

KNOWLEDGE PARTNERSHIP PROGRAMME



Analytic Study on Alcohol and Violence Against Women: Dissemination Workshop Report

International Center for Research on Women (ICRW)

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Report of the Dissemination Workshop



Introduction

International Center for Research on Women (ICRW) organized a dissemination workshop titled “Alcohol and Violence Against Women”. The dissemination workshop discussed findings from two studies that explored the association between alcohol and violence against women.

In this dissemination workshop, ICRW presented its study titled, “Analytic Study on Alcohol and Violence Against Women”. Final study findings of the project based on reviewed policies and programmes pertaining to alcohol and violence against women were put forth. The study sought to understand how alcohol and violence against women is understood and

addressed in these. This study was conducted under the Knowledge Partnership Programme (KPP) supported by Government of UK's Department for International Development (DFID) and implemented by IPE Global. Complementing the secondary data analyses and policy review work of ICRW, the Family Health International 360 (FHI 360) shared findings of their study findings based on primary data analysis titled, "Alcohol and violence against women in urban Madhya Pradesh" to explore these links at the micro level. This study was also supported by Department for International Development (DFID), UK Aid.

The presentations of the two aforementioned studies, were complemented by presentations and talks of the invited speakers and panelists. The invited speakers and panelist represented various sectors such as officials from the Ministry of Health and Family Welfare, DFID, alcohol treatment providers such as AIIMS and civil society organizations such as the Public Health Foundation of India and TTK Hospital.

The workshop was attended by representatives from women's organizations like ICRW and CEQUINN. On the program side several de-addictions treatment providers such as members from AIIMS, de-addictions units and NGOs providing de-addiction service participated in the consultation. Some of the key participants in consultation were Dr. Pam Rajput, Chairperson, High Level Committee on Status of Women, Dr. Damodar Bachani and Dr. Zoya Ali Rizvi, from Ministry of Health and Family Welfare, Dr. Atul Ambekar from AIIMS, Dr. Thirumagal from TTK Hospital Chennai and Dr Monika Arora from the Public Health Foundation of India. Representatives from other program organizations such as FHI 360, CARE, PSI, Asthma Care foundation-Jaipur were also present in the audience of the consultation.

The dissemination workshop was organized with the following objectives:

1. To present findings of the secondary data analyses, qualitative interviews with stakeholders and policy review findings for the two studies
2. To discuss the findings of the studies in the light of current policy scenario and deliberate on opportunities, challenges to address alcohol and violence against women

Dissemination Proceedings and highlights

The dissemination workshop began with Dr. Priti Prabhughate, ICRW welcoming all the dissemination attendees. She also invited the guests and invited speakers to the dais. The workshop began with Dr N Hamsa, Policy Lead-Women & Girls – Knowledge Partnership Programme, IPE delivering the Welcome Note. In her welcome note, Dr Hamsa emphasized the need to gather evidence on alcohol and VAW and highlighted the importance of the data generated from these studies.

Mr. Preston, Senior Advisor, Governance, DFID in his Observations and Remarks highlighted the commitment of the UK government to various development issues in India and underscored the importance of addressing VAW as a prime concern.



Dr. Bachani, Deputy Commissioner (NCD) - Ministry of Health and Family Welfare was then invited to deliver an opening address. Dr. Bachani's presentation focused on facts about alcohol consumption in India. Although compared to other countries, India does not have very high rates of drinking, data shows that the pattern in India is that of binge drinking-meaning drinking to get a 'high'/drunk-a problematic pattern that has many associated health and mental health problems. He, in his presentation also pointed out that the age of

drinking is consistently lowering in India. Dr. Bachani's presentation put forth the importance of addressing alcohol as a 'non-communicable' diseases (NCD) especially since India is a signatory to the NCD framework by the World Health Organization (WHO). As per the NCD policy framework, India has committed to lowering alcohol use by 5% up to 2020 and by 10% up to 2015. Given that the Ministry of Health is committed to lowering alcohol use, Dr. Bachani pointed out several steps taken by the Ministry to achieve this goal.

He discussed that the Ministry of Health has now constituted a **Technical Advisory Group (TAG) on Alcohol Control**. The TAG aims to collate evidence on harms of alcohol consumption for advocacy and policy decisions, identify strategies and interventions for reduction in public consumption of alcohol, review existing services available for drug and alcohol de-addiction, identify training needs of health care providers for inclusion in integrated training, identify areas for multi-sectoral approach to prevent and limit use of alcohol, develop schemes for involvement of NGOs and Civil Society organisations in alcohol regulation, advise on advocacy and communication for public awareness, evolve framework for development of Surveillance systems, and identify priority research areas relating to alcohol use, effectiveness of preventive strategies and outcomes of de-addiction services. The TAG has already made several recommendations to the government to control alcohol such as raising taxes on all alcoholic beverages, uniform minimum legal age of drinking across all states in India, stricter enforcement of regulatory measures to name a few.

In his presentation Dr. Bachani also expressed that the Ministry of Health faces several challenges to implement a National Alcohol Policy as there are several stakeholders involved and several conflicting interests. However, the resolve of the Ministry is strong in working on the alcohol policy. As expressed by Dr. Bachani, "the Ministry will take up the issue of a National Alcohol Policy as without it we can't achieve our goals for reduction on alcohol use".

Dr. Pam Rajput in her talk emphasized the link between alcohol and violence against women. She shared several personal anecdotes to illustrate how alcohol is not only linked to violence against women in the domestic sphere, but also in public spaces and that

alcohol is a major factor in sexual crimes against women and girls. She cautioned the audience not to link alcohol as affecting women in marital relationships, but think of how as a society we glorify the use of alcohol for men and consumption of alcohol and the violence thereafter as a way of legitimizing masculinity norms. Dr Rajput strongly recommended that there is a need to conduct research on 'norms' around drinking alcohol and how that affects drinking patterns. She articulated her desire that the studies such as those presented in the dissemination should be carried out in Northern states like Punjab and Haryana where norms of masculinity and the perceived support for alcohol consumption puts women and girls at-risk of violence.

Following Dr Rajput's talk, Dr. Ravi Verma, thanked both the speakers, he then explained to the audience the rationale behind presenting findings from two studies. Dr Verma shared that while the FHI 360 study was based on primary data collected, which gave a more micro picture of linkages between alcohol and violence against women, the ICRW study looked at the policies and programs at a macro level-which provide a framework for placing the results from primary data analyses into the context of secondary data and the big policy picture. He expressed his hope that both the studies together will provide a comprehensive picture of the linkages based in primary data from the FHI 360 study, as well as the big picture with regards to policy makers from ICRW's work – both of which together will trigger a productive discussion in the workshop.

Dr Verma introduced the presenters Dr. Priti Prabhughate and Dr. Bitra George, and the discussant- Dr Zoya Ali. This was followed by a presentation by Dr. Priti Prabhughate (ICRW).



The presentation was based on the study conducted by ICRW in the three states of Bihar, Odisha and Tamil Nadu. The study adopted a mixed methods design by:

- Conducting analyses of secondary data from NSS (6 waves) nationally as well as for the three study states to understand how households and consequently women are deprived of financial resources due to family's expenditure on alcohol.
- Conducting interviews with stakeholders who are crucial to the policy-making, programming on the issues of alcohol and VAW.
- Conducting policy review of existing policies on alcohol and VAW.

One of the **major findings** of the study was that there is no mention of how alcohol impacts violence against women in laws and policies, both pertaining to alcohol and VAW. In the policy documents that are related to alcohol sales, production, regulation (excise policies), the primary concern of these policies is regulation of 'illicit' or 'spurious' alcohol and the discussion on taxations of alcohol products so as to generate revenue for the states. On the other hand laws like the PWDVA 2005 talk in length about regulations and provisions to redress VAW, but do not discuss and address the role of men's alcohol consumption in VAW. Similarly the study has also found that there is lack of data on alcohol and VAW that would allow economic analyses of alcohol and violence against women.

Major highlights of the presentation were:

1. Analyses of secondary data from NSS (6 rounds) showed that expenditure on alcohol by household is associated with households spending less money on food, nutrition and education of the family, as compared to those households that do not spend money on purchasing alcohol
2. Policy reviews showed that there is a lack of common or 'shared' understanding between alcohol stakeholders and stakeholders working on issues of VAW. This lack of a dialogue was evident in the policy reviews conducted which showed that the acknowledgement of the linkage between men's alcohol consumption and VAW as both the excise policies and laws pertaining to VAW did not mention "alcohol" as an important factor in addressing VAW
3. Interviews with stakeholders explained the lack of a common understanding and dialogue. Most stakeholders who were concerned with alcohol policies like state excise officials tended to "individualize" the problem of alcohol and VAW. In other words, these stakeholders opined that men's alcohol consumption is an issue of treatment or 'de-addiction'. Alcohol stakeholder also felt that alcohol policies were in fact doing good to people by providing 'clean' and safe alcohol. Most policy makers felt that the resultant VAW due to men's alcohol consumption is a problem of the family and that women's groups should deal with these. Policy makers did not see the need to adjust/review alcohol policies to address the issue of VAW. Some alcohol stakeholders did have an issue with women's groups stalling alcohol shops, as they did not see that as a means of dealing with men's problematic drinking. In their opinion, women should control men at home or take them to treatment with their alcohol consumption was problematic.
4. On the other hand women's groups reported of their struggles with the alcohol consumption of men. Here two different narratives unfolded. On the one hand were grassroots women's organizations that reported taking on alcohol shops head-on so as to make the excise department move the shops out of crowded areas and market places. Whereas on the other hand women's policy makers, and higher level officials did not see alcohol as a major issue to be addressed and were concerned about VAW

as a reflection of “patriarchy” and discussed men’s drinking and consequent violence as a fall out of negative masculinity.

5. A map based on women’s safety data from Chennai overlaid with alcohol outlets for parts of Chennai was also presented. This was an illustrative exercise which showed several things about the way alcohol policies of sale are operationalized in the state of Tamil Nadu. The map showed that most alcohol outlets were located in high density population areas (contrary to the alcohol regulatory measures that recommend selling alcohol away from crowded areas). Furthermore there was some association between women’s perceived lack of safety in proximity of alcohol shops especially around alcohol shops that were located in low or moderate density population areas. Although this exercise was illustrative in nature it raises concern over how structurally alcohol regulatory measures can potentially impact women’s safety.

Dr Bitra George’s presentation based on the data gathered by FHI 360 also reflected several concerns raised in the ICRW’s presentation.

Major highlights of the presentation were:

1. The key objective of the FHI 360 study was to assess the existing alcohol situation and its association with VAW in four urban towns in the state of MP namely: Bhopal, Indore, Jabalpur and Gwalior
2. In their study, FHI 360 conducted quantitative surveys in Bhopal and Jabalpur. This was conducted among men (800) and women (1,500) and exit interviews among men – 100, qualitative survey among men (20 IDI; 6 FGD), women (20 IDI; 6 FGD)
3. The results of the FHI 360 study showed that an association between heavy alcohol drinking and violence against women emerged out of their data, however this wasn’t causal in nature
4. The FHI 360 also highlighted that there was a widespread acceptance of alcohol consumption of men – i.e. men felt it was OK to drink to deal with stress and for recreation, similarly a high proportion of both men and women showed that they justified violence against women and thus endorsed gender inequitable norms

5. Although no causal link was established but a strong association exists between alcohol drinking by men and violence against women in public and private spheres.
6. Social Mapping exercises conducted by FHI 360 also corroborated ICRW's findings that women felt unsafe in the proximity of liquor outlets.
7. Most importantly, the FHI 360 study brought out the high social costs associated with alcohol consumption like missed days at school for children whose fathers drink, decreased ability to spend on food and health and lost days at work for men.

Both the ICRW and FHI 360 studies proposed a set of recommendations that included:

1. Need to have a National Alcohol Policy/Regulatory Guidelines-for uniform implementation and effective regulation of alcohol access and use
2. Importance of breaking common ground among alcohol stakeholders to arrive at a common understanding on harms of alcohol and social harms including VAWG.
3. Evaluating effectiveness of existing alcohol regulatory mechanisms such as 'ban on advertisements'; 'dry days' to test efficacy of these to regulate alcohol use
4. Strengthening information and education campaigns to prevent alcohol abuse and decrease VAW
5. Reducing and regulating availability of alcohol with customized/increased taxation on alcohol
6. Strengthening community-based interventions to address alcohol abuse and VAW with support groups and safe spaces
7. Introducing innovative structural interventions among men related to gender norms

Discussion:

In the session that followed the presentations, the floor was opened for discussion. Several participants appreciated both the studies and mentioned that these are among the first few studies on the topic. Dr Atul Ambekar congratulated the speakers and mentioned that he was happy that neither of the presentations claimed that alcohol was 'cause' of violence against women. He further cautioned the audience to not think of alcohol as being the 'only' factor in considering violence against women. Adding further to this discussion Dr Ravi

Verma from ICRW shared how gender norms can be thought of underlying processes that predispose certain individuals towards violence more than other and that alcohol plays just the facilitative role. Ms. Mamta Kohli from DFID also added that their programs in Bihar are also looking at how gender norms can be addressed to decrease violence against women.

The dissemination workshop concluded with the presentations by three esteemed panelist, Dr Monika Arora, Director –Division of Health Promotion, Dr Atul Ambekar, AIIMS and Dr. Thirumagal.



Dr. Monika Arora's presentation focused on the state of current taxation policy for alcohol in India. Dr Monika reviewed several alcohol policy measures that have been tested in several countries such as drink-driving laws, increasing taxes on alcohol, education campaigns. She highlighted that research has shown that of all the policy measures taken across the world to regulate alcohol use, taxation on alcohol (increasing taxes) has been the most effective; whereas educational campaigns have been the least effective. She then presented PHFI's work on proposing a 'rational' alcohol policy for taxation of alcoholic beverages in India and raised several challenges in doing so. Especially around taxation of

country liquor as it has been found to be non-elastic /non-responsive to increase in taxes, plus given that a majority of alcohol consumption in India is also spurious rise in taxation also runs the risk of increase in hooch tragedies. Dr Monika highlighted the role of PHFI as a member of the TAG (earlier mentioned by Dr Bachani) in advocating for better alcohol taxation regime with the intention of better regulation of alcohol use.

Following Dr. Monika's presentation, Dr. Atul Ambekar from AIIMS highlighted how alcohol needs to be understood as an illness. He talked to the audience about different drinking patterns that people have for alcohol use and emphasized that the use of the term "harmful" is problematic. He pointed out the newer brief interventions do not require a person to get hospitalized, instead casual drinkers or binge drinkers can also be treated on an out-patient basis in general health settings by primary health physicians. He also cautioned the audience that rather than looking at "alcohol" as the villain in violence one must look at the persona behind the alcohol. In other terms one must try to understand what kinds of persons tend to drink and be violent. He endorsed that a lot of work needs to be initiated at the policy level as alcohol regulation enforcement is a very weak area.



The last presentation of the day was by Dr. Thirumagal from the TTK hospital Chennai. In her presentation, she highlighted various facts about alcohol policy situation in Tamil Nadu particularly given that the state has complete monopoly over alcohol, and this has resulted in decrease in spurious liquor, but increased consumption. She pointed that despite taxes

on alcohol being high consumption is not decreasing. In her presentation she also shared several experiences as a treatment provider wherein she highlighted how at TTK hospital the issue of alcohol and violence has been addressed through individual counseling, also in communities where villagers mobilize themselves to address the menace of alcohol.

Conclusion:

The panel presentations were followed by a rich discussion on how to move forward and further disseminate these findings to the relevant stakeholder. Ms. Mamta and Dr Hamsa expressed that this was the beginning of a dialogue and the dissemination workshop was the first step in the right direction. Dr. Bitra delivered a Vote of Thanks and expressed his appreciation of support to the funders of both the studies, as well as KPP and IPE Global. He also thanked all the participants for attending the workshop and contributing to the rich discussion.

Next Steps:

In Dr. Bachani's presentation, he invited the audience to suggest additional questions for inclusion in the alcohol section of the NCD survey. ICRW agreed to submit some questions based on the study, on assessment of behaviors following alcohol consumption like inflicting violence against women, in the survey.

