

**PREVALENCE OF DOMESTIC VIOLENCE AND ITS EFFECTS ON
REPRODUCTIVE HEALTH OF WOMEN IN INDIA**

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Abstract

This paper examines the linkages between domestic violence and reproductive health of women of India. The main cause of the prevalence of violence against women in Indian society is mainly due to lack of economic freedom and decision making at home. The objective of the study is to find out the impact of domestic violence affecting the reproductive health of women in India. The present study relies on the third National Family Health Survey (NFHS-3) which was conducted in 2005-06. The major technique used in this paper is bivariate and multivariate statistical methods for analyzing the cross linkage between the dependent and independent variables. Result shows that the maximum incidence of violence was reported in Bihar which is about 63% followed by Rajasthan (51%), Madhya Pradesh (50%) and Uttar Pradesh (47%) respectively. Reports also represent that women who were exposed to violence, the majority of them had a BMI less than 18.5kg/m^2 as they are deprived of healthy food intake, thus suffer with poor health and low BMI and this may also result in the occurrence of anemia which has become a significant outcome of domestic violence. It is evident that domestic violence in any form has a negative impact on women's health. Therefore it can be concluded that violence or abuse has its impact on the health of women and this vulnerability has led to the deprivation of liberty.

Key words: *Domestic violence, reproductive health, BMI, economic freedom, women.*

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Introduction:

Reproductive health approaches means that women should have the ability to reproduce and regulate their fertility; should go through the pregnancy and childbirth safely; the outcome of pregnancy should be successful in terms of maternal and infant survival and well being and being devoid of unwanted pregnancies and contracting diseases. In general the health of women is more closely identified their reproductive health. With the population increasing at an alarming rate the issue of reproductive health of women has become the focus of attention particularly in India. As in India women have a higher mortality rate than men and the widening gap between the life expectancy of man and women indicates that women have a lesser share of the benefits of improved health conditions than men. Moreover the unequal sex ratio reflects the worsening status of women in society. Reproductive health in principle is not about population control but a matter of rights, informed choice, good health and well being.

Domestic violence has become a matter of serious concern in both developing and developed countries. It is an act which is not only an issue of human right but also of economic development as violence of any kind has a detrimental impact on the economy of a country through increased health burdens, disability and medical costs (Campbell, 2002; Laserman et al, 1996). Besides, violence against women has its adverse impact not only on women and child's health but it also reduces their freedom of choice; hence following Sen's (1970) capability approach, denying right to develop. Further it is argued by (Ackerson and Subramanian 2008) that violence is not only a moral and intrinsic perspective but also the instrumental health benefits are associated with it. The world health organization reports that the proportion of women who had ever experienced physical or sexual violence or both by an intimate partner is ranged 29% to 62% (WHO, 2007). Violence against women can be of different types and of different magnitude (measured in terms of its effect on victim's physical health, mental health and emotional health) also. According to the National Family Health Surveys (NFHS-3, 2005-06), domestic violence against women is defined as an act involving physical and sexual violence for all women by anyone or by a spouse/partner's physical, sexual and emotional violence for ever married women or combination of both. While looking at spousal violence it is found to be a common form of violence against women and a significant proportion of ever married in the age group of 15-49 usually succumb to this kind of violence. As per Koenig (Koenig et al., 2003) uneducated women are more vulnerable to face violence against them as compared to the educated (46% of

uneducated ever experienced violence against them as compared to only 12 of the educated one). He is of the opinion that increased education, higher socioeconomic status, non-Muslim religion and extended family residence are associated with lower risk of violence. And the study also reveals that in more conservative areas and higher individual level of women's autonomy significantly leads to elevated risks of violence. Thus it can be said that violence has its impact on the reproductive health of women and is a detrimental factor to the deterioration of the health of women.

This health issue has gained attention because women and girls have particular health needs and to which the health systems are failing them. There are conditions that only women experience and have negative health impacts that only the women have to suffer, some of these conditions such as pregnancy and childbirth are not in themselves diseases but normal physiological processes that carry health risks and require health care. Some of the health challenges affect both men and women but they likely have a greater impact on women. Thus they require responses which are tailored especially to women's needs. Furthermore, gender based inequalities as in education, income and employment limits the ability of women to protect their health and achieve optimal health care. Moreover the working women are vulnerable to various reproductive health issues due to several factors like the workload, stress, different lifestyle, etc.. Thus it can be said that the reproductive health issues are common among women which she has to face at specific period of time as the analyses of women's health often focus on or are limited to a specific period of a women's life (the reproductive ages for instance) or has specific health challenges such as HIV, maternal health, child health, etc. The existing reports indicate the high prevalence of RTI's and other gynecological problems among the working women between this age group. It is due to the fact that women take this symptom as normal and do not seek treatment until it gets worse and thus get infected for a long time.

Objective of the Study:

- To study the impact of domestic violence affecting the reproductive health of working women.
- To look out for the health outcomes due to the exposure to domestic violence and why the young population is being vulnerable and fail to take required health facilities.

Methodology:

The entire study is based on a third round of National Family Health Survey (NFHS), a nationally representative cross-sectional data collected during 2005-06. The paper has taken into

account the women between the age group of 15-49 to carry out their study. The entire study will be based on the National Family Health Surveys-3 as the main source of existing data along with the other case studies. Bivariate and multivariate statistical methods were used for analyzing the data and cross linking between the dependent and independent variables.

Significance of the Study:

The relevance of the study can be known by looking at the changing trends of violence and its effect on women's health at the global level and as well as looking at the trends in the Indian context. As of which the impact and its effect can be the primary concern of the study. But reproductive health issues and its outcomes will be the focus of attention in this paper.

Result and Discussion:

Prominently, the main cause of the prevalence of violence against women in Indian society is mainly due to lack of economic freedom and decision making at home. Although millions of girls and women suffer from violence and its consequences because of their sex and their unequal status in the society yet little attention has been paid to the serious health consequences of abuse and the health needs of the abused women and girls. Women who have suffered from physical, sexual and psychological violence suffer from a range of health problems often in silence. They have poor physical and mental health and suffer from injuries. Females of all ages are prone to be the victims of violence because of their limited social and economic status than their male counterparts. Women are reluctant to discuss abuse and may accept it as a part of their life and this leads to the normalization of the violence against them. The study indicates the high prevalence of RTI's and other gynecological problems among the working women between this age group. It is due to the fact that women take this symptom as normal and do not seek treatment until it gets worse and thus get infected for a long time.

The most common form of violence is physical and sexual in nature. Acts of physical violence may include physical forcing the wife/partner against her will to have sex or perform other sexual acts that she doesn't want to perform. These all have an impact on the emotional state of the women as a result of which she attaches an inferior status to herself and it also has its effects on the health status of the women. Again it can be also stated that these kind of abuse also limits women's sexual and reproductive autonomy in their behavioral aspect of life. This affects not only on their body but also on their mental state and for which they tend to lose control over their body and reproductive autonomy. Moreover abuse during pregnancy may lead to risk in getting

complications and affects the health of the women. Abuse of pregnant women is associated with poor maternal weight gain, depression leading to unsafe abortion, miscarriage, elective termination of pregnancy, neonatal mortality, low birth weight and premature labor. Sometimes excessive resulting out of depression may result in suicide in most of the cases.

Table 1: Distribution of prevalence of domestic violence for ever married women of the age 15-49.

States	Physical violence	Emotional violence	Sexual violence	Physical, emotional and sexual violence
Punjab	25.34	10.94	7.00	27.82
Rajasthan	41.61	23.25	20.31	51.03
Uttar Pradesh	43.65	16.42	9.44	47.06
Bihar	57.73	21.41	20.50	63.14
Assam	38.49	15.27	14.85	43.66
West Bengal	33.53	12.63	21.51	42.33
Orissa	34.31	19.65	14.57	41.58
Madhya Pradesh	45.44	22.35	10.94	50.32
Gujarat	26.49	18.69	7.61	34.73
Maharashtra	30.40	17.46	2.11	33.01
Andhra Pradesh	35.14	13.24	4.17	36.88
Karnataka	19.57	8.35	4.08	21.71
Kerala	16.08	10.28	4.84	20.52
Tamil Nadu	42.15	16.54	3.14	44.33
All India	35.92	15.98	10.03	40.44

Source: *National Family Health Survey Report. (2005-06). Ministry of Health and Family Welfare, Government of India.*

From the above table it can be said that about 40% of ever married women of the age group 15-49 have experienced at least one form of spousal violence either physical or sexual and emotional. The maximum incidence of violence was reported in Bihar which is about 63% followed by Rajasthan (51%), Madhya Pradesh (50%) and Uttar Pradesh (47%) respectively. Interestingly these states are considered as BIMARU states (an acronym coined by taking the first four letters of these four north Indian states). In addition to this it is noted that physical violence is the most common form of violence and the prevalence rate is 36% among the ever married women.

Table 2: Women's health and domestic violence profile

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Nutritional status	Physical violence	Emotional violence	Sexual violence	Physical, emotional and sexual violence
Underweight	41.86	18.74	12.55	46.70
Normal	35.69	15.78	10.04	40.31
Overweight	24.62	11.05	5.28	28.71
Anemia level				
Severe	38.50	18.77	10.41	42.83
Moderate	39.09	17.20	10.74	43.24
Mild	37.77	16.54	11.37	42.78
No anemia	34.01	15.37	9.14	38.28

Source: *National Family Health Survey Report. (2005-06), Ministry of Health and Family Welfare, Government of India.*

The above table reports the percentage distribution of the incidence of physical, sexual and emotional form of the domestic violence of the ever married women according to their health profile. It can be seen that the majority of the underweight and severe or moderate anemic women have mostly experienced physical violence followed by emotional and sexual forms of violence. So it can be inferred that exists some kind of relationships between the prevalence of violence and the occurrence of these diseases. Reports also suggest that women who were exposed to violence, the majority of them had a BMI less than 18.5kg/m^2 as they are deprived of healthy food intake, thus suffer with poor health and low BMI and this may also result in the occurrence of anemia which has become a significant outcome of domestic violence.

Conclusion:

It can be concluded from the above reports that domestic violence is an important determinant of health. It is evident that domestic violence in any form has a negative impact on women's health. It is evident that domestic violence in any form has a negative impact on women's health. It can be stated that the violence against girls and women can begin before birth

and continue throughout their lives in the old age. Women are reluctant to discuss abuse and may accept it as a part of their role and this has led to the normalization of violence against women. Moreover the social construction of the divide between public and private leads to the suppression of the matter rather than exposing the matter or crime. These all have its impact on the emotional state of the women as a result of which she attaches an inferior status to herself and it also has its effects on the health status of the women. Although millions of girls and women suffer from violence and its consequences because of their sex and their unequal status in the society yet little attention has been paid to the serious health consequences of abuse and the health needs of the abused women and girls. Women who have suffered physical, sexual or psychological violence suffer a range of health problems, often in silence. They have poor physical and mental health and suffer from injuries. And it is found that they use more medical resources than the non abused women. Females of all ages are prone to be the victims of violence because of their limited social and economic power than their male counterparts. Therefore it can be concluded that violence or abuse has its impact on the health of women and this vulnerability has led to the deprivation of liberty. Especially the women need accurate health education about their reproductive health so as to reduce the number of deaths due to RTI'S and other infections. Moreover health services should be improved and awareness may be promoted so that a woman without any inhibition can come forward with the issues to avail health facilities.

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