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A Study to Assess the Effectiveness of Structured Teaching Programme on Ill Effect of Alcohol Consumption among Adolescent Group of Junior College in a Selected City

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Abstract: The objectives of the study are to: 1. To assess the pre-test knowledge score regarding ill effect of alcohol consumption 2. To evaluate the effectiveness of structured teaching programme regarding ill effect of alcohol consumption among adolescent group. 3. To find out the association of knowledge score with selected demographic variables. HYPOTHESIS: H0: There is no significant difference in the pre test and post test knowledge score after the administration of structured teaching program on ill effects of alcohol consumption in the adolescent group. H1: There is significant difference in the pre test and post test knowledge score after the administration of structured teaching program on ill effects of alcohol consumption in the adolescent group. Method In view of the nature of the problem under study and to accomplish the objectives of the study, one group pre test- post test design with evaluative approach was used to evaluate the effectiveness of structured teaching programme on ill effect of the alcohol consumption among adolescent in the selected junior college. The sample consisted of 30 adolescent male selected by simple random sampling. Data was collected by using closed ended knowledge questionnaire on ill effect of alcohol consumption among adolescent.

Keywords: Effectiveness, structured teaching programme alcohol consumption and its ill effect.

1. Background and Objectives of the Study

Alcoholism is a broad term for problems with alcohol, and is generally used to mean compulsive and uncontrolled consumption of alcoholic beverages, usually to the detriment of the drinker's health, personal relationships, and social standing. It is medically considered a disease, specifically a neurological disorder, and in medicine several other terms are used, specifically "alcohol abuse" and "alcohol dependence," which have more specific definitions. In 1979 an expert World Health dipsomania, but that term now has a much more specific meaning People suffering from alcoholism are often called "alcoholics". Many other terms, some of them insulting or informal, have been used throughout history. The World Health Organization estimates that there are 140 million people with alcoholism worldwide. Alcoholism is called a "dual disease" since it includes both mental and physical components.

The biological mechanisms that cause alcoholism are not well understood. Social environment, stress, mental, family history, age, ethnic group, and gender all influence the risk for the condition. Long-term alcohol abuse produces changes in the brain's structure and chemistry such as tolerance and physical dependence. These changes maintain the person with alcoholism's compulsive inability to stop drinking and result in alcohol withdrawal syndrome if the person stops. Alcohol damages almost every organ in the body, including the brain. The cumulative toxic effects of chronic alcohol abuse can cause both medical and psychiatric problems. Identifying alcoholism is difficult because of the social stigma associated with the disease that causes people with alcoholism to avoid diagnosis and treatment for fear of shame or social consequences.⁴

The objectives of the study are to:

- 1) To assess the pre-test knowledge score regarding ill effect of alcohol consumption
- 2) To evaluate the effectiveness of structured teaching programme regarding ill effect of alcohol consumption among adolescent group.
- 3) To find out the association of knowledge score with selected demographic variables.

Hypothesis

- **H**₀: There is no significant difference in the pre test and post test knowledge score after the administration of structured teaching program on ill effects of alcohol consumption in the adolescent group.
- **H**₁: There is significant difference in the pre test and post test knowledge score after the administration of structured teaching program on ill effects of alcohol consumption in the adolescent group.

2. Method

In view of the nature of the problem under study and to accomplish the objectives of the study, one group pre test-post test design with evaluative approach was used to evaluate the effectiveness of structured teaching programme on ill effect of the alcohol consumption among adolescent in the selected junior college. The sample consisted of 30 adolescent male selected by simple random sampling. Data was collected by using closed ended knowledge questionnaire on ill effect of alcohol consumption among adolescent.

3. Results

The major findings of the study are as follows:

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Section 1: To distribution of adolescent according to their demographic variables.

Of the sample 30 adolescents, 23(76.7%) of them were in the age of 16-17 years, 6(20.0%) within the age of 17-18 years, 1(3.3%) were within the age of 18-19 years and none of them in the age of 19-20 years.

Regarding religion, 19(63.3%) were Hindus, 1(3.3%) were Islam, 7(23.3%) were Christians and 3(10.0%) were Buddhists.

According to education, 29(96.7%) had the education of higher secondary, 1(3.3%) had diploma and none of them was graduate.

Regarding family income, 9(30.0%) were with the family income of 6,001-10,000 Rs/month, 18(60.0%) were with the family income of 10,001-15,000 Rs/month, 3(10.0%) were with family income of above 15001Rs/month and none of them had family income of below 6,000 Rs/month.

Of the sample, 28(93.3%) of the adolescents parents were employed and 2(6.7%) of their parents were unemployed.

Regarding the area of residence, 16(53.3%) were from urban area and remaining 14(46.7%) were from rural area.

According to type of family, 20(66.7%) were belonged to nuclear family and the rest of 10(33.3%) were belonged to joint family.

Regarding the accommodation of adolescents, 11(36.7%) were day scholars, 14(46.7%) were from hostel and the rest of 5(16.7%) were stayed in private rooms.

According to the number of siblings, 1(3.3%) of adolescents were from one sibling in the family, 19(63.3%) were from the two siblings in the family, 8(26.7%) were from three siblings in the family.

Of the sample 30, 6((20.0%)) adolescents had information regarding ill effects of alcohol consumption form social media, 7(23.3%) had information from their family, 11(36.7%) had information through relatives and 6(20.0%) had information through peer groups

Section 2: The Knowledge on ill effect alcohol consumption among adolescents

The above table 2.1 shows in the pre-test, 12(40.0%) had inadequate knowledge, 18(60.0%) had moderately adequate knowledge and none of them had adequate knowledge. But, after the intervention of STP, all of them 30(100%) was found with adequate knowledge, and none of them remain in inadequate or moderately adequate knowledge. These findings evidenced the increase in knowledge regarding ill effect alcohol consumption among adolescents after the intervention of STP.

The above table 2.2 shows the pre and post test range, mean, SD and mean percentage of knowledge regarding ill effect of alcohol consumption. In pre test, the range was 10-21, mean 17.33, standard deviation was 2.50, mean percentage

was 57.7% and the post test range was 22-27. Mean 24.33, standard deviation was 1.46, and mean percentage was 81.1%. It evidence the increase in the knowledge regarding ill effect of alcohol consumption among adolescents after the STP.

Section 3: Analysis of effectiveness of structured teaching Programme on knowledge by comparing pretest and posttest scores.

The represents the mean pre test and post test knowledge regarding ill effect of alcohol consumption among adolescents. The paired t-test was carried out and it was found to be significant at p<0.05 level, hence null hypothesis (H_0) is rejected and the research hypothesis (H_1) was accepted. It provides the evidence that the STP was significantly effective in providing knowledge regarding ill effect of alcohol consumption among adolescents.

Section 4: The association between pre-test knowledge score with selected demographic variables

Presents outcomes of Chi-square analysis to find out the association between pretest knowledge regarding ill effects of alcohol consumption with selected demographic variables of the adolescents. Out of the demographic variables accounted for test for association the variables religion (χ^2 =8.52, df=3), accommodation of adolescents (χ^2 =7.25, df=3) were found to be statistically significant at 5% level (ie, p<0.05). The rest of the variables were not significant at 5% level (ie, p>0.05).

4. Interpretation and Conclusion

The assessment of the level of knowledge of the adolescent regarding the ill effect of alcohol consumption among adolescent according to their pre-test level of knowledge showed they had poor knowledge on ill effect of alcohol consumption among adolescent. The difference between the pre-test and the post-test knowledge score was very high significant (P<0.0001) indicating the effectiveness of Structured teaching programme in improving the knowledge of ill effect of alcohol consumption among adolescent and it is concluded that the structured teaching programme was effective in improving the knowledge on ill effect of alcohol consumption among adolescent. Educating the adolescent male would help them to prevent and manage the complications of consumption of alcohol.

It is concluded that there is a significant differences between the pre-test score and post test score of knowledge regarding ill effect of alcohol consumption among adolescent. So null hypothesis is rejected and alternative hypothesis accepted.

There is no significant association with selected demographic variable except accommodation of adolescent and religion. Hence the alternative hypothesis is accepted.

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