REVIEW OF LITERATURE

Alcoholism is considered as a serious social issue and it has drawn the attention of professionals from various disciplines such as psychiatry, psychology, sociology and social work. The problem of excessive drinking leads to family violence. Mostly affected are the wives of alcoholics. They suffer intense psychological, physical and social trauma due to core drinking problem of the partner.

Most researchers have focused attention on the alcoholic person and their behavior, communication pattern, personality, drinking pattern etc. In real situations, the wives of the alcoholic husbands are the persons who bear the brunt of the husband’s alcoholism behavior and experiencing violence in their family lives.

2.1 Alcoholism

According to Clark et al (2002), the environment, both home and at work, also have a powerful influence on drinking behaviors. Zucker et al (2006) pointed in research that individuals in poverty and people with less formal education are more likely to abuse alcohol and also the environment established by the family of origin is responsible for the initial belief structures but, as adults, alcohol use decisions are also a function of social networks outside the family. Coping styles and motivations to drink can also influence alcohol consumption (Walter 2003).

McGill et al (2007) asserts that certain personality characteristics, influenced by genetics, contribute to the development of alcoholism. This genetic connection is illustrated by studies that have shown that children with attention deficit hyperactive
disorder are more likely to develop alcohol problems later in life. The tendency towards risk taking and aggressiveness both lead to alcoholism susceptibility.

Sachdeva et al (2014) stated that changing social norms, urbanization, increased availability, high-intensity mass marketing and relaxation of overseas trade rules, along with the poor level of awareness; have contributed to increased alcohol consumption.

Tudor (2007) noted that the emphasis placed on alcohol in society plays an important role in alcohol use and alcoholism. Messages from peers and the media promote alcohol use for fun, improved relationships, and even wealth. Messages and information regarding alcohol, influence the decision making process. Once drinking has commenced, events combined with alcohol consumption induce cravings and "consumption related stimuli produce different responses". A progression takes place, from moderate drinking to alcohol abuse due to alcoholism.

According to World Health Organisation (2007), Environmental factors such as economic development, culture, availability of alcohol and the level and effectiveness of alcohol policies are relevant factors in explaining differences in vulnerability between societies, historical trends in alcohol consumption and alcohol-related harm.

As Grucza et al (2008) put it, harmful use of alcohol is the leading risk factor for death in males aged 15–59 years, yet there is evidence that women may be more vulnerable to alcohol-related harm from a given level of alcohol use or a particular drinking pattern. The vulnerability of females to alcohol-related harm is a major
public health concern because alcohol use among women has been increasing steadily in line with economic development and changing gender roles.

World Health Organization (2011) reported, alcohol is the world's third largest risk factor for disease and contributes to 4% of the global burden of disease. It is estimated that 2.5 million deaths each year are directly attributable to alcohol, with 9% of deaths in the 15- to 29-year age group being alcohol-related.

The 32nd World Health Assembly declared that problems related to alcohol and particularly to its excessive consumption rank among the world's major public health problems and constitute serious hazards for human health, welfare and life (World Health Organization, 2007). In 2012, 139 million disability-adjusted life years (DALYs), or 5.1% of the global burden of disease and injury, were attributable to alcohol consumption. Chronic diseases, such as cancer of the mouth, esophagus and larynx, liver cirrhosis and pancreatitis; social consequences such as road-traffic accidents, workplace-related problems, family and domestic problems and interpersonal violence, have been receiving more attention in recent years (World Health Organization, 2014).

The consumption of alcohol in most states is higher in rural areas than in cities and towns. Tamil Nadu is one of the high alcohol consuming states. In Tamil Nadu 47.4% of men in rural areas and 46 % of men in urban areas consume alcohol. Only 0.5% of women in urban areas and 0.3 % of women in rural areas take alcohol (Times of India, Mar 5, 2017).
According to the 68th report of the National Sample Survey Office (NSSO) on Household Consumption of Various Goods and Services in India, in 2011-12 results showed that the per capita alcohol consumption in rural India increased by nearly 28 per cent, while that of urban India rose by nearly 14 per cent.

The Tamil Nadu government clocked up to Rs. 26,188 crore in revenues through its outlets of the Tamil Nadu State Marketing Corporation (TASMAC), which has near-complete monopoly over wholesale and retail vending of alcohol in the state. Of the Rs 1.48 lakhs crore state revenue in 2015-16, 33 per cent came from TASMAC. Nearly 70 lakhs people visit TASMAC shops on any given day in Tamil Nadu and the state revenue growth from liquor sale is around 11 per cent annually (The Indian Express, Apr 9, 2017).

Casswell et al (2009) revealed that drinkers also experience a range of social harms because of their own drinking, including family disruption, problems at the workplace (including unemployment), criminal convictions, and financial problems.

Doleza et al (2000) found that drinking alcohol is socially and culturally acceptable to engage in verbal or physical abuse against their spouse as well as to exhibit risky sexual behaviors such as inconsistent condom use and having multiple extramarital sexual partners.
Klingemann (2001) observed that heavy drinking at the workplace may potentially lower productivity. Sickness absence associated with harmful use of alcohol and alcohol dependence entails a substantial cost to employees and social security systems. There is ample evidence that people with alcohol dependence and problem drinkers have higher rates of sickness absence than other employees.

2.2 Factors influencing on drinking behavior

Study of AIIMS (1997) found that 33% of spouse-abusing husbands were using alcohol. Of these 15% were occasional, 45% frequent and about 40% were daily users of alcohol. More than half of the spousal abuse took place during the period of intoxication.

Kumar et al (2013) conducted community based, cross sectional study to assess the prevalence and pattern of alcohol consumption in a rural area of Tamil Nadu, India. Prevalence was more among males as compared to that among females. Multiple logistic regression analysis revealed that middle age (15-44 years), male gender, illiteracy, lower education levels and smoking were independently associated with alcohol use. Among those who used alcohol, 29.2% were possible hazardous drinkers, 33.7% had probable alcohol dependence and 56.2% had experienced harmful effects based on AUDIT item analysis.

Singh et al (2016) followed a cross-sectional study was conducted on alcohol use and its related health and social problems in rural Puducherry, India with 850 households revealed that the highest prevalence was among 46–55 years age groups.
and the residents of joint families. One-third of the users began drinking before 20 years of age and half of them consumed for getting relief from pain/strain/tiredness. About half of the users had strained relations with their family members and neighbors both. The majority had alcohol dependence problems and about one-fifth had chronic health problems, diabetes mellitus, and hypertension.

Study conducted by John et al (2009) with the aim of describing the impact and patterns of drinking in hazardous drinkers in a male industrial worker population in India. Hazardous drinkers have significantly poorer physical and mental health and show trends for adverse social outcomes such as violence. As compared to casual drinkers, hazardous drinkers tend to drink alone, in bars, and prefer non-commercial alcoholic beverages which are cheaper and have high alcohol concentration. Hazardous drinking has a significant adverse impact on drinkers and their families.

Gaunekar et al (2005) conducted study with the aim of social and psychological associations with harmful drinking in Goa, India. The results showed that men who consumed any alcohol were more likely than abstainers to be employed, Catholic and to own their own homes. Harmful and dependent drinkers were more likely than moderate drinkers to be illiterate, have no education, and receive low pay than moderate drinkers. In addition, harmful or dependent drinkers were more likely than the remainder to be at medium risk of psychological disorder, use tobacco, report a first degree relative with alcohol problems, and report having been the victim of crime or perpetrated interpersonal violence.
Gupta et al (2003) assessing the prevalence and pattern of alcohol use in a middle-aged and elderly population in Mumbai, India showed that one fourth of them were currently consuming alcoholic beverages, of whom more than quarter of the respondents drank on at least six days per week. But the frequent use of alcohol is likely to have significant public health implications.

Grant et al (1997) found young people who start to drink before the age of 15 years are reported to be four times more likely to meet criteria for alcohol dependence at some point in their lives.

Mohan et al (2000) highlighted the problems of heavy drinkers and also suggested that comprehensive scientific evidence for alcohol-related health and social problems in India is lacking. Rapid increase in alcohol consumption shall raise the probability of further increase in these problems in the coming years. No control of self drinking, preoccupation with drinking, neglect of duties under the influence of alcohol and a much larger number of men unsuccessfully attempting cutting down on their drinking were some of the problems frequently reported.

Neufeld et al (2005) studied the regular use of alcohol and tobacco in India and its association with age, gender, and poverty. It explained that the respondents belonging to scheduled castes and tribes (recognized disadvantaged groups) were significantly more likely to report regular use of alcohol as well as smoking and chewing tobacco. People from rural areas had higher rates compared to urban dwellers, as did those with no formal education. Individuals with incomes below the poverty line had higher relative odds of use of chewing tobacco and alcohol compared to those above the poverty line. The regular use of both
tobacco and alcohol also increased significantly with each diminishing income quintile.

Moss (2013) depicted that the use of alcohol is associated with an increased risk of injuries and accidents. Even a single episode of excessive drinking can lead to a negative outcome. Alcoholism and chronic use of alcohol are associated with numerous medical, psychiatric, social, and family problems.

2.3 Alcoholism and family problems

Weinberg (1990) examined how women married to alcoholics, managed the stigma resulting from the behavior of their husbands and adjusted to this behavior. Questionnaire data reveal that the women learned about their husbands' drinking early in the relationship and responded to this with anger, hostility, and resentment. Fears included concerns for the husband's health and effects on their children and his job. Over time, fears have decreased, but problems in the marriages remain. Most of the women had participated in their husband's drinking. Although one-third of spouses rated their marriages as happy, most reported unsatisfactory sexual adjustments. Support group membership helped the spouses to cope with their situation and develop self-esteem. Self-esteem was related to attitudes toward husband's drinking. Feelings of control were related to coping ability.

Johnson et al (1990) found that the behavior of the woman married to alcohol dependents reflects their stressful circumstances and the women reported interpersonal, extra personal and intra personal stressors. The most frequently reported and highest ranked stressor was their relationship with their husbands.
Casey et al (1993) investigated the role of work for wives of alcoholics. They collected questionnaire and interview data from 60 employed wives aged 23-62 yrs whose husbands received inpatient treatment for alcoholism. The majority of working wives reported minimal negative impact of their husbands' drinking on all areas of their work functioning, with a small subset indicating impairment attributable to the drinking. These Spouses were very satisfied with their current positions and described work as a positive experience. However, there were several indirect signs that the family alcohol problem spilled over into the workplace. These included changing jobs, absenteeism, and discussing husbands' drinking at work.

Kuruvilla, (2004) pointed in the study that the impact of alcoholism can be so marked on the female partner that she herself starts behaving like an addict.

Jackson (1962) described the stages of adjusting to the alcoholic husband. Early in the marriage there may be an occasional overstepping of bounds with heavy drinking. As the frequency of such occurrence increases, the wife begins to feel humiliated and ashamed. She curtails their social life and is under the impression that she has somehow failed in her marriage. There is hostility, hesitation, fighting and threats of leaving. The wife reacts to the alcoholic's violence by crying in tenor, retaliating or calling the police.

Green J (2007) observed that men wish to appear knowledgeable about sexual matters, while women often engage in a “culture of silence”, unwilling to express their needs and desires for fear that they might be perceived as too sexually aggressive. It leads to violence.
Miller (1991) found out some possible causal links between alcoholism and suicidal ideation behavior includes depression and hopelessness, which are likely to have been induced by toxic effects of alcohol. There is a strong suggestion from literature that recent adverse life events (divorce, separation, family arguments) are important factors in alcoholic suicide.

In the early days of the development of alcoholism, the family may go through, a long period of indecision and confusion. The second aspect related to it is role management. The functions normally carried out by the husband have to be taken over by the wife which will add to her psychological stress (Oxford, 1976).

Farid et al (1989) studied on alcoholic's housewives and role satisfaction which revealed a strong relationship between dissatisfaction with the role of housewife and severity of alcoholism.

Weinberg et al (1990) examined the women married with alcoholics and managing the stigma resulting from the behavior of their husbands and adjusted to this behavior. Questionnaire data reveal that samples learned about their husband's drinking early in the relationship and responded to this with anger, hostility, and resentment. Fears included concerns for the husband's health and effects on their children and his job. Over time fears have decreased but problems in the marriage remain. Most samples had participated in their husband's drinking. Although one third of the samples rated their marriages as happy, most samples reported unsatisfactory sexual adjustments. Support group membership helped samples to cope with their situation and develop self-esteem. Self-esteem was related to
attitudes towards husband’s drinking. Feelings of control were related to coping ability.

Parsakarathy (2013) found that social drinking has become far more acceptable in Indian community, but the problem drinking is often viewed as stigmatic. Thus, the family members of alcoholic participants often feel estranged and are looked on by others. The study results reported that 50% wives reported feeling ashamed in the society. This leads to marked reduction in the social engagements and social dysfunction.

Room et al (2002) noted that drinking also costs money and can impact upon resources particularly of a poor family, leaving other family members destitute. Also, it is worth noting that specific intoxicated events can also have lasting consequences, through home accidents and family violence.

In South Asia, where wife beating is said to be common as well as particularly severe, as much as 45% of women in rural India have admitted being beaten by their husbands (Rao, 1997).

Sabhaney (1974) concluded that, the families of alcoholics were more disorganized, more clinically diagnosed cases were seen in the family in comparison with the families of normal individuals. With regard to family interaction the author found that, the alcoholic's family is having more disharmony, in terms of resentment, anger, arguments and verbal or physical fights.

Chand (2010) attempted to examine the stressful to the family members. It reported that the family members of all the alcoholics reported behaviors like excessive spending and disturbance of peace at home as distressful. With regard to
severity, in addition to the above two behaviors, does not working and earning, not taking responsibility, and being physically and verbally abusive were also considered as very distressful.

Amanda et al (2008) conducted a research on “Alcohol effects on family relations: a case study”. The results showed that the problems caused by alcohol abuse impose profound suffering to family members, which contributes to high levels of interpersonal conflict, domestic violence, parental inadequacy, child abuse and negligence, financial and legal difficulties, in addition to clinical problems associated to it.

Baklien et al (2001) conducted in 11 districts in Sri Lanka examining the link between alcohol and poverty found that 7% of men said that their alcohol expenditure was greater than their income. Though a relatively small percentage, this is still a worrying statistic for the families concerned and for those interested in helping the worst-off families. It also reported that the economic consequences of expenditures on alcohol are significant especially in high poverty areas. Besides money spent on alcohol, a heavy drinker also suffers other adverse economic effects. These include lowered wages (because of missed work and decreased efficiency on the job), lost employment opportunities, increased medical expenses for illness and accidents, legal cost of drink-related offences, and decreased eligibility of loans.

Study conducted on Malaysia reported that alcohol is a major factor in exacerbating poverty. In a month a rural labourer can spend about RM 300 (US$ 80) on alcohol which is about how much he earns. The alcohol menace ruins families
and contributes to the breakdown of the basic social fabric of society. Often it is the women who bear the brunt of this problem – wife battery, discord in the home, abused and deprived children, non-working or chronically ill husbands who become a burden to both the family and society. Besides loss in family income, the burden on the family is worsened when the drinker falls ill, cannot work and requires medical attention (Assunta, 2002).

Throwe (1986) discussed alcoholism as a multifaceted affliction that directly affects the family as a total unit and each member as an interacting individual of that system. Four prevalent problems shared by alcoholic families include altered communication patterns, role difficulties, poor sexual interaction, and aggressive behaviors. In process that families use to deal with an alcohol problem involves five stages: (1) denial behavior, (2) control attempts, (3) disorganization of the family, (4) disassociation, and (5) making choices on whether to stay with or separate from the family unit. Anger and guilt are the most common family reactions to the crisis of hospitalization of an alcoholic family member. The study suggested that the assessment and intervention strategies that must be offered by health care providers to deal with these reactions.

Levkovich et al (1991) examined the influence of husband's habitual drinking on a family, resulting in disorganization of marital relations. Data are presented concerning conflicts in 50 families in which the husband was a habitual drinker. Conflicts were characterized by a sharp aggravation of the contradictions in the spouse's needs, lack of understanding by them of the relationship between drinking
and destabilization of family relations and in appropriate choice of the methods to settle conflicts.

Skibbee (2001) found the relationship between parental mental health, family rituals, family environment, and the resiliency of adolescents of alcoholic parents. A significant correlation was found among adolescent offspring regarding family disruption and low family rituals/closeness. The study suggested that adolescent boys, not girls, may be experiencing more stress due to being raised by an alcoholic parent, regardless of the gender of the alcoholic parent, as reflected by lower self-esteem scores, higher depression, greater perceived family disruption, and lower levels of family rituals.

Bonu et al (2004) stated that adverse child health effects of alcohol use are primarily through two distal determinants (indirect effects) - forgone household disposable income and caretakers' time for childcare. Diversion of scant economic resources for alcohol use that could have otherwise been used for seeking health care, may lead to self-care or delay in seeking health care. The other potential ways by which alcohol use can reduce the household income are through morbidity associated with the drinking habit among the consuming individuals, resulting in increase in medical expenditures and loss of income due to lost wages, and, sometimes, resulting in the premature death of sole wage earners in a household.

Kondandararm (1995) found out the adjustment problems of 30 adolescent children of alcohol dependent fathers and 30 adolescent children of non alcohol dependent fathers. It resulted indicate that the children of alcoholics have more adjustment problems than their counterparts in the areas of home, health, social and
emotional. Children of alcoholic fathers had problems of parental rejection, persistent tension at home, and inability to identify with or relate to one or both parents.

Ambrozik (1983) conducted research with the social situation of 91 children from 34 alcoholic families. Generally, poor parental care and control, lived in difficult financial and housing conditions, and were involved in disturbed and often pathological family relations were diagnosed for the study. They witnessed incest, seductions, suicides, fights, and their mothers prostituting themselves, resulting in developmental disturbances. They showed poor health; unsatisfactory progress at school; lack of educational aspirations; disturbed relations with their parents, teachers, and other children; and socially unaccepted or even criminal behaviour.

Bente (2005) suggested that alcohol abuse disturbs the family, especially family ritual and routine, causing instability and irregular family interaction between spouses and children which could also contribute to the maladjustment in the children of alcohol abusers.

Dhital et al (2001) conducted a large-scale study covering about 2400 households in 16 of Nepal’s 70 districts, resulted the adult respondents perceived the impact of family members use of alcohol and drugs on children as violence and physical abuse (33.4%), neglect and mental abuse (28.5%), deprivation from education (20.2%) and push factor for children to use intoxicants (11.1%), malnutrition and running away from home. 35.9% of children interviewed felt that there was an impact of parental drinking on the family. The impact included
domestic violence (40%), loss of wealth and indebtedness (27.8%), loss of social prestige and bad relationship with neighbours.

2.4 Alcoholism and Domestic violence

Numerous studies have found an association between alcohol consumption and aggressive behaviour though clearly not everyone who consumes alcohol gets aggressive. People with anti-social personality disorder appear to be particularly susceptible to alcohol related aggression. People who have previously been violent under the influence of alcohol are the most likely to become aggressive when drinking again. Internationally alcohol has been associated with numerous acts of interpersonal violence which include physical and sexual abuse, emotional and psychological abuse and neglect.

UNICEF (2005) reported that age of marriage also shows a relation with domestic violence. There is evidence to suggest that girls married at an older age are less likely to experience domestic violence.

Xu (1995) stated that patriarchal family system and gender inequality within the family were found responsible for the prevalence of wife-abuse.

A study conducted by NFHS-III reported that compared to women in the 15 to 24 age group, a greater proportion of older women experienced lifetime violence. A higher percentage of rural women (36%) were subjected to violence than women living in urban areas (28%). Only 14% of women with 12 or more years of schooling reported experiencing violence while the figure for illiterate women was 44%. Violence was much more prevalent among women from the scheduled castes
and tribes (39-42%) than among those from the higher castes (27%). Violence was also inversely related to the wealth index. Violence against women varied hugely among the states. More than 40% of women aged 15 to 49 reported having experienced physical or sexual violence in the relatively backward states of Rajasthan, Madhya Pradesh, and Bihar. Interestingly, among the big states, the percentage was only a tad lower in West Bengal, Uttar Pradesh and Tamil Nadu. On the other hand, less than 20% of women reported experiencing violence in states like Himachal Pradesh, Kerala, and Karnataka.

An empirical study of Ahuja (1987) pointed out certain important characteristics of wife battering. (1) Wives under 25 have higher victimization rates; (2) Wives younger to their husbands by more than 5 years run a greater risk of being battered by their husbands; (3) Low-income women are more victimized, though family income is more difficult to associate with victimization; (4) Family size and family composition have little correlation with wife beating; (5) Assaults by husbands generally do not involve severe injury; (6) The important causes of wife battering are sexual maladjustment, emotional disturbances, husband's inflated ego or inferiority complex, husband's alcoholism, jealousy, and wife's passive timidity; (7) Exposure to violence of the assaulter in his childhood is an important factor in wife's battering; (8) though illiterate wife's are more vulnerable to husband's beating than the educated ones, there is no significant relationship between beating and the educational level of the victims; (9) Though wives with alcoholic husbands have higher rates of victimization, it has been observed that most of the husbands beat their wives not in a state of drunkenness but while they are sober.
UNAIDS (2009) reported that Domestic violence is common and widespread and crosses all classes even when alcohol is not present. Domestic violence is exacerbated by alcohol abuse and it may well be more prevalent in poor communities where factors such as financial and work-related stress often are used to rationalize domestic violence.

Halasyamani (1997) studied with the women seeking prenatal care in rural South India, it was found that 20% of the women reported domestic violence and 94.5% of these women identified their husbands as the aggressors. Husband’s alcohol use was a significant risk factor for domestic violence.

Women who have experienced abuse are more likely to suffer from emotional problems, lack of self-worth, physical health complications, and are at a higher risk for suicide. Yet, many individuals tend to normalize this violence by failing to recognize the violence as unacceptable or even by supporting the perpetrator, making it very hard for these women to seek and obtain help (Bostock et al., 2009).

Sekii (2005) examined the actual state of domestic violence in alcoholics’ families and compared this with a national representative sample. The results depicted that domestic violence in families of alcoholics is serious. In such families, 63.5% of wives had been injured as a result of physical violence by the husband. Physical, social and economical violence leads to the breakdown of marital relationships.
Ahuja (1998) focused the forms of violence commonly found were slapping, kicking, tearing hair, pushing and pulling, hitting with an object, attempting to strangulate and threatening. Forms of psychological abuse were also found to exist, for instance, verbal abuse, sarcastic remarks in the presence of outsiders, imposing severe restrictions on freedom of movement, totally ignoring the wife in decision-making processes, making frequent complaints against her to her parents, friends, neighbours, and kin much to the embarrassment of the wife.

A study conducted in Kerala by Child Development Centre, Thiruvananthapuram found that 45 percent of women had at least one incident of physical violence in their lifetime.

Visaria (1999) revealed some of the worse forms of violence have been reported in the study conducted in Gujarat, India. It pointed that beating with sticks or iron rod, knives, utensils, blades and ladles, throwing women against objects or bashing their heads against the walls, burning of breasts and vagina. In addition, sexual assaults in the form of both hitting women in the vagina by kicking or forcing her into sexual intercourse were reported by nearly 10% of the women. Some of the women who had become victim of this form of violence indicated that injury in their private parts cannot be noticed by anyone and they would be too ashamed to talk about it to others. The study also found that two-thirds of the women had undergone some form of psychological, physical or sexual abuse. Each form of abuse cut across all ages, castes, and education all levels. The most frequently reported types of violence against women were abusive language, beating, forcing women back to their parental home and threats to throw them out.
BMC Public Health (2009) conducted a population-based study on prevalence and related issues of Domestic violence against women in eastern India was found that, the overall prevalence of physical, psychological, sexual and any form of violence among women of Eastern India were 16%, 52%, 25% and 56% respectively.

According to NFHS-2, while 21% of ever-married women in the country as a whole said they had experienced lifetime violence, the percentage for Tamil Nadu was 40, the highest in the country (IIPS and ORC-Macro, Tamil Nadu, 2001). According to the NFHS-3, almost the same percentage (39%) of Tamil women reported experiencing physical or sexual violence.

Mamdouh (2012) Studied the “Prevalence and risk factors for spousal violence among women attending health care centers in Alexandria, Egypt” reported experiencing spousal violence during their marital life. Emotional violence was the most common type followed by physical, economic, and sexual violence. The study confirms the high prevalence of spousal violence across all socioeconomic strata. Logistic regression analysis indicated large family size, divorce or separation, low educational attainment of husband, smoking habit and drug use in husband, husband’s psychological status and history of exposure to physical violence during adolescence were associated with spousal violence.

Suneeta (2005) examined the relationships among gender, caste, and economic inequalities and marital violence among women in rural South India. Thirty-four percent of 397 women reported having ever been hit, forced to have sex by their husbands, or both. Women belonging to lower caste, poorer households,
having greater economic autonomy, and whose husbands consumed alcohol were more likely to report violence. In multivariate analyses, indicators of women’s economic autonomy and husbands’ alcohol consumption were significantly associated with violence, independent of caste and economic status, which highlights the need to address the links between gender inequalities and marital violence.

Babu (2010) result showed that age, education, occupation, marital duration and husband's alcoholism emerged as significant predictors of victimization and perpetration of all types of domestic violence. A higher level of family income was found to be highly protective against the risk of violence. In addition, other risk and protective factors for victimization and perpetration of each type of violence were identified.

Suniti et al (2009) examines the prevalence of physical and sexual violence among 1,974 married women from 40 low-income communities in Chennai, India. It showed that 95.7% of women were accepted that as drunkenness on the part of the man is the top reason for the violence. This was followed by disagreements about money (93.4%). Nine other factors were agreed upon as “likely” to precipitate violence by the majority of the respondents, including arguments over male affairs (88.1%), barrenness on the part of the woman (80.1%), a woman’s refusal to have sex (78.5%), dowry (75.8%), and a woman’s initiation of condom use (55.7%), among others. They found a 99% and 75% lifetime prevalence of physical abuse and forced sex, respectively, while 65% of women experienced more than five episodes of physical abuse in the three months preceding the survey. Factors
associated with violence after multivariate adjustment included elementary/middle school education and variables suggesting economic insecurity.

Violet (2009) studied the link between education and occupation on abuse, in study group. Results showed that Physical and psychological abuse was significantly higher and sexual abuse was low, in abstainers/social drinkers’ wives. Illiterate women were abused mostly. In study group, there was higher abuse in unemployed women.

Taís et al (2011) investigated with the objectives of psychological or physical violence associated with the use of alcohol, in residences of individuals in Brazil describe the social characteristics of aggressors and victims. Acts of violence are not necessarily associated with alcohol consumption. Men and women reported acts of domestic violence; psychological violence was the most prevalent form. Men are currently the primary aggressors, while women are primarily the victims.

Crimes such as rape as a form of sexual violence are reported to be on the increase. Around the world, one in five women has been found to be victims of rape in their lifetime (Amnesty, 2004).

UNICEF (2000) reported that sexual abuse and rape by intimate partner are not considered as crimes in most of the countries and even women do not consider forced sex by intimate partner or husband as a rape. However, surveys in many countries show that about 10 to 15% of women report of being forced to have sex with an intimate partner.
In many parts of the world, marriage is taken as granting men the right to have sexual relations with their wife and to use force and power to demand sex from the wife even if she does not want sex. In a Philippines survey, it was found that 43% of married women from the reproductive age group said that they could not refuse sex with their husband because of fear of beatings from them (Population Report, 1999).

Violence can in extreme cases also lead to death as in cases of suicides and homicides. The study from Bangladesh examined 270 cases of deaths due to abuse reported in newspapers in 1982-1985. 29% of the women had been beaten to death, 39% had been subjected to other forms of physical torture and 18% had been attacked with sharp weapons (World Health Organization, 2000).

It has been found that severe psychological stress and living under terror and the mental torture of violence can lead to self destructive behaviour and fatal consequences such as suicides. Studies in India, Bangladesh, Fiji, the USA, Papua New Guinea and Peru show a high correlation between domestic violence and suicide rates. Women who are victims of domestic violence are 12 times more likely to attempt suicide than those who do not experience such violence (International Professional Practices Framework, 1998).

2.5 Coping Strategies

Jackson (1954) outlined seven successive stages of family adjustment to alcoholism. They are denial of the problem, disorganization and attempts to
reorganize in spite of problem, efforts to escape the problems and reorganization of the whole family.

James et al (1971) found out that the wives used all sorts of coping, they themselves were more quarrelsome, they felt angry, they felt helplessness on other occasions, they adopted a strategy of withdrawing, or avoiding the husband altogether, they had tried to get drunk themselves to show them what it was like or they had locked the husband out of the house.

Orford et al (1975) stated poor outcome for behaviours that suggested withdrawal or disengagement from marital bond. The elements are those of avoiding, refusing to talk, feeling helpless, refusing to sleep together, feeling frightened, making special financial arrangements, seeking special outside help and contemplating terminating the bond together.

Kuruvilla et al (1992) reported that the most common coping behaviour resorted by the wives are discord, avoidance, indulgence and fearful withdrawal. The wives who reported that their husbands had become violent and aggressive had reacted with quarrelling avoidance, anger and helplessness, pretending to be drunk themselves, locking the husband out of the house and seeking a separation.

Revathy (2009) findings showed that majority of the wives of alcoholics used positive reappraisal, planful problem solving coping, escaping avoidance, accepting responsibility, confrontive coping, self controlling, and seeking social support
coping moderately to cope up with the stressful situations; most of them used distancing coping moderately and minimally respectively. The study revealed that there were significant associations between mean coping score and the wives’ religion, husbands’ education, total family income and husbands’ age at marriage.

Jeniffer (2013) found that the families affected by alcohol abuse have resorted to various ways for survival. Half of wives whose husbands drink have resorted to selling illicit brew like changaa and busaa, in order to meet their basic needs. They use this money to pay school fees, buy food and other necessities. It was also established that the majority of those who brew it also take the alcohol. The children whose parents drink have also resorted into drinking alcohol so as to relieve stress. It was also established that some of the respondents had medical problems due to drinking. When they are given medication, they did not finish the dose. From observation, most of those who take alcohol looked haggard and thin. Some women have resorted to prayer, seeking divine intervention from God to help their husbands stop taking alcohol.

Nitasha et al (2016) explored the problems faced by the alcoholic wives. The results declared that the wives of alcoholics facing personal problems like anxious, displaced their frustration on children, ignored their own physical health, sleep disturbances.13% of wives who reported that their social visits get reduced often owing to their husband's drinking and half of them reported feeling ashamed in society.
Fagan (1989) noted a number of factors appear to be correlated with domestic violence. These include stress, particularly economic stress, social environment, poor self-esteem of the assailant, and traditional ideas about gender roles. Also, suggested social support appears to be important for the victim in coping with the violence and even in reducing the violence.

Nirupama (2011) found the significant relationship between violence and women's age, caste, structure of family, literacy level of women, husband's level of education, and husband's alcohol consumption. Not a single case of violence was reported to the police.

Berg (2010) pointed out the women suffered without seeking help, making significant efforts to be self-reliant by seeking employment in and outside of the home to address the financial needs of their families. Unfortunately, employment oftentimes seemed to result in further negative consequences when husbands took their wives' income for alcohol or accused them of cheating with other men because they worked outside of the home. As situations grew more intolerable, women sometimes turned to family and neighbors for help; but all too often responses from family members reflected the dominant cultural norms and re-enforced negative situations.

Hutchison et al (2009) described the multiple efforts made by abused women to seek help. The results showed that most of the women have used a variety of sources, including lawyers, counselors, ministers, magistrates, shelters, and, most often, the police. Demographic analysis shows that relationship is the strongest and most consistent predictor of help seeking.
Research studies on domestic violence and its effects on women bring clarity and attention about the social issues in different dimensions. Reviewing these literatures helped the researcher in strengthening the knowledge base and offered a strong platform to carry out the investigation. It also helped in locating and identifying the gaps in knowledge. Having gone through the different research studies conducted on domestic violence, the present study embarks on studying about the alcoholic husband’s behavior, problems, copings and the different forms of domestic violence viz. psychological, physical and sexual violence in rural communities.