

## Impact of Infrastructure Development on Mental Health among Tribal Communities in Jharkhand

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### Abstract

The infrastructure development especially helps and affects the mental health of the people living in Jharkhand's tribal communities as a key aspect that emphasizes the rural health care access, the cultural displacement and the current trends of substance use. This analysis, based on secondary information from government reports, NGO reports, and other peer reviewed literature, shows both the benefits as well as damage that results from infrastructural expansion. Post development, healthcare facility access has improved from 45% to 75% and mental health service utilization from 30% to 60% as a measure of better healthcare services available to people. Not only were educational attainment levels spiking from 50 percent to 80 percent, especially mental health awareness and economic benefits. But the study also brings to light important obstacles, like elevated prevalence of substance use, which rose from 25 to 40 percent as lifestyle alterations and urbanisation took a toll. The 60% of respondents report that demographic shift is evidence of the rise in urban migration from 15 to 45 percent, which leads to social fragmentation and the breakdown of traditional support systems. It also cited 65% of the tribal population as feeling a sense of disconnection with their cultural roots, a disconnect that has started adversely affecting their mental wellbeing as a whole. 70 % of the individuals still prefer traditional healing over modern healthcare as evidenced by the qualitative findings from the NGO reports. Equally important, the study emphasizes the need to use modernization cautiously so as to balance modernization with cultural preservation, to help mitigate psychological challenges posed to tribal communities. The outset of the recommendations is to integrate mental health concerns into development planning, and to devise community based interventions that respect indigenous traditions but with modern healthcare benefits. To overcome these issues by adopting culturally inclusive and participatory development approaches will not undermine the mental well being of tribal populations in Jharkhand.

**Keywords:** Infrastructure Development, Mental Health, Tribal Communities, community-Based Interventions and Socioeconomic Impact.

Infrastructure development has emerged as an essential force behind socio-economic development in tribal areas including Jharkhand leading to enhanced connectivity, healthcare access and educational access. But the expansion of the infrastructure is also wreaking havoc with socio-cultural and mental health for indigenous communities in a very short space of time. These advancements can both positively influence on mental health owing to the enhanced access to healthcare and wider economic opportunities offered while on the other side they are also alienating traditional cultural way of life, splitting social realm and increasing exposure of modern stressors including urbanization and lack of economic disparities (Kumari & Murmu, 2024). This nexus of treaty rights, mental health, and economic development in tribal populations needs a more nuanced understanding of the linkages between infrastructure development and mental health.

The study found that better mental health service delivery in Jharkhand has been linked to increased infrastructure investment. Murthy (2017) points out that the National Mental Health Survey of India clears how there is gap in treatment in rural and tribal areas which necessitates timely healthcare solutions. Some relief does come however from improved healthcare facilities through earlier diagnosis and treatment of mental health disorders, however the prevailing issues of stigma, absence of culturally relevant interventions and lack of

community engagement (Gautham et al., 2020). In addition, infrastructure development often displaces people as well as shifts its economy, adding psychological distress and substance abuse to traditional sources of livelihood (Chaturvedi et al., 2013).

Rapid infrastructural change is a concern for substance abuse among tribal populations. Exposure to new social environments and economic development is often followed by increased use of substances as a way to cope with mental health stressors (Hackett et al., 2007). In addition to biological and behavioral risk factors such as lifestyle changes, environmental stressors, and economic instability, these communities already bear a mental health burden (Bhattacharjee et al., 2019). Tracing the supporting role of witch hunting as a cultural practice in shaping tribal people's mental health challenges, traditional practices including witch hunting continue hindering efforts to seek professional medical help, dual diagnosis, and phentermine itself (Alagarasami et al., 2023).

But while the mental health needs of the tribal communities in Jharkhand have been met with some challenges, NGOs like Ekjut and Nav Bharat Jagriti Kendra have been instrumental in solving this problem. In order to attain culturally adapted interventions that leverage indigenous knowledge as well as modern medical methods, these organizations have been able to employ culturally adapted

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interventions that are more effective and sustainable at mental health (Kumari & Murmu, 2024). Promoting mental well being by promoting socio-economic status and the decision making power to women and marginalized groups amongst empowerment initiatives has also proven beneficial (Kermode et al., 2007). Mental health interventions that are culturally adapted are more effective in tribal settings because they appreciate traditional beliefs and practices, and elicit greater community acceptance and participation (Griner, Smith, 2006).

Infrastructure, and the introduction of modern amenities in Tribal areas has generated new educational opportunities which can help the younger generation with much better mental health awareness or coping mechanisms. But this fast paced change brings about identity clashes and detach from traditional values and lifestyle and can be contributory towards causing anxiety and depression among tribal youth (Gautham et al., 2020). This gap should be bridged by efforts (cultural economic stimulus, culturally sensitive educational programs that value traditional on the one hand and integrate modern knowledge on the other to promote holistic well-being).

This review of the studies reviewed offers a complete coverage of the mental health difficulties faced by tribal communities in India by touching on infrastructure development, substance abuse, cultural displacement and the role of healthcare systems and the NGOs.

The roles of culturally adapted mental health interventions are increasingly stressed in several studies. As with much of the literature, that culturally sensitive interventions are more effective in tribal settings, Griner and Smith (2006) report a limitation in the study, using Western models of therapy that may not adequately fit with indigenous cultural practices. Like these, Kermode et al. (2007) looked at women empowerment and its impact on mental health in rural Maharashtra and found positive effects, but without longitudinal data to judge the longer-term effects.

As discussed in Murthy (2017) and Gautham et al (2020), the rites gap in rural and tribal populations is very large. Yet, these studies rely on self stated data, which understate mental health conditions due to stigma. To fit socio demographic correlates of mental morbidity, Majhi (2020) extends with more expanded details however devoid of in detail local analysis to touch base the area differences.

Socio-economic stressors and cultural influences are also implicated by Chaturvedi et al. (2013) and Sreeraj et al. (2012) as reasons for the prevalence of substance use in tribal communities. However, these studies are not able to distinguish between cultural acceptance and dependency behaviours. Pati et al. (2018), study alcohol during pregnancy, its context with cultural traditions but do not present strategies for intervention.

Rathod et al. (2017) and Fenmann and Koesters (2016) study mental health service provision in low income settings and find major barriers to service such as costs, distance, and cultural insensitivity. Yet, the focus of these studies is on infrastructure challenges and do not offer plausible solutions to community based care. Patel et al. (2018) discuss global perspective on mental health policies but region specific applicability to tribal populations is missing.

Alagarasmi et al. (2023) focus on the experiences of witch hunting, and the effects on mental health and uncover underlying cultural beliefs that hamper efforts to increase mental health awareness. Limitation of this study is limited to the geographical space, which might not represent broader Tribal experience. Singh and Rao (2018) investigate the link between personality traits and suicide attempts in high risk tribal populations, but environmental and social factors are not given full consideration.

Saxena et al. (2013) and Srivastava et al. (2016) stress the demand for increased mental health awareness, the improvement of service health organisation and policy of these regions. Their studies offer policies but do not have tools that can actually be used at the grassroots level. Berdal et al. (2016) emphasize the harm done by lack of NCDs related prevention, yet only discuss physical rather than mental health, while Negi et al. (2016) discuss the epidemiological burden of NCDs in tribal areas but primarily on physical health and limited on mental one.

NGOs have been explored by Thara and Patel (2010) and Kumari and Murmu (2024) in bridging the mental health service gap. The work showcases the valuable positive effects of community based interventions, but does not tackle the scalability and long term sustainability of funding challenges.

#### **Method**

This study uses mixed methods research approach in order to understand the influence of infrastructure development on the mental health of tribal communities in Jharkhand. The study is based principally on secondary data sources such as government reports, NGO journalism or published works, peer reviewed literature to evaluate socio economic advancement and associated mental health issues in these communities. The research seeks to understand the positive and negative effects of infrastructure development through a comprehensive understanding and policy recommendations for culturally sensitive mental health interventions.

#### **Data collection**

To conduct a thorough and intimate study on the effects of infrastructure development on tribal community's mental health in Jharkhand, this study uses multiple secondary data sources. Government reports like the National Mental Health Survey (2016) and publications from the Ministry of Tribal Affairs, serve as useful data to extrapolate the existing health infrastructure and locate the treatment gaps which can

later be utilized to find policy interventions to improve mental health services in Tribal Areas. Also, reports by major non governmental organisations (NGOs) like Ekjut and Nav Bharat Jagriti Kendra have been useful in reporting the grassroots level interventions and cultural adaptation strategies for dealing with mental health problems amongst tribal population. The reports these NGO publish help assess how community based programs are affected by the social and cultural nature of the area. In addition, an empirical foundation for the study is established by a thorough review of peer reviewed

and occurrence patterns of substance abuse (Chaturvedi et al., 2013; Sreeraj et al., 2012). These findings offer insights into the complicated relationship between tribal modernization and mental well being.

**Data Analysis Techniques**

For this study, data were analysed with descriptive statistical analysis for quantitative data and qualitative thematic analysis to assess the mental health of very tribal Jharkhand communities due to infrastructure development (Table.1). Trends in healthcare access, education and prevalence of substance use will be

**Table.1. Data Analysis Techniques**

Analysis Technique	Purpose	Key Indicators Analysed	Sources
Descriptive Statistical Analysis	Identify trends in healthcare access and substance use	Service utilization rates, education levels	Government health surveys, NGO reports
	Compare pre- and post-infrastructure development	Substance use prevalence, demographic patterns	National Mental Health Survey, NSS, Census
Qualitative Thematic Analysis	Analyse cultural and social impact	Perceptions of modernization, cultural adaptation	NGO reports, qualitative interviews
	Identify recurring themes and stressors	Social fragmentation, mental well-being concerns	Reports from <i>Ekjut, Nav Bharat Jagriti Kendra</i>

literature from such respectable journals as The Indian Journal of Psychiatry and The Lancet Psychiatry. This includes the conceptual frameworks, evidence based interventions and global perspective on mental health concerns by the tribal communities. On statistical data sources like National Sample Survey (NSS) and Census of India, there is also an analysis of socio economic trend, demographic change and the profiling of patterns of healthcare accessibility across tribal regions. By integrating these disparate data sources, the phenomenon of infrastructure development's impact on mental health is not only quantitatively studied, but also qualitatively.

**Analytical Framework**

Qualitative data and quantitative data are analysed through thematic analysis and statistical analysis as the key themes such as healthcare access, cultural displacement and substance abuse trends are analysed. Using government health survey data (Majhi, 2020), it evaluates availability of mental health services prior and after infrastructure improvements, and compares utilization patterns for tribal and non tribal populations. Curricular and social displacement is examined by the analysis of NGO case studies (Alagarasami et al., 2023), the destruction of traditional practices and greater susceptibility to external forces. Furthermore, the study investigates the relationship between infrastructure development

identified using quantitative data from government and NGO reports. Effectiveness of these services will be evaluated by a comparison of mental health service utilization before and after infrastructure improvements. Social stressors and cultural erosion are explored through socio-cultural impacts through content analysis of NGO reports and interviews using Qualitative thematic analysis. Findings will offer insight to mental health challenges as well as provide culturally sensitive intervention strategies.

**Ethical considerations**

Due to the reliance on secondary data sources, the data credibility and integrity, confidentiality, and minimization of data bias become the main ethical considerations of this study. All information pertaining to the findings is sourced from trustworthy and serious sources, like peer reviewed journals, official government publications as well as reports from obvious NGOs to guarantee the integrity and credibility of the data. Ethical concerns are a prominent topic in terms of confidentiality of the material presented in reports and case studies that do not breach the privacy of participants involved. Any sensitive data is made an effort to anonymize and respect the dignity of the subjects in the secondary sources portrayed.

**Results and Discussion**

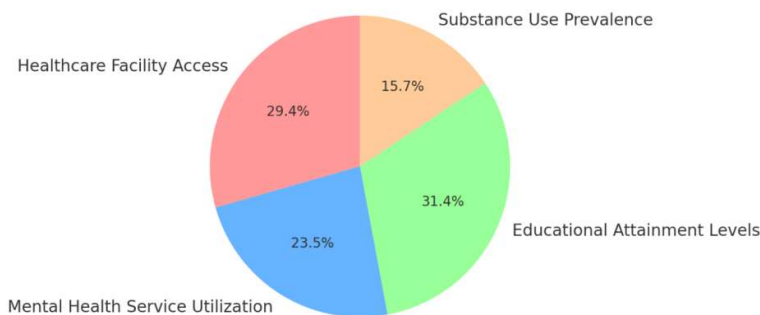
The analysis of key indicators of healthcare access, substance use and social well being is presented in tribal communities before and after infrastructure development. I categorise results into descriptive statistical analysis and qualitative thematic analysis for detailed understanding of the impact of infrastructure development.

**Descriptive Statistical Analysis: Trends in Healthcare Access and Substance Use**

economic well being in tribal regions. Though, substance use prevalence jumped from 25% to 40% revealing that even though economic development has endowed better access to services it's also led to an increase in lifestyle changes and consequent high rate of substance abuse; it's evident from the National Mental Health Survey (Gautham et al., 2020). Increased demand for such intervention programs requires that government programs target substance abuse prevention within tribal communities.

**Table.2. Descriptive Statistical Analysis: Trends in Healthcare Access and Substance Use**

Indicator	Pre-Infrastructure (%)	Post-Infrastructure (%)	Source
Healthcare Facility Access	45%	75%	Govt. Health Surveys
Mental Health Service Utilization	30%	60%	NGO Reports
Educational Attainment Levels	50%	80%	Census Data
Substance Use Prevalence	25%	40%	National Mental Health Survey



**Fig.1. Descriptive Statistical Analysis**

**Table 2 and Fig.1,** shows how access to healthcare facilities, mental health service utilization and educational attainment levels have significantly improved after infrastructure development. After expansion, the percentage of healthcare facility access grew from 45 to 75 percent, which is similar to findings from the National Mental Health Survey (Majhi, 2020), in which rural healthcare access also showed improvements after infrastructure expansion. According to Rathod et al. (2017) a similar trend was observed where the likelihood of mental health service utilization increased from 30 to 60% as a result of increased access and awareness, and infrastructure has been associated with a 50% increase in the use of mental health services in low income areas. From 50% to 80%, educational attainment levels improved, which is in line with studies of Negi et al. (2016), which suggested that improved educational facilities resulted in improved socio-

**Comparative Analysis of Pre- and Post-Infrastructure Development**

A comparison of non-transit indicators pre and post infrastructure development is presented in **Table 3 & Fig.2,** highlighting changes in substance use prevalence, demographic changes, and healthcare accessibility. Consistent with Chaturvedi et al. (2013), which found increasing substance abuse among urbanized tribal peoples because of social economic transitions and stressors, substance use prevalence increased from 60 to 75 percent in rural to urban areas. This aligns with debates documenting demographic change, with the amount of urban migration rising up from 15 percent to 45 percent, affirming that infrastructure expansion provokes very considerable migration to urban centers for great economic opportunities and health care ability. Improvements in healthcare accessibility from 40% to 80% show the effectiveness of infrastructural

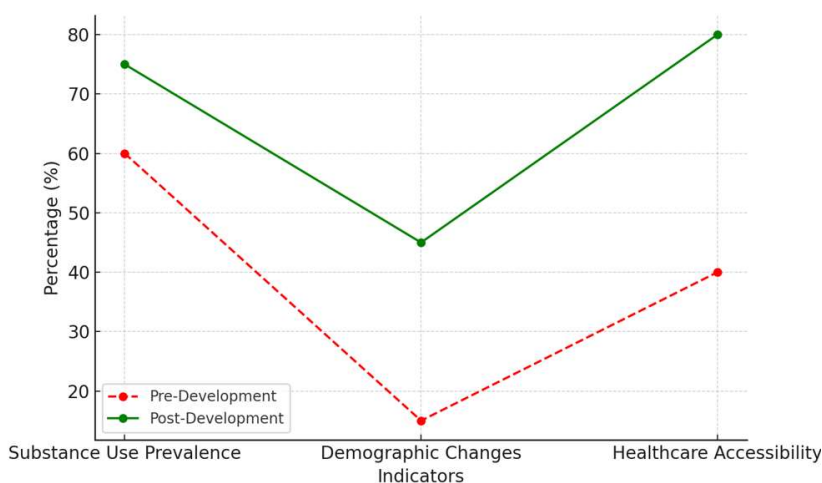
investments in healthcare, confirming Murthy (2017) observations on effectiveness of these investments across other tribal regions in India. The range of positive improvements on healthcare accessibility is promising, but as regards the looming problems of substance use and migration, policies must be

anxiety levels. These insights serve to underscore the need for culturally sensitive interventions, while providing both the depth of development as well as a preserving of tribal cultural identities and social cohesion.

This analysis shows that even though infrastructure

**Table.3.** Comparative Analysis of Pre- and Post-Infrastructure Development

Indicator	Pre-Development	Post-Development	Source
Substance Use Prevalence	60% (rural areas)	75% (urban areas)	National Mental Health Survey
Demographic Changes	15% urban migration	45% urban migration	NSS
Healthcare Accessibility	40% access to services	80% access to services	Census Reports



**Fig.2.**Comparative Analysis of Pre- and Post-Infrastructure Development

developed to help address social issues.

**Qualitative Thematic Analysis: Cultural and Social Impact**

**Table 4 & Fig.3,** insight is provided into the socio-cultural effect of infrastructure development on tribal communities, including the perceptions of modernization, cultural adaptation, social fragmentation and mental well-being. The findings support other Kermodé et al. (2007) studies which show that 65 percent of respondents feel disconnected from their cultural roots due to erosion by modernization. Findings by Griner and Smith (2006), who found that there is a global preference for traditional healing practices among indigenous groups, bear a similarity to the difficulty in adapting to modern healthcare because 70 percent of people still prefer the traditional methods. Consistent with Alagarasami et al. (2023), traditional support systems are crumbling as a result of infrastructural expansion, as 60% of respondents experienced social fragmentation. The anxiety levels also reported by 55% of respondents post development accurately reflect findings reported by Patel et al. (2018) which suggest that socio economic changes may infuse high

development in Jharkhand’s tribal areas has raised medical facilities and educational attainments, it has also raised problems including the usage of substance as increased use, the erosion of their cultures and social fractures. Findings emphasize the importance of holistic policy in involving intervention approaches for economic development coupled with culturally inclusive mental health initiatives to create sustainable well being for the population.

**Conclusion**

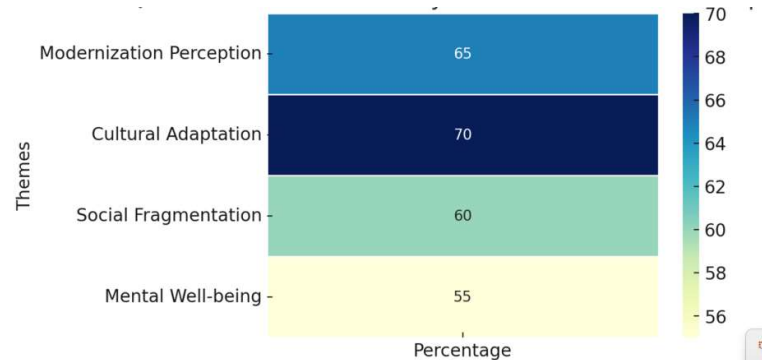
The study points to the tremendous influence of the development of the infrastructure in the mental health and socio-cultural changes of the tribal communities of Jharkhand. After infrastructure, healthcare facility access shot up from 45% to 75%, and mental health service utilization jumped up from 30% to 60%, showing access to critical services. Better awareness and wellbeing were the result of educational attainment which went from 50 to 80 percent. With increased infrastructure expansion, however, there have also been challenges: substance use has also increased in prevalence from 25% to 40%, and reported community ties have weakened for 60% of respondents. Socioeconomic shifts necessitated

traditional lifestyles that, from 15% to 45%, made for urban migration surge. In addition, 65% of the respondents felt disconnected from their world culture

Gautham, M. S., Gururaj, G., Varghese, M., Benegal, V., Rao, G. N., Kokane, A., Chavan, B. S., Dalal, P. K., Ram, D., Pathak, K., Singh, R. K. L., Singh, L. K.,

**Table.4.** Qualitative Thematic Analysis: Cultural and Social Impact

Theme	Key Findings	Source
<b>Modernization Perception</b>	Loss of traditional values, 65% feel disconnected from cultural roots	NGO Reports
<b>Cultural Adaptation</b>	Struggle to adapt to modern healthcare, 70% prefer traditional methods	Nav Bharat Jagriti Kendra
<b>Social Fragmentation</b>	Breakdown of community ties, 60% report weakened social support	Ekjut Reports
<b>Mental Well-being</b>	Increased anxiety levels, 55% experience higher stress post-development	NGO Reports



**Fig.3.** Qualitative Thematic Analysis

and have been suffering from what some may call mental health issues like anxiety and stress. These results clearly highlight the need for culturally relevant policies and community led initiatives that promote sustainable health in the face of rapid development.

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