

Journal of Social Sciences And Management Research



A SOCIOLOGICAL STUDY ON CONSUMPTION OF ALCOHOL AMONG YOUTHS' IN M.G.R COLONY SLUM CHENNAI, TAMIL NADU.

GOMATHI R.

ABSTRACT:

Alcoholism is a multidisciplinary problem. The study has been conducted to understand the problem of alcohol consumption among youth in the marginalized group.

The objectives of the present study are to assess the socio-economic status, health status, causes behind the first time consumption of alcohol and to find out the reasons for the regular consumption of alcohol by the respondents.

The methodology of the study is descriptive in nature. Fifty samples were selected by using purposive random sampling. The primary data were collected from the youth in study area by using interview schedule.

The findings of the study show that social and psychological problems prevail among the youth including their family members due to alcohol consumption. The socio-economic and health status of the marginalized people is falling down after the consumption of alcohol.

New rules and laws should be enacted to restrict the liquor shops to an

Keywords: marginalized groikup, alcohol, consumption, socio-economic status

GOMATHI R.
II M. A. (SOCIOLOGY)
University of Madras, Chepauk campus
Chennai -600005, Tamilnadu, India.

Introduction:

Alcoholism is a process where the human will become addicted to the intoxicating product of fermentation. The addicted person based on their dependency they may be classified into various type of alcoholic. According to Johnson, alcoholism is a condition in which an individual loses control over his alcohol intake in that he is constantly unable to refrain from drinking once he begins. The American Medical Association defined alcoholism as," a primary, chronic disease with genetic, psycho social, and environmental factors influencing its development and manifestations." The main sociological causes of taking alcohol are environmental pressure, peer pressure, fear and a dominant sub-culture.

The World Health Organization estimated that there are about two billion consumers of alcoholic beverages and 76.3 million people with diagnosable alcohol-use disorders worldwide. The 32nd World Health Assembly declared that "problems related to alcohol and particularly to its excessive consumption rank among the world's major public health problems and constitute serious hazards for human health, welfare and life." Youth is the process of physical and psychological growth between childhood and manhood. Youth are defined as those aged 15 to 29 in the National Youth Policy (2014). This age group constitutes 27.5% of India's population.

Data from different Indian states indicate that 35% to 65% of all current drinkers meet criteria for hazardous alcohol use. According to a study made by the All India Institute of Medical Sciences, Delhi, over the past 20 years, the number of drinkers in India has increased from 1 in 300 to one 1 in 20. The revenue from liquor was Rs.50 Crore at the time of Independence and now it has gone up to Rs.12, 000 Crore in a year. The amount that goes out of the pockets of the people every year is Rs.60, 000 Crore for liquor alone.

The area chosen for the study is urban slum in Chennai, Tamil Nadu because the issue of alcohol should be focused with the relation of socio demographic and cultural aspect of the people. The socialization process has high influence on the practice of alcoholism. The study area has approximately around 300 households and it is located in a well-developed area. The urban city is developing rapidly but

still it is obvious that in each developed area there is a slum behind it. The present study was conducted with the objective to identify the socio-economic status, health status, causes behind the first time consumption of alcohol and to find out the reason for the regular consumption of alcohol by the respondents.

METHODOLOGY:

Research Design:

Research design is the arrangement of conditions for the collection and analysis of data in a manner that aims to combine relevance of the research purpose with economy in procedure. Descriptive research studies are those studies which are concerned with describing the characteristics of a particular individual, or of a group. A sociological study on consumption of alcohol among youth in M.G.R. Colony slum Chennai, Tamil Nadu, falls under the category of descriptive study thereby aiming at clearly stating the socio-economic profile of the respondents and their quality of life. It is a study concerned with specific predictions, with narration of facts and characteristics concerning the target individuals and group.

Sample Design:

A population is a well-defined group or set that has certain specific properties. The Universe is too vast a population for researchers to attempt to survey. Thus for the purpose of this project, a set of small, carefully chosen sample is used to represent the entire population of male youth alcoholics in M.G.R. Colony slum, Chennai, Tamil Nadu.

Sample Size:

The sample size for this study was **fifty** male youth alcoholics from M.G.R. Colony slum, Chennai, Tamil Nadu.

Sampling Technique:

The process of selecting a subgroup of a population to represent the entire population is referred to as sample technique. In this study, **a non-probability sampling** technique was used. That is, since my target were the male youth alcoholics in M.G.R. Colony slum. **Purposive sampling** is adopted in

this study. Data were collected purposive or deliberate selection of respondents for constituting a sample which represents the target group.

Tools of Data Collection:

The tools of data collection were decided keeping the study objectives in mind. Standardized interview schedule and in-depth interviews were utilized.

1. Interview Schedule:

An interview is a direct face-to face attempt to obtain reliable and valid measures in the form of verbal responses from one or more respondents. It is a conversation in which the roles of the interviewer and the respondents change continually.

Structured interview schedule was used mainly because it encourages the respondents to express their thoughts freely and to elicit information from the respondents directly.

DATA ANALYSIS AND INTERPRETATION

This section presents the statistical analysis of the data. The analysis has been classified into four parts, namely, the Socio –Economic status of the respondents, Health status, Initial motivational factors for alcohol consumption, Reason for regular consumption of alcohol of the respondents.

Part 1- Socio – Economic Status of the Respondents:

The first part of the statistical analysis covers the basic information of the marginalized people living on M.G.R. Colony, Chennai, Tamil Nadu, the target group of the study. The profile of the respondents facilitates a deeper understanding of the study. To find out the socio – economic status of the respondents the study has taken few variables like age marital status, educational qualification, type of residence, income, expenditure and savings. The first variable chosen is age.

Age helps in understanding the stage of life of the respondents.

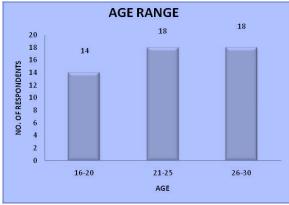


Figure 1: Age-wise Classification of respondents

The chosen respondents are between the age group of 16 to 30. The average age is 23. From the above figure it is inferred that maximum numbers of respondents belong to the age group of 21-30.

Another factor chosen for profiling was the marital status of the respondents. A person's life changes with marriage and so marital status of the respondents was also enquired. Once married, the respondents could be either living with family or with spouse; these factors have a role to lay in the life of the respondents.



Figure 2: Marital status of respondents

Out of 50 respondents, 32 were unmarried, 18 were married. The majority of the respondents were unmarried. The respondents are belonging to nuclear family. The married respondents are having two to three children and the expenses will be high in those families.

The next variable taken for analysis is education. The amount of knowledge imparted at various level of education plays a vital role in the lives of the respondents. Education is the important tool to assess the socio – economic development of the person.

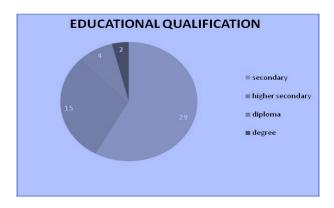


Figure 3: Educational qualification of respondents

Out of 50 respondents, 29 respondents have secondary level of education. 15 respondents have higher education level of education. 4 respondents have diploma qualification and 2 respondents have degree qualification. In this it is inferred that majority of the respondents have secondary level of education.

The status or the way of living can be easily assessed with the help of type of residence. People are divided based on their settlement pattern and their type of residence.

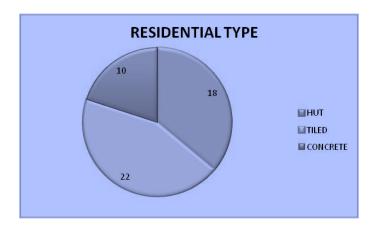


Figure 4: Type of residence

Out of 50 respondents, 18 are residing in hut, 22 respondents are living in tiled and 10 respondents are staying in concrete house.

Livelihood depends on income which is gained through employment. The study used income of the respondents and their family to assess the socio – economic status.



Figure 5: Personal income of the respondent per month

Out of 50 respondents, 13 respondents are earning income from 10001 to 15000. 12 respondents are earning from 5001 to 10000. 10 respondents are earning from 15001 to 20000. 9 respondents are earning below 5000 and 6 respondents are earning above 20000 per month.

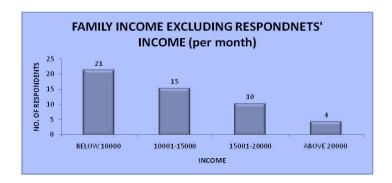


Figure 6: Family income excluding respondents' income per month

Out of 50 respondents, 21 respondents' family are earning below 10000. 15 respondents' family are earning from 10001 to 15000. 10 respondents' family are earning from 15001 to 20000 and 4 respondents are earning above 20000 per month.

The study has taken respondents alcohol expense to analyze the monthly spending for alcohol and the addiction towards alcohol.

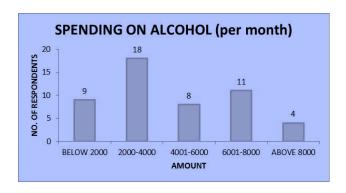


Figure 7: Respondents' spending on alcohol per month

Out of 50 respondents, 9 respondents are spending below 2000 for alcohol. 18 respondents are spending from 2000 to 4000. 18 respondents are spending 4001 to 6000. 11 respondents are spending 6001 to 8000 and 4 respondents are spending above 8000 for alcohol per month.

Savings is the important economical factor to assess the respondent status. It will help in development of the people.

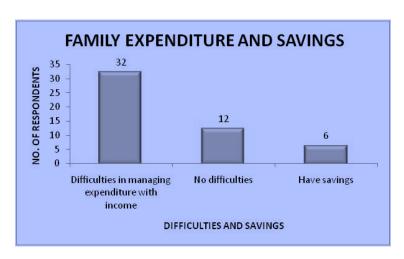


Figure 8: Difficulties in meeting family expenditures and savings

Out of 50 respondents, 32 respondents and their family are having difficulties in meeting their expense with their income. 12 respondents and their family they don't have any difficulties and they are able to manage their expenses. 6 respondents and their family are having savings to meet out their emergence expenses.

Part 2: To assess the health status of the respondents.

Some of the health problems are listed below used to analyze the respondents health condition and the importance given to health.

Majority of the respondents are having ulcer and breathing problem.

Table 1: Health status of the respondents

Health Problems	No. of Respondents	
Ulcer	15	
Obesity	8	
Blood Pressure	7	
Breathing Problem	9	
Unconsciousness	5	
No Issues	6	
Total	50	

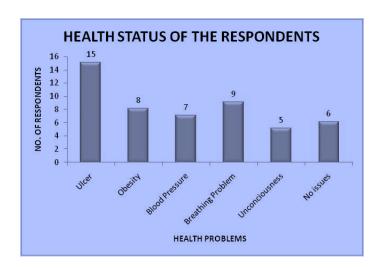


Figure 9: Health status of the respondents

Part 3: To find out the causes behind the first time consumption of alcohol

Some of the indicators are used to find out the cause for the first time consumption of alcohol. Majority of the respondents are started using alcohol because of peer group and influence of parents.

Table 2: First time consumption of alcohol

Indicators	No. of Respondents		
Peer Group	15		
Fear	10 5 12		
Extreme Physical Work			
Influence of Parents			
Other Factors	8		
Total	50		



Figure 10: First time consumption of alcohol

Part 4: To find out the reasons for the regular consumption of alcohol by the respondents.

Some of the indicators are used to find out the regular consumption of alcohol by the respondents. Majority of the respondents are regularly consuming alcohol because of addiction and physical pain.

Table 3: Regular Consumption of alcohol

Indicators	No. of Respondents		
Physical Pain	12		
Addiction	18		
Fear	5		
Recreation Purpose	9		
Other Factors	6		
Total	50		



Figure 11: Reason for regular consumption

RESULTS:

From the above study the following results are drawn to understand the alcoholic behavior and its influence on youth.

- 1. The average age is 23. The maximum numbers of respondents belong to the age group of 21-30.
- 2. 64% respondents were unmarried.
- 3. 58% of the respondents have secondary level of education.
- 4. 44% of the respondents are living in tiled house.

- 5. 26% of the respondents are earning income from 10001 to 15000 per month.
- 6. 42% of the respondents' family incomes are below 10000 per month.
- 7. 36% of the respondents are spending from 2000-4000 for alcohol.
- 8. 64% respondents and their family are having difficulties in meeting their expense with their income.
- 9. 12% respondents and their family are having savings to meet out their emergence expenses.
- 10. 30% of the respondents are having ulcer and breathing problem.
- 11. 30% of the respondents are started using alcohol because of peer group and24% are influenced by their parents.
- 12. 36% of the respondents are regularly consuming alcohol because of addiction and 24% are for physical pain.

LIMITATIONS:

- 1. Meeting the respondents for interview was difficult because they all working for daily wages so that they will be busy.
- 2. They are not ready to respond for the study.
- 3. The respondents hesitate to answer for the questions related to alcoholic habits.

CONCLUSION:

The study is hereby concluding with some of the important findings such as the respondents are backward because of the alcoholic habit. They couldn't able to meet their expense with the income. The alcoholic habit is making the youth to lack in the skills and that leads to the underdevelopment among the marginalized youth. They don't have proper health consciousness. Peer group and parents influence are high for their first contact with alcohol. Later that becomes addiction and because of the working culture, they consuming alcohol to forget their physical pain. Government has greater responsibility to curb the problem so that it will lead to the youths' development and it will result in country's development.

RECOMMENDATIONS:

- 1. A policy and programme to produce more jobs permit fair competition and reduce corruption and nepotism in appointments and promotions.
- 2. If the lives of people are made meaningful, rewarding and the satisfying, the need for alcohol would not exist or it will be minimized.
- **3.** Education about the harm and hurt that alcohol can bring to a person's life and to society will help control the use of alcohol.
- **4.** Parents can impart education on the dangers of becoming an alcoholic as well as punish the deviants and create the necessary fear.
- **5.** Parents' education should be concerned with shaping the attitudes and behavior conducive to non-drinking.
- 6. The Government and other NGOs working on alcoholics should give proper training to the youths to control their self.
- 7. The youth's should be given proper counseling on ill effects and addiction of alcohol.
- 8. The supply of alcohol should be restricted to the youth.
- 9. Awareness on importance of health should be given to all the family members of the alcoholic.
- 10. More number of rehabilitation centers should created to treat the alcoholics.
- 11. The qualified employees must be employed in each of the rehabilitation centers.
- 12. The liquor shops should function with strict and revised guidelines.

THEORTICAL FRAMEWORK:

Robert K. Merton's theory on deviance stems from his 1938 analysis of the relationship between culture, structure and anomie. Merton defines culture as an "organized set of normative values governing behavior which is common to members of a designated society or group". Social structures are the "organized set of social relationships in which members of the society or group are variously implicated". In his theory, Merton links anomie with deviance and argues that the discontinuity between culture and structure have the dysfunctional consequence of leading to deviance within society.

	_	Institutionali Accept	Reject	
Institutionalized	Accept	Conformity	Innovation	
Goals	Reject	Ritualism	Retreatism	New means
	_		New goals	Rebellion

Conformity refers to the attaining of societal goals by socially accepted means, while innovation refers to the attaining of those goals in unaccepted ways (such as crime and deviance).ritualism the acceptance of the means but the forfeit of the goals. Ritualists continue to subscribe to the means, but they have rejected the overall goal; they are not viewed as deviant. Retreatism is the rejection of both the means and the goals. Retreaters want to find a way to escape from everything and therefore reject both the goals and the means and are seen as deviant. Rebellion differs from the other four approaches in a number of ways. Temporally, rebellion is a short-term response (unlike the other four). Like retreaters, rebels reject both existing societal goals and means, but unlike retreaters, rebels work at the macro level to replace those existing societal goals and means with new goals and means embodying other values. Innovation and ritualism are the pure cases of anomie as Merton defined it because in both cases there is a contradiction or discontinuity between goals and means.

According to Robert K. Merton's theory of Deviance, the study considered the means as family norms and the goals as behavior of individual. When the family norms and behavior of individual confined to each other then it is said to be conformity. If the behavior of individual is not accepted by family norms then it is innovation. When the individual rejects the family norms and continue his behavior it is ritualism. When both family norms and individual behavior differs then it is retreatism. When both rejected and the new norms and new behavioral pattern of individual exist it is rebellion. Innovation and ritualism are the pure case of anomie because there is a discontinuity between family norms and behavior of individual and that leads to the deviance in the society.

Therefore Robert K. Merton's theory of deviance is applicable in the study and it is obvious that the behavior of alcoholism can lead to the other unlawful practice by youth.

REFERENCE:

• Ahuja Ram,(2012)."Social Problems in India" New Delhi, Rawat Publications.

- American Medical Association (2003). Leiken, Jerrold B. MD; Lipsky, Martin S. MD, eds. Complete Medical Encyclopedia (Encyclopedia) (First ed.). New York, NY: Random House Reference. p. 485. ISBN 0-8129-9100-1.
- Berggren U, Fahlke C, Aronsson E, Karanti A, Eriksson M, Blennow K, Thelle D, Zetterberg H, Balldin J (September 2006). "The taqI DRD2 A1 allele is associated with alcohol-dependence although its effect size is small" (Free full text). Alcohol and alcoholism (Oxford, Oxfordshire). 41 (5): 479–85. doi:10.1093/alcalc/agl043. ISSN 0735-0414. PMID 16751215.
- Blondell RD (February 2005). "Ambulatory detoxification of patients with alcohol dependence". Am Fam Physician. 71 (3): 495–502. PMID 15712624
- Crews F, He J, Hodge C (February 2007). "Adolescent cortical development: a critical period of vulnerability for addiction". Pharmacol Biochem Behav. 86 (2): 189–99. doi:10.1016/j.pbb.2006.12.001. PMID 17222895.
- Cowley DS (24 January 1992). "Alcohol abuse, substance abuse, and panic disorder". Am J Med. **92** (1A): 41S–48S. doi:10.1016/0002-9343(92)90136-Y. ISSN 0002-9343. PMID 1346485.
- Das SK, Dhanya L, Vasudevan DM (2008). "Biomarkers of alcoholism: an updated review". Scand J Clin Lab Invest. **68** (2): 81–92. doi:10.1080/00365510701532662. PMID 17852805.
- Dawson DA, Grant BF, Stinson FS, Chou PS, Huang B, Ruan WJ (2005). "Recovery from DSM-IV alcohol dependence: United States, 2001–2002". Addiction. 100 (3): 281–92. doi:10.1111/j.1360-0443.2004.00964.x. PMID 15733237.
- Dawson DA, Goldstein RB, Grant BF (2007). "Rates and correlates of relapse among individuals in remission from DSM-IV alcohol dependence: a 3-year follow-up". Alcoholism: Clinical and Experimental Research. 31 (12): 2036–45. Doi:10.1111/j.1530-0277.2007.00536.x. PMID 18034696
- Gabbard, Glen O. (2001). Treatments of psychiatric disorders (3 ed.). Washington, DC: American Psychiatric Press. ISBN 978-0-88048-910-2.
- Jones AW (2006). "Urine as a biological specimen for forensic analysis of alcohol and variability in the urine-to-blood relationship". Toxicol Rev. 25 (1): 15–35. doi:10.2165/00139709-200625010-00002. PMID 16856767.
- Jill Littrell (2014). Understanding and Treating Alcoholism Volume I: An Empirically Based Clinician's Handbook for the Treatment of Alcoholism:volume Ii: Biological, Psychological, and Social Aspects of Alcohol Consumption and Abuse. Hoboken: Taylor and Francis. p. 55. ISBN 9781317783145

- Mersy, DJ (1 April 2003). "Recognition of alcohol and substance abuse.". American family physician. 67 (7): 1529–32. PMID 12722853
- Morse RM, Flavin DK (August 1992). "The definition of alcoholism. The Joint Committee of the National Council on Alcoholism and Drug Dependence and the American Society of Addiction Medicine to Study the Definition and Criteria for the Diagnosis of Alcoholism". JAMA: The Journal of the American Medical Association. 268 (8): 1012–4.
- Nurnberger, Jr., John I., and Bierut, Laura Jean. "Seeking the Connections: Alcoholism and our Genes." Scientific American, April 2007, Vol. 296, Issue 4.
- Oscar-Berman M, Marinkovic K (2003). "Alcoholism and the brain: an overview". Alcohol Res Health. 27 (2): 125–33. PMID 15303622
- Stavro K, Pelletier J, Potvin S (January 2012). "Widespread and sustained cognitive deficits in alcoholism: a meta-analysis.". Addict Biol. 18 (2): 203–13. doi:10.1111/j.1369-1600.2011.00418.x. PMID 22264351.
 - Smith, M.A., Melinda; Saisan, M.S.W., Joanna (2016). "Self-Help Groups for Alcohol Addiction".
- Thomas F. Babor; John C. Higgins-Biddle; John B. Saunders; Maristela G. Monteiro (2001). "The Alcohol Use Disorders Identification Test, Guidelines for Use in Primary Care" (PDF). World Health Organization.