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Violence against Women and Reproductive Health in Pakhribash Municipality

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Abstract

The United Nations defines that violence against women is any act of gender-based violence that results in, or is likely to result in, physical, sexual, or mental harm or suffering to women, including threats of such acts, coercion, or arbitrary deprivation of liberty, whether occurring in public or in private life. The main objective of the study was to find out the effects of violence against women. This paper was based on qualitative data using both the primary and secondary data sources. In this purpose the snow-ball sampling method was used to select the 110 victimized respondent women. In the study area, out of 110 women, all the women who had heard about women violence and higher number of women faced coercive sex during pregnancy period. All the women were facing health problem up to now because of the violence directed against them. It also makes the women to remain in the position of inferiority complex all these lead to women's reproductive health as well as well-being more vulnerable throughout the life.

Keywords: *violence, perpetrator of violence, coercive sex, reproductive health problems*

Introduction

The term violence against women refers to many types of harmful behaviour directed to women and girls because of their sex. The United Nations provided the first official definition of such violence when the General Assembly adopted the Declaration on the Elimination of Violence Against Women states that any act of gender-based violence that results in, or is likely to result in, physical, sexual, or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life. (The United Nations, 1979)

The social disturbances, caused by violence and its impact on human development have emerged during the last 10 years as a social issue of concern for government, individuals, families, and community. This process has been extended by many civil and ethnic conflicts that have happened during the same period. At the same time, raising awareness of the rights of certain groups of people, for instance women, has led to important national and international movement.

Reproductive health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system, and

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to its functions and processes (The United Nations, 1994). There is a close relationship between the domestic violence and reproductive health. Gender based violence exacts a heavy toll on mental and physical health. Increasingly, gender-based violence is recognized as a major public health concern and a serious violation of basic human rights. Women are abused most often by someone she knows, including by her husband or another family member (Heise et al., 1999). Women violence can cause the serious reproductive health problem in women such as: unwanted pregnancy and sexually transmitted infections (STIs) including HIV/AIDS, gynecological disorders, unsafe abortion, adverse pregnant outcome, pelvic inflammatory disease (PID) etc. (The United Nations, 1994).

Violence towards women have been perpetuating in society in the name of practicing witchcraft, dowry practices, preference of son, social tradition etc. (National Human Rights Commission of Nepal, 2022) If these do not erase from society people view it achieves too far women's reproductive health rights in Nepal. It should be conceived in the mind that the influence of violence can persist long after the abuse itself has stopped or reduced, and the more severe the abuse, the greater its impact on women's physical and mental health. In Nepal, Culture itself grants the opportunity to escalate violence against women because in our culture, especially in marriage ceremony, the bride is handed to bridegroom in the name of '*kanyadana*' After '*kanyadana*', her possession shifts from her parents to her husband.

Among the gender-based violence 15% of gender-based violence occurs in pregnancy period in Nepal. It is found that the women from a low economic and social status are more victimized from the violence. More than 40 percent of men justified the following reasons which they say are right enough for the beating of their wives: burning the meal while cooking; replying abruptly to the order in rude way; going outside without asking for the permission; neglecting the child rearing; and rejecting the participation in sexual activities. 5% men from 35-39 age groups admitted the wife beating, alleging them to have burnt the meal while cooking moreover. The crucial and distressing matter is that 5% women acknowledged that the above-mentioned reasons could be their own faults (Ministry of Health and Population & Government of Nepal, 2006).

In 2016/17, 1131 rape cases, 536 attempt to rape cases, 227 human trafficking cases, 22 abortion cases, 464 polygamy cases, 26 child marriage cases, 11,629 domestic Violence cases and 24 witch craft cases have been reported to these service centers. Out of a total 11,629 reported domestic violence cases, conciliation made in 6,882 cases; 579 cases were referred to courts (Government of Nepal, 2019).

It is not known about the health complications and social problems created by domestic violence in relation to reproductive health in Dhankuta district due to lack of study and research. Pakhribas Municipality is located in Dhankuta district so, studies concerning violence and its relation to reproductive health in the study area have not been done by any researchers.

Materials and Methods

This study was based on descriptive study design. These data were gathered from primary and secondary sources. Primary data were collected from 110 victimized married women by using snowball sampling method in Pakhribash Municipality, eastern hill of Nepal. Interview survey was held for victimized women encompassing about violence at different conditions and health i.e., knowledge about violence, violence before and after marriage, perpetrator of violence, types of violence during pregnancy, coercive sex during pregnancy and reproductive health problems. Furthermore, various published information, record from different Government/NG organization and other various health agencies were used as secondary data source to make interpretation clearer. However, analysis and interpretation were made in accordance with prepared tables.

Study Sample

In the study there were 110 married women and their age group and occupation distribution can be shown as:

Table No.1: *Distribution of Age Group of Mothers*

S.N.	Age Group	No. of person	Percentage
1.	20-24	20	18.18
2.	25-29	28	25.45
3.	30-34	30	27.27
4.	35-39	16	14.54
5.	40-44	14	12.74
6.	45-49	20	1.82
	Total	110	100

Table No.2: *Distribution of Occupation*

S.N.	Description	No of person	Percentage
1	Housewife	77	70
2	Daily Paid	11	10
3	Business	22	20
	Total	110	100

Results and Discussion

Results of the study can be discussed as follows:

Knowledge about Violence against Women

Without the knowledge of violence, we cannot distinguish its form. Knowledge is also the prime source to understand and analyze the violence in the context of socio-culture-and economic dimension. Knowledge can play the significant role to reduce the incident of violence and to empower women to defend against violence. The respondents of the study area were asked about whether they had heard about the women violence and all the women said they had heard about the violence against women.

There was many causes lying behind about women violence, which obstructing women to defend even the most common forms of violence although many women in the study area were well-informed about violence.

Sources of knowledge about women violence

Media or mass communication method can play significant role to make women aware about violence. Source of knowledge from respondents can be shown in table no.3:

Table No 3: *Sources of Knowledge*

SN	Description	Number	Percentage
1	Friends /neighbor	88	80
2	Newspaper	5	4.55
3	Radio/TV	17	15.45
Total		110	100

Table no. 3 demonstrates that high proportion of women 88(80%) heard the message on violence through friends/neighbour, followed by from radio/TV17(15.45%) and women said newspaper 5(4.55%) as the source of knowledge.

Violence and Age

Violence involving young people adds to the cost of health and welfare services, reduces productivity, decreases the value of property, and disrupts range of essential services. Domestic violence occurs in all countries irrespective of social, economic, religious, or cultural group (Heise et al., 1999). In the study area, higher proportion 58.18% respondents did not recall the exact point of time of infliction but 4.55% women experienced first violence at the age of 11. Furthermore, 5.45% and 4.55% women were violated at the age of 12 and 15 years, respectively.

Above mentioned data indicates the tragic scenario of violence because many cases go unreported so that, perpetrators are being encouraged to perpetuate violence in the society.

Violence after Marriage

Marriage is the social and legal relationship between husband and wife. One of the most common forms of violence against women is that performed by a husband or an inmate partner which is also called domestic violence. Domestic violence, occurs in all countries irrespective of social, economic, religious, or cultural group. Violence that facing by women in the research area can be shown is shown in table 4.

Table No 4: *Distribution of Violence after Marriage*

SN	Description	Number	Percentage
1	Physical	11	10
2	Mental	22	20
3	Sexual	11	10
4	Physical and mental	66	60
Total		110	100

Table no 4 depicts that the higher proportion of women 66(60%) underwent both physical and mental violence, 22(20%) women encountered with mental torture, 11(10%) were suffered from physical violence and 11(10%) women were reported mental violence.

Based on above data, it was disclosed that both physical and mental tortures were high. It means women are physically beaten and mentally suppressed, which make the women's health as well as reproductive health more vulnerable.

Perpetrator of Violence

Women are more likely to be physically assaulted or murdered by someone they know, often a family member or intimate partner. They are also at significant risk of being sexually assaulted or exploited, either in childhood, adolescence, or adulthood. Women are vulnerable to several types of violence at different moments in their lives (WHO,2005). Perpetrators of women violence is presented in table 5.

Table No 5: Perpetrator of Violence

SN	Description	Number	Percentage
1	Husband	66	60
2	Family	16	15.54
3	Husband/Family	22	20
4	Neighbour/Husband	6	5.46
Total		110	100

According to table no 5, higher proportion of perpetrator 66 (60%) were their own husband. It was found that 22(20%) violence led by both husband and family member; and 16(14.54%) were from family member. Both neighbour and husband tortured towards 6(5.46%) married women.

More than half of the sampled populations were victimized by their own husband. This clearly shows that women's inferiority and dominated position, comparing with the men, in the society. The data provides the wide knowledge to understand the violence existing in society as a social and cultural stigma.

Types of Violence during Pregnancy

Any types of violence in pregnancy can cause the adverse pregnancy outcome, leading to mother morbidity and child mortality. The types of violence experienced by the women in the study can be shown in table 6.

Table no. 6 shows that 44(47.3%) out of 93 women, who experienced violence, faced both physical and mental pain similarly, 38(40.86%) women experienced mental torture, likewise, physical violence receivers were 6(6.45%) women and 5(5.38%) women encountered sexual violence during pregnancy period.

This shows that the bitter fact about unhealthy safe motherhood practices in the sampled area. Health of a pregnant women determined by the positive relation between husband and wife, but low births weight, immature birthing, abortion may cause by violence during pregnancy.

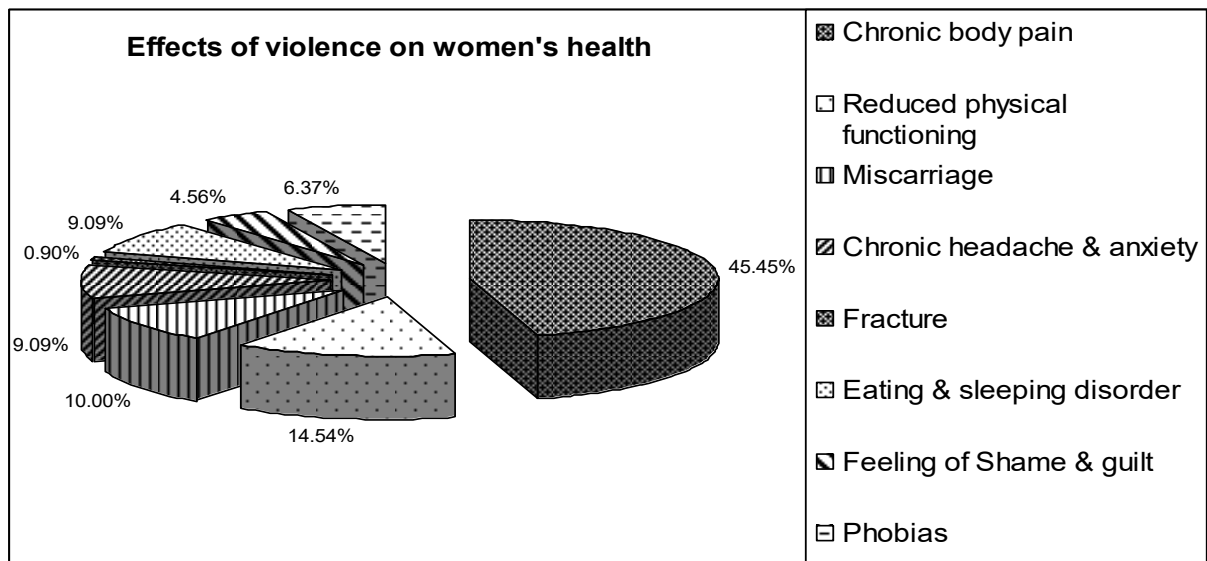
Table no. 6: Types of Violence during Pregnancy

S.N.	Description	Number	Percentage
1	Physical	6	6.45
2	Mental	38	40.86
3	Sexual	5	5.38
4	Physical and Mental	44	47.3
	Total	93	100

Health Problems due to Violence

A history of being the target of violence puts women at increased risk of depression, suicidal attempts, chronic pain syndromes, psychosomatic disorders, physical injury, gastrointestinal disorders, and a variety of reproductive health consequences. Figure no 1 depicts that 50(45.45%) women were facing chronic body pain, reduced physical functioning expressed by 16(14.54%) women, and 11(10%) women encountered with miscarriage accordingly, suffering from chronic headache and anxiety were 10(9.09%) women, and eating and sleeping disorder went through by 10(9.09%) tortured women. Likewise, 7(6.37%) women sustained into phobias, furthermore, underwent of feeling of shame and guilt were 5(4.56%) women. Similarly, 1(0.9%) woman experienced fracture due to violence.

The information leads us to believe that violence can have an impact even after abuse has ended or diminished. The more sever the abuse, the greater its impact on women's physical and mental health.

Fig No. 1: Effects of Violence on Women's Health

Reproductive Health Problems

Women who live with violent partners have a challenging time protecting themselves from unwanted pregnancy or disease. Violence can lead directly to STDs including HIV/AIDS, miscarriage. The women in the sampled population were asked whether they were facing any problem related to reproductive health/organ up to now since the violence directed towards them which can be shown in table no. 7:

Table 7: Reproductive Health Problem

S.N.	Description	Percentage
1	Pelvic inflammatory disease	41.8
2	Gynaecological disorder	12.7
3	Unwanted pregnancy	2.8
4	Frequent miscarriage	2.7
5	Unsafe abortion	1.8
6	Others	38.2
Total		100

Table 7 shows that highest portion 41.8% women were suffering from pelvic inflammatory disease and gynecological disorder 12.9%. According to the data, 2.8% women delivered unwanted pregnancy and 1.8% women encountered with unsafe abortion. In this analysis those women who did not face any problem was considered as others and the result indicates that 38.2% women did not sustain any reproductive health problems.

This is the present situation of women's health in society, also, this represents that why women and child mortality and morbidity are still raising in Nepal.

Conclusion

All the women in the study area were well informed about women violence but the acrid fact is that there are many causes laying behind the women violence e.g., economic constrains, social disapproval etc. which obstructing women to defend even the most common forms of violence. There was a huge gap between women knowledge and practice about violence so that they were facing many health problems in the present situation.

Many women experienced violence before and after marriage, this indicates the tragic scenario of violence occurring in women's life. It means women are physically beaten and mentally suppressed. Furthermore, it also makes the women to remain in the position of inferiority complex; all these make the women's reproductive health as well as well-being more vulnerable throughout the life. More than two third of the respondents were ill-treated during pregnancy. This shows the bitter fact about unhealthy safe motherhood practices in the sampled area. Health of a pregnant women determined by the positive relationship between husband and wife but low birth weight, immature birthing, abortion may cause by violence during pregnancy. The health status of pregnant women is affected by even oral violence.

The data from the study area clearly shows that all the women were facing health as well as reproductive health problems.

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