Original Article

Does violence affect the use of contraception? Identifying the hidden factors from rural India

Nishikant Singh[1], Sudheer Kumar Shukla[1]

[1]*Centre for the Study of Regional Development, School of Social Sciences, Jawaharlal Nehru University, New Delhi, India*

Abstract

Purpose: The objective of this study is to investigates the relationship between domestic violence and use of contraception among married women in rural India. **Data:** Third round of National Family Health Survey (NFHS-III). **Methodology:** Cross tabulation as bivariate analysis and Binary Logistic Regression as multivariate analysis has been employed to fulfill the objective. **Findings:** The result shows that there are several hidden factors. between physical violence and contraception use. Alternate explanatory variables are significantly affected the use of contraception. With physical violence which reflects that there is a relationship between physical violence and socioeconomic status such as education, awareness, empowerment of women and subsequently the use of contraception. **Originality/value:** The paper throws light on the hidden factors which are obstacle in use of contraception with physical violence. Results of this study have potentially important implications for programs aimed at preventing violence and promoting family planning programs.

Keywords: Contraception use, National Family Health Survey, rural India, violence

Introduction

At global scale, violence against women is the gigantic problems in today's society. Rural areas are more vulnerable toward this problem because of low level of awareness, orthodox society, and low decision-making capacities among women. Violence against women has several impact on women's mental, sexual, and reproductive health.[1] Violence against women is increasingly recognized as a significant public health and human rights concern.[2] Domestic violence is as old as the Indian history and it is considered as a social evil. The temperament and degree of domestic violence is primarily dependent on the quality of life and basic cultural values. Family as an institution in ancient India laid down the principles, which regulated the relationship between husband and wife, and parents and children over the years, there is an alarming increase in the incidents of atrocities on women by men in our society. There is number of traditional norms reflect the violence against women such as Sati Pratha, Jauhar, Purdah, and Devedasis. Whether it is the four walls of a home, workplace or portrayal in cinema and other media, one can find the basic human rights and dignity of the Indian women being trampled upon. In addition to physical acts of violence against one's partner (such as beating), domestic violence includes sexual coercion, physical threats, psychological abuse, and controlling actions such as enforcing physical isolation and/or controlling access to information and services.[3]

Historically, the Indian society is regulated by patriarchal society, especially in North India, whether it is at individual level or community level. At the household level male member of the household makes the decisions, and when it was not male then the decisions are taken by the mother in law or any older person as they have an influence on the other family members. Although female-to-male partner violence does occur, the predominant form of domestic violence in developing countries is male-to-female partner violence.[3] In India especially in the

Address for correspondence: Mr. Nishikant Singh, Centre for the Study of Regional Development, School of Social Sciences, Jawaharlal Nehru University, New Delhi - 110 067, India. E-mail: nishiiips@gmail.com

Access this article online

Quick Response Code:

Website: www.jfmpc.com

DOI: 10.4103/2249-4863.214987

This is an open access article distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as the author is credited and the new creations are licensed under the identical terms.

For reprints contact: reprints@medknow.com

How to cite this article: Singh N, Shukla SK. Does violence affect the use of contraception? Identifying the hidden factors from rural India. J Family Med Prim Care 2017;6:73-7.

North region women are also not sufficiently aware about their reproductive and sexual rights, which made them on sufferer and disadvantage point. Moreover, some women are hiding the violence perpetrated by their husband, as violence is sensitive. Another problem emerges when women are not allowed to take contraceptive measures by their husband, mother in law and other family members. This could be driven by number of reasons such as traditional and orthodox thinking, social stigma, and desire for early children and desire for son. These mindsets again become harmful for those women who already suffering from domestic violence. Therefore, there is a need to address these issues to achieve the overall development of marginalized and disadvantaged population in rural India.

Theoretical Review on Domestic Violence and Contraception Use

During the past decade, a discernible increase has occurred in awareness of the global scope and significance of domestic violence.[2,3] In developing countries, women are vulnerable to many forms of violence, and domestic violence represents the most common form.[4] Recognition of the prevalence of domestic violence in India is growing; high levels of violence have been reported in both rural and urban areas (Jejeebhoy 1998).[5-9] Jewkes,[10] argued that high educational attainment of women is associated with low levels of violence and societies with stronger ideologies of male dominance have more intimate partner violence (IPV). There are several studies have been done on domestic violence and its association with unwanted pregnancy, abortion, and other contraceptive attitude. Decisions around contraception are an important aspect of women's reproductive health.[11] The study done by Ezeh,[12] woman's contraceptive attitude depends not only on her individual characteristics but also on the characteristics of her husband. Her characteristics, however, do not affect her husband's family planning attitude.

A study done by Stephenson *et al.*, 2008[9] have found the evidence of a relationship between domestic violence and increased use of abortion which is also cited in Amaro *et al.* 1990.[13] The study done by Ezeh,[12] based on Ghana found that woman's contraceptive attitude depends not only on her individual characteristics but also on the characteristics of her husband. Her characteristics, however, do not affect her husband's family planning attitude. Heise[2] points out that women's use of contraception may be limited because of fears about partner response: Women may either use no contraception or rely on methods that can be hidden from their partner. Coercion and lack of negotiating power may also contribute to nonuse of contraception.[1,2] Women in abusive relationships may also lack control over the timing of sexual intercourse, which would limit the effectiveness of some methods, particularly barrier methods.[2] In a study of women ages 14–26 seen in a family planning clinic, those who used neither a condom nor a hormonal contraceptive at their last intercourse were more likely to be in a violent relationship.[1,14] Another small qualitative study of women experiencing IPV found that 34% reported that their partners restricted their ability to choose whether to have children.[15] Women also described not having children when they wanted to because they were unwilling to bring new children into an abusive relationship.[1]

In the study of Ogunjuyigbe *et al.*, 2005,[16] it is mentioned the expression of opinion about women is, "no matter who and how a woman is, her intellect is very small" and as such, her use of family planning should be subjected to the husband's control. The view that women are sexually and morally weak is not the only reason why men prevent them from using contraception; the perception of women as their husbands' property and of childbearing as their primary role in society is another crucial reason.[16]

Many women are afraid to raise the issue of contraception for fear that their partners might respond violently.[2] Some women reported that their partner's viewed use of contraception as a license for women to be "unfaithful."[11] Ogunjuyigbe *et al.*, 2005,[16] argued that men control their wives' use of contraception because they hold the view that women are sexually weak and that a little freedom for them invariably leads to extra-marital intercourse. He identified this view as the main obstacle to the acceptance of modern contraception. In some cultures, husbands may react negatively because they think that protection against pregnancy would encourage their wives to be unfaithful. Where having many children is a sign of male virility, a wife's desire to use family planning may be interpreted as an affront to her husband's masculinity. For women living with men who are violent, the fear of a negative reaction is often enough to cutoff discussion of contraception. As one woman said of her husband, "Whenever he hears people discussing family planning over the radio, he fumes and shouts. If he can threaten a wireless, what would he do to me if I open the topic?"[2]

Several US-based studies have reported the occurrence of domestic violence to be negatively associated with the likelihood of overall contraceptive use or, specifically, with condom negotiation or use of a barrier method requiring the male partner's active cooperation.[9,17,18] The previous work of Stephenson *et al.*, 2008[9] has found lower odds of contraceptive adoption among Indian women who have experienced physical domestic violence from their husbands.[3] On the other hand, the study conducted in India[14] and Ghana (Bawah *et al.* 1999)[19] conclude that women report that they lack control over reproductive decisions and that the threat of physical violence leads to their nonuse of contraceptives and unwanted pregnancies.

The Study Setting

The study is based on third round of National Family Health Survey (NFHS-3, 2005–2006),[20] which collected different types of spousal violence, namely, physical, sexual, and emotional violence perpetrated by partner in a marital union. Since the rural population of India is 68.84% (Census, 2011)[21] and the prevalence of domestic violence is more in rural areas of India

rather than urban India (NFHS-3), the study is concentrated only in rural India. The whole analysis is done with select cases of those currently women who have at least one children and residing in rural area of India. With this condition the total unweighted sample size are 47,069 included in the analysis. In the study, I have taken any use of contraception including modern and traditional method as dependent variable and the socioeconomic characteristics are taken as independent variables including domestic violence (physical violence) to know that is there any relationship between physical violence and contraceptive use. For the sake of convenience, the independent variables are expressed as; domestic violence (physical violence perpetrated by husband), use of contraception (adopting any kind of contraception including modern and traditional method during the last 5 years preceding the survey), birth order (live births of women, classified by their order or rank), household asset ownership (cycle and radio-low, TV, motorcycle and electricity-medium, car and refrigerator-high), wealth index (poorest and poorer low, middle-medium, richer and richest-high), decision-making capacity (respondent alone-high, respondent with husband and others medium, otherwise-low for health care visit, visit to relatives, daily household purchases), media exposures (expose to any media - newspaper, TV, radio and cinema), and regions (North - Jammu and Kashmir, Himachal Pradesh, Punjab, Uttarakhand, Haryana, Delhi, Rajasthan; Central - Uttar Pradesh, Madhya Pradesh and Chhattisgarh, East - Bihar, Jharkhand, Odisha, West Bengal; Northeast - Assam, Arunachal Pradesh, Manipur, Meghalaya, Nagaland, Mizoram, Tripura, Sikkim; West - Gujarat, Maharashtra, Goa; South - Andhra Pradesh, Karnataka, Tamil Nadu, Kerala). Bi-variate and multivariate techniques are carried out for the analysis. In the study, it is expected that adaptation of contraception use will be higher with lower prevalence of domestic violence.

Prevalence of Contraception Use with Violence and without Violence

The prevalence of contraception without violence and with violence with selected cases of those currently married women who have at least one child is presented in Table 1. The result shows that at India level the difference of contraceptive use between with violence and without violence are not too much as 1.3% difference is there. However, at the regional level if we see the contraception use separately, i.e., with violence and without violence then the difference is huge about 54.6% in North region and 75.2% in South region. The lowest use of contraception with violence is in the region of central, which constitute Uttar Pradesh, Madhya Pradesh and Chhattisgarh whereas the South region comprises four states namely Andhra Pradesh, Karnataka, Tamil Nadu, and Kerala. These states have dominance of matriarchal society; higher socioeconomic statuses as well as they are also demographically advanced. It is noted that it is not because of domestic violence, it is because of lower use of contraception in Central region. Similarly, in the South region the acceptance of contraception is high that is why with violence it is also high. If we see the difference between with violence and without violence in South region only, then some difference is

Table 1: Prevalence of contraception use with violence and without violence by selected background characteristics, rural India, 2005-2006

Independent variables	Contraception adaptation	
	Without violence	With violence
Region		
North	56.5	54.6
Central	48.2	48.4
East	51.1	48.5
Northeast	53.5	52.5
West	71.7	75.3
South	72.7	75.2
Birth order		
1-2	49.1	47.8
3-4	69.3	66.3
4 and above	54.6	53.2
Household asset ownership		
Low	50.0	49.1
Medium	65.8	67.2
High	69.8	70.4
Wealth index		
Low	50.9	50.9
Medium	62.1	64.2
High	68.6	71.8
Respondent education		
None	53.5	52.5
Primary	64.5	65.3
Secondary	63.8	65.5
Higher	65.1	63.9
Decision making		
High	59.4	58.6
Medium	61.9	59.0
Low	51.7	52.5
Total	57.9	56.6

Source: National Family Health Survey, 2005-2006

there about 2.5% increase in contraception use with violence. The region behind this might be the women are more aware about their rights and they oppose the violence. To this, the possibility of occurrence of violence will be increase and they report more unlike North and Central region.

Determinants of Domestic Violence and Contraception Use

Table 2 presents the result of binary logistic regression with selecting cases of those currently married women who have at least one child and residing in rural India. The regression analysis is concentrate on the effect of physical violence on contraception. To this, there are four models are developed to know that whether the results of bivariate analysis are holding true or not and influencing factors and their net effects on adaptation of contraception. In each model, the first category of independent variable is treated as reference category like for physical violence, the women who never experienced the violence they are treated as reference category. In model-1, the physical violence is not statistically significant with adaptation of contraception. Whereas

Table 2: Logistic regression of contraceptive use by physical violence and other explanatory variables for those currently married women who have at least one child, rural India, 2005-2006

Independent variables	Model 1	Model 2	Model 3	Model 4
Physical violence				
Never				
Ever	0.961	1.084**	1.106***	1.110***
Birth order				
1-2				
1-3		2.147***	2.228***	2.449***
Above 3		1.186***	1.254***	1.571***
Household asset ownership				
Low				
Medium		1.352***	1.35***	1.124***
High		1.472***	1.445***	1.156**
Wealth index				
Low				
Medium		1.248***	1.199***	1.15***
High		1.734***	1.569***	1.39***
Women's education				
None				
Primary			1.283***	1.274***
Secondary			1.22***	1.227***
Higher			1.371***	1.335***
Decision making				
High				
Medium			1.191*	1.431***
Low			0.891*	0.980
Husband's education				
None				
Primary				1.158***
Secondary				1.049
Higher				1.042
Media exposure				
No				
Yes				1.389***
Region				
North				
Central				0.707***
East				0.962
Northeast				0.508***
West				1.212***
South				1.730***
n				47,069

**P*<0.10, ***P*<0.05, ****P*<0.001, ®Reference category. Source: National Family Health Survey, 2005-2006

in model-2, this relationship does changed as the odds for those women who have ever experienced the physical violence is higher than one, implying a higher (than the reference category) tendency to adopt contraception. This relationship does occur for controlled the explanatory variables of birth order, household asset ownership, and wealth index. Again the relationship between physical violence and adaptation of contraception use is changed with increasing explanatory variables as shown in model-3. In this model, the odds for ever experienced violence is greater than one and more significance, implying a higher tendency to adopt contraception even controlling the all other variables. Finally, the model-4 is run with explanatory variables of physical violence, birth order, household asset ownership, wealth index, women's education, decision-making capacity, husband's education, media exposure, and regions of India. In this model, the relationship has been again changed as odds for ever experienced violence is higher than one, implying the higher tendency to adopt the contraception with increasing independent variables. On the other hand, in birth order, the women belonging to 2–3 birth order are more likely to use contraception as the odds for this category is much higher as compared to those women who belongs to the birth order of 1–2. Whereas the third category of birth order, i.e., above three is again implying the higher tendency to use contraception but the odds for this category is lower than the second category. In the household asset ownership, the odds for medium and high category is increasing as compared to the reference category which imply that the use of contraception is increasing with increasing household asset ownership of women. The wealth index of women is also showing the similar relationship as household asset ownership is showing. In the education of women, the odds are increasing with increasing women's education, implying that the higher use of contraception as education is increasing. In the decision-making capacity of women, the women who belongs to the medium category are more likely to use contraception as compared to those women who belongs to high category of decision-making capacity. In the husband's education, only primary educated men have higher tendency to allow the use of contraception to their wives as compared to noneducated men. In the media exposure, women who expose to any kind of media have higher tendency to adopt the contraception as compared to those women who are not expose to any media. Finally, in the category of region Central region and Northeast region have lower tendency to use of contraception as their odds are lower than the reference category. On the other hand, the women belong to West India and South India have higher tendency to use the contraception as compared to North region.

Conclusion

Empirically, the present study contributes to a well again understanding of the impact of domestic violence on the adoption of contraception in rural India. Although this study is fairly small and did not have enough power to explore the effect of physical violence on the use of various contraceptive methods separately. However, the results of this study have potentially important implications for programs aimed at preventing violence and promoting family planning programs. The findings suggest that at national level the use of contraception is slightly less with physical violence as compared to the use of contraception without violence. It is also found that the socioeconomic dominance of husbands in the households is significantly importance for the use of contraception. Although there is not any direct relationship between physical violence and contraception use there are certain hidden factors, which significantly affected the use of contraception with physical violence. This reflects that there is somewhere relationships

exist between physical violence and socioeconomic status like education, awareness, and empowerment of women, and subsequently the use of contraception. Thus as conclusion, we can say that occurrence of violence is one such area and spousal violence is one of its forms which needs to be studied both from a theoretical and empirical perspective. Spousal violence is very important issue because of it has tremendous impact on the family planning programs as ignorance of contraception and its discontinuity. This has also negative effect on the quality of family life, health of women and the health and well-being of children.

Financial support and sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest.

References

1. Williams CM, Larsen U, McCloskey LA. Intimate partner violence and women's contraceptive use. Violence Against Women 2008;14:1382-96.
2. Heise L, Ellsberg M, Gottmoeller M. A global overview of gender-based violence. Int J Gynaecol Obstet 2002;78 Suppl 1:S5-14.
3. Stephenson R, Koenig MA, Ahmed S. Domestic violence and contraceptive adoption in Uttar Pradesh, India. Stud Fam Plann 2006;37:75-86.
4. Koenig MA, Stephenson R, Ahmed S, Jejeebhoy SJ, Campbell J. Individual and contextual determinants of domestic violence in North India. Am J Public Health 2006;96:132-8.
5. Rao V. Wife-beating in rural South India: A qualitative and econometric analysis. Soc Sci Med 1997;44:1169-80.
6. Jejeebhoy SJ. Associations between wife-beating and fetal and infant death: Impressions from a survey in rural India. Studies in Family Planning 1998:29:300-8.
7. Purwar MB, Jeyaseelan L, Varhadpande U, Motghare V, Pimplakute S. Survey of physical abuse during pregnancy GMCH, Nagpur, India. J Obstet Gynaecol Res 1999;25:165-71.
8. Jeyaseelan L, Kumar S, Neelakantan N, Peedicayil A, Pillai R, Duvvury N. Physical spousal violence against women in India: Some risk factors. J Biosoc Sci 2007;39:657-70.
9. Stephenson R, Koenig MA, Acharya R, Roy TK. Domestic violence, contraceptive use, and unwanted pregnancy in rural India. Stud Fam Plann 2008;39:177-86.
10. Jewkes R. Intimate partner violence: Causes and prevention. Lancet 2002;359:1423-9.
11. Fanslow J, Whitehead A, Silva M, Robinson E. Contraceptive use and associations with intimate partner violence among a population-based sample of New Zealand women. Aust N Z J Obstet Gynaecol 2008;48:83-9.
12. Ezeh AC. The influence of spouses over each other's contraceptive attitudes in Ghana. Stud Fam Plann 1993;24:163-74.
13. Amaro H, Fried LE, Cabral H, Zuckerman B. Violence during pregnancy and substance use. Am J Public Health 1990;80:575-9.
14. Khan ME, Townsend JW, Sinha R, Lakhanpal S. Sexual violence within marriage. Seminar 1996;447:32-5.
15. Griffiths P, Hindet A, Matthews Z. Infant and child mortality in three culturally contrasting states of India. J Biosoc Sci 2001;33:603-22.
16. Ogunjuyigbe PO, Akinlo A, Ebigbola JA. Violence against women: An examination of men's attitudes and perceptions about wife beating and contraceptive use. J Asian Afr Stud 2005;40:219-29.
17. Kalichman SC, Williams EA, Cherry C, Belcher L, Nachimson D. Sexual coercion, domestic violence, and negotiating condom use among low-income African American women. J Womens Health 1998;7:371-8.
18. Wingood GM, DiClemente RJ. Rape among African American women: Sexual, psychological, and social correlates predisposing survivors to risk of STD/HIV. J Womens Health 1998;7:77-84.
19. Bawah Ayaga Agula, Patricia Akweongo, Simmons Ruth, Phillips James F. Women's fears and men's anxieties: The impact of family planning on gender relations in northern Ghana. Studies in Family Planning. 1999;30:54-66.
20. IIPS and Macro International. National Family Health Survey (NFHS-3), 2005-2006. Mumbai: IIPS; 2007.
21. Census of India. Primary Census Abstract, Office of the Registrar General and Census Commissioner, New Delhi. 2011.