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Research Article

A STUDY TO ASSESS THE SOCIAL, ECONOMICAL AND FAMILY PROBLEMS OF ALCOHOLICS RESIDING AT SELECTED REHABILITATION CENTERS IN PUNE CITY

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ABSTRACT

Background: Alcohol abuse can be found among all age groups, predominantly in men. Notable ethnic differences observed in the prevalence of alcohol-related liver disease and associated mortality. Overall consumption or the average volume of alcohol consumption has been the usual measure of exposure linking alcohol to disease in recent decades. **Aim:** To assess the social, economical and family problems of alcoholics residing at selected rehabilitation centers in Pune city. **Methods:** A descriptive study was done on 60 alcoholic's patients, convenient sampling technique was adopted to select the samples, self-structured questionnaire was made to assess the problems of alcoholics in selected in deaddiction centers of Pune city. **Results:** Majority (40.32) of the age group of 31-40 and most of them (74.19%) were single (40.32%) had business as their occupation. (32.26%) had a family income of 15000-30000 and (59.69%) belonged to joint family. alcoholics have more social problem. In some sample occupation, age, marital status value is less (than 0.05) so there is significant association between social problem as well as economic problem of alcoholics. In family problem the p-values are large .none of the demographic variable was found to have significant association with the family problem of alcoholics.

Conclusion: Finding from this study revealed that alcoholics have more social problem regarding tend to drink, anger outburst and physically sick after drinking. Majority of their spouse complained about drinking as well as they tried to stop them and refused to talk with them. Majority of them missed a whole day at work after drinking or suspended or dismissed from work.

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INTRODUCTION

Alcoholism is a social evil and as far as possible every individual should avoid it. Continuous usage of alcohol adversely affects the brain and its efficiency. Alcohol is the main cause of family unhappiness, tension and total disorganization. Alcoholic individual waste money and economic life of the family resulting in poverty, quarrel, violence and development of abusive behaviors. Children may become delinquent's, alcoholic may commit crimes, antisocial activities which may also be associated with gambling, prostitution and this is how one-fourth of the income are wasted on alcoholism^[1]

Alcohol is banned in some parts of India such as Manipur and Gujarat, There are believed to be 62.5 million people in India who at least occasionally drink alcohol. Unlike many western countries the consumption of alcohol in India is witnessing a dramatic rise for instance, between 1970 and 1995 there was a 106.7% increase in the per capita consumption. International

brewers and distillers of alcoholic beverages are keen to become popular in India, India has also become one of the largest producers of alcohol it produces 65% of alcoholic beverages in South East Asia. Most urban areas have witnessed an explosion in the number of bars and nightclubs that opened in recent years.^[2]

Indian youth and other racial/ethnic groups. Our core sample for the descriptive analysis consists of 70,841 youth. American Indian youth have fewer ties at the school level than Caucasian youth, including reports of fewer reciprocated friendships, a smaller number of in-school friends, and they also focus on the detrimental social and physical consequences of alcohol use during adolescence and offer an extended consequences model (n = 5,841) that includes the interactive effects of race/ethnicity, age, and drinking influences on relationships with friends (Caucasian = 59 %; Black = 19 %; Asian = 7 %; Hispanic = 7 %; American Indian = 5 %; Other = 3 %; Female = 54 %). The findings that American Indian youth are no more likely than other youth to report personal drinking as being

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detrimental to social relationships with parents, peers, and romantic partners.^[3]

Alcohol abuse causes over 100,000 deaths in the united states each year. It is most commonly abused drug by children between the age of 15 to 17 years. People who drink alcohol are more likely to engage in high-risk sexual behavior, have poor grades or job performance, use tobacco products and experiment with illegal drugs . In India 62.5 million alcohol users were estimated to have increased per capita consumption of alcohol by 106.7% over the 15-year period from 1970 to 1996^[4].

The Global status report on alcohol and health 2014 presents a comprehensive perspective on the global, regional and country consumption of alcohol, patterns of drinking, health consequences and policy responses in Member States. It represents a continuing effort by the World Health Organization (WHO) to support Member States in collecting information in order to assist them in their efforts to reduce the harmful use of alcohol, and its health and social consequences. The report was launched in Geneva on Monday 12 May 2014 during the second meeting of the global network of WHO national counterparts for implementation of the global strategy to reduce the harmful use of alcohol^[5].

The world health organization estimates that there are about 2 billion people worldwide who consume alcoholic beverage and 76.3 million with diagnosable alcohol use disorders. Alcohol causes 1.8 million deaths and loss of 58.3 million of Disability Adjusted Life Years (DALY). Alcohol related neuropsychiatric conditions account for close 40% of the 58.3 million DALYS. It is largest risk factor in developed countries^[6].

MATERIAL AND METHODS

A descriptive study was done on 60 alcoholic's patients, convenient sampling technique was adopted to select the samples, self-structured questionnaire was made to assess the problems of alcoholics in selected in deaddiction centers of Pune city. The questionnaire divided in to three domain that was social, economical and family and there are two section, section-I is demographic variables and section II is self-structured questionnaire. The scoring based on never, seldom, frequently and always. The study adopted Health belief Model.

Results: Analysis and interpretation of the data was based on the projected objectives of the study.

- To assess the social, economical and family problems of alcoholics.
- To find out the association between social, economical and family problems of alcoholic and selected demographic variable.

Organization of the study findings

Section I

It deals with the description of samples (patients with alcohol dependent syndrome) based on their personal characteristics.

Section II

It deals with the analysis of data related to association of social, economic and family problem.

Section I

Description of samples (patients with alcohol dependent syndrome) based on their personal characteristics

Table 1 Description of samples (patients with alcohol dependent syndrome) based on their personal characteristics in terms of frequency and percentages
N=60

Demographic variable	Freq	%	
Age	20-30year	15	24.19%
	31-40year	25	40.32%
	41-55year	17	27.42%
	Above 55	5	8.06%
	Total=	62	100%
Occupation	Government	12	19.35%
	Non-Government	11	17.74%
	Business	25	40.32%
	Other	14	22.58%
Total=	62	100%	
Family income	Rs. 15000-30000	20	32.26%
	Rs. 30000-45000	17	27.42%
	Rs. 45000-6000	7	11.29%
	60000 & above	18	29.03%
Family type	Joint	11	68.80%
	Nuclear	5	31.30%
	Extended	9	14.52%
	Other	1	1.61%
	Total=	62	100%
Marital Status	Single	14	22.58%
	Married	46	74.19%
	Divorced	2	3.23%
	Total=	62	100%
Children	No	17	27.42%
	Yes	45	72.58%
Total=	62	100%	

Table 1 shows description of alcoholics based on their personal characteristics in terms of frequency and percentages. Maximum number 40% patients belonged to the age of 31-40 yr. majority of samples 40.32% were businessman. Maximum 32.26% samples have family income between 15000-30000. Maximum 59.68% samples were from joint family. Maximum 74.19% were married. Maximum samples 72.58% have children.

Section II: it deals with the analysis of data related to association of social, economic and family problem. For Social Problem

In Table 2: Since the p-values are large (greater than 0.05), none of the demographic variable was found to have significant association with the economic problem of alcoholics, whereas in some sample occupation, age, marital status value is less (than 0.05) so there is significant association between social problem.

For Economical Problem

In Table 3: Since the p-values are large (greater than 0.05), none of the demographic variable was found to have significant association with the economic problem of alcoholics.

For Family Problem

In Table 4: Since the p-values are large (greater than 0.05), none of the demographic variable was found to have significant association with the family problem of alcoholics.

Table 2 Ordinal Logistic Regression for Social Problem

Response Variable	Predictor	Coefficients	Standard error Coefficients	Z	P
Occupation	S1	-0.7981	0.3567	-2.24	0.025
	S12	1.5193	0.5052	3.01	0.003
	S14	1.4447	0.4879	2.96	0.003
Age	S4	1.005	0.3662	2.74	0.006
	S11	-0.8228	0.3562	-2.31	0.021
Marital status	S6	2.0083	0.7782	2.58	0.01
	S1	-0.8965	0.4288	-2.09	0.037
Family type	S4	0.9781	0.4223	2.32	0.021

Table 3 Ordinal Logistic Regression for Economical Problem

Response Variable	Predictor	Coefficients	Standard error Coefficients	Z	P
Occupation	E7	-0.982	0.4443	-2.21	0.027
Age	E6	-0.908	0.4092	-2.22	0.026
Family type	E5	-0.8601	0.3414	-2.52	0.012
	E9	-1.0767	0.5497	-1.96	0.05

Table 4 Ordinal Logistic Regression for Family Problem

Response Variable	Predictor	Coefficients	Standard error Coefficients	Z	P
Age	F7	-1.3602	0.4774	-2.85	0.004
	F2	-0.9414	0.4599	-2.05	0.041
Marital status	F8	-2.497	1.021	-2.45	0.014
	F1	-0.7105	0.3525	-2.02	0.044

DISCUSSION

The present study was undertaken to assess the social, economic and family problems of alcoholics residing in deaddiction centers. The study proved that there is an association between problem of alcoholics and the selected demographic variable.

Sihyun Park; Schepp, Karen G conducted study on “A Systematic Review of Research on Children of Alcoholics: Their Inherent Resilience and Vulnerability” in this study children of alcoholics (COAs) tend to show negative outcomes while they are growing up, such as depression, anxiety, suicidal ideation, substance abuse or interpersonal difficulties and there are several factors that effect on COAs that minimize or maximize the impact of adverse experiences related to their parental drinking problem, This study identified risk, protective, and biological factors in COAs, and categorized into four levels: individual, parental, familial and social. Each level contains specific factors that positively or negatively affect the development in COAs. In addition, biological differences between COAs and non-COAs and between resilient COAs and vulnerable COAs were discussed. Findings from this study should be applied to COAs and adult COAs through evidence-based interventions in order to help them in terms of preventing or minimizing the negative outcomes they might experience in their lives.^[6]

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