



Analysis of Survey on Violence Against Women and Early Marriage: Gynaecologists' Perspective

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Abstract

Background/Purpose of the Study Violence against women and girls (VAWG) is one of the most widespread, persistent and devastating human rights violations in the world today and remains largely unreported due to the impunity, silence, stigma and shame surrounding it even in this era with huge social communication. The incidences of domestic violence, emotional violence, economical violence, sexual assault, rape, molestation, harassment at work place, exploitation, acid attack are increasing in our country and across the world. Violence against women commences before birth and continues throughout life in various forms. These range from infanticide, genital mutilation, child marriage, sexual abuse, domestic violence, sex selected abortions, domestic violence, cyber violence, dowry death, honour killing, acid attack, trafficking, physical abuse in situations of conflict and the neglect of the girl child, adolescent and ageing women. Data of violence against women available mainly from male and female partners of the community. But our study is conducted amongst gynaecologists regarding the data on violence against women they over all come across in their practice. Another problem addressed in the article was about age of marriage and early pregnancy through a survey conducted on similar grounds amongst practicing gynaecologists. Under-age marriage is a marker of multiple vulnerabilities. Early marriage is a worldwide problem associated with a range of health and social consequences including violence for teenage girls and women.

Keywords Violence against women · Sexual harassment · Early marriage · Survey

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Introduction

Defining Violence Against Women

Violence against women (VAW) is defined as “Any act of gender-based violence that results in, or is likely to result in physical, sexual or psychological 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 definition was given by The UN Declaration (1993) keeping in mind elimination of violence against women [1].

Thereafter, efforts were made in all countries to promote and respect this UN declaration and provide women an equal status with men. Hence, in 2005, Parliament of India laid its Protection of Women from Domestic Violence Act whereby defining “domestic violence”. This Act defines physical violence along with emotional/verbal, sexual and economic abuse of women [2].

VAW is global phenomenon and a major contributor of ill health of women. The perpetrators are often well known

to the victims [3]. It involves a spectrum of physical, sexual, and psychological acts of control, threat, aggression, abuse, and assault. With far reaching consequences for both their physical and mental health, the health care providers are to some extent involved to treat this kind of a situation. Violence against women among many Indian communities on a regularly basis goes unreported. This leaves us with the social responsibility need to evaluate the roots of the problem. Taking this into consideration Federation of Obstetrics and Gynecological societies of India (FOGSI) decided to a take up distinctive survey which is one of its kind.

Epidemiology

Estimates of prevalence of VAW within India vary widely (from 18 to 70%, with differences in study methodology) [4], and it is realized that the magnitude of the problem has not been accounted well from several parts of India. There are a very few studies covering the population across the country [4]. The third national family health survey revealed that there is considerable variation across the states in the prevalence of VAW [5]. A closer scrutiny of the prevalence rates reveals that VAW is a country-wide phenomenon with some variations between states, as these states differ from each other in overall socio-economic development and women's status [5, 6]. The prevalence of various forms of violence figures of India, during the year 2019, as reported by National Crime Records Bureau [7] are: Cruelty by husband and their relatives—19.3%; Women centric cyber-crime—0.2%; rape—4.9%; sexual harassment—0.3%; dowry death—1.1%; Immoral Traffic Act—1.1% and Dowry Prohibition Act—2.0%. National Family health survey 5, 2019–2020 have reported gender violence across various states of India ranging from 6 to 43.7%. The gender violence of around 42–43% noted in the states of Bihar, Telangana and Andhra Pradesh [8].

Child marriage is a violation of human rights. Child marriage is now firmly on the global development agenda. One in three of the world's child brides live in India. Of the country's 223 million child brides, 102 million were married before turning 15. The prevalence of child marriage varies across states and union territories in India [9]. Over 40% of young women were married before turning 18 in Bihar and West Bengal, compared to less than 5% in Lakshadweep. Over half of Indian child brides live in five states: Uttar Pradesh, Bihar, West Bengal, Maharashtra and Madhya Pradesh. Uttar Pradesh is the home to the largest population of child brides, with 36 million [9].

Methodology

FOGSI, a professional organization, has 258 member societies spreads over the length and breadth of the country. This

esteemed professional organisation conducted two systematic online surveys for its members who are practitioners of Obstetrics and Gynaecology. Amongst the two surveys conducted, one had a questionnaire based on violence against women (VAW). A total of 1006 clinicians participated in this online survey. The other had a questionnaire regarding age of marriage and early pregnancy. Total of 2911 clinicians participated in the 2nd survey. These surveys were then subjected to analysis.

Results

Survey 1

After statistical evaluation, following results were obtained after the survey amongst 1006 clinicians (Figs. 1, 2, 3, 4):

Survey 2

Figures 5 and 6.

Results summary

Survey 1

The results showed that > 50% females have faced violence. It also showed that physical, verbal/emotional, sexual violence were various forms of violence these clinicians have come across. Male dominated society, frustrated male partner, gender bias, lack of education and dependent women were the root causes of this social problem. The study also discussed with this first contact people the various steps and approaches they can have in their practice to reduce this kind of violence and burden of the society, which is the need of the hour.

Survey 2

This survey showed that minimum suggested age of marriage for women and men should be 21 years and 25 years, respectively. The ideal age for first pregnancy should be around 23–27 years and some basic blood investigations should be made mandatory for both the partners before marriage.

Discussion

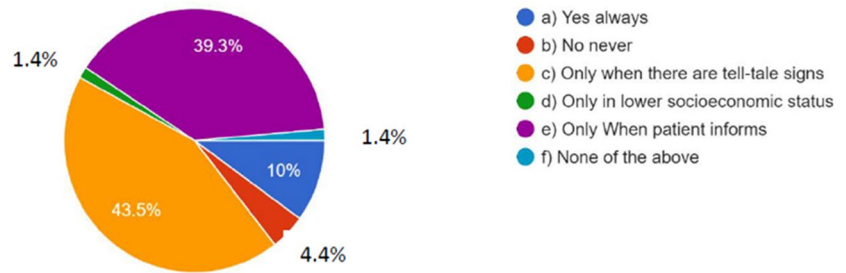
Survey 1

Most of the studies on violence against women found the free online database search are conducted at the community level, i.e. directly involving male and female partner

Fig. 1 Responses of Gynecologist on Violence against Pregnant women and Whether Reproductive Coercion comes under VAW

1. Do you routinely screen for Violence in Pregnant women?

1,005 responses



3. Do you think Reproductive Coercion comes under Violence against Women?

1,006 responses

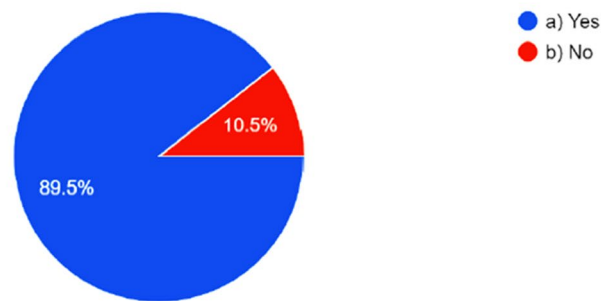
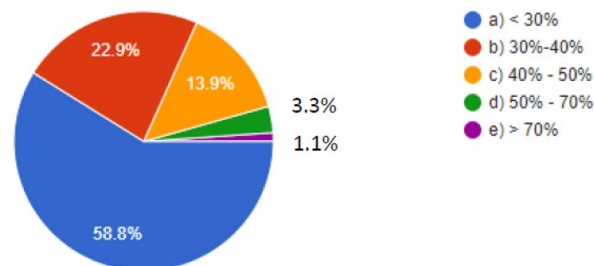


Fig. 2 Responses of Gynecologist on Women’s freedom to take decisions about sexual and contraceptive use

4. What percentages of women married or in a union do you find are able to make their own decisions about sexual relations & contraceptive use freely?

1,006 responses



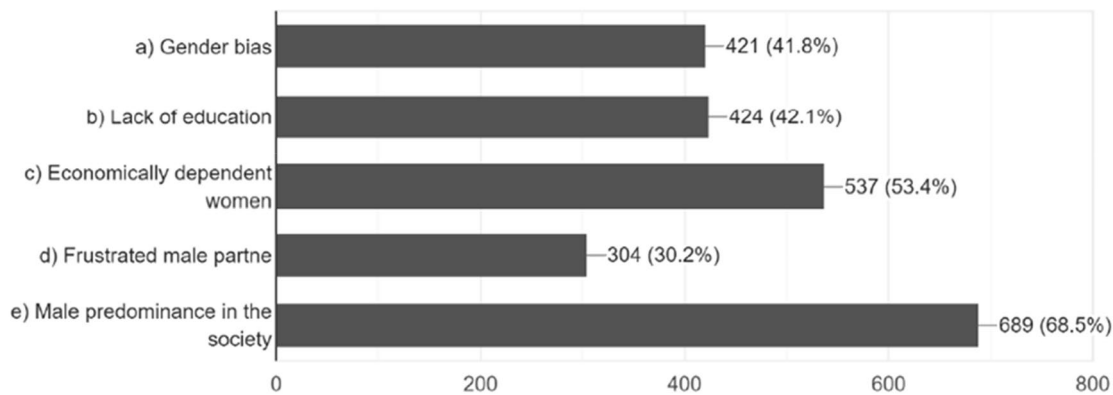
of the community. This study is one of its kind as it involves the gynaecologists providing physical and mental wellbeing to the women. The other studies had a questionnaire based on local languages with the translator if need be for the husband and wife. Our study involved the clinicians who provide the same facilities to women of all economic strata and cultural differences. They being in direct contact with the victim the information from these clinicians would be of utmost importance. At the same time, these cases being highly under reported so that would still affect the results of the present study.

In our study, we found that only 10% of the clinicians routinely screened their patients for violence. 43.5% of the clinicians screen women for violence when they find a tell-tale signs and 39.3% of the clinicians screen when the patient informs about the violence. However, majority of the gynaecologists, i.e. 91.5%, think that it is necessary to screen women for violence.

A study conducted in Nepal by P Lamichhane et al. in 2011, almost half of women reported violence in which one in five women reported sexual and physical violence. Approximately 45% of women experienced physically

5. What do you think is the root cause for VAW?

1,006 responses



7. Steps by Government towards reducing VAW would be :

1,006 responses

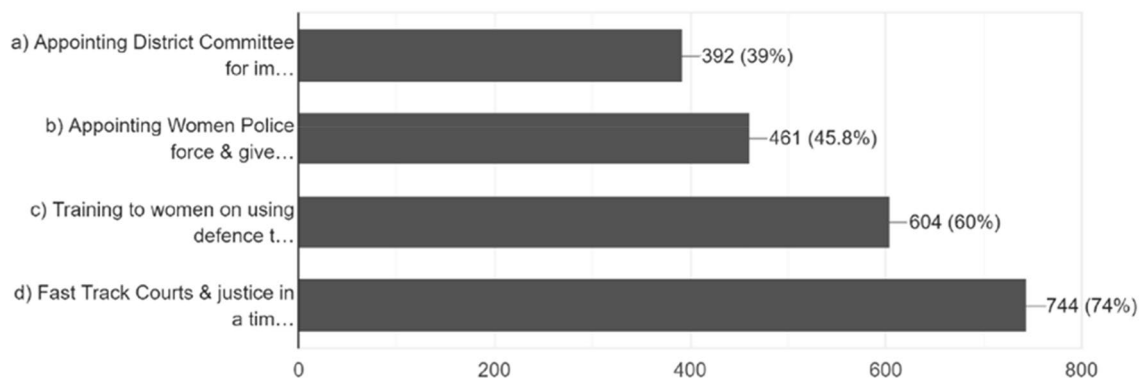


Fig. 3 Responses of Gynecologist on root cause of VAW and steps by Government to reduce VAW

forcing her to have sexual intercourse when she did not want it. More than one in ten had kicked, dragged or beaten [10]. Similarly, in our study, 89.5% of the gynaecologist do consider reproductive coercion as a part of violence against women. 58.8% gynaecologists are of the opinion that <30% of females are able to make the reproductive and contraceptive decisions freely.

A study of rural Indonesia by Hayati et al. in 2011 revealed that lifetime sexual and physical violence was 22% and 11%. Sexual violence was associated with husbands' young age, educated less than 9 grades [11]. Our current study also showed that the factors associated with these violence were male dominated society (68%), dependent females (53%), lack of education (42%) and gender inequality (41%).

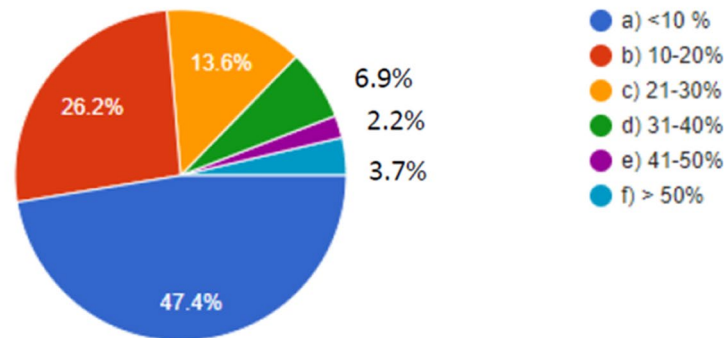
In the current study, clinicians have concluded that the various forms of violence noted by them are physical violence (63.8%), emotional trauma (74.5%), mental trauma (78.7%) and social unrest (49.4%). A study done in rural area

of Bangalore by Gaikwad et al. in 2011, in which 29.57% of women reported violence such as verbal abuse (81.6%), physical abuse (31.6%), psychological abuse (27.6%) and sexual abuse (10.5%) [12]. Another study from the Eastern part of India, reported as high as 56% of some form of violence against women [4].

In our study, various steps recommended by our clinicians to the government includes appointing District Committee for immediate action at District level (39%), appointing Women Police force & give them authority to act (45.8%), training women on using defence techniques and weapons for self-protection and fast Track Courts (60%) & justice in a time bound period (74%). Most of the studies we came across have noted that the prevalence of violence against women, types of violence and factors causing violence. However, the necessary steps of prevention and tackling with such a situation have not been discussed. Taking into consideration about the necessary steps to be taken once VAW is noted, our present study shows that 73.8% doctors provide

9. What % of the women in your practice do you find to have been victims of VAW?

1,006 responses



10. How do you think we can reduce Violence against women?

1,006 responses

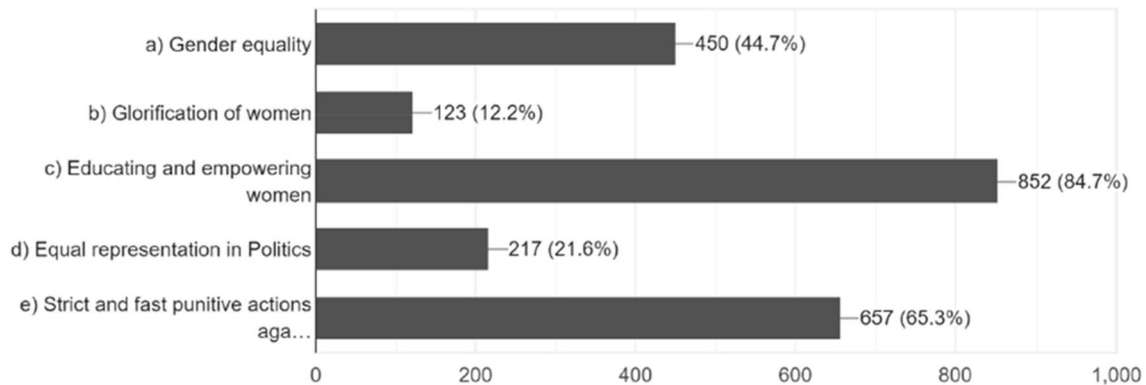


Fig. 4 Responses of Gynecologist Incidence of VAW in their practice and their suggestions for steps to reduce under VAW

these victims with the helpline phone numbers, 14.6% of them provide them with NGO details, 36.9% inform the police in regards to the same and only 1.7% ignore this violence on victim's request.

Various studies have shown the prevalence of violence against women varied from 30 to 60%. In our present study, clinicians have observed violence against women in their practice in varying ranges depending on their state of practice with different cultural differences. Our study showed the incidences of violence against women as noted by the clinicians in their practice is as follows: > 50% VAW reported by 3.7% clinicians, 41–50% VAW by 2.2%, 31–40% VAW by 6.9%, 21–30% VAW by 13.6%, 10–20% VAW by 26.2% and < 10% by 47.4%. Our also study showed that 43.5% females in India face violence during pregnancy. Although the opinion of the health care providers for the statistical questions (i.e. percentage of female in your practice able to make decisions about the contraceptive or percentage

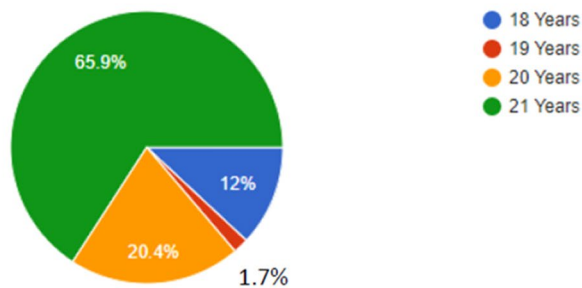
of female in your practice being victim of violence against women) would be a subjective analysis. An Ethiopian study estimated that two third of women experienced physical or emotional violence by their husband/intimate partner with mean life time prevalence of emotional violence was 51.7% [13]. A Bangalore study suggested that the husbands of the women facing domestic violence did have some difficulty to find/keep their job ($p < 0.001$) [11]. A study conducted in Bangladesh, mentioned that the likelihood of both types of violence (AOR; 0.9, CI 0.9–0.9) and severe violence (AOR; 0.9, CI 0.8–0.9) decreases in highly educated couples than lower educated [14].

In the present survey, we have also discussed with the clinicians about the steps to be taken at our community level to reduce this VAW. 44.7% of health care providers recommend gender equality, 12.23% recommend glorification of women, 84.7% recommend educating and empowering women, 21.6% recommend equal representation in politics

Fig. 5 Responses of Gynecologist about their opinion on minimum age of females and males in India

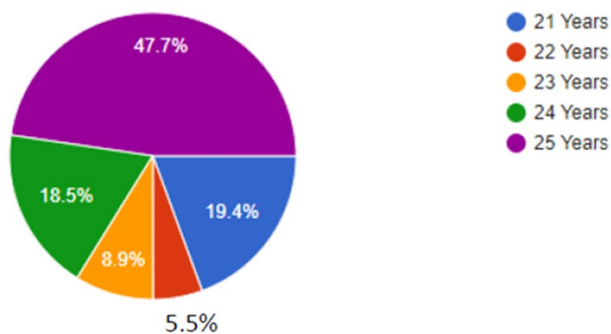
What according to you should be the minimum age of marriage for females in India?

2,911 responses



What according to you should be the minimum age of marriage for males in India?

2,911 responses



and 65.3% recommend strict & fast punitive actions against culprit.

Survey 2

Young age pregnancies are a global problem occurring in high, middle, and low-income countries. Around the world, however, adolescent pregnancies are more likely to occur in marginalized communities, commonly driven by poverty and lack of education and employment opportunities. In many such places girls choose to marry early and become pregnant because they have limited educational and employment prospects. This survey included 2911 obstetrician and gynaecologist across India. We have noted that minimum age of marriage for females recommended by our clinicians are as follows: 65.9% recommend 21 years of age, 20.4% recommend 20 years of age, 12% recommend 19 years of age and only a few as 18yrs. 47.7% gynaecologists recommended the ideal age for marriage for males is minimum 25 years and 18.5% gynaecologists recommended minimum 23 years as the ideal age for marriage for males. The study also showed that the ideal age for first pregnancy as recommended as

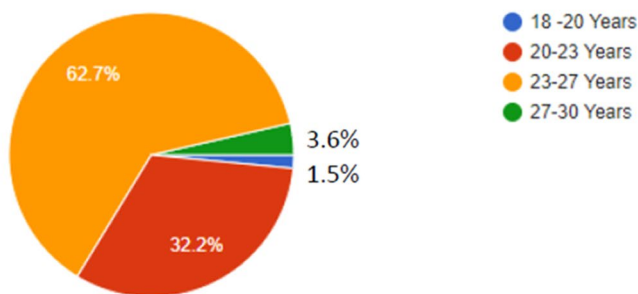
follows: – 62.7% gynaecologists recommend 23–27 years of age, 32.2% recommend 20–23 years and 3.6% recommend 27–30 years. A majority of the practitioners almost around 85.5% think that a certain minimum investigation like blood group, thalassemia and HIV of a couple should be made mandatory before marriage.

There are studies conducted by Santhya et al. and Dejong et al. that suggest a strong correlation high rates of unintended abortion, pregnancy, preterm labour, delivery of low birth weight babies, and foetal and maternal mortality and early marriage among teenage girls [15, 16]. Other psychological factors like depression, anxiety, and other mood disorders are also found commonly in teenage girls with early [16, 17]. WHO guidelines 2011, suggest that they are additionally at risk of physical and sexual violence by their partner [18]. Hence, we combined the two survey together as they both go hand in hand. Santhya et al. in their newer study mention that the child born out of early marriage may have adverse consequences as well due to an early marriage [19]. Additionally, WHO have estimated that every year some 3.9 million unsafe abortions occur amongst girls aged 15–19 years [18]. Another issue in teenage mothers is unwanted repeat pregnancy with less inter-pregnancy

Fig. 6 Responses of Gynecologist about their opinion on minimum age of females for first pregnancy and Need of certain minimum investigations of couple before marriage

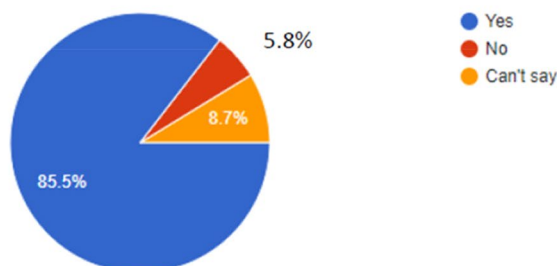
What according to you is the ideal age of Indian female for the first pregnancy?

2,911 responses



Do you think in India, certain minimum investigations (like blood group, Thalassemia & HIV) of a couple should be made mandatory before marriage?

2,911 responses



interval which in turn has an adverse health consequences on them and their children [20].

Conclusion

There is long way to go in sensitizing common people that violence against women and early marriages are a big public health issue and a cause of number of health ailments. Gender violence has severe physical and psychological health consequences. Various sociodemographic factors are involved with these current issues discussed here in this article. The extent of violation of human rights has been adequately recognised and now needs appropriate action. Prevent women beating in the community by integrating programmes on domestic and other types of violence with health extension programme. Designing effective health interventions for managing early marriages needs to apply to the community-based approaches. Therefore, we recommend that the government policy makers, programme planners and other concerned NGOs to establish appropriate strategy to prevent and control violence against women.

Clinicians should acquire the knowledge and skills necessary to identify and provide the first line response and referral to specialized services. Hence, gynaecologists are often in the privileged position of being first responders in situations of violence against women, gynaecologists should utilize every opportunity to support, help her in opening up, give her sympathy and empower women. Existence, equality, education, and empowerment are the only permanent solution.

Strength and Limitations

By involving the clinicians, the limitation of women not reporting a case has been overcome. The limitation of our study is that the data are the subjective finding of the health care practitioners.

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Declarations

Conflict of interest Not applicable.

Informed Consent Not applicable.

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