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"A QUASI EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE REGARDING ALCOHOL ABUSE AMONG UNDER GRADUATE STUDENTS AT SELECTED NURSING COLLEGE, BHOPAL M.P."

1Prof. Jobin John, 2Ms. Ayushi Rao
1Vice Principal & HOD, 2Scholar
1MPMSU,
2MPMSU

ABSTRACT

INTRODUCTION:

Alcohol abuse, particularly among young adults, poses a significant global health challenge. The developmental vulnerability of undergraduate students makes them a high-risk population for alcohol-related harms. This study investigates the effectiveness of a structured teaching program (STP) in enhancing knowledge regarding alcohol abuse among undergraduate nursing students in Bhopal, M.P., India.

BACKGROUND:

Early and excessive alcohol consumption can severely impair brain development, affecting memory, motor skills, and coordination. Studies indicate a concerning rise in alcohol consumption in India, with younger individuals and women increasingly engaging in risky drinking behaviours. The prevalence of alcohol abuse among undergraduate students, surpassing tobacco and illicit drug use, necessitates targeted interventions.

PROBLEM STATEMENT:

A Quasi Experimental Study To Assess The Effectiveness Of Structured Teaching Programme On Knowledge Regarding Alcohol Abuse Among Under Graduate Students At Selected Nursing

College, Bhopal M.P.

OBJECTIVES:

1. To assess the baseline knowledge regarding alcohol abuse among undergraduate nursing students.
2. To evaluate the effectiveness of a structured teaching program on knowledge regarding alcohol abuse among undergraduate nursing students.
3. To determine the association between post-test knowledge scores and selected demographic variables.

HYPOTHESES:

H1: There will be a significant difference between the pre-test and post-test level of knowledge regarding alcohol abuse among UG students in experimental group at $p <$ 0.05 level.

H2: These will be a significant difference in the post test level of knowledge regarding alcohol abuse among UG students between experimental and control group $p < 0.05$ level.

H3: There will be a significant association between the post-test level of knowledge regarding alcohol abuse among UG students with their demographic variables at $p <$ 0.05 level of experimental group.

RESEARCH METHODOLOGY:

This study employed a quasi-experimental, pre-test-post-test control group design. The study was conducted at a selected nursing college in Bhopal, M.P. The target population comprised undergraduate BSc Nursing students. A sample of 60 students was conveniently selected and randomly assigned into experimental (n=30) and control (n=30) groups.

Variables:

- Independent Variable: Structured Teaching Program.
- Dependent Variable: Knowledge regarding alcohol abuse.
- Extraneous Variables: Demographic characteristics (age, gender, religion, education, family income, etc.).

Sampling Technique:

Convenient sampling was utilized to recruit participants who met the inclusion criteria. Inclusion

Criteria:

- Currently enrolled BSc Nursing students.
- Availability during data collection.
- Provision of informed consent.

Exclusion Criteria:

- Students enrolled in ANM or GNM programs.
- Unavailability during data collection.
- Lack of informed consent.

Data Collection Tools:

A structured knowledge questionnaire, comprising multiple-choice questions, was developed to assess knowledge regarding alcohol abuse. The tool was validated through a pilot study.

Data Collection Procedure:

- Pre-test was administered to both experimental and control groups.
- The structured teaching program was delivered to the experimental group.
- Post-test was administered to both groups after a week.

Data Analysis:

Descriptive statistics (mean, standard deviation, frequency, percentages) and inferential statistics (paired t-test, chi-square test) were used to analyze the data. SPSS version 13 was used for statistical analysis. A p-value of <0.05 was considered statistically significant.

FINDINGS:

- Demographic Profile: The experimental group exhibited a higher proportion of males, younger students, and specific socioeconomic characteristics compared to the control group.
- Pre-test Knowledge: The pre-test mean knowledge scores were significantly lower in both groups, indicating a knowledge deficit regarding alcohol abuse.
- Post-test Knowledge: The post-test mean knowledge score in the experimental group significantly increased compared to the pre-test scores and the control group's post-test scores.
- Effectiveness of STP: The paired t-test revealed a statistically significant improvement in knowledge scores in the experimental group ($t=14.49$, $p<0.05$), demonstrating the effectiveness of the STP.
- Association with Demographics: No significant association was found between post- test

knowledge scores and selected demographic variables in the experimental group.

IMPLICATIONS:

- Nursing Education: The findings highlight the need for incorporating comprehensive alcohol abuse education into nursing curricula. Nurse educators should utilize effective teaching strategies like STPs to enhance students' knowledge and awareness.
- Nursing Practice: Nurses should be equipped with adequate knowledge to provide effective health education and interventions related to alcohol abuse in various settings, including hospitals and communities.
- Nursing Administration: Nursing administrators should facilitate and support the implementation of educational programs on alcohol abuse for nursing students and staff.
- Nursing Research: The study provides a foundation for future research on alcohol abuse among nursing students, exploring different intervention strategies and long- term outcomes.

LIMITATIONS:

- Small sample size, limiting generalizability.
- Convenience sampling, potentially introducing bias.
- Short duration of the study, not capturing long-term effects.
- Focus on a single nursing college, restricting external validity.

CONCLUSION:

The structured teaching program was effective in enhancing knowledge regarding alcohol abuse among undergraduate nursing students. The study underscores the importance of implementing targeted educational interventions to address alcohol abuse among this vulnerable population. Future research should explore long- term effects and broader applications of such interventions.

CHAPTER -1 INTRODUCTION

“Underage drinking and excessive drinking have negative effects on everything”

~Dr. Judith Ramaley

BACKGROUND OF THE STUDY

A young person’s body cannot cope with alcohol the same way an adult’s can. Alcohol Drinking is very harmful to children because it creates harmful effect on growth and development of brain

during developing stages from teen to adolescent. If alcohol drinking is continuous in this stage, it will affect the brain domain areas like memory, motor skills and coordination. According to research, young people who start drinking before the age of 15 are four times more likely to become addicted to alcohol than those who start drinking after the age of 21.

According to a Times of India study from May 2015, India's alcohol consumption has increased by 55 percent in the last 20 years. Worse, the young are being introduced to alcohol at a younger age, and more women are engaging in risky and binge drinking. The percentage of under-15 boys who haven't had alcohol went down from 44% to 30%, while for girls it decreased from 50% to 31% in the 2000s. The trend of heavy drinking witnessed among the young of all countries has experts worried. Binge drinking among the youth has also been associated with increased possibilities of road accidents and disabilities in the report.

Adolescent alcohol abuse is a growing menace affecting the young generation all over the world. UG students are the most susceptible inhabitants that are alcohol use high risk. Reviews are exploring that alcohol is most harmfully use in student population of India, surpassing tobacco and illicit drugs. It is a persistent problem which is distressing directly or indirectly the irresistible common of adolescent population. Recent studies show that alcohol drinking behaviour is drastically increasing among students worldwide and exploring its‘ impact on the prevalence of undergraduate students themselves and the society.

Alcohol drinking fluctuates across gender, race and ethnicity. worldwide men are consuming more alcohol compare to women and in developed countries women are drinking more alcohol than women. American men are considerably more probable than women to drink alcohol, to binge drink and to statement heavyweight drinking. Media acquaintance supports impact social norms about alcohol drink through product placements, advertising, and stories in a wide range of foundations, TV, including flicks, social media, and other forms of entertaining. Although alcohol auctions and advertising are highly controlled, people are uncovered to a wide change of alcohol and liquor advertisements. Whether these advertisements conventional result in an upsurge in drinking has been the topic of countless public strategy discussions and much alcohol and consumer research. Recent review have used vigorous structural designs in command to assess the belongings of advertisements on alcohol drinkimg.

STUDENT ALCOHOLISM

College is one of the most common times for people to dabble with alcohol. Approximately four out of ten students, or 80 percent of the total, imbibe alcohol at some point. It‘s assessed that binge drinking among student‘s 50 percent, which involves overwhelming alcohol consumption in very less time. Many young students confess to consumption alcohol even before they arrive college. The accessibility of alcohol at honest actions and social gathering is often attractive to undergraduate students. Slowly this one drink may convert into two, three or more without

knowing students. This lead to drink more alcohol to get same high pleasure. Commonly heavy alcohol drinking significantly increases your risk of evolving an alcohol use disorder (AUD), which can lead to high risk emotional, psychological and physical problems. Although some side effects are transient and go away in a few days, others can cause you to be bothered for years. That's why it's vital to seek help as soon as you see the first warning signs of an alcohol problem.

A large proportion of college undergraduate students having habit of alcohol binge drinking. Binge drinking is condition when an individual drink an extreme amount of alcohol in a very little time to get higher. Binge drinking comprises consumption 5 or more alcoholic drinking within in 2-3 hours. On the other aspect in women binge drinking is measured 4 or more alcohol drinks within a 2-hour timeframe. Students from undergraduate are at high risk for binge drinking during their under-graduation study. In

this context there is number of lot of students who start drink due to peer pressure and start drinking soon after admit in college. Now a days Alcohol drinking is recurrently observed as is ―college experience‖ that students craving. They need to adjust in a society and make new friends, so they keep consuming alcohol without bothering about the possible significances elaborate.

If we will see the last pair of decades, undergraduate students have started drinking more hard liquor than beer. Now a day‘s undergraduate students are not drinking to socialize, but they are increasing number of undergraduate students to get heavy drunk. Since alcohol has one of the uppermost alcohol proportions by volume, it takes smaller amount beverages to sense its cloud nine. Students' ultimate goal is to consume as much alcohol as possible before passing out. These outcomes are exceedingly hazardous and may have life-threatening consequences, such as alcohol poisoning. Costs of Heavy alcohol Drinking in college students are Performing Poorly in Classes, Risking Injury, becoming a Victim of Assault, Committing Criminal Activities, Developing Health Issues etc.

STATISTICS OF ALCOHOLISM IN INDIA

In India, 15% of the individuals trying alcohol get addicted to it. Today India is having almost 63 million alcohol addicted people and the rate of Alcoholism in India has risen by 175% in the last three years. Around 35-40% of Indian population has consumed alcohol in the year 2015. Amongst them, 11% of the Indian population is indulged in heavy drinking. The per capita consumption of alcohol in the year 2018-19 is around

2.5 litters which are a quite big figure. This shows that Indian population is highly addicted towards intoxication. The young ones are getting addicted towards liquor much earlier and women are indulged in heavily and binge drinking thus contributing for the growing Alcoholism in India.

It was seen that alcohol consumption was increased to a great degree in the state of Kerala

followed by Mizoram, Andhra Pradesh, Bihar and so on. In terms of the amount spent per head on intoxicants per month, Mizoram ranks first followed by Meghalaya, Manipur, Tripura, Assam and so on. Such figures indicate the increasing Alcoholism in India.

LAWS MADE BY INDIAN STATES

Recently the state of Kerala made strict law for the prohibition of alcohol in the month of April. The law has got a good response from the population in Kerala. Likewise, the state of Gujarat is having a sumptuary law for the manufacture, storage, sale and consumption of alcoholic beverages. The state of Bihar had made a similar law in the month of November 2015. Lakshadweep completely banned the sale and consumption of alcohol. Similarly, the states of Manipur, Nagaland, Andhra Pradesh, Maharashtra, Tamil Nadu also initiated some laws for the prohibition of alcohol consumption.

We can finally conclude that Alcoholism in India can only be minimized if these laws are followed strictly by people in India. However, the mentality of the Indian people is of breaking the rules and regulations which make it complicated for the government to impose such laws. If every individual takes an initiative to stop the consumption of alcohol and create awareness amongst the people, then it is quite possible to minimize the Alcoholism in India.

NEED FOR STUDY

In a distressing revelation, the Global Status report on liquor and well-being 2014, According to a report provided by the World Health Organization (WHO), the amount of alcohol consumed in India increased from 2008 to 2012. In the past two decades the number of people who have consumed alcohol has moved from 1 in 300 to 1 in 20. The Lancet reported that more than half of those who consume alcohol in India would fall into the category of hazardous drinking. It has been suggested that there are a worryingly 14 million people in India who would be described as dependent on alcohol and in need of help.

In fact the most dangerous pattern of drinking is binge drinking where the individual consumes an excessive amount once or twice a week that can also create a negative consequence. Different states are having various age limits for alcohol drinking. The age limit in those states where it is lawful to drink range from 18 to 27 yrs old. It is common for people to begin drinking before the legal age limit. Researchers are interested in learning more about the repercussions of alcohol intake, such as alcohol expectation among students. It will assist us in preventing student alcohol abuse.

Excessive alcoholism poses a great danger to the persons physical, emotional, mental, spiritual and social health. It has serious ramifications on the user‘s household, career, and friends. Also, it causes great damage to the physical organs of the body such as heart, liver, brain, nervous system, stomach, etc. Although the government has imposed some laws and restrictions on alcohol consumption, the rate of Alcoholism in India is still increasing.

People in India are suffering from serious effects like high blood pressure, cancer, stomach problems, sexual problems and osteoporosis, especially in the women.

Recent studies on Alcoholism in India showed that alcohol consumption has a complex mode of action and thus hampers multiple subsystems in the brain acting as a depressant on the central nervous system. Liquor is metabolized by the liver and has irreversible damages on it. Approximately of the dangerous sicknesses caused by excessive alcohol drinking are hypertensive heart sickness, haemorrhagic stroke, cardiovascular diseases, neuropsychiatric diseases and liver cirrhosis.

As disputes over liquor ban grew diagonally in India, a new artefact in May 2016 from Indo- Asian News Service (IANS) revealed that, there were 15 people die per day or one person die in every 96 minutes due to the effect of consumption of alcohol, similar predictable data was exposed by India's 2013 National Crime Records Bureau (NCRB) data analysis. A World Health Organization‘s report exposed that liquor consumption in India is risen from

1.6 liters in 2003-2005 to 2.2 liters in 2010-2012 to 38 percent at present, for per capita. This report also revealed that more than 11 percent of Indian population were binge drinkers in contradiction with the global average of 16 percentage. There are following steps taken to reduce alcohol consumption In Tamil Nadu. As J Jayalalithaa closed down 500 alcohol stores on May 2015. In this series Bihar also forced prohibition by banned on the alcohol sale, production and drinking of liquor. In August 2014, Kerala delimited the jumble sale of alcohol to five-star hotels.

It is reviewing that Maharashtra is on tops for alcohol consumption related deaths. That is trailed by Madhya Pradesh and Tamil Nadu, according to the National Crime Records Bureau According to NCRB data, high rates of drunkenness are linked to high crime rates, according to experts. ―Alcoholism is a health problem, not an ethical one, and

there are various policies in place to help reduce its impact. The desire to discuss the enormous social problems generated by a small group of people who drink alcohol under the influence is a mockery of history and public health science. Most public health specialists who have some understanding in this sector ignore alcohol prohibition, and even the World Health Organization does not recommend it..‖ Under the heart attacks/epilepsy category, there is a possibility of further diseases caused by liquor inspiration. However, because determining the actual number of deaths is problematic, we have just used the data under the heading "alcohol influence.

In March 2013 a study by Sandhya B., Carol B.M.S et all on Alcohol Expectancy Responses from Teenagers: The Early Forewarning Signals at Mangalore India. The purpose of this study is to assess the subjective expectations associated with alcohol use. A survey on the impacts of alcohol expectancies on youth was conducted as part of the study, which is known as the key stimulant for alcohol consumption in this situation. The researchers chose pre-university students from one of Mangalore's oldest and most prestigious colleges. The survey was conducted using the Comprehensive Effects of Alcohol (CEOA) on students, who were asked to respond to two sections of 38 questions, in which they were asked to indicate whether they agreed or disagreed with statements on the effects of alcohol consumption. According to the study, pupils agreed that drinking alcohol may result in positive reinforcement. They also recognise that alcohol consumption might have harmful consequences. This was far more prominent among the females. Surprisingly, just 25% of the guys and 14.5 percent of the girls had previously used alcohol, indicating a higher positive reinforcing reaction than those who had not. The findings show that the first exposure to alcohol drinking is a critical element in the development of alcoholism. If the youth are encouraged to think about alcohol consumption and possessions, it becomes a motivating element for pupils to drink in the future. This necessitates more immediate care from medical and psychiatric nurses, as well as parents, who must intervene forcefully in educating and managing children during their developmental years.

An exploratory study by Mustafa N. Kirmani in 2010 at NIMHANS, Bangalore on Gender Variances in Alcohol drinking Correlated Attitudes and alcohol Expectancies amongst College Students. The study intended to investigative attitude towards alcohol and consumption, alcohol expectancies amongst undergraduate college students. The sample comprised of 433 undergraduate students. Results discovered that psychological

distress was higher along with a more auspicious attitude to alcohol consumption than girls. Further, boys expected that alcohol use could lead to positive outcomes while girls expected that alcohol use could lead to negative outcomes.

In frightening revelation, according to the World Health Organization's (WHO) Global Status Report on Alcohol and Health 2014, the amount of alcohol consumed in India increased between 2008 and 2012. In the past two decades the number of people who have consumed alcohol has moved from 1 in 300 to 1 in 20. The Lancet reported that more than half of those who consume alcohol in India would fall into the category of hazardous drinking. It has been suggested that there are a worryingly 14 million people in India who would be described as dependent on alcohol and in need of help.

In fact, the most dangerous pattern of drinking is binge drinking where the individual consumes an excessive amount once or twice a week that can also create a negative consequence. Dissimilar states will have unlike age limits for alcohol drinking. The age limit in those states where it is legal to drink range from 18 to 27 years old. It is common for people to begin drinking before the legal age limit. Researcher interest to study what are the costs that will arouse for alcohol consumption i.e. alcohol expectancy between students. It will support professional to prevention of alcohol abuse in undergraduate students.

STATEMENT OF PROBLEM

A Quasi Experimental Study To Assess The Effectiveness Of Structured Teaching Programme On Knowledge Regarding Alcohol Abuse Among Under Graduate Students At Selected Nursing College, Bhopal M.P

OBJECTIVE OF STUDY

1. To assess the baseline knowledge regarding alcohol abuse among undergraduate nursing students.
2. To evaluate the effectiveness of a structured teaching program on knowledge regarding alcohol abuse among undergraduate nursing students.
3. To determine the association between post-test knowledge scores and selected demographic variables

RESEARCH HYPOTHESIS

H1: There will be a significant difference between the pre-test and post-test level of knowledge regarding alcohol abuse among UG students in experimental group at $p < 0.05$ level.

H2: These will be a significant difference in the post test level of knowledge regarding alcohol abuse among UG students between experimental and control group $p < 0.05$ level.

H3: There will be a significant association between the post-test level of knowledge regarding alcohol abuse among UG students with their demographic variables at $p < 0.05$ level of experimental group.

OPERATIONAL DEFINITIONS

Assess

According to Oxford Dictionary, assess‘ means evaluate or estimate the nature, ability, or quality.

In this study, assess means—the prevalence about Alcohol Intake among Undergraduate Students from UG students.

Undergraduate Student

According to Oxford Dictionary, an undergraduate is a student who is studying for their first degree at a university or college.

In this study, undergraduate students means —Students who are pursuing graduation from Medical, Nursing and paramedical Courses at Selected college Of Bhopal city.

Effect

Effect refers to the impact of structured teaching programme on knowledge regarding alcohol abuse among undergraduate students.

Structured teaching programme

Refers to a structured and organized teaching programme to impart knowledge and

education regarding alcohol abuse among undergraduate students.

Knowledge

It refers to information possessed by the undergraduate students regarding alcohol abuse, its ill effects on physical and cognitive health etc .

ASSUMPTIONS OF THE STUDY

The study assumes that:

1. Alcohol is having capacity to makes global positive transformation.
2. Alcohol can improve social behaviour.
3. Students 'prevalence may be that Alcohol Expands Cognitive and Motor Capabilities.

DELIMITATION

- This study is limited only to undergraduate students of Bhopal.
- Available during the period of data collection.
- Able to read,write and understand.

CONCEPTUAL FRAMEWORK

The health belief model was established by social psychologists Irwin M. in the 1950s. The main Aim is to gain a wide variety of health-related behaviours by Rosenstock, Godfrey M. Hochbaum, S. Stephen.

Key elements of this Model focus on distinct beliefs about health conditions, which predict individual behaviours reacted health. The model defines the key factors that influence behaviours of health as an individual perceived threat to sickness or illness (perceived susceptibility), belief of consequence (perceived severity), potential positive benefits of action (perceived benefits), perceived barriers to action, exposure to factors that prompt action (cues to action), and confidence in ability to succeed (self-efficacy).

If applied to a health-related behaviour such as screening for alcohol intake, the HBM predicts regular screening for alcohol intake if an individual perceives that she is highly

susceptible to alcohol intake, that alcohol addiction is a severe health threat, that the benefits of regular screening are high, and that the costs of such action are comparatively low.

In this research perceived susceptibility is prevalence of alcohol abuse Among UG students, perceived severity means disturbed prevalence of alcohol abuse Among UG students that lead to maladaptive behaviour in society, perceived benefits refers to assessment of alcohol prevalence to prevent the alcohol addiction among students, perceived barriers to action refer to factor associated which induced alcohol taking behaviour among undergraduate students, cues to action is to develop self-assessment tool to check alcohol intake prevalence among undergraduate students and last but not least self-efficacy means it is an individual's belief in their innate ability to check the self-prevalence of alcohol abuse.

INDIVIDUAL PREVALENCE

Perceived susceptibility

Perceived susceptibility refers to subjective assessment of risk of developing a health problem. The HBM predicts that individuals who perceive that they are susceptible to a particular health problem will engage in behaviours to reduce their risk of developing the health problem. Individuals with low perceived susceptibility may deny that they are at risk for contracting a particular illness.

Individuals who believe they are at low risk of developing an illness are more likely to engage in unhealthy, or risky, behaviours. Individuals who perceive a high risk that they will be personally affected by a particular health problem are more likely to engage in behaviours to decrease their risk of developing the condition.

The combination of perceived severity and perceived susceptibility is referred to as perceived threat. Perceived severity and perceived susceptibility to a given health condition depend on knowledge about the condition. The HBM predicts that higher perceived threat leads to a higher likelihood of engagement in health- promoting behaviours. The following constructs of the HBM are proposed to vary between individuals and predict engagement in health-related behaviours.It refers to prevalence of Alcohol intake Amongst UG students.

Perceived Severity

Perceived severity refers to the subjective assessment of the severity of a health problem and its potential consequences. The HBM proposes that individuals who perceive a given health problem as serious are more likely to engage in behaviours to prevent the health problem from occurring (or reduce its severity). Perceived seriousness encompasses beliefs about the disease itself (e.g., whether it is life- threatening or may cause disability or pain) as well as broader impacts of the disease on functioning in work and social roles. For instance, an individual may perceive that influenza is not medically serious, but if he or she perceives that there would be serious financial consequences as a result of being absent from work for several days, then he or she may perceive influenza to be a particularly serious condition.

Perceived Benefits

Health-related behaviour is also influenced by the perceived benefits of taking action. Perceived benefits refer to an individual's assessment of the value or efficacy of engaging in a health-promoting behaviour to decrease risk of disease. If an individual believes that a particular action will reduce susceptibility to a health problem or decrease its seriousness, then he or she is likely to engage in that behaviour regardless of objective facts regarding the effectiveness of the action.

Self-Efficacy

Perceived obstacles to action influence health-related behaviour. Perceived barriers are the perceived hurdles to behaviour change. Even if an individual sees a health condition as dangerous and feels that taking action will lessen the threat, obstacles may prevent them from taking action. To alter behaviour, the perceived advantages must outweigh the apparent restrictions. Perceived barriers to action include inconvenience, expense, risk (e.g., adverse effects of a medical treatment), and discomfort (e.g., pain, emotional disturbance).

An individual’s belief in their innate ability to check the self-prevalence of alcohol abuse.

Modifying Factors

Many factors influence views of health-related behaviours (such as perceived

seriousness, susceptibility, advantages and obstacles). Age, sex, race, ethnicity, and education are all demographic factors. Personality, socioeconomic class, peer and reference group pressure are all psychosocial factors. Among other things, structural variables include illness awareness and prior encounter. According to the HBM, altering factors impact perceived severity, susceptibility, benefits, and barriers.28

- Demographic data is age, gender, socioeconomic status, religion, type of family and residence
- Self-structured Alcohol Screening Questionnaire about first drink, drink partners, drinking circumstances, awareness etc
- Self-report Questionnaire is used to assess Alcohol intake prevalence

Cues of Action

According to the HBM, a signal or trigger is required to encourage health- promoting actions. Internal or external cues to action Internal signals to action include physiological cues (pain, discomfort). External cues include events, media, or health care practitioners promoting health-related behaviours. Action signals include a dentist's reminder postcard, a friend or family member's sickness, and product health warning labels. The strength of signals required to trigger action varies by individual susceptibility, severity, rewards, and obstacles. It may be easier to persuade people who are at high risk for serious illness and have a good relationship with their primary care doctor to get screened, than people who are at low risk for the same illness and have no reliable access to health care.

Develop self-assessment tool to check alcohol intake prevalence among undergraduate students

Likelihood Action

- Assessment to alcohol screening behaviour to determine the habits and alcohol intake behaviour among undergraduate students.
- Assessment of prevalence of alcohol abuse in various domains such as alcohol is- Powerful agent that makes global positive transformation.

- Enhance or impede social behaviour
- Improves Cognitive and Motor Abilities
- Enhances Sexuality
- Leads to Deteriorated Cognitive And Behavioural Function
- Increases Arousal

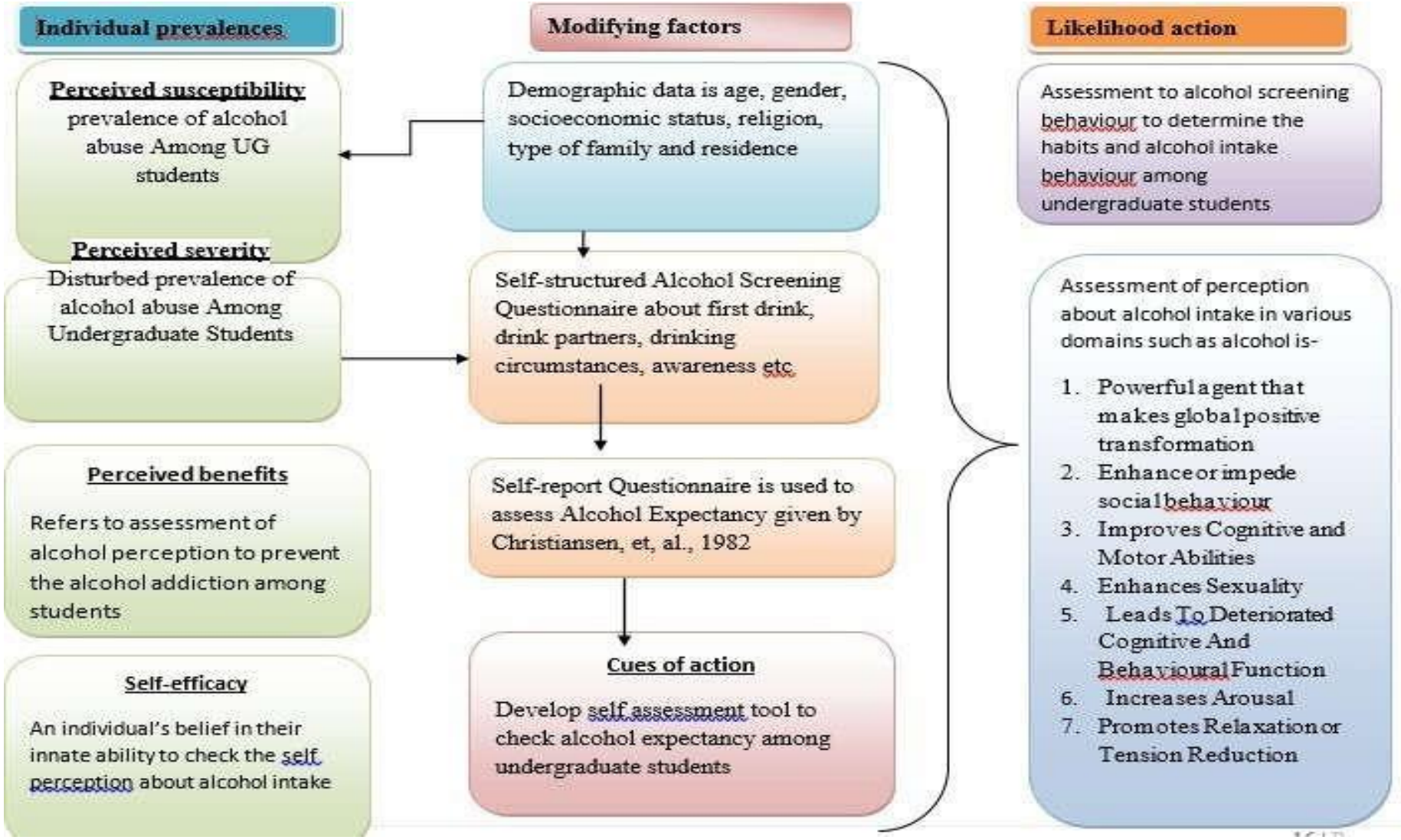


Figure 1 Conceptual framework on health belief model:

CHAPTER -2

LITERATURE REVIEW

A study by Abdul Azeez et al., 2019 on Quantity and Prevalence With Gender Comparison For Alcohol Consumption Among College Students. Study objective are to measuring the prevalence of alcohol consumption among college students and analyzing its variation with respect to gender. A survey was carried out in the colleges under NITTE University. Students present at the day and time of visit were covered. A questionnaire was prepared comprising of a set of 14 questions covering the main objective of the survey. The students were asked to fill the questionnaire irrespective of their gender or whether they consume alcohol or not. We have conducted our survey in 1150 college students. 713 females and 337 males participated in the survey. Out of 1150 students, 304(26.4%) consumes alcohol. 167 (54.9%) were males and 137 (45.1%) were females. Most of them were social drinkers. Majority of them consumed 2-3 drinks in one sitting. Tendency of binge drinking is high. The prevalence of alcohol consumption comes up to a quarter of the total population surveyed most of them being social drinkers with males outnumbering females but with a visible reduction in the observed gap. A survey was conducted among students of 3 colleges to acquire the necessary data which were analyzed to form the conclusions.

A study in 2018 at RIMS, Imphal by Sathish Kumar et al. on Alcohol Consumption among Undergraduate MBBS Students in Rims, Imphal. A cross sectional study was conducted among all Undergraduate MBBS students of RIMS, Imphal using a self administered questionnaire during the period of August-September 2013 with the objectives of a. To determine the prevalence of alcohol consumption among undergraduate medical students in RIMS. b. To determine the characteristics of alcohol drinking behaviour. C. To assess the effects of alcohol drinking behaviour on heir academic performance. Chi square test, t test and Kruskal Wallis test used for analysis. Out of 300 students 48% (145 students) of them have ever consumed alcohol, which was significantly higher among males and 88 students have consumed in the past one month. Beer was the most commonly consumed alcoholic beverage (31.7%). Friends influence was the most common reason for initiation of alcohol consumption (45.5%). Enjoyment was the main reason for drinking at present (67.7%). Ever consumption of

alcohol was significantly associated with family history of alcohol consumption (p-value=0.00). Increasing frequency of alcohol consumption significantly affected academic performance (p-value=0.00). Alcohol consumption has a negative impact on their health, academic performance and their future professional abilities. It is recommended to conduct similar studies in the future and to create awareness about the health hazards of alcohol consumption and sensible drinking.

A study by **Padma Mohanan in 2018** on the UG students' Alcohol Consumption, Tobacco Use, and Sexual Behaviour in the Udupi District, Karnataka, India. The goal of this study was to determine the prevalence of adolescent alcohol use, cigarette use, and hazardous sexual behaviour, as well as the socioeconomic factors that may influence these behaviours. This cross-sectional study was conducted from January to April 2011 among 376 UG students (15–19 years old) in Udupi, India. The Survey questionnaire was on Youth Risk Behaviour and guidelines were followed for data collection. Participants‘ alcohol consumption, smoking habits and sexual behaviour patterns were explored. Univariate analysis followed by multivariate logistic regression was done. Study findings are the prevalence of alcohol consumption, tobacco use and sexual activity was found to occur in 5.7%, 7.2% and 5.5% of participants, respectively. The mean age of the participants‘ first sexual activity, consumption of alcohol and tobacco use was reported to be approximately

16.8 years. Multivariate analysis showed that males were more likely to have used alcohol and tobacco. Other factors, such as religion and tobacco use among family members, were found to be influential. According to the findings, a student's possible coexistence of numerous risk behaviours necessitates an integrated approach. In order to prevent teenagers' behaviours from becoming a health risk, more emphasis should be focused on health education in schools and improved awareness among parents.

A study **by Dr Tumge Loyi in 2017** on prevalence and patterns of alcohol use among college students: comparing scenario in Arunachal Pradesh and Kerala. The objective of this study was to assess and compare prevalence, patterns and harmful use of alcohol among college students in Arunachal Pradesh and Kerala. A self- administered questionnaire survey done among college students in the selected districts of Arunachal (352 students) and Kerala (703 students). Stratified sampling was used to select samples. Questionnaire sought information on demography, patterns of alcohol use, alcohol use

in family and among friends, beliefs and prevalences regarding alcohol, the CAGE questionnaire and tobacco practices. Univariate, bivariate and multiple logistic regression analysis were done using SPSS version 17.0. Results Prevalence of alcohol use among college student was 60.5% and 22% in Arunachal and Kerala respectively. Students having problem drinking was 32.3% and 8.1% in Arunachal and Kerala respectively. Majority (81.2%) of males and 38.6% of females used alcohol in Arunachal Pradesh. In Kerala 46.1% males and 5.9% females use alcohol. Mean age of initiation was earlier (11years) in Arunachal compared to Kerala (16 years). Most students (70.6%) in Arunachal got initiated into alcohol at own home and 44.9% continue to drink at home where as in Kerala these are 23.8 and 16.1 percent respectively. In Arunachal family members were present at initial drink in majority (63.3%) whereas it was only 24.5% in Kerala. Amount of pocket money, use among parents and siblings, discussions on harm of alcohol in family and school/colleges had an impact on use of alcohol. Conclusions Study highlights increased prevalence of alcohol among college students and emphasizes on regional difference in the practices and beliefs attached alcohol. Future interventions on alcohol menace should be made in tune with its regional differences.

In 2018 a study conducted **by Mustafa N Kirmani, L N Suman (2018)** on Parental and Peer Influences On Alcohol Related Attitudes Among College Students. The study aimed at examining parental and peer influences on attitude toward alcohol and drinking among undergraduate students. The sample consisted of 433 students (231 boys and 202 girls). The tools used in the study were socio-demographic Data Sheet, Attitude Towards Alcohol and Drinking Scale (ATADS), Family and Peer Influence Scale (FPIS) and Gender differences on these variables. Data was analyzed by using mean, SD, Pearson product moment correlation and t-test was used to examine gender differences. Results revealed that boys had more favorable attitude toward alcohol than girls. Further, boys were more influenced by their family and peers than girls in terms of attitude toward alcohol. The findings have implications for prevention of alcohol abuse and possible differential prevention packages for boys and girls among college going students.

A study by **Miller, et al., (2017)** has found that, alcohol expectancies are developed in childhood and have shown that these expectancies emerge around the third grade. The role of alcohol expectancies in the starting and maintenance of alcohol consumption

have been well supported by the studies of Kraus, et al., (1994). Wilson, et al., (1996) have suggested that alcohol expectancies may affect adolescent‘s chances of developing more serious drinking problems as adults. Studies on alcohol expectancies by Dunn & Goldman, (1996) and (2000) have undoubtedly agreed that, ―children form expectancies before drinking is initiated‖.

In March 2019 a study by Sandhya B., Carol B.M.S et al on Alcohol Expectancy Responses from Teenagers: The Early Forewarning Signals at Mangalore India. Study objective are to assess the subjective expectancies from alcohol intake in young college students. Study carried out a survey on the expectancy from youth of the alcohol effects, which in fact is known as the principal motivator of alcohol intake. Researcher chose the pre-university students (n= 200; 100 males and 100 females) of one of the oldest and prestigious colleges of Mangalore (south India). The survey used the Comprehensive Effect of Alcohol (CEOA) where the students had to respond to two sets of 38 questions, in which they would mention whether they agreed or disagreed to the statement regarding the effects of alcohol intake. From the results, Researcher found that these young students were in agreement of the view that alcohol could cause a positive reinforcement. They also strongly agreed that alcohol consumption could cause negative effects. This was significantly more pronounced among the girls. Strikingly, only 25% of the boys and 14.5% of girls had consumed alcohol before, who indicated a stronger positive reinforce response as compared to those who had not tasted alcohol. The results reveal that the first exposure to alcohol consumption is the key factor which leads to alcoholism. If the experience of alcohol intake and the effects of alcohol are liked with the subjects, that becomes a motivating factor for future attempts. This needs a closer look by the clinicians, counselors and the parents, who need to actively interfere in educating the youth and in guiding them in the right direction during their formative ages.

A study in **2018 by Mustafa N. Kirmani** at National Institute of Mental Health and Neurosciences, Bangalore on Gender Differences in Alcohol Related Attitudes and Expectancies among College Students. The study aimed at examining attitude towards alcohol and drinking, alcohol-related expectancies among undergraduate students. The sample consisted of 433 students (231 boys and 202 girls). The tools used in the study were Socio-demographic Data Sheet, Attitude Towards Alcohol and Drinking Scale (ATADS), Alcohol-Related Expectancy Questionnaire-Adolescent Version (AEQ-A)

and the General Health Questionnaire-12 (GHQ-12). Results revealed that boys had higher psychological distress along with a more favorable attitude towards alcohol than girls. Further, boys expected that alcohol use could lead to positive outcomes while girls expected that alcohol use could lead to negative outcomes. The findings have implications for prevention of alcohol abuse among college going students.

A study **by Peter R et al.** on Negative alcohol expectancies are associated with less drinking in non-impulsive versus impulsive participants, according to a study published in July 2015 on alcohol expectancies, conduct disorder, and early-onset alcoholism. According to research, positive alcohol expectations encourage excessive alcohol use whereas negative alcohol expectations prevent it. Evidence implies that disinhibitory personality traits like conduct disorder and impulsivity are linked to a general disregard for long-term negative consequences. The goal of this study was to see if negative expectations were more strongly linked to decreased levels of alcohol consumption in low-impulsive people versus high- impulsive people. In a group of 99 young individuals with alcohol dependency (AD) and conduct disorder (CD), 77 with AD but no CD, and 124 controls, positive and negative alcohol expectancies, alcohol consumption, and impulsivity were assessed. Compared to AD-alone and control patients, AD/CD subjects showed higher proximal (same day) and distal (next day) negative alcohol expectancies, despite drinking more alcohol. When low- impulsive people were contrasted to high-impulsive subjects, distal negative expectancies were more strongly connected with lower levels of drinking. For high-impulsive versus low-impulsive participants, proximal negative expectancies were more significantly connected with increased alcohol consumption. Impulsivity and conduct problem could play a role in determining how much distal negative alcohol expectations can curb excessive drinking.

A study in **by Ganaraja, Ramesh BM et al (2019)** on A comparison of responses to alcohol expectancy questionnaire (CEOA) of Indian and Malaysian medical students. In this study, Researcher compared the outcome of a survey using Comprehensive effects of Alcohol (CEOA) in two private Medical institutions in two Asian countries, viz. KMC, Mangalore, India (n=180) and AIMST, Kedah, Malaysia (n=170). The study included both males and female students. The result suggested that the negative reinforcement responses were rated higher in both the study groups. But those who have tasted alcohol before had a higher rating that alcohol may cause positive reinforcement.

Both groups of respondents showed similar trend suggesting that the alcohol expectancies are similar in Indian students and Malaysian students. From the results we could conclude that the responses of the two sample groups were comparable to each other. While the male respondents were inclined show higher affinity towards acceptance of alcohol females are very much less so. However, the respondents of both groups appeared to be well aware of the negative aspects of alcohol. Importantly previous exposure to alcohol intake dramatically changed the prevalence and showed increased inclination towards alcoholism. This study thus provides an important clue to the clinician, counselors and parents regarding the importance of guiding the young people about the alcoholism.

A study by **Yeramaneni et al. in 2018** in India on Predictors of alcohol use and binge drinking among Asian Indian students. This study examined the extent to which selected social cognitive theory constructs predict alcohol use and binge drinking behaviours among Asian Indian students. The design for the study was cross sectional in nature. The subjects selected were a convenience sample from a cross section of Asian Indian college students studying at two large Mid-western universities. survey questions were developed based on Core Alcohol and Drug Survey (CORE) and Alcohol Expectancy Questionnaire (AEQ)-- Revised Adult. A 46-item valid and reliable questionnaire was administered online to college students (n = 245) at two large Mid- western universities. Sixty two percent of Indian students consumed alcohol in the past 30 days. Alcohol-related self-efficacy ($p < 0.001$) and self control for quitting alcohol ($p < 0.005$) were significant predictors for average number of drinks consumed in a typical week. Alcohol use is a significant problem among Asian Indian college students and interventions for this community may be built based on SCT constructs.

A study **by Anita Chopra, Anju Dhawan et al in 2018** on Association between parental and offspring‘s alcohol use – population data from India. Authors investigated the association between alcohol use of parents and offspring in data derived from a district based household survey on drug abuse. Data on 4411 fathers paired with 6884 offspring were available. Alcohol use disorders were diagnosed based on DSM-III-R criteria. Analyses was conducted to contrast 2009 offspring of alcohol using fathers (AU+ [n=1246]) with 4885 offspring of non alcohol using fathers (AU− [n=3170]). Results: 10% of offspring of AU+ fathers used alcohol compared to 3.7% offspring of AU- fathers. The offspring of AU+ fathers had higher odds for alcohol use (OR= 2.9,

95% CI=2.4 –3.6) and tobacco use (OR= 1.5, 95% CI=1.3–1.8) (past 30 days) compared to offspring of AU- fathers. Offspring of AU+ fathers were significantly younger and less educated than offspring of AU- fathers. Offspring of alcohol using fathers are a risk group for alcohol use. There is a need for interventions that address parent alcohol use to mitigate the risk for alcohol use in male offspring.

A study by **B. U. Wilhelmsena, J. C. Labergb & H. Aasc in 2017** on Alcohol outcome expectancies in adolescence. a cross-sectional study examining the influence of alcohol outcome expectancies and alcohol use on intention to abstain from drinking in a group of UG students. Method Data were collected from seventh graders (n = 955) in Bergen, Norway. A self-administered questionnaire comprised questions on frequency of alcohol use, on intention to abstain from drinking, and on two subscales of the Alcohol Expectancy Questionnaire for UG students (AEQ-A). The influence of alcohol expectancies and frequency of drinking on intention to abstain were explored using multiple regression analyses. Results Overall, a significant negative relation was found between alcohol expectancies and intention to abstain. The interaction of alcohol expectancies and alcohol use increased the magnitude of explained variance. The current study documented that among the few students who had started to drink, expectancies had a moderating influence on intention to abstain. The higher the expectancies, the lower was the intention to abstain. Conclusions It seems that when students had started to drinking their expectancies were reinforced by the effects of alcohol.

A study **by R. Mc D. YOUNG, J. P. CONNOR et al in November 2015** on In University Student Drinking, the Role Of Alcohol Expectancy And Drinking Refusal Self-Efficacy Beliefs. To predict the severity of alcohol abuse, frequency of drinking, and amount of alcohol consumed per occasion, the current study used two measures of alcohol expectancy, the alcohol expectancy questionnaire (AEQ) and the drinking expectancy profile [consisting of the drinking expectancy questionnaire (DEQ) and the drinking refusal self- efficacy questionnaire]. 174 undergraduate university students completed drinking behaviour and alcohol expectancy questionnaires. Positive alcohol expectancy factors explained a large portion of the variance in all three drinking indices, with the DEQ adding to AEQ scores on the frequency and severity of alcohol abuse indices. In this group, negative expectancy did not add any incremental variation to the prediction of drinking behaviour. In the prediction of all three drinking characteristics,

drinking refusal self- efficacy and dependent beliefs added significant variance over positive and negative expectancies. Positive expectation and self-efficacy in drinking refusal were found to be important predictors of university student drinking. Expectancy as a technique of guiding preventative approaches in tertiary education has shown potential.

Excessive drinking during adolescence has been found to be predictive of later problems with alcohol. **Brown, et al., (2016)** was the first one, to predict the relationship between alcohol expectancies and alcohol consumption among the UG students. Christiansen, et al., (1982) and Christiansen and Goldman, (1983) have demonstrated that expectancies add independent information to the drinking pattern of UG students and enhance the predictability of their drinking style. This study also has shown that the best method for predicting adolescent alcohol consumption is to use significant relationship that has been found between expectancies and demographic background variables. Research findings of Brown, (1985a) explicitly revealed the ability and role of alcohol expectancies to predict concurrent drinking over and above prediction, using background variables alone. According to them the best method of predicting adolescent alcohol consumption is by using the relationship found between expectancies and demographic or background variables. Some studies of Bauman, et al., (1985; 1986) predict about the transition from non-drinker to drinker state and the onset of adolescent alcohol use Anderson and Magnusson, (1988) had found that self-reported frequency of intoxication between the ages of 14 and 16 was predictive of being in alcohol abuse in young adulthood. Studies of Christiansen, et al.,(1989) showed that expectancies can even predict future consumption patterns in UG students and also have shown that these expectancies, present in young UG students, predict early onset of drinking in teens and more importantly, expectancies have been shown to prospectively predict problem drinking among the UG students.

A prospective study among college students by **Stacy, et al., (2019)** had shown that expectancies predicted future drinking indirectly via intended future drinking. There are other studies that points out those alcohol outcome expectancies that prospectively predict differential drinking patterns among UG students (Reese, et al., 1994; Smith, et al., 1995).

Thus researchers have shown the predictive role of alcohol expectancies in different

patterns of alcohol consumption behaviour of the UG students. These studies strongly argue that these expectancies predict the future onset of problem drinking.

An empirical study by **R. Dale walker, M. Dow lambert et al. (2017)** Alcohol Abuse In Urban Indian UG students And Women: A Longitudinal Study For Assessment And Risk Evaluation. This paper introduces an ongoing ten-year prospective longitudinal study of alcohol abuse, drug abuse, and mental health status in a community sample of urban American Indian UG students and women. The study uses structured interviews and diagnostic assessments to identify risk factors for, and measure prevalence of, alcohol abuse, drug abuse, and psychopathology in 523 Indian youth and 276 Indian women. Study aims, rationale, research design, methods, sample characteristics, assessment instruments, and substance use prevalence are described, and methodological issues related to conducting longitudinal research are discussed. There is great diversity among American Indian 1 people in tribal membership, cultural identity, preservation of traditions, and living circumstances. The United States currently recognizes 317 "Indian entities" in the 48 contiguous states, and 226 "Native entities" in Alaska (Bureau of Indian Affairs, 1993). Numerous other tribes, bands, and Native villages are not formally recognized by the government. Awareness of, and sensitivity to, the cultural diversity of Indian tribes is critical to developing effective responses to health care needs in Indian communities. Similarly, the Institute of Medicine (1990) recently concluded that "Basic issues concerning the prevalence of problem drinking and patterns of treatment for alcohol problems among Indians remain unresolved" (p. 366). To address these and other important issues related to the health and mental health of urban Indians, this study uses structured interviews and diagnostic assessments to identify risk factors for, and measure prevalence of, alcohol abuse, drug abuse, and psychopathology in 523 urban Indian youth and 274 urban Indian women. The intent of this paper is to introduce the project. Study aims, rationale, research design, methods, sample characteristics, and assessment instruments are described in detail to provide a foundation from which subsequent data based papers can be evaluated. Substance use at baseline and 48-month follow-up is reported for two study cohorts. Finally, several issues inherent in this type of research are discussed.

Hops, et al. (2016) did a study among black and white college samples on risk for alcohol use. This study examined early school-based academic and social variables with concurrent family conflict in predicting adolescent alcohol and other drug use. Children

365 were assessed in grades 2-4 on academic related and social behaviour variables using teacher rating and rankings, peer nominations and ratings and direct observation of playground and classroom behaviour The study suggests that prevention efforts for alcohol and other drugs may be more effective if directed at earlier antecedent behaviour rather than those that are concurrent with substance use.

In 2017 Scheier, et all have done a study among 823 students belonging to 8th-10th grade. The results of the study confirm that peer models of drinking and normative expectations continue to exert a strong influence on alcohol consumption and it was also found that psychological factors are key determinants of both alcohol involvement and change in drinking patterns from initial use to more problematic use. The findings of the study pointed out the need for implementing prevention strategies that reinforce enhancement of appropriate skills and personal competencies. The study promotes that enhancing competency skills‘ occupies an important role in school-based preventive efforts to reduce alcohol and other drugs.

Johnson and Guerin Gerald did a study in 2017 on negative affect, alcohol expectancies and alcohol-related problems. The researchers examine the links between negative effects, alcohol expectations, and drinking issues using data from the first epidemiological investigation of mainland Puerto Rican drinking. Alcohol expectancies were found to be a powerful moderator of the co-occurrence of low mood and drinking issues. More precisely, the correlation was highest among Puerto Ricans who expected alcohol to make them feel better. The results were addressed in terms of how they explained the co-morbidity of depressed symptoms and alcohol consumption.

A study in **2018 by Eric Pedersen, Clayton Neighbors et al**. on Differential Alcohol Expectancies Based on Type of Alcoholic Beverage Consumed. Expectancies regarding the global effects of alcohol are influential aspects of drinking behaviour that can vary by type of beverage consumed. Lacking in the research literature is a thorough investigation of how expected effects and subjective evaluations of specific positive (e.g., increased sociability, relaxation) and specific negative (e.g., impairment, aggression) expectancy effects vary by different types of alcoholic beverages. The present between-subjects study used a sample of 498 young adults randomized to complete a measure of alcohol expectancies based on one of three alcohol-type conditions (beer, wine, distilled spirits). Participants also indicated the typical amount

consumed of the beverage. Separate multivariate analysis of variance tests were run to determine if differences existed among the three conditions for positive and negative expected effects and subjective evaluations. Findings suggested that individuals may expect different effects from consuming different types of alcoholic beverages. Participants expressed more agreement that wine would have relaxation effects and rated this effect more positively. Participants expressed more disagreement that beer or shots would have effects on sexuality and rated sexuality effects more positively for wine. Participants reported less agreement that wine would have impairing effects, as well as more disagreement that wine would affect risk, aggression, and self-prevalence. Impairing effects of wine were also viewed less negatively than other condition beverages. Findings suggest that individuals may hold different beliefs about the effects of wine, compared with beer and shots of distilled spirits. Research and interventions targeting general alcohol expectancies may miss important between-beverage differences in perceived effects and subjective evaluations regarding alcohol's effects.

A study **by Dunne EMl, Freedlander et al. in 2018** on impulsivity, expectancies, and assessments of predicted outcomes as indicators of alcohol use and issues. While there is a well-documented link between outcome expectations and drinking, few studies have looked at whether evaluations of expected outcomes (outcome evaluations) lessen that link. The current study investigated the hypotheses that outcome assessments modify the outcome expectancy-drinking relationship and that outcome expectancies mediate the impulsive personality-drinking relationship. Students enrolled at a mid- sized urban university (N = 201; 55.5 percent female) completed measures assessing outcome expectations and assessments, alcohol usage, and drinking-related difficulties. Consistent with the study hypotheses, the expectation of negative outcomes predicted decreased drinking levels, but only when these outcomes were rated as very unpleasant. However, impulsivity was discovered to be a considerably more powerful predictor of both drinking and related difficulties than outcome expectations or judgments.

According to the findings, the relationship between negative anticipation and drinking was tempered by negative appraisal, with people who both predicted unfavourable consequences and regarded them as very undesirable consuming much less drinks per week. Both alcohol use and alcohol- related issues were found to be strongly associated with impulsivity.

A study in **2016 by Anthenien, Lembo et al.** on Drinking motives and alcohol outcome expectations as mediators of the negative urgency-alcohol consumption relationship. The goal of the study was to see if the effects of negative urgency, a type of impulsivity marked by engaging in potentially harmful and rash behaviors to cope with anxiety or negative moods, can be explained by positive and negative alcohol outcome expectancies, as well as specific drinking motives (i.e., coping and enhancement). In exchange for course credit, college students (N=194) conducted web-based questionnaires. Students filled out questionnaires about negative urgency, alcohol's overall impacts, drinking motivations, and alcohol use habits. Through both alcohol outcome expectancies and enhancing motives, path analysis revealed strong indirect impacts of negative urgency and alcohol consumption. Positive alcohol outcome expectations moderated the impact of enhancing incentives on drinking. Negative expectancies had no effect on the effects of coping reasons on drinking. According to the findings, people who have a high level of negative urgency may drink alcohol to relieve their emotional discomfort since they have strong want to boost positive and decrease negative drinking experiences. Enhancement reasons for drinking, as well as positive and negative alcohol result expectancies, all have a role in emotional-focused impulsivity's impact on drinking outcomes. Drinking reasons and alcohol outcome expectations should be targeted by prevention efforts among individuals with a higher level of negative urgency.

A Cross-sectional survey study on Adolescent drinking - a touch of social class? **By Pape H, Norström et al (2016)** at Norwegian school. To estimate whether parental socioeconomic status (SES) is associated with adolescent drinking, and the degree to which a possible association may be accounted for by various parental factors. Cross-sectional Norwegian school survey from 2006 (response rate: 86%). Students aged 13-14 years (n = 5797), 18- 19 years (n = 6613) and 18-19 years (n = 5351), of whom 51% were girls. Parents' education was our main SES indicator, and we distinguished between low (7%) and middle/high (93%) educational level. The outcomes comprised past year drinking and intoxication. We also applied measures on general parenting, parents' alcohol-related permissiveness and parental intoxication. The main analyses were conducted using Poisson regression. Findings are Parents' education had no statistically significant impact on alcohol use among the 18-19 years year- olds, while 13-16 year-olds with low educated parents had an elevated relative risk of both drinking

(RR = 1.21, 95% CI = 1.13-1.29) and intoxication (RR = 1.32, 95% CI = 1.21-1.44).

The RRs became statistically insignificant when including all the parental factors as covariates in the regression models. Among UG students who had consumed alcohol, low parental education was related to more frequent drinking (RR = 1.23, 95% CI = 1.10- 1.38) and intoxication episodes (RR = 1.38, 95% CI = 1.19-1.59). Again, the RRs became statistically insignificant when we accounted for all the parental factors. This pattern was replicated when we applied an alternative indicator for low parental SES. Study conclude that Adolescent drinking in Norway appears to be related inversely to parents' social standing. The elevated risk of low socioeconomic status vanishes when general parenting, alcohol-related parental permissiveness and parents' drinking are accounted for A literature review by Brown JL, Gause NK et all in 2016 on The Association between Alcohol and Sexual Risk Behaviours among College Students. The Purpose of review is that Alcohol use is prevalent among college students and may contribute to sexual risk behavior engagement. A narrative review of the recent empirical literature examining the association between alcohol use and sexual risk behaviours among college student samples was conducted. The purpose of this review was to: (a) review studies examining the association between alcohol use and risky sexual behaviours; and (b) overview research investigating alcohol expectancies and partner characteristics as factors that may influence the alcohol- risky sex relation among college students. Findings regarding the direct link between alcohol use and sexual risk behaviours were mixed. Results suggest a more nuanced association between alcohol and risky sexual behaviours that is influenced by alcohol expectancies and partner characteristics. Results highlight the importance of considering additional factors that may influence the alcohol-risky sex relation. Future interventions targeting alcohol-related sexual risk behaviour engagement among college students are needed.

A study **by Poornima Prabhu, Raju Srinivas et al** on Factors influencing alcohol and tobacco addiction among patients attending a de-addiction Centre in South India in 2018. The objectives are to assess the various factors leading to alcohol and tobacco addiction, to assess the influence of addiction on personal, family, and social life, and also to create awareness among the community with regard to the causes, impact, and ill-effects of alcohol and tobacco addiction. An observational study with a cross-section design was conducted and A questionnaire was used to collect information pertaining to different aspects like family influences, parental prompts, peer pressure, age factor,

financial constraints, occupation and career problems, and relation with family members and friends, which influenced the participants to initiate the use of tobacco and alcohol. On the basis of the pilot survey the sample size was fixed to be 200. Several potential mechanisms promote the combined use of alcohol and nicotine. Investigators and researchers still need to fully elucidate and consider the roles of various genetic, neurobiological, conditioning, and psychosocial factors in developing a more thorough understanding of this dual addiction.

A study in **2019 by Apoorva , Arjun S. Pillai , Arjun Nayanar et al** on risk factors and consequences of alcohol consumption among college students. A survey was carried out in the colleges under NITTE University. A questionnaire was prepared comprising of a set of 14 questions covering the main objective of the survey. The students were asked to fill the questionnaire irrespective of their gender or whether they consume alcohol or not. Results From the survey found that social gatherings and lifestyle adaptation are major factors that prompt students to consume alcohol. Peer pressure, stress and parents influence are other factors. The consequences observed are legal issues and family problems. But majority didn't seem to face any grave problems due to alcohol intoxication. According to this study, more than 55% of the subjects that consume alcohol do so due to peer pressure, academic stress and emotional stress. Also, more than quarter of those consuming alcohol are involved in road traffic accidents and other legal issues, as well as having familial problems.

A study by **Naresh Nayak et al (2017)** on The Alcohol Consumption Patterns of Manipal's Youth and Their Preference for Liquor Over Wine Economic, social, religious, and traditional variables influence alcoholic beverage consumption in different regions of the world; as a result, countries differ substantially in the amount and kind of alcohol drunk, as well as in the temporal trends of alcoholic beverage usage. India has the world's largest youth population, which is being influenced by external forces and is using alcohol at an alarmingly high rate and at a younger age. Alcohol use is a common pastime among college students. Despite the fact that much of the study on this topic has focused on students' motivations for binge drinking, little has been done to look into the leisure context in which students' alcohol drinking patterns and preferences for alcohol over wine occur. Over the last ten years, India's wine consumption has increased dramatically. Indian businesses own nearly 90% of the market (Sommelier India, 2010), however international names such as Moet &

Hennessy and E&J Gallo are gaining ground. Manipal has about 25000 students, which is a big number for such a small city and thus a target market for many businesses. The goal of the study was to determine alcohol consumption trends among young adults aged 18 to 25, as well as their preference for liquor over wine. A questionnaire was used as the major tool for data collection in a survey study, which consisted of 19 closed-ended questions. The study also aims to determine the significance of specific characteristics that may influence a youngster's frequency of alcohol usage, alcohol purchasing habits, and alcohol selection process.

A study on Complications of Alcohol Withdrawal by **Louis A. Trevisan, Nashaat Boutros et al. (2018)** suggested that Disease processes or events that accompany acute alcohol withdrawal (AW) can cause significant illness and death. Some patients experience seizures, which may increase in severity with subsequent Alcohol withdrawal episodes. Another potential Alcohol withdrawal complication is delirium tremens, characterized by hallucinations, mental confusion, and disorientation. Cognitive impairment and delirium may lead to a chronic memory disorder (i.e., Wernicke-Korsakoff syndrome). Psychiatric problems associated with withdrawal include anxiety, depression, and sleep disturbance. In addition, alterations in physiology, mood, and behaviour may persist after acute withdrawal has subsided, motivating relapse to heavy drinking. Recent advances in neurobiology may support the development of improved medications to decrease the risk of Alcohol withdrawal complications and support long-term sobriety.

A study on Treatment of Alcohol Withdrawal by **Hugh Myrick, Raymond F. Anton.** Appropriate treatment of alcohol withdrawal (AW) can relieve the patient‘s discomfort, prevent the development of more serious symptoms, and forestall cumulative effects that might worsen future withdrawals. Hospital admission provides the safest setting for the treatment of AW, although many patients with mild to moderate symptoms can be treated successfully on an outpatient basis. Severe AW requires pharmacological intervention. Although a wide variety of medications have been used for this purpose, clinicians disagree on the optimum medications and prescribing schedules. The treatment of specific withdrawal complications such as delirium tremens and seizures presents special problems and requires further research.

A study done in **January 2018 by Ankur Sachdeva, Mona Choudhary et al**. on

Alcohol Withdrawal Syndrome: Benzodiazepines and Beyond at New Delhi, India. Alcohol abuse is an increasing and pervasive problem. Alcohol withdrawal symptoms are a part of alcohol abuse syndrome and are commonly encountered in general hospital settings, in most of the departments. Alcohol withdrawal syndrome ranges from mild to severe. The severe complicated alcohol withdrawal may present with hallucinations, seizures or delirium tremens. Benzodiazepines have the largest and the best evidence base in the treatment of alcohol withdrawal and are considered the gold standard. Others, such as anticonvulsants, barbiturates, adrenergic drugs, and GABA agonists have been tried and have evidence. Supportive care and use of vitamins is essential in the management. Symptom triggered regime is favoured over fixed tapering dose regime, although monitoring through scales is cumbersome. This article aims to review the evidence base for appropriate clinical management of the alcohol withdrawal syndrome. We searched Pubmed for articles published in English on ‗Alcohol withdrawal syndrome' in humans during the last 10 years. A total of 1182 articles came up. Articles not relevant to clinical utility and management were excluded based on the titles and abstract available. Full text articles, meta-analyses, systematic reviews and randomized controlled trials were obtained from this list and were considered for review. Alcohol Withdrawal Syndrome results in people who are dependent on alcohol and either stop drinking, or reduce the alcohol consumption. This results from a shift in the neurotransmitter levels in the brain, from GABA inhibition to glutaminergic stimulation. The symptoms are generally mild to moderate and resolve within a few days. However, severe forms of AWS may be associated with generalized seizures, hallucinations and delirium tremens, which can be fatal. AWS are best monitored by regular scale based assessments such as CIWA- Ar.

In Puducherry, India A systematic review in **Jan. 2018 by Shivanand Kattimani and Balaji Bharadwaj** on Clinical management of alcohol withdrawal. This article aims to review the evidence base for appropriate clinical management of the alcohol withdrawal syndrome. We searched Pubmed for articles published in English on pharmacological management of alcohol withdrawal in humans with no limit on the date of publication. Articles not relevant to clinical management were excluded based on the titles and abstract available. Full-text articles were obtained from this list and the cross-references. There were four meta- analyses, 9 systematic reviews, 26 review articles and other type of publications like textbooks. Alcohol withdrawal syndrome is a clinical

diagnosis. It may vary in severity. Complicated alcohol withdrawal presents with hallucinations, seizures or delirium tremens. Benzodiazepines have the best evidence base in the treatment of alcohol withdrawal, followed by anticonvulsants. Clinical institutes withdrawal assessment-alcohol revised is useful with pitfalls in patients with medical comorbidities. Evidence favors an approach of symptom- monitored loading for severe withdrawals where an initial dose is guided by risk factors for complicated withdrawals and further dosing may be guided by withdrawal severity. Supportive care and use of vitamins is also discussed.

A study by **Deborah A Finn and John C Crabbe** on Exploring Alcohol Withdrawal Syndrome. Study suggest that Alcohol withdrawal syndrome is characterized by hyperactivity of the nervous system. This hyperactivity represents the brain‘s attempt to function normally despite the inhibitory effect of chronic alcohol consumption. The syndrome manifests when alcohol consumption ceases. Experimental, clinical, and genetic research have linked the development of withdrawal to alterations in the sensitivity of neuronal communication systems. Early treatment of the syndrome is advised, because the symptom severity may increase with each subsequent episode.

In **2017 A study by James R. McKay** on Negative Mood, Craving, and Alcohol Relapse: Can Treatment Interrupt the Process? The current study had several goals. The first was to examine the relation between negative mood and frequency of heavy alcohol use during a 16-week trial of treatments for alcohol abuse. The second goal was to determine whether receipt of a treatment module that focuses on improving skills for coping with craving— which some patients received while others did not—would moderate the relation between negative mood and drinking. The third goal was to determine whether this moderation effect, if present, was mediated or explained by decreases in craving. Finally, whether the effects of the coping with craving module would persist for a full year after treatment was also examined. The study made use of data yielded by the COMBINE (Combined Pharmacotherapy and Behavioural Interventions for Alcohol abuse) study, a multisite study of nine combinations of two pharmacologic agents and two behavioural interventions for alcohol abuse. Data were included from the 776 participants who received the COMBINE behavioural intervention (CBI), which featured both motivational interviewing (MI) and cognitive-behavioural therapy (CBT) sessions. The CBI intervention has several optional modules, including a coping with craving module, which the therapist could include to

individualize the treatment to best fit the patient‘s situation and needs. Analyses contrasted the 432 patients who received between 1 and 5 sessions of the coping with craving module with the 344 who did not receive any sessions. Outcomes were frequency of heavy drinking days assessed over the 16-week trial and at the 1-year post-treatment follow-up. Mood was assessed with the Profile of Mood States, and craving was assessed with the Obsessive- Compulsive Drinking Scale. Mood and craving were assessed at six points during treatment. Study Preliminary analyses indicated that patients who received the craving module were more likely to be white and were older and had more years of education than those who did not. Those who received the craving module also had lower scores on baseline measures of drinking severity but drank alcohol more frequently. These measures were all included as covariates in the analyses. Analyses demonstrated that greater decreases in negative mood during the 16-week treatment phase predicted lower frequency of heavy drinking. Moderation analyses indicated that the relation between negative mood and heavy drinking was much stronger in patients who did not receive the craving module than in those who did receive the module. Dose–response analyses showed that the moderation effect increased with each session of the craving module that was received. Specifically, the correlation between negative mood and heavy drinking was strongest in those who did not receive the module, and became progressively smaller as the number of module sessions received increased from one to five. Patients who received the craving module had lower craving scores over time than those who did not receive the module. Furthermore, mediation analyses indicated that the desire module has a mitigating influence on the relationship between poor mood and heavy drinking. drinking was mediated, or explained, by reductions in craving. The moderating effect of the craving module on the relation of negative mood to heavy drinking was still significant at the 1-year follow-up, although the magnitude of the effect had diminished. The authors concluded that the results of the study support neurobiological and learning-based models of relapse in substance abusers that link negative moods or emotional states with stronger craving responses and increased likelihood of relapse. The results indicate that it is possible to break this cycle, so to speak, by providing behavioural treatment designed to reduce craving. The limitations of the study and importance of further work to identify treatments that address craving in response to negative moods were also stressed.

A Feasibility Pilot Study by **Aleksandra Zgierska, David Rabago et al in 2018** on

Mindfulness Meditation for Alcohol Relapse Prevention. The goal of your research is to Meditation appears to be a promising treatment for alcoholism. The goal of this 16-week prospective case series was to acquire preliminary evidence on the efficacy of meditation for relapse prevention and to assess the feasibility of the study procedures. Nineteen adults who had completed a rigorous outpatient programme for alcoholism were enrolled. The 8- week meditation course was augmented by at-home meditation and ―standard of care‖ therapy for fifteen subjects. Surveys and two stress-responsive biomarkers were used as outcome measures. Study results are Subjects attended 82% of meditation course sessions and meditated on average 4.6 days per week; they were abstinent on 94.5% of study days, with 47% reporting complete abstinence and 47% reporting 1 or more heavy drinking days. Their severity of depression, anxiety, stress, and craving, documented relapse triggers, decreased, and the degree of mindfulness increased. Participants said they were "extremely likely" to continue meditating after taking the meditation course, which was evaluated as a "highly important" and "helpful relapse prevention tool." The most prevalent qualitative remarks about the course value were learning stress-reduction methods, coping with cravings, and having good group support. Compared with baseline, at 16 weeks, interleukin-6 levels decreased cortisol levels were reduced but not significantly. There were no negative side effects or adverse incidents. According to the findings, meditation may be a beneficial supplementary therapy for relapse prevention in alcoholism and should be investigated further in a bigger experiment. The research methods are suitable for such an experiment.

A study **by Howard C. Becker in 2019** on Alcohol abuse, Withdrawal, and Relapse at Charleston, South Carolina. Continued excessive alcohol consumption can lead to the development of dependence that is associated with a withdrawal syndrome when alcohol consumption is ceased or substantially reduced. This syndrome comprises physical signs as well as psychological symptoms that contribute to distress and psychological discomfort. For some people the fear of withdrawal symptoms may help perpetuate alcohol abuse; moreover, the presence of withdrawal symptoms may contribute to relapse after periods of abstinence. Withdrawal and relapse have been studied in both humans and animal models of alcoholism. Clinical studies demonstrated that alcohol-dependent people are more sensitive to relapse- provoking cues and stimuli than nondependent people, and similar observations have been made in animal models of alcohol abuse, withdrawal, and relapse. One factor contributing to relapse is

withdrawal-related anxiety, which likely reflects adaptive changes in the brain in response to continued alcohol exposure. These changes affect, for example, the body‘s stress response system. The relationship between withdrawal, stress, and relapse also has implications for the treatment of alcoholic patients. Interestingly, animals with a history of alcohol abuse are more sensitive to certain medications that impact relapse-like behaviour than animals without such a history, suggesting that it may be possible to develop medications that specifically target excessive, uncontrollable alcohol consumption.

A study in **2016** on Rates and predictors of relapse after natural and treated remission from alcohol use disorders by **Rudolf H. Moos and Bernice S. Moos** Aims to examined the rates and predictors of 3-year remission, and subsequent 16-year relapse, among initially untreated individuals with alcohol use disorders who did not obtain help or who participated in treatment and/or Alcoholics Anonymous in the first year after recognizing their need for help. A sample of individuals (n = 461) who initiated help-seeking was surveyed at baseline and 1 year, 3 years, 8 years and 16 years later. Participants provided information on their life history of drinking, alcohol- related functioning and life context and coping. Study Findings are compared to individuals who obtained help; those who did not were less likely to achieve 3-year remission and subsequently were more likely to relapse. Less alcohol consumption and fewer drinking problems, more self-efficacy and less reliance on avoidance coping at baseline predicted 3-year remission; this was especially true of individuals who remitted without help. Among individuals who were remitted at 3 years, those who consumed more alcohol but were less likely to see their drinking as a significant problem, had less self-efficacy, and relied more on avoidance coping, were more likely to relapse by 16 years. These findings held for individuals who initially obtained help and for those who did not. Conclusions are that Natural remission may be followed by a high likelihood of relapse; thus, preventive interventions may be indicated to forestall future alcohol problems among individuals who cut down temporarily on drinking on their own.

Interventions may be indicated to forestall future alcohol problems among individuals who cut down temporarily on drinking on their own.

In **2018 A research study at New Delhi by Yatan Pal Singh Balhara and Koushik Sinha Deb** on Impact of alcohol use on thyroid function. Alcohol is one of the

commonest illicit psychoactive substances consumed globally and is the world's third largest risk factor for disease and disability. It has been reported to have multiple effects on the hypothalamo- pituitary-thyroid axis and the functioning of the thyroid gland. It has been reported to cause direct suppression of thyroid function by cellular toxicity, and indirect suppression by blunting thyrotropin-releasing hormone response. It causes a decrease of peripheral thyroid hormones during chronic use and in withdrawal. Alcohol use may also confer some protective effect against thyroid nodularity, goiter, and thyroid cancer. The effect of alcohol on the HPT axis is significant and alcohol consumption affects almost all aspects of the functioning of the thyroid gland. Given the comorbidity of mood disorders in alcoholism and the relation of mood disorders with hypothyroidism, these findings open up interesting theoretical possibilities to explain the increased occurrence of mood disorders in alcoholism. Although current studies have mostly looked into the effect of alcohol on the neuro- endocrine axis, such associations are rarely unidirectional. The altered thyroid levels in withdrawal may adversely affect alcohol abstinence by changing the hormonal milieu in the brain, increasing withdrawal dysphoria and increasing craving. At present, such studies are few and upcoming, but it creates the possibility of understanding and treating alcohol use disorders from a whole new perspective.

In **2019 a study by Chopra K and Tiwari V** on Alcoholic neuropathy: possible mechanisms and future treatment possibilities at Chandigarh. Chronic alcohol consumption produces painful peripheral neuropathy for which there is no reliable successful therapy, mainly due to lack of understanding of its pathobiology. Alcoholic neuropathy involves coasting caused by damage to nerves that results from long term excessive drinking of alcohol and is characterized by spontaneous burning pain, hyperalgesia and allodynia. The mechanism behind alcoholic neuropathy is not well understood, but several explanations have been proposed. These include activation of spinal cord microglia after chronic alcohol consumption, oxidative stress leading to free radical damage to nerves, activation of mGlu5 receptors in the spinal cord and activation of the sympathoadrenal and hypothalamo- pituitary-adrenal (HPA) axis. Nutritional deficiency (especially thiamine deficiency) and/or the direct toxic effect of alcohol or both have also been implicated in alcohol-induced neuropathic pain. Treatment is directed towards halting further damage to the peripheral nerves and restoring their normal functioning. This can be achieved by alcohol abstinence and a nutritionally

balanced diet supplemented by all B vitamins. However, in the setting of ongoing alcohol use, vitamin supplementation alone has not been convincingly shown to be sufficient for improvement in most patients. The present review is focused around the multiple pathways involved in the development of peripheral neuropathy associated with chronic alcohol intake and the different therapeutic agents which may find a place in the therapeutic armamentarium for both prevention and management of alcoholic neuropathy.

A case report in **Jul.-Dec. 2017 by Pookala S. Bhat, VSSR Ryali, et al** on Alcoholic hallucinosis from AFMC, Pune. Alcoholic hallucinosis is a rare complication of chronic alcohol abuse characterized by predominantly auditory hallucinations that occur either during or after a period of heavy alcohol consumption. Bleuler (1916) termed the condition as alcohol hallucinosis and differentiated it from Delirium Tremens. Usually it presents with acoustic verbal hallucinations, delusions and mood disturbances arising in clear consciousness and sometimes may progress to a chronic form mimicking schizophrenia. Alcohol is the most frequently abused psychoactive substance and may lead to various clinical conditions like intoxication, withdrawal, Delirium tremens, Wermicke-Korskoff syndrome, alcohol-induced psychotic disorder and alcoholic dementia. Although a syndrome similar to what we now call alcoholic hallucinosis was described as a separate entity as early as 1847 by Marcel, who called it folie divrogne (drunken madness), there continued to be great uncertainty as to which group this condition belonged diagnostically.

A prospective evaluation by **Veena AB, Rajesh G et all in 2018** on Alcoholic chronic pancreatitis and alcoholic liver cirrhosis: differences in alcohol use habits and patterns in Indian subjects in Kerala state. The study objectives are Alcohol abuse is a risk factor for both liver cirrhosis and chronic pancreatitis. However, less than 15% of heavy drinkers develop these complications. Coexistence of cirrhosis and pancreatitis in the same patient is considered uncommon. We compared drinking patterns and related patient factors in patients with alcoholic liver cirrhosis and alcoholic chronic pancreatitis. A prospective evaluation of 307 patients was conducted over a 7-year period using a detailed alcohol assessment proforma. Assessment of demographic features, diet, and other habits like tobacco smoking were recorded. Study results that Patients with alcoholic liver cirrhosis were older. The mean ± SD age in alcoholic liver cirrhosis was 52.4 ± 9.16 years and 47.1

± 9.78 years in alcoholic chronic pancreatitis. The mean ± SD duration of drinking was higher in the cirrhosis group than in the pancreatitis group. Fifty-nine percent of cirrhosis and 75% of pancreatitis were heavy tobacco smokers. the study concludes that There are distinct differences in drinking patterns and related patient factors between alcoholic liver cirrhosis and alcoholic chronic pancreatitis, suggesting the need to orient different interventional strategies.

A study **by S Chandini and P John Mathai in 2018** on Prevalence of medical comorbidity in alcohol abuse syndrome at Mangalore India. The aims of this study are to evaluate the frequency and nature of medical comorbidity in inpatients with alcohol abuse syndrome and to study the relationship between medical comorbidity and clinical and sociodemographic factors. This is an observational, descriptive, cross-sectional clinical study conducted on 100 consecutive patients with ICD10 diagnosis of alcohol abuse syndrome admitted to the deaddiction center, department of psychiatry, Father Muller Medical College Mangalore. All patients were assessed for evidence of concurrent medical comorbidity. Appropriate scales were used for assessment. Medical diagnosis was based on clinical findings, laboratory, and radiological investigations. The data of 100 patients were analyzed with appropriate statistical methods. Study results are 65% of inpatients with alcohol abuse syndrome have medical comorbidity, of which 23% of alcohol-dependent individuals have diabetes mellitus, 20% have hypertension, and 51% of subjects have other medical comorbidities. Study Concludes that The prevalence of medical comorbidity particularly diabetes mellitus and hypertension is significantly higher in inpatients with alcohol abuse syndrome. Our findings points to the importance for the need for early diagnosis of comorbid medical diseases.

A descriptive cross-sectional study **by Ebirim IC, Morakinyo** on Prevalence and perceived health effect of alcohol use among male undergraduate students in Owerri, South-East Nigeria in Feb. 2019. Alcohol use during adolescence and young adulthood remains a prominent public health problem. Despite growing problems of global alcohol abuse, accurate information on the prevalence and pattern of use in Nigeria remain sparse. This study examines the prevalence and perceived health effects of alcohol use among undergraduate students in Owerri, Nigeria. The prevalence and perceived health effects of alcohol was estimated for 482 male undergraduates of four higher institutions in Owerri, South-East Nigeria between October 2008 and March

2009. Information was obtained using a semi-structured, self-administered questionnaire. The findings show that mean age of the students was 24.7 years. Majority of the respondents confirmed they were current users of alcohol given a prevalence of 78.4%, with twenty-seven percent of them being heavy drinkers. Reasons given by respondents for alcohol drinking include: makes them feel high (24.4%); makes them belong to the group of "most happening guys" on campus (6.6%); makes them feel relaxed (52.6%) while (16.4%) drinks it because their best friends do. Perceived health impacts of alcohol use among current users include: it enhances pleasure during moment of sex (51.1%), causes drowsiness and weakness (63.8%), may precipitate defective memory and impaired prevalence (64.3%) and serves as risk factor for most chronic diseases (68.5%). Study concludes that High prevalence of alcohol use was established among study groups. Evaluation of full- scale community-level intervention, including community mobilization and media advocacy aimed at supporting changes in policies on drinking, access and sales of alcohol to young people, could be helpful in reducing the trend.

CHAPTER -3

RESEARCH METHODOLOGY

This research aims to assess the prevalence of alcohol intake among undergraduate nursing students at a selected college in Bhopal city. The methodology follows a structured approach to investigate the attitudes, behaviours, and patterns related to alcohol consumption within the target population. The research design, setting, sampling, tools, data collection process, and analysis techniques are described below.

1. RESEARCH DESIGN

The study will adopt a descriptive cross-sectional research design, which is suitable for assessing the prevalence of alcohol intake among undergraduate nursing students. Descriptive research design is employed to observe, describe, and document the characteristics of a specific population at a single point in time. The main focus will be to examine the extent of alcohol consumption, including frequency, quantity, and the associated factors that influence such behaviours. The study will utilize surveys to gather data from nursing students and analyze the current status of alcohol intake in the selected college. A cross-sectional design will allow the researcher to assess a snapshot of alcohol intake behaviour in the population under study, making it an appropriate and effective method to explore the prevalence of alcohol consumption.

2. STUDY SETTING

The study will be conducted in a selected nursing college located in Bhopal city. This college offers undergraduate nursing courses, specifically the BSc Nursing program, and houses a diverse group of students. The students in this institution come from various socio- economic backgrounds and possess different attitudes and behaviours related to health and lifestyle.

The study setting is chosen due to the convenience of access and the potential to study a significant number of undergraduate nursing students. Being situated in an urban area, Bhopal provides a large and varied student population that may exhibit different trends and behaviours related to alcohol intake. The research will also offer valuable insights into the health-related behaviours of students, particularly those studying in health-

related fields.

VARIABLE UNDER STUDY INDEPENDENT VARIABLE

The independent variable is the factor that is being studied to determine if it has an effect on the dependent variable. In this study, the independent variable is:

- Demographic characteristics of the undergraduate nursing students (e.g., age, gender, socio-economic background, etc.).

This variable is considered independent because it is not influenced by other variables in the study but may influence or correlate with alcohol intake behaviour.

DEPENDENT VARIABLE:

The dependent variable is the outcome or the behaviour that is being measured or observed. In this study, the dependent variable is:

- Alcohol intake behaviour among the undergraduate nursing students. This includes the prevalence of alcohol consumption, the frequency, and quantity of alcohol intake, as well as the attitudes and patterns of drinking among students.

The dependent variable depends on the independent variable, meaning the study is examining how the demographic characteristics (independent variable) influence or relate to alcohol consumption behaviour (dependent variable) in nursing students.

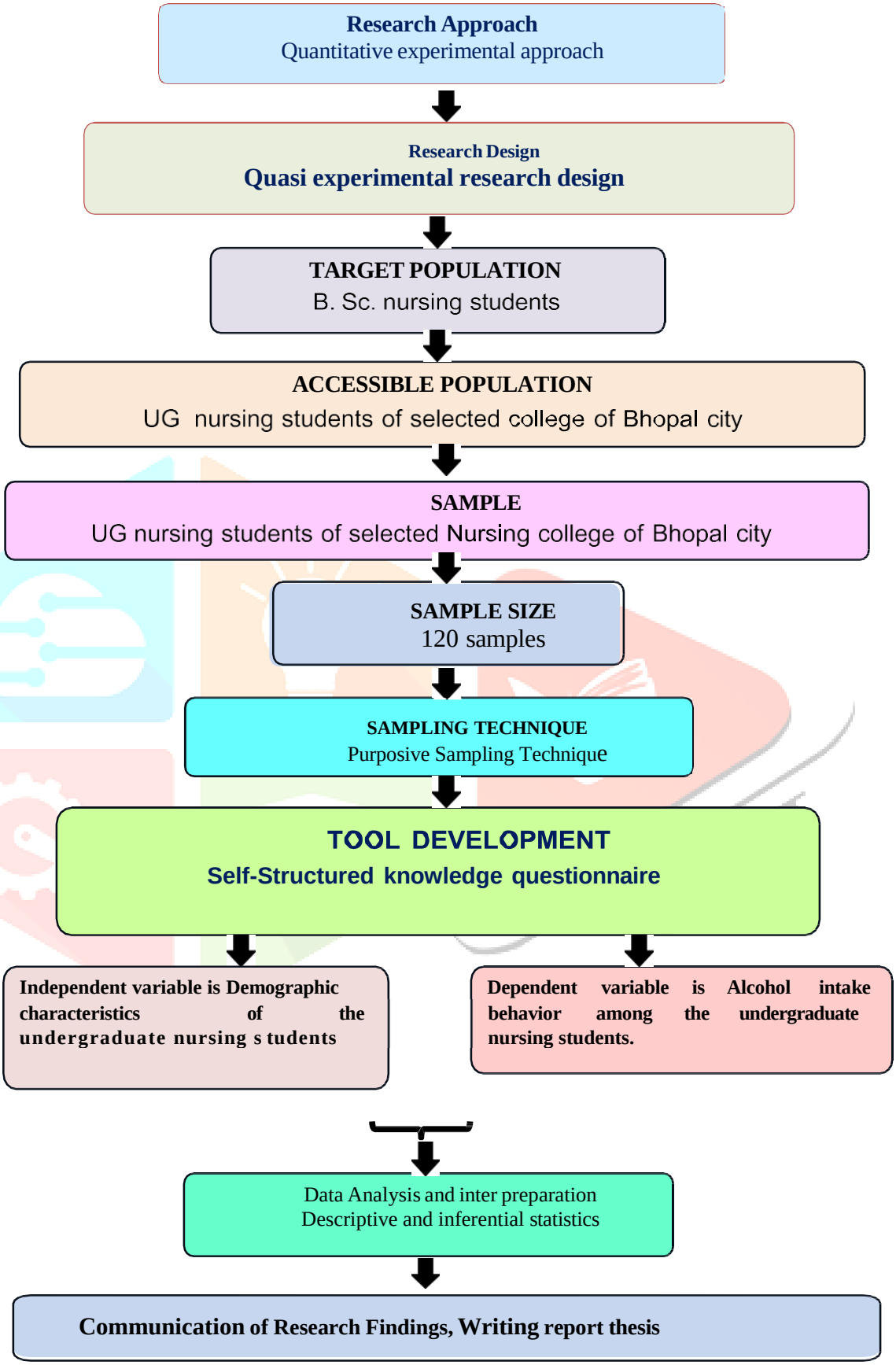


Figure 2: Research Approach

3. POPULATION

The population of this study will consist of undergraduate nursing students (BSc Nursing) who are currently enrolled in a selected nursing college in Bhopal city. These students represent a mix of demographic backgrounds, and the study aims to examine their patterns of alcohol consumption, along with any factors that may influence these behaviours.

Undergraduate nursing students are an ideal population for this study because they are at an important transitional stage in their lives where exposure to various lifestyle choices, including alcohol, might be more prevalent. Additionally, as future healthcare providers, their understanding and attitudes towards alcohol intake can have significant implications for their professional practice. Therefore, assessing their prevalence and behaviour toward alcohol consumption is crucial in understanding health patterns that could impact their career and personal well-being.

4. SAMPLE SIZE

The sample size for this study will be 120 students. This sample size is chosen to ensure that the study has enough statistical power to detect meaningful patterns or differences in alcohol intake prevalence within the population of undergraduate nursing students. The sample will be large enough to ensure diversity and representativeness, allowing the results to be generalized to the larger population of undergraduate nursing students in Bhopal.

A sample size of **120** is considered sufficient for a descriptive study of this nature, balancing feasibility and the ability to draw valid conclusions. The sample will be selected through a systematic sampling technique from the population of students in the selected nursing college.

5. SAMPLING TECHNIQUE

The sampling technique used in this study will be **simple random sampling**. Random sampling ensures that every student in the population has an equal chance of being selected to participate, minimizing bias and enhancing the generalizability of the results. The students will be selected from the total number of BSc Nursing students enrolled in the college, based on availability during the time of data collection.

This method is particularly useful for ensuring that the study's findings are not skewed by pre-existing knowledge or attitudes of a specific group, allowing for a more accurate representation of alcohol consumption behaviours among nursing students at the selected college.

6. INCLUSION AND EXCLUSION CRITERIA

Inclusion Criteria:

- Students who are currently enrolled in the BSc Nursing program at the selected nursing college.
- Students who are available during the data collection period.
- Students who consent to participate in the study and are willing to complete the survey on alcohol intake.

Exclusion Criteria:

- Students enrolled in ANM or GNM programs since they are outside the scope of the study.
- Students who are unavailable during the data collection period.
- Students who do not provide informed consent to participate in the study.

These inclusion and exclusion criteria ensure that the sample is specifically representative of undergraduate nursing students while excluding individuals who might not provide reliable data for the purpose of this study.

7. TOOLS FOR DATA COLLECTION

The primary tool for data collection will be a self-administered structured questionnaire. This questionnaire will be designed to assess the prevalence and patterns of alcohol intake among the undergraduate nursing students. It will consist of both closed-ended and open- ended questions to allow the researcher to collect both quantitative and qualitative data.

Components of the Questionnaire:

- Demographic Information: This section will collect data on the students' age, gender, socio-economic background, and other relevant demographic factors.
- Alcohol Intake Behaviour: Questions will assess the frequency, quantity, and types of alcoholic beverages consumed by the students. The questionnaire will also include questions regarding reasons for alcohol consumption, attitudes towards drinking, and peer influence.
- Health-Related Questions: The questionnaire will inquire about any perceived health risks related to alcohol consumption and the students' awareness of its impact on overall health and well-being.

The questionnaire will be designed in a simple and clear manner, ensuring that it is culturally appropriate and easy for students to understand and respond to.

8. PILOT STUDY

A pilot study will be conducted with a small sample of 10 students who are similar to the study participants in terms of background and characteristics. This pilot study will allow the researcher to test the reliability and validity of the self-structured questionnaire and ensure that the questions are clear and appropriate for the target population.

Feedback from the pilot study will be used to refine and modify the questionnaire, removing any ambiguities and ensuring that all relevant information is accurately captured. The reliability of the questionnaire will be assessed using Cronbach's alpha, and any necessary adjustments will be made based on the feedback from the pilot participants.

9. DATA COLLECTION PROCEDURE

The data collection process will be as follows:

- Preparation of Tools: The researcher will first prepare the structured questionnaire, ensuring that all questions are relevant and clear.
- Informed Consent: The students will be briefed about the study’s purpose,

confidentiality, and their right to withdraw at any time. Afterward, written informed consent will be obtained from each student.

- Data Administration: The questionnaire will be distributed to the selected students during their class hours. Students will be given enough time to read and respond to the questionnaire independently.
- Collection of Data: The completed questionnaires will be collected at the end of the data collection session, ensuring anonymity and confidentiality.
- Data Entry: The collected data will be entered into a software program (such as SPSS) for analysis.

10. DATA ANALYSIS

The data collected from the survey will be analyzed using both descriptive and inferential statistics.

- Descriptive Statistics: Descriptive statistics such as frequency, percentage, and mean scores will be used to summarize the demographic characteristics of the participants, as well as the prevalence and patterns of alcohol intake among the students.
- Inferential Statistics: To assess the relationship between demographic variables and alcohol intake, Chi-square tests will be used. This will determine if there are significant associations between variables such as age, gender, and alcohol consumption. Additionally, a paired t-test will be used to compare the results between different groups of students.
- Statistical Significance: A p-value of <0.05 will be considered statistically significant.

11. LIMITATIONS OF THE STUDY

While this study aims to provide valuable insights into the prevalence of alcohol intake among nursing students, there are some potential limitations:

- Sample Bias: The study focuses only on one nursing college in Bhopal, which may limit the generalizability of the findings to other regions or institutions.

- Self-Reported Data: Since data will be collected via self-reporting, there may be a risk of response bias, where students may underreport or overreport their alcohol consumption behaviours.
- Cross-Sectional Nature: The study design is cross-sectional, meaning it only captures data at one point in time, preventing conclusions about causality or long-term patterns of alcohol use.
- Cultural Factors: Cultural and social influences in the region may affect alcohol consumption behaviours, and these factors may not be fully captured in the study.

This research methodology provides a detailed approach to understanding alcohol consumption behaviours among nursing students and lays the groundwork for further research in this field. By using a systematic sampling technique, validated tools, and comprehensive data analysis methods, the study aims to contribute valuable insights into the prevalence and patterns of alcohol intake in this specific population.

CHAPTER -4

DATA ANALYSIS AND INTERPRETATION

The analysis and interpretation of data of this study were based on the data collected by structured questionnaire method. The results were computed using descriptive and inferential statistics. The data were entered into excel sheet and analyzed using SPSS 30.0 version. The probability value of $p < 0.05$was considered to be significant.

PLAN FOR DATA ANALYSIS

The data collected were edited, tabulated, analyzed, and interpreted, a findings obtained were presented in the form of tables, and diagrams under the following sections

SECTION – I

Data on demographic variables of alcohol abuse among UG students in experimental group, and control group.

SECTION – II

Data on effectiveness of structured teaching programme the level of knowledge regarding experimental group and control group.

SECTION – III

Data on effectiveness of structured teaching program on alcohol abuse among the UG students in control group and experimental group with the use of unpaired test.

SECTION –IV

Data on the association between the post test knowledge with the selected demographic variables of UG students in experimental group were analyzed using chi- square test.

SECTION I: DATA ON DEMOGRAPHIC VARIABLES OF ALCOHOL ABUSE AMONG UG STUDENTS IN EXPERIMENTAL GROUP AND CONTROL GROUP

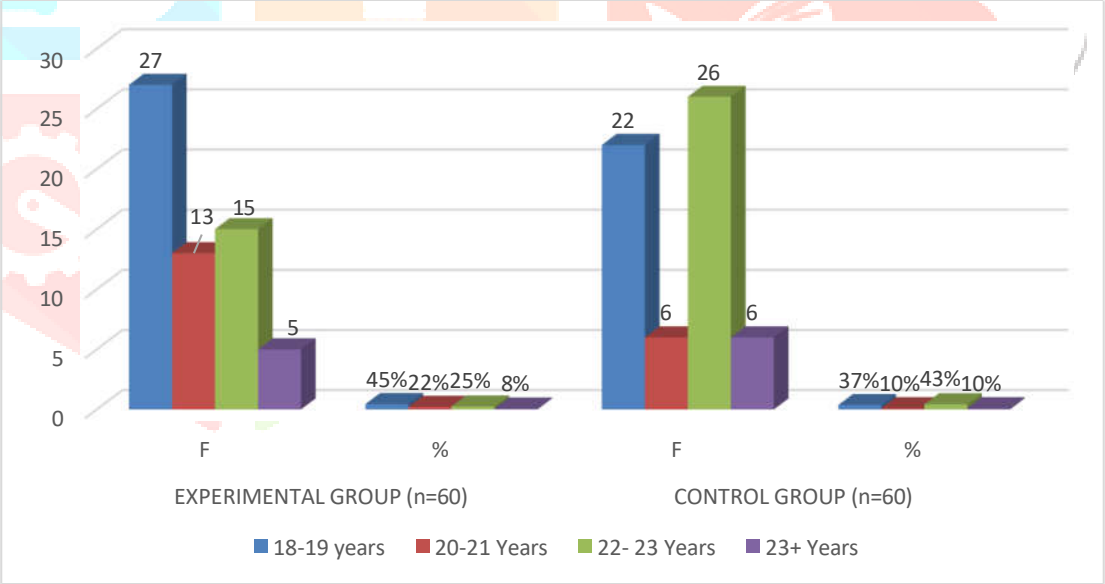
S.NO	DEMOGRAPHIC VARIABLES	EXPERIMENTAL GROUP (n=60)		CONTROL GROUP (n=60)	
		F	%	F	%
1	Age in Years				
	18-19 years	27	45%	22	37%
	20-21 Years	13	22%	6	10%
	22- 23 Years	15	25%	26	43%
	23+ Years	5	8%	6	10%
2	Gender				
	Male	34	57%	28	47%
	Female	26	43%	32	53%
	Transgender	0	0%	0	0%
3	Religion				
	Hindu	30	50%	20	33%
	Muslims	10	17%	24	40%
	Christian	20	33%	16	27%
	Others	0	0%	0	0%
4	Educational Status				
	Illiterate	6	10%	4	7%
	Primary Education	12	20%	10	17%
	Secondary Education	14	23%	20	32%
	Higher Secondary Education	12	20%	16	27%
	Degree holders	16	27%	10	17%

5	Number of children in the family				
	One Child	28	47%	24	40%
	Two Children	24	40%	32	53%
	More than Two children's	8	13%	4	7%
6	Bread winner of the family				
	Father	26	43%	18	30%
	Mother	16	27%	14	23%
	Both	18	30%	28	47%
	Others	0	0%	0	0%
7	Type of the family				
	Nuclear Family	38	63%	22	37%
	Joint Family	16	27%	34	57%
	Extended Family	6	10%	4	6%
8	Occupation of the Family				
	Unemployed	18	30%	8	10%
	Self Employed	20	33%	14	33%
	Daily Wages	10	17%	24	20%
	Private Employee	12	20%	14	37%
9	Family monthly Income				
	Rs. < 5000	14	23%	8	13%
	Rs. 5000 to 10000	28	47%	14	23%
	Rs. 10000 to 15000	6	10%	24	40%
	Above Rs. 15000	12	20%	14	23%
10	Number of Alcoholics in the family				
	One Member	38	63%	18	30%

	Two Members	10	17%	28	47%
	More than Two Members	12	20%	14	23%
11	Duration of the Alcoholism in the family members				
	< 2 Years	14	23%	26	43%
	2 to 5 Years	26	44%	10	17%
	5 to 10 Years	12	20%	14	23%
	< 10 Years	8	13%	10	17%
12	Number of friends with alcoholism				
	None	20	33%	22	37%
	1	16	27%	14	23%
	2	16	27%	10	17%
	> 2	8	13%	14	23%
13	Hobbies				
	Reading	16	27%	8	13%
	Newspaper	18	30%	14	23%
	Watching T V	14	23%	22	37%
	Chatting with friends	8	13%	16	27%
	Playing	4	7%	0	0%
14	Dietary Pattern				
	Vegetarian	22	37%	4	7%
	Non-Vegetarian	16	26%	18	30%
	Mixed	22	37%	38	63%

❖ DEMOGRAPHIC VARIABLES OF ALCOHOL ABUSE AMONG UG STUDENTS IN EXPERIMENTAL GROUP AND CONTROL GROUP : AGE (IN YEARS)

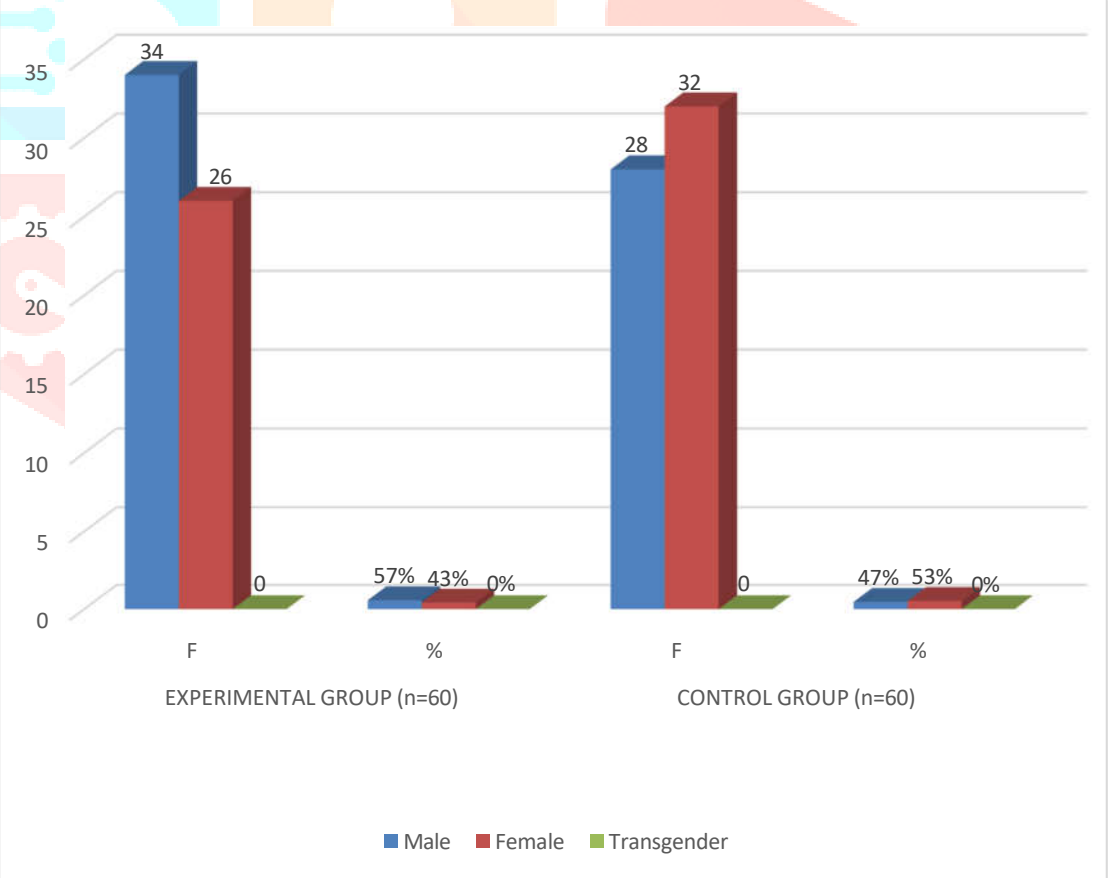
AGE	EXPERIMENTAL GROUP (n=60)		CONTROL GROUP (n=60)	
	F	%	F	%
18-19 years	27	45%	22	37%
20-21 Years	13	22%	6	10%
22- 23 Years	15	25%	26	43%
23+ Years	5	8%	6	10%



The experimental group has a higher concentration of younger individuals, with 45% aged 18-19 and 22% aged 20-21, compared to the control group's 37% and 10%, respectively. However, this trend reverses in the 22-23-year age range, where the control group has a significantly larger representation at 43%, while only 25% of the experimental group falls into this category. This suggests that younger participants are more prominent in the experimental group, whereas older individuals are more concentrated in the control group.

❖ **DEMOGRAPHIC VARIABLES OF ALCOHOL ABUSE AMONG UG STUDENTS IN EXPERIMENTAL GROUP AND CONTROL GROUP : GENDER.**

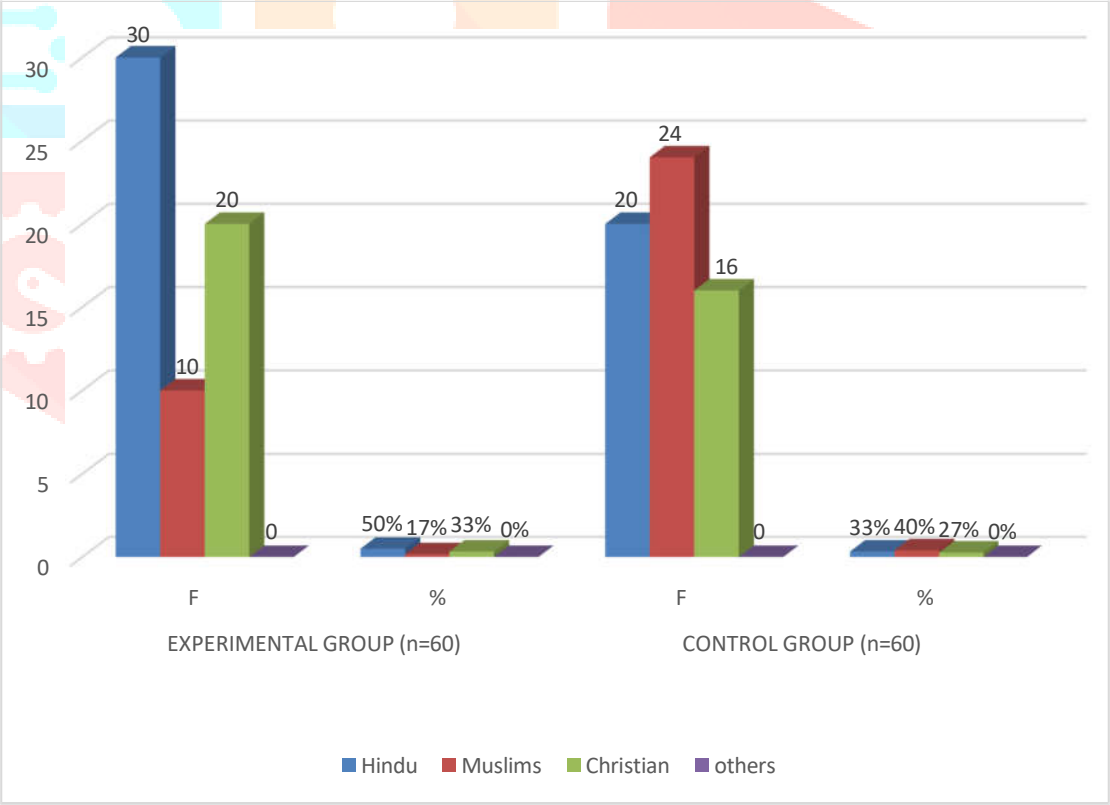
GENDER	EXPERIMENTAL GROUP (n=60)		CONTROL GROUP (n=60)	
	F	%	F	%
Male	34	57%	28	47%
Female	26	43%	32	53%
Transgender	0	0%	0	0%



Regarding gender in experimental group majority 34(57%) were males, 26(43%) were females. Among control group 32(53%) were females, 28(47%) were males.

❖ **DEMOGRAPHIC VARIABLES OF ALCOHOL ABUSE AMONG UG STUDENTS IN EXPERIMENTAL GROUP AND CONTROL GROUP : RELIGION.**

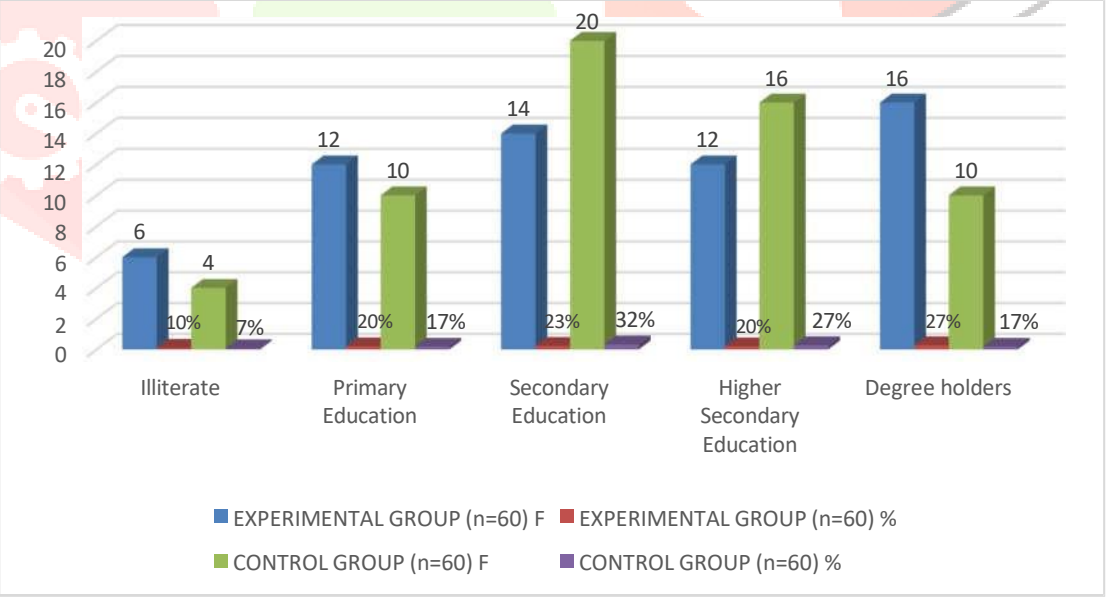
RELIGION	EXPERIMENTAL GROUP (n=60)		CONTROL GROUP (n=60)	
	F	%	F	%
Hindu	30	50%	20	33%
Muslims	10	17%	24	40%
Christian	20	33%	16	27%
others	0	0%	0	0%



Regarding religion in experimental group majority 30(50 %) were Hindus, 20(33%) were Christians and the least 10(17%) were Muslims. Among control group majority 24(40 %) were Muslims, 20(33%) were Hindus and the least 16(27%) were in Christians.

❖ **DEMOGRAPHIC VARIABLES OF ALCOHOL ABUSE AMONG UG STUDENTS IN EXPERIMENTAL GROUP AND CONTROL GROUP : EDUCATIONAL STATUS.**

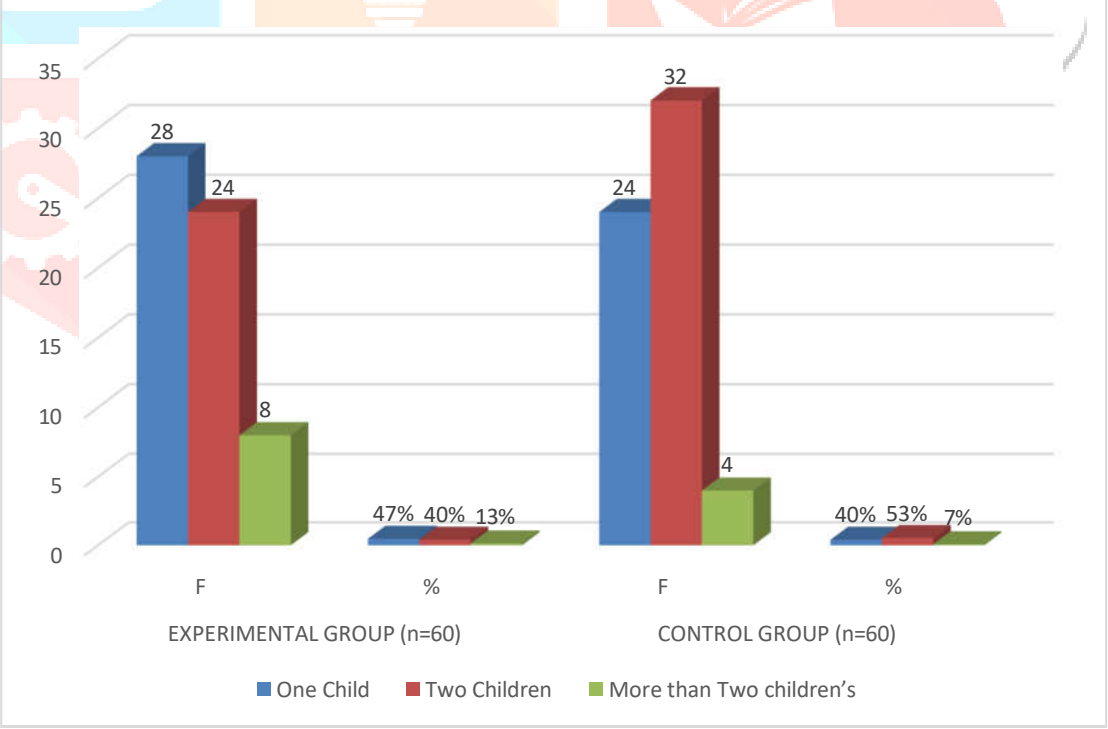
EDUCATIONAL STATUS	EXPERIMENTAL GROUP (n=60)		CONTROL GROUP (n=60)	
	F	%	F	%
Illiterate	6	10%	4	7%
Primary Education	12	20%	10	17%
Secondary Education	14	23%	20	32%
Higher Secondary Education	12	20%	16	27%
Degree holders	16	27%	10	17%



Regarding educational status in experimental group majority 16(27%) were degree holders, 14(23%) had secondary education, 12(20%) had primary and, higher secondary education 12(20%), and least 6(10%) had illiterates. Among control group majority 20(32%) had secondary education, 16(27%) had higher secondary education, 10(17%) had primary education, 10(17%) degree holder, and the least 4(7%) were illiterates.

❖ **DEMOGRAPHIC VARIABLES OF ALCOHOL ABUSE AMONG UG STUDENTS IN EXPERIMENTAL GROUP AND CONTROL GROUP : NUMBER OF CHILDREN IN THE FAMILY.**

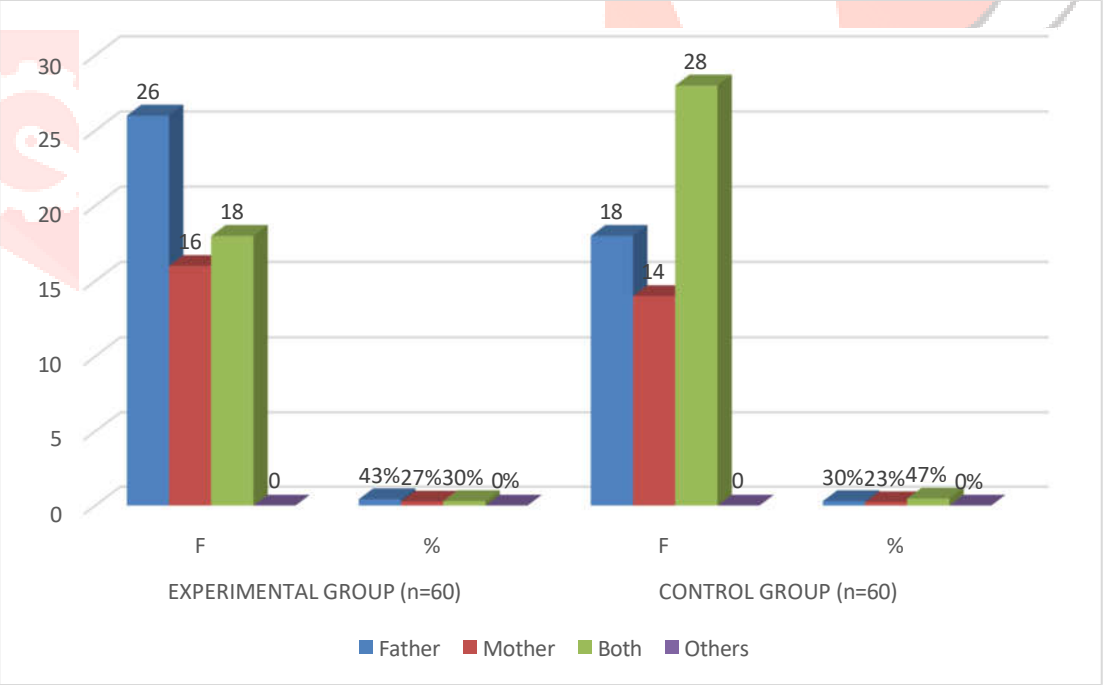
NUMBER OF CHILDREN IN THE FAMILY	EXPERIMENTAL GROUP (n=60)		CONTROL GROUP (n=60)	
	F	%	F	%
One Child	28	47%	24	40%
Two Children	24	40%	32	53%
More than Two children's	8	13%	4	7%



Regarding number of children in experimental group majority 32(47%) were having one child, 28(40%) were having two children, and the least 9(13%) were having more than two children. Among control group majority 18(53%) were having two children, 28(40%) had one child, and the least 5(7%) had more than two children.

❖ **DEMOGRAPHIC VARIABLES OF ALCOHOL ABUSE AMONG UG STUDENTS IN EXPERIMENTAL GROUP AND CONTROL GROUP: BREAD WINNER OF THE FAMILY**

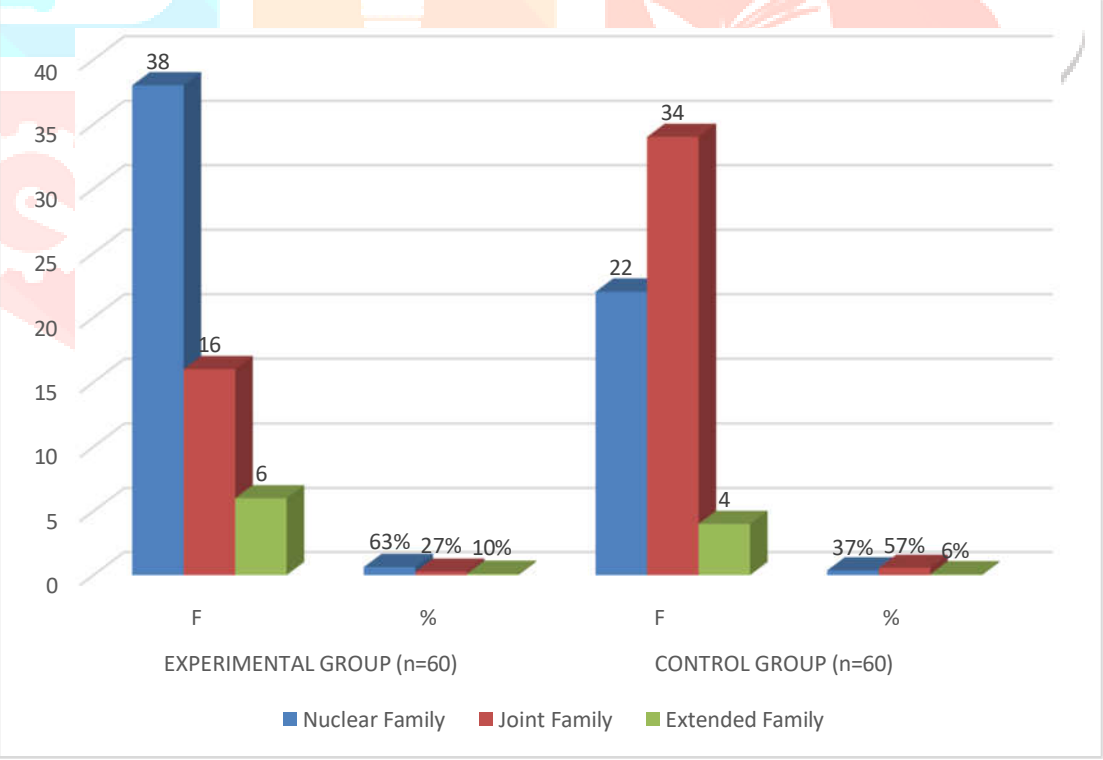
BREAD WINNER OF THE FAMILY	EXPERIMENTAL GROUP (n=60)		CONTROL GROUP (n=60)	
	F	%	F	%
Father	26	43%	18	30%
Mother	16	27%	14	23%
Both	18	30%	28	47%
Others	0	0%	0	0%



Regarding bread winner of the family in experimental group majority 26(43%) were father 16(27%) were mother, and the least 18(30%) were in both side. Among control group 28(47%) were in both bread winner, 18(30%) were in father, and the least 14(23%) were in mother.

❖ **DEMOGRAPHIC VARIABLES OF ALCOHOL ABUSE AMONG UG STUDENTS IN EXPERIMENTAL GROUP AND CONTROL GROUP : TYPE OF THE FAMILY**

TYPE OF THE FAMILY	EXPERIMENTAL GROUP (n=60)		CONTROL GROUP (n=60)	
	F	%	F	%
Nuclear Family	38	63%	22	37%
Joint Family	16	27%	34	57%
Extended Family	6	10%	4	6%



Regarding type of family in experimental group majority 38(63%) were living nuclear family, 16(27%) were living joint family, and the least 6(10%) were living extended family. Among control group majority 34(57%) were living joint family, 22(37%) were nuclear family, and the least 4(6%) were living extended family.

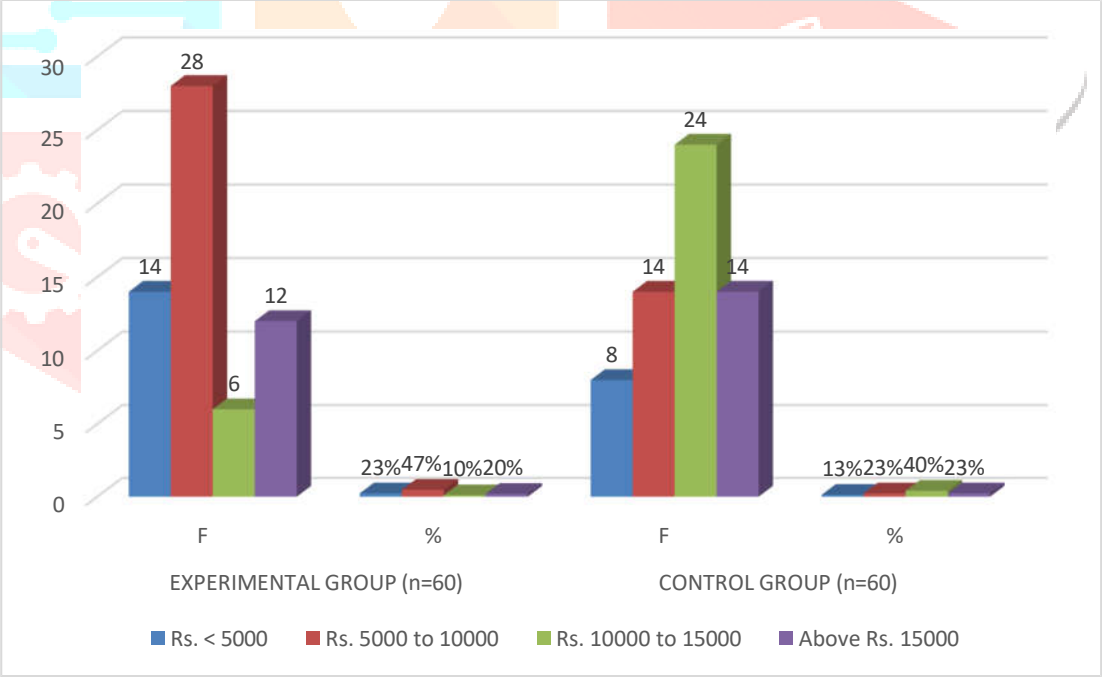
❖ **DEMOGRAPHIC VARIABLES OF ALCOHOL ABUSE AMONG UG STUDENTS IN EXPERIMENTAL GROUP AND CONTROL GROUP : OCCUPATION OF THE FAMILY.**

OCCUPATION OF THE FAMILY	EXPERIMENTAL GROUP (n=60)		CONTROL GROUP (n=60)	
	F	%	F	%
Unemployed	18	30%	8	10%
Self Employed	20	33%	14	33%
Daily Wages	10	17%	24	20%
Private Employee	12	20%	14	37%

Regarding occupation of the family in experimental group majority 20(33%) were Self -employed, 18(30%) were unemployed, 12(20%) were private employees and the least 10(17%) were daily wages. Among control group majority 22(37%) were daily wages, 20(33%) were self-employee, 12(20%) were daily wages and the least 6(10%) were unemployed.

❖ **DEMOGRAPHIC VARIABLES OF ALCOHOL ABUSE AMONG UG STUDENTS IN EXPERIMENTAL GROUP AND CONTROL GROUP: FAMILY MONTHLY INCOME.**

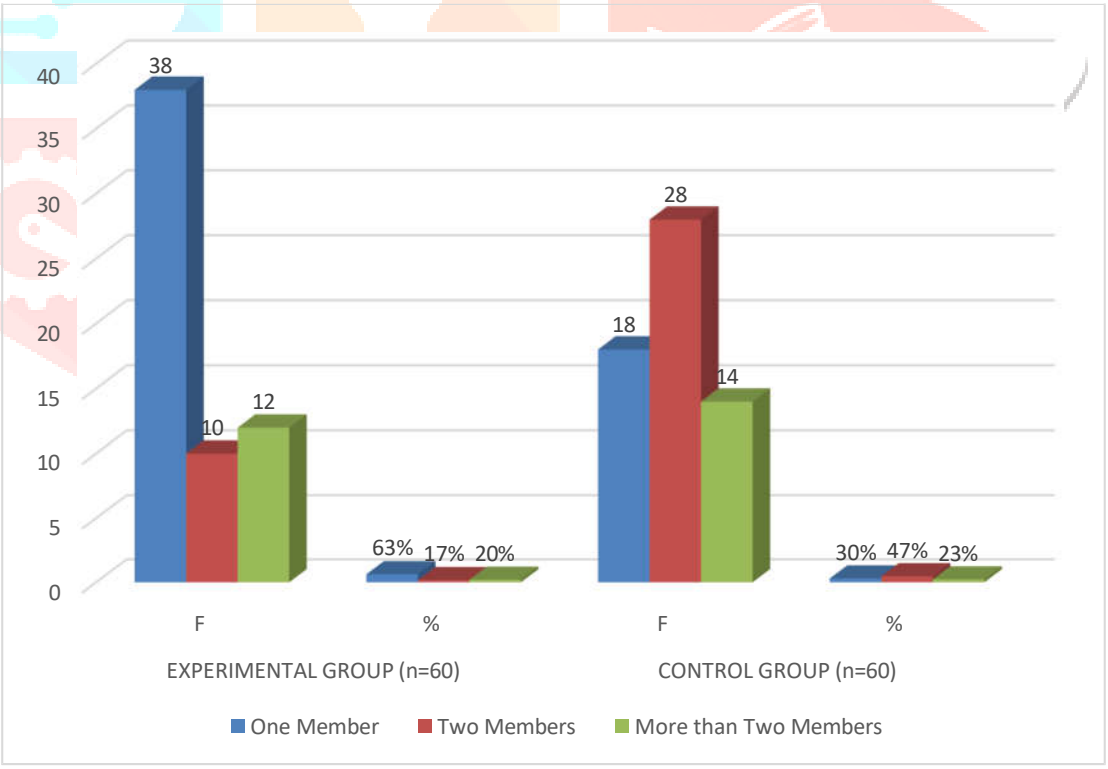
FAMILY MONTHLY INCOME	EXPERIMENTAL GROUP (n=60)		CONTROL GROUP (n=60)	
	F	%	F	%
Rs. < 5000	14	23%	8	13%
Rs. 5000 to 10000	28	47%	14	23%
Rs. 10000 to 15000	6	10%	24	40%
Above Rs. 15000	12	20%	14	23%



Regarding family income in experimental group majority 28(47%) of their income was between Rs 5000 – 10000, 14(23%) of their income was below ₹5000, 12(20%) of their income was above ₹15000 and the least 6(10%) of their income was between Rs 10000-₹15000. Among control group majority 24(40%) of their income was between ₹ 10000-15000, 14(23%) of their income was between ₹5000 – 10000, 14(23%) income of ₹15000 and above, the least 8(14%) of their income was below ₹5000.

❖ **DEMOGRAPHIC VARIABLES OF ALCOHOL ABUSE AMONG UG STUDENTS IN EXPERIMENTAL GROUP AND CONTROL GROUP: NUMBER OF ALCOHOLICS IN THE FAMILY.**

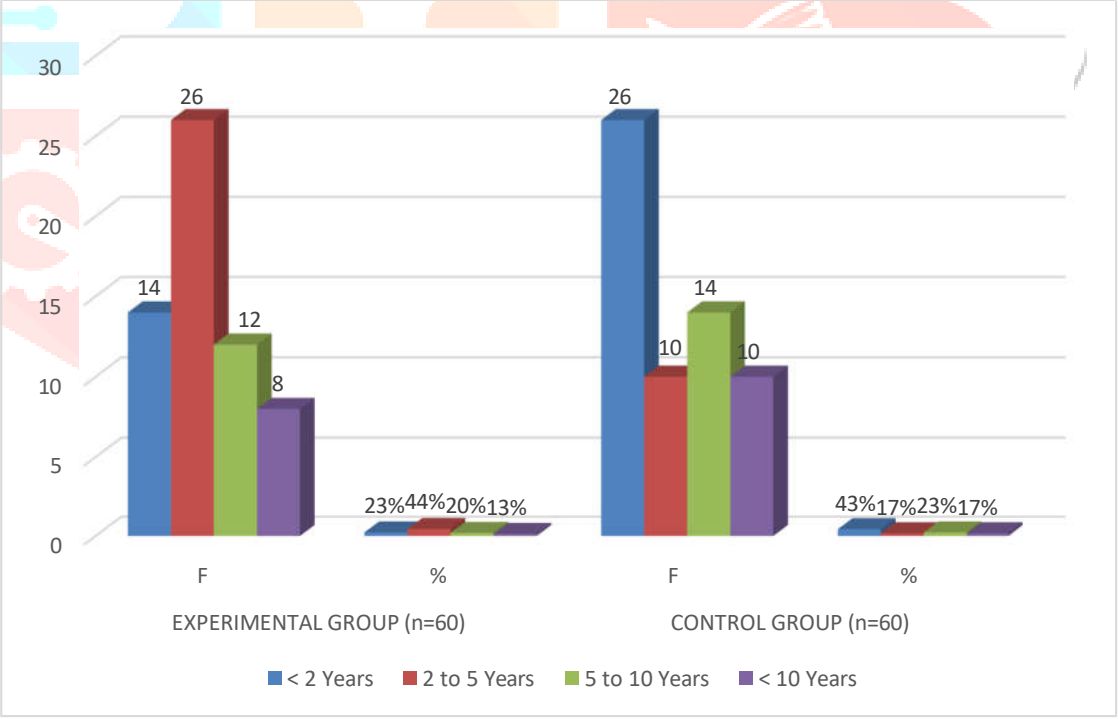
NUMBER OF ALCOHOLICS IN THE FAMILY	EXPERIMENTAL GROUP (n=60)		CONTROL GROUP (n=60)	
	F	%	F	%
One Member	38	63%	18	30%
Two Members	10	17%	28	47%
More than Two Members	12	20%	14	23%



Regarding number of alcoholics in the family in experimental group majority 38(63%) were one member, 12(20%) were more than two members, and the least 10(17%) were two members. Among control group 28(47%) were two members, 18(30%) were one member and the least 14(23%) were more than two members.

❖ **DEMOGRAPHIC VARIABLES OF ALCOHOL ABUSE AMONG UG STUDENTS IN EXPERIMENTAL GROUP AND CONTROL GROUP : DURATION OF THE ALCOHOLISM IN THE FAMILY MEMBERS.**

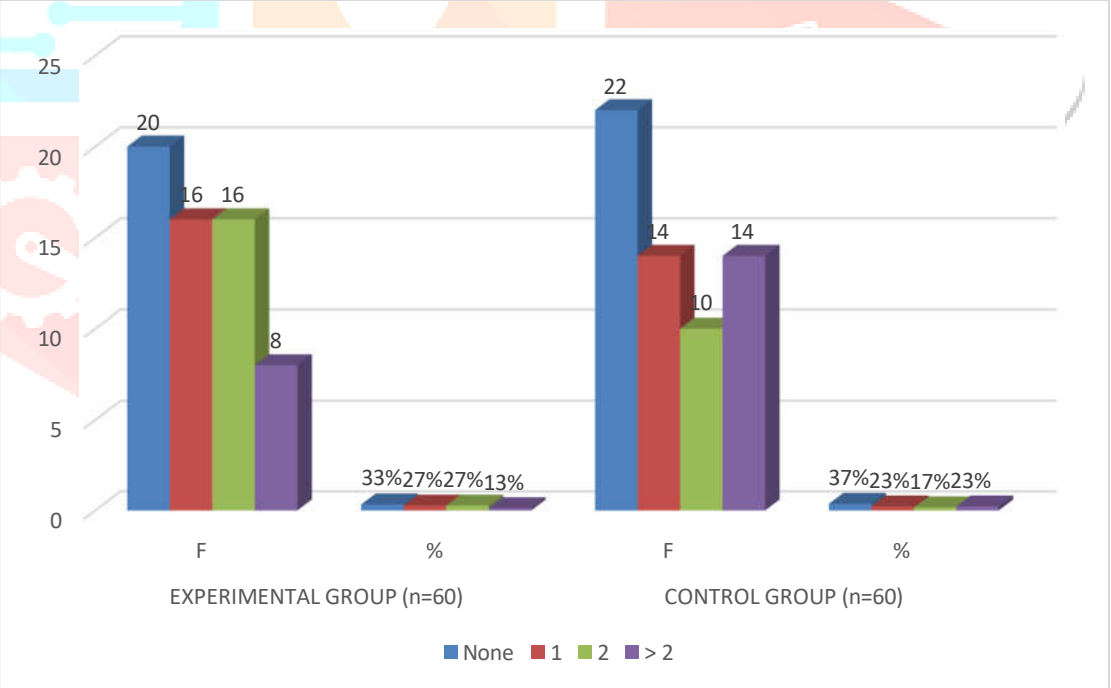
DURATION OF THE ALCOHOLISM IN THE FAMILY MEMBERS	EXPERIMENTAL GROUP (n=60)		CONTROL GROUP (n=60)	
	F	%	F	%
< 2 Years	14	23%	26	43%
2 to 5 Years	26	44%	10	17%
5 to 10 Years	12	20%	14	23%
< 10 Years	8	13%	10	17%



Regarding duration of the alcoholism in the family members in experimental group majority 26(43%) were 2-5 years, 14(23%) were more than two years, 12(20%) were 5-10 years, and the least 8(13%) were more than 10 years. Among control group 26(43%) were more than 2 years, 14(23%) were 5-10 years, and the least 10(17%) were 2-5 years, and 10(17%) more than 10 years.

❖ **DEMOGRAPHIC VARIABLES OF ALCOHOL ABUSE AMONG UG STUDENTS IN EXPERIMENTAL GROUP AND CONTROL GROUP : NUMBER OF FRIENDS WITH ALCOHOLISM.**

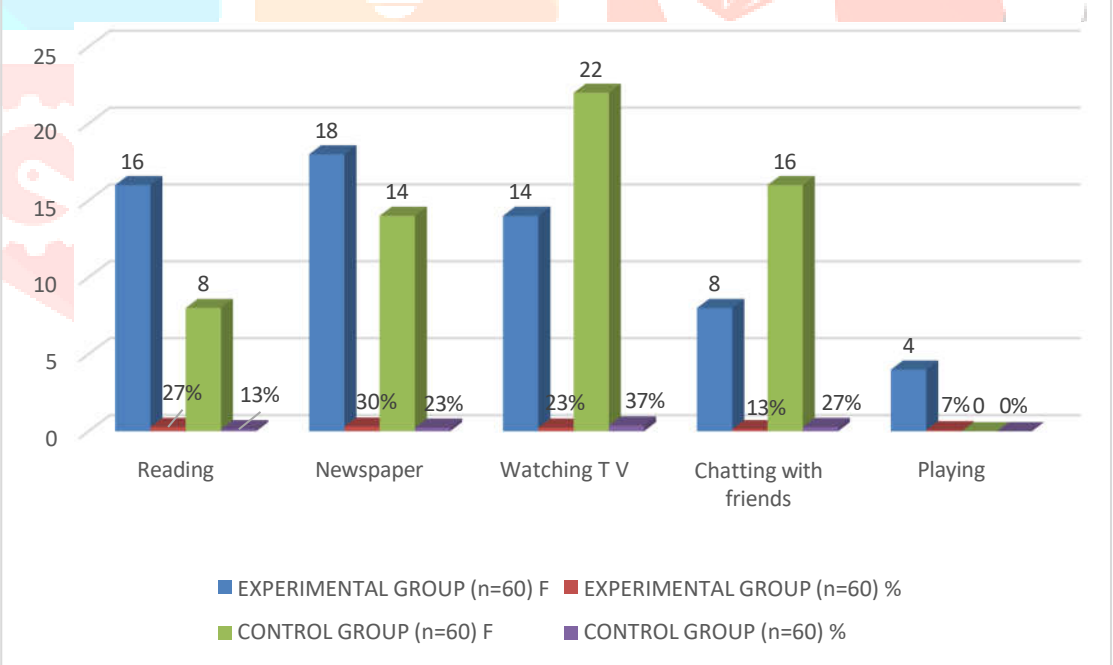
NUMBER OF FRIENDS WITH ALCOHOLISM	EXPERIMENTAL GROUP (n=60)		CONTROL GROUP (n=60)	
	F	%	F	%
None	20	33%	22	37%
1	16	27%	14	23%
2	16	27%	10	17%
> 2	8	13%	14	23%



Regarding number of friends with alcoholism in experimental group majority 20(33%) were having none of friends with alcoholism, 16(27%) were having one and two friends with alcoholism separately, and the least 8(13%) were having more than two friends with alcoholism. Among control group majority 22(37%) were having none of friends with alcoholism, 14(23%) were having one and more than two friends with alcoholism, and the least 10(17%) were having two friends with alcoholism.

❖ **DEMOGRAPHIC VARIABLES OF ALCOHOL ABUSE AMONG UG STUDENTS IN EXPERIMENTAL GROUP AND CONTROL GROUP : HOBBIES**

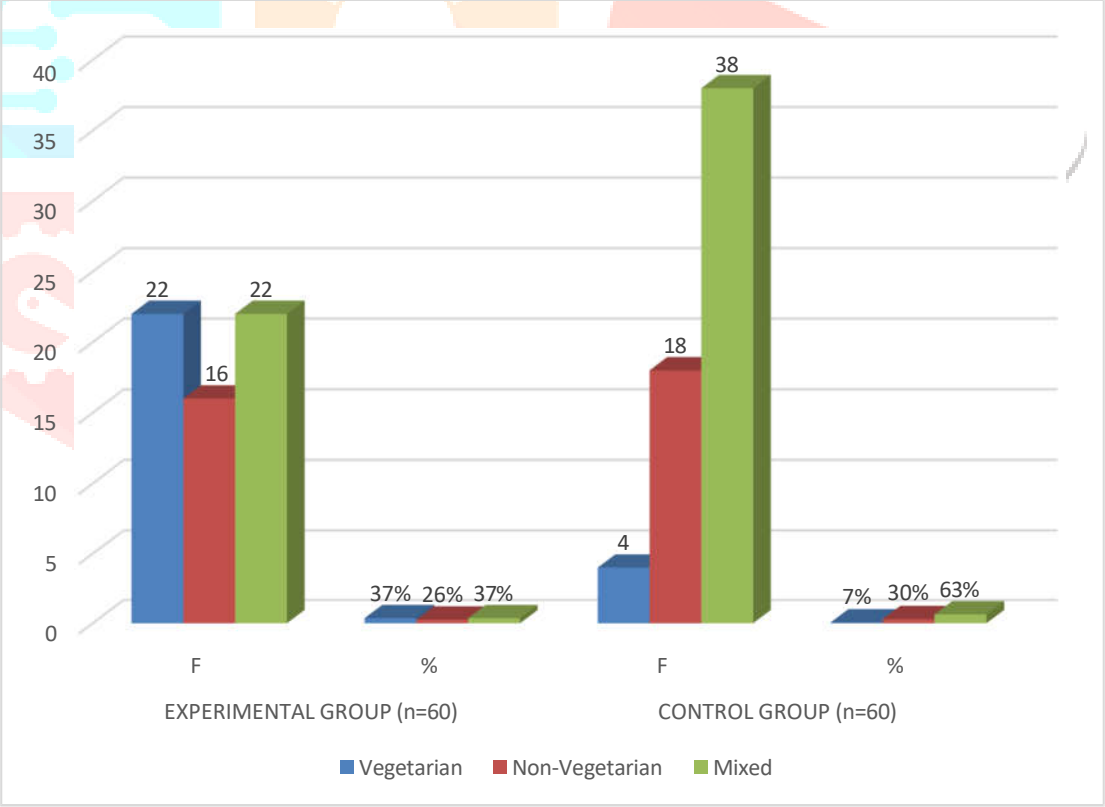
HOBBIES	EXPERIMENTAL GROUP (n=60)		CONTROL GROUP (n=60)	
	F	%	F	%
Reading	16	27%	8	13%
Newspaper	18	30%	14	23%
Watching T V	14	23%	22	37%
Chatting with friends	8	13%	16	27%
Playing	4	7%	0	0%



Regarding hobbies in experimental group majority 18(30%) were reading books or newspaper, 16(27%) were watching TV, 14(23%) were chatting with friends, 8(13%) were playing, and the least 4(7%) were having other hobbies. Among control group majority 22(37%) were chatting with friends, 16(27%) were playing, 14(23%) were watching TV, and the least 8(13%) were reading books or newspaper.

❖ **DEMOGRAPHIC VARIABLES OF ALCOHOL ABUSE AMONG UG STUDENTS IN EXPERIMENTAL GROUP AND CONTROL GROUP : DIETARY PATTERN**

DIETARY PATTERN	EXPERIMENTAL GROUP (n=60)		CONTROL GROUP (n=60)	
	F	%	F	%
Vegetarian	22	37%	4	7%
Non-Vegetarian	16	26%	18	30%
Mixed	22	37%	38	63%

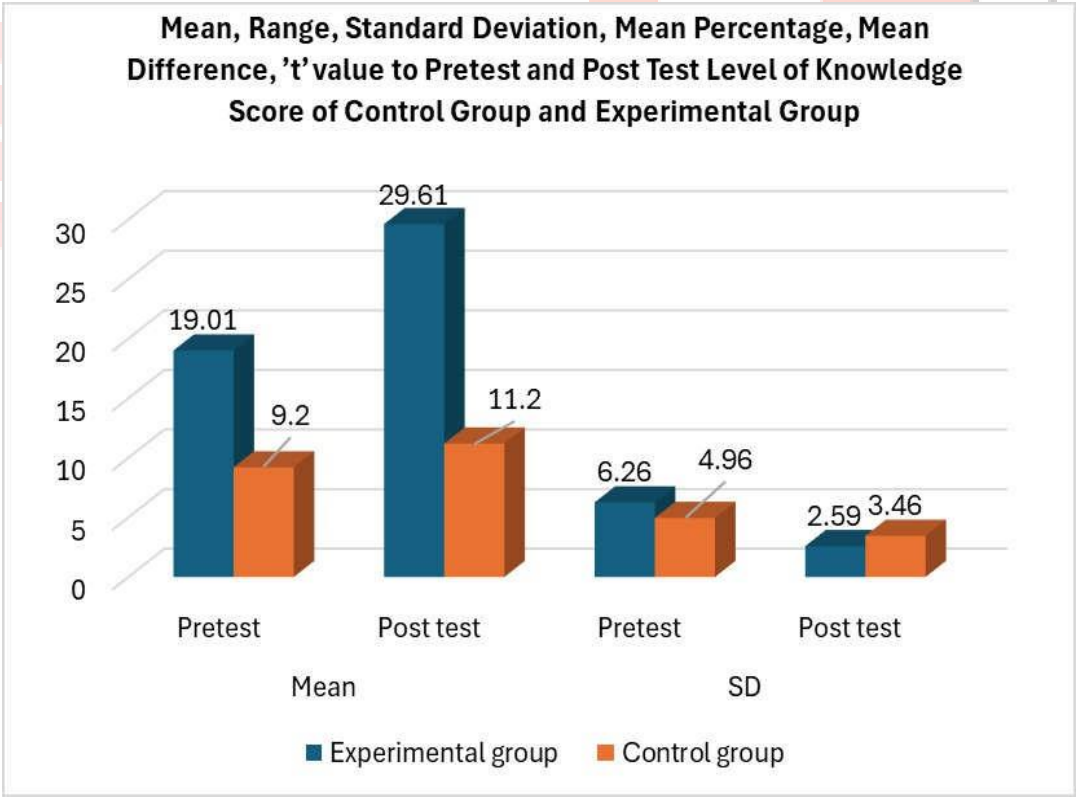


Regarding dietary pattern in experimental group majority 22(37%) were vegetarians and mixed food, and the least 16(26%) were non vegetarians. Among control group 38(63%) were consuming mixed diet, 18(30%) were non vegetarians, and the least 4(7%) were vegetarians.

SECTION II: DATA ON PRE TEST, POST TEST LEVEL OF KNOWLEDGE REGARDING ALCOHOL ABUSE AMONG UG STUDENTS IN EXPERIMENTAL GROUP.

Table 2: Mean, Range, Standard Deviation, Mean Percentage, Mean Difference, 't' value to Pretest and Post Test Level of Knowledge Score of Control Group and Experimental Group.

Group	Mean		SD		Mean %		Range	Mean difference	"t" value
	Pretest	Post test	Pretest	Post test	Pretest	Post test			
xperimental group	19.01	29.61	6.26	2.59	17.61	52.6	18.40	16.34	14.96
Control group	9.2	11.2	4.96	3.46	15.21	36.26	15.39		<0.05 S



Graph 3: Data on Pre Test, Post Test Level of Knowledge Regarding Alcohol Abuse Among UG Students in Experimental Group

Table-2 Shows the mean, range, standard deviation, mean percentage, mean difference, 't' value to pre- test and post -test level of knowledge score of control group and experimental group.

In Pretest in experimental group, the obtained over all mean score was 19.01, standard deviation was 6.26, mean percentage was 17.61 and in control group the obtained over all mean score was 9.2, standard deviation was 4.96, and mean percentage was 15.21.

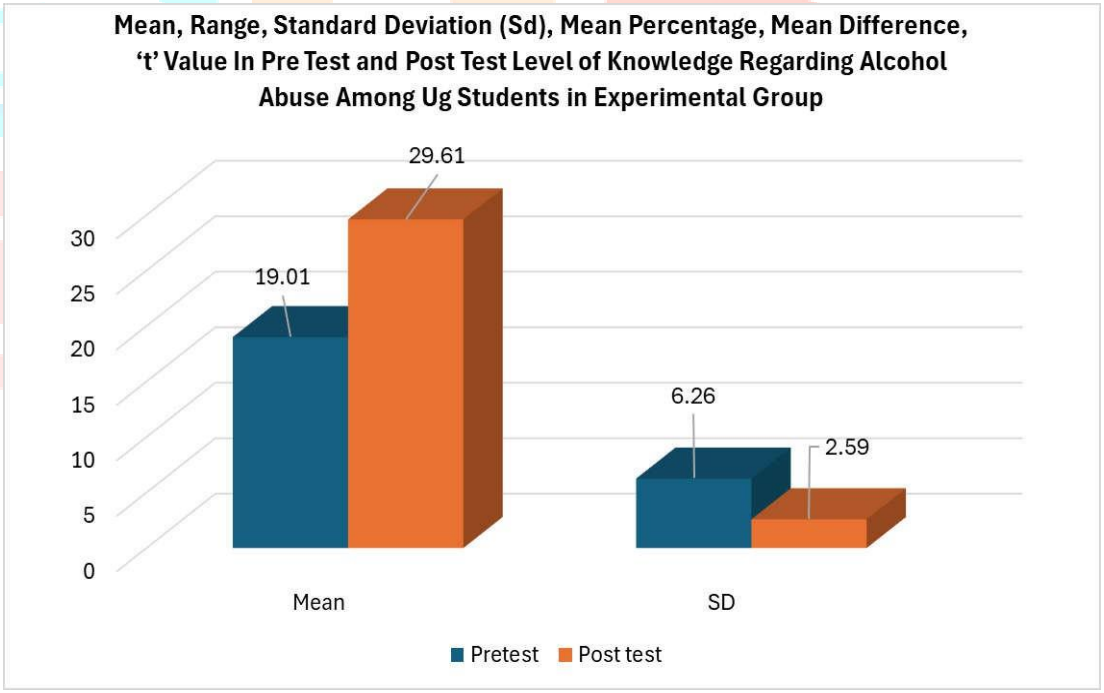
In Post test in experimental group, the obtained over all mean score was 29.61, standard deviation was 2.59, mean percentage was 52.6 and in control group the obtained over all mean score was 11.2, standard deviation was 3.46, mean percentage was 36.26. The obtained post-test mean score in experimental group score was higher than the control group score.

It was inferred that the mean post test score of experimental groups was level the mean post test score of control group.

SECTION III: DATA ON EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME REGARDING ALCOHOL ABUSE AMONG UG STUDENTS IN EXPERIMENTAL GROUP.

Table 3: Mean, Range, Standard Deviation (SD), Mean Percentage, Mean Difference, 't' Value in Pre Test and Post Test Level of Knowledge Regarding Alcohol Abuse Among Ug Students in Experimental Group

Level of knowledge	Mean	SD	Mean %	Range	Mean difference	"t" value
Pretest	19.01	6.26	17.61	18.40	34.99	14.49
Post test	29.61	2.59	52.6	15.39		P<0.05 S



Graph 4: Mean, Range, Standard Deviation (SD), Mean Percentage, Mean Difference, 't' Value in Pre Test and Post Test Level of Knowledge Regarding Alcohol Abuse Among UG Students in Experimental Group

Table-3: shows mean, range, standard deviation (SD), mean percentage, mean difference, t' value of pre- test and post- test level of knowledge regarding alcohol abuse among UG students in experimental group.

The obtained overall pre test mean score was 19.01, standard deviations SD was6.26; and mean percentage was 17.61 and the overall Post test mean score was 29.62, standard deviation was 2.59, and the mean percentage was 52.6. The mean difference was 34.99. The obtained‘t’ value was 14.49 which was significant at $p<0.05$. It was inferred that post test knowledge score was increased after the structured teaching programme in experimental group, it was found to be effective.

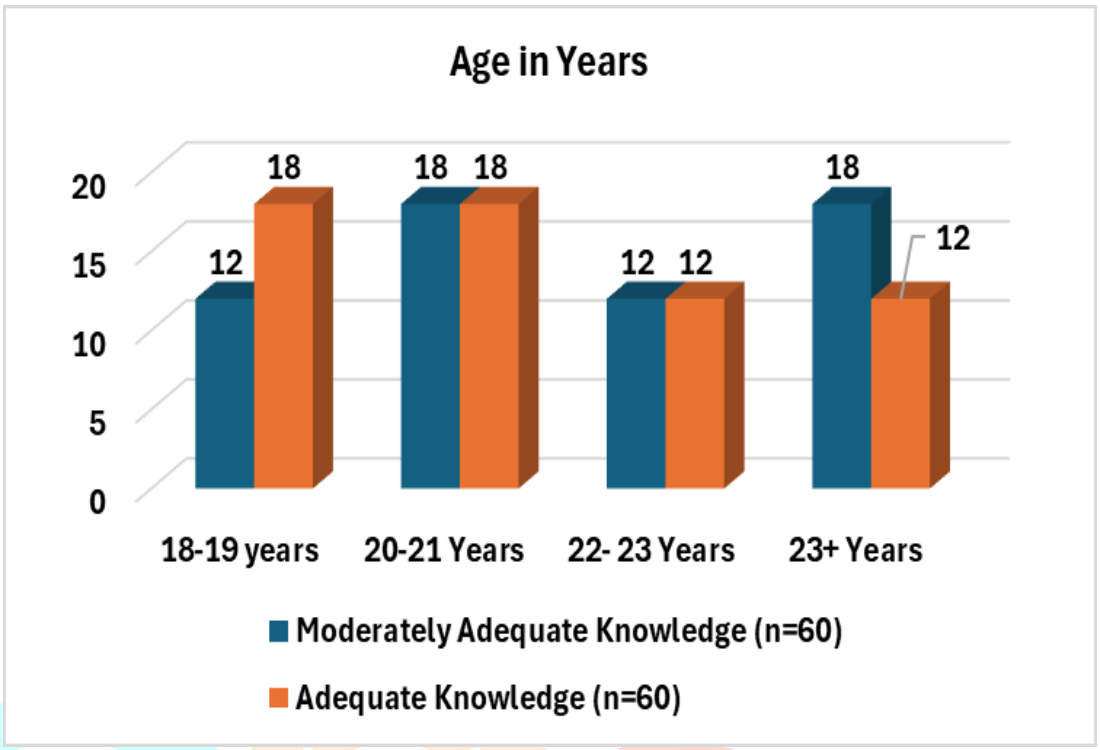
SECTION IV: DATA ON ASSOCIATION BETWEEN POST TEST LEVEL OF KNOWLEDGE REGARDING SELECTED DEMOGRAPHIC VARIABLES OF ALCOHOL ABUSE AMONG UG STUDENTS IN EXPERIMENTAL GROUP

Table 4: Shows Association of Selected Demographic Variables with Post Test Knowledge Scores Regarding Alcohol Abuse among UG Students in Experimental Group

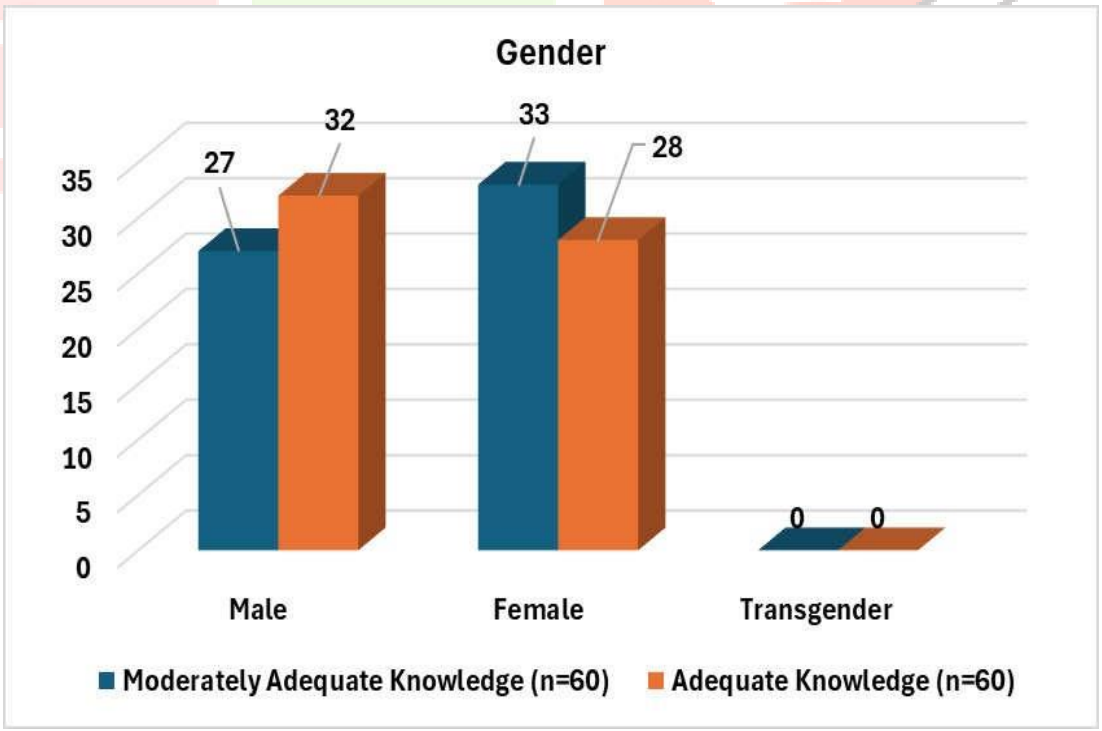
Demographic Variable	POST – TEST LEVEL OF KNOWLEDGE			
	Inadequate knowledge	Moderately Adequate Knowledge (n=60)	Adequate Knowledge (n=60)	i Square Value
Age in Years				
18-19 years		12	18	$\chi 2$=1.09 NS
20-21 Years		18	18	
22- 23 Years		12	12	
23+ Years		18	12	
Gender				
Male		27	32	$\chi 2$=0.96 NS
Female		33	28	
Transgender		0	0	
Religion				
Hindu		24	28	$\chi 2$=3.42 NS
Muslims		21	12	
Christian		15	20	
Others				
Educational Status				
Illiterate		12	0	$\chi 2$=1.34 NS
Primary Education		12	12	

Secondary Education		12	16	
Higher Secondary Education		12	12	
Degree holders		12	20	
Number of children in the family				
One Children		30	27	$\chi 2$=0.05 NS
Two Children's		15	27	
More than Two children's		15	6	
Bread winner of the family				
Father		18	30	$\chi 2$=1.26 NS
Mother		18	15	
Both		24	15	
Type of the family				
Nuclear Family		34	39	$\chi 2$=1.56 NS
Joint Family		17	16	
Extended Family		9	5	
Occupation of the Family				
Unemployed		17	19	$\chi 2$=1.34 NS
Self Employed		21	19	
Daily Wages		13	7	
Private Employee		9	15	
Family Income				
Rs. < 5000		12	28	$\chi 2$=2.44 NS
Rs. 5000 to 1000		24	21	

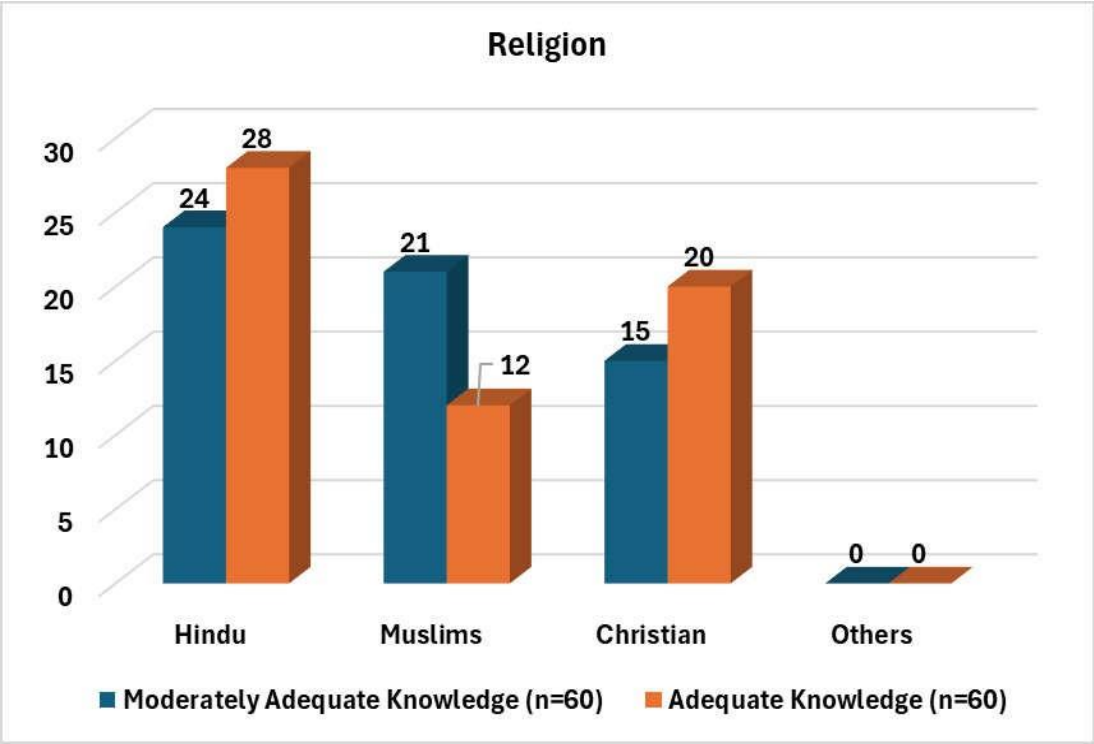
Rs. 10000 to 15000		12	2	
Above Rs. 15000		12	9	
Number of alcoholics in the family				
One Member		40	38	$\chi 2$=1.002 NS
Two Members		10	9	
More than Two Members		10	13	
the family members				
< 2 Years		17	13	$\chi 2$=1.87 NS
2 to 5 Years		26	26	
5 to 10 Years		17	11	
< 10 Years		0	10	
Number of friends with alcoholism				
None		10	27	$\chi 2$=3.06 NS
1		20	13	
2		10	20	
> 2		20	0	
Hobbies				
Reading		12	18	$\chi 2$=3.96 NS
Watching T V		12	24	
Chatting		12	12	
Playing		12	6	
others		12	0	
Dietary Pattern				
Vegetarian		30	20	=1.54 NS
Non-Vegetarian		0	20	
Mixed		30	20	



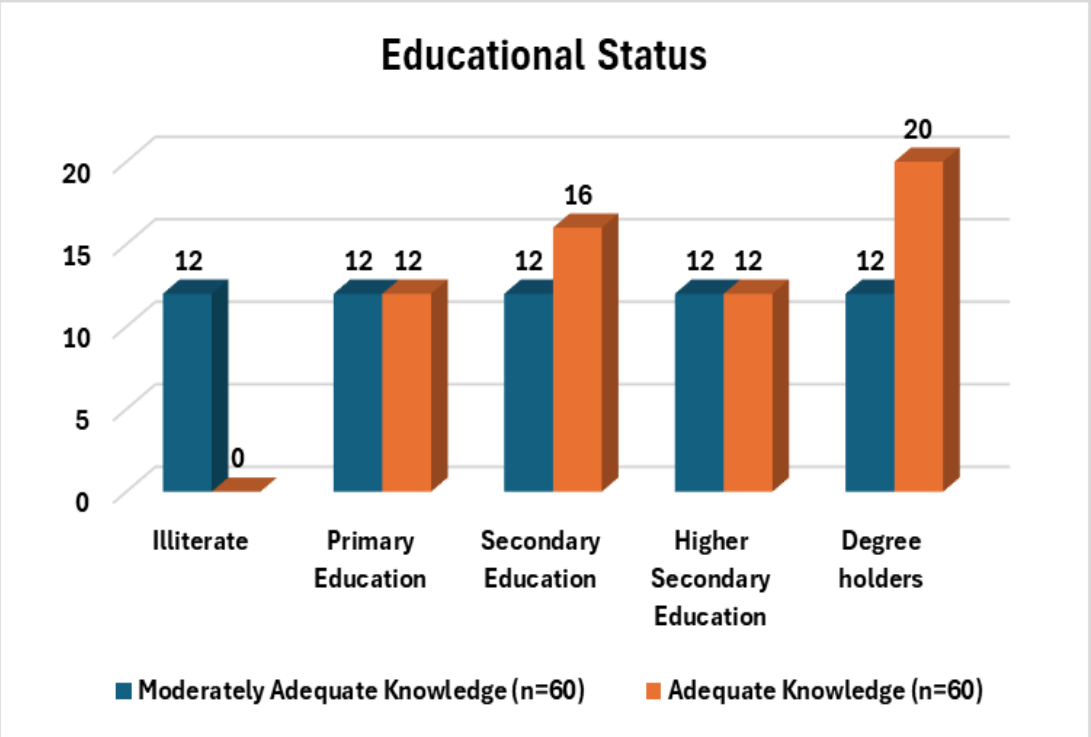
Graph 5: Selected Demographic Variables with Post Test Knowledge Scores Regarding Alcohol Abuse among UG Students in Experimental Group: Age (Years)



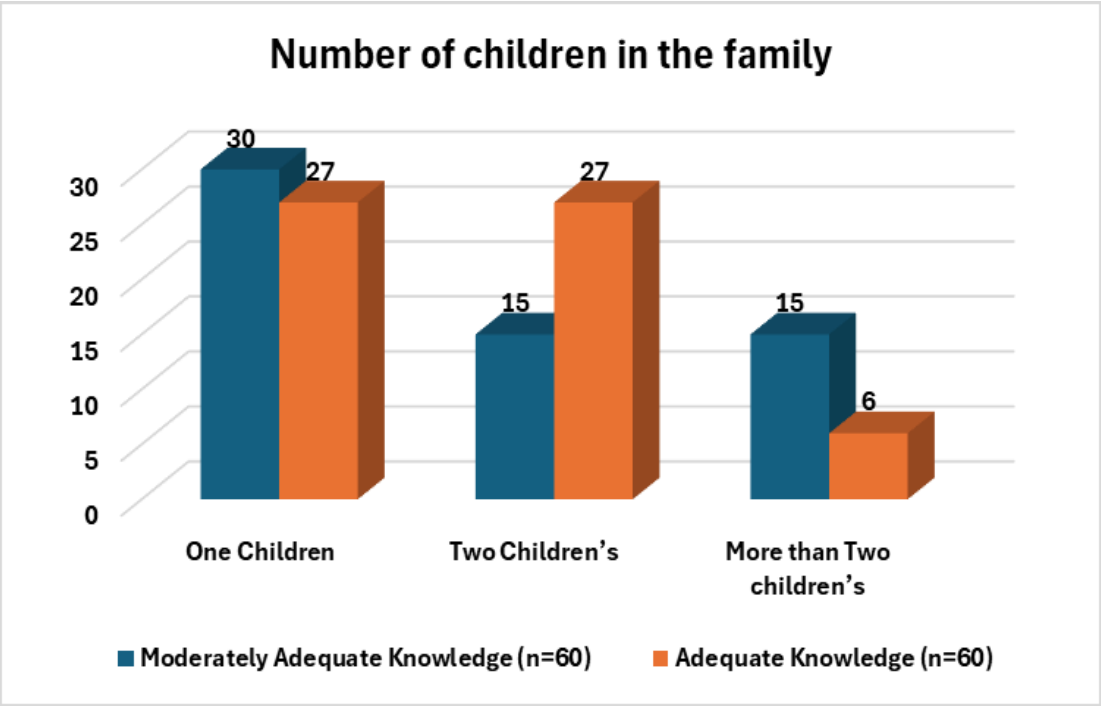
Graph 6: Selected Demographic Variables with Post Test Knowledge Scores Regarding Alcohol Abuse among UG Students in Experimental Group: Gender



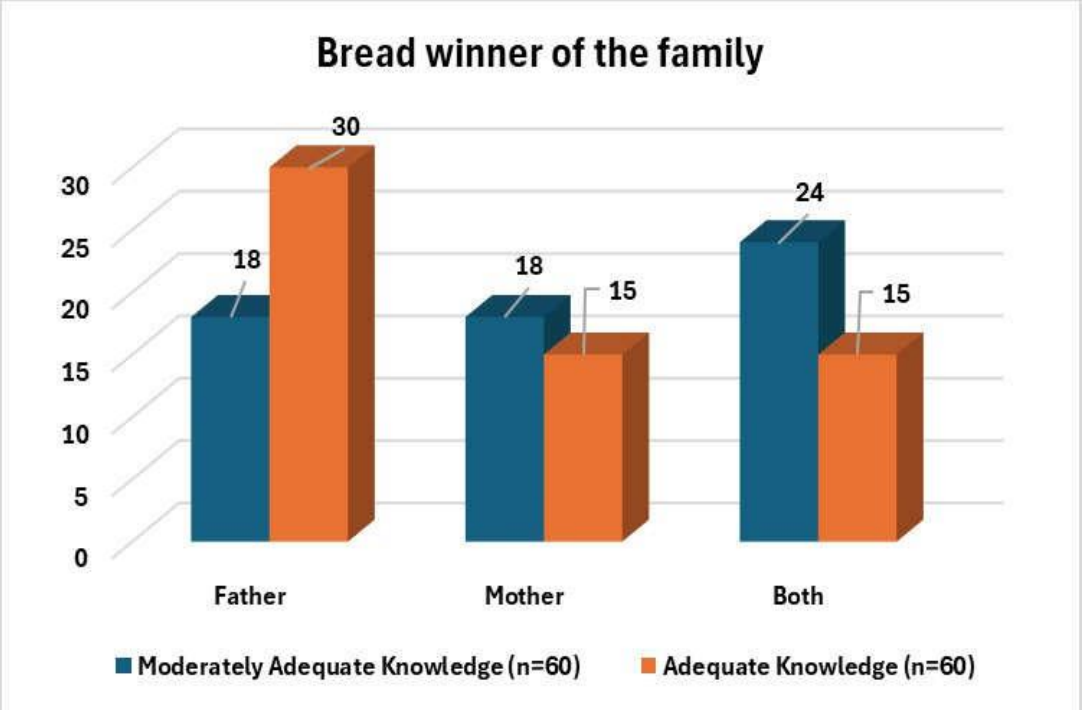
Graph 7: Selected Demographic Variables with Post Test Knowledge Scores Regarding Alcohol Abuse among UG Students in Experimental Group: Religion



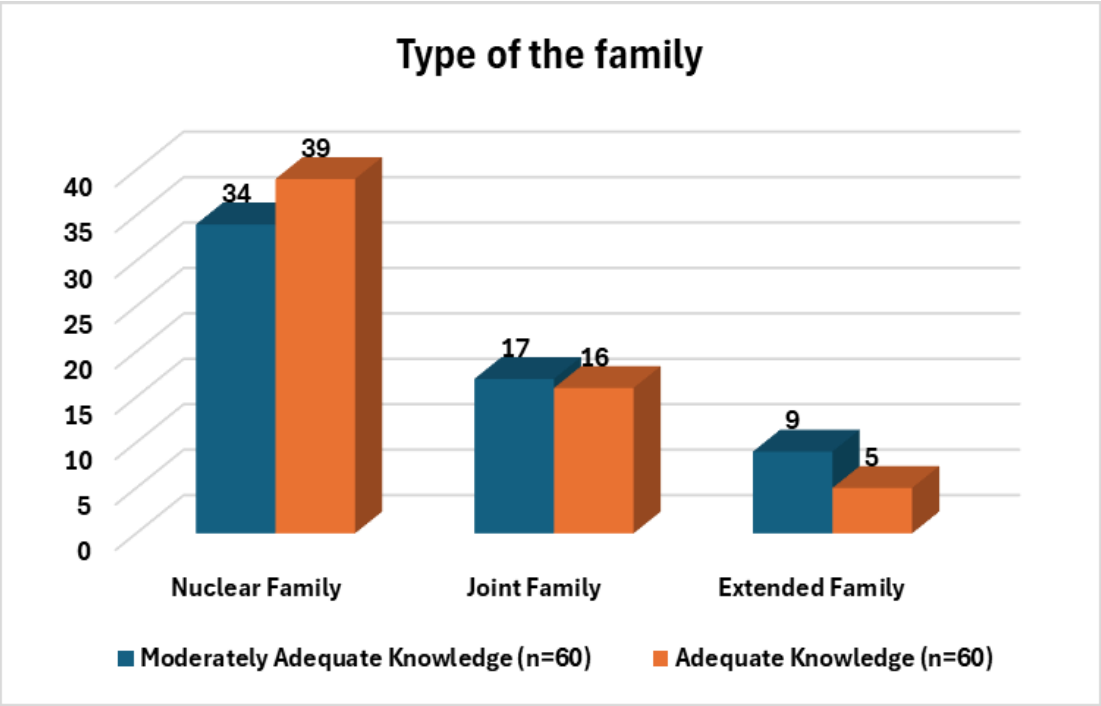
Graph 8: Selected Demographic Variables with Post Test Knowledge Scores Regarding Alcohol Abuse among UG Students in Experimental Group: Educational Status



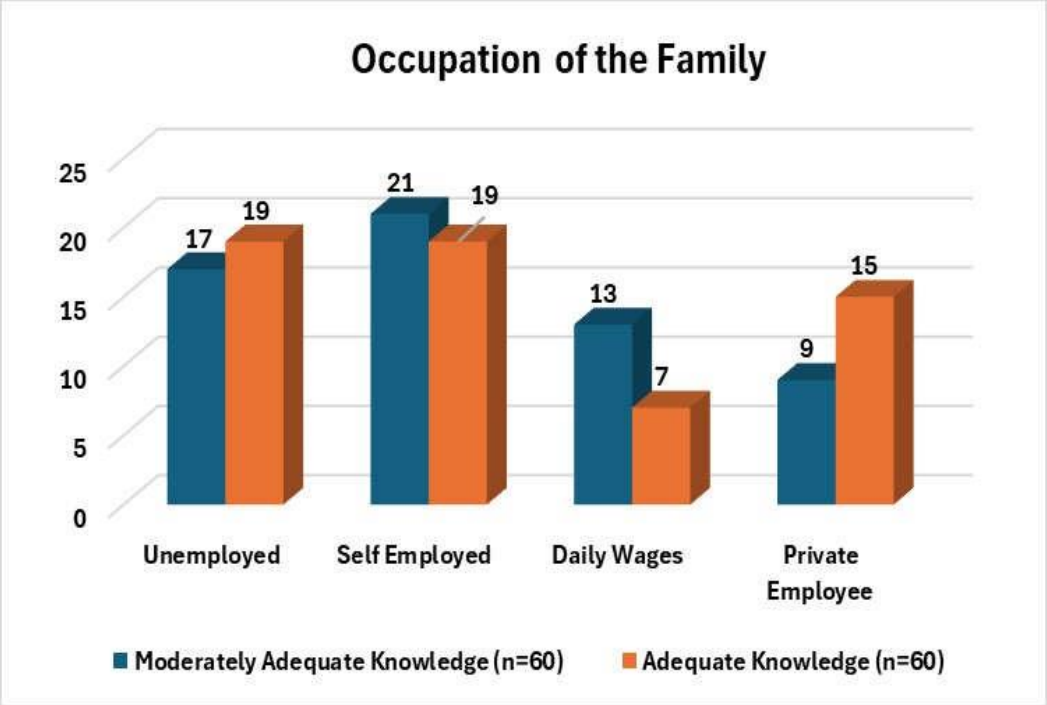
Graph 9: Selected Demographic Variables with Post Test Knowledge Scores Regarding Alcohol Abuse among UG Students in Experimental Group: Number of Children in the Family



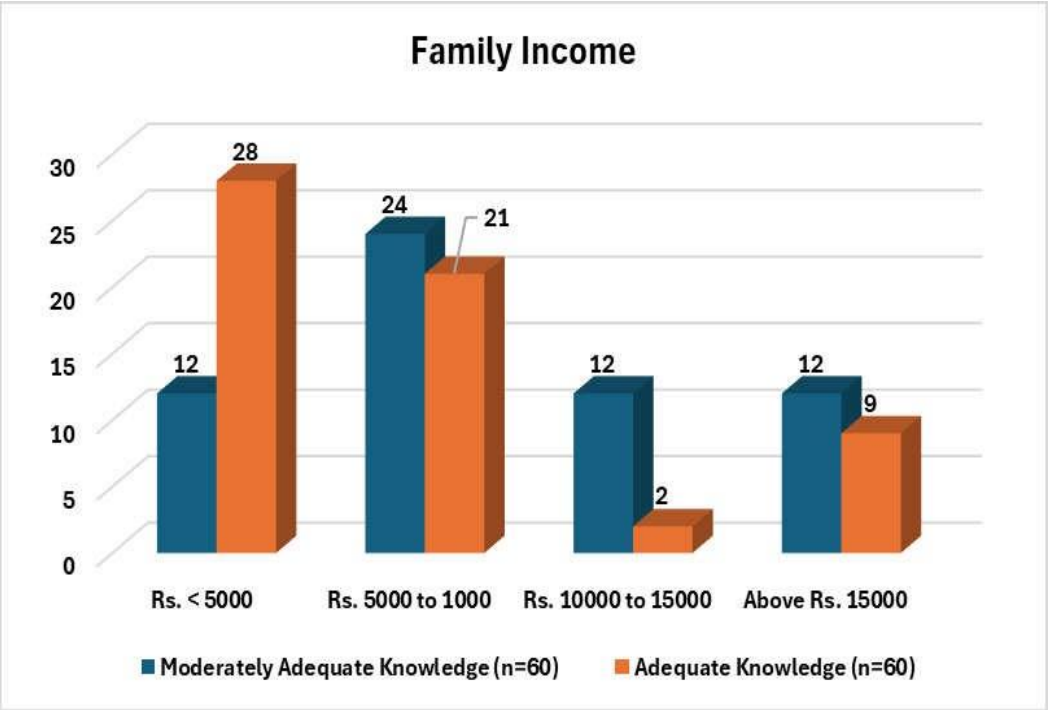
Graph 10: Selected Demographic Variables with Post Test Knowledge Scores Regarding Alcohol Abuse among UG Students in Experimental Group: Bread Winner of the Family



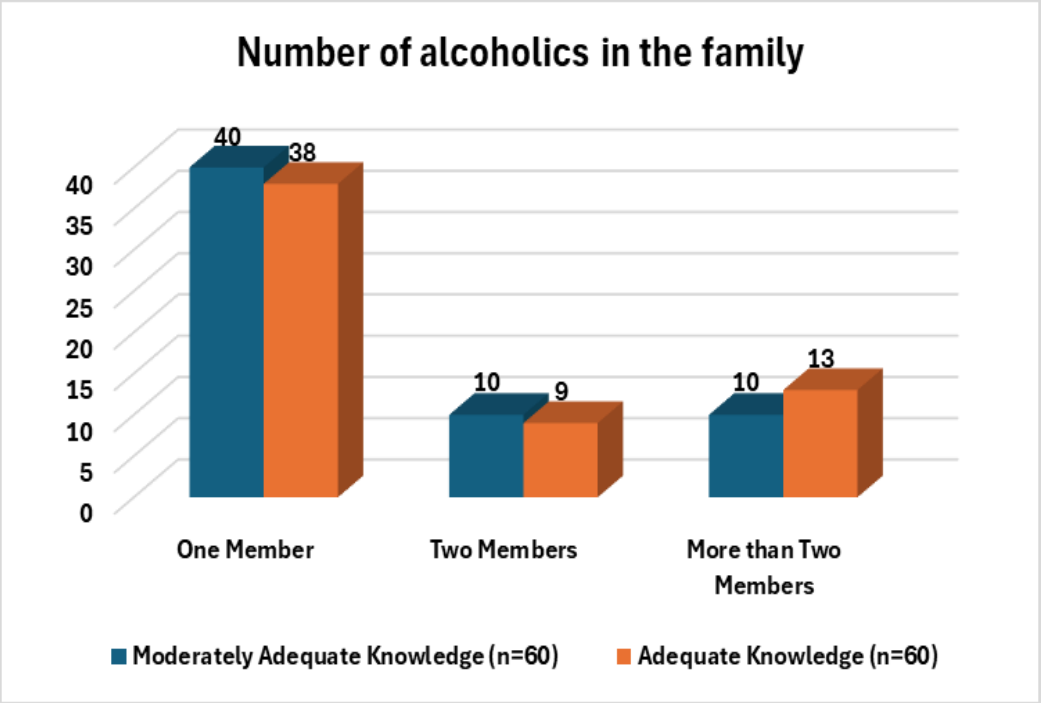
Graph 11: Selected Demographic Variables with Post Test Knowledge Scores Regarding Alcohol Abuse among UG Students in Experimental Group: Type of Family



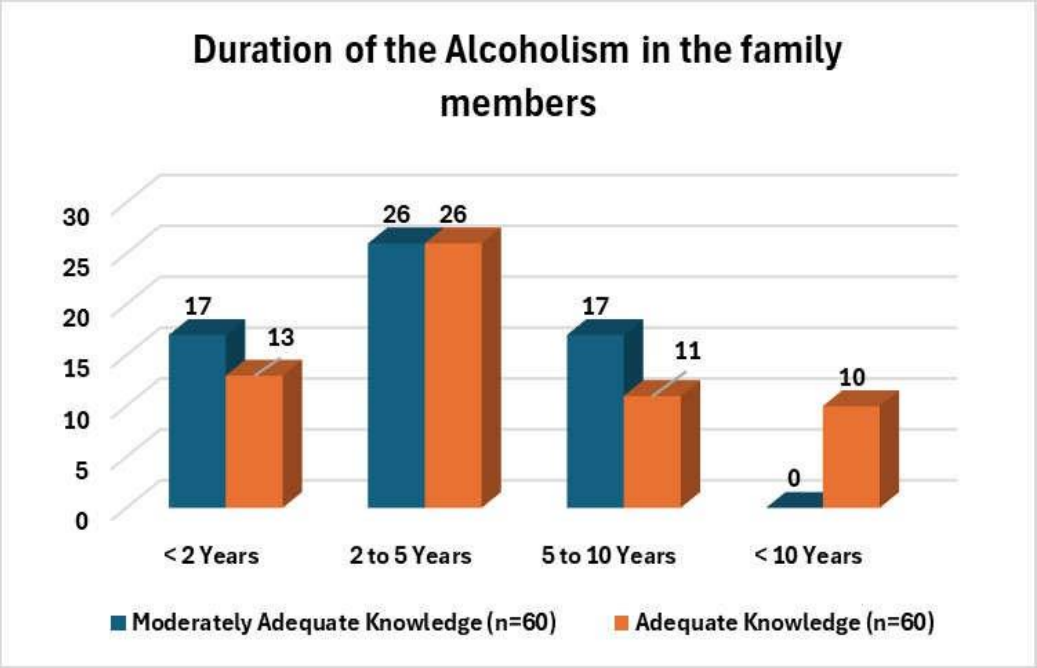
Graph 12: Selected Demographic Variables with Post Test Knowledge Scores Regarding Alcohol Abuse among UG Students in Experimental Group: Occupation of the Family



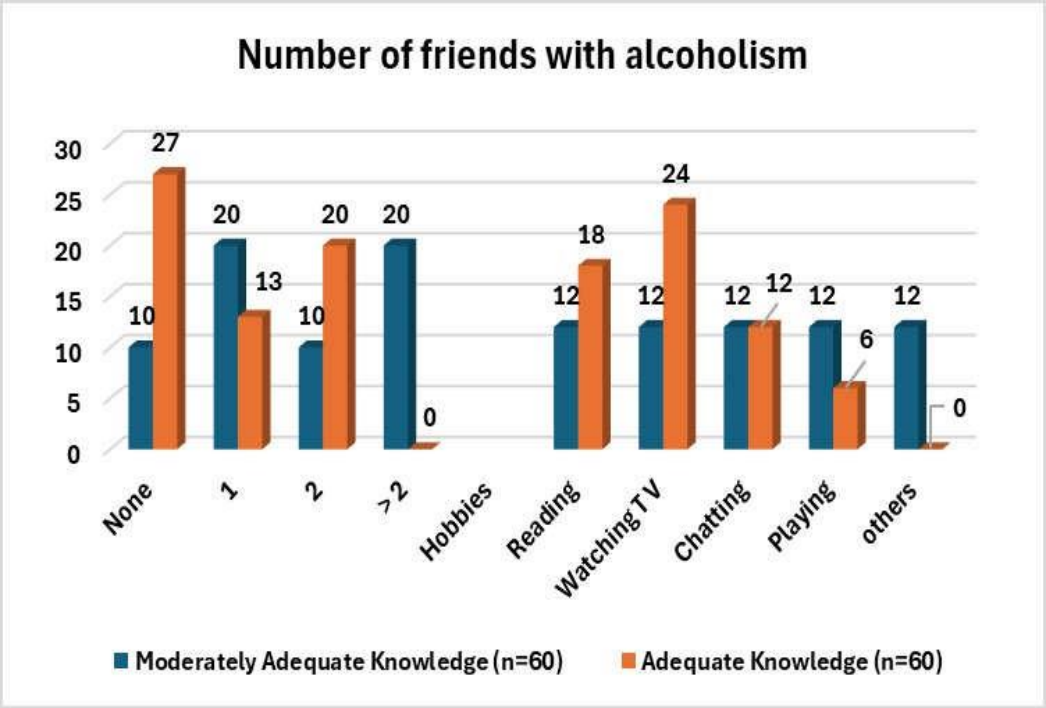
Graph 13: Selected Demographic Variables with Post Test Knowledge Scores Regarding Alcohol Abuse among UG Students in Experimental Group: Family Income



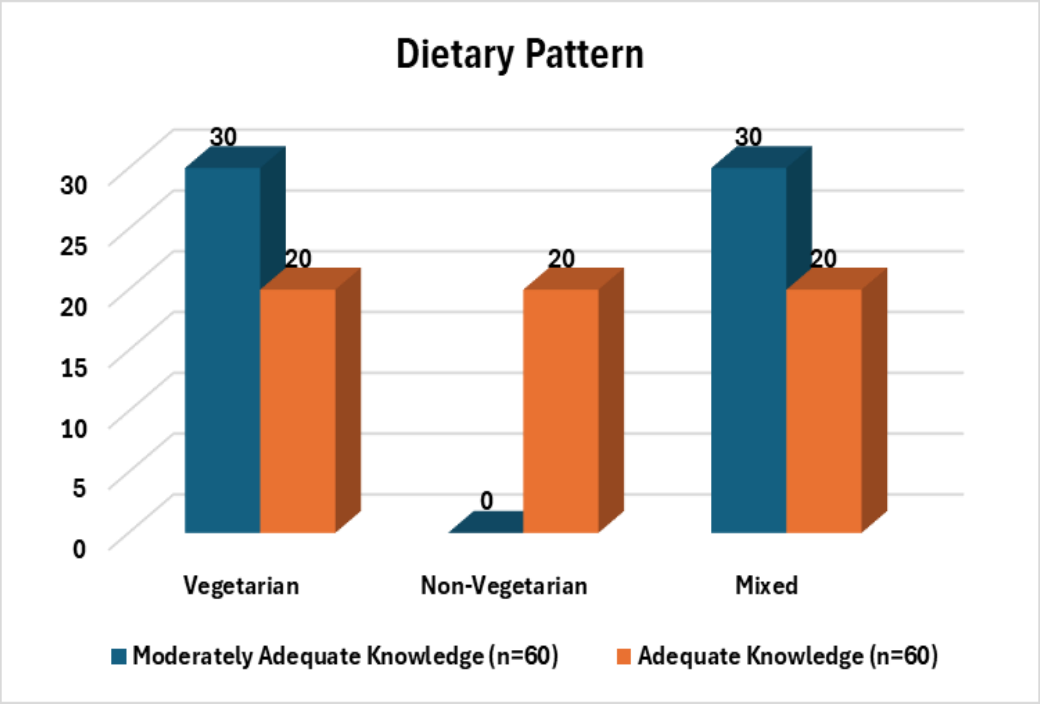
Graph 14: Selected Demographic Variables with Post Test Knowledge Scores Regarding Alcohol Abuse among UG Students in Experimental Group: Number of Alcoholics in the Family



Graph 15: Selected Demographic Variables with Post Test Knowledge Scores Regarding Alcohol Abuse among UG Students in Experimental Group: Duration of the Alcoholism in the Family Members



Graph 16: Selected Demographic Variables with Post Test Knowledge Scores Regarding Alcohol Abuse among UG Students in Experimental Group: Number of Friends with Alcoholism



Graph 17: Selected Demographic Variables with Post Test Knowledge Scores Regarding Alcohol Abuse among UG Students in Experimental Group: Dietary Pattern

It was inferred that there was no significant association between the post-test level of knowledge among UG students with their selected demographic variables such as age, religion, marital status, educational status, occupation of the family, number of children, types of family, family monthly income, number of alcoholics in the family, duration of the alcoholism in the family, number of friends with alcoholism, hobbies, and dietary pattern in experimental group. It was inferred that the structured teaching programme was independently effective in improving the level of knowledge regarding alcohol abuse among UG students.

CHAPTER -5

SUMMARY, FINDINGS, DISCUSSION, IMPLICATIONS, LIMITATIONS, RECOMMENDATIONS AND CONCLUSION

Summary

This chapter deals with the summary, major findings, discussion, implications, limitations, recommendations and conclusion. The essence of any research project is based on study findings, limitations; interpretation of the research results and recommendations to incorporate the study implications. It also gives meaning to the results obtained in the study.

The prime aim of the study was to assess the level of knowledge on Alcohol abuse before and after structured teaching programme among UG students.

The Objectives of the Study Were

- To assess the pre-test and post- test level of knowledge regarding alcohol abuse among UG students in experimental and control group.
- To assess the effectiveness of structured teaching program on the level of knowledge regarding alcohol abuse among UG students in experimental group.
- To find the association between post-test level of knowledge regarding alcohol abuse among UG students with their selected demographic variables.

The Study Attempted to Examine the Following Research Hypothesis

H1: There is a significant difference between the pre-test and post-test level of knowledge regarding alcohol abuse among UG students in experimental group at $p < 0.05$ level.

H2: These is a significant difference in the post test level of knowledge regarding alcohol abuse among UG students between experimental and control group at $p < 0.05$ level.

H3: There is a significant association between the post-test level of knowledge regarding alcohol abuse among UG students with their demographic variables at $p < 0.05$ level of experimental group.

The conceptual framework

The conceptual framework adopted for the present study was based on the Nursing process model (ANA 1991).This model helped the investigator toassess the knowledge on alcohol abuse before and after conducting structured teaching programme.

The research design selected for the present study was a quasi- experimental two group pre- test and post-test design to evaluate the effectiveness of structured teaching programme on alcohol abuse. The independent variable was structured teaching programme and the dependent variable was the level of knowledge regarding alcohol abuse among UG students. The investigator developed a structured questionnaireas a tool to assess the level of knowledge regarding alcohol abuse for the present study. The content validity of the tool was established by 6 experts. There liability of the tool was ascertained by test retest method Reliability coefficient was r =0.92 and the tool was found to be reliable for the study. Prior permission from the authorities was sought and obtained. Non probability purposive sampling technique was used to select the samples and informed consent was obtained. Pre- test was done to assess the level of knowledge the structured teaching programme on alcohol abuse. Post- test was done on 10th day of structured teaching programme for control group and experimental group. The data gathered were analysed and interpreted using SPSS package (version 13). Probability of P <0.05 level was considered significant.

Findings

The major findings of the study were classified under the following headings,

Finding-1: Demographic Variables of Alcohol Abuse Among UG Students in Experimental Group and Control Group.

In experimental group majority 27(45%) were from 18-19 years, 34(57%) were males, 30(50%) were Hindus, 16(27%) were degree holders, 28(47%) were having one children, 26(43%) were father, 38(63%)were living as nuclear family, 20(33%) were self-employed, 28(47%) of their income was between Rs.5000-10000, 38(63%) were

one member, 26(44%) were 2-5 years, 20(33%) were having none of friends, 18(30%) who having reading books or newspaper, 22(37%)were vegetarian mixed food.

In control group majority 22(37%) were from 18-19 years of age, 32(53%) were females, 24(40%) were Muslims, 20(33%) had secondary education, 32(53%) were having two children, 28(47%) were in both bread winner, 34(57%) were living as joint family, 24(20%) daily wages, 24(40%) of their income was between Rs 10000-15000, 28(47%) were two members, 26(43%) were less than 2 years, 22(37%) were having none of friends, 16(27%) were chatting with friends, 38(63%) were mixed diet.

Finding-2: Pre-Test and Post-Test Level of Knowledge Regarding Alcohol Abuse Among UG Students in Experimental Group.

In Pre-test in experimental group, the obtained over all mean score was 19.01, standard deviation was 6.26, mean percentage was 17.61 and in control group the obtained over all mean score was 9.2, standard deviation was 4.96, and mean percentage was 15.21.

In Post-test in experimental group, the obtained over all mean score was 29.61, standard deviation was 2.59, mean percentage was 52.6 and in control group the obtained over all mean score was 11.2, standard deviation was 3.46, mean percentage was 36.26. The obtained post-test mean score in experimental group score was higher than the control group score.

Findings-3: Effectiveness of Structured Teaching Programme Regarding Alcohol Abuse Among UG Students in Control Group and Experimental Group.

The obtained overall pre-test mean score was 19.01, standard deviation (SD) was 6.26, and mean percentage was 17.61 and the overall Post- test mean score was 29.62, standard deviation was 2.59, and the mean percentage was 52.6. The mean difference was 34.99. The obtained t' value was 14.49 which was significant at $p<0.05$. It was inferred that post- test knowledge score was increased after the structured teaching programme in experimental group, and it was found to be effective.

Finding-4: Association Between Post Test Level of Knowledge with their Selected Demographic Variables in Experimental Group

It was inferred that there was no significant association between the post- test level of knowledge regarding alcohol abuse among UG students in experimental group and

selected demographic variables such as age, gender, religion, educational status, occupation of the family, number of children in the family, type of family, family monthly income, bread winner of the family, number of alcoholics in the family, duration of the alcoholism of the family members, number of friends with alcoholism, dietary pattern and hobbies.

It was inferred that the structured teaching programme was independently effective in improving the level of knowledge regarding alcohol abuse among UG students.

It was inferred that the structured teaching programme was independently effective in improving the level of knowledge regarding alcohol abuse among UG students.

DISCUSSION

The results of the study were discussed according to the objectives of the study.

Objective 1: To Assess the Pre-Test and Post- Test Level of Knowledge Regarding Alcohol Abuse Among UG Students in Experimental and Control Group.

In Pre-test in experimental group, the obtained over all mean score was 19.01, standard deviation was 6.26, mean percentage was 17.61 and in control group the obtained over all mean score was 9.2, standard deviation was 4.96, and mean percentage was 15.21.

In Post-test in experimental group, the obtained over all mean score was 29.61, standard deviation was 2.59, mean percentage was 52.6 and in control group the obtained over all mean score was 11.2, standard deviation was 3.46, mean percentage was 36.26. The obtained post-test mean score in experimental group was higher than the control group score.

These findings was supported by Dhital AD et al (2005) an conducted pre-experimental study with pre-test and post-test control group design was carried out in four selected schools with similar settings in Dharan town of Nepal. All the subjects were divided into two groups: experimental and control, each comprising of two subgroups of 50 boys and 50 girls. Structured teaching program consisting of information on human reproductive system was used as a tool of investigation for the experimental group, whereas conventional teaching method was used for the control group. Proper education in this age group is important for prevention of untoward social and health related problems. A total sample of 200 Adolescent school students was included in this study.

The mean (+/-SD) pretest score of the experimental group on knowledge of reproductive health was 39.83 (+/- 16.89) and of the control group was 39.47(+/- 0.08). The same of experimental group after administration of the structured teaching program (84.60+/-10.60) and of the control group with conventional teaching method (43.93+/-10.08) was statistically significant ($p<0.001$). The use of structured teaching program is effective in improving knowledge and attitude of the UG students on reproductive health.

Objective 2: To Assess the Effectiveness of Structured Teaching Program on the Level of Knowledge Regarding Alcohol Abuse Among UG Students in Experiment Group

The obtained overall pre-test mean score was 19.01, standard deviation(SD) was 6.26, and mean percentage was 17.61 and the overall Post- test mean score was 29.62, standard deviation was 2.59, and the mean percentage was 52.6. The mean difference was 34.99. The obtained t' value was 14.49 which was significant at $p<0.05$. It was inferred that post- test knowledge score was increased after the structured teaching programme in experimental group, and it was found to be effective.

These findings was supported by G. Hussein Rassoo labetal (2007) conducted a quasi-experimental study to assess the educational interventions and evaluation programs in alcohol and drug with undergraduate nursing students (n=110) in U.K. A visual analogue scale was used to measure intervention confidence skills before and after the educational programme. The findings showed an improvement in the level of intervention confidence skills of undergraduate nursing students.

Objective: 3 To Find the Association Between Post-Test Level of Knowledge Regarding Alcohol Abuse Among UG Students with Their Selected Demographic Variables

It was inferred that there was no significant association between the post- test level of knowledge and selected demographic data such as age, religion, marital status, educational status, occupation, and number of children, type of family, family income, and dietary pattern and hobbies in experimental group.

It was inferred that the structured teaching programme was independently effective in improving the level of knowledge regarding alcohol abuse among UG students.

These findings were supported by Vaibhav jani, etal (2014) conducted a pre-experimental design, and non-probability convenient sampling technique was used, from 60 UG students at Vadodara district. The data was analysed using descriptive and inferential statistics. The result conducted that from the entire variable only one variable that is domicile significantly associated with pre-test knowledge score hence the hypothesis was partially accepted for these variables.

Implications

The findings of the study have the following implications in nursing.

Implication in Nursing Education

The nurse educators have the response to update the knowledge, attitude and practice of nursing students on knowledge and awareness about alcohol abuse.

The finding of the study can serve as guideline for the nurse educators for planning and conducting educational programme for student nurses regarding alcohol abuse.

The nursing students should be made aware about their role in health promotion and disease prevention with relation to alcoholism with relation to alcoholism.

The students should be motivated to make up innovational approaches to provide health education in different settings such as community hospital.

Implication in Nursing Practice

Structured teaching program helps to improve the clinical staff's knowledge level on alcohol abuse.

Structured teaching method can be used as a one method of teaching in clinical nursing.

It can be used in various school and community, psychiatric ward to give health education to the UG students.

It can be used in illiterate UG students also, it helps to easy understanding the topics; it can use in mass group and community.

Implication in Nursing Administration

It helps the nursing administration to manage with mass group to conduct awareness

programme to community and public. It helps the nurse to learn how they can manage about the problem if arise, organize the programme planning and planning for budget.

Implication in Nursing Research

It helps the student nurse to get an idea to do research in effectiveness of various methods of awareness regarding alcohol abuse. It gives an idea to do research on alcohol abuse.

RECOMMENDATIONS

- Data can be submitted to schools,colleges, hospitals and Governmental and Non Governmental organization for planning of health education strategies to control alcohol abuse among students.
- A similar study can be conducted on students so that prevention of alcohol abuse would be effective.
- A setting can be replaced with other schools or colleges with less educational status.
- A similar study can be done to identify the secondary health problems among people who are exposed to alcohol abuse.
- A similar study can be done in different age groups of students according to their understanding.
- A similar study with different module can be done for teachers and others who are directly involved with the students.
- A cross sectional study can be conducted with larger population.

Limitations

Structured teaching procedure was time consuming. Sample size was less to make any generalization.

Limited to only UG students.

Personal Experience

The investigator has gained lot of new information and experience in many ways

starting from the searching of research problem till the submission of the report.

Apart from the struggle and tension, now I got an idea about research work. Investigator got unlimited literature review.

Summary

This chapter dealt with the summary, major findings, discussion, implications, limitations, recommendations and conclusion.

The present study was truly an inspirational experience for the investigator. It also helped to develop an immense confidence to explore and improve the knowledge and skills of the researcher. The invariable encouragement and directions of the guide, co-operation and interest of respondents to participate in the study, contributed to the successful completion of study.

CONCLUSION

The following conclusions were drawn from the findings of the study. Structured teaching method is an effective method of giving information to people.Pre- test was conducted for 30 UG students in experimental group, 30 UG students in control group. Demographic variables data and level of knowledge were collected by using structured teaching questionnaire (multiple choice questions) to assess the level of knowledge regarding alcohol abuse among UG students. After the pre-test structured teaching programme was conducted for UG students in experimental group and then post- test was conducted on seventh day. The findings revealed the effectiveness of structured teaching programme.The data collected from subject were edited, complied, and analysed by using SPSS version 13. The probability level of $P<0.05$ was used as the level of significance.It was inferred that there was no significant association between the post-test level of knowledge among UG students with their selected demographic variables. This method helps for easy understanding and gives more awareness about alcohol abuse among UG students.

The studies from this section conclude that alcohol consumption rate is high in college going age group. Male Students are more prone to drink alcohol than Female but we can‘t ignore female students. Prolonged use of alcohol is responsible to alcohol use disorder, addiction to alcohol, physical problems, psychological problems and sexual

problems. Study highlights increased prevalence of alcohol among college students and emphasizes on regional difference in the practices and beliefs attached alcohol.

The use of expectation as a means of informing prevention efforts in tertiary education shows potential, according to the studies in this area. Negative assessment reduced the relationship between unfavorable expectancy and drinking, such that people who both expected negative outcomes and regarded them as very undesirable drank much less each week.. Lacking in the research literature is a thorough investigation of how expected effects and subjective evaluations of specific positive (e.g., increased sociability, relaxation) and specific negative (e.g., impairment, aggression) expectancy effects vary by different types of alcoholic beverages. Some studies shows that the first exposure to alcohol consumption is the key factor which leads to positive reinforcement. If the experience of alcohol intake and the effects of alcohol are liked by the students, that becomes a motivating factor for future attempts. This needs a closer look by the clinicians on prevalence about alcohol in take among college students.

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ANNEXURES

CAREER
COLLEGE OF NURSING
Approved by Indian Nursing Council, New Delhi &
Madhya Pradesh Nurses Registration Council, Bhopal
Affiliated to M.P. Medical Science University, Jabalpur

Parent Hospital
CIMS
Career Institute of Medical Sciences

LETTER SEEKING PERMISSION TO CONDUCT PILOT STUDY

To,
The Principal.
Technocrat Institute of Nursing,
Hatairkneda Rd, Anand Nagar,
Bhopal (M.P).

Respected Sir,

Subject : Requisition for conducting Main study

This is to bring to your kind notices that Ms. Ayushi Rao , M.Sc [N] II year [Mental Health Nursing] student of our college has selected the topic as mentioned below for the dissertation to be conducted as a partial fulfillment of M.Sc Nursing degree program under Madhya Pradesh Medical Science University, Jabalpur. Hence it is my earnest request to permit the student to conduct the pilot study in your esteemed institution.

The problem statement **is " A quasi experimental study to assess the effectiveness of Structured teaching programme on knowledge regarding alcohol abuse among undergraduate students at selected nursing college, Bhopal (M.P)."**

I assure you that the student will abide the rules and regulations of your institution. I request your kind cooperation for the same.

Thanking you in anticipation.

Permitted
Principal
22/08/22
Technocrats Institute of Nursing
BHOPAL

Yours sincerely,
Principal
Principal
Career College of Nursi
Bhopal-462023

Opposite Dussehra Maidan, Govindpura, BHEL, Bhopal - 462023
Phone : 0755-2488844 Mob : 8959007700
Website : www.careernursing.org E-Mail: principal_nursing@careercollegeindia.com

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Affiliated to M.P. Medical Science University, Jabalpur

Parent Hospital
CIMS
Career Institute of
Medical Sciences

LETTER SEEKING PERMISSION TO CONDUCT MAIN STUDY

To,

The Principal,
Corporate College of Nursing
Patel Nagar, Raisen Road,
Bhopal (MP)

Respected Sir,

Subject : Requisition for conducting Main study

This is to bring to your kind notices that Ms. Ayushi Rao , M.Sc [N] II year [Mental Health Nursing] student of our college has selected the topic as mentioned below for the dissertation to be conducted as a partial fulfillment of M.Sc Nursing degree program under Madhya Pradesh Medical Science University, Jabalpur. Hence it is my earnest request to permit the student to conduct the Main study in your esteemed institution.

The problem statement **is " A quasi experimental study to assess the effectiveness of Structured teaching programme on knowledge regarding alcohol abuse among undergraduate students at selected nursing college, Bhopal (M.P)."**

I assure you that the student will abide the rules and regulations of your institution. I request your kind cooperation for the same.

Thanking you in anticipation.

Permitted for the Study.
03/07/2023
PRINCIPAL
Corporate College of Nursing
Bhopal

Yours sincerely,
Principal
Principal
Career College of Nursi
Bhopal-462023

Opposite Dussehra Maidan, Govindpura, BHEL, Bhopal - 462023
Phone : 0755-2488844 Mob : 8959007700
Website : www.careernursing.org E-Mail: principal_nursing@careercollegeindia.com

LETTER SEEKING EXPERT OPINION FOR THE CONTENT VALIDITY OF THE RESEARCH TOOL

To,

Subject: Request for expert opinion and suggestion to establish validity

Respected Sir/ Madam,

I am Ms Ayushi Rao, final year student of M.Sc Nursing at Career College of Nursing, Bhopal. I have selected the following topic for my research.

TOPIC: is " A quasi experimental study to assess the effectiveness of Structured teaching programme on knowledge regarding alcohol abuse among undergraduate students at selected nursing college, Bhopal (M.P).''

I kindly request you to validate the research tool. I shall be grateful to you for your valuable remarks and suggestions.

Thanking you

Yours sincerely

Ms. Ayushi Rao
M.Sc. Nursing 2nd year
Career College of Nursing

Certificate of Tools validation

LEETER OF ACCEPTANCE FOR TOOLS VALIDATION

Name of expert ..... Dr. MUKESH K. RANGARI

DESIGNATION. ..... VICE- PRINCIPAL

NAME OF COLLEGE HOSPITAL..... CORPORATE COLLEGE OF NURSING BHOPAL

STATEMENT OF ACCEPTANCE NON-ACCEPTANCE

I give my acceptance/non-acceptance to validation the tools.

STATEMENT OF PROBLEM:

[A Quasi Experimental Study To Assess The Effectiveness Of Structured Teaching Programme On Knowledge Regarding Alcohol Abuse Among Undergraduate Students At Selected Nursing College,Bhopal M.P.]

Signature of Expert.....

Prof. Dr. Mukesh Kumar Rangari
Ph.D. (N) Mental Health Nursing
Vice Principal
Corporate College of Nursing
Bhopal (M.P.)

Place ..... Bhopal

Certificate of Tools validation

LEETER OF ACCEPTANCE FOR TOOLS VALIDATION

Name of expert ...PROF. M.K. Nagappan.

DESIGNATION. Principal

NAME OF COLLEGE HOSPITAL. Technocrats Intitute of Nursing, Bhopa

STATEMENT OF ACCEPTANCE NON-ACCEPTANCE

I give my acceptance/non-acceptance to validation the tools.

STATEMENT OF PROBLEM:

[A Quasi Experimental Study To Assess The Effectiveness Of Structured Teaching Programme On Knowledge Regarding Alcohol Abuse Among Undergraduate Students At Selected Nursing College,Bhopal M.P.]

Signature of Expert.....

Principal
Technocrats Institute of Nursing
BHOPAL

Place .....Bhopal

APPENDIX-I

INFORMED CONSENT FORM

I understand that I am being asked to participate in a research study conducted ……. This research study will evaluate the "To assess the effectiveness of structured teaching program on the level of knowledge regarding alcohol abuse among UG students in a selected village at Bhopal.

If I agree to participate in the study, I will be interviewed. The interview may be recorded and will take place in privacy. No identifying information will be included when the interview is transcribed. I understand that there are no risks associated with this study.

I realize that the knowledge gained from this study may help either me or other people in the future. I realize that my participation in this study is entirely voluntary, and I may withdraw from the study at any time I wish. If I decide to discontinue my participation in this study. I will continue to be treated in the usual and customary fashion.

I understand that all study data will be kept confidential. However, this information may be used in nursing publication or presentations. The study has been explained to me. I have read and understand this consent form, my entire question has been answered, and I agree to participate. I understand that I will be given a copy of this signed consent form.

Signature of the participant: Date:

Signature of the investigator: Date:

APPENDIX-II

DEMOGRAPHIC VARIABLES SECTION A

1) AGE INYEARS

a) 18-19 years

b) 20-21 years

c) 21-22 years

d) 23+years

2) GENDER

a) Male

b) Female

c) Transgender

3) RELIGION

a) Hindu

b) Muslims

c) Christian

d) Others

4) EDUCATIONAL STATUS

a) Illiterate

b) Primaryeducation

c) Secondaryeducation

d) Higher secondaryeducation

e) Degree holders

5) NUMBER OF CHILDREN IN THE FAMILY

a) One children

b) Two children's

c) More than twochildren's

6) BREAD WINNER OF THE FAMILY

a) Father

b) Mother

c) both

d) Others

7) TYPE OFFAMILY

a) Nuclear family

b) Joint family

c) Extended family

8) OCCUPATION OF THEFAMILY

a) Unemployed

b) Self employed

c) Daily wages

d) Private employee

9) FAMILY MONTHLYINCOME

a) < Rs5000

b) Rs5000-10000

c) Rs10000-15000

d) > Rs15000

10) NUMBER OF ALCOHOLICS IN THE FAMILY

a) One member

b) Two members

c) More than two members

11) DURATION OF THE ALCOHOLISM OF THE FAMILY MEMBER

a) < 2 years

b) 2-5 years

c) 5-10 years

d) > 10 years

12) NUMBEROF FRIENDS WITH ALCOHOLISM

a) None

b) 1

c) 2 d)>2

13) HOBBIES

a) Reading, books, and newspaper

b) Watching TV

c) Chatting with friends

d) Playing

e) Others

14) DIETARYPATTERN

a) Vegetarian

b) Nonvegetarian

c) Mixed

SECTION-B

STRUCTURED QUESTIONNIARE FOR ASSESSING THE KNOWLEDGE REGARDING ALCOHOL ABUSE AMONG UG STUDENTS

1. What is alcohol abuse

a) It is a pattern of excess drinking that result in harm to one's health

b) It is a Ebilepticdisorder

c) It is a comorbid medical disorder7

d) It is a anxietydisorder

2. What is the composition of nutrition in alcohol drink?

a) It has no nutritional value and no calories

b) It has only nutritional value

c) It has only calories but no nutritional value

d) It has calories and nutritionalvalue

3. Which of the following part is mainly affects by alcohol abuse?

a) all bladder

b) CNS(central nervous system)

c) Heart

d) Kidney

4. What are the properties of alcohol?

a) Clear liquid with a strong burning taste

b) Taste like sweet

c) Pigmented liquid with sour taste

d) Colored liquid with rotten egg smell

5. What is the toxic concentration of alcohol level in blood?

a) 80-100mg/ 100 ml

b) 100-150mg/ 100 ml

c) 150-200mg/ 100 ml

d) 200-250mg/ 100 ml

6. Which alcohol concentration level results in fatal condition?

a) 80mg/100ml

b) 200mg/100ml

c) 500mg/100ml

d) 280mg/100ml

7. What is the percentage of alcoholic dependence in India?

a) 2%

b) 5%

c) 7%

d) 8%

8. What are the causes of alcohol abuse?

a) Genetic factors, availability, emotional pleasure

b) Below-normal serotoninlevels

c) Multiple stressors and personality problems

d) Neurotransmitter and structural hypotheses

9. How many stages of alcoholic dependence?

a) 2

b) 3

c) 4

d) 5

10. Which stage of alcoholism makes it obvious to friends and family members?

a) pre-alcoholic Stage

b) Early alcoholic Stage

c) Middle alcoholic Stage

d) Late alcoholic Stage

11. According to Jellinek, which pattern of alcoholism results in dipsomania?

a) Delta-alcoholism

b) Gamma alcoholism

c) Alpha alcoholism

d) Epsilon alcoholism

12. Which part of the body is directly affected by alcohol?

a) Respiratory tract

b) Brain control area

c) Intestinal tract

d) The alimentary tract

13. Which of the following deficiencies is seen in chronic alcoholism?

a) Nutritional deficiency

b) Vitamin deficiency

c) Iron deficiency

d) Fluid and electrolytes deficiency

14. In which of the following the urine will be red in color?

a) Peripheral neuropathy

b) Alcoholic myopathy

c) Wernicke's encephalopathy

d) Korsakoff 's psychosis

15. During alcoholism which vitamin deficiency will occur?

a) Folic acid

b) Vitamin A

c) Vitamin D

d) Thiamine

16. What are the characteristic features of korsakoff 's psychosis?

a) Confusion, loss of recent memory

b) Failure to achieve developmental milestones

c) Deficiencies in cognitive functioning

d) Reduced ability to learn

17. Which of the following symptom is not seen in korsakoff 's syndrome?

a) Confusion

b) Confabulation

c) Loss of memory

d) Hallucination

18. What is the effect of alcohol inheart?

a) Accumulation of lipids in the myocardialcells

b) Accumulation of lipids in the diaphragmatic muscles

c) Accumulation of lipids in the inter costal muscles

d) Accumulation of lipids in the subcutaneous tissues

19. When will be the heart enlarged and weakened?

a) Peripheralneuropathy

b) Wernicke's encephalopathy

c) Alcoholic cardiomyopathy

d) lcoholic hepatitis

20. What is the toxic effect of alcohol in the esophageal mucosa?

a) Gastritis

b) Pancreatitis

c) Esophagitis

d) Hepatitis

21. Which organ is mostly affected due to heavy alcoholconsumption?

a) Kidney

b) Heart

c) Stomach

d) Pancreas

22. What is meant by chronic injury to the liver?

a) Pancreatitis

b) Hepatitis

c) Esophagitis

d) Cirrhosis of liver

23) What will be the toxic reaction of alcoholabuse?

a) Impaired production ofplatelets

b) Impaired production of white blood cells

c) Impaired production of red blood cells

d) Impaired production of neutrophils

24) When will be alcohol withdrawal symptoms occur?

a) 4-6 hrs after stop of alcohol

b) 4-8 hrs after stop of alcohol

c) 4-12 hrs after stop of alcohol

d) 8-16 hrs after stop of alcohol

25) Which of the following symptoms are called withdrawal symptoms?

a) Nausea, sweating, shakiness

b) Vomiting, headache, gastritis

c) Headache, abdominal pain, diarrhea

d) Fever, anxiety, depression

26) Which of the following symptoms will see in alcohol abuse?

a) Loss of taste

b) Loss of balance

c) Loss of memory

d) Loss of vision

27) Which type of blood cell production will affect during alcohol abuse?

a) Impaired production of WBC

b) Impaired production of Tcells

c) Deficiency of vitamin A

d) Deficiency of iron

28) In which among the followingwill present during alcohol abuse?

a) Heart burn

b) Pain, burning, tingling of theextremities

c) Abdominal pain

d) Nausea and vomiting

29) Which of the following psychological management can be given for alcoholic dependence?

a) Group therapy and behaviortherapy

b) Family therapy

c) Role play

d) Individual therapy

30) Which one of the following preventive measures can be advised?

a) Control by familymembers

b) Not giving Money

c) Banning / restriction of advertisement of alcohol

d) Close the alcohol shop

ANSWER KEY

Question No.	Answer	Question No.	Answer
1	a	16	a
2	b	17	d
3	a	18	a
4	a	19	c
5	d	20	c
6	c	21	d
7	b	22	d
8	a	23	a
9	c	24	c
10	c	25	a
11	d	26	c
12	b	27	a
13	a	28	b
14	b	29	a
15	a	30	c

SCORING KEY

Scoring Interpretation

- Maximum score – 30
- Minimum score – 0

0-10 10-20	0-50% 50-75	ate knowledge Moderately adequate knowledge
20-30	>75%	Adequate knowledge

Time	Specific Objectives	Content	Teacher Activity
		SRTUCTURED TEACHING PROGRAMME ON ALCOHOL ABUSE	
		INTRODUCTION:	
2 mts	2mts	Alcohol is a natural substance formed by the reaction of fermenting sugar with yeast spores. Although there are many alcohols, the kind in alcoholi beverages is known scientifically as ethyl alcohol. Different alcoholic beverages are produced by using different sources of sugar for th fermentation process. For example, beer is made from malted barley, wine from grapes or barriers, whiskey from malted grains, and rum from molasses**.** Distilled beverages (e.g, whiskey, scotch, gin, vodka, and othe "hard" liquors) derive their name from further concentration of the alcoho through a process called distillation. Alcohol exerts a depressant effect on th CNS, resulting in behavioral and mood changes. The effects of alcohol on the CNS are proportional to the alcoholic concentration in the blood. An individual is legally intoxicated with a blood alcohol level of 0.08 to 0.10% The body burns alcohol at the rate of about 0.5 ounce per hour, so behaviora changes would not be expected to occur in n individual who slowly consume only one averaged-sized drink per hour. Alcohol is thought to have a more profound effect when an individual is emotional or fatigued.	
		DEFINITION:	
2 mts	The UG students will be able to	Alcohol abuse is individuals may drink abusively and to excess, causing harm to	The teacher define the term alcohol abuse

	define the term alcohol abuse	themselves and others without being dependent	with help of roller board
		PROPERTIES OF ALCOHOL:	
3mts	The UG students will be able to Describe the proerties of alcohol	Alcohol is a clear colored liquid with a strong burning taste. The rate o absorption of alcohol into the bloodstream is more rapid than its elimination Absorption of alcohol into the bloodstream is slower when food is present in the stomach. A small amount is excreted through urine and a small amoun is exhaled. A concentration of 80-100 mg of alcohol per 100 ml of blood i considered intoxication. A person with 200-250 mg will be toxic, sleepy confused and his thought process will be altered. If blood level is 300mg / 100 ml of blood the person may lose consciousness. A concentration of 500 mg 100 ml is fatal. All the symptoms change according to tolerance.	The teacher Describe the proerties of alcohol
		EPIDEMIOLOGY:	
2mts	The UG students will be able to state the incidence of alcohol abuse	Alcohol abuse is more commen in males, the incidence of alcohol abuse is 2% in India. While 20-40%of subjects aged above 15 years are current user of alcohol and nearly 10% of them are regular or excessive users. Nearly 15 30% of patients are developing alcohol related problems and seeking admission in psychiatric hospitals.	The teacher state the incidence of alcohol abuse
		CAUSES:	
3mts	The UG students will be able to list	Ø **Genetic Factors –** Make a small contribution to the development o alcohol use. The genetic factors are believed to impart an explanation to the differing rates of	The teacher list out the causes of alcohol

	out the causes of alcohol abuse	alcohol abuse among racial groups. Ø **Cultural Factors :** Rare among Muslims & Jews and common countrie which have large alcohol produce industries namely France, Italy, Portuga etc., Ø **Availability** – It is important as shown by high rats among these employed in the drink trade Ø **Economic Barrier** – This is a close correlation between consummation & the price of alcohol relative to average earnings. The cheaper the relative price the higher the consumptions. Ø **Emotional pleasure –** Drinking has become a substitute in relieving th unpleasant symptoms of an anxiety state, depression or schizophrenia. Ø **Physical dependence –** withdrawal symptoms, such as nausea sweating, shakiness and anxiety occur when alcohol use is stopped after period of heavy drinking.	abuse
		STAGES OF ALCOHOLISM:	
5mts	The UG students will be able to Enumurate the stages of alcohol abuse	There are four stages of alcoholism	The teacher Enumurate the stages of alcohol abuse
		Stage One: Pre-Alcoholic	
		During the pre-alcoholic stage, there is little evidence of problem drinking , as this	

		sta	
		Stage Two: Early Alcoholic	
		This stage is characterized by a growing discomfort with drinking combined with an inability to resist it. You may find yourself lying about drinking to friends or loved ones. . During this stage, your tolerance of alcohol continue to grow. You might also become obsessed with thoughts of alcohol.	
		Stage Three: Middle Alcoholic	
		In the middle alcoholic stage the symptoms of alcoholism usually become obvious to fr	
		Stage Four: Late Alcoholic	
		During the late alcoholic stage, the effects of long-term alcohol abuse are apparent, and	
5mts	The UG students will be able to listout the species of alcohol abuse	**Acceding to Jellinek, there are five "species" of alcoholism on the basis of patterns of use:**	The teacher listout the species of alcohol abuse
		Alpha alcoholism Excessive and inappropriate drinking to relive physical and / or emotional pain No loss of control Ability to abstain present **Beta alcoholism**	

		Excessive and inappropriate drinking Physical complications (e.g.. cirrhosis, gastritis and neuritis) due to cultural drinking patterns and poor nutrition No dependence **Gamma alcoholism** Also called as malignant alcoholism Progressive course Physical dependence with tolerance and withdrawal symptoms Psychological dependence, with inability to control drinking	
		Delta alcoholism Inability to abstain Tolerance Withdrawal symptoms The amount of alcohol consumed can be controlled Social disruption is minimal **Epsilon alcoholism** Dipsomania (compulsive – drinking) Spree – Drinking	

10mts	The UG students will be able to Describe the effects on the body of alcohol abuse	**EFFECTS ON THE BODY**	The teacher Describe the effects on the body of alcohol abuse
		Alcohol can induce general, nonselective, reversible depression of the CNS About 20% of alcohol is absorbed directly and immediately into th bloodstream through the stomach wall. The blood carries it directly in to th brain, where the alcohol acts on the brain's central control areas, slowing down or depressing brain activity.	
		The other 80% of the alcohol is processed slightly slower through the upper intestinal tract and into the bloodstream. Only movements after alcohol is consumed, it can be found in all tissues, organs, and secretions of the body. Rapidly of absorption by various factors.at low doses, alcohol produces relaxation, loss of concentration, drowsiness, slurred speech, and sleep. **PERIPHERAL NEUROPATHY:** Peripheral neuropathy, characterized by peripheral nerve damage, results in pain, burning, tingling, or prickly sensations of the extremities. Nutritional deficiencies are common in chronic alcoholics because of insufficient intake of nutrients as well as toxic effect of alcohol that results in mal absorption of nutrients. Otherwise permanent muscle wasting and paralysis can occur. **ALCOHOLIC MYOPATHY:** Alcoholic myopathy may occur as an acute or chronic condition. In this condition ,	

		the individual experiences a sudden onset of muscle pain, swelling, and weakness; a reddish tinge in the urine caused by myoglobin, a breakdown product of muscle excreted in the urine; and a rapidly rise in muscle enzymes in the blood. **WERNICKE'S ENCEPHALOPATHY:** It represents the most serious form of thiamine deficiency in alcoholics. If thiamine replacement therapy is not undertaken quickly, death will ensure. **KORSAKOFF'S PSYCHOSIS:** It is identified by a syndrome of confusion, loss of recent memory, and confabulation in alcoholics. Treatment is with parenteral or oral thiamine replacement. **ALCOHOLIC CARDIOMYOPATHY:** The effect of alcohol on the heart is an accumulation of lipids in the myocardial cells, resulting in enlargement and a weakened condition. The treatment is total permanent abstinence from alcohol. Treatment of the congestive heart failure may include rest, oxygen, digitalization, sodium restriction, and diuretics. **ESOPHAGITIS:** Inflammation and pain in the esophagus- occurs because of the toxic effects of alcohol on the esophageal mucosa. **GASTRITIS:** Inflammation of the stomach lining characterized by epigastric distress, vomiting, and distension .Alcohol breaks down the stomach's productive mucosal barrier, allowing	

		hydrochloric acid to erode the stomach wall .Damage to blood vessels may result in hemorrhage. **PANCREATITIS:** It may be categorized as acute and chronic. Acute pancreatitis usually occurs 1 or 2 days after a binge of excessive alcohol consumption. The chronic condition leads to pancreatic insufficiency resulting in steatorrhea , malnutrition, weight loss, and diabetes mellitus **ALCOHOLIC HEPATITIS:** Inflammation of the liver caused by long-term heavy alcohol use .Severe cases can lead to cirrhosis or hepatic encephalopathy. **CIRRHOSIS OF THE LIVER:** It may be caused by anything that results in chronic injury to the liver. It the end stage of alcoholic liver disease and results from long term chronic alcohol abuse. **COMPLICATIONS OF CIRRHOSIS** **Portal hypertension** (Elevation of blood pressure through the portal circulation results from defective blood flow through the cirrhotic liver). **Ascites** (Excessive amount of serous fluid accumulates in the abdominal cavity). **Esophageal varices** (veins in the esophagus that become distended because of excessive pressure from defective blood flow through the cirrhotic liver). **Hepatic encephalopathy** (the inability of the diseased liver to convert ammonia to urea for excretion)	

		LEUKOPENIA: The production, function, and movement of the white blood cells are impaired in chronic alcoholics. **Thrombocytopenia:** Platelet production and survival are impaired as a result of the toxic effects of alcohol. **SEXUAL DYSFUNCTION:** Alcohol interferes with the normal production and maintenance of female and mal hormones. For women, this can mean changes in the menstrual cycles and a decreased or loss of ability to become pregnant. For men, the decreased hormone levels result in a diminished libido, decreased sexual performance, and impaired fertility. **ALCOHOL INTAXICATION:** Symptoms of alcohol intoxication included dis-inhibition of sexual of aggressiv impulses, mood liability impaired judgment, impaired social or occupationa functioning, nystagmus and flushed face intoxication usually occurs at blood alcoho levels between 100 and 200 mg/ dl. Death has been reported at levels ranging from 400 to 700 mg/dl. **ALCOHOL WITHDRAWAL** Within 4 to 12 hours of cessation of or reduction in heavy and prolonged alcohol use.	

		The following symptoms may appear: coarse tremor of hands tongue, or eyelids: nausea or vomiting: malaise or weakness: tachycardia: sweating elevated blood pressure: anxiety: depressed mood or irritability; transient hallucination or illusion, headache, insomnia.	
		SIGNS AND SYMPTOMS OF ALCOHOL ABUSE	`
3mts	The UG students will be able to List down the signs and symptoms of alcohol abuse	Alcohol is rapidly absorbed from stomach, small intestine and colon. The maximum concentration in blood reaches within 30-90 minutes.	3mts
		Acute: · Central Nervous System (CNS) Dysfunctions · Depression of inhibitory control · Heavy sweating · Blurry vision · Nausea and vomiting · Decreased heart rate and breathing rate · Increased blood pressure · Vasodilatation, warm, flushed, reddish skin · Decreased memory & concentration · Poor judgment · Decreased reflexes · Decreased sexual response Psychological problems like depression, morbid jealousy, emotional	

		disturbances etc. · Amnesia (Alcoholic blackouts) **Chronic:** · Liver damage · Stomach ulcers and irritation to the pancreas · Hepatitis · Jaundice · Hepatomegaly · Ascites · Abdominal Pain · Cirrhosis of liver · Cancer · Widening of the veins and arteries, resulting in headache, and loss of body heat · Decreased production of red blood cells, resulting in anemia and infections	
2mts	The UG students will be able to Analysis the diagnostic evaluation	**DIAGNOSTIC EVALUATION:**	The teacher Analysis the diagnostic evaluation

		Blood alcohol level to indicate intoxication (200 mg/ dl) Urine toxicology to reveal use of other drugs Serum electrolyte analysis revealing electrolyte abnormalities associated with alcohol use Liver function studies demonstrating alcohol related liver damage Hematologic workup possibly revealing anemia, thrombocytopenia Echocardiography and electrocardiography (ECG) demonstrating cardiac problems	
		TREATMENT:	
8mts		Before starting any method of treatment,these steps are followed; Diagnosing any physical disorder	
		Diagnosing any psychiatric disorder Assessment of motivation for treatment Assessment of social support Assessment of personality characteristics of the patient Current and past social, interpersonal and occupational functioning	

	The UG students will be able to Explain the medical treatment of alcohol abuse	**MEDICAL TREATMENT:**	The teacher Explain the medical treatment of alcohol abuse
		1. Detoxification	
		This is the treatment of alcohol withdrawal symptoms, i.e; symptoms produce by the removal of the 'toxin'(alcohol).The best way to stop alcohol is to stop i suddenly.The usual duration of uncomplicated withdrawal syndrome is 7 14days. The aim of detoxification is the symptomatic management of th emergent withdrawal symptoms. **The drug of choice are ;** Tab. benzodiazepines Tab. Chlordiazepoxide (80-200 mg/day) Tab. Diazepam (40-80mg/day).	

		· In currently Tab. Naltrexone (Depade , revia)- it acts in the brain to reduce craving for alcohol after someone has stopped drinking · Tab. Acamprosate (campral)-is thought to work by reducing symptoms such as anxiety and insomnia · Tab. Disulfiram (antabuse)-discourages drinking by making the person taking it feel sick after drinking alcohol In addiction an injectable long-acting form of tab. Naltrexone (vivitrol) is available These medications have been shown to help people with dependence reduce their drinking, avoid relapse to heavy drinking, and achieve and maintain abstinence.	
		4. **2. Others:**	
		· For **vitamin B deficiency** a preparation of vitamin B containing 100 mg of thiamine should be administered parenterally, twice daily for 3 to 5 day followed by oral administration of vitamin B for at least 6 months Maintaining fluids and electrolyte balance Strict monitoring of vitals level of consciousness and orientation · Advice about the harmful effects of alcohol and safe levels o	

		consumption is all that is needed. Banning/Restricting of advertisement of alcohol. Guidelines for parents to prevent alcohol abuse among youngsters.	
The UG students will be able to Describe the psychological treatment of alcohol abuse		**PSYCHOLOGICAL MANAGEMENT:**	The teacher Describe the psychological treatment of alcohol abuse
		Motivational interviewing: This involves providing feedback to the patient on the personal risks that alcohol poses, together with a number of options for change **Group therapy:** It enables the patients to observe their own problems mirrored in others **Aversive conditioning:** This therapy is based on classical conditioning. In this technique the patient is to Chemically- induced vomiting or shock when he takes alcohol. **Cognitive therapy:**	

		is involves reduction in alcohol intake by identifying and modifying maladaptive thinking patterns. **Relapse prevention techniques** This technique helps the patient to identify high-risk relapse factors and develop strategies to deal with them. **Behavior Therapy:**	
		The most commonly used behavior therapy are relaxation technique self- assertive skill training, self-control, positive reinforcements.	
		PREVENTIVE MEASURES	
		· Advice about the harmful effects of alcohol and safe levels of consumption is all that is needed. Banning/Restricting of advertisement of alcohol. Guidelines for parents to prevent alcohol abuse amongst youngsters. · Straight forward advice about the harmful effects of alcohol and safe levels of consumption is all that is needed. · In more severe cases, patients may have to be advised to alter leisure activities	

		or change jobs if these are contributing to the problem.	
	The UG students will be able to Briefly explain the nursing management of alcohol abuse	**Nursing Management**	The teacher briefly explain the nursing management of alcohol abuse
		1. Nursing Assessment a. Recognition of alcoholism: The CAGE questionnaire may be adopted for this purpose: i. Have you ever felt you ought to CUT down on your drinking? ii. Have people ANNOYED you by criticizing you drinking? iii. Have you ever felt CUILTY about your drinking? 2. Have you ever had a drink first think in the morning (an EYE-OPENER) to steady your nerves or get rid of a hangover? 3. Be suspicious about at risk factors Problems in the marriage and family, at work, with finances or with the law; at risk occupations; withdrawal symptoms	

		after admission; alcohol related physical disorders; repeated accidents; deliberate self-harm. 4. If at-risk factors raise suspicion, the next step is to ask carful but persistent questions to confirm the diagnosis. 5. Certain clinical sings lead to the suspicion that drugs are being injected; Needle tracks and thrombosed veins wearing garments with long sleeves etc., IV use should be suspected in any patient who presents with subcutaneous abscesses or hepatitis. 6. Behavior changes: Absence from school or work, negligence of appearance, minor criminal offences, isolation from former friends and adoption of new friends in a drug culture. 7. When assessing the patient who alcohol abuse it is first important to remember that underneath the surface of denial and rationalization are the feelings of fear, insecurity, anxiety and low self-esteem. 8. Improving social relationships and supports 9. Note of any suicide ideation or intent, with drained symptoms. 10. Asses for level of motivation for treatment.	

		11. Identifying reasons to change 12. A baseline physical and emotional nursing assessment is done to determine admission status and provide baseline from which to determine progress towards an expected outcome. 13. Monitoring intake, output and calorie content 14. To check the weight daily	