

IJCRR
Section: Healthcare
Sci. Journal
Impact Factor
4.016

CROSS BORDERING STUDIES AMONG DECISION MAKING AND SPOUSAL VIOLENCE IN INDIA AND BANGLADESH

Sk. Karim¹, Kalosona Paul²

¹Project Officer, WHO SAGE Wave 2 Project India, International Institute for Population Sciences (IIPS), Mumbai-400088, India; ²Ph.D Research Scholar, School of Development Studies, Tata Institute of Social Sciences (TISS), Mumbai-400088, India.

ABSTRACT

Violence at least 20% of the world's women has been physically or sexually assaulted by a man (World Bank, 1993) and that between 16% and 52% of women have been physically assaulted by an intimate partner (WHO, 1997). Paper mainly focuses on cross country variation on spousal violence, help seeking behaviour and decision making of women and its determinants. Demographic health survey (DHS) data of India (2005-06) and Bangladesh (2007) is used for the analysis of spousal violence and decision making among women aged 15-49 years. Descriptive statistics, bivariate analysis and Multivariate analysis is carried out to examine the prevalence of spousal violence among married women aged 15-49 years, decision making the two selected countries and their help seeking behaviour in India. Decision making is significantly more among educated, wealthier women, yet it is markedly low among the Hindus in both India and Bangladesh. Experience of violence is significantly more among those with more decision making in India and it is having no relation in Bangladesh.

Key Words: Violence, Decision making, Spousal violence, Help seeking behaviour

INTRODUCTION

Violence is the look of brutal nature of mankind. Violence against women has been distinguished by the United Nations as a fundamental abuse of women's constitutional rights. In the past, little attention gave to domestic violence as a broad social matter. But in attendance domestic violence is a major burden to patriarchy society which has its existence in every bend of planet demarcation across the frontier of culture, custom, class, education, income, ethnicity, religion and age. Since early 1990s, there has drastically increased concern about domestic violence against married or unmarried women in both developed and developing countries. It is approximation that 20% of the world's married or girls are physically or sexually assaulted by a man (World Bank, 1993) and that between 16% and 52% of women was physically beaten by an intimate partner (WHO, 1997).

In view of, women are facing other types of violence since her by birth. In a nutshell, female infanticide, genital mutilation, abduction, kidnapping, bride-burning, wife battering, rape, murder, molestation and honour killings are the ordinary forms of brutality against women. But, the worst happens when they are focus to beating, insult, harassment in

their dweller by their relatives and husband. Violence against women is one of the vital social apparatus by which women's are strained into an inferior position contrast with men. Domestic violence is habitually a cycle of abuse that patent itself in numerous ways throughout their life. Violence includes the constitutional acts of physical aggression, sexual coercion, psychological or emotional abuse and controlling behaviours by present or past husband or spouse. Spousal violence is one of the mainly forms of brutality often termed as domestic violence taking forms of slaps, kicks, punches or sometimes attack with a weapon or severe burns or injuries or fracture in the body. Few studies has been adopted an ecological model, which illustrates that violence is effect of personal, biological, marital, environment, community and societal factors (Heise et al., 1999). Violence against woman occurs in all socio-economic-cultural population; and in different cultural society, including India and Bangladesh, but women are socially believed, tolerate, and even though rationalize to remain silent about such practices.

Existing Studies on This Issue

Violence against women's is a universal issue, cross-bordering culture, geographic, religious, social and economic

Corresponding Author:

Mr. Sk. Karim, Project Officer, WHO SAGE Wave 2 Project India, International Institute for Population Sciences (IIPS), Mumbai-400088, India.

E-mail: sk.karim17@gmail.com

Received: 22.05.2015

Revised: 20.06.2015

Accepted: 21.07.2015

boundaries. It has become distinguished major issue on the global ground and a lot of research work was taken this issue over the last few decades (Counts, Brown, & Campbell, 1999; Levinson, 1989; Straus & Gelles, 1999; Straus, Gelles, & Steinmetz, 1980). Research indicates that the most common type of violence against women is domestic violence (Koss et al., 1994; Naved, Azim, Bhuiya, & Persson, 2004). Among the most prevalent are those forms of violence perpetrated against women by intimate partners and ex-partners (Heise, Germain, & Pitanguy, 1994; Naved et al 2005).

Women who were more severely abused and those with higher education and younger age sought more help (Straus, 1990). Women who are both verbally and physically abused sought more help, but those with greater marital conflict sought less; and those women whose health was poor sought help less but those who reported being depressed sought more help (Gelles & Straus, 1988). World Report on Violence and Health (2002), Women are particularly vulnerable to abuse by their partners in societies where there are marked inequalities between men and women, rigid gender roles, cultural norms that support a man's right to have sex regardless of a woman's feelings and weak sanctions against such behaviour. South Asia is commonly thought of as a region where the domestic violence is very prominent. Many studies from South Asia report high rates of spousal physical abuse against women. In Indian sub-continent high domestic violence is associated with various demographic, socio-economic characteristics (Naved,2005; Khosla et al.,2005; Panda et al.,2005). WHO (2006) in collaboration with London School of Hygiene and Tropical Medicine (LSHTM) and PATH studied lifetime prevalence of physical and sexual violence in ten countries including Bangladesh. The role of patriarchy, power dominance of men is one of the prime aspects of causes of violence among women (Emery, 2011). A number of independent studies have been done in the area of domestic violence. But there is a dearth of attempts in India and Bangladesh to understand the spousal violence and to generate a connecting link between spousal violence with decision making also less emphasis is given on help-seeking aspect in India. This study intent to underpin, who seek help and from whom and whether there is any association of decision making and experience of violence.

Objectives

Based on this perspective the specific objectives of this study are as follows:

1. To study the cross country variation in decision making of women and its determinants.
2. To find out the link between spousal violence and decision making.

3. To understand the pattern of and help seeking behaviour among women in India.

Sources of Data

Demographic health survey (DHS) data of India (2005-06) and Bangladesh (2007) is used for the analysis of spousal violence and decision making among women aged 15-49 years. Demographic health survey is a large scale surveys which has collects, analyse and disseminate the information on health and numerous social issues relevant to society through more than 90 countries in the world. In the respective used datasets, a module of question on domestic violence was included as part of the Women's Questionnaire. Information was collected on different forms of violence experienced by women and help-seeking behaviour. The module collects detailed information on physical, sexual, and emotional violence perpetrated by husbands against their wives. National family health survey (NFHS-III) is the India version of DHS. However DHS of Bangladesh does not give information on help-seeking behaviour.

In NFHS third round and BDHS, spousal physical and sexual violence is measured using the following set of questions. Decision making variables in both the survey are:

1. Final say on own health care.
2. Final say on to buy household purchases.
3. Final say on household daily needs.
4. Final say on to meet relatives or friends.

(Does/did) your (last) husband ever do any of the following things to you?

1. Slap you?
2. Twist your arm or pull your hair?
3. Push you, shake you, or throw something at you?
4. Punch you with his fist or with something that could hurt you?
5. Kick you, drag you or beat you up?
6. Try to choke you or burn you on purpose?
7. Threaten or attack you with a knife, gun, or any other weapon?
8. Physically force you to have sexual intercourse with him even when you did not want to?

The sample consisted of 92,859 women from India and 10,981 women from Bangladesh.

Methodology

Descriptive statistics and bivariate analysis is carried out to examine the prevalence of spousal violence among married women aged 15-49 years, decision making the two selected countries and their help seeking behavior in India.

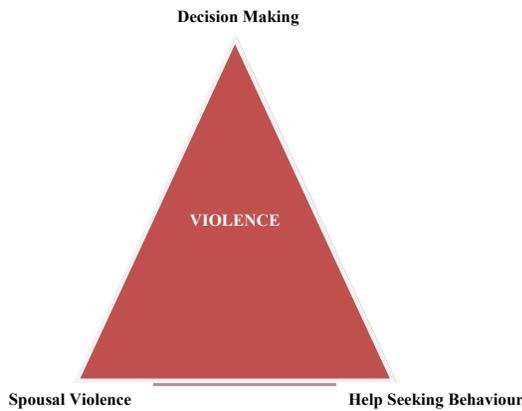


Figure: Indicators of violence measuring

Multivariate analysis in terms of binary logistic regression is done to estimate the adjusted effects of selected socio-economic and demographic covariates on the prevalence of spousal violence, decision making and help seeking behavior in the two selected countries.

The binary logistic is usually put into a more compact form as follows:

$$\text{Logit}(Y) = \ln\left(\frac{p}{1-p}\right) = \alpha + \beta_1x_1 + \beta_2x_2 + \epsilon$$

Where β_1, \dots, β_2 are regression coefficients indicating the relative effect of a particular explanatory variable on the outcome. The coefficients change as per the context in the analysis.

VARIABLES

Predictor: Place of residence, age group, age at marriage, religion, wealth quintile, number of household members and education level, regions are the independent variables. These variables were grouped into some categories to examine each unique contribution relative to the other variables.

Dependent: Dependent variables are decision making are health care, household purchases, daily needs and spatial mobility. These were categorized into three type: self, joint and others for bivariate tables and into two categories (self + joint) vs. (others) in logistic regression. In logistic regression of violence dependent variable is ever experienced violence or not.

RESULT AND DISCUSSION

A. Determinants of decision Making of women

Table 1: Comparing women across place of residence it is evident in Table 1 that in India, women from urban areas have more decision making power in household chores than their counterpart from rural India. In urban, more than one fifth (21 percent) of women, herself takes the decision on

their health care. Similarly, more than half (52 percent) of women from urban area along with other members in the households can take decision on household purchases. Age and decision making power of women are positively related in the study. Women at later ages are more likely to involve in decision making process in the household than the young women. More than one fourth (29 percent) of women aged 35 and above as compared to only 9 percent of making process over the women who have married before 18 years of age. Women from affluent families have more decision making power than their counterpart poor women in the household. More than one third (36 percent) of women from affluent household as compared to less than 30 percent of poor women take decision on daily needs by their own in India. No of household member and decision making power of women are inversely related in this study. Women with below 5 households members are more empowered to involve in the decision making process than the women with above 5 household members in the family. This pattern is followed in all the household chores in India.

Table 2: The decision making power of women by different background characteristics in Bangladesh are presented in table 2. Comparing women across place of residence it is found that, urban women are more involved in all household chores than their counterpart from rural area. Age and self-decision of women in household chores are positively related in this study. Women at later ages takes more self-decisions in household chores than the young women in Bangladesh. Muslim women are more empowered to take self-decision than their counterpart women from other religions in Bangladesh. More than one third (35 percent) and 17 percent of women from Muslim religion can take self-decision on daily needs and health care respectively.

Education and decision making power of women is inversely related in Bangladesh. Women with no or limited education are more likely to involve in decision making process than the women with higher education in the households chores in Bangladesh. More than one fifth of women with no education as compared to 16 percent of women with higher education can take self-decision on their health care in Bangladesh. An inverse relationship between age at marriage and decision making power of women is observed in Bangladesh. Women married below the age of 18 years are more likely to involve in self-decision making process than their counterpart women married after 18 years of age. Contrary to this, women married after 18 years of age are more involved in joint decision making process than the women married below the age of 18 years in Bangladesh. Women from affluent families are more involved in the decision making process in the household chores than the poor women in Bangladesh. Women with below 5 household members are more likely to involve in decision making process in household chores than their

counterpart group with more than 5 household members in Bangladesh. Nearly one fifth of women with 5 household members as compared to 14 percent of women with more than 5 household members take self-decision on health care.

Table 3: In the logistic table it is shown that in India all type of decision making among rural women is significantly lower than decision making of urban women whereas in Bangladesh any type of decision making of rural women is not significantly different from urban women. Any type of decision making increases significantly as the age of the women increases, this result is same for both the countries. In both the countries, health care decision making is significantly lower in Hindu women than Muslim women whereas decision making for daily needs in Hindu women is not significantly different from Muslim women. In India share of women in all type of decision making increases significantly as the level of education increases, whereas in Bangladesh share of women in decision making for daily needs and spatial mobility is not significantly increases as the education level increases. In India share of women in decision making for healthcare and spatial mobility does not vary significantly if age at marriage of women is below eighteen years. In Bangladesh share of women in decision making for household purchases, daily needs and spatial mobility does not vary significantly if age at marriage of women is below eighteen years. In India, share of women in decision making for household purchase and daily needs increases as economic status increases, whereas in Bangladesh share of women for all type of decision making is high in rich families. In both the countries share of women in decision making is significantly high in households having more than four members in comparison to women of household with less than five members.

B. Linkages between spousal violence and decision making of Women

Table 4: The prevalence of domestic violence and involvement in decision making process is presented in Table 4. Comparing women across countries it is found that, women who take their own decision on health care face more violence in India than their counterpart group from Bangladesh. Similar pattern is followed in other household chores wherein women take her own decision in India. Women who can make household purchase by her own choice face more violence (67 percent) in India than their counterpart group from Bangladesh (22 percent).

Table 5: In the logistic table it is shown that in India domestic violence among rural women is significantly higher than urban women whereas in Bangladesh any type of violence of rural women is not significantly different from urban wom-

en. Violence increases significantly in the age of women especially in India. Both the countries Hindu women face more domestic violence than Muslim and other religious groups. In the both countries magnitude of domestic violence significantly decreases as the level of education level increases. In India poor and middle status women are facing more violence than the rich women but in Bangladesh middle status women of not significant. Rich women in Bangladesh face low violence. In both the countries violence are high in household with more than five members. In India, not all regions of women face same magnitude of violence. There is a difference from one region to another region. In India, East, North-east and Central regions of women face more violence than the West and South region. In Bangladesh do not have violence but Chittagong, and Sylhet are less violence prone area compared to Barishal. If a women takes decision alone or with partner in India they faces high magnitude of violence but in Bangladesh it is not significant because there women are more empowered than the Indian women.

C. Circumference of help seeking behaviour of Women

Table 6: The prevalence of domestic violence and help-seeking behavior of women in India is presented in Table 4. Comparing women across place of residence, it is observed that women from urban are more likely to seek help for the violence than the rural women. The only exception is the women having faced severe violence in rural seek more informal help than their counterpart group from urban area. Women from other religion background are more likely to seek both informal and formal help in their violation of rights than their counterpart from Hindu and Muslim women. Women with education are more likely to seek more formal help in violence than women without education in India. One tenth of women having faced severe violence seek formal help as compared to less than 4 percent of women with no education. Women married after 18 years of age seek more help in violence than their counterpart women having married before 18 years of age. Women from affluent households are more likely to seek help in their violation of rights as compared to poor women.

Table 7: Shows the coefficient of seeking help among women who experienced domestic violence in India with increase in age and education chance of seeking help increases markedly. While Hindus seek more help than the Muslim. But in bigger household (with more than 4 members) the probability is significantly lower. In East, North-East, West and Southern region the chance of women seeking for help is markedly more than Northern region. Decision making increases with age, while experience of spousal violence also increases with age.

CONCLUSION

Decision making is significantly more among educated, wealthier women, yet it is markedly low among the Hindus in both India and Bangladesh. Experience of violence is significantly more among those with more decision making in India and it is having no relation in Bangladesh. Help seeking is an important component in controlling violence, though less explored. In India, chance of seeking help has no significant relation with decision making. Seeking help increases with age, education among the Hindus and women of smaller households. Marked regional variation is observed in decision making, spousal violence in both countries (as well as help seeking behaviour in India). Northern region in India are more privilege in terms of decision making, spousal violence as compare to rest of the regions.

ACKNOWLEDGEMENTS

We are extremely grateful for the help and support from everyone including our friends, teachers and parents. Our immense thanks goes to all the authors and resource persons whose journal we used. We are grateful to all the member of "International Journal of Current Research and Review" for entertaining our paper. My special thanks goes to the reviewers for their valuable comments and suggestions.

Conflict of Interest

The authors declare that there is no conflict of interest regarding the publication of this article.

REFERENCES

- Burazeri G., Roshi E., Jewkes R., Jordan S., Bjegovic V., Laaser U. (2005): "Factors associated with spousal physical violence in Albania: cross sectional study". 331:197-201.
- Emery, C. R. (2011). Controlling for selection effects in the relationship between child behavior problems and exposure to intimate partner violence. *Journal of Interpersonal Violence*, 26, 1541–1558.
- DeMaris A., and Swinford S. (1996). "Female victims of spousal violence: factors influencing their level of fearfulness", National Council on Family Relations. Vol. 45:98-106.
- Gonzalez-Brenes M., (2004). "Domestic violence and household decision-making: Evidence from East Africa"
- Heise, L., M. Ellsberg, and M. Gottemoeller. 1999. *Ending violence against women*. Population Report, Series L, No. 11. Baltimore, Maryland: Johns Hopkins University School of Public Health, Population Information Program.
- Hindin M.J., Adair L.S. (2002). "Who's at risk? Factors associated with intimate partner violence in the Philippines". pp. 1385-1399
- Hindin M.J., Kishor S., Ansara D.L., (2008) "Intimate Partner Violence among Couples in 10 DHS Countries: Predictors and Health Outcomes", DHS Analytical Studies No. 18.
- Jeyaseelan L., Kumar S., Neelakantan N., Peedicayil A, Pillai R, and Duvvury. (2007) "Physical spousal violence against women in India: some risk factors", *Journal of Biosocial Science*, Vol.39 (05):657-670.
- Koss, M.P. 1993."Detecting the Scope of Rape: A Review of Prevalence Research Methods." *Journal of Interpersonal Violence* 8(2):198-222.
- Bangladesh Demographic and Health Survey (BDHS), 2007, USAID Development organization, Bangladesh, 2007
- IIPS & ORC Macro. 2007, National Family Health Survey (NFHS-III) 2005-2006, International Institute for Population Sciences, Mumbai.
- Naved R.T., Azim S., Bhuyan A., Persson L.A. (2006) "Physical violence by husband: Magnitude, disclosure and help-seeking behaviour of women in Bangladesh", *Social Science & Medicine* 62:2917-2929.
- Naved,R.T., Persson,L.A.(2005). "Factors associated with spousal physical violence against women in Bangladesh" *Studies in Family Planning*, Vol. 36:289-300, Population Council.
- Rapp D., Zoch B., Khan M.M.H., Pollmann T., and Kramer A. (2012) "Association between gap in spousal education and domestic violence in India and Bangladesh".
- Ray K., Chakraborty M., Roy H., Gupta S. and Banerjee I. (2012). "Violence against women: Evidence from a cross sectional study in urban area of North Bengal", *Al Ameen J Med Sci* 5(2): 157-164.
- Straus, M.A. 1990. Measuring interfamily conflict and violence. The conflict tactic scales. In *Physical violence in American families: Risk factors and adaptations to violence in 8145 families*, ed. M.A. Straus and R. J. Gelles, New Brunswick, New Jersey: Transaction Publishers. 29-47.
- World Health Organization. (1997). *WHO multi-country study on women's health and domestic violence against women, summary report*. Geneva, Switzerland: Department of Gender and Women's Health, WHO.
- World Bank. (1993). "Violence against women" The World Bank, Gender and Violence: Washington, D.C.
- Eteinne.g.Kurg et al. (2002): "World Report of Violence and Health". World Health Organization.

Table 1: Distribution of Percentage of decision making of women in India (2005-06)

Background characteristics	Decision Making											
	Health care			Household purchases			Daily needs			Spatial mobility		
	Self	Joint	Others	Self	Joint	Others	Self	Joint	Others	Self	Joint	Others
Place of residence												
Rural	20.0	50.2	29.8	7.6	41.3	51.1	29.1	27.1	43.8	10.0	46.5	43.5
Urban	20.8	46.0	33.2	10.4	51.6	38.0	39.9	29.0	31.1	12.3	57.3	30.4
Age group												
15-24	9.3	30.7	60	3.7	31.5	64.8	18.5	21.7	59.8	5.4	38.1	56.5
25-34	25.4	61.5	13.1	8.1	46.6	45.3	33.8	29.1	37.0	10.2	52.0	37.8
35 and above	28.8	58.7	12.5	12.1	51.0	36.9	40.5	30.3	29.2	14.9	55.6	29.5
Religion												
Hindu	19.9	49.7	30.4	8.4	44.5	47.1	32.1	27.8	40.1	10.4	50.1	39.5
Muslim	20.9	46.5	32.6	8.4	41.4	50.2	32.1	25.8	42.1	11.0	44.1	44.9
Others	24.6	41.2	34.2	10.6	49.8	39.6	38.3	30.1	31.6	14.8	59.5	25.7
Education												
No education	20.5	56.9	22.6	8.8	42.7	48.5	32.0	27.5	40.4	10.5	47.0	42.5
Primary	21.2	50.6	28.1	9.2	41.7	49.1	33.0	26.1	40.9	11.0	47.6	41.4
Secondary	21.6	41.3	37.1	9.7	45.7	44.6	33.2	27.4	39.4	11.2	51.6	37.2
Higher	22.2	40.7	37.1	10.1	57.6	32.3	35.3	34.5	30.2	12.4	63.0	24.6
Age at marriage												
Below 18	25.0	61.1	13.9	8.7	42.8	48.5	31.8	27.3	40.9	10.7	47.8	41.4
Above 18	26.7	62.2	11.1	8.0	48.4	43.6	33.9	28.8	37.3	10.7	54.8	34.6
Wealth Index												
Poor	20.3	52.4	27.3	8.2	42.0	49.8	29.2	28.3	42.5	9.8	45.9	44.3
Middle	20.6	48.6	30.8	9.2	40.5	50.3	32.2	25.5	42.3	11.7	45.8	42.6
Rich	21.6	45.9	32.5	9.4	48.6	42.0	35.5	28.2	36.2	12.1	54.4	33.5
No. of household members												
Below 5	28.8	38.2	33.0	10.8	49.4	39.8	38.0	30.2	31.8	13.0	55.1	31.9
5 and above	25.4	31.9	42.7	6.0	39.2	54.8	26.6	25.0	48.4	8.3	44.2	47.5

Table 2: Distribution of Percentage of decision making of women in Bangladesh (2007)

Background characteristics	Decision Making											
	Health care			Household purchases			Daily needs			Spatial mobility		
	Self	Joint	Others	Self	Joint	Others	Self	Joint	Others	Self	Joint	Others
Place of residence												
Rural	16.3	45.6	38.1	10.9	54.2	35.0	33.8	36.7	29.5	15.3	51.0	33.7
Urban	19.1	50.7	30.2	12.9	57.9	29.2	36.3	37.8	25.9	18.2	55.0	26.8
Age group												
15-24	9.0	48.3	42.7	5.3	51.9	42.8	22.7	37.7	39.6	8.3	50.7	41.1
25-34	19.2	47.2	33.6	12.8	57.4	29.7	38.3	37.2	24.5	17.0	54.7	28.3
35 and above	22.3	45.0	32.7	15.6	55.7	28.7	41.7	36.0	22.2	22.3	50.4	27.3
Religion												
Hindu	11.4	51.5	37.1	7.2	55.2	37.6	32.2	38.3	29.5	11.5	56.6	32.0
Muslim	17.4	46.5	36.1	11.8	55.0	33.2	34.6	36.8	28.6	16.5	51.4	32.2
Others	16.8	28.2	55.0	4.3	53.8	41.9	33.5	41.1	25.4	4.3	65.0	30.7
Education												
No education	20.2	43.2	36.6	14.5	54.2	31.3	37.0	36.9	26.1	18.8	50.1	31.0
Primary	16.1	46.2	37.6	10.7	54.2	35.0	35.8	36.4	27.7	15.3	51.1	33.6
Secondary	14.2	48.9	36.9	8.8	54.8	36.4	29.5	37.1	33.4	13.2	53.0	33.8
Higher	16.4	59.6	24.0	9.4	64.7	25.9	37.3	39.4	23.4	17.0	60.6	22.4
Age at marriage												
Below 18	17.2	46.1	36.8	11.5	54.5	33.9	34.6	36.8	28.6	16.0	51.5	32.5
Above 18	14.7	53.3	32.0	9.4	59.4	31.1	32.9	38.3	28.8	15.4	55.6	29.0
Wealth Index												
Poor	16.1	44.9	39.0	11.0	54.7	34.3	34.3	38.2	27.5	14.7	51.8	33.6
Middle	15.8	46.0	38.3	10.8	53.0	36.2	32.5	36.2	31.3	15.2	50.6	34.2
Rich	18.3	48.9	32.8	11.9	56.3	31.8	35.4	36.1	28.5	17.6	52.7	29.8
No. of household members												
Below 5	19.5	47.4	33.1	14.0	57.8	28.1	40.0	37.3	22.8	19.0	53.5	27.5
5 and above	13.6	46.0	40.4	7.9	51.4	40.7	27.2	36.6	36.2	12.1	49.9	38.0

Table 3: Result of Logistic regression analysis showing coefficient of decision making of women in India and Bangladesh.

Background characteristics	Health Care		Household Purchases		Daily Needs		Spatial Mobility	
	India	Bangladesh	India	Bangladesh	India	Bangladesh	India	Bangladesh
	Exp B	Exp B	Exp B	Exp B	Exp B	Exp B	Exp B	Exp B
Place of residence								
Urban@								
Rural	0.817***	0.975	0.654***	0.929*	0.634***	0.937	0.671***	0.998
Age group								
15-24@								
25-34	1.809***	2.143***	2.167***	2.116***	2.480***	1.733***	2.072***	1.865***
35 and above	2.281***	2.502***	3.079***	2.570***	3.481***	1.978***	3.088***	2.620***

Table 3: (Continued)

Religion								
Muslim®								
Hindu	0.943***	0.596***	0.952*	0.690***	0.933	0.902	0.821***	0.627***
Others	1.535***	1.568	1.182***	0.317**	1.281***	0.861	1.607***	0.462***
Education								
No education®								
Primary	1.090***	1.003***	1.008	1.112**	1.011	1.080	1.123***	1.004
Secondary	1.252***	1.142***	1.163***	1.193***	1.074***	1.161	1.293***	1.191**
Higher	1.800***	1.521***	1.580***	1.346***	1.263***	1.32	1.795***	1.231*
Age at marriage								
Above 18®								
Below 18	0.995	0.759***	0.914***	0.829	0.905***	0.872	0.966	0.897
Wealth Index								
Poor®								
Middle	0.983	1.067	0.979***	1.141	0.900***	1.063	0.945**	1.195**
Rich	1.014	1.231***	1.101***	1.261***	1.210***	1.189***	1.172*	1.349***
No. of household members								
Below 5®								
5 and above	0.713***	0.706***	0.862***	0.594***	0.529***	0.658***	0.641***	0.642***
Pseudo R2	0.0349	0.0363	0.0575	0.0382	0.0706	0.0214	0.0652	0.0373

Note: ***p value<0.001, **p value<0.01, *p value<0.5; ®Reference category

Table 4: Prevalence of spousal violence by decision making of women in India and Bangladesh.

Decision making	India		Bangladesh	
	Domestic violence		Domestic violence	
	Ever Experienced	Never experienced	Ever Experienced	Never experienced
Own health care				
Self	27.5	70.5	24.3	75.7
Others	27.6	72.4	19.5	80.3
Household purchases				
Self	28.4	71.6	24.6	75.4
Others	26.6	73.4	19.2	80.8
Daily needs				
Self	29.4	70.6	24.9	75.1
Others	24.8	75.2	17.6	82.4
Spatial mobility				
Self	27.5	72.5	24.1	75.9
Others	27.6	72.4	19.5	80.5

Table 5: Result of Logistic regression analysis showing experience of spousal violence of women in India and Bangladesh.

Background Characteristics	Domestic Violence	
	India	Bangladesh
	Exp B	Exp B
Place of residence		
Urban®		
Rural	0.792***	0.908
Age group		
15-24®		
25-34	1.600***	1.387***
35 and above	1.066**	1.053
Religion		
Muslim®		
Hindu	1.079***	0.769**
Others	1.079*	0.935
Education		
No education®		
Primary	0.866***	0.905*
Secondary	0.606***	0.695***
Higher	0.227***	0.464***
Age at marriage		
Above 18®		
Below 18	0.768***	0.752**
Wealth Index		
Poor®		
Middle	0.782***	0.952
Rich	0.478***	0.696***
No. of household members		
Below 5®		
5 and above	0.577***	0.642***
Region		
North®		
East	1.257***	
North-east	1.199***	
West	0.900***	
Central	1.163***	
South	0.875***	
Barisal®		
Chittagong		0.833*
Dhaka		0.957
Khulna		0.894
Rajshahi		0.907
Sylhet		0.672**
Decision making (c)	1.180***	0.912

Note: ***p value<0.001, **p value<0.01, *p value<0.5; ®Reference category

Table 6: Help-seeking behaviour of women who experienced spousal violence in India (2005-06).

Background Characteristics	Physical Violence	Help Seeking Behaviour		
		Informal	Formal	No help
Place of residence				
Rural	Less severe	21.0	0.5	78.6
	Severe	49.7	4.4	45.9
Urban	Less severe	21.8	0.6	77.5
	Severe	45.5	9.0	45.5
Religion				
Hindu	Less severe	21.2	0.5	78.3
	Severe	49.2	5.2	45.6
Muslim	Less severe	19.3	0.4	80.3
	Severe	45.3	6.6	48.2
Others	Less severe	26.4	0.7	73.0
	Severe	55.0	7.5	37.5
Education				
No education	Less severe	20.7	0.3	79.0
	Severe	47.8	3.7	48.5
Primary	Less severe	21.7	0.9	77.3
	Severe	50.3	4.9	44.8
Secondary	Less severe	22.4	0.6	76.9
	Severe	51.0	12.9	36.1
Higher	Less severe	19.9	0.9	79.1
	Severe	50.0	10.0	40.0
Age at marriage				
Below 18	Less severe	20.5	0.4	79.1
	Severe	49.3	5.3	45.4
Above 18	Less severe	24.2	0.7	75.1
	Severe	46.7	6.1	47.2
Wealth Index				
Poor	Less severe	20.8	0.5	78.7
	Severe	46.1	5.1	48.8
Middle	Less severe	22.0	0.8	77.2
	Severe	54.7	4.0	41.3
Rich	Less severe	21.4	0.3	78.3
	Severe	50.3	9.1	40.6

Table 7: Result of Logistic regression showing help seeking of women who experience spousal violence in India.

Background characteristics	Help Seeking Exp B
Place of residence	
Urban@	
Rural	0.931
Age group	
15-24@	

Table 7: (Continued)

25-34	2.055**
35 and above	2.877***
Religion	
Muslim®	
Hindu	1.615**
Others	1.127
Education	
No education®	
Primary	1.162**
Secondary	1.718**
Higher	1.135
Age at marriage	
Above 18®	
Below 18	0.951
Wealth Index	
Poor®	
Middle	1.057
Rich	0.703
No. of household members	
Below 5®	
5 and above	0.740*
Region	
North®	
East	3.207***
North-east	5.594***
West	3.358***
Central	0.882
South	2.315**
Decision making (c)	1.1031

Note: ***p value<0.001, **p value<0.01, *p value<0.5; ®Reference category

Abbreviation

DHS: Demographic health survey

LSHTM: London School of Hygiene and Tropical Medicine

WHO: World Health Organization

NFHS: National Family Health Survey

BDHS: Bangladesh Demographic health survey