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Health status of drunken youth in Kumbakonam, Tamilnadu, India

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ABSTRACT

The present study is dealt with health status of drunken youth and influencing factors i.e., socio-economic and cultural environments. The analysis is able to offer wide scope and identify of the existing health conditions, personal hygiene, health problems, health care and treatment seeking behavior of drunken youth. This paper also helps to provide the better understanding of the people those who are engaged alcohol habits, to make policy implementation of rules and regulations in alcohol related law in state and national level. Hence the present study has its effort to illuminate the health status and attitudes of drunken youth in Kumbakonam town.

Key words: Drunken Youth, Healthcare, Alcohol,

INTRODUCTON

Alcoholism is a disease of the Nation. Many marriages life break up over drinking problems. Family violence typically member when one or both spouses have been drinking, and drinking makes family violence more dangerous. Families play a critical role in mending from alcoholism. [10] In India recently Alcohol use and abuse is a serious problem among young people. There are a number of unhealthy risks connected with it, including alcohol dependence, and alcohol related accidents and violent behavior. [3] Alcohol dependence is a worldwide problem as its self-induced intoxication is socially tolerable. Alcohol as a disease driving force [9] causes discriminating and chronic intoxication, cirrhosis of liver, toxic psychosis, pancreatitis, and gastritis, cardiac. Also support is mounting that it is correlated to cancers of mouth, pharynx, larynx and esophagus [1]. Alcohol is one of the leading causes of death and disability globally and in India. Information on quantum and pattern of consumption is crucial to formulate intervention programs.[2] The connections between alcohol, HIV infection, and AIDS: alcohol may adversely affect the immune system, and alcohol may influence high-risk sexual behavior.[4] Alcohol has been identified as an important risk factor in injury occurrence. The problem of alcohol-related injuries is particularly alarming in developing countries, [5] like India, where increasing rates of alcohol consumption are coupled with hazardous patterns of drinking, injury rates are extremely high, and appropriate public health policies have not been implemented.[6] Alcohol is an important factor in suicide, accidents, social family disorganization, crime and loss of productivity. Increasing percentage of young people has started drinking alcohol in increased frequency and quantity thus constituting serious hazards to health, welfare and life.[7] Alcohol consumption continues to be one of the most risk behaviors engaged in by the adolescents and it is one of the common habits among peer groups that cause psychological and social problems. [8] Kumbakonam taluk is chosen as a study area and to find out the health status of liquor consuming youth with the causal relationship between the socio-economic, demographic and environmental variables. It helps to indentify the Health status and attitudes of youth and therefore, it is considered as one of the major indicators of the social well being. The study area Kumbakonam town extends from 10°51' North to 11°4' North latitudinally and from 79°17' East to 79°31' East longitudinally. It is a deltaic plain with smooth rolling surface towards to east coast.

AIM AND OBJECTIVES

- ❖ To investigate the socio-economic, demographic and environmental settings of drunken youth of Kumbakonam town.
- ❖ To explore the personal hygiene, health status, health problems and health care of drunken youth in relation to surrounding.

MATERIALS AND METHODS

In order to meet out the above objectives the data collection was made two levels. The secondary data collection consists of drunken youth details were collected from TASMACH SHOPS and bar of Kumbakonam taluk. The primary data collection was made with the help of questionnaire survey by direct observation method. Random sampling procedure was used to collect data from the respondents. The age of the respondents was between age of 18 to 26 years and 300 respondents were identified. The data collection consists of age, income, living environmental conditions, health problems, personal hygiene and utilization of health care facilities and psychological feelings. The data were transformed into SPSS (Statistical Package for Social Sciences) for the better analysis. As much as 60 Variables were drawn from the data structure possibly covering the socio-economic, demographic and environmental and health care variables that are largely determined the Habits and status of the liquor consuming youth. These variables are assumed to be the vital factors to determine the health status of liquor addict. The analysis is bringing made with simple percentages. To find the relationship of drunken and their socio-economic and environmental condition Karl Pearson Correlation analysis was employed and accordingly a correlation matrix of 300 x 60 to facilitate easy interpretation of interrelationship between variables.

SOCIO-ECONOMIC AND DEMOGRAPHIC BACKGROUNDS

In Kumbakonam town there are 300 people were interviewed of liquor consuming youth. Their socio-economic and demographic background of respondents reveals that majority of drunken youth from the districts of Thiruvavur (46.03%), Nagapattinam (34.03%) and Thanjavur (19.3%). The total 300 respondents were all males and the educational levels of respondents shows were three-fifth of them were studied up to higher secondary (61.0%) and remaining two-fifth of them were less than secondary level therefore there is likely chance of influencing on alcoholism among youth.

It was observed that 75.0 per cent of the respondents were unmarried, 24.7 percent were married and 0.3 per cent was widower. Caste system in the study area indicates that 65 percent of the respondents belonging to lower than backward classes including SCs/STs. Those youth who were drinking in the study area and their family sizes was small (three and less than members consists 27.3%), medium (four to six 62.3%) and Large (more than seven 10.3%).

Their occupation of drunken in the study were 0.7 percent engaged in governmental work (i.e., sweeping and cleaning), 16.7% were engaged in Office work and remaining were laborers (81.0%) such as carpenters, mason, welder, driver and agriculture laborers. Monthly income of the respondents was less than Rs. 5,000 accounts 28.3%, 65.0% of them fall between Rs.5, 001 and 10,000 and 6.7 % of the respondents had income of Rs.10,000 and above. Further, it was observed from the analysis that one in eight was five kilometers from their residence and remaining were stayed more than 11 and 20 kilometers. As per the responses, the drinkers were reaching from the working place to shop by walk (10.0%), bicycle (33.3%) and by moped and bike (43.3%).

LIVING ARRANGEMENTS OF YOUTH DRUNKER

Of the total respondents, 11 persons were living in slum area, 248 were from surrounding villages and the remaining 41 people living in core of the town. Their house structures like huts (15.7%), thatched house (21.7%), tiled house (30.3%) and concrete house (32.3%). 27.7 per cent of the respondents were informed (Table-1) that they are living nearby sewage and cesspool area and they also revealed that they are not satisfied about their living area because of the mosquito's problems (34.7%), untidy environmental conditions (62.6%) and awkward smell (2.7%).

HEALTH PROBLEMS

The present paper study on reasons for drinking and their health risk problems; 51.7 percent of the workers were revealed that they drink alcohol due to hard works as it is the nature of job. In relation to the habit of alcoholism among the respondents; respondents reported that they were commonly facing fever and stomach pain as health problem. Moreover, the analysis inferred that 10 persons were experienced ulcer due to over intake of alcohol and not maintain timely food, 5 persons each experienced body itching and hip pain, 2 persons each experienced foot pain, knee pain and respectively. It was also observed that the respondents experienced by back pain, head ache, peeling of skin from hand and leg, irritation of eyes, chest pain, dry cough, chronic fever, Giddiness, Dandruffs considerably.

Table-1 LIVING CONDITIONS OF YOUTH DRUNKURS

Sl. No	Variables	Frequency	Percentage
1	Living area		
	a) Slums	11	3.7
	b) Village	248	82.7
	c) Core of the Town	41	13.7
2	Type of House		
	a) Huts	47	15.7
	b) Thatched House	65	21.7
	c) Tiled House	91	30.3
	d) Concrete House	97	32.3
3	Living sewage area		
	a) Yes	98	27.7
	b) No	202	72.3
4	Satisfaction level of living area		
	a) Yes	83	27.7
	b) No	217	72.3
5	Environmental conditions of living area		
	a) Bad environmental condition	188	62.6
	b) Mosquito problems	104	34.7
	c) Awkward smell through sewage	8	2.7

HABITS OF ALCOHOLISM

The youth were reported that they drink alcohol due to mainly because of compulsion of the friend (47.0%), relax and entertainment (42.7%), doing their kind of jobs (5.7%) and to forget the family problems (4.7 %).

Table 2 Habits of Alcoholism

Sl. No	Variables	Frequency	Percentage
1	Reason for drinking		
	a) Relax and entertainment	128	42.7
	b) To forget the problems	14	4.7
	c) Because of doing this kind of jobs	17	5.7
	d) Compulsion by friend	141	47.0
2	Money spend for alcohol		
	a) <500	123	41.0
	b) 500-1000	121	40.3
	c) 1000-2000	18	6.0
	d) >2000	38	12.7

However, the respondents were viewing their frequency of drinking that they drink alcohol during work (7.7%), monthly once (5.7%), weekend (17.7%) once in two days (11.7%) daily (27.3%), occasionally (.3%), once in fortnight (3.0) and during festival time (26.7%). The monthly expenditure towards to alcohol were less than rupees 500 (41.0%), 501 and 1000 (40.3%), 1001 and 2000 (6.0) and above 2000 (12.7%).

DISCUSSION

Table 3 reveals that the age of the respondents is positively correlated with the variables marital status, monthly income, relation of working, married male children and experience. Moreover, age is negatively correlated with educational level and reaching time to the home.

Table 3 AGE

Sl. No	Variable	Pearson correlation	Sig (2-tailed)
1	Marital status	0.144*	0.002
2	Monthly income	0.265**	0.000
3	Relatives working	0.126*	0.029
4	Work of relative	0.137*	0.024
5	Experience	0.144*	0.026
6	Education level	-0.132*	0.028
7	Reaching time to the home	-0.129*	0.030

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

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

Table 4 confirms that the introduced habits of alcohol had positive connection with the variables of age, habits of alcoholism, duration of drinking alcohol, quantity of drinking alcohol and nature of works. At the same time, there were positive relationships with marital status and increase of age, habits of alcoholism, duration of drinking alcohol, quantity of drinking alcohol and regret to do cleaning works.

Table 4 INTRODUCED HABITS OF ALCHOCAL

Sl. No	Variable	Pearson correlation	Sig (2-tailed)
1	Age	0.255*	0.000
2	Duration of drinking	0.129*	0.004
3	Quantity of drinking	0.138*	0.020
4	Nature of work	0.132*	0.019
5	Satisfaction level	-0.245**	0.000
6	Work satisfaction	-0.195**	0.001

Table-5 indicates that there was negative association with the variables habits of alcoholism, duration of drinking alcohol, quantity of drinking alcohol, health problems, recent visiting to the hospital and risky job. It is clearly justifying that the increasing of monthly income and decreasing of habits of drinking alcohol, duration and quantity of drinking alcohol, health problems, recent visiting to the hospital and risky job. Subsequently, beating wife had strong positive relationships with the variable monthly income.

Table 5 MONTHLY INCOME

Sl. No	Variable	Pearson correlation	Sig (2-tailed)
1	Habits of alcoholism	-0.145**	0.002
2	Duration of drinking	-0.129**	0.026
3	Quantity of drinking	-0.154**	0.008
4	Health problems	-0.119*	0.039
5	Recent visiting hospital	-0.244**	0.000
6	Risky job	-0.195**	0.001
7	Beating wife	0.141*	0.021
8	Experience	0.256**	0.000

Table 6 shows that the educational level of youth had strong positive relationships with distance to the working place and personal problems of the youth. It explains that the increase of educational level of youth and increase of distance between working place and residence and also increase of personal problems of the youth community. In contrast the level of education had negative relationships with the following variables habits of alcoholism, quantity of drinking alcohol and accidents.

Table 6 EDUCATION LEVEL

Sl. No	Variable	Pearson correlation	Sig (2-tailed)
1	Distance to working place	0.144*	0.002
2	Personal problems	0.152*	0.006
3	Habits of alcoholism	-0.129*	0.024
4	Quantity of drinking	-0.125*	0.029
5	Accidents	-0.114*	0.046

Table 7 explains that the association of family size with other variables. Friendly associations with neighbors, relatives working in TASMACH and starting time at home to work are having negative relationships with family size. However, personal problems had strong positive connection with the variable family size.

Table 7 FAMILY SIZE

Sl. No	Variable	Pearson correlation	Sig (2-tailed)
1	Friendly association with neighbours	-0.144*	0.017
2	Relatives work in this department	-0.129*	0.024
3	Starting time of work	-0.130*	0.025
4	Personal problems	0.153*	0.006

Table 8 shows that the health problems are having strong positive relationships with the variables of type of house, type of work and habits of alcoholism. These are the vital factor determining the youth and their drinking habits. In contrast, the increases of health problems were also due to their living conditions near sewage and their not satisfied about their living area or environment. This had been justified by the negative association of variables with the above mentioned variable health problems. Increase of health problems with the decrease of satisfaction level of respondent's about their living area and their living surrounding environment.

Table 8 HEALTH PROBLEMS

Sl. No	Variable	Pearson correlation	Sig (2-tailed)
1	Types of house	0.342**	0.000
2	Type of work (occupation)	0.161**	0.005
3	Habits of alcoholism	0.126*	0.028
4	Living sewage area	-0.245**	0.000
5	Satisfaction level of living area	-0.238**	0.000

The variable accidents had positive association with the habits of alcoholism, drinking habits, reason for drinking, quantity of drinking and parts affected by accidents. This is clearly indicating that during the cleaning activity the accidents were happening due to the habits of drinking alcohol. The statistical association (Table 9) shows that the increase of accidents and increase of alcohol consumption leads to injure physical parts or even beyond reach to surgical treatment. Level of Education of the respondents and money spend for alcohol were negatively associated these variables.

Table 9 ACCIDENTS

Sl. No	variable	Pearson correlation	Sig (2-tailed)
1	Habits of alcoholism	0.145*	0.012
2	Drinking habits	0.189**	0.001
3	Reason for drinking	0.214**	0.000
4	Quantity of drinking	0.145*	0.012
5	Parts affected by accidents	0.907**	0.000
6	Education level	-0.117*	0.044
7	Money spend for alcohol	-0.145*	0.012

CONCLUSION

This present study is being made to provide a piece of research contribution to the researcher and policy makers those who were involved to evaluate the social, economic, demographic, environmental conditions of the youth and identify the health related problems of drinkers. The study, explains that the alcohol consumption increases the health problems and risks; most of the young drinkers were injured due to accident as well as they face health problems related to alcohol. Therefore, there are likely chances to reduce the mental ability, reducing self confident due alcoholism and increasing trend among youth.. The study also confirmed that the living conditions, economic level, consumption of alcohol and intake of non-vegetable food, snacks during drinking create stomach pain and ulcer. The living conditions and friends were also important factor for inducing individual drinking habits.

Suggestion

- ❖ Parent should take care of the youth and their activities outside the home and their social behavior with other youth.
- ❖ Increase the self confidence and develop up the attitude to face the problem.
- ❖ The existing law drunk and drive should be enforced strictly by the officials.
- ❖ Health awareness programs, protective and safety measures must be frequently conducted.

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