



A COMPARATIVE STUDY OF TOBACCO & ALCOHOL CONSUMPTION PATTERNS AMONG UNORGANIZED AND ORGANIZED LABOURER (A SPECIAL REFERENCE TO BADDI, HIMACHAL PRADESH)

Monica Munjial Singh and Viney Dhiman

Centre for Social Work, Panjab University, Chandigarh

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ABSTRACT

Background of the Study: Perceptions of tobacco and alcohol consumption, patterns, beliefs, religion, cultural are a comparatively unexplored issue in among disadvantaged populations like labourer class in India.

The objectives of present study incorporated the following information based on these two intoxicants i.e. get hold of some quantitative information on demonstration of tobacco use and alcohol use within organized and unorganized labourer class; recognize socio-cultural factors that influence tobacco & alcohol use.

Methodology: A total of 52 respondents were taken from organized & unorganized taken (equally as N=26:26 ratio) as a study sample from an industrial town of Baddi, Himachal Pradesh (India). All study participants were disadvantaged adults 18 years old or older. They were all current tobacco and alcohol user. Data were collected by interview schedule and analyzed with thematic coding. Data were collected by using purposive sampling.

Results: In both samples, the most relevant reasons for tobacco & alcohol use were daily life hard circumstances, which were also a major barrier to quitting. The following conclusion was as followed: The labourer class working in both sectors residing in industrial town has insufficient knowledge on ill effects of tobacco and alcohol use by improving their knowledge, labourer class will engage in the reduction of tobacco & alcohol consumption and takes steps to quit these practices. So, in addition, need to as long as information booklet, group discussion, pamphlets, health promotional activities, provided on ill effects of both intoxicants and giving awareness on these issues the various ill effects of tobacco use can be used for generating public awareness especially to low educated class.

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INTRODUCTION

Tobacco consumption is accountable for 5 million losses globally each year and 50% of these losses were taking place between the ages of 35-69 years of age. Mortality aspect to tobacco has been predictable to 1 million each year in India¹ and these figures of death will be expected to 1.5 million by year 2020.² Beedi, cigarette, *hookah* (hubble-bubble) and cigar are mainly use as smoked form of tobacco and in contrast with other smokeless or chewed form of tobacco are gutka, khaini, zarda. Applying form of tobacco is also there as gul, snuff & tobacco containing powder & paste available in various regions of the country.¹³ Tobacco use is measured to be the most important modifiable risk factor for such chronic diseases.¹⁵ While at the other hand when we talk about alcohol products like whisky, brandy, rum, gin and vodka known as Indian Made Foreign Liquors were the most chosen beverages,

Spirits in whatever form, IMFL, country spirits or illicit are the most popular and beers and wines are much less preferred.¹⁴ In context to other social problem Alcohol consumption is the world's 3rd prime risk factor for disease and disability which is related with many severe socio-economic issues like marriage instability, domestic violence among partners, child negligence & many more. Around 4.5 percent of the Global Burden of Disease and injury is attributable to alcohol consumption only.³ According to Rossow 2001, Vetere and Henley 2001, Alcohol misuse is a growing as a sociable dilemma which results demolition to individuals, families and communities.^{4,5} According to Bennett and Wolin (1990:197), "alcoholism is a family illness and diagnosed for one family member, the chances are very good that it has previously appeared in prior generations and that it will surface again in the next generation."³⁰ According to GATS (Global Adult Tobacco Survey) survey conducted in (2016-17 year) found that 42.4% of men, 14.2% of women and 28.6% (266.8 million) of all adults currently use tobacco (smoked and/or smokeless tobacco). While 38.7% of adults were exposed to secondhand smoke at home; 30.2% of adults who work indoors are

*Corresponding author: **Monica Munjial Singh**
Centre for Social Work, Panjab University, Chandigarh

exposed to second-hand smoke at their workplace. Respectively GATS-2, indicated (52.3% was found in home; 29.9 SHS at workplace and 34.6 total user consume both & tobacco form).¹¹ According to NFHS-4, (National Family Health Survey, 2015-16) 0.5 percent of the women use any kind of tobacco in Himachal Pradesh as compared to 0.9 percent in previous NFHS-3, survey (2005-6). On the other hand 40.5 % of men use any kind of tobacco as compared to the finding of NFHS-3 was 40 %. 0.3 percent of the women pollutions consume alcohol in both rural-urban areas whereas 0.1 percent was found in NFHS-3. 39.7 percent of men who consume alcohol as survey done in NFHS-4, 29.5 percent was observed in NFHS-3.¹² Here we need a tobacco control and cessations as a significant public health priority and health prevention approach in the nation. The Framework Convention on Tobacco Control (FCTC) give a inimitable opportunity for all countries to minimize and turn aside this public health disaster and look after their citizens from the destructive health which affects the human socially, environmentally and economically by tobacco consumption and its exposure in form of Second Hand Smoke.¹⁶ Some legal provision was also there to protect the community Article 47, Directive Principle of State Policy, Constitution of India. Although alcohol prohibition is encouraged in the Constitution of India, alcohol policy is a state subject. States have full control of alcohol legislation, state excise rates and the production and sale of alcohol (Rahman, 2003).²⁹ As we talk about some historical provisions the first case in point of prohibition on the consumption of alcohol was appeared in 200 BC which was introduced by Manu2 (Mandelbaum, 1965).¹⁷ This prohibition on alcohol consumption was restricted to the priestly class i.e. the elite Brahmins, no restrictions were set on drinking by other strata of society. During the Mugul period (1200-1700 AD), in spite of the stronger importance on prohibition of alcohol use in Islam, drinking was universal and alcohol use was not prohibited by the state. In fact some Mughal emperors themselves consumed alcohol and opium (WHO, 2003).¹⁸ these historical aspects showed that there was some legal provision there at that time when alcohol was exist as a social problem.

Objectives of the Study

The main objectives of the study include:

- Find out the consumption patterns of alcohol, tobacco and its associated factors among the organized and unorganized sector of Baddi, Himachal Pradesh.
- To assess their knowledge about recent law, health effects, & secondhand smoking impact. Tobacco and alcohol use within industrial worker/labourer is relatively common, particularly among adult males. Reasons are given for smoking and drinking frequently relate to social and image-based motivators.

METHODOLOGY

A total of 52 respondents were taken from organized & unorganized taken (equally as N=26:26 ratio) as a study sample from an industrial town of Baddi, Himachal Pradesh (India). All study participants were disadvantaged adults 18 years old or older. They were all current tobacco and alcohol user. Data were collected by interview schedule and analyzed

with thematic coding. Data were collected by using purposive sampling.

RESULTS & DISCUSSION

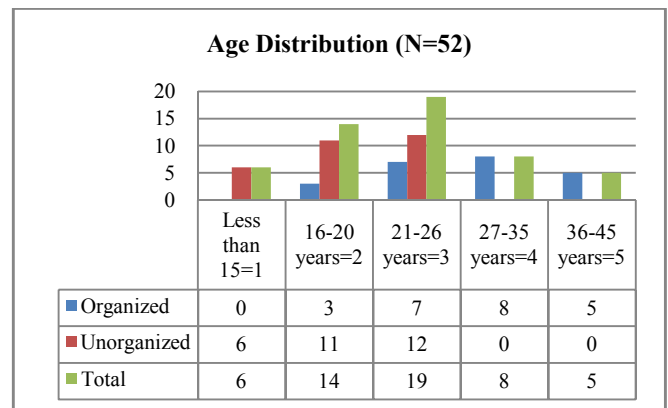


Figure No 1 Based upon age-wise distribution of Organized & Unorganized labourer class working in Baddi, Himachal Pradesh

The above figure showed that out of 52 respondents; six labourer between the ages less than 15 were found in an unorganized sector whereas no laborers falling in this age group was found in the organized sector. The maximum strength of the labourer class was in the age group of 21-26 years, 12 respondents were from unorganized sector and 7 were from organized sector. A study done by Praveen Lal C.J & Sajini B. Nair conducted in Kerala (India) titled “Socio-Economic Influence on Tobacco Use among male youth in Kerala” examined that in Kerala, one in five male youth aged 15-24 years is tobacco users. The prevalence of tobacco use among the sample respondents is 21.7 percent. Prevalence of tobacco use is comparatively more among the rural male youth population (23%) than their urban counterparts (17.4%). Further, we found that the maximum laborers were young and they were working as manual labourer, head load work, carpentry, construction work also the labourer which was in the age group less than 15 were doing loading & unloading was working on the temporary basis in small-scale industries.¹⁹

In organized, the study found that the consumption of alcohol & tobacco was almost equal and that was 54 percent & 58 percent respectively. The reason behind this was the influence of friend/co-workers to reduce occupational stress & sometimes because of the over shifts which compels them to consume it. A Research study done by Jaya Jumrani & P. S. BIRTHAL (2017) titled Does consumption of tobacco and alcohol affect household food security? Evidence from rural India” identified that alcohol & tobacco use operated through peer effects or social interactions.²⁰ Sixty-nine percent of the respondents agreed that the household economy had an effect because of the expenditure spent on these two intoxicants. “Tobacco expenditure crowded out more of consumer durables followed by food grains, healthcare and education”.²⁰ and Velleman (1992) also writes about finances that are limited through expenditure on alcohol, family gatherings that are spoiled because of drunken behaviours, because the addicted family member is unable to carry out daily tasks.²¹ 56 percent of the respondent agreed that such consumption gives them relief & relaxation due to heavy working schedule. As per the study was done by Mensch BS & Kandel DB titled “Do job conditions influence the use of drugs “Journal of Health and Social Behavior 1988, 29:169-184” found that Alcohol and

cigarettes could also be used as anti-anxiety or anti-depressant agents to relieve the impact of job stress.²²

influence of peer/co-workers in context with alcohol & tobacco consumption and i.e. 38% with agree statement & 27% with strongly agree statement.

Table No 1 Table showed about the various factors/patterns/consumption/Trends/knowledge/impact assessment of Alcohol & Tobacco use among organized labourer class

Questions	Strongly disagree (%)	Disagree (%)	Agree (%)	Strongly agree (%)
Do you Consume alcohol : Strongly disagree, Disagree, agree, strongly agree	8%	23%	54%	15%
Do you Consume tobacco:	23%	4%	58%	15%
Do you feel family/friends/co-workers influenced you for alcohol & tobacco consumption:	12%	15%	35%	38%
Is it difficult to refrain from smoking in places where it is forbidden:	12%	19%	58%	12%
Do you think consumption of such practices affects the a marital relationship & child well being:	15%	35%	50%	0%
Does such patterns affects the economy of the household:	8%	12%	69%	12%
Does this consumption patterns give you relaxation or energy:	0%	36%	56%	8%
Do you know about the law/act in relation with alcohol & tobacco consumption:	0%	23%	50%	27%
Do you feel that you are addicted to these two intoxicants:	12%	50%	38%	0%
Do you think culture affects alcohol/tobacco practices:	0%	23%	69%	8%
Do you know Second hand smokes affects the health of non-users too:	12%	42%	27%	19%
Do you know alcohol & tobacco affects the health of the user:	4%	35%	54%	8%
Do you think community have negative attitude/criticizing the drinking & smoking practices:	12%	15%	58%	15%

Nearly 22 percent of the respondents were not aware about the second-hand smoke consequences on the health of the user and non-user as well.²² According to a study carried out by Gupta, V.K et al.(2013) in Gujrat & Andra Pradesh titled “Knowledge and opinion about smoke-free laws and second-hand smoke among hospitality venue managers in Gujarat and Andhra Pradesh, India”. Found that knowledge about SHS was noted among 39.7% of respondents in Gujarat and 25.4% in Andhra Pradesh.²³

35 percent of the labourer agreed that tobacco & alcohol consumption affects their marital stability & children well being. A study conducted by Parker, Fernandes & Weiss (2003) on focus group discussions reported that alcohol was distilled locally, was readily available and imbibed by 60% to 70% of the male population in the community. Domestic violence was identified as a rampant problem and closely associated with alcohol abuse by men.²⁶ 35 percent (Strongly disagree) & 38 percent (disagree) felt that their consumption

Table No 2 Table showed about the various factors/patterns/consumption/Trends/knowledge/impact assessment of Alcohol & Tobacco use among unorganized labourer class

Questions	Strongly disagree (%)	Disagree (%)	Agree (%)	Strongly agree (%)
Do you consume alcohol : Strongly disagree=1, Disagree=2, agree=3, strongly agree=4	19%	12%	31%	38%
Do you Consume tobacco :	8%	8%	69%	15%
Do you feel family/friends/co-workers influenced you for alcohol & tobacco consumption:	15%	19%	38%	27%
Is it difficult to refrain from smoking in places where it is forbidden:	12%	31%	42%	15%
Do you think consumption of such practices affects the a marital relationship & child well being:	42%	23%	35%	0%
Does such patterns affects the economy of the household:	35%	38%	27%	0%
Does this consumption patterns give you relaxation or energy:	0%	23%	62%	15%
Do you know about the law/act in relation with alcohol & tobacco consumption:	8%	54%	35%	4%
Do you feel that you are addicted to these two intoxicants:	27%	54%	19%	0%
Do you think culture affects alcohol/tobacco practices:	23%	19%	58%	0%
Do you know Second hand smokes affects the health of non-users too:	42%	31%	27%	0%
Do you know alcohol & tobacco affects the health of the user:	0%	58%	42%	0%
Do you think community have negative attitude/criticizing the drinking & smoking practices:	12%	42%	38%	8%

In unorganized, the study found that the consumption of tobacco was 69 percent (agree) & 38 percent (strongly agree) in context with alcohol consumption. The reasons for usage were to forget their problems or due to stress. As per study report, 2011 NIMHANS highlights that alcohol use is more prevalent among the educationally deprived populations. Analyzing household expenditure, a Government report showed that regular alcohol use was more among those below the poverty line (5.9%) when compared to others (3.9%) with a ratio of 1.5.²⁴ as per the other report published by International Institute of Population Sciences (IIPS) and ORC Macro. National Family Health Survey (NFHS -2), India, 1998- 99: Kerala. Mumbai: IIPS; 2001 highlighted that “tobacco use has been reported to be higher among the poor and less educated people”.²⁵ the labourer of unorganized sector have a strong

do not unbalance the household economy.62 percent of the respondent agreed that they felt a great relief & feel fresh from heavy work by smoking & drinking practices. A study done by Ng DM & Jeffery RW (2003) showed that occupational stress can induce several unhealthy behaviours such as smoking and excessive alcohol use.²⁷ 58 percent of the respondents agreed that culture influences than to do such kind of practices. A report published by WHO give the impression that India is largely a dry culture, considerable variations exist in the prevalence of alcohol use and misuse within the country. Class, caste, religion and gender are significant factors that define the patterns and nature of alcohol consumption across India.²⁸

CONCLUSION

This study was aimed at obtaining some quantitative information on demonstration of tobacco use and alcohol use within organized and unorganized labourer class; recognize socio-cultural factors that influence tobacco & alcohol use in Baddi, Himachal Pradesh. As far as meeting objectives are concerned, this study is tried to explore some factors associated with smoking & drinking among labourer class. The present study finds out that labourer class which was below than 15 ages were in the unorganized sector. Both in organized and unorganized sector the labourer class was influenced by the peer/co-worker with little variation; further both the classes were not much aware of the law and consumed both the intoxicants for the relaxation or to reduce workload stress. Additional more empirical studies and prevention are required to explore more facts about this population with health promotion & Social Work Intervention.

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