

ALCOHOL DRINKING HABITS AND ITS REPERCUSSIONS ON FAMILY, HEALTH AND JOBS AMONG THE TRIBAL KORAGA COMMUNITY IN AND AROUND UDUPI DISTRICT, KARNATAKA, INDIASandesh K. S¹, Annapurna M²**HOW TO CITE THIS ARTICLE:**

Sandesh K. S, Annapurna M. "Alcohol Drinking Habits and its Repercussions on Family, Health and Jobs among the Tribal Koraga Community in and around Udupi District, Karnataka India". *Journal of Evolution of Medical and Dental Sciences* 2014; Vol. 3, Issue 22, June 02; Page: 6204-6208, DOI: 10.14260/jemds/2014/2723

ABSTRACT: Social and binge drinking are the two aspects of alcohol consumption among the different communities worldwide. People get indulged in alcoholic beverages either to celebrate, entertain to relieve stress-tension and many more... Alcoholism and alcohol drinking is present among human civilization from time immemorial in the history. Social drinking is a practice wherein drinking is a social norm where the individual is not involved to a point of got drunk or intoxicated. On the other hand, binge drinking is an addiction to alcohol and the purpose of drinking is to get over-drunk or intoxicated.

KEYWORDS: Alcohol, Koraga, Tribe.

INTRODUCTION: Koraga community is a tribal community mainly concentrated in the Tulunadu of South India mainly in the Dakshina Kannada, Udupi, Kodagu and Uttara Kannada districts¹, Government of India has classified them as scheduled tribes.¹ They have a lowly status with mainly labourer and basket making who are employed as scavengers. Educationally they are very poor and they use forest bamboo and creepers as the source of income. They generally eat poor quality of food and they spend half of their income on alcohol, which is consumed by all ages and they also indulge in beedi and betel. They subsist mainly on rice and meats such as pork and beef, although they are increasingly also using products such as pulses and vegetables. Their meat is often sourced from animals that have died naturally rather than by slaughter.²

The lion share of the money earned is spent for alcohol consumption. Both males and females are addicted to liquor, minor vices like betel chewing, smoking etc. Alcohol use is highly related to major harms with respect to physical, mental and social aspects. Alcohol drinking culture was seen among the society from antiquity, it developed in the northern and Mediterranean areas of Western Europe due to the ecosystem, seasonal variation and socio-political structures. During the expansion of the Roman Empire, rural areas of west central Europe became romanized. As a part of this process, indigenous inhabitants adopted some customs from urban Roman culture, including wine drinking with meals. Alcohols are an important product of the global addictive demand and have experienced a rapid increase in per capita consumption.

The fastest growth has been in developing countries in the Asian subcontinent where the per capita pure alcohol consumption has increased by over 50% between 1980 and 2000.³ The recorded alcohol consumption per capita has fallen in most developed countries, it has steadily increased in developing countries, alarmingly in India. The per capita consumption of alcohol by adults,⁴ by 15 years in India increased by 106.7% between 1970–72 and 1994–96.⁵ The pattern of drinking in India has changed from occasional and ritualistic use to social use. Today, the common purpose of consuming alcohol is to get drunk.⁶

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These developments have raised concerns about the health and the social consequences of excessive drinking.⁷ Alcohol is no longer considered as a threat. Alcohol is causally related to more than 60 medical conditions.² Overall, 3.5% of the global burden of disease is attributable to alcohol, which accounts for as much death and disability as tobacco and hypertension.⁴

Illiteracy and lack of income are the major problems which prevail among this tribal community of Koraga and there are not enough records in the literature to highlight the pattern of drinking and related hidden causes for alcohol drinking among them. Hence in this study, a qualitative questionnaire based information collection was sought by random method to highlight the alcohol drinking status in and around Sullia Taluk of Dakshina Kannada district of Karnataka, India.

METHODOLOGY: A pre-determined closed type questionnaire was introduced consisting of yes or no responses. The questionnaire mainly tested on issues such as social/problem drinker, family issues and concern on drinking and conflicts, self-realisation and efforts to stop, time of drinking in the day, indulgence in argument and fights etc., The 74 respondents were randomly selected and were briefed on the questionnaire. Oral consent from the participant was sought and they were asked to answer, 'yes' or 'no' on an unbiased manner.

RESULTS: All the 74 respondents answered the questionnaire and among them major percent were problem drinkers with indication of continued addicted drinking pattern (Table 1). Around 97% of the respondents got help from their spouse or family members when they were in stupor. 9-97% indulged in negative behaviours such as fight, disagreement to the extent of losing a friend (Table 2). 83% have tried their best to stop the habit but only 6% have an awareness of alcoholic anonymous (AA) meeting and sought help (Table 3).

Overall, most of the alcohol drinkers in the study group accepted their drinking and have knowledge on the family life, job and health repercussions.

Particulars	No. of respondents	
	Yes	No
Normal drinkers	26(35.14%)	48(64.86%)

Table 1: Normal drinkers

It was observed from the data there is a highly significant difference ($p < 0.001$) between normal and non-normal drinkers (using chi - square test)

Particulars	No. of respondents	
	Yes	No
Continuous drinker	11(14.86%)	63(85.14%)
Help from family members or Spouse	2 (2.70%)	72(97.30%)

Table 2: Regular drinker

There was also significant difference found in continuous drinker and help from family members.

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Age group	No. of non-normal drinkers	%
20-40 years	23	31.08
41-60 years	20	27.02
>60 years	31	41.89
Total	74	

Table 3: Age group distribution

There is no significant ($p>0.05$) difference between the age group within non normal drinkers (Using chi square test)

Particulars	No. of Respondents		Percentage	
	YES	NO	YES	NO
Complaints from Parents or Spouse	47	27	63.51	36.49
Feeling Bad	42	32	56.76	43.24
Relatives thinks as a Drinker	63	11	85.14	14.86
Fight to others	5	69	6.76	93.24
Creating Problems	7	67	9.46	90.54
Lost Friends	2	72	2.70	97.30

Table 4: Negative features

Using chi - square test in the above table, it is observed that there was a highly significant difference ($P<0.001$) is seen in relative thinks as drinker, fight to others creating problems and lost friends. There was no significant difference found in feeling bad ($p>0.05$), where as significant difference was observed complaints from parents or spouse ($p<0.05$).

Particulars	No. of Respondents		Percentage	
	YES	NO	YES	NO
Always able to stop	62	12	83.78	16.22
Attend meeting of Alcoholic Anonymous (AA)	6	68	8.11	91.89
Stop drinking without struggle	63	11	85.14	14.86
Try to limit drink in certain time or place	54	20	72.97	27.03

Table 5: Efforts to stop drinking

In the above table by using chi square test, it is observed that all the variables are highly significant ($p<0.001$)

DISCUSSION: The importance of conducting alcohol research among tribal community is, as these group of people are a minority and live mostly away from the main stream of society, making their homes mainly in the forest and valley regions of Dakshina Kannada, Udupi, Uttara Kannada and pockets of Kerala State.

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Higher rates of heavy drinking and alcohol-related problems are quite visible among the community. There are not many studies in the literature to highlight the pattern of alcohol drinking and its repercussion on family, social and health issues.

In the developed world, alcohol misuse is a major health and social problem among Native Americans, with consequences in some areas so severe as to threaten the survival of entire Native American groups. Published study documented the high prevalence of binge drinking and alcohol related problems among a South American tribe of Carib origin. This tribe has a long history of brewing and consuming native alcoholic drinks, but a relatively short history of contact with Western civilization and commercial alcoholic beverages.⁹

A limited number of studies have been conducted on smaller populations in different regions of India. Studies in northern India found the 1-year prevalence of alcohol use to be between 25% and 40%.^{10, 11} Our study very well indicates the pattern of drinking among these less educated group similar to the already recorded study in southern India, the prevalence of current alcohol use varies between 33% and 50%, with a higher prevalence among the lesser educated and the poor.¹²

Sethi and Trivedi¹³ found alcohol misuse to be 11.3% among the 55–64 years' age group and 16.8% among the 65–74 years' age group in a rural population in north India. Varma et al.¹¹ found 18.3% of those >50 years of age to be current users of alcohol and 23.3% to be 'ever' users of alcohol.

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