Research Paper History

# Domestic Violence in North Western India

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KEYWORDS

Domestic violence is a global issue reaching across national boundaries as well as socio-economic, cultural, racial and class distinctions. This problem is not only widely dispersed geographically, but its incidence is also extensive, making it a typical and accepted behavior. Domestic violence is wide spread, deeply rooted and has serious impacts on women's health and well-being. Its continued existence is morally indefensible. Its cost to individuals, to health systems and to society is enormous. Yet no other major problem of public health has been so widely ignored and so little understood. In spite of the prosperity, globalization and education, we have failed to eliminate the violence against the women. We, in Indian, worship woman as a Goddess, regard her as a mother, love her as a wife and she is most affectionate to us as a daughter but still we commit violence against her. As per the statistics available, every 3rd minute a case of violence against woman is registered in India. Every day 50 cases of dowry related violence are reported and every 29th minute a woman is raped. There has been increasing concern about violence against women in general and domestic violence in particular, in both developed and developing countries. In India, domestic violence was recognized as a criminal offence and chargeable under section 498-A of the Indian Penal Code that relates to domestic violence which is any act of cruelty by a husband (or his family) towards his wife. However, until recently, there was no separate civil law addressing the specific complexities associated with domestic violence, including the embedded nature of violence within family networks, the need for protection and maintenance of abused women, and the fact that punishment and imprisonment for the husband may not be the best resolution in every case. Accordingly, after a decade-long process, a comprehensive domestic violence law, known as the Protection of Women from Domestic Violence Act (PWDVA) 2005**,** took effect in 2006. This paper aims at discussing the factors responsible for domestic violence and the key features of The Protection of Women from Domestic Violence Act, 2005 only.

Domestic violence can be described as the power misused by one adult in a relationship to control another. It is the establishment of control and fear in a relationship through violence and other forms of abuse. This violence can take the form of physical assault, psychological abuse, social abuse, financial abuse, or sexual assault. The frequency of the violence can be on and off, occasional or chronic." Domestic violence is not simply an argument. It is a pattern of coercive control that one person exercises over another. Abusers use physical and sexual violence, threats, emotional insults and economic deprivation as a way to dominate their victims and get their way".

The Protection of Women from Domestic Violence Act, 2005 says that "any act, conduct, omission or commission that harms or injures or has the potential to harm or injure will be considered domestic violence by the law. Even a single act of omission or commission may constitute domestic violence" - in other words, women do not have to suffer a prolonged period of abuse before taking recourse to law. The law covers children also. Domestic violence is perpetrated by, and on, both men and women. However, most commonly, the victims are women, especially in our country. Even in the United States, it has been reported that 85% of all violent crime experienced by women are cases of intimate partner violence, compared to 3% of violent crimes experienced by men. Thus, domestic violence in Indian context mostly refers to domestic violence against women. Domestic violence is the most common form of violence against women. It affects women across the life span from sex selective abortion of female fetuses to forced suicide and abuse, and is evident, to some degree, in every society in the world. The World Health Organization reports that the proportion of women who had ever experienced physical or sexual violence or both by an intimate partner ranged from 15% to 71%, with the majority between 29% and 62%6.

India's National Family Health Survey-III, carried out in 29 states during 2005-06, has found that a substantial proportion of married women have been physically or sexually abused by their husbands at some time in their lives. The survey indicated that, nationwide, 37.2% of women "experienced violence" after marriage. Bihar was found to be the most violent, with the abuse rate against married women being as high as 59%. Strangely, 63% of these incidents were reported from urban families rather than the state's most backward villages8. It was followed by Madhya Pradesh (45.8%), Rajasthan (46.3%), Manipur (43.9%), Uttar Pradesh (42.4%), Tamil Nadu (41.9%) and West Bengal (40.3%).

The trend of violence against women was recently highlighted by the India's National Crime Records Bureau (NCRB) which stated that while in 2000, an average of 125 women faced domestic violence every day, the figure stood at 160 in 20059. A recent United Nation Population Fund report also revealed that around two-thirds of married women in India were victims of domestic violence. Violence in India kills and disables as many women between the ages of 15 and 44 years as cancer and its toll on women's health surpasses that of traffic accidents and malaria combined.

**Factors Responsible for Domestic Violence**

Domestic violence against women is an age old phenomenon. Women were always considered weak, vulnerable and in a position to be exploited. Violence has long been accepted as something that happens to women. The gender imbalance in domestic violence is partly related to differences in physical strength and size. Moreover, women are socialized into their gender roles in different societies throughout the world. In societies with a patriarchal power structure and with rigid gender roles, women are often poorly equipped to protect themselves if their partners become violent. However, much of the disparity relates to how men-dependence and fearfulness amount to a cultural disarmament. Husbands who batter wives typically feel that they are exercising a right, maintaining good order in the family and punishing their wives' delinquency - especially the wives' failure to keep their proper place. The important factors which are responsible for domestic violence are:

Ø Lack of financial independence,

- Ø Exploitation of female labour,
- Ø Lack health care,
- Ø Deprivation of education to women, etc.,

In order to give a solution to above violence's the Government of India implemented its first law aimed at tackling domestic violence The Protection of Women from Domestic Violence Act, 2005 to protect the rights of women who are victims of violence of any kind occurring within the family and to provide for matters connected therewith or incidental thereto.

**Forms of Domestic Violence:**

**We can see the following kinds of violence in number of cases. They are:**

- Ø Acid attack,
- Ø Bride Burning,
- Ø Human trafficking,
- Ø Prostitution,
- Ø Rape,
- Ø Dowry demand,
- Ø Sati,
- Ø Sexual slavery,
- Ø Widow inheritance,
- Ø Child marriage.

**Domestic violence in north west India**

This study examines the impact of physical domestic violence on mental health among rural married women (age 15-39) in north-west India: Bihar and Jharkhand in the North, and Maharashtra in the West. An objective of this paper is to contribute to the currently limited body of empirical evidence on the impact of domestic violence on women's mental health. In doing so, I identified the range of individual measures of domestic violence, and community level measures of attitudes toward violence and gender that may shape the relationship between domestic violence and women's mental health. A greater understanding of the relationship between domestic violence and mental health has the potential to highlight the health consequences of domestic violence, and can inform the targeting of public health interventions to women experiencing domestic violence. The states of Bihar, Jharkhand and Maharashtra vary widely across a range of indicators related to socio-economic and women's status, with a principal demarcation between the North Indian states of Bihar and Jharkhand (formerly one state) and the states of Maharashtra, situated in Western India, respectively. Our study population consists of the 6217 women who were interviewed at the NFHS-2 Follow-up Survey and who have complete information on the mental health module. In Bihar and Jharkhand, the percentage of illiterate women was higher than in Maharashtra. In addition, in Bihar and Jharkhand, the mean age of marriage, percentages of women who can take their child to the hospital, who reside in homes without electricity, or who use modern contraceptive were all lower compared to Maharashtra. The 2002 2003 National Family Health Survey-2 (NFHS-2) Follow-up Survey is used for analysis. The sampling frame for the NFHS-2 Follow-up survey consists of all respondents interviewed in the original 1998-1999 NFHS-2 study in four Indian states: Bihar and Jharkhand (originally Bihar at the time of the NFHS-2 survey), Maharashtra. The data were collected via questionnaires among rural women (age 15-39). The survey instrument includes questions pertaining to respondent background characteristics, reproductive behavior and intentions, quality of family planning care, use of family planning methods and services, an event calendar covering the intervening months between the baseline (NFHS-2) and Follow-up study (to assess intervening pregnancies, pregnancy outcomes, and monthly contraceptive use status), antenatal care and immunization, women's status, pre-marital pregnancy planning, general mental health and domestic violence.

The results indicate that domestic violence is strongly inversely related to women's mental health in all four study states. We also observe significantly elevated risks of common mental disorders (depressive and anxiety disorders) in women exposed to domestic violence. The two principal domestic violence outcome variables that are used for our analysis are 'physical/sexual violence'- whether the husband physically assaulted or engaged in coercive sexual relations with his wife during the 12 months prior to the NFHS-2 Follow-up Survey; and 'physical/sexual battering'- defined as six or more reported episodes of physical or sexual violence during the 12 months prior to the Follow-up Survey. The use of this range of domestic violence measures ensures that the correct temporal ordering of the violence and the outcome were considered in the analysis. These results also demonstrate that rates of physical or sexual violence against wives in the year preceding the Follow-up Survey ranged from 13 percent in Maharashtra to 32 percent in Jharkhand; rates of battering ranged from 7 percent in Maharashtra to 18 percent in Tamil Nadu. The study finds evidence to suggest a relationship between the experiencing of physical domestic violence to a woman's mental health. This could have reproductive health implications as domestic violence during or before pregnancy can lead to adverse birth outcomes. Thus, public health interventions need to focus on these associations between domestic violence and women's mental health as they can have consequences on different aspects of overall women's health.