

Original Research Article

Prevalence and regional disparity of women's autonomy and intimate partner violence in India: evidence from National Family Health Survey-IV 2015-2016, India

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ABSTRACT

Background: The study was done with the aim to assess the prevalence and regional differences of women autonomy (WA) and Intimate Partner Violence (IPV) in India.

Methods: The study utilizes data from the fourth round of National Family and Health Survey, 2015-16, encompassing a sample of 62,716 currently married in the age group of 15-49 years. Bivariate analysis has been performed to draw inferences from the data.

Results: Study portrays that 69% of the currently married women live with any autonomy, whereas, 27%, 12% and 7% of them suffer from physical, emotional and sexual violence respectively. The higher level of autonomy has found in North-eastern and Western, whereas, the IPV was found in Eastern and Central parts of India. The major finding from the study was that women from northeast region have better women empowerment and less violence except Manipur against rest region.

Conclusion: Women of rural area is still more sufferer of any form of violence and less empowerment existing many major states of India. For better improvement of women empowerment and minimize IPV against women, government need to give more attention to gain progress in every development fields and enhance rural education for rural women particularly.

Keywords: WA, IPV, Regional variation

INTRODUCTION

Autonomy defines the magnitude of access over tangible resources (like food, income, accessible land for agriculture, and wealth) where the individual lives. Similarly, WA defines in operational terms as governing authority over material and non-material resources within or without her partner that affect themselves and own members of the family.¹ Moreover, the power to take decision autonomously, liberty of physical movement, identical inputs within family and ability to take unbiased decision.^{2,3} On the other hand, WHO addresses IPV is most usual form of violence against women that includes

physical, sexual and emotional abuse and dominating behaviours by her partner.⁴ It also occurs in all socioeconomic, religious-cultural groups, and all settings. WHO identified type of IPV which are physical sexual and emotional violence.

In India, recent report of NFHS-4 has shown that 41.6% women access money from their own earning, and 7.7% of women have knowledge about microcredit program/loan. About 26.1% women have physical movement for personal/family reasons.⁵ Furthermore, women in India 28.1% have WA for her own health care access followed by Nepal 13.4, and 17.6% in

Bangladesh.⁶ Women's relationship with family members is reflections of WA which indicates her participation of family decisions.^{7,8} Further study shows that in India one out of four women is the victim of this incidence and minor improvement from the deteriorating situation in the last decade.^{5,9,10}

Some existing study has stated that the outcome of women's autonomy like "multidimensional." Heaton et al explained the magnitude of women's autonomy closely related to the socioeconomic status of the partner or educational factor effect has significant influence.¹¹ In reverse of those reasons, women who live in rural residence has low level of WA and with an increase of women age, education, several children participation in the family decision has up growth.^{6,12} It was observed that the result of Violence against women functions at four measures at the individual level, personal level, community, and society level.¹³ On the other hand, the consistency factors accompanying with man's attempting Violence against women is more likely if that individual has lower education level, premature marriage, addicted to drugs, intrinsic witness or experience by others.⁹

Chan stated in China with others factors with constant persecution of women and actions by a partner in which include an unstable relationship with partner, conflict, and dissatisfaction with a partner, linked with multiple sexual relationships, differences of educational level, a disparity of household income last but not least, male dominance in the family.¹⁴ Shamu et al unearth another factor behind the results of Violence in intimate partners.¹⁵ It shows a strong correlation with the community and societal factors (Poverty, low social status, low social-economical background, fragile approval in legal in marriage, society stereotype believe) in IPV.¹⁶ Similar study show that spouse or sexual intimacy is a common problem in the health care system.¹⁷ The study also reveals that financial autonomy and independence of physical movement is significantly reduced of violence against women. Moreover, a regional-based study reveals that in south part of India has a gender-equitable setting than the northern part.^{18,19} With such background, present study is

aim to study the prevalence and regional disparity of IPV and Women's Autonomy in India and States.

METHODS

Study design

In this study we have used the data from latest round of National Family Planning Health Survey India. This study is presenting a National level (India) on WA and Violence against women. NFHS-4, 2015-2016 provides reliable platform to represent on sensitive issues as such Violence against women and women's autonomy for India. Data on special women issues were collected (the experience of last year) which was prior to 2015-2016 information at states level of India at age 15-49 year. Moreover, it also offers facts and figures on fertility, mortality, family planning, maternal and child health, child nutrition at the national level. Data have been collecting using the Computer Assisted Personal Interviewing (CAPI) technique at field. For inclusion and exclusion criteria, present study excluded women samples who are not interviewed, non-married, and widow at the time of the survey of NFHS-4 (2015-2016). After excluding women of 62,716 were included for this study to representative sample of India.

Analysis

A bivariate analysis was performed to show the prevalence of women's autonomy and IPV in India. Index value is formulated at 0 and 1 (0= No, 1= Yes) for WA and IVP, where 0 represent have no autonomy and no ipv, 1 for having autonomy and ipv.²⁰⁻²² For regional difference prevalence of WA and IPV region/zones were created (Table 1).²³ Table 2 for authentication of reliability indexes a Cronbach's for Alpha technique was accounted. Fundamentally, the score of Cronbach Alpha 0.70 or higher is considered as accepted, which means the reliability of a scale is up to desirable, Table 8 shows that the construction of new variable IPV gives 0.7885, and WA score as 0.7333, which means the consistency and reliability among new variables are eligible to further analysis in this study.²⁴

Table 1: Operational description of women autonomy of India.

Variables	Sample	Mean
Usually allow to go to health facilities	62716	0.522
Usually allow to go to market	62716	0.575
Usually allow to go to place outside of village	62716	0.504
Usually person who decides large household purchases	62716	0.074
Person who usually decides what to do with money husband earns	62716	0.062
Person who usually decides on respondent's health care	62716	0.109
Person who usually decides on visits to family or relatives	62716	0.079

Source: NFHS-4, India 2015-16.

Table 2: Operational description of Intimate partner violence of India.

Variables	Sample	Mean
Ever been pushed or shook by husband/partner	62716	0.119
Ever been slapped by husband/partner	62716	0.250
Ever been punched with fist or hit by something harmed by husband	62716	0.072
Ever been kicked or dragged by husband/partner	62716	0.072
Ever been strangled or burned by husband	62716	0.013
Ever been threatened with knife/gun by husband	62716	0.007
Ever had twisted arm or hair pulled by husband	62716	0.099
Ever been forced into unwanted sex by husband	62716	0.051
Ever been forced another unwanted sexual act by husband	62716	0.023
Ever been physically forced to perform sexual acts	62716	0.033

Source: NFHS-4, India 2015-16.

RESULTS

Prevalence of WA in India and states/UTs

Table 3 presents the prevalence of women's autonomy in India and States/ UTs. 67.82% of women live with higher autonomy in India. Ninety-seven percent of Women from Mizoram and Sikkim in a better position compared to other states of India. Remaining states/UTs like Himachal Pradesh (94.6%), Andaman and Nicobar Island (86.5%), Daman and Diu (85.8%), Meghalaya (85.5%), and West Bengal (84.2%) have a high level of women's autonomy. But wonder fact is in Odisha state, only 46% of women have autonomy in connection with low economic status, poorer health care, and restriction on physical movements.

Prevalence of IPV in India and states/UTs

Table 4 shows the prevalence of IPV among currently women in states/UTs of India. About 27 percent of women suffer from physical Violence, 12.07% emotional violence, and 6.45 percent sexual violence age at 15-49 years. The composite index of IPV shows that 45.5% of women in India suffer from any form of IPV. Overall, ten states of India have more than 35% of women experiencing IPV in the last twelve months. Further, higher prevalence of IPV shows in Manipur (55.58%), Bihar (45.63%), Telangana (45.21%), Andhra Pradesh (44.64%), Tamil Nadu (43.93%), Pondicherry (40.52%), Uttar Pradesh (38.19%), and Chhattisgarh (37.48%), Dadra and Nagar Havel (36%) and Odisha (35.79%). On the other hand, states like Sikkim (1.92%), Himachal Pradesh (6.55%), Lakshadweep (7.33%), Goa (12.95%), Jammu and Kashmir (13.62%) and Uttarakhand (14.08%) among women in India. It is also notable that the prevalence of physical violence is high in states like Manipur, Andhra Pradesh, Bihar, Tamil Nadu, Chhattisgarh, and Uttar Pradesh. Sexual violence is high in Manipur, Bihar, Pondicherry, Tripura, and Haryana. On the other hand, the prevalence of emotional violence is higher states like Pondicherry, followed by Tamil Nadu, Bihar, Andhra Pradesh, Telangana, and Arunachal Pradesh. However, states like Sikkim, Himachal Pradesh,

and Goa has found to be lower prevalence in all form of violence in India. Adverse results show, in Manipur, Andhra Pradesh, Bihar, Pondicherry, Tripura, Telangana, a high level of any type of violence among women (Physical, sexual and emotional violence).

Regional variation of WA and IPV in India

Table 5 presents the regional variation of WA in India. It shows 75.37% women from North Eastern zone and western zone (75.26%) higher prevalence of WA in India. But women in the central zone (58.56%) show lower autonomy in the last 12 months. Furthermore, regional variation in women's autonomy based on place of residence (Table 6) it shows that urban women are more empowered (73.76%) than rural residents (65.02%) women. This pattern is true for all the regions. In urban region the highest prevalence of WA in the north east (80.5%) and western zone (80.5%). Again, for rural areas, the highest percentages of WA show in the north-east region (73.32%) and whereas the lowest autonomy of rural women (55.26%) show in the central zone.

Table 7 represents the regional variation in IPV in India by place of residence. In total (rural-urban combined), the percentage of women reporting any IPV is highest in East region (38.6%) than other regions, followed by the central region (36.75%) and South region (35.74%). But it is lowest reported in the west region (26.77%) and North region (20.72%) in the country. In terms of place of residence, the prevalence of IPV is high in rural areas (33.18%) than that of urban areas (25.22%). In rural areas, the north region represents a low level of IPV. In contrast, the east and central region exhibit a high level of IPV. In the case of urban areas, the IPV prevalence is high among the south and central region, while the east region again represents a low level of IPV.

Table 8 presents the prevalence of IPV in India. In respect of physical Violence, 35.7% of currently married women reported IPV is in the East region, followed by central (33.58%) and South region (28.99%), and whereas the least prevalence (17.2%) were found to be North region. Likewise, the higher prevalence was of sexual violence found to be in East region (9.87%) followed by central

(7.48%) and south (6.55%) region and north region (4.04%) and western region (3.08%) represent low violence. Similarly, in the case of emotional Violence, the south region (16.15%) represents the high occurrence followed by east and central regions, while the north

region (8.19%) has a low prevalence. Overall, the prevalence of any type of violence (Physical, Emotional, and sexual) is high among south, central, and East regions, while the northern region presents the low prevalence of any kind of violence.

Table 3: Prevalence of WA in India and states/UTs in 2015-16.

States/UTs	Women's autonomy	Sample size (N)
Andaman & Nicobar Island	86.46	229
Andhra Pradesh	69.98	983
Arunachal Pradesh	80.63	1222
Assam	62.10	2492
Bihar	60.55	4001
Chandigarh	82.91	67
Chhattisgarh	66.82	1987
Dadra and Nagar Havel	66.35	97
Daman and Diu	85.75	193
Goa	83.99	428
Gujarat	71.22	3094
Haryana	60.49	1938
Himachal Pradesh	94.63	1591
Jammu and Kashmir	79.02	3085
Jharkhand	66.68	2592
Karnataka	62.27	2118
Kerala	53.14	1416
Lakshadweep	51.03	96
Madhya Pradesh	56.81	5219
Andhra Pradesh	69.98	983
Maharashtra	78.28	2525
Manipur	70.95	1035
Meghalaya	85.46	637
Mizoram	97.02	764
Nagaland	72.95	795
Delhi	72.35	348
Odisha	45.98	2910
Pondicherry	79.67	455
Punjab	75.48	1625
Rajasthan	60.37	3513
Sikkim	96.78	475
Tamil Nadu	80.42	3372
Tripura	75.37	591
Uttar Pradesh	57.54	7147
Uttarakhand	83.46	1282
West Bengal	84.22	1666
Telangana	69.58	728
India	67.82	62716

Source: National Family Health Survey (NFHS-4), 2015-16.

Table 4: Prevalence of IPV in India and states/UTs, 2015-16.

States/UTs	Physical violence	Sexual violence	Emotional violence	Sample Size (N)
Andaman & Nicobar	15.06	1.67	6.04	229
Andhra Pradesh	42.25	6.52	19.25	983
Arunachal Pradesh	28.16	8.2	15.94	1222
Assam	22.43	4.76	10.28	2492
Bihar	41.05	13.64	20.22	4001

Continued.

States/UTs	Physical violence	Sexual violence	Emotional violence	Sample Size (N)
Chandigarh	23.17	4.86	5.94	67
Chhattisgarh	35.39	5.65	14.04	1987
Dadra and N Havel	30.93	3.47	12.29	97
Daman & Diu	26.4	7.46	12.3	193
Goa	9.85	1.38	4.4	428
Gujarat	18.93	4.09	11.09	3094
Haryana	30.69	8.69	12.53	1938
Himachal Pradesh	4.71	2.43	3.81	1591
Jammu & Kashmir	8.14	2.55	9.26	3085
Jharkhand	32.16	7.75	9.71	2592
Karnataka	18.03	6.28	12.58	2118
Kerala	11.83	3.97	7.65	1416
Lakshadweep	5.4	2.57	1.31	96
Madhya Pradesh	30.97	8.01	11.95	5219
Maharashtra	20.18	1.78	8.51	2525
Manipur	49.89	14.19	13.26	1035
Meghalaya	26.37	4.18	9.63	637
Mizoram	14.03	2.62	9.89	764
Nagaland	8.93	5.66	9.77	795
Delhi	24.73	4.28	12.16	348
Odisha	32.41	7.89	10.95	2910
Puducherry	29.8	9.04	23.57	455
Punjab	18.57	4.61	7.46	1625
Rajasthan	23.87	3.74	8.07	3513
Sikkim	1.14	0.43	1.14	475
Tamil Nadu	38.18	8.1	20.57	3372
Tripura	26.45	9.01	13.52	591
Uttar Pradesh	34.98	7.61	13.52	7147
Uttarakhand	11.7	2.58	4.84	1282
West Bengal	29.91	7.6	12.25	1666
Telangana	40.8	5.68	18.86	728
India	26.98	6.45	12.07	62716

Source: National Family Health Survey (NFHS-4), 2015-16.

Table 5: Regional variation in WA in India, 2015-16

Regions/ Zones	Urban	Rural	Total	Sample
North Zone	76.63	71.50	73.17	13449
South Zone	71.43	68.86	70.09	9397
East Zone	66.78	60.39	61.71	11168
West Zone	80.45	70.39	75.26	6337
Central Zone	67.34	55.26	58.56	14353
North East Zone	80.50	73.32	75.37	8011
India	73.60	65.02	67.82	62716

Source: National Family Health Survey (NFHS-4), 2015-16.

Table 6: Regional variation in IPV according to residence of India, 2015-16.

Regions/Zones	Urban	Rural	Total
North Zone	19.72	20.72	20.39
South Zone	32.17	35.74	34.03
East Zone	26.75	41.67	38.60
West Zone	16.94	26.77	22.01
Central Zone	30.48	39.11	36.75
North East Zone	22.61	30.47	28.23
India	25.22	33.18	30.59

Source: National Family Health Survey (NFHS-4), 2015-16.

Table 7: Regional variation in the type of IPV in India, 2015-16.

Regions/Zones	Physical Violence	Sexual Violence	Emotional Violence
North Zone	17.20	4.04	8.19
South Zone	28.99	6.55	16.15
East Zone	35.07	9.87	14.18
West Zone	19.22	3.08	9.66
Central Zone	33.58	7.48	13.02
North East Zone	24.06	6.40	11.09
India	26.98	6.45	12.07

Source: National Family Health Survey (NFHS-4), 2015-16.

Table 8: Cronbach alpha of IPV and WA in India, NHFS-IV, 2016.

Item	Observation	Sign	Item-test correlation	Item-rest correlation	Interitem correlation	Alpha
Emotional Violence		+	0.7641	0.5674	0.5014	0.751
Physical Violence	62716	+	0.8541	0.7167	0.4075	0.6735
Sexual Violence		+	0.6711	0.4284	0.5984	0.8172
Test scale of IPV					0.4825	0.7885
Allow to go to health facilities		+	0.4919	0.3064	0.278	0.7294
Allow to go market		+	0.637	0.4831	0.2454	0.6948
Allow to go outside village		+	0.606	0.4442	0.2524	0.7026
Decision on husband earnings	62716	+	0.6082	0.4469	0.2519	0.7021
Decision on health care		+	0.5614	0.3893	0.2624	0.7135
A_H_health~e		+	0.5894	0.4236	0.2561	0.7067
A_Pm_Relat~e		+	0.5917	0.4264	0.2556	0.7062
Decision on visit to family or relatives					0.2558	0.7333
Test scale of Women Autonomy	62716	+	0.4501	0.3088	0.2124	0.7479

DISCUSSION

The study findings clearly show that India is still struggling to have more empowerment among women across the States. The positive sides of women more autonomy mean economy grows faster, fewer people remain poor, increase the overall well-being of people. In Northeast India, 97% of women from Mizoram and Sikkim in a better position compared to other states of India. Mahanta and Nayak, stated that the northeast states are better in terms of Women's empowerment than that of the nation as a whole. In contrast to that shows that gender discrimination and lower WA in Assam is still a significant impact on women's overall development.^{25,26} The disparity of socioeconomic status, less education among women and patriarchal attributes, and ideology of subordination of men towards them, these are the main factors influences as lower autonomy in Assam. Given WA, those large states such as Rajasthan, Uttar Pradesh, and West Bengal shows lower in the women empowerment.²⁷

Additionally, states from south part of India also depicted as lower autonomy in women in terms of excluding in decision of family activities, lower range in the physical moment, and the minimal level of own health decisions.²⁸ States in Rajasthan and Bihar early marriage, husband alcohol use, educational inequalities among men and women are the most significant factors for imbalance women's autonomy.²⁹ Moreover, violence against women more frequent in those states.³⁰ Raju Sarkar stated that education is the key factor in empowering women in West Bengal.²⁷ Basic tools of woman empowerment of a woman education and employment. It is also being considered for population development and quality of life. The state of Odisha has the lowest WA in India.³¹ And more than twenty percent less from the national average those results are connected with low economic status, poorer health care, and restriction on physical movements.³² Relevant studies show in India, IPV is prominent social issues. Findings of the study clearly show the prevalence results of these three types (Physical, Emotional and Sexual Violence) of violence. Higher prevalence of IPV shows in Manipur, Bihar, Telangana, followed by Andhra Pradesh and Tamil Nadu.³³

Furthermore, we have analysed based on place of residence to represents the regional variation of IPV against women in India.³⁴ The results show that the east region has more violence than the rest region in India. But west and north regions reveal less violent occurrences than other regions. Based on the place of residence, the higher prevalence of IPV has shown in the rural area compared to urban areas and this result significant to all regions. In the case of urban areas, the IPV is high among the south and central region against the east region. Results of all types of Violence show high in the south, central, and east regions against northern region.³⁵⁻³⁷

CONCLUSION

This study demonstrated that the prevalence of IPV and WA in India of women who is currently married at age 15 to 49 year. The results are interesting with the disparity of prevalence of those dimensions. Furthermore, the prevalence of IPV and the empowerment of rural women in the entire states of India was vulnerable conditions regardless of regions or states. To better explore these issues, further future studies are needed in India to understand reasons and inclusive factors, especially in the rural region, and how IPV and women's autonomy are more susceptible to women.

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