



ISSN: 0975-833X

RESEARCH ARTICLE

EFFECTIVENESS OF SIM ON KNOWLEDGE AND ATTITUDE REGARDING HARMFUL EFFECT OF ALCOHOL USE AMONG INDUSTRIAL WORKERS IN SELECTED INDUSTRIES OF ERODE DISTRICT, TAMILNADU

*Manikandan, V.

Himalayan University, India

ARTICLE INFO

Article History:

Received 10th May, 2018
Received in revised form
14th June, 2018
Accepted 25th July, 2018
Published online 30th August, 2018

Key Words:

Effectiveness;
Self instructional module;
Occupational health;
Industrial workers.

ABSTRACT

Background of the study: Alcohol has now turned into a typical word in the Indian culture. Research in the previous couple of years has indisputably shown that about one out of 3 male grown-ups devour liquor. A lot of the general wellbeing load originates from inebriated conduct, bringing about mishaps, savagery and other social results. It has discovered that outrage goes about as a fundamental driver for a drunkard's barbarous conduct. In this way to keep the zonal territories calmly, it is important to learn and use outrage administration procedures for liquor subordinate patients.

Methods: A evaluatory approach with one group pre-test post-test design was used for the study. The sample consisted of 50 Industrial workers working in selected industries, selected by non-probability convenient sampling technique. Data was collected by structured knowledge questionnaire and rating scales on harmful effects of alcohol use. After collecting demographic data and conducting the pre-test, self-instructional module was given to the subjects. Seven days after post-test was conducted using the same structured knowledge questionnaire used for collecting the pre-test. The collected data was analyzed by using descriptive and inferential statistics.

Results: The result showed the significant difference suggesting that the SIM was effective in increasing the knowledge of the Industrial workers ($t = 31.19$). The mean post-test knowledge score was (23.2) higher than the mean pre-test knowledge scores (11.96). There was no association between the pre-test knowledge scores and the selected demographic variables like age, gender, religion, work experience, type of industries and association between educational levels.

Interpretation and conclusion: The findings of the study showed that the knowledge of the industrial workers was not satisfactory before the introduction of self instructional module, helped them to learn more about avoidance of alcohol. The post-test knowledge scores showed significant gain in knowledge. Hence the self instructional module was an effective strategy for providing information and improving the knowledge of subjects. Educating the industrial workers will help them to improve the knowledge.

Copyright © 2018, Manikandan. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Citation: Manikandan, V. 2018. "Effectiveness of sim on knowledge and attitude regarding harmful effect of alcohol use among industrial workers in selected industries of erode district, Tamilnadu", *International Journal of Current Research*, 10, (08), 72176-72180.

INTRODUCTION

"The mind is its own place, and in itself can make a heaven of hell, a hell of heaven"

John Milton

Hurtful medications including alcohol, tobacco, cannabis, khat, coca leaves and opium poppy have been expended in various social orders for quite a long time. Man had utilized unsafe medications to improve delight and mitigate inconvenience as well as to encourage the accomplishment of social, religious and ceremonial points.

*Corresponding author: Manikandan, V.
Himalayan University, India

DOI: <https://doi.org/10.24941/ijcr.31672.08.2018>

Individuals keep on using them for alleviation of negative passionate states, for example, sadness, dread and uneasiness help from weakness or weariness and as a break from every day schedules by method for creating adjusted conditions of awareness. Liquor and medications additionally keep on being utilized as a part of different religious services. The non-medicinal utilization of liquor and different medications has turned into a matter of genuine worry in numerous nations. While liquor mishandle is a pretty much widespread issue, the occurrence of medication mishandle differs from place to place. Numerous de-addiction centers work towards accomplishment of ideal strength of heavy drinkers as far as physical and in addition mental. The AA (Alcohol Anonymous) bunches alongside psychosocial laborers effectively complete numerous intercessions, for example, yoga, contemplation, utilization of recreation exercises, critical thinking methods, motivational

meeting, advising and so forth as a piece of psycho treatment. It manages enthusiastic issues, for example, outrage, trouble, dismal, fear, tension, blame, disgrace and so forth which are basic among drunkards. In this way they enable the drunkards to lead the correct way in their life and make a solid and serene zone. Alcohol is assessed to cause around 20-30% of esophageal tumor, liver disease, and cirrhosis of the liver, crime, epilepsy, and engine vehicle mishances. Around the world, liquor causes 1.8 million passing every year. Conduct related issues represent 34% of all incapacity (World Bank) and incorporate issues, for example, brutality, lack of healthy sustenance, tuberculosis, diarrheal infections, sexual transmitted illnesses, engine vehicle mishaps and other accidental wounds. Substance manhandle can specifically prompt a scope of physical, mental and social issues and in addition in a roundabout way add to handicap. Substantial drinking scenes can bring about aftereffects that prompt representatives phoning in tired or missing piece of a work day. It has been demonstrated that hazardous liquor utilization levels are related with an expansion in the quantity of wiped out days taken.⁷ Studies in Sweden and Norway have discovered that a 1-liter increment in complete liquor utilization is connected to a 13% expansion in ailment nonappearance among men, however the impact isn't measurably noteworthy among women.⁸ The immediate impacts of non-attendance are felt by bosses as well as by representatives who may need to go up against extra work to make up for missing associates.

Objectives

- To assess the knowledge regarding harmful effects of alcohol use among industrial workers.
- To assess the attitude regarding harmful effects of alcohol use among industrial workers.
- To evaluate the effectiveness of self instructional module on knowledge and attitude regarding harmful effects of alcohol use among industrial workers in terms of gain in knowledge and attitude score.
- To determine the correlation between the pre test knowledge and attitude score regarding harmful effects of alcohol use among industrial workers.

Hypothesis

H₁ The mean post test score will be significantly higher than the mean pre test score regarding knowledge and attitude about harmful effects of alcohol use among workers at selected industries.

H₂ There will be a significant association between the knowledge levels with selected demographic variables among workers at selected industries.

Delimitations

Study is limited to workers at selected industries at Erode District.

METHODOLOGY

Research Approach: In the present study, the research aim is to determine the effectiveness of self-instructional module on knowledge regarding harmful effects of alcohol use among workers at selected industries using evaluative approach.

Research Design

One group pretestposttest design with pre - experimental approach was adopted for this study. In this design, the variable is measured before the introduction of the treatment.

Population

The population of the present study consisted of industrial workers in erode.

Sample and sampling techniques

The sample in this study comprised of 50 industrial workers of selected industries Erode. In this study, the investigator used the non-probability convenient sampling technique to draw the samples.

Criteria for selection of sample

Inclusion criteria

- Workers who are working in selected industries, Erode.
- Workers who are willing to participate in the study.
- Workers who are available during the period of collecting data.
- Workers who are able to read and write English or Tamil.

Exclusion criteria

- Workers who are sick at the time of data collection.
- Workers those who underwent similar type of intervention recently.

Description of the tool

The final tool for assessing the knowledge of workers on harmful effects of alcohol use consisted of two parts.

Part I: Demographic Performa to collect the demographic data (7 item) It include the identification data such as age, religion, education , type of industries.

Part II: Structured knowledge questionnaire to assess the knowledge of workers on harmful effects of alcohol use (35 items). It included the various items on harmful effects of alcohol use under the following areas:

- **Section A:** Consists of 11 items related to knowledge regarding General information.
- **Section B:** Consists of 12 items related to knowledge regarding harmful effects of alcohol use.

Part III: Attitude scale (positive) consists of 13 items, attitude scale (negative) consists of 7 items.

Development of self instructional module: The self instructional module was developed for workers of selected industries Bengaluru. It was prepared based on extensive review of literature and experts opinion from the related field. The steps involved in the development of self instructional module were.

- Review of literature and discussion with the experts
- Preparation of blue print
- Preparation of the first draft of self instructional module
- Development of checklist criteria
- Content validity of self instructional module
- Pre test of self instructional module
- Preparation of the final draft of self instructional module.

Plan for data analysis

Data analysis is the systematic organization and synthesis of research data and testing of the research hypothesis using that data. Data was planned to be analyzed on the basis of objectives and hypothesis.

The plan for data analysis is as follows:

- The data obtained will be plotted in master sheet
- Demographic variables will be described in terms of frequency and percentage.

- Level of knowledge regarding harmful effects of alcohol use would be analyzed by frequency percentage and mean percentage.
- The pre test and post test knowledge scores will be expressed by mean and standard deviation.
- Area -wise mean percentage of pre test and post test knowledge scores.
- Paired 't' test will be computed to determine the significance of difference between mean post test and pre test knowledge scores of the subjects.
- Attitude score will be calculated.

RESULTS

The analyzed data has been organized and presented in the following sections:

Section A: Knowledge regarding general information.

Section B: Knowledge regarding harmful effects of alcohol use.

Section 1: Demographic profile of the workers

Table 1. Distribution of Respondents according N=50

Characteristics	Category	Respondents	
		Frequency	Percentage
Age of (in years)	26-30	11	22
	31-35	25	50
	36-40	11	22
	41 and above	3	06
Gender	Male	42	84
	Female	8	16
Education	Illiterate	1	02
	Primary	8	16
	Secondary	13	26
	Higher secondary	21	42
Religion	Graduate	7	14
	Hindu	37	74
	Muslim	3	06
	Christian	6	12
Work experience	Any other	4	08
	Less than 1 year	1	02
	1 to 3 year	7	14
	3 to 5 year	19	38
Type of industries	Above 5 years	23	46
	Small scale	10	20
	Large scale	40	40

Table 2. Mean and standard deviation for the knowledge of workers (Pre test) N=50

Pre test knowledge score					
Si No	Aspect of knowledge	Max. Score	Mean	S D	Mean %
I	General information	6	1.86	0.66	31
II	Harmful effects of alcohol use	28	10.12	2.99	36.14
Overall knowledge score		34	11.98	3.02	35.24

Table 3. Mean and standard deviation of level of knowledge of workers (Post test)

Post test knowledge score					
Si No	Aspect of knowledge	Max. Score	Mean	S D	Mean %
I	General information	6	4.52	1.36	75.33
II	Harmful effects of alcohol use	28	18.68	1.79	66.71
Overall Knowledge score		34	23.2	1.87	68.24

Table 4. Mean and standard deviation of level of knowledge of workers (Comparison of Pre and Post test):

Comparison Of Pre And Post Test Knowledge Scores					
Si. No	Aspect of knowledge	Max. Score	Mean	S d	Mean %
I	General information	6	2.66	1.10	44.33
II	Harmful effects of alcohol use	28	8.56	2.35	30.57
Overall knowledge score		34	11.22	2.21	33

Table 5. The Comparison of pre and post test knowledge scores of workers

Sl No.	Knowledge Aspects	Pre Test			Post Test			Paired t-value	Inference
		Mean	Mean%	SD	Mean	Mean%	SD		
1.	General information	1.86	31	0.66	4.52	75.33	1.36	16.63	HS
2.	Harmful effects of alcohol use	10.12	36.14	2.99	18.68	66.71	1.79	25.94	HS
	Overall knowledge	11.98	35.24	3.02	23.2	68.24	1.87	36.19	HS

Key: HS- Highly significant

Table 6. Level of attitudescore

Level of Attitude	Industrial workers	
	N	%
Poor	5	8.33%
Moderate	35	58.33%
Good	20	33.33%
Total	60	100.0%

Table 7. Correlation between knowledge score and attitude score

	Mean ±SD	Karlpearson correlation coefficient	Interpretation
Industrial workers Knowledge score	48.94±7.10	r=0.67 P=0.05*	Significant,good correlation.. When knowledge increases attitude also increase.
Attitude score	65.60±9.08		

DISCUSSION

Section-I: Demographic variable of industrial workers

The result indicates that Out of 50 samples, about 22% belong to the age group 26-30 years, 50% belong to age group 31-35 years, 22% belong to age group 36-40 years and 6% belong to age group 41& above years. It is also evident that, 84% of the respondents were males and 16% were females. Based on Education, 2% of the respondents had illiterate, 16% had primary education, 26% had secondary education, 42% were higher secondary and 14% were graduates. It is also evident from the table that Out of 50 samples, 74% of the respondents were Hindus, 6% were Muslims, 12% were Christians and 8% belonged to other religions. It also shows that about 2% were less than one year experience, 14% had one to three year experience, 38% had an three to five years of experience and 46% had an above five years of experience. It is also evident that, 20% belonged to small scale industries, 80% belonged to large scale industries.

Objective 1: To assess the knowledge regarding harmful effects of alcohol use among industrial workers.

The mean percentage score obtained by the subjects was 31% in the aspect of knowledge regarding the general information with the standard deviation of 0.66. The mean percentage score obtained by the subjects was 36.14% in the aspect of knowledge regarding harmful effects of alcohol use, with the standard deviation of 2.99. The overall knowledge score obtained by the subjects was 35.24 with standard deviation of 3.02. It was inferred that majority of industrial workers had lack of knowledge on harmful effects of alcohol use, so there is a need for self instructional module for industrial workers regarding harmful effects of alcohol use.

Objective 2: To evaluate the effectiveness of self instructional module on knowledge and attitude regarding harmful effects of alcohol use among industrial workers in terms of gain in knowledge and attitude score.

The obtained 't' value 2.021 is less than the table value at 0.05 significance. Therefore the obtained 't' value is found to be highly significant. The scores show an improvement in mean knowledge scores in all knowledge aspects. The overall knowledge score shows that there was a gain in knowledge scores and found to be highly significant at the level of $p < 0.05$ hence it is evident that the self instructional module was effective in improving the knowledge level regarding harmful effects of alcohol use among industrial workers.

Objective 3: To assess the attitude regarding harmful effects of alcohol use among industrial workers

The test shows that overall attitude of the industrial workers 65.6% and in that 56.3% are negative attitude and 70.6% are positive attitude regarding the harmful effects of alcohol use. The test shows that 58.33% industrial worker having moderate level of attitude, 33.33% of industrial workers having good attitude and 8.33% of industrial workers having poor attitude regarding the harmful effects of alcohol use.

Objective 4: To determine the correlation between the knowledge and attitudescore regarding harmful effects of alcohol use among industrial workers.

The above table shows that mean knowledge score 48.94 with standard deviation of 7.10 and Attitude score is 65.60 with standard deviation of 9.08. and this correlation shows 0.67 with $P = 0.05$, this is significant and good positive correlation, when knowledge increases attitude also increases.

Conclusion

Implication to nursing practice

- Health education is an important tool for health care. It is one of the most cost effective interventions. It is concerned with promoting health as well as prevention of disease
- The extended and expanded role of professional nurse emphasizes more about the preventive and promotive aspects of the health

- Education programmes with effective teaching strategies, will motivate people to follow healthy practices in day-to-day life, including their changes in life style.

Implications to nursing education

- The present health care delivery system emphasizes more on preventive rather than the curative aspect.
- Nursing students should be made aware of their role in health promotion and disease prevention for the present and their future, which may help in achieving the goal of 'health for all'.

Implications to nursing research: The emphasis on research and clinical status is to improve the quality of nursing care. Nurses need to engage in multidisciplinary research so that it will help to improve their knowledge and skill while applying it into practice, many health problems can be solved.

Recommendations: Having become familiar with the problems faced during the study and keeping the limitations in view, the following recommendations are offered for further research.

- A comparative study can be conducted to assess the knowledge of rural and urban workers.
- A large scale study needs to be carried out to generalize the findings.
- A follow up study may be conducted to determine the effectiveness of the structured teaching programme in terms of change in behaviour for in those subjects who were administered the self instructional module.

Interpretation and conclusion: The study findings showed that there was a significant increase in the knowledge of industrial workers after administration of the self instructional module on harmful effects of alcohol use. Hence, it was concluded that the self instructional module was effective in increasing the knowledge of industrial workers.

REFERENCES

Bacharach, S. B., Bamberger, P. and Biron, M. 2010. Alcohol consumption and workplace absenteeism: the moderating effect of social support. *J Appl Psychol*, 95(2), 334-348.

- Collins, D. J. and Lapsley, H. M. 2008. The costs of tobacco, alcohol and illicit drug abuse to Australian society in 2004/05. *National Drug Strategy Monograph Series*, 64.
- Dale, C. E. and Livingston, M. J. 2010. The burden of alcohol drinking on co-workers in the Australian workplace. *Med J Aust*, 193(3), 138-140.
- Diane BM, Loeble K, Tatafy E, Matsunaga DS, Cassel K. Using Drama to prevent Teen Smoking development, implementation and Evaluation of Crossroads in Hawaii: *Health promotion Practice*, 2008;10:1177.
- Edwards, G., Arif, A. and Hodgson, R. 1981. Nomenclature and classification of drug and alcohol-related problems — A World Health Organization Memorandum. *Bulletin of the World Health Organization* 59, 225–242.
- Harmful effects of alcohol use [Internet]. Wikipedia the free encyclopedia 2010 [cited 2010 Nov 25]. Available from: <http://www.en.wikipedia.org/wiki/alcohol>.
- Lewis, S. 2001. Measuring corporate reputation. *Corporate Communications: An International Journal*, 6, 31-35.
- National drug dependence treatment centre, All India Institute of medical science. Substance use disorder manual for nursing personnel. New Delhi: SRP print-O-Pack private limited; 2007.p.1-2.
- National drug dependence treatment centre, All India Institute of medical science. Substance use disorder manual for nursing personnel. New Delhi: SRP print-O-Pack private limited; 2007.p.1-2.
- National Institute of Mental Health and Neuro Science 2002. Model district program for prevention of alcohol and drug problems in the community (project report). Bangalore: NIMHANS.
- Norstrom, T. 2006. Per capita alcohol consumption and sickness absence. *Addiction*, 101(10), 1421-1427.
- Park K, Park's Text book of Preventive and Social Medicine. Jabalpur: M/s Banarsidasbhanot publishers, 19thed: 2007.p.687-688.
- Schmidt CA, Harris JK, Miller LM. Asbestos related harmful effects of alcohol use [Internet]. 2012 [cited 2012 MAY 18]. Available from: URL: pages.uoregon.edu/cfc/classes/CPSY_64
- Townsend MC. Essentials of Psychiatric mental health nursing. 3rded. Philadelphia: F.A. Davis Company; 2005.p.229-264.
- World Health Organization (WHO). 2011. *Occupational health. Workplace health promotion*. Geneva: World Health Organization.
