



Community
Medicine

A COMMUNITY BASED STUDY ON IMPACT OF ALCOHOL CONSUMPTION ON THE FAMILY MEMBERS OF ALCOHOLICS IN A RURAL VILLAGE OF TELANGANA.

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ABSTRACT

Background: Alcohol is one of the most deadly and harmful substances in the world, causing millions of avoidable deaths annually most of the time, even without realizing it, people become pathetically enmeshed in this deadly and terrible drinking habit. The present study was conducted with objectives to assess the pattern of alcohol consumption among people residing in the village and to determine the impact of alcohol use on family members of alcoholics especially on abuse, psychological issues and social & financial aspects. **Material & Methods:** It was a community based cross sectional study in the targeted village, which consisted of family members who were affected by alcohol. A predesigned pre tested questionnaire was used for data collection by interview technique among the family member. Impact of alcohol such as abuse, financial implications, social problems and psychological aspects such as depression, anxiety and stress was assessed. **Results:** Physical abuse was observed in about one thirds [31.5%] of alcoholics families and psychological abuse in 40.7%. Ten [18.5%] families faced issues of quarrel within family and quarrel with neighbours. Depression was found in 14.8% of alcoholic families and One fourth of the alcoholic families [25.9%] had anxiety. Stress was found in 12.9% of alcoholic families. **Conclusions:** Present study found an overall significant impact of alcohol on the families. Abuse including both physical and psychological abuse was significantly more in alcoholic families compared to non alcoholic families. Depression, anxiety and stress was also reported more in alcoholic families

Keywords: alcohol, families, impact, abuse

INTRODUCTION

The Alcohol is one of the most deadly and harmful substances in the world, causing millions of avoidable deaths annually, despite being often hailed as a symbol of social happiness. It is estimated that alcohol usage, especially excessive drinking, accounts for 7.7% of all deaths globally each year making it one of the biggest preventable causes of mortality worldwide.

Alcohol use accounts for more than 5% of the world's disease burden and contributes to 3 million deaths worldwide every year. According to recent studies, alcohol is directly responsible for an alarming number of avoidable deaths, the development of chronic illnesses, the rise in domestic violence, child abuse and the destruction of families and communities across the globe which has a significant impact on family members. It also plays a significant role in a number of other areas as well, including hallucinations, depression, suicide, accidents, memory problems, etc. The COVID-19 pandemic has also exacerbated the rise in alcohol-related liver diseases and mental health problems.

India is the ninth-largest consumer of alcohol worldwide, making it a significant player in the global mar-

ket. In India, alcohol contributes to 3.1% of disability adjusted life years [DALYs] and 3.7% of fatalities overall. According to the National Family Health Survey [NFHS-5] survey, 18.8% of males and 1.3% of women aged 15 years and above in India drink alcohol with both percentages being more in rural areas. In Telangana, 43.3% of men and 6.7% of women aged 15 years & above drink alcohol, with rural areas having higher rates of consumption. In rural areas, 49% of men and 9% of women consume alcohol.

Reasons for alcohol consumption could be multi factorial including peer influence, cultural acceptance, influence of movies, family situations and many others. Alcohol consumption by friends, family, and relatives can have a profound effect on a person's thinking because it may be perceived as normal. Ultimately, most of the time, even without realizing it, people become pathetically enmeshed in this deadly and terrible drinking habit.

The present study was conducted with objectives to assess the pattern of alcohol consumption among people residing in the village and to determine the impact of alcohol use on family members of alcoholics especially on abuse, psychological issues and social & financial aspects.

MATERIALS AND METHODS

It was a community based cross sectional study in the targeted village, which consisted of family members who were affected by alcohol.



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A total of 100 households were selected in the village using convenient sampling technique including both households who had any alcoholics and non alcoholics.

Study population: Study population included family members where any member of the family is indulged in alcohol consumption based on World Health Organization [WHO] criteria of Alcohol Use Disorder [AUD].

Inclusion criteria:

Participants aged 18 and above

Those who were willing to participate in the study.

Exclusive criteria:

Participants who were not available during the interview

Those who were mentally unstable

Data collection procedures:

A predesigned pre tested questionnaire was used for data collection by interview technique among the family member. The questionnaire was structured in four sections. The first section captured the socio-demographic profile of the respondents, including age, education, occupation and other relevant background characteristics. The second section collected detailed information on the alcohol consumption patterns of the affected family member, along with associated substance use such as smoking and chewing tobacco. The third section focused on the morbidity profile of the respondents, documenting any history of diabetes, hypertension, liver disorders, cardiovascular events and other relevant medical conditions. The final section assessed the impact of alcohol on the respondents and their households, with items addressing verbal and physical abuse, financial implications [including expenditure on alcohol and related debts], social consequences, and psychological effects such as depression, anxiety and stress. DASS 21 scale was used to screen for depression, anxiety and stress. DASS 21 scale has a strong internal reliability with most studies reported Cronbach's alpha value exceeding 0.90.

The participants of this study were informed regarding the confidentiality and purpose of the study. Informed consent was obtained. The duration of the interview was around 30 minutes. The researchers made sure the questions were clearly explained to the participants.

Data entry was done using Microsoft Excel 2019 version and analysis using EPI INFO Software. Data was presented in percentages and statistical tests such as chi square test, Fisher exact test were applied for comparison between the two groups with P value less than 0.05 considered being statistically significant.

RESULTS

Initial Out of the 100 households, 54 households were families affected by alcohol and rest 46 were non alcoholic families. Majority [60%] of them belonged to 25-35 years age group with mean age being 31.5 years. Nearly three fourths [74%] of them were Hindus followed by Christians [16%] and Muslims [10%]. Majority of them studied up to Intermediate and above with two thirds [63%] were skilled workers by occupation. Based on modified B.G.Prasad socio economic classification, 35% belonged to upper middle class followed by lower middle class [31%].

With regards to co morbidities, overall 12 members had an existing co morbid condition of either hypertension or diabetes. 10 of them had a habit of smoking and tobacco chewing; three fourth of them were alcoholics. There was no statistically significant difference between alcoholics and no alcoholics with regards to co morbidities [$P > 0.05$].

Out of the 54 alcoholic families, mean age of initiation of alcohol was 21.4 years with majority citing tiredness as the main reason for drinking. Accompanying person were friends and place of drinking is bar and at home. Beer was most commonly consumed followed by toddy and majority [72.2%] drank occasionally.

Table 1: Physical & Psychological Abuse among Families of Alcoholics & Non-Alcoholics

ABUSE		Alcoholic Families (n=54)	Non Alcoholic Families (n=46)	Chi Square value &	P value
Physical abuse	Yes	17 (31.5%)	01 (2.2%)	$\chi^2 = 14.46$	0.0001
	No	37 (68.5%)	45 (97.8%)		
Psychological abuse	Yes	22 (40.7%)	01 (2.2%)	$\chi^2 = 20.86$	0.000004
	No	32 (59.3%)	45 (97.8%)		

Abuse which could be physical and psychological abuse was found more among family members of alcoholics compared to non alcoholics families. Physical abuse was observed in about one thirds [31.5%] of alcoholics families and psychological abuse in 40.7% which was significantly more compared to non alcoholic families [2.2% each] with p values less than 0.05.

Table 2: Type of Physical Abuse among Families of Alcoholics & Non-Alcoholics

Type of Physical Abuse	Alcoholic Families (n=54)	Non Alcoholic Families (n=46)
Hit you	06 (11.1%)	--
Kicked	01 (1.8%)	01 (2.2%)
Hair Pulling	02 (3.7%)	--
Slapped	02 (3.7%)	--
Forced sex	03 (5.6%)	--
Pushed	--	--
Grabbed	--	--
Strangulation	--	--
Threatened with Weapon	03 (5.6%)	--

With regards to type of physical abuse, 11.1% mentioned hitting followed by threatening with weapon and forced sex with 5.6% each respectively. Other forms of physical abuse reported in the study were slapping, hair pulling and kicking. Majority reported that either form of the physical abuse they faced was about one or two times in a week.

Table 3: Type of Psychological Abuse among Families of Alcoholics & Non-Alcoholics

Type of Psychological Abuse	Alcoholic Families (n=54)	Non Alcoholic Families (n=46)
Insulted	02 (3.7%)	--
Demeaned	02 (3.7%)	--
Threatened you	05 (9.3%)	--
Threatened someone	01 (1.8%)	--
Made you feel afraid	02 (3.7%)	--
Abandoned you	02 (3.7%)	01 (2.2%)
Was unfaithful	01 (1.8%)	--
Blaming	04 (7.4%)	--
Controlling	03 (5.6%)	--

With regards to type of psychological abuse, 9.3% mentioned threatening followed by blaming [7.4%] and controlling [5.6%]. Other forms of psychological abuse reported in the study were made to feel afraid, insulting, demeaning and abandoned. One of the participant mentioned being unfaithful to the partner. Some reported that either form of the psychological abuse they faced was about one or two times in a week and some reported to be more than three times in a week.

Table 4: Financial burden among Alcoholic Families

Financial burden due to Alcohol	Frequency	Percentage
Alcohol affected household income	09	16.7%
Difficulty in meeting basic needs	10	18.5%
Lost Job	01	1.8%
Sold personal assets	09	16.7%
Financial debts	08	14.8%
Affected children education	02	3.7%

With regards to social problems due to alcohol, about Ten [18.5%] families faced issues of quarrel within family and quarrel with neighbours. Families also mentioned about risky behaviour including drunken driving [3.7%] and road traffic accident [11.1%] are due to alcohol.

Table 4: Depression, Anxiety & Stress[DAS] among Families of Alcoholics & Non-Alcoholics

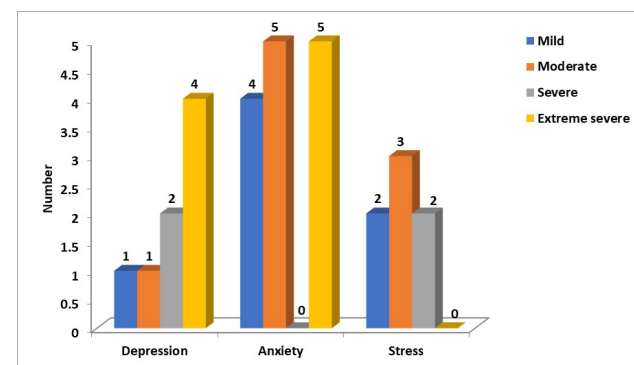
DAS		Alcoholic Families (n=54)	Non Alcoholic Families (n=46)	P value
Depression	Yes	08 (14.8%)	01 (2.2%)	0.02*
	No	46 (85.2%)	45 (97.8%)	

Anxiety	Yes	14 (25.9%)	05 (10.9%)	0.05
	No	40 (74.1%)	41 (89.1%)	
Stress	Yes	07 (12.9%)	--	0.01*
	No	47 (87.1%)	46 (100%)	

Fisher exact test applied

Depression, Anxiety and Stress was assessed in both alcoholic and non alcoholic families. Depression was found in 14.8% of alcoholic families compared to only one in non alcoholic family. One fourth of the alcoholic families [25.9%] had anxiety compared to 10.9% in non alcoholic families. Stress was found in 12.9% of alcoholic families compared to non in non alcoholic families. Depression and stress was significantly more in alcoholic families [$p < 0.05$] and though anxiety was more in alcoholic families it was not significant statistically.

With regards to severity, among the total nine depression cases, four of them were found to have extreme severe depression. And among 14 anxiety cases, 5 each had moderate and extreme severe anxiety respectively. None of them had extreme severe stress [Figure 1].

**Figure 1:** Severity of Depression, Anxiety & Stress among Alcoholic

DISCUSSION

Alcohol consumption has become socially acceptable but the impact of the alcohol is profound. Recently World Health Organization clearly stated that no amount of alcohol is safe for the health thereby clearing the debate on the acceptable limit of alcohol.

Abuse in any form has a profound impact on the family. One third [31.5%] of the families reported experiencing physical abuse, while 40.7% reported psychological abuse in the present study. Physical abuse patterns observed in the study were hitting, threatening with weapon, forced sex and others. And the psychological abuse which affects the mental aspect on the families was also observed. And the frequency of this abuse found that families were facing abuse frequently once or twice in a week. A multi site household survey report on Domestic violence in India found similar kind of observations; where an association between husband's alcohol consumption and reporting of physical and psychological abuse was evident. More than 50% women who reported their husbands got drunk once a week reported their husbandshit, kicked, or beat them. In addition, morethan half also re-

ported being threatened by the husband.

Patterns of the alcohol consumption were in concurrence with findings by Ramanan and Singh where one thirds of them initiated drinking before the age of 20 years and 50% of them consumed to get relief from stress or pain or tiredness. Similar kind of observations was seen in study by Chinnuswamy et al [2021] with regards to social problems related to alcohol. Family disputes, family member's disturbed mental health, battering and financial issues were seen.

There are several reasons for the increased use of alcohol over the period of time such as easy availability of belt shops and wines shops across covering both rural and urban areas, peer and family influence, and others. Unlike smoking which is clearly been shown as dangerous, alcohol is considered as socially acceptable. Previously people used to consume alcohol occasionally or on some major celebrations and functions; but now in many areas across the Telangana there is drastic increase in alcohol consumption on a regular & daily basis especially among the youth and young population which is evident from the NFHS 5 report where compared to National average, the alcohol consumption rate is very high in Telangana.

With regards to Depression, anxiety and stress, present study found significantly higher rates of depression and stress among alcoholic families compared to non alcoholic families. Anxiety was also more among alcoholic families. Similarly study by Shah VA et al [2017] anxiety [16%] and depression [36%] was higher in wives of alcohol dependent men. Stress was also higher. Another similar kind of study by Vivekanandan S et al [2024] on perceived stress, depression and anxiety in the spouses of patients with alcohol use disorder observed that moderate levels of stress [24.2%], anxiety [19.2%] and depression [16.4%].

Alcohol related sales and their taxes might serve as an income generation to the Government, but if we really understand the holistic effect alcohol does to the individual, to the family, to the community and ultimately to the country, it is a major public health issue. There have been increased morbidity related to alcohol, alcohol related crimes including drunken driving, family and social issues over past few years signifying the need to curb and control this alcoholic menace in our country. This was evident in the present study where families affected by alcohol mentioned about risky behaviour including drunken driving [3.7%] and 11.1% road traffic accident due to alcohol. Previous studies mentioned drunken driving and its related road traffic accident in the range of 15%-25%.

The young age of initiation of alcohol has a profound impact on the health and productivity of the people. Apart from affecting the health of alcoholic person, family also faces various issues concerned to it such as abuse, mental health issues, social problems and financial implications.

Policy changes are also needed to curb the alcoholic menace with inter sectoral approach. Alcohol not just impacts a individual; it has an profound impact on the families and on the community.

Though the present study is relevant as it focuses on the impact of the alcohol on the family but low sample size and convenient sampling technique [adopted due to constraints] limits the generalizability of the study. Depression, anxiety and stress assessed in the study are perceived; not diagnosed. Underreporting of the abuse from the family members cannot be completely ruled out due to certain reasons. In the future studies, this aspect of underreporting could be mitigated by ensuring privacy, confidentiality and using female interviewers for taking the interviews.

CONCLUSIONS

Adult A Present study found an overall significant impact of alcohol on the families. Abuse including both physical and psychological abuse was significantly more in alcoholic families compared to non alcoholic families. Financial burden due to alcohol and social problems such as quarrelling was also reported by the alcoholic families. Depression, anxiety and stress was also more reported more in alcoholic families which stresses the indirect impact of alcohol on the mental health of the families. There is an imperative need to control the alcohol burden in the community as the study clearly highlights the impact of if not only on alcoholics but also holistically on the families. Health education campaigns and counselling sessions for alcoholics and their families is needed. Involvement of social media with special campaigns from influencers or famous public personalities on alcohol might be helpful.

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