**January 21, 2018**

**COVER LETTER**

Dear Editor,

This is to confirm that the article entitled “*Intimate Partner Violence in women in India – analyzing the role of alcohol*” submitted to the Indian Journal of Medical Ethics is original and has been co-authored by the undersigned. All authors have participated in the work sufficiently to meet the ICMJE guidelines for authorship. All have read and approved the manuscript.

The submission is not under consideration for publication in any other journal.

The authors did not receive any sponsorship, or funding towards the completion of this manuscript. We have no relevant competing interests, financial or otherwise, to declare towards the preparation of this manuscript. We have read the terms and conditions of authorship of IJME and accept them.

We give consent to Dr Ashish Goel to act as the author for correspondence.

With regards,

Yours truly,

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**TITLE: Intimate Partner Violence in women in India – analyzing the role of alcohol**

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STATEMENT OF COMPETING INTERESTS

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STATEMENT OF SIMILAR SUBMISSIONS

We declare that we have not submitted or published any manuscript previously which is very similar to the current work

**MAIN MANUSCRIPT**

**Problem definition**

Alcohol abuse is responsible for most cases of intimate partner violence among Indian women leading not only to poor mental health among victims but also increased child mortality.1

**Evidence**

Indian women comprise almost 16% of the global and 76% of the South Asian female population.2 Physical and sexual violence against women by their spouses or intimate partners has been practiced in Indian culture over generations.1,3,4 Nearly 40-75% of the Indian women reported physical violence at the hands of their domestic partners at some point in their lives.5,6 Most available evidence hugely under-estimates the problem due to the inherent bias in reporting of such a sensitive matter.7

Domestic or intimate-partner violence (IPV) is strongly associated with use and abuse of alcohol among the men.1,5,6,8-11 Violence often results in behavioral problems and poor mental health presenting as anxiety and depression in the victims.8,12-14 IPV has also been associated with poor childhood vaccination rates and an increased infant and child mortality.15,16

With increasing awareness among women and growing disparity between the educated and uneducated classes, the present situation cannot be allowed to continue. This is the right time to address the situation due to the rapidly improving education levels among women and the right political environment.

**Alternatives**

The measures to tackle this social malady could be focused individual directed or broader community based approaches.

Among the individual level approaches, these could be directed towards the female victim or the male perpetrator. Since alcohol abuse has been identified as one of the important causes of both, intimate partner and non-partner sexual violence, addressing alcohol sale and use is one of the important measures that could be adopted.17 Education of the wife and/or the husband, reducing the education gap between the couple has been strongly associated with decreased reports of violence.2 Screening of women with physical injury or poor mental health for intimate partner violence is another method to identify and address the related issues.18

Community level approaches include formation and implementation of prohibitive laws, closure of community liquor vends and declaring states alcohol free and improving the literacy and education status of the community and entire neighborhood.2,19

**Criteria**

The criteria that could be adopted to measure the success of the adopted policy would include the cost involved in implementation, effectiveness in reducing the rate of intimate partner violence reports, improvement of infant mortality rate, improvement in mental health of women thus improving their Quality Adjusted Life Years, resistance offered by the community and improvement in the work efficiency, quality and productivity of the community.

The issue has remained largely hidden because people find it too sensitive and personal to report or discuss. Efforts in the past have been based on passage of laws which could not be implemented.

Any efforts to address the alcohol abuse trends in the society are likely to be opposed tooth and nail by the liquor industry. Indirect efforts may hence need to be address the problem.

Successfully addressing the problem holds the promise of huge cost benefit in terms of preventable healthcare costs, improved work efficiency and infant mortality.

**Projected outcomes**

The projected outcomes of each policy measure are tabulated below

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Status Quo | Community intervention – close liquor vends | Individual level – screen women with mental health for violence and educate every couple and neighborhood | Policy level – raise liquor prices |
| Media perception, projection and resistance from community  20-30% | 0 | -- | + | - |
| Cost  20-25% | 0 | 0 | -- | ++ |
| Kickbacks from liquor barons  15-20% | 0 | -- | 0 | - |
| Infant mortality rate15-20% | 0 | + | ++ | + |
| Mental health of women – QALY  10-15% | 0 | + | ++ | 0 |
| Improved work efficiency from a larger women workforce  10-15% | 0 | + | ++ | + |
| Others | 0 | 0 | 0 | 0 |

**Trade offs**

While making a decision, the most important consideration would be to understand how the community will respond to whatever policy change is made and how this reaction would be perceived and projected by the media and this would be closely followed by the cost of implementation, gifts and kickbacks from the liquor industry and followed by the improvement in morbidity and mortality indicators.

Considering the options available and the criteria for evaluation, the option to individually screen the women reporting with poor mental health or with evidence of physical abuse to health care systems and then following them up with improving the education of the couple along with their neighborhood appears to be the most effective at handling this problem.

**Conclusions**

Women are very often victims of intimate partner violence in their married life. Educating susceptible couples and their neighborhood will improve rates of reported violence, infant mortality rates and work output in the community.

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Unstructured Abstract

Physical and sexual violence inflicted by intimate partners has been documented all over the world. Violence against Indian women by their spouses or intimate partners has been practiced in but is underreported and undermined. Domestic violence is strongly associated with alcohol abuse among the male counterparts. The present article reviews this practice in the Indian society and tries to address this under the Bardach's health policy method.