



The main aim of the study was to assess the knowledge of adolescents regarding alcohol abuse in a view to develop a booklet to prevention of alcohol abuse at selected school of Jaipur, Rajasthan

Vishnu Kumar Swarnkar^{1*} Dr. Neha Dubey²

1. Ph D Scholar SRK University Bhopal.
2. Guide SRK University Bhopal.

*Corresponding Author

ABSTRACT

Alcohol misuse is a significant public health issue in India and across the globe. Alcohol usage has significantly grown during the previous thirty to forty years. Every area of life undergoes significant individual and environmental change when a person transitions to college, and at the same time, excessive drinking and its accompanying issues become more prevalent. College seems to be the time when excessive drinking and its accompanying issues reach their pinnacle for the majority of students due to the amount of options and implicit expectations for drinking. The primary goal of the research was to evaluate teenagers' understanding about alcohol misuse in order to create a brochure to prevent alcohol abuse at a few particular schools in Jaipur, Rajasthan. Methodology Given the nature of the issue chosen for research and the goal to be achieved The use of quantitative research methods was examined. In order to create a pamphlet to prevent alcohol misuse at a chosen school in Jaipur, Rajasthan, a non-experimental descriptive study approach will be utilized to gauge teenagers' understanding of alcohol abuse. Sarsavatti Vidya Vihar Senior Secondary School in Chomu, Jaipur, Rajasthan, India, is where the research was carried out. 180 teenagers from Sarsavatti Vidya Vihar High School in Chomu, Jaipur, Rajasthan, India, make up the study's sample. The sample in this research was drawn using an easy sampling approach. Conclusion: About the 100 teenagers, 55.55 percent had average understanding of alcohol misuse, 22 (12.22 percent) had bad knowledge, and 32.22 percent had excellent knowledge. At the 0.05 level of significance, there was a significant relationship between the adolescents' knowledge level and their gender, place of residence, family history of alcohol misuse, father's education, and mother's education. Except that, at the 0.05 level of significance, there was no correlation between teenagers' knowledge level and their family's religion or income.

20351

The majority of pupils, according to the research, had average awareness about alcohol misuse. To stop teenage drinking, credible, fact-based media campaigns warning about the negative effects of alcohol usage have been suggested.

KEY WORDS: Knowledge, Adolescents, Alcohol Abuse, Booklet, Prevention , Alcohol Abuse

INTRODUCTION

Alcohol misuse is a significant public health issue in India and across the globe. Alcohol usage has significantly grown during the previous thirty to forty years. Every area of life undergoes significant individual and environmental change when a person transitions to college, and at same time, excessive drinking and its accompanying issues become more prevalent. College seems to be the time when excessive drinking and its accompanying issues reach their pinnacle for the majority of students due to the amount of options and implicit expectations for drinking.¹ Between the ranges of 16 and 25 is when alcoholism is most prevalent. Adolescent alcoholism is caused by a variety of factors, including easy access to alcoholic beverages and drugs, religious beliefs, fast urbanization, genetic predisposition, and others. Alcohol, scotch, cocaine, cannabis, arrack, and nicotine are among the narcotics that are often used.² Alcohol consumption problems are estimated to affect 76.3 million individuals, causing 1.8 million fatalities annually. Alcohol and other drugs were first used as part of tribal rituals. People started using these medications more often for this reason as they learned about their ability to reduce tension and promote relaxation.³ Alcohol abuse is when a person consumes alcohol uncontrollably, excessively, or often. Alcoholism is a significant issue. You may not be capable of functioning at work or in other facets of your life as a result. The brain develops used to alcohol intake over a prolonged period of alcohol consumption. It has an impact on the body's physical and mental health.⁴ This indicates that the average yearly pure alcohol consumption for drinkers is 14.63 liters. However, there are considerable regional differences in overall per capita alcohol use, according to statistics from the Global Network System on Alcohol Use and Health. With over than 33 liters used year, Chad (African WHO area) has the highest amount of global consumption.⁵ These "co-occurring" psychological problems may be diagnosed and treated by psychologists as well. Furthermore, a psychologist could be crucial in organizing the care that a drinker gets from other medical specialists.⁷

NEED FOR THE STUDY

Alcohol and other psychoactive drug usage is a concern to adolescents' health today. Therefore, it is crucial to provide updated alcohol education that addresses alcohol usage and its effects on school health care. To guarantee that kids and the general public engage in alcohol-free activities, it is necessary to promote age-appropriate national and local education programs.⁸ A five-year rise in underage drinking was shown in the 2008 Report from 73 nations, with 71% of those reporting an increase.⁹ According to a 2009 poll of 2,000 teens by the leading industry association Assoc ham, alcohol use among those aged 19 to 26 has increased by 60% over the previous five years. Teenagers in urban areas consume alcohol five to eight times a month on average, and 70 percent do so socially. Another Assoc ham study conducted in November 2011 revealed a 100% increase in drinking among those between the ages of 15 and 18 over the previous ten years.¹⁰ According to a Bangalore-based research by both the National Institute for Mental Health n Neurosciences (NIMHANS), 70% of HIV patients were drinkers when they were teens. According to a 2011 monograph by NIMHANS titled "Alcohol Related Harm: Implications of Public Health and Policy in India," more than 50% of frequent drinkers belong to the category of excessive drinking, and alcohol consumption is disproportionately rising among younger age groups.¹¹ Whatever causes teenagers to start drinking, once they do, there are a variety of possible health hazards they might encounter, including affects on the brain, liver, growth and endocrine systems, social functioning, and more. Loss of work, intoxicated driving or other public indiscretions, torturous behavior, marital strife, divorce, or spousal abuse are a few examples of societal impacts experienced by adolescents.¹² The researcher came to the conclusion that drunkenness is a concern among college students based on her personal experience and conversations with colleagues and professionals. College students could change their actions and influence others if they are informed about the negative consequences of drinking. Guidelines are therefore one of the most successful interventions that can be used to raise awareness among teenage students in such a school setting.

AIM OF THE STUDY

The main aim of the study was to assess the knowledge of adolescents regarding alcohol abuse in a view to develop a booklet to prevention of alcohol abuse at selected school of Jaipur, Rajasthan

MATERIAL AND METHODS

In view of the nature of the problem selected for the study and objective to be accomplished Quantitative research approach was considered. Non experimental descriptive research design will be used for assess the knowledge of adolescents regarding alcohol abuse in a view to develop a booklet to prevention of alcohol abuse at selected school of Jaipur, Rajasthan. The study has been conducted at Sarsavatti Vidya Vihar Senior Secondary School, Chomu Jaipur Rajasthan India. In this study the population comprises all the adolescents between the ages of 15-18 years, who are studying in 11th and 12th standard. The sample size for this study is 180 adolescents from Sarsavatti Vidya Vihar Senior Secondary School, Chomu Jaipur Rajasthan India. In this study convenient sampling technique was used to draw the sample. Even after prior appointments, if subjects were found busy in their emergency work, care was taken not to interrupt them in their work and again suitable time was taken. Study tool was filled personally by interviewing the subjects. The tools for the present study consist of 2 sections; Part I: Demographic Performa. Part II: Structured knowledge questionnaire regarding alcohol abuse. In order to establish the reliability, the tool was tested by administering on 18 Adolescents who are studying in Sarsavatti Vidya Vihar Senior Secondary School, Chomu Jaipur Rajasthan India. To test the reliability of the questionnaire split half method was selected. Karl Pearsons Product moment correlation co-efficient value 'r' was 0.96. The tool was found to be valid reliable and feasible. The pilot study was done and found that the study was feasible for the final study. The data obtained was analyzed in terms of the objective of the study using descriptive and inferential statistics. The plan of data analysis was developed under the excellent direction of experts in the field nursing and statistics.

RESULTS

Section 1 Demographic Variables

Most of adolescents 120 (66.67%) were male, The area of residents of most of sample 135 (75%) was Urban, 120 (66.67%) have not family history of Alcohol abuse, 105 (58.33%) were earned between 10001/- to 20000/- month, Father education of most of sample 150 (83.33%) was UG/PG, Mother education of most of sample 60 (33.33%) were illiterate.

Part II: Knowledge of Adolescents Regarding Alcohol Abuse

A. Level of knowledge of adolescents regarding alcohol abuse

Table No. 1- Level of knowledge of adolescents

S. No.	Level Of Knowledge	Frequency	Percentage
1.	Poor (< 50%)	22	12.22%
2.	Average (51 to 65%)	100	55.55%
3.	Good (>65%)	58	32.22%

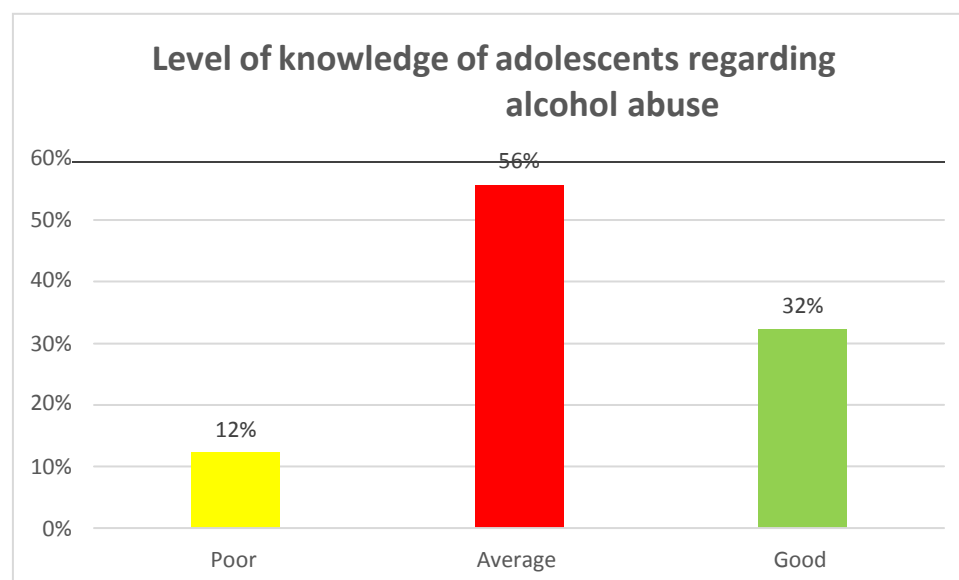


Figure 1: Level of knowledge of adolescents regarding alcohol abuse

The table no. 1 showed the level of knowledge of adolescents regarding alcohol abuse. regard to scores, 22 (12.22%) adolescents had poor knowledge, 100 (55.55%) adolescents had average knowledge and 58 (32.22%) adolescents had knowledge regarding alcohol abuse.

Table – 2: Knowledge Score of Adolescents

S. No.	Aspect Of Knowledge	Max. Score	Mean	Mean percentage	Median	Standard Deviation
1.	Questions related to substance abuse	05	2.83	56.6%	3	0.93
2.	Question related to alcohol and its harmful effect on health	18	10.96	60.88%	11	2.05
3.	Questions related to preventive measures to reduce substance abuse	07	4.53	64.71	05	1.12
Total		30	18.33	61.10%	18	2.60

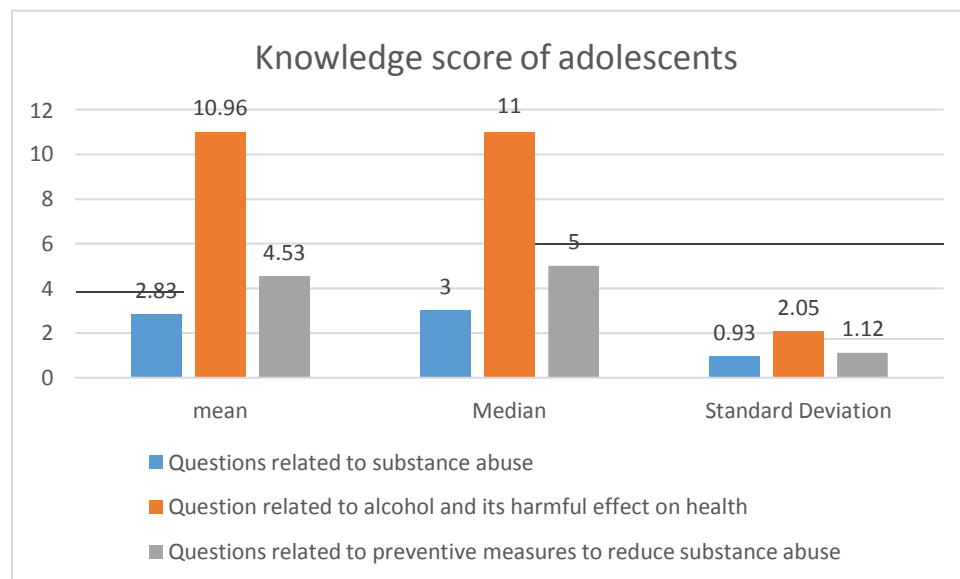


Figure 2: Knowledge score of adolescents

The above table no.2 shows the summary of statistical outcomes of knowledge scores of adolescents regarding alcohol abuse. The structured knowledge questionnaire consist of three parts. The mean, mean percentage, median and SD of part first i.e. related to substance abuse is 2.83, 56.6%, 3 and 0.93 respectively. The mean, mean percentage, median and SD of part second i.e. related to alcohol and its harmful effect on health is 10.96, 60.88%, 11 and 2.05 respectively. The mean, mean percentage, median and SD of part third i.e. related to preventive measure to reduce substance abuse is 4.53, 64.71%, 05 and 1.12 respectively. The mean, mean percentage, median and standard deviation of overall structured knowledge questionnaire related to alcohol abuse were mean 18.33, mean percentage 61.10%, median 18 and standard deviation 2.60 respectively. Part III: Association Level Of Knowledge Regarding Alcohol Abuse With The Selected Demographic Variables The calculated χ^2 (8.98, $p > 0.05$) was higher than the table value (5.99), which indicates that there was significant association between the knowledge level and gender of adolescents at 0.05 level of significance. The calculated χ^2 (3.49, $p > 0.05$) was lower than the table value (12.59), which indicates that there was not significant association between the knowledge level and religion of adolescents at 0.05 level of significance. The calculated χ^2 (10.12, $p > 0.05$) was higher than the table value (9.49), which indicates that there was significant association between the knowledge level and residents area of adolescents at 0.05 level of significance. The calculated χ^2 (7.44, $p > 0.05$) was higher than the table value (5.99), which indicates that there was significant association between the knowledge level and family history of alcohol

abuse of adolescents at 0.05 level of significance. The calculated χ^2 (8.20, $p>0.05$) was lower than the table value (12.59), which indicates that there was not significant association between the knowledge level and income of family of adolescents at 0.05 level of significance. The calculated χ^2 (13.98, $p>0.05$) was higher than the table value (12.59), which indicates that there was significant association between the knowledge level and education of father of adolescents at 0.05 level of significance. The calculated χ^2 (20.19, $p>0.05$) was higher than the table value (12.59), which indicates that there was significant association between the knowledge level and education of mother of adolescents at 0.05 level of significance.

DISCUSSION

In order to create a pamphlet for the prevention of alcohol misuse, the research sought to measure the knowledge of teenagers about alcohol abuse. Given the nature of the issue chosen for research and the goal to be achieved The use of quantitative research methods was examined. Sarsavatti Vidya Vihar Senior Secondary School in Chomu, Jaipur, Rajasthan, India, is where the research was carried out. All teenagers between the age of 15 and 18 who are enrolled in the 11th and 12th grades make up the population of this research. 180 teenagers from Sarsavatti Vidya Shanti Senior Secondary in Chomu, Jaipur, Rajasthan, India, make up the study's sample. The sample in this research was drawn using an easy sampling approach. It was taken care not to disturb subjects who were working on emergency tasks even after earlier appointments and again, appropriate time was taken. Interviewing the individuals allowed us to directly complete the study instrument. Results indicate that The first portion, which is connected to substance addiction, has a mean, mean percentage, median, and SD of 2.83, 56.6%, 3, and 0.93, respectively. The second component, which is about alcohol and its detrimental effects on health, had a mean, mean percentage, median, and SD of 10.96, 60.88%, 11, and 2.05 correspondingly. The third component of the survey, which is about preventative measures to lessen drug misuse, has a mean, mean percentage, median, and SD of 4.53, 64.71%, 05, and 1.12, respectively. The entire structured knowledge quiz on alcohol misuse had the following results: mean 18.33, mean % 61.10%, median 18, and standard deviation 2.60, respectively. At the 0.05 level of significance, there was a significant relationship between knowledge and gender resident place, history of alcohol misuse, father's education, and mother's education. Except that, at the 0.05 level of significance, there was no correlation between teenagers' knowledge level and their family's religion or income.

CONCLUSION

Alcohol usage has significantly grown during the previous thirty to forty years. Every area of life undergoes significant individual and environmental change when a person transitions to college, as well as time, excessive drinking and its accompanying issues become more prevalent. College seems to be the time when excessive drinking and its accompanying issues reach their pinnacle for the majority of students due to the amount of options and implicit expectations for drinking. The excessive alcohol consumption and associated harmful effects that many students experience in only a few years simply occur over time and end, even if they would certainly indicate diagnosable alcohol consumption at other periods in the life span. Alcoholism is a disease that is marked by severe impairment and is closely linked to support systems and binge drinking. Physiological, psychological, or social dysfunction may all contribute to impairment. Programs aimed at parents have been highlighted as a crucial element in reducing and avoiding alcohol-related damage in adolescents since teenage alcohol intake is a persistent problem. The researcher came to the conclusion that out of 100 teenagers, 55.55 percent had average understanding about alcohol misuse, 12.22 percent had bad knowledge, and 32.22 percent had strong knowledge. At the level of significance, there was a significant relationship between the adolescents' knowledge level and their gender, place of residence, family alcohol misuse history misuse, father's education, and mother's education. Except that, at the 0.05 level of significance, there was no correlation between teenagers' knowledge level and their family's religion or income.

Conflict of Interest

The authors certify that they have no involvement in any organization or entity with any financial or non-financial interest in the subject matter or materials discussed in this paper.

Funding Source

There is no funding Source for this study"

Acknowledgement

I most sincerely convey my deep sense of gratitude to my guide/Organisation for her/their remarkable guidance and academic support during this study.

REFERENCES

1. Abioye AI, Hajifathalian K, Danaei G. (2013) Do mass media campaigns improve physical activity? a systematic review and meta-analysis. Arch Public Health 71:20–0.
2. Allamani A, Forni E, Ammannati P, et al. . (2000) Alcohol carousel and children's

- school drawings as part of a community educational strategy. *Subst Use Misuse* 35:125–39.
3. Awopetu O, Brimacombe M, Cohen D. (2008) Fetal alcohol syndrome disorder pilot media intervention in New Jersey. *Can J Clin Pharmacol* 15:e124–31.
 4. Koob GF, Le Moal M. Plasticity of reward neurocircuitry and the “dark side” of drug addiction. *Nature Neuroscience* 2005; 8(11): 1442-1444.
 5. World Health Organization. *Global Status Report on Alcohol and Health*. Geneva: WHO; 2014.
 6. World Health Organization (WHO). *Inter-national Statistical Classification of Diseases and Related Health Problems. Tenth Revision*. Geneva: WHO; 1993.
 7. Rehm J, Room R, Graham K, Monteiro M, Gmel G, Sempos CT. The relationship of average volume of alcohol consumption and patterns of drinking to burden of disease—an overview. *Addiction* 2003; 98(9): 1209–1228.
 8. Ahlström SK, Österberg EL. International perspectives on adolescent and young adult drinking. *Alcohol Research and Health* 2004; 28(4): 258–268.
 9. Danielsson AK, Wennberg P, Hibell, Romelsjö A. Alcohol use, heavy episodic drinking and subsequent problems among adolescents in 23 European countries: Does the prevention paradox apply? *Addiction* 2012; 107(1): 71–80.
 10. Ahlström SK, Österberg EL. International perspectives on adolescent and young adult drinking. *Alcohol Research and Health* 2004; 28(4): 258–268.
 11. Danielsson AK, Wennberg P, Hibell, Romelsjö A. Alcohol use, heavy episodic drinking and subsequent problems among adolescents in 23 European countries: Does the prevention paradox apply? *Addiction* 2012; 107(1): 71–80.
 12. Ahlström SK, Österberg EL. International perspectives on adolescent and young adult drinking. *Alcohol Research and Health* 2004; 28(4): 258–268.