Original Research Paper

A Comparative Study of Alcoholism & Its Risk Factors in Male and Female Drinkers

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ABSTRACT

Consumption of alcohol is quite common. In many families, it has become a trend to drink. As Indian society is getting attracted towards the western culture, many norms and values are being transformed. During 1992-2012, the per capita consumption of alcohol in India has increased by whopping 55%, the third highest increase in the world, after Russian Federation and Estonia. Alcohol abuse is a major public health problem globally. It is a causal factor in more than 60 major types of diseases; these majorly include several types of cancer, hemorrhagic stroke and hypertensive heart disease, cardiovascular diseases, liver cirrhosis and neuropsychiatric diseases. Results of recent research that have demonstrated that brain development continues well into early adulthood and that alcohol consumption can interfere with such development. Alcohol consumption factors among males and females are uniquely different except one or two factors like peer-pressure and identity crisis and comparison between the quantity taken will be studied. The present paper discusses about the difference that occurs among males and females drinking patterns of alcohol. The paper has quantitative and qualitative analysis for the present comparative study of male drinkers and females drinkers. Thus, the questionnaires used will be AUDIT-C, to assess the consumption of alcohol be the participants, and then those participants who tend to consume alcohol will be assessed on Severity of Alcohol dependence questionnaire (SADQ), and a questionnaire for the qualitative analysis. The findings have been interpreted in light of the changing socio-cultural context and different risk factors for males and females drinkers.

Keywords: Alcoholism, Risk Factors, Male, Female Drinkers

Alcohol use continues to be a major problem from pre-adolescence through young adulthood in India. Results of recent neuroscience research have substantiated the deleterious effects of alcohol on adolescent brain development, and added even more evidence to support the call to prevent and reduce underaged drinking. An estimated 32-42% of adult Indian population reports high usage of alcohol in their lifetime. 5-7% is abuser of alcohol, and 10- 20 million persons have been estimated to be in need of treatment for alcohol dependence. The reports

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also indicated that there is a steady rise in per capita alcohol consumption every year. Alcohol is banned in some parts of India such as Manipur and Gujarat, but it is legally consumed in the majority of states. There are believed to be 62.5 million people in India who at least occasionally drink alcohol. Studies of Rehm J et al. in northern India found the 1-year prevalence of alcohol use to be between 25% and 40%. (Mohan, Sharma, Darshan, Sundram, & Neki, (1978), Rehm, Rehn, Room, Monteiro, Gmel, & Jernigan, (2003). Chakravarthy (1999) studied that 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. Sethi and Trivedi (1979) 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, Singh, Singh, & Malhotra (1980) found 18.3% of those >50 years of age to be current users of alcohol, and 23.3% to be 'ever' users of alcohol. Studies done in the late 1970's and early 1980's found that 12.7% of high school students, 32.6% of university students, and 31.6% of young non-students consumed alcohol. During the same period, medical students reported a much higher prevalence of alcohol use of 40%–60%. Studies in the 1990s suggested abstinence rates of 83%–97% in 15–19-year-olds. The most consistent finding in all the studies was that men are the primary consumers of alcoholic beverages. However, the percentage of men who had consumed an alcoholic beverage varied widely among different regions, ranging from 16.7% in Chennai city in southern India to 49.6% in a village in Punjab in northwest India. There are three main direct mechanisms of harm caused by alcohol consumption in an individual (Babor, Caetano, Casswell, Edwards, Giesbrecht, & Graham, (2003); WHO, (2004); WHO, (2007)). These three mechanisms are: a) toxic effects on organs and tissues; b) intoxication, leading to impairment of physical coordination, consciousness, cognition, perception, affect or behavior; c) dependence, whereby the drinker's self-control over his or her drinking behavior is impaired.

There are variety of factors have been identified at the individual and the societal level, which affect the levels and patterns of alcohol consumption and the magnitude of alcohol-related problems in populations. Environmental factors include economic development, culture, availability of alcohol, and the comprehensiveness and levels of implementation and enforcement of alcohol policies. For a given level or pattern of drinking, vulnerabilities within a society are likely to have similar differential effects as those between societies. Although there is no single risk factor that is dominant, the more vulnerabilities a person has, the more likely the person is to develop alcohol-related problems as a result of alcohol consumption.

Conceptual causal model of alcohol consumption and health outcomes
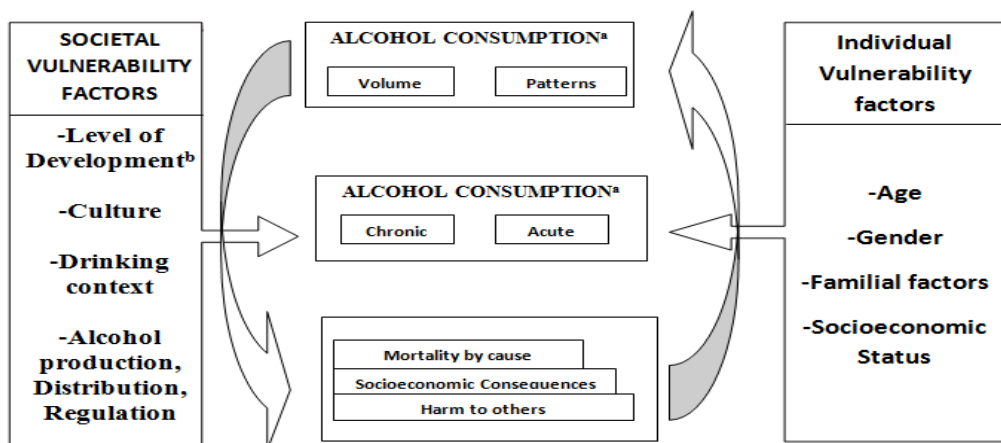
[a] Quality of the alcohol consumed can also be a factor
[b] Development of health and welfare system, and economy as a whole
Source: Based on Rehm et al., 2010 and Blas et al., 2010.

The impact of alcohol consumption on chronic and acute health outcomes in populations is largely determined by 2 separate but related dimensions of drinking: a) the total volume of alcohol consumed, and b) the pattern of drinking.

The context of drinking plays an important role in occurrence of alcohol-related harm, particularly associated with health effects of alcohol intoxication, and, on rare occasions, also the quality of alcohol consumed. Alcohol consumption can have an impact not only on the incidence of diseases, injuries and other health conditions, but also on the course of disorders and their outcomes in individuals.

There are gender differences in alcohol-related mortality, morbidity, as well as levels and patterns of alcohol consumption. The percentage of alcohol-attributable deaths among men amount to 7.6 % of all global deaths compared to 4.0 % of all deaths among women. Total alcohol per capita consumption in 2010 among male and female drinkers worldwide was on average 21.2 litres for males and 8.9 litres of pure alcohol for females. As per the data, the problem of female alcoholism is rising day-by-day, may it be in the name of empowerment or in the name of modernization.

Objectives
The objectives of the study are as under:
1.   To assess the alcohol use among females and males.
2.   To assess the difference of age of initiating alcohol consumption among male drinkers and female drinkers.
3.   To determine the risk factors of alcoholism among male and female drinkers.

METHODOLOGY
The study employed the Quantitative and qualitative analysis in determining the alcohol use among males and females, in assessing the comparative age of initiating alcohol consumption

among male drinkers and female drinkers, and assessing the comparison of risk factors of alcoholism among male and female drinkers. The target participants include 30 male and female drinkers, with the age group of 20-25 years (young adults). Purposive sampling was being done for the present study. The instruments used for this present study were AUDIT-C,(Alcohol Use Disorder Identification Test- short form), SADQ (Severity of Alcohol Dependence Questionnaire), by Edwards & Gross (1976), Test Anxiety Scale by Nist & Diehl (1990), Rosenberg's self esteem scale, and Peer pressure Inventory by Brown. For qualitative analysis semi-structured interview was being done with male drinkers and female drinkers. The statistical analyses for the present study is the quantitative and qualitative analyses. For quantitative analyses t-ratios will be calculated for the questionnaires used in the present study i.e. AUDIT-C, SADQ, Test anxiety scale, Self-esteem, and Peer pressure inventory.

Hypotheses

The hypotheses for the present study are as following:
- Male drinkers would be more prone to alcoholism than female drinkers.
- Male drinkers would score higher than female drinkers on the Peer Pressure scale.
- Females drinkers would score higher on self esteem and test anxiety scale than males

RESULTS AND DISCUSSION

The present study has been conducted to compare the alcoholism and risk factors of alcoholism among males and females. The means and standard deviations have been calculated for each scale used in the present study. The comparison of risk factors of male and female alcohol consumers have been done with the help of different scales like, AUDIT-C (for assessing the participants on alcohol use disorder identification test for consumption), SADQ (to assess the severity of alcohol disorder of the participants), Test anxiety scale (to assess the anxiety of the participants during the test), Self-esteem Scale (to assess the self-esteem level of the participants who consume alcohol), Peer Pressure Inventory (to assess the effect of peer pressure on the alcohol consumption of the females). The mean for males on the AUDIT-C scale, Severity of alcohol dependence questionnaire, test anxiety scale, Self-esteem scale, Peer pressure inventory are 3.16, 22.2, 21.33, 17.53, and 49.06 and the standard deviations are 2.52, 7.10, 9.29, 5.07, and 26.83 respectively. The mean for females on the AUDIT-C scale, Severity of alcohol dependence questionnaire, test anxiety scale, Self-esteem scale, Peer pressure inventory are 3.16, 13.5, 21.33, 17.53, and 46.63 respectively and the standard deviations are 1.51, 7.83, 10.09, 4.72, and 27.18 respectively. The t scores on these scales came out to be 4.52, 4.50, 0.45, 1.42, and 0.3, which are significant at both the levels i.e. 0.01 and 0.05.

Table 1: Showing the means, standard deviations, and the t-scores on each scale.

SCALES	Female Drinkers		Male Drinkers			p value
	Mean	SD	Mean	SD	t-value	
AUDIT-C	3.16	1.51	5.6	2.52	4.52	p<0.05 p<0.01
SADQ	13.5	7.10	22.2	7.83	4.50	p<0.05 p<0.01
TEST ANXIETY SCALE	21.33	10.09	20.1	9.29	0.45	p<0.05 p<0.01
SELF ESTEEM SCALE	17.53	4.72	15.73	5.07	1.42	p<0.05 p<0.01
PEER PRESSURE INVENTORY	49.06	27.18	46.63	26.83	0.34	p<0.05 p<0.01

Hence, there is a significant difference between the means of two groups i.e. male drinkers and female drinkers. The female drinkers score high on test anxiety scale and self-esteem scale than the male drinkers, whereas there is minor difference between the scores of female and male drinkers. On the scales of AUDIT-C, SADQ, and Peer Pressure inventory male drinkers scored higher than the females but the scores don't vary much. The females are at extreme risk of alcohol consumption. Females due to academic anxiety, low self-esteem, and due to peer pressure tend to alcohol consumption. Females these days are open to alcoholism. Many females drink with families also. So, alcohol consumption among females has not been a taboo anymore. It has been a status symbol for the females. In many marriage ceremonies, kitty parties etc. there are different counters for the alcohol especially for women. The social cultural context has been changing day by day. Thus, in this present study the hypotheses formulated have been proved out to be true.

CONCLUSION

In order to root out alcoholism among young adult male and female drinkers, there is need for a favorable environment which encourages vibrant co curricula activities such as sports, music, drama, clubs and societies. Such activities will give them a strong sense of belonging and purpose in life. The socio culture context that has been changing is an extreme threat to the upcoming generations. So programs for alcohol abuse prevention should be started from the school level to the postgraduate level, so that the problem that is faced can be confronted in an organized and planned manner and the youth can be prevented from these dependent drugs and alcohol.

REFERENCES

Babor, T., Caetano, R., Casswell, S., Edwards, G., Giesbrecht, N., & Graham, K. (2003). *Alcohol: no ordinary commodity – research and public policy*. Oxford: Oxford University Press.

Blas, E., Kurup, S., (2010). *Equity, social determinants and public health programmes.* Geneva: World Health Organization.

Chakravarthy, C. (1999). Community workers estimate of drinking and alcohol-related problems in rural areas. *Indian Journal of Psychology and Medicine (13).* 49–56.

Mohan, D., Sharma, K., Darshan, S., Sundaram, R., & Neki, S. (1978) Prevalence of drug abuse in young rural males in Punjab. *Indian Journal of Medical Research (68).* 689–694.

Rehm, J., Baliunas, D., Borges, L., Graham, K., Irving, H., & Kehoe, T. (2010). The relation between different dimensions of alcohol consumption and burden of disease − an overview. *Addiction (105).* 817−43.

Rehm, J., Rehn, N., Room, R., Monteiro, M., Gmel, G., & Jernigan, D. (2003) The global distribution of average volume of alcohol consumption and patterns of drinking. *Europe Addiction Research (9).* 147–156.

Sethi, B., & Trivedi, K. (1979). Drug abuse in a rural population. *Indian Journal of Psychiatry (21).* 211–216.

Varma, K., Singh, A., Singh, S., & Malhotra, A. (1980). Extent and pattern of alcohol use and alcohol related problems in North India. *Indian Journal of Psychiatry (22).* 331–337.

World Health Organization (2004). *Global status report on alcohol 2004.* Geneva.

World Health Organization (2007). *WHO Expert Committee on Problems Related to Alcohol Consumption.* Second report, Geneva.