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Prevalence of Alcohol Consumption and Knowledge on its Consequences among Young Adult in Ward Number Five at Kachan Kawal Municipality, Nepal

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Abstract

The harmful use of alcohol causes many disease, social and economic burden in societies. The harmful use of alcohol ranks among the top risk factors for disease, disability and death through world. youth, who start drinking before age 15 years are six time more likely to develop alcohol dependence or abuse later in life than those who begin drinking at or after age 20 years. Aim of the study is to find out the prevalence of alcohol consumption and knowledge on its consequences among young adult (19-39 years) young adult in ward number 5 at Kachan Kawal Municipality, Jhapa. Descriptive cross sectional research design was used in this study. Non probability purposive sampling technique was used to select 50 young adult and semi -structured interview schedule was used to collect data. Data analysis was done on SPSS version 20.0. Descriptive statistics i.e. frequency, mean and standard deviation and inferential statistics i.e. chi square test was used to find the association between dependent and independent variable The finding of the present study revealed that out of 50 respondent 70% had current drinker, with male 44% outnumbering female 24%. Among those consumed alcohol 83.33% have used it before the age of 20 years. More than half of the respondents had been good knowledge on consequences of alcohol consumption i .e 56.0% and 44.0% had poor knowledge. It was concluded that alcohol consumption was high among male than female. There is association

between level on knowledge on consequences and alcohol consumption and socio demographical variables.

Keywords: prevalence, young adult, knowledge on alcohol consumption, consequences

Introduction

Alcohol is a psychoactive substance with dependence producing properties that has been widely used in many cultures for centuries. The use of alcoholic beverage has been an integral part of many cultures for thousands of years. Some people in Nepal generally believed that alcohol is a medicine for cold, pain, tension, and tiredness and some also believed that the celebration, parties and festivals are success if alcohol is provided. Nepal is a multicultural multi ethical country; Nepal is largely seen as ambivalent society regarding alcohol use (Maharjan & Magor, 2017).

Recent evidence suggests that the harmful use of alcohol causes much disease, social and economic burden in societies and the top risk factors for disease, disability and death through world. Youth, who start drinking before age 15 years are six time more likely to develop alcohol dependence or abuse later in life than those who begin drinking at or after age 20 years. Production, sale and consumption of alcohol are ever on the increase (Manandhar, Shrestha & joshi, 2017).

Alcoholism is the major problem in worldwide in which three million death every result from harmful use of alcohol, this represent 5.3% of all deaths. The harmful use of alcohol is causal factors in more than 200 disease and injury condition. Overall 5.1% of the global burden of disease and injury as measured in disability adjusted life years. Alcohol consumption causes death and disability relatively early in life in the age, group 20-39 years approximately 13.5% of the total death are alcohol attributable. There is a causal relationship between harmful use of alcohol and a range of mental a behavioral disorder, other non-communicable condition as well as injuries (World health Organization [WHO], 2018).

Prevalence of alcohol use in India reported to be 21.4% .since 1980s alcohol consumption has been steadily increasing in developing countries like India and decreasing in developed countries. Now, a day there is increasing intake in various strata of society. There has been a rapid change in pattern & trends of alcohol use in India (D'SA et al., 2016). Alcohol consumption patterns among adults are 15-69 years 79.2% of were life time abstainers, with

significant differences between men and women. Only 4% 23.9% of adult (38.6% men, 10.8% of women) were current drinkers. 6.8% of adults engaged in heavy episodic drinking (WHO, 2019). The study offers some important insights into alcohol use among boys than among girls ($p = 0.03$). The study also highlight that the alcohol user was significantly more frequent among students from the urban areas than those who belong to the rural areas (11.5% versus 4.9%; $P = 0.002$) (Ben El Jilali et al., 2020).

A cross sectional, descriptive study on prevalence of alcohol consumption among higher secondary school student in Theni district, Tamil Naduon, August 2016. Total 500 student were analyzed with a response rate of 94% ($n=470$). The overall prevalence of alcohol user was found 31.06%. Nearly 70% had the possibility of alcoholism and should be investigated further for severity of alcohol use, 30% had impaired control over drinking almost daily and 17 % had injury or injured someone because of drinking (Shankareswari et al., 2020).

Methods and Materials

Quantitative descriptive, cross-sectional study was adopted to assess the prevalence of alcohol consumption and knowledge on its consequences among young adult of kachan kawal-5, Jhapa, Nepal. This study was conducted in Kachan Kawal rural Municipality wards -5, Provenance -1, Jhapa district of Mechi zone in the Terai region. According to data from ward office, there are 1140 households and total population 6,500 people. There are different cultural. Study population was young adult (19-39 years) male and female in ward number 5 at Kachan Kawal Municipality, Jhapa. Non probability purposive, sampling technique was used in order to select a research setting.

Sample Size

Sample size was calculated based on Cocher's formula

i.e sample size (n) = z^2pq/d^2

$z = 1.96$ at 95% Significance level

$P = 56\% = 0.56$ prevalence of alcohol consumption and factors associated with the alcohol use among the youth of Surya Binak Municipality, Bhaktapur (Maharjan & Magar, 2017).

$q = 1 - p = 1 - 0.56 = 0.44$

$d =$ allowable error ($14\% = 0.0225$).

Error was increased to 14 and 10% as non - response rate. Therefore the desired sample is 53 but no response rate is 3.

Inclusion Criteria

Only the young adult both male and female of Kachan Kawal -5, Jhapa was included those who was willing to participate in this study.

Instrumentation

Semi structured interview schedule was used to collect data on the basis of the objective of after studying various literatures and consulting subject expert, colleague discussion and research advisor. Tools were divided into 3 distinct parts which are follows: Part I: Consists of items related to socio-demographic related variables including Age, Sex, Education, Religion, Ethnicity, and Occupation. Part II: Consists of items related to prevalence of alcohol consumption including multiple response and dichotomous (yes/no) questionnaires. Part III: This part was consist of existing knowledge on consequences of alcohol consumption including semi-structured multiple responses and dichotomous (yes/no). It was involved to assess the level of knowledge on consequences of alcohol consumption. Then the level of knowledge classified, according to median score. The validity of this study, literatures were reviewed for the construction of questions and the draft was consulted with the researcher supervisor and subject expert. The questionnaires were developed on the basis of objective of the study. Pretest was done on 10% of sample size for corrective purpose and this population was not include in data collection and modification was done according to the need and advice. Question was formulated in English and then Nepali with the subject expertise.

Ethical Consideration and Safety Precautions

This study does not involve the use of any animal or human data or tissue, so it is not applicable” in this study. Although, ethical principal was maintained throughout the study. Approval for data collection was taken from administrative department and research management committee of Biratnagar Nursing Campus, TUlOM by presenting the proposal. Then All faculties members and research committee was reviewed the study of its risks and benefits to the participants. Written informed consent was taken from each respondent. Privacy and confidentiality of information of information of all the respondents was maintained throughout the study by not disclosing their identity. Respondent was participated in individually. Necessary information was given after collection of data.

Data Collection Procedure

The data was collected for two weeks periods i. e 3 January, 2021 to 16 January, 2021 among young adult of Kachan Kawal, Jhapa. The respondents were explained about the nature and purpose of study before start. Only the researcher was involved in data collection process using. For each household only one individual was taken for data collection procedure (who was contact first and youngest). Male and female was taken alternatively. Contamination was reduced by placing the male/female separately in appropriate time. Researcher should inform the person it was taken 20-25 minutes. At the end of data collection, the questionnaires was collected and checked for its completeness and consistency.

Data Analysis procedure

After the data collection, collected data was checked daily for its completeness. All the data was kept in order for edited and coding. Data processing was done .The coded data was entered, cleaned and tabulated using the Statistical Package for Social Science (SPSS) version 22. Data was analyzed by using descriptive statistical method such as frequency, percentage, mean and standard deviation. Inferential statics was used as Chi-square. The finding of the study was presented on text and tubular.

Result and Discussion

Table 1 represents the socio-demographical characteristics of respondents in which over all mean and standard deviation of the age of the respondents was 27.6 ± 6.67 . Among 50 respondents, nearly three fourth of the respondents i. e 70.0% were 19-29 years age group. Among 50 respondents were (50%) of them male and (50%) were female. Most of them followed Hindu religion (86.0%) with Janajati ethnicity (86.0%). Similarly, half of the respondents (54. 0%) were secondary level educated only (14.0%) were higher secondary and above. Nearly half of the (40%) respondents was others occupation. Table 2 illustrates, nearly half (48.0%) of the respondents said that they consumed alcohol. More than half (52.0%) of the respondents were not consumed alcohol. Among 24 respondents (83.33%) were started drink from the age of below <20 while only (16.66%) above >20 year age. when asked about the first reason for alcohol consumption (37.50%) of the respondent said by culture and (20.83%) from peer pressure only (4.16%) by fashion. In pattern of the drinking, former drink (14.0%) and current drinker (34.0%). Among 24 nearly half of respondents (47.05%) one time per day among them. Only (23.52%) of the respondents consumed alcohol more than 120 ml, (29.42%) were

consumed 60-90 ml. More than (76.47%) of the respondents consumed beer, only (11.76%) were consumed whisky/Vodka/Brandy/Rum. More than three fourth (76.47%) of the respondents consumed at home and only about one third (23.52%) by shop. Table 3 shows that, total 50 of the respondents more than one fourth 17 (34.0%) respondents were current consumer among them, nearly three fourth (73.5%) of the respondents' were between 30-40 years age group and (24%) were female and (44%) male. More than one fourth (39.5%) of the respondents followed Hindu religion and Janajati ethnicity. Only 11(40%) of the respondents were secondary level of educated. More than one fourth 5(33.3%) of the respondents were labour and 1 (25%) service.

Table 4 depicts that, all most all of the (96.0%) respondents answered motor vehicle accident of early consequences of alcohol consumption; nearly half of the respondents (46.0%) said alcohol poisoning. Late consequences, most of the respondent (80.0%) answered liver disease and half of the respondents (54.0%) said cancer. All most all (96.0) of the respondents answered fight and quarrel as social consequences of alcohol consumption. Most of the (92.0%) of the respondents answered short term memory loss of the mental effects of heavy alcohol consumption. Nearly half (44.0%) of the respondents answered yes to the question of heavy alcohol consumption lead reproductive problems. Table 5 represents the level of knowledge of respondent on consequences of alcohol consumption. It shows that more than half (56.0%) of the respondents had good knowledge on consequences of alcohol consumption. Table 6 shows significant relationship between socio- demographic variables and knowledge on consequence of alcohol consumption. Relationship between sex, religion and knowledge on consequences of alcohol consumption and was found to be significant as p-value was 0.023, and 0.028 where, there was no significant relationship of knowledge with age, education, occupation.

Table 1

Socio-demographic Characteristic of the Respondents

n=50		
Characteristics	Frequency (f)	Percent (%)
Age		
19-29	35	70.0
30-40	15	30.0
Mean ± S.D (27.6±6.67)		
Sex		

Male	25	50.0
Female	25	50.0
Religion		
Hinduism	43	86.0
Islam	7	14.0
Ethnicity		
Janajati	43	86.0
Muslim	7	14.0
Education		
Primary	16	32.0
Secondary	27	54.0
Higher secondary and above	7	14.0
Occupation		
Labour	15	30.0
Agriculture	11	22.0
Service	4	8.0
others*	20	40.0

Others include house Makers, Business and Students*

Table 2

Prevalence of Alcohol Consumption

		n=50
Variables	Frequency (f)	Percent (%)
Have you ever consumed alcohol		
Yes	24	48.0
No	26	52.0
Pattern of alcohol consumption (n=24)		
Former drinker	7	29.16
Current drinker	17	70.83
Starting age(n=24)		
<20	20	83.33
≥20	4	16.66

Reason of alcohol consumption(n=24)		
Peer pressure	5	20.83
Culture	9	37.50
Stress	3	12.50
Fashion	1	4.16
Curiosity	6	25
Frequency of alcohol consumption in current drinker (n=17)		
1 times per day	8	47.05
1 to 5 times per week	2	11.76
1 to 5 times per month	5	29.41
1 to 5 times per year	2	11.76
Amount of drink at a time (n=17)		
30-60 ml	3	17.64
60-90 ml	5	29.42
90-120 ml	5	29.42
More than 120 ml	4	23.52
Types of alcohol * (n=17)		
Chang/jaad	7	41.17
Beer	13	76.47
Homemade rakshi	10	58.82
Whisky/Vodka/Brandy/Rum	2	11.76
Place of drink* (n=17)		
Home	13	76.47
Friends house	11	64.70
Hotel	5	29.41
Shop	4	23.52
Offer for alcohol (n=17)		
Purchased it alone	11	64.70
Friends	6	35.29

(*Multiple Response questions, each response is considered as 100 %

Table 3

Socio demographic Characteristics of the Respondents with Alcohol Consumption

n=50

Variables	Currently consuming alcohol (n=17)	
	Yes	No
Age		
19-29	6(17.1%)	29(82.9%)
30-40	11(73.3%)	4(26.7%)
Sex		
Male	11(44%)	14(56%)
Female	6(24%)	19(76%)
Religion		
Hindu	17(39.5%)	26(60.5%)
Islam	-	7(100%)
Ethnicity		
Janajati	17(39.5%)	26(60.5%)
Muslim	-	7(100%)
Education		
Primary	4(25%)	12(75%)
Secondary	11(40.7%)	16(59.3%)
Higher secondary and above	2(40%)	5(60%)
Occupation		
Labor	6(33.3%)	10(66.7%)
Agriculture	4(40%)	6(60%)
Service	1(25%)	3(75%)
Others	6(30%)	14(70%)

Table 4

Knowledge on Consequences of Alcohol Consumption

n=50

Variables	Frequency(f)	Percent (%)
Early consequences *		
Motor vehicle accident	48	96.0
Vomiting	39	78.0
Violence	33	66.0
Alcohol poisoning	23	46.0
Late health consequences *		
Liver disease	40	80.0
Heart disease	35	70.0
Lung disease	32	64.0
Cancer	27	54.0
Is it good to drive while drinking alcohol		
Yes	2	4.0
No	48	96.0
Social consequences *		
Fight and quarrel	48	96.0
Disturbance in family member	45	90.0
Economic problem	39	78.0
Unemployment	22	44.0
Change personality		
Yes	19	38.0
No	31	62.0
cause mental illness		
Yes	30	62.0
No	20	38.0
Mental effects * (n=30)		
Short term memory loss	30	100.0
Mood changes	30	100.0

Anxiety	19	63.33
Sleep disturbance	16	53.33
Reproductive problem by alcohol		
Yes	22	44.0
No	28	56.0
If yes, then sorts of problem * (n=22)		
Irregular menstruation	19	86.0
Reduce fertility	16	72.0
Alter in hormone	11	50.0

(*Multiple Response questions, each response is considered as 100%

Table 5

Level of Knowledge of the Respondents

n=50

Variables	Frequency (f)	Percent (%)
Good knowledge	28	56.0
Poor knowledge	22	44.0

Table 6

Association between level of Knowledge and Socio-demographic Characteristic

n=50

Variables	Level of knowledge		P value
	Good	Poor	
Age			
19-29	21(42%)	14(28%)	0.330
30-40	7(14%)	8(16%)	
Sex			
Male	10(20%)	15(30%)	0.023
Female	18(36%)	7(14%)	
Religion			
Hindu	20(40%)	21(42%)	0.028

Islam	8(16%)	1(2%)	
Ethnicity			
Janajati	22(44%)	21(42%)	0.880
Muslim	6(12%)	1(2%)	
Education			
Primary	8(16%)	8(16%)	0.822
Secondary	15(30%)	12(24%)	
Higher secondary	5(10%)	2(4%)	
Occupation			
Labour	7(14%)	8(16%)	0.338
Agriculture	5(10%)	6(12%)	
Service	3(6%)	1(2%)	
Others	14(28%)	6(12%)	

**p-value significant i. e < .05.*

The main aim of the study is to assess the prevalence of alcohol consumption and knowledge on its consequences among young adult of Jhapa, District. This study revealed that among 50 study respondents mean and standard deviation of age was (27.6±6.67) which was similar to the finding conducted in Kathmandu valley among 422 which showed the mean and standard deviation (38.53±13.78). This study revealed that 50% of study respondent equal male and female both which is similar to the finding of the cross sectional study conducted in Nigeria by Eze et al. medicine (2017). Likewise, in this study more than three fourth of the respondents 82% belonged to Hindu and 86% were Janajati. Which is support to finding reported in cross sectional study conducted on prevalence & predictors of alcohol consumption among the squatter of Kathmandu valley by Thapa et al. (2016) in which among 422 respondents, 67.7% belonged to Hindu and 75% were Janajati. This study showed that out 50 respondents, 2% had life absent riser, 14% former drinker, 34% current drinker. This is similar finding to the study conducted on alcohol consumption pattern in western Nepal by Adhikari et al. (2019). This showed that among 2815 respondents, 64% were life time absentrisher, 8.0% were former drinker and 27 %were current drinker. The finding may be similar due to the socio-demographical factors as well as study setting. The study revealed that three fourth of the respondents 76.47% preferred beer, 11% whisky/vodka/brandy/rum. This is similar finding to the study on prevalence of alcohol use

among high school students, the pattern of consumption and physical circumstance associated with alcoholism in an urban area of Kerala, India by Mini et al. (2017) which showed that among 300 students, 71.4% were preferred beer, 18 % whisky/vodka/brandy/rum. The study represented that more than three fourth of the respondents 76% drink at home and 64% at friends house. This result is similar finding to the study conducted on prevalence and predictors of alcohol consumption among the squatter of Kathmandu Valley by Thapa et al. (2016) which showed among 422 respondents, 75% drink at home and 58% at friend's house. Similar results may be due to socio demographical factors. The study revealed that only 12% of the respondent's consumed first alcohol due stress and 25% curiosity. This result is similar finding to the study conducted on prevalence of alcohol consumption among higher secondary school students in Theni district, Tamil Nadu by Shankareswari et al. (2020) in which among 470 students, 15% due to stress and 10% by curiosity. The study showed that three fourth 75% of the respondents felt guilt about drink. This result is similar finding to the study conducted on prevalence alcohol consumption and knowledge about at Bhimtar, sidhupalchowk by Manandhar et al. (2017) in which among 232 showed that 67% of the respondents felt guilt about drinking. This result finding may be similar due to similar setting. The study represented that nearly third-fourth of the respondents 70% stated that alcohol could cause heart disease which is similarly to the study conducted on alcohol knowledge and consumption among medical students in Lagos, Nigeria by (Odeyemi et al., (2014) in which 81.7% among 240 students.

This study showed that more than half of the respondents 66.0% had answered early consequences of alcohol consumption was violence. This result is similar finding to conducted study on awareness and correlates of short term & long term consequences of alcohol user among Australian drinkers by Coomber et al. (2017) in which 60% among 1061 respondents. This study revealed that the awareness on consequences of alcohol consumption more than one fourth 32% answered in sleep disturbance, 80% liver disease and 32% reduce fertility. This is dissimilar to the finding reported in a study on alcohol consumption and awareness of its effects on health among secondary school students in Nigeria by Eze et al. (2017) among 1302 students. In which were 48% sleep disturbance, 48.8% liver disease and 50% reduce fertility. This finding is dissimilar may be due to the large study population as well as education level.

Conclusion

This study was only one setting only 50 samples. Although, it would be better to large scale study. The finding of the study concluded that three fourth of the respondents had current drinker and more than half of the respondents had good level of knowledge on consequences' of alcohol consumption. There is association between knowledge on consequences' of alcohol consumption and socio-demographical variables

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References

- Adhikari, B.T., Rijal,A., Kallestrup, P. & Neupane, D. (2019). *BMCpsychiatry*.<https://doi.org/10.1186/55/2883-014-224-7>.
- Ben El Jilali, L., Benazzouz, B., El Hessni, A., Ouichou, A., & Mesfioui, A. (2020). Prevalence of alcohol consumption and alcohol use disorders among middle and high school students in the province of Khemisset, Morocco: a cross-sectional study. *International Journal of Adolescence and Youth*, 25(1), 638-648.<https://www.tandfonline.com/doi/full/10.1080/02673843.2019.1700807>.
- Chikere, E. I., & Mayowa, M. O. (2011). Prevalence and perceived health effect of alcohol use among male undergraduate students in Owerri, South-East Nigeria: a descriptive cross-sectional study. *BMC Public health*, 11, 1-6. <http://doi.org/10.1186/147-2458-11-118>.
- Coomber, K., Mayshak, R., Curtis, A., & Miller, P. G. (2017). Awareness and correlates of short-term and long-term consequences of alcohol use among Australian drinkers. *Australian and New Zealand journal of public health*, 41(3), 237-242.<https://onlinelibrary.wiley.com/doi/full/10.1111/1753-6405.12634>.
- D'SA, J. R., Shetty, S., Shahina, V., Sahu, S., Prabhakar, S., Kundapur, R., & Kiran, K. G. (2016). Awareness of alcohol among adolescents and young adults' ofMangalore. *Journal of Health and Allied Sciences NU*, 6(01), 042-044. DOI: 10.1055/s-0040-1708615.
- Eze, N. M., Njoku, H. A., Eseadi, C., Akubue, B. N., Ezeanwu, A. B., Ugwu, U. C., & Ofuebe, J. I. (2017). Alcohol consumption and awareness of its effects on health among secondary school students in Nigeria. *Medicine*, 96(48). Doi: [10.1097/MD.00000000000008960](https://doi.org/10.1097/MD.00000000000008960).
- Kumar, R., Luthra, R., & Hathi, M. R. (2018). An epidemiological study on alcohol consumption and knowledge of its harmful effects on human health among rural adult population of

- adopted villages covered under field practice area of a private medical college in Udaipur, Rajasthan. *Intl. J. of Community Medicine and Public Health*, 5, 4881. DOI: <https://doi.org/10.18203/2394-6040.ijcmph20184588>.
- Maharjan, P. I., & Magor, K.T. (2017). Prevalence of Alcohol consumption and Factor Associated with the Alcohol use among the youth of Suryabinayak Municipality, Bhaktapur. *Journal of pharmaceutical care & Health system*. DOI:104172/2376-0410.1000168.
- Manandhar, N., Shrestha, M. V., & Joshi, S. K. (2017). Prevalence of alcohol consumption and knowledge about alcohol at Bhimtar, Sindhupalchowk. *JNMA J Nepal Med Assoc*, 56(207), 293-7. <https://www.researchgate.net/profile/Sunil-Kumar-Joshi/publication/320382803>.
- Mini, S. S., Anuja, U., Shaheer, Khan. S. & Shameel, K. K. (2017). Prevalence of Alcohol Use among High School Students, the Pattern of Consumption and the Physical Circumstances Associated with Alcoholism in An Urban area of Kerala, India. *International Journal of community Medicine Public Health*; 4(3), 738-742. DOI: <http://dx.doi.org/10.18203/2394-6040.ijcmph20170750>.
- Ministry of Health, Nepal, New New Era, & ICF (2007). *Nepal Demographic and Health survey 2016*. Ministry of Health, Nepal. <https://www.dhsprogram.com/pubs/pdf/fr336/fr336.pdf>.
- Nepal Health Research council (NHRC), World Health Organization [WHO] (2019). *Non Communicable Disease Risk Factors: STEPS Survey Nepal*. MoHP. <https://nhrc.gov.np/wp-content/uploads/2019/11/National-Factsheet-English-1.pdf>
- Odeyemi, K., Odeyemi, B., & Olatona, F. (2014). Alcohol knowledge and consumption among medical students in Lagos, Nigeria. *Universal Journal of Public Health*, 2(4), 131-136. DOI: 10.13189/ujph.2014.020404.
- Ravi, S., Kishore, S., Pasi, R., & Verma, N. (2019). Prevalence of Alcohol Consumption Among Adult & Elderly - a community based study in Uttarkhand. *India Journal of community Health*, 31(1), 118-122. <https://doi.org/10.47203/IJCH.2019.v31i01.019>.
- Shankareswari, S., Jayapriya, B., Sandeep, K. & Lourdujafrin, A. (2020). A study on prevalence of alcohol consumption among higher secondary school students in Theni district, Tamil Nadu. *International Journal of Basic & Clinical Pharmacology*, 9(2), 226-232. <https://doi.org/10.18203/2319-2003.ijbcp20200168>.
- Tamkar, N. (2018). Alcohol expectancies among student in the city of pokhara, Nepal. *public Access theses and Dissertation from the Collage of Education and Human Science*. 322. <https://digitalcommons.unl.edu/cehsdiss/322>.
- Thapa P., Mishra S. R., Pandey A. R., Belbase P., Acharya C., Bista B., Ghimire N., & Aryal K. K. (2016). Prevalence and Predictors of Alcohol Consumption among the Squatter of

Kathmandu Valley. *Journal of Nepal Health Research Council*.

<https://doi.org/10.33314/jnhrc.v0i0.720>

WHO (2019). Nepal STEPS Survey 2019 Alcohol Consumption and Policy Fact Sheet, (2019) .

<https://nhrc.gov.np/wp-content/uploads/2019/11/Alcohol-Factsheet.pdf>.

World Health Organization [WHO] (2018). *Global status report to Alcohol and health in Geneva,*

Switzerland. The World Health Organization. [https://www.who.int/](https://www.who.int/publications/i/item/9789241565639)

[publications/i/item/9789241565639](https://www.who.int/publications/i/item/9789241565639).