

Alcohol and Violence against Women

Implications and Recommendations for Alcohol Policy

Policies to regulate alcohol access and availability are predominantly governed by economic considerations.

Despite increasing evidence on linkages between alcohol drinking and violence against women, scant attention is paid to prevent violence against women through regulatory alcohol policies and programmes. Further, programmes for prevention of violence against women have paid little systematic attention on how to incorporate the issue of alcohol abuse in their prevention strategies. The lack of dialogue across sectors despite obvious linkages is evident at various levels—policy, research, activism and programmes.

The purpose of the “Analytic Study on Alcohol and Violence against Women” was to review policies and programmes to understand how alcohol and violence against women is understood and addressed.

In addition, the study sought to understand the varied perspectives of stakeholders from different sectors, including alcohol sale and those addressing violence against women, to explain the disconnect and challenges in holding dialogues on this issue.

The study was conducted in the states of Bihar, Odisha and Tamil Nadu as they represent diversity with respect to alcohol regulatory policies and status of women.

To understand stakeholder perspectives on alcohol and violence against women, a total of 33 stakeholders were interviewed. They represented various departments and programmes that were primarily concerned with issues of women’s development, activists addressing violence against women, programmes providing treatment for alcoholism and excise policymakers.

Alcohol and Violence against Women: Existing Information

Not all alcohol consumption is related to violence against women; however, heavy episodic drinking, binge drinking, excessive drinking and other forms of alcohol abuse are associated with partner violence.¹ Further, *research shows that alcohol consumption is strongly associated with sexual assaults against women.*²

According to the Alcohol Atlas of India, published a few years ago by the Indian Alcohol Policy Alliance, the average age of alcohol consumption in India has fallen by nearly nine years over the past decade. At present, an average Indian takes his/her first sip of alcohol at the age of 19 as against the age of 28 in the 1990s. Recent analyses of the National Sample Survey Office (NSSO, 2010-11) highlighted that while only 15 per cent of Indians drink alcohol, they consume 28.7 litres of alcohol per year, which is higher than the alcohol consumption of Belarus, which has been dubbed the world's heaviest drinking country.³

Research shows that families bear the brunt of alcohol consumption: Alcohol-related problems account for over a fifth of hospital admissions,⁴ pushing families into impoverishment and distress selling.⁵

Similar findings were revealed in the present study, where analyses of NSS data over six rounds highlighted that in the three study states of Bihar, Odisha and Tamil Nadu, households

that spent money on alcohol reported spending lesser money on education and purchasing food.

Figure 1: Median annual expenditure on education: Odisha – NSS data

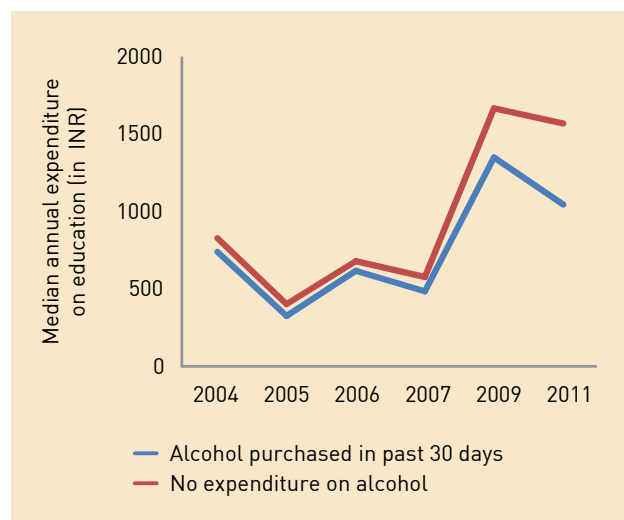
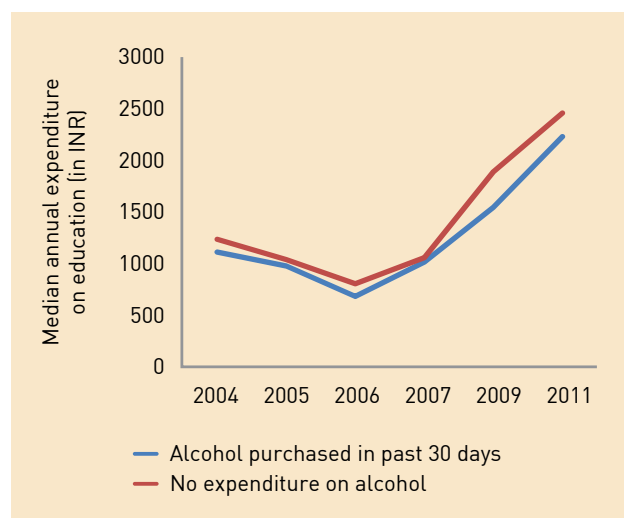


Figure 2: Median annual expenditure on education: Bihar – Analyses of six waves of NSS data



¹ Gil-Gonzalez, D.; et al. "Alcohol and Intimate Partner Violence: Do We Have Enough Information to Act?" *European Journal of Public Health*. 2006. 16(3), 278-284.

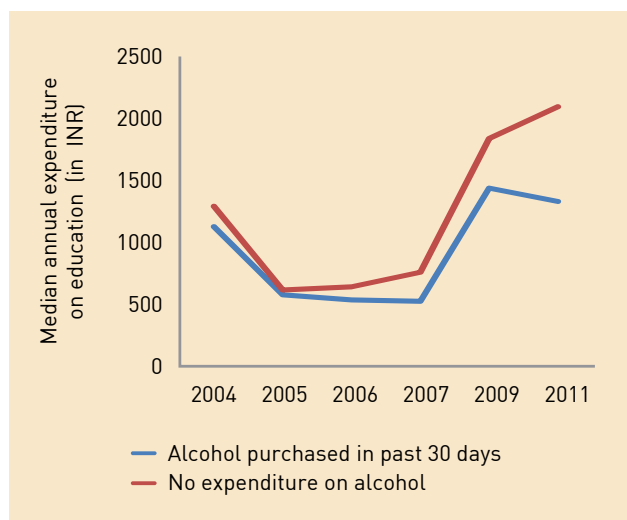
² Heilman, B.; Hebert, L. & Paul-Gera, N. *The Making of Sexual Violence: How does a Boy Grow Up to Commit Rape? Evidence from five IMAGES Countries*. International Center for Research on Women; Washington, DC: Promundo. June 2014. IMAGES data for India reveals-any alcohol use was associated with sexual violence perpetration, this was particularly found in the case of binge drinkers than men who did not binge drink and was an important contributory factor to sexual violence.

³ Rukmini, S. 2014, August 31. "How the litres add up to a wobbly high". *The Hindu*. Retrieved from <http://www.thehindu.com/sunday-anchor/liquor-ban-indian-adults-who-drink-outdrink-the-worlds-biggest-drinkers/article6365414.ece>

⁴ Sri, E. V.; Raguram, R. & Srivastava, M. (1997). "Alcohol problems in a general hospital—A prevalence study". *Journal of the Indian Medical Association*. 95, 505–506.

⁵ Bonu, S.; et. al. (2005). "Does tobacco or alcohol contribute to impoverishment from hospitalisation costs in India?" *Health Policy and Planning*. 29 (1), 41-49.

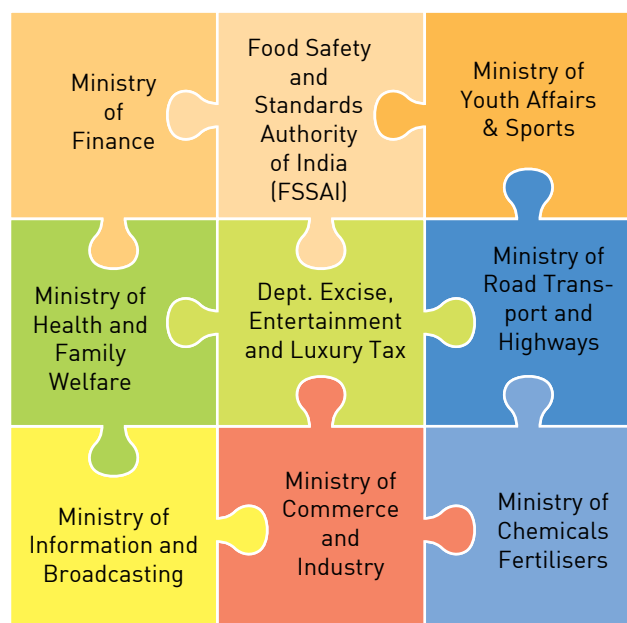
Figure 3: Median annual expenditure on education: Tamil Nadu – Analyses of six waves of NSS data



Alcohol Policies and Programmes in India

In India, different ministries and departments regulate different aspects of alcohol (Figure 4). For example, the **Ministry of Social Justice and Empowerment** oversees alcohol-use prevention programmes, capacity building for alcohol-use

Figure 4: Ministries and departments involved in regulation of alcohol



prevention and treatment and, runs de-addiction centres in certain states.

The **Ministry of Health and Family Welfare** is mostly concerned with funding and running de-addiction and rehabilitation centres in individual states. Other aspects of alcohol regulation, such as taxation, are under the ambit of the **Ministry of Finance** and the State Excise Departments.

There is an apparent lack of systematic coordination between these ministries and thus no comprehensive national data is available on the production, sale, consumption and related impact on health/social harms of alcohol-use in the country.⁶

Figure 5 illustrates the role played by various departments and ministries with respect to alcohol regulation and initiating programmes for awareness and regulation. This also defines the perspective of various stakeholders on alcohol regulation.

Unfortunately, there has been no concerted effort or shared understanding among the stakeholders in terms of alcohol regulations, public health concerns, and generating awareness about the social harms of alcohol and violence against women and girls.

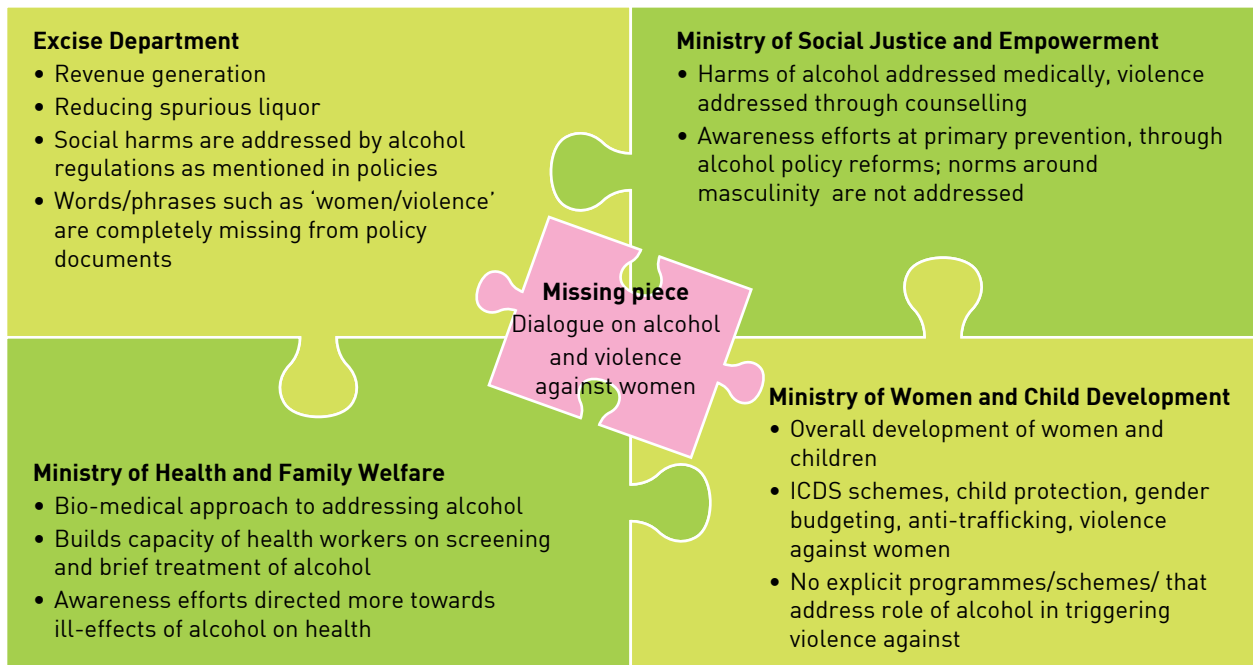
Alcohol Regulatory Policies in India

Alcohol is a state subject in India and hence each state has its own alcohol regulatory policies. However, following are the core tenets of alcohol regulations common across the country:

- Regulation of hours of sale
- Pricing and taxation of alcohol
- Regulation of minimum age of drinking
- Use of 'dry days'
- Regulation of location of outlets, for instance, away from crowded places/not near educational institutions, etc.

⁶ Public Health Foundation of India. (2013). *Alcohol Marketing and Regulatory Policy Environment in India: A Report*. Public Health Foundation of India, Health Promotion Unit, New Delhi.

Figure 5: Role played by different ministries and departments in regulation of alcohol



Alcohol and Violence against Women: Views of Stakeholders

Stakeholder interviews were conducted at the study sites to understand the varied perspectives on alcohol and violence against women as well as to clarify policy/programme provisions with regard to addressing alcohol-related violence against women.

Overall, most stakeholders agreed that consumption of alcohol by men contributes to violence against women. All stakeholders interviewed agreed that men's drinking habits cause problems within families, especially for women, as they are expected to tolerate their drinking.

However, there were nuances in the way various stakeholders understood this linkage, which seemed to be foregrounded by the work/sectors they represented.

Stakeholders concerned with alcohol revenue like excise officials, appeared to 'individualise' the problem of alcohol and violence against women and girls as they expressed that men's drinking habits need to be regulated by women or through treatment. However, women tended to view men's alcohol consumption within the

larger context of patriarchy and socially-accepted standards of masculinity that normalise drinking and abuse against women. Whereas treatment providers for alcoholism agreed that the problem of violence was a structural one – arising out of issues of patriarchy and social norms, and poor alcohol regulation. They felt that the impact of 'treatment' was limited due to lack of structural actions to address alcohol policy issues.

Stakeholders differed in the ways in which they addressed violence against women at a structural level

Overall, stakeholders concerned with alcohol sales, taxation, and regulation policies strongly felt that major 'policy adjustments' were not required to address alcohol-related violence against women because they considered the problem primarily as an individual concern.

The stakeholders expressed disapproval over agitations by women's groups and tended to reinforce the idea that women need to restrict men's alcohol consumption or take them for treatment.

Women's groups, on the other hand, strongly disagreed and shared many experiences of attempts at dialogue, leading to confrontation

with alcohol policymakers, particularly excise officials, for removal of shops from crowded places such as schools, places of worship, etc.

Dealing with Alcohol and Violence: Efforts of Women's Collectives

The most intensive efforts for addressing the issue of alcohol-related violence against women have been through initiatives taken by women's groups at the grassroots. There have been multiple examples of women's groups tackling various structural issues related to alcohol consumption by shutting alcohol shops and advocating for ban of alcohol in different states in India.

Perhaps one of the most successful examples of this has been the Anti-*Arrack* Movement in Andhra Pradesh, where a small group of women, gathered together for literacy classes, discovered the power of collective action.

The women collectivised themselves to launch an agitation against the sale of *arrack* – the consumption of which was a source of distress and violence in the lives of these women in 1995.^{7,8}

Box 1: Women's Anti-*Arrack* Movement

In the 1990s, the women of Dubagunta, a small village in the Nellore district of the south Indian state of Andhra Pradesh, spontaneously began an *Anti-Arrack* agitation, wherein they pressurised men to swear that they would stop drinking, physically restrained habitual drinkers, attacked liquor shops and *godowns*, and battled against habituated drinkers, the police and the liquor mafia. The movement began as an outcome of the women's participation in the literacy classes that exposed and sensitised them to fight for their rights. The movement spread like

Contd...

wildfire to 800 villages throughout the state in a short period of time.

Women in these 800 villages not only prevented the entry of liquor into their villages, but also prevented district collectors from holding *arrack* shop licence auctions. When they came together, women realised that alcohol was the common problem in all their lives and, thus, in a massive show of strength, thousands of women stalled the auctioning of liquor licences and forced the Andhra Pradesh Government to impose a complete ban on *arrack*, which lasted for four years. Anecdotally, women reported a significant decrease in the violence (particularly from their partners) they faced in their lives, but this impact on violence has not been captured in any systematic research.

Conclusion

The linkage between men's alcohol consumption and violence against women has been widely acknowledged in academic literature, by both practitioners as well as the media.

There is evidence¹⁻⁹ that highlights and supports this linkage. However, addressing this linkage often results in debates and conflicts, which are underscored by stakeholders' notions of gender and conflicting agendas of revenue generation on one hand, and public health on another. The present study has shown that addressing alcohol and violence against women is akin to acknowledging the elephant in the room. It is an issue that everyone knows exists, but there seems to be a reluctance and, in some instances, resistance to engage in dialogue in order to address these linkages comprehensively at a structural level through policy reforms via multi-sectoral dialogue.

⁷ Pande, R. (2000). "From Anti-*Arrack* to Total Prohibition: The Women's Movement in Andhra Pradesh, India". *Gender Technology and Development*, 4 (1), 131-144.

⁸ Essays, UK. (November 2013). *Anti-Arrack Movement in Andhra Pradesh: History Essay*. Retrieved from <http://www.ukessays.com/essays/history/anti-arrack-movement-in-andhra-pradesh-history-essay.php?cref=1>

This study has focused on utilising secondary information sources and interactions with stakeholders to identify gaps and innovations. However, the need to gather primary data to operationalise and examine structural and economic linkages between alcohol policies and their impact on violence against women cannot be emphasised enough to further propel the dialogue between various sectors and stakeholders to address the issue of alcohol and violence against women.

Recommendations

Programme Level

Creating linkages between alcohol treatment centres and crises intervention centres for women

Crises intervention centres for women and de-addiction centres are the two service delivery points where the intersection between alcohol and intimate partner violence can be addressed. However, in the course of this study, barring one example of a de-addiction facility in Chennai, there was an absence of coordination between treatment facilities and women's cells. Such co-ordination would help provide women with an opportunity to garner support from existing women's groups.

Alcohol prevention awareness programmes need to impart messages on masculinity and drinking norms

Awareness activities need to focus on the following areas:

- Creation of materials that question norms around drinking as well as masculinity and its manifestations in dominance over women and violence against women and girls;
- Provision of adequate information about the ill-effects of alcohol on a person's health, for instance, impact on the liver leading to

cirrhosis and other health complications due to long-term consumption.

Policy Level

Strengthening the data and information base

It is extremely important to collect data on all aspects of alcohol policies and programmes. For example, the current study was not able to conduct cost-benefit analyses of various alcohol policy reforms on state revenue and concomitant gains in terms of reduced violence against women and girls due to a lack of adequate secondary data sources.

Optimise existing policy measures and programmes on alcohol to address violence against women

India is one of the few countries to have successfully banned direct as well as surrogate alcohol advertising, and has one of the highest minimum legal age of drinking in the world. The reviewed literature highlighted that these policies, particularly ban on advertising, influence multiple outcomes, such as reduced alcohol consumption, when implemented consistently.⁹ However, in order to effectively implement these policies and programmes, a strong lobby of business interests in the alcohol industry needs to be dealt with.

Need to have a national alcohol policy/regulatory guidelines

Alcohol policies in India vary by state resulting in inconsistencies in regulatory measures that leave loopholes in implementation of alcohol policies. For example, in *Maharashtra the minimum age of drinking* is 25 years; whereas in the neighbouring state of *Goa* it is 18 years, which along with lower taxes on alcohol makes it both attractive and accessible across state borders. Uniform alcohol policies could help overcome these loopholes.

⁹ Saffer, H. (1991). "Alcohol advertising bans and alcohol abuse: An international perspective". *Journal of Health Economics*. 10 (1), 65-79.

Identifying and adapting innovations, evaluating these to integrate in policies and programmes pertaining to alcohol to reduce alcohol-related violence against women

This brief highlights innovative practices with respect to addressing the economic violence experienced by women due to their husbands' alcoholism in the state of Rajasthan (see Box 2). In order to demonstrate that alcohol policies can be responsive to safeguard women's rights, such innovations need to be documented and evaluated for their effectiveness.

Research

There are several gaps in the evidence for establishing linkages and a clear correlation between alcohol and violence against women and girls. Further, in order to undertake effective evidence-based alcohol policy advocacy to initiate a multi-sectoral dialogue, there is an urgent need for greater systematic research.

Recommendations for further research on alcohol-related violence against women:

- India is one of the few countries to have banned alcohol advertising; however, the effectiveness of such measures on the reduction of alcohol consumption and violence against women is not known. Impact assessment studies are required to assess these measures.
- India has various alcohol regulatory mechanisms such as 'dry days'; minimum legal age of drinking (ranging from 18-25 years across states); and measures to regulate sales such as hours of sale, distance from educational institutions etc. These measures need to be evaluated to understand their effectiveness in decreasing alcohol-related

social harms and violence against women and girls. Evidence on effectiveness of such regulations will go a long way in advocating for better policies.

Box 2: Initiatives in Rajasthan

A committee was appointed by the Government of Rajasthan to look into tackling the ill-effects of alcohol consumption in the state. Among several measures suggested by the committee to address the social harms of alcohol-use, it recommended that if a family member or wife of a state government employee reports excessive alcohol consumption by the state government employee, half of his monthly salary will be deposited directly to his wife's bank account.

A major hurdle in the current study was unavailability of reliable secondary data sources on various facets of alcohol regulation such as sales, consumption, taxation, etc., linked with data on violence against women.

This limited our ability to bring stakeholders from various sectors that represent alcohol revenue generation interests, public health interests and women's empowerment to initiate an evidence-based dialogue to examine the revenue generation argument and concerns related to abuse and violence against women.

We hope that this research and brief are a step forward in putting the agenda of alcohol and violence against women and girls, along with their complex inter-linkages, on the table.

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