

North-South Differentials in Domestic Violence and Contraception Adaptation: Evidences from Rural India

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Domestic violence is as old as the Indian history and it is considered as a social evil. The temperament and degree of domestic violence is primarily dependent on the quality of life and basic cultural values. Family as an institution in ancient India laid down the principles, which regulated the relationship between husband and wife and parents and children over the years, there is an alarming increase in the incidents of atrocities on women by men in our society. There is number of traditional norms reflect the violence against women like Sati Pratha, Jauhar, Purdah, and Devedasis etc. Whether it is the four walls of a home, workplace or portrayal in cinema and other media, one can find the basic human rights and dignity of the Indian women being trampled upon. In addition to physical acts of violence against one's partner (such as beating), domestic violence includes sexual coercion, physical threats, psychological abuse, and controlling actions such as enforcing physical isolation and/or controlling access to information and services (WHO 1997; Krug et al. 2002, Stephenson et al., 2006).

The study is based on third round of National Family Health Survey (NFHS-3, 2005-06), which collected different types of spousal violence namely physical, sexual and emotional violence perpetrated by partner in a marital union. Since the rural population of India is 68.84 per cent (Census, 2011) and the prevalence of domestic violence is more in rural areas of India rather than urban India (NFHS-3), the study is concentrated only in rural India. The whole analysis is done with select cases of those currently women who have at least one children and residing in rural area of India. With this condition the total un-weighted sample size are 47069 included in the analysis. In the study I have taken any use of contraception including modern and traditional method as dependent variable and the socioeconomic characteristics are taken as independent variables including domestic violence (physical violence) in order to know that is there any relationship between physical violence and contraceptive use. For the sake of convenience the independent variables are expressed as; domestic violence (physical violence perpetrated by husband), use of contraception (adapting any kind of contraception including modern and traditional method during the last 5 years preceding the survey), birth order (live births of women, classified by their order or rank), household asset ownership (cycle and radio-low, T.V, moter cycle and electricity-medium, car and refrigerator-high), wealth index (poorest and poorer-low, middle-medium, richer and richest-High), decision making capacity (respondent alone-high, respondent with husband and others-medium, otherwise-low for health care visit, visit to relatives, daily household purchases), media exposures (expose to any media- news paper, T.V., radio and

cinema), and regions (North- Jammu & Kashmir, Himanchal Pradesh, Punjab, Uttarakhand, Haryana, Delhi, Rajasthan; Central- Uttar Pradesh, Madhya Pradesh and ChhatishGarh, East- Bihar, Jharkhand, Odisha, West Bengal; North East- Assam, Arunachal Pradesh, Manipur, Meghalaya, Nagaland, Mizoram, Tripura, Sikkim; West- Gujarat, Maharashtra, Goa; South- Andhra Pradesh, Karnataka, Tamil Nadu, Kerala). Bi-variate and multi-variate techniques are carried out for the analysis. In the study it is expected that adaptation of contraception use will be higher with lower prevalence of domestic violence.

The present study contributes to a well again understanding of the impact of domestic violence on the adaption of contraception in rural India. Although this study is fairly small and did not have enough power to explore the effect of physical violence on the use of various contraceptive methods separately. However the findings suggest at national level the use of contraception is slightly less with physical violence as compared to the use of contraception without violence. It is also found that the socioeconomic dominance of husbands in the households is significantly importance for the use of contraception. Though there is not any direct relationship between physical violence and contraception use but an alternate explanatory variables are significantly affected the use of contraception with physical violence which reflect that there is somewhere relationship between physical violence and socioeconomic status like education, awareness, empowerment of women and subsequently the use of contraception. Thus as conclusion we can say that occurrence of violence is one such area and spousal violence is one of its forms which needs to be studied both from a theoretical and empirical perspective. Spousal violence is very important issue because of it has tremendous impact on the family planning programmes as ignorance of contraception and its discontinuity. This has also negative effect on the quality of family life, health of women and the health and well being of children.

Logistic regression of contraceptive use by physical violence and other explanatory variables for those currently married women who have at least one child, Rural India, 2005-06

Independent variables	Model 1	Model 2	Model 3	Model 4
<i>Physical Violence</i>				
Never				
Ever	0.961	1.084**	1.106***	1.110***
<i>Birth Order</i>				
one to two				
two to three		2.147***	2.228***	2.449***
above three		1.186***	1.254***	1.571***
<i>Household Asset Ownership</i>				
Low				
medium		1.352***	1.35***	1.124***
High		1.472***	1.445***	1.156**
<i>Wealth Index</i>				
Low				
medium		1.248***	1.199***	1.15***
High		1.734***	1.569***	1.39***
<i>Women's Education</i>				
None				
Primary			1.283***	1.274***
Secondary			1.22***	1.227***
Higher			1.371***	1.335***
<i>Decision Making</i>				
High				
medium			1.191*	1.431***
Low			0.891*	0.980
<i>Husband's Education</i>				
None				
Primary				1.158***
Secondary				1.049
Higher				1.042
<i>Media Exposure</i>				
No				
Yes				1.389***
<i>Region</i>				
North				
Central				0.707***
East				0.962
North-East				0.508***
West				1.212***
South				1.730***
N				47069

Note: * $p < 0.10$, ** $p < 0.05$, *** $p < 0.001$, ® = Reference category

Source: National Family Health Survey-3