



# Working in urban slums to prevent alcohol-related domestic violence

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APSA – the Association for Promoting Social Action – is a non-governmental organization that has been working in over 80 urban slum communities for the past 40 years in the cities of Bengaluru (Bangalore) and Hyderabad in the states of Karnataka and Telangana, respectively. This article focuses on the interventions of APSA to reduce alcohol-related domestic violence, and the lessons learned from these interventions.

**What:** APSA has engaged women community leaders, youth groups and children to help address issues related to alcohol, particularly alcohol-related domestic violence. In the past four decades, APSA has worked to motivate and empower women towards active community engagement through training women members of self-help groups (SHGs), increasing youth engagement through youth collectives and youth-oriented vocational programs, and increasing children's awareness about alcohol and substance harms through children's collectives.

**Why:** Alcohol-related domestic violence is a public health issue in India, with 32% of married women having been victims of domestic violence (India National Family Health Survey 2019-2021). The most recent India National Family Health Survey data indicated that 41% of married women in Telangana and 48% of married women in Karnataka have experienced domestic violence. Additionally, 71% of women whose spouses often get intoxicated after consuming alcohol, have experienced domestic violence, while 46% of women whose spouses sometimes get intoxicated likewise have experienced domestic violence. Even 33% of women whose spouses drink but never get intoxicated also experience domestic violence (India National Family Health Survey 2019-2021).

**Commercial Determinant:** Excise taxes on alcohol sales is a key and quick revenue source for states in India. The excise tax share in the price of liquor is 70% in Telangana, and 185% in Karnataka. In 2022, 18% of Telangana state's revenue came from excise duty on alcoholic beverages, while 22% of Karnataka's revenue was from excise on liquor (Reserve Bank of India, 2023).

**Burden of Alcohol:** The Global Burden of Disease study in India estimated that Karnataka and Telangana recorded at least a 25% increase in alcohol-related deaths from 1990 to 2021 (Institute for Health Metrics and Evaluation, 2024). Alcohol use is among the top five behavioural risk factors in Telangana, with alcohol-related deaths having increased by 26% from 14.54 deaths per 100,000 in 1990 to 18.39 deaths per 100,000 in 2021. In Karnataka alcohol use is among the top three behavioural risk factors, with alcohol-related deaths having increased by 28% from 16.23 deaths per 100,000 in 1990 to 20.81 deaths per 100,000 in 2021. Despite these statistics state governments in India like Telangana, Karnataka and others do not consider alcohol control a priority because alcohol sales generate huge state revenue. Only four states (Bihar, Gujarat, Nagaland, and Mizoram) and one Union Territory (Lakshadweep) of the thirty-six states and Union Territories in India have enforced prohibition of sale and consumption of alcohol.

## Pilot Intervention:

**Project Soukhya Phase 1:** APSA launched Project Soukhya ("well-being" in Sanskrit) in collaboration with St. John's Research Institute (SJRI) in Bangalore and Dimagi Inc (USA) in 2013. Project Soukhya was a pilot intervention that focused on raising awareness about domestic violence as a gender rights violation among women in urban poor communities, and to address incidents with local support.

The pilot project in Jayanagar slums in the city of Bangalore involved training 65 members of self-help groups (SHGs) in the use of mShakti – a mobile phone-based app developed by Dimagi (Shakti means 'power'). APSA, SJRI and Dimagi trained a cadre of 30 Super Trainers to use mShakti to display educational video messages on the unacceptability of domestic violence, narratives of survivors and provide information on the availability of local support services. Each Super Trainer was tasked to reach out to 2 SHGs of 15 members each. These SHGs, in turn, would each reach out to three women in the community. The targeted reach of preventive messages on domestic violence was 2,700 women in the community within 2 years.

By the end of 2015, the Soukhya project had reached more than 3,500 women in the community and the Super Trainers had directly addressed 100 cases of domestic violence. Additionally, the Super Trainers reported that, in 82% of the cases they responded to, alcohol consumption of the spouse or partner was identified as the primary cause of domestic violence.

**Challenges:** The pilot intervention revealed several challenges. The most challenging issue was getting the Super Trainers to change their own perception: to them, domestic violence was a 'private matter' between husband and wife, not a violation of women's human rights. Another challenge was survivors' hesitation to record their statements about their experience with domestic violence. Also, younger participants dropped out of the project because of the emotional intensity of the work involved. Contending with the negative attitudes of older women and their own in-laws was another challenge. The participants' need for livelihood also provided a challenge to the project. Because the mShakti mobile phones had to be password-protected and kept locked to maintain confidentiality of survivors, suspicion among husbands and in-laws led to at least five Super Trainers dropping out of the project and returning their mobile phones citing family problems.

**Project Soukhya Phase 2:** To address the challenges that arose from the pilot intervention, Soukhya was modified for the second phase in 2017. The project involved 75 couples including their in-laws and children where the spouse abused alcohol. The couple was counselled with their family twice a week for 3 months. The couple was given an allowance of Rs.250 for every visit as an incentive for them to come to counselling regularly and for the spouse to undergo a breathalyzer test (testing negative for alcohol consumption) for each counselling session. The second phase of the project also revealed positive consequences for couples involved in the counselling. The counselling drew couples closer, with some women reporting that they spent more time together with their spouses. The project also pushed husbands to support their wives by bringing the need to address domestic violence issues and reiterate women's rights as human rights into the public discourse.

**Limitations of the Intervention:** While the second phase proved successful in about 55% of the cases, an evaluation of the intervention found that 3 months was too short a period to expect behaviour change among individuals with alcohol dependency.

**Lessons Learned:** Both phases of the project were successful. While limited in changing the perspectives of urban poor women about alcohol-related domestic violence, the women involved in Project Soukhya learned to recognize domestic violence as a gender rights violation. Being part of women-led self-help groups increased the women's sense of belonging and self-esteem, acknowledged their ability to bargain within and outside their households, and further empowered them to take steps toward financial independence. These intertwined effects, even during a short-term period, enabled them to stand on their own feet, support other women who might be experiencing domestic violence within their homes, and inspire others in the community to be part of the women's collective further down the line.

For its part, APSA has realized that interventions to address alcohol-related domestic violence need to be long-term and with far deeper interventions related to behaviour change. Interrogating deep-rooted gendered attitudes held by both men and women related to men's privilege and women's duty to 'endure' must also be part of the interventions. Involving extended family members such as the woman's in-laws is likely to have a far more sustained effect in terms of behaviour change of the man perpetrating domestic violence after drinking.

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