

ADDRESSING VIOLENCE AGAINST WOMEN AND MENTAL HEALTH: AN UNFINISHED AGENDA

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Abstract

The negative effects of violence on women's health have led to its categorization as a major issue in public health. There is a chronic underreporting of violence against women in many Indian communities. This research aims to document the frequency and associated problems of domestic abuse against women on the Indian subcontinent. This population-based research used a systematic multistage sampling technique to identify 1718 married women from three of India's four states. Women (victimisation) were interviewed using different pre-piloted structured questions. We inquired as to whether or not the women had experienced physical violence at the hands of their husbands or other family members. In addition, we inquired as to whether or not the males had ever physically attacked their spouses. Also gathered were details on socioeconomic status. We used bivariate and multivariate analyses in addition to descriptive statistics. There was a general incidence of 16% for physical violence, 52% for psychological violence, 25% for sexual violence, and 56% for all forms of violence against women in India. The corresponding figures given by males were 22%, 59%, 17%, and 59.5%. The majority of women who reported violence were found to be experiencing ongoing acts of different forms of abuse. The prevalence of domestic abuse is significantly correlated with certain socioeconomic features of women. Domestic violence is more common in urban areas, among older adults, those with lower levels of education, and families with poorer incomes. Screening and treatment for trauma and injuries caused by violence should be standard practice in India's basic healthcare facilities. These findings also help in evaluating the current state of affairs, creating public health interventions, and raising awareness among relevant organisations to ensure that laws against violence against women are really enforced.

Keywords – Woman violence, mental health, physical, psychological, sexual violence

Introduction

Addressing violence against women and mental health in India is indeed a critical and ongoing challenge that requires concerted efforts from various stakeholders, including government bodies, non-governmental organizations, healthcare providers, and society as a whole. Here are some key aspects of these issues and the potential strategies to address them:

Legislation and Law Enforcement: Strengthen and enforce existing laws related to violence against women, such as the Protection of Women from Domestic Violence Act, 2005, and the Sexual Harassment of Women at Workplace (Prevention, Prohibition, and Redressal) Act, 2013.

Ensure prompt and efficient investigation and prosecution of cases related to violence against women.

Awareness and Education: Conduct widespread awareness campaigns to educate the public about the various forms of violence against women and the associated mental health consequences. Integrate gender sensitivity and mental health education into school curricula to foster a culture of respect and empathy.

Healthcare Services: Strengthen mental health services by increasing the number of mental health professionals, especially in rural areas.

Develop and implement training programs for healthcare providers to recognize and address mental health issues resulting from violence against women.

Community Support: Encourage community-based interventions that promote awareness, prevention, and support for survivors.

Establish support groups and counseling services at the community level to address the mental health needs of survivors.

Economic Empowerment: Promote economic empowerment of women to reduce their vulnerability to violence and enhance their ability to leave abusive situations.

Implement programs that provide skill training and employment opportunities for women.

Technology and Reporting Mechanisms: Develop and promote technology-based reporting mechanisms for cases of violence against women. Utilize technology to provide counseling services and support for mental health issues.

Research and Data Collection: Conduct research on the intersection of violence against women and mental health to better understand the specific challenges and develop targeted interventions. Improve data

collection systems to gather accurate information on the prevalence and nature of violence against women.

Policy Advocacy: Advocate for policies that address the root causes of violence against women and prioritize mental health support for survivors. Collaborate with international organizations and learn from successful models implemented in other countries. **Crisis Intervention and Helplines:** Establish and promote helplines for women facing violence and mental health challenges. Ensure that these helplines are accessible, responsive, and equipped to provide immediate support.

Cultural Sensitivity: Address cultural norms and attitudes that perpetuate violence against women and hinder mental health support. Engage community leaders and influencers in advocating for gender equality and mental health awareness. Addressing violence against women and mental health in India requires a comprehensive, multi-dimensional approach that involves not only legal and healthcare measures but also societal and cultural changes. Collaboration among different sectors and ongoing efforts to raise awareness and implement effective strategies are crucial for making progress in this area.

Literature review

The cultural, sociological, economic, and legal aspects of India all play a role in the complicated problem of domestic violence against women. **Culture of patriarchy:** Men have long maintained positions of power and control in India, which is characterised by a patriarchal society. The idea that women aren't as good as males is reinforced by this societal norm, which in turn encourages views that support or excuse domestic abuse (Kaur & Garg, 2015).

Women in India are more likely to be victims of domestic abuse due to their economic dependency on their husbands or family. Fear of social stigma or financial instability might make women stay in violent relationships (Kapur, 2017).

Those women who have not had the opportunity to further their education may not know what their rights are or where to turn for assistance if they are in need. Gupta (2017) notes that this may put individuals at a higher risk of experiencing domestic abuse.

Women in violent relationships sometimes find it difficult to end their relationships due to the social stigma associated with divorce and separation in India. Sometimes women don't have the support of their loved ones or are afraid of social exclusion (Kapur, 2017). There are laws in India meant to prevent domestic violence against women, but they aren't always put into practice. It is possible that women do not know their legal rights or do not trust the judicial system (Kapur, 2017).

(Jackson et al., 1997). The tradition was first noted in 1789 by British Resident Jonathan Duncan in Benares, Uttar Pradesh State, North India, among a Rajput tribe. This is the earliest occurrence of its kind in India. To find out how many infanticides were committed against females, the British government instituted the Infanticide Regulation Act in 1870 and, in 1881, conducted a special census in Oudh and the Western Provinces. According to Negi (1997: 4).

Victims of violence include "any physical, visual, verbal or sexual act that the woman or girl experiences at the time or later as a threat, invasion or assault, that has the effect of hurting her or degrading her and/or takes away her ability to contest an intimate contact," according to Liz Kelly's (1998) *Surviving Sexual Polity*. It was believed that the practice of female infanticide was limited to the 'Piramalai Kallars' caste group when it first gained significant public notice in 1986 in the Madurai District of Tamil Nadu. The widespread practice of female infanticide in Usilampatti taluka has garnered significant attention to the area during the last twenty years. The Kallar people make up the bulk of the population in this area. According to Negi (1997: 4).

Objectives of the study

- To determine the prevalence and patterns of violence against women in different regions of India.
- To examine the various forms of violence, including domestic violence, sexual assault, harassment, and economic abuse.

Research methodology

A cross-sectional study was what this research was. There were male and female contestants. Structured questionnaires were used to gather quantitative data for the research. Women were asked about their socioeconomic status and whether or not they had experienced domestic abuse as part of the survey. Women were given a series of questions on different violent behaviours in order to gauge their exposure to domestic abuse. The purpose of the survey was to elicit responses on the respondent's lifetime and most recent encounters with acts of violence. Previous research in other contexts has recognised these actions and inquiries as constituting domestic abuse.

Discussion

Women from diverse socioeconomic backgrounds report higher rates of experiencing various types of domestic abuse throughout the course of their lives. The ratio of the number of women who reported experiencing violence to the total number of women in each socioeconomic group was provided. Differences between rural and urban areas were hardly perceptible. Domestic violence, including psychological and physical forms, was somewhat more common among urban women. On the other hand, women living in rural areas had a somewhat greater incidence of sexual violence. There is a strong correlation between the age of the victims and the frequency of domestic violence in these areas. The prevalence of all types of violence against women grew as their age did. When compared to women younger than 20, those between the ages of 20 and 29, as well as those older than 29, have reported a greater occurrence of violence. It was difficult to tell the different faiths apart. Nevertheless, it seemed like there were some noticeable distinctions among the groups that were classified according to their caste or tribe.

There was an increase in the incidence of physical, psychological, and sexual assault against women from traditionally oppressed castes. On the other hand, scheduled tribes also reported more incidents of violence overall. The results showed that the incidence of domestic violence is affected by educational attainment. As women's educational levels rose, the incidence of violence declined. Additionally, the frequency of violence against women varied across various professional categories. Women who worked in agriculture and small business reported a higher occurrence of violence.

The frequency of violence was found to be higher among women with lower incomes. Nevertheless, the rates were greater in the upper income brackets compared to the middle income brackets. By include women's socioeconomic characteristics as a covariate and the existence or absence of violence as a dependent variable, bivariate logistic regressions were used to further investigate the aforementioned correlations. OR in conjunction with the significant levels of regression models for all forms of violence. The prevalence of physical violence was shown to be significantly associated with women's characteristics, including age, religion, caste, education, state, and monthly family income. With the exception of religion and state, these factors likewise shown a substantial connection with psychological and sexual violence. A statistically significant correlation between psychological aggression and women's employment was found.

There were statistically significant relationships between age, caste, education, and monthly household income and the variable, any type of violence. The odds ratios (ORs) found for the link between education and income and the incidence of violence are less than one, and they show that the frequency of violence reduces as a woman's education and family income rise. To further investigate these correlations, we ran multivariate logistic regressions for each subtype of domestic violence.

Table 1 Status of mental health of the woman

Status of mental health	Violence (physical/sexual)		Total
	Present	Absent	
Not healthy	31	19	50
Healthy	104	96	200
Total	135	115	250

Although emotional violence is often mentioned as the most damaging kind of violence, studies examining the effects of violence on health have only ever taken physical and sexual abuse into account. How to measure it in females is a topic of debate. Therefore, we did not examine if there was a correlation between emotional violence and health status. Nevertheless, this might obscure the serious effects of emotional aggression on one's health.

A woman's age, her employment, her family's monthly income, her domicile (rural or urban), and her state are all strongly correlated with the likelihood that she would be a victim of physical abuse. As household income rose, the incidence of physical violence fell, indicating an inverse relationship between the two variables. A woman's monthly family income, as well as her age, level of education, and profession, were substantially related to the likelihood that she would experience psychological abuse. Nevertheless, the only variables that showed a significant association with the prevalence of sexual assault were the women's residency, age, and educational level. Residence, age, education level, and employment of women, as well as monthly family income, were shown to be strongly related to the incidence of any type of violence, according to regression analysis.

Table 1 Methods for using logistic regression to look at how women's socioeconomic status relates to how often they report experiencing physical violence

Socio-economic variable	Coefficient	Adjusted OR
Constant	-5.72 ± 0.73	-
State	0.29 ± 0.09	1.47
Residence	1.21 ± 0.21	4.17
Age	0.21 ± 0.02	1.21
Religion	0.20 ± 0.02	1.71
Caste	0.08 ± 0.08	1.18
Educational level	-0.481 ± 0.07	0.81
Occupation	0.31 ± 0.11	1.37
Monthly income	0.48 ± 0.09	0.91

In addition to the rates of domestic violence as reported by women, this research also showed how often males were the ones to perform the violent acts. The rates that women reported are consistent with this. Research on domestic violence has mostly depended on women's accounts, rather than men's. Researchers have very seldom surveyed both spouses to get their take on domestic violence, and when they have, the results have been mixed. In this research, however, males reported higher rates of physical and psychological violence than women did, while women reported lower rates of sexual assault. The fact that men and women see

different kinds of sexual aggression as possible causes. Coercion may not seem like it goes against the wife's will to the husband.

The spouse is often seen as the one who initiates sexual relations in today's society and culture. Women are not expected to voice their desires, and sex is still a taboo issue even between spouses. Men may have been persuaded to believe that sex is just for husbands and wives because of this prevalent social norm. It is likely that males did not perceive the sexual assault in the same way that women did. It is possible that neither spouse will see such actions as incorrect or improper.

Conclusion

The study's findings corroborate the widespread problem of violence against women in India's region, regardless of socioeconomic status. However, domestic violence is more common in metropolitan areas, among older adults, and in families with lower incomes and levels of education. Domestic violence is the leading cause of injury to women. The field of public health may play a role in averting the health effects of violence, so this scenario is relevant to public health. Additionally, basic healthcare facilities in India have to make it a point to screen and treat victims of trauma and injuries caused by violence on a regular basis. In order to evaluate the current state of affairs and create initiatives, policies, and programmes aimed at reducing violence against women, these findings are crucial. Since domestic violence is already illegal in India, the current findings on the severity of the issue will help bring awareness to the relevant authorities so that they can enforce the law rigorously.

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