# Examining the Socioeconomic and Health Impacts of Alcohol Consumption among Taxi Drivers

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## Abstract

*This study investigated the socioeconomic and health effects of alcohol consumption among taxi drivers in Kathmandu Metropolitan City, Bagmati Province. A survey-based approach was used, and data were gathered through structured interviews. The information was analyzed with descriptive statistics and presented using tables and figures to explore respondents' socio-demographic details, drinking patterns, and reasons, and health issues related to alcohol use. The results show that regular alcohol use is very common among taxi drivers, with about 65% of Newar, 40% of Brahmin, and 72.5% of Tamang respondents reporting frequent drinking. A smaller number drink occasionally, such as during festivals, celebrations, or monthly. Overall, regular drinking was the most common pattern across all groups. The study also found that Brahmin respondents spent more money on alcohol each month compared to others. These findings have important implications for public health, policy, and socioeconomic stability. The widespread alcohol use among taxi drivers emphasizes the need for targeted awareness campaigns, workplace health programs, and culturally aware prevention strategies. Policies that focus on health education, regulation, and support services are crucial to lowering alcohol-related health risks and reducing its economic and social impacts on drivers and their families.*

**Key words:** Alcohol consumption; Taxi drivers; Socioeconomic status; Occupational health; Public health

## Introduction

Alcohol consumption is widely recognized as a major global public health concern and a significant contributor to disease burden and premature mortality. According to the World Health Organization, harmful alcohol use accounts for approximately 3 million deaths each year worldwide and is associated with more than 200 diseases and injury conditions (WHO, 2018). Alcohol misuse has been linked to liver cirrhosis, cardiovascular diseases, cancers, mental disorders, and injuries, as well as social consequences such as violence, family disruption, and reduced productivity (Rehm et al., 2009; WHO, 2018). In Nepal, a multiethnic and multicultural country with 125 caste and ethnic groups and 123 languages, alcohol consumption is deeply embedded in many cultural and social practices (CBS, 2011). However, increasing urbanization, lifestyle changes, and economic pressures have contributed to a rise in harmful drinking patterns, particularly among working-age adults. Limited access to healthcare services, especially among low-income groups, further intensifies the public health impact of alcohol misuse in the Nepalese context.

Alcohol use is also closely connected to occupational health and safety. Taxi driving is considered a high-risk occupation due to long working hours, irregular schedules, traffic congestion, noise exposure, and high levels of psychological stress (Tse et al., 2006). Professional drivers often

experience fatigue, sleep deprivation, and job insecurity, which may increase the likelihood of alcohol consumption as a coping strategy (Useche et al., 2018). Alcohol impairment significantly reduces reaction time, coordination, and decision-making ability, increasing the risk of road traffic accidents and injuries (WHO, 2018). Evidence suggests that alcohol use among drivers is a major contributor to road traffic fatalities worldwide, particularly in low- and middle-income countries where road safety enforcement is limited (Peden et al., 2004). In Nepal, rising urban traffic congestion and increasing numbers of public vehicles have made the safety of professional drivers an important public health and transport policy concern.

Beyond health and safety risks, alcohol consumption has substantial socioeconomic implications. Studies have shown that harmful alcohol use contributes to reduced work productivity, absenteeism, job loss, and increased healthcare expenditure (Baumberg, 2006; Rehm et al., 2009). At the household level, alcohol-related spending can divert income away from essential needs such as food, education, and healthcare, leading to financial instability and social conflict (Thavorncharoensap et al., 2009). Families of heavy drinkers often experience deteriorating relationships, domestic violence, and social isolation. These socioeconomic consequences are particularly severe in developing countries like Nepal, where many households already face economic vulnerability. Research on alcohol use among professional drivers remains limited in Nepal, despite international evidence highlighting the association between alcohol consumption, occupational stress, and road safety risks. Existing studies have often focused either on general alcohol-related health issues or on road safety separately, leaving a significant research gap in understanding the combined health and socioeconomic effects of alcohol use among taxi drivers. Addressing this gap is crucial for designing effective workplace health programs, road safety policies, and culturally appropriate prevention strategies.

Therefore, this study aims to examine alcohol consumption among taxi drivers in Kathmandu Metropolitan City and explore its health and socioeconomic consequences. By investigating patterns, causes, and impacts of alcohol use among this occupational group, the study seeks to generate evidence that can inform public health interventions, transport safety policies, and community awareness programs. The findings are expected to contribute to improved occupational health, enhanced road safety, and reduced alcohol-related socioeconomic burdens in urban Nepal.

**Methodology**

This study used a quantitative survey design aligned with its objectives and scope. A total of 120 respondents were purposively selected, consisting of alcohol-using cab drivers from Kathmandu Metropolitan City representing three ethnic groups: Newar, Brahmin, and Tamang, with 40 participants from each group to ensure balanced representation. The researcher independently created and administered a structured interview schedule divided into two sections: the first gathered socio-demographic information, and the second examined alcohol consumption patterns and related health consequences. To promote effective communication and accurate responses, the interview schedule was translated into Nepali and administered during data collection. Completed interviews were compiled and systematically organized for analysis using a master chart. The data were categorized into relevant themes and analyzed with descriptive statistics, including frequency and percentage.

The results were then presented through tables, bar diagrams, and line charts to facilitate clear interpretation and reporting of the findings.

## Results and Discussion

In this section, common socio-demographic characteristics of the respondents have been collected, which can not disclose their complete socio-demographic characteristics, due to the multi-lingual, cultural, and ethnic society. Their common socio-demographic characteristics are presented below:

### Distribution of the Respondents by their Age

In this study, 120 respondents were selected who were alcohol users, and for the convenience of the study and the researcher, respondents above the age of 20 were included. The ages of the respondents varied and were grouped in five-year intervals, as shown in the table below.

Table 1: *Distribution of the Respondents by their Age*

| Age Group | Newar | | Brahmin | | Tamang | |
|---|---|---|---|---|---|---|
| | **No.** | **Per.** | **No.** | **Per.** | **No.** | **Per.** |
| **21-25** | 6 | 15.00 | 11 | 27.5 | 9 | 22.5 |
| **26-30** | 9 | 22.5 | 10 | 25.00 | 10 | 25.00 |
| **31-35** | 12 | 30.30 | 7 | 17.5 | 6 | 15.00 |
| **36-40** | 8 | 20.00 | 5 | 12.5 | 13 | 32.5 |
| **41-45** | 3 | 7.5 | 4 | 10.00 | 2 | 5.00 |
| **46 Above** | 2 | 5.0 | 3 | 7.5 | - | - |
| **Total** | 40 | 100 | 40 | 100 | 40 | 100 |

The data from the table no. 1 shows that mainly the people of young age of all communities are found using alcohol. In the context of Newar, 15 percent were in the age group of 21 to 25, 22.5 percent were in the age group of 26 to 30, 30.30 percent were in the age group of 31to 35, 20 percent were in the age group of 36 to 40, 7.5 percent were in the age group of 41 to 45 and 5 percent were in 46 and above.

In the context of Brahmin, 27.5 percent were in the age group of 21 to 25, 25 percent were in the age group of 26 to 30, 17.5 percent were in the age group of 31 to 35, 12.5 percent were in the age group of 36 to 40, 10 percent were in the age group of 41 to 45, and 7.5 percent were 46 and above. Similarly, in the context of Tamang, 22.5 percent were in the age group of 21 to 25, 25 percent were in the age group of 26 to 30, 15 percent were in the age group of 31 to 35, 32.5 percent were in the age group of 36 to 40, 5 percent were in the age group of 41 to 45, and none of the Tamang respondents were found to be 46 and above.

According to the table it can be conclude that people start to drink alcohol between the ages of 20 to 35 years whereas the Brahmin respondents' number is found higher than other communities' respondents who are in young age using alcohol. It indicates that Brahmins young people are eager to drink alcohol than another cast.

### Causes of Alcohol Consumption

There are several factors contributing to excessive alcohol consumption. Some respondents from the Newar, Brahmin, and Tamang populations who drink alcohol say they do so to relieve

physical and emotional anxiety. Others indicate they consume alcohol for pleasure. Similarly, some respondents drink as part of their cultural traditions, while some are simply curious to try a new flavor. Respondents were asked to report their reasons for alcohol consumption in this setting. The causes they cited are listed in Table No. 2.

Table 2: *Causes of Alcohol Consumption*

| Causes | Newar | | Brahmin | | Tamang | |
|---|---|---|---|---|---|---|
| | No. | Per. | No. | Per. | No. | Per. |
| **Due to culture** | 20 | 50.00 | - | - | 24 | 60.00 |
| **To reduce physical and mental tiredness and tension** | 10 | 25.00 | 14 | 35.00 | 12 | 30.00 |
| **For relaxation** | 4 | 10.00 | 18 | 45.00 | 4 | 10.00 |
| **Due to curiosity** | 6 | 15.00 | 8 | 20.00 | - | - |
| **Total** | 40 | 100 | 40 | 100 | 40 | 100 |

Table 2 demonstrates that 50% of Newar and 60% of Tamang respondents consume alcohol as a cultural practice, but almost half (45%) of Brahmin respondents consume alcohol for leisure. Similarly, 25% of Newar, 35% of Brahmin, and 30% of Tamang consume alcohol to alleviate physical and mental fatigue and strain. 15 percent of Newar and 35 percent of Brahmin respondents began drinking out of curiosity.

In Newar and Tamang culture, alcohol is an essential substance for their cultural rituals and religious ceremonies i.e., in *Yomari Punhi, Nhu Daya Bhintuna, Gaijatra, Lhochhar, Chhepachi, Ghewa, Tapche, Brelsang* etc. in these ceremonies and festivals these both caste people use alcohol as an essential substance for respecting their guest whereas the majority of Brahmins drink alcohol.

**Types of Alcohol Used by the Respondents**

There are various types of alcohol in the market like Beer, Rum, Wine, Whisky, Brandy and homemade raksi, Aairak etc. Respondents choose the types of alcohol according to the interest, availability and their economic condition. The types of alcohol used by the respondents are presented in figure no. 5 below:

Figure 1: *Types of Alcohol Used by the Respondents*
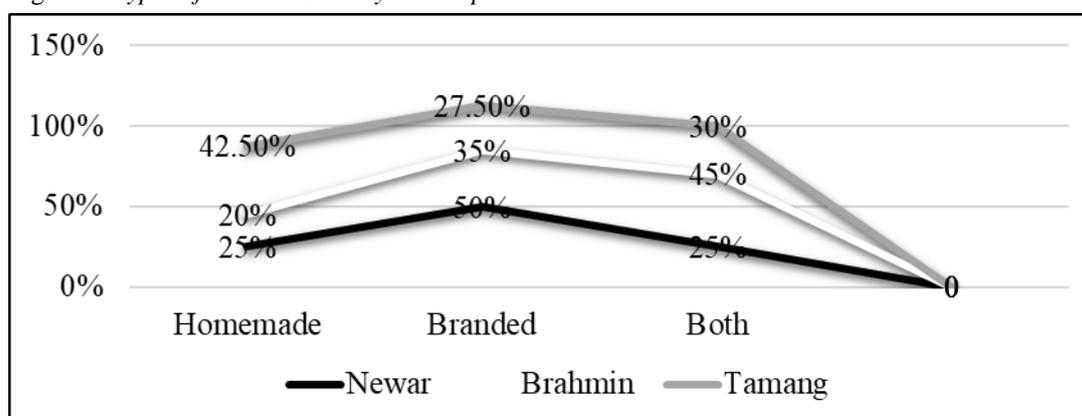
The figure 1 shows that 25 percent Newar, 20 percent Brahmin and 42.5 percent Tamang have the habit of taking home made alcohol. Similarly, 50 percent Newar, 35 percent Brahmin and 27.5 percent Tamang respondents have taken the distillery produced alcohol whereas 25 percent Newar, 45 percent Brahmin and 30 percent Tamang respondents used both types of alcohol.

This result shows that most of the Tamang respondents drink homemade alcohol which might be due to their own home production and their poor economic condition and Newar used market available alcohol this might be due to the high-income status whereas Brahmins used all types whatever they found.

**Respondents Expense Per-Month in Alcohol**

Most of the Newar and Tamang make alcohol themselves at home. There are various sources of raw materials to make alcohol like millet, fruits, sugar, *Marcha* etc. Alcohol cost high, whatever its type; homemade or distilled. Hence, to find out the respondents per month expense in alcohol they were requested to report their per-month expense in alcohol and their response is presented in Table 3.

Table 3: *Respondents Expense Per-Month in Alcohol*

| Expense per month in Rs | Newar | | Brahmin | | Tamang | |
|---|---|---|---|---|---|---|
| | No. | Per. | No. | Per. | No. | Per. |
| Less than 500 | 4 | 10.00 | 3 | 7.5 | 8 | 20.00 |
| 500-1000 | 8 | 20.00 | 19 | 47.5 | 22 | 55.00 |
| 1100-1500 | 16 | 40.00 | 10 | 25.00 | 9 | 22.50 |
| 1600-2000 | 9 | 22.50 | 7 | 17.5 | 1 | 2.5 |
| More than 2000 | 3 | 7.5 | 1 | 2.5 | - | - |
| Total | 40 | 100 | 40 | 100 | 40 | 100 |

According to the table 3 Newar and Brahmin respondents were found expense less than 500 to more than 2000 Rs. per month whereas Tamang respondents expense less than 500 to 2000 Rs. per month. According to the table 82.5 percent of the Newar respondents' expense Rs. 500 to 2000 per month in alcohol whereas 90 percent Brahmin respondents expense the same amount of money every month in alcohol and almost all (97.50%) of the Tamang respondents' expense less than 500 Rs. to 1500 Rs. Per month in alcohol and non of the Tamang respondents were found expense Rs.2000 and more than this per month in alcohol. This fact shows that the Brahmins expense more money in alcohol than other caste people this might be due to the Newar and Tamang used homemade alcohol made by them and Brahmins used distillery product alcohol.

**Average Daily Expenses on Alcohol by the Respondents**

Alcohol users do not expense a lot of money once a time but they spend more money over a long time indirectly. If a person expenses more money on alcohol, it is directly effects on his family's other expenditure like children's education and good health status etc. In this study, there was question about the daily expenses on alcohol and the reply was as given below:

Table 4: *Daily Expenses on Alcohol by the Respondents*

| Average expenditure per day | Newar | | Brahmin | | Tamang | |
|---|---|---|---|---|---|---|
| | No. | Per. | No. | Per. | No. | Per. |

| | | | | | | |
|---|---|---|---|---|---|---|
| Rs 10-25 | 6 | 15.00 | 5 | 12.50 | 12 | 30.00 |
| Rs 25-50 | 16 | 40.00 | 13 | 32.50 | 11 | 27.50 |
| Rs 50-75 | 11 | 27.50 | 14 | 35.00 | 10 | 25.00 |
| Rs 75-100 | 4 | 10.00 | 6 | 15.00 | 6 | 15.00 |
| More than 100 | 3 | 7.50 | 2 | 5.00 | 1 | 2.50 |
| Total | 40 | 100 | 40 | 100 | 40 | 100 |

Table 4 shows that, respondents of all three-caste spent Rs. 10 to more than 100 per day. According to the table no. 15, 15 percent respondents of Newar, 12.50 percent respondents of Brahmin and 30 percent respondents of Tamang spend Rs. 10 to 25 per day. Similarly, 40 percent respondents of Newar, 32.50 percent respondents of Brahmin and 27.50 percent respondents of Tamang spend Rs. 25 to 50 per day. Likewise, 27 percent respondents of Newar, 35 percent respondents of Brahmin and 25 percent respondents of Tamang spend Rs. 50 to 75 per day, 10 percent respondents of Newar, 15 percent respondents of Brahmin and 15 percent respondents of Tamang spend Rs. 75 to 100 per day and remaining 7.50 percent respondents of Newar, 5 percent respondents of Brahmin and 2.50 percent respondents of Tamangs spend more than 100 Rs. per day. After analyzing the table 4 it is found out that the money spend on alcohol of all three communities is not found variation however Brahmin respondents spend more money than other cast respondents this might be due to the reason of the Tamang and Newar respondents used to drink homemade alcohol prepared in their own home and Brahmin respondents mostly used distillery produce alcohol.

**Knowledge about Harmful Effects of Alcohol Use**

During the time of drinking most of the drunker do not know and considered the effects of drinking. Hence, the respondents were asked whether they had knowledge about the effects of drinking alcohol and the response is given as follows in table 12:

Table 5: *Knowledge about Harmful effects of Alcohol Use*

| Response | Newar | | Brahmin | | Tamang | |
|---|---|---|---|---|---|---|
| | No. | Per. | No. | Per. | No. | Per. |
| Yes | 36 | 90.00 | 38 | 95.00 | 28 | 70.00 |
| No | 4 | 10.00 | 2 | 5.00 | 12 | 30.00 |
| Total | 40 | 100 | 40 | 100 | 40 | 100 |

Table 5 shows that, 90 percent Newar, 95 percent Brahmin and 70 percent Tamang respondents had knowledge about harmful effects of alcohol use and 10 percent Newar, 5 percent Brahmin and 30 percent Tamang respondents didn't have knowledge about harmful effects of alcohol use. It seems that almost all of the Brahmin respondents had knowledge about the effects of alcohol use where Newar and Tamang respondents had knowledge about the effects of alcohol is in decreasing sequence. Most of respondents of all cast had knowledge about harmful effects of alcohol even though they were drinking alcohol.

**Effects on Socio Economic Status**

Socio-economic status is an important determinant factor of the development as well as an important factor of health condition of the people. There are so many effects of alcohol on socio-economic status which are given below: If a person of a family is drunker, he or she spoils the family

environment. Drunker creates boring and quarrelsome environment in a family. Due to the alcoholism of a family member creates economic crisis, detachment of family from the society and deteriorating the family relation. Hence, respondents were asked to report the effects on their family due to their alcohol used habit and the effects on respondents' family due to their alcoholism are presented in table 6.

Table 6: *Respondents Alcoholism's Effects on their Family*

| Effects on Family | Newar | | Brahmin | | Tamang | |
|---|---|---|---|---|---|---|
| | No. | Per. | No. | Per. | No. | Per. |
| Deteriorating family relation | 17 | 42.5 | 18 | 45.00 | 14 | 35.00 |
| Fighting and quarrelling | 4 | 10.00 | 6 | 15.00 | 8 | 20.00 |
| Detachment of family from the society | 8 | 20.00 | 10 | 25.00 | 3 | 7.50 |
| Economic crisis in family | 11 | 27.5 | 6 | 15.00 | 15 | 37.50 |
| Total | 40 | 100 | 40 | 100 | 40 | 100 |

Table 6 shows that out of total 40 respondents of each caste, 42.5 percent of the Newar, 45 percent of the Brahmins and 35 percent of the Tamang had deteriorating family relation as the result of alcoholism however this led to fighting and quarrelling for 10 percent of Newar, 15 percent of Brahmins and 20 percent of Tamang. Likewise, alcoholism also led to detachment of family from society to 20 percent of Newar, 25 percent of Brahmins and 7.50 percent of Tamang together with the economic crisis in 27.5 percent of Newar family, 15 percent of Brahmin family and 37.50 percent of Tamang family.

It seems that all of the respondents' family faced same types of problems however Newar respondents' family mostly faced deteriorating family relation, detachment of family from the society and economic problem and Brahmin respondents family also faced same like problem whereas Tamang faced economic problems instead of these problems this might be due to the reason of the Tamang have poor economic status than Brahmins and Newars.

**Economic Effects Faced by the Respondents due to Alcoholism**

Alcohol users spend more money over a long time directly and indirectly because people get to drink alcohol only by purchasing it whether it is homemade or distillery produce. If a person expenses more money on alcohol, it's directly affects on his family's other expenditure like children's education and good health status. Due to investment in alcohol people faced different economic problems like; drop off physical production capacity, decrease in economic status, deprived from working opportunity etc. Hence, in this section economic effects faced by the respondents due to the investment in alcohol are discussed.

**Economic Effects Faced by the Respondents due to Alcohol Consumption**

Respondents were asked to report the economic effects faced by them due to their investment on alcohol and the economic effects faced by them are presented in table 7.

Table 7: *Economic Effects Faced by the Respondents due to Alcoholism*

| Economic Effects | Newar | Brahmin | Tamang |
|---|---|---|---|

| | No. | Per. | No. | Per. | No. | Per. |
|---|---|---|---|---|---|---|
| Drop off physical and production capacity | 17 | 42.50 | 16 | 40.00 | 14 | 35.00 |
| Decrease in the economic status | 9 | 22.50 | 18 | 45.00 | 19 | 47.50 |
| Deprived from job opportunity | 14 | 35.00 | 6 | 15.00 | 7 | 17.50 |
| Total | 40 | 100 | 40 | 100 | 40 | 100 |

Table 7 reveals that economic effects faced by the total of 40 respondents of each caste due to alcoholism was drop off physical and production capacity by 42.50 percent of Newar, 40 percent of Brahmins and 35 percent of Tamang. Likewise, decrease in the economic status was found in 22.50 percent of Newar, 45 percent of Brahmins and 47.50 percent of Tamang. Similarly, 35 percent of Newar, 15 percent of Brahmins and 17.50 percent of Tamang were deprived from job opportunities due to alcoholism. It seems that nearly half of Brahmins and Tamang (45% and 47.50% respectively) respondents' economic status was decreased and Newar were suffered by drop off the physical production capacity and deprived from job opportunity. Hence, all of the respondents faced same type of problems however the range is found variation, which is due to their cultural and social differences.

**Attitude about Quitting Alcohol**

When people get knowledge about bad effects he/she wants to quit such behaviors. Behavior change is not easy in the absence of motivation. Through the knowledge willingness can be developed to do so. Most of respondents are uneducated and they had adapted bad behavior before knowing effects of such habits. Figure no. 7 given below clarifies the actual interest to quit alcohol.
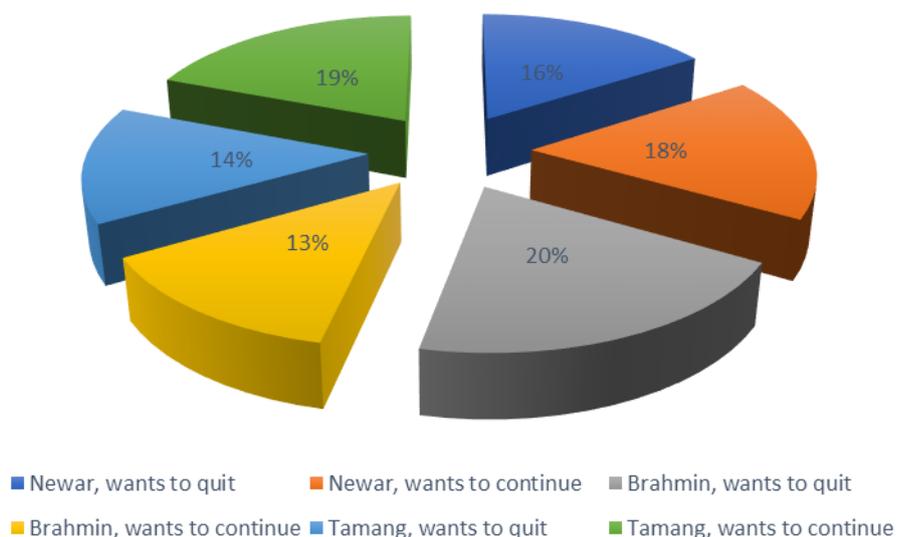
Figure 2: *Respondents View about Quitting Alcohol*



Figure 2 shows that a higher percentage (20%) of Brahmins want to quit alcohol. However, 18 percent of Newar and 19 percent of Tamang still want to continue taking alcohol. It seems that more Brahmin respondents want to quit alcohol, which might be a realization and faced with different

effects, whereas more Newar and Tamang (18% and 19%) respondents did not want to quit alcohol use, even though they were facing more severe health problems than Brahmin respondents. From the above figure, it is clear that 50 percent of respondents were not interested in quitting alcohol because they had become addicted to alcohol.

The findings indicate that alcohol consumption was most common among young adults across the three ethnic groups, especially between the ages of 21 and 35. Brahmin respondents showed the highest proportion of young drinkers, suggesting a rising trend of alcohol use among younger generations. Cultural practices emerged as a primary reason for alcohol consumption among Newar (50%) and Tamang (60%) respondents, while Brahmin respondents mainly reported drinking for relaxation (45%) and to reduce physical and mental fatigue (35%). Curiosity also played a significant role among Newar (15%) and Brahmin (35%) respondents. Regarding types of alcohol, Tamang respondents mainly consumed homemade alcohol (42.5%), Newar respondents preferred commercially produced alcohol (50%), and Brahmin respondents used both types (45%). Monthly and daily expenditure patterns showed that Brahmin respondents generally spent more on alcohol, likely because of their greater reliance on commercial alcohol, while Newar and Tamang respondents relied more on homemade alcohol. Despite high awareness of its harmful effects—reported by 90% of Newar, 95% of Brahmin, and 70% of Tamang respondents—alcohol use continued to be widespread.

The study also highlighted notable socio-economic and family-related effects of alcohol consumption. Many respondents reported worsening family relationships (Newar 42.5%, Brahmin 45%, Tamang 35%), financial difficulties (Newar 27.5%, Brahmin 15%, Tamang 37.5%), and increased family conflicts. Alcohol use was also linked to decreased physical productivity, falling economic status, and loss of job opportunities, with nearly half of Brahmin and Tamang respondents indicating a decline in economic status. Although some willingness to stop drinking was seen—especially among Brahmin respondents—about half of all respondents were not interested in quitting, mostly due to addiction. These findings emphasize the complex cultural, economic, and social aspects of alcohol use and its major impact on individuals and families within these three communities.

## Conclusion

This study examined alcohol use among taxi drivers in Ward No. 16 of Kathmandu Metropolitan City, Bagmati Province, focusing on drinking patterns, causes of alcohol consumption, and its socioeconomic and health impacts across Newar, Brahmin, and Tamang communities. The findings reveal that alcohol use often begins at a young age, especially among Newar and Tamang respondents. Tamang drivers were found to have lower educational levels, while Brahmin respondents showed higher educational attainment and spent more on alcohol. Participants from all groups consumed different types of alcohol, with Newar and Tamang respondents reporting higher daily intake than Brahmins. Alcohol use was linked to notable health, social, and economic consequences, including decreased productivity, financial hardship, and negative effects on family life, highlighting alcoholism as an increasing occupational and public health issue. This study adds to existing research by offering context-specific evidence on alcohol use among professional drivers in

Nepal, an area that has received limited scholarly focus. By connecting alcohol consumption with health and socioeconomic outcomes, the research provides valuable insights for policymakers, public health officials, and community organizations. The findings stress the importance of community-based awareness campaigns, workplace health programs, and collaborative efforts involving local youth clubs, women's groups (Aama Samuha), NGOs, and INGOs to combat alcohol misuse and its broader social impacts.

Despite its contributions, the study has several limitations. The research was confined to one ward of Kathmandu Metropolitan City and used a purposive sample of 120 respondents, which may limit how well the findings apply to other regions or occupational groups. The study also depended on self-reported data, which can be affected by recall bias or underreporting of alcohol consumption. Future research should broaden the geographic scope and include larger, more diverse samples to improve generalizability. Longitudinal studies could offer deeper insights into the long-term health and economic effects of alcohol use among professional drivers. Additionally, future studies might examine intervention strategies, workplace policies, and culturally appropriate prevention programs to reduce alcohol-related harm and foster healthier occupational environments in Nepal.

## Author's Biography

Mohan Khatri holds a Master of Education (MEd) degree in Health Education from the Graduate School of Education, Master of Arts (MA) in Political Science from RR Campus, Tribhuvan University, Kathmandu. He has also earned a Bachelor of Laws (LLB) from Nepal Law Campus, TU. His primary research focus is on social issues and evils in Nepal.

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