

A STUDY TO EVALUATE THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAM (STP) ON KNOWLEDGE AND ATTITUDE REGARDING IMPACT OF ALCOHOL CONSUMPTION AND SMOKING HABIT ON HEALTH AMONG P U STUDENTS IN SELECTED P U COLLEGE BANGALORE, KARNATAKA

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ABSTRACT

The present study was aimed to assess the effectiveness of structured teaching program on knowledge and attitude regarding impact of alcohol consumption and smoking habit on health among P U students in selected p u college Bangalore, Karnataka, The research approach was a one group pre experimental (pre-test, posttest) research design is adopted in this study. 50 P U students were selected by purposive sampling, demographic profile was used to assess the personal information of PU students and Statement Wise Assessment of Knowledge and attitude scale was used. A pre-test was conducted to assess the existing level of knowledge and attitude regarding impact of alcohol consumption and smoking habit on health among p u students with the help of structured knowledge questionnaire and attitude questionnaire, followed by structured teaching programme on impact of alcohol consumption and smoking habit on health, seven day later a post test was taken. The study found that structured teaching program on impact of alcohol consumption and smoking habit on health effectively improved the knowledge and attitude level of PU students in the selected P U College Bangalore, Karnataka.

Keywords: Impact, Knowledge, Attitude, Alcohol Consumption, Smoking Habit.

INTRODUCTION

Alcohol is drug and may be classified as sedative, tranquilizer, depending upon the quantity consumed of all the drug alcohol is the only drug where self-induced in toxic action is socially acceptable.¹Alcohol has marked effect on the central Nervous system. It is not stimulant as long believed but a primary and continuous depressant. Alcohol damages body tissues by irritating them directly, through changes that occur during its metabolism.²

Alcoholism is worldwide social and medical problem over the past 30-40 years. Alcohol consumption has increased quantity and frequency. The age at which people start drinking has also declined. The population group at great risk is those undergoing rapid socioeconomic and cultural changes, they view alcohol as a symbol of prestige and social status.¹**MARION LNs, et al**, (1996) A sample of 315 nursing students in yearly cohorts (1988-1992) completed the Michigan. Alcoholism screening test (Mast). A simple and quick instrument with established reliability and validity, the MAST had a reliability coefficient of 78 with this sample the MAST scores of the nursing students indicated that 21.5% had probable alcoholism/ were alcoholic. Drinking problems among these nursing students were similar to those of other nursing students and college students in general Implications for nurse educators includes recognition that nursing students need continuing self-assessment and monitoring to avoid drinking problems as a student and future practitioner. Alcoholism self screening is an excellent introduction to client assessment for drinking problems implications for future research include identifying the correlates and determinants of problems drinking behavior and ultimately developing and testing educational interventions to eliminate the problems.³

Smoking is a major public health problem around the world; especially in developing countries.1200people die each day from the effects of tobacco. Smoking is now by far the largest preventable cause of death in the industrialized world. Someone dies from the effects of smoking every 10 seconds. It is estimated that by 2025,75%of early death in developing countries will be due to smoking related illness.1/3of the global population, aged 15 years and over are current smokers.¹“Smoking is an act of drawing in to mouth and puffing out, the smoke of tobacco contained in a cigarette, cigar pipe”. The dried leaves of the plant nicotina tabacum containing the drug nicotine, which may be smoked, chewed or inhaled.

Prevalence of smoking is more in the developing countries, especially in males. Smoking popularity was high in 1964when42%of all adults in United States smoked. Each day more than 3500 people under the age of 18 try their first cigarette and another 1100 become smokers.¹ Smoking causes ill effects like heart diseases, cancer-lungs, oral, esophageal, leucopenia. Lung

disease, such as asthma, bronchitis, emphysema, influenza, pneumonia and sinusitis, peptic ulcer.²

RESEARCH PROBLEM

“A study to evaluate the effectiveness of structured teaching program (STP) on knowledge and attitude regarding impact of alcohol consumption and smoking habit on health among P U students in selected P U college Bangalore, Karnataka”.

OBJECTIVES OF THE STUDY

- To determine the level of knowledge on alcohol consumption and smoking habit among the P U Students using Structured Knowledge Questionnaire.
- To determine the level of attitude on alcohol consumption and smoking habit among the P U Students using Structured Knowledge Questionnaire.
- To compare the level of knowledge on alcohol consumption and smoking habit among the P U Students before and after structured teaching program.
- To compare the level of attitude on alcohol consumption and smoking habit among the P U Students before and after structured teaching program.
- To find out the effectiveness of structured teaching program on alcohol consumption and smoking habit among P U Students in terms of gain in knowledge scores.
- To find out the effectiveness of structured teaching program on alcohol consumption and smoking habit among P U Students in terms of gain in attitude scores.
- To find out the association between pre test knowledge and attitude with selected demographic variables (age, residential area, academic marks and type of family etc).

MATERIALS AND METHODS

Quantitative research approach and pre-experimental one group pre-test and post-test design was adopted to accomplish the study objectives. Purposive sampling technique was used to select 50 PU students from selected PU College, Bangalore. Permission was taken from the higher authorities of the college. The researcher approached the PU students in selected PU College Bangalore A sampling frame was prepared for those who fulfil the inclusive criteria of the current study. Researchers explained the main aim of the study.

The pretest knowledge and attitude on alcohol consumption and smoking habit will be measured by administering the Statement Wise Assessment of Knowledge and attitude and attitude the 2

point Likert Scale with a ‘Yes or No’ question format, followed by structured teaching programme on the same day, and after seven days posttest will be conducted by using the same questionnaire.

RESULTS

Table-1: Showing the frequency and percentage distribution of subjects according to socio-demographic variables

Majority of respondents (31%) were between the age group of 17-18 years and majority were Hindus. Respondents from rural area (48%) were more than the other groups and equal percentage (50%) of respondents were distributed in both joint and the nuclear type of families. Majority (38%) of respondents’ parents were agriculturists, family income was below Rs.2000/month and between Rs.2000-5000. As to source of information majority of respondents (56%) got information through Radio/Television. Regarding alcohol consumption and smoking, majority of respondents (82%) knew someone consuming alcohol and smoking with regard to respondent’s relationship to the person most of them were relatives. Majority of respondents (86%) never consumed alcohol, and with regard to all respondents who consumed alcohol were agreed that friends initiated them to alcohol consumption and smoking,

Table –I: Frequency and Percentage Distribution of Subjects According to Socio-Demographic Variables

Characteristics	Category	Respondents	
		Number	Percent
Age Group	15-16 years	19	38.0
	17-18 years	31	62.0
Sex	Male	40	80
	Females	10	20
Marks in previous year (%)	Below 51	18	36.0
	51-60	17	34.0

	Above 60	15	30.0
Religion	Hindu	43	86.0
	Muslim	7	14.0
Residential area	Urban	18	36.0
	Semi urban	8	16.0
	Rural	24	48.0
Type of Family	Joint	25	50.0
	Nuclear	25	50.0
Parents Occupation	Govt. service	4	8.0
	Private service	14	28.0
	Self employed	13	26.0
	Agriculturist	19	38.0
Source of Information	Radio /television	26	56.0
	Academic education	9	18.0
	Books / magazines / Journals	7	14.0
	Health personnel	6	12.0
	Family members	5	10.0
	Relatives Friends	4	8.0
		8	16.0
Any of your known person consuming Alcohol	Yes	41	82.0
	No	9	18.0
Type of Relationship	Relatives	17	34.0
	Friends	12	24.0

	Neighbors	16	32.0
Have you consumed Alcohol and smoking	Yes		
	No	43	86.0
	Some times	7	14.0
Initiated to consume alcohol and smoking	Friends	7	14.0
Frequency of consumption	Fort nightly	1	2.0
	Occasionally	6	12.0

Statement Wise Knowledge and Attitude Score Related To impact of Alcohol consumption and smoking habit.

Table-2: Statement Wise Assessment of Knowledge on General Information about Alcohol consumption and smoking

N=50

No.	Statements	Knowledge	
		N	%
1	Alcohol is classified as a stimulant	25	50
2	Alcohol is not a drug	23	46
3	The most common drunk alcoholic beverage in India are distilled liquors	44	88
4	Beer usually contains from 2–12% alcohol	47	94
5	There is usually more alcoholism in a society that accepts drunken behavior	33	66
6	In western culture, wines throughout history have been	44	88

	commonly drunk		
7	Alcohol has only been used in a very few societies throughout history	19	38
8	Approximately 10% of fatal highway accidents are alcohol Related	45	90
9	Many people drink to overcome problems,	41	82
10	Many people drink for social acceptance, due to peer group pressures, and to gain adult status	30	60
11	Drinking is usually considered an important socializing custom in business,	34	68
12	A person cannot become an alcoholic by just drinking beer	36	72
13	It is estimated that approximately 85% of the adults who drink misuse or abuse alcoholic beverages	29	58
14	Moderate consumption of alcoholic beverage is generally not harmful to the body	35	70
15	Eating while drinking will not slow down the absorption of alcohol in the body	30	60
16	Smoking also increases risk for tuberculosis, certain eye diseases, and problems of the immune system, including rheumatoid arthritis.	20	40
17	Smoking leads to disease and disability and harms nearly every organ of the body.	19	38
18	Smoking causes cancer, heart disease, stroke, lung diseases, diabetes, and chronic obstructive pulmonary disease (COPD), which includes emphysema and chronic bronchitis.	46	92

Majority 94% of the respondents knew the alcohol content of the beer, 92% of the respondents knew liquor taken straight will affect faster than mixed with water, 90% of the respondents knew

10% fatal high way accidents are alcohol related. Among the respondents 88% had correct knowledge regarding most common drunk alcoholic beverage in India and wines have been drunk through out history in western culture. 82% of the respondents had the knowledge that many people drink to overcome problems, 72% agreed that a person can become alcoholic by just drinking beer, similarly 70% knew moderate consumption of alcohol was also harmful to the body and 68% knew drinking was considered as socializing custom in business. 66% of respondents knew there was more alcoholism in a society that accepts alcoholic behavior, and 60% of the respondents knew many people drink for social acceptance, because of peer pressure and eating while drinking will not slow down the absorption of alcohol in to the body, 54% of the respondents knew alcohol was a drug and only 50% of respondents knew that alcohol was not a stimulant. The table also revealed that only 40% of respondents knew that drinking milk before drinking alcohol would not slow the absorption of alcohol in to the body. Only 38% of the respondents knew drinking coffee or taking a cold shower would not help in sobering up and alcohol is used in almost all societies through out history. The table also revealed that only 90% of respondents knew that smoking drinking alcohol risk to get COPD and other respiratory problems. Only 10% of the respondents knew smoking will not impact our health .

Table-3: Statement Wise Assessment of Knowledge on impact of Alcohol Consumption and smoking habit

N=50

No.	Statements	Knowledge	
		N	%
1	Immediate effect of alcohol on body	6	12
2	Effects on individual’s digestive system	10	20
3	Effect on individual’s nervous system	16	32
4	Physiological complications due to effect of alcohol	17	34
5	Effect of alcohol on pregnant women	21	42

6	Effects caused after sudden stopping of prolonged alcohol intake and smoking	19	38
7	Effect on individual's dietary pattern	23	46
8	Effect on individual's nutritional status	18	36
9	Effects that causes occupation	33	66
10	Effects on individual's family	12	24
11	Effect on individual's daily activities	20	40
12	Effect on individual's social status	16	32
13	Effects on an individual's personal life	11	22
14	Effect on individual's activity	15	30
15	Psychological complications due to effect of alcohol and smoking	12	24

The result reveal that majority (66%) of the respondents knew the effect of alcohol on occupation, followed by effect on dietary pattern (46%), effect on pregnant women (42%), effect on individual's daily activities (40%), effect due to sudden stopping of prolonged alcohol intake and smoking (38%), effect on nutritional aspect (36%).

Regarding effect of alcohol on individual's social status and effect on nervous system 32% knew correct answer, only 24% of the respondents knew the effects on individual's family and the psychological complications.

Regarding impact of alcohol and smoking on individual's digestive system only 20% of the respondents knew the correct answer. Least 12% of the respondents knew the immediate impact of alcohol and smoking on body

Table-4: Statement wise Assessment of Attitude on Effects of Alcohol use

N=50

No.	Statement	spondents (%)		
		A	UD	DA
1	Alcohol addiction destructs the life of the user.	88	0	12
2	Alcoholism is a must for today's life style.	78	14	18
3	Alcoholics and smokings are problematic to their family and to the society.	76	10	14
4	Alcohol is necessary to celebrate any event.	54	12	34
5	Alcoholism is one of the main reasons for crime in the society.	62	22	16
6	There is nothing wrong in accepting alcoholic brother or sister.	20	28	52
7	Alcoholism will affect financial status of the family.	86	12	2
8	Alcohol improves sexual power.	58	18	24
9	Alcoholism results in many diseases.	8	8	84
10	Alcoholism and smoking is an immoral act.	64	24	12
11	Alcoholism and smoking is a symbol of antisocial behaviour.	74	16	10
12	Alcohol and smoking can make a person more creative thinker.	52	8	40
13	It is possible to come out of alcoholism and smoking	62	20	18
14	Alcohol helps to get rid off the difficulties of life.	58	16	26
15	Alcohol use helps to attain adult status soon.	74	6	20

16	Peer group doesn't respect, if alcohol is not taken in social gathering.	30	20	50
17	Drinking and driving is an adventurous act.	24	4	72
18	Students should participate in "alcohol prevention" educational program.	88	2	10
19	It is better to keep away from an alcoholic.	92	4	4
20	There is necessity of alcohol abolition.	62	20	18

A: Agree UD: Undecided DS: Disagree

The findings of the table reveals majority of the respondents have favorable attitude towards statements like; alcohol addiction destructs the life of the user (88%),

it is better to keep away from alcoholics (92%), students should participate in "alcohol prevention" educational programs (88%), alcoholism is an immoral act (64%), alcoholism is a symbol of antisocial behavior (74%), alcoholics are problematic to their family and to the society (76%), it is possible to come out of alcoholism (62%), alcoholism will affect financial status of the family (86%), alcoholism is one of the main reasons for crime in the society (62%), there is necessity of alcohol abolition (62%), peer group doesn't respect if alcohol and smoking is not taken in social gathering (50%), and 72% disagree that drinking and driving is an adventurous act.

The respondents showed negative attitude towards the following statements: 52% of respondents disagree in accepting alcoholic brother or sister, 78% agree that alcohol and smoking is a must for today's life style, 52% believe that alcohol and smoking can make a person more creative thinker, 54% agree that alcohol is necessary to celebrate any event, 58% agreed alcohol improves sexual power, 74% believes that alcohol helps to attain adult status soon, and 84% disagree that alcoholism and smoking results in many diseases.

Findings Related To Association between Knowledge and Attitude Score with Selected Demographic Variables

Association between Age with Knowledge and Attitude

Respondents of lower age group had higher mean knowledge compared to higher age group. But the statistical test reveals that no association exists between age and knowledge score ($t=1.60$ NS at $P>0.05$).

Attitude was found more favourable in the lower age group compared to higher age group; however statistical findings reveal non-significant association between religion and attitude score ($F=0.12$ NS at $P>0.05$ level).

Association between Religion with Knowledge and Attitude

Highest Knowledge level was found in Muslims compared to the Hindus, however there is no statistical significant association between religion and knowledge score ($t=1.46$ NS at $P>0.0$ level).

Attitude was found more favourable in Muslims compared to the Hindus. Statistical findings reveal non-significant association between religion and attitude score ($F=0.18$ NS at $P>0.05$ level).

Association between Residential area with Knowledge and Attitude

Highest percent of mean knowledge score was found in respondents from semi-urban area compared to respondents from urban area and rural area. However findings indicate there is no significant of association between residential area and knowledge score as it is evident from statistically non significance ($F=0.72$ NS at $P>0.05$ level).

Majority of respondents from rural area had highest mean percent of attitude score, compared to respondents from the urban and the semi-urban area. However there is no statistical significant association between religion and knowledge score. ($F=0.32$ NS at $P>0.05$ level).

Association between Type of Family with Knowledge and Attitude

Respondents from nuclear family showed highest level of mean knowledge score compared to respondents from joint family. The finding showed statistical significant association between type of family and knowledge score. ($F=3.62^*$ at $P<0.05$ level).

Highest percent of mean attitude score was found in respondents from nuclear family compared to respondents from joint family. The result established statistical significant association between type of family and knowledge score. ($t=2.43^*$ at $P<0.05$ level).

Association between Family Income with Knowledge and Attitude

Highest mean percent knowledge score was found in respondents from family income above Rs.5000 compared to respondents from other groups. However there is no statistical significant association between family income and knowledge score. ($F=0.49$ NS at $P>0.05$ level).

There was slight increase in mean percent attitude score in respondents from family income below Rs.2000/month than other groups, but results showed there is no statistical significant association between family income and attitude score ($F=0.81$ NS at $P>0.05$ level).

Association between Academic Marks with Knowledge and Attitude

The highest mean percent knowledge score was found among respondents who scored 51-60(%) of marks in previous academic year than the respondents who scored more marks. The finding reveal there is no statistical significant association between academic performance and knowledge score (F=0.49 NS at P>0.01 level).

Regarding attitude highest mean percent attitude score was found among respondents who scored above 60(%) in previous academic year than the other groups. The finding reveals there is statistical significant association between academic performance and attitude score (F=3.25* at P 0.05 level).

DISCUSSION

The study pre-test finding reveals that pu students had inadequate knowledge and neutral attitude score regarding impact of alcohol consumption and smoking habit on health among P U students in selected P U college. The finding of the data present indicates that there was improvement in the knowledge and attitude regarding impact of alcohol consumption and smoking habit on health among P U students in selected P U college after the administration of structure teaching programme.

The present study finding is consistent with the finding of the study by Susanne Mathew (2004), which revealed academic performance strongly related to attitude on alcoholic behavior.

CONCLUSION

The present study proved that structured teaching programme was effective among the PU students to increase knowledge and attitude about impact of alcohol consumption and smoking habit on health. From the findings of the study, it can be inferred that the Pre-University students had inadequate knowledge about effect of alcohol (33.2 mean percent). Therefore the null hypothesis above is accepted and Pre-University students had favourable attitude towards effect of alcohol (77.7 mean percent). Hence stated null hypothesis is rejected.

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