

RURAL WOMEN'S HEALTH, ALCOHOL ABUSE AMONG ADULT CHILDREN AND SUSTAINABLE DEVELOPMENT: A STUDY OF THE ROLE OF MASS COMMUNICATION

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ABSTRACT

Background: Alcohol-related harm extends beyond drinkers and may produce substantial health, safety, social and economic consequences for relatives. Rural women may face additional barriers to support, while mass communication offers potential channels for health information and referral.

Objective: To synthesise evidence on adult offspring alcohol misuse, rural women's health, communication and sustainable development.

Methods: A structured secondary evidence synthesis examined 28 selected publications and institutional sources relating to alcohol-related family harms, women's health, communication and interventions. Descriptive analyses summarised source characteristics and published results.

Results: In an Indian five-state study involving 5,375 respondents reporting a heavy drinker in their lives, approximately 83% experienced at least one alcohol-related harm. Studies of mass-media campaigns reported improvements in awareness and knowledge more consistently than reductions in alcohol consumption. Community-based and primary-care interventions illustrate possible pathways for information, counselling and referral.

Conclusion: Locally adapted communication, confidential support and accessible treatment services offer a coordinated approach to alcohol-related family harms. Direct evidence concerning mothers of adult drinkers remains limited.

KEYWORDS: rural women; alcohol-related harm to others; adult offspring; mass communication; health equity; sustainable development; India

INTRODUCTION

When alcohol-related morbidity and injury come up in public-health discussions, the focus is usually on the individual drinker. A broader family lens includes who suffers the effects of chronic intoxication, financial draining, conflict and broken care. Thus, a study about the problem of rural women who are drinking adult sons/daughters is conceptually unique from studies about alcohol use prevalence among men or domestic violence risk associated with spouse alcohol use among young children. Ensuring that the generation and relationship is explicit is important to not make a spurious evidence claim. A scoping review of adult affected family members (2020) reports psychological strain, social isolation and extra burden in the context of substance-use.

India is an important, but methodologically challenging context. There are differences in access to counselling, health workers, transport, digital connectivity and community organizations between rural households. While the National Family Health Survey (2019–2021) is an important national source for alcohol-related and health-service context, a national prevalence statistic does not give information on whether an older mother was exposed to the alcohol misuse of a specific adult child (IIPS & ICF, 2022). But published aggregates cannot distinguish if a woman has watched an alcohol awareness message, sought help and improved her health.

The field evidence available in India substantiates the significance of harms to others, beyond the drinker. Overall, around 83% of participants in a five state analysis who indicated a heavy drinker in their life reported suffering from at least one type of harm. It should not be confused with a population prevalence of rural mothers, or a causal estimate of an adult child's impact (Harms in five Indian states, 2016), and is based on an analytic sample of 5,375 affected persons, as well as outcome definitions.

This study synthesises published secondary evidence on harms to family members, health communication and relevant intervention models. It distinguishes evidence concerning mothers of adult children from studies involving spouses, dependent children and other family relationships.

2. LITERATURE REVIEW AND ANALYTICAL CONTEXT

Emotional and family impacts. Adult family members of individuals with substance use disorder may be anxious, have conflicted relationships, financial insecurity and increased caring responsibilities. In 56 papers included in a scoping review, there were more consistent findings of adverse mental-health indicators than for specific physical conditions, and

there were findings on aggression and stigma (Affected family members review, 2020). This collection of works confirms the credibility of family burden and includes a variety of relationships, substances and contexts.

Evidence is highly unbalanced between generations. Ninety-one studies were included in the register-based scoping review of which 79 focused entirely on children of heavy-drinking parents. That directionality cannot be translated into evidence of the harmful effects of having grown-up children (Brummer et al., 2021). The relevance of the gap is particularly pertinent in rural settings, where intergenerational co-residence might render household-level exposures both observationally challenging and of interest.

The Indian literature on domestic violence shows that there are significant impacts on women's health and significant heterogeneity between study populations. Measurement inconsistency and limited studies on some of the older and marginalised groups were highlighted in a systematic review of 137 quantitative studies (Indian domestic violence review, 2016). The risk of alcohol in an urban-slum review mostly refers to husbands/partners, and not to the adult children; this would not be justified to extend such associations across family relationships (Urban slum violence review, 2021).

Sex, age and socioeconomic factors also influence alcohol consumption patterns. Heterogeneity was found in the drinking related demographic factors by a multi-state Indian survey (Five-state alcohol prevalence 2018). A published public NFHS-5 compilation offers additional regional background, but is based on published prevalence from fact sheets and the numbers of interviews. These calculations are not observations that are correlated and should not be presented as numbers of harmful drinkers that affect mothers (Tikhute, 2023).

Mass communication can have an impact on knowledge, recognition and intentions and routes to help. A broad review revealed that mass media can be effective if complemented by easily available services and policy supports for some health behaviours (Wakefield et al., 2010). Evidence on the effects of alcohol is more cautious, though. A synthesis of 24 studies revealed strong campaign recall and knowledge changes but lacking consistent evidence for reduced consumption (Young et al., 2018).

A social-media review identified 11 eligible studies out of a total of 6,000 records and described various forms of interventions, target groups and ways of evaluating the interventions. This is good evidence for the newer channels being relevant, but not for the benefits to rural older women in India (Yeh et al., 2023). The content of the message, its emotional appeal and targeted recipient groups must also be considered as each ad might highlight different behavioural mechanisms (Dunstone et al., 2017).

An older systematic review of alcohol-related crash outcomes found fewer crash outcomes in eight studies of alcohol-impaired driving interventions, although interventions were often combined with enforcement (Elder et al., 2004). In a subsequent review, 19 studies were found to be eligible and co-intervention problems were also emphasized (Yadav & Kobayashi, 2015). Both reviews fail to assess the effect of campaigns on health of rural adult drinkers' mothers.

Many prevention programmes are broader in scope and rely on local prevention systems. Whole-of-community intervention syntheses examine multicomponent strategies, which are strategies that involve more than a single media effect (Stockings et al., 2018). The diversity of community models, outcomes and settings is further highlighted in a more recent review of reviews (Gates et al., 2026). General substance-use campaign reviews provide extra methodological insights, but cannot substitute alcohol-specific evidence (Allara et al., 2015).

Commercial messages can also have the effect of undermining health communication. A review of reviews on alcohol marketing highlights that the context of alcohol-related prevention communication matters and is shaped by the alcohol marketing environment and regulatory measures (Giesbrecht et al., 2024). Therefore, it is important to think of an outreach campaign as a part of the larger information ecology instead of an informational exposure.

3. Theoretical Framework and Research Gap

The stress-strain-coping-support logic posits that family alcohol abuse can be a source of chronic practical and emotional stress, which may be buffered or exacerbated by resources, relationships and options of the affected family member. The framework is not a diagnosis or it does not assume that all households have the same burden. It focuses on the financial pressures, perceived safety, co-residence, chronic care needs, stigma and opportunities to get support.

Health communication plays a role via three pathways at least: hazard recognition, perceived permission to seek help, and actionable knowledge of confidential referral pathways. The pathways should not be confused with demonstrated treatment uptake or health improvement. Communication can also have negative effects by means of stigmatizing depictions or inaccurate disclosing and/or advice-giving on situations where therapeutic services are not available.

Existing studies rarely examine the relationship between alcohol misuse by adult sons or daughters and their mothers' health alongside exposure to alcohol-related communication. This gap limits assessment of the pathways linking family harm, access to support and maternal well-being.

These issues relate to Sustainable Development Goal (SDG) 3 through mental health, health services and harmful alcohol use, and to SDG 5 through women's safety, participation and access to support.

4. Research Objectives and Questions

The four objectives are: mapping credible evidence of harms experienced by relatives of harmful drinkers; evaluating the relevance and limitations of available survey sources on alcohol issues for rural women; synthesising the findings on alcohol-specific and community health communication; and designing a measurable policy framework that links household harm, women's well-being and sustainable-development goals.

The research questions are: What harms are documented among adult affected family members, and which findings are relevant to mothers of adult children? What outcomes have alcohol-related communication campaigns demonstrated? Which health, referral, safety and empowerment indicators could support a future linked evaluation?

5. MATERIALS AND METHODS

Design. A structured secondary evidence synthesis was conducted, combining descriptive source-level analysis with thematic assessment of studies on family harms, rural women's health, communication and alcohol-related interventions. **Source identification.** Published studies and institutional sources were identified through scholarly literature, National Family Health Survey documentation, World Health Organization resources and relevant publicly available research compilations. Sources were grouped according to setting, design, study population and topic.

Selection criteria. Publications were included for their relevance to alcohol-related harms to family members, women's health and violence, health communication, community support, alcohol treatment or the Indian public-health context. Evidence concerning spouses, dependent children or other settings was distinguished from evidence directly involving mothers of adult offspring.

Data extraction. Information was extracted on publication year, study setting, design, target population, outcome domain and reported study size. The final evidence set comprised 28 documentary sources. Where reviews and follow-up studies covered overlapping populations, their participant and study counts were reported separately.

Analysis. Sources were classified into substantive evidence domains and summarised using frequencies and percentages. Published findings on alcohol-related harms and intervention outcomes were compared narratively. A conceptual framework integrated family-related health outcomes with health communication and service access.

Ethical considerations. The analysis used published documents and aggregate findings without collecting identifiable participant data.

6. RESULTS AND QUANTITATIVE EVIDENCE SYNTHESIS

The 28 sources covered family harms, women's health, alcohol context, communication and intervention evidence. Table 1 summarises key evidence domains, while Tables 2–6 present the documentary composition and selected quantitative findings.

Table 1: Selected evidence domains and their limits

Domain	Documentary evidence	Inference boundary
Family harms	56-study affected-family-member review; Indian five-state n=5,375	Not specifically rural mothers of adult children
Communication	24-study alcohol mass-media review; 11-study social-media review	Awareness effects do not establish health effects
India treatment	CAP randomized trial (377 assigned)	Drinker outcomes, not maternal outcomes
Local communication	Haryana village women surveyed (n=1,123)	Not an alcohol-targeted programme

Note. Counts originate in different publications and must not be aggregated as participants in one study.

Table 2. Composition of the Structured Evidence Register

Domain	Sources, n	Share (%)
Alcohol context	1	3.6
Communication	11	39.3
Data context	4	14.3
Family harms	3	10.7
Intervention	7	25.0
Women health	2	7.1

Note. Percentages are based on 28 documentary sources.

Communication sources represented the largest category, followed by intervention studies. This distribution reflects the thematic emphasis of the evidence examined (Table 2).

Four communication syntheses were identified that included 24, 11, 19, and eight studies, respectively, on alcohol mass media, social media, alcohol-impaired driving campaigns, and alcohol-impaired driving, respectively. These records answer various questions, have varying time ranges, and follow varying rules of eligibility. The number of studies used in their study cannot be combined to draw conclusions about the number of independent evaluations or a common campaign effect (Young et al., 2018).

Table 3. Publication Years Represented in the Evidence Register

Year	Records, n	Share (%)
2004	1	3.6
2010	1	3.6
2015	3	10.7

Year	Records, n	Share (%)
2016	2	7.1
2017	4	14.3
2018	3	10.7
2019	1	3.6
2020	1	3.6
2021	2	7.1
2022	2	7.1
2023	3	10.7
2024	1	3.6
2025	1	3.6
2026	3	10.7

Note. Percentages are based on 28 documentary sources.

The publication-year distribution is presented in Table 3.

The more directly relevant harm-to-others evidence is the Indian five-state survey. The original analytic sample included 5,375 respondents who identified a heavy drinker in their lives, and approximately 83% reported at least one harm. Conditional selection into the analysis is crucial: the percentage cannot be generalized to all Indian women, all rural residents or mothers of adults (Harms in five Indian states, 2016).

Table 4. Prevalence of Published Alcohol-Related Harm Categories in Five Indian States (n = 5,375)

Harm category	Ever (%)	95% CI
Threatened with weapon/violence	23.1	22.0–24.2
Physically hurt	25.5	24.3–26.7
Unsafe vehicle journey	13.9	13.0–14.9
Injured in an accident	13.3	12.4–14.2
Sexually pressured/coerced	6.1	5.5–6.7
Serious argument	66.2	64.9–67.5
Emotionally hurt/neglected	50.2	48.8–51.5
Went without food	13.1	12.2–14.0

Note. Published values reproduced from the overall column of Table 3

(<https://pmc.ncbi.nlm.nih.gov/articles/PMC4804108/>). Categories overlap and must not be summed. Respondents are not restricted to rural mothers.

Percentages reported in published studies refer to varying, and possibly overlapping, forms of harm experienced by the respondents who were exposed to another heavy drinker. They are not used to indicate prevalence amongst rural mothers and no sub group confidence intervals were produced.

Women's health sources corroborate the issues of violence, mental distress and social exclusion, and illustrate how the definition of the relationship can influence what can be drawn from the data. In partner alcohol-use research, for instance, it is not possible to measure the extent of the damage caused by adult offspring. The global affected-family-member review and the register-based family review illustrate evidence of burden as well as the asymmetry of intergenerational evidence (Brummer et al., 2021).

Campaign outcomes indicate different stages of response. Knowledge, perceived efficacy and stigma represent relatively immediate outcomes, whereas harmful drinking and women's health require longer-term assessment (Yeh et al., 2023).

The approach has precedent in rural India. A process evaluation of the women's group health communication in Haryana found a high level of community activity, through interviews conducted with 1,123 village women, health workers and members of the groups. But it assessed general health communication, not treatment of alcohol problems and hence maternal outcomes due to the alcohol misuse of adult children (Haryana women communication evaluation, 2017).

An Indian primary-care trial involving 377 men demonstrated the potential of lay counselling for harmful drinking (Nadkarni et al., 2017). Findings from the associated follow-up concerned the same intervention population (Nadkarni et al., 2017b).

Table 5. Published Review Study Counts (Not Additive)

Reference	Studies reported, n
Young et al., 2018	24
Yeh et al., 2023	11
Yadav & Kobayashi, 2015	19
Elder et al., 2004	8

Note. The reported counts concern distinct reviews with potentially overlapping studies.

Table 6. Quantitative Measurement and Inference Boundaries

Construct	Observed quantitative information	Inference
Adult harm from heavy drinker	n = 5,375; published harm percentages and CIs	Descriptive, not mother-specific
Alcohol mass-media campaigns	24 eligible published studies	Review-level evidence; no pooled treatment effect
Direct mother–adult-child relationship	No identifiable linked records	Effect cannot be estimated
Rural mother campaign exposure	No harmonized linked exposure outcome data	No moderation test
Study domain balance	28 curated evidence records	Source-level descriptive only

Note. Quantitative evidence is drawn from the published studies described in the table.

Table 6 distinguishes reported quantitative findings from relationships assessed through the conceptual framework.

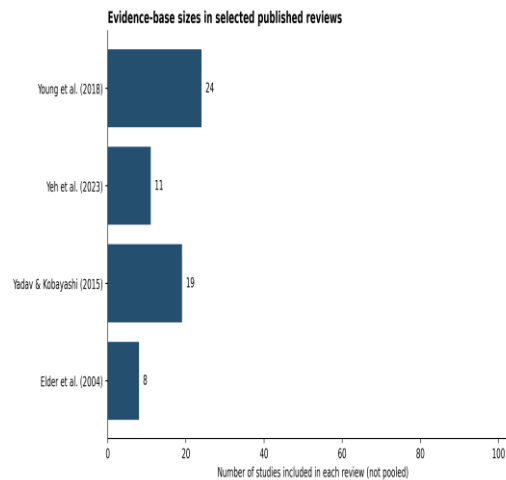


Figure 1: Review study-counts reported by selected published sources

Note. Counts represent included studies within separate reviews, not independent pooled observations.

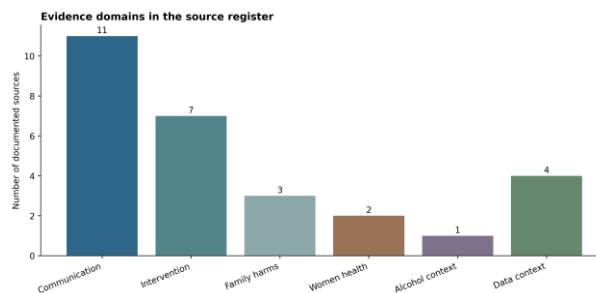


Figure 2: Distribution of the documented source register by evidence domain

Note. Frequencies represent the selected documentary sources.

Conceptual framework: pathways proposed, not statistically tested

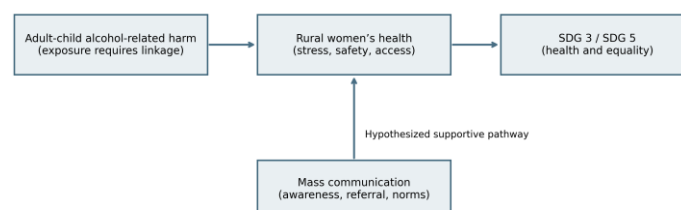


Figure 3: Proposed pathways connecting adult-child alcohol harms, maternal health and communication

Note. The diagram presents the conceptual relationships discussed in the article.

7. DISCUSSION

Problematic drinking by adult sons or daughters may place distinctive emotional, financial and caregiving burdens on rural mothers. Intergenerational dependency, household conflict and restricted access to support may contribute to these experiences.

The Indian five-state harm-to-others survey documented a range of experiences associated with another person's heavy drinking. The respondents included different family relationships and settings; the findings therefore provide broader evidence of alcohol-related family harms rather than estimates specific to rural mothers (Harms in five Indian states, 2016).

Communication exposure includes message reach, recall, trust, comprehension and subsequent help-seeking. These dimensions differ from general access to radio, mobile phones or other communication channels. Their separate assessment can clarify how communication contributes to support for affected women.

The reviews all offer a similar conceptual caution: that there is less evidence for sustained decreases in harmful alcohol use than evidence for improved awareness. This is consistent with the fact given that the behaviour is dependent on economics, incentives and limitations of the local treatment. Therefore, a communication only recommendation would be an overestimate of evidence. Awareness raising needs to be accompanied by evidence-based care and accessible referral services (Young et al., 2018).

Alcohol Interventions delivered digitally can also be analytically distinguished from general public messages because they can include assessment, feedback, or content and/or practitioner input that is tailored. The literature on interventions, however, is global in scope and does not necessarily mean equal access or impact for older women in rural areas with literacy challenges or who may have limited device sharing or privacy and connectivity concerns (Beyer et al., 2023). This is reinforced by other related work in LMICs, that there is a need to evaluate on an individual patient level according to the context (Staton et al., 2022).

Among the Indian intervention literature the CAP is particularly helpful in demonstrating the ability of developing local lay-counsellor models and referral arrangements. Family involvement, coping and relapse prevention strategies (Nadkarni et al., 2015) were included in the development of the treatment. But even when a family element is part of treatment, it does not necessarily mean that mothers are doing better. An exploratory dependence trial also demonstrates the lack of clarity of small scale findings (CAP exploratory trial, 2019).

More recent studies of the effects of psychological counselling and cash assistance on alcohol and welfare outcomes in rural India have been conducted. This is a design that resonates with integrated approaches and needs to be adapted for direct use with mothers of adult drinkers, which is planned for the Punjab intervention trial (2025).

Possible unintended consequences must be taken into account when implementing. Focusing on blame can lead to stigmatisation of drinkers and/or women seeking help. In small communities, it is hard to maintain confidentiality, particularly if there are influential intermediate figures who spread rumours. Information should offer supportive options, safety planning/low-literacy options, not assume mothers can control adult offspring consumption.

8. Role of Mass Communication: Implementation Framework

A locally adapted communication model may begin with formative consultations involving rural women across age, literacy and socioeconomic groups. Messages can then be developed and tested for clarity, cultural relevance, safety and accessibility.

Local radio and community audio can be used as part of the communication mix, as well as using women's collectives, trained frontline workers, low bandwidth messaging, and publicly posted confidential service pathways. Community gatekeepers can help increase the reach of the message but should not be given identifiable details of household alcohol problems without permission. Education content should differentiate between risky drinking and alcohol-use disorder as assessed in clinical settings; and self-report prevalence with diagnosis.

Evaluation indicators may include communication reach, message comprehension, perceived credibility, help-seeking, psychological distress, safety, access to care, household expenditure and longer-term alcohol-related outcomes. Confidentiality and ethical safeguards are central to these measures.

Campaign evaluation should examine outcomes beyond message recall. Alcohol-related mass-media research reports more consistent gains in awareness than reductions in consumption (Young et al., 2018). Social-media evidence also demonstrates variation in campaign design and measurement (Yeh et al., 2023).

Community interventions are most credible if connected with treatment capacity not just messaging. A rural programme could raise awareness of referral pathways to primary care and trained counsellors; provide co-ordinated support to women facing threats; and provide practical support for transportation. These sorts of measures are consistent with the intervention evidence and need to be evaluated in the purposeful population identified in rural areas (Stockings et al., 2018).

9. Sustainable Development and Policy Implications

The main focus for SDG 3 is to prevent avoidable harm from harmful alcohol consumption and the availability of mental health and psycho-social services. Affected family members deserve to be recognized as service users and not as pawns to encourage a drinker to go into treatment. Some indicators may be: availability of confidential help, distress screening, safety referrals, appropriate counselling, continuity of care.

Participation and agency is at the heart of SDG 5. Rural women need the opportunity to decide whether or not to share negative processes at home, get help without suffering consequences and participate in the creation of community-based

communication strategies. Age-related dependency, economic insecurity and changing gender dynamics of household authority should be taken into consideration by frontline services.

A public health office or team, a primary-care team, local women's collectives, alcohol-treatment providers and well-trained communication professionals can be connected through cross-sector coordination. Evaluation should determine which outcome is the result of each component change. Only mass communication is not viable as an attribution to campaigns that are run at the same time as treatment, enforcement or cash support.

A staggered or cluster-randomized rollout may be appropriate for policy evaluation if operationally and ethically feasible, provided the goal is to assess the impact of the policy on the outcomes at the policy level. If the same measures were taken and the same outcomes were pre-specified, it would be possible to compare change in women's health and referrals, while allowing for the factor of village clustering. This design needs to have basic safety protocols and clear protocols for disclosure of family violence and substance use.

WHO alcohol measurements are valuable for tracking the level of consumption of alcohol at the national level but should not be treated as surrogates for stress experienced by mothers in the household, in a rural context. Indicators should be chosen at the same level as the question of interest (WHO, 2026). The WHO consumption-pattern catalogue depicts the various outcome definitions within the different drinking frequency and intensity measurements (WHO indicators, 2026).

10. LIMITATIONS

The synthesis draws on 28 purposively selected documentary sources, which differ in research design, population and outcome measurement. Several reviews and follow-up publications cover overlapping evidence. These differences limit comparison across studies.

Studies directly linking harmful drinking by adult sons or daughters with rural mothers' health and communication exposure remain scarce. Findings concerning spouses, children of drinkers and urban populations may not fully represent the experiences of rural mothers.

The proposed relationships with SDG 3 and SDG 5 concern potential policy pathways; changes in sustainable-development indicators were not directly assessed.

11. CONCLUSION

Rural women affected by problematic alcohol use among adult sons or daughters warrant greater attention in research and public-health programmes. Existing studies document alcohol-related harms to family members and demonstrate the potential of community-based communication and treatment services in India. Greater attention to intergenerational relationships would improve understanding of these experiences.

Alcohol-specific campaigns can support awareness, recognition and referral, although effects on harmful drinking are less consistent. Integration with confidential counselling, accessible treatment and safety services may therefore offer more comprehensive support to affected women.

A sustainable-development approach should recognise affected women's well-being, safety, agency and access to services alongside alcohol-related outcomes. Future studies linking family relationships, health outcomes and communication exposure could strengthen the evidence for targeted rural interventions.

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