

Youth and Alcohol: A Case Study at Andro Village, Manipur, India

Beishamayum Deben Singh¹, Dr. M. Kennedy Singh², Khundongbam Gyanabati Devi³

1. Research Scholar, Department of Anthropology, University of Delhi
2. Assistant Professor, Department of Anthropology, University of Delhi
3. Research Fellow, Centre for Community Medicine, AIIMS, Delhi

Abstract: Alcoholism is a current major concern in developing and underdeveloped countries. Contemporary it becomes a global issue in health and social problems. Alcoholic beverages have been used in human societies since the beginning of recorded history. In Manipur, the local term of alcohol is known as 'Yu'. Traditionally it is used as a medicine. The present study will conduct at Andro village, Manipur, India. In-depth interview is the main technique for primary data collection and data were collected from young male age group between 15-30 years. The main objective of study is to bring out factors that influence in consumption of alcohol and analyse the effects on family and society. Andro village is commercially producing alcohol for their livelihood. Alcohol is not prohibited in this village. Most of Youth in this village consume alcohol. Personal and family problems are the main reasons to start consuming alcohol.

Keywords: Alcohol, Youth, Andro, Yu, Asaba, Atingba, Domestic Violence.

Introduction:

Alcoholic beverages have been a part of social life for millennia, yet societies have always found it difficult to understand or restrain their use. "Alcohol consumption is the world's third largest risk factor for disease and disability; in middle-income countries, it is the greatest risk" (WHO, 2011). Alcoholism is a current major concern in developing and underdeveloped countries. This is now becomes a global issue in health and social problems. (WHO, 2011)

India is generally regarded as a traditional 'dry' or 'abstaining' culture (Bennet, et al. 1993). However, it has one of the largest alcohol beverage industries in the world. India is the dominant producer of alcohol in the South-East Asia region (65%) and contributes to about 7% of the total alcohol beverage imports into the region. (A K Mathur, 2014)

Alcohol related data and scientific studies remain limited in India. It explained that there remain difficulties to obtain and collate on the data on alcohol production and sales. Significant regional, gender, and social class differences also pose serious limitations on the extrapolation of findings based on small samples (Saxena S. 1999). Information regarding the prevalence of psychoactive substance use among the students and the patterns of substance use is lacking since the last general population survey in 1988 in Manipur (Singh AD, et al., 1992). In one of the studies (Somorjit, et al., 2011), the prevalence of substance use in Imphal (>50 %) was higher than that reported by most of the studies conducted among school children between 10 years and 18 years of age in different Indian cities including Gorakhpur by Khuswant (18 %–25 %) [Khuswant, 1992] and Delhi by Kapil (40 % and 13 %). [Kapil, 2005]

According to source used for the WHO, 2004 'National Survey on the extent pattern and trends of drug abuse in India', alcohol is the most commonly used substance in all state, except Mizoram. WHO 2004, report that, in India household expenditure on alcohol varies between 3% – 45 % of income. However, its real impact is on the social and family dynamics that underlie its communities. Domestic violence and an exacerbation of poverty have made alcohol abuse the single most important problem for women in India. With one in three people in India falling below the poverty line, the economic consequences of expenditures on alcohol attain special significance. Besides money spent on alcohol, a heavy drinker also suffers other adverse economic effects. These include reduced wages (because of missed work and lowered efficiency on the job), increased

medical expenses for illness and accidents, legal cost of drink-related offences, and decreased eligibility of loans. (WHO, 2004)

In Manipur, the local term of alcohol is known as 'Yu'. Traditionally it is used as a medicine, and traditional medical practitioner and head of the village, only they prescribe this medicine to patients. But at contemporary period, the traditional medicine is diverted into abusive substances. The sale of alcohol is prohibited in Manipur since Manipur Liquor Prohibition Act (MLPA 1991), but this prohibition is exempted in some village like, Andro, Sekmai, Phayeng and tribal populated in Imphal on customary reasons. (MLPA, 2002)

Used as medicine: Traditionally Yu is used as a medicine, which may or may not associate with variety of plant/mineral products. A good quality of local alcohol is used as to cure poor women health due to irregular menstrual flow and infertility factors. The local traditional healer and village head prescribes these Yu to treatment of obesity, loss of appetite and low nourishment of food (P K Singh and K I Singh, 2006). One of village senior respondent said that, a pure local alcohol called *Machin* is used as massager oil to treatment the joint pain, finger and foot pain and muscle cramps etc.

Definition of Alcohol:

Alcohol is a special form of embodied material culture and the most widely used psychoactive agent in the world (Dietler 2006:229). It has been a fundamentally important social, economic, political, and religious artifact for millennia. Alcohol refers to a variety of ethanol-based fermented liquids that may be either commercially produced or home brewed.

Definition of Youth:

Youth, as a concept, has been generally defined all over the world as a group of human beings who have reached the end of puberty but have not yet acquired the full right and duties of adult life. (Friedman, 1971). The period of youth is further specified as the period between boy-hood and mature age (Onions, 1947); an individual attend physical maturity (Davis, 1959); a transition phase when an individual passes from childhood to adulthood (Bauman, 1967). Different world elite organizations have given different definitions of youth; United Nation Secretariat/ UNESCO/ ILO defined youth as the age cohort of 15-24; UN Habitat/ Youth Fund (age 15-32); UNICEF/ WHO/ UNFPA (age 15-24); African Youth Charter (age 15-35). In the Hindu tradition man passes through certain stage of life, *Ashramas*, such as *Brahmacharya*, *Grihastha*, *Vanaprastha* and *Sanyasa*. The foremost of these, namely, *Brahmacharya*, corresponds roughly to the youth of the Hindus. (Wikipedia)

Objectives of Research:

1. To study the factors that influence in consumption of alcohol among the people of Andro village in Manipur.
2. To examine how youth start the habit of consuming alcohol in the community.
3. To analyse the effects of alcohol consumption on family and society.

Material and methods:

The present study is mainly base on both qualitative and quantitative research. The primary data were collected by conducting 3 months field work during June to August, 2009. The main research techniques employed are informal interview and observation technique. For the study, I have collected the information from 136 youths (age between 15-30 years), some of their family members and other old aged people of the village. Secondary data are also collected from different source like research paper, books, government documents, social network site and newspaper to enhance the better understanding of my research work.

Areas of study:

The study was conducted in Andro village situated at Imphal east and 25 km. away from main Imphal city. The people of Andro belong to *Lois** community commonly known as *Chakpa***. According to 2011 census, there are 1669 household and the total population of the village was 8744 (4,307 males 49 %; and 4,437 females 51 %). Literacy rate was 56 % and there are 52 % of populations are non worker. Traditionally, the main occupation of this village is brewing rice alcohol. Local wine (rice beer locally called as *Yu*) is generally offered to God and Deities and people are permitted to drink the wine during festivals. The

traditional system of local wine preparation was generally practiced in around 70-80% families. A glass of wine is generally offered to guests as a customary practice and respect of the guest. (S. Thokchom, et al. 2015) Alcohol is used as medicine as well as in religious purpose at this village.

*Lois: According to N. Khelchandra, the term Loi means those who were subdued or who pay tributes to a sovereign. (cited. Sanatomba, 1994). "Loi means subdued, dependent, outcaste, backward and to complete or to be completed." (Kirti, 1998). "Lois refers to that category of people who are in a dependent tributary status under the lordship of the Meitei kings". (Budhi Singh, 1994). Hodson opines: "the Loi is a title applied to the inhabitants of a number of villages which are at some distances from Imphal, and which are and have for long been in subjection to the Meiteis, are of various origins". (Hodson, 1908).

***Chakpa*: this is one of the seven schedule caste community in Manipur.

There are three type of alcohol (*Yu*) found and consume in this village:

1. *Machin*- It is regarded as first class and most pure form of alcohol. It was costliest among these three categories. (Rs.200-1000/ltr.). This is made through distillation process.
2. *Asaba*- This beverage is most consumable alcohol made from rice by distillation methods. Its price range between Rs. 30 to 100 per litre.
3. *Atingba*- the brewing process is different from above two categories, and it was produce by fermented process. This is same as fruit breezer and wine, made from rice and seasonal fruits like, pineapple, passion fruit, banana etc.

Result:

For the study, primary data was collected by conducting a field work by employing informal interview with 136 male youth's age between 15 to 30 years and some of their family members.

Socio demographic variables:

In the present study the important factors such as age, education, marital status and occupation were studied.

(A) **Age:** Out of 136 respondents, maximum respondents 52 (38.24%) were falls under age of 21-25 years; 46 respondents (33.82%) are age between 15-20 years and remaining 38 (27.94%) are under the age of 26-30 years. The maximum numbers of alcohol user were found in the age group of 21-25 years (34) and next group in order of frequency was 26-30 years (26) and 15- 20 years (22) respectively.

Table- 1: Age distribution of alcohol user and non user:

Age	User (%)	Non user (%)	Total
15-20	22(47.8)	24 (52.2)	46
21-25	34 (65.4)	18 (34.6)	52
26-30	26 (64.4)	12 (35.6)	38

(B) Marital Status:

Table-2 : Marital status of alcohol user and non user

Marietal Status	User (%)	Non user (%)	Total
Married	46 (74.2)	16 (25.8)	62
Unmarried	36 (48.6)	38 (51.4)	74

Above table reveals that married people were more commonly used alcohol as compared to unmarried youths.

(C) Education:

Table-3: Educational status of alcohol user and non user

Education	User (%)	Non user (%)	Total
Illiterate	4 (100)	0	4
Below 10	34(63)	20 (37)	54

10 th pass	24 (60)	16 (20)	40
12 th pass	14 (58.3)	10 (41.7)	24
Graduation and above	6 (42.9)	8 (57.1)	14

The above table reveals that, there occurs a decrease of alcohol users percentages are related with the increase of educational level. The present study shows, there are 100 percent and 63 percent of alcohol user are falls under illiterate and below matriculation. The percentages are decreased in graduation above, intermediate and 10 passed.

(D) Occupation:

Table- 4: Occupation status of alcohol user and non user

Occupation	User (%)	Non user (%)	Total
Student	26 (44.8)	32 (55.2)	58
Government/ private jobs	8 (66.7)	4 (33.3)	12
Agriculturalist	22 (73.3)	8 (26.7)	30
Own business	16 (66.7)	8 (33.3)	24
Labourer/ carpenter/ mason etc.	10 (83.3)	2 (16.7)	12

Out of 136 respondent 58 were students and 26 (44.8%) used alcohol. The other main occupations of the respondents are agriculturalist, own business, government and private employee and labourer, carpenter and mason. The highest percentages of alcohol abused were recorded in the category of labourer, mason and carpenter (88.3%).

Pattern of drinking:

Table- 5: Pattern of drinking

Pattern of Drinking	Frequency (%)
Non User	54 (39.7)
Daily	18 (13.2)
2-7 per month	48 (35.3)
Occasionally	16 (11.8)
Total	136

For the study, the consumption of alcohol among the male youths is very familiar in Andro village. The present study shows that, 82 (60.29%) respondents were somehow engaged with alcohol and remaining 54 (39.70%) were never touch of alcohol. The present research shows, 18 respondents were drinks daily, some of them started from morning till night. The daily users are mostly school dropout, married, agriculturist, own business and labourer. More than twice but less than seven users per month are very common, 48 respondents (35.29%) and student, agriculturist, educated and unmarried respondents were falling into these category. There are only 16 youths are occasionally used during village festival, celebration for good news. Occasional users are mostly well educated youths and students.

Reasons for starting Alcohol:

Drinking and consuming alcohol is considered as a bad habit or taboo in many Indian Societies. But this concept is very different when comparing with Andro village. Here, married women are allowed to brew local alcohol and permit to sell in the village. So, youths in this village are popular in drinking alcohol in both regularly and irregularly. There are the discussions about the reasons for starting local alcohol and some reasons are:

A. Traditionally and culturally approved: Brewing, drinking and selling of alcohol inside the village boundary is customarily and traditionally permitted. Some of the local alcohol related religious ceremonies are still practices in Andro village. It's not compulsory but local alcohol plays a vital role in every gathering, celebration of child birth, marriage function, mourning of decease and other village festival. One of respondent

says “In every friends marriage, I always drunk local alcohol to celebrates their joyful and awesome ceremony”

B. Availability: *Yu* is easily available and sell in every rice hotel in the village. This is one of most important reason for starting alcohol are cheapest cost and easily available.

C. For fun and Curiosity: Youth always wants a new form of fun and enjoyment. They are willing to try out the enjoyment found from drinking of alcohol. Some youth are curious about drinking and testing of local alcohol. This type of initiation is also very common among the *Lois* in Andro village. A respondent says “I was very curious about our local brothers are drinks together, fun and laugh together, so, I was started drinking with a friend for fulfill curiosity”. Another respondent says “I would like to taste the flavor of our local alcohol”.

D. Psychological stress: This is one of the important reasons for starting *Yu* among youth in this village. Some of the events it gives psychological stress to youths are breaking the love relationship; not receiving their wishes, aims and interest; failing from educational and service exam; falling down business; unemployment pressure; family burden (earning money) and quarrelling with family etc.

Source of introduction:

When we are studying about the alcohol consumption, the researcher always keep in mind that the initiation of habit is very important to research. Here in this research too, there are some reasons for introduction of drinking habit are highlight;

A. Friends: friends and peer group were the main source of introduction local *Yu* among the youth. Friends and peer group of the village were sometimes force to drink local *Yu* for enjoyment, pleasure, anxiety and sometimes for bet.

B. Families: Family also plays a major role in introducing alcohol. In Andro village, producing local alcohol is the main source of family income. So, children are very much familiar with local alcohol and sometimes they learned a pure local *Yu* is not harmful to health. These concepts pull children into starting local alcohol. The parents are the first teacher of their children, if the guardian and family elders are fond of alcohol, than their children want to test and follow the habits of parents. A respondent tells “my parents, uncle, brothers, cousin are all regularly drunk *Yu* and even our parents are not scold when I am in”.

C. Self: Some respondents but a few are self initiated. They drinks separately with hiding and always keep in undisclosed. After few months and years they become normal and drinks with friend and family too.

Problems and effects:

Using alcohol is always a problematic in many social and physical dimensions. Alcohol drinkers present harm self and other people, such as family members, friends, colleagues and strangers. Moreover, the harmful use of alcohol results in a significant health, social and economic burden on society (WHO, 2015). Here as a Social Anthropologist, I have skip physical health problems and primary focus on social effects. The problems and effects due to consumption of alcohol are all interrelated. Some of the main problems are as given below.

A. Family: Consumption of alcohol is primarily affects on family and their members, like parents, brother, sister, wife and children. The family members are psychologically sick for thinking about their alcohol user son and husband. Children of alcoholic person are less interest in education that induced large number of school dropout rate. Some of my respondents which interest on alcohol are careless on family responsibility and onset of financial crisis among the family. They always demand money to family members but denied to giving money, to the alcoholic person that results in starting of regular clash and query against family members. It results the loss of peace and harmony among family. Sometimes domestic violence like beating wife and children happened in family. Father and mother always admonish their children for using alcohol, and good relationship (parent- children; brother-sister; husband-wife) among family members. A family bonding are also degrades due to habit of consuming regular local brew *Yu*.

B. Society: Some of the alcohol drinkers are hot blooded and always try to destroy the peace of the society. After drinks, they always talk unwanted topic in roadside and making social issues and start fighting among them (drinking fellows) and also with other people. Sometimes they are responsible for stealing and

theft in the village. An old women of the village says “if there is any fighting, loot and shouting at village are all responsible and connection with heavy consumption of alcohol”.

C. Work: The Drinking of *Yu* makes less attention and absentee on his professional work (drink start from morning ruin all day). They are more interest on drinking than their work and it results in skipping regular work. Students are less concentrating on learning and school dropout rate is increased, over the years in the study village there are 54 respondents (39.7%) were below ten classes.

D. Economic and financial issues: As the problems of financial status for the alcohol consumption youth; the youths which are less responsibility on family and less interest on work are beginning of poverty and financial crisis. They were less intention on earning money otherwise demand from family and wife for their drinking.

Conclusion:

In Andro village, brewing alcohol is one of the traditional practices and now it becomes a main source of livelihood and using *Yu* is not prohibited. *Yu* is traditionally used as medicine as well as in religious purpose. Alcohol is one of the main problem faces among youth in Andro village. Friends and Peer group pressure, family, neighbor and self are responsible for introduction of consumption; traditional and cultural approved, for fun and curiosity, easily available and psychological stress are vital role in initiation of drinking alcohol. Among the village, alcohol consumption is always problematic in family and its impacts on economy of family, domestic violence and degradation of family bonding/ relationship. Youth with alcohol users become a disturbance on peace and harmony in the village.

Bibliography:

1. A K Mathur. 2014. ‘Alcoholic Beverages Industry in India: An exploratory Study’. *Eduved Global Management Research*. Vol.1, Issue 1, Nov-Dec 2014
2. Bauman, Z. 1967. ‘Some problems in contemporary education. The missing social function of youth’. *International Social Science Journal*”. 19 (3) 325-328.
3. Bennett, et al. 1993. ‘Boundaries between normal and pathological drinking: a cross-cultural comparison’. *Alcohol Health and Research World*, 17, 190–195.
4. Budhi Singh. 1994. ‘A Note on the Lois: Expression of the Freedom (1992-94)’. Second Anniversary Issue, 1994, p.41.
5. Davis, K. 1959. ‘The myth of functional analysis as a special method in sociology and anthropology’. *American Sociological Review*. 24: 751-772.
6. Dietler Michael. 2006. ‘Alcohol: Anthropological/Archaeological Perspective’. *Annual Review of Anthropology*, 35: 229-249.
7. Friedman, F.G. (1971). “Youth and Society”. McMillan Company, 2nd edition, p. 27.
8. Government of India. 2005. ‘Guideline for the Implementation of the Project Awareness and Education for Prevention of Drug Abuse & Alcoholism in Manipur’. Nehru Yuva Kendra Sangathan, New Delhi.
9. Kapil U, et al. 2005. ‘Consumption of Tobacco, Alcohol and Betel Leaf amongst School Children in Delhi’. *Indian J Pediatr*. 2005; **72**:993.
10. Kirti Singh M. 1998. ‘Recent Researches in Oriental and Indological Studies’ Parimal Publications, Delhi. p.118.
11. Kushwaha KP, et al. 1992. ‘Prevalence and Abuse of Psychoactive Substances in Children and Adolescents’. *Indian J Pediatr*. 1992;**59**:261–8.
12. Lorand B, et al. 1996. ‘Social Influences: Effects of the Social Environment on the Use of Alcohol and Other Drugs’. *Psycho Info*, Vol. 31, No. 3, Pages 343-373.
13. Michelle Kermode. et al. 2012. ‘Meeting the needs of women who use drugs and alcohol in North-east India – a challenge for HIV prevention services’. *BMC Public Health*, 12:825.

14. NIHFWS, NACO. 2007. 'Annual Sentinel Surveillance for HIV Infection in India, 2006'. National Institute of Health and Family Welfare (NIHFWS), Delhi.
15. Onions, C.T. 1947. 'The shorter Oxford dictionary on historical principles'. Oxford University Press, London. 2: 324
16. P K Singh and K I Singh. 2006. 'Traditional alcoholic beverage, Yu of Meitei communities of Manipur'. *Indian Journal of Traditional Knowledge*. Vol. 5(2), April 2006, pp.184-190.
17. Room R, Makela K. 2000. 'Typologies of the cultural position of drinking'. *J Stud Alcohol*. **61**:475-83.
18. S. Thokchom, et al. 2015. 'Folk-Medicare System of Chakpa community of Andro Village of Manipur in Northeast India'. *American Journal of Ethnomedicine*, 2015, Vol. 2, No. 4.
19. Sanatomba S. 1994. 'Lois of Manipur: A Brief Survey- Expression of the Freedom (1992-94)'. Second Anniversary Issue, 1994, p.49.
20. Saxena S. 1999. 'Country profile on alcohol in India'. Riley L, Marshall M (eds). 1999. *Alcohol and public health in eight developing countries*. Geneva: World Health Organization, page- 37-60.
21. Singh AD, et al. 1992. 'Survey of drug abuse in Manipur state'. A report- Manipur: Committee for Prevention of Drug Abuse (COPDA), Indian Medical Association, Manipur State Branch.
22. Somorjit N, et al. 2011. 'Prevalence and pattern of substance use among the higher secondary school students of Imphal, Manipur, India'. *The National Medical Journal of India*; vol.- 24, No. 1. Page 11-15.
23. T.C. Hodson. 1908. 'The Meiteis'. Low Price Publications, Delhi.1908. p.6.
24. UNODC Report. 2000. 'Partnership for Drug Demand reduction in India. United Nation Office on Drugs and Crime. *Asia Drug Demand Reduction*.
25. Varma VK, et al. 1980. 'Extent and pattern of alcohol use and alcohol related problems in North India'. *Indian J Psychiatr*. **22**:331-7.
26. Wikipedia. 'Four Ashramas'. <https://en.wikipedia.org/wiki/Ashrama>.
27. World Health Organization. 2002. The world health report- Reducing risks, promoting healthy life. World Health Organization, Geneva.
28. WHO. 2004. 'Global Status Report on Alcohol'. World Health Organization, Geneva.
29. WHO. 2011. 'Global Status Report on Alcohol and Health'. WHO Press, 20 Avenue Appia, 1211 Geneva, Switzerland.
30. WHO. 2015. 'Factsheet on Alcohol'. World Health Organization, Geneva.