CHAPTER 1

INTRODUCTION
Introduction to the Problem:

The phenomenon of alcohol consumption has occurred to some degree throughout recorded history; scientists have found evidence of wine and beer in pottery jars at the sites of a Sumerian trading post in Western Iraq that dates back 6,000 years (Goodwin & Gabrelli, 1997). Alcohol was used as a social lubricant; to facilitate relaxation, provide pharmacological pleasure, as an appetizer to increase the pleasure of eating and for religious rituals (Hanson, J., 2006). Within the Indian context, intoxicating drinks were known even in the Vedic and post Vedic times and the Rig Veda has one chapter that makes mention of *soma* which is believed to have been the celestial drink during the Vedic period. Even in the epic Mahabharata reference has been made to liquor which seems to have been used to destroy Yadavas. Drinking and other sensual indulgences were practiced as a part of religion in the tantric period (Sharma, 2006).

In Goa it was known as *nasha pani* and was a cruder version of the distilled *feni* that is now available. Later when the Portuguese ruled over Goa, a lot of their culinary habits were integrated in the local cuisine. It was during these 450 years of Portuguese rule that alcohol beverages like wine became a common accompaniment for formal meals amongst the upper class, initially only amongst the Christian but as years passed and the availability of foreign liquor was associated with opulence, the upper class Hindu families would also serve it in the privacy of their homes. Such was the case with fine and royal dinning that took place at formal residences as indicated by menus that were published. The integral parts of the Portuguese cuisine were wine vinegar and wine and they found an indigenous way of producing the same from coconut toddy. Portuguese introduced vinegar and wine for cooking (Gracias, 2011). Goa thus imbibed a lot of the western customs of socializing and can hence be categorized as a wet culture.
Concomitantly alcoholic beverages, and the problems they engender, have been familiar fixtures in most human societies. Although most people who drink do so safely, the minority who consume alcohol heavily produce an impact that ripples outward to encompass their families, friends, and communities. Alcohol consumption has consequences for the health and well-being of those who drink and, by extension; the lives of those around them. Over the years, scientists have documented the effects of alcohol on many of the body’s organ systems and its role in the development of a variety of medical problems, including cardiovascular diseases, liver cirrhosis, and fetal abnormalities. This research has contributed substantially to our understanding of the relation of drinking to specific disorders, and has shown that the relation between alcohol consumption and health outcomes is complex and multidimensional. It is in fact a complex series of physiological, psychological and sociological disorders. Because alcohol is causally related to more than 60 International Classification of Diseases codes, disease outcomes are among the most important alcohol-related problems. Depending on the pattern of consumption, alcohol is also protective against diseases, most important among them, coronary heart disease. However, the net effect is negative, and 4% of the global burden of disease is attributable to alcohol, or about as much death and disability globally as is attributable to tobacco and hypertension (WHO 2002).

Alcohol use and abuse also contribute to injuries, automobile collisions, and violence. Alcohol can markedly affect worker productivity and absenteeism, family interactions, and school performance, and it can kill, directly through accidents or indirectly through organs failure or illness. Alcohol thus constitutes a serious public health problem (Room, Babor, and Rehm, 2005). On the strength of this evidence, considerable efforts throughout this century to develop
and refine effective strategies to limit the negative impact of alcohol have been taken (Bruun et al., 1975; Edwards et al., 1994).

Much of our knowledge of alcoholism has been gathered from studies conducted with a predominance of male subjects. Alcoholism was once considered a problem for men, but an estimated 3.9 million, or about one third of all alcohol-abusing or alcohol-dependent persons, are women (NIAAA, 1995). Until recently, the attitude that ‘ladies don't drink’ has largely kept female drinking and alcohol abuse from public discussion. This attitude, however, has been postulated rather recently i.e. for the last 100 years or so, prior to which alcohol and women have been chronicled to be entwined throughout history. In some ancient cultures, women had an active part in the drinking ceremonies and folklore, including presiding at the Greco-Roman cults of Dionysius and Bacchus and brewing beer in ancient Babylon as temple priestesses. The Egyptians considered the knowledge of how to brew beer as a gift imparted to them by their goddess of nature, Isis (Hornik, 1977). Alcohol was frequently used in childbirth throughout the ages and beer was thought to fortify a woman for breast feeding (Galatogeuge). Hot toddies of various fruit tonics have been used for centuries for menstrual cramps and for pre-menstrual tension. Alcohol was believed to have medicinal properties and different concoctions which included alcohol were given to young children both males and females in Goan society.

Eventually however, women's use of alcohol was restricted to culinary and medicinal purposes, although upper-class ladies were permitted to drink alcohol in small amounts at their homes or private gatherings. In Goa, because of the influence of the Portuguese customs and traditions, women would also drink small amounts at social gatherings. In fact at ceremonies like weddings, birthdays or anniversaries receptions, the raising of the toast is accompanied with a customary glass of the finest wine, normally champagne. In the latter part of the 19th century many women
were known to drink tonics with high alcohol contents to ease the frustrations of child rearing or if they were suffering from depression. Women who were alcoholics during this period were often labeled hysterical. They were not called alcoholics because it conflicted with their role as good mother, wife or well-mannered spinster (Hornik, 1977). Women that drank publicly or became drunk were considered sexually indiscreet and irresponsible mothers. Even though alcohol is easily available, served at social gatherings, used as for medicinal purposes and for tension reduction, women were expected to confine their drinking to minimal socially acceptable levels and not get drunk (Hanson, J., 2006).

Although societal attitudes toward alcoholic men have become more enlightened since the 19th century, attitudes toward alcoholic women have not changed substantially (Blume, 1991). Throughout Western history, alcoholic women have been subjected to more restrictions than alcoholic men and have been punished more harshly for defying codes against drinking (Sandmaier, 1992). And they confront many of the same negative attitudes today as did their counterparts of the 1800s. These social deterrents thus often prompt women to drink in hiding also being referred to as ‘closet drinkers’. Unfortunately nature does not favor the female gender in the way she metabolizes alcohol. Women have higher levels of body fat and less water in their bodies than men which mean that alcohol is not easily diluted and remains in the body much longer than in the case of men. Thus women are at a greater risk of getting drunk or addicted faster than men (Frezza, M.; Di Padova, C.; Pozzato, G.; et al.1990; Taylor, J.L.; Dolhert, N.; Friedman, L.; et al. 1996).
Statement of the Problem

Accordingly, women’s alcohol consumption in respects of its patterns, antecedents and consequences is different than the alcohol consumption of men.

In general populations studies throughout the world, as compared to women, men are more often drinkers, consume more alcohol, and cause more problems by doing so (Almeida et al., 2004; Fillmore et al., 1991; Hao et al., 2004; Jhingan et al., 2003; Kebede & Alem, 1999; Yamamoto et al., 1993). The size of these gender differences varies greatly from one society to the other. The gender gap in drinking behavior is one of the few universal gender differences in human social behavior that still prevails. These gender differences in alcohol use have bolstered costly biases in how societies identify and try to control alcohol-related problems. On the one hand, the association of heavy drinking with displays of masculinity or male camaraderie may encourage male drinkers to deny or minimize problems or risks resulting from their drinking, or to regard drunken behaviour as normal or permissible, even when it leads to violence. On the other hand, assumptions that women do not drink heavily may initially lead to women’s drinking problems being minimized or ignored (for example, by medical practitioners; (Brienza & Stein, 2002; Svikis & Reid-Quinones, 2003; Weisner & Matzger, 2003), but when women’s alcohol abuse or dependence becomes conspicuous, the social reaction may shift from indifference to outrage and efforts to punish women who drink in socially disapproved ways (Abel & Kruger, 2002; Blume, 1997; De Ville & Kopelman, 1998)

The epidemiological studies in India show that alcoholism is fairly high amongst the male population; almost 74% amongst selected villages of India (Deb & Jindal., 1974); but most of these studies focus on the male population with few sporadic cases of women alcoholics being reported (Sharma, 2009). However, alcohol consumption among women has in the past decades
begun to attract increased attention. This appears to have resulted from the rise of feminism, increased drinking by women, and health concerns such as ‘hidden alcoholism’ and cirrhosis of the liver (Chalfant and Roper, 1980). Understandably, no country in this world is free from the alcohol menace. However, there is little data available on the extent of alcoholism or alcohol abuse in India and more specifically its relation to women’s health and since drinking is no longer a taboo for middle-class urban Indian women; reports of Women’s alcohol consumption is of emerging concern (Ravindran.S., 2010) There is a growing evident in reports from medical practitioners, mental health professionals, counselors at rehabilitation centers and members of the alcoholic anonymous group – India; that the number of women who become dependent on the substance is increasing. The greater concern however is also that the age group of respondents for initiating drinking is reducing and even girls, younger than the legal age of 18 years are binge drinking. India is showing a phenomenal increase in alcohol consumption with the initiation age on an alarming decrease. Traditionally the gender differences indicated that the number of women consuming alcohol was low, but persuasive marketing and advancing lifestyle can make a significant change in this ratio which is becoming evident across India (Benegal V., 2003). Popular marketing strategies and selling mantras used by pubs and night clubs are aimed at attracting young women such as: ladies entry free or free drinks for ladies on ladies night special are bold sign posted at the entrance or billboard advertisements. The little information that exists about patterns of consumption in India indicates that women consumers can have an equally explosive pattern of alcohol consumption as men.

**Purpose of the Study**

The present study thus investigates differences between male and female respondents on alcohol expectancies, stress and coping indicators and social cultural variables as various antecedents to
alcohol consumption and consequences of it on family and social relationships, occupational hazardous, legal and financial liabilities, with levels of alcohol consumption (hazardous, harmful use and alcohol dependency) as the dependent variable; within Goan society.

The researcher was deeply moved at the narration of women with drinking problems who have now managed to remain sober through the intervention and support of Alcohol Anonymous groups in Goa. These stories epitomize the battles women have to face before they are able to receive help. Along with a disease these women face prejudice and discrimination; their stories are heart rendering and burdened with sorrow and pain. Most of these women would drink occasionally or at social functions and were well within the limits of low risk consumption until the occurrence of acute life stressors (examples like death of husband at a young age, death of a daughter through an accident etc). To numb the pain and to be able to sleep these women had their first drink to cope with hurting. Not realizing the cyclic effects of addiction these women found themselves in a spiral moving downwards towards a far worse condition than at the onset of the crisis situation. Their pain was misunderstood and that worsen the situation till there was no turning back. They were looked down upon ‘as if they were criminals’ or ‘with loose morals’. Social support decreased even further, as nobody wanted to be seen with them; making them more alone and misunderstood. Far worse was when none of their extended families or friends knew that they would drink in the hiding, like one member shared “Nobody knew why I would behave the way I did. I would pour my drink in a coffee mug so that nobody would suspect that I was drinking alcohol. Only my young children would suffer my drunkenness”. Acknowledging that they have a drinking problem and seeking help was extremely humiliating and was worse than getting drunk alone. It was only the next morning between sober moments that they would begin to feel immense guilt pangs for what they were doing to their children and family. These
women consider themselves lucky for the intervention by other females that they were able to receive help, understand their disease and avoid death.

Another deep impact in the researcher’s life was the sharing of a group of young college girls. At 20 years these girls were bragging about binging and their ability to withstand large amounts of alcohol without getting drunk at parties. All the girls reported having consumed wine at the age between 11 and 12 years for family functions. They were already showing signs of high risk drinking and did not know the harm or damage alcohol was doing to their systems. With easy availability, peer pressure and with no guidance, these girls were proud to be binging. The researcher attempts to recognize cultural factors in the epidemiology of alcohol use.

Recent studies involving more female subjects reveal that drinking differs between men and women. Women appear to be more vulnerable than men to many adverse consequences of alcohol use (NIAAA, 1998). Women obtain higher concentrations of alcohol in the blood and become more impaired than men after drinking equivalent amounts of alcohol. Females are not only less sensitive to the sedating effects of alcohol; researchers at Duke University Medical Center have found that the cycling hormonal levels of women can mediate alcohol's effects, making them more vulnerable to negative consequences of drinking. (Cha, 2006)

The dearth of research on women’s alcohol consumption in India has compelled this research.

**Rationale of the Study**

Women alcoholics have historically been underrepresented in research studies far out of the proportion to the differences in male female prevalence rates. Where women and men drink at the same rate, women continue to be at higher risk than men for certain serious
medical consequences of alcohol use, including liver, brain, and heart damage. Although we live in a society that favors equality between the sexes, men and women are not equal when it involves being affected by alcohol (Edith .S., 1986.; Frezza, M.; Di Padova, C.; Pozzato, G.; et al.1990; Taylor, J.L.; Dolhert, N.; Friedman, L.; et al. 1996; NIAAA, 2006). On the whole, women who drink consume less alcohol and have fewer alcohol-related problems and dependence symptoms than men. (Malin, H., Coakley, J., and Kaelber, C., 1982), and yet among the heaviest drinkers, women equal or surpass men in the number of problems that result from their drinking (Wilsnack, R.W., Wilsnack, S.C., and Klassen, A.D., 1984). Research indicates that some of this risk is due to gender differences in metabolism; it furthermore could be due to gender-related differences in brain chemistry, in genetic risk factors, or to entirely different factors that are currently unknown. Data suggest that subtle sex bias contributes to inadequacies in studying women alcoholics (Research Society Of Alcoholism, 1983). Double standards of drinking that judge excessive (or any) alcohol use more harshly for women than for men have been reported in many cultures throughout history (e.g., Blume, 1997). In such society, these women with drinking problems, find it difficult to seek help and sometimes are prevented by ashamed family members from seeking treatment. Across the globe, attempts are being made to study this difference as reports are showing that the gap is slowly closing especially with youth.

Women learn from family, friends and society at large to mask their pain by consuming alcohol and those with a disposition to alcoholism can get addicted before they realize it. This experience produces a crippling effect to their self-esteem. In India, women alcoholics remain in denial because they have no safe avenues for seeking help without feeling they are being judged and
discriminated against. These women suffer because of gender biases that exist in our society towards drunken women. Women are under-represented in treatment as indicated by the number of admissions in alcoholic rehabilitation centers in Goa and alcoholic anonymous group memberships. Ironically from a female population of about seven lakhs in Goa, there are only nine AA women members. This does not imply that women do not drink or get addicted to alcohol. Women remain in hiding because of the stigma, which creates further shame and denial for themselves and their families. But this is not the only reason why women do not seek help. Research and systematic case findings are male oriented and women are not seen as potential addicts that might require help during screening.

Research on alcohol use in Goa has focused on exploring the prevalence of harmful drinking within industrial workers and patients visiting medical practitioners (D’costa et al., 2010), and until now very little research has been done to explore the importance of gender differences in the antecedents to alcohol abuse or specific psychosocial consequences. This would be particularly relevant to policymakers and health professionals to be gender sensitive while developing policies or during treatment.

There is a concern being reported in Goa by medical practitioners, mental health professionals, counselors at rehabilitation centers and alcoholic anonymous members that the number of women who become dependent on the substance is increasing. The greater concern however is that the age group of respondents for initiating drinking is reducing and even girls, younger than the legal age of 18 years are binge drinking.

A step in improving understanding of how gender and culture combine to affect alcohol use and abuse has to be endeavored. This research is also a stride in devoting research attention to women’s drinking behaviour and gender differences in alcohol consumption in India. Research
on women’s alcohol consumption will help to understand factors that are unique and throw light on the quality of harm that alcohol really is doing to women. Such data can help policy makers and health professionals incorporate sensitivity while drafting health policies or treating female clients.

This study hopes to pave way to local research and bring to awareness the antecedents and psychosocial consequences of women alcohol consumption in Goa. It also aims to bring about an awareness of the behavioral and social ill-effects of alcohol, and to contribute, albeit in an indirect way, towards healthier individuals and consequently, a healthier society in Goa. This is done by identifying gender differences in ‘at-risk’ subgroups and by seeking to better specify and understand the differing correlates and conditions of problematic alcohol use between the genders, not only on the individual level but on the societal level as well. Cultural differences in normative drinking patterns help to reveal how (and to what extent) societies differentiate gender roles, for example, by making drinking behaviour a demonstration of masculinity or by an expectation that women abstain from alcohol or curb their consumption as a symbol of subservience or to prevent sexual autonomy (Martin, 1993). Therefore, better understanding of how men’s and women’s drinking patterns differ is an important key to answering broader questions of how and why and to what extent societies try to get women and men to behave differently (Gefou-Madianou, 1992; McDonald, 1994; Murdock, 2002; Wilsnack & Wilsnack, 1997).

Given this background, curiosity about women consuming alcohol in comparison to men prompted this research. The present study investigated female and male respondents on various antecedents and consequence with levels of alcohol consumption as the dependent variable, in Goan society.
Research Questions

The research questions for this study shall thus be:

1. Is there any significant difference in the levels of alcohol consumption between male and female respondents?
2. Is there any significant difference between males and females with their alcohol expectancies?
3. Is there any significant difference between males and females with their stress indicators?
4. Is there any significant difference between males and females with their coping indicators?
5. Is there any significant difference between males and females with their social cultural variables i.e. age of initiation, availability, peer pressure and family influence, as antecedents to levels of alcohol consumption?
6. Is there any significant difference between males and females with their psycho social consequences of alcohol consumption?
7. What is the influence of the independent variables i.e. alcohol expectancies (global/social enhancement/health/women/negative), stress (who am I, recent life changes/psychological/physical/behavior and emotions), coping (health/purpose/connection/stress response/social support), social cultural variables (Availability/peer pressure/family influence) and psychosocial consequences of alcohol consumption of respondents, that contributes significantly to the dependent variables i.e. their levels of alcohol consumption (hazardous/harmful use/alcohol dependency and low risk drinkers).
Hypotheses

Based on the above research questions, the following hypotheses are tested in this study:

1. Significant difference will exist between male and female respondents with their levels of alcohol consumption as indicated by the alcohol use disorder identification test (AUDIT).

2. Significant difference will exist between male and females respondents across levels of alcohol consumption with their alcohol expectancies.

3. Significant difference will exist between male and female respondents on their overall stress scores.

4. Significant difference will exist between male and female respondents on their overall coping scores.

5. Significant difference will exist between females and males respondents with the social cultural variables that influence alcohol consumption.

6. Significant difference will exist between females and males respondents with the psychosocial consequences of alcohol consumption

7. The independent variables such as alcohol expectancies (global/ social enhancement/ health/ women/ negative), stress (who am I, recent life changes/ psychological/ physical/ behavior and emotions), coping (health/ purpose / connection/ stress response/social support), social cultural variables (availability/ peer pressure/ family influence) and psychosocial consequences of alcohol consumption of respondents, contribute significantly to the dependent variables i.e. their levels of alcohol consumption (hazardous/ harmful use/ alcohol dependency and low risk drinker