

DOMESTIC VIOLENCE IN INDIA AND REPERCUSSION ON WOMEN'S HEALTH

Domestic violence is the most pervasive form of violence against women. Domestic violence has also emerged as a central concern within the field of women and development because such violence impedes the women's economic and social development and capacity for self-determination. Specially pernicious is its impact on the physical and mental health of women and their overall development as well. Sexual violence and coercion deprive women of their right to choose and practice contraception and puts them at a greater risk of negative reproductive outcomes like, sexually transmitted diseases, unwanted pregnancy, miscarriage, abortion, low birth weight babies, maternal morbidity and mortality and adverse pregnancy outcomes.

In India, the National Family Health Survey (NFHS-2) 1998-99 shows that every fifth Indian women reported experiencing violence since age 15, and a similar number reported being physically beaten by their husbands. It not only affects women as individuals, but also their families, their entire communities and even their next generation. One particular concern is the impact of violence on reproductive health of women. Many studies have shown a strong significant association between violence and the RTI/STI symptoms. Not surprisingly, victims of other types of violence, most notably partner abuse, are also at increased risk of STIs. It has been found that abusive men are more likely to expose their wives to infection. Keeping in view the above, following objectives have been framed for a detailed investigation.

Objectives:

1. To explore the linkages between women's autonomy and domestic violence.
2. To study the impact of domestic violence on women's nutritional levels, on her general health and reproductive health.

Data and methodology:

Data for three Indian states Bihar, Maharashtra and Tamil Nadu has been analysed, and for this purpose data from National Family Health Survey (NFHS 2) 1998-99 have been used. Bivariate analysis has been done with selected background variables in order to investigate socio-economic and demographic characteristics of women exposed to violence; further, the impact of domestic violence on general and reproductive health of women has been assessed through multivariate logistic regression analysis.

In order to examine the linkages between women's autonomy and domestic violence a composite index was computed for assessing women's autonomy. In the survey, questions were asked to the women such as, who takes decision about cooking food, decision about obtaining her own health care, purchase of jewellery, who decides about going and staying with parents and siblings house, permission to go to market, permission to visit relatives/friends and whether allowed to keep/spend money.

Also, composite indexes were computed for assessing women's, general health and reproductive health, and nutritional levels. For computing index for nutritional intake, following questions asked in NFHS were taken into account; whether taken milk or curd, pulses or beans, green leafy vegetable, other vegetables, whether taken fruits, eggs and chicken/meat/fish and responses were coded as, daily, weekly, occasionally and never, appropriate scores were given to each responses in order to compute the indexes.

Similarly, for computing indexes for reproductive and general health, a series of questions were asked to the women in NFHS, which were taken into account.

Findings

Findings reveal that in Tamil Nadu, 40 percent of women were exposed to violence since the age of 15 years, while in Maharashtra and in Bihar it was 18 percent and 27 percent, respectively. It was found that illiterate women, women from Schedule Cast (SC), Schedule Tribes (ST), were exposed more than those with some education, of general cast groups from urban area. Working women, most of whom were agriculture labourers, are more likely to experience violence. It is generally expected that not bearing children and not bearing son are important reasons for domestic violence. However, the result shows that, across the three states, women with living children are somewhat less

likely then women with living children to have experienced violence. Perhaps, this result may be partly due to the fact that, childless women tend to be younger women, and younger women have lower prevalence of domestic violence.

Further the findings suggests that those women who were beaten have poor nutritional intake; in Bihar only 15 percent of women have good nutritional intake followed closely by Tamil Nadu, however, in Maharashtra it was slightly higher. It was observed that autonomy of women has significant relation with domestic violence. It was found that in Maharashtra, among those who were beaten, 53 percent had low autonomy, while in Bihar it was as high as 76 percent. Women who were beaten since age 15 had more reproductive health problems compared to the women who were not beaten. In Bihar, 55 percent of women who were beaten reported to have some reproductive health problem compared to 40 percent among not beaten women. Similarly, in Tamil Nadu 38 percent of women suffered from some type of reproductive health problems while in Maharashtra it was around 53 percent. Women who were beaten, face more general health problem, compared to women who were not beaten. It was found that women who were exposed to violence since age 15, majority of them had BMI less than 18.5 Kg/m^2 , (Body Mass Index (BMI) is measured as Kg/m^2). They are deprived of healthy food intake, suffer with poor health and thus have poor Body Mass Index (BMI) compared to the women who are not beaten. Anaemia has emerged as significant outcome of the domestic violence. Due to this, there is skipping of food after episode of violence or eating disorder, the causative factor which we can attribute to is the stress and trauma that a women experiences as a result of the violence. One of the important findings of this study is that, women who were exposed to violence had higher number of stillbirths and a significant number among them had spontaneous abortion. Results of Multivariate analysis also corroborated above findings and suggested that domestic violence has adverse impact on women's autonomy, reproductive health, and nutritional intake in terms of Body Mass Index.

One of the interesting findings has been that 74 percent of women in Maharashtra and 72 percent women in Tamil Nadu justify wife beating for at least one reason.

Though, it was observed that with increase in education levels, justification of wife beating reduces, nevertheless, domestic violence represents an accepted norms and, in many cases, institutionalised practice that give husband right to use force to discipline wives, who have perceived to be violating traditional gender norms.

The above results indicate a wide spread prevalence of domestic violence across the country and it's serious repercussions on women's general health and reproductive health, and mental health outcomes. Even worst is the state of health care providers who are yet to recognize domestic violence as a public health issue and, therefore, there is an urgent need to sensitise health providers to the issues of domestic violence so that they can play a more proactive role.