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### QUANTIFICATION OF THE EFFECT OF ALCOHOL IN THE STATE OF MIZORAM USING SOCIAL COST BENEFIT ANALYSIS

*Esther L Chhangte<sup>1</sup>, R.L Koul<sup>2</sup>*

<sup>1,2</sup>Amity Law School, Amity University,  
Noida, India

Email: <sup>1</sup>[l.chhangte@yahoo.co.in](mailto:l.chhangte@yahoo.co.in),

Corresponding author E.mail: <sup>2</sup>[rlkoul1@amity.edu](mailto:rlkoul1@amity.edu)

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#### INTRODUCTION

Mizoram is the 23<sup>rd</sup> State of India, which lies in the remote north-east corner of India. The people of Mizoram are called Mizo and speak the Mizo language. Aizawl is the capital of Mizoram and Christianity is the religion followed by about 87% of the population of the State. Christianity of the Mizos was the influence of the British Missionaries when they landed in Mizoram in the 19<sup>th</sup> century when they came to rule over India.

Before the introduction of Christianity among the Mizos in 1894, there was no counter action against drinking alcohol but rather played important roles and was part and parcel in almost all religious sacrifices and ceremonies (Joy & William, 2015).

The Mizos believed that the hills, mountains, streams, bog trees etc were inhabited by demons. It may be kept in mind that alcohol played an important part in almost all sacrificial ceremonies (Dev & Lahiri, 1983). The animals to be sacrificed were usually sprayed with alcohol by the priests. The priest and ones for whom sacrifice was made drank alcohol on the occasion of every sacrifice. (Laltluangliana, 2013)

Toward the end of the British rule, the British Missionaries have succeeded in converting the Mizo tribals to Christianity. (Lalkima, 1997) The evangelists and preachers were advised to preach the evil of drinking. The newly converted tribals since they have abolished sacrificial rites, have started

attaining temperance in society and professing at the same time consuming alcohol is against Christian idealism (Thirumal & Lalrozama, 2018).

Therefore, Mizoram has been a dry state even before India's Independence. In 1984, wine shops were allowed to be opened briefly under the Mizoram Excise Act, 1973 but were again closed in 1987. The Mizoram Liquor Total Prohibition was enacted in 1995.

The Congress government under the leadership of Shri Lalthanhawla lifted the said Act in 2013 and introduced the Mizoram Liquor (Prohibition and Control) Act, 2014, where sale and consumption of alcohol was legalized. The sale of alcohol was done in a controlled manner. Only those who possess an Excise Card issued by the Excise Authority could buy alcohol from wine shops. The number of bottles that a card holder can buy was also limited to 6 bottles per month.

After the Congress Party lost the election in 2018, the Mizo National Front Party again enforced prohibition, which is in effect till date.

### ***Statement of the problem***

Mizoram is an orthodox Christian state. Selling and consumption of alcohol is prohibited in the state for reasons more because of their religious belief that consumption of alcohol is a sin rather than its health implications. However, it is found that in spite of the prohibition, there is always the availability of alcohol in the form of bootleggers. Also, locally made alcohol is always available at certain places and brewing of alcohol has even become a business and means of livelihood for some people. However, since the brewing of alcohol must be done in secret and illegally, it is often found that this local made alcohol has not been brewed properly, which leads to the availability of spurious local made alcohol, which sometimes leads to loss of life. Also, some people think that prohibition leads to smuggling of illicit liquor. This reason led to the legalization of controlled selling and consumption of alcohol from 2015 to 2018. During the legalization of alcohol in the said period, the situation did not get any better. When another political party won the election in 2018, alcohol was banned again. This situation shows that governments also have no clear idea how to solve the problem of alcohol-related deaths in Mizoram.

### ***Objective of the study***

This study aims to find out the impact of alcohol in the society and also to find out the health and social cost of it during the period when selling and consumption of alcohol was legalized during the year 2015-2018 under the Mizoram Liquor (Prohibition & Control) Act, 2014. The study will also attempt to derive answers to the question - Is the prohibition of alcohol damaging or beneficial to the society?

**METHODOLOGY**

The methodology of study is quantitative method using social cost benefit analysis. The sample size was 382 randomly selected among card holders. The selected sample was either met in person or interviewed over the telephone and used as primary sources. Records of the concerned government authority were used as secondary sources.

**Stakeholders/sectors identified for study**

Sector	Costs	Benefits
Consumer	Traffic accidents, violence, productivity losses, premature death, loss of quality of life	Consumer surplus
Retail		Retail industry, liquor stores, employments generated
Tax		Tax and duties
Healthcare	Health care costs of alcohol related diseases	Healthcare savings from alcohol consumption (diseases averted by drinking)
Education	Study delay, drop-outs etc.	
Police and Justice	Police efforts, asylums and judicial costs	
Public Authority	Education, campaigns, costs of enforcements	
Church and Community	Efforts by church, YMA and other NGOs	
Others	Hard drug abuses, HIV/AIDS, unplanned pregnancy, etc.	Evasion of use of other intoxications

**CONSUMER**

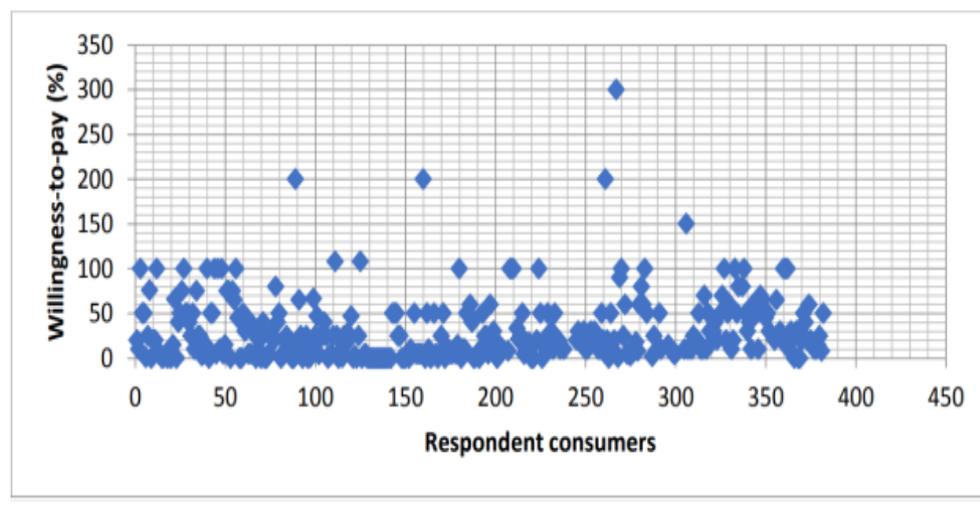
*Consumer surplus*

For 51,898 card holders’ population in Aizawl, a sample size of 382 was arrived at using standard formula<sup>1</sup>. Of all 382 sample consumers, 345 of them

1. Sample size =  $\frac{Z \text{ sqr}(p)(1-p)}{c \text{ sqr}}$  Where, z = 1.96 for 95% confidence level, p= 0.05, c = confidence interval 5%

respond to the inquiry how much (in %) would they be happily willing to pay for the same drink over and above the present rate they are paying. Their responses may be averaged to 30.56% over the present rate they have been paying. That is, if the consumer is paying Rs. 100/- per drink at present, he will still happily pay Rs. 130.56/- for the same drink. Exhibit 1 demonstrates these responses in scatterplot.

**Exhibit 1:** Willingness-to-pay responses by consumer respondents



Thus, Table 1 considers the calculation of anticipated consumer surplus from the total revenue accounted during the study period i.e 2017-18 when alcohol was still legalized in Mizoram

The total revenue (A) is based on information given by Taxation Department, Govt. of Mizoram. Column B indicates total revenue after the increase in 30.56%. The difference between A and B would give the anticipated consumer surplus during the period of study i.e. Rs. 281,926,728. Therefore, the consumer surplus derived from the consumption of alcohol by drinkers is amounted to approximately Rs. 2,819 lakhs.

***Accidents***

Regarding road/traffic accidents, documented incidences are recorded as shown in Table 2. The record obtained from traffic police could not represent the whole incidence of accidents during the year because it is customary to negotiate and arrive at agreements between parties involved in accidents without filing cases.

***Drunken Driving***

Table 3 indicates Traffic Police record of fines paid against drunken driving during the study period.

### ***Loss of Productivity***

The consumer respondents were asked how many days in a week do they drink and whether their drinking impedes their work after drinking. These two responses are tabulated in Table 4.

291 of the respondents claimed their drinking never hampers their work. However, 77 of them occasionally (taken as once every ten drinking days i.e. 1/10) had impedance to work after drinking. And, 10 respondents claimed to be often (taken as once every three drinking days i.e. 1/3) impeded work. The calculations of productivity loss are seen in Table 5. Therefore, estimated productivity loss during 2017-18 due to alcohol may be derived to the amount of Rs. 948.34 lakhs.

### ***Unavailability for labor market***

Both Police department and Excise & Narcotics department maintain separate records of arrests and cases under a violation of MLPC Act. The inquiry assumes the period of detention for those cases registered under the Act for calculation of unavailability for labor market (a sub-set of productivity loss). The Act maintains a minimum 1 month (taken as 30 days) detention for drunken cases and minimum 6 months (taken as 180 days) in case of illegal possession and sales. Cases filed by Police Department and Excise & Narcotics Department under MLPC Act during the year 2017-18 and productivity loss due to unavailability for labor market are shown in Table 6 and 7 respectively.

### ***Effects on quality of life***

An attempt to quantify the effect of alcohol on quality of life was made taking into consideration only the recorded emergency cases at Casualty, Aizawl Civil Hospital in this study due to limitations of time and data resources. It may be conservatively assumed on average that, those persons involved in accidents may be unable to work effectively for at least 3 days, thus hampering their quality of life for those days.

From the data generated by Aizawl Civil Hospital MIS, the number of days affected by alcohol-related accidents and its indicative costs is demonstrated in Table 8.

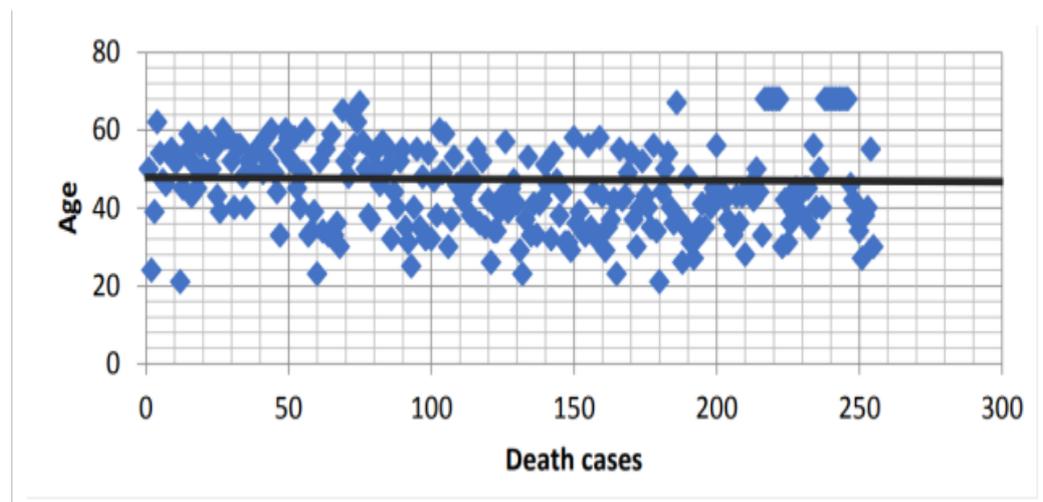
### ***Premature death***

Mizoram Synod Social Front SF Booklet No. 49 indicates 23.38% of deaths recorded in four major hospitals during 2017 within Aizawl as attributable to alcohol. The present study independently attempts to proportionate deaths attributable to alcohol from total death recorded under Registrar of Births & Deaths, Economic & Statistics Department during the period of study. One thousand three hundred thirty four deaths were recorded under Medical Certification of Cause of Death (MCCD), of which 253 deaths could be

identified with ICD-10 alcohol-related disease codes. Therefore, around 19% of deaths may be attributed to alcohol.

As documented by the authority, 1796 male and 988 female deaths, i.e. 2734 deaths occurred within urban Aizawl during 2017. Among these occurrences, 2269 are residents of urban Aizawl. Thus, it may be assumed that 431 deaths may be attributed to alcohol during 2017-18 within urban Aizawl. The distribution of alcohol-related deaths across different ages can be observed in Exhibit 2.

**Exhibit 2:** Ages of alcohol related deaths



The line running between age 40 and 50 denotes deaths related to alcohol is averaged at 45 years. As for the calculation of cost of death, the following formula is used:

$$\frac{P}{(r - g)} \left[ 1 - \left( \frac{1 + g}{1 + r} \right)^n \right]$$

Where, P = Per capita income (2016-17); r = Inflation rate (urban);

g = Expected growth rate; n = no. of years expected to live.

Per capita income is taken as Rs.125,107,

r = Inflation rate at an average of 7%,

g = growth rate at 12.46%,

n = 68 years (life expectancy in India) - age at time of death.

For example: Death at of age 50 (say) would cost Rs.3,318,314.

This amount is derived from the following calculation as follows –

$$\frac{P}{(r - q)} \left[ 1 - \left( \frac{1 + g}{1 + r} \right)^n \right]$$

$$= \frac{125107}{.07 - .1246} \left[ 1 - \left( \frac{1 + .1246}{1 + .07} \right)^{18} \right]$$

$$= -2291337 \times -1.4482$$

$$= \text{Rs. } 3,318,314$$

Likewise, cost of premature death for 253 alcohol-related cases is calculated at Rs.1,510,324,014 Therefore, the speculative amount for premature cost of death to the scale of 431 alcohol-related deaths is shown in Table 9.

### ***Retail***

There were 20 liquor outlets operating in Aizawl during the legalization of alcohol between the years 2015-2018 and the sales inflow amount to Rs. 922,535,104 during the period of study from these outlets. The distribution is provided in Table 10.

Of the quantum amount of sales, 10% and 15.5% from basic price was fixed as profit margin for bonded warehouse and retail vendor shops, respectively, vide notification no. G.20011/1/2014-EXC/Pt dated 27th February, 2015<sup>2</sup>. Table 11 indicates the profit earnings of bonded warehouses and retail vendor shops during the year.

It is worth noting that an average of 76 employments was created at the retail outlets in Aizawl during 2017-18 and an approximation of Rs. 5,017 was given as salary to these employees per month. Thus, the salary paid to these 76 employees amounts to Rs. 4,601,000 and is a part of the operating profit of retail vendors. Employees of those retail shops owned by the government are not accounted for in the cited figure.

### ***Taxes And Duties***

From the social perspective, taxes and subsidies are nothing but transfer payments. However, in this present study, taxes & duties earned by the State are treated as monetary benefits. Two incidences of State earnings may be allocated as Value Added Tax (VAT) and Excise duty (ad valorem)

**Value Added Tax (VAT)** The prevailing rate of Value Added Tax (VAT) for alcohol is 13.5%. A total of Rs.124,542,239 was collected by Taxation Department as VAT. Table 12 shows the total VAT collected during 2017-18 within Aizawl (zone-wise)

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2. The original margin for retail vendors in the notification was 18%. However, this rate was revised to 15.5%.

### ***Excise Duty***

The Excise and Narcotics Department, Govt. of Mizoram notification no.G. 20011/1/2014 – EXC dated 3rd February, 2015 defines excise duties for different classes of Indian Made Foreign Liquor (IMFL). Quarter-wise collection of excise duty within Aizawl during the year may be seen in Table 13.

### ***Health Cost***

An attempt was made to quantify health cost relating to alcohol. For the present study, trauma cases and hospital visitations are quantified accordingly. Trauma/injury/accidents Of all the 57,418 emergency cases recorded by the Civil Hospital MIS during 2017- 18, 31210 incidences are registered injury/trauma cases. Of these trauma cases, a conservative 75% of all incidences may be attributable to alcohol usage.<sup>3</sup> Estimation of trauma cases relating to alcohol may be calculated as follows illustrated in Table 14.

The cost of medical attention provided to trauma patients at Aizawl Civil Hospital during the period 2017-2018 can range from Rs.1,17,04,000 (basic first aid@ Rs. 500 per case) at the minimum to Rs. 70,224,000 (intensive care involving radiology investigations @ Rs.3000 per case) at the maximum. Therefore, taking the average of these two figures, an approximation of Rs. 40,964,000 may be allocated as expenditure during the year for treatment of alcohol -related trauma/injury cases in Aizawl Civil Hospital. It should be noted that other hospitals are not taken into account for the study as records are not maintained to suit the study.

### ***Health Care***

The study sampled 3508 patient cases at 13 hospitals within Aizawl during the span of 2 months (average), of which 680 of them are identified as alcohol-related ailments. The treatment cost of these cases was approximated as per Government Notification No.A.17014/7/07-HFW dated 22nd July, 2008 may be noted as follows in Table 15.

### ***police, justice***

#### ***Police effort***

Relevant information was sought from the Aizawl Superintendent of Police regarding the expenditures incurred by the police stations in Aizawl, inclusive of salary and administrative expenses. Out of 1,307 cases registered during the

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3. This estimate is given by the medical officer on duty at Casualty for the past three years, Dr. Lalthankimi Ralte. She quotes that of all the accidents and injuries brought to Casualty, at least 75% of them happened due to use of alcohol.

4. Note that the ratio is calculated using cases registered under MLPC Act, not persons arrested. The study did not obtain total arrests made during the year and thus, ratio for arrests cannot be calculated.

5 . Cost of attorney would range between ₹10,000 to ₹30,000

period under study, 457 cases were filed under the MLPC Act.<sup>4</sup> Thus, 34.97% of operating expenditure incurred by police station could be police efforts attributed to alcohol-related cases.

Table 16 shows the information thus collected. To estimate the cost attributable to alcohol, the proportion of cases registered under the MLPC Act was used as the basis of estimation.

### ***Judicial Cost***

Assuming the cost of trial at Rs.20,000 per case<sup>5</sup>, the total cost of judicial remedy for all 1335 persons arrested (Police and Excise) during 2017-18 is estimated to be Rs. 2,67,00,000. Table 17 depicts judicial costs for arrests under the MLPC Act, 2014.

### ***Detention cost***

The total annual expenditure on jails was Rs.641.75 lakhs as per Mizoram Economic Survey 2017-18. It was recorded that 15,753 in-mates were serving time as per record across the State. Thus, the annual expenditure per inmate is arrived at Rs.4,074. Taking this per capita expenditure as the base rate, the total annual expenditure for the year 2017-18 is estimated in Table 18

### ***Public Authority***

#### ***Enforcement and control***

Total cases registered by Excise and Narcotic Department during 2017-18 were 2,096. Of these cases, 1,714 cases (82%) were registered under Mizoram Liquor (Prevention and Control) Act, 2014 and the remaining 382 cases (18%) were registered under Narcotic Drugs and Psychotropic Substances Act. The total number of persons arrested under Mizoram (Prevention and Control) Act, 2014 was 1,417 (75%) and 485 (25%) persons under Narcotic Drugs and Psychotropic Substances Act for the same year. Cost allocation for enforcement and control exercised by Excise and Narcotic Department may be arrived at as depicted in Table 19a.

Thus, total cost of enforcement and control attributable to alcohol was amounted to Rs. 233,676,000 for the whole of Mizoram State. However, the scope of study is Aizawl City, and the cost of enforcement and control of alcohol attributable to Aizawl city will be calculated as under:

The total number of persons arrested under MLPC Act in Mizoram during 2017-18 was 1,417. Of those, 560 persons (39.52%) were arrests made within Aizawl city and the remaining 857 cases (60.48%) outside Aizawl. Table 19b shows allocation of cost of enforcement and control within Aizawl during 2017-18.

Thus, during the year 2017-18, total cost of enforcement and control within Aizawl can be speculated at Rs. 92,348,755

### ***Church And Community***

#### ***Effort Made By Church***

Mizoram is a small population of approximately 10 lakhs and is also a very poor state. The service of the church and community matters a lot in maintaining discipline among the youth. Therefore, to curb the evils of society like being addicted to drugs or alcohol, the Church often organize rehabilitation center using their own expenses.

Table 20 depicts the cost of the effort made by the church toward the management of alcoholism. Except for the proportion explicitly stated for the Synod Camping Center, the proportion of alcohol-related admitted cases at each of the camping has been conservatively estimated to be 50%. Using this estimate, the total expenditure on camping etc. accounted for alcohol-related cases may be arrived at Rs. 7,246,434 during the year 2017-2018.

#### ***Others In Society***

This present study acknowledges that alcohol affects not only its consumers but also non-users in the society. The worst affected are family members of alcohol abusers, who often suffer domestic abuse, threats, emotional stress etc. from their alcoholic relatives. However, these are not quantified as *numeraire* for this study.

#### ***Alcohol-induced Domestic Violence***

The Universal Women's Helpline set up by the Social Welfare Department of the Govt. of Mizoram offers refuge for domestic violence victims. During the study period, as shown in Table 21a, the majority of the clients (52%) were between the ages of 21 to 40 years old, while 2% were infants and children below 10 years of age. Table 21a depicts the age distribution of clients of Universal Women's Helpline.

Regarding the marital status of the clients, 48% were married, while 40% were either divorced or single, as shown in Table 21b.

Table 21c gives the breakup of calls received and cases registered by the Helpline. The majority of cases received by the Universal Women's Helpline (67%) were reported by the clients directly and the rest 33% were reported on behalf of the clients. During the period July 2017 to March 2018, a total of 812 calls were registered by them. The calls were regarding problems in the domestic as well non-domestic front and involve information inquiries.

Out of the calls and cases received, domestic violence 45% of the clients (i.e. 183 clients) faced domestic violence issues (including physical, verbal,

financial and sexual abuse). And 38% clients (ie 154 clients) also faced non-domestic issues (threat, accusation, defamation, sexual harassment, cyber abuse, assault, stalking, eve teasing etc.).

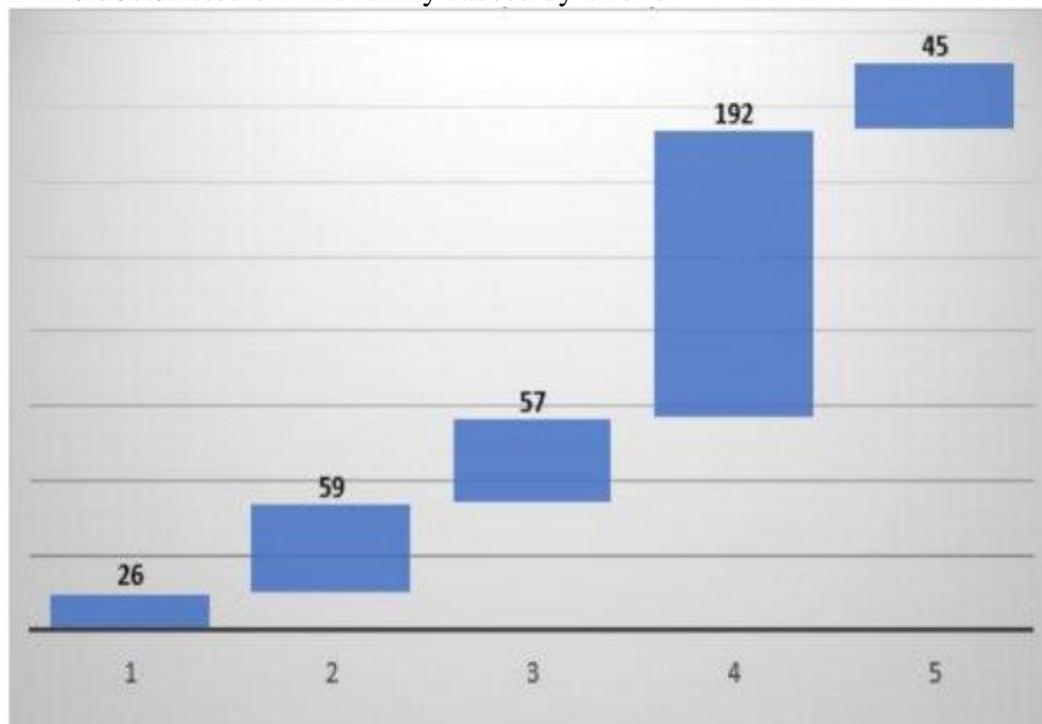
***Friction in the family***

The consumer respondents were asked whether alcohol causes friction in their family. Table 22 shows the responses. While almost 50% of alcohol consumers agree that alcohol causes friction in their family, an additional 11% strongly agree to the statement. Thus, more than 60% of alcohol consumers in Aizawl accepted that alcohol causes friction in their domestic life.

***Stress of relatives***

The consumer respondents were asked whether alcohol causes stress to their immediate relatives. The responses were gauged on level of stress/frustration borne by family members, with 5 being the highest degree of stress.

**Exhibit 3:** Stressors in the family caused by alcohol



***Productivity loss of non-users of alcohol***

The study also attempted to quantify the value of productive time/days lost by non-users of alcohol. Due to time and resource constraints, the various groups of non-users of alcohol could not be thoroughly studied, and only the productivity losses suffered by attendant relatives of alcoholic patients have been singled out for the study. Only the data recorded by the Aizawl Civil Hospital MIS have been used for the study due to time and data resource limitations.

The study conservatively assumed that each alcoholic patient would be accompanied by only one attendant relative. Table 23 shows the estimation of the value of productivity loss suffered by the attendant relatives within Aizawl during the period of study, i.e. 2017-2018.

During 2017-18, there were a total of 331 alcoholic patients admitted into Kulikawn Hospital and another 4080 (estimated) OPD alcohol-related patients visited other hospitals during the same period. Based on estimates of doctors on duty, admitted patients spent an average of 10 days in the hospital while OPD patients and their attendant relatives lose 1 productive day by coming to the Hospital.

Thus, the total number of productive days lost by all attendant relatives of all alcohol-related patients during 2017-2018 is estimated to be 7390 days. Taking the daily per capita income as Rs.342.76, the value of productive days lost by the attendant relatives of alcohol-related patients during the study period 2017-2018 is calculated to be Rs. 2,532,996.

### ***Other Externalities***

The effect of alcohol and its consumption can also be seen in other areas not mentioned in the above analyses. These factors have been clubbed under this head.

### ***Commercial Sex Workers***

One important externality where alcohol has a profound influence is the commercial sex industry. As such, to study the effect of alcohol on the industry, personal communication was established with a total of 26 commercial sex workers within Aizawl city and the respondents were asked several questions with respect to the involvement of alcohol in their trade. The youngest was 21 years old, while the oldest was 51 years old and their experiences ranged from 3 months to 24 years. The fees charged by the commercial sex workers interviewed ranged from Rs.750 to Rs. 2,000.

More than sixty percent (61.50%) of the respondents believed that their clientele increased after the legal sale of alcohol while 15.40% did not believe so. The rest 23.10% had no opinion on the matter. All the commercial sex workers contacted were asked to give their opinion on the importance of alcohol in their trade, and more than 80% agreed that alcohol is important for their trade. Only 3.8% disagreed with their peers while 15.54% of them had no opinion on the matter.

One of the most noteworthy findings of this study is that more than half (at 57.7%) of the commercial sex workers interviewed felt that alcohol was important for their trade. Further, when the respondents were individually asked to estimate how many clients they would lose without the involvement of alcohol, their responses ranged from 27% to 70%. This means that on an

average, they would lose 27% of their clients if alcohol was not involved. Table 24 shows effects of alcohol in commercial sex industry.

From table 24, it can be said that if alcohol is not involved in the commercial sex industry, at an average Rs. 537,030 is attributable to alcohol in commercial sex trade. This value is calculated for only 25 CSWs. The total population of CSWs within Aizawl is not known by the study. If the number of CSWs is scaled up to 300 actives, the amount may be estimated to the level of Rs.64,44,360.

### ***Conclusion and Summation Of Social Cost Benefit Of Alcohol***

Sector	Costs		Benefits	
Consumer	Accidents	1,600,000	Consumer surplus	281,926,728
	Fines from drunken driving	1,200,000		
	Loss of productivity	94,832,780		
	Unavailability for labor market	29,460,222		
	Effects on quality of life	24,069,978		
	Premature death	2,572,923,518		
Retail			Profit	235,246,451
Tax and duties			Tax	124,542,239
			Duties	409,142,682
Health cost	Truama/injury/accidents	40,964,000		
	Health care	63,536,955		
Police and Justice	Police effort	36,300,847	Fines from drunken driving	1,200,000

	Judicial costs	26,700,000		
	Detention costs	1,209,065		
Public authorities	Excise effort	92,348,755		
Church and community	Church effort	7,246,434		
Others in society	Productivity loss of non-users	2,532,996		
Other externalities	CSWs (social evils committed)	(6,444,360)*		
Total		2,994,925,550		1,052,058,100
Ratio		2.85		1

\*not added in calculation

Thus, it can be concluded as illustrated in the above table that the costs outweigh the benefit of consumption and selling of alcohol in Mizoram. The table above indicates that after quantifying the different sectors of alcohol related social elements, the cost of alcohol is calculated as Rs.2,994,295,550 and the benefit is calculated as Rs,1,052,058,100. Therefore, the ratio of the cost to benefit is arrived at 2.85:1.

Quantifications may be treated as indicative and not absolute values. The cost arrived hereof is the most conservative calculation. It may be noted that many dimensions of costs are unaccounted due to limitations of time, data and resources.

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