

Original Research**The impact of early COVID-19 restrictions on alcohol consumption, intimate partner violence, and finances in rural Sri Lanka**

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Abstract**Introduction**

The COVID-19 pandemic and subsequent lockdown measures had a significant impact worldwide on alcohol consumption, the prevalence of intimate partner violence, and financial situations. In January 2020, the first COVID-19 case was reported from Sri Lanka. Government responses included quarantine, the ban on alcohol sales, and the provision of 5,000 rupees to eligible individuals. The aim was to explore the impact of government-enforced responses to COVID-19 on alcohol consumption, financial situations, and intimate partner violence in the Anuradhapura district of Sri Lanka.

Methods


This study utilised a qualitative design in 21 villages in the Anuradhapura district. It involved semi-structured interviews with 289 household members and 113 key informants in the initial days of the COVID-19 pandemic. The generated results were compared with available national data.

Results

Restrictions on alcohol sales reduced overall drinking but increased consumption of illicit alcohol. Few families reported episodes of household conflict, usually between husband and wife, and just a few key informants spoke of domestic violence. The 5,000-rupee government payment appeared to provide some protection against financial impact.

Conclusion

This study found, in line with national findings, that general alcohol consumption did not increase, but illicit alcohol consumption did. In contrast to expectations and national results, interpersonal violence did not increase, and the government's economic support was protective. Further research is needed to understand the consequences of the lockdowns beyond the initial restrictions.

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Introduction

The coronavirus (COVID-19) pandemic and associated public health measures affected populations globally [1]. This included direct consequences such as elevated rates of stress and anxiety [1] and indirect effects after measures such as lockdown (i.e. increased loneliness, depression, and alcohol consumption) [1]. Several low- and middle-income countries experienced indirect consequences of COVID-19. These included vulnerability to food insecurity, poverty [2] and social costs, such as increased intimate partner violence (IPV) [3,4]. Increased alcohol intake was reported in one-quarter of people (25%) in 58 countries in a systematic review in 2022 [5]. This upward trend was associated with working remotely, job loss and other pandemic consequences affecting mental well-being [5].

In Sri Lanka, the first case of COVID-19 was recorded on 27 January 2020 [6]. On 20 March 2020, the government requested quarantining positive patients and their contacts, launched a risk communication campaign, and banned all alcohol sales. The alcohol ban was from 20 March 2020 until 19 April 2020 and then reinstated on 21 April 2022 [7]. Additionally, in two-thirds of the country, a curfew was imposed on 20 March 2020, restricting movements from 8 pm to 5 am [7]. Despite the curfew lifting during the day, alcohol shops were to remain closed at all times [7].

The rate of alcohol consumption in Sri Lanka has increased in recent pre-pandemic years for all types of alcohol [7], from 1.76 litres of pure alcohol a year in 2000 to 2.87 litres a year in 2019 for individuals aged 15 years and older [8]. However, alcohol consumption per capita in Sri Lanka is relatively low compared to global estimates (5.8 litres a year in 2019) [8]. This is partly explained by many abstainers, especially women [8]. Furthermore, a large percentage of alcohol consumed, especially in rural villages, is the illicit homebrew "*kasippu*" [9]. According to a report by the

Ministry of Health, Nutrition, and Indigenous Medicine in Sri Lanka, illegal alcohol accounts for almost 40% of all alcohol consumed. Although alcohol sales were banned on 20 March 2020 as a COVID-19 restriction, there might have been an increase in the production and consumption of "*kasippu*" in rural villages during the curfew [10].

Intimate partner violence (IPV) can include physical, sexual, psychological (e.g. emotional abuse and controlling behaviour), and economic violence, all of which are prevalent in Sri Lanka. According to the 2019 Women's Well-being survey conducted by the Department of Census and Statistics in Sri Lanka on females above 15 years of age, around 20% reported experiencing physical and sexual IPV in their lifetime, with 6% reporting an experience in the last 12 months (data includes the Anuradhapura District) [11]. Pre-pandemic, women with partners who consumed alcohol weekly or monthly were significantly at higher risk of IPV in Sri Lanka [11]. As males consumed a high amount of alcohol pre-pandemic, it is reasonable to expect that IPV might increase during the government's COVID-19 restrictions.

COVID-19 restrictions may have compounded other hardships, notably COVID-related financial stress in rural Sri Lanka. In the five years before the COVID-19 pandemic, the economy in Sri Lanka was already decreasing in growth [12]. Financial poverty in Sri Lanka was projected to increase nearly two-fold from widespread jobs and earning losses (8.9% in 2019 to 13% in 2020) [13]. This is partly explained by 70% of the workforce being informal (or casual) workers [13]. As the percentages of people with financial difficulties were high before COVID-19, it is possible that government restrictions to prevent COVID-19 increased economic challenges.

The aim of this study was to explore the impact of government-enforced responses to COVID-19 on alcohol consumption, financial situations, and intimate partner violence in the Anuradhapura district of Sri Lanka.

Methods

Setting and context

This study was nested in the intervention study: Theatre-based Harm-reduction Education about Alcohol Trial in Rural Environments (THEATRE) and utilised the 21 villages in the Anuradhapura District recruited for this study. This district is an irrigated agricultural settlement with many small-holding farming households. The selected villages are located approximately 25km south of the provincial capital of Anuradhapura. They have reported a higher level of alcohol consumption compared to other villages in the district. Details of recruitment can be found in the THEATRE protocol [14].

Study design

This study utilised a qualitative design in the 21 villages already enrolled in the THEATRE study. The data consisted of semi-structured interviews with selected household members and key informants.

Data collection

All data were collected by THEATRE study research assistants working from home due to the COVID-19 pandemic. A topic guide was developed, and interviews were conducted in Sinhala over the phone with household members and key informants accompanied by detailed notes. The notes were then transcribed by the research assistant who conducted the interview and discussed and checked by another research team member. Additional open-ended questions were transcribed and translated into English by research assistants.

Semi-structured interviews were conducted with identified key informants of each village. The key informants were purposively selected as they occupied vital roles, including society leaders, civil administration, or government roles. The themes covered in interviews included possible community activities relating to COVID-19, financial challenges of villagers, public interventions against the pandemic, interventions addressing the pandemic, and perceptions of changes in village alcohol consumption during the COVID-19 outbreak. The key informant interviews

lasted about 30 minutes and were conducted between May 2020 and August 2020.

Semi-structured interviews were also conducted with members from households selected using a stratified random selection of approximately 10% of households in each village (Table 1). There was an over-sampling of households where alcohol was consumed to ensure that we captured a sample of drinking households within each village. Drinking status was previously measured through an Alcohol Use Disorders Identification Test (AUDIT) during the baseline survey for the THEATRE study in 2019. The themes covered in the interviews included household stressors, changes in alcohol consumption, information about new illicit alcohol production, community initiatives to curb harmful alcohol use and related issues such as domestic violence. The household participant interviews lasted 45 minutes and were conducted between May 2020 and August 2020.

Data analysis

The interviewers analysed the interview data in Sinhala with the use of content analysis, following a deductive coding approach. As an example, household members' answers to a question regarding the financial impact of the lockdown were coded as "no impact", "minor impact", "moderate impact", "high impact", and "extremely high impact". The senior researchers (CP, MH and KS) reviewed all transcripts and scoring results, and helped determine the final rating when consensus could not be reached by the researchers responsible for the data analysis. Finally, the researchers entered the data into the REDCap database and the data was quantitatively analysed and presented in bar charts. Among the household members, 80 reported high or extremely high impact in relation to their employment status, financial situation, and their obligation to stay at home during the lockdown. The data that emerged from this sub-group of respondents was extrapolated. Of this, the researchers JS and CC analysed only the respondents' answers that were classified as "comments" to questions such as "how has the lockdown impacted you financially?". At this stage, the use of a thematic approach and inductive coding helped better understand the reasons for a high or extremely high impact on respondents' employment status, financial situation, and their obligation to stay at home during the lockdown. As an example, a few respondents perceived a high financial impact since their business activities were affected (code "self-

employment challenges”). The codes and themes were discussed with senior researchers MP and JBS and the local research team.

Ethical approvals

The Faculty of Medicine & Allied Sciences, Rajarata University of Sri Lanka ethics committee approved the study on 13 May 2020 (ERC/2018/21).

Results

Here we present the impacts of government-enforced COVID-19 regulations concerning alcohol consumption and finances as well as the prevalence of IPV in the Anuradhapura District of Sri Lanka in March 2020.

Selected sample

In total, 289 individuals participated in the semi-structured interviews from 352 selected households (Table 1), and 113 semi-structured interviews were conducted with key informants.

Table 1: Description of the study household participants.

Number of participants	289	
Median age (interquartile range) years	43 (36-54)	
Age distribution (years)	n	%
<20	3	1.0
20-29	34	11.8
30-39	81	28.0
40-49	75	26.0
50-59	52	18.0
60-69	33	11.4
≥70	7	2.4
Missing	4	1.4
Ethnicity		
Sinhala	272	94
Tamil	1	0
Missing	16	6
Drinking risk ¹		
No drinking (0)	197	68
Low-risk (1-6)	19	7
Hazardous (7-15)	44	15
Harmful (16-19)	10	3
Dependent >20	3	1
Missing	16	6

¹ The drinking risk was determined using AUDIT.

Alcohol consumption

Most household respondents (87.2%, n=252/289) reported no alcohol consumption during the lockdown period, while the households who reported drinking said they drank alcohol up to 2-4 times a month. An overview of household alcohol consumption is provided in Table 3. The most frequently consumed forms of alcohol were 0.25l bottles of arrack (57.1%, n=8/14), 0.5l (small packets) of kassipu (66.7%, n=16/24), and 1l bottle of strong beer (45.5%, n=5/11). While participants confirmed that all shops stayed closed in line with regulations during the curfew, most key informants (70.5%, n=79/112) observed that people who usually consumed legal alcohol sought out opportunities to consume illicit alcohol.

The key informants were from various positions, outlined in Table 2 below.

Table 2. Description of the Key Informants

Key Informant Position	n	%
Funeral welfare societies	35	31.0%
Unidentified groups	22	19.5%
Grama Niladhari Officers	15	13.3%
Farmers	10	8.8%
Women	10	8.8%
Teachers	9	8.0%
Youth Group	7	6.2%
Business Representatives	5	4.4%
Total	113	100%

Intimate partner violence

One-quarter (24.8%, n=28/113) of key informants identified conflicts in their villages during the COVID-19 lockdown. Yet, only 8.7% (n=25/289) of households reported conflicts at the household level. According to household respondents, conflicts were primarily between partners (72.0%, n=18/25) and related to financial problems (56.0%, n=14/25) or alcohol consumption (28.0%, n=7/25).

Financial difficulties

Most household members (81.0%, n=234/289) perceived that they were not or were little affected economically. About one-fifth (19.0%, n=55/289) reported a high or extremely high impact of financial difficulties. Around 45.5% (n=25/55) of those who reported high or extremely high impact on employment came from households with only one person employed, all reporting temporary or permanent job loss. Over half were self-employed, working as farmers, business owners, or fishing. Most business owners reported having to close their businesses temporarily, and many farmers and fishing communities reported issues getting supplies such as fertiliser and fuel and selling goods.

Table 3. Household alcohol consumption

Clusters	Household alcohol consumption						Sample total		Households total
	Abstinent		Heavy		Moderate		n	%	
	n	%	n	%	n	%			
612	12	5.2	8	3.5	9	3.9	29	12.6	230
614	2	2.1	6	6.4	5	5.3	13	13.8	94
807	12	5.3	7	3.1	9	4.0	28	12.3	227
815	9	4.6	11	5.6	7	3.6	27	13.8	195
1005	9	4.1	9	4.1	10	4.6	28	12.8	219
1081	4	3.2	7	5.6	6	4.8	17	13.6	125
6101	7	5.1	3	2.2	6	4.4	16	11.7	137
6102	10	4.7	10	4.7	8	3.8	28	13.3	211
8061	5	4.1	4	3.3	6	4.9	15	12.2	123
8101	8	5.4	6	4.1	5	3.4	19	12.8	148
8102	2	4.7	1	2.3	2	4.7	5	11.6	43
8171	4	4.3	5	5.4	4	4.3	13	14.1	92
8172	5	4.0	7	5.6	5	4.0	17	13.7	124
8173	1	2.9	2	5.9	2	5.9	5	14.7	34
9351	5	4.2	5	4.2	5	4.2	15	12.6	119
9352	9	5.1	8	4.5	6	3.4	23	13.1	176
10021	2	6.5	1	3.2	1	3.2	4	12.9	31
10022	4	4.5	4	4.5	4	4.5	12	13.5	89
10023	2	2.8	2	2.8	4	5.6	8	11.3	71
10041	7	5.0	6	4.3	5	3.5	18	12.8	141
10042	4	4.2	4	4.2	4	4.2	12	12.6	95
Grand Total	123	4.5	116	4.3	113	4.1	352	12.9	2724

Even the few who received partial or full employment income reported experiencing economic and financial impact within the household. Key informants felt the financial impact on the village was slightly less pronounced, with 7.1% (n=8/113) reporting somewhat or moderate impact. The most significant impact, they said, was for self-employed or daily wage workers.

Many people reported stress and fear, often from the inability to cover basic needs, because of the impact on their employment and finances. For some participants, the needs not covered most were the costs of medical treatment. One participant reported the incidence of mental health problems because of the impact of the pandemic on her household. Many expressed being affected by the lockdown because their lives, especially their social activities, were disrupted. Some felt uncomfortable about staying at home since it significantly altered their usual lifestyle. A total of 61.6% (n=178/289) of households reported being a beneficiary of financial support from the government.

DISCUSSION

The main findings from our study were that during the initial phase of the pandemic, alcohol consumption did not significantly increase as the households who consumed alcohol previously continued to consume alcohol during this time. Additionally, there was an increase in illicit alcohol consumption by the alcohol-

consuming households, as reported by key informants. Very few households reported IPV, although key informants reported higher rates than households. Most households reported a low impact on their finances but received government support.

Alcohol consumption

In surveys of 15,000 individuals in various Sri Lankan districts, alcohol intake decreased from 17.4% of respondents pre-pandemic to 4.7% during the pandemic (self-report data) [15]. A study by the Alcohol and Drug Information Centre (ADIC) in Sri Lanka found an increase in alcohol abstinence by 17% in the Anuradhapura district between the pre-pandemic and the period during the first wave of restrictions in March 2020 [16]. This is in comparison to the fact that Anuradhapura District had the highest alcohol consumption status in 2019 out of 11 studied districts, according to ADIC [16]. While alcohol consumption was not frequently reported in our study, it was cited by nearly a quarter of households as the source of family disputes. The lower reported drinking was likely related to the sales restrictions, although the illicit sales could not be determined.

The poor enforcement of alcohol control policies may have allowed a minor group of regular alcohol consumers to continue consumption during restrictions. For example, a study showed increased manufacturing

and marketing of *kassipu* in urban and suburban areas of Western Province in Sri Lanka during the closure of bars and restaurants [17]. This is not unusual in the Sri Lankan context, where illicit alcohol is estimated to represent the most considerable portion of the alcohol market [18], and the choice of alcohol is influenced by cost [9]. Noteworthy, the consumption of alcohol was widely seen as a strategy to prevent infection by COVID-19 [19].

Intimate partner violence

Previous studies have reported an association between crises, such as COVID-19, and increased IPV. For example, during the South Asian tsunami in 2004, violence against women and sexual assaults rose in Sri Lanka [20]. Pandemics should be no exception to these trends [18]. A mini-review published in September 2020 concluded that the COVID-19 pandemic sparked a concerning surge in IPV globally [21]. Before the pandemic, IPV toward women was widespread in Sri Lanka and often associated with self-poisoning [22]. Our study found a relatively low rate of IPV, but this could be related to the remote survey administration and challenges in building rapport over the phone. It is also unknown if these households with conflict also experienced conflict before the pandemic, as no baseline household data were available before the restrictions. Under-reporting is likely due to the sensitive nature of the topic. A recent Women's Wellbeing Survey found that almost half of the women (47.5%) who completed the survey agreed that a man should assert dominance [11].

Similarly, almost half (46.5%) said a 'good wife' should obey her husband despite her own opinions [11]. The context of data collection is essential when raising sensitive issues. Due to travel and health restrictions,

our survey had to be undertaken over the phone. This likely limited the acceptability of discussing sensitive topics.

Financial difficulties

COVID-19 caused significant economic disruption in South Asia [23]. Whole sections of the economy were closed, leading to high unemployment and increased vulnerability of certain groups [23]. The Sri Lankan government provided a monthly allowance of 5000 Sri Lankan Rupees to vulnerable families, differently-abled individuals, patients with chronic kidney disease and the elderly [24]. Given our findings that people in rural areas did not feel too harshly impacted financially, it is likely that the government allowances were protective. It should be noted, however, that our study was conducted early in the pandemic and before the financial recession currently affecting Sri Lanka took hold. In subsequent phases of the pandemic, the allowances were not continued, so there is potential that as the pandemic continued, the household became less protected against financial shocks.

Conclusion

This paper summarises the impacts of government COVID-19 restrictions during the early phase of the pandemic in rural villages in Sri Lanka. The restrictions on alcohol sales appeared to result in reduced drinking but are also likely to have led to increased consumption of illicit alcohol in pre-pandemic alcohol consumers. Few families reported episodes of IPV during the stringent restrictions. Some of the policy measures introduced by the Government of Sri Lanka may have protected people from economic shocks. Further research is needed to understand the consequences of the lockdowns beyond the first months of the COVID-19 restrictions.

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