Domestic Violence and Women's Health

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Abstract

This paper examines the effect of domestic violence on the health of ever-married women of reproductive age group in India. Micro-level National Family Health Survey (NFHS-IV) data for the year 2015-16 has been used in the study. Although the sample based analysis reveal decline in the incidence of physical and sexual violence against women from 37 per cent (NFHS-3) to 29 per cent (NFHS-4). The indications inferred from NFHS- 3, suggest a definite relationship between socio-economic development and liberalisation of lifestyles among men and women causing strained relationships characterised violence in relationships in families and households. We find that domestic violence has negative impact on the overall women's health and nutritional status. However, national level results are not consistent with that of the states level. Based on the findings, we argue that the issue of domestic violence should be addressed in national and state level health policies and programmes.

INTRODUCTION

The constitution of India under the Protection of Women against Domestic Violence Act 2005, enforced with effect from October 26, 2006 guarantees them the right to live a violence free, peaceful and safe life. The domestic violence is explained as an act of omission and commission or any conduct (Section 3 of the Act) which amounts to:

First, harms or injures or endangers the health, safety, life, limb or well-being, whether mental or physical, of the aggrieved person or tends to do so and includes causing physical abuse, sexual abuse, verbal and emotional abuse and economic abuse;

Second, harasses, harms, injures or endangers the aggrieved person with a view to coerce her or any other person related to her to meet any unlawful demand for any dowry or other property or valuable security;

Third, which has the effect of threatening the aggrieved person or any person related to her by any conduct mentioned in clause (a) or clause (b);

Fourth, otherwise injures or causes harm, whether physical or mental, to the aggrieved person.

This is worth mentioning that of all the four explanations, even if any aspect of each occurs against the safety of the women, the perpetrator of such an act would be held responsible and will be subjected to the legal provisions dealing with such offences. Notwithstanding the said, the scope of domestic violence also includes various other dimensions which are analysable in relation to socio-economic and other variables,

such as age, caste, class, ability, sexual orientation, marital rape, and other realities. Another important component of the definition is the consequential aspect of violence, namely endangering health, indicating thereby a relationship of violence against women with women health.

However, the global as well as domestic scenario suggests the life of women being inflicted with violence, especially by their close ones, including spouse and his kin, and others, includes murders related to dowry deaths, violent honour revenge leading to killings, witchcraft caused, female infanticide and sex selective abortions. The violence also occurs through rapes, marital rape, modesty violation, human trafficking and forced prostitution, invisible domestic violence through infliction of various types and forms of abuse, forced child marriage, acid throwing, abduction, sexual assault, verbal and symbolic abuse, emotional and physical coercion and perpetuation. Although domestic violence is always thought as towards women, but violence in heterosexual or same sex cannot be ruled out. What is the impact of domestic violence on women's health is difficult to say. However violence caused health problems, like anxiety neurosis, psychosomatic disorders, depression, headaches, hypertension, heart disease, stroke, asthma, diabetes etc. cannot be ruled out. The question to what extent the violence at the domestic front affects women's health can be answered by carrying out empirical analysis on the confirmed victims of domestic violence.

The issue of violence, apart from having implications for women health, is also very serious as the National Crime Records Bureau (NCRB) had found that every three minute a crime is committed against women in India (NCRB 2012). While reported violence in the year 2012 was 2,44,270 crimes in 2015 it increased to 3,00,000. In the year 2012 dowry deaths numbered 8,233, sexual crimes like rape numbered 24,923, insult to modesty accounted for 9,173, human trafficking and forced prostitution 2,563, cases of domestic violence 1,06,527, abductions numbered 38,262 (NCRB 2013). Although the sample based analysis reveal decline in the incidence of physical and sexual violence against women from 37 per cent (NFHS-3) to 29 per cent (NFHS- 4). Amrtya Sen observed that the measure of development rests of the relative capabilities and functioning within families. The conventional measure of capabilities within families implies the income, education and health of individuals (may also include here gender equalities) and the freedoms which the people enjoy being within family (Aggarwal & Panda 2007). According to Sen numerous unfreedoms hidden within families create fundamental barrier to development. In view of which the development must also be seen in terms of women empowerment in the family in terms of their socioeconomic profile, increasing autonomy and absence of domestic conflicts. In brief the relationship between socio-economic development, women autonomy, domestic violence, women ill-health and low levels of socio-economic development of women, is polemical as it roots can be traced to India's gender equality index rated as 0.524 in 2017 (UNDP 2017).

The indications inferred from NFHS- 3, suggest a definite relationship between socio-economic development and liberalisation of lifestyles among men and women causing strained relationships characterised violence in relationships in families and households. The inference, of course, needs an intensive and extensive empirical probe. The increasing number of such incidents also brings out the dualism in the theory and practice at the cognitive and structural levels. This dualism is a visible reality in the Hindu way of life treating Goddesses with reverence and observing *Durga Ashtami* with reverence to small girls on the one hand and the reality of foeticide, neglect of girls by denying them healthy food, dowry deaths and all kinds of brutalities observed against them (*see*, Sharma 2000). In Indian society the problem of violence against women in the family is not new. Women in our society have been the victims of humiliation, torture and exploitation from the time immemorial irrespective of the fact that they were also worshipped. Human development can only be enhanced by enriching family life. Ironically, family under patriarchy, has been a source of, abuse, exploitation, injustice, discrimination and violence, which Amartya Sen above termed 'un-freedoms'.

Review of Literature

In the light of the foregoing review, two significant inferences can be drawn: First, the violence against women is a widespread phenomenon in which domestic violence constitutes the maximum proportion, resulting in far reaching socio-economic, physical and mental implications; and, Second, consequently women's mental and physical health is affected.

The twentieth century witnessed considerable change, especially its last decade marked by liberalisation, privatisation and globalisation, projected as a panacea for all ills through socio-economic development and structural transformation. What happened in the case of women and change in their status is examined here through a discussion on some of the works on women in the post-2000 period.

Thakur (2001) argues that around the world at least one woman in every three has been a victim of beating at some or the other point of time or was abused minimum once in her lifetime. Most often the abuser is a member of her own family. Increasingly, gender based violence is recognized as a major public health concern and violation of human rights.

Pillai (2001) conducted a study on "Domestic Violence in New Zealand: An Asian immigrant perspective", and explored the impact of domestic violence on Asian immigrant and refugee women in New Zealand. Domestic violence needs to be recognized as a crime. Asian men use Violence as a way of securing and maintaining the relations of male dominance 55 and female subordination which is central to the patriarchal social order. It is essential that various theoretical works on domestic violence in New Zealand

recognize and understand the variation in cultural and familial constraints experienced by different groups of ethnic-minority Asian immigrant and refugee women. This article is written with the purpose to explode such myths in relation to domestic violence that exists within the Asian immigrant communities in New Zealand.

Amin (2002) argues that Universal Declaration of Human Rights and Convention on Elimination of all forms of Discrimination against Women (CEDAW) enforce certain special rights and privileges for women. But it is amazing that only 44 countries have laws against domestic violence wheres the others remain mum on this issue. There are only 17 countries which have made marital rape a criminal offence and only 27 countries have passed laws against any form of sexual harassment.

Butalia (2002) observed that Kashmiri women, whether Muslim or Pandit were not unaware of this 'neglect' at the hands of their sisters from within women' activist groups. Manimala, a journalist visiting Kashmir some year after the conflict began, met a large number of women. Most of them posed on question to her. 'Why is that "Indian" women, the women who have been active in the movement, and who have been quick to extend the hand of 57 friendship of all women affected by violence why have they not come to us. Why they not offered friendship, or even sympathy, to us women in Kashmir? In recent years, activists have sought to change this involving themselves in work with women in Kashmir and taking on the issue of violence of conflict. Because of the native of the conflict and the conditions on the ground, they have been forced here to use different strategies to make their interventions, a politically violative place such as Kashmir is hardly the kind of place in which you can tap out processions and carry placard demanding action or change.

Parashar (2004) pointed out that at the other extreme is the National Commission for Women's (NCW) desire to punish rape by death, which is paradoxically grounded in the patriarchal assumption of domestic chastity. Death penalty presumes that loss of chastity is worse than laudably initiated debate to change existing rape laws by calling for a broader definition of rape and lifting the burden of proof from the victim, impacting amendments to rape laws. Yet its endorsement of death penalty overlooks that many women who do register rape case withdraw due to police deterrence and social stigma. Death penalty would only curtail the annual conviction rate for rape, which is only about 30 per cent.

Devi et al (2006) assert that violence against women should be viewed as a human right violation and a crime, detrimental to the development of women and the society. Capacity building, awareness generation and developing leadership skills among women can help them gain confidence to raise a voice against violence and assert their rights.

Parikh & Anjenaya (2013) in a Cross Sectional Study of Domestic Violence among Married Women in Asudgaon Village of Raigad District argue that the prevalence of domestic violence is caused by demographic and socio-cultural reasons. The identification of the causes helps the healthcare personnel in formulation of comprehensive and effective strategies to tackle the problem of domestic violence

Marriage, Domestic Violence and Reproductive Health

The empirical analysis of marriage and family environment in which the respondent-victims have been living continuously since marriage reveals only ten of them (20 per cent) completely severed their relationships and left the home due to domestic violence. The differential consequences are, obviously, the result of intensity and extent of violence perpetrated by their respective spouse, availability or non-availability of support system, interventions by public and private agencies, etc. This has also been an acknowledged fact that ability to face violence of any kind varies from individual to individual. The living under conditions of constant domestic violence is completely at times becomes so unsafe for a woman that no other alternative is left than to leave home. It is also observed that even if no life threat exists the expectation still remains in both the partners that the life otherwise is satisfying. There are in fact several reasons which account for why a woman leaves home and why is it that another woman after facing the similar situation does not leave home. This is a highly complex phenomenon and sometimes paradoxical too. Consequently, it becomes difficult to argue whether it is simply because of domestic violence or due to other reasons or personal issues concerned with one's intimate life experiences?

The institution of marriage is an institution, which despite distortions in its patterns, has been since ages been recognized for its social functions. First, it lays down the foundation of family institution, with the interventions of customs and traditions, it assures its continuation. Second, this has been accepted as the legitimate means for establishing sexual union and sex need gratification. Third, marriage is the medium through which procreation and generational continuity is assured. In today's world, these functions may be challenged as without marriage also two persons belonging to opposite sex can adequately perform the functions expected from marriage institution. Notwithstanding the challenges being posed to the institution of marriage and its basic functions for the society, the fact remains that marriage continues to be the one institution for the development and sustenance of stable human relationship and performing its functions. It is an established fact that domestic violence disturbs conjugal relations due to its ill effects on physical and mental health leading to sleep disorders, depression, anxiety, neurotic disorders, suicidal tendency, tendency to inflict injuries to oneself, psychological distress etc. (Dillon *et al* 2013). The end result is total dis-satisfied conjugal life and unhappiness. In the process of building a narrative on domestic violence and

women health, it is importance to examine how the strained relations and consequent violence in the family affects the reproductive life.

Table 1: Duration of marriage

Years	Total	Percentage
1-5	25	50.00
6-10	9	18.00
11-15	6	12.00
16-20	3	6.00
21-25	3	6.00
26-30	4	8.00
Total	50	100.00

The data (Table 1) reveals that half of the respondent victims have been married for the last one to five years. The other with married life duration between 6 to 10 years and 11 to 15 years account for 18.00 per cent and 12.00 per cent respectively. The remaining almost in equal numbers have been married for the last more than 16 years to 30 years. The data thus suggest that the troubled married life starts even within the first five years of marriage.

Table 2: Inter-personal understanding

Personal understanding	Total	Percentage
Unhappy	44	88.00
Very Unhappy	6	12.00
Total	50	100.00

A vast majority of the respondent victims (88.00 per cent) further informed that they have not been having a happy inter-personal understanding. Therefore their relationship has been irritating and making them unhappy. The remaining the smaller number who also constitute the ones who fall among those severing their marital relationships stated they have very unhappy.

Table 3: Sexual life and relationships

Sexual relationships	Total	Percentage
Unhappy	44	88.00
Very Unhappy	6	12.00
Total	50	100.00

Like the interpersonal relationships, even the sexual life for majority of respondent-victims has been unhappy (88.00 per cent) and very unhappy (12.00 per cent). In other words, the reproductive health of the respondent victims on this front has been below expectations resulting in the failure of the marriage institution to fulfil its basic function.

Table 4: Economic conditions and living

Economic conditions	Total	Percentage
No Problem	6	12.00
Problems	44	88.00
Total	50	100.00

The response to whether the couple or the household faced economic problems which led to the conflicts and domestic violence (Table 4), only 12 per cent stated 'no economic problem' whereas the majority of the women point out the economic problems gripping the family often resulted in conflicts. This is also a fact that most often resource scarcity causes strained relationship among the intimate family members.

Table 5: Sociability and socialization in neighbourhood and with relatives

Sociability & socialization	Total	Percentage			
Restriction	45	90.00			
Dependency on spouse for everything	5	10.00			
Total	50	100.00			

This is observed from the data (Table 5) there has been complete lack of conditions within the family allowing women to have a social life of their own and socialise with their relatives and friends. In other words, the lack of sociability and socialization basically deprived the women to have psychic gratification and sensory need fulfilment. The other reason which could be applicable to other women, as also observed in the occupational and income levels that the women have been completely dependent on their respective spouse for everything. This is perhaps also the reason that 80 per cent of the women, despite suffering domestic violence, have continued to live with their spouse and those few who had economic independence decided to leave their spouse.

Table 6: Socialization with men outside home

Socialization	Total	Percentage
Not allowed	20	40.00
Restriction on staying out late	30	60.00
Total	50	100.00

Though asking women whether they had the freedom to socialize with men outside home is a bizarre question. However, given the fact that considerable change is taking place in the society this question was asked only to draw a distinction between the life of women and men. Almost all the respondent victims (Table 6) stated that they do not have permission to talk to other men outside their home (40.00 per cent)

and stay out for late hours (60.00 per cent). This is a pan India cultural phenomenon that the women have the restrictions in their movement and interactions outside the walls of their homes.

Table 7: Restrictions on spouse

Restriction on spouse	Total	Percentage				
Yes	22	44.00				
No	28	56.00				
Total	50	100.00				

Contrary to the foregoing analysis (Table 6) the data with regard to restrictions on respondent-victim's respective spouse (Table 7) suggest that 44.00 per cent women stated of the restrictions on the free movement as well as socializing out home during late evenings. However, more than half of the respondents stated that there is no restriction on men and their movement. However, those who stated that men are not free is due the fact that in joint family the pressures are always there from kith and kin. But there is often resentment to restriction and the blame is always on the wife even if the source of restrictions is spouse's own family.

Table 8: Sex preferences and responses to child birth

Relation	Birth of	child		Tota	Birth	of boy		Tota	Not be	earing c	hild	Yourse	elf	Total
ship				1	1							taking		
												decisio		
												about l	pearing	
												child		
	Good	Indif	No		Very	Indif	No		Unh	Indif	Total	Y	N	
		fere	react		happ	fere	react	4	appy	feren				
		nt	ion		y	nt	ion	12		t				
Spouse	27(54.	18(3	5(10	50	27(5	18(3	5(10	50	40(8	10(2	50	40(8	10(20.	50
	00)	6.00	.00)	(100	4.00	6.00	.00)	(100	0.00	0.00)	(100.	0.00)	00)	(100
)		.00)))		.00))		00)			.00)
Mother	29(58.	3(6.	18(3	50	29(5	3(6.	18(3	50	3(6.	47(9	50	3(6.0	47(94.	50
in law	00)	00)	6.00	(100	8.00	00)	6.00	(100	00)	4.00)	(100.	0)	00)	(100
)	.00)))	.00)			00)			.00)
Father	29(58.	3(6.	18(3	50	29(5	3(6.	18(3	50	1(2.	49(9	50	1(2.0	49(98.	50
in law	00)	00)	6.00	(100	8.00	00)	6.00	(100	00)	8.00)	(100.	0)	00)	(100
				.00)))	.00)			00)			.00)
Others	30(60.	2(4.	18(3	50	30(6	2(4.	18(3	50	-	50	50	-	50(10	50
	00)	00)	6.00	(100	0.00	00)	6.00	(100		(100.	(100.		0.00)	(100
				.00)))	.00)		00)	00)			.00)

The world-wide sex preference is a value attached with child birth. The intensity and magnitude of sex preference varies from society to society. In the Indian sub-continent male child is always preferred over girl child. There are various types of religious, ritualistic and social values which back son preference. The respondents were asked about the response of spouse, mother-in-law, father-in-law and others (Table 8).

The data indicate that 54.00 per cent spouses felt good after the respondent-victim conceived the child. A sizable number remained indifferent and a few did not express any feeling. However, the same number of spouses felt very happy at the birth of a son whereas to some it did not make any difference. However, when the birth o girl took place 80.00 per cent were very unhappy. The response of mothers-in-law (58.00 per cent) whereas foa very small number it was indifferent. However, 36.00 per cent did not react, rather showed their worry what will happen- boy or girl. The similar is true of fathers-in-law. Similarly, at the birth of a son the in-laws were very happy but felt bad at the birth of a girl. The others also go by the society and society's dominant beliefs and practices.

Table 9: The nature and type of responses at the birth of girl child

Health problems	Total	Percentage
No medical help from Spouse &	33	66.00
other-in laws		
Help from Spouse & other-in laws	6	12.00
Help from Parents	9	18.00
No problem	2	4.00
Total	50	100.00

This is a matter of serious concern that even today when the government agencies and political leadership claims equality between the sexes, all claims are shattered when on ground the things very different. A large number representing two-third of the respondents told that no medical help was provided by the spouse and in-laws after knowing that a girl child had has born. The help to 18.00 per cent respondent victims came from their own parents whereas it is the duty of the spouse and in-laws to make available medical help. Only 12.00 per cent received help fro the spouse and in-laws. The data therefore suggest that unhappiness among the large number of spouses and their families at the birth of a girl indicate that son continues to be preferred child than girl. The reaction of the spouse and his parents further suggests that this might also be the cause of domestic violence.

Table 10: Decision making in the family

Deci	Social			Econo	Economic		Child bearing			Marital alliances			Fami	Tot	
sion													matte	al	
mak	Y	N		Y	N		Y	N	Y	Y	N		Y	N	
er															
Self	11(2	39(7	50	11(2	39(7	50	14(2	36(7	50	11(2	39(7	50	10(40(8	50
	2.00)	8.00)	(10	2.00)	8.00)	(10	8.00)	2.00)	(10	2.00)	8.00)	(10	20.	0.00)	(10
			0.0			0.0			0.0			0.0	00)		0.0
			0)			0)			0)			0)			0)
Spo	28(5	22(4	50	25(5	25(5	50	27(5	23(4	50	21(4	29(5	50	22(28(5	50
use	6.00)	4.00)	(10	0.00)	0.00)	(10	4.00)	6.00)	(10	2.00)	8.00)	(10	44.	6.00)	(10
			0.0			0.0			0.0			0.0	00)		0.0

			0)			0)			0)			0)			0)
Pare	26(5	24(4	50	32(6	18(3	50	11(2	39(7	50	20(4	30(6	50	18(32(6	50
nt in	2.00)	8.00)	(10	4.00)	6.00)	(10	2.00)	8.00)	(10	0.00)	0.00)	(10	36.	4)	(10
law			0.0			0.0			0.0			0.0	00)		0.0
			0)			0)			0)			0)			0)
Othe	2(4.0	48(9	50	1(2.0	49(9	50	1(2.0	49(9	50	2(4.0	48(9	50	3(6.	47(9	50
rs	0)	6.00)	(10	0)	8.00)	(10	0)	8.00)	(10	0)	6.00)	(10	00)	4.00)	(10
			0.0			0.0			0.0			0.0			0.0
			0)			0)			0)			0)			0)

What position a person holds in the economic structure of the family is important to assess the vulnerabilities to different kinds of problems and person's abilities to affect decisions. An assessment of which in the instant case has to be examined in view of the same. It was noticed women-victims have been dependent upon their spouses and therefore 78.00 per cent of them do not enjoy the power to make decisions on their own. Whether it is about economic matters related to the household or child bearing, marital alliance of the other family members or the general family affairs, the situation is the same. In each category on an average 75 per cent of the women do not have any say in the decision making processes of the family. This is further observed that the 56.00 per cent respective spouse of the respondent-victims participate in decision making processes of the family which is much higher number than the respondents. In the case of making economic decisions, bearing of child, or establishing marital alliances of the family members and general matters the participation of the spouses is 50 per cent, 54.00 per cent, 42,00 per cent and 44.00 per cent respectively. In other words the spouses are better placed in relation to the women victims. However, the participation of parents-in-laws in the decision making processes is more than 50.00 per cent. But in the case of child bearing the pressure of the parents-in-law is limited. The data (Table 10) therefore suggest that the lack of empowerment of women victims visible from the lack of participation in the decision making processes and relatively higher participation of the spouse and the parents-in-law in the general and economic decisions make the women more vulnerable to pressures and domestic violence.

Table 11: The perpetrators of violence against respondents in family

Violence Perpetrator	Total	Percentage
Spouse & in- laws assault &	35	70.00
Harassment		
Emotional & verbal abuse by spouse	10	20.00
Sibling violence	5	10.00
Total	50	100.00

The violence is perpetrated against maximum number of the respondents (70.00 per cent) by the spouse and in-laws in connivance with each other. The acts of violence include continuous provocative harassment

through insults ultimately culminating into violent acts, like beatings. The spouse alone also indulges in emotional and verbal abuses. The emotional abuse is making taunts about wife's parents, brothers and sisters or passing personal remarks and abusive language. There is a small number of women who stated that even the siblings of the spouse joins in the assaults, and even sometimes physical abuse. This all goes on with the connivance of spouse and parents-in-law allege the respondents.

Table 12: Reasons for violence

Reason of violence	Total	Percentage
Jealousy over trivial matters	11	22.00
Dowry demand	28	56.00
Religion	1	2.00
Unemployment	2	4.00
Extra marital affairs	4	8.00
Sexual harassment	4	8.00
Total	50	100.00

The reported violence, which is a fact, as these cases have been registered with social welfare department as well as in police, the maximum number (56 per cent) allege bringing inadequate dowry is the reasons (Table 12). Another 22.00 per cent state that the problems start with anything done better than the mother-in-law or husband or other members of the family is not generally accepted. The reactions spark jealousy and therefore the respondents often found their work or possessions termed as 'bakwas' or nothing etc. at times, when a work is completed by the respondents, the spouse and in-laws start fault finding and ridiculing the efforts made as useless. In the case of 8.00 per cent each extra-marital relationships and sexual harassment also are the reasons for the violence. In brief, it appears that dowry is the main reason which has been the cause of marital disputes and problems. In Himachal Pradesh also these issues become important cause of violence.

Table 13: Initiation of violence

Violence	Total	Percentage
Self	12	24.00
Spouse	28	56.00
Mother in law	9	18.00
Father in law	1	2.00)
Total	50	100.00

There is a saying the clapping is possible with two hands only. This is also a fact as brought out by data (Table 13) that in family violence it is not always the husband but also the wife initiates violence. Almost one-fourth of the women (24.00 per cent) themselves told that because of provocation they became violent first. Such initiation also had the severe reaction fro the spouse. The violence therefore increased.

However, in larger numbers (56.00 per cent and 18.0 per cent) the spouse and the mother-in-law respectively start with their accusing and abusing behavior, then slapping or punching in the stomach or kicking etc. Only one case reported violence by father-in-law.

Table 14: Frequency of violence

Frequency of violence	Frequency	Percentage
Regular	47(94.00)	94.00
Sometimes	3(6.00)	6.00
Total	50	100.00

The data on frequency of violence against the respondents (Table 14) reveal that majority of the women (94.00 per cent) stated that it became a regular affair till they filed a complaint against the spouse and parents-in-law. After which the physical violence stopped to a greater extent but not in totality. In some of the cases it was stated sometimes. These are the cases who have left their spouse's home. However, they feel insecure too as they continue to receive threat to their lives, though only sometime. There are also occasions when the respondents are humiliated by the spouse or his known ones in the presence of others. There are 92.00 per cent who had stated this when this specific question was raised to them. Because of which they often felt physical and mentally uncomfortable due to the anger and retaliating tendencies caused by their subjection to humiliation in public.

Table 15: Sexual abuse and misbehaviour

Sexual misbehaviour	Total	Percentage
Spouse	37	74.00
Bother in law	6	12.00
Father in law	1	2.00
Other relative	6	12.00
Total	50	100.00

The incidents of sexual abuse by the spouse or other family members cannot be ruled out in the families where there is complete lack of personal understanding, unhappiness in conjugal relationships and continuous abusive treatment. The sexual abuse by the spouse is reported by 74.00 per cent of the respondents, whereas 12.00 per cent stated the brother-in-law misbehaving with sexual motives. In one case even father-in-law has been reported indulging in sexual violence. The other relatives, which include cousins of the spouse or spouse's sister's husband is told of making sexual advances. In fact, the men other than their spouse, tried to take advantage of the strained relationships.

Concluding Observation

To sum up, the married life of the couples and their reproductive health, this is obvious that 50 per cent of the women have just 1 to 5 years of marriage and they are victims of violence. The others having been

living a married life for more than six years too have the similar experience. This is perhaps due to the reason that majority of them, almost 88.00 per cent neither had inter-personal understanding, nor a happy sexual and economic life. Resultantly, the women's participation in decisions making processes also remain low, hence vulnerability to pressures and violence. On the other hand the varying degree of participation of spouse and parents-in-law in various decisions also being not very high, though better than respondents put the latter in to a ambivalent situation.

The situation of the couples and the family, as stated by the respondents while narrating the causes of violence, has been caused by the demand for dowry or bringing inadequate dowry. At time jealousy over trivial matters etc. accounted for the problems. The violence in the family is most often caused by the spouse and mother-in-law but 12.00 per cent respondents also stated they as the starter of violence. But there were reasons, like uncalled for provocations and insults within and outside the family. The respondents have also been sexually abused by the spouse and his relatives, including brother-in-law, even father-in-law though in one case only. The data on married life, reproductive health and domestic violence indicate that by and large the life of the women have been inflicted with violence, including physical, mental, socio-economic and even sexual.

References

Agarwal, Bina & Pradeep Panda. (2007). "Toward Freedom from Domestic Violence: The Neglected Obvious", *Journal of Human Development*, Vol.8, No. 3, November, pp. 359-388.

Ahlawat, Neerja (2005). Domestic Violence against women: Emerging concerns in Rural Haryana, *Social Action*, Vol. 55, Oct-Dee, pp. 387- 394.

Ahlawat, Neerja (2006). Violence Against Women: Voices from the Field, In Manjit Singh, D.P. Singh (ed.) Violence: Impact and Intervention, New Delhi: Atlantic Publishers and Distributors (P) Ltd.

Bomstein, R. (2006). The complex relationship between dependency and domestic violence: Converging psychological factors and social forces.

Butalia, S. (2002). Speaking Peace: Women's Voices from Kashmir, pp. 11 - 22.

Chowdhary Prem (2012). Infliction, Acceptance and Resistance: containing violence on women in rural Haryana, *Economic and Political Weekly*, vol. XLVII No. 37.

Devi, K. Uma (2005). Tata Institute of Social Sciences. *Violence Against Women: Human Rights Perspective*, New Delhi: Serial Publications.

Devi, Kamala and Prema Pandey (2006). Combating Violence Against Women: Some Initiatives, *Women's Link*, Vol.12, No.3, July September.

Dillon, Gina, Rafat Hussain, Deborah Loxton, & Saifu Rahman. 2013. "Mental and Physical Healthand Intimate Partner Violence against Women: A review of Literature", *International Journal of Family Medicine*, (Online), Jan. 23, doi:10.1155/2013/313909.

Dhak, Biplab and Mutharayappa, R. (2010). Is empowerment influencing domestic violence against women in Karnataka? *Man and Development*: December; 2010, Vol. XXXII, No. 4, centre for research in rural and industrial development, Chandigarh.

Flake, D. 2005. "Individual, Family, and Community Risk Markers for Domestic Violence in Peru," *Violence Against Women* Vol. 11, No. 3, pp. 353-373.

Gells R.J. (1983). An Exchanges/Social control theory of family:

Goel Aruna (2004). "Violence and protective measures for women development and empowerment, New Delhi: Deep and Deep Publications Pvt. Ltd.

Heise, L.M. & Ellesberg Gottomolter (1999): "Ending Violence against Women Population Report.

ICRW, 2004. "Child Marriage and Domestic Violence", https://www.icrw.org/files/images/Child-Marriage-Fact-Sheet-Domestic-Violence.pdf (Retrieved on 18.01.2019)

National Crimes Record Bureau, <u>Crime in India 2012 - Statistics Archived</u> June 20, 2014, at the <u>Wayback Machine</u>. Government of India (May 2013)

JofreBonet, Mireia, Melcior Rossello Roig and Victoria Serra Sastre. 2017. "The Blow of Domestic Violence on Children's Health Outcomes by Domestic Violence in the UK', *Health and Social Care*, (http://blogs.lse.ac.uk/healthandsocialcare/s2016/07/25/)

Save the Children India. 2016. "How India's Domestic Violence Problem is Harming Children", Wednesday, December 21.

Kaur, Poonam Jot (2008). Domestic violence Against women Issues ·and responses, in D.P. Singh and Manjit Singh (ed.). Violence: A Concern for Peaceful Co-existence, Bureau publication.

Mahadevappa, T.C. (2012). Gender Base and social Justice, *Third Concept; an International Journal of Ideas*, Vol. 26, No. 307, pp. 17-19.

Makwana, Ramesh H. (2009). Domestic violence in India, *Third Concept: An International Journal of Idea*. Vol. 23, No. 274, pp. 39-45.

Manjoo, Rashida, 2014, Report of the Special Rapporteur on Violence Against Women: Its Causes and Consequences, New York: United Nations General Assembly, pp. 1-22.

NCRB. 2013. Crime in India-2012, New Delhi: Government of India, Statistical Archives, June 2014.

OUP Gupta Sampa Sen (2012). Domestic Violence, Impact on women with disabilities, *Women's Link*, Vol. 18, No.2, pp. 28-33.

Pillai Suma (2001). Domestic Violence in New Zealand: An Asian Immigrant perspective, *Economic and Political Weekly*, vol. XXXVI, pp. 965-974.

Rajendra, S. and Gudagunti Raghavendar (2012). Women 'Participation and Representation in Panchayats, *Third Concept; An International Journal of Ideas*, Vol. 26, No.310, pp. 27-32.

Sen Rukmini (2010). Women Subjectivities of suffering and Legal Rhetoric on Domestic Violence: Fissures in the Two Discourses, *India Journal of Gender Studies*, 17(3), 375-401.

Sharma, P. (2000). Women rights are human rights, *Social Welfare*, 47(a) 40.

Sinha A., Mallik S., Sanyal D., Dasgupta S., Pal D., and Mukherjee, A. (2012). Domestic violence among ever married women of reproductive age group in a slum area of Kolkata, *Indian Journal of Public Health*, Vol. 56 (1): 31-36.

Sunny Celine (2003). Domestic Violence Against women Report on a situational analysis in Ernakulum district, Kerala, *Social Change*, Vol. 33, No. 1, March, pp. 26-54.

2014. "Sexual Violence and Rape in India", The Lancet, Vol. 383, March 8, p. 865.

Simister John & Judith Makowiece (2008). Domestic Violence in India: Effects of Education, *Indian Journal of Gender Studies*, 15 (3): 507-518.

Veena, Pandey Divya (2000). Responses to Domestic Violence. Government and Non-Government Action in Karnataka and Gujarat, *Economic and Political Weekly*, Vol. XXV, pp. 566-574.

World Health Organisation. 2005. Summary Report: WHO Multi-country Study on Women's Health and Domestic Violence against Women, Geneva: World Health Organization.

