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Assess the effectiveness of school-based programme on knowledge regarding ill-effects of alcoholism among adolescent boys in selected schools of Fatehgarh Sahib, Punjab.

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ABSTRACT

Alcoholism among adolescents is a growing public health concern in India. Adolescence is a critical developmental period marked by curiosity, experimentation, and susceptibility to peer pressure. This study aimed to assess the effectiveness of a school-based educational programme on knowledge regarding the ill-effects of alcoholism among adolescent boys in selected schools of District Fatehgarh Sahib, Punjab. A quantitative quasi-experimental pre-test and post-test control group design was adopted. Eighty adolescent boys aged 10–19 years were selected using a convenient sampling technique and divided into experimental (n = 40) and control (n = 40) groups. A structured knowledge questionnaire was administered before and after the intervention. The experimental group received a structured school-based teaching programme, whereas the control group did not receive any intervention. The post-test knowledge scores of the experimental group were significantly higher than those of the control group at $p \leq 0.05$. The findings indicate that school-based programmes are effective in improving adolescents' knowledge regarding the ill-effects of alcoholism.

Keywords: Adolescents, Alcoholism, School-based programme, Knowledge, Prevention

INTRODUCTION

Substance abuse, particularly alcohol consumption, poses a serious threat to adolescent health and societal well-being. Adolescence is a critical developmental phase marked by curiosity, experimentation, and vulnerability to peer pressure. According to the World Health Organization, harmful alcohol use contributes significantly to morbidity, mortality, injuries, and social problems worldwide.

In India, adolescents constitute nearly one-fifth of the total population, making their health a national priority. The early initiation of alcohol use has been linked to poor academic performance, behavioural problems, mental health disorders, and increased risk of dependency in adulthood. National surveys indicate a rising trend of alcohol consumption among adolescents, particularly males, with Punjab reporting alarmingly high rates.

Despite periodic awareness activities in schools, most initiatives lack structured content and scientific evaluation. There is a pressing need for evidence-based, school-centred interventions that systematically address adolescents' knowledge gaps and promote healthy decision-making.

OBJECTIVES OF THE STUDY:

- To assess the pre-test knowledge regarding ill-effects of alcoholism among adolescent boys in control and experimental group.
- To assess the post-test knowledge regarding ill- effects of alcoholism among adolescent boys in control and experimental group.
- To compare the pre-test and post-test knowledge regarding ill-effects of alcoholism among adolescent boys in control and experimental group
- To find the relationship of pre-test and post-test knowledge regarding ill-effects of alcoholism among adolescent boys in control and experimental group with selected demographic variables

MATERIAL AND METHOD

Research Design

A quasi-experimental pre-test and post-test control group design was used.

Sample and Setting

The study was conducted in selected government schools of District Fatehgarh Sahib, Punjab. Eighty adolescent boys aged 10–19 years were selected using a convenient sampling technique.

Tool

A structured knowledge questionnaire with 40 multiple-choice items was used. Reliability of the tool was established (r = 0.98).

Intervention

The experimental group received a structured school-based teaching programme covering definition, causes, risk factors, ill-effects, prevention, and treatment of alcoholism.

RESULTS

This section describes the demographic characteristics of selected samples These findings are presented in Table 1.

TABLE – 1

Frequency and Percentage Distribution of Demographic Variables

N=80

Demographic variables	Control Group(n=40)	Experimental Group (n=40)

n		%	n	%	df	χ^2
Age (in years)						
13-14	6	15	5	12.5	2	2.54 NS
15-16	19	47.5	13	32.5		
17-18	15	37.5	22	55		
Birth order in family						
1st child	15	37.5	10	25	3	1.98NS
2nd child	15	37.5	20	50		
3rd child	8	20	7	17.5		
≥ 4th child	2	5	3	7.5		
Type of family						
Nuclear	10	25	17	42.5	2	3.44NS
Joint	25	62.5	21	52.5		
Extended	5	12.5	2	5		
Academic standard						
9th	10	25	10	25	3	NA
10th	10	25	10	25		
11th	10	25	10	25		
12th	10	25	10	25		
Educational status of mother						
Illiterate	2	5	2	5	4	8.31NS
1st-5th	3	7.5	7	17.5		
6th-10th	16	40	23	57.5		
11th-12th	10	25	6	15		
Graduation and above	9	22.5	2	5		
Educational status of father						
Illiterate	2	5	2	5	4	7.95NS
1st-5th	3	7.5	3	7.5		
6th-10th						
11th-12th	10	25	5	12.5		
Graduation and above	8	20	2	5		
	17	42.5	28	70		

Occupation of mother						
Employee	5	7.5	5	5	3	1.01^{NS}
Labourer	3	7.5	2	2		
Business women	4	10	2	2		
Unemployed	28	70	31	31		
Occupation of father						
Employee	4	10	15	37.5	3	11.19*
Labourer	11	27.5	7	17.5		
Business man	22	55	12	30		
Unemployed	3	7.5	6	15		
Family income per month						
≤5000	7	17.5	8	20	3	1.55^{NS}
5001-10,000	12	30	15	37.5		
10,001-15,001	7	17.5	8	20		
≥15,001	14	35	9	22.5		
Source of information						
Printed material	7	17.5	2	5	3	12.32**
Electronic media	15	37.5	18	45		
friends and relatives	14	35	18	45		
Health care personnel	4	10	2	5		

NS=Non significant at ≤0.05 level
***Significant at p ≤0.05 level**
****Significant at p ≤0.01 level**

Table 1: depicts that the all adolescent boys were distributed into various categories according to their Demographic Variables that is age (in years), Birth order in family, Type of family, Academic standard, Educational status of mother , Educational status of father, Occupation of mother, Occupation of father, Family income per month, Source of information .

According to age (in years), in control group maximum 19 (47.5%) adolescent boys were in age group of 15- 16 years as followed by 15 (37.5%) in 17-18 years minimum6(15%) in 13-14 years, whereas in Experimental group maximum 22(55%) adolescentboys were in age group of 17-18 years as followed by 13(32.5%) in 15-16 years and minimum 5(12.5%) in 13-14 years of age group respectively.

As per Birth order in family, in control group maximum 15(37.5%) adolescent boys had 1st and 2nd child birth order in family as followed by 8(20%) had 3rd child and minimum 2(5%) had ≥4th child in family. Whereas in experimental group maximum 20(50%) adolescent boys had 2nd child birth order in family as

followed by 10(25%) had 1st child, 7(17.5%) adolescent had 3rd child and minimum 3(7.5%) had ≥4 child infamily.

As per type of family, in control group maximum 25(62.5%) adolescent boys were belonged to joint family as followed by 10(25%) from nuclear family and minimum 5(12.5%) from extended family. Whereas in experimental group maximum 21(52.5%)adolescent boys from joint family as followed by 17 (42.5%) from nuclear family and minimum 2(5%) were belonged to extended family.

As per academic standard in control and experimental group all adolescent boys were equally distributed 10(25%) in 9th, 10th, 11th and 12th standard respectively

As per educational status of mother, in control group maximum 16 (40%) adolescent boys whose mother were educated up to 6th-10th standard as followed by 10(25%)

were educated up to 11th-12th standard, 9 (22.5%) were graduation and above, 3(7.5%)were educated between 1st-5th standard and minimum 2(5%) were illiterate. Whereas in experimental group maximum 23(57.5%) adolescent boys whose mother wereeducated up to 6th-10th standard education as followed by 7(17.5%) 1st-5th standard, 6(15%) were 11th-12th standard and minimum 2(5%) were illiterate and graduate and above respectively.

As per educational status of father, in control group maximum 17 (42.5%) adolescent boys whose father were educated up to 6th-10th standard as followed by 10(25%) were 11th-12th standard, 8 (20%) were graduation and above, 3(7.5%) were educated between 1-5th standard and minimum 2(5%) were illiterate. Whereas in experimental group maximum 28(70%) adolescent boys whose father were educated up to 6th-10th standard as followed by 5(12.5%) were 11th-12th standard, 3(7.5%) were 1st-5th standard and minimum 2(5%) were illiterate and graduate and above respectively.

According to the occupational status of mother, in control group maximum 28(70%) adolescent boys whose mother's were unemployed as followed by 5(12.5%) were employee, 4(10%) were business women, and minimum 3(7.5%) were labourer. whereas in experimental group maximum 31(77.5%) adolescent boys whose mother's were unemployed followed by 5(12.5%) were employee, and minimum 2(5%) were Labourer and Business woman respectively.

As per the occupational status of father, in control group maximum 22(55%) adolescent boys whose fathers were Business man, followed by 11(27.5%) were labourer, 4(10%) employee and minimum 3(7.5%) unemployed. whereas in experimental group maximum were 15(37.5%) adolescent boys whose father's was employed, followed by 12(30%) business man, 7(17.5%) labourer, and minimum 6(15%) were unemployed.

As per family income per month, in control group maximum 14(35%) adolescentboys belonged to income group of Rs. ≥15,001 as followed by 12(30%) belonged to income group of Rs. 5,001-10,000 and minimum 7(17.5%) had monthly income of Rs.≤5000 and Rs.10,000-15,000 respectively. whereas in experimental group maximum 15(37.5%) adolescent boys belonged to income group Rs.5001-10,000 as followed by 9(22.5%)belonged to income group of Rs. ≥15,001 and minimum 8(20%)had monthly income Rs. ≤5000 and Rs. 10,000-15,000 respectively.

According to source of information, in control group maximum 15(37.5%) adolescent boys had attained information from Electronic media as followed by 14(35%) from friends and relatives, 7(17.5%) from printed material, and minimum 4(10%) hadattained information from Health care personnel. Whereas in experimental group maximum 18(45%) adolescent boys were got information from Electronic media and Friends and relatives and minimum 2(5%) had got information from Printed material and Health care personnel respectively.

Hence, it was inferred that maximum 19(47.5%) of adolescent boys were in the age group of 15-16 years in control group and 22(55%) in 17-18 years in experimental group, maximum 15(37.5%) adolescent boys were 1st and 2nd child birth order in family in control group whereas in experimental group maximum 20(50%) adolescentboys were 2nd child, maximum 25(62.5%) adolescent boys were from joint family in control group and 21(52.5%) were from joint family too in experimental group followed by maximum

10(25%) adolescent boys were in 9th ,10th, 11th, and 12th standard in both groups as followed by mother's of maximum adolescent boys 16(40%), 23(57.5%) were educated up to 6th-10th standard education in both control and experimental group, maximum 17 (42.5%), 28(70%) adolescent boys father were educated up to 6th-10th standard in both control and experimental group as followed by maximum 28(70%), 31(77.5%) adolescent boys mother's were unemployed in both control and experimental group followed by maximum 22(55%) adolescent boys fathers were Business man in control group and 15(37.5%) adolescent boys fathers were employed in experimental group followed by maximum 14(35%) adolescent boys had family income per month ≥15,001 in control group and 15(37.5%) belonged to income group of 5001-10,000, maximum 15(37.5%) adolescent boys had got information from Electronic media in control group and 18(45%) adolescent boys had got information from Electronic media and Friends and relatives in experimental group,.

SECTION-II

Objectives

1. **To assess the pre-test knowledge regarding ill-effects of alcoholism amongadolescent boys in control and experimental group.**
2. **To assess the post-test knowledge regarding ill-effects of alcoholismamong adolescent boys in control and experimental group.**

TABLE-2

Pre-test and post-test mean knowledge score regarding ill-effects ofalcoholism among adolescent boys in control and experimental group.

N=80

Knowledge score

		Pre test		Post test	
Group	**n**	**Mean**	**Mean %**	**mean**	**Mean %**
Control	40	16.2	40.5	16.5	41.2
Experimental	40	15.2	38	25.4	63.4

Maximum score = 40Minimum score= 0

Table 2 depicts, that in control group, the pre- test mean knowledge score was 16.2, and mean percentage was 40.5. In post- test mean knowledge score was
16.5 and mean percentage was 41.2. In experimental group, the pre-test mean knowledge score was 15.2 and mean percentage was 38. In post- test mean knowledgescore was 25.4 and mean percentage was 63.4. Hence, it was inferred that post-test mean knowledge score was found higher in experimental group than in the control group.

Delimitations

- The study was limited to 80 sample of adolescent boys.
- Those who were studying 9th, 10th, 11th and 12th standard of selected schools ofFatehgarh Sahib, Punjab.

Limitations of the study:

- The present study was limited to assess the knowledge of adolescentboys.
- The study lack one of group either control group or randomizationpresent study lack randomization.
- The size of the sample was 80 i.e. 40 in control and 40 in experimentalgroup. Hence, it is difficult to make broad generalizations.
- The present study was limited to adolescents of age group between 13-18 years.

Implications:

The findings of present study have several implications, which are discussed in the following areas-

- Nursing education
- Nursing service
- Nursing administration
- Nursing research

Nursing Education: Education is the key for the development of excellent nursing practice. The topic ill effects of alcoholism should be included as a part of curriculum at school level. This can be done by school teachers and school health nurses and students should gain knowledge regarding ill effect of alcoholism because once it's addiction occurs get associated with serious complications and is very difficult to manage. Programmes regarding ill effects of alcoholism should be conducted at

school level by school authorities and school health nurse to create awareness among adolescent boys.

Nursing Service: Nursing services should promote teenage counseling sessions through teenage clinics. These services will deal with teenage problems as well as education on ill effects of alcoholism. The teenagers will be benefited through these sessions and will be able to live a healthy life.

In De-addiction centre nurse is used to create awareness about the ill effects of alcoholism to the individual, the family and the society at large level also used to develop culture-specific models of prevention of addiction and treatment and rehabilitation. The nursing personnel can plan, implement and evaluate various teaching programmes with the use of appropriate IEC (Information, education and communication) activities.

Nursing Administration: Nursing administrator should organize various in-service education and special training programmes for school health nurses/teachers to updatetheir knowledge regarding ill effects of alcoholism. In addition to their core responsibilities of coordinating and supervising the delivery of health care servicesand they should encourage community health nurses who can organize health educational programmes in rural and urban areas. Administrators should also maintaingood supply of materials required for education of clients in various areas of community and hospitals.

Nursing Research: The findings of this study will enable the nursing students to be sensitive on the ill effects of alcoholism. They require in depth knowledge as theydeal with patients on daily basis. Research is becoming a major force in nursing and isbeing used to change practice, education and policy. Nursing research on lifestyle andstressful life events can be determined which can be most effective in teaching regarding ill effects of alcoholism and to create awareness among public. It will leadto a healthy and

prosperous nation.

Recommendations

Based on the results of the study following recommendations are made:

- ❖ The study can be replicated on a large scale to validate and generalize itsfindings.
- ❖ Similar study can be conducted in different settings like community and different target population like adults.
- ❖ A comparative study can be conducted to assess the knowledge and attitude regarding ill effects of alcoholism among adolescents in rural and urban community.
- ❖ An exploratory study can be done to assess knowledge, attitude towards risk factors and prevention on ill effect of alcoholism.
- ❖ A true experimental study can be conducted to assess the effectiveness of structured teaching programme on knowledge regarding ill effects ofalcoholism among elderly.
- ❖ A descriptive study can be conducted to assess the knowledge and attitude of adolescents regarding alcoholism and its prevention.
- ❖ A cross sectional study can be conducted to assess the long term ill effects of alcoholism on adults.

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