KNOWLEDGE ON ILL EFFECTS OF ALCOHOLISM
AND THE ATTITUDE TOWARDS ALCOHOLIC HUSBANDS AS
PERCEIVED BY WIVES

By

Sasi . M

A DISSERTATION SUBMITTED TO THE TAMILNADU DR.M.G.R.
MEDICAL UNIVERSITY, CHENNAI, IN PARTIAL FULFILLMENT OF THE
REQUIREMENTS FOR DEGREE OF MASTER
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MARCH 2011
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ABSTRACT

A study to assess the knowledge on ill effects of alcoholism and the attitude towards alcoholic husbands as perceived by wives at Madhanandapuram village. The conceptual framework of the study was developed on the basis of Roy’s Adaptation model. The study variable was wives of alcoholic and hypotheses were formulated.

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. The investigator used a demographic variable proforma, structured questionnaire on ill effects of alcoholism, attitude scale on ill effects of alcoholism, to collect the data. The data collection tools were validated and the reliability was established. After the pilot study, the data was collected for main study. The collected data were tabulated and analyzed using descriptive and inferential statistics.

The major findings of the study were:

The demographic characteristics revealed that most of the participants were in the age group of 21-35 years, (81%) 81 belonged to Hindu religion, (38%) 38 educated up to primary level, 39 (39%) durational of married life less than 5 yrs, 41 (41) of them had two children, (57%) 57 were employed, 60 (60%) had family income less than Rs.5,000, 32 (32%) had 2-3 years of alcoholic drinking behavior. It was also noted that 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 attitude 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 alcoholisms among wives of alcoholic. Hence the level of knowledge increases and the level of attitude was increases.

It was also noted that there was significant association between level of knowledge with age and educational status, duration of alcoholism on ill-effects of alcoholism at p < 0.05, p <0.01. H1. Hence the Research hypothesis was accepted between knowledge and demographic variables such as age, educational status, duration of alcoholism. There was no significant association between level of knowledge with religion, duration of married life, number of children, occupational status, family income on ill-effects of alcoholism at p > 0.05. H1. Hence the research hypothesis rejected between knowledge and demographic variables religion, duration of married life, number of children, occupational status, family income. It was also noted that there was significant association between attitude with age, number of children, duration of alcoholism at p < 0.05, p < 0.01 level.
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CHAPTER -I

INTRODUCTION

First man takes a drink
Then drink takes a drink
Then drinks take the man

Chinese proverb

Alcoholism is considered as one of the psychiatric emergency it is an urgent, serious disturbance of behavior, affect (or) through that makes the patient unable cope with life situations, an alcoholic client is at risk of injury to self (or) others.

Alcohol abuse is defined as self administration of a drug for non-medical reasons in quantities and frequency which may impair an individuals ability to function effectively and which may result in social, physical (or) emotional harm.

Alcohol is one of the commonly consumed intoxicating substances in India. It has traditionally been drunk in tribal societies, although it has won increasing social acceptance among other groups. It is easily available and widely used, especially at festivals such as Deepawali and Holi.

Alcoholism is a family problem and also a universal problem. When the abuse is a parent it affects the family members. Families of alcoholics are more disturbed in all aspects such as socially, emotionally, physically than the non alcoholic families. It will automatically shift the responsibility to the wives and she will take up the family responsibility and younger generations are mostly affected.
World Health Organization defines alcohol misuse as alcohol use that places people at risk for problems, including “at risk use”, “Clinical alcohol abuse,” and “dependence.” At Risk alcohol use is the consumption of alcohol in a way that is not consistent with legal or medical guidelines, and it is likely to present risks of acute or chronic health or social problems for the user or others.

According to labour organization (2008) 3% to 5% average workforce people are alcoholic dependent and about 25% worker drink heavily and come under risk of death. A publication of holistic nursing and health society article says alcohol intoxication shows disturbed and noisy behavior.

WHO 2008 has shown that poor families have the high risk of malnutrition and infection with alcohol consumption and they developed the liver disease, unintentional accidents, and other psychiatric emergencies and the mortality rate is also relatively high that effects on the survival rate gap between the rich and poor families.

Alcohol dependence is described as a state, psychic and sometimes also physical, resulting from the interaction between living organism due to that Family relationship begin to deteriorate and family members are trapped with shame anger and guilt. Alcoholism lead to emotional, physical harassment and sexual abuse

Ahuja a .w(2004) detailed the risk factors for man drinking as follows

1. Genetic factors, Childhood behaviors such as impulsiveness , aggressiveness and antisocial behavior.

2. Psychiatric disorders such as, attention deficiency, hyper activity disorder and depression.
3. Family environments with favorable attitude to drinking and lack of support.

4. Acceptance of drinking by peers, child abuse and trauma.

Drinking involved in a wide range of mental disorders, including disorders of the nervous system, and depression and affective disorders, as well as suicide. Alcohol clearly plays an important role in the assaults and homicides in many developing countries. Drinking is also a major source of social problems in many developing countries. These include the impact on the drinkers functioning in family roles, and on the family finances. Particularly where drinking is entrenched in the workplace, it impairs job performance. Drinkers also find themselves having to deal with the adverse reactions of others to their drinking behavior, frequently incurring a second level problem.

Alcohol abuse increases the psychological distress of the non-drinking spouse. On adults alcohol abuse also is related to children’s increased social, emotional, behavioral and academic problems which in turn, lead to more stress in the family and less marital satisfaction. Alcoholism and marriage, alcohol problems are related to increase rates of marital violence, poor communication and feeling of marital distress that lead to greater risk of divorce, drinking has an impact on the amount of time that partners spend together, especially if the alcoholic frequently drinks away from home, alcoholic spouses tend to use more negative and damaging communication express more anger and show lower levels of warmth. Alcoholic tend to interpret things their partners say in a very negative way and this leads them to respond with greater anger and negative emotions.
Neil 2002 stated the drinker was a husband the effect of alcoholism and marriage can be dramatic and damaging not only the mental and physical well being of the drinker at risk, the marriage relationship and family unit can be significantly affected. The psychological and other health related ramification to each affected family member can be traumatic and long-lasting. Alcoholic spouse may neglect or abuse his family, deplete financial resources, and create legal problems for the family. Alcoholic can be make excuses blame others for their drinking and continue to use alcohol regardless of consequences. Alcohol abuse decreases marital satisfaction because it decreases the drinking spouse’s ability to participate everyday household tasks and responsibilities. This inability leads to greater stress on the non-drinking spouse and decreases satisfaction in the marriage.

**Need for the Study**

Alcoholism is one of the antisocial activity which exists all over the world. Antisocial means “behavior that violates the right of other or criminal”. Among the various antisocial behavior, alcoholism forms a major condition which needs immediate attention, to be prevented & stopped. Alcoholism in all forms are causing about 15% of death throughout the world.

Alcohol is a worldwide social and medical problem over the past 30 to 40 years. Alcohol as a drug which may be classified as a sedative, tranquilizer, hypnotic or anesthetic depending upon the quantity consumed

Kaplan (2002) stated that about 10% of consumed alcohol is absorbed by the stomach, while the reminder was absorbed by the small intestine, peak blood
concentration of alcohol is reached in 30-90 min, usually in 45-60 min depending on weather the alcohol is taken on an empty stomach, which quickers the absorption or with food which delays absorption.

World Statistics

WHO 2004 Globally about two billion people consume alcoholic beverages and 763 million people have alcoholic (diagnosable life disorders estimated by WHO – 2004) disorders. Alcohol causes 1.8 million deaths and 58.3 million (4% total) of disability disorders. Alcoholism is a family problem and also a universal problem, many women across the globe have been coping with husbands who come home drunk, trouble their wife and children and make every ones life miserable. -

Word bank report 2008 estimated about 140 million people globally suffer from severe alcoholic dependence.

University of Maryland medical center estimates about 18 million people in the United States abuse alcohol and 70 million have death with alcoholism, alcohol results in almost all the traffic deaths in United States.

Manwell et, al,1997, Says approximately 65% of Americans of age 18 and older consume alcohol and approximately 5.2% of alcohol dependent, 8% are problem drinker and 9.4% are risk drinker exceed the recommended guidelines. Alcohol abuse contributes illness in each of the top three causes of death in the United States: Heart disease, cancer and stroke.

NIDA 2005 revealed that half (50.3%) of Americans over 12 year or 121 million people report being current drinkers of alcohol, more then one fifth of persons aged 12 or older participated in binge drinking (5 or more drinks on one occasion) at
least once in the 30 days. Fifteen million or dependent on alcohol, 16% of the population has alcoholism and 80% or more of the alcohol consumed in the united states is consumed by people with alcoholism.

Indian Statistics

Between 15 and 20 percent of Indian people consume alcohol and, over the past twenty years, the number of drinkers has increased from one in 300 to one in 20. According to The Hindustan Times, it is estimated that of these 5 percent can be classed as alcoholics or alcohol dependent. This translates into about five million people addicted to alcohol.

A study conducted one de-addition center, the study (AIMS) showed that every 5th teenager between 15-19 age group in the capital takes alcohol regularly, around 300000 are addicted and another lakh need medical attention for alcohol related disorders.

Seva Doan (2000) a social organization, carried out a survey among 3000 eleventh standard students of 13 schools in Mumbai. This survey revealed that 48% of the children didn’t think that alcohol was harmful, 47% said it helped to decrease mental tension.

Study carried out at the National Institute for Mental health and Neuro sciences (NIMHANS-2000) reveals that 70% of HIV patients were alcoholics and they had been teenagers.
Tamilnadu Statistics

Statistics shows that annually more than 10000 people commit suicide in India due to alcoholism. In the year 2006 3663 people in the state of Tamil nadu committed suicide due to alcoholism.

Chakaravarthy (2004) reported that 26.50% of adult males in rural areas of Tamil Nadu were alcohol consumers and most of them were illiterate.

Mathrubootham (2005) stated that 33% of male populations in this rural tamil nadu sample were current consumers of alcohol, most of them belonging to lower socio-economic levels and backward or scheduled castes.

Alcohol is a direct multi system toxin affecting the central nervous system leading to depression that causes drowsiness, in co-ordination, slurring of speech, sudden mood changes, aggression, grandiosity and uninhibited behavior. It can cause stupor, comma and death if taken excessively.

From the experiments of the alcoholics it is said that no alcoholic is the first drinker from their own money. In order to satisfy friend or to share their feelings usually they are being forced to drink. “Alcoholic is injurious to health”, this sentence is seen in each and every alcohol bottle. Alcoholism cause damage to human health.

Though we have social rule & regulations that there should be no production & consumption of alcohol. We still find many males consuming alcohol & cause public nuisance & problem to their family or indulge in antisocial activities i.e. sexual harassment murders etc. which we come across in daily newspapers. It evoked our eagerness to know whether the males are aware of the consequences of alcohol consumption i.e. both physically & socially.
Statement of the Problem

A Study to Assess the Knowledge on ill effects of Alcoholism and the Attitude towards Alcoholic husbands as perceived by wives at Madhanandapuram Village.

Objectives

- To assess the knowledge on ill effects of alcoholism among wives of alcoholics.
- To assess the attitude on alcoholic husbands among wives of alcoholics.
- To find out the relationship between knowledge on ill effects of alcoholism and attitude towards alcoholic husbands among wives of alcoholic.
- To associate the knowledge on ill effects of alcoholism with selected demographic variables among wives of alcoholic.
- To associate the attitude on alcoholic husbands with selected demographic variables among wives of alcoholics.

Operational Definition

Knowledge

It refers to the ability of the women to understand about alcoholism regarding definition, cause, ill effects and management by answering the questions elicited using structured questionnaire devised by investigator.

Attitude

It refers to the ability of the women’s thinking and feeling towards alcoholic husbands as elicited by five point likert scale designed by the investigator.
Alcoholism

Alcoholism is a chronic progressive disease characterized by a dependence on alcohol which the user may display a sense of physiological and psychological signs and symptoms.

ill-effects

It refers to the physical, psychological, social and emotional problem existing in alcoholics.

Research Hypothesis

H₁ There is significant relationship between knowledge on ill effects of alcoholism among wives of alcoholic with selected demographic variables.

H₂ There is significant relationship between attitude on alcoholic husband among wives of alcoholic with selected demographic variables.

Assumption

- Wives of alcoholic have adequate knowledge regarding ill effects of alcoholism.
- Knowledge and attitude towards ill effects of alcoholism can be measured.
- The wives of alcoholic will respond honestly to the question regarding ill effects of alcoholism.
Delimitation

The study is limited to 6 weeks.

The study is limited to the wives of alcoholic husbands.

The study is limited to the wives of alcoholic husbands who are willing to participate.

Projected Outcome

It creates awareness regarding ill effects of Alcoholism to the wives of Alcoholic.

It helps the wives of Alcoholic to Cope up with their life style modification.
CHAPTER – II

REVIEW OF LITERATURE

A literature review involves the systemic identification, location, scrutiny and summary and written materials that contain information on a research problem (polit & beck, 2009)

This chapter deals with a review of published and unpublished research studies and from related materials for the present study. The review helped the investigator to develop on insight into the problem area. This helped the investigator in building the foundation for the study.

The review of literature in this chapter this presented under the following heading.

Part – A – Review of Literature

Part – I  review of literature related to ill effects of alcoholism

Part – II  review of literature related to knowledge and attitude towards alcoholism

Part – B – Conceptual Frame Work

Part – I  Review of literature related to illeffects of alcoholism

Warren Thompson (2007), study reveals that alcohol use is the third leading caused preventable death in the united state. Annually 85,000 deaths are attributable to alcohol related injury.
Four percentage of the global burden of disease is attributable to alcohol. This figure rises to 7% in North America, Europe, Japan and Australia and to 12% in Eastern Europe and central Asia.

Epidemiological surveys carried out in India during 2002 revealed that 20-40% of subjects aged above 15 are current uses of alcohol and nearly 10% them are regular or excessive user, nearly 15-30% of patients seeking admission in psychiatric facilities for alcohol related problems.

WHO 2001 calculated on alcoholic drinkers is about 2.8 million people consume alcoholic beverages.

2002 national institute on alcohol abuse and alcoholism survey about 4422 attended the meeting and after a year only 25.5% have come for treatment.

25% still dependent
27.3% partial remission (symptoms persist)
16.8% a symptomatic drinkers.

Anil malhotra (2005) the study reveals that alcohol accounted for 1% to 11% expenditure for actual family budget greater for families with alcoholic dependents families.

Dr. Sankar H.S. Ram 2008 conducted study on alcoholism and illeffect on physical manifestation such as cirrhoses of liver, pancreatitis, epilepsy and several dysfunction.

Alcoholic development societies (2008) study indicates an alcoholic behavior and mental impairment while drunk can profoundly impact surrounding family and friends possibly leading to marital conflict and divorce or domestic violence.
According to the leading causes of Disability Adjusted Life Years (2007) a total of 1.3% of the persons in India were alcohol users, in which males of all ages were 2.1% and between 15 and 44 years. Numerous biological, psychological and socio cultural factors appear to be involved in alcohol addiction. An offspring of one part with alcohol – related disorder is seven to eight times more likely to become an alcoholic than is a peer without such a parent.

1. Biological factors may include genetic or biochemical abnormalities, nutritional deficiencies, endocrine imbalances, and allergic responses.

2. Psychological factors may include the urge to drink alcohol to reduce anxiety or symptoms of mental illness; the desire to avoid responsibility in familial, social, and work relationships, and the need to bolster self-esteem.

3. Socio cultural factors include the availability of alcoholic beverages, group or peer pressure, an excessively stressful lifestyle, and social attitudes that approve of frequent drinking.

In 2010 up to 107 people in Gujarat, India have died from drinking illegal toxic alcohol. In 2008 approximately 150 people died after drinking contaminated alcohol in Karnataka and Tamil Nadu.

A study conducted by the national Institute of Mental Health and Neurosciences, Bangalore and sponsored by the world Health Organization shows that 20 percent of women reported domestic violence and 94.5 percent of women identified their husband’s alcohol consumption as a risk factor in incidents of domestic violence.

National Institute (1997) on alcohol abuse and alcoholism. Alcohol abuse costs billions of dollars in lost productivity, property damage, medical expenses from
alcohol related illness and accidents, family disruptions, alcohol related violence, and neglect and abuse of children. Chronic alcohol abuse exerts profound metabolic and physiologic effects on all organ systems. Gastrointestinal (GI) disturbances include inflammation of the GI tract, mal absorption, ulcers, liver problems, and cancers. Cardiovascular disturbances include cardiac dysrhythmias, cardiomyopathy, hypertension, atherosclerosis, and blood dyscrasias. CNS problems include depression, sleep disturbances, memory loss, organic brain syndrome, Wernicke Korsakoff syndrome and alcohol withdrawal syndrome, Neuromuscular problems include myopathy and peripheral neuropathy. Males may experience testicular atrophy, sterility, impotence or gynecomastia and females who consume alcohol during pregnancy may reproduce neonates with fetal alcohol syndrome (FAS) or fetal alcohol effects (FAE). Some of the metabolic disturbances include hypokalemia, hypomagnesaemia, and ketoacidosis. Also endocrine disturbances may result in pancreatitis or diabetes.

Schneider Institute for health policy, 2001. Alcohol abuse is the one of the nation health problem, causing more deaths, illness and disabilities than any other health condition. Almost 20% of all medical hospital costs, and nearly one in four dollars of medicare’s inpatient hospital costs, are associated with alcohol abuse of the 2 million US deaths each year. The alcohol is not only at risk for personal health problems but may be a threat to the health and safety of family members, coworkers and other members of the community. Alcohol abuse and alcohol addiction can cause multiple health problems for individuals. Heavy alcohol use has been associated with many problems including accidents, homicides and suicides, Chronic disease such as cardio vascular disease, cancer, violence and family disruption.
George valiant at Harvard medical school 2002 conducted study return to controlled drinking rarely persisted for much more decades without relapse or evolution into abstinence.

According to WHO 2008 20-30% of alcoholism cause globally liver cancer, cirrhosis, epileptic seizures, motor vehicle crashes and murders.

WHO 2008 estimates that’s about 140 million people throughout the world suffer from alcoholic dependence.

Flensborg, et al (2009) Conducted a study on alcohol use disorders increase the risk of completed suicide irrespective of other psychiatric disorders. The aim of this study was to analyze the risk of completed suicide among individuals with alcohol use disorders and to assess the role of other psychiatric disorders in this association. A prospective cohort study was used, containing three updated sets of lifestyle covariate and 26 years follow up of 18, 146 individuals between 20 and 93 years of age from the Copenhagen city heart study in Denmark. The study population was linked to four different registers in order to detect completed suicide, Alcohol Use Disorder, Psychotic disorders, anxiety disorders, mood disorders, personality disorders, drug abuse and other psychiatric disorders. Individuals register with Alcohol Use Disorder were at significantly increased risk of committing suicide, with a crude hazard ratio of 7.98, confidence interval : 5.27-12 compared to individuals without Alcohol Use Disorder adjusting for all psychiatric disorders the risk fell to 3.23. The result indicate that individuals registered with Alcohol Use Disorder are at highly increased list of completed suicide.
Part- II  Review of literature related to Knowledge and Attitude towards alcoholism

Vargas D et. al., (2006) conducted a study on clinical nurses attitude towards alcoholism. This Psychometric study used the seaman Mannello’s Scale of “Nurse’s attitudes toward alcoholism”. Authors applied an instrument to a population of 196 nurses from a general hospital with the aim to measure nurses’ attitudes toward alcohol and drinking. Data showed that nurses consider alcoholic drinks clearly prejudicial (54.4%), that moderately drinking is not inoffensive (57.1%) and drinking is wrong (47.4%), demonstrating that it is difficult to accept drinking as a person right. 29.8% of the sample considered alcoholic drinks able to change health people into disturbed and demented ones.

Sulek J. et. al., (2006) conducted study toward alcoholics and their families. The study suggested. Alcohol-addicted persons deny their illness and often engage their closest surrounding in the denial system. Research showed that treated alcoholics believe the society has a low level of knowledge concerning alcohol addiction. The spouse of an alcoholic is often blamed for the addiction, and children of alcoholic are perceived as people with worse life perspective than their peers.

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 center 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.

Garcia J et. al., (1991) conducted the study on attitude medical practitioners towards alcohol consumption. A total of 224 medical practitioners (173 men and 51 women) were studied. The questionnaire contained 124 items pertaining to socio professional and demographic information, opinions and attitudes. The study covered 5.91% of those doctors questioned did not consider alcohol a drug, when faced with an alcoholic in the family or in the home, 45.53% said they would seek medical help for the person involved, while 40.17% responded that they would prefer to go to an alcoholics ‘or ex-alcoholics’ association. The number of year in practices was related, together with age, to variables, of attitude. Older practitioners with longer practices were less knowledge about alcoholism and ascribed less importance to on accurate diagnosis and appropriate treatment.

Berger et. al., (1979) conducted a study on attitudes of paraprofessional toward alcoholism. Paraprofessionals working in a residential alcoholism treatment program had significantly more “custodial” attitudes and attitudes of “humanism” toward alcoholics and beliefs concerning a psychological etiology of alcoholism than did paraprofessional at a sobering-up station.

MacDonald EB et. al., (1975) conducted a study on attitudes towards alcoholism. An attitude survey of psychiatrists has shown that alcoholism is the least favoured of the organic and psychiatric illnesses. They considered that this attitude was shared by
Poikolaninen K. (1988) conducted a study on Alcohol-related knowledge, beliefs and attitudes among health and clerical personnel. Among 225 physicians, 296 nurses, and 279 clerical employees. Knowledge scores were constructed by giving one biological facts (11 questions), the mean scores were physicians 7.7, nurses 6.7, and clerical employee 6.5. For etiologic knowledge (12 items), the means were physicians 8.6, nurses 6.9, and clerical employees 6.3. The respective scores for prognostic knowledge (9 items) were: physicians 6.8. Nurses 6.3. Clerical employee 5.5. For knowledge on prevention and treatment the means were: physicians 2.7, nurses 2.2 and clerical employee 2.3. Physicians had more permissive attitudes towards alcohol use in various social situations and were less likely to recommend compulsory treatment than nurses of clerical employees. With respect to the prevention of alcohol problems, all groups considered face-to-face health education, and to be the most effective approach, followed by radio and TV education, and then voluntary treatment.
CONCEPTUAL FRAME WORK

Polit and Hungler(1995) state that a conceptual framework is interrelated concept on abstractions that are assembled together in some rational scheme by virtue of their relevance to a common scheme. It is a device that helps to stimulate research and the extension of knowledge by providing both direction and impetus. The present study was aimed to determine the knowledge and attitude towards ill effects alcoholism among wives of alcoholic.

Roy’s adaptation model was used to provide the conceptual underpinnings for this study. Roy’s model focuses on the concept of perception of the wives of alcoholic towards alcoholic husband and adapting their behaviours.

Stimuli
Focal Stimuli
In this study of focal stimuli is husband drinking behavior which is influenced by friends or Co-workers.

Contextual Stimuli
In this study the drinking behavior might be influenced by these factors like age, education, duration of marital life, no. of children, income, area of residence.

Residual Stimuli
In this study previous experience of alcohol dependents may influence drinking behavior.

Control Process
Cognator
Wives of alcoholic how they are perceiving their husbands with their knowledge.
Regulator
Which the wives understand the alcohol related behaviours and attitude of the husband.

Effectors
Physiological Mode
Refers to the “way a person responds as a physical being to stimuli from the environment”. It includes nutrition activity, rest, elimination, oxygen, circulation and protection. It refers to the way a person response to stimuli from the environment as a physical being. In this study the wives of alcohol physically injured by their husbands. Husbands involving domestic violence.

Role Function
It refers to psychological and spiritual characteristics to the person. In the study wives has to play vital role to lead the family.

Inter Dependence
It refers to coping mechanism those results in the giving and receiving of Love, respect. In this study, husband and wives mutual relationship has been disturbed due to harmful behavior of the husband.

Self Concept
It refers to psychological and spiritual characteristics of the person here the wives has self confidence towards herself.
Output

The outcome may either be adaptive response or maladaptive response. The wives of alcoholic accept their husband as a alcoholic through these adaptive modes, bring him to counseling and treatment.
CHAPTER - III

METHODOLOGY

This chapter explains the methodology followed to assess the knowledge, attitude on ill effects of alcoholism among wives of alcoholic husbands at Madhanandhapuram Village. It consist of research design population, sample criteria, selection and sampling techniques. It also deals with the development of tool procedure for data collection and plan for data analysis.

Research Approach

Quantitative survey Approach is selected for this study

Research Design

A Descriptive research design was chosen for this study.

Setting of the Study

The study was conducted at Madhananthapuram Village, belongs to Thiruvallur District, Ambattur taluk, it is a rural area which consists of 2500 population, among them 620 were women.

Population

The wives those who are all residing in Madhananthapuram.

Sample

The wives of alcoholic husbands.
Sample Size

100 wives of alcoholic husbands.

Sampling Techniques

The convenient sampling techniques was used for this study.

Inclusion Criteria

- The wives of alcoholic husbands.
- The wives of alcoholic husbands who were all willing to participate.
- The wives of alcoholic who understood Tamil.

Exclusion Criteria

- The wives of alcoholic husbands who are not living together with husbands.
- The wives of alcoholic husbands not willing to participate
- Not being a wives of alcoholic husbands

Data Collection Tool

As a study aimed to assess the knowledge on ill effects of alcoholism and the attitude towards alcoholic husbands as perceived by wives at Madhanandapuram village, the data collection instrument were developed through extensive review of literature in consultation with the experts and with opinion of faculty members. The instrument used in the study were demographic variables
proforma, knowledge questionnaire on ill effects of alcoholism, attitude scale towards alcoholic husband among wives of alcoholic.

Description of the Tool

Part – I

It deals with socio demographic variable of the women such as age, education, religion, occupation, income of the family, No. of children, duration of alcoholism, duration of married life.

Part – II

Questionnaire to assess the wives of alcoholic husbands.

a) Knowledge questionnaire which comprises of thirty questions with the score of 0, 1 and maximum score of 30.

b) Attitude scale which comprises of fifteen questions with the score of 0,1,2,3 and maximum score is 4.

Scoring Key

The structured interview schedule consisted of 30 questions totally. Each question had only one correct response which carried 1 mark and incorrect response no score. The total scoring for overall knowledge was 30.

The interpret the level of alcoholism the scores were converted to percentage and were classified as follows.

> 75%  - adequate knowledge

51 & 75% - Moderately adequate knowledge

≤ 50  Inadequate knowledge
The respect of attitude scale the scoring was designed as follows. Each item has five responses for positive items four marks awarded for strongly agree, three marks for agree, two marks for disagree, one mark for strongly disagree, zero marks for uncertain. For negative items, one mark is awarded for strongly agree, two marks for agree, three marks for disagree, four marks for strongly disagree. Answer this totaling to a maximum of 60 marks.

Interpret the level of attitude the score was

Classified as

>75% - Good attitude

51% – 75% - Fair attitude

≤50% - Poor attitude
<table>
<thead>
<tr>
<th>S.No</th>
<th>Content</th>
<th>Item</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Definition</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>cause</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>3</td>
<td>Sign &amp; symptoms</td>
<td>3,4,5,6,7</td>
<td>5</td>
</tr>
<tr>
<td>4</td>
<td>Physical effects</td>
<td>8,9,10,11,12,13,14,15,16,17,18</td>
<td>11</td>
</tr>
<tr>
<td>5</td>
<td>Psychological effects</td>
<td>19,20,21</td>
<td>3</td>
</tr>
<tr>
<td>6</td>
<td>Social effects</td>
<td>22,23</td>
<td>2</td>
</tr>
<tr>
<td>7</td>
<td>Management</td>
<td>24,25</td>
<td>2</td>
</tr>
<tr>
<td>8</td>
<td>General aspect</td>
<td>26,27,28,29,30</td>
<td>5</td>
</tr>
</tbody>
</table>
Validity & Reliability

- In order to obtain the content validity the tool was submitted to the experts in the nursing. They have validated the content and gave opinion and suggestion, then the Validity of the tool has been obtained from the experts.
- The Reliability of a measuring instrument is a major criteria for assessing its quality and accuracy. During pilot study the reliability of the tool was tested by using test retest and split half method.
- The Reliability of the structured knowledge questionnaire in ill effects of alcoholism was found 0.94, attitude was found 0.96, which indicates the tool is reliable.

Pilot Study

The pilot study was conducted on a sample of ten wives of alcoholic who fulfill the inclusion criteria and oral consent was obtained from the wives of alcoholic. The sampling technique which used was convenient sampling. One tenth of the sample was taken to find out the feasibility of the study clarify them language of the tool and to finalize the plan for analysis. A brief introduction about self and the study was given by the investigator. The data was collected by interview method and confidentiality of the response was assured. The statistical analysis of the pilot study revealed that hundred percentage of wives of the alcoholic had good attitude, seven of them had inadequate knowledge, three of them had moderately adequate knowledge.
Data Collection Procedure

The study was conducted for six weeks. The researcher obtained a formal permission from counselor, Madhanandhapuram village. The investigator selected hundred wives of alcoholics by non probability convenient sampling techniques. On oral consent was obtained from the wives of alcoholic. A brief introduction about self and the study was given by the investigator and confidentiality of the responses was assured. The data was collected by interview method. The investigator collected four to five samples per day to assess the knowledge and attitude by using structured knowledge questionnaire and modified five point likert scale. The interview was conducted in Tamil. Ethical aspects were considered throughout the study.

Human Rights Protection

The Pilot and main study were conducted only after approval of the Research proposal by the college of Nursing and the institutional ethical committee. Permission was obtained from the counselor of the village and oral consent was obtained from the participants prior to the commencement of the study.
CHAPTER IV
ANALYSIS AND INTERPRETATION

The chapter deals with analysis and interpretation of data collected from 100 wives of alcoholic of vulnerable community to assess knowledge and attitude towards ill effects of alcoholism.

The term analysis refers to the computation of certain measures along with searching for pattern of relationship that exists. The data after collection has to be processed and analyzed in accordance with the outline said down to the purpose at the time of developing the research plan.

Descriptive and inferential statistics were used for analyzing the data on the basis of objectives at the study. The interpretation has been tabulated and organized as follows.

Section I : Demographic variables of wives of alcoholic
Section II : Assessment of knowledge on ill effects of alcoholism
Section III : Assessment of attitude on alcoholic husbands among wives of alcoholic
Section IV : Correlation between knowledge and attitude of ill effects of alcoholism.
Section V : Association of knowledge with selected demographic variables

Section VI : Association of attitude with selected demographic variables.
SECTION – I

This section deals with Distribution of Demographic Variables among wives of Alcoholic

Table 1: Distribution of Demographic Variables among Wives of Alcoholic

<table>
<thead>
<tr>
<th>Demographic Variables</th>
<th>No.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) 15 - 20 yrs</td>
<td>18</td>
<td>18.0</td>
</tr>
<tr>
<td>b) 21 – 35 yrs</td>
<td>48</td>
<td>48.0</td>
</tr>
<tr>
<td>c) 36 yrs &amp; above</td>
<td>34</td>
<td>34.0</td>
</tr>
<tr>
<td>2. Religion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) Hindu</td>
<td>81</td>
<td>81.0</td>
</tr>
<tr>
<td>b) Muslim</td>
<td>5</td>
<td>5.0</td>
</tr>
<tr>
<td>c) Christian</td>
<td>11</td>
<td>11.0</td>
</tr>
<tr>
<td>d) Others</td>
<td>3</td>
<td>2.0</td>
</tr>
<tr>
<td>3. Educational Status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) Non literate</td>
<td>24</td>
<td>24.0</td>
</tr>
<tr>
<td>b) Primary</td>
<td>38</td>
<td>38.0</td>
</tr>
<tr>
<td>c) Secondary</td>
<td>15</td>
<td>15.0</td>
</tr>
<tr>
<td>d) Hr. Sec.</td>
<td>9</td>
<td>9.0</td>
</tr>
<tr>
<td>e) Graduate</td>
<td>14</td>
<td>14.0</td>
</tr>
<tr>
<td>4. Duration of Married Life</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) Below 5 yrs</td>
<td>39</td>
<td>39.0</td>
</tr>
<tr>
<td>b) 6 -10 yrs</td>
<td>19</td>
<td>19.0</td>
</tr>
<tr>
<td>c) 11 - 15 yrs</td>
<td>8</td>
<td>8.0</td>
</tr>
<tr>
<td>d) Above 15 yrs</td>
<td>34</td>
<td>34.0</td>
</tr>
</tbody>
</table>
### 5. No. of Children

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a) One child</td>
<td>36</td>
<td>36.0</td>
</tr>
<tr>
<td>b) Two children</td>
<td>41</td>
<td>41.0</td>
</tr>
<tr>
<td>c) Three children</td>
<td>15</td>
<td>15.0</td>
</tr>
<tr>
<td>d) More than three children</td>
<td>8</td>
<td>8.0</td>
</tr>
</tbody>
</table>

### 6. Occupational Status

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Professional</td>
<td>9</td>
<td>9.0</td>
</tr>
<tr>
<td>b) Skilled worker</td>
<td>1</td>
<td>1.0</td>
</tr>
<tr>
<td>c) Semiskilled worker</td>
<td>6</td>
<td>6.0</td>
</tr>
<tr>
<td>d) Unskilled worker</td>
<td>27</td>
<td>27.0</td>
</tr>
<tr>
<td>e) Unemployed</td>
<td>57</td>
<td>57.0</td>
</tr>
</tbody>
</table>

### 7. Family Income

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Rs. 5000 &amp; below</td>
<td>60</td>
<td>60.0</td>
</tr>
<tr>
<td>b) Rs. 5001-10000</td>
<td>32</td>
<td>32.0</td>
</tr>
<tr>
<td>c) Rs. 10001-15000</td>
<td>5</td>
<td>5.0</td>
</tr>
<tr>
<td>d) Above Rs. 15000</td>
<td>3</td>
<td>3.0</td>
</tr>
</tbody>
</table>

### 8. Duration of Alcoholism

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Below 1 year</td>
<td>27</td>
<td>27.0</td>
</tr>
<tr>
<td>b) 2 – 3 years</td>
<td>32</td>
<td>32.0</td>
</tr>
<tr>
<td>c) 4 – 5 years</td>
<td>15</td>
<td>15.0</td>
</tr>
<tr>
<td>d) Above 5 years</td>
<td>26</td>
<td>26.0</td>
</tr>
</tbody>
</table>
The above table shows regarding to Age Most (48 %) 48 of the wives of alcoholic belonged to the age group of 25 – 35 years, 81 (81%) were Hindu Religion, (38%) 38 of the wives of alcoholic were studied upto primary education, regarding duration of married life 39 (39%) had 6 – 10 years, with regards number of children 41 (41%) of wives of alcoholic had two children, regarding occupational status 57 (57%) of wives of alcoholic were belongs unemployed, regarding family income 60 (60%) of wives of alcoholic had the income of Rs. 5000 & below, regarding duration of Alcoholism 32 (32%) of the husband had less than1 year duration.
SECTION – II

This Section deals with Mean value of Overall Knowledge on Ill Effects of Alcoholism among Wives of Alcoholics

Table 2: Mean value of Overall Knowledge on Ill Effects of Alcoholism among Wives of Alcoholics

<table>
<thead>
<tr>
<th>Knowledge Aspects</th>
<th>Mean</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Definition</td>
<td>61.00</td>
<td>49.02</td>
</tr>
<tr>
<td>Cause</td>
<td>61.00</td>
<td>49.02</td>
</tr>
<tr>
<td>Sings &amp; Symptoms</td>
<td>69.80</td>
<td>24.04</td>
</tr>
<tr>
<td>Physical Effect</td>
<td>55.27</td>
<td>19.11</td>
</tr>
<tr>
<td>Psychological Effect</td>
<td>63.33</td>
<td>29.40</td>
</tr>
<tr>
<td>Social Effect</td>
<td>82.50</td>
<td>29.62</td>
</tr>
<tr>
<td>Management</td>
<td>65.00</td>
<td>33.71</td>
</tr>
<tr>
<td>General Aspects</td>
<td>36.20</td>
<td>23.90</td>
</tr>
<tr>
<td>Overall Knowledge</td>
<td>58.17</td>
<td>11.81</td>
</tr>
</tbody>
</table>

The above table reveals that over all knowledge on ill effects of alcoholism mean value of 58.17 with Standard Deviation 11.81.
Table 3: Distribution of Level of Knowledge on Ill Effects of Alcoholism among Wives of Alcoholics

<table>
<thead>
<tr>
<th>Knowledge Aspects</th>
<th>Inadequate Knowledge</th>
<th>Moderately Adequate Knowledge</th>
<th>Adequate Knowledge</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>%</td>
<td>No.</td>
</tr>
<tr>
<td>Definition</td>
<td>39</td>
<td>39.0</td>
<td>0</td>
</tr>
<tr>
<td>Cause</td>
<td>39</td>
<td>39.0</td>
<td>0</td>
</tr>
<tr>
<td>Sings &amp; Symptoms</td>
<td>19</td>
<td>19.0</td>
<td>28</td>
</tr>
<tr>
<td>Physical Effect</td>
<td>32</td>
<td>32.0</td>
<td>56</td>
</tr>
<tr>
<td>Psychological Effect</td>
<td>30</td>
<td>30.0</td>
<td>43</td>
</tr>
<tr>
<td>Social Effect</td>
<td>29</td>
<td>29.0</td>
<td>0</td>
</tr>
<tr>
<td>Management</td>
<td>58</td>
<td>58.0</td>
<td>0</td>
</tr>
<tr>
<td>General Aspects</td>
<td>70</td>
<td>70.0</td>
<td>22</td>
</tr>
<tr>
<td>Overall Knowledge</td>
<td>26</td>
<td>26.0</td>
<td>65</td>
</tr>
</tbody>
</table>

Table 3 shows that 39% had inadequate knowledge on definition, and 61% had adequate knowledge on definition. 39% had inadequate knowledge, 61% had adequate knowledge on cause. 19% had inadequate knowledge on sign and symptoms, 28% had moderately knowledge. 53% had adequate knowledge on sign and symptoms. 32% had inadequate knowledge on physical effect. 56% had moderately adequate knowledge. 12% had adequate knowledge on physical effect.
30% had inadequate knowledge on physiological effect, 43% had moderately adequate knowledge, 27% had adequate knowledge on physiological effect, 29% had inadequate knowledge on social effect, 58% had inadequate knowledge on management 70% had inadequate knowledge on general aspects, 22% had moderately adequate knowledge, 8% had adequate knowledge on general aspect. Overall knowledge 26 had inadequate knowledge 65 had moderate knowledge 9% had adequate knowledge.
SECTION – III

This section deals with Mean of Overall Attitude on Alcoholic husbands among Wives of Alcoholics

Table 4: Mean of Overall Attitude on Alcoholic husbands among Wives of Alcoholics

<table>
<thead>
<tr>
<th>Statistics Value</th>
<th>Overall Attitude Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean</td>
<td>76.27</td>
</tr>
<tr>
<td>Standard Deviation</td>
<td>12.16</td>
</tr>
<tr>
<td>Range:</td>
<td></td>
</tr>
<tr>
<td>Minimum Attitude Score</td>
<td>23.33</td>
</tr>
<tr>
<td>Maximum Attitude Score</td>
<td>96.67</td>
</tr>
</tbody>
</table>

Table 4 reveals mean value of overall attitude 76.27 with SD 12.16. The maximum range attitude score 96.67, minimum range attitude score 23.33
The above figure 1 shows that 2% of them had poor attitude on ill-effects of alcoholism 44% of them had fair attitude 54% of them had good attitude.
SECTION - IV

This section deals with Correlation Coefficient between Knowledge and Attitude on ill-effects of Alcoholism among Wives of Alcoholics

Table 5: Correlation Coefficient between Knowledge and Attitude on ill-effects of Alcoholism among Wives of Alcoholics

<table>
<thead>
<tr>
<th>Knowledge Score</th>
<th>Attitude Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>r – value</td>
<td>r = 0.017</td>
</tr>
<tr>
<td>P – value</td>
<td>P = 0.866 (Not Significant)</td>
</tr>
</tbody>
</table>

Table 5 shows that there was positive Correlation existed between knowledge and attitude on ill-effects of alcoholisms among wives of alcoholic.
SECTION – V

This section deals with Association between Level of Knowledge on Ill Effects of Alcoholism and Demographic Variables among Wives of Alcoholics

Table 6: Association between Level of Knowledge on Ill Effects of Alcoholism and Demographic Variables among Wives of Alcoholics

<table>
<thead>
<tr>
<th>Demographic Variables</th>
<th>Inadequate Knowledge (0 - 50%)</th>
<th>Moderately Knowledge (51-75%)</th>
<th>Adequate Knowledge (75-100%)</th>
<th>Chi Square value &amp; P value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>%</td>
<td>No.</td>
<td>%</td>
</tr>
<tr>
<td>1. Age</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) 15 - 20 yrs</td>
<td>3</td>
<td>16.7</td>
<td>14</td>
<td>77.8</td>
</tr>
<tr>
<td>b) 21 – 35 yrs</td>
<td>8</td>
<td>16.7</td>
<td>33</td>
<td>68.8</td>
</tr>
<tr>
<td>c) 36 yrs &amp; above</td>
<td>15</td>
<td>44.1</td>
<td>18</td>
<td>52.9</td>
</tr>
<tr>
<td>2. Religion</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) Hindu</td>
<td>24</td>
<td>29.6</td>
<td>51</td>
<td>63.0</td>
</tr>
<tr>
<td>b) Muslim</td>
<td>0</td>
<td>0.0</td>
<td>4</td>
<td>80.0</td>
</tr>
<tr>
<td>c) Christian</td>
<td>1</td>
<td>9.1</td>
<td>8</td>
<td>72.7</td>
</tr>
<tr>
<td>d) Others</td>
<td>1</td>
<td>33.3</td>
<td>2</td>
<td>66.7</td>
</tr>
<tr>
<td>3. Educational Status</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) Non literate</td>
<td>9</td>
<td>37.5</td>
<td>14</td>
<td>58.3</td>
</tr>
<tr>
<td>b) Primary</td>
<td>12</td>
<td>31.6</td>
<td>26</td>
<td>68.4</td>
</tr>
<tr>
<td>c) Secondary</td>
<td>3</td>
<td>20.0</td>
<td>8</td>
<td>53.3</td>
</tr>
<tr>
<td>d) Hr. Sec.</td>
<td>0</td>
<td>0.0</td>
<td>7</td>
<td>77.8</td>
</tr>
<tr>
<td>e) Graduate</td>
<td>2</td>
<td>14.3</td>
<td>10</td>
<td>71.4</td>
</tr>
<tr>
<td>4. Duration of Married Life</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) Below 5 yrs</td>
<td>9</td>
<td>23.1</td>
<td>25</td>
<td>64.1</td>
</tr>
<tr>
<td>b) 6 -10 yrs</td>
<td>4</td>
<td>21.1</td>
<td>13</td>
<td>68.4</td>
</tr>
<tr>
<td>c) 11 - 15 yrs</td>
<td>2</td>
<td>25.0</td>
<td>5</td>
<td>62.5</td>
</tr>
<tr>
<td>d) Above 15 yrs</td>
<td>11</td>
<td>32.4</td>
<td>22</td>
<td>64.7</td>
</tr>
<tr>
<td>5. No. of Children</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>--------------------</td>
<td>---</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) One child</td>
<td>7</td>
<td>19.4</td>
<td>25</td>
<td>69.4</td>
</tr>
<tr>
<td>b) Two children</td>
<td>11</td>
<td>26.8</td>
<td>27</td>
<td>65.9</td>
</tr>
<tr>
<td>c) Three children</td>
<td>5</td>
<td>33.3</td>
<td>8</td>
<td>53.3</td>
</tr>
<tr>
<td>d) More than three children</td>
<td>3</td>
<td>37.5</td>
<td>5</td>
<td>62.5</td>
</tr>
</tbody>
</table>

χ² = 3.099, d.f = 6, p = 0.796 (N.S)

<table>
<thead>
<tr>
<th>6. Occupational Status</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Professional</td>
<td>1</td>
</tr>
<tr>
<td>b) Skilled worker</td>
<td>0</td>
</tr>
<tr>
<td>c) Semiskilled worker</td>
<td>1</td>
</tr>
<tr>
<td>d) Unskilled worker</td>
<td>9</td>
</tr>
<tr>
<td>e) Unemployed</td>
<td>15</td>
</tr>
</tbody>
</table>

χ² = 7.355, d.f = 8, p = 0.499 (N.S)

<table>
<thead>
<tr>
<th>7. Family Income</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Rs. 5000 &amp; below</td>
<td>20</td>
</tr>
<tr>
<td>b) Rs. 5001-10000</td>
<td>4</td>
</tr>
<tr>
<td>c) Rs. 10001-15000</td>
<td>2</td>
</tr>
<tr>
<td>d) Above Rs. 15000</td>
<td>0</td>
</tr>
</tbody>
</table>

χ² = 8.333, d.f = 6, p = 0.215 (N.S)

<table>
<thead>
<tr>
<th>8. Duration of Alcoholism</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Below 1 year</td>
<td>4</td>
</tr>
<tr>
<td>b) 2 – 3 years</td>
<td>4</td>
</tr>
<tr>
<td>c) 4 – 5 years</td>
<td>4</td>
</tr>
<tr>
<td>d) Above 5 years</td>
<td>14</td>
</tr>
</tbody>
</table>

χ² = 23.220, d.f = 6, p = 0.001 (***
Table 6 shows significant association between level of knowledge with age and educational Status, duration of alcoholism on ill-effects of alcoholism at p < 0.05, p <0.01.

H1. Hence the research hypothesis was accepted between knowledge and demographic variables such as age, educational status, duration of alcoholism.

There was no signification association between level of knowledge with religion, duration of married life, number of children, occupational status, family income on ill-effects of alcoholism at p > 0.05.

H1. Hence the research hypothesis rejected between knowledge and demographic variables religion, duration of married life, number of children, occupational status, family income.
SECTION – VI

This section deals with Association between Level of Attitude on Alcoholic husbands and Demographic Variables among Wives of Alcoholics

Table 7: Association between Level of Attitude on Alcoholic husbands and Demographic Variables among Wives of Alcoholics

<table>
<thead>
<tr>
<th>Demographic Variables</th>
<th>Fair Attitude (51-75%) No.</th>
<th>Fair Attitude (51-75%) %</th>
<th>Good Attitude (75-100%) No.</th>
<th>Good Attitude (75-100%) %</th>
<th>Chi Square value &amp; P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Age</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) 15 - 20 yrs</td>
<td>14</td>
<td>77.8</td>
<td>4</td>
<td>22.2</td>
<td>$\chi^2 = 14.538$, d.f = 2</td>
</tr>
<tr>
<td>b) 21 – 35 yrs</td>
<td>24</td>
<td>50.0</td>
<td>24</td>
<td>50.0</td>
<td>P=0.001 ***</td>
</tr>
<tr>
<td>c) 36 yrs &amp; above</td>
<td>8</td>
<td>23.5</td>
<td>26</td>
<td>76.5</td>
<td></td>
</tr>
<tr>
<td>2. Religion</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) Hindu</td>
<td>34</td>
<td>42.0</td>
<td>47</td>
<td>58.0</td>
<td>$\chi^2 = 6.918$, d.f = 3</td>
</tr>
<tr>
<td>b) Muslim</td>
<td>5</td>
<td>100.0</td>
<td>0</td>
<td>0.0</td>
<td>P=0.075 (N.S)</td>
</tr>
<tr>
<td>c) Christian</td>
<td>6</td>
<td>54.5</td>
<td>5</td>
<td>45.5</td>
<td></td>
</tr>
<tr>
<td>d) Others</td>
<td>1</td>
<td>33.3</td>
<td>2</td>
<td>66.7</td>
<td></td>
</tr>
<tr>
<td>3. Educational Status</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) Non literate</td>
<td>8</td>
<td>33.3</td>
<td>16</td>
<td>66.7</td>
<td>$\chi^2 = 8.350$, d.f = 4</td>
</tr>
<tr>
<td>b) Primary</td>
<td>14</td>
<td>36.8</td>
<td>24</td>
<td>63.2</td>
<td>P=0.080 (N.S)</td>
</tr>
<tr>
<td>c) Secondary</td>
<td>8</td>
<td>53.3</td>
<td>7</td>
<td>46.7</td>
<td></td>
</tr>
<tr>
<td>d) Hr. Sec.</td>
<td>6</td>
<td>66.7</td>
<td>3</td>
<td>33.3</td>
<td></td>
</tr>
<tr>
<td>e) Graduate</td>
<td>10</td>
<td>71.4</td>
<td>4</td>
<td>28.6</td>
<td></td>
</tr>
<tr>
<td>4. Duration of Married Life</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) Below 5 yrs</td>
<td>11</td>
<td>57.9</td>
<td>8</td>
<td>42.1</td>
<td>P=0.090 (N.S)</td>
</tr>
<tr>
<td>b) 6 -10 yrs</td>
<td>1</td>
<td>12.5</td>
<td>7</td>
<td>87.5</td>
<td></td>
</tr>
<tr>
<td>c) 11 - 15 yrs</td>
<td>13</td>
<td>38.2</td>
<td>21</td>
<td>61.8</td>
<td></td>
</tr>
<tr>
<td>d) Above 15 yrs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### 5. No. of Children

<table>
<thead>
<tr>
<th>Category</th>
<th>Count</th>
<th>Percent 1</th>
<th>Percent 2</th>
<th>Percent 3</th>
<th>Percent 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) One child</td>
<td>23</td>
<td>63.9</td>
<td>13</td>
<td>36.1</td>
<td></td>
</tr>
<tr>
<td>b) Two children</td>
<td>17</td>
<td>41.5</td>
<td>24</td>
<td>58.5</td>
<td></td>
</tr>
<tr>
<td>c) Three children</td>
<td>5</td>
<td>33.3</td>
<td>10</td>
<td>66.7</td>
<td></td>
</tr>
<tr>
<td>d) More than three children</td>
<td>1</td>
<td>12.5</td>
<td>7</td>
<td>87.5</td>
<td></td>
</tr>
</tbody>
</table>

χ² = 9.561, d.f = 3, P = 0.023 *

### 6. Occupational Status

<table>
<thead>
<tr>
<th>Category</th>
<th>Count</th>
<th>Percent 1</th>
<th>Percent 2</th>
<th>Percent 3</th>
<th>Percent 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Professional</td>
<td>7</td>
<td>77.8</td>
<td>2</td>
<td>22.2</td>
<td></td>
</tr>
<tr>
<td>b) Skilled worker</td>
<td>1</td>
<td>100.0</td>
<td>0</td>
<td>0.0</td>
<td></td>
</tr>
<tr>
<td>c) Semiskilled worker</td>
<td>4</td>
<td>66.7</td>
<td>2</td>
<td>33.3</td>
<td></td>
</tr>
<tr>
<td>d) Unskilled worker</td>
<td>13</td>
<td>48.1</td>
<td>14</td>
<td>51.9</td>
<td></td>
</tr>
<tr>
<td>e) Unemployed</td>
<td>21</td>
<td>36.8</td>
<td>36</td>
<td>63.2</td>
<td></td>
</tr>
</tbody>
</table>

χ² = 7.839, d.f = 4, P = 0.098 (N.S)

### 7. Family Income

<table>
<thead>
<tr>
<th>Category</th>
<th>Count</th>
<th>Percent 1</th>
<th>Percent 2</th>
<th>Percent 3</th>
<th>Percent 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Rs. 5000 &amp; below</td>
<td>24</td>
<td>40.0</td>
<td>36</td>
<td>60.0</td>
<td></td>
</tr>
<tr>
<td>b) Rs. 5001-10000</td>
<td>18</td>
<td>56.3</td>
<td>14</td>
<td>43.8</td>
<td></td>
</tr>
<tr>
<td>c) Rs. 10001-15000</td>
<td>2</td>
<td>40.0</td>
<td>3</td>
<td>60.0</td>
<td></td>
</tr>
<tr>
<td>d) Above Rs. 15000</td>
<td>2</td>
<td>66.7</td>
<td>1</td>
<td>33.3</td>
<td></td>
</tr>
</tbody>
</table>

χ² = 2.811, d.f = 3, P = 0.422 (N.S)

### 8. Duration of Alcoholism

<table>
<thead>
<tr>
<th>Category</th>
<th>Count</th>
<th>Percent 1</th>
<th>Percent 2</th>
<th>Percent 3</th>
<th>Percent 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Below 1 year</td>
<td>15</td>
<td>55.6</td>
<td>12</td>
<td>44.4</td>
<td></td>
</tr>
<tr>
<td>b) 2 – 3 years</td>
<td>16</td>
<td>50.0</td>
<td>16</td>
<td>50.0</td>
<td></td>
</tr>
<tr>
<td>c) 4 – 5 years</td>
<td>9</td>
<td>60.0</td>
<td>6</td>
<td>40.0</td>
<td></td>
</tr>
<tr>
<td>d) Above 5 years</td>
<td>6</td>
<td>23.1</td>
<td>20</td>
<td>76.9</td>
<td></td>
</tr>
</tbody>
</table>

χ² = 7.882, d.f = 3, P = 0.049 *

---

Table - 7 shows significant association between attitude with age, number of children, duration of alcoholism at p < 0.05, p < 0.01 level.

H₂. Hence the Research hypothesis was accepted between attitude and demographic variables such as age, number of children, duration of alcoholism.

There was no significant association on level of attitude with religion, educational status, occupational status, family income at p > 0.05.

H₂. Hence the research hypotheses was rejected between attitude and demographic variables such as religion, educational status, occupational status, family income.
A descriptive study was conducted to assess the knowledge on ill-effects of alcoholism, attitude towards alcoholic husband among wives of alcoholic. The samples were selected by convenient sampling techniques and their level of knowledge and attitude was assessed by structured questionnaire the study was conducted at Madhananthapuram Village.

The first objective of the study to assess the knowledge on ill effects of alcoholism among wives of alcoholics.

As per table 1 reveals level of knowledge on ill effects of alcoholism. 65% of wives of alcoholic had moderate knowledge, 9% of wives of alcoholic had adequate knowledge, 26% of the wives of alcoholic had inadequate knowledge.

The finding of this study is consistent with other studies like Isabel martina paul (1999) conducted the study regarding awareness on risk for alcoholic use among college students in Banglore. The study was conducted eight college all around Bangalore city including 731 samples (students). The finding of the study reveal that, they were aware that alcohol is addictive and problems of alcoholism but have not taken any steps to stop or control their drinking.
Sabiha Jamal (1981), conducted study of awareness on prevalence of drug and alcohol use among Engineering college students, the sample consisted of 268 students from 4 engineering college they study results which showed that, they students are aware of the problems of alcoholism and its harmful effect (57.69%) moderately aware, 22% adequately aware and 20.31% inadequately aware.

**The second objective to assess the attitude on alcoholic husbands among wives of alcoholic.**

According to the findings in table-2 reveals that most of the wives of alcoholic 54% had good attitude, remaining 44% of wives of alcoholic had moderately fair attitude and 2% had poor attitude towards ill effects of alcoholism.

**The third objective to find out the relationship between knowledge on ill effects of alcoholism and attitude towards alcoholic husband among wives of alcoholic.**

The data analysis revealed that the correlation coefficients (r=0.017) Value clearly indicates that there was positive co-relation between the level of knowledge and attitude. The study clearly reveals that when the level of knowledge increases the attitude towards alcoholism will be favorable.
The fourth objective to associate the knowledge on ill effects of alcoholism with selected demographic variables among wives of alcoholic.

H1 There is significant relationship between knowledge on ill effects of alcoholism among wives of alcoholic with selected demographic variables. According to the findings in table-6 there was significant association of knowledge with socio demographic variables like age $x^2 = 11.107$ of $P<0.05$ level, educational status $x^2 = 17.23$ of $P<0.05$, duration of alcoholism $x^2 = 23.22$ $P<0.001$, hence the research hypothesis was accepted and no significant association of knowledge with other demographic variables like religion, duration of married life, no of children, occupational status, family income, hence the research hypothesis was rejected.

The fifth objective to associate the attitude on ill effects of alcoholism with selected demographic variables among wives of alcoholic.

H2 There is significant relationship between attitude on alcoholic husband among wives of alcoholic with selected demographic variables. According to the findings in table-7 there was significant association of attitude with demographic variables like age $x^2 = 14.53$ of $P<0.05$, no of children $x^2 = 9.561$ of $P<0.05$, duration of alcoholism $x^2 = 7.88$ of $P<0.05$, hence the research hypothesis was accepted, and there was no significant association between attitude of wives of alcoholic with demographic variables like religion $x^2 = 6.918$ of $P>0.05$, Educational status $x^2 = 8.350$ of $P>0.05$ duration of married life $x^2 = 6.48$ of $P>0.05$, family income $P>0.42$, hence the research hypothesis was rejected.
The study finding was consistent with finding of Rajeswari et al (1998) who conducted a study to find the problem of alcoholism in a rural community of India with 50 samples. The study reports that 86% of the affected clients were in the age group of 28-35 years and 98% of alcoholics were from schedule caste, all the respondents were doing unskilled work (100%) and 90% of them get less than Rs.2000/- month.
CHAPTER – VI

SUMMARY, CONCLUSION, LIMITATION, NURSING IMPLICATIONS
AND RECOMMENDATIONS

Summary

Alcoholism is a health problem and it is growing as an epidemic in both developed and developing countries. India lead the world today with a largest number of alcoholic than the other countries. WHO estimated that 140 million people globally suffer from alcoholic dependence. The growing prevalence and the complication of alcoholism imposing a heavy burden on the health care system. The decrease the burden the life style modification is most effective and cost effective method in individual such as cessation of alcoholism, continuous monitoring, treatment, follow up, proper diet. The community health nurse make awareness on life style modification of alcoholic among the alcoholic wives to prevent alcoholic complication.

The aim of the study was to assess the knowledge on ill effects of alcoholism and the attitude towards alcoholic husbands as perceived by wives at Madhanandapuram village

Objectives of the study

• To assess the knowledge on ill effects of alcoholism among wives of alcoholics.
• To assess the attitude on alcoholic husbands among wives of alcoholics.
To find out the relationship between knowledge on ill effects of alcoholism and attitude towards alcoholic husbands among wives of alcoholic.

To associate the knowledge on ill effects of alcoholism with selected demographic variables among wives of alcoholic.

To associate the attitude on alcoholic husbands with selected demographic variables among wives of alcoholics.

**Major findings of the study**

The demographic characteristics revealed that most of the participants were in the age group of 21-35 years, (81%) Belonged to Hindu religion, (38%) 38 educated up to primary level, 39 (39%) durational married life less than 5 yrs, 41 (41) of them had two children (57%) 57 were employed 60 (60%) had family income less than Rs.5,000, 32 (32%) had 2-3 years of alcoholic drinking behavior.

It was also noted that overall knowledge mean score was 58.17 with standard deviation 11.8. (65%) had moderately adequate knowledge, (26%) 26 had inadequate knowledge.

It was also noted that overall mean score of attitude 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 alcoholisms among wives of alcoholic. Hence the level of knowledge increases and the level of attitude was increases.

It was also noted that there was significant association between level of knowledge with age and educational status, duration of alcoholism on ill-effects of alcoholism at p < 0.05, p <0.01.
H1. Hence the research hypothesis was accepted between knowledge and demographic variables such as age, educational status, duration of alcoholism.

There was no signification association between level of knowledge with religion, duration of married life, number of children, occupational status, family income on ill-effects of alcoholism at $p > 0.05$.

H1. Hence the research hypothesis rejected between knowledge and demographic variables religion, duration of married life, number of children, occupational status, family income.

It was also noted that there was significant association between attitude with age, number of children, duration of alcoholism at $p < 0.05$, $p < 0.01$ level.

H2. Hence the research hypothesis was accepted between attitude and demographic variables such as age, number of children, duration of alcoholism.

There was no significant association on level of attitude with religion, educational status, occupational status, family income at $p > 0.05$.

H2. Hence the research hypotheses was rejected between attitude and demographic variables such as religion, educational status, occupational status, family income.
Conclusion

The findings of the study stated that level knowledge increases attitude also increases, community health nurse should be aware of the need for educating wives of alcoholic regarding ill effects, how to over come with this problem and make them to go for counseling in order to taper the level of intake of alcohol, thus the individual to brings healthy life.

Limitation

The study was limited to Madhanandapuram Village and it was limited to wives of alcoholic husbands.

Implications

Nursing practice

- These findings would help to identify the area of need and focus on social physical psychological need of the alcoholic patient

- It gives insight to crate awareness to the wives of alcoholic to cope up with their alcoholic husbands by counseling technique.

- Community health nurse being aware of magnitude of the problem related to alcoholism. Should give counseling to wives of alcoholic as well as alcoholic in order to cope up with the life style modification.

- Continuing nursing education can be planned for nurse to update their knowledge and skills in the field of alcoholic problems and intervention.
• Nursing personal who are expected to render a holistic nursing care for alcoholic patients should equip themselves in problems of alcoholic.

**Nursing Education**

• These findings would help nursing faculty to give importance for effectiveness of alcoholism.

• In service education can be imparted to staff working in community order to make awareness about the effect of alcoholism.

**Nursing Research**

• The findings of the study helps to expand the scientific body of professional knowledge upon which further investigation can be conducted.

• There likes a need for extensive research in this concept so that better strategies and better intervention would be developed in the conquest of problems of alcoholic patient.

**Nursing Administration**

• The nurse administrator will help the staff to update their knowledge regarding effects of alcoholism.

• The nurse administrator should take initiative in arranging awareness program

• Arrange training program regarding counseling technique for all health works.
- Organize camps to identify the problems of alcoholic client and provide intervention to the client.

- The findings would be utilized as a basis for in service education program for working in health professional who are working hospital and community setup.

**Recommendation**

1. A similar study can be replicated with a large sample size.

2. A comparative study can be conducted between urban and rural population.

3. A qualitative study can be done to assess awareness about effected alcoholism among wires of alcoholic and wires of non alcoholic.

4. Further study can be done to assess the coping behavior among the wires of alcoholic.
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APPENDIX-A

Permission To Conduct Research Study at Madhanandapuram

From
Ms. M. Sasi
M.Sc (N) II-Year,
MIOT College of Nursing,
Mugalivakkam,
Chennai.

To
The Councillor,
Madhanandapuram,
Chennai.

Sub,
Permission to conduct the study in Madanandapuram, Village.

Ms. Sasi II year M.Sc Nursing Student MIOT CON, Chennai. In partial fulfillment M.Sc (N), I have a plan to conduct a study on the topic mentioned below. I assure that I will not interfere with routine activity of your Village. Kindly permit me to conduct the study.

A study to assess the knowledge on ill effects of alcoholism and the attitude towards alcoholic husbands as perceived by wives at Madhanandapuram village.

Thanking You,

Yours truly,

M.SASI
APPENDIX – B

DEMOGRAPHIC DATA

1. Age in years
   a. 15-20 years
   b. 21-35 years
   c. 36 years and above

2. Religion
   a. Hindu
   b. Muslim
   c. Christian
   d. Others

3. Educational Status
   a. Nonliterate
   b. Primary
   c. Secondary
   d. Higher secondary
   e. Graduate

4. Duration of married life
   a. Below 5 years
   b. 6-10 years
   c. 11-15 years
   d. Above 16 years
5. No. of children
   a. one child
   b. two children
   c. three children
   d. more than four children

6. Occupational status
   a. Professional
   b. skilled worker
   c. semiskilled worker
   d. unskilled worker
   e. Unemployed

7. Income of the family
   a. Below Rs.5000
   b. Rs.5000 – 10000
   c. 10001 – 15000
   d. 15000 above

8. Duration of alcoholism
   a. Below 1 year
   b. 2-3 years
   c. 4-5 years
   d. Above 5 years
PART II

KNOWLEDGE QUESTIONNAIRE RELATED TO ILL EFFECTS OF ALCOHOLISM

DEFINITION

1. Alcohol is a .................
   a. Disease
   b. Disorder
   c. Disability

CAUSES

2. How does a family history of alcoholism affect someone’s risk of being an alcoholic?
   a. Children of alcoholics cannot drink at all
   b. Both genes growing up in a home with alcoholics do have risk.
   c. Genes can cause vulnerability to alcoholism.

SIGNS AND SYMPTOMS

3. What happens immediately after alcohol consumption?
   a. Vomiting
   b. Complete loss of memory
   c. Hearing loss

4. What is the long term effects of alcoholism?
   a. Addiction
   b. Pain relief
   c. Improve self-esteem

5. Which one of the following symptoms expressed by Alcohol dependence?
   a. Craving
   b. Hesitate to talk
   c. Reduced tolerance

6. What is the symptom exhibited by excessive alcohol intake in a short period?
a. Unconsciousness  
b. Diarrhea  
c. Increased thirst  

7. Which of the following symptom appear due to alcohol withdrawal?  
a. Sleeplessness  
b. Loss of appetite  
c. Impaired vision  

PHYSICAL EFFECT  
8. Which essential body organ suffers the most life-threatening damaging from alcohol?  
a. Lungs  
b. Heart  
c. Liver  

9. Which of the following is a special concern for adult in alcohol abuse?  
a. Bone and muscle damage  
b. Heart damage  
c. Liver damage  

10. Which one of the symptoms occurs due to Physical dependence of alcoholism?  
a. Memory lapses  
b. Decreased tolerance  
c. Decreased violence  

11. What is the high risk of alcoholism?  
a. Accidents  
b. Kidney damage  
c. Hearing loss  

12. Which one of the following symptoms occur due to alcoholism?  
a. Irritability  
b. Deep Sleep  
c. Related talk
13. Which of the following cancer mostly occur due to prolonged progressive use of alcohol?
   a. Cancer duodenum
   b. Cancer liver
   c. Cancer lung

14. What is the effect in the stomach due to excessive consumption of alcohol?
   a. Obstruction
   b. ulcer
   c. regurgitation

15. Which of the following statements about drinking alcohol is false?
   a. It depresses, or slows down brain and body functions
   b. If affects women more quickly than men, even if they weight the same.
   c. It stimulates, or speeds up brain and body function

16. What is the important physiological effect of alcoholism?
   a. Cirrhosis of liver
   b. Epileptic seizures
   c. Decalcification of bone

17. Which one of the following system is affected due to alcoholism?
   a. Central Nervous system
   b. Respiratory system
   c. Cardio vascular system

18. Which is the symptom occurring by excessive alcohol intake?
   a. Incardination of movement
   b. Balanced movement
   c. Involuntary movement

PSYCHOLOGICAL EFFECT

19. Which one is the important symptom expressed due to Alcohol dementia?
   a. Impaired memory
   b. Complete loss of consciousness
   c. Giddiness
20. Which one is the important main psychological impact of alcoholism?
   a. Impaired judgment
   b. Hopelessness
   c. Activeness

21. Which is the main symptom occur due to alcoholism?
   a. Assault Behavior
   b. Increase helping tendency
   c. Stable Mood

SOCIAL EFFECT

22. Which is the main impact of alcoholism?
   a. spousal harassment
   b. Good relationship with neighbors
   c. Good Relationship with Relations

23. Which one is of important concern due to alcoholism?
   a. Violence
   b. Helpful to others
   c. Harmless

MANAGEMENT

24. What is the diagnostic evaluation done for alcoholic patients?
   a. Liver function test
   b. Urine test
   c. Pulmonary function test?

25. What is the treatment available for alcoholism?
   a. Surgical treatment + intravenous therapy
   b. Mediation + Surgical treatment
   c. Medication + Counseling

GENERAL ASPECT

26. Which is the chemical in alcohol?
   a. Ethanol
   b. Nicotine
c. Caffeine

27. How long must a person wait after drinking before he or she is totally sober?
a. An hour
b. Eight hours
c. One hour for each drink consumed

28. What is “tolerance” of alcohol?
a. It is the amount a person can drink before feeling any effects.
b. It is the need for increasing amounts of alcohol before feeling any effects.
c. It is the amount just below intoxication.

29. How long does it take for Alcohol to affect the brain?
a. 10 seconds
b. 90 seconds
c. 60 seconds

30. What blood alcohol concentration level is considered legally intoxicated in most States?
a. 0.05%
b. 0.10%
c. 0.08%
<table>
<thead>
<tr>
<th>S. No.</th>
<th>Content</th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
<th>Don’t know</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Alcoholics will be frank about alcohol related behaviors.</td>
<td>4</td>
<td>3</td>
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<td>2</td>
<td>Alcohol addicted person will not have any mood swings changes in their mood.</td>
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<td>3</td>
<td>Alcohol addicted person experience abdominal pain due to irritation of the stomach.</td>
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<td>4</td>
<td>Alcoholics will not involve in disruptive activities.</td>
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<tr>
<td>5</td>
<td>Alcohol addicted person feel to take alcohol daily or frequently for adequate functions.</td>
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<td>6</td>
<td>Alcohol addicted person makes excuses to drink.</td>
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<td>7</td>
<td>Alcohol addicted person will not show violent behaviour associated in drinking.</td>
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<td>8</td>
<td>When alcoholics gets up</td>
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<tr>
<td>9.</td>
<td>Alcoholics will have tolerance to the effects of alcohol.</td>
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<td>10.</td>
<td>Giving psychological support, counseling and treatment will help the person to come out from the problem.</td>
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<tr>
<td>11.</td>
<td>Excessive drinking leads to gastritis and peptic ulcer.</td>
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<tr>
<td>12.</td>
<td>Alcoholics will not have impaired judgments</td>
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<tr>
<td>13.</td>
<td>Alcoholics try to rationalize their behavior.</td>
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<tr>
<td>14.</td>
<td>Alcoholics have high self-esteem due to that they will not depend on anybody.</td>
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<tr>
<td>15.</td>
<td>Alcoholics will not have strange thinking.</td>
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</tbody>
</table>

in the morning from bed will not have shaking of hands and legs.
பின்னர் - அ
கல்வியின் நிலைமுறை

1. முதல் (முதுகிளி)
   ஆ. 15 - 20 மாதம்
   இ. 21-35 மாதம்
   ம. 36 மாதம் அத்துடன்

2. மாதம்
   ஆ. எண்ணி
   இ. எண்ணி வரிசைமுறை
   ம. விளையாட்டுமுறை
   ம. பட்டப்பு

3. கல்வி குறிக்குறி
   ஆ. பாட்டப்பு
   இ. பாட்டப்பு குறிக்குறி
   ம. 1 பாட்டப்பு குறிக்குறி
   ம. விளையாட்டு குறிக்குறி
   ம. 2. பட்டப்பு

4. கிருஷ்ணர் கால அடிப்பு
   ஆ. 5 - முதுகிளி குறி
   இ. 6-10 மாதம்
   ம. 11-15 மாதம்
   ம. 16 மாதக்கிலித் தொடர்

5. குறிப்பிட்டக்கள் வருவதாக்கல்
   ஆ. கூறு வருவதாக்கல்
   இ. வருவதாக்க வருவதாக்கல்
   ம. வருவதாக்க வருவதாக்கல்
   ம. வருவதாக்க வருவதாக்கல் குறிக்குறி
6. வகையில் விளை

அ. வகையில் கல்லூரி பதிப்பு செயல் ( பட்டியலில், மாதிரிகள், முன்னெச்சரிக்கை பகுதியில் அறிக்கை)

ஆ. முழுமாசு செயல் (கட்டையார், பேராசிரியர்)

இ. முழுமாசு முழுமாசு செயல் (சின்னையார், ஹாட்டார்)

த. வளிமாதுக்கோன் செயல் (கல்லூரி, மெய்ப்பாண்டா போன்றோ)

8. கல்லூரியின் வகுப்பு அல்லது

அ. கல்லூரியின் வகுப்பு அல்லது

ஆ. 2 - 3 வகுப்பு

இ. 4 - 5 வகுப்பு

த. 5 வகுப்புடைய வகுப்பு
பிள்ளை - இந்தச் சமையலின் பிள்ளைகளுக்கு சார்பாள் அறியும் பாட்டில் இறுதியில் அத்தரிக்கை சிதறாக்கும்.

மாதிரிகள்:
1. பல்லமைகள் கைப்பறும்?
   அ. பல்லமை
   இ. கொண்டுள்ளே
   த. துணியலை

சொல்லார்வானாகம்:
2. செய்ய நிகழ்ந்தது இந்த சார்பாள் யாரும் உடன் அத்தரிக்கை சார்புகை செய்ய எதுண்டிக்கை?
   அ. பல்லமைப்படுத்துவது குறுக்கைகள் குறுக்கை பலிக்கும்
   இ. பழுத்துறைகள் குறுக்கைகள் குறுக்கைகள் எப்போனையும் மனிதமெடும்.
   த. பெரும்பான்மை குறுக்கைகள் மனிதமெடும் சுமார்க்கும்.

அமிரதிகள்:
3. பல்லமைப்படுத்துவது நிகழ்ந்தது சார்பாள்?
   அ. பல்லமை
   இ. பழுத்துறைப்படுத்துவது குறுக்கைகள் குறுக்கைகள்
   த. பெரும்பான்மை பல்காரனை

4. மெல்லுதல் நிலையில் கைப்பறும் சார்பாள்?
   அ. பல்லமைப்படுத்து
   இ. பல்லமைப்படுத்து
   த. பல்லமைப்படுத்து

5. கைப்பறும் கலனித்து என்ற பல்லமை காரணிகளுக்கு எதுண்டிக்கையும் அத்தரிக்கை?
   அ. பல்லமை செய்யலை
6. குறிப்பிட்டுக் காண்பத் தக்க மது அறியவும் புருநிலையான அறிவியின் விளையாடும்?

   அ. கற்பணித்துப் பொருள்  
   இ. முற்பித்துப் பொருள்  
   இ. குறிப்பிட்டு அறிவியின்

7. பது அறியவும் புருநிலையான புருநிலைக்கு அறிவியின் விளையாடும்?

   அ. கற்பணித்துப் பொருள்  
   இ. முற்பித்துப் பொருள்  
   இ. குறிப்பிட்டு அறிவியின்

8. பது அறியவும் விளையாடும் தக்க மது அறிவியின் நேர்வடிவ பகுதியைப் பொருள் கொள்ளும்?

   அ. கற்பணித்துப் பொருள்  
   இ. முற்பித்துப் பொருள்  
   இ. குறிப்பிட்டு அறிவியின்

9. குறிப்பிட்டு பது அறியவும் புருநிலைக்கு பின் விளையாடும், அறியவும் பின்னர் விளையாடும் நேர்வடிவ பகுதியை?  

   அ. கற்பணித்துப் பொருள் தக்க  
   இ. முற்பித்துப் பொருள்  
   இ. குறிப்பிட்டு அறிவியின்

10. குறிப்பிட்டு பது அறியவும் புருநிலைக்கு விளையாடும் கருத்து அறியியின் விளையாடும்?

   அ. கற்பணித்துப் பொருள்  
   இ. முற்பித்துப் பொருள்  
   இ. குறிப்பிட்டு அறிவியின்
11. பகுதி அடிப்படையாக குப்பி கிளைகள் அகிலாக விளையாட்டு யானை?  
   அ. பிறந்திருக்கின்றது  
   ஆ. குப்பி கிளைகளிலும் விளையாட்டு  
   இ. காரதினால் விளையாட்டு

12. பகுதி அடிப்படையாக குப்பி கிளைகள் அறிவியல் யானை?  
   அ. நாசிகத் ஆவண்  
   ஆ. லைனின் வேகம்  
   இ. குப்பி கிளைகள் வேகம்

13. இந்த பகுதி பகுதி அடிப்படையாக குப்பி கிளைகள் புகழ்பெற்றுள்ளது?  
   அ. கிழக்கு புகழ் விளையாட்டு  
   ஆ. வல்லுறுகள் புகழ் விளையாட்டு  
   இ. காரதின் புகழ் விளையாட்டு

14. அறிக்கை பகுதி அடிப்படையாக குப்பி கிளைகளில் குப்பிப் புகழ்பெற வேகமாக வந்ததா?  
   அ. சுட்டிப் பிள்ளா  
   ஆ. புனித  
   இ. பவாஞ்சு புனித

15. பகுதி அடிப்படையாக பகுதி பிரிவுப்படேற்றத்தில் விளையாட்டு நடைபெறும் காரமா?  
   அ. இரு பகுதியான வடிவில் வேளைப்பாறைகள் குப்பி கிளைகளுக்கு அல்லது வேளைப்பாறைகளிற்கான நிலையினுள்  
   ஆ. அடிப்படையாக விளையாட்டு வேளைப்பாறைகள் அகிலாக புகழ்பெறும்  
   இ. இரு பகுதியான வடிவில் வேளைப்பாறைகள் நிலையினுள்

16. பகுதி அடிப்படையாக குப்பி கிளைகள் இரு காரமா அறிவியல் யானை?  
   அ. கண்காணி அறிவியல்  
   ஆ. மொழிபெயர்  
   இ. கண்காணி விளையாட்டு

17. பகுதி அடிப்படையாக இரு காரக் குப்பி கிளைகள் புகழ்பெற வேகமாக வந்ததா?
18. அதிர்வுக்கு மறு அருகியக்கூறும் குறிப்பிட்டத்துக்காக அதிகம் வாதம் தெரியலாம்;
   அ. கைப்பற்ற கருத
   இ. என்றும் பாத
   உ. காட்சிகள் பகத

19. குறியீட்டின்படி முறக்க முறையிலிருந்து குறிப்பிட்டத்துக்காக முறையெண் எந்தக் கருத்துக்காக விளக்குவாய்;
   அ. குறைப்பட்ட குற்றுப்பாத
   இ. கணவிளையாக அதிகம் கருத
   உ. என்றும் காணத்

20. குறியீட்டின்படி முறக்க முறையிலிருந்து முறையெண்ணுக்காக குறிப்பிட்டத்துக்காக அதிகம் வாதம் தெரியலாம்?
   அ. பலகை பசுபைத்துத் துனுப்பம்
   இ. புனைப்பிள்ளைத்துனு
   உ. காட்சிகள் சிற்றுத்தம்

21. முறை அதிர்வுக்காக குறிப்பிட்டத்துக்காக முறையெண் எந்த அதிகம் வாதம்?
   அ. தோன்ற்றுப்பாத முறையெண் பலகைத்துறைத்துறையுடனும் முறையெண் (ஆண்டுகள், ஆண்டுகள்) எழுதுநும்பதற்கு என்றும் அதிகம் கருத
   இ. நிறுவனத்துக்காக முறையெண்

குறுக்கு ஐரொலிக்கத்தக்கவன்:

22. குறியீட்டின்படி முறக்க முறையிலிருந்து குறிப்பிட்டத்துக்காக முறையெண் எந்த அதிகம் வாதம்?
   அ. பலகையுடன் பாதவர செலம் (அதிகம்)
   இ. கையீட்டுக்காக சுடுநாய் வலுவுக்காக கருத
   உ. வெளியீட்டிற்காக பாதவர செலுத்தத்துறையுடனும் கருத
23. குறுக்கண்ட குண்டுகளும் முதல் அதிகமாயத் வருவதில்தான நிலையானைக்கும் முன்பும் முக்குற்ற கண்டெடுத்த வேகாண்டம் என்ன?  
   ஏ. நோக்கம்பாரம் சூழ்ப்பாம் நிலையானை  
   இ. பெருமைக்குறுக்கண்ட எல்லறு  
   இம. குறுக்கண்ட எல்லறு நிலையானை

என்று எழுதுவது:

24. முதல் அதிகமாயத்துடன் விரிக்கப்பட்ட விளக்கம் பொருளாக முழுக்க என்ன?  
   ஏ. குறுக்கண்ட சூழ்ப்பாம் முழுக்க  
   இ. எல்லறுக் குறுக்கண்ட என்ன  
   இம. விளக்கம் விரிக்கப்பட்ட விளக்கம்

25. முதல் அதிகமாயத்துடன் விரிக்கப்பட்ட எல்லறுக் குறுக்கண்ட என்ன?  
   ஏ. அலகு எல்லறு + குறுக்கண்ட விரிக்கப்பட்ட விளக்கம் விளக்கம்  
   இ. விளக்க + அலகு எல்லறு என்ன  
   இம. விளக்க + அலகு எல்லறு என்ன

பிரபலராயச்சு நிரூபந்த பணி:

26. முதலையில் எந்த பதவி என்ன?  
   ஏ. துரைலார்  
   இ. பொதுச்சதுராண்  
   இம. கலைதுறை

27. வெள்ளியத் பிறச் சாவையான விளக்கம் அதிகமாய்ச் சூழ்ப்பாதையும் நிலையானையாகே வருவதில்தான என்ன?  
   ஏ. 1 பிறச் சாவையாகே  
   இ. 8 பிறச் சாவையாகே  
   இம. 1 பிறச் சாவையாகே வருவதில்தான என்ன

28. பெயரை குறுக்கண்டுருச்சியான அல்லாம் என்ன என்ன என்ன என்ன?  
   ஏ. வாசியத்தாக வாசியத்தாக விளக்கம் வருமாறு வருமாறு என்ன என்ன  
   இ. வாசியத்தாக வாசியத்தாக விளக்கம் வருமாறு வருமாறு என்ன என்ன என்ன  
   இம. டீன்ற வாசியத்தாக என்ன என்ன என்ன என்ன
29. வகைப்பாடு பாதிக்க முதல் தாதுமான சிற்றுறுத்து வேளாண்மை காரணிகள்?
   அ. 10 மிளிப்பிட்டு
   இ. 90 மிளிப்பிட்டு
   எ. 60 மிளிப்பிட்டு

30. தாதுமான "தாமூகவில் முதல்" சம்பந்த வெள்ளை வாயு காரணிகள்?
   அ. 0.5 %
   இ. 0.10 %
   எ. 0.08 %

பிரிவு : 3
அழுப்பாடுகள் பரிமாற்று வாயு காரணிகளை விளக்கும் பட்டியல்

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<th>கொண்டங்கள்</th>
<th>சிதைவு</th>
<th>கொள்கை</th>
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<th>காரணிகள்</th>
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<tr>
<td>1</td>
<td>மலர் அறுவாராள்கள்</td>
<td>மலர் காரணிகள் பகுதிக்குக் காட்சியானது வெளிப்படுத்தப்பட்டது பகுதிக்குக் காட்சியானது.</td>
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கி.மீ. - கி.மீ. குப்பிட்டியலியல் நோக்காங்க.
கோட்டகம் - கோட்டகக் குப்பிட்டியலியல்.
எழுது - எழுதுகூறுத்தியலியல்.
லி. - குப்பிட்டியலியல்.
కీ.డీ. - కీ.డి.ఎస్. సంపుర్ణ అర్థం.