

EXTENDED ABSTRACT

Impact of Violence On Women's Reproductive Health: A Case Study in India

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Introduction

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 by 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. 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 from 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 any one 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 socio-economic status, non-Muslim religion and extended family residence are associated with lower risk of violence. And the study also reveals that in more conservative area and higher individual level of women's autonomy significantly leads to elevated risks of violence.

Objective of the Study

- To study the notion of violence in relation to Indian context and world context.
- .To study the impact of domestic violence affecting women's nutritional levels, on her general health and reproductive health among the ever married women.
- To look out for the health outcomes due to the exposure to domestic violence

Methodology of the Study

The entire study is based on third round of National Family Health Survey (NFHS), a nationally representative cross-sectional data collected during in 2005-06. The paper will take into account the women between the age group of 15-49 as the sample that will be randomly selected to carry out the further 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. Moreover methods like correlation and regression will be used to analyze the relation and multivariate analysis will be done with the help of SPSS (statistical package for social sciences).

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.

Global Scenario

Global dimensions of domestic violence are quite alarming. Irrespective of country's culture, class, religion, advancement and development violence against women is widely prevalent. No society can claim to be free of such violence but the rate of violence differs from country to country and due to the inconsistency in defining domestic violence it becomes difficult to get the actual rate of violence. The most common form of violence prevalent throughout the world are women and girls being battered, raped and even murdered it also includes forced pregnancy, forced abortion, dowry related violence and even killings in the name of honor. The mental stress which the victim undergoes leads to a higher percentage of suicide and suicide attempts. In countries like Bangladesh, Kenya, Canada, Thailand murder by batterers is highly prevalent, Russia also has high rates of women being killed by their intimate partners. Moreover in the Asian countries like India and Pakistan more values is placed for "sons" and hence extreme steps of discrimination against female is highly prevalent.

Indian Scenario

Prominently, the main cause of prevalence of violence against women in an 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 problem 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 power than their male counterparts. Women are reluctant to discuss abuse and may accept it as a part of their life and this led to the normalization of the violence against them.

Key Findings

The most common form of violence is physical and sexual in nature. Acts of physical violence may include physically 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 during pregnancy 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 /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

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 common form of violence and the prevalence rate is 36% among the ever married women.

Table 2: Women's health and domestic violence profile

Nutritional status	Physical	Emotional	Sexual violence	Physical/sexu
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	violence	violence		al/emotional 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

The above table reports the percentage distribution of incidence of physical, sexual and emotional form of the domestic violence for the ever married women according to their health profile. It can be seen that 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 prevalence of violence and the occurrence of these diseases.

Reports also suggests that women who were exposed to violence, majority of them had 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 an significant outcome of domestic violence.

Conclusion

Following Sen's capability approach, the effects of domestic violence on health conditions of ever married women of age group 15-49 is examined. It can be concluded that 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.

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