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PREVALENCE OF ALCOHOLISM AMONG THE TELUGU SPEAKING FISHER FOLK COMMUNITY OF ANDAMAN AND NICOBAR ISLANDS

MUTHU PANDI
MA Anthropology
Andaman and Nicobar Islands, Port Blair
muthuboss90@gmail.com

ABSTRACT:
The world's third largest risk factor disease and disability is alcohol and it is one of the commonest illicit psychoactive substances consumed globally. About 2 billion people worldwide. Who consume alcoholic beverage and 76.3 million with diagnosable alcohol use disorders more than 200 disease worldwide (WHO) 2002. In India has nearly 70 million alcohol users with include 12 million users who are dependent of alcohol. Consumption of large amount of alcohol has negative effects.
The present paper aim to study the "Prevalence of Alcoholism among the Telugu Speaking Fisher folk community of Andaman and Nicobar Islands and Critically reviewed, the empirical association between alcohol use and risk factors.
Socio-demographic profile has been collected from Chunnabhatta village of Andaman and Nicobar Island.
The analysis revealed the study area of sample population alcoholic users, of male 25% and female 21.74%, female drinkers are occasional drinkers and also above 59.46% of the drinkers, have daily drinker and 21.62% of drinkers have quarterly drunker and 18.92% of drinkers are monthly drinkers. Here it is notable that about 75.67% of drinkers are having foreign branded alcohol and 24.33% of drinkers are having both country-Brewed, and foreign brand, alcohol users. According to the data information about 48.65% of drunker have drink alone, 27.03% of drinkers have drink in a group and 24.32% of drinkers' are both type of drinking drinkers.
The finding reveal that Telugu community be have a cultural based health education, and health camp awareness of alcohol related programme should be imparted to prevent them from the hazards of alcohol.
Keywords: World Health Organization (WHO), International Wine and Spirits Record (IWSR), National Family Health Survey (NFHS).

INTRODUCTION

The world's third largest risk factor for disease and disability is alcohol and it is one of the commonest illicit psychoactive substances consumed globally. The World Health Organization (WHO) estimates that there are about 2 billion people worldwide who consume alcoholic beverages and 76.3 million with diagnosable alcohol use disorders. From a public health perspective, the global burden related to alcohol consumption, both in terms of morbidity and mortality, is considerable in most parts of the world. Alcohol consumption has health and social consequences via intoxication (drunkenness), alcohol dependence, and other biochemical effects of alcohol. In addition to chronic diseases that may affect drinkers after many years of heavy use, alcohol contributes to traumatic outcomes that kill or disable at a relatively young age, resulting in the loss of many years of life due to death Or disability. There is increasing evidence that besides volume of alcohol, the pattern of the drinking is relevant for the health outcomes. Overall there is a causal relationship between alcohol consumption and more than 200 disease and injury condition in individuals, most notably alcohol dependence, liver, cirrhosis, cancers, homicide, epileptic seizures, and motor vehicle accidents worldwide (WHO) 2002. Alcohol causes, in 2012, about 3.3 million, death, or 5.9 % of all global death, were attributable to alcohol consumption. Unintentional injuries alone account for about one third of the 139 million DAYs. (disability-adjusted life years), or 5.1 % of the global burden of disease and injury, were attributable to alcohol consumption (WHO) 2012. In the report to the Commission on Macroeconomics and Health, Government of India, Guru raj et al (2005a), projected (based on prevailing rates) that there would be 69.7 million, 74.8 million alcohol users during the years 2010 and 2015, respectively. The data is based on estimates made from the figures of Ray (2004a) in the nationally representative study. Data available from the International Wine and

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Spirits Record (IWSR, 2010), reveal that the sales of alcohol increased by nearly 3 times from 72,000 liter cases in 2000 to 200 million liter cases by 2009. It has been identified that India has nearly 70 million alcohol users which include 12 million users who are dependent on alcohol, but does not include millions of social drinkers. The survey reported an estimated 62 million adult male alcohol users in the country for the year 2001. Among these, in only one-third is the cause of death provided (Jha et al, 2006). Among the rather alcohol association is infrequently mentioned with the exception of alcoholic cirrhosis and a few related conditions. A survey in Delhi suggested that more than 45% of vehicles were being driven by drivers who had consumed alcohol.

There is no reliable data on the consumption of alcohol in Andaman and Nicobar Islands and problems related to alcohol misuse. However, there has been a significant increase in the sale of alcohol between 2005 and 2006. The revenue from alcohol sales increased from Rs.189.7 lakhs in January 2005 to Rs.342.9 lakhs in January 2006. The corresponding increase in February during the same period was 78 lakhs and in March it was 35 lakhs (Andaman and Nicobar Islands Integrated Development Corporation Ltd – Performance review for the year 2005-2006 It is also observed by the experts in G.B.Pant Hospital, that consultations for alcohol related problems are on the increase. Around thirty-five percent of the male population and over six per cent of the female population were current drinkers, i.e. they had had an alcoholic beverage at least once in the past 12 months. The prevalence of drinking observed in the Andaman and Nicobar islands is therefore higher than the Average national estimates, which have reported around 21% of all adult males (Ray et al, 2004) and less than 5% of adult females (Benegal et al, 2005; Isaac, 1998). The most recent data from the National Family Health Survey-3 (NFHS-3; 2005-06) found that almost one-third of men in India drink alcohol, compared with only two percent of women.

MATERIALS AND METHODS

The present study was conducted among the fisher folk man community of Chunabhatta area bamboo flat, south Andaman. The hamlet of the village is inhabited by 34 families having total population of 157 (male 88 female 69) for the purpose of study on a field work was conducted among the said community for a period of 1month during august to September of 2014.

Different anthropological research method was applied mainly for the purpose of the study detailed demographic data was collected by household censes schedule. Beside that other conventional method of data collection likes observation case study, interview, social mapping, group discussion and photography etc.

RESULTS AND DISCUSSIONS

TABLE 1

Consumption of Alcohol Male in Percentage of Chunnabhatta

Total No. of population	Total No. of Male	Total No. of Alcoholic users	Total No. of Non Alcoholic users
157	88	22 (25%)	66 (75%)

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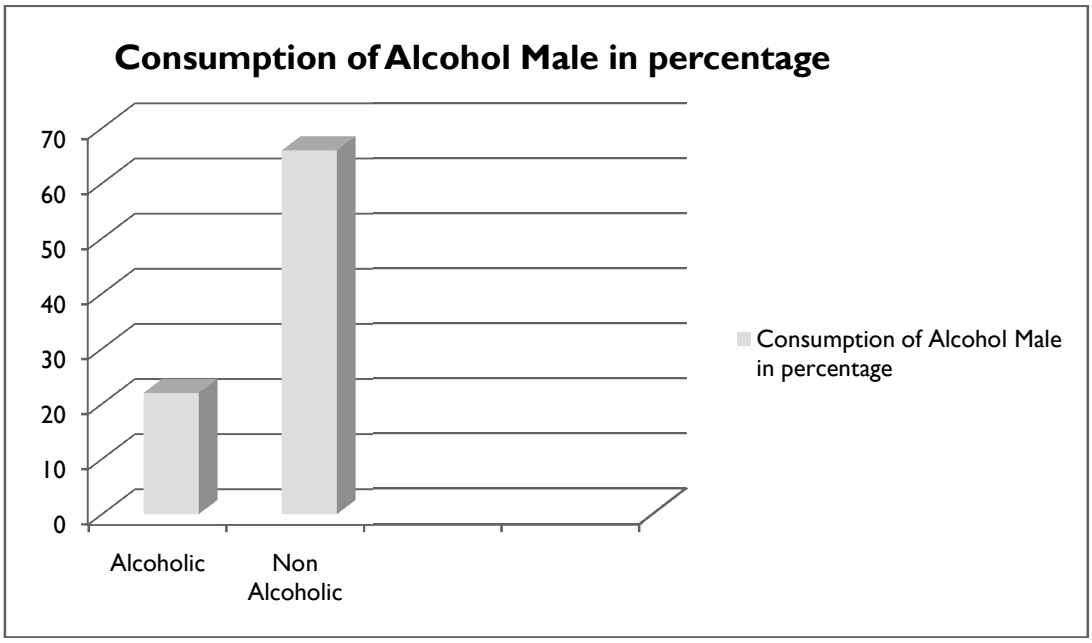
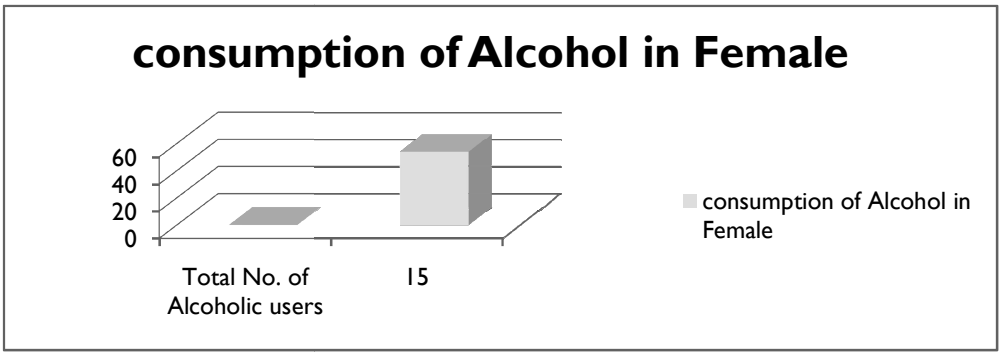


Analysis of Table: According to the table 25% of males are users of alcohol, and 75% of non users alcoholic. Among this study area sample population.

TABLE 2
Consumption of Alcohol Female in percentage

Total No. of population	Total No. of Female	Total No. of Alcoholic users	Total No. of Non Alcoholic users
157	69	15 (21.74%)	54 (78.26%)



Analysis of Table: Show the classification of the total sample households, 21.74% of females are users of alcoholic and 78.26% of non users of alcoholic, in this study area.

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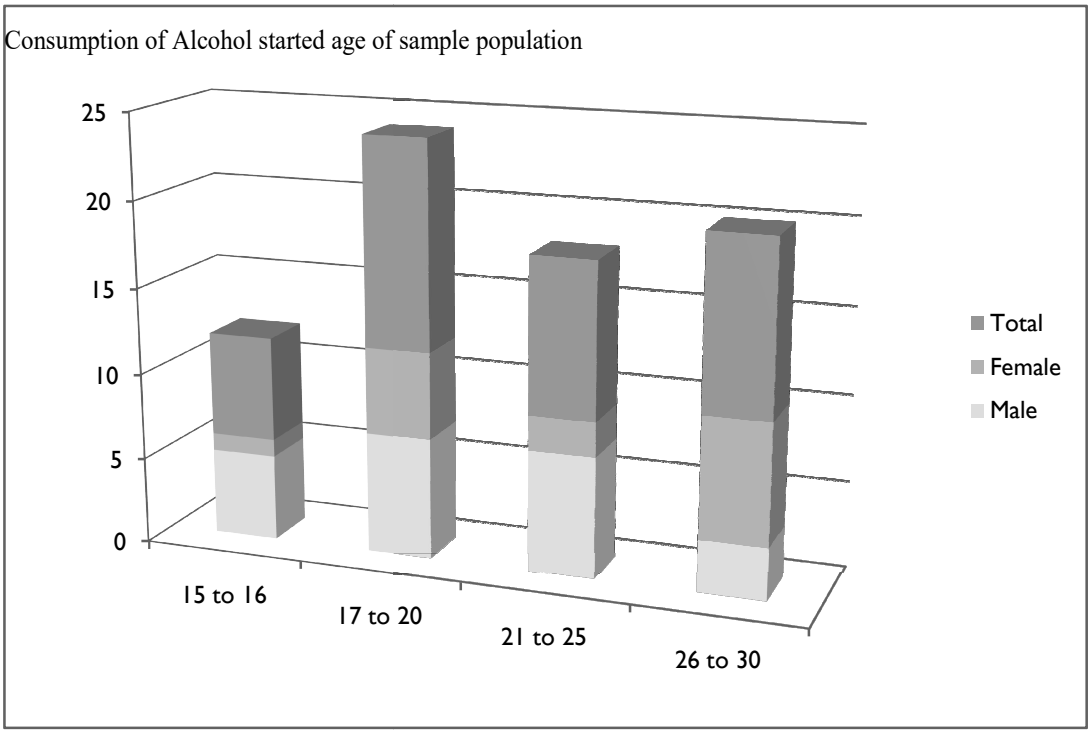
TABLE 3
Consumption of Alcohol started age of sample population

Started age of alcohol	Male	Female	Total
15 to 16	05(22.72%)	01(6.6%)	06 (16.22%)
17 to 20	07(31.82%)	05(33.4%)	12(32.43%)
21 to 25	07(31.82%)	02(13.3%)	09(24.32%)
26 to 30	03(13.64%)	07(46.7%)	10(27.03%)
Grand Total	22(100%)	15(100%)	37(100%)



Analysis of Table: show the classification of table was classified about the started age of alcohol of sample population largely in 17 to 25 age, adult/middle age stage is started age of large no of male drunker, 26 to 30 age that time is large no of female drunkers started age.

TABLE 4
Frequency of Drinking habits of Alcohol

Total No. of sample drinker	Daily	Quarterly	Monthly
37	22(59.46%	8(21.62%	7(18.92%

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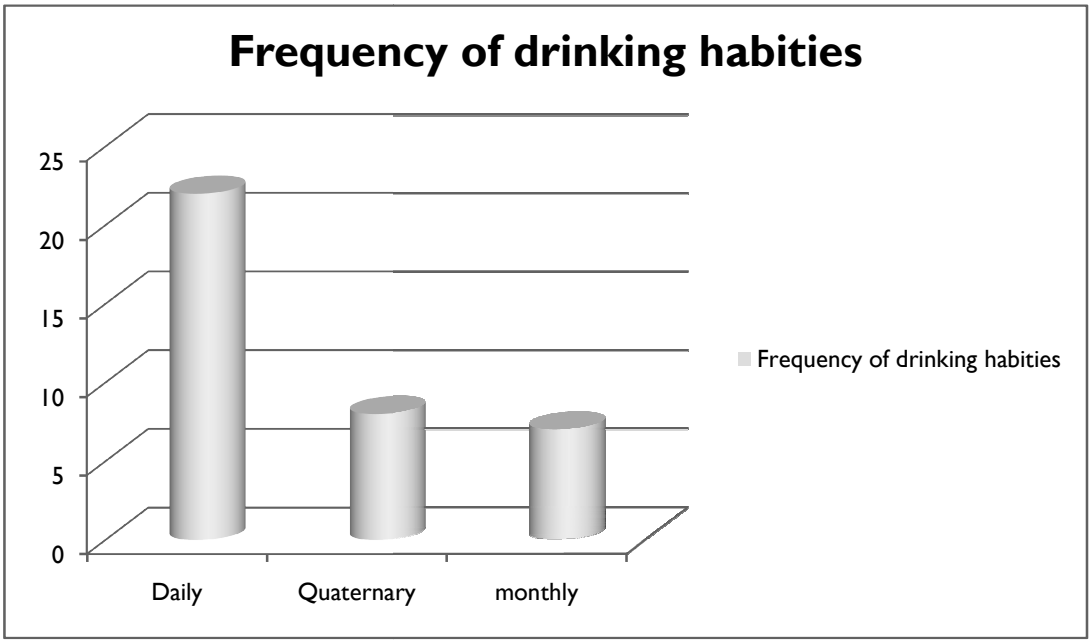
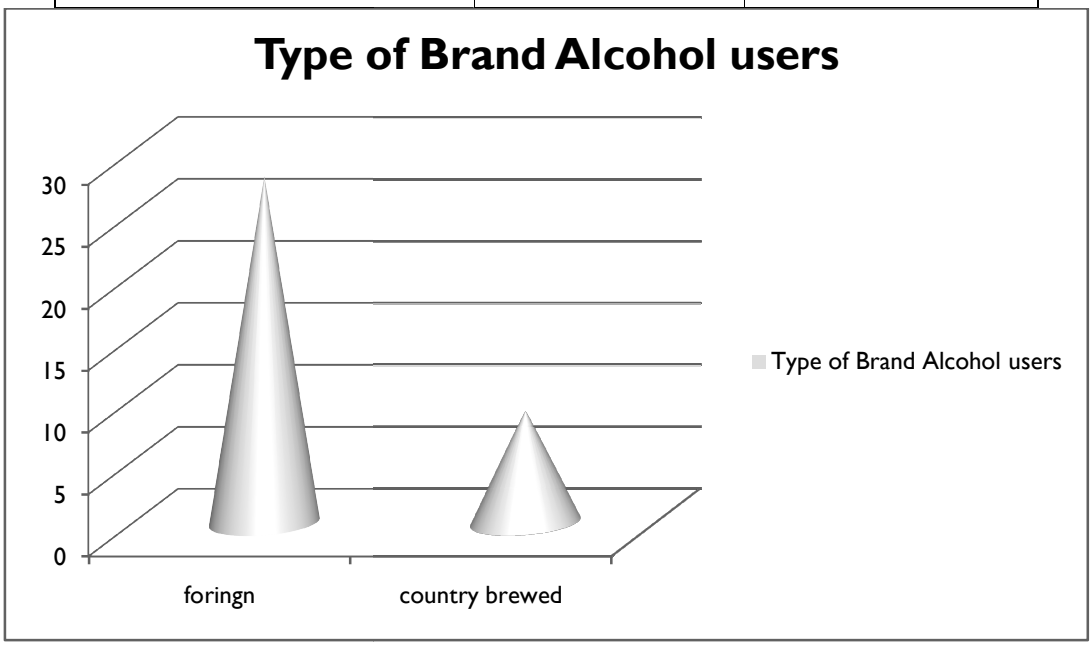


Analysis of Table: From the above table it is notable that 59.46% of the drunker have daily drunker and 21.62% of people have quarterly dunkers and 18.92% of people are monthly drinkers.

TABLE 5
Type of Brand Alcohol users of drinkers

Total No. of sample Drinkers	Foreign	Country Brewed (Both)
37(100%)	28(75.67%)	9(24.33%)



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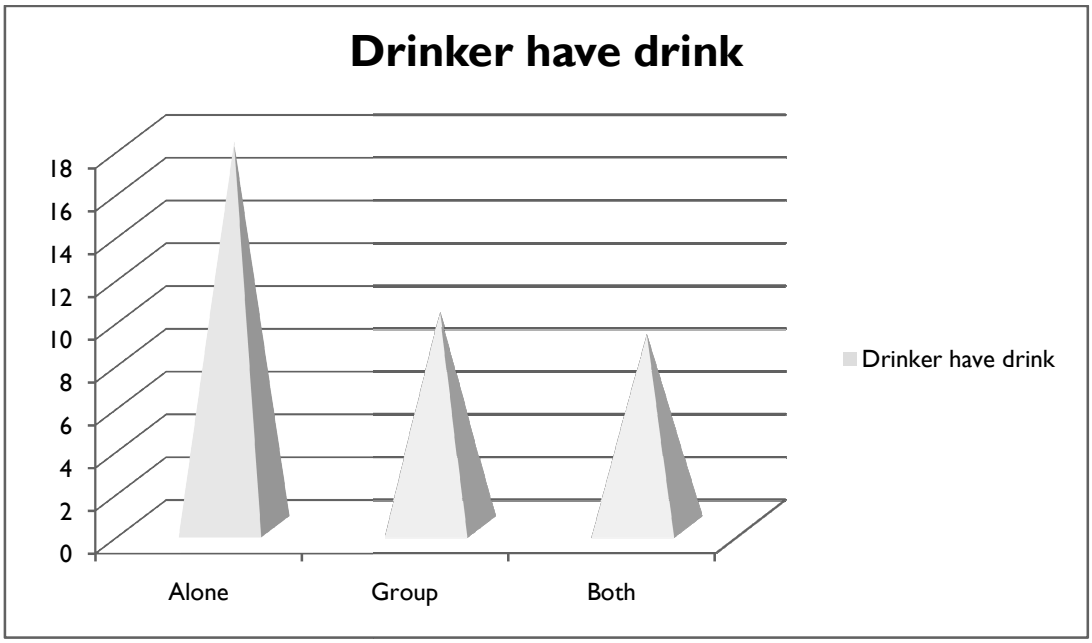
Analysis of Table: Here it is notable that about 75.67% of people are having drinking of branded alcohol and 24.33% of people are having country-Brewed, branded both drinks are having peoples.

TABLE 6
Drinkers have mostly Drink, on Alone, Group, Both

Total No. of sample Drinkers	Alone	Group	Both
37(100%)	18(48.65%)	10(27.03%)	9(24.32%)



Analysis of Table: According to the table was explain about 48.65% of dunkers have drink alone,27.03% of drinkers have drink in group and 24.32% of drunker' are both type of drinking having peoples.

TABLE 6
Preferable time of Drinking habits of Drinkers

Total No. of sample drinker	Any time	Night
37	17	20

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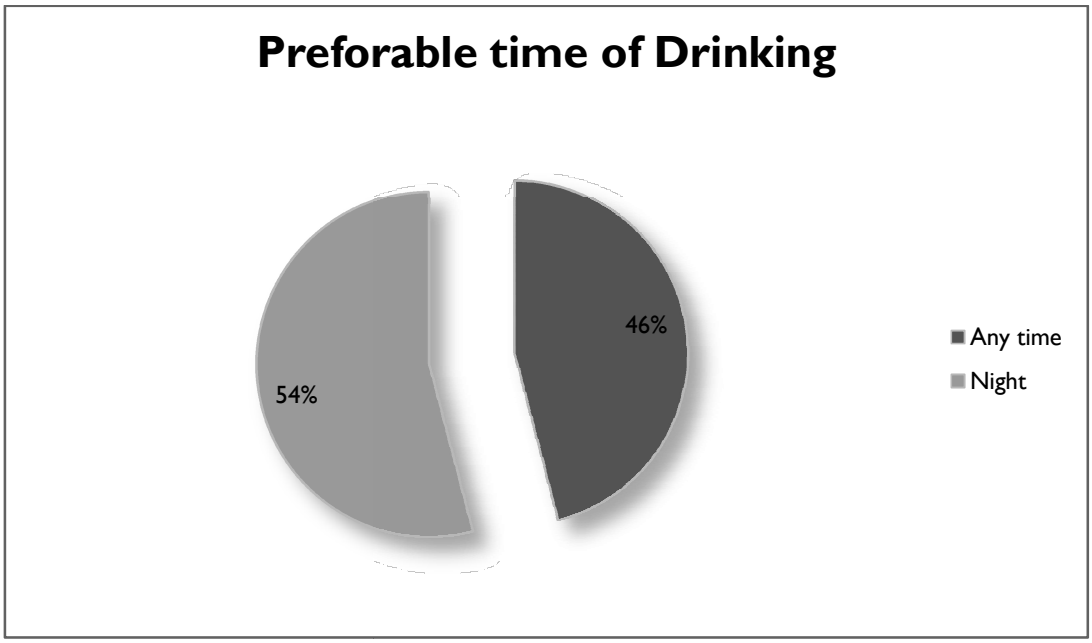

Analysis of Table: The table was sow about 45.95% of drinkers are addicted drunker because they all are any time having alcohol, and 54.05% of drunker' are largely have drink in night time only.

Case study: 1

Koteshwar Rao, he is an addicted of alcohol .When he was at the age of 18, he started drinking with his friends .At that time he enjoyed very much by drinking this. He usually drinks Rs, 200 to 500 daily. Due to this so, many domestic violence occurred in his family. After taken alcohol he is behaving like animal. He has two children, of 5 years and 8 years old and his wife is the only earner. She is a fisher woman. This fisherman family has faced so many financial problems as well social problems only due to this addiction of alcohol. But Mr. Koteshwar Rao, has no regret, and not even tries to stop to drinking alcohol.

Case study: 2

V. Mohini she is a widow and she was married by her maternal uncle according to her tradition. When she got married, her husband age was 41 and she was 17years only. Her husband late. Papa Rao, Started drinking when he was only 20 years old. H e was government servant, he always quarreled with his superiors. Nobody liked him due to his bad habits. But when he was not drink itself he loved his wife and children too much. But the enthusiasm of alcohol drags him and he could not control himself and get intake both countries brewed and foreign brand. Day by day he was affected by the alcohol. Papa Rao's liver got damaged and he was taken to the Ramachandra Hospital at Chennai. The total expenditure for the treatment of Late. Papa Rao was coming across Rs 6, 00,000/- but he was not cure and he was death in 2004. At that pathetic condition no body helped them the family. They had faced lot of problems because of financial problems. But now the only source of income that family is her husband's pension only.

CONCLUSION:

The classes of risk factors include socio-economic, demographic, family, peer, personality, and behavioral variable, regular heavy drinking has become a sustainable pattern. The factors which have substantially affected patters of drinking in developing countries include urbanization, changes in gender and age roles, and high intensity mass marketing and promotion of alcoholic beverages by mass multinational corporations. Suicide is one of the major risk factor among the youths of alcohol abuse.

ACKNOWLEDGEMENTS:

The authors are grateful for the co-operation received from all sample population who participated in the present study. We thank Dr.Shiv Kumar Patel, Department of Anthropological Survey of India, Port Blair, for his

support throughout the study. Reference help of Anthropological Survey of India Library and State library of A&N Islands, Internet, website, research papers duly acknowledged.

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