

**Research Article****Exploring the insight of alcoholics –A Qualitative study****Shah AG<sup>1</sup>, Patel PG<sup>2</sup>, Davda BK<sup>3</sup>, Parikh SB<sup>4</sup>, Bala DV<sup>5</sup>**<sup>1</sup>MD PSM, Dept. of PSM, Smt.NHL Municipal Medical College, Ahmedabad, Gujrat, India<sup>2</sup>Tutor, Dept. of PSM, GMERS Medical College and Hospital, Dharpur, Ahmedabad, Gujrat, India<sup>3</sup>Tutor, Dept. of PSM, Smt.NHL Municipal Medical College, Ahmedabad, Gujrat, India<sup>4</sup>Associate professor, Dept. of PSM, Smt.NHL Municipal Medical College, Ahmedabad, Gujrat, India<sup>5</sup>Professor & Head, Dept. of PSM, Smt.NHL Municipal Medical College, Ahmedabad, Gujrat, India**\*Corresponding author**

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**Abstract:** In many parts of the world, drinking alcoholic beverages is a common feature of social gatherings and most of the people start drinking in this type of social parties. The main areas that we aimed in our study were attitude towards alcohol, the influences of family history of alcohol use on individuals, drinking age, access to alcohol, peer pressure to consume alcohol, and also the relationships between drinking alcohol and taking drugs. To study the factors responsible for initiation and dependence of alcohol use to explore the socio-economic effects due to the alcohol use. Focus Group Discussion was carried out among the indoor patients. 18 study participants were selected by purposive sampling technique. Group discussion was conducted out by moderator and notes were written by note taker. All indoor alcoholic patients who were present on the day of visit and who were consuming Alcohol for more than 3 years. The mean age of the participants was 29.76 +7.82 years. 17 were males and 1 participant was female. 22.2% of participants were illiterate. 14 % of study participants have started alcohol from teenage. Friendship with the alcoholic persons and peer pressure was the leading factor for initiation. Alcohol use among young people was seen as an escape or release from problems. More support should be provided from family, friends and society. Awareness among teenagers' about the adverse effect of alcohol dependence in the school. Counselling of high risk groups should be done in schools. Special Adolescents activities should be initiated addressing the teenagers indulging in alcohol dependence.**Keywords:** alcohol, peer pressure, dependence.

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**INTRODUCTION**

In many parts of the world, drinking alcoholic beverages is a common feature of social gatherings and most of the people start drinking in this type of social parties. The main areas that we aimed our study at were attitude towards alcohol, the influences of family history of alcohol use on individuals, drinking age, access to alcohol, peer pressure to consume alcohol, and also the relationships between drinking alcohol and taking drugs. Alcohol use was associated with physical, sexual and psychological violence [1]. Nevertheless, Gujarat is a dry state the consumption of alcohol is not allowed, no such type of social gatherings are there so it would be interesting to know the factors influencing and leading towards alcohol dependence.

**Aim & Objectives:**

- To study the factors responsible for initiation and dependence of alcohol use
- To explore the socio-economic effects due to the alcohol use.

**MATERIAL AND METHOD**

Study Design: Cross sectional study

**Study Setting:**

- Naya Jivan Vyasan Mukti Kendra, Mirzapur, Ahmedabad.
- De addiction centre, Bhansali Trust, Deesa

**Study Method**

The method we chose to collect the information was a Focus Group Discussion (FGD). This is a well-known qualitative research method that became popular among sociologists and is, nowadays, widely used in social research in order to collect specific kinds of information [2]. Focus Group Discussion was carried out among the indoor patients of Naya Jivan Vyasan Mukti Kendra and De addiction centre, Bhansali Trust. 18 study participants were selected by purposive sampling technique. Group discussion was conducted out by moderator and notes were written by note taker. We included all indoor alcoholic patients who were present on the day of visit and who were consuming Alcohol for more than 3

years. Those who refused to give verbal consent or to be the part of group discussion were excluded.

**Data entry and analysis**

All the responses of the study participants were written as a transcript and also recorded by a recorder. Data entry was done using Microsoft word 2007. Analysis was done by content analysis, the transcript was thoroughly studied and categorise in different groups and then in group responses were given code and arranged in descending order. Verbatim in the patient language were used with in the categories.

**RESULTS**

The mean age of the participants was 29.76 +7.82 years. 17 were males and 1 participant was female. 22.2% of participants was illiterate and 16.6% were having Primary Education.

**Table-1: Socio Economic Classification of participants**

<b>Mean Age</b>	29.76±7.82 years
<b>Gender</b>	17 - Males
	1 - Female
<b>Marital status</b>	50% married,
	38.8% unmarried,
	11.1% Divorcee
<b>Education</b>	22.2% Illiterate,
	16.6% Primary
	27.77% Secondary
	33.33% Graduate

Fourteen percentages of study participants have started alcohol from teenage. In other study boys started to drink alcohol between 12 and 15 years, while the range for girls was between 17 and 20 years.3 In his publication D. M. Kirke mentioned that over 80% of the teenagers in his study had consumed alcohol at least once[4].

As such, local and home-made brews are cheaper than factory-made beverages. Therefore factory-made beer is mainly consumed in the urban areas by people who can afford the higher price, while the locally produced and home-made brews predominate in rural areas, although they are also consumed in urban areas by low-income earners [5].

Friendships with the alcoholic persons and peer pressure were the leading factor for initiation. Peer pressure has an important influence on young people’s attitudes and behaviour. Young people drink because their friends do so. They want to be like their friends and tend to copy what their friends do. This is very important to their feeling a part of the social groups. There was recognition in all group discussions with young people that alcohol use was largely a result of peer influence.

The answers of all the questions are written in descending order of the response below:

Q-1: What do you know about the symptoms of alcoholic dependence?

Loss of appetite, Vomiting, Weakness, tremors, Loss of sleep, Ghabraham, anxiety, Damage to liver.

Q-2: How did you initiate?

Followed by friend, To try new thing, Peer pressure, To relieve stress, As a medicine for cold

Q-3 Did it affect Economy?

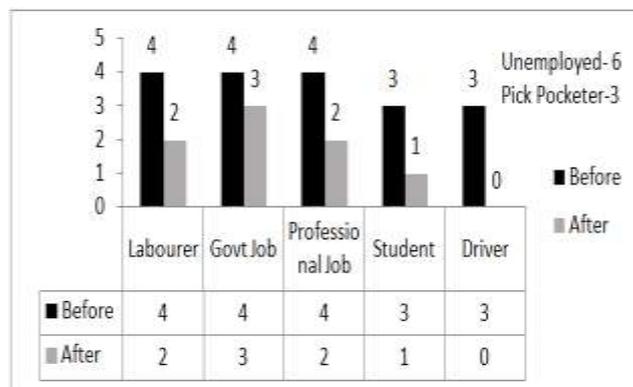
Lost the job due to alcohol dependence, lost lakhs of rupees on alcohol, Borrowed from others, were compelled to steal money for alcohol.

Q-4: How much you are Dependent?

Cannot perform work, loss of appetite, loss of confidence, Vibrations, Vomiting, Everyone has tried to leave alcohol not once but many times but...they fail again and again.

Q-5: Being called as an alcoholic is a Social Stigma?

Everybody ignores us, nobody wants to be our friend, disrespected whole family due to us, all the family members have to keep their eyes down, All the door were closed except alcohol



**Fig-1: Change in occupation after becoming alcoholic**

Q-6: How do you need support?

Support from family member especially from our spouse and children, Positive energy from friends, we just need love & acceptance, we need help.

**CONCLUSION**

Fourteen percentages of study participants have started alcohol from teenage. Friendship with the alcoholic persons and peer pressure was the leading factor for initiation. Alcohol use among young people was seen as an escape or release from problems. After falling in this “daldal”, their consumption was increasing from week-day-24 hours & along with

increasing rejection from family, friends, colleagues and society.

### **Recommendation**

Awareness among teenagers' about the adverse effect of alcohol dependence in the school. Counselling of high risk groups should be done in schools. Special Adolescents activities should be initiated addressing the teenagers indulging in alcohol dependence. More support should be provided from family, friends and society.

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