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problem drinking in South Asia: a scoping
review

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Background

Problem drinking is referred to as a family disease since it affects everyone in the family living with the individual who consumes alcohol [1]. It can cause conflict in family cohesion affecting spousal and parent–child relationships [2, 3]. The family functions as the primary source of attachment, interdependence, socialization, and nurturing [4–6]. The functionality of the family is challenged by stressful events such as a family member's

the findings from the review will help inform further research to develop interventions for family members and for parents having problem drinking issues.

Methods

To map the challenges faced by family members due to person with problem drinking in South Asia we adopted the Arksey & O'Malley framework to conduct the scoping review [32]. The review has been reported according to the Preferred Reporting Items for Systematic Reviews and Meta-analysis extension for scoping review studies (PRISMA-ScR) guidelines [33]. See Additional file 3 for more details. The review protocol was registered on Open Science Framework (OSF), which can be accessed at <https://osf.io/dhrxt/>. The steps followed are as follows:

Step 1: defining the review question

The review team used the Population (P), Concept (C), and Context (C) framework to develop the following research question.

What are the challenges faced by family members due to a person with problem drinking in South Asia?

The PCC criteria were used to define the inclusion criteria for the review.

Population: We included studies conducted among spouses, adolescents, and extended family members of individuals with problem drinking.

Concept: For this review, we define challenges as “con-

a total of 47 studies were included for synthesizing and reporting the results. The detailed study selection process has been documented using PRISMA-2020 (Fig. 1).

Characteristics of included studies

The studies were conducted largely in hospital (n= 23), community (n= 18), school (n= 4), both hospital and community settings (n= 1) & both community and school settings (n= 1). Of the 47 studies, twenty-six were cross-sectional studies, seven were descriptive studies, five were qualitative studies, four were mixed method studies, three were case-control studies and one was a population study, and one used ex-post facto study design. Twenty-six studies were conducted in India; two studies were conducted in Sri Lanka and Nepal, respectively, and one study in Bangladesh. One of the studies was from a multi-country setting where India and Sri Lanka were included. Figure 2 shows the geographical

distribution of the studies among South Asian countries.

The population studied included spouses and adolescent children from families affected by individuals with problem drinking. There was a paucity of studies that focused on challenges faced by extended family members. A majority of the studies (n= 24) focused on women seeking treatment for their spouses diagnosed with alcohol dependency and the rest of the studies (n= 18) concentrated on spouses living with an alcoholic partner in the community. Five studies addressed school-going adolescent children affected by parental problem drinking. Table 2 (see Additional file 2) describes the characteristics of the included studies.

Challenges faced by family members due to individuals with problem drinking

Of the 47 studies, 37 studies described challenges faced by spouses while 10 studies described challenges among

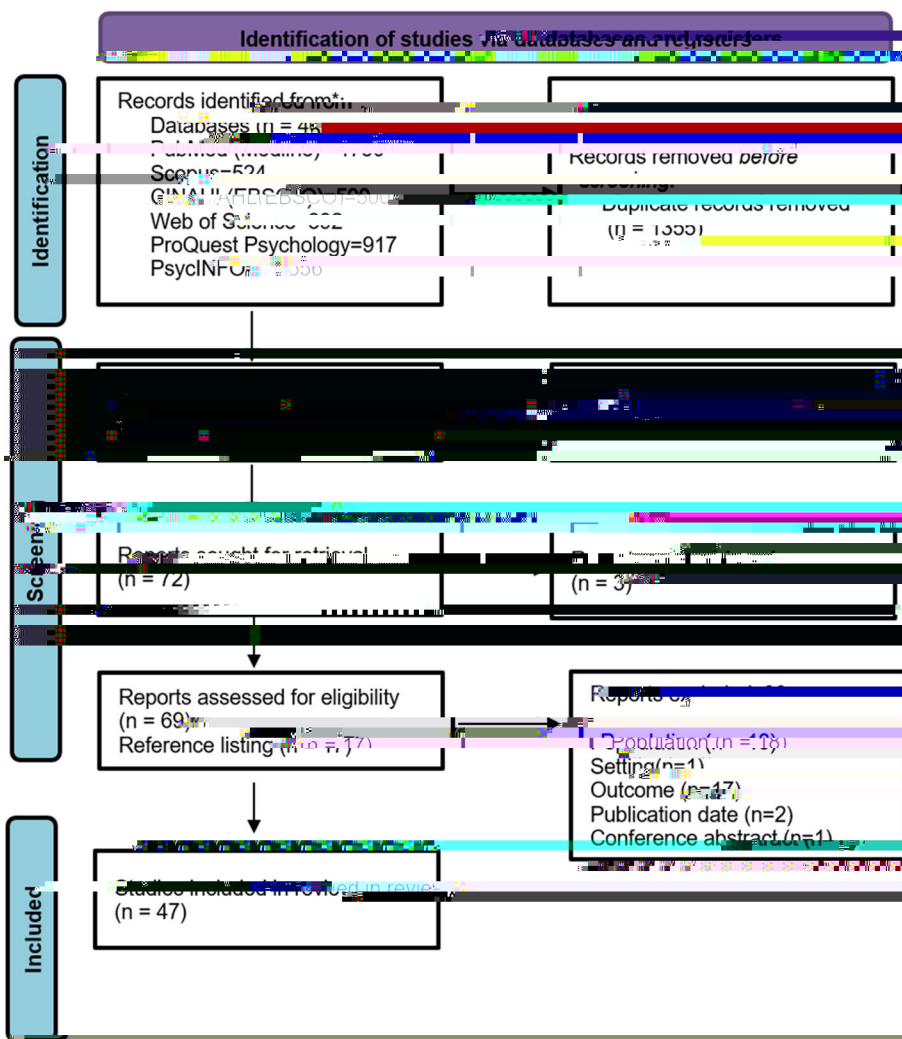


Fig. 1 PRISMA 2020 flow diagram for scoping review

adolescent children in households with a person with problem drinking. Most of the studies identified physical and psychological/emotional challenges and fewer studies reported social and financial challenges. Figure 3 provides a visual representation of the challenges identified among the family members affected by individuals with problem drinking.

Physical challenges

The review identified physical challenges faced by the spouses, adolescents, and extended family members of individuals with problem drinking. In the Indian context, studies conducted in Karnataka state reported physical issues among spouses and adolescents (ref of Karnataka articles). Two studies from Bengaluru, Karnataka specifically highlighted physical injuries and abuse experienced by adolescents, with considerable emotional distress [26, 35].

Wives reported physical problems, including abuse and domestic violence in the families due to husbands with problem drinking in studies done in Tamil Nadu [36–39].

Three studies out of six studies conducted in Maharashtra reported physical violence [19, 40, 41], whereas two studies also reported on sexual violence among wives of individuals with problem drinking [19, 40]. Spouses and adolescents reported physical and sexual abuse in the study conducted in Goa [42]. Problem drinking is linked to domestic violence, conflict within families, and social disruptions in a study done in West Bengal [43]. Prevalence of intimate partner violence [44], physical health concerns and harm towards spouses and their children were reported by studies done in Chandigarh [45]. Sleep

disturbance among spouses [36, 45, 46] and adolescents [26, 47] was reported by two studies each respectively.

In a study conducted in Nepal, it was observed that women exposed to physical violence due to their partner's problem drinking were less likely to access and utilize skilled delivery assistance [48]. Another same study from Nepal identified spouses at the risk of being

from Karnataka focused on psychological disorders, impairment in executive functioning, and difficulty in day-to-day functioning due to parental problem drinking. Problem drinking had a harmful impact on adolescents' behavior, attention issues, conduct disorder, depression, anxiety, social phobia, obsessive compulsive problems, and low self-esteem, resulting in increased levels of psychological distress, somatization, and hostility [35, 47, 55].

Adolescent children living in families affected by parental problem drinking exhibited behavioural challenges that included trouble in school with teachers and peers which at times progressed to trouble with the law. These adolescents experienced difficulties related to selective attention, behaviour, emotional and cogni-

rough various studies exploring the psychological difficulties faced by spouses, we discovered that issues with problem drinking resulted in conflicts between the drinker and their spouses, as well as their adolescent children. This finding aligns with research conducted globally [85].

The maladaptive behavior of a problem-drinking partner affects spouses in a myriad of negative ways as it interrupts the normal functioning of the family. Our review found various psychiatric morbidity among spouses of persons with problem drinking. Most of the articles have focused on anxiety, depression, self-harm, and psychological problems like sleep deprivation and disturbances, diminished appetite, and weight loss, leading to physical maladies such as hypertension and somatization. Domestic violence on the part of the problem drinker towards the family members can take on many forms, including physical, emotional, or sexual abuse, which aligns with the current findings of the review. Eventually, intergenerational transmission of similar behavior may be handed down to the next generation, as observed in the literature [86].

In keeping with Murray Bowen's theory, challenges reported in literature across South Asia were comparable; however, we also found instances of resilience among the spouses, including taking on additional responsibilities to tide over everyday challenges spawned by the partner's problem drinking [37, 50]. It was also observed that parental responsibility was shouldered by adolescent children, depicting parentification owing to the crisis in the family [26]. Parentification refers to role reversal between the parent and child when it's developmentally inappropriate, which includes management of household responsibilities with respect to handling life tasks or providing emotional support to another family member in the absence of the parent [15].

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Data availability

All data generated for the review are available upon request from the authors.

Declarations D9(aent)6(et a geo pm [-23ar)c(M)tyDry

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