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"GENDER INEQUALITIES AND HEALTH OF INDIAN WOMEN"

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ABSTRACT

Gender inequality exists in every aspect of health in Indian society. Growing morbidity among women is a reverberating issue in the country. Morbidity may be defined as frequency of disease or illness. It is well known that in our loving country women are sicker than men. They have both greater morbidity and greater longevity. More number of women visits to physicians, to hospitals, to emergency rooms than men in the country. Anaemia and hypertension are the diseases which are more common among women. There are many causes of gender inequality in morbidity in our society. Among these gender inequality in amount of food, gender inequality in amount of work, gender inequality in sterilization and violence against women, are catching the eyes. The main objective of this study is to highlight the major causes of higher morbidity among women in the country. This is descriptive study, completely based on review of available literature. The major objectives of the present study are: 1. To analyze the importance of health of men and women, 2. To review the gender inequalities in access to health care, 3. To analyze the total sex ratio in India, 4. To examine the impact of social environment on female feticide, 5. To know the social consequences of declining sex ratio in the country, 6. To describe gender inequality in morbidity and its causes.

Importance of Health

Health is men's greatest possession, for it lays a solid foundation for his happiness. Health is not only basic to leading a happy life for an individual but it is also necessary for all productive activities in the society. No industry can expect the optimum output if it does not employ healthy workers or does not make and provide adequate faculties for proper maintenance of their health. Undoubtedly, professional efficiency, good health and productivity are inter-related. Health is fundamental to the national progress in any sphere. In terms of resources for economic development, nothing can be considered of higher importance than the health of the people which is a measure of their energy and capacity as well as of the potential man-hours for the nation. For the efficiency of industry and of agriculture, the health of the worker is an essential consideration[1].

No one can deny the fact health is wealth. Development and health are intrinsically interrelated. Without a certain level of economic and social development it is difficult to provide basic health care and without a basic health care one does not have the adequate energy to develop the society. Health is crucial to women's advancement. Health status of women affects their productivity. Education and employment have their effect on marriage and fertility pattern and also on nutritional pattern of women and their family. Early motherhood results in inadequate growth, undernourishment, hypertension and anaemia. Women's reproductive roles exercise a disproportionate influence on their health status and on their productivity. Women's health and their control over reproductive are, therefore intricately linked with their social and economic status. Together, health, nutrition and family planning services can improve the balance between the energy women obtain and the energy women spend in production and reproduction[2].

Quality of health is another important determinant of social development. It is key factor in the process of national development. Heath is person's greatest possession. It is source of his or her happiness. In terms of resources for socio-economic development, nothing can be considered of higher significance than the health of the people. An investment in health is an investment on human resources development on which depends the national development.

Development of health in terms of the quality of women's life therefore imperative. Possession of good health by women reduces considerably the financial burden of the family. The access to health care facilities for women, has led to women's assumptions of a range of social roles. The greater exposure of women to health care has resulted an increased sharing of responsibility within the family, more continuous employment in jobs and domestic activities, lower fertility patterns, and greater participation in social and political activities. The health level of women also influences the family size and birth rates. It is also an important determinant for reducing the desired family size by causing women to aspire to higher living standards for herself and for her children that is incompatible with a large family. Furthermore with greater exposure to health education women are more likely to be exposed to information about birth control to be more favourable inclined toward contraception, and to be better able to use contraceptive methods successfully. Further the demographic transition to smaller families, the introduction of the maternity benefits schemes, and the establishment of child-care facilities has also contributed to the decreased burdens of domesticity. Improvement in the health status of women is a chargeable contribution to the nation's development. Further good health is an essential determinant for understanding social problem and coping with social changes. Therefore extension of health care facilities to women enhances the prospect for relative equality within the home[3].

Gender Inequality and Health

In this country women are not even getting the same amount of food to their men counterparts. Gender discrimination starts against females even before their birth in the form of sex determination tests by misusing the high technology of amniocentesis. Boys are breast fed longer than the girls. Still in our country sex is the main determinant of infant nutrition, irrespective of economic development. Women's actual participation in the sphere of work exceeds that of men in most of the cases. It is the matter of grave concern that women's economic roles are still considered as supplementary, subsidiary or secondary. Women's work is intimately connected with domestic unit; therefore their work in the household often goes unaccounted. Women remain responsible for most housework, which goes unmeasured by the prevailing system of national accounts. Sterilization is one of the most important methods used worldwide to prevent pregnancy. Men's sterilization is cheaper, easy and does not pose a threat to their life. But for another sex i.e. women it is expensive, difficult and dangerous. Despite of all these

complications, more number of women undergoes sterilization. Violence against women is a vibrant problem of today's India. It is partly a result of unhealthy gender relations in the country. It affects both males and females of all ages. Violence against women is associated with many negative health consequences which include: injuries, sexually transmitted diseases, unwanted pregnancy, gynaecological problems, hypertension, depression and so and on.

Gender inequality persists in health sector from time immemorial. Whether it is the matter of access to health or quality of health, females are far behind to their male counterparts in our loving Indian world. Females receive less health care than males. Many women die in childbirth of easily avoidable complications. Working conditions and environmental pollution further impair women's health. "The practice of breast-feeding female children for shorter periods of time reflects the strong desire for sons. If women are particularly anxious to have a male child, they may deliberately try to become pregnant again as soon as possible after a female is born. Conversely, women may consciously seek to avoid another pregnancy after the birth of a male child in order to give maximum attention to the new son". A primary way that parents discriminate against their girl children is through neglect during illness. When sick, little girls are not taken to the doctor as frequently as are their brothers[4].

In Indian world and other developing countries discrimination start even before birth in the form of sex determination tests misusing the high technology of amniocentesis, resulting in a new kind of femicide, i.e. abortion of female fetuses. Micro studies have thrown light on the fact that sex is the main determinant of infant nutrition, irrespective of economic development. It is worse in a situation of poverty. Studies indicate that while both boys and girls get less than recommended dietary allowances, girls are more deficient and suffer more from related disorders and illnesses. However, more girls go without treatment when ill, than boys. The cultural norms that particularly affect women's health are the attitudes to marriage, age of marriage, the value attached to fertility and sex of the child, the pattern of the family organization and the ideal role demanded of the women by social conventions. They determine her place within the family, the degree of her access to medical care, education, nutrition, and other accessories of health. In India, marriage is almost a universal function because of cultural and religious influences. The largest number of children is born to women who marry at the age of 19 years. Cultural

insistence on the marriage of women in the early phase of their child bearing period leads to high fertility rate and each additional child is a burden on the mother, affecting her physical and mental health[5].

The lower status of women is the result of her dependence and lower educational and social position. Tradition idealizes her role as the mother, housewife and the distributor of food. It is customary in all Indian households for the women to serve the family first and then to eat whatever is left. The process, therefore, starts at an early age and has very adverse consequences on women's health particularly at the time of pregnancy and childbirth. From their childhood, girls are taught to be uncomplaining and to maintain strict secrecy about their physical trouble. With menstruation, taboos are enforced and restrictions placed on their movement. They are unable to either discuss their health problems, if any, or even visit the doctor. Later as a mother, with children depending on her for care and attention, the woman has a tendency to carry on until ailment overtakes her. Reluctance to visit a doctor, particularly a male doctor, arises out of these restrictions imposed on women from the beginning. Such social attitudes, therefore, lead to a general neglect of women's health and in view of their child bearing role; they are the greatest sufferers as compared to men[6].

Gender Inequality and Access to Health Care

Socio-cultural and economic inequality which has created gender inequality is detrimental to the health of every society whether it is developed or developing in all over the world. As all are aware with the fact that Indian society is multi-religious, multi-cultural, joint family and multi-caste based society in which many streams are flowing with different types of inequalities. It is the society where hundreds of languages are spoken in various languages zones. In Indian world about 75% population living in rural areas. Thus, in short researcher want to say that there are imbalances in every sphere of life in our society. These are rural-urban imbalances, caste-based imbalances, socio-cultural imbalances, economic imbalances and gender based imbalances. These all types of imbalances in our society are giving rise gender inequality in access to health care. In this section researcher tries to identify the factors responsible for the difficulties females have faced and are facing in access to health care services in Indian society. Gender discrimination practices are more intensive in rural areas in comparison to urban areas. It

is because of higher illiteracy in rural areas. Because of high rate of illiteracy in rural areas women are not aware with their rights and the facilities provided to them by Indian central as well as state governments. Another problem is that rural people are traditional and therefore they are prisoners of status quo. On the other hand urban people are modern; more educated and have interest in socio-cultural and economic changes. Therefore the people living in urban areas are flexible or less rigid in socio-cultural and economic sphere of life in India. Therefore the gender attitude of males and females is also flexible or conducive to change. It is the benefit to the urban women which is not availed by rural women. Thirdly, the impact of patriarchal environment is greater on rural population in comparison to urban population. Because of all these reasons females are facing more gender discrimination in rural areas in comparison to urban areas. Therefore, women living in urban areas are getting more access to health care facilities. Urban women are getting relatively high quality of health facilities. On the other hand rural women are getting low quality of health care. Thus there are three types of major difficulties females are facing in access to health services in our society these are:

(a) Geographic distance
(b) Socio-cultural and economic imbalances
(c) Gender discrimination

In rural areas women are greater sufferers of these difficulties in access to health in India. Geographical distance is one of the major hindrances in the access of health services to rural people in general and to females in particular. Socio-cultural environment of our society favours male dominancy in all walks of life. Therefore health sector also badly affected by male supremacy. The socio-cultural environment which is shaped by gender discriminatory patriarchal attitudes imposes restrictions on female's mobilization. They are expected to live within the boundaries of their homes. Secondly, they are not allowed to contact male doctors, who form the majority of medical staff. Because of economic dependency majority of Indian women depend on their husbands or other male members of their families. This type of dependency enables females to live under the supremacy of male members. Thus they are not able to take decisions liberally regarding their health problems.

Gender discrimination is one of the most significant factors which decide women's access to health services. It is not only the hindrance in the way of women's access to health services, but also to the equal amount and quality of food in our society. It is said that health of society is reflected from its female population. Gender discrimination makes women more vulnerable to various diseases and associated morbidity and mortality. From socio-cultural and economic perspectives women in India find themselves in subordinate and submissive positions to men. They are socially, culturally, and economically dependent on men. Very few women are participating in decision making in the country. Majority of them are excluded from making decisions regarding various aspects of their life. They have limited access to and control over resources, are restricted in their mobility and are often under threat of violence from male relatives. Sons are perceived to have economic, social, or religious utility, daughters often felt to be an economic liability because of the dowry system. In general, an Indian woman is less likely to seek appropriate and early care for disease, whatever the socio-economic status of family might be. This gender discrimination in access to healthcare becomes more obvious when the women are illiterate, unemployed, widowed or dependent on others. The combination of perceived ill health and lack of support mechanisms contributes to a poor quality of life.

Sex Ratio

Sex ratio is measured in terms of the number of women per 1000 men. It is representative of gender inequality. According to the census 2011 the sex ratio of India was 940. However, biologically it is assumed that the sex ratio should be in favour of women but it is not so in the country. In majority of the countries of the world sex ratio is in the favour of women. In most of the states of our country it is in favour of males. Lower sex ratio in the country is the well known indicator of gender discrimination and the lower socio-economic and political status of women. And the low socio-economic status of women is the main contributor to early age marriages, lower literacy rates, higher fertility and mortality levels, and affects adversely progress in human development.

Female feticide is a blot on the image of humanity. It violates the right to live not only in Indian society but all over the world. It is one of the major reasons of declining sex ratio in the country. The cases of female feticides increasing with the advancement of science and technology. In earlier periods there were the practices of female infanticides but now this old type of gender discrimination is replaced by new and more dangerous form that is called as female feticide. Earlier girls were allowed to take birth but now they have lost even the right to take birth. The parents are giving more preference to their sons and considering their daughters as liability. Increasing amount of dowry is also giving rise to female feticide in Indian society. A large section of rural people in India is illiterate or semi-literate. Therefore the cases of heinous crime regarding female feticide are less in rural areas in comparison to urban areas. Majority of rural people are not aware with the technique of amniocentesis therefore they are not indulging in this type of menace. Very few people belonging to rural areas are aborting their female fetuses. Table 1 shows the variation in the sex ratio of rural and urban India since 1951-2011. From this table it is clear that sex ratio of rural India is greater than urban India in every census report. In 1951 the sex ratio of rural India was 965 which was very high in comparison to urban India (860). And the total sex ratio of India in 1951 was 946. Even in 2011 the sex ratio of rural India is much greater than the urban India.

Table 1

Sex Ratio (number of females per 1000 males) in rural and urban India

Sex Ratio			
Years	Rural	Urban	All India
1951	965	860	946
1961	963	845	941
1971	949	858	930
1981	951	879	934
1991	938	894	927
2001	946	900	933
2011	947	926	940

Source: Census of India, 1951-2011

Impact of Social Environment on Female Feticide

The incidents of female feticide are increasing year by year not only in Indian society but all over the world. It is the matter of grave concern to the people of the world. This is our gender discriminatory social environment which is the major promoter of this heinous act. As we all are aware that Indian society is multi-cultural, multi-lingual, multi-racial, multi-caste based society in which every stream is flowing with numerous kind of gender inequalities. Therefore, it is a strenuous task to avoid gender inequality in any aspect of our life. Our caste system is mainly promoting to the dowry system in the country and restricting women for limited type of occupations. Dowry system is the major factor in making the daughters to their parents as liability in Indian society. Thus the major social factors which are responsible female feticide in the country are: 1. Patriarchal family, 2. Caste System, 3. Dowry System, 4. Gender discriminatory socio-cultural norms and values of our society.

Social Consequences of Declining Sex Ratio

Although a lot of changes have taken place in Indian society. But patriarchal nature of our society still has its deep roots. It is promoting son preference and devaluing the status of women in the country. The major consequences of declining sex ratio in India are: 1. Low social status of women, 2. Less decision making power, and 3. shortage of brides.

Morbidity

Frequency of disease or illness is called as morbidity. Women live longer than men, but, simultaneously, across the world women are sicker than men: women have both greater longevity and greater morbidity. Women make more visits to physicians; more visits to hospitals, more visits to emergency rooms and have more surgical procedures than men, even after controlling for pregnancy. Women suffer from diseases like anaemia, hypertension and diabetes in great numbers. Reasons are undernourishment over work and hard life. Older women are more prone to hypertension and diabetes. In recent times the incidence of HIV infections is also increasing among women. Nutritional needs of women are not met mainly because of poverty

but there are other factors also. Of these the most important is gender discrimination and secondary status of women in a patriarchal society. Women have been major food producers but their access to food is limited. Commercialization has reduced direct control over food supply for women. Deforestation and ban on tribal entry into forests has deprived women of many food products and nutrients[7].

Causes of Gender Inequality in Morbidity

A small portion of women's excess morbidity is due to women's greater longevity: because women tend to live longer than men, more women than men suffer diseases of aging. The vast majority of gender differences in morbidity, however, can not be attributed to gender differences in longevity and instead are the result of gender itself: around the globe, it is women's lives (how women are treated) that makes women sick and makes them sicker than men. The major causes of gender inequality in morbidity[8] are:

1. Gender inequality in amount of food
2. Gender inequality in amount of work
3. Gender inequality in sterilization
4. Violence against women

1. Gender Inequality in Amount of Food

Boys are breast-fed longer given more of weaning foods. They get a bigger share of whatever food is available. Consequently, although the female children are biologically stronger when born, their morbidity and mortality rates are higher than that of male children. Age specific death rates are higher for female children. Gender discrimination starts even before birth in the form of sex determination tests misusing the high technology of amniocentesis, resulting in a new kind of femicide, i.e. abortion of female fetuses. Some micro studies have shed light on the fact that sex is the main determinant of infant nutrition, irrespective of economic development. It is worse, in a situation of poverty. Studies indicate that while both boys and girls get less than recommended daily dietary allowances, girls are more deficient and suffer more from related disorders and illnesses. However, more girls go without treatment when ill, than boys. As girls

attain puberty, they go through a second spurt of growth when their bodies grow much more rapidly. But unfortunately, in addition to the poor economic conditions, their gender denies them proper nutrition. Even in situations where food is available, girls are taught to eat less so that they remain slim to rate better in the marriage. Nutritional deprivation at all growth stages gets compounded during the inset of puberty resulting in severe growth retardation in girl children[9].

There is enough evidence, which shows that the nutritional status of Indian women is very poor. Weight, height and body mass index are indicators of nutrition status. The poor nutritional status of the mother results in low birth weight baby. The mean birth weight in the low socio-economic group is 2.7 kg. . One-third of all the infants born in India are low birth weight baby. This has its roots in the discrimination of girls since childhood. A study reveals that the systematic sex bias is reflected through high prevalence of various degrees of undernourishment and lower growth dynamics in girls as compared to boys. Another study showed that at all stages of life cycle men are relatively more privileged than women regarding the food intake. Men get more nutritious food, married women eat at the end and the food they get is inadequate for their nourishment. Besides this majority of women do not get special nourishing diet during pregnancy and after delivery. The pattern of calorie expenditure and calorie intake. Men spend 2,473 whereas women spend 2,505 calorie per day. Women have extra burden of survival tasks besides the wage earning. On the other hand, the calorie intake for men is 3,270 and 2,410 for women which mean women have deficit of 100 calories whereas men have surplus of 800 calories. The nutritional status of women is a cause of concern as it has far-reaching implications. One third of all infants born in India are low birth weight babies, as against one-fifth in the rest of Asia (National Profile of Women, Health and Development, 2000). National Family Health Survey-III (2005-2006) data shows that 46 per cent of children under the age group of three are underweight. Morbidity below the five year age group is high. Besides, under nourishment among women also leads to high morbidity and mortality. It also affects women's working capacity. In India, women are overburdened with work. The burden of housework and other survival tasks such as fetching drinking water and collection of firewood are also part of their daily work. They receive less food and what they get is consumed in performing their daily chores. Thus undernourishment is one of the indirect reasons for low participation of women in the development process. It is important that women have food security, which would assure them enough and nutritious food"[10].

2. Gender Inequality in Amount of work

The sphere of work is one area where women's actual economic participation exceeds that of men in most cases. Yet one of the most widespread presumptions in the description and analysis of labour force data – especially in relation to employment policy and programme – is the denoting of women's economic roles as supplementary, subsidiary or secondary. The prescription has its base not only in mythology – patriarchal attitudes to the roles of women, that whatever they do, it can only be subordinate in status to men's roles – but also in the methodology which generates the facts. The link between the two, the mythology and the methodology is obvious. It also has its base in reality, in that women and girls are uniquely engaged in household chores or domestic activity and many similarly supportive activities as well as in production of goods and services which are usually the lowest skilled; lowest paid and predominantly household or household proximate.

Women's work is intimately connected with the domestic unit. Biologically the responsibility for reproduction is placed on women and socio cultural norms assign the tasks of nurturing and caring for children to them. Further, patriarchal ideology determines a pattern of sexual division of labour: under this the prime responsibility of caring for all members, men, children, the aged and the ills falls on women. Women work in the household often goes unaccounted. The invisibility of many of women's economic activities is noteworthy. Women remain responsible for most housework, which goes unmeasured by the prevailing system of national accounts. Women, indeed, perform a lot of tasks and often work for more hours than their male counterparts do in a given time period. A major part of the work they do within the family does not get counted as they are not paid for it. Over and above this unpaid work, they have the responsibilities of caring for the household which involves cooking, cleaning, fetching water, fuel and fodder for the cattle, protecting the environment and providing voluntary assistance to vulnerable and disadvantaged individuals and groups. Women constitute 48.2 percent of the total population and the women workers constitute 25.68 percent of the total workforce in the country (census 2001). According to National Perspective Plan only 14 percent of women are in full employment. Nearly 90 percent of these are in unorganized sector, of these 83 percent are in agriculture and construction work. Below 8 percent are in organized sector. The number of working women as percentage of total working age group has been declining and is

more or less stagnant in the recent two decades. Even within the organized sector, 90 percent of women are employed in unskilled or semi skilled jobs. The organized sector in India, which consists of public sector and non-agricultural private sector establishments, absorbs a very small percent (Kumar, 2005). Recent NSSO data indicate the trend of slower growth in the organized sector employment viz a viz-unorganized sector employment. Thus we can say that the women work longer hours and their work is arduous than men's. Women work roughly twice as many hours as men. Women's contribution to agriculture – whether it be subsistence farming or commercial agriculture – when measured in terms of the number of tasks performed and time spent is greater than men. Women bear a triple burden of reproduction, production and domestic work[11].

A large number of women workers complain of frequent headaches, back pain, circulatory disorders, fatigue and emotional and mental disorders, due to overwork. Poor nutritional status, anaemia due to poverty and the cultural practices where women eat last and the increased workload due to domestic responsibilities, leads to fatigue among women, worry, responsibility, strong emotions, concentrated attention or precision required by some jobs like embroidery, assembly of electronic appliances, setting of gems, jewellery etc., and exhaustion caused by intellectual or mental activities also produce fatigue. Lack of basic facilities like toilets, rest rooms, dining spaces etc. at the work place cause a lot of physical discomfort and mental stress besides leading to urinary tract infections and other diseases, particularly among pregnant women. Women working in some industries like construction, brick kilns electronics industry etc. suffer from gynecological problems, miscarriages, premature deliveries etc. and give birth to babies with low birth weight or with birth defects. Unemployment, underemployment and temporary work are more common among women than among men. With no social security or heath care benefits, the work – related illnesses, which they suffer from, remain hidden. As per available research, unemployment is harmful to heath and constitutes a serious risk for the worker's emotional stability, because it leads to poverty, deteriorates self-image and self-esteem. A large number of women workers complain of symptoms such as irritability, mood swings and depression, sadness and concentration problems, which very often is related to their type of work and work conditions[12].

3. Gender Inequality in Sterilization

Sterilization is one of the most common methods used worldwide to prevent pregnancy. Sterilizing a man is inexpensive, easy, and does not pose a threat to the man's life, whereas sterilizing a woman is expensive, difficult and dangerous: women are five times more likely than men to die from sterilization and are five times more likely to exhibit long – term morbidity as a result of the operation. Nonetheless, around the world women are far more likely than men to be sterilized – with the exception of some countries, where sterilization rates are equal by gender. Women are often are coerced by men and by physicians into being sterilized, and in many cases they are sterilized without their knowledge or consent[13].

4. Violence against Women

Social and cultural factors are interlinked with the development and propagation of violent behaviour. With different processes of socialization that men and women undergo, men take up stereotyped gender roles of domination and control, whereas women take up that of submission, dependence and respect for authority. A female child grows up with a constant sense of being weak and in need of protection, whether physical social or economic. This helplessness has led to her exploitation at almost every stage of life. Thus violence against women is partly a result of gender relations that assumes men to be superior to women. Given the subordinate status of women, much of gender violence is considered normal and enjoys social sanctions. Manifestations of violence include physical aggression, such as blows of varying intensity, burns, attempted hanging, sexual abuse and rape, psychological violence through insults, humiliation, coercion, blackmail, economic and emotional threats, and control over speech and actions. In extreme, but not unknown cases, death is the result. These expressions of violence take place in a man-woman relationship within the family, state and society. Usually, domestic aggression towards women and girls, due to various reasons remain hidden[14].

Violence is a widespread and growing problem in practically all societies. It takes many forms, and occurs in all settings: at work, in the home, in the streets and the community at large. It affects both males and females of all ages, particularly young people. However, there are important differences between men and women in the forms, the nature and the consequences of violence. Most violence is perpetrated by men, whatever the sex and age of the victim. Most

significant is the fact that women and girls experience violence primarily at the hands of men they know and within the so-called 'safe heaven' of the home and family.

Violence against women is a complex and multidimensional problem. There are factors at the individual, household and societal level that put women at risk or alternatively may help to reduce the risk of violence. It is embedded within social and cultural norms that perpetuate inequality between women and men, and condone or even encourage discrimination against women, including the chastisement of women by men and others. Domestic violence in particular is the epitome of unequal power relationships between women and men.

Violence against women affects all spheres of women's lives: their autonomy, their productivity, their capacity to care for themselves and their children and their quality of life. It increases their risk for a wide range of negative health outcomes and even death. Violence against women or gender-based violence can take many forms. It includes domestic violence, forced sex and other forms of sexual violence, trafficking of women as well as other forms that are specific to certain countries such as dowry related deaths, female genital mutilation and other traditional harmful practices.

The consequences of violence against women are far reaching. It impacts on all aspects of women's lives, their health and that of their children, and also on broader society. Violence against women, particularly domestic violence and sexual abuse, has been associated with many negative health consequences which include: injuries (ranging from cuts and bruises to severe injuries leading to permanent disabilities such as loss of hearing); sexually transmitted diseases; HIV / AIDS ; unwanted pregnancy; gynaecological problems; chronic pelvic pain, sometimes associated with pelvic inflammatory disease; hypertension; depression; anxiety disorders; post-traumatic stress disorder; headaches; irritable bowel syndrome and various psychosomatic manifestations[15].

Domestic violence is most intensive and dangerous form of violence not only in India but all over the world. It is a global issue reaching across national boundaries as well as socio-economic, cultural, racial and class distinctions. This problem is not only widely dispersed geographically, but its incidence is also extensive, making it a typical and accepted behaviour. Domestic violence is wide spread, deeply ingrained and has serious impacts on women's health

and well-being. Its continued existence is morally indefensible. Its cost to individuals, to health systems and to society is enormous. Yet no other major problem of public health has been so widely ignored and so little understood. Domestic violence can be described as the power misused by one adult in a relationship to control another. It is the establishment of control and fear in a relationship through violence and other forms of abuse. This violence can take the form of physical assault, psychological abuse, social abuse, financial abuse, or sexual assault. The frequency of the violence can be on and off, occasional or chronic. Domestic violence is not simply an argument. It is patterns of coercive control that one person exercises over another. Abuses use physical and sexual violence, threats, emotional insults and economic deprivation as a way to dominate their victims and get their way[16].

Domestic violence and its health implications

Violence against women has costs for the individual victims as well for the society at large. With regard to individual victims, the first cost is that of damage to the health of women. The WHO report (2002) lists the costs of domestic violence abuse on women in terms of health consequences. These include physical consequences, such as injuries, bruises, welts, disability, chronic pain syndrome, fractures, gastrointestinal disorders, lacerations and abrasions, ocular damage and reduced physical functioning. It has sexual and reproductive consequences such as gynaecological disorders, infertility, pelvic inflammatory disease, miscarriage and pregnancy complications, sexual dysfunction, sexually transmitted disease, unsafe abortion and unwanted pregnancy. It has psychological and behavioural consequences which include alcohol and drug abuse, depression and anxiety, eating and sleeping disorders, feelings of shame and guilt, phobias and panic disorders, physical inactivity, poor self-esteem, post-traumatic stress disorder, psychosomatic disorders, smoking, suicidal behaviour, and unsafe sexual behaviour. The heal consequences can also be fatal such as homicide, suicide, maternal mortality and AIDS related mortality. As a result of these complications abused women are also long-term users of a country's health services and facilities with the hospital as an important location for women victims of violence[17].

Violence not only causes physical injury, it also undermines the social, economic, psychological, spiritual and emotional well being of the victim, the perpetrator and the society as a whole.

Domestic violence is a major contributor to the ill health of women. It has serious consequences on women's mental and physical health, including their reproductive and sexual health. These include injuries, gynaecological problems, temporary or permanent disabilities, depression and suicide, amongst others. These physical and mental health outcomes have social and emotional sequelae for the individual, the family, the community and the society at large.

Over both the short term and long term, women's physical injuries and mental trouble either interrupts, or ends, their educational and career paths leading to poverty and economic dependence. Family life gets disrupted which has a significant effect on children, including poverty (if divorce or separation occurs) and a loss of faith and trust in the institution of the family. These sequelae not only affect the quality of life of individuals and communities, but also have long-term effects on social order and cohesion.

The physical health consequences of domestic violence are often obscure, indirect, and emerge over the long term. For example, women who were subject to violent attacks during childhood are bothered by menstrual problems and irritable bowel syndrome in later life[18].

Psychological and Emotional Violence

Psychological and emotional violence covers "repeated verbal abuse, harassment, confinement and deprivation of physical, financial and personal resources". Quantifying psychological abuse is extremely difficult, and very few studies have been conducted to establish prevalence rates of this type of violence. Qualitative studies that have been undertaken conclude that it is just as damaging to one's health to be continuously psychological abused as it is to be physically abused. Undermining an individual's sense of self esteem can have serious mental and physical health consequences and has been identified as a major reason for suicide. For some women, the incessant insults and tyrannies which constitute emotional abuse may be more painful than the physical attacks because they effectively undermine women's security and self confidence. Violence against women has a far deeper impact than the immediate harm caused. It has devastating consequences for the women who experience it and a traumatic effect on those who witness it, particularly children[19].

Domestic and Sexual Violence and Women's Reproductive Health

The reproductive health consequences of domestic violence are numerous. Physical and sexual abuse lies behind unwanted pregnancies, HIV, and other Sexually Transmitted Infections (STIs), and complications of pregnancy. A growing number of studies have documented the ways in which violence by intimate partners may substantially limit the degree to which women can refuse sex, control when sexual intercourse takes place, or use contraception or condoms. Forced sex may be an important factor contributing to teenage pregnancy.

Worldwide, as many as one woman in every four is physically or sexually abused during pregnancy, usually by her partner. Violence before or during pregnancy is associated with a range of obstetric risk factors. Pregnant women who have experienced violence are more likely to delay seeking prenatal care, or to gain insufficient weight. They are also more likely to have a history of STI, unwanted or mistimed pregnancies, vaginal and cervical infections, kidney infections and bleeding during pregnancy. Although the findings are inconclusive, several studies suggest that violence during pregnancy contributes significantly to low birth-weight. On the Indian sub-continent, violence may be responsible for a sizeable proportion of pregnancy-related deaths. In such cases, deaths or suicides appeared to be motivated by dowry-related problems, or the stigma of rape and or pregnancy outside marriage.

Sexual and physical violence also appears to increase women's risk for many common gynaecological disorders, including chronic pelvic pain, irregular vaginal bleeding, vaginal discharge, painful menstruation, pelvic inflammatory disease and sexual dysfunction. For example, a number of studies have found that women suffering from chronic pelvic pain are consistently more likely to have a history of childhood sexual abuse, sexual assault and / or physical and sexual abuse by their partners[20].

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