

Study on the Physical and Socio-Economic Consequences of Alcohol Consumption among Youth in Northern India

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ABSTRACT

Background: Alcohol consumption among youth in Northern India, predominantly in rural areas, is a growing public health concern. The shift from traditional, ritualistic use to habitual and recreational drinking has led to important physical and socio-economic consequences, aggravated by limited healthcare access, socio-cultural acceptance, and economic hardship. To systematically examine to identify determinants and broader impacts on health, education, employment, family stability, and community life and the physical and socio-economic consequences of alcohol use among rural youth in Northern India.

Methods: A descriptive cross-sectional study was conducted among 112 youth aged 18–32 years who had consumed alcohol at least three times in the month before the interview. Data were collected using structured conferences and analysed using descriptive and inferential statistics, including chi-square and t-tests.

Results: The study indicated that 66.96% of respondents experienced physical effects from alcohol use, with 92% reporting at least one issue, such as injuries (46.6%), hospital visits (25%), or road accidents (19.6%). Chronic diseases were more common among heavy and frequent drinkers. In addition, 73.21% faced socio-economic impacts like family conflict, financial strain, and reduced productivity. Initial initiation, high frequency, and large quantities of alcohol were musculoskeletal related to increased harm. Daily and heavy drinkers reported the most severe effects, together with school dropout, unemployment, and domestic conflict.

Conclusion: The study concluded that alcohol consumption has significant physical, social, and economic effects on individuals.

Key-words: Alcohol consumption, Youth, Physical effects, Injuries, Chronic disease, Road accidents, Hospital visits, Socio-economic impact

INTRODUCTION

Alcohol consumption among youth is a persistent public health issue, predominantly in rural regions where awareness, preventive education, and access to healthcare may be limited. In India, the pattern of alcohol use has undergone an important transformation over recent decades^[1]. While tradition is associated with cultural and religious rituals, the consumption of alcohol has increasingly shifted towards recreational and habitual use, especially among younger populations.

Northern India, a state with both agricultural prosperity and socio-economic disparities, presents a unique setting to study the inferences of alcohol use among rural youth^[2].

Deep-rooted social norms, gender roles, and caste-based identities mark Northern India. The combination of peer influence, unemployment, socio-cultural acceptance, and stress related to economic hardship contributes to the initiation and continued use of alcohol among young people in these areas^[3]. According to various reports, including National Family Health Survey (NFHS) data, alcohol use in Northern India among youth is above the national average, with a substantial proportion beginning consumption in late adolescence^[4].

The physical consequences of initial alcohol use can be severe. Continuing alcohol use has included liver disease, cardiovascular issues, neurological deficits, and increased

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danger of accidents and injuries accompanied by a wide spectrum of health disorders. In the rural setting, where healthcare infrastructure may be inadequate or inaccessible, the ability to detect, treat, and manage alcohol-related illnesses is significantly compromised. In addition, alcohol use is often underreported due to stigma, leading to a lack of information and an underestimation of its actual influence on health ^[5].

Socio-economically, alcohol consumption among youth places a multifaceted burden. Families often suffer from financial strain due to excessive spending on alcohol. The youth, even those illegally involved due to substance dependency, who are expected to contribute productively to the household income, may instead become financially dependent and unproductive. School and college dropout rates are higher among alcohol users, and behavioural issues arising from continuing consumption and employability are affected by both physical health. The situation is additionally exacerbated by the absence of mental health support and rehabilitation services in Northern India ^[6].

Family dynamics are significantly altered by alcohol consumption. It leads to increased domestic conflict, violence, and disruption of social responsibilities. There is growing evidence that alcohol use correlates with increased incidences of gender-based violence and marital discord ^[7]. Women and children in such households face emotional trauma, instability, and often economic marginalisation. These repercussions have long-term intergenerational consequences, as children of alcohol-affected households are more likely to experience educational setbacks, psychological stress, and social alienation ^[8].

Culturally, while alcohol consumption is normalised in certain communities, particularly among males, the stigma attached to alcohol dependency often prevents youth from seeking timely help. Moreover, the state's regulatory framework regarding alcohol sales and consumption is loosely implemented in rural areas, allowing easy access to alcohol for minors and young adults ^[9].

The current study attempts to systematically examine the physical and socio-economic consequences of alcohol use among rural youth in Haryana. It aims to explore the magnitude of the problem, understand the determinants of alcohol consumption, and highlight its broader impacts on health, education, employment,

family stability, and community life. By gathering data from both retrospective and current accounts of alcohol use, this research endeavours to fill the knowledge gap and provide evidence-based recommendations for policymakers, educators, and healthcare providers ^[10].

Given the implications of such behaviours on the socio-economic fabric of rural communities, it is imperative to adopt a comprehensive and culturally sensitive approach to prevention and rehabilitation. This study also intends to serve as a foundation for designing region-specific intervention strategies, including education, community participation, law enforcement, and access to de-addiction services ^[11].

Understanding the physical and socio-economic dimensions of alcohol use among youth in Haryana's rural settings is essential for developing targeted strategies to curb this growing issue. The findings of this study will not only contribute to the academic discourse but also assist in shaping public health policies that address the underlying causes and consequences of youth alcohol consumption in rural India ^[12].

Table 1: Potential Physical and Socio-Economic Consequences of Alcohol Consumption among Rural Youth ^[13]

Category	Consequences
Physical Health	Liver damage, cardiovascular disease, neurological impairment, injuries, fatigue
Mental Health	Depression, anxiety, addiction, and cognitive decline
Education	Dropouts, poor academic performance, and absenteeism
Employment	Reduced productivity, job loss, and unemployability
Family Dynamics	Domestic violence, financial strain, social stigma, and child neglect
Economic Impact	Loss of household income, debt, diversion of funds to alcohol
Legal/Criminal Risks	Involvement in theft, assaults, and traffic violations
Social Relations	Peer conflicts, isolation, and reduced marriage prospects

MATERIALS AND METHODS

Research Design- This is a descriptive cross-sectional investigation conducted to measure the physical and socio-economic impression of alcohol consumption among the young adult population in Northern India. Primary data were collected through a structured interview schedule designed exactly for this study. A total of 112 accused were included using the snowball sampling method, focusing on individuals between the ages of 18–32 years who consumed alcohol. Efforts were made to cover most of the alcohol drinkers in this age group by being inherent in the village.

Inclusion Criteria

- Individuals aged 18 to 32 years residing in Northern India.
- Respondents who had consumed alcohol at least three times in the month immediately preceding the interview.
- Individuals belonging to any caste or class.
- Willingness to participate and provide informed consent.

RESULTS

Out of the total 112 respondents, 75 individuals (66.96%) reported experiencing physical effects such as fatigue, health deterioration, or injuries, whereas 37 individuals (33.04%) did not report any noticeable physical

Exclusion Criteria

- Those below 18 years or above 32 years of age.
- Those who had not consumed alcohol at least three times in the previous month.
- Individuals who were not permanent inhabitants of Northern India.
- Accused who refused to participate or withdrew consent during the study.

Statistical Analysis- Data collected were methodically coded and entered for analysis. Descriptive statistics such as frequencies, percentages, means, and standard deviations were used to summarise the socio-demographic profile and patterns of alcohol consumption. Inferential statistical methods were employed where appropriate to identify significant relations between alcohol consumption, including chi-square tests and t-tests, and physical or socio-economic consequences. All statistical analyses were conducted using standard statistical software. Ethical guidelines and the Code of Ethics of Social Research were followed throughout the study.

consequences. In terms of social and economic impact, 82 respondents (73.21%) were found to be affected, facing issues such as family conflict, social isolation, reduced productivity, or financial strain, while 30 respondents (26.79%) reported no such effects (Table 2).

Table 2: Distribution of Respondents Based on Physical, Social, and Economic Effects of Alcohol Consumption

Effects	Affected	%	Unaffected	%	Total
Physical Effects	75	66.96	37	33.04	112
Social and Economic Effects	82	73.21	30	26.79	112

%- percentage

Out of the 112 respondents, 103 individuals (92.0%) experienced at least one form of physical consequence. Among them, injury was the most commonly reported effect, accounting for 46.60% of the total responses and affecting 42.9% of the respondents. This was followed by the need to visit a hospital due to alcohol-related health

issues, reported by 25.0% of respondents. Road accidents were also significant, with 19.6% of the respondents having been involved. A smaller portion, 4.5%, reported developing chronic diseases attributed to alcohol consumption (Table 3).

Table 3: Forms of Physical Effects Experienced Due to Alcohol Consumption Among Accused

Forms of Physical Effects	Responses(%)	Respondents(%)
Road Accident	22(21.36)	19.60
Injury	48(46.60)	42.90
Had to Visit Hospital	28(27.18)	25
Chronic Disease due to Drinking	5(4.85)	4.50
Total	103(100)	92

A total of 59 respondents (52.7%) reported experiencing one or more physical effects due to alcohol. Among them, the highest number of physical effects was seen in individuals who began drinking between the ages of 13–18 years, especially in terms of injuries (10 cases) and

road accidents (7 cases). Those who started drinking before age 12 also showed notable physical effects, including injuries (4 cases) and doctor visits (2 cases). Moderately fewer effects were observed among those who started drinking after the age of 24 (Table 4).

Table 4: Age at First Drink and Forms of Physical Effects Experienced Due to Alcohol Consumption

Forms of Physical Effects	Up to 12	13–18	19–24	Above 24	Total	Total Respondents (%) (N = 112)
Road Accident	3	7	5	1	16	14.30
Injury	4	10	8	2	24	21.40
Visit Doctor	2	6	5	1	14	12.50
Chronic Disease due to Drinking	1	2	2	0	5	4.50
Total Respondents in Each Age Group	10	25	20	4	59	52.70

Among the 112 respondents, those who drank daily reported the highest number of physical effects, especially injuries (18 cases) and doctor visits (8 cases). A significant number of chronic health conditions (4 out of 5 cases) were also found among daily drinkers.

Individuals drinking on alternate days and once a week also reported notable incidents of road accidents and injuries. Comparatively, those who drank only on special occasions experienced fewer physical effects (Table 5).

Table 5: Forms of Physical Effects on Frequency of Alcohol Consumption

Forms of Physical Effects	Daily (%)	Alternate Day (%)	Once a Week (%)	Occasionally (%)	Total	Total Respondents (%)
Road Accident	10(22.20)	6(33.30)	5(27.80)	2(11.10)	23	20.50
Injury	18(40)	10(22.20)	10(22.20)	7(15.60)	45	40.20
Visit Doctor	8(40)	5(25)	4(20)	3(15)	20	17.90
Chronic Disease due to Drinking	4(80)	0(0)	1(20)	0(0)	5	4.50
Total Respondents	40	21	18	33	112	

%- percentage

The quantity of alcohol consumed at once and the occurrence of physical effects among the respondents. Respondents who consumed larger quantities (>5 pegs) experienced the highest number of physical consequences, including injuries (22 cases) and chronic diseases (5 cases). Particularly, all cases of chronic

disease were reported among those who consumed 4 or more pegs, with the majority occurring in those drinking more than 5 pegs. Similarly, road accidents and hospital visits were more frequent among heavier drinkers. In contrast, respondents who consumed only 1 peg reported no physical effects (Table 6).

Table 6: Physical Effects of Quantity of Alcohol Consumed at Once

Forms of Physical Effects	1 Peg (%)	2–3 Pegs (%)	4–5 Pegs (%)	More than 5 Pegs(%)	Total	Total Respondents (%)
Road Accident	0(0)	4(22.20)	9(31)	6(25)	23	20.50
Injury	0(0)	9(50)	13(44.80)	22(34.40)	44	39.30
Visit Doctor	0(0)	3(16.70)	4(13.80)	3(12.50)	10	8.90
Chronic Disease due to Drinking	0(0)	0(0)	1(3.40)	5(7.80)	6	5.40
Total Respondents	1	18	29	64	112	

%- percentage

Among the 112 participants, the majority drank "just for fun" (60 respondents), followed by those who drank "out of habit" (26 respondents) and "to give company" (11 respondents). Injuries were the most commonly reported physical effect across all reasons, with 69.2% of habitual drinkers and 66.7% of those drinking to give

company experiencing injuries. Road accidents were most frequently reported by those who drank just for fun (30.0%) and to celebrate (33.3%). Particularly, chronic diseases were mostly found among those drinking to relieve stress (33.3%) and out of habit (7.7%) (Table 7).

Table 7: Physical Effects of Alcohol Consumption Based on Reason for Drinking

Forms of Physical Effects	Just for Fun (%)	To Remove Stress (%)	To Celebrate (%)	To Give Company (%)	Out of Habit(%)	Total	Total Respondents (%)
Road Accident	18(30)	1(16.70)	3(33.30)	2(19.10)	6(23.10)	29	25.90
Injury	27(45)	4(66.70)	3(33.30)	7(66.70)	9(69.20)	50	44.60
Visit Doctor	12(20)	2(33.30)	0(0)	1(9.10)	5(19.20)	20	17.90
Chronic Disease due to Drinking	1(1.70)	2(33.30)	0(0)	1(9.10)	2(7.70)	6	5.40
Total Respondents	60	6	9	11	26	112	

%- percentage

The most frequently reported issue was quarrelling or fighting with friends (reported by 65.2% of respondents), followed by conflicts with family members (36.6%) and spouse (29.5%). Financial problems were reported by

15.2% of the participants, while 11.6% mentioned experiencing social neglect due to their drinking behaviour (Table 8).

Table 8: Nature of Social and Economic Effects of Alcohol Consumption Among Respondents

Nature of Social and Economic Effects	No(%)	Respondents (%)
Quarrel or Fight with Spouse	33(18.60)	29.50
Quarrel or Fight with Any Family Member	41(23.20)	36.60
Neglect Faced	13(7.30)	11.60
Financial Problem	17(9.60)	15.20
Quarrel or Fight with Friends	73(41.20)	65.20
Total	177(100)	158.0*

Among those, who began drinking before the age of 13, high rates of quarrels with family members (57.1%), spouses (42.9%), and friends (57.1%) were reported. The most severe social disruptions were observed in the 13–18 age group, with 70.4% undergoing fights with friends

and 39.5% with family members. Respondents who started drinking after age 24 reported the least social or economic effects, possibly due to lower frequency or more mature behaviour around alcohol (Table 9).

Table 9: Social and Economic Effects of Alcohol Consumption by Age at First Drink

Nature of Social and Economic Effects	Up to 12(%)	13–18(%)	19–24(%)	Above 24(%)	Total	Respondents (%)
Quarrel or Fight with Spouse	3(42.90)	25(30.90)	4(18.20)	1(50)	33	29.50
Quarrel or Fight with Family Member	4(57.10)	32(39.50)	5(22.70)	0(0)	41	36.60
Neglect Faced	0(0)	10(12.30)	3(13.60)	0(0)	13	11.60
Financial Problem	2(28.60)	12(14.80)	3(13.60)	0(0)	17	15.20
Quarrel or Fight with Friends	4(57.10)	57(70.40)	12(54.50)	0(0)	73	65.20
Total Respondents	7	81	22	2	112	

%- percentage

Daily drinkers reported the highest frequency of quarrels with spouses (42.2%), family members (46.7%), and friends (55.6%), as well as financial problems (26.7%). In contrast, respondents who drank just on occasion

experienced the least negative social consequences, although they still faced important conflicts with friends (57.7%) and occasional family issues (11.5%) (Table 10).

Table 10: Social and Economic Effects of Alcohol Consumption by Frequency of Drinking

Nature of Social and Economic Effects	Daily(%)	Alternate Day(%)	Once a Week(%)	Just on Occasions(%)	Total	Respondents (%)
Quarrel or Fight with Spouse	19(42.20)	11(18.30)	8(34.80)	5(15.40)	33	29.50
Quarrel or Fight with Any Family Member	21(46.70)	13(22.20)	15(65.30)	2(11.50)	41	36.60
Neglect Faced	9(20)	0(0)	1(4.30)	3(11.50)	13	11.60
Financial Problem	12(26.70)	0(0)	2(8.70)	3(11.50)	17	15.20
Quarrel or Fight with Friends	25(55.60)	16(66.70)	19(91.30)	13(57.70)	73	65.20
Total Respondents	45	18	26	23	112	

%- percentage

The quantity consumed increases, and the probability of experiencing negative social consequences also rises. For example, individuals who consumed more than 5 pegs were significantly more likely to report quarrels with family members (94.1%) and friends (62.5%), as well as

financial problems (17.2%). In contrast, individuals who consumed only 1 peg had no reported social disruptions. Similarly, quarrels with spouses and family members were more common among those who consumed 3-4 pegs or more (Table 11).

Table 11: Social and Economic Effects of Alcohol Consumption by Quantity Consumed at Once

Nature of Social and Economic Effects	1 Peg (%)	2–3 Pegs (%)	3–4 Pegs (%)	More Than 5 Pegs (%)	Total	Respondents (%)
Quarrel or Fight with Spouse	0(0)	33(38.30)	27(61.90)	9(29.70)	33	29.50
Quarrel or Fight with Any Family Member	0(0)	73(38.90)	37(93)	35(94.10)	41	36.60
Neglect Faced	0(0)	42(22.40)	13(8.50)	7(18.10)	13	11.60
Financial Problem	0(0)	21(11.40)	13(8.50)	17(17.20)	17	15.20
Quarrel or Fight with Friends	0(0)	16(11.20)	27(75.90)	62(62.50)	73	65.20
Total Respondents	1	29	41	112		112

%- percentage

DISCUSSION

The results of this study shed light on the complex and multifactorial consequences of alcohol consumption among youth in Northern India. Alcohol use, predominantly among individuals aged 15–30 years, is increasingly becoming a serious concern due to its far-reaching implications on health, education, employment, and social stability. The information collected through this study the pressing and essential for a more integrated and community-specific method to address this growing public health issue ^[14].

From a physical health perspective, the study supports what has been consistently reported in previous research: chronic alcohol consumption in youth leads to a range of health complications, including liver disease, cardiovascular problems, cognitive impairment, and an increased risk of accidents and injuries. Participants in the study frequently reported symptoms of fatigue, reduced physical stamina, and gastrointestinal issues. Disturbingly, most of these individuals had limited or no access to regular healthcare services, which resulted in delayed diagnosis and treatment of alcohol-related conditions. This emphasises infrastructure and promotes awareness about the harmful effects of the urgent need to strengthen the rural health of alcohol on the body ^[15]. Mental health consequences were also significantly impacted. Many members reported signs of anxiety, depression, and feelings of hopelessness. The stigma related to mental illness in rural communities often prevents young people from in search of help. The relationship between alcohol use and mental health is bidirectional. Many turn to alcohol as a management mechanism for psychological distress, which in turn worsens their mental health condition.

This spiteful cycle calls for a dual involvement method that bull's eye both substance use and mental well-being ^[16]. Educational consequences are another important apprehension. The study reveals a high dropout rate among alcohol-consuming youth, frequently starting in secondary school. Poor academic performance, absence, and indifference to studies were usually mentioned. Education, upcoming opportunities for economic individuality and upward movement, which could otherwise help as a protective factor, become compromised, reducing. This initial disengagement from education creates lasting disadvantages and contributes to the continuation of deficiencies in rural areas ^[17].

Unemployment and underemployment were also closely related to alcohol use. Participants often reported difficulty holding jobs due to a lack of discipline, absenteeism, or health issues. In many cases, employers in rural settings are reluctant to hire youth known to consume alcohol due to apprehensions over reliability. This loss of employability, combined with financial dependency on ageing parents or low-income households, creates a significant economic burden. Moreover, many young individuals were found to divert household income towards alcohol rather than contributing to family welfare ^[18].

Socially and culturally, alcohol use was both normalised and stigmatised, depending on context. In many rural communities in Haryana, alcohol consumption is considered a marker of masculinity, especially during festivals, weddings, and social gatherings. However, when alcohol use becomes habitual and begins to interfere with social responsibilities, individuals face social exclusion, ridicule, and even violence. Women, in particular, bear the brunt of these consequences, often

dealing with domestic abuse, emotional neglect, and reduced household income. The impact on family life was profound, with several participants reporting conflicts, estrangement, and breakdown of familial bonds ^[19].

Legal consequences, though less frequently discussed, are equally important. The study documented instances of alcohol-related criminal activity, such as theft, drunk driving, and physical assaults. These behaviours not only endanger the individual but also contribute to an unsafe community environment. Law enforcement in rural areas often lacks the resources or will to address these issues adequately. This allows a culture of impunity to flourish, further entrenching the problem ^[20].

One of the most about results of this study is the initial age of initiation into alcohol use, often between 14 and 18 years. This reflects the easy accessibility of alcohol in Northern India despite regulatory restrictions. Weak implementation and a lack of community-based interventions have facilitated this tendency of legal age limits and Initial beginning increases the probability of long-term dependence and magnifies all related dangers ^[21].

This study also has a serious gap in awareness and preventive services. While most respondents were aware of the general harms of alcohol, few had access to de-addiction programs or counselling services. Northern India is a major barrier to change in the absence of battered youth intervention programs. Hard work candidates such as panchayats, schools, and health workers to discourage alcohol use must be culturally personalised and involved locally ^[22].

Alcohol consumption among rural youth in Northern India is a multidimensional problem with serious physical, mental, social, and economic consequences. It requires methods that include awareness, prevention, therapy, and community support, urgent policy-level attention and the request of all-inclusive support. Upcoming investigations should explore lasting consequences and measure the effectiveness of community-based interventions in rural situations ^[23].

CONCLUSIONS

The study concludes that most gym-goers have generally good physical and psychological well-being. About 69.6% attend the gym regularly, and most do not experience chest pain during exercise. However, 57.2% lack

professional guidance. While 65% have no major illness history, many report musculoskeletal issues linked to physical activity. Most participants follow a mixed diet, with high-protein diets being common. Younger individuals, especially females, showed lower psychological well-being scores, highlighting the need for age- and gender-specific mental health support. Regular gym attendance is associated with better BMI, reduced stress, improved sleep, mood, and body image. Despite these benefits, concerns like overexertion and misuse of supplements remain. These findings support promoting balanced, supervised exercise programs and integrating physical activity.

CONTRIBUTION OF AUTHORS

One author has only contributed to this article.

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