

A Qualitative Study on Reason of Harmful Drinking and Health Seeking Behavior among Tribal Individuals with Alcohol Dependence Syndrome

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ABSTRACT: Alcoholism is a big health and social problem in society. In the field of mental health services it is difficult to provided psychosocial intervention when the individual is belonging from an alcohol cultural background. Tribal communities have belonging to traditional alcohol culture. Present study was conducted to aim at explore the reason of alcoholism and health seeking behavior of tribal individuals with alcohol dependence syndrome. A qualitative study was conducted with 20 individuals with alcohol dependence syndrome belonging to tribal community. Face to face in-depth interview was conducted with focus group participants. Using semi structured interview schedule for interview, prepared for the present study by researcher and expert guidance. Thematic analysis was done for recorded transcript for analysis. Identified response for reason of harmful drinking and alcoholism are social reason, cultural reason, family factor and occupational reason. Health seeking behavior of tribal group is identified as physical health, mental health and psychological treatment needs for alcoholism. Findings of the present study indicate that tribal individuals have their own customs and beliefs about alcohol consumption and health practices. They need strong cultural based psychosocial intervention method for de-addiction treatment with other health services.

Keywords: Alcoholism, Tribal, Heavy Drinking, Health Seeking Behavior.

1. INTRODUCTION

Alcoholism or alcohol dependency is a major diagnostic category in substance use disorder in psychiatry. Alcoholism causes many health problems in mankind and affected physical, mental and social systems of life. India is the second largest country in the world with population density. The population of India has been distributed by different cast, religion, race and cultural groups etc. alcohol consumption is part of tribal culture and common social practices. Worldwide there is no country which is free from the use of substances and alcoholic beverage; it is easily available in societies in different form. India is also not free from this tradition. India is vast country in culture, its social bonding between class, race, religion and different communities are very much diversified. The indigenous tribal communities are glorified the Indian culture and its diversity. Tribal population is around 8.6% of total population of India and tribal constitute 26.2% of total population of the Jharkhand state (Statistical profile, 2013).

Alcohol consumption among Scheduled Tribe and Non-Scheduled Tribe men, aged 15-54 years at the national level, it is noted that about half of Scheduled Tribe men that is 51% consume some form of alcohol. Higher proportion of urban Scheduled Tribe men drink alcohol as compared to their rural counterparts Therefore, such a pattern of drinking alcohol among Scheduled Tribe men is bound to have negative effect on their health Harmful consequences of alcohol consumption are well documented (Xaxa, 2014). Cultural influences on the consumption of alcohol have always been of interest and relevance in both individualistic and collectivist cultures. In contemporary times, cultural studies of the use of alcohol have important implications for the medical problems of alcoholism (Mandelbaum, 1965).

Alcoholism is a multidimensional problem which not confounding only the person, but also influences the society on diverse ways (Shaner et al., 1993). Cultural factors are crucial to diagnosis, treatment, and care. They shape health-related beliefs, behaviors, and values. (Kleinman & Benson, 2006). Indians are consuming alcohol from ancient time. However, in the modern era, alcohol and alcohol dependence ratio are increasing day by day. Tribes are traditionally follow the alcoholic culture and drink alcohol up to harmful level, therefore when a tribal patient was came for treatment it is difficult to providing total rehabilitation with use of medication.

The purpose of the study is to decipher the cause and reason of alcohol dependence among tribal individual and their health seeking behavior. Reviews of literature, reveals most of studies were conducted in natural living conditions and findings are given us a clear picture of tribal community, their culture and traditions about alcoholism. The present study is a hospital based study. Reason behind the study is to identify the main reason of alcoholism and health seeking behaviors of tribes and use these findings to plan a helpful psychosocial intervention for these focus groups.

2 METHODOLOGY

2.1 Sample

The study was conducted at Ranchi Institute of Neuro-Psychiatry and Allied Sciences (RINPAS), Ranchi. Samples of 20 male patients were selected from the inpatients department of de-addiction ward of the hospital, for the current study. Using purposive sampling method and randomly selected the patients diagnosed with alcohol dependence syndrome. The present study included patients who are belonging to tribal community, between age range of 20 to 40 years and given informed consent for the study. Patients who have any psychotic symptoms, any neurological conditions, personality disorder and intellectually disabled were excluded.

2.2 Tools Used

2.2.1 Socio-Demographic Data Sheet: a semi structured Performa was prepared for the present study for collect socio demographic data like age, education, occupation, domicile, marital status, belonging community etc.

2.2.2 Semi Structured Interview Schedule: a semi structured interview schedule was prepared by brain storming of the researcher keeping in mind and mentored by expert faculty member with the objective of the study. Questions were prepared with ethical and cultural norms, words and sentences were used for easy to understand. Interview schedule was divided in two major themes that are reason of heavy alcoholism and health seeking behavior among tribal community people.

2.3 Procedure

Present study was a part of Ph.D. research work and approved by ethical committee. A total of 20 male patients who diagnosed with alcohol-dependence syndrome and belonging to tribal community from de-addiction ward (inpatient) were randomly selected. According to inclusion and exclusion criteria and then informed consent were taken from each individual who participating in this study. Administered socio-demographic data sheet for collect the demographic characteristics of the selected sample. Thereafter, participants were interviewed in-depth for 45 minutes to 01 hour approximately, using the prepared interview schedule. Interview was recorded in paper as written format. Analysis of the recorded data was done with data collected from interview was carried out by using thematic analysis. The coding manual for qualitative research (Johnny Saldana, 2013) was used for generate codes from transcripts. Relevant content and features of the data were used to generate the initial codes and thereafter codes are sorted for finding of potential themes and generate themes and subthemes about reason of heavy drinking of alcohol and health seeking behavior among tribes.

3 RESULTS

Result of the present study is obtained in three parts. Firstly socio-demographic data was obtained from participants that are the age, education, religion, belonging community group, domicile, marital status and occupation which are represented in table 1. All participants are resident of Jharkhand state in the present study. Second part of result findings are obtained for Major themes of the study which was reason of alcoholism in tribal individuals. Reason of alcoholism and heavy drinking are identified as social reason, cultural reason, family factors and occupational factors which are presented in table 2. Last part of study findings are represented in table 3, which is health seeking behavior of individuals with alcohol dependence syndrome. Physical health, mental health and psychosocial treatment needs are main identified themes for health seeking behavior in tribal individuals with alcohol dependency.

Table- 1: Socio Demographic Characteristics of the Present Study

Socio Demographic Data		N=20	100%
Age	20 to 30 years	13	65%
	30 to 40 years	07	35%
Education	Literate	04	20%
	Up to 8 th class	05	25%
	10 th and above	08	40%
	12 th and above	03	15%
Religion	Hindu/Saran	12	60%
	Christian	08	40%

Tribal Communities	Munda	04	20%
	Ho	01	05%
	Oraon	09	45%
	Santhal	02	10%
	Other tribes	04	20%
Domicile	Urban	06	30%
	Semi urban	04	20%
	Rural	10	50%
Marital Status	Married	11	55%
	Unmarried	09	45%
Occupation	Job	02	10%
	Self Employed	03	15%
	Farmer	05	25%
	Labor	07	35%
	Unemployed	03	15%

Table- 2: Major Themes and Sub-Themes Identified in Reason for Alcoholism and Heavy Drinking

Major Themes	Identified Subthemes	N=20	100%
Social reason	Influenced by Peer groups for drinking	04	20%
	Easily available in locality	07	35%
	Recreational uses in leisure time period in society	02	10%
	Social acceptance of drinking alcohol and hadiya	07	35%
Cultural reason	Cultural acceptance of hadiya (rice beer) as food	09	45%
	Used alcohol and hadiya in ritualistic practices	07	35%
	Serving alcoholic beverages for hospitality	04	20%
Family factor	Brewed alcohol in tribal families	06	30%
	Older family members are drink alcohol and hadiya together	05	25%
	Alcoholic beverages are serving in family gathering	09	45%
Occupational factors	Brewed hadiya and mahua daru for earning	06	30%
	Serve alcohol and hadiya during farming work and local work places	12	70%

Table-3: Major Themes and Sub-Themes Identified about Health Seeking Behavior

Major Themes	Identified Subthemes	N=20	100%
Physical Health	Awareness about physical health and hygiene	05	25%
	Using health services and medical facilities primarily for cure	09	45%
	Using traditional and local medicine in primary health care	06	30%
Mental Health	Awareness about mental health and hygiene	02	10%
	Alcoholism is related to mental health problem	02	10%
	Awareness about psychiatric services for mental health problems	05	25%
	Knowledge about de-addiction treatment for alcoholism	04	20%
Psychosocial Treatment	Knowledge about psychosocial rehabilitation	00	0%
	Knowledge about psychological counseling	04	20%
	Knowledge about psychotherapeutic treatment process	00	0%
	Consulting faith healer for mental health problems	07	35%

4 DISCUSSION

4.1 Socio Demographic Presentation

In present study there was a difference in socio demographic variable of the tribal community. Study shows that maximum number of people drinking alcohol is between twenty to thirty years of age group and the maximum numbers of peoples are educated up to 10th grade. It indicates that the low educational level promotes to learn alcoholic behavior in young adult. Most participant of the

study was belonging to Saran cult of Hindu religion and rural background but the follower of other religion has same cultural background. Maximum number of participant of the present study was married. Present study shows very less number of peoples from tribal community is in jobs, most of them are from labor class, self employed, farmer or unemployed. Substance use mostly alcohol and tobacco use was associated with ethnic group, religion, age, education, occupation and marital status of different tribal communities (Chaturvedi et al., 2016). In this present study majority of participants are from Oraon Tribes. Munda, Ho, Santhal and Other Tribal communities are respectively low in number, but there are similarities with the style of drinking and socio cultural practices. All participants in this study are resident of Jharkhand state but these tribal groups are also live Bihar, Chhattisgarh, West Bangal, Odisha and Assam. From these findings it is clear that the tribal group differs on different parameters of socio demographic variables but they have same alcoholic culture. Unemployment, poverty and low education is provoking for alcoholism. Lack of awareness about the hazardous effects of alcohol consumption makes the situation hazardous & alarming among tribal people (Kumar and Tiwari, 2016).

4.2 Reason for alcoholism and heavy drinking

Reason for alcoholism among tribal community was influenced by many factors. Most pointing reason for heavy drinking and alcohol dependency was identified under theme of social reason, cultural reason, family factor and occupational factor which are represented in table 2. Most pressing social reason for alcoholism and influencing social factor was easily available of alcoholic beverages and social acceptance of taking alcohol in tribal community. 35% individuals from this present study told and agree with this social factor. That means the acceptance of alcohol and easy availability increases the risk factors of alcohol dependence. Alcohol consumption in any form is increasing in rural as well as in tribal areas of the country (Kumar and Tiwary, 2016). 20% individuals agree that high level of peer pressure was reason behind the alcoholism in society. Peer pressure has been a significant influencer in continued use of alcohol (Girish et al, 2010). 10% individuals indicate that in rural area people has only seasonal employment during the time of cultivation. Three to four months people are engaged in work and rest of time people are unemployed. They used their leaser time to gossip and taking hadiya and mahua daru for their recreation which was easily available in houses and local market.

Culturally, Hadiya (rice beer) a homemade alcoholic beverage is made in rural families and some semi urban families for drinking as intoxicant and also as food. In the present study 45% individuals reported this reason is most important cultural factor for alcoholism because since childhood person are habituated and addicted to alcohol by using hadiya. 35% people emphasized that all cultural and traditional rituals and functions are not completed without hadiya and mahua daru. Tribal and adivasis are presenting hadiya and mahua daru to respect of ancestor and holy god during worship as bhog. Use alcohol during child birth festival, marriage ceremony and frueneel. These ritualistic practices give a social learning and people are learned and practice this behavior in day to life. 20% of participant from the present study indicates that peoples live in rural areas are serving alcohol (mostly hadiya) during hospitality management; when a family guest or relative came to home. Hadiya is a traditional drink and prepared by rice containing 9-10 percent of alcohol and consumed by all age groups of man and women and it is also cultural heritage of tribes and adiwasis (Chowdhury et al, 2006). These cultural practices silently make habits and heavy drinking behavior in tribal community.

Present study indicates that 30% tribal families brewed alcohol at home. There is a most common factor for alcoholism in tribes, families are having knowledge about traditional methods to how brewed alcohol and hadiya. Most of tribal and adiwasi families are living in rural and forest lands areas and they prepared alcoholic beverages for own utilization and selling. Since child hood peoples habituated to the smell of hadiya, daru and it was increase their craving for drinking. 25% of tribal families have a drinking alcohol together in dinner and lunch time mostly older male and female members of the family. Family acceptance of hadiya and daru is silently increases harmful drinking pattern and then pathological drinking. In rural areas adiwasi (tribal) families take hadiya and they use it as food. Hadiya is taking as food and alcoholic beverage mostly, which is fulfilling the purpose of drinking alcohol and food. This family culture is continuing in one generation to other generation as learned behavior. Present study also indicates that 45% of tribal families are serving alcohol during family gathering; all young family members are taking alcohol and celebrate the function. This type of family environment promotes to alcoholism and growing Childs are learned, how to drink alcohol. In the context of the identified patterns of use pose further hazard acutely and also on long-term basis, this could possibly explain the greater proportions of chronic use or binge drinking among the tribes (Girish et al, 2010).

Another theme identified in the present study is 30% of families from rural have brewed alcohol or doing work related to alcohol preparation and selling it for earnings. They picking mahua and brewed alcohol and selling it for lively hood. Some of ladies are prepared hadiya and sell it in local market as self employment and generate family income and take it as occupation because male members are not earn regularly. 70% individual reported that hadiya is serving in local work places in rural and semi urban areas during lunch hour for worker. They have a traditional belief that if worker are taking hadiya in lunch time, mental and physical fatigue was subsided because hadiya is prepared from rice and alcoholic content inside. Mild amount of rice bear (hadiya) consumption is relaxing hard working person and practically has not side effect on their health (Das et al., 2012). Long time practices of taking hadiya in large amount increases tolerance and people starts taking high amount of hadiya and daru also. Some people have helped each other during farming work and take hadiya as wages, when people are dependence to alcohol and hadiya they acts these type of behavior.

4.3 Health Seeking Behavior

Health seeking behaviors are identified under three main themes, which are physical health, mental health and psychosocial treatment needs in the present study, represented in number 3 table of result. 25% of individual have knowledge about how to live healthy and maintained their physical health in day to day life, rest of individuals were not aware with good health practices. Health promotional activities of local authority are not directly reaching to them because the cultural and traditional health practices and poor educational background is barrier on it. 45% of peoples from this study were indicates that they use medical health facility for cure from a health problem because the hospital is near to their home. In present study 30% are used traditional and local medicine for health condition in primarily, those are from rural background. Tribal communities are mostly forest dwellers and their health system and medical knowledge over ages known as 'Traditional Health Care System' depend both on the herbal and the psychosomatic lines of treatment (Balgir, 2006).

In present study only 10 % individual have knowledge about how to maintain mental health and hygiene rest of all have very poor concept about mental health. Only 10% of individual know about that alcoholism is a mental health problem and 20% individuals have a little bit idea about de-addiction treatment for alcoholism because they earlier came in de-addiction center for taking medicine. Only 25% individuals have idea about uses psychiatric services for any mental health issues. All these sub themes of present study were identified from urban individuals, peoples from rural background have not any idea about alcoholism treatment and mental health treatment services before came to de-addiction center. People came for treatment in specialist center because primary health center referred them to psychiatric and de-addiction centers. These findings of the present study were strongly reflects that tribal community people have very low awareness about mental health conditions and mental health treatment. Overall, substance use was very high among the tribal people, indicating strong social, cultural and traditional belief (Chaturvedi et al, 2016). People of tribal groups have very less and unclear knowledge about treatment of alcohol dependence and other mental health treatment services.

Own customs, traditional values, beliefs, and traditional healing systems in tribal groups, many of them do not seek modern treatment for health and mental health problems (Sadath, 2018). In the present study identified that psychosocial rehabilitation or treatment awareness and knowledge among the tribal individuals have 0%. Participants have nil knowledge about psychosocial treatment available in mental health treatment services and its necessity. Participants have also 0% knowledge about psychotherapy treatment for alcohol dependence syndrome and other mental health issues. These findings of present study have eye opening and give a clear picture to a psychosocial rehabilitation professional, that till now days psychotherapy complete a long journey in world society but some community groups have not aware about it. Other side 35% participants described that faith healing for mental health issues is first choice among tribal. The rural area inhabits majority of the Indian population, and because of limited to access to psychiatric services, most of the people fall back upon traditional and faith healers (Biswal et al, 2017). In this present study identified that only 25% individuals were having knowledge of psychological and health counseling, rest of people have not aware. Health seeking behavior among tribal individual have very big issue, they wants needful help but poor educational background and traditional beliefs restricted their needs. Low educational and poor understanding for hazardous drinking is increases health seeking behavior to them. Tribal have many type of mental health problems majority are epilepsy, psychosis and substance use disorder like alcohol dependency and treatment needs sought by tribes (Giri et al, 2007).

5 CONCLUSION

The present study emphasizes the complexity of alcoholism among the tribal people and their drinking culture. Findings of the study revealed that tribal individuals have learned drinking behavior from family pattern of living. People are emotionally attached with cultural practices and social acceptance of alcohol and hadiya. It was develop poor coping among tribal, for abstinence from harmful drinking behavior. Findings of present study obtained from hospital based population. It cannot easily compare with community figures. However study findings make an outline for professionals, to provide effective management plan for needful individuals from tribal community.

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