

Socio-Cultural Determinants and Public Health Impacts of Substance Addiction Among Tribes in Jharkhand

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ABSTRACT

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Jharkhand is home to a significant tribal population (26.2%), ranking sixth in India for its indigenous demographic. This paper explores the critical challenge of addictive behaviour in tribals. Traditional beverages like hadiya (rice beer), tadi and mahua are deeply embedded in their social, cultural structures. National legislative regulations fail in these regions due to the cultural normalisation of homemade alcohol, which is frequently perceived as a nutritional supplement rather than an intoxicant. A review-based methodology, utilising data from the 2011 to 2025 research, reveals a confounding public health crisis. Findings indicate that approximately 90% of daily drinkers suffer from alcoholic fatty liver disease, while the prevalence of Tuberculosis (432 per 100,000) and anaemia (72% in women) far exceeds national averages. Addiction perpetuates a vicious cycle of poverty, draining household income, reducing labour productivity and increasing physical and mental health issues. Mental illness rate of Jharkhand is 11.0% shows a higher-than-average with treatment gap of 86% specially in substance use disorders. The aetiological analysis is presenting a compound interaction of cultural heritage, social, economic hardship, and mental distress as prime cause of addiction. This may be concluded that effective intervention requires a transformation from rigid legal prohibitions to a culturally sensitive, biopsychosocial model. Success depends on integration of community economic empowerment, leadership, and localised initiatives like "Abua Bugin Hodmo" to protect cultural identity of tribals and public health from various addictions.

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1. INTRODUCTION:

Jharkhand's two most noteworthy characteristics are its high percentage of Scheduled Tribes (about 28 percent) compared to the national average of 8 percent, and a large proportion of land covered by forests, almost 23%, compared to the average of 29% throughout India. It is well known that tribal people have a rich cultural past. Jharkhand State had 26.2% Scheduled Tribe (ST) people of the state's 32,988,134 total population. This state is the sixth most populous tribal state in India. Tribes are popularly known as "sons of the soil," or aboriginal (Risley, 1915). These people live in a single geographic area, use a distinct tribal

language, and have a divided social structure. 104.3 million Indian's are tribal, making up 8.6% of the total population (census, 2011). A major obstacle to developing Jharkhand is severe addiction among tribes.

According to the World Health Organisation, male drinkers over 15 years consume on average 18.3 litres annually. More than three million Indians are facing death because of the harmful use of alcohol. India's per capita alcohol consumption showed a double effect from 2005 to 2016 (Times of India, 2025). Though the government implemented various preventive strategies, like a ban on advertising, regulated sales, and greater taxes. However, such legislative measures do not affect the use of homemade alcohol in tribal areas. Literature on the effects on health and related policies in these indigenous territories is scarce. The ramifications are much more profound. It is known that alcohol addicts' feelings and behaviours revolve around drinking, and their quest for greater good ends. Tobacco and alcohol are the most frequently consumed substances among tribal communities in Jharkhand. Alcohol and tobacco use a major problem, especially in native regions (Lugun, J. et al, 2021)

People of Jharkhand are suffering from cardiovascular disease, stroke, cancer, HIV/AIDS, hepatitis B and C, Lung disease and numerous mental issues because of addiction (Prashant et al., 2025). Handiya (18–20% alcohol) is mistakenly perceived as a "food supplement in tribes, and its severe use provokes **Megaloblastic Anaemia** and gastritis. Chronic use of mahua generates a high risk of **acute methanol poisoning** and "snowfield" vision or permanent blindness. Prevalence of Tuberculosis in Jharkhand tribes is **432 per 100,000**, which is far higher than the national average of India. Alcoholic fatty liver is the major suffering in **90% of daily drinkers** in the state. (Shekhar, Choudhary, Gaurav & Balraj 2024).

In Jharkhand, traditional beverages like hadiya (rice beer), mahua, and tadi are deeply integrated into tribal social, spiritual, and economic structures. These drinks symbolise social unity and are used in rituals and festivals like Sarhul and Karma (Hansda, N.M., Singh, U., Kapse, P.P., & Kiran M., 2021). It works as a richness and communal bonds. Occasionally, alcohol plays a role as a form of currency and a fine within their community justice systems. This cultural bond significantly affects adolescents' lives (Malik, B.K., Mishra, P., & Prasad, 2024).

Addiction intensely affects all age groups and genders. Preparing homemade alcohol is an exclusive practice of tribal women. Such cultural embeddedness creates a high risk for habitual use. According to Rawat (2021), such practices foster social cohesion and cause public health challenges through early-onset dependency.

The objectives of the present article are to analyse the severity and causal factors of addictive behaviour of Jharkhand tribals in the context of physical and mental health, and tentative preventive programs for them.

Methodology

The approach of the article is review-based on existing research, especially the Indian Ministry reports. Focusing on data integration for factor categorisation. It uses secondary data analysis and converts it into a descriptive and theoretical framework.

Result**Table No.1: sociodemographic summary of extreme Jharkhand tribals.**

Tribal Group	Population Rank	% of Tribal Pop.	Primary Occupations	Language/Dialect	Religious Practices
Khond	Lowest (1st)	0.00%	Agriculture, Forest Protection	Khond	Nature Worship, Animism
Banjara	Lowest (2nd)	0.01%	Nomadic Traders, Transporters	Lomani	Hinduism, Tribal Traditions
Parhaiya	Lowest (3rd)	0.30%	Agriculture, Livelihood	Parhaiya	Animism, Hinduism
Munda	Highest (3rd)	14.22%	Agriculture, Rebels	Mundari	Sarna, Christianity
Oraon	Highest (3rd)	19.86%	Farming, Folk Artists	Kurukh, Sadri	Sarna, Christianity
Santhal	Highest (1st)	31.86%	Agriculture, Warriors	Santhali	Sarna, Hinduism

According to the 2011 census, there are thirty-two tribal groups in Jharkhand. However, the given table reflects only the highest and lowest range of tribes basic nature. Out of 32, the smallest communities are the Khond (0.001%), Banjara (0.01%), and Parhaiya (0.3%). They primarily depend on agriculture, trade, and forest protection. Their cultural practices are a mix of animism and Hinduism, and they also use the Khond and Lomani dialects. Similarly, Santhal (31.86%), Oraon (19.86%) and Mund (14.22%) are the largest communities out of 32. Their livelihood depends on agriculture, but they are following Christianity and Sama culture and use different dialects.

Table No.2: Gender comparison on various addiction of Jharkhand tribals

S.N.	Types of substance	Male		Female	
		%	EST	%	EST
1	CANNABIS	0.84	126000	0.36	51000
2	Opioids	2.09	313000	0.05	7000
3	Sedatives	1.03	155000	0.05	8000
4	Cocaine	0.02	3000	<0.01	<1000
5	ATS	0.06	9000	0.01	1000
6	Inhalants	2.96	444000	0.18	26000
7	Hallucinogens	0.06	9000	<0.01	<1000

The data in the above table is extracted from the link of the substance-wise, State-wise prevalence and number of drug users in the Country are as under: - Annexure-1. This data reflects that men are more addicted than females, especially the ratio is significantly higher for Opioids (2.09%) and inhalants (2.96%) addiction. Females are showing addictive habits for cannabis (0.36%) and Inhalants (0.18%).

Table No.3: Special prevalence of alcohol and tobacco use by the Population age 15 and over in Jharkhand state

Alcohol use			
Gender	Urban	Rural	Total
Women	2.0%	7.4%	6.1%
Men	24.6%	38.6%	34.9%
Tobacco use			
Women	4.8%	9.6%	8.4%
Men	37.3%	51.0%	47.4%

The above-mentioned data is extracted from the National Family Health Survey (NFHS-5, 2019-21), Government of India, Ministry of Health and Family Welfare. Reference table no. 2.34 page no.114 for alcohol and table no.2.36 page no.116 for tobacco from the report. The extracted data clearly show that the severity and percentage of addictive behaviour are higher in rural areas than urban areas, and men are more than 5 times higher than women showing addiction (IIPS,2021).

Table No.4: Physical problems in Jharkhand tribes due to addictive behaviour

Physical Problems	Prevalence	Primary Driver
fatty liver disease	90%	Chronic Handiya and Mahua use
Tuberculosis	432 per 1 Lakh pop.	Alcohol & Tobacco use
Anaemia	72% in women	Nutritional neglect due to addiction
Underweight (BMI <18.5)	28% of tribal adults	Alcohol as a meal replacement
Tobacco Use ³	46% - 55.4% ⁴	Social normalization ⁵
Alcohol Treatment Gap ⁶	86% ⁷	Lack of accessible medical care ⁸

Data clearly indicates that the majority of tribals having alcohol addiction (86%) are without treatment, and the leading causes are authentic medical care services. Alcohol addiction is generating tuberculosis and anaemia in more than 50 % especially health of women are serious issue. Approximately 90% daily drinkers report fatty liver disease.

Discussion

The etiological factors contributing to addictive behaviour among tribals in Jharkhand are multifaceted, with cultural, social, and psychological dimensions playing significant roles. Alcohol consumption is deeply rooted in tribal culture, where it is often socially accepted and integrated into rituals and communal gatherings. This cultural acceptance leads to early exposure and normalisation of alcohol use within families and communities, making social enhancement and peer pressure prominent reasons for initiation. Studies show that tribals frequently cite social enhancement—such as drinking to bond with friends or under group pressure—and coping with distressing emotions as key motivations for alcohol use, more so than for individual pleasure or enhancement (Sreeraj, V.S., et. Al., 2012).

Based on research articles, etiological analysis done, addictive behaviour in Jharkhand tribes is categorised in various ways:

Culture

The cultural aspects of Jharkhand tribals have a significant impact on substance use. Hadiya (rice beer), mahua, and tadi are widely used because they are frequently incorporated into customs, religious rites, and social gatherings. Tribal rites, festivals, and social gatherings involve the use of alcohol and occasionally other illicit substances, which have been ingrained in traditional practices. Most of the time, substance use, particularly in younger generations, can be encouraged by peer pressure and social acceptance in the community. Alcoholic drinks are readily available, and they are often made using local ingredients.

Alcohol use among the tribal communities of Jharkhand is deeply intertwined with their cultural, social, and economic life. Traditional alcoholic beverages such as hadiya (rice beer) and mahua are widely brewed at home and consumed by all age groups, including children, as part of daily meals and social gatherings (Mitra, J. K., et al., 2017). For many tribals, alcohol is not only a drink but also considered a food supplement, and its preparation and consumption are seen as a heritage passed down through generations (Soren, I., 2021). Social drinking is normalised and accepted for both men and women, with about 30% of tribal families reportedly brewing alcohol at home and 25% consuming it together during meals. The use of alcohol is often linked to family traditions, rituals, and community celebrations, and it is also used as a coping mechanism for the hardships of rural life. However, this normalisation has contributed to patterns of heavy and sometimes harmful drinking, leading to significant health and social problems such as alcoholic liver disease, family discord, and economic hardship. Despite its revered status as a cultural and social practice, the increasing prevalence and abuse of alcohol among Jharkhand's tribals have become a growing concern, necessitating culturally sensitive interventions and policy measures (Mitra, J. K., et al., 2017).

Tribal culture in Jharkhand profoundly shapes alcohol consumption habits by embedding drinking practices within daily life, social customs, and family traditions. Alcoholic beverages like hadiya (rice beer) and mahua are not only widely brewed at home but are also consumed by all age groups, including children. This tradition has ancient roots, with alcohol serving both as a food supplement and a social lubricant during meals, community gatherings, and rituals (Jadhav, A., 2019). The knowledge of brewing is passed down through generations, and about 30% of tribal families are reported to brew alcohol at home, with 25% consuming it together during meals. Family acceptance and communal drinking reinforce these habits, making alcohol consumption a normalised and learned behaviour from childhood. Unlike higher caste groups, where alcohol use is restricted by gender and age, tribal communities in Jharkhand exhibit relative gender equality and intergenerational participation in drinking (Alpa Shah, 2011). This cultural normalisation, while fostering social cohesion, also silently encourages heavy and sometimes harmful drinking patterns, contributing to higher rates of alcohol dependence and associated health risks (Khoya, L. M., et al., 2018).

Economy

Economic status of tribal communities in Jharkhand is in profound condition because of addictive behaviour, particularly alcohol and tobacco use. Tribals are facing high levels of economic shortage, and around 46% are living below the poverty line. As per researches factors like shrinking traditional livelihoods, land alienation, and limited access to social protection schemes are the major cause of poor economy of tribals (Singh, K.B., & Aggarwal, N., 2025). Depletion of Household Income is a second major issue because money spent on alcohol and other substances reduces the resources available for essential needs such as food, education, and healthcare, deepening household poverty. Reduced Productivity is the third major cause because addiction often leads to absenteeism and decreased work efficiency, especially in manual labour and agriculture, which are primary sources of income for tribal families. Substance abuse increases the risk of health issues, leading to higher medical expenses, which further strain already limited family finances. Hence, health expenditure is the third major cause of their poor economic condition.

Social Consequences

Addiction can lead to family discord and social instability because addiction sometimes results in job loss or the inability to participate in community economic activities. The economic burden of addiction may push families further into debt or force them to migrate in search of work, as seen with the high rates of migration among Jharkhand's tribal youth. Addictive behaviour compounds the existing economic vulnerabilities of Jharkhand's tribal communities, perpetuating cycles of poverty, reducing development opportunities, and undermining the socio-economic empowerment of these marginalised groups (Venugopal, V., Gupta, P., & Varshney, S. 2025).

Psychological impact

National mental health survey of India reported mental illness at the national average level is 10.6% but mental illness in Jharkhand is 11.1% which shows slightly more serious mental problems in Jharkhand. Research indicates a high rate of anxiety and depression, 14% cases report suicidal ideation with alcoholism. School-going children are showing conduct disorder is 4% and hyperactivity at 9% with a family history of addiction.

Approximately 75% to 86% Jharkhand is suffering from mental and addictive behavioural problems without receiving treatment. The major etiological factors for addictive behaviour among Jharkhand's tribals include strong cultural acceptance of alcohol, social influences and peer pressure, emotional distress, and socioeconomic hardships. Furthermore, the prevalence of emotional problems, including low self-esteem and psychological distress stemming from historical oppression and socioeconomic deprivation, drives many individuals to use alcohol as a coping mechanism (Ali, A., 2024). The severity of addiction tends to be higher among those who consume alcohol to manage negative emotions. Socioeconomic challenges, such as poverty, lack of access to education, and limited integration into mainstream economic activities, further exacerbate vulnerability to substance dependence (Singh, K., 2018).

Conclusion

The etiological factor of addictive behaviour in tribes of Jharkhand is a combination of social dynamics, cultural traditions, lack of understanding, psychological stress, and economic difficulties. These interrelated variables must be addressed by some effective preventive and intervention measures. Such intervention must be culturally sensitive and based on the biopsychosocial model. Active and self-community involvement, which can lead culturally sensitive education system, may integrate the existing community and family structures. This type of intervention might navigate the cultural embeddedness of traditional substances like hadiya and mahua, economic empowerment, and mental health support. Addressing crucial Root Causes requires significant investment in economic empowerment and specialised mental health support to Jharkhand tribals. The government has taken initiatives in the same direction, like the "Abua Bugin Hodmo" camps and the Nasha Mukta Bharat Abhiyaan, specifically targeting the 86% treatment gap through culturally tailored interventions and mobile medical units effectively. These strategies might mitigate the psychological stress caused by modernisation, land alienation, and economic marginalisation. Addictive behaviour is a signal of socio-ecological dysfunction, and its revival requires a comprehensive, integrated effort. Critical Policy Re-evaluation is required, like active involvement of community leadership, to achieve a practical and ethical balance between preserving vital cultural heritage and urgently safeguarding the public health of Jharkhand tribals.

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