Problems caused by alcohol abuse and factors experienced as helpful to quit drinking

A cross sectional qualitative study in rural Nepal

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Marit Elise Mæhlum
Ragnhild Ekre
Abstracts

Background
Alcohol abuse is a well known phenomenon all over the world, every culture has its customs and challenges related to alcohol, rural Nepal being no exception. We wanted to look at what kind of problems excessive alcohol consumption creates and which factors are important to manage to quit drinking. Our basis was the Lalupati Club at Okhaldhunga Community Hospital (OCH).

Objectives
The overall objectives were to study which problems caused by alcohol the Lalupati members and their families consider the worst, and which factors they consider most important in controlling their drinking.

Method
This is a qualitative study based on semi-structured in-depth interviews with Lalupati members and their family members in their homes. The material was analysed by the principles of systematic text condensation, as modified by Malterud1.

Results
All our participants identified, in varying degrees, multiple problems caused by alcohol addiction: unemployment, economic instability, arguments, violence, social stigma, trust issues, worries for the future and negative health effects being the most important ones. All interview subjects identified several success factors of varying importance for them to become sober and avoid going back to alcohol use. These success factors were hospital treatment for health problems, medication given at the hospital, counseling at the hospital, meetings in the support group – the Lalupati Club, having an own determination to quit drinking, supportive friends and family, and experiencing a “wake up call”.

Conclusion
People in Nepal experience problems related to alcohol abuse on many different areas. Many of these can be recognized from alcohol abuse in other countries. Although individuals with
problematic alcohol use and their wives see many of the same problems, there are some differences. To the wives, worry concerning whether their husbands will stay sober in the future is of importance. They also tell more of arguments and violence.

The significance of each of the success factors mentioned by the Lalupati members is difficult to determine, but getting help from someone else, like the hospital, the Lalupati Club or friends and family, seems to be of importance to manage to stop using alcohol.
1. Introduction

1.1 Background of the study

Already the first year of our medical education, we heard of some medical students travelling to Okhaldhunga Community Hospital in rural Nepal. This triggered us, and we have been hoping to get an opportunity to do something similar. In the spring of 2013 we made contact with Dr. Erik Bøhler, the medical coordinator at the hospital. He mentioned that it would be of great interest if we could do a study on alcohol abuse, how it affects people and how it can be handled and treated.

1.2 Nepal - general facts

Nepal is a landlocked state situated in South Asia, between China in the north and India in the south, east and west. It is a country famous for its rich culture and great and diverse nature. It lies in the Himalayas, and in the North we find the great Mount Everest (8848 meters above sea level) as well as another seven of the world's ten highest mountains.

![Map of Nepal and Okhaldhunga](image)
About three fourths of the country is covered by mountains, but in the south, the landscape is flatter, with plains and jungle. This area, as well as the central valleys, is used for agriculture. Flying over the country, you will see the characteristic terrace landscape in every hillside. There are people living in every corner of the country, of the total population of Nepal, only 17% live in urban areas. The mountainous landscape makes communication and infrastructure difficult. In spite of many road building projects, still about ⅓ of the population live at least two hours by foot away from all season roads.

The total population of Nepal was 27 474 000 in 2012, with an estimated population growth rate of 1.82% per year. Because of a high birth rate and a decline in mortality, Nepal has a rather young population with more than 50% of the people being under 24 years old. Life expectancy at birth has increased in later years, and is now 68 years.

Nepal is amongst the poorest and least developed countries in the world. The Human Development Index (HDI) of the country is the third lowest in Asia (HDI: 0.463), and 25% of the population live below the international power line of 1.25 US$ per day. Still the amount of people living in extreme poverty has been reduced in later years. Population below the poverty line declined from 53.1% in 2003/2004 to 24.8% in 2011/2012. One of the reasons for this is the economic support from Nepalese working abroad, which has increased the last decade.

The political instability has delayed economic development in the country, and as it is, most of the population depends on agriculture. Agriculture employs 75% of the labor force, industries employ 7% and service occupations employ 18%. Agricultural products include sugar cane, rice, wheat, oilseeds, vegetables, tobacco, jute and spices. The country’s industries mainly involve processing of agricultural raw materials. The service occupations have been growing in later years. Tourism has for a long time been an important source of income in Nepal. This however, has made people vulnerable to political turbulence, as tourism ceases in politically unstable times. After the civil war ended in 2006 tourism has again increased.

Nepal has great unutilized resources in the many waterfalls and rivers. The potential for hydropower is huge, but political commotion has hindered foreign investment. The main energy source is the forests. Wood used for fuel has lead to deforestation and soil erosion. There are also problems with water pollution due to poor sanitary conditions and factory effluents.
1.2.1 People and culture
Nepal is known for its great cultural diversity. Its population consists of more than 103 ethnical groups, speaking over 92 languages\(^9\). The majority descends from migrations from northern India, Tibet and certain Chinese provinces. About 80% are Hindus, 9% are Buddhists\(^3\), and it is also not uncommon to be a mix of these two and other traditional religions. The people used to be placed into a hierarchic system of castes. This caste-system was officially abolished in 1963, but is deeply embedded in the national psyche, and influences people and society. There are obvious differences between different groups, people from higher castes are still the most educated, and the poverty of some excluded ethnic groups is almost double the national average. Especially in rural areas, the differences between castes are apparent.

One area of importance to reduce these differences is education. This is an area with progressive improvements. The primary enrollment (grades 1-5) rose from 83.5% to 94.5% from 2003 to 2010\(^9\). Secondary enrollment increased from 29.5 to 46.5% in the same period\(^9\). Together with this increase in overall enrollment there’s a reduction of gender and caste/ethnic disparities.

1.2.2 Alcohol traditions
Due to Nepal's great variety in ethnic groups, religions and caste system, the drinking culture differs, from abstinence to liberality towards drinking\(^10\). (Dithal, p. 2)

Traditionally, the high castes have been prohibited from drinking, while middle- and low-castes have been socially permitted to drink according to their tradition. The customs have changed throughout the last decades, as outside world drinking patterns have been imported and the industrial production of alcohol was initiated in the 1960s\(^10\).

Production, sale and consumption of alcoholic beverages have increased, and is nowadays prevalent, to some extent, in all ethnic groups. Still the percentage of lifetime abstainers was 84.4% in 2010, 91.2% for women and 76.8% for men\(^11\).

1.2.3 History and Political situation
Nepal has a complicated history with changing politics and forms of rule. It was unified as a single kingdom in 1768\(^12\), and despite being threatened by Tibet, Indian kingdoms and the East India Company, remained so until 2008. Nepalis are still proud that their country was never colonized by the British, unlike the neighbouring hill states of India.
Throughout the time of the monarchy, there were several different forms of rule, including both traditional and absolute monarchy and the Panchayat-system, a decentralized form of government based on village assemblies, but still under the king. In 1990 democracy was introduced to Nepal after a peoples movement forced king Birendra to give up his almost autocratic power. After this, there were several unstable governments, from 1990 to 2005 Nepal had 15 different governments. This slowed economic development, and people started to lose faith in democracy. In 1996 the Maoists (Nepal Communist Party - Maoist, NPC-M), fed up with governmental corruption and failure of democracy to make improvements for the people, declared a “people's war”, to replace the royal parliamentary system. This lead to a ten year long civil war. Twice, in 2002 and 2005, king Guanendra declared himself autocratic. In 2006, the people had had enough and after a ten days long demonstration with thousands of participants, the king reinstated the parliament. Later the same year, a truce was signed and the peoples war was over. According to UN figures, the war left more than 13,000 people killed and an estimated 100,000 to 150,000 internally displaced. In 2008 Nepal was declared a federal republic, democratic elections were held and the Maoist Party won. The same year a constituent assembly was elected to draft and promulgate a constitution to replace the interim one from 2007. The deadline for the constitution has been extended several times and the constitutional assembly was dissolved in 2012. A new constitutional assembly was elected in late 2013, and the parties have committed to promulgating a new constitution within one year after their first sitting in January 2014.

1.2.4 Health in Nepal

Nepal is a low-income country. This also becomes apparent when we look at the health sector. There are only 2 physicians per 10,000 citizens. The same number for Norway is 42 per 10,000 (Numbers from 2004 and 2010 respectively). Bearing in mind the mountainous landscapes and, for many, long way to all season roads, it is obviously difficult for many people to get medical assistance when needed. Of all deliveries, only 36% take place with skilled personnel present, while 35,3% of women give birth in a health institution.
There has been improvements in Nepal’s health services in later years. The national immunization programme of Nepal has lead to a good immunization coverage. One of the main objectives of the programme, to achieve and sustain a 90% coverage of all the six recommended antigens BCG, Measles, Polio, DPT, HepB, Hib, has almost been reached with a coverage of more than 90% for all of these except for measles which had a coverage of 86% in 2012\textsuperscript{7}, whereas in 1996 the immunization was 71% and 42% for urban and rural areas respectively. The total health expenditure in Nepal as a percentage of Gross Domestic Product (GDP) has remained stably at 5% since 1996. In Norway the same percentage is 9%. The general governmental expenditure on health as a percentage of the total health expenditure (THE) has increased from 26% to 39% from 1996 to 2012, and the private expenditure has decreased correspondingly\textsuperscript{16}.

While we have seen considerable progress on health indicators in Nepal, malnutrition remains very high. About 47% of children under 5 years old are stunted (low height for age due to malnutrition), 15% wasted (low weight for height), and 36% underweight. Although the trend for these three has been declining for the past years, they still remain worryingly high\textsuperscript{8}.

### 1.3 Health system

As Nepal is a low-income country with largely mountainous topography and limited infrastructure, but nevertheless a widespread population, the premises of a well functioning health system are challenging.

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First line health care services are provided through sub-health posts (SHPs), health postes (HPs), primary health centres (PHCs), and district hospitals (DHs). The quality is variable and the access to trained staff is often limited. Secondary and tertiary care is provided by zonal/regional, and central hospitals. On average, there are two medical doctors per 10 000 inhabitants, and the rural parts are even scarcer employed. The economy of the hospitals is mainly based on patients’ own payment, which accounts for 62% of the total health expenditure. It is seconded by the government, 17%, followed by international non-profit organizations (11%) and official donors (10%). This makes health care a costly benefit, and restricts large parts of the population from necessary treatment. It is estimated that Nepal in total spends approximately 1200 NR per capita (US $ 16.8) on health, but one has to take into consideration that the spending is unequal across different groups. The majority of private expenditure is put into tertiary and curative care, and is made by a small group of economically fortunate people.

1.4 Problematic alcohol use and treatment
1.4.1 Problematic alcohol use
1.4.1.1 Definition and diagnosis
Problematic alcohol use was previously categorized into two psychiatric diagnoses in the DSM-IV (Diagnostic and Statistical Manual of Mental Disorders, 4th ed.), alcohol abuse and alcohol dependence. In the new 2013-edition, DSM-5 (the American Psychiatric Association's Diagnostic and statistical manual of mental disorders, 5th ed.), these two have been replaced by one diagnose; namely alcohol use disorder, with mild, moderate and severe sub-classifications, depending on the number of criteria present.

Alcohol use disorder can be diagnosed, when over a period of twelve months, the patient meets two or more of the eleven DSM-5 criteria:

1) Recurrent drinking resulting in failure to fulfill role obligations, 2) Recurrent drinking in hazardous situations, 3) Continued drinking despite alcohol-related social or interpersonal problems, 4) Evidence of tolerance, 5) Evidence of alcohol withdrawal or use of alcohol for relief or avoidance of withdrawal, 6) Drinking in larger amounts or over longer periods than intended, 7) Persistent desire or unsuccessful attempts to stop or reduce drinking, 8) Great deal of time spent obtaining, using, or recovering from alcohol, 9) Important activities given up or...
reduced because of drinking, 10) Continued drinking despite knowledge of physical or psychological problems caused by alcohol, 11) Alcohol craving

Severity is specified as following20:
- Mild: Two to three symptoms,
- Moderate: Four to five symptoms
- Severe: Six or more symptoms

1.4.1.2 Incidence/occurrence
Consumption of alcohol is a significant contributor to the burden of disease and death in most countries of the world, although consumption varies widely. Harmful alcohol use actually ranks among the top five risk factors for disease, disability and death throughout the world21.

According to the world health organizations global status report on alcohol and health 2014, 5.9% of all deaths worldwide, and 5.1% of the global burden of disease and injury in 2012 as measured in disability-adjusted life years, are attributed to alcohol22. 5.1% of the world’s population aged 15 years or older have an AUD, alcohol use disorder (samme rapport, side 51, tabell 19). Prevalence of alcohol use disorder in Nepal is 1.5% (0.5% in women and 2.5% in men)22. The total alcohol use per capita is estimated to 2.2 litres. There is some uncertainty connected to this number, as only 0.2 litres of the 2.2 litres is made out of recorded alcohol consumption, consumption of beverages that are recorded in official statistics, such as data on alcohol taxation or sales. Unrecorded alcohol on the other hand includes amongst others home-made and informally produced alcohol. In low income countries, especially in the WHO South-East Asia Region, much of the total alcohol consumed consists of home made alcohol (p 30). This is at least partly because of the usually lower prize on the unregistered alcohol22.

1.4.1.3 Recommended treatment
The goal of the treatment may differ somewhat from patient to patient and ranges from total abstinence to reduced or a more controlled drinking. For patients with a mild alcohol use disorder, getting control and reducing harmful alcohol use may be satisfactory. For people with a
moderate to severe alcohol use disorder, the goal should be total abstinence if possible. If not, a significant reduction of alcohol use will also benefit the patient.

Treatment usually consists of:

- Medical assessment and advice. Here the patient could get feedback and advice about his or her alcohol use and the consequences of this.
- Detoxification. Removing alcohol from the body and treating symptoms of alcohol withdrawal syndrome. Best evidence based medical treatment of alcohol withdrawal syndrome is benzodiazepines. In addition to this thiamine is also given.
- Rehabilitation and aftercare.
  - Medical treatment can be given to reduce the patients urge to drink, thus helping the patient to stay sober. Primary medical options are naltrexone, acamprosate, disulfiram or nalmefene.
  - Psychosocial treatment to provide the patient with strategies to avoid alcohol and staying sober. This might be done through cognitive behavioural therapies, other therapies and referral to self-help-groups such as Alcoholics Anonymous.

1.4.2 Alcoholics Anonymous (AA)

The idea of establishing the Lalupati club, the support group for alcoholics through which we came in touch with the subjects in our study, came from the observed need for some kind of intervention to address the problem with widespread alcohol abuse. Several components of the club are based on the methods of Alcoholics Anonymous, which describes themselves as “an international fellowship of men and women who have had a drinking problem. It is nonprofessional, self-supporting, multiracial, apolitical, and available almost everywhere. There are no age or education requirements. Membership is open to anyone who wants to do something about his or her drinking problem.” One of the ideas the Lalupati club have adopted from AA, is the concept of a fellowship where people with a drinking problem help each other through sharing their own experiences. It requires that the person wants to quit drinking him-/herself and that the utmost goal is to obtain a teetotal lifestyle.
1.5 Okhaldhunga Community Hospital

Okhaldhunga Community Hospital was established by United Mission to Nepal (UMN) in 1962 as a small clinic and is today a DH which serves 250 000 persons. It is now run by Normisjon and UMN\(^25\).

Every year about 30 000 outpatients are treated and 2500 admitted in the hospital. There are only 32 registered inpatient beds, but normally the number of inpatients is 40-60.

The hospital performs about 1000 surgical procedures per year, the nature of the procedures depending on the availability of a surgeon\(^25\).

Among the facilities are conventional x-rays, ultrasound, a simple laboratory and a minor and major operating room.

![Figure 2: Okhaldhunga Community Hospital](image)

Dr. Erik Bøhler, a Norwegian paediatrician, is one out of two Medical Coordinators, and has worked at the hospital since 2004. The rest of the doctors are Nepali, one being co-Medical Coordinator and three-four others usually serving from three to five months as a part of their specialist training in general medicine. In total, 64 people are employed by the hospital.
Similar to the rest of Nepal’s health care system, the economy is based on the patients’ own payment. 15-20% of the costs are covered by the Medical Assistant Fund (MAF), which is organized by the social service at the hospital, funded by different establishments throughout the world. 10-12% of all patients are supported by MAF and all patients below 12 kg get treatment for free, also paid by MAF\cite{17}.

1.6 Lalupati Club and treatment of alcohol abuse

1.6.1 Hospital treatment

New members are recruited to the Club in different ways. Some people come to the hospital due to alcohol related health issues, such as liver failure, gastritis and fall injuries. Others are admitted for detoxification because of their own motivation or after pressure from family and friends. Some of these have gotten in touch with the Lalupati Club after conversations with other members.

There are two criteria to get the detoxification treatment and becoming a Lalupati Club member. These are 1) a wish to stop drinking and 2) that they bring one family member or friend in the hospital.

If the hospital staff suspect that an admitted patient has an alcohol problem, the patient gets a conversation with a social worker. There they try to get an overview of the patients alcohol problem, and to find out if he or she has a wish to stop drinking. If they do, the detoxification and counseling will start. They get daily counseling sessions, where they work on finding motivation and on finding their own resources. They also get advices on how to handle their situation after they come home. They are for instance advised to tell about their alcohol problem, especially in their previous drinking places, and to encourage the owners of these places not to sell them alcohol. The social workers also have counseling sessions with the closest friends or family of the new Lalupati member.
The patients also start with different medications:

- All patients: Klordiazepoxid 100 mg/day 25+25+50, high dose for 3 days. Day 4: 25+50 mg. Day 5: 50 mg -evening. Day 6: 25 mg -evening, continues with this for two weeks. After two weeks, the patients come back to the hospital and get another 10 mg/day for 2-4 weeks.
- All patients: Diazepam 5-10 mg/day for 5 days, only in the evening. Discharged patients get medication for 3-5 days.
- All patients: Thiamin: 100 mg x 3, 1 month, x2 second month and x1 third month.
- Multivitamin: 1 capsule x 2 This is given if needed, if lack of appetite.
- Omeprazol: 20 mg x 2, if needed, if stomach pains.
- Amitriptylin 25 mg, -evening 2-3 months. Given if problems with sleeping.

The patients are admitted for at least five to seven days, for a longer time if other medical treatment demands it.

1.6.2 Lalupati Club, history

The Lalupati Club was started in 2009. It resulted from a need seen by the social workers at the hospital; the need for a support group for people with alcohol problems. They had been trying to make appointments for people with alcohol problems to come together and talk about the difficulties they faced. This was often met with scepticism. They experienced it as threatening to talk to other people with alcohol problems, and the ones who had quit drinking were scared it would make them start drinking again.

After getting advices from a group working with people with problematic alcohol use in Kathmandu, they started out with a five days camp nearby Rumjatar. They had group counseling, ate and spent a lot of time together, and there was created a fellowship between the people attending. These were the first members of the Lalupati Club. With the trust created in this camp, they were able to start having group meetings.

“Lalupati” is the Nepali name of the flower poinsettia. The origin of the name of the club is as following: In the first meeting all participants agreed on the need for a name. They wanted a positive name for a club they would be proud members of. One of them spotted some poinsettias, suggested it as a name and it has remained the name of the club ever since.
In the beginning, they had meetings every second week. In these meetings the newly attendings to the club would also collect their medication. Throughout the five years the club has existed there have been some changes to these meetings. The medication is no longer given at the meetings and now the members gather once every three months.
Recently there has also been another important change to the club. Up until now, the Lalupati club has been under the hospital, a part of the hospitals treatment for people with alcohol problems. The first of January, 2014, this was changed and the club is now an independent NGO.

1.6.3 Lalupati meetings
The Lalupati meetings are held once every three months. Not all members attend the club meetings. There are several reasons for this. People who do not manage to stop drinking or start drinking after a period of abstinence, rarely attend. Some prioritize work over the meetings, and some rarely attend because of the long distance to the hospital. Still, some of those attending have to walk for 6-7 hours each way. Attending the meetings are usually around 20 Lalupati members. Most of these are men. In the new Lalupati board, there is also one woman. The meetings are lead by the members themselves, but one or two personnel from the hospital are always attending. Earlier, the meetings have been lead by hospital staff.
2. Aim of the study

The aim of the study was twofold. We wanted to answer these questions;

1. What do the members of the Lalupati Club in Okhaldhunga and their wives/relatives see as the biggest problem with alcohol abuse?
2. What are the most important contributors for helping members stop abusing alcohol?

3. Methods

The purpose was to assess thoughts on problems caused by alcohol abuse and how one could manage to stop the misuse.

3.1 Selection

During our stay in Okhaldhunga we interviewed 11 Lalupati members, of whom two were still drinking and nine had quit. We also interviewed 13 relatives of Lalupati members. The relatives were mainly the wives of the members. The persons were chosen from three criterions;

- They had been part of the Lalupati treatment programme at Okhaldhunga Community Hospital.
- They lived in reasonable walking distance from the hospital (where we stayed).
- They had in advance agreed to meet and talk to us. Our interpreter made the appointments, either dialling or talking to them personally.

All the Lalupati Club Members are noted in a record in the hospital and we were given the names by Kristin Bøhler.

All participants were interviewed in their homes. The interviews lasted from 50-120 minutes. We used the same interpreter in all the interviews.

All interviews were recorded on a dictaphone. One of us, always the same person, made the interviews, based on our interview guide. The other one made notes and observed. The interviews were transcribed the same day or the following. The analysis was mainly done during our last week in Nepal and finished a couple of weeks after our return to Norway.
3.2 Analysis

Our material is based on the concept of systematic text condensation. (Malterud, K. Kvalitative metoder i medisinsk forskning - en innføring. Universitetsforlaget; 3. utgave (2011))

It is a four step analysis;

- **Step 1:** Identifying *temporary themes*; after reading through all the material, we identified the main themes or categories to answer our research questions.
- **Step 2:** Making *codes*; as we again read through the material, we started organizing it, by identifying meaningful units, parts of the text that could help answer our research questions. The units were placed under the suitable themes from step one.
- **Step 3:** Condensing material. First we reconsidered the themes from step one, making changes when needed. Secondly we made subgroups under each main theme. The meaningful units were subcategorized into the subgroups. At last we condensed the meaning from each subgroup into artificial quotes. These quotes should bear in them the important information from all the meaningful units placed in this subunit.
- **Step 4:** We used the quotes to produce analytic text that represents the results of our study. At last we recontextualized; considering whether our findings are valid, and checking that they correspond with the material, the interviews.

After four interviews, with two Lalupatimebers and their wives, a first round of analysis was done. This resulted in a revised interview guide. We made five more interviews with Lalupati members and six more with relatives, before doing a new round of analysis.

At this stage of the process, the revised interview guide proved itself to cover the topics and we made no alterations, before interviewing four more Lalupati members and five more relatives. At this point we achieved saturation, which became clear as there were no new aspects brought into light, and the answers and reflections given in the interviews underlined our findings in the second analysis round.

We made one attempt on a focus group, but chose to exclude this from our analysis material.
4. Results

4.1 Research question 1

4.1.1 Economy and work

Incapable of working

One of the biggest problems stated throughout our study was the difficulty of keeping a job. For many it became physically impossible to work due to intoxication. Another problem was the sudden lack of work. Many earn their living through odd jobs, and reliability and trust are crucial to get employment. The families are dependent on the income, but because of the drinking they lose jobs.

Spending all money on alcohol

Most of the participants explained how the urge for alcohol dominated their lives, and that all money was spent on alcohol, all other necessary expenses were neglected. As one man put it “When you have a drinking problem, money is unimportant, alcohol is all you think of”. If they by chance happened to get hired to do a job, they might get paid in alcohol, not cash. Several mentioned that at one or more times they had experienced that they could not cover their alcohol expenses and would therefore borrow money to still their cravings.

“On payday, I might also buy drinks for my friends”, one man said. This illustrates how money that eventually should have supported the family rapidly was spent on drinking. A recurring topic was that they had spent all the family’s money on alcohol, but did not perceive this as a problem, inevitably causing great concern and difficulties for their wives and children.

Problems due to difficult economic situation

Lack of money causes many problems. Essential household supplies, like food, was reported to be one of the major areas the excessive spending on alcohol affected. Nepal has, for many reasons, one of the world’s highest malnutrition rates, 29% of the children being underweight\textsuperscript{26}. Excessive alcohol consumption can be believed to add to these problems, they certainly are not helping.

Important institutions, like schools and health treatment, come at a cost in Nepal, even governmental schools have enrolment fees\textsuperscript{26}. Even though they cost more, most people hope to put their children into private schools, as these generally are considered to keep a higher
standard. One man told, “We could barely pay the education fees, so our children didn’t get the best education. When the children needed hospital care it was so difficult, we did not have the money for that.”

One elderly woman told us of an indirect problem she had faced because of her husband’s previous alcohol abuse: Since he did not work in his younger and healthy years, they had no savings for their older days, and now she felt forced to produce alcohol to secure the family economy. As she said, “It helps the economic situation. I don’t want to make it, but I have to in means of improving our economy. My husband is spoiled by alcohol and I do not feel good about making it, but I have to, to secure the education of our children”.

On one occasion, we spoke to the parents of a man with problematic alcohol use, who was currently drinking a lot, as his wife had left him due to his drinking. They had spent huge amounts of money on rehabilitation programmes and treatments, with no lasting effect. Nonetheless, they had not given up their son, but they had put themselves in great debt to try to help him. They also had to provide for his son, their grandchild.

Debt
As mentioned above, the income is not always sufficient to cover the alcohol expenses, and this has left many both current and former alcohol users in great debt. With high, monthly rates, they are bound to keep paying down their debts for the rest of their lives, in some cases only being able to handle the rates, not the initial amount borrowed. Several spoke of this as a great challenge, since they were bound to it for the rest of their lives, even though they made attempts on paying back.

4.1.2 Social disturbances and worries for the future

Worries for the future
Many of the wives noted worries for the future. Even though their husbands had left drinking, their previous abuse had created an insecurity as to how the coming years or even months would be. Their concerns seemed to be at their peak if their husbands went out to meet friends the wives knew were still drinking. The concerns mentioned the most were the future of their children, sickness due to alcohol abuse, and the worst scenario; the husband’s death. The fear of
the alcohol effects were reasonable, as one wife told: “My father died from alcohol abuse and so did one of our neighbors.”

Arguments
Everyone spoke of arguments, both the Lalupati members and their relatives. What could be called a classic situation, with a drunk husband arriving home late, using rough words on his wife and children, often lead to arguments in the homes. Fighting over money was also frequently mentioned. The husbands told of how their wives refused to trust them with the household money and how this made them angry.

On the other hand, told of by the wives, were the worries and fright the arguments created for them. It was mainly the wives we interviewed that told of how their marriage suffered, and that they never shared their feelings. The triggers for arguments could be small, like “sometimes he would be angry with me for just talking”. Some of the women were hesitant or reluctant to speak of physical violence exercised by their husband.

The stories of violence were stories from women. They ranged from anecdotes on now-and-then-beatings to reports on how they had been beaten every day for several years. One wife, in particular, had a grave story: At the time we interviewed her, she was admitted in the hospital. She was there because her alcoholic husband had beaten her with a wooden stick so badly that it was vital for her to get treatment. They had been married for more than 20 years, and she could not recall one day without being beaten. Her husband had been arrested, but would be released in short time. She said “I have thought about leaving many times, but then what will happen to the children?” As a general rule, the women have no place to go if they leave their husbands.

Neglecting household
It was not only economic labor that was neglected, but also usual things that needs to be done in a regular household. As one man said, “I didn’t notice what had to be done in our home, my wife had to take all the responsibility. This was very hard on her”.

The parents we interview underlined this phenomenon by saying: “Our son doesn’t take any responsibility in the home. Now his wife has left, so we have to take responsibility for his son, he doesn’t”.

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**Social stigma**

The community in Okhaldhunga is very transparent. People know each other and hiding your alcohol problems is difficult. Though alcoholism is quite widespread, it does carry with it some social stigma. This was experienced as very difficult by both the individuals with problematic alcohol use and the wives we talked to. It was difficult for the men to hear others talking about them as “totally spoiled” and “untrustable”. Some wives told us that they felt very hurt and unfairly treated, as people talked about them and their children, judging them for having an alcoholic husband and father.

**4.1.3 Fighting and violence outside the home**

Fighting was not an isolated domestic problem, as several of the Lalupati members mentioned that they had been fighting other people, often for no apparent reason. This had different consequences, one man had fractured his arm twice due to this problem.

**4.1.4 Health problems**

**Abstinence**

Alcohol abuse has several drawback effects on physical health, abstinence symptoms being one. Almost all of the Lalupati members told of shaking hands during sober periods. For example “sometimes my hands were shaking so badly that I could not pick up things”. These experiences made it difficult to quit drinking and was the reason why some of them had not been successful in earlier attempts.

**Trauma**

Traumatic injuries constitute a whole lot of the health problems the Lalupati members reported from their drinking problem. They were two-folded, on one hand there were injuries from fighting as earlier mentioned. On the other hand there were fall injuries. “I once fell down the ladder and hurt my eye” one man said. Another scenario is important due to the challenging Nepali topography. Losing one’s balance may cause you distress or seriously injure you, as you not only risk tripping over, but also falling down from one of the steep hillsides where the narrow paths lead.
Medicine
Internal medical problems were not unusual, e.g. alcoholic gastritis. This was a very frightening situation for those who suffered from it, as their symptoms included vomiting blood. Two of them were so severely affected that they needed a blood transfusion in the hospital. Other symptoms and diseases mentioned were palpitations, fainting and loss of concentration and memory.

4.1.5 Trust issues
Broken relations
With all the problems that comes with abusing alcohol, like arguments and fighting at home, social stigma and a difficult economic situation, it does not come as a surprise that many have experienced broken relations and issues with trust. Most of the Lalupati Club members told about feeling that they had no ones support during their drinking periods. One man told about being scolded by his mother, others told of their wives threatening to leave, or actually leaving them. The wives also told about this, how their relationship suffered when their husbands were drinking, and how leaving might seem like the only option.

Economy
The trust issues also came to light as economic challenges. Most of the Lalupati Club members had experienced hesitation or rejection on attempts on borrowing money, as they were not reliable payers of debt.
This was not an isolated drinkers problem, as their wives faced the same problem while their husbands were drinking. It became the women’s full responsibility to care for the family. One man told; “my wife even checked my pockets while I slept and if she found any money she took them”. Some of the club members had reflected on the fact that while they were drinking the trust issue didn’t bother them, but looking back being sober, they were surprised that this hadn’t troubled them.
4.2 Research question 2
Results for question 2, What are the most important contributors for helping members stop abusing alcohol? We wanted to find some success factors, and to see which parts of the hospital treatment the Lalupati members found most useful. Through our analysis, we have found several success factors for quitting alcohol and staying sober. The treatment offered from the hospital in addition to the Lalupati Club meetings are mentioned by all of our interview subjects. Other things like having a good social network, avoiding drinking pressure and being confident in the decision to stop drinking have also been mentioned by many. Some people had one specific experience or happening in their lives that helped them to stop drinking.

4.2.1 Hospital treatment for health problems
Several of the Lalupati members have had to get treatment at the hospital for medical problems caused by alcoholism. For instance treatment for gastritis or fall injuries. They all seemed to appreciate the treatment they had gotten, and for some this became a turning point, as the need for medical treatment lead them to the hospital, where they also got help to treat their alcohol problem.

4.2.2 Medication
Throughout the interviews it became clear that most people have great faith in the medicines given to the alcoholics. Several of the men who had previously been drinking were certain that they would not have managed to quit drinking if not for this medication. They continued taking medicines after being discharged from the hospital, as they were told. Several spoke of the information they had been given in hospital, being told that it is very physically dangerous to drink alcohol at the same time as you’re on detox medicines. This fear seems to have made a profound impact on some of the patients.
The faith in taking medicines was also reflected in a couple of wives who told about their husbands being sober after hospital discharge, as long as they continued to take their medications. One of them straightforward said that when her husband stopped taking the pills he immediately started drinking again.
4.2.3 Counseling

Practical advices

From the counseling, one of the things that seemed to be of use to the participants was the practical advices they got. They were advised to tell their friends and the people in their regular “drinking places” that they had quit drinking. They were also advised to stay away from places where alcohol was provided and people and friends who tried to get them to drink again. Some told that after experiencing drinking pressure from different quarters, they followed these advices, and it seems they have been useful to make the time after coming home from the hospital a little easier.

Knowledge about consequences of drinking alcohol

Many Lalupati members claim that their main motivation for staying away from alcohol, even after being sober for months or years, is the knowledge of how alcohol may hamper their health and even cause death. Much of this knowledge seems to be acquired through counseling given at the hospital. In addition to focus on health problems related to alcohol, there was also focus on the costs of alcohol and on how alcohol may affect their family. However, the main focus of the members was on possible negative health consequences. One man told about how he in counseling (not at the hospital) had been told that if he felt the need to drink, he should first cut down some bamboo to lay in front of his house. This was because in his culture, the dead body should be laid on bamboo, and if he started drinking again, it would lead to his death.

Facing my situation

The counseling has contributed to awareness on how the members have lead their past. Something that is often repeated from the counseling is how the members have gotten a new chance in life. Feeling that this is an opportunity they will not get again, has inspired them to start over and stay away from alcohol. One man told about going from sleeping in the roadside to getting a job and prove himself trustable. Now he is married and lives with his wife and their two children.

In counseling some also told about being confronted with their own excuses for drinking. After realizing his excuses were not valid, one man made the conclusion “in the end it is up to me whether I stop drinking or not”.

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4.2.4 Lalupati meetings

Sharing my story
An important part of the Lalupati meetings is the concept of sharing your own story. The participants we interviewed underlined the importance of telling their own story, without any lies and said that this was one of the things they benefited the most from. Some were of the opinion that they would not be attending the meetings rightfully if they were not being honest about their past and possibly present struggles. The meetings were considered being a unique arena of like-minded people, and that they are in a special position to support each other.

Getting and giving advices
In the meetings several people with different experiences from alcohol abuse come together. Among other things, the members tell of giving each other advices at the meetings. The advices can be as concrete as “try to drink tea instead of alcohol” and “don’t hide out alone when you feel the urge to drink”. The advices also focus on how to avoid fighting and how to create a good environment in your home. From the interviews it seems like giving these advices might be just as important as receiving them.

Fellowship
The Lalupati Club creates an important fellowship, and the participants often focused on the climate of support they experience in the group. Some had feared that they would be judged when attending the first time, but now spoke of how their fear had disappeared due to the support and motivation presented to them by the other members.

Reaching out
Alcoholism seems to be a transparent trait in the Nepali society, most people are aware of who has a drinking problem. Some of the members are actively reaching out to persons they know have an alcohol problem, so some of the Lalupati members we talked to, had joined the club after friends requested them to come to the meetings.
4.2.5 Wake up call

Health problems
Some of the Lalupati members had one specific happening in their lives that made them aware of their alcohol problems.
For some, serious illness was awakening. One man in particular told about a long stay in the hospital with blood transfusions and other medical treatment, that made him realize that quitting alcohol was crucial for his life. The experience made such a profound impression on him, that he never drank again after being discharged. The same man said that those who do not experience serious problems related to alcohol, will have a hard time quitting.

Trust issues
For others the realization that people had completely stopped trusting them, made them see the extent of their alcohol problems. For a couple of persons, this was said to be a turning point, and the reason why they stopped drinking.

Religious beliefs
For one of our interview subjects, religious beliefs was reported as the main factor to leave alcohol and to stay sober. After several attempts to quit, he finally managed to stop after consulting a shaman and giving offerings to a Hindu god. His main motivation was to stay true to his promise to the god.

4.2.6 Friends and family

Quit seeing friends
Friends can be a positive or a negative factor for the person who wants to leave drinking. Some told about their friends strongly requesting them to come and drink or actually putting alcohol into their alcohol free drinks against their will. For a couple of our interview subjects, this has lead to a pattern of quitting and then starting drinking again several times. In the end some people came to the realization that to be able stop drinking they had to quit seeing their old friends.
Motivation
Others talk about how support from friends and family has been a great motivation to stay away from alcohol. Some people have told that when they were drinking they had no one helping and supporting them, but after they joined the Lalupati Club and showed how they were serious about trying to quit, they suddenly got support from unexpected quarters, and that everyone was positive to their lifestyle changes.
The wives had often tried to motivate their husbands to quit for a long time, usually with no success. However, after they finally made the decision to stop drinking, it was experienced as being of great importance to have their wives support.

4.2.7 Own determination
All the people we talked to, were positive to the help that was given from the hospital and the Lalupati Club, but there were also some that said that this help was not enough to stop drinking. If a person does not decide for him- or herself to stop drinking, other help will be of little use, they claimed. Not until you are confident and determined, will the help and advices benefit you. When we asked whether the counseling and group meetings might help people to reach the decision to quit and to be confident in themselves, people were of different opinions. Some were positive to this, saying that if a person had troubles in his life due to alcohol use, others might make him realize this and help him quit. Others were more negative/doubtful, saying that a decision has to come from the person him/herself, and that others could not affect this decision. A couple of people said that the last time they left alcohol, they stopped all by themselves, with no involvement from the hospital or the Lalupati Club. One man told about how he sat in a room for himself for three days after he decided to stop drinking. It had been difficult, but because of his determination, he managed it, and had not had a drink since. He had now been sober for one year.

4.2.8 Social events
Most people told about how social events made it more difficult to stay sober. There are many religious festivals and important events, like weddings, and alcohol is often a part of the celebrations. One man told about how he for a period of time stopped going to these events because of the high drinking pressure. However, not attending different ceremonies and festivals
could sometimes be problematic. Some of these are considered compulsory, and not attending made him feel shut out from most of his social network. For a time, he managed to stay sober, but after a while, he felt he had to go to a ceremony, and after that he started drinking again.

5 Discussion

5.1 Selection and Method
Out of the 11 Lalupati members, nine had completely left drinking and two were currently abusing alcohol. Whether they were sober or not was not taken into consideration in our selection. Their stories were nonetheless unique, with several and different attempts of trying to quit alcohol.

It was not always possible to interview both husband and wife, so in five of the interviews in each group, we have only talked to one person in the household. On one occasion we interviewed the parents of a Lalupati member.

The reasons for not interviewing both husband and wife of one family were many. On some occasions only one of them were present, some women had left their husbands due to their drinking and some changed their minds and did not want to give an interview.

We ran the interviews in their homes, walking from the hospital early in the mornings to reach them before they had to leave for work or before they started drinking. Most of them lived in 45 minutes proximity to the hospital, but the family that lived the furthest away, lived a 90 minutes walk away. Nepal is a mountainous country with limited infrastructure, which naturally restricted our selection of interview subjects. Since Okhaldhunga Community Hospital covers an area of 200 000 people\textsuperscript{17}, many of them living several days walk from the hospital, a wide range of the Lalupati members lived too far from the hospital for us to reach them.

We chose to seek out the persons in their homes for several reasons. First, it would be practically impossible to make people come to the hospital only to give us interviews, due to the inconvenience of leaving their homes, the sometimes far distances, loss of income and the questions it might raise from others if they sought hospital.
Doing the interviews in their homes gave them a familiar setting and could ease the conversation on difficult and personal topics. It also offered more shielding than having to come to hospital. On the other hand we were taken aback of the lack of privacy in their homes. The interview situation was not one that we are used to from Norway. People stopped by to watch and listen, sometimes flocking around us, and on one occasion a chicken flew up during an interview making some commotion when people started chasing it to get it back outside. Being short time visitors in a new culture, it was difficult for us to object to people gathering around us and listening in, and as our interview subjects gave no visible sign of discomfort, we did not see it as suitable to do so. On two occasions our interpreter commented to us that a close relative, e.g. mother-in-law, listened in on the conversation. This might have affected some of the answers given.

Using semi structured interviews worked out well. We faced difficulties along the way; sometimes there were problems with the interpreter, and at times the interview situation could be quite challenging, but after a couple of interviews it became easier, and we became more accustomed to the situation. After some interviews, we were actually quite surprised at how fast people opened up to us and talked out about personal problems and a difficult situation. For a time we were a bit doubtful to whether anyone would tell about experiencing violence, as this is a particularly difficult topic and tabooed in many cultures. But then we had a breakthrough; in only a couple of days, we met two women who told about such experiences. We experienced that the topic was challenging for some, they might mention fighting or being beaten, but did not want to answer questions about it. Others were able to tell more. One woman told a lot about this, having being beaten systematically for several years. This was the only interview in a fully private setting. We were sitting in a room with the interview subject and the interpreter, and we had no disturbances. Even though our other interview subjects rarely showed signs of discomfort with random passers by listening to our conversation, we can not assume that this did not affect the information given. We do however believe that interviewing people in their homes, with the risk of this happening, was the best way to carry out the interviews, for reasons explained previously.

All those interviewed in reason of their alcohol consumption were men. This was arbitrary, as there also are female Lalupati members. Nevertheless they constitute a minority of the members.
5.2 The interpreter

Nepal’s rural population have in general no or scarce English language skills. Illiteracy is common and though English has been taught for the last years in both governmental and private schools, one is not to expect to communicate in English in vast areas of the country, including Okhaldhunga.7

Our interpreter was a 23 years old local woman, currently studying journalism in Kathmandu. She was not a trained interpreter, but had had several similar jobs, helping medical students in their field work.

She was crucial to our work, making appointments to the people we were to interview, taking us to their homes, informing us on culture and interpreting all the conversations. Some challenges we faced were nevertheless;

- The difficulties in having her interpreting precisely, e.g. using “I” and not “he/her” as she converted from Nepali to English.
- The limitations in her English language skills made it difficult to be accurate and the answers/conversations are coloured by this. She had for instance some repeated phrases that we came to recognize were her own words and not directly translated. During our interviews, we felt we came to understand her way of speaking better, and that we understood what she meant by her phrases, but here of course lies another possible source of error.
- She would sometimes try to explain the setting to us, giving information on family members, family history etc. and present explanations and meanings. We always rejected this as a part of the interview, but it might have coloured our total impression of the person we interviewed and the situation.
- Finally, having an interpreter always comes with a possible source of error. There is one more possibility of misunderstanding the interview-subjects and of missing out on information.
5.3 Focus group

We made one attempt on a focus group in advance of one of the Lalupati meetings, since the participating Lalupati members would come to the hospital for the meeting. Our aim was to acquire information on experiences, points of view, and attitudes regarding alcohol consumption. One of us had the role as a facilitator, the other being secretary and withdrawn from the conversation.

Initially we had a group of seven persons, but during the conversation more people arrived and joined and due to cultural conduct and setting, it was difficult to not include them in the group. This was one of the difficulties we encountered. The main problem was the challenges related to the translator, it was difficult to achieve a conversation when everything had to be translated both ways and we ended up giving highly leading questions to make the participants talk. It was hard to navigate the conversation in a useful manner and we decided to do only one focus group. We have fully excluded the focus group from our material, since the group did not fulfil the criterions of a focus group in reason of number of participants, number of group meetings and management of facilitation\textsuperscript{1}, page 133-134.

5.4 Discussion of results

5.4.1 Research question one

What do the members of the Lalupati Club in Okhaldhunga and their wives/relatives see as the biggest problem with alcohol abuse?

The complex problems in the aftermath of excessive alcohol use were to different degrees obvious to both the previous drinkers and their close family members interviewed. Unemployment and economic instability demonstrated to be a huge concern, especially among the wives, causing massive challenges for the families. The strong link between their social status, reliability, job opportunities, income, economic misconduct, and debt created vicious circles that caused great concerns and difficulties, mainly for the wives, but it also became apparent to the Lalupati members as the awareness of their drinking problems increased and they quit drinking.
As Nepal is a country lacking most welfare benefits, everything comes at a cost, e.g. education and medical treatment. Spending most money on alcohol made a lot of families incapable of covering basic needs such as food, school fees and hospital bills.

The most apparent distinction between the Lalupati members and their wives/relatives was the women’s worries for the future, exemplified by the fear of their husbands starting drinking again, a concern never mentioned by the Lalupati members themselves.

Arguments related to the alcohol consumption were mentioned by everyone. These took place both outside and in the home, but the domestic situation was addressed most often. Quarrels on money spending and how drunk men both verbally and sometimes physically abused their wives and children were apparent in all of our interviews with the women. The women also experienced worries and fright from the arguments themselves, and were at times hesitant to speak of the violence. The wives are socially and economically tightly linked to their husbands, making it difficult to break out of the marriages.

The social stigma related to alcohol abuse was hard on all the persons we interviewed. Matched with the economic difficulties, several people had experienced broken relations and trust issues, feeling a lack of support from both family and the society.

The negative health effects of alcohol abuse were of great concern to everyone. Almost all Lalupati members spoke of abstinence symptoms, which also made it more difficult to quit drinking. Being drunk also exposed them to more traumatic accidents and internal medical problems.

5.4.2 Research question two
In our second research question, the Lalupati members have certainly contributed most to our study material. Their wives and family appreciated that getting help from the hospital and the Lalupati Club had been important, and they all had great faith in the medication given at the hospital. The Lalupati members told us more about this, and how it had been helpful to them. They also told of other success factors that to a greater or lesser extent had helped them in the process of quitting alcohol.
As one of our criteria for inclusion in the study was that the individual with problematic alcohol use had been in the Lalupati club, the club was not surprisingly mentioned by all our interview subjects, and for most it had been of great value. Having a place to open up, get advices from others in the same situation, and to get help and support had been and still was important to many. Also to later be able to offer the same help to others, seemed to give a feeling of empowerment through contributing to something important.

Help from different holds has been important to almost all of the people we interviewed. This includes hospital treatment for alcohol related injuries and illnesses, hospital counseling, and help from friends and family, as well as from other Lalupati Club member. This seems to have helped them in two different ways: making it easier to quit drinking and giving motivation to avoid returning to alcohol use.

Practical advices on how to avoid and handle the urge to drink alcohol, medications from the hospital, and support from friends and family were things that made life and the difficult time of sobering up a little easier.

Counsellors at the hospital and other Lalupati members have motivated our interview subjects through education on the long term effects of alcohol on health, as well as awareness on the effects their alcohol abuse has had on their economy and family.

It should be mentioned that there were people that gave less credit to the help of others, saying that it all depended on a person’s own determination to stop drinking, and that this had to come from within the person him- or herself, and could not be affected by others.

Friends and society can be of great help, when they are supportive of the decision to stop drinking, but for some, we also find it is a success factor to cut the contact with friends and to not attend social events, as they would here be tempted or even lured into drinking, or they would feel obligated to drink in ceremonies or gatherings.

One of the major success factors actually seems to be illness or injury because of high alcohol consumption and alcohol dependence. This leads people to contact the hospital, where they can get treatment, medication for their alcohol problem and counseling. This is also how many come
in contact with the Lalupati Club for the first time. So for many, this has been the first step to get help, a help that has been crucial for them to quit drinking. These health problems have also lead to a “wake up call” for many. They finally realize how big their drinking problems are, and how destructive the alcohol is on their lives.

For many of our interview subjects, the hospital and the help they were given there certainly has been important to make the decision to stop drinking. But many people need more help to be able to stay sober. For this it is important with motivation and help from family, friends or a support group such as the Lalupati Club. All the people we interviewed lived less than two hours away from the hospital in walking distance, and could therefore relatively easily attend the Lalupati meetings. The district of Okhaldhunga is however very large, and many of the hospitals patients have a much longer journey ahead of them to get to the hospital. They therefore don’t have the same access to the club and the meetings.

5.5 Ethics

Before interviewing the participants we gave an introduction (Appendix I). We decided on not having a written consent for several reasons; Conferring with Dr. Erik Bøhler we thought it sufficient to get a spoken permission from all the persons we interviewed, as they were thoroughly informed on who we were, our purpose, their rights and our relation to the hospital before giving the interviews. One can argue that a written consent is more fortunate to the researchers than those being interviewed, as it is an unbiased way to protect the researcher from external objections on questions of consents. Referring to Dr. Bøhler, many Nepalese people would have doubts signing a paper declaring that they talk about their own or family members’ alcohol use, but not having problems giving the interviews themselves.
6. Conclusion

In Nepal, as in other countries, alcohol is consumed, and for some people it brings problematic consequences that affects many aspects of their lives. The aim of our study was to explore how people with an alcohol problem as well as their wives or relatives experience problems around an alcohol use disorder, and also what they feel is helpful to manage to stop drinking and prevent going back to alcohol use after becoming sober.

People with problematic alcohol use in Okhaldhunga experience a wide diversity of problems, in fields that are easily recognized as related to alcohol abuse in other countries as well. The Lalupati members and their wives/relatives regarded the problems caused by alcohol differently. Unemployment and economic instability was recognized by both groups, but especially by the wives who rapidly noticed the massive challenges it put on their family. Social status, reliability, job opportunities, income, economic misconduct and debt were most apparent to the wives, but also to the Lalupati members as they came to acknowledge their drinking problems and the difficulties caused from drinking. These difficulties were usually more apparent to them after they quit drinking.

The most evident distinction between the Lalupati members and their wives/relatives was the women’s worries for the future, exemplified by the fear of their husbands starting drinking again, a concern never mentioned by the Lalupati members themselves. Arguments and violence were also aspects more obvious to the women than the men, whereas negative health effects were of big concern to both groups.

Most of the Lalupati members we talked to were sober at the moment, and had been so for some time. The ones that were not, had also at some point been sober for a shorter or longer period and it was interesting to hear from all of them what had facilitated their attempts to stop drinking and what helped them stay sober. All the members we interviewed, told about multiple factors that helped them quit. These were the help they got in the hospital including medications and counseling, the Lalupati Club, help and support from friends and family, making up their own determination to stop drinking, and at last what we call a “wake up call”. Only in a few cases the Lalupati members recognized that a single helping factor or experience alone was enough to make them stop drinking. These were mostly wake up calls, happenings in their lives related to
their health, religion or to issues with trust, that quite suddenly made them realize how much alcohol was affecting their lives and the lives of the people around them, and made them determined never to drink again. However, these people also had help from other holds, through the hospital, the Lalupati club and friends and family.

When it comes to staying sober, the most significant factors were the Lalupati Club, support from family and society and having a personal determination, obtained from a wake up call or counseling, not to drink.

One of the important factors many told of was illness or injury due to their high alcohol consumption. This was a helping factor partly because it put them in touch with people who could help them with not only their acute medical issues, but also with their problem with alcohol use, and partly because getting in this situation gave a new motivation to overcome their alcohol abuse. It was therefore a success factor both for making an attempt to stop using alcohol, and for staying sober long term.

Of course it is important to reach out to people with an alcohol problem even before such health issues occur, the earlier help is given, the better for the individual him- or herself and the society around. In Okhaldhunga, the Lalupati Club plays an important role in this, at least in areas where they are well represented. We also see that the help given at the hospital is of major importance, as the hospital staff meet the individuals with problematic alcohol use at a time when they might be more susceptible to counseling, and are more likely to find motivation and determination to stop their alcohol use.
References


APPENDIX I

Introduction and interview guide

Main goal and method

The interviews are performed as longer conversations build up as semi structured interviews. All our material for the analysis will come from these interviews, so the aim of the interviews is to answer the two research questions.

We start all the interviews with the same introduction, thanking the participants for letting us meet with them and informing them on who we are, what we are doing in Okhaldhunga, and what the purposes of our study and the interviews are. It is especially important for us and the hospital to explain that we are not hospital employees, and that we are here only in means of our medical education. We will also inform them that their answers would not in any way affect their treatment at Okhaldhunga Community Hospital. Next we explain the course of the interview, explaining our roles as interviewer and secretary, and the role of the translator. We will inform them that they are free to refrain from answering any of the questions and to end the interview at any time. We will record the interviews on a dictaphone.

Themes for the interview:

A. Drinking start
B. Problems caused by alcohol in your life
C. Motivation
D. Getting help
   a. Family
   b. Hospital
   c. Why get help?
E. Attempts to quit drinking
F. Health problems caused by alcohol
## Appendix II

### Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>AA</td>
<td>Alcoholics Anonymous</td>
</tr>
<tr>
<td>AUD</td>
<td>Alcohol use disorder</td>
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<tr>
<td>BCG</td>
<td>Bacille Calmette Guérin, tuberculosis vaccine.</td>
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<tr>
<td>DH</td>
<td>District hospital</td>
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<tr>
<td>DPT</td>
<td>Combination vaccine: diphtheria, polio, pertussis and tetanus.</td>
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<tr>
<td>GDP</td>
<td>Gross Domestic Product</td>
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<tr>
<td>HDI</td>
<td>Human Development Index</td>
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<tr>
<td>HepB</td>
<td>Hepatitis B</td>
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<tr>
<td>Hib</td>
<td>Haemophilus influenzae B</td>
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<tr>
<td>HP</td>
<td>Health post</td>
</tr>
<tr>
<td>MAF</td>
<td>Medical Assistant Fund</td>
</tr>
<tr>
<td>NGO</td>
<td>Non-governmental organization</td>
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<tr>
<td>NPC-M</td>
<td>Nepal Communist Party - Maoist</td>
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<tr>
<td>OCH</td>
<td>Okhaldhunga Community Hospital</td>
</tr>
<tr>
<td>PHC</td>
<td>Primary health centre</td>
</tr>
<tr>
<td>SHP</td>
<td>Sub-health post</td>
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<tr>
<td>THE</td>
<td>Total health expenditure</td>
</tr>
<tr>
<td>UMN</td>
<td>United Mission to Nepal</td>
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<tr>
<td>UN</td>
<td>United Nations</td>
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