Do Battered Wives in India Conceive and Bear Children Who Are Less Likely to Survive?

By

Manisha Sengupta
International Programs Center, U.S. Bureau of the Census
Washington, DC
Tel.: 301/763-1373
FAX: 301/457-1539
Email: manisha.senupta@census.gov

And

Nan E. Johnson
Department of Sociology, Michigan State University
East Lansing, MI 48824-1111
Tel." 355-6640 (leave messages)
FAX: 517-432-2856
Email: johnsonn@msu.edu

ABSTRACT

In developing nations where women have low status, violence inflicted against them by their domestic partners is common. For example, in India, about 20-70 percent of wives experience physical assault by their husbands. It often arises in the context of dowry disputes. Apart from the immediate physical injury from battering, wives can suffer long-term mental agonies, unwanted pregnancies, and sexually transmitted diseases (including HIV/AIDS) as a direct result. Furthermore, if wives are battered during pregnancy, the unborn child can suffer fetal distress or death, premature delivery, low birth weight, and/or death in infancy and early childhood (Asling-Monemi et al. 2003; Butchart and Villaveces 2003; Cokkinedes et al. 1999; Campbell 2002).

Studies on this topic generally have three drawbacks. First, they are usually based on data from higher-income countries, where the gap in gender status is generally narrower. Second, these studies largely focus on wife battering only during pregnancy and thus overlook the consequences for postpartum women and their newborns. Thus, most previous works have not been able to demonstrate a close connection between long-term exposure to intimate-partner violence and infant and young-child mortality. To shore up this gap in the literature, we shall analyze the association between the physical assault of pregnant and non-pregnant ever-married women of reproductive age (EMWRA) and adverse health results for the children they conceive and bear.

The data come from the second (most recent) National Family Health Survey (NFHS II) of India, conducted in 1998-99. The NFHS II is a stratified random sample of households, from which all EMWRA (ages 13-49) were interviewed. The NFHS II obtained the total number of pregnancies, the total number of live births, and the current vital status of each of these events. One measure of adverse health of a conception (one dependent variable) shall be any pregnancy that did not end in a live birth (presumably it ended in a spontaneous abortion or a stillbirth). A second dependent variable shall be a dichotomy showing whether or not an EMWRA has had a live birth to die before its fifth birthday. Since our data are cross – sectional, we shall examine only pregnancies and live births that began at least 12 months before the interview date. That restriction will allow us to avoid biases due to the selection of pregnancies and births to EMWRAs with more advantageous characteristics for survival up to the interview date (although negative outcomes may have occurred afterwards).

The measure of domestic violence (independent variable) shall be trichotomous: (1) no experience of physical assault; (2) physical assault by someone other than the husband; and (3) physical assault by the husband. We shall control a host of socio-demographic variables that are possible confounding factors. These include the age of the EMWRA at her first birth, her number of children ever born, her age at the interview, her education, a measure of her household's ownership of luxury goods, the rural/urban location of the household, and her age at first marriage. For example, residence in a rural (rather than an urban) location indicates a greater relative hardship in getting maternal and child health care and a greater social conservatism that leads to child brides.

Multinomial logit regressions (MLRs) shall be conducted to assess the importance of the independent variable for each of the two categorical dependent variables, after the control variables have been taken into account. The MLRs will be calculated with the STATA software package. Advantageously, STATA corrects the standard errors (SEs) of the beta coefficients in MLRs on randomly stratified samples, for these yield artificially smaller SEs than simple random samples do.

Findings from this study will overcome the three limitations of earlier works (see above). A limitation of the present analysis will be the cross-sectional nature of the NFHS II. Yet this study will creatively use the NFHS II to gauge how levels and historical trends in partner violence hamper the survival of pregnancies and live births in India. It will establish a benchmark by which to compare future findings based on longitudinal surveys.