Original Article

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Barriers in Seeking Treatment among People with Alcohol Problem in a Selected Ward of Dharan

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ABSTRACT

Introduction: One of the most important global addiction demands is an alcoholic beverage. In developing countries like Nepal, alcohol intake tends to be a major problem because of various socio-cultural practices, lack of adequate awareness for alcohol-related problems, and the emergence of social drinking patterns, a large majority of individuals with problematic drinkers do not seek treatment. This study aimed to analyze barriers in seeking treatment among people with alcohol problems and to find out association between socio- demographic factors and barriers in seeking treatment among people with alcohol problem in a selected ward of Dharan.

Methods: A cross- sessional study was conducted in Dharan17 and samples were selected using the snowball sampling method. Ethical clearance was taken from the Institution Review Committee (IRC) of BPKIHS (IRC number: IRC/1576/019). Each participant was interviewed by the researcher herself using the Performa in a separate area. Data collection was undertaken in 2 weeks. A total of 104 samples were screened by the (Cut down, annoyed, Guilty and Eye Opener) CAGE questionnaire. A score of 2 or greater 'Yes' from CAGE, considered clinically significant with alcohol use problems. The Barrier to Treatment Inventory (BTI) scale was used to assess barriers. Mean, median, standard deviation, percent, and frequency were used to describe demographic data and Barriers in seeking treatment. Independent sample T-test, ANOVA, Multiple Linear Regression Analysis were adopted to find out the association between dependent and independent variables.

Results: The majority of the subjects were male (73%), married (77%), and Janjati (60%). Labor was highest among all the occupations (38%). "Absence of problem" barrier in seeking treatment predominated by mean scores of 71%. Further a significant association was found with family income/ month and barriers in seeking treatment (p-value 0.01).

Conclusion: The study findings conclude the absence of a problem as a major barrier in seeking treatment. Barriers in seeking treatment tend to decrease as income increases.

Keywords: Alcohol problem, barriers to treatment, seeking treatment

INTRODUCTION

Worldwide, three million deaths per year occur due to the harmful use of alcohol which represents 5.3 % of all deaths. More than 200 diseases and injury conditions occur due to the harmful use of alcohol. Overall, 5.1 % of injury and the global burden of disease is attributable to alcohol, as measured in disability-adjusted life years. Death and disability due to alcohol consumption are particularly seen in the age group of 20–39 years.[1]

Since 2010, the overall burden of disease and injuries caused by the harmful use of alcohol is unacceptably increasing in European and American regions. Around 2.3 billion are current drinkers. Global consumption of alcohol is predicted to increase in the next 10 years even though almost 95% of countries have alcohol exercise taxes.[1]

Asia is growing fastest among the alcohol market which has led to major challenges especially among youths' males and females as death associated with alcohol consumption is 15 % and 6 % for males and females respectively. Besides this, it is associated with harm, stress, injuries, and even suicide in eight Asian countries viz China, India, Japan, Malaysia, Mongolia, South Korea, Thailand, and Vietnam.[2, 3]

Alcohol consumption is emerging public health attention in India as crimes like sexual/ physical assault, rape, exploitation of women in commercial sex work, and homicide are increased due to alcohol intoxication.[4]

Alcohol intake in Nepal is rising tremendously. The average daily intake of alcohol among Nepalese people is 16.1 grams of pure alcohol and projected that by 2020 and 2025 total alcohol consumption will be 2.3 and 2.6 liters respectively.[1]

Alcoholism is one of the leading causes of major public health issues in developing and developed countries. The interaction patterns in alcoholic families are also very strained. As a result, marital disruptions, disrupted family rituals, poor cohesion, expressiveness, and recreational orientation, difficulties in communication and effective involvement, and lack of clean hierarchical boundaries are common in alcoholics families.[5]

In a cross-sessional study done on Chitwan, few females i.e. 13% consume alcohol among them 5 % are screened positive on AUDIT score. More than, 50 percent of males consume alcohol among 25% (Alcohol Use Disorders Identification Tests) AUDIT positive, positive 80% are having internalized stigma.[6]

Having alcohol problems, as well as realizing the need for and entering treatment, was associated with shame and stigma, producing a strong barrier to treatment. Many people would like to change themselves by cutting down drinking and don't realize their drinking as a problem and need for seeking treatment. Very few had visited psychiatric service for quitting alcohol and majority had come to the service when they had some serious health issues. Despite this many people lack confidence in giving up alcohol and some hesitate due to heavy financial expenses going to treatment.[7]

METHODOLOGY

A descriptive cross-sectional study was conducted in Dharan 17, a Sub-Metropolitan city in January 2020. Community residents who were 18 years and above, having an alcohol problem and didn't seek treatment or discontinued treatment after the first treatment residing in Dharan 17 during the time of data collection were included for the study using non-probability snowball sampling technique. Sample size and calculation was based according to a study done on the Rural Population of India in 2011.[8] Based on majority barriers i.e. 'time conflict' as a barrier account 51.2% i.e. p=0.512 and q=1-p=1-0.512=0.488 and using the formula to calculate the sample size $n=Z^2pq/d^2$. Considering d= 20% of p.= (1.96)2*0.512*0.488/ (20 % of 0.512)^2 = .959/0.01 =95.9. Adding 10% non-respondent rate 10% of 95=9.5. By adding 10% non-respondent rate sample size became 104. Ethical clearance was taken from the Institution Review Committee (IRC) of BPKIHS (IRC number: IRC/1576/019). Permission was taken from the Head of Department and Ward Chairman of Dharan 17. Informed written consent was taken from the participant who is to be evaluated to maintain confidentiality. After obtaining permission from the authority concerned, informed written consent was obtained from each participant. Each participant was interviewed by the researcher herself using the Performa in a separate area of his/her home. It took around 15-20 minutes to interview every single participant. Data collection was undertaken in 2 weeks. Data

or information was obtained using interview questionnaire, which was translated in Nepali version consulting expert, that included Part-I: Demographic Performa. Part-II: CAGE Questionnaire: This is a 4-item tool for alcohol use problem detection. This CAGE tool has been used in Nepal. It is a final validated tool prepared by WHO. It has been found to have good test-retest reliability (0.80-0.95) and adequate co-relation with similar screening tests.[9] Item responses on the CAGE are scored Yes or No, with a higher score an indication of alcohol problems. A total score of 2 or greater Yes is considered clinically significant with alcohol use problems. Part-III: Barriers to Treatment Inventory (BTI)**:** BTI is a seven-element, twenty-five item tool which is widely used for substance abuse person who lacks treatment and has validity and reliability as it has been used in previous research by testing. Cronbach's standardized for alfa for each subscale. The standardized were acceptable, ranging from 0.65 for admission difficulty to 0.86 for the absence of a problem.[10] Responses are scored on a 5-point Likert scale as 1= disagree strongly, 2=disagree, 3= uncertain, 4= agree, and 5=agree strongly.

Instrument was pretested among 10% of the sample size in a similar setting to identify feasibility, completeness, comprehensiveness, and appropriateness before actual data collection. The samples in the pretest were excluded in the study and modification was done accordingly.

After collection of the data, they were checked for completeness, organized and coded and entered in Microsoft Excel and converted into SPSS 11.6 version. Descriptive and inferential statistics taking 95% CI and p- value= 0.05 were used to analyze the data. Inferential statistics i.e. One-way ANOVA, T-Test was applied to find out the association between socio-demographic variables with scores of Barriers to Treatment. Multiple Linear Regression Analysis was applied to find out the relationship between barrier scores and selected socio-demographic variables. Analyzed data and results were presented through tables.

At the end of the interview, brief counseling was provided to participants and their families; visiting BPKIHS hospital for quitting alcohol in case of difficulty to self-control alcohol intake and for regular check-ups.

RESULTS

Table 1: Socio-demographic Characteristics of Respondents (n=104)

Characteristics		Frequency	Percent
Age group in years	<=30	15	14.42
	31-40	22	21.15
	41-50	21	20.19
	51-60	26	25.00
	>60	20	19.23
Mean age ± SD = 47.59±13.66			
Gender	Male	76	73.08
	Female	28	26.92
Ethnicity	Brahmin/Chhetri	6	5.77
	Janjati	62	59.62
	Dalit	36	34.62
Religion	Hindu	65	62.5
	Buddhist	19	18.3
	Christian	13	12.5
	Kirat	7	6.7
Social support for treatment	Yes	83	79.80
	No	21	20.20
Education	Illiterate	42	40.38
	Primary	26	25.00
	Secondary and above	36	34.62
Occupation	Labor	40	38.46
	Farmer	22	21.15
	Service	9	8.65
	Business	15	14.42
	Others	18	17.31
Family type	Nuclear	44	42.31
	Joint	60	57.69
Total No. of Family Members	>4	71	68.30
	<5	33	31.70
Family Income/month in NRS	<15000	39	37.50
	15000-30000	54	51.92
	>30000	11	10.58
Financial Support for Treatment	Yes	87	83.70
	No	17	16.30
Marital Status	Single	5	4.81
	Married	80	76.92
	Widow/Widower	14	13.46
	Separated	5	4.81

Majority of the participants were male (73%), Janjati 60%, Hindu 62.5% illiterates (40 %), and married (77%). One-fourth (25%) of the participants belong to 51 to 60 years. Besides this 38 % of participants were labor by occupation and more than 50% of the participants earn between NRS 15000-30000. A total of 80% and 83.7 % of the participants have social and financial support for treatment respectively. A total of 58% of the participants live in a joint family and around 70% were with five or more members (Table 1).

Table 2: Respondents' Pattern of Alcohol Use (n=104)

Characteristics		Frequency	Percentage
Type of alcohol	Local	75	72.12
	All types	29	27.88
Age at first taking alcohol	<20	71	68.27
	20-40	26	25.00
	40-60	6	5.77
	>60	1	0.96
Amount of alcohol consumed in one sitting	<100ml	35	33.6
	100-300ml	58	55.7
	>300ml	11	10.5
Money spent (Nrs) per day for getting alcohol	<100	78	75.0
	100-300	21	20.1
	>300	5	4.8
Source for getting alcohol	Self	94	90.3
	Others (Wife, husband, children, friends)	10	9.6

The majority (72%) of the participants consume local alcohol i.e. homemade preparations. Around 70% of the participants started taking alcohol before the age of 20. The average intake of alcohol was 100-300 ml and 75% of the subjects spend less than 100 rupees/day for getting alcohol. More than 90% of the participants are getting alcohol on their own (Table 2).

Table 3.1: Overall barriers in seeking treatment of the respondents (n=104)

Barriers to treatment				
Total Score	**Mean**	**Std. Deviation**	**Variance**	**Range**
Absence of problem	70.70	13.07	170.80	60
Negative social support	39.34	4.99	24.90	48
Fear of treatment	41.92	7.25	52.58	50
Privacy concerns	42.88	10.29	105.94	60
Time conflict	40.19	5.21	27.14	40
Poor treatment availability	39.03	7.28	53.00	46.67
Admission difficulty	40.00	5.75	33.01	60

The mean rating score (70.70) on the overall 'absence of problem' is found to be higher than 60% which indicates, there exists a barrier to go for treatment in the study sample (Table 3.1).

Table 3.2 Responses for Barriers in seeking treatment (n=104)

Barriers to Treatment		Mean± SD	Strongly Disagree	Disagree	Uncertain	Agree	Agree Strongly
			No. (%)	No. (%)	No. (%)	No. (%)	No. (%)
1	**Absence of problem**	3.53 ± 0.64					
1.1	I don't think I have a problem with alcohol.	3.63± 0.85	2(1.92)	14(13.46)	10(9.62)	73(70.19)	5(4.81)
1.2	No one had told me I had a problem with alcohol.	3.64± 0.79	2(1.92)	13(12.5)	6(5.77)	82(78.85)	1(0.96)
1.3	My alcohol isn't causing any problems.	3.63± 0.80	2(1.92)	14(13.46)	5(4.81)	82(78.85)	1(0.96)
1.4	I don't think I will make my life better	3.27± 0.87	2(1.92)	22(21.15)	27(25.96)	52(50)	1(0.96)
1.5	I can handle alcohol use on my own	3.43± 0.91	4(3.85)	17(16.35)	14(13.46)	68(65.38)	1(0.96)
1.6	I don't think I need treatment	3.63±0.87	2(1.92)	16(15.38)	6(5.77)	75(72.12)	5(4.81)
2	**Negative social support**	1.96 ± 0.24					
2.1	I will lose my friend if I go to treatment	1.99±0.30	4(3.85)	98(94.23)	1(0.96)	1(0.96)	0(0)
2.2	Friends tell me not to go for treatment	1.96±0.28	6(5.77)	96(92.31)	2(1.92)	0(0)	0(0)
2.3	People will think badly of me if I go to treatment	1.95± 0.32	7(6.73)	96(92.31)	0(0)	1(0.96)	0(0)
2.4	Someone in my family doesn't want me to go to treatment	1.96±0.31	6(5.77)	97(93.27)	0(0)	1(0.96)	0(0)
2.5	My family will be embarrassed or ashamed if I go to treatment	1.97±0.29	5(4.81)	98(94.23)	0(0)	0(0)	0(0)
3	**Fear of treatment**	2.09 ± 0.36					
3.1	I have a bad experience with treatment	2.12 ±0.47	3(2.88)	89(85.58)	9(8.65)	3(2.88)	0(0)
3.2	I am afraid of what might happen in the treatment	2.13±0.50	3(2.88)	89(85.58)	8(7.69)	4(3.85)	0(0)
3.3	I am afraid of the people I might see in treatment	2.05±0.32	2(1.92)	96(92.31)	5(4.81)	1(0.96)	0(0)
3.4	I am too embarrassed or ashamed to go to treatment	2.10±0.43	2(1.92)	93(89.42)	6(5.77)	3(2.88)	0(0)
4	**Privacy concerns**	2.14 ± 0.51					
4.1	I don't like to talk in groups	2.16 ±0.58	4(3.85)	85(81.73)	9(8.65)	6(5.77)	0(0)
4.2	I hate being asked personal questions	2.13 ±0.52	4(3.85)	86(82.69)	10(9.62)	4(3.85)	0(0)
4.3	I don't like to talk about my personal life with other people	2.13±0.50	3(2.88)	88(84.62)	9(8.65)	4(3.85)	0(0)

Table 3.2 Contd..: Responses for Barriers in seeking treatment (n=104

Barriers to Treatment		Mean± SD	Strongly Disagree	Disagree	Uncertain	Agree	Agree Strongly
			No. (%)	No. (%)	No. (%)	No. (%)	No. (%)
5	**Time conflict**	2.00 ± 0.26					
5.1	I have things to do at home that make it hard for me to get treatment	2.01±0.26	3(2.88)	97(93.27)	4(3.85)	0(0)	0(0)
5.2	It will be hard for me to find a treatment program that fits my schedule	2.01±0.26	3(2.88)	97(93.27)	4(3.85)	0(0)	0(0)
6	**Poor treatment availability**	1.95 ± 0.36					
6.1	I am moving far away to get treatment	1.95±0.35	9(8.65)	91(87.5)	4(3.85)	0(0)	0(0)
6.2	I don't know where to go for treatment	1.96 ±0.39	9(8.65)	91(87.5)	3(2.88)	1(0.96)	0(0)
6.3	I have difficulty getting to and from treatment	1.94 ±0.36	10(9.62)	90(86.54)	4(3.85)	0(0)	0(0)
7	**Admission difficulty**	2 ± 0.28					
7.1	I will have to make a waiting list for treatment	1.98±0.31	5(4.81)	97(93.27)	1(0.96)	1(0.96)	0(0)
7.2	I have to go through many steps to get into treatment	2.02±0.31	3(2.88)	97(93.27)	3(2.88)	1(0.96)	0(0)

Table 3.2 illustrates that the absence of a problem is a major barrier behind seeking treatment with a 3.53 mean score. “I don’t think I have a problem with alcohol”, “No one had told me I had a problem with alcohol” and “My alcohol isn’t causing any problems” are the statements that are having the highest mean score to have a strong reason behind seeking treatment. Similarly, poor treatment availability and negative social support has least mean score of 1.96 and 1.96 respectively statement with no barrier.

Table 4: Association of Barriers in Seeking Treatment with Socio-demographic Variables (n=104)

Variables	Fear of Treatment	Poor Treatment Availability	Admission Difficulty
	p- Value		
Gender	**0.01 ** **	0.5**	0.34**
Marital Status	**0.01 *** **	0.96 ***	0.80 ***
Financial support for treatment	**0.04 ** **	0.18 **	1.00 **
Education	0.82 ***	**0.01 *** **	0.49 ***
Occupation	0.70 ***	0.44 ***	**0.01 *** **
Family income/ month	0.67***	0.08 ***	**0.01 *** **

*** *ANOVA* ** *Independent T-test*

Table 4 illustrates that barrier as ‘Fear of treatment’ is associated with gender (p-value 0.01), financial support (p-value 0.04), and marital status (p-value 0.01). Besides this, barrier as ‘Poor treatment availability’ has an association with education (p-value 0.01). and ‘Admission difficulty’ is associated with occupation (p-value 0.01) and family income per month (p-value 0.01). ‘Absence of problem’ is the major barrier in seeking treatment which is not associated with any one of the socio-demographic variables.

Table 5: Association between Socio-demographic Variables with Overall Barrier Score (n=104)

Va Variables		Total Barrier Scores	
		Mean ± SD	p-Value
Age group in years	<=30	59.25 ± 4.06	0.77 ***
	31-40	60.69 ± 2.63	
	41-50	58.84 ± 5.55	
	51-60	58.96 ± 6.74	
	>60	59.01 ± 5.92	
Gender	Male	59.09 ± 5.13	0.42 **
	Female	60.07 ± 5.62	
Ethnicity	Brahmin/ Chhetri	57.30 ± 5.41	0.39 ***
	Janjati	59.10 ± 5.94	
	Dalit	60.13 ± 3.76	
Religion	Hindu	60.11 ± 5.42	0.27 ***
	Buddhist	57.66 ± 5.60	
	Christian	58.58 ± 3.84	
	Kirat	58.31 ± 4.34	
Education	Illiterate	60.15 ± 6.12	0.35 ***
	Primary	58.27 ± 3.59	
	Secondary and above	59.20 ± 5.15	
Occupation	Labor	60.31 ± 3.72	0.37 ***
	Farmer	58.88 ± 5.48	
	Service	57.64 ± 9.97	
	Business	60.26 ± 4.18	
	Others	57.91 ± 5.51	
Family type	Nuclear	60.30 ± 4.08	0.11 **
	Joint	58.65 ± 5.91	
Total Family members	<5	59.35 ± 3.48	0.99 **
	>5	59.35 ± 5.92	
Family Income/ month	<15000	58.80 ± 4.11	**0.01 *** **
	15000-30000	59.93 ± 5.09	
	>30000	54.90 ± 7.64	
Financial support for treatment	No	59.60 ± 5.64	0.84 **
	Yes	59.30 ± 5.21	
Social support for treatment	No	60.31±4.79	0.32 **
	Yes	59.11±5.36	
Marital Status	Single	59.20 ± 2.19	0.79 ***
	Married	59.15 ± 5.44	
	Widow	61.10 ± 1.22	
	Widower	60.87±7.36	
	Separated	58.20 ± 3.57	

*** *ANOVA* ** *Independent T-test*

Table 5 illustrates, the overall score of barriers in seeking treatment has a significant association with family income/month, barriers tend to decrease as income increases (p- value 0.01).

Table 6: Multiple Linear Regression Analysis for Overall Barrier Score with Socio-demographic

Variables	Unstandardized Coefficient of B	Standardized Coefficient of B	Standard error	t- value	p-value
Constant	67.926		5.742	11.83	0
Age in years	-0.043	-0.112	0.047	-0.928	0.356
Income	-4.63E-05	-0.207	0	-2.018	**0.046**
Financial support for treatment (Sufficient/ Not)	0.247	0.017	1.483	0.166	0.868
Social support for treatment (Sufficient/Not)	-0.941	-0.072	1.356	-0.694	0.489
Religion (Hindu/ Others)	-1.4	-0.151	0.934	-1.499	0.137
Education (Illiterate/ Literate)	-0.996	-0.093	1.263	-0.789	0.432
Occupation (Labor/ Other)	-0.781	-0.095	0.819	-0.954	0.343
Ethnicity (Dalit/ Other)	0.755	0.082	0.942	0.801	0.425
Marital Status (Single/Other)	-1.371	-0.056	2.579	-0.532	0.596

Variables (n=104)

Table 6 illustrates that family income/ month is significantly associated with the mean of the Barriers to treatment inventory scale (p-value0.046 and standardized coefficient -0.20B). Barriers tend to decrease as income increases.

DISCUSSION

This study also replicated that there is a strong barrier to seek treatment among the subjects with alcohol problems. These results would be interpreted in the light of sociocultural perspectives as alcohol has become a favoring part of social custom like in festivals, marriages, birthday parties, etc. In the present study, self-concept issues like not recognizing the harmful practice of alcohol as an adverse effect on health were ranked as the highest barrier. Similar report was made among psychiatry in-patients with Alcohol Dependence Syndrome (ADS) in a hospital-based study from BPKIHS.[7]

The mean age of the participants was 47.59±13.66. This is similar to the Hispanic study in which the mean age was 44.6±11.3.[11] This points to the fact that alcohol abuse is highest among the parents, who are functioning the role of marital relations, childbearing, and rearing practices. This sort of practice of alcoholism during this vulnerable period leads to offsprings greater risk of alcohol use disorder symptoms and childhood depressive symptoms.[12,13]

In this study, the population consisted of 104 which is consistent with a similar study of India and Spain which had a sample size of 100 and 107 respectively.[14,15]

Study subjects revealed 77% were married which is consistent with the previous study in

India and Nepal majority of the subjects were married.[16,17] Illiteracy is one of the reasons behind substance abuse, and delaying treatment due to limited knowledge about the consequences of heavy drinking could be considered as a barrier.[18] Study too revealed 40% illiterates which is similar to the previous studies.[19,20]

The Majority of the subjects are residing with their in-laws which was consistent with another study.[20] More than 50% of the subjects earn within Nrs.15000-30000 i.e. above the basic salary (Nrs.13450/month according to a source at the ministry of labor, employment, and social security) of Nepal. Study on " The moderating role of perceived social support on alcohol treatment outcomes" the majority of the subjects were financially comfortable and had a higher level of perceived social support. This study supports the present study as around 80% of the people have financial and social support for treatment.[21]

The pattern of drinking among problematic drinkers is quite different. The study found that all the interviewed subjects drink alcohol regularly at night. Locally distilled preparations were the preferred drink for all of the subjects as it was very cheap and readily available. Few subjects 28% who spend more on alcohol, use whiskey, beer, etc. sometimes along with home preparations. A study was done on Bangalore on four communities (urban, rural, slum, and town) where whiskey (49%), arrack (35%) were preferred types and preferences between rural and urban areas respectively contradicting with the findings of this study.[22]

Around 70% of the subjects started to drink alcohol before the age of 20, as a drink was culturally and socially acceptable especially in special festivals, occasions, and meetings. This frequently drinking practice might be a risk factor for other non-communicable diseases like diabetes mellitus, hypertension, Cerebro-vascular diseases, etc., and may lead to raising concerns of drug abuse issues.[23,24] It is consistent with the previous study 'Clinico-demographic profile among female alcohol problems' where the first intake of alcohol among study subjects was 17.45±9.45.[16]

Around 60% of the subjects consume alcohol between 100-300ml in one sitting. This sort of regular drinking pattern may lead to gastrointestinal problems, cancers, changes in genito-urinary changes, muscular changes, neurological changes, etc. [4] Among 104 subjects 75% spend less than Nrs 3000/month on alcoholic drink as they consume alcohol which is cheap and locally prepared. More than 90% of the participants are getting alcohol themselves from their daily wages.

In this study, the barrier 'absence of problem' predominated in the subjects. It is consistent with the European and other studies.[25] These all states that the subject's awareness was very low in the community. 'Absence of problem' barrier was higher in females (table 4) which is consistent with the previous study.[25] In the study "Gender and use of substance abuse treatment services", women are more likely to encounter barriers to treatment, this study too is consistent with the findings of the present study as 'overall barrier scores' among males and females are 59±5.13 and 60.07 ± 5.62 respectively. Females having less favorable means of seeking treatment due to lack of freedom as playing submissive roles in a society might be the reason behind this.[8] Besides this woman might be a victim of other predisposing factors like higher levels of sexual abuse and violence. Additionally, they may ensure low availability of treatment due to higher levels of stigma and lower acceptance of their addiction.[18]

Negative social support and poor treatment availability was the least barrier among the interviewed subjects as they were known they were able to be treated in BPKIHS, hospital, Ghopa. It is contradictory to another study.[26] Moreover, this research also presents that around 80% of the subjects are getting financial and social support. As per previous research, it contradicts as negative social support is one of the influenced barriers.[27]

The majority (mean score 60%) barrier to seeking treatment exists among the subjects. There was an association between the mean score barrier and family income/month only. Those subjects who earn less have more barriers compared to earning more. Lack of association between other socio-demographic characteristics can be explained by the fact that problematic

drinkers' barriers to seeking treatment are highly stigmatized in the community.[28]

There was an association (p-value 0.04) between financial support for treatment with 'fear of treatment' as a barrier. Subjects who have no support had a much mean barrier (Table 4). Similarly, there was an association (p-value 0.01) between marital status and 'fear of treatment' as a barrier. The mean barrier was seen among widower compared to other subjects (Table 4). This is the fact due to deprivation in motivation to seek treatment as wives are the strongest source of motivation in seeking treatment.[29]

There was an association between family income/ month with the 'admission difficulty' barrier. A person who earns Nrs.>30,000 has admission difficulty problem as a barrier to seeking treatment this might be due to fear of stigmatization of hospital stay and busy in earning neglecting effects of health and have to follow lengthy procedures as reported by the subjects.

Correspondingly there was an association between barrier 'admission difficulty' with occupational status (p-value 0.01). The barrier was highest among labor and least among service holders. It might be due to the long waiting time, fear of losing a contract, and money for the laborers.[30]

Besides these, there was no association between socio-demographic variables and other barriers (absence of a problem, negative social support, privacy concerns, time conflicts).

Multiple linear regression after adjusting all possible associated factors of overall Barriers in seeking treatment, it was found that the overall barriers in seeking treatment had a reverse relationship with income i.e. as the income of alcohol users was lesser, the more was the barriers in seeking treatment. (p-value 0.04 and standardized coefficient of B -0.20).

CONCLUSION

This study finding revealed the 'absence of problem' as a major barrier for problematic drinkers. There was an association between barrier, 'fear of treatment', 'poor treatment availability', and 'admission difficulty' with socio-demographic variables like gender, financial support, marital status, family income/month, education, and occupation. Overall, the mean score of sixty-one percent of the barrier exists in the society greatest among widow groups. Overall, barrier score was found to be related to family income/ month, the more the income, less the barrier.

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