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Gender Roles and Help-Seeking among Women Experiencing Marital Violence in India

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INTRODUCTION

The policy discourse relating to domestic violence in India was vastly strengthened by the enactment of the Protection of Women from Domestic Violence Act (2005), which not only provided an inclusive definition of domestic violence but also outlined the many care-seeking options it affords (Ministry of Law and Justice, 2005). Notably, domestic violence is defined to include perpetration or threatened perpetration of physical, emotional, verbal, sexual, and economic violence. The Act also appoints protection officers and calls for the establishment of crisis facilities to support those who experience violence. India is, moreover, a signatory to the Sustainable Development Goals (SDG), calling for the elimination ‘of all forms of violence against all women and girls in public and private spheres’ (SDG target 5.2) (United Nations, 2015). Despite these commitments, spousal violence against women and girls remains widespread, with 26 per cent of women aged 15–49 years experiencing physical, sexual, and/or emotional violence, and 24 per cent of women reporting the experience of physical and/or sexual violence perpetrated by their spouse in 2015–16. A reflection of women’s powerlessness in marital relationships is the persistence of attitudes justifying the acceptability of marital violence, with as many as half of all women (51 per cent) and husbands (50 per cent) espousing that a husband is

justified in beating his wife for at least one reason (International Institute for Population Sciences [IIPS] and ICF International, 2017).

The adverse effects of marital violence on the health and well-being of women and their children are well recognized. Injuries are, of course, the most direct effect and range from cuts, bruises, and aches to deep wounds, broken bones, sprains, dislocations, and even burns (see, for example, IIPS and ICF International, 2017). Adverse longer-term consequences have also been observed and persist even after a host of socio-demographic factors are controlled. As documented in a global review, consequences include low-birth-weight infants, induced abortions, sexually transmitted infections, and depression (World Health Organization [WHO], 2013). In India, too, the experience of violence within marriage has been associated with outcomes such as unwanted or unintended pregnancy, symptoms of reproductive tract infections or sexually transmitted infections, induced abortions, pregnancy-related complications, pregnancy loss, as well as perinatal and infant mortality and even human immunodeficiency virus (HIV) infections (Ackerson and Subramanian, 2009; Hindin, Kishor, and Ansara, 2008; Jejeebhoy, 1998; Johnson and Sengupta, 2008; Muthal-Rathore, Tripathi, and Arora, 2002; Singh, Mahapatra, and Dutta, 2008; Stephenson et al., 2008; Koenig et al., 2010; Jejeebhoy, Santhya, and Acharya, 2010; Silverman et al., 2008; Silverman et al., 2007). Adverse mental health outcomes have also been observed (Chowdhury and Patel, 2008; Jejeebhoy, Santhya, and Acharya, 2010).

Correlates of women's experience of spousal violence have been extensively studied. Among the host of factors observed to influence violence, many are reflective of age- and sex-stratified social systems and the resulting adherence to patriarchal norms and women's powerlessness (Heise, 2011). Regionally disparate social systems exist, such as in the authoritarian patriarchal setting that characterizes most of northern and eastern India; the social and economic life is organized by families, and women are relatively powerless. In the south, in contrast, women have more exposure to the outside world, more voice in family life, and more power to protect themselves from violence (Karve, 1965; Altekar, 1956; Dyson and Moore, 1983; Jejeebhoy and Sathar, 2001).

In India, various studies have identified correlates such as childlessness, economic pressure, and intergenerational transmission of violence, as well as the level of violent crimes in the community and community-level norms justifying the acceptability of spousal violence (Koenig et al., 2006), alcohol misuse among husbands, controlling behaviour by a family member, women's employment, spousal age difference, and spousal education levels (Ram et al.,

2019; Chaurasiya et al., 2018). Two studies in India that used data from the National Family Health Survey (NFHS)-2 (1998–99) and a linked follow-up some years later found that the risk of sexual violence in marriage was attenuated by women's agency, measured in a single index, encompassing all dimensions of women's agency (Acharya, Sabarwal, and Jejeebhoy, 2012), and findings from the second indicate that two dimensions of female agency – namely financial autonomy and freedom of movement – were protective of women's physical violence in the year preceding the interview (Sabarwal, Santhya, and Jejeebhoy, 2014).

There are fewer studies exploring the correlates of help-seeking, but what is available suggests that help-seeking is rare, and the typical reaction to violence committed by husbands is silence and toleration (Kishor and Johnson, 2004). A review of the available literature from South Asian countries noted, for example, that among women who had experienced marital violence, just 21–24 per cent from Bangladesh, India, and Nepal and 35 per cent from Pakistan had sought help from anyone, and where sought, it was overwhelmingly from a family member and not from those in authority in all settings studied (Jejeebhoy, Santhya, and Acharya, 2014). An analysis of data from NFHS-3 (2005–06) notes that less than one-quarter of those who had experienced marital violence had sought help, and only 1 per cent – those who had experienced severe injuries – had sought help from formal institutions (Leonardsson and Sebastian, 2017).

A second consistently observed finding is that help-seeking is undertaken only when the violence is severe or prolonged. Multivariate analyses of help-seeking in Bangladesh (Naved et al., 2006; Parvin, Sultana, and Naved, 2016) and India (Rowan, Mumford, and Clark, 2018; Leonardsson and Sebastian, 2017) have noted that the severity and frequency of the violence experienced remained among the most powerful and consistent correlates of help-seeking, even after other confounding factors were controlled.

Other correlates observed in multivariate analyses differ across studies, partly because the models used in these studies include a different set of both outcomes (disclosure, help-seeking, and formal versus informal help-seeking) and explanatory measures. For example, a study using Demographic and Health Surveys (DHS) data from Bangladesh suggests that the occurrence of frequent disputes is positively associated with the disclosure of the violent incident among women in urban areas; in rural areas, aside from this factor, others such as education and availability of natal family support also facilitated disclosure (Naved et al., 2006). A study in the slums of Dhaka

showed that both disclosure and help-seeking were associated with women's educational attainment levels, the presence of children, and the husband's controlling behaviour, and were inversely associated with attitudes justifying marital violence (Parvin, Sultana, and Naved, 2016).

In India, two studies, both using NFHS-3 data, explored the correlates of disclosure and help-seeking. One of these noted that, aside from the severity and frequency of violence, correlates included educational attainment, the presence of children, delayed marriage beyond the age of 21 years, and background factors such as belonging to other religions (non-Hindu, non-Muslim) and socially excluded castes and residence in the southern region (Leonardsson and Sebastian, 2017). The model employed in the second study explored the links between indicators of female agency, such as freedom of movement and decision-making, various state-level indicators of women's empowerment, and informal and formal help-seeking (Rowan, Mumford, and Clark, 2018). This study found that help-seeking from both family and friends (informal sources) and from law enforcers, healthcare providers, and so on (formal sources) were associated with indicators of female agency such as freedom of movement and decision-making authority, and, in the case of informal help-seeking, spousal age difference, together with state-level indicators of female empowerment (the Gender Development Index and the Gender Empowerment Measure).

In short, evidence on help-seeking and the factors that facilitate or inhibit disclosure and help-seeking among women who experience marital violence is relatively limited, including in India and other parts of South Asia. Drawing on data from the NFHS-4 (2015–16), this chapter explores the correlates of violence-related care-seeking among women who reported the experience of marital violence in the 12 months preceding the interview. More specifically, it explores the role of women's assets and agency in facilitating the disclosure of a violent incident, help-seeking from any source (family and friends as well as formal sources), and help-seeking from a formal source more specifically. To our knowledge, this is the first study that explores these associations using the NFHS-4 data.

STUDY DESIGN

Data are drawn from the NFHS-4, which was carried out across all states and union territories of India during 2015–16.¹ The survey used a stratified

multi-stage sampling method to obtain a nationally representative sample of households. The survey was designed to provide information on a few indicators only at the state level; these included sexual behaviour, husband's background and women's work, knowledge about HIV or acquired immunodeficiency syndrome (AIDS), attitudes and behaviour, and domestic violence (in the state module), while all other indicators, notably those related to health and family welfare, were available at the district level. For administering the domestic-violence section of the questionnaire, and as a means of maintaining confidentiality, only one eligible woman aged 15–49 years per household was randomly selected (for more details, see IIPS and ICF International, 2017).

The NFHS-4 probed three types of marital violence: physical, sexual, and emotional. To measure *physical violence*, the survey probed whether the respondent's husband had ever (a) slapped her, (b) pushed, shaken, or thrown something at her, (c) twisted her arm or pulled her hair, (d) punched her with his fist or with something that could hurt her, (e) kicked her, dragged her, or beat her up, (f) tried to choke or burn her on purpose, and (g) threatened to attack or attacked her with a knife, gun, or any other weapon. To measure *sexual violence*, the survey probed whether the respondent's husband had ever (a) physically forced her to have sexual intercourse with him even when she did not want to, (b) physically forced her to perform any other sexual acts she did not want to, and (c) forced her with threats or in any other way to perform sexual acts she did not want to. Finally, *emotional violence* was probed through three questions that asked whether the respondent's husband had ever (a) said something to humiliate her in front of others, (b) threatened to hurt or harm her or someone close to her, and (c) insulted her or made her feel bad about herself. Those who responded affirmatively to any one measure for each of the three types of physical, sexual, and emotional violence in married life were considered to have experienced that type of marital violence.

Women were first asked whether they had experienced each of the three types of marital violence over the course of their married life. Those who responded affirmatively were further probed about whether an incident had taken place in the 12 months preceding the survey. The NFHS-4 data were weighted using the national domestic-violence weight in order to ensure representativeness at the national level. Since many of our correlates refer to the current situation and recognize concerns about temporality, our study is restricted to women who had experienced spousal violence in the 12 months

preceding the survey. Further, the analysis is restricted to currently married women. Thus, our sample consists of 14,510 currently married women who had experienced marital violence in the year preceding the interview.

VARIABLES

OUTCOME INDICATORS

The NFHS-4 measured help-seeking through three questions. All those who reported the experience of physical or sexual violence at any time during their married life were probed about whether they had disclosed or told anyone about their experience of marital violence. Those who had done so were further probed about help-seeking – that is, whether they had sought help from the person or facility to whom they had disclosed their experiences. Finally, those who had sought help were probed about which source they had sought the help from. Those who had sought help from a religious leader, healthcare provider, police, lawyer, or social service organization were considered to have sought help from a formal source, while those who had sought help from a member of their own or husband's family, a friend or neighbour, or their former husband or current or former boyfriend were considered to have sought help from an informal source.

Thus, our study includes three outcome indicators: (a) disclosure of marital violence experiences among women who had experienced physical or sexual violence, (b) help-seeking from any source among women who had experienced physical or sexual violence, and (c) help-seeking from a formal source among those who had sought help. For convenience, we use the term 'marital violence' to refer to any physical or sexual violence perpetrated by the husband; emotional violence is not explicitly included.

INDEPENDENT VARIABLES

On the basis of the available literature, and in keeping with our objective to understand the correlates of disclosure and help-seeking and the extent to which women's agency is associated with these indicators, our independent variables include a set of (a) household variables, (b) a woman's individual characteristics and overall agency, including socio-demographic factors known to influence the exercise of choice, and personal agency indicators, and (c) violence and control-related indicators, namely those reflecting the nature

of marital relations, the control exerted by the husband over the respondent, and the severity of the violence experienced.

Household variables include caste, religion, urban–rural residence, and household wealth. To account for socio-economic and cultural differences among states, we also included a variable indicating the respondent's geographic region of residence.

A woman's individual characteristics and agency variables include those socio-demographic indicators shown to affect their ability to exercise choice – namely their age, educational attainment level, wage-work status, marriage age (child marriage), spousal age difference, and number of children. Agency indicators include the woman's decision-making authority in the households (the number of decisions in which she participates), her freedom of movement, her control over resources, and her attitude about the justifiability of marital violence. Decision-making authority is measured by the number of decisions (purchase of major household goods, matters pertaining to her own health, and visits to her natal family) in which the respondent participates, categorized as 0, 1–2, or 3. Freedom of movement refers to a dichotomous variable reflecting whether the respondent goes unescorted to all of three locations – namely a market, a health facility, and any place outside the village or community of residence. Control over resources is also a dichotomous variable, set to equal 1 if the respondent owns and controls a bank account and 0 otherwise. Attitudes justifying the acceptability of marital violence reflect the number among a total of seven situations in which the respondent believes it is acceptable for a man to beat his wife. These situations include going out without telling the husband, neglecting the house or children, arguing with the husband, refusing to have sexual relations with the husband, not cooking properly, showing disrespect towards in-laws, or being suspected of being unfaithful; they are categorized as no conditions and 1–2, 3–4, 5–7 conditions.

Violence and control-related variables include the husband's alcohol consumption and the degree of marital control. Alcohol consumption by the husband, well known to be associated with marital violence, is measured by a binary variable indicating whether or not the husband consumes alcohol.

The degree of marital control exercised by the husband is measured by an index summing the number of controlling behaviours exercised by the husband – namely whether he becomes jealous or angry if she talks to other men, frequently accuses her of being unfaithful, does not permit her to meet her female friends, tries to limit her contact with her family, insists on knowing where she is at all times, and does not trust her with any money. The

index sums the number of responses suggesting control (0–6) and is grouped to reflect none, 1–2, and 3–6 controlling behaviours.

Also included are three measures reflecting the severity of the violence experienced – namely the nature of injuries, the severity of violence, and the types of violence experienced. The injury indicator reflects whether or not the woman had experienced any physical injuries (cuts, bruises, or aches; severe burns; eye injuries, sprains, dislocations, or minor burns; deep wounds, broken bones, broken teeth, or any other serious injury) as a result of the husband's action. The severity of physical violence experienced is measured by a binary variable reflecting whether or not the woman has experienced severe forms of marital violence such as kicking, dragging, or beating, attempts to choke or burn her on purpose, or attacks with a knife, gun, or any other weapon or threats to do so. Finally, we consider the type of violence experienced – namely whether it is only physical, physical and sexual, physical or sexual along with emotional, or all three forms of violence.

STATISTICAL ANALYSIS

We explored the bivariate relationship between each of the correlates described previously and the three outcomes. Separate multivariate logistic regression analyses were conducted to ascertain the relationship between the agency and violence indicators and each of the three outcomes – that is, any disclosure, any help-seeking, and formal-sector help-seeking among those who sought help.

RESULTS

PREVALENCE

The large majority (more than three-quarters) of the women in our sample who had experienced marital violence remained silent – that is, they neither shared the incident with a confidante nor sought help (Table 5.1). Among those who had experienced marital violence in the 12 months preceding the interview, just 24 per cent had shared their experience. Nine per cent had only shared the incident with someone but did not seek help. Another 15 per cent sought help, with most women seeking help by approaching family or friends. Just 1 per cent of all women who had experienced marital violence had sought

Table 5.1 Percentage distribution of currently married women in India who had experienced marital violence by help-seeking behaviour as reported in National Family Health Survey (NFHS)-4, 2015–16

Help-seeking behaviour	Ever	In the past 12 months
Never told anyone	77.7	76.4
Disclosed	22.3	23.6
Told someone	8.7	9.0
Sought help from any source	13.5	14.6
Sought help from an informal source	12.4	13.2
Sought help from a formal source	1.2	1.4
Number of women who had experienced marital violence	17,971	14,510

Source: Authors' calculations based on the NFHS-4 dataset.

help from those in authority, namely law enforcement officials, healthcare providers, or religious leaders.

HOUSEHOLD SOCIO-DEMOGRAPHIC CHARACTERISTICS

In general, the percentages of women disclosing, seeking help generally, and seeking help from formal sources specifically do not vary by key socio-demographic characteristics (Table 5.2). In terms of disclosure, a few notable differences are observed: Disclosure was reported more among Sikhs, Jains, Buddhists, and Christians than Hindus and Muslims; and slightly more of those belonging to the wealthiest quintile than the poorest three quintiles did so. Differentials by help-seeking were mild or negligible, and among those who sought help, it appears again that disparities by religion and wealth quintile were observed. Finally, regional disparities were also observed, with those residing in the eastern or north-eastern states being far less likely to seek help, and those residing in southern states being far more likely than others to have both disclosed their experience and sought help.

WOMEN'S INDIVIDUAL CHARACTERISTICS AND AGENCY

Bivariate associations between women's individual characteristics and agency and help-seeking outcomes were generally weak, irrespective of the measure. However, among those who had sought help, more women displayed freedom

Table 5.2 Percentage of currently married women in India who had experienced marital violence in the preceding 12 months and had disclosed their experience, sought help generally, and sought help from a formal source specifically, according to household characteristics as reported in National Family Health Survey (NFHS)-4, 2015–16

Household characteristics	Disclosed	Sought help	Sought help from a formal source
<i>Caste</i>			
Scheduled Caste	23.7	15.1	10.2
Scheduled Tribe	26.2	16.4	6.5
Other Backward Class	23.3	14.1	10.5
Others	22.7	14.1	7.3
<i>Religion</i>			
Hindu	23.2	14.6	9.2
Muslim	22.3	13.6	8.7
Others	33.9	17.4	14.5
<i>Residence</i>			
Urban	25.4	14.8	10.7
Rural	22.9	14.5	8.9
<i>Region*</i>			
North	26.2	17.0	6.5
South	27.5	16.6	10.5
East and North-east	19.5	11.9	10.0
West	23.2	12.7	5.2
Central	23.0	15.2	9.9
<i>Wealth index</i>			
Poorest	22.8	14.6	8.6
Poorer	21.7	14.2	8.6
Middle	22.7	13.3	8.3
Richer	25.8	15.2	9.1
Richest	27.1	16.9	14.1
Total	23.6	14.6	9.4
Number of women who had experienced violence in the previous 12 months and had disclosed their experience	14,510	14,510	2,119

(Contd)

Table 5.2 (*Contd*)

Source: Authors' calculations based on the NFHS-4 dataset.

Note: The regional classification is as follows: The north includes Chandigarh, Delhi, Haryana, Himachal Pradesh, Jammu and Kashmir, Punjab, Rajasthan, and Uttarakhand. The south includes Andaman and Nicobar Islands, Andhra Pradesh, Karnataka, Kerala, Lakshadweep, Puducherry, Tamil Nadu, and Telangana. The east includes Bihar, Jharkhand, Odisha, West Bengal. The north-east includes Arunachal Pradesh, Assam, Manipur, Meghalaya, Mizoram, Nagaland, Sikkim, and Tripura. The west includes Dadra and Nagar Haveli, Daman and Diu, Goa, Gujarat, and Maharashtra. The central includes Chhattisgarh, Madhya Pradesh, and Uttar Pradesh.

of movement than those without such freedom, and more women who owned and controlled a bank account had sought help from a formal source than those without such control. Those reporting that they had worked for wages were, moreover, more likely than others to report both disclosure and help-seeking. Other indicators – women's age, number of children, educational attainment levels, child marriage, spousal age difference, and attitudes to wife-beating – appeared weakly associated with all three outcomes (Table 5.3).

VIOLENCE AND CONTROL INDICATORS

Violence and control-related indicators are, in contrast, consistently associated with all three outcomes (Table 5.4). Notably, it was women whose husbands consumed alcohol and whose husbands displayed controlling behaviours who were more likely than others to disclose their experiences and seek help; and among those who sought help, the help was more likely to have been sought from formal sources. Moreover, those who had experienced severe violence and those who had suffered injuries from their violence were more likely than those who had not disclosed, to have sought help generally, and to have sought help from a formal source. Finally, although help-seeking refers only to those who had experienced any physical or sexual violence, findings show that those who had experienced these forms of violence along with emotional violence were considerably more likely than others to have disclosed their experience and sought help, ranging from 16 per cent of women who had experienced only physical violence (without sexual or emotional violence) to 28 per cent of those exposed to both physical and emotional violence or sexual and emotional violence, and as much as 43 per cent among those reporting the experience of physical as well as sexual and emotional violence. Help-seeking in general and help-seeking from a formal source showed a similar progression: Those

Table 5.3 Percentage of currently married women in India who had experienced marital violence in the preceding 12 months and had disclosed their experience, sought help generally, and sought help from a formal source specifically, according to their individual characteristics and dimensions of women's agency as reported in National Family Health Survey (NFHS)-4, 2015–16

Woman-level indicators	Disclosed	Sought help	Sought help from a formal source
<i>Socio-demographic</i>			
<i>Current age</i>			
15–24	21.0	13.7	3.7
25–34	23.5	14.1	10.1
35+	24.7	15.5	10.9
<i>Age at marriage</i>			
< 18	22.8	13.7	10.7
≥ 18	24.5	15.6	8.1
<i>Number of living children</i>			
0	25.3	17.0	4.1
1	24.0	14.3	13.3
2	23.7	14.0	10.5
3 and above	23.0	14.8	8.2
<i>Spousal age difference (years)</i>			
Older wife or gap of ≤ 2	25.4	16.2	9.7
3+	23.0	14.1	9.3
<i>Educational attainment level</i>			
No formal education	23.1	14.4	8.3
Primary	23.4	13.9	9.7
Secondary and higher	24.1	15.1	10.5
<i>Wage-work status</i>			
Not worked for wages	21.6	13.2	9.2
Worked for wages	26.7	17.0	9.6
<i>Agency</i>			
<i>Decision-making authority (number of household decisions participated in)</i>			
0	24.7	15.1	8.7

(Contd)

Table 5.3 (*Contd*)

Woman-level indicators	Disclosed	Sought help	Sought help from a formal source
1–2	25.7	16.6	8.5
3	22.2	13.6	10.1
<i>Freedom of movement to visit all three locations probed unescorted</i>			
No	23.1	14.1	7.4
Yes	24.3	15.3	12.1
<i>Control over money (owns and operates a bank account)</i>			
No	21.9	13.2	6.9
Yes	25.2	15.9	11.5
<i>Attitudes to wife-beating (number of situations in which wife-beating is viewed as justified)</i>			
0	23.6	14.9	9.9
1–2	23.2	14.1	7.3
3–4	23.3	14.7	9.9
5–7	24.1	14.5	10.1
Total	23.6	14.6	9.4

Source: Authors' calculations based on the NFHS-4 dataset.

experiencing all three forms of violence were considerably more likely to both seek help in general (31 per cent) and seek help from a formal source (17 per cent) than other women (9–18 per cent, 6–9 per cent, respectively).

MULTIVARIATE ANALYSIS

Three separate logistic regression analyses were carried out to identify factors associated with disclosure, help-seeking in general, and help-seeking from formal sources specifically among those who sought help.

After adjusting for other factors, including background factors (reported in Table 5.2), findings show that women's individual characteristics and agency, as well as the violence and control sets of explanatory variables, were significantly associated with all three indicators. With regard to disclosure, the odds that a woman had disclosed her experience were greater among those with a secondary school education (odds ration [OR], 1.12), those who worked

Table 5.4 Percentage of currently married women in India who had experienced marital violence in the preceding 12 months and had disclosed their experience, sought help generally, and sought help from a formal source specifically, according to the extent of violence and control experienced, as reported in National Family Health Survey (NFHS)-4, 2015–16

Characteristics related to violence	Disclosed	Sought help	Sought help from a formal source
<i>Alcohol consumption by the husband</i>			
No	18.7	10.9	7.2
Yes	28.6	18.4	10.8
<i>Number of marital control behaviours displayed by the husband</i>			
0	15.4	7.5	5.7
1–2	22.7	13.4	9.4
3–6	30.2	20.7	10.4
<i>Injuries experienced</i>			
No	17.7	10.0	6.0
Yes	40.9	28.0	13.0
<i>Severity of violence</i>			
Non-severe	18.5	10.3	5.3
Severe	35.3	24.6	13.3
<i>Type of violence experienced</i>			
Physical only	16.4	8.5	6.2
Physical and sexual	24.0	16.6	8.6
Physical and emotional or sexual and emotional	28.3	18.2	7.5
Physical, sexual, and emotional	43.3	31.4	17.1
Total	23.6	14.6	9.4

Source: Authors' calculations based on the NFHS-4 dataset.

for wages (OR, 1.2), and those who were similarly aged to their husband (± 2 years) or were older than their husband (OR, 1.15). Among the agency and attitude indicators, the odds of disclosure were greater among women who participated in household decision-making (OR, 1.12 among those participating in one or two among three household decisions probed) and those who had control over resources (owned and operated a bank account)

(OR, 1.08). The odds of disclosure were lower among those holding attitudes that justified wife-beating (OR, 0.86, 0.80). Most consistently associated with disclosure were indicators relating to violence and control experiences. The odds of disclosure were greater among women whose husbands consumed alcohol (OR, 1.37) and who had experienced physical violence as well as sexual violence (1.26); they were particularly high among those who had experienced physical, sexual, and emotional violence (1.96). The odds of disclosure were also greater among those who had experienced injuries (OR, 2.29) and those who had experienced severe forms of physical violence (OR, 1.43). Finally, the odds of disclosure were far higher among those whose husbands exercised control over the respondents (OR, 1.11).

With regard to help-seeking, the odds that a woman had sought help were greater among those who had married in adulthood, who were about the same age as their husband, who had at least a secondary school education, and who had worked for wages as compared to other women. The odds ratios suggest, moreover, that agency and attitude indicators were also significant – for example, those who had control over money were 1.14 times more likely, those who made one or two decisions were 1.23 times more likely, and those who had freedom of movement were 1.09 times more likely than other women to seek help, while those who held attitudes that justified wife-beating (OR, 0.72) were considerably less likely to do so. As in the case of disclosure, finally, violence and control indicators are consistently associated with help-seeking even when confounding factors are controlled. For example, the odds of help-seeking were far higher among those whose husbands consumed alcohol (OR, 1.37), those whose husbands exercised control over them (OR, 1.15), and those who had experienced injuries (OR, 2.21) or severe acts of violence (OR, 1.43). Likewise, the odds that women had sought help were greater among those who had experienced more than one type of violence – particularly those who had experienced physical, sexual, and emotional violence (OR, 2.21) – than those who had experienced only physical violence.

Among those who had sought help, as reported earlier, few had sought help from a formal source (Table 5.1). Multivariate findings show, overall, fewer significant associations. The odds that a woman had sought a formal source of help were greater among older women (OR, 1.04), those who were about the same age as their husband (OR, 1.4), and those who had completed at least secondary school (OR, 1.62). Marriage in adulthood and the number of children a woman had significantly curtailed women's likelihood of seeking help from a formal source (OR, 0.53 and 0.84, respectively). The odds

Table 5.5 Odds ratio from logistic regression analyses identifying factors associated with disclosure and help-seeking for marital violence in India as reported in National Family Health Survey (NFHS)-4, 2015–16

Variables	Disclosure	Sought help	Sought help from a formal source
<i>Individual characteristics</i>			
Women's age	1.00 (1.00–1.01)	1 (0.99–1.01)	1.04 (1.02–1.07)*
<i>Age at marriage (reference category: < 18 years)</i>			
≥ 18	1.03 (0.94–1.12)	1.12 (1.01–1.24)†	0.53 (0.37–0.76)*
<i>Spousal age difference (years) (reference category: husband 3+ years older than wife)</i>			
Older wife or both about the same age (±1–2 years)	1.15 (1.04–1.27)*	1.14 (1.02–1.28)†	1.4 (0.98–2.01)‡
<i>Education level (reference category: no formal education)</i>			
Primary	1.05 (0.93–1.19)	1.00 (0.86–1.16)	1.22 (0.76–1.97)
Secondary and higher	1.12 (1.00–1.25)†	1.16 (1.01–1.32)†	1.62 (1.04–2.51)†
<i>Wage-work status (reference category: not worked for wages)</i>			
Worked for wages	1.2 (1.09–1.31)*	1.21 (1.09–1.35)*	1.04 (0.75–1.46)
<i>Number of children</i>			
Number of living children	0.99 (0.96–1.03)	0.98 (0.94–1.02)	0.84 (0.73–0.96)†
<i>Agency indicators</i>			
<i>Number of decisions participated in (reference category: none)</i>			
1–2	1.12 (0.99–1.26)‡	1.23 (1.06–1.42)*	0.96 (0.59–1.54)
3	0.97 (0.86–1.08)	1.03 (0.9–1.18)	0.99 (0.64–1.55)
<i>Freedom of movement to visit all three locations unescorted (reference category: no)</i>			
Yes	1.02 (0.94–1.12)	1.09 (0.98–1.22)‡	1.44 (1.02–2.03)†

(Contd)

Table 5.5 (Contd)

Variables	Disclosure	Sought help	Sought help from a formal source
<i>Owens and operates a bank account (reference category: no)</i>			
Yes	1.08 (0.99–1.18) [‡]	1.14 (1.02–1.27) [†]	1.54 (1.08–2.21) [†]
<i>Number of situations in which wife-beating is viewed as justified (reference category: none)</i>			
1–2	0.93 (0.83–1.04)	0.9 (0.79–1.04)	0.81 (0.51–1.3)
3–4	0.86 (0.76–0.96) [†]	0.9 (0.78–1.03)	1.17 (0.74–1.83)
5–7	0.80 (0.71–0.9) [*]	0.72 (0.63–0.83) [*]	0.83 (0.53–1.3)
<i>Characteristics related to violence and control</i>			
<i>Alcohol consumption by husband (reference category: no)</i>			
Yes	1.37 (1.26–1.5) [*]	1.37 (1.23–1.52) [*]	1.08 (0.75–1.55)
Number of marital control behaviours displayed by husband	1.11 (1.09–1.14) [*]	1.15 (1.11–1.18) [*]	0.99 (0.9–1.09)
<i>Type of violence by husband (reference category: physical violence only)</i>			
Physical and sexual	1.26 (1.06–1.50) [*]	1.6 (1.31–1.96) [*]	1.15 (0.58–2.31)
Physical and emotional or sexual and emotional	1.53 (1.39–1.68) [*]	1.72 (1.53–1.94) [*]	1.06 (0.68–1.65)
All three	1.96 (1.71–2.25) [*]	2.24 (1.91–2.62) [*]	2.3 (1.43–3.69) [*]
<i>Injuries experienced (reference category: no)</i>			
Yes	2.29 (2.08–2.51) [*]	2.21 (1.98–2.47) [*]	1.5 (1.04–2.16) [†]
<i>Severity of violence (reference category: non-severe)</i>			
Severe	1.43 (1.31–1.58) [*]	1.65 (1.48–1.84) [*]	1.93 (1.31–2.84) [*]
<i>Background household characteristics</i>			
<i>Socially excluded castes or tribes (reference category: Scheduled Castes)</i>			
Scheduled Tribes	1.2 (1.03–1.4) [†]	1.15 (0.96–1.38)	0.58 (0.3–1.1) [‡]

(Contd)

Table 5.5 (*Contd*)

Variables	Disclosure	Sought help	Sought help from a formal source
Other backward classes	1.12 (1–1.24) [†]	1.08 (0.95–1.22)	0.9 (0.61–1.33)
Others	1.11 (0.96–1.27)	1.12 (0.95–1.32)	0.52 (0.3–0.9) [†]
<i>Religion (reference category: Hindu)</i>			
Muslim	1.08 (0.94–1.24)	1.07 (0.91–1.27)	1.4 (0.81–2.43)
Others	1.59 (1.32–1.91)*	1.11 (0.88–1.39)	2.25 (1.21–4.19) [†]
<i>Residence (reference category: urban)</i>			
Rural	1.04 (0.93–1.15)	1.19 (1.04–1.35)*	1.18 (0.76–1.83)
<i>Region (reference category: north)</i>			
South	1.03 (0.88–1.21)	0.88 (0.73–1.06)	1.56 (0.79–3.07)
East and north-east	0.65 (0.55–0.77)*	0.59 (0.49–0.72)*	2.4 (1.18–4.9) [†]
West	0.88 (0.73–1.06)	0.69 (0.54–0.87)*	1.18 (0.47–2.94)
Central	0.83 (0.71–0.98) [†]	0.82 (0.68–0.99) [†]	2.13 (1.08–4.19) [†]
<i>Wealth index (reference category: poorest quintile)</i>			
Poorer	0.92 (0.82–1.05)	1.00 (0.86–1.15)	0.93 (0.57–1.51)
Middle	0.93 (0.81–1.07)	0.88 (0.75–1.05)	1.05 (0.6–1.85)
Richer	1.12 (0.96–1.32)	1.09 (0.91–1.32)	1 (0.55–1.82)
Richest	1.28 (1.06–1.55) [†]	1.35 (1.08–1.7) [†]	1.95 (0.93–4.11) [‡]

(Contd)

Table 5.5 (*Contd*)

Variables	Disclosure	Sought help	Sought help from a formal source
Number of women who had experienced violence in the previous 12 months and had sought help	14,510	14,510	2,119

Source: Authors' calculations based on the NFHS-4 dataset.

Note: *, †, and ‡ signify < 1 per cent, 5 per cent, and 10 per cent levels of significance, respectively; () signifies 95 per cent confidence interval.

that women sought help from a formal source were greater, moreover, among those with freedom of movement (1.44) and control over money (1.54) but were unrelated to decision-making or attitudes justifying violence. Violence-related indicators remained strongly associated with help-seeking from a formal source. The odds that a woman had sought a formal source of help were likely to be greater among those who had experienced all the three types of violence (physical, sexual, and emotional) (OR, 2.30), those who had experienced injuries (OR, 2.21), and those who had experienced severe violence (OR, 1.93).

A few background factors were also important in the multivariate analyses. In terms of caste affiliation, those belonging to Scheduled Tribes and other backward classes were more likely than those from Scheduled Castes to disclose their experiences (OR, 1.12–1.20); yet it was those from socially excluded tribes (OR, 0.58) and those belonging to other backward classes (OR, 0.52) who were less likely to seek help from formal sources. Rural women were more likely than urban women to seek help (OR, 1.19) but no more likely to seek help from a formal source. Of note is the pattern of help-seeking by household economic status: It is only women belonging to the wealthiest households who are significantly more likely than those belonging to the poorest households to disclose their experience (OR, 1.28), seek help in general (OR, 1.35), and seek help from the formal sector specifically (OR, 1.95); those from other wealth quintiles were about as likely as the poorest women to disclose experiences and seek help of any kind. Also consistent with the findings relating to regional differences in women's agency was that women in the eastern and north-eastern regions and those in the central regions were significantly less likely than those in the northern region to

disclose their experience (ORs, 0.65, 0.83, respectively) and seek help (OR, 0.59, 0.82, respectively), but were significantly more likely to have sought help from the formal sector (OR, 2.40, 2.13, respectively).

CONCLUSION

Many studies of help-seeking among women experiencing marital violence have established that women tend to remain silent – that is, they perceive marital violence as a personal matter and as a husband's entitlement (Pinnewala, 2009; Leonardsson and Sebastian, 2017; García-Moreno et al., 2005; National Institute of Population Research and Training, Mitra and Associates, and Macro International, 2009; Parvin, Sultana, and Naved, 2016). Hugely disturbing is its wide prevalence in India. Percentages of women remaining silent appear to have increased over time, from 66 per cent in 2005–06 (IIPS and Macro International, 2007) to 76 per cent in 2015–16 (IIPS and ICF International, 2017). Percentages are, moreover, considerably higher in India in 2015–16 than in many other settings, such as Bangladesh (66 per cent) (Naved et al., 2006), Sri Lanka (58 per cent) (Jayasuriya, Wijewardena, and Axemo, 2011), and Egypt (54 per cent) (Diop-Sidibe, Campbell, and Becker, 2006). Also notable from our findings is that women who had experienced physical or sexual violence perpetrated by their husbands in the 12 months preceding the interview rarely sought help from a formal source (1 per cent). Indeed, some simply shared the experience (9 per cent), not even seeking help from their confidantes. Previous studies have also reported the wider use of informal than formal sources of help among women (Fugate et al., 2005; Paul, 2016; Leonardsson and Sebastian, 2017). In India, on the one hand, the cultural construct of traditional society deters women from approaching formal support systems. On the other hand, however, sensitive platforms that encourage help-seeking from a formal source are not, in practice, available, accessible, or acceptable to women (Paul, 2016).

Several previous studies have explored the factors associated with or underlying women's propensity to break the silence. All of these studies have consistently shown that disclosure and/or help-seeking are strongly associated with women's history and experience of violence (Ellsberg et al., 2001; Naved et al., 2006; Fanslow and Robinson, 2010; Flicker et al., 2011; Parvin, Sultana, and Naved, 2016; Leonardsson and Sebastian, 2017; Rowan,

Mumford, and Clark, 2018). Our study lends support to these findings. Both disclosure and help-seeking, as well as help-seeking from a formal source among those who sought help, were positively associated with the nature of the violence experienced; those who had experienced physical and sexual violence together with emotional violence, those who had experienced severe forms of violence, and those who had suffered injuries were consistently more likely than others to disclose the experience and seek the help of confidantes or formal sources. At the same time, our study contradicts others that suggested that women whose husbands demonstrate controlling behaviour are less likely than others to disclose their experience or seek help because marital control limits the woman's network and interactions with the network (Evans and Feder, 2014). On the contrary, our findings suggest a positive association between marital control and help-seeking, which is a finding also observed in a study in India using the NFHS-3 data (Rowan, Mumford, and Clark, 2018). As in the case of experiences of violence, we suggest that it was when the control became unbearable that women felt compelled to disclose their situation and seek help. While not a measure of the experience of violence, moreover, our findings show that those whose husbands consumed alcohol – a practice often associated with the perpetration of marital violence – were more likely than others to have disclosed their experience and sought help. Overall, these findings confirm the findings of others (Naved et al., 2006; Rowan, Mumford, and Clark, 2018) suggesting that abuse must be prolonged and severe and the extent of marital control extreme before women are driven to disclose their experiences and/or seek help because they are unable to endure the violence or control anymore.

Studies have not been as consistent about the associations between woman-level indicators, especially those reflecting their agency, and disclosure or help-seeking. For example, while at least one study has observed no association between women's educational attainment level and disclosure or help-seeking (Rowan, Mumford, and Clark, 2018), when confounding socio-demographic characteristics are controlled, many more have confirmed a positive association (Leonardsson and Sebastian, 2017; Parvin, Sultana, and Naved, 2016; Okenwa, Lawoko, and Jansson, 2009; Coker et al., 2000). Our findings have corroborated this latter finding, indicating specifically that it is the attainment of at least a secondary school education that is associated with all three indicators: disclosure, help-seeking in general, and help-seeking from a formal source among those who sought help. As others have argued, the positive association between education and

disclosure or help-seeking may be attributable to their better recognition of their rights (Cattaneo and DeLoveh, 2008). Our findings concur but also suggest that education and economic activity – along with women’s agency in terms of decision-making, mobility, control over resources, and attitudes rejecting the acceptability of marital violence – give women a voice and strengthen their capacity to claim their rights and overcome traditional hesitation to seek help. Two other indicators of power in relationships – marriage in adulthood (Santhya et al., 2010) and a narrow spousal age gap (Rowan, Mumford, and Clark, 2018) – have also been found to be positively associated with both disclosure and help-seeking, which are findings largely corroborated by our findings.

Our findings have shown that among those who sought help, a smaller set of factors have been associated with help-seeking from a formal source. While education, a narrower spousal age gap, freedom of movement, control over resources, and all of the indicators reflecting the experience of violence remain powerfully associated with help-seeking from a formal source, other factors like wage work, husband’s alcohol consumption, and extent of controlling behaviours, along with two indicators of agency – decision-making and attitudes rejecting the acceptability of violence – are no longer significant. At the same time, we find an inverse association between the number of children a woman has and her help-seeking from a formal source, suggesting that fear of losing the children may inhibit women from seeking help from formal sources such as law enforcement officials (see Pinnewala, 2009).

While not directly the subject of this chapter, our finding that women from eastern, north-eastern, and central regions were less likely to disclose their experience of violence and seek help compared to those from other regions is consistent with findings elsewhere about the generally compromised agency of women and the more widespread experience of marital violence in the aforementioned regions compared to those in other regions, particularly the southern region (Jejeebhoy, Santhya, and Acharya, 2010; Jejeebhoy and Sathar, 2001; Rowan, Mumford, and Clark, 2018). Also noteworthy is the finding that although less likely to disclose their experience, those who did seek help from these regions were more likely than others to have sought formal-sector help. This may perhaps be attributed to their greater likelihood of bearing the violence in silence, which they disclose only if it becomes severe enough after a point to seek formal-sector help.

Our study, however, has some limitations. Because of the cross-sectional nature of the data, we cannot infer the causal relationships between the agency and the outcome indicators; however, by restricting the sample to those who experienced violence in the recent past, we have tried to ensure that temporal ordering is consistent with the agency indicators influencing the outcomes. Moreover, because our focus was to explore the role of woman-level agency and other indicators, we considered only a few key background variables. We acknowledge that other unmeasured factors may confound these relationships. Other key indicators, such as natal family support, were not measured in the NFHS. Also, our findings may have underestimated help-seeking as those experiencing only emotional violence were not asked about whether they had disclosed or sought help for their experience. Finally, we recognize that our study has relied only on individual experiences and, in particular, the social norms regarding the acceptability of marital violence, the availability of platforms for formal help-seeking and social support systems, as well as factors that may strongly affect disclosure and help-seeking from formal sources rather than community-level indicators more broadly.

Nevertheless, our findings provide a strong rationale for support mechanisms for women who experience marital violence and can be used in advocacy efforts to spur action. Study findings – particularly the high reluctance to seek help until the experience becomes extreme and the role of education and women's agency in empowering women to seek help – may encourage greater commitment on the part of the government to enforce laws protecting women from marital violence and facilitate a more effective translation of laws into accessible and women-friendly formal sources of help (notably, legal protection, shelter and counselling, and community-based and school-based measures among women and girls as well as men and boys to enhance women's agency to claim their rights even in the face of societal censure). In the longer term, persisting patriarchal social norms that continue to stigmatize women who break the silence around their violent marriages must be reversed.

NOTE

1. The International Institute for Population Sciences (IIPS), Mumbai, served as the nodal agency for the survey, under the stewardship of the Ministry of Health and Family Welfare, Government of India.

REFERENCES

- Acharya, R., S. Sabarwal, and S. J. Jejeebhoy (2012). 'Women's Empowerment and Forced Sex within Marriage in Rural India'. *Economic and Political Weekly* 47(2): 65–69.
- Ackerson, L. K., and S. V. Subramanian (2009). 'Intimate Partner Violence and Death among Infants and Children in India'. *Pediatrics* 124(5): e878–89. DOI: 10.1542/peds.2009-0524.
- Altekar, A. S. (1956). *The Position of Women in Hindu Civilization: From Prehistoric Times to the Present Day*. New Delhi: Motilal Banarsidass Publishers.
- Cattaneo, L. B., and H. L. M. DeLoveh (2008). 'The Role of Socioeconomic Status in Help Seeking from Hotlines, Shelters, and Police among a National Sample of Women Experiencing Intimate Partner Violence'. *American Journal of Orthopsychiatry* 78(4): 413–22. DOI: 10.1037/a0014558.
- Chaurasiya, D., V. Chaurasia, S. Chauhan, R. Patel, A. Gupta, and S. Unisa (2018). 'The Correlates of Violence against Women in India: Findings from the Recent National Demographic Health Survey'. *Asian Review of Social Sciences* 7(3): 132–39.
- Chowdhury, N., and V. Patel (2008). 'The Effect of Spousal Violence on Women's Health: Findings from the Stree Arogya Shodh in Goa, India'. *Journal of Postgraduate Medicine* 54(4): 306–12. DOI: 10.4103/0022-3859.39181.
- Coker A. L., C. Derrick, J. L. Lumpkin, T. E. Aldrich, and R. Oldendick (2000). 'Help-Seeking for Intimate Partner Violence and Forced Sex in South Carolina'. *American Journal of Preventive Medicine* 19(4): 316–20.
- Diop-Sidibe, N., J. C. Campbell, and S. Becker (2006). 'Domestic Violence against Women in Egypt: Wife Beating and Health Outcomes'. *Social Science and Medicine* 62(5): 1260–77.
- Dyson, T., and M. Moore (1983). 'On Kinship Structure, Female Autonomy, and Demographic Behaviour in India'. *Population and Development Review* 9(1): 35–50.
- Ellsberg, M. C., A. Winkvist, R. Pena, and H. Stenlund (2001). 'Women's Strategic Responses to Violence in Nicaragua'. *Journal of Epidemiology and Community Health* 55(8): 547–55.
- Evans, A. M., and S. G. Feder (2014). 'Help Seeking amongst Women Survivors of Domestic Violence: A Qualitative Study of Pathways towards Formal and Informal Support'. *Health Expectations* 19(1): 62–73.
- Fanslow, J. L., and E. M. Robinson (2010). 'Help-Seeking Behaviors and Reasons for Help Seeking Reported by a Representative Sample of Women Victims

- of Intimate Partner Violence in New Zealand'. *Journal of Interpersonal Violence* 25(5): 929–51. DOI: 10.1177/0886260509336963.
- Flicker, S. M., C. Cerulli, X. Zhao, W. Tang, A. Watts, and Y. Xia (2011). 'Concomitant Forms of Abuse and Help-Seeking Behavior among White, African American, and Latina Women Who Experience Intimate Partner Violence'. *Violence Against Women* 17(8): 1067–85. DOI: 10.1177/1077801211414846.
- Fugate, M., L. Landis, K. Riordan, S. Naureckas, and B. Engel (2005). 'Barriers to Domestic Violence Help Seeking: Implications for Intervention'. *Violence against Women* 11(3): 290–310. DOI: 10.1177/1077801204271959.
- García-Moreno, C., H. A. F. M. Jansen, M. Ellsberg, L. Heise, and C. Watts (2005). *WHO Multi-Country Study on Women's Health and Domestic Violence against Women: Initial Results on Prevalence, Health Outcomes and Women's Response*. Geneva: World Health Organization.
- Heise, L. L. (2011). *What Works to Prevent Partner Violence? An Evidence Overview*. Report for the UK Department for International Development (December). London: STRIVE Research Consortium, London School of Hygiene and Tropical Medicine.
- Hindin, M. J., S. Kishor, and D. L. Ansara (2008). *Intimate Partner Violence among Couples in 10 DHS Countries: Predictors and Health Outcomes*. DHS (Demographic and Health Surveys) Analytical Studies No. 18. Calverton, MD: Macro International Inc.
- International Institute for Population Sciences (IIPS) and Macro International (2007). *National Family Health Survey (NFHS-3), 2005–06, India*, vol. 1. Mumbai: IIPS.
- International Institute of Population Sciences (IIPS) and ICF International (2017). *National Family Health Survey (NFHS-4), 2015–16: India*. Mumbai: IIPS.
- Jayasuriya, V., K. Wijewardena, and P. Axemo (2011). 'Intimate Partner Violence against Women in the Capital Province of Sri Lanka: Prevalence, Risk Factors, and Help Seeking'. *Violence against Women* 17(8): 1086–102.
- Jejeebhoy, S. J (1998). 'Associations between Wife-Beating and Fetal and Infant Death: Impressions from a Survey in Rural India'. *Studies in Family Planning* 29(3): 300–08. DOI: 10.2307/172276.
- Jejeebhoy, S., K. G. Santhya, and R. Acharya (2010). *Health and Social Consequences of Marital Violence: A Synthesis of Evidence from India*. New Delhi: Population Council.

- (2014). 'Violence against Women in South Asia: The Need for the Active Engagement of the Health Sector'. *Glob Public Health* 9(6): 678–90. DOI: 10.1080/17441692.2014.916736.
- Jejeebhoy, S., and Z. Sathar (2001). 'Women's Autonomy in India and Pakistan: The Influence of Religion and Region'. *Population and Development Review* 27(4): 687–712.
- Johnson, N., and M. Sengupta (2008). *Do Battered Mothers Have More Foetal and Infant Deaths? Evidence From India*. Research Report No. 08-634. Ann Arbor, MI: Population Studies Center, University of Michigan.
- Karve, I. K. (1965). *Kinship Organization in India*. Bombay: Asia Publishing House.
- Kishor, S., and K. Johnson (2004). *Profiling Domestic Violence: A Multi-Country Study*. Calverton, MD: MEASURE DHS–Macro International Inc.
- Koenig, M. A., R. Stephenson, R. Acharya, L. Barrick, S. Ahmed, and M. Hindin (2010). 'Domestic Violence and Early Childhood Mortality in Rural India: Evidence from Prospective Data'. *International Journal of Epidemiology* 39(3): 825–833. DOI: 10.1093/ije/dyq066.
- Koenig, M. A., R. Stephenson, S. Ahmed, S. J. Jejeebhoy, and J. Campbell (2006). 'Individual and Contextual Determinants of Domestic Violence in North India'. *American Journal of Public Health* 96(1): 132–38.
- Leonardsson, M., and M. S. Sebastian (2017). 'Prevalence and Predictors of Help-Seeking for Women Exposed to Spousal Violence in India: A Cross-Sectional Study'. *BMC Women's Health* 17(99). DOI: 10.1186/s12905-017-0453-4. DOI: 10.1186/s12905-017-0453-4.
- Ministry of Law and Justice (2005). *The Protection of Women from Domestic Violence Act, 2005, No. 43 of 2005, Dated September 14, 2005*. New Delhi: Ministry of Law and Justice, Government of India.
- Muthal-Rathore, A., R. Tripathi, and R. Arora (2002). 'Domestic Violence against Pregnant Women Interviewed at a Hospital in New Delhi'. *International Journal of Gynecology and Obstetrics* 76(1): 83–85. DOI: 10.1016/S0020-7292(01)00533-1.
- National Institute of Population Research and Training (NIPORT), Mitra and Associates, and Macro International (2009). *Bangladesh Demographic and Health Survey 2007*. Dhaka and Calverton, MD: National Institute of Population Research and Training, Mitra and Associates, and Macro International.
- Naved, R. T., S. Azim, A. Bhuiya, and L. A. Persson (2006). 'Physical Violence by Husbands: Magnitude, Disclosure and Help-Seeking Behavior of

- Women in Bangladesh'. *Social Science and Medicine* 62(12): 2917–29. DOI: 10.1016/j.socscimed.2005.12.001.
- Okenwa, L., P. S. Lawoko, and P. B. Jansson (2009). 'Factors Associated with Disclosure of Intimate Partner Violence among Women in Lagos, Nigeria'. *Journal of Injury and Violence Research* 1(1): 37–47. DOI: 10.5249/jivr.v1i1.15.
- Parvin, K., N. Sultana, and R. T. Naved (2016). 'Disclosure and Help Seeking Behavior of Women Exposed to Physical Spousal Violence in Dhaka Slums'. *BMC Public Health* 16: 383. DOI: 10.1186/s12889-016-3060-7.
- Paul, S. 2016. 'Intimate Partner Violence and Women's Help-seeking Behaviour: Evidence from India'. *Journal of Interdisciplinary Economics* 28(1): 53–82.
- Pinnewala, P. 2009. 'Good Women, Martyrs, and Survivors: A Theoretical Framework for South Asian Women's Responses to Partner Violence'. *Violence against Women* 15(1): 81–105. DOI: 10.1177/1077801208328005.
- Ram, A., C. P. Victor, H. Christy, S. Hembrom, A. G. Cherian, and V. R. Mohan (2019). 'Domestic Violence and Its Determinants among 15–49-Year-Old Women in a Rural Block in South India'. *Indian Journal of Community Medicine* 44(4): 362–67. <http://www.ijcm.org.in/text.asp?2019/44/4/362/270820>. Accessed on 21 September 2020.
- Rowan, K., E. Mumford, and C. J. Clark (2018). 'Is Women's Empowerment Associated with Help-Seeking for Spousal Violence in India?' *Journal of Interpersonal Violence* 33(9): 1519–48. DOI: 10.1177/0886260515618945.
- Sabarwal, S., K. G. Santhya, and S. J. Jejeebhoy (2014). 'Women's Autonomy and Experience of Physical Violence within Marriage in Rural India: Evidence from a Prospective Study'. *Journal of Interpersonal Violence* 29(2): 332–47. DOI: 10.1177/0886260513505144.
- Santhya, K. G., U. Ram, R. Acharya, S. Jejeebhoy, F. Ram, and A. Singh (2010). 'Associations between Early Marriage and Young Women's Marital and Reproductive Health Outcomes: Evidence from India'. *International Perspectives on Sexual and Reproductive Health* 36(3): 132–39.
- Silverman, J. G., J. Gupta, M. Decker, N. Kapur, and A. Raj (2007). 'Intimate Partner Violence and Unwanted Pregnancy, Miscarriage, Induced Abortion, and Stillbirth among a National Sample of Bangladeshi Women'. *BJOG: An International Journal of Obstetrics and Gynaecology* 114(10): 1246–52. DOI: 10.1111/j.1471-0528.2007.01481.x.
- Silverman, J. G., M. R. Decker, N. Saggurti, D. Balaiah, and A. Raj (2008). 'Intimate Partner Violence and HIV Infection among Married Indian Women'. *Journal of the American Medical Association* 300(6): 703–10. DOI: 10.1001/jama.300.6.703.

- Singh, A., B. Mahapatra, and S. Dutta (2008). 'Spousal Abuse and Infant and Child Mortality in India'. *Asia-Pacific Population Journal* 23(2): 33–54.
- Stephenson, R., M. A. Koenig, R. Acharya, and T. K. Roy (2008). 'Domestic Violence, Contraceptive Use, and Unwanted Pregnancy in Rural India'. *Studies in Family Planning* 39(3): 177–186. DOI: 10.1111/j.1728-4465.2008.165.x.
- United Nations (2015). *Transforming Our World: The 2030 Agenda for Sustainable Development*. A/Res/70/1. New York: Department of Economic and Social Affairs, Sustainable Development, United Nations. <https://sustainabledevelopment.un.org/content/documents/21252030%20Agenda%20for%20Sustainable%20Development%20web.pdf>. Accessed on 13 September 2020.
- World Health Organization (WHO). 2013. *Global and Regional Estimates of Violence against Women: Prevalence and Health Effects of Intimate Partner Violence and Non-Partner Sexual Violence*. Geneva: World Health Organization.