

Knowledge, Attitude and Expectancy on Alcohol among Selected Undergraduate Students of Bangalore with a View to Develop Structured Instructional Module

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Abstract

Alcoholic beverages are the oldest intoxicating drinks discovered and consumed by man. Its abuse kills millions of people, sends millions of victims to hospitals, necessitates millions of police arrests, breaks millions of marriages and homes and causes severe damage to industry and economy. This study was set out to examine the knowledge, attitude and expectancy of alcohol among 2000 undergraduate students selected by multistage stratified random sampling design. The data were collected by using College Drinking Attitude Scale and Alcohol Expectancy Questionnaire standardised tools. Structured Instructional Module on Alcoholism among students was prepared. There was no statistical significant difference between the zone in terms of Knowledge ($F=0.92$, $p<0.43$) and Expectancy ($F=0.111$, $p<0.954$).

Alcohol is the most commonly used and abused substance by the youth all over the world. Unfortunately; alcohol experimentation has become rite-de-passage for an alarming number of adolescents. Indeed heavy drinking among college students is considered as the most serious public health problem universities and colleges are currently facing. Heavy drinking among college students can lead to serious, acute problems, which can manifest as chronic problem later in life. It is pertinent to note that the scientific and academic community has always shown responsible response to social evils. This study is also one such response. Medical experts have clearly established that no organ in a human body is practically immune to alcohol-related harm. Structured Instructional Module (SIM) was designed for students to gain knowledge about alcoholism. The students could study the SIM whenever necessary. The subject matter was presented in simple language and it was organised in logical sequence.

Educating youths about the fatal consequences of alcoholism is presumed as a more powerful and effective method for this purpose. However, systematic scientific knowledge about factors driving youths to this evil habit needs to be studied systematically. It is in this background that the present study was undertaken.

Objectives

This study endeavoured to: (1) Assess the knowledge, attitude and expectancy on alcohol among the undergraduate students; (2) Compare knowledge, attitude and expectancy of alcohol among the zones; (3) Find out an as-

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sociation between the knowledge, attitude and expectancy of alcohol with the selected demographic variables; and (4) Compare the knowledge and attitude among students who consume alcohol and who do not consume alcohol.

Null Hypothesis : (1) There will be no significant association between knowledge, attitude and expectancy of alcohol with selected socio demographic variables; (2) There will be no significant relationship between knowledge, attitude and expectancy of alcohol.

Review of Literature

Newton NC, et al (2009) conducted a study "Delivering prevention for alcohol and cannabis using the internet: A cluster randomised controlled trial" with a population of 764, 13-year olds from 10 secondary schools. It increased knowledge regarding alcohol and cannabis, and decreased use of these drugs.

Licanin I, et al (2006) found that 15.55 percent adolescents (62.4% from urban and 37.6 % from rural areas) were abusing alcohol. Results showed numerous risk factors related to alcohol abuse among adolescents which could be used as base for preventive activities.

Simons JS & Gaher RM (2008) identified pre-test attitude towards alcohol use and the interaction between the attitude variables. According to them they are associated with problems at post-test, indicating that attitude towards alcohol use was less associated with alcohol problems among participants with more positive attitudes towards drug-free experience. Anju K (2011) found that students had high positive expectancy on alcohol before the educational programme. Galvani S & Hughes N (2008) identified three key explanatory factors: knowledge, support

from colleagues and legitimacy of role, significantly related with each other.

Ethical consideration: Permission was obtained from the institutional authority before collecting the data. The objectives of the study were explained to the subjects. Protecting the privacy, confidentiality and anonymity related to data was assured.

Methodology

In this descriptive study the researcher adapted the survey type of research, which helps to gather reliable data from large sample to draw meaningful interpretations and conclusions. The conceptual framework of the study was developed on the basis of Irvin Rosenstock's Health Belief Model (1950). Multistage stratified random sampling design was used. At the first stage colleges located in Bangalore were divided into four zones: North, South, East and West (Zone code 1, 2, 3 & 4 respectively). Subsequently within each zone colleges were selected using simple random sampling. Among number of students from selected colleges (North, South, East and West) students were selected using the concept of probability proportional to size from each zone. Thus, the final sample selected constituted 2000 students representing the student population of entire Bangalore. The study was delimited to the undergraduates studying at degree colleges in Bangalore and who were present on the day of data collection. On an average it took 70 minutes for completion of the tools from each student. The data collection was completed in 36 days.

The tools used for data collection were (1) Socio demographic schedule with 16 items on age, stream of degree, gender, religion, residential area, type of family, father occupation, mother occupation, monthly income etc. (2) Knowledge questionnaire on alcohol consisted of 50 items. (3) College Drinking Attitude Scale developed by Gonzalez (1990) consisted of 20 items. The scale used was 5-point Likert scale. (4) Alcohol Expectancy Questionnaire developed by Brown et al. 1987, with 90 items.

Univariate and bivariate frequency tables were generated using statistical software SPSS (version 11) package. For the purpose of studying association between attitude, expectancy with

selected demographic variables, Chi-square test was used. ANOVA was used for the zone wise comparison of mean and standard deviation. Non-parametric was also computed to find out the correlation between knowledge, attitude and expectancy. The 'p' value less than 0.05 was considered to be statistically significant.

Results and Discussion

Majority of the respondents (n=1142, 57.1%) were students of BA. An overwhelming majority i.e. 1831 (92%) of the respondents were Hindu and 196 (8%) respondents were non-Hindu.

It was discovered that environmental factors, family culture, adventurous attitude of youth, expectancies, mass medias, deterioration of socio-cultural values, lack of role models tended to aggravate the problem of alcoholism among youths, particularly among the college going ones.

It was seen that 28.8 percent of the respondents were from agricultural families, 35 percent working in private sector while 12.2 percent were in government sectors; 33.5 percent got the information about alcohol through electronic media and 21.9 percent through academic while 14.2 percent from friends or relatives; 77.65 percent of the respondents opine that the known persons are consuming alcohol while 22.35 percent reported that they had no information about alcohol habits of persons known to them. Further, 82.3 percent had not consumed alcohol while only 17.7 percent did. Majority of them, i.e. 1335 (66.8%) were from urban areas. It is well known that alcoholism is a characteristic of urban life. This trend is corroborated by Nash SG, McQueen A, Bray JH (2005). It is important to note that majority (82.3%) had not consumed alcohol while 17.7 percent respondents had tasted it. The null hypothesis is accepted for attitude and expectancy and rejected for knowledge and attitude, knowledge and expectancy.

Assessment of knowledge, attitude and expectancy on alcoholism of the study population may be guiding factors for adoption of remedial measures.

Table 1 depicts the distribution of zone-wise knowledge, attitude and expectancy scores. The zone wise attitudes mean score in Zone 1 is 64.57,

Table 1: Distribution of mean and standard deviation (n=2000)

Zone No.			Attitude	Expectancy	Knowledge
1	Total	N	350	350	350
		Mean	64.57	10.12	17.96
		Median	65	11	18
		SD	5.52	3.98	5.54
		Var.	30.51	15.86	30.67
2	Total	N	400	400	400
		Mean	64.29	10.05	17.94
		Median	64	11	18
		SD	5.73	3.98	5.37
		Var.	32.88	15.87	28.86
3	Total	N	650	650	650
		Mean	64.66	10.08	17.69
		Median	65	11	17
		SD	5.71	3.80	5.37
		Var.	32.59	14.42	28.82
4	Total	N	600	600	600
		Mean	63.71	10.09	18.20
		Median	63	11	18
		SD	5.69	4.10	5.32
		Var.	32.34	16.79	28.31
All zones	Total	N	2000	2000	2000
		Mean	64.29	10.08	17.94
		Median	64	11	18
		SD	5.69	3.96	5.38
		Var.	32.32	15.65	28.99

Table 2: Zone-wise comparison of knowledge, attitude and expectancy (n=2000)

Variable	Zone	N	Mean	Std. Deviation	F	p value	Significance
Knowledge	1	350	17.96	5.538	0.92	0.43	NS
	2	400	17.94	5.372			
	3	650	17.69	5.368			
	4	600	18.20	5.320			
	Total	2000	17.94	5.384			
Attitude	1	350	40.73	28.947	17.471	<0.001	S
	2	400	43.44	28.069			
	3	650	39.02	29.370			
	4	600	49.90	24.807			
	Total	2000	43.47	28.074			
Expectancy	1	350	51.31	12.934	0.111	0.954	NS
	2	400	51.25	12.882			
	3	650	51.14	12.585			
	4	600	51.55	12.926			
	Total	2000	51.32	12.80			

Zone 2 is 64.29, Zone 3 is 64.66 and Zone 4 is 63.71. The Zone-wise Expectancy mean score in Zone 1 is 10.12, Zone 2 is 10.05, Zone 3 is 10.08 and Zone 4 is 10.09. The Zone-wise knowledge mean score in Zone 1 is 17.96, Zone 2 is 17.94, Zone 3 is 17.69 and Zone 4 is 18.20. The mean scores of attitude, expectancy and knowledge shows that it is almost the same in all the four zones. The mean score of all the four zones in attitude is 64.29, in knowledge it is 10.08 and 17.94 in expectancy. This is again almost even in all four zones.

Table 2 shows that there is no statistical significant difference between the zones in terms of knowledge ($F=0.92$, $p<0.43$) and expectancy ($F=0.111$, $p<0.954$) at 0.05 level of significance whereas the level of attitude ($F=17.471$, $p<0.001$) is significantly different in all zone levels at <0.001 level of significance. The correlation between knowledge and attitude among students who consume and who do not consume alcohol is shown in Table 3. Spearman's rho value is 0.24 and $p<0.001$ for students who consume alcohol, which indicates that there is a significant relationship between the knowledge and attitude among the students who consume alcohol and Spearman's rho value is 0.27 and $p<0.001$ for students who do not consume alcohol, which indicates that there is a significant relationship between knowledge and attitude among the student who do not consume alcohol.

Nursing implications

Nursing service: Using the Structured Instructional Module, nurses and student nurses can educate individuals who consume alcohol and also use the con-

Table 3: Correlation of knowledge and attitude among students who consume and who do not consume alcohol

Variable	r value	p value
Knowledge and attitude among students who consume alcohol	0.24	< 0.001
Knowledge and attitude among students who do not consume alcohol	0.27	< 0.001

tents of the SIM as preventive measures.

Nursing education: It helps the student nurse to increase knowledge on alcohol use and its effects on physical, mental and social aspects. She or he can prepare leaflets, pamphlets and intervention package to educate the rural and urban community regarding alcohol.

Nursing administration: Nurses use knowledge and skills to develop and administer policy on alcohol abuse and make link with the Government agency. In-service education, workshops, seminars should be conducted for the college students and public to improve their knowledge and attitude about alcohol consumption.

Nursing research: Intervention modalities, with varying content and method can be used to study the effects of alcohol consumption.

Recommendations

Universities and education boards to include the study of evil effects of alcoholism on human body as topic/subject of study in the 10th standard curriculum onwards. Colleges may strictly conduct medical investigation to ascertain alcoholic habits of each student. Since every educational institution collects fees towards medical examination, such a medical check up should not be a burden. Universities have to introduce the practice of educational visits to Drug Addiction Centres, alcohol anonymous centres during the students' study period. Health education programmes on the evil effects of alcohol on the body must be conducted in the schools, colleges through role plays, skits, dramas, puppet shows, mimicry etc.

Conclusion

Majority of the respondents who have consumed alcohol have done so due to the influence of friends and relatives. Analysis of data also reveals that majority of respondents are not aware of the damaging effects of the consumption of alcoholic beverages on their body, mind and life in the long run. The Structured Instructional Module, designed to gain knowledge about alcoholism can be helpful in its prevention.

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