

A Study to Assess the Knowledge and Attitude of Alcoholics Regarding Rehabilitative Services in Selected Rural Communities, Bangalore in a View to Develop Informational Pamphlet on Rehabilitative Services

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Abstract

The prevalence of alcoholism is increasing globally, necessitating the need for awareness about available rehabilitative services among affected individuals. This study aimed to evaluate the knowledge and attitude of alcoholics regarding rehabilitative services in selected rural communities, Bangalore, with the ultimate goal of developing an informational pamphlet to enhance their knowledge. A non-experimental descriptive correlation design was employed, and a structured questionnaire with a 3-point Likert scale was used to collect data from 90 alcoholics selected through non-probability convenience sampling technique in selected rural communities under Sulikere PHC, Bangalore. Results showed that the overall mean knowledge and attitude scores of the alcoholics were 14.46 ± 3.28 and 25.19 ± 4.22 , respectively, indicating moderate levels of knowledge and attitude towards rehabilitative services. Statistical analysis revealed significant associations between knowledge and demographic variables, including age, educational status, occupation, family income, source of information, family history of alcoholism, and duration of alcohol consumption habit ($p < 0.05$). The findings of this study highlight the need for targeted interventions to enhance the knowledge and attitude of alcoholics regarding rehabilitative services, ultimately facilitating their recovery and rehabilitation.

Keywords: Assess; knowledge; Attitude; Alcoholics; Rehabilitative Services.

Introduction

Alcoholism is a chronic, progressive, and potentially life-threatening disease. It is a distinct clinical entity, rather than a symptom

of an underlying medical or emotional condition. The biochemical properties of alcohol enable it to exert widespread effects

on various cell types throughout the body, including those within the central nervous system.¹

Chronic alcoholism causes severe health problem like liver disorder, gastrointestinal problem, diabetes, skin, muscle, bone disorder and reproductive problem. Prolonged heavy use of alcohol can lead to addiction.

Extensive alcohol intake is likely to produce withdrawal symptoms including severe anxiety, tremor, hallucination and convulsion. In addition Mother who drinks alcohol during pregnancy may give birth to infant with fetal alcohol syndrome. These infant may suffer from mental retardation and other irreversible physical abnormalities.²

Moderate drinking is defined as equal to or less than two drinks a day for men and one drink a day for women. Hazardous drinking puts people at risk for adverse health events. People who are heavy drinkers consume more than 14 drinks per week.³

Drinking is considered harmful when alcohol consumption has actually caused physical or psychological harm. People with alcohol abuse have one or more of the alcohol-related problems over a period of 1 year like Failure to fulfill work or personal obligations, recurrent use in potentially dangerous situations.⁴

When a person drinks alcohol, the alcohol is absorbed by the stomach, enters the blood stream, and goes all the tissues. The effect of alcohol are dependent on a variety of factors , including a person's Size, weight, age, and sex, as well as the amount of food and alcohol consumed . The effect of alcohol Intake include dizziness and talkativeness; the immediate effect of a larger amount of alcohol

Includes slurred speech, disturbed sleep, nausea, and vomiting. Alcohol even at low doses may significantly have impair the judgment and coordination required to drive a car safely. Low to moderate doses of alcohol can also increase the incidence of variety of aggressive acts, including domestic violence and child abuse⁵.

Depending on the scope of the program, alcohol rehabilitation refers to the medical, psychotherapeutic, educational, and/or social treatment processes required for alcoholism recovery. With successful alcohol rehabilitation, a problem drinker will be able to eliminate the following problems from his or her life: alcohol poisoning, DUIs, binge drinking, and alcohol overdose⁵.

Objectives

- To assess the knowledge of alcoholics regarding rehabilitative services.
- To assess the attitude of alcoholics regarding rehabilitative services.
- To correlate knowledge and attitude of alcoholics regarding rehabilitative services.
- To associate knowledge and attitude of alcoholics regarding rehabilitative services with their demographic variables.

Hypotheses

- H₁**- There is a significant correlation between knowledge and attitude of alcoholics regarding rehabilitative services.
- H₂**- There is a significant association of knowledge and attitude of alcoholics regarding rehabilitative services with their selected demographic variables.

Operational Definition

- **Alcoholics:** refers to an individual who consumed any alcoholic drink between 6-12 months. (Every day/nearly every day/three or four times a week).
- **Knowledge:** refers to the level of understanding regarding rehabilitative services such as individual counselling, group therapy, behavioural therapy, and alcoholic detoxification, alcoholic anonymous related to alcoholism.
- **Attitude:** refers to views and opinion of alcoholics towards rehabilitative services individual counselling, group therapy, behavioural therapy, alcoholic detoxification, alcoholic anonymous related to alcoholism

Research Methodology

Research methodology is a systematic procedure which the researcher starts from the initial identification of the problem to its final conclusions. The role of methodology consists of procedures and techniques for conducting a study

Research design

The research design used in the study was non- experimental descriptive correlation design.

Variable under Study

- **Study Variables:**
Knowledge and attitude of alcoholics regarding rehabilitative services
- **Demographic Variables:**
such as Age, Education, Occupation, Income, Marital status, Type of family, source of information, any family history of Alcoholism, duration of drinking, any physical illness associated with alcoholism, history of treatment.

Sample

Sample for the study will be 90 Alcoholics who are fulfilling the inclusion criteria.

Sampling technique

Non probability convenience sampling technique was adopted to select the samples

Description of the tool

Based on the review of literature, discussion with the experts and with the investigator's personal and professional experience, a structured questionnaire consisting of 26 items of multiple choice questions was formed.

The tool consists of 3 sections:-

Section A:structured interview schedule to assess the demographic data of alcoholics consisting of Age, Education, Religion, Marital status, Type of family, occupation, Income, source of information, any family history of Alcoholism, duration of drinking, any physical illness associated with alcoholism, history of treatment.

Section B: Structured interview schedule to assess the knowledge of alcoholics regarding rehabilitative services.

Section C: 3 point Likert scale to assess the level of attitude of alcoholics regarding rehabilitative services.

Plan for data analysis

Descriptive statistics:

- Frequency and percentage distribution was used to analyze demographical data of alcoholics.
- Mean and standard deviation was used to analyze the knowledge and attitude of Alcoholics regarding rehabilitative services.

Inferential statistics:

- Chi square was used to compute the association between knowledge and attitude of alcoholics with their selected demographic variable.
- Karl Pearson’s correlation was used to find out correlation between knowledge and attitude of Alcoholics regarding rehabilitative services.

Procedure for Data Collection:

Data collection is the gathering of information needed to address a research problem. The main study data collection was done in 2022. The total sample of main study consisted of 90 Alcoholics in Bangalore rural area, Hosa Bairohalli, Doddabasti,. Data was collected from the sample through structured interview schedule after obtaining consent from the participants. Each sample data collection last for about 20-30 minutes.

Results

Table 1: Demographic profile of Alcoholics

Sl. No	Demographic variables	Frequency (f)	Percentage (%)
1.	Age (years)		
a.	25– 35 years	32	35.6
b.	35 – 45 Years	30	33.3
c.	45 – 55 years	28	31.1
2.	Marital status		
d.	Unmarried	20	22.2
e.	Married	62	68.9
f.	Widower	8	8.9
g.	Divorced	-	-
3.	Education		
a.	No formal education	16	17.8
b.	Primary school	28	31.1
c.	Secondary school/P.U.C	32	35.6
d.	Graduation/ post-graduation	14	15.5
4.	Occupation		
a.	Labourer	29	32.2
b.	Pvt. Employee	21	23.3
c.	Govt. Employee	5	5.6
d.	Self employee	10	11.1
e.	Unemployed	25	27.8
5.	Family income (Rs/month)		
a.	Less than or equal to 3000	20	22.2

b.	3001-6000	40	44.4
c.	6001-9000	19	21.2
d.	Greater than or equal to 9001	11	12.2
6.	Source of information about rehabilitative services		
a.	Health personnel	16	17.8
b.	Informational aids/ mass media	37	41.2
c.	Family & friends	8	8.8
d.	None	29	32.2
7.	Family history of alcoholism		
a.	Yes	20	22.2
b.	No	70	77.8
8.	Duration of habit of alcohol consumption		
a.	0-6 months	12	13.3
b.	7-12 months	15	16.7
c.	More than one year	63	70.0
9.	Do you consume alcohol every day		
a.	No	59	65.6%
b.	Yes	31	34.4%
10.	Physical illness associated with alcoholism		
a.	No	88	97.8
b.	Yes	2	2.2

Table 2: Distribution of alcoholics according to level of knowledge regarding rehabilitative services. N=90

Sl. No	Level of knowledge	Number	%
1	Inadequate knowledge	24	26.7
2	Moderately adequate knowledge	63	70.0
3	Adequate knowledge	3	3.3
4	Over all	90	100

The data presented in the table reveals a significant variation in the knowledge levels of the 90 alcoholics surveyed. Specifically,

the majority (70%, n=63) demonstrated moderately adequate knowledge, while 26.7% (n=24) exhibited inadequate knowledge, and a minority (3.3%, n=3) possessed adequate knowledge.

Table 3: Assessment of attitude of alcoholics regarding rehabilitative services. n=90

Sl. No	Level of attitude	Number	%
1	Unfavourable attitude	11	12.2
2	Moderately favourable attitude	70	77.8
3	Favourable attitude	9	10.0
4	Over all	90	100

The data presented in the table indicate that among the 90 alcoholics surveyed, a significant majority (77.8%, n=70) exhibited a moderately favorable attitude, whereas a smaller proportion (12.2%, n=11) displayed an unfavorable attitude, and a minority (10%, n=9) demonstrated a favorable attitude.

Table 4: Correlation between the knowledge and attitude of alcoholics regarding rehabilitative services

n=90

Variable	Attitude	
	r	p-value
Knowledge	0.631*	P<0.01

Note: *- Significant at 1 % level ie., (p<.01)

Findings

The result of the study indicates that the knowledge levels of the 90 alcoholics surveyed were distributed as follows: 26.7% (n=24) exhibited inadequate knowledge, 70.0% (n=63) demonstrated moderately adequate knowledge, and 3.3% (n=3) possessed adequate knowledge.

Regarding attitude, the results showed that 77.8% (n=70) of the alcoholics displayed a moderately favorable attitude, 10.0% (n=9) exhibited a favorable attitude, and 12.2% (n=11) demonstrated an unfavorable attitude.

Furthermore, statistical analysis revealed significant correlations between knowledge levels and several demographic and clinical variables, including age, educational status, occupation, family income, source of information, family history of alcoholism, and duration of alcohol consumption habit (p < 0.05).

Conclusion

This study concludes that a significant proportion of the alcoholic population (70.0%) exhibited moderately adequate knowledge regarding their condition. Moreover, the majority (77.8%) displayed a moderately favorable attitude towards their situation.

Notably, a statistically significant positive correlation was observed between knowledge and attitude among the study participants, suggesting that as knowledge levels increased, attitude towards the condition also became more favorable.

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