

Does violence against women affect their reproductive health? Evidences from India

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Importance of the problem and review of literature

Violence against women is present in every country, cutting across boundaries of culture, class, education, income, ethnicity and age. Albeit violence against women was not given due importance by researchers, but there are growing evidences of increased emphasis in view of its adverse implications on the reproductive health status and the overall development of women. A group of international experts convened by WHO in February 1996 agreed that the definition adopted by the United Nations General Assembly provides a useful framework for the Organization's activities. The *Declaration on the Elimination of Violence against Women* (1993) defines violence against women as "any act of gender-based violence that results in, or is likely to result in, physical, sexual or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life." This encompasses, *inter alia*, "physical, sexual and psychological violence occurring in the family and in the general community, including battering, sexual abuse of children, dowry-related violence, rape, female genital mutilation and other traditional practices harmful to women, non-spousal violence and violence related to exploitation, sexual harassment and intimidation at work, in educational institutions and elsewhere, trafficking in women, forced prostitution, and violence perpetrated or condoned by the state."

Around the world on an average one in every three women are mistreated or beaten or coerced into sex, or otherwise abused in her lifetime (Kishor and Johnson, 2004) Specially pernicious is that violence has a significant impact on women's health responsible for one in every five potential years of healthy life lost (WHO,2000).In every country, where reliable large-scale studies have been conducted, results indicate that between 10percent and 50percent of women report they have been physically abused by an intimate partner in their lifetime(Campbell, 2002). On the other hand, coercive behavior or abuse continues as society accepts it as a norm and women perceive to justify it. In patriarchal societies like ours ,women are not only socialized into being silent about their experience of violence but traditional norms teach them to accept , tolerate and even rationalize domestic violence (Roy,2000) .The International Centre for Research on Women (ICRW, 2000), report says that violence kills more women each year than cancer or accidents; while 45 per cent of the women reported to have experienced at least one incident of physical or psychological violence in their lifetime and at least 50 per cent of the domestic violence victims admitted that their husbands were alcoholic; while another 70 per cent reported that their husbands hit them because they suspected wife's infidelity. According to Women's Feature Service 2002, New Delhi, in every six hours in India, a young married woman is burnt alive or beaten to death or forced to commit suicide.

Violence that is perpetrated against women range from casual, individual, non-formal acts to more planned, organized and systematic ones. Domestic violence may be of many types like physical, sexual,

verbal, social, emotional, financial, intellectual violence, state, communal and caste instigated violence while some other forms of violence may include not letting women avail educational opportunities, denial of her reproductive rights, denial of access to health facilities or opportunities and to use her political rights etc. (Mahajan A 1990). Violence is carried out by individuals and groups of individuals such as family as well as by political and ethnic groups within civil society and formal institutions. Violence against women may arise from a combination of individual, biological and psychological characteristics as well as social, economic and political factors such as in the case of Indian society, social stratification, poverty, gender inequality, mass media, decline of joint family system, social norms and traditions, dowry, influx of western culture, environmental degradation and criminalization of politics (S. Yadav, 2002). The immediate causes for violence range from the trivial to machinations of in-laws, infidelity of both partners, jealousy, loss of self worth, alcoholism, lack of or low education, unemployment, employment of women outside the home, financial difficulties, disputes, most commonly regarding land, and congested living conditions as well as more awareness in women of their rights and increasing role of mass media and its effects. Nevertheless the basic reason for violence against women is their inferior status in a male dominated society - educationally, economically, politically and socially (Ellsberg, M. 2000).

Although women recognize violence, they are unable and also reluctant to break away from the violent situation due to responsibilities of marriage and motherhood, as women are expected to uphold cultural and family values and act in a manner that does not bring shame on the family especially on the spouse, father or brother. A woman is bound with her partner for lifetime due to fear of being left alone and homeless, security concerns, lack of economic independence, religious, social, personal and emotional beliefs linked to marriage. It is interesting to note that marriage is seen to give men the 'right' to unconditional sexual access to their wives, but women are not given the right to say no to conjugal sex. In the same vein, forced sex within marriage is still not defined as rape (Jejeebhoy, S.J. 1998). Population-based studies report between 12 and 25 percent of women have experienced attempted or completed forced sex by an intimate partner or ex-partner at some time in their lives. (Stark and Flitcraft, 1996).

The cause of domestic violence is the 'crave for supremacy'. It is a pervasive form of violence against women, which can be conceptualized as an issue of power and social control over women, and forms the background for understanding its various manifestations as continuum from sexual harassment to homicide. (Moore, 1999) It not only affects women as individuals but also their families, their entire communities and even their next generation. In fact, the physical and emotional trauma can lead to increased stress, depression, ill health, lowered self esteem, post-traumatic stress, besides the physical injuries and other negative reproductive health outcomes. Sexual and physical violence appears to increase women's risk for many common gynecological disorders (Chronic pelvic pain, vaginal discharge, STIs, HIV's, unsafe abortion etc.) It would also result into non-fatal outcomes on physical health (injury, permanent disability, mental health problems and even sometimes fatal outcomes (suicide, maternal mortality and AIDS related) Diniz, S.G. and d'Oliveira, (1998).

Violence is a growing public health concern and most studies indicate that women and girls are the most frequent victims of physical violence within the family and between intimate partners accompanied by severe psychological and verbal abuse. Women who experience violence are three times more likely to have a gynecological problem than non-abused women. (*Reproductive Health Matters, Vol.8, No.16, November2000*). The Massachusetts Youth Risk Behavior Survey found that young women who reported violent experiences were more likely to report engaging in risky behavior and suffer from sexual health problems. The Center for Disease Control and Prevention (CDC), sponsored a National Conference on Violence Prevention and Reproductive Health which demonstrated that while there is increased awareness of intimate partner violence as a public health issue, there has been limited research on the potential association of violence to women's reproductive health beyond pregnancy and childbearing outcomes, such as the risk of HIV and sexually transmitted disease (STD) infection, reproductive decision making and contraceptive use(National Conference on Violence and Reproductive Health: Science, Prevention and Action, Atlanta, June1616,1999).

Patricia O' Campo of The Johns Hopkins School of Hygiene and Public Health states "It is high time that we consider violence not as only a woman's problem." During the last two decades, there has been a growing public awareness against violence against women. Women activists have mobilized and pressed for significant changes in the criminal code and police procedures in order to address various acts of domestic violence. Throughout the eighties, protests were organized by women's organizations against dowry deaths, custodial rapes, abductions of women, *sati*, and amniocentesis used for sex determination of children, sexual harassment of young girls and women in public places, trafficking and prostitution. On 11 December 2001, Ministry of Human Resource Development, Government of India, published and circulated "The Protection against Domestic Violence Bill, 2001" which seeks to redefine the meaning of domestic violence to include mental and emotional torture, thus, correcting the fallacy that domestic violence is mere wife-beating. The National Population Policy 2000 of India has also recognized the link between violence and its impact on women's health.

However, domestic violence exists in the Indian society in the form of severe oppression against women. Whatsoever this expression of violence, it is the most disgraceful component of oppression practiced against women since time immemorial (Watts, C. and Zimmerman, C. 2002) Gender-based violence can limit women's choices and enjoyment of other rights- right to a livelihood and economic empowerment, right to health care, right to resources, right to education, right to reproductive choice, and the right to participation in development, and in public and social life. Community based research on the prevalence and patterns of gender based violence is sparse, but urgently needed if political action is to be spurred. [Heise, 1998].

Need for the study

From the above literature review, it is evident that there has been an increasing concern over the issue of violence against women and the associated adverse health consequences, especially reproductive

health problems and outcomes, which is still largely unexplored and only few studies has been carried out on this topic, perhaps due to the unavailability of data as well as sensitivity of the topic. Keeping in view the above information, it is necessary to conduct more studies and develop an intervention strategy to reduce gender based violence in India and also to decrease the vulnerability of women to reproductive health morbidities and diseases .

Objectives

1. To assess the pattern of violence against currently married women in India;
2. To assess the symptomatic prevalence of reproductive health problems among currently married women across different states in India; and
3. To examine possible relationships between violence against women and symptomatic prevalence of reproductive health problems among currently married women.

Data and methodology

The data used for this study have been taken from NFHS-2. The NFHS-2 sample covers 99 percent of India's population living in all 26 states. The survey collected information from a nationally representative sample of more than 90,000 ever-married women age 15-49. The NFHS-2 survey was carried out in two phases. The field staff collected information from 91,196 households in these 25 states and interviewed 89,199 eligible women in these households.

The survey assessed women's attitude towards wife beating through their perception on a set of questions like " Do you think whether a husband is justified in beating his wife in different situations ranging from quality of food, neglect of children, disrespect for in-laws to doubts about being unfaithful?" In addition all the respondents were also asked a set of questions pertaining to their experience of any form of violence after attaining age 15 and also within 12 months prior to the survey. Along with experience of violence, NFHS also provides information on symptomatic prevalence of few reproductive health problems in last three months preceding the survey. These include common symptoms of RTI'S such as vaginal discharge accompanied by itching , irritation around the vaginal area , bad odour , severe lower abdominal pain , fever or any other problems and symptoms of STI's such as pain or burning sensation while urination , painful intercourse and blood after intercourse.

In view of the objectives of this paper, to assess the relationship between experience of violence and symptomatic prevalence of reproductive health problems, a number of predictors having potential impact on the relationship have been computed such as age gap between husband and wife, exposure to mass media (considering women who listen to radio , watch television and read newspaper at least once a week), women's autonomy(taking into account whether women is needed permission for going to market or visiting friend's as well as if money is set aside for her use), decision making power(by giving highest weight to women who themselves decide on various decisions concerned with household and also regarding her health

care) and sex and composition of children. The dependent variables for the analysis are any reproductive health problem (1=yes and 0=no), any RTI and STI (1=yes and 0=no) as well as women beaten or physically mistreated since age 15 and in last 12 months (1=yes and 0=no). The independent variables chosen for the study are demographic variables such as current age of women, place of residence, age at current marriage, marital duration, religion, caste group, age gap between wife and husband and socio-economic variables such as education of women, occupation of women, current work status of women, standard of living, exposure to mass media, autonomy of women, decision making power in the household, education of husband, occupation of husband, alcohol consumption.

Intensive bivariate and multivariate analyses have been carried out in order to meet the objectives. Bivariate analysis has been done with selected background variables to analyze socio-economic and demographic characteristics of women exposed to violence as well as subject to the risks of reproductive health problems. In Multivariate analysis, logistic regression technique is used to predict the likelihood of facing violence and the symptomatic prevalence of reproductive health problems among the currently married women after controlling for the effect of different socio-economic and demographic variables.

Findings and discussion

In view of the objectives the study, major issues emerged in the study have been organized into three sections namely prevalence of violence and its major correlates, symptomatic prevalence of reproductive health problems and association between violence and symptomatic prevalence of reproductive morbidities.

Section – I: Prevalence of violence.

The prevalence of experience of violence is more common among the rural women, women belonging to Muslim religion and scheduled caste. Women who had lower age at marriage, higher marital duration and having larger age gap between their husbands are reported to have experienced more violence. It is more prevalent among the women who themselves and their husbands are illiterate, women having lower standard of living, low autonomy and employed in tertiary sector. It is observed that among the women who have experienced violence since age 15, nearly four fifths of them attributed their husbands as the main perpetrator of the violence.

It is revealed that as the age of women increases chances of facing violence once or few times as well as many times in the last 12 months decreases. Women belonging to rural background, women married before age 18, women having less than five years of married life as well as less age gap between husband and wife are more likely to face any frequency of violence. Childless women are more likely to have experienced violence than the women having children. Illiterate women as well as women whose husbands are uneducated, women having lower standard of living, lower autonomy and decision making power and low mass media exposure are also most likely to suffer all types of violence. Moreover women are at risk of facing two percent to seven percent more violence if alcohol is consumed in the household.

It is found that almost three out of five women in India accept at least one reason for wife-beating. Two fifth of the women are most likely to agree that neglecting the house or children justifies wife beating and they are least likely to agree that wife beating is justified if the woman's natal family does not give expected money, jewellery or other items (seven percent).

It is observed that women who experienced violence since the age of 15, are concentrated in the states of Tamil Nadu (40 percent), Meghalaya (30 percent), Orissa (29 percent), Bihar (28 percent) and are least among Himachal Pradesh (five percent), Kerala (nine percent) and Gujarat (10 percent). Women who have experienced violence in the last 12 months are mostly prevalent in the states of Bihar (19 percent), Tamil Nadu (17 percent), Arunachal Pradesh (16 percent) and Nagaland (14 percent), while women facing least violence in past one year are found in the states of Himachal Pradesh (2 percent), Kerala (four percent) and Manipur (five percent). Spousal violence is reported to be highest in the states of Tamil Nadu (35 percent), Bihar (25 percent), Orissa (22 percent) and Uttar Pradesh (20 percent), while it is least prevalent in the north eastern states of Meghalaya (three percent) and Sikkim (six percent). The table also depicts that majority of the currently married women from north-eastern states justifies wife beating in comparison to the women from states like Haryana (27 percent) Punjab (22 percent) and West Bengal (23 percent).

Logistic regression results of experiencing violence among currently married women age 15-49 in India depicts that in comparison to women aged 15-19, women aged 20-29 are more likely and women aged 40-49 are less likely to experience violence. As compared to Hindu women, Muslim women are more likely to experience violence whereas Scheduled tribe women are less likely to experience violence with reference to Scheduled caste women. Moreover the odds of experiencing both types of violence are higher in the presence of alcohol use in the family. Odds of experiencing violence decrease with the increasing trend of the standard of living, educational status of the women and age gap between husband and wife. Women married after age 18 and above were significantly less likely to experience violence in the past one year than those who married below 18 years.

Section-II: Symptomatic prevalence of reproductive health problems.

The problem of RTI is more among women aged 30-39 while the STIs are more common among women aged 15-19. Rural, illiterate, women married below 18 years and larger age gap between their husbands are likely to suffer more from all types of RHP. The women belonging to Muslim religion and scheduled tribes were reported to have more RHP. Women who are currently working and having low standard of living face more RHP while women whose husbands are illiterate tend to suffer from more RTI but women whose husbands have high educational level tend to suffer from more STI. Moreover, women are at risk of suffering 7 percent to 10 percent more RHP if alcohol is consumed in their households.

It is found that RTI is most prevalent among women belonging to the states of Meghalaya (64 percent), Jammu & Kashmir (51 percent), and Tripura (47 percent) and least among the women of Karnataka (14 percent), Orissa (18 percent) and Tamil Nadu (19 percent). The problem of STI is more common among

the women of J&K (42 percent) and the north-eastern states (30 percent to 40 percent), while it is lesser among women belonging to the states of Karnataka (9 percent) and Punjab (12 percent).

Odds ratios for symptomatic prevalence of reproductive health problems among currently married women age 15-49 in India shows that in comparison to women aged 15-19, the odds of suffering from any RHP and any RTI & STI is maximum among women aged 20-29 and least among women aged 40-49. Rural women face more RTI as compared to the urban women. With reference to women married before age 18, the odds of reproductive health problems is significantly less among women who are married at age 18 and above. In comparison to Hindu women, the likelihood of suffering from reproductive health problems, is highest among the Muslim women. The odds of suffering from any RHP and RTI's is maximum among the S.T. women and least among the O.B.C. women. As compared to women having less than 5 years age gap between their husbands, women having 5-10 years difference are least likely to suffer from reproductive health problem. Also the odds of experiencing any RHP are 1.7 times and STI is 1.6 times more in the case of alcohol consumption in the household than in the absence of it.

Section-III: Association between violence and symptomatic prevalence of reproductive morbidities.

Symptomatic prevalence of different reproductive health problems and non live birth pregnancies by experience of violence or physical mistreatment in India. depicts that STI is 32 percent, RTI is 17 percent and any RHP is 14 percent more prevalent among women who have experience violence since age 15. Considering violence in the past one year it is found that the incidence of STI is 15 percent, RTI is 10 percent and any RHP is 17 percent more among women who have been beaten. Considering the frequency of beating in the last 12 months it was found that among women who have been beaten many times, the occurrence of any RHP is 8 percent, RTI is 10 percent and STI is 7 percent more than among women who have been beaten once or few times. In the case of justification for wife beating it is found that women who justify any of the reasons are more likely to suffer RHPs. Moreover it is found that women who have experienced violence have reported two percent to seven percent more still births in their lifetime and similarly women experiencing violence have undergone five percent to eight percent more abortions.

Among women who have experienced violence since the age 15 and in last 12 months the prevalence of RHP as well as RTI and STI is highest in the states of Meghalaya, Jammu and Kashmir and Manipur and lower among the states of Karnataka and Tamil Nadu.

Logistic regression odds ratios for the association between the experience of violence and the symptomatic prevalence of RHPs shows that among women who were beaten since the age of 15 the odds of suffering RTI are 1.3 times higher. Similarly in the case of women experienced violence in last 12 months it was found that they have the likelihood of suffering 1.5 times more RTI as well as STI than their counterparts. The odds of suffering from RTI and STI are lower if violence is inflicted by in-laws as compared to violence perpetuated by the husbands. Also in the case of justification for wife beating it was found that women who justify at least one reason for beating by their husbands are 1.3 times more likely to suffer STI problem than women who do not justify wife beating on any ground

Summary, conclusions and recommendations

The study reveals that little over one-fifth of currently married women in India have experienced violence since age 15. Currently married women with more than 10 years marital duration, those employed in tertiary sector, those among low SLI, those belonging to Muslims and Scheduled caste and those having at least one family member regularly consuming alcohol, are significantly higher likelihood of facing violence after age 15. In majority of cases (18 percent), the incidence of mistreatment or violence was perpetuated by their husband. The severity of the incidence of violence against women can be understood with the fact that more than half of them (11 percent) have been beaten or mistreated in the last 12 months preceding the survey. Nearly three-fifths of currently married women in India justify incidence of beating by their husbands for some or the other reasons, which affirms that women in India are not only socialized into being silent about their experience of violence but traditional norms teach them to accept, tolerate and even rationalize domestic violence.

In traditional as well as transitional societies, gender-based violence has been considered outside the domain of reproductive and sexual health both in terms of policies as well as program. However, the analysis confirms that the currently married women, who reported to experience violence within the last 12 months prior to the survey, are more likely to suffer with the symptomatic prevalence of any reproductive health problems than their counterparts. Those who experienced violence in the last 12 months prior to the survey are 1.6 times more likely to report symptomatic prevalence of any reproductive health problems including STIs. A similar association between experience of violence and symptomatic prevalence of any RH problem has been observed even in case of those currently married women who justify at least one reason for wife beating. However, it is difficult to precisely mention about the causation.

These findings suggest that addressing violence against women should be considered as a central issue in any program designed to improve the health status of women in general and reproductive and sexual health in particular. In order to reduce gender based violence, it is essential to bring changes right from the familial environment to the societal norms leading towards attitude and behavior of people towards the worth of women, and their social security and rights. To address violence against women more effectively, there is need for effective advocacy efforts so that it can be recognized as a larger public health issue and not merely a legal issue. However there is crisis of support services available for abused women, as well as some programs designed to educate women directly about minimizing their risk for violence and harm. Accurate and comparable data on violence against women are needed to strengthen, help policymakers understand the problem, and guide the design of preventive interventions.

Ending physical and sexual violence requires a long-term commitments and strategies involving all sections of the society. It is important to address domestic violence through educational and sensitization programs such as community education, education in schools and colleges, educating health and medical practitioners, organizing programme for the perpetrators and spreading public awareness on violence against women through media. Violence against women does not end by merely bestowing of judicial rights or by making women literate as most urban women are literate today but they are also

victims of domestic violence. It is imperative that women must be morally strong and empowered. The aforesaid discussion brings us to the realization that our efforts have hardly touched the tip of the iceberg of the structures responsible for entangling women in the web of violence and poor health status.

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TABLE 1 : Variation in the Experience of Violence among Currently Married Women By Selected Demographic & Socioeconomic Characteristics , India , NFHS-2 , 1998 -1999.

Demographic Characteristics	% Beaten since Age 15	% Beaten in Last 12 Month	Perpetuators of Violence			Socioeconomic Characteristics	% Beaten since Age 15	% Beaten in Last 12 Months	Perpetuators of Violence		
			Husband	In-Law	Other				Husband	In-Law	Others
Current Age						Education of women					
15-19	14.7	11.2	12.2	1.2	3.1	Illiterate	25.3	14.7	23.6	2.0	2.7
20-29	20.5	12.4	18.9	1.6	3.2	Up To Primary	18.4	18.9	16.0	1.5	3.3
30 -39	22.6	11.7	20.7	1.8	2.9	Middle	14.8	7.1	11.7	1.2	4.1
40-49	20.2	8.2	18.3	1.5	2.9	High School and above	8.2	3.5	5.5	0.5	3.2
Residence						Current work Status in the past one year					
Urban	16.1	7.8	13.5	1.3	3.5	working	17.0	9.5	14.9	1.3	3.0
Rural	22.1	12.5	20.2	1.7	2.9	Not Working	26.9	14.4	24.8	2.1	3.2
Age at Marriage						Occupation of Women					
Less than 18	22.2	12.5	20.5	1.8	2.5	Not Working	16.7	9.4	14.6	1.3	2.9
18 & above	14.7	6.8	11.3	0.9	4.8	Primary	11.4	4.0	8.7	1.0	3.3
Marital Duration						Secondary	27.7	15.1	25.8	2.3	2.8
Less than 5 years	13.0	8.8	10.1	0.9	3.8	Tertiary	29.7	15.5	26.8	1.9	4.5
5-10 years	20.7	12.9	18.5	1.4	3.3	Standard of Living					
Above 10 years	23.0	11.6	21.2	1.9	2.7	Low	28.9	17.4	26.8	2.1	3.2
Religion						Medium	19.8	10.3	17.7	1.6	3.1
Hindu	20.6	11.3	18.7	1.6	2.9	High	9.7	3.9	7.4	0.9	2.7
Muslim	20.8	11.7	18.8	1.9	2.8	Exposure to Mass Media					
Others	17.0	9.0	13.8	1.1	4.9	Low	24.0	14.6	22.4	1.9	2.6
Caste Group						Medium	20.5	10.3	18.0	1.6	3.3
S.C.	26.9	15.9	24.8	2.1	3.3	High	9.4	3.8	6.8	0.6	3.4
S.T.	22.4	13.2	20.4	1.6	2.8	Autonomy					
O.B.C.	22.6	12.0	20.3	1.5	3.6	Low	21.5	13.0	19.8	1.9	2.5
Others	15.3	7.9	13.3	1.4	2.5	Medium	20.3	10.9	17.9	1.6	3.1
Age Gap between Husband & Wife						High	19.4	8.7	17.1	1.0	3.9
<5 Years	19.1	10.7	17.0	1.6	3.0	Decision Making Power					
5-10 Years	21.4	11.7	19.4	1.6	2.9	Low	17.2	10.3	14.9	1.5	3.0
>10 Years	24.0	12.4	21.6	1.8	3.5	Medium	21.2	11.9	19.2	1.7	2.9
Number & Composition of children						High	21.8	10.5	19.5	1.4	3.5
No children	14.3	9.4	18.4	1.2	2.4	Education of Husband					
At least one Son	20.1	11.7	17.8	1.5	2.5	Illiterate	29.8	16.3	25.9	2.2	3.1
At least one Daughter	19.5	11.3	17.2	1.4	2.1	Up to Primary	23.1	12.2	20.9	1.7	3.3
At least one Son & Daughter	22.3	11.5	20.6	1.8	3.1	middle	19.0	10.3	16.7	1.5	3.1
						High School and above	12.2	6.1	10.0	1.0	2.8
						Occupation of Husband					
						Not Working	17.4	9.7	15.2	1.4	2.7
						Primary	12.9	5.8	10.5	1.0	3.2
						Secondary	22.8	12.9	21.0	1.8	2.8
						Tertiary	21.4	11.8	19.1	1.6	3.3
						Alcohol Use in Family					
						No	20.2	11.0	18.1	1.6	3.0
						Yes	37.1	23.9	35.0	2.1	4.5
						Total	20.6	11.3	18.4	1.6	3.0
						% No.	17409	9538	15617	1359	2572

TABLE: 2 Percent Distribution of Currently Married Women according to Experience of Violence in different States, India, NFHS-2, 1998- 99

STATES	Ever Experience of Violence since Age 15	Any Experience of Violence in last 12 months	Women Beaten by Husband	Women Beaten by Others	Any Justification for wife Beating
Andhra Pradesh	22.9	13.4	21.0	2.0	80.6
Assam	15.2	9.0	14.0	2.3	69.9
Bihar	26.9	19.0	25.3	3.0	47.7
Goa	16.5	6.4	12.6	3.8	57.8
Gujarat	9.5	5.7	8.1	1.6	37.0
Haryana	13.2	5.2	10.7	3.5	27.1
Himachal Pradesh	5.3	2.1	3.5	1.5	23.8
Jammu & Kashmir	21.6	9.5	14.9	7.5	75.6
Karnataka	20.5	10.1	18.9	2.1	51.6
Kerala	9.3	3.7	6.7	3.1	63.3
Madhya Pradesh	20.6	11.6	19.2	1.5	73.7
Maharashtra	17.3	7.6	16.0	2.1	75.8
Manipur	18.1	5.3	7.2	9.2	91.7
Meghalaya	30.8	9.9	2.8	28.5	90.3
Mizoram	18.4	8.9	11.7	7.8	86.6
Nagaland	18.6	14.8	12.3	8.1	97.3
Orissa	28.5	14.1	22.4	8.0	50.9
Punjab	13.4	6.6	11.5	4.4	22.4
Rajasthan	10.6	5.4	9.5	0.9	51.9
Sikkim	10.9	7.3	6.6	4.7	69.7
Tamil Nadu	39.9	17.2	35.3	9.3	73.3
West Bengal	17.0	8.9	15.2	2.2	23.4
Uttar Pradesh	22.4	13.7	20.8	2.3	62.1
New Delhi	14.2	7.7	9.8	5.1	22.9
Arunachal Pradesh	25.8	16.3	19.0	9.3	53.4
Tripura	12.6	8.3	10.	2.8	40.2
Total	19.2	10.3	16.4	3.7	56.2

TABLE 3: Logistic regression odds ratios for experience of violence among currently married women age 15-49 in India.

Background characteristics	Violence since age 15		Socioeconomic characteristics	Violence since age 15		Violence in the last 12 months
	Exp B	Exp B		Exp B	Exp B	
Current Age			Education			
15-19 [®]			Illiterate [®]			.800*
20-29	1.148*	.991	Primary	.900*		.790*
30-39	1.111**	.877**	Middle	.868*		.598*
40-49	0.960	.598*	High School & above	.614*		
Residence			Occupation			
Urban [®]			Not Working [®]			
Rural	0.977	.970	Primary	1.265**	1.003	
Age at Marriage			Secondary	1.589*	1.408*	
Less than 18 [®]			Tertiary	1.741*	1.510*	
18 & above	1.014	.905*	Current work Status in the past one year [®]			
Marital Duration			Not Working [®]			
<5 years [®]			Working	.863**	.856*	
5-10 years	1.441*	1.372*	Standard of Living			
>10 years	1.596*	1.353*	Low [®]			
Religion			Medium	.732*	.713*	
Hindu [®]			High	.476*	.409*	
Muslim	1.163*	1.190*	Exposure to Mass media			
Others	0.993	1.040	Low [®]			
Caste Group			Medium	1.197*	1.041	
S.C. [®]	.668*	.662*	High	.917***	.760*	
S.T.	.913*	.862*	Autonomy			
O.B.C.	.681*	.660*	Low [®]			
Others			Medium	1.021	.964	
Age Gap between Husband & Wife			High	1.018	.878*	
<5 years [®]			Decision Making Power			
5-10 years	1.110	1.052**	Low [®]	1.048***	1.064**	
>10 years	1.128	1.013	Medium	1.046	.963	
Number & Composition of children			High			
No children [®]			Husband's Education			
At least one Son	1.067*	1.131*	Illiterate [®]			
At least one Daughter	1.039	1.058	Primary	.923*	.899*	
At least one Son & Daughter	.868*	.919***	Middle	.882*	.882*	
			High School & above	.759*	.778*	
			Husband's Occupation			
			Not Working [®]			
			Primary	1.019	.853***	
			Secondary	1.054	.941	
			Tertiary	1.143**	.997	
			Alcohol Use in Family			
			No [®]			
			Yes	1.646*	1.885*	

TABLE: 4 Symptomatic Prevalence of Reproductive Health Problems among Currently Married Women By Selected Demographic & Socioeconomic Characteristics, India, NFHS-2, and 1998 -1999.

Demographic Characteristics	RTI	STI	Any RHP	Any Still Birth	Any Abortion	Socioeconomic Characteristics	RTI	STI	Any RHP	Any Still Birth	Any Abortion
Current Age						Education of women					
15-19	26.1	27.0	37.9	2.0	6.0	Illiterate	31.8	26.0	40.8	3.8	10.2
20-29	31.0	26.1	40.8	3.5	13.1	Up To Primary	30.5	25.3	40.0	2.7	10.8
30 – 39	33.1	25.0	41.3	5.7	17.1	Middle	29.3	23.7	38.7	1.9	10.2
40 – 49	25.1	20.9	33.5	3.0	18.3	High School and above	22.9	20.2	32.5	1.6	10.0
Residence						Current work Status in the past one year					
Urban	28.1	22.5	36.7	2.0	12.4	Not Working	29.1	24.4	38.5	2.5	9.4
Rural	30.8	25.7	40.1	3.2	9.6	Working	31.7	25.5	40.5	4.1	12.5
Age at Marriage						Occupation of Women					
Less than 18	31.0	25.6	40.1	3.3	9.6	Not Working	29.1	24.2	38.4	2.5	9.4
18 & above	26.8	22.2	36.2	2.1	11.9	Primary	23.7	19.4	32.1	2.6	13.5
Marital Duration						Secondary	31.9	26.0	40.8	3.8	11.3
<5 years	25.7	25.4	37.0	2.1	8.0	Tertiary	33.2	27.4	43.1	4.6	15.6
5-10 years	30.9	25.8	40.4	5.8	19.1	Standard of Living					
Above 10 years	31.2	24.3	39.6	5.5	17.3	Low	31.7	26.8	41.4	3.9	10.8
Religion						Medium	30.9	25.5	40.1	2.9	9.9
Hindu	29.0	23.8	37.9	2.9	10.5	High	25.7	20.3	34.0	1.6	10.5
Muslim	37.7	32.9	48.6	2.8	9.0	Exposure to Mass Media					
Other	28.5	22.7	37.4	3.4	11.0	Low	31.3	25.6	40.2	3.7	8.1
Caste Group						Medium	30.4	25.1	39.9	2.7	11.4
S.C.	30.4	25.2	40.0	2.9	10.4	High	24.6	21.0	33.5	1.7	12.4
S.T.	33.5	26.6	42.2	3.3	10.4	Autonomy					
O.B.C.	28.3	24.5	37.7	3.1	10.2	Low	33.1	27.4	42.9	3.0	8.3
Others	30.9	24.6	39.6	2.6	10.2	Medium	29.5	24.3	38.5	2.9	11.3
Age Gap between Husband & Wife						High	25.3	21.0	34.0	3.0	13.6
<5 Years	30.2	24.9	39.3	2.8	10.4	Decision Making Power					
5-10 Years	29.4	24.5	38.7	3.0	9.3	Low	30.2	27.3	40.7	2.3	7.0
>10 Years	31.0	25.6	40.3	3.5	13.0	Medium	30.7	24.9	39.6	3.5	11.6
Number & Composition of children						High	28.3	22.5	37.2	2.6	15.9
No children	29.4	30.6	42.6	2.9	10.3	Education of Husband					
At least one Son	29.7	23.9	38.4	--	--	Illiterate	31.7	26.3	41.1	4.7	10.8
At least one Daughter	27.0	23.8	36.7	--	--	Up to Primary	31.4	25.8	40.7	2.8	11.6
At least one Son & Daughter	31.1	24.2	39.5	--	--	middle	30.8	25.7	40.2	2.0	8.8
						High School and above	27.1	22.3	35.9	2.2	9.8
						Occupation of Husband					
						Not Working	27.4	23.8	37.7	1.4	5.6
						Primary	26.8	21.5	35.4	1.3	9.9
						Secondary	30.9	25.4	39.8	3.9	9.7
						Tertiary	30.6	25.6	40.2	2.8	11.4
						Alcohol Use in Family					
						No	29.8	24.6	38.9	2.9	10.2
						Yes	42.1	33.8	53.2	4.7	19.0
						TOTAL					
						%	30.1	24.8	39.2	2.9	10.3
						No.	2545	2103	33232	266	936
							3	4			

TABLE: 5 Percent of currently married women age 15-49 who reported symptomatic prevalence of different reproductive health problems and non live birth pregnancies by experience of violence or physical mistreatment in India, NFHS-2.

Women's Experience of Violence & Her Justification of Wife Beating		Any RTI	Any STI	Any RHP	Any Still Birth	Any Abortion
Since age 15	Not Beaten	27.7	2.1	36.2	2.4	9.2
	Beaten	39.2	35.3	51.0	6.2	17.0
In last 12 months	Not Beaten	28.5	23.2	37.3	2.5	9.7
	Beaten	42.3	38.0	54.2	6.9	17.0
By Husband	Not Beaten	28.0	22.5	36.6	2.3	9.4
	Beaten	39.1	35.2	51.0	6.7	18.0
By In-laws	Not Beaten	29.8	24.6	39.0	2.9	10.2
	Beaten	45.3	41.3	2.3	9.6	18.3
By others	Not Beaten	29.8	24.5	38.8	2.9	10.1
	Beaten	39.5	36.9	52.1	4.2	15.7
Frequency of Beating in Last 12 months	Once	40.2	36.6	52.7	5.8	15.0
	Few times	42.4	37.8	54.4	8.1	16.1
	Many times	44.5	39.9	55.5	6.3	21.0
	Not Beaten	35.4	32.1	47.2	4.9	17.3
Any Justification for Wife-Beating	No	27.5	21.7	35.8	2.3	9.7
	Yes	31.9	27.2	41.8	3.4	10.7

Table: 6 Percent of currently married women age 15-49 who reported symptomatic prevalence of different reproductive health problems by experience of violence by States, NFHS-2.

STATES	Any RHP		Any RTI		Any STI	
	Not Beaten	Beaten	Not Beaten	Beaten	Not Beaten	Beaten
Andhra Pradesh	44.6	61.3	35.3	56.9	26.4	48.2
Assam	48.4	63.0	40.2	51.6	28.8	37.3
Bihar	40.3	55.0	31.4	43.7	27.9	39.5
Goa	38.4	49.2	25.2	41.9	25.2	32.0
Gujarat	26.9	44.0	22.1	39.2	13.9	27.0
Haryana	35.5	56.2	31.5	44.9	17.3	28.6
Himachal Pradesh	32.6	52.9	26.4	34.4	19.6	36.1
Jammu & Kashmir	56.3	75.9	48.6	68.3	40.6	59.8
Karnataka	16.8	28.7	12.8	19.9	8.3	17.0
Kerala	40.7	59.3	25.6	44.9	29.8	48.5
Madhya Pradesh	40.8	60.9	32.6	51.7	29.1	46.5
Maharashtra	37.8	50.6	29.8	41.3	24.5	38.8
Manipur	53.3	68.2	40.5	57.1	39.2	44.3
Meghalaya	62.3	77.2	62.7	78.0	32.5	50.5
Mizoram	49.7	65.1	43.6	57.3	25.7	46.3
Nagaland	44.1	52.1	39.6	47.8	31.7	42.5
Orissa	24.6	34.8	16.4	29.2	16.9	28.5
Punjab	26.0	43.0	22.4	44.9	11.1	30.7
Rajasthan	40.4	66.5	35.5	58.8	22.4	49.2
Sikkim	46.4	67.2	36.0	55.8	27.8	49.4
Tamil Nadu	21.5	37.4	16.8	27.5	16.9	26.5
West Bengal	41.5	63.6	34.1	54.1	25.5	43.3
Uttar Pradesh	34.9	49.2	26.7	36.5	24.9	38.0
New Delhi	32.7	58.9	27.8	55.5	18.9	41.2
Arunachal Pradesh	37.7	54.3	27.1	41.2	26.8	40.0
Tripura	55.3	65.4	45.4	60.1	33.9	49.4

Table: 7 Logistic Regression odds ratios for symptomatic prevalence of reproductive health problems among currently married women age 15 - 49 in India.

Demographic Characteristics		Any RTI EXP B	Any STI EXP B
Current Age			
15-19 [®]	1.109**	0.647**	1.187
20-29	0.823	0.656	1.019*
30-39	0.714	0.607	
40-49			
Residence			
Urban [®]	1.040**	1.068**	1.067
Rural			0.923*
Age at Marriage			
Less than 18 [®]			
18 & above	0.939**	0.961	0.950
Marital Duration			
<5 years [®]	0.980	1.182	0.853
5-10 years	1.196	1.208**	1.010
>10 years			
Religion			
Hindu [®]	1.89**	1.282**	0.908
Muslim	1.422	1.172	1.061
Others			0.970
Caste Group			
S.C. [®]	1.463***	0.957	0.527**
S.T.	0.779***	0.779***	0.537**
O.B.C.	0.934	0.858	0.501**
Others			
Age Gap between Husband & Wife			
<5 years [®]	0.991	0.900	1.038*
5-10 years	0.793	0.961	
>10 years			
Number & Composition of children			
No children [®]	0.724**	0.915	1.509*
At least one Son	0.748***	1.095	
At least one Daughter	0.931	1.327	
At least one Son & Daughter			
Education			
Illiterate [®]	1.020*	1.153	1.032
Primary	0.823**	1.236	1.093*
Middle	0.750*	0.838**	
High School & above			
Occupation			
Not Working [®]	1.014**	1.007**	0.970
Primary	1.031*	1.110**	
Secondary	1.143**	1.248**	1.279**
Tertiary			
Current work Status in the past one year			
Not Working [®]	0.914*	0.857	1.083*
Working			

* p < .01, ** p < .05, *** p < .10

[®] - Reference category