



**ATTITUDES, KNOWLEDGE AND ALCOHOL CONSUMPTION IN UNIVERSITY  
STUDENTS: NURSING INTERVENTION**

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**ABSTRACT**

**Introduction:** The World Health Organization<sup>[1]</sup> point out, also, it urges their members to work quickly to promote health, expanding safe and effective interventions with the students' participation, to provide them and their parents, knowledge and skills to face potential risks, allowing access to appropriate services and support, this Intervention was handled under the approach of Nola J Pender's Theory, looking for the student to adopt health promoting behaviors., the **objective:** determine the effect of an intervention to improve attitudes, knowledge and decrease alcohol consumption, in university students. **Methodology:** Quasi-experimental, quali-quantitative design of chronological order, performing 9 sessions for the intervention group (10 students), and 4 sessions for the control (10 students), measurements: before, during and after, applying the Scale of attitudes and habits in the consumption of Alcohol<sup>[2]</sup> adhering to the provisions of the General Health Law of Mexico and the Declaration of Helsinki of the World Medical Association. **Result:** The data were analyzed in the statistical package SPSS, Version 21 for Lions MAC OS Operating System; applying descriptive statistics (frequency, percentage, measures of central tendency: medical, median and mode) and inferential: Shapiro-Wilks, Student's T, Mann-Whitney U and Square Chi. The control group did not present a significant difference, while the intervention group significantly reduced consumption after the 5th sesión, those who continued to do so increased knowledge and attitudes. **Conclusions:** The intervention was effective, reducing alcohol consumption in university students in both men and women, allowing them to adopt health promotion behaviors, coinciding with authors who express that these interventions in this group of people are effective.

**KEYWORDS;** Nursing intervention, Nursing students, attitudes, knowledge, consumption of alcoholic beverages, alcoholism.

**INTRODUCTION**

The abuse of alcohol and alcoholism have gained great importance in recent decades due to its social and health consequences. Worldwide alcohol consumption causes 2 million 500 thousand deaths each year and is related to the causes of death of 320 thousand young people between 15 and 29 years old. which represents 9 percent of deaths in that age group. Currently, alcoholism ranks third among the risk factors of the global burden of

disease, is the first risk factor in the Western Pacific and the Americas, and the second in Europe. It is related to serious problems of a social and developmental nature, in particular violence, neglect and mistreatment of minors and labor absenteeism.<sup>[1]</sup>

Alcohol has become a cultural element of the first order in our society. Although, a few decades ago, some of the drugs that are now consumed were not known or did not

have the popularity that they enjoy at the moment, their appearance has not displaced alcohol, but on the contrary, this substance is present in almost all combinations that young polydrug users make. All these circumstances mean that the prevention of a legal drug, which is seen by part of the population as having positive virtues for social life and even healthy if consumed in moderation, is not an issue easy to tackle or easy to solve.<sup>[3]</sup>

In the National Health System, intervention in the field of alcohol is a priority, but despite this, from the health field adolescents frequent the a bit health centers and their attention is sporadic. To the primary care's professionals arrive most of the time adolescents with problems related to alcohol: repeated episodes of drunkenness, abusive alcohol consumers, traffic accidents that have had to drive under the influence of alcohol and other drug, unwanted pregnancies in adolescents who have had unprotected sex due to being under the influence of alcohol. Currently, the World Health Organization urges its member states to work quickly to promote the health and development of adolescents, insisting that the time has come to expand safe and effective interventions that, with the participation of adolescents, provide them and their parents with the knowledge and skills to face potential risks, and allow them access to services and appropriate support.<sup>[3]</sup> Understanding the mechanism's problem of alcohol improper requires the identification of many factors such as personal, family, work, environmental, cultural and others whose pathological interaction interferes with the political, economic and social development of the country in general.

The following intervention design was formed by three large chapters, the first one exposes the problem from the three approaches that Sidani and Branden<sup>[4]</sup>, propose; empirical, theoretical and experiential, describing, objective, goal, strategy and technique of approaching the subject by session. The last chapter (III), integrated the manuals to be used, for the facilitator, the observer and the support person and logistics, they also detail the specific functions by sessions and the activities to be carried out, by sessions and the activities to be carried out. For the facilitator, the observer and the support and logistics person and the student, the material and equipment, the human resource, physical and material, as well as the financing by session and total, are also exposed. **Nola J. Pender's Health Promotion Model:** The promotion of health has been the subject of analysis and discussion over time. This theme has been used as a strategy to carry out various approaches related to the formulation of healthy public policies, interventions aimed at individuals and communities, and for some research related to health, the individual, family or community.<sup>[5]</sup> The promotion of health is achieved through three intrinsic or internal mechanisms of people, as proposed by the Pan American Health Organization (PAHO), these are<sup>[6]</sup>: Self-care, that is, the decisions and

actions that people carry out for the benefit of their own health. Mutual aid or actions that people perform to help each other according to the situation they are living. Healthy environments or creation of environmental conditions that favor health, such as healthy schools that constitute potential scenarios for children's capacities, in which health education and health promotion are options pedagogics for human development and the formation of values in childhood.<sup>[7]</sup>

PhD. Pender has revolutionized knowledge about health promotion through her research, teaching, communications and her writings. Pender was born in 1941 in Lansing, Michigan (United States of America). She was the only child of some staunch supporters of women's education. Her family encouraged her in her goal of becoming a registered nurse, thanks to which she enrolled in the School of Nursing of the West Suburban Hospital of Oak Park in Illinois. He received his nursing diploma in 1962 and began working in a medical-surgical unit in a hospital in Michigan.

She is recognized in the profession for her contribution with the Health Promotion Model.<sup>[5]</sup> Pender adds that if an individual has a high perception of his capacity, he will surely perform such behavior, becoming repetitive and acquiring more safety and satisfaction every day for his performance. According to Pender, the Health Promotion Model takes up individual characteristics and experiences, as well as the assessment of health beliefs, because the latter are decisive when deciding to assume healthy behavior or risk to health, due to its high level of internalization and the way of seeing the reality that surrounds it.

On the other hand, 42 articles were identified that supported the intervention design in different databases, the relevance of the localized references was decided by analyzing the title and the abstract, 34 articles were eliminated, because they did not fulfill the necessary selection requirements. In Puerto Rico, the researchers: González, Alcalá<sup>[8]</sup> questioned what would be the attitudes of the students of a graduate school of Public Health of a University, towards the consumption of alcohol, exploring 54 people recruited in a probabilistic way, being the gender female with a 70.4% with average age of 29 years, of the total sample, 23.9%, had an inclined attitude towards punishment and 76.1% negative attitude toward therapy with alcohol problems.

On the other hand, Vargas & Villar<sup>[9]</sup>, in their eagerness to know the conceptions and attitudes of the nurses of the district services of basic attention of the city of Ribeirão Preto-SP. Brazil, in a sample of 10 individuals intentionally selected in three shifts and with work experience of 16 to 20 years, in ages of 41 to 50 years of age, being only 1 male individual, they used the non-directed interview method and semi-structured with three guiding questions, analyzing the information through the "analysis by theme". Of the nurses who consumed

alcohol have a positive attitude towards alcohol and drinking, in relation to those who do not consume alcohol, the population that said not to consume alcohol, showed a negative attitude of contempt to alcoholics, referring; They disgust me, I do not serve to work with them, I do not like my work, but from this alive, alcoholism was conceived by nurses as a progressive disease, which if not treated in time can be fatal.

Gilchrist, Fonseca, & Torrens,<sup>[10]</sup> in the City of Catalonia Spain conducted a multicenter, comparative and cross-sectional study to detect the barriers that limit and factors that facilitate access to treatment of patients with problems related to the consumption of alcohol and other drugs, in a sample of 187 professionals from the which 42 were nurses. Within the barriers and facilitators of access to treatment there was a significant difference in the hours of care in the centers, the Primary Care Center (PCC) had more days of coverage than the Adult Mental Health Center (AMHC) and the Center for Attention and Monitoring of Drug Addiction (CAMD), opening more hours (PCC vs. AMHC)  $p < 0.0001$ ; PCC vs. CAMD;  $p < 0.001$ , 80.0% of the centers reported that there was a waiting list in their services, 130 women made up the sample, referring to having an average of 15.8 years of work, the professionals' considerations towards people with alcohol problems. obtained the mean: 48.63 and other drugs, mean 46.93, significantly lower than for patients with depression 53.31 or diabetes 52.27 ( $p < 0.05$ ).

Female professionals (Higer population of the sample), presented less consideration towards patients with alcohol problems than male professionals, likewise, professionals who work in CAMD, have greater consideration towards patients with alcohol problems and patients with drugs that AMHC professionals ( $p < 0.001$ ), or CAP ( $p < 0.001$ ). The AMHD professionals showed greater consideration towards patients with alcohol problems ( $p < 0.001$ ). In the multifactor ANOVA analysis, differences were observed in patients with depression and diabetes depending on the type of profession. Psychiatrists ( $p = 0.020$ ) and psychologists ( $p = 0.015$ ) showed greater consideration than social workers for patients with depression. On the other hand, González, Manzano & González,<sup>[11]</sup> in order to evaluate the effectiveness of a nursing intervention in the prevention of alcohol consumption in adolescents in a school environment, analyzed 144 students who went to the group control and 188 of the intervention group during four school years, in their results determined the average age of onset in consumption, significant differences were obtained in the evaluation after the first intervention (average age of 12.26 in the intervention group versus 11.77 in control).

The evaluation of the data related to the adolescent's consultation is highly satisfactory. A total of 67 adolescents attended during the 4 years. 70.0% went for problems related to sexuality, 27.0% for problems related

to drug use and 3.0% for other problems (food, acne). 40.0% of the consultations were attended in the Institute and 60.0% in the Health Center. Banderas, Martínez & González<sup>[12]</sup>, with his work entitled Comprehensive prevention of alcohol and drug use in university students: a group intervention proposal, with the purpose of developing a workshop and evaluating its preventive effects on alcohol and other consumption drugs in university students, through providing tools that will increase the protective factors and decrease the risk factors.

Among the most significant changes resulting from the intervention, it was found that 92.5% of the students presented a change in all those related to comprehensive health care: 100% of the students suggested the presence or meaning of suffering, and 96.29% suggested the presence of goals and meaning of life. There was a decrease of 74.04% in the risk factors and increase the protective factors in a 70.37% in the students after having concluded the preventive workshop. This study showed the feasibility of preventing the use of drugs in university students through inducing change in the appreciation of their health care, suffering and sense of life through workshops that increase the protective factors. In this way, it became clear that workshops like the one tested offer empirical support to primary intervention programs.

The situation of the state of Veracruz reports that around 350,000 adults have problems with their drinking, and a high percentage of them are alcoholics. Alcoholism is among the 10 leading causes of mortality and morbidity in men aged 35 to 60 years and young people aged 18 to 24 years, while the age of onset in this legal drug has been detected in children aged 14 to 16 years, who mostly do it by established patterns or a family member who consumes it, although alcoholism in women is lower, they are more susceptible to the effects of alcohol due to the characteristics of their organism.<sup>[13]</sup> According to the current situation at the Universidad Veracruzana and the experience of working with intervention groups in university students, it is shown that alcohol has become a major cultural element in our society, some decades ago, some of the drugs that they are consumed now they did not know themselves or they did not have the popularity that they enjoy at the moment, their appearance has not displaced the alcohol, but on the contrary, this substance is present in almost all the combinations that the young polydrug users make.

On the other hand, research in a focus group made up of Nursing Professionals who work in different health institutions, indicated that the attitudes that nursing staff indicates towards the treatment of alcoholic persons are; inclined towards punishment or negative attitudes to therapy, contempt, referring to disgust, and even mention that they provide care because it is the profession they chose and for that they should do it, but if they had the opportunity to have another job they would do it without

thinking. Concerning to the perception that nurses have of a person that depends of the alcohol is not pleasant, since they have bad physical conditions, are sensitive people with inferiority complex and that allowed alcohol to make them weak and stupid, professionals women are those who present less consideration to people with alcohol problems and those who are working in specialized institutions for the management of people dependent on alcohol or another drug are those who show greater attention capacity and their attitudes are directed to the benefit of the sick people. The interventions that nursing directs towards the decrease of alcohol consumption in university students is effective, because they do not teach and change their way of acting, but rather form and help them develop skills for self-care, without losing sight of who they will be in. In the near future, those who will occupy a voice and vote for decision making at the national, national or world level, will be the society that will be responsible for educating new generations.

## METHODOLOGY

**Study type:** Psychoeducational intervention, quasi-experimental measured in time series (2 months), qualitative and quantitative<sup>[14,15]</sup>, chronological order, nine sessions during two months (June 28 to August 30, 2013), with a duration of each session of 1 hour for the control group and 4 sessions for the intervention group, with measurements before, during and after the intervention, the Macy methodology was also used<sup>[16]</sup>, Deep ecology, where proposes its four phases: Explore in depth the gratitude for life (Gratitude, beautiful things of what surrounds us), be owner of our pain for the world (Control of pain), Living a change of perception (Point of break), How to put our talents to the service of life (Preparing for action). This intervention was carried out in the Faculty of Nursing of the Universidad Veracruzana, Región Veracruz with a total population of 439 students, of which a sample of 10 participants was obtained for the Experimental group and 10 students for the Control group, the sample was non-probabilistic by convincing, selecting only the students who consumed alcohol, adhering to the selection criteria of the sample, where the inclusion were: students enrolled in the period February-August 2013, belonging to the generation 2010 and 2011, consumers of alcohol, indistinct age, desire to participate in the study and accept to attend all sessions and with time availability. Exclusion: Students of the 2010 and 2011 generation who have participated in the pilot test of intervention, pregnant women, and those who travel the ends of their homes to their places of origin.

**Elimination:** Those who have omitted to answer a question, who decided to abandon the investigation and those who missed one session of the intervention. The hypotheses proposed in the intervention were: H1 Attitude to the non-consumption of alcohol will be greater in the experimental group than in the control group. H2 Knowledge of the effects of alcohol

consumption will be greater in the experimental group than in the control group and H3 Alcohol consumption will be lower in the experimental group than the control group, for which the variables were determined: Nursing students, alcohol consumption, attitudes and knowledge.

According to the Sidani and Branden's methodology<sup>[4]</sup>, manuals were prepared for the interventionist, student, observer and support and logistics, for the two groups supported by the name of the sessions; for the Experimental group the 1st Session: Application of the instrument (Pre-intervention), 2nd Session "Exploring the beauty of life", 3rd Session "Where I move", 4th Session "Learning about alcoholism and my body", 5th Session: Application of the instrument (Follow-up), 6th Session "Living a change of perception", 7th Session "Workshop: Favorable actions for my health", 8th Session "Workshop: Health Fair", 9th Session: Application of the instrument (Post-intervention) (**Figure 1**).

For the control group the sessions that were executed were: 1st Session: Application of the instrument (Pre-intervention), 2nd Session: Application of the instrument (Follow-up), 3rd Session "Workshop: Health Fair", 4th Session: Application of the instrument (Post-intervention). Before starting with the intervention, the Authorization of the Ethics and Research Committee of the Faculty of Nursing Veracruz, of the Universidad Veracruzana was counted, in addition this study adhered to the ethical considerations and the provisions of the Regulation of the General Law of Health in Health Research Matter (**Figure 2**).

A self-directed instrument was used, accompanied by an informed consent form signed by the interviewee and the interviewer. The instrument is a "Scale of attitudes and habits in the consumption of alcohol" (2). validated with Cronbach's Alpha of .9171, with 251 and 142 items. For this study some sections were taken, where the instrument has an identity card where it is required to know generation, age, sex, marital status, occupation (s), and religion; then, follow five questions of multiple choice and one open (age); subsequently two scales (instruments) are presented, Likert type with five options, described in frequencies (never, rarely, a lot of, many times and almost always) and acceptance (strongly disagree, disagree, unsure, agree and strongly agree).

The first instrument consists of variables that seek to investigate the main motivators of both the first alcohol consumption of adolescents and successive ones, as well as the perceived motivations to drink or not to drink, obtaining in this research a Cronbach Alpha of. 836 questions with five options, described in frequencies (1-never, 2-rarely, 3-quite, 4-often and 5-almost always) "Consumption of alcohol" in question 1 there are 4 answer options to question 1, question 2 and 3 with 9 answer options to question 1 and 2, 4 with 5, 5 with 9 and 6 with 6 options over questions with same options

described in frequency. The second instrument makes the analysis of attitudes to consumption (15 questions), question 13 is made up of 7 options and 23 with 11 options knowledge (8 questions), expressed in relation to the negative consequences derived of alcohol consumption with .76 of Cronbach's Alpha, the answer options for both instruments is: SD (1. Strongly disagree), D (2. Disagree), U (3. Unsure), A (4. Agree), SA (5. Strongly agree).

For the analysis of the information we used the Statistical Package for the Social Sciences (SPSS) version 21 for Lions OS; it was used to obtain descriptive statistics<sup>[17]</sup>: frequency, percentages and measures of central tendency (mean, median and mode), To evaluate the normality of variables, we used the statistical test of Shapiro Wilks<sup>[18]</sup>, for the shift of some statistical tests, which allowed us to analyze the qualitative part of the intervention (inferential statistics), using Student's t test, Mann-Whitney U test and Chi square, tables and graphs were produced in the office package, the Excel program.<sup>[19]</sup> Ethical considerations: this study adhered to the provisions of the Regulation of the General Health Law on Research for Health in Human Beings in Mexico.<sup>[20]</sup> The Second Title of the ethical aspects of research in humans was considered, Chapter I, Article 13, 14, 16, 17, 20, 21, 36, 57 and 58. In addition to taking into account the Declaration of Helsinki on ethical principles for medical research in humans.<sup>[21]</sup>

## RESULTS

The study population consisted of students of the Nursing Degree belonging to the Universidad Veracruzana, Región Veracruz, the age of the participants ranged from 20 to 22 years for the two groups that participated in the intervention, the mean for the experimental group was 20 years (SD=0.73) and median of 21, in the control group the mean age was 21 years (SD = 0.81) and median of 21, the generations that participated was 2010 and 2011, for the experimental group 50.0% for both generations, as well as the control as reported (**Table 1 and Table 2**).

At the time of selecting the participants as stated by convenience sampling, this was done in such a way that both groups had effective homoscedasticity, but to check the homogeneity of the population, the Gause Campaign was performed, which showed the characteristics of those studied, stating that it was an adequate selection of participants. Regarding alcohol consumption, 100% of the intervention group showed an average consumption, according to the scores assigned to the instrument (0-45, low, 46-73, medium and 74-100, high), given that the minimum value was 52 and maximum of 70, likewise, knowledge 100% had a low index, being the maximum value 36 and the attitude of the participants 60% had a negative attitude, the rest (40%) had an average score. The control group in the same way showed a low alcohol consumption in its entirety, the knowledge was also low (100%) regarding the complications of alcohol

consumption and 100% of the same group the attitude toward consumption was negative.

The experimental and control groups were homogeneous in relation to alcohol consumption before starting the intervention (SW = 287,  $p > 0.05$ ). The Shapiro-Wilks test was applied to know the distribution of the variables Attitudes and knowledge. The results obtained showed that the variable of attitudes had a normal distribution in the pretest (SW = 1.01,  $p = 0.261$ ), and posttest (SW = 1.15,  $p = 1.138$ ), the knowledge variable did not show normal pretest distribution (SW = 2.18;  $p = 0.001$ ) and posttest (SW = 2.86;  $p = 0.001$ ) measurement, given the observed results, parametric tests were applied for the variable attitudes and nonparametric for the knowledge variable.

The **Table 3** shows the attitude in reference to each group (experimental and control) before the intervention where the pre-test and post-test were performed, we can compare the means of attitudes that were higher in the experimental group than in the control group, with the shift of the Student t test, for independent samples, it was identified that the attitudes were not different in the experimental and control group before the intervention.

On the other hand in the same (**Table 3**), the highest means of attitudes in the experimental group were clearly observed that in the control group after the intervention and in turn these differences showed to be significant ( $t(9) = -8.22$ ;  $p < .05$ ), which led to the acceptance of Hypothesis 1, by running the Student t test for independent samples, observing that the means of attitudes increased in the experimental group after the intervention, not so for the control that decreased and did not remain in the initial range. For the knowledge variable as shown in **Table 4**, we observe that the medians of knowledge of the effects of alcohol consumption by university students were higher in the experimental group than the control, before the intervention, and this variable measured by the U-Mann-Whitney statistical test, showed no significant difference in the groups (intervention and control), before the intervention, but when applying the sections stipulated by the intervention the medians of the knowledge in the experimental group increased proportionally, being this statistically significant, affirming the second hypothesis, in the same way the attitudes, the means and medians of knowledge increased in the experimental groups after the intervention.

To check hypothesis three: the Chi square test was used, where **Table 5** shows the two groups (experimental and control) where 100% of the population have an alcohol consumption, showing no significant difference statistically, before the intervention. Regarding consumption after the intervention, 100% of the members of the experimental group significantly decreased their consumption, showing a statistically significant difference  $\chi^2(1, n = 9) = 4.27$ ;  $p = 0.039$ .

**Table. 1: Sociodemographic Factors; Experimental Group.**

Factors	Female (n=5)		Male (n=5)	
	f	%	f	%
<b>Generation</b>				
2010	2	20.0	3	30.0
2011	3	30.0	2	20.0
<b>Total</b>	<b>5</b>	<b>50.0%</b>	<b>5</b>	<b>50.0%</b>
<b>Age</b>				
20	2	20.0	1	10.0
21	2	20.0	3	30.0
22	1	10.0	1	10.0
<b>Total</b>	<b>5</b>	<b>40.0%</b>	<b>5</b>	<b>50.0%</b>
<b>Religion</b>				
Catholic	5	50.0	4	40.0
Any	0	0	1	10.0
<b>Total</b>	<b>5</b>	<b>40.0%</b>	<b>5</b>	<b>50.0%</b>

Note: source: Scale of attitudes and habits in the alcohol consumption

**Table. 2: Sociodemographic factors control group.**

Factors	Female (n=5)		Male (n=5)	
	f	%	f	%
<b>Generation</b>				
2010	2	20.0	3	30.0
2011	3	30.0	2	20.0
<b>Total</b>	<b>5</b>	<b>50.0%</b>	<b>5</b>	<b>50.0%</b>
<b>Age</b>				
20	2	20.0	1	10.0
21	3	30.0	1	10.0
22	0	0	3	30.0
<b>Total</b>	<b>5</b>	<b>40.0%</b>	<b>5</b>	<b>50.0%</b>
<b>Religion</b>				
Catholic	2	20.0	2	20.0
Any	3	50.0	3	30.0
<b>Total</b>	<b>5</b>	<b>40.0%</b>	<b>5</b>	<b>50.0%</b>

Note: source: Scale of attitudes and habits in the alcohol consumption

**Table. 3: University student's attitude to non-consumption: Student t test.**

Groups	Attitude (Pre-test)			Attitude (Post-test)		
	$\bar{\chi}$	t	p	$\bar{\chi}$	t	p
Experimental n <sub>1</sub> = 10	43.53	-0.407	0.345	82.50	-8.22	<b>0.001</b>
Control n <sub>2</sub> = 10	42.09			35.60		

Note: source: Scale of attitudes and habits in the alcohol consumption (2).

**Table. 4: Knowledge about alcohol consumption's effects: Mann-Whitney's U.**

Groups	Knowledge (Pre-test)			Knowledge (Post-test)		
	Mdn	t	p	Mdn	t	p
Experimental n <sub>1</sub> = 10	34.3	2284.0	0,758	91.6	846.0	<b>0.009</b>
Control n <sub>2</sub> = 10	32.29			83.3		

Note: source: Scale of attitudes and habits in the alcohol consumption (2).

Tabla. 5: Alcohol Consumption: Chi square.

Groups	Alcohol Consumption (Pre-test)				Current alcohol consumption (Post-test)			
	Yes (%)	No (%)	x <sup>2</sup>	p	Yes (%)	No (%)	x <sup>2</sup>	p
Experimental n <sub>1</sub> = 10	100	0	938	0.758	0	100	4.27	0.039
Control n <sub>2</sub> = 10	100	0			90.5	7.1		

Note: source: Scale of attitudes and habits in the alcohol consumption (2)

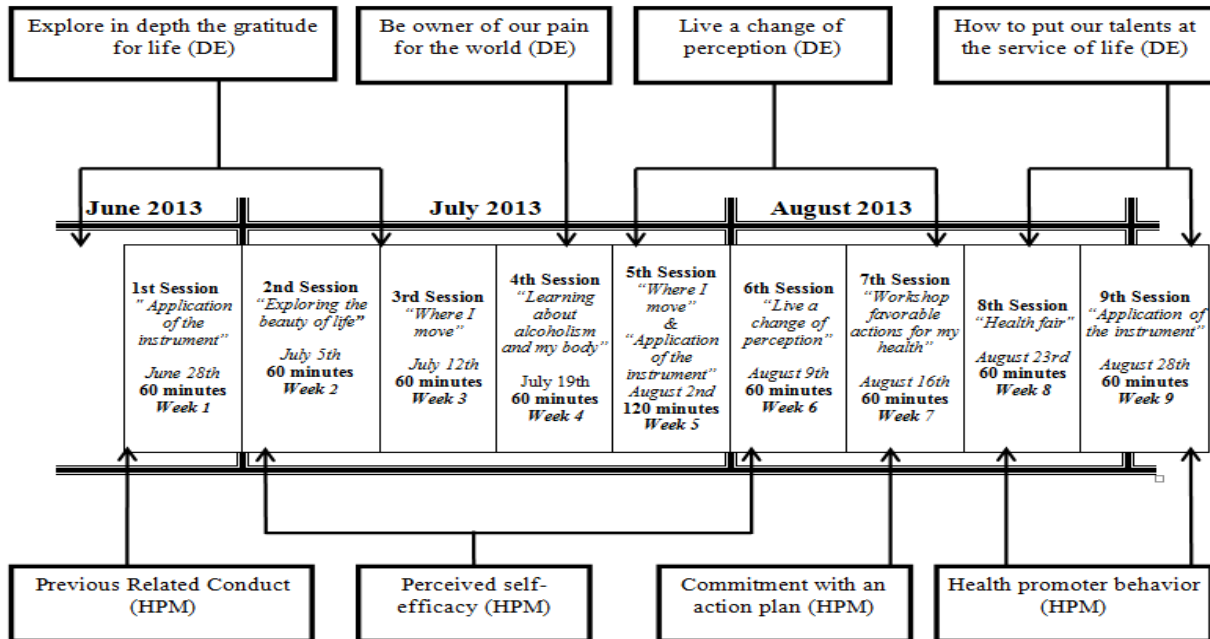


Figure. 1: Sessions' distribution: Intervention Group, according to the MPS and Deep Ecology (16) (22).

June 2013	July 2013	August 2013	
<b>1st Session</b> "Application of the instrument"  June 29th 60 minutes Week 1	<b>2nd Session</b> "Application of the instrument"  July 6th 60 minutes Week 5	<b>8<sup>rd</sup> Session</b> "Health fair"  23 de August 23rd 60 minutes Week 8	<b>9th Session</b> "Application of the instrument"  August 27th 60 minutes Week 9

Figure. 2: Sessions' Distribution; Control Group.

**DISCUSSION**

The findings shown in this quasi-experimental study demonstrate the effect of the intervention on University students, belonging to a Public University of the port of Veracruz, Mexico, having a theoretical support in the Health Promotion Model, proposed by Pender. ; which say that the individual can adopt health promoting behaviors that will allow them to remain under effective health conditions, as long as it is stimulated by highly trained health professionals in the subject.<sup>[22]</sup> The population under study belonged to the Generations 2010 and 2011, currently studying the 6th and 4th Semester, these generations were taken based on studies conducted<sup>[23,2,24,12]</sup>, show that people who enter a Higher level of studies, the consumption of alcohol and other substances are accentuated and increase during the stay

in school, since the young person being independent and responsible for their life and economy, adopt risky behaviors, sometimes, in order to be integrated into a group of friends, be in line or simply curiosity, the population studied showed consumption of alcohol at medium rates, although many of the participants started the intake of this substance after having entered University.

It is important to point out that the attitude indexes during the first measurement presented low averages, for both study groups, coinciding with Vargas & Villar<sup>[9]</sup>, who found that Health professionals have a positive attitude to consumption, which makes them vulnerable and predisposes the intake of alcohol, reason that is of concern, since this area to be reinforced allows the

person to resist in moments of exposure, at the end of the intervention the averages of significantly raised statistics for the experimental group, no so, for the control group that the average decreased, so it is necessary to reinforce this area in the educational programs of the degree in Nursing, because if the student is trained with an attitude to non-consumption can have an effective resilience. Concerning the knowledge and the expressed by the WHO<sup>[1]</sup> and the PAHO (2011), that this, since it exists in the individual, will allow not to expose himself to risks or conditions that endanger his health, the students, when belonging to the Degree in Nursing, to the analysis, it was denoted that before the application of the intervention the experimental group showed a greater knowledge when evaluating the medians in the control group, accentuating this and in a statistically significant way it was increased at the end of it, no so for the control group that showed a decrease in knowledge as analyzed.

At the end of the intervention, the proportion of alcohol consumption was lower in the experimental group compared to the control group; being these significant, having a total reduction of the consumption of this substance, according to the results measured in a period of 61 days, reflecting an immediate effect. It is here that the intervention had a statistically significant impact, therefore, it is important to follow up on the population studied to know if the effect is maintained or increases in the medium and long term or if it is necessary to carry out reinforcement sessions coinciding with investigations made.<sup>[11,12,25]</sup>

The results obtained were satisfactory at the end of the educational intervention, according to the analysis of the comparisons of the preliminary measurements made before the intervention, for the control and intervention groups, under the Health Promotion Model and the executed sessions increased the areas of knowledge and attitudes. Some authors<sup>[11,12]</sup> find that the impact of alcohol prevention programs, although small, is significant and persists one year after the intervention, suggesting to continue with a follow-up and reinforcement of the skills provided in the intervention to the children. Twelve months after this is over.

## CONCLUSIONS

The results obtained at the end of the educational intervention were highly satisfactory compared to the initial measurements, the attitude score for non-alcohol consumption was higher in the experimental group after the intervention. The knowledge of the negative effects in the organism by the consumption of alcohol in the same way was greater in the experimental group in comparison to the control and the proportion of the consumption of alcohol after the intervention was lower in the experimental group in comparison with the group of control, although the latter had a reduction but was not statistically significant.

With the aforementioned, it is considered that this intervention design was assertive in a significant way, thus contributing to the Nursing discipline focusing its activities on the health care of the people, contributing the role of promoter and educator in health under the line of reduction of the demand for drugs, taking into account that addictions are a social problem and with that, it brings a series of factors that can affect the balance of the person, family and community, it is here that this area is of great importance for the approach effective by nursing professionals and thus contribute socially to the discipline. The results show the importance of approaching the young population, even more, if they are studying an educational program, since it leads to risk exposure and many of them end up dropping out or abandoning their studies, therefore, for Nursing and Health professionals, it should be a priority work group, to provide care in health promotion as in primary prevention, attending the needs and strengthening of the areas of knowledge and attitudes, that provide the tools and skills for non-consumption. It is recommended to carry out similar studies in a population consuming alcohol of higher average level with larger samples, with the purpose of evaluating the effect of the interventions and analyzing the behaviors of the participants.

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