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Myths and Realities**

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GENDER-BASED VIOLENCE DURING PREGNANCIES: MYTHS AND REALITIES

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The International Conference on Population and Development (ICPD) in Cairo in 1994 and the 1995 Fourth World Conference on Women in Beijing, recognized gender-based violence as an obstacle to women's reproductive and sexual health and rights. International and national organizations, policy-makers, program planners and other stakeholders are recognizing that violence against women has serious adverse consequences for women's health.

In 1996, the World Health Assembly adopted a resolution declaring violence as a public health priority (WHO, 1997). In 1999 United Nations Population Fund declared violence against women "a public health priority"(UNFPA, 1999).

According to Article 1 of the declaration, violence against women includes:

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 deprivations of liberty, whether occurring in public or private life.

UN, 1993

Worldwide nearly 10 per cent to over 50 per cent of women report being physically harmed by their intimate male partner at some point in their lives. Moreover, physical violence is almost always accompanied by psychological stress and in many cases by sexual abuse. The World Bank estimates that rape and domestic violence account for 5 per cent of the healthy years of life lost to women of reproductive age in developing countries (World Bank, 1993). The health burden from gender-based violence on women is similar to that posed by such less hidden conditions as HIV infection and tuberculosis.

Worldwide, studies identify a consistent list of events that are said to provoke or spur violence. This include not obeying her husband, talking back, not having food ready on time, failing to care adequately for the children or home, questioning him about money or girlfriends, going somewhere without his permission, refusing him sex, or expressing suspicions of infidelity (Jejeebhoy, S. 1998 and Visaria, L. 1999). In many developing countries even women share the notion that men have the right to discipline their wives by using force.

Violence operates through multiple pathways to affect women's sexual and reproductive health. There is an indication that violence increases during pregnancy. Around the world, one woman in every four is physically or sexually abused during

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pregnancy, usually by her partner. Estimates of violence during pregnancy vary widely and range from 3 per cent to 11 per cent among adult women and up to 38 per cent among adolescent mothers (Heise, L., *et al.*, 1999).

Violence before and during pregnancy can have serious health consequences for women and their children. Pregnant women who have experienced violence are more likely to delay seeking antenatal care, to gain insufficient weight, have a history of STIs, unwanted or mistimed pregnancies, and bleeding during pregnancy among other complications. Violence also has a serious outcome on pregnancy outcomes. Violence has been linked with increased risk of miscarriages, abortions, premature labour, fetal distress, low birth weight infants and even infant death. Extreme stress and anxiety provoked by violence during pregnancy may lead to preterm delivery or reduce women's ability to obtain nutrition, rest, exercise, and medical care. In a study in 1996 of all maternal deaths in over 400 villages and 7 hospitals in three districts of Maharashtra, Ganatra revealed that 16 per cent of all deaths during pregnancy were due to domestic violence (Ganatra, B., *et al.*, 1996).

Recent studies are focusing more on the prevalence and nature of gender-based violence. However, further comparable research studies are necessary, using both qualitative and quantitative approach to understand the dynamics of gender-based violence, the reasons behind it and consequences of gender-based violence on the health of the women, and quality of life of her children and the family.

During and after pregnancy, due to the physical condition of the women there are likely to be changes in household activities, childcare, husband care, and paid or unpaid family work. Due to these changes or less attention paid by women because of pregnancy or postpartum often there are problems or tensions causing violence. There is a need to understand these changes, effect of changes and if pregnancy is a determinant causing gender-based violence.

OBJECTIVES OF THE STUDY

This study was undertaken to understand if pregnancy was one of the determinants of violence. The specific objectives of the study are:

- To assess changes in work activities, child care, husband care and sexual behaviour during pregnancy and postpartum;
- To understand if changes during pregnancy and postpartum causes violence; and
- To understand the nature of help and attention received by women during pregnancy and postpartum particularly for antenatal care and nutrition.

Data: The study was conducted in two Talukas -Savli and Pavijetpur, of the Baroda district, Gujarat. In all 120 currently married women with experience of at least one pregnancy were included in the study. To understand the differences during various stages on pregnancy and postpartum, the total samples was divided into four categories. a) currently non-pregnant, b) early pregnancy, i.e., less than 6 months of pregnancy, c) late pregnancy, i.e., 7 – 9 months, and d) postpartum, i.e., till 40 days

after delivery.

Attempt was made to collect 30 cases from each of the four categories. In both the talukas, the ANMs were contacted to get the names of the women from different categories. A total of 60 women from each talukas were interviewed, i.e., 15 from each category were included in the study.

Data were collected using semi structured tool and informal discussions. The study tool included probing on work activities during and after pregnancy, attitude and personal experience towards gender-based violence, and sexual behaviour during and after pregnancy. Besides taking the background characteristics of respondent their suggestions for reducing such domestic violence were also noted.

FINDINGS

The background of the respondents is briefly discussed in this section to understand the study sample. Table 1 shows that majority (82 percent) of the women interviewed were in the young reproductive age (20 to 29). The average age of husband and wife was 29.1 and 25.7 respectively. Three-fourths of the husbands and one out of every five wives had studied upto 6th or more standards. The average age at marriage for husbands and wives was 20.5 and 17.7 respectively. The study showed that 55 percent of the wives were housewives and non-agriculture labour was their main occupation followed by cultivation, doing service or having business.

Nearly 60 percent of the respondents beyond to joint family and their average monthly family income was only Rs. 1567. Over 40 percent of the families reported their monthly family income as less than Rs. 1000 and another 16 percent earned upto 1500 per month.

Table 1: Background Characteristics of the Respondents

	Wife	Husband
Age		
< 24	45.5	18.7
25-29	36.6	40.7
30-34	14.6	24.4
35+	3.3	16.2
Education		
Illiterate or upto 5	19.5	25.2
6-19	28.5	42.3
11 or more years	52.0	32.5
Age at marriage		
<17	56.1	13.0
18	8.1	13.8
19-20	25.2	22.0
21	5.7	13.0
22+	4.9	38.2
Median	17	20
Occupation		
Housewife	55.3	-
Non-agriculture labourer	25.2	33.3
Cultivator	6.5	27.6
Service	3.3	15.5
Business	0.8	10.6
Agricultural labourer	6.5	7.3
Others	2.4	5.7
Total number of respondents	123	

Interestingly three-fourths of the women opined that the difference between husband and wife was the “right gap” as there was no problem between them, or that elders have fixed their marriage so must be right. Some respondents (13 percent) said that the gap was too wide and the husband looks older. They also opined that the wife should not be older otherwise husband will look younger.

When the respondents were asked to characterize their husbands, majority (61 percent) said, their husbands were polite and caring and another one-fourth of them said that their husbands do not get angry easily. However, in the case of 7 percent each the wives said that their spouse become angry easily or that he is authoritarian and does not like any question or refusal (Table 2).

Spousal communication is very essential to better understand each other and enhance the quality of relationship. Encouragingly, nearly 92 percent of the women said that they could talk freely with their husband without any fear on any topic. Only a few (less than 3 percent) said that they can not talk freely because their husbands are short tempered, they are afraid of talking with their husbands or he may start beating her.

Table 2: Wife’s opinion about age difference with her husband and her husband’s temperament

	<i>All</i>
Wife’s opinion about the age difference between the husband and wife	
Too wide	13.0
Too narrow	5.7
Right gap	75.6
Not sure	5.7
Wife opines so because	
There is no problem between them	65.9
Elders fix the marriage	7.3
Husband looks older	13.0
Husband looks younger/Wife should not be older	8.1
Others	7.3
Can’t say	4.9
Wives characterize the temperament of their husband as	
Polite and caring	61.0
Do not get angry easily	25.2
Become angry easily	7.3
Authoritarian does not like any question or refusal	6.5
% saying that they can talk freely with husband without any fear on any topic	91.6
Wife said she cannot talk freely as	
Husband is short tempered	3.3
Afraid of talking to him	1.6
May start beating wife	2.4
Total number of respondents	123

Pregnancy History: According to the study design each women selected for interview should have experienced at least one pregnancy.

One-fifth of the respondents had experienced two or less pregnancy and around 42 percent had 3 pregnancies. Majority of the respondents had 2 or 3 live births. A substantial proportion of respondents interviewed had experienced pregnancy loss. For example, still births, spontaneous abortion and induced abortion were reported by 7.3 percent, 17.1 percent and 9.8 percent respectively, many of whom had experienced pregnancy loss more than once.

Further, the study shows that more than half of the respondents had 2 living children and 19 percent had 3 living children. Around three-fourths of the respondents had at least one son and 82 percent had at least one daughter.

Work activities during pregnancy and post partum: In this section, nature of work and the amount of time each activity was done by the women during various stages of pregnancy has been discussed. The section also reflects the changes in work activities during pregnancy and post partum, effect of these changes on the husband and family members and their role in household chores.

Household chores such as washing utensils, preparing food, cleaning home, washing clothes and fetching water is done by 60 to 97 percent of the women during all stages of pregnancy. Only during postpartum period, these activities are reported by 22 to 56 percent of the women. Certain activities like preparing bed, mending clothes, marketing, and cleaning of grains are reported by 10 to 25 percent of the women during all the stages of pregnancy. However, during postpartum period these activities were much less reported. This is probably because there are social restriction on women, which keep them away from kitchen and religious activities.

Care of husband and other family members, giving them eatables at the shop, or working place was done by women before and during pregnancy (Appendix 1). This was not much reported by women in post partum period when most women are at their natal place or have some restrictions in entering into kitchen or handling food items. Women in the late pregnancy and post partum less reported childcare activities again because in many cases the younger child is left with the in-laws when women go to the natal family for delivery. For instance, childcare was reported by 85 and 76 pre cent women during non-pregnant and early pregnancy stages, while two-thirds of the women in late pregnancy and post partum period did so.

Similarly, social visits were reported by women in the non-pregnant and early pregnancy stages and were almost absent in the post partum period. The informal discussions with women shows that very few were engaged in wage earning activities and they continued to do so till the last stage of pregnancy. A few even resume duty immediately after delivery. In the tribal area of Pavijetpur, it was often mentioned that women would work till last moment of pregnancy (even go for delivery from the field itself) and would resume work as soon as possible. Husband or in-laws either called them back from the hospital or natal family or were themselves forced to start cash earning activities due to poverty.

Unpaid family work is done by women irrespective of pregnancy stage, such as animal care, fieldwork, fetching wood, etc. In the postpartum period, however, this was reported by a few. Again there is no change in self-care except for beauty treatment, religious activities or walking.

Jassi an illiterate woman from a nuclear family with 3 young children was interviewed one-day after delivery. She was cooking food and had just finished most of her household work. She said,

“Who will do household chores? I went for delivery from the field had normal delivery and came back here yesterday. I have to cook food otherwise my children will starve”.

Leisure activities reported by women are sleeping or resting during daytime, sitting and chatting with other family members, viewing T.V. or just doing nothing. There is not much change mentioned by women who were non-pregnant or pregnant. However, in the postpartum leisure time was less reported probably because mother has to take care of the new born.

Analysis of the actual amount of time the activities are performed during pregnancy and post partum period showed that on an average woman spent between 2 hours and 30 minutes to four hours in household chores even during pregnancy. For

those who are doing the activities their major time is also spent on paid (3 hours) and unpaid family work (1 – 2 hours). Even during post partum period they spent substantial amount of time on paid and unpaid work (Table 3).

Table 3: Average amount of time the activities are performed during pregnancy and post partum period

<i>Activities done in the time period</i>	<i>Percent women performing</i>					<i>Number of hours when done</i>				
	<i>No pregnancy</i>	<i>Early pregnancy</i>	<i>Late pregnancy</i>	<i>Post-natal</i>	<i>Total</i>	<i>No pregnancy</i>	<i>Early pregnancy</i>	<i>Late pregnancy</i>	<i>Post-natal</i>	<i>Total</i>
Household chores	97.1	96.6	93.9	55.6	87.0	171	233	148	72	166
Husband care	5.9	3.4	9.1	3.7	5.7	85	74	32		32
Child care	64.7	44.8	36.4	51.9	49.6	77	37	28	19	45
Wage earning	5.9	3.4	3.0	3.7	4.1	126	192		192	159
Unpaid family work	26.5	41.4	42.4	11.1	30.9	90	123	51	164	92
Social visits	5.9	6.9	-	-	3.3	45	40	-		45
Self care	91.2	86.2	75.8	59.3	78.9	81	106	102	50	88
Leisure	50.0	44.8	42.4	11.1	38.2	52	75	36	32	35
Number interviewed	34	29	33	27	123	34	29	33	27	123

% = % doing currently

@ Average minutes spent per day (yesterday)

The study clearly shows that the women do most of the household activities; animal care and husband care before and during pregnancy. For 83 to 99 per cent of the women who were performing various activities such as household care, husband care or wage earning before pregnancies, there was no change during pregnancy. Only during third trimester they (1 to 14 per cent) continued to do the activities with lesser frequency or attention. Most of these activities they did (could) not do during the last month of pregnancy.

Changes in cash earning activities: Out of the 123 interviewed, nearly 45 (37 per cent) were engaged in cash earning activities. Probing revealed that 20 (44 per cent) of them continued working till 7th – 8th month and 22 (48 per cent) till 9th month of pregnancy. The main problem that they faced when they could not work for cash earning was lack of money in the case of 28 percent, for one-fifth no seasonal work was available and few said that their mother-in-law taunted them or they had health problem.

After delivery many of the women started cash earning work ranging from 30 days to 180 days. A few (n=7) even started cash earning from the first or second week of postpartum. Surprisingly, many of the women said they could get complete rest from household chores only for 2 to 4 days (11 per cent) or at the most 15 days (33 per cent). Some (7 per cent) could rest upto 60 to 90 days (Appendix 2). Almost 45 percent each women said that they stayed at parents or in-laws house at the time of delivery and they started doing normal household chores within a week to upto 2 months.

Change during postpartum: During postpartum, activities such as washing clothes, cleaning house, animal care, childcare, husband care and self-care were all done but with less frequency or care. As compared to women in late pregnancy a higher percentage of women were able to take rest during postpartum period.

Most of them denied having any tension or conflict due to changes or less attention during various stages of pregnancy with husband, mother in-laws or children. Fifteen percent, however, mentioned tension with husband while only 8 and 4 percent experienced tension with mother-in-law and children respectively.

Table 4: Tension or conflict caused due to changes or less attention during pregnancy or post partum

<i>Tension or conflict caused due to</i>	<i>Non-pregnant</i>	<i>Early pregnancy</i>	<i>Late pregnancy</i>	<i>Postpartum</i>	<i>Total</i>
Husband	15	17	18	7	15
Mother in-law	9	10	3	11	8
Children	3	3	3	7	4
Any other family member (who)	6	-	6	-	3
Total number of women interviewed	34	29	33	27	123

Personal experience of mistreatment during the last one year

Probing into personal experience of mistreatment during last one year showed that around 37 percent were criticized for their work, 17 percent were taunted saying that they have no skill and stopping to talk with the women isolated 10 percent (Table 5). Another 24 percent were scolded, 12 percent slapped and 4 percent were pulled by their hair. Around 6 to 27 percent mentioned that this was a regular feature or happened at least once in one or two months. The analysis did not show any change in the level or intensity of reported violence except criticizing of work. In this case, out of 45 who had reported criticism for their work, 10 said that it had increased during pregnancy and postpartum. For all the other types of mistreatment, women said that it has not increased during pregnancy but were ongoing as before.

Table 5: Reported experience of violence during the last one year (Percentage)

<i>Form of violence</i>	<i>Experienced form of violence</i>	<i>Frequency</i>			<i>Percent reporting increased violence during pregnancy or post partum</i>
		<i>Regularly/ Frequently</i>	<i>Some -times</i>	<i>Less Frequently/ rarely</i>	
Criticizing your work	36.6	5	27	3	7.3
Calling her <i>phuhar</i> / no skill	17.1	0.8	14	0.8	0.8
Not talking/ Isolating in home	9.8	-	8	0.8	-
Scolding	23.6	7	12	3	2
Slapping	12.2	2	6	4	2
Pushing or pulling of hair	4.1	-	2	-	1
Severe beating	3.3	-	2.4	0.8	-
Having sex even when R did not want	6.5	1	3	3	1
Criticizing for bringing less dowry	2	-	2	1	1
Insulting language for parents family	5	-	2	2	4
Not allowing to go to parent home	2	-	2	1	2
Neglect during sickness	2	-	2	7	1
No care during pregnancy	6.5	-	1	6	6

* **Frequent:** Two or more frequently in a month ** **Sometime:** Once in one or two months

*** **Less frequent:** once in three to six month **** **Rarely:** Once or twice in a year)

Sexual behaviour during pregnancy and post partum

Analysis of responses in relation to sexual behaviour and coercion, if any, during pregnancy and post partum period is presented in this section. Nearly 39 per cent of the respondents thought that males do go outside with other women for sex when wife is away to parent's house for delivery or rest during pregnancy and post partum period. However, only 1.6 per cent (n=2) feared that their husband also might be going out for sex.

On further asking about their own sexual behaviour, the study revealed that for 63 per cent women frequency of sexual relationship has reduced during pregnancy while for one-third of the total women the frequency of sexual relationship with husband has remained same. Only less than 2 per cent said that frequency has increased. About three-fourths of the women said that sex was avoided for some months during pregnancy (Table 6). Mainly sex was avoided during 4th to 5th month (45 per cent) or 6th to 7th month (37 per cent).

Table 8: Sexual behaviour during pregnancy and post partum period

The respondents said,

“He understands that we should not have relationship.”

“One should not have sex after 4th month because if the foetus is a female, it will have bad effect (kharab sanskar pade)”.

“How can the father interact if the foetus is female”?

“My husband does not force me for sex. He thinks aaj nahi to kal (If not today, we will have it some day later)”.

On further discussion about changes in sexual life during pregnancy, 9 per cent women said frequency has reduced followed by responses such as do not get time, have to take care of children or less interested now in sex (Table 8)

	All
Per cent R thinking that during pregnancy period or post partum period or when wife is away to parent house for delivery /rest, male go outside for sex – with other women	39.0
Per cent R fear that her husband also may be going out for sex	1.6
Change in frequency of sexual relationship during pregnancy	
Reduced	62.6
Remained same	33.3
Increased	1.6
Can't say	2.4
Percent reporting that sex was avoided for some period/month(s) during pregnancy	77.2
Period of pregnancy since when sex was avoided	
1 – 3	12.6
4 – 5	45.3
6 – 7	36.8
8	9.5
Number of women mentioning that sex was avoided	95
Changes in sexual life during pregnancy	
Frequency reduced	8.9
Does not get time	4.1
Has to take care of children	4.1
No change	3.3
Body is not yet prepared	2.4
Has to take more care	1.6
Less interested/ Health does not permit	1.6
After how many days of delivery R again started sexual life during the post partum period	
7	.8
30	3.3
60	49.6
90	18.7
120	11.4
150 to upto one year	8.9
Total number of women interviewed	123

One-half of the women said that they started sexual life after 60 days of delivery. Some (19 per cent) started after 90 days while a few (4 per cent) even started sexual lives with a week or 30 days.

Sexual Coercion during pregnancy and post partum

On asking question if any time in the last three months the respondent had refused sex to her husband because of the present condition or tiredness, 50 per cent answered in affirmative. While one out of every five women who had refused did so once or twice, in the case of others it was several times. For example 44, per cent refused 3 – 4 times in the last three months, 15 percent 5 or more times and 18 percent many a times refused sex to their partner.

In most cases (23 per cent) the husband agreed or understood her saying no to sex while for others he scolded, abused, stopped talking, went out of the house or avoided working/eating himself and even slapped or had beaten the wife. Two women also said that it depends on his mood, he may or may not agree for not having sex. (Table 9).

Moreover, 8 per cent of the women said that husband forced sex during the last three months and in most cases (60 per cent) this had happened multiple times (3 or more). However, women did say that the husband had not scolded, abused or slapped/beaten them due to these reason. Sixty per cent of the females clearly said that their husband had never behaved violently due to refusal to sex. In some cases (less than 4 per cent) he stopped talking, scolded her or stopped eating food for a while. However, 3 per cent women did say that their husband slapped or had beaten her when she refused to sex.

Table 9: Sexual coercion during pregnancy and post partum

	All
Percent respondents reporting occasions when because of present condition, or tiredness, R has refused sex to your husband.	49.6
Number of times refused sex during last three months	
1 – 2	22.9
3 – 4	44.3
5 or more times	14.8
Many times	18.0
Number of women refused sex during last three months	61
Husband's reaction to refused sex	
Agrees/ understands	22.8
Scolded	5.7
Stopped talking	4.9
Abused	4.1
Slapped/ beaten	3.3
Went out of the house	2.4
Will not go for work/Does not eat	1.6
Depends on his mood/May not agree	1.6
Percent R mentioning if any time husband did not agree with them and had forced sex	8.1
Number of times husband forced sex during the last three months	
1	10
2	30
3 or more times	60
Number of women reporting having force sex	10
Whether husband any time due to these reasons, scolded, abused or slapped R	
No, never	59.3
He stops talking	4.1
Yes, slapped/beaten	3.3
Yes, scolded	2.4
Will not eat	0.8
Per cent mentioning that such incidence increased during pregnancy/post partum period	4.1
Number of women interviewed	123

Help during pregnancy

In the study, questions were asked regarding help provided by the husband in household work; particularly work requiring more physical exertion, on antenatal care and nutrition.

Table 10 shows that 45 percent women said that their husbands do help in household work while 20 percent answered in negative. Nearly two-thirds of the women said that their husbands took the responsibility of household work, which earlier she herself was doing. Women mentioned that their husbands helped in fetching water, cooking, child care, household work, animal care, lifting heavy weight, keeping home clean or taking child to hospital.

Husbands also ask or request other members of the family to share the responsibility of household work. Interestingly a few women said husbands do their own work, which earlier the wives had to do, or they do outside work, sending children to school or tuition or offering puja during the time when wife was pregnant.

A large majority (63 percent) also said that their husbands became less demanding for moderate to heavy work fear their pregnant wives. Women said,

“He now takes care of child, and helps in fetching water or cooking food”

“He often brings tiffin from hotel”

“He does not let me wash clothes or do heavy work”.

“He kept a maid servant for washing clothes.”

“He eats whatever is prepared”

“He does not say no to any work we request”.

Table 10: Help during pregnancy

	All
Help provided by the husband in household work	
Yes, do help in household work	44.7
No	20.3
Helps in fetching water	4.9
Not in the town/ went out for job	4.1
Helps in cooking	3.3
Animal care	3.3
Does not let her lift weight	2.4
Takes child to hospital	1.6
Prepares bed/Helps in washing utensils/ Asks other members to work/Take care of children/Does not let her go out for work	4.8
Percent R saying that husband took care of household work earlier done by R	62.6
Nature of work done by husband	
Fetching water/Lifting heaving articles	21.1
Preparation of food	18.7
Child care	15.4
Household work	8.9
Take to hospital Went to hospital/ Remind taking medicines	9.7
Animal care (cleaning, feeding, etc.,)	6.5
Home cleaning/mopping floor/brooming	3.3
Asks other family members to work/help	3.3
Does his own work	2.4
Preparing beds	2.4
Does all outside work/Washing clothes/ Goes to see off child to school or tuition/ Washing utensils/ Gives general advice/ Cleaning of wheat or grains/ do Puja	6.5
Percent saying that husband is less demanding for work which cause physical exertion	63.4
Total number of women interviewed	123

Husband's involvement in antenatal care

Three-fourths of the women were advised or helped by husband in getting antenatal care. More specifically he took his wife to a doctor (33 percent), advised her to go to doctor (17 percent), reminded her for taking medicine or gave medicines regularly (21 percent), brought medicines from market (13 percent) or asked wife to take rest.

Seventy six percent of the husbands accompanied their wives to doctor for medical check-up. Forty two percent himself decided to accompany and 30 percent accompanied on request by wife (Table 11).

Out of the 35 women who said that their husband never accompanied to the hospital further probing showed that in ten cases (29 percent) the women did request their husband to accompany them to the clinic. The study reveals that in six cases the husbands did not agree to accompany their wives to the hospital even after the request, in 3 cases they said they have no money to go to the hospital and in the remaining one case the husband felt ashamed of other females.

All the 25 women who had not requested or asked their husbands to accompany them to the hospitals were asked for reasons why they had not requested their husbands. The study reveals interesting results. In six cases each, either the hospital was very nearby or there was no one to take care of husband's shop/job while in three cases husbands had no time to accompany. Other reasons forward are that they prefer home delivery, husband is out of town, or there are other females in the family to accompany.

Table 11: Husband's role in antenatal care

	All
Percent R advised or helped by husband in getting ante-natal care	77.2
Husband's help during ante-natal care	
Taken to Dr.	33.3
Advise to go Dr.	17.1
Reminds / Gives regular medicine	21.1
Brings medicines	14.6
Asks for eating	13.0
Advised to work less at home	6.5
Helped in the house work	2.4
Asks to take rest	1.6
Percent R accompanied by husband to doctor for your medical checkup	75.6
Whether husband volunteered or had to be asked for it	
He himself decided to accompany	41.5
Accompanied on request	30.1
Never went to clinic	28.4
Respondent's belief over husband's concern about their food and health during pregnancy or post partum period	
More concerned	56.1
Less concerned	13.8
Observed no change	30.1
Husband's expression of his concern for wife's food/health	
Takes care of food	30.9
Used to give food I liked	16.3
Taken to Dr.	16.3
Asks to take rest	9.8
Asks whether had food	8.9
Brings medicines	6.5
Asks whether had medicines	5.7
Give Nutritious food	4.1
Helps in household work	4.1
Asks family member to do the work	2.4
Asks to exercise (yoga)	1.6
Prepares food	1.6
Asks whether went to Doctor	1.6
Not concerned	5.7
Number of women interviewed	123

Overall, 56 percent women believed that their husbands were more concerned about their health and food during pregnancy or postpartum period, 30 percent observed no change while 14 percent believed that husbands were less concerned (Table 12).

Husbands took care of her food (31 percent), got foods she liked (16 percent), asked if she had eaten, gave nutrition food, or even prepared food for her.

Food taboos during pregnancy and post partum

For 70 percent of the women there were food restrictions during pregnancy and they were not allowed to eat some foods such as milk (10 percent), followed by curd, oily food, banana, groundnuts, stale food, spicy food, tamarind, fish, allergic food, jaggery, etc. One or two women mentioned that they were not allowed to eat at any one's place and were given whatever she liked.

Table 12: Husband's concern for wife's health or food during pregnancy

	All
Respondent's belief over husband's concern about their food and health during pregnancy or post partum period	
More concerned	56.1
Less concerned	13.8
Observed no change	30.1
Husband's expression of his concern for wife's food/health	
Takes care of food	30.9
Used to give food I liked	16.3
Taken to Dr.	16.3
Asks to take rest	9.8
Asks whether had food	8.9
Brings medicines	6.5
Asks whether had medicines	5.7
Give Nutritious food	4.1
Helps in household work	4.1
Asks family member to do the work	2.4
Asks to exercise (yoga)	1.6
Prepares food	1.6
Asks whether went to Doctor	1.6
Not concerned	5.7
Number of women interviewed	123

Table 13: Food consumption during pregnancy and post partum period

	All
Percent R who think that during pregnancy they consumed adequate (more than usual) diet	
No difference	32.5
Yes, consumed increased diet	16.3
Consumed reduced diet	13.0
Whatever I liked	5.7
Supplemented diet with milk, fruits, dry fruits, ghee or coconut water	7.2
Whatever is available	2.4
Reasons for women saying that they did not consume more than normal diet	
Daily food is enough No difference	53.6
Pregnant so diet reduced/not good for foetus/ did not like to eat	23.2
What ever is available	10.7
No time / No one to take care	5.4
Cannot afford/money problem/no facility	5.4
Number of women saying that they did not consume more than normal diet	56
Negative behaviour of husband during pregnancy period	
Expressed no concern for wife or wife's health	10.6
Spent more time outside home	3.3
Gets/ got angry more quickly	2.4
Percent husband provided money to purchase prescribed medicine/medical care	
Yes, readily and willingly	75.6
Yes, unwillingly	4.1
No	7.3
No need	13.0
Total number of women interviewed	123

Some special foods consumed during pregnancy as reported by 2 to 12 percent were ghee, milk, fruits, and leafy vegetables, boiled pulses, dry fruits, buttermilk and mutton.

However, only 16 percent women said that they consumed adequate and increased diet during pregnancy, 33 percent observed no difference while 13 percent could eat only reduced diet. The others mentioned that their normal regular diet was supplemented with special foods like milk, fruits, dry fruits and ghee and they were given whatever they liked (Table 13).

All the 56 women who said that they did not consume more than normal diet were asked if they did so due to any specific reason. The reasons forwarded by them were that their normal daily food was enough (54 percent), they did not like to eat more or believed that more food is not good for foetus (23 percent) or ate whatever was available. Around 5 percent of them also faced difficulties such as poverty, no one to take care of them or no time to prepare extra food.

In the study women were also asked if during pregnancy period, their husbands were less interested in them or spent more time outside home or got angry easily. While majority disagreed with the statements, 11 percent did say that the husband expressed no concern for wife or wife's health and around 3 percent said that they spent more time outside home or got angry easily.

About 80 percent (75 percent readily and willingly and 4 percent unwilling) provided money to purchase prescribed medicine or medical care. Around 7 percent said that husbands did not provide money for medical care while for 13 percent there was no need of money.

Thus, husband's help during pregnancy and postpartum is clearly revealed by the study. Husbands do provide help in household chores, childcare, heavy work, antenatal care, nutrition and finance.

Suggestions to reduce violence

Women were also asked as to how husband-wife could help each other in reducing violence and what could be the role of their in-law's family, natal family, friends/neighbours, panchayat and other voluntary organizations in reducing domestic violence.

One-third of the women interviewed suggested that the couple should understand each other. Fourteen percent said they should take care of each other and 7 percent suggested they should listen to each other. However, 23 percent women opined that wife should tolerate and listen to what the husband says and 13 percent suggested that wife should not retaliate (Table 14). Women also suggested that wife should pay attention to do work properly (8 percent). Interestingly, 5 percent of women said that the couple should decide not to fight, women should take care of other family members or husband should give away their bad habits of betting and drinking to save money.

Table 14: Suggestions given by R to reduce such domestic violence

	All
Suggestion	
Understanding	33.3
Wife should tolerate/listen to what husband says	22.8
Take care of each other	13.8
Should not retaliate	13.0
Work properly	8.1
Listen to each other	6.5
Will decide not to fight/should not fight	4.9
Nuclear family	1.6
Take care of all family members	1.6
Should not practice betting / Should increase the family income / Should listen if mistake is there	2.4
Total number of women interviewed	123

Role of others in reducing domestic violence.

While 32 percent women opined that wife’s parents should not be included in domestic violence, many women (42 percent) said that wife’s parents should counsel both husband and wife. Seven percent each opined that wife’s parents should defend their daughter, counsel her or give money so that there is no fight. Some 3 percent said they should take their daughter home.

Table 15: Role of others in reducing domestic violence

	All
Role of woman’s parent’s family either in reducing such family conflicts	
Should counsel both	41.5
Should not include/No role	31.7
Should defend their daughter	7.3
Should counsel their daughter	7.3
Should give cash/kind so that fight is not there/reduced	6.5
Should take their daughter home	3.3
How about husband’s parent family	
Counsel both	39.8
They should not be included	19.5
Will increase the fights	8.1
Counsel husband	5.7
Ask not to fight	5.7
Can interfere if the fight is bigger/serious but not in case of smaller fights/if staying near	
Will reduce the fight/conflict/will help	4.1
They come and take her home / Cannot speak in front of them/ they can even beat if mistake is there / They should take care of everyone	4.1
	2.4
Total number of women interviewed	123

Husband’s parent family: Around 40 percent said that husband’s parents should counsel both while 20 percent denied including them in domestic fight and 8 percent even said that involving husband’s parents would increase the fights.

The study thus brings out important finding and does not much support the hypothesis that violence increases during pregnancy and post partum.

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Appendix 1: Percent doing the following activities during pregnancy and post partum

	Non-Pregnant	Early Pregnancy (< 6 months)	Late Pregnancy (7-9 months)	Post Partum	All
Household Chores					
Washing clothes	71	69	67	56	66
Fetching water	65	76	61	22	57
Home cleaning/mopping floor/ brooming	85	79	79	48	74
Preparation of food	94	93	97	52	85
Washing utensils	85	83	94	41	77
Mending clothes	24	17	3	-	11
Marketing/ shopping	12	10	12	-	9
Preparing beds	41	24	24	11	26
Cleaning of wheat or grain for future use	15	21	12	19	16
Stitching	3	-	-	-	1
Child Care					
Went to see off child to school/ tuition	15	-	12	4	8
Child care	85	76	64	67	73
Helped child in studies	9	-	3	4	4
Social visit					
Vi sited relatives/friends	9	10	3	-	6
Help neighbours due to function/ visitors	3	3	-	-	2
Went to hospital	3	3	3	-	2
Wage earning					
Labour work/Wage earning	6	14	3	4	7
Anganwadi work	6	-	-	-	2
Unpaid family work					
Animal care (cleaning, feeding, etc.)	27	52	52	19	37
Fetching wood/food for animals	9	7	9	4	7
Went to fields	9	10	15	4	10
Went to dairy to submit milk	3	3	-	4	2
Self care					
Brushing teeth	50	55	30	37	43
Bathing	50	62	46	52	52
Eating/drinking/snacks	97	97	94	74	91
Puja	12	3	3	-	-
Self care/Beauty treatment	38	35	36	19	33
Walking	9	-	6	-	2
Leisure					
TV viewing	27	7	6	4	11
Discussion with family members	65	52	55	19	49
No work done/sick	3	1	2	-	6
Sleeping/ Resting during day time	85	97	97	82	90
Number of women interviewed	34	29	33	27	123

Appendix 2: Changes in cash earning activities and household chores and its duration

	Non-pregnant	Early pregnancy	Late pregnancy	Postpartum	All
Percent engaged in cash earning activities	41	41	21	48	37
Month of pregnancy till when continued working for cash and kind or on own family enterprise					
Less than 4	6	-	3	-	2
5-6	6	7	3	7	6
7-8	9	17	21	19	16
9	18	21	12	22	18
Type of problem or tension reported when she could not work for cash and kind					
Could not earn money	44	30	12	20	28
Mother-in-law taunts for work	-	10	25	-	3
Stopped working due to health problem	11	-	-	-	3
No tension	44	60	63	80	66
Average number of days after delivery when started doing cash earning work	30-150	7-180	7-150	7-90	7-180
Average number of days after deliveries when got complete rest from your household chores	2-60	1-60	1-90	3-60	1-90
Place of stay at the time of last delivery					
In-laws place	38	24	52	67	45
With husband	9	7	12	7	9
Parent's house/natal place	53	69	36	26	46
Average number of days after delivery when started doing normal household work	7-60	2-90	15-60	7-60	7-90
Number of women interviewed	34	29	33	27	123