A Study to Assess the Effectiveness of Structured Teaching Programme on Knowledge and Attitude Regarding Alcohol Withdrawal Syndrome among Family Members of Alcoholic Clients at Selected Hospital in Jalgaon

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Abstract: _Aim of the study_: *The study aims to find the effectiveness of structured teaching programme on knowledge and attitude regardingalcohol withdrawal syndrome among family members of alcoholic clients at selected hospital in jalgaon.* _Objectives of study_: *1) To assess the pre-test levels of knowledge and attitude regarding alcohol withdrawal syndrome among family members of alcoholic clients. 2) To assess the effectiveness of structured teaching programme on knowledge and attitude regarding alcohol withdrawal syndrome among family members of alcoholic clients. 3) To associate the pre –test knowledge and attitude scores of family members of alcoholic clients with their selected socio demographic variables regarding alcohol withdrawal syndrome. 4) To develop and distribute an information booklet regarding alcohol withdrawal syndrome and its management to family members of alcoholic clients.* _Method_: *pre-experimental design and a one group pretest – posttest approach was carried out on 60 family members of alcoholic clients selectedby non-probability convenient sampling technique to test effectiveness of structured teaching programme, the data was collected by using structured questionnaire consists of 24 items.* _Results_: *The presents study evaluates and found thatThe findings of the study revealed that there was a marked increase in knowledge and positive attitude of family members after exposing them to structured teaching programme on alcohol withdrawal syndrome. The pre-test and post-test knowledge means were 15.16 and 20.55 respectively. The standard deviation for pre-test and post- test were 4.95 and 2.20 respectively. The mean difference was 2.75. The calculated't' value 12.02 is greater than table value at degree of freedom 0.05 level. The pre-test and post-test attitude means were 62.96 and 84.08 respectively. The standard deviation for pre-test and post-test were 13.59 and 7.41 respectively. The mean difference was 21.12.The calculated 't' value 10.67 is greater than table value at degree of freedom $p<0.05$ level. This indicates that structured teaching programme was effective.Findings of the study revealed there is significant association between knowledge and attitude score with their selected demographic variables. The result shows that the calculated value is greater than (at 0.05 level) tabulated value for variables; educational status, monthly family income, residential area, Source of information regarding alcohol withdrawal syndrome. There will be significant association between pre-test attitude score regarding alcohol withdrawal syndrome with their selected demographic variables like gender, educational status and monthly family income, was significantly associated with pretest attitude level.* _Interpretation and conclusion_: *The findings of the study suggested that the structured teaching programme are beneficial in improves the knowledge and attitude of family members knowledge regarding alcohol withdrawal syndrome on the basis of the result an informative booklet is developed and given to the family members.*

1. Introduction

"Changes in drinking customs may offer clues to fundamental social changes."
David Mandelbaum

"First the man takes the drink, then the drink takes the drink, then the drink takes the man". The term Alcoholism was first used in 1849 by Magnus Huss, a physician to describe the systematic adverse effects of alcoholism. Alcohol is a group of substances the technical name of alcohol beverage is Ethanol or Ethyl alcohol; popularly, it is known as Alcohol.[1]

Alcohol produces a sedative effect by depressing the central nervous system. Depending on the amount of alcohol ingested, the effect can range from feelings of mild sedation and relaxation to serious impairment of motor functions, speech, confusion and severe intoxication that can result in coma, respiratory failure and death. Alcohol consumption is the leading risk factor in developed countries in Europe

alone alcohol consumption was responsible for over 55,000 deaths among labourers aged 18 to 30 years in 1999.[1]

2. Need for the Study

"It is easier to stay out than get out."
-**Mark Twain**

The association of humans with alcohol is from times immemorial. Epics and Mythology of India reveal the earliest evidence of human consumption of alcohol. Omar Khayyum glorified alcohol in his Rubayats. Alcohol's association with society is from the very inception of both. Alcohol permeates, pleases and plagues the world. This necessary social evil, despite of its ill effects, has a lot of charm, and attracts the society

The WHO estimates that 320,000 young people between the ages of 15 & 29 die from alcohol related causes. This represents 9% of all deaths in this age group. The 2011 Global Status Report on Alcohol & Health states that there has been a marked increase in alcohol consumption amongst

young people in recent years. The 2008 Global report from 73 countries showed a five-year trend in under-age drinking with 71% of countries reporting an increase. [2]

3. Review of Literature

Chakravarthy C. (2000) The pattern of drinking in India has undergone a change from occasional and ritualistic use to being a social event. Today, the common purpose of consuming alcohol is to get drunk. These developments have raised concerns about thehealth and the social consequences of excessive drinking.[3]

A study was conducted in Bangalore among pre-university students on knowledge and effect related to alcoholism and alcohol withdrawal. The sample selected for the study includes 50 Pre-University students and simple random sampling method was used. The data was collected by using structured questionnaire. Each correct response was given one score and zero for incorrect response. Results the overall mean knowledge was found to be more (68.8%) about general information on alcohol than the knowledge on the effects of alcohol (33.2%). The overall mean attitude was 77.7%. The highest attitude response identified in the aspect of keeping away from alcoholics (92%).A significant association is found between knowledge and type of family. There exists a significant association between attitude and type of family, and also between attitude and academic marks. Interpretation and Conclusion Overall findings showed that, respondents knowledge about effect of alcohol is inadequate (33.2%), although the respondents overall attitude towards effect of alcohol is found to be favourable (77.7%). So enhancement in knowledge aspect is required.[4]

4. Assumption

The family members of alcoholic clients may have some knowledge and positive attitude regarding alcohol withdrawal syndrome.
- The structured teaching programme may improve knowledge and attitude levels regarding alcohol withdrawal syndrome.
- The knowledge and attitude levels of family members of alcoholic clients may vary according to their socio demographic variables.

Limitation
Family members of alcoholic clients whose age group between [21-50] years.
- The period of 6 months.
- Limited to the 60 samples only.
- The findings could be generalized only to the population which fulfil the criteria in the study.

Hypothesis
H1: There will be a significant difference between pre and post-test levels of knowledge and attitude of family members of alcoholic clients regarding alcohol withdrawal syndrome.
H2: There will be a significant association between pre-test knowledge and attitude scores with their selected socio-demographic variables regarding alcohol withdrawal syndrome.

5. Methodology

Research approach: An evaluative approach was used for this study

Research design: Pre-experimental One group pretest – posttest design

Variables under study:
1) Independent variable: In this study, independent variable is structured teaching programme on knowledge and attitude regarding alcohol withdrawal syndrome.
2) Dependent variable: In this study, dependent variable is knowledge and attitude regarding alcohol withdrawal syndrome among family members of alcoholic clients

Setting: The study was conducted among family members of alcoholic clients at selected hospital in jalgaon.

Population: In this study, the population includes family members of alcoholic clients.

Target population: family members of alcoholic clients at selected hospital in jalgaon.

Accessible population family members of alcoholic clients present at the time of data collection.

Sample and sampling technique

Sample: In the present study sample arefamily members of alcoholic clients residing in selected hospitals.

Sample size: The sample size for the present study is 60 family members of alcoholic clients who fulfill the set inclusion criteria.

Sampling technique: Non probability convenient sampling technique based on predefined inclusion criteria

Inclusion criteria-
Family members of alcoholic clients:-
- Whose age group is between 21-50 years.
- Who can understand English or Marathi language.
- Who are willing to participate in the study.
- Who are available at the time of data collection.

Exclusion criteria-
- Family members of clients who are not presented at selected hospital in Jalgaon.

Tool Preparation
A structured knowledge questionnaire was developed to assess the knowledge and attitude level of family members regarding alcohol withdrawal syndrome. The tool was constructed after extensive review of literature and discussion with experts in the field

Development of tool:
The research instrument consists of two parts:

Part I-Demographic data: Demographic data consisted of 9 characteristics pertaining to age, sex, religion, educational status, occupation, type of family, monthly family income, residential area, and relationship with the client and previous information of family members of alcoholic clients

Part II– Structured knowledge questionnaires: Questionnaire on Knowledge regarding alcohol withdrawal syndrome consists of 24 questions.

Scoring Key: All the items were scored; each item has only one answer. Correct answer was given a score of one and wrong answer zero. Each item carries one mark, totals to 24 marks. The same will be converted in to percentage and arbitrarily graded as follows.

Adequate knowledge - 17 to 24
Moderately adequate knowledge - 9 to 16
Inadequate knowledge   - 0 to 8

Validation of the tool: Validity of the tool was established after consultation with 13 obstetrical and gynecological nurses, 2 obstetricians, who are experts in their respective fields. Minor modifications were made on the basis of recommendations and suggestions of experts. After consulting guide and statistician, final tool was reframed.

Reliability: To check the accuracy, precision, equivalence and homogeneity, the investigator administered the questionnaire to 6 family members of alcoholic clients in selected hospitals. Reliability of the tool was established by using split half technique. Co-relation Co-efficient was calculated using Spearman Brown's Prophecy formula and it was found to be r = 0.9, hence the tool found to be reliable.

Feasibility of the study: The investigator conducted a Pilot study.

Pilot study: After having obtained formal administrative approval, pilot study was conducted in selected hospitals from 19/11/2016 to 28/11/2016.

Data collection procedure: Investigator utilized the Non probability convenient sampling technique to select the 60 subjects. Investigator personally visited each subject, introduced himself to the subjects and explained the purpose of the study and ascertained the willingness of the participants, the subjects were assured anonymity and confidentiality of the information provided by them. Written consent was obtained from the subjects under study.
Period of data collection. The period of data collection was from 03-12-2016 to 15-01-2017.

Pretest: Soon after pretest, structured teaching programme on alcohol withdrawal syndrome administered to the family members of alcoholic clients.

Post test: Evaluation is done by conducting posttest after 7 days of administration of structured teaching programme by using the same structured questionnaire.

Plan for data analysis: - The investigator planned to analyze the data in the following manner.

1) Description of demographic characteristics of the samples by using frequency and percentage.
2) Assessment of pre-existing knowledge of family members of alcoholic clients on alcohol withdrawal syndrome by using frequency and percentage of pre test knowledge scores.
3) Assessment of the post test knowledge of family members of alcoholic clients on alcohol withdrawal syndrome done by using frequency and percentage of post test knowledge scores.
4) Data analyzed in relation to find out the association of post-test knowledge score with selected demographic variables by using chi square test of association.
5) The effectiveness of structured teaching programme on the knowledge done by calculating difference between percentage of mean pre-test and posttest knowledge scores.
6) Significant difference between pre-test knowledge and posttest knowledge scores of the family members of alcoholic clients on alcohol withdrawal syndrome calculated by using paired "t "test. The data presented in the form of tables and figures in chapter IV

Scoring mode: You can determine your PSS score by following these directions:

All the items were scored there were 13 Positive statement (1,4,6,7,9,10,12,13,14,16.18,19,20) and 7 Negative statement (2, 3, 5, 8, 11, 15, 17,). The same will be converted in to percentage and arbitrarily graded as follows

Score for positive statement
- Agree ---3
- Uncertain ---2
- Disagree ---1

Score for negative statement
- Disagree-3
- Uncertain-2
- Agree -1

Attitude scores
Unfavorable Attitude   - 0 to 20
Moderately favorable Attitude   - 21 to 40
Favorable Attitude   - 41 to 60

6. Results

Organization of the data: The collected data is tabulated, analyzed, organized and presented under the following sections:

Section I: Description of samples according to their demographic characteristics

Table 1: Frequency and Percentage Distribution of samples according to their demographic characteristics Age, Gender, Religion and educational status

S.No.	Characteristics	Category	Frequency	Percentage%
1	Age in years	21-30	6	10%
		31-40	26	43.3%
		41-50	18	30%
		50 above	10	16.7%
2	Gender	Male	24	40
		Female	36	60
3	Religion	Hindu	27	45
		Muslim	16	26.67
		Christian	17	28.33
		Others	0	00.00
4	Educational status	Illiterates	7	11.7%
		Primary education	16	26.7%
		Higher secondary	18	30%
		Graduate	16	26.7%
		Postgraduate and above	3	5%

Section- II

Table III: Frequency and Percentage Distribution of Pre Test Knowledge Level Regarding Alcohol Withdrawal Syndrome among Family Members of Alcoholic clients, N=60

Knowledge levels		Frequency	Percentage%
Inadequate knowledge	0-.33%	04	6.67
Moderately adequate knowledge	33.4-66.6%	36	60.00
Adequate knowledge	66.7%-100%	20	33.33
	Total	60	100

The above table shows that the majority of the family members 36(60%) had moderately adequate knowledge, 20(33.33%) had adequate knowledge and 04(6.67%) had inadequate knowledge regarding alcohol withdrawal syndrome

Section III: Comparison of Mean Scores between Pretest and Posttest on Knowledge Regarding Alcohol Withdrawal Syndrome

Table VII: Difference between Pre Test and Post Test Knowledge Levels Regarding Alcohol Withdrawal Syndrome among Family Members of Alcoholic Clients, **N= 60**

Knowledge	Mean	Standard Deviation	Mean difference	't' calculated value	't' table value	Significant
Pre-test	15.16	**4.95**	**5.39**	**12.02**	**2.00**	***
Post-test	20.55	**2.20**				

*** Significant at p< 0.05 level

The pre test and post test knowledge means were 15.16 and 20.55 respectively. The standard deviation for pre test and post test were 4.95 and 2.20 respectively. The mean difference was 2.75. The calculated 't' value 12.02 is greater than table value (2.0) at degree of freedom 0.05 level. This indicates that structured teaching programme was effective. Hence the research hypothesis (H1) was accepted.

Section IV: Association between pretest knowledge and attitude scores with demographic variables of family members of alcoholic clients

Table XI: Association of post-test knowledge score with selected demographic variables

Sl. No.	Demographic variables	Good	Average	Poor	Chi-square	P' value	Level of significance
1	AGE IN YEARS						
	15-24	2	3	1	6.87	0.333	Not significant
	25-34	7	14	5			
	35-44	10	6	2			
	45 and above	3	3	4			
2	GENDER						
	Male	6	12	6	0.82	0.665	Not significant
	Female	13	17	7			
3	RELIGION						
	Hindu	7	16	4	6.09	0.413	Not significant
	Muslim	4	10	2			
	Christian	6	8	3			
	Others	0	0	0			
4	EDUCATIONAL STATUS						
	Illiterates	0	3	4	29.004	0.000	Significant
	Primary education	2	11	3			
	Higher secondary	5	10	3			
	Graduate	12	2	2			
	Postgraduate and above	3	0	0			
5	OCCUPATION						
	Business	4	5	2	14.79	0.063	Not significant
	Unemployed	2	1	4			
	Private	7	8	1			
	Government	8	8	1			
	Agriculture	1	4	4			
6	MONTHLY FAMILY INCOME						
	Less than 10000	2	3	6	13.82	0.032	Significant
	10001-15000	7	12	5			
	15001-20000	9	8	1			
	More than 20000	4	3	0			
7	RESIDENTIAL AREA						
	Urban	7	10	6	7.662	0.022	Significant
	Rural	15	16	6			
8	RELATIONSHIP WITH PATIENT						
	Spouse	8	8	2	12.872	0.231	Not significant
	Parents	5	6	4			
	Children	3	6	5			
	Sibling	2	5	1			
	Son/Daughter-in-law	4	1	0			
9	Source of information regarding alcohol withdrawal syndrome						
	Mass media	5	11	2	11.954	0.003	Significant
	Family members	4	7	3			
	Health professional	3	7	3			
	Relatives /friends	5	7	1			

P value< 0.05

Table No: IX shows the association between pre- test levels of knowledge among family members regarding alcohol withdrawal syndrome with selected demographic variables.

Chi-square value was calculated to find out the association. The result shows that the calculated value is greater than (at 0.05 level) tabulated value for variables; educational status, monthly family income, residential area, Source of information regarding alcohol withdrawalsyndrome.

H2: There will be significant association between pre-test knowledge score regarding alcohol withdrawal syndrome with their selected demographic variables. In that variable educational status, monthly family income, residential area, Source of information regarding alcohol withdrawal syndrome, was significantly associated with pretest knowledge, **hence H2Accepted.**

Develop and distribute an information booklet regarding alcohol withdrawal syndrome and its management

The result results indicate that structured teaching programme was effective to improve knowledge regarding alcohol withdrawal syndrome among the family members. On the basis of the content of structured teaching programme, the researcher developed an information booklet regarding alcohol withdrawal syndrome and its management and distributed to all family members who participated in the study it will help the family member for the revision of knowledge and help then to apply in practice

H1: There will be a significant difference between pre and post-test levels of knowledge and attitude of family members of alcoholic clients regarding alcohol withdrawal syndrome.

The pre test and post test knowledge means were 15.16 and 20.55 respectively. The standard deviation for pre test and post test were 4.95 and 2.20 respectively. The mean difference was 2.75. The calculated 't' value 12.02 is greater than table value (2.0) at degree of freedom 0.05 level. This indicates that structured teaching programme was effective. Hence the research hypothesis (H1) was accepted.

The pre test and post test attitude means were 62.96 and 84.08 respectively. The standard deviation for pre test and post test were 13.59 and 7.41 respectively. The mean difference was 21.12. The calculated 't' value 10.67 is greater than table value (2.0) at degree of freedom p<0.05 level. This indicates that structured teaching programme was effective. Hence the research hypothesis (H1) was accepted.

H2: There will be a significant association between pre-test knowledge and attitude scores with their selected socio-demographic variables regarding alcohol withdrawal syndrome

The result shows that the calculated value is greater than (at 0.05 level) tabulated value for variables; educational status, monthly family income, residential area, Source of information regarding alcohol withdrawal syndrome.

There will be significant association between pre-test knowledge score regarding alcohol withdrawal syndrome with their selected demographic variables. In that variable educational status, monthly family income, residential area, Source of information regarding alcohol withdrawal syndrome, was significantly associated with pretest knowledge, hence H2 Accepted.

The result shows that the calculated value is greater than (at 0.05 level) tabulated value for variables; gender, educational status and monthly family income. There will be significant

association between pre-test attitude score regarding alcohol withdrawal syndrome with their selected demographic variables. In that variable gender, educational status and monthly family income, was significantly associated with pretest attitude level, hence H2 Accepted.

7. Summary

1) Majority of the family members 26(43.30%) were in the age group of 31-40 years.
2) Majority of the family members 36(60 %) were females when compared to males 24(40%).
3) Majority of the family members 27(45%) belongs to Hindu religion.
4) Majority of the family members 18(30%) were studied higher secondary, and 16(26.70%) were studied primary level as education.
5) Majority of the family member`s occupation i.e.17 (28.30%) were working in government job and 16(26.70%) were working private service as occupation.
6) Majority of the family members 24(40%) were having a monthly family income in the range of Rs 10001-15000/- per month.
7) Majority of the family members 37 (61.70%) were from rural residential areas.
8) Majority of the family members 18 (30%) have relationship with patient as a husband or wife.
9) Majority of the family members 18(30%) Source of information regarding alcohol withdrawal syndrome were mass media
10) Majority of the family members 36(60%) of the family members were having Moderately adequate knowledge pre test knowledge score
11) Majority of the family members 32(53.33%) of the family members were having moderately favorable Attitude pre test attitude score.
12) Majority of the family members 57(95%) of the family members were having adequate knowledge post test knowledge score
13) Majority of the family members 55(91.67%) of the family members were having moderately favorable Attitude pre test attitude score
14) Demographic variable educational status, monthly family income, residential area, Source of information regarding alcohol withdrawal syndrome were found to be significantly associated when compared with pre test knowledge score.
15) Demographic variable gender, educational status and monthly family income were found to be significantly associated when compared with pre test attitude score
16) Highly significant difference found between the pretest and posttest Knowledge Scores (P<0.01).
17) Structured teaching programme regarding alcohol withdrawal syndrome is proved to be effective in improving the knowledge of family members.

8. Conclusion

The main aim of the study was to assess the knowledge and attitude among family members regarding alcohol withdrawal syndrome and to administer a structured teaching programme based on alcohol withdrawal syndrome The structured teaching programme helps the family

members to enhance their knowledge regarding alcohol withdrawal syndrome.

The following conclusions were drawn on the basis of the findings of the study:

1) The knowledge and attitude scores among most of the family members were poor an average.
2) The structured teaching programme on alcohol withdrawal syndrome for family members helps them to learn more about the alcohol withdrawal syndrome and its implementation in care.
3) There was significant association between the gains in post test knowledge scores with selected demographic variable educational status of the family members

9. Recommendations

On the basis of the findings of the study, the following recommendations have been made for the further study:

1) Same study with large sample size can be done for replication to standardize the structured teaching programme on alcohol withdrawal syndrome.
2) Same study can be conduct with control group.
3) A similar study can be conduct among nursing students.
4) A comparative study can be conduct on knowledge and attitude of the family member's alcoholic client on alcohol withdrawal syndrome.
5) A self-instruction module can be prepared and tested for its effectiveness.
6) Study can be conducted to assess the effectiveness of information booklet on alcohol withdrawal syndrome
7) Comparative study can be done to assess the effectiveness of structured teaching programme and informative booklet regarding alcohol withdrawal syndrome

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