

Effectiveness of a Structured Teaching Programme on Knowledge Regarding Alcohol Dependence among Adolescents in a Selected Rural Area, Bangalore: A Pre-Experimental Study

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Abstract: Background: Alcohol dependence is a major public health problem affecting individuals, families, and communities worldwide. Adolescents are particularly vulnerable because of curiosity, peer pressure, inadequate knowledge, and increased exposure to alcohol through social and media influences. Educational interventions such as structured teaching programmes may improve awareness regarding alcohol dependence and its prevention. Objectives: 1) Assess pre-test knowledge 2) Assess post-test knowledge. 3) Determine effectiveness of STP. 4) Determine association with demographic variables. Methods: A quantitative evaluative pre-experimental one-group pre-test post-test design was adopted. Sixty adolescents from Kannali rural area, Bangalore, were selected using non-probability convenience sampling. A structured questionnaire was administered before and seven days after a 45-minute structured teaching programme. Results: Replace with exact numerical findings from dissertation. Conclusion: The structured teaching programme effectively improved adolescents' knowledge regarding alcohol dependence.

Keywords: Alcohol dependence; Adolescents; Structured teaching programme; Knowledge; Health education; Community health.

1. Introduction

Alcohol consumption has existed throughout recorded history; however, excessive use has become a significant health and social concern. Adolescents are particularly susceptible because of developmental changes, experimentation, peer influence, and limited awareness of long-term consequences. Educational interventions may reduce alcohol-related harm.

Need for the Study

Alcohol dependence among adolescents is a growing public health concern. Educational programmes are needed to improve awareness and encourage healthy lifestyles.

2. Objectives

- Assess pre-test knowledge.
- Assess post-test knowledge.
- Evaluate effectiveness of the structured teaching programme.
- Determine association with selected demographic variables.

3. Materials and Methods

Evaluative quantitative approach with a pre-experimental one-group pre-test post-test design. Study conducted in Kannali rural area, Bangalore. Sample: 60 adolescents selected by convenience sampling. Instrument: demographic proforma and structured questionnaire. Reliability: 0.93. Intervention: 45-minute structured teaching programme. Analysis: descriptive statistics, paired t-test and chi-square.

4. Results

Table 1: Demographic Characteristics, N=60

S.No	Demographical variables	Number	Percentage
1	Age in years		
	a. 20-25yrs	8	13.33
	b. 26-30yrs	35	58.33
	c. 31-35yrs	17	28.33
2	Religion		
	a. Hindu	36	60
	b. Muslim	4	6.66
	c. Christian	20	33.33
3	Marital status		
	a. Yes	54	90
4	Do they have children		
	a. Yes	51	85
5	Educational status		
	a. Illiterate	22	36.66
	b. Primary	18	30
	c. Secondary	15	25
6	Type of family		
	a. Nuclear	48	80
7	Number of friends with alcoholism		
	a. None	15	25
	b. 1	28	46.66
	c. 2	12	20
	d. Above 2	5	8.33

Majority of the adolescence belongs to age group 26-30yrs 35(58.33%) and 31-35yrs 17 (28.33%), 8(13.33%) to 20-25 years and none of them in the years of above 36-40 years.

Most of adolescence 36(60%) were Hindu, 33.33% were Christian and 6.66%.

Out of 60 adolescences, most of them 54(90%) had got married and 6(10%) were unmarried.

Almost 51 (85%) having children and 9 (15%) didn't have children.

When considering educational status of the adolescence most of them 22(36.66%) were illiterate, 18(30%) had primary education, 15(25%) had secondary education and 5 (8.33) had educated degree and above.

Regarding type of family, majority of them 80% belongs to Nuclear family and 20% lives in Joint family.

Regarding number of friends with alcoholism, majority 28(46.66%) were having one of friends with alcoholism,12(20%) were having two friends with alcoholism, 15(25%) were not having any friends with alcoholism and the least 5(8.33%) were having more than two friends with alcoholism.

Table 2: Pre-test Knowledge

S no	Knowledge Level	Category	Respondents	
			n	%
1	Inadequate	< 50 Score	39	65
2	Moderately Adequate	51-75 % Score	21	35
3	Adequate	> 75 % Score	0	0
	Total		60	100

Table 2.1 revealed that out of 60 respondents, 39 (65%) respondents had inadequate knowledge regarding alcohol dependence among adolescents followed by 21(35%) with moderately adequate knowledge.

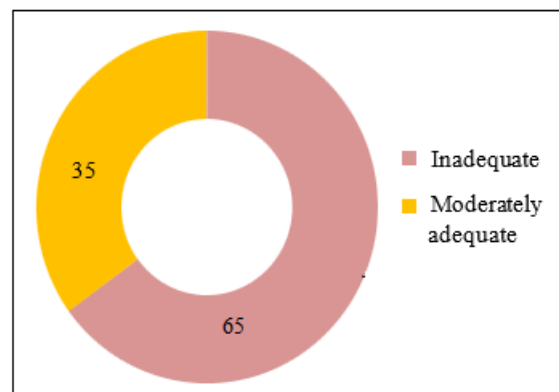


Figure 8: Pretest Knowledge scores of adolescents regarding alcohol dependence

Table 3: Post-test Knowledge

S. no	Knowledge Level	Category	Classification of Respondents			
			Pre test		Post test	
			n	%	n	%
1	Inadequate	< 50 %	39	65	0	0
2	Moderately adequate	51-75 %	21	35	17	28.33
3	Adequate	> 75 %	0	0	43	71.67
	Total		60	100	60	100

Table: 3.3 showed that the knowledge scores of adolescence alcohol dependence. The result indicated that 39 (65%) of respondent had inadequate knowledge in pretest and 21 (35%) had moderate knowledge and no one had adequate knowledge on role of patient education in alcohol dependence among the adolescence. In posttest 17 (28.3%) of respondents had moderate knowledge and majority of the respondents 43 (71.67%) had adequate knowledge and no one had inadequate knowledge on alcohol dependence among the adolescence.

Hence H1 was accepted. So there was significant difference between pretest and posttest of knowledge scores on alcohol dependence among the adolescence at 0.05 level.

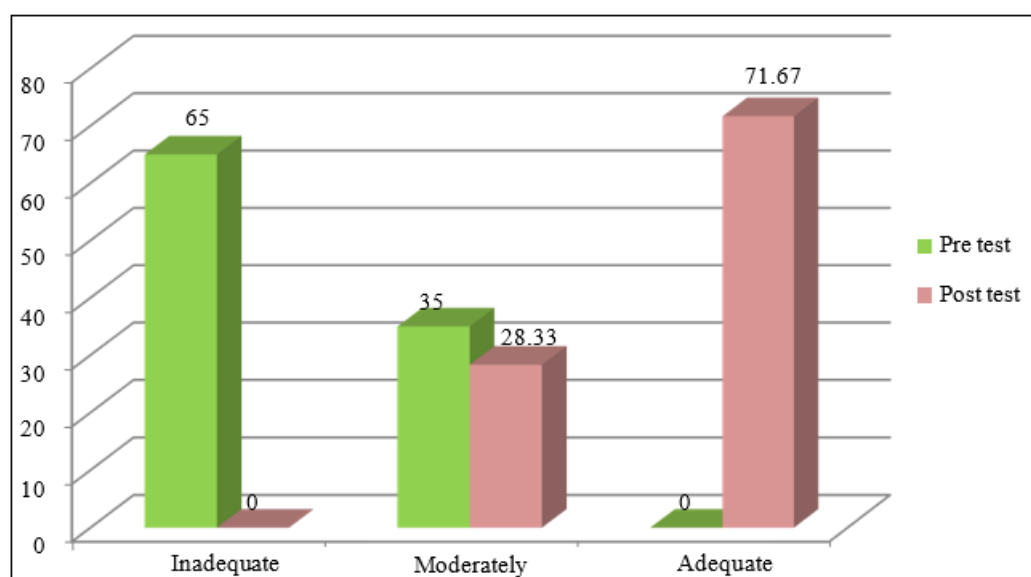


Table 4: Comparison of Pre-test and Post-test Mean Scores

Aspects	Max. Score	Respondents Knowledge			Paired 't' Test
		Mean	Mean (%)	SD	
Pre test	50	14.14	31.85	7.53	9.21*
Post test	50	33.21	77.45	4.49	
Enhancement		47.35	45.6	12.02	

* Significant at 1% level,

Table: 3.4 Revealed that the mean post test score was 77.45% which was significantly higher than the pretest score

of 31.85%, the difference in the mean enhancement score was observed 45.6%.

Further, paired "t" value 9.21 of pretest and posttest of the respondents were found to be significant at $p < 0.01$. Therefore, the findings revealed that the structured teaching programme on alcohol dependence among adolescence was effective as revealed by statistical results.

Table 5: Association with Demographic Variables

S No	Demographic Variables	Sam ple	Respondents Knowledge				χ^2 value & df	p Value
			Inadequate		Moderate			
			n	%	n	%		
1	Age group (years)							
	a) 20-25years	0	0	0	0	0		< 0.05
	b) 26-30years	35	24	40	11	18.33		
	c) 31-36 years	17	14	23.3	3	5	8.2	
	d) 36 – 40 years	8	2	3.33	6	10	6	
2	Religion							
	a) Hindu	36	22	36.6	14	23.3		>0.05
	b) Muslim	4	2	3.33	2	3.33	13.85	
	c) Christian	20	10	6	10	6	6	
3	Do they have child							
	a) Yes	51	21	35	30	50	2.96	<0.05
	b) No	9	7	11.66	2	3.33	1	
4	Marital status							
	a) Yes	6	4	6.66	2	3.33	1.71	<0.05
	b) No	54	21	36	33	55	1	
5	Educational status							
	a. Illiterate	22	18	30	4	6.66		> 0.05
	b. Primary	18	6	10	12	20		
	c. Secondary	15	10	16.66	5	8.33	12.46*	
	d. Degree above	5	3	5	2	3.33	1	
6	Type of family							
	a) Nuclear	46	38	63.3	8	13.3	0.002	< 0.05
	b) Joint	14	12	20	2	6.6	NS	
7	Number of friends with alcoholism							
	a) None	22	20	33.3	2	6.6	25.87*	> 0.05
	b) 1	17	14	23.3	3	5		
	c) 2	5	5	8.3	0	0		
	d) above 2	6	6	10	0	0		

Table: 4.1 depicted the association between selected demographic variables and knowledge level of pretest among adolescence regarding alcohol dependence.

The association between demographic variables such as educational status and number of friends with alcoholism knowledge level of Pretest among adolescences regarding alcohol dependence were significant at 0.05 level. Hence H₂ was accepted that there was significant association between level of knowledge scores and selected demographic variables in pretest.

Again the demographic variables such as age, marital status, having children, religion and type of family related to alcohol dependence among adolescences were not significant at 0.05 level. Hence, the H₂ was rejected.

5. Discussion

The present study demonstrated that the structured teaching programme improved adolescents' knowledge regarding alcohol dependence. The improvement observed in post-test scores suggests that educational interventions can effectively increase awareness of alcohol-related health risks.

These findings are consistent with the educational objective of improving knowledge through structured teaching. Community-based educational programmes delivered using simple language and visual aids may be useful in promoting healthy behaviours among adolescents.

6. Nursing Implications

- Nursing Education: Alcohol dependence education should be integrated into school and community health education programmes.

- Nursing Practice: Community health nurses should conduct regular awareness programmes for adolescents.
- Nursing Administration: Administrators should encourage preventive health education in rural communities.
- Nursing Research: Future studies may evaluate long-term retention of knowledge and behavioural outcomes.

7. Limitations

- Small sample size.
- One-group pre-test post-test design.
- Conducted in a single rural area.
- Short follow-up period

8. Recommendations

- Conduct randomized controlled studies with larger samples.
- Replicate the study in urban and rural settings.
- Assess long-term behavioural changes after educational interventions.
- Compare different educational methods for improving alcohol-related knowledge.

9. Conclusion

The structured teaching programme significantly improved adolescents' knowledge regarding alcohol dependence. The findings support the use of structured educational interventions as an effective strategy for enhancing awareness and promoting preventive health behaviour among adolescents in community settings.

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