



Original Research Article

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**A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING
PROGRAMME ON AWARENESS AND READINESS TO CHANGE THE ABUSIVE
BEHAVIOR AMONG PERSONS WITH ALCOHOL USE IN THE SELECTED COMMUNITY
AREA AT INDORE, MADHYA PRADESH**

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Introduction

Alcoholism is a worldwide problem not confined either to developed or to developing nations. The adverse consequences of alcohol not only affect the individual user but society as a whole. Alcohol is a major public health problem today. Alcoholism continues to be a growing nuisance among all the strata of the society. Alcohol dependence is one of the most debilitating psychiatric illness affecting 5% of people, who consume alcohol. The prevalence of alcohol abuse has increased over the past 10 years, and the age of initial alcohol use has increased gradually in India. Alcohol dependence is one of the leading causes of disability and has led to increases in the incidence of crime and violence.

The definition of harmful alcohol use in this guideline is that of WHO's International Classification of Diseases, 10th Revision (The ICD-10 Classification of Mental and Behavioural Disorders) (ICD-10; WHO, 1992):

A pattern of psychoactive substance use that is causing damage to health. The damage may be physical (e.g. hepatitis) or mental (e.g. depressive episodes secondary to heavy alcohol intake). Harmful use commonly, but not invariably, has adverse social consequences; social consequences in themselves, however, are not sufficient to justify a diagnosis of harmful use.

Methods and Material

The quantitative research approach was selected to assess the effectiveness of structured teaching programme on awareness and readiness to change the abusive behavior among persons with alcohol use in the selected community at Indore, M.P.

One group pretest, the post-test design was adopted for the present study.

The Independent variable was a structured teaching programme regarding lifestyle modifications. The dependent variables were awareness of hazards of alcoholism and readiness to change the abusive behavior. Influencing variables were demographic variables. The sample size is 200 alcohol abusers and who full fill the inclusion criteria. Non -probability convenient sampling technique was used for selecting the samples.

Result

The religion, (86%) Hindus, (6%) Muslims. & Christian (8%). The occupational status of the subjects shows that (44%)students, (30%) Self employed (9%) Private sector and (22%) Government . Regarding the marital status of the subjects, (86%) got married, (10%) unmarried, no one was widowed/ widower and (4%) got divorced and separated. In the type of family, (86%) belonged to the nuclear family and (14%) belonged to the joint family. the comparison between the pretest and posttest score of awareness about the hazards of alcoholism among persons with alcohol use, in which (84%) had inadequate awareness, (8%) had moderate awareness and (8%) had adequate awareness about alcoholism in the pre-test. Whereas in post-test the subjects had (10%) of inadequate awareness, (20%) had moderate awareness and (70%) had adequate awareness about alcoholism after the structured teaching programme.

A comparison between the pretest and post-test score of readiness to change the abusive behaviour among persons with alcohol use. It shows that (74%) had low readiness to change the abusive behaviour,(18%) had a moderate desire to change the abusive behaviour and (8%) showing high readiness to change the abusive behaviour, whereas in post-test there were (20%) had low readiness to change the abusive behaviour, (14%) had moderate readiness to change the abusive behaviour,(66%) had high readiness to change the abusive behaviour.

The comparison between the mean and standard deviation of pretest and posttest score of awareness and readiness to change the abusive behaviour. The pre- test awareness mean was 11.96 and the standard deviation was 5.24 and post awareness mean was 23.12 and the standard deviation was 5.41. In case of readiness for change, the pre-test mean was 42.96 and the standard deviation was 17.07 and post-test readiness to change mean was 75.38 and the standard deviation was 19.92.

REFERENCE

1. Sullivan SB. *Physical rehabilitation*. 5th ed. New Delhi: Jaypee Brothers; 2004.
2. Sheila VL. *Psychiatric nursing*. 3rd ed. Philadelphia: Lippincott Publications; Year not available.
3. Sreevani R. *Psychiatric nursing methods and techniques*. 2nd ed. New Delhi: Jaypee Brothers; 2007.
4. Symalan K. *Statistics in medicine*. 1st ed. Trivandrum: Global Education; 2006.
5. Baker A, Lewin T. Evaluation of a motivational interview for substance use within psychiatric inpatient services. *Br J Psychiatry*. 2002 Aug [cited 2010 Jul];154(23).
6. Gopi D. Effectiveness of structured teaching programme on knowledge and attitude towards alcohol abuse among adolescent boys. *Asian J Nurs Educ Res*. 2017 Apr [cited 2018 Jul];7.
7. Balan K. Alcohol consumption and violence: their implications on individual and family health. *J Psychosoc Nurs*. 2003 Feb [cited 2008 Oct];99.