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THE OUTCOME OF STRUCTURED ANTI-ALCOHOL CAMPAIGN AUNCHED AMONG ABORIGINAL INHABITANTS OF SELECTED AREAS OF WESTERN GHATS ON THE IMPACTS OF CHRONIC DRINKING HABIT OF PARENTS ON THE MENTAL AND PHYSICAL HEALTH OF THEIR CHILDREN

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ABSTRACT

The Western Ghats, sometimes referred to as the Indian Sahyadri Mountains, are a heap range that runs through the states of Kerala, Tamil Nadu, Karnataka, Goa, Maharashtra, and Gujarat. It has a total stretch of 160,000 square kilometers. This study is focused on the tribal community inhabiting in the Western Ghats region of Kerala, with special reference to Idukki District. Use of alcohol and its side effects especially liver and other organ *diseases associated to it are highly prevalent among the tribes in the area. People frequently start drinking at young age and continue to do so. It is disturbing that these people are unaware of the health effects of drinking as well as its psychological impact on their children. To raise the level of health consciousness and for wellbeing of this tribal population, special consideration from the government and medical professionals is needed. This study aims to assess the influence of the Structured Anti-Alcohol Campaign (SAAC) on tribal parents' awareness of the effects of Chronic Drinking (CD) on their own health and its psychological impact on their off spring. It has been discovered that drinking and the socio-economic status and education of the RDTPs have a positive link. The study unfortunately demonstrated that the tribal population of the area spends a sizeable percentage of their money for regular drinking despite being a community that does far worse than the rest of Kerala in terms of literacy, income, and health. This study was expressly created to evaluate these facts because there was no information available regarding the true range and prevalence of alcohol usage and its side effects like associated organ diseases. The contrast between their pre-TKS and post-TKS is compared. Peer pressure, cultural views and the family history of RDTP's alcohol consumption habits were revealed to be the main causes of early habit onset. The researchers recommend more effective anti-alcohol awareness initiatives for tribal parents of Idukki district given the high percentage of alcohol consumption among them.*

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Keywords: *Liquor, Drinking, Indian Made Foreign Liquor, Counterfeit Alcoholic Drinks, Chronic Alcohol Consumption, Tribal Parents, Organized Teaching Programme, Existing Level of Knowledge, Pre-Test Knowledge Score, Post-Test Knowledge Score.*

Abbreviations: *CAD=Counterfeit Alcoholic Drinks, IMFL= Indian made foreign liquor, CAC= Chronic Alcohol Consumption, RDTPs= Regularly Drinking Tribal Parents, SAAC=Structured Anti-Alcohol Campaign, ELK=Existing Level of Knowledge, SKQ=Structured Knowledge Questionnaire, Pre-TKS=Pre-Test Knowledge Scores, Post-TKS= Post-Test Knowledge Score.*

INTRODUCTION

The total area of Idukki District is 4356 Sq. km. As per the State statistics of 2011 the Tribal population in Idukki district is 55,815. It is 5.03% of the total population of the district. Out of the 55,815 tribal people in the district 27995 are male and 27,820 females. There are 33 tribal settlements in the district and total 14315 families. Out of these 14315 families, 3,078 do not have habitable houses. As many as 317 families do not own any land.

The district has hundreds of tribal families without a roof over their head. The Munnar, Marayur, Mankulam, Adimali and Udumbannur areas have a large concentration of tribal people. The major tribal settlements in the district include Venmani, Mullaringad, Nadukani, Kurukkanad, Koovakandam, Kannambadi, Moothampadi, Kizhakkemattukkatta, Vellallu, Memarikkudi and Poovanthikudi.

Finding out the existing level of knowledge (ELK) among regularly drinking tribal parents (RDTPs) over the effects of regular drinking (chronic alcohol consumption) on their health was the primary goal was a challenge. Assessing the impact of chronic drinking on the mental health of their children was the secondary goal. Understanding the effectiveness of the Structured Anti-Alcohol Campaign was the third goal. The fourth goal was to link certain demographic factors and the knowledge level of RDTPs. Comparing the differences between the Pre-Test Knowledge Scores (Pre-TKS) of RDTPs and the sub-sections questionnaire is the final goal.

Age, educational attainment, employment level, and monthly family income are all significantly correlated with tribal parents' habit of drinking and understanding its negative impacts. The study is also related to the frequency and volume of alcohol consumption each day. The minority among them make hooch alcohol at home. Most of the tribal women live in forest and work in agricultural sector have exposure to counterfeit alcoholic drinks (CAD) made in the in the surrounding area. The results of this study confirm the necessity for an efficient structured anti-alcohol campaign (SAAC) to increase participants' understanding of the harmful effects of Chronic Drinking and its impact on the mental health of their children.

According to the study's findings, SAAC can significantly enhance the wellbeing of indigenous population. Many recommendations are made as a result.

Idukki district holds the fourth rank in the tribal population of Kerala. There are 10 tribal communities in Idukki district viz. Malayarayan, Muthuvan, Mannan, Urali, Hill Pulaya, Ulladan, Paliyan, Malayan, Malavedan and Mala Pandaram. Here there are 14315 tribal families. A total of 55,815 tribes are there in its domain, of which 27995 are male and 27,820 female. There are 33 tribal settlements in the district. Total number of ST households in the district is 14315.

However, only 24 of the 33 tribal settlements have access to library or cultural center facilities within a radius of 500 Meters. So our study was limited within these 24 settlements. 1212 families out of the 3578 households surveyed by the researchers met the study's requirements. Finally 5 families from each 24 settlements were chosen using area sampling, thus a total of 120 families. They were the inhabitants within the radius of 500 meters of the library or cultural center facilities. Then 140 drinking tribes were chosen as study sample from the above 120 families. In several families both the mother and father were alcoholics. So men and women were represented among the samples. SAAC was started using the resources and facilities of the nearby library / cultural center.

Before the main study a pilot study was carried out in 5 of the designated settlements in Idukki. It was a pre-experimental investigation. 4 families each were selected from 5 settlements, thus a total of 20 samples. Area sampling and simple random sampling were used to select 20 drinking tribal parents from 20 families. This pilot study used a descriptive and evaluative technique.

The draft of SAAC finally used for the main study was tried for pilot study among 20 RDTPs (samples). It was deemed effective and understandable. A final draft of the SAAC used for main study was created based on this preparation and took the advice of consultants and subject experts.

The descriptive approach was utilized to determine and assess the knowledge and efficacy achieved by the RDTPs from the SAAC initiated. The system model proposed by Bratty Newman served as the conceptual framework. Structured questionnaires and survey formats were used to collect data. Though the pilot study was carried in the same district, the location of researcher’s pilot study was distinct from that of the main study's area, and the samples of the two groups did not interact.

The pilot study assessed the impact of Chronic Alcohol Consumption (CAC) on the disease-causing effects in adolescents using a random sample method. SAAC was used to analyze data from 20 samples. The mean difference between pre-test and post-TKS was found to be significant at 5% (PL=0.05), which brought the study to a close.

In the main study, the assessment among samples reveals that while 14% had an average knowledge score, 86% had low understanding of chronic alcohol consumption and its consequences on health. Nobody had a high level of knowledge. While a survey was conducted with RDTPs to evaluate their knowledge of their drinking practices, the negative effects of regular drinking on their health and the parents' attitudes towards controlling regular drinking, the information gathered from 140 drinking tribal parents using a questionnaire that was administered during an interview. Every patient filled out the questionnaire.

Out of the 140 drinking tribal parents, 60% had made at least one attempt to stop drinking for a variety of reasons, including health protection or a doctor's recommendation. The study also assessed and evaluated their ELK in relation to chronic alcohol consumption and drinking-related illnesses. The remaining 86% had no ELK, while 14% had less ELK. Consequently, the study revealed a lack of understanding and awareness of the impacts of Chronic Drinking.

According to the study on demographic features, 80% of the samples were men and 20% were women, and 75% of them were older than sixty five years. The majority of samples (60%) were Hindus. 36% of the samples received daily earnings, and 30% had education levels between 5th and 10th. 82% of the samples came from BPL families, and 55% of the samples had three kids. The majority of the samples (80%) counterfeit alcoholic drinks and 64% of the samples drink 500 to 750 ml each day. The majority of samples (73%) have a drinking history of more than 10 years.

Proportional distribution of Pre-TKS results from samples demonstrates that, in contrast to 14% who scored on average, 86% had poor awareness on the consequences of chronic alcohol consumption on the mental health of their children. Nobody had a high level of knowledge. However, the poor knowledge level dropped from 86% to 0% in the post-test scenario, while 52% had average knowledge and 48% had strong knowledge level. Pre-TKS level was lower than the mean Post-Test Knowledge Scores (post-TKS). At the 0.01 level of significance, the estimated paired value of 11055 was higher than the table value. Ho was therefore rejected as the null hypothesis and adopted as the research hypothesis.

Given that the calculated value (2.9) was greater than the table value at the 5% level of significance, there was a significant relationship between age and pre-test knowledge score. The amount of drinking incidence per day (14.649) and the type of Regular Drinking used (12.53) were both significant at P=0.05. While the level of significance for employment position (19.149), education status (19.147), income (16.49), and drinking history (21.67) was high at 1%. Ho is thus rejected as the null hypothesis for this variable, and H2 is accepted i.e. there was significant association for selected socio personnel variables with pre-TKS. There was, however, no correlation between sex, religion and the number of

children. So, for the variables, the null hypothesis was accepted. The data indicates that, at the 5% level of significance, the F score (2.10) was greater than the table value. Ho therefore rejected the null hypothesis and H3 was accepted. This implies that each area questionnaire had a distinct relevance and function.

ETHICAL PERMISSION

The pilot study followed by the main study was limited within only 24 tribal settlements located in the district. Prior to the study ethical permission was taken from the President and Chairman of Standing Committee on Health & Education, and Chairman of Standing Committee on Social Welfare of Idukki District Panchayat. 140 samples were included in the study with their consent. No information, other than those directly relevant to drinking habits is obtained from the samples.

RESEARCH APPROACH

Phase I : Descriptive (survey approach)

Phase II : Quantitative in which evaluator approach adopted for this study

Research Design

Phase I : Non-experimental design

Phase II : Pre-experimental, one group, pre-test design and post – test design coming under experimental research design. **O X O** whereas;-

O- Knowledge of RDTPs regarding chronic alcohol consumption effects in their own health and the mental health of their children (Pre-test)

X-Administration of SAAC

O- After the administration of SAAC knowledge of RDTPs regarding effects in their own health and the mental health of their children (Post-Test)

Variables: Two types of variables were identified in this study- a) Independent Variables- where SAAC on RDTPs on knowledge regarding the chronic alcohol consumption effects on their own health and the mental health of their children. B) Dependent Variables- where knowledge levels of RDTPs regarding Chronic Drinking.

Setting the Study :

Phase I: Selected areas of 33 tribal settlements in Idukki.

Phase 2: Selected tribal families residing in selected areas of Idukki with children below 12

Population

Phase 1 : Tribal population in selected 33 tribal settlements of Idukki district

Phase 2 : Tribal RDTPs residing in Idukki having children below 12

Sample : 140 RDTPs from selected tribal settlements of Idukki were included.

Sampling Technique

Phase 1: *Area sampling is used in the stratified random sample process to select RDTPs from the local community:* In Idukki, there are 33 tribal families and a total of 55,815 tribes in its domain, of which 27995 are male and 27820 female. SAAC was initiated using the resources and facilities of local libraries or cultural centers situated in each settlement. Just 24 of the 33 tribal settlements of Idukki had access to library facilities.

So the researchers considered only those 24 settlements for their study. In 24 settlements out of the 2570 households surveyed by the researchers only 1212 families met the study's inclusion requirements. Finally using area sampling 5 households from each tribal settlement were chosen, thus a total of 120 households

Phase 2: These 120 families were the inhabitants within the radius of 500 meters of the library / cultural center facilities. From the 120 families the researchers identified 140 regularly drinking tribal parents (RDTPs) as samples. In several families both the mother and father were alcoholics. So men and women were represented among the samples. SAAC was started using the resources and facilities of the nearby library / cultural center.

Inclusion Criteria for Selecting Samples:

- Regularly drinking tribal parents (RDTPs) with children under the age of 12;
- RDTPs who live in specific areas;
- RDTPs who can read and understand Malayalam

Exclusion Criteria for Selection Samples:

- Tribal parents who don't drink.
- RDTPs who refused to participate in the study.

Data Collection: Data collection focused mostly on RDTPs in the chosen area and their understanding the health impacts of chronic alcohol consumption on themselves and on the mental health of their children.

Development of Instruments, Techniques, and Tools: The following techniques were used to increase subject knowledge: a) Review of Literature; b) Books; c) Journals and Articles. d) Research studies both published and unpublished. a) Internet search; d) Conversations with pediatricians, nurses, and medical professionals; e) Personal experience; f) Discussion with academicians and colleagues.

SAAC Development: First, a draft for the SAAC was created using expert advice and literature study. It was organized to encourage group learning and prepared in accordance with the RDTPs' level of knowledge. Parents' conveniences were also taken into account. A checklist of development criteria was created to assess the content SAAC. The agree-strongly, agree, disagree, and remarks suggestions sections were included in the criteria for grading scale. 12 experts were invited to provide their recommendations and opinions

about the SAAC in relation to the criteria checklist as part of the content validity of the SAAC that the investigators had designed.

Description Technique: To get information from RDTPs in the survey formatted knowledge questionnaires was used. Researchers employed the self-reporting method.

Content Validity: A criteria check list for validation instruments like the SAAC and survey formats, among others, was produced. The rating scale's criteria included columns for a) strongly-agree, b) agree, c) disagree, and d) opinions and ideas.

Eleven outside experts were consulted to determine whether the produced data collection tool and instrument, along with the problem statement, objectives, operational development, blue-print, and criteria checklist designed for validation, was appropriate and relevant. Out of the 12 experts ten of them were either medical doctors or senior nursing workers, and two of them were experts in public health. Out of the 45 suggestions made by the researchers, there was unanimous agreement by specialists on 39 of them.

Reliability of the Tool: By using the co-efficient internal consistency of RDTPs, (lit-half approach), the reliability of the SKQ was determined. 20 RDTPs in the chosen settlements received the instrument after receiving formal approval from the president of the local body. As the tool's dependability was 0.81, the SKQ was deemed reliable.

OBJECTIVES OF THE STUDY

- Examine the relationship between the ELK of RDTPs on effects of chronic alcohol consumption in children.
- Measure the degree of knowledge among RDTPs regarding effects of chronic alcohol consumption in children.
- Evaluate the influence of SAAC on the knowledge of RDTPs regarding effects of chronic alcohol consumption in children.
- Examine the association between the incidence of drinking and socio-demographic factors of the tribes such as their sex, educational attainment, income, and employment position.
- Compare the variations between the Pre-TKS of the RDTPs and the SKQ subsections.

HYPOTHESIS

- H1: The mean of the RDTPs' Post-TKS will be higher than its Pre-TKS.
- H2: Pre-TKS of RDTPs will significantly correlate with a subset of socio-personal characteristics.
- H3 There will be difference between Pre-TKS of RDTPs with other sub-sections of SKQ.

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RESULT

Step 1: *Complete the Primary Level Work.* Our main task was to locate the RDTPs in the chosen community. This process was completed in two phase:

Phase 1: Area sampling is used in the stratified random sample process to select RDTPs from the local community. In Idukki, there are 33 tribal settlements and a total of 55,815 tribes in its domain, of which 27995 are male and 27820 female. SAAC was initiated using the resources and facilities of local libraries or cultural centers situated in each settlement. Just 24 of the 33 tribal settlements of Idukki have access to library facilities.

So the researchers considered only those 24 settlements for their study. In 24 settlements out of the 2578 households surveyed by the researchers 1212 families met the study's inclusion requirements. Finally using area sampling 5 households from each 24 settlements were chosen, thus a total of 120 households

Phase 2: These 120 families were the inhabitants within the radius of 500 meters of the library / cultural center facilities. From the 120 families the researchers identified 140 regularly drinking tribal parents (RDTPs) as samples of the study. In several families both the mother and father were alcoholics. So men and women were represented among the samples. SAAC was started using the resources and facilities of the nearby library / cultural center.

Step 2: *Analyze the Distribution of RDTPs Using Socio-Personnel Variables*: Most of the participants were over 35 years old, with 82% men and 18% women. 69% of them identified as Hindus. The majority (46%) of the samples with respect to the educational status RDTPs revealed only a pre-high school diploma, demonstrating the importance of providing health education to parents with limited education.

In this study, 92% of study samples came from BPL families, whereas just 16% of RDTPs received daily earnings and 11% worked for the government. In terms of the number of children, 55% of the samples had three, while 28% had two. Yet, 8% of people had just one child, and another 9% had four or more. The distribution of samples by type of drinking material reveals that 39% of the samples used counterfeit alcoholic drinks, 45% used materials available from the government outlets of Beverages Corporation or Civil Supplies Corporation and the remaining 16% from local bar attached hotels. According to their data, 62% of samples consume drink between 300 ml and 600 ml each day, while just 8% drink less than 300 ml. Yet, 18% of the samples consume more than 600 ml daily. According to the samples' history of drinking, 73% have been drinking for more than ten years, 24% for three to ten years, and only 3% for less than three years.

Step 3: *Find out the ELK:* Only 7% of the samples had average knowledge scores, while 94% had inadequate knowledge on the psychological impacts of chronic alcohol consumption on children. Nobody had a high level of knowledge.

Step 4: *Evaluate the Effectiveness of SAAC:* Proportional distribution Pre-TKS results from samples demonstrate that, in contrast to 7% who scored on average, 94% had poor awareness of chronic alcohol consumption and its consequences on children. Nobody had a high level of knowledge. However, the poor knowledge level dropped from 94% to 0% in the post-test scenario, while 52% had average knowledge and 48% had strong knowledge level. Pre-TKS was lower than the mean post-TKS. At the 0.01 level of significance, the calculated paired value of 11.055 was higher than the table value of 1.66. As a result, the research hypothesis was accepted and the null hypothesis, Ho, was rejected.

Step 5: *Assess the ELK of RDTPs with Selected Associated Demographic Variable:* The estimated value (2.9) was greater than the table value (df(2)=5.991, P0.05/P0.01, df(6)=16.812, P0.05/P0.01) at the 5% level of significance, indicating a significant connection between age and TKS. The volume of Counterfeit Alcoholic Drinks (CAD) / Indian made foreign liquor (IMFL) per day (14.649) and the type of regular drinking used (12.53) were both only statistically significant. Whereas employment position (19.147), family income (16.49), drinking history (21.67) and educational status (19.149) were all highly significant at the 1% level. Since there was a substantial correlation between selected socio-personality characteristics and pre-TKS, hypothesis Ho was rejected for this variable and hypothesis H2 was accepted. However, no correlation between sex, religion, or the number of children and the pre-TKS was discovered. So, for these factors, null hypothesis is accepted.

Step 6: *Compare the Difference between Pre-TKS of RDTPs with Sub-Sections of Questionnaire:* When 5% level significance was applied to the data, the F score (2.10) was greater than the table value (1.25). Ho therefore rejected the null hypothesis and H3 was accepted. That implies that each region questionnaire had a distinct purpose and function.

KEY FINDINGS OF THE STUDY

- Out of the 3578 households in 33 tribal settlements, only 2578 tribal households from 24 settlements were surveyed for the study. Among the 2578 only 1212 families met the inclusion criteria—having RDTPs with children under the age of 12 and were thus included. The researcher chose 5 families from each 24 tribal settlements by a lottery. From those 120 households, 140 samples were chosen for the final analysis.
- The samples' ELK reveals that 96% had little awareness of chronic alcohol consumption and its effects on children, compared to 4% who scored on average. Nobody had a high level of knowledge.
- However, the low knowledge level dropped from 96% to 0% in the post-test scenario, while 72% had average knowledge and 28% had good knowledge level.

- The pre-TKS mean was lower than the post-TKS mean. At a significance level of 0.01, the calculated paired value of 11.055 was higher than the table value. As a result, the research hypothesis was accepted and the null hypothesis, Ho, was rejected.
- There was a highly significant correlation between age, type of Regular Drinking they use, number of cigarettes they smoke per day, employment status, monthly income, and period of time they had smoked. Hence, the null hypothesis was rejected for this variables by Ho, and H2 was accepted, i.e., there was a significant relationship between pre-TKS and above socio-personal factors.
- However, no correlation between sex, religion, or the number of children and the pre-TKS was discovered. As a result, here null hypothesis was accepted.
- 5% level of significance, the F score (2.10) was higher than the table value. Ho therefore rejected the null hypothesis and H3 was accepted. This implies that each area in the questionnaire had a distinct purpose and function.

SCOPE THE STUDY

- The focus of this study was restricted to evaluating how SAAC affected RDTPs in Idukki in terms of how chronic alcohol consumption affected their children.
- The results of the study will assist the RDTPs in learning more about the negative impacts of chronic alcohol consumption on children and others.
- The current analysis can be expanded to other regions with colonies and include large settlements of indigenous people.

CONCLUSION

- It is quite concerning how ignorant local tribe parents are about the harmful effects of smoke on children.
- Improving this tribal community's health awareness and wellbeing calls for special attention from the government and health professionals.
- The majority of pre-TKS samples' results for home-based self-care were subpar.
- The post-TKS clearly shows how the introduction of SAAC assisted them in learning about chronic alcohol consumption impacts in youngsters and how we can prevent it.
- More and more initiatives required for anti-Regular Drinking awareness programmes specifically aimed at RDTPs.
- Some socio-personal factors, such as age, educational status, employment, monthly family income, and length of drinking history, had strong associations with ELK of the samples.

RECOMMENDATIONS

- A comparable study with a sizable sample size can be carried out.

- A comparable study can be conducted to find out dads' knowledge, attitudes, and practices on chronic alcohol consumption impacts in children prevention.
- It is possible to plan an experimental investigation that includes measurements of environmental smoke levels and urine cocaine.
- The study can be repeated using comparable methodology in many locations.
- A control group can be used in an experiment for accurate comparison.

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