

Domestic Violence against women and its effect on women health in urban area of Lucknow: an Observational Study

Shukla Jyoti* & Singh Neetu**

Research Scholar* & Asst. Professor**

Department of Human Development & Family Studies

School for Home Sciences Babasaheb Bhimrao Ambedkar University, Lucknow-226025

Uttar Pradesh, India

E-mail: jyotitiwarilec@gmail.com

Abstract

Violence against women within the family is a global phenomenon. There are evidences that domestic violence has long term mental health consequences for the survivors, even after the domestic violence has ended. There are a number of women today who have experienced one or more forms of domestic violence at the hands of relatives. Many of the women are at risk of developing mental health problems. This study was conducted to assess the violence and its effect on women health of reproductive age group exposed to domestic violence. Material and method:-A community based study was conducted in Luck now city. 300 women of 15-49 years age group residing in the community were selected by stratified random sampling. A pre design and pre-tested questionnaire was used to assess the effect of domestic violence women health Result:-A great percentage of the women reported that they were victims of domestic violence and sign and symptoms of physical and psychological violence was present. More than fifty percent women reported that they were living under abusive relationship and had some physical problem due to domestic violence. Conclusion: - It can be concluded on the basis of the result that health status of a women is grossly affected by domestic violence.

Introduction

Violence against women within the family is a global phenomenon. However, its ramifications are more complex and its intensity much greater in India. The feeblest aspect of such violence is domestic violence. Domestic violence has been a long-standing problem in India, particularly in rural Areas. WHO (1997)ⁱ indicate that between 16% and 52% of women world-wide are physically assaulted by an intimate partner at least once in their lives.

The Declaration on Elimination of Violence Against Women adopted by the UN General Assembly in 1993, defines Violence Against Women as "any act of gender based violence against women 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 spaces" Domestic violence happens most of the time against women in the household. The



e-ISSN: 2348-6848, p- ISSN: 2348-795X Volume 2, Issue 07, July 2015

Available at http://internationaljournalofresearch.org

offenders are, mostly the men, particularly their intimate partners.

The National Family Health Survey, 2000 (NFHS-2)ⁱⁱⁱ reports about the inequality and violence pervading in our country. 68% of the women under the survey reported that they needed permission from husbands or in-laws to go to the market and 76 % had to seek consent of their husbands before they could visit friends or relatives. Only 60 % could use money the way they wished. In addition, one in every five women experienced domestic violence from the age of 15 onwards. Very often, women used to suffer violence against

them in silence for fear of unfavorable repercussions.

Violence against women is increasingly recognized as a health issue in nearly every country in the world, and attention is turning to the measurement of its health consequences for women and their families (Ellsberg et al., 2008)^{iv}.

Forms of violence-

Gender-based violence against women takes many forms and occurs throughout a woman's life cycle. Heise (1994) describe the different forms of violence that women experience throughout their lifespan.

Phase **Type of Violence Present** Sex-selective abortion; battering during pregnancy; coerced pregnancy Pre-birth Female infanticide; emotional and physical abuse; differential access to food Infancy and medical care. Girlhood ☐ Child marriage; genital mutilation; sexual abuse by family members and strangers; differential access to food, medical care and education Adolescence Violence during courtship; economically coerced sex (e.g. for school fees); sexual abuse in the workplace; rape; sexual harassment; arranged marriage; trafficking. Reproductive age Physical, psychological and sexual abuse by intimate male partners and relatives; forced pregnancies by partner; sexual abuse in the workplace; sexual harassment; rape; abuse of widows, including property grabbing and sexual cleansing practices. Elderly Abuse of widows, including property grabbing; accusations of witchcraft; physical and psychological violence by younger family members; differential access to food and medical care.

(Source: Heise, Pitanguay and Germain (1994). Violence Against Women: The Hidden Health Burden. World Bank, Discussion Paper. Washington. D.C.: The World Bank)^v.

"Domestic violence has long-lasting adverse effect on women's reproductive health; including unwanted pregnancy, complications during pregnancy including miscarriage, unsafe abortion, sexually transmitted infections (STIs) including HIV, and maternal death. According to the World Bank, in developing countries, rape and domestic violence together account for 5 per cent of the healthy years of life lost in a woman's reproductive age (Parnapriya Saha & P.K. Dutta)^{vi}". There are various consequences of domestic violence like

Comment [j1]: Types of domestic voilence



e-ISSN: 2348-6848, p- ISSN: 2348-795X Volume 2, Issue 07, July 2015 Available at http://internationaljournalofresearch.org

physical health consequences and mental health consequences depending on the victim, the age group, the intensity of the violence and frequency of the pain they are subjected to. Bruises, broken bones, head injuries, lacerations and internal bleeding are some of the acute effects of a domestic violence incident that require medical attention and hospitalization (Jones, 1997)vii. Some chronic health conditions that have been linked to victims of domestic violence are arthritis; irritable bowel syndrome (Berrios. 1991)viii.Victims who are pregnant during a domestic violence relationship experience had greater risk of miscarriage, pre-term labor and injury to or death fetus (sharon.s.prescila2014)^{ix}. Violence against women is a serious public health issue. Research indicates the profound and long-term toll that violence takes on women's health, on families, communities and on society in general^x (Campbell 2002; OWP 2009). The health impacts of violence on women's health and wellbeing can result from direct acts of violence or from the long-term effects of violence (WHO 2009)^{xi}, It contained general information regarding domestic violence. As reported by the Census of India 2011 Lucknow city had a population of 2,815,601 of which 1,470,133 were men and 1,345,468 women. Over 36.37 percent of the total population resides in rural areas leaving barely around 63.3 percent composed of urbanites. The sex ratio in Lucknow city stood at 915 females per 1000 males in 2011 compared to 2001 census figure of 888. The average national sex ratio in India is 940 according to the Census 2011 Directorate. The city also boasts a total literacy level of 84.72% compared to 56.3% for Uttar

Pradesh as a whole. Average literacy rate for the Lucknow district in 2011 was 77.29% compared to 68.71% in 2001 with male and female rates at 87.81% and 81.36% respectively. For the district as a whole, the rate was 82.56% for males and 71.54% for females. The same figures stood at 75.98% and 60.47% in 2001. In Lucknow city the total literate population is 2,147,564 people of which 1,161,250 were male and 986,314 female (census of India)xii. On paper, UP might be low on domestic violence against women compared to other states, but when it comes to the ground reality, the state is ahead of others. A study conducted in BHU on correlation between domestic violence and infant mortality has observed that higher percentage of domestic violence in Tamilnadu and Bihar than Uttar Pradesh. Study reveals that in UP (which has a distribution of 42.21 females out of the total sample size), only 23.52 % females have experienced DV, followed by Bihar with 29.84 pc, Andhra Pradesh 23.84 and Tamil Nadu with a maximum of 37.72xiii .According to national crime report 1991, in every 33 minutes a women is abused by her husband. Domestic violence caused many physical psychological problems in women. We all well known about the fact that women are the center part of our Indian family structure, they play many types of work in their life ,because of that's they suffered many psychosomatic diseases in their life .In this study we find out the correlation between domestic violence and physical health consequences.



e-ISSN: 2348-6848, p- ISSN: 2348-795X Volume 2, Issue 07, July 2015 Available at http://internationaljournalofresearch.org

Material & Methods

1- Aims & objective

To assess the domestic violence against women and it effect on women health in the urban area of Lucknow. The basic objective of this paper is to find out the impact of domestic violence on women and physical health hazards.

2- Study design

3- Study subjects

The study population for this study was women residing in Lucknow district, aged group 15 to 49 years. These women were selected because they are most to be expected to experience of Domestic violence. One woman per house household was selected for the individual Interview according to the Kish method.

2 Sample size

Sampling size was calculated based on the following formula:

$$N = \frac{Z^2 p (100-p)}{E^2}$$

Whereby;

N = Estimated minimum sample size required

Z = Level of confidence (1.96 for 95% confidence level)

p = Expected proportion of intimate partner violence in the population was 27.

This figure was obtained from a pilot study on intimate partner violence occurring in their homes against women at Lucknow. The assumption was based on the fact, that the characteristics of the women at field area.

e = maximum of error

will be 5%

1.96X1.196X27

(100-27)

n = 5X5

= 302 (in round

figure it is =300)

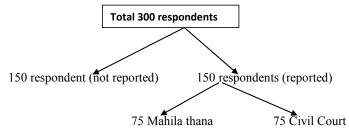
The above formula gave a minimum sample size of 300 people consequently 5% of the minimum sample size had missing and other unexpected problems during data collection. During data collection 300 respondents were interviewed.

The present study has been conducted in the Lucknow city. Total 300 respondents were selected from the population, among which 150 respondents were selected from the 5 wards of the Lucknow city viz. Yahiyaganj, Masakganj, Wajeerganj, Maulviganj and Rakabganj who have not reported themselves either to police station or any other women organization. Remaining 150 respondents were sub- divided into two groups in which 75 respondent have been selected from Mahila police thana hajrat ganj lucknow and remaining 75 respondent were selected from the civil court kachehri kaiserbag, Lucknow.



e-ISSN: 2348-6848, p- ISSN: 2348-795X Volume 2, Issue 07, July 2015 Available at http://internationaljournalofresearch.org

The following table shows the entire picture of the sampling design of the study.



Inclusion criteria:

- 1. Women between the ages of (15 yrs and 49) with an intimate partner and those who have had an intimate partner.
- 2. Those agreeable to take part.

Exclusion criteria:

- 1. Those not agreeable to participate in the study.
- 2. Women below the age of 15 and those above the age of 49.

Sample design

The present study has been conducted in the unreported (Household level) and reported (Mahila Thana and civil Court) case of domestic violence against women. A cross sectional study design was used in this study. The research design was composed using a qualitative and quantitative approach to gain the best understanding of the breath and essence of the issue. Data on prevalence of different forms of domestic violence and its causes and consequences were obtained on health of women.

SAMPLING TECHNIQUE-

Multistage random sampling was used in the present study. Following stages were occupied arriving at the required sample size.

Stage 1: Sankhyikiya Patrika (SP) is an important annual publication of Economics & Statistics Division (ESD) of Planning Department, Government of Uttar Pradesh. By the help of this patrika list out the name of all wards including the name of mohallas.

Stage 2: the city of Lucknow is divided in different wards for its easy functioning there were altogether 110 wards in the city. Out of which 5 wards were selected randomly using Random table.

Stage 3: Out of aforesaid 67 Mohallas, only 5 Mohallas were taken randomly using random table. The name of selected Mohallas, population and household members in each Mohallas is given below.

Stage 4: by using simple random sampling 150 respondents were selected for study purpose. Women aged 15-49 years were found in the house hold of the selected Mohall as were interviewed successfully by using Kish method.

Stage 5: The 75 respondent who were victims of domestic violence and reported them-selves in the Mahila Thana, Hazratganj



e-ISSN: 2348-6848, p- ISSN: 2348-795X Volume 2, Issue 07, July 2015 Available at http://internationaljournalofresearch.org

, Lucknow were selected randomly for the research purpose.

Stage 6: The respondents who were not satisfied by the intervention of police and move to civil court where their cases were registered under the act of domestic violence section (12). The 75 respondent who were victims of domestic violence and reported themselves in the civil court, Kaiserbagh, Lucknow were selected randomly for the research purpose.

4.6 Data collection technique

The data were collected by the research scholar. The collection of data obtained through face to face interview with the participants.

Data collection technique

The data were collected by research scholar. The collection of data obtained through face to face interview with participants. The indepth interview technique was used with the informants. Before starting interview I introduced myself and the objectives of this study to each informant. Even though I am women who is easy to approach, in community (Lucknow city) it is quite difficult for women to talk about their family issue to other people. Another challenge was concerning their husband/family member misunderstanding towards them if they were in conversation with me. This is why; I needed to interview in private places and avoid other people knowing about their experiences of domestic violence. I tried to get familiar and close to them before conducting in-depth interview. I informed them the confidentiality, and provided clearly

an explanation of my purpose which is concerned with women and their physical and mental health. In order to ensure the safety and confidentiality of interviews, only one woman per household was selected for interview. The women who were eligible for the interview were identified. The interviewer then randomly selected one woman to participate in the study. Where the selected woman was not available, the interviewer made an appointment to return to conduct the interview. An awareness booklet was provided to respondents to read and identify whether they are victims of domestic violence or not. This awareness booklet helps the women to understand what was happened with her. Read, understand analyze and then report, was the main aim to prepare this booklet. The techniques employed in this study are given below.

3.5 ANALYSIS OF DATA

For the analysis purpose, the collected data were converted into coded forms and relevant objective wise tables were prepared with the help of Computer. The data were analyzed with the help of SPSS 20. The study had the following variables:

Independent variable

- 1. Age,
- 2. Marital status
- 3. Level of education,
- 4. Occupation,
- 5. Excessive alcohol use,
- 6. Attitude on intimate partner violence

Dependant variable

The dependant variable was mental health status of women.



e-ISSN: 2348-6848, p- ISSN: 2348-795X Volume 2, Issue 07, July 2015 Available at http://internationaljournalofresearch.org

To describe these variables included in to the study by percentage, mean deviation and frequency chi square and analysis of variance are applied based upon the types of variable .The evaluation of the association between independent and dependent variable was significant or not was analyzed by crosstabulation.

Observation & Result

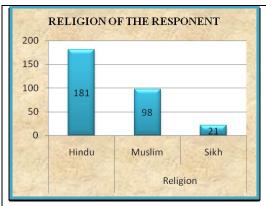


Figure 1-shows distribution of sample as per their religion

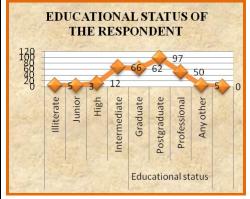


Figure 2- shows distribution of sample as per their educational status

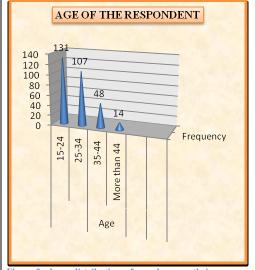


Figure 3- shows distribution of sample as per their age

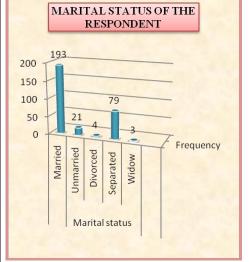


Figure 4- shows distribution of sample as per their marital status



e-ISSN: 2348-6848, p- ISSN: 2348-795X Volume 2, Issue 07, July 2015

Available at http://internationaljournalofresearch.org

The figure presented here show that out of total 300 women victim of domestic violence, 181 women were Hindu, and majority of women (97 women) were professionally educated 107 women out of 300 respondents were between the age group of 15-24 years, and majority of respondents were married.

Tableno.1- Distribution of the respondent according to symptoms to domestic violence

Sign of psychological violence	Yes	%	No	%	Total	no.
					of	
					respond	lent
Your husband feels jealous or angry to	220	73.3%	80	26.7%	300	
talk to other.						
He frequently accuses you of being	226	75.3%	74	24.7%	300	
unfaithful.						
He does not permit to meet your friends.	235	78.3%	65	21.7%	300	
He insists on knowing where you are at all	236	78.7%	64	21.3%	300	
times.						
He does not trust you with any money.	128	42.7%	172	57.3%	300	
Says or doing something to humiliate you	257	85.7%	43	14.3%	300	
in front of other.						
Threaten to hurt or harm you or someone	156	52%	144	48%	300	
to close you.						
Insult you or make you feel bad about	250	83.3%	50	16.7%	300	
yourself.						

The data presented in the table no.1 indicated that out of 300 respondent 73.3% respondent reported that their husband feels jealous or angry when they talked to other person. About 75.3% respondent stated that they were blamed by their husbands for being unfaithful. About 78.3% respondents reported that their husbands don't permit them to meet

their family and friends whereas 78.7% respondent were emotionally abused by keeping a constant watch on their movements as against 42.7% of them who reported that their husbands do not trust them with any money. About 85.3% respondent reported that they were emotionally harassed by saying or doing something to humiliate them



International Journal of Research (IJR) e-ISSN: 2348-6848, p-ISSN: 2348-795X Volume 2, Issue 07, July 2015 Available at http://internationaljournalofresearch.org

in front of other and 52% respondent out of 300 stated yes, their husband threatened to hurt or harm them or someone close to their

family and 83.3% respondent stated yes, their husband insulted them or make them feel bad about themselves.

Table no.2- Distribution of the respondents according to present/absent of sign and symptoms of psychological domestic violence

	Frequency	Percent
Sign and symptom of violence absent	38	12.7
Sign and symptom of violence present	262	87.3
Total	300	100.0

It is clearly indicated from the table no 4.3.1that 87.3% respondent were agreed that they were victim of domestic violence and sign and symptoms of psychological violence was present whereas 12.7% women were stated that sign and symptoms of psychological violence was absent.

Tableno.2- Distribution of the respondent according to present/absent of sign and symptoms psychological domestic violence

Symptoms of physical violence	Yes	%	No	%	Total no.
					of
					respondent
Slap you	246	82.%	54	18%	
					300
Twist your arm or pull your hair	171	56%	129	43%	300
Push you ,sake you, or throw something at you	128	42.7%	172	57.3%	300
Punch you with fist or with something	91	30.3%	209	69.7%	300



e-ISSN: 2348-6848, p- ISSN: 2348-795X Volume 2, Issue 07, July 2015 Available at http://internationaljournalofresearch.org

Kick you ,drag you up	115	38.3%	185	61.7%	300
Try to choke you or burn you on purpose	2	.7%	298	99.3%	300
Attack you with a knife, gun, or any other weapons	1	.3%	299	99.7%	300
Physically force you to have sexual intercourse against your will	110	36.7%	190	63.3%	300
Physical fight during pregnancy	84	28%	216	72%	300
Force you to perform any sexual act against your will	12	4%	288	96%	300

The data presented in the table no 4.3.4.that 82% respondent reported that they face physical violence in the form of slapping whereas 56% respondent out of 300 total respondent stated that they physical violence happens in the form of twist arm or pull hair. A very small percentage out of 300 total respondent stated that their husband punch him with fist or something. Out of 300 hundred respondent 38.3% stated yes, they were kick or drag up by their husband while a very small percentage .3% reported that their husband try to attack on them with knife, gun, or any other weapons. About 36.7% respondent stated that their husband physically force on them to have sexual intercourse against their will and 28% respondent stated that their husband doing physical fight during pregnancy whereas only 4% respondent reported that their husband force on them to perform any sexual act against their will.



Table no. 3- Distribution of the respondent according to present/absent of sign and symptoms of physical domestic violence

Physical violence	Frequency	Percent
Sign of physical Violence absent	64	21.3
Sign of physical Violence present	236	78.7
Total	300	100.0

The data presented in table indicated that 78.7% respondent reported that Sign of physical Violence was present whereas 21.3% respondent reported that Sign of physical Violence was absent.

Tableno.4- Distribution of the respondent according to sign of health consequences domestic violence

Symptoms of physical violence	Yes		No		Total no. of
	Percenta	ge	Percenta	ge	respondent
You had cuts, bruises or aches.	173	57.7%	127	42.3%	300
You had severe burns.	4	1.3%	296%	98.7%	300
You had eye injuries, sprains dislocation, or minor burns etc.	89	29.7%	211	70.3%	300
You had kept wound, broken bones or other serious injuries.	22	7.3	278	92.7%	300
Internal injuries.	155	51.7%	145	48.3%	300



e-ISSN: 2348-6848, p- ISSN: 2348-795X Volume 2, Issue 07, July 2015

Available at http://internationaljournalofresearch.org

The data presented in the table indicated that about 57.7% respondent stated that they had cuts, bruises, or aches as a result of physical violence faced by them and 51.7% stated that they were suffer from internal injuries as a result of physical violence. About 29.7% respondent stated that they had eye injuries, sprains dislocation, or minor burns where- as about 7.3% respondent reported that they had symptoms of wound, broken bones, or other serious injuries as a result of physical violence while a very small percentages about 1.35 reported that they had severe burns.

Tableno.4- Distribution of the respondent according to present/absent of health consequences of domestic violence

	Frequency	Percent
Absent	97	32.3
Present	203	67.7
Total	300	100.0

The data presented in table indicated that 67.7% respondent who was faced physical violence at their homes reported that Health Consequences present whereas 32.3% respondent who were victims of domestic violence and live in abusive condition reported that Health Consequences was absent at their bodies.

Table. no. 5- Information related to Health consequences of violence

Health problem caused by domestic violence	Frequency	Percetage
No	68	22.7%
Yes	232	77.3%
Total	300	100.0
Health problem		
Injury	30	10.0%
Unwanted pregnancy	57	19.0%
Gynecological	40	13.3%
Headache	45	15.0%
Irritability	41	13.7%
IBS	19	6.3%
They had no physical Problem	68	22.7%
Total	300	100.0

Table clearly indicated that out of 300 respondent about 77.3% respondent reported that they were living under abusive relationship and had developed some physical problem where as 22.7% respondent living under abusive relationship were reported that they had not any



e-ISSN: 2348-6848, p- ISSN: 2348-795X Volume 2, Issue 07, July 2015

Available at http://internationaljournalofresearch.org

physical problems due to domestic violence. Table clearly indicated that 10% of women were having injury as a result of domestic violence and about 19% women were told that they were having unwanted pregnancy and about 13.3% women reported that they were gynecological problem. About 15% respondent were stated that they were suffering from headache due to constant living under abusive relationship and 13.7% respondent reported irritability and very small percentage reported that they were suffering from IBS. About 22.7% respondents who were victims of domestic violence did not report any suffering due to domestic violence.

Discussion of Result

Domestic violence is an all-pervasive, serious social problem with major public health implications. It is physically psychologically injurious, often with longterm consequences. The support findings from the another study shown that a history of being the target of violence puts women at increased risk of depression, suicide attempts, psychosomatic disorders and physical injury(Heise & Garcia-Moreno, 2002)^{XIV}.

A number of studies on the prevalence of physical violence against women in different countries show that almost 20 to 50% of the women have experienced domestic violence (UNICEF2000^{xv}) Studies from indicated that between 16% and 52% of women world-wide are physically assaulted by an intimate partner at least once in their lives(IPPF 1998)^{xvi}. In Malaysia, a study revealed that 39% of adult women reported being physically abused by their husbands, while 68% of battered women were abused while they were pregnant (IPPF 1998)^{xvii}. Physical injury forms a more visible part of the consequences of violence experienced by women. This can range from small cuts, bruises, fractures to chronic disabilities such as partial or total loss of hearing or vision,

burns leading to disfigurement and also death in extreme cases (UNICEF 2000.)^{xvIII}. Population based studies show that 40 to 70% of the women who are abused by a partner are exposed to injuries at some point of time in their life (Population Information Program CHANGE 1999)^{xix}. Gender-based violence also affects women's mental health. It erodes women's self confidence and leads to problems such as depression, post traumatic stress disorders, suicides and alcohol and drug abuse, sleeping as well as eating disorders, anxieties and phobias (WHO 2000^{xx} and Population Information Program and CHANGE 1999). studied on domestic violence against women in India and reported that two-third of the surveyed women have experienced some form of psychological, physical or sexual abuse and were found to suffer abusive language and threats^{xxi}. The factors associated with violence were the age of women, age of husband, past exposure to familial violence and lack of spousal communication. The majority of abused women remained silent about their experience because of the high acceptance of violence within society, fear of repercussion, tarnishing family honor and own reputation, jeopardizing children's future and lack of an alternative place to stay. However, severely abused women, women



e-ISSN: 2348-6848, p- ISSN: 2348-795X Volume 2, Issue 07, July 2015 Available at http://internationaljournalofresearch.org

who had frequent verbal disputes, higher level of education and support from parental homes were more likely to disclose violence^{xxii}.

It's very difficult to capture the psychological violence .the women who are victims of domestic violence and at present time they are living in abusive relationship, high amount of fear, stress and depression are commonly reported. The National Family Health Survey, (2000) reported about the inequality and violence pervading in our country. Sixty-eight percent of the women under the Survey reported that they needed permission from husbands or in-laws to go to the market and 76 percent had to seek consent of their husbands before they could visit friends or Relatives. Only 60 percent could use money the way they wished. In addition, one in every five women experienced domestic violence from the age of 15 onwards. Very often, women used to suffer violence against them in silence for fear of adverse repercussions xxiii.

Conclusion: it can be safely concluded that domestic violence is a social evil in India. The reason is that women the women in India are belong to highly vulnerable group because of poor quality of life indicator, uncontrolled poverty, lack of proper education, high under five mortality, poor health status and male dominating society. Domestic violence may affect the life in wider and deeper sense. There are various causes which can flash the violence within the four walls of homes need to be analyzed carefully and a wise study of the factors causing the violence may prevent a

family to suffer from the hazard of domestic violence. If these factors can be controlled then more than one form of violence can be prevented from harming an individual or our society and India would be a much better place to live in.

References-

[1.]WHO (2000) Chapter 6: Violence against women. *In: Women in South East Asia: A health profile.* New Delhi, WHO regional office for South East Asia. p 147-160.

- [2.] WHO, Violence against women. A Health Profile, New Delhi, WHO regional office for South East Asia. 2000.
- [3.] National Family Health Survey (NFHS) II (2000).
- [4.] Ellsberg, M., H.A. Jansen, L. Heise, C.H. Watts, and C. Garcia-Moreno. 2008. Intimate partner violence and women's physical and mental health in the WHO multi-country study on women's health and domestic violence: an observational study. The Lancet 371(9619):1165-72
- [5.] Heise, L. 'Violence against Women: An Integrated Ecological Framework', Violence against Women. Vol. 4. 1998.
- [6.] Parnapriya Saha & P.K. Dutta, "Domestic violence against women in india: an overview", Health and Population- Perspectives , Issues 27(4): 231-245, 2004.
- [7.] Jones, R.H. (1997). The American College of Obstetricians and



e-ISSN: 2348-6848, p- ISSN: 2348-795X Volume 2, Issue 07, July 2015 Available at http://internationaljournalofresearch.org

Gynecologists; A decade of responding to violence against women. International journal of Gynecology and Obstetrics, 58(1), Pp 43-50

- [8.] Berrios, D.G.(1991). Domestic Violence: Risk Factors and outcomes. Western Journal of Medicine. (2), Pp 133-143
- [9.] sharon.s.prescila2014.social science, Volume - 4 | Issue - 12 | Dec Special Issue - 2014 | ISSN No- 2249-555X
- [10.] * Campbell, J 2002, 'Health consequences of intimate partner violence', *The Lancet*, vol. 359, pp.1331-36.
- [11.] World Health Organisation (WHO) 2009, Violence Against Women: Factsheet No 239, retrieved 8
 August 2011
 http://www.who.int/mediacentre/factsheets/fs239/en.
- [12.] Wikipedia the free encyclopedia "Lucknow District". Census 2011. Retrieved 27 August 2014.
- [13.] Anuraag Singh. Hindustan times, Varansi .Domestic violence against women higher in U.P; Jun 03, 2010 12:20 IST
- [14.] Heise, L. & Garcia-Moreno, C. (2002) Violence by intimate partners. In World Report on Violence and Health (eds E. E. G. Krug, L. L.

Dahlberg, J. A. Mercy, et al), pp. 89-121.Geneva: WHO.

- [15.] UNICEF (2000) Domestic Violence against women and girls. *Innocenti Digest*, No 6.
- [16.] IPPF (1998) Gender based violence: An impediment to Sexual and Reproductive Health. The Women's advocacy Session, IPPF Members Assembly, Prague. Downloaded from the website http://www.ippf.org/resource/gbv/ma9 <u>8</u>.
- IPPF (1998) Gender based [17.] violence: An impediment to Sexual Reproductive Health. The Women's advocacy Session, IPPF Members Assembly, Prague. Downloaded from the website http://www.ippf.org/resource/gbv/ma9 8.
- [18.] UNICEF (2000) Domestic Violence against women and girls. *Innocenti Digest*, No 6.
- [19.] Population Information Program and CHANGE (1999) Ending Violence Against Women. *Population Reports*, XXVII (4).



e-ISSN: 2348-6848, p- ISSN: 2348-795X Volume 2, Issue 07, July 2015 Available at http://internationaljournalofresearch.org

- [20.] WHO (2000) Chapter 6: Violence against women. *In: Women in South East Asia: A health profile*. New Delhi, WHO regional office for South East Asia. p 147-160.
- [21.] Vasaria, L. (2000) Violence against women in India: Evidence from rural Gujarat. *Economic and* Political Weekly, 13 May.
- [22.] Wahed, T. and Bhuiya, A. (2007) Battered bodies and shattered minds: Violence against women in Bangladesh. Indian Journal of Medical Research, 126:341-354.
- [23.] NFHS, 1998-1999 (NFHS II)

 Kerala: preliminary report.

 Downloaded from http://www.nfhsindia.org.