



Longitudinal analysis of the impact of economic empowerment on risk for intimate partner violence among married women in rural Maharashtra, India



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ABSTRACT

The purpose of this study was to assess via longitudinal analysis whether women's economic empowerment and financial inclusion predicts incident IPV. This prospective study involved analysis of three waves of survey data collected from rural young married women ($n = 853$ women) in Maharashtra at baseline and 9&18 month follow-ups. This study, which was in the field from 2012 to 2014, was conducted as part of a larger family planning evaluation study unrelated to economic empowerment. Participants were surveyed on economic empowerment, as measured by items on women's income generation and joint decision-making of husband's income, and financial inclusion, as measured by bank account ownership. Women's land ownership and participation in microloan programs were also assessed but were too rare (2-3% reporting) to be included in analyses. Longitudinal regression models assessed whether women's economic empowerment predicted incident IPV at follow-up. At Wave 1 (baseline), one in ten women reported IPV in the past six months; 23% reported income generation; 58% reported having their own money; 61% reported joint control over husband's money, and 10% reported bank ownership. Women's income generation and having their own money did not predict IPV over time. However, women maintaining joint control over their husband's income were at a 60% reduced risk for subsequent incident IPV (AOR = 0.40; 95% CI = 0.18, 0.90), and women gaining joint control over time were at a 70% reduced risk for subsequent incident IPV (AOR = 0.30; 95% CI = 0.13, 0.72), relative to women whose husbands maintained sole control over his income. Women who initiated a new bank account by Wave 3 also had a 56% reduced likelihood of reporting incident IPV in this same wave (AOR = 0.44; 95% CI = 0.22, 0.93), relative to those who maintained no bank account at Waves 1 and 3. These findings suggest that women's joint control over husband's income and her financial inclusion as indicated by bank ownership appear to reduce risk for IPV, whereas her income generation or control over her own income do not. Awareness of and participation in financial inclusion services may help reduce women's risk for IPV in rural India and elsewhere.

1. Introduction

Intimate partner violence (IPV) affects more than one in four married women in India, a decline from a decade ago, when one in three married women reported IPV from their husband (IIPS, 2017). While this decline is welcome, the prevalence of IPV remains too high. Many have advocated for more focus on economic empowerment of women as a means to achieve reductions in IPV, but there is inadequate research to guide this work. This study involves longitudinal analysis of the

impact of women's economic empowerment on IPV among rural married couples in Thane district, Maharashtra in India to support considerations of whether women's economic empowerment approaches might prevent IPV, and if so what sorts of programs would be the most effective.

Numerous cross-sectional studies using data from multiple countries have found that, while economic development in general appears to be protective against IPV, associations between women's economic empowerment indicators, such as income generation, control over income,

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participation in credit or other development programs, and asset ownership, and IPV are inconsistent across countries (Vyas and Watts, 2009; Heise and Kotsadam, 2015; Taubogong et al., 2016; Hanmer and Klugman, 2016; Peterman et al., 2017; Kovacs, 2017; Weitzman, 2014). Social norms related to IPV acceptability and to acceptability of women's employment also differ by country and context, and appear to affect observed associations between economic empowerment and IPV. For example, women's income generation in contexts where norms do not support women's employment may not be protective against IPV (Heise and Kotsadam, 2015). While insightful, many of the studies are ecological, such that we cannot assume that the findings would hold true at the individual level. Additionally, cross-sectional analyses, impede conclusions about causality.

Individual-level longitudinal research on this topic has primarily been limited to within country randomized controlled trials evaluating the impact of microfinance and micro-loan programs on IPV in Africa. These studies suggests that programs for women which combine microfinance with gender equity counseling, relative to no program (Pronyk et al., 2006) or relative to microfinance alone (Gupta et al., 2013), can reduce risk for IPV, but microfinance programs per se were not found to reduce risk for IPV (Green et al., 2015). Evaluation of a poverty alleviation program in Latin America found that provision of cash or food transfers, relative to no transfer, did reduce women's risk for IPV, with stronger effects observed for women with lesser decision-making control at baseline (Hidrobo et al., 2016). Overall, the existing evidence suggests that women's economic empowerment, via financial services or cash transfer programs, can reduce risk for IPV, particularly if bolstered with efforts to change gender equity norms.

While longitudinal research on this topic for India is lacking, cross-sectional analysis of nationally representative data (Weitzman, 2014; Bhattacharya, 2015; Dalal, 2011) and state-specific studies (Bhattacharya et al., 2011; Rocca et al., 2009; Koenig et al., 2006), document that women's income generation or their higher earning than men are associated with *increased* rather than decreased risk for IPV. Relatively few women are in paid work, and the decade-long stagnation in women's labor force participation (holding at 25%) (IIPS, 2017; Das et al., 2015), has attracted increasing policy interest (Ghani et al., 2013; Verick, 2014). This is consistent with prior research documenting a U-shaped cross country pattern in labor force participation across countries – that women's economic participation rates are high at both very low and high levels of per capita national income but decline as countries become on average better off, as women who are able to withdraw from arduous and unpleasant jobs that characterize low levels of development (Goldin and Schultz, 1995). In rural India, women working outside the home may be a marker for financially stressed households (Bhattacharya, 2015; Dalal, 2011; Bhattacharya et al., 2011; Koenig et al., 2006). Both qualitative and quantitative research from India document that household financial stressors increase women's risk for IPV, and impoverished women are more likely than middle and higher income women to work only to alleviate these financial stressors (Bhattacharya et al., 2011; Koenig et al., 2006; Reed et al., 2015). Financial inclusion services, such as bank account ownership or microloan use, may hold promise for reducing risk for IPV, as indicated by the above described intervention studies, but research has not examined associations of these services with IPV in India. Financial inclusion has increased dramatically in India since 2015, when the Prime Minister's Pradhan Mantri Jan-Dhan Yojana initiative was launched to support bank account ownership in India (Pradhan Mantri Jan Dhan Yojana). Two-thirds of Indians now own a bank account (FII), a more than four-fold increase over the past decade (IIPS, 2017). However, women remain less likely than men both to have and use a bank account (FII).

This study involves longitudinal analyses of women's economic autonomy (income generation, sole control of her own money, joint control of husband's income) and access to/use of financial inclusion services (bank account, microloan) and their associations with

subsequent incident IPV, among married women in rural Maharashtra. We also explore whether observed associations are affected by husbands' gender norms, specifically gender equity ideologies and attitudes regarding the acceptability of IPV, as these are related to IPV in India (Reed et al., 2015; Shakya et al., 2017a; Nanda et al., 2014).

2. Method

2.1. Study design and data

Current analyses used longitudinal survey data from young married couples (N = 1091) participating in the CHARM evaluation study. The study involved a two-armed randomized controlled trial to evaluate the CHARM intervention, a three session family planning plus gender equity counseling intervention delivered by male health providers to husbands (sessions 1&2) and then couples (session 3). Study participants were randomized to receive either CHARM or a control condition in which women were provided with basic information regarding available public health family planning services. Women's economic empowerment was not a focus of the intervention. Couples were surveyed in three waves at baseline (wave 1), 9 month follow up (wave 2), and 18 month follow-up (wave 3). Further details on the study and its treatment conditions are described elsewhere, in prior publications (Yore et al., 2016; Raj et al., 2016).

2.2. Recruitment and sample

Trained research staff recruited married couples (N = 1081) from households in rural areas of Thane district, Maharashtra, India from March to December 2012. Eligible couples were required to be Marathi-fluent, aged 18-30 years for the husband and aged 15 + years for the wife, and residing together for the past three months with no intent to relocate in the next 2 years. Couples reporting infertility, surgical sterilization, or exhibiting serious cognitive or health impairment were excluded. Data were available from 83.1% (n = 898) of couples at 9 month follow-up, and from 82.4% (n = 891) of couples at 18-month follow-up, with a total of 871 complete observations on women at all 3 waves, and 801 complete observations of couples at all 3 waves. After removing respondents with missing data, our final sample for the current analyses consisted of n = 853 for women level observations and n = 760 couple level observations.

2.3. Measures

The outcome measure was physical IPV, taken from India's National Family Health Survey (NFHS) (India Demographic and Health Survey, 2005-06, 2005). Women were asked to report whether in the last 6 months her husband had ever slapped her; twisted her arm or pulled her hair; pulled her, shook her, or thrown something at her; kicked her, dragged her, or beat her up; choked her or tried to burn her on purpose; or threatened to attack her with a knife, gun, or any other weapon. Responses of yes to any of these items were coded as positive for IPV. This study did assess sexual IPV but this was not a focus of the study because prior research on this sample found that sexual IPV was influenced by the CHARM intervention where physical IPV was not (Raj et al., 2016).

Our primary independent variables were collected from women only at each wave of study and measured women's economic autonomy (i.e., income generation, has money she herself controls, joint control over husband's money) and access to and use of financial inclusion services (bank account, microloan). All items were taken from NFHS (India Demographic and Health Survey, 2005-06, 2005). *Women's income generation* was assessed by a single yes/no item asking whether they were currently earning an income. Control over money was assessed using two items: 1) *woman has money of her own*, that she alone could decide how to use, yes/no, and 2) *woman has influence over*

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