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Original Research Article

Caregivers' knowledge and attitude scale towards drug: development and validation

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ABSTRACT

Background: Drug abuse is a prevalent issue in society, often used to reduce stress and improve mental health. It is often seen as a personal disorder, causing harm to users and their loved ones. In today's globalized world, society strives for better care, emphasizing the importance of solving problems and emphasizing the role of caregivers in supporting drug addicts.
Methods: A standardized knowledge and attitude scale was developed to assess 60 caregivers of drug addicts in Kolkata, India. The scale was self-administered and tested at 21-day intervals. The Pearson's correlation coefficient method was applied for questionnaire validity. The scale was used to eliminate poor items and ensure reliability.
Results: The tool primarily consists of twenty-two (22) knowledge and twenty-two (22) attitude items towards drug. Following item analysis, four (4) distracting items from the knowledge scale are dropped in accordance with the difficulty index and discrimination index. The discrimination indices from the attitude scale were used to eliminate 1 distracting item. As a result, 18 items for the knowledge scale and 21 items for the attitude scale were retained. The knowledge and attitude tools' final form has found high significant correlation.
Conclusions: The study explained how to create a standardized scale with good items and significant reliability to evaluate knowledge and attitude towards drug addicts.

Keywords: Attitude. Drug, Item analysis, Knowledge

INTRODUCTION

The prevalence of drug abuse is increasing in India. Alcohol, cannabis, and opiates are the major drugs that are used the most frequently in India.[1] In Vienna on 26th June, 2023, continuing record today's interconnected worldwide issues are being exacerbated by the availability of illicit drugs and the flexible trafficking networks, which pose difficulties for the response of law enforcement and health services.[2] An estimated 271 million people, or 55% of the world's population between the ages of 15 and 64, took drugs in 2016. While this estimate is similar to that of 2016, a longer-term perspective shows that the number of drug users is now 30% greater than it was in 2009.[3] The ratio of having substance is gradually an effortless scene these days.

The term "addiction" refers to a long-lasting, recurrent brain disorder that is characterized by obsessive drug seeking and usage, despite negative effects. Drugs impact the brain, altering both its structure and function, and as a result, it is thought to be a brain disease.[4] However, concerned scientific experts now consider addiction as both a health and social problem.[5] There are various reasons for a teenager to take to drug abuse, from just curiously and a tendency to experiment with.[6] Drug abuse and addiction also called substance are chemical abuse, is a disorder that is characterized pattern of applying drugs thereby leading to significant problems or distress .[7] When the alcoholic men in family consume alcohol, their spouses are intended to overcome all kinds of torture and violence. This spoils their health conditions rapidly which disturbs the mental and financial positions of their

spouses.[8] Overall the scenario summed up in one particular status is that addiction to any form of the substance is not only harmful to own but also dis-balances social and economic values. Day by day this situation getting more complicated and out of handle. Balancing and having control of this situation need more delicacy, care and love. Here comes the main job of caregivers.

Family caregiving is more intensive, complex, and long lasting than in the past and caregivers rarely receive adequate preparation for their role.[9] Becoming a caregiver is associated with physical, emotional, and financial hardship, with caregivers often experiencing a maelstrom of emotions as they struggle to understand what has happened to their loved one.[10] Caregivers are one of the important sources for care recipients. On the contrary, caregivers are more careless regarding their own health. Informal caregiving has been found to be burdensome and is associated with depression among old caregivers.[11] Dementia caregiving has been associated with negative effects on caregiver health and early nursing home placement for dementia patients.[12] The needs of caregivers of the mentally ill are given low priority in the current healthcare setting in India.[13] Caregiver burden is not a very popular term in society. Still, it needs more awareness and the necessary steps to reduce their stress level. There are various studies related to drug abusers, but very less on caregivers regarding drug addiction especially in metropolitan cities like Kolkata. Therefore, it can be necessity of a tool to measure the knowledge and attitude level of caregiver towards drug. Hence, researchers have tried to development and validation of a scale of caregivers' knowledge and attitude towards drug.

Objectives

The aim of the study was to develop an instrument to assess knowledge and attitudes towards drug among the caregivers of drug abusers in metropolitan city, Kolkata. Additionally, it standardizes the scale by identifying the poor items from the scale and modifying or eliminating the statement. The objectives that followed were intended to be accomplished with the present research. To identify the most useful items for the knowledge and attitude scale and to discard the ineffective ones based on the item difficulty value and discrimination index from the initial scale of caregivers' knowledge and attitude towards drug in the metropolitan city, Kolkata. To standardize the caregivers' knowledge and attitude scale towards drug in the metropolitan city, Kolkata.

METHODS

Method of the study

An item analysis method has been conducted for the development of this instrument. The study was done in two rehabilitation centers within metropolitan city Kolkata namely (i) Behala Suraksha Foundation, Raja Rammohan Roy Road, Tollygunj, Kolkata- 700 041 and (ii) Aashar Aalo (male and female rehabilitation center), James Long Sarani, Sarada Pally, Kolkata- 700 082. This study was initiated from December, 2022 to April, 2023.

Design of the study

The collection of pertinent data for the present study was conducted using the convenience sampling technique.[14] Convenience sampling and Purposive sampling is non-probability sampling techniques that a researcher uses to choose a sample of subject/units from a population.[15]

Participants

In the present study, a self-developed scale of knowledge and attitude towards drug was administered among sixty (60) caregivers of drug abused people in the metropolitan city, Kolkata regarding item analysis. After that, the researcher conducted the final scale of caregivers' knowledge and attitude towards drug among the sixty (60) caregivers of drug addicted people to judge the reliability by test-retest method.

Instrument development

Knowledge section- After examining numerous studies-related literatures and consulting with experts and resource individuals in the research area under consideration, the researcher first created a drafting test item. Then, experts and resource persons looked over the predetermined items to assess their goals, the language's clarity, the intensity, and the relevance of each statement. Following validation, a group of twenty-two (22) items was added to the questionnaire's knowledge section regarding drug. The twenty-two (22) knowledge test items are divided into five dimensions: health, social, family, education, and law. The knowledge items have a summative grade of three point Likert type scale.

Attitude section- The scale's attitude part, which consists of twenty-two '22' statements against six dimensions- health, social, family, education, law, and economy- is utilized for assessing the attitude towards drug of persons who use drugs and the people who care for them. First, the researcher gathered a variety of data from a wide range of sources in order to produce the attitude statements. After then, with the assistance of experts in the field, both positive and negative attitude items were generated. Each statement in the attitude section was scored using a three-point Likert-type summative rating scale.

Data collection procedure

At first specific instruction for the test was given by the researcher and then the scale of knowledge and attitude towards drug was administered sixty (60) caregivers of

drug abused people from the metropolitan city, Kolkata within December, 2022 to April, 2023.

After item analysis, the final scale was conducted two times on the same sample of sixty (60) caregivers of drug abuse people twenty-one (21) days apart to standardization the knowledge and attitude tools.

Data analysis

Each and every item was examined after the data had been collected and scored. The discrimination index formula and item difficulty are both used in this item analysis. Following test, items that are useful and those that are poor items are distinguished based on each item's difficulty value and discriminatory index. Problematic items are removed, and the final scale is chosen from the effective items. The percentage of respondents who answered a question correctly was used to calculate the item's difficulty. The test-retest approach was used to measure item reliability while simultaneously determining item discrimination. To calculate the correlation between (test and re-test) two tests, Pearson's product moment co-efficient (r) was employed.

RESULTS

Item analysis

In the present study, item analysis scrutinizes the individual performance on items either some external criterion or for the remaining items on the test as well as judges the quality of items in a test as a whole.[16]

Difficulty value (p value) and discrimination index (DI) was calculated for the item analysis process.

Table 1: Item analysis of the caregivers' knowledge scale regarding drug.

Item no.		P value	DI	Item no.		P value	DI
Before	**After**			**Before**	**After**		
K1*	-	91.67	0.25	K12	K9	88.33	0.44
K2	K1	21.67	0.38	K13	K10	80	0.31
K3*	-	16.67	0.06	K14	K11	86.67	0.25
K4*	-	93.33	0.13	K15	K12	86.67	0.44
K5	K2	51.67	0.5	K16*	-	15	0.31
K6	K3	83.33	0.5	K17	K13	38.33	0.63
K7	K4	81.67	0.31	K18	K14	70	0.31
K8	K5	46.67	0.69	K19	K15	90	0.25
K9	K6	75	0.31	K20	K16	78.33	0.56
K10	K7	68.33	0.31	K21	K17	55	0.25
K11	K8	71.67	0.25	K22	K18	21.67	0.5

Note: *Item rejected

Table 2: Item analysis of the caregivers' attitude scale towards drug.

Item no.		DI	Item no.		DI
Before	**After**		**Before**	**After**	
A1	A1	0.56	A12	A12	0.38
A2	A2	0.5	A13	A13	0.38
A3	A3	0.75	A14	A14	0.38
A4	A4	0.25	A15	A15	0.31
A5	A5	0.31	A16*	-	0.06
A6	A6	0.63	A17	A16	0.25
A7	A7	0.56	A18	A17	0.31
A8	A8	0.25	A19	A18	0.25
A9	A9	0.31	A20	A19	0.69
A10	A10	0.31	A21	A20	0.63
A11	A11	0.25	A22	A21	0.81

Note: *Item rejected

The items were examined based on item difficulty values and discrimination values, and the results are shown in the tables below.

Eighteen (18) items on the knowledge scale were classified as moderately difficult, two (2) items as easy, and two (2) items as tough based on established

guidelines for the assessment of difficulty indices. Table 1 indicates that for the knowledge scale, two (2) easy items and two (2) difficult items failed to satisfy the criterion and thus were considered to be "poor" items. The K1, K3, K4, and K16 were the poor items.

Table 3: Distribution of knowledge items on the basis of difficulty index (p value) according to the interpretation of Boopathiraj and Chellamani.[17]

P value	Total items
	Knowledge
Easy (p>0.90)	2
Moderately difficult (0.20 - 0.90)	18
Difficult (p<0.20)	2

Results of the knowledge test show that, in accordance with the criteria of the discrimination index, two (2) items failed to distinguish between caregivers (those who are taking care of drug addicts) of different abilities, five (5) items were marginal and required review, seven (7) items were satisfactory, and the eight (8) items performed extremely well. In the instance of the attitude scale, 1 item failed to account for the participants' varying levels of ability; five (5) items were marginal; eight (8) items were satisfactory; and eight (8) items performed really well.

Table 4: Discrimination of caregivers' knowledge and attitude items based on discrimination indices (recommended by Ebel and Frisbie, 1991).[18]

Discrimination index	Total items	
	Knowledge	Attitude
Very good (D>0.40)	8	8
Reasonably good (0.30-0.39)	7	8
Marginal (0.20-0.29)	5	5
Poor (D<0.19)	2	1

Validation

At the primary stage expert validation was taken as granted to ensure the content validity for both the scale of knowledge and attitude towards drug addicts.[19,20]

Reliability

To assess the reliability of the test items, the researcher conducted a test-retest on 60 drug abusers' family members from a metropolitan city, Kolkata. The correlation between the two tests in the scale was determined using Pearson's product moment methodology.

To ensure the scale's reliability, the two results were correlated. According to a general rule for interpreting coefficient correlation, the correlational value (r) between the test-retest scores of the knowledge scale was found to be 0.81, which is a high correlation. From this result, it can be concluded that the constructed knowledge scale is reliable. According to the general rules of coefficient correlation, the attitude scale's correlation value (r) of 0.91 indicates a very high correlation.[21] The developed attitude scale is extremely reliable, as may be inferred from its result.

Table 5: Coefficient of correlation between test-retest scores of caregivers' knowledge and attitude scale towards drug

Test	Coefficient of correlation (r)
Knowledge	0.81
Attitude	0.91

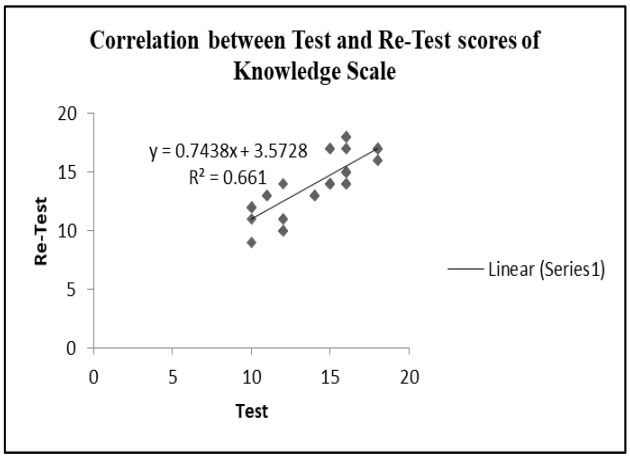

Figure 1: Correlation between test-retest of knowledge scale on scatter diagram.

Test scores in 'X' axis and re-test scores in 'Y' axis of knowledge scale has been shown (60 individuals scores for each axis) and both variables were positively correlated with each other having R^2 linear value 0.661, which is moderately positive according to thumbs rule.

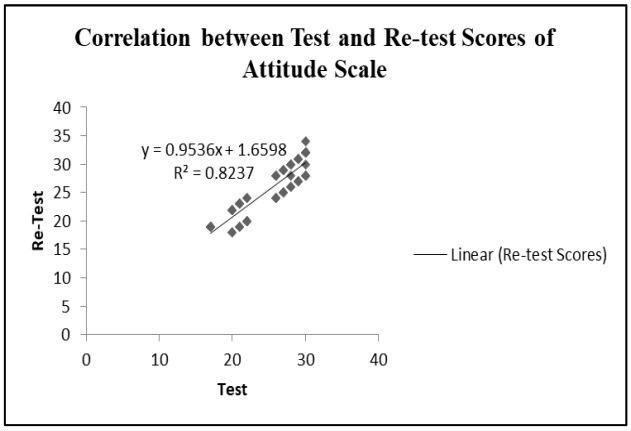

Figure 2: Correlation between test-retest of attitude scale on scatter diagram.

Test scores in 'X' axis and re-test scores in 'Y' axis of attitude scale has been shown (60 individuals scores for each axis) and both variables were positively correlated with each other having R^2 linear value 0.824, which is much higher than thumbs rule.

Final form of knowledge scale

The final form of knowledge and attitude scale (see appendix section) contains 18 and 21 items respectively covering all dimension of drug addiction among caregivers.

Table 6: Distribution of the items after item analysis among different dimension of caregivers' knowledge and attitude towards drug.

Test	Dimensions	Raw score		Total items of the dimension	Total items
		Favorable	Unfavorable		
Knowledge scale	Health	2, 3, 6, 7	1, 4, 5	7	18
	Social	8, 9, 11	10	4	
	Family	12, 13		2	
	Education	16	14, 15	3	
	Law	18	17	2	
Attitude scale	Health	1, 4, 7	2, 3, 5, 6, 8	8	21
	Social	10, 11	9	3	
	Family	14	12, 13	3	
	Education	15, 16	17	3	
	Law	18	19	2	
	Economical	20	21	2	

DISCUSSION

Four (4) and two (2) items from the knowledge scale were determined to be poor items, respectively, based on the difficulty index (p value) and discrimination index (DI). On the other hand, two knowledge items (K3 and K4) were excluded because they failed to satisfy the criteria based on both the difficulty index (p value) and the discrimination index (DI). The two items from the knowledge scale, K1 and K16, were also eliminated from the knowledge scale despite having difficulty values of 91.67 and 15, respectively, among the remaining items. Only four (4) items were ultimately removed from the knowledge scale, and 18 items were chosen based on the difficulty value and discrimination value. High reliability with high positive correlation (r-0.81) between the test-retest reliability method initially validates the knowledge scale regarding drug addicts.

In the instance of the attitude test, one (1) attitude scale item (A16) was eliminated since it failed to satisfy the criteria based on the discrimination index (DI). According to Varma, item difficulty should not be utilized as a criterion for evaluating the item's quality; instead, the item's DI value should be employed.[22,23] Any one of two item statistics, such as item difficulty or discrimination indices, can be used to evaluate the quality of the items, according to Bichi, because these two indices generate results that are almost identical.[24] Therefore, one (1) item was eliminated from the final scale of caregivers' attitude towards drug. And twenty-one (21) items were retained in the scale of caregivers' attitude towards drug. A very high reliability with high positive correlation (r-0.91) between the test-retest reliability initially validates the attitude scale towards drug addicts.[25]

This study also has some limitations. This study was done in two rehabilitation centers in metropolitan city of Kolkata and not assessed in multiple rehabilitation centers. So, generalization may not be correct but never the less this study will supply a database and idea for future researchers. Moreover, during the time of collection of data the caregivers tried to avoid the investigator due to social stigma and fear of publishing in various newspapers.

CONCLUSION

In the study, effective items were first identified, and problematic items were then eliminated using the difficulty value and discriminating index. Finally, the test-retest reliability of the items was evaluated. The evaluation of caregivers' knowledge and attitude scale towards drug was done. This format is simple to use and is supported by tools that are accurate and trustworthy.

The results of this study will be used to develop new knowledge and attitude scales for the measuring of different caregivers' health-related issues. The knowledge and attitude scale created for this study will assist in gathering data on knowledge and attitude towards drug for further studies.

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APPENDIX

KNOWLEDGE AND ATTITUDE SCALE TOWARDS DRUG (For Caregivers)

(Final Form)

INSTURSTIONS TO BE FOLLOWED

Dear Respondents,

You have given total 39 statements related to your knowledge and attitude towards drug and you have to tick (✓) on any one option among the given options for each item which describes your present state of mind. You are instructed to read each statement carefully before answering it. There is no boundness in time but it can be expected from you that your answers will be given within 30 minutes. Please feel free to ask if you have any query.

We assure you that your statements never be disclosed to anybody hence always be kept confidential for the research purpose.

Sincerely,

Researchers,

Department of Education

University of Kalyani,

Fill up the following Information:

Respondent's Name : …….

Residential Address : …….
…….....

Gender : Male ( ) Female ( )

Age : ……years

Educational Qualification : Secondary ( ) Higher Secondary ( ) Graduate ( ) Post-Graduate ( )

Types of Family : Joint/Atomic ( ) Nuclear ( )

KNOWLEDGE SCALE REGARDING DRUG

S. no.	Statements	Agree/ yes	Disagree/ no	Don't know
1	Massive drinking does not reduce fertility in women.	( )	( )	( )
2	Excessive alcohol consumption causes bronchitis.	( )	( )	( )
3	When AIDS patients continue to take drugs, their immune system weakens.	( )	( )	( )
4	Passive smoking does not affect the person.	( )	( )	( )
5	Drug consumption does not reduce sperm production in men.	( )	( )	( )
6	Regular drinking causes cancer.	( )	( )	( )
7	Smoking is responsible for bronchitis.	( )	( )	( )
8	A person's first encouragement to take drugs comes from the circle of friends.	( )	( )	( )
9	Smoking or drug use is a social disorder.	( )	( )	( )
10	Drug addiction does not create any obstacle in the development of society.	( )	( )	( )
11	Many people smoke/take drugs to make themselves smart among friends.	( )	( )	( )

Continued.

S. no.	Statements	Agree/ yes	Disagree/ no	Don't know
12	Families should help with drug withdrawal.	( )	( )	( )
13	Due to lack of values many families take drugs together.	( )	( )	( )
14	The use of drugs does not harm the education of boys and girls.	( )	( )	( )
15	Education has no role in drug addiction control.	( )	( )	( )
16	Many people smoke to cope with the stress of studying.	( )	( )	( )
17	There is no penalty for smoking in public places.	( )	( )	( )
18	There should be age limit for selling tobacco products by law.	( )	( )	( )

ATTITUDE SCALE TOWARDS DRUG

S. no.	Statements	Agree	Neutral	Disagree
1	Drugs should not be consumed as they reduce memory.	( )	( )	( )
2	Alcohol should be consumed to gain mental pleasure.	( )	( )	( )
3	Smoking should be done to relieve stress.	( )	( )	( )
4	Government of India should provide treatment to control drug addiction.	( )	( )	( )
5	Sleeping pills should be used every day for sleep.	( )	( )	( )
6	Alcohol should be consumed regularly for good health.	( )	( )	( )
7	Drugs should not be used to relieve anxiety and depression.	( )	( )	( )
8	Drugs should be consumed to maintain a healthy body.	( )	( )	( )
9	There is no need to keep distance from drug addicts.	( )	( )	( )
10	The ideal person in society should not smoke/drink.	( )	( )	( )
11	Drug addiction should be considered as a social disease.	( )	( )	( )
12	Drugs should be taken to forget family turmoil.	( )	( )	( )
13	Not every parent should be aware of their children's smoking/drinking.	( )	( )	( )
14	Every member of the family should abstain from smoking.	( )	( )	( )
15	Education should be the main tool to reduce drug addiction.	( )	( )	( )
16	Harmful aspects of smoking/ consumption of drugs should not be discussed in school discussion.	( )	( )	( )
17	School curriculum should not include discussions about the harmful effects of drugs.	( )	( )	( )
18	Drugs should be banned by law.	( )	( )	( )
19	Smoking/ consumption of drugs should not be treated as a punishable offence.	( )	( )	( )
20	There should be an effort to prevent smoking through price increases.	( )	( )	( )
21	The government should not levy excessive prices on tobacco and narcotics to raise revenue.	( )	( )	( )