

Chapter 6

Summary and Conclusion

Although many homes provide the socially assumed family characteristics of love, support, and bonding, it has become evident that families frequently are also the scenes of violent human relationships both between the couple and among parents and their offspring which can take a dismaying variety of forms, from domestic abuse and rape to child marriages and female foeticide (WHO 2002; Heise 1999). In recent years, there has been increasing concern about violence against women in general and domestic violence in particular, in both developed and developing countries. Not only has domestic violence against women been acknowledged worldwide as a violation of the basic human rights of women, but an increasing amount of research highlights the health burdens, intergenerational effects, and demographic consequences of such violence. According to the World Health Organisation (WHO) report, among women aged 15-44 years, gender violence accounts for more deaths and disability than cancer, malaria, traffic injuries and war put together (WHO 2005). International summits namely the United Nations conference on Population and Development in Cairo in 1994, the Declaration on the Elimination of Violence Against Women, Platform of Action for United Nations in Vienna in 1993 and the Beijing World Conference on Women in Beijing in 1995 recognize violence against women as a violation of basic human rights, impediment to women's autonomy and adverse repercussion on reproductive health.

Worldwide, women experience many forms of violence to a greater extent than men. Women are unequivocally the primary victims of family violence, and the tradition of household privacy has kept this violence against women hidden from scrutiny. Violence of any kind has a serious impact on the economy of a country: because women bear the brunt of domestic violence, they bear the health and psychological burdens as well. Victims of domestic violence are abused inside what should be the most secure environment – their own home. Violence against women is often referred to as gender-based violence. Gender is the term used to denote the social characteristics assigned to men and women, which interact with other factors such as age, religion, nationality, ethnicity, and social background. Gender-based violence is therefore violence targeted to women or girls on the basis of their subordinate status in society (Heise et al. 1995). Women are vulnerable to different types of violence at different moments in their lives. The life-cycle perspective provides a framework

within which to account for the pervasiveness of gender-based violence in the lives of women and girls. This approach presents the wide spectrum of abuses that women and girls experience throughout their lives, delineating the specific form and scope of violence suffered by girls and women at each stage of the life cycle. Viewed from a life-cycle perspective, there are six basic phases in the lives of women and girls when they are likely to experience gender-specific forms of abuse and assault. These are: prebirth, infancy, girlhood, adolescence, reproductive age and old age.

One of the main challenges facing international researchers on violence against women is to develop clear operational definitions of different types of violence and tools for measuring violence that permit meaningful comparisons among diverse settings. WHO defines violence as ‘the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, mal-development or deprivation’ (WHO 2002). Violence can be self-directed, such as suicidal behavior; interpersonal, such as family or intimate partner violence or violence between individuals who are not related; or collective, including violence by states and organized groups of people. Furthermore, the nature of violent acts may be physical, sexual, or emotional, or may involve neglect or deprivation. In recent years, domestic violence which is violence between spouses or intimate partners is being increasingly recognised as a human rights and social and public health concern. The term “domestic violence” has come to encompass a wide range of behavior. Common usage has been broadened to include all physical acts of violence that are domestic in nature, i.e., between members of a family. Over time, this definition has been expanded even further to include non- physical aspects of the phenomenon. As per the World report on violence and health, intimate partner violence is defined as “any behaviour within an intimate relationship that causes physical, psychological or sexual harm to those in the relationship”. Domestic Violence is the most common type of violence against women performed by intimate male partners, mainly husbands.

Many different theoretical models attempt to describe the risk and protective factors for domestic violence, including those based upon biological, psychological, cultural and gender equality concepts. The gender-sensitive approaches emphasize gender roles and expectations and the devaluation of women’s work inside and outside the home as crucial to understanding family violence. Ahuja (1998) and Sharma (1997) highlight a common approach in some of the theories that focus on individual aggressors. There are two kinds of explanations focusing on individuals. One includes psycho-pathological explanations that

focus on personality characteristics of victims and offenders. These theories provide pathological explanation for violent behaviour focusing on brain structures, chemical imbalances, dietary deficiencies, hormonal factors as well as evolutionary theories and genetic characteristics to explain violent behaviours. This model thus links mental illnesses and other intra individual phenomena such as alcoholism and drug use to violent behaviour. The socio- psychological model on the other hand argues that violent behaviour can be understood by careful examination of the external environmental factors that have an impact on the behaviour of individual leading to stressful situation or family inter-actional patterns. Feminist analysis of violence has been based on power relations between men and women that deny women equal access to power and resources thus making them more vulnerable to violence from men. The cause of this violence can be traced to patriarchy -the ideology that bestows on men power and authority over all aspects of women's lives including her bodies. Ahuja proposes an integrated model that includes a combination of the above factors to explain violent behaviours among individuals. The model proposes the influence of four factors on violent behaviour among individuals. They are : Social norms and social organizations that socialize the individuals personal characteristics; Intrapersonal characteristics of the individual that include his or her relations and interactions with other individuals and family; economic and environmental factors that influence the behaviour of individuals. Heise (1998) proposes a clearer and interrelated ecological framework for understanding violent behaviour among individuals. This framework includes a range of physical, social, emotional and psychological factors at the personal community and societal levels. The ecological model combines these various elements in a systematic manner. This model is based on the understanding that domestic violence is the result of a combination of social and individual factors, and can best be visualized as four concentric circles. The innermost circle represents the biological and personal history that each individual brings to relationships. The second circle represents the immediate context in which abuse takes place, the family and/or intimate relationship. The third circle represents the formal and informal institutions and social structures in which relationships are embedded— neighborhoods, workplaces, social networks, and peer groups. The fourth and outermost circle is the economic and social environment, including cultural norms. These last two circles combine to include such things as socioeconomic status and education level. In the ecological model, violence is usually associated with more than one factor and is not narrowly characterized by specific behaviors but encompasses the range of physical, emotional, and psychological behaviors that can harm an individual in the home. Each of these models contributes to a

better understanding of domestic violence and helps to build programmes that aim to reduce modifiable risk factors and strengthen protective factors.

Although the estimates of prevalence of domestic violence vary widely, prevalence rates generally range from 20 percent to 50 percent (Heise *et al.* 1998). In the current literature on domestic violence, different explanations have been given for its occurrence: (1) cultural systems legitimise violence, legal authorities fail to protect women, economic structures subordinate women, and political systems marginalize women's needs (Heise *et al.* 1994); (2) marital violence is more prevalent in societies in which patriarchal systems are strong and women have few options outside of marriage due to divorce restrictions and low access to economic resources, and where violence is an accepted means for conflict-resolution (Levinson 1989); (3) violence against women is a reflection of the power relationships between spouses (Strauss, Gelles and Steinmetz 1980); (4) violence against women is linked to woman's lower self-esteem, severe depressive symptoms with minimal personal resources, and little institutional support (Strauss, Gelles and Steinmetz 1980); (5) society encourages husbands to exercise their rights to dominate and control wives (Dobash *et al.* 1993).

It was not until 1983 that domestic violence was recognized as a criminal act in India. Under Section 498A of the Indian Penal Code, physical and mental violence inflicted on a woman by her husband and in-laws was recognized as a cognizable offense and punishable under the act. The Indian Penal Code was amended twice, first in 1983 and then in 1986. Section 498A is one of the few legal provisions that has recognized the fact that male members of a family can perpetrate violence against women. It brought under the purview of the law what had been considered to be a private matter. Section 498A defined a new cognizable offense, cruelty by the husband or relatives of the husband. It prescribed imprisonment for a term that may extend to 3 years and also included a fine. The definition of cruelty is not just confined to causing grave injury, bodily harm, or danger to life, limb, or physical health but also includes mental health, harassment, and emotional torture through verbal abuse. Law reform in the women's movement gained momentum in the 1970s with issues pertaining to rape and dowry. Under the circumstances of such prevailing abuse, there was a move to recognize domestic violence as a crime, a human rights abuse, and a health issue. In order to prevent violence against women, the underlying root causes of such violence and the effects of the intersection of the subordination of women and other forms of social, cultural, economic and political subordination, need to be identified and addressed. With a view to tackling increasing violence in the family, the Government of India

introduced a very useful Domestic Violence Act in 2005. The Act is a very vital piece of legislation. The Domestic Violence Act was passed in furtherance of the recommendations of the United Nations Committee on the CEDAW (Convention of the Elimination of all forms of Discrimination Against Women). The Domestic Violence Act promotes the rights of women guaranteed under Articles 14 and 15 of the Constitution of India. Domestic violence is one among several factors that hinder women in their progress, and this Act seeks to protect them from this evil.

In India, statistical evidence available about the actual prevalence of domestic violence is scant. It is a fact that domestic violence against women is universal across the culture, religion, class and ethnicity. Despite this widespread nature of domestic violence, it is not customarily acknowledged and has remained invisible (ICRW, INCLLEN 2000). This hidden nature of domestic violence against women remains so due to the social construction of the divide between public and private affairs, either because women are ashamed to discuss about it, or because no one has thought to ask them about it, or because it is considered as a natural part of culture. Hence there is scant data available on domestic violence in many countries including India. In the view to convince policy makers of both the pervasiveness of violence and its serious implications for women's health there is urgent requirement of prevalence data on domestic violence. Although there are studies that have focused on the prevalence of domestic violence and its health outcomes for the women undergoing such traumatic experiences, the correlates and determinants of domestic violence against women have not been the subject matter of any serious scrutiny. "Domestic Violence" is a sensitive topic and the varying causes which can spark the violence within the four walls of homes need to be analysed carefully and study of the factors causing the violence may prevent a family to suffer from the menace of domestic violence. Domestic violence may have a far wider and deeper impact and what is required is to see closely the association of the factors provoking a particular form of domestic violence. If these factors can be controlled then more than one form of violence can be prevented from harming an individual or our society and India would be a much better place to live in.

Although domestic violence is a serious and widespread problem in India, few researchers have sought to explain partner violence in India. This study examines the magnitude and characteristics of partner violence in India, and is one of the only violence studies to test association with HIV/AIDS. This research offers several important contributions to the domestic violence literature. The research work set out an attempt to fill the research gap by studying the factors contributing to domestic violence and by making a comparative

assessment of them in favour of women reporting domestic violence against them vis-à-vis those who do not report such incidence, using a recent national survey data, NFHS-3 of Indian households. To at least some extent, each of the variables tested emerged as an important predictor of domestic violence. The present study was undertaken with the following objectives –

- a. To estimate lifetime and current prevalence of physical, sexual and emotional violence in ever married women in India.
- b. To examine prevalence of domestic violence (any one of physical, emotional or sexual violence) in ever married women in India.
- c. To identify the major correlates of domestic violence.
- d. To explore the nature of association between women empowerment and domestic violence.
- e. To study the health consequences of domestic violence.

This study uses individual-level data on married women from the latest round of National Family and health Survey-3 (NFHS-3) conducted in 2005-06. The data are obtained from the women's file of the Demographic and Health Surveys (DHS) program to examine the prevalence and correlates of domestic violence. The study also examines the association between women's empowerment and the health consequences with domestic violence for women. The module and its implementation conform to the recommendations of the World Health Organization for ethical collection of data on domestic violence. International research on violence shows that intimate partner violence is one of the most common forms of violence against women. Thus, spousal/partner violence was measured in more detail than violence by other perpetrators by using a greatly shortened and modified Conflict Tactics Scale (CTS) (Straus 1990). This approach of asking about specific acts to measure different forms of violence has the advantage of not being affected by different understandings of what constitutes a summary term such as violence. By including a wide range of acts, this approach has the additional advantage of giving the respondent multiple opportunities to disclose any experience of violence.

The survey data on domestic violence were collected by asking about several discrete acts of violence that can be categorized as physical, emotional, or sexual in nature. Women experiencing any one of the three forms are categorized as domestic violence. The data on 69704 ever married women in the age range of 15 to 49 years who completed the domestic violence module is analysed. The causes of DV are multifaceted and its consequences are damaging. The risk factors considered are women's demographic characteristics including

current age, age at first marriage and number of children ever born, education and her economic characteristics. The HIV status of women is also considered as a risk factor. Spousal characteristics consist their education, occupation and alcohol consumption. Union characteristics include standard of living index, place of residence and household structure. Union characteristics include spousal age and educational difference and marital duration. A woman who has witnessed domestic violence in childhood is more likely to tolerate her husband's violence and hence intergeneration effect is also studied. It is hypothesized that woman's current age would be negatively related to domestic violence but her younger age at marriage will increase her risk to domestic violence. Similarly women with larger families or more number of children are more likely to experience domestic violence than women with smaller families. Education plays a significant role in the life of any individual and it is assumed that the extent of domestic violence is less in cases where the women are educated. Like education economic independence is also one of the main sources of women's empowerment. It is expected that economic status and domestic violence to be negatively related. Women with educated and employed husband are at lower risk of experiencing domestic violence than women whose husbands are illiterate and unemployed. Research confirms that alcohol and violence go hand-in-hand. It is hypothesized that women whose partners sometimes or frequently get drunk are more likely to experience domestic violence than women whose partners never get drunk. Spousal age and education difference also has an impact on domestic violence. It is hypothesized that wide differences in spousal age, in which the husband is much older than the wife are more prone to domestic violence. Similarly woman with more or less education than their partners are more likely to experience domestic violence than women whose education levels are the same as their partners'. We would expect length of marriage to be negatively related to domestic violence, since over time marital relationships could cement and become more stable, and so reduce the husband's tendency to violence. It is expected that women from rural and nuclear family is at a higher risk of domestic violence than the women from urban and joint family. We also hypothesize that families with lower socioeconomic status are more likely to experience marital violence than families with higher socioeconomic status. The above-mentioned potential risk factors for women to experience domestic violence in India are based on the literature review mentioned in chapter two. With the above stated hypothesis, the data on 69704 ever married women in the age range of 15 to 49 years who completed the domestic violence module of NFHS-3 is analysed.

The data indicates all forms of violence to be quite prevalent in India. The prevalence of life time domestic violence reported by ever married women is 35.3% (95% confidence interval 34.80-35.51). The lifetime prevalence of physical, sexual and emotional violence along with the 95% confidence was 31.0% (30.65-31.34), 8.3% (8.11-8.52) and 14.1 (13.87-14.38) respectively. Physical violence is most prevalent form of violence followed by emotional violence and sexual violence in India. The current prevalence viz in last 12 months of domestic violence is 23.8% with 95% confidence interval of (23.48-24.11). The current prevalence of physical, emotional and sexual violence along with 95% confidence interval are 18.5% (18.25-18.33), 10.7% (10.46-10.92) and 5.8% (5.65-6.00) respectively. Our findings corroborate with the studies carried out in developed and developing countries. Most of the studies estimate lifetime prevalence of domestic violence in range of 20% to 50%. WHO multi-country study on domestic violence in 10 countries: Ethiopia, Bangladesh, Brazil, Japan, Peru, Namibia, Samoa, Serbia and Montenegro, Thailand and United Republic of Tanzania estimates physical violence in the range of 13-61% and sexual violence at 6-59%. WHO Bulletin reports 80.9% of domestic violence in Cape Town whereas Dearwater et al report 36.9% for lifetime emotional and/or physical violence in Pennsylvania and California. Anderson et al reports that only 18% of women in eight southern African countries experience physical violence. Prevalence of domestic violence in United States as reported by a study conducted by Susan Wilt (1996) ranged from 11.6% to 12.6%. Few of the studies carried out in India also report high prevalence of domestic violence in India. As per survey carried out by INCLIN, about 50 percent of the women interviewed reported as having experienced domestic violence at least once in their married life. Ghosh's study on NFHS-2 data revealed similar results to NFHS-3. They found that 38% and 10% of women experienced physical and sexual violence respectively. The difference in NFHS-2 was to the response to the question 'Since you completed 15 years of age, have you been beaten or mistreated physically by any person at home'? whereas, NFHS-3 uses the modified CTS scale to measure various forms of violence. Analysis of 28139 currently married Indian women from NFHS-3 data survey by Silverman et al. in 2008 found 35.49% women having experienced intimate partner violence with or without sexual violence, 7.68% women reporting both and 27.80% women reporting only physical violence. A study by Pradeep Panda in Kerala in the year 2004 report 35.7% experiencing physical violence and a high percent of 64.9% experiencing psychological violence.

Diversities inherent in Indian society are also reflected in the plurality of family types. Estimates of prevalence of domestic violence within India vary widely. The third national

family health survey revealed that there is considerable variation across the states in the prevalence of domestic violence. A closer scrutiny of the prevalence rates reveals that domestic violence is a country-wide phenomenon with some variations between regions and various states, as these states differ from each other in overall socio-economic development and women's status. Differences occur within the population of these states based on some socio-economic characteristics such as habitation (rural or urban residence), age, religion/caste affiliation, education, occupation and income. State wise variation shows that domestic violence is maximum in Bihar (63.5%) followed by Rajasthan (50.9%) and Madhya Pradesh (48.1%). Himachal Pradesh experiences the least of domestic violence (6.9%). Domestic Violence is also low in Jammu and Kashmir (15.4%) and Meghalaya (15.5%). Regionwise analysis reveals that central region followed by east region experience maximum physical violence with 40.4% and 37.5% respectively. Southern region shows a prevalence of physical violence of 30.1% followed by northeast (28.6%), west (25.0%) and least in north (23.6%). The central region and east region shows high levels of emotional violence with 17.1% and 16.7% respectively whereas least emotional violence is experienced by women in north region (10.6%). The east region has highest prevalence of sexual violence with 17.6% followed by northeast (9.2%), central (9.0%) and north (7.5%). The least prevalence of sexual violence is in south (4.1%) and west (3.7%). The analysis also gives evidence of Indian women experiencing more than one form of violence at one time. The data confirm that most women who suffer physical or sexual abuse by a partner generally experience multiple acts over time. Likewise, physical and sexual abuse tends to co-occur in many relationships. Around 6.56% women reported of experiencing sexual violence along with physical violence. Also 11.12% women reported of combination of physical violence along with emotional violence. Sexual violence along with emotional violence occurs in 3.87% of the ever married women. 2298 (3.61%) respondents reported of all forms of domestic violence viz. physical, sexual and emotional violence occurring simultaneously. The regional differences may be attributed to lower incomes in central and east regions compared to other regions. As brought out earlier the lowest regional household incomes are in the central region, in Bihar, Uttar Pradesh and Madhya Pradesh. The lowest incomes are in Orissa. Households in these central states and Orissa have only half the income of those in the northern plains. The women's labour force participation is more in north and the west region as compared to central region. Literacy and education also shows region wise differences which contributes to higher prevalence rates of domestic violence. Literacy rates are the highest in Kerala, followed by Delhi, the North-East, and Himachal Pradesh. Some of the lowest levels are recorded in

Jammu and Kashmir, Bihar, Rajasthan, and Andhra Pradesh. Lower age at marriage and larger family size of the states in central region is a contributing factor for high domestic violence. Regional differences in age at marriage reveals that average age at marriage is 15–17 years in central states like Bihar and Madhya Pradesh, while it is 25 years in Punjab and Himachal Pradesh, as well as in the southern states.

The phenomenon of violence against women within the family in India is complex and deeply embedded. Girls and women in India are usually less privileged than boys in terms of their position in the family and society and in terms of access to material resources. Marriage continues to be regarded as essential for a girl; control over a woman's sexuality and its safe transfer into the hands of husbands who are assumed to "own" their wives is of primary importance. Nevertheless, there are regional and community variations. Women in the north have relatively less autonomy than their counterparts in the south, and experience fewer opportunities for control over economic resources (Karve 1965). A small segment of urban upper class women enjoy some of the benefits of education, careers, and economic independence. Despite regional differences in women's status, there is much less variation in rates of domestic violence. Overall, domestic violence is prevalent in all settings, regions, and religious groups. Although there are some differences in reporting by region—women in the south report fewer beatings than their counterparts in the north—in-depth qualitative studies have found considerable under-reporting in the data (Rao 1997). Research into the determining factors underlying the existence of domestic violence remains meager. Spousal disparity in educational attainment level or marital age, lack of autonomy within the home, dowry pressure, childhood abuse, unemployment, alcoholism, and poverty are all linked to high rates of domestic violence in India (Jejeebhoy 1998; Ahuja 1987; Mahajan and Madhurima 1995).

In India, the differences in the experience of domestic violence are discernible with respect to the level of female literacy, sex ratio, age at marriage of girls, household size, female workforce participation rate, and gender relations. The bivariate analysis of NFHS-3 data shows systematic relationship between current age and age at marriage of the women and lifetime experience of domestic violence. As expected the data shows that current age is a significant factor for experiencing domestic violence. The analysis brings out that as age of women increases she experiences more violence. Thus domestic violence increases with age. This is not surprising because logically one would expect a step-wise increase with age, because lifetime experience is cumulative and as one grows older, one has had exposure to this potential risk for a longer period of time. Young female age at marriage is also a

significant risk factor and the data supports the hypothesis that young age at marriage of women is a significant risk factor for experiencing domestic violence. Younger age at marriage reflects that she has not been given a chance to acquire the life skills and the maturity needed to ensure her interest and security in marriage and within the spousal relationship. Younger age at marriage puts a lot of stress for adjustment which may result in use of violence on the part of young husbands. It can therefore, be presumed that women who are married at an early age are at higher risk of being abused by the husbands and/or in-laws. It is also evident that higher percentage of women report violence when there are more children in a household. The reason may be that with higher number of children there is economic insecurity, insufficient resources, which may lead to disturbing levels of stress for the head of the household. Family size has a high potential for generating frustration because of its low probability of resolution. Violence not only becomes a possible response to this frustration, but also an acceptable one. This in turn may further lead to violence in some instances. Hence more the number of children, the greater are the likelihood of violence. NFHS-3 supports the hypothesis that women with more education experience less violence. The NFHS-3 data indicate that educational opportunities vary among the respondents according to their areas of residence. Urban women and men are more likely to go to school than their rural counterparts. Almost 40% of the total women respondents were illiterate with more than 50% of the rural women with no education. There were 24.9% of the urban respondents who were illiterate. Less than 3 percent of rural women have higher education level as compared to 16.3 percent of women in urban areas, showing significant rural-urban differentials in the levels of education. With 75 percent of the level of female literacy rate in urban and with the rise in education, urbanization and opportunity to proper employment, women are much freer now to come out of their homes with a view to meeting their family expenses. With the rise in education women would steadily move towards greater economic independence and is in a position to exercise much greater authority than before. As already discussed it is reasonable to justify that women with more education have greater abilities to protect themselves in times of need, such as when dealing with a violent partner. Thus, as expected NFHS-3 data shows that women with higher levels of education experience comparatively less violence.

Notably, one of the important finding from the present study is the increased likelihood of women being beaten if they are employed. Women who work are assumed to have more freedom of movement than women who do not work. Perhaps it could be argued that because women acquire freedom of movement and are at times outside the ideological

control and role expectations of the family, they are more likely to be beaten. They may be more likely to challenge their husband's authority or because their husbands perceive a threat to their authority, thereby challenging the existing gender norms. Researchers have argued that women's economic power is in transition, men are more likely to feel threatened by this, and there is often a (relatively) shortterm spike in male violence against women. The data needs to be understood cautiously as there may be possibility that violence may motivate a woman to seek work. When power is concentrated along patriarchal lines, the likelihood of using violence is reduced considerably because the power structure effectively imposes cultural, social, and physical restrictions on women. In such situations, because the structural control over women is already established, the use of violence is redundant. Krishnan et al's (2010) study of 750 married women aged 16-25 years in Bangalore India found that although having a job may enhance women's empowerment and financial stability, young married women in India who work face an increased risk of domestic violence. Baseline data were collected at enrolment into the health study, and then again at 12 months, and at 24 months. Women who were employed at one study visit had a 60% higher odds of violence by the subsequent visit, as compared to unemployed women. Furthermore, women who were unemployed at one visit and newly began employment by the next visit had an 80% higher odds of violence, as compared to women who maintained the same employment status over time. Women who previously worked and stopped working experienced a slight decrease in violence. The researchers identified the need for further in-depth qualitative research to look at whether the increase in violence amongst working women is a result of their access to financial resources or their challenging of gender roles (or men's perceptions of the changing roles), men's perceived or actual loss of power, or some combination. Thus though it is clear that violence is closely linked to economic power relations we also caution against drawing misleading conclusions. Another significant finding of this study is the link between domestic violence and HIV/AIDS. The study brings out an important association that the odds of reporting various forms of violence almost double if the women are HIV positive. Studies indicate that sexual coercion in marriage is pretty widespread in India (Kishor 2009). Inadequate knowledge, inability to negotiate safer sex, and powerlessness to abstain from sex or to insist on male condom use make women vulnerable to HIV. Also the low status of women in marriage and the marital home reduces a woman's negotiating power, possibly increasing her vulnerability to both violence and HIV. Domestic violence was experienced by 51.7% of women who were HIV positive as against 37.5% women who were not HIV positive. Similarly physical violence was experienced by 46.9% women having HIV positive

as against 34.2% women who were HIV negative. Experience of sexual violence and emotional violence by HIV positive women was 12.4% and 17.9% compared to 6.9% and 14.2% by HIV negative women respectively. The positive association between domestic violence and HIV in married women in general population in India hints and opens up new pathways that link violence and HIV. It suggests that the pathways do not rely almost exclusively on higher-risk behaviors but domestic violence in married women may also be an independent risk factor for HIV. In patriarchal country like India where gender-role attitudes promotes and even tolerate norms that emphasize the control of men over women are likely to negatively affect women's ability to control their own sexual life and the negotiation of safe sex with their husbands. The limited amount of developing-country specific research that is based on the general population associating the two factors namely domestic violence and HIV brings out the importance of this study.

Illiteracy and unemployment of husband is strongly associated with violence, and there is a negative correlation between a husband's regular employment and domestic violence. As expected husbands unemployment and the associated stress and frustration enhance the probability of men to be violent to his wife. The traditional Indian culture's expectation of the husband to be the breadwinner for the house increases stress and men's feelings of powerlessness and lack of occupational success. Men may use physical expressions of supremacy to compensate for this. As expected analysis of NFHS-3 reveals almost 40% of women whose husband/partner were not working reported domestic violence as compared to 35% who had working husband/partner. Similar trend is observed in other forms of violence with higher percentage of women reporting violence who had not working partner as compared to women who had working husband/partner. In contrast education of women and her husband is a protective factor against violence. NFHS-3 shows, as the education level of husband increased there is reduction in reporting of domestic violence as also the various forms of violence. 46.3% of women whose husband/partner were illiterate reported domestic violence, which reduced to 44.0% whose husband/partner were primary educated and to 31.7% and 17.7% whose husband/partner were secondary level and higher level educated respectively. Husband's education makes them knowledgeable and educated husband appreciate equality of women.

Alcohol use is an important risk factor associated with the experience and perpetration of intimate partner violence. As expected partner alcohol use plays a critical role in domestic violence as alcohol intake reduce inhibitions, cloud judgment, and impair ability to interpret social cues. Strong association is found between husband's alcohol consumption behavior

and reporting of violence by women. Men are more likely to act violently when drunk because they do not feel they will be held accountable for their behaviour. A plausible recommendation would be to educate men and women about drinking responsibly. Indian families should be educated about the risk of domestic violence that accompanies drunkenness. If men can learn to drink without getting drunk, they may be less likely to become violent, so long as casual drinking does not drastically alter their perceptions and judgment.

The union characteristics namely spousal age and education difference also has an impact on domestic violence. As hypothesized wide differences in spousal age, in which the husband is much older than the wife, imply power imbalances in the relationship. The odds of reporting domestic violence is maximum for women with husband/partner who is 15+ years older than her. Similarly the other forms of violence also show that the odds are maximum with spousal age difference of more than 15 years with the odds ratio for physical violence being 1.15, emotional violence being 1.25 and odds ratio for sexual violence being 1.48. Differences in spousal age, in which the husband is older than the wife, imply power imbalances in the relationship. Socially ascribed power increases with age, regardless of gender and relationships in which women are older than their husbands are so contrary to the normative marital arrangement in most societies. Like age difference, educational difference in the spouses increases the risk of domestic violence. Woman with more or less education than their partners are more likely to experience domestic violence than women whose education levels are the same as their partners'. In patriarchal societies, women who have more education than their partners have a high risk of abuse because gender roles entail that husband have more education than their wives. The analysis of NFHS-3 substantiates other studies which have shown strong association between domestic violence and spousal difference in education. Maximum domestic violence (53.8%) is reported by women, where both are illiterate followed by women whose husband is less educated than his wife (30.5%). Least domestic violence is reported by women where both have same education level. NFHS-3 also finds that the probability of having ever been a victim of domestic violence increases with marital duration. It is not female age itself, but years of exposure that increases the probability of violence. Rural residence and nuclear structure of the family are risk factors for violence. Most researchers found urban residence to be more associated with domestic violence but in India, The analysis of NFHS-3 data shows that violence of any type was found to be associated with the type of residence. The data reveals that 31.2% of urban women experience domestic violence as compared to 38.2% (OR=1.36) in rural population.

One of the major differences that can be seen between rural and urban settings is their standards of living. People living in urban India have better living conditions than those living in the rural parts of India. Another difference that can be seen between urban and rural area, is their education. In rural India, the education level is much lower than urban area. The rural community women are more likely to be illiterate, to marry an illiterate spouse and to marry at a lower age. In urban communities, women favour autonomy, whereas in the rural and illiterate communities there is still a desire for virgin brides and a focus on more patriarchal and traditional values. Due to this patriarchal norm, women who have internalised such social norms that justify 'acceptance' of traditional gender roles might be at greater risk of violence (Garcia-Moreno *et al.* 2006). They are also more likely to accept that violence against women is a normal part of life. Women in rural communities expressed greater acceptance of traditional gender roles than those from urban communities where access to communication and media outlets is greater and people have more exposure to new ideas.

Nuclear structure of the family is a risk factor for violence. Domestic violence was experienced by almost 38% of women staying in nuclear family as against 31.3% in joint family. The joint families are much more likely to have stringent social control measures that minimize the need for using violence against women to control their actions than the nuclear family. Poverty and low standard of living increases the risk of domestic violence. Domestic violence is more widespread among the poor because families living in impoverished conditions are subject to higher levels of stress than families not living in poverty. NFHS-3 agrees with these findings. The standard of living is associated with violence experienced by women ($p < 0.05$). Domestic violence was maximum (49.2%) in low index of standard of living, 40.5% in medium level and 24.9% in high level of standard of living. The inequitable distribution of societal resources causes stress and tension among people with insufficient material resources. When combined with other aggravating factors such as living conditions, overcrowding, a sense of hopelessness, and lack of employment opportunities, poverty can significantly increase the risk of domestic violence. Witnessing domestic violence in childhood increases the odds of reporting violence by women. Almost 17% of the women in NFHS-3 data reported witnessing their father's beating their mothers during their childhood. An overwhelming 60% of the women experienced domestic violence who had reported witnessing their fathers beating their mothers during their childhood.

These relationships, identified in the bivariate analyses, largely hold true in the multivariate analyses as well. Logistic Multivariate analysis is carried out to see the simultaneous effect of the factors on the outcome variable. Logistic regression with domestic violence as the

dependent variable reveals that when all the variables considered simultaneously, age of the respondent, number of children, women's education and work status, HIV status of the women, husband's education husband's alcohol consumption, spousal age, standard of living, household structure and respondents witnessing her father beat her mother in childhood were the statistically significant variables. Residence, Gender difference in education and husband's/partner's occupation are not statistically significant Logistic regression with physical violence as the dependent variable reveals that when all the variables considered simultaneously, age of the respondent, number of children, women's education, HIV status of the women, husband's alcohol consumption, spousal age, residence of the respondent, standard of living, household structure and respondents witnessing her father beat her mother in childhood were the statistically significant variables. Gender education difference and husband's/partner's occupation are not statistically significant.

Logistic regression with emotional violence as the dependent variable reveals that when all the variables considered simultaneously, age of women, her education and husband's education, husband's alcohol consumption, HIV status of the women and respondents witnessing her father beat her mother in childhood were the statistically significant variables. Age of the respondent, spousal education difference, number of children and household structure are not statistically significant.

Logistic regression with sexual violence as the dependent variable reveals that when all the variables considered simultaneously, age of women, women's education, HIV status of the women, husband's education, husband's alcohol consumption, residence of the respondent and respondents witnessing her father beat her mother in childhood were the statistically significant variables whereas household structure, spousal education difference and husband's/partner's occupation are not statistically significant.

From the women who reported experiencing violence almost one-third said they had bruises after a violent act. Around 9% reported they had injury in the form of sprain, dislocation or burns. 6.9% of the violent acts resulted in the women getting wounded, broken bones or broken teeth and 1.9% resulted in the outcome of severe burns.

The research work also tried to find association between domestic violence and women empowerment. There are a variety of understandings of the term 'empowerment' due to its widespread usage. Empowerment is described as "the enhancement of assets and capabilities of diverse individuals and groups to engage, influence and hold accountable the institutions which affect them." Some researchers define "empowerment" as the expansion in women's ability and freedom to make strategic life choices, a process that occurs over time

and involves women as agents who have the ability to formulate choices, control resources, and take decisions affecting important life outcomes. One way of thinking about power is in terms of the ability to make choices: to be disempowered, therefore, implies to be denied the choice. Gender relations and roles may affect or be affected by the prevalence of violence against women in a given society. Among the indicators of gender relations and roles considered here are currently married women's participation in various types of household decisions, their acceptance of wife-beating by husbands, attitudes toward a woman's right to refuse to have sex with her husband, and controlling behaviors by husbands. Autonomy has been variously defined as "the ability to obtain information and to use it as the basis for making decisions about one's private concerns and those of one's intimates" (Dyson and Moore 1983); and "the degree of women's access to (and control over) material resources (including food, income, land, and other forms of wealth) and to social resources (including knowledge, power, and prestige) within the family, in the community, and in the society at large" (Dixon 1978). We define autonomy here as the control women have over their own lives—the extent to which they have an equal voice with their husbands in matters affecting themselves and their families, control over material and other resources, the authority to make independent decisions, freedom from constraints on physical mobility, and the ability to forge equitable power relationships within families. The links between gender-based power and domestic violence are widely recognized, with violence being viewed both as a manifestation of deeply entrenched gender power inequities as well as a mechanism by which such inequities are enforced (Heise 2002). In spite of the broad consensus on the underlying role of inequities in gender-based power in the incidence of domestic violence, few studies have comprehensively examined the roles of specific aspects of power inequities that may pose a risk for domestic violence. Power dynamics influence domestic violence in India. As hypothesized women in nonegalitarian relationships, regardless of who dominates the decision making, are more likely to experience domestic violence than women in egalitarian relationships. NFHS-3 collected information from currently married women on their participation in different types of decisions: decision regarding contraception, own health care, making large household purchases, purchases for daily needs, visit to family and relatives and regarding what to do with money earned by husband. NFHS-3 data show that rates of domestic violence tend to be lower for couples who share responsibility for household decisions than for couples in which the husband or the wife makes household decisions alone. Decision-making power, in particular, has a pronounced effect on the likelihood of violence. Our findings suggest that if couples do not make decisions together,

there is a greater likelihood of domestic violence than if they share in decision making. Power dynamics in India are such that when one partner has more decision-making power than the other, there is a greater risk of marital conflict and violence. In particular, when females wield more decision-making power than their partners, they are more likely to be abused than when they share decision-making power equally. This findings lends support to theories of patriarchy, which suggest that men who have less power than their partners may turn to violence to reestablish culturally prescribed dominance over women (Straus *et al.* 1980). Also with regard to acceptance of wife beating, data show that the circumstances under which it is acceptable to the women for a husband to hit his wife are more likely to report having ever experienced violence. The data reveals that overall acceptance of wife beating irrespective of the fact that the women have reported experience of violence ever or never, forty-one percent women respondents reported that men are justified in beating wife if she is disrespectful towards in-laws. The second common factor as identified by women in justifying men for beating is if she neglects children. Almost 30% agreed for both if she goes out without telling him and if she argues with him. Twenty six percent feel men are justified if they feel that wife is unfaithful. Nineteen percent agrees if they burn food and lastly more than 13% identified the reason for refusal to have sex. Further the data reiterates that women who agree that husbands are justified in beating their wives experience lower rates of violence than women who disagree that husbands are justified in beating their wives.

World Health Organization includes coercive and/or controlling behaviors in its definition of gender-based violence. The NFHS-3 survey sought information on different combinations of six such behaviors, namely: whether the respondent's husband is jealous or angry if she talks to other men; he frequently accuses her of being unfaithful; he does not permit her to meet her girlfriends; he limits her contacts with her family; he insists on knowing where she is all the time; and he does not trust her with money. The data reveals that the rates of violence is higher for women whose husbands show controlling behaviors and that Further, the likelihood of violence escalates rapidly with increases in the number of such behaviors.

Domestic violence not only poses a direct threat to women's health, but also has adverse consequences for other aspects of women's health. In the previous chapter we examine how several different demographic and health outcomes for women vary by women's experience of domestic violence. With the objective measures of anemia and underweight, we investigated the extent to which domestic violence predicts the likelihood of being malnourished among women in India. We examine women's physical health through

two measures of nutritional status: body mass index (BMI) and anemia status. Indicators of women's reproductive health include measures of women's fertility and their ability to have only the children they want and when they want them, prevalence of HIV and self-reported prevalence of STIs. The analyses find that the experience of domestic violence does indeed have a significant relationship with many health indicators. Higher proportion of women who experience violence are found to be underweight (BMI<18.5) as compared to women who never experienced violence. Amongst underweight women almost 32% of women experienced domestic violence as compared to 22.8% who never experienced domestic violence. Higher proportions of women are anemic who experience violence as compared to women who never experience violence. 1.8% of severely anemic women experience domestic violence compared to 1.5% who never experience domestic violence. Similarly 15.0% and 38.4% of moderately anemic and mild anemic women experience domestic violence as compared to 12.0% and 35.3% respectively who never experience domestic violence. Also higher proportion (46.6%) women who never experience domestic violence as compared to 42.9% who ever experience domestic violence are non anemic. The pattern is same for all the forms of violence. The withholding of food is a documented form of abuse in Indian households and is likely correlated with the perpetration of physical violence (Raj 2006). An inadequate diet resulting from this withholding of food through psychological or emotional abuse could mediate the relation between physical domestic violence and nutrient deficiencies that cause anemia and underweight. Also there exist a link between domestic violence and nutritional deficiencies as it may also involve a mediating effect of psychological stress. Physical and sexual violence can put women at risk of infection and unwanted pregnancies directly, for example, if women are forced to have sex, or fear using contraception or condoms because of their partners' reaction. Fertility i.e. the average number of children born to women is higher among women who have experienced violence (3.08) than among women who have not (2.49). The experience of violence is associated with slightly higher rates of ever use of contraception. However, women who experience violence are non users of contraception. Also women who have experienced violence are consistently less likely to say that their birth was wanted when it was conceived, compared with women who have never experienced violence. The hypothesized positive association of STIs and violence is based on research that finds high rates of forced sex among women who are abused by their male partners, a lesser ability to negotiate and use condoms. As expected the prevalence of STIs is also higher among women who have experienced violence (54%) than among women who have not (35%). Also Domestic violence is experienced by 50% of HIV

positive women as compared to 37.4% of HIV negative women. In order to make preventive programmes more effective and a deeper understanding of the link between sexually transmitted diseases and domestic violence is required. This study shows the significant association between HIV and domestic violence. Domestic violence against women, contributes considerably to women's vulnerability to HIV.

Thus this study provides the comprehensive analysis of the prevalence of domestic and other forms of violence in married Indian women and its associated risk factors as well as women empowerment along with the health consequences experienced by women reporting violence. Domestic violence must be examined with respect to contexts, such as interpersonal relationships in the marital household, the influence of alcohol consumption, and influence of socio-demographic factors. Secondly, the relation of husband and wife cannot be the only focus of research on domestic violence in India. The family context within which the marital couple is situated must be taken into consideration. The structure of the family and the division of power and authority amongst its members is often a critical aspect of domestic violence and coping. These analyses document regional differences in the reports of domestic violence in India. While some of this diversity is explained through the addition of family characteristics (family structure, decision-making, socio-economic status and natal family violence) and individual characteristics (education, labor force participation, financial independence, and attitudes towards domestic violence), the regional differences are still strong. Women from the 'liberal' South are much more likely to be beaten by their husbands than their counterparts in the more 'patriarchal' North. The presence of family characteristics indicating 'jointness' (non-nuclear family structure, and decision-making shared with people other than the husband) shows a counterintuitive trend: husbands are less likely to beat their wives in joint families than non-joint families. For example, women were less likely to be victimized by violence if they were not in control of decision-making of the household. So, when women are more controlled by structural forces, they are less likely to be beaten.

Finally, it should be stressed that while the effects of family structure on husband-to-wife violence is a significant finding, there is much left to be explained. We need to examine the effect of structural context on prevalence of domestic violence in a more nuanced manner. While this study makes important contributions to the understanding of domestic violence in India, it is not without limitations. The problems arise from the narrow focus of Demographic and Health Surveys, which are not designed primarily for the study of violence. The present study indicates the high magnitude of violence against women in India. This domestic violence is a significant public health problem. The result of this study could throw useful

light on determining effective interventions aimed at reducing family violence. A final recommendation is to extend research to men. The vast majority of violence studies target women because they are generally more willing to participate and share their experiences with abuse. While understanding the correlates of violence for women is critical, it is equally essential—if not more so—that we uncover the reasons why men hit their partners. To effectively lower rates of domestic violence, we must create a thorough and comprehensive profile of the abuser—not just the abuse victim.