A Study to Assess the Knowledge Regarding Substance Abuse among Caregivers of Patients Attending Psychiatric OPD at District Hospital, Kollam

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Abstract- Introduction: Substance abuse, also known as drug abuse, is the use of a drug in amounts or by methods which are harmful to the individual or others. It refers to the harmful or excessive use of legal or illegal substances, such as alcohol, tobacco, prescription drugs, or illicit drugs. It is a complex and serious issue that can have significant physical, psychological, and social consequences. There are various reasons why individuals may turn to substance abuse. Some factors include peer pressure, curiosity, self-medication for physical or emotional pain, escapism, or a desire for pleasure or relaxation. However, continued and excessive substance use can lead to addiction, where individuals become physically and psychologically dependent on the substance, making it difficult for them to quit or control their consumption.

Materials and methods: Quantitative approach with descriptive Non- experimental research design was used in this study. The study was conducted in psychiatric OPD at District Hospital Kollam, Kerala. The target population was caregivers of patients attending psychiatric OPD. The non-probability convenient sampling technique was used to collect data. Formal permission was taken by Institutional ethics committee and consent from the caregivers of patients attending psychiatric OPD, and data were collected through a knowledge questionnaire .The tools which consisted of Demographic Proforma and knowledge related to substance abuse (general knowledge, causes, signs and symptoms).The collected data were analyzed using descriptive and inferential statistics.

Result: The study revealed that 3.50% of the caregivers had very poor knowledge, 37.50% had poor knowledge, 40.50% had moderate knowledge, 15.50 % had good knowledge, and 3% had very good knowledge. Significant association was found between knowledge and income at 0.05 level of significance.

Conclusion: Substance abuse is a societal problem in the current world. The study found that only 3% had very good knowledge and 15.50% had good knowledge regarding substance abuse of among 200 participants.

Keywords: knowledge, substance abuse, caregivers, patients.

INTRODUCTION

Substance abuse, also known as drug abuse, is the use of a drug in amounts or by methods which are harmful to the individual or others. It is a form of substance-related disorder. Differing definitions of drug abuse are used in public health, medical and criminal justice contexts. In some cases, criminal or anti-social behavior occurs when the person is under the influence of a drug, and long-term personality changes in individuals may also occur. In addition to possible physical, social, and psychological harm, the use of some drugs may also lead to criminal penalties, although these vary widely depending on the local jurisdiction[1].

Drugs most often associated with the term substance abuse include alcohol, amphetamines, barbiturates, benzodiazepines, cannabis, cocaine, hallucinogens (although there is no known psychedelic, one of the three categories of hallucinogens, that has been found to have any addictive potential), methaqualone, and opioids. The exact cause of substance abuse is not clear, but there are two predominant theories: either a genetic predisposition or a habit learned from others, which, if addiction develops, manifests itself as a chronic debilitating disease[1].

Drug addiction can start with experimental use of a recreational drug in social situations, and, for some people, the drug use becomes more frequent. For others, particularly with opioids, drug addiction begins

when they take prescribed medicines or receive them from others who have prescriptions. The risk of addiction and how fast you become addicted varies by drug. Some drugs, such as opioid, painkillers, have a higher risk and cause addiction more quickly than others[2].

OBJECIVE

1. To assess knowledge regarding substance abuse among caregivers of mentally ill patients at district hospital Kollam.
2. To find the association between knowledge regarding substance abuse and selected demographic variables.

MATERIALS AND METHODS

Approach: quantitative approach

Design: Non experimental descriptive research design

Population: Caregivers of patients attending psychiatric OPD

Sample: Care givers of patients attending psychiatric OPD at district hospital, Kollam

Sampling technique: Non-probability convenient sampling technique

Setting: district hospital, Kollam

Data collection method: self- structured questionnaire

Inclusion criteria
1. Caregivers who are able to read and write Malayalam
2. Both sexes of care givers

Exclusion criteria
1. People who are having sensory deprivation.
2. Caregivers who are already in pilot study.

Data collection process:
We communicated the purpose and significance of the study with the participants through direct communication. Data were collected through self-structured questionnaire.

Ethical approval and informed consent
Ethical Clearance and approval was obtained from the Institutional Ethics Committee of Bishop Benziger College of Nursing, Kollam. Informed consent was obtained from the participants. The respondents were assured the anonymity and confidentiality of the information provided by them. The privacy of the research participants was maintained. The ethical principles in research which included beneficence, justice, maleficence, honesty, confidentiality, and non-discrimination was strictly followed in the study. The participants were given the right to withdraw from the research study at any time.

Tool
Section A
Demographic Proforma
Section A consisted of information regarding demographic variables such as age, sex, education, occupation, residence, types of family, no of family members and income of caregivers of patients attending psychiatric OPD.

Section B
Self-structured knowledge questionnaire

Reliability
After obtaining legal permission from the psychiatrist of the District Hospital Kollam, the tool was administered to 20 caregivers of patients in psychiatric ward at District Hospital, Kollam. Reliability coefficient was calculated using Karl Pearson Correlation Coefficient Method. The reliability coefficient of tool was 0.84. This indicates that the tool was highly reliable.

Analysis
Descriptive analysis
1. Percentage distribution of sample as per demographic variables
2. Level of knowledge regarding substance abuse among caregivers of patients attending

Psychiatric OPD
Inferential analysis
1. Association between level of knowledge and selected demographic variables using chi-Square.

RESULTS

The study was conducted at psychiatric OPD of district hospital, Kollam. The demographic data revealed that 13% sample were under the age group of 20-30 years, 24.50% were under the age group of 30-40 years, 30% sample were under the age group of 40-50 years, 32.50% sample were under the age group of 50-60 years. Regarding sex, 52% belonged to male, 48% belonged to female. Regarding education,36% of the sample had primary education, whereas 31% of the sample had secondary level education, 18% of the sample had higher secondary education and about 15% of the sample had diploma or degree. Regarding occupation, 34.50% of samples were unemployed, 30% had private jobs, 20.50% had other jobs, and 15% were government employees. Regarding family income, 75.50% of participants had an income less than Rs.10000, 21.50% had an income of Rs.10001-50000, and only 3% of people had an income above Rs.50000. Regarding type of family, 73% of participants were from joint family and only 27% of participants were from nuclear family. Regarding number of siblings 53% of participants had 1 or 2 siblings, about 36% of participants had 3 siblings and only 11% of participants had more than 3 siblings. The present study revealed that 3.50% of the caregivers had very poor knowledge, 37.50% had poor knowledge, 40.50 % had moderate knowledge, 15.50% had good knowledge, and 3% had very good knowledge. The association found out by using the Chi Square test inferred that the present study showed a significant association between knowledge and demographic variable family income (calculated value was greater than table value at 0.05 level of significance).There was no association between knowledge and demographic variables like age, gender, education, occupation , type of family and number of siblings (calculated values was less than the table value at 0.05 level of significance).

Percentage distribution of the sample as per age

N=200

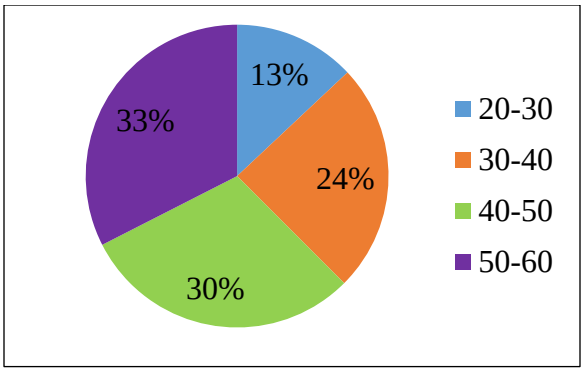

Fig (1) showing the percentage distribution of the sample as per age.

The pie diagram shows that13% of sample were between the age group of 20-30 years. About 24.50% belonged to the age group of 30-40 years, 30% belonged to the age group of 40-50 years and 32.50% belonged to the age group of 50-60 years.

Percentage distribution of the sample as per gender

N=200

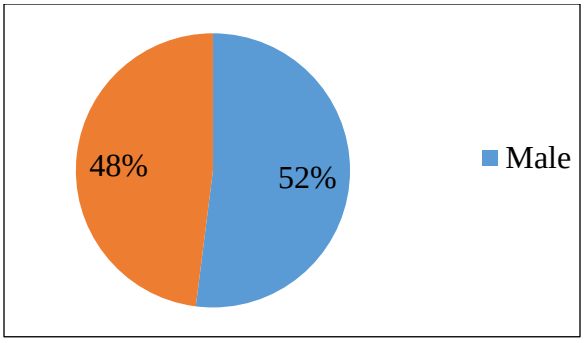

Fig (2) showing the percentage distribution of the sample as per gender.

The pie diagram shows that 52% of participants were males. Female participants were 48%.

Percentage distribution of the sample as per education

N = 200

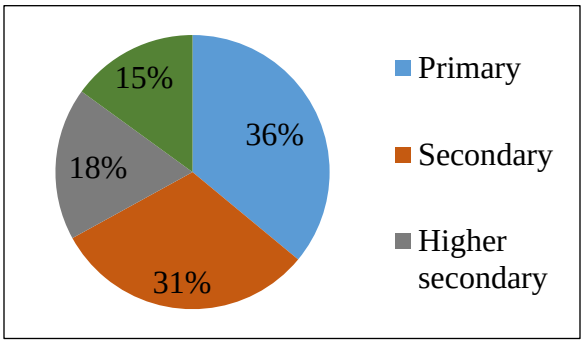

Fig (3) showing the percentage distribution of the sample as per education.

The pie diagram shows that 36% of the sample had primary education, 31% of the sample had secondary level education, 18% of the sample had higher secondary education and about 15% of the sample had diploma or degree.

Percentage distribution of the sample as per occupation

N =200

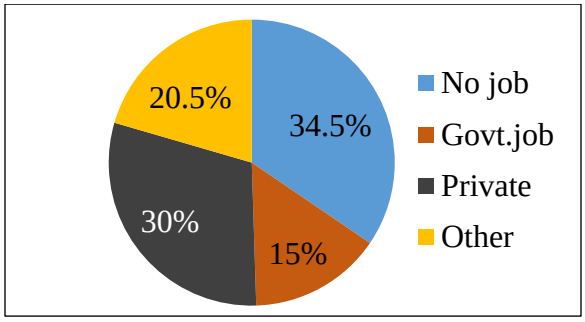

Fig (4) showing the percentage distribution of the sample as per occupation.

The pie diagram shows that about 34.50% of samples were unemployed, 30% had private job, 20.50% had other jobs and 15% were government employees.

Percentage distribution of the sample as per family income

N = 200

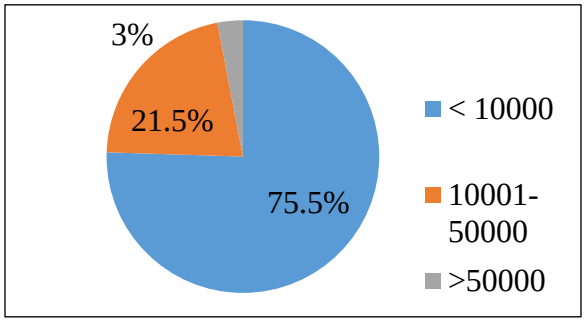

Fig (5) showing percentage distribution of the sample as per family income.

The pie diagram shows that 75.50% of people had an income of less than Rs.10000, 21.50% had an income between Rs.10001-50000 and only 3% of people had an income of above Rs.50000.

Percentage distribution of the sample as per type of family

N = 200

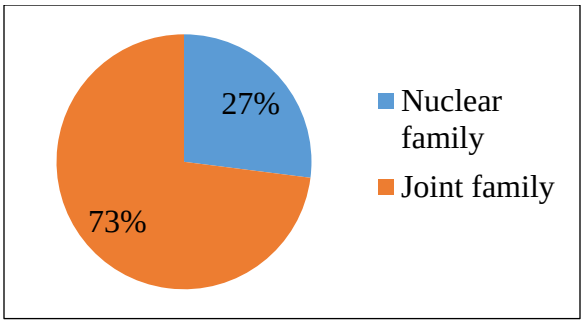

Fig (6) showing the percentage distribution of the sample as per the type of family.

The pie diagram shows that about 73% of participants were from joint family and only 27% of participants were from nuclear family.

Percentage distribution of the sample as per number of siblings

N = 200

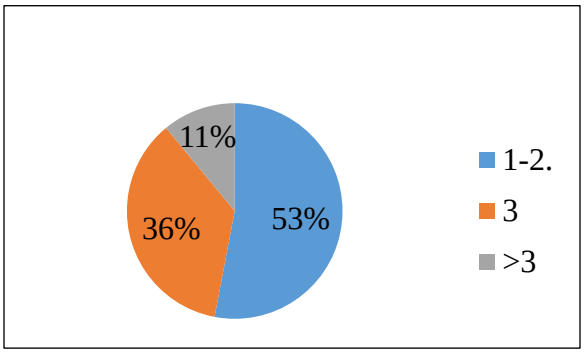

Fig (7) showing the percentage distribution of the sample as per number of siblings.

The pie diagram shows that 53% of participants had 1 or 2 siblings, about 36% of participants had 3 siblings and only 11% of participants had more than 3 siblings.

Level of knowledge regarding substance abuse among caregivers of patients attending, psychiatric OPD.

Sl. No	Range score	Level of knowledge	No. of samples	Percentage
1	0-5	Very poor	7	3.50%
2	6-10	poor	75	37.50%
3	11-15	moderate	81	40.50%
4	16-20	good	31	15.50%
5	21-25	Very good	6	3%
		Total	200	100%

Table (1) shows that 40.50% of participants had moderate knowledge whereas 37.50% had poor level of knowledge, 15.50% had good level of knowledge, 3.50% had very poor level of knowledge and 3% had very good level of knowledge.

Association between knowledge of substance abuse among caregivers of patients attending psychiatric OPD and selected demographic variables.

Sl no	Demographic variable	Very poor	Poor	Moderate	Good	Very good	Chi-square	df	Table value	Significant at P < 0.05
1	AGE									
	20-30	2	7	10	5	2	14.57	12	21.03	NS
	30-40	9	18	11	8	3				
	40-50	5	23	19	9	4				
	50-60	4	24	22	10	5				
2	GENDER									
	Male	3	35	48	16	2	2.66	4	9.49	NS
	Female	5	30	18	22	1				
3	TYPE OF FAMILY									
	Nuclear	1	14	30	8	1	6.70	4	9.49	NS
	Joint	6	65	54	20	1				
4	EDUCATION									
	Primary	Nil	32	33	6	1	4.85	12	21.03	NS
	Secondary	2	25	26	9	Nil				
	Higher Secondary	1	10	15	8	2				
	Diploma	Nil	9	16	4	1				
5	NO. OF SIBLINGS									
	1-2	1	42	43	17	3	3.91	8	15.51	NS
	3	2	28	25	15	2				
	>3	Nil	10	10	2	Nil				
6	FAMILY INCOME									
	< 10,000	2	63	62	22	2	16.06	8	15.51	S
	10001-50,000	Nil	9	15	18	1				
	> 50,000	Nil	3	3	Nil	Nil				
7	OCCUPATION									
	No job	2	19	37	10	1				
	Government job	Nil	18	9	3	Nil	12.43	12	21.03	NS
	Private job	1	19	27	13	Nil				
	Other	1	11	22	5	0				

Table 2: Regarding age, the calculated x2 value (14.57) was less than table value (21.03). So, there was no significant association between knowledge and the demographic variable 'Age'. Regarding sex, the calculated x2 value (2.66) was less than table value (9.49). So, there was no significant association between knowledge and demographic variable 'sex'. Regarding type of family the calculated x2 value (6.70) was less than table value (9.49). So, there was no significant association between knowledge and the demographic variable 'type of family'. Regarding education, the calculated x2 value (4.85) was less than table value (21.03). So, there was no significant association between knowledge and the demographic variable 'education'. Regarding number of siblings, the calculated x2 value (3.91) was less than table value (15.51). So there was no significant association between knowledge and the demographic variable 'number of siblings'. Regarding family income, the calculated x2 value (16.06) was greater than table value (15.51). So, there was significant association between knowledge and the demographic variable 'family income'. Regarding occupation, the calculated x2 value (12.43) was less than table value (21.03). So there was no significant association between knowledge and demographic variable 'occupation '.

The findings of the present study revealed that there was no significant association between knowledge and selected demographic variables like age, gender, type of family, education, number of siblings and occupation. There was significant association between knowledge and selected demographic variable like family income.

DISCUSSION

A non experimental descriptive design was used with non-probability convenient sampling.

The study revealed that 3% have very good knowledge, 15.5% have good knowledge, 14.5% have moderate knowledge, 37.5% have poor knowledge

and 3.5% have very poor knowledge. The findings were consistent with a cross-sectional study conducted in two high schools of West Bengal, India, among 416 students, in classes VIII, IX, and X. Primary outcome measurements were substance use: knowledge regarding harm, attitude, and opinion. The level of knowledge on harmfulness of substance use among students was very high (urban—-84.6% and rural—61.5%).[3]

The present study showed there were significant association between knowledge and income.

The findings were consistent with another cross-sectional study conducted in ICD-10 diagnosed substance dependence subjects and their family caregivers attending a de-addiction Centre at a multispecialty teaching hospital in north India. Family Burden Interview Schedule was used to assess the pattern of burden borne by the family caregivers of 120 men. Family burden was associated with low income and rural location. It was associated neither with age, education or duration of dependence of the patients, nor with family size, type of caregiver or caregiver's education and occupation.[4]

CONCLUSION

Substance use disorder, as a recognized medical brain disorder, refers to the use of illegal substances, such as marijuana, heroin, cocaine, or methamphetamine. Or the misuse of legal substances, such as alcohol, nicotine, or prescription medicines. The study found that only 3% had very good knowledge and 15.50% had good knowledge regarding substance abuse of among 200 participants. The association found out by using the Chi Square test inferred that the present study showed a significant association between knowledge and demographic variable family income (calculated value was greater than table value at 0.05 level of significance).

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Conflict of interest
There are no conflicts of interest

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