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Original Research Article

Pattern of alcohol consumption among alcohol consumers in a rural area of Tamil Nadu: a community based descriptive cross-sectional study

Munish Nityanandam*

Department of Community Medicine, Velammal Medical College Hospital & Research Institute, Madurai, Tamil Nadu, India

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***Correspondence:**
Dr. Munish Nityanandam,
E-mail: munishn75@gmail.com

ABSTRACT

Background: Alcohol consumption is the world's third largest risk factor for disease and disability; in middle-income countries, it is the greatest risk. Alcohol is attributed to nearly 3.2% of all deaths and results in a loss of 4% of total DALYs. Aim and objectives were to study the pattern of alcohol consumption among alcohol consumers and to assess the factors influencing it among them.
Methods: This study was conducted in the Milaganoor village in south Tamil Nadu with alcohol habit; All male with alcohol consuming habit above 13 years of age were included in the study and none were excluded from the study. The data was using a semi structured questionnaire. The data collected were consolidated and analyzed using SPSS software; The descriptive statistics were used in the study.
Results: In study there were 1200 male and 1500 female. In only 900 males were with alcohol habit; 62.2% of male alcoholics illiterate; While seeing source of alcohol 94.4% of alcoholics taking alcohol in TASMAC without bar; 61.1% taking quarter amount of alcohol; 94.4% of alcoholic drink alcohol for fun; 27.7% for peer pressure; 46.6% drink alcohol to forget worries; 83.3% drink alcohol to relieve stress; 66.6% drink to get rid of withdrawal symptoms.
Conclusions: It can be concluded that early age of onset and peer pressure are the alarming challenges for the eradication of this social evil. Low education and having a family history of alcohol use are more at risk to it. Health education is the most required intervention to reduce the burden of alcohol use.

Keywords: Pattern, Factors, Alcohol consumption, Rural Tamil Nadu, India, Cross sectional study

INTRODUCTION

Alcoholism is a social evil, and alcohol related morbidities and incidents even though significantly alarming are almost neglected by primary care physicians and policy makers. According to world health organization (WHO)-global burden of disease update, around 125 million people were affected worldwide by alcohol use disorders, 40.5 million peoples were moderately and severely disabled due to alcohol dependence and problem use and 19.9 million years lost due to disability due to alcohol use disorders.[1] The 2015 WHO fact sheet shows that 3.3 million deaths i.e., 5.9% of all deaths were due to harmful use of alcohol.[2] Alcohol consumption is the world's third largest risk factor for disease and disability; in middle- income countries, it is the greatest risk. Approximately 4.5% of the global burden of disease and injury is attributable to alcohol. Alcohol is the causal factor in 60 types of diseases and injuries and a component cause in 200 others. Alcohol is attributed to nearly 3.2% of all deaths and results in a loss of 4% of total DALYs. Alcoholism is one of the leading causes of death and disability in India. In India, the estimated numbers of alcohol users in 2005 were 62.5 million with 17.4% of them being dependent users and 20-30% of hospital admissions are due to alcohol-related

problems.[3] Although there are many studies on alcohol use in North India very few community-based studies have been conducted on pattern of alcohol consumption and the factors influencing the habit of alcohol intake among the rural community of south India especially in rural part of Tamil Nadu. This type of study will be useful for understanding the problem of alcohol use and also help in taking specific interventional measures at the community level. So, I conducted a cross sectional study to study the pattern of alcohol use and to assess factors influencing it rural Tamil Nadu, southern India.

METHODS

Study area and design

Cross-sectional study conducted in Milaganoor panchayat of Manamadurai taluk which is located in Sivagangai district of Tamil Nadu catering 2700 population from 5 villages of corresponding to this panchayat.

Sampling unit

The primary sampling unit was the individual household.

Sample size estimation

Minimum sample size required was 1000 subjects, based on 10% prevalence rate, a precision of 20% and a non response rate of 10%.[4] We decided to include residents who were aged 13 years and above, from the selected area, as study subjects.

Inclusion criteria

All male with alcohol consuming habit above 13 years of age were included in the study.

Exclusion criteria

None were excluded from the study as all gave their willingness to participate in the study.

Study tool

After obtaining their informed consent, the respondents were interviewed using a semi structured questionnaire. Data on socio-demographic details and presence of any morbid conditions were collected. Data on consumption of alcohol use and others forms of substance abuse was also collected. Socio-economic status was assessed, based on the regular scale. A history of alcohol intake, smoking or chewing tobacco was recorded. All the details pertaining to the source of alcohol, quantity of alcohol intake per day, type of alcohol taken by them, Foods taken immediately after consuming alcohol, and habits pertaining to substance abuse, type of alcohol and the amount spent for the purchase of alcohol per day were recorded. This questionnaire was translated to the local language (Tamil) and it was translated back into English to ensure its reliability and validity. A pilot study was conducted before initiation of the study, to look for the feasibility of administration of questionnaire.

Ethical committee approval

This study was conducted after getting proper approval from the institutional ethics committee IEC No: VMCIEC/112/2022 on 02.12.2022. A written informed was consent was obtained from all participants before collecting data. For this purpose, a participant information sheet (in Tamil) indicating the purpose of the study, procedure of maintaining confidentiality, and right not to participate in the study was provided to the participants. Health education regarding the ill effects of alcohol consumption was given to all alcohol consumers who had participated in the study.

Method of data collection

Prior permission was obtained from the village president and local leaders for conduction the study. A village leaders meeting was conducted, during which the purpose of the study methods which had to be adopted and the possible implications of the results were discussed. Following the village leaders meeting, village mapping and social mapping of the area was done, in order to know the study area and to plan for data collection. Data was collected by making house to house visits and interviewing the subjects by using the questionnaire. Informed consent was obtained from the study subjects. If the designated house was locked during the visit, the house was noted and revisit was conducted on the left-out houses on another day. The study was done as a part of a people welfare project for the community health workers of the particular village who were given training on administration of questionnaire and data collection process, under the supervision of the investigators.

Data analysis

Data was entered and analysis by using SPSS version 16.0 for windows. The findings were expressed in terms of proportions and other descriptive statistics.

RESULTS

In my study while going for house to house visit in the study village there were 1200 male and 1500 female. In which alcohol consuming habit was seen in 900 males only. Remaining 300 male didn't have the habit of consuming alcohol. No female in the village had the habit of consuming alcohol. While seeing the age of the alcoholics 3.33% of the alcoholics were <15 years of age. 25.56% of the alcoholics were in the age group of 15 to 30 years. The 46.67% of the males were in the age group of 31-45 years. 46 to 60 years of age group constituted for 15.56%. Remaining 6.11% and 2.78% were in the age group of 61-75 and >75 years of age respectively. While seeing the education of the alcoholics 62.2% of the male

alcoholics were illiterate; 25.6% of the alcoholic were with primary level of education; 8.9% of the alcoholics were with secondary level of education; only 2.2% of the alcoholics were with higher secondary level of education; remaining 1.1% of the alcoholic were graduates.

On seeing the occupation of the alcoholics 50.0% of the alcoholics were unskilled workers and 36.1% of the alcoholics were semiskilled workers. 11.1% of the alcoholics were unemployed, 1.7% of the alcoholics were doing some form of clerical work and 1.1% of alcoholics were semi-professional. Socioeconomic status of alcoholic was categorized into 5 categories in which 80% of alcoholic were in lower-class category; 13.3% of alcoholics belong to lower middle class; 5.6% belongs to middle class and 1.1% belongs to upper middle class and none belonged to upper class. While seeing the marital status of the study subjects 78.2% of the alcoholics were married; 20.1% of alcoholics were unmarried and 1.7% of alcoholics were divorced. All study populations were Hindu. While observing the family type of alcoholics 98.9% of alcoholic were living as nuclear family and only 1.1% of the alcoholics belong to joint type of family. Among the alcoholics 98.9% were living in own house and 1.1% of the alcoholics were living in the rented house.

While seeing the source of alcohol 94.4% of the alcoholics were taking alcohol in the TASMAC without bar and only 5.6% of the alcoholics were taking alcohol from TASMAC with bar facility and none were taking from ELITE shop. While quantifying the amount of alcohol about 61.1% were taking quarter amount of alcohol i.e., 180 ml and about 33.3% were taking half amount of alcohol and 5.6% were taking full amount of alcohol i.e., 750 ml. While seeing the foods taken by the alcoholics 33.3% of the alcoholics were not taking any kind of food before going to bed after taking alcohol; 5.6% of the alcoholics were taking vegetarian food after taking alcohol; 44.4% of the alcoholics were taking non-veg food after taking alcohol and 16.7% of the alcoholics were taking mixed (both veg and non-veg) type of food. While enquiring about other substance abuse 69.4% were having the habit of cigarette smoking; 5.56% of the alcoholics were having Kanja smoking habit; while 13.89% of the alcoholics had tobacco chewing habit and 11.11% didn't have any other substance habit other than alcohol habit. Only 5.6% of the alcoholics were taking alcohol without any company and remaining 94.4% of the alcoholics were drinking alcohol with friends. In my study 88.24% of the alcoholics were taking alcohol after facing health issues due to alcohol and only 11.76% of the alcoholics have reduced quantity of alcohol intake suffering from health issues out of alcohol. When studying the amount spent in alcohol for a day nearly 44.4% of the alcoholics were spending 100 to 200 rupees; around 27.8% of the alcoholics were spending 200 to 300 rupees in a day; 13.8% of the alcoholics were spending 300 to 400 rupees per day and only 13.9% were spending more than 400 per day for alcohol. When seeing the type of alcohol 22.2% of alcoholics were taking whiskey; 27.7% had brandy as the alcohol of choice; 33.3% of the alcoholics were taking beer as their favorite drink; the 2.2% of the alcoholic were taking Zin; the 3.3% of the alcoholic were consuming vodka as well as the 5.5% of the alcoholics drink rum; among the drinkers 5% liked scotch and non-had access to arack or spurious type of alcohol.

Table 1: Socio-demographic profile.

Variables	N	Percentages (%)
Gender		
Total male	1200	44.4
Total female	1500	55.5
Total	2700	100
Alcohol drinking habit in male		
Yes	900	75
No	300	25
Total	1200	100
Alcohol drinking habit in female		
Yes	0	0
No	1500	100
Total	1500	100
Alcohol drinking habit (age wise)-male (Years)		
<15	30	3.33
15-30	230	25.56
31-45	420	46.67
46-60	140	15.56
61-75	55	6.11
>75	25	2.78
Total	900	100

Continued.

Variables	N	Percentages (%)
Education		
Illiterate	560	62.22
Primary	230	25.56
Secondary	80	8.89
Higher secondary	20	2.22
Graduate or above	10	1.11
Total	900	
Occupation		
Professional	0	
Semi-professional	10	0
Clerical shop owner	15	1.11
Skilled, semi-skilled worker	325	1.67
Unskilled worker	450	36.11
Unemployed	100	50
Total	900	
Socioeconomic status (BGP)		
Upper class	0	0
Upper middle class	10	1.11
Middle class	50	5.56
Lower middle class	120	13.33
Lower class	720	80
Total	900	
Marital status		
Married	705	78.33
Unmarried	180	20
Widowed	0	0
Divorced/separated	15	1.67
Total	900	
Religion		
Hindu	900	100
Christian	0	0
Muslim	0	0
Total	900	
Type of family		
Nuclear	890	98.89
Joint	10	1.11
Three-generation	0	0
Total	900	
Ownership of the house		
Owned	890	98.89
Rented	10	1.11
Total	900	

Table 2: Pattern of drinking of alcohol.

Variables	N	Percentages (%)
Source of alcohol		
TASMAC without bar	850	94.4
Elite shop	0	0
TASMAC with bar	50	5.6
Total	900	
Quantity of alcohol (ml) intake		
Quarter	550	61.1
Half	300	33.3
Full	50	5.6
Total	900	

Continued.

Variables	N	Percentages (%)
Foods taken after alcohol		
NIL	300	33.3
Veg food	50	5.6
Non-veg food	400	44.4
Mixed	150	16.7
Total	900	
Other substance habit		
Cigarette smoking	625	69.44
Kanja smoking	50	5.56
Chewable tobacco	125	13.89
No	100	11.11
Total	900	
Type of company		
Solo	50	5.6
With friends	850	94.4
Total	900	
Drinking after health issues		
Yes	300	88.24
No	40	11.76
Total	340	
Amount spent for drinking/day		
Rs. 100-200	400	44.4
Rs. 200-300	250	27.8
Rs. 300-400	125	13.9
Rs. >400	125	13.9
Total	900	
Type of alcohol		
Whiskey	200	22.2
Scotch	50	5
Brandy	250	27.7
Rum	50	5.5
Vodka	30	3.3
Zin	20	2.2
Beer	300	33.3
Arack	0	0
Total	900	

Table 3: Factors influencing alcohol consumption.

Variables	N	Percentages (%)
Drinking for fun	850	94.44
Out of peer pressure	250	27.78
To forget worries	420	46.67
Tiredness/stress reliever	750	83.33
Withdrawal symptoms	600	66.67
2nd generation alcoholic/ after elders	200	22.22

When studying the factors influencing alcohol consumption it is found that 94.4% of the alcoholics drink alcohol for fun; 27.7% drink alcohol out of peer pressure; 46.6% of the alcoholics drink alcohol to forget worries; out of 900 almost 83.3% of the alcoholics drink alcohol to relieve stress; 66.6% of the alcoholics drink to get rid of withdrawal symptoms and almost 22.2% have become second generation alcoholics (drinking after elders in the family).

DISCUSSION

When compared to the Eashwar et al study in my study people with drinking habit in the age group of less than 30 years of age was found to be 3% more; drinking habit was 6% more in my study when compared to the above said study in the age group of 31-45 years; when compared to the above study alcohol habit was less in the age group between 46 to 60 years by 7.4%; in the same way there is 1.1% reduction in the alcohol habit in the age group between 61 to 75 years of age.[5] In Ramanan et al study alcohol drinking habit is found in 0.5% of people at the age group of 18 to 25 and about 9.6% of the people belong to the age group of 26-45 years. When compared to the Ramanan et al study alcohol drinking habit among <45 years of age group of people is 65.3% more in my study accounting for about 75.4%. It means that in my study the younger generation people which is supposed to the disciplined workforce of the community are leading a life with the habit of drinking alcohol. Remaining study

participants of the above study i.e., above 46 years of age accounts for about 30.8% of the alcoholics whereas in my study alcoholics above the age group of 45 years accounts to 24.385 which is slightly lesser than my study.[6]

While seeing the education of the alcoholics in my study 62.2% were illiterate while in the Eashwar et al study the illiterate population size was only 16%; persons with primary education is 25.5% in my study whereas in the above study it is 17.3% only; when compared to the above study persons with secondary education is 8.89% in my study with is almost equal to the above study which is 7.3%; in my study alcoholic with higher secondary education is only 2.2% whereas in the above study it was very high i.e. 30.8%; likewise alcoholics with graduate degree is 1.1% in my study whereas it very high as 28.8% in the above study.[5] In the study by Ramanan et al 15.7% of the study participants were illiterate and with primary level of education; where as in my study it high up to 62.2% were illiterate and 25.5% of the alcoholics were with primary level of education; In my study 8.8% of the alcoholics had secondary level of education which is almost equal to the above study by Ramanan et al there is significant level of disparity in higher secondary level of education among the study participants accounting to 2.2% in my study and 7.2 percent in the above study; while seeing the alcoholics with a level of degree kind of education it is seen in 1.1% of the alcoholics whereas it seen with 2.7% of the study participants of above study.[6]

When comparing the occupation of the alcoholics with the Eashwar et al study in my study none of the alcoholics were professional whereas 13% of the alcoholics were professional in the above study. In my study only 1.11% were semi-professional whereas in the above study 22.35 were semi-professional; in my study 36.1% were semiskilled workers which is almost similar to the above study with 34% of semiskilled workers. In my study the percentage of unskilled is high i.e., 50% when compared to all other form of workers whereas in the above study the unskilled workers percentage is only 26%; in my study the unemployed alcoholics were 11% whereas in the above study it was only 3.3%.[5] In the study by Ramanan et al labours were up to 14.7% whereas in my study unskilled workers i.e., labourers were accounted for 36.1% which is greater than the above study. In the above study 17.7% of the study individuals were farmers which is lesser than my study accounting for 50% of agricultural workers.[6]

On seeing the socio economic pattern of the alcoholics in my study none belonged to upper class whereas 17% were in the upper class; only 1.1% belonged to upper middle class whereas 26% belonged to upper middle class in the Eashwar et al study; only 5.5% belonged to middle class in my study whereas 41.3% belonged to middle class in the above study; while seeing the lower middle class group there was much difference when compared the above study and the difference was only 2.4%. In my study maximum group of people belonged to lower class and the portion of it is 80% whereas in the above study none of the study subjects belonged to the lower class.

When seeing into the marital status of the alcoholics in my study 78.3% were alcoholics and only 67.3% of the participants were married; in my study 20% of them were unmarried which 4% lower than above study; the divorced/separated quotient of the alcoholics were almost same in both the studies amount for about 1.5% to 1.67%. In Ramanan et al study 0.5 percent of the alcoholics were unmarried; 12.5% of the alcoholics were married and only 10.5% alcoholics were widow whereas in my study 78.33% of the alcoholics were married; 20% of the alcoholics were unmarried.

When taking the religion of the subjects all the alcoholics belonged to Hindu whereas in the Eashwar et al study only 63.8% belonged to Hindu and 24% belonged to muslin and only 12% of them belonged to Christian. From the study done by Ramanan et al it is evident that only 9.6% of the alcoholics were Hindu whereas 10% were Muslims and 10.9% were Christians; while comparing with my study almost everyone were Hindus.

On seeing the type of family in my study 98.9% were nuclear type of family whereas only 46.3% of the alcoholics were living as nuclear type of family in the Eashwar et al study; Only 1.1% of the alcoholics were living as joint family in my study whereas 35.5% of the persons where living as joint family in the above study. None of the alcoholics were third generation type of family in my study whereas 18% of the persons were living as third generation type in the above study. In Ramanan et al study only 9% of the alcoholic belonged to nuclear family; 12.3% belonged to joint family and 7.9% belonged to extended type of family where in my study 98.8% belonged to nuclear family and 1.1% belonged to joint family and non were in the three generation or extended type of family.

In my study 98.9% of the alcoholics were living in own house whereas only 1.1% were living in the rented house whereas in the Eashwar et al study 58.5% were living in own house and only 41.5% were living in the rented house.

When seeing the place of having drink in Thapa et al study 5.9% of the male were taking alcohol in the bar which is same as in my study i.e. 5.6% of the alcoholic male were drinking alcohol in the bar; Most of the participants i.e. 94.4% were taking alcohol in the local TASMAC without a bar facility in my study, whereas in Thapa et al study only 15.6% of the alcoholics were taking alcohol in the local shop rest all were taking alcohol in various others ways.[7] In a study by Gosh et al 40% of the non-harmful drinkers were consuming alcohol in liquor shops and only 20% of the harmful drinkers were consuming from liquor shops whereas in my study only 5.6% of the alcoholics were drinking in the shops or bar remaining 94% were taking alcohol in the common

place or home.[8] In Girish et al study 63% of the alcoholics drank alcohol in home; 27.6% were drinking alcohol in bar and 64.4% were drinking alcohol in retail wine shop. Similarly, when comparing with my study only 5.6% of the alcoholics were drinking in bar and rest all i.e., 94.4% were drinking in home and shop without a bar facility.[9] In the study by Sandeep et al 12.6% of the alcoholics drink alcohol in the liquor retail shop whereas in my study only 5.6% drink in the retail shop with bar.[10]

While studying the companionship of alcoholics while drinking alcohol only 3.5% of the alcoholics were drinking alcohol alone whereas in my study 5.6% of the alcoholics were only drinking alone; in my study 94.4% of the alcoholics were taking alcohol with friends whereas in Thapa et al study 34.6% of the alcoholics were taking with friends. In the study by Gosh et al 30% of the non-harmful drinkers were consuming alcohol alone and 20% of the harmful drinkers were drinking alone rest of the non-harmful i.e., 90% were taking alcohol with others i.e., some form of friends; the same form of drinking in observed in harmful drinkers for about 5% in the above study whereas is my study 94.4% were drinking with friends which is similar to my study. In a study by Girish et al 60.3% of the alcoholics were drinking in social company i.e., with friends which is less when compared to my study.

When seeing the type of alcohol in my study 33.3% of the alcoholics were taking beer as their favourite drink whereas in Thapa et al study 13.8% of the alcoholics were taking beer; likewise, in Thapa et al study 9.23% of the alcoholics were taking brandy, rum and vodka whereas in my study brandy rum and vodka were consumed by 36.5% of the alcoholics. In a study by Ghosh et al it was observed that 81.8% of the non-harmful drinkers were consuming locally made liquor whereas 4.5% of the harmful drinkers were consuming locally made liquor remaining alcoholics were consuming foreign made liquor but, in my study, all were drinking locally made government supplied liquor. In a study by Girish et al 33% of the alcoholics were drinking whiskey in the rural area; 52.9% of the rural alcoholics were drinking arrack; 5.4% of the alcoholics in the rural were drinking beer; 5% of them were drinking rum and rest 4.5% were drinking brandy whereas in my study whiskey was used by only 22.1%; whereas in contrast to the Girish et al study more number of alcoholics were consuming brandy accounting for 27.7%; rum consuming alcoholic numbers were same as the above study whereas beer consuming alcoholic numbers were high accounting for 33.3% and non-had the habit of drinking arrack. In the study by Rajeev et al 81.3% drink beer whereas in my study only 33.3% had the habit of drinking beer.

When studying the quantity of alcohol in the study by Sandeep et al at least 250 ml was consumed by 43.9% of the alcoholics whereas in my study 61.1% of the alcohol consumers drink 180 ml of alcohol every day for many reasons; likewise, 33.3% of the alcoholics drink half amount of alcohol. In the study by Sandeep et al 61.7% takes snacks along with alcohol and rest doesn't takes any snacks with alcohol contributing to 38.3% whereas in my study same 33.3% doesn't take any form of food after drinking alcohol.

In the study by Win Myint et al smoking habit was seen in 47.1% of the alcoholics were smokers and 44.7% of the alcoholics were tobacco chewers were as in my study smoking habit among the alcoholics were high upto 69.4% and Kanja smoking habit was found in 5.5% of the alcoholics and only 13.8% of the alcoholics had the habit of tobacco chewing.[12] In a study by Ganesh et al 36% of the alcoholics had the habit of tobacco chewing and 72.7% of the alcoholics had habit of smoking which is more than my study.[13]

While seeing the factors influencing alcohol consumption in Rajeev et al study 22.5% were influenced by peer pressure whereas in my study influence of peer pressure is slightly higher accounting to 27.7%; while seeing the other factors, 2.7% of the alcoholics drink alcohol for to relive stress and pressure in the Rajeev et al study whereas stress and tiredness contributing to alcoholism is 83.3% in my study.[14] In the same study 70.6% of the alcoholics drink alcohol to celebrate happiness whereas in my study 94.4 percent of the alcoholics drink for fun; in Rajeev et al study 50.3% drink alcohol to forget worries which is almost similar to my study accounting for 46.6% drinking alcohol to forget worries; in a study by gosh et al bad influence on children was found in 16.7% whereas in my study influence on children leading to second generation alcoholic was seen in 22.2% of the alcoholics; In a study by Girish et al 41.3% drink alcohol as a habit whereas in my study 66.6% drink alcohol because of withdrawal symptoms which is amounting for habit of alcohol; In the same way 11.7% of the alcoholics drink alcohol for hobby and enjoyment whereas most of the alcoholics in my study drink for fun amounting to 94.4%; likewise in Girish et al study 20.7% drink to overcome family problems whereas in my study 46.6% drink alcohol to forget worries. In the study by Sandeep et al 59.5% drink alcohol as a habit out of withdrawal symptoms where it is accounting for 66.6% in my study; in the same study 15.6% of the alcoholics drink alcohol for the sake of fun or enjoyment whereas maximum i.e., 94.4% alcoholics drink alcohol for fun in my study; 19% of the alcoholic drink alcohol out of peer pressure in the above study whereas out of peer pressure 27.7% drinks alcohol in my study; in the same study 5.8% drink alcohol for family problems whereas 46.6% accounts for drinking to forget worries;

In the study by Rashmi et al 38.5% drinks alcohol for peer pressure whereas in my study it was an influencing factor in 27.7% only; likewise second generation or after elders drinking habit was seen in 3.1% of the alcoholics which was very high in my study accounting for 22.2%; drinking out of curiosity was found in 2.1% of the alcoholic in the above study whereas 66.7% drink

because of withdrawal symptoms; in the same study 7.3% of the alcoholics drinks alcohol to relieve stress or pressure whereas 83.3% drinks alcohol to relieve stress in my study; likewise 5.2% drink alcohol to forget worries in Rashmi et al study whereas in my study 46.6% drink alcohol to forget worries. In the study by Donnapa et al 29.8% of the alcoholics drank alcohol out of peer pressure which is almost similar to my study; in same study 2.6% of alcoholics drink alcohol for fun whereas 94.4% drinks for fun; only 3.1% of alcoholics drink alcohol to forget worries whereas in my study 46.6% drinks alcohol to forget worries; drinking out of parents influence was seen in 2.3% of the individuals in the above study whereas it influence in my study was 22.2%.[11]

Limitations

In my study alcohol consumption habits; pattern of drinking and the factors were all self-reported by the participants, so there could be a chance for recall and response biases.

CONCLUSION

Problems of alcohol use in India have attracted attention of public health policy makers and research workers. Most common reason for starting and continuation of drinking was peer pressure. Thus, emphasis should be made on the factors which are related to early initiation of alcohol use and steps should be taken to prevent youths from being influenced by their peers. Role of primary care physician is very important in organizing effective health education measures with help of team. Behavior change can be initiated and maintained with persistent motivation and support from primary care team.

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