



ALCOHOL AND GUTKHA ADDICTION OF TRANSGENDER IN KALYANA-KARNATAKA REGION OF KARNATAKA STATE, INDIA

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ABSTRACT

Transgender individuals have a higher risk of rising Alcohol and Gutkha use disorder. Alcohol Use Disorder (AUD), characterized by problematic patterns of alcohol consumption, significantly contributes to health concerns and can lead to adverse social, physical, and mental consequences for individuals and society. Gutkha is a partially ground mixture of areca nut (also known as beetle nut or supari), smokeless tobacco, catechu, paraffin, and sweet-smelling chemicals in limewater. It is popular and mainly manufactured in India and exported to some other countries like Bangladesh, Pakistan, Nepal, etc. and is used as a mild stimulant and highly addictive. It is consumed like smokeless or chewing tobacco and causes several health hazards in Transgender. Alcohol and Gutkha use disorder leading cause of oral cancer-related deaths. Shopkeepers are continuously selling it without regard for the potential ban, driven by the desire for high profits; on the other hand, clever manufacturers continue to provide Alcohol and gutkha products.

Keywords: Alcohol addiction of TG, Gutkha addiction of TG, Kalyana-Karnataka region, Karnataka State, LGBTQ + communities

1. INTRODUCTION

There are indications that alcohol and Gutkha use are an important behavioral health problem among transgender populations. Reviewing the extant evidence, the IOM (International Organization for Migration) report (2011) concluded that alcohol misuse was highly prevalent in transgender populations, particularly in early to middle adulthood.

Gender identity describes how a person understands themselves as female, male, both, or neither. Transgender (trans) is an adjective describing people whose gender identities do not correspond to their sex registered at birth. Some, but not all, trans people identify within the gender binary (e.g., trans men and trans women). Non-binary people, who may or may not identify as trans, are individuals with gender identities outside the gender binary.

A considerable body of evidence suggests that, relative to cisgender (gender identity corresponds to birth-registered sex; cis) people, trans and non-binary people collectively report more concerning patterns of alcohol and Gutkha use. Although several studies have found that trans and non-binary people are less likely than their cis counterparts to report any alcohol and Gutkha use, those who drink and chew typically score higher on the Alcohol and Gutkha Use Disorders Identification Test (AUDIT) and report more frequent drinking and chewing. This pattern of use has been associated with a greater prevalence of alcohol and Gutkha use disorders and associated a condition that is the consequence of a previous disease, such as alcohol-related blackouts, suicidal ideation, and sexual violence victimisation.





These differences in alcohol and Gutkha use may be attributable, in part, to the significance of alcohol and Gutkha serving venues in LGBTQ + communities. While bars and clubs are now fewer in number in receding “gay neighbourhoods”, they have a long history of providing a safe space for political gathering and celebration of minoritised sexual and gender identities. For many, these spaces are “home turf” and have provided the only possibility for meeting other queer people. In recent qualitative work, one participant reported “there is a lot of acceptance of people like [me] and people that have had to deal with similar things”, reinforcing the sense of safety and belonging offered by these LGBTQ + bars and clubs and Pan Shops for Gutkhas. While such spaces may foster community connectedness, reliance on venues where drinking, particularly binge drinking, is commonplace might contribute to reported alcohol and Gutkha harm.

Excess alcohol and Gutkha use in these communities are more commonly viewed as a response to various types of discrimination. Trans and non-binary people are a small and vulnerable minority group whose experiences of violence have steadily increased both in frequency and severity in recent years. Gender Minority Stress Models propose that trans and non-binary people use greater amounts of alcohol and Gutkha to cope with the psychological distress brought about by anticipation or experience of these and other acts of transphobic discrimination, as well as additional stressors unique to the community, such as internalised.

Indeed, there is a wealth of cross-sectional and longitudinal evidence supporting the association between transphobic discrimination and various measures of alcohol and Gutkha-related harm. Moreover, among a large trans and cis college students, trans students, who used alcohol and Gutkha more frequently and in greater quantities, were more likely to report drinking motives related to managing stress and interpersonal difficulties (e.g., drinking to “decrease inhibitions” or “feel more comfortable pursuing an opportunity to have sex”), supporting the role that internalised transphobia and anticipated stigma might play in particularly harmful alcohol and Gutkha use.

2. REVIEW OF LITERATURE

Paul A. Gilberta, Lauren E. Passa, and Alex S. Keuroghlianb (2019) There is a small, recent, and growing literature devoted to alcohol use among transgender populations; however, this body of work is in its nascence and suffers from considerable methodological constraints. Notably, there have been few attempts to differentiate the roles of physiological sex and gender, scant attention to within-group heterogeneity among gender minorities (e.g., transgender, gender non-binary, gender non-conforming individuals), infrequent attention to appropriate definitions of hazardous drinking, and great reliance on cross-sectional study designs. Despite the limitations of current research, there are consistent findings of a high prevalence of hazardous drinking among transgender populations, such as binge drinking more than general population estimates, highlighting this as an area in need of ongoing public health attention. To ensure rigorous research, we offer several recommendations to improve future studies. Further, we draw attention to the recent finding by Glynn and van den Berg. Their systematic review identified only two published reports of substance use interventions specifically for transgender populations, suggesting a lag in the translation of research to application.

Jaclyn M. W. Hughto, Emily K. Quinn, and Michael S. Dunba (2021) To our knowledge, this is the largest national study to document within-group and between-group disparities in SUDDs among US transgender and cisgender adults. Transgender individuals in our study had significantly higher rates of SUDDs compared with cis-gender individuals, a pattern that persisted when transgender and cisgender cohorts were compared across age groups and geographic areas. These findings highlight the need to ensure access to high-quality SUD treatment for transgender individuals as well as additional research to understand facilitators and barriers to SUD treatment engagement for this population. Such research can inform the development of novel public health interventions to prevent and treat SUD among transgender people in the United States.

Kaur Manpreet¹, Mohammed B. Ajmal (2021) Our study findings highlighted the presence of poor oral health and significant oral mucosal disorders in transgender adults. These were associated with a higher rate of harmful social



habits. Additionally, *Candida* species colonization of the oral cavity was significantly higher among the transgenders. Our study underlines the importance of paying attention to this vulnerable group by oral health providers and the health system to offer the best standard of care. Nonetheless, further longitudinal studies in different world regions are warranted to understand the barriers to good oral health in the transgenders and how to implement effective prevention and management strategies for a better quality of life.

Yashowardhan V. Totala and Abhiram M. Kasbe (2024) There is a significant association between addiction/drug use and condom use, with the specific type of addiction/ drug use influencing condom usage. Participants engaging in addiction/drug use face a higher risk of inconsistent and/or incorrect condom use, which has a detrimental impact on their health and overall well-being. The study revealed that addiction/drug use often begins during adolescence, which is consistent with the general population's experiences in today's world. Uncontrolled exposure to negative influences portrayed in mass media contributes to this trend. To prevent the escalating problem of addiction and its potentially catastrophic consequences, interventions targeting adolescents should be implemented. These interventions can utilize print media and social media platforms to raise awareness about the harmful effects of addiction and its impact on sexual health.

3. OBJECTIVES OF THE STUDY

- (i) To know the Alcohol and Gutkha addiction of Transgender individuals in the Kalyana-Karnataka region.
- (ii) To analyse Alcohol and Gutkha Consumption by trans people in the Kalyana-Karnataka region.

4. RESEARCH METHODOLOGY

Researchers conducted a systematic review of transgender individuals regarding addiction to alcohol and Gutkha users in the English language. Peer-reviewed journals, UGC Care published articles, Websites and other secondary sources were taken for the research paper and reviewed.

The Research Methodology is the process that is adopted by the researcher in collecting and analyzing the information on the research topic. In the present study, both the primary and secondary data are taken into consideration. The selection of the sample became a challenge in the research. In the present study, 40 samples were selected from the Kalyana-Karnataka Region. A simple random sampling technique has been used in the research paper.

5. ALCOHOL AND GUTKHA CONSUMPTION BY TRANS PEOPLE

Trans people also seem to be more likely to face sexual violence after drinking alcohol, so the provision of services for survivors of sexual violence needs to be adequately prepared to support trans and non-binary communities who may well have different needs than the cisgender/heterosexual population. Outside of alcohol-specific services, there are many transgender people on the waiting list for a gender identity clinic appointment. Given that alcohol may be used to self-medicate for gender dysphoria and minority stress, if we truly want to help reduce alcohol harm, there is a need to improve support for trans and non-binary people.

Alcohol abuse can affect your body both inside and out. Even though you're unable to see the damage drinking causes to your internal organs, it's important not to ignore the warning signs of alcoholism.

The tobacco users in India can be traced back to almost 400 years, including TGs. The etiologic role of Gutkha, a prepackaged mixture of areca nut, Tobacco, slaked lime and flavouring agents in oral precancer and cancer is well documented. Currently, available nicotine replacement therapy products like chewing gums, transdermal patches have achieved considerable success in smoking cessation. There are basic differences in the addiction of smoked and smokeless forms of tobacco. So, there is a need to understand the biological basis of Gutkha addiction to successfully achieve Gutkha cessation.



1. Data analysis and Interpretation:

Table No. 1. Demographical information of the transgender respondents in the Kalyana-Karnataka Region of Karnataka State

| Age of the respondents | | |
|--|-------------|--------------|
| Age | Respondents | Percentage |
| 18 to 30 | 19 | 47.5 |
| 31 to 40 | 10 | 25.0 |
| 41 to 50 | 07 | 17.5 |
| More than 50 | 04 | 10.0 |
| Total | 40 | 100.0 |
| Educational Qualifications of the respondent | | |
| Educational Qualification | Respondents | Percentage |
| Illiterate | 10 | 25.0 |
| SSLC | 07 | 17.5 |
| PUC | 14 | 35.0 |
| Graduation | 06 | 15.0 |
| Post-Graduation | 03 | 7.5 |
| Total | 40 | 100.0 |
| Occupation of the respondents | | |
| Occupation | Respondents | Percentage |
| Begging | 11 | 27.5 |
| Sex work | 17 | 42.5 |
| Dancing in celebrations | 01 | 2.5 |
| Government job | 00 | 0.0 |
| Self-employed | 09 | 22.5 |
| Private Job | 02 | 5.0 |
| Total | 40 | 100.0 |
| Monthly income of the respondents | | |
| Income | Respondents | Percentage |
| Less than Rs.3,000 | 03 | 7.5 |
| Rs.3,001 to Rs.5,000 | 12 | 30.0 |
| Rs.5,001 to Rs.10,000 | 18 | 45.0 |
| Rs.10,001 to Rs.30,000 | 6 | 15.0 |
| More than 30,000 | 01 | 2.5 |
| Total | 40 | 100.0 |

Sources of data: Field Survey

Age-wise classification of the TG respondents. Out of 40 respondents, the maximum of 19 (47.5%) transgenders belong to the age group of 18 to 30, followed by 10 (25%) respondents come under the age group of 31 to 40, 07 (17.5%) TGs comes under age group of 41 to 50, 4 (10%) of them comes under more than 50 years older.



Educational Qualification of the respondents, a maximum 14 of (35%) respondents completed PUC followed by 10 (25%) of them illiterates who are not educated they have come from a rural or poor family so they do not have awareness about alcohol and Gutkha, 07 (17.5%) respondents are SSLC studied, 06 (15%) respondents are graduated and 03 (7.5%) respondents are post graduates.

Occupation of the respondents explain that, out of the 40 respondents, a maximum of 17 (42.5%) respondents are sex workers followed by 11 (27.5%) respondents are baggers in signal of the cities, in market, in trains, in highways etc., 09 (22.5%) respondents are self-employed handling their own business and works, working as coolies, agriculture, self-business, etc. 02 (5%) respondents are doing private jobs and 1 (2.5%) respondent is dancing in some function and bars for earning money.

Monthly income of the respondents. Out of 40 respondents maximum of 18 (45%) respondents have a monthly income from Rs.5001 to Rs.10,000, 12 (30%) respondents are earning a monthly income from Rs.3001 to Rs. 5000, 6 (15%) respondents are earning Rs.10,001 to Rs.30,000 per month, 03 (7.5%) respondents are earning a monthly income is less than Rs.3000, and only 1 (2.5%) respondent is earning more than Rs.30,000.

Table No. 2. Alcohol and Gutkha addiction of Transgender people.

| Types of habits | Respondents | Percentage |
|---------------------|-------------|--------------|
| Alcohol consumption | 11 | 27.5 |
| Gutkha Chewing | 12 | 30.0 |
| None of the above | 09 | 22.5 |
| All of the Above | 08 | 20.0 |
| Total | 40 | 100.0 |

Sources of data: Field Survey

Table No.1 exposes the habits of transgender people in the Kalyana-Karnataka region. A maximum of 12 (30%) transgender respondents have Gutkha Chewing habits, followed by 11 (27.5%) of them said they have habits of Alcohol consumption, 09 (22.5%) transgender respondents do not have any type of Alcohol or Gutkha habits, but 08 (20%) of them have all types of habits.

Table No. 3. Reasons for consuming alcohol and chewing Gutkha

| Reasons | Respondents | Percentage |
|------------------------------|-------------|--------------|
| Social stress | 14 | 35.0 |
| Personal (Relax and Relieve) | 07 | 17.5 |
| Escape from Problems | 05 | 12.5 |
| Time pass | 05 | 12.5 |
| No Habits | 09 | 22.5 |
| Total | 40 | 100.0 |

Sources of data: Field Survey

From the above table researcher identified the reasons for consuming Alcohol and chewing Gutkha in the Kalyan-Karnataka region. A maximum of 14 (35%) respondents are consuming alcohol and chewing Gutkha because of social torture and harassment. 09 (22.5%) transgenders are not habituated to any alcohol or gutkha. 07 (17.5%) TGs are consuming alcohol and chewing Gutkha because of relaxation and relief of life from different types of tensions, and 5 (12.5%) respondents are taking it because of time passing and escape from problems.

Table No. 4. Possible to leave the addiction of consuming alcohol and chewing Gutkha

| Possible to leave this addiction | Respondents | Percentage |
|----------------------------------|-------------|------------|
|----------------------------------|-------------|------------|



| | | |
|--------------|-----------|--------------|
| Yes | 25 | 62.5 |
| No | 15 | 37.5 |
| Total | 40 | 100.0 |

Sources of data: Field Survey

The above table portrays the probability of leaving the addiction of consuming alcohol and chewing Gutkha by Transgenders in Kalyan-Karnataka region. Out of 40 TG respondents, the majority 25 (62.5%) respondents were told that if we decide, then possible to leave these addiction habits, but 15 (37.5%) respondents were told that impossible to leave these habits because of social stress and personal problems.

Table No. 5. Suffering from illness by consuming alcohol and chewing Gutkha

| Suffering from illness | Respondents | Percentage |
|--|--------------------|-------------------|
| Liver disease (cirrhosis, alcoholic hepatitis) | 05 | 12.5 |
| Heart disease (high blood pressure, heart attacks, irregular heartbeats) | 04 | 10 |
| Cancers | 02 | 5.0 |
| <u>Mental health disorders</u> | 08 | 20.0 |
| Mouth disease | 02 | 5.0 |
| All the above | 05 | 12.5 |
| None of the above | 04 | 10.0 |
| No Habits | 09 | 22.5 |
| Total | 40 | 100.0 |

Sources of data: Field Survey

In this table, the researcher identified that Transgender individuals suffering from illness by consuming alcohol and chewing Gutkha in the Kalyan-Karnataka region. A maximum of 09 (22.5%) transgender individuals do not have any such type of consuming alcohol and chewing Gutkha habits. 08 (20%) respondents have Mental health disorders, 5 (12.5%) respondents have Liver disease (cirrhosis, alcoholic hepatitis) and all types of related to alcohol and Gutkha, 4 (10%) respondents have Heart disease (high blood pressure, heart attacks, irregular heartbeats), followed by 4 (10%) TGs don't have any such type of disease because there are newly started habits, 2 (5%) respondents have Cancers and Mouth diseases.

6. SUGGESTIONS

1. No more than five or more drinks in one day or 15 or more drinks per week. If you drink more alcohol than that, consider cutting back or quitting. Talk to your healthcare provider about proven strategies.
2. To prevent alcohol use disorder, avoid high-risk drinking.
3. Make a plan. Before you start drinking, set a limit on how much you are going to drink.
4. Set a budget. Only takes a fixed amount of money to spend on alcohol.
5. Have a glass of water before you have alcohol and alternate alcoholic drinks with water or other non-alcoholic drinks to reduce future health issues.
6. There is a strong link between heavy drinking and depression, and hangovers often make you feel anxious and low. If you already feel anxious or sad, drinking can make this worse, so cutting down may put you in a better mood generally.
7. Long-term heavy drinking can lead to your heart becoming enlarged. This is a serious condition that cannot be completely reversed, but stopping drinking can stop it getting worse.





7. CONCLUSION

It is clear from the various studies from different parts of the world that betel nut alone or with chewing Gutkha and Alcohol consumption of its ready-to-use products has significant deleterious effects on dental, Liver, and throat hard and soft tissues. Socio-economic disparities, cultural differences in Alcohol and gutkha use and marketing practices have contributed to Alcohol and gutkha-related morbidity and mortality. By telling communities its ill effects of education or media can prevent the incidence of Transgender, Alcohol and gutkha users. Also, better counselling or quitting and treatment of its complications can reduce the burden of Alcohol and gutkha-related disease in Transgender community and economic health burden in this TG community.

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