

A Study to Assess the Contributing Factors of Alcoholism among Adults in Selected De-Addiction Centre, Mangaluru

Praveena Sunny, Preema C.F, Quency D'Souza, Rakshitha, Ramya, Shajan Xavier

Father Muller College of Nursing, Mangaluru, Karnataka, India

Corresponding Author: Shajan Xavier

ABSTRACT

Introduction: Alcohol use disorders have been prevalent across all societies. The pattern of alcohol use varies depending on age, religion, education, type of drink and other demographic characteristics. Alcohol use is increasing in developing countries, but reliable factors are not available. Since 1970, 47% of developing countries in transition and 35% of developed countries have increased their consumption of absolute alcohol per adult (WHO, 1999). Alcohol causes 4% of the total disability adjusted life years and alcohol use disorders account for 1.4% of the total burden of disease, according to recent estimates (WHO, 2002).¹ Keeping in this mind, this study was undertaken to assess the contributing factors for alcoholism among adults.

Objectives: The study was conducted to determine the major contributing factors of alcoholism among adults and to find the association between the contributing factors for alcoholism in selected demographic variables.

Methodology: A quantitative approach is used for this study. The study was carried out on 41 alcoholic patients admitted in the psychiatry de addiction ward of selected hospital in mangaluru. Institutional ethics committee permission was obtained. After taking informed consent from the 41 alcoholic patients were selected by purposive sampling technique. The tool consists of demographic profile along with contributing factors questionnaire. Reliability and validity of the tool were established. Data was analyzed using descriptive and inferential statistics

Result: The study findings show that out of 20 contributing factors the majority of them have said that personal and psychological factors contribute for alcoholism among adults. There is no association between the baseline variables and contributing factors for alcoholism.

Keywords: Contributing factor, alcoholism, de-addiction Centre, adults

INTRODUCTION

“A drunken fool can lose his temper and himself. His drinking makes him weak and easy target for angry blows.”

Throughout the world, numerous different drinking cultures and attitudes towards alcohol exist. In wet cultures, alcohol is integrated into daily life and activities (eg. is consumed with meals) and is widely available and accessible. In dry cultures alcohol consumptions is not as

common during everyday activities and access to alcohol is more restricted.² Of all addiction, the addiction of alcohol remains most prevalent because, it is usually the most commonly-used drug. The word alcohol is derived from the Arabian term, “Al-kuhul” which means, “finely divided spirit.” It is a clear, thin, highly volatile liquid with a harsh burning taste and it is a product of juice of certain fruits, vegetables and cereals. Ethanol is in form of alcoholic beverages has been consumed by human

since pre-historic times, for a variety of recreational reasons.³

Alcoholism is worldwide social and medical problem over the past 30-40 years. Alcohol consumption has increased quantity and frequency. The age at which people start drinking has also declined. The population group at great risk is those undergoing rapid socioeconomic and cultural changes, they view alcohol as a symbol of prestige and social status.⁴ Factors like religion, caste, family structure, and per capita income as important correlates of alcohol consumptions among both youth and the adult population.² According to current concepts alcoholism is considered a disease and alcohol a “disease agent” which causes acute and chronic intoxication, cirrhosis of the liver, toxic psychosis, gastritis, pancreatitis, cardiomyopathy and peripheral neuropathy. Alcohol is an important etiological factor in suicide, automobile and other accidents and injuries and deaths due to violence. The health problem for which alcohol is responsible is only part of total social damage which includes family disorganization, crime and loss of productivity⁴

NEED FOR THE STUDY

Alcoholism is a disease. The craving that an alcohol dependent feels for alcohol can as strong as the need for food or water. An alcoholic dependent will continue to drink despite serious family health, or legal problems, because the person who consumes alcohol will not be satisfied with his first peg of drink.⁵ Use and abuse of alcohol are present in all walks of life, on all economic levels, and in both men and women.⁶ Adults regularly use alcohol to compensate for anxiety depression or lack of positive social skills. An adult with a family history of alcohol abuse and a lack of pro-social skills can move rapidly from experimentation may also progress to abuse. Warning signs of alcoholism may include:-

- Experiencing temporary blackouts or short term memory lose

- Exhibiting signs of irritability and extreme mood swings
- Making excuses for drinking such as to relax, deal with stress or feel normal
- Drinking alone or in secrecy

Alcohol dependency may include blackouts withdrawal symptoms and further problems in functioning of personal and professional life.⁷

Environmental factors and genetics are two components associated with alcoholism, with about half the risk attributed to each. Someone with a parent or sibling with alcoholism is three to four times more likely to become an alcoholic themselves. Environmental factors include social, cultural and behavioral influences. High stress levels and anxiety, as well as alcohol's inexpensive cost and easy accessibility, increase the risk. People may continue to drink partly to prevent or improve symptoms of withdrawal. After a person stops drinking alcohol, they may experience a low level of withdrawal lasting for months. Medically, alcoholism is considered both a physical and mental illness. Questionnaires and certain blood tests may both detect people with possible alcoholism. Further information is then collected to confirm the diagnosis.⁸

In India has been estimated that 40-50% of all males drink alcohol as compared to less than 1% female adults, so alcoholism appears to be predominantly a male disorder especially in India.⁵ Studies in northern India found the 1 year prevalence of alcohol use to between 25 and 45%. In southern India, the prevalence of current alcohol use varies between 33 and 50%, with a higher prevalence among the lesser educated and the poor. A survey was conducted in three districts (central, north and north-east India), which involved 32000 people. They reported a prevalence of current alcohol use of 20-38% in males and of 10% among females. The studies have shown that alcohol consumption rates are much higher among men and women. No clear findings for association of drinking with socio-economic categories are available, but there

are indications to suggest that drinking may be more prevalent among lower categories and among the poorly educated.¹

Alcohol consumption in India doubled in 11 years. Alcohol consumption in India increased two folds between 2005 and 2016, according to the Global status report on alcohol and health 2018 released by the World Health Organization. Indians consumed 2.4 litres of alcohol in 2005 which increased to 4.3 litre in 2010 and scaled up to 5.7 litres in 2016. According to the report, the highest increase in alcohol consumption is expected in South East Asia, with an increase of 2.2 liters in India alone, from 2005 to 2016. The report highlighted that 51.1 men per 100,000 population and 27.1 women per 100,000 population suffered from liver cirrhosis. More than 3 million people died as a result of harmful use of alcohol in 2016. Of all death due to alcohol, 28% were from injuries, such as those from traffic crashes, self-harm and interpersonal violence; 21% due to digestive disorders; 19% due to cardiovascular disease, and the remaining due to infectious diseases, cancers, mental disorders and other health conditions.⁹

During the clinical experience the investigator observed that many alcoholic patients admitted in de-addiction Centre for the treatment of alcohol addiction. So the investigator was motivated to study the major contributing factors for alcoholism in different patients.

METHODOLOGY

A descriptive cross sectional institutional based study was carried out on 41 alcoholic patients admitted in the psychiatry de-addiction ward of selected hospital in Mangaluru. Ineligibility criteria for inclusion were all adult alcoholic patients admitted in selected hospital. The total sample size was 41 alcoholic patients selected by purposive sampling technique.

Data was collected from the patients by administering baseline proforma and contributing factors questionnaire for alcoholism.

Content validity of the tool was established by submitting them to 5 experts. The suggestions and modification needed on some of the areas were adopted as per expert's suggestion. The final tool had 9 baseline questions and 20 items in the contributing factor questionnaire. Each question carried out yes/no response where each yes is given 1 mark and zero marks for no.

A formal written permission was obtained from the concerned authority. Data was collected from 27/06/2019 to 02/07/2019. Prior the data collection investigators became familiarize themselves with the alcoholic patients and purpose of the study was explained. The confidentiality of their response was assured. An informed consent was obtained from the patients and they were asked to fill the demographic Proforma and questionnaire regarding contributing factors for alcoholism. A time period of 15-20 minutes was given for filling up. Patients were very cooperative. The investigators were satisfied and happy as they were cooperative and interactive.

RESULT

The analysis and interpretation of the data obtained from the responses of 41 patients regarding contributing factors of alcoholism among adults in selected de addiction Centre, Mangalore. Data gathered was presented in the light of objectives and hypotheses formulated for the study.

Data was analyzed using SPSS version 16

Statistical analysis: The analysis of data is organized under the following headings:

Section 1: Description of baseline variables

Section 2: Description of subjects according to the contributing factors

Section 3: Association between demographic data and contributing factors

SECTION 1: Description of baseline variables of patients

This section deals with the description of the baseline variables of 41

patients, and is explained in frequency and percentage and is presented in table 1

Table 1: frequency and percentage of subjects according to their baseline characteristics. n=41

Sl. No	Variables	Frequency	Percentage
1	Age in years		
	21-30	14	34.1
	31-40	15	36.6
	41-50	5	12.2
	>50	7	17.1
2	Education		
	Primary education	10	24.4
	Secondary education	18	43.9
	Graduate and above	13	31.9
3	Occupation		
	Daily wages	25	61
	Technical	2	4.9
	Business	6	14.6
	Professional	6	14.6
	Unemployed	2	4.9
4	Marital status		
	Single	23	56.1
	Married	18	43.9
5	Type of family		
	Joint family	36	87.8
	Nuclear family	4	9.8
	Extended family	1	2.4
6	Place of residence		
	Urban	12	29.3
	Rural	22	53.7
	Semi urban	7	17.1
7	Monthly family income		
	≥50000	3	7.3
	50000-30000	15	36.6
	≤30000	23	56.1
8	Family support for alcoholism		
	No support	28	68.3
	A little support	6	14.6
	Moderately adequate	7	17.1
9	Circle of friends		
	Friends not consuming alcohol	4	9.8
	Friends consuming alcohol	30	73.2
	Both	4	9.8
	No friends at all	3	7.3

Baseline variables collected from 41 patients were tabulated and summarized using frequency and percentage. Data described in this section includes age,

education, occupation, marital status, and type of family, place of residence, monthly family income, family support for alcoholism, circle of friend.

Distribution of subjects according to age in years

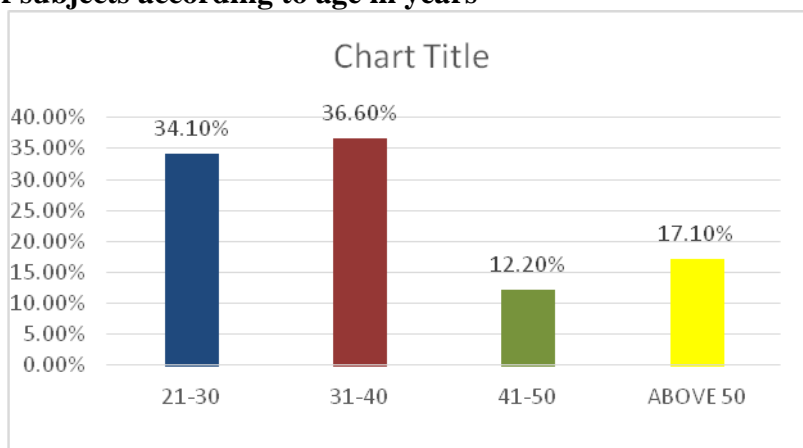


Figure 1: distribution of subjects according to age in years

Among 41 participants, majority of subjects were distributed in the age group of 31-40 (36.6%), 14 subjects (34.1%) belonged to age group 21-30, 7 subjects(17.1%) in the age group above 50, 5 subjects (12.2%) in the age group 41-50.

Distribution of subjects according to their education

The majority of the subjects (43.9 %) had secondary education, (31.7%) of subjects are graduated and (24.4%) had primary education.

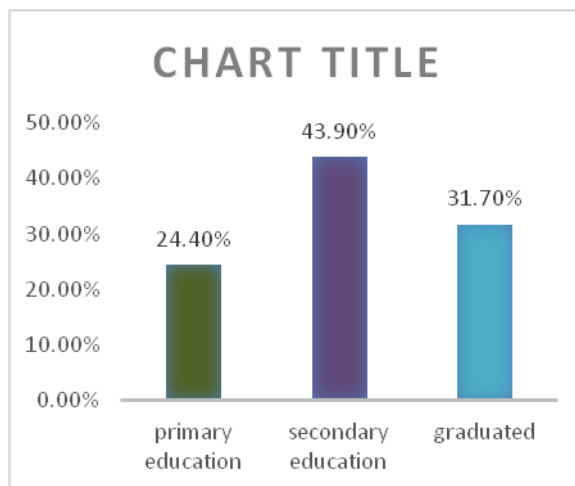


Figure 2: distribution of subjects according to their education

Distribution of subjects according to their occupation

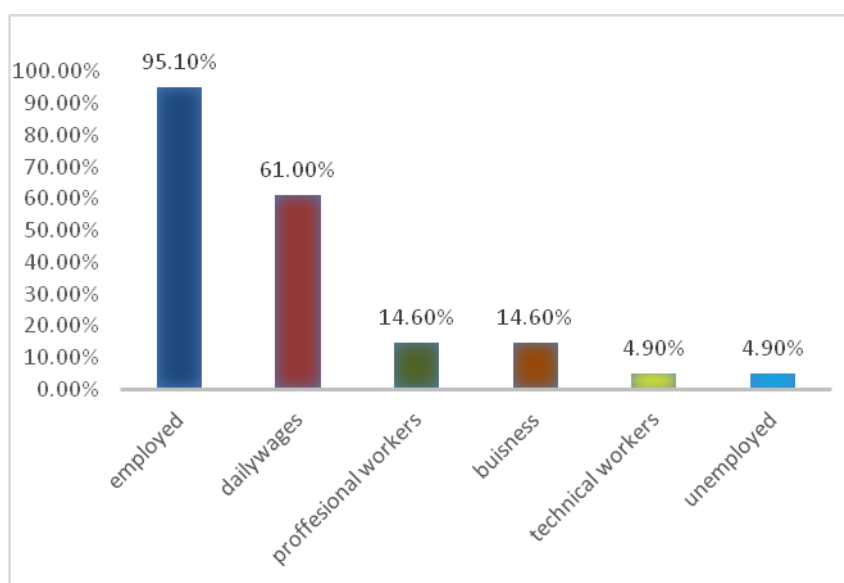


Figure 3: Distribution of subjects according to their subjects

The majority of subjects were employed(95.1 %), 61% of subjects are working as a daily wages,14.6 % of subjects are professional workers and another 14.6% of subjects are working as a business,4.9% of subjects are technical workers and 4.9% of the subjects were unemployed.

Distribution of subjects according to their marital status

Among 41 participants, majority of subjects were single (56.1 %) and 43.9% of subjects were married.

Distribution of subjects according to their type of family

The majority of subjects were from joint family (87.8), 9.8% subjects were from nuclear family, 2.4% were from extended family.

Distribution of subjects according to their place of residence

The majority of subjects reside in rural area (53.7%), 29.3% reside in urban area, 17.1% reside in semi urban areas.

Distribution of subjects according to their monthly family income

The majority of the subjects (56.1%) are having monthly income below 30,000.36.6% of subjects are having

monthly income between 50,000-30,000 and only 7.3% are having monthly income above 50,000.

Distribution of subjects according to their family support for alcoholism

The majority of subjects were had no support for alcoholism (68.3%), 14.6% subjects had little support, 17.1% subjects had moderately support.

Distribution of subjects according to their circle of friendship

The majority of subjects had friends consuming alcohol (73.2%), 9.8% subjects had friends not consuming alcohol, 9.8% subjects had both type of friends, 7.3% subjects did not have friends.

Table 2: frequency and percentage distribution of subjects according to the contributing factors. n=41

Sl. no	Contributing factors	Frequency		Percentage	
		Yes	No	Yes	No
1	Excitement	39	2	95.1	4.9
2	Unable to fall asleep	37	4	90.2	9.8
3	Relieved from pain	34	7	82.9	17.1
4	Pleasant to taste	34	7	82.9	17.1
5	Helps to express feelings	31	10	75.6	24.4
6	Certain warmth to social occasions	17	24	41.5	58.5
7	Feels better	28	13	68.3	31.7
8	Increases confidence	29	12	70.7	29.3
9	Helps in communication	26	15	63.4	36.6
10	Family issues	12	29	29.3	70.7
11	Family history of alcoholism and drug abuse	18	23	43.9	56.1
12	Influenced by family members	9	32	22	78
13	Financial crisis	17	24	41.5	58.5
14	Unemployment	13	28	31.7	68.3
15	Peer pressure	35	6	85.4	14.6
16	Failure or loss of someone	17	24	41.5	58.5
17	Enjoyment	19	12	70.7	29.3
18	Curiosity	31	10	75.6	24.4
19	Anxious	27	14	65.9	34.1
20	Stressful environment	24	17	58.5	41.5

From the above table it can be interpreted that out of 20 contributing factors the majority (95.1%) of them said that excitement is the major contributing factor for alcoholism. The second reason given by the subject is easy to

fall asleep (90.2%). The third most reason indicated by the subject is peer pressure (85.4%). Influenced by family members a contributing factor for alcoholism was the least by only 22%.

Section 3: association between contributing factors for alcoholism and baseline variables of subjects

Table 3: association between contributing factors for alcoholism and baseline variables of subjects n=41

	variables	Contributing factors		Chi-square value	p-value
		<MEDIAN 6	≥MEDIAN 6		
1.	Age in years			-	0.861
	21-30	9	5		
	31-40	9	6		
	41-50	3	2		
	>50	3	4		
2.	Education			-	0.107
	Primary education	4	6		
	Secondary education	14	4		
	Graduate and above	6	7		
3.	Occupation			-	0.50
	Daily wages	11	14		
	Technical	1	4		
	Business	5	1		
	Professional	6	0		
	Unemployed	1	1		

4.	Marital status Single Married	13 11	10 7	0.88	0.767
5.	Type of family Joint family Nuclear family Extended family	22 1 1	4 3 0	-	0.29
6.	Place of residence Urban Rural Semi urban	6 12 6	6 10 1	-	0.297
7.	Monthly family income ≥50000 50000-30000 ≤30000	1 8 15	2 7 8	-	0.553
8.	Family support for alcoholism No support A little support Moderately adequate	17 5 2	11 1 5	-	0.127
9.	Circle of friends Friends not consuming alcohol Friends consuming alcohol Both No friends at all	2 17 4 1	2 13 0 2	-	0.324

The data in table 3 reveals that the p value (chi square test) computed for association between contributing factors for alcoholism and baseline variables of patient was found to be greater than 0.05. Hence it can be concluded that there is no association between the baseline variables and contributing factors for alcoholism.

CONCLUSION

People with alcoholism will continue to drink even when drinking causes negative consequences. The purpose of the study is to find the contributing factors for alcoholism among adults. The study findings revealed that out of 20 contributing factors the majority of them have said that personal and psychological factors contribute for alcoholism among adults.

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