

Chapter 4

Domestic violence and women empowerment

4.1: Introduction

Women's rights and issues have become a subject of serious concern of both academicians and policy makers and have received tremendous attention in the planning, discussions and forums at national and global platforms in both developed and developing countries. The United Nations General Assembly called for increased research into the 'causes, nature, seriousness and consequences' of violence against women, reflecting recognition that such violence represents a fundamental violation of women's health and human rights. Women like men are members of several multilevel groupings that constitute society. They are members of regional clusters with associated socioeconomic levels of development and laws, of cultural and religious groups with associated kinship arrangements and accepted norms of behavior, and households and conjugal units each with its own specific characteristics. Women are individuals with their own characteristics, but are also influenced by the characteristics, practices, and norms of each of the specific groupings of which they are members. The status and role of women and experience of domestic violence, have attracted the attention of the academicians, political thinkers and social scientists both in developing as well as developed countries, partially due to the observance of the International Decade of Women (1975-85) and partially because of the widely accepted truth that a society built on the inequality of men and women involves wastage of human resources which no country can afford. The women in developing countries usually take part in the production processes in agricultural and informal sectors. However, study shows that in the South Asian countries the educational and occupational patterns have changed and widened with women entering the domains during past decade (Pandey 2005). There has been increasing employment of women in the formal sectors as well. However, the grass root situation has not changed to a great extent which might be because of the existing lacuna in the formulation and execution of the policies. The social position of women and its importance in domestic violence studies, especially in the developing world, still needs much attention. On the other hand, women in the developed countries enjoy much of the desired freedom and rights. Therefore, the core issue, which still remains unanswered, is that of women's right and empowerment and its association with domestic violence.

Domestic violence against women is understood as a situation supported and reinforced by gender norms and values that place women in a subordinate position in relation to men (García-Moreno 1999). Marital violence is made possible by the power inequality between the partners. Therefore, one would expect violence against women to be more common in societies where gender roles are strictly defined and particularly among couples where men control the wealth and the decision-making process (Shane and Ellsberg 2002). Studies have yielded conflicting information on the association between violence and women's empowerment, particularly in terms of economic opportunity, control of assets and social group participation. While women with greater economic resources, such as ownership of land, jewelry and other valuables, were less likely to report violence in one study (Jejeebhoy and Cook 1997). Employed women have been found to report violence more frequently than unemployed women in a number of other studies (Jejeebhoy and Cook 1997, Jeyaseelan *et al.* 2007). Spousal violence is a means to ensuring that the victim allocates resources more in line with the preferences of the abuser. This is in accordance with the views of evolutionary psychologists, who argue that spousal violence is a means men utilize to ensure that women behave in their reproductive interests; dominating women through violence facilitates the transmission of the genes of violent men. This behavior gets entrenched in male human nature and this is the essence of the argument because it is rewarded by the process of natural selection (Dyson and Moore 1983). The genesis of domestic violence, in this view, may well lie in the advantages it conferred on such behavior in our evolutionary past, but in the contemporary context it is not just reproductive interest that is at stake. Women's autonomy, as captured by the extent to which she can implement her preferences in household resource allocation, is determined among other things by the amount of spousal abuse she confronts. Thus it is hypothesized that increases in women's education levels, outside options, and the support groups available to them may incite more spousal violence.

There are a variety of understandings of the term 'empowerment' due to its widespread usage. Yet this widely used term is rarely defined. To understand clearly the concept of empowerment, it is important to delineate certain overlapping concepts. 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.*" Social inclusion is defined as "*the removal of institutional barriers and the enhancement of incentives to increase the access of diverse individuals and groups to assets and development opportunities* (Goetz *et al.* 1996)" 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. Thus, the notion of empowerment is that it is inescapably bound up with the condition of disempowerment and refers to the processes by which those who have been denied the ability to make choices acquire such ability. In other words, empowerment entails a process of change. People who exercise a great deal of choice in their lives may be very powerful, but they are not empowered in the sense in which empowerment has been described here, because they were never disempowered in the first place (Hashemi *et al.* 1996). 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 (Kabeer 1999; Kabeer 2001) and (Malhotra and Schuler 2005). This definition reflects life’s dynamic nature and the extent to which current conditions reflect an accumulation of experiences and characteristics. Empowerment represents the culmination of two components: resources and agency. Agency is the ability to define and act upon goals, while resources, such as education and household circumstances, enable women to exercise agency (Kabeer 1999; Malhotra and Schuler 2005).

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. In most predominantly patriarchal societies that emphasize women’s dependence on male kin, culturally appropriate behavior for women is not likely to encourage expressions of autonomy of either decision making or action. Indeed, Dixon-Mueller (1993) describes the “essence” of patriarchy as a system in which “girls and women have little control over the circumstances under which they work, the returns for their labor, their sexuality, and the timing and number of their children”.

An increasing body of research indicates that commonly used proxy variables such as education or employment are conceptually distant from the dimensions of gender

stratification that are hypothesized to affect the outcomes of interest in these studies, and may in some cases be irrelevant or misleading (Kumar *et al.* 2004). In response, there have been increasing efforts at capturing the process through direct measures of decision-making, control, choice, etc. Such measures are seen as the most effective representations of the process of empowerment by many authors since they are closest to measuring agency (Malhotra *et al.* 1997). It could be argued that the indicators with “face validity” (i.e. indicators of empowerment based on survey questions referring to very specific, concrete actions) represent power relationships and are meaningful within a particular social context.

The processes of industrialization and urbanization, the spread of literacy and communications, as well as widespread exposure to the media have all been identified as vehicles of modernization. The economic development of the region in which the household is located and the socioeconomic status of the household are likely to mediate the extent to which individual members have access to the modern education and thought. The autonomy implied by economic development and modernization theories is likely to be mediated by the kinship structures within which women live and the culture-specific gender and age stratification systems of which they are a part. Indeed, the degree of women’s exposure to modern education ideas, their freedom of movement outside the home, their access to modern education, and their involvement in the economic production process will all be guided to a lesser or greater extent by what is considered socially and culturally appropriate for women. Thus autonomy implies an ability to influence and make decisions covering the full range of personal and household affairs. In settings like India, where patriarchal family setup exists, males have more control over financial activities than women. In feminist theory, domestic violence is an outcome that derives from the weak autonomy and bargaining power of women. This theory predicts that women who have more autonomy (perhaps because they earn independent incomes) would experience less domestic violence than women with less autonomy. In a pioneering paper that brought out the importance of female autonomy in determining the demographics of India by region, Dyson and Moore (1983) showed a clear divide in the autonomy of women in north India and those in south India (with the latter exhibiting greater autonomy). Therefore, one would expect less domestic violence in the south of India since social system in southern India provide women more exposure to the outside world, more say in decision-making and more freedom of movement than women from the north.

Various researchers have measured female autonomy in different ways. Mukherjee (1974) constructed an index to measure female autonomy by using the information on

women's role in decision making on household affairs. Jejeebhoy (1998) states, "..... while women's autonomy is indeed multidimensional, at least three dimensions – decision-making, mobility and access to economic resources –are closely related in all settings, irrespective of region and religion". Bloom et al (2001) measured female autonomy using three dimensions viz., control over finances, decision- making power and extent of freedom of movement and then, obtained a measure using the sums of equally weighted binary input variables.

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. For instance, studies in South Asia have examined women's power in marital relationships in terms of power arising from conformity to social norms and expectations, such as how big a dowry she has brought to the marital household (Schuler *et al.* 1996, Srinivasan and Bedi 2006, Rao 1997). At the time of marriage, a bride's family typically gifts the new couple and the groom's family with money and goods to start a new home, a practice that has become customary across caste and class groups in India (Srinivasan 2005). Women with relatively smaller dowries, those whose in-laws have expressed dissatisfaction with their dowries, and those who have faced post-marriage dowry requests have been repeatedly found to be more likely to report domestic violence (Verma and Collumbien 2003; Jejeebhoy and Cook 1997). Research in Tamil Nadu indicates that items given as dowry may provide a woman with financial resources that allow her to negotiate her status in the marital household (Srinivasan and Bedi 2006).

Women's autonomy is understood as the process of defying and changing such gender inequities and the unequal distribution of power associated with them. Empowerment, by definition, should give women access and control over necessary resources and power so that they can make informed decisions and gain control over their lives (Kishor 2000). Therefore, it is reasonable to expect that empowered women would be in a better position than less empowered women to avoid or reject violence. The key underlying concepts that define women's empowerment relate to choices, control, and power (Malhotra and Schuler 2005). Women's empowerment is conceptualized as a function of women's access to and control over resources, which extends to their decision-making capabilities regarding household decisions, employment, income, household assets and expenditure, fertility, sexuality, and

freedom of movement (physical mobility) and their control over material and intangible resources such as property, information and time; their position within the household vis-à-vis other male and female household members; their experience of domestic violence; and their education (Gurumurthy 1998; Dyson and Moore 1983)

Early research, for example, found a U-shaped relationship between the status of women in different states of the United States and the experience of violence (Yllo 1983). Yllo explained these results by arguing the following: violence rates were high where women's status was low because the low status resulted in limited options for women; they were relatively high where women's status was high because women's high status constituted a threat to the dominance of men. The latter explanation is consistent with status inconsistency explanations for family violence (Yick 2001). Patriarchal norms typically imply that men will have more resources than women, and the empowerment of women can upset this balance. Women can experience violence when patriarchal norms are threatened by resource imbalance in favor of the woman, which over time can generate stressors within the family (Gelles 1993a). Low status and low decision-making power of women, lack of access to resources, and information and shame in exposing certain abuses can put women at further risk of experiencing violence. Some studies report that domestic violence tends to diminish as women contribute economically to the household, or when they reach certain educational level or when they participate in social networks (Kabeer 1998). However, another group of studies suggest that domestic violence increases when women challenge their husband's authority and challenge gender inequities (Schuler *et al.* 1996). Sen and Batliwala (2000) have found an escalation of domestic violence when women generate their own income.

Patterns of household decision-making characterize the interpersonal dynamics between husbands and wives. Interdisciplinary research has focused on the reasons why one spouse may dominate decision-making (Blumberg 1989) and how within families, when one individual decides for others, they may not consider the well-being of all family members (Thomas 1990). Few studies have looked at the impact of spousal domination of decision-making on the well-being of women. It is theoretically plausible that women's economic empowerment through the process of development may be linked to domestic violence. On the one hand, women who earn an income and help themselves and their families have means to get out of a bad marriage or not to marry at all. When women have more options, this should decrease the likelihood of their being in an abusive relationship. Kabeer (1999) suggests that poor women are often most vulnerable to violence because "they are most exposed to the risk of violence and least able to remove themselves from violent situations".

On the other hand, women's economic empowerment may promote male insecurity and feelings of economic inadequacy, leading to more violence in relationships. In support of the idea that economic empowerment can decrease domestic violence, Blumberg (1991) provides evidence that having their own income improves women's ability to have say over fertility preferences, input into household decision-making, and self-esteem. Accordingly, when women feel empowered, they are better able to take action at the household level to improve their own and their children's well-being (Blumberg 1991). In India, Rao (1997) finds that even after controlling for total household income, that the greater the wife's income, the lower the likelihood that she will be beaten. In contrast to the inverse association between women's economic empowerment and domestic violence, Blumberg (1991) also points to evidence that as women gain more domestic power due to earned income, they may also face resistance and violence from their spouses. These studies recognize that while domestic violence is directly associated with socioeconomic and demographic factors, other contextual factors may indirectly affect women's risk of experiencing domestic violence by mediating the relation between domestic violence and women's autonomy. For instance, it is not clear how women's autonomy affects their risk of experiencing domestic violence, particularly in developing countries. Notably, the National Population Policy 2000, specifically identified the low status of women in India as an important barrier to the achievement of population and maternal and child welfare goals (Ministry of Health and Family Welfare 2000). While some studies find that autonomy enhances the risk of domestic violence (Rahman 1999). Others find that women are more likely to be targets of domestic violence if they have less autonomy (Kabeer 2001; Jeejeebhoy and Cook 1997). Most interestingly, some studies find that in South Asia, the relation between domestic violence and women's autonomy is confounded by contextual factors including neighborhood characteristics, and cultural and regional expectations regarding gender norms and relations. In a recent study, for example, Koenig et al. (2003b) found that higher autonomy protects Bangladeshi women against domestic violence only if they reside in a less culturally conservative area. Similarly, in another study in India, it was found that protection against domestic violence associated with women's autonomy is substantially higher in the less conservative southern state of Tamil Nadu than in the northern state of Uttar Pradesh (Jeejeebhoy and Cook 1997). Furthermore, although some studies show that coresidence with in-laws is associated with lower autonomy (Sengupta and Johnson 2006), yet studies addressing domestic violence find that extended family residence is associated with lower risks of domestic violence (Koenig *et al.* 2003b). Many unresolved

questions regarding the association between women's autonomy and risk of domestic violence therefore remain.

NFHS-3 collected data on a large number of indicators of women's empowerment from women. Information was collected on wife's participation in household decision making, freedom of movement, and gender-role attitudes. Women were asked about specific circumstances under which they feel that a woman is justified in refusing to have sexual intercourse with her husband and about specific circumstances under which they feel that wife beating is justified.

We seek to ascertain if domestic violence impinges on female autonomy. This chapter examines the association between domestic violence and some selected indicators of women's autonomy and controlling behaviors by husbands. The main objective of this chapter is to analyze the relationship between wives' level of autonomy -specifically their levels of autonomy and levels of decision-making power- and their risk of being victims of violence by their partners. Three different sets of indicators of women's empowerment are used in this chapter. The first set measures the women's degree of control over their environment by measuring their participation in household and children-related decision making namely the final say in health care, and buying goods, daily requirements, and family visits. The second set measures the degree of acceptance of wife beating by women. Acceptance of the beating of wives by husbands in a society is indicative of low status for women, absolutely and relative to men. At the level of the individual woman, too, acceptance by her of the right of men to beat their wives is indicative of her acceptance of women's lower status relative to men. While such attitudes do not necessarily signify approval of these rights for men, they do signify women's acceptance of norms that give men these rights. The third set measures the controlling behavior of wife by husband. Certain male behaviours meant to keep tight control over women, particularly wives, have been identified in the literature as risk factors for violence (Campbell *et al.* 2003; Kishor and Johnson 2004). Accordingly, NFHS-3 sought information on six controlling behaviours that may be manifested by husbands, by asking each ever-married respondent the following: whether her husband is jealous or angry if she talks to other men; frequently accuses her of being unfaithful; does not permit her to meet her female friends; tries to limit her contacts with her family; insists on knowing where she is at all times; and does not trust her with money. For currently married women these questions refer to their current husband and for formerly married women to their most recent husband.

4.2 Domestic Violence and women's participation in Decision Making

One of the fundamental differences in the roles enacted by men and women in relationships involves power. A major part of how gender roles are identified in families is through decision-making power. Rettig (1993) argues that decision-making processes are key to understanding the dynamics of couple relationships because they reveal interaction and agency within relationships, and can indicate where individuals are acting out or resisting social norms. Decision-making power is an important dimension of marital power, as it represents how much say an individual has in the couple relationship. Cultural attitudes, values, ideological positions, religious beliefs and ethical considerations are inevitably intermeshed, reflecting expectations and fears about impending changes and how they may affect people's personal lives. Historically, the position occupied by women within the family has determined their place in society. The economic, political, social and cultural roles assigned to and taken on by families at any given point in time will cause them to act as either a stimulus or an obstacle to women's participation in society and in decision making. Conventional studies on the family have been based on the assumption of the couple's complementarity, whereby the man is assigned the role of breadwinner and the women is assigned the jobs of unremunerated domestic work and childcare. Gender-based studies have, however, begun to show that the family is a considerably more complex assemblage of interrelationships whose members hold, and hence wield, unequal degrees of power in the emotional, economic, social, educational and psychological spheres. Differences in power are based on kinship, sex and age, and determine each member's bargaining power as regards decision making and the access, use and control of material and symbolic resources within the household. Domestic violence continues to pose the greatest obstacle to women's participation in decision-making.

Findings on the relationship between women's decision making autonomy and their experience of domestic violence have been mixed. Using data from the Cebu Longitudinal Health and Nutrition Survey (CLHNS) and 56 in-depth interviews, Hindin and Adair (2002) highlight the connection between decision-making and levels of intimate partner violence (IPV). They found a Ushaped association, with higher levels of IPV when either husbands or wives dominated major decisions, while joint decision-making was associated with the lowest levels of abuse. Among couple who make none of the household decisions jointly, 25% report IPV in contrast to couples who make all of the decisions jointly, where IPV is 6%. The risk was especially high when the wife had the final say in the following seven domains: buying the children's clothes, choosing the children's school, buying or selling land, whether

or not she works outside the home, traveling outside Cebu, and use and method choice in family planning. Similarly, IPV is higher among women who report that their husband keeps some or all of his earnings (20%) than when the husband turns over all of his earnings (10%). They explain that in Cebu, women have substantial input into household decisions and men are expected to turn over their income so that women can help manage the household budget. When women perceive that their husbands are not providing enough to cover expenses, there is likely to be more tension in the marital relationship and therefore more IPV than if the women think the earnings are adequate. However, the Cebu study did not find any evidence of employment status and relative earnings as a predictor of IPV in the data. The authors recommend further research on causality, and caution that attempts to increase women's autonomy without the support of men in the community may put women at risk of IPV. Thus they found that male-dominated or female-dominated decision making was associated with more reports of physical violence, while joint decision making was protective. Similarly in Haiti, women who had the final say alone on major household purchases were more likely to report emotional, physical, or sexual violence than women who reported that decisions on major household purchases were made jointly (Gage 2005). In Peru, women were found more likely to report experiencing physical violence when decisions were dominated by women or when they were divided between partners than when decision making was "egalitarian" (decisions made by one person) (Flake 2005). This study draws on an ecological framework in testing relationships between individual, family, and community characteristics and the likelihood of women experiencing domestic violence in Peru. The sample of 15,991 women was taken from the 2000 Peru Demographic and Health Survey. Logistic regression models revealed that at the individual level, low educational attainment, early union formation, and a violent family back-ground increase a woman's likelihood of abuse. Family-level risk markers include cohabitation, large family size, partner alcohol consumption, employment, and a woman's having higher status than her husband. At the community level, living in a noncoastal area and having an urban residence increase the likelihood of abuse. Based on the 2003 Kenya DHS, it was found that women who reported that they had at least some say on decisions about their own health care were significantly less likely to report physical, emotional, or sexual domestic violence.

A couple's orientation towards sex role affects both the level of agreement between spouses about relative influence, and who dominates the decisions at each step of the decision-making process. The level of agreement is higher for couples with similar sex role orientations. Consequently, as the difference between a husband and wife's sex role

orientation increases, the odds of agreement about relative influence decrease. As couples become more modern, decisions at each step of the process are increasingly joint, showing the continuing movement of household decision-making towards a more egalitarian decision-making environment. The increasing presence of women in the workplace has led to a change in the roles assumed by both men and women in the home. Traditionally, men have been the breadwinners and decision makers of the family, whereas women have been the nurturers, care givers and housekeepers. Today, women and men share the role as bread winners, hence the role of decision maker is no longer solely dominated by the male in the family. The decision-making process of a traditional couple is seen as quite simple because the roles of each spouse are clearly defined and therefore conflict rarely arises. On the other hand, as couples become more modern, their roles become increasingly flexible and as a result their decision-making process becomes more complex (Brinberg and Schwenk 1985). Household decision-making roles are less predetermined than in the past. Therefore examination of the roles men and women assume within the family has become vital. Female-dominant decision making may heighten the risk of domestic violence. Because of the cultural expectation that men should govern their families by making critical decisions, men whose partners dominate decision making might resort to violence to reassert dominance over their families. Male-dominant decision making may also increase the risk of domestic violence for women. It is likely that dominance in decision making is indicative of a man's dominion over other aspects of the couple relationship. Coleman and Straus (1990) examined how four types of decision-making relationships influence spousal violence: egalitarian (couple makes decisions together), divided power (male makes some decisions, female makes others), female-dominant (female makes most decisions), and male-dominant (male makes most decisions). They found violence to be most prevalent among non-egalitarian couples, regardless of whether the man or woman dominated the decision making. We hypothesize that women in non-egalitarian relationships, regardless of who dominates the decision making, are more likely to experience domestic violence than women in egalitarian relationships.

Autonomy in decision making has been measured in terms of participation of women in household responsibilities. To ascertain the influence of experience of domestic violence on decision making, an important indicator of empowerment of women, we analyze the difference in women experiencing domestic violence and women not experiencing domestic violence in decision making on various issues categorized as under. The ability of women to make decisions that affect the circumstances of their own lives is an essential aspect of empowerment. In order to assess women's decision-making autonomy, 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. Women were asked who usually makes each decision: ‘mainly you, mainly your husband, you and your husband jointly, or someone else?’ The analysis was carried out on NFHS-3 data on currently married women with respect to women’s decision making and domestic violence. In the presentation of the data on decision making, women who make decisions on their own are listed separately from those who make decisions jointly with their husband. Table 4.1 shows women’s participation in personal, household, and child-related decisions separately for women who have ever experienced domestic violence or never experienced it.

Table 4.1 Percent distribution of currently married women age 15-49 by decision maker in the family, NFHS-3, 2005-06

Experience of violence by husband	Woman alone	Jointly by Husband	Husband alone	Others	Total
Final say on making household purchases for daily needs					
Domestic Violence					
Ever experienced	40.5	27.4	24.7	6.0	100.0
Never experienced	36.4	31.5	21.8	8.3	100.0
Physical violence					
Ever experienced	41.1	27.4	24.8	5.4	100.0
Never experienced	36.3	31.3	22.0	8.4	100.0
Emotional Violence					
Ever experienced	42.3	25.8	24.0	6.5	100.0
Never experienced	37.1	30.8	22.6	7.7	100.0
Sexual Violence					
Ever experienced	37.6	24.7	27.6	8.4	100.0
Never experienced	37.8	30.6	22.4	7.4	100.0
Final say on visits to family or relatives					
Domestic Violence					
Ever experienced	14.7	51.1	28.0	5.1	100.0
Never experienced	11.5	59.0	21.5	6.5	100.0
Physical violence					
Ever experienced	14.7	51.2	28.4	4.7	100.0
Never experienced	11.7	58.5	21.7	6.6	100.0
Emotional Violence					
Ever experienced	17.2	47.9	28.3	5.5	100.0
Never experienced	11.9	57.6	23.0	6.1	100.0
Sexual Violence					
Ever experienced	14.8	45.3	30.8	7.6	100.0
Never experienced	12.4	57.2	23.1	5.9	100.0
Final say on deciding what to do with money husband earns					
Domestic Violence					
Ever experienced	8.0	60.8	26.8	3.3	100.0
Never experienced	5.7	69.1	19.7	4.4	100.0
Physical violence					
Ever experienced	8.0	60.9	27.0	3.0	100.0
Never experienced	5.8	68.6	20.0	4.4	100.0
Emotional Violence					
Ever experienced	8.1	56.8	30.5	3.3	100.0
Never experienced	6.2	67.7	20.9	4.1	100.0
Sexual Violence					
Ever experienced	7.4	54.8	32.2	4.4	100.0
Never experienced	6.4	67.3	21.2	4.0	100.0

Table 4.1 contd.

Experience of violence by husband	Woman alone	Jointly by husband	Husband alone	Others	Total
Decision about contraception					
Domestic Violence					
Ever experienced	12.8	79.8	6.8	0.6	100.0
Never experienced	7.3	87.3	5.0	0.4	100.0
Physical violence					
Ever experienced	13.0	79.6	6.7	0.6	100.0
Never experienced	7.6	87.0	5.1	0.4	100.0
Emotional Violence					
Ever experienced	16.0	75.9	7.3	0.7	100.0
Never experienced	8.2	86.1	5.3	0.4	100.0
Sexual Violence					
Ever experienced	15.1	76.0	8.0	0.9	100.0
Never experienced	8.7	85.5	5.4	0.4	100.0
Final say on own health care					
Domestic Violence					
Ever experienced	30.4	35.9	30.1	3.0	100.0
Never experienced	27.2	42.3	26.2	3.5	100.0
Physical violence					
Ever experienced	30.6	35.6	30.5	2.8	100.0
Never experienced	27.3	42.0	26.3	3.5	100.0
Emotional Violence					
Ever experienced	33.2	33.2	29.3	3.5	100.0
Never experienced	27.5	41.2	27.3	3.3	100.0
Sexual Violence					
Ever experienced	31.6	32.8	30.5	4.3	100.0
Never experienced	28.0	40.7	27.3	3.2	100.0
Final say on making large household purchases					
Domestic Violence					
Ever experienced	11.3	48.0	33.3	6.0	100.0
Never experienced	8.2	54.0	27.8	8.0	100.0
Physical violence					
Ever experienced	11.4	48.1	33.7	5.5	100.0
Never experienced	8.4	53.6	28.0	8.1	100.0
Emotional Violence					
Ever experienced	13.1	45.2	33.7	6.4	100.0
Never experienced	8.7	53.0	29.1	7.5	100.0
Sexual Violence					
Ever experienced	10.8	43.5	35.2	8.5	100.0
Never experienced	9.1	52.7	29.2	7.2	100.0

Source: NFHS-3, 2005-06

Decision about contraception

Autonomy is the ability to obtain information and make decisions about one's own concerns. It facilitates access to material resources such as food, land, income and other forms of wealth, and social resources such as knowledge, power, prestige within the family and community. Gender-based power inequalities can restrict open communication between partners about reproductive health decisions as well as women's access to reproductive health services. This in turn can contribute to poor health outcomes. The importance of spousal communication is often emphasized in family planning programs and research. It is the first step in a rational fertility decision-making process. Numerous studies show that the amount of communication that occurs between partners is positively associated with contraceptive use (Mott and Mott 1985). Spousal communication concerning contraception in couples with women experiencing domestic violence, especially in developing countries, remains rare (Becker 1996). In developing countries most communities afford inferior positions to women. In effect women are either under collective decision-making with their partners or completely rely on the male partner's decision on issues that affect their reproductive life. In most societies men exercise predominant power. It has been widely documented in patrilocal and strongly patrilineal settings in India that the presence and influence of mothers-in-law in the household may affect fertility decisions made by young couples. Man is the primary decision maker in the family regarding contraceptive use. Compared with women who have ever experienced violence, women who have never experienced violence are more likely to make decision jointly with their husband and much less likely to make this decision on their own or to have husband who decide alone.

It is seen that higher proportion of women who have never experienced domestic violence (87.3%) report making decision jointly with their husbands than women who have ever experienced violence (79.8%). Similarly for all the other forms of violence namely physical (87.0% versus 79.6%), sexual violence (85.5% versus 76.0%) and emotional violence (86.1% versus 75.9%) also reveal that higher percentage of women who have never experienced violence report making joint decision as against women who ever experience violence respectively. The data suggest that higher proportion of women take joint decisions with husband regarding contraception who has never reported domestic violence.

Final say on own health

Among all of the types of decisions asked about, perhaps those with the most strategic importance for the self-interest of women are decisions about their own health care. For this type of decision, which concerns women's own health needs, more than for any of the others considered here, it can be argued that women should be final arbiters. In most parts of South Asia, women commonly have less power and autonomy than men in making decisions about their own health care. Moreover, women often have unequal access to food, education, and health care, limited opportunities to earn incomes, restricted access to, and control over, productive resources, and very few effective legal rights (Kabeer 2002). Women's autonomy in decision making is associated with her ethnicity, deprivation level, urban/rural classification, education, and number of living children. Women are further disadvantaged by a lack of awareness of opportunities and their legal rights. Their low social status has been identified as a barrier towards national health and population policy progress in Nepal (Tuladhar 1997).

NFHS-3 data show that the decision regarding women's own health care are made jointly by women and their husband (40.1%) followed by decisions made by women alone (28.3%) and husbands alone (27.6%). Around 4% of the cases the decision regarding women's health is made by someone else than the women herself or her husband. Higher proportion of ever experiencing domestic violence (30.4%) is reported as compared to women never experiencing domestic violence (27.2%) by women who take decision regarding their own health themselves alone. Higher proportion of women experiencing domestic violence ever also report decision made by husband alone (30.1%) as compared to women experiencing no violence (26.2%). Similarly for all the other forms of violence the proportion is 30.5%, 29.3% and 30.5% for women ever experiencing violence as compared to 26.3%, 27.3% and 27.3% for physical violence, emotional violence and sexual violence respectively where the husband alone takes decision regarding women's health. In case where the women alone takes decision the proportion of women reporting physical violence, emotional violence and sexual violence is 30.6% 33.2% and 31.6% as compared to 27.3%, 27.5% and 28.0% who do not report various forms of violence respectively. When the decisions are taken jointly by husband and women there is lower proportion of women who report domestic (35.9%), physical (35.6%), emotional (33.2%) and sexual violence (32.8%) as compared to proportion of women who never experienced domestic violence (42.3%), physical (42.0%), emotional (41.2%) and sexual violence (40.7%) respectively. Thus The likelihood of joint decision making about women's health care is greater among women who

have never experienced violence also making such decisions by themselves is more common among women who have experienced violence than among those who have not.

Final say on making large household purchases

In most cultures, decisions about major household purchases are made typically by men. It can be hypothesized that gender-role incompatibility is most likely if women try to dominate these decisions. Couples with highly specialized roles in traditional family might display high consensus given less ambiguity about "who decides," whereas couples sharing decisions more equally exhibit a higher level of disagreement and domestic violence.

NFHS-3 data show that these decisions are most often made (51.9%) jointly by husbands and wives, and almost 30% are made by husbands alone. Women who have experienced violence are most likely to make these decisions themselves, whereas women who have never experienced violence are most likely to make these decisions jointly with their husbands. As is clear from NFHS-3 data higher percentage of women never experiencing violence report making decisions jointly by their husbands. 48% of women experiencing domestic violence report joint decision making with their husband as against 54% women never experiencing domestic violence. Also decision by husband alone is seen more in women ever experienced violence. 33.7%, 33.7% and 35.2% of women experiencing physical, emotional and sexual violence report decision by husband alone as compared to 28%, 29.1% and 29.2% women never experiencing physical, emotional and sexual violence respectively.

Final say on making household purchases for daily needs

In almost all societies, women are the ones typically expected to make decisions about purchases for daily needs. Green and Cunningham's research showed a trend toward less husband decision making in households where the wife was characterized by contemporary attitudes toward the female role (Green and Cunningham 1975). However, it is important to note that not all women who possessed contemporary attitudes toward the female role were necessarily more autonomous in their buying decision and that such attitudes may have more pronounced impact on some products than others. For example, studies found that groceries are wife- dominant. Life insurance decisions are husband-dominant and furniture is basically jointly decided, with substantial wife influence. It is also found that family savings are split between joint and husband-dominant decisions and housing decisions tended to be made jointly. These findings are not related to the attitude women held with regard to their role.

The analysis of NFHS-3 data also supports this hypothesis as higher percentage of women alone (37.8%) take decision regarding purchase for daily needs as compared to husband alone (22.8%) or joint decision (30.1%). It is further seen that higher percentage of women who experience domestic violence (40.5%) report making decision alone as compared to women who have never experienced violence (36.4%). The pattern remains same for all the forms of violence. 41.1% of women reporting physical violence make decision alone as compared to 36.3% who never experienced physical violence. Similarly 42.3% and 37.6% report emotional violence and sexual violence who take decision alone for household purchases of daily needs as compared to 37.1% and 37.8% women who never experience emotional and sexual violence respectively.

Final say on visits to family or relatives

Women's participation in such decisions has a bearing on their freedom of movement. In patriarchal societies and where women's movement is confined, it is less likely that women will be free to make these decisions alone (Kishor and Johnson 2004). The data reveals that women are most likely to make these decisions jointly with their husbands. The proportion is higher for women who have never experienced violence than for women reporting ever experience of violence. Also women who have experienced violence ever are more likely to make these decisions alone, compared with women who have never experienced violence. For example women experiencing physical, emotional and sexual violence, 14.7%, 17.2% and 14.8% report making decision alone as compared to 11.7%, 11.9% and 12.4% respectively who have never experienced violence. Higher percentages of women reporting no violence take joint decision with husband (59.0%) as compared to 51.1% women who have ever experienced domestic violence. The trend is similar for other forms of violence. Higher percentage of women reporting joint decision making do not experience violence. In case of physical violence 58.5% of women never experienced violence as compared to 51.2% who ever experienced violence when decision is taken jointly with husband. Similarly 57.6% and 57.2% never experienced emotional and sexual violence as compared to 47.9% and 45.3% who ever experienced emotional and sexual violence respectively when the decision regarding visit to family or relatives were jointly taken by women and her husband/partner. Also higher percentage of women reported all the forms of violence when husband alone take decision regarding visit to family or relatives.

Final say on deciding what to do with money husband earns

The data bring out that those women who have never experienced violence report making decision jointly with husband than women ever experiencing violence. The pattern also remains same for other forms of violence. Also it is seen that women ever experiencing violence report husband taking decision alone as compared to women who have never experienced violence. Table 4.1 shows that 69% of women who have never experienced domestic violence report joint decision making with husband as compared to 60.8% who ever experienced domestic violence. Similarly 26.8% women with husband taking decision alone reported violence as compared to 19.7% who reported no domestic violence. Higher percentage of women report joint decision making with husband/partner who have never experienced physical (68.6%), emotional (67.7%) and sexual (67.3%) violence respectively as compared to 60.9%, 56.8% and 54.8% who experienced violence respectively. Similarly higher proportion of women reported violence (physical-37%, emotional-30.6% and sexual-32.2%) whose husband's alone took decision regarding money husband earned.

In sum: Women can enjoy freedom in decision makings in household matters and in house related work outside. For house management, decisions are to be taken in case of cooking, health caring, children's schooling, managing household fund etc. Women, taking decisions on their own or jointly with house members including their husbands in the above mentioned matters, may enjoy freedom at household level decision. On the other hand, freedom may be provided to women to take decisions regarding works like visiting market, relatives / friends houses, spending money, purchasing jewelry etc. In both the cases, women's freedom may be recognized if they have the right to take decisions unconditionally. Restrictions on women's control over economic resources, such as household income, can constitute a form of violence against women in the family. While economic independence does not shield women from violence, access to economic resources can enhance women's capacity to make meaningful choices, including escaping violent situations and accessing mechanisms for protection and redress. Patterns of household decision-making characterize the interpersonal dynamics between husbands and wives. The ability of women to make decisions that affect the circumstances of their own lives is an essential aspect of empowerment. In order to assess women's decision-making autonomy, 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. It is evident that for

all the types of decisions women who have never experienced violence take joint decision with husband than women who experience violence. Hence, it is clear that women are much less likely to experience violence if they make the decision jointly with their husbands or with others, but are most likely to experience violence if they are the sole decision-makers.

4.3 Domestic Violence and women's acceptance of wife beating

Cultural justifications for violence usually follow from traditional notions of the proper roles of men and women. In many settings women are expected to look after their homes and children, and show their husbands obedience and respect. If a man feels that his wife has failed in her role or overstepped her limits – even, for instance, by asking for household money or stressing the needs of the children – then violence may be his response. A wide range of studies from both industrialized and developing countries have produced a remarkably consistent list of events that are found to trigger partner violence (Schuler *et al.* 1996; Zimmerman 1995). These include:

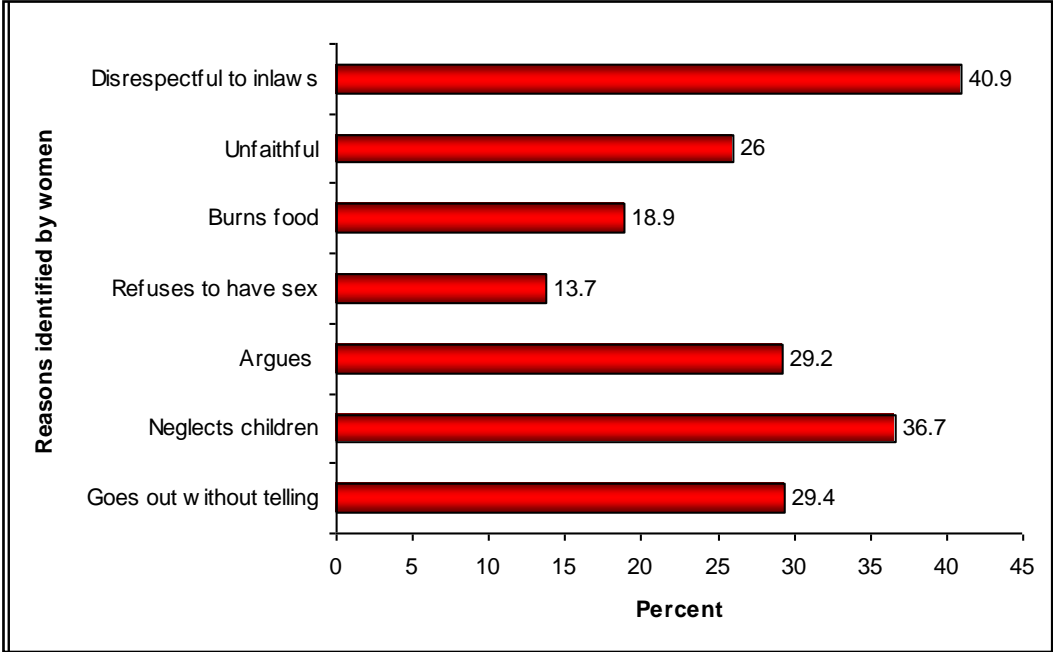
- not obeying the man;
- arguing back;
- not having food ready on time;
- not caring adequately for the children or home;
- questioning the man about money or girlfriends;
- going somewhere without the man's permission;
- refusing the man sex;
- the man suspecting the woman of infidelity.

In many developing countries, women often agree with the idea that men have the right to discipline their wives, if necessary by force. Men and women's attitudes towards violence have bearing both on the incidence and perpetration of domestic violence. In countries as diverse as Bangladesh, Cambodia, India, Mexico, Nigeria, Pakistan, Papua New Guinea, Nicaragua, Tanzania, and Zimbabwe, studies find that violence is frequently viewed as physical chastisement—the husband's right to “correct” an erring wife (Heise 1999). Worldwide, studies identify a consistent list of events (cooking, attending to household, looking after children and in-laws) that are said to “trigger” violence (Heise 1998). Indian women feel the entire responsibility of preserving the family as her duty; hence she makes all adjustments unilaterally in her husband's home. In spite of the extreme physical and psychological violence meted out on many women, they do not seek divorce, as they feel their trauma and that of their children is too great a price to be paid instead. Thus to a great

extent she accepts domestic violence as part of her family life. The National Family Health Survey (NFHS-2) findings released at the end of the year 2000 points out this fact. Although no direct link has been established, the survey reveals the extent to which women lack autonomy, even as more than 50percent justify, or accept violence within the home. Three out of every five women (56 percent) said that they believed wife beating was justified on at least one of six grounds – neglecting the house or children, going out without telling the husband, showing disrespect to the in-laws, not cooking food properly, if he suspects her of unfaithfulness and if she does not bring enough money or goods home. NFHS-2 data analysis shows that domestic violence is an accepted norm with 74% of women from Maharashtra and 72% of women from Tamil Nadu justifying wife beating for atleast one reason. A study by Pradeep Kumar Panda on domestic violence in Kerala identified the reasons for violence as women not looking after children properly (78%), women not attending to household (72%) and women not cooking properly (52%) (Panda 2004). A study carried out by Manju Rani on attitude towards wife beating from demographic and health survey conducted between 1998 and 2001 from seven countries found 57% of Indian women accept wife beating. Also higher education was negatively associated with acceptance (Rani and Bonu 2009).

The NFHS-3 survey asks women set of questions that tap into their attitudes about the roles of wives relative to their husbands. The question asks women whether they agree that a husband is justified in beating his wife for different specified reasons. These reasons, which range from those that involve suspicions about a wife’s moral character to those that may be considered more trivial, such as not cooking properly, were chosen to provide variation in the perceived seriousness of behavioral-norm violation. Question is also asked to women whether they think that a wife is justified in refusing to have sex with her husband. All of these questions explore women’s acceptance of norms that accord men power over women and subordinate the rights of women to those of men. This study tried to determine what women consider to be the precipitating factors for the violence. Women identified lapses in fulfilling their responsibilities like cooking, attending to household, looking after children and in-laws as key factors influencing the occurrence of violence (Figure 4.1). These findings reiterate that violence is often a mechanism for enforcing the gender roles and expectations within the family. It could be hypothesized that women who accept the subordinate roles of wives relative to husbands will be less subject to violence because they are likely to conform to traditional role expectations in other ways as well.

Figure 4.1: Percentage distribution of women justifying the reasons for acceptance of violence



Source: NFHS-3 India 2005-06

Acceptance of wife beating

NFHS-3 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 (Figure 4.1).

Table 4.2 shows the percentage of ever-married women age 15-49 who agree with each different reason justifying wife-beating, by reason, among women who have experienced violence by their husband, ever or never.

Table 4.2: Percentage of ever-married women age 15-49 who agree with each different reason justifying wife-beating, by reason, among women who have experienced violence by their husband, ever or never

Wife beating justified if she goes out without telling husband/partner			
	Number of women	Yes	No
Domestic Violence			
Ever experienced	24393	35.5	64.0
Never experienced	45021	26.1	73.1
Physical violence			
Ever experienced	21437	35.8	63.7
Never experienced	47983	26.6	72.7
Emotional Violence			
Ever experienced	9813	35.9	63.7
Never experienced	59614	28.4	70.9
Sexual Violence			
Ever experienced	5777	35.7	64.0
Never experienced	63650	28.9	70.4
Wife beating justified if she neglects the children			
Domestic Violence			
Ever experienced	24392	42.9	56.6
Never experienced	45018	33.4	66.0
Physical violence			
Ever experienced	21436	42.9	56.6
Never experienced	47980	33.9	65.4
Emotional Violence			
Ever experienced	9813	43.8	55.8
Never experienced	59614	35.5	63.8
Sexual Violence			
Ever experienced	5777	41.3	58.3
Never experienced	63646	36.3	63.1
Wife beating justified if argues with him			
Domestic Violence			
Ever experienced	24389	35.5	63.5
Never experienced	45016	25.8	73.0
Physical violence			
Ever experienced	21434	35.8	63.2
Never experienced	47977	26.2	72.6
Emotional Violence			
Ever experienced	9812	35.6	63.4
Never experienced	59606	28.1	70.7
Sexual Violence			
Ever experienced	5777	36.0	63.1
Never experienced	63641	28.6	70.3

Table 4.2 contd.

Wife beating justified if she refuses to have sex with him			
Domestic Violence			
Ever experienced	24384	16.6	81.2
Never experienced	45011	12.1	85.6
Physical violence			
Ever experienced	21429	16.8	81.0
Never experienced	47972	12.3	85.4
Emotional Violence			
Ever experienced	9811	16.7	81.0
Never experienced	59597	13.2	84.6
Sexual Violence			
Ever experienced	5775	17.8	80.4
Never experienced	63633	13.3	84.4
Wife beating justified if she burns the food			
Domestic Violence			
Ever experienced	24387	23.2	76.1
Never experienced	45014	16.5	82.6
Physical violence			
Ever experienced	21433	23.4	75.9
Never experienced	47974	16.8	82.3
Emotional Violence			
Ever experienced	9811	23.9	75.3
Never experienced	59603	18.0	81.2
Sexual Violence			
Ever experienced	5775	23.2	76.2
Never experienced	63639	18.5	80.7

Source: NFHS-3 India 2005-06

It is clear from the table those 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. Higher proportion of women experienced domestic violence (64.0%) who disagreed that husbands are justified in beating their wives as compared to 35.5% women who agreed that husbands are justified in beating their wives if she goes out without telling him. Similarly for all the forms of violence higher percentage of women report violence if she disagree that husband is justified in beating his wife than women who agree to wife beating. 63.7% who do not agree as against 35.8% of women who agree to wife beating if she goes out without telling husband/partner ever experienced physical violence. Similarly the percentages are 63.7% as against 35.9 and 64.0% as against 35.7% for emotional and sexual violence respectively. 56.6% as against 42.9% women ever experience domestic violence who does not agree and who agrees to wife beating if she neglects the children. Similarly 56.6% as against 42.9%, 55.8% as against 43.8% and 58.3% as against 41.3% respectively who do not agree and do agree to wife beating if women neglects her

children experience physical, emotional and sexual violence. Similarly higher proportion of women 63.5%, 63.2%, 63.4% and 63.1% who do not agree to wife beating if she argues with husband/partner as against 35.5%, 35.8%, 35.6% and 36.0% who agree to wife beating experience domestic violence, physical, emotional and sexual violence respectively. The pattern remains same for other reasons like if she burns food. Almost 81.2% of the women who do not agree to wife beating if she refuses to have sex with husband/partner experience domestic violence as compared to only 16.6% who agree that husband is justified in beating wife if she refuses to have sex with him. Similarly 81.0%, 81.0% and 80.4% women who do not agree to wife beating if women refuses to have sex with husband/partner as compared to only 16.8%, 16.7% and 17.8% women who agree to wife beating experience physical, emotional and sexual violence respectively.

Indepth analysis of women experiencing domestic violence and their attitude towards wife beating is assessed. All women experiencing domestic violence is cross tabulated with respect to the various correlates in table 4.3. It can be observed that women of younger age (68.3%) agree and justify to wife beating atleast with one specified reason. This is also true for older women. Women of age group 20-24 experiencing domestic violence almost 62% agree to wife beating as also 62.4% of age group 45-49 years. Almost 64% of women with no children and 63.5% with more than 5 children agree to wife beating as compared to 57.5 and 59.7% with 1-2 and 3-4 children.

Education of women and partner's education show decreasing linear trend with 65% of no education women agreeing to wife beating compared to only 38% of higher education women agreeing to wife beating. Strangely working women (65%) and working men (62%) agree to wife beating. Rural women (66.1%), women from low standard of living (66.4%) and women experiencing violence in childhood (66.7%) agree to wife beating.

Table 4.3: Reasons for justifying wife beating by women experiencing domestic violence

Percentage who agree that a husband is justified in hitting or beating his wife if:								
	She goes out without telling	She neglects the house or children	She argues with him	She refuses to have sexual intercourse with him	She doesn't cook properly	He suspects she is unfaithful	She shows disrespect for in-laws	Percentage who agree with at least one specified reason
Age of women								
15-19	38.6	43.3	40.0	17.9	27.2	33.3	51.7	68.3
20-24	34.5	42.9	35.6	15.7	21.8	29.0	48.2	61.7
25-29	35.2	42.2	34.9	16.0	22.1	28.8	46.5	61.3
30-34	34.9	42.5	34.6	16.2	22.5	30.0	46.3	60.5
35-39	35.7	42.9	35.1	16.8	23.7	29.0	46.4	60.8
40-44	37.0	45.8	37.0	17.9	25.1	32.9	50.5	64.1
45-49	36.3	41.6	35.9	18.0	24.4	31.5	48.0	62.4
Total Number of Children								
No children	35.4	42.0	36.5	15.9	24.4	30.4	49.2	63.8
1-2 children	31.4	39.8	31.4	14.6	20.2	25.6	45.1	57.4
3-4 children	34.3	43.9	32.8	15.4	20.6	26.5	44.9	59.7
5+ children	37.1	43.3	37.5	17.7	24.9	32.4	49.0	63.5
Education of women								
Higher	17.2	26.8	15.3	4.7	6.2	11.8	28.1	38.1
Secondary	30.0	41.2	29.5	12.1	17.7	23.2	42.9	56.7
Primary	37.5	46.3	36.4	16.1	23.3	29.7	49.6	64.7
No education	38.9	43.6	39.6	19.9	27.1	34.8	50.4	65.0
Working status of women								
Working	38.3	46.2	37.3	18.6	26.1	32.3	50.3	64.8
Not working	32.8	39.6	33.6	14.6	20.2	27.7	44.6	58.7
HIV status of women								
HIV Positive	34.7	53.3	33.3	14.7	25.3	32.0	50.7	64.0
HIV Negative	39.2	47.5	36.6	17.5	24.8	29.5	50.8	65.1
Partner's Education								
Higher	23.5	31.7	21.4	8.9	12.4	18.7	35.5	47.5
Secondary	33.0	42.6	33.2	14.3	21.3	27.2	45.5	60.0
Primary	37.0	44.2	37.2	17.3	23.1	30.8	49.6	63.8
No education	40.8	45.1	40.7	21.2	28.3	36.1	51.6	66.3
Partners working status								
Working	35.6	43.0	35.6	16.6	23.2	30.0	47.6	61.9
Not working	36.3	38.9	32.0	17.2	21.1	28.8	46.0	59.2
Alcohol Use								
Yes	36.3	44.5	35.0	16.8	23.1	30.0	48.2	62.5
No	34.8	41.2	36.0	16.4	23.3	30.0	46.8	61.2
Type of Residence								
Rural	39.5	46.2	40.0	19.6	27.3	34.4	51.1	66.1
Urban	29.4	37.8	28.5	12.0	17.3	23.1	41.9	52.2
Household structure								
Nuclear	36.1	43.5	35.7	16.9	23.1	30.2	47.7	62.0
Joint	34.9	42.3	35.2	16.1	23.6	29.7	47.4	61.6
Standard of Living								
Low	40.2	45.8	40.8	20.6	27.6	34.8	51.4	66.4
Medium	37.6	45.2	37.0	17.1	24.4	31.8	49.5	64.2
High	29.0	38.0	29.0	12.3	17.7	23.5	41.5	54.6
Did women witness violence in Childhood								
Yes	39.4	47.8	38.4	17.7	24.7	30.7	51.7	66.7
No	33.8	40.9	33.9	16.2	22.6	29.2	45.3	59.3

Table 4.4 : State wise variation in women’s view about wife beating as justified

Percentage who agree that a husband is justified in hitting or beating his wife if:								
	She goes out without telling	She neglects the house or children	She argues with him	She refuses to have sexual intercourse with him	She doesn't cook properly	He suspects she is unfaithful	She shows disrespect for in-laws	Percentage who agree with at least one specified reason
Jammu & Kashmir	43.06	49.55	45.51	24.71	26.71	47.41	52.17	62.46
Himachal Pradesh	11.79	14.82	12.54	3.09	8.23	10.79	19.19	26.25
Punjab	30.14	31.07	32.22	18.05	21.74	33.89	41.87	55.27
Uttaranchal	28.24	33.33	29.32	14.46	22.41	32.22	39.17	49.53
Haryana	33.82	32.05	33.12	21.07	21.89	33.56	39.43	49.15
Delhi	17.53	16.53	17.85	5.49	9.93	14.57	29.04	37.65
Rajasthan	32.55	31.20	34.34	12.98	24.27	25.10	44.18	56.51
Uttar Pradesh	22.56	25.11	25.18	7.71	15.74	21.67	33.22	43.31
Bihar	22.77	20.23	31.68	11.66	16.86	26.18	31.64	55.35
Sikkim	38.34	52.82	38.78	9.83	16.09	33.78	57.46	71.40
Arunachal Pradesh	30.05	54.07	19.49	6.89	20.53	21.80	55.56	66.56
Nagaland	43.44	63.61	42.21	18.61	20.96	52.99	55.24	76.15
Manipur	58.27	71.46	32.08	16.41	23.39	34.99	75.74	87.45
Mizoram	24.20	65.67	36.57	11.19	1.71	62.15	66.31	81.24
Tripura	25.11	37.08	21.31	13.78	18.59	19.33	40.25	49.50
Meghalaya	33.01	44.40	28.71	13.78	25.77	33.21	40.00	53.68
Assam	23.30	30.86	24.67	11.11	9.78	15.21	29.89	40.54
West Bengal	16.09	21.45	18.55	9.58	11.32	12.61	29.07	34.29
Jharkhand	23.23	29.26	28.97	13.21	17.84	27.23	30.82	47.60
Orissa	38.78	40.60	39.33	13.94	21.59	36.34	50.00	59.87
Chattisgarh	11.11	14.45	16.45	6.34	9.06	12.92	22.84	32.28
Madhya Pradesh	17.47	20.04	21.21	9.76	15.12	23.65	34.19	42.92
Gujarat	31.95	38.94	37.88	19.08	28.12	30.84	40.82	56.51
Maharashtra	18.51	34.13	22.99	11.96	17.49	13.58	38.06	45.57
Andhra Pradesh	44.76	51.10	38.12	23.86	26.42	42.32	52.96	65.58
Karnataka	44.19	52.65	38.24	28.38	30.30	37.10	55.58	67.75
Goa	16.86	28.18	18.57	9.14	8.90	15.09	22.64	36.26
Kerala	37.31	44.21	26.05	13.62	20.24	23.38	44.11	62.13
Tamil Nadu	44.92	58.03	40.46	13.99	25.95	14.10	44.84	66.10

It can be observed that there is wide spread variation in the acceptance of wife beating as justified. State wise variation shows that ‘wife goes out without telling’ is the reason which varies from minimum of 11.11% in Chattisgarh followed by Himachal Pradesh (11.79%), West Bengal (16.09%), Goa (16.86%) to maximum of Karnataka (44%), followed by Andhra Pradesh (44.76%), Tamil Nadu (44.92%) and maximum in Manipur (58.27%). For reason of wife neglecting her house or children similar pattern is seen with minimum in states like Chattisgarh (14.45%) followed by Himachal Pradesh (14.82%) and maximum in states

like Nagaland (63.61%), Mizoram (65.67%) and Manipur (71.46%). “husband suspects wife is unfaithful” is the reason which varies with 10.79% in Himachal Pradesh followed by West Bengal (12.61%) to maximum of 47.41% in Jammu & Kashmir followed by Nagaland (53%) and Mizoram (62.15%). Showing disrespect to in laws is the main reason considered justified for wife beating by women with minimum percentage agreeing in states like Himachal Pradesh (19.19%), Goa (22.64%) and Chattisgarh (22.84%) and maximum in states like Mizoram (66.13%) and Manipur (75.74%). Percentage of women who agree with at least one specified reason is minimum in states like Himachal Pradesh (26.25%) and Chattisgarh (32.38%) and maximum in Nagaland (76.15%), followed by Mizoram (81.24%) and Manipur (87.45%).

The foregoing analysis reveals that majority of ever married women accept wife beating and justify husband beating wife for atleast one of the reasons. It is also seen that states like Manipur, Mizoram and Bihar where wife beating is acceptable also show high prevalence of domestic violence as compared to states like Himachal Pradesh and Chattisgarh where comparatively prevalence of domestic violence is low.

4.4 Domestic Violence and controlling behavior by husband and number of control issues

Male dominance over women can be manifested in many different ways, including control over household decision making. In fact, some male behaviors have been identified in the literature as risk factors for violence (Campbell *et al.* 2003), and the World Health Organization includes coercive and/or controlling behaviors in its definition of gender-based violence (WHO 2004). 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. Table 4.3 shows how rates of violence vary between women whose husbands manifest each of these behaviors and women whose husbands do not do so.

Table 4.5 clearly brings out that for each type of behavior listed; rates of violence are much higher for women who say that their husband manifests the behavior than for women

who say he does not. In fact, in the case of most behaviors, the violence rates are at least twice as high when a given behavior is manifested than when it is not, for all the forms of violence. Further, the rates of violence experienced by women whose husbands manifest any given behavior are remarkably high. For example, the prevalence of violence among women whose husbands feel jealous if she talks to other men ranges from 19.5 percent for sexual violence to 57.6 percent for physical violence and 64.1 percent for domestic violence. Also the prevalence of violence among women whose husbands frequently accuse them of being unfaithful ranges from 29.7 percent for sexual violence to 79.7 percent for domestic violence. In the case of respondents whose husbands limit their contact with their families, these rates vary from 22.7 percent for sexual violence to 57.4 and 64.1 percent for physical and domestic violence, respectively.

Table 4.5: Percentage of ever-married women age 15-49 who have ever experienced violence, according to husband's controlling behavior

Husband jealous if talking with other men			
	Number of women	Yes	No
Domestic Violence			
Ever experienced	24394	64.1	26.6
Never experienced	45022	35.9	73.4
Physical violence			
Ever experienced	21438	57.6	23.0
Never experienced	47982	42.4	76.9
Emotional Violence			
Ever experienced	9812	34.5	8.1
Never experienced	59615	65.5	91.9
Sexual Violence			
Ever experienced	5778	19.5	5.0
Never experienced	63649	80.5	95.0
Husband accuses her of unfaithfulness			
Domestic Violence			
Ever experienced	24392	79.7	31.5
Never experienced	45022	20.2	68.5
Physical violence			
Ever experienced	21438	73.0	27.4
Never experienced	47982	27.0	72.5
Emotional Violence			
Ever experienced	9812	55.9	10.7
Never experienced	59615	44.1	89.3
Sexual Violence			
Ever experienced	5778	29.7	6.6
Never experienced	63649	70.3	93.4
Does not permit her to meet her girl friends			
Domestic Violence			
Ever experienced	24392	47.0	33.1
Never experienced	45022	53.0	66.9
Physical violence			
Ever experienced	21437	42.1	29.0
Never experienced	479833	57.8	71.0
Emotional Violence			
Ever experienced	9813	25.7	12.2
Never experienced	59614	74.3	87.8
Sexual Violence			
Ever experienced	5778	14.5	7.3
Never experienced	63649	85.5	92.7

Table 4.5 contd.

Husband tries to limit her contact with family			
	Number of women	Yes	No
Physical violence			
Ever experienced	21430	57.5	28.3
Never experienced	47980	42.4	71.6
Emotional Violence			
Ever experienced	9811	41.1	11.6
Never experienced	59606	58.9	88.4
Sexual Violence			
Ever experienced	5778	22.7	7.0
Never experienced	63639	77.3	93.0
Husband insists on knowing where she is			
Domestic Violence			
Ever experienced	24381	60.0	31.6
Never experienced	45020	39.9	68.4
Physical violence			
Ever experienced	21429	52.8	27.7
Never experienced	47978	47.2	72.2
Emotional Violence			
Ever experienced	9807	36.1	11.0
Never experienced	59607	63.9	39.0
Sexual Violence			
Ever experienced	5774	21.3	6.5
Never experienced	63640	78.7	93.5
Husband doesn't trust her with money			
Domestic Violence			
Ever experienced	24385	45.8	33.0
Never experienced	45022	54.1	67.0
Physical violence			
Ever experienced	21430	40.9	28.9
Never experienced	47983	59.0	71.1
Emotional Violence			
Ever experienced	9811	24.5	12.1
Never experienced	59609	75.5	87.9
Sexual Violence			
Ever experienced	5778	13.8	7.3
Never experienced	63642	86.2	92.7

Source: NFHS-3 India 2005-06

Table 4.6 and Figure 4.2 present the information as to how rates of violence vary with the number of controlling behaviors manifested, rather than by any specific behavior. The expectation is that rates of violence will be higher for women whose husbands show controlling behaviors and that they will rise with the number of controlling behaviors manifested.

Table 4.6 Percentage of ever-married women age 15-49 who have experienced violence according to the number of marital control behaviors shown by their husbands

Number of control issues		0	1	2	3	4	5	6
Domestic Violence								
Ever experienced		24.3	46.3	44.8	60.6	69.0	82.7	89.5
Never experienced		75.6	53.8	55.1	39.4	30.9	17.3	10.5
Physical violence								
Ever experienced		21.2	40.4	39.1	54.3	62.1	75.7	85.3
Never experienced		78.8	59.5	60.9	45.6	37.8	24.3	14.7
Emotional Violence								
Ever experienced		6.5	17.9	20.4	33.2	44.3	63.6	78.5
Never experienced		93.5	82.1	79.6	66.8	55.7	36.4	21.5
Sexual Violence								
Ever experienced		4.2	10.3	12.2	18.4	24.5	35.9	42.0
Never experienced		95.8	89.7	87.8	81.6	75.5	64.1	58.0

Source: NFHS-3 India 2005-06

Table 4.6 shows further that the likelihood of violence increases with the number of controlling behaviors manifested by a husband. For example, in the case of domestic violence, the ever-experience of violence is only 24.3 percent among women whose husbands do not manifest any of these behaviors, 46.3 percent among those who manifest one of the behaviors, but then rises to 89.5 percent among women whose husbands manifest all six of these behaviors. In case of physical violence, the progression in violence rates by numbers of behaviors is from 21.2 percent among women whose husbands show none of these behaviors to 85.3 percent among those whose husbands show six of the behaviors. In case of emotional violence, the progression in violence rates by numbers of behaviors is from only 6.5 percent among women whose husbands show none of these behaviors to 78.5 percent among those whose husbands show six of the behaviors. Similarly for sexual violence, the progression in violence rates by numbers of behaviors is from only 4.2 percent among women whose husbands show none of these behaviors to 42.0 percent among those whose husbands show six of the behaviors. Thus, the NFHS-3 data show clearly that the relationship between controlling behaviors and the risk of violence is valid. Further, the likelihood of violence escalates rapidly with increases in the number of such behaviors, so that the manifestation of any given behavior is often associated with at least a doubling of violence rates. As is evident from table 4.4 the percentage of women reporting all the forms of violence increases with increase in number of control issues. When there is no marital control issue one fourth of the total number of women surveyed report experiencing domestic violence. With increase in number of control issue form no issue to one issue the percentage increases to almost twice

(45.6%) who report experiencing domestic violence. The percentage of women reporting domestic violence is almost 90% with the number of control issues increases to 6. The increasing trend in reporting violence with increase in number of control issue is seen for other forms of violence also.

Prevention of domestic violence at the national level depends on the level of public and governmental commitment to making prevention a long-term priority, and to establish a consistent, co-ordinated, and integrated approach for each community. Given the pervasiveness and the perils of domestic violence, a national policy of zero tolerance for domestic violence is necessary.

Conclusion: In many developing countries women share the notion that men have the right to discipline their wives by using force. Societies often distinguish between just and unjust reasons for violence, as well as between acceptable and unacceptable amounts of aggression. Certain individuals, usually husbands and elders, may have the right to chastise a woman physically for certain transgressions, but only within limits. If a man oversteps these limits by becoming too violent or for beating a woman without “just cause,” others have cause to intervene. Definitions of domestic violence rest upon not only the nature of the relationship between the perpetrator and the victim but also upon norms of acceptable behavior. There is considerable difference of opinion regarding which behaviors or manifestations should be considered violent. Another contentious issue is how to evaluate the intent of the act, why the act was initiated, and whose view should determine this. For instance, Indian field experience indicates that significant numbers of women do not perceive acts as violence if they perceive them to be justified. The social construct surrounding the ideal "good woman" clearly sets the limits for acceptable norms beyond which verbal and physical assaults translate into a notion of violence. Thus, wife beating is not seen as an excessive reaction if the woman gives cause for jealousy or does not perform her "wifely" duties adequately, such as having meals ready on time or adequately caring for children. Worldwide, studies identify a consistent list of events (cooking, attending to household, looking after children and in-laws) that are said to “trigger” violence (Heise 1998). Indian women feel the entire responsibility of preserving the family as her duty; hence she makes all adjustments unilaterally in her husband’s home. The analysis of NFHS-3 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.

4.5 Discussion

Violence against women has far-reaching consequences for women, their children and community and society as a whole. Women who experience violence suffer a range of health problems and their ability to earn a living and to participate in public life is diminished. Their children are significantly more at risk for health problems, poor school performance and behavioural disturbances. Domestic violence not only poses a direct threat to women's health, but also has adverse consequences for other aspects of women's health and well-being and for the survival and well-being of children. It is a major public health issue that influences all aspects of affected women's lives and has far reaching impacts across all levels of society (Fraser 2003). The effects of violence on a victim's health are far-reaching and devastating. The impact of domestic violence on women's health is said to be devastating and is believed to result in poor general, reproductive and psychological health (Parker and Lee 2002). Indeed domestic violence has been cited as the single biggest health risk to Australian women (United Nations Population Fund 2005). There is also evidence that the negative impact on women's health is long term and continues even after the violence has ended (Campbell *et al.* 2002). Women who suffer domestic violence may be unable to work because of mental or physical incapacity connecting health outcomes, poverty, divorce, unemployment and homelessness for these women and their children (Lyon 2002). Women who are battered may suffer from a variety of medical problems, from depression to chronic pain; they may also be at an increased risk of sexually transmitted infections (STIs) or unplanned pregnancies. They may need to miss significant amounts of work due to medical problems. Domestic violence may be fatal. Worldwide, 40-70% of all female murder victims are killed by an intimate partner. Victims of domestic violence are more likely to commit suicide. Domestic violence also contributes to other forms of violence against women; women who experience violence

at home may be more willing to look for and accept an uncertain and potentially risky job abroad, placing them in danger of being trafficked. Domestic violence also has significant consequences for children, family, friends, co-workers, and the community. Family and friends may themselves be targeted by the abuser in retaliation for helping a woman leave a violent relationship or find assistance. Children in homes where domestic violence occurs may be witnesses to abuse, may themselves be abused, and may suffer harm "incidental" to the domestic abuse.

The effects of violence on a victim's health are severe. In addition to the immediate injuries from the assault, battered women may suffer from chronic pain, gastrointestinal disorders, psychosomatic symptoms, and eating problems. Although psychological abuse is often considered less severe than physical violence, health care providers and advocates around the world are increasingly recognizing that all forms of domestic violence can have devastating physical and emotional health effects. Domestic violence is associated with mental health problems such as anxiety, post-traumatic stress disorder, and depression. Women who are abused suffer an increased risk of unplanned or early pregnancies and sexually transmitted diseases, including HIV/AIDS. As trauma victims, they are also at an increased risk of substance abuse. Women are particularly vulnerable to attacks when pregnant, and thus may more often experience medical difficulties in their pregnancies. Recent research has called for increased study of pregnancy associated deaths. "Pregnancy associated deaths" are "deaths occurring to women who have been pregnant within the previous year." A study conducted by researchers in Maryland of 247 pregnancy associated deaths found that the leading cause of death was homicide. The researchers have called for "enhanced surveillance" of pregnancy associated deaths and additional research focusing more specifically on the role of domestic violence (Lemon 2001). Other studies have shown that there are significant obstetric risk factors associated with domestic violence. Abused women are more likely to have a history of sexually transmitted disease infections, vaginal and cervical infections, and kidney infections and bleeding during pregnancy, all of which are risk factors for pregnant women. Abused women are more likely to delay prenatal care and are less likely to receive antenatal care. In fact, domestic violence during pregnancy may be a more significant risk factor for pregnancy complications than other conditions for which pregnant women are routinely screened, such as hypertension and diabetes.

In many countries, marriage is believed to grant men unconditional sexual access to their wives, and to permit the use of violence if their wives do not comply. Women's lack of sexual autonomy in these situations puts them at risk of unwanted pregnancies and sexually

transmitted infections. Recent research in Nicaragua, for example, suggests that domestic abuse increases the likelihood that women will have many children and found that abused women were twice as likely to have four or more children. Women who are subjected to domestic violence seek help from a wide range of professionals within health and social care sectors, and studies show that overwhelmingly, their experiences tend to be negative (Mezey 2001). Health professionals and women affected by domestic violence believe domestic violence is a health care issue and that health professionals should be involved with identification and health management of women affected by domestic violence (Chang *et al.* 2005).

The next chapter 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, unmet need and contraceptive use and the prevalence of sexually transmitted infections (STIs). The purpose of next chapter is to seek information about health issues of women who are subjected to or who have been subjected to domestic violence. The information generated from the next chapter allows the reader insights into the lives of women who are affected by domestic violence and provides a snapshot of how it affects their health.