

Mental Health and Alcoholic Addiction of Rural Adults

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Abstract: ***Objective:** In the adult community, heavy drinking is both normal and essential. Adults with higher levels of alcohol consumption and occasionally lower levels have been linked to worse mental and social outcomes. The study aimed to investigate how alcohol consumption relates to mental health among adults. **Methods:** influence of alcohol consumption on mental health status and association between the variables were investigated using descriptive and One-Way ANOVA statistical test. **Results:** Compared to those with low-risk consumption, those reporting hazardous consumption reported a modest decrease in mental health complaints, but they also reported higher levels of emotional and social isolation and mental health complaints. **Conclusion:** High-level alcohol use among adults might imply an elevated risk of many problems with mental health status. The study findings further show that the quality of the home environment can be more crucial for mental health. People living in rural areas had larger rates of addiction and worse mental health problems among adults. Addiction also results in deterioration of self-control, emotional equilibrium, and physical health. Adult alcohol addiction and mental health are significantly and negatively correlated. It implies that mental health is impacted by rising addiction rates.*

Keywords: mental health, alcohol dependence, and adults

1. Introduction

Long-term heavy drinking has been shown to be detrimental to one's physical and mental well-being (Babor et al., 1994; Forouzanfar et al., 2015). (The word "heavy drinking" here refers to a broad category of excessive and problematic alcohol use.) High levels of alcohol consumption are linked to mental health issues (Jones et al., 2008; Knight et al., 2002; Rehm et al., 2010; Rodgers et al., 2000a; Rodgers et al., 2000b; Skogen et al., 2009) and psychosocial issues in adults (Collins, Ellickson, & Klein, 2007; Rodgers et al., 2000b). In some regions of the nation and other high-income nations, alcohol consumption and disorders related to alcohol consumption significantly contribute to the burden of disease (Agardh et al., 2016; Forouzanfar et al., 2015).

Social motives making social gatherings more fun (Cooper, 1994; Cooper et al., 1992; Kuntsche et al., 2005), conformity to fit in, to be liked (Cooper, 1994), mood enhancement (Cooper, 1994; Cooper et al., 1992), and tension reduction or increased coping (Cooper, 1994; Cooper et al., 1992) are among the frequently mentioned reasons to drink. Significant changes occur in relationships, roles, and social expectations throughout the transitional period from youth to adulthood.

Adults will have a clear motivation to drink because of personal or professional stress. A group may also have a significant influence on the alcoholism of the addict (Conger J, 1956). The tension reduction hypothesis has previously been used to explain alcohol consumption, a behaviour that is frequently altered as a coping strategy in response to life stressors. Adults drink more alcohol to reduce negative emotions after both acute and cumulative stress exposures (Cooper et al., 1995). Long-term alcohol use may directly affect a person's mental and behavioural health, and hospital admission rates for alcohol use disorders are significantly correlated with the presence of off-premises alcohol outlets; however, there was no separate reporting for mental health (Livingston M 2011).

It is incorrect to view addiction as a sickness or the result of a person's biological or genetic disposition. People of this type are deeply engrossed in a social and personal model of addictive human behaviour that is wholly non-physiological. Their approach on social issues is mostly grounded on philosophy with a social focus, announcing socio-political correctness as their goal. One definition of addiction is the loss of conscious control. It's an unthinking, impulsive behaviour. Addicts, so the saying goes, are people who have lost all control over their lives, including how they use and abuse substances. People of this type have made numerous attempts to stop using these substances for social, economical, and personal reasons, but they have never been successful.

Complete abstinence for an extended period can be challenging for individuals who are totally dependent on it, but occasionally people are successful in ceasing for little periods of time or restricting their usage for longer periods of time. Addiction is a sickness that worsens over time. The only mental illness that can convince a sufferer that while others may be sick, they are not addiction. The addicted denial is the reason of this. This behaviour is not in response. Addicts refuse to acknowledge their problem. The current study sought to examine the relationship between alcohol consumption and social and emotional loneliness, as well as the number of friends one has, as these factors may have an impact on one's mental and overall life satisfaction. This is because adults tend to place a greater emphasis on the social aspects of alcohol consumption.

2. Methodology

Research question

- What is the prevalence of alcohol addiction among rural adults?
- What are the patterns of alcohol consumption (e.g., binge drinking, heavy drinking) among rural adults?

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Objectives of the study

- To study the influence of mental health and alcoholic dependence among alcoholic-addicted adults in rural, urban, and semi-urban
- To know the significant relationship between alcohol dependence and mental health among adults

Hypotheses

- There would be a significant difference in mental health and alcoholic dependence among alcoholic addicted adults in rural, urban and semi-urban.
- There would be a significant relationship between alcohol dependence and mental health among adults.

Research design

The present study is exploratory in nature and adopts survey methods.

Sampling selection: criteria for inclusion Individuals who are addicted to alcohol or likker, i.e., a person must have an optimum level of daily consumption, have been included. The data has been collected from adults in rural, urban, and semi-urban areas, respectively, using a simple random sampling method.

3. Measures**Alcohol dependence scale**

Participants were asked how often they consume alcohol, with response options “never”, “monthly or less”, “2–4 times a month”, “2–3 times a week”, and “4 times a week or more”. Individuals responding “never” were grouped as abstainers. The scale has of two modules, each module consisting of 29 statements and 25 statements respectively. Scoring is as follows Added dS and dI to match new scoring conventions $dS_{ADS_TOT} = var\ Score$. The validity of scale has been found satisfactorily.

Mental health check list

The 25 item Hopkins Symptoms Check List (Derogatis et al., 1974; Muller et al., 2010) (HSCL-25) was used. The scale consists of 25 statements regarding symptoms as experienced during the past two weeks, each with response options ranging from 1 (not bothered) to 4 (extremely bothered). The study therefore investigated the sum score of the scale (potentially ranging from 25 to 100), with higher scores indicating higher symptom load. As higher scores were positive for all other outcome variables, the z-scored version of the HSCL-variable was reversed in the analyses, so that higher scores indicated less mental health complaints.

Statistical analyses

One-Way ANOVA and Pearson’s product moment coefficient correlation was carried out to find out the comparative analysis.

4. Results and Discussion**Table 1:** Shows the mean and SD of mental health in relation place of residence of alcoholic adults

Variables	Factors	N	Mean	Std. Deviation
MH	rural	44	5.68	7.408
	urban	86	4.31	5.081
	town/city	102	5.94	7.107
	semi urban	48	4.54	6.202
	Total	280	5.16	6.453

Above table shows the mean and SD of the **mental health** scores in relation to place of residence of the adults. According to the analysis, the mean score for adults in the town/city group is 5.94, while the mean score for adults in the rural group is 5.68.

The semi-urban and urban groups had mean scores of 4.54 and 4.31, respectively. This implies that, in comparison to the other three adult groups, the adults living in the town or city had a better mental health and slightly lower the alcoholic addiction. It is statistically significant, though.

Table 2: One-way ANOVA for **mental health** scores in relation to place of residence of adults

		Sum of Squares	df	Mean Square	f	Sig.
MH	Between Groups	154.135	3	51.378	12.237	0.001
	Within Groups	11463.632	276	41.535		
	Total	11617.768	279			

Above table depicts that the one-way ANOVA for **mental health** scores in relation to place of residence. The F-ratio is 12.237, which is significant at 0.001 level. This score indicates that there is a significant influence of place of residence on mental health of adults. Hence, the hypothesis-**there is a significant influence of place of residence on mental health of the adults, has been accepted.**

Table 3: Shows the mean and SD of alcohol dependence among adults

Variables	Factors	N	Mean	Std. Deviation
ADS	rural	44	24.09	8.352
	urban	86	23.88	9.112
	town/city	102	22.61	9.577
	semi urban	48	21.54	7.397
	Total	280	23.05	8.906

Above table shows the mean and SD of the **alcohol dependence** scores in relation to the place of residence of adults. The analysis indicates that adults belonging to rural group mean scores = 24.09, followed by the urban, semi urban and town/city groups mean scores = 23.88, 21.54 and 22.61 respectively.

This suggests that the adults belonging to rural exhibited a higher degree of addiction level and poor the mental health status compared to other three groups of adults. Thus, the result is statistically significant.

Table 4: One-way ANOVA for alcoholic dependence scores in relation to place of residence of rural adults.

variable	Groups	Sum of Squares	df	Mean Square	f	Sig.
ADS	Between Groups	236.596	3	78.865	5.994	0.006
	Within Groups	21892.704	276	79.321		
	Total	22129.3	279			

Above table depicts the one-way ANOVA for alcohol dependence scores in relation to place of residence. The F-ratio is 5.994, which is significant at 0.001 level. This score indicates that there is a significant influence of place of residence on alcohol dependence of adults. Hence, the hypothesis **there is a significant influence of place of residence on alcohol dependence of the adults, has been accepted.**

Table 5: Correlation between mental health and alcoholic addiction of adults

Variables	r- value	p-value
Mental health	-.477**	0
Alcoholic addiction		

***. Correlation is significant at the 0.01 level (2-tailed).*

The above table indicates that there is a significant negative correlation between mental health and alcohol addiction in adults. The correlation coefficient is $r = -.477$, which is negative and significant at the 0.001 level. This result demonstrates that there is a significant negative association between mental health and alcohol addiction in adults. It means that the higher the addiction dependency, the worse the mental health condition of the addicted person. Hence, the hypothesis that there is a significant negative correlation between mental health and alcoholic addiction in adults has been accepted.

5. Discussion

Alcohol use disorder is a condition characterised by an impaired ability to stop or control alcohol use despite negative social, occupational, or health consequences. It is a spectrum disorder and can be mild, moderate, or severe and encompasses the conditions that some people refer to as alcohol abuse, alcohol dependence, or the colloquial term, alcoholism. Alcohol addiction refers to the moderate to severe end of the autistic personality disorder spectrum.

Similar to other substances, alcohol has a strong neurochemical effect on the brain that both amplifies positive emotions and attenuates unpleasant ones. These emotions have the power to drive some people to repeatedly use alcohol in spite of the consequences to their health and wellbeing. People who drink alcohol may see gradual alterations in the composition and capabilities of their brains as time goes on. These alterations may impair brain activity and facilitate the shift from moderate, infrequent usage to chronic, potentially uncontrollable abuse. Long after an individual quits drinking, the changes may persist and may even lead to a relapse in alcohol consumption.

It is clear that this study has advanced our knowledge of the ways in which alcohol addiction affects mental health. The

findings indicate that individuals residing in rural regions have demonstrated that alcoholism has an impact on their mental well-being. This indicates that an individual's mental health is unquestionably negatively impacted by their alcohol addiction or dependency. As a result, a person suffering from likker addiction, or any other kind of drug addiction is negatively impacting both their own and their family's quality of life.

People will also have other concerns that they will always have to deal with throughout their life, such as dementia, personality changes, difficulties addressing problems, and alcoholic hallucinosis. For a number of years, numerous evidence-based studies have been conducted to try to figure out the causes of behavioural alcohol addiction.

On the other side, if someone drinks too much and gets tipsy, they might say or do things they wouldn't ordinarily do. Alcohol may be used by those who are depressed or anxious to cope with symptoms; nevertheless, drinking too much alcohol damages one's mental health. Adults differ significantly in terms of their mental health and alcoholism, according to recent research findings.

The majority of adults have been found to use alcohol, and prolonged use can result in addiction because these adults typically lack self-control due to personal and family pressures, and other pressures like social and economic strains would push them towards alcohol abuse because it is so readily available. Furthermore, it is clear that abusing any substance for an extended period of time, including alcohol, can result in addiction and make it difficult for the user to adjust in the future. As a result, care must be taken by the user, friends, family, and other significant others to maintain and sustain a positive lifestyle for a successful future.

This work aims to present important information regarding the problems associated with alcohol addiction as well as psychological methods based on theories for the prevention and treatment of alcohol addiction. According to WHO studies, men are more prone than women to drink alcohol. Because alcohol alters brain chemistry, it temporarily induces relaxation.

6. Conclusion

Adults' mental health is significantly impacted by alcoholism; additionally, compared to the other three adult groups, adults living in towns or cities showed better mental health and lower rates of mental illnesses like dementia, depression, and hallucinosis. This shows that, in comparison to the other three adult groups, people living in rural areas had greater rates of addiction and worse mental health issues, such as inability to solve problems effectively, pointless family fights, physical and emotional abuse, and a lack of self-care. Furthermore, the outcome shows that there is a negative and significant correlation between adult alcoholic addiction and mental health, i.e., mental health status declines with increasing alcoholic reliance.

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