

A STUDY ON THE PERCEPTION OF ABOUT ATTITUDES TOWARDS DRINKING ALCOHOL AMONG GYPSY COMMUNITY IN TIRUCHIRAPPALLI DISTRICT

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Abstract

Alcoholism is a complex disorder with many pathways leading to its development. The process to dependency is gradual, as the individual is exposed to alcohol and becomes susceptible to its consumption, experiments with it and later engages in its regular use, the person moves from use to misuse and dependence. The gypsy people were roaming around all over the district or state. So they feel lonely and frustrated; they need some kind of relaxation but they chose drinking alcohol gives relaxation and peace for their day to day life. But in due course of time they were affected severe health problems like kidney failure, heart attack and severe problems leads to death. The present study is an attempt to analyses the attitudes towards drinking alcohol among gypsy community. The convenient sampling method was adopted to select prospective samples. The sampling size is confined as 50 respondents and findings suggest that while action is needed to address the inadequacy of health promotion for Gypsy Travelers, and its frequent lack of cultural competence, there is, as in the case of other marginalized groups, an equally pressing need to address the socioeconomic inequalities and discrimination they endure.

Keywords: alcoholism, gypsy travelers, health issues, drinking attitudes.

Introduction

Family is the basic unit of community. When the head of the family consumes alcohol the family is disturbed. In Indian culture, to run the family, the wives depend on their husbands. Hence when the husband becomes alcohol dependent, he neglects his family and the wife has to play his role in the family. When the wife and children are unable to cope up with these stresses, they may land up in problems relating to social, psychological and economical perspectives. Their ineffective coping strategies may worsen the problems in the family.

Alcoholism is a complex disorder with many pathways leading to its development. The process to dependency is gradual, as the individual is exposed to alcohol and becomes susceptible to its consumption, experiments with it

and later engages in its regular use, the person moves from use to misuse and dependence. A person is said to be dependent on alcohol when the individual has repeatedly self-administered it, resulting in tolerance, withdrawal and compulsive behavior. Alcohol dependence thus includes physical dependency in which the body has adjusted to the substance and incorporates the use of that substance into normal functioning of the body's tissues. Physical dependency thus involves tolerance to alcohol. By that time the body increasingly adapts to the use of alcohol, requiring larger doses of it to obtain the same effects and eventually reaching a plateau. This in turn leads to Alcohol Addiction in which time a person becomes physically and or psychologically dependent on it following a use over time.

One of the greatest menaces of our country is the substance abuse. Millions of individual in our society have free access to a potentially dangerous drug (beverage alcohol). A substantial number of these people will develop problems as a result of or connected with their use of alcohol. These problems are variably referred to as "alcoholism", "alcohol abuse", "alcohol related problems", and "alcohol dependency". This entraps people of all countries. Every socio-economic strata, religion and caste groups, the young and the old, the man and woman, the rural and urban people. Alcohol is a serious problem in societies for hundreds of years. It has intrinsic hazard potential to the individual and to society. Alcohol consumption in excess is a serious harm to or threat to different organs - liver, kidneys, heart, veins, arteries, bones and the brain. Though alcohol undoubtedly interacts with and affects virtually all systems from the gastrointestinal to the cardiovascular - its action on the brain is of particular importance.

Many factors contribute to the development of alcohol-related problems. Ignorance of drinking limits and of the risks associated with excessive alcohol consumption are major factors. Social and environmental influences, such as customs and attitudes that favor heavy drinking, also play important roles. Of utmost importance for screening, however, is the fact that people who are not dependent on alcohol may stop or reduce their alcohol consumption with appropriate assistance and effort. Once dependence has developed, cessation of alcohol consumption is more difficult and often requires specialized treatment.

Review of Literature

Johannes Thurl and Emmanuel Kuntschen, (2016) examines whether the interaction between individuals' drinking motives and the number of friends present at a given moment can predict alcohol consumption over the course of the evening. A total of 7205 questionnaires completed on 1441 evenings were analyzed. Results highlight the role of drinking motives and their interactions with situational characteristics in determining event-level drinking, especially among women. Strategies to prevent risky weekend drinking should focus on both the social environment in which drinking takes place (e.g., the drinking group) and individual drinking motives¹.

¹ Johannes Thurl and Emmanuel Kuntschen (2016) "Interactions Between Drinking Motives and Friends in Predicting Young Adults' Alcohol Use" *Prevention Science*, 17(5): 626–635.

Louise J Condon, (2015) illuminate findings of the survey of the health status of Gypsies and Travellers by exploring their health-related beliefs and experiences. 27 Gypsies and Travelers with an experience of ill health, purposively sampled from a larger population participating in an epidemiological survey of health status. The experience of poor health and daily encounters of ill health among extended family members were normalized and accepted. Four major themes emerged relating to health beliefs and the effect of lifestyle on health for these respondents: the travelling way; low expectations of health; self-reliance and staying in control; fatalism and fear of death. These themes dominated accounts of health experience and were relevant to the experience².

Rachel Hurcombe ed. al(2015) explore alcohol use, health needs and health service access within an Irish Traveller population in England with a view to identifying themes for further study. It was found that While improvements in general health and access to healthcare were widely reported, many Travelers were concerned about the effects of leaving behind their nomadic lifestyle to living more “settled” lives. These findings may not generalize to other Traveler groups; they draw on a small sample of Travelers living in “settled” accommodation. The sample was limited to discussions with older Travelers and further research is needed among younger generations to explore how health related behaviors and alcohol use may be changing³.

Van Hout (2009) found that drink problems tend to be dealt with within the family and that family breakdown can lead to problematic drinking among women. Alcohol problems can also surface in the context of death and bereavement of family and community members⁴.

Statement of the problem

Ethical values, moral behavior are essential ingredient of successful and peaceful life of human being. These values and moral behavior differentiates from animal and make realize that importance of human being. All the religions were teach that human is an excellent creation of God and in his own image. The behavior is very essential key factor which gets respect and lead successful life in society. Recent days inhaling alcohol is treated as habit of fun and everybody follows. No one feels it is bad habit and it affects health and family wealth. Most of the family functions were celebrated with alcohol. These practices must be change. The gypsy people naturally were roaming around all over the district or state. So they feel lonely and frustrated and they need some kind of relaxation but they chose to drinking alcohol and they believe alcohol can gives relaxation and peace for their day to day life. But in due course of time they were affected severe health problems like kidney failure, heart attack and severe problems leads to death. The present study is an attempt to analyses the attitudes towards drinking alcohol among gypsy community Tiruchirappalli District.

² Louise J Condon, (2015) You likes your way, we got our own way’: Gypsies and Travellers’ views on infant feeding and health professional supportHealth Expect. 2015 Oct; 18(5): 784–795.

³ Rachel Hurcombe ed. al (2015) “Perspectives on alcohol use in a Traveller community: an exploratory case study”, ETHNICITY AND INEQUALITIES IN HEALTH AND SOCIAL CARE, VOL. 5 NO. 3 2012, pp. 89-97

⁴ van Hout, M.C. (2009), Substance Misuse in the Traveller Community: A Regional Needs Assessment, Western Region Drugs Task Force, Galway.

Objectives of the study

The following objectives are framed for the present study

1. To study the perception about attitudes towards drinking alcohol among gypsy community
2. To determine the factors influencing attitude towards drinking alcohol
3. To offer suitable suggestions to improve the health by preventing attitude of drinking alcohol

Methodology

The present study is descriptive by nature. The sampling was selected gypsy people lived in Tiruchirappalli district. The convenient sampling method was adopted to select prospective samples. So sampling size is confined as 50 respondents.

Analyses and interpretations

Group Statistics					
	marital status	N	Mean	Std. Deviation	Statistical inferences
alcohol consuming in public affects every one	married	35	2.80	1.368	T =0.391 .535 > 0.05
	Un married	15	2.53	1.506	Not significant
alcohol leads to unhappiness of home	married	35	2.69	1.430	T =0.048 .828 > 0.05
	Un married	15	2.53	1.356	Not significant
Bankruptcy	married	35	2.54	1.400	T = 3.278 .076 > 0.05
	Un married	15	2.07	1.163	Not significant
money spent on waste	Married	35	2.31	1.157	T =4.360 .042 > 0.05
	Un married	15	2.80	1.612	Not significant
burden on society	Married	35	2.91	1.502	T =0.006 .938 > 0.05
	Un married	15	3.13	1.552	Not significant
improve complexion	Married	35	2.80	1.471	T =0.013 .908 > 0.05
	Un married	15	2.87	1.407	Not significant
hampers thinking	Married	35	2.43	1.632	T =0.307 .582 > 0.05
	Un married	15	2.67	1.543	Not significant
Immortality	Married	35	2.57	1.441	T = 0.953 .334 > 0.05
	Un married	15	2.60	1.298	Not significant
necessary to put on weight	Married	35	2.69	1.409	T = 0.207 .651 > 0.05

	Un married	15	3.27	1.534	Not significant
they should not participate in social functions	Married	35	2.43	1.420	T = 0.007 .935 > 0.05
	Un married	15	3.47	1.407	Not significant
severely punished	Married	35	2.63	1.497	T = 0.588 .447 > 0.05
	Un married	15	3.20	1.320	Not significant
weak minded people is drink alcohol	Married	35	2.60	1.288	T = 0.239 .627 > 0.05
	Un married	15	3.13	1.457	Not significant
should be prohibited	Married	35	2.60	1.479	T = .462 .500 > 0.05
	Un married	15	3.20	1.424	Not significant
Overall perception	Married	35	30.0000	4.86887	T = 0.063 .803 > 0.05
	Un married	15	29.8000	5.12975	Not significant

Research hypothesis

There is significant difference between marital status of the respondents and their overall perception about impact of drinking alcohol

Null hypothesis

There is no significant difference between marital status of the respondents and their overall perception about impact of drinking alcohol

Statistical tools

Student 't' Test was used for the above table

Findings

The above table reveals that there is no significant difference between marital status of the respondents and their overall perception about impact of drinking alcohol. . Hence, the calculated value is greater than table value ($P > 0.05$). So the research hypothesis is rejected and the null hypothesis is accepted

Linear Regression Test

Model Summary										
Model	R	R Square	Adjusted Square	Std. Error of the Estimate	Change Statistics					
					R Change	Square Change	F Change	df1	df2	Sig. Change
1	.134 ^a	.018	-.003	4.90282	.018	.874	1	48	.355	

a. Predictors: (Constant), Age

ANOVA^a

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	21.011	1	21.011	.874	.355 ^b
	Residual	1153.809	48	24.038		
	Total	1174.820	49			

a. Dependent Variable: overallperception

b. Predictors: (Constant), Age

Coefficients^a

Model		Unstandardized Coefficients		Standardized	t	Sig.
		B	Std. Error	Coefficients Beta		
1	(Constant)	31.447	1.755		17.921	.000
	Age	-.623	.666	-.134	-.935	.355

a. Dependent Variable: overall perception

Research hypothesis

There is significant relationship between age of the respondents and their overall perception about impact of drinking alcohol

Null hypothesis

There is no significant relationship between age of the respondents and their overall perception about impact of drinking alcohol

Statistical tools

Linear Regression Test was used for the above table

Findings

The above table reveals that there is no significant relationship between age of the respondents and their overall perception about impact of drinking alcohol. Hence, the calculated value is greater than table value ($P > 0.05$). So the research hypothesis is rejected and the null hypothesis is accepted

Suggestions

- The general implication for policy and health provision is therefore that methods are needed to improve access and services. Options include working in partnership with Gypsy Traveller communities in the delivery of health care, commissioning dedicated or specialist health workers, improving The Health Status of Gypsies & Travellers

- Having a focus on healthy living as one of the design principles will support good mental health outcomes for people without an explicit coverage of mental health issues.
- Health service information is now routinely translated into ethnic minority languages, and in a similar way, materials should be provided for a population at severe educational disadvantage and poor levels of literacy, for example in the form of audio tapes or audio CDs.
- self-reliance, stoicism, fatalistic health beliefs and avoidance of thinking about or discussing feared diseases such as cancer may also be linked to ignorance of the long-term implications of initial symptoms, making it easier to tolerate conditions if symptoms are manageable. The combination of a lack of knowledge, low expectations and fear reduces the likelihood of seeking early treatment, particularly for those conditions (eg, cancer and heart disease) where early detection has the greatest effect on prognosis

Conclusion

Compared with people suffering from other, substance-unrelated mental disorders, alcohol-dependent persons are less frequently regarded as mentally ill, are held much more responsible for their condition, provoke more social rejection and more negative emotions, and they are at particular risk for structural discrimination. Only with regard to being a danger, they are perceived to be at a similarly negative level to that of people suffering from schizophrenia. Our findings suggest that while action is needed to address the inadequacy of health promotion for Gypsy Travelers, and its frequent lack of cultural competence, there is, as in the case of other marginalized groups, an equally pressing need to address the socioeconomic inequalities and discrimination they endure. Health professionals will need to accommodate Gypsy Travelers' low levels of literacy, lack of experience in formal bureaucratic structures and processes, their lack of trust in outsiders and authority, and in some cases their choice to avoid involvement in the affairs of the non-Gypsy community and government.

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