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A Study to Assess the Knowledge and Attitude of Family Members towards Ill-Effects of Alcoholism at Selected Hospital, Amritsar, Punjab

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Abstract- Introduction: Alcoholism is one of the major health problems in the country and world over. It is the family problem and the most devastating impact occurs when the abuser is a parent. It affects the family members with the same intensity with which it affects the dependent person. The family as a unit would have to be assessed to delineate its strength and weakness in order to meet their well being. Therefore researcher feels the need to assess the level of knowledge and attitude of family members towards ill effects of alcoholism. The Objectives of the study were to assess the knowledge and attitude of family members towards ill effects of alcoholism, to find out association with selected demographic variables such as age, gender, educational status, habitat, monthly income, type of family, relationship with alcoholic and history of alcoholism in family on knowledge and attitude regarding ill effects of alcoholism and to find out relationship between knowledge and attitude score.

Keywords: knowledge, attitude, family members, ill-effects, alcoholism.

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A Study to Assess the Knowledge and Attitude of Family Members towards Ill-Effects of Alcoholism at Selected Hospital, Amritsar, Punjab

To Assess the Knowledge and Attitude of Family Members towards Ill-Effects of Alcoholism

Dr. Amandeep Kaur Bajwa [α] & Ms. Amanpreet Kaur [σ]

Abstract- ***Introduction:*** Alcoholism is one of the major health problems in the country and world over. It is the family problem and the most devastating impact occurs when the abuser is a parent. It affects the family members with the same intensity with which it affects the dependent person. The family as a unit would have to be assessed to delineate its strength and weakness in order to meet their well being. Therefore researcher feels the need to assess the level of knowledge and attitude of family members towards ill effects of alcoholism. The Objectives of the study were to assess the knowledge and attitude of family members towards ill effects of alcoholism, to find out association with selected demographic variables such as age, gender, educational status, habitat, monthly income, type of family, relationship with alcoholic and history of alcoholism in family on knowledge and attitude regarding ill effects of alcoholism and to find out relationship between knowledge and attitude score.

Methods: A Descriptive study was conducted on 60 family members of alcoholics selected by purposive sampling technique. Data was collected by administering a Structured Knowledge Questionnaire and The Scale for Assessment of Attitudes toward Drinking and Alcoholism, Second Version. The data was analyzed in terms of the objective of study using descriptive and inferential statistics.

Results: The overall mean knowledge score was found to be 16.3 and overall mean attitude score was 81.3. There was no significant association between knowledge and selected demographic variables. There exists a significant association between attitude and selected demographic variables such as educational status and monthly income.

Discussion: Overall findings showed that, respondents had moderate knowledge (38.3%) and neutral attitude (96.7%) towards ill effects of alcoholism. So enhancement in both knowledge and attitude aspect is required.

Keywords: knowledge, attitude, family members, ill-effects, alcoholism.

I. Introduction

Alcohol has been in common use since before records began. From the earliest time to the present, alcohol has played many crucial roles likes thirst quencher, for enhancing enjoyment and the quality of life. Alcohol is used as a social lubricant and relaxation facilitator, which provides pharmacological pleasure but when the same alcohol is misused, it turns into an evil, which is sufficiently inflammable to burn the families, society and country. For most of the people, drinking alcohol is nothing more than a pleasant way to relax. Once the person starts drinking alcohol he gets addicted to it, which makes him to repeat the activity to feel the same pleasure.(1)

The word alcoholism and alcoholic were first used by Dr. Magus Huss, a Swedish physician. Egyptian Osiris and Roman Bacchus were patrons of high power related to alcoho.(2). I. The Bible sanctioned the social use of wine but it also records divine commands to abstain.(3) There was a cultural attitude leaning more towards abstinence but permissive ritualistic sanctity of alcohol emerged in the later social structure The utilitarian (nature of alcoholism for pleasure and pain emerged during the twentieth century.(4)

WHO ranked alcohol dependence disorders as ninth among ten medical disorders causing morbidity in the world; based on results from the third generation epidemiological studies.(5) Alcohol is becoming more widely used in Asian countries where opium was formerly the main drug abused. Over the past 30-40 years, alcohol consumption was increased by quantity and frequency. The age at which people start drinking has also declined. The prevalence of alcoholism among adolescence and young adults are alarmingly high.(6)

Alcohol is the most commonly used recreational drug. Taken in moderation, it can be compatible with healthy life style. But alcohol abuse causes problems that reach far beyond drinkers themselves. Alcoholism is defined as ‘‘the nations’ number one health problem’’ a major cause of disrupted family life, automobile and industrial accidents, poor job performance, and increasing crime rates. Cirrhosis of liver, almost

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invariably a result of alcohol abuse, is the seventh leading cause of death. In addition, alcohol has been implicated as a contributor to 50% of fatal automobile accidents, 53% of fire deaths, 45% of drowning, 22% of home accidents, and 36% pedestrian accidents. Violent crimes attributed to alcohol abuse include 64% of murders, 41% of assaults, 34% of rapes, 30% of suicides, and 60% of child abuse. The financial toll of alcohol abuse is also too heavy.[7]

According to current concept, alcoholism is considered as a disease and alcohol a "disease agent" which causes acute and chronic intoxication, toxic psychosis, cirrhosis of liver, gastritis, pancreatitis, cardiomyopathy and peripheral neuropathy[8]. Also evidence in mounting that is related to cancer of mouth, pharynx, larynx and oesophagus. The health problem for which alcohol is responsible are only part of social damage, which includes family disorganization, crime and loss of productivity.(9)

Drinking is considered harmful when alcohol consumption has actually caused physical or psychological harm.(10) People with alcohol abuse have one or more of the alcohol related problems over a period of one year like failure to fulfill work or personal obligations, recurrent use in potentially dangerous situations.(11)

The effects of alcoholism on the family are emotional symptoms like shame, anger, rage, low self-worth, stunted emotional development, irresponsibility as well as over responsibility, suppressed feelings, and dishonesty(12). Relational symptoms include things like intimacy issues, manipulation, co dependency, domestic violence, sexual issues, lack of trust, and difficulty in communication. (13)

Families of alcoholics are more disturbed in all areas of their family environment and family burden when compared to non-alcoholic families. The consequences of alcoholism in the family are role rearrangements or role transfer. The wives of the alcoholic husbands have to take over the family responsibilities and in some young children are the victims.(14)

The effects of alcoholism in families are difficult to overcome; yet without treatment, they can be devastating for the long-term. With the right approach and support, positive steps can be taken to improve lives.(15)

II. Material and Method

Research Approach:- A quantitative research approach was considered the best to assess the knowledge and attitude towards ill effects of alcoholism.

Research design- Non-experimental descriptive design was utilized to achieve the objectives of the study.

Research setting- Setting is the physical location and condition in which data collection takes place. The study was conducted at SGRD Hospital, Vallah, Sri Amritsar. This hospital is approximately 950 bedded hospital located at Mehta road, P.O. Vallah, Amritsar.

Target population comprised of family members of alcoholics at SGRD Hospital, Vallah, Sri Amritsar.

Sample and sampling technique- Sample of 60 wives of alcoholics were selected usingPurposive sampling technique, a type of non-probability sampling approach.

Inclusion Criteria:

- who are first degree relatives of alcoholics.
- Willing to participate.

Exclusion Criteria:

- Who were not willing to participate in the study

Description of tools: The tool to assess the level of knowledge was developed by the investigator after reviewing the related literature and guidance from experts in the fields and to assess the level of attitude "The Scale for Assessment of Attitudes toward Drinking and Alcoholism, Second Version" was used. The questionnaire consisted of 3 parts as follows: Part I– Socio-demographic profile Part II– Self structured Knowledge questionnaire Part III- The Scale for Assessment of Attitudes toward Drinking and Alcoholism, Second Version

Part I

Demographic data consisting of 8 items seeking information about the baseline data such as age family members profile such as Age, gender, educational status, habitat, monthly income, type of family, relationship with alcoholic, history of alcoholism in family. Part II The questionnaire consists of 30 questions. A score of one was given for each correct response and a score 0 was given for each incorrect response.

III. Results

Table-1: Frequency and percentage Distribution of Demographic profile

N=60

Demographic variables	Frequency (f)	Percentage (%)
Age (in years)		
a) 15-25 years	11	18.3
b) 26-35 years	19	31.7
c) 36-45 years	16	26.7
d) Above 45 years	14	23.3
Gender		
a) Male	30	50.0
b) Female	30	50.0
Educational status		
a) Informal education	2	3.3
b) Primary education	16	26.7
c) Higher education	25	41.7
d) Graduate	17	28.3
Habitat		
a) Rural	31	51.7
b) Urban	29	48.3
Monthly income (Rs)		
a) Below 10000	9	15.0
b) 10001-20000	19	31.7
c) 20001-30000	22	36.6
d) Above 30000	10	16.7
Family type		
a) Nuclear family	47	78.3
b) Joint family	13	21.7
Relationship with alcoholic		
a) Parents	14	23.3
b) Siblings	22	36.7
c) Wife	13	21.7
d) Children	11	18.3
History of alcoholism in family		
a) **No**	42	70.0
b) **Yes**	18	30.0

Table 1 shows the socio demographic characteristics of family members i.e. age, gender, educational status, habitat, monthly income, family type, relationship with alcoholic, history of alcoholism in family.

Regarding age, the result shows that 31.7% of respondents belong to the age group 26-35 years followed by 26.7% noticed in the age group of 36-45 years as compared to 23.3% found in the age group of above 45 years whereas 18.3% belongs to the age group of 15-25 years.

The results indicated that 30 respondents (50%) were male and 30 respondents (50%) were females.

Educational level established that majority 41.7% of the respondents had education of higher secondary school followed by 28.3% of the respondents were graduate, 26.7% of the respondents had completed the primary school education, whereas only 3.3% were found to have informal education.

Among the total respondents under study it is evident that 51.7% of respondents reside in rural area whereas only 29% reside in rural area.

Monthly income reveals that majority 36.7% of respondents have family income of Rs 20001-30000 followed by 31.7% have family income of Rs 10001-20000, 16.7% have income above Rs 30000 and rest 15% were noticed to have below Rs 10000 of family income.

Data on type of family depicts that higher percent of respondents 78.3% emerged from nuclear family background as compared to 21.7 % noticed with joint family.

Data on relationship with alcoholic depicts that higher per cent of respondents 36.7% were siblings followed by 23.3% were parents, 21.7% were wives and only 18.3% were children.

It is found in the present study that 70% of respondents does not have family history of alcoholism whereas 30% have positive family history of alcoholism,

in which 3 had brother, 10 had father and 5 had grandfather who were alcoholics in their family.

Table-2: Frequency and Percentage distribution of knowledge score of family members.

N=60

Knowledge	Frequency(f)	Percentage	Mean	SD
Inadequate knowledge ≤(50%) Moderate knowledge (51%-75%) Adequate knowledge (>75%)	23 37 -	38.3 61.7 -	16.35	2.20

Maximum score= 30, Minimum score= 0

Table-2 depicts that majority 61.7% of family members have moderate knowledge, remaining 38.3% have inadequate knowledge and none of the family member have adequate knowledge towards ill effects of alcoholism. It is observed that the respondents had mean of 16.35 with standard deviation of 2.20.

Table 3: Frequency and percentage distribution of attitude score of family members towards ill effects of alcoholism.

Level of attitude	Frequency(f)	Percentage (%)	Mean	SD
Unfavorable attitude (29-68)	2	3.3		
Neutral attitude (69-106)	5	96.7	81.35	6.73
Favorable attitude (107-145)	-	-		

Maximum score= 145, Minimum score= 29

Table-3 depicts that maximum (96.7%) family members had neutral attitude, (3.3) family members had negative attitude and none of the family member had positive attitude towards ill effects of alcoholism. It is observed that respondents had mean of 81.35 with standard deviation of 6.73. Thus it can be concluded that majority of family members had neutral attitude towards ill effects of alcoholism.

Table-4: Relationship between mean knowledge and attitude score of family members towards ill effects of alcoholism.

N=60

Variables	Mean	SD	r
Knowledge	16.35	2.20	
Attitude	81.35	6.73	0.043

Table 4: indicates that the mean knowledge score was 16.35 with standard deviation of 2.20 and mean attitude score was 81.35 with standard deviation of 6.73. The correlation coefficient in between knowledge and attitude was 0.043.

Thus it was concluded that there is low positive co-relation between knowledge and attitude and knowledge had very less impact over the attitude of family members.

Table-5: Association of Knowledge score of family members with selected demographic variables.

N=60

Variables		Level of knowledge	df	χ^2	p-value
Inadequate(f)		Moderate +Adequate (f)			
Age (in years)					
15-25years 26-35years	4 6	7 13	3	1.19	0.75^{NS}
36-45 years	6	10			
Above 45 years	7	7			

Gender					
Male	11	19	1	0.07	0.79^{NS}
Female	12	18			
Educational status					
Informal education	0	2			
Primary education	8	8	3	3.84	0.27^{NS}
Higher secondary	7	18			
Graduate	8	9			
Habitat					
Rural	12	19	1	0.004	0.95^{NS}
Urban	11	18			
Monthly income					
Below10000	4	5			
10001-20000	8	11	3	1.97	0.57^{NS}
20001-30000	6	16			
Above 30000	5	5			
Type of family					
Nuclear	19	28	1	0.40	0.52^{NS}
Joint	4	9			
Relationship with alcoholic					
Parents Siblings	5	9			
	7	15	3	1.65	0.64^{NS}
Wife	5	8			
Children	6	5			
History of alcoholism in family					
Yes	7	11	1	0.003	0.95^{NS}
No	16	26			

**Significant at p<0.05 level NS: Not significant*

Table 4: depicted t the summary of Chi-Square test that showed the knowledge score of demographic variables i.e. age, gender, educational status, habitat, monthly income, type of family, relationship with alcoholic and history of alcoholism in family does not show any statistical significant association with the demographic variables.

Table–6: Association of Attitude score of family members with selected demographic variables.

N=60

Variables	Mean ±SD	df	F value	P Value
Gender				
Male	81.0±6.29	58	0.39	0.40^{NS}
Female	81.7±7.24			
Habitat				
Rural	81.2±7.01	58	0.14	0.74^{NS}
Urban	81.4±48			
Type of family				
Nuclear Joint	80.8±6.94 83.0±5.87	58	0.99	0.27^{NS}
History of alcoholism in family				
Yes	82.3±6.22	58	1.80	0.38^{NS}
No	79.0±7.46			

**Significant at p<0.05 level NS: Not Significant*

Table-6: depicted the summary of t-test showed the attitude score of demographic variables i.e. gender, habitat, type of family, history of alcoholism in family does not show any statistical significant association with the demographic variables.

Table–7: Association of Attitude score of family members with selected demographic variables.

N=60

Variables	Mean±SD	df		F value	P value
	Between groups		Within groups		
Age (in years)					
15-25 years	82.4±5.53				
26-35 years	80.1±7.71	56	3	1.46	0.23^{NS}
36-45 years	83.8±6.18				
Above 45 years	79.3±6.39				
Educational status					
Informal education	78.0±11.3				
Primary education	76.8±6.16	56	3	5.21	0.003*
Higher secondary	84.4±5.54				
Graduate	81.3±6.73				
Monthly income					
Below 10000	76.6±7.29				
10001-20000	78.5±7.05	56	3	2.96	0.04*
20001-30000	82.7±5.93				
Above 30000	85.2±6.73				
Relationship with alcoholic					
Parents	82.07±7.38				
Siblings	81.7±7.22	56	3	2.00	0.12^{NS}
Wife	83.4±5.02				
Children	77.1±5.58				

**Significant at p<0.05 level NS: Not Significant*

Table 7: represents association of attitude score with selected demographic variables such as age, educational status, monthly income and relationship with alcoholic. It is calculated by applying parametric test ANOVA test. It is noticed from the findings that educational status and monthly income was found to statistically significant at p<0.05 level so there was statistical association of educational status and monthly income with attitude score, whereas demographic variable such as relationship with alcoholic does not show any statistical significant association with attitude score.

IV. Discussion

The characteristics of the demographic variables as depicted in table 1, were described in terms of their frequency and percentage distribution which showed that 31.7% of the respondents were in age group 26-35 years, equal number of respondents i.e 50% were male and 50% were females, 41.7% of respondents had higher education, 51.7% respondents belonged to rural area, 36.7% of respondents had family income of rupees 20001-30000, 78.3% of respondents belonged to nuclear family, 36.7% of the respondents were siblings of alcoholics and 70% respondents had no family history of alcoholism.

Slightly consistent findings were reported in the study by *Zhang L. et al (1997)*[64] which reveal that family history of alcoholism contribute to develop alcohol behavior in family members.

Findings of the present study revealed that majority of the respondents (61.7%) had moderate knowledge regarding ill effects of alcoholism. Similar findings were reported by the study conducted by *Haemmerlie FM et al. (1992)*[65] that majority of care givers had moderate knowledge of negative effects of alcoholism.

Findings of the present study revealed that 38.3% of the respondents had inadequate knowledge which is slightly consistent with the findings of other study conducted by *Mathew S. (2004)*[66] which revealed that more than half (52%) of family members had inadequate knowledge regarding alcoholism.

The present study revealed that majority of the respondents (96.7%) had neutral attitude towards ill effects of alcoholism which opposes the findings of other study[66] which revealed that 60% of family members had negative attitude towards alcoholism.

In present study the association between demographic variables (age, gender, educational status, habitat, monthly family income, type of family, relationship with alcoholic and family history of alcoholism) and knowledge score is found to be non significant and accordant findings were reported in another study which showed *Ravinder K (2006)*[67] that age, residential area, type of family, family income had no statistical significant association with knowledge score.

The association between demographic variables (educational status and monthly family income) and attitude score is found to be significant ($p>0.05$) which opposes the findings of other study[67] that reported no statistical significant association between family income, educational status and attitude score.

The correlation coefficient between knowledge and attitude was 0.04 which is consistent with the findings of other study by *Vanita S. (2009)*[31] which shows positive relationship between knowledge and attitude with the score of $r=0.3$ which is significant at $p<0.05$ level.

Nursing implications

The findings of the present study had implications for the nursing profession. The implications have been written under the following headings- Nursing Practice, Nursing Administration, Nursing Education, and Nursing Research.

Nursing Practice

1) Present study could indirectly help nurses to understand the knowledge of respondent regarding ill-effects ofalcoholism.
2) It can be included in the health educational programme, which should be carried out in high schools, colleges and in community.
3) Teaching parents to provide children with a secure and healthy home environment to avoidalcoholism.
4) Planned health education programme by the health professional should be made an ongoing process in the community and thehospital.

Nursing Education

1) Nurse educators should give more importance to alcoholism and drug abuse in the curriculum as they are dealing with adolescent students, who are future nurses and need to have adequate knowledge in educating and preventing the community from alcoholism.
2) Nursing education should emphasize on preparing prospective nurses to impart health education by using various methods of educationaltechnology

Nursing administration

1) Nurse administrators in the hospitals, in the community can organize in-service education for nurses and health awareness camps for the community about alcoholism and itsconsequences.
2) The administrator should organize continuing education programme for the nursing personal regarding ill-effects of alcoholism.

Nursing Research

1) The descriptive survey provides baseline for conducting other research studies.
2) The study will be a motivation for budding researchers to conduct similar studies on a large scale.
3) Research should be conducted on preparation of better practice of nursing care and development of good and effective policy to provide quality care to the respondent's ill-effect of alcoholism.

V. Recommendations

Based on the study it is recommended that:

- A replication of present study can be conducted on large population and wider area.
- An experimental study can be conducted to evaluate the effectiveness of information guide sheet on ill-effects on alcoholism.
- A comparative study can be conducted to compare the findings between rural and urban areas.

VI. Conclusion

The nurses play an important role in comprehensive education of the family members in health care delivery system. Such efforts will not only improve their knowledge and attitude but also improve their relationship with alcoholics.

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