

ORIGINAL ARTICLE

A Descriptive Study to assess Effectiveness of Structured Teaching Programme on Knowledge Regarding Complications of Alcoholism among H.S.C. Students in Selected Schools in Nagpur

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ABSTRACT

Background of the study: Alcoholism is one of the major global health problems. From a public health perspective, alcohol consumption has become a major burden both in terms of morbidity and mortality in most parts of the world, alcohol consumption has health and social consequences via intoxication, alcohol dependence, and other biochemical effects of alcohol, which lead to traumatic outcomes that kill or disable the individual at a young age. Impairment may involve physiological, psychological or social dysfunction. psychologically speaking, alcoholism has less to do with "how much" someone is drinking and more to do with what happens when they drink. If you have problems when you drink, you have drinking problem.

Aim of the study: The study aims to find the Knowledge on Selected Psychotropic Drugs Among H.S.C. Students in Selected school in Nagpur. with A View to Develop an Information Booklet on Psychotropic Drugs

Objectives:

To assess the pretest knowledge regarding complication of alcoholism among H.S.C. Students in Selected school in Nagpur.

To assess the posttest knowledge regarding complication of alcoholism among H.S.C. Students in Selected school in Nagpur.

To assess Effectiveness of Structured teaching program on knowledge regarding complications of alcoholism among H.S.C. Students in Selected school in Nagpur.

To associate the knowledge scores with selected demographic variable.

Methodology: The research design refers to the researcher's overall plan for ob-

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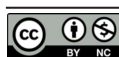
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taining answers to the research questions and for testing the research hypothesis. The research design spells out the strategies that the researcher adopts to develop information that is accurate, objective and interpretable. The research designs provide an overall blueprint to carry out the study. For the present study the design was a Descriptive design, which includes Manipulation, Descriptive and no Randomization.

Results: In the study, Distribution of higher secondary school students according to their age in years shows that 23.3% of them were belonging to the age of 12-13 years, 41.7% in the age group of 14-15 years and 35% were belonging to the age of 16-18 years respectively.

Conclusion: The data were analyzed and interpreted in terms of objectives formulated descriptive and inferential statistics were used for data analysis. The result of this study shows that the statistical Student's paired t test implies that the difference in the pretest and posttest knowledge score found to be 18.77 statistically significant at 0.05% level. Hence it is statistically interpreted that structured teaching programme on knowledge regarding complications of alcoholism was effective. Thus, H1 is accepted and H0 is rejected.

KEYWORDS

• Knowledge • Regarding • Complication of alcoholism • Higher secondary school • Students

INTRODUCTION

Alcoholism is one of the major global health problems. From a public health perspective, alcohol consumption has become a major burden both in terms of morbidity and mortality in most parts of the world, alcohol consumption has health and social consequences via intoxication, alcohol dependence, and other biochemical effects of alcohol, which lead to traumatic outcomes that kill or disable the individual at a young age. Impairment may involve physiological, psychological or social dysfunction. psychologically speaking, alcoholism has less to do with "how much" someone is drinking and more to do with what happens when they drink. If you have problems when you drink, you have drinking problem. Talking to young people openly and honestly about drinking is also vitally important. Delaying the age at which young people take their first drink lowers their risk of becoming problem drinkers.¹

If alcoholism is a disease, then it is one of the greatest epidemics of modern times. While no real consensus exists among experts in the field concerning how alcoholism should be defined, recent statistics indicate that 10 million Americans are classified as alcoholics (i.e., those with chronic, problematic drinking

patterns). According to a recent Gallup Poll, one out of three persons reported that alcohol abuse had caused trouble in their families. Heavy drinking is involved in 60% of violent crimes, 30% of suicides, and 80% of fire and drowning accidents. Every 22 minutes a drunk driver kills someone. Alcoholism is involved in a quarter of all admissions to general hospitals, and its abuse years estimated to cost our society.²

Alcohol can induce a general, nonselective, reversible depression of the CNS. about 20 percent of a single dose of alcohol is absorbed directly and immediately into the bloodstream through the stomach wall. unlike other "foods," it does not have to be digested. the blood carries it directly to the brain where the alcohol acts on the brain's central control areas, slowing down or depressing brain activity. the other 80 percent of the alcohol in one drink is processed only slightly slower through the upper intestinal tract and into the bloodstream.³

BACKGROUND

Alcoholism is a primary, chronic disease with genetic, psychological, and environmental factors influencing its development and manifestations⁴ Alcohol problems are

associated with life style and socio-economic conditions of people. These are becoming more – prevalent particularly in higher secondary school students boys mainly because of their risk-taking behavior and more over the emotional control of family; the moral control of school and the social control of community are declining.⁵ Alcohol use is a major problem affecting school and college students, with the influence of the globalizing economies and changing cultural norms, more and more young people are experimenting with alcohol at a very early age in India. The Global Youth Alcohol Survey (GYAS) carried out among 16,932 students in 8, 9 and 10 standards of 6350 schools of India found that 13.1% students used alcohol.⁴

Alcohol problems are associated with life style and socio-economic conditions of people. These are becoming more prevalent particularly in higher secondary school students boys mainly because of their risk-taking behavior and more over the emotional control of family; the moral control of school and the social control of community are declining. Information explosion and communication across cultural boundaries through mass media have lot of influence on behavior pattern all over the world. In India, the prevalence of drug abuse, which is generally low in early adolescence, aged 12 & 13 rises steeply in the late teenage and is highest during the early 20's.⁶

REVIEW OF LITERATURE

1. Literature Related to Alcoholism: Daniel Owusu, Yue Pan, Changchun Xie, Sam Harirforoosh; 2017, conducted a study on Polymorphisms in PDLIM5 gene are associated with alcohol dependence, type 2 diabetes, and hypertension. This study investigated the association of 72 single nucleotide polymorphism (SNPs) with AD (1066 AD cases and 1278 controls) in the Study of Addiction - Genetics and Environment (SAGE) sample and 47 SNPs with T2D (878 cases and 2686 non-diabetic) and hypertension (825 cases and 2739 non-hypertensive) in the Marshfield sample. Multiple logistic regression models in PLINK software were used to examine the associations of genetic variants with AD, T2D, and hypertension and SNP x alcohol consumption interactions for T2D and hypertension. Twenty-five SNPs were associated with AD in the SAGE sample

($p < 0.05$); rs1048627 showed the strongest association with AD ($p = 5.53 \times 10^{-4}$). Of the 25 SNPs, 5 SNPs showed associations with both AD in the SAGE sample and T2D in the Marshfield sample (top SNP rs11097432 with $p = 0.00107$ for T2D and $p = 0.0483$ for AD) while 6 SNPs showed associations with both AD in the SAGE sample and hypertension in the Marshfield sample (top SNP rs12500426 with $p = 0.0119$ for hypertension and $p = 1.51 \times 10^{-3}$ for AD). SNP (rs6532496) showed significant interaction with alcohol consumption for hypertension.⁷

Assumption:

1. The higher secondary school students will be having some less knowledge regarding alcoholism
2. The information booklet regarding alcoholism will impart the knowledge of the higher secondary school students. So that they will impart this knowledge to other newly qualified nurses, when they become senior.

Limitation:

- Studying at Selected selected school in Nagpur
- Willing to participate in the study
- Available at the time of data collection

Hypothesis

H0: there will be no significant difference in pretest and posttest knowledge regarding complication of alcoholism among H.S.C. Students in Selected school in Nagpur.

H1: there will be significant difference in pretest and posttest knowledge regarding complication of alcoholism among H.S.C. Students in Selected school in Nagpur.

METHODOLOGY

Research approach: These approaches help to decide about the presence or absence as well as the manipulation and control over variables and comparison between groups. In this study Quantitative approach is used.²

Research design: The research design used in this study is pre-experimental design. One group pretest post-test design is used to find effectiveness of structured teaching programme on knowledge regarding complications of alcoholism among H.S.C.

Students in Selected schools in Nagpur. A pretest is administered by means of structured questionnaire shown as 01 and then structured teaching programme is given and shown as

X. A posttest is conducted on seventh day using the same structured questionnaire shown as 02.

Sample	Sample Technique	Tool (01)	Treatment (X)	Test (02)
H.S.C. Students in Selected school in Nagpur.	Non-Probability Convenient Sampling Technique	Structured Questionnaire	Structured Teaching Programme	Structured Questionnaire

VARIABLES

Variables of the Study: Variables are the qualities, properties, or characteristics of persons, things or situations that change or vary.² A variable, as the name implies, is something that varies which may be inherent characteristics of people. Two types of variables are identified in the study they are dependent variables and independent variables. These two variables are used to indicate direction of influence rather than causal mechanism.

Independent Variables: That are purposely manipulated or changed by the researcher is called as independent variable. The independent variable in this study is structured teaching programme on complications of alcoholism

Dependent Variables: That change as the independent variables is manipulated by the researcher is called as dependent variables. The dependent variable in this study is knowledge regarding complications of alcoholism.

Population: The entire set of the individual, or objects having some common characteristic(s) selected for a research study. The population selected for this study, were the higher secondary school students studying in selected school in Nagpur.²

Target Population: The entire population in which the researchers are interested and in which they would like to generalize the research findings. In this study the target population includes H.S.C. Students in Selected school in Nagpur. Studying in school in Nagpur.

Accessible Population: The aggregate of cases that conform to designated inclusion or exclusion criteria and that are accessible as subjects of the study.² All the higher secondary school students meeting selected schools the inclusive criteria and who are available at time of data collection.

SAMPLING CRITERIA

Inclusion criteria: The criteria that specify characteristics that a population does have, the higher secondary school students who are; -willing to participate in the study - 12 to 18 years of age -those who are present at the time of data collection.

Exclusive criteria: The higher secondary school students who are a higher secondary school students who are absent during data collection

TOOL PREPARATION

Development of the Tool: Based on the objectives of the study, demographic data and structured knowledge questionnaire are prepared to evaluate the knowledge of the higher secondary school students before and after treatment (Structured teaching Program). After extensive and systemic review of literature the investigator developed these scales. The Sources of tool construction are; Review of literature from text books, journals and on-line source reports, and other publications and thesis and discussion with the experts i.e., experts from Psychiatric nursing specialty, and statistician, who enlightened and refined the investigator's idea about the tool preparation.

DESCRIPTION OF THE TOOL

Section I: Demographic data the investigator constructed this tool to collect the background data of the study subjects and to identify the influence of sample characteristics with the knowledge in them. It included variables like Age, Gender, religion, Types of family, occupation of head of family, Monthly income of family, Area of residence, knowledge of complications of alcoholism, source of information.

Section II: Self Structured Questionnaires

The investigator constructed this tool for the purposes of assessing the level of knowledge regarding complications of alcoholism among higher secondary school students. A structured knowledge questionnaire is conducted by reviewing the related literature and consultation with experts. The questionnaire consists of 30 multiple choice items. Each question had 4 choices, out of which only one was the correct answer and the remaining 3 are distracters. Each correct answer is awarded 1 mark making it total out of 30. Grading of knowledge: Excellent: 25-30 Very Good: 21-25 Good - 14-20 Average - 7-13 Poor: 0-6. Structured teaching programme The structured teaching programme is prepared with the following content areas based on different aspects of complications of alcoholism. They are: 1) Definition of alcoholism 2) properties of alcohol. 3) epidemiology of alcoholism 4) sign and symptoms of alcoholism 5) complications of alcohol use 6) psychiatric disorders due to alcohol dependence 7) management of alcohol dependence.

Feasibility of the Study: It is a small-scale test to determine the feasibility of larger study. e. g; Pilot study. The investigator did not face any difficulty in conducting pilot study and in getting the samples.

Pilot Study: Pilot study helped the investigator to assess the effectiveness of the data collection plan, identify the inadequacies of the plan and make due modifications as required, find out the feasibility of conducting the study and to determine the methods of statistical analysis. The investigator conducted the pilot study from 14/11/2023 to 21/11/2023 at selected schools of the city. Permission from the principal of the schools was obtained before conducting the study. The purpose and the usefulness of the study were explained to the concerned authorities before taking permission. The investigator carried out the pilot study with 10% of the total sample. The convenience sampling technique was used for the selection of sample. Total 10 samples were taken for the pilot study. The tools were distributed and structured teaching program was conducted. On 7 day the post test for same samples was conducted. The investigator analyzed the data and saw that the study was feasible for main study.

Reliability: The reliability of a measuring

instrument is a major criterion for assessing its quality and adequacy. According to Polit Hungler the reliability of an instrument is the degree of consistency with which it measures the attribute it is supposed to be measuring. Reliability of the structured knowledge questionnaire was done on 10 higher secondary school students by Karl Pearson's co relation co efficient method. The reliability coefficient of correlation for structured knowledge questionnaire was Correlation Coefficient(r) = 85.79. The higher the correlation coefficient, the more reliable is the instrument.

Validity: Is the most critical criterion and indicates the degree to which an instrument measures what it is supposed to measure. To obtain content validity of the tool, the prepared tool with synopsis, Evaluator's response sheet and content validity certificate was submitted to 20 experts in the field and 16 were received back after evaluation. Experts were chosen on the basis of their teaching and clinical experience and interest in the problem area. The experts include 13 from psychiatry (mental health) nursing specialty, 1 physician from psychiatry departments, 1 expert from Research and Medical education unit, 1 expert from Statistics department. 16 validated contents of the tools were received from the above listed experts with their valuable suggestions and comments. Experts gave their opinion on the clarity and appropriateness of the tool. They agreed completely except some minor changes in Questionnaire on demographic data and self-questionnaire on Knowledge regarding complications of alcoholism. Necessary corrections were made considering all suggestions given by the experts after discussing with the guide.

Data Collection Method: It is a precise systematic gathering of information relevant to the research purpose or the specific objective, or hypotheses of a study. The procedure for collecting data is not a mechanical process that can be carefully planned prior to initiation. The investigator as a whole person should be totally involved, perceiving, reacting, interacting, reflecting, attaching, meaning and recording. The main study data was gathered from 28 November 2023 to 26 December. 2023. Permission from the principal was taken before conducting the study. The investigator introduced herself and explained the purpose of the study and consent was obtained. The pre-test questionnaires were distributed to the

samples and collected back after 20 minutes. After collecting the Pro-test questionnaire, the investigator administrated the treatment (structured teaching program). After one week the investigator conducted post-test to the same samples. The questionnaires were completed in the presence of the investigator to avoid contamination and bias in the collection of data.

PLAN FOR DATA ANALYSIS

The data was decided to be analyzed, by both descriptive and inferential statistics on the basis of objectives and hypothesis of the study. To compute the data a master data sheet has prepared by the investigator. These include; Demographic data containing sample characteristics like Age, Gender, religion, Types of family, residence, Family monthly income, occupation of head of family, knowledge of complications of alcoholism, source of information. Data of pre-test and post-test score would be analyzed by using Paired 't' test, that would be used to detect the effectiveness of structured teaching program. The significant difference between the knowledge and demographic variables would be calculated. using one way analysis of variance and unpaired 't' test. This plan was tested with pilot study and the results detected that the treatment administered by investigator is at p.

Organization of Data: The analysis and interpretation of the observations are given in the following section:

Section A: Distribution of higher secondary school students with regards to demographic variables.

Section B: Assessment of pre-test and posttest knowledge regarding complications of alcoholism among higher secondary school students.

Section C: Analysis of effectiveness of structured teaching programme on knowledge regarding complications of alcoholism among higher secondary school students.

Section D: Association of knowledge score on complications of alcoholism among higher secondary school students with selected demographic variables.

Section I: Distribution of Higher Secondary School Students With Regards To

Demographic Variables

Table 1: Percentage wise distribution of higher secondary school students according to their demographic characteristics n=60

Demographic Variables	Frequency (f)	Percentage (%)
<i>Age in years</i>		
12-13 yrs	14	23.3
14-15 yrs	25	41.7
16-18 yrs	21	35.0
<i>Gender</i>		
Male	30	50
Female	30	50
<i>Religion</i>		
Hindu	30	50
Muslim	3	5
Buddhist	22	36.7
Christian	5	8.3
<i>Type of family</i>		
Nuclear	14	23.3
Joint	30	50
Extended	16	26.7
<i>Occupational Status of head of the family</i>		
Government Service	11	18.3
Private Service	13	21.7
Business	16	26.7
Housewife	7	11.7
Others	13	21.7
<i>Monthly family income (Rs)</i>		
<5000 Rs	5	8.3
5001-10000 Rs	10	16.7
10001-15000 Rs	27	45.0
Above 15000	18	30.0
<i>Area of Residence</i>		
Rural	0	0
Urban	60	100
<i>Aware about alcohol complications</i>		
Yes	10	16.7
No	50	83.3
<i>Source of information</i>		
Mass Media	2	3.3
Friends	5	8.3
Relatives	2	3.3
Health Care Personnel	1	1.7
Others	0	0

Section-II: Assessment of Pre-test Knowledge Regarding Complications of Alcoholism Among H.S.C. Students in Selected School in Nagpur

Table 2: Distribution of higher secondary school students with regards to pretest knowledge regarding complications of alcoholism

Level of knowledge score	Score Range	Pre Test Knowledge Score		Mean	SD
		frequency (f)	Percentage (%)		
Poor	0-6	5	8.33	10.05	2.39
Average	7-12	45	75.0		
Good	13-18	10	16.67		
Very Good	19-24	0	0		
Excellent	25-30	0	0		

Assessment of post-test knowledge regarding complications of alcoholism among H.S.C. Students in Selected school in nagpur

Table 3: Distribution of higher secondary school students with regards to posttest knowledge regarding complications of alcoholism

Level of knowledge score	Score Range	Post Test Knowledge Score		Mean	SD
		Frequency (f)	Percentage (%)		
Poor	0-6	0	0	20.55	3.49
Average	7-12	0	0		
Good	13-18	20	33.33		
Very Good	19-24	33	55.00		
Excellent	25-30	7	11.67		

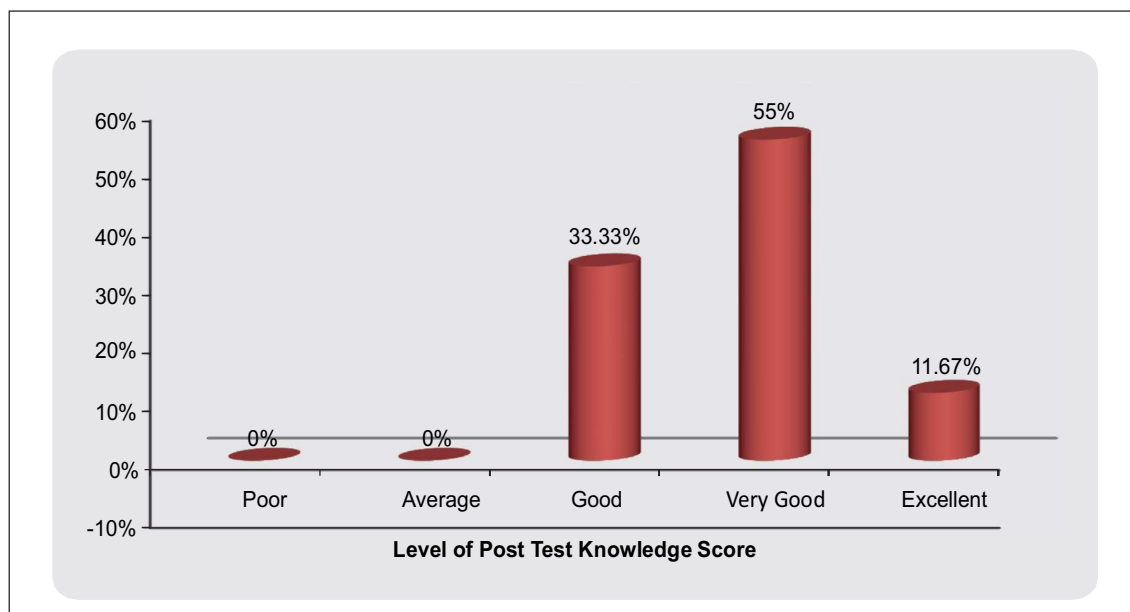


Fig. 1: Cylindrical diagram showing Distribution of higher secondary school students with regards to post-test knowledge regarding complications of alcoholism

SECTION - III: Analysis of effectiveness of structured teaching programme on knowledge regarding complications of alcoholism among H.S.C. Students in Selected school in nagpur.

Table 4: Significance of difference between knowledge scores in pre and posttest of higher secondary school students in relation to complications of alcoholism

Overall	Mean	SD	Mean Percentage	t-value	p-value
Pre-test	10.05	2.39	33.50	18.77	0.0001*S
Post-test	20.55	3.49	68.50		p<0.05

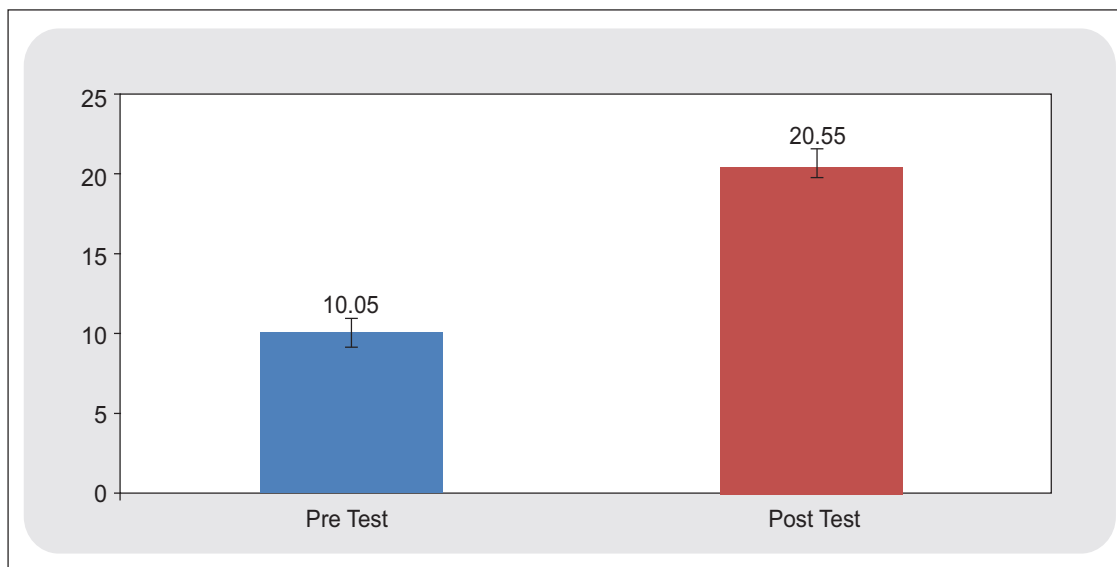


Figure II: Bar diagram showing Significance of difference between knowledge scores in pre and post-test of higher secondary school students in relation to complications of alcoholism

Section IV: Overall association of association of knowledge score of higher secondary school students in relation to demographic variables

Demographic variables	Calculated value		Degree of freedom	Table value	Level of significance	Significance
	T	F				
Age	—	3.15	2,57	1.87	P=0.16 P>0.05	NS
Gender	1.76	—	58	2.00	P=0.10 p>0.05	NS
Religion	—	2.18	3,56	2.76	P=0.10 P>0.05	NS
Type of Family	—	3.81	2,57	3.15	P=0.17 P>0.05	NS
Occupational	—	1.12	4,55	2.53	P=0.35	NS
Status of Head of Family	—	—	—	—	P>0.05	—
Income	—	1.64	3,56	2.76	P=0.19 P>0.05	NS
Aware About	2.00	—	58	0.64	P=0.52	NS
Complications	—	—	—	—	P>0.05	—
Source of Informationn	—	3.63	4,9	2.17	P=0.154 P>0.05	NS

SUMMARY

The Major Findings of the Study

Section - I: Percentage wise distribution of higher secondary school students according to their demographic variable.

Distribution of higher secondary school students according to their age in years shows that 23.3% of them were belonging to the age

of 12-13 years, 41.7% in the age group of 14-15 years and 35% were belonging to the age of 16-18 years respectively.

Distribution of higher secondary school students according to the gender reveals that 30(50%) of higher secondary school students were female and 50 (50%) of higher secondary school students were male.

Distribution of higher secondary school

students according to their religion reveals that 30 (50%) of them were Hindus, 3 (5%) were Muslim, 22 (36.7%) were Buddhist and 5 (8.3%) were Christian.

Distribution of higher secondary school students according to the type of family reveals that majority of higher secondary school students 30 (50%) live in joint family and 16(26.7%) of higher secondary school students live in extended family and 14 (23.3%) live in nuclear family.

Distribution of higher secondary school students according to occupational status of head of family reveals that 11 (18.3%) having government service and 13 (21.7%) having private service and 16 (26.7%) having business and 7(11.7) are housewife and others (labors) 13(21.7%)

Distribution of higher secondary school students according to the family monthly income in rupees of the parents reveals that 5(8.3%) have monthly income of Rs less than 5000/- and

10(16.7%) have monthly income of parents of Rs 5001- 10,000 27(45%) have monthly income of parents of Rs 10001- 15,000and and 18(30%) have monthly income of parents of above 15000.

Distribution of higher secondary school students according to the area of residence reveals that the higher secondary school students live in urban area 60(100%) and higher secondary school students are from rural area is 0 (0).

Distribution of higher secondary school students according to the aware about alcohol complication reveals that 10 (16.7%) had previous knowledge and 50(83.3%) had no previous knowledge

Distribution of higher secondary school students according to the source of information from mass media 2 (20%) friends 5 (50%) relatives was 2(20%) from health care personnel was 1(10%)

Section-II Assessment of existing knowledge regarding complications of among higher secondary school students

The finding shows that in pre test scores, test 45(75.0%) of the higher secondary school students were having average level of knowledge, 10(16.67%) had good, 5(8.33%) had poor and very good and excellent level of

knowledge score is none.

The findings of the post test scores shows that 33(55.00%) of the higher secondary school students were having very good level of knowledge, and 20 (33.33%) of them had good level of knowledge and 7(11.67%) excellent level of knowledge score.

Section-III Effectiveness of structured teaching programme on knowledge regarding complications of alcoholism

The finding revealed that calculated 't' value 18.77 was higher than tabulated value 2.00 at df 59. Hence it is statistically interpreted that the structured teaching programme on knowledge regarding complications of alcoholism among higher secondary school students was effective. Thus, the H1 is accepted and H0 is rejected.

Section-IV Description on the Association of posttest knowledge score regarding complications of alcoholism related to their demographic variable

There is no association between knowledge score with demographic variable

DISCUSSION

The aim of the study was to assess the learning needs of the psychotropic drugs by administration of information booklet. So, they can improve the knowledge on psychotropic drugs and develop healthy nursing care.

Information booklet is an important material. Several references and the literature review imply that information booklet is an effective teaching strategy. Information booklet provides directed learning, which improves the quality of learning. Information booklet enables the subjects to understand the topic in easiest way. Hence information booklet is convenient to them.

CONCLUSION

In the study, Distribution of higher secondary school students according to their age in years shows that 23.3% of them were belonging to the age of 12-13 years, 41.7% in the age group of 14-15 years and 35% were belonging to the age of 16-18 years respectively.

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Distribution of higher secondary school students according to the source of information from mass media 2 (20%) friends 5 (50%) relatives was 2(20%) from health care personnel was 1(10%) By using Guttman Split Half method the reliability of the tool was 85.79% and hence the tool was reliable and valid.

Declaration of No Conflict of Interest

The authors of this study declare no conflict of interest in the execution, analysis, or publication of this research. No financial,

professional, or personal affiliations influenced the study's outcomes or the structured teaching program's effectiveness. This research was conducted solely for academic purposes to enhance knowledge of higher secondary school students regarding alcoholism.

Funding: Self, no external source of funding received.

Ethical Clearance Statement

This study titled "A Descriptive Study To Assess Effectiveness of Structured Teaching Programme On Knowledge Regarding Complications of Alcoholism Among H.S.C. Students in Selected Schools In Nagpur." was conducted with strict adherence to ethical research practices. The research protocol was reviewed and approved by an appropriate institutional ethics committee. Participants were informed about the purpose, procedure, and expected outcomes of the study. Informed consent was obtained from participants and their guardians, ensuring confidentiality and voluntary participation. The study was designed to avoid any physical or psychological harm to participants and followed all ethical guidelines for research involving human subjects.

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