

**Exploring the Perceptions of Alcohol Use among South Asian Punjabi Affected Family Members and their Experiences with Problem Drinking**

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*McMaster University*

**EXPLORING THE PERCEPTIONS OF ALCOHOL USE AMONG SOUTH ASIAN  
PUNJABI AFFECTED FAMILY MEMBERS AND THEIR EXPERIENCES WITH  
PROBLEM DRINKING**

**Exploring the Perceptions of Alcohol Use Among South Asian (SA) Punjabi Affected  
Family Members (AFMs) and their Experiences with Problem Drinking**

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## ABSTRACT

This interpretive description qualitative study explores the perceptions of alcohol use among South Asian (SA) Punjabi affected family members (AFMs) and their experiences with problem drinking from a Canadian community context. It is important to recognize the SA Punjabi community's perceptions of alcohol use in order to develop a foundational understanding of this phenomenon from a socio-cultural perspective, an area of research that remains poorly understood. This preliminary investigation provides relevant contextual information to deepen our understanding of the experiences of SA Punjabi AFMs. Fourteen SA Punjabi AFMs were interviewed in both English and Punjabi. Analysis of participant narratives reveals five major themes: normalization of the SA Punjabi drinking culture; socio-cultural gender norms of alcohol consumption; socio-cultural gender related tolerance towards problem drinking; my relative's drinking is the elephant in the room and I feel helpless and stuck. One of the themes, my relative's drinking is the elephant in the room, had three sub-themes: fear of social judgement; fear of causing additional problems and fear of the relative. Interpretation of the participant experiences was facilitated through the use of the Stress-Strain-Coping-Support model (SSCS) (Orford, Velleman, Natera., et al., 2013). Participant stories highlight the unique socio-cultural experiences of SA Punjabi AFMs impacted by problem drinking. Findings from this study suggest a need for culturally and linguistically appropriate mental health and addictions supports for this community as they navigate the challenges of problem drinking within their families.

## **DEDICATION**

This thesis is dedicated to all the “little Jasmeets” out there.

## ACKNOWLEDGEMENT

ਦੀਵੇ ਨਾਲ ਦੀਵਾ ਬਾਲਦਾ ਹੈ

Dīvāy nāl dīvā bālādā hai

A lamp is lit by another lamp.

“This proverb speaks to the power and importance of helping others; and no single person’s success occurs without the support of others.” (Singh, 2020)

When I read this proverb, I felt that it truly captured the essence of my personal, professional and academic journey. Being a first generation Punjabi female, struggling to navigate the complex mental health system to support my loved ones, to my career as a community mental health nurse, to now being a trailblazer, advocating for changes in South Asian mental health - none of these milestones would have been complete without the continuous support and encouragement I received from my community.

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Thank you to my parents for uprooting your lives in India to come to Canada. Although the challenges you faced remain buried in your hearts, that silence speaks volumes. Dad, I love you and I pray you find peace in your heart. Mom, thank you for cooking for me and reminding me to take breaks as I sat in the ‘basement cave’ writing this thesis. Harmeet, thank you for the dance breaks, funny snap stories and daily memes – these were the most helpful and therapeutic activities. Michael, thank you for your unwavering support and encouragement. I would not be able to do half the things I do if it wasn’t for your unconditional love. Thank you for reminding me to have faith in myself but most importantly, to have faith in God. Thank you to my in-laws for your constant curiosity about my thesis and for praying for me.

They say you should find your tribe and love them hard. I am so thankful for my tribe. My cheerleaders. My soul sisters: Maneet, Mindy and Babo, I am blessed to have you by my side.

South Asian mental health and addictions has always been a passion of mine but I have forever struggled with imposter syndrome and continue to feel that I do not know enough about addictions to formally support clients. Whenever I doubted my addictions knowledge, I would reach out to my mentor, Steven Morris. Thank you for encouraging me and reminding me to believe in my experience. I still want to be like you when I grow up.

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I want to share my heartfelt appreciation for the fourteen participants who displayed an immense amount of courage and vulnerability by sharing their experiences with me. Your stories will stay with me forever. I am amazed by the resilience our community shows when faced with the challenging circumstances of a loved one's problem drinking. As clichéd as it sounds, you are not alone in this experience and that is one of the main reasons I wanted to focus on this topic. Too often, those who are struggling with a loved one's problem drinking feel stigmatized, isolated and may not discuss their experience with others. I hope that by reading this thesis, you are able to feel less alone. There is support out there for you. You are powerful and strong. You have the potential to live your life to the fullest.

I hope you enjoy reading this thesis as much as I enjoyed writing it.



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## ABBREVIATIONS

<b>AA:</b>	Alcoholics Anonymous
<b>AFM:</b>	Affected Family Member
<b>CAS</b>	Children's Aid Society
<b>GTA:</b>	Greater Toronto Area
<b>GP:</b>	General Practitioner
<b>IPDV:</b>	Intimate Partner and Domestic Violence
<b>IRER:</b>	Immigrant, Refugee, Ethno-cultural and Racialized
<b>LRDG:</b>	Low Risk Drinking Guidelines
<b>MHCC:</b>	Mental Health Commissions of Canada
<b>PCHS:</b>	Punjabi Community Health Services
<b>SA:</b>	South Asian
<b>SSCS:</b>	Stress-Strain-Coping-Support Model (Orford, Velleman, Natera., et al., 2013)
<b>US:</b>	United States
<b>UK:</b>	United Kingdom

## CHAPTER ONE: INTRODUCTION

### Background

The World Health Organization (2018) estimates that approximately 2.3 billion people worldwide currently use alcohol. According to a Canadian Tobacco Alcohol and Drugs survey, seventy-seven percent of Canadians reported using alcohol in 2015, making it the most commonly used psychoactive substance in the country (Statistics Canada, 2015). Many individuals associate drinking with celebratory events, social gatherings and as a form of relaxation. However, trouble arises when recreational alcohol consumption moves along the continuum towards problem drinking. Canada's Low Risk Drinking Guidelines (LRDG) suggest that males should limit their alcohol intake to no more than fifteen units per week and women should consume no more than ten units per week (Statistics Canada, 2017). Exceeding these recommendations may classify individuals as at risk drinkers due to the increased chances of developing social and health related harms. Risks associated with problem drinking have previously been made evident. For example, the number of hospitalizations in Canada between 2015-2016 solely attributed to alcohol consumption exceeded hospitalizations due to heart attacks (Canadian Institute for Health Information, 2017). The detrimental health effects associated with alcohol consumption and problematic use contributed to alcohol's classification as the third leading risk factor for the global burden of disease and disability in 2010 (Public Health Agency of Canada, 2016).

Various aspects of an individual's life are affected when alcohol use becomes problematic and one very important consequence is the burden on the individual's family. Problem drinking is associated with harmful social and interpersonal implications, which adversely affect family members (World Health Organization, 2018). In recent years, the

literature refers to individuals impacted by the substance use of a loved one as affected family members (AFM). The negative effects of problem drinking on AFMs exert psychosocial, economic and health related impacts on spouses, children and close relatives who may or may not reside in the same household as the individual with problem drinking (Orford, Velleman, Natera et al., 2013). Studies indicate that the stress attributed to a loved one's problem drinking has been associated with an increased risk for AFMs developing physical and mental health concerns themselves (Orford, Velleman, Natera et al., 2013). Exploring the perspectives of AFMs provides a deeper understanding of the effects they may experience as a result of their loved one's problem drinking. Subsequently, this line of inquiry may offer insight into the appropriate individual and family focused interventions that may alleviate these secondary, problematic and costly outcomes (Orford, Velleman, Copello, et al., 2010).

The concept of ethnicity as it relates to problem drinking within a Canadian context has been understudied. Canada is well recognized as a highly multicultural society where individuals from many countries of origin reside and continue to uphold their unique cultural values, beliefs and norms, which may impact their perceptions related to alcohol use and their experience as an AFM. Although, several Canadian reports (Canadian Institute for Health Information, 2017, Public Health Agency of Canada, 2016; Thomas, 2012; Peel Public Health, 2015) address various alcohol related topics such as prevalence, patterns of consumption, sales, policies to reduce harm and variations between the provinces and territories, they often fail to mention socio-demographic factors such as ethnicity and culture. It is understandably challenging for large population-based health reports to include all possible variables within a study. However, failure to capture the culture and ethnic identity of the respondents results in an incomplete understanding of alcohol related issues among ethnically diverse populations residing in Canada.

Recently, a mixed methods study examining patterns and prevalence of alcohol use and cultural factors associated with at-risk drinking among seven ethnic communities (Polish, Portuguese, Russian, Tamil, Somali, Serbian and Punjabi) in Ontario determined that although non-European ethnic groups have a lower prevalence of alcohol consumption, the detrimental alcohol related harms appear to affect these ethnic minorities more significantly (Agic et al., 2011). Canadian literature regarding alcohol use in ethnic communities further highlights the lack of awareness surrounding the harms associated with alcohol consumption, considerable stigma towards substance use problems and a lack of culturally and linguistically available education and treatment modalities for ethnic communities (Agic et al., 2011; Weber et al., 1993).

Exploration of alcohol use from a Canadian perspective requires incorporation of ethnicity as a socio-demographic variable considering the country's ethnically diverse population. Currently, visible minorities account for 22.3 percent of the total Canadian population and the largest of these groups is the South Asian (SA) demographic, comprising 5.6 percent of the total Canadian population and a quarter of the total visible minority population (Statistics Canada, 2017). The Canadian Community Health Survey (2012) defines South Asians as those individuals who self-identify as having ancestors who are from India, Sri Lanka, Bangladesh, Pakistan, Bhutan and Nepal (Statistics Canada, 2013). Ontario is one of the top two Canadian provinces where the majority of SA visible minorities reside (Statistics Canada, 2016b). South Asians represent 50.8 percent of the total population of the Region of Peel which include the cities of Mississauga, Caledon and Brampton (Statistics Canada, 2016c). In particular, the SA population in Brampton alone is reported to be as high as 44.3 percent (Statistics Canada, 2016b). The Language Census for the Greater Toronto Area (GTA) and Peel (2016) identifies Punjabi as the top non-official language spoken at home by 7.9 percent of

Peel's total population of 1.3 million people and by 15.6 percent of Brampton's total population of approximately 600,000 people (Statistics Canada, 2016a). Punjabi is also the third non-official language most commonly spoken at home across Canada (Statistics Canada, 2016a). These figures highlight the increasing presence of the SA Punjabi community and the importance of addressing cultural aspects to better understand the nature of problem drinking within this specific subgroup from a Canadian perspective. A report by Peel Public Health intended for community partners and the public health system indicated "limited local-level data on alcohol-related harms at the family and community level in Peel" (Peel Public Health, 2015, p.6). This report recommended understanding Peel's specific population in order to gain more knowledge about alcohol related problems from a variety of contexts. However, this document failed to mention any information related to the region's unique cultural and ethnic identity.

Acknowledgment of the limited data on alcohol related harm towards the family and overall community is an indicator that research which involves the perspectives of the largest ethnic community in the region is needed. Incorporating linguistically appropriate research techniques is also essential when considering the number of individuals in Brampton who speak Punjabi yet are not represented in the data. It is imperative that the voice of the community be captured in the language that they are most comfortable speaking as it provides a more meaningful understanding of the experience and illuminates the essence of their stories (Islam et al, 2013).

Prior to conducting health research or working with the SA community, it is important to recognize that the SA population is not a homogenous group and variations within and among the subgroups need to be specifically identified and understood. The SA demographic is comprised of various subgroups with unique linguistic, cultural and religious variations, which are frequently and prematurely categorized under the general and all-encompassing label of



South Asian. Bhopal et al., (1991) advised against inappropriately labeling the SA group as a whole while ignoring the specific subgroups that exist within the community and instead, recommend identifying which particular subgroup is being discussed. Aggregating various ethnic subgroups from the overarching culture into a single category is a misrepresentation and disregards the differences in ethnic identity based on important regional, cultural, socio-economic and historical contexts which are needed for accurate interpretation and understanding of their health-related concerns (Ibrahim et al., 1997; Pannu et al., 2009; Shariff, 2009).

## **CHAPTER TWO: LITERATURE REVIEW**

The goal of the literature review was to retrieve and synthesize scholarly journal articles related to problem drinking and the impact on SA families. The health science research librarian was consulted on how to improve the search retrieval. The McMaster Health Science library website was used to conduct the initial search using the following databases: CINAHL, PubMed and Web of Science. Google Scholar was also used as a search engine. Twenty-three articles were selected and reviewed. The articles in this review focused on both the general SA community as well as the specific subgroup of the SA Punjabi population as there are some overlapping cultural features from the overarching SA group. The inclusion criteria included articles written in English from 1990 to the present focusing on the SA and SA Punjabi community. The years of publication were originally limited from 2000 to the present but required expansion due to limited article retrieval. For the aforementioned databases, the initial key terms were: South Asian, Punjabi and alcohol use. These terms retrieved articles that were not related to the specific topic at hand as they focused extensively on the effects of alcohol use from a medical perspective rather than the psychosocial implications of alcohol use. The key terms were revised to include: alcoholism, Punjabi families, impact of alcohol and problem drinking. Studies from the United States (US) and United Kingdom (UK) were included as these countries represent a large SA diaspora. The title and the abstract of articles were reviewed to determine whether the entire article should be extensively appraised and included in the literature review. Details for the literature search are presented in Appendix A. The articles are categorized as the following: a) the impact of problem drinking on families; b) understanding SA families from a theoretical lens; and c) understanding SA Punjabi perspectives of alcohol use. The review

summarizes what is currently known about these topics and highlights the gaps in the literature which support the need for current and ongoing research.

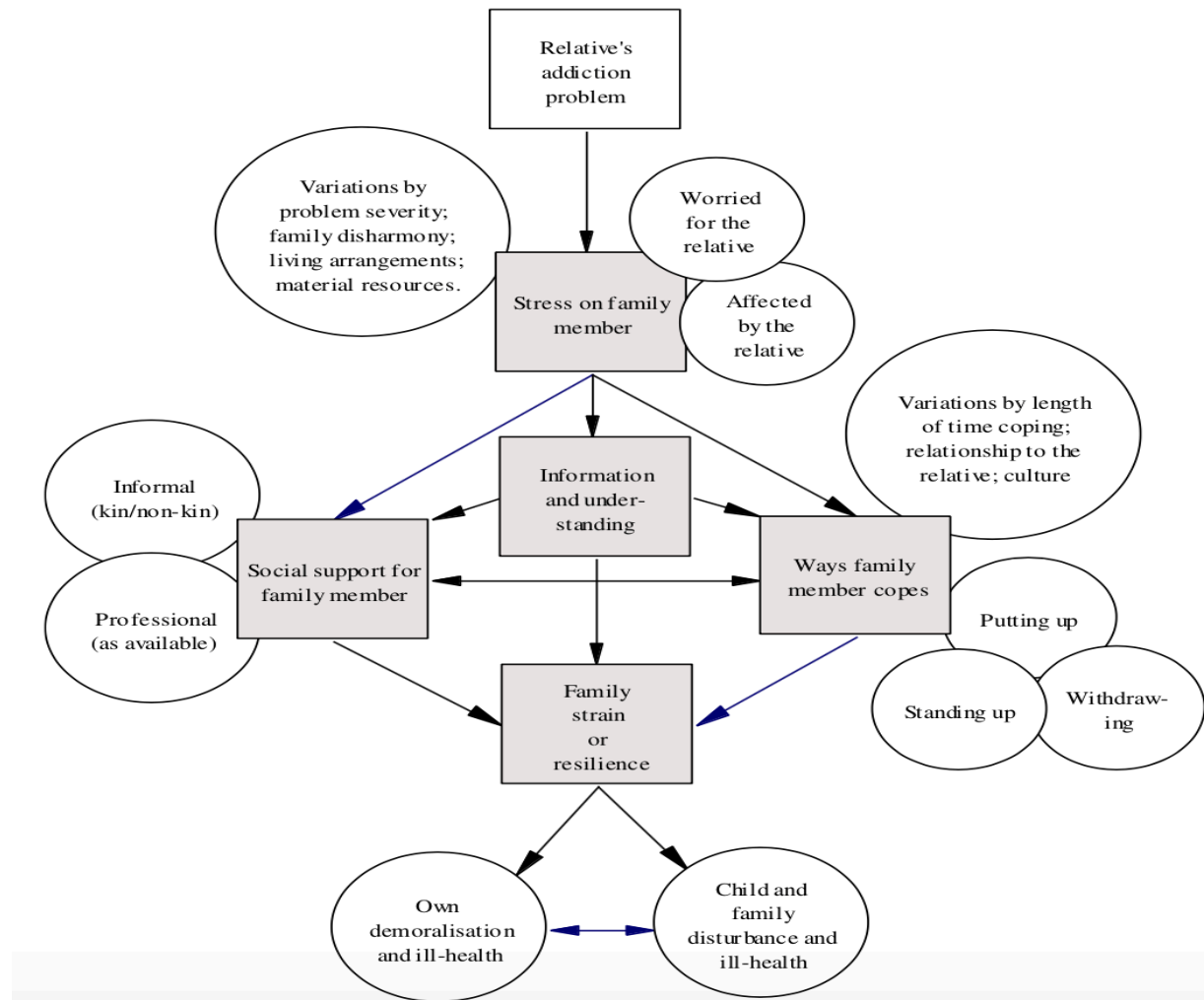
### **The Impact of Problem Drinking on Families**

Alcohol related harm not only impacts the individual who excessively consumes alcohol, but affects the lives of their family members. Historically, the primary focus in research and clinical practice has been on understanding and supporting the individual with problem drinking while inadvertently overlooking the experiences of the family unit as a secondary element of the whole situation (Orford, Velleman, Copello, et al., 2010; Orford, Velleman, Natera., et al., 2013). However, it is equally important to examine the impact on AFMs as they “constitute the most immediate, micro level social system surrounding the individual drinker” and subsequently experience their own unique challenges as they attempt to understand and cope with their loved one’s drinking (Orford, Natera, et al., 1998, p. 2). The existing literature regarding AFMs primarily focuses on the alcohol related harms on the female partners/spouses and children of the individual with problem drinking especially in the context of the nuclear family model (Berends et al., 2012; Orford, Natera, et al., 1998, Orford, Velleman, Natera., et al., 2013). A group of authors have provided a critique of frameworks or models for service providers working with problem drinkers as negatively viewing AFMs from a psychopathological lens (Orford, Natera, et al., 1998; Orford, Velleman, Copello, et al., 2010; Orford, Velleman, Natera., et al., 2013). For example, parents of problem drinkers are often stigmatized for their parenting skills. While male partners of female problem drinkers are rarely mentioned in the literature, when they are included, they are labelled as uninvolved husbands who typically abandon their wives. Meanwhile, other AFMs impacted by problem drinking receive very little attention in the literature altogether (Orford, Natera, et al., 1998; Orford, Velleman, Copello, et al., 2010;

Orford, Velleman, Natera., et al., 2013). Rather than viewing the AFMs through an empathetic lens, they have been depicted as dysfunctional family members aiding in the problematic drinking of their relative.

Challenging this labeling of AFMs, more recent models now consider AFMs to be an essential component when attempting to better understand alcohol related harms beyond the individual with the problem drinking. In particular, the stress-strain-coping-support model (SSCS – Figure 1) (Orford, Velleman, Natera., et al., 2013) attempts to empower AFMs in the midst of stressful circumstances rather than labelling them as negative contributors to their loved one’s problem drinking. The groundwork to develop a new approach to empowering AFMs originally began in 1994 (Orford, 1994) and has evolved to the current model that is used in this study. There are five components of the model: stress, coping, information and understanding, support, and symptoms of strain (Orford, Velleman, Natera., et al., 2013.) The model is not specific to alcohol but rather to all substance use problems due to the generalized stress that family members experience in relation to their loved one’s excessive drinking, drug issue or both. For the purpose of this thesis, the model is discussed in relation to problem drinking only. The strengths of the model include its primary focus towards maintaining the health and wellness of family members while being applicable to other groups who are also impacted by an individual’s problem drinking such as extended family, friends and colleagues (Orford, Copello, Velleman, et al., 2010).

Figure 1: Stress-Strain-Coping-Supports Model  
 (Used with permission from Orford, Velleman, Natera., et al., 2013)



The first component of the model assumes that AFMs experience *stress* related to their loved one's excessive drinking in the form of worrying (Orford, Velleman, Natera., et al., 2013). AFMs worry about various aspects of their loved one's life, including but not limited to "physical and mental health, self-care, educational, work or other performance, finances, the company the relative is keeping, and his/her future" (Orford, Velleman, Natera., et al., 2013, p. 72). The worrying also includes concerns about the impact of the relative's problem drinking on the whole family. AFM's are competing with their loved one's strong attachment towards alcohol which interferes with personal commitments, resulting in tension, conflict and

psychosocial and emotional implications for individual family members and the whole family as a unit (Orford, Copello, Velleman, et al., 2010). The second assumption of the model refers to the *strain* put on an AFMs own health as a result of the *stress* they experience associated with their relative's problem drinking (Orford, Copello, Velleman, et al., 2010). This particular article highlights "that research from a number of countries has indicated that AFMs have an increased rate of physical, mental and general ill-health" (Orford, Copello, et al., 2010, p.40).

The third and central component of the model examines how AFMs *cope* with their circumstances and involves both the effective and ineffective ways in which they respond to and manage their *stress* and *strain*. The model recognizes three broad ways in which AFMs cope with their relative's problem drinking: *putting up*, *withdrawing* and *standing up* (Orford, Velleman, Natera., et al., 2013) AFMs are not fixed into one of these three categories and may find themselves moving from one method of coping to another based on their circumstances. The first method of coping refers to AFMs *putting up* or tolerating their relative's problem drinking through self-sacrificing behaviours to accommodate the alcohol use, acceptance of circumstances or inaction towards the situation (Orford, Velleman, Natera., et al., 2013). The second style of coping examines ways in which the AFMs *withdraw* from the relative and the problem drinking in order to gain independence and focus on their own needs. The last method of coping, often referred to as engaged coping, involves the AFMs *standing up* to the problematic alcohol use and includes three sub-categories: *emotional and controlling*, *protecting*, *assertive and supportive* (Orford, Velleman, Natera., et al., 2013). The first category refers to AFMs interfering with their relative's drinking in an attempt to control it. The second sub-group of engaged coping involves AFMs protecting themselves, the family and home from the harmful impact of problem drinking rather than trying to control the situation. The last category refers to ways in which AFMs assert

boundaries and support the relative in addressing the problem drinking. This assumption of the model is a strengths-based approach as it proposes that AFMs cope based on, or by using the resources available to them; despite their individual circumstances, AFMs are not powerless and have the potential to improve their health and possibly impact their relative's drinking (Orford, Copello, et al., 2010).

Although all components of the model are linked to another, coping is closely connected to the final two elements of *information and understanding* and *social support*. The quality of information the AFMs receive helps them form an understanding about what is happening. This includes factual information regarding alcohol use, associated harms and making links between the impact of their relative's problem drinking and their own ill health (Orford, Velleman, Natera, et al., 2013). AFMs are able to effectively cope with their circumstances if they have access to quality *social support* which includes *emotional, informational and material assistance* (Orford, Copello, et al., 2010). Emotional support refers to having a family member or friend that an AFM can confide in without fear of judgment whereas informational support draws upon assistance from professionals who can then provide material resources to better understand and cope with their loved one's problem drinking (Orford, Copello, et al., 2010).

To further explore the relevance and fit of the SSCS model, three research studies focusing on AFMs through the use of some components of model were analyzed. The impact associated with having a partner with a drinking problem was examined in an Australian qualitative study reviewing one hundred online counselling transcripts (Wilson et al., 2018). Analysis of the transcripts revealed impact on the cognitive, emotional and behavioural patterns of the partners which coincides with the elements of stress, strain and coping of the SSCS model (Wilson et al., 2018). Partners described depressive symptoms, anger, an inability to re-establish

trust, as well as helpful and unhelpful coping strategies concerning their specific situations (Wilson et al., 2018). Similarly, a qualitative study exploring the stresses, emotions and health of AFMs in England and Mexico produced comparable findings. Twelve English and twelve Mexican families were interviewed regarding their experience of living with a relative exhibiting problem drinking and the impact this had on their overall wellbeing. The results indicated that AFMs experienced poor physical, emotional and mental health, were overly concerned for their loved one's life and felt helpless regarding the impact of the problem drinking on the overall family unit (Orford, Natera, et al., 1998). This study considered cross cultural aspects of the British and Mexican families when examining the experience of being an AFM and concluded that more similarities than differences existed between the two communities. However, the article highlighted the importance of recognizing cultural aspects when working with AFMs as it can provide contextual information which will help in gaining a richer understanding of the experience.

The third study was in relation to the SA Punjabi community's experience as AFMs. A UK based grounded study examined the ways in which twenty-four British Sikh wives of men with problem drinking and seven of their daughters coped with their husbands'/fathers' drinking (Ahuja et al., 2003). Ten of the men were also interviewed for the study and were asked to identify the ways in which they believe their wives'/daughters' coped with their problem drinking (Ahuja et al., 2003). The results for the wives and daughters indicated a similar pattern to the SSCS model. Initially, all the wives and most of the daughters' reported displaying tolerant behaviours and actions towards their husbands'/fathers' drinking and with the exception of one wife and some daughters, they all shared how they eventually began to stand up to their husbands'/fathers' drinking. (Ahuja et al., 2003). Failure to control the problem drinking and a



realization that they needed to re-focus their attention on their own needs meant the wives and daughters had reached the stage labeled as active resignation and partial independence, which coincides with the SSCS model of withdrawing. One remarkable element that existed amongst all the wives was the feeling of practical obligation towards their husbands, regardless of the degree of detachment and independence they may have achieved from the problem drinking. Practical obligation referred to the wives' beliefs that it was their duty to care for the practical and emotional needs of their families and husbands such as cooking and cleaning (Ahuja et al., 2003). This element was discussed in the article as a cultural aspect stemming from the Sikh-Punjabi traditions and highlighted the importance of understanding an AFM's cultural beliefs. In contrast to the wives' practical obligation towards their husbands', the daughters did not feel a responsibility towards their fathers' but felt a sense of obligation towards their mothers' (Ahuja et al., 2003). This was the first qualitative article to examine a subgroup of AFMs from the larger South Asian diaspora, the Sikh-Punjabi community. Although, the results may be transferrable, this study was based in the UK and the experiences of SA Punjabi AFMs from Canada may be different. A limitation of Ahuja et al. (2003) included the use of convenience sampling which may not be a true representation of all Sikh wives and daughters with problem drinking husbands/fathers, the small number of participants who were daughters and the exclusion of sons. This initial study explored an area of research that requires continued investigation.

### **South Asian Families from a Theoretical Lens**

It is important to understand the unique socio-cultural features of SA families that specifically distinguish this community from their Western counterpart. This section aims to provide a theoretical understanding of SA families by examining six descriptive articles from the US, Canada and India (Chadda & Deb, 2013; Ibrahim et al., 1997; Matthews, 2000; Segal, 1991;

Shariff, 2009; Rai, 2006) and one quantitative study from the UK (Orford, Johnson, et al., 2004). Traditionally, European and North American communities foster a culture of individualism where identity of the self is promoted in contrast to the allocentric views of Asian, African and Latin American countries where interdependence amongst the community members is often encouraged (Chadda & Deb, 2013; Segal, 1991). Generally, the SA community including the diaspora continue to uphold strong connections to a collectivist culture where value for the family unit is regarded as a major component of one's cultural identity (Chadda & Deb, 2013; Segal, 1991). Typically, the nuclear family structure is more prominent amongst communities valuing individualism whereas SA communities traditionally live in a joint family model which can include up to two or three generations residing within the same household (Matthews, 2000; Segal, 1991). Structurally, the joint family adheres to patrilineality and includes a couple and their children alongside grandparents, siblings with their spouses and offspring, aunts, uncles and cousins. Traditionally, daughters remain within the family household until they are married and subsequently move in with their husband's family; it is uncommon for SA parents to reside with their married daughters and it is more acceptable for males in the family to accommodate their aging parents (Chadda & Deb, 2013).

The joint family structure includes a hierarchical system where the superior position within the family is oftentimes held by a male who assumes responsibility of making decisions for the rest of the household in line with familial values (Ibrahim et al., 1997; Matthews, 2000). Alongside the head of the family, older adults such as grandparents are treated with the utmost respect, are considered wise as they are consulted during important decisions and help with raising their grandchildren (Matthews, 2000). This cultural practice is exemplified in the SA community residing in Canada as the National Household Survey (2011) highlighted that SA

grandparents were eight times more likely to live with their children and grandchildren in comparison to other ethnic groups in Canada (Milan et al., 2015). Considering the common practice of living in a joint family, it is essential that the various perspectives of family members be included to gain a deeper understanding of the impact that problem drinking may have on these individuals.

Another important aspect of SA families involves maintaining honour and respect which is often viewed as having greater significance than obtaining individualistic goals which may be perceived as selfish especially if they conflict with SA cultural norms or bring shame towards the family (Ibrahim et al., 1997; Matthews, 2000; Shariff, 2009). The latter has been described as a ‘shared shame’ culture where the perceived disgraceful actions of one individual are immediately associated with the entire family who is then collectively shamed (Rai, 2006). The joint family model within SA communities also encourages interdependence on members of the household as it results in strengthened bonds of kinship and resiliency which are perceived as desirable traits (Chadda & Deb, 2013). Therefore, discussion of personal problems outside of one’s kinship are discouraged due to fear of shame and dishonor towards the family unit and many important decisions are made based on input and possible pressure from the head of the family and close relatives (Shariff, 2009; Matthews, 2000). This can be challenging for the family of individuals who exhibit problem drinking behaviours as discussing personal matters outside of the household may be perceived as disgraceful towards the family. Rai (2006) has worked with SA youth and their families who have been affected by substance use issues in British Columbia, Canada and described the community’s reluctance to access mental health and addiction services due to the aforementioned ‘shared shame.’ He further discussed the alternative to formal substance use treatment used by families was to send their youth to temporarily reside with relatives in their

native homeland in an attempt to overcome their substance misuse problem and prevent explanation of the issues to extended family (Rai, 2006). Although Rai (2006) did not specifically identify the substances used by his clients, the ‘shared shame’ belief can be hypothesized to be similar for SA AFMs impacted by a problem drinker due to the stigma attached with substance use which includes alcohol.

Similar findings were present in a quantitative study from the UK which examined drinking in a sample of 1684 second generation Black and Asian men and women ranging in age from eighteen to forty plus (Orford et al., 2004). This study provided an introductory approach to examining alcohol use in second generation communities and may have been strengthened by applying a mixed methods design. Including the stories and personal experiences of the participants provides context into the statistical analysis, however, it is understandable that including face to face interviews with such a large sample can be challenging. The findings of this study stated that SA women were more likely to confide in friends for advice regarding concerns related to their own or a family member’s drinking problem rather than a professional (Orford et al., 2004). It was also noted that a large proportion of SA respondents were unaware of which external supports were available to them in the community (Orford et al., 2004). This exemplifies a possible gap related to knowledge of problem drinking, access to formal supports within the SA community and the impact on both the family and the individual struggling with alcohol use issues. Therefore, it is imperative to explore how the SA Punjabi community conceptualizes alcohol use which will subsequently strengthen the understanding of how AFMs are impacted by problem drinking. These findings may inform community outreach efforts, program supports and health education options for the SA Punjabi population.

## **South Asian (SA) Punjabi Perspectives on Alcohol Use**

As previously discussed, it is important to distinguish the subgroups of the SA demographic from the larger community in order to appreciate how the ethnic identity of the SA subgroup contributes to their understanding of a health-related topic, specifically problem drinking. This thesis focuses on the SA Punjabi subgroup which refers to individuals descendent from the Punjab region of India and Pakistan and their shared historical, cultural and linguistic patterns (Sandhu, 2009; Thandi, 2011). Alcohol use in Punjab has a long-standing history that has manifested itself within the cultural identity of being Punjabi, both in the native land and the diaspora communities. Historically, cultural promotion of alcohol use can be traced back to the elite landowners of Punjab who would showcase their affluence through imported alcohol whereas the working class crafted their own homemade liquor as a remedy for ailments due to physical labour (Sandhu, 2009). Recreational alcohol use was a popular communal activity amongst male villagers in Punjab and currently remains an internalized cultural value associated with Punjabi masculinity and patriarchy (Cochrane & Bal, 1990; Sandhu, 2009).

The belief that alcohol use is indicative of one's social status within the SA Punjabi community was evident in a mixed methods study conducted by Agic (2004) which examined alcohol use in seven ethnic communities in Ontario (Polish, Portuguese, Russian, Tamil, Somali, Serbian and Punjabi) through focus groups with key informants and community members. Participants belonging to the SA Punjabi community emphasized the responsibility of a "good" host was to offer alcohol to guests without measuring the amount that was poured into the glass, which was later described as being three times the quantity of a standard drink according to Canada's Low Risk Drinking Guidelines (LRDG) (Axic, 2004). A similar finding was present in the Punjabi Community Health Project (1993), a Canadian report conducted in collaboration

with the Peel Health Department, Addiction Research Foundation and various other agencies working with the Punjabi community in the GTA. This report was the first of its kind to exclusively examine the Punjabi community's attitudes and perspectives of alcohol use including cultural and immigration factors using both quantitative and qualitative data. Although this initial study provided significant exploratory findings related to the SA Punjabi community living in Canada, the data is approximately twenty-five years old and not representative of the current demographic. Participants in this study described the most popular occurrence of alcohol use to be at special occasions, weddings and for the purpose of entertaining where excess pouring from the bottle was common (Weber et al., 1993). There appeared to be a contradictory response regarding the community's attitude towards public intoxication and the level of embarrassment that was attached to this practice. Firstly, all participants stated that it was socially acceptable to be intoxicated at family occasions rather than a public event, however, approximately 80 to 95 percent felt that a person should feel 'very or somewhat embarrassed' if this were to actually happen (Weber et al., 1993). Additionally, key informants from the Punjabi community highlighted that public intoxication at weddings and family parties was a common occurrence even though it may be viewed as unacceptable by others in attendance (Weber et al., 1993). The social acceptance of alcohol use and intoxication at family events was described by Sandhu (2009) to be further exacerbated by Punjabi music which promotes alcohol consumption during celebratory events as well as during moments of sadness.

All ethnic groups in the aforementioned study by Agic (2004) including the SA Punjabi community, stated that alcohol use was viewed as a tolerable act until it began to inconvenience others, when it was then deemed socially unacceptable. However, the participants were unable to provide a clear description of what constituted excessive drinking. Similarly, the Punjabi

Community Health Project (1993) attempted to capture the extent of perceived problem drinking in the community and discovered that half of the respondents felt that the problem was ‘very widespread.’ This finding is supported by a quantitative study by Kunz and Geisbrecht (1999) where 70 percent of the Punjabi respondents indicated that alcohol problems were also widespread in the community. This study explored acculturation and other social factors contributing to alcohol use in the Punjabi community living in Peel between 1992-1993. The report stated that respondents who identified as drinkers vs non-drinkers differed in their perceptions regarding the degree of risk associated with regular alcohol use. For instance, the Punjabi Community Health Project (1993) found that approximately 90 percent of the female participants had not consumed alcohol in their life while two-thirds of the male respondents had consumed alcohol in the past year. When asked about the risks associated with regular alcohol use, the current drinkers, who were mostly male, indicated that the risk was ‘none to slight’ whereas the non-drinkers, who were mostly female, stated that regular alcohol consumption posed a ‘great’ risk to one’s health. This evidence suggests significant gender specific perceptions on alcohol use within this community. Kunz and Geisbrecht (1999) stated that the potential rationale for female participants in their study perceiving alcohol to be a widespread social problem within the Punjabi community may be due to the possibility of women being targets of problematic alcohol use by male partners. These findings concur with those of Weber et al., (1993) who reported their participants identified family discord and female spousal abuse as the top two harmful effects of excessive alcohol use. These findings highlight the need to conduct qualitative research on the SA Punjabi population in order to understand their unique conceptualizations of problem drinking and the impacts on the family unit.

Traditionally, alcohol use amongst SA Punjabi women is viewed as taboo while male drinking is acceptable and accounts for the majority of alcohol users and problem drinkers (Agic, 2004; Kunz & Geisbrecht, 1999; Thandi, 2011; Weber et al., 1993). Four studies point to the increasing occurrence of drinking amongst SA Punjabi women in the diaspora of western countries but qualitative literature remains limited, possibly due to under reporting and the secretive nature in which some women conceal their drinking from the larger community (Agic, 2004; Kunz & Geisbrecht, 1999; Thandi, 2011; Weber et al., 2003). Female respondents in Agic's study (2004) discussed how alcohol is mixed with soft drinks to conceal the contents of the glass during family parties. Similarly, findings from a British study examining drinking in second generation Black and Asian communities pointed to similar beliefs about SA participants who drink, not wanting their parents to find out (Orford et al., 2004).

Commonalities of the SA Punjabi ethnicity are strongly aligned with the specific religious identities that occur within the larger SA group. For example, individuals can ethnically identify as SA Punjabi but belong to a faith that practices Christianity, Islam, Hinduism or Sikhi (in Western terminology it is referred to as Sikhism). Affiliation with a specific religious school of thought may influence a community's overall perceptions and understanding about problem drinking which may conflict with their cultural practices as a group. Therefore, it is important to acknowledge the spiritual/religious beliefs of the SA Punjabi community in order to better understand their perceptions of alcohol use and problem drinking.

There is increasing interest in the field of addictions to better understand the relationship between various aspects of substance use problems and religious/spiritual beliefs. A grounded theory study from the UK provided a comparative analysis of the role of religion and spirituality for five SA men attending mainstream counseling services for alcohol treatment and five white



members of Alcoholics Anonymous (AA). The five SA participants self-identified as practicing their faith whereas the five white men identified themselves as non-practicing Catholics. The findings from this grounded theory approach indicated that SA men experienced a re-affirmation of their pre-existing but latent relationship with God whereas white members of AA underwent a process that moved them from separateness to connectedness that helped create a new relationship with God (Morjaria & Orford, 2002). Furthermore, the literature points to religious and spiritual involvement providing a protective factor in helping an individual abstain from alcohol consumption, specifically highlighting the concept of fear (Morjaria & Orford, 2002; Morjaria-Kevel, 2005). It was noted that the SA men identified fear as a positive protective factor as it reminded them of their vow to God to abstain from alcohol consumption thus maintaining their sobriety. Participation at the temple and congregation facilitated a similar role to AA meetings as it occupied time that would have previously been spent drinking and strengthened their bond with God (Morjaria & Orford, 2002; Morjaria-Kevel, 2006). It was interesting to learn that unlike the men who attended AA and believed recovery to be a lifelong process, the SA participants did not interpret their alcohol problem as an illness and viewed it as having an end (Morjaria & Orford, 2002).

Understanding the complex relationship between spiritual and religious beliefs and the Punjabi culture in relation to alcohol use and problem drinking has many implications for the SA Punjabi community as well as health care professionals who work with this sub-group.

Numerous studies examine the harmful effects of alcohol use in relation to physical health diseases, however, there remains a lack of research dedicated to the associated psychosocial and cultural implications on the SA individual who consumes alcohol and the impact of this consumption on their family. Although Canada is a diverse and culturally inclusive nation,

exploration of qualitative health research regarding problem drinking and the impact on SA Punjabi families and the community is profoundly lacking. Findings from this current research study begin to address this gap by examining the perceptions of alcohol use and the impact of problem drinking on SA Punjabi AFMs from a Canadian community context.

## **CHAPTER THREE: RESEARCH METHODOLOGY**

This chapter highlights the methodology applied to the current research study and captures any difficulties or changes that occurred during this process.

### **Research Question**

Based on the gaps identified in the existing literature, this qualitative study aims to understand the perceptions and experiences of SA Punjabi AFM's impacted by problem drinking within a Canadian community context. The research question is: what are the perceptions of alcohol use among SA Punjabi affected family members (AFMs) and their experiences with problem drinking?

### **Study Purpose**

The purpose of this qualitative study was to explore the perceptions of alcohol use among SA Punjabi AFMs and their experiences with problem drinking from a Canadian perspective. Initially, it is important to recognize the SA Punjabi community's perceptions of alcohol use in order to develop a foundational understanding of this phenomenon from a socio-cultural perspective, an area of research that remains poorly understood. This preliminary investigation provides relevant contextual information to deepen our understanding of the experiences of SA Punjabi AFMs who are impacted by problem drinking. The individual and collective stories of the SA Punjabi AFMs can provide valuable insights into their unique experiences of problem drinking through a socio-cultural lens. This line of inquiry may facilitate the development of important community supports for this community which are currently lacking in both research and clinical settings.

## **Study Design**

The current research study utilized Sally Thorne's (2016) interpretive descriptive design. Originally developed for nursing scholars, this methodological design provides researchers with a framework to better understand a clinical phenomenon under investigation while helping to inform clinical application of these new insights (Thorne et al., 2004). Unlike traditional research methodologies, where previously established theories and hypotheses may often be used to describe the topic under investigation, interpretive description uses an inductive analytic approach where themes and patterns emerge from the data itself. This design highlights the importance of appreciating the multiple realities of a phenomenon based upon subjective participant experiences (Hunt, 2009). It further acknowledges that the researcher and participant must work collaboratively to co-create meanings to effectively comprehend the overall experience which may then enhance clinical relevance (Thorne et al., 2004). This is a helpful methodology for nurse researchers as the nursing discipline often promotes a holistic approach when working with individuals. Rather than accepting mere descriptions of the topic under investigation, interpretive description encourages nurse researchers to seek out an enriched interpretation of the overall phenomenon which aligns with the inquisitive nature of the nursing discipline. This essential element of interpretive description emphasizes the experience of the researcher as a strength when designing the study and interpreting the data (Hunt, 2009; Thorne, 2008; Thorne, 2016; Thorne et al., 1997). Utilizing the researcher's pre-existing clinical and worldly knowledge relevant to the topic is an added value of this design especially for novel topics with limited formal research (Thorne et al., 1997). Since the experiences of Canadian SA Punjabi AFMs remains a virtually unexplored phenomenon, this research design allows for a

more comprehensive understanding of the research findings. Furthermore, the co-creation of meanings by the researcher and participants promote the integrity of the analysis.

There were several benefits of utilizing interpretive description in the current study. Collectively, my professional background in community mental health nursing, my identity as a SA Punjabi individual and my clinical experience of working with the identified ethnic group brought practical and theoretical knowledge to the study. My clinical experience as a nurse facilitated an improved understanding and interpretation of the stories of the SA Punjabi community from a health care professional's lens. My identity as a SA Punjabi individual may have provided a supportive element to the study as the participants were able to share their experience in the Punjabi language. Providing an opportunity for the participants to discuss elements of their perceptions of alcohol use and the impact of problem drinking in their ethnic language allowed the story to unfold from a cultural standpoint while promoting strength in the communication process and interpretation of meanings. In conjunction with offering interviews in both English and Punjabi, the use of open ended semi-structured interviews promoted a conversational flow to the inquiry. Rather than using a strict interview template, interpretive description encourages a natural dialogue to occur between the researcher and participant with the introduction of prompts as needed and additional questions to fully grasp the narrative of the participant (Thorne, 2016). This was especially helpful in discussing problem drinking, a sensitive and novel topic for this community. Furthermore, the use of reflexive journaling helped me acknowledge any concerns, biases and personal assumptions that I may have had regarding the data and emerging ideas. Finally, the nursing profession demonstrates successful use of the interpretive description methodology in clinical application of study results (Thorne, 2008; Thorne, 2016). Interpretive description supports the use of theories and models to enhance

clinical application and in my study, interpretation of the findings were guided by the examination of the relevant components of the Stress-Strain-Coping-Support (SSCS – Figure 1) model (Orford, Velleman, Natera., et al., 2013). The use of the SSCS model to explore the experiences of SA Punjabi AFMs helped illuminate any gaps in the community’s knowledge and highlighted the complex factors associated with their perceived understanding of alcohol use and the ways in which they were impacted by problem drinking. The preliminary findings of this study may have important implications for future research, education and clinical nursing practice when working with SA Punjabi AFMs.

### **Setting**

The setting for this study was Brampton, Ontario due to the large SA population which accounts for 44.3 percent of the total population, or roughly of 261,705 individuals, 29,462 of whom identify as SA Punjabi (Statistics Canada, 2016b). A community based recruitment approach was used and included four family doctor’s offices, a community psychiatrist’s office, a mental health agency, SA Punjabi media outlets and an online SA mental health promotion initiative called SOCH Mental Health. These particular settings provided access to a large SA Punjabi community with variability in demographic data. A community based approach was used to gain access to a wide range of sites to ensure successful recruitment of participants since significant reluctance to discuss alcohol use and problem drinking was anticipated among SA Punjabi families. For the purpose of recruitment, I also contacted Al Anon, a support group for family and friends impacted by alcohol, both in the Region of Peel and surrounding cities to identify if SA Punjabi community members accessed these supports. Three different Al Anon locations stated that there were no individuals from the SA community attending these groups.

## **Sampling**

Interpretive description shares similar methodological underpinnings to phenomenology as both paradigms aim to thoroughly understand a particular phenomenon from the perspective of participants (Thorne, 2008). Lavery (2003) recommends that sampling in a phenomenological design consists of “participants who have lived experience... who are willing to talk about their experience, and who are diverse enough from one another to enhance possibilities of rich and unique stories of the particular experience” (p.104). Based on this suggestion and similarities of the research paradigms, purposeful and criterion sampling were deemed the most appropriate to use since the researcher required individuals experiencing a specific phenomenon to gather rich and valuable information to better understand the overall experience of SA Punjabi AFMs.

The inclusion criteria for this study required the participants to be: 18 years of age or older, self-identified members of the SA Punjabi community, impacted by the problem drinking of a family member, either currently living with or have previously lived with an individual with a drinking problem, currently residing in Brampton, able to communicate in English or Punjabi and living in Canada for more than two years. The Immigration and Ethnocultural Diversity Report (2016) identifies recent immigrants as individuals who have been living in Canada for five years or less. The exclusion criteria included participants experiencing cognitive deficits resulting in an inability to actively participate and comprehend the interview questions. Participants with relatives of concern with substance use that did not involve alcohol were also excluded. Those who provided voluntary consent but did not respond to the researcher after a maximum of three attempts to make initial contact were also excluded.

The interpretive description design is influenced by various other research paradigms and as such provides the researcher with suggestions regarding the sample size rather than dictating

fixed lower and upper limits. Creswell (2013) recommends approximately ten to fifteen participants for a phenomenological study whereas Groenewald (2004) suggests a minimum of two and an upward limit of ten participants to be sufficient. As previously mentioned, qualitative studies exploring the familial impact of problem drinking largely focus on the experience of spouses and children, and no Canadian study could be located that examined the SA Punjabi family's experience as it related to problem drinking. This research inquiry's aim was to recruit fifteen SA Punjabi AFMs exceeding beyond spouses and children to include other relatives who were impacted by problem drinking to gain a wider perspective of their experience. This would also promote maximum variation which is needed to fully understand the phenomenon by including a sample with a variety of experiences and demographic data. The relative of concern for the participants in this study included spouses, brothers, fathers and uncles. The initial intention was not to conduct a gender-based study but there was an expectation that the relative of concern in most cases may be male due to the socio-cultural acceptance of SA Punjabi male alcohol consumption.

## **Recruitment**

The recruitment strategy included four main approaches: print, media, key contacts and digital. A printed flyer offered in both English and Punjabi was used to advertise the study to potential participants at the selected community sites (Appendix B). Although I identify as a member of the SA Punjabi community and can communicate in Punjabi, which are both viewed as advantageous traits, recruitment of this ethnic community was anticipated to present some challenges. South Asians are generally more reluctant to partake in research studies due to a lack of understanding the benefits of participation and limited trust towards the researcher, especially if they are not from the same community and if they do not appreciate cultural factors (Islam et



al., 2013). Islam et al., (2013) suggest using innovative strategies such as community settings and “communication tools and outlets that are widely utilized and accepted across the South Asian population” (p.18). I had access to several SA Punjabi media outlets, such as radio stations and a TV channel, that air across the GTA which were used to advertise the study.

Printed flyers were placed at a community psychiatrist and general practitioner (GP) offices across Brampton. Placing advertisement flyers at four GP offices in Brampton was thought to promote the study since a GP is the primary health care professional an individual may encounter even if they are not connected with any other social support. Appendix C outlines the script for GP’s and the community agency. It was considered ideal to seek out GP’s who identify with the SA Punjabi ethnicity and speak the language as they may attract more SA Punjabi patients due to cultural and linguistic convenience. Two family physicians with two clinics each and one outpatient psychiatrist agreed to help with recruitment as their patient population represented a large SA community. They also understood the need to conduct research on SA Punjabi AFMs as they all indicated that problem drinking within this community needed attention. The GPs and psychiatrist were thought to be key community contacts who would be able to promote the study by using the printed flyer along with a brief discussion about the study with potential participants.

The recruitment strategy also included a community mental health agency. In the Region of Peel, Punjabi Community Health Services (PCHS) is an organization that provides linguistically and culturally appropriate care to the SA community in the areas of mental health, addictions and social services. PCHS offers a variety of programs focused on women, men, seniors, family enhancement, young adolescents and substance use problems. Advertising the study through the numerous programs available at PCHS was thought to achieve purposeful

sampling at this site along with maximum variation due to the presence of varying ages and generations in the groups which was expected to capture diverse experience related to the impacts of problem drinking.

Although it was anticipated that recruitment may be challenging with this particular community, the process took even longer than initially expected. The original recruitment strategy did not garner enough participants and required the submission of an amendment to the ethics committee to add an additional recruitment site - an online South Asian mental health initiative called SOCH Mental Health, which I co-founded with a fellow nurse. The social media platform for SOCH Mental Health was used to digitally promote the study flyer and recruit participants meeting the eligibility criteria. The geographical location and personal details of the online followers of SOCH Mental Health were unknown to me and individuals interested in the study contacted me directly.

After extending the recruitment period, fourteen of the intended fifteen participants were successfully enrolled in the study between May 2019 and October 2019. Participants who met the inclusion criteria were invited to meet for a one to two hour face to face interview after an initial telephone screen was completed. Appendix D presents the telephone script used during the initial contact with the participants who voluntarily expressed their interest in the study. Advertising the study through SA Punjabi social media outlets and at four different family physician clinics across the city were not successful and did not result in any participants willing to volunteer for the project. Successful recruitment was achieved with four participants from the community mental health agency, nine participants from SOCH mental health and one participant from a community psychiatrist's office. As a token of appreciation for volunteering their time for the study, the participants received a \$20 gift card to a grocery store of their choice

at the end of the face to face interview.

Exceptions to the inclusion criteria occurred early on in the process especially when recruitment was low. Five participants were chosen who did not meet the entire eligibility criteria. They were included in the study because they met all the other criteria and at that time, recruitment for the study was low, therefore it was decided that including these individuals and capturing their experience was more important than excluding them. For example, one participant did not meet the criteria of having lived in Canada for a minimum of two years. Another participant met all the inclusion criteria, however, their experience of being an AFM had occurred in India and prior to them immigrating to Canada. An exception was made after the initial phone screen as it was clear the participant continued to be impacted by their relative's previous drinking despite the participant now living in Canada. Three of the participants did not currently reside in the city of Brampton but had previously lived there. Residing outside of Brampton but within the GTA may not have had a significant impact on the overall experience of the participant. Brampton was chosen as a site for recruitment due to its large SA Punjabi population only.

Minor changes occurred when arranging the face-to-face interviews. The original strategy included conducting the interviews at private spaces available at local libraries, recreation centers and PCHS. Community space was difficult to access due to a financial barrier and thus many of the interviews were conducted in a private office through PCHS. However, the space at PCHS was only available during daytime employment hours and the initial plan had to be altered to include an evening meeting location for some participants. The researcher gained access to a local psychotherapist's private office who was willing to accommodate interviews in the evening without a fee. Additionally, three interviews were conducted outside of the data

collection strategy: one interview was completed in the participant's home; one participant chose to be interviewed at their workplace; and a last minute change resulted in an interview taking place in the researcher's vehicle. Conducting interviews at the participant's home was a last resort due to the sensitivity of the topic being discussed with the possibility of other family members being present in the home and potential safety concerns for both the participant and the researcher. The interview in home occurred when the participant was alone and the relative of concern was not living with the individual. Appendix E outlines the safety plan that was used prior to and during the home visit. The interview that occurred at the participant's work place was arranged at that location because they had young children and meeting during their lunch hour was the only feasible option. To promote confidentiality, the interview occurred outside in a courtyard at a table far away from other individuals. The last participant originally invited the researcher to their home, however, twenty minutes before the interview was scheduled to begin, the participant informed the researcher that their relative of concern decided not to go to work and the interview could no longer occur at the house. The researcher suggested rescheduling the meeting, however, the participant was adamant that they wanted to complete the interview that day and suggested meeting at a coffee shop close to their home. On arrival, it was noted that the coffee shop was very busy, loud, and there was no availability for a private table, therefore, it was mutually agreed that conducting the interview in the researcher's car was the best option at that time.

### **Data Collection**

The primary goal of data collection within the interpretive description approach is to create an enriched understanding of a phenomenon based on the collective narratives of the participants in collaboration with the researcher's interpretation (Thorne, 2016). Since my focus

was on sensitive and personal issues such as problem drinking, family and individual experiences, it was imperative that I build rapport and trust with the participants before commencing actual data collection. The participants were individually briefed about my background, the goals of the study and potential contributions of the findings. Participants were provided with an opportunity to address any questions or concerns via the initial telephone screen as well as prior to commencing the face to face interview. This helped reduce any tension the participants may have felt prior to beginning the study and prepared them to discuss personal issues (Pietkiewicz & Smith, 2012).

In qualitative studies, triangulation can be utilized to effectively reach a comprehensive understanding of participant experiences. One such approach, method triangulation is the use of various methods of data collection to better understand the phenomenon (Carter et al., 2014). Method triangulation was applied to this study and involved four sources of data including demographic information, semi-structured participant interviews, field notes and reflexive journaling. Firstly, demographic information in this study included gender, age, education, marital status, relationship of the participant to the relative with problem drinking, number of years they have resided in Canada, length of time they have lived with the relative with problem drinking, number of individuals currently residing in the household, their religious affiliation and knowledge of any other substance use by their relative of concern (Appendix F). Secondly, the use of semi-structured interviews was used as the primary data collection strategy. Semi-structured interviews allowed participants to share their narratives in their own words. Since this study focused on the perceptions of alcohol use and experiences related to the impact of problem drinking, it was important that the interview remain conversational in nature, thereby enabling the participant to describe and explain their experiences in their own words. A semi-structured,

one to two-hour interview enhances the data collection and provides the participant and researcher with the “space and flexibility for original and unexpected issues to arise, which the researcher may investigate in more detail with further questions” (Pietkiewicz & Smith, 2012, p.5). In order to ensure consistency, Fusch & Ness (2015) suggest asking all the participants the same questions in order to guide the interview, however, I also asked additional questions based on individual responses in order to probe for more depth. This approach aligns with the interpretive description methodology which encourages probing questions to be asked as it provides the researcher with an opportunity to achieve more clarity and expansion of what is communicated (Thorne, 2016). The semi-structured interview guide is presented in Appendix G. The interviews were digitally audio recorded, transcribed verbatim and translation occurred only when needed. No personal identifiers were used when storing the data as each participant was identified using an alphanumeric identifier and each participant was given a commonly used Punjabi pseudonym to allow the reader to create a more human connection to the narrative while ensuring anonymity. The audio recordings and transcribed interviews were securely and safely stored on a password protected laptop in password protected files. The audio recordings were destroyed once the transcription was verified. The transcribed data was also stored in an encrypted folder on the software NVivo 12 which was further encrypted, while the consent forms were separately and safely locked in a cabinet that only I could access.

In addition to face-to-face interviews, my field notes and reflexive journaling were also used to aid data analysis. During the interview process, I retained a copy of the interview guide to capture verbal and non-verbal communication as well as written memos that could link ideas and the overall emergence of patterns or themes during the analysis process. I limited the use of note taking during the interview process to briefly jotting down notes to assist with recall of

details while also avoiding distraction from and towards the participant during their narration. Immediately after the interview was completed, I audio recorded a reflective memo that detailed the circumstances of the interview such as the setting, the process of the interview and an initial overall impression of their verbal and nonverbal presentation. Practicing reflexive journaling during the research process allowed my acknowledgement of any concerns and captured emerging ideas, biases and personal assumptions. This was important as I am a member of the SA Punjabi community, am a mental health nurse and have prior knowledge and assumptions that needed to be reflexively captured to also support the appropriateness of the analysis.

### **Data Analysis**

The interpretive description research design allows for data collection and analysis to occur simultaneously in order to construct meaning from pieces of the data to actual patterns and themes (Thorne, 2016). Initially, the data needs to be meticulously organized. Each interview was transcribed verbatim along with my observational notes. I repeatedly listened to the audio recordings in order to become familiar with the words and phrases of the participants, which assisted me in developing a holistic sense of the whole experience (Groenwald, 2004; Thorne, 2016). A computer software developed by QSR International, NVivo 12 for MacBook, was utilized to organize the data until the system unfortunately stopped working. Afterwards, the data was organized on both paper and on Microsoft Word in encrypted folders and files.

Along with verbatim transcription, forward and back translation from English and Punjabi was implemented to enhance data analysis. Literature on language translation within qualitative research suggests that two bilingual translators may be used to ensure accuracy during this process (Chen & Boore, 2010; Regmi et al., 2010). Translation is a skill that requires more than simply converting text from one language to another, as the translator needs to understand

the cultural nuances present in both languages in order to achieve an accurate final product (Chen & Boore, 2010). I am fluent in both English and Punjabi as well as the cultural nuances of the source language (Punjabi) and acted as one of the two translators. Twinn (1997) provides evidence to support the researcher acting as a translator as it enhances consistency and reliability during the analysis phase. An international medical graduate, fluent in Punjabi and English and who had experience working in a clinical research setting in Ontario initially acted as the second transcriptionist due to their familiarity with the research process, the Punjabi language and culture. The researcher provided the second transcriptionist specific instructions in relation to the transcribing procedure which included signing a confidentiality agreement, transcribing the interviews without interpretation and focusing on pauses, silence and other emotions during the audio recordings. Appendix H presents the confidentiality agreement for the transcriptionist/translator. Due to unforeseen circumstances, the transcriptionist was not able to complete all of the transcription and I transcribed the majority of the interviews. The transcriptionist did verify the translation of the Punjabi interviews into English by offering forward and back translation confirmations.

Once the interviews were transcribed, the data was analyzed in order to understand patterns, behaviours and emerging themes. Thorne (2008; 2016) recommends utilizing Morse's (1994) cognitive processes of comprehending, synthesizing, theorizing and recontextualizing to guide the inductive analysis. This sequential process begins with immersion into the data in order to gain a comprehensive understanding of the experience of the participants from a judgment free perspective (Thorne, 2016). The audio recordings and transcriptions of the interviews were reviewed thoroughly and repeatedly in order to "focus on the words and sounds and silent spaces rather than simply on storyline" (Thorne, 2008, p.144). The comprehending stage of Morse's



(1994) process requires awareness of one's personal biases in relation to the wording and phrases used by the participant. To accomplish this task, I practiced reflexive journaling. Jot notes were also made in the margins of transcripts about any questions, ideas or themes that emerged while reviewing the audio recordings and transcriptions which developed my critical thinking skills and helped synthesize the data. The synthesis phase was achieved when I was able to collectively group experiences and stories together and describe the norms and behaviours of the participants in relation to the phenomenon under investigation (Morse, 1994). Although Thorne (2008) does not recommend line-by-line coding, I initially used this technique to code the first three transcripts. The supervisory committee supported the initial use of line-by-line coding so I could better understand the process of coding as a novice researcher. Saldana (2009) refers to line-by-line coding as splitting and highlights the "careful scrutiny of social action represented in the data" that this method provides during the coding process (p.20). I initially coded one transcript and conducted a committee meeting to receive feedback from the experienced supervisory team. The feedback was then applied to two other transcripts which were again reviewed by the supervisor who provided further guidance until I felt comfortable in understanding the process of coding. Applying the line-by-line technique during the initial coding phase for a few transcripts allowed me to become fully immersed into the data and appreciate what the participant may have been trying to communicate. Once I better understood how to code, line-by-line coding was replaced for a broader interpretation that captured the overall meaning of the participant narratives. Thorne's (2016) recommendation of using broad-based coding allowed me to make preliminary links between thematically related data while I continued to question what the overall participant narrative meant. It has also been suggested that the researcher write a synopsis at the end of each transcript in order to capture the narrative of each participant which can then

be reviewed during the synthesis phase to help with recall and merging the data but also to ensure that the uniqueness of each narrative is not lost during comparative analysis (Hunt, 2009). I wrote a summary after initially reading each transcript which was then compared to the audio recorded memo that I made immediately after the face-to-face interview was completed.

During the theorizing phase, it is recommended to ask questions about the data to uncover the best suited explanation that collectively describes the themes or stories from the participants (Morse, 1994). This phase is rooted in forming and re-forming thematic ideas which is guided by Thorne's (2008) recommendation of asking oneself "what is the data telling me?" and "what is happening here?" as a way to develop a deeper understanding of the overall data. It is recommended to not rush the first two stages of Morse's (1994) cognitive processes as this can lead to difficulty during the theorizing phase whereby a premature thematic understanding may be selected which may not be the best fit for the phenomenon under investigation (Morse, 1994). Thorough checks of the data, note making, reflexive journaling and repeated questioning of the emerging patterns and categories with the supervisory committee were implemented into the theorizing phase before finalizing the most suitable themes. The last stage of Morse's (1994) process is re-contextualizing the data so that the newly acquired knowledge can be applied to other practical settings and contexts (Thorne, 2016). Re-contextualizing aligns with transferability of findings to other ethnic groups in relation to the impacts of problem drinking within a Canadian context and the implications for nursing education, research and clinical practice based on this newly acquired information.

## **TRUSTWORTHINESS AND RIGOUR**

Lincoln and Guba's (1985) model of credibility, transferability, dependability and confirmability was used to promote trustworthiness in this study. In qualitative research,

particularly with the interpretive description design, credibility refers to the truth of the findings as a result of co-creating the meanings of the phenomenon (Thorne, 2016; Panday & Patnaik, 2014). Lincoln and Guba (1985) recommend various strategies to promote credibility which include prolonged engagement, triangulation and member checking.

Initially, I practiced prolonged engagement when developing rapport with the participants. I began to build rapport prior to the face-to-face interview with a telephone screen where the goals, benefits and risks of the study were discussed with each participant. This telephone screen also provided them with an opportunity to address any questions or concerns. By offering to conduct the interview in Punjabi and/or English, I demonstrated supportive engagement in relation to the participant's choice in selecting a language they felt most comfortable using. Supportive engagement was also achieved by providing the participants with an opportunity to choose the location of the interview.

Second, various forms of triangulation were implemented during the research process to further establish credibility. Triangulation was present among the findings based on the varying age ranges between the participants and their experience which Panday & Patnaik (2014) refer to as triangulation of sources. Shenton (2004) describes the use of site triangulation, gathering participants from various locations and states "where similar results emerge at different sites, findings may have greater credibility in the eyes of the reader" (p.66). Recruitment for this study occurred through the use of various locations and strategies, not just a single site using one advertisement technique. Finally, data triangulation in the form face-to-face interviews, field notes and reflexive journaling helped achieve rich data as well as an additional method of authenticating the findings. Triangulation helped enhance maximum variation which enabled a rich understanding of the phenomenon and helped establish credibility.

Next, member checking was applied during two points of the interview to ensure that the researcher had an accurate understanding and description of the experience as presented by the participant. The interview guide in Appendix G presents the two points of member checking which included consulting the participant about how they were feeling and if the interview could continue. However, member checking was not implemented during the analysis phase and a subsequent interview to verify emerging patterns was not included as interpretive description does not stipulate the need for absolute congruence between the participant's story and the researcher's interpretation (Thorne, 2016). This decision was also made based on the initial difficulty of recruiting participants and arranging the face to face interviews. It was hypothesized that attempting to schedule a second interview with the participants would pose further challenges. Finally, peer debriefing was utilized through the supervisory committee to ensure there was a fresh perspective that challenged the assumptions I was making while immersed in the data (Shenton, 2004).

The second criterion of Lincoln and Guba's (1985) model refers to transferability of the research findings to other contexts and settings. Qualitative research focuses on specific environments, individuals and experiences which can make generalizability of findings to the wider population challenging (Panday & Patnaik, 2014; Shenton, 2004). However, Lincoln & Guba (1985) discuss the importance of providing contextual information throughout the study to enable the reader to better understand the findings in relation to the specific characteristics that exist within the study which can then be considered when trying to apply the findings to other settings (Panday & Patnaik, 2014; Shenton, 2004). In order to strengthen the transferability of the findings of this study to other SA Punjabi communities living outside of Brampton including transferability to the overarching SA population, descriptive information of the demographic data

and the context in which the participants experience this phenomenon were included throughout the study.

The third component of this model examines dependability which refers to the consistency of the findings should the study be replicated using the same context and methodology (Lincoln & Guba, 1985; Shenton, 2004). An inquiry audit is described as a measure for enhancing dependability and includes detailed descriptions of the methods used by the researcher throughout various phases of the study (Shenton, 2004). As such, clear and concise description of the chosen research design and the processes utilized during data collection and analysis are well documented (Appendix I). In addition, involvement of the supervisory committee throughout the study ensured that the interpretation and findings were supported by the data while creating an opportunity to challenge and evaluate the conclusions (Lincoln & Guba, 1985; Panday & Patnaik, 2014; Shenton, 2004).

The last component of the model refers to confirmability and examines the degree to which the research findings are formed by the participants' voices as opposed to the researcher's own biased viewpoint (Lincoln & Guba, 1985). The use of triangulation, peer debriefing, the inquiry audit and reflexive journaling assisted me in enhancing confirmability. The use of Lincoln and Guba's (1985) four step model assisted me in maintaining rigour throughout my study.

## **ETHICS**

Ethics approval was obtained from Hamilton Integrated Research Ethics Board (HiREB) in April 2019 (Appendix J). Prior to commencing participant recruitment, the researcher obtained consent from the parties involved in recruitment (PCHS, psychiatry and GP offices) after providing them with written and verbal information about the study. Next, interested participants

who met the eligibility criteria were provided with an information sheet using plain terminology (in English or Punjabi) outlining the voluntary nature of the study, the purpose, benefits, potential risks and the contact details of the researcher and supervisor. A copy of the Information Sheet and Consent Form is provided in Appendix K. This process was also explained to the participants verbally and they were provided with an opportunity to address any questions or concerns during the initial phone screen and again prior to beginning the face-to-face interview.

The benefits and potential risks of the study were explained to the participants in great detail. Considering that the sample is from an ethnic group, it was explained that involvement in the research study may provide the participants with a confidential platform to share their experiences from a cultural standpoint. Due to the personal and sensitive nature of the study involving discussion about alcohol use, problem drinking and their personal experiences, the main risks included the possibility of participant distress during narration of their experience, disclosure of participant trauma and the potential of uncovering current child or elder abuse. Walker (2007) highlights that an ethically sound researcher should address sensitive issues only if they are prepared to manage any resulting distress. My professional experience as a community mental health nurse added an element of knowledge, confidence and preparedness to manage any potential distress. Although, the role of the researcher is not to provide counseling, my clinical nursing experience of dealing with crisis situations was viewed as an asset.

The participants were informed that their welfare would take priority over the research study and the interview would be stopped if the participant required time to manage any distress. Despite preparation for potential risks that may occur, the participants were notified that it was unknown what exactly may occur during the interview process but on going consent would be obtained in order to proceed with each stage of the study (Walker, 2007). Participants were

reassured that this type of research is well established in other populations and groups. There were several moments throughout many of the interviews where individual participants became teary eyed and were asked if they wanted to take a short break or stop the interview completely. Many participants chose to continue without taking a break and a few opted to take a short five-minute break before re-joining the interview voluntarily. As an experienced mental health nurse, I continuously monitored the participant for physical and emotional indicators of distress which were used as cues for introducing additional checks for continued consent.

Community resources were available in both English and Punjabi in case the participant disclosed any details pertaining to trauma, physical, emotional or psychological abuse or specifically requested additional mental health supports for themselves or their families. After completion of the interview, several participants inquired about additional assistance and were directed to community supports such as Canadian Mental Health Association, Family Services of Peel and South Asian psychotherapists.

One participant disclosed that their relative of concern physically hits their young children. The researcher discussed the concerning nature of the statement with the participant and encouraged them to connect with Children's Aid Society (CAS) for more information if they felt worried about their relative and the children. After the interview, I contacted the College of Nurses and CAS to confirm if the course of action I had taken was accurate. Both organizations agreed that there was no duty to report since the matter involved a third party with limited information regarding the issue.

The data collected during the interview was kept confidential, real names of the participants were not used and any identifying details were changed or removed from the storage and dissemination phase of the study. To facilitate representation of the SA Punjabi community,

commonly used Punjabi names were used as pseudonyms for each participant during the findings chapter.



## **CHAPTER FOUR: FINDINGS**

This chapter provides an overview of the study findings. Analysis and interpretation of fourteen participant narratives provide a unique understanding of the perceptions of alcohol use and the impact of problem drinking on SA Punjabi AFMs.

### **Descriptive Information about the Study Participants**

Descriptive demographic information about the fourteen study participants is outlined in Table 1. To promote confidentiality, pseudonyms from commonly used names in the Punjabi community were used when referring to the participants. Some details about the individuals have also been modified to promote confidentiality.

**Table 1*****Demographic Data***

<b>Participant</b>	<b>Age</b>	<b>Gender</b>	<b>Education</b>	<b>Country of Birth</b>	<b>Years living in Canada</b>	<b>Marital Status</b>	<b>Relative of Concern</b>
Parminder	75	F	Post-Secondary	India	20 + years	Married	Sons
Sukhjeet	70	F	Post-Secondary	Pakistan	15+ years	Married	Husband
Navdeep	32	F	Graduate Studies	India	Less than 5 years	Separated	Husband
Jagroop	29	F	Graduate Studies	India	Less than 5 years	Married	Brother in law
Gagan	30	F	Post-Secondary	Canada	Entire life	Single	Father
Nihal	29	M	Post-Secondary	Canada	Entire life	Single	Father
Simran	60	F	Post-Secondary	England	20+ years	Separated	Father & Brother
Tajinder	27	F	Post-Secondary	Canada	Entire life	Single	Father
Kulpreet	23	F	Post-Secondary	India	5+ years	Single	Father
Baljot	37	F	Post-Secondary	Canada	Entire life	Married	Father & Brother
Amardeep	35	F	Post-Secondary	Canada	Entire life	Single	Father
Poonam	47	F	Trade	India	20 + years	Married	Husband
Inderpal	33	F	Post-Secondary	Canada	Entire life	Married	Father, Uncle & Father-in-law
Amrita	22	F	Student in Post-Secondary	Canada	Entire life	Single	Uncle

## **Summary of Descriptive Demographic Data**

The participants in this study ranged in age from 22 to 75 years with a median age of 32.5. Thirteen of the fourteen participants were female and there was only one male. A more diverse participant group may have provided insight into the phenomenon from various other perspectives and possibly generated different results. However, challenges with recruitment which are cited in chapter two highlight the difficulty in acquiring a larger and more diverse sample. Half of the participants were born in Canada and all but one had at least some level of post-secondary education. Apart from two participants residing in Canada for less than 5 years, the range of years living in Canada for individuals born outside of the country was from 5 years to over 20 years. All of the participants discussed being impacted by the problem drinking of a male relative.

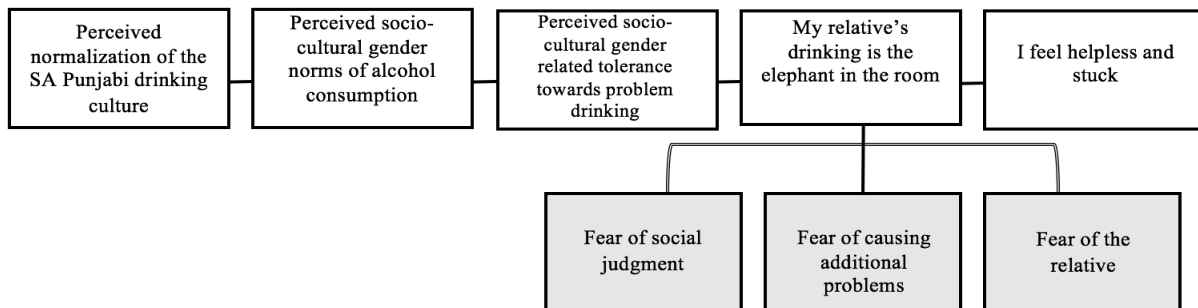
## **Participant Experiences**

Discussion with the fourteen participants captured their shared experience as SA Punjabi AFMs who had either previously been or were currently impacted by a relative's drinking. Their narratives also provided a unique opportunity to explore the Punjabi community's perceived perceptions of alcohol use and problem drinking. It is essential to highlight how the participants viewed alcohol consumption from a cultural lens as it provides contextual information that may enhance one's understanding about their experience as Punjabi AFMs. Analysis of the participant narratives revealed five major themes (Figure 2): perceived normalization of the SA Punjabi drinking culture; perceived socio-cultural gender norms of alcohol consumption; perceived socio-cultural gender related tolerance towards problem drinking; my relative's drinking is the elephant in the room and I feel helpless and stuck. One of the themes, my relative's drinking is the elephant in the room, had three sub-themes: fear of social judgement;

fear of causing additional problems and fear of the relative. The first two themes captured the participants' perceptions about how the SA Punjabi community views alcohol consumption and problem drinking along with their personal experience related to these phenomena. Identifying the ways in which the participants and the overall SA Punjabi community conceptualizes alcohol consumption and problem drinking allows for an in-depth understanding of the overall AFM experience. The SA Punjabi community's unique cultural and social norms require exploration in order to fully appreciate the various elements that may influence the AFM experience. The remaining three themes captured the personal narratives of the ways in which the participants' and their families have been impacted by a relative's drinking. Interpretation of the participant experiences was facilitated through the use of the Stress-Strain-Coping-Support model (SSCS) (Orford, Velleman, Natera., et al., 2013) in the discussion section.

**Figure 2**

***Study Themes***



**Normalization of the SA Punjabi Drinking Culture**

Initially, the participants were asked to share their perceptions of the SA Punjabi socio-cultural perceptions regarding alcohol use. All of the participants expressed a shared understanding that alcohol consumption is a socially acceptable practice by the overall SA

Punjabi community. Alcohol use appears to manifest itself within the cultural identity of being Punjabi and was articulated as such when Amardeep proclaimed,

*“...they see it as part of the culture...Back home, in India, in Punjab, this is part of the culture... Umm, but I’ve heard many times, oh, but it’s a part of our culture. They have just accepted that...”*

Similar responses were expressed by Jagroop, Simran, Inderpal and Baljot:

*“...Punjabi’s are known to be people who drink and they enjoy.”*

*“I don’t think the guys thought anything, anything was abnormal because they all drank so it’s our culture. It’s uh, even now, people now - it’s still part of our culture.”*

*“I think with the Punjabi community, it’s just – it’s like this norm. Like, everyone drinks. It’s okay. It’s totally normal that, you know, so and so... uhm, I find that it’s just like not a big deal for most Punjabis...”*

*“It’s like a pride for them, to be honest. I see like Punjabis are associated with drinking.”*

The perceived belief that drinking is an essential component of the Punjabi culture may lead to the normalization of alcohol consumption. For example, Tajinder and Kulpreet reported:

*“So, my viewpoint is that I think we’ve really commercialized it; we think it’s cool.”*

*“...the Punjabi community encourages alcohol consumption...and it’s something that is really normal for everyone to - every single household or every other household I know has a person who drinks...”*

The perception that alcohol consumption helps cultivate a unique identity specific to the SA Punjabi subgroup was further described by Baljot and Tajinder when they shared:

*“Like the more you drink, the more Punjabi you are pretty much.”*

*“There’s a common like misuse of alcohol. I think we just make it look so cool in our community. We think it’s hip; we think it’s good to fit in with. The minute you’re not drinking it’s like what’s wrong with you?”*

It is evident that drinking may be viewed as a common practice among the Punjabi community and an individual's lack of alcohol consumption may render questions about the depth of one's cultural identity. Normalization of the drinking culture may further perpetuate problem drinking as members of this community regularly observed the ordinary practice of drinking, intoxication and abundance of alcohol in homes and at larger family events. Many of the participants highlighted the common and at times implied requirement of having to serve alcohol to guests who visit the home or attend an event such as a party or wedding. For instance, Baljot, Amrita and Inderpal collectively shared their experience of how commonly alcohol is available at Punjabi events when they reported:

*"I haven't seen a party in Punjabi families without alcohol."*

*"I've never been to an Indian event where there is no alcohol being served... And even if the personal family does not drink, they'll still have alcohol just to accept the other people's needs in the room."*

*"Socially, it's always around, you always have to serve it."*

Interestingly, the belief that serving alcohol is somewhat mandatory was also discussed by Parminder, the eldest participant, who reported experiencing this practice both in Punjab and Canada. She narrated a story that occurred in India about a distant relative who came to visit her home and needed to be offered an alcoholic beverage when she explained:

*"What I mean is that serving the guest alcohol is considered important."*

Regardless of the participants being born in Canada or Punjab, they collectively described experiencing the celebratory drinking culture in both the native and diaspora Punjabi community. For instance, Amrita was the youngest participant at twenty-two years of age, born and raised in Canada whereas Parminder was the eldest individual at seventy-five years of age, born and raised in Punjab yet they both had similar experiences in observing the importance of

serving alcohol. There seems to be a generational continuation of the normalization of alcohol consumption and the promotion of a cultural identity linked to alcohol use. The normative drinking culture may also act as a potential barrier for the community in acknowledging the presence of problem drinking. For example, Simran explained:

*“I don’t think that they think there’s anything wrong. I don’t. I don’t think, I don’t think, anyone thinks it’s wrong... That’s my opinion, I dunno. I don’t think, I don’t think in that tight knit (hands come together to indicate tight knit) Punjabi community it’s thought wrong.”*

Similarly, Nihal explained the common use of the Punjabi word ‘*baisti*’ which roughly translates to “embarrassing” or “humiliating” as a popular way of also making fun of intoxicated individuals when he reported:

So, probably as a teenager, first heard that word and it came about as a way to roast one another, as a way to poke fun at one another, uh, when someone did something silly, something that they normally wouldn’t do when they are sober. Uh, do something embarrassing, uh, even sometimes something dangerous...like falling and people just laugh like ‘oh that’s *baisti*’ {embarrassing} or like someone did something that was disrespectful or uh, dangerous or whatever the case was, it’s just laughed off as and not like oh this person has a problem with drinking or he might have a severe problem at home, something might be going on. It was never (chuckles) anything like that. It was just a big show, like ‘*baisti*’ {embarrassing}.

Nihal shared that he previously did not view the glorification of drinking and the practice of laughing at intoxicated individuals as problematic because he observed such practices among the overall community and perceived such behaviours to be normal. Nihal also proclaimed:

I feel like all of the families pretty much think it’s normal and also have the same issues within their families so they’re not even aware that it is an issue because for them they

have the same things going on and they lack the awareness to know that it's an issue within their own house so they don't even see it as problematic.

The SA Punjabi community's perceived lack of acknowledgment towards problem drinking is not only an apparent issue among the participants in the Canadian diaspora but may also occur in India, as mentioned by Kulpreet. She described the pro-alcohol attitude as a barrier in acknowledging her father's drinking problem while residing in Punjab when she shared:

*"It was really normal until I came over here. You know you study. You see this is not how it's supposed to be and you realize this isn't normal. But for me at that time if you ask, this is normal..."*

Kulpreet identified that immigrating to Canada and realizing that alcohol use and problem drinking are valid concerns has helped her understand that her experience with her father's drinking in Punjab was in fact problematic. Being part of a community that seemingly normalizes alcohol consumption and minimizes problem drinking may create internalized beliefs about that practice which may influence how individuals perceive that phenomenon and respond to it. All in all, the perceived perception that alcohol consumption is a distinct cultural feature of the SA Punjabi identity may lead to the normalization and glorification of drinking which further perpetuates the community's failure to recognize problem drinking as a valid concern.

### **Socio-Cultural Gender Norms of Alcohol Consumption**

The theme perceived socio-cultural gender norms of alcohol consumption explores the participants' experience of encountering gender disparities related to drinking among the SA Punjabi community. Gender specific norms regarding alcohol consumption are apparently deeply imbedded within the SA Punjabi subgroup and are clearly observed throughout the AFM experiences. Although the participants were not directly asked to comment on any gender specific practices or viewpoints within the community, the majority of the interviewees



discussed the socio-cultural differences in alcohol consumption between men and women. The participants mutually affirmed that traditionally alcohol use is a widely acceptable custom among SA Punjabi males and is viewed as a taboo practice for females. Jagroop, Gagan, Amardeep, Inderpal and Amrita shared their perceptions about the SA Punjabi community's attitudes towards gender-based drinking norms through the following comments:

*"If men do it, that's correct. If women do it, it's wrong. That's what the culture says."*

*"Drinking is more heavily accepted as a social norm especially in men."*

*"It's predominantly men. It's a very patriarchal, I guess, thing because if they see a woman drinking it's almost like a no no. It's like taboo, like no, you know."*

*"Like, especially men, right. It's acceptable for men and boys to drink all the time, right, and that's okay... So, I find that, like, oh yeah boys drink, whatever, the men drink, whatever, you know"*

*"I guess just because they think, oh it's okay if they're a man like they'll be fine. That's what they do. They drink at social events...if a woman drinks then the viewpoint's like oh she has kids to take care of."*

It is evident that the SA Punjabi community may have a preferential attitude towards accepting alcohol consumption among males as opposed to females. As such, Sukhjeet narrated a situation where her husband jokingly encouraged her to drink wine and she declined by providing the following explanation:

Our daughter-in-law lived with us at this time. I thought that my daughter-in-law will say oh if my mother-in-law drinks then why can't I drink too?... Imagine, if I were to drink one glass of wine today, tomorrow my daughter-in-law will drink, what will I say to her? If I am doing something wrong, then I cannot stop my own daughter. If a mother-in-law is in the wrong, she cannot say anything to her daughter-in-law. This is the truth.

Although, Sukhjeet did not explicitly state that women should not drink alcohol, she may be implying that she does not agree with this practice especially when she labelled her

hypothetical act of consuming wine in front of her daughter-in-law as wrong. However, Sukhjeet did not comment on the influence of her husband's alcohol use in the presence of their daughter-in-law as wrong throughout any part of the interview. This may indicate a gender bias in relation to alcohol use and the overall stigma assigned to SA Punjabi women who drink. Sukhjeet went on to share her feelings towards her own daughter's alcohol use when she stated:

*“My daughter has a fancy job. She works with Caucasians. At their parties, ladies drink wine. All the ladies drink. I cannot stop my daughter. I don't like it. I don't like it...I mean her children are in her presence too.”*

Sukhjeet's initial comment about her daughter working with Caucasian women set the undertone for the remainder of the discussion where cultural influence and differentiation was implicitly revealed. Sukhjeet's generalization that all Caucasian women consume alcohol may allude to the presence of a cultural difference where the practice of female alcohol use differs from her own experience with SA Punjabi women. Sukhjeet then revealed that she did not agree with her daughter's alcohol consumption in the presence of her grandchildren. Again, Sukhjeet did not comment on the influence of her husband's drinking in the presence of their children or grandchildren as problematic which may suggest gender specific beliefs towards alcohol use. In fact, she provided a nuanced response when discussing her beliefs about drinking, particularly for men who consume alcohol:

*“I see it like this. When we are all sitting and drinking, some men become very emotional with their wives and children. It is nice. They show so much love. It appears that they are really close to one another.”*

Sukhjeet was one of the eldest participants in the sample so her beliefs about female alcohol consumption may be influenced by a generational difference and culturally defined gender norms she may have inherited while growing up in Punjab. A similar gender-based

perception against female drinking was also experienced by participants who were either born and raised in Canada or have been residing here for several years. As Baljot illustrated:

*“I’ve seen, uh, the ladies of the family, elder ladies, they would not accept that.”*

Based on my insider views of belonging to the SA Punjabi community, it is fairly common for older Punjabi women to be teetotalers which may influence their perception of female alcohol use both in their generation and in the younger generation. The stigmatized act of drinking for females may oftentimes lead to undercover alcohol consumption as mentioned by Baljot and Inderpal:

They {referring to women who drink} mostly go out or I’ve seen them at the parties as well, wedding parties, they would go separately. They don’t come to the table. They would just have a drink and then come back to the table...Uh, because typically this is how the mentality, the mindset of Punjabi families or Indian family or community is. Uh, men can do whatever but women cannot do this openly.

*“Um, but I know other families where, you know, the girls are drinking undercover. It’s like, it’s not acceptable. There’s a lot of a judgement, a lot of stigma about the women drinking. It’s like the men’s thing to do.”*

Gender-based stigma for consuming alcohol appears to be a genuine concern for some SA Punjabi females and may be a contributing factor in their decision to conceal their drinking from certain members of the community, especially the older generation. Simran disclosed the personal challenges she previously faced when she used to conceal her alcohol use from the overall community:

Because when I go out in the Indian community, depending on who I am with, I pretend I don’t drink. Because a lot of women actually do drink but they don’t, I guess with

our community. The social aspect. They say they don't drink when they do drink...I hate that part of our culture where I have to pretend to be someone I'm not.

Although Simran strongly opposed the cultural taboo towards female alcohol consumption, she reported that she continued to conceal her drinking from the older generation of Punjabi women for many years. Overtime, she decided that she was not going to hide her alcohol use from the community and publicly drank at her son's wedding, resulting in further stigmatized responses. Simran joyfully described the incident as such:

(Laughs) and then we had our shots and then I realized it was really loud and everyone was watching. This was at the ladies sangeet {pre-wedding event} and then I kinda realized and I did kinda go oh, shit. But then I thought it's happened now so...Some of the women were staring at me. I don't know what they thought but they were staring at me and I thought okay the cat's out the bag now (laughs).

Much like Simran's frustration towards the stigma associated with SA Punjabi female alcohol consumption, Tajinder also expressed her dissatisfaction towards the community's perceptions towards this topic by stating:

Even in our community, oh god, like even if you walk into an LCBO and you're a brown girl, oh my god, uncles look at you like you're committing the biggest crime...It's like haw {gasp} you're doing it but it's like yo, you're doing it too.

Tajinder continued to share the community's stigmatized perceptions by providing a detailed account of a visit to a liquor store with her brother:

There's uncles standing in the line and there's obviously no brown ladies in there and it's me and I'm looking around and I'm like yes, yes I'm purchasing alcohol. Yes, it's me. And they're just staring like these eyes just ogling at you and I'm like (nods head)

mmhmm. Like, it's just – our society, it's the biggest problem (chuckles)...We have such double standards...

These accounts illustrate the stigma the female participants experienced towards alcohol consumption from the overall SA Punjabi community as well as towards their own alcohol use. The participants highlighted that the overall culturally stigmatized act of female drinking does vary based on individual families. A slow shift towards tolerating SA Punjabi female alcohol consumption is starting to occur within some households but culturally tailored parameters may still exist for these women who choose to drink. For instance, public alcohol consumption in front of the community is still frowned upon, as explained by Tajinder. Despite her parents knowing that she drinks, Tajinder expressed:

*“It’s funny because even in our family, as much as they’re modern, it’s not okay if a daughter or girl drinks openly. Like, I drank openly at my sister’s wedding a couple of years ago and my mom was very uncomfortable.”*

It also appears that the type of alcohol that is considered acceptable for women may be indirectly dictated by the community. According to Baljot and Inderpal, they continue to witness the community show a preference towards wine as a suitable alcoholic option for SA Punjabi females whose families tolerate drinking:

*“They don’t drink at home most of all and if they do it’s just wine...”*

*“Like, heaven forbid you see a girl having like hard liquor, like that’s just so crazy to them, or having a beer, that’s a man’s drink. So, it’s like for girls, women, wine is their drink and that’s okay, right.”*

Based on the participant experiences, the overall SA Punjabi subgroup appears to view the act of female alcohol consumption as a taboo practice whereas male drinking is relatively acceptable. The AFMs illustrated their perceived perception regarding the community's patriarchal culture as a prominent factor in influencing these gender differences towards alcohol

consumption. As such, the various elements that previously impacted Nihal's perceptions towards alcohol consumption and problem drinking were shared when he stated:

Culture definitely. Indian culture. Punjabi culture. Music; videos; fathers; uncles, older male role models uh, the way they would uh, talk about drinking, the way they would act, the way they would talk about drinking and uh, what it was considered to be manly (gestures air quotes) quote on quote and masculine (gestures air quotes) quote on quote and all of those things (chuckles). Growing up with like influences like that, over and over again, you internalize those beliefs and you aspire to be like the people you see around you. Those kinds of things definitely influenced uh, my thought patterns.

As previously mentioned by the participants, the SA Punjabi identity has been associated with a perceived celebratory drinking culture especially for males. As cited by Nihal, masculinity and male role models perpetuating the perceived glorification of alcohol use was an important aspect of his experience with the SA Punjabi community. Tajinder shared a similar experience when she recalled an interaction with her adolescent nephew who recently informed her that he drinks daily. When Tajinder asked him why he drinks daily, she reported his response was:

*“He’s like ‘bandeah vale kam’ {it’s a manly thing to do} right and I was so disturbed by that comment for the next couple of weeks. I’m like you’re like [age range 20-25] right. I don’t know who endorsed this habit that that’s what makes you a man...”*

Similarly, Inderpal's narrative further highlighted the apparent gender-based perceptions towards drinking within this subgroup. She declared:

*“And I find that, you know, the biggest, um, instigators – does the father, does the patriarch drink?...if the patriarch is drinking, they’re heavy drinkers, it’s a totally different – it’s okay, it’s acceptable, you know, especially boys, ‘munde ah dhe kam’ {It’s what boys do.}”*

The socio-culturally acceptable practice of male alcohol consumption and the perceived glorification of drinking as a proclamation of masculinity appears to manifest itself throughout

the detailed accounts by the participants. The perceived approval towards male drinking and the opposing stigma towards female alcohol consumption may illustrate a blatant socio-cultural gender division among this community. As mentioned in the literature review, the overarching SA culture has deeply imbedded patriarchal and gender-based norms that are clearly impacting the overall experience of the AFMs. It is evident there are stigmatized gender-based perceptions towards female alcohol consumption within the SA Punjabi community. Overall, this community appears to disapprove of female alcohol use but viewpoints also depend on individual families. Although some families may tolerate female alcohol use, they still prefer that the women refrain from drinking in the presence of the wider community to avoid potential gossiping or opt for beverages that are deemed acceptable for women. The participants highlighted gender biases against female alcohol consumption which may be influenced by generational differences and socio-culturally defined gender roles among the overall SA Punjabi community as well as the interviewees themselves.

### **Socio-Cultural Gender Related Tolerance Towards Problem Drinking**

Perceived socio-cultural gender related tolerance towards problem drinking is a theme that highlights the gender specific perceptions and practices within the SA Punjabi community that may influence the AFMs responses to problem drinking. The apparent traditional patriarchal viewpoints of the SA Punjabi subgroup appear to promote a culture of gender related tolerance towards problem drinking. In this study sample, thirteen of the fourteen participants identified as female and the relative of concern for all fourteen participants was a male. Based on the aforementioned knowledge that the SA Punjabi community tends to support male alcohol use as well as the collective participant responses towards drinking within this population, it is understandable that the relative of concern in all cases was a male. The taboo against female

alcohol consumption may be associated with underreporting of alcohol use or problem drinking for this gender and hence, the lack of representation of female relatives of concern in this sample. Once again, none of the participants were specifically asked to comment on gender specific norms throughout the interview. The responses regarding gender were volunteered by the participants and appear to be an essential element in their experience as SA Punjabi AFMs.

Interestingly, because all relatives of concern were male and thirteen of the fourteen participants were female, their individual and collective experiences appear to illustrate the tolerance they may have been expected to endure towards their male relatives' drinking. The tolerance may stem from the perceived SA Punjabi socio-cultural perceptions on gender issues which may influence individually rooted beliefs towards gender disparity. For instance, Parminder narrated a story about a distant uncle who visited her home in Punjab when she was younger. The uncle became inebriated and was vomiting the entire night. Parminder reported that even though she internally disapproved of his behaviour, there were certain expectations placed on herself and her female cousins. She described what happened that evening when she shared:

*“Then we had to clean up the vomit because we are the girls of the home.”*

Socially and culturally imbedded beliefs regarding gender roles were further revealed by Poonam when she was asked about her opinion regarding alcohol consumption to which she replied:

*“What can my opinion be? Especially for a lady, right?”*

As Poonam continued to describe her experience, she reported that compared to her own efforts, she was once hopeful that her two sons would be able to negotiate with her husband about his problem drinking because *“sometimes men don't listen to women.”* Based on these subtle remarks, it is evident that Poonam may foster deeply rooted gender beliefs which may be



influencing the way in which responds to her husband's drinking. When asked about how she reacts to her husband's repeated apologies after periods of intoxication, Poonam disclosed:

What do I say? I think it's okay we have a family, why ruin it. A lot can be done. Court cases. A lot can be done. But I want my kids' life to become something. Why ruin it. If one person is stupid, the other person doesn't have to be stupid. So this is why I say just be quiet. Two days we don't talk, and then we get better. We have to be better so that we don't ruin the family.

Poonam appears to be taking responsibility for maintaining her family's cohesiveness by enduring her husband's drinking and subsequent behaviour through silence. An element of hope was noticeable when she referred to preventing disintegration of the family unit through her tolerant acts. As a member of the SA Punjabi community, I am aware that the overarching SA culture tends to place the onus of upholding a family's collectiveness and honour primarily on women and this appears to be manifesting in Poonam's experience as an AFM. Similarly, tolerance through silence was observed in Sukhjeet's narrative when she described her responses to her husband's drinking:

*"But I try to bury that topic. I just say 'chal koi nah, haoo ga' {it's alright, it happens}."*

*"Chal theek ah, koi nahi. thore chir dhi gal ah. Apeh theek hojana. Set hojana."*  
{It's like, okay, it's fine. It's only for a short while. He will be fine eventually}

Much like Poonam, it appears that Sukhjeet may have also been holding onto hope that by tolerating her husband's drinking and not confronting him, his behaviour may improve. Despite worrying about her husband's drinking throughout her marriage of over fifty years, Sukhjeet remained hopeful that circumstances would improve especially if she continued to remain tolerant. Throughout the interview, she acknowledged the many sacrifices she made for

her husband despite his problem drinking and ill treatment towards her. She further illustrated her tolerant viewpoints when she stated:

*“I, I am also against re-marriage (two second pause). Try and adjust it. Try at least. If you can’t adjust then, just continue on, it is fine. So this is how life has been.”*

Sukhjeet’s comments suggest that tolerance and sacrifice may be foundational elements in her marriage and experience as a SA Punjabi AFM. The perceived culturally and socially dictated expectation of SA Punjabi women to practice tolerance in order to preserve familial unity was further illustrated by Poonam’s own family when they attempted to console her regarding her circumstances:

*“My father tells me that I need to keep myself mentally strong, that these situations sometimes happen... I look at the kids and keep quiet. He’s talking negatively, just let him talk...If I get emotional, then everything will be ruined.”*

Poonam is seemingly taking ownership of maintaining the wellness of her family, especially that of her children and their future, by sacrificing her own emotional responses to her current circumstances. Poonam revealed she chose to participate in this study to acquire information on how she could help her husband quit drinking so that her younger son’s mental health improves. She shared that her son was currently hospitalized on a mental health unit and his challenges began due to her husband’s problem drinking. She was worried about her son, wanted to know how she could support him and believed that by learning how to manage her husband’s alcohol and intoxicated behaviour, she could save her family. The gender disparity in this situation was further highlighted when Poonam shared her husband’s response after several attempts of trying to explain the impact of his drinking on the family:

He says no one can say anything to me here. The house is on my name; I’m the boss of the house here. That’s the another problem in the Punjabi community.

When there is a husband wife and the house is under the husband’s name then

they abuse it more and say the ladies cannot do anything because it's my house.

That's the other negative point, right.

The apparent power dynamics in this situation are not unique to just Poonam and her husband as several other participants narrated their experience with gender inequality both in a generalized SA Punjabi socio-cultural perspective but particularly towards their relative of concern. One such participant, Navdeep, outlined various examples of activities that previously required her ex-husband's permission when she revealed:

*"I said I want to go to gym. No. I said why? Because I said so. I want to do this. No. You have to seek his permission...Take his permission if you want to go to buy vegetables..."*

Navdeep disclosed that her ex-husband and in-laws expected her to adopt the role of a domesticated and passive female especially towards her ex-husband's drug and alcohol concerns.

Navdeep revealed the circumstances in which she was expected to live when she shared:

*"...all they expected from me: keep quiet, deck yourself up with full bridal makeup, good jewelry, good clothes...Be that and zero complaints. Keep quiet. Keep your mouth shut...we have a good reputation and it's your duty to keep that reputation."*

As a member of the SA Punjabi community, I am aware that the responsibility of maintaining family honour is oftentimes indirectly assigned to SA women which may perpetuate acts of tolerance and sacrifice. Much like Poonam, who may have felt that she had to take ownership of preserving her family's unity possibly due to a cultural influence, Navdeep revealed that she was explicitly directed by her in-laws that tolerance was an expectation. When Navdeep did attempt to address her ex-husband's infidelity, intimate partner violence and drug and alcohol misuse with her mother-in-law, she further promoted tolerance. Navdeep described the interaction as such:

*"His mother would often tell me, why you stressing so much? Leave him be. Just go for shopping, just do this...how could I smile when my husband is beating me, if he's abusing me up? Do you think you can smile?"*

Navdeep exclaimed that her in-laws perpetuated the domestic violence by her ex-husband by ignoring it and encouraged her to tolerate her husband's behaviour. The culture of abuse and tolerance within Navdeep's home environment was palpable when she shared the following:

*“And if I would ever complain about it, that he did that, he does that, oh beta {child} don't tell us all these things. Don't tell us all these things. Why don't you keep quiet? Why did you say something?”*

Navdeep shared that when she did attempt to leave her husband, she was compelled to move back into her parents' home where her brother also resided:

*“...my brother, my father, they won't allow me to live alone. Kalhi kuri India vich {a single girl in India} ... you know how these dynamics work in India. A divorced woman. She is burden on the family now. It's not easy. I tried it.”*

Despite being a highly educated and accomplished professional, the apparent gender inequality within the SA Punjabi subgroup appears to have profoundly influenced Navdeep's attempts to separate from her husband. As Navdeep described her perceptions of the SA Punjabi community towards single women living independently with a child, the stigma associated with a broken marriage appears to deeply threaten the female identity over their male counterparts.

In the aforementioned narratives, the participants described their experience as a spouse of an individual with a drinking problem and the apparent gender differences that impacted them. Kulpreet expressed a similar understanding despite the horrific intimate partner and domestic violence (IPDV) that they experienced. Kulpreet also proclaimed:

*“People have this mentality that if you're married, you're supposed to stay there and die there...you just have to put up with stuff and you can't be divorced or you can't stand up or get married again...”*

Kulpreet reported that she witnessed her mother's struggle of being impacted by her father's drinking and highlighted her perception of the gender inequality within the community, the perceived normalization of drinking and gender discrimination against women as

contributing factors in tolerating their circumstances for as long as they did. The apparent expectation of gender related tolerance is not only present in intimate relationships but can extend to other male relatives as illustrated by Jagroop. Although, Jagroop and her family no longer reside with her brother-in-law (her husband's sister's husband), she reported that his drinking continues to impact her household because her mother-in-law tolerates his intoxicated behaviour and expects the rest of the family to do the same. Jagroop explained the reason she believes her mother-in-law chooses to bear her brother-in-law's drinking when she stated:

*“Yeah, but the thing is like, you know, in the Punjabi culture, you don't say anything to the son-in-law of the family or you don't say anything to the brother-in-law.”*

Jagroop disclosed that their entire family disapproves of her brother-in-law's drinking but no one confronts him about his behaviour because he is the son-in-law of the family. She reported that her mother-in-law encourages her adult children including Jagroop to tolerate the brother-in-law's behaviour because her mother-in-law does not want to cause any inconvenience towards her daughter due to their interference. Jagroop explained:

*“But yes because she's uh, she has a daughter in the house, you know she cannot say something negative about him.”*

In the SA Punjabi culture, marriage is a sacred bond with strict social norms. In combination with the perceived cultural gender inequality, it appears that avoiding interfering with her daughter's marital issues stemming from her husband's drinking problem, may be more important to Jagroop's mother-in-law than addressing the concern and possibly disrupting her daughter's marriage. Jagroop expressed her blatant disagreement with the way her mother-in-law handles the situation when she retorted:

*“If he says something, you cannot refuse him. Like, you have your own life...you are not his slave, you know. People think that just because he is the daughter's husband that you have to do exactly as he says.”*

Jagroop may have differing viewpoints compared to her mother-in-law regarding the family's relaxed approach to her brother-in-law's drinking and further questions the gender-based discrimination that apparently exists within this subgroup when she declared:

*“But I don't know, that is the Indian culture. You don't take a step for yourself and think that things will get better with time...And for your own reputation, for the parent's reputation, the girls, I don't know why they sacrifice...”*

Baljot also commented:

*“... it feels like there are so many limitations and boundaries placed on woman... Where they want to do something but they stop themselves...this I guess, this is just our culture or tradition and education as well.”*

Perceived cultural differences and social norms regarding gender worth, roles and expectations within the SA Punjabi subgroup may perpetuate gender related discrimination towards females. The apparent socially and culturally imbedded gender disparity may be associated with greater difficulty for females advocating for themselves especially if they are required to speak out against a male relative. In addition, the perceived expectation of a SA Punjabi female to be the peacekeeper of the family may also promote a culture of tolerance. The previously mentioned experiences all occurred with participants who were born and raised in India, however, similar circumstances regarding gender-based discrimination and tolerance were also demonstrated by participants who were born and raised in Canada. For example, Amardeep shared her perceptions of the community's perceptions regarding gender-based roles and expectations:

With the female of the household, she's expected to do everything, you know. There's a lot of social pressures, family pressures on her, so she's gotta be, like, the wife, the homemaker, she's gotta be the cook, maid, do everything because God forbid the man of the house lays a finger on anything...the male or like the Punjabi male is basically just

going to work and then coming home and expecting food on the table, and a clean house. So, there's a lot of patriarchy, I find, in Punjabi homes, families, and unfortunately it still continues.

In a comparable yet different experience with gender norms, Amrita disclosed that her father has forbidden her from visiting her uncle because of his drinking problem:

*"It's been like in the past year and a half he won't let me go over to his house unless my cousin brother, unless he's like physically at home, he won't let me go."*

Although Amrita did not explicitly state the reason she chooses to obey her father's command, speculations do arise whether socially and culturally dictated gender rules are influencing factors in this situation. As mentioned in the literature review, respecting elders especially males through acts of obedience is highly common within the SA community. It is evident that culturally dictated differences in roles and expectations for males and females appear to inform the ways in which SA Punjabi AFMs respond to their relative's problem drinking. In particular, the cultural and social values assigned to SA Punjabi women appear to promote tolerance towards their male relative's drinking.

### **My Relative's Drinking is the Elephant in the Room**

This theme depicts the reluctance the participants and their families experience when sharing details about their relative's drinking and the impact on their personal lives with their social circles. Many participants associated their hesitation to disclose as being primarily influenced by *a) fear of social judgment; b) fear of causing additional problems and c) fear of the relative.*

#### ***Fear of Social Judgment***

When attempting to disclose their experience or contemplating a course of action related to their relative's drinking, fear of social judgement appears to be a key element that created

reluctance amongst the AFMs. Tajinder shared her perceived viewpoints about the overall SA Punjabi community's fear of social judgement when she proclaimed:

*"I think our community (chuckles) not just when it comes to alcohol- they're very concerned about how they come off to other people right...They just never really wanna tell people what the real deal is in the fear that they'll be judged..."*

Tajinder provided a more personal example of fearing social judgement by describing her mother's attitude of keeping her father's previous drinking problem a secret from others. Her mother currently attends a local park to meet other SA women and discovered that some of the other attendees knew her late mother-in-law who would openly discuss the problematic circumstances at home with this group. Tajinder reported that initially her mother was very hesitant to continue visiting the park because *"people know."* Although her mother continues to visit the group daily, Tajinder expressed her mother's reluctance in sharing her experience as an AFM with the other women:

They talk about a lot of things and like other people's husbands drinking and I'm like mom have you told her what you grew up or what you saw here? She's like no and I'm like why not? and she's like no, *main kyun gal karaan?* {why should I say anything?}... I'm like you could help somebody mom. You could really help somebody right and she's just like no, I don't wanna talk about it.

Although Tajinder's father has stopped drinking alcohol for the past few years, her mother's hesitancy to openly acknowledge his past drinking problem continues to impact her attitude. Tajinder reported that her mother is still very uncomfortable with Tajinder and her siblings drinking publically due to the fear of being judged by the greater community. Tajinder expressed her frustration with her mother's reluctance through the following comments:



She's like no, I don't want people to think that oh my son drinks and my husband used to drink...like, to some degree my mom said don't do it in front of people. I don't want people saying that about my daughters right...Even though every other daughter drinks too and people drink behind parents' backs and they just – nobody wants to talk about it right. Nobody wants it to be perceived and it goes back to the same thing, what do people think about me?

Inderpal explained that her father's problem drinking resulted in severe medical conditions when he began to continuously vomit. The aftermath of this incident resulted in a variety of medical diagnoses for her father and the habit of routinely withholding or altering information presented to other family and friends about her father's health. Inderpal explained:

*“I don't know what lies we told them. But then, after that whole episode, at those family events, my dad doesn't drink on that side of the family anymore. Even though my dad's like still drinking, they think he's not.”*

Inderpal revealed her father's hesitancy to disclose his continuing alcohol use and health challenges to others also extends to his co-workers and other members of the larger SA Punjabi community. Inderpal illustrated her father's discomfort about his circumstances:

*“Mind you, people knew my dad was off [work]... My dad ignored everyone's phone calls. Didn't want to talk about it. Didn't want to tell them, oh, lie to them. Tell them I just got sick. I'm on antibiotics.”*

Hiding the truth or altering information that is presented to others to avoid social ostracizing was also demonstrated by Amrita and Gagan. Both participants narrated their individual stories of attending a wedding where their relative of concern became severely intoxicated, having to leave the event which resulted in Amrita and Gagan lying to others about the true circumstances surrounding their relatives' absence. Amrita reported that her uncle

became inebriated before his son's wedding and had to be secretly escorted out before the ceremony began. She shared:

*"Me and my sister kinda had to handle that situation really quietly so that nobody else knew what he did."*

Similarly, Gagan reports withholding the truth about why her parents had to leave an out of country event:

*"...Like, me being the person that is staying to have to explain to all these people, oh they weren't feeling well so they went home."*

Although, in these particular examples, Amrita and Gagan did not explicitly state that it was fear of judgement from others that influenced their decision to alter the truth, throughout their individual interviews, they made reference to judgment from the greater community regarding their relative's drinking. For instance, Gagan illustrated her perception of how others viewed her family because of her father's drinking when she revealed:

*"Yeah like I think we do get a negative stigma about that and I think we do get comments like, I've heard comments about, like uhm, you know, ohde bache inne changeh ah thay ap edha dhe kam kardha" {his kids are so nice and he behaves like that}*

It appears that the stigma associated with discussing problem drinking may be closely associated to a fear of being judged by others which may perpetuate a culture of tolerance and nondisclosure. The majority of the participants directly reported that their close family and friends were aware of the relative's drinking to a certain extent but remained oblivious to the magnitude of the impact due to limited discussion, hence, the feeling that their relative's drinking *'is the elephant in the room.'* One such participant reported that she has not met or conversed with many SA Punjabi AFMs despite sharing her viewpoints and experiences surrounding the apparent normalization of alcohol use in the overall community. Fear of judgement was not only a barrier observed in SA Punjabi AFMs residing in Canada but was also demonstrated by

participants while they lived in India. While discussing her husband's intoxicated behaviour, Sukhjeet stated:

*“He used to come home in a taxi or rickshaw, argue with the driver. I grew up in such a culture, log dekh khe tamasha, main apne ap nu tamasha nahi si ban nah chaundhi odhe piche {people used to watch and make fun and I did not want to become a spectacle because of him}. I used to help him affectionately and take him inside. It was a formality.”*

Sukhjeet continued to share how certain SA customs may influence the trajectory of a SA woman's decisions about their lives when she expressed:

This is a tragedy of ours. Of Indian women in particular. We cannot leave our husbands because what will society think? We cannot leave them because to navigate society by yourself is very hard. Where will you take the children? What will you do? Then, we have a label, *chutar ke kay bulandhe ah lok*. {people call us chutar. Chut means to ‘let go’ so chutar is someone who has been let go of}

It appears that fear of social judgment may contribute to the practice of gender-based tolerance in response to problem drinking. Sukhjeet seemingly fears judgment from others because of her husband's drinking and appears to apply tolerance as a response to his intoxicated behaviour which may be perpetuated by the apparent gender discrimination and socio-culturally assigned expectations for SA women. Much like Sukhjeet, Navdeep also demonstrated that fear of social judgment may have been a contributing factor in her decision to return to her husband after she initially separated from him while living in India. Divorce is a taboo subject among the SA community and when Navdeep returned to her parent's home after temporarily separating from her husband, there were differing viewpoints on her decision. Navdeep's father suggested that Navdeep, her daughter and he move out together to reduce the tension in their home to which Navdeep responded:

*“I said, no papa. This is not how it will be. What will people say? People will say that she did not put well in that family and then she created problems among the father and the son...I had to go back.”*

As it has been previously mentioned, divorce is a taboo topic among the SA community especially towards women. This stigmatized perception may impact the decisions made by SA Punjabi female AFMs regarding their male relative of concern. As such, Tajinder recalled times she and her siblings would question why her parents did not divorce one another and shared her perceptions of why her family did not speak to others about their father’s drinking:

*“My mom was so concerned, so concerned about what people thought. That was it. That was the driving force behind why we probably never sought help because she was so like fixated on like how she was perceived...”*

It is evident that fear of being labelled by society in combination with the perceived gender expectations towards SA women may influence a SA Punjabi female AFMs response to their male relative’s problem drinking and their reluctance to discuss their experience with others. Similarly, Kulpreet shared previously fearing social judgement and enduring the stigma associated with having parents who were separated. She identified these as possible factors in her hesitation to discuss her experience of being impacted by her father’s drinking. Kulpreet shared her mother’s advice about limiting discussion of private family matters at school:

*“...I always heard from my mom tell me like, oh don’t share too much with people; oh don’t tell them our family conditions; they will judge you...It’s like embedded in you so...I never opened up.”*

Much like Kulpreet reported not previously sharing her experience with friends, Navdeep also revealed that she did not disclose her husband’s drinking to her employer or colleagues in India and would often lie about her absences to avoid questions or comments:

*“I had to take a leave [from work] to be with him at the rehab and I would take study leaves [from work] that I’m going to have (chuckles) higher education and some refresher courses. How could I tell them that where am I?”*

Apart from being concerned about facing judgement towards herself, Navdeep shared that she feared how others would treat her daughter because of her husband's drug and alcohol use. She expressed her concern by stating:

*“What if someone gets to know that her father is an addict? Would she be able to tolerate that shame? It is a shame. Yeah. So shameful.”*

It appears that she held strong viewpoints regarding her husband's alcohol and drug use which led to a fear of being judged by others. Overall, the reluctance of the participants to disclose how they were impacted by their relative's drinking may have been motivated by their fear of being socially judged and stigmatized by others. Limiting discussion of their circumstances or altering the information they provided to their family and friends appears to be a safer alternative.

### ***Fear of causing additional problems***

Another factor that may have strongly influenced the AFMs decision to limit discussion of their experience was the fear of causing additional problems for their families. There were several examples of participants withholding details of how they were impacted by their relative's drinking in order to protect the mental and physical well-being of their loved ones. The perceived belief that disclosure of the drinking problem may result in potential harm for their family members meant that the participants chose not to reveal certain aspects of their experience to others and/or to their relative of concern. For example, Nihal shared that he previously did not share his concerns about his father's drinking very openly with others due to his fear of *“not wanting to disrupt the family, obviously.”* The apprehension related to addressing a relative's drinking and intoxicated behaviour was further demonstrated by Jagroop when she discussed an incident that occurred soon after her wedding. Initially, during the wedding, her brother-in-law became intoxicated which resulted in a public display of arguments amongst the family. Soon

after, her brother-in-law solely decided that he was going to take his children to stay with him and his family during the remainder of the trip while his wife resided with her family. Jagroop described her hesitancy in asking her brother-in-law if the young children could stay with her sister-in-law for the remainder of the wedding events as such:

*“I tried to ask but then I thought like, maybe that would create a problem for them if I ask because it’s just been two or three days I’m in the family.”*

Apart from the participants being hesitant to address their relative’s drinking and intoxicated behaviour, their family members also expressed similar concerns. For example, Tajinder reported that her mother refrains from sharing details about her father’s previous problem drinking with her own family:

*“So, my mom didn’t really make it aware to her family... she never really told them (two second pause) and I always wondered, that, like, why would you not confide in your own siblings? She’s like, I never wanted to stress them out.”*

The desire to protect a loved one from facing additional worries was also demonstrated by Baljot when she disclosed her hesitation in speaking to her mother about her father’s drinking:

*“...she’s already so stressed about it and I don’t want to make her feel guilty about anything right.”*

Relatedly, Inderpal remained cautious about who she discussed her father’s drinking with due to her fear of causing more problems for her loved ones. She expressed her trepidation as such:

I’ll talk to my husband a little bit every day, right. But then, it’s like I don’t want to tell my husband too much so he’s like losing his respect for my dad, too, you know. And then, my mom and I talk quite a bit, but then there’s some things I don’t want to tell her because she’s a person who won’t sleep at night, you know, if she’s really stressed out.

And then my brother doesn't live there, so like how much do I worry him and call him?... then, there's like select two family members which I kind of tell a little bit, but I don't tell them everything...there's no one who I can tell everything to, and um, yeah, it just like pents up like this (tearful chuckle).

Much like Inderpal who was reluctant to discuss her experience openly, Amrita revealed that her aunt may also be hesitant to disclose the extent of her uncle's drinking problem with extended family members and friends due to a fear of the aftermath:

*"Most people don't know. It's 'cause my aunt likes to keep it like that. She doesn't want to strain her own relationships with them just because of his behaviour."*

Along with her aunt and cousin's wife, Amrita disclosed that they sometimes have had to conceal details about her uncle's behaviour from her own cousin (uncle's son) due to a fear of the consequences of revealing the complete truth. Amrita reported that during periods of her uncle's intoxication, her family has had to call the police on him, but they have not always informed her cousin about these situations. Amrita's family's concern is illustrated as such:

*"If he knew then he would get mad. So we kinda have to sometimes hide those subtle moments from my cousin 'cause we don't want the relationship to be that strained where he kicks his dad out or doesn't talk to him..."*

The participants' reluctance to openly discuss their personal experience of being impacted by their relative's drinking due to the apparent fear of not wanting to cause additional problems may create feelings of isolation and a perceived responsibility of solely managing the circumstances. This was further exemplified by Navdeep who described not revealing her husband's escalating abusive behaviour and drug and alcohol use to her in-laws or her parents when they first immigrated to Canada. She explained her reluctance as such:

You know why, I thought oh, poor things they have sent us here for better future and they're hopeful... My mother is diabetic. So why to give stupid stress when I cannot do

anything. What can they do from such far away? They cannot do anything. It's just I'll be giving them stress. Let me handle the situation...Both are equally old and both are equally vulnerable to old age. If I give them further stress so I chose not to give them stress. I will handle the things.

In the aforementioned examples, the participants were safeguarding the well-being of their loved ones by not sharing details of their relative's drinking and the subsequent impact on their lives. Another pattern that was observed through the AFM narratives was a potential fear of making matters worse by seemingly disregarding certain SA Punjabi socio-cultural values by discussing their circumstances. For instance, Inderpal revealed that her cousin works with her father and rather than directly speaking to his uncle about his alcohol use at their place of business, he informs Inderpal about it. Inderpal expressed her frustrations regarding the lack of family support in addressing her father's alcohol use when she shared her thoughts on why she believes her cousin does not confront her father:

*"...because he's older, he's also another patriarch to my cousins...So, because of that, they don't go there...So, it's like they're aware, they know, but, no one wants to like – it's like the elephant in the room, you know."*

Although Inderpal did not explicitly state that her cousin did not want to address their relative's drinking because he was worried about causing additional problems, it is presumable that he may not want to confront his uncle due to this very fear. As discussed in the literature review and based on my insider views regarding this community, the overarching SA cultural values and norms mandate a level of respect towards elders in the community which may often discourage one from confronting older individuals, regardless of the circumstances. For example, Jagroop explained her hesitancy as being related to the cultural and social norm of confronting elders:



*“Because in India, you are younger to me so you cannot like - the elders are there to speak. So I just told my mother-in-law...”*

Jagroop also shared that she worries her sister-in-law *“might feel that it’s insulting for her.”* Much like Jagroop’s family, who were aware of her brother-in-law’s drinking but did not openly discuss the circumstances, Tajinder shared that her mother only felt comfortable sharing the severity of her father’s previous drinking with one family member, her aunt who also discussed the issue with her husband. Tajinder reveals that her aunt and uncle were the only immediate family members outside of those who resided in her home who knew the extent of her father’s previous drinking. She affirmed:

*“Everybody else knew he drank but they didn’t know it was so bad.”*

When asked if Tajinder herself previously chose to discuss her experience with others, she replied:

*“Nope (four second pause). I was always afraid that it would elevate the conversation or escalate the conversation...especially being very young.”*

Tajinder was prompted to elaborate on what she means in the aforementioned comment to which she responded:

*“That he would get mad that we told somebody outside of the house or tried to get help from outside whether it would be my mom getting mad or him. It was actually from both and I didn’t wanna hear it...”*

The participants’ perceived fear of causing more problems was also triggered by the apparent fear for other family members. To illustrate, Amardeep expressed that the reluctance to disclose her father’s drinking to others was influenced by the fear of causing greater difficulty for her herself and the family which was instilled into her as a child. The coercion Amardeep felt as a child about concealing her family dynamics from others was demonstrated when she shared:

Um, I used to get threatened with don’t tell anybody at school otherwise they’re going to put you into CAS, they’re going to pull you out of the home, you know. So, that was –

I mean, I didn't know any better. I didn't know what any – what CAS was. I didn't want to live with, like, strangers, you know. So, that fear was constantly being put into my mind.

Despite being intimidated by her family to not reveal the circumstances at home, Amardeep disclosed that throughout her childhood and adolescent years, she had to contact the police a few times due to the increased domestic concerns during her father's intoxication. She shared the aftermath of her actions:

*“Um, I'd get in trouble for calling the police by my mother because she would tell me that I didn't listen to her... basically, don't tell anyone, right...I was also told not to tell anybody at school.”*

Amrita's family also appears apprehensive about sharing details of her uncle's drinking with others and asking for additional support. She explained their concerns as such:

*“...we don't want to trigger him so bad 'cause his drinking is now causing a problem 'cause he's constantly drinking now and we don't want to trigger that. We're fearful it might trigger something else.”*

Throughout the interview, Amrita shared several examples of the family's attempts to discuss her uncle's drinking and implement various measures of support. Her uncle responds by temporarily leaving the house for several weeks without disclosing his whereabouts to anyone. It almost appears that the family is choosing what may be perceived to them as a safer option of no longer openly discussing her uncle's problem drinking with him or others due to their concerns of escalating he problem. The collective stories illustrate the participants' reluctance to disclose details about their relative's drinking and the subsequent impact on their lives with other family and friends for fear of causing additional problems.

### ***Fear of the relative***

Another emerging pattern involves the reluctance to speak out due to an apparent fear of the relative who is drinking. When asked if participants feared for their safety or the safety of

their family members during their relatives' intoxication, half of the participants confirmed that at some point in their lives they have had safety concerns. In particular, two of the participants who reported not having any safety concerns for themselves did share examples of abusive situations throughout their interviews. For instance, Sukhjeet reported "*he began to beat me*" when she discussed confronting her husband about his behaviour but later in the interview when she was asked about any safety concerns regarding her husband she provided the following comment:

*"No, there is no problem like that now. No. It has never been like oh he will hit me with something, no. He is not like that. I know that. I know him (chuckles)."*

Along with Sukhjeet's seemingly nervous giggle, there were several instances during the interview where she became teary-eyed when discussing her husband's intoxicated and abusive behaviour. Additionally, during the initial phone screen with Sukhjeet, she whispered about wanting to participate in the study rather than using a normal tone of voice. Sukhjeet was asked if she was worried about a relative's drinking. Rather than directly answering the question, Sukhjeet stated:

*"You know what these Jatt {indicating a Punjabi caste} Punjabi households are like."*

Also, prior to commencement of the face-to-face interview and once during the discussion, Sukhjeet wanted to confirm if her identity would remain confidential and private. Twice during the interview, Sukhjeet's husband called her and she provided altered information about her whereabouts. Sukhjeet was asked if she worried about her husband discovering her participation in this interview, she laughed and brushed off the question. Her nuanced responses may have indicated a fear of disclosure of the possible severity of her safety concerns surrounding her husband. Similarly, Jagroop reported not fearing for her safety or the safety of her family due to her brother-in-law's intoxication but identified "*I don't think personally I*

would stay alone with him.” Jagroop revealed that her brother-in-law has “*hit didi* {Punjabi word for sister-in-law} and he had hit the kids also.” Jagroop further expressed her perceptions of her mother-in-law’s fear of her brother-in-law and the dynamics of the home when he visits:

My mother-in-law, she is scared and then she gets very stressed and like, if *paaji* {Punjabi word for brother-in-law} has to come, it’s like *sara ghar saaf honah chahidha nahi tha* {the whole house has to be cleaned or else} you know, everything should be spick and span and when *paaji* comes you just be nice and you wear suits [traditional Indian outfits] and you sit. And otherwise my mother-in-law she’ll wear [western clothes] also in the house or she’ll never cover her head in the house but when *paaji* comes she’s all traditional and cover her head. *Hanji hanji* {yes, yes} no controversial subject and if *paaji* says something and even if that is wrong that you know, nobody will say this is wrong, like, just not to get into an argument.

Jagroop identified that she disagrees with her mother-in-law’s behaviour and expectations of others to protect her son-in-law. Although, Jagroop did not provide a concrete explanation for the reason she conforms to her mother-in-law’s demands, the perceived expectation of a SA Punjabi daughter-in-law towards her in-laws may be a potential barrier which is a common understanding that I acknowledge as an insider. It appears that the family’s hesitation to disclose her brother-in-law’s drinking may stem from a fear of their relative’s abuse and the wish to avoid additional problems for Jagroop’s sister-in-law. Although Sukhjeet and Jagroop did not candidly state that fear of their relative may have been be a potential factor in their reluctance to discuss the relatives’ drinking, the majority of the participants explicitly expressed this very concern. As previously mentioned, Navdeep experienced various forms of IPDV during her marriage with her ex-husband which included but were not limited to psychological distress, financial

dependence, verbal abuse and at times, physical violence. Navdeep reported that during a heated argument with her ex-husband, he once threatened to have someone throw acid on her face while she was out and least expecting it. Navdeep informed her in-laws about what her husband had said to which they replied *'why did you provoke him?'* When she attempted to explain that she knows her husband would not actually throw acid on her but she still wanted her in-laws to know about the abuse he was inflicting on her, they stated:

*'Again you're saying that he's not going to do that. Again you're giving, you're provoking him. You're giving him reasons to do that.'*

Navdeep also reported *"he pushed me and pulled my hair."* Navdeep expressed feeling concerned for her and her daughter's safety throughout the marriage, both in India and Canada:

*"But I couldn't argue with him. I would keep quiet, keep quiet...I cannot confront him. I knew that. I cannot invite that trouble. I cannot provoke him."*

Navdeep identified that for several years, she did not confront her husband due to fear and the desire to protect her daughter both in the present moment and in the future. Alongside not wanting to cause additional problems for her family, Navdeep shared that she oftentimes chose not to disclose details about her struggle with her loved ones which she now perceives her ex-husband viewed as an opportunity to continue his abusive behaviour. Navdeep reported the circumstances escalated when Navdeep and her husband immigrated to Canada. After ten years of marriage she made the decision to permanently separate from her husband when his abusive behaviour intensified upon their arrival in Canada. She withdrew a large sum of money from their account in order to prepare for the next steps but remained frightened of her husband.

Navdeep's fear is illustrated as such:

*"I feared my safety because I was sure that if I go home today, he will kill me (two second pause) because I have taken his money."*

Fear of the relative is a powerful element that may influence a SA Punjabi AFM's willingness to disclose their experience with others. Much like Navdeep, Kulpreet also shared her experience with domestic violence, particularly between her mother and father. Kulpreet described witnessing a traumatic encounter between her parents when she was a child in India and detailed the incident:

He was so drunk...back home our walls are cemented; they are not dry wall. So he was basically banging my mom's head into the cement wall and with force and I remember I was really little and I was like leave her, just leave her and he didn't. He even, he kicked me aside too. There was this other friend of my mom she used to live next door, she came in and he slapped her too. So yes, when he was drunk we were in constant fear all the time...

As exemplified by Kulpreet's distressing narrative, the hesitation to discuss the drinking problem or intervene to offer support may also impact other community members. Kulpreet revealed the apparent lack of support from some of her neighbors during physically abusive altercations between her parents when she shared:

*"Only people who lived around me knew that my dad was like that but no one ever came to talk about it..."*

Although it was not conclusively established that Kulpreet's community members were fearful of her father, there may be a potential possibility that fear may have impacted their decision to not intervene at times, considering that her mother's own friend and neighbor was slapped by her intoxicated father when they did attempt to offer support. In addition to fearing social judgement, fear of her father may have been a prominent factor in both Kulpreet and her mother's hesitation to openly discuss their experience as AFMs. In this study, a spouses' perceived fear of their partner especially during periods of intoxication appears to filter through

to their children and may have acted as an additional barrier in disclosing their experience to others. Much like Kulpreet's mother who may have been afraid of her husband, Amardeep also identified her mother's possible fear of her father as a potential barrier in her efforts to prevent Amardeep from discussing their family dynamics with outsiders when she stated "*she was just really afraid of him.*" As a child and adolescent, Amardeep confirmed that she was more concerned about her mother's safety as well as the safety of her maternal grandparents' who lived with them. She recalled a story where her father decided to take away the car keys from her mother which prevented Amardeep from attending an appointment in the middle of winter:

*"He took away her keys to the car. He cut the phone lines..he did so many things..and he did like punch her and he shoved me away when I tried to stop it happening and I was a kid."*

Her father's violent behaviour also impacted her maternal grandparents, particularly her grandfather who Amardeep described "*lived in a constant state of fear.*" Although Amardeep reported not personally witnessing a physical altercation between her father and maternal grandfather, she described being aware of the toxic home environment even as a child when she revealed:

*"I heard that he did hit, like, my grandfather, who's her father, and he punched him in the eye but the door was closed so I didn't see it. And that was – maybe when I was...six, seven, eight, around then."*

Much like Amardeep shared growing up in a seemingly challenging home environment, Nihal also expressed having safety concerns related to his father when he was younger. He shared his apprehension as such:

*"Uh, yeah, when I was younger for sure. Uh, whether it was just a hand being raised or whether it was uh, yelling, swearing, being loud, in that sense, things like that. Especially at a really young age."*

Although Nihal did not directly associate his prior reluctance of sharing the impact of the drinking with others to fearing his father, it appears to be a possible element in his childhood experience. Similar to Amardeep and Kulpreet sharing details about their previous attempts to intervene during physical arguments between their parents, Simran also identified trying to stop her father from hitting her mother during his periods of intoxication:

*“Out would come his hands (raises hand) he goes to hit her. He used to hit her when he got drunk...He would go to hit my mum and I always used to get in the middle of it. I took the beating for my mum.”*

Simran claimed being more concerned about her mother’s safety than her own but did not disclose her concerns to anyone because:

*“In those days you didn’t. It just stayed in the family. You didn’t in those days.”*

Although Simran did not explicitly state that her hesitancy in sharing her circumstances with others was directly influenced by her father’s abusive behaviour, fear cannot be disregarded as a potentially motivating factor. Much like Simran and Amardeep, Gagan also affirmed that currently she did not fear for her own safety because she no longer resides with her father but instead, remains worried about her mother’s overall well-being. However, Gagan revealed a particular incident in the past when she and her family were extremely fearful of her father. She tearfully recalled the situation as such:

So my dad had been drinking... and there was knives pulled...me and my mom, we spent the night in one room with the door locked. My dad spent the night in his room and my brother spent the night in his own room, again everyone with the door locked.

The findings indicate that reluctance and fear may be essential components in a SA Punjabi AFMs willingness to potentially discuss details of their relative’s problem drinking and how they are being impacted. It appears that fear may inform an AFMs reluctance to share their



experience with others and act as a barrier in acquiring information and seeking support. For instance, I received thirteen phone calls from individuals who were deemed ‘decliners.’ Although the study flyer outlined that this research study intended to understand SA Punjabi AFM experiences with problem drinking, there was a lack of understanding regarding what this process entailed. These thirteen ‘decliners’ all communicated with me in Punjabi and included five women who were calling to ask if I was going to provide medication that could reduce their husbands’ alcohol intake; two individuals who did not meet the criteria as the main concern was either depression or substance use not involving an alcohol problem; and the remainder of the decliners either denied that there was an alcohol problem at all even after providing details about their relative’s problem drinking, denied that it was severe enough to warrant discussion despite sharing their challenges or were calling to get information on mental health community supports. Although I did not directly ask the decliners if they were fearful of participating in the study, I hypothesize that various aspects of fear, as discussed in the themes, may have been an enabling element in their decision to decline. For example, many of the women who called me depicted a sense of urgency in acquiring information on how to get their husbands to stop drinking alcohol (especially in the form of medication) but when asked to discuss their experience with me, they minimized the impact of the problem drinking, were hesitant to provide more information and declined participating in the study. This indicates the complexity of potential factors among SA Punjabi AFMs who may be struggling with the impact of problem drinking and may want to receive support but may be reluctant to disclose.

### **I Feel Helpless and Stuck**

I feel helpless and stuck is a theme that captures the perceived helplessness the participants and their family members may experience in relation to their relative’s drinking. The

sense of helplessness may be perpetuated by the aforementioned themes and subthemes that address the apparent gender disparity and elements of fear, thus resulting in a feeling of being trapped in the situation. The collective participant narratives also reveal a lack of awareness about problem drinking and the appropriate interventions to support the relative of concern and the AFM themselves as another barrier that magnifies their helplessness. The majority of the participants expressed feeling helpless and stuck either in the past or in their current circumstances surrounding their relative's drinking problem. For instance, Amrita illustrated the helplessness that she and her family were currently experiencing in relation to her uncle's drinking and the subsequent actions they had taken to seemingly improve their lives. She reported that her family had tried to offer support to her uncle several times throughout the years and claimed that their efforts had been unsuccessful. As previously discussed, Amrita's uncle displays a pattern of temporarily leaving his home for several weeks if the family tried to address his drinking. Amrita's aunt felt the most appropriate response was to hide her uncle's passport to ensure that he does not leave the country without informing his loved ones. As an additional way of attempting to minimize her uncle's drinking, Amrita shared *"my aunt took his car away."* Upon realizing that her uncle was also drinking at his place of employment, the family implemented the following decision as their perceived method of helping:

*"He would unfortunately drink on the job and co-workers would give him alcohol...so to solve that problem they thought let's just not have him get a job...he'll retire early and so he did but it's still problematic."*

Their additional attempts to arrange psychology appointments, initiate pharmacological treatments, and physically drop her uncle to AA meetings all failed because he either did not show up, left the meeting or disappeared for several weeks. Amrita revealed that at one point, after they observed her uncle speaking to himself while he was intoxicated, her family advocated

for a seventy-two-hour psychiatric hold so he could be assessed. Her uncle left the hospital after a few hours, did not come home for over a month and did not disclose his whereabouts to the family. It appears the family may be feeling stuck and resorting to forceful interventions to manage Amrita's uncle's drinking which in turn may be creating more friction between the family and their relative, subsequently worsening the existing helplessness. As discussed in the section exploring the theme fear of causing additional problems, Amrita's family now tries to avoid discussing her uncle's drinking with him as frequently as they once did due to a fear of him permanently leaving. The family remains seemingly trapped in the situation as they continue their attempts to navigate how to best address her uncle's drinking. Amrita expressed their constant struggle when she shared "*that's like the main topic that they are arguing about – is his drinking and how can we help him.*" Amrita continued to display a sense of helplessness when she shared that she did want to support her uncle but did not know how to support him without potentially upsetting him. This illustrates an apparent lack of awareness around problem drinking and the appropriate interventions for both the relative of concern and AFM because despite the forceful strategies implemented by the family, they continued to utilize the same approach with no success and remained helpless and stuck. Additionally, Amrita may have been feeling trapped due to the conflicting situation between her father and aunt. Although Amrita's father did not want her to visit her uncle, she continued to secretly help him especially during his moments of intoxication based on her aunt's requests. Amrita reported that her aunt calls her numerous times when her uncle has been drinking and needs a ride home. Amrita depicted her helplessness towards her uncle when she stated:

*"If we're not there to help him then we just feel bad. We're like we're really just gonna leave him in limbo? We've tried that before and it didn't work."*

The desire to help the relative of concern with their drinking by attempting to control various aspects of their life was further demonstrated by Inderpal who appeared to be the most distressed participant. During the interview, Inderpal continuously spoke for approximately ten minutes straight and at one point spoke for over twenty minutes while citing details about her father's drinking, subsequent physical health issues, how she is "*micromanaging him*" and the impact on her life. Throughout the discussion, there were several moments where Inderpal's eyes filled with tears as she discussed her apparent helplessness towards her father's drinking and her numerous failed attempts to support him. The following comment captures Inderpal's helplessness as she described her need to understand her father's perspective in order to choose the most appropriate intervention:

Like, I even asked him, do you not want to stop, or you physically can't stop? Like, I need to know...Like, me understanding that, I feel like can help him more ... Because I find that if you physically can't, I need to send you into rehab....But, if you do not want to, then I think I could seek something more of an alternative way to deal with it, right.

The urgency that Inderpal may have felt was palpable during the interaction especially when she used words like 'need' and became teary-eyed. By expressing her seemingly strong desire to comprehend her father's perception about his drinking, she may have been indicating her feelings of being trapped in the situation and not knowing how to proceed. Inderpal further illustrated her helplessness when she proclaimed:

You get to a point where it's like, do I just let you be who you are, you know? And, I should just be lucky I have my dad in my life. Or is it like, no, I have to be that person who's just on him and fixes him. But I don't know. What's the point? Like, do I try to fix him? Or just kind of enjoy the time I have with him until his liver fails. Like, I don't

know...maybe you can't help them because they need to help themselves, but then, what do you do? Do you just – like, it's hard to just sit there and watch them deteriorate and I think that is the toughest part of this, for sure.

This comment captures the complexity of Inderpal's daily struggle in attempting to successfully support her father with his drinking and the extreme helplessness that she may have been feeling about the situation. Inderpal's efforts to micromanage her father's health and drinking were not resulting in her anticipated outcomes and appeared to significantly impact her own mental wellbeing. As illustrated, she expressed her emotions by crying throughout various parts of the interview when discussing her perceived inability to implement a successful strategy that would help her father stop drinking and potentially preserve his health. These narratives exemplify the complex nature of being impacted by problem drinking. SA Punjabi AFMs may want to help their loved one but appear to lack awareness and education on how to tackle this complicated matter. The reluctance and fear of openly sharing their experience with others may act as a barrier in gaining this meaningful information and support. Alternatively, the lack of awareness from a potential source of support may also perpetuate a SA Punjabi AFMs helplessness. Although Amardeep was typically hesitant to disclose details about her home life with others, there were extenuating circumstances when the police had to be called during her father's intoxication. Rather than acting as a supportive resource, Amardeep reported the interactions with the police officers perpetuated her helplessness due to their lack of education. She described her experience as such,

So the police officer's response was, you guys should probably just like leave. Move. ...Um, yeah...he just said that, oh, it's just very easy, you know. Like, you just get a divorce and move away...So a police officer that's from like the same, I guess, that

shares the same culture or is from same cultural community would have that cultural competency, you know what I mean? ...whereas somebody maybe from like a Caucasian background, they don't have that same shared experience, um, in terms of the way, I guess, Punjabi families work or don't work.

In Amardeep's experience, her sense of helplessness may have been magnified when she did attempt to seek assistance and the potential source of support lacked awareness on how to manage the unique challenges of SA Punjabi AFMs. A desire to reduce or eliminate their helplessness by nonchalantly seeking information without divulging too many personal details about the problem drinking, due to stigma and fear, was a pattern that was observed with the participants as well as the 'decliners.' An individual who was deemed a 'decliner' called me after he was discharged from the hospital, visited a pharmacy to fill his prescription and viewed the printed flyer at the adjacent GP's office. He was struggling with problem drinking and was informed by the hospital that he should go to a detox centre but did not understand the instructions as they were given in English. Due to the fact that the detox centre in Brampton is located next to a detention centre, he thought he was being sent to prison. He illustrated a sense of helplessness due to his inability to understand the information that was provided to him and continued to call me several times to ask how I could help him manage his alcohol use. This exemplifies the obvious lack of education and awareness around problem drinking and the associated interventions as well as the need for culturally and linguistically tailored approaches for SA Punjabi AFMs, individuals struggling with problem drinking and those working with this population.

Relatedly, Baljot also demonstrated a sense of feeling stuck in relation to her father and brother's drinking concerns. Throughout the interview, she expressed how she yearns for them to

stop drinking along with tearful sobs and frustrated sighs. A few examples of Baljot's comments that appear to indicate her helplessness include:

*"Uh, I just wish that he didn't drink (two second pause, teary eyed)"*

*"I don't know how to help them."*

*"I wish I can somehow, I can fix it. Like, ugh (exhales)..."*

Baljot further reported that other family and friends may be losing respect for her father and brother due to their drinking and illustrated a perceived sense of defeat when she proclaimed *"I wish that could change, that's all."* Similar to Inderpal and Baljot who expressed a sense of feeling trapped regarding their fathers' drinking, Kulpreet also shared a sense of helplessness that she experienced as a child when her father would physically abuse her mother. Kulpreet and the other participants whose relative of concern was their father may have previously felt a sense of being trapped because they were children with no other option of potentially helping themselves or their families. Similarly, some of the participants who identified with the role of a spouse also portrayed a sense of helplessness in their experience with their husbands' drinking. For instance, Poonam shared that her husband continues to verbally abuse her, the children, their extended family and even the neighbours despite the family's efforts to share how they are being impacted by his behaviour. She reported that her husband is not fearful of any consequences of his actions and shared her challenge in enduring his drinking and disruptive behaviour when she revealed *"he's had two drunk driving charges already. But still, I don't know what to do."* During the initial phone screen to determine eligibility for the study as well as a few times during and after the interview, Poonam repeatedly asked how she could help her husband stop drinking. She further expressed her apparent helplessness when discussing her son's hospitalization and not knowing how to proceed once he is discharged when she said:

He's going to drink then and speak negatively, do the whole thing. It has an effect on his [son] mind. Then I don't see any chances to make my son better, right. Because peace of mind is really important for him, right...Because now this child who's in depression, it's because of my husband's alcohol, right. Either I take him from the hospital and take him elsewhere. But then it'll be a problem for me because I'll have family here and there. If I take him home, then it's verbal abuse. (four second pause). So that's the challenge.

As previously mentioned, Poonam revealed that she decided to partake in the study in order to receive information on how she could help her husband stop drinking, so in turn, she could create a healthy environment to foster her son's mental wellness. She obtained information about the study from her son's community psychiatrist after sharing her apparent helplessness regarding the situation with the doctor who then directed her to the study flyer in their office. As Poonam attempted to establish a plan to support her son's mental health needs while dealing with her husband's alcohol problem, it was evident that she appeared to feel trapped with no concrete direction on how to manage the situation. Poonam's eagerness to seek information from me about how she could help her husband stop drinking was demonstrated when she chose to conduct the interview in my car rather than reschedule because she reported that she urgently needed to know how to help her family. She continued to ask questions about how community mental health agencies and psychotherapy would be able to support her when her husband was the one with the drinking problem. It was clear that she lacked awareness on alcohol use, problem drinking and supports for AFMs which perpetuated her helplessness.

Similarly, Sukhjeet also expressed an apparent feeling of being stuck and being distressed about her adult son's mental wellness in relation to her husband's drinking and not knowing how



to handle the two individual yet connected concerns. Feeling trapped was seemingly manifested through Sukhjeet's comments when she stated:

“Sometimes I will keep on thinking that this is not life? (two second pause) I have lived in tragedy my whole life and even now, I have to keep on living like this? What is my purpose? Why me? Then I think, no, I have a son and a daughter. If anything happens to me, they will suffer.”

While Sukhjeet denied any suicidal ideation, her comments portrayed the apparent despair that she may have felt in her marriage and towards her overall circumstances surrounding her husband's alcohol use. Much like Sukhjeet and Poonam, Navdeep also depicted a sense of helplessness when discussing her marriage to her ex-husband. As previously mentioned by Navdeep, fear of social judgement and fear of the relative were some of the prominent factors in her decision to remain in her marriage for as long as she did. Additionally, feeling trapped in her circumstances may have also contributed towards her decision to return to her husband after temporarily separating from him in India. The feeling of being trapped was clearly exhibited by Navdeep as she attempted to navigate her abusive marriage while upholding her perceived responsibility of maintaining the social dignity of her parents and security of her child's future while also protecting herself from her husband. The apparent helplessness Navdeep may have been experiencing appeared to intensify shortly after her migration to Canada when her husband began to physically abuse Navdeep and her daughter while having withdrawn thousands of dollars from their account. Navdeep shared that when she finally decided to permanently separate from her husband she indirectly expressed a sense of entrapment to her parents when she proclaimed:

*“I don't want to listen to anyone now because either I will kill myself, either I will go mad, I will be sent to an asylum or he will kill me.”*

The shared narrative by the participants highlighted a perceived sense of helplessness which they currently or had previously experienced in relation to their relative's problem drinking. The feeling of being potentially trapped in their circumstances may have been perpetuated by the perceived cultural and social norms regarding gender disparity, especially considering the fact that thirteen of the fourteen participants were females and all relatives of concern were male. The apparent power dynamics between a SA Punjabi male and female dictated by cultural values along with the roles and expectations assigned to each gender may influence the AFM's perception of helplessness. The fear and reluctance to disclose their experience with others also acted as a barrier in receiving and seeking meaningful support. This was depicted through the collective stories but also expressed when the participants were directly asked to share their knowledge about Canadian supports for problem drinking to which the majority expressed a blatant lack of knowledge. The findings illustrate the complexities of SA Punjabi AFMs in understanding alcohol use and problem drinking, how they perceive their experience and ultimately navigate their unique circumstances which all appear to negatively influence their sense of helplessness.

### **Summary of Findings:**

- Five major themes emerged upon analysis of the findings (Figure 2)
- Affected family members (AFMs) discuss the dichotomy of alcohol use and problem drinking among this community. The socio-cultural normalization of alcohol use is described as a perpetuating factor in potentially minimizing and overlooking problem drinking which is perceived to be a stigmatized practice.

- Gender disparity appears to profoundly impact the community's perceptions on alcohol use and problem drinking as well as the overall AFM experience. SA Punjabi male alcohol consumption is acceptable compared to the taboo of SA Punjabi female drinking.
- Socio-cultural perceptions on gender, particularly the roles and expectations assigned to SA Punjabi females seemingly promote a culture of tolerance, especially with respect to how female AFMs respond to a male relative's drinking.
- The stigma of discussing problem drinking appears to be motivated by various elements of fear. This includes fear of social judgment, fear of causing additional problems and fear of the relative.
- Fear and reluctance about sharing their experience as AFMs with others acts as a barrier for receiving meaningful information on problem drinking. This apparent lack of awareness may create a sense of helplessness and a feeling of being trapped in their situation. The apparent sense of helplessness perpetuates feelings of isolation, stigma, and a lack of direction on how to improve their circumstances.

## CHAPTER FIVE: DISCUSSION

Overall, existing qualitative and quantitative research examining alcohol use and problem drinking among the SA Punjabi community is limited and tends to amalgamate the entire SA community into a single sample. To the best of my knowledge the current project is the first qualitative Canadian study to explore this important topic. The findings draw attention to the multidimensional layers of the SA Punjabi community's perceptions of alcohol use and AFM experiences. The complex nature of this phenomenon is further highlighted in the interpretation of the findings which illuminate the dichotomous elements and dilemmas associated with alcohol use and problem drinking, as experienced by SA Punjabi female AFMs. To present the range of perceptions and experiences of these SA Punjabi AFMs along a continuum, this chapter is organized into the following sections: normalization of alcohol use versus the stigma of problem drinking; gender related perceptions and experiences: male versus female; and range of distress: mild to severe. This chapter explores the relevance and broader implications of the current findings in relation to existing literature while also examining the participant narratives using applicable components of the Stress-Strain-Coping-Support model (SSCS-Figure 1) (Orford, Velleman, Natera., et al., 2013).

### **Normalization of Alcohol Use versus the Stigma of Problem Drinking**

The theme, perceived normalization of the SA Punjabi drinking culture, explores the participants' own perceptions about alcohol consumption and problem drinking as well as their perceptions about how the SA Punjabi community views this topic. These findings suggest a culturally specific pro-drinking attitude which may perpetuate alcohol misuse as well as lead to the minimization of problem drinking in this community. At first glance, it may appear that there is a contradiction between the community's perceptions of alcohol use versus problem drinking

due to a perceived normalization of alcohol consumption while concurrently holding a stigmatized perception towards problem drinking. A perception of acceptable alcohol use among the participants coincides with the community's perceived socio-cultural normalization of drinking. However, when this subjectively defined threshold of acceptable drinking crosses over into the realm of problem drinking, it is perceived as a stigmatized practice by the SA Punjabi community. The variables influencing the participants' perceptions of alcohol use and problem drinking ranged from socio-culturally defined ideologies regarding gender, generation, shame, stigma, and individual and familial values. The complexity of this issue is further illustrated by Galvani et al., (2013) in the community alcohol support package that was specifically developed for the Sikh Punjabi community in Birmingham, UK and the subsequent best practice recommendations (Galvani & Guru, 2020). These reports cited the multidimensional facets of drinking among the SA Punjabi community ranging from the norm of heavy drinking, which is often viewed as a significant aspect of socialization, to the stigma that follows an individual, family and the overall community if there are manifestations of problem drinking (Galvani et al., 2013; Galvani & Guru, 2020). The dichotomy of alcohol use is presented along a subjectively defined continuum of acceptable drinking and hidden problem drinking which will be discussed below.

The perceived normalization of drinking is further supported by Sandhu (2009) who described a heavy drinking culture originating from Punjab, occurring in the diaspora and revealing itself in mainstream SA Punjabi media such as films and music. Participants from my study referenced the glorification of drinking as a prominent feature of Punjabi songs alongside citing the importance of serving alcohol at social events. The abundant availability of alcohol at social gatherings have been often associated with hospitality, respect and ideologies surrounding

social status and what it means to be a good host (Agić et al., 2011; Galvani et al., 2013; Oliffe et al., 2010; Sandhu, 2009). Irrespective of the participants in my study being born and raised in Canada, UK or Punjab, they all described a collective narrative pertaining to a cultural acceptance of alcohol use within the overall SA Punjabi community and within their own social circles. These perceptions may influence and possibly perpetuate the internalization that drinking is a socio-cultural norm associated with the Punjabi community, further influencing the ways in which problem drinking manifests, is understood and impacts families.

This socio-cultural normalization within the Punjabi community is not a recent phenomenon. Although the participants in my study exhibited a range of demographic variables such as age, education, length of stay in Canada and life experiences, they all described observing a pro-alcohol attitude across generations and within their own generation. Similar results were seen in a quantitative study examining drinking in second and subsequent generation Black and Asian communities in the UK (Orford et al., 2004). The study indicated the majority of second generation Sikh men were drinkers with thirty percent showing signs of possible drinking concerns (Orford et al., 2004). The participants in my study also provided several examples of problem drinking within their own social circle both within their own generation such as friends, siblings and cousins as well as in the older generation who immigrated to Canada from Punjab. Findings from my study highlight the need to further examine the drinking habits and perceptions of second and subsequent generation SA Punjabi individuals living in the Canadian diaspora.

AFMs in the current study described the ways in which they were impacted by their relatives' drinking while also sharing their perceptions on how their family members had been affected. Since most SA communities, even in the diaspora, tend to live in a joint family system

with many generations residing in one household (Matthews, 2000; Segal, 1991) it is important to understand generational similarities and differences in the perceptions of alcohol use as that may influence the ways in which SA Punjabi AFMs perceive problem drinking, experience the phenomenon and inhibit or facilitate help seeking behaviours. My study offers an introductory exploration into the varying perspectives and experiences of primarily female SA Punjabi AFMs which is otherwise lacking from academic literature. These novel findings point to a potential generational impact of problem drinking among SA Punjabi AFMs residing in Canada. Further examination of intergenerational viewpoints and experiences may offer insight into how alcohol use and problem drinking is conceptualized while expanding our understanding on how to better support different generations of SA Punjabi AFMs.

Despite the socio-cultural norm of alcohol consumption within the SA Punjabi subgroup, findings from my study also demonstrate the participants' concerns toward the reality of problem drinking, the community's apparent minimization and the impact on families. These findings are comparable to earlier studies conducted in the GTA on alcohol use among the Punjabi subgroup. A mixed methods study by Weber et al. (1993) reported that half the participants cited alcohol problems as 'very widespread' in the community. Similar beliefs were observed by Kunz and Geisbrecht (1999) in their quantitative study where approximately seventy percent of the Punjabi respondents also indicate alcohol use as a 'widespread' problem. Although my study did not thoroughly examine intergenerational perceptions and factors related to alcohol use and problem drinking, the fact that similar results were observed in the literature over time may indicate prominent socio-cultural factors pertaining to alcohol use and problem drinking that manifest across generations. Participants in my study reported that the overall community's perceptions on alcohol use and problem drinking may be passed down generationally and continue to impact

those residing in Canada. These novel findings add important information to the existing literature which appears to only illuminate the socio-cultural norm of alcohol consumption but provides limited insight into the perceptions and experiences of SA Punjabi AFMs.

Understanding how SA Punjabi AFMs perceive alcohol use and problem drinking amongst a culture that seemingly promotes drinking is valuable information because not all members of the community may agree with this practice, as is evident with the results my study.

In contrast to the perceived normalization of alcohol use, the other element of this dichotomous phenomenon is the stigma of problem drinking. In particular, the findings from my study depicted the stigmatized perceptions that SA Punjabi AFM's experienced regarding their relative's problem drinking. Negative viewpoints regarding individuals struggling with problem drinking is a well-documented occurrence across many communities (Schomerus et al., 2011) but appears to be profoundly more significant among ethnic populations (Agic et al., 2011; Smith et al., 2010). Similar results were observed in Sorensen et al., (2020) where both younger and older generations of Sri Lankan men viewed heavy drinkers in a negative light. Supportive evidence was illustrated by Galvani et al., (2013) and Galvani & Guru (2020) in their reports which showcased the predominant issue of stigma and shame at the individual, family and community level among the Sikh Punjabi community in the UK. The reluctance in discussing alcohol consumption and problem drinking, particularly due to a fear of being judged by others and being the focal point of gossip, was also evident in Bradby (2007). In my study, this is captured through the theme, *my relative's drinking is the elephant in the room*, which highlights the reluctance the participants encountered when contemplating or actually discussing the impact of their relative's drinking with others. The sub-themes, *fear of social judgment and fear of causing additional problems* illustrated the challenges the participants experienced related to



their perceived and actual fear of being ostracized for discussing a socio-culturally taboo matter such as problem drinking with those outside of the household. These findings unveiled the multidimensional layers of individual, family and community stigma impacting SA Punjabi AFMs. Findings draw attention to the potential barriers AFMs in the SA Punjabi community face when discussing concerns, coping with the relative's drinking and accessing both professional and personal support.

The unspoken nature of problem drinking within the SA community was captured by various other studies that emphasize the role of stigma, particularly amongst the immigrant and first generation demographic group (Agić et al., 2011; Bradby, 2006; Smith et al., 2010; Thandi et al., 2005). The older, Sikh Punjabi male immigrants in Oliffe et al. (2010) denied alcohol consumption when discussing their experiences in a focus group with other members of the community but admitted to varying degrees of drinking during private, face-to-face interviews. Although my study did not explore the experience of the individual with the drinking problem, the participants reported several instances where they themselves or their family members withheld details about their relatives' drinking from others. The stigma and shame associated with problem drinking may make it difficult for SA Punjabi AFMs to share their concerns and the impact of the drinking on their own lives with others, further perpetuating the impact. These unique findings help cultivate a foundational understanding of highly stigmatized perceptions and the predominant patriarchal socio-cultural traditions that encourage a culture of non-disclosure, secrecy and shame resulting in a pattern of suffering in silence for female AFMs. Fear, stigma, self-sacrifice and a cultural requirement to protect and maintain the family honour at any cost are particularly burdensome for female AFM's as tragically quoted by the many participants in this study. These findings draw attention to the strong risk of underreporting or

denial of the severity of the harmful impacts on female SA Punjabi AFMs due to their traditional roles and dilemmas in admitting, asking and ultimately seeking support for themselves and their relatives of concern.

Negative perceptions of problem drinking are generational in nature and point to the multidimensional aspects associated with socio-culturally ascribed viewpoints versus individual beliefs. Irrespective of the generational identity of the participants in the current study, they all shared their own concern or the concerns expressed by their family members in disclosing their relatives' problem drinking. Many of the participants attributed their reluctance to the deeply ingrained stigma among the overall community while frequent references were made to the commonly used Punjabi phrase '*log ki kehn geh*' {what will people say/think?}. Despite disagreeing with this notion, many participants, especially the younger generation, appeared to adhere to the non-disclosure culture to a certain extent. For some, the pressure to not discuss family matters with outsiders began when they were children and had limited worldly knowledge. Meanwhile others, while they were aware that their family members were profoundly impacted by communal stigma, chose to respect their family's reluctance by also limiting their own discussion of the impact. These distinct findings raise awareness to the potential intergenerational transmission of stigma associated with problem drinking among this subgroup. Although some individuals from the SA Punjabi community may communicate disagreement towards the community's perceived negative perceptions of problem drinking, they may continue to be influenced by the deeply rooted stigma. Therefore, a thorough exploration of the various factors contributing to an individual's theoretical and practical understanding of stigma is required to fully capture this phenomenon.

## **Gender Related Perceptions and Experiences: Male versus Female**

Much like the perceived normalization of alcohol use versus the stigma of problem drinking is depicted along a continuum, participant narratives capture additional dichotomous or contradictory elements pertaining to gender among the SA Punjabi subgroup. Aspects of gender disparity are portrayed in the themes *perceived gender norms of alcohol consumption; perceived gender related tolerance towards problem drinking; and I feel helpless and stuck*.

Findings from my study support literature emphasizing stigmatized perceptions toward female alcohol consumption in contrast to the widely acceptable, and at times, highly encouraged practice of male drinking (Agić et al., 2011; Bradby, 2007; Kunz & Geisbrecht, 1999; Oliffe et al., 2010; Sandhu, 2009; Thandi, 2011; Weber et al., 1993). It has been suggested that drinking among this population may be associated with perceptions of masculinity, the cultural identity of being a Punjabi man and customs of male bonding (Sandhu, 2009; Oliffe et al., 2010). Findings from my study indicated a need to further examine the role masculinity plays in the conceptualization of alcohol use and problem drinking among both the SA Punjabi males and females including similar and differing generational viewpoints. The female perspectives on masculinity provided a one sided understanding of this phenomenon which is still important to consider as it offered a novel viewpoint of the experiences of SA Punjabi female AFMs. Several female participants perceived SA Punjabi males to be strongly influenced by their perceptions of Punjabi masculinity in relation to the acceptance of alcohol use and the contrasting stigma associated with more severe drinking and the resulting shameful behaviour. These findings highlight the unknown and hidden burdens imposed on female AFMs due to prominent socio-cultural traditions and perceptions of masculinity, the patriarchal acceptance of male alcohol

consumption and the deterrents to female disclosure of the devastation of problem drinking within SA Punjabi families.

AFMs from my study also shared how males may experience pressure to consume alcohol and the refusal to drink at social events is often accompanied by ostracizing comments targeting the individual's masculinity and Punjabi identity. For example, participants shared their observations of peer pressure to consume alcohol both in their generation and within the older generation and the subsequent lack of acceptance and mockery that followed when a male declined the offer to drink. Participants' frustrations towards their relative's inability to discuss any aspect of their drinking may be associated with the normalization of SA Punjabi male drinking, Punjabi perceptions of masculinity and the avoidance of displaying emotions while sober. These findings further our understanding about the unique conceptualizations the SA Punjabi community may have about alcohol use and the resulting impacts of problem drinking. My study offers an introductory examination of the perceptions, distress, dilemmas and psychological burdens of AFM's coping with the problem drinking of a male relative. My study offers an introductory examination of the perceptions of masculinity from a SA Punjabi AFM perspective, however, further studies are needed to better understand SA Punjabi male perceptions and the implications of problem drinking on an individual, familial and social level. It is also essential to consider SA Punjabi female AFM perceptions of masculinity about alcohol use and problem drinking because it may influence female perceptions towards males and their responses to the problem drinking of a male relative.

In direct contrast to the socio-cultural acceptance and normalization of SA Punjabi male alcohol use lies the highly stigmatized perceptions of female drinking. There appears to be an expectation for SA Punjabi women to abstain from alcohol consumption as it is viewed as taboo,

shameful and is associated with a negative reputation for women and lack of honour towards their family (Agic et al, 2011 & Bradby, 2007). These findings are consistent with the collective narratives from my study highlighting the gender disparity the female participants experienced towards their own drinking and the community's perceived perceptions towards SA Punjabi female drinking in general. The theme *perceived socio-cultural gender norms of alcohol consumption* captures the gender differences in detail. The female participants in my study described the stigma they encountered for drinking alcohol particularly from the older generation of teetotaler women who they refer to as 'aunties.' To avoid any unnecessary comments from these 'aunties' participants recalled how they themselves practiced or observed other SA Punjabi females deny alcohol consumption with the larger community, consume alcohol in secret or disguise the drink as a non-alcoholic beverage. This experience was supported by a British study examining the role of religion, ethnicity, gender and generation among a sample of young SA Punjabi participants aged sixteen to twenty-six (Bradby, 2007). The findings from that study indicated a similar belief that SA Punjabi female alcohol consumption was considered taboo within the greater community especially by the elders and was associated with a negative reputation that may jeopardize a woman's future marriage prospects while potentially shaming the family (Bradby, 2007). The disproportionate gender of the participants in my study and the male relative of concern may be attributed to the SA Punjabi socio-cultural taboo of female alcohol consumption. These findings draw attention to the possible underreporting of SA Punjabi female drinking. The negative consequences affiliated with uncovering this practice may result in a lack of representation of SA female alcohol users, limited access to treatment, and unsupported mental and physical health problems stemming from hiding their consumption (Agic, 2004; Kunz & Geisbrecht, 1999; Thandi, 2011; Weber et al., 1993). The stark gender

differences of socio-cultural norms of SA Punjabi drinking reveal an apparent hypocrisy that shrouds this community and needs to be investigated in order to more thoroughly understand this experience.

Current literature highlights the gender disparity and dominant patriarchal attitudes as deeply rooted aspects of the SA Punjabi community (Bhandari & Sabri, 2020; Bradby, 2007; Mahapatra & Rai, 2019; Sandhu, 2009; Thandi, 2011). In general, SA Punjabi males may often be given more freedom both within and outside of the home and may be viewed as the more valuable gender while SA Punjabi females may encounter greater restrictions (Bradby, 2007). The gender disparity may foster unequal power dynamics between males and females as illustrated by the participants in my study. For example, one participant disclosed that her husband flaunts his ownership of the family home and his title as ‘man of the house’ as a way of deterring the family from confronting him about his drinking while another participant’s family avoided discussing the relative’s drinking because confronting him would be considered culturally inappropriate. Collectively, these stories offer deeper insights into the role patriarchy may play in the SA Punjabi community and the potential implications for female AFMs coping with a male relative’s drinking. These findings emphasize the reluctance SA Punjabi female AFMs may experience when attempting to address their relative’s problem drinking due to the deeply imbedded socio-cultural gender norms, power dynamics and the negative consequences associated with confrontation. The themes *perceived socio-cultural gender norms of alcohol consumption, perceived socio-cultural tolerance towards problem drinking and I feel helpless and stuck* illustrate the gender specific perceptions and practices within the SA Punjabi community that may perpetuate AFMs responses to problem drinking.

In particular, the experience of female AFMs appears to be greatly impacted by gender norms, patriarchy and power dynamics as they negatively contributed to their sense of helplessness. Despite acknowledging that various aspects of their lives were adversely affected by their relative's drinking, many of the participants revealed that socio-culturally ascribed gender differences continued to influence their behavior and decisions towards the relative's problem drinking. For instance, many of the female participants appeared to display tolerance towards their male relative's drinking. The female participants who identified as daughters of a male relative of concern also provided examples of tolerance that their mothers expressed towards their father's drinking. The daughters often disagreed with the degree of tolerance their mothers displayed as they felt it negatively impacted their mothers' mental and physical wellbeing, further adding to their own experience of being impacted by problem drinking. They cited socio-cultural gender norms as contributing factors for the tolerance and acknowledged the difficulties that their mothers and at times, they themselves encountered in challenging these deeply ingrained perceptions which perpetuate their overall experience as AFMs.

Many female participants also reported that their mothers appeared to adhere to traditionally ascribed gender roles and expectations while neglecting their own needs which may have contributed to the negative health impact and maladaptive responses to their relative of concern. These findings emphasize the influence socio-culturally ascribed gender roles and expectations may hold for SA Punjabi AFMs. The socio-culturally appointed responsibility of SA Punjabi women as the custodians of family honour may further influence the ways in which SA Punjabi AFMs perceive alcohol use, understand their own role and respond to problem drinking within their homes (Bradby, 2007). This evidence was further supported by a qualitative study conducted by Johl (2016) in the UK which focused on the experiences of ten service

providers who had worked with Sikh families affected by a relative's drinking. The findings described a disproportionate female burden of care within this community when supporting a relative with a drinking problem (Johl, 2016). Although this is not a causal relationship, it is noteworthy that this finding was also present in my study as thirteen of the fourteen participants were female and concerned about the drinking of a male relative. The possible reasons for the disproportion in gender were discussed above. The novel findings offer a unique perspective into the experiences of SA Punjabi AFMs residing in Canada which has not been previously explored. The findings also suggest that socio-cultural gender differences and expectations assigned to SA Punjabi females may reinforce the burden of care that they experience when faced with a male relative's problem drinking, perpetuate the power dynamic between males and females and negatively impact their overall mental and physical wellbeing.

The tolerance that female participants and their family members apparently displayed in my study was consistent with the findings from the only other study that examined the impact of drinking on Sikh Punjabi families in the UK (Ahuja et al., 2003). This grounded theory study revealed that SA Sikh Punjabi women practiced self-sacrificing behaviours when dealing with their husbands' drinking and often felt isolated due to the stigma of discussing personal matters outside of the home, socio-cultural attitudes on preserving the marriage and the perceived role of SA Punjabi women (Ahuja et al., 2003). These elements were also prominent among participants in my study. Participants, both married and unmarried, shared several examples of the stigmatized attitude about divorce and the perceived socio-cultural expectation of women to practice tolerance for the purpose of maintaining family honour and their marriage as a possible burden for many SA Punjabi female AFMs. The overarching cultural perceptions regarding gender roles and expectations may guide the decisions made by SA Punjabi females regarding a



male relative's problem drinking as it may be considered safer to adhere to such norms rather than challenge them. At the same time, it is essential to not assume that all SA Punjabi women practice tolerance towards their male relative's drinking. My study findings revealed several examples where the female participants actively confronted their male relative of concern. For instance, some of the daughters displayed assertiveness towards their father's drinking – whether it was by discussing the problem with them or fostering help seeking behaviours. Alternatively, the married women appeared to display tolerance for a greater length of time before altering their behaviour and standing up to their spouses in a way that seemingly violated predominant cultural roles and expectations. This was a significant step for these women. These unique findings unveil the range of experiences that SA Punjabi female AFMs encounter when navigating socio-culturally appointed gender differences in relation to a male relative's drinking.

### **Range of Distress: Mild to Severe**

Upon analyzing participant narratives, it was apparent that different degrees of distress were most commonly experienced by SA Punjabi AFMs. The range of distress that female AFMs seemed to have endured in relation to their relative's problem drinking is unique, individualized and appears to exist along an affective continuum of mild to severe. At one end of the spectrum exists a mild to moderate form of distress experienced by AFMs as feelings of anxiety, embarrassment, shame, resentment, tolerance, resignation of one's roles and expectations, self-sacrifice and matriarchal duty to the family. Nearer to the opposite end of this continuum are AFM feelings of powerlessness, rejection, guilt, shame, confusion, fear, anger, loneliness, depression, suicidal ideation, and trauma from potential and actual intimate partner and domestic violence (IPDV).

Interestingly, the conversations surrounding the variable degree of distress also demonstrated the community's reserved nature along with the fear of being socially and culturally judged as a result of openly discussing aspects of their feelings and experiences. This is hypothesized to be associated with the sensitive nature of the topic, the socio-culturally stigmatized perceptions of problem drinking, the generational perceptions of alcohol use and a myriad of previously identified fears. It is important to acknowledge that the range of distress that AFMs felt and experienced were highly variable. As the exact range or degree of distress was not numerically quantified in this study, a mixed methods design in the future may be able to rate these feelings and experiences accordingly. However, the participant words in this study were powerful, informative and provide greater contextual clarity.

Surprisingly, nearly half of the participants described some aspect of IPDV that they themselves or their family members experienced as a result of their relative's drinking. Initially, some participants appeared to deny or minimize the severity of the distress they experienced. However, through continued conversation, changes in body language, emphasis on various phrases or words and deeper probing by the researcher, more disclosure of the depths of this distress began to surface. Some examples of more severe distress among AFMs included but were not limited to physical, emotional and verbal mistreatment from the relative of concern as well as psychological abuse from in-laws. The socio-cultural normalization of alcohol use, stigmatization of problem drinking, variation in gender roles and expectations, generational perceptions and patriarchal beliefs also appeared to influence the range of distress of the AFMs. Specifically, the deeply rooted gender disparity and socio-cultural fear of social judgement seem to be a predominate concern among SA Punjab female AFMs. This finding was also supported by Bhandari & Sabri (2020) who reported SA married women in abusive relationships were

unable to leave their partners due to the stigmatized socio-cultural perceptions around divorce, the perceived burden of upholding the family's honour and the subsequent judgement and rejection from the community following separation or divorce. The female AFMs in my study discussed these experiences as inhibiting their direct confrontations of their male relatives of concern or risked expressing their apprehension to others. These findings highlight the important elements that may prevent SA Punjabi female AFMs from openly discussing these problems with their relatives of concern or with other members of the community. As a result, they tend to avoid seeking support. They suffer in silence despite significant emotional burden and eventually compromise their own mental and physical health. Health professionals need to understand the difficulties in these women coming forward to ask for support and assistance. Although considered a positive step in western culture, this may remain a risky behaviour within the SA Punjabi community.

The inability of female AFMs to discuss their experiences with others due to feelings of fear, shame and guilt appear to cultivate a profound core belief that there is no choice about the direction they can take regarding their personal and family circumstances. The socio-cultural roles and expectations assigned to SA Punjabi females to protect their family honour by not disclosing personal details outside of the home intensifies their belief that there are no options but to silently endure the burden of their relative's problem drinking. SA Punjabi female AFMs feel a strong sense of obligation to their families including their children and in laws to remain with their relative, to endure this secret burden silently and despite the tragic circumstances they experience, they remain trapped and helpless. A decision to come forward to seek help is not without a significant degree of risk as described by several participants.

Despite acknowledging that they feel trapped in the situation with no concrete direction on how to improve their circumstances, the AFMs provided subtle indications that they may have considered several options to reduce or eliminate the burden they feel. Many AFMs reported wishing they could share their experiences with their social network while others shared their secret desire to leave their relative and one participant even experienced passive suicidal ideations. The variability of the options the AFMs believe they have illuminate the depth of the distress they experience. They may be aware that there are alternatives to suffering in silence but the taxing socio-cultural expectations worsen the profound fear, guilt and shame they feel resulting in an inability to access support for themselves and further perpetuating their isolation, loneliness and trauma. This was further exemplified through the ‘decliners,’ many of whom were women, choosing not to participate in the study but calling to inquire about medications that could be given to their relative to stop their drinking. It appears that an in-depth discussion of problem drinking may be considered a violation of socio-cultural expectations for Punjabi women whereas maintaining the unspoken nature of problem drinking may be the safest alternative. Understanding these multidimensional layers associated with the SA Punjabi female AFM experience and their reluctance to disclose these dilemmas are critically important. Early assessment and intervention of even mild AFM distress is needed to preserve women’s mental health in the face of these hidden burdens and challenges. This also raises questions about the severity of the distress in other participants who did not share their concerns as openly as others and is a topic of further inquiry. As previously described, the socio-cultural acceptance of SA Punjabi male alcohol consumption alongside patriarchal issues and rigid gender roles may augment concerns related to the range of distress experiences that need to be addressed when examining problem drinking among family members in this community.

## **Stress-Strain-Coping-Support Model and Lack of Education and Support**

The Stress-Strain-Coping-Support model (SSCS – Figure 1-found on page 9) (Orford, Velleman, Natera., et al., 2013) was used to draw conclusions from the experiences of SA Punjabi AFMs impacted by a relative's problem drinking. Although all components of the model may be applied to analyze and interpret the findings from my study, only two elements were chosen due to feasibility purposes for this Master's level research. Information and understanding and social support were applied to explore the experiences of AFMs in the current study. The quality of information and support AFMs receive helps them form an understanding about their circumstances in relation to their relative's drinking and can act as inhibiting or facilitating factors for their overall experience. This section will focus on the inhibiting elements that participants in my study encountered while highlighting suggestions for improving facilitating aspects of information and understanding and social support.

The SSCS model theorizes that AFMs are able to effectively cope with their circumstances if they have access to quality social support which includes emotional, informational and material assistance (Orford, Copello, et al., 2010). Emotional support refers to having a network of friends, family or community members that an AFM can confide in without fear of judgment (Orford, Copello, et al., 2010). Based on the findings from my study, it was evident that the participants and possibly some of their family members lacked emotional support due to various forms of fear. The theme *my relative's drinking is the elephant in the room* and subthemes *fear of social judgement; fear of causing additional problems and fear of the relative* highlight the challenges the participants and their families encountered when deciding to or disclosing their relative's drinking and subsequent impact to others. This finding supports results from the diversity report prepared by the Mental Health Commission of Canada

(MHCC) which outlined the following six potential barriers to seeking support for mental health or substance use issues among immigrant, refugee, ethno-cultural and racialized (IRER) populations: *service accessibility, provider–patient interaction, circumstantial challenges, fear, stigma, and language* (McKenzie et al., 2016). The first two barriers were not exclusively discussed or revealed in my study. Circumstantial challenges were described by the participants when they provided details about their home life. The latter three elements specifically relate to the narratives of the participants in relation to problem drinking. The report described *fear* in a variety of contexts including, but not limited to fear of societal consequences such as stigma, fear of familial repercussions such as having children taken away or fear based on previous negative experiences with health care professionals and other community members (McKenzie et al., 2016). Several participants from my study cited the aforementioned examples as potential barriers for not discussing their concerns with others or seeking support for the impact of their relative’s drinking. The social support component of the SSCS model helps develop our understanding of the unique challenges SA Punjabi AFMs may experience when seeking or receiving social support from others. It illuminates the distinct findings which reveal the significance that various forms of fear and particularly, the lack of a nonjudgmental environment may have for SA Punjabi AFMs. These findings provide an enriched understanding as to why SA Punjabi AFMs may not disclose their challenges with others, be it for personal or professional support.

Next, the information and understanding component of the SSCS model includes factual information regarding alcohol use and problem drinking which may allow the AFM to make links between the impact of their relative’s drinking and their own experiences (Orford et al., 2013). This involves support from professionals who can also provide substantial information in

the form of material resources (Orford, Copello, et al., 2010). The findings from my study revealed negative *stigma* and shame to be a possible deterrent in discussing a relatives' alcohol consumption and problem drinking which was supported by the MHCC's diversity report (McKenzie et al., 2016). This may have contributed to the participants' perception of helplessness which was captured in the theme *I feel helpless and stuck*. The participants' sense of helplessness may have been perpetuated by their apparent lack of knowledge regarding alcohol dependence, problem drinking and available community resources. These results were consistent with existing literature outlining the apparent lack of knowledge among this community particularly towards alcohol dependence, appropriate ways to treat problem drinking, confidentiality, available community resources and the benefits of these supports (Johl, 2016; Manders & Galvani, 2014; Puri et al., 2020).

In relation to understanding alcohol dependence and problem drinking, participants in my study expressed a variety of opinions about individuals who experienced problems with their alcohol consumption. The participants were not asked to comment on their understanding of the etiology of alcohol dependence or misuse but were asked to discuss their perceptions of individuals with a drinking problem. This discussion revealed the participants' perceptions about the various factors that they believed contributed to an individual struggling with problem drinking. These beliefs ranging from a mental weakness to psychosocial factors to blaming something external. Throughout individual interviews, many participants reported not understanding why their relative could not limit or discontinue their alcohol use despite the family being impacted while others expressed a mutual understanding that individuals with a drinking problem may not be mentally strong enough to control their alcohol consumption. Some participants also referenced problem drinking as an addiction, citing that the individual was

unwell and required support but then immediately linked the inability to control the drinking or seek support for that ‘disease’ or ‘sickness’ as an attribute of their mental strength. The information and understanding component of the SSCS model helps unveil these unique findings which may imply a limited understanding of the mechanisms of alcohol dependence and problem drinking for the SA Punjabi subgroup. The quality of information that this community may have been receiving was not advancing their understanding of alcohol use and problem drinking but instead appeared to foster a sense of helplessness based on the lack of education.

In addition to this, participants emphasized psychosocial factors associated with problem drinking including mental health conditions such as depression and anxiety as well as recognizing that excessive alcohol consumption may be a coping mechanism for some people. It appeared the participants were struggling to translate their already limited theoretical understanding of alcohol dependence and problem drinking to a practical understanding of their own situation towards their relative of concern. The participants also appeared to have a limited holistic understanding of this topic which may have contributed to their sense of helplessness. Applying the information and understanding component of the SSCS model to these unique findings unveiled a gap in the community’s knowledge about alcohol use and problem drinking. Perceptions that problem drinking is stigmatized and may be associated with psychosocial factors provides a deeper understanding as to why SA Punjabi community members may be reluctant to disclose details about their loved one’s drinking or the impact associated with the drinking with other. When examining these findings, the SSCS model helps to identify the quality of information and understanding the SA Punjabi community currently possesses, allows for a recognition of the current educational gaps and offers an opportunity to examine the areas of improvement which will enhance their understanding of this topic.



The SSCS model also allows for an examination of the information and understanding and social support components for varying generations of SA Punjabi AFMs. All participants in the current study appeared to display a degree of a limited understanding of alcohol dependence, the appropriate ways to treat problem drinking and some even lacked understanding of the importance of accessing support for themselves as AFMs. Many participants were coercing their relatives to seek support as a way of managing their own impact while others had considered sending the relative to India for rehabilitation due to a lack of understanding of Canadian resources. This was consistent with the results from Johl (2016) demonstrating that Sikh Punjabi family members understood the medical model of care more so than other holistic treatments and sending the relative back to India may be a common practice for some individuals. The tendency to lean towards the medical model was also observed with the ‘decliners’ who initially called to inquire about the present study and asked about medication to stop their relative’s drinking. This finding reveals the need to provide the SA Punjabi community with increased educational opportunities about holistic treatment modalities in conjunction with the medical model of care for problem drinking.

Several participants in the current project acknowledged their lack of understanding about external community resources. Some of the most mentioned community supports were Alcoholics Anonymous, rehabilitation centres and emergency services. The participants identified that they did not know how to specifically access these resources nor did they think that the overall SA Punjabi community understood their complete benefits. Comparable results were observed among SA respondents in the UK who indicated they did not know where to seek external support for alcohol use and SA women in particular relied on friends for advice about alcohol use problems in the family (Orford et al., 2004). All of the other ethnic groups in the

same study also expressed reluctance to discuss problem drinking with those outside of their social network and reported community support workers were not considered a suitable resource whereas the most accessible help was believed to be through health centres and family doctors (Orford et al., 2004). This finding is an important consideration as it highlights the need to increase awareness about community resources for this community. Involving family physicians in health teaching may be ideal as the community tends to view the medical model with more value and may seek support from their doctor more readily than other community resources.

The last potential barrier in the MHCC's diversity report (McKenzie et al., 2016) which coincided with the information and understanding and social support component of the SSCS model is *language*. Although the SSCS model itself lacks acknowledgment of specific cultural elements to consider when working with AFMs, the model is broad enough to apply one's own interpretations. Examining the findings from my study in relation to the SSCS model's aforementioned components reveals the significance of overcoming the language barrier and offering a culturally tailored approach. This was supported by existing literature (Agić et al., 2011; Hussain & Cochrane, 2004; Johl, 2016; McKenzie et al., 2016; Manders & Galvani, 2014; Puri et al., 2020). Although the majority of participants in my study reported primarily speaking English, many continued to use certain Punjabi phrases to express various aspects of their AFM experience indicating the importance of addressing language needs for this community. Three of the interviews were primarily conducted in Punjabi (two of these participants did not fluently speak English) which allowed the participants to communicate their needs in a language that they felt most comfortable speaking. Utilizing the information and understanding and social support components of the model to examine this community's educational needs reveals the importance of conducting research, offering informational tools and alcohol related services in Punjabi.

Conversing in their preferred language will capture AFM experiences that may otherwise remain hidden. Dissemination of culturally and linguistically appropriate material may increase individual, familial and communal knowledge, reduce stigma and facilitate both formal and informal support. This is in parallel to findings indicating that interventions facilitated in an individual's ethnic language were twice as likely to be effective compared to interventions offered in only English (Mckenzie et al., 2016; Griner & Smith, 2006).

Participants from my study also indicated that capturing the community's unique needs and offering a culturally tailored approach would benefit them as well as the overall SA Punjabi community. Several participants indicated the dire need for culturally tailored alcohol support groups for SA Punjabi AFMs and cited the lack of such resources to be a significant barrier for both themselves and other family members in understanding and sharing their own experience, particularly due to the lack of connection with other SA Punjabi AFMs. The need to implement culturally appropriate responses was supported by the Centre for Addiction and Mental Health in Toronto, Canada who recently initiated a pilot project with various other community agencies offering culturally tailored cognitive behavioural therapy for SA's (Naeem et al., 2019). Culturally tailored interventions including linguistic appropriateness have been shown to increase mental health and substance use outcomes for ethnic communities including but not limiting to attracting them towards and retaining them in the therapeutic intervention, preventing early withdrawal and strengthening client-professional relationships (Mckenzie et al., 2016; Griner & Smith, 2006).

Current findings indicate the need to recognize and appreciate the significance of incorporating culturally and linguistically appropriate elements when working with the SA Punjabi community including cultural safety training. Specific suggestions towards cultural

safety training for health care workers, emergency service providers and police officers were mentioned by participants from my study and has been supported by other researchers (McKenzie et al., 2016; Galvani et al., 2003; Puri et al., 2020; Substance Abuse and Mental Health Services Administration, 2017). Participants in my study emphasized the importance for multidisciplinary professionals to strengthen their understanding of SA Punjabi cultural norms and values particularly towards the community's allocentric world view. This may involve a family centred educational approach where AFMs and the individual with the drinking problem all receive an opportunity to increase their awareness of an issue that clearly impacts the family dynamic (Galvani et al., 2003).

### **Summary of Discussion**

It is evident that SA Punjabi AFMs experience unique challenges when dealing with a relative's problem drinking. This novel study offers an introductory understanding into the complex and multifaceted aspects of this phenomenon while highlighting the need to conduct additional research to comprehensively understand the overall experience. The normalization of alcohol use may encourage a culture of heavy drinking for males in this community and possibly perpetuate the minimization of problem drinking. The stigmatization associated with problem drinking may make it more difficult for SA Punjabi AFMs to acknowledge, discuss or seek support for themselves or their loved ones resulting in a range of distress experiences up to and including IPDV. The apparent lack of awareness, particularly culturally and linguistically appropriate resources regarding various aspects of alcohol use and problem drinking appear to negatively impact SA Punjabi AFMs. Examining the current findings alongside existing literature and applying two components of the SSCS model to the participant narratives allows for recommendations to emerge.

## CHAPTER SIX: CONCLUSION

The current study is the first research project to examine the impact of problem drinking on SA Punjabi families living in Canada. Capturing the community's perceptions on alcohol use adds valuable contextual information to better understand the unique experiences of SA Punjabi affected family members (AFMs). Findings from this novel study support important recommendations that can be applied to further enhance mental health nursing practice, education, research and policy implications in relation to SA Punjabi AFMs. This chapter focuses on the strengths and limitations of the study followed by the key recommendations and suggestions for knowledge translation.

### **Study Strengths**

The current research has several strengths which support the importance of the findings. First, this is the only qualitative study to capture the experiences of SA Punjabi AFMs impacted by a relative's problem drinking within a Canadian context. This is significant because the SA community is the largest visible minority in Canada, however, ethnicity as it relates to problem drinking is understudied. Furthermore, participant narratives from this study offer an enriched understanding of the SA Punjabi community's unique conceptualizations of alcohol use and problem drinking and their overall experiences as AFMs. In addition to exploring socio-cultural facets associated with this phenomenon, this study allowed participants to share their experience in both English and Punjabi. Offering participants an opportunity to express their experiences in their ethnic language allowed socio-cultural nuances associated with the Punjabi language to be captured authentically. Three of the fourteen interviews occurred primarily in Punjabi. Although the remainder of the interviews occurred in English, the participants used various Punjabi phrases to share their experiences which may have remained hidden if the research was only

conducted in English. Furthermore, the researcher and transcriptionist were able to communicate in English and Punjabi which promoted accuracy of the forward and back translation of the interviews. Utilizing Sally Thorne's interpretive description research design allowed me to incorporate my professional mental health nursing experience and my identity as a member of the SA Punjabi community. Belonging to and conducting research on the SA Punjabi community was identified by participants to be a positive reinforcement in sharing their experience as they felt I could relate to their unique socio-cultural experiences. This sentiment aligns with current literature that highlights the SA community's hesitancy in participating in research, in general, and sharing their experience with a researcher who is viewed as a cultural outsider compared to a researcher who understands and identified with their background (Manders & Galvani, 2014). Risks of bias in the analysis and interpretation of findings was minimized by communication with the thesis supervisory committee alongside reflexive journaling. Finally, participant characteristics such as a range in age of the sample size from 22 to 75 years with individuals born and raised in Canada, the UK, and India, offered a variety of perspectives and experiences. The similarities in the experiences of study participants as AFMs was striking and strengthens study findings from this SA Punjabi community. This novel study provides an introductory understanding of SA Punjabi intergenerational perceptions and experiences related to alcohol use and problem drinking which is otherwise lacking in Canadian research.

### **Study Limitations**

Although the present study builds on existing literature and offers new insight into the experience of SA Punjabi AFMs, a number of limitations do exist. First, the literature review did not include grey literature. Second, there were several challenges in recruitment. The literature highlights increased difficulty in recruiting from this ethnic demographic and although

difficulties were anticipated, recruitment did take much longer than expected. Several interested participants did call to inquire about additional details after viewing the flyer but it appeared that they did not understand that this research study included discussion of their experience as an AFM. These individuals were deemed decliners because they did not wish to participate in the study. The majority had called to inquire about how I could help their relative of concern stop drinking alcohol but did not wish to discuss their experience. Meanwhile, others denied the severity of the problem, despite articulating their distress and their urgency to seek my support to help their loved one. This highlights the immense stigma and fear of discussing problem drinking within this community. Next, there was a disproportionate gender representation in the sample as thirteen of the fourteen participants were female and there was only one male. Having more male participants may have offered different insights into the SA Punjabi AFM experience which is currently lacking. The possible reasons for the female AFM dominated sample were discussed earlier. All of the relatives struggling with problem drinking were male and although this was anticipated, the impact of female problem drinking within this sociocultural group was not explored. Lastly, this study recruited participants from one urban city in Ontario due to the large representation of the SA Punjabi demographic in that particular area but this may have resulted in sampling bias as other areas of the province or country were not included in the sample.

### **Implications and Recommendations**

The findings from this qualitative study can be used to enhance clinical nursing practice, education and research in regards to SA Punjabi individuals and families impacted by a relative's problem drinking.

### ***Clinical Nursing Practice***

- It is important for health care providers to be aware of the dichotomous relationship of alcohol use and problem drinking among the SA Punjabi community. They need to be well informed about the seemingly acceptable norm of alcohol consumption as it may provide valuable insight into the possible severity and hidden nature of problem drinking which is a widely stigmatized topic.
- Health care providers working with the SA Punjabi community should be aware of the socio-cultural gender disparity regarding alcohol consumption. Understanding what alcohol consumption means to an individual and family in regards to the Punjabi identity is an important consideration especially when working with males for whom alcohol use is a seemingly acceptable socio-cultural practice.
- Health care workers need to be educated on the stigma and subsequent implications associated with female alcohol use and the secretive nature in which some females may consume alcohol as it may result in underreporting of their drinking.
- Health care workers should be mindful that socio-culturally defined gender roles and expectations may act as barriers for SA Punjabi women sharing their experience as AFMs.
- When working with SA Punjabi women impacted by a relative's drinking, it is important to clearly understand their conceptualization of gender norms, the manifestation of these norms in their particular circumstances and their perceptions on self-care and support seeking behaviour.
- Health care providers working with the SA Punjabi community need to be aware of the patriarchal undertones within the community without negatively blaming the entire culture for IPDV. It is essential to educate health care workers on the specific patriarchal issues that



exist within this community including intergenerational perceptions on IPDV and gender roles and expectations.

- Health care providers must be aware that socio-cultural perceptions about alcohol consumption and problem drinking may persist as beliefs and practices may be passed down from one generation to another regardless of an individual's generational identity.

### ***Mental Health Education***

- There is a need to improve psychoeducational efforts aimed at this demographic to include a thorough understanding of the bio-psycho-social model for alcohol dependence and problem drinking. Increasing the community's education may help reduce the fear about discussing this topic which may be associated with the attached stigma as well.
- Discussing social issues (such as addiction, mental health, and intimate partner violence) through public lectures may be an effective health promotion strategy in working with SA Punjabi families, as it may be deemed less threatening than individualized psychotherapy
- There needs to be cultural safety training for professionals working with SA Punjabi individuals and families impacted by problem drinking focusing on effective strategies on how to engage with this community.
- SA Punjabi community members need to be involved in any type of educational initiative where their unique needs, challenges and input are appreciated rather than imposing a top-down approach. This can include every day individuals, gatekeepers, faith based organizations and leaders and well-known community advisors.
- Educational strategies focusing on allocentric values and norms are important considerations when working with the SA Punjabi community who are a collectivist community. Messages

such as how the information will build the strength of families will likely be well-received (Dasgupta, 2007).

### ***Mental Health Nursing Research***

- Mental health nursing research with the SA Punjabi community needs to address the language needs of participants which includes completing studies in ethnic languages.
- Mental health research needs to focus on the various SA sub-groups without pre-maturely grouping members of this large demographic into one homogenous category.
- Researchers need to remain patient when working with this demographic as discussion of alcohol use and problem drinking may not be viewed as a priority possibly due to the lack of education and stigma associated with this topic. This recommendation is in parallel with the findings from Manders & Galvani (2014) where researchers had to repeatedly call, email and consistently show up at community centres to improve engagement with the Punjabi community when discussing alcohol.
- Research should be conducted on the benefits of a culturally and linguistically tailored SA Punjabi support group for families impacted by problem drinking.
- Additional research on the perspectives of SA Punjabi male AFMs are required to form a thorough understanding of this phenomenon.
- Additional research on the perspectives of Canadian health care workers supporting SA Punjabi AFMs needs to be conducted. This information will reveal any challenges or strengths they have encountered when working with this community.

### ***Mental Health Policy***

- There needs to be specifically allocated mental health and addictions funding to address the unique needs of the SA community. Although the SA population is the largest visible

minority group in Canada (Statistics Canada, 2016), there is a lack of culturally and linguistically appropriate health promotion initiatives and interventions. This was exemplified by the participants in my study through the stigma and their lack of awareness around alcohol use, problem drinking and the appropriate interventions.

- Mental health services should develop and facilitate a culturally and linguistically appropriate support group for SA Punjabi families impacted by problem drinking to help eliminate the stigma associated with discussing this topic, reduce isolation and promote a communal space for shared experiences.
- Mental health service providers should implement the six potential barriers to seeking support for mental health or substance use issues among immigrant, refugee, ethno-cultural and racialized (IRER) populations: *service accessibility, provider–patient interaction, circumstantial challenges, fear, stigma and language* (McKenzie et al., 2016).

### ***Knowledge Translation***

- Sharing the highlights of this study with the community may involve utilizing SA Punjabi radio stations, TV channels and other social media outlets as well as places of community gatherings such as cultural events and faith based institutions.
- Developing creative ways in which the SA Punjabi community can learn about the findings of this qualitative study may include creating short films, plays and advertisements that are culturally and linguistically appropriate.
- Knowledge translation for other mental health professionals can include submitting the results of this study to academic journals as well as attending nursing conferences to present this thesis paper.

- There needs to be development of case studies for educational purposes that focus on socio-cultural elements of the SA Punjabi community in relation to problem drinking.
- Disseminating the findings of this study through the Registered Nurses' Association of Ontario's mental health interest group which has a group dedicated to socio-political advocacy will allow the results to be shared with policy makers.
- Contacting a Member of Parliament and Member of Provincial Parliament in Brampton or the Region of Peel to discuss the findings of this study and strategizing how the needs of the SA Punjabi community can be addressed with their support is an important step in leveraging local policy makers.

### **Summary of Conclusion**

This novel study provides valuable information to better understand the perceptions of alcohol use among SA Punjabi AFMs and their experience with problem drinking from a Canadian context. Although this is an introductory research project, the strengths of this study supersede the limitations. This is evident through the participant narratives which highlight their unique experience as SA Punjabi AFMs, a phenomenon that, up until now, has remained unexplored. Examination of the key findings and discussion of this qualitative study reveal several considerations for future mental health policy, clinical nursing practice, education, research and knowledge translation and dissemination. The aim of this research study was to provide a meaningful understanding of the experience of SA Punjabi AFMs in order to better support their unique socio-cultural needs and challenges which are currently lacking in mainstream health services.

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## **Appendices**

**Appendix A:** Literature Search Summary

**Appendix B:** Study Flyer

**Appendix C:** Script for Community Agency and General Practitioners

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**Appendix K:** Information and Consent Form

All forms were available to the participants in both English and Punjabi. The appendix only presents the English version.

**Appendix A:  
Literature Search Summary**

<b>Database</b>	<b>Total Number of Hits</b>	<b>Selected Articles</b>
<b>CINAHL</b>		
south asian*, punjabi, alcohol	5	
punjabi*, alcohol	17	
punjabi* alcohol and families	1	<b>6</b>
punjabi* and alcoholism	3	
punjabi* and alcoholism, families	1	
south asian* and problem drinking	4	
punjabi* and problem drinking	0	
<b>PubMed</b>		
south asian*, punjabi, alcohol	5	
punjabi*, alcohol, alcoholism, families	96	
punjabi*, alcohol and families	3	<b>5</b>
punjabi* and alcoholism	96	
punjabi* and alcoholism, families	3	
south asian* and problem drinking	66	
punjabi* and problem drinking	5	
<b>Web of Science</b>		
south asian*, punjabi, alcohol	7	
punjabi*, alcohol, alcoholism, families	1	
punjabi*, alcohol and families	1	<b>4</b>
punjabi* and alcoholism	4	
punjabi* and alcoholism, families	1	
south asian* and problem drinking	74	
punjabi* and problem drinking	4	
<b>Google Scholar</b>		
south asian*, punjabi, alcohol	6860	
punjabi*, alcohol, alcoholism, families	11,800	
punjabi*, alcohol and families	6960	<b>17</b>
punjabi* and alcoholism	1840	
punjabi* and alcoholism, families	13,900	
south asian* and problem drinking	20,100	
punjabi* and problem drinking	9,150	



## **Exclusion Criteria**

Articles outside of Canada, the US, the UK and Australia

Articles not focusing on the SA or SA Punjabi community

Articles not focusing on the psychosocial aspects of drinking among the SA or SA Punjabi community

Grey literature

<b>Research Design (n=23)</b>	<b>Number of Articles</b>
Qualitative	20
Quantitative	2
Mixed Methods	1

## Appendix B: Study Flyer



### ARE YOU WORRIED ABOUT A FAMILY MEMBER'S DRINKING?

ਕੀ ਤੁਸੀਂ ਕਿਸੇ ਪਰਿਵਾਰਕ ਮੈਂਬਰ ਦੇ ਸ਼ਰਾਬ ਪੀਣ ਬਾਰੇ ਚਿੰਤਤ ਹੋ?



- Are you 18+, Punjabi and a resident of Brampton?
- Have you lived in Canada for over 2 years?
- Do you and your family currently live with or have lived with a relative whose drinking worries you?
- Are you and your family impacted by the drinking of your relative?

**IF YOU ANSWERED 'YES' TO ANY OF THESE QUESTIONS, I WOULD LIKE TO SPEAK TO YOU CONFIDENTIALLY**

You will be compensated for your time with a gift card to a grocery store

Jasmeet Chagger  
Master of Science in Nursing Student  
McMaster University, Hamilton ON  
Email: chaggej@mcmaster.ca  
Telephone: 647-702-7821

- ਕੀ ਤੁਸੀਂ 18 ਸਾਲ ਜਾਂ ਇਸ ਤੋਂ ਵੱਧ ਉਮਰ ਦੇ ਹੋ, ਪੰਜਾਬੀ ਅਤੇ ਬਰੈਂਪਟਨ ਦੇ ਨਿਵਾਸੀ ਹੋ
- ਕੀ ਤੁਸੀਂ 2 ਸਾਲ ਤੋਂ ਵੱਧ ਸਮੇਂ ਤੋਂ ਕੈਨੇਡਾ ਵਿੱਚ ਰਹੇ ਹੋ?
- ਕੀ ਤੁਸੀਂ ਅਤੇ ਤੁਹਾਡਾ ਪਰਿਵਾਰ ਇਸ ਵੇਲੇ ਕਿਸੇ ਰਿਸ਼ਤੇਦਾਰ ਨਾਲ ਰਹਿੰਦੇ ਹੋ ਜਾਂ ਪਹਿਲਾਂ ਰਹਿੰਦੇ ਸੀ ਜਿਸ ਦੇ ਸ਼ਰਾਬ ਪੀਣ ਨਾਲ ਤੁਹਾਨੂੰ ਚਿੰਤਾ ਹੈ?
- ਕੀ ਤੁਸੀਂ ਅਤੇ ਤੁਹਾਡੇ ਪਰਿਵਾਰ ਨੂੰ ਤੁਹਾਡੇ ਰਿਸ਼ਤੇਦਾਰ ਦੀ ਸ਼ਰਾਬ ਪੀਣ 'ਤੇ ਪ੍ਰਭਾਵ ਪੈ ਰਿਹਾ ਹੈ?

**ਜੇ ਤੁਸੀਂ ਇਹਨਾਂ ਸਵਾਲਾਂ ਲਈ 'ਹਾਂ' ਦਾ ਜਵਾਬ ਦਿੱਤਾ ਹੈ, ਤਾਂ ਮੈਂ ਤੁਹਾਡੇ ਨਾਲ ਗੱਲ ਕਰਨਾ ਚਾਹੁੰਦੀ ਹਾਂ**

ਤੁਹਾਨੂੰ ਆਪਣੇ ਸਮੇਂ ਲਈ ਗਰੋਸਰੀ ਸਟੋਰ ਗਿਫਟ ਕਾਰਡ ਮਿਲੇਗਾ

**Appendix C:  
Script for Community Agency and General Practitioners**



Hello, (name of clinic or agency) is supporting the research study led by Jasmeet Chagger, a student in the Master of Science in Nursing program at McMaster University. Jasmeet's research study focuses on the experience of South Asian Punjabi family members who have been impacted by the problem drinking of a relative. You may be a good candidate for this study.

Your participation is completely voluntary and if you choose not to participate, your relationship with us (your health care provider/community agency) will not be jeopardized.

If you are interested in receiving more information about the study, I can provide your name and telephone number to Jasmeet Chagger, who will contact you with further information about the study.

## Appendix D: Telephone Script for Participants



Hello, my name is Jasmeet Chagger and I am a student in the Master of Science in Nursing program with McMaster University. I am conducting a research study for my thesis.

I received your contact information from \_\_\_\_\_, as they had informed you about a study that I am conducting.

If you are still interested, may I provide you with further information?

**OR**

I see that you are calling to get more information about the study.

**If yes,**

Alcohol related harms for an individual with a drinking problem are well known. However, the experience of living with a relative who has an alcohol problem and the impact on the family members is often overlooked. In order to improve outcomes for family members impacted by a relative's drinking, their stories need to be understood, especially from a cultural standpoint.

The South Asian Punjabi community is the second largest visible minority in Brampton. It is important to understand Punjabi cultural attitudes and beliefs regarding alcohol use and the many ways in which different generations of Punjabi family members are affected when living with a relative who may have an alcohol problem.

I am inviting you to participate in this research project to share your beliefs about alcohol use. I will also be asking about the ways in which you and your family have been impacted by your relative's drinking.

Your participation is completely voluntary. If you choose to participate, I have a few questions to make sure I can include you in the study. (At this point, the researcher will review the inclusion criteria to determine eligibility)

**If the individual is not interested in the study:**

I respect your decision to not partake in this study. Your relationship with your healthcare provider/community agency will not be affected in any way. Thank you for taking the time to speak with me today. Do you have any additional questions you wish to ask?

**The participant will be asked the following questions if they prefer the interview to take place in their home. The researcher will re-confirm these details the day of the interview, prior to attending the participant's home, in case there are any changes.**

### **Risk Screening Via Telephone**

1. What is the date and time of the interview?
2. What is the location of the interview?
  - a. Where in the home will the interview be conducted?
  - b. Is this a private space, away from other family members?
3. Confirm the approximate duration of the interview: 60-90 minutes.
4. How many individuals will be home during the interview?
  - a. Who are the individuals who will be home? (How are they related to the participant)
  - b. What contact will the researcher have with individuals who may be home?
5. Are there any pets in the home?
  - a. If yes, how many and what are they?
  - b. If yes, will they be kept in a separate space during the researcher's visit to the home?

### **On-Site Safety Tips**

1. Park in a spot where the vehicle cannot be blocked – ideally park on the street.
2. Introduce myself and show McMaster Student ID.
3. Confirm that the participant still consents to the visit before entering the home.
4. Familiarize myself with the surroundings as I enter the home
5. Try and choose a seat where I don't have my back to a doorway
6. Limit the amount of personal belongings I bring into the home

### **Additional Safety Tips**

1. Ensure that my cell phone is charged.
2. The supervisor will be aware of the date, time and location that the interview is occurring. I will email the supervisor prior to and after the interview.

## Appendix F: Demographic Questionnaire

1. Which gender do you identify most with?  
 Male  
 Female  
 Other  
 Do not prefer to answer
  
2. What is your age? \_\_\_\_\_
  
3. What is the highest degree or level of school you have completed? *If currently enrolled, highest degree received.*  
 No schooling completed  
 Elementary school  
 Some high school, no diploma  
 High school graduate  
 Some college credit, no degree  
 Trade/technical/vocational training  
 Bachelor's degree  
 Master's degree  
 Doctorate degree
  
4. What is your marital status?  
 Unmarried  
 Married or common law relationship  
 Divorced  
 Separated  
 Widowed
  
5. What is your current employment status?  
 Employed for wages  
 Self-employed  
 Unemployed and looking for work  
 Unemployed but not currently looking for work  
 A homemaker  
 A student  
 Retired  
 Unable to work
  
6. Which faith group/religion do you identify with?  
 Sikh  
 Hindu  
 Muslim

- Christian
- Buddhist
- I do not identify with any religious/faith group
- I do not wish to answer this question
- Other \_\_\_\_\_

7. What country were you born in? \_\_\_\_\_  
a. If born outside of Canada, how long have you lived here? \_\_\_\_\_

8. How many family members live in your home with you? \_\_\_\_\_  
a. Please identify the relationship of each family member living with you.

9. How are you related to the individual in your home whom you perceive as having a drinking problem?

10. How long have you been living with the individual who struggles with alcohol?

11. From your understanding, does this person use any other substances other than alcohol?

- Yes  
Please specify \_\_\_\_\_
- No
- I am not aware

## Appendix G: Semi-Structured Interview Guide

### **Introduction**

Thank you for taking the time to participate in this research project. I truly appreciate the valuable information you will provide about your experience of being impacted by a relative's problem drinking. I would like to remind you that anything that you share today will remain confidential unless safety concerns are expressed. Before we begin the interview, I would like to review the information and consent forms which outline details of the study, confidentiality, your role as a voluntary participant and the benefits and risks of the project.

Do you have any questions before the forms are reviewed?

### **Review Information and Consent Forms**

1. Do you have any other questions or concerns before we begin the interview?
2. Do you know how long the interview might take?
3. Are you ready to begin?

I would like to begin by completing a short questionnaire with you. It will provide me with some information about you.

### **Complete Demographic Questionnaire**

#### **Perceptions, Attitudes & Beliefs Regarding Alcohol**

Now I would like to take the time to learn more about your thoughts regarding alcohol use. Please take your time to answer any of the questions and at any point if you would like to take a break, skip a question, or stop the interview, please let me know. There are no right or wrong answers. I want to learn about your experiences.

1. What do you think about people who drink alcohol?
2. What do you think has helped you form these opinions?
  - a. Parents or family.
  - b. Culture.
  - c. Religion.
  - d. Has anything else influenced these beliefs?



3. In your opinion, when does acceptable drinking change into problem drinking?
4. How do you perceive an individual with a drinking problem?

***Member checkpoint #1. Without making any interpretations, summarize what the participant has communicated.***

**How are you feeling? Can we continue?**

**Impact as a Family Member**

1. Please describe your relative's current drinking problem.
2. When did you first notice a change in your relative's drinking?
3. When did you notice that the drinking was becoming problematic?
4. Describe the behaviour or any change in behaviour when your relative is intoxicated.
5. Do you fear for your safety or the safety of others during these periods of intoxication?
  - a. If yes, have you approached anyone to discuss your fears? Why or why not?
6. Describe a time that was particularly problematic for you in relation to your relative's drinking.
7. How has your relationship with your relative been affected by their problematic drinking?
8. Which specific aspects of your life have been affected by your relative's drinking? Can you provide me with some examples please?

**How are you feeling? Can we continue?**

9. Describe the ways in which your family and the household have been affected by your relative's drinking.
  - a. Finances
  - b. Social life
10. Describe the ways in which you try to cope with or manage the impact of your relative's drinking.

11. Are other friends/relatives aware of your relative's drinking problem?
  - a. If yes, how do you believe other members of your family/community view:
    - i. your relative because of their drinking?
    - ii. your family because of your relative's drinking?
  - b. If no, please describe the reasons others have not been informed.
12. Please describe your understanding of Canadian services for alcohol treatment?
13. Have you accessed professional support to help your relative with their drinking?
  - a. If yes, what triggered you to seek help?
  - b. If no, please describe the reasons for not seeking formal support?
14. Have you accessed professional support for yourself to cope with your relative's drinking?
  - c. If yes, what triggered you to seek help?
  - d. If no, please describe the reasons for not seeking formal support.
13. Have you used alternative therapies or forms of interventions to help your relative with their drinking or coping for yourself?
13. Is there anything else you want to share with me?

***Member checkpoint #2. Summarize second part of the interview without interpretation.***

Thank you for sharing details of your experience with me. Now that the interview is over, how are you feeling? If this conversation made you feel uncomfortable at any point or you feel that you need further support, please let me know. I understand that it may have been difficult to discuss these memories. Sharing your story has helped me as a researcher understand the impact your relative's drinking has had on you and your family. Thank you once again.



**Appendix H:  
Confidentiality Agreement for Transcriptionist/Translator**

I, \_\_\_\_\_, agree to maintain confidentiality for the participants of this study. During the time that I am transcribing or translating interviews, I will ensure the documents are kept private, confidential, and password protected. Once I have completed my role as a transcriptionist/translator and confirmed with the primary investigator, I will destroy all documents, electronic files and back up files related to this study.

Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

Principal Investigator Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

## **Appendix I: Data Analysis Audit Trail**

### **Step 1:**

As per Thorne's (2016) recommendation of using Morse's (1994) cognitive processing for data analysis, I began the *comprehending* phase by immersing myself into the data. I re-read my reflexive journaling entries from each participant's initial telephone screen, listened to the audio recordings and re-read the transcripts in order to focus on the tone, sounds, pauses and words of the participants while making jot notes. The *comprehending* phase also required an increased understanding of the theoretical process of coding in qualitative research. To help facilitate my knowledge, I read several articles on qualitative coding as well as the book, *The Coding Manual for Qualitative Researchers* by Johnny Saldana (2009). Prior to coding, I read the transcripts and listened to the audio recordings, made notes about my initial thoughts and reviewed the notes I made during the face-to-face interview. This is an excerpt from the notes I made during the initial telephone screen with Sukhjeet as well as notes about my initial thoughts after reading the transcript:

#### **Initial call from Sukhjeet about the study**

- Spoke in a hushed/whispered tone when I asked her if she resides with a family member whose drinking worries her. She stated in Punjabi "you know how Jatt families are." Jatt is a caste in the Punjabi community.
- I did not receive a yes or no answer to this question but she was very interested in participating in the study
- Made me think about the stigma associated with drinking or the reason why she did not provide a straight answer when asked if she is currently living with someone whose drinking worries her.

#### **Summary and journaling after reading the transcription**

- I had the sense that she was not completely opening up with responses because sometimes she spoke generally and in a philosophical tone rather than providing a direct response (e.g.: "changes do happen. This is life")
- She has a nervous chuckle or giggle regarding some of the questions – especially related to finances, safety or accessing support
- She was answering no to some of the questions but previously she has given examples of the same topic. For example: she reported that finances are not impacted when I asked

her directly but previously she gave examples of how she worries about him borrowing money; the groceries; keeping money aside from him etc.

- She stated that she doesn't fear for her safety but gave an example of how he beat her. She spoke about being strong in front of him and adjusted her body to be straight and upright – I think she was talking about appearing strong and confident rather than being physically strong in front of him. Because she mentioned this a few times, it made me feel, maybe she has actually had to do this a few times even though she framed her response as a hypothetical future situation where she would have to appear strong in front of him.
- She deviated from the original question at times and shared other stories not related to the original question but then came back to the original question that was asked
- Her husband called two times during the interview – she lied about her whereabouts and said she was at the senior's group
- At times she mentioned that she does not like it when her husband drinks, gets angry and that she worries about him but when I asked about more details about his drinking, a few times she stated that "it is not too big of a problem or he doesn't drink too much."

The initial process of *comprehending* and *synthesizing* helped me create the following categories:

#### **Categories from Sukhjeet's Interview**

- Values and beliefs
- Gender
- The impact on the AFM
- Awareness
- Society
- Behaviours related to problem drinking

#### **Step 2:**

In order to familiarize myself with the coding process and immerse myself further into the data, I practiced line-by-line coding. Once I began to understand the process of coding, I implemented a broad based coding strategy. This approach helped facilitate *synthesizing* as it allowed me to make preliminary links between potentially related data. This is an example of the initial coding from Sukhjeet's interview:

I: Which aspects of your life have been affected or changed because of your husband's drinking?

(Three second pause. Participant looking at me)

I: For example, before you mentioned that you have made sacrifices with the finances and your social life because of his drinking. These are examples of different aspects of your life. Can you describe this in more detail please and other aspects of your life which have been affected or changed because of your husband's drinking?

P: (three second pause) Because of his drinking (two second pause) I have nothing to say about that. But, when he drinks, I do worry, what if he's doing something else there? I worry that he might do something wrong. You never know about humans and what happens after they drink. *Oh dhey vare vhi mere dimaag thay bhoj peh jandha* (Thinking about this causes a burden on my mind). In ---- [names a city in Punjab] we had a large and well to do printing press. *Mere eh vhi dimaag vich rehndha si ki hai, jaada peendhe ah kithe hor nah panga khara karlehn* [I used to worry that oh he drinks, what if he starts a fight or something]. This is what happens. I feel these things. You can call these changes (two second pause) or call it what have you. These changes do happen. I never used to secretly keep money aside from him. It was never like we had separate finances. He is to be praised for that. He never put restrictions on me in regards to what I can and cannot buy from the store. He never said that and I praise him for this. But, in this matter, when he drinks and doesn't recall things and if he takes money from home and is with others who are drinking, if someone asks him for money, he will give it and then buy things for himself on credit. These things cause changes. There are changes in life.

[34:27]

*Eh galat karde ah they main pugath dhi ah. Theek hain nah? Eh galhaan, eh changes ondhiyan life dhey vich. Phir mainu apne vakhray paisay inna tho rakhne paye thore thore. Hunna. Oh rakhne jado koi cheej lehni ghar dhe vich phir main inna nu dasna nahi ki mere kol ah paye see. Oh is kar ke ah ki mainu eh patha je inna nu patha haoo ki edhe kol hegay the inna ne khenah layah phir. Ethay hor pangay peh jannay. Card banay hoye neh, cardan thay chup kar ke kissa ke thay leh onhi. Hor roti khaan nah khaan, par daru dhi bottle vadhi sari maize thay honi चाहिदि अह. Oh jimme kehndhay ah chain smoker, chain drinking vala kam hoya paya. Eh gal ah.*

{He does wrong and then I have to suffer. Right? These things cause changes in life. Then I had to start keeping my own money aside from him. Right? I used to keep it aside so that if I had to buy something for the house, I wouldn't tell him. That is because, if he knows that I have money kept aside, then he will ask for it. Then that will cause more problems. There are credit cards so he will quietly swipe those and buy it. Whether he eats dinner or not, there needs to be a large bottle of alcohol sitting on the table. You know how you say chain smoking, it's like chain drinking over here. This is the thing}.

These are changes in life. If you always think that you are going to get a facial but then question spending \$40-\$50 and then one person keeps spending \$40-\$50 on a bottle of alcohol, changes

**Microsoft Office User**

- \*worrying about his drinking & behaviour
- \*worrying causes a burden on her mind
- \*worrying about him causing trouble or a ruckus
- \*feeling stressed about his drinking
- \*not placing restrictions on her over the finances
- \*praising husband for not placing financial restrictions
- \*drinking & giving money away to others
- \*forgetting what he does when he drinks

**Microsoft Office User**

- \*suffering the consequences of husband's drinking & actions
- \*keeping money aside from him
- \*taking the money if he finds out she has kept it aside
- \*justifying the need to keep money aside
- \*keeping money for household expenses/items
- \*worrying about finances
- \*buying things on his credit card without consulting wife
- \*needing alcohol over food
- \*comparing his drinking to a chain smoker

**Microsoft Office User**

- \*contemplating making choices for herself
- \*not wanting to struggle or sacrifice her own choices because of his drinking

**Step 3:**

To facilitate the processes of *comprehending* and *synthesizing*, I met with the supervisory committee who reviewed my initial attempt at line-by-line coding for Sukhjeet. They provided feedback on how to expand on the codes by capturing the essence of the participant's narrative by providing more details. Replacing line-by-line coding with broad based coding led to

additional topics which helped me create preliminary categories for the emerging data. For example, the initial analysis led me to the category “values and beliefs.” Feedback from the supervisory committee allowed me to expand on this category to include “whose” values and beliefs and “which” values and beliefs I was referring to. This is an example of how the category “values and beliefs” evolved to be more detailed:

➤ **Beliefs about Drinking**

- Drinking within a limit is okay
- People become emotional after drinking
- Happy drinkers vs rowdy drinkers (comparing)
- Drinking a bit is acceptable
- Showing affection when drinking is acceptable
- Becoming rowdy is unacceptable
- Doesn't like swearing, fighting or being irritable after drinking
- Drinking less is acceptable and she likes it
- Acceptance towards positive and joyful aspects of drinking – being loving towards the family
- Stating that she is not against drinking as long as it is within a limit
- Disapproves of problems caused by drinking
- Being Sikh makes no difference in drinking to her
- Drinking in excess is problematic
- Enjoying a drink with family is acceptable
- 1-2 pegs (shots) is okay → quantifying
- drinking within a limit is acceptable
- causing a commotion is not okay

➤ **Beliefs about Behaviours after Drinking –Acceptable**

- showing affection to the family
- being joyful
- drinking within a limit & enjoying with the family
- behaving is necessary

➤ **Beliefs about Behaviours after Drinking – Unacceptable**

- fighting, arguing and becoming irritable
- ruining the occasion
- concealing alcohol use from family
- dying from alcohol use

**Step 4:**

I immersed myself into the data from each participant by reviewing the interview transcripts, audio recordings and jot notes. During this process of *comprehending and*

*synthesizing*, I remained in contact with the research supervisor about my progress and any questions I had. To help facilitate the process of *theorizing*, as I reviewed the collective narratives, I was asking myself “what is the data telling me?” and “what is happening here?” This allowed me to develop a deeper understanding of the overall data and emerging themes. This is an example of a reflexive memo and the evolution of the initial code “values and beliefs” to the preliminary category with descriptions for each sub-category.

### **Reflexive Memo: March 20, 2020**

I tried clumping the codes together and tried to organize the codes into preliminary categories based on broad similarities across all the participants. After reviewing my research question which is: **what are the perceptions of alcohol use & the impact of problem drinking on South Asian Punjabi Families?** I was more clear that my question has 2 parts → the AFM’s perceptions of alcohol use **and** their experience of being impacted which also includes how they **cope** and their access to **support**. So, I started to organize the codes into these broader sections: **perceptions, experience of being impacted, coping & access to support.**

#### ➤ **My perceptions, beliefs & understanding of alcohol use and problem drinking**

1. **My views on alcohol consumption and problem drinking:** the participant’s perceptions on alcohol use and problem drinking from a general standpoint & not in relation to their loved one
2. **How I believe the Punjabi community views alcohol consumption:** the participant’s perceptions & understanding of how the Punjabi community views alcohol consumption and problem drinking from their point of view of being a member of this community
  - a) **Punjabi women hide their alcohol consumption to avoid judgement from the community:** this section includes examples of how the female participants themselves hide their alcohol consumption or have observed this pattern in the community
  - b) **The people who are aware of the drinking problem dismiss it and no one addresses it directly:** family & friends who are aware of the drinking problem from a distance show a level of tolerance towards it & do not address the issue directly.
  - c) **Drinking is part of the culture:** participants provide examples of interactions with community members that highlight drinking is part of the Punjabi culture. This includes family discussions, social media, Punjabi music.

#### **Step 5:**

Data analysis resulted in five major themes with one theme having three sub-themes. The initial category of “values and beliefs” evolved into “my perceptions, beliefs & understanding of



alcohol use and problem drinking” which further helped develop the theme perceived socio-cultural normalization of the SA Punjabi drinking culture.

**Appendix J:  
Ethics Approval**



Apr-26-2019

**Project Number:** 7079

**Project Title:** Perceptions of Alcohol Use and the Impact of Problem Drinking on South Asian Punjabi Families

**Student Principal Investigator:**

**Local Principal Investigator:** Ms. Jeannette LeGris

We have completed our review of your study and are please to issue our final approval. You may now begin your study.



## Appendix K: Information Sheet and Consent Form

### Principal Student Investigator

Name: Jasmeet Chagger-MSc(c)  
School of Nursing  
McMaster University  
Hamilton, ON  
Telephone: 647-702-7821  
Email: chaggej@mcmaster.ca

### Thesis Supervisor

Name: Dr. Jeannette LeGris  
School of Nursing  
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## INFORMATION SHEET

### Study Purpose:

Alcohol related harms for an individual with a drinking problem are well known. However, the experience of living with a relative who has an alcohol problem and the impact on the family members is often overlooked. In order to improve outcomes for South Asian Punjabi family members impacted by a relative's problem drinking, their stories need to be understood, especially from a cultural standpoint.

The South Asian Punjabi community is the second largest visible minority in Brampton. It is important to understand Punjabi cultural attitudes and beliefs regarding alcohol use and the many ways in which different generations of Punjabi family members are affected when living with a relative who may have an alcohol problem.

You are invited to participate in this research project to share your beliefs about alcohol use and the ways in which you and your family have been impacted by your relative's drinking. The study aims to recruit fifteen participants.

This research study has been reviewed by the Hamilton Integrated Research Ethics Board under project #7079.

### What will happen during the study?

- You will be asked to participate in an interview, which will take place in a private setting of your choice (private room at a library, community centre or your home).
- The interview will take from 1 to 2 hours.
- You will be given the opportunity to conduct the interview in Punjabi or English.
- I will be asking about your perceptions of alcohol use and your experience of being impacted by a relative's problem drinking.
- The interview will be audio recorded and I will make brief notes to ensure that I capture all details of your experience.

### **Are there any risks to this study?**

- Discussing your experience of living with a relative who has an alcohol problem can be challenging and may bring up difficult memories.
- You may take your time to answer questions, skip a question, or stop the interview at any point.
- To ensure confidentiality of this interview from family members you may prefer to be interviewed outside of your home in a neutral location
- You have the right to withdraw consent from the study at any point without jeopardizing your relationship with your health care provider.
- If you choose to withdraw from the study, the data can only be excluded up until analysis and data aggregation occurs.
- If you are experiencing considerable distress during or after the interview, I will recommend community supports.

### **What are the benefits of this study?**

- **Direct Participant Benefits:**
  - You will have the opportunity to share your perceptions of alcohol use and your experience of being impacted by a relative's problem drinking
  - Sharing your experience may result in self-awareness and empowerment regarding how you have been impacted by your relative's drinking
  - Discussing your experience may be viewed as an altruistic or giving act where this information may be used to better understand South Asian Punjabi cultural viewpoints and problem drinking more broadly.
- **Community Benefits:**
  - I will be sharing the results of this study with mental health agencies in the city of Brampton and with other health professionals working with the South Asian Punjabi community.
- **Research Benefits:**
  - There will be benefits to future research studies conducted on the South Asian Punjabi community in relation to problem drinking based on the experiences gathered from this introductory research study. This may include information about whether current research methods were effective or ineffective, the utility and use of translation services, stigma, personal and cultural preferences for support and type of support will be useful to subsequent researchers studying this population.

### **Payment or Recruitment**

I truly value your time and as a small token of appreciation of your participation, you will be compensated with a \$20 grocery card from a store of your choice at the end of the interview (Freshco, No Frills, Food Basics, or Walmart).

### **Who will know what I said or did in the study?**

- Your identity will remain confidential and anonymous except for the student principal investigator who will code your identity with a number
- Information shared by you during the interview will be kept confidential.
- No personal identifiers will be publicly available during or after the interview.

- Your participation in the study will only be known should you choose to share this information yourself.
- The original data and information that is collected will be stored in a locked cabinet/desk and only available to the principle investigator.
- Information on the computer will have secure password protection.

**What if I change my mind about being in the study?**

- Your participation in the study remains voluntary.
- You are able to withdraw from the study at any point, including after the interview is completed.
- If you decide to withdraw, there will be no negative consequences to you. In cases of withdrawal, any information that you provide will be destroyed, unless you state otherwise. If you do not wish to answer some questions you do not have to, but you can still participate in the study.

**When may my confidentiality be broken?**

If there are any unforeseeable or immediate risks to your safety or the safety of others, I will ensure you are connected to a crisis service which may entail a breach of confidentiality.

**How do I find out the results of the study?**

If you would like to have information about what I have learned in this study, you can provide me with your contact information (email address or mailing address) and I will provide you with a brief summary of the results.

**Questions about the Study:**

If you have questions or need more information about the study itself, please contact me at:

**Jasmeet Chagger, MSc(c)**  
**School of Nursing**  
**McMaster University**  
**Email: [chaggej@mcmaster.ca](mailto:chaggej@mcmaster.ca)**  
**Telephone: 647-702-7821**

You may also contact my thesis supervisor at:

<p><b>Name: Dr. Jeannette LeGris</b>  <b>School of Nursing</b>  <b>McMaster University</b>  <b>Telephone: 905.525.9140 Ext. 22811</b>  <b>Email: <a href="mailto:legrisj@mcmaster.ca">legrisj@mcmaster.ca</a></b></p>
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This study has been reviewed by the Hamilton Integrated Research Ethics Board (HiREB). The HiREB is responsible for ensuring that participants are informed of the risks associated with the

research, and that participants are free to decide if participation is right for them. If you have any questions about your rights as a research participant, please call:

### CONSENT FORM

- This research study has been reviewed by the Hamilton Integrated Research Ethics Board under project #7079
- I have read the information presented in the information letter about a study being conducted by Jasmeet Chagger, a Master of Science in Nursing Student at McMaster University.
- I have had the opportunity to ask questions about my involvement in this study and to receive additional details I requested.
- I understand that if I agree to participate in this study, I may withdraw from the study at any time but the data can only be excluded up until analysis and data aggregation occur.
- I have been given a signed copy of this form.
- I agree to participate in the study.

Name of Participant (Printed): \_\_\_\_\_

Signature of Participant: \_\_\_\_\_

Date: \_\_\_\_\_

Consent form explained in person by:

Name (Printed): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

1. I would like to receive a summary of the study's results:

Yes \_\_\_\_\_

No \_\_\_\_\_

Email address: \_\_\_\_\_

Or

Mailing address: \_\_\_\_\_

2. I have received reimbursement at the end of the interview with a \$20 gift card for:

Freshco \_\_\_\_\_

Food Basics \_\_\_\_\_

No Frills \_\_\_\_\_

Walmart \_\_\_\_\_