Proposal

Alcohol Use, Support Preferences, and Historical Context Among Punjabi-Sikh Americans: Protocol for a Formative Multiphase Mixed Methods Study

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Abstract

Background: Alcohol use and alcohol-related harms among Punjabi-Sikh Americans remain understudied because Asian American health data are frequently aggregated, and stigma related to family honor (*izzat*) and the model minority myth may constrain help-seeking and research participation. Evidence from diaspora communities supports the need for culturally specific investigation. The literature reviewed for this protocol did not identify a validated alcohol-use measure or a culturally adapted intervention specifically for Punjabi-Sikh Americans; this gap should be reassessed as the literature evolves.

Objective: This study aims to (1) describe self-reported 30-day alcohol-use indicators among Punjabi-Sikh American adults in the San Francisco Bay Area; (2) explore descriptive patterns by available demographic, language, and cultural-context, and community-experience variables; and (3) assess community perceptions of culturally adapted support approaches informed by motivational interviewing principles and historical accounts of the *Amrit Prachar* movement.

Methods: This is a formative, exploratory, multiphase, mixed methods study with an initial quantitative survey phase followed by an overlapping qualitative phase. The quantitative component is a cross-sectional bilingual (English/Punjabi) web-based survey targeting 88 to 200 self-identified Punjabi-Sikh American adults aged 18 years or older who reside in the San Francisco Bay Area. The qualitative component consists of semistructured interviews (n=12-15) with Gurdwara committee members (n=4-5), *Amritdhari* Sikhs (n=4-5), and general-community participants (n=4-5). Interviews will explore perceptions of historical *Amrit Prachar* accounts and culturally relevant support approaches. Quantitative analyses will be descriptive and exploratory, with bivariate comparisons undertaken only where sample size and cell counts permit. Qualitative data will be analyzed using reflexive thematic analysis informed by the ecological model and structural competency.

Results: This study is in the preformal data-collection stage. Protocol development occurred from September 2025 to January 2026. The bilingual platform underwent pre–institutional review board (IRB) friend-and-family technical and bilingual-usability testing from February to April 2026 and is nonrecruiting. No formal participants have been recruited, and no formal study data have been analyzed. Pre-IRB platform records will be excluded from the planned research dataset, and their retention and disposition will be confirmed with the IRB of the University of California, San Francisco, before formal recruitment begins. IRB submission is planned for fall 2026. Formal data collection is projected to begin only after approval, targeting 88 to 200 completed surveys within 12 months of approved deployment. Interviews (n=12-15) are projected for winter 2026.

Conclusions: This protocol examines historical accounts of the *Amrit Prachar* movement alongside motivational interviewing principles as interpretive resources for investigating alcohol use and support preferences among Punjabi-Sikh Americans. By combining exploratory survey data with qualitative inquiry, the study is intended to inform the cautious future development of culturally grounded research and intervention approaches.

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Keywords: South Asian; Punjabi; Sikh; alcohol; substance use; alcohol use disorder; AUD; stigma; barriers; treatment; intervention

Introduction

Background

This protocol describes a formative, exploratory, multiphase, mixed methods study of alcohol-use patterns and support preferences among Punjabi-Sikh Americans. To the author's knowledge, no alcohol-risk screening measure has been specifically validated in this population, no published estimates describe the planned 30-day alcohol-use indicators specifically in this population, and no culturally adapted intervention has been tested for this community. The study addresses 3 gaps: limited disaggregated alcohol-use data, limited culturally grounded support frameworks, and the unexamined relevance of the historically documented *Amrit Prachar* movement for behavioral health research. The following background provides the theoretical, historical, and epidemiological context that motivates this protocol.

Structural competency describes how stigma and inequality can be shaped by broader social conditions [1]. Research has described substance use disorders and comorbidities among Asian Americans and Native Hawaiians/Pacific Islanders [2], although neither national data nor published evidence characterizes Punjabi-Sikh Americans as a distinct subgroup. In 2022, an estimated 29.5 million people aged 12 years or older in the United States had a past-year alcohol use disorder (AUD) [3]. Therefore, this protocol describes a community-specific, exploratory inquiry rather than a prevalence study. Model-minority stereotypes may obscure health inequities when heterogeneous Asian American populations are treated as a single group [4,5]. Post-9/11 discrimination and misidentification have further compounded the psychosocial stressors facing Punjabi-Sikh Americans [6].

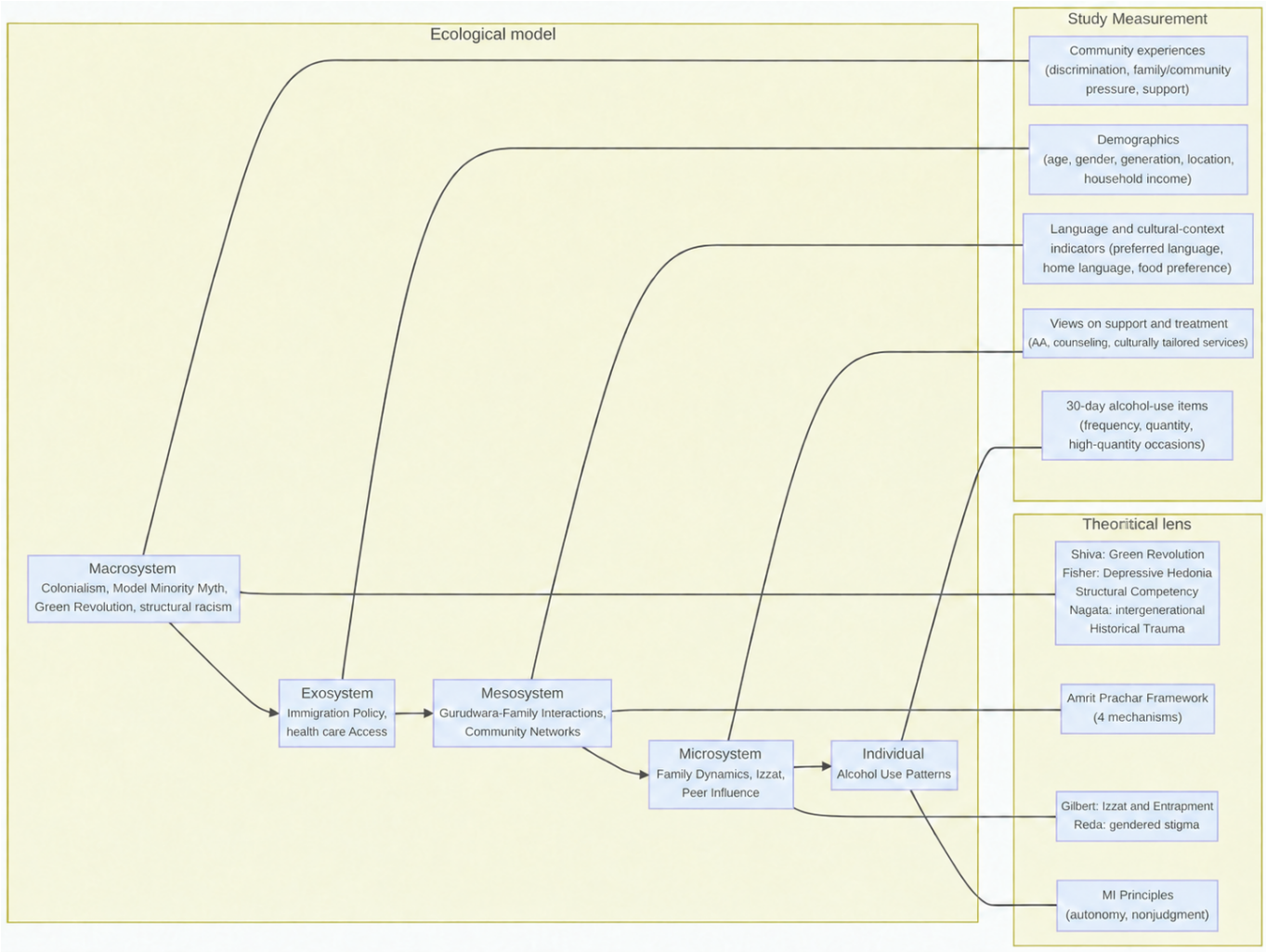
Epidemiological evidence from Asia and diaspora communities emphasizes that alcohol-related harms and AUD warrant culturally specific investigation. Danpanichkul et al [7] reported a substantial burden of alcohol-related liver disease and AUD across Asia, with marked variation among subregions. Cochrane and Bal [8] found that Sikh men in the United Kingdom were the most likely among South-Asian subgroups to be regular drinkers, with higher Alcohol Problem Scale scores than their White counterparts. More recent work by Hai et al [9] has challenged the assumption of low behavioral risk among Asian Americans broadly, while Singh and Siahpush [10] documented significant ethnic-immigrant differentials in health behaviors that are masked by aggregated categories. Alegría et al [11] describe how immigrant mental health patterns can vary by generation and socioeconomic context; these findings provide contextual rationale for examining generation in this study but do not establish alcohol use patterns among Punjabi-Sikh Americans.

Recent qualitative research further supports the need for disaggregated, culturally specific investigation. Zaidi [12] found that South Asian university students in Ontario negotiated substance use through gendered and religious expectations that structured "moral boundaries," with acculturation stress and peer belonging described as influences on consumption. Gao et al [13] reviewed access to mental health and substance use services among East and Southeast Asian immigrant youth and identified the model minority stereotype and cultural values as barriers to care. These findings do not establish the same mechanisms among Punjabi-Sikh Americans but support the need for population-specific inquiry.

Theoretical Framework

This study is grounded in an integrated theoretical framework that synthesizes 4 complementary perspectives. The Bronfenbrenner ecological systems theory [14] provides the structural architecture, situating alcohol use and help-seeking within nested systems: the microsystem (family dynamics, *izzat*, and peer influence), mesosystem (Gurdwara-family interactions and community networks), exosystem (immigration policy and health care access), and macrosystem (colonialism, the model minority myth, and structural racism). Nagata et al [15] describe pathways through which ethnoracial historical trauma may be transmitted intergenerationally through family communication, community narratives, and structural conditions. Structural competency [1] directs attention beyond individual-level cultural explanations to upstream social, economic, and political structures. Shim [16] similarly argues for addressing structural racism and social determinants in psychiatric inequities. Fisher's concept of "depressive hedonia" [17] and Shiva's political-economic analysis of the Green Revolution [18] are used here as interpretive lenses rather than variables tested as causal determinants. The protocol does not measure genetic variation and will not make inferences about alcohol-metabolizing variants in Punjabi-Sikh Americans. The relationships between the ecological model, theoretical lenses, and study-measurement domains are illustrated in Figure 1.

Figure 1. Conceptual framework mapped to study activities. Black connector lines map ecological levels and theoretical lenses to study-measurement domains; pale yellow-green regions distinguish model or lens groupings, and lavender boxes identify concepts and study measures. Figure generated with assistance from Manus 1.6 under author supervision. AA: Alcoholics Anonymous; MI: motivational interviewing.



Cultural Context: Izzat, Stigma, and Help-Seeking

The concept of *izzat* (family honor) may shape how some Punjabi-Sikh individuals and families understand stigma, disclosure, and help-seeking. Gilbert et al [19] described how concerns about family dishonor can obstruct help-seeking for stigmatized conditions in a South Asian clinical context. The phrase "Log Kya Kahenge*"* ("What will people say?") is used here as a cultural expression of possible community-judgment concerns [20]. Goel et al [20] identified mental health stigma as a barrier to eating-disorder treatment-seeking among South Asian American women. Reda [21] examined cultural barriers in substance-abuse and mental health treatment retention among South Asian American women, and Villongco and Druss [22] reported underuse of substance use treatment among Asian Americans. These sources provide contextual rationale for population-specific inquiry; they do not establish causal AUD-risk or treatment effects among Punjabi-Sikh Americans.

Historical Precedent: The Amrit Prachar Movement

The *Amrit Prachar* (literally "propagation of the nectar of immortality") refers to historical Sikh community campaigns that were centered on Khalsa initiation and abstinence during the period when Sant Jarnail Singh Bhindranwale led village-to-village campaigns across Punjab. His philosophy was encapsulated in 6 words: "nashey chaddo, amrit chhako, gursikh bano" ("Give up addictions, receive amrit, become good Sikhs") [23]. Sandhu's English translation and compilation of Bhindranwale's speeches and conversations, together with Singh's historical account, describe campaigns associated with Sant Jarnail Singh Bhindranwale in Punjab from his assumption of *Damdami Taksal* leadership in 1977 until his death in 1984 [23,24]. These sources describe particular historical accounts rather than a uniform representation of every *Amrit Prachar* activity or Sikh perspective. This protocol treats the accounts as historical context and does not interpret them as evidence that a public-health intervention was effective or appropriate.

Historical accounts describe themes of public commitment, community witnessing, structural critique, and broad

community delivery [23]. In this protocol, these are interpretive themes for qualitative exploration, not established behavior change mechanisms. Interviews will examine whether participants view such themes as supportive, coercive, irrelevant, or otherwise meaningful in a contemporary diaspora context.

These mechanisms align with themes described in research on established peer support programs. Joo et al [25] conducted qualitative research across seven established peer support programs and identified experiential knowledge, social connection, and practical guidance as central features. They also documented implementation challenges, including matching peer supporters and recipients and maintaining relationship boundaries, which were addressed through organizational processes. These findings support the need for structured safeguards when considering community-based support models.

Historical sources characterize the campaigns as involving substantial public participation and describe abstinence pledges, initiation, and changes in village social life [23,24]. These historical descriptions are not outcome evaluations, do not establish causal effects, and do not justify importing public-pledge practices into a contemporary health intervention.

However, the *Amrit Prachar*'s reliance on religious authority also raises risks of shame and social coercion that must be analyzed rather than assumed to be therapeutic. In Sandhu's English translation of Bhindranwale's January 1983 conversation with Surinderjit Singh Bains, Bhindranwale [23] used harsh and publicly humiliating rhetoric regarding a person who was intoxicated while wearing a kirpaan. This is evidence of severe coercive rhetoric in that particular translated conversation, not evidence that every *Amrit Prachar* activity or Sikh community member endorsed such punishment. Research on Sikh spirituality and recovery from alcohol addiction indicates that spirituality and identity can be meaningful in recovery [26], but it does not establish the safety or effectiveness of coercive public-pledge practices. Accordingly, any use of religiously resonant approaches requires participant autonomy, noncoercion, and careful empirical assessment.

This study proposes that *Amrit Prachar*'s potentially useful mechanisms (public commitment, community witnessing, structural critique, and accessible delivery) can be separated from coercive elements through integration with motivational interviewing (MI) principles. MI's emphasis on autonomy support, nonjudgmental engagement, and intrinsic motivation [27] provides a framework for minimizing shame and social pressure in any future intervention. Current digital health research illustrates relevant design approaches rather than evidence for the proposed Punjabi-Sikh framework. Lauckner et al [28] describe a randomized controlled trial protocol combining MI and ecological momentary intervention for hazardous alcohol use among sexual minority cisgender men and transgender individuals, and Masrani et al [29] describe real-world co-design and deployment of mobile health apps for substance use recovery. These studies do not evaluate the proposed framework; instead, they inform its cautious, empirical development.

Gaps in the Literature

This study identifies 3 gaps. First, to the author's knowledge, no published validation study has evaluated an alcohol-risk screening measure specifically for Punjabi-Sikh Americans, a population that is often subsumed within aggregated Asian or South Asian categories in national data systems [2,30]. Second, no culturally adapted alcohol use intervention has been tested for this community, while research among South Asian women documents concerns related to *izzat*, shame, and cultural barriers in mental health and substance use service use [19,21]. Third, the *Amrit Prachar* movement has not been examined as a possible historical framework for contemporary, autonomy-preserving public health research and intervention design.

This study aims to address these gaps by describing self-reported 30-day alcohol use indicators among participants; exploring demographic, language, and cultural context, and community-experience patterns; and examining community perceptions of support approaches informed by selected *Amrit Prachar* themes and MI principles.

Methods

Study Design

This is a formative, exploratory, multiphase, mixed methods study with an initial quantitative survey phase followed by an overlapping qualitative phase. The quantitative component is a cross-sectional survey describing 30-day alcohol use indicators and related contextual variables among Punjabi-Sikh Americans. The qualitative component consists of semistructured interviews exploring perceptions of the *Amrit Prachar* movement and cultural factors that may shape alcohol use and help-seeking. No intervention is administered. The study is informed by community-engaged research principles [31] and is planned for the San Francisco Bay Area from fall 2026 to summer 2027.

Community Engagement and Participatory Design

This study was developed using a community-engaged research approach informed by the principles of community-based participatory research (CBPR) outlined by Israel et al [31]. The student investigator is the sole researcher on this project and is a Punjabi-Sikh community member with lifelong ties to the study population. This study acknowledges that this process does not constitute full CBPR as defined by Israel et al [31], as community members did not serve as coinvestigators, sit on a formal advisory board, or hold decision-making power over the research design. Rather, the approach represents community-engaged research in which the investigator's insider status and informal community consultation informed study design within the constraints of a sole-investigator project.

Community consultation informed the study in 3 limited ways. First, a Punjabi-speaking community member reviewed an earlier survey draft for cultural sensitivity and identified wording that might elicit shame or social-desirability concerns. Second, the same reviewer translated that earlier survey draft into Punjabi and checked culturally specific terms for community-appropriate phrasing. The income brackets, 3-or-more-drink items, and first-source recruitment options added after that review require renewed bilingual human review before formal use. Third, community contacts provided nonbinding advice on culturally appropriate future outreach channels. These activities informed draft materials only; no formal study recruitment occurred before institutional review board (IRB) approval.

Decision-making authority over study design remained solely with the student investigator. This community-engagement model is not a fully constituted CBPR partnership: community members did not serve as coinvestigators, sit on a formal advisory board, or hold decision-making authority. The Punjabi-speaking community member's role was limited to translation and cultural review of an earlier survey draft. The student investigator will conduct the planned analyses and will seek methodological and cultural feedback from an assigned faculty advisor and appropriate community consultants before dissemination; this process will not be represented as independent double coding or shared authorship unless roles materially change.

Study Population and Sampling

The target population is self-identified Punjabi-Sikh American adults aged 18 years or older who reside in the San Francisco Bay Area. Before the formal study survey begins, the IRB-approved recruitment flow will screen for age, self-identified Punjabi-Sikh eligibility, and current Bay Area residence. Recruitment will use nonprobability web-based and community-based outreach through university program coordinators, Punjabi student organizations, Gurdwara leadership, community organizations, bulletin boards, and social media. Informal word-of-mouth referrals may broaden outreach, but the study will not use respondent-driven sampling and will not apply respondent-driven sampling weights or claim population representativeness.

The sampling strategy is informed by literature on barriers and facilitators of Asian American research participation. Katigbak et al [32] reviewed barriers to research participation among Asian Americans and described CBPR approaches to recruitment. Hu et al [33] characterized technology access and health communication preferences among South Asian immigrants with prediabetes or diabetes, while Aldosari et al [34] identified language, cultural relevance, and access considerations in a scoping review of digital health among South Asian communities. These studies inform the assessment of bilingual and community-mediated recruitment, but they do not establish the effectiveness of this study's recruitment approach.

If approved by the IRB, recruitment will use bilingual English/Punjabi materials and culturally appropriate outreach channels, consistent with the literature on cultural and linguistic accessibility in Asian American research participation [32]. The student investigator is a second-generation Punjabi-Sikh American with established relationships in Bay Area Gurdwaras and Punjabi community organizations. A Punjabi-speaking community member provided translation support and cultural review of an earlier instrument draft. This individual will not be represented as an independent analyst unless that role is formally established. Future recruitment materials will only use language that is approved for the final protocol.

Sample Size Justification

The minimum sample of 88 was selected from an a priori G*Power 3.1 (Heinrich-Heine-Universität Düsseldorf) calculation for a single prespecified 2-by-2 chi-square comparison, assuming a medium effect size (w=0.30), α=.05, and 80% power [35]. This calculation does not establish population-representative precision or adequate power for multiple outcomes or subgroup analyses. The target of 88 to ~200 completed surveys is intended to support descriptive summaries and a limited number of exploratory bivariate comparisons only when sample size, distributional assumptions, and cell counts permit. The study is not powered for broad subgroup testing or multivariable regression across gender, generation, income, and other characteristics. Alcohol use variables will be analyzed as their reported 30-day components rather than as a diagnostic AUD or validated AUDIT-C (Alcohol Use Disorders Identification Test–Consumption) risk category.

Data Collection: Phase 1 (Quantitative Survey)

Data will be collected through a confidential survey available in English and Punjabi. The current instrument contains 21 configured items across six domains (Multimedia Appendix 1): (1) demographics (7 items: age, gender, generation, city, state, optional ZIP code, and optional household income using 6 ordered brackets plus a prefer-not-to-answer option); (2) 30-day alcohol use (3 adapted descriptive items informed by the 30-day time frame and item structure of the 2023 Behavioral Risk Factor Surveillance System (BRFSS) questionnaire [36], with a study-specific modification defining the high-quantity item as 3 or more drinks on an occasion for every participant regardless of sex or gender); (3) language and cultural-context indicators (3 custom contextual items on preferred language, language used at home, and food preference); (4) views on support and treatment (4 custom items on Alcoholics Anonymous [AA], counseling, culturally tailored services, and desired support); (5) community experiences (3 open-ended items on discrimination, family/community pressure, including *izzat*, and support systems); and (6) recruitment source (one single-response item asking where the participant first heard about the study). The instrument does not define one drink; drink-count responses therefore reflect participant interpretation. The 3-or-more threshold is a descriptive study-specific indicator, not a sex-specific binge-drinking definition, diagnostic measure, or validated risk classification. The language and cultural-context items are not

comprehensive measures of Sikh identity or acculturation, are not the Suinn-Lew Asian Self-Identity Acculturation Scale (SL-ASIA), and will not be scored as SL-ASIA. Participants reporting zero drinking days are not asked the 2 follow-up alcohol questions; thus, not every participant receives every displayed item. Table 1 summarizes the domains and Table 2 presents the planned data types and study phases.

Table 1. Survey instrument domains and measures (21 configured items across 6 domains).

Domain	Construct	Instrument/source	Items
1. Demographics	Age, gender, generation, city, state, optional ZIP code, and optional annual household income (6 ordered brackets plus prefer not to answer)	Custom questions	7
2. 30-day alcohol use	Drinking days, average drinks on drinking days, study-specific high-quantity occasions (3 or more drinks, regardless of sex or gender; one drink undefined)	Adapted 30-day items informed by BRFSS[a] [36]; Q6 threshold modified to study-specific 3 or more drinks	3; Q5-Q6 conditionally skipped after 0 drinking days
3. Language and cultural context	Preferred language, language at home, and food preference	Custom contextual indicators; not comprehensive identity or acculturation measures; not SL-ASIA[b]	3
4. Views on support and treatment	Views of AA[c], counseling, cultural tailoring, and desired support	Custom questions (2 open-ended, 1 categorical, and 1 optional open-ended)	4
5. Community experiences	Discrimination; family/community pressure, including *izzat*; support systems	Custom open-ended questions	3
6. Recruitment source	First source from which the participant heard about the study	Custom single-response categorical question	1

[a]BRFSS: Behavioral Risk Factor Surveillance System.
[b]SL-ASIA: Suinn-Lew Asian Self-Identity Acculturation Scale.
[c]AA: Alcoholics Anonymous.

Table 2. Data collection domains and planned analyses.

Domain	Measure/instrument	Items	Phase	Data type
1. Demographics	Custom questions; household income uses 6 ordered brackets plus prefer not to answer	7	Survey	Categorical/free text
2. 30-day alcohol use	Adapted descriptive 30-day items informed by BRFSS[a] [36]; study-specific 3-or-more-drinks threshold applied regardless of sex or gender; one drink undefined	3; conditional follow-up after drinking days >0	Survey	Count/numeric
3. Language and cultural context	Custom contextual indicators; not comprehensive identity or acculturation measures; not SL-ASIA[b]	3	Survey	Categorical
4. Views on support and treatment	Custom questions	4	Survey	Open text/ categorical
5. Community experiences	Custom open-ended questions	3	Survey	Text/thematic
6. Recruitment source	Custom single-response first-source question	1	Survey	Categorical; one response
7. Qualitative depth	Semistructured interview guide (5 thematic domains; 3 mutually exclusive sampling categories assigned in the order: current Gurdwara committee member, *Amritdhari* Sikh, general-community participant)	—[c]	Interviews (n=12-15)	Narrative/ thematic

[a]BRFSS, Behavioral Risk Factor Surveillance System.
[b]SL-ASIA: Suinn-Lew Asian Self-Identity Acculturation Scale.
[c]Not applicable.

The open-ended community-experience items provide an initial exploration rather than comprehensive measurement of the ecological and theoretical constructs. They are intended to identify salient themes for deeper examination in the qualitative interviews. The semistructured guide includes probes on family agricultural history and migration narratives, community institutional dynamics, family honor, and peer influence. The survey does not administer a validated scale for the ecological model, Green Revolution theory, depressive hedonia, or acculturation; it combines 3 adapted descriptive 30-day alcohol use items informed by the BRFSS time frame and item structure, with Q6 modified to a study-specific threshold of 3 or more drinks for every participant, along with custom demographic, proxy, and open-ended items. Findings from these measures will therefore be interpreted as exploratory and hypothesis-generating.

Data Collection: Phase 2 (Qualitative Interviews)

Semistructured interviews (n=12-15) will be conducted with three purposively recruited subgroups: (1) Gurdwara committee members (n=4-5), (2) *Amritdhari* Sikhs (n=4-5), and (3) general-community participants (n=4-5). To avoid double counting, each interview participant will be assigned

once using this hierarchy: current Gurdwara committee member first; *Amritdhari* Sikh second; and general-community participant third. The hierarchy is used only to monitor purposive sampling balance and will not be used for statistical between-group comparisons. Interviews will be conducted in English or Punjabi, in person, by telephone, or by videoconference based on participant preference. Each interview is anticipated to last 45 to -60 minutes and will follow a guide organized across 5 thematic domains (Multimedia Appendix 2). Because the survey does not collect contact information or consent for follow-up, interview participants will be recruited separately through IRB-approved community outreach and will not be linked to individual survey responses.

The qualitative component is designed to provide contextual depth for the study's exploratory theoretical lenses. While the survey describes self-reported alcohol use indicators and community-experience responses, interviews will explore participants' accounts of macrosystem forces, family and community dynamics, and the contemporary relevance of the *Amrit Prachar* movement. Religious observance is not treated as a quantitative exposure; related meanings and practices are qualitatively explored. The interviews will not establish causal mechanisms but can contextualize patterns observed at the study level.

Data Analysis

Quantitative data will be processed with IBM SPSS and analyzed descriptively first. The analysis will characterize the sample and report distributions of the three 30-day alcohol use items: drinking days, average drinks on drinking days, and study-specific high-quantity occasions of 3 or more drinks. The 3-or-more threshold will be applied identically, regardless of sex or gender, and will not be labeled as a validated binge-drinking threshold, diagnosis, or participant risk category. Where sample size, distributional assumptions, and cell counts permit, a limited number of prespecified exploratory bivariate comparisons may examine these items by generation, gender, and household-income categories. Sparse income categories may be combined transparently for analysis. The study will not generate AUD prevalence estimates, administer or score SL-ASIA, measure religious observance, calculate a validated AUDIT-C score, or perform correlations using the open-ended discrimination responses. Effect sizes and uncertainty intervals will be reported where applicable; analyses will be explicitly labeled exploratory and hypothesis-generating.

Qualitative interview data will be analyzed using reflexive thematic analysis [37]. Interviews will be audio-recorded, transcribed verbatim, and coded iteratively by the student investigator. Initial codes will be generated inductively and then organized into themes informed by the Bronfenbrenner ecological levels. Rigor will be supported through reflexive memoing, an audit trail of coding decisions, and methodological consultation with an assigned faculty advisor or qualified peer reviewer when available. The anticipated sample of 12 to 15 interviews is provisional. Sampling progress, representation across the planned participant groups, and thematic sufficiency will be transparently reviewed during data collection [38].

Mixed Methods Integration

This study uses a multiphase mixed methods design in which an initial quantitative survey phase is followed by an overlapping qualitative interview phase. Integration will occur at the study level, not through individual participant linkage. Preliminary descriptive survey findings may inform the refinement of qualitative prompts and sampling attention at the group level. Survey patterns and interview themes will be merged in joint displays to identify areas of convergence, divergence, and contextual explanation. Because survey respondents will not provide follow-up contact information, qualitative participants will be recruited separately and will not be selected on the basis of individual survey responses or alcohol use indicators. The results of this study will use a weaving approach that presents quantitative and qualitative findings together by theme while distinguishing descriptive associations from qualitative interpretation.

Data Management and Confidentiality

No new survey data are currently being collected. During prior pre-IRB friend-and-family platform testing, records included age, gender, generation, city, state, optional ZIP code, household income, free-text responses, a user-agent string, and submission metadata; in a small community, such fields may function as indirect identifiers. Future formal collection, if approved, will be described as confidential rather than fully anonymous. Before formal recruitment, the IRB-approved data management plan will specify the minimum necessary location data, access controls, data transfers, notification and export practices, retention period, and any cell-suppression rules. Qualitative audio recordings, if approved, will be stored on an encrypted drive accessible only to the student investigator, destroyed after transcription verification, and transcribed with names and identifying details removed or generalized.

Researcher Positionality

The student investigator is the sole researcher on this study and identifies as a Punjabi-Sikh American and a member of the study community. This insider status may support trust and culturally informed interpretation while also creating risks of assumption and social desirability bias. A Punjabi-speaking community member provided translation and cultural review. As a sole-investigator project, the study will use reflexive memoing, an audit trail, and methodological consultation with an assigned faculty advisor or qualified peer reviewer, when available, to mitigate bias.

Ethical Considerations

As of September 2026, the study protocol has not yet been submitted for University of California, San Francisco (UCSF) IRB review. The student investigator anticipates IRB submission after assignment of a faculty advisor. The survey platform underwent pre-IRB friend-and-family testing of technical and bilingual usability between February and

April 2026, and pre-IRB platform records exist. The public platform is now nonrecruiting and does not accept new responses. Existing records will be excluded from the planned formal research dataset and will not be analyzed or reported as study findings. Their retention, deletion, or other disposition will be determined with UCSF IRB guidance before formal recruitment. Formal data collection will commence only after IRB approval, consistent with UCSF policy for human-participants research [39].

The study protocol will be submitted to the UCSF IRB. The applicable review category, consent procedures, and any waiver of signed documentation of consent will be determined by the IRB. The planned bilingual online consent screen will describe the study purpose, voluntary nature, confidentiality limits, indirect-identification risks, nonaffiliation with immigration or law-enforcement agencies, and the distinction between pre-IRB platform records and formal study data.

Given the impact of *izzat* and stigma associated with alcohol use in Punjabi communities, confidentiality protections are essential. The survey does not collect names, email addresses, telephone numbers, or IP addresses, and data are transmitted through HTTPS. Because location, demographics, user-agent information, and free-text responses can create indirect-identification risks, formal reporting will use aggregate presentation, small-cell suppression, and careful review of quotations before dissemination. The final thresholds and procedures will be specified in the IRB-approved protocol.

This study recognizes that research on stigmatized topics in close-knit communities carries a risk of community-level harm [40]. To mitigate this risk, all findings will be framed within the structural competency framework, emphasizing systemic determinants rather than individual or cultural pathology. Before publication, the investigator will seek culturally appropriate review from Punjabi-speaking community consultants when feasible and consistent with the IRB-approved dissemination plan. All publications will use person-first, nonstigmatizing language and will present Punjabi cultural concepts (*izzat*, *be-izzati*, and *amrit*) respectfully, following community usage.

Dissemination Plan

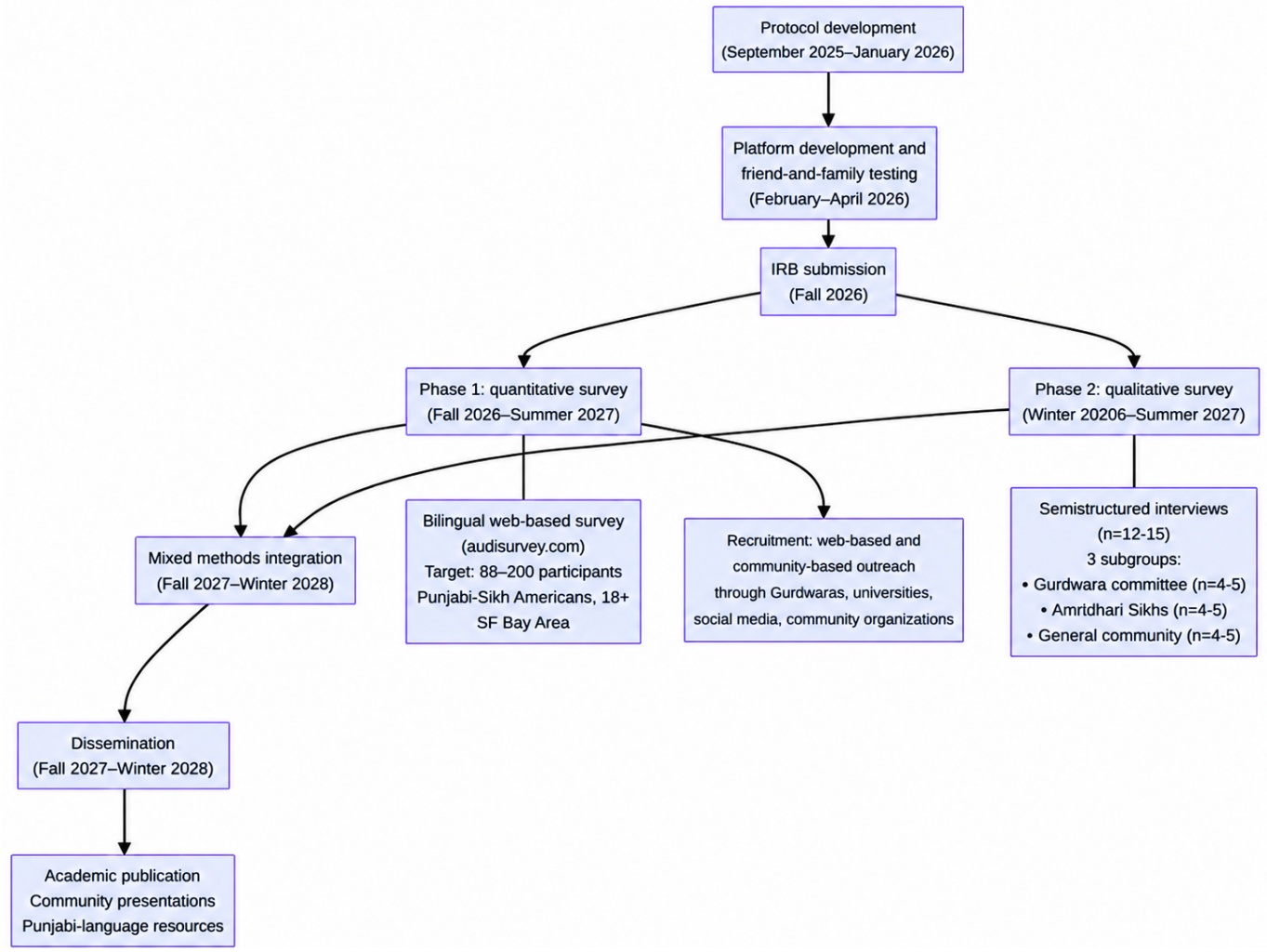
Findings will be disseminated through multiple channels. Academic dissemination will include peer-reviewed publications and conference presentations. Community dissemination may include presentations at local Gurdwaras and community centers, a Punjabi-language summary distributed through community networks, and a report to community stakeholders. Before public release, the investigator will seek culturally appropriate review from Punjabi-speaking community consultants when feasible and consistent with the IRB-approved dissemination plan.

Results

The Current Study Status

This study is in the preformal data collection stage. Protocol development began in September 2025 and included literature review, theoretical framework development, survey design, and limited community consultation. The bilingual web-based platform underwent pre-IRB friend-and-family testing of technical and bilingual usability between February and April 2026 and is currently nonrecruiting. No formal participants have been recruited, and no formal study data have been analyzed. Pre-IRB platform records will not be included in the formal study dataset or reported as study findings; their disposition requires UCSF IRB guidance before formal recruitment. The overall study design and timeline are presented in Figure 2.

Figure 2. Study design and timeline. Lavender boxes indicate study stages or activities; black arrows indicate planned progression and integration. The bilingual web-based survey platform is described in reference [41]. CBR: community-based recruitment; IRB: institutional review board; SF: San Francisco; WBS: web-based sampling.



Projected Formal Study Timeline

The protocol will be submitted for IRB review at the UCSF in fall 2026 upon assignment of a faculty advisor. Formal recruitment through community organizations, Gurdwaras, and social media channels is projected to begin only after IRB approval and no earlier than fall 2026. The target sample of 88 to 200 completed surveys is anticipated within 12 months of formal deployment. Qualitative interviews (n=12-15) are projected to begin in winter 2026, contingent on IRB approval. Data analysis and manuscript preparation for the full results paper are anticipated for fall 2027.

Discussion

Principal Findings

This protocol makes 3 prospective contributions to substance use research in underserved populations. By centering a community that is often aggregated into broader Asian American categories, it applies a disaggregated, culturally specific research approach relevant to health equity [1,2,7,13]. The study explores whether selected historical *Amrit Prachar* mechanisms can inform future motivational-interviewing support research without assuming that the historical model was safe or effective as an intervention [23,27]. The multilevel framework combines ecological systems theory, structural competency, and historical political lenses to guide exploratory interpretation rather than causal testing. The survey is designed to describe alcohol use indicators and community-experience responses, while interviews provide contextual accounts.

Theoretical Contributions

If supported by participants' accounts, this research may contribute to theory by examining whether ecological systems theory and historical-trauma scholarship provide useful interpretive lenses for understanding alcohol use and help-seeking in a Punjabi-Sikh diaspora context. Fisher's and Shiva's work will be used as contextual and political-economic lenses, not as constructs that the brief survey can validate or as evidence of causal pathways. Any theoretical contribution will therefore be exploratory and limited by the nonprobability sample and the study's descriptive design.

Strengths and Limitations

This study has several strengths, including its multiphase mixed methods design combining descriptive alcohol use data with qualitative depth, bilingual survey access, community-engaged development, an integrated theoretical framework, and historical grounding in the *Amrit Prachar* movement. Qualitative interviews add contextual depth for ecological and historical political interpretation that brief survey items cannot provide. These strengths do not convert the custom items into validated measures or permit causal inference.

However, the study also has limitations. The cross-sectional survey design means that we cannot establish causality. The purposive sampling strategy may introduce selection bias, and the focus on the Bay Area limits generalizability. The reliance on self-report measures may be subject to social desirability bias. Because the instrument intentionally leaves the meaning and size of one drink undefined, drink counts may vary according to participant interpretation and cannot be assumed to represent standardized ethanol quantities. The study-specific 3-or-more-drinks threshold is applied uniformly, regardless of sex or gender, and is not a validated binge-drinking threshold. The community engagement model, while informed by CBPR principles, represents an early-stage implementation with limited community consultation rather than a fully constituted community advisory board, a limitation that the study acknowledges transparently. Finally, the study does not test an intervention, and it generates the formative data needed to design one.

Comparison With Prior Work

This study can be contextualized by prior health-equity research involving Native Hawaiian and Pacific Islander (NHPI) communities. Data aggregation and historical trauma have been documented as concerns in NHPI health research [42,43], and NHPI populations have historically been combined with Asian Americans in the "AAPI" category [44]. Disaggregated analyses have identified substantial alcohol-related needs in some NHPI samples; for example, one study reported that 49% of Pacific Islander young adults screened positive for possible AUD [45]. Related work has described substance use, mental health, and treatment needs among NHPI populations during COVID-19 [46]. CBPR and culturally responsive health-promotion work in NHPI communities illustrate the potential value of trusted community settings and culturally responsive engagement [47,48], but they do not establish the effectiveness of Gurdwara-based recruitment or intervention delivery. Studies of faith-based programs and barbershops similarly provide contextual examples of trusted nonclinical settings rather than direct evidence for the proposed study approach [49,50]. Recent JMIR research also documents variation in cigarette, cannabis, and alcohol use across Asian American NHPI cultural subgroups [51], reinforcing the methodological importance of subgroup-specific data.

Chances and Risks of Public-Pledge Models With Religious Connotations

Public-pledge models with religious connotations may carry both perceived benefits and potential risks. This study will not implement such a model; instead, the interviews will examine how community members understand voluntary commitment, religious authority, autonomy, and stigma in relation to alcohol-related support.

Religious framing of abstinence may be experienced as supportive by some participants and burdensome by others. The historical source material includes harsh language about consequences for oath-breaking [23]. Rather than infer outcomes from that rhetoric, this study will ask participants how voluntary commitment, stigma, and help-seeking are understood in contemporary contexts.

Public-pledge models may also create social pressure or discomfort for some people. The study will explore these possibilities as participant perceptions rather than treat them as established outcomes of the historical movement.

Community witnessing may be understood as accountability, support, social pressure, or some combination of these. In a close-knit community in which *izzat* may affect help-seeking, the study will explore these meanings without assuming that public witnessing increases or reduces alcohol-related disclosure.

If future intervention development is pursued, MI principles provide one possible framework for emphasizing autonomy support and nonjudgmental engagement [27]. This protocol does not test an intervention and cannot establish that any historical harm would be avoided; its findings may inform subsequent, separately developed and tested research.

Intersectionality: Gender, Generation, and Class

Experiences of alcohol use and help-seeking may vary within the Punjabi-Sikh community by gender, generation, and socioeconomic position. The study will explore whether the descriptive alcohol use indicators and open-ended support responses differ across available demographic categories, while recognizing that the planned sample is not powered for broad intersectional inference. Household income is included as an optional demographic item to support exploratory description of socioeconomic context.

Future Directions

The findings may inform future, separately developed, culturally adapted support research. Any such work would require additional community partnership, intervention development, ethical review, feasibility testing, and outcome evaluation before conclusions about effectiveness or safety could be drawn.

Policy Implications

If the study identifies material barriers or support preferences, its findings may inform future policy and service discussions about disaggregated data collection, culturally and

linguistically responsive research, and community partnerships. The protocol itself cannot establish a federal mandate, validate Punjabi-language screening tools, or demonstrate the effectiveness of Gurdwara-based intervention delivery.

Conclusions

Alcohol use and alcohol-related support needs among Punjabi-Sikh Americans are understudied health-equity concerns that warrant culturally informed, community-engaged research. This protocol describes a formative, multiphase, mixed methods study that uses structural competency, ecological systems theory, and the historical *Amrit Prachar* movement as interpretive lenses. By describing 30-day alcohol use indicators and community perspectives, the study may inform future culturally grounded research, intervention development, and discussions of disaggregated data among Asian American subgroups.

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Generative AI Use

The author declares the use of generative AI (GenAI) in the research and writing process. In accordance with the Generative AI Delegation Taxonomy (GAIDeT) [51], the following tasks were delegated to GenAI tools under full human supervision: code generation, reformatting, and quality assessment. The GenAI tool used was Manus 1.6. Responsibility for the final manuscript lies entirely with the author. GenAI tools are not listed as authors and do not bear responsibility for the final outcomes. Manus 1.6 was used to assist with (1) code generation for the web-based survey platform, including front-end interface design and bilingual functionality; (2) table reformatting; (3) reference and consistency checking; (4) generation of Figures 1-2 from author-provided conceptual content, with subsequent revision under the author's review. The author retained full intellectual oversight and is solely responsible for the study conception, design, literature review, factual accuracy, and final manuscript wording.

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Data Availability

This is a study protocol. Pre–institutional review board (IRB) platform records exist but will be excluded from the planned formal research dataset and will not be analyzed or reported as study findings; their retention and disposition require University of California, San Francisco, IRB guidance. Following approved data collection and analysis, the feasibility of sharing deidentified quantitative data will be determined with attention to indirect-identification risk in a small community. Qualitative interview transcripts will not be publicly shared because of the risk of participant identification, but controlled access may be considered with appropriate data-use procedures. The survey instruments are available in Multimedia Appendices 1 and 3. The protocol-reporting crosswalk and future results-reporting plan are available in Multimedia Appendix 4.

Authors' Contributions

HSS conceptualized the study, conducted the literature review, designed the methodology, developed the survey instrument, and wrote the manuscript. This manuscript is solely authored in accordance with ICMJE (International Committee of Medical Journal Editors) criteria. The student investigator independently conceived the study, designed the methodology, developed the survey instrument, conducted the literature review, and wrote the entire manuscript without substantive intellectual contribution from any other individual. As of the date of submission, the student investigator has not yet been assigned a faculty advisor at the University of California, San Francisco; therefore, no supervisor contributed to the protocol development, study design, or manuscript preparation. A Punjabi-speaking community member who provided translation and cultural review of an earlier survey draft is acknowledged in the *Acknowledgments* section, consistent with ICMJE guidelines distinguishing acknowledgment from authorship. The newly revised Punjabi items require renewed bilingual human review before formal use. Should a faculty advisor be assigned prior to completion of data collection, their contributions to subsequent publications will be evaluated against ICMJE authorship criteria at that time.

Conflicts of Interest

None declared.

Multimedia Appendix 1

English survey.
[DOCX File (Microsoft Word File), 23 KB-Multimedia Appendix 1]

Multimedia Appendix 2

Qualitative interview guide.
[DOCX File (Microsoft Word File), 6527 KB-Multimedia Appendix 2]

Multimedia Appendix 3

Punjabi survey.
[DOCX File (Microsoft Word File), 6681 KB-Multimedia Appendix 3]

Multimedia Appendix 4

Protocol reporting crosswalk.
[DOCX File (Microsoft Word File), 212 KB-Multimedia Appendix 4]

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Abbreviations

AA: Alcoholics Anonymous
AUD: alcohol use disorder
AUDIT-C: Alcohol Use Disorders Identification Test–Consumption
BRFSS: Behavioral Risk Factor Surveillance System
CBPR: community-based participatory research
IRB: institutional review board
MI: motivational interviewing
NHPI: Native Hawaiian and Pacific Islander
SL-ASIA: Suinn-Lew Asian Self-Identity Acculturation Scale
UCSF: University of California, San Francisco

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