

A Study to Assess the Effectiveness of Roleplay on Knowledge and Attitude Regarding ILL Effects of Alcohol among Men in the Selected Rural Areas of Bagalkot District

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Abstract

Original Research Article

Background of the study: With the impact of Globalization, urbanization, industrialization, media influence and changing life styles, alcohol has entered into the lives of Indians in a big and unrestricted manner. 23.8% of men reported alcohol consumption in the past year. Among drinkers, 33.2% exhibited hazardous drinking, 3.3% harmful drinking, and 5.5% dependent drinking. An overall prevalence of current alcohol use at 9.5%, with significantly higher rates among males (18.3%) compared to females (0.4%). The percentage of the population drinking alcohol aged less than 21 years has increased from 2% to more than 14% in the past 15 years as revealed by Alcohol and Drugs Information Centre India. **Aim:** This aim is to evaluate knowledge and attitude among men regarding ill effects of alcohol intake in men. **Methods:** In view of the nature of the problem and to accomplish the objective of the study, quantitative research approach was adopted for this study. Pre-experimental-One group pre test & post test design. A total of 473 men from 2 rural areas of Bagalkot were included in the study. They were given a validated knowledge and attitude questionnaire. A structured questionnaire was developed to collect the demographic information, a structured questionnaire was developed to assess the level of Knowledge and Attitude. **Result:** The analysis revealed that the Overall Mean difference between the pre-test and post-test level of knowledge was 0.54 with t-value 1.66 which was highly significant at $p < 0.001$. The mean differences between pre-test and post-test attitude, was 0.25 with t-value 2.76. These scores were highly significant at $p < 0.001$ level suggesting that the community based nursing interventions were effective in increasing the level of knowledge and improving the attitude among men. **Conclusion:** The study concluded that the community based nursing intervention strategies was effective in increasing the level of knowledge and improving the attitude among men, the study emphasized the need for community based participatory research in enhancing the health of the people. **Keywords:** Assess, Knowledge, Attitude, Men, Alcohol, Ill effects.

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INTRODUCTION

According to the World Health Organization (WHO), India has the largest population of adolescents globally (253 million people aged 10–19 years), constituting 21% of the population (Government of India, 2024; Boumphrey, 2024). Additionally, adolescents as young as 13–15 years of age have started consuming alcohol in India. Teenage years are the riskiest time to develop an alcohol dependence [1]. Youth who start drinking before the age of 15 are 4 times more likely to be one who alcoholism affects later on in life. Recent studies show that alcohol consumption has

the potential to trigger long-term biological changes that may have detrimental effects on the developing adolescent brain, including neuro cognitive impairment." Underage drinking causes 5,000 deaths a year [2]. A combination of factors can affect a teenager's decision to drink, including: Peer pressure, including from family members, peers and media. Stress, such as worrying about grades, puberty changes or popularity. the increased social demands of adolescence may be accompanied by increased anxiety, heightening the risk for alcohol use [3]. The studies done by Alcohol and Drugs Information Centre India has revealed that the

percentage of the drinking population aged <21 years has increased from 2% to more than 14% in the past 15 years [4].

MATERIAL AND METHODS

Research approach: Quantitative research approach
 Setting of the study: Timmasagar, Kelavadi.
 Data collection method: SADQ, Knowledge Questionnaires, Attitude Questionnaires
 Sample: the sample was selected by convenient sampling technique. The researcher randomly selected 2 rural areas of bagalkot for setting. Only men in the 2 rural areas were selected for enrolment of subjects. All the men in the age group more than 18 years were selected. Sample Size: 473 men
 Sampling Technique: Convenient Sampling Technique. Population: In this study all the men in the 2 rural areas of Bagalkot district are the target population. Accessible Population: The accessible population of present study conducted among adolescent men in rural areas of bagalkot.

Variables under Study:

Independent Variable: Role play

Dependent Variable: Knowledge and attitude.

Socio demographic Variables: Age, Educational status, Occupation, Annual Income, Religion, Marital status, Type of family, Food habits.

Instruments

Tool I: Socio demographic factors of Men in the rural areas

Age, Educational status, Occupation, Annual Income, Religion, Marital status, Type of family, Food habits.

Tool II: Items to assess the level of knowledge by using knowledge variables

Knowledge variables is prepared to assess the Knowledge scores of Men. Knowledge variables consists of 20 items with one correct answer.

Tool III: Items to assess the Level of attitude by using Attitude variables

Knowledge variables is prepared to assess the level of attitude. Attitude variables consists of 26 items with 5 points ranging from Very poor, poor, neither poor nor good, good, very good.

Data Collection Procedure:

Prior permission was obtained from SIONS of Bagalkot President BV V. Sangha. Permission was taken from the Medical Officer,

Primary Health Center, Shirur, Bagalkot District. This study obtained written and verbal informed consent from men in the rural areas. The knowledge questionnaires and attitude questionnaires was applied to men residing in the rural areas. Data collection took place from 9 a.m. to 5 p.m with subject to subject availability.

Statistical Analysis:

The data will be analysed by using descriptive and inferential statistics. Numerical data obtained from the sample was organized and summarized with the help of descriptive statistics like percentages, mean, median and standard deviation. Chi-square test used to find out association between knowledge and attitude with selected demographic variables among men in the rural areas of Bagalkot.

Ethical Clearance:

Ethical clearance was obtained from the institutional ethical committee of B.V.V.S Sajjalashree Institute of Nursing Sciences, Navanagar Bagalkot, India.

RESULTS

The data will be analyzed with descriptive and statistical analyses. Numerical data obtained from the sample will be organized and calculated with the help of statistics such as percentage, mean, median, standard deviation. Chi-square test was used to find the relationship between knowledge and attitude with selected demographic variables among men in the rural areas of bagalkot. The rate wise circulation of men as per their age group the larger part (38%) of men were in the age group of 14 years followed by this, (35%) of men were in the age group of 15 years, (27%) of men were in the age group 16 years. The larger part (39%) of students were 8th std, trailed by (34%) of men were 9th std, (27 %) of men were 10th std. The majority (33%) of men whose education is illiterate, followed by this (27%) of men whose fathers education is primary, (16%) of men whose education is both high school and puc, and 8% of men whose education degree. The majority (40%) of men whose occupation is agriculture, (31%) of men whose fathers occupation cooli, (18%) of men whose occupation business, (11%) of men whose occupation government. The majority (48%) of men whose mothers occupation is agriculture.

Table 1: Distribution of Socio-demographic factors of men

Socio-demographic variables	Number of respondents	Percentage (%)
Age (Year)		
a. 15-30 years	101	21.4%
b. 31-50 years	180	38%
c. 51-60 years	192	40.6%

Socio-demographic variables	Number of respondents	Percentage (%)
Educational status		
a. No formal education	94	20%
b. Primary education	141	30%
c. Middle school education	118	25%
d. High school education	70	15%
e. Graduation	47	10%
Religion		
a. Hindu	427	90.4%
b. Muslim	19	4.0%
c. Christian	24	5.1%
d. Others	3	0.5%
Occupation		
a. Unemployed	141	30%
b. Semiskilled	85	18%
c. Skilled	165	35%
d. Intermediate	66	14%
e. Professional	14	3%
Type of family		
a. Nuclear	344	72.7%
b. Joint	129	27.3%
Annual Income		
a. Below Rs:10000	89	19%
b. Rs: 10001-15000	198	42%
c. Rs: 15001-20000	104	22%
d. Rs: 20001 & above	80	17%
Marital Status		
a. Married	160	34%
b. Unmarried	312	66%
Food habits		
a. Vegetarian	364	77%
b. Non vegetarian	108	23%

Table 2: Frequency and Percentage distribution of Pre-test and post-test level of Knowledge among Men

Level of Knowledge	Pre-test		Post-test	
	No.	Percentage	No.	Percentage
Very poor	182	38.6	97	20.5
Poor	165	34.9	134	28.3
Good	94	19.8	156	32.9
Very good	32	06.7	86	18.1

Table 3: Frequency and Percentage distribution of Pre-test and post-test Attitude among Men

Level of Attitude	Pre-test		Post-test	
	N	%	N	%
Very Low (0-25%)	-	-	-	-
Low (25%-50%)	111	23.4	92	19.5
Moderate (50%-75%)	311	65.8	301	63.6
High (>75%)	51	10.8	80	16.9
Overall	473	100	473	100

Table 4: Comparison of pre-test and post-test Mean, S.D. and mean % of Level of knowledge and its significance

Level of knowledge	Pre-Test		Post -Test		Mean Difference	't'- Value	P-Value
	Mean	SD	Mean	SD			
	1.95	0.92	2.49	1.01	0.54	8.56	0.001***

Table 5: Comparison of pre-test and post-test Mean, S.D, and Mean% of attitude and its significance

Level of attitude	Pre test		Post test		Mean difference	t-value	p-value
	Mean	SD	Mean	SD			
	2.87	0.57	2.97	0.60	0.10	2.66	0.008***

DISCUSSION

The present study was executed to assess the effectiveness of roleplay on knowledge and attitude regarding ill effects of alcohol among men in selected rural areas of Bagalkot district. Pre-experimental- one group pre- test and post- test was adopted for the study. A known probability purposive sampling technique was adopted for the study [5]. The knowledge were categorized as mild, moderate, severe, and very severe after intervention. Strategies were administered based on the men. The findings of the study have proved that there was a significant difference in the level of knowledge and attitude among the men after the administration of the interventions [6].

Description of knowledge based on their background variables

Majority 191(40.6%) of the alcohol dependent men were in the age group between 41-50 years; 418(88.4%) of them were married; 427(90.4%) of them belong to Hindu religion. 344(72.7%) of them belong to nuclear family; 328(69.3%) of them had 3-4 family members; 417(88.2%) were non-vegetarians; 446(94.3%) of them had no history of medical illness; 470(99.4%) of them had not undergone any treatment for alcoholism. 186(39.3%) of them had primary education; 166(35.1%) of them were semi-skilled workers; 169(35.7%) of them had income of Rs.4000-6000; 212(44.8%) of them had the habit of alcoholism for 4-6 years; 83(17.6%) of them had alcohol 3 times per week [7].

The second objective was to assess the existing level of Knowledge and Attitude among Men

Data findings presented and revealed the frequency and percentage distribution of level of alcohol Knowledge among men. Out of 473 men, 182(38.6%) of them had very poor level of Knowledge and scored between 4-19 in SADQ. 165(34.9%) of them had poor level of Knowledge and scored between 20-30 in SADQ. 94(19.8%) of them had good level of Knowledge and scored between 31-44 in SADQ. 32(6.7%) of them had very good level of Knowledge and scored between 44-60 in SADQ [8].

The third objective was to determine the effectiveness of Roleplay on the level of Knowledge and Attitude among the Men.

Data findings revealed the comparison of pre-test and post-test level of Knowledge among men. The findings revealed that the very poor and poor level of Knowledge reduced considerably i.e., 182(38.6%) in pre test to 71 (14.8%) in post-test and 165(34.9%) in pre-test to 23 (4.9%) in post-test respectively. As poor and very poor level of Knowledge in pre-test moved to good and very good level of Knowledge in post-test, there was relatively increase number of men in good and very good

level of Knowledge in post-test. That is, 94(19.8%) in pre test to 212(45.2%) and 32(6.7%) in pre-test to 167(35.1%) in post-test respectively. The t-test revealed that the overall mean difference was 1.57 with t-value 31.66, which was highly significant at $p < 0.001$ level.

These descriptions reveal that there was difference in pre-test and post-test level of Knowledge. Hence it is evident that the community based nursing intervention strategies was effective in increasing the level of Knowledge among men [9].

CONCLUSION

The study concluded that the Intervention Strategies was effective in improving the level of knowledge and improving attitude among men. The overall findings revealed that Intervention Strategies, if available to the men through the consistent and sustainable community engagement process, it will further enhance the attitude of the men by improving level of Knowledge [10].

Budget: Self

Conflict of interest: None

REFERENCE

1. <https://www.who.int/india/health-topics/adolescent-health-and-development>
2. World Health Organization. Burden and Socio-Economic Impact of Alcohol – The Bangalore Study (Alcohol Control Series No. 1). New Delhi: World Health Organization; 2006.
3. <https://en.wikipedia.org/wiki/Alcoholism>
4. Gururaj, G., Pratima, M., Girish, N., & Benegal, V. (2011). Alcohol related harm: Implications for public health and policy in India, 2011.
5. WHO. Mental health and substance abuse - WHO Atlas.
6. WHO Collaborative project on identification and management of alcohol-related problems in primary health care. Report on Phase IV. WHO 2006.
7. Alcohol Related Harm in India – a fact sheet INDIAN ALCOHOL. Indian Alcohol Policy Alliance. Available at www.indianalcohol.org
8. Ministry of Social Justice and Empowerment. Developing community Drug Rehabilitation. New Delhi; 2005
9. Ministry of Social Justice and Empowerment. Developing community Drug Rehabilitation. New Delhi; 2005
10. Kamla, G., Fred, A., & Lhungdim, H. (2009). Health and Living Conditions in Eight Indian Cities. National Family Health Survey (NFHS-3). Mumbai, India: 2009.