

## **A study on Impact of Consumption of Alcohol (Alcohol-o-nomics) in Kanyakumari District of Tamilnadu**

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### **Abstract**

Tamil Nadu has a unique and disturbing relationship with alcohol. Under prohibition for many decades, until the 1970s when the policy was revoked, its liquor policy has been marked by ambivalence. The Dravidian parties formed to rule the State of Tamilnadu since 1967, have phenomenally enlarged the scope of the business while crying hoarse about the “evils of alcohol”. (The Hindu, dated on 24 July 2023) The moral confusion has meant that even as alcoholism is a major social problem, the conditions in which alcohol is sold and consumed at the government-controlled outlets are squalid, affording no dignity either to customers or staff. The confusion seems to clear up when the annual sales and revenue figures arrive: they break records every year. Yet, the workers remain poorly paid, the outlets shoddy, and the quality of alcohol is bad at all level. Therefore, the Governments should take adequate measures at policy level to control or stop the alcoholics could be the main one to control this habit. However, the implementation of this policy requires much political will on the part of the government.

### **Introduction**

Nowadays, it is very frequently, we can hear the common term ‘Alcohol Addiction’. Many of us use the term without having any scientific knowledge of it. In the present Indian scenario, it's very important to have a clear perspective of alcohol and alcohol addiction as day by day alcohol consumption is increasing in our country. There are many effects that alcohol can have on the body and the life of a person. Alcohol addiction even can do permanent harm to our physical and mental health. Alcohol is a liquid formed by yeast or other bacteria when ferments (breaks down chemically without oxygen) the sugars present in different food. Several types of alcoholic beverage like brandy, whisky, rum, wines, beers, arrack and toddy.

The global strategy builds on several World Health Organization (WHO) global and regional strategic initiatives and represents the commitment of WHO member states to take sustained action at all levels. In May 2010, the World Health Assembly (WHA) endorsed to reduce the harmful use of alcohol consumption in their entirety from mental health conditions, non-communicable diseases to injuries and alcohol attributable infectious diseases. This strategy was revised and adopted in WHO's Region of the Americas in 2011, European Region in 2012 and African Region in 2013.

The international mandate to reduce the harmful use of alcohol was further strengthened with the adoption of the 2030 Agenda and the Sustainable Development Goals (SDGs 2030). The SDGs goal 3 ensure healthy lives and promote well-being for all, in particular target 3.5 Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol. This reflects the broader impact of the harmful use of alcohol on health areas beyond non communicable diseases and mental health (SDG target 3.4), such as road traffic accidents (SDG target 3.6), reproductive health (SDG target 3.7), universal health coverage (SDG target 3.8) and infectious diseases (SDG target 3.3). In 2022, the WHO implemented and adopted the Global Alcohol Action Plan, which includes the most cost-effective alcohol control policies aimed at reducing population-level alcohol use, will help to achieve the SDGs by 2030.

### **Status of consumption of Alcohol in India**

In India, alcohol per capita consumption (APC) has substantially increased over the past two decades due to the reasons for rapid urbanisation, rising income, easy availability, changing attitude towards alcohol and lifestyle are contributing to growing consumption in India. The per capita consumption of pure alcohol in India was reported at 5.7 litres a year in 2016, up from 4.3 litres in 2010 and 2.4 litres in 2005, a 2018 WHO report said.

The WHO Report on the Global Status of Alcohol and Health (GSAH) 2014 has revealed that increased alcohol consumption in India between 2008 and 2012. Also, low and middle income countries in Southeast Asia, including India, where alcohol use led to an estimated 340 000 deaths and 14.7 million disability-adjusted life years in 2019.

India is one of the largest producers of alcohol in the world. In the South Asian region, it contributes to 65 per cent of production and nearly seven per cent of imports. According to the estimate of Associated Chambers of Commerce and Industry (ASCCI) of India, alcohol consumption in the country will cross 30,000 million liters by 2030 from the current level of 6700 million liters, registering a growth of about 30 per cent on a year-on-year basis.

In the report to the Commission on Macroeconomics and Health (2004), Government of India, projected (based on prevailing rates) that there would be 69.7 million, 74.8 million alcohol users during the years 2010 and 2015, respectively.

Alcoholism is highly and widely accepted in general population of India. According to the National Family Health Survey (NFHS - 1) revealed that about 32 per cent of people were current users of alcohol. NFHS-2 indicated that 17 per cent of men drink alcohol. The proportion of men who drink alcohol rises with age up to age 40–49. The proportion of men who drink is one and one-half times as high in rural areas as in urban areas. Illiterate men are three times as likely to drink alcohol as men who have completed at least high school. Drinking alcohol by household members is negatively related to the household's standard of living.

According to the preceding survey of National Family Health Survey (NFHS)-3 (2009-2010), nearly one-third of the males (33per cent rural and 31 per cent urban) drank alcohol. NFHS-4 (2015-16) men alcohol consumption in 28.7 per cent in urban and 29.5 per cent in rural area. The National Family Health Survey-5 (NFHS-5), 2019-21 has found alcohol consumption among both men and women is higher in rural India than in urban India whereas overall, one per cent of women aged 15 and over drink alcohol, compared to 19 per cent of men in the same age group.

### **Status of consumption of Alcohol in Tamilnadu**

In the state of Tamilnadu, alcohol consumption is not new as it has been in existence over centuries and its usage has passed through several changes in the last few decades. In fact, the trend in alcohol consumption among the population continues to rise throughout in the state that even formidable age group between 16 to 18 have got addicted having alcohol. While some states such as Nagaland, Gujarat, and Manipur have managed to ban the sale and consumption of alcohol, other states such as Tamil Nadu and Pondicherry continue to generate more revenue from the sale of alcohol. In Tamil Nadu, According to NFHS – 5 Survey shows that men who consume alcohol 21.5 in Urban and 29.5 in Rural area. DLHS) – 4 (2012-13) Rural in 21.9 per cent Urban in 16.6 per cent.

In Kanuakumari District, DLHS (2012-13) – 4 shows that 17.2 per cent of the rural men consume alcohol. NFHS – 5 (2019-21) revealed that Men age 15 years and above who consume alcohol 14.8 per centage.

As, Alcohol leads to a number of health problems likely cancer, ulcer, high blood pressure, heart disease, stroke, liver disease, and digestive problem. Thus, the consumption of alcohol has negative impact on human health. Nonetheless, alcohol use is an important public health problem, especially in coastal villages in Agasteeswaram Block in Kanyakumari District. Due to the reasons for their faced a lot of problems such as underemployment, low income, dangerous job conditions, mental stress, harsh weather and working conditions, loss of temper, back pain, forgetfulness, noxious diesel fumes, noise from the engines and generators all of which are associated with the alcohol consumption. the main objective of the study is to find out the impact of alcohol consumption of fishermen's health in fishing villages of Agasteeswaram Block.

### **Objectives of the study**

The main objectives of the study are:

1. To evaluate the India's trade like export and import growth in last five years.
2. To study the socio economic status of the alcoholics in the study area
3. To analyse the drinking pattern and health status of the respondents.
4. To discuss about the respondents towards their personal drinking behavior.
5. To provide the common suggestions to reduce the alcoholic habits

## Methodology

The present study depends upon both primary and secondary data. Primary data were collected from the sample respondents by employing a well-structured interview schedule. The collected primary data for respondent's age, education, marital status, monthly income and monthly expenditure of alcohol consumption and causes and pattern of alcohol consumption and status of health condition. The secondary data analyse the India's export and import data for last five years. Secondary data were collected from related journals, WHO reports and web address.

## Sample design

In Kanyakumari which is considered to Southern edge district of Tamilnadu and having got cultural behaviour and attitudes of the neighbouring Kerala State. The district has six Taluks namely Agasteeswaram, Thovalai, Kalkulam Vilavancode, Killiyur and Thiruvattar. Among these six taluks, Agasteeswaram taluk have been selected for the study due to the reason for there are two harbours. Agasteeswaram Taluk consists of two blocks namely Agasteeswaram block and Rajakkamangalam Block. The researcher selected the Agasteeswaram block and Rajakkamangalam block. Both blocks comprised five fishing villages namely Arockiapuram, Chinnamuttom, Kanyakumari, Kovalam, Keezhamanakudy. Since fishing is the main occupation of these village people. The researcher selected the 150 male respondents by using convenient random sampling technique that is, each 30 respondents from each village in the study area of the district.

## Limitation of the study

This study is a micro study for only one Taluk in Kanyakumari district. The results and the conclusion drawn on the basis of the results are not applicable to any district in Tamil Nadu. Since it was taken and studied from one district that even samples have been randomly selected in the coastal area selected district was very limited. Besides, The respondents hesitated to provide the primary data during the period of field visits. Strenuous effort was made to elicit information from the respondents, leading to wastage of time and energy. Consumption of alcohol could not be quantified due to variance in consumption, quantity, frequency, and type of beverage. Varying strength of alcohol concentration across the type of beverage also add to the difficulty in quantifying it. Due to the social norms in answering the questions of alcohol use reporting bias among fisherman occur. Thus this study does not apply over all to the state of Tamilnadu and limited to particular district of the coastal area. However, it seems to reflect some of the coastal areas of Tamilnadu at maximum extent.

## Data Analysis

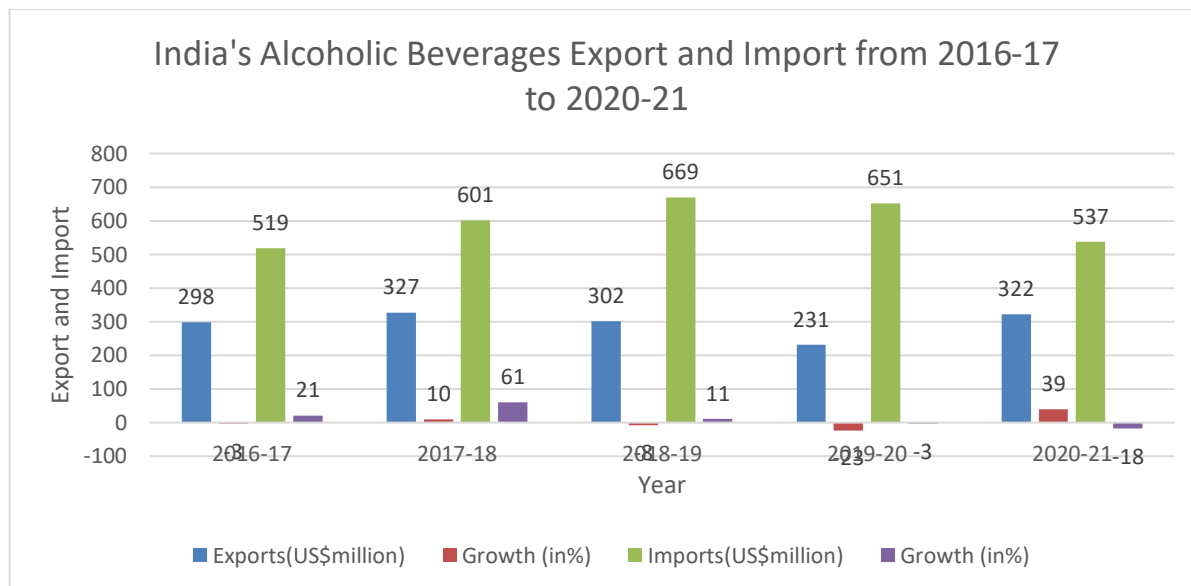
India is the world's third-largest market for alcoholic beverages, with an estimated value of \$35 billion. Indians are drinking more than ever. One in seven Indians in the 10-75 age group use alcohol, a 2019 government survey found. Rapid urbanisation, rising income, easy availability and changing attitude towards alcohol and lifestyle are contributing to growing consumption in India. The demand for Indian beers made from malt, wine, brandy, whisky, rum, and gin are growing in the global market. The export and import of Indian beverages presented in Table 1.

**Table 1 Export and Import growth rate of Indian Beverages**

Year	Export (US \$ million)	Growth in percentage	Imports (US \$ million)	Growth in percentage
2016-17	298	-3	519	21
2017-18	327	10	601	61
2018-19	302	-8	669	11
2019-20	231	-23	651	-3
2020-21	322	39	537	-18

Source: *Agriexchange APEDA*

In Table 1, India exported alcoholic products worth \$322.12 million (Rs 2,386.91 crore) in 2020-21 higher than 2017-18 export the value of 327 US\$ million but the growth rate increasing three times between the 2017-18 to 2020-21,



Source: ( Agri exchange APEDA 2019)

### Data Analysis

The causes and patterns of alcohol consumption are determined by many different factors including age, education, marital status, income and expenditure of the household.

In the following tables have to show the various pattern primary data collected in the study area which consist of the socio-economic characteristics, health behaviors (alcohol use) and health status, pattern of consumption of alcohol and health status and so on.

### Socio-economic characteristics of the Respondents

Table 2

Variables	No. of the respondents	Percentage
<b>Age</b>		
21 - 30	14	09.33
31 - 40	45	30.00
41- 50	60	40.00
51 - 60	16	10.67
61-70	15	10.00
<b>Total</b>	<b>150</b>	<b>100.00</b>
<b>Education</b>		
Primary	68	45.33
High School	40	26.67
Higher Secondary	32	21.33
Others	10	0 6.67
<b>Total</b>	<b>150</b>	<b>100.00</b>
<b>Marital status</b>		
Married	128	85.33
Unmarried	22	14.67
<b>Total</b>	<b>150</b>	<b>100.00</b>
<b>Monthly Income (Rs.)</b>		
Below 10000	17	11.33
10000 - 15000	74	49.33
15000 - 20000	49	32.67
Above 20000	10	06.67

	<b>Total</b>	<b>150</b>	<b>100.00</b>
<b>Monthly expenditure(Rs.)</b>			
Below 3000		14	09.33
3000 -6000		18	12.00
6000- 9000		85	56.67
9000 -12000		27	18.00
Above 15000		6	04.00
<b>Total</b>		<b>150</b>	<b>100.00</b>

**Source: Primary data.**

Table 1 conveys that, out of the 150 respondents, 60 (40 per cent) were in the age group of 41- 50 years. Mean age group of the respondents worked out to be 43.62 years. With regard to educational level, 68 (45.33 per cent) of the respondents belongs to primary school level, majority 128 (85.33 per cent) respondents of married person, 74 (49.33 per cent) respondents earned monthly income of Rs. 10000 to Rs. 15000, 85 (56.67 per cent) respondents spent for alcohol consumption Rs. 6000 to Rs. 9000 and 85 (56.67 per cent) respondents stated that their health is fair.

#### **Pattern of alcohol consumption among the R respondents**

The upcoming table shows the pattern of alcohol consumption among the respondents in the study area, since most of the respondents are to belong to fishermen category they would earn more and spend on alcohol more. So, they could have been affected with various health problems due to alcohol consumption in the study area. Besides the table also shows that causes for consumption of alcohol, a many of the respondents stated that due to body pain of the work they would intake and this is to be primary cause for consumption of alcohol in many parts of the state also.

**Table 3**

<b>Pattern</b>	<b>No. of the respondents</b>	<b>Percentage</b>
<b>Frequency of drinking</b>		
Daily	34	23.33
Weekly 3 or 4 times	70	46.67
Monthly 10 or 15 times	18	12.00
Occasionally	28	18.00
<b>Total</b>	<b>150</b>	<b>100.00</b>
<b>Accompanying person</b>		
Alone	65	43.33
Friends	58	38.67
Relatives	27	18.00
<b>Total</b>	<b>150</b>	<b>100.00</b>
<b>Place of drinking</b>		
Home	42	28.00
Bars	60	40.00
Seashore	48	32.00
<b>Total</b>	<b>150</b>	<b>100.00</b>
<b>Causes for intake</b>		
Body pain	64	42.67
Tiredness	26	17.33
Mental stress	10	06.67
Harsh weather	20	13.33
The bad smell of diesel fumes	30	20.00
<b>Total</b>	<b>150</b>	<b>100.00</b>

**Alcohol consumption related status of health of the respondents**

Alcohol consumption can result in various health problems though it may most often become apparent at a long run. Alcoholism is a risk factor for various diseases, disability and death throughout the world. It is a major cause of cancer of cancer, ulcer, high blood pressure, heart disease, stroke, liver disease, and digestive problem. Table 3 shows the status of health of the respondents.

**Table 4**

Status of health	No. of the respondents	Percentage
Poor	50	33.33
Fair	85	56.67
Good	15	10.00
<b>Total</b>	<b>150</b>	<b>100.00</b>

**Source: Primary data.**

Table 3 mirrors that out of the 150 respondents, 50 (33.33 per cent) of the respondents stated their health is poor, 85 (56.67 per cent) of the respondents health is fair and 15 (10 per cent) of the respondent health is good. This study concluded that majority 85 per cent of the respondents health is fair condition.

**Association between selected variables and Health status of the Respondents**

The following table given below provides the estimates of the impact of alcohol consumption and health status while accounting for the effect of age, education, marital status ,income, and expenditure. The dependent variable is self-reported health status. The following table shows that the analysis of the impact of health status for the socio-economic characteristics of respondents.

**Table 5 Chi-Square Test for the impact of health status for the socio-demographic characteristics**

Variables	Health status			$\chi^2$	df	P value
	Poor	Fair	Good			
<b>Education</b>				63.170	6	0.000
Primary	43	23	2			
High School	3	35	2			
Higher Secondary	2	21	9			
Others	2	6	2			
<b>Total</b>	<b>50</b>	<b>85</b>	<b>15</b>			
<b>Marital status</b>				14.702	2	0.001
Married	50	68	10			
Unmarried	0	17	5			
<b>Total</b>	<b>50</b>	<b>85</b>	<b>15</b>			
<b>Monthly Income (Rs.)</b>				7.696	6	.261
Below 10000	5	11	1			
10000 - 15000	23	42	9			
15000 - 20000	19	28	2			
Above 20000	3	4	3			
<b>Total</b>	<b>50</b>	<b>85</b>	<b>15</b>			
<b>Frequency of drinking</b>				10.593	6	.102
Daily	6	24	4			
Weekly 3 or 4 times	27	38	5			
Monthly 10 or 15 times	10	6	2			
Occasionally	7	17	4			
<b>Total</b>	<b>50</b>	<b>85</b>	<b>15</b>			
<b>Causes for intake</b>						

Body pain	22	37	5	19.404	8	.013
Tiredness	9	14	3			
Mental stress	5	5	0			
Harsh weather	2	18	0			
The bad smell of diesel fumes	12	11	7			
<b>Total</b>	<b>50</b>	<b>85</b>	<b>15</b>			

**Source: Primary data.**

### Suggestions

Though, Each year 3.2 million lives are lost due to harmful use of alcohol in the global, The WHO -2019 has suggested the national and state level strategy to reduce the harmful use of alcohol seeks to improve the health and social outcomes for individuals, families and communities, with considerably reduced morbidity and mortality due to harmful use of alcohol and their ensuing social consequences. It is envisaged that the global strategy will promote and support local, regional and global actions to prevent and reduce the harmful use of alcohol.

The education and alcohol use have been found to be most important factors affecting the health status. While education improves health among the respondents, alcohol consumption deteriorated their health conditions. Thus, the poor health status reported by the respondents is because of alcohol. Therefore, while raising education levels of the coastal population, policy should also aim at improving health education among the people. This will help induce healthy behaviours among the male population through a reduction in alcohol consumption. Also, restrictions on the sale of alcohol can be imposed to reduce consumption, if it is impossible to stop. This has to be implemented to its fullest. Finally, another policy which will improve the health of the people is a ban on alcohol. Thus, wine shops in the coastal areas must be permanently closed. The government must think about the health status its own people in the various districts of the state. People now a days to celebrate any festivals or functions it is a trend a have consumption liquors and so on, this must be stopped and regulated by the local authorities. It is not earning more revenues but it reduces and collapses the productive capacities of the individual in the society. Therefore the Governments should take adequate measures at policy level to control or stop the alcoholics could be the main one to control this habit. However, the implementation of this policy requires much political will on the part of the government.

### Conclusion

It is considered that the one of the key arguments for restricting the consumption of alcohol, and even prohibiting it, is the harm it can cause for health: the relevant article in the Indian constitution refers to prohibition as a public health measure rather than one to do with tradition or morality. Experts warn that drinking is on the rise in India, and that more than half of those who drink do so to a hazardous extent, so action is called for. A well-planned nationwide program for the prevention and control of this social pathology is needed. Awareness among the population and necessary rehabilitation and self-help programs will help in bringing down the prevalence of alcoholism.

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