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RESEARCH ARTICLE

A descriptive study to assess the knowledge regarding de-addiction treatment in clients with alcohol addiction in selected communities of Gurugram.

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Abstract

Aim: A descriptive study to assess the knowledge regarding de-addiction treatment in clients with alcohol addiction in selected communities of Gurugram.

Methodology: Non-Experimental descriptive design was adopted in the present study. Purposive sampling technique was used to select the sample size of 100 alcohol addict residing the selected communities of Gurugram. The assessment of knowledge was carried out using a structured knowledge questionnaire regarding the de addiction treatment in clients with alcohol addiction.

Result: The findings of the study showed that maximum (45%) clients had average knowledge regarding de addiction treatment and most (43%) of clients had poor knowledge and only very few (12%) of clients had good knowledge regarding de addiction treatment. The knowledge of the client with alcohol addiction was assessed in 5 domains i.e. concept, causes, signs symptoms, complication and management. The sample showed maximum knowledge in the area of Concept regarding deaddiction treatment while least knowledge score was shown in the domain of Causes of alcohol addiction.

Conclusion: The present study shows that sample had very less knowledge and awareness regarding de-addiction treatment therefore the health care professionals have a great opportunity to make the people aware about alcohol addiction causes, preventive measures alcohol addiction and de addiction treatment.

Background of the study:

Mental health is a level of psychological well-being or an absence of mental illness. It is the "psychological state of someone who is functioning at a satisfactory level of emotional and behavioural adjustment". Positive mental health allows people to realize their full potential; cope with stresses of life; work productively and make meaningful contributions to their community, Mental health is important in every stage of life, from childhood and adolescence through adulthood.[1]

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About 30% of INDIA'S population, just less than a third of the country's population consumed alcohol regularly (As of 2010). The average Indian consumes about 4.3 litres of alcohol per annum the rural average is much higher at about 11.4litres a year.[2]

Insomnia, Depression, Dementia, Suicide, High BP, Erectile dysfunction, Bleeding in digestive tract, Changes in Menstrual cycle, Cancer in liver, oesophagus & Colon, Anaemia, Nerve damage, Pancreatitis. These are the complications of the alcohol addiction which an alcohol addict can face.[3]

Effective treatment programs incorporate individualized treatment approaches to deal with the varying facets of addiction. And with a combination of time, quality care, and personalized strategies, every addicted individual can start on their unique path to recovery from Alcohol rehabilitation treatment Centre & by Behavioral therapy, Changes in lifestyle These all methods and some efforts can change a life an individual and he/she can continue their life afterwards without any addiction [4]

Need for the study

Alcohol consumption has been accepted social practice since time immemorial. However its, abuse is considered as world's third largest risk factor for disease and disabilities. It is a causal factor in 60 types of diseases, injuries, and a component cause in 200 other entities. Globally, 6.2% of all male deaths are attributes to alcohol, compared to 1.1% of female deaths.[5]

There is a spectrum of use among those who consume alcohol according to the cited literature, which ranges from one-time use, occasional use, regular (at least three drinks/week), hazardous use, and harmful use (a pattern of alcohol use that is damaging to health) to a level of dependence with a cluster of adverse cognitive, physiological, and behavioural phenomena wherein consumption becomes overall a compelling priority.

Statement of the Problem

A descriptive study to assess the knowledge and barriers regarding de addiction treatment in clients with alcohol addiction in selected communities of Gurugram with the following objective:

1. To assess the knowledge regarding de addiction treatment in clients with alcohol addiction in selected communities of Gurugram

Research Methodology:-

A non-experimental study using Quantitative research approach and descriptive survey research design was used for 100 alcohol addict clients residing at selected communities of Gurugram, Haryana. who were present at the time of study, could read and write Hindi and were willing to participate in the research study. Purposive sampling technique was used to select the sample for the research study.

A validated structured and standardised questionnaire schedule was developed to gather the demographic data and to assess the knowledge of clients with alcohol addiction regarding the addiction treatment.

The reliability co-efficient for the structured knowledge questionnaire was calculated by using the Split half method. The reliability co-efficient was found to be 0.78, thus the tool was found to be reliable.

Ethical approval was taken from the Sarpanch of the selected communities to conduct the study. Written informed consent was taken from the study sample regarding their willingness to participate in the research study and the purpose for carrying out research study was explained to the participants. Confidentiality of the information of the sample was maintained. Data was analysed by descriptive statistics.

Result:-

The present study shows that maximum (44%) sample belonged to age 41-50 years, some (39%) sample belonged to age 31-40 years, few (11%) sample belonged to age 51 above and very few (6%) sample belong to age 20-30. Majority (62%) sample were educated up to primary, few (27%) sample were educated up to 10^{th} standard, very few (11%) sample were educated up to 12^{th} standard. All (100%) people belong to rural area.

All clients with alcohol addiction were males and belong to rural area. Most (62%) of the study sample had primary education whereas 27% of sample educated till 10th standard and 11% of people were educated till 12th standard.

The data further shows that majority (48%) of study sample belong to private sector, some sample (21%) belong to own business, few sample (16%) were house maker while very few (15%) people belong to government sector. Majority (46%) of sample were married, some(41%) samplewere unmarried and few(13%) sample are divorced.

The data further shows that most (51%) of the sample were vegetarian, some(49%) sample were non-vegetarian. Maximum (61%) of samplewere addicted to alcoholfor more than a year, some (34%) were addicted for more than a month, few (5%) sample were addicted for more than a week.

Majority (40%) of sample were taking alcohol 500-750 ml per day, some (25%) sample take alcohol 300-500ml per day, few sample (24%) taking alcohol >750ml while very few people (11%) take 150-300ml of alcohol per day. Most (35%) of sample got information about alcohol addiction and its management through health care provider, some (32%) got information about alcohol addiction and its management through formal education , few (20%) sample got information about alcohol addiction and its management through peer group and relatives and very few (9%) sample got information about alcohol addiction and its management through mass media while very less (4%) sample got information about alcohol addiction and its management through other sources.

The study also indicates that maximum (53%) study sample had no family history of alcoholism while some (47%)samplehad family history of alcohol addiction. The data shows that most (41%) of the sample consume alcohol with water, some (34%) consume with soda, few(17%) sample consume other way while very few (8%) sample consume in pure form.The study also shows that maximum(56%) of sample consume in form of country liquor, some (25%) consume in form of vodka and few (19%) sample consume in form of whisky.

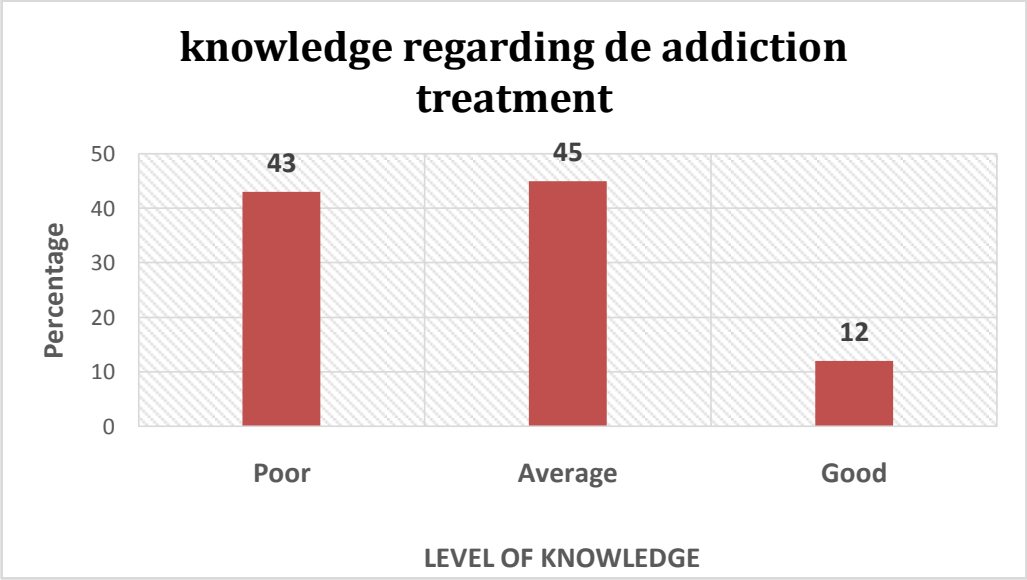

Fig 1:- Bar graph depicting the frequency percentage distribution of clients with alcohol addiction based on Level of knowledge regarding de addiction treatment.

The data in the figure 1 shows that maximum (45%) clients had average knowledge regarding de addiction treatment and most (43%) of clients had poor knowledge and only very few (12%) of clients had good knowledge regarding de addiction treatment.

Table 1:- Mean, Median, Standard deviation and Mean Percentage of Knowledge Score of clients with alcohol addiction regarding de addiction treatment

N=100

Descriptive statistics	Range	Mean	Median	SD	Mean percentage

Knowledge score	5-12	7.38	50.5	6.08	36.9

Maximum score =20; Minimum score =0

Table 2:- Area wise Mean, Median, SD and Mean percentage of clients with alcohol addiction based on Level of knowledge score regarding de addiction treatment

N=100

AREA	RANGE	MEAN ± SD	MEAN %	RANK
CONCEPT	0-4	1.68 ± 16.7	42	I
CAUSES	0-1	0.17 ± 1.69	17	V
SIGNS AND SYMPTOMS	0-6	2.12 ± 20.02	35.3	IV
COMPLICATION	0-3	1.17 ± 11.4	39	III
MANAGEMENT	0-6	2.34 ± 22.10	39.3	II

The data in the table 2 depicts that knowledge regarding deaddiction treatment was assessed in five different areas and the result shows that in the area of knowledge of Concept regarding deaddiction treatment, mean ± SD 1.68 ± 16.7, Range lie between 0-4 and mean percentage was 42 therefore the area of knowledge regarding concept of deaddiction treatment had the highest rank (I).In the area of Management mean ± SD was 2.34 ± 22.10, range lie between 0-6 and mean percentage was 39.3 and this area got (II) rank in the knowledge score of client with alcohol addiction In the area of Complication, mean ± SD was 1.17 ± 11.4, range lie between 0-3 and mean percentage was 39 and this area got the (III) rank in the knowledge score of clients with alcohol addiction. In the area of Sign and Symptoms, mean ± SD was 2.12 ± 20.02, range lie between 0-6 and mean percentage was 35.3 and this area got (IV) rank in the knowledge score of clients with alcohol addiction. In the area of Causes, mean ± SD was 0.17 ± 1.69, range lie between 0-1 and mean percentage was 17 and this area got the (V) rank in the knowledge score of clients with alcohol addiction.

Discussion:-

The present study shows that the majority (45%) of clients with alcohol addiction were having average knowledge which was similar to the findings of the study conducted by conducted by **Ashtankar HJ, et al (2017)** on **Felt Need and Treatment-seeking Barriersamong Substance Abusersin UrbanSlum Area in Central India** shows that The most common barriers were unawareness about place of availability of treatment, absence of any health problem and the confidence of handling their own drug problem, and dependency, therefore they were not very much aware about the deaddiction treatments.[7]

Conclusion:-

The present study shows that sample had very less knowledge and awareness regarding de addiction treatment therefore the health care professionals have a great opportunity to make the people aware about alcohol addiction causes, preventive measures and de addiction treatment and encourage them to modify their lifestyle to get rid of their addiction and beware them about the various complications and health issues which can be life threatening for them.

Nursing professionals have a key role to screen the alcohol addicts and help them and the family through formal and informal education, screening, arrange the health camps from time to time and help them to seek the timely help in the form of de addiction treatment.

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