

Domestic violence of women and health in slums of lucknow: An anthropological study

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Abstract

Violence against women is more wide-ranging nowadays, it could be physical, verbal, sexual. It is a matter of public health which affects all aspects of women health. The study focuses on the prevalence of domestic violence and to know the socio-demographic factors related to it as well as health and hygiene among Sikandar Nagar Basti. A cross sectional study in the slum has been made in which total 150 women were selected, simple random sampling were used. Interview, photography observation other method has been used. . The most common form of violence faced by these women was Verbal and Physical violence. The recognize risk factors were mostly Poverty and Addiction in Husbands and illiteracy, early marriage was also related to domestic violence. There is need of more domestic violence counseling centers all over the country.

Keywords; *violence, illiteracy, alcohol consumption, counseling*

Introduction

Domestic violence is a problem that affects the lives of many women all over the world. It is also an affair that has been found to persist throughout the life cycle of women and has extensive repercussions. According to the most commonly used definitions, it may comprise "physical, emotional, sexual and economic abuse occurring in an adult relationship between intimate or formerly intimate partners with a pattern of controlling behavior by the abusing partner"(panda .k.p,2004). Even though violence takes place within households, it affects women in all the spheres of their life. It affects their autonomy, their productivity, their ability to care for themselves, and their children and their quality of life (Moreno, 1999).

Domestic violence is defined as "any act of gender- based violence that results in ,or is likely to results in , physical, sexual or mental harm or suffering to women including threats of such acts, coercion or arbitrary deprivation of liberty ,weather occurring in public or in private life" (UN habitat, 2003).

As per available statistics around the world, one out of every three (35%) women has experienced physical or sexual violence in an intimate relationship at some point in her life. This is an average based on available national surveys across developing countries

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(World Health Organization, 2016). In India 35% of women has experienced violence throughout their life (national family health survey-3, 2005-06).

Health is a common theme in most cultures. In fact all communities have their concepts of health as part of their culture. Among definitions still used, probably the oldest is that health is the absence of disease. During the past few decades there has been a reawakening that health is a fundamental human right as a worldwide social goal that is essential to the satisfaction of basic human needs to an improved quality of life and that is to be attained by all people.

The widely accepted definition of health is given by the World Health Organization which is as follows: "Health is a state of complete physical, mental, and social well-being and not merely absence of disease or infirmity". (WHO, 1948). This definition of health has been criticized as being too broad, good health depends upon several factors they are.

- Eating and sleeping in regular time.
- Taking a diet with sufficient nutrients.
- Avoiding contaminated food and water
- Living in clean surroundings or good sanitary condition.

"A slum is a contiguous settlement where the inhabitants are characterized as having inadequate housing and basic services. A slum is often not recognized and addressed by the public authorities as an integral or equal part of the city." The characteristics of slums are as follows:

- insecure residential status
- inadequate access to safe water
- poor sanitation
- poor infrastructure
- Overcrowding etc. (UN Habitat, 2003)

Slum dwellers live under very miserable conditions with very low literacy rates, due to poor earnings their living standard is very low even though their living standard is lower than that of rural people. Their housing pattern is very congested with almost no ventilation which may cause respiratory problems.

Due to poor knowledge of health and hygiene and with their greater levels of exposure to poor sanitation, overcrowding, pollution, poor drainage systems, and limited access to health care they are more likely to suffer prolonged illness. Rapid urban growth has led to an increase in the number of urban poor. India's urban poor have outnumbered the rural poor with low quality of living aspects. It is regrettable that this issue is neglected as a topic of study so far and is always concealed under the myth of private matter. Therefore it is very important to examine their health issues and problems regarding domestic violence in the context of slum dwellers.

Objective

The dwellers of the Basti are primarily poor and face a number of problems such as housing settlement, lack of clean water, adequate drainage, and sanitation leading to health problems in the Basti. Moreover, in addition to the lack of basic amenities, the overall socio-economic standard of the residents is pretty dismal, they do not have access to any form of formal education leading to unrest in the families and resulting in domestic violence towards the women of the house. So far no systematic studies have been conducted on the health standards and domestic violence of the Basti hence the present paper is an attempt to project some of the health problems of Sikandar Nagar Basti. Therefore the aim of this paper is to focus on the prevalence of domestic violence and to know the socio-demographic factors related to it as well as health and hygiene among Sikandar Nagar Basti.

Methodology.

A cross sectional, descriptive study was carried out at the sikandarnagar basti. This fieldwork has been done in 2010-2011. As the area of field work was not large so simple random sampling was done.. The total no of household is 233 in which 1200 people were residing and the sample size of study was 150 out of which 18-45 year old females were the subjects of study. Techniques like interview, photography observation etc has been used. Consent was taken from all the women. Data was collected with the help of a Pretested, preformed, semi structured interview schedule by the researcher and it included details regarding their age, socioeconomic structure, education, family type. The various types of violence faced by them, their perpetrators, and the perceived risk factors of violence were also enquired into. The data was analyzed using suitable statistical software MS excel.

Analysis and result

Demographic profile of women

As shown in table 62.6% participants were married , 27.3% participants were unmarried,6% women participant were those whose husbands were not alive, 4% women were those who live separately from their husband. 23.3% women were illiterate,45.3% participants were educated to primary level,20.6% were educated to secondary level and 10.6% women were graduates .68% women were living in nuclear family , 32% of women were living in joint family. 38.6% of women were having three children while 19.3% women having more than three children. Only 2% women were doing government job , 36.6% were doing private job while 61.3% were house wife.55.5% women participants were Hindu,40.6% participant were Muslim and 4% women were christian.

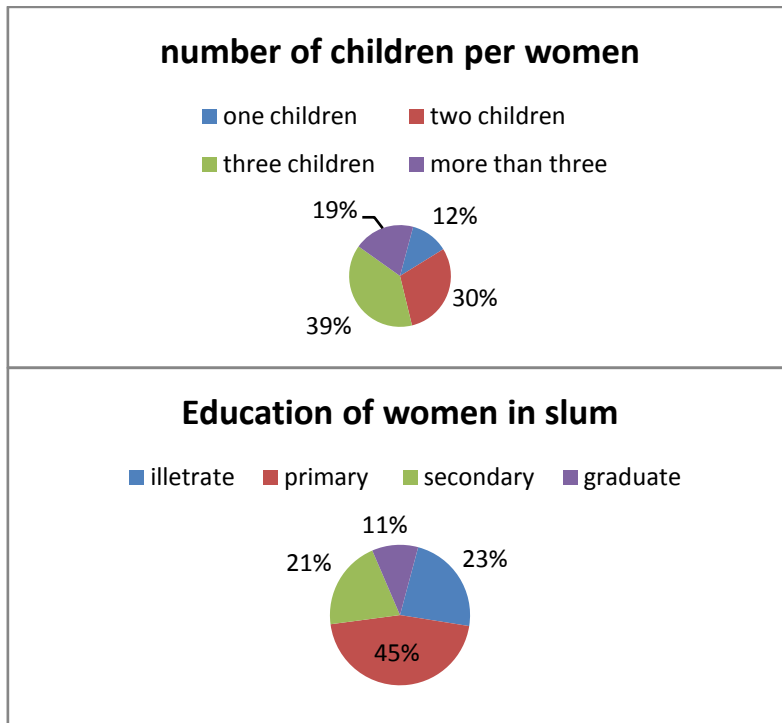
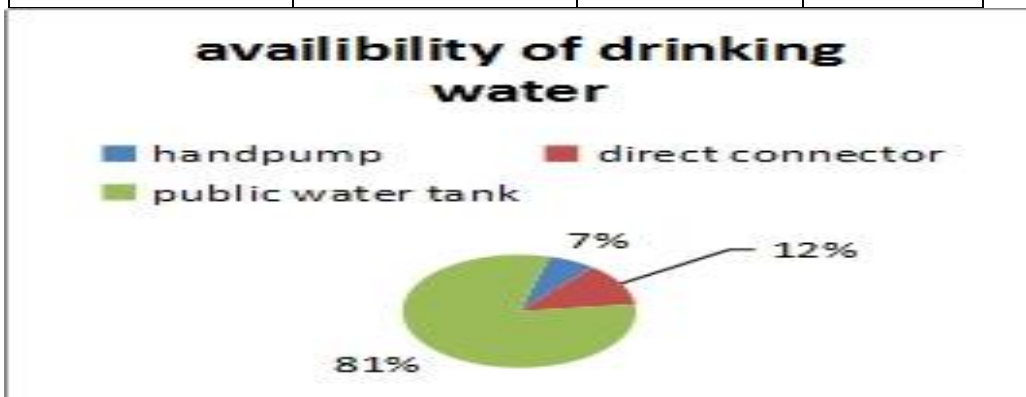


Table no.1 demographic profile of women			
variable		No.of participant	%
Age	19-30	42	28
	31-40	48	32
	41-50	31	20.6
	51-60	29	19.3
Marital status	Married	94	62.6
	Unmarried	41	27.3
	Widow	9	6
	Other	6	4
Education	illiterate	35	23.3
	Primary	68	45.3
	Secondary	31	20.6
	Graduation	16	10.6
Family type	Nuclear	102	68
	Joint family	48	32
Number of children	1	18	12
	2	45	30
	3	58	38.6
	More than 3	29	19.3
Occupation	Government	3	2
	Private	55	36.6
	House wife	92	61.3
Religion	Hindu	83	55.5
	Muslim	61	40.6
	Other	6	4

Living condition

Total 150 women were interviewed out of which 58% women have two rooms in their house, 32.6% women have one room in their house and only 8.7% women have more than three rooms .36.6% women were satisfied with the ventilation present in their house, 56% women were think that they have poor ventilation arrangements only 7.3% women think that there is excellent ventilation in their house. 11.3% women access drinking water from hand pump, 21.3% women have direct connection in their house and only 68% women go to the public water tank in slum for water.64% women has gas connection while 6% women use wood for cooking.49.3% women go to open area ,38.6% women go to public toilet in slum while only 12% women had toilet in their house .there was only one public toilet within the slum who charge 80 rupees per month.

Variable		No of participant	%
Number of rooms	1	49	32.6
	2	87	58
	More	14	8.7
Ventilation	Excellent	11	7.3
	Satisfied	55	36.6
	Poor	84	56
Drinking water	Hand pump	17	11.3
	Direct connector	32	21.3
	Public water tank	102	68
Fuel used or cooking	Gas	96	64
	Kerosene	45	30
	Wood	9	6
Availability of toilet	Public toilet	58	38.6
	Open area	74	49.3
	Toilet at home	18	12



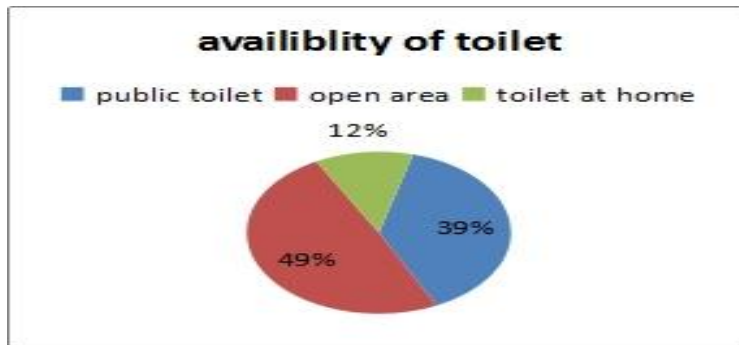
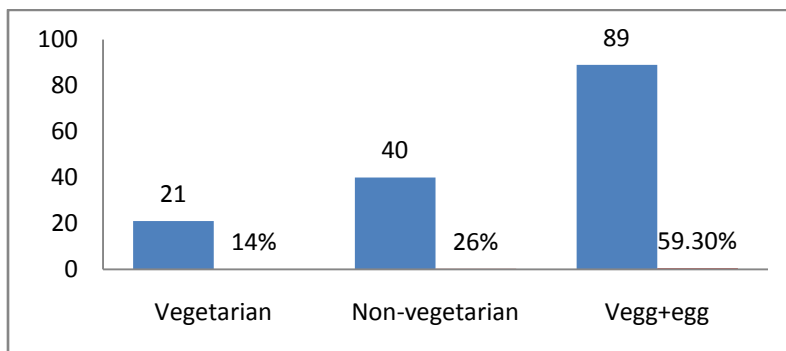


Table no 3 showing the percentage of people on the Basis of food intake.

S. No.	Option	No. of Subject	%
1	Vegetarian	21	14%
2	Non-vegetarian	40	26%
3	Vegg+egg	89	59.3%
	Total		150



Nutrition of women

As shown in table 3, 50% women in slum eat two meals a day, 22.6% women eat three meals a day while 21.3% women had only one meal a day as they said they use to go in work. In sikandarnagar slum 37.3% women were pure vegetarian and 62.6% eat both vegetarian and non vegetarian. 11.3% women agreed that they take alcohol, 37.3% women eat tobacco, 18.6% women do smoking while 32.6% women don't do anything.

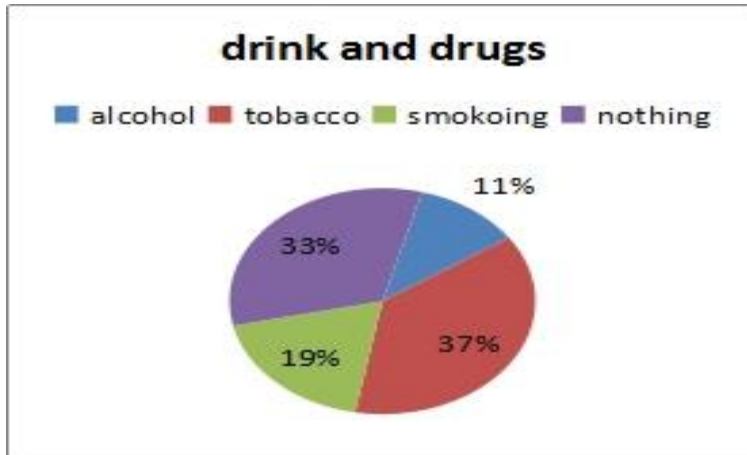


Table no 4 nutrition of women

Variable		No of participant	%
Daily meals taken	One meal	32	21.3
	Two meal	75	50
	Three meal	34	22.6
	More	9	6
Type of food intake	Vegetarian	56	37.3
	Veg+non veg	94	62.6
Drink and drugs	Alcohol	17	11.3
	Tobacco	56	37.3
	Smoking	28	18.6
	Nothing	49	32.6

Table no 5 showing Solid waste management

Place of disposal	Household	%
At road side	42	28%
At Nagar Nigam Dustbin	35	23.33%
Nearby aea	73	48.66%

In Sikandarnagar Basti 28% household dispose their waste at roadside while 23.33% dispose their waste in Nagar Nigam dustbin and 48.66% dispose hearby area

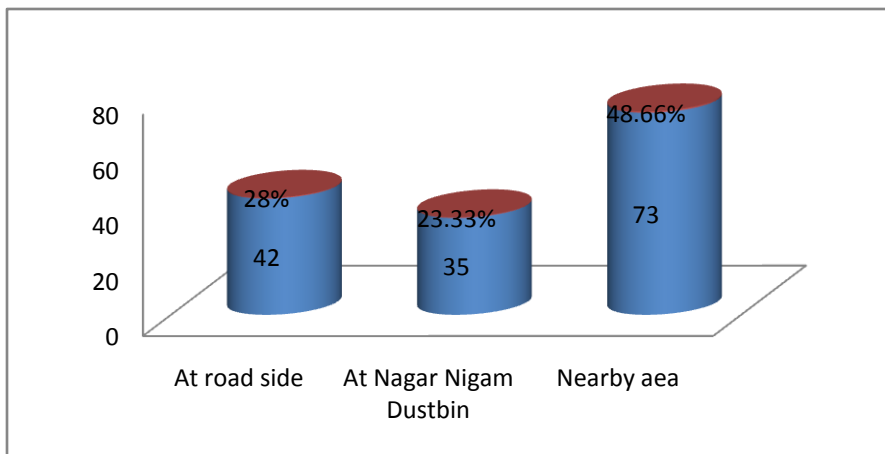
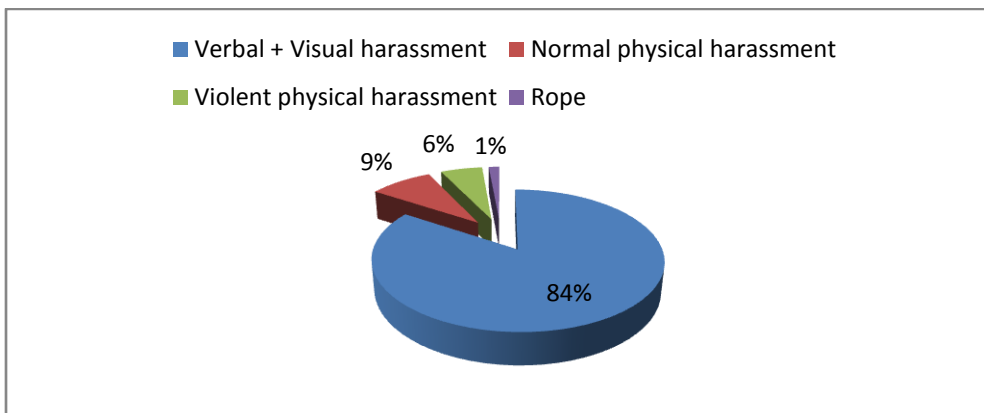


Table no 6 showing women facing different type of harassment

Type of Harassment	No. of women	%
Verbal + Visual harassment	118	78%
Normal physical violence	12	8%
Violent physical harassment	8	5.3%
Rape	2	1.3%

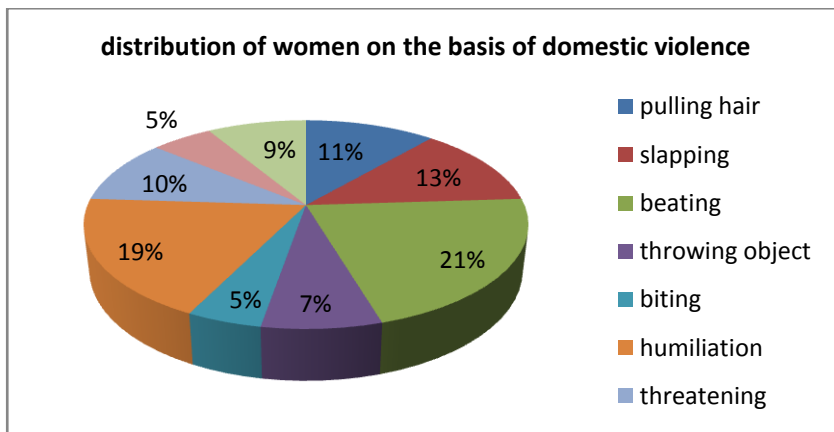


Domestic violence

Domestic Violence being a receptive issue, the present study tried to find the nature and types of domestic violence making it sure not to disclose the identities of the sufferers and their families. In basti 21% women has reported that they have been beaten by their husbands, 18% women faces humiliation in their daily life ,pulling hair was 11.3% , threatening is 10% faced by women and slapping was 12.6%.

Table no 7. Showing distribution of women on the basis of types of domestic violence

Type of violence	Complaints	number	%
Physical violence	Pulling hair	17	11.3%
	Slapping	19	12.6%
	Beating	32	21.3%
	Throwing object	11	7.3%
	Biting	7	4.6%
Verbal violence	Humiliation	28	18.6%
	Threatening	15	10%
	Doubting	8	5.3%
	Dowry	13	8.6%

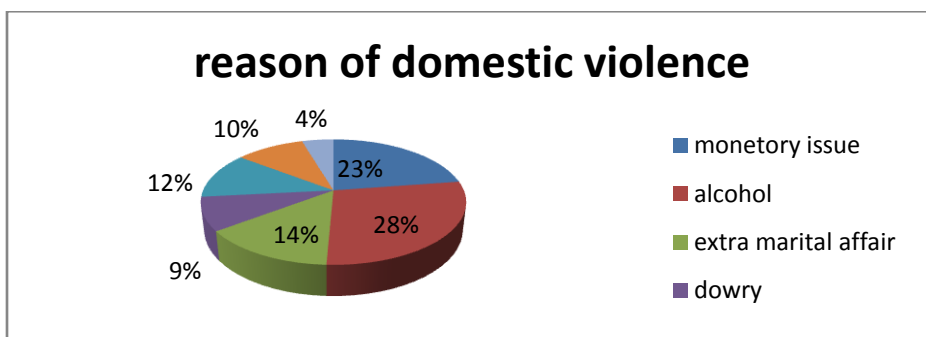


Factor affecting domestic violence

In the present study it was found that monetary issues are the major reason for violence which is 22.6%, alcohol consumption is very common in slums 28% women said that alcohol is the major reason for violence ,it was found that 14% women said that extra marital affairs are the reason for conflict, 12% women said that their in-laws interfere in their personal life while 4.6% women were unable to conclude any reason.

Table no.8 showing reason of domestic violence

Reason of violence	number	%
Monetary issue	34	22.6%
Alcohol	42	28%
Extra marital affair	21	14%
Dowry	13	8.6%
In-laws interference	18	12%
Illiteracy	15	10%
No reason	7	4.6%



Conclusion

This study on the health status of women in sikandarnagar slum reveals that women of slum were educated but still they don't practice an optimum level of practice for their health, most of the women lives in small houses of two room set with poor ventilation and with lack of drainage system. It was found during the study that there was only two hand pump present in the slum out of which one was non-working; only few households were having water connection and rest of women access drinking water from public tank present in slum. One thing was good that most of them having gas connection. There was only one public toilet present in the slum for which they charge money due to which most of the women use to go to the open area near river side while a few having toilet in their home. The women included had experienced violence and attending. More than half of the respondents were illiterate and belonged to Nuclear families. The most common form of violence faced by these women was Verbal and Physical violence. The recognize risk factors were mostly Poverty and Addiction in Husbands and illiteracy, early marriage was also related to domestic violence. Socio-demographic factors are also linked with domestic violence. Early age marriage shows more domestic violence then late. There is need of more domestic violence counseling centers all over the country.

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