JETIR.ORG ISSN: 2349-5162 | ESTD Year : 2014 | Monthly Issue
JOURNAL OF EMERGING TECHNOLOGIES AND INNOVATIVE RESEARCH (JETIR)
An International Scholarly Open Access, Peer-reviewed, Refereed Journal

Impact of Alcohol Consumption on Socio, Economic conditions of People in Selected Villages of Warangal District, Telangana

(A comparative Analysis between Alcohol & Non- Alcohol Consumption Families)

Dr.Yedukondalu Narendra
Associate Professor of Economics
TRR Government Degree College
Kandukur, Nellore (Dist) A.P

Abstract

About 14.6 percent of the population in the 10-75 age group use alcohol a 2019 survey by the government revealed. The use of alcohol is considerably higher among men at 27.3 percent compared to1.6 percent among women— for every one woman consuming alcohol, 17 men are drinking. India is the third largest market for alcohol beverages after China and Russia in the world with an estimated value of $35 billion. The present article aims to study the socio, economic conditions of people who consume alcohol and who don't consume alcohol in a comparative way in the selected villages of Warangal district of Telangana.

Keywords: Alcohol**,** Socio and Economic**,** Beverages

Introduction:

Alcohol consumption is drinking of beer, wine (or) distilled spirits such as gin, whiskey (or) vodka that contains ethyl alcohol. Today people drink alcohol to relax and socialize to get high or because they are physically addicted to it. Ethyl alcohol (or) ethanol is produced by yeast fermentation of natural sugars in plants such as grapes (wine), hops (beer), sugar cane (rum) agave (tequila) or rice (saki). The process of fermenting plants to produce alcohol is at least 10000 years old and appears to have developed independently in many cultures.

The highest consumption rates of alcohol seem to be concentrated in Europe and other places in the Hemisphere of the globe. The highest rates can be seen in countries like Lithuania, Belarus, Estonia the Czech Republic, Ireland and France. World Health Organization report per the year 2014 released the global status report on

alcohol and health about 38.3 percent of world's population is reported to consume alcohol regularly. On an average an individual consumption

amounts to 6.2 liters of alcohol per annum of individuals over 15 years of age. Among all these Lithuania tops in the world where the average consumption of alcohol at around 14 liters per capita per year among total member countries 194 of WHO. Worldwide alcohol consumption per capita is 6.5 liters per year in 2005 and increased to 12 liters per year in 2017 per aged above 15 years and above.

Alcohol consumption in India

The drinking of beverages containing ethyl alcohol. Alcohol beverages are consumed largely for their physiological and psychological effects, but they are often consumed within specific social contexts and may even be a part of religious practices. Because of the effects that alcohol has on the body and on behaviour governments often regulate its use. The average Indian consumes about 4.3 liters of alcohol per year. The rural average is much higher at about 11.4 liters per year. According to WHO report of 2010 about 30 percent of India's population consumed alcohol regularly. Some 11 percent are moderate to heavy drinkers. According to an Organization for Economic Cooperation and Development (OECD) report released in May 2015 alcoholism increased by about 55 percent between 1992 and 2012.It is quickly rising concern among the youth of the country.

Alcohol consumption in Telangana

Telangana stands at the top among the Southern States in alcohol consumption. According to Statistics of the Union Ministry of Health 53.9 percent of men and 8.8 percent of women across the Telangana consume alcohol. In Telangana drinking of alcohol is always a part of the local culture and people preferred toddy and local brews. In Telangana 46 percent of men in rural areas consume alcohol as against 61.2 percent in urban areas. In all 14.3 percent of women in rural areas and 2.7 percent in urban areas consume alcohol.

Review of Literature.

Prevalence of drunkenness and binge drinking is the highest in Northern and Eastern Europe (Currie, et al., 2008, Hibell, Skretting, 2009). At the same time, there was a decline in the prevalence of binge drinking in several Nordic countries (Iceland, Finland, Norway) from 2003 to 2007, although it increased in Latvia and Estonia. In most ESPAD survey countries, there was an increase in binge drinking rates for both boys and girls between 1995 and 1999, although the trend became less clear from 1999 to 2003 (Anderson, Baumberg, 2006). The upward trend then resumed from 2003 to 2007, especially among girls (Hibell, Skretting, 2009). The greatest increase between 2003 and 2007 took place in Portugal, where the prevalence of heavy episodic drinking among students jumped from 25% to 56% (Hibell, Skretting, 2009).

The HBSC study showed that the number of 15-year old boys and girls who reported being "really drunk" more than once has increased in the majority of countries during 1994-2002 (Anderson, Baumberg, 2006). It also showed that the prevalence of drunkenness among adolescents aged 11-15 years living in Northern European countries (Sweden, Norway, Finland and Denmark) declined from 1996 to 2006. On the other hand, the reverse

trend was observed in Eastern European countries (except Poland and Czech Republic) (Simons-Morton, et al., 2009). There was no change in the prevalence of drunkenness in the Southern European countries over the same period except in Greece, where the prevalence of drinking declined in this age group(Simons-Morton, et al., 2009).

One measure of the frequency of alcohol use is the proportion of adolescents who have consumed alcohol 40 times or more in their lifetime. ESPAD survey data showed that, overall, this increased between 1995 and 1999, before stabilizing until 2007 (Hibell, Skretting, 2009), although with a decreased prevalence of frequent lifetime drinking among boys. Another metric is the prevalence of having consumed alcohol 20 times or more in the last 12 months. There was also a slight increase in this measure between 1995 and 2003 before stabilizing between 2003 and 2007 (Hibell, Skretting, 2009). Finally, the proportion of students who drank alcohol 10 or more times in the last 30 days was also relatively unchanged between 2003 and 2007. According to ESPAD survey data, the average frequency of drinking alcohol among 15-16 year olds is highest in Central Europe, at about 5-9 times per month, and lowest in Northern Europe (two times per month). Adolescents in this age group living in Southern and Eastern Europe drink about 3-5 times a month (Anderson, Baumberg, 2006). HBSC survey data for 11, 13 and 15 year olds showed a similar picture, with adolescents from Northern Europe having relatively low rates of weekly alcohol drinking (with the exception of boys from the United Kingdom) (Currie, et al., 2008).

Objectives of Study

1. To study the socio, economic conditions of the alcohol consuming families in the selected villages.
2. To study non- alcohol consuming families in the selected villages.
3. To study and compare between alcohol and non-alcohol consuming families in the selected villages.

Methodology and Data.

In Warangal district SreeRamulapally, Gollapally, Pathipaka, Doopakunta, GatlaNarsingapur, Parkal/ Chalvai villages are selected for field study, The reason for selection of these villages are more alcohol consumption by villagers, their family background, family members, alcohol shops, belt shops and all the information of the alcohol consuming families. In this method the above six villages were selected and the data was obtained in the month of November 2018 through field survey with a detailed questionnaire. In selected six villages we have randomly selected 60 respondents, among them 42 respondents who consume alcohol and 18 respondents who do not consume alcohol, for comparative analysis.

Alcohol consumption and Major Concerns.

1. Alcohol Consumption and the Workplace

Heavy drinking at the workplace may potentially lower productivity. Sickness absence associated with harmful use of alcohol and alcohol dependence entails a substantial cost to employees and social security systems. There

is ample evidence that people with alcohol dependence and problem drinkers have higher rates of sickness absence than other employees (Klingemann & Gmel, 2001).

Klingemann & Gmel (2001) note that a number of studies have demonstrated an association between heavy drinking or alcohol abuse and unemployment. Here, a causal association may go in either direction, heavy drinking may lead to unemployment, as suggested by Mustonen, Paakkaned & Simpura (1994) and Mullahy & Sindelar (1996); but loss of work may also result in increased drinking, which may become heavy drinking, as indicated by Gallant (1993), Dooley & Prause (1998) and Claussen (1999).

2. Alcohol Consumption and the Family

It is well established that drinking can severely weaken the individual's functioning in various social roles. Alcohol misuse is associated with many negative consequences both for the drinker's partner as well as the children. Maternal alcohol consumption during pregnancy can result in fetal alcohol syndrome in children, and parental drinking is correlated with child abuse and impacts a child's environment in many social, psychological and economic ways (Gmel & Rehm, 2003). Drinking can impair performance as a parent, as a spouse or partner, and as a contributor to household functioning. There are also other aspects of drinking which may impair functioning as a family member. In many societies, drinking may be carried out primarily outside the family and the home. In this circumstance, time spent while drinking often competes with the time needed to carry on family life.

Drinking also costs money and can impact upon resources particularly of a poor family, leaving other family members poor. Also, it is worth noting that specific intoxicated events can also have lasting consequences, through home accidents and family violence (Room, 1998; Room et al., 2002). A recent paper by Bonu et al. (2004) suggests that adverse child health effects of alcohol use are primarily through two distal determinants (indirect effects) - forgone household disposable income and caretakers' time for childcare. Diversion of scant economic resources for alcohol use that could have otherwise been used for seeking health care, may lead to selfcare or delay in seeking health care. The other potential ways by which alcohol use can reduce the household income are through morbidity associated with the drinking habit among the consuming individuals, resulting in increase in medical expenditures and loss of income due to lost wages, and, sometimes, resulting in the premature death of sole wage earners in a household (Bonu et al., 2004).

3. Alcohol and Poverty

The economic consequences of expenditures on alcohol are significant especially in high poverty areas. Besides money spent on alcohol, a heavy drinker also suffers other adverse economic effects. These include lowered wages (because of missed work and decreased efficiency on the job), lost employment opportunities, increased medical expenses for illness and accidents, legal cost of drink-related offences, and decreased eligibility of loans. A recent study conducted in 11 districts in Sri Lanka examining the link between alcohol and poverty found that 7% of men said that their alcohol expenditure was greater than their income. Though a relatively small

percentage, this is still a worrying statistic for the families concerned and for those interested in helping the worst-off families (Baklien & Samarasinghe, 2001).

4. Alcohol and Domestic Violence

Research has found that alcohol is present in a substantial number of domestic violence accidents. The most common pattern is drinking by both offender and victim. Alcohol has been shown to be a significant risk factor for husband-to-wife violence. Studies have shown that the relationship between alcohol and domestic violence is complex.

Drinking frequently has been associated with intra family violence. Reviews have found that excessive alcohol use is a strong and consistent correlate of marital violence. Therefore, the role of alcohol remains unclear. Studies based on interviews with abused wives tend to report higher proportions of alcohol involvement than do general population studies or police samples. In a study examining episodes of domestic violence reported to the police in Zurich, Switzerland, evidence of alcohol involvement was found in 40% of the investigated situations. Police officers thus believed there was a clear link between alcohol and violence in at least 26% of the cases studied (Maffli & Zumbrunn, 2003).

Health Problems associated with Heavy Drinking

Alcohol abuse can be associated with major health problems and increased risk for certain diseases. Most people believe that declining liver health and increased likelihood to get in an automobile accident are the only types of dangers increased by excessive alcohol consumption.

However, beyond these two well-know examples, there are dozens of other health-related issues associated with heavy drinking. Below we cover ten major health conditions that are associated with a high consumption of alcohol.

1. Increases Cancer Risk

Scientists believe the increased risk of cancer occurs when the body converts the alcohol into acetaldehyde, which is a known carcinogen. Being exposed to increased amounts of carcinogens increases your cancer risk. Cancer induced by heavy drinking usually shows up as:

- mouth
- liver
- breast
- and oesophagus cancer

2. Cardiovascular Disease

Heavy drinking causes blood platelets to clump together into blood clots, which increases your chances of heart attack or even stroke. Heavy drinking can also cause a condition known as cardiomypathy which causes the heart muscle to weaken and eventual fail. A study published by Harvard researchers in 2005, suggests that binge drinking can double the risk of death from those who previously survived a heart attack.

3. Cirrhosis of the Liver

A lot of heavy drinkers will eventually develop cirrhosis of the liver, however, it's hard to predict which drinkers will develop the condition. Alcohol is toxic to the liver cells, and cirrhosis means the liver becomes so scarred from drinking that it can barely function.

4. Dementia and Declining Mental Function

Brain loss occurs naturally as we age. However, drinking speeds up the process of brain loss, especially in the regions associated with memory. This can increase your chances of dementia, even at a younger age. Heavy drinking also impairs regular cognitive functioning and reduces your ability to solve problems, and make good judgements, which can lead to unfortunate and preventable injuries.

5. Depression

In some cases, heavy drinking and depression can be linked. A lot of people choose to self-medicate with alcohol when they're depressed, which can worsen their existing symptoms. While recent studies suggestthat heavy alcohol consumption can actually cause depression. Regardless of what comes first, depression has been shown to improve once alcohol consumption is decreased.

6. Aggravates Existing Gout Condition

Gout is caused when very painful uric acid crystals form within the joints, making movement very difficult and painful. Gout is mostly hereditary, but excessive alcohol consumption can lead to aggravating an existing condition.

7. Can Trigger Seizures

Heavy drinking can actually trigger seizures and cause epilepsy in people who don't have this condition to begin with. If you're a person who already suffers from seizures, then heavy drinking will only interfere with your medication and exacerbate the condition.

8. High-Blood Pressure

The nervous system can become damaged with heavy drinking. Since the nervous system regulates the dilation and constriction of blood vessels, heavy drinking will cause your blood pressure to rise. Prolonged heavy drinking will lead to high blood pressure. High blood pressure raises your risk for disease and a host of other health problems.

9. Nerve Damage

Heavy drinking can cause alcoholic neuropathy, which is a certain kind of nerve damage. This gives you a very painful pins-and-needles type of feeling and can also lead to:

- muscle weakness
- constipation
- erectile dysfunction
- and numbness of limbs

10. Can Cause Anaemia

Anaemia occurs when the oxygen carrying red blood cells drop to a very low level. Heavy drinking can cause this condition to arise. Anaemia can cause a lot of other symptoms and health problems to arise, including:

fatigue, general light-headedness, and shortness of breath. Heavy alcohol consumption can exacerbate existing health conditions, and even create new health complications. The sooner you bring awareness to your existing relationship with alcohol, the sooner you can begin to restore your health and avoid long-term health damage.

In fact, a recent lifetime study done by Harvard University, suggests that excessive alcohol consumption is one of the main detriments to a long and happy life.

Health Consequences Deaths-worldwide

In 2012, about 3.3 million net deaths, or 5.9% of all global deaths, were attributed to alcohol consumption. There are significant sex differences in the proportion of global deaths attributed to alcohol, for example, in 2012 7.6% of deaths among males and 4% of deaths among females were attributed to alcohol. In 2012 about 139 million net DALYs (disability-adjusted life years), or 5.1% of the global burden of disease and injury, were attributed to alcohol consumption. Based on the analyses of 100 individual country profiles, The World Health Organization (WHO) has released the Global Status Report on Alcohol and Health focused on analyzing available evidence on alcohol consumption, consequences and policy interventions at global, regional and national levels.

The harmful use of alcohol is a global problem which compromises both individual and social development. It causes harm far beyond the physical and psychological health of the drinker, including the harm to the well-being and health of people around the drinker. Alcohol is associated with many serious social and developmental issues, including violence, child neglect and abuse, and absenteeism in the workplace.

The harmful use of alcohol (defined as excessive use to the point that it causes damage to health) has many implications on public health as demonstrated in the following key findings:

1. Harmful use of alcohol results in the death of 2.5 million people annually, causes illness and injury to millions more, and increasingly affects younger generations and drinkers in developing countries.
2. Nearly 4% of all deaths are related to alcohol. Most alcohol-related deaths are caused by alcohol result from injuries, cancer, cardiovascular diseases and liver cirrhosis.
3. 6.2% of male deaths are related to alcohol, compared to 1.1% of female deaths.
4. 320000 young people aged 15-29 years die annually, from alcohol-related causes, resulting in 9% of all deaths in that age group.
5. Almost 50% of men and two-thirds of women do not consume alcohol.
6. Harmful alcohol use is one of four common risk factors, along with tobacco use, poor diet and physical inactivity, for the four main groups of non-communicable diseases (NCDs) – cardiovascular diseases, cancer, chronic lung diseases and diabetes.
7. Alcohol is the world's third largest risk factor for disease burden; it is the leading risk factor in the Western Pacific and the Americas and the second largest in Europe.

8. The harmful use of alcohol is also associated with several infectious diseases like HIV/AIDS, tuberculosis and sexually transmitted infections (STIs). This is because alcohol consumption weakens the immune system, reduces inhibitions, affects judgment and has a negative effect on patients' adherence to antiretroviral treatment.

As you can see below, of 19 health concerns, alcohol is ranked #3, and is greater than unsafe water, high blood pressure, tobacco, obesity and illicit drugs (ranked #18).

The Global Strategy promotes a number of proven effective measures for reducing alcohol-related harm including:

- Taxation on alcohol;
- Reducing availability through allowing fewer outlets to sell alcohol,
- Raising age limits for those buying
- Using effective drink-driving measures
- Promotion of screening and brief interventions (SBIRT) in healthcare settings

treatment of alcohol use disorders;

- Regulating or banning marketing of alcoholic beverages and
- Conducting information and educational campaigns in support of effective policy measures.

Alcohol related deaths- India

One Indian dies every 96 minutes due to alcohol consumption. A number of cities in the country have banned alcohol production and sale since reports suggest that the numbers of deaths caused by alcohol are on a hike. More than 11 percent of Indians are binge drinkers, against the global average of 16 percent. The per capita consumption of alcohol in India increased 38 percent, from 1.6 litres in 2003-05 to 2.2 litres in 2010-12, according to a World Health Organisation (WHO) report.

Maharashtra tops alcohol-related deaths. Maharashtra reported the most alcohol-related deaths, followed by Madhya Pradesh and Tamil Nadu, according to the NCRB data, with experts saying high rates of alcoholism correlate with high crime rates. “Major crimes and accidents are fuelled by alcohol, which also leads to sexual harassment of women and robberies”, S Raju, of Tamil Nadu’s Makkal Adhikaram (People’s Power) told the BBC. “Alcohol abuse is also the reason why Tamil Nadu has the largest number of widows less than 30 years of age”, he added. A quarter of all hospital admissions and 69 percent of all crimes in Kerala are due in part to intoxication, according to the Alcohol and Drug Information Centre, an NGO, quoted in The Economist. Five people died every day in 2014 after drinking fake liquor. In 2015, consumption of illegally brewed liquor claimed more than 100 lives in Malwani, Mumbai, and triggering widespread outrage. As many as 1,699 people died in 2014 after consuming spurious illicit liquor, an increase of 339 percent from 387 in 2013.

70 per cent of road accidents in India due to drunken driving, Country loses 1.34 lakh lives in road accidents each year. With India reporting as many as 1.34 lakh fatalities in road accidents every year, a vast 70 per cent of

them being due to drunken driving, questions are now being raised on whether the mushrooming growth of liquor vends along the highways is responsible for costing precious lives in an untimely manner.

The data explains the wide political support for crackdowns on alcohol, although exp erts point out that alcohol is a health problem – not a moral one. In Tamil Nadu, J Jayalalithaa shut down 500 liquor stores on May 23, the first day of her fourth term as Chief Minister. In April, Bihar imposed prohibition – a ban on the sale, production and consumption of alcohol. In August 2014, Kerala restricted the sale of liquor to five-star hotels. Before the latest crackdowns on alcohol, Gujarat and Nagaland were the only Indian states with prohibition.

The Community against Drunken Driving (CADD) said nearly 70 per cent of all fatalities are due to drunken driving, with the figure running between 44 per cent to 67 per cent in smaller cities. Despite prosecution of drunken driving having increased by about seven times in Delhi and 16 times in Mumbai since 2001, there has been no corresponding decrease in accidents and fatalities.

Prince Singhal of CADD noted that "24 hour availability of alcohol along National and State highways results in impulsive buying of alcohol and about 72 per cent of road accidents on National Highways". Stating that "the World Day for Remembrance of Road Accident Victims needs to be observed as a significant day especially in the Indian context as we record the highest road fatalities at 134,000 annually", he said it should not be forgotten that "road deaths and injuries are sudden, violent, traumatic events, and their impact is long-lasting, often permanent". Citing a survey report, he said: "About 56 accidents and nearly 14 deaths occur on our roads per hour; it is significant to note that the number of persons killed per lakh of population has risen to about 11 and simultaneously India also records the highest per capita consumption of alcohol in South East Asia."

Drawing a linkage between drinking and road accident deaths, CADD said, "It is significant to note that the State of Kerala which has about 4.3 per cent of registered vehicles reports a high 7.3 per cent of accidents, it also has the highest per capita consumption of alcohol."

Although consuming alcohol might have become a part of the culture yet the National Crime Records Bureau (NCRB) data revealed some mind-blowing facts. In the last five years, barring 2011, there has been a continual rise in the total number of alcohol-related deaths. During the period between 2008 to 2012, this figure saw a steep rise of 27% from the level of 4308 to 5478. A massive increase of 21% was alone witnessed in 2012 when death figure zoomed to 5478 as against 4547 cases registered in 2011.

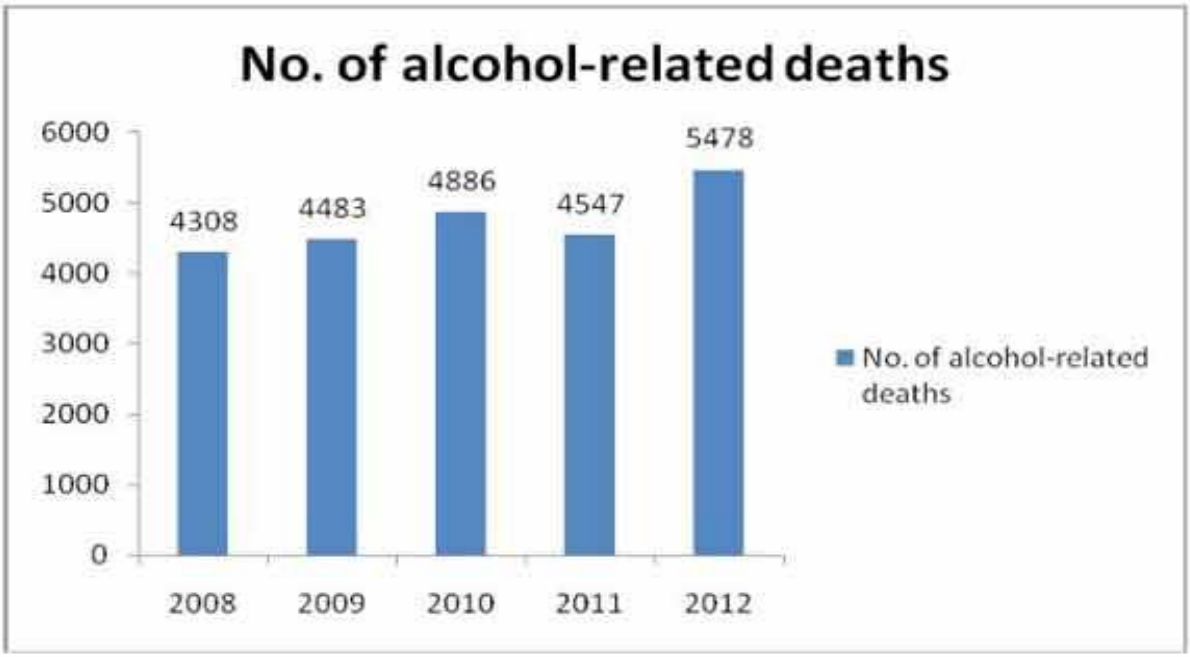
Likewise, WHO Global status report (released in 2011) on alcohol and health stated, "The harmful use of alcohol results in approximately 2.5 million deaths each year. Almost 4 per cent of all deaths worldwide are attributed to alcohol." Rejecting the suggestion to ban alcohol sale, S Sudarshan, senior psychiatrist at Rockland Hospital said, "Banning the sale of alcohol is not the solution to curb the problem. It will encourage people to brew illicit liquor. This will consequently lead to more deaths and will also promote smuggling."

A state-wise analysis of 2012 data revealed that maximum number of alcohol-related deaths occurred in Maharashtra (1514), followed by Madhya Pradesh (564), Karnataka (415), Haryana (367), Punjab (273). However in 2011, the list remained more and less the same. Maharashtra topped the list with the highest number

of death cases at 1185 followed by Madhya Pradesh (486), Haryana (309), Karnataka (304), and Chhattisgarh (270).

Similarly, city-wise analysis of 2012 data showed that Mumbai topped the list with 166 alcohol-related deaths. Delhi came second with 142 death cases followed by Nagpur (140), Bengaluru (121), and Jaipur (61). However in 2011, it was Chennai which registered the maximum deaths of 281, followed by Delhi (140), Mumbai (112), Nagpur (95), and Bengaluru (79). Moreover, it is expected that alcohol consumption will increase in India. According to the report released in 2011 by industry body, Associated Chambers of Commerce and Industry of India (Assocham), alcohol consumption in India will cross 19,000 million litres by 2015 from the level of 6,700 million litres witnessed in 2011.

Exhibit 1: Total number of alcohol –related deaths in India



Source: NCRB

Alcohol related deaths-Telangana

Telangana has the highest number of people dying due to heart diseases in the country, according to data on causes of death released by the census of India. The data pertaining to 2018 and says that 57.1 per cent of all medically certified deaths in Telangana happened due to 'diseases of circulatory system', which is attributed to alcohol consumption which is also the cause for most of the deaths in the country (31.6 percent).

Among the 33,140 medically certified deaths reported to the Registrar General of India in 2018 by Telangana state, 18,912 were due to heart diseases. These included 12,028 men and 6,884 women. People in the age group 55-64 seem to be most vulnerable to being victim of heart diseases with 3,545 deaths reported in this age group,

followed by 3,517 in 45-54 group. Among children, too, heart diseases are a serious concern that has hit 1,812 children aged 1-4 year.

In the same year 901 deaths were due to diseases of respiratory system and 582 due to diseases of digestive system. The second highest killer was 'infectious and parasitic diseases' that claimed 4,416 lives in the state. As many as 3,824 deaths in this category have been clubbed under 'other bacterial diseases.' Age wise, the maximum numbers of deaths (919) were reported in the 45-54 age group followed by 904 deaths in the 55-64 groups.

Of all the medically certified deaths in 2018, in Telangana, 1,357 were due to 'injuries, poisoning and consequences of external causes' which includes road accidents as well of which the maximum were in 45-54 and 25-34 age groups. Statistics on mortalities and their causes are studied by administrators, researchers and other professionals for developing policies on public health and are released annually.

Warangal District Profile

Warangal district is one of the biggest districts in Telangana state in terms of geographical area wit12.846 Sq.Km. The district bordered with Nalgonda district in the southwest, Karimnagar district in the north, Khammam district to the east and southeast, and Rangareddy district to the west. The district has a population of 3512576 as per the 2011 census, which accounts for 9.98 percent of the total population of the state, with 8.21 percent of decadal growth rate. Out of total population, 1759281 persons are male and 1753295 persons are female. The district population lives in rural areas with 2520243 persons and remaining in urban areas with 992333 persons. The district has 65.11 percent of literacy rate as per the 2011 census. In undivided Warangal district SreeRamulapally, Gollapally, Pathipaka, Doopakunta, GatlaNarsingapur, Parkal/ Chalvai villages are selected for field study, why because these villages are own villages of respective students. The reason for selection of own villages of students is they are known the alcohol consumption habits of villagers, their family background, family members, alcohol shops, belt shops and all the information of the alcohol consuming families.

Table.1 Education Details of the Respondents

Education Standard	No of Respondents
Illiterate	31
Primary (1-5)	03
High School (6-10)	13
Inter	05
Degree	05
PG	03
Total	60

Source: Field survey; November -2023

Table 1 gives the complete details about the educational standards of the respondents in selected villages. About more than 50 percent of the respondents are illiterates, only 3 respondents are completed primary education, and 13 respondents are completed SSC, and 5 managed Intermediate education, another 5 completed Degree and another 3 able to complete PG and settled in government jobs. All these are randomly selected and because of the lower education levels the people are not aware of the evil effects of the alcohol consumption.

Table.2 House Structure details of the respondents

House Structure	No of Respondents
Hut	05
Tiled (penkutillu)	35
Shed	02
Pakka House	02
Builiding	16
Total	60

Source: Field survey; November -2023

Table 2 gives the complete details about the housing facilities of the respondents in selected villages. Due to the poverty and low level of incomes the people are managed to maintain with tiled houses till today. Even though the state government and central governments are sanctioning hundreds of houses to poor under indira awas yojana, double bed room houses but these people are not able to come forward to build a pakka houses. The main reason is they are wasting the money in consuming alcohol. In six villages together more than 50 percent of the respondents are still living in the old tiled houses only. There are 18 respondents are able to build pakka houses.

Table.3 Occupation Details of the Respondents

Name of the Occupation	No of Respondents
Labour	**29**
Farmer	**15**
Landed agricultural Labour	**01**
Artisan	**04**
Others	**11**
Total	**60**

Source: Field survey; November -2023

Table 3 gives the complete details about the occupations of the respondents in selected villages. In all the six villages together out of 60 respondents' 29 respondent households are labours, 15 respondents are small farmers; there are 4 respondents from artisans, and 11 respondents are others like government teachers, kirana shops.

Table.4 Monthly Income Details of the Respondents

Monthly Income (Rs)	Alcohol Consuming Respondents	Non-Alcohol Consuming Respondents
3000 -4000	**06**	**--**
4001-5000	**09**	**--**
5001-6000	**08**	**--**
6001-7000	**07**	**--**
7001-8000	**05**	**--**
8001-9000	**07**	**--**
9001-10000	**--**	**06**
10001- Above	**--**	**12**
Total	**42**	**18**

Source: Field survey; November -2023

Table 4 gives the information about the monthly income earnings of the respondents in selected villages. Out of 60 respondents a majority of respondents' i.e 18 are earning 10000 rupees monthly, because the households are not consuming alcohol. The other alcohol consuming respondents monthly income ranges from 3000 to 9000 which are 42. Almost more than 50 percent of respondents are able to earn upto 9000 per month. The main source of the earnings is labour, agriculture and beedi makinga and govt teachers etc.

Monthly Expenditure (Rs)	No of Respondents	Monthly Expenditure on Alcohol (Rs)	No of Respondents
2000-4000	06	00	18
4001-6000	09	2000-4000	13
6001-8000	12	4001-6000	12
8001-10000	06	6001-8000	8
10001-12000	11	8001-10000	7
12001-15000	16	10000 Above	02
Total	60	Total	60

Table 5 Monthly household expenditure and Alcohol expenditure of Respondents

Source: Field survey; November -2023

Table 5 gives the information about the monthly household expenditure in general and the households alcohol expenditure in particular in selected villages. The monthly expenditure ranges between 2000 to 4000 class intervals to 12001 to 15000 rupees class interval. There are all kind of expenditure in the all the six villages a majority of 12 households spend the sum of upto 8000 rupees and followed by 11 households spend upto the monthly amount of 12000 rupees. If we look at the alcohol expenditure it also ranges between 2000 to 4000 in the lower class interval to 10000 above in the upper class interval range. There are 18 households who not consume alcohol and followed by 13 households who spend upto 4000 rupees per month, followed by 12 households spend the amount of upto 6000 rupees per month. There exists 8 households who spend an amount of upto 8000/- p.m and 7 respondents who spend upto 10000/- p.m. There are 2 respondents who spend even more than 10000/- p.m. This causes the households to become poor and not able to give any kind of basic amenities to their family members like education, health, house, and other small capital goods.

Table.6. Wine Shops Details of the Respondents Villages

Name of the Village	No of Wine shops	No of Belt Shops	Total
1. Sree Ramulapally	01	03	04
2. Gollapally	01	02	03
3.Pathipaka	01	14	15
4.Doopakunta	05	03	08
5.GatlaNarsingapur	01	02	03
6.Parkal/ Chalvai	02	10	12
Total	11	34	45

Source: Field survey; November -2023

Table 6 gives the complete information about availability of wine in wine shops and belt shops in and around the selected six villages. In total 45 wine are available in and arround the six villages which includes 11 wine shops which are officially permited and 34 unauthorised belt shops are being run by villagers to cater the wine needs of the drinkers. This makes the people to fetch more and more alcohol in their to homes and loss their valuable money in the form of higher alcohol prices. This is more at the time of festivals and village local jatara.

Table.7 Chronic Diseases Details of the Respondents Households

Name of the Disease	No of Respondent Victims
1.Liver cirrosis	**8**
2.Thyroid	**2**
3.Blood Pressure	**3**
4.Diabetes	**5**
5.Lungs Failure/TB	**6**
6. Waist Problems	**2**
7. Died with Alcohol	**4**
Total	**30**

Source: Field survey; November -2023

Table 7 gives the complete information regarding the diseases that affected to the respondent households and their family members in the selected villages. There are roughly 30 respondents out 60 are victims of several diseases which accounts for 50 percent. A majority of respondents are suffering from liver cirrosis, which is directly root cause of alcohol consumption. Next health problem affected to respondents is lungs failure and finally led to TB with 6 respondents. There are 2 persons who died from multiple diseases either directly or indirectly attributed to alcohol consumption.

Summary and Conclusions

Worldwide alcohol consumption per capita is 6.5 liters per year in 2005 and increased to 12 liters per year in 2017 per aged above 15 years and above. The average Indian consumes about 4.3 litres of alcohol per year. The rural average is much higher at about 11.4 liters per year. According to WHO report of 2010 about 30 percent of India's population consumes alcohol regularly. In Telangana about 53.9 percent of men and 8.8 percent of women consume alcohol. In Telangana drinking of alcohol is always a part of the local culture and people preferred toddy and local brews.

In 2012, about 3.3 million net deaths, or 5.9% of all global deaths, were attributed to alcohol consumption. There are significant sex differences in the proportion of global deaths attributed to alcohol, for example, in 2012 7.6% of deaths among males and 4% of deaths among females were attributed to alcohol. In India, during the period between 2008 to 2012, this figure saw a steep rise of 27% from the level of 4308 to 5478. A massive increase of 21% was alone witnessed in 2012 when death figure zoomed to 5478 as against 4547 cases registered in 2011. In the same year 901 deaths were due to diseases of respiratory system and 582 due to diseases of digestive system in Telangana.

Findings:

1. In Warangal district of Telangana also exists massive alcohol consumption.
2. In every village roughly 80 percent of the people consuming alcohol both men and women, which includes old, middle age, and teenagers too.

3. In selected six villages also among the randomly selected 60 respondents 42 respondents who consume alcohol and 18 respondents who do not consume alcohol and analyzed the impact of Alcohol consumption on both the households.

4. There exists moderate drinkers to heavy drinkers, who spend an amounts of Rs 2000/- per month to Rs 10000/- per month.

5. Due to this the people are not able to built even a pakka house, why because more than 60 percent of household income is going to waste for alcohol consumption, which inturn leads to effect the healths, which also causing for spending huge amounts for treatment.

6. In addition to these there are lot of differences between wife and husband in particular and with family members in general.

7. In all most all the villages the alcohol drinkers suffer from liver cirrosis, thyroid, blood pressure, diabetes, lungs failure/tb, waist problems frequently and few persons died from them.

8. The people who do not consume alcohol have given good education to their children, health, built pakka houses, purchased gold ornaments, having good amount of bank savings. 3

Bibiliography:

1. “Alcohol’s Effects on the Body.” National Institute on Alcohol Abuse and Alcoholism. U.S. Department of Health and Human Services. Web. 14 Jan. 2016.
2. https://www.niaaa.nih.gov/alcohol-health/alcohols-effects-body “Health Consequences of Drinking.” AlcoholScreening.org. Join Together. Web. 14 Jan. 2016.
3. https://www.alcoholscreening.org/Learn-More.aspx?topicID=8&articleID=26
4. WHO Global Status Report on Alcohol 2004
5. www.diet.com.