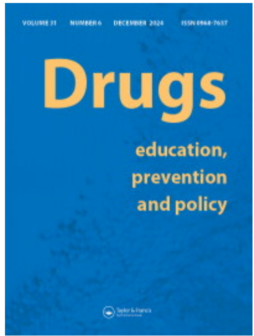

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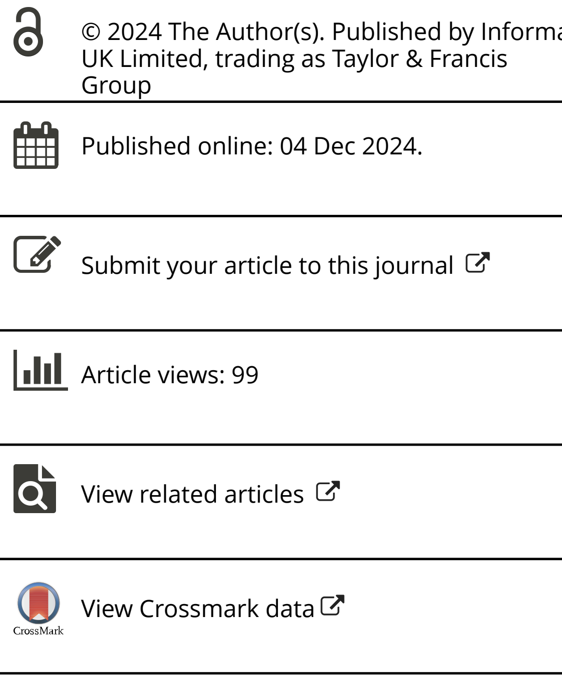

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South Asian women's experiences of alcohol use and the role of the family

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ABSTRACT

Background: Family plays an important role in helping or hindering a loved one's alcohol recovery and this is particularly true in South Asian communities. In South Asian cultures women are seen as the keepers of the *izzat* (family honour), and to behave in ways that can jeopardise the izzat, such as drinking alcohol, can have a grave impact on women's health and wellbeing. This paper explores the lived experiences of alcohol use and help-seeking among South Asian women in England with a particular focus on the role of the family.
Methods: 18 South Asian women with personal lived experience of alcohol dependency were interviewed using an in-depth, semi-structured interview approach.
Results: The findings focus on feelings of stigma and shame linked to izzat and family dishonour. The women shared personal accounts of controlling and restrictive upbringings that influenced their alcohol use. They talked about how their families reacted to their alcohol dependency with shame and a lack of understanding, and they explained how many of their families offered support when they realised that the women's physical and mental health was at a point of crisis.
Conclusions: Recommendations focus on educational outreach to families regarding alcohol use within South Asian communities.

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South Asian women; alcohol use; substance use; stigma; culture

Background

In South Asia, alcohol consumption among women remains relatively low compared to global averages, but significant differences exist among the different Asian countries [World Health Organization (WHO), 2018]. In India, alcohol use among women has increased in recent years with estimates suggesting that between 1–1.6% (between six and 11 million) of women in India consume alcohol (Balasubramani et al., 2021; Narasimha et al., 2024; Prasad, 2009). In comparison, estimates suggest that just 0.1% (approx. 116,400) of women in Pakistan and 1% (approx. 841,500) of women in Bangladesh consume alcohol [World Health Organization (WHO), 2019a, 2019b; Dewan & Chowdhury, 2015]. These low prevalence rates are influenced by cultural and religious norms and legal restrictions that limit alcohol consumption among women (Prabhu, 2010; Murdeshwar et al., 2019). Assessing the prevalence of alcohol dependency in these South Asian countries is challenging and influenced by a lack of concise terminology regarding alcohol use, methodological differences in data collection, and the low rates of women presenting to support (Ashutosh et al., 2010).

In contrast in the UK, 38% of Indian women, 3% of Pakistani women and 8% of Bangladeshi women consume alcohol (NHS Digital, 2022). There are also considerable knowledge gaps pertaining to alcohol dependency among this group of women in the UK. The limited data that exist show that the number of Asian women accessing treatment for alcohol dependency has almost doubled over the past 10 years; however, the categorisation of ethnicity in national drug treatment data homogenises all individuals under fixed ethnic groupings (Asian/British Asian, Mixed/Multiple ethnic group, Black/African/Caribbean/Black British, White, Other ethnic group) and so specific demographic information regarding women who identify as Indian, Pakistani or Bangladeshi is unknown [National Drug Treatment Monitoring System (NTDMS), 2024]. Asian women make up 2% of the total treatment population in England, but younger Indian, Pakistani and Bangladeshi women are reported to be consuming alcohol more than previous generations (Bayley and Hurcombe (2011; Galvani et al., 2013). However, this data only reflects the number of people who have reported their alcohol use to treatment services and does not account for women with unmet need.

A more recent survey conducted by the Sikh Recovery Network (2022), a national alcohol and drug recovery organisation for people who practice or identity with Sikhism, presented a snapshot of alcohol use among female Sikhs in Britain. Sikhism is a predominant religion in the Punjabi community in India, and the UK's fourth largest religion. Of the 1095 Sikhi's included in the data, 45% (N = 493[1]) were women. Of these women, 56% (N = 266) were active consumers of alcohol, 5% (N = 13) said they did not currently consume alcohol but identified as being in recovery from alcohol use.

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Among the women who drank, 21% (N = 56) reported drinking seven or more units of alcohol per day, totalling a minimum of 49 units a week. National public health guidance in the UK recommends that adults drink no more than 14 units of alcohol per week, spread across 3 days or more [Office for Health Improvement and Disparities (OHID), 2021]. Eight per cent (N = 21) of the women also reported a daily or weekly occurrence where they could not remember the previous night after consuming alcohol (Sikh Recovery Network and British Sikh Report teams, 2022). These data are important, because they provide insights into the drinking practices of a subset of South Asian women, something that is not identifiable in national data.

There is also a gap in the qualitative evidence reporting South Asian women's experiences of alcohol use. A comprehensive review of literature undertaken for this study could not identify any studies that included the voices of South Asian women with alcohol dependency, despite the UK's national treatment data demonstrating that South Asian women experience drug and alcohol dependency [National Drug Treatment Monitoring System (NTDMS),), 2024]. However, anecdotal evidence is starting to emerge online that highlights personal accounts of dependency among this group of women, with alcohol use linked to experiences of childhood trauma, domestic abuse, arranged marriage, and stigma from family and community (Bhogaita, 2024; Kaur, 2021; Randev, 2019).

This lack of evidence impacts our understanding of alcohol and other drug use prevalence among specific minority communities and, in particular, the incidence of use among women in those communities (Gleeson et al., 2019). While in all patriarchal cultures, including in the West, there is a greater admonishment of women who become substance dependent (Troy & Carlin, 2018; Lee & Boeri, 2017), it is important to know the specificity and the impact of different cultures on women's alcohol use. This is essential if we are to identify effective treatment and support mechanisms to meet their varying needs (Hurcombe et al., 2010).

South Asian cultures are typically marked by conservative attitudes towards alcohol. Those who consume alcohol heavily, are likely to be met with disapproval, especially women (Gleeson et al., 2019). The safeguarding of one's good reputation within the wider family and community is of the utmost importance. Women are conscious of how their behaviour reflects on their family and the communities to which they belong (Galvani et al., 2023; Bradby & Williams, 2006). The family, therefore, becomes a key player in identifying and supporting women experiencing alcohol dependency.

This paper draws on a study exploring the lived experience of a group of South Asian women in the UK who had experienced alcohol dependency and their subsequent experiences of help seeking. In particular, it focusses on the role of the family in both helping and/or hindering that process.

Familial expectations

South Asian people traditionally subscribe to strong intergenerational family and community bonds (Cohen et al., 2016). The individual holds secondary significance to the family and community and the individual's life is deeply shaped by the involvement of the family. Women, in particular, are taught to be attentive to the feelings of others and are expected to sacrifice their own aspirations (Krishan, 2019; Pandian, 2020; Sivakumar & Manimekalai, 2021). These familial and gendered values are widely reflected in Asian cultures. The South Asian worldview is related more to interdependence and the extended family/communities or the 'familial self', compared to the western conceptions of 'individual self' and, individual liberty, which override individual considerations (Rastogi & Wadhwa, 2006; Cohen et al., 2016).

Different gendered roles and experiences within families mean that male and female alcohol use is treated differently. In all societies, there is a greater stigmatization of women drinking (Dawson et al., 2005; Page et al., 2024), but it is even more harshly judged in South Asian cultures. Women's femininity is constructed by notions of modesty, 'izzat', respectability and honour, which alcohol consumption is perceived to contravene. Kaur's (2021) radio report on South Asian women's concerns around drink spiking in public spaces provided testimonies of three women who had become victims of spiking. The three women also talked about their own and other South Asian women's experiences of stigma relating to their alcohol use, and the associated connotations of having a 'loose' or 'immoral' character which prevented them from discussing their spiking experiences with family and friends.

Family members can have a positive impact on their loved one's recovery journey by increasing supportive communication, and reinforcing positive behaviour change (McCrady & Flanagan, 2021). For some, family can be a core component of their recovery journey but for others, family may be a source of ongoing anxiety that may inhibit positive recovery (Patton et al., 2022). Among South Asian communities, familial perceptions of alcohol use, and strict prohibition against women's consumption of alcohol, can lead to feelings of shame, guilt and dishonour, and could result in women's actual or potential ostracization. These fears, therefore, entrench the hidden nature of dependency and prevent the associated harms from being addressed (Bayley & Hurcombe, 2011; Galvani et al., 2013; Gleeson et al., 2019). Due to cultural and religious norms, and the assumption of abstention among them, South Asian women are more likely to hide their alcohol use and be reluctant to seek help (Bayley & Hurcombe, 2011; Gleeson et al., 2019). However, Gleeson et al. (2019) cautioned that the low levels of reporting of alcohol use may not be directly related to the taboos against it. They point to the possibility that, in cultures where alcohol is not socially encouraged, women may not report or be asked about their drinking. The role of the family in identifying and supporting women experiencing alcohol dependency is, therefore, important for their experiences of help-seeking.

Methods

This study was grounded in feminist research theory; a praxis that prioritises the lived experiences of women in research (Ramazanoglu & Holland, 2002). Feminist research focuses on gender and gender inequality and serves as a tool for the voice of women and other marginalised groups to be heard

and valued. Feminist research is political and emancipatory, and it strives to create change (Skinner et al., 2005). This study is also informed by ecological systems theory (Bronfenbrenner, 1977), a theory that views individuals as existing within, and influenced by, their wider environment and complex social systems. These include the family (microsystem), neighbours and the wider community (exosystem), as well as Government policy and wider social and cultural systems (macrosystem).

From the outset, the research was influenced by the lived experiences of South Asian women with alcohol dependency. Following conversations with specialist alcohol practitioners to ensure the research was grounded in service need, the initial project plan was developed. The lead author met with three South Asian women in recovery to present the initial research plan and seek their feedback. The women shared their experiences of stigma within their community, which influenced the final set of research questions and aims. The women were given a £20 gratuity voucher for their time. Two researchers of South Asian origin (Pakistani-Muslim and Punjabi-Sikh) were also employed on the project, reflecting the research population, and helping to overcome potential cultural and language barriers.

Ethical approval was granted from the lead authors' academic institution which requires submission of informed consent documentation including confidentiality and anonymity processes, grounds for breaking confidentiality, and procedures for withdrawal from the study. It also requires submission of participant information sheets, data protection procedures and the supply of an independent academic contact, out with the research team, if participants wish to report any concerns about the research.

The interview questions were drawn from the themes emerging from the literature review and in collaboration with partner agencies and through the informal conversations with South Asian women in recovery. Women were recruited through alcohol and drug use agencies, social media, and through snowball sampling – a method in which participants recruit other participants in their network. This is particularly helpful in populations that are highly stigmatised and marginalised (Parker et al., 2019). Given the importance of documenting the experiences of South Asian women in depth, a semi-structured interview approach was adopted, with interviews held on a one-to-one basis. This allowed some pre-determined structure for the interviews while simultaneously being responsive to the women's experiences. The interview questions drew on a life course approach exploring their early childhood experiences, family dynamics, their first use of alcohol, their intimate partner relationships, experiences of stigma, barriers and facilitators to support, and their life in recovery.

Women over the age of 18, who identified as Indian, Pakistani or Bangladeshi ethnicity and who had a current or previous history of alcohol dependency were invited to take part in the research between March and October 2022. Initially, two geographical locations in England with high populations of South Asian communities were selected. However, as the project progressed, participant recruitment expanded across England; this was due to the difficulties identifying and engaging with South Asian women, despite working with three project partners who supported South Asian communities. The small sample size demonstrates the challenges of engaging with this group of women, and shows the fear and stigma that they experience, which is a barrier to engagement in both alcohol support and alcohol research.

Eighteen women took part in the one-to-one interviews. The final number of participants was determined by the time constraints of the funding period. The women were recruited through the partner organisations, existing email networks and snowball sampling via the women themselves. All women were given the choice of holding interviews face-to-face, online via Zoom software, or on the telephone. Seventeen women chose to hold the interview on Zoom and one woman opted to use the telephone. All women received a detailed participant information sheet and informed consent form prior to agreeing to take part.

The interviews lasted between 40–90 minutes, and although some women became upset while sharing personal stories or reflections, none of the women wanted to stop or withdraw from the interview. The women were given a debrief information sheet with signposting to support services after the interview, and they were also sent a £20 voucher for a shop of their choice as a gratuity payment. The women were also invited to an online roundtable workshop to discuss the project findings and to share their insights and recommendations for policy and practice. They were also sent a £20 voucher as a gratuity payment. Following the interviews and workshop, the women were invited to join an online peer-support group, initially facilitated by the research team, as a way for the women to meet other South Asian women in recovery from alcohol use.

The interviews were recorded and fully transcribed and anonymised by a member of the research team. Prior to analysing the data for themes, the transcripts were read three times for clarity, and a narrative portraiture (Rodríguez-Dorans & Jacobs, 2020) was developed for each woman, presenting an overview of their individual life story in their own words. Narrative portraiture, 'offers a means to enhance the presentation of research findings and honour participants' stories' (2020:611). This method aligns with feminist theory as it provides space for women's stories to be heard, bringing 'the person to the fore' (2020:619). When each woman's narrative portrait was developed, it was sent to her and she was invited to edit or add notes to the portraiture or discuss them further with a member of the research team. Two women returned minor edits regarding time scales and people mentioned in their portraits, but the remaining 16 women had no comments and were happy with how their words were presented. Developing and sharing the portraiture with the women was an important aspect of this research because it gave the women an element of control over how her experiences were presented, aligning with the theoretical underpinnings of this research. Abridged thematised versions of each woman's narrative portraiture can be found in Galvani et al. (2023).

Following this process, Braun and Clarke's (2012) thematic analysis was used on the full transcripts where open inductive coding took place, as this allowed the research team to identify explicit and implicit patterns of meaning relating to

the women's experiences (Javadi & Zarea, 2016; Joffe, 2012). Computer-based NVivo software was used to facilitate the analytical process. The analytic method adopted is particularly suited to ethnographic questions concerned with explorations of representations of social phenomenon and the ways in which people conceptualise their thoughts and actions (Joffe, 2012). This approach resulted in a clear description, clarification and refinement of the coded data which, in turn, increased the transparency of the coding process. More than 1500 individual codes (n = 1591) were initially identified through line-by-line coding from the 18 transcripts. Codes were then grouped, based on their similarities under preliminary thematic headings, for example, sub-themes including 'family rejection' and 'family seeking support' were grouped under the theme 'Family responses to women's substance use'. This process was repeated, and the themes refined to reach the final 13 primary thematic clusters containing 63 subthemes. The relevance and the prevalence of the codes within and between the transcripts contributed towards the reliability of the themes developed. Three sub-themes that discuss the role of the family in relation to women's alcohol use and help-seeking have been used as the basis for the findings presented here.

Results

The focus of this paper is on the family's role in South Asian women's alcohol use, help-seeking and recovery. The following section, therefore, provides a brief overview of the wider findings and sample profile, before focussing on the family themes.

Sample profile

The 18 women were aged between 24 to 68 years at the time of the interview. Of those who identified their ethnicity (n = 16), 13 defined themselves as Indian, two identified as Indian combined with other ethnicities, and one woman identified as Bangladeshi. In terms of religion (n = 15), six women identified as Sikh or from a Sikh background, four as Hindu or from a Hindu background, one from a Muslim background and four specifically said they were not practising any religion. One woman reported that she was still drinking at the time of the interview but at non-problematic levels, and the remaining 17 women had between three months and 41 years where they did not consume alcohol.

Mental ill health and domestic and sexual violence

The women spoke of key moments in their lives that had started or increased their drinking. These were commonly points of low or poor mental health, including anxiety, depression, loneliness, drinking to cope with grief, sexual abuse and domestic abuse. They also spoke of feelings of social exclusion due to their ethnicity and, for some, the challenge of trying to fit in with peers. Seven women spoke of suicide attempts or suicidal thoughts.

Experiences of domestic and sexual violence and abuse were common with many women experiencing violence and abuse in several partner or family relationships. Four women disclosed sexual abuse, seven parental abuse including physical and emotional abuse, seven partner abuse and three witnessing, or hearing about, father to mother or grandfather to grandmother physical and sexual violence.

In sum, this was a group of women who had faced trauma and conflict on many levels and for whom alcohol consumption had become part of the problem and solution. However, their gender and the cultural expectations placed upon them by family added complexity to their experiences. The presented themes highlight the impact of family pressures and control on women's alcohol use, their responses to women's use, and their role in women's help-seeking and support.

The impact of familial pressures and control on women's alcohol use

A key theme identified was the experiences of suppression the women felt growing up in their Asian families, and how some women attributed their alcohol use to these experiences. Several women talked about being raised in a controlling environment, where they could not share in the norms of their non-Asian peers:

> [As] a group of Asians, you know, we were quite suppressed, you know, I came from a family where, you know, I wasn't allowed to cut my hair, I wasn't allowed to paint my nails, I wasn't allowed to shave my legs, I wasn't allowed to have male friends. It's always about what the community thinks yaknow [...] So, there is a lot of limitations on us, well there was then, growing up. So, you know, I suppose alcohol became that escape of the constant control at home and so, yaknow, I carried on drinking (Leena)

Several women discussed growing up in strict environments, where they couldn't socialise after school, or have boyfriends in their teens. One woman explained how using alcohol with friends in her teens was 'escapism. Like we was rebelling against our parents basically' (Robina). Another woman talked about playing music each week in a social club and being forced to stop by her dad:

> My dad's very like 'you do as I say'. And that's the way it is. It's like if he says no, you're not. It's like that's it! You don't even try and change that decision. So, yeah. I completely stopped going. And I think to be fair, that, that's probably where my downfall started. Because I had that relief each week. Like every Saturday go there. (Gita)

Many women talked about their alcohol use in their teens as being social, and others talked about drinking during college or university hours to 'cram in what you can before you get home' (Gita). One woman talked about drinking and using drugs in university during the week because she was expected to return home every weekend by her parents, saying:

> I can't say they're (parents) particularly strict in a sense that they used to beat me or tell me who to marry, but the expectation was laid heavy. And when it wasn't met, the repercussions of the emotional abuse was heavy. Particularly from my Mum (Sukhi).

However, not all women experienced the same level of control, with another woman explaining, 'it's not a typical Asian family that I grew up in. I know a lot of Asian girls aren't allowed to do x, y, z. I was allowed to do everything. I was let free, kind of thing, and I think I just abused that to be honest' (Suman).

Other women talked about their alcohol use stemming from family pressures to study hard and get a good job, and not meeting those familial expectations. This resulted in feelings of low self-worth 'I felt like a failure to my dad. I felt like a failure to everyone'. (Sita). Some of the women explained how they were forced to marry their boyfriends or forced into an arranged marriage which exacerbated their alcohol use. One woman explained how she was taken out of school at 13 so she wouldn't engage with boys. She was forced to marry at 17 into an abusive relationship, which subsequently led to her alcohol and prescription medication use:

> I didn't feel good enough. I was trying to cope. So at 18 I went to the GP and the GP prescribed me Valium and it fixed it. And I honestly felt like I was floating. (Ajit).

Another woman explained that when her parents found out she was dating a man, she had a choice to marry him or leave him, and she chose to marry him because she believed she would have more freedom but found that she had 'left one controlling household for another… [And] I drank my way through that marriage for the best part of it'. (Leena)

However, women also spoke about having partners who their parents disapproved of because they were not from the same ethnicity or religion, which led to women being ostracised from the family. One woman said she tried to numb her feelings:

> I realised it was trying to numb those feelings. That they've disowned me, they don't care about me. They don't love [me], stuff like that. So, I just used to numb my feelings by drinking and smoking cannabis. (Robina)

As part of this, many women also linked their parents' behaviour to their own upbringing, signalling intergenerational trauma, with some women explaining how their parents were forced into marriages which led to paternal alcohol use or domestic abuse towards their mothers. Other women explained how their mothers experienced sexual, physical, and emotional abuse as children, and this impacted how they mothered their children, which had an impact on their alcohol use.

The role of shame in familial responses to women's alcohol use

Familial responses to women's alcohol use varied between and within each woman's family. Some women, especially those who drank or used drugs during college or university hours, explained how they would try and hide their use before returning home, 'It was just like making sure that when I go home I need to make sure that I'm sober. I need to make sure obviously I don't look tired. So, it was constantly thinking about those things before I set foot in the house' (Gita).

Other women grew up witnessing alcohol use within their family, mostly from their fathers and uncles, and explained that drinking was normal in their family, yet many of these women still felt the need to hide their initial use from family, because of the feelings of shame, as one woman explained: 'I think more so when you're surrounded by family. There's a lot of people in the family that don't drink and are quite religious. So, you feel a bit ashamed and embarrassed, and you want to hide it'. (Rano)

Most of the women received a mixed response from family when their alcohol dependency was disclosed. One woman explained to her cousins how she was trying to stop and needed their support at family functions, which was met with disappointment by some and support by others who offered to try sobriety in solidarity. However, the same woman explained how she was 'zoned out' and received 'quiet treatment' from her aunties.

Family dishonour and shame played a big role in parents' reactions to their daughter's alcohol use. One woman explains how she told her mum that she was seeking therapy for her alcohol use and her mother was shocked that she was talking to a professional:

> And I just said to her 'Mum I've been going to therapy'. And that was massive for my mum. She was like 'You talked to somebody else? What did you say? Did you talk about me? Did you talk about your dad?' You know, she was appalled. She was absolutely appalled. And I said 'Mum, it's not about you, actually it's about me'. (Raakhi)

Many women talked about their parents being more concerned with the dishonour their daughters would bring to the family than their daughters own well-being:

> … they were like 'you know people are seeing. We're like respected people'. And it was all about everyone else at that point. You know, 'what you're doing is bringing shame to us' […] But I had a lot of pressure from my family, especially my mom, to, you know, 'think of what society will think'.… It's a different perception. (Rosie)

After an attempted suicide, and subsequent social work intervention, this woman explains how her parents were more concerned about the shame she was bringing to the family:

> [I was in the hospital] And my Mum and Dad were just looking at me with complete disgust and shame. Just complete disgust. My Mum was like 'How can you do this?… I don't deserve this. Me and your Dad don't need this and deserve this'. (Daljinder)

Another woman explained how her sister and brother also experienced dependency, yet there was a gendered double standard because she and her sister were treated differently to her brother:

> He (brother) was on drugs for like many, many years. But they knew that and they supported him, and they was trying to help him. But they used to make it look like it was us – the girls, that when we was doing it, it was so much worse… It's the whole community, shame, bringing down shame on the family. Embarrassing the name of the family, bringing shame onto the family, community - people talk. (Robina)

That feeling of shame was exacerbated for some women because the family ignored what was happening. One woman explained that her difficulties were obvious to see but her parents did not acknowledge them, and this was a common family tradition:

> They were aware but they just didn't speak about it. They didn't do anything about it. […] I know from my experience growing up, they just don't talk about it. Even with my aunties and uncles. And it was always a secret, if anything ever happened […] So, I was always the one who was sort of excluded. The black sheep of the family […] it's because I'm a girl. If I was a boy, it would have been a lot different. My Mum says, my Massi's (aunt) daughter died of alcoholism at the age of 44 or something. Never spoken about. Never spoken about. (Sukhi)

This experience was similar for another woman, who tried to understand this silence as a result of her parents being in a situation that they didn't understand or couldn't explain:

> Mum and dad would find that difficult to explain that to people… but it's not that they were ashamed. They didn't know how to talk about it. (Ravi)

This lack of familial understanding and not knowing what to do was common across the women's interviews. For many women who disclosed their alcohol use to their family, they were met with responses such as 'Oh, don't be silly. Just give it up' (Leena).

Putting women's needs first and overcoming shame

As the previous theme highlights, women received a mixed reaction to their alcohol use from family members, with their parents projecting their anxieties regarding shame and family dishonour onto their daughters. However, when women reached a stage where they were desperate to the point of serious illness, some who had experienced these initial negative reactions from parents were met with newfound support:

> …it was at that point that my parents realised that if they didn't do something to help me, and just continued to worry about what everyone else thought, they were gonna have to arrange my funeral you know, and it became real to them at that point. And it was at that stage that they dropped all the ego and all the pride and they tried, you know, especially my mom. She tried to get me, she fought to get me the help really, that I desperately needed […] There was a time she would argue with the doctors […] (She) was continuously battling to the point she even said to them 'If my daughter dies, I'm gonna hold you responsible. You need to do something'. (Rosie)

The feeling of shame was irrelevant to many women and their families when they reached a point of 'rock bottom' because the focus was on getting better, 'Do you know, in the end for me to get help was…to save my life. So, I didn't really care what you thought, or he thought, or they thought. And my parents and my family just wanted me well. So, it was whichever way I did it'. (Leena)

However, as noted in previous themes, not all women experienced judgement and shame from their parents. Support was available when they needed it, with some women noting how their parents were different to other South Asian parents:

> But my parents, [were] more ahead of a lot of their friends and other family members with these things. And have always just been, it's never been about shame, it's just been about getting, caring for me and getting help for me. (Raakhi)

Many women also talked about their husbands as being supportive, which was not always a given in South Asian relationships, 'I had a supportive husband, cos a lot of Indian men are not very supportive. They don't want their wives or their partners to go (for support)' (Sita). Other women talked about the support they received from various family members including partners, parents, siblings, children and their partners, mother-in-law's, aunts, uncles and grandparents, as one woman explains, 'My auntie's a very big support for me… and then my uncle… My Nanna (grandfather) does still support me, he's in India at the moment. But before he left he said "You know I'm there for you"'. (Hema).

However, not all women received the vested support from their parents or family, because they struggled to understand the women's experiences, and many women did not talk to their parents about their experiences. At the time of the interview one young women was still engaged in support but had not disclosed her experiences to her family. Another woman explains how her childhood experiences impacted her alcohol use but it was not something she could talk to her parents about, '(We) Don't really talk about stuff like that. I mean, I could tell them but it'll just…. They don't understand the way that you need and want then to understand' (Rano).

Discussion

Women with alcohol dependency face unique challenges, often burdened by gender-specific stigma (Page et al., 2024; Meyer et al., 2019; Greenfield et al., 2007). As this study shows, South Asian women experience additional challenges because of familial and societal expectations put upon them to maintain traditional cultural practices in the name of izzat. Of course, South Asian communities are not alone in how they perceive women's identities and societal expectations of them. Patriarchal systems worldwide often designate women as the guardians of morality and family honour, leading to stigma, shame and even ostracism for those who defy societal expectations (Rawat, 2014; Setyorini et al., 2024). However, as this study and others show, cultural ideas and practices of izzat in South Asian communities can have a negative effect on women's psychological wellbeing (Chhina, 2017; Gunasinghe et t al., 2019; Gilbert et al., 2004) and contribute to their alcohol use. Using feminist research praxis, this study brings gender discrimination and its impact to the fore.

Traditionally in South Asian communities, intergenerational family and community ties are deeply valued, often placing the collective above the individual. This emphasis means that family involvement heavily shapes personal life, making the attitudes and perceptions of family members and the wider community extremely important for those raised in such

environments (Bhandari & Titzmann, 2017; Cohen et al., 2016). Maintaining izzat, therefore, involves a delicate balance, because any blemish in one's character, especially that of daughters and daughters-in-law, can dishonour and undermine the family's and community's social standing (Mucina, 2023; Gilbert et al., 2004). The importance of an ecological understanding of South Asian women's relationship with family and community cannot be understated given the powerful impact they have on their lives and the broader social context within which they live, for example, systemic experiences of racism and marginalisation.

The women in this study experienced these expectations from a young age, as many of them explained how their parents expected them to behave according to traditional gender norms. These restrictive upbringings were driven by their parents' fears of community disrepute, and also fear that their own parenting would be brought into question. The role of parenting is often in question in any culture where 'unsuccessful' parents become the butt of criticism if not demonisation. For Asian parents, this fear is exacerbated given the close community networks (Montgomery & Cooper, 2019; Shariff, 2009).

A key barrier to overcoming these projected anxieties, is the lack of knowledge and understanding regarding alcohol use within the South Asian community (Galvani et al., 2013; 2023). Many of the women described how their family members responded to alcohol use disclosures with iterations of 'just give up'. Such responses demonstrate the need for better knowledge on the topic among South Asian communities. As some women explained, their families were able to overcome their anxieties regarding familial shame when they realised that their daughter's life was in danger. Here, it appears that izzat became secondary to the fear of losing their daughters.

Knowledge of alcohol use needs to be made available to the wider South Asian community, so that when women disclose their use, family members can offer more immediate support and understanding. This calls for educational outreach in South Asian communities, working with key religious leaders such as Imams, Pandits and Gyanis to help inform the community about alcohol use. Doing so can help reduce the stigma and associated shame for the women themselves, and ease families concerns about the societal repercussions of their daughters' alcohol use. However, educational resources must be developed that acknowledge the cultural anxieties and societal fears, but also inform people about the realities of alcohol dependency and the support available. Utilising family champions who can speak openly about their experience of a daughter's alcohol dependency and the impact it had on them can also help overcome the secrecy and denial that shrouds many families and communities, ultimately leaving women isolated and marginalised.

There also needs to be services available when family members or women themselves reach out for support. Alcohol and drug treatment commissioners and services need to be mindful of attracting women from South Asian and other minoritised communities. This requires a review of service models (Fox & Galvani, 2024), not just a white service fronted by 'brown faces' (Galvani et al., 2013). Alcohol and drug use agencies need to acknowledge the cultural nuances regarding alcohol use, the need for family support and education, and the projected anxieties associated with it, especially in relation to gender. They need to engage with South Asian communities through effective outreach support and build relationships and trust with community leaders and the wider South Asian community. This is likely to take time to develop to work in genuine partnership for service development. There are a handful of alcohol support services in the UK that currently work with people from Black and Asian communities including KiK-It, a Birmingham based substance use charity, EACH a women's specific charity in London supporting women affected by multiple disadvantage and gender-based violence, and Bac-In in Nottingham, a lived experience recovery organisation for people from Black and Asian communities. A compendium of support is available online (Hulmes and Galvani, 2023).

Conclusion

This study discusses alcohol dependency among South Asian women in the UK. In particular, this paper highlights the role of the family in helping or hindering their relative's alcohol use, from the perspectives of 18 South Asian women. While there is a dearth of literature representing South Asian women's voices and experiences in relation to alcohol, there is even less on the experiences of family members. This offers a significant area for future study given the pivotal role family plays in the lives of many South Asian women.

More widely, evidence reviews show a lack of robust data regarding alcohol use and dependency for people from non-white British communities. Prevalence data for alcohol use and treatment must stop homogenising ethnic origin and acknowledge the cultural and ethnic nuances of alcohol use in order to work towards an accurate picture of alcohol-related harm within South Asian and other minority communities.

It is worth noting that the women who participated in this research were mostly at a stage where they were no longer using alcohol (except for one who drank minimally) and were eager to share their experiences. Many of them were used to sharing through 12-step and SMART peer support groups and saw their participation as being part of their recovery journey. Other participants, who never attended such groups, wanted to share their stories to help other women. There was a sense that those who were in the early stages of their alcohol-free life, wanted to tell their stories and be heard. However, there will be a group of women who chose not to take part because they were afraid of disclosing their alcohol use, and who worried about being judged and shamed, or identified by their family or community. This highlights the heightened fear, stigma and shame that so many South Asian women experience, and reminds us of the importance of breaking down barriers of fear and shame so more women can tell their story.

This study demonstrates the need for educational community outreach within South Asian communities, the importance of acknowledging the anxieties of family members, and the requirement of services to do more. In the meantime, women and their families, need practical and emotional support to respond to alcohol use in their lives. They should not need to struggle to find help that is relevant, gender responsive and culturally appropriate.

Limitations

This study conducted 18 in-depth interviews with South Asian women with alcohol dependency. This was a small sample size given it spanned the UK's two biggest cities and was subsequently extended nationwide over a seven-month period. While the sample is small this research provides rich in-depth lived experiences for a group of women whose voices have previously been unheard, this is a strength of this study. Such a small sample size also highlights the difficulties in researching this topic and shows the challenge in engaging women from these communities to share their experiences with researchers and with services. This is especially true for Pakistani and Bangladeshi women, as no Pakistani women participated, and only one Bangladeshi woman took part in this research. Given that alcohol use is prohibited in Islam, the dominant religion in both countries, the associated shame and stigma further heightens women's secrecy. More research is needed to capture these women's voices and identify support mechanisms.

Furthermore, the group of women who took part in this study are not a homogenous group, as the findings illustrate, there is heterogeneity in religion and culture among the participants. However, given the small sample size, and the gaps in demographic information regarding ethnicity and religion for some women, this study has not been able to compare alcohol use and help-seeking experiences within specific groups. Additional research should consider alcohol use among Hindu women and Muslim women as evidence is lacking regarding their experiences.

There is a dearth of research on this topic in the UK and internationally. Knowledge gaps are evident both in understanding the specific needs of minority women with alcohol use but also evidence-based interventions for alcohol and other drug use among wider minority ethnic communities. One size will clearly not fit all, and it is incumbent upon funders, commissioners and providers to recognise this and respond accordingly.

Note

1. The original report only publicised percentage figures. Numbers have been calculated by the authors for clarity.

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