Invisible Indicators: The Impact of Domestic Violence on Contraceptive Use Among Women in a Rural Village in Maharashtra State, India

According to the World Health Organization (WHO) one in five women worldwide experience physical or sexual gender based violence (WHO 1997). Population based surveys in 36 developing countries conservatively estimate (due to projected underreporting) that 10-50% of reproductive age women in intimate relationships have been physically assaulted by an intimate partner (Go et al. 2003; Krug et al. 2002). This assault, termed domestic violence, includes physical acts such as hitting and beating in addition to sexual coercion, physical threats, psychological abuse, and the use of power to limit actions (Krug et al. 2002). Direct affects on a woman's mental and physical well-being, such as fear of abandonment or repeated violence, has been shown to affects a woman's ability to negotiate contraceptive use and result in reproductive health problems (Go et al. 2003, WHO 1997). Within India domestic violence prevalence varies by region, ranging from 22% in rural southern villages to 75% in northern lower caste communities (Go et al. 2003).

This study examines the relationship between domestic violence and contraceptive use among married women of reproductive age (20-49) in Maharashtra state, India. It is known that domestic violence has negative affects on a woman's health, but little is known of its direct impact on contraceptive use. The purpose of this study is to address such questions as; to what degree does the experience of domestic violence hinder a woman's ability to use contraceptives? Or conversely, does current contraceptive use (specifically sterilization) increase a woman's vulnerability to experiencing domestic violence? The association between domestic violence and contraceptive use has not been thoroughly explored; there are few studies which have explicitly examined the influence of domestic violence on contraceptive use. This study aims to contribute to the limited existing evidence base in this area.

Data collected for analysis consists of interviews with 9 key informants (KI) and 7 focus group discussions (FGD). Each focus group was comprised of 6-10 women stratified by age. Younger married women (20-28 years old) were grouped together as were older

married women (28+ years old). The sampling frame for the focus group participants was all households located in the study village. A meeting of community consent was held with the village as a whole in which neighborhoods volunteered their participation and independently gathered together participants. Of twelve neighborhoods in the village, six participated in this study. FGDs were grouped according to neighborhoods, with each FGDs participants being from the same locale. All FGD participants were asked to anonymously provide basic socio-demographic information and their number of children. Key informants were identified based on information shared within focus groups. This shared information was then incorporated into questions asked of the key informants in order to provide contextual data. Other obvious key informants interviewed were community leaders and those people who would come into contact with victims of domestic violence (i.e. doctors and police officers).

The question guide covered a wide range of issues related to community perceptions and tolerance of violence, women's autonomy, gender roles, fertility decision making, and perceptions of the determinants of contraceptive use. Women were asked about martial relationships, the expectations both a husband and wife have of each other, and what actual activities husbands and wives perform daily. Questions about domestic violence focused on community perceptions of acceptable and non-acceptable forms of discipline and women were asked to define what activities a wife could do that warrant discipline. Women were also asked about contraceptive use, whether they used or did not use contraceptives, the dynamics of household decision making regarding use, and reasons for covert use. Key informants were asked questions about their impressions of marital relationships in the village, if they had been approached for support from women who had experienced domestic violence, and what support they offered.

Preliminary results demonstrate that the perception of domestic violence at both the community and individual level strongly influence fertility decisions, and that familial pressure is also linked to a woman's ability to contracept. Attitudes towards acceptable and non-acceptable definitions of domestic violence showed that many women believed that wives exhibit certain behaviors that do warrant punishment, with covert use of contraceptives being one of these unacceptable behaviors. The influence of mother and

father-in-laws on contraceptive decision making was spoken of by many women as a catalyst towards the occurrence of domestic violence. This study demonstrates the relationship between domestic violence as a precursor and/or follow-up to contraceptive use. Its evidence shows that both individual and community level attitudes and pressure are contributing factors towards a woman's ability to use contraceptives.

References

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