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## Community participation in research and action against alcoholism

An epidemiological study of sickle cell disease in the Gadchiroli district of India established it as a major problem but resulted in no public initiative or action. In contrast, research and action against alcoholism using the participatory approach resulted in massive community participation and proved highly successful. Public health programmes need community participation, yet most research in this field is self-defeating because it alienates lay people.

Gadchiroli is the most backward district in India's Maharashtra State; the literacy rate is only 22%, the roads are inadequate and health care is rudimentary. In 1987 we founded a voluntary organization — SEARCH or Society for Education, Action and Research in Community Health — in Gadchiroli with a programme of community health care and an epidemiological and operational research project on the health of women and children. A sample survey revealed the prevalence of sickle cell trait to be 15%; there were about 6000 homozygous cases of sickle cell anaemia in the district, double the number of cases of sputum-positive pulmonary tuberculosis. Our work on sickle cell disease was recognized by the government but no concrete action followed and little interest was shown by the people in general, probably because they

had not been involved in deciding the problem to be researched. Sickle cell disease became our (medical) problem, not theirs. We concluded that it was necessary for the public to decide which problems should be studied and that they should participate in any ensuing investigations.

### A fresh start

The first alcohol addict we encountered in Gadchiroli was a malaria supervisor. It took six months of counselling and three hospitalizations to cure him. Our next patient was a teacher, whose addiction to alcohol was broken only when he was convinced that he had cirrhosis of the liver and would die within a few months if he continued drinking.

In our first two years we helped some 20 people to break their addiction to alcohol by the usual approach of counselling and

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hospitalization. Sadly, we estimated that there were 20 000 alcoholics in the district, so our approach was virtually useless! We decided not to initiate a research or action programme in the absence of community concern in this problem.

Some months later, while we were still wondering how the problem should be tackled, a young man who was the worse for drink quarrelled with his wife and threw his one-year-old daughter into a well, where she drowned. This incident precipitated widespread discussion.

Subsequently, we organized a series of gatherings of rural women and young people to discuss common health problems. One topic that always cropped up was the curse of alcohol. Women described how their lives were ruined by alcohol addiction among husbands, fathers, brothers, sons and sons-in-law. Men got drunk, did not go to work, failed to support their families, beat their wives mercilessly, quarrelled, injured and even killed each other, and vomited blood after heavy drinking bouts. Some women wept as they remembered husbands who had died of alcohol poisoning twenty years previously; others said they wished their alcoholic husbands would die. It became clear that practically all the women in the community had experienced, and suffered from, alcoholism among men. At least half the population — the women — evidently regarded alcohol as a scourge. Young people proved to be particularly angry and vocal in their condemnation of alcohol.

Boys from the villages of Amirza and Wasa approached us and said they wanted to do something about the problem of alcoholism. We suggested various forms of social action but said we were unable to initiate any measures in their villages. The boys went home and organized a ban on liquor. All

liquor dens and bottles of alcohol were destroyed. The streets were patrolled at night to prevent alcohol from being brought in, and drunks were fined. Our health workers were in the forefront of the campaign. The approach worked and the question arose as to whether it would work on a larger scale.

Every three months the social workers, tribal leaders, and voluntary organizations in the district hold a meeting. At one such meeting we presented our perceptions and experiences of alcoholism and found that our views were widely shared. The abuse of alcohol was a problem of the whole district. It was decided collectively to launch a mass campaign against alcoholism.

### Research with the people

We agreed to help with a programme of research, which took the following form. Focus group discussions were held. A two-day discussion camp was attended by 150 men and women from 30 villages in the tribal areas. Their experiences over 40 years were reviewed. That alcohol consumption

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had increased was confirmed by almost everybody. The question of alcohol obtained from illegal sources as opposed to government-licensed shops was examined.

- A group of teachers collected data on annual liquor sales from licensed shops and on the rules and regulations governing them.



- A survey was conducted in 104 villages by 43 village health workers, in which questions were asked on the numbers of persons drinking, the frequency of drinking, expenditure on liquor, common symptoms due to drinking, and deaths attributable to alcoholism.

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- Official documents relating to government policy and guidelines on the sale and consumption of liquor in the tribal areas were examined.

The findings were as follows.

- The main ill effects associated with liquor were chronic abdominal pain, loss of appetite, vomiting (including vomiting of blood), swelling of the feet and abdomen, jaundice, progressive weakness, impotence, accidents, injuries, loss of employment, family disruption, mental derangement, and death.
- About 100 000 males in the district drank frequently, between 15 000 and 20 000 were addicted to alcohol, and about 1000 died of alcoholism annually.
- Notwithstanding a commitment to prohibition of the sale and consumption of liquor in the Constitution of India, the government had licensed 57 shops in the district to sell it and had issued permits to 2000 individuals to buy and possess up to 12 bottles of liquor at a

time. In effect, these permit-holders act as sub-agents for the sale of liquor in the villages.

- Annual sales of liquor amounted to 70 million rupees (over US\$ 4 million), equalling the government's support for the district's annual development plan.
- The official sale of liquor was at variance with a recommendation of the central government that no liquor should be sold in the tribal areas. The Prime Minister of India had twice sent notes to the states on this issue.

This research was done openly with the participation of large numbers of people, and the findings were readily comprehensible to the public. There were three vital elements in the process:

- a collective realization that excessive alcohol consumption was causing immense and widespread suffering;
- concrete facts to back up the case against alcohol;
- a common will to tackle the problem.

A large number of social activists, political leaders, citizens and teams from SEARCH visited hundreds of villages, held meetings, and explained the findings. What they said accorded well with people's own experiences. A tribal folk tale was used extensively in support of the campaign. Formerly, the tale goes, people were all healthy and happy. The devil did not like this, so he prepared a decoction from the blood of parrot, tiger and pig. This he offered to people as a wonderful drink called "liquor". Anybody who drank it first became talkative like parrots, then roared and challenged everybody like tigers, and eventually became human pigs rolling in the gutter. People were asked to initiate their own action.

Within months a mass movement against alcoholism emerged in the district. Young people and women formed groups in their villages and passed resolutions to ban liquor, and marches were organized. Area-level conferences against liquor were held in four places. In November 1988 a district-level conference against alcohol was organized; 3000 delegates, half of them women, came from 150 villages. Some very poor people were among those who gave money towards the expenses of the conference. Men and women described alcohol-related suffering and how they tried to counter it by collective action. Women who had persuaded their addicted husbands to relinquish alcohol were publicly congratulated. Leading officials, including the district magistrate, the police chief and the excise officer, attended and were able to gauge the public mood. People described how certain police officers gave protection to liquor vendors and harassed members of the community who opposed illicit liquor. The police chief noted this and subsequently penalized the offending constables.

A district *Darumukti Sangathan* (organization for liberation from liquor) was formed and more resolutions were passed. A ban on the illicit sale and consumption of alcohol was put into effect in 200 villages. Women in one village locked up drunk men overnight and publicly disgraced them the next morning. A deputation visited a village where the ban was being defied, and warned the villagers that a boycott would be imposed in the absence of compliance; a day later the village fell into line.

The illicit liquor trade was thus stopped, but the sale of liquor in shops licensed by the government continued. These shops were invariably owned by local politicians and enjoyed official patronage. The state obtained substantial tax revenues from the

sale of liquor and said that this was necessary for welfare programmes. The people ridiculed this, saying that they would take better care of themselves if they retained more of their money, and that the government had no right to sell addiction.

A delegation met the minister in charge of the district and demanded that measures be taken against alcohol. The three members of the State Legislative Assembly in the district jointly submitted a memorandum to the Chief Minister demanding the closure of licensed liquor shops and the transfer of authority over the use of alcohol to the village communities. The people no longer wished to depend solely on the administration for the control of alcoholism. The issue of liquor policy in Gadchiroli is now before the State Cabinet in Bombay.

Although not completely abolished, alcohol consumption has been drastically reduced in about 200 villages. As a consequence, more money is available for children's food and clothing and there has been a reduction in the frequency of brawls and beatings.

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Women and young people have gained confidence through collective action. A monthly wall poster magazine has sprung up which publishes news, views and experiences on health and alcoholism. A gathering of 6000 small farmers took an oath to abstain from alcohol. The attention of the public and the government has focused on alcoholism as a public health



problem, and on state policy, which aggravates the situation. A state-level farmers' organization has adopted a programme against liquor shops. From small beginnings a wide movement against alcoholism is in the making.

### Features of a successful method

The outstanding lesson to be learned from this experience concerns the way the issue was identified, studied and communicated to people, and the consequent emergence of mass action. The counselling of individuals

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or hospital-based measures aimed at breaking the addiction would have touched only the fringes of the problem. Customary medical or epidemiological research would have produced recommendations that might never have seen the light of day. Our approach, on the other hand, turned the issue into a people's movement against alcohol. This was qualitatively different from what happened when we tried to tackle sickle cell disease. The distinguishing features of the successful anti-alcohol programme were as follows.

- There was no preplanned project or protocol.
- The problem was not identified by health researchers alone, as had happened with sickle cell disease. The collective approach ensured that the problem chosen for research was a major public concern, not purely a medical curiosity.

- The process of problem identification was not merely intellectual in character. There was a strong emotional element, because pain, suffering and the sharing of hardship were involved. This resulted in a powerful drive for action.
- The research was done by a large number of social activists, leaders, teachers and health workers. Throughout it was an open participatory process. Everybody understood not only what was being done but also why and how, so the results were readily accepted.
- At every stage, decisions were made not by individual researchers alone but by a large number of key members of the community. This ensured that corrective action had social roots rather than a purely medical basis.
- The generation of awareness about alcoholism differed from the usual process of health education, which culminates in exhortations to consult one's doctor. The actions suggested were designed to empower the people: organization, prevention of the entry of liquor into the villages, education of other people, and so on.
- The research workers and health professionals acted as animators, trainers and facilitators. They tackled the problem *with* the people, not *for* them.
- When the campaign gathered momentum, demand for changes in official policies quickly followed.

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Participatory research has its origins in non-formal adult education, where researchers with a background in social sciences realized the need to work with people in order to impart knowledge and stimulate action, rather than treat people merely as material for study. This approach

is based on the conviction that people have important knowledge about their own lives and problems. Collective identification, investigation and analysis of problems, followed by collective action to resolve them, amount to a scientific process in which members of the community are researchers. The outcome is an enhanced ability of the people to understand and solve their problems. The concept and methods of participatory research have been advanced by numerous case studies and experiences in the fields of adult education, rural development, and environmental protection (1, 2).

In the present work the traditional division between researchers and subjects did not exist. Hundreds of people participated, while we, along with many voluntary social activists, teachers and local political leaders, acted as catalysts. Experience of problems, information and action came from the people, whereas our main contribution was to help with the identification of issues and trends, quantification and decision-making. Thus, we involved ourselves in action and leadership along with others.

Participatory research and action may be applicable in situations where a problem of common concern exists, even if it is not expressed. The approach could be adopted, for instance, in tackling deficiencies in water supplies. On the other hand, it may not be suitable in basic research, e.g., vaccine development, or when few people are affected. The public, however, should be the judge in this matter. Public health researchers often have specific interests that may colour their judgement. Probably the single most important aspect of the participatory approach is its identification of issues with people.

The ultimate purpose of public health research is to generate knowledge and action

so as to resolve problems. Frequently, however, the identification of problems, the design and conduct of studies, the analysis and interpretation of data, and the making of recommendations amount to a highly technocratic and, as far as the lay person is concerned, mystifying process. The researcher may obtain satisfaction and recognition, but the people in general are unlikely to respond with interest, identification with the process, or initiative. Research often alienates people by medicalizing the problems tackled. Yet the professionals complain that there is no public interest or participation in public health programmes. Public health professionals tend to think in terms of large numbers, but people are more than statistical data. Research in this field should take this into account so as to achieve greater effectiveness. The concept and methodology of participatory research in public health and action should be developed and adopted more widely. □

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