

Alcoholism amongst Tribal Men of Melghat in Maharashtra State

Shivani Khot¹, Dr. Richa Gupta²

¹M.Sc Psychology, Jain (Deemed-to-be University), Bangalore

²Associate Professor, Jain (Deemed-to-be University), Bangalore

Abstract: *The pattern of alcoholism in India is uneven and influences socioeconomically diverse populations including the Scheduled Tribes (STs) who due to social exclusion, and inadequate access to healthcare and education services are vulnerable to substance abuse. Melghat is a relatively remote tribal area of Amravati district in Maharashtra, with a high burden of alcohol related harm along with malnutrition, infections, and mental health illnesses. This study sought to investigate the themes that underlay alcohol consumption among tribal men in Melghat through purposeful sampling and inductive thematic analysis of data obtained from in-depth interviews with men affected by alcohol abuse and focus group discussions with stakeholders from the village community (wives of alcoholics, elderly women, ASHA workers, and health officers). Diverse contributing factors responsible for alcohol addiction among the tribal males of Melghat have been identified and interpreted by the researcher including mohua liquor based traditional and ritualistic drinking, alcohol as a means to cope with socioeconomic hardships, early age of alcohol initiation, both at the household and tribal community levels, social enhancement by consuming liquor with peers and influential persons, dependence on welfare benefits with low motivation to work and earn, and availability of cheap liquor in small shops and addas. The family and community's insights on the effect of liquor addiction on them, their perceptions on the consequences of drinking on them, and the inhibitors and triggers for treatment, like distance from health center, community stigma, village seminars and pressure from wives have also been reported.*

Keywords: Alcoholism, Tribal men, Melghat, Scheduled Tribes

1. Introduction

Alcohol is one of the leading preventable causes of the overall worldwide burden of disease. According to the World Health Organization, alcohol use contributes to 3 million deaths globally per year, which accounts for approximately 5% of all deaths. Alcohol abuse has been a predominant public health issue globally and its ill effects and mortality significantly influence a community's social fabric. Alcohol abuse patterns in India are disparate, predominantly affecting socially and economically marginalized populations such as the Scheduled Tribes (STs), whose prolonged socioeconomic disadvantage, isolation, and poor access to health and education services result in higher rates of substance use. Data reveals the vast disparity between Scheduled Tribes (26%) and non-Scheduled Tribes (approximately 9%) in alcohol use rates. Alcoholism amongst tribals of India is a multifaceted problem rather than just another behavioral issue. The literature on this subject consistently sees alcohol use within the dynamic interplay of contexts like culture, poverty, historical marginalization, labour relations, and limited access to culturally responsive care.

Maharashtra's population consists of a good proportion of tribal groups. In the Amravati district the Scheduled Tribe population accounts for 13.99% of the total population, that are mostly found in the forest covered, remote and underdeveloped region of Melghat (Dharni and Chikhaldara tehsils) consisting of Korku, Gond, Andh, Pardhi, Pardhan and Takankar tribes. The area, despite national policy interventions and targeted efforts through development programmes, still faces challenging health conditions that include malnutrition, issues in maternal and infant health, and a rise in mental health problems.

Melghat has been described by Ashish et al (2025) as a remote area with a high degree of deprivation along with no provision for health services for rural population and the closest access being over long distances, and a culture in which traditional medicine is very relevant. The korku tribal community of Melghat is one of the most developmentally deprived communities in India with serious deficits in the areas of their livelihood, health, education and development. It is an area, according to Gondane (2023), characterized by illiteracy, poor transport, poor opportunities for employment and insecure drinking water and exposure of the foetus to various substances during gestation and it has also been observed that malnutrition is found throughout all age groups in Melghat. Alcohol usage at the community level among tribals of Melghat is intricately enmeshed with cultural traditions, age, sex, occupation and socio economic status and that hazardous consumption among socially disadvantaged tribal males is significantly associated with tobacco use, depression, and residential location. Difficult circumstances such as delay in accessing care and services make recovery and restoration much harder, explaining persisting rates of alcohol problems. That is to say in Melghat, the problem of alcohol consumption in particular and substance use in general represents a serious public health crisis. Evidence from health surveys administered by local NGOs and medical groups indicates that alcoholism related deaths, which consist mainly of acute intoxication and alcoholic liver disease account for up to 3% of total deaths in the area. This statistic alone suggests that the problem of alcoholism in Melghat transcends merely being a social problem, rather it represents a substantial and measurable element of regional mortality similar to public health issues considered more traditionally appropriate for intervention. Thus. in this study we aim to explore the

underlying themes of alcohol use amongst tribal men of the Melghat region

2. Method

In order to conduct an in-depth examination of tribal men's subjective experience and reality of alcoholism in Melghat this study adopts a qualitative, inductive thematic analysis. The goal was to understand experiences and related frameworks and to ultimately formulate a picture that captures as closely as possible how alcoholism is experienced within the community.

Population & Sampling

For the study, participants were selected using purposive sampling technique from five villages which were chosen from the two talukas, to maximise variance with regard to their location in relation to the forest, their accessibility from the taluka centre, and the presence of social infrastructure in the village. From Chikhaldara taluka the selected sites are the villages of Semadoh, Chikhaldara, Motha, and from Dharni taluka Diya and Dharni villages have been chosen.

The sample includes a cohort of 9 male tribal drinkers whose usage was reported as pathological by the Block Health Officers. In the current study, 16 female representatives, 9 ASHA representatives and 2 Anganwadi Sevikas from these five villages were chosen for participating in Focus Group Discussions (FGDs) where they were able to comment on social norms surrounding alcohol use, social sanctions relating to excessive use, perceptions on the causal nexus of alcoholism in Melghat and of health and social consequences thereof.

Data Collection

To fully understand the views and experiences of the participants, in-depth interviews and focus group discussions (FGDs) were employed in data collection for this study. This data collection process has been carried out systematically and is ethically informed and documented in selected villages of Dharni and Chikhaldara taluka in a pre-determined field work period. Prior to the collection of data, permissions were taken to get access to participants in concerned households with the help of the Block Health Officer and the local Anganwadi sevika.

To maintain uniformity across the entire set of in-depth interviews, a probing checklist has been utilized. This checklist provided the participant with flexibility to add any relevant information, elaborate on his/her response as well as explore and share ideas of their interest, rather than confining them to a

strict sequence of questions. With the assistance of a Korku-knowing field assistant wherever necessary, participants were allowed to answer in their own language (Korku and Marathi). Focus group discussions have been carried out at a selected Anganwadi Kendra in the village, as this was a familiar place readily accessible to participants located within relatively proximate distances for most individuals residing in chosen villages.

Given the extensive and participatory nature of the FGDs, discussions have at times lasted for two hours at a stretch. A set of probing checklists created distinctly for the FGDs has been used to enhance interaction and facilitate the expression of a diversity of perspectives.

In addition to the audio recordings, field notes have been maintained to capture non-verbal expressions, group dynamics, observations, not all of which get recorded in audio tapes. All recorded interviews and FGDs have been transcribed verbatim immediately following the data collection, and have been translated from Korku or Marathi to English after proper examination with due regard to context, local language and expressions.

Qualitative Data Analysis

An inductive, thematic analysis approach was used to identify patterns and themes in the qualitative data. Themes are not predetermined in this approach—they emerge from the data itself, and in this case were derived from audio-recorded interviews. Data was collected through inviting participants to elaborate on their answers and not just to answer questions that the researchers present. All audio-recorded interviews were transcribed to achieve the verbatim necessary for in-depth analysis, and then were systematically coded.

Initial coding was carried out at a semantic level to highlight important concepts captured by participants' individual statements, for example, the statement "drinking is part of our festivals and our traditions" was coded under cultural acceptance of alcohol. Following initial coding, these codes were collapsed into categories or broader themes that were conceptually similar. For example, code groups that fell under a broader theme of sociocultural influences on alcohol use were coded under cultural factors for alcoholism. Then the proposed themes were defined clearly and evaluated to ensure that the identified themes were internally coherent and distinct. Each theme was interpreted in relation to the entire dataset.

Tables

Table 1: Details of tribal respondents who participated in the in-depth interviews (To maintain anonymity pseudonyms have been used in place of the respondents real names)

Respondents	Ajay	Sunil	Vijay	Anant	Karan	Bhaskar	Nikhil	Ramesh	Sanjay
Tribe	Korku	Korku	Korku	Gond	Korku	Gond	Pardhi	Korku	Korku
Age	38	43	37	43	29	41	27	47	43
Education	Illiterate	Illiterate	Lower Primary	Illiterate	Upper Primary	Illiterate	Upper Primary	Illiterate	Illiterate
Marital Status	Married	Married	Married	Married	Married	Married	Unmarried	Married	Married
Are you working	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes
Nature of work	Daily Wage Labour	Forest Produce Collection	Daily Wage Labour	Daily Wage Labour	Works in small village shop	Daily Wage Labour	Works in House of Landowner in the city	Forest Produce Collection	Daily Wage Labour
Frequency of alcohol intake in last 12 months	1-4 days a week	1-3 days a week	1-5 days a week	1-4 days a week	1-4 days a week	1-2 days a week	1-3 days a week	1-4 days a week	1-2 days a week
Age of exposure to alcohol use	15	12	10	11	2	9	1	11	10
Seeking/Sought treatment	No	Yes	No	No	No	Yes	Yes	No	No
Money spent on alcohol monthly (approx)	1000	1200	1700	800	700	500	800	1000	1000

Table 2: Details of FGD Participants

Variables	Frequency (%)
Participant	
Female Villager	16 (59.26%)
ASHA Worker	9 (33.33%)
Anganwadi Sevika	2 (7.41%)
Marital Status	
Married	21 (77.78%)
Unmarried	4 (14.81%)
Divorced/Widowed	2 (7.41%)
Education	
Illiterate	12 (44.4%)
Primary	5 (18.5%)
Secondary	1(3.7%)
Higher Secondary	3 (11.11%)
Undergraduation	6 (22.2%)
Whether currently working	
Yes	15 (55.6%)
No	12 (44.4%)
Tribe Name	
Korku	22 (81.48%)
Gond	3(11.11%)
Pardhi	2 (7.41%)
Age	
11-20	2 (7.41%)
20-30	7 (25.93%)
30-40	11(40.74%)
40-50	4 (14.81%)
50-60	2 (7.41%)
60-70	1 (3.7%)

3. Results

Alcohol as part of culture

In the interviews and FGDs among the tribal respondents, use of alcohol (especially of the 'mohua' brew) was commonly not mentioned as either an issue or a choice by the individual but rather was positioned as an integral and a very essential element of social, festive and spiritual life. A tribal man with alcoholism said:

"We drink mostly during Fag (Holi). That festival goes on for five days here. Every night the men sit together in the village square and drink mohua. It is not like normal drinking, it is part of the festival".

Using alcohol to cope against socioeconomic stress

Alcohol, for many, is not only about ritual use but also more about a means to get rid of bodily pain, energy lag, unpredictable monsoon dependent livelihood where chances of work and income are absent and migration is not everyone's cup of tea during off seasons. A tribal male participant said:

"It's also about having nothing else to do. When farm work is unavailable, and a man hasn't migrated to Akola or Nagpur (nearby districts) for work, he just sits idle at home. Drinking together at the adda becomes a normal way to pass the time i.e it becomes their way of dealing with boredom".

Early age of initiation

There is yet another way of alcohol exposure, the pathway that does not start owing to choice of the individual, but when they are still babies, wherein they are given mohua based sherbet in case they are incessantly crying and don't let the parents sleep. A FGD tribal participant said:

"Because the mothers have to go to the fields. We can't sit down and put them to sleep as that might take more time, or they may not even fall asleep at all by doing so. Because the mothers have to work they would rather give the babies a bit of sherbet for the baby to sleep while ma goes to work".

Alcohol to gain social favours & enhancement

A tribal alcoholic said:

"We also drink when we get a chance to connect with bade saab log i.e with people who are higher up (in social hierarchy), who have power or influence in the village. Like the landlords, those rich farmers, we go to their houses, and they often organise a party where they invite us and we all get to drink together".

They describe how drinking with those in positions of authority (“bade saab log”, landlords, rich farmers) facilitates gaining patronage, social support, and financial assistance, even “by hook or by crook”, when more formal channels & economic opportunities are unavailable. The men frame this as a strategic engagement with a form of informal social security system

Dependency on Welfare Assistance leading to low motivation to work.

This section tackles a structural-policy aspect of alcohol use ie welfare assistance to provide for subsistence may be a contrary motive for earning wages, and as will be seen below unconditional transfers enable cash to be converted into alcohol when control of access is weak and/or literacy is lacking. An ASHA worker said:

“There is a substantial degree of monetary support that comes to the aid of these tribals. For example, they are provided with enough cash or resources for a month which helps them to buy foodgrains and manage their life with it. Because of this monetary support they are relatively free from the stress of looking for work to sustain their day-to-day requirement which indirectly helps them to have less urge and willingness to seek and maintain employment for their immediate needs of living”.

Commercial availability in stores and addas

This section focuses on the shift from the individual and community level dynamics towards the macro and structural level- the effect of how changing the alcoholic beverage from one rooted in a cultural, ceremonial purpose to one in a commercial form- influences the nature of, not just the frequency of one's drinking, but the physiological impact of the said drinking. An ASHA worker commented:

“Over here the advent of IMFL (Indian Made Foreign Liquor aka videsi daaru), high potency country liquor available in local provision stores has altered the whole drinking pattern here. No longer is it now restricted to cultural, festival activities”.

Understanding of impact on Self & Others

A tribal alcoholic male said:

“A local seminar was held here in the village hall. They gave us information on harmful effects of alcohol not just on our physical health, but also on relationships with our family. That really broadened my understanding and that's when I decided that I want to get rid of this bad habit once and for all”.

While interviewing the tribal men on their own understanding about alcoholism it was found that the responses lay against a spectrum ranging from internalised awareness about their condition, to normalisation of alcohol use, to more advanced consideration of impacts on others. It was also observed that awareness initiatives by local healthcare systems had helped in making their understanding more sound and had in some cases even initiated reduction in frequency of alcohol usage by self-initiative.

Approach & Openness to Treatment

A tribal alcoholic pointed out that:

“There are vans that come to the village. I believe that they are from NGOs. They come and give us dawa paani (medicines). Doctor saab tells me I will get better. He has told me to stop drinking”.

For Melghat, Ashish et al (2025) identify a familiar rural-tribal pattern of availability of treatment- poor roads, lengthy distances to facilities, inadequate transport, and few services and health personnel mean that the provision of alcohol care facilities are limited and there are weak connections to mainstream services. It was seen that men in tribal areas actually seek out help much later when alcohol abuse has already caused distinct physical consequences on the body.

4. Discussion

There isn't one cause of alcoholism that can define the condition. Researchers have come to understand alcoholism from many different viewpoints, and from the qualitative analysis done in the research presented herein, two models together explain the 'how it starts,' and the 'how it keeps going'. Longitudinal-developmental model is how the exposure to alcohol becomes alcohol abuse in stages throughout a person's life. Stress-coping model explains the way in which the drinking becomes compulsive, recurrent, and self enhancing through use under stress.

The developmental model suggests that separate factors are at play in the initiating and later heavy drinking stages, respectively which is perfectly exemplified by Melghat.

Early stage is characterised by family risk, social learning and cultural embeddedness of alcohol. Individual differences and social influences shape early exposure even if the exposure occurs prior to the child's agency, the consequence of which is the structural constraint placed on mothers trying to do agricultural work. A respondent's comment that sons observe their fathers and grandfathers drink at home defines the pathway Zucker and Gombert (1986) demonstrated by showing how social learning leads to picking up of even destructive behaviours by young children which makes them vulnerable to alcohol abuse. It was observed that alcohol is placed not just as a pain-mitigator or an observational male habit, but as a sacred gift. By the time a young Melghat boy reaches adulthood and may have a choice about whether or not to take the ritualistic drink, alcohol has already penetrated his young mind three times over- as an infant pain alleviator, an observed male behavior, and an honored societal object tied directly to success and identity. These successive embeddings seem likely to accelerate the transitioning from initiating individual and social influences toward patterns that may come to resemble much later stages of alcoholism where control seems compromised.

Late stage is characterised by neuroadaptation and chronic consequences. It is in the interviews showcasing the consequence narrative that we see the later stage more clearly

which features neuroadaptation, impaired control, and long-term damage. A respondent's story (living with liver cancer) could be a case study. He has full causal insight ("I know it is from daaru ki aadat"), of visible physiological consequences of sustained alcohol use, but drinks compulsively every seven to ten days. Here neuroadaptation undermines a cognitive choice.

The stress coping/allostatic model maps the movement from stress to consumption. The cycle of arousal arises from stress and negative emotion. The quote by an ASHA worker, 'dard ki sasti dawa hai,' directly confirms the tenet of stressors being drivers for arousal which is met by consumption. Male respondents' explanations, for example, of taking a communal drink in the off season to avoid thinking of "things that aren't in our hands like the weather," are clear expressions of how stress appraisal occurs of naming the exact circumstances that prompt maladaptive emotional strategies and how that stress itself primes a drink to alleviate that discomfort.

Negative reinforcement creating the compulsive loop was evident in the way it was seen as a compulsive escape when it relieved stress even temporarily. Additional comments from a wife of an alcoholic shows that, not only is there internal negative reinforcement, but the social component of drinking in Melghat works as an initial external stimulus when men are "actively encouraged, and it is only after many such experiences over time that men truly begin to enjoy drinking and that the cycle may then sustain itself and align more closely to the cycle of intoxication featuring a negative affect associated with withdrawal.

Co occurrence of alcoholism with mental illness has been observed by Dr. Satav who has worked in Melghat for a major part of his life. We see alarming rates of depression among youth in the region, and that depression is followed by death by suicide. It is not hard to imagine that there is a link between alcohol abuse in the region which prevalently pairs with untreated mental health issues, which are then again addressed through alcohol use before presenting for suicide in an area which lacks treatment options.

5. Conclusion

From this study it can be concluded that alcohol dependence in Melghat can be conceptualized within a Developmental-Allostatic Embeddedness Model, wherein alcohol use is initiated through early and repeated cultural embedding. Maternal practices shaped by agricultural labour, the observation of elderly male drinkers in the home environment, and the sacredness of mohua in Melghat festivals & rituals initiate the process, and it is sustained through an allostatic cycle in which alcohol is used to mediate feelings of powerlessness and uncertainty, reduce the effects of or to run away from poverty and concomitant mental illnesses. The reinforcing effect of each subverted craving for alcohol, coupled with neuroadaptation and the influence of social obligation, help to perpetuate the cycle, and other forces like untreated mental illnesses, the unavailability of treatment facilities, the unregulated welfare liquidity, and the greater and

greater accessibility of cheap liquor keep the cycle going once it is established. In other words, alcoholism in Melghat can thus be understood not as an individual weakness, but as a process rooted in culture, reinforced by stress and maintained by structure.

References

- [1] Ali, A., Gujar, N., Deuri, S., & Deuri, S. K. (2024). Prevalence of Mental Health Problems and Substance Use Among School-going Adolescents of Tribal Ethnicity: A Preliminary Study from North-East India. *Journal of Indian Association for Child and Adolescent Mental Health*, 20, 18 - 25. <https://doi.org/10.1177/09731342241239190>
- [2] Ashish, S., Kavita, S., Vibhawari, D., Dhananjay, R., Shubhada, K., Genevie, F., Vitthal, P., Manik, P., & Sukarai, J. (2025). Engaging tribal communities for improving people's health: lessons from rural Melghat, India. *Journal of Global Health*, 15. <https://doi.org/10.7189/jogh.15.03020>
- [3] Barman, M., & Chowdhury, I. (2023). Substance Uses and Associated Sociodemographic Factors Among Male Tribes and Non-Tribal Communities of Eastern and North Eastern States in India: An Evidence-Based Study from the National Family Health Survey-5. *Global Social Welfare*, 11, 257 - 270. <https://doi.org/10.1007/s40609-023-00328-0>
- [4] Gondane, S. P. (2023). Children in Tribal Areas are at Risk of Malnutrition. *Knowledgeable Research: A Multidisciplinary Journal*. <https://doi.org/10.57067/pprt.2023.1.07.26-30>
- [5] Mathew, A., Minz, S., Vinodh, A., Prasad, J. H., Paul, J., Jebaraj, P., & Rose, A. (2022). Effect of lock down due to COVID-19 pandemic on the alcohol use and abuse among a tribal community in South India. *Journal of Family Medicine and Primary Care*, 11, 6869 - 6875. https://doi.org/10.4103/jfmpc.jfmpc_2457_21
- [6] Mohindra, K., Narayana, D., Anushreedha, S., & Haddad, S. (2011). Alcohol use and its consequences in South India: views from a marginalised tribal population.. *Drug and alcohol dependence*, 117 1, 70-3. <https://doi.org/10.1016/j.drugalcdep.2010.12.021>
- [7] Pati, S., Chauhan, A., Mahapatra, P., Hansdah, D., Sahoo, K., & Pati, S. (2018). Weaved into the cultural fabric: a qualitative exploration of alcohol consumption during pregnancy among tribal women in Odisha, India. *Substance Abuse Treatment, Prevention, and Policy*, 13. <https://doi.org/10.1186/s13011-018-0146-5>
- [8] Pillai, N. M., & S, H. (2024). Intersecting vulnerabilities: Substance abuse in indigenous communities in Southern India.. *Journal of ethnicity in substance abuse*, 1-20. <https://doi.org/10.1080/15332640.2024.2446962>
- [9] Rose, A., Minz, S., Manohari, G. P., T., George, K., Arun, R., & Vinodh, A. (2015). Community perspectives on alcohol use among a tribal population in rural southern India.. *The National medical journal of India*, 28 3, 117-21.

- [10] Sadath, A., Jose, K., Meethal, S., Mathai, J., Venugopal, A., & Xavier, N. (2019). Factors Associated with Alcohol Misuse among Indigenous Tribal Men in Wayanad: A Qualitative Study. *Indian Journal of Psychological Medicine*, 41, 516 - 522. https://doi.org/10.4103/ijpsym.ijpsym_326_19
- [11] Tribal Research & Training Institute, Government of Maharashtra <https://trti.maharashtra.gov.in/divisionwiseTotalPopulation>
- [12] Valsala, P., & Devanathan, S. (2021). Mental resilience in the context of alcohol use- a qualitative study in a tribal community in South India. *Journal of Ethnicity in Substance Abuse*, 22, 213 - 237. <https://doi.org/10.1080/15332640.2021.1925195>
- [13] Veena, M., Ruben, J., & Devarbhavi, H. (2023). Barriers to seeking treatment for alcohol use disorders among males in a tertiary care center in South India – a cross-sectional study. *Journal of Addictive Diseases*, 42, 456 - 463. <https://doi.org/10.1080/10550887.2023.2265804>
- [14] Zucker, R. A., & Gomberg, E. L. S. (1986). Etiology of alcoholism reconsidered. The case for a biopsychosocial process. *The American psychologist*, 41 7, 783-93. <https://doi.org/10.1037/0003-066x.41.7.783>