



ROLE OF RURAL WOMEN IN LESSENING ALCOHOLISM

Dr. Pallavi Tagade

D. K. Mahila Mv.,

Kurkheda

ABSTRACT

The Global role of women are Caretakers, Farmers, Educators and Entrepreneurs. Throughout history, the central role of women in society has ensured the stability, progress and long-term development of nations. In India, 80 percent of the agricultural production comes from small farmers, most of whom are rural women. Women, notably mothers, play the largest role in decision-making about family's diet. And, women self-report more often their initiative in preserving child health and nutrition. The specific objectives are to study the general information of the respondents, to find out the factors responsible for alcoholism, to study the effect of alcoholism on the family and to find out problems faced by rural women. The 226 samples of chikhli village of kurkheda district has chosen for the study. Once individuals become psychologically addicted, alcohol misuse can become all-consuming. As individuals are often part of , it is easy to understand how alcohol misuse has a ripple effect across a person's entire family, friends, employers, colleagues, and anyone else who depends on the life partner.

INTRODUCTION:

Rural women are the backbone of the family. She plays a crucial role in food security, community well-being, and economic development, but also face unique challenges like limited access to resources, services, and opportunities compared to their urban counterparts. She works in farms, weed and harvest food crops and tend livestock. As caretakers, they look after children and relatives, prepare meals and manage the home. Many women earn extra income by working as wage labourers, producing and selling vegetables, or engaging in small-scale trading and enterprises.

Women still have issues concerning alcoholic husband, beating children and wife, financial exclusion and the lack of education opportunities, medical care, sanitation facilities, and more. Alcohol is a common problem faced by urban and rural women. People with this



condition can't stop drinking, even if their alcohol use spends their lives and the lives of those around them.

OBJECTIVES:

1. To study the general information of the respondents.
2. To find out the factors responsible for alcoholism.
3. To study the effect of alcoholism on the family.
4. To find out problems faced by rural women.

Research Methodology:

The primary data was generated by undertaking visits to the chikhli village, taluka Kurkheda, district Gadchiroli. The data was collected directly from the 226 respondents which focuses the existing situations like general information of the rural women, factors responsible for alcoholism, effect of alcoholism on the family, problems faced by rural women.

FINDINGS:

Table 1.1 Age profile of the rural women

Sr.No.	Age	No. of Respondents	Percentage
1	Upto 20 yrs.	02	0.88
2	21- 25 yrs.	02	0.88
3	26- 30 yrs.	05	2.25
4	31-35 yrs.	08	3.53
5	36-40 yrs.	29	12.83
6	41-45 yrs.	63	27.87
7	46-50 yrs.	117	51.76
		226	100.0

The above data reveals that 51.76% of the rural women belongs to 46-50 yrs. of age group whereas 27.87% women respondents range between 41-45 years. The 36-40 years of the rural women are only 12.83% whereas negligible respondents found upto 20 to 35 years groups.



Table 1.2 Education of the rural women

Sr.No.	Education	No. of Respondents	Percentage
1	Illiterate	21	9.29
2	1-4 std.	13	5.77
3	5-8 std.	88	38.93
4	9-12 std.	89	39.38
5	Graduation	09	3.98
6	Post Graduation	06	2.65
		226	100.0

It can be revealed that 78.31% rural women had educated from 5-12 std. and nearly 9.27% are illiterate and 2.65% had completed their post graduation.

Table 1.3 Occupation of the respondents

Sr.No.	Occupation	No. of Respondents	Percentage
1	Farming	167	73.89
2	Business	39	17.27
3	Job	20	8.84
		226	

The majority of the rural women i.e. 73.89% had farming as their own occupation, 17.27% doing their own traditional business and very few i.e. 8.84% had satisfy with their job and living happily in the society.

Table 1.4 Family type of the rural women

Sr.No.	Age	No. of Respondents	Percentage
1	Joint family	138	61.06%
2	Nuclear family	88	38.94%
		226	100.0%

The information collected from the respondents shows that the 61.06%



had joint family whereas 61.06% rural women had nuclear family system prevailing in the society.

Table 1.5 Factors responsible for alcoholism

Sr.No.	Factors	No. of Respondents	Percentage
1	Genetic issue	115	50.88%
2	Psychological	13	5.75%
3	Social influence	50	22.12%
4	Family problems	48	21.23%
		226	100.0%

It is revealed from above table that 50.88% reported that Instead of a single "gene for alcoholism," it's more likely that genes influence intermediate characteristics (endophenotypes) that then affect drinking behaviour and related problems. 22.12% women found that early initiation of drinking, especially heavy episodic drinking, can increase the risk of developing alcohol use disorder later in life. Peer influence, prevailing social attitudes towards alcohol consumption, and a stressful environment can also contribute to unhealthy drinking patterns. 21.23% women reported that due to heavy family problems, drinking alcohol habit arises day by day. 5.75% of the women respondents reveals that mental health conditions like depression, anxiety, are often comorbid with alcohol use disorder. Individuals may turn to alcohol as a way to self-medicate, seeking relief from negative emotions or coping with past traumas.

Table 1.6 Effects of alcohol on rural women

Sr. No.	Effects	No. of Respondents	Percentage
1	Negligence of duties	116	51.32%
2	Needing time for recovery	49	21.68%
3	Encountering legal problems	32	14.15%
4	Uncontrollable to stop	29	12.83%
		226	100.0%



The Family members of alcoholics can experience anxiety, depression and shame related to their loved one's addiction. Family members may also be the victims of emotional or physical outbursts. A person addicted to alcohol may try to shield their family from the impact of alcohol abuse by distancing themselves. The above table reveals that majority of the rural women i.e. 51.32 % women reported that due to alcoholic habit, many a times husband didn't go regularly in his job, neglect his responsibilities and may sometimes leaves job also. 21.68% had the physical state like needing time for recovery may be temporary, but it can significantly disrupt a person's ability to meet commitments as well as invite unhealthy behaviors, such as poor eating and a lack of exercise. 14.15% found encountering legal problems like heavy drinking is associated with a greater likelihood of engaging in risky behaviors, such as getting into physical altercations, reckless driving, public disorder, and involvement in domestic violence. 12.83% women respondents found that it is very difficult to stop alcohol , if she tries , the conflict arises between them.

Table 1.7 Problems faced by rural women

Sr. No.	Problems	No. of Respondents	Rank order
1	Domestic violence	210	II
2	Physical	202	III
3	Marital conflict	200	IV
4	Health issue	199	V
5	Economic problems	220	I
6	Stress on family members	116	VI

The above table reveals that alcohol abuse is an important factor in domestic violence which most of the women facing in the society. The majority of the women had economic problems arises like money problem, loss in business and job, always tense atmosphere on women and children and stood I rank order. Domestic violence seen in women and accorded



II rank order. The rural women facing physical problems like beating of husband after taking alcohol that's why she always afraid of his habit and had III rank order. Alcohol habit arises marital conflict and life were disturbed reported many women and found IV rank order. The respondents reported that even though husband are taking alcohol they face liver damage problem, depression and risk of suicidal thoughts regarding health issue and stood V rank order. Due to alcohol, women faced significant stress within the family members leading to relationship problems and emotional distress for all family and accorded VI rank order.

CONCLUSION:

It can be concluded that food, clothing and shelter are the basic needs of life but due to alcohol addiction it cannot be fulfilled and upgraded their life. Globally, individuals living in rural and remote areas are less likely to receive care for alcohol-related concerns compared to those residing in urban areas. Rural areas suffer from insufficient access to specialty providers, and rural residents are likely to experience greater stigma regarding seeking treatment for alcohol-related concerns.

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