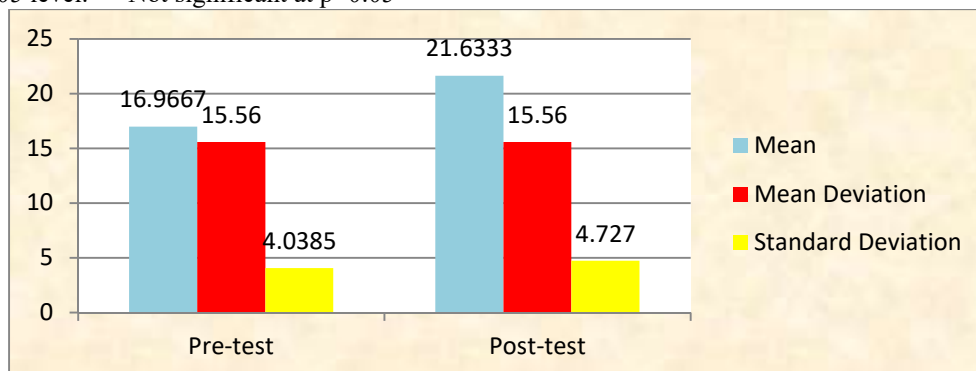
Part:2 Structure knowledge questionnaire

ANALYSIS AND INTERPRATARION

Table No.1: Effectiveness of Structure Teaching Programme regarding harmful effect of alcoholism among males of early adulthood. n=30

Over all	Mean	Mean %	SD	Enhancement %	df	'p' value	't' value	Inference
Pre- test Knowledge score	16.9	56.5	4.0	16.6	29	.00	6.76	S*
Post-test knowledge score	21.6	72.1	3.5					

*Significant at p<0.05 level. ** Not significant at p>0.05





Cover Page



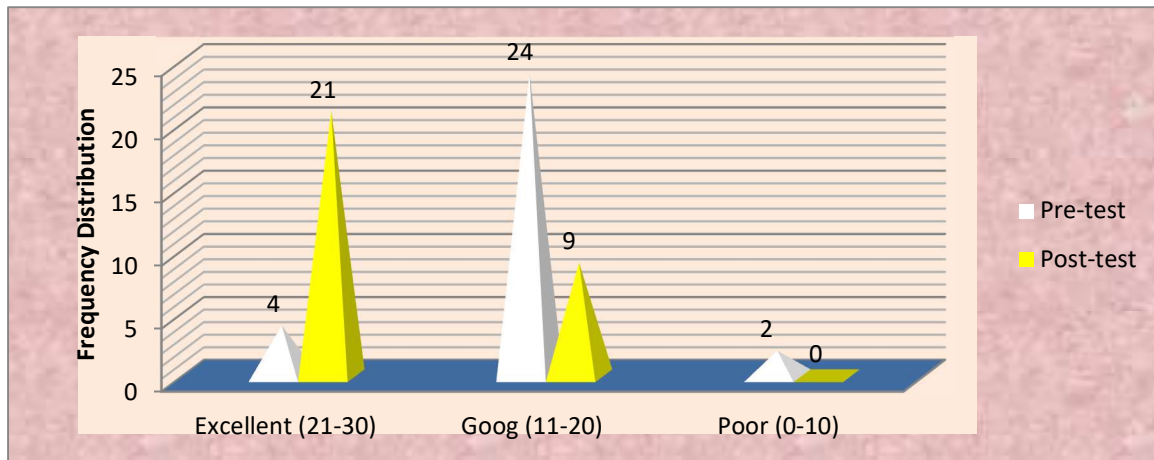
DOI: http://ijmer.in.doi./2023/12.05.10
www.ijmer.in

Table-2 Frequency and distribution of level of knowledge of Rural Population regarding Alcoholism

Knowledge score	Frequency	Percentage	Mean	Mean Percentage	Standard deviation
Excellent (21-30) (67-100%)	4	13.33%	21.25	70.83%	0.43301
Good (11-20) (34-66%)	24	80%	17.2083	57.36%	2.3619
Poor (0-10) (0-33%)	2	6.66%	5.5	18.33%	0.5

Table-3 Frequency and Percentage Distribution of sample on the basis of their level of knowledge before and after administration of STP regarding harmful effects of alcoholism among the early adulthood. n=30

Level of knowledge	Score range	Pre-test Frequency	Percentage	Post-test frequency	Percentage
Excellent	21-30	4	13.33%	21	70%
Good	11-20	24	30%	9	30%
poor	0-10	2	6.66%	0	0%



RESULT AND DISCUSSION

The analysis was done on the basis of the study objectives and hypothesis. Both descriptive and inferential statistics were used for data analysis. The hypothesis was tested at $p < 0.05$ level of significance.

Major findings of the study

1. the highest mean knowledge score & percentage 21.5 (71.66%) of Rural Population were age group of 28-30years followed by lowest 16.2 (54%) mean knowledge score percentage of Rural population in age group of 20-22 years. The difference in knowledge score was tested and found statically not significant at 0.05 level (0.0103).
2. the highest mean knowledge score & percentage 19.33 (64.44%) of Rural Population were Christian followed by lowest 13 (43.33 %) mean knowledge score percentage of Rural population of Muslim. The difference in knowledge score was tested and found statically not significant at 0.05 level (0.9168).
3. the highest mean knowledge score &percentage 18 (60%) of rural population were senior secondary followed by lowest 13.6 (45.33%) mean knowledge score percentage of rural population were up to primary. The difference in knowledge score was tested and found statically not significant at 0.05 level (0.6813).



Cover Page



4. the highest mean knowledge Score & percentage 18.41 (61.366%) of rural population were belongs to Joint family followed by lowest 15.875 (52.916%) mean knowledge score percentage of Rural population of nuclear family. The difference in knowledge score was tested and found statically not significant at 0.05 level (0.4080).
5. the highest mean knowledge score & percentage 18.6 (62%) of rural population were doing other followed by lowest 15.90 (53%) mean knowledge score percentage of rural population were doing Business. The difference in knowledge score was tested and found statically not significant at 0.05 level (0.4231).
6. the highest mean knowledge score &percentage 18.14 (60.46%) of rural population were married followed by lowest 15.93 (53.1%) mean knowledge score percentage of rural population of nuclear family. The difference in knowledge score was tested and found statically not significant at 0.05 level (0.2179).
7. the highest mean knowledge score &percentage 17 (59.58%) of rural population were health professional and lowest 11 (36.66%) mean knowledge score percentage of rural population were other previous information. The difference in knowledge score was tested and found statically not significant at 0.05 level (0.5226).

CONCLUSION

The pre-test 4 male early adulthood had average knowledge score, 24 male early adulthood had had good knowledge score and 2 male early adulthood had had average knowledge regarding harmful effects of alcoholism. The post-test 21 male early adulthood had excellent knowledge score, 9 male early adulthood had good knowledge score and 0 male early adulthood had had average knowledge regarding harmful effects of alcoholism.

REFERENCES

1. Sampath Kumar, A study to assess the personality traits in drug abuse and alcoholism, Unpublished Master of Nursing Dissertation, University of Mangalore, 1996.
2. Santosh P. Developmental programs and substance abuse problems-the divya shanti experience. The Antiseptic 1998. p. 373.
3. De-addiction center, NIMHANS. Alcohol related problems - a manual for Medical officers, Bangalore. 2001.
4. Gouri Devi. News letter NIMHANS, Bangalore 2002.
5. Nagalaxmi SR & Suman LN. Family ineration patterns in alcoholic families. NIMHANS journal 1995; 13:14-52.
6. Leonard KE, Eiden RD. Marital and family processes in the context of alcohol use and alcohol disorders. Annual Review Clinical Psychology 2007; 3:285-310.
7. Dawson DA, Grant BF, Chou SP, Stinson FS. The impact of partner alcohol problems on women's physical and mental health. Alcohol Drugs. 2007 Jan; 68(1):66-75.
8. Leonard, Kenneth E, Homish, Gregory G. Predictors of heavy drinking and drinking problems over the first four years of marriage. Psychology of addictive Behaviors 2008; 22(1): 25-35
9. Sreedevi, M., Gangadharaiyah & Benegal,V. Domestic violence, stress & coping in spouses of alcohol dependents. Indian Journal of Psychiatry. 2001; 43(4), 43.
10. Johnstone EC, Freeman CPL, Zealley AK. Companion to psychiatric studies. Toronto: Churchill Livingstone; 1998. p. 329.