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A Study to Assess the Prevalence Of Alcohol Consumption And Its Effect With A View To Assess The Effectiveness Of Structured Teaching Program On "Prevention Of Alcohol Consumption And Its Harmful Effect" In Terms Of Knowledge And Attitude Among Male Adult Population Of Chhawla Village.

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Abstract

Background

Alcoholism is a major health problem worldwide, and its effects on physical, psychological, and social well-being. The need to assess the knowledge and attitude of adult males in a selected village Chaawla in Delhi regarding the effects of alcohol consumption. The purpose of the study is to gain a better understanding of the issue and develop targeted interventions to address it.

Objective

The main aim of the study was to assess the prevalence of alcohol consumption, assess pattern of alcohol consumption and its harmful effect on health with a view to evaluate the effectiveness of structured teaching program on prevention and control of alcohol consume and their harmful effect in terms of knowledge and attitude among adult male of Chhawla village Delhi.

Methods

The study was conducted in two phases, with the second phase taking place from January 5th, 2023 to January 28th, 20,23. The first phase was descriptive survey design. The second phase was quasi experimental approach with pre-test post-test design. Data were entered into a master data sheet and analyzed using descriptive and inferential statistics.

Results

There was a weak positive correlation (r=0.28) between post-test knowledge scores and post-test attitude scores of adult males and it was found to be statistically significant. The mean post- test knowledge scores (19.95) and attitude scores (27.85) were higher than the pretest knowledge score (13.35) with mean difference of (5.72) and (5.72).

Conclusions

There is a strong positive correlation between post-test knowledge and post-test attitude scores and it is found to have statistical significance.

1. Introduction

First the man takes a drink
Then the drink takes a drink
And then drink takes the man

Alcohol has been defined in the Webster's dictionary as any of a series of volatile hydroxyl compounds that are made from hydrocarbons by distillation. In common usage, "alcohol" often refers simply to ethanol or "grain alcohol", which may be produced by fermentation of fruits or grains with yeast and is one of the oldest and most widely used recreational drugs in the world, typically taken in the form of an alcoholic beverage. Ingestion in sufficient quantity results in a state known as drunkenness or intoxication.

Alcohol consumption is more prevalent among men than women in India, and there are significant cultural and religious factors that influence drinking behavior. Additionally, some Indian states have implemented strict laws and regulations on the sale and consumption of alcohol, which has affected its prevalence in those regions. (1)

The history of alcoholism is as ancient as man himself and, despite having received attention from medicine only after the mid-19th century; it is nowadays configured as one of the greatest public healthcare problems all over the world. It is estimated that this condition affects 10% of the global population and 12.3% of the Brazilian populations Such percentages seem to justify the presence of a significant number of patients with problems that are directly related to alcohol and alcoholism in clinical, surgical and emergency hospital units, as well as in primary healthcare services.

Alcohol is a psychoactive substance which has an effect on people in many ways. It mainly acts on central nervous system but it also affects almost all other body organs and systems. Alcoholic beverages contain ethyl alcohol (ethanol), produced as a result of the fermentation of starch which includes grains (beer), vegetables (vodka) and fruits (wine). Ethyl alcohol has no taste and is a colorless liquid. The manufacturing process also gives a distinct flavor and color to the alcoholic beverage. Alcohol is absorbed directly into the bloodstream through the walls of the stomach and the small intestine, and is then quickly distributed all over the body. All alcohol that is consumed enters the bloodstream and then goes to the brain. It takes only a few minutes for alcohol to reach the brain and begin to act. Liver is the main organ which metabolizes alcohol, and on an average, it takes about one hour for the liver to completely digest a standard alcoholic drink.

Alcohol is a psychoactive substance with dependence-producing properties that has been widely used in many cultures for centuries. The harmful use of alcohol causes a high burden of disease and has significant social and economic consequences.

The harmful use of alcohol can also result in harm to other people, such as family members, friends, co-workers and strangers.

Alcohol consumption is a causal factor in more than 200 diseases, injuries and other health conditions. Drinking alcohol is associated with a risk of developing health problems such as mental and behavioral disorders, including alcohol dependence, and major noncommunicable diseases such as liver cirrhosis, some cancers and cardiovascular diseases. (2)

A significant proportion of the disease burden attributable to alcohol consumption arises from unintentional and intentional injuries, including those due to road traffic crashes, violence, and suicide. Fatal alcohol-related injuries tend to occur in relatively younger age groups.

The harmful use of alcohol is a causal factor in more than 200 disease and injury conditions. (2)Worldwide, 3 million deaths every year result from harmful use of alcohol. This represents 5.3% of all deaths.

Overall, 5.1% of the global burden of disease and injury is attributable to alcohol, as measured in disability-adjusted life years (DALYs). Beyond health consequences, the harmful use of alcohol brings significant social and economic losses to individuals and society at large.

Alcohol consumption causes death and disability relatively early in life. In people aged 20–39 years, approximately 13.5% of total deaths are attributable to alcohol. There is a causal relationship between harmful use of alcohol and a range of mental and behavioral disorders, other noncommunicable conditions and injuries. (2)

The update of the evidence on cost-effectiveness of policy options and interventions undertaken in the context of the Global action plan for the prevention and control of noncommunicable diseases 2013–2020 provides a new set of enabling and focused recommended actions to reduce the harmful use of alcohol

Achieving a reduction in the harmful use of alcohol in line with the targets included in the Sustainable Development Goals (SDG) 2030 agenda and the WHO Global Monitoring Framework for Noncommunicable Diseases requires concerted action by countries, effective global governance and appropriate engagement of all relevant stakeholders. By working together effectively, the negative health and social consequences of alcohol can be reduced. (2)

Alcohol consumption and related problems have risen substantially in many Asian countries including India over the last several years. Alcohol related disorders are increasingly being reported in India. In a review of literature, a significant lowering of age at initiation of drinking was found in Karnataka which also showed a drop from a mean age of 28 years to 20 years between the birth cohorts of 1920-30 and 1980-90, He asserted that alcohol consumption had visibly increased in the nontraditional segments of urban women and young people, with a noticeable upward shift in rates of drinking among urban middle and upper socio-economic sections.

BACKGROUND OF THE STUDY

"All the children and adult have the right to grow up in an environment protected from the negative consequences of alcohol consumption and to the extent possible, from the promotion of alcoholic beverages" World Health Organization's European Charter on Alcohol

Excessive alcohol consumption is a global healthcare problem. The liver sustains the greatest degree of tissue injury by heavy drinking because it is the primary site of ethanol metabolism. Excessive alcohol consumption is a global healthcare problem with enormous socio-economic, and clinical consequences, accounting for 3.3 million deaths every year. (2) Excessive drinking over decades damages nearly every organ in the body. However, the liver sustains the earliest and the greatest degree of tissue injury from excessive drinking because it is the primary site of ethanol metabolism. (17)

The use of alcohol is present in all age groups. However, the greater concern is the consumption by adolescents and youth. One of the reasons why such use is encouraged is the influence, indirectly, of their own families, who generally condemn only the use of illicit drugs, like marijuana.

Excessive alcohol misuse and drunkenness were recognized as causing problems thousands of years ago. However, the defining of habitual drunkenness as it was then known as and its adverse consequences were not well established medically until the 18th century. Alcohol, tobacco and other substances abuse is a drastic social problem in India. Around 25% of the current users are dependent users. Dependent users as a proportion of current users were 17% for alcohol, 26% for cannabis and 22% were opiates. (18) According to current concepts, alcoholism is considered a disease and alcohol a “disease agent” which causes acute and chronic intoxication, cirrhosis of liver, toxic psychosis, gastritis, pancreatitis, cardio-myopathy, peripheral neuropathy and gastro intestinal cancers. (19) In addition to that it is a leading cause of suicide, automobile accidents, injuries and deaths due to violence. The health problems for which alcohol is responsible are only part of the total social damage which includes family disorganization, crime and loss of productivity.

NEED FOR THE STUDY

There is a need for alcohol consumption studies in India for several reasons. Firstly, alcohol consumption can have negative health consequences, and the prevalence and patterns of alcohol use can help identify high-risk populations and inform public health interventions. (3)

Secondly, understanding the factors that influence alcohol consumption in India can help policymakers develop evidence-based policies and regulations to mitigate the harm caused by alcohol use, such as reducing alcohol-related accidents, violence, and health problems. (4). Thirdly, alcohol consumption patterns are subject to change over time, and periodic studies can provide insights into trends and changes in alcohol use behavior in India. (5)

Finally, there is a need to address the social and cultural factors that influence alcohol consumption in India, such as gender norms, socioeconomic status, and religious beliefs, which can affect the attitudes towards alcohol and the social acceptability of alcohol use. (6) Therefore, conducting alcohol consumption studies in India can help provide a better understanding of alcohol use behavior, its impact on public health, and the development of effective policies to address the negative consequences of alcohol consumption. (7)

Adult health today is threatened by the use of alcohol and other psycho active substances. It is therefore important to develop upgraded alcohol education related to alcohol use, and its consequences in school health care. (8) Promotion of national and community-based age-appropriate education program is needed

to ensure alcohol free activities from youth and public The WHO estimates that 3 million people between the ages of 15- 29 year die from alcohol related causes. This represents 5.3% of all deaths in this age group. (9) The 2011 Global Status Report on Alcohol & Health states that there has been a marked increase in alcohol consumption amongst young people in recent years. The 2008 Global report from 73 countries showed a five-year trend in under-age drinking with 71% of countries reporting an increase. (10)

In the community many people having different excuse to start the alcohol consumption but many factors are common that contribute the individual getting alcoholic condition. One-third of the users began drinking before 20 years of age. About half of the users had strained relations with their family members and neighbors both. Many peoples complain for reasons behind alcohol consumption is stress. India is a developing country, peoples have different type of stress e.g. family stress, occupational, and job related stress. The hospital surveys revealed that the victim was under the influence of alcohol in 28% of hospitalized traffic injuries. (11) Alcohol intake is considered a significant risk factor for the development of hemorrhagic stroke (12) and has been considered as a modifiable risk factor for its occurrence. The largest population based neuroepidemiology survey in Bangalore reported the prevalence of strokes to be 150/100000 population."

Alcohol misuse was reported as a strong predictor of adult' mental health in which, it was attributable for increased depressive symptoms accompanied with drinking to cope, attempted suicide and self-harm behaviors and aggressive behaviors. Alcohol use was also associated with the use of novel psychoactive substances, a new trend exacerbated by the presence of alcohol. Moreover, adult with problematic alcohol use is less likely to seek professional help for their mental health problem. Problematic alcohol use contributes to a significant proportion of adult' engagement in risky sexual behavior, poorer executive functions, and achievement."

Alcohol is the third leading preventable risk factor for the global burden of disease and responsible for 3 million deaths (5.3% of all global deaths). In 2022, World Health Organization reported that 7.6 and 4% of deaths were attributable to alcohol among males and females, respectively (13). Alcohol contributes to over 200 diseases and injury-related health conditions, mostly alcohol dependence, liver cirrhosis, cancers, and injuries. Alcohol misuse is the fifth leading risk factor of premature death globally; among people between the ages of 20-39 years, it is the first leading cause. (14) Alcohol misuse was also reported as a strong predictor of adult' mental health in which, it was attributable for increased depressive symptoms accompanied with drinking to cope, attempted suicide and self-harm behaviors, and aggressive behaviors.

The fact that alcohol is closely linked to routine acts of violence has been established beyond doubt as alcohol users are frequently involved in fights, brawls, rape, spousal and child abuse, thefts, running away from home and other illegal acts." Chronic and persistent alcohol use is known to induce sexual dysfunction, which in turn can lead to marked distress and interpersonal difficulty. A study by Arackal and Benegal found that among 100 males with alcohol dependence who were admitted to a de-addiction center, 72% experienced one or more sexual dysfunctions. The most commonly reported sexual dysfunctions were premature ejaculation, low sexual desire, and erectile dysfunction. (15) A semen analysis of 100 samples showed that heavy alcohol use and smoking was associated with asthenozoospermia, teratozoospermia as well as oligozoospermia. Alcoholics are more likely to have an alcoholic father, mother, sibling or a distant relative indicating predisposition. Alcoholism in the parent is specifically associated with an increased risk to alcoholism in the off spring. The risk is 4 to 9 times when

compared to general population. Higher levels of co-dependence, faulty and inconsistent child rearing practices.

Alcoholics have high levels of stress, greater occurrence of depression, anxiety, conduct disorder and attention deficit hyperactivity disorder. Cognitive problems like lower IQ, lower performance and verbal scores, academic problems, lesser motivation and below average school performance. Behavioral problems like lying, stealing, fighting, truancy, being overactive, impulsive and greater risk for delinquency with higher degree of deviant behavior. Psycho-social problems like decreased personal and social competence leading to lower success rates, lower social adjustment and decreased coping ability. Higher risk of abuse like emotional, physical and sexual abuse. (16)

Alcoholism is the major problem in the present time in our society. Illiterate, unemployment, stressful life, family environment, peer group are the major causes of alcoholism. Alcoholism is main cause of morbidity and mortality in our society. So, main aim of my study to educated the adult people and change in their attitude regarding prevention of alcohol consumption and its harmful effect.

STATEMENT OF THE PROBLEM

A STUDY TO ASSESS THE PREVALENCE OF ALCOHOL CONSUMPTION AND ITS EFFECT WITH A VIEW TO EVALUATE THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAM ON "PREVENTION OF ALCOHOL CONSUMPTION AND ITS HARMFUL EFFECT" IN TERMS OF KNOWLEDGE AND ATTITUDE AMONG MALE ADULT POPULATION OF CHHAWLA VILLAGE DELHI

OBJECTIVES

1.To assess the prevalence of alcohol consumption among adult male population of Chhawla village.
2.To assess the alcohol consumption and its effect on physical, mental, social health.

3.To developed structured teaching program on prevention of alcohol consumption and its harmful effect.

4.To assess and evaluate the knowledge and attitude of adult male population of Chhawla village regarding the prevention of alcohol consumption and its harmful effect.

5.To find relationship between knowledge and attitude towards the prevention of alcohol consumption and its harmful effect among male adult population of Chhawla village.

6.To find association of knowledge and attitude towards the prevention of alcohol consumption and its harmful effect among male adult population of Chhawla village with selected variables like educational status, type of family, income, age and occupational status.

HYPOTHESIS OF THE STUDY

H1: The mean post-test knowledge scores of male adult population after the administration of Structured teaching program on prevention of alcohol consumption and its harmful effect will be significantly higher

than the mean pre-test knowledge scores, as evident from structured knowledge questionnaires at 0.05 level of significance.

H2: The mean post-test attitude scores of male adult population after the administration of Structured teaching program on prevention of alcohol consumption and its harmful effect will be significantly higher than the mean pre-test attitude scores, as evident from attitude rating scale at 0.05 level of significance.

H3- There will be significant relationship between mean post-test knowledge scores and attitude scores of adult male populations on prevention of alcohol consumption and its harmful effect as evident by structured knowledge questionnaires and attitude rating scale at 0.05 level of significance.

H4- There will be significant association of post-test knowledge scores of adult male populations on prevention of alcohol consumption and its harmful effect with selected demographic variable as measured by structured knowledge questionnaires at 0.05 level of significance, like educational status, type of family, income, age and occupational status.

H5- There will be significant association of post-test attitude scores of adult male population on prevention of alcohol consumption and its harmful effect with selected demographic variable as measured by structured attitude rating scale at 0.05 level of significance, like educational status, type of family, income, age and occupational status.

DELIMITATION OF THE STUDY

1. The study is limited to only male adult population living in Chhawla village Delhi.

2. The study is limited to male adult population who are willing to participate in the study.

3. Knowledge of male adult population was assessed only through responses to the self-administered structured knowledge questionnaire.

4. Attitude of male adult population will be assessed only through responses to the self-administered attitude rating scale.

5. Only literate adult male was the part of the study

ASSUMPTION OF THE STUDY

1. Male adult population will have some knowledge and favorable attitude regarding effect of alcohol consumption.

2. Male adult population knowledge and attitude can be measured by structured knowledge questionnaire and attitude.

3. The relationship between knowledge and attitude with selected variables can be measured and compared with educational status, type of family, income, age and occupational status.

OPERATIONAL DEFINITION

- **Prevalence**- In this study the term prevalence refers to the number of male adults who use alcohol as reported by them on structured questionnaire.
- **Alcohol consumption**– In this study the term alcohol use refers to taking of alcohol by the adult male population.
- **Assess**- In this study assess refers to find out the prevalence of alcohol use its effect on physical, mental and social health among adult male population as reported by structured knowledge questionaries and rating attitude questionaries.
- **Adult male** – In this study adult male refer to the age between 18-60 year.
- **Develop**- In this study develop means to prepare a structured teaching program on prevention of alcohol consumption and its harmful effects among adult male population.
- **Evaluate**- In this study the term evaluate refers to judge the worth of structured teaching program on prevention of alcohol consumption.
- **Knowledge** –It refers to the ability of the adult male population to respond correctly to the knowledge question regarding on prevention of alcohol consumption and its harmful effect as evident from the knowledge scores measured by structured knowledge questionnaire.
- **Attitude**- It refers to the ability of the adult male population to respond to item on attitude rating scale regarding on prevention of alcohol consumption and its harmful effect as evident by attitude ratting scale.
- **Structured teaching program-** Referred to systematically planned and formulated teaching program designed to provide information on prevention of alcohol consumption and its harmful effect.
- **Effectiveness-** The degree to which structured teaching program is successful in producing a desired change in knowledge and attitude of adult male population toward on prevention of alcohol consumption and its harmful effect.

CONCEPTUAL FRAMEWORK OF THE STUDY

According to Polit and Hungler (1991), conceptual framework is cohesive, supporting linkage of selected inter-related concepts. It serves as a guide to research and springboard for the generation of research hypothesis." (20)

Conceptual framework used for the study is "HEALTH BELIEF MODEL" which was given by Godfrey Hoch Baum, Stephen Kegels, Irwin Rosenstock in 1950. (21)

The HBM is based on the understanding that a person will take a health-related action if that person:

- Feels that a negative health condition can be avoided.
- Has positive expectation that by taking a recommended action, he/she will avoid a negative health condition.
- Believes that he/she can successfully take a recommended health action.

This model has three components

1.**INDIVIDUAL'S PERCEPTION OF SUSCEPTIBILITY TO ANILLNESS**

Perceived susceptibility: It is one's opinion of chances of getting a condition. It makes the individual to feel at high risk of being addicted to alcohol use.

Perceived seriousness: It is one's opinion of how serious a condition and its consequences are. It makes the individual to think that whether the use of alcohol cause death or has serious consequences.

Perceived threat: Perceived susceptibility and perceived seriousness combine to determine the total perceived threat of an illness to a specific individual. For example, a drug addict or a homosexual has more perceived threat of AIDS than normal person because the susceptibility is combined with the seriousness.

Self-efficacy: It is a confidence in one's ability to take action. E.g., Through teaching, training, guidance, and positive reinforcement.

2. MODIFYING AND NON-MODIFIABLE FACTORS

Factors that modify a person's perception include the following:

Demographic variables: It includes age, gender, race and ethnicity. For example, an adolescent may perceive peer approval as more important than family approval**.**

Socio-psychological variables: Social pressure such as influence from peers or others also affect the individual's perception and can encourage preventive health behaviors even when individual's motivation is low.

Structural variables: That affect the individual's perception about the disease is knowledge about the disease prior contact with it.

Cues to action: Strategies to activate "readiness" cues can be internal or external. Internal cues include negative feelings about the condition of a person suffering from the disease. External cues include mass media campaigns, newspaper or magazine articles, and advice from others.

3. LIKELIHOOD OF ACTION

The likelihood of a person taking recommended preventive health.

- Action depends on the perceived benefits of action minus the perceived barriers to the action.

- Perceived benefits of the action: one's belief in the efficacy of the advised action to reduce risk or seriousness of impact. Before taking the action, the individual thinks about its benefits to him.

- Perceived barriers to the action: these are the hindrances like cost, inconvenience and lifestyle change

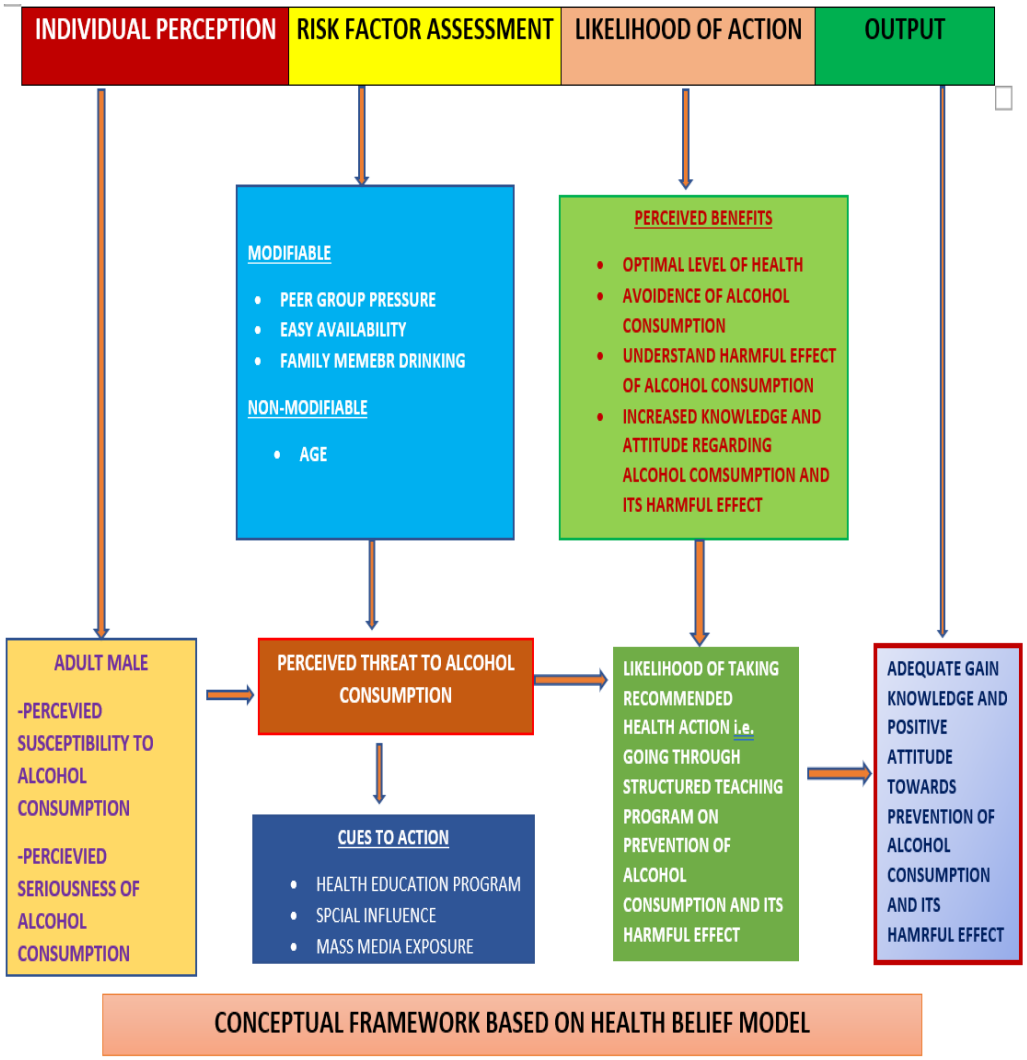
The conceptual frame work of the present study is based on this model explains that the adult male have some belief that they are alcohol consumption and this behavior would have serious effects on their lives if they adopt it. susceptible to Knowledge regarding various modifiable factors such as peer pressure, curiosity, parental family drinking, easy availability, overcome anxiety/stress, to cope with loss of a

friend/family member, influenced by famous person/role model, influenced by advertisement, social gathering/marriage party, would help them to perceive the threat to alcohol use.

Cues to action seem arises from social influences and family history of alcohol use. Cues to action are categorized under structured teaching program. Knowledge regarding modifiable and non -modifiable risk factors along with the perceived threat would enable adult male to perceive the benefits of preventive action and barriers to preventive action.

Perceived benefits of preventive action in the present study denote gain in knowledge and attitude and understanding of effects of alcohol consumption, leading to optimum level of health as compared to perceived barriers to preventive action. i.e., peer group pressure, lack of motivation, individual lifestyle, family background and lack of intelligence etc. Thus, encouraging them to take recommended health action i.e., exposure to structured teaching program on prevention of alcohol consumption and its harmful effect.

The readiness to learn through the structured teaching program would help the adult male to improve their knowledge regarding prevention of alcohol consumption and its harmful effect and develop unfavorable attitude towards alcohol use and develop healthy practices. This would help them to exercise avoidance from alcohol consumption and develop no alcohol tendency in their later life.



SUMMARY

This chapter deals with the background of the study, need of the study, statement of problem, objective, hypothesis, assumptions, delimitations, operational definitions and conceptual framework of the study.

Chapter II: Presents the literature reviewed and studies related to the present study

Chapter III: Detailed methodology and plan for data analysis and interpretation

Chapter IV: Discuss the analysis and interpretation of the data.

Chapter V: Comprises of the summary, findings, discussion, conclusions, implications, limitations and recommendations of the study. The fifth chapter is followed by a list of references and appendices.

2. REVIEW OF LITERATURE

This chapter deals with review of published and non-published research studies and non-research literature related to present study. A review of literature is an essential activity of a scientific project. It is an important step in the development of research project from beginning to end Researchers undertake a literature review to familiarize themselves with knowledge base. Written literature review provides the investigators and readers with a background for understanding what has been learnt on the subject and illuminates about significance of new studies.

According to Polit and Beck (2017), a literature review is "a systematic, comprehensive, and critical appraisal of the literature relevant to a particular topic or research question". It involves identifying, analyzing, and synthesizing existing research studies, theoretical and conceptual frameworks, and other scholarly sources related to the topic of interest. The purpose of a literature review is to provide a comprehensive understanding of the current state of knowledge on the topic, identify gaps and inconsistencies in the literature, and suggest future research directions. (22)

A literature review is a comprehensive summary and critical analysis of the existing research literature on a particular topic. It involves reviewing, summarizing, and synthesizing the published works of scholars, researchers, and practitioners in a specific field or area of study. The purpose of a literature review is to identify gaps or controversies in the existing literature, highlight areas that need further investigation, and provide a foundation for a new research project. It is an essential component of any research study, as it helps to contextualize and justify the research question, identify the current state of knowledge, and inform the development of research hypotheses and methodology. The literature reviewed for the study is organized and presented under following heading.

- Review of literature Related to alcohol consumption prevalence
- Review of literature Related to harmful effect of alcohol consumption
- Review of literature Related to knowledge and attitude on prevention of alcohol consumption and its harmful effects

1.REVIEW OF LITERATURE RELATED TO PREVALENCE OF ALCOHOL COSUMPTION AMONG ADULT MALE

Teli, (2019)- A descriptive, randomized and observational study was conducted to assess the prevalence of alcohol consumption in an urban population of Patelnagar, Dehradun, Uttarakhand. A total of 1214 subjects were randomly selected and initially screened as alcohol consumer. Out of 1214 subjects, 544 subjects were alcohol consumers showing prevalence rate of 44.81%. Basic socio-demographic data of 544 alcohol consumers were collected by using self-modified structured questionnaire. Prevalence of alcohol consumption was more among males (40.36%) as compared to that in females (4.45%). Gender wise distribution of alcohol consumers showed that there were more males (90.07%) as compared to female (9.93%) and age wise distribution showed that majority of alcohol consumers belongs to the age group of 26–35 years (35.29%). (30)

Halari, et al (2016)- Conducted a study on assessment of prevalence of alcohol consumption and common influencing factors to start alcohol consumption in early age. They select total 73 subjects in the research. They consist of both 23 (31.5%) males and 50 (68.5%) females. Among them, 66.67% reported that they consume alcohol, while 33.33% reported they don't consume alcohol 73.91% of males reported that they consume alcohol while 26.09% reported they don't consume alcohol 63.27% of females reported that they consume alcohol while 36.73% of them reported they don't consume alcohol. Males reported they began to consume alcohol at <10 years (6.25%), 11-15 years (6.25%), 16-20 years (81.25%) and 21-30 years (6.25%). The 13 females reported they began to consume alcohol at <10 years (10.71%)11-15 years (7.14%)16-20 years (60.71%)21-30 years (21.43%). (24)

Srinivas et.al (2016)- Conducted a study to determine the prevalence of alcohol consumption in young adults in Dominica. In this study the researcher also, determined the common reasons and influencing factors to start alcohol consumption in younger age groups in Dominica. The study showed that most common age to start consuming alcohol was between 16-20 years and common reasons to start included 'social activities and peer pressure' for majority and for a few curiosities and adult influence. ‘It becomes incumbent on the government, healthcare practitioners and other stakeholders to promote responsible drinking and discourage premature drinking in conclusion, applying regression analysis, age is a predictor of alcohol consumption and for each unit increase in age, there is an average increase of 13% in alcohol consumption considering among Dominicans. (25)

Sachdeva, et al (2016)- A cross sectional descriptive study was undertaken to assess alcohol consumption practices among adult male members from a rural block of Haryana Using multi-stage random sampling frame. A total of 345 adult males were covered with a mean age of 46.6 (±14.2) years. Nearly 64.6% had 5 years of schooling, 46.4% were farmers, 54.2% lived in joint family system and 59.7% had monthly family income up to Rs 10,000. A large number of 326 (94.4%) males had consumed alcohol. (26)

Kumar, et al-(2013)- Assess the prevalence and pattern of alcohol consumption in a rural area of Tamil Nadu, India. community based, cross sectional study was conducted among 946 subjects who were aged 10 years and above Data on alcohol use was collected by using ‘Alcohol Use Disorder Identification Test ‘(AUDIT) scale. overall, the prevalence of alcohol use was found to be 9.4%. Prevalence was more among males (16.8%) as compared to that among females (1.3%). Mean age at initiation was 25.3 +9.0 years. (28)

Ghosh, et al (2012)- This community-based, cross-sectional study. Of the 228 respondents, 65.8% (n=150) were current alcohol consumers. Of the non-consumers (n=78), 5.3% were former drinkers, and 28.9% were lifetime abstainers. According to the AUDIT score, 78% of the current alcohol consumers had a non-hazardous non-harmful pattern, 8% had a hazardous or harmful pattern, and 14% had alcohol dependence. The mean age of the consumers was 31.4±10.8 years. The present study reported the prevalence of 65.8% (150 per 228 people). (27)

Ramanan, et al (2012)- His cross-sectional study was conducted in two Primary Health Centers (PHCs), Thirubuvanai and Nettapakkam, catering 46,365 population from 19 villages. Cluster sampling method was used to select 30 clusters from 19 villages under these two PHCs. The total study participants from 850 households were 2551, of which 1352 were male and 1199 were female. The overall prevalence of alcohol use was 7.7%, and among ≥18 years of age, it was 9.7%. Since all the females were abstainers, the prevalence of alcohol use among males was 17.9%. The highest prevalence (17.1%) of alcohol use was observed among people above 45 years than any other age group, among married people (12.5%) and those belonging to joint families (12.3%). 29

2.REVIEW OF LITERATURE RELATED TO EFFECT OF ALCOHOL COSUMPTION AMONG ADULT MALE

Report: National Institute of Alcohol Abuse and Alcoholism prepared by Susan E. Maier, (2016), "Patterns and Alcohol Related Birth Defects" states the consequences of maternal alcohol use during pregnancy on the outcome of offspring depend, among other factors, on the amount and pattern of alcohol consumption Long-term studies in humans have confirmed that children of binge drinking mothers exhibited especially severe cognitive and behavioural deficits Binge drinking may be particularly harmful because it results in high BACS, may occur during critical periods of brain development, and may be associated with repeated withdrawal episodes. Limited information exists on binge drinking and foetal outcome among 60 humans in the clinical literature. (38)

Samokhvalov, (2015)- In their article "Alcohol Consumption as a Risk Factor for Acute and Chronic Pancreatitis: A systematic Review and A Series of Meta-analyses" which emphasized pancreatitis is a highly prevalent medical condition associated with a spectrum of endocrine and exocrine pancreatic insufficiencies. While high alcohol consumption is an established risk factor for pancreatitis, its relationship with specific types of pancreatitis and a potential threshold have not been systematically examined (37)

Report: National Institute of Alcohol Abuse and Alcoholism (2015)- Prepared the article "Effects of Alcohol on Physiological Process and Biological Development" mentioned adolescents is a period of rapid growth and physical change central question is whether consuming alcohol during this stage can disrupt development in ways that have long-term consequences In general the existing evident suggests that adolescents that rarely exhibit the more severe chronic disorders associated with alcohol dependence such as liver cirrhosis, hepatitis, and pancreatitis Adolescents who drink heavily, however, may experience some adverse effects on the liver, bone, growth and endocrine development. Evidence also is mounting at least in animal models, that early alcohol use may have detrimental effects on the developing brain, perhaps leading to problems with cognition later in life. This article summarizes the psychological effects

of alcohol on adolescents, including a look at the long term behavioral and psychological consequences of early drinking (32)

George, (2015)- On her article "Efficiency of Acceptance and Mindful Based Relapse Prevention Program on Emotion Regulation Difficulty among Alcoholics in Kerala India" explaining alcoholism is the devastating deadly disease destructively affects the individual, family and society. It is progressive and damaging that control thinking and emotions of the alcoholic and produces severe consequence on physical and psychological well-being Deregulation of emotions is the important causal factor of alcohol dependence and relapse vulnerability Growing evidence suggests that emotion regulation underlie clinically significant behavior and psychological difficulties among the alcoholics. In response to these problems' researcher integrates a focus on difficulties in emotion regulation developed an intervention program based on acceptance and commitment strategy along with mindfulness and behavior change process. (34)

Christopher, (2014) In his article "Alcoholism and its Effects on the Family" outlined alcoholism is also known as a family disease. Alcoholic may have young, teenage, or ethnic group. Very often alcoholism affects highly educated people Several studies even showed that people who lack motivation are less likely to become addicted to alcohol than highly motivated individuals. The alcoholism treatment programs such as alcoholic anonymous help people with alcohol dependence to stop drinking and improve their life styles, family and marital therapy and various self-help groups help alcoholic families to improve their own well-being. Families of alcoholic need treatment just as much as alcoholics. Marriage and family counsellors can help with the tensions created in the alcoholic's home School counsellors can provide information and support to adolescents who have family problems because of parental alcoholism. (39)

Ramanan, (2012)- His cross-sectional study was conducted in two Primary Health Centers (PHCs), Thirubuvanai and Nettapakkam, catering 46,365 population from 19 villages. About one-third of the alcohol users were suffering from chronic illnesses, for which alcohol is one of the risk factors such as diabetes mellitus, hypertension, and acid dyspepsia, collectively accounting for 86.0%. Of the total alcohol users, 10% were suffering from pulmonary tuberculosis. Alcohol use in heavy amount leads to acute intoxication, social problems such as strained relationship with family members and neighbors, and accidents leading to injuries; however, prolonged use in moderate quantity leads to a number of health problems such as epilepsy, numbness in the limbs, and anxiety and depression, dependence, chronic conditions such as diabetes, hypertension, peptic ulcers, and communicable diseases such as pulmonary tuberculosis. (31)

A Gramenzi, (2006)- In their "Review article: alcoholic liver disease pathophysiological aspects and risk factors" argued understanding the pathogenesis and risk factors of alcoholic liver disease should provide insight into the development of therapeutic strategies. Unhealthy alcohol consumption remains a main problem for the public health and is responsible for a high rate of morbidity, affecting various organ and systems, and mortality. The mechanisms leading to alcohol-induced liver damage are also complex and not completely clarified. Altered metabolic pathways, energy metabolism impairment, immune-mediated events and oxidative stress all cooperate with a relatively prevailing importance in different settings. It is generally accepted that ethanol induces an altered redox state associated with 72 free radical generation resulting in lipid peroxidation, cell membrane damage and depletion of mitochondrial antioxidants such as reduced GSH. (33)

Kapoor, (2006)- In her book "Textbook of Psychiatric Nursing" contains accepted contemporary practices in mental health psychiatric nursing. In this book bring about the effects of alcohol. The small doses of alcohol can produce euphoria, drowsiness, dizziness, flushing, release of inhibition and tension, larger doses produce an aggressive and violent behavior, staggering of gait, double vision. Excessive consumption of alcohol within eight to twelve hours may produce headache, nausea, shakiness and vomiting. Very large doses may cause respiratory center depression and death. Regular consumption of alcohol causes cirrhosis of liver, peptic ulcer, pancreatitis. It also disrupts the social, family and working life of the person. The book suggests some significant treatment policies also the treatments are the social support from the family is required because alcoholics have a dependent personality Behavior psychotherapy and group psychotherapy are effective, especially the alcoholics anonymous group In this group the attitude of each member towards the addict is tolerant and constructive (35)

Report: U.S Department of Health and Human Services (2007) - Prepared by US Department of Health and Human services, in this report "Effects of Alcohol on Women" studied health risk among women who drink and how alcohol affects their body Women who drink heavily face greater health risk than men who drink heavily They are more prone to liver disease, heart damage, and brain damage Studies show that women with alcoholism are up to twice as likely as men to die from alcohol- related causes such as suicide, accidents, and illnesses. Alcohol can cause other problems for women Chronic heavy drinking can lead to menstrual problems, infertility, and early menopause. The National Institute of Alcohol Abuse and Alcoholism defines binge drinking for women as drinking 4 or more drinks in about 2 hours Binge drinking is harmful for anyone, but it can be especially harmful to the health of a pregnant women and her baby. Currently, 1 in 25 pregnant women engages in binge drinking Women who are nursing also should not drink. Alcohol can pass through breast milk to the baby No amount of alcohol is safe drinking pregnancy of nursing (36)

3.REVIEW OF LITERATURE RELATED TO KNOWLEDGE AND ATTITUDE ON PREVENTION OF ALCOHOL COSUMPTION AND ITS HARMFUL EFFECTS AMONG ADULT MALE

Dighe, (2021)- A cross-sectional survey approach was adapted with a descriptive research design for the study. the data were collected using interview techniques from 60 adolescents who were recruited using simple random sampling method. the data collection tools included knowledge and attitude questionnaires regarding substance use. The findings regarding knowledge of substance use show that 53.33% of adolescents have a good level of knowledge. About 91.66% of adolescents have a negative attitude toward the substance use. There was a significant association between knowledge and type of family. There was a mild positive correlation (0.0031) between knowledge and attitude regarding substance use. (45)

Rawat, (2019)- On-experimental descriptive research design was adopted for this study to assess the knowledge and attitude of adolescents towards alcoholism. A data was obtained from 60 late adolescents and the sample was selected by using convenient sampling method. The tool used for the study was structured interview schedule. The data was analyzed and interpreted by using simple descriptive and inferential statistics. Findings show that among 60 adolescents, 61 percent were having moderately adequate knowledge, 31.7 percent were having inadequate knowledge and only 6.7 percent were having adequate knowledge. Out of 60 adolescents, majority of the adolescents' 60 percent were having favorable

attitude, 25 percent were having most favorable attitude and only 15 percent were having unfavorable attitude. (44)

Rahul G, (2018)- This study was a randomized control trial, focusing on psychological interventions practiced in a de-addiction center, Indore, Madhya Pradesh, India. The information on KAP related to tobacco and alcohol was collected at baseline from 83 participants. Knowledge The mean score on the knowledge related to alcohol addiction for the study population was 4.88 ± 1.22 at baseline, 5.41 ± 1.03 at first, and 5.56 ± 0.76 at the second follow-up. The difference in the mean knowledge score between different intervention groups was not statistically significant at baseline [P = 0.169, Table 4], first [P = 0.982, Table 4], and second follow-up [P = 0.820, Table 4]. The mean score at baseline was least in the group that received motivational intervention (4.61 ± 1.23). Attitude The mean score on the attitude related to alcoholism for the study population at baseline, first, and second follow-up was 1.65 ± 1.69, 5.34 ± 1.19, and 4.68 ± 1.55, respectively. The difference in the mean attitude score between different intervention groups was not statistically significant. (40)

Lissa Paul, (2012)- Quantitative, non-experimental, descriptive survey was conducted in St. Thomas College Thrissur a selected school of Thrissur district, Kerala during second week of July 2011.A total number of 100 students were selected using convenient sampling a method of non-probability sampling technique. Study revealed that only 3% of adolescents had excellent knowledge regarding alcoholism while 21% had good, 58% had average and 18% had poor knowledge. Attitude towards alcoholism was found to be unfavorable in 26% of adolescents while 30% had favorable and only 44% had very favorable attitudes. It also revealed that alcohol related knowledge was significantly positively associated with age and attitude towards alcoholism. Favorable attitude was found to be positively associated with consumption of alcohol by a family member. (43)

Sasi. M (2011)- A study to assess the knowledge on ill effects of alcoholism and the attitude towards alcoholic husbands as perceived by wives at Madhanandapuram village. A quantitative survey research approach with non-experiment descriptive design was used to achieve the objectives of the study. The present study was conducted at Madananthapuram Village, Chennai, with a sample size of 100 wives of alcoholic husbands were selected through non-probability convenient sampling technique. overall knowledge mean score was 58.17 with standard deviation 11.8, (65%) 65 had moderately adequate knowledge, (26%) 26 had inadequate knowledge. It was also noted that overall mean score of attitudes was 76.27 with standard deviation 12.16 and (54%) 54 of them had good attitude, (44%) 44 had fair attitude. It was also noted that there was positive Correlation existed between knowledge and attitude on ill-effects of alcoholism among wives of alcoholic. Hence the level of knowledge increases and the level of attitude was increase. (41)

Brook U, et. al (2002) - Conducted a study on knowledge and attitudes of high school pupils towards alcoholism. Five hundred nine high school pupils from Holon (a city in the centre of Israel) were surveyed about their knowledge and attitudes towards alcohol use and alcohol dependence. Pupils in the vocational school had more liberal attitudes concerning recurrent consumption of alcoholic beverages than pupils in the academic school. Among the three leading reasons for drinking in the two schools were helping foster a sense of belonging, wish to feel like an adult and desire to forget daily anxieties and conflicts. Pupils in vocational schools are a target population with a higher risk for consuming alcoholic beverages. (42)

SUMMARY

This chapter deals with the review of related research and non-research studies. It has been presented under three headings. The literature reviewed in this chapter has helped the investigator to comprehend the importance of assessing the prevalence of alcohol consumption, its pattern among adult male population. This effort helped the researcher to broaden his view about the topic under study Review of literature related to prevalence of alcohol consumption among adult male. Review of literature Related to harmful effect of alcohol consumption among adult male. Review of literature Related to knowledge and attitude on prevention of alcohol consumption and its harmful effect among adult male population of Chhawla village.

3.METHODOLOGY

This chapter deals with the description of methodology adopted for the study and different steps taken for gathering and organizing data for the investigation. It includes description of research design, setting of sample and sampling technique, pilot study, data collection and plan for data analysis and interpretation of data.

Polit and Beck (2017) define research methodology as "the strategies, techniques, and procedures used to collect and analyze data related to a research question or problem." It includes the overall approach to the study, such as qualitative, quantitative, or mixed-methods, as well as specific methods of data collection and analysis, such as surveys, interviews, observation, and statistical analysis. The methodology chosen should align with the research question or problem and should be selected based on its ability to yield reliable and valid data. (46)

The present study has been undertaken to assess the prevalence of alcohol consumption and its harmful effects on physical, mental and social health. Assess knowledge and attitude of adult male population regarding prevention of alcohol consumption and its effect on health.

Present study was conducted in two phase-

Phase I- To assess the prevalence of alcohol consumption, drinking pattern and its harmful effect on health in term of physical, mental and social among adult male population at Chhawla village.

Phase II- To develop and evaluate the effectiveness of structured teaching program on prevention of alcohol consumption and its harmful effect on health in terms of knowledge and attitude among adult male population at Chhawla village.

Research Approach

According to Kothari (2019), research approach refers to the plan or strategy adopted by the researcher to answer the research questions or objectives. It is a broad perspective on how the research will be carried out and involves the selection of the research design, methods of data collection and analysis, and the techniques used to ensure the reliability and validity of the study findings. (48)

Present study was quantitative approach. Quantitative research design refers to the systematic and empirical investigation of observable phenomena through the use of numerical data and statistical analysis. This type of research design typically involves collecting data from a large number of individuals or sources, using standardized methods of data collection and analysis to test hypotheses, identify patterns, and draw conclusions. (66)

The survey method is a research approach that involves collecting data from a sample of individuals through the use of standardized questionnaires, interviews, or online forms. The main goal of a survey is to gather information about the opinions, beliefs, behaviors, and attitudes of a population or subpopulation of interest. (49)

." According to Polit and Hungler (2016) "Survey approved is to obtain information from population regarding the prevalence of distribution and interrelation of variables within those populations" Research approach indicates the basic procedure of conducting research. It involves a plan as well as a structure and strategy. (50)

According to Sharma, S K (2022) " defines a quasi-experimental design as a research approach that closely resembles a true experimental design but does not involve random assignment of participants to groups or conditions. Quasi-experimental designs are often used in situations where it is not possible or ethical to manipulate the independent variable or randomly assign participants to different groups.". (51)

To determine the prevalence of alcohol use, pattern of alcohol consumption and its effects on health among adult male population, a survey approach was used in phase I of the study and quasi experimental approach was considered to be appropriate in phase II of the study to evaluate the effectiveness of the structured teaching program on prevention of alcohol consumption and its harmful effect on health among adult male population.

RESEARCH DESIGN

The selection of research design is the most important step as it provides the framework for the study. The research design spells out the strategies that the researcher adopts to develop accurate and objective information keeping in the view the objective of study.

A research design is the overall plan for obtaining answers to the questions being studied and for handling some of the difficulties encountered during the research process. Research designs are developed to meet the unique requirements of a study.

According to Polit and Hungler (2016) Research design is the overall plan for collecting and analyzing data including specialization for enhancing the internal and external validity of the study" It incorporates some of the most important methodological decisions that the researcher make in conducting a research study that is data collection plan, sampling plan, analysis plan and also important decisions. (52) The research design stipulates the fundamental form that the research will take. The research design is overall plan for addressing a research question, including specification for enhancing the study's integrity. A research is the overall plan for obtaining answer to the question being studied and for handling some of the difficulties encountered during the research process.

According to Sharma S K (2022) "One group pre-test post-test design is the simplest type of quasi-experimental research design where only the experimental group is selected as the study subject. A pre-test observation of the dependent variable is carried out to assess the effect of the treatment on that group." (53)

Keeping the hypothesis and objective of the study in mind, the research design selected for the study were: -

Phase 1- A descriptive survey design to assess the prevalence of alcohol consumption, drinking pattern and its effects on health in term of physical, mental and social among adult male population at Chhawla.

Phase 2- A one group pre-test and post-test design was selected to measure the effectiveness of structured teaching program on prevention of alcohol consumption and its harmful effect.

Table- 3.1

Symbolic Presentation Of Research Design

P 1	**S**		
P 2	**$O_{K1}O_{A1}$**	**X**	**$O_{K2}O_{A2}$**

- **P1-** phase 1
- **P2-** phase 2
- **S-** survey
- **O_{K1}-** Evaluate knowledge before implementation
- **O_{A1}-** Evaluate attitude before implementation
- **X** - Implementation of STP
- **O_{K2}-** Evaluate attitude after implementation
- **O_{A2}-** Evaluate knowledge after implementation

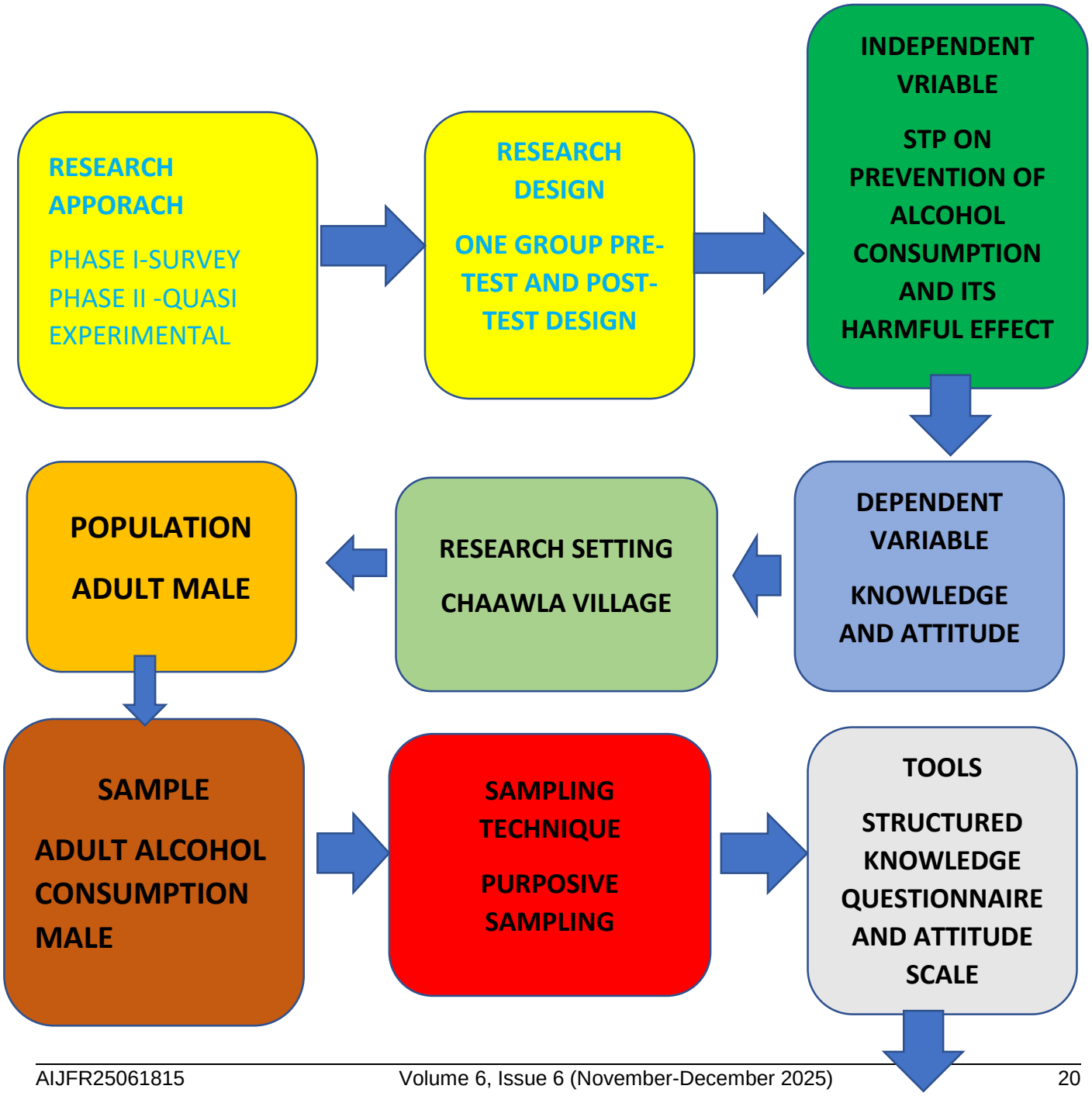
Table-3.2

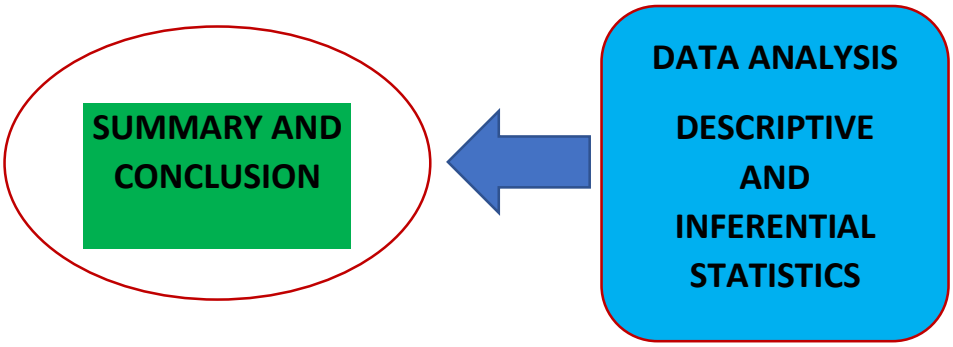
Schematic Representation Of Data Collection

PHASE I	**PHASE II**	
Obtaining permission from college authority for study ▪ Develop tools for study ▪ Validate the tool from experts ▪ Reliability establishment of the tool ▪ Assessment of the demographical data, alcohol consumption and its harmful effect. prevalence of alcohol consumption among adult male	▪ Developed of the structured teaching program. ▪ Development of tool 1.Structured knowledge questionaries to assess the knowledge regarding prevention of alcohol consumption and its harmful effect 2.Structured attitude rating scale to assess the attitude regarding prevention of alcohol consumption and its harmful effect	**Day 1** ▪ Pre-test to evaluate the knowledge and attitude of adult male regarding prevention of alcohol consumption and its harmful effect ▪ Administration of structured teaching program after pre-test **Day 15** ▪ Post-test to evaluate the knowledge and attitude of

▪ Collection and analysis of data ▪ Interpretation of data ▪ Identification sample for Phase-II	▪ Content validity of tools and structured teaching program ▪ Try out of the tools ▪ Reliability establishment of tool	adult male regarding prevention of alcohol consumption and its harmful effect

SCHEMATIC PRESENTATION OF RESEARCH METHODOLOGY





VARIABLE UNDER THE STUDY

As variable as the name implies, something that varies. A variable is any quality of an organization group or situation that takes different values. (54)

INDEPENDENT VARIABLE

The independent variable is the condition or the characteristic manipulated by the researcher. (54) In the present study the independent variable are: -

PHASE I – Age, occupation, educational status, marital status, type of family, religion and income.

PHASE II – Structured teaching program on prevention of alcohol consumption and its harmful effect on among adult male population.

DEPENDENT VARIABLE

The dependent variable is the condition that appear or disappear as a result of the independent variable. (54) Present study the dependent variable are-

PHASE I- Prevalence of alcohol consumption among adult male population

PHASE II- Knowledge and attitude of adult male population regarding prevention of alcohol consumption and its harmful effect.

ATTRIBUTE VARIABLES

Pre-existing characteristic of the study participants, which researcher simply observe to measure. (55)
The attribute variable in the present study include age, education status, previous knowledge.

SETTING OF THE STUDY

Setting is the physical location and condition in which data collection takes place in a study. (56) The selection of an appropriate setting is important because the setting can influence the way the people behave and respond.

Setting of the present study for both phase I and phase II was Chhawla village Delhi.

The rational for select this setting are-

1. Familiarity with the setting
2. Availability of subject
3. Feasibility of conducting the study
4. Easy access to the study

TARGET POPULATION

Target population is the population that the researcher wishes to study and make a generalization. Accessible population refers to the aggregate of cases which confirm to the designated criteria and accessible to the researcher. The target population refers to the entire group of individuals or objects that the researcher is interested in studying. It is the group to which the researcher wants to generalize the findings of the study. (57). Thus, the target population and accessible population was the adult male population of Chhawla village Delhi.

SAMPLE AND SAMPLING TECHNIQUE

SAMPLE-

According polit and Hungler (2016) a sample is the small portion of the population selected to participate in a research study.(58)

The sample for the present study included adult male population of Chhawla village Delhi.

SAMPLE SIZE

According to C.R. Kothari (2019), sample size refers to the number of observations or individuals in a sample. (59) The sample size is an important consideration in research as it can impact the reliability and validity of the study results. Sample size in the present study was taken from the prevalence 18% in India, according to the National Family Health Survey-5 (NFHS-5), 2019-21. (67). Formula used for sample size was-

$$n = \frac{Z^2 P(1-P)}{d^2}$$

where n = Sample size,
Z = Z statistic for a level of confidence,
P = Expected prevalence or proportion
(If the expected prevalence is 20%, then $P = 0.2$), and
d = Precision (If the precision is 5%, then $d = 0.05$).

TRY OUT PHASE I- 10

PHASE I – 250

TRY OUT PHASE II -10

PHASE II- 75

SAMPLING TECHNIQUE

According to Polit and Hungler (2016), a sampling technique is a method used to select a sample from a population. (60) Sampling is the process of selecting a portion of the population to represent it. Based on the criteria mentioned above purposive sampling technique was used to select the sample according to the purpose of study. Purposive sampling is a nonprobability sampling method in which the researcher selects the sample based on personal judgment or some specific purpose, such as studying individuals who are particularly knowledgeable about a topic or who have had a particular experience. (61)

SAMPLING CRITERIA

(a)**Inclusion Criteria**

- Adult male population of chawal village.
- Who were present during data collection period.
- Who gave consent to participate in the study.

(b)**Exclusion Criteria**

- Who were not available during the period of data collection.
- Who were not willing to participate in the study.

DATA COLLECTION TOOLS AND TECHNIQUE

The tool was selected and developed based on the research problem, review of the related literature and with suggestions and guidance of experts in the field of medical-surgical nursing psychiatric nursing, psychiatry, clinical psychology and psychiatric social work.

The most important and crucial aspect of any investigation is the collection of appropriate information which provides necessary data for the study. The word data is a plural form of the word datum which means information that is systematically collected in the course of study. The word method refers to the means of gathering data that are common to all sciences including nursing. (62)

Data Collection tools are devices that a researcher uses to collect data. The type of data collection tool required depends upon the nature of the data to be gathered to answer the research questions. Valid and reliable data collection instrument is considered important to obtain the required high-quality data. The type of data collection instruments required depends upon the nature of the data to be gathered to answer the research questions. (54)

DESCRIPTION OF TOOL

An extensive review of literature was done to find out tools to assess the prevalence of alcohol use, factors associated with it and its effects, knowledge and attitude on prevention and control of alcohol use of undergraduate college students. The following steps were followed in preparation of the tool by researcher.

- Detailed survey of related literature.
- Discussions with the experts in the field and related fields.
- Collection of information from various sources
- Review of tool by experts

Tool A – For phase I study

Tool B – For phase II study

Table-3.3

Description Of Tool For Phase I

TOOL	PURPOSE	TECHNIQUE
Structured questionnaire	1. Demographic data 2. Pattern and frequency of alcohol consumption	**Questioning**

	3. Effects on health in term of physical, mental and social	

Table-3.4

Description Of Tool For Phase II

TOOL	PURPOSE	TECHNIQUE
Structured knowledge questionnaire	**To assess the knowledge**	**Questioning**
Rating scale	**To assess the attitude**	**Questioning**

PHASE -I: - Description of the structured questionnaire

The structured questionnaire assesses the prevalence of alcohol consumption, demographic data and harmful effect. It includes 3 sections.

SECTION – 1

It contains 8 item which regarding age, marital status, religion, number of children, monthly income, occupation, type of family, educational status.

SECTION – 2

It consists 13 item which ascertain information regarding alcohol consumption and drinking pattern of adult male population**.**

SECTION -3

It consists 3 item which regarding effect of alcohol consumption on health. Divided into 3-part mental, physical and social.

PHASE II -Description of the structured knowledge questionnaire and attitude scale.

TOOL - 1

Structured knowledge questionnaire and to assess the knowledge of adult male population regarding prevention of alcohol consumption and its harmful effect.

- ☞ Blue print prepared, specifying content and domains
- ☞ It consists 30 MCQ

Scoring: - There are 30 items. Each item has a single correct answer. Every correct answer is awarded a scores of one point and every wrong answer zero scores. The range of scores is 0-30.

Table- 3.5

Blue Print Of Structured Questionnaire For Assessment Of Knowledge Regarding Alcohol Consumption And Its Harmful Effect Among Adult Male population Of Chhawla Village Delhi

S.N.	Area	Domain Of Objective and Item			Total No. Of Item	Percentage (%)
		Knowledge	Understanding	Application		

1	Introduction Alcohol and alcoholism	4	1	0	5	17
2	Its absorption and metabolism	2	3	0	5	17
3	Cause of alcohol consumption and its effects on health	3	3	4	10	33
4	Prevention Of alcohol consumption and its harmful effect	3	3	4	10	33
	Total	12	9	9	30	100%
	Percentage	36	27	27	100	

Table-3.6
Categorization Of Knowledge Scores Use

S.N.	**CATEGORES**	**RANGE**
1	**Poor Knowledge**	**0-6**
2	**Fair Knowledge**	**7-12**
3	**Good Knowledge**	**13-18**
4	**Very good**	**19-24**
5	**Excellent**	**25-30**

Knowledge Scores Range: 1-30

DESCRIPTION OF ATTITUDE SCALE

An attitude scale was developed by the investigator to assess the attitude of adult male population towards prevention of harmful effect of alcohol consumption. A 5-point Likert scale type of attitude scale was constructed. It consists 10 items**.**

SCORING: -All the items had 5 possible responses i.e., strongly agree (SA)Agree (A), Undecided (UD), Neutral (N), Disagree (DA), strongly disagree (SD)Each item was scored on a scale of 1 to 5. 1 mark is the minimum score which shows negative attitude and 5 marks are the maximum score which shows very good attitude toward prevention of alcohol consumption and its harmful effect. and control of alcohol

use. The positive aspect of each item was assigned maximum marks and negative aspect of each item was assigned minimum marks. The following Table gives details of category of attitude score.

Table-3.7
Scoring Of Attitude Scores

SA- Strongly agree	**5**
A- Agree	**4**
UD- Undecided	**3**
DA- Disagree	**2**
SD- Strongly disagree-	**1**

Scale range 1-5

Table-3.8
Categorization Of Attitude Scores

S.N.	**CATEGORIES**	**RANGE**
1	Strongly positive attitude	**41-50**
2	Positive attitude	**31-40**
3	Neutral attitude	**21-30**
4	Negative attitude	**11-20**
5	Strongly negative attitude	**1-10**

Attitude scale range:10-50

DEVELOPMENT OF STRUCTURED TEACHING PROGRAM

Structured teaching program on prevention of harmful effect of alcohol consumption and its prevention was developed by reviewing the relevant literature which include the research and non-research literature**.**

STP include –

☞ **Chart**

☞ **Pamphlet**

The following steps were carried out to develop structured teaching program-

- Objectives of the structured teaching program
- Development of criteria rating scale for the content validity of structured teaching program
- Preparation of the first draft of structured teaching program on prevention of alcohol consumption and its harmful effect.

- Establishment of content validity of structured teaching program.
- Editing of structured teaching program
- Pre-testing.
- Establishment of final draft of structured teaching program

The content outline of structured teaching program covers the following areas-

- Alcohol and alcoholism introduction
- Its Absorption and Metabolism
- Cause of alcohol consumption
- Effects Of Alcohol consumption
- Prevention Of Alcohol Consumption and its harmful effect

CONTENT VALIDITY OF THE TOOL AND STRUCTURED TEACHING PROGRAM

Content validity is the degree to which the item of an instrument adequately represents the universe of the content for the concept being measured. It is an important criterion for assessing the method of measuring variable. To ensure the content validity of the STP and tolls of both phases were given to 11 experts from the field of community health nursing, psychiatric nursing, medical surgical nursing**.**

The experts requested to judge content based on objectives. Relevance, adequacy of content, organization, clarity and understanding. Most of the expert agreed on all items, which some suggestion for modification of the item. The modification was done as per valuable suggestion given by experts and the tool were finalized.

TRY OUT

After obtaining administrative approval, the tool administered to adult male population of Chhawla village Delhi.

PHASE I – Try out was done by giving tool to 10 adult males of Chhawla village. Average time taken by each individual for completion of all the section was around 25-30 minute.

PHASE II – Try out was done by giving tool to 10 adult males of Chhawla village. Average time taken by each individual for completion of all the section was around 40-50 minute.

RELIABILITY OF TOOL

Polit & Beck (2016) state "reliability is the consistency with which an instrument measures the attribute". The reliability of a research tool refers to the consistency and stability of its measurements. (64)

Table-3.9
Methods And Result Of Reliability Of The Tool

PHASE OF STUDY	RESEARCH TOOL	METHOD RELIABILITY	RELIABILITY
PHASE I	**Structured questionnaire**	**Cronbach-alpha**	**0.86**
PHASE II	**Structured knowledge questionnaire**	**Test-retest method**	**0.84**
	Structured attitude rating scale	**Cronbach-alpha**	**0.88**

ETHICAL CONSIDERATION

☞ Administrative approval was taken from the principal of Rajkumari Amrit Kaur college of nursing new Delhi.

☞ Written informed consent was obtained from the participant of the study

☞ Confidentiality was maintained throughout study.

☞ Anonymity was maintained throughout study**.**

PROCEDURE OF DATA COLLECTION

PHASE I – After obtaining the administrative approval from college authority, phase I study was conducted from study from 07-11-2022 to till 19-11-2022 in Chhawla village. Sample for the study was 250 adult males selected by purposive sampling technique. Consent was taken from participant and confidentiality of their response was assured. Tool was administered to find out the prevalence of alcohol consumption, demographic data, pattern of alcohol consumption and its harmful effect on health.

PHASE II- The phase II study was conducted from 05-01-2023 to 28-01-2023 in Chhawla village. Total sample for PHASE II study was 75. 10 sample mortality was occurred. Total sample for final study was 65.

PROBLEM FACED DURING STUDY

There was mortality of 10 sample.

Samples was refused participate in study due to personal reason.

PLAN FOR FINAL DATA ANALYSIS

Data analysis is the systematic organization of research data and testing of the research hypothesis of the study. The data obtained were organized, tabulated, analyzed and interpretation by using descriptive and inferential statistic. the data were planned to present in form of Table and figure.

PHASE I-

✓ Frequency percentage distribution of sample demographic characteristic.

✓ Frequency percentage distribution of sample alcohol consumption pattern.

✓ Frequency percentage distribution of harmful effect of alcohol consumption**.**

PHASE II-

▪ Mean, median, SD, of pre-test and post-test knowledge scores and attitude scores.

▪ Frequency and percentage distribution of knowledge and attitude scores as per their category.

▪ Frequency polygon and t test to determine the level of significance of difference between pre-test and post-test knowledge scores.

▪ Frequency polygon and t test to determine the level of significance of difference between pre-test and post-test attitude scores.

▪ Karl Pearson co-efficient of correlation to find out the relationship between mean post-test knowledge scores and attitude scores.

▪ Non- parametric chi-square test to find out the association between gain in post-test knowledge scores and selected variable.

▪ Non- parametric chi-square test to find out the association between gain in posttest attitude scores and selected variable.

SUMMARY

This chapter has dealt with the methodology adopted for the study. It includes research approach, research design, variables, setting of the study, population, sample and sampling technique, development and description of the tools, content validity, try out and reliability, phase I study, procedure of data collection and plan for data collection and analysis.

his chapter deals with the analysis and interpretation of the data obtained from the responses of adult male population of Chhawla village Delhi, using descriptive and inferential statistics. The study was done with the objectives of determining the prevalence of alcohol consumption, pattern of alcohol consumption and its harmful effect and effectiveness of structured teaching program on prevention of alcohol consumption and its harmful effect of adult male population.

Polit and Beck (2016) "Analysis is a process of organizing and synthesizing data as to answer research question and test hypothesis". The purpose of data analysis is to organize, provide structure to and elicit meaning from research data.65

Analysis is defined as the categorizing, ordering, manipulating and summarizing of data to obtain answers to research questions. The purpose of analysis is to reduce data to intelligible and interpretable form so that the relation of research problems can be studied and tested. The data were collected using structured

knowledge questionnaire and attitude scale. The analysis of the data is done on the basis of objectives of the study and hypothesis to be tested.

The objective of the study was -

The study was intended to identify the association of level of knowledge and attitude of adult male prevention of alcohol consumption and its harmful effect in relation to the back ground variables. The objectives of the study were:

1. To assess the prevalence of alcohol consumption among adult male population of Chhawla village.

2. To assess the alcohol consumption and its effect on physical, mental, social health.

3. To develop structured teaching program on prevention of alcohol consumption and its harmful effect.

4. To assess and evaluate the knowledge and attitude of adult male population of Chhawla village regarding the prevention of alcohol consumption and its harmful effect.

5. To find relationship between knowledge and attitude towards the prevention of alcohol consumption and its harmful effect among male adult population of Chhawla village.

6. To find association of knowledge and attitude towards the prevention of alcohol consumption and its harmful effect among male adult population of Chhawla village with selected variables like educational status, type of family, income, age and occupational status.

HYPOTHESIS OF THE STUDY

H1: The mean post-test knowledge score of male adult population after the administration of Structured teaching program on prevention of alcohol consumption and its harmful effect will be significantly higher than the mean pre-test knowledge score, as evident from structured knowledge questionnaires at 0.05 level of significance.

H2: The mean post-test attitude score of male adult population after the administration of Structured teaching program on prevention of alcohol consumption and its harmful effect will be significantly higher than the mean pre-test attitude score, as evident from attitude rating scale at 0.05 level of significance.

H3- There will be significant relationship between mean post-test knowledge score and attitude score of adult male population on prevention of alcohol consumption and its harmful effect as evident by structured knowledge questionnaires and attitude scale at 0.05 level of significance.

H4- There will be significant association of post-test knowledge score of adult male population on prevention of alcohol consumption and its harmful effect with selected demographic variable as measured by structured knowledge questionnaires at 0.05 level of significance like educational status, type of family, income, age and occupational status.

H5- There will be significant association of post-test attitude score of adult male population on prevention of alcohol consumption and its harmful effect with selected demographic variable as measured by structured attitude rating scale at 0.05 level of significance like educational status, type of family, income, age and occupational status.

NULL HYPOTHESIS

H01: The mean post-test knowledge score of male adult population after the administration of Structured teaching program on prevention of alcohol consumption and its harmful effect will be not significantly higher than the mean pre-test knowledge score, as evident from structured knowledge questionnaires at 0.05 level of significance.

H02: The mean post-test attitude score of male adult population after the administration of Structured teaching program on prevention of alcohol consumption and its harmful effect will be not significantly higher than the mean pre-test attitude score, as evident from attitude rating scale at 0.05 level of significance.

H03- There will not be significant relationship between mean post-test knowledge score and attitude score of adult male population on prevention of alcohol consumption and its harmful effect as evident by structured knowledge questionnaires and attitude scale at 0.05 level of significance.

H04- There will not be significant association of post-test knowledge score of adult male population on prevention of alcohol consumption and its harmful effect with selected demographic variable as measured by structured knowledge questionnaires at 0.05 level of significance like educational status, type of family, income, age and occupational status.

H05- There will not be significant association of post-test attitude score of adult male population on prevention of alcohol consumption and its harmful effect with selected demographic variable as measured by structured attitude rating scale at 0.05 level of significance like educational status, type of family, income, age and occupational status.

ORGANIZATION AND PRESENTATION OF DATA

The obtained data were analyzed, tabulated and interpreted by employing descriptive and inferential statistics. The result of the finding was presented according to the objectives of the study and are organized under the following section.

PHASE I

Finding of the study related to the prevalence of alcohol consumption, pattern of alcohol consumption and its harmful effect on the health.

SECTION I- finding related to frequency percentage distribution of sample characteristic.

SECTION II- finding related to frequency percentage distribution of alcohol consumption pattern.

SECTION III- finding related to frequency percentage distribution of harmful effect of alcohol consumption.

PHASE II

SECTION I- Finding related to description of sample characteristic of adult male population.

a) frequency percentage distribution of sample characteristic of adult male population.

SECTION II- Finding related to effectiveness of structured teaching program on prevention of prevention of alcohol consumption and its harmful effect among adult male population in term of knowledge.

a) Frequency distribution of pre-test and post-test knowledge scores according to their categories of adult male on prevention of alcohol consumption and its harmful effect

b) Frequency distribution of pre-test and post-test knowledge scores according to their class interval of adult male on prevention of alcohol consumption and its harmful effect

c) Area wise mean, mean percentage of pre-test and post-test knowledge score and mean percentage gain scores of adult male.

d)Mean, median, standard deviation of pre-test and post-test knowledge score of adult male.

e) Computing t value to find the significance of mean difference between pre-test and post-test knowledge score of adult male.

SECTION III- Finding related to effectiveness of structured teaching program on prevention of prevention of alcohol consumption and its harmful effect among adult male population in term of attitude.

a) Frequency distribution of pre-test and post-test attitude scores according to their categories of adult male on prevention of alcohol consumption and its harmful effect

b) Frequency distribution of pre-test and post-test attitude scores according to their class interval of adult male on prevention of alcohol consumption and its harmful effect

c) Area wise mean, mean percentage of pre-test and post-test attitude score and mean percentage gain scores of adult male.

d)Mean, median, standard deviation of pre-test and post-test attitude score of adult male.

e) Computing t value to find the significance of mean difference between pre-test and post-test attitude score of adult male

SECTION IV- Finding related to relationship between mean posttest knowledge score and posttest attitude score.

a) Karl Pearson's coefficient of correlation computed between post-test knowledge scores and post-test attitude scores of adult male.

SECTION V- finding related to association between mean posttest knowledge score with selected variable.

a) Chi-square was computed between post knowledge scores with selected variable.

SECTION VI- finding related to association between mean posttest attitude score with selected variable

a) Chi-square was computed between post knowledge scores with selected variable.

PHASE- I

Finding Related To The Prevalence Of Alcohol Consumption, Its Pattern And Effects On The Health Among Adult Male Population

SECTION I

Description Of Sample Characteristics

This section describes the characteristics of the adult male population. The sample consist of 250 adult male population. The sample characteristic was described in term of their age, occupation, educational status, marital status, type of family, religion and income. Frequency and percentage were computed for describing the sample characteristics and presented in the Table no. 4.1 and5 depicted in figure 4.1 to 4.8.

Table –4.1

Frequency And Percentage Distribution Of Sample Characteristic

N=250

	Sample characteristic	**Frequency**	**Percentage**
1.	**age (in year)**		
	a. 18-30	103	41.20
	b. 31-40	103	41.20
	c. 40-50	32	12.80
	d. above 50	12	04.80
2.	**Family type**		
	a. Joint	132	52.80
	b. Nuclear	118	47.20
3.	**Educational status**		
	a. Primary	74	29.60
	b. Secondary	106	42.40
	c. Higher secondary	55	22.00
	d. Graduation	15	06.00
4.	**Occupational status**		
	a. Government job	09	03.60

	b. Private job	126	50.40
	c. Agriculture	97	38.80
	d. Business	13	05.20
	e. contractual job	05	02.00
5.	**Income**		
	a. below 10000	21	08.40
	b. 10001-20000	107	42.80
	c. 20001-30000	90	36.00
	d. above 30000	32	12.80
6.	**Marital status**		
	a. Married	225	90
	b. Unmarried	25	10
7.	**Number of children**		
	a. 1	78	31.20
	b. 2	116	46.40
	c. above 3	30	12.00
	d. Nil	26	10.40
8.	**Religion**		
	a. Hindu	250	100
	b. Muslim	0	0
	c. Sikh	0	0
	d. Christian	0	0
	e. Other	0	0

Data given in Table and figure show sample characteristic of adult male population: -

The data indicates that the majority of adult males were in the age group of 18-40 years. 41.2% of the population were between the ages of 18-30, and another 41.2% were between the ages of 31-40. Only a small percentage of the population was above the age of 50. More than half (52.8%) of the adult male population belonged to joint families, while 47.2% belonged to nuclear families. The educational status

of the majority (42.4%) of adult males was at the secondary level. 29.6% had completed primary education, 22% had completed higher secondary education, and only 6% had completed graduation or higher studies. Most of the adult male population (50.8%) were involved in private jobs, while a very small percentage (3.6%) were involved in government jobs. A significant percentage (38.8%) of the population were involved in agriculture, and only 2% were involved in business. The majority (42.8%) of adult male population earned an income of 10001-20000 per month. 36% earned between 20001-30000 per month, and only 12.8% earned more than 30000 per month. The data indicates that the majority (90%) of adult male population were married, while only a small percentage (10%) were unmarried. The majority (46.4%) of adult male population had two children, 31.2% had one child, and only 12% had more than three children. 10.4% did not have any children. The data suggests that all of the adult male population belonged to the Hindu religious group.

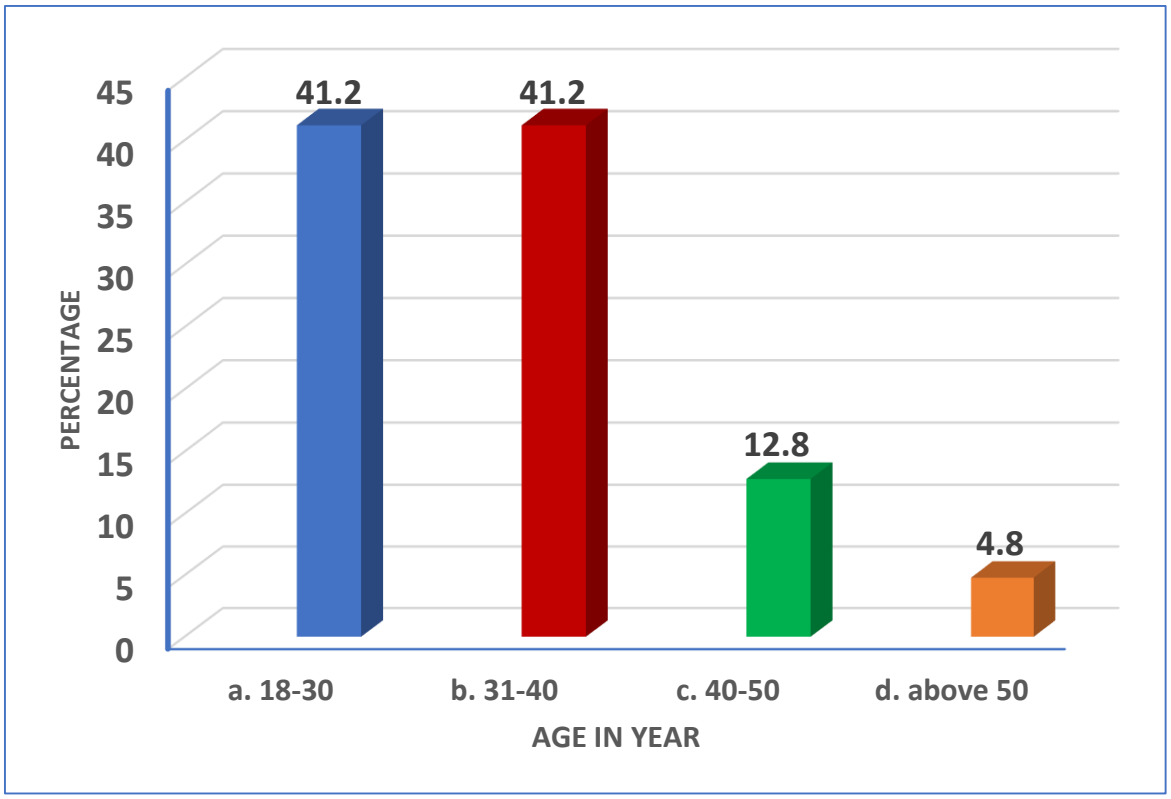


Figure 4.1: - Bar diagram showing percentage distribution of age

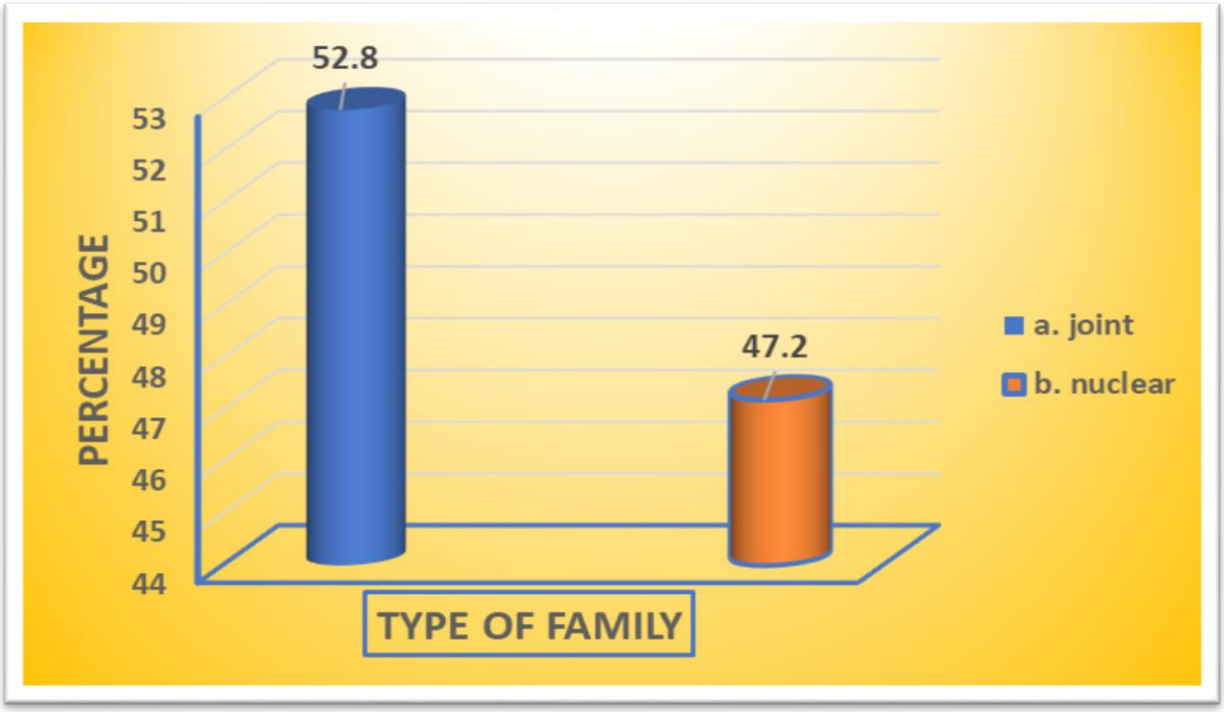
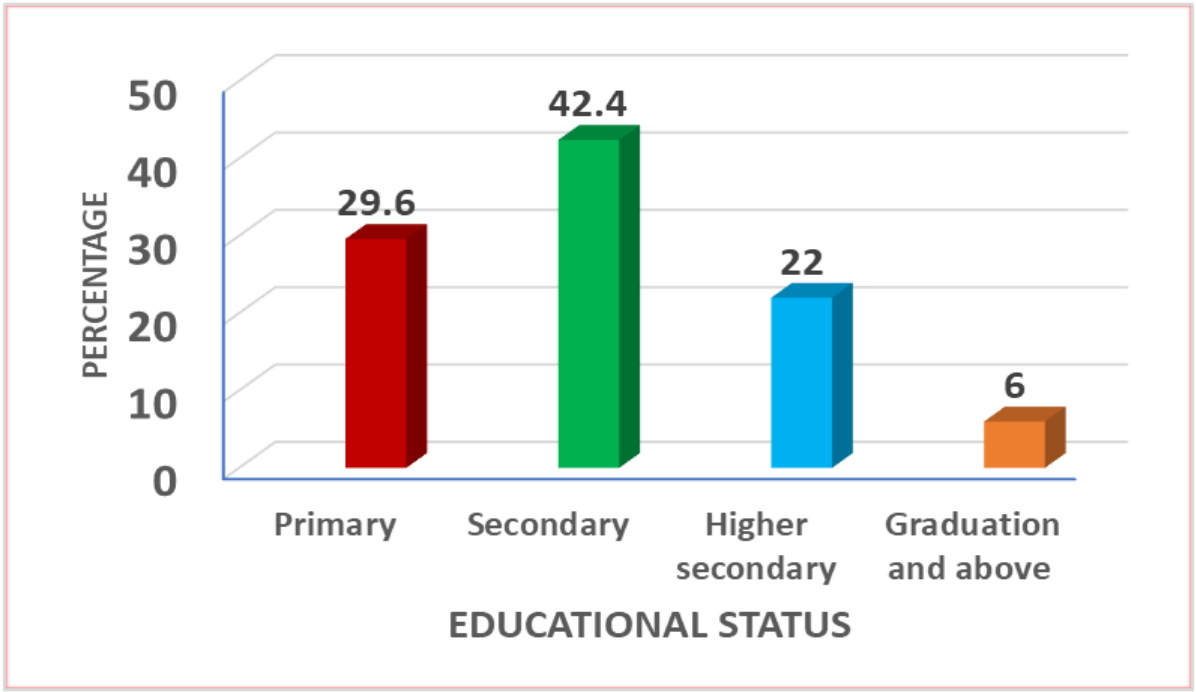


Figure 4.2: - Bar diagram showing percentage distribution of family type



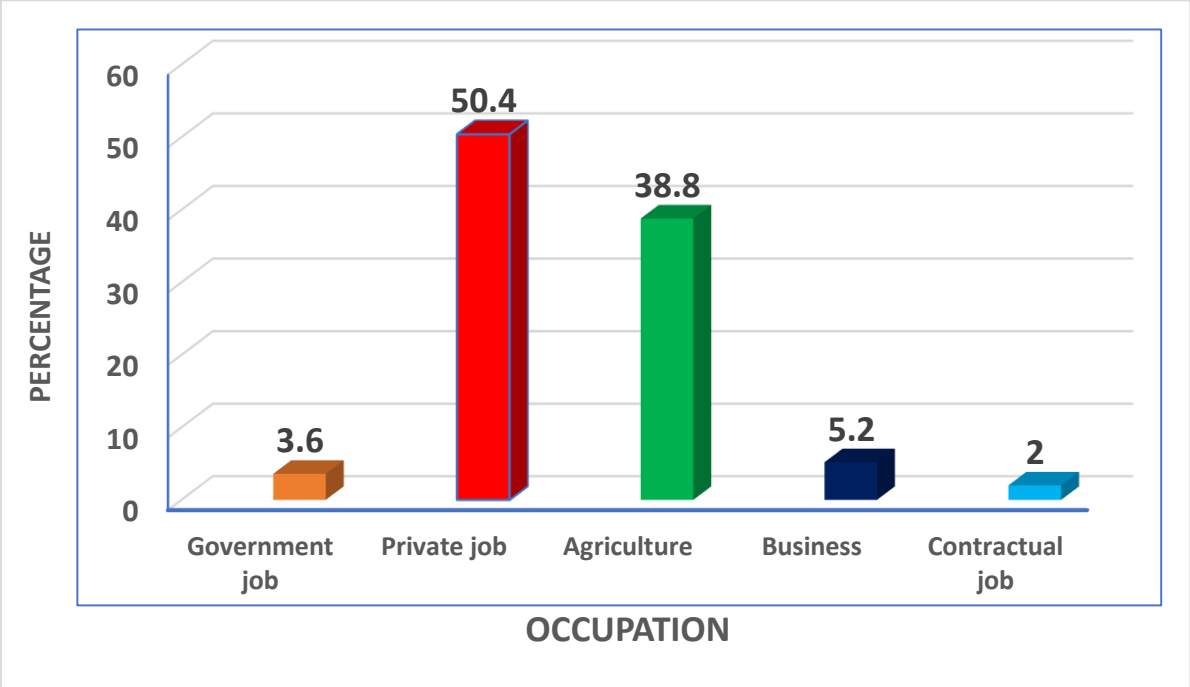


Figure 4.4: - Bar diagram showing percentage distribution of occupation

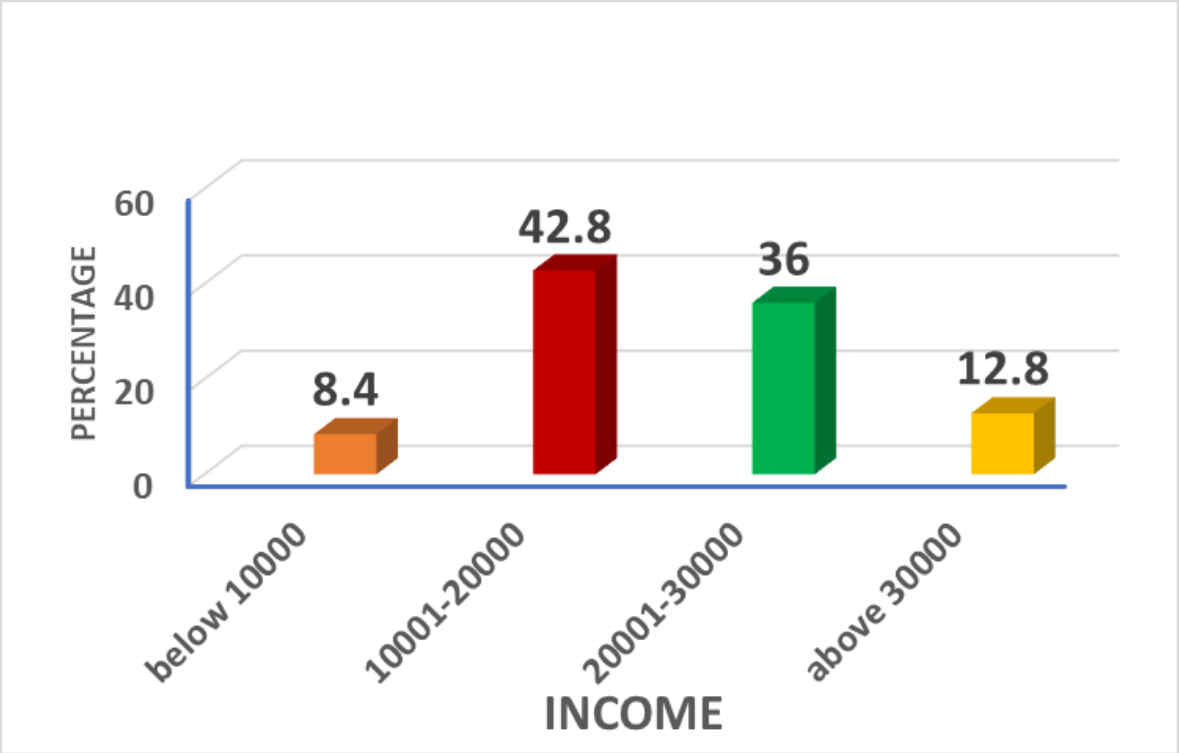


Figure 4.5: - Bar diagram showing percentage distribution of income

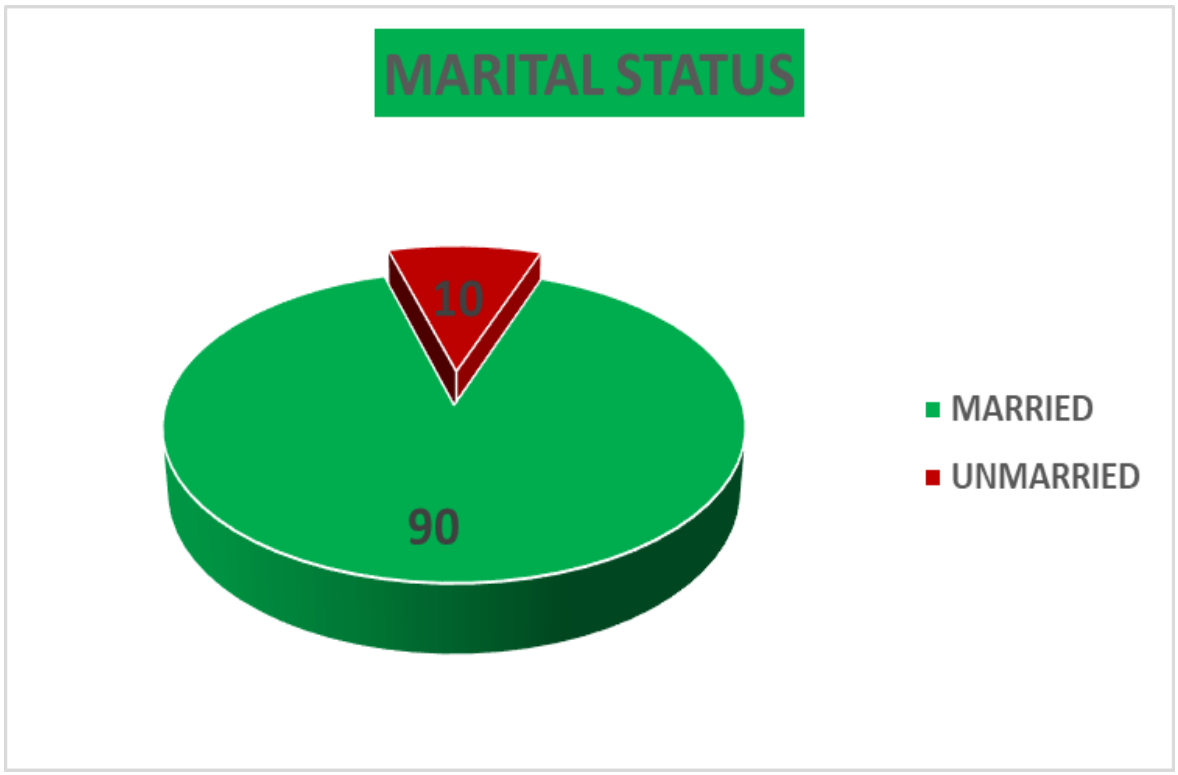


Figure 4.6: - Pie diagram showing percentage distribution of marital status

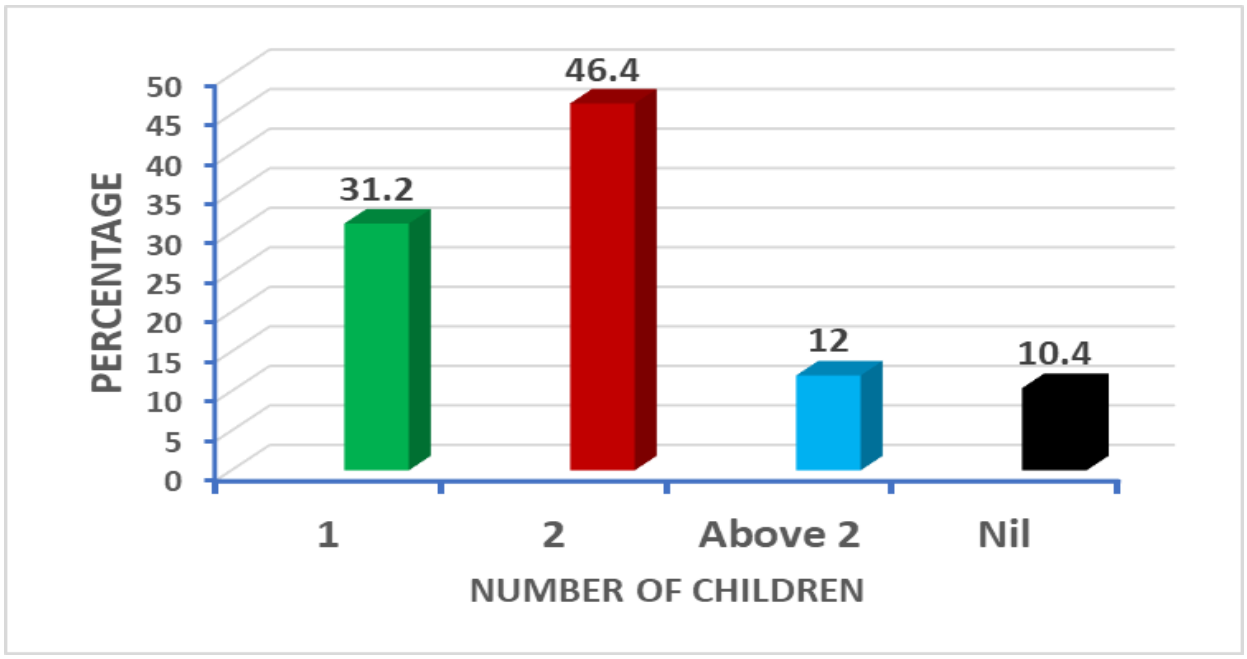


Figure 4.7: - Bar diagram showing percentage distribution of number of children

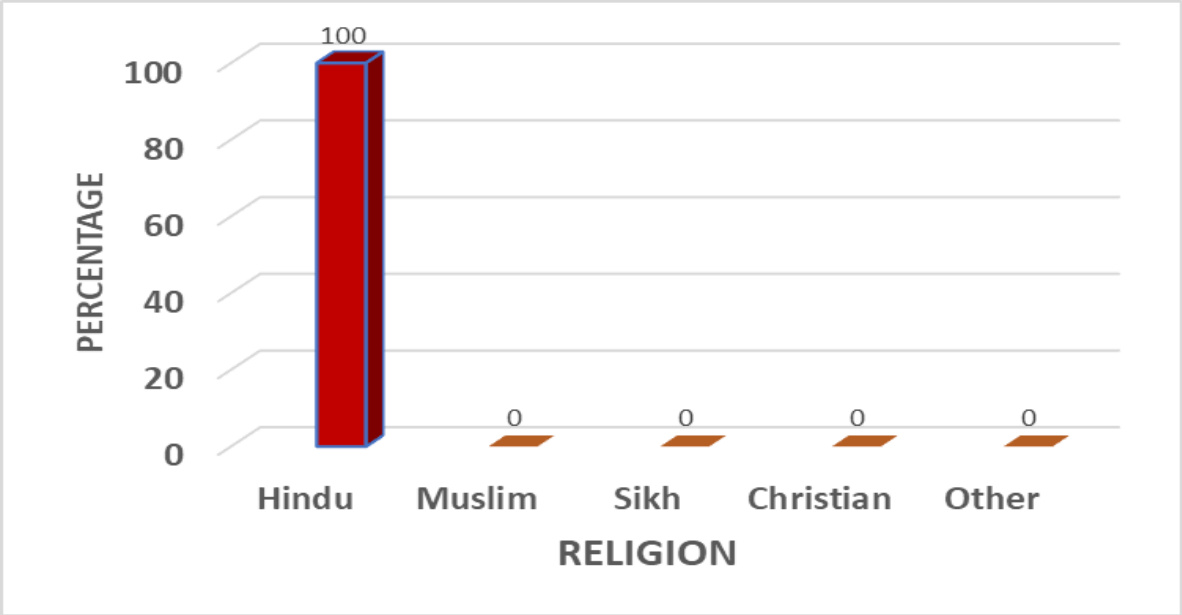


Figure 4.8: - Bar diagram showing percentage distribution of religion

SECTION II- A

Frequency And Percentage Distribution Of Alcohol Consumption

This section deals with finding related to prevalence of consumption among adult male population of Chhawla village in Delhi, presented in Table no. 4.2 and figure 4.9.

Table -4.2

Prevalence Of Alcohol Consumption Among Adult Male Population At Chhawla Village In Delhi

N= 250

S.No.	Alcohol consumption	Frequency	Percentage (%)
1	NO	176	70
2.	YES	75	30
Total		250	100

Data given in the Table 4.2 and figure 4.9 show the majority of adult male 70% was not consumed alcohol where as 30% adult male was consumed alcohol.

Prevalence was = 75/250*100 = 30 %

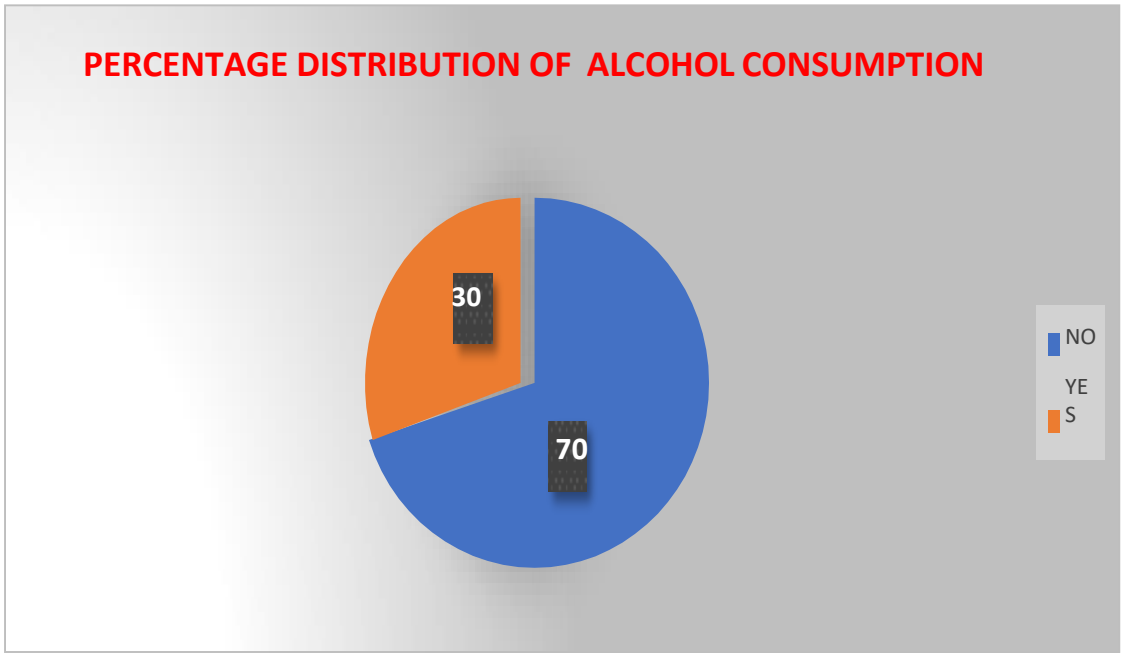


Figure 4.9- Pie diagram showing the percentage distribution of alcohol consumption

SECTION II- B

Frequency Percentage Distribution Of Adult Male According Their Drinking Pattern

This section deals with finding related to alcohol consumption and their pattern among adult male population of Chhawla village Delhi, presented in Table no. 4.3.

Table -4.3

Frequency And Percentage Distribution Of Adult Male According To Their Drinking Pattern

N=75

S.N	DRINKING PATTERN	FREQUENCY	PERCENTAGE
1.	**At what age did you start consuming alcohol?**		
	a. below 15 year	0	0
	b. 16-20 year	0	0
	c. 21-25 year	47	62.70
	d. 26-30 year	28	37.30
2.	**Who was the 1st person with whomyou consume alcohol first time?**		
	a. Alone	4	05.30

	b. Friends	54	72.00
	c. Family member	16	21.30
	d. Relatives	1	01.30
	e. Unknown person	0	0
3.	**Form of alcohol you need?**		
	a. Wine	0	00
	b. Beer	72	96
	c. Whisky	0	00
	d. Deshi	3	04
	e. Vodka	0	00
	f. Any other	0	00
4.	**How often do you consume alcohol?**		
	a. Daily	0	00
	b. 3-5 time in a week	5.3	04.00
	c. Once a week	72.0	41.30
	d. Only once a month	21.3	12.00
	e. On special occasion	1.3	42.70
5.	**How many drinks of alcohol did youhave at a time**		
	a. 1-2 peg	15	20.00
	b. 3-4 peg	34	45.30
	c. 5-6 peg	26	34.70
	d. 7-9 peg	0	0
	e. More then 9	0	0
6.	**What is your place of consumealcohol?**		
	a. Home	2	02.70
	b. Outside	48	64.00
	c. Both	25	33.30
7.	**When you consume alcohol?**		

	a. Day time	0	0
	b. Night time	60	80.00
	c. Both	15	20.00
8.	**Who consume alcohol in your family?**		
	a. Father	28	37.30
	b. Brother	23	30.70
	c. Wife	0	0
	d. Other	24	32
9.	**Duration of alcohol consumption?**		
	a. Below 1 year	2	02.70
	b. 2-5 year	23	30.70
	c. 5-10 year	37	49.30
	d. More ten 10 years	13	17.30
10.	**Any family member has liver disease due to alcohol consumption?**		
	a. Yes	0	0
	b. No	75	100
11.	**Who pay for your alcohol consume?**		
	a. Self	75	100
	b. Other	0	0
12.	**Procurement of alcohol**		
	a. Buy itself	52	69.30
	b. Gets it from friends	23	30.70
	c. Give money and ask someone buy	0	0
	d. Gets it from family	0	0
13.	**Reason for 1st drink**		
	a. Out of own interest	0	0
	b. Compulsion by friend	40	53.30

	c. Stress	1	01.30
	d. Festival	34	45.30

Data given in Table below show-

Majority (62.70%) of adult male were in the age group of 21-25 years started alcohol consumption. 37.3% were in the age group of 26-30 years age group. This statement means that a majority of adult males who started consuming alcohol belonged to the age group of 21-25 years. The percentage of adult males in this age group who started consuming alcohol is 62.70%, and 37.3% of them belonged to the age group of 26-30 years. Majority (72%) of adult male start alcohol consumption with their friend. This statement means that the majority of adult males who started consuming alcohol did so with their friends. Majority of adult male (96%) consume beer. This statement means that a vast majority of adult males who consume alcohol prefer to consume beer. Majority (42%) of adult male consume alcohol on special occasion. This statement means that a majority of adult males who consume alcohol do so on special occasions. Majority (45.43%) of adult male consume 4-6 peg at a time. This statement means that a majority of adult males who consume alcohol consume 4-6 pegs of alcohol at a time. Majority (64%) of adult male consume alcohol outside the home. This statement means that a majority of adult males who consume alcohol prefer to consume it outside their homes. Majority of adult male (88%) consume alcohol at night time. This statement means that a vast majority of adult males who consume alcohol prefer to consume it at night. Majority of adult male (37.30%) their father consume alcohol in the family. This statement means that a majority of adult males who consume alcohol have fathers who also consume alcohol. Maximum adult male (47.3%) was consuming alcohol for 5-6 years. This statement means that the highest percentage of adult males who consume alcohol have been doing so for 5-6 years. There is no family history of liver disease in their family members. This statement means that there is no history of liver disease in the family members of adult males who consume alcohol. Majority of adult male (100%) give money self for alcohol procurement. This statement means that all adult males who consume alcohol pay for their alcohol themselves. Majority of adult male population procure alcohol by itself. This statement means that a majority of adult males who consume alcohol procure it themselves. Majority (53.3%) of adult male population start drink 1st time by compulsion of their friend and 45.30% from festival. This statement means that the majority of adult males who started drinking alcohol for the first time did so because of their friend's compulsion, and a significant percentage of them did so during festivals.

SECTION III-A

Frequency and Percentage Distribution of Physical Health Effect Due to Alcohol Consumption

This section delas with finding related to harmful effect of alcohol consumption on their physical health of adult male population of Chhawla Delhi, presented in Table no. 4.4.

Table – 4.4

Frequency And Percentage Distribution Of Physical Health Effect Due To Alcohol Consumption

N=75

S.N.	Effect	Frequency	Percentage
1.	**Tremor**		
	a. Yes	0	0
	b. No	75	100
2	**Abdominal pain**		
	a. Yes	17	22.70
	b. No	58	77.30
3	**Heart burn**		
	a. Yes	0	0
	b. No	75	100
4.	**Headache**		
	a. Yes	21	28.00
	b. No	54	72.00
5.	**Nausea**		
	a. Yes	16	78.70
	b. No	59	21.30
6	**Vomiting**		
	a. Yes	10	13.30
	b. No	65	86.70
7	**Hypertension**		
	a. Yes	13	17.30
	b. No	62	82.70
8.	**Stool color (yellow, clay)**		
	a. Yes	4	05.30
	b. No	71	93.70

9	**Bone pain**		
	a. Yes	0	0
	b. No	75	100

Data given in Table below show-

Majority of population were no tremor: This means that most people did not experience tremors, which are involuntary shaking or quivering movements. Majority of population where not abdominal pain only 22.7% population were abdominal pain: This means that most people did not experience abdominal pain, but 22.7% of the population did report this symptom. Majority of population were no heart burn sign after alcohol consumption: This means that most people did not experience heartburn after consuming alcohol. Majority of population where not headache only 28% population were headache: This means that most people did not experience headaches, but 28% of the population did report this symptom. Majority of population were not felt nausea, 21.30% was felt nausea after alcohol consumption at the time of study: This means that most people did not experience nausea, but 21.3% of the population did report this symptom after consuming alcohol. Majority of population were not vomiting; 13.30% adult male population was complained about vomiting after alcohol consumption: This means that most people did not experience vomiting, but 13.3% of the adult male population did report this symptom after consuming alcohol. Majority of population were not hypertension; 17.30% adult male was high blood pressure: This means that most people did not have high blood pressure, but 17.3% of the adult male population did have this condition. Majority of population were not any discoloration of stool; 5.30% population was complained about yellow or clay color stool at the time of defecation: This means that most people did not have discolored stool, but 5.3% of the population did report yellow or clay-colored stool. Majority of population were not any bone pain sign at the time of study: This means that most people did not experience any bone pain during the study.

SECTION III-B

Frequency And Percentage Distribution Of Mental Health Effect Due To Alcohol Consumption

This section delas with finding related to harmful effect of alcohol consumption on their mental health of adult male population of Chhawla Delhi, presented in Table no. 4.5.

Table - 4.5

Frequency And Percentage Distribution Of Mental Health Effect Due To Alcohol Consumption

N=75

S.N.		**Frequency**	**Percentage**
1	**Confusion**		
	a. Yes	15	20

	b. No	60	80
2.	**Irritability**		
	a. Yes	0	0
	b. No	75	100
3.	**Hallucination**		
	a. Yes	0	0
	b. No	75	100
4.	**Mood swing**		
	a. Yes	15	20
	b. No	60	80
5.	**Depression**		
	a. Yes	0	0
	b. No	75	100

Data given in Table below show-

The majority (80%) of the population did not experience confusion after consuming alcohol, while 20% reported experiencing confusion. Most of the population did not experience irritability due to alcohol consumption. Majority of the population did not experience hallucination after consuming alcohol. Most of the population did not experience mood swings after consuming alcohol, but 20% of the population reported mood swing as a symptom. Majority of the population did not experience depression due to alcohol consumption.

SECTION III-C

Frequency And Percentage Distribution Of Social Effect Due To Alcohol Consumption

This section delas with finding related to harmful effect of alcohol consumption on their social health of adult male population of Chhawla Delhi, presented in Table no. 4.6.

Table - 4.6

Frequency And Percentage Distribution Of Social Effect Due To Alcohol Consumption

N=75

S.N.	SOCIAL EFFECT	Frequency	Percentage
1.	**Social isolation**		
	a. Yes	0	0
	b. No	75	100
2.	**Violence**		
	a. Yes	0	0
	b. No	75	100
3.	**Lack of money**		
	a. Yes	22	29.30
	b. No	53	70.70
4.	**Loss of employment**		
	a. Yes	0	0
	b. No	75	100
5.	**Motor vehicle accident**		
	a. Yes	25	33.33
	b. No	50	66.67
6.	**Relationship breakdown**		
	a. Yes	0	0
	b. No	75	100

Data given in Table below show-

The majority of the population (100%) were not isolated from society. This suggests that people were able to maintain social connections and relationships despite any potential negative effects of alcohol consumption. The majority of the population (100%) did not report experiencing violence in the home or society due to alcohol consumption. This is a positive finding, as alcohol consumption is often associated with increased aggression and violence. The majority (70.70%) of the population did not report experiencing financial difficulties due to alcohol consumption, but 29.30% did report experiencing financial difficulties at the end of the month. This suggests that alcohol consumption may have some negative impact on people's financial stability, particularly for those who struggle with managing their finances. The majority of the population did not report any negative effects on their employment due to alcohol consumption. This is a positive finding, as alcohol consumption can sometimes lead to absenteeism, reduced productivity, and other work-related issues. The majority (66.67%) of the population

did not report any history of accidental incidents due to alcohol consumption, but 33.33% did report a history of motor vehicle accidents. This suggests that alcohol consumption may increase the risk of accidents, particularly while driving. The majority of the population did not report any history of relationship breakdowns due to alcohol consumption. This is a positive finding, as alcohol consumption can sometimes lead to conflict and other issues in interpersonal relationships.

PHASE -II

SECTION -I

Description Of Sample Characteristic

This section describes the characteristic of the adult male population. The sample consist 65 adult male. The data describe the age, occupation, educational status, marital status, type of family, religion and income.

Table - 4.7

Frequency And Percentage Distribution Of Adult Male Population On These Characteristics Has Been Presented In The Table

N=65

	Sample characteristic	**Frequency**	**Percentage**
1.	**Age (in year)**		
	a. 18-30	21	32.70
	b. 31-40	31	47.30
	c. 40-50	13	20.00
	d. above 50	00	0.00
2.	**Family type**		
	a. Joint	29	44.60
	b. Nuclear	36	55.40
3.	**Educational status**		
	a. Primary	12	18.50
	b. Secondary	32	49.20
	c. Higher secondary	17	26.20
	d. Graduation	04	04.10
4.	**Occupational status**		
	a. Government job	02	03.10
	b. private job	27	41.50
	c. Agriculture	27	41.50
	d. Business	07	10.80
	e. contractual job	02	03.10
5.	**Income**		
	a. Below 10000	03	04.60
	b. 10001-20000	21	32.30

	c. 20001-30000	30	46.20
	d. Above 30000	11	16.90
6.	**Marital status**		
	a. Married	59	90.80
	b. Unmarried	06	09.20
7.	**Number of children**		
	a. 1	13	20.00
	b. 2	36	55.40
	c. Above 3	09	13.80
	d. Nil	07	10.80
8.	**Religion**		
	a. Hindu	65	100
	b. Muslim	00	0.00
	c. Sikh	00	0.00
	d. Christian	00	0.00
	e. Other	00	0.00

Data given in Table no. and figure show sample characteristic of adult male population: -

The data shows that 41.2% of the adult male population in the study fell within the age range of 18-30 and 31-40 years old. This indicates that the study had a relatively younger male population. The majority, 52.8%, of the adult male participants in the study belonged to a joint family. This means that they lived in a household with extended family members such as parents, siblings, or grandparents. Living in a joint family can have an impact on a person's lifestyle and attitudes towards various issues, including health-related behaviors. The data shows that 42.4% of the adult male population had a secondary level of education. This suggests that the majority of the participants had completed high school but did not have a college or university degree. Educational status can play a role in a person's understanding and awareness of health-related issues. The majority, 50.8%, of the adult male participants were employed in the private sector. This indicates that the study population had a significant representation of individuals working in non-governmental organizations or private companies. Occupational status can also impact a person's health-related behaviors and knowledge. The data shows that 42.8% of the adult male population had a monthly income between 10,001 and 20,000. This indicates that the majority of the participants had a moderate-income level. Income can have an impact on a person's access to healthcare and their ability to adopt healthy behaviors. The data indicates that 90% of the adult male participants were married. This suggests that the majority of the study population had a stable relationship status, which can also impact a person's health-related behaviors. The majority, 46.4%, of the adult male participants had two children. This indicates that a significant number of participants had familial responsibilities, which can also impact a person's lifestyle and attitudes towards health. The data shows that 100% of the adult male participants were of the Hindu religious faith. This indicates that the study was conducted on a homogeneous religious population, which can have an impact on the study's findings and generalizability.

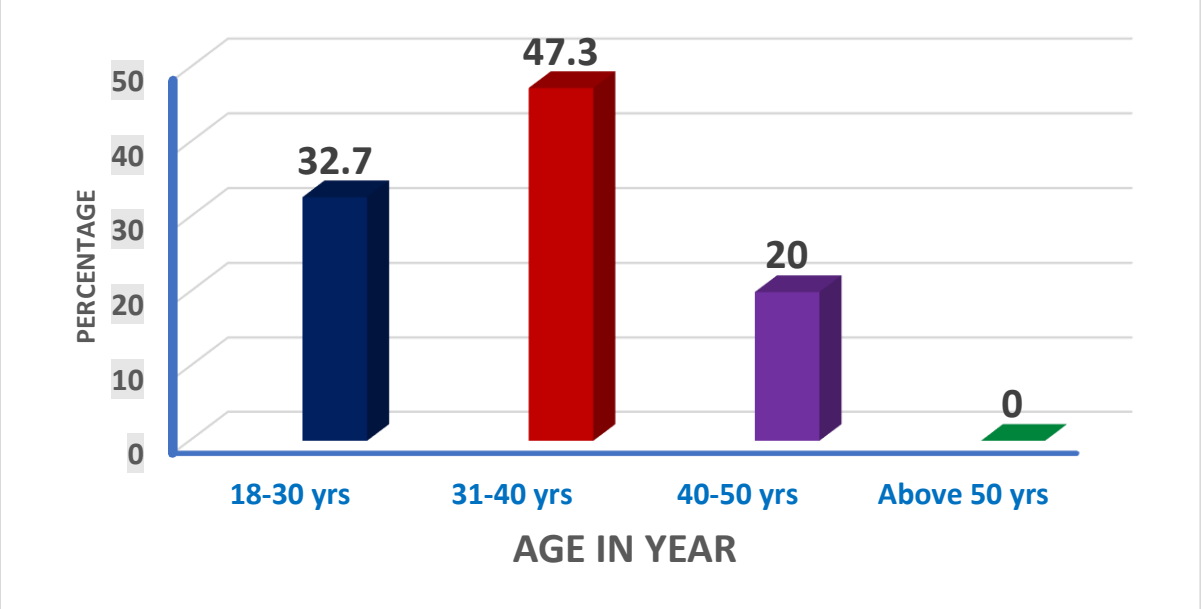


Figure 4.10- Bar diagram showing percentage distribution of age

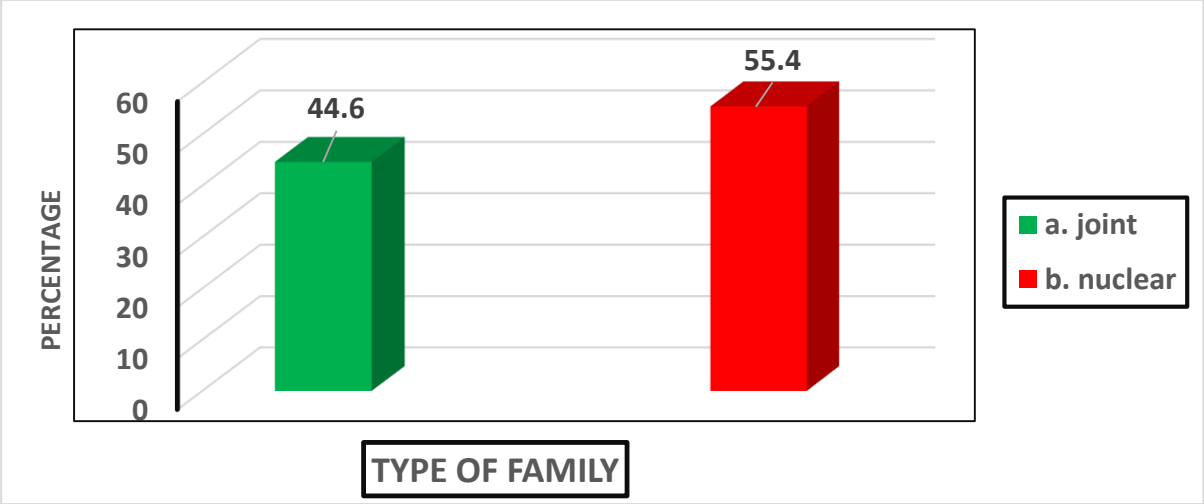


Figure 4.11- Bar diagram showing percentage distribution of type of family

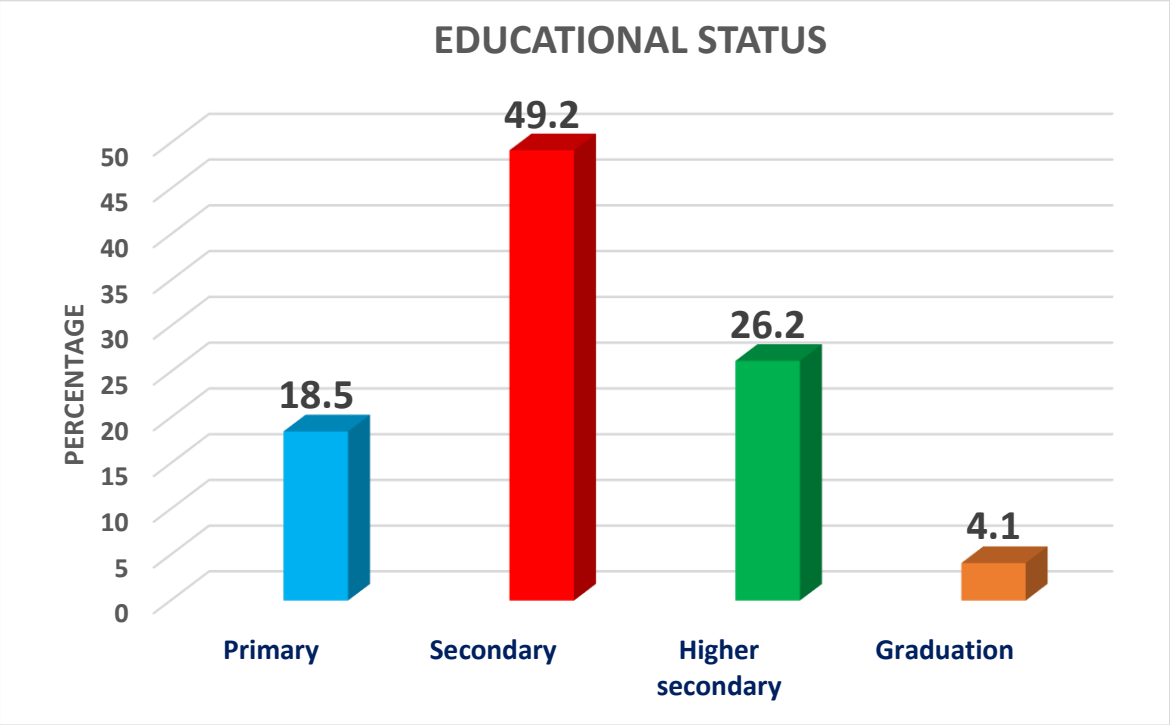


Figure 4.12- Bar diagram showing percentage distribution of educational status

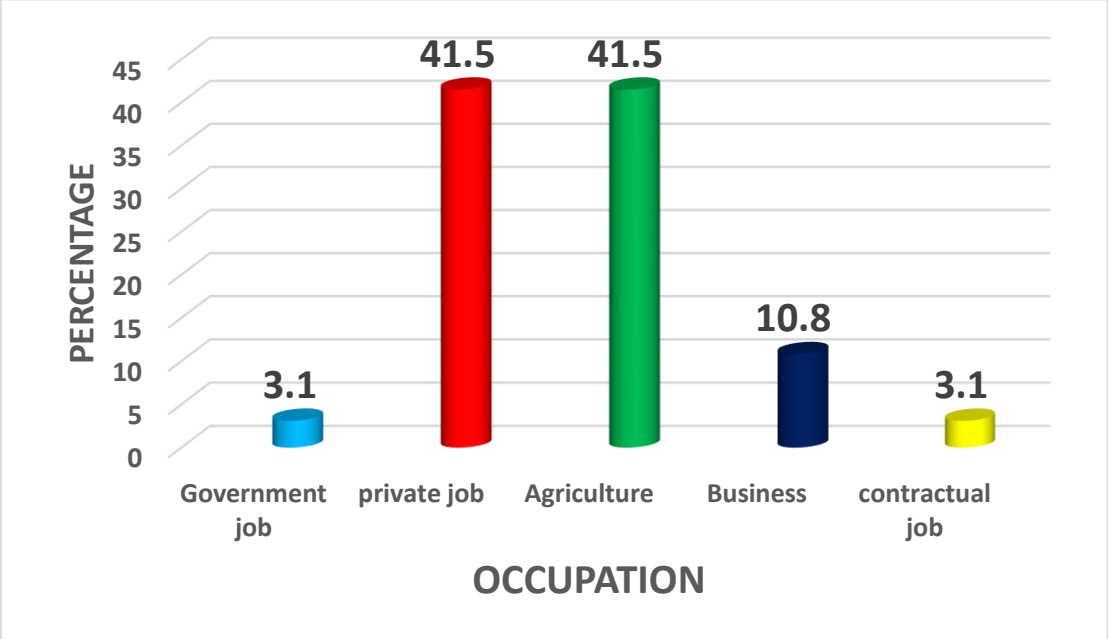


Figure 4.13- Bar diagram showing percentage distribution of occupational status

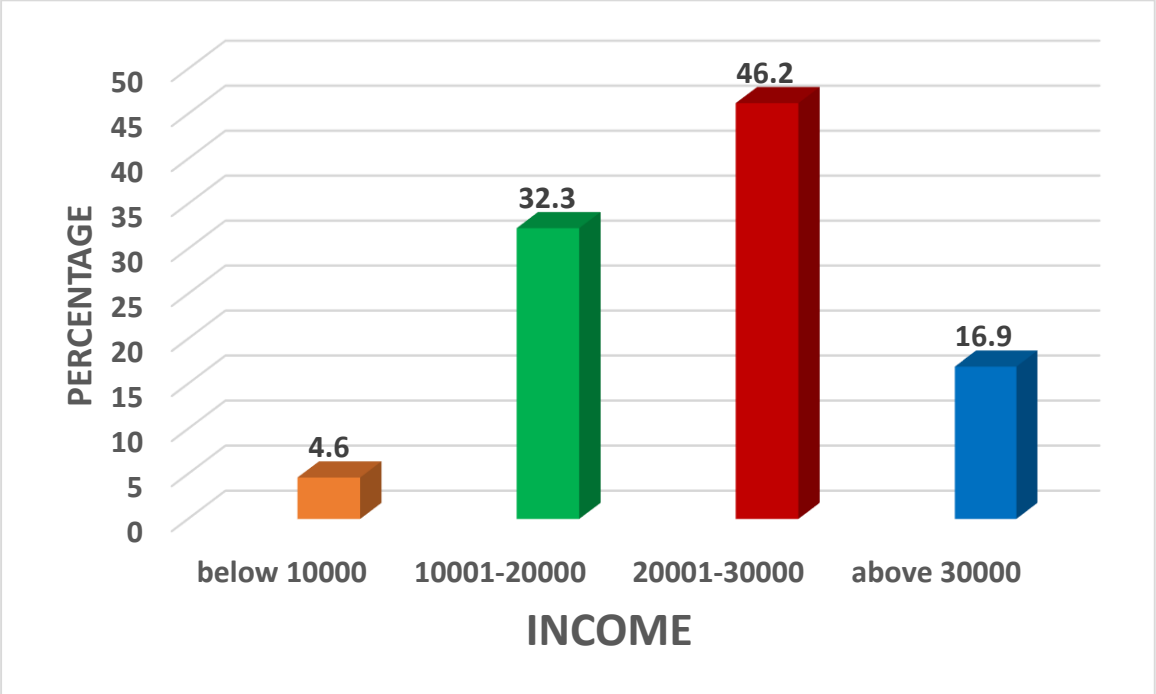


Figure 4.14- Bar diagram showing percentage distribution of income status

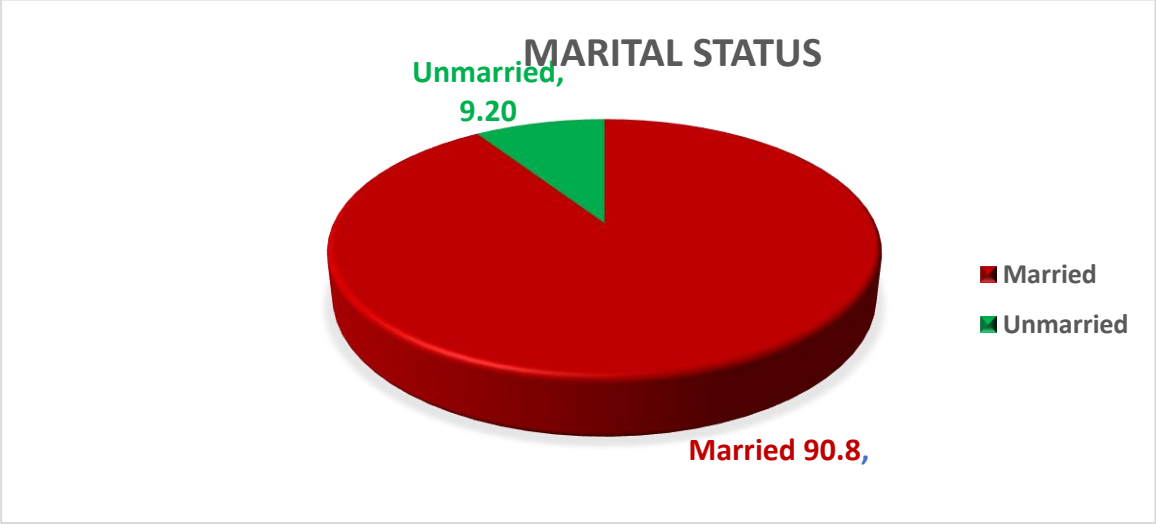


Figure 4.15- Pie diagram showing percentage distribution of marital status

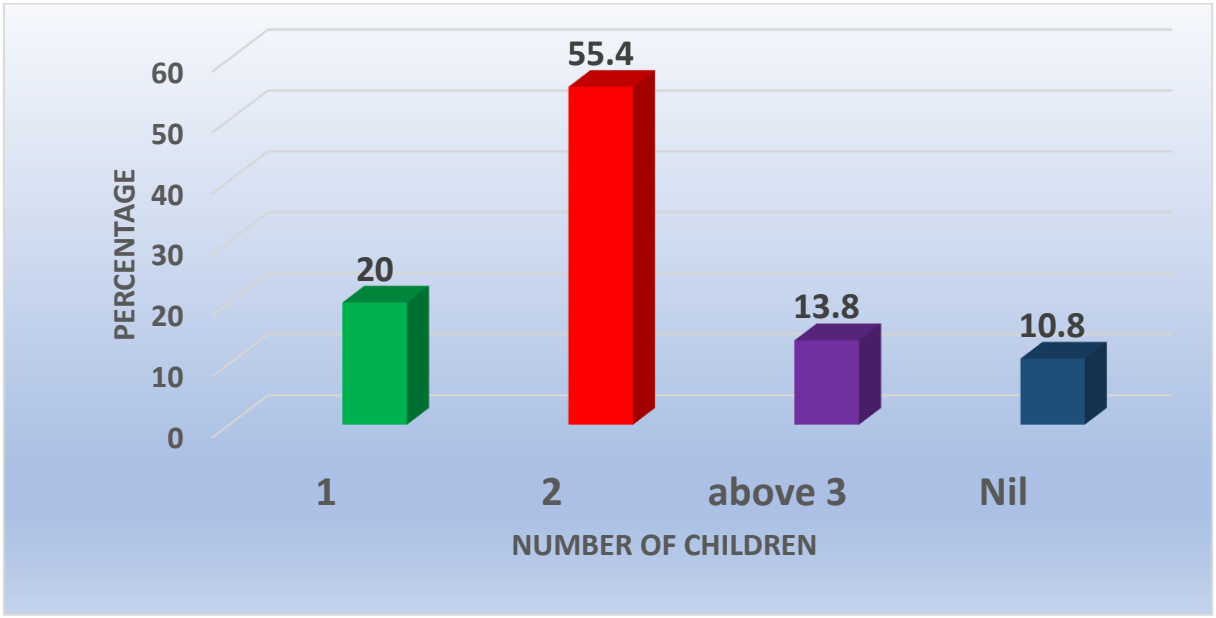


Figure 4.16- Bar diagram showing percentage distribution of number of children

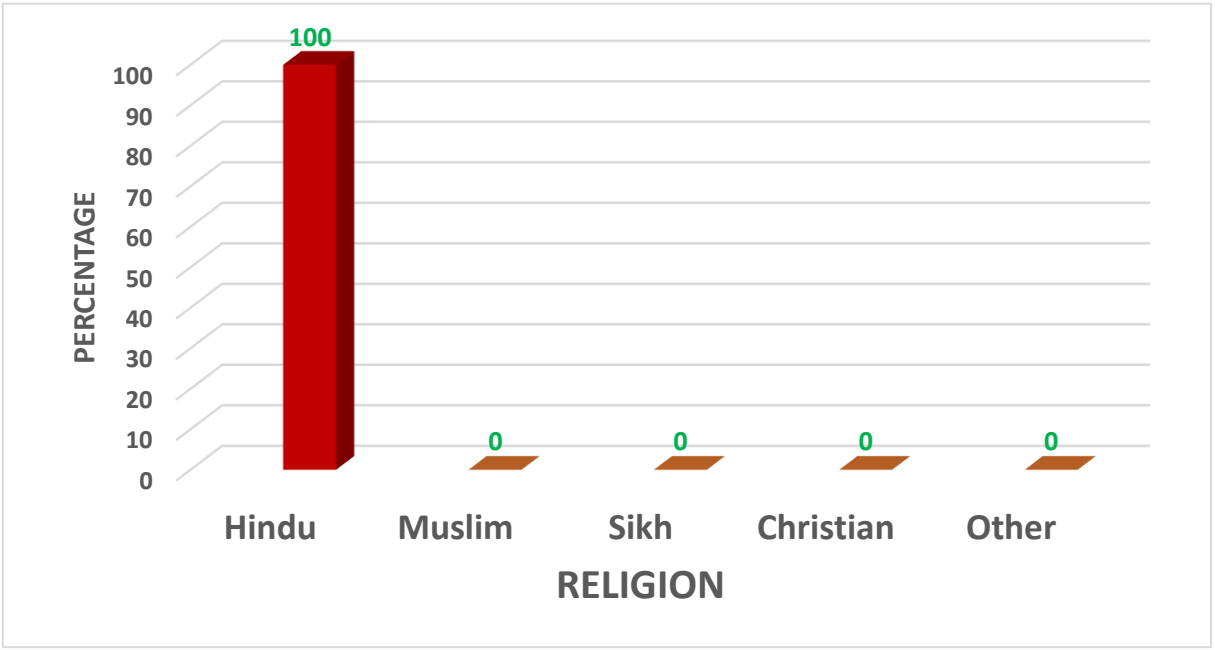


Figure 4.17- Bar diagram showing percentage distribution of religion

SECTION -II

Finding Related To Effectiveness Of Structured Teaching Program On Prevention Of Alcohol Consumption And Its Harmful Effect Among Adult Male Population In Terms Of Knowledge

This section deals with the analysis and interpretation of data related to the knowledge scores of the among adult male population of Chhawla, obtained through a structured knowledge questionnaire, in order to evaluate the effectiveness of the structured teaching program on "prevention of alcohol consumption and its harmful effect" by using descriptive and inferential statistics. The mean, median and standard deviation of pre–test and post-test knowledge scores of 65 adult male and "t" value to find significance of difference between pre-test and post-test knowledge scores calculated as depicted in Table 4.7.

SECTION II(A)

Frequency And Percentage Distribution Of Pretest And Post Test Knowledge Scores Of Adults Male Population According To Their Categories Of Knowledge Scores

The Tables and figures in this section describes frequency and percentage distribution of pretest and post-test knowledge scores of adult males according to their categories of knowledge scores.

Table-4.7

Frequency And Percentage Distribution Of Pretest And Post Test Knowledge Scores Of Adult Male Populations According To Their Categories Of Knowledge Scores

N=65

S.N.	Knowledge scores categories	Pre-test		Post-test	
		F	%	F	%
1.	Poor Knowledge (0-6)	0	00	0	0
2.	Fair Knowledge (7-12)	58	89.40	0	0
3.	Good Knowledge (13-18)	7	10.60	61	92.40
4.	Very good (19-24)	0	0.0	04	07.60
5.	Excellent (25-30)	0	0.0	0	0

The data given in Table no.4.7 and figure 4.18 show the pre-test and post-test knowledge scores of adult male populations of Chhawla village on "Prevention of alcohol consumption and its harmful effect. The data presented in the above Table no. 4.7 shows that the frequency of scores in pre-test under fair category was 58 (89.40%). On the contrary the good knowledge category increased from 0 (0%) in pretest to 4 (07.60 %) in post-test. This suggests the majority of the adult male scores were under fair category after the intervention. So, it suggests that intervention was effective in increasing the knowledge of the adult male population.

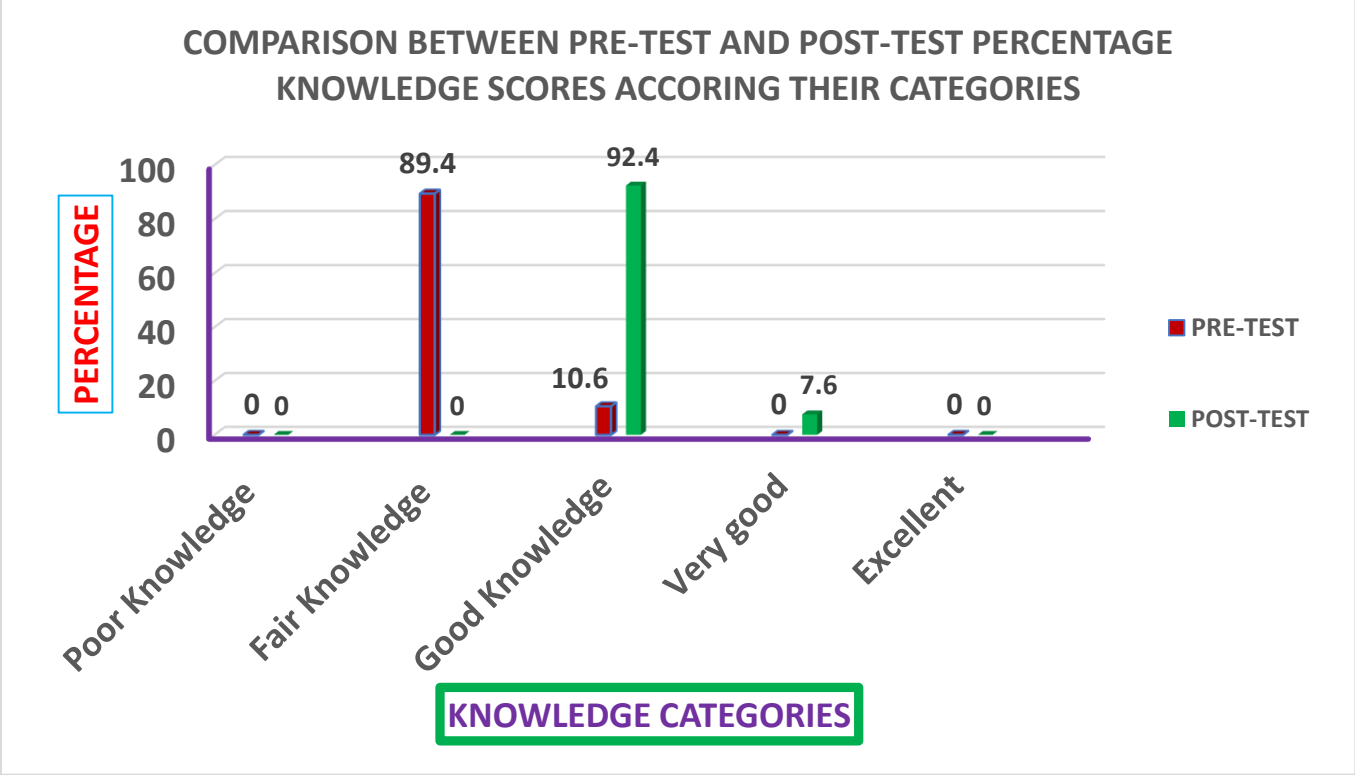


Figure 4.18-Bar diagram showing pre-test and post-test percentage distribution of knowledge scores

SECTION 2 (B)

Frequency Distribution Of Pre-Test And Post-Test Knowledge Scores Of Adult Males Of Chhawla Village Delhi

This section deals with the frequency distribution of pre-test and post-test knowledge scores of adult males**.**

Table-4.8

Frequency Distribution Of Pre-Test And Post-Test Knowledge Scores Of Adult Male Of Chhawla Village Delhi

N=65

CLASS INTERVAL	Frequency distribution of pre test knowledge scores	Frequency distribution of post test knowledge scores
6-10	03	00
11-15	58	00
16-20	00	59

21-25	**04**	**06**

Table 4.8 shows the pre-test and post-test knowledge scores of an adult male population regarding the prevention of alcohol consumption and its harmful effects. The pre-test scores have a frequency interval starting from 6-10, with the highest frequency (58) in the 11-15 interval. The post-test scores have a frequency interval starting from 6-10, with the highest frequency (59) in the 16-20 interval.

This suggests that the structured teaching program was effective in improving knowledge scores, as the post-test scores were higher than the pre-test scores. Figure 4.19 shows the pre-test and post-test scores, with the post-test scores shifted towards the right, indicating a higher mean score.

Overall, these findings suggest that the structured teaching program was effective in increasing knowledge scores related to the prevention of alcohol consumption and its harmful effects among the male adult population.

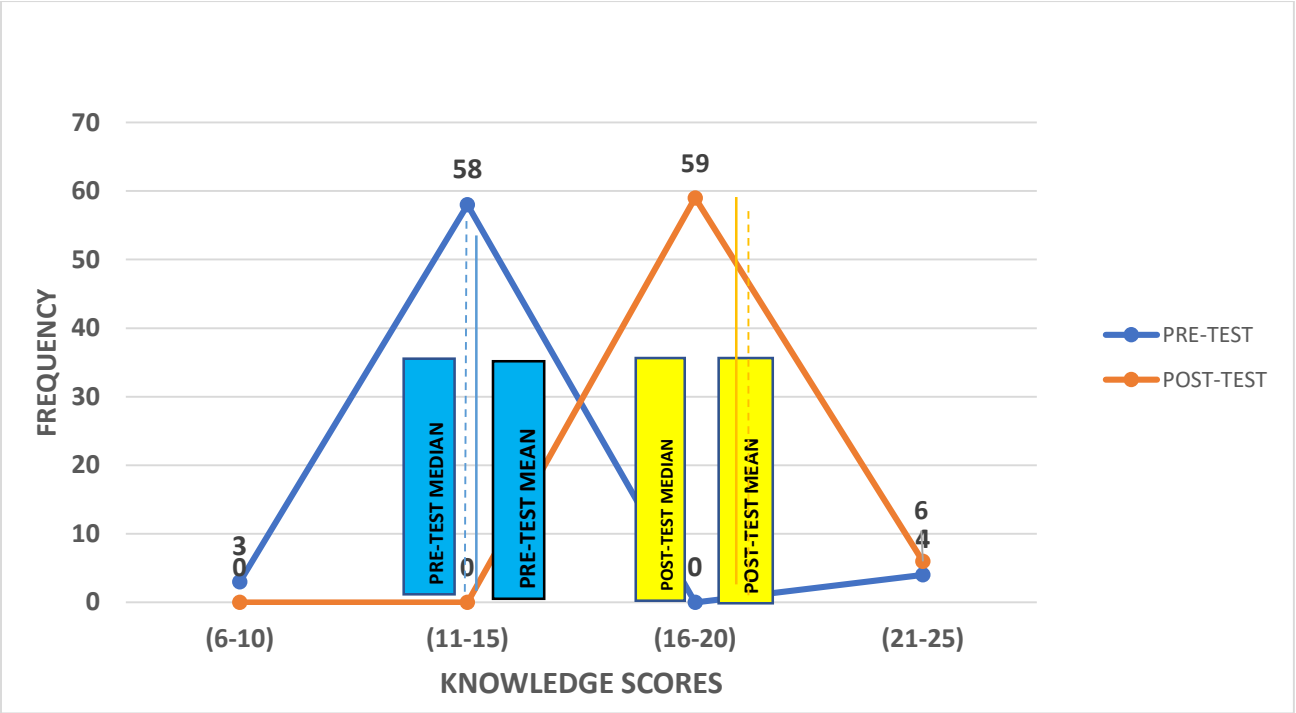


Figure-4.19 Frequency polygon diagram showing comparison between pre-test and post-test knowledge scores

.SECTION II (C)

This section deals with the area wise pre-test and post-test mean scores and gain mean scores after the administration of structured teaching program of prevention of alcohol consumption and its harmful effect among adult male population

Table- 4.9

Area Wise Mean, Mean Percentage Of Pre-Test And Post-Test Knowledge Scores And Mean Percentage Gain Of Adult Male Population Of Chhawla Village

N=65

Area	Maximum Scores	Pre-test mean scores		Post -test mean scores		Gain in scores	
		Mean Scores	Mean %	Mean Scores	Mean %	Mean scores	Mean %
Alcohol introduction its absorption and metabolism	5	2.58	51.6	3.2	64.00	0.62	12.40
Alcohol use and its withdrawal symptoms	5	1.97	39.4	3.04	60.80	1.07	21.40
Effects of alcohol consumption	10	7.53	75.3	9.03	90.30	1.50	15.00
Prevention and control of alcohol consumption	10	0.80	8.00	3.46	34.60	2.66	26.66

Data presented in Table no.4.9 show and figure 4.20 show the lowest pre-test mean scores percentage was 8% in the area **Alcohol introduction and its absorption and metabolism** and the highest pre-test mean scores percentage was 75.3% in area **Effects of alcohol consumption**

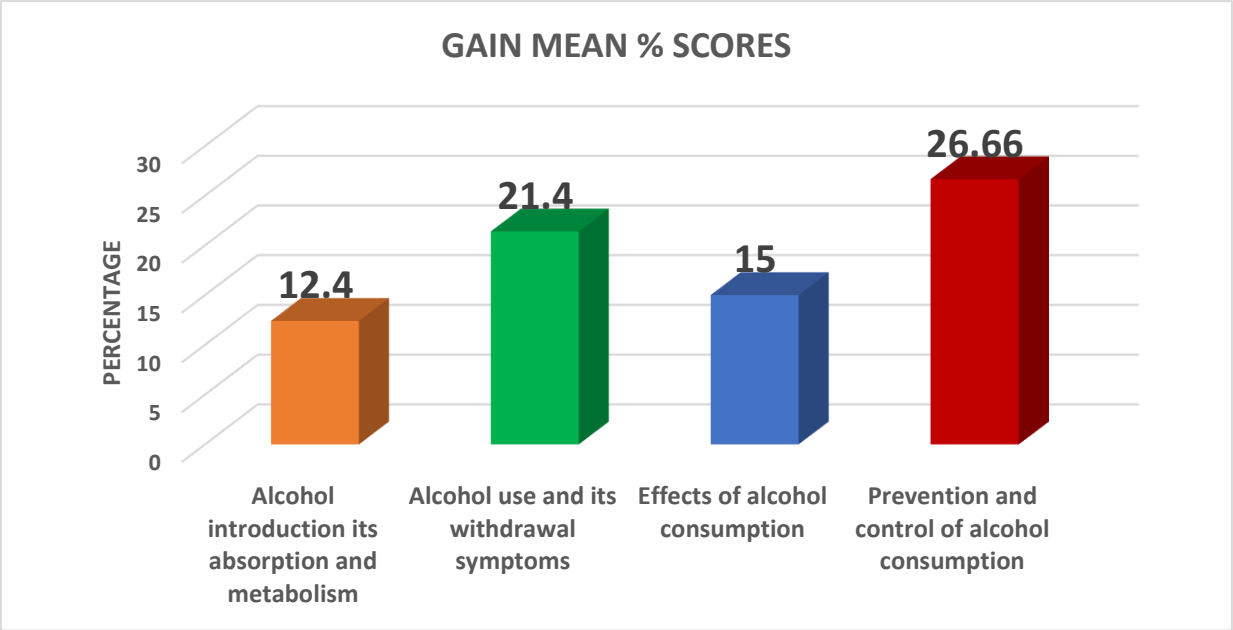


Figure no. 4.20 bar diagram show knowledge gain scores mean percentage after the administer of structured teaching program on prevention of alcohol consumption and its harmful effect

SECTION II (D)

Mean, Median And Standard Deviation Of Pre-Test And Post-Test Knowledge Scores Of Adult Male.

This section deals with the mean, median and standard deviation of pre-test and post-test attitude scores of adult males

Table- 4.10

Mean, Median And Standard Deviation Of Pre-Test And Post-Test Knowledge Scores Of Adult Male Population

N=65

KNOWLEDGE SCORES	MEAN	MEDIAN	STANDARD DEVIATION
PRE-TEST	13.35	13	3.24
POST-TEST	19.95	19	2.76

The maximum possible scores =30

The Table no. 4.10 presents the pre-test and post-test knowledge scores on prevention of alcohol consumption and its harmful effects on health among male adults in Chhawla. The mean pre-test knowledge score is 13.35, which indicates the average score of the participants before the teaching program was implemented. The mean post-test knowledge score is 19.95, which indicates the average score of the participants after they had received the teaching program.

The standard deviation of the pre-test knowledge scores is 3.24, indicating a relatively high degree of variability in the pre-test scores. The standard deviation of the post-test knowledge scores is 2.76, which is lower than the pre-test standard deviation. This suggests that the post-test scores are more consistent and homogenous than the pre-test scores, possibly indicating that the teaching program had a positive effect in reducing variability in knowledge scores.

The median pre-test score is 13, which is also the same as the mean pre-test score. The median post-test score is 19, which is also the same as the mean post-test score. This suggests that the distribution of scores in both pre-test and post-test groups is fairly normal and that the measures of central tendency coincide at the center of the distribution to a great extent.

Overall, the data suggests that the teaching program had a positive effect on the knowledge scores of male adults in Chhawla regarding prevention of alcohol consumption and its harmful effects on health.

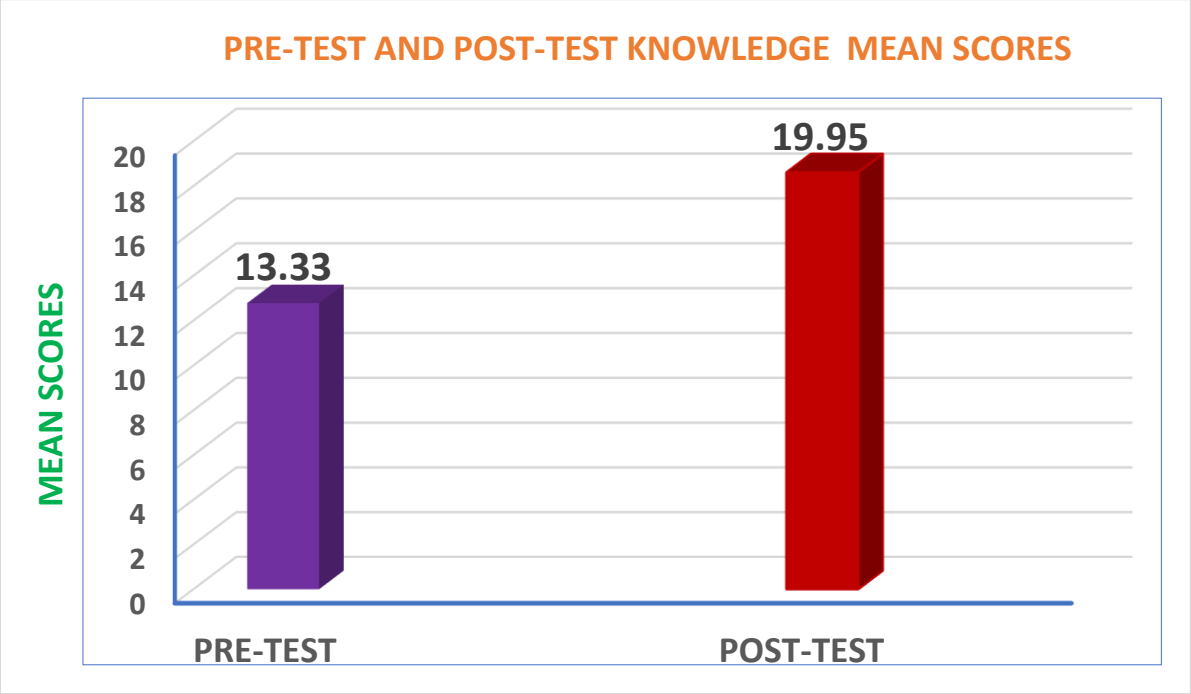


Figure 4.21- Bar diagram show pre-test and post-test mean scores

SECTION II (E)

"t" Value Of Pre Test And Post Test Knowledge Scores Of Adult Male On Prevention Of Alcohol consumption And Its Harmful Effect.

Computing "t" value to find out the significance of mean difference between pre-test and post-test knowledge scores of adult male populations of Chhawla village on "Prevention of alcohol consumption and its harmful effect" to test significant gain between a mean pre-test and post-test knowledge scores of adult male populations. To test the significance gain between mean pre-test and post-test knowledge scores of adult male populations, the following research hypothesis H_1 and null hypothesis H_{01} were formulated.

H1: The mean post-test knowledge scores of male adult population after the administration ofStructured teaching program on prevention of alcohol consumption and its harmful effect will be significantly higher than the mean pre-test knowledge scores, as evident from structured knowledgequestionnaires at 0.05 level of significance

H01: The mean post-test knowledge scores of male adult population after the administration ofStructured teaching program on prevention of alcohol consumption and its harmful effect will not be significantly higher than the mean pre-test knowledge scores as evident from structured knowledge questionnaires at 0.05 level of significance**.**

Table -4.11

Mean, Median Difference, Standard Deviation Error Of Mean Difference And "t" Value Of Pre Test And Post Test Knowledge Scores Of Adult Male Population

N=65

TEST	KNOWLEDGE SCORES				
	MEAN	MEAN D	SDd	SE md	"t" value
PRE-TEST	13.33	5.72	4.30	0.53	10.71*
POST-TEST	19.95				

(df=63) t Table value is 2.00 at 0.05 level significance.

Based on the results presented in the Table 4.11, it shows that the structured teaching program was effective in enhancing the knowledge of adult male population of Chhawla village regarding prevention of alcohol consumption and its harmful effect. The mean post-test knowledge score was significantly higher than the pre-test knowledge score, indicating a significant gain in knowledge. The obtained t-value of 10.71 was much higher than the critical value for the t-test at the 0.05 level of significance, suggesting that the difference was not due to chance.

Therefore, the research hypothesis (H1) was accepted, and the null hypothesis (H01) was rejected.

SECTION -III

Finding Related To Effectiveness Of Structured Teaching Program On Prevention Of Alcohol Consumption And Its Harmful Effect Among Adult Male Population In Terms Of Attitude

This section deals with the analysis and interpretation of data related to the attitude scores of the among adult male population of Chhawla, obtained through a structured attitude questionnaire, in order to evaluate the effectiveness of the structured teaching program on "prevention of alcohol consumption and its harmful effect" by using descriptive and inferential statistics. The mean, median and standard deviation of pre–test and post-test attitude scores of 65 adult male and "t" value to find significance of difference between pre-test and post-test attitude scores calculated as depicted in Table.

SECTION -III-A

The Tables And Figures In This Section Describes Frequency And Percentage Distribution Of Pretest And Post-Test Attitude Scores Of Adult Male Populations According To Their Categories Of Attitude Scores

The Tables and figures in this section deals with the frequency distribution of pre-test and post-test attitude scores of adult male populations according to their categories of attitude scores as depicted in Table 4.12.

Table-4.12

Frequency And Percentage Distribution Of Pre-Test And Post-Test Attitude Scores Of Adult Male Populations According To Their Categories Of Rating Scale

N=65

S.No.	ATTITUDE SCORES CLASS INTERVAL	PRE -TEST		POST TEST	
		FRQUENCY	PERCENTAGE	FRQUENCY	PERCENTAGE
1	Strongly positive attitude (41-50)	0	0	0	0
2	Positive attitude (31-40)	0	0	2	03.07
3	Neutral attitude (21-30)	1	01.55	63	96.92
4	Negative attitude (11-20)	49	75.38	0	0
5	Strongly negative attitude (1-10)	15	23.07	0	0

The data presented in the above Table no.4.12 shows that the frequency of scores in pre-test under negative attitude category was 49 (75.38 %) which were reduced to 0 (0 %) in post-test. The frequency of attitude scores in positive attitude category of pretest was 0 (0 %) which was increased to 2 (03.07 %) in post-test and move toward in neutral attitude 63 (96.92%) in post-test. This suggests the majority of the adult male population attitude scores were under neutral category after the intervention. So, it suggests that structured teaching program on adult male population of Chhawla village on "Prevention of alcohol consumption and its harmful effect was effective to change the attitude.

SECTION -III-B

The Tables And Figures In This Section Describes Frequency And Percentage Distribution Of Pretest And Post-Test Attitude Scores Of Adult Male Population According To Their Class Interval Of Attitude Scores

The Tables and figures in this section deals with the frequency distribution of pre-test and post-test attitude scores of adult male population according to their class interval of attitude scores as depicted in Table 23 and figure

Table-4.13

Frequency Distribution Of Pre Test And Post Test Attitude Scores Of Adult Male Of Chhawla Village

N=65

Class interval	frequency distribution of pre test attitude scores	frequency distribution of post test attitude scores
0-10	15	0
11-20	49	0
21-30	1	63
31-40	0	2
41-50	0	0

Maximum Possible Scores-50

The frequency Table and polygon for pre-test and post-test attitude scores of adult male populations on prevention of alcohol consumption and its harmful effect are presented in Table 4.13 and figure 4.22, respectively.

The frequency Table shows that the highest frequency for the pre-test attitude scores was 49 in the class interval of 11-20, while for the post-test attitude scores, the highest frequency was 63 in the class interval of 21-30. This indicates that after the structured teaching program, there was a significant increase in the positive attitude of adult male populations towards the prevention of alcohol consumption and its harmful effect.

The frequency polygon in figure 4.22 provides a graphical representation of the distribution of pre-test and post-test attitude scores. The polygon for post-test attitude scores is shifted towards the higher score range, indicating a positive shift in attitude scores after the structured teaching program. Overall, the frequency Table and polygon suggest that the structured teaching program was effective in improving the attitude of adult male populations towards the prevention of alcohol consumption and its harmful effect.

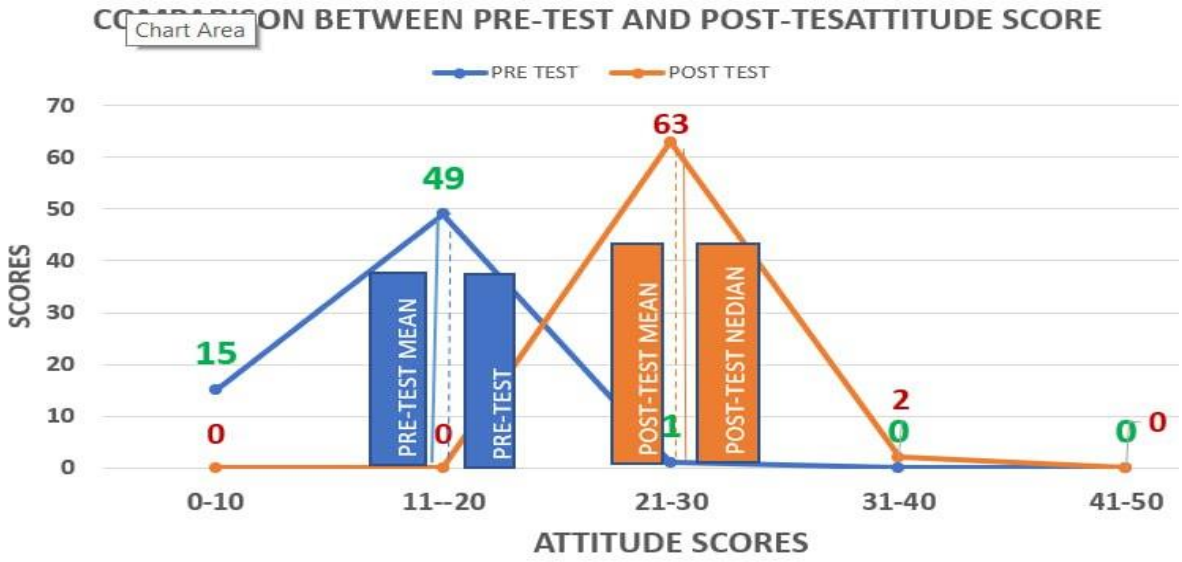


Figure-4.22 Frequency polygon diagram showing comparison between pre-test and post-test attitude scores

SECTION -III-C

Mean, Median And Standard Deviation Of Pre-Test And Post-Test Attitude Scores Of Adult Male.

This section deals with the mean, median and standard deviation of pre-test and post-test attitude scores of adult male

Table-4.14

Mean, Median And Standard Deviation Of Pre-Test And Post- Test Attitude Scores Of Adult Male Populations

N=65

ATTITUDE SCORES	MEAN	MEDIAN	STANDARD DEVIATION
PRE-TEST	19.95	20	2.28
POST-TEST	27.85	28	2.54

Maximum possible scores=50

The given data presented in Table no.4.14, it shows that there was a significant increase in the mean post-test attitude scores (27.85) of adult males compared to the mean pre-test attitude scores (19.95). The mean difference score of 7.90 indicates that the structured teaching program was effective in enhancing the attitude of adult male populations in Chhawla village on prevention of alcohol consumption and its harmful effect.

The data also suggests a normal distribution of the sample, as the mean and median are close to each other for both pre-test and post-test. There is a slight increase in the standard deviation from pre-test (2.28) to post-test (2.54), indicating a slight increase in the variability of scores in the post-test. Overall, the results suggest that the structured teaching program was effective in improving the attitudes of adult males towards the prevention of alcohol consumption and its harmful effects.

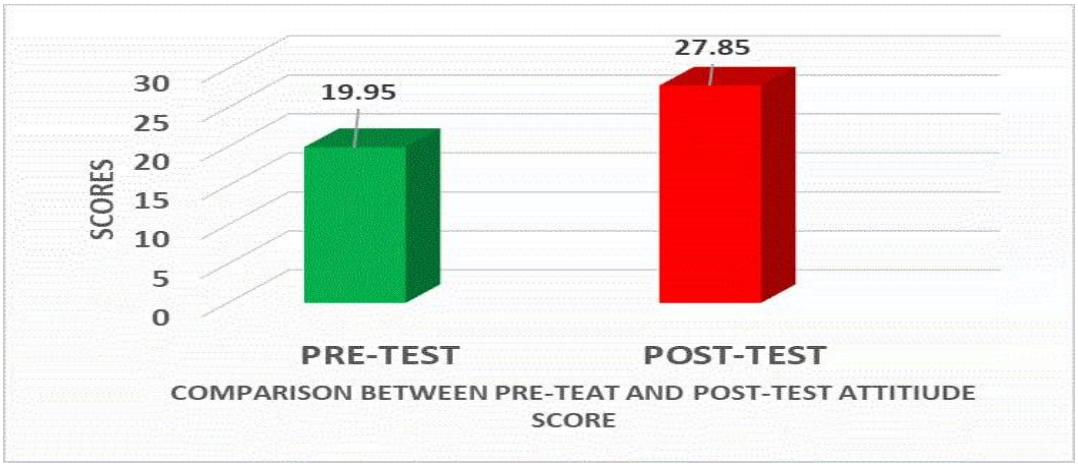


Figure-4.23 Bar diagram show pre-test and post-test attitude mean scores

SECTION -III-D

"t" Value Of Pre Test And Post Test attitude Scores Of Adult Male On Prevention Of Alcohol consumption And Its Harmful Effect.

Computing "t" value to find out the significance of mean difference between pre-test and post-test attitude scores of adult male populations of Chhawla village on "Prevention of alcohol consumption and its harmful effect" to test significant gain between a mean pre-test and post-test attitude scores of adult male populations. To test the significance gain between mean pre-test and post-test attitude scores of adult male populations, the following research hypothesis H_1 and null hypothesis H_{01} were formulated.

H2: The mean post-test attitude scores of male adult population after the administration ofStructured teaching program on prevention of alcohol consumption and its harmful effect will be significantly higher than the mean pre-test attitude, as evident from structured attitude rating scale at 0.05 level of significance

H02: The mean post-test attitude scores of male adult population after the administration ofStructured teaching program on prevention of alcohol consumption and its harmful effect will not be significantly higher than the mean pre-test attitude, as evident from structured attitude rating scale at 0.05 level of significance

Table -4.15

Mean, Median Difference, Standard Deviation Error Of Mean Difference And "t" Value Of Pre-Test And Post Test Attitude Scores Of Adult Male Population

Computing "t" value to find out the significance of mean difference between pre-test and post-test

N=65

TEST	ATTITUDE SCORES				
	MEAN	MEAN D	SDd	SEmd	"t" value
PRE-TEST	19.95	7.86	3.66	0.45	17.27*
POST TEST	27.85				

(df value 63) 0.05 level significance Table value is 2.00

The data presented in Table no. 4.15 shows that mean post-test attitude scores (27.85) of adult male populations of Chhawla village on "Prevention of alcohol consumption and its harmful effect" were higher than their mean pre-test attitude scores (19.95) with a mean difference of (7.86). The computed "t" value of 17.27 is higher than the critical value for the "t" test at 0.05 level of significance (2.00), indicating that the obtained mean difference was a true difference and not by chance. Therefore, it can be concluded that the research hypothesis (H2) is accepted and the null hypothesis (H02) is rejected. This suggests that the structured teaching program was effective in enhancing the attitude of adult male population of Chhawla village on "Prevention of alcohol consumption and its harmful effect".

Overall, it can be concluded that the structured teaching program was successful in improving the attitudes of adult male population in Chhawla village towards prevention of alcohol consumption and its harmful effects. The findings suggest that educational interventions can be effective in changing attitudes towards health behaviors, such as alcohol consumption.

SECTION -IV

Karl Pearson Coefficient Of Correlation Between Post-Test Knowledge Scores And Post-Test Attitude Scores Of Adult Male

This section describes the correlation between post-test knowledge scores and post-test attitude scores of adult male populations. To seek the relationship between mean post-test knowledge scores and mean post-test attitude scores of adult male populations the following research hypothesis H_3 and null hypothesis H_{03} were formulated.

H3- There will be significant relationship between mean post-test knowledge scores and attitude scores on prevention of alcohol consumption and its harmful effect evident by structured knowledge questionnaires and attitude rating scale at 0.05 level of significance

H03- There will not be significant relationship between mean post-test knowledge scores and attitude scores on prevention of alcohol consumption its harmful effect evident by structured knowledge questionnaires and attitude rating scale at 0.05 level of significance.

Table -4.16

Finding Related To Relationship Between Post Test Knowledge Scores And Attitude Scores Of Adult Male Population

N=65

GROUP	VARIABLE	MEAN	p value	SD	COEFFICIENT OF CORRELATION
ADULT MALE POPULATION	KNOWLEDGE SCORES	19.95	0.20	2.76	0.28 *
	ATTITUDE SCORES	27.85		2.54	

***Significant at 0.05 level of significance" value (df- 63) = 0.25**

The data presented in the Table (12) shows that there was a weak positive correlation (0.28) between post-test knowledge and attitude scores of adult male population of Chhawla village on "Prevention of alcohol consumption and its harmful effect. The computed correlation coefficient value of 0.28 is higher than the Table value of "r" at df (63) at 0.05 level, indicating that the correlation is statistically significant.

Therefore, it can be concluded that the research hypothesis (H3) is accepted and the null hypothesis (H03) is rejected. The positive correlation indicates that as the post-test knowledge scores increase, the post-test attitude scores also increase, suggesting that increased knowledge on prevention of alcohol consumption and its harmful effects was effective in changing the attitudes of adult male population in Chhawla village.

Overall, it can be concluded that the post-test knowledge scores have a positive effect on post-test attitude scores, and that increasing knowledge on prevention of alcohol consumption and its harmful effects can lead to more positive attitudes towards the issue.

SECTION -V

Finding Related To Association Between Post Test Knowledge Scores And Selected Variables Of Adult Male.

This section deals with the findings related to association between post-test knowledge scores of adult male population and selected variable i.e. educational status, Type of family, income, age, occupation.
To seek the association of the post-test knowledge scores of adult male populations with selected factors, the following research hypothesis was formulated.

 H4- There will be significant association of post-test knowledge scores on prevention ofalcohol consumption and its harmful effect and selected demographic variable as measured by structured knowledge questionnaires at 0.05 level of significance, like as educational status, type of family, income, age and Occupation.

 H04- There will not be significant association of post-test knowledge scores on prevention of alcohol consumption and its harmful effect and selected demographic variable as measured by structured knowledge questionnaires at 0.05 level of significance, like as educational status, type of family, income, age and Occupation.

Table-4.17

Finding Related To Association Between Post Test Knowledge Scores And Selected Variable Adult Male Population

N=65

S.N.	SELECTED FACTOR	POST TEST KNOWLEDGE SCORES		d.f	CHI-SQUARE		Significant/ Non-significant
		ABOVE MEAN	BELOW MEDIAN		TABLE VALUE	CALCULATED VALUE	
1.	**Age in year**						
	18-30	**11**	**10**	**2**	**5.99**	**2.24**	Non-significant
	31-40	**17**	**14**				
	41-50	**04**	**09**				
2.	**Income**						
	Below 10000	**01**	**02**	**3**	**7.81**	**3.78**	Non-significant
	10001-20000	**13**	**008**				
	20001-30000	**15**	**15**				
	Above 30000	**03**	**8**				
3.	**Occupation**						
	Govt job	**02**	**00**	**4**	**9.48**	**9.27**	Non-significant
	Private job	**09**	**18**				
	Agriculture	**18**	**09**				
	Business	**02**	**05**				
	Contractual job	**01**	**01**				
4.	**Type of family**						

	Joint	**14**	**15**	**1**	**3.84**	**0.19**	Non-significant
	Nuclear	**18**	**18**				
5.	**Educational status**						
	Secondary	**05**	**07**	**3**	**5.99**	**2.94**	Non-significant
	High Secondary	**15**	**17**				
	Graduation	**11**	**06**				
	Above graduation	**01**	**03**				

*Significance at 0.05 level.

Data presented in Table no.4.17 shows that it appears that the computed chi-square values for the variables of Age, income, occupation, type of family, and educational status were less than the Table values, indicating that there was no significant association between these variables and post-test knowledge scores on prevention of alcohol consumption and its harmful effects on health for adult male population. Therefore, it can be concluded that the post-test knowledge scores were not dependent on these variables. There for failed to reject the null hypothesis (H04) and reject research hypothesis (H4).

SECTION -VI

This section deals with the findings related to association of post-test attitude scores of adult male and selected variable i.e educational status, Type of family, income, age, occupation and educational status. To seek the association between the post-test attitude scores of adult male populations with selected factors, the following research hypothesis was formulated.

 H5- There will be significant association of post-test attitude scores on prevention of alcohol consumption and its harmful effect and selected demographic variable as measured by structured attitude scale at 0.05 level of significance, like as educational status, type of family, income, age and Occupation.

 H05- There will not be significant association of post-test attitude scores on prevention ofalcohol consumption and its harmful effect and selected demographic variable as measured by structured attitude scale at 0.05 level of significance, like as educational status, type of family, income, age and Occupation.

Table-4.18

Chi Square Value Showing Finding Association Between Post Test Attitude Scores And Selected Variable Adult Male Population

N=65

S.No.	SELECTED FACTOR	POST-TEST ATTITUDE SCORES		d.f	CHI-SQUARE		Significant/ Non-significant
		ABOVE MEAN	BELOW MEDIAN		TABLE VALUE	CALCULATED VALUE	
1.	**Age in year**						

	18-30	**10**	**11**	**2**	**5.991**	**2.986**	Non-significant
	31-40	**20**	**11**				
	41-50	**05**	**08**				
2.	**Income**						
	Below 10000	**01**	**02**	**3**	**7.81**	**8.30**	Non-significant
	10001-20000	**13**	**08**				
	20001-30000	**15**	**15**				
	Above 30000	**03**	**08**				
3.	**Occupation**						
	Govt job	**03**	**00**	**4**	**9.48**	**9.27**	Non-significant
	Private job	**08**	**13**				
	Agriculture	**15**	**15**				
	Business	**09**	**02**				
	Contractual job	**03**	**00**				
4.	**Type of family**						
	Joint	**19**	**10**	**1**	**3.84**	**2.87**	Non-significant
	Nuclear	**16**	**20**				
5.	**Educational status**						
	Secondary	**07**	**05**	**3**	**5.99**	**0.51**	Non-significant
	High Secondary	**18**	**14**				
	Graduation	**08**	**09**				
	Above graduation	**02**	**02**				

*Significance at 0.05 level.

Data presented in Table no.4.18 shows the computed chi-square values for the variables of Age, occupation, type of family, and educational status were less than the Table values, indicating that there was no significant association between these variables and post-test attitude scores on prevention of alcohol consumption and its harmful effects on health for adult male population. This suggests that the post-test attitude scores were not dependent on these variables.

However, the computed chi-square value for the variable of income was higher than the Table value, indicating a significant association between income and post-test attitude scores. This suggests that the post-test attitude scores were dependent on income status.

Therefore, it can be concluded that post-test attitude scores of adult male population on prevention of alcohol consumption and its harmful effects on health were dependent on income status and not dependent on Age, occupation, type of family and educational status.

Overall, the research hypothesis is partially supported, as the association between post-test attitude scores and income was significant, while there was no significant association between post-test attitude scores and the other selected variables.

There for partially accept the research hypothesis (H5) and partially failed to reject the null hypothesis (H05).

FINDING OF THE STUDY

PHASE-I

1. DESCRIPTION OF SAMPLE CHARCTRISTIC-

The data indicates that the majority of adult males were in the age group of 18-40 years. 41.2% of the population were between the ages of 18-30, and another 41.2% were between the ages of 31-40. Only a small percentage of the population was above the age of 50. More than half (52.8%) of the adult male population belonged to joint families, while 47.2% belonged to nuclear families. The educational status of the majority (42.4%) of adult males was at the secondary level. 29.6% had completed primary education, 22% had completed higher secondary education, and only 6% had completed graduation or higher studies. Most of the adult male population (50.8%) were involved in private jobs, while a very small percentage (3.6%) were involved in government jobs. A significant percentage (38.8%) of the population were involved in agriculture, and only 2% were involved in business. The majority (42.8%) of adult male population earned an income of 10001-20000 per month. 36% earned between 20001-30000 per month, and only 12.8% earned more than 30000 per month. The data indicates that the majority (90%) of adult male population were married, while only a small percentage (10%) were unmarried. The majority (46.4%) of adult male population had two children, 31.2% had one child, and only 12% had more than three children. 10.4% did not have any children. The data suggests that all of the adult male population belonged to the Hindu religious group.

2. PREVALENCE OF ALCOHOL CONSUMPTION AMONG ADULT MALE POPULATION-

majority of adult male 70% have not consumed alcohol where as 30% adult male have consumed alcohol. So the Prevalence was (75/250*100) = 30 %

3. FREQUENCY PERCENTAGE DISTRIBUTION OF ALCOHOL CONSUMPTION AND DRINKING PATTERN AMONG ADULT MALE POPULATION-:

Majority (62.70%) of adult male were in the age group of 21-25 years started alcohol consumption. 37.3% were in the age group of 26-30 years age group. This statement means that a majority of adult males who

started consuming alcohol belonged to the age group of 21-25 years. The percentage of adult males in this age group who started consuming alcohol is 62.70%, and 37.3% of them belonged to the age group of 26-30 years. Majority (72%) of adult male start alcohol consumption with their friend. This statement means that the majority of adult males who started consuming alcohol did so with their friends. Majority of adult male (96%) consume beer. This statement means that a vast majority of adult males who consume alcohol prefer to consume beer. Majority (42%) of adult male consume alcohol on special occasion. This statement means that a majority of adult males who consume alcohol do so on special occasions. Majority (45.43%) of adult male consume 4-6 peg at a time. This statement means that a majority of adult males who consume alcohol consume 4-6 pegs of alcohol at a time. Majority (64%) of adult male consume alcohol outside the home. This statement means that a majority of adult males who consume alcohol prefer to consume it outside their homes. Majority of adult male (88%) consume alcohol at night time. This statement means that a vast majority of adult males who consume alcohol prefer to consume it at night. Majority of adult male (37.30%) their father consume alcohol in the family. This statement means that a majority of adult males who consume alcohol have fathers who also consume alcohol. Maximum adult male (47.3%) was consuming alcohol for 5-6 years. This statement means that the highest percentage of adult males who consume alcohol have been doing so for 5-6 years. There is no family history of liver disease in their family members. This statement means that there is no history of liver disease in the family members of adult males who consume alcohol. Majority of adult male (100%) give money self for alcohol procurement. This statement means that all adult males who consume alcohol pay for their alcohol themselves. Majority of adult male population procure alcohol by itself. This statement means that a majority of adult males who consume alcohol procure it themselves. Majority (53.3%) of adult male population start drink 1st time by compulsion of their friend and 45.30% from festival. This statement means that the majority of adult males who started drinking alcohol for the first time did so because of their friend's compulsion, and a significant percentage of them did so during festivals.

4. FREQUENCY PERCENTAGE DISTRIBUTION OF HARMFUL EFFECT ON HEALTH-

Majority of population were no tremor: This means that most people did not experience tremors, which are involuntary shaking or quivering movements. Majority of population where not abdominal pain only 22.7% population were abdominal pain: This means that most people did not experience abdominal pain, but 22.7% of the population did report this symptom. Majority of population were no heart burn sign after alcohol consumption: This means that most people did not experience heartburn after consuming alcohol. Majority of population where not headache only 28% population were headache: This means that most people did not experience headaches, but 28% of the population did report this symptom. Majority of population were not felt nausea, 21.30% was felt nausea after alcohol consumption at the time of study: This means that most people did not experience nausea, but 21.3% of the population did report this symptom after consuming alcohol. Majority of population were not vomiting; 13.30% adult male population was complained about vomiting after alcohol consumption: This means that most people did not experience vomiting, but 13.3% of the adult male population did report this symptom after consuming alcohol. Majority of population were not hypertension; 17.30% adult male was high blood pressure: This means that most people did not have high blood pressure, but 17.3% of the adult male population did have this condition. Majority of population were not any discoloration of stool; 5.30% population was complained about yellow or clay color stool at the time of defecation: This means that most people did not have discolored stool, but 5.3% of the population did report yellow or clay-colored stool majority of

population were not any bone pain sign at the time of study: This means that most people did not experience any bone pain during the study.

The majority (80%) of the population did not experience confusion after consuming alcohol, while 20% reported experiencing confusion. Most of the population did not experience irritability due to alcohol consumption. Majority of the population did not experience hallucination after consuming alcohol. Most of the population did not experience mood swings after consuming alcohol, but 20% of the population reported mood swing as a symptom. Majority of the population did not experience depression due to alcohol consumption.

The majority of the population (100%) were not isolated from society. This suggests that people were able to maintain social connections and relationships despite any potential negative effects of alcohol consumption. The majority of the population (100%) did not report experiencing violence in the home or society due to alcohol consumption. This is a positive finding, as alcohol consumption is often associated with increased aggression and violence. The majority (70.70%) of the population did not report experiencing financial difficulties due to alcohol consumption, but 29.30% did report experiencing financial difficulties at the end of the month. This suggests that alcohol consumption may have some negative impact on people's financial stability, particularly for those who struggle with managing their finances. The majority of the population did not report any negative effects on their employment due to alcohol consumption. This is a positive finding, as alcohol consumption can sometimes lead to absenteeism, reduced productivity, and other work-related issues. The majority (66.67%) of the population did not report any history of accidental incidents due to alcohol consumption, but 33.33% did report a history of motor vehicle accidents. This suggests that alcohol consumption may increase the risk of accidents, particularly while driving. The majority of the population did not report any history of relationship breakdowns due to alcohol consumption. This is a positive finding, as alcohol consumption can sometimes lead to conflict and other issues in interpersonal relationships.

PHASE-II

1. DESCRIPTION OF SAMPLE CHARCTRISTIC-

The data shows that 41.2% of the adult male population in the study fell within the age range of 18-30 and 31-40 years old. This indicates that the study had a relatively younger male population. The majority, 52.8%, of the adult male participants in the study belonged to a joint family. This means that they lived in a household with extended family members such as parents, siblings, or grandparents. Living in a joint family can have an impact on a person's lifestyle and attitudes towards various issues, including health-related behaviors. The data shows that 42.4% of the adult male population had a secondary level of education. This suggests that the majority of the participants had completed high school but did not have a college or university degree. Educational status can play a role in a person's understanding and awareness of health-related issues. The majority, 50.8%, of the adult male participants were employed in the private sector. This indicates that the study population had a significant representation of individuals working in non-governmental organizations or private companies. Occupational status can also impact a person's health-related behaviors and knowledge. The data shows that 42.8% of the adult male population had a monthly income between 10,001 and 20,000. This indicates that the majority of the participants had a moderate-income level. Income can have an impact on a person's access to healthcare and their ability to

adopt healthy behaviors. The data indicates that 90% of the adult male participants were married. This suggests that the majority of the study population had a stable relationship status, which can also impact a person's health-related behaviors. The majority, 46.4%, of the adult male participants had two children. This indicates that a significant number of participants had familial responsibilities, which can also impact a person's lifestyle and attitudes towards health. The data shows that 100% of the adult male participants were of the Hindu religious faith. This indicates that the study was conducted on a homogeneous religious population, which can have an impact on the study's findings and generalizability.

2. FINDING RELATED TO EFFECTIVNESS OF STRUCTURED TEACHING PROGRAM ON PREVENTION OF ALCOHOL CONSUMPTION AND ITS HARMFUL EFFECT ON HEALTH IN TERM OF KNOWLEDGE AMONG ADULT MALE-

The mean post-test knowledge scores were 19.95, which higher than the mean pre-test knowledge scores of 13.35.

The findings also show that the standard deviation of the post-test knowledge scores was 3.24 whereas standard deviation of the pre-test knowledge scores was 2.76, suggesting an equal and homogenous gain in knowledge post exposure to the structured teaching program.

The data further shows that the median for the pre-test was 13 whereas median for the post-test was 19 which both are equal to the pre-test and post-test Mean, indicating a fairly normal probability curve, which means all the measures of central tendency coincide at the center of the distribution to a great extent.

The mean post- test knowledge scores (19.95) on prevention of alcohol consumption and its harmful effect was higher than the pre-test knowledge scores (13.35) with a mean difference of (5.72). The obtained mean difference was found to be statistically significant as evident from the “t” value`10.71 as the critical value for the “t” test for two tailed at 0.05 level of significance is 2.00.

3. FINDING RELATED TO EFFECTIVNESS OF STRUCTURED TEACHING PROGRAM ON PREVENTION OF ALCOHOL CONSUMPTION AND ITS HARMFUL EFFECT ON HEALTH IN TERM OF ATTITUDE AMONG ADULT MALE.

The mean post-test attitude scores were 27.85, which higher than the mean pre-test knowledge scores of 19.95.

The findings also show that the standard deviation of the post-test attitude scores was 2.54 whereas standard deviation of the pre-test attitude scores was 2.28, suggesting an equal and homogenous gain in attitude post exposure to the structured teaching program.

The data further shows that the median for the pre-test was 20 whereas median for the post-test was 28 which both are equal to the pre-test and post-test Mean, indicating a fairly normal probability curve, which means all the measures of central tendency coincide at the center of the distribution to a great extent.

The mean post- test attitude scores (27.85) on prevention of alcohol consumption and its harmful effect were higher than the pre-test attitude scores (19.95) with a mean difference of (7.86). The obtained mean difference was found to be statistically significant as evident from the “t” value`17.27 as the critical value for the “t” test for two tailed at 0.05 level of significance is 2.00.

4. FINDING RELATED TO RELATIONSHIP BETWEEN POST-TEST KNOWEDGE SCORES AND POST-TEST ATTITUDE SCORES OF ADULT MALES-

There was a weak positive correlation (r=0.28) between post-test knowledge scores and post-test attitude scores of adult male and it's found to be statistically significant. The finding indicates that the knowledge increase, attitude also improve in adult male on prevention of alcohol consumption and its harmful effect.

5. FINDING RELATED TO ASSOCIATION OF POST-TEST KNOWLEDGE SCORES WITH SELECTED VARIABLE OF ADULT MALE-

Computed chi square values between post-test knowledge scores of adult males on prevention of alcohol consumption and its harmful effect with selected variables were less than the Table values. This shows that there was no significant association between post -test knowledge scores and the selected variables i.e. age, educational status, income, occupation, type of family. Hence, it can be concluded that post-test knowledge scores of adult males were independent of age, educational status, income, occupation, type of family.

6. FINDING RELATED TO ASSOCIATION OF POST-TEST ATTITUDE SCORES WITH SELECTED VARIABLE OF ADULT MALE-

Computed chi square values between post-test attitude scores of adult males on prevention of alcohol consumption and its harmful effect with selected variables were less than the Table values. This shows that there was no significant association between post -test knowledge scores and the selected variables i.e., age, educational status, income, occupation, type of family. Hence, it can be concluded that post-test knowledge scores of adult males were independent of age, educational status, income, occupation, type of family.

SUMMARY

This chapter dealt with the analysis and interpretation of the data obtained from structured questionnaire and attitude scale for assessing the prevalence of alcohol consumption, harmful effects on health, knowledge and attitude towards prevention of alcohol consumption and its harmful effects among adult male population. Descriptive and inferential statistics were used for analysis of data. This chapter analyzed the sample characteristics, prevalence of alcohol consumption, its pattern and harmful effects. Find the association between knowledge and attitude score of adult male after administration of structured teaching program on prevention of alcohol consumption and its harmful effects with selected variables using Chi square test evaluation of structured teaching program on prevention of alcohol consumption and its harmful effects in terms of knowledge and attitude by determining t value and relationship between post-test knowledge score and attitude score. Bar diagrams and Pie Charts were used for describing the sample characteristics of adult male. Frequency polygon and bar diagram were plotted to depict the knowledge and attitude scores of adult male.

Chapter V presents summary, major findings, conclusion, discussion, implications, limitations and recommendations**.**

4. SUMMARY, CONCLUSION, DISCUSSION, IMPLICATIONS, LIMITATIONS AND RECOMMENDATIONMS

This chapter presents a brief summary of the study undertaken. It includes major findings, discussion of findings, conclusion drawn from the findings, and implications of the study for the nursing practice, nursing education, nursing administration, and nursing research. It also gives an account of recommendations for future research in the field of nursing.

SUMMARY

Alcohol use among adult male is a public health problem all over the world. According to the global status report on alcohol and health by WHO about 3 million deaths in 2022 are estimated to have been caused by alcohol consumption. About 5.1 % of global burden of diseases and injury was attributable to alcohol. Use of alcohol among adult population effect on their health.

The main aim of the study was to assess the prevalence of alcohol use, assess pattern of alcohol consumption and its harmful effect on health with a view to evaluate the effectiveness of structured teaching program on prevention and control of alcohol consumption and its harmful effect on health in terms of knowledge and attitude among adult male Chhawla village Delhi.

Objective of the study were:

1.To assess the prevalence of alcohol consumption among adult male population of Chhawla village.
2.To assess the alcohol consumption and its effect on physical, mental, social health.
3.To develop structured teaching program on prevention of alcohol consumption and its harmful effect.
4.To assess and evaluate the knowledge and attitude of adult male population of Chhawla village regarding the prevention of alcohol consumption and its harmful effect.
5.To find relationship knowledge and attitude towards the prevention of alcohol consumption and its harmful effect among male adult population of Chhawla village.
6.To find association knowledge and attitude towards the prevention of alcohol consumption and its harmful effect among male adult population of Chhawla village with selected variables like educational status, type of family, income, age and occupational status.

HYPOTHESIS

H1: -The mean post-test knowledge scores of male adult population after the administration of Structured teaching program prevention of alcohol consumption and its harmful effect will be significantly level higher than the mean pre-test knowledge scores, as evident from structured knowledge questionnaires at 0.05 level of significance.

H2: -The mean post-test attitude scores of male adult population after the administration of Structured teaching program on prevention of alcohol consumption and its harmful effect will be significantly higher than the mean pre-test attitude scores, as evident from attitude rating scale at 0.05 level of significance.

H3: - There will be significant relationship mean post-test knowledge scores and attitude scores on prevention of alcohol consumption and its harmful effect evident by structured knowledge questionnaires and attitude scale at 0.05 level of significance.

H4: - There will be significant association between post-test knowledge scores prevention of alcohol consumption and its harmful effect with selected demographic variable as measured by structured knowledge questionnaires at 0.05 level of significance like educational status, type of family, income, age and occupational status.

H5: - There will be significant association between post-test attitude scores prevention of alcohol consumption and its harmful effect with selected demographic variable as measured by structured attitude rating scale at 0.05 level of significance like educational status, type of family, income, age and occupational status.

The review of research and non-research literature helped the researcher to broaden the understanding of the need of the study and to develop a conceptual framework and tools for the study. The review helped the researcher to develop the criteria for developing structured teaching program on prevention of alcohol consumptions and its harmful effects on health.

The conceptual framework used for the study was "HEALTH BELIEF MODEL" which was given by Godfrey Hochbaum, Stephen Kegels, Irwin Rosenstock in 1950.

The HBM suggests that people's beliefs about health problems, perceived benefits of action and barriers to action and self-efficacy explain engagement (or lack of engagement) in health-promoting behavior. A stimulus, or cue to action, must also be present in order to trigger the health-promoting behavior

In order to accomplish the objective, the survey approach with descriptive survey design was adopted to assess the prevalence of alcohol use, factors associated with it and its effects in phase-I and quasi experimental approach with pre-test post-test design was used to evaluate the effectiveness of structured teaching program on prevention of alcohol consumption and its harmful effect on health among adult male of Chhawla village. The independent variable of the study was the structured teaching program on prevention of alcohol consumption and its harmful effect on health. Knowledge and attitude were the dependent variables. Study was conducted in Chhawla village Delhi. The 75 adult males were selected by using purposive sampling technique for the study.

The tool used for data collection in phase-I was structured questionnaire which has 3 sections to assess the prevalence of alcohol consumption, demographical data, alcohol consumption pattern and effect on health. In phase-II structured knowledge questionnaire with 30 items of the multiple-choice questions and a five-point Likert type attitude scale with 10 structured statements were used. The knowledge questionnaire items were distributed under the headings (1) Alcohol, its absorption and metabolism (2) Alcohol use and its withdrawal symptoms (3) Factors associated with alcohol use. (4) Effects of alcohol use (5) Prevention and control of alcohol use.

The following steps were adopted in the development of structured teaching program on prevention of alcohol consumption and its harmful effect among adult male.

a. Formulation of the objectives

b. Development of criteria rating scale

C. Preparation of structured teaching program

d. Establishing the content validity of the structured teaching program

To ensure the validity and reliability of the study, a team of 11 experts from various fields including clinical psychiatry nursing, community medicine, psychiatry medicine, psychology, and psychiatry (nursing education) were involved in validating the tools and structured teaching program. The experts were asked to evaluate the content of the tools based on different parameters like objective, relevance, adequacy of content, organization, clarity, and understanding. The majority of the experts agreed on all items, while some suggestions were given for modifying the items, which were incorporated to finalize the tools.

After that, a tryout of the tool was conducted on 10 adult male participants to ensure its reliability. The reliability of the structured questionnaire used in phase-I was computed by Crohnbach's alpha method, which was found to be 0.86. Additionally, the reliability of the knowledge test and attitude scale was computed by test-retest method and Crohnbach's alpha method. The reliability of the knowledge questionnaire was found to be 0.84, and the reliability computed for the attitude scale was 0.88. These measures ensure that the tools used in the study were valid and reliable for the research purpose.

This study was conducted in two phases:

PHASE-1

After obtaining the administrative approval from RAKCON authority, Phase I study was conducted from 7th November to 19th November 2022 in Chhawla village Delhi. Sample for the study were 75 adult male taken by using purposive sampling technique. Purpose of the study was explained to the participants and confidentiality of their responses was assured. Consent was taken from the participants. Structured questionnaire was administered to find out the prevalence of alcohol use, alcohol consumption, its harmful effect among adult male. Time taken for the test was 30 minutes. The phase I study data were entered in master data sheet, analyzed and interpreted using descriptive and inferential statistics.

PHASE II

The study was conducted in two phases, with the second phase taking place from January 5th, 2023 to January 28th, 2023 in Chhawla Village, Delhi. The study received formal approval from Principal RAKCON. In the first phase, 75 samples were collected, but there was a sample mortality rate of 10, leaving 65 adult males for the second phase of the study. The purpose of the study was to measure the knowledge and attitudes of adult males regarding the prevention of alcohol consumption and its harmful effects.

During the second phase of the study, a pretest of knowledge and attitudes regarding alcohol consumption was conducted on days 1-7. This was followed by a structured teaching program on the prevention of alcohol consumption and its harmful effects, which was administered using charts, flashcards, and banners. The teaching program lasted 45 minutes, and participants were encouraged to ask questions if they had any doubts.

On days 15-21, a post-test of knowledge and attitudes was conducted, and pamphlets on the control of alcohol use were distributed to the participants. The pre-test and post-test took approximately 40-45 minutes each to complete. The data collected during the second phase of the study was entered into a master data sheet and analyzed using descriptive and inferential statistics. The confidentiality of the participants' responses was assured throughout the study.

FINDING OF THE STUDY

PHASE-I

1. DESCRIPTION OF SAMPLE CHARCTRISTIC-

The data indicates that the majority of adult males were in the age group of 18-40 years. 41.2% of the population were between the ages of 18-30, and another 41.2% were between the ages of 31-40. Only a small percentage of the population was above the age of 50. More than half (52.8%) of the adult male population belonged to joint families, while 47.2% belonged to nuclear families. The educational status of the majority (42.4%) of adult males was at the secondary level. 29.6% had completed primary education, 22% had completed higher secondary education, and only 6% had completed graduation or higher studies. Most of the adult male population (50.8%) were involved in private jobs, while a very small percentage (3.6%) were involved in government jobs. A significant percentage (38.8%) of the population were involved in agriculture, and only 2% were involved in business. The majority (42.8%) of adult male population earned an income of 10001-20000 per month. 36% earned between 20001-30000 per month, and only 12.8% earned more than 30000 per month. The data indicates that the majority (90%) of adult male population were married, while only a small percentage (10%) were unmarried. The majority (46.4%) of adult male population had two children, 31.2% had one child, and only 12% had more than three children. 10.4% did not have any children. The data suggests that all of the adult male population belonged to the Hindu religious group.

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The majority (80%) of the population did not experience confusion after consuming alcohol, while 20% reported experiencing confusion. Most of the population did not experience irritability due to alcohol consumption. Majority of the population did not experience hallucination after consuming alcohol. Most

of the population did not experience mood swings after consuming alcohol, but 20% of the population reported mood swing as a symptom. Majority of the population did not experience depression due to alcohol consumption.

The majority of the population (100%) were not isolated from society. This suggests that people were able to maintain social connections and relationships despite any potential negative effects of alcohol consumption. The majority of the population (100%) did not report experiencing violence in the home or society due to alcohol consumption. This is a positive finding, as alcohol consumption is often associated with increased aggression and violence. The majority (70.70%) of the population did not report experiencing financial difficulties due to alcohol consumption, but 29.30% did report experiencing financial difficulties at the end of the month. This suggests that alcohol consumption may have some negative impact on people's financial stability, particularly for those who struggle with managing their finances. The majority of the population did not report any negative effects on their employment due to alcohol consumption. This is a positive finding, as alcohol consumption can sometimes lead to absenteeism, reduced productivity, and other work-related issues. The majority (66.67%) of the population did not report any history of accidental incidents due to alcohol consumption, but 33.33% did report a history of motor vehicle accidents. This suggests that alcohol consumption may increase the risk of accidents, particularly while driving. The majority of the population did not report any history of relationship breakdowns due to alcohol consumption. This is a positive finding, as alcohol consumption can sometimes lead to conflict and other issues in interpersonal relationships.

PHASE-II

1. DESCRIPTION OF SAMPLE CHARCTRISTIC-

The data shows that 41.2% of the adult male population in the study fell within the age range of 18-30 and 31-40 years old. This indicates that the study had a relatively younger male population. The majority, 52.8%, of the adult male participants in the study belonged to a joint family. This means that they lived in a household with extended family members such as parents, siblings, or grandparents. Living in a joint family can have an impact on a person's lifestyle and attitudes towards various issues, including health-related behaviors. The data shows that 42.4% of the adult male population had a secondary level of education. This suggests that the majority of the participants had completed high school but did not have a college or university degree. Educational status can play a role in a person's understanding and awareness of health-related issues. The majority, 50.8%, of the adult male participants were employed in the private sector. This indicates that the study population had a significant representation of individuals working in non-governmental organizations or private companies. Occupational status can also impact a person's health-related behaviors and knowledge. The data shows that 42.8% of the adult male population had a monthly income between 10,001 and 20,000. This indicates that the majority of the participants had a moderate-income level. Income can have an impact on a person's access to healthcare and their ability to adopt healthy behaviors. The data indicates that 90% of the adult male participants were married. This suggests that the majority of the study population had a sTable relationship status, which can also impact a person's health-related behaviors. The majority, 46.4%, of the adult male participants had two children. This indicates that a significant number of participants had familial responsibilities, which can also impact

a person's lifestyle and attitudes towards health. The data shows that 100% of the adult male participants were of the Hindu religious faith. This indicates that the study was conducted on a homogeneous religious population, which can have an impact on the study's findings and generalizability.

2. FINDING RELATED TO EFFECTIVNESS OF STRUCTURED TEACHING PROGRAM ON PREVENTION OF ALCOHOL CONSUMPTION AND ITS HARMFUL EFFECT ON HEALTH IN TERM OF KNOWLEDGE AMONG ADULT MALE-

The mean post-test knowledge scores were 19.95, which higher than the mean pre-test knowledge scores of 13.35.

The findings also show that the standard deviation of the post-test knowledge scores was 3.24 whereas standard deviation of the pre-test knowledge scores was 2.76, suggesting an equal and homogenous gain in knowledge post exposure to the structured teaching program.

The data further shows that the median for the pre-test was 13 whereas median for the post-test was 19 which both are equal to the pre-test and post-test Mean, indicating a fairly normal probability curve, which means all the measures of central tendency coincide at the center of the distribution to a great extent.

The mean post- test knowledge scores (19.95) on prevention of alcohol consumption and its harmful effect was higher than the pre-test knowledge scores (13.35) with a mean difference of (5.72). The obtained mean difference was found to be statistically significant as evident from the "t" value`10.71 as the critical value for the "t" test for two tailed at 0.05 level of significance is 2.00.

3. FINDING RELATED TO EFFECTIVNESS OF STRUCTURED TEACHING PROGRAM ON PREVENTION OF ALCOHOL CONSUMPTION AND ITS HARMFUL EFFECT ON HEALTH IN TERM OF ATTITUDE AMONG ADULT MALE.

The mean post-test attitude scores were 27.85, which higher than the mean pre-test knowledge scores of 19.95.

The findings also show that the standard deviation of the post-test attitude scores was 2.54 whereas standard deviation of the pre-test attitude scores was 2.28, suggesting an equal and homogenous gain in attitude post exposure to the structured teaching program.

The data further shows that the median for the pre-test was 20 whereas median for the post-test was 28 which both are equal to the pre-test and post-test Mean, indicating a fairly normal probability curve, which means all the measures of central tendency coincide at the center of the distribution to a great extent.

The mean post- test attitude scores (27.85) on prevention of alcohol consumption and its harmful effect were higher than the pre-test attitude scores (19.95) with a mean difference of (7.86). The obtained mean difference was found to be statistically significant as evident from the "t" value`17.27 as the critical value for the "t" test for two tailed at 0.05 level of significance is 2.00.

4. FINDING RELATED TO RELATIONSHIP BETWEEN POST-TEST KNOWEDGE SCORES AND POST-TEST ATTITUDE SCORES OF ADULT MALES-

There was a weak positive correlation (r=0.28) between post-test knowledge scores and post-test attitude scores of adult male and it's found to be statistically significant. The finding indicates that the knowledge increase, attitude also improve in adult male on prevention of alcohol consumption and its harmful effect.

5. FINDING RELATED TO ASSOCIATION OF POST-TEST KNOWLEDGE SCORES WITH SELECTED VARIABLE OF ADULT MALE-

Computed chi square values between post-test knowledge scores of adult males on prevention of alcohol consumption and its harmful effect with selected variables were less than the Table values. This shows that there was no significant association between post -test knowledge scores and the selected variables i.e. age, educational status, income, occupation, type of family. Hence, it can be concluded that post-test knowledge scores of adult males were independent of age, educational status, income, occupation, type of family.

6. FINDING RELATED TO ASSOCIATION OF POST-TEST ATTITUDE SCORES WITH SELECTED VARIABLE OF ADULT MALE-

Computed chi square values between post-test attitude scores of adult males on prevention of alcohol consumption and its harmful effect with selected variables were less than the Table values. This shows that there was no significant association between post -test knowledge scores and the selected variables i.e., age, educational status, income, occupation, type of family. Hence, it can be concluded that post-test knowledge scores of adult males were independent of age, educational status, income, occupation, type of family.

DISCUSSION

Findings of the study are discussed in terms of objective, theoretical base and hypothesis formulated.

The present study was aimed to assess the prevalence of alcohol consumption, pattern of alcohol consumption and its harmful effect in term of physical, mental and social with a view to develop and evaluate the effectiveness of structured teaching program on prevention of alcohol consumption and its harmful effect control among adult male population in terms of knowledge and attitude.

From the present study it was found that the prevalence of alcohol consumption among adult male was 30%. This finding was seen in consistence with the study finding of **Ramanan (2016) found 28%** prevalence (29). Present study also supported by **Amilton Jr (2016)** found 24% Prevalence among adult. (68)

Present study found that the maximum no. of adult male start alcohol consumption in the age between 21-25 year which is consistent with the study of **Jagadeesan S.*** (2021) in which mean age of starting alcohol consumption was found 19-24 year (69) and **Sah I (2019)** found the mean age of starting alcohol consumption was 19-24 year. (70)

Present study found the effect on health headache 28%, abdominal pain 22.75% financial difficulties 29.30% and hypertension was 17.30 % population. Present study supported by **Ramanan (2016)** found hypertension, dyspepsia found 86% population. (29)

Present study found that the knowledge increase 92.30% and change in the attitude 96.92% adult male after the administer of structured teaching program on prevention of alcohol consumption and its harmful effect. Present study finding supported by **Preshita (2018)** (55%) of the adult had good knowledge. (96.92 %) of adult male had positive attitude (71) and **Vijay Singh Rawat (2019)** 61 percent (44) were having moderately adequate knowledge majority 60% of the adolescents were having favorable attitude.

Present study found weak positive correlation (r=0.28) between knowledge and attitude. This supported by **Rawat (2019)** found positive correlation (r=6.36)**.** (44)

Present study found the association of knowledge and attitude with demographic variable was non-significant at 0.05 level. Present study supported by **Sah I (2019)** non-significant with the demographic variables at p> 0.05 level (70) and **Pushpam (2022**) There was no significant association found between the levels of knowledge regarding alcohol abuse with selected socio demographic variables. (72)

CONCLUSION

ON THE BASES OF THE FINDING OF THE STUDY, THE FOLLOWING CONCLUSIONS WERE DRAWN-

The present study found the prevalence of alcohol consumption among adult male populations. High prevalence was observed at chhawla village.

Assess the alcohol consumption frequency and pattern. Mostly start alcohol consumption at 21-25 year of age.

Majority of the adult male for the use of alcohol were social gathering/marriage party, peer pressure. Maximum urge for drinking alcohol was felt on special occasion.

There was deficit in knowledge and majority have negative attitude on prevention of alcohol consumption and its harmful effects among adult male. The structured teaching program on prevention of alcohol consumption and its harmful effects was effective to increase the knowledge and attitude of adult male

There was a positive correlation between the knowledge and attitude of adult male.

There was no association between post-test knowledge score of adult male and selected variables i.e. educational status, type of family, income, age and occupational status.

There was no significant association between post-test attitude score of undergraduate college students with the selected variables i.e educational status, type of family, income, age and occupational status

IMPLICATIONS

The findings of the present study have implications for nursing practice, nursing education, nursing research and nursing administration and national health care system.

NURSING EDUCATION

☞ The nursing students should be given opportunity through assignment to identify the harmful effect of alcohol consumption in their clinical field through history taking and observations.

☞ Family survey in the community can help the students to assess the severity of the problem and plan for education according to need of place and time.

☞ Though the content and experience of basic nursing education program in the area of psychiatric nursing and community health nursing deal with the management of addiction, there is a need for specific information material regarding the prevention of alcohol consumption and its harmful effect.
☞ There is a need to emphasize the importance of education in primary prevention of alcohol consumption in different levels of professional education. The nursing students should be provided with learning experiences in planning and organizing health education programs on prevention of alcohol consumption for patients, family, and community during their training program in community health nursing.
☞ It is observed that nurses caring the alcoholic clients have a negative attitude towards them. Since nursing is a service profession where not only physical care but also psychological care is important.
☞ It is important to help the nurses to develop a positive attitude towards the prevention of alcohol consumption. Hence nurses must be educationally prepared to guide patients, their relatives, vulnerable groups in the community in developing self-care abilities and in preventing alcohol use.

NURSING RESEARCH

☞ Nurse researcher may conduct studies in clinical and community setting to evaluate the effectiveness of the nursing interventions in prevention of alcohol consumption and its harmful effect.
☞ Nurses' researcher must take up research in clinical areas, schools, colleges and community as a whole for taking preventive measures to reduce the risk of alcohol consumption and its harmful effect.

NURSING PRACTICE

☞ Patient education is one of the important nursing activities.
☞ The findings of the study imply the need for regular health education programs by hospital nurses, public health nurses and school health nurses in hospitals, communities, schools and colleges.
☞ Identification of the learning needs of the client should be done in the various settings of practice and education should be given based on it.
☞ Study also indicates that there is a strong need for anticipatory guidance to the vulnerable group.
☞ Hence the nurses should be sensitive to the need for the anticipatory guidance. Nurses can help the community in organizing and strengthening community support system for preventing alcohol consumption.

NURSING ADMINISTRATION

☞ Nursing profession should be able to render services according to the changing needs of the society. The increasing incidence of alcohol use in the community demands the profession to render more attention to the care of clients and their family. Nurses need to involve more actively in the preventive programs on alcohol use.
☞ Nurse administrators should encourage the nurses to involve themselves in the prevention and control programs on alcohol use at primary, secondary and tertiary levels.
☞ In the context of technological changes and knowledge explosion, nurse administrator should take responsibility to update the knowledge of the nursing staff.

☞ Continuing education programs for the nurses should be strengthened and should be organized according to the need of the population.
☞ A.V. aids on the preventive and control of alcohol consumption and its harmful effect should be displayed in the community, primary, secondary and tertiary level of health care centers.
☞ The results can be implemented in making strategies on prevention and control of alcohol use at primary, secondary and tertiary levels.

GENERAL EDUCATION

☞ Health is a Universal right and everybody has responsibility to take care of his own health. The international conference on Primary Health Care (WHO 1978) emphasized the development of self-care potentialities.
☞ To facilitate this and to help the individual, family and community to prevent alcohol consumption, it is important that education about prevention of alcohol consumption and its harmful effect be made an integral part of general education.
☞ Community health curriculum should include drug de-addiction education and education on prevention of alcohol consumption to bring awareness among adult male population.
☞ Adult male should be encouraged to participate in seminars and discussion on prevention of alcohol prevention. Periodical screening in in community area helps in identifying potential problems related to alcohol consumption and preventing its harmful effect on health.
☞ Teacher should be given orientation courses to improve their knowledge regarding prevention of alcohol consumption and to extend guidance services to the students Study also implies the need for having guidance facilities in the colleges and school.

NATIONAL HEALTH CARE SYSTEM

☞ It is evident from the present study that proper health screening for identifying high risk population and providing systematically prepared structured teaching program on prevention of alcohol consumption and its harmful effect on health and was effective in improving the knowledge and influencing the attitude of adult male.
☞ Incidents of many diseases are preventable through changes in health behavior. This reveals the importance of adopting health education strategies for educating the public through various mass media regarding the risk factors of alcohol consumption and adapting safe health practices.

Limitations

1.The present study was limited to 75 adult males thus posing restriction to make a broader generalization.
2.The study sample were restricted to only one setting.
3.Long term effect of the intervention was not studied due to time restrictions.
4.The information collected from adult male was based on their expressed responses.

Recommendations

1.An experimental study can be carried out with experimental and control group.
2.A similar study can be conducted on large samples and thereby finding can be generalized for larger population.
3.Similar studies can be conducted in different settings and with larger sample size to generalize the findings.
4.A similar study can be done in the area of drug abuse and tobacco use.
5.A similar study can be conducted in various other groups such as school students, office workers, teachers, other professional groups as well as in families.
6.Qualitative studies can be undertaken to explore the current knowledge and attitude on prevention and control of alcohol consumption and its harmful effect by using unstructured interview schedule.
7.A similar study can be conducted using other teaching strategies such as programmed instruction, planned teaching program etc.

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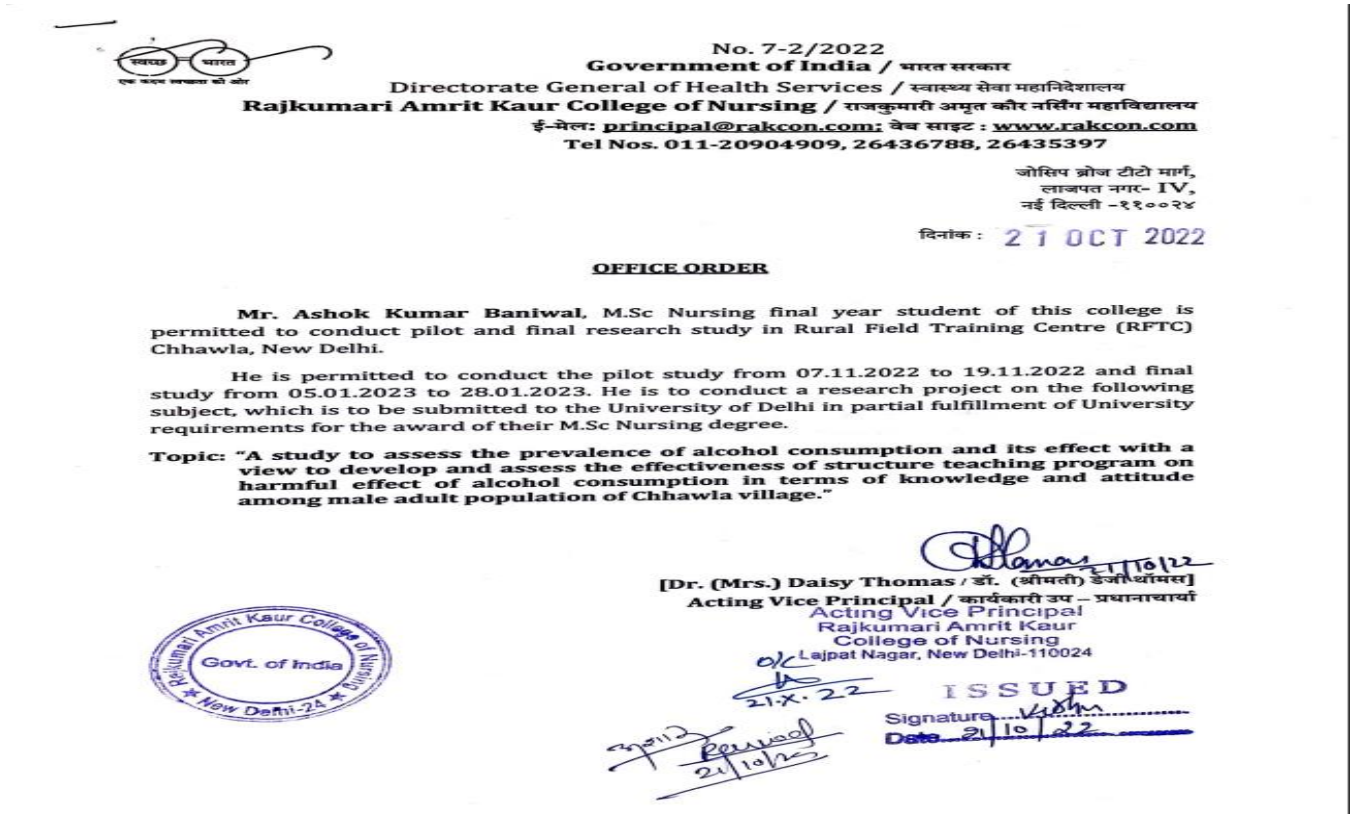
APPENDIX-A

PERMISSION GRANTING LETTER FOR RESEARCH STUDY PHASE-I AND PHASE-II



No. 7-2/2022
Government of India / भारत सरकार
Directorate General of Health Services / स्वास्थ्य सेवा महानिदेशालय
Rajkumari Amrit Kaur College of Nursing / राजकुमारी अमृत कौर नर्सिंग महाविद्यालय
ई-मेल: principal@rakcon.com; वेब साइट : www.rakcon.com
Tel Nos. 011-20904909, 26436788, 26435397

जोसिप ब्रोज टीटो मार्ग,
लाजपत नगर- IV,
नई दिल्ली -११००२४

दिनांक : 21 OCT 2022

OFFICE ORDER

Mr. Ashok Kumar Baniwal, M.Sc Nursing final year student of this college is permitted to conduct pilot and final research study in Rural Field Training Centre (RFTC) Chhawla, New Delhi.

He is permitted to conduct the pilot study from 07.11.2022 to 19.11.2022 and final study from 05.01.2023 to 28.01.2023. He is to conduct a research project on the following subject, which is to be submitted to the University of Delhi in partial fulfillment of University requirements for the award of their M.Sc Nursing degree.

Topic: "A study to assess the prevalence of alcohol consumption and its effect with a view to develop and assess the effectiveness of structure teaching program on harmful effect of alcohol consumption in terms of knowledge and attitude among male adult population of Chhawla village."

21/10/22
[Dr. (Mrs.) Daisy Thomas / डॉ. (श्रीमती) डेजी थॉमस]
Acting Vice Principal / कार्यकारी उप – प्रधानाचार्या
Acting Vice Principal
Rajkumari Amrit Kaur
College of Nursing
Lajpat Nagar, New Delhi-110024

Rajkumari Amrit Kaur College of Nursing Govt. of India New Delhi-24

21.X.22

ISSUED
Signature
Date 21/10/22

21/10/22

APPENDIX-B

Letter Granting Permission For Conduction Research Study From Chhawla Village

To,

The principal,

RAK college of nursing,

Lajpat Nagar, New Delhi.

Subject- **letter for granting permission for conducting pilot study and final research study at Chhawla village.**

Respected madam,

This is to inform you that I, Mr. Ashok Kumar Baniwal a final year student of master of nursing course in Rajkumari Amrit Kaur college of nursing is granted permission to conduct his research

study in the institution on the topic - "**A STUDY TO ASSESS THE PREVALENCE OF ALCOHOL CONSUMPTION AND ITS EFFECT WITH A VIEW TO EVALUATE THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAM ON "PREVENTION OF ALCOHOL CONSUMPTION AND ITS HARMFUL EFFECT" IN TERMS OF KNOWLEDGE AND ATTITUDE AMONG MALE ADULT POPULATION OF CHHAWLA VILLAGE**".

So I need esteemed help and cooperation from the Chhawla village as I am interested in

conducting my study in the Chhawla village. Pilot study time period w.e.f. 07-11-2022 to till

19-11-2022 and final study is w.e.f. 05-01-2023 to 28-01-2023. Hence, I request you too kindly

issue me official letter for permission. I shall be very thankful to you.

Pilot study – Chhawla village

Final study – Chhawla village

Thanking you

Yours sincerely

Mr. Ashok Kumar Baniwal

M.Sc. Nursing 2nd year

RAKCON

Date –

Mo-7742160773

APPENDIX-C

Letter Requesting Opinion And Suggestion Of Experts For The content Validity Of The Tools And Content For The Development Of structured Teaching Program

From

Mr. Ashok Kumar Baniwal

M.Sc. Nursing final year

R.A.K college of nursing

To …….

Subject- requesting letter to gather opinion and suggestions for establishing validation of tool and content for the development of structed teaching program on prevention of alcohol consumption and its harmful effect on health.

Respected sir/madam

I, Mr. Ashok Kumar Baniwal, a final year M.Sc. Nursing student of RAK college of nursing, new Delhi have selected the under mentioned topic for my research project to be submitted in university of Delhi in partial fulfillment of the university requirement for to award of master of science degree in nursing under the guidance of Drs. Mrs. Daisy Thomas and and S. Geetha Rajkumar.

TOPIC- "**A STUDY TO ASSESS THE PREVALENCE OF ALCOHOL CONSUMPTION AND ITS EFFECT WITH A VIEW TO EVALUATE THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAM ON "PREVENTION OF ALCOHOL CONSUMPTION AND ITS HARMFUL EFFECT" IN TERMS OF KNOWLEDGE AND ATTITUDE AMONG MALE ADULT POPULATION OF CHHAWLA VILLAGE**".

Here I am enclosing the tool for the study, teaching material of structured teaching program, and the criteria rating scale for the expert opinion on content validity of the tools and structured teaching program material. I request you to kindly go through the content, tools and give valuable remark and opinion of any improvement and modification needed. Your esteemed opinion and critical comments will provide the required direction and contribute immensely to the quality content of my final research. I shall highly oblige to you.

Thanking you.

Yours sincerely
Ashok Kumar Baniwal
M.Sc. 2nd Year
RAK college of nursing, new Delhi
Mo. 7742160773

APPENDIX-D

Letter Of Translator

Lakshya Translation Services
Mobile No. 9643163320
Email- lakshyatranslations@gmail.com

To whomsoever it may concern

This is to certify that the Hindi translation of the content of Knowledge questionnaire submitted by **Mr. Ashok Kumar Baniwal** student of M.Sc. Nursing at R.A.K. College of Nursing, New Delhi is duly checked and found to be a true translation of its English version and conveying the same meaning.

Warm Regards

Babita Agrawal
M.A. (Hindi), B.Ed.
B.A. (Hindi)

BABITA AGRAWAL
M.A. (Hindi) B.Ed.
B.A. (Hindi Literature)
Lakshya Translation Services

APPENDIX-E

List Of Experts For Content Validity Of Tools For Phase-I And Phase-II Study

S.N.	Expert name	Designation	Specialty
1.	Dr. Alok Rawat	Associate professor HOD Community health nursing	Community health Nursing
2.	Dr. Ashok Kumar Yadav	Dean, Principal college of Nursing Tantia university	Psychiatric Nursing
3.	Dr. Ramswaroop Sharma	Principal Meera college of nursing abhor Punjab	BHMS Child health nursing
4.	Dr. A. R. Aggarwal	Faculty AIIMS Rishikesh	Medicine
5.	Mr. B.L. Regar	Senior Tutor RNT govt. college of nursing Udaipur Rajasthan	1.Medical- surgical nursing 2.Obstetrical-gynecological nursing
6.	Mr. jai Prakash chandora	HOD and faculty of Tantia university Rajasthan	Community health nursing
7.	Mr. Mansingh jat	Nursing officer AIIMS New Delhi	Community health nursing
8.	Mr. Devendra sigh	Associate professor JIET university jodhpur Rajasthan	Medical-Surgical Nursing
9.	Mr. Bharat Singh Banshiwal	Assistant professor Dhukiya college of Nursing Jhunjhunu raj.	Medical-Surgical Nursing
10.	Mr. vivek Tripathi	Principal JIET university Jodhpur Rajasthan	Medical- Surgical Nursing
11.	Dr. M. Paul	Associate Professor SGT University Gurgaon	Medical-Surgical Nursing

APPENDIX-F

Informed Consent Form

Dear Participant,

I would like to introduce myself, Mr. Ashok Kumar Baniwal, an M.Sc. Nursing student from Raj Kumari Amrit Kaur College of Nursing. As a part of my course have to conduct one research study for the fulfilment of my course.

My research topic is:

"A STUDY TO ASSESS THE PREVALENCE OF ALCOHOL CONSUMPTION AND ITS EFFECT WITH A VIEW TO EVALUATE THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAM ON "PREVENTION OF ALCOHOL CONSUMPTION AND ITS HARMFUL EFFECT" IN TERMS OF KNOWLEDGE AND ATTITUDE AMONG MALE ADULT POPULATION OF CHHAWLA VILLAGE."

I request you to kindly participate in my study because your co-operation is very important.

I assure you that information obtained will be confidential and will be used only for the purpose of this study.

Thanking you.

Mr. Ashok Kumar Baniwal

MSc Nursing student

Raj Kumari Amrit Kaur College of Nursing Lajpat Nagar,

New Delhi-24

I have been fully informed in detail, in a language that I comprehend about the above noted study understand that there is no risk associated with the study I furthermore recognize that fact I can withdraw this consent and to discontinue participation in this study at any time.

I hereby agree to participant in the study

Participant name-

Signature-

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सूचित सहमति प्रपत्र

प्रिय प्रतिभागी,

मैं अपना परिचय देना चाहता हूं, श्री अशोक कुमार बेनीवाल, एम.एससी। राज कुमारी अमृत कौर कॉलेज ऑफ नर्सिंग का छात्र हू। मेरे पाठ्यक्रम के एक भाग के रूप में मेरे पाठ्यक्रम की पूर्ति के लिए एक शोध अध्ययन करना है।

मेरा शोध विषय है:

"शराब की खपत और इसके हानिकारक प्रभाव की रोकथाम" छावला गांव के पुरुष वयस्क जनसंख्या के बीच ज्ञान और दृष्टिकोण के मामले में संरचित शिक्षण कार्यक्रम की प्रभावशीलता का मूल्यांकन करने के लिए शराब की खपत और उसके प्रभाव की व्यापकता का आकलन करने के लिए एक अध्ययन।

मैं आपसे अनुरोध करता हूं कि कृपया मेरे अध्ययन में भाग लें क्योंकि आपका सहयोग बहुत महत्वपूर्ण है।

मैं आपको विश्वास दिलाता हूं कि प्राप्त की गई जानकारी गोपनीय होगी और केवल इस अध्ययन के प्रयोजन के लिए उपयोग की जाएगी।

धन्यवाद।

श्री अशोक कुमार बेनीवाल

एम एससी नर्सिंग

राज कुमारी अमृत कौर कॉलेज ऑफ नर्सिंग लाजपत नगर,

नई दिल्ली-24

उपर्युक्त अध्ययन के बारे में मुझे जो भाषा समझ में आती है, उस भाषा में मुझे पूरी तरह से सूचित किया गया है, मैं समझता हूं कि अध्ययन से जुड़ा कोई जोखिम नहीं है, मैं यह भी मानता हूं कि मैं इस सहमति को वापस ले सकता हूं और किसी भी समय इस अध्ययन में भाग लेना बंद कर सकता हूं।

मैं इसके द्वारा अध्ययन में भाग लेने के लिए सहमत हूं

भाग लेने वाले का नाम-

हस्ताक्षर-

APPENDIX-G

PHASE-I

Tool-A

Structured Questionaries Schedule To Assess The **Demographic Profile**, **Prevalence Of Alcohol Consumption** And **Effect Of Alcohol Consumption** Among Male Adult Population At Chhawla Village -

CODE No.…….

INSTRUCTION - :-

- Please listen the question carefully and answer /encircle on appropriate-answer.
- The information provided by you will be kept Confidential

PART-A

DEMOGRAPHICAL PROFILE

1.Age in year –
a. 18-30 year
b. 31-40 year
c.40-50 year
d. >50 year

2. Type of family
a. Joint
b. Nuclear

3. Educational status
a. Primary
b. Secondary
c.Higher secondary
d. Graduation and above

4. Occupation
a. Government job
b. Private job
c.Agriculture
d. Businessmen
e. Contractual job

5. Monthly income

a.Below 10000
b.10001-20000
c.20001-30000
d. Above 30000

6. Marital status
a. Married
b. Unmarried
c.Single

7. Number of children
a. 1
b. 2
c.Above 2
d. Nil

8. Religion
a. Hindu
b. Muslim
c.Sikh
d. Christian
e. Other

PART-B

PHASE-I

PREVALENCE OF ALCOHOL CONSUMPTION

Q. Have you ever consumed alcohol?
a. Yes
b. No

- If ***yes*** ask next question

1.At what age did you start consuming alcohol?
c.Below 15 year
d. 16-20 year
e. 21-25 year
f. 26-30 year

2.Who was the 1st person with whom you consume alcohol first time?

a. Alone
b. Friends
c.Family member
d. Relative
e. Unknown person

3.Form of alcohol you used?

a. Wine
b. Beer
c.Rum
d. Whisky
e. Deshi
f. Vodka
g.Any other

4.How often do you consume alcohol?

a. Daily
b. 3-5 time in a week
c.Once a week
d. Only once a month
e. On special occasion

5.How many drink of alcohol did you have at a time?

a. 1-2 peg
b. 3-4 peg
c.5-6 peg
d. 7-9 peg
e. More then 9 peg

6.What is your place of consume alcohol?

a. Home
b. Outside home
c.Both

7.What is your consume alcohol time?

a. Day time
b. Night time
c.Both

8.Who consume alcohol in your family?

a. Father

b. Brother

c.Wife

9.Duration of alcohol consumption?

a. Below 1 year

b. 2-5 year

c.5-10 year

d. More then 10 year

10. Any family member have liver disease due to alcohol consumption?

a. Yes

b. No

11. Who pay for your consume alcohol?

a. Self

b. Other

12. Procurement of alcohol

a. Buy it myself

b. Give money and ask someone to buy

c. Get it from friends

d. Get it from family

13. Reason for first drink

a. Out of own interest

b. Compulsion by friends

c. Stress

d. Festival/ function

PHASE-I

PART-C

Effects Of Alcohol Consumption

Instruction:-

- please read the question carefully and put tick mark on appropriate answer.
- There may be more than one correct answer.

1. Physical

Effect	✓ (yes)	(NO) X
a.Tremor		
b.Abdominal pain		
c.Heart burn		
d.Headache		
e.Nausea		
f. Vomiting		
g.Hypertension		
h.Stool color (yellow, clay)		
i. Bone pain		
j. Blurred vision		
k.Low coordination		
l. Slow movement		

2. Mental

Effect	✓ (yes)	(NO) X
a.Confusion		
b.Irritability		
c.Hallucination		
d.Mood swing		
e.Depression		

C. Social

Effect	✓ (yes))	(NO) X
a. ocial isolation		
b. iolence		
c. Lack of money		
d. oss of employment		
e. Motor vehicle accident		
a. Relationship break down		

PHASE-II

PART-A

Structured Questionnaire For Assessing The Knowledge Regarding Prevention Of Alcohol Consumption And Its Harmful Effect On Health

Code No……..

Instruction – please read the question carefully and put the tick mark on appropriate answer.

1.What is alcohol dependence?
a.It is a pattern of excess drinking that result in harm to one's health
b.It is a Epileptic disorder
c.It is a social disorder
d.It is a anxiety disorder

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 nutritional value

3.Which of the following part is mainly affects by alcohol dependence?
a.Gall 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.What is the percentage of alcoholic dependence in India?
a.2%
b.5%
c.7%

d.8%

7.What are the causes of alcohol dependence?
a.Genetic factors, availability, emotional pleasure
b.Below-normal serotonin levels
c.Multiple stressors and personality problems
d.Neurotransmitter and structural hypotheses

8.How many stages of alcoholic dependent?
a.2
b.3
c.4
d.5

9.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

10. Alcohol is detoxified by?
a.brain
b.stomach
c.liver
d.lungs

11. Which part of the body is directly affected by alcohol?
a.Respiratory tract
b.Brain control area
c.Intestinal tract
d.The alimentary tract

12. Which of the following deficiencies is seen in chronic alcoholism?
a.Nutritional deficiency
b.Vitamin deficiency
c.Iron deficiency
d.Fluid and electrolytes deficiency

13. 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

14. During alcoholism which vitamin deficiency will occur?
a. Folic acid
b. Vitamin A
c. Vitamin D
d. Thiamine

15. 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

16. Which of the following symptom is not seen in Korsakoff 's syndrome?
a. Confusion
b. Confabulation
c. Loss of memory
d. Hallucination

17. What is the effect of alcohol in heart?
a. Accumulation of lipids in the myocardial cells
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

18. When will be the heart enlarged and weakened?
a. Peripheral neuropathy
b. Wernicke's encephalopathy
c. Alcoholic cardiomyopathy
d. Alcoholic hepatitis

19. What is the toxic effect of alcohol in the esophageal mucosa?
a. Gastritis
b. Pancreatitis
c. Esophagitis
d. Hepatitis

20. Which organ is mostly affected due to heavy alcohol consumption?
a. Kidney
b. Heart
c. Stomach
d. Liver

21. What is meant by chronic injury to the liver?
a. Pancreatitis
b. Hepatitis
c. Esophagitis
d. Cirrhosis of liver

22. What will be the toxic reaction of alcohol dependence?
a. Impaired production of platelets
b. Impaired production of white blood cells
c. Impaired production of red blood cells
d. Impaired production of neutrophils

23. 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

24. Choose the pairs of reason, why people drink alcohol ?
a. Peer pressure, easy availability, energy drink
b. Parental drinking, relieve stress, increase social reputation
c. Cope with loss, overcome anxiety, social acceptance of alcohol
d. Advertisement, lack of knowledge, improve physical stamina

25. Which of the following symptoms will see in alcohol dependence?
a. Loss of taste
b. Loss of balance
c. Loss of memory
d. Loss of vision

26. Which type of blood cell production will affect during alcohol dependence?
a. Impaired production of WBC
b. Impaired production of T cells
c. Deficiency of vitamin A
d. Deficiency of iron

27. In which among the following will present during alcohol dependence?
a. Heart burn
b. Pain, burning, tingling of the extremities
c. Abdominal pain
d. Nausea and vomiting

28. Which of the following psychological management can be given for alcoholic dependence?
a. Group therapy and behavior therapy
b. Family therapy
c. Role play
d. Individual therapy

29. Which one of the following preventive measures can be advised?
a. Control by family members
b. Not giving Money
c. Banning / restriction of advertisement of alcohol
d. Close the alcohol shop

30. How much fine is there for drunken driving first time?
a. Rs. 10000
b. Rs. 5000
c. Rs. 15000
d. Rs. 20000

PHASE-I

Tool -B

Attitude Scale To Assess The Attitude Of Adult Male Population On Prevention of Alcohol Consumption And Its Harmful Effect On Health

INSTRUCTION- PLEASE READ CAREFULLY THE FOLLOWING STATEMENT REGARDING ALCOHOLISM. MARK YOUR RESPONSE BY PLACING AA TICK MARK IN THE APPROPRIATE COLUMN GIVEN AGAINST THE STATEMENTS. E.g. IF YOU ARE STRONGLY AGREE WITH STATEMENTS MARK IN COLUMN (SA), IF AGREE MARK IN COLUMN (A), IF UNDECIDED MARK IN THE COLUMN (UD), IF DISAGREE MARK IN COLUMN (DA), IF STRONGLY DISAGREE, MARK IN COLUMN (SD).

MAXIMUM MARK - 50

MINIMUM MARK- 10

PHASE-I

Tool-A

छावला गांव में जनसांख्यिकीय प्रोफ़ाइल, शराब की खपत की व्यापकता और वयस्क पुरुष आबादी के बीच शराब की खपत के प्रभाव का आकलन करने के लिए संरचित साक्षात्कार कार्यक्रम -

S.N.	STATEMENT		S.A	A	U.D	D.A	S.D
1	Alcoholism is a social problem						
2	People who drink a lot are more likely to be in a serious automobile accident						
3	One cane stops drinking only if one wants to						
4	Serving alcohol during social gathering is a symbol of prestige						
5	I like the way alcohol make me feel						
6	Drinking alcohol is lead to health problems later in life						
7	Small amount of alcohol is good for heart						
8	There is no harm in drinking alcohol if you are rich						
9	Alcoholism does not cause any harm to the person and society						
10	I think alcoholic are generally healthy						

CODE No.……

निर्देश -

➢ -

कृपया प्रश्न को ध्यान से पढ़ें और उपयुक्त उत्तर पर सही का निशान लगाएं।

➢ आ

पके द्वारा दी गई जानकारी को गोपनीय रखा जाएगा

PART-A

जनसांख्यिकी प्रोफाइल

1. आयु वर्ष में -

A. 18-30 वर्ष
B. 31-40 वर्ष
C. 40-50 वर्ष
D. > 50 वर्ष

2. परिवार का प्रकार

A. संयुक्त
B. अकेले

3. शैक्षिक स्थिति

A. प्राथमिक
B. माध्यमिक
C. उच्च माध्यमिक
D. स्नातक और ऊपर

4. पेशा

A. सरकारी नौकरी
B. प्राइवेट नौकरी
C. कृषि
D. बिजनेस मेन
E. संविदात्मक नौकरी

5. मासिक आय

A. 10000 से नीचे
B. 10001-20000
C. 20001-30000
D. 30000 से ऊपर

6. वैवाहिक स्थिति

A. विवाहित

B. अविवाहित

C. अकेला

7. बच्चों की संख्या

A. 1

B. 2

C. ऊपर 2

D. कुछ नहीं

8. धर्म

A. हिंदू

B. मुसलमान

C. सिख

D. ईसाई

E.अन्य

PHASE-I

PART-B

शराब की खपत का विवरन

निर्देश - कृपया प्रश्न को ध्यान से पढ़ें और उपयुक्त उत्तर पर सही का निशान लगाएं।

प्र. क्या आपने कभी शराब का सेवन किया है?

A. हाँ

B. नहीं

-यदि हाँ तो अगला प्रश्न पूछें

1. आपने किस उम्र में शराब पीना शुरू किया?

A. 15 वर्ष से कम

B. 16-20 वर्ष

C. 21-25 वर्ष

D. 26-30 वर्ष

2. कौन था पहला व्यक्ति जिसके साथ आप पहली बार शराब पी हैं?

A. अकेला

B. मित्र

C. परिवार का सदस्य

D. रिश्तेदार

E.अज्ञात व्यक्ति

3. आप किस प्रकार की शराब का उपयोग करते हैं?

A. शराब

B. बीयर

C. रम

D. व्हिस्की

E.देशी

F.वोदका

G. कोई दूसरा

4. आप कितनी बार शराब का सेवन करते हैं?

A. रोज

B. सप्ताह में 3-5 बार

C. एक सप्ताह में एक बार

D. महीने में सिर्फ एक बार

E.खास मौके पर

5. आपने एक बार में कितनी शराब पी?

A. 1-2 पैग

B. 3-4 पेग

C. 5-6 पैग

D. 7-9 पेग

E.9 पेग से अधिक

6. शराब पीने का आपका स्थान क्या है?

A. घर

B. घर के बाहर

C. दोनों

7. आपका शराब पीने का समय क्या है?

A. दिन का समय

B. रात का समय

C. दोनों

8. आपके परिवार में शराब का सेवन कौन करता है?

A. पिता

B. भाई

C. पत्नी

9. शराब के सेवन की अवधि?

A. 1 वर्ष से कम

B. 2-5 साल

C. 5-10 साल

D. 10 वर्ष से अधिक

10. शराब के सेवन से परिवार के किसी सदस्य को लिवर की बीमारी है?

A. हाँ

B. नहीं

11. आपके शराब पीने का भुगतान कौन करता है?

A. खुद

B. अन्य

12. शराब की खरीद

A. इसे खुद खरीदें

B. पैसे दो और किसी को खरीदने के लिए कहो

C. इसे दोस्तों से प्राप्त करें

D. इसे परिवार से प्राप्त करें

13. पहली बार शराब पीने का कारण

A. अपने स्वार्थ से

B. दोस्तों की मजबूरी

C. तनाव

D. उत्सव / समारोह

PHASE-I
PART-C

शराब की खपत के प्रभाव

निर्देश - कृपया प्रश्न को ध्यान से पढ़ें और उपयुक्त उत्तर पर सही का निशान लगाएं।

1.शारीरिक

प्रभाव	✓ (yes)	(NO) X
a. कंपन		
b. पेट में दर्द		
c. पेट में जलन		
d. स र द र्द		
e. जी मिचलाना		
f. उल्टी		
g. उच्च रक्तचाप		
h. मल का रंग (पीला, मिट्टी)		
i. हड्डी में दर्द		

2.मानसिक-

प्रभाव	✓ (yes)	(NO) X
a. भ्रम		
b. चि ड़ चि ड़ा प न		
c. मतिभ्रम		
d. मन बदलना		
e. अवसाद		

3. सामाजिक

प्रभाव	✓ (yes))	(NO) X
a. सामाजिक एकांत		
b. हिं सा		
c. पैसे की कमी		

d. रोजगार का नुकसान		
e. मोटर वाहन दुर्घटना		
a. रिश्ता टूटना		

PHASE-II

TOOL-A

शराब की खपत की रोकथाम और स्वास्थ्य पर इसके हानिकारक प्रभाव के बारे में ज्ञान का आकलन करने के लिए संरचनात्मक प्रश्नावली

Code No…..

निर्देश - कृपया प्रश्न को ध्यान से पढ़ें और उपयुक्त उत्तर पर सही का निशान लगाएं।

1. शराब पर निर्भरता क्या है

a.यह अत्यधिक शराब पीने का एक पैटर्न है जिसके परिणामस्वरूप किसी के स्वास्थ्य को नुकसान होता है
b.यह मिरगी बीमारी है
c.यह एक सामाजिक बीमारी है
d.यह एक चिंता की बीमारी है

2. शराब में पोषण का क्या संयोजन होता है?

a.इसका कोई पोषण मूल्य नहीं है और कोई कैलोरी नहीं है
b.इसका केवल पोषण मूल्य है
c.इसमें केवल कैलोरी होती है लेकिन कोई पोषण मूल्य नहीं होता है
d.इसमें कैलोरी और पोषण का महत्व है

3. निम्नलिखित में से शरीर का कौन सा भाग शराब पर निर्भरता से मुख्य रूप से प्रभावित होता है?

a.पित्ताशय
b.दिमाग
c.दिल
d.किडनी

4. शराब के गुण क्या हैं?

a.एक मजबूत जलने वाले स्वाद के साथ साफ तरल
b.स्वाद मीठा जैसा
c.खट्टा स्वाद के साथ रंजित तरल
d.सड़े अंडे की महक वाला रंगीन तरल

5. रक्त में शराब की विषैली मात्रा कितनी होती है?

a.80-100 मिलीग्राम / 100 मिलीलीटर

b.100-150 मिलीग्राम / 100 मिली
c.150-200 मिलीग्राम / 100 मिलीलीटर
d.200-250 मिलीग्राम / 100 मिलीलीटर

6. भारत में शराब पर निर्भरता का प्रतिशत कितना है?

a.2%
b.5%
c.7%
d.8%

7. शराब पर निर्भरता के क्या कारण हैं?

a.आनुवंशिक कारक, उपलब्धता, भावनात्मक आनंद
b.सामान्य से नीचे तनाव का स्तर
c.एकाधिक तनाव और व्यक्तिगत समस्याएं
d.कम पढ़ा लिखा होना

8. शराब पर निर्भरता की कितनी अवस्थाएं होती हैं?

a.2
b.3
c.4
d.5

9. शराब पर निर्भरता का कौन सा चरण मित्रों और परिवार के सदस्यों को स्पष्ट करता है?

a.प्री-अल्कोहल स्टेज
b.प्रारंभिक मादक अवस्था
c.मध्य शराबी चरण
d.देर से शराबी चरण

10. शराब का विषहरण कोनसे अंग से किया जाता है?

a.दिमाग
b.पेट
c.यकृत
d.फेफड़े

11. शराब से शरीर का कौन सा अंग सीधे तौर पर प्रभावित होता है?

a.श्वसन तंत्र
b.मस्तिष्क नियंत्रण क्षेत्र
c.आंत्र पथ
d.आहार पथ

12. दीर्घकालीन शराब उपयोग में निम्नलिखित में से कौन-सी कमी देखी जाती है?

a. पोषण की कमी
b. विटामिन की कमी
c. आयरन की कमी
d. द्रव और इलेक्ट्रोलाइट्स की कमी

13. निम्नलिखित में से किसमें मूत्र का रंग लाल होगा?

a. परिधीय तंत्रिका विकृति
b. शराबी मांसपेशिया रोग
c. वर्निक की बीमारी
d. कोर्साकॉफ का मनोविकार

14. शराब पीने के दौरान किस विटामिन की कमी हो जाएगी ?

a. फोलिक एसिड
b. विटामिन ए
c. विटामिन डी
d. थायमिन

15. कोर्साकॉफ के मनोविकार की क्या विशेषताएं हैं?

a. भ्रम, हाल की स्मृति का नुकसान
b. विकासात्मक मील के पत्थर हासिल करने में विफलता
c. संज्ञानात्मक कामकाज में कमी
d. सीखने की क्षमता कम होना

16. निम्नलिखित में से कौन सा लक्षण कोर्साकॉफ सिंड्रोम में नहीं देखा जाता है?

a. असमंजस का जाल
b. बातचीत में कमी
c. याददाश्त में कमी
d. मतिभ्रम

17. शराब का हृदय पर क्या प्रभाव पड़ता है?

a. हृदय कोशिकाओं में वसा का संचय
b. श्वसन मांसपेशियों में वसा का संचय
c. पसलियो के बिच मांसपेशियों में वसा का संचय
d. त्वचा के नीचे के ऊतकों में वसा का संचय

18. हृदय कब बड़ा और कमजोर होगा?

a.परिधीय तंत्रिका विकृति
b.वर्निक की एन्सेफैलोपैथी
c.मादक कार्डियोमायोपैथी
d.मादक यकृतशोथ

19. ग्रासनली में शराब का विषाक्त प्रभाव क्या है?

a.जठरशोथ
b.अग्नाशयशोथ
c.ग्रासनलीशोथ
d.यकृतशोथ

20. अत्यधिक शराब के सेवन से कौन सा अंग सबसे अधिक प्रभावित होता है?

a.गुर्दा
b.दिल
c.पेट
d.यकृत

21. यकृत को दीर्घकालीन क्षति से क्या अभिप्राय है?

a.अग्नाशयशोथ
b.यकृतशोथ
c.ग्रासनलीशोथ
d.यकृत का सिरोसिस

22. शराब पर निर्भरता की विषैली प्रतिक्रिया क्या होगी?

a.प्लेटलेट्स (बिंबाणु) का बिगड़ा हुआ उत्पादन
b.सफेद रक्त कोशिकाओं का बिगड़ा हुआ उत्पादन
c.लाल रक्त कोशिकाओं का बिगड़ा हुआ उत्पादन
d.अस्थि मज्जा का बिगड़ा हुआ उत्पादन

23. शराब छोड़ने के लक्षण कब होंगे?

a.शराब बंद करने के 4-6 घंटे बाद
b.शराब बंद करने के 4-8 घंटे बाद
c.शराब बंद करने के 4-12 घंटे बाद
d.शराब बंद करने के 8-16 घंटे बाद

24. लोग शराब क्यों पीते हैं, इसके कारणों के जोड़े को चुनें?

a.सहकर्मी दबाव, आसान उपलब्धता, ऊर्जा पेय
b.माता-पिता के पीने से तनाव दूर होता है, सामाजिक प्रतिष्ठा में वृद्धि होती है
c.नुकसान से निपटना, चिंता पर काबू पाना, शराब की सामाजिक स्वीकृति
d.विज्ञापन, ज्ञान की कमी, शारीरिक सहनशक्ति में सुधार

25. शराब पर निर्भरता में निम्नलिखित में से कौन से लक्षण दिखाई देंगे?

a.स्वाद की हानि
b.संतुलन खोना
c.याददाश्त में कमी
d.दृष्टि की हानि

26. शराब पर निर्भरता के दौरान किस प्रकार का रक्त कोशिका उत्पादन प्रभावित होगा?

a.प्लेटलेट्स (बिंबाणु) का बिगड़ा हुआ उत्पादन
b.सफेद रक्त कोशिकाओं का बिगड़ा हुआ उत्पादन
c. विटामिन ए की कमी
d.आयरन की कमी

27. निम्नलिखित में से कौन शराब पर निर्भरता के दौरान उपस्थित होगा?

a.पेट में जलन
b.दर्द, जलन, हाथ पैरों में झुनझुनी
c.पेट में दर्द
d.जी मिचलाना और उल्टी

28. शराब पर निर्भरता के लिए निम्नलिखित में से कौन सा मनोवैज्ञानिक प्रबंधन दिया जा सकता है?

a.समूह चिकित्सा और व्यवहार चिकित्सा
b.परिवार चिकित्सा
c.रोल प्ले
d.व्यक्तिगत चिकित्सा

29. निम्नलिखित में से किस निवारक उपाय की सलाह दी जा सकती है?

a.परिवार के सदस्यों द्वारा नियंत्रण
b.पैसा नहीं दे रहा है
c.शराब के विज्ञापन पर प्रतिबंध/प्रतिबंध
d.शराब की दुकान बंद करो

30. पहली बार शराब पीकर गाड़ी चलाने पर कितना जुर्माना है?

a.रु. 10000
b.रु. 5000
c.रु. 15000
d.रु. 20000

PHASE-II

TOOL-B

शराब की खपत की रोकथाम और स्वास्थ्य पर इसके हानिकारक प्रभावों पर वयस्क पुरुष जनसंख्या के दृष्टिकोण का आकलन करने के लिए दृष्टिकोण पैमाना

निर्देश-कृपया मद्यपान के संबंध में निम्नलिखित कथन को ध्यानपूर्वक पढ़ें। कथनों के सामने दिए गए उपयुक्त कॉलम में टिक मार्क लगाकर अपना उत्तर दें। उदा. यदि आप कथनों से पूरी तरह सहमत हैं तो कॉलम (SA) में मार्क करें, यदि सहमत हैं तो कॉलम (A) में मार्क करें, अगर कॉलम (UD) में अनिर्णित मार्क करें, यदि असहमत हैं तो कॉलम (DA) में मार्क करें, यदि पूरी तरह से असहमत हैं, तो कॉलम में मार्क करें (SD)

S.N.	STATEMENT	S.A	A	U.D	D.A	S.D
1	शराबबंदी एक सामाजिक समस्या है					
2	जो लोग बहुत अधिक शराब पीते हैं उनके गंभीर वाहन दुर्घटनाओं में होने की संभावना अधिक होती है					
3	अगर कोई चाहता है तो ही कोई शराब पीना बंद कर सकता है					
4	सामाजिक मेलजोल के दौरान शराब परोसना प्रतिष्ठा का प्रतीक है					
5	जिस तरह से शराब मुझे महसूस कराती है वह मुझे पसंद है					
6	शराब पीने से जीवन में बाद में स्वास्थ्य समस्याएं होती हैं					
7	कम मात्रा में शराब दिल के लिए अच्छी होती है					
8	अगर आप अमीर हैं तो शराब पीने में कोई बुराई नहीं है					
9	शराब से व्यक्ति और समाज को कोई नुकसान नहीं होता है					

10	मुझे लगता है कि शराबी आम तौर पर स्वस्थ होते हैं					

अधिकतम अंक- 50

न्यूनतम अंक - 10

ANSWER KEY -STRUCTURED KNOWLEDG QUESTIONARIES

Question No.	Answer	Question No.	Answer	Question No.	Answer
1.	**A**	**11.**	**B**	**21.**	**D**
2.	**A**	**12.**	**D**	**22.**	**B**
3.	**D**	**13**	**B**	**23.**	**B**
4.	**A**	**14..**	**D**	**24.**	**A**
5.	**D**	**15.**	**A**	**25.**	**B**
6.	**D**	**16.**	**A**	**26.**	**A**
7.	**A**	**17.**	**A**	**27.**	**B**
8.	**C**	**18.**	**C**	**28.**	**C**
9.	**C**	**19.**	B	**29.**	**A**
10.	**C**	**20.**	**D**	**30.**	**`A**

APPENDIX –G

KEY MASTER DATA SHEET

PART- A

DEMOGRAPHIC PROFILE

KEY	DESCRIPTION	CODING
Age	Age in year	1.18-30 year 2.31-40 year 3.40-50 year 4.>50 year
Family	Type of family	1.Joint 2.Nuclear
Educational	Educational status	1.Primary 2.Secondary 3.Higher secondary 4.Graduation and above
Occupation	Occupational	1.Government job 2.Private job 3.Agriculture 4.Businessmen 5.Contractual job
income	Monthly income	1.Below 10000 2.10001-20000 3.20001-30000 4.Above 30000
Marital status	Marital status	1.Married 2.Unmarried 3.Single
Children	Number of children	1.1 2.2 3.Above 2 4.Nil
Religion	Religion	1.Hindu 2.Muslim

		3.Sikh 4.Christian 5.Other

PART-B

Alcohol consumption and its pattern

Key	Description	Coding
Con. alco	Have you ever consumed alcohol?	1.Yes **2.**No
Start. alcohol	At what age did you start consuming alcohol?	1.Below 15 years 2.16-20 year 3.21-25 year 4.26-30 year
First person	Who was the 1st person with whom you drink first time?	1.Alone 2.Friends 3.Family member 4.Relative 5.Unknown person
Alcohol used	Form of alcohol you used	1.Wine 2.Beer 3.Rum 4.Whisky 5.Deshi 6.Vodka 7.Any other
Hod	How often do you drink	1.Daily 2.3-5 time in a week 3.Once a week 4.Only once a month 5.On special occasion
Hmdaat	How many drinks did you have at a time	1.1-2 peg 2.3-4 peg 3.5-6 peg 4.7-9 peg

		5.More than 9 peg
Pod	What is your place of drinking	1.Home 2.Outside home **3.**Both
d. time	What is your drinking time?	1.Day time 2.Night time **3.**Both
Wdiuf	Who drink in your family?	1.Father 2.Brother 3.Wife
Doac	Duration of alcohol consumption?	1.Below 1 year 2.2-5 year 3.5-10 year 4.More than 10 years
Afmlddta	Any family member has liver disease due to alcohol consumption	1.Yes 2.No
Wpfd	Who pay for your drink?	1.Self **2.**Other

GENERAL OBJECTIVES-

At the end of the structured teaching program, adult male will be able to increase the knowledge and changed the attitude positively towards the prevention of alcohol consumption and its harmful effects.

TIME	SPECIFIC OBJECTIVE	CONTENCT	TEACHING-LEARNING ACTGIVITY	A-V AIDS	EVALUATION
2 min	Introduction		**Introduction** – ☞ he presence and use of alcohol in ancient in India is documented in religious, mythological and medical text and evidence of distillation instruments found from this era in archeological surveys. The 1st instance of prohibition on the use of alcohol appeared only in 200 BC with the introduction of the Manu. As per WHO ¼ population drinks alcohol in India. ☞ lcohol use result in harm to physical, mental, social health. ☞ Prevalence- ➢ lcohol use is quite common in India both in rural and urban areas and in all societies with prevalence rate as per various studies is 18.57% of all male population.	Lecture cum discussion chart	

3 min	To explain about the definition of alcohol	What is alcohol – ➢ lcohol (ethanol or ethyl alcohol) is the ingredient found in beer, wine, and sprits that cause drunkenness. Alcohol formed when yeast fermented the sugar in different food. Various form of alcohol used- 1. wine 2. beer 3. whiskey 4. vodka 5. rum 6. deshi ☞ lcohol is classed as a sedatives hypnotic drug, which means it acts as to depress the brain. At lower dose of alcohol act as stimulant, inducing feeling of happiness and excessive talkative. But drinking also lead to drowsiness, respiratory depression, coma and death.	Lecture cum discussion Pamphlets Charts	What is alcohol?
3 min	To describe about absorption of alcohol	**Absorption of alcohol in the body** – ☞ lcohol passively absorbed primarily in the small intestine, small amount in mouth, stomach and stomach. After absorption reaches to the brain quickly where it alter mental and physical functions.	Lecture cum discussion Pamphlets	Where occur metabolism of alcohol?
2 min	To describe about metabolism of alcohol	**Metabolism of alcohol in the body**- ☞ bsorb in small intestine and is harmless by the liver. So alcohol consumption lead to liver cirrhosis.	Charts	What is the alcoholism?
2 min	To explain about alcoholism	**Alcoholism** ☞ t is a chronic progressive treatable disease in which a person has lost control over his drinking so that it is interfering with some vital area and on his life such as family and friends or job. ☞ ajority of alcohol start drinking 16-24 year of age.		Enlist the stage of alcoholism?
2 min	To enumerate about	**Stage of alcoholic dependence-** ☞ re-alcoholic		Explain about blood alcohol concent

	stage of alcoholism	☞ arly alcoholic ☞ hronic alcoholic ☞ nd-stage alcoholism		ration on blood?
3 min	To explain about blood alcohol concentration in blood and its sign and symptoms	**Blood Alcohol Concentration and Clinical Signs & Symptoms** 1. 10 – 50 mg/dL Mild euphoria, decreased inhibitions, diminished attention & judgement 2. 50 – 100 mg/dL Euphoria, sedation, impaired coordination, decreased sensory responses to stimuli, decreased judgement 3. 150 – 300 mg/dL Confusion, disorientation, impaired balance, slurred speech 4. 250 – 400 mg/dL Sleep or stupor, marked muscular incoordination, markedly decreased response to stimuli, incontinence 5. 400 – 500 mg/dL Coma, hypothermia, respiratory & circulatory failure, possible death	Lecture cum discussion Pamphlets Charts	Enlist the symptoms of the alcoholism?
2 min	To define about symptoms of alcoholism	**Alcoholism includes four symptoms** – a. craving – a strong need to drink. b. impaired control - an inability to limit ones drinking on any given occasion. c. physical dependence – withdrawal symptoms such as nausea, vomiting, sweating, anxiety, when alcohol use is stopped after a period of heavy drinking. d. tolerance- the need for increasing amounts of alcohol in order to feel its effects.		Enlist the warning sign of alcohol consumption?
3 min	To describe the warning sign	**Warning sign of alcoholism –** 1. being unable to control alcohol consumption. 2. craving of alcohol when you are not drinking 3. putting alcohol above personal responsibilities. 4. feeling the need to keep drinking more. 5. spending a substantial amount of money on alcohol. 6. behaving differently after drinking.		Explain about the

3 min	To enumerate the reason of alcohol consumption	**Reason why people drink alcohol –** Many factors can increase the risk of alcohol abuse. 1. easily availability of alcohol 2. peer pressure 3. relieve stress 4. parenteral drinking 5. feel good 6. cope with loss 7. overcome anxiety 8. lack of connection 9. shame 10. trauma 11. advertisement of alcohol on mass media 12. to show off in social gathering 13. myths related to alcohol use	Lecture cum discussion Pamphlets Charts	reason of alcohol consumption/
10 min	To explain about effects of alcohol consumption	**Effects of alcohol use –** ☞ **ffects on health –** a. liver disease – hepatomegaly, liver cirrhosis, liver cancer b. digestive problem – Gastritis c. heart problem - Hypertension, Stroke, Cardiomyopathy, Arrhythmias d. diabetes complication e. sexual dysfunction – erectile dysfunction. f. eye problem g. bone damage – weak bone, osteoporosis. h. increased risk of cancer - Cancer of the mouth, nasopharynx, other pharynx and oropharynx, laryngeal cancer, esophageal cancer, colon and rectum cancer, liver cancer and female breast cancer, pancreatic cancer. i. weakens immune system j. neurological complication – Wernicke encephalopathy, Korsakoff psychosis ☞ ocial effect 1. Socio economic problems of alcoholism 2. Marital disharmony 3. Loss of amenity or peace of mind can influence family members (including children), friends, co-workers and strangers. 4. Occupational problems, Loss of job 5. Financial problems	Lecture cum discussion	Describes the effects of alcohol consumption?

		6. Criminality 7. Accidents 8. Default on social role 9. Property damage 10. Stigma and barriers to accessing health care. 11. Harm to other: assault or homicide, traffic crash	Pamphlets Charts	
5 min	To explain about the prevention of alcohol consumption	**Alcohol consumption prevention** □ Confidence to stop alcohol consumption □ It starts before a person starts drinking alcohol. □ Develop good hobby □ Regular physical exercise □ Avoid other addictive drugs □ Handle peer pressure □ Reduce alcohol consumption □ Ban Ads □ Alcohol Prohibition □ Control and sell production		
3 min	To describe about treatment of alcoholism	**Treatment of Alcoholism** The immediate goal of treatment is to calm the patient as quickly as possible. 1. Detoxification: Detoxification is the treatment for alcohol withdrawal symptoms. The drugs of choice are benzodiazepines. 2. Treating Delirium Tremens: People with symptoms of delirium tremens must be treated immediately. Untreated delirium tremens has a fatality rate. Treatment usually involves intravenous administration of antianxiety medication and IV fluids. Restraints may be necessary to prevent injury. 3. Treating seizures: Seizures are usually self-limited and treated with benzodiazepines 4. Psychosis: For hallucination or aggressive behaviors, antipsychotic drugs are used. Thiamin (Vitamin B1) is given for Wernicke-Korsakoff syndrome.	Lecture cum discussion Pamphlets Charts	What are the measure of alcohol prevention? What is the treatment of alcoholism?

2 min	To describe about penalty of drunk and drive	**Penalty on drunk and drive** ☞ or the first offence, you will receive a challan from the court and will be bound to pay a fine of Rs. 10,000. Under the Motor Vehicle (Amendment) Act, 2019 the court can also send you to prison for six months or charge you with both penalty.	Lecture cum discussion Pamphlets Charts	How much penalty for drunk and drive case?

सामान्य उद्देश्य-

संरचित शिक्षण कार्यक्रम के अंत में, वयस्क पुरुष ज्ञान बढ़ाने में सक्षम होंगे और शराब की खपत और इसके हानिकारक प्रभावों की रोकथाम के प्रति सकारात्मक दृष्टिकोण बदलेंगे।

TIME	SPECIFIC OBJECTIVE	CONTENCT	TEACHING-LEARNING ACTGIVITY	A-VAIDS	EVALUATION
2 min	परिचय		**परिचय -** ☞ चीन भारत में शराब की उपस्थिति और उपयोग धार्मिक, पौराणिक और चिकित्सा ग्रंथों में प्रलेखित है और पुरातत्व सर्वेक्षणों में इस युग से प्राप्त आसवन उपकरणों के प्रमाण हैं। शराब के उपयोग पर प्रतिबंध का पहला उदाहरण 200 ईसा पूर्व में मनु की शुरुआत के साथ ही दिखाई दिया। WHO के अनुसार भारत में ¼ आबादी शराब पीती है। ☞ रत में ग्रामीण और शहरी दोनों क्षेत्रों में शराब का उपयोग काफी आम है और सभी समाजों में व्यापकता दर के साथ विभिन्न अध्ययनों के अनुसार कुल पुरुष आबादी का 18.57% है।	व्याख्यान सह चर्चा पद्धति चार्ट पंपलेट्स	

3 min	शराब की परिभाषा समझाने के लिए	**शराब क्या है -** ☞ ल्कोहल (इथेनॉल या एथिल अल्कोहल) बीयर, वाइन और स्प्रिट में पाया जाने वाला घटक है जो नशे का कारण बनता है। अल्कोहल तब बनता है जब यीस्ट विभिन्न खाद्य पदार्थों में चीनी को किण्वित करता है. **शराब के विभिन्न रूपों का प्रयोग किया जाता है-** 1. शराब 2. बियर 3. व्हिस्की 4. वोदका 5. रम 6. देशी शराब को शामक कृत्रिम निद्रावस्था की दवा के रूप में वर्गीकृत किया गया है, जिसका अर्थ है कि यह मस्तिष्क को उदास करने का काम करती है। शराब की कम खुराक पर उत्तेजक के रूप में कार्य करता है, खुशी की भावना पैदा करता है और अत्यधिक बात करता है। लेकिन शराब पीने से उनींदापन, श्वसन अवसाद, कोमा और मृत्यु भी हो जाती है।		व्याख्यान सह चर्चा पद्धति चार्ट पंपलेट्स	शराब क्या है?
3 min	शराब के अवशोषण के बारे में वर्णन करने के लिए	. **शरीर में शराब का अवशोषण** – ☞ राब मुख्य रूप से छोटी आंत में निष्क्रिय रूप से अवशोषित होती है, मुंह, पेट और पेट में थोड़ी मात्रा में। अवशोषण के बाद शीघ्र ही मस्तिष्क में पहुँच जाता है जहाँ यह मानसिक और शारीरिक कार्यों को बदल देता है **शरीर में अल्कोहल का मेटाबॉलिज्म-** ➢ टी आंत में अवशोषित होता है और यकृत द्वारा हानिरहित होता है। इसलिए शराब के सेवन से लीवर सिरोसिस हो जाता है। **शराब**		व्याख्यान सह चर्चा पद्धति चार्ट पंपलेट्स	शराब का चयापचय कहाँ होता है?

2 min 2 min 2 min 3 min	शराब के चयाप चय के बारे में वर्णन करने के लिए शराबी के बारे में समझा ने के लिए शराबी की अव स्था के बारे में बताना	☞ ह एक पुरानी प्रगतिशील उपचार योग्य बीमारी है जिसमें एक व्यक्ति ने अपने पीने पर नियंत्रण खो दिया है जिससे यह कुछ महत्वपूर्ण क्षेत्र और उसके जीवन जैसे परिवार और दोस्तों या नौकरी में हस्तक्षेप कर रहा है। ☞ 6-24 वर्ष की आयु के अधिकांश शराब पीते हैं। **शराबी आश्रितों की अवस्था-** ☞ र्व शराबी ☞ ल्दी शराबी ☞ रानी शराबी ☞ तिम चरण की मद्यव्यसनता **रक्त शराब एकाग्रता और नैदानिक लक्षण और लक्षण** 1. 10 - 50 mg/dL हल्का उत्साह, कम संकोच, कम ध्यान और निर्णय 2. 50 - 100 mg/dL उत्साह, बेहोश करने की क्रिया, बिगड़ा हुआ समन्वय, उत्तेजनाओं के प्रति संवेदी प्रतिक्रियाओं में कमी, निर्णय में कमी 3. 150 - 300 mg/dL भ्रम, भटकाव, बिगड़ा हुआ संतुलन, अस्पष्ट वाणी 4. 250 - 400 mg/dL नींद या स्तब्धता, चिह्नित पेशी असंयम, उत्तेजनाओं, असंयम के प्रति स्पष्ट रूप से कम प्रतिक्रिया 5. 400 - 500 mg/dL कोमा, हाइपोथर्मिया, श्वसन और संचार विफलता, संभावित मृत्यु **मद्यपान में चार लक्षण शामिल हैं -** a. लालसा - पीने की तीव्र आवश्यकता। b. बिगड़ा हुआ नियंत्रण - किसी भी अवसर पर शराब पीने वालों को सीमित करने में असमर्थता।		व्या ख्या न स ह च र्चा प द्ध ति चा र्ट पंप ले ट्स व्या ख्या न स ह च र्चा प द्ध ति चा र्ट	शराबी क्या है? मद्यपान की अवस्था को सूचीबद्ध करें? रक्त में रक्त में अल्कोह ल की मात्रा के बारे में बताएं?

2 min	रक्त में रक्त में अल्कोहल की मात्रा और उसके लक्षण और लक्षण के बारे में बताना	c. शारीरिक निर्भरता - भारी शराब पीने की अवधि के बाद शराब का सेवन बंद करने पर मतली, उल्टी, पसीना, चिंता जैसे वापसी के लक्षण। d. सहिष्णुता - इसके प्रभाव को महसूस करने के लिए शराब की मात्रा बढ़ाने की आवश्यकता। **शराबबंदी के चेतावनी संकेत –** 1. शराब की खपत को नियंत्रित करने में असमर्थ होना। 2. जब आप शराब नहीं पी रहे हों तो शराब की लालसा 3. शराब को निजी जिम्मेदारियों से ऊपर रखना। 4. ज्यादा पीते रहने की जरूरत महसूस होना 5. शराब पर अच्छी खासी रकम खर्च करना 6. पीने के बाद अलग व्यवहार करना 13. myths related to alcohol use **लोग शराब क्यों पीते हैं - कारण** कई कारक शराब के दुरुपयोग के जोखिम को बढ़ा सकते हैं। 1. शराब की आसानी से उपलब्धता 2. साथियों का दबाव 3. तनाव दूर करें 4. पैरेंट्रल ड्रिंकिंग 5. अच्छा महसूस करो 6. नुकसान का सामना करना 7. चिंता पर काबू पाएं 8. कनेक्शन की कमी 9. शर्म 10. आघात 11. मास मीडिया पर शराब का विज्ञापन 12. सामाजिक मेलजोल में दिखावा करना 13. शराब के सेवन से जुड़े मिथक		पंपलेट्स व्याख्यान सहचर्चा पद्धति चार्ट पंपलेट्स	शराबबंदी के लक्षणों को सूचीबद्ध करें?
3 min	शराब के लक्षणों के बारे में परिभाषित करने के लिए	**शराब के सेवन के प्रभाव** – **1. स्वास्थ्य पर प्रभाव** – ☞ कृत रोग- हेपेटोमेगाली, लीवर सिरोसिस, लीवर कैंसर ☞ चन समस्या- जठरशोथ ☞ दय परेशानी- उच्च रक्तचाप, स्ट्रोक, कार्डियोमायोपैथी.		व्याख्यान सहचर्चा पद्धति	शराब की खपत के चेतावनी संकेत सूचीबद्ध करें?

2 min 10 min	चेतावनी संकेत का वर्णन करने के लिए शराब के सेवन के कारण की गणना करने के लिए	☞ धुमेह की जटिलता ☞ न रोग ☞ ख की समस्या ☞ ड्डी की क्षति- कमजोर हड्डी ☞ सर का खतरा बढ़ गया- मुंह का कैंसर, नासोफरीनक्स, अन्य ग्रसनी और ऑरोफरीनक्स, स्वरयंत्र कैंसर, इसोफेजियल कैंसर, कोलन और रेक्टम कैंसर, लीवर कैंसर और महिला स्तन कैंसर, अग्नाशय का कैंसर ☞ मजोर प्रतिरक्षा प्रणाली- टी सेल कम ☞ त्रिका संबंधी जटिलता - वर्निक एन्सेफैलोपैथी, कोर्साकॉफ मनोविकृति **2. सामाजिक प्रभाव** ☞ राबियों की सामाजिक आर्थिक समस्याएँ ☞ वाहिक कलह ☞ विधा या मन की शांति का नुकसान परिवार के सदस्यों को प्रभावित कर सकता है (सहित बच्चे), दोस्त, सहकर्मी और अजनबी। ☞ वसायिक समस्याएं, नौकरी छूटना ☞ त्तीय समस्याएं ☞ पराधिकता ☞ र्घटनाएँ ☞ माजिक भूमिका पर डिफ़ॉल्ट ☞ पत्ति का नुकसान		चार्ट पंपलेट्स व्याख्यान सहचर्चा पद्धति चार्ट पंपलेट्स	शराब के सेवन के कारण के बारे में बताएं? शराब के सेवन से होने वाले नुकसान के बारे में बताएं?

5 min	शराब के सेवन के प्रभावों के बारे में समझाने के लिए शराब के	☞ स्थ्य देखभाल तक पहुँचने के लिए कलंक और बाधाएँ। ☞ सरे को नुकसान: हमला या मानव वध, यातायात दुर्घटना **शराब के सेवन की रोकथाम** ☞ राब की खपत को रोकने के लिए आत्मविश्वास ☞ ह एक व्यक्ति द्वारा शराब पीना शुरू करने से पहले शुरू होता है। ☞ च्छा शौक विकसित करें ☞ यमित शारीरिक व्यायाम ☞ न्य नशे की लत वाली दवाओं से बचें ☞ थियों के दबाव को संभालें ☞ राब का सेवन कम करें ☞ ज्ञापन पर प्रतिबंध लगाएं ☞ द्य निषेध ☞ त्पादन को नियंत्रित करें और बेचें **शराबबंदी का इलाज** उपचार का तात्कालिक लक्ष्य रोगी को जल्द से जल्द शांत करना है। 1. **विषहरण:** विषहरण शराब छोड़ने के लक्षणों के लिए उपचार है।पसंद की दवाएं बेंजोडायजेपाइन हैं। 2. **डिलिरियम ट्रेमेंस का इलाज :** डिलिरियम ट्रेमेंस के लक्षण वाले लोगों को जरूर करना चाहिए तुरंत इलाज किया। अनुपचारित प्रलाप कांपना एक घातक दर है। इलाज आमतौर पर एंटीएंग्जाइटी दवा और IV का अंतःशिरा प्रशासन शामिल होता है तरल पदार्थ। चोट को रोकने के लिए संयम आवश्यक हो सकता है।		व्याख्यान सह चर्चा पद्धति चार्ट पंपलेट्स	शराब की रोकथाम के उपाय क्या हैं?

3 min	सेवन से बचाव के बारे में बताया शराब के इलाज के बारे में वर्णन करने के लिए	3. **दौरा का इलाज:** दौरे आमतौर पर स्व-सीमित होते हैं और इसके साथ इलाज किया जाता है. 4. **मनोविकृति:** मतिभ्रम या आक्रामक व्यवहार के लिए, एंटीसाइकोटिक दवाएं हैं उपयोग किया गया। थायमिन (विटामिन बी1) वर्निक-कोर्साकॉफ सिंड्रोम के लिए दिया जाता है **शराब पीकर गाड़ी चलाने पर जुर्माना** ☞ हले अपराध के लिए, आपको अदालत से चालान प्राप्त होगा और रुपये का जुर्माना देने के लिए बाध्य होगा। 10,000। मोटर वाहन (संशोधन) अधिनियम, 2019 के तहत अदालत आपको छह महीने के लिए जेल भी भेज सकती है या आप पर दोनों तरह का जुर्माना लगा सकती है			शराबबंदी का इलाज क्या है? ड्रंक एंड ड्राइव केस में कितना जुर्माना लगता है?
2 min	शराब पीकर गाड़ी चलाने के जुर्माने के बारे में बताना				

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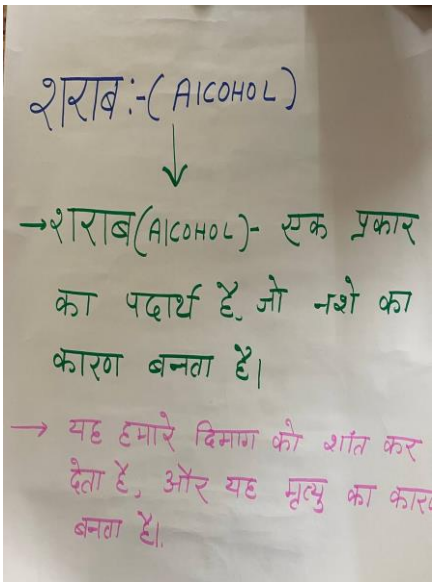

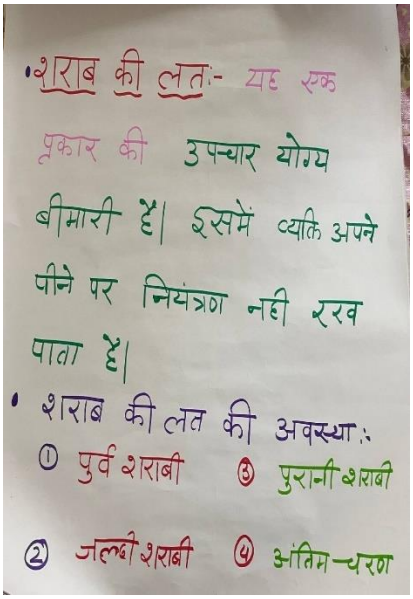

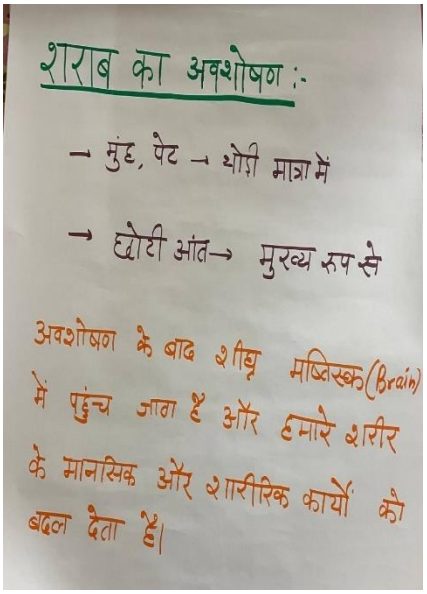

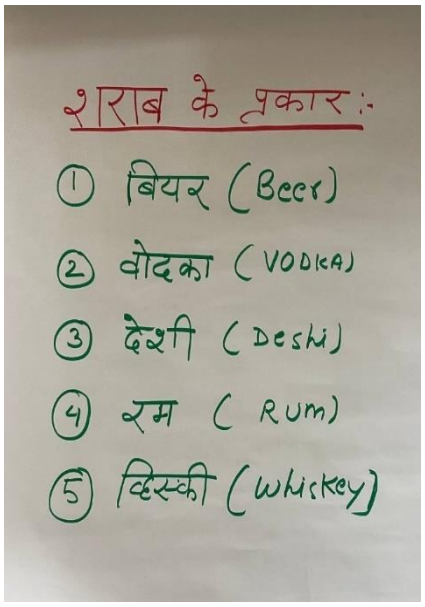

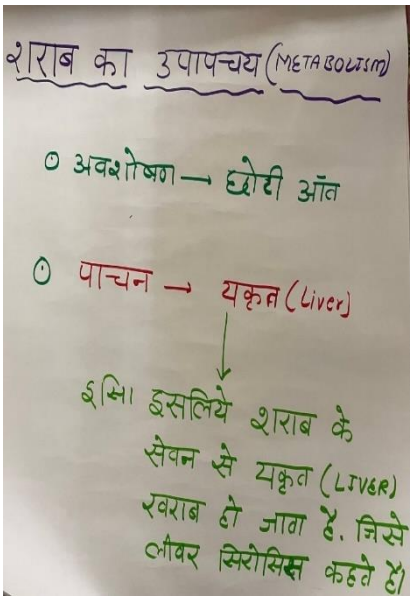

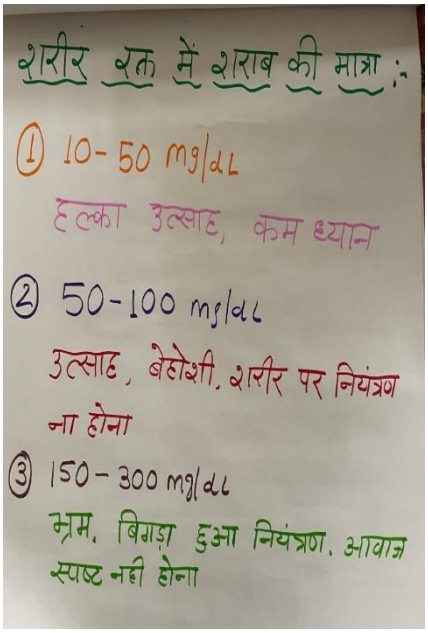

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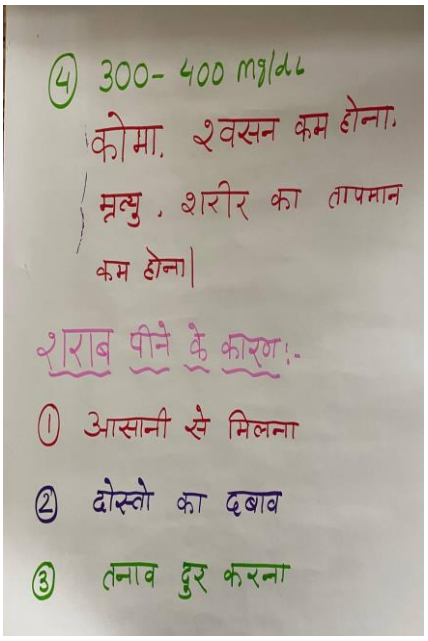

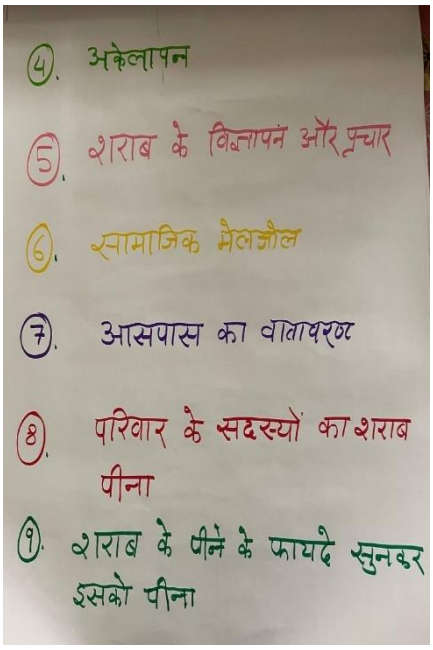

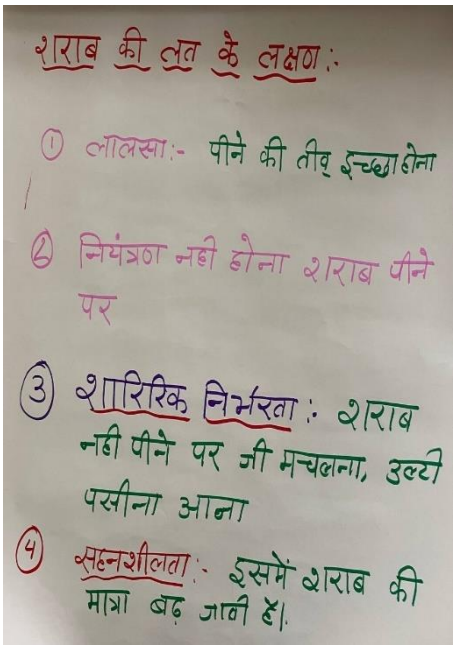

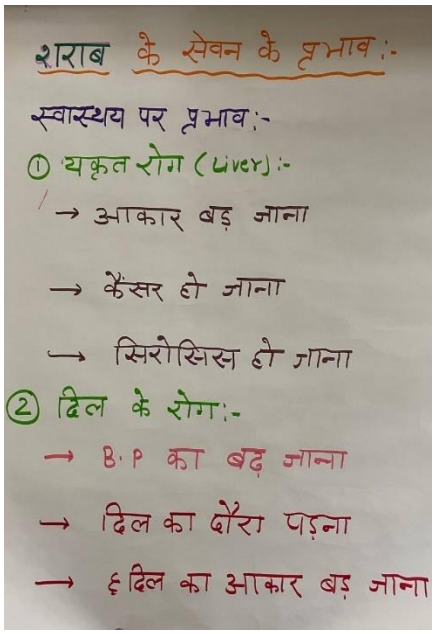

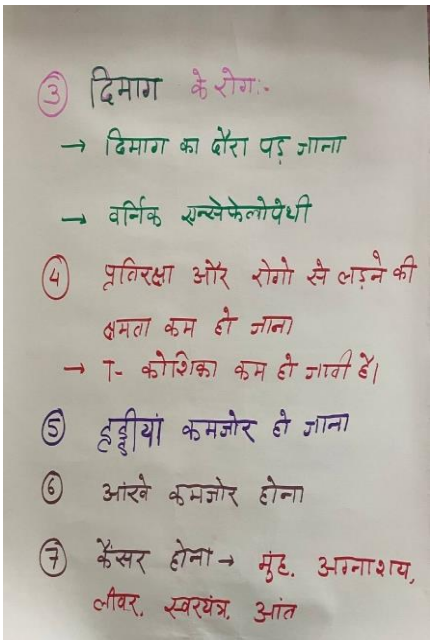

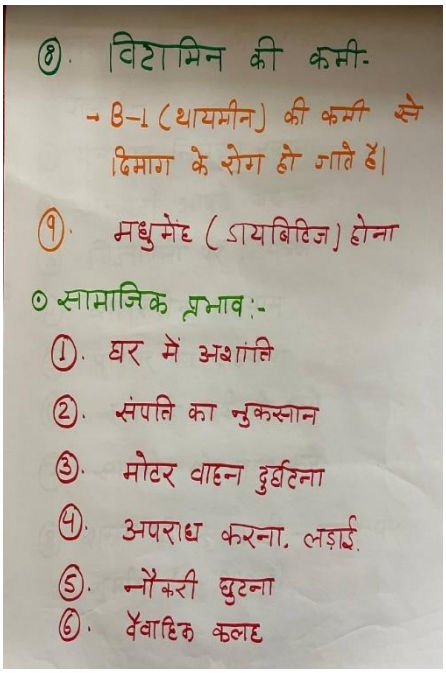

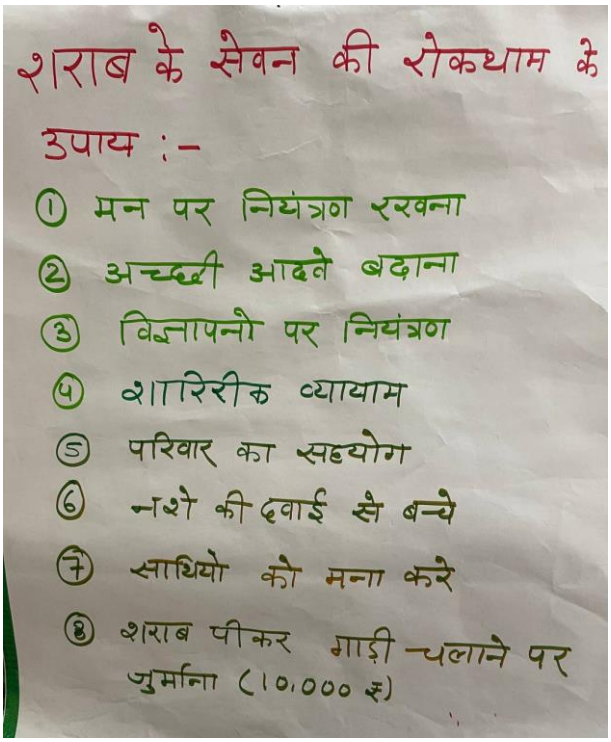
शराब के सेवन की रोकथाम के
उपाय :-
① मन पर नियंत्रण रखना
② अच्छी आदतें बढ़ाना
③ विज्ञापनों पर नियंत्रण
④ शारिरीक व्यायाम
⑤ परिवार का सहयोग
⑥ नशे की दवाई से बचे
⑦ साथियों को मना करे
⑧ शराब पीकर गाड़ी चलाने पर
जुर्माना (10,000 ₹)

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शराब की खपत और इसके हानिकारक प्रभाव की रोकथाम पर पैम्फलेट

शराब के सेवन के प्रभाव –

1. स्वास्थ्य पर प्रभाव –

· यकृत रोग- हेपेटोमेगाली, लीवर सिरोसिस, लीवर कैंसर

पाचन समस्या- जठरशोथ

· हृदय परेशानी- उच्च रक्तचाप, स्ट्रोक, कार्डियोमायोपैथी.

· मधुमेह की जटिलता

· यौन रोग

· आँख की समस्या

· हड्डी की क्षति- कमजोर हड्डी

· कैसर का खतरा बढ़ गया- मुंह का कैंसर, नासोफरीनक्स, अन्य ग्रसनी और ऑरोफरीनक्स, स्वरयंत्र कैंसर, इसोफेजियल कैंसर, कोलन और रेक्टम कैंसर, लीवर कैंसर और महिला स्तन कैंसर, अग्नाशय का कैंसर

· तंत्रिका संबंधी जटिलता - वर्निक एन्सेफैलोपैथी, कोर्साकॉफ मनोविकृतिcancer, pancreatic cancer.

i. weaked immune system

शराब के सेवन की रोकथाम

- शराब की खपत को रोकने के लिए आत्मविश्वास
- यह एक व्यक्ति द्वारा शराब पीना शुरू करने से पहले शुरू होता है।
- अच्छा शौक विकसित करें
- नियमित शारीरिक व्यायाम
- अन्य नशे की लत वाली दवाओं से बचें
- साथियों के दबाव को संभालें
- शराब का सेवन कम करें
- विज्ञापन पर प्रतिबंध लगाएं

शराब पीकर गाड़ी चलाने पर जुर्माना

· पहले अपराध के लिए, आपको अदालत से चालान प्राप्त होगा और रुपये का जुर्माना देने के लिए बाध्य होगा 10,000। मोटर वाहन (संशोधन) अधिनियम, 2019 के तहत अदालत आपको छह महीने के लिए जेल भी भेज सकती है या आप पर दोनों तरह का जुर्माना लगा सकती है

राजकुमारी अमृत कौर नर्सिंग कॉलेज

लाजपत नगर नई दिल्ली

शराब की खपत और इसके हानिकारक प्रभाव की रोकथाम पर पैम्फलेट

प्रस्तुतकर्ता

अशोक कुमार बेनीवाल

एमएससी नर्सिंग (अंतिम वर्ष)

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अल्कोहल (इथेनॉल या एथिल अल्कोहल) बीयर, वाइन और स्प्रिट में पाया जाने वाला घटक है जो नशे का कारण बनता है। अल्कोहल तब बनता है जब यीस्ट विभिन्न खाद्य पदार्थों में चीनी को किण्वित करता है.

शराब के विभिन्न रूपों का प्रयोग किया जाता है-

1. शराब

2. बियर

3. व्हिस्की

4. वोदका

5. रम

6. देशी

शराब को शामक कृत्रिम निद्रावस्था की दवा के रूप में वर्गीकृत किया गया है, जिसका अर्थ है कि यह मस्तिष्क को उदास करने का काम करती है। शराब की कम खुराक पर उत्तेजक के रूप में कार्य करता है, खुशी की भावना पैदा करता है और अत्यधिक बात करता है। लेकिन शराब पीने से उनींदापन. श्वसन

लोग शराब क्यों पीते हैं - कारण

कई कारक शराब के दुरुपयोग के जोखिम को बढ़ा सकते हैं।

1. शराब की आसानी से उपलब्धता
2. साथियों का दबाव
3. तनाव दूर करें
4. पैरेंट्रल ड्रिंकिंग
5. अच्छा महसूस करो
6. नुकसान का सामना करना
7. चिंता पर काबू पाएं
8. कनेक्शन की कमी
9. शर्म
10. आघात
11. मास मीडिया पर शराब का विज्ञापन
12. सामाजिक मेलजोल में दिखावा करना

राजकुमारी अमृत कौर नर्सिंग कॉलेज
लाजपत नगर नई दिल्ली

शराब की खपत और इसके हानिकारक प्रभाव की रोकथाम पर पैम्फलेट

प्रस्तुतकर्ता
अशोक कुमार बेनीवाल
एमएससी नर्सिंग (अंतिम वर्ष)

MASTER DATA SHEET

MASTER DATA SHEET (PHASE-I DEMOGRAPHIC CHARACTRISTIC AND PREVALENCE OF ALCOHOL CONSUMPTION)									
Sample	**Alcohol Consumption**	**Age**	**Type Of Family**	**Educational Status**	**Occupation**	**Income**	**Marital Status**	**Number Of Children**	**Religion**
1	2	2	1	4	2	3	1	2	1
2	1	2	2	4	3	3	1	2	1
3	1	2	2	3	3	4	1	1	1
4	1	1	2	3	2	2	1	1	1
5	2	1	1	4	2	3	1	1	1
6	1	1	2	2	4	2	2	4	1
7	1	1	1	2	1	2	1	1	1
8	2	1	2	3	4	3	2	4	1
9	1	3	2	5	2	1	1	3	1

10	1	1	1	5	2	1	2	4	1
11	1	2	1	5	4	4	1	1	1
12	2	2	1	5	4	4	1	4	1
13	1	3	1	4	2	2	1	2	1
14	1	1	1	3	2	1	2	4	1
15	1	1	1	3	2	1	2	4	1
16	2	2	2	3	4	2	1	3	1
17	1	1	1	5	3	5	2	4	1
18	1	3	1	3	1	2	1	3	1
19	1	1	1	5	2	3	1	2	1
20	1	4	1	4	1	4	1	1	1
21	1	1	2	4	5	5	2	4	1
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MASTER DATA SHEET PHASE-I (ACOHOL CONSUMPTION PATTERN AND FREQUENCY)												
Sample	**Q1**	**Q2**	**Q3**	**Q4**	**Q5**	**Q6**	**Q7**	**Q8**	**Q9**	**Q10**	**Q11**	**Q12**	**Q13**

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MASTER DATA SHEET PHASE-I (EFFECT ON PHYSICAL HEALTH DUE TO ACOHOL CONSUMPTION)

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35	2	2	2	1	1	2	2	2	2	2	2	2
36	2	1	2	2	2	2	2	2	2	2	2	2
37	2	2	2	2	2	2	2	2	2	2	2	2
38	2	2	2	1	2	2	1	1	2	2	2	2
39	2	2	2	2	2	2	2	2	2	2	2	2
40	2	1	2	1	2	1	2	2	2	2	2	2
41	2	2	2	2	2	2	2	2	2	2	2	2
42	2	2	2	1	2	2	1	2	2	2	2	2
43	2	2	2	2	2	2	2	2	2	2	2	2
44	2	1	2	1	1	2	2	2	2	2	2	2

45	2	2	2	2	2	2	2	2	2	2	2	2
46	2	2	2	2	2	2	2	2	2	2	2	2
47	2	2	2	1	2	2	2	2	2	2	2	2
48	2	2	2	2	2	2	2	2	2	2	2	2
49	2	1	2	2	2	1	2	2	2	2	2	2
50	2	2	2	1	2	2	2	2	2	2	2	2
51	2	2	2	2	2	2	2	2	2	2	2	2
52	2	2	2	2	2	2	2	2	2	2	2	2
53	2	2	2	2	2	2	1	2	2	2	2	2
54	2	2	2	1	2	2	2	1	2	2	2	2
55	2	2	2	2	1	2	2	2	2	2	2	2
56	2	2	2	2	2	2	2	2	2	2	2	2
57	2	2	2	1	2	1	2	2	2	2	2	2
58	2	1	2	2	2	2	2	2	2	2	2	2
59	2	2	2	2	2	2	2	2	2	2	2	2
60	2	2	2	1	2	2	1	2	2	2	2	2
61	2	2	2	2	2	2	2	2	2	2	2	2
62	2	2	2	2	2	2	2	2	2	2	2	2
63	2	2	2	2	2	2	2	2	2	2	2	2
64	2	2	2	2	2	1	2	2	2	2	2	2
65	2	1	2	2	2	2	2	2	2	2	2	2
66	2	2	2	1	2	2	2	2	2	2	2	2
67	2	2	2	2	2	2	1	2	2	2	2	2
68	2	2	2	2	2	2	2	2	2	2	2	2
69	2	2	2	2	2	1	2	2	2	2	2	2
70	2	2	2	1	1	2	2	2	2	2	2	2
71	2	2	2	2	2	2	2	2	2	2	2	2
72	2	2	2	2	1	2	2	2	2	2	2	2
73	2	2	2	2	2	2	1	2	2	2	2	2
74	2	2	2	2	2	1	2	2	2	2	2	2
75	2	2	2	1	1	2	2	2	2	2	2	2

MASTER DATA SHEET PHASE-I (SOCIAL EFFECT OF ACOHOL CONSUMPTION)						
S.No.	**Q1**	**Q2**	**Q3**	**Q4**	**Q5**	**Q6**
1	2	2	2	2	2	2
2	2	2	1	2	2	2
3	2	2	2	2	2	2
4	2	2	2	2	2	2

5	2	2	2	2	2	2
6	2	2	1	2	2	2
7	2	2	2	2	2	2
8	2	2	2	2	2	2
9	2	2	2	2	2	2
10	2	2	1	2	2	2
11	2	2	2	2	2	2
12	2	2	2	2	2	2
13	2	2	2	2	2	2
14	2	2	1	2	2	2
15	2	2	2	2	2	2
16	2	2	2	2	2	2
17	2	2	1	2	2	2
18	2	2	2	2	2	2
19	2	2	2	2	2	2
20	2	2	1	2	2	2
21	2	2	2	2	2	2
22	2	2	1	2	2	2
23	2	2	2	2	2	2
24	2	2	1	2	2	2
25	2	2	1	2	2	2
26	2	2	2	2	2	2
27	2	2	1	2	2	2
28	2	2	1	2	2	2
29	2	2	1	2	2	2
30	2	2	2	2	2	2
31	2	2	2	2	2	2
32	2	2	2	2	2	2
33	2	2	1	2	2	2
34	2	2	2	2	2	2
35	2	2	2	2	2	2
36	2	2	2	2	2	2
37	2	2	2	2	2	2
38	2	2	1	2	2	2
39	2	2	2	2	2	2
40	2	2	2	2	2	2
41	2	2	2	2	2	2
42	2	2	2	2	2	2
43	2	2	1	2	2	2
44	2	2	2	2	2	2
45	2	2	2	2	2	2

46	2	2	2	2	2	2
47	2	2	2	2	2	2
48	2	2	2	2	2	2
49	2	2	2	2	2	2
50	2	2	2	2	2	2
51	2	2	1	2	2	2
52	2	2	2	2	2	2
53	2	2	2	2	2	2
54	2	2	1	2	2	2
55	2	2	2	2	2	2
56	2	2	2	2	2	2
57	2	2	2	2	2	2
58	2	2	1	2	2	2
59	2	2	1	2	2	2
60	2	2	2	2	2	2
61	2	2	2	2	2	2
62	2	2	2	2	2	2
63	2	2	1	2	2	2
64	2	2	2	2	2	2
65	2	2	2	2	2	2
66	2	2	2	2	2	2
67	2	2	1	2	2	2
68	2	2	2	2	2	2
69	2	2	2	2	2	2
70	2	2	2	2	2	2
71	2	2	2	2	2	2
72	2	2	2	2	2	2
73	2	2	2	2	2	2
74	2	2	2	2	2	2
75	2	2	1	2	2	2

MASTER DATA SHEET PHASE-I (MENTAL HEATH EFFECT DUE TO ALCOHOL CONSUMPTION)					
S.No.	**Q1**	**Q2**	**Q3**	**Q4**	**Q5**
1	2	2	2	2	2
2	1	2	2	2	2
3	2	2	2	1	2
4	2	2	2	1	2
5	2	2	2	1	2
6	1	2	2	1	2
7	2	2	2	1	2

8	2	2	2	2	2
9	2	2	2	2	2
10	1	2	2	2	2
11	2	2	2	1	2
12	2	2	2	2	2
13	2	2	2	2	2
14	1	2	2	2	2
15	2	2	2	2	2
16	2	2	2	1	2
17	1	2	2	2	2
18	2	2	2	2	2
19	2	2	2	2	2
20	1	2	2	2	2
21	2	2	2	1	2
22	2	2	2	2	2
23	1	2	2	2	2
24	2	2	2	2	2
25	2	2	2	2	2
26	1	2	2	1	2
27	2	2	2	2	2
28	2	2	2	2	2
29	1	2	2	2	2
30	2	2	2	2	2
31	2	2	2	2	2
32	1	2	2	2	2
33	2	2	2	1	2
34	2	2	2	2	2
35	2	2	2	2	2
36	1	2	2	2	2
37	2	2	2	2	2
38	2	2	2	2	2
39	2	2	2	1	2
40	1	2	2	2	2
41	2	2	2	2	2
42	2	2	2	2	2
43	2	2	2	1	2
44	1	2	2	2	2
45	2	2	2	2	2
46	2	2	2	2	2
47	1	2	2	1	2
48	2	2	2	2	2

49	2	2	2	2	2
50	1	2	2	1	2
51	2	2	2	2	2
52	2	2	2	2	2
53	2	2	2	2	2
54	2	2	2	2	2
55	2	2	2	2	2
56	2	2	2	2	2
57	2	2	2	2	2
58	2	2	2	2	2
59	2	2	2	2	2
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61	2	2	2	2	2
62	2	2	2	2	2
63	2	2	2	2	2
64	2	2	2	2	2
65	2	2	2	2	2
66	2	2	2	2	2
67	2	2	2	2	2
68	2	2	2	1	2
69	2	2	2	2	2
70	2	2	2	2	2
71	2	2	2	2	2
72	2	2	2	2	2
73	2	2	2	2	2
74	2	2	2	2	2
75	2	2	2	2	2

MASTER DATA SHEET PHASE-II (DEMOGRAPHIC CHARACTRISTIC)

Sample	Alcohol Consumption	Age	Type Of Family	Educational Status	Occupation	Income	Marital Status	Number Of Children	Religion
1	**2**	**2**	**1**	**4**	**2**	**3**	**1**	**2**	**1**
2	**2**	**1**	**1**	**4**	**2**	**3**	**1**	**1**	**1**
3	**2**	**1**	**2**	**3**	**4**	**3**	**2**	**4**	**1**
4	**2**	**2**	**1**	**5**	**4**	**4**	**1**	**4**	**1**
5	**2**	**2**	**2**	**3**	**4**	**2**	**1**	**3**	**1**
6	**2**	**3**	**2**	**3**	**2**	**1**	**1**	**3**	**1**
7	**2**	**1**	**1**	**5**	**2**	**4**	**2**	**4**	**1**
8	**2**	**1**	**1**	**2**	**3**	**1**	**2**	**4**	**1**

9	2	2	2	3	3	1	1	3	1
10	2	2	2	2	2	2	1	3	1
11	2	1	2	3	2	3	2	4	1
12	2	3	2	3	3	2	1	2	1
13	2	1	1	2	2	2	2	4	1
14	2	2	1	4	1	2	1	1	1
15	2	1	1	3	2	3	2	4	1
16	2	3	1	3	3	3	1	2	1
17	2	2	2	2	2	2	1	2	1
18	2	3	2	3	1	3	1	2	1
19	2	2	1	2	2	2	1	1	1
20	2	2	2	3	4	4	1	2	1
21	2	2	1	2	2	2	1	1	1
22	2	1	1	4	2	2	1	1	1
23	2	2	1	4	3	2	1	2	1
24	2	2	1	3	2	2	1	2	1
25	2	3	1	3	3	2	1	2	1
26	2	2	2	4	2	3	1	2	1
27	2	1	2	3	3	3	1	2	1
28	2	1	2	3	2	3	1	2	1
29	2	2	2	4	3	2	1	1	1
30	2	1	2	4	2	2	1	1	1
31	2	2	2	2	3	2	1	1	1
32	2	3	2	3	2	2	1	1	1
33	2	2	2	2	3	3	1	1	1
34	2	3	2	3	2	3	1	2	1
35	2	2	2	3	3	3	1	2	1
36	2	1	2	3	2	3	1	2	1
37	2	2	2	3	3	3	1	2	1
38	2	3	1	2	2	3	1	2	1
39	2	2	1	2	3	3	1	2	1
40	2	1	1	2	2	4	1	2	1
41	2	2	2	3	5	4	1	2	1
42	2	3	2	3	4	4	1	2	1
43	2	2	2	3	3	4	1	2	1
44	2	3	1	3	2	4	1	2	1
45	2	1	1	3	3	4	1	3	1
46	2	2	1	3	2	4	1	3	1
47	2	2	1	4	3	4	1	2	1
48	2	3	1	4	3	2	1	3	1
49	2	2	1	3	3	2	1	2	1

50	**2**	**2**	**1**	**3**	**3**	**2**	**1**	**1**	**1**
51	**2**	**2**	**1**	**4**	**4**	**2**	**1**	**2**	**1**
52	**2**	**2**	**1**	**5**	**3**	**2**	**1**	**3**	**1**
53	**2**	**3**	**1**	**5**	**4**	**3**	**1**	**2**	**1**
54	**2**	**3**	**1**	**4**	**3**	**3**	**1**	**1**	**1**
55	**2**	**1**	**2**	**2**	**3**	**3**	**1**	**2**	**1**
56	**2**	**2**	**2**	**3**	**5**	**3**	**1**	**1**	**1**
57	**2**	**2**	**2**	**3**	**2**	**3**	**1**	**3**	**1**
58	**2**	**1**	**2**	**3**	**3**	**3**	**1**	**2**	**1**
59	**2**	**1**	**2**	**3**	**3**	**3**	**1**	**2**	**1**
60	**2**	**1**	**2**	**4**	**3**	**3**	**1**	**2**	**1**
61	**2**	**1**	**2**	**4**	**3**	**3**	**1**	**2**	**1**
62	**2**	**1**	**2**	**4**	**3**	**3**	**1**	**2**	**1**
63	**2**	**1**	**2**	**4**	**2**	**3**	**1**	**2**	**1**
64	**2**	**2**	**2**	**4**	**2**	**3**	**1**	**2**	**1**
65	**2**	**2**	**2**	**3**	**2**	**3**	**1**	**2**	**1**

MASTER DATA SHEET (PRE-TEST KNOWLEDGE SCORE)

S.N	1	2	3	4	5	6	7	8	9	10	11	10	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
1	1	0	0	1	1	1	0	0	0	0	0	0	0	1	1	0	0	0	1	1	1	1	1	0	0	0	0	1	0	0
2	1	0	0	0	1	0	0	0	0	1	1	0	0	0	1	1	1	1	1	1	1	0	0	0	0	0	0	0	0	1
3	1	0	0	1	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	1	1	1	1	1	1	1	1	0	0
4	1	0	0	1	1	1	1	0	0	0	1	1	1	0	0	0	1	1	1	0	0	0	1	1	0	1	0	1	0	0
5	1	0	0	0	1	0	0	0	1	1	1	0	0	0	0	0	0	1	1	1	1	1	1	1	1	1	0	0	0	0
6	1	0	0	1	1	0	0	0	1	1	1	1	1	1	1	1	1	1	0	0	0	0	0	0	0	0	0	0	1	0
7	1	0	0	1	1	0	0	0	1	1	1	1	1	1	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0
8	1	0	0	0	1	0	0	0	1	1	1	1	1	1	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0
9	1	0	0	1	1	0	0	0	1	1	1	1	1	1	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0
10	1	0	0	1	1	0	0	0	1	1	1	1	1	1	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0
11	1	0	0	1	1	0	0	0	1	1	1	1	1	1	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0
12	1	0	0	0	1	0	0	0	1	1	1	1	1	1	1	1	1	1	0	0	0	1	0	0	0	0	0	0	0	0
13	1	0	0	0	1	0	0	0	1	1	1	1	1	1	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0
14	1	0	0	1	1	0	0	0	1	1	1	1	1	1	1	1	1	1	0	0	0	1	0	0	0	0	0	0	0	0
15	1	0	0	0	1	0	0	0	1	1	1	1	1	1	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0

16	1	0	0	0	1	0	0	0	1	1	1	1	1	1	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0
17	1	0	0	0	1	0	0	0	1	1	1	1	1	1	1	1	1	1	0	0	0	0	0	0	0	0	0	0	1	0
18	1	0	0	0	1	0	0	0	1	1	1	1	1	1	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0
19	1	0	0	0	1	0	0	0	1	1	1	1	1	1	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0
20	1	0	0	1	1	0	0	0	1	1	1	1	1	1	1	1	1	1	0	0	0	0	0	0	0	0	0	0	1	1
21	1	0	0	0	1	0	0	0	1	1	1	1	1	1	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0
22	1	0	0	1	1	0	0	0	1	1	1	1	1	1	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0
23	1	0	0	1	1	0	0	0	1	1	1	1	1	1	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0
24	1	0	0	0	1	0	0	0	1	1	1	1	1	1	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0
25	1	0	0	1	1	0	0	0	1	1	1	1	1	1	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	1
26	1	0	0	1	1	0	0	0	1	1	1	1	1	1	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0
27	1	0	0	0	1	0	0	0	1	1	1	1	1	1	1	1	1	1	0	0	0	0	0	0	0	0	0	0	1	0
28	1	0	0	1	1	0	0	0	1	1	1	1	1	1	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	1
29	1	0	0	1	1	0	0	0	1	1	1	1	1	1	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0
30	1	0	0	0	1	0	0	0	1	1	1	1	1	1	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0
31	1	0	0	1	1	0	0	0	1	1	1	1	1	1	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0
32	1	0	0	1	1	0	0	0	1	1	1	1	1	1	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0
33	1	0	0	0	1	0	0	0	1	1	1	1	1	1	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0
34	1	0	0	1	1	0	0	0	1	1	1	1	1	1	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0
35	1	0	0	1	1	0	0	0	1	1	1	1	1	1	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0
36	1	0	0	0	1	0	0	0	1	1	1	1	1	1	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0

37	1	0	0	1	1	0	0	0	1	1	1	1	1	1	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0
38	1	0	0	1	1	0	0	0	1	1	1	1	1	1	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0
39	1	0	0	1	1	0	0	0	1	1	1	1	1	1	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0
40	1	0	0	1	1	0	0	0	1	1	1	1	1	1	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0
41	1	0	0	0	1	0	0	0	1	1	1	1	1	1	1	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0
42	1	0	0	0	1	0	0	0	1	1	1	1	1	1	1	1	0	1	0	1	0	0	0	0	0	0	0	0	0	0
43	1	0	0	0	1	0	0	0	1	1	1	1	1	1	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0
44	1	0	0	0	1	0	0	0	1	1	1	1	1	1	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0
45	1	0	0	0	1	0	0	0	1	1	1	1	1	1	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0
46	1	0	0	0	1	0	0	0	1	1	1	1	1	1	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0
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52	1	0	0	0	1	0	0	0	1	1	1	1	1	1	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0
53	1	0	0	0	1	0	0	0	1	1	1	1	1	1	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0
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62	1	0	0	1	1	0	0	0	1	1	1	1	0	1	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0
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65	1	0	0	1	0	0	1	0	1	1	1	0	1	1	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0

MASTER DATA SHEET(ATTITUDE PRE-TEST)										
S.N	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**
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3	2	2	1	2	2	1	1	2	1	3
4	1	1	2	2	4	2	4	2	2	3
5	1	2	5	1	2	1	5	2	1	3
6	1	1	1	2	1	2	3	1	2	4
7	1	2	3	1	2	1	1	2	1	3
8	1	2	1	1	2	1	1	2	1	3
9	1	1	1	2	1	2	3	1	2	4
10	1	2	2	1	1	2	2	2	3	3
11	1	2	2	1	2	2	1	1	2	3
12	1	1	1	1	2	2	1	2	1	4
13	1	2	2	1	1	2	3	1	2	3

14	3	2	1	3	2	1	1	2	1	3
15	1	1	2	3	3	2	5	1	2	4
16	3	2	1	1	2	3	1	2	1	3
17	1	1	2	3	1	2	3	3	2	4
18	1	2	3	1	2	3	1	2	1	3
19	3	2	1	3	2	1	3	2	1	4
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21	1	2	2	2	2	2	2	1	2	4
22	3	2	2	1	2	2	1	5	2	3
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25	2	2	1	2	2	1	1	2	5	4
26	1	1	2	1	1	2	5	2	2	4
27	3	2	1	1	2	1	1	2	1	5
28	1	1	2	3	1	2	3	3	2	3
29	1	2	2	1	2	2	1	2	3	5
30	3	2	1	3	2	1	2	2	1	3
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32	1	1	2	1	2	2	2	2	1	4
33	3	3	2	1	3	2	1	5	1	3
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38	2	2	1	1	2	3	5	2	2	2
39	1	1	2	3	1	2	3	3	2	1
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41	3	2	1	3	2	1	3	2	1	1
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44	3	3	2	1	3	2	1	1	1	4
45	1	2	2	1	2	1	3	2	5	1
46	4	3	2	1	1	2	2	2	2	1
47	1	2	1	1	4	5	1	2	2	3
48	1	1	2	3	3	2	1	3	2	1
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56	1	1	4	1	4	1	4	1	1	1
57	1	3	4	1	1	2	3	3	2	1
58	3	2	1	3	2	1	1	2	3	3
59	1	1	2	3	3	2	1	3	2	1
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61	1	1	2	3	1	2	3	3	4	1
62	1	2	2	1	2	3	1	2	4	2
63	3	2	1	3	2	5	3	2	1	1
64	2	2	1	5	3	2	3	1	2	2
65	4	1	3	3	2	2	1	1	5	1

MASTER DATA SHEET (POST-TEST KNOWLEDGE QUESTIONNARIE)

S. N	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**10**	**13**	**14**	**15**	**16**	**17**	**18**	**19**	**20**	**21**	**22**	**23**	**24**	**25**	**26**	**27**	**28**	**29**	**30**
1	**1**	**0**	**1**	**1**	**1**	**1**	**0**	**0**	**1**	**0**	0	1	0	1	1	0	1	0	1	1	1	1	1	0	0	0	0	1	0	1
2	**1**	**0**	**1**	**1**	**1**	**0**	**0**	**0**	**0**	**1**	1	0	0	0	1	1	1	1	1	1	1	0	0	0	1	1	0	0	1	1
3	**1**	**0**	**1**	**1**	**1**	**1**	**1**	**1**	**0**	**1**	0	1	1	0	1	1	1	1	0	1	1	1	1	1	1	1	1	1	0	0
4	**1**	**0**	**1**	**1**	**1**	**1**	**1**	**0**	**0**	**0**	1	1	1	0	1	0	1	1	1	0	0	0	1	1	0	1	0	1	0	1
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7	**1**	**0**	**0**	**1**	**0**	**1**	**0**	**1**	**1**	**1**	1	1	1	1	1	1	1	1	0	1	0	0	0	0	1	0	1	0	0	0
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9	**1**	**0**	**0**	**1**	**0**	**1**	**0**	**0**	**1**	**1**	1	1	1	1	1	1	1	1	0	1	0	0	0	0	1	0	1	1	0	0
10	**0**	**1**	**0**	**1**	**1**	**0**	**1**	**0**	**1**	**1**	1	1	1	1	1	1	1	1	1	0	0	0	0	0	0	0	1	0	1	1
11	**1**	**1**	**1**	**0**	**0**	**1**	**0**	**1**	**1**	**1**	1	1	1	1	1	1	1	1	0	0	0	0	0	0	1	1	0	0	0	0
12	**0**	**1**	**1**	**0**	**1**	**0**	**1**	**0**	**1**	**1**	1	1	1	1	1	1	1	1	1	1	0	1	0	0	0	0	0	0	1	1
13	**0**	**1**	**1**	**1**	**0**	**1**	**0**	**1**	**1**	**1**	1	1	1	1	1	1	1	1	1	1	0	0	1	0	1	0	0	1	0	0
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17	**1**	**0**	**1**	**0**	**1**	**0**	**0**	**1**	**1**	**1**	1	1	1	1	1	1	1	1	0	0	0	0	0	0	1	0	0	0	1	0

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30	**0**	**0**	**1**	**1**	**0**	**1**	**0**	**0**	**1**	**1**	1	1	1	1	1	1	1	1	1	1	0	0	1	0	1	1	1	0	1	0
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44	**1**	**0**	**1**	**1**	**1**	**0**	**1**	**0**	**1**	**1**	1	1	1	1	1	1	1	1	1	1	1	0	0	0	0	0	0	1	1	0
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52	**0**	**1**	**0**	**0**	**1**	**1**	**0**	**0**	**1**	**1**	1	1	1	1	1	1	1	1	1	1	1	0	0	1	0	0	0	1	1	0
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58	**1**	**0**	**1**	**0**	**0**	**1**	**0**	**0**	**1**	**1**	1	1	1	1	1	0	0	1	1	1	0	0	1	0	1	1	0	1	0	0
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61	**1**	**1**	**0**	**1**	**0**	**0**	**1**	**0**	**1**	**1**	1	1	1	1	1	1	1	1	1	1	1	0	0	0	0	0	0	0	1	1	1
62	**1**	**0**	**1**	**0**	**1**	**1**	**0**	**0**	**1**	**1**	1	1	0	1	0	1	1	0	0	1	0	1	1	0	1	0	1	0	1	0
63	**1**	**1**	**0**	**0**	**1**	**0**	**1**	**0**	**1**	**1**	1	1	0	1	1	0	1	1	1	0	0	0	0	1	0	1	1	0	0	1
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MASTER DATA SHEET (ATTITUDE POST-TEST SCORES)										
S.N.	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**
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8	2	2	4	3	2	5	2	2	5	3
9	4	2	4	3	4	2	2	5	2	3
10	3	2	5	3	5	2	2	2	3	1
11	5	2	2	3	2	2	2	5	2	1
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