

Opinion regarding the ban of alcohol sale among the adult population residing in a semi-urban area near Chennai - A cross-sectional study

Rajkamal R¹, Madhanraj K², Vijaiyalakshimi Praveen¹, Dutta Gupta K K¹

¹Department of Community Medicine, ACS Medical College, Velappanchavadi, Tamil Nadu, India, ²Department of Community Medicine, ESIC Medical College and PGIMSR, Chennai, Tamil Nadu, India

Correspondence to: Madhanraj K, E-mail: drmadhanraj@gmail.com

Received: June 17, 2017; Accepted: July 03, 2017

ABSTRACT


Background: Alcoholism is one of the major public health problems in both developed and developing countries. Conventionally, governments design and implement various measures to combat the alcohol menace for the benefit of the public at large. One such measure is the ban of alcohol sale. **Objectives:** The aim of this study is to explore the opinion regarding the ban of alcohol sale among adult population residing in semi-urban area of Chennai and to measure the association between selected factors associated with the supporters of alcohol ban among the study population. **Materials and Methods:** A community-based, cross-sectional study was carried out among the adult population residing in semi-urban area near Chennai in June 2016. House-to-house survey was conducted, and pre-designed questionnaire was used as a study tool. **Results:** In our study, we found that 91.6% (95% confidence interval 88.9%, 94.3%) of study population supported the ban of alcohol. Among these, 40.3% supported for a gradual ban of alcohol. Gender and alcohol status were the factors significantly associated with opinion on ban of alcohol and were statistically significant. **Conclusion:** Most of the population supported the ban of alcohol vindicated that the policy of alcohol ban is the felt need of the community, especially among women.

KEY WORDS: Alcohol; Ban; Cross Sectional; Policy

INTRODUCTION

Alcoholism is one of the major public health problems in both developed and developing countries.^[1] The 32nd World Health Assembly declared that “problems related to alcohol and particularly to its excessive consumption rank among the world’s major public health problems and constitute serious hazards for human health, welfare, and life.”^[2] Heavy alcohol reduces life expectancy by 10-12 years

besides affecting productivity in developed and developing nations. The World Health Organization estimated that there are about 2 billion consumers of alcoholic beverages and 76.3 million people with diagnosable alcohol use disorders worldwide.^[3] In addition to chronic diseases, such as cancers, social consequences, such as road-traffic accidents, workssplace-related problems, family and domestic problems, and interpersonal violence, have been receiving more public or research attention in the recent years.^[3] India, which was considered as one of the countries with a tradition of abstinence, is a thing of past. Alcohol consumption has now become a social activity and is accepted as a casual behavior. A hospital-based study in NIMHANS found that 60% of all injuries reporting to emergency ward are due to alcohol usage,^[4] and another study by Benegal et al. found that 18% of all brain injuries reporting to emergency ward are attributed to alcohol usage.^[5]

Access this article online	
Website: http://www.ijmsph.com	Quick Response code
DOI: 10.5455/ijmsph.2017.0617403072017	

International Journal of Medical Science and Public Health Online 2017. © 2017 Madhanraj K et al. This is an Open Access article distributed under the terms of the Creative Commons Attribution 4.0 International License (<http://creativecommons.org/licenses/by/4.0/>), allowing third parties to copy and redistribute the material in any medium or format and to remix, transform, and build upon the material for any purpose, even commercially, provided the original work is properly cited and states its license.

In the recent years, there has been rapid proliferation of city bars and nightclubs, and people are fast shedding their inhibitions about alcohol as a lifestyle choice. This has led to fears of an undocumented rise in alcohol abuse not only among poorer classes but also in other sections of the society. Having recognized the problem, the ministry of health has called for a policy that will regulate sales and the pricing of alcohol which many experts believe may not alone be enough to curb the problem. Recent initiatives to ban alcohol sale in their states like Kerala and Bihar, India, resulted in mixed opinions among the experts and public. Alcohol ban is a current burning topic in Tamil Nadu, India. Many prohibition protests are going on among the public throughout Tamil Nadu, India, for the prohibition of alcohol sale. Therefore, keeping the above aspects in view, this community-based cross-sectional study was planned to explore the opinion regarding the ban of alcohol sale among adult population in our field practice area in Chennai.

MATERIALS AND METHODS

A community-based, cross-sectional study was carried out in Adayalampattu and Nazrathpet in June 2016. All adult population aged older than 19 years who are residing in the study area for at least 1 year were included in the study. Those people who are critically ill and mentally challenged, i.e., not able to comprehend and give response to the survey were excluded from the study. The sample size was calculated assuming that 50% of the adult population favor the ban of alcohol sale, with 95% confidence interval (CI) and 10% of relative precision. Calculated sample size was 400. Sample size achieved was 404.

Data Collection

In the study area, individuals were interviewed using a structured questionnaire. The questionnaire was designed by the research team. Face validity and content validity of the questionnaire had been checked. Questionnaire captured data regarding sociodemographic details of the study population, status of alcohol consumption, opinion regarding the policy of ban of alcohol sale. Data were collected by trained interns (provisional MBBS doctors in their internship periods). After getting their informed consent, we introduced ourselves to the family members, and all information were obtained from them were immediately filled in the questionnaires in the same house and then moved on to the next house.

Statistical Methods

Data were entered in MS Excel and analyzed by SPSS (Statistical Package for Social Science) 17.0 version. Descriptive statistics such as proportions were calculated and 95% CI was calculated appropriately. Chi-square test was used to compare the proportions between the groups. $P < 0.05$ was considered as statistically significant.

Operational Definitions

In our study, an adult is a person who is older than 19 years of age.^[6] Complete ban of alcohol refers to the complete ban of all alcohol sales in all outlets immediately^[7] as practised in states like Gujarat and Bihar, India. Gradual ban of alcohol refers to reducing the sale of alcohol gradually over a period of time,^[8] i.e., gradual closure of TASMACHOP shops as practised in the state like Tamil Nadu, India, and partial ban refers to the ban of alcohol sale in selected shops like retail sale shops but allowable in hotels^[9] as practised in the state like Kerala, India.

RESULTS

A sum total of 404 persons were interviewed for the study, among them 63.6% (257) belonged to age group of 20-40 years, 258 (63.9%) were male subjects and 146 (36.1%) were female subjects. Maximum of study participants were illiterates 81 (20.0%). Most of the study participants were Hindus 94.6% (382) and majority of the participants are from nuclear family 65.1% (263) (Table 1).

Most of the study population, i.e., 91.6% (95% CI: 88.9%, 94.3%) supported any form of the ban of alcohol sale. Among the supporters, 40.3% (95% CI: 35.3, 45.3) favored for

Table 1: Sociodemographic characteristics of the study respondents ($n=404$)

Sociodemographic characteristics	Frequency (%)
Age group	
20-40	257 (63.6)
41-60	109 (27.0)
More than 60	38 (9.4)
Sex	
Male	258 (63.9)
Female	146 (36.1)
Education	
Illiterate	81 (20.0)
Primary	42 (10.4)
Middle	59 (14.6)
High school	68 (16.8)
Higher secondary	48 (11.9)
Undergraduate	73 (18.1)
Postgraduate	33 (8.2)
Religion	
Hindu	382 (94.6)
Christian	13 (3.2)
Muslim	09 (2.2)
Type of family	
Nuclear family	263 (65.1)
Joint family	123 (30.4)
Three generation family	18 (4.5)

gradual ban of alcohol sale. Many of the study population (47.6%) suggested that number of alcohol shops to be reduced to control the alcohol use (Tables 2 and 3).

It was found that 99.3% of females had positive opinion toward the ban of alcohol when compared to males (91.6%). Association was found statistically significant. It was found that significantly higher proportion of people who do not consume alcohol (97.3%) favored for the ban of alcohol when compared to alcohol consumers (88.5%). Association was found statistically significant (Table 4).

DISCUSSION

Part IV of our constitution directs the states which incorporate various principles in its policy. One such is that the state should strive to protect the people from the menace of alcohol or other intoxicating agents. Since independence various states have been taking various efforts to combat the menace of alcoholism. Gujarat (birth place of Mahatma Gandhi) is the only state, in where a complete ban of alcohol had been successfully implemented long back. Recent initiatives by the state like Kerala, Bihar, and Tamil Nadu regarding the ban of alcohol sale in different forms resulted in mixed opinions among the experts and public. In our study, we made a humble effort to explore the public opinion regarding the ban of alcohol sale.

In our study, we found that 91.6% of the study population were favored for ban of alcohol sale with a 95% CI: 88.9-94.3%. Among these, 40.3% wants gradual ban of alcohol sale and should not be sudden. Which endorses the current government policy implemented in some of the Indian States like Kerala,^[9] Bihar,^[7] and Tamil Nadu.^[8] Thus, felt need of the people is being addressed by the government. Verbatim from the responders revealed that they believe that the sudden withdrawal of alcohol may cause side effects among alcoholics and people also showed concern regarding the livelihood of the people working in alcohol industry and its

Table 2: Opinion regarding the ban of alcohol among the study participants (*n*=404)

Opinion regarding ban	Frequency (%)
Yes	370 (91.6)
No	22 (5.4)
No idea	12 (3.0)

Table 3: Type of the ban of alcohol among the study participants (*n*=370)

Type of ban	Frequency (%)
Complete ban	117 (31.6)
Gradual ban	149 (40.3)
Partial ban	104 (28.1)

supply chain. However, they are in strong support of gradual closure of alcohol shops.

In our study, we found that females are more favored toward the ban of alcohol 99.3% as compared to males. In a patriarchal society like India, females are direct and indirect victims of all the harmful effects of alcohol use such as domestic violence,^[10] rape, managing finances of home, workplace harassment, maintaining child nutrition, and education. This might be the reason for their strong support to the ban of alcohol.

In our study, we found that as expected less proportion of alcohol users supported alcohol ban compared to alcohol non-users. However, the point to be noted is 116 (88.5%), out of 131 alcohol users supported alcohol ban is a good sign and potential opportunity for the social change in the near future.

Strengths and Limitations

This was a community-based cross-sectional study. Alcohol consumption is a current major public health problem in Tamil Nadu. Many protests are going on among the public for the prohibition of alcohol sale throughout Tamil Nadu. Hence, this study will help to understand the opinion regarding the

Table 4: Association between sociodemographic variables and opinion on ban of alcohol (*n*=392)

Sociodemographic variables	Opinion on ban of alcohol, <i>n</i> (%)			<i>P</i> value
	Yes	No	Total	
Age in years				
20-40	240 (95.6)	11 (4.4)	251 (100.0)	2.081
41-60	99 (92.5)	08 (7.5)	107 (100.0)	
More than 61	31 (91.2)	03 (8.8)	34 (100.0)	
Sex				
Male	228 (91.6)	21 (8.4)	249 (100.0)	0.001
Female	142 (99.3)	01 (0.7)	143 (100.0)	
Education				
Illiterate	70 (92.1)	06 (7.9)	76 (100.0)	3.83
Primary	42 (100.0)	00 (0.0)	42 (100.0)	
Middle	54 (94.7)	03 (5.3)	57 (100.0)	
High school	65 (95.6)	03 (4.4)	68 (100.0)	
Higher secondary	44 (93.6)	03 (6.4)	47 (100.0)	
Graduates and above	95 (93.3)	07 (6.7)	102 (100.0)	
Occupation				
Employed	224 (94.1)	14 (5.9)	238 (100.0)	0.773
Unemployed	146 (94.8)	8 (5.2)	154 (100.0)	
Consume alcohol				
Yes	116 (88.5)	15 (11.5)	131 (100.0)	0.001
No	254 (97.3)	7 (2.7)	261 (100.0)	

*12 members said that no idea regarding the opinion on alcohol ban

ban of alcohol sale among the people. Due to unavailability of previous studies regarding ban on alcohol sale, we were not able to calculate the sample size is the limitations of our study.

CONCLUSION

There is huge community support for the policy of alcohol sale. Hence, concerned efforts should be taken by the government to sustain the policy of alcohol ban to save the life of the people and their families. Concerned efforts should be taken for the rehabilitation of alcoholics and to curb the black market/resurgence of country liquor/Arrack (methyl alcohol-related health hazard). Alternate livelihood options should be explored for the workforce affected by this policy of the ban of sale of alcohol.

ACKNOWLEDGMENT

The authors would like to thank all the other faculty members, CRRIS, and paramedical staff of Health Centers, for their guidance and support in conducting this study.

REFERENCES

1. World Health Organization. Alcohol-Related Disabilities, WHO Offset Publication No. 32. Geneva: World Health Organization; 1977. p. 3-4.
2. World Health Organization. Problems Related to Alcohol Consumption, WHO Technical Report Series No. 7:650. Geneva: World Health Organization; 1980. p. 10-6.
3. World Health Organization. The World Health Report 2002-Reducing Risks, Promoting Healthy Life. Geneva: World Health Organization; 2002. p. 250.
4. Gururaj G. Injuries in India: A National Perspective; 2005. Available from: http://www.nimhans.kar.nic.in/epidemiology/doc/ep_ft23.pdf. [Last accessed on 2012 Aug 10].
5. Benegal V, Gururaj G, Murthy P. Project Report on WHO Multicentre Collaborative Project on Establishing Alcohol Involvement in Casualties; 2002. Available from: <http://www.nimhans.kar.nic.in>. [Last accessed on 2012 Aug 10].
6. World Health Organization Definition. Available from: <http://www.who.int/hiv/pub/guidelines/arv2013/intro/keyterms/en/>.
7. Rao M. Bihar's Attempt to Ban Liquor has Lessons for Tamil Nadu (and other States Considering Prohibition) April, 14; 2016. Available from: <https://scroll.in/pulse/806554/bihars-attempt-to-ban-liquor-has-lessons-for-tamil-nadu-and-other-states-considering-prohibition>. [Last updated on 2016 May 11].
8. Janardhanan A. Tamil Nadu Elections: Jayalithaa Promises Phased Prohibition. Chennai. Available from: <http://indianexpress.com/article/elections-2016/india/india-news-india/jayalithaa-tamil-nadu-elections-2016-aiadm-liquor-prohibition-ban/>. [Last updated on 2016 Apr 10].
9. Kerala Government Bans Liquor in the State: Some Facts on Alcohol Ban in India, Updated 16:48 IST. New Delhi: India Today. December 29; 2015.
10. Banning Alcohol to Protect Girls? India is Missing the Mark Pauline Ooster. Available from: <http://www.theguardian.com/global-development/2016/may/12/banning-alcohol-to-protect-girls-india>. [Last accessed on 2017 Jun 28]

How to cite this article: Rajkamal R, Madhanraj K, Praveen V, Gupta KKD. Opinion regarding the ban of alcohol sale among the adult population residing in a semi-urban area near Chennai - A cross-sectional study. *Int J Med Sci Public Health* 2017;6(9):1394-1397.

Source of Support: Nil, **Conflict of Interest:** None declared.