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DOMESTIC VIOLENCE AND ITS IMPACT ON FERTILITY BEHAVIOUR: EVIDENCE FROM NATIONALLY REPRESENTATIVE HOUSEHOLD SURVEY DATA IN INDIA

Introduction

Regional differences in demographic behaviour in India have been a subject of great interest among policy makers, demographers and other social scientists. These differences have been explained largely within the framework of demographic transition theory and its various offshoots such as social development hypothesis. There have also been some explanations in terms of the variations in the nature of family. Evidence shows that due to greater prevalence of consanguineous marriage and other cultural differences, families on the south of the Vindhyachal Mountain Range are more egalitarian and informed, and this has reduced fertility to replacement level faster. Beginning 1998, two National Family Health Surveys (NFHS-II and NFHS-III) have produced detailed data on physical, emotional and sexual violence against women. These data establish that the states where more women report experience of violence are also the states which show a rather sluggish change towards replacement level fertility. This is true for almost all states of both northern and southern India. Tamil Nadu is an exception where violence against women is high but fertility level is relatively low. These data raise three questions which are not yet adequately answered: (a) What explains the differences in violence between different states of India? (b) Why does violence decelerate the speed of demographic transition? (c) Why is Tamil Nadu a deviant case of violence-fertility relationship? Using secondary data and Malinowski's concept of reciprocity this paper attempts to answer these questions. It is hypothesized that apart from socio-economic explanations violence against women exercises an independent effect on fertility by creating a need for help which perceivably comes from children. Since women are not expected to commit violence against husband they may reciprocate to violence by producing more children, rationally or in frustration. If they reciprocate

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rationally, women may seek to reduce the power of the husband by expanding the family size, and this seems to be true for both nuclear and joint families. If they reciprocate in frustration, women show the greater acceptance of risk behaviour abandoning social mobility considerations.

Demographic transition in India

India is fast approaching the below replacement fertility. SRS report published in 2011 exhibit that the Total Fertility Rate (TFR) of India in year 2009 is estimated to be 2.6. Table 1 shows the SRS estimates of Total Fertility Rates (TFR) for various states of India. The table also shows that the differences between urban and rural areas are along expected lines: the rural TFR (2.9) being .9 points higher than the urban TFR (2.0). Interestingly, the urban areas of India have already attained the replacement level fertility and the ideas and institutions which have produced this phenomenon in urban setting are fast diffusing to rural areas. The most interesting fact is that out of 20 bigger states nine have already attained a below replacement fertility. Further, there is no state which has a TFR of 4 or more now. There is a very high correlation between urban and rural TFR (.83), and urban and rural Total Marital Fertility Rate (TMFR) (.73), implying that in all those states in which urban fertility has declined rural fertility has also declined. Kerala has the lowest TFR (1.7) and in both urban and rural areas TFR in Kerala remains around 1.7 (Sharma, 2012). It is particularly interesting to note that in urban areas of some other states fertility has almost gone down to North European level: urban TFR in Himachal Pradesh (1.3) and West Bengal (1.3) is much below the Kerala level. As the urban ideas and institutions are diffusing to rural areas, can we say that India is moving towards a low TFR of 1.3 and the country planners have to be ready to face consequences of this transition? There is no denying the fact that demographic transition in India is now a regional issue and different States have a different explanation of the rate of fertility decline true to specific socio-economic and cultural context.

Causes of fertility transition at state levels

Demographic transition in the world has been a well researched area. Several theories of transition have been offered and a review of them is beyond the scope of this paper. Some main factors which have been posited as causing the demographic transition in different settings are as follows:

- Improvement in mortality
- Industrialization, urbanization and economic development
- Modernization and westernization affecting the calculus of wealth flow between generations
- Social development covering a broad range of factors such as literacy, increase in age at marriage, status of women and social mobility

- Role of state and family planning programme
- Information, education and communication

Fertility transition in India is also analyzed in terms of the same factors. All the above factors have played some role in reducing fertility directly or indirectly. However, different factors may have contributed to fertility reduction varyingly in different states (Sharma, 2011). Gender equality has been hypothesized to be one important factor causing north-south differences in fertility trends (Dyson and Moore, 1983).

Domestic violence: a neglected issue

Domestic violence is a new issue in sociology. In the recent past some literature has emerged on violence against women, i.e., women who have been the victim of domestic violence (Cavanagh, 2012).

Possibility of relationship between violence and fertility: evidence from macro data

As early as 1965 Irawati Karve had shown that Indian family shows significant regional variations. She divided the family systems of India into three categories: Indo-European or Sanskritic; Dravidian; and Mundari organizations of kinship – Austro Asiatic. Later on using a more geographic criterion she divided family system into four categories: Northern; Central; Southern; and Eastern. Analysis of fertility data in India, right from the beginning, has focused on area-specific differences in fertility which was attributed to differences in family and differences in status of women. However, there was a lack of data on domestic violence or violence against women in the family set up.

There are reasons to associate domestic violence with fertility. Domestic violence can be assumed to be associated with almost all social and behavioural aspects of fertility: efficacy, planning, self esteem, husband-wife communication, structured objectives, knowledge of family planning methods, health seeking behaviour, locus of control and value of child. In the condition of empowerment women are more likely to share family concerns with husband and are more likely to plan everything including family. In absence of empowerment women are more likely to be alienated, frustrated, withdrawn, lacking in planning and efficacy. In Indian patriarchal society women victims may try to gain power over husband by producing more babies. However, these are only unconfirmed ideas. There is a need for rigorously planned researches to test them.

For the first time National Family Health Survey-2: 1998-99 collected data on attitudes towards and experience of domestic violence as part of 'background characteristics of respondents'. The results showed that in India

56.3 percent of women respondents agreed with at least one reason for justifying a husband beating his wife. The reasons arranged according to frequency of response are: wife neglects house or children; wife goes out without telling husband; wife shows disrespect for in-laws; husband suspects that wife is unfaithful; wife does not cook food properly; and natal family does not give money or other items. The report said: 'In patriarchal societies such as India, women are not only socialized into being silent about their experience of violence but traditional norms teach them to accept, tolerate, and even rationalize domestic violence' (IIPS, 2000). The analysis of data on experience revealed that 21.0 percent of ever married women were beaten or physically mistreated by their husband, in-laws or other persons since age 15 (most of them by husband); 11.0 percent had been beaten or physically mistreated in the past 12 months. Illiteracy, rural residence, age, nuclear household, poverty, and working for cash seemed to aggravate violence. The report also said: 'The percentage of women beaten in the 12 months preceding the survey varies from less than 5 percent in Himachal Pradesh and Kerala to more than 15 percent in Bihar, Arunachal Pradesh, Tamil Nadu and Nagaland.

NFHS-3 (IIPS, 2007) produced extensive data on domestic violence in India by using more valid measures of violence. It showed that 33.5 percent women, aged 15-49, had ever experienced physical violence since age 15. Further, 15.8 percent of all women, aged 15-49, included in the survey, had ever experienced emotional violence, 35.1 percent had experienced physical violence and 10.0 percent had experienced sexual violence. Overall, 39.7 percent women had experienced violence in some form or the other: physical, emotional or sexual, mostly from their spouse. Although the data from the two surveys – NFHS-2 and NFHS-3 – are not strictly comparable but they suggest that there is a rise in the incidence of domestic violence. Like NFHS-2, NFHS-3 also revealed that illiteracy, rural residence, age, nuclear household, poverty, and working for cash seemed to aggravate violence. Regarding the state-wise variations, the report also said: 'The prevalence of physical or sexual violence ranges from 6 percent and 13 percent in Jammu and Kashmir and Meghalaya, to 46 percent in Madhya Pradesh and Rajasthan and 59 percent in Bihar.' Further, the data establish that the states where more women report experience of violence are also the states which show a rather sluggish change towards replacement level fertility. This is true for almost all states of both northern and southern India. Tamil Nadu is an exception where violence against women is high but fertility level is relatively low.

Violence against women is part of patriarchal structure of Indian society. Demographers maintained that due to differences in status of women States to the south of Vindhyachal mountains had lower fertility than the States on the north where patriarchy was particularly strong. Although it is fraught with risk to generalize for whole India, in much of the 20th century due to the influences of religious conversions and reforms and processes of

modernization even the other forms of family, such as the Khasi family of the North East and the Nair family of Kerala, have moved towards the all-India, patrilocal, patriarchal and patrilineal model. various forms of violence by the husband, independent of other causes of fertility decline. Therefore, it is imperative that forgetting the differences in development of patriarchy in different regions an analysis is done of the relationship between domestic violence and fertility.

In order to test the reliability of data on violence the inter-correlations between different indicators of violence may be calculated from the State level data. Table 2 shows the inter-correlations between different indicators of violence. All correlations are statistically significant at 1 percent level for both one-tailed and two-tailed tests.
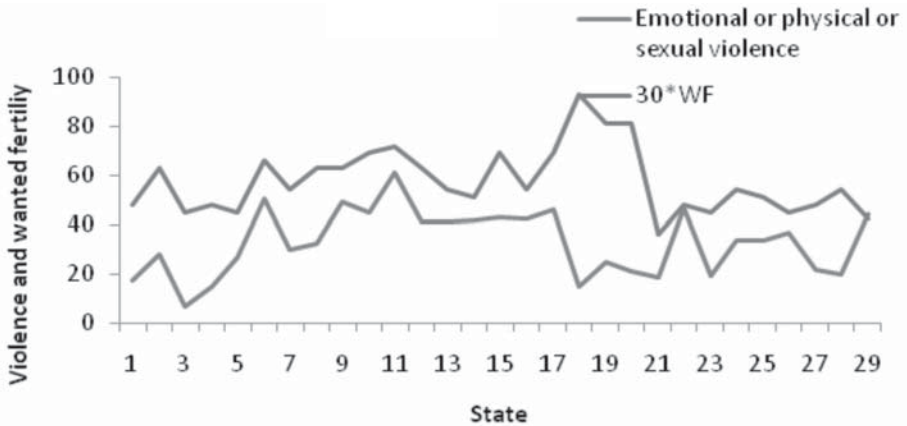
Figure 1 shows the similarity of patterns of violence against women and the Total Fertility Rate (TFR). To change the scale of TFR it is multiplied by 30. The figure suggests that there is a broad relationship between violence and TFR.

However, within the framework of symbolic interactionism to establish a relationship between violence and fertility wanted fertility could be a better measure than the TFR. Figure 2 shows the similarity of patterns of violence against women and the wanted fertility. To change the scale of Wanted Fertility Rate (WFR) it is multiplied by 30. The figure suggests that there is a definite relationship between violence and TFR and the relationship between violence and fertility could be closer if TFR is replaced by WFR.

**Figure 1: Patterns of violence and TFR**
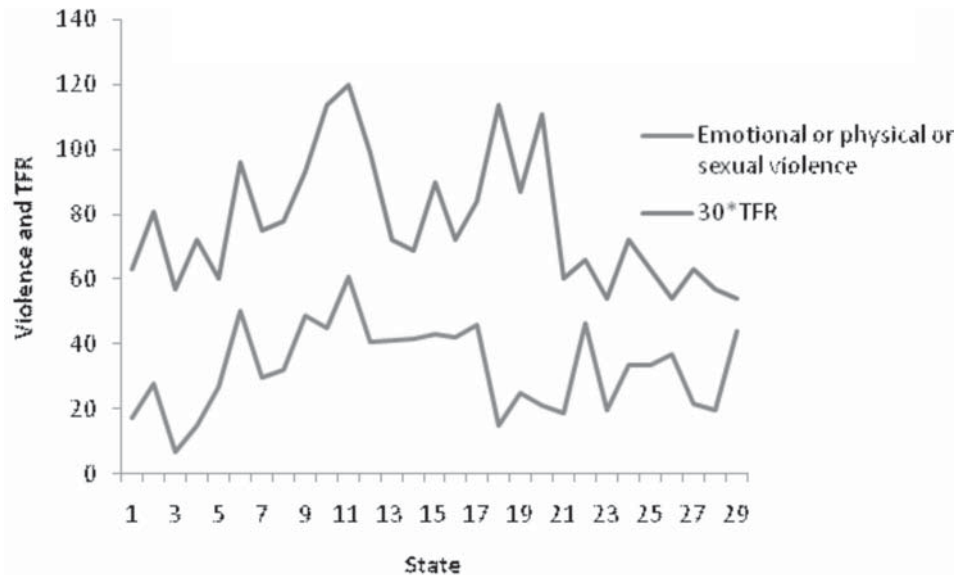
Figure 2: Patterns of violence and wanted fertility

Further, an attempt was made to explore the relationship between violence and the difference between the two fertility rates. The difference could be seen as a measure (though crude) of the degree to which WFR is achieved in reality. Figure 3 shows the similarity of patterns of violence against women and the difference between total fertility rate and the desired fertility rate. To change the scale of the difference between TFR and WFR it is multiplied by 30. The figure suggests that there is a much closer relationship between violence and the difference between total fertility rate and the desired fertility rate.

Figure 3: Patterns of violence and the difference between TFR and WFR
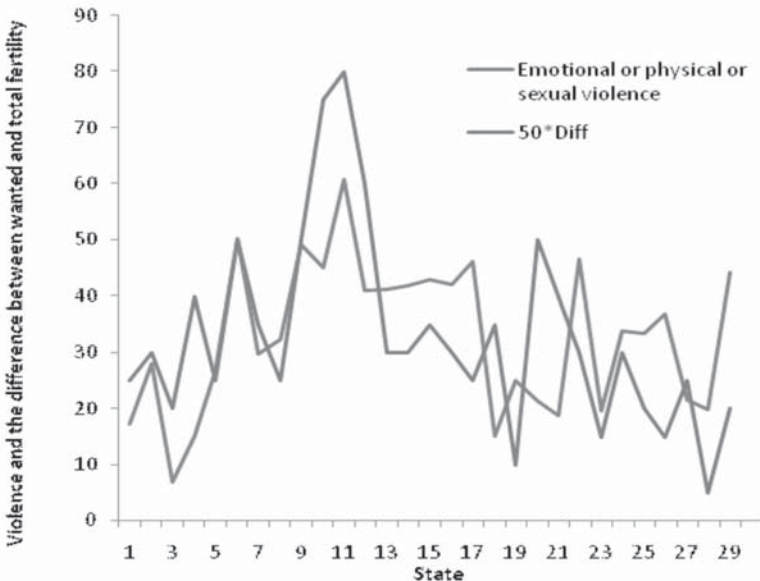
To explore the above relationships further, zero-order correlations and their p-values were computed. Table 3 shows the correlation coefficient between the three indicators of fertility and the nature of domestic violence. P-values of the correlation coefficients for one-tailed test are given in parentheses. The table establishes that TFR and the difference between TFR and WFR have significant relationship with violence. When the TFR is correlated separately with different forms of violence it is found that it is significantly correlated with physical violence and any form of violence; the correlation of TFR with emotional and sexual violence is statistically insignificant. The difference between TFR and WFR is significantly correlated with all forms of violence as well as any form of violence.

Findings of the micro data

An attempt was also made to study the relationship between fertility and experience of domestic violence at the micro level. Tables 4-5 show the results of application of adjusted multiple linear regression model predicting association between lifetime exposure to any domestic violence and children ever born among currently married women (15-49), India, 2005-2006, and ideal family size respectively. Table 6 shows the the results of application of adjusted multiple linear regression model predicting association between lifetime exposure to any domestic violence and children ever born among currently married women (15-49), India, 2005-2006, and ideal family size respectively. Table 6 shows the results of application of adjusted odds ratio from multiple logistic regression model predicting association between lifetime exposure to any domestic violence and desire for another child.

Table 7 shows the summary of the results of the same analyses for separate indicators of fertility and the different dimensions of violence.

The results are interesting. They show that there is a significant relationship of children ever born with domestic violence and the relationship is positive. This is an extra evidence of domestic violence preventing the completion of demographic transition. There is, however, no relationship of violence with ideal family and desire for another child and violence. When the analysis is done separately for different forms of violence then physical violence alone is found to be having a significant relationship with ideal family size and sexual violence is found to be having a significant relationship with desire for another child also. Thus there is some evidence that even at the micro level violence against women can reduce the pace of demographic transition.

Explanation

Literature shows that violence against women is associated with other forms of controlling behavior (WHO, 2012), and, therefore, the motivations are 'power and control'. This has not only raised questions about complexity

of violent relationships and awareness of strategies that women may employ in violent relationships but this has also sensitized scholars to connectedness of women's responses to violence. Two narratives are developed: (a) a narrative of victimhood as reality; and (b) a narrative of survivorship. Buchbinder and Birnbaum (2010) say that victimhood is associated with negative emotions which seem to emanate from a feeling of self-deficit, and which distort their cognitive attributes. This may often result in denial and forgetting and such women are likely to be submissive, helpless and confused. Survivorship seems to be proactive and carry a sense of competence. Based on their qualitative study, Buchbinder and Birnbaum (2010) show that domestic violence among women produced two contradictory responses. On the one hand, they felt deficiency and threat and a feeling that self is rooted in the past, and on the other, they felt motivated to struggle and gain strength to overcome the hardships experienced.

Researches on violence have shown that violence against women leads to depression and several post-traumatic disorders (Violence against Women Online Resources, 2010). In the West, domestic violence has often been associated with injuries, homelessness, depression, psychosomatic disorders, sleep and eating disorders, hypertension, drug abuse, lower self esteem, and unemployment. Domestic violence is also the cause of a lack of negotiation for safer sex and therefore women who suffer from domestic violence run a high risk of HIV (UNICEF, 2000).

Tamil Nadu as an Outlier

If the violence-fertility hypothesis is true then Tamil Nadu emerges as an outlier. It has reached the below replacement much earlier than many other low fertility rates and it has a rather high rate of domestic violence against women. This requires explanation. Either the NFHS overestimates the prevalence of domestic violence in Tamil Nadu or it has a few unique conditions which have reduced fertility here. Literature shows that the lower fertility in Tamil Nadu is especially due to governance, effective implementation of family planning programs, better rural-urban connectivity (Savitri, 1994; Dreze and Mamta Murthi, 2000) and a higher incidence of poverty in rural areas (Visaria, u.d.). TN had achieved replacement level of fertility without increasing female literacy, without reducing IMR, and even with lower level of women empowerment.

Table 8 compares indicators of development between Tamil Nadu and Uttar Pradesh (a high fertility state) and Kerala (a low fertility state which was the first major state to attain below replacement fertility) which may have bearing upon the mechanisms of fertility decline. All the data are taken from NFHS-3. The table shows that as far as the relationship between violence against women and fertility is concerned Tamil Nadu stands as an outlier but when one looks at the other correlates of fertility the objective condition of

Tamil Nadu is very close to that of Kerala and this condition has led to below replacement fertility there. Yet, due to gender discrimination Tamil Nadu is a State where low fertility is associated with low female-male sex ratio during childhood.

Family Changes in India

Over the years the degree of violence against women has increased. Although it is fraught with risk to generalize for whole India, in much of the 20th century due to the influences of religious conversions and reforms and processes of modernization even the other forms of family, such as the Khasi family of the North East and the Nair family of Kerala, have moved towards the all-India, patrilocal, patriarchal and patrilineal model. In the early 21st century new forces of social change are posing new challenges to continuation of the diverse, traditional institutions of family. They are: Westernization, increased mobility, improvement in life expectancy, demographic transition causing fertility to go below the replacement level, rising unemployment, increasing landlessness in rural areas and secularization. These forces are bound to affect size and structure of family. This will also affect the ideational shifts in values of web of relationship within family.

Conclusion and discussion

It may be argued that in future Indian family will be moving gradually towards a state which can be characterized in following terms: geographically isolated, autonomous small family with strong emotional links and economic cooperation with the larger kin groups; strong value of sacrifice for children; greater tolerance of the disabilities and ill-health of the old; democratization of family politics; conflict between values and practices; and a more permissive attitude towards alternative forms of family. This is likely to accelerate the process of the second demographic transition through its effect on women's power to resist various forms of violence by the husband, independent of other causes of fertility decline.

Table 1
Total Fertility Rate (TFR) by Residence, India and Bigger States, 2009

India and bigger States	Total	Rural	Urban
India	2.6	2.9	2.0
Andhra Pradesh	1.9	2.0	1.6
Assam	2.6	2.8	1.6
Bihar	3.9	4.0	2.8
Chhattisgarh	3.0	3.2	2.0
Delhi	1.9	2.0	1.9
Gujarat	2.5	2.8	2.1
Haryana	2.5	2.6	2.2
Himachal Pradesh	1.9	1.9	1.3
Jammu & Kashmir	2.2	2.4	1.4
Jharkhand	3.2	3.4	2.2
Karnataka	2.0	2.2	1.7
Kerala	1.7	1.7	1.8
Madhya Pradesh	3.3	3.6	2.3
Maharashtra	1.9	2.1	1.8
Orissa	2.4	2.5	1.6
Punjab	1.9	1.9	1.7
Rajasthan	3.3	3.6	2.5
Tamil Nadu	1.7	1.8	1.7
Uttar Pradesh	3.7	3.9	3.0
West Bengal	1.9	2.1	1.3

Table 2
Intercorrelations Between Indicators of Violence

	Emotional violence	Physical violence	Sexual violence	Any form of violence – emotional, physical or sexual
Emotional violence	1			
Physical violence	0.80325	1		
Sexual violence	0.65863	0.71195	1	
Any form of violence– emotional, physical or sexual	0.85332	0.98607	0.7858	1

N=29

Table 3
Correlation Coefficient Between Fertility And Domestic Violence

Indicator of fertility	Nature of violence			
	Emotional violence	Physical violence	Sexual violence	Any form of violence emotional, physical or sexual
Total fertility rate (TFR)	0.292937 (.06)	0.336001 (.03)	0.297636 (.058)	0.37063 (.02)
Wanted fertility rate (WFR)	0.113986 (.27)	0.141452 (.23)	0.08917 (.32)	0.171616 (.18)
The difference between TFR and WFR	0.409512 (.01)	0.456045 (.00)	0.450091 (.00)	0.48315 (.00)
The difference between TFR and WFR after removing Tamil Nadu (N=28)	0.433563 (.0105)	0.503556 (.00)	0.437243 (.00999)	0.519223 (.00)

N=29

Table 4
Adjusted Multiple Linear Regression Model Predicting Association Between
Lifetime Exposure to any Domestic Violence and Children ever Born among
Currently Married Women (15-49), India, 2005-2006

Characteristics	Children ever born	P value
Any Domestic Violence	0.116	0.000
Age of women (years)	0.387	0.000
Age square	-0.004	0.000
Years of schooling	-0.061	0.000
Experience of child loss	1.476	0.000
Wealth index		
Poorest		
Poorer	-0.108	0.000
Middle	-0.213	0.000
Richer	-0.379	0.000
Richest	-0.581	0.000
Place of residence		
Urban		
Rural	0.044	0.001
Social/caste group		
SC		
ST	-0.004	0.851
OBC	-0.124	0.000
Others	-0.221	0.000
Religious groups		
Hindu		
Muslim	0.672	0.000
Other	0.110	0.000
Women occupation		
Not working		
Agricultural	0.000	0.984
Manual	-0.102	0.000
Non-manual	-0.148	0.000
Women Autonomy		
Low Autonomy		
Medium Autonomy	0.025	0.041
High Autonomy	-0.028	0.039

Note: Model is adjusted for the state of residence of respondent; R-Square: 0.5231; No. of observation: 64836.

Table 5
Adjusted Multiple Linear Regression Model Predicting Association Between
Lifetime Exposure to any Domestic Violence and Ideal Family Size among
Currently Married Women (15-49), India, 2005-2006

Characteristics	Ideal family size	P value
Any domestic violence	0.011	0.109
Age of women (years)	0.026	0.000
Age square	-0.0001	0.000
Years of schooling	-0.029	0.000
Experience of child loss	0.159	0.000
Wealth index		
Poorest		
Poorer	-0.114	0.000
Middle	-0.196	0.000
Richer	-0.267	0.000
Richest	-0.317	0.000
Place of residence		
Urban		
Rural	0.065	0.000
Social/caste group		
SC		
ST	0.192	0.000
OBC	-0.039	0.000
Others	-0.124	0.000
Religious groups		
Hindu		
Muslim	0.493	0.000
Other	0.184	0.000
Women occupation		
Not working		
Agricultural	0.004	0.613
Manual	-0.033	0.005
Non-manual	-0.057	0.000
Women Autonomy		
Low Autonomy		
Medium Autonomy	0.017	0.029
High Autonomy	0.049	0.000

*Note:*Model is adjusted for the state of residence of respondent; R-Square: 0.3098; No. of observation: 63499.

Table 6
Adjusted Odds Ratio From Multiple Logistic Regression Model Predicting
The Association Between Lifetime Exposure to any Domestic Violence and
Desire for A/Another Child among Currently Married Women (15-49 Years)
In India, 2005-2006

Characteristics	Odds Ratio	P value
Any domestic violence	0.979	0.494
Age of women (years)	0.966	0.060
Age square	0.998	0.000
Years of schooling	0.992	0.056
Wealth index		
Poorest		
Poorer	0.880	0.013
Middle	0.841	0.001
Richer	0.768	0.000
Richest	0.737	0.001
Place of residence		
Urban		
Rural	1.079	0.026
Social/caste groups		
SC		
ST	1.421	0.000
OBC	1.026	0.547
Others	0.809	0.000
Religious groups		
Hindu		
Muslim	1.657	0.000
Other	1.558	0.000
Women occupation		
Not working		
Agricultural	1.185	0.000
Manual	1.062	0.259
Non-manual	1.082	0.116
Sex-composition of living children		
No surviving children		
No son	0.136	0.000
No daughter	0.065	0.000
More sons than daughter	0.007	0.000
More daughter than sons	0.016	0.000
Women Autonomy		
Low Autonomy		
Medium Autonomy	1.050	0.145
High Autonomy	1.191	0.000

Note: Model is adjusted for the state of residence of respondent. No. of observation: 39824

Table 7
Regression Coefficients / Odds Ratios and their P-values

Indicator of fertility		Emotional violence	Physical violence	Sexual violence	Any form of violence – emotional, physical or sexual
Children ever born	p-value	.006	.000	.038	.000
	Reg. coff.	0.041	0.135	0.654	0.116
Ideal family size	p-value	.833	.030	.542	.109
	Reg. coff.	-0.002	0.015	0.007	0.011
Desire for another child	p-value	.773	.649	.002	.494
	Odds-ratio	0.987	0.985	0.859	0.979

Table 8
Comaparison Between Tamil Nadu and Up

Indicator	Tamil Nadu	Uttar Pradesh	Kerala	India
Median number of years of schooling among women	4.5	0.0	7.5	1.9
Percent women literate	69.4	44.8	93.0	55.1
Percent women, aged 6-17, attending school	64.2	82.5		-
Percent living in *pucca* house	69.9	28.8	85.1	45.9
Percent population lowest quintile	10.6	25.3	1.0	20.0
Percent women not wanting more children	78.0	65.4	69.3	70.5
Percent women wanting more sons than daughters	5.7	33.5	11.0	22.4
Percent women using any modern FP method	60.0	29.3	57.9	48.5
Percent women condom users using a social marketing brand	5.3	67.3	16.8	43.9
Percent women FP users who were informed about side effects of the method used	62.9	28.7	44.4	32.2
Unmet need for family planning	8.5	21.2	8.9	12.8
Percent women had FP message through television	75.8	45.9	44.6	49.5
Percent women, aged 18-29, married by exact age 18	25.2	52.2	17.2	45.6
Percent women at least one ANC	98.6	66.0	94.4	76.4
BCG, children, aged 12-23 months	99.5	61.0	96.3	78.1
Percent women aware of HIV/AIDS	94.5	45.2	95.1	60.9

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