



Alcohol availability: a structural driver of **gender-based** **violence?**

Evidence from four sub-Saharan
African countries

A summary of findings and recommendations from [Alcohol availability and Gender Based Violence \(GBV\) in Southern Africa: An evidence review](#)¹ published by the South African Medical Research Council (SAMRC) and the Southern African Alcohol Policy Alliance (SAAPA) (2021)

Background: Alcohol is a key driver of GBV

Alcohol consumption is a key driver of intimate partner violence (IPV), the most prevalent form of gender-based violence (GBV) globally.

One in three women (736 million) globally report having ever experienced intimate partner sexual and physical violence, or non-partner sexual violence, in their lifetime.²

Simultaneously, alcohol is consumed by 2.3 billion people globally.

Half of current drinkers consume alcohol in a harmful manner.

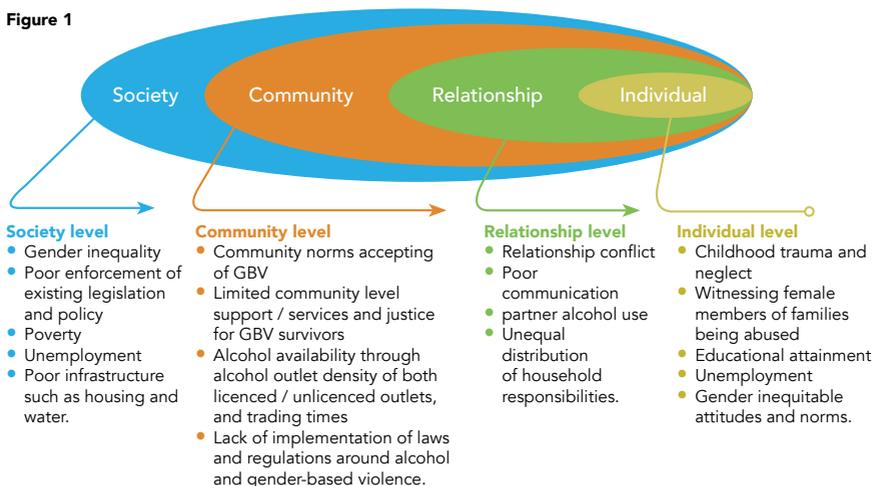
Harmful drinking is drinking in a heavy, episodic pattern. This is consuming five or more alcoholic drinks ($\geq 60g$) on a single occasion in the past month.³

The co-occurrence of harmful alcohol use and GBV has negative consequences for both men and women. These include physical injury, death, disability and poor mental health. Similar harmful alcohol consumption and gender-based violence trends have been observed in the sub-Saharan African region.

Drivers of GBV at multiple levels

The drivers of GBV exist at multiple levels: individual, relationship, community and society. Structural drivers of GBV are present in all levels. They are: patriarchy, poverty, and a culture of violence. These drivers, through processes such as increased alcohol use, poorer mental health and child abuse all *increase* the following: childhood trauma, poor mental health, substance misuse, and poor communication and conflict in relationships. Thus, these contexts both *drive* gender-based violence and intimate partner violence and *exacerbate* it, as depicted in Figure 1.

Figure 1



"My partner drinks on a daily basis; just look around you what can you expect? Beer is everywhere, look at these shebeens, it is even sold at some homes illegally. For me, my worst experience is one time he went away for days and he came back very drunk he demanded to sleep with me. So, when I refused he just physically beat me."

– Rosia, Namibia⁴

Key findings

While there has been reluctance in some quarters to acknowledge alcohol use and its poorly-regulated availability as one of the structural drivers of GBV and IPV, increasing evidence points to alcohol use and alcohol availability as driving alcohol-related harm, including GBV. The following are key findings from our review:

Many parts of sub-Saharan Africa show similar trends to global statistics with regard to gender-based violence and harmful alcohol use.

Harmful alcohol use is one recognised driver of gender-based violence which includes intimate partner violence (IPV) and non-partner sexual violence (NPSV).

These co-occurring problems are driven by multiple factors, including patriarchy, poverty and poor mental health.

Combined with individual and relationship factors, structural factors such as the availability of alcohol – both alcohol outlet density and trading times – are associated with increased alcohol use, and increased risk for GBV perpetration and victimisation.

Alcohol density and outlet trading times need to be considered in the awarding and renewal of licences.

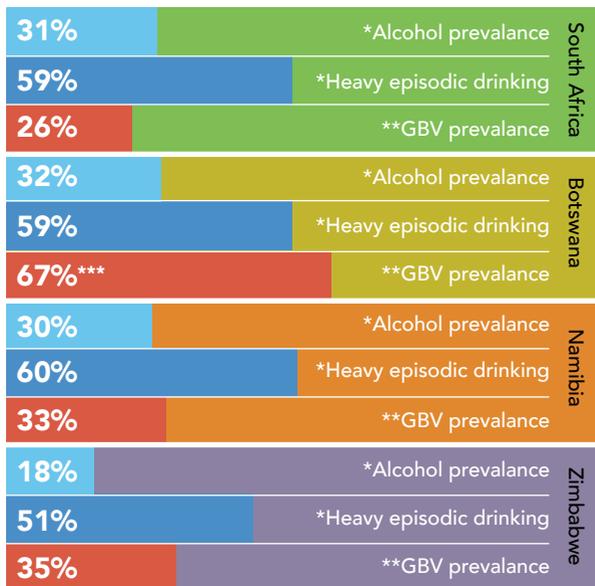
Better enforcement of policy and legislative frameworks, combined with individual and relationship level interventions, are critical to prevent and respond to harmful alcohol use and gender-based violence.

Alcohol availability is a structural driver of GBV in sub-Saharan Africa

Previous and current research by the South African Medical Research Council (SAMRC) and the Southern African Alcohol Policy Alliance (SAA-PA) show that alcohol consumption is a key driver of intimate partner violence (IPV). Evidence from four sub-Saharan African countries shows that men and couples' harmful use of alcohol increases men's risk of perpetrating intimate partner violence, and women's risk of experiencing gender-based violence.

In addition, recent research from pooled analysis of alcohol's relationship to GBV in four violence prevention studies in Africa⁵ found that when alcohol use increases, so too does the risk for IPV. **Specifically, men's harmful alcohol use increased their risk of perpetrating IPV by more than three times. Women who reported that their partners were often drunk were at almost six times greater risk of experiencing IPV.**

Our review of the prevalence of current alcohol use and GBV in South Africa, Botswana, Namibia and Zimbabwe found a similar drinking and GBV pattern, as shown in this graph.



Heavy episodic drinking

Heavy episodic drinking (HED) is a pattern of drinking alcohol that is defined as consuming five or more alcoholic drinks (60g) on a single occasion in the past 30 days. HED is directly linked to greater prevalence of GBV.

* Source: WHO Global Status report on Alcohol and Health, 2018

** DHS in-country data

*** GBV Indicators

Alcohol availability influences prevalence of GBV

The World Health Organisation (WHO) recognises alcohol as one of several significant drivers of violence globally. Specifically, the WHO identifies the availability, marketing and pricing as key areas requiring regulation and control in relation to reducing alcohol-attributable harm, including GBV.

Evidence from our review of four sub-Saharan African countries shows alcohol availability influences consumption, which in turn influences GBV perpetration and victimisation. Two availability factors which drive consumption, and increase violence generally, are the alcohol outlet density (AOD) per km² and outlet trading times (OTT).

Alcohol outlet density

The review found that **increased liquor outlet density was associated with increased alcohol consumption and alcohol-related harm**. Figure 2 shows GIS mapping of alcohol outlets (red stars) and education facilities (white stars) in an urban site in South Africa. In the area of the map, alcohol outlets significantly outnumber the schools illustrating the prolific and disproportionate availability of outlets in communities.

Figure 2: [Density of alcohol outlets and educational facilities, urban site, South Africa](#)⁶



147 Alcohol outlets



36 Schools

Alcohol outlet trading times

The evidence of the effect of reducing alcohol outlet trading times is somewhat mixed. There is stronger evidence for the effectiveness of reducing alcohol outlet density as a means of reducing alcohol use and its related harms compared to restricting trading hours.^{7,8} However, the timing of our review coincided with an unprecedented time in the history of alcohol control with Covid-19 pandemic-related alcohol restrictions.

Emerging evidence indicated clear associations between reductions in outlet trading times through complete and partial sales bans and reductions in alcohol-related harms.^{9,10,11} Therefore, we need further research on alcohol outlet density and outlet trading times.

Lack of implementation of legislation and regulation keeps GBV prevalence high

The co-occurring problems of alcohol abuse and GBV continue to present a significant public health threat to sub-Saharan Africa. Despite the presence of legislative and regulatory frameworks related to both alcohol and GBV in the four countries reviewed, there is poor implementation. South Africa currently has the most progressive laws around gender equality and laws related to GBV and IPV specifically. It also aligns with global policy and regulation on alcohol use. Yet, South Africa continues to record heavy alcohol consumption and high rates of GBV.

Following the WHO recommendation to reduce alcohol availability as a means to reduce alcohol abuse and related harms, this review highlights the **need for accelerated implementation of laws and policies as well as further research to assess the effectiveness of structural interventions in the global South.**

"In more than 50% of the [GBV] cases reported here we learnt from a number of witnesses other than victims that the abusers were not violent when they were sober but became violent when they were intoxicated"

– District commissioner, Botswana¹²

Conclusion and recommendations

Harmful alcohol use, in addition to other drivers, is an established driver of GBV. Further work is however required to understand the role of structural factors, such as alcohol availability, legislation and implementation challenges across sub-Saharan Africa. These recommendations are from the first phase of a four-country study examining the structural role alcohol availability plays in GBV. To address the gaps in knowledge, we recommend the following:

Donors

- Increase investment in research on the association between alcohol and GBV in the global South.
- Fund the scale-up of existing interventions that have been shown to reduce alcohol use and GBV, such as couples' programmes and gender transformative programmes.
- Fund evaluations of structural interventions to reduce alcohol use and its related harms.
- Adopt best practice research methods and data collection to measure the effectiveness of structural interventions on alcohol use and GBV

Programme implementers

- Sensitise communities to the association between alcohol and GBV.
- Empower communities with knowledge and skills to take responsible and collective action on alcohol regulations.
- Involve local communities in participatory mapping of data, both quantitative and qualitative, on the regulation of alcohol in their communities.

Researchers

Increase the rigour of research:

- Improve the quality of routinely collected data by liquor authorities at provincial level on alcohol outlet density (AOD) – of both licensed and unlicensed outlets – and outlet trading times. This should include evaluations of the effect of changes on alcohol consumption and GBV.
- Robustly design, implement and publish qualitative research on how regulations related to alcohol outlet density and outlet trading times are experienced. Examples for this include: contravention of official trading times, and the impact of thwarted implementation.
- Test best practice research and data collection to measure the effectiveness of structural interventions on alcohol use and GBV.

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