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Dowry-Induced Domestic Violence And Its Impact On Children

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ABSTRACT

Attempts to abolish the practice of dowry by policymakers using legal measures have not found much success and have proved ineffective. The much prevalent dowry menace has led to several inevitable negative consequences. Significant among such consequences is the impact of domestic violence attributed to the practice of dowry on the children within the family. Research studies have established that juvenile exposure to domestic violence is consequential and is associated with increased display of aggressive behaviour, increased emotional complications such as depression and anxiety, lower levels of social competence, and poorer academic performance. Severe parental conflicts interrupt many critical processes of a child's psychological development. As a result, the very nature of the parent-child relationship is disturbed. The turmoil within the family leads to anxiety and emotional distress among children, and in many cases weakening their emotional bonding with the abusive father or the persons responsible for dowry related violence within the family.

This paper attempts to highlight the sociological importance of studying the impact of continued domestic violence on the emotional, physical, and cognitive development of children within the families prone to such a phenomenon. The data is from an on-going study of doctoral research work obtained from Mandya district of the state of Karnataka. The paper attempts to call for more rigorous implementation of the anti-dowry and anti-domestic violence legislation. Besides, the paper endeavours to call for specialised services to the affected children and provide them a safe family atmosphere.

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1. Introduction

There has been substantial scholarly debate on the origins of dowry, whether it was permitted or prohibited by the shastras, whether it was an integral element of Kanya dan, and whether it is distinct from *Streedhan* (Drèze & Sen, 1995). There is no contrary opinion to the fact that the abolition of dowry (or any other heinous practice) through law and government policies is determined by the underlying factors determining their occurrence and continued existence. The determinants of dowry are social, economic, cultural, familial, complex, and changing, along with changes in the broader society. Before we discuss its impact on children based on our study findings, let us attempt an overview of a few theoretical explanations about the origin and prevalence of dowry in India, which renowned sociologists and others put forth.

2. An analysis of the relationship between marriage, dowry and violence on women

Let us explore the link between dowry practice and the institution of marriage from a sociological perspective. Dowry is "a transfer of wealth from the bride's household to that of her groom/husband". Studies (Anderson, 2007) have already established that more than 80 per cent of marriages in India, Bangladesh and Pakistan are influenced by this practice. Scholars also establish that it (dowry), as its primary function, protects the wife against any possibility of ill-treatment (of her) by the Husband and his family members. Sociologists have concluded that dowry and dowry-related violence are inextricably linked with patriarchal ideals and perceptions about women's standing in Indian society (Bhat & Halli, 1999).

Viewed as a deep-rooted and one of the oldest social evils in the country, dowry's primary outcome is violence on women at home and outside. It is an obstacle to the life of the wife, her children, her parents, and others in the natal home. The gruesome torture of hundreds of young wives for reasons of non-payment of the expected amount of dowry has killed them unnaturally or disabled them for life. If not, they were so much tortured and victimized, abused and injured that many women under such vulnerable circumstances have committed suicide.

The continued practice of dowry demand and the vulnerability of the bride's parents to give the demanded sum in cash and kind has become a symbol of social status and power of the groom and his family, believed by the bride's parents to be the means to have a secured and upper class (than what she is at that time of marriage) after marriage. Mahatma Gandhi's statement has not been given its credit: "Any young man who makes dowry a condition to marriage discredits his education and his country and dishonours womanhood". Gift-giving, a social practice among many cultures across the sub-continent, is believed to express parents' care towards daughters. However, it became societal harm as it connected itself with increased association with social and family prestige (Anderson, 2003). Brides bringing large sums of money, gold, automobiles, immovable property like land, house sites, and technological equipment in the form of dowry is rampant (Dalmia & Lawrence, 2005). Our study has shown that this has continued with the wedding but has continued. Those who cannot or do not conform to the demands are meted out with violence of various forms, harassment, physical torment and killings (by drenching kerosene and setting on fire (Kodoth, 2008).

3. Movements and Public Action against Domestic Violence

Domestic Violence against Women (DVAW) is considered a universal and public health problem that occurs in every culture and social group in society (Jain, 2015). The study by Elliot (1996) argued that 'familial violence' was recognized in social sciences to be widespread and as taking place in the "context of a long patriarchal tradition of male power and sexual privilege". In the beginning, public concern was focused on the physical abuse of children by their parents and women by their husbands. However, it was the Cairo Conference held on September 5, 1994, on the theme of Population and Development (ICPD) recognizing "Violence's impact on

women's reproductive and sexual health" that shifted the issue to the Centre Stage. The Fourth United Nations World Conference on Women, 1995, held in Beijing, further argued that Violence against Women (VAW) is a manifestation of the historically unequal power relation between men and women. The 1996 UN World Health Assembly declared "*Violence against women as an important public health problem*".

Article 2 of the United Nations draft Declaration of Violence against Women identifies three areas in which violence commonly takes place. Violence occurring within the family is the first, followed by the one occurring in the general community, and thirdly, violence perpetrated and condoned by the state. Violence occurring within the family is called Domestic Violence. The term Domestic Violence is applied when it takes place within a family between spouses (WHO, 2001). About one in every three women has experienced physical and sexual abuse or violence by an intimate partner or non-partner in their lifetime.

4. Wife beating and harassment: Impact on Children from Foetus Stage

Women whose partners have been physically or sexually abused have reported high rates of several health problems. It begins in the foetus stage and is caused by kicking and other forms of harm to the wife who is pregnant. Abortion is the ultimate result. However, if not, the foetus grows to be (about 16% of women felt so in our sample) having a low-birth-weight baby. They also reported to have had an abortion. The other repercussion was depression. However, the worst impact was when the Husband transferred sexual diseases to the wife. In such situations, women are more likely to acquire HIV, as compared to women who have not experienced partner violence, according to the study "Violence Against Women Increases the Risk of Infant and Child Mortality" by Monemi A (2003). This study has revealed that many of the adverse health effects on women were many: examples are arthritis, migraine, stammering, stomach ulcers, chronic pelvic pain, sexually transmitted infections, spastic colon, frequent constipation, indigestion, and diarrhoea. There could be fatal outcomes also, such as suicide, homicide, and death of the wife in any case. Non-fatal outcomes are pregnancy-related, such as gynaecological and psychosomatic problems. The physical consequences of these could be highly self-destructive. Mental ill health is a significant type of consequence. These affect not only the woman but, in the long or short run, affect the entire family. It also affects children's education, growth, and development. Women who are victims of domestic violence have suffered various kinds of health problems, often in silence.

5. Brief Review of Literature

Acknowledging that there is a dearth of sociological research on the impact of domestic violence on children in the family, let us briefly look at the available ones. We have discussed and quoted studies about the impact of domestic violence on women, which proves that scholars have carried out a considerable amount of research on it and are looking at domestic violence from different perspectives. However, there has been less research on its health effects on women and their children. The present paper (based on our study) attempts to show how domestic violence against women has a grave impact on child health based on empirical data.

The article by John W. Fantuzzo and Wanda K. Mohr (1999), analyzing the "Prevalence and Effects of Child Exposure to Domestic Violence", has focused attention on children who are exposed to domestic violence. It discusses the limitations of current databases on this issue. By describing it as a promising model' for the collection of reliable and valid data on the prevalence of such violence, it calls itself "the Spousal Assault Replication Program". It uses data collected through collaboration between police and university researchers. It argues that childhood exposure to domestic violence can be associated with increased display of aggressive behaviour, increased emotional problems such as depression and anxiety, lower levels of social competence, and poorer academic functioning. Gewirtz and Edelson (1999) have found that children exposed to domestic violence experience higher rates of emotional problems, including aggressive and anti-social behaviour, increased fear

about others and depression, higher anxiety, symptoms of trauma, and temperamental problems – all in comparison with children not exposed to violence.

The findings by Edelson (ibid) have indicated that children and teenagers exposed to violence in their homes have hostile and violent feelings and actions against their siblings and peers. He has significantly linked this to the child's own experience of violence at home.

Radetzky and Delorme (2002) have put forth that children of 'high conflict divorce' are more likely to have difficulties in school and are "more sexually active, more aggressive, more anxious, more withdrawn, less social, more depressed, and more likely to abuse substances and participate in delinquent acts than their peers from intact families". It is also indicated that "cooperative, mutually supportive, low conflict co-parenting relationships are advantageous for both children and adults.

Through their studies in this direction, Garrity and Baris (1994) have concluded that those who witness intense bitterness between their parents and are caught repeatedly in loyalty binds are at high risk for emotional disturbances later in life. Parental conflicts interrupt many of the critical tasks of psychological development. They change the nature of the parent-child relationship, create anxiety and distress, over-stimulate and frighten children, weaken the parents' protective capacity, and compromise identity formation."

Children observing parental conflict, aggression and violent behaviour are more likely to use abusive behaviour towards their significant others in both adolescence and adulthood. Negative behaviour of children from abusive families has been highlighted by Grych (2005), who mentions that these children are bound to have higher divorce rates in adulthood. The study has indicated that the correlation between parental conflict and child maladjustment was almost twice that of the effect of divorce on the child.

Neff and Cooper (2004) said that "when divorced or never-married parents remain in long-term hostility, the simple persistence of the high conflict presents a sharply increased risk for the child to turn against one of the parents eventually". Studies have indicated that in high-conflict post-divorce families, approximately 40 per cent of children between the ages of 7 and 14 have aligned with one parent. In addition, it has been demonstrated that a child's alignment with one parent can be psychologically problematic.

6. Findings of the Study

This paper, based on empirical data from an ongoing study, attempts to present some arguments that violence due to dowry is not limited to women but extends to others close to her: natal family members - parents and brothers and her children. The study was conducted in one of the oldest districts of Karnataka, located in its southern part. The two taluks were selected using development indicators to represent developed and semi-developed status in socio-economic parameters. A purposive sample of 232 women (116 in each of these taluks) was selected, selecting only those women who have approached the police and a court of law to file a case against their Husband and his parents under the DV Act 2005 for alleged harassment and torture for dowry. The findings of the study establish that violence on the wives by the Husband, his parents and other relatives in the study area has led to health problems and educational stagnation for their children by witnessing violence on their mothers every day at home.

(a) Number of Children

Of the 232 respondents, women/wives in the study had a minimum of one child and a maximum of three children. The average number of children was two.

Table 1 Number of Children

Number of Children	Taluk One							
	SC & ST		OBC (3B & 3A)		General Category		Total	
	Number	%	Number	%	Number	%	Number	%
Total Children								
No Child	2	40.0	17	23.6	9	23.1	28	24.1
One Child	0	0.0	28	38.9	13	33.3	41	35.3
Two Children	3	60.0	25	34.7	16	41.0	44	37.9
Three Children	0	0.0	2	2.8	1	2.6	3	2.6
Total	5	100.0	72	100.0	39	100.0	116	100.0
Male children								
No Child	3	60.0	38	52.8	21	53.8	62	53.4
One Child	1	20.0	28	38.9	12	30.8	41	35.3
Two Children	1	20.0	6	8.3	6	15.4	13	11.2
Total	5	100.0	72	100.0	39	100.0	116	100.0
Female children								
No Child	3	60.0	34	47.2	20	51.3	57	49.1
One Child	1	20.0	32	44.4	14	35.9	47	40.5
Two Children	1	20.0	6	8.3	5	12.8	12	10.3
Total	5	100.0	72	100.0	39	100.0	116	100.0

Source: Field Data

Table 1a Number of Children

No. of Children	Taluk Two							
	SC & ST		OBC (3B & 3A)		General Category		Total	
	Number	%	Number	%	Number	%	Number	%
Total Children								
No Child	6	30.0	39	44.8	3	33.3	48	41.4
One Child	9	45.0	27	31.0	5	55.6	41	35.3
Two Children	5	25.0	20	23.0	1	11.1	26	22.4
Three Children	0	0.0	1	1.1	0	0.0	1	.9
Total	20	100.0	87	100.0	9	100.0	116	100.0
Male children								
No Child	11	55.0	56	64.4	6	66.7	73	62.9
One Child	8	40.0	26	29.9	3	33.3	37	31.9
Two Children	1	5.0	5	5.7	0	0.0	6	5.2
Total	20	100.0	87	100.0	9	100.0	116	100.0

Female children								
No Child	12	60.0	59	67.8	5	55.6	76	65.5
One Child	7	35.0	22	25.3	4	44.4	33	28.4
Two Children	1	5.0	6	6.9	0	0.0	7	6.0
Total	20	100.0	87	100.0	9	100.0	116	100.0

Source: Field Data

Table 1b Number of Children

Number of Children	Taluk One & Taluk Two							
	SC & ST		OBC (3B & 3A)		General Category		Total	
	Number	%	Number	%	Number	%	Number	%
Total Children								
No child	8	32.0	56	35.2	12	25.0	76	32.8
One Child	9	36.0	55	34.6	18	37.5	82	35.3
Two Children	8	32.0	45	28.3	17	35.4	70	30.2
Three Children	0	0.0	3	1.9	1	2.1	4	1.7
Total	25	100.0	159	100.0	48	100.0	232	100.0
Male children								
No child	14	56.0	94	59.1	27	56.3	135	58.2
One Child	9	36.0	54	34.0	15	31.3	78	33.6
Two Children	2	8.0	11	6.9	6	12.5	19	8.2
Total	25	100.0	159	100.0	48	100.0	232	100.0
Female children								
No child	15	60.0	93	58.5	25	52.1	133	57.3
One Child	8	32.0	54	34.0	18	37.5	80	34.5
Two Children	2	8.0	12	7.5	5	10.4	19	8.2
Total	25	100.0	159	100.0	48	100.0	232	100.0

Source: Field Data

The table shows that girls are more in number than boys. However, they are also found more among the 'one child' families, and there is a possibility for another child to be born to those respondents. At the same time, the percentage of childless women is 44.8 per cent and 33.3 per cent among OBC and General categories and 30 per cent among the SC/ST groups. It is also true that many of these women are married for 2-3 years.

(b) Attention and Involvement of Husband in Children’s Education & Health Care

The study found that women (as mothers) faced many difficulties and challenges in raising children. The involvement of the Husband varied among the respondents across the two taluks. However, it is shocking to find that, in some cases, it was characterized by negligence and apathy, as shared by the respondents.

Table 2 Involvement of the Husband in Education & Health Care of Children

Father’s Involvement in Children’s Education & Health Care	Taluk One&Taluk Two							
	SC & ST		OBC (3B & 3A)		General Category		Total	
	Number	%	Number	%	Number	%	Number	%
Do you have to seek permission to get children admitted to school?								
Yes	13	52.0	92	57.9	33	68.8	138	59.5
No	12	48.0	67	42.1	15	31.3	94	40.5
Total	25	100.0	159	100.0	48	100.1	232	100.0

Table 2a Managing Education & Health Care of Children

Responsibility for Children's Education and Health Care	Taluk One & Taluk Two							
	SC & ST		OBC (3B & 3A)		General Category		Total	
	Number	%	Number	%	Number	%	Number	%
My father is managing all because my Husband was against my daughter's education; he neglected her because I did not bear a son	1	50.0	3	25.0	0	0.0	4	20.0
Living in mother's house	0	0.0	3	25.0	2	33.3	5	25.0
The child is still below school-going age	1	50.0	2	16.7	2	33.3	5	25.0
All by my earnings	0	0.0	2	16.7	0	0.0	2	10.0
Not applicable; no children	0	0.0	2	16.7	2	33.3	4	20.0
Total	2	100.0	12	100.0	6	99.9	20	100.0

Source: Field Data

As seen in the table above (2a), in 50 per cent of SC and 25 per cent of houses of women respondents hailing from the OBC groups, her father is burdened with the education and health care of her children and his grandchildren. A total of 25 per cent of respondents (25% OBC and 33% from the General category) have even shifted to their residence or stayed at their mother's house. A total of 10 per cent of interviewed wives, among whom 16.7 per cent hailed from the OBC category (mainly the Vokkaligas), were financing their children's education through their earnings. Bias against the daughter's education by the Husband was reported in some cases.

Husband’s Attitude Towards Wife and Children During Sickness

The women have reported that the Husband not only behaved violently with them, but they did not evince any responsibility towards the house in terms of providing groceries or taking children to the hospital when sick. The women are burdened much with all that responsibility. Moreover, the worst thing that could happen is denial of medicines when they are sick or ill.

Table 3 Husband’s Attitude Towards Sickness of Wife and Children

Attitude towards Wife’s Sickness	Taluk One & Taluk Two							
	SC & ST		OBC (3B & 3A)		General Category		Total	
	Number	%	Number	%	Number	%	Number	%
Husband not evincing any interest in taking any responsibility; all managed by myself	2	66.7	5	83.3	2	100.0	9	81.8
Medicines denied when I am sick	1	33.3	1	16.7	0	0.0	2	18.2
Total	3	100.0	6	100.0	2	100.0	11	100.0

Source: Field Data

(d) Time of Violence

The table makes it clear that in both taluks, violent behaviour of the Husband and parents-in-law began soon after marriage for more than 70 per cent of the women in the study area. There are variations across caste groups, but this is based on their numerical representation in the sample. The following most significant answer is that violent behaviour began after the birth of their first child (28%).

Table 4 Time of Husband’s Violence

Time of Violence	Taluk One & Taluk Two							
	SC & ST		OBC (3B & 3A)		General Category		Total	
	Number	%	Number	%	Number	%	Number	%
Beginning of Violence								
Soon after the marriage	21	84.0	109	68.6	35	72.9	165	71.1
Soon after the birth of a child	4	16.0	48	30.2	13	27.1	65	28.0
Soon after the family planning adaptation	0	0.0	2	1.3	0	0.0	2	0.9
Soon after the marriage of my brother-in-law	0	0.0	0	0.0	0	0.0	0	0.0
Others	0	0.0	0	0.0	0	0.0	0	0.0
Total	25	100.0	159	100.1	48	100.0	232	100.0
Details								
Trouble started after the second month of marriage;	3	42.9	20	39.2	2	25.0	25	37.9

accusations by his mother began									
After two months to one year of marriage	1	14.3	10	19.6	2	25.0	13	19.7	
After 2 to 5 years of marriage	2	28.6	13	25.5	4	50.0	19	28.8	
After I gave birth to 2 children	1	14.3	7	13.7	0	0.0	8	12.1	
After 6 to 8 years of marriage	0	0.0	1	2.0	0	0.0	1	1.5	
Total	7	100.1	51	100.0	8	100.0	66	100.0	

Source: Field Data

Accusations and lousy behaviour or treatment began with the mother-in-law's dissatisfaction about dowry items, balance to be given by the father, and petty household dealings like cooking or household work. Such torture began for 14 per cent of those from SC/ST and 19.6 per cent and 25 per cent for respondents from the OBC and General categories. You must also note that many of them (SC/ST 14.3%; 13.7% for OBC women) were ill-treated after the birth of both their children – both being girls/daughters.

(e) Type of Violence Inflicted

Table 4a provides details about the type of violence inflicted upon the women in the study. Somehow, for many of them, it is physical violence (98.7%), irrespective of caste or taluk. Equally high is emotional violence (97% and more). Facing economic hardship is another form of violence that they suffer, high among SC/ST women (16%), 9.4 per cent and 4.2% for OBC and the General Category.

Table 4a Type of Violence

Type of Violence	Taluk One & Taluk Two							
	SC & ST		OBC (3B & 3A)		General Category		Total	
	Number	%	Number	%	Number	%	Number	%
Beginning of Violence								
Physical violence	25	100.0	157	98.7	47	97.9	229	98.7
Sexual violence	1	4.0	12	7.5	1	2.1	14	6.0
Emotional violence	23	92.0	155	97.5	47	97.9	225	97.0
Experiencing economic hardships	4	16.0	15	9.4	2	4.2	21	9.1
Others	0	0.0	1	.6	0	0.0	1	0.4
Total	25	-	159	-	48	-	232	-
Details								
My mother was not allowed to see me. I was threatened that I would be burnt down if she did	0	0.0	1	33.3	0	0.0	1	25.0
Torture by showing vulgar photos/pictures	1	100.0	2	66.7	0	0.0	3	75.0
Total	1	100.0	3	100.0	0	0.0	4	100.0

Source: Field Data

The respondents mentioned a few other types of torturing by the mother-in-law and Husband. Often, the sister-in-law (unmarried in most cases and married in cases where she was staying there for some reason or visiting) joined them. One such was not permitted them to visit her mother or her mother to visit her, warning of dire consequences (of being burnt down) if she violated. Psychological and physical torture from husbands included showing vulgar photos (75%), physical violence (98.7%) and other forms of violence (97%).

(f) Nature of Physical Violence that has links with Children

We now come to discuss how violence on the mother impacts the children emotionally, in their studies and in other ways of personality growth or formation. The women in the study area have shared about how they have been victims of several types of violence inflicted by their husbands, but on most occasions, not alone, but accompanied or supported by their parents and sisters. Table 4b details these varieties of violence and the caste groups in the two taluks. The most common is slapping on the chin or back, reported by 92 per cent of respondents from SC/ST backgrounds and 100 per cent in the case of those from the OBC and General categories (refer to the table). Twisting of arms and pulling hair is the next most common act of violence, with more than 99 per cent of cases. An equal proportion of women have reported that the Husband and in-laws resorted to kicking (mainly by the Husband, that too on the stomach), beating while dragging them on the floor, as they try to resist. If the Husband did this, parents-in-law and other members watched and sometimes joined hands or encouraged in other ways. Note that the children were witnesses to these incidents.

Table 4b Nature of Physical Violence

Nature of Violence	Taluk One & Taluk Two								
	SC & ST		OBC (3B & 3A)		General Category		Total		
	Number	%	Number	%	Number	%	Number	%	
Nature of Violence									
Slapped by husband/in-laws	23	92.0	157	100.0	47	100.0	227	99.1	
Heavy objects thrown on you -	11	44.0	78	49.7	34	72.3	123	53.7	
Pushed, arms twisted, or your hair pulled	24	96.0	156	99.4	47	100.0	227	99.1	
Kicked, dragged, or beaten up	25	100.0	155	98.7	47	100.0	227	99.1	
Tried to choke	10	40.0	37	23.6	19	40.4	66	28.8	
Tried to cause burns	2	8.0	12	7.6	1	2.1	15	6.6	
Attacked with a sharp weapon	1	4.0	4	2.5	2	4.3	7	3.1	
Total	25	-	157	-	47	-	229	-	
Physical injuries suffered due to physical abuse.									
My teeth broke when my Husband hit me	5	20.0	20	12.7	7	14.9	32	14.0	
Tried/attempted to commit suicide/Injury to eyes	20	80.0	137	87.3	40	85.1	197	86.0	
Total	25	100.0	157	100.0	47	100.0	229	100.0	

Source: Field Data

Gruesome, it is to note that in nearly 54 per cent of cases, the heavy object was thrown at them (44%, 49.7% and 72.3% of SC/ST, OBC and General Category, respectively), obviously causing grievous injuries. Attempting to choke the wife by throttling was not uncommon (40% in the case of SC, ST, and General categories and 23.6% for women from the OBC group). Causing burn injuries by keeping a hot sickle or kitchen knife on their arms or a few cases of drunken behaviour of the Husband where he burnt her with the butt of a cigarette.

As could be expected, the women victimized above also undoubtedly suffered injuries. Broken teeth because of being hit with a stick or some heavy object; severe injury to the eyes needing hospitalization; stitches, fractures of the arm, hand and other parts of the body wherever they received the beating; knife attacks leading to deep cuts have been reported. What is worse to learn from them is that they were not offered any physical or monetary assistance to go to a clinic or hospital for medical treatment. More often than not, they were shunted out in that bleeding condition to their father's house, where their parents or brother had to come to their rescue and treatment ultimately.

7. Impact of Gender-Based Violence on Children

It is at this juncture that we are ready to understand the details of the nature, types and consequences of the above forms of violence on one's mother upon the child/ren, who, in most cases, a witness to all such violent and torturous treatment meted out to one's mother, by none other than one's father and grandparents in her own house.

(i) Domestic violence against women and the experience of foetal loss

Let us begin our analysis with how the above-detailed violent acts by family members on the mother have affected the foetus itself:

An important finding from our primary data collection is that due to severe domestic violence, 88 out of 155 women experienced reproductive health consequences, which led to foetal loss (that includes abortion and miscarriage) and nine women experienced chronic pelvic pain during pregnancy. Most of the respondent's children, i.e., 65.52 per cent, have witnessed domestic violence between their parents. About 48.28 per cent of children have experienced physical violence (slapping and threats by the father) during such situations. According to respondent mothers, about 74.14 per cent of respondents' children are less healthy than other children.

Impact of Violence on Pregnancy and Miscarriages

Gynaecological problems such as miscarriage, bleeding, the feeling of weakness, and chronic pain in the pelvic region were the other forms of pregnancy-child-related suffering caused by the Husband's violent acts (see Table 7.1). Miscarriage and abortions were reported but at a very minute scale of 2.6 per cent. However, it was the craving for the birth of a grandson that induced the mother-in-law to get the female foetus in the daughter-in-law's womb aborted in some cases. These are also not numerous, however.

Table 7.1 Impact of Violence on Pregnancy and Miscarriages

Miscarriage	Taluk One & Taluk Two							
	SC & ST		OBC (3B & 3A)		General Category		Total	
	Number	%	Number	%	Number	%	Number	%
Miscarriages								
Yes	1	4.0	5	3.1	0	0.0	6	2.6
No	24	96.0	154	96.9	48	100.0	226	97.4
Total	25	100.0	159	100.0	48	100.0	232	100.0
Others								
The first child was aborted as it was female; the second one was also similarly removed as it was a girl	0	0.0	1	100.0	0	0.0	1	100.0
Total	0	0.0	1	100.0	0	0.0	1	100.0
Problems Faced Due to Husband's Violent Acts								
Miscarriage	4	16.0	11	6.9	1	2.1	16	6.9
Bleeding	1	4.0	2	1.3	1	2.1	4	1.7
Weakness	1	4.0	12	7.5	6	12.5	19	8.2
Chronic Pelvic Pain	0	0.0	0	0.0	0	0.0	0	0.0
Any other	1	4.0	1	.6	0	0.0	2	0.9
Total	25	-	159	-	48	-	232	-
Others								
Anaemic in first pregnancy; Abortion of second pregnancy due to kicking on the stomach	0	0.0	1	100.0	0	0.0	1	100.0
Total	0	0.0	1	100.0	0	0.0	1	100.0

Source: Field Data

The other complaints stated by them include long-time anaemia and the impact of kicking on the stomach, resulting in subsequent abortions.

Consequences of Experience of Violence by Children

Out of the total 232,184 female respondents, they complained that their child/dren experienced both physical and emotional violence (slapped and threatened by father) during domestic violence situations at the age of two to five years.

Table 7.2 Consequences of Violence on Children

Behavioural changes	Frequency	Percentage (%)
Dull and Quiet in School	80	51.3
Poor School Performance	81	51.9
Mentally upset, dull and quiet	-	-
Cries a lot without reason	94	60.3
Anxiety, fear complex, bedwetting, bad dreams, intermittent waking up from sleep	52	33.5
Looking preoccupied, bothered or upset	55	35.3
Nervousness, neurological disorders, stammering and low voice	39	25.0
Disturbed sleep, food habits and frequent fever	104	66.7

Source: Primary Data.

Note: Multiple answers, hence, cannot provide 100%

The above table has revealed that the children who experienced violence from their mothers suffered from both short-term as well as long-term health consequences. These were shown in their changed behaviour and acts, such as trying to be away from home (only boys above ten years of age) (51 per cent). Most significant and what mothers shared with the researcher with much grief was the children's poor school performances (51.9 per cent). Below average performance at school had further negative consequences in some cases: dropping out of school, concealing marks in tests and exams, absenteeism in attendance, and quarrelsomes and conflicts with peers and classmates. There are gender differences in these. The boys behave most of them, while girls' behaviour changes predominantly in 'Nervousness', Bedwetting and sleeping disorders, frequent fever and lagging in studies. The researcher conducted a few interviews with children in the age group of 12 to 14 years. She has found that this age group, being grown up and sensitive to domestic situations, has felt very ashamed and embarrassed about these incidents. Neighbours hearing them, and through them reaching school classmates and relatives (their cousins) are particularly causing them much shame and resulting in behavioural problems; besides, it is leading to poor school performance, absenteeism, poor attendance, and in a few cases, drop-out from the school. Many boys long to quit home and take up wage work (child labour).

As one boy (14 years old) told this researcher:

"Every day, my father used to come home drunk and pick up a quarrel with my mother and started to beat her without whatever came to his hand. On a few occasions, when I tried to protect her, I was also beaten up. Violence has become a daily affair, and I am distraught. Neighbours hear my mother crying or my father shouting and using foul language. I feel humiliated to go out as my neighbour's friends laugh at me. I feel like running away and taking up some job in a shop in the town".

In another case, the mother expressed deep sorrow that her daughter, aged 2, is not getting proper attention and nutritive food. She was born as a premature baby, and even now, she is very feeble in health and gets fever often. Because it is a girl, my Husband and mother-in-law do not care or give me money to take her to hospital. I must depend upon my father.

8. Conclusions

The paper has presented the findings of our research study about violence against women caused by dowry-related issues and its impact on their children. More than anything, domestic violence is a public health concern from the perspective of both the mother and the child. The paper has demonstrated that physical and sexual assaults on women/wives/mothers increase risks of child health -physical and personality-related.

Women who were aware of the legislative protection for victims were chosen for the study as they had filed a police case against the Husband and parents-in-law. However, the trouble here is that they need to be more knowledgeable about the law. Their father, brother, or family friend is a lawyer who has taken the lead in filing a case. The second handicap is that most of them were not ready to part with all information as they consider it intimate and confidential. The researcher had to put much time and effort into establishing conduct and conducting informal interviews without noting down much. Many women have reconciled to their fate.

Despite its development in all ways, the district is still conservative when it comes to the marriage of girls (in its rural parts). Although no case of marriage before the legal age of 18 was found in our study, most of our respondents (except those who are double graduates or professionals like engineers or MBAs) got married between 18 and 20 years.

Another issue is the need for more financial support to fight the case. Being unemployed (despite high education, many who were working in IT companies or other good jobs had to give them up due to pregnancy and lack of child care support from the mother-in-law), they felt financially very insecure to live independently or to fight the court case.

Alcohol consumption by the Husband, daily in most cases, has had a direct effect on domestic violence. A higher incidence of violence is reported by respondents whose husbands have alcoholism.

Domestic violence seems to be lesser in nuclear families where the interference of mother-in-law and other family members is not as effective as in joint families where she gets support from others. Children are suffering in both types. In joint families, restrictions are higher on women. The mother-in-law and the Husband have a greater power, and the children are punished.

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