

A STUDY IN DOMESTIC VIOLENCE AGAINST WOMEN IN INDIA: DETERMINANTS AND CONSEQUENCES

Summary

Although violence at home affects the lives of millions of women worldwide, across diverse socioeconomic classes, it is yet under recognized human rights violation in the world. It can trigger a profound health problem that could sap women's energy, debilitate their physical and mental health, and erode their self-esteem. Until recently, the general view was that cases of violence against women could be appropriately addressed through the social welfare and justice systems. During the past decade, however, the combined efforts of grass-roots and international women's organizations, international experts, and committed governments have resulted in a profound transformation in public awareness regarding this issue. Violence against women, also known as gender-based violence, is now widely recognized as a serious human rights abuse. The official United Nations definition of gender-based violence was first presented in 1993 when the General Assembly passed the Declaration on the Elimination of Violence against Women. "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. In India comprehensive household data on the prevalence and costs of domestic violence are lacking. 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. Domestic violence is to be perceived not as a law and order problem alone. Primarily it is a socio cultural problem. Its impact has far reaching effects on the family life, health of woman, life of children etc. Studies such as these which examines the causes, its nature and manifestations and consequences would assist the general society to understand the magnitude as well as its implications on the lives as well as the institution of family. Examining the characteristics of the women who experience violence and the contexts in which they live helps to identify some of the common risk factors, if any, for violence.

This cross sectional study conducted on NFHS-3 data of ever married women in India aims at providing a snapshot of how frequently domestic violence occurs and its associated factors which would assist the local bodies at the grass root levels to be vigilant against the menace and chalk out meaningful and effective measures to create a blockage to domestic violence. Gender relations and roles may affect or be affected by the prevalence of violence against women in a given society. This study analyzes the relationship between gender relations and roles and domestic violence. 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 that could strongly circumscribe women's lives. Domestic violence not only poses a direct threat to women's health, but it also

has adverse consequences for other aspects of women's health and well-being and for the survival and well-being of children. This study examines the bivariate relationships of domestic violence with a number of demographic and health outcomes, including women's and children's nutritional status, women's fertility, the intendedness of a woman's most recent birth, birth spacing, unmet need and contraceptive use and the prevalence of sexually transmitted infections (STIs). Although quite a reasonable amount of literature has been found on issues related to HIV/AIDS and Domestic Violence which exists at global level, Indian study on the subject is relatively very rare. This obviously calls for or leaves scope for such studies in Indian context.

Individual-level data on married women from the latest round of National Family and health Survey-3 (NFHS-3) conducted in 2005-06 is used in this study. The data is obtained from the women's file from the Demographic and Health Surveys (DHS) program to examine the prevalence and correlates of domestic violence. The module and its implementation conform to the recommendations of the World Health Organization for ethical collection of data on domestic 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 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%. 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. 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 & 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. South region shows a prevalence 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 confirms 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 the forms of violence viz. physical, sexual and emotional violence occurring simultaneously.

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. 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. 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. 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. 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. Like age difference, educational difference in the spouses increases the risk of domestic violence. Women 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 husbands have more education than their wives. Rural residence and nuclear structure of the family are risk factors for violence. The major difference 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 areas is their education. In rural India, the education level is much lower than urban areas. 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. Nuclear structure of the family is a risk factor for violence. Domestic violence was experienced by almost 38% of women staying in nuclear families as against 31.3% in joint families. 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. 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.

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. Gender relations and roles may affect or be affected by the prevalence of violence against women in a given society. The 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. 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.

Domestic violence not only poses a direct threat to women's health, but also has adverse consequences for other aspects of women's health. The analyses find that the experience of domestic violence does indeed have a significant relationship with many health indicators. While Fertility i.e. the average number of children born to women is higher among women who have

experienced violence than among women who have not. The experience of violence is associated with slightly higher rates of ever use of contraception. However, women who have ever experienced violence are also more likely than other women to not be currently using contraception, suggesting higher rates of contraceptive discontinuation among women who have experienced violence. 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. Self-reported prevalence of STIs is also higher among women who have experienced violence than among women who have not.

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. The present study indicates that the magnitude of violence against women in India. This domestic violence is a significant public health problem. The result of this study should be used to develop informed interventions aimed at reducing family violence.