

# Uncorking the silence: alcohol and the urban Indian woman

## Abstract

In recent years social drinking is becoming more acceptable and common in urban Indian women. As a result alcohol use disorders are also increasing in this demographic. In this article we explore some of these issues, discuss the social factors contributing to this phenomena and how to tackle this emerging public health issue.

**Keywords:** alcohol, women, social stigma, urbanization

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## Introduction

In recent years, consumption of alcohol among urban Indian women has been growing subtly but steadily. Drinking used to be a masculine activity, but now it's becoming a female domestic and social activity, at least in the cities. The shift is ushered by shifts in values, increasing levels of stress, and dual demands of professional and family responsibilities. Even so, women's drinking remains under-theorized in medicine and in public discussion, primarily because of social stigma and gendered norms. This invisibility makes the issue all the more pernicious, what we don't discuss, we don't solve.

## Literature review

### *Alcohol use in women*

Alcohol use among urban women in India is on the rise, reflecting both shifting cultural norms and influences from global urban lifestyles. While statistics show that overall alcohol consumption remains lower among women compared to men, cities and progressive states are witnessing a growing trend, especially among young professionals and women with financial independence. The estimated prevalence of alcohol misuse among Indian women is relatively low, below 5%, but specific urban areas report higher rates, especially among educated and socio-economically privileged women.<sup>1</sup> The National Family Health Survey-5 (2019–2021) found that about 0.6% of urban women reported drinking alcohol, compared to 1.6% of rural women, with higher rates in certain states and cities. Some states report notably higher consumption rates; for example, Arunachal Pradesh has 24.2% of women consuming alcohol, largely due to traditional practices like serving rice beer ("apong").<sup>2</sup> Alcohol use among urban women in India is on the rise, though still relatively low compared to men. The increase is linked to socio-economic development, changing gender roles, urbanization, and cultural acceptance, with regional variations significantly impacting prevalence rates. This marks a notable shift in societal norms, reflecting broader social changes in India.

### *Risk factors*

The risk factors for alcohol consumption among Indian women are diverse, involving socio-demographic, cultural, psychological,

and environmental elements. Socioeconomic factors such as wealth and education have a complex relationship with alcohol use, with some studies showing higher misuse in upper socioeconomic classes in urban areas, while others associate hazardous drinking with economically disadvantaged and socially marginalized groups, including scheduled tribes.<sup>1</sup> Stressful life events and psychological distress are important risk factors. Women may use alcohol to cope with stress, dysphoria, and to self-medicate. Social influence from family and peer groups plays a critical role, especially with family members who consume alcohol increasing the likelihood of alcohol use in women. Cultural acceptance varies by region and community, where traditional and social customs involving alcohol elevate use among women, particularly in tribal and certain urban populations.<sup>1</sup>

Risk factors for alcohol consumption in Indian women include regional cultural acceptance, family and social environment influences, psychological stress and coping mechanisms, socioeconomic status, and co-use of substances like tobacco. These factors interplay differently across urban and rural settings, shaping distinct patterns of alcohol use among women in India.

### *Health outcomes and economic burden*

In terms of overall disease burden, alcohol use resulted in 132.6 million disability adjusted life years (DALYs), i.e., 5.1% of all DALYs in that year (World Health Organization, 2018).<sup>3</sup> Among the long list, the three conditions that account for the bulk of alcohol-related deaths are cancer, liver cirrhosis, and injury.

A leading cause of death, alcoholism is linked to neurological damage, cardiovascular illness, liver disease, psychological disorders, and cancerous tumors. Excessive alcohol use damages the brain and results in associated neurological abnormalities, such as problems with working memory, executive functions, visuospatial abilities, working memory, and gait and balance. Major depression, dysthymia, mania, hypomania, panic disorder, phobias, generalized anxiety disorder, personality disorders, any substance use disorder, schizophrenia, and suicide are among the mental illnesses linked to alcohol use.<sup>4</sup>

While moderate drinking is linked to cardio protective benefits, excessive drinking is associated with increased risks of hypertension, coronary heart disease, and ischaemic stroke, possibly as a result of alcohol-induced sympathetic activation. Long-term excessive alcohol use is a significant risk factor for many cancers, including those of the digestive tract, liver, breast, and ovaries, but especially for malignancies of the aerorepiratory tract. Cirrhosis and other types of alcoholic liver disease are linked to heavy drinking. Due to alcohol-related characteristics such as impaired attention, perception, and judgment, increased reaction time, and decreased balance and coordination, alcohol dependence also raises the risk of injury.<sup>4</sup>

An analysis by Jyani et al.,<sup>3</sup> predicted that 258 million life years would be lost as a result of alcohol-attributable deaths between 2011 and 2050. By 2050, this translates to a loss of 75.60 days of life (discounted) per person. Eliminating alcohol would gain the country 552 million quality adjusted life years (discounted). Furthermore, by 2050, alcohol-related health issues will cost Indian society a net economic burden of INR 97,895 billion (US\$ 1506 billion), even after accounting for tax revenues from the sale of alcohol. This represents an annual average loss to the Indian economy of 1.45% of GDP.<sup>3</sup>

### Social factors

According to the evidence collated by Roy and colleagues from the National Family Health Survey (NFHS-5) 2021, the underlying spatial association was brilliantly highlighted between prevalence of alcohol consumption in women (WAP) and the six exploratory factors, namely sex ratio, women's schooling, women's literacy, poor population, marginalized population, and tobacco consumption among women across the 707 districts in India.<sup>5</sup>

Among the marginalized, economic disparities, which are typified by a lack of educational and career prospects, can lead to elevated stress levels and the use of alcohol as a coping strategy. Additionally, some marginalized populations have cultural customs that include alcohol in their ceremonies, which increases their exposure to alcoholic beverages. Furthermore, access to healthcare facilities and awareness campaigns addressing the health hazards associated with alcohol drinking may be hampered by the geographical isolation that is common in many tribal regions, along with already existing low levels of education and awareness. Traditional societal roles and gender dynamics hold and propagate norms which may in turn cause under-reporting of alcohol consumption levels. In addition, the pressures of poverty, prejudice, and social marginalization in underprivileged groups can lead people to turn to alcohol as a coping mechanism.<sup>5</sup>

There is also a statistically significant positive correlation between women's literacy and alcohol prevalence, indicating that rising female literacy rates may potentially raise female alcohol prevalence. The fact that increased female literacy is predominantly observed in urban areas where the globalization effect is more pronounced basically explains the inverse effect, with women exposed to contemporary ideas and independence to a relatively greater extent.

Additionally, the consumption prevalence is spatially concentrated in a few areas of India, particularly in the country's east, southeast, and northeast, meaning alcohol use is far more common in these locations than it is nationwide. It's interesting to note that higher rates of consumption among women are found in areas with a large SC/ST population. Lower social and economic standing as well as cultural distinctiveness may be the cause of the clustering.<sup>5</sup>

Among pregnant women in the US, not being married, participation with the criminal justice system (arrest and booked), and psychiatric

distress during the previous 12 months are important social determinants of health that raise the risk of alcohol consumption. However, other factors, such as being Asian or Hispanic, being unemployed, etc. are linked to a lower chance of drinking. Being older is linked to a decreased chance of binge drinking in the previous month. Investigating alcohol use by trimester reveals unique characteristics. Unique factors emerge when examining alcohol use by trimester.<sup>6</sup>

### Case report

A 42-year-old woman presented with symptoms of alcohol dependence, emerging in the context of prolonged emotional distress related to family issues. She had previously maintained a stable lifestyle, but her alcohol consumption began to increase during a period marked by relational strain within the family. Her alcohol use was strongly linked to psychological associations of alcohol with fun, relief, and escape, and she described it as a way to cope with internal emotional turmoil and daily stressors. Although the patient was aware of her increasing dependence, she experienced feelings of internal conflict, exacerbated by the social stigma attached to alcohol use among women.

This case highlights how emotional burden, unmet psychological needs, and social silence surrounding women's mental health can contribute to the development of substance use disorders. The patient's experience illustrates the challenges many urban women face, where alcohol use is not merely recreational, but often a response to deeper psychological and social stressors.

### Discussion

Historically, Indian women's alcohol consumption has been low owing to strong religious and cultural inhibitions and the huge social taboos against women's drinking. Urbanization has made it possible, however, for there to be a transformation of gender roles with greater female labor market participation, greater economic independence, and participation in public life. These transformations have seen the progressive normalization of drinking alcohol by urban women, particularly in social contexts such as parties, restaurants, and social gatherings with coworkers or peers. Although this shift has occurred, there is no complete eradication of the stigma. It still influences help-seeking behavior, with city women tending to be less likely to be treated for alcohol addiction because of fear of social condemnation, for example, in studies where city women from neighborhood communities were disproportionately underrepresented in clinical samples relative to university students. Sociological studies find two contradictory trends of drinking alcohol among Indian women:

**Traditional/Tribal pattern:** Drinking is woven into social routine and rituals in some tribal and rural cultures, typically drink at family or communal gatherings. Drinking is not stigmatized here and is, on occasion, actually a sign of social engagement.

**Wealthy urban lifestyle:** Among wealthy, highly educated, and young urban women, alcohol is taken mainly in social contexts-with friends, at parties, or with husbands. They are likely to drink less but more often per session, indicating a social or binge drinking pattern.<sup>7</sup>

Urbanization comes with opportunities and sources of stress. Urban, fast-paced life can result in social isolation, heightened stress, and the breakdown of traditional support networks as individuals drift away from rural, traditional ways of life. Drinking is an escape from some of the stresses of urban living, such as tension at work, tension in marriage, and balancing multiple roles, for some women. Urban sociological research in cities such as Mysuru also brings out the point that city life, with greater exposure to new ways of life and reduced

communal monitoring, would promote deleterious habits, such as excessive drinking.

Alcohol use among women is often higher in nuclear families, possibly due to less social control and greater personal freedom compared to joint or extended households. Socioeconomic status also plays a role, while rural and tribal women from lower-income groups tend to have higher rates of alcohol use, in urban areas, it is more common among wealthier and better-educated women, reflecting different motives and social meanings.

Family and peer influence significantly shape drinking habits. Women with family members who drink are more likely to consume alcohol themselves, highlighting the role of social networks in normalizing such behavior.

Cultural and regional differences also affect how women's drinking is perceived. In some tribal and northeastern regions, it is accepted and even considered normal, while in many urban areas, it is still seen as a symbol of modernity and often viewed as going against social norms.<sup>8</sup>

## Conclusion

The emerging urban Indian women's drinking trend is a silent epidemic, showing up quietly, shrouded in social stigma and gender stereotyping. In a changing society, we must also change our mindset towards dealing with women's health and wellbeing. The recognition of the trend is the beginning of attempting to reverse it. Gender-sensitive awareness campaigns, low-cost mental health interventions, and de-stigmatized therapies for women, such as the one in question, need to become available before the silence gets a foothold irreparably.

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## Conflicts of interest

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