



ORIGINAL ARTICLE

Educational intervention on alcoholism in adolescents of the Tchioco community

Intervención educativa sobre alcoholismo en adolescentes de la comunidad Tchioco

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Received: July 11, 2022

Accepted: January 1, 2023

Published: January 26, 2023

Citar como: Rivera-Rivadulla R, Giniebra-Marín GM, Gorrín-Díaz Y, Rodríguez-Rivera JA, Camero-Machín JC. Intervención educativa sobre alcoholismo en adolescentes de la comunidad Tchioco. Rev Ciencias Médicas [Internet]. 2023 [citado: fecha de acceso]; 27(2023): e5714. Disponible en: <http://revcmpinar.sld.cu/index.php/publicaciones/article/view/5714>

ABSTRACT

Introduction: in adolescence one of the most worrying health risk behaviors is the consumption of toxic substances, and specifically alcohol consumption.

Objective: to modify the level of knowledge of adolescents in the community of Tchioco, Huila, Angola, about alcoholism, in the period from April to December 2021.

Methods: an educational intervention study was conducted. The universe consisted of 73 adolescents, between 13 and 19 years of age; from which a sample of 35 adolescents was selected, through the simple random method. Data collection was carried out by means of an initial survey validated by expert criteria, which was reapplied after the educational intervention.

Results: the group of male adolescents between 16 and 19 years of age predominated. At the beginning of the research, an inadequate level of knowledge about alcoholism was found in each of the topics covered.

Conclusions: the educational intervention was able to favorably modify the level of knowledge of at-risk adolescents, demonstrating the effectiveness of the educational program.

Keywords: Adolescent; Alcoholism; Psychoactive Substances; Narcotics; Illicit Drugs.

RESUMEN

Introducción: en la adolescencia uno de los comportamientos de riesgos a la salud más preocupantes es el consumo de sustancias tóxicas, y específicamente el consumo de alcohol.

Objetivo: modificar el nivel de conocimiento sobre el alcoholismo de los adolescentes de la comunidad de Tchioco, Huila, Angola, en el período de abril a diciembre de 2021.

Métodos: se realizó un estudio de intervención educativa. El universo estuvo conformado por 73 adolescentes, entre 13 y 19 años; de los cuales se seleccionó una muestra de 35 adolescentes, a través del método aleatorio simple. La recolección de los datos se realizó mediante una encuesta inicial validada por criterio de expertos, la cual se replicó luego de la intervención educativa.

Resultados: predominó el grupo de adolescentes entre 16 y 19 años del sexo masculino. Al inicio de la investigación se comprobó un inadecuado nivel de conocimientos sobre el alcoholismo en cada uno de los temas tratados.

Conclusiones: con la intervención educativa se logró modificar favorablemente el nivel de conocimiento de los adolescentes de riesgo y se demostró la efectividad del programa educativo.

Palabras clave: Adolescencia; Alcoholismo; Sustancias Psicoactivas; Estupefacientes; Drogas Ilícitas.

INTRODUCTION

The consumption of psychoactive substances throughout history has been manifested in relation to the socioeconomic and ideological characteristics of societies. In 1849, Magnus Huss, a Swedish physician, first spoke of the term alcoholism; half a century later, Jellinek, in his work, defined alcoholism as a disease.⁽¹⁾

Alcoholism is a scourge that affects all societies in the world to a greater or lesser degree. It has been considered throughout history to the present time as the cause of multiple problems related to the drinker, his family and socio-environmental surroundings.^(2,3)

In recent times there has been an increase in the consumption of alcoholic beverages in densely populated countries in Africa and Asia, including India and South Africa. Excessive alcohol consumption has become a problem in many developed nations such as Russia and the Commonwealth Independent States (CIS), where one in five deaths is due to alcohol intake, with this being the highest rate.^(2,3)

Data on binge drinking (defined as 60 grams or more of pure alcohol on at least one occasion per month) behaves globally of 18,2 % during 2016 in the total population, but remains high among drinkers, particularly in parts of Eastern Europe and in some countries in sub-Saharan Africa (more than 60 % among drinkers).⁽³⁾

Moreover, in the Americas, studies conducted in Ecuador by the United Nations Office on Drugs and Crime (UNODC) and the National Council for the Control of Narcotic and Psychotropic Substances revealed that dependence on drug use, including alcohol, is higher (51 %) than in other South American countries, such as Chile (20 %), Uruguay (20 %) and Peru (36 %); An important finding of the study was the lack of knowledge of adolescents about the real effects of the consumption of these substances and the lack of family support, as predisposing factors for this type of risky behavior.^(1,3)

There is evidence that people start drinking at increasingly younger ages, and this can have serious health consequences since during adolescence, alcohol can produce structural changes in the hippocampus and permanently damage brain development; its consumption during early adolescence can suppress the secretion of certain female reproductive hormones, delay puberty and adversely affect the maturation of the reproductive system; alcohol is the main cause of unsafe sex that can lead to HIV-AIDS, sexually transmitted infections and unwanted pregnancies in adolescents.^(2,4,5)

WHO reports in 2018 state that about 320 000 young people worldwide aged 15-29 years die from causes related to alcohol consumption, representing 9 % of deaths in that age group. Alcohol consumption is the third leading risk factor in the global burden of disease; it is the leading risk factor in the Western Pacific and the Americas, and the second in Europe.^(3,6)

The alcohol problem becomes even more important if it develops in adolescence;⁽⁶⁾ since alcohol consumption in adolescents corresponds to some situations such as identity problems, low self-esteem, tendency to isolation and depression, impulsivity, rebellious behavior, sexual role conflicts and other mental health problems, which makes them more prone to engage in various addictive behaviors at this stage of life, particularly to this substance.^(2,4,5,7)

Excessive alcohol consumption is often the first step before trying marijuana or cocaine. Alcohol is, in many cases, the pathway to the drug and many young people have started down this path.⁽⁷⁾

Early identification of alcohol use or abuse in this population is crucial to motivate health professionals to design interventions aimed at preventing or reducing alcohol consumption, especially in vulnerable groups such as adolescents, since alcohol is the gateway to the consumption of other substances of illicit use.^(1,8)

With the aim of modifying the level of knowledge about alcoholism in adolescents and promoting healthier lifestyles with the consequent reduction of alcohol consumption, it was decided to conduct this research.

METHODS

A community intervention study was carried out with the aim of modifying knowledge about alcoholism in adolescents in the Tchioco community in Lubango, Angola, from April to December 2021.

In order to obtain the information, work coordinations were established with the selected adolescents, where the objectives of the research were explained to them.

The universe was constituted by 73 adolescents of the Tchioco community, whose ages were between 13 and 19 years old; from which a sample of 35 adolescents was selected, through the simple random method. The inclusion criteria were: to reside in the area during the research and to be in full mental capacity. Adolescents who did not meet the above requirements were excluded.

The research was developed during three stages: The diagnostic stage to identify the adolescents' learning needs on the subject, the intervention stage itself, and the stage of evaluation of the impact of the intervention.

Data collection was carried out by means of an initial survey validated by the criteria of experts (a psychiatrist, a forensic physician and a general practitioner); which made it possible to assess the level of knowledge about alcoholism in the study group. The data were entered into a database created for this purpose and processed using the SPSS 21.0 statistical package. Statistical analysis and organization in frequency tables were carried out, reflecting the behavior of the variables studied in order to facilitate their understanding.

At the beginning of the research, it was explained in detail to the adolescents and their parents what the study consisted of and what its benefits would be, who expressed their participatory consent (adolescents) and authorization (parents or guardians) to take part in it. All the information used in this study was kept under the principles of maximum confidentiality. It was used solely for scientific purposes.

To carry out the intervention, the adolescents worked with the authors on a biweekly basis during the months of July, August and September 2021, with a total of 6 one-hour sessions.

Taking into account the existence of language barriers, each session was attended by an Angolan nurse with a good command of Spanish, who served as an interpreter, when necessary, to facilitate the understanding of each topic by the adolescents. Taking into account the study group, a clear, simple and easily understood language was used, without abuse of medical terms.

The activities were carried out in the training room of the Tchioco Health Center. The educational program consisted of the following thematic plan:

Session 1 "Hello and initial assessment".

Session 2 "Psychosocial characteristics of adolescents and their vulnerability to alcohol consumption".

Session 3 "Most frequent causes of alcohol consumption in adolescents".

Session 4 "Know the myths about alcohol and when to seek help".

Session 5 "Impact of alcoholism on health, personality and society".

Session 6 "How did we do?"

After the intervention was completed, the initial survey was reapplied to the adolescents using the same methodology for its evaluation as in the diagnostic stage; this made it possible to compare the knowledge they possessed before and after the intervention, thus assessing the feasibility of the method used.

The percentage was used as a summary measure and the Mc Nemar test was applied to evaluate significant changes with an allowable error of 5 %.

RESULTS

The predominant age group was 16 to 19 years of age, and the predominant sex was male (Table 1). Of these adolescents, 85,7 % reported regular consumption of alcoholic beverages, with the male sex being more affected with 51,3 %.

Table 1. Distribution according to age, sex and alcohol consumption of adolescents in the Tchioco community, in the period April to December 2021.

Age group (years)	Sex Male				Sex Female				Total	
	consume alcohol		do not consume alcohol		No. %consume alcohol		do not consume alcohol			
	No.	%	No.	%	No.	%	No.	%	No.	%
13-15	8	22,8	3	8,5	2	5,7	0	0	13	37
16-19	10	28,5	0	0	10	28,5	2	5,7	22	63
Total	18	51,3	3	8,5	12	34,2	2	5,7	35	100

Source: Survey

82,7 % of the adolescents participating in the study reported that their parents and relatives drink alcoholic beverages, which is considered an influential factor in the adoption of the same habit.

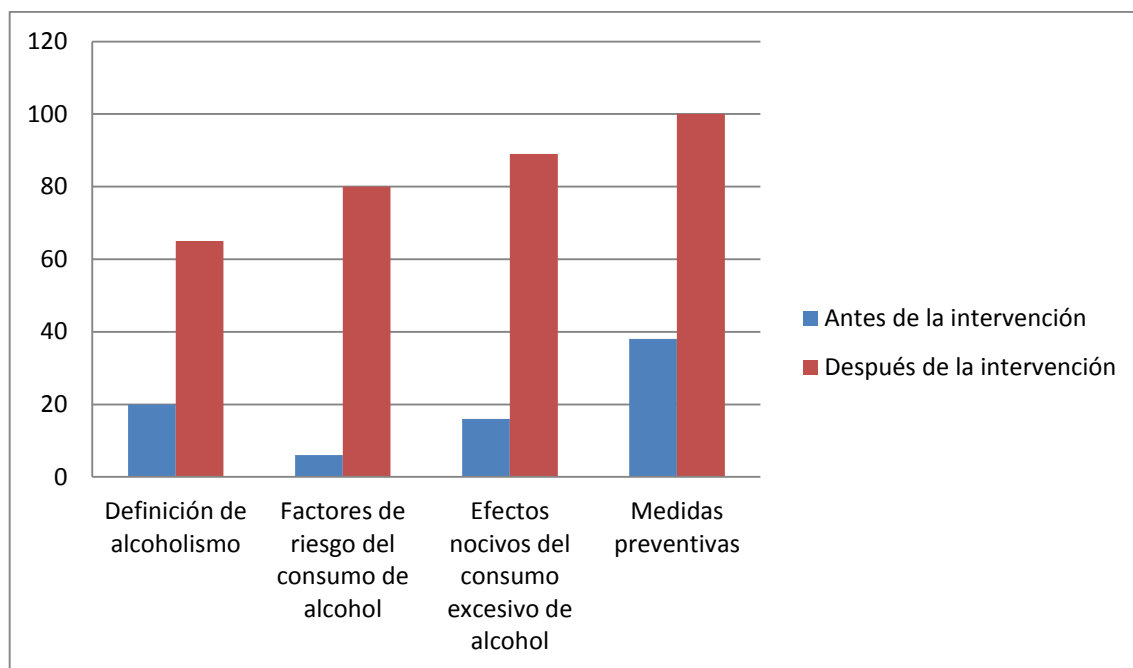
Table 2. Distribution of adolescents in the Tchioco community, according to family pathological history of alcohol consumption, in the period April to December 2021.

Sex	Family history of alcohol consumption		Negative family history		Total	
	No.	%	No.	%	No.	%
Female	12	34,2	2	5,7	14	40
Male	17	48,5	4	11,5	21	60
Total	29	82,7	6	17,2	35	100

Source: Survey

Before the educational intervention only 20 % of the adolescents had adequate knowledge regarding the definition of alcoholism, after the intervention this percentage increased to 65 %. Regarding risk factors related to alcohol consumption before the intervention 6 % of the respondents had adequate knowledge on the subject; after the intervention this increased to 80 %.

The harmful effects of alcohol consumption in adolescence were only known by 16 % of adolescents, after the educational program, 89 % of adolescents had adequate knowledge about them. Measures to prevent alcoholism were only known before the educational intervention by 38 % of the respondents, after the educational intervention 100 % of the adolescents had an adequate level about them.



Source: Survey

Gráf. 1 Distribution of adolescents according to level of knowledge on issues related to alcoholism

After conducting the Mc Nemar test and implementing the educational strategy, it can be seen that it was effective, since before the intervention, 8,5 % of the adolescents had an adequate level of knowledge of the measures to prevent alcoholism.

After the educational program, 94 % of the participants reached an adequate level of knowledge. The group work sessions, using participatory techniques, favored the motivation of the adolescents and thus favorably modified their level of knowledge on the subject.

Table 3. General evaluation of the adolescents before and after the educational intervention.

Level of knowledge	Before the intervention		After the intervention	
	No.	%	No.	%
Adequate	3	8,5	33	94
Inadequate	32	91,5	2	6
Total	35	100	35	100

Source: Survey

DISCUSSION

De la Rosa et al,⁽⁶⁾ found in a study conducted in Granma province a predominance of the 15 to 19 age group, which coincides with the present study. In a study conducted in Ecuador, Macías et al,⁽¹⁾ found different results with respect to this study, with adolescents between 11 and 14 years of age predominating in their study.

Studies conducted in Latin American university adolescents in countries such as Argentina, Bolivia, Chile, Ecuador, Peru and Venezuela, showed that the age of onset of alcoholic beverage consumption was around 15 years of age, which coincides with our research.⁽⁹⁾

The National Observatory on Drugs of Spain found a clear tendency to equalize the consumption of alcoholic beverages in the male and female sexes. This study also shows this worrying trend in the female sex.⁽²⁾

In this study, 85,7 % of adolescents reported regular consumption of alcoholic beverages, a higher percentage than in other studies showing different figures such as 62,7 %, ⁽⁶⁾ and 45 %.⁽¹⁾ In contrast in countries in another study conducted in Paraguay, in 2016,⁽⁷⁾ the consumption of alcoholic beverages by adolescents reached the alarming figure of 95 %.

Despite the fact that alcohol consumption goes back to younger and younger ages, this behavior can be observed more in the second stage of adolescence.^(2,9,10) The change in the level of education, the celebration of 15 years of age, approaching 18 years of age, all contribute to adolescents feeling greater control over their lives, their decisions and therefore what is good or not for their health, as well as the way in which they celebrate their triumphs.⁽²⁾ However, it can be seen that 10 of the adolescents studied (28,5 %) are in the 13 to 15 years age group.

In Canada, 40 % of adolescents start drinking at the age of 12, in England, boys start drinking at 13 and in Switzerland at 12.⁽²⁾ In Colombia, 76 % of adolescents have already started drinking alcoholic beverages at the age of 17.^(2,9) In our study, we do not want to overlook the fact that 34,2 % of the females surveyed consume alcoholic beverages regularly, as the literature recognizes the lower tolerance and higher risk of females when it comes to alcohol. ^(11,12,13,14)

For some authors, the most important risk factor for adolescents to start consuming a substance is consumption by parents and relatives,^(2,7,15) and this has been corroborated in several studies, coinciding with this research.

Alcoholism has a multicausal etiology, since it seems to be influenced by factors such as: family dysfunction, inadequate educational patterns, the presence of psychological conflicts, limitations in personal development, lack of information about its risks and consequences, as well as the social representation that young people have about this health problem. ^(1,16)

Adolescence and youth are considered risk stages in relation to the possibility of addictions, due to the need for independence and self-affirmation, curiosity, the feeling of invulnerability, the search for emotions and acceptance in the peer group, especially the latter, since the approval of peers becomes the main motive for behavior and source of emotional well-being par excellence of the adolescent.⁽¹⁷⁾

Gajer and Margulis,⁽⁷⁾ state that the causes that lead young people to consume alcohol are multiple and varied. For some, it means the false attraction of entering the world of adults and breaking with the patterns that mark the universe of childhood.^(11,12) For another majority, there is no real fun without alcohol, and this is because alcohol, even consumed in small quantities, stimulates the cerebral cortex and makes people more carefree and witty.^(8,18) The problem is that after these initial euphoric effects there is a loss of self-control and people engage in behaviors that without the ethyl alcohol catalyst they would not be able to adopt.⁽¹⁹⁾

In the present study, the main reasons that motivated adolescents to consume alcohol were essentially three: the fact of having easy access to alcoholic beverages, to forget about problems and to socialize. The first of these three reasons coincides with the studies conducted by Macías in 2019,⁽¹⁾ in Ecuador and by Gajer and Margulis in Paraguay who state that alcohol represents a "licit" drug with which young people are initiated into the addictive vice because it is cheap, accessible and socially accepted.⁽⁷⁾

It has been shown that the social attitude towards the consumption patterns of psychoactive substances is one of the most important mediating factors in the prevention of their consequences.^(16,17) For this reason, health promotion actions play an important role in raising the level of knowledge about the harmful effects of alcohol, which increases the perception of risk and, consequently, the adoption of healthy lifestyles.⁽¹⁾

CONCLUSIONS

The male sex and the group of adolescents between 16 and 19 years of age predominated. At the beginning of the research, an inadequate level of knowledge about alcoholism was found in each of the topics covered. With the application of the educational intervention, the level of knowledge of at-risk adolescents was favorably modified, demonstrating the effectiveness of the educational program.

Conflicts of interest

The authors declare that there is no conflict of interest.

Authors' Contribution

RRR: Conceptualization, Data Curation and Formal Analysis. Drafting - revision and editing.

GMGM y JCCM: Research and Methodology. Visualization and Editing

YGD: Project Management and Resources and Software,

JARR y RRR: Supervision and Validation.

Funding

None

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