

WOMEN'S AUTONOMY AND DOMESTIC VIOLENCE IN INDIA

Background

Over the past decade, there has been a growing recognition that domestic violence is a significant public health concern in developing countries. In addition to immediate physical injury, domestic violence is linked to such other negative health outcomes as unwanted pregnancies, increased risk of sexually transmitted infection, and mental ailments. Several studies have explored the level and determinants of domestic violence in South Asia including India and have mostly attributed it to hierarchical gender relations (Heise et al., 1994).

These earlier studies have used diverse definitions of domestic violence to include a multiplicity of violent acts and a host of perpetrators. Although the 'core definition' (Visaria, 1999) encompasses all acts that are violent, some studies have narrowed their scope to include only physical violence, while others have included physical, verbal and emotional violence, and yet others have only used sexual violence to measure domestic violence. Definitions of domestic violence also vary by the relationship between the perpetrator and the victim. While some studies specifically focus on intimate partner violence, others use a broader connotation, which includes any member of the household.

In spite of varying definitions and diverse methodologies, current research provides important insights into the determinants and consequences of domestic violence. In an earlier study, Levinson (1989) has outlined three factors that predict domestic violence. According to Levinson (1989), a pattern of using physical violence for conflict resolution, male authority in the home and a divorce restriction on women create conditions that are conducive to domestic violence. Later studies have confirmed a strong association between socioeconomic status and domestic violence. For instance, these studies find that household wealth and partner education are inversely associated with domestic violence (Jejeebhoy & Cook, 1997; Martin et al., 1999; Hoffman et al., 1994; Levinson, 1987).

Interesting associations between domestic violence and demographic characteristics include the negative association between age and violence (Visaria, 1999; Koenig et al., 2003; Schuler et al., 1996) and the also the negative association between number of offspring and domestic violence (Schuler et al., 1996;

Rao, 1997). Also, intergenerational experience of domestic violence is associated with an increased risk of it (Ellsberg et al., 1999; Jewkes et al., 2002; Martin et al., 2002).

One consistent finding in a majority of studies is the association between women's education and lower risk of domestic violence (Visaria, 1999; Schuler et al., 1996; Jewkes et al., 2002). In a few recent studies, domestic violence is a function of a host of factors at the individual, family and community level. 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. 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; Jeejebhoy and Cook, 1998).

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. (2003) 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 (Jeejebhoy and Cook, 1998). Furthermore, although some studies show that coresidence with in-laws is associated with lower autonomy (Sengupta & Johnson, 2003), yet studies addressing domestic violence find that extended family residence is associated with lower risks of domestic violence (Koenig et al., 2003). Many unresolved questions regarding the association between women's autonomy, extended family coresidence and risk of domestic violence therefore remain.

Purpose of Study

The goals of this analysis are to determine whether variations exist in the relationship between women's autonomy and experience of domestic violence. We investigate the relation between domestic violence and Indian wives' education, family structure and autonomy. Using data from a nationally representative sample, we examine whether women who have low education, who live with their in-laws or who score low on a scale measuring autonomy have a greater risk of experiencing domestic violence compared to other wives. Furthermore, we address the contextuality of the association between domestic violence and autonomy by examining how varying levels of autonomy are associated with domestic violence in a more regional and culturally diverse context. Our research therefore focuses on 2 primary questions:

1. To what extent is domestic violence associated with the level of autonomy enjoyed by Indian wives and does this relation vary by region of residence?
2. When other socio-demographic characteristics are controlled, how are educational attainment and joint family residence associated to the risk of domestic violence?

Methods

Our data come from the National Family Health Survey II, conducted in India in 1998-99. We use the household and individual rosters to extract these data. The interviewer constructed a household roster that identified the household head and the relationship of all other residents to him/her. We used that information to define the relationships of all eligible women respondents to the household head. The joint presence of a mother-in-law or father-in-law and a daughter-in-law in the same household could be determined only when the woman respondent was: 1) head of the household (N = 2,961); 2) wife of the head (N = 37,956); or daughter-in-law of the head (N = 12,597). Of these 53,514 women, 34,471 had neither parent- in-law present; and 19,043 wives coresided with either/both parent-in-law

For this study, we define domestic violence as any act of violence perpetrated on an ever-married woman of child- bearing age by any member of her marital household. Using such a broad definition, we are able to gauge the level of violence experienced by a woman during her reproductive years, which is the period of time when women are most likely to experience such violence. We focus on violence in the

woman's marital household and exclude that in her natal household, although this exclusion may invite an underestimation of domestic violence against women.

Our outcome variable is a dichotomous measure indicating whether the respondent of the survey has experienced any act of violence from any member of her marital household. Following a general question asking "Since you completed 15 years of age, have you been beaten or mistreated physically by any person?" respondents to the National Family Health Survey were asked to select from a list, and identify persons (relations) who had beaten or physically mistreated them. This list included a host of relationships both natal and marital including husband and other members of the marital family. We used these questions to identify women who had experienced domestic violence in their marital homes. Nearly 20 percent of the women have experienced domestic violence and over 17 percent of the women have been treated violently in their marital households.

We have 4 sets of independent variables indicating the education of the respondent, autonomy enjoyed by the respondent, region of residence and family structure. We use a 6-category education variable (illiterate; less than Primary school education; Primary school education, Middle school education, High school education and Secondary or higher education) to assess the relation between risk of domestic violence and education. Over half of the women in our sample are illiterate (54 percent). We used a dichotomous variable to indicate coresidence with mother-in-law/father-in-law (1=yes; 0 = no). Based on findings from earlier studies, we distinguish between northern, southern and northeastern states in India. This regional classification is used to capture the cultural differences in gender relations identified by earlier studies in India (Dyson and Moore, 1983; Jejeebhoy and Sathar, 2001). The regions are used as a proxy to indicate the general gender-milieu, prevalent norms and gender-based expectations in these regions.

To measure women's autonomy, we used a series of questions to address three separate dimensions of autonomy. The NFHS II asked respondents: "Who makes the decision for obtaining health care for yourself?" The responses were originally: (1) respondent; (2) husband; (3) jointly with husband; (4) others in household and (5) jointly with others in household. Codes 1, 3, and 5 were collapsed into a single code (=1) to indicate that the respondent had a voice Codes 2 and 4 were collapsed into a single code (=0) to signify that she had no voice in the quest for her own health care. Women were also asked whether they

were allowed to set aside money for their own use and whether they did not need permission to go to the market (1=affirmative responses; 0= negative responses). Thus, we had three indices of female autonomy.

Given that the domestic violence-related factors differ importantly across the comparison groups central to the two research questions, we needed a multivariate statistical technique. To this end, we chose multivariate logistic regressions, which were performed with the logistic routine in the STATA software package.

Results

Results from our study are significant and have policy implications. First, our nationally representative study confirms findings from earlier studies that used smaller samples and ethnographic evidence to access the relation between women's autonomy and experience of domestic violence. We find that the relation between domestic violence and autonomy is mediated by neighborhood/regional factors. Education continues to be significantly and negatively related to the risk of domestic violence, as does residence in an extended marital family. In summary, this study underscores that domestic violence is associated to interrelated factors at the individual, family and community levels.