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ASSESSING KNOWLEDGE REGARDING EFFECTS OF ALCOHOLISM IN MEN AT THIMMARAJAPURA VILLAGE, KOLLEGAL.

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Abstract

Alcohol, serving both as a beverage with some nutritional value and a psychoactive substance, poses significant health risks when consumed excessively. Chronic alcohol misuse can lead to a myriad of health issues, including hypertension, cardiac disease, stroke, liver disease, digestive problems, infertility, and various forms of cancer. Moreover, prolonged alcohol abuse can weaken the immune system, rendering individuals more susceptible to serious infections. To investigate the prevalence and effects of alcoholism, a descriptive survey was conducted among 50 men aged 21 to 60 years. The study utilized a non-probability convenience sampling technique, where participants were selected based on their availability and willingness to participate. Data collection involved the use of a demographic variable proforma and a structured questionnaire designed to assess the impact of alcoholism. Findings revealed that a majority of participants exhibited average levels of knowledge regarding alcoholism, with only a small percentage (4%) demonstrating good knowledge. This suggests a need for increased awareness and education regarding the dangers of alcohol misuse and its associated health consequences among the male population in this age group. In conclusion, this study highlights the prevalence of alcoholism among men aged 21 to 60 years and underscores the importance of addressing this public health issue through targeted interventions aimed at raising awareness, promoting healthy behaviors, and reducing the burden of alcohol-related illnesses in the community.

Keywords: Alcohol, effects, knowledge and men, alcohol-related illnesses, Chronic alcohol misuse.

INTRODUCTION:

Alcoholism, also known as alcohol dependence, is a diagnosable condition characterized by various factors. In the United States, an estimated 17 million individuals engage in alcohol abuse or are dependent on alcohol. It is a chronic and often progressive disorder wherein individuals experience an intense craving for alcohol and continue to drink despite facing repeated alcohol-related issues. Excessive alcohol consumption can lead to the development of chronic diseases and other serious health complications, including hypertension, cardiovascular diseases, stroke, liver diseases, digestive disorders, and various forms of cancer affecting the breast, mouth, throat, esophagus, larynx, liver, colon, and rectum [1-4].

Objectives:

1. To assess the existing knowledge of men regarding effects of alcoholism
2. To determine the association between the knowledge of men regarding alcoholism and their selected demographic variables.

Assumption:

Assumptions of the study are:

- Men they have some knowledge about effects of alcoholism

Study variables:

The variables of the study were:

- Knowledge regarding effects of alcoholism in men at Thimmarajapura village.
- Demographic variable: Age in years, religion, educational status, duration of marital life, number of children, occupational status, income of the family, duration of the alcoholism [5-7].

Delimitation:

The study is delimited to men those who are consuming alcohol and residing at Thimmarajapura.

Conceptual/theoretical framework

The conceptual framework employed in this study is rooted in Pender's Health Promotion model, which emphasizes cognitive, perceptual, and modifying factors influencing participation in health promotion behaviors. This model also highlights various factors that impact individuals' engagement in health promotion activities.

Methodology:

Research approach/design: The research methodology adopted for this study was the descriptive survey approach.

Setting of the study: The study participants were chosen from male individuals who consume alcohol and reside in Thimmarajapura.

Population: In this study, population comprised men consuming alcohol and residing at Thimmarajapura.

Sample: The present study comprised 50 men consuming alcohol and residing at Thimmarajapura.

Sampling Technique: In the present study, non-probability convenience sampling technique was adopted.

Instrument used for the study: A structured knowledge questionnaire was prepared to collect the data to achieve the objectives of the study based on the review of the literature and consultation with the experts.

The instruments utilized in this study encompassed:

- Specific demographic factors concerning men who consume alcohol.
- A structured knowledge questionnaire designed to evaluate their understanding.

Demographic variable proforma: This section of the instrument comprised inquiries pertaining to demographic information, comprising a total of 8 items.

Structured knowledge questionnaire: Based on the literature review, a structured knowledge questionnaire was developed for the current study, comprising 20 items focused on assessing knowledge regarding the effects of alcoholism. Each item presented four alternative responses, and participants were assigned a score of one for each correct response. The total knowledge score ranged from 0 to 20, with correct answers awarded a score of 'one' and incorrect answers receiving a score of 'zero' [8-13].

Procedure for data collection: Formal administrative approval to conduct the study was obtained from relevant authorities, and informed consent was obtained from all participants, signifying their voluntary participation in the study. The study participants were provided with the structured knowledge questionnaire, and data collection commenced. Following the completion of the questionnaire, participants were thanked for their cooperation, and the data collection process was concluded.

Plan of data analysis

Table 1 illustrates distribution of sample into various categories according to their age in years, educational status, monthly income, occupational status, marital status, type of family. 70% of men belongs to age group of 36 and above.

Regarding occupation, most of them were skilled workers, the most of the men were illiterate, and having a monthly income of Rs/10000 -15000 [14-15].

Table 1: Frequency and percentage men consuming alcohol to their demographic variable.

| SL No | Demographic variable | Frequency | Percentage |
|--------------|----------------------------------|------------------|-------------------|
| 1 | Age in Years | 0 | 0 |
| | a)20-25years | 5 | 8 |
| | b)26-30years | 5 | 12 |
| | c)31-35years | 5 | 10 |
| | d)36yearsandabove | 35 | 70 |
| 2 | Religion | | |
| | a)Hindu | 50 | 100 |
| | b)Muslim | – | – |
| | c)Christian | – | – |
| | d)Others | – | – |
| 3 | Educational status | | |
| | a)Non Literate | 27 | 54 |
| | b)Primary | 12 | 24 |
| | c)Secondary | 6 | 12 |
| | d)Higher secondary | 5 | 10 |
| 4 | Duration of marriage life | | |
| | a)Below5years | 7 | 14 |
| | b)6-10years | 4 | 8 |
| | c)11-15years | 6 | 12 |
| | d)Above16years | 33 | 66 |
| 5 | Number of Children | | |
| | a)One Child | 10 | 20 |
| | b)Twochildren | 20 | 40 |
| | c)Three children | 15 | 30 |
| 6 | Occupational status | | |
| | a)Professional | 3 | 6 |
| | b)Skilled workers | 24 | 48 |
| | c)Semiskilled-workers | 10 | 20 |
| | d)Unskilled-workers | 13 | 26 |
| 7 | Income of the family | | |
| | a)Below-5000 | 13 | 26 |
| | b)10000-15000 | 26 | 52 |
| | c)15000- 20000 | 7 | 14 |
| | d)Above20000 | 4 | 8 |
| 8 | Duration of alcoholism | | |
| | a)Below one year | | |
| | b)2-3years | 7 | 14 |
| | c)4-5 years | 5 | 10 |
| | d)Above5years | 38 | 76 |

Table 2: Mean, median, range of standard deviations of knowledge scores of effects of Alcoholism

| GROUP | MEAN | MEDIAN | RANGE | SD |
|-----------------------|------|--------|-------|---------|
| Men consuming Alcohol | 9.34 | 20.5 | 2.15 | 64.7228 |

Table 2 Indicates that the mean was 9.34 and median is 20.5 and range was between 2.15 and SD was 64.7228 Level of knowledge regarding effects of alcoholism in men at Thimarajapura.

Table 3:Level of knowledge regarding effects of alcoholism in men at Thimmarajapura.

| GROUP | Poor | | Average | | Good | |
|-----------------------|-----------|----|-----------|----|-----------|---|
| Men consuming Alcohol | Frequency | % | Frequency | % | Frequency | % |
| | 5 | 10 | 43 | 86 | 2 | 4 |

Table 3 illustrates that 10% of men were having poor knowledge, 86% were average knowledge and 4% of them were having good knowledge and Table 4 shows the knowledge level of related demographic variables of men who consuming Alcohol.

Table 4: Association between knowledge level of related demographic variables of men who consuming Alcohol

| Demographic variables | POOR | GOOD | AVERAGE | CHI- SQUARE VALUE (X2) | DF | P VALUE |
|-----------------------------------|------|------|---------|------------------------|----|---------|
| Age in year | | | | | | |
| 21-30 | 1 | 5 | | 4.693 | 6 | 0.583 |
| 31-40 | 1 | 21 | | | | |
| 41-50 | 2 | 8 | 1 | | | |
| 50 above | 1 | 9 | 1 | | | |
| | | | | | | |
| Educational status | | | | | | |
| No formal education | 3 | 8 | 1 | 5.555 | 1 | 0.0184 |
| Primary education | 9 | 13 | 3 | | | |
| High school | 2 | 4 | 3 | | | |
| Graduate and post graduate | | 3 | 1 | | | |
| Occupational status | | | | | | |
| Unemployed | 2 | 4 | 4 | 70.943 | 4 | 0.2309 |
| Self- employee | 3 | 14 | 5 | | | |
| Private employee | | 9 | 6 | | | |
| Government employees | | | | | | |
| | | | | | | |
| Monthly income | | | | | | |
| Below 5000 | 3 | 8 | 1 | 41.380 | 4 | 0.3876 |
| 10000-15000 | 9 | 13 | 3 | | | |
| 15000-20000 | 2 | 4 | 3 | | | |
| 20 above | | 3 | 1 | | | |
| | | | | | | |
| Marital status | | | | | | |
| Married | 4 | 14 | 5 | 0.4164 | 2 | 0.8120 |

| | | | | | | |
|-----------------------|---|----|---|-------|---|---------|
| Unmarried | 3 | 18 | 6 | | | |
| | | | | | | |
| Type of family | | | | | | |
| Nuclear | 3 | 31 | 6 | 1.706 | 2 | 0.42611 |
| Joint | 2 | 6 | 2 | | | |
| | | | | | | |

Conclusion:

The study's findings revealed a notable improvement in the knowledge levels of men regarding the detrimental effects of alcoholism. This indicates a positive outcome of the intervention, suggesting that health education plays a crucial role in enhancing awareness and understanding of alcohol-related risks. As a result, there is a pressing need for targeted health education initiatives aimed at further enhancing knowledge and awareness among the male population regarding the adverse effects of alcoholism. One effective strategy could involve the distribution of pamphlets containing comprehensive information about the health risks associated with alcohol misuse. By providing accessible and informative resources, such as pamphlets, to all men, we can empower individuals to make informed decisions about their alcohol consumption and take proactive steps to protect their health. In conclusion, the study underscores the importance of ongoing health education efforts in promoting alcohol awareness and prevention. By continuing to prioritize education and outreach initiatives, we can strive towards reducing the prevalence of alcoholism and its associated health consequences within the community.

Recommendations:

- Similar study can be conducted on the large sample
- Experimental studies can be conducted.

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