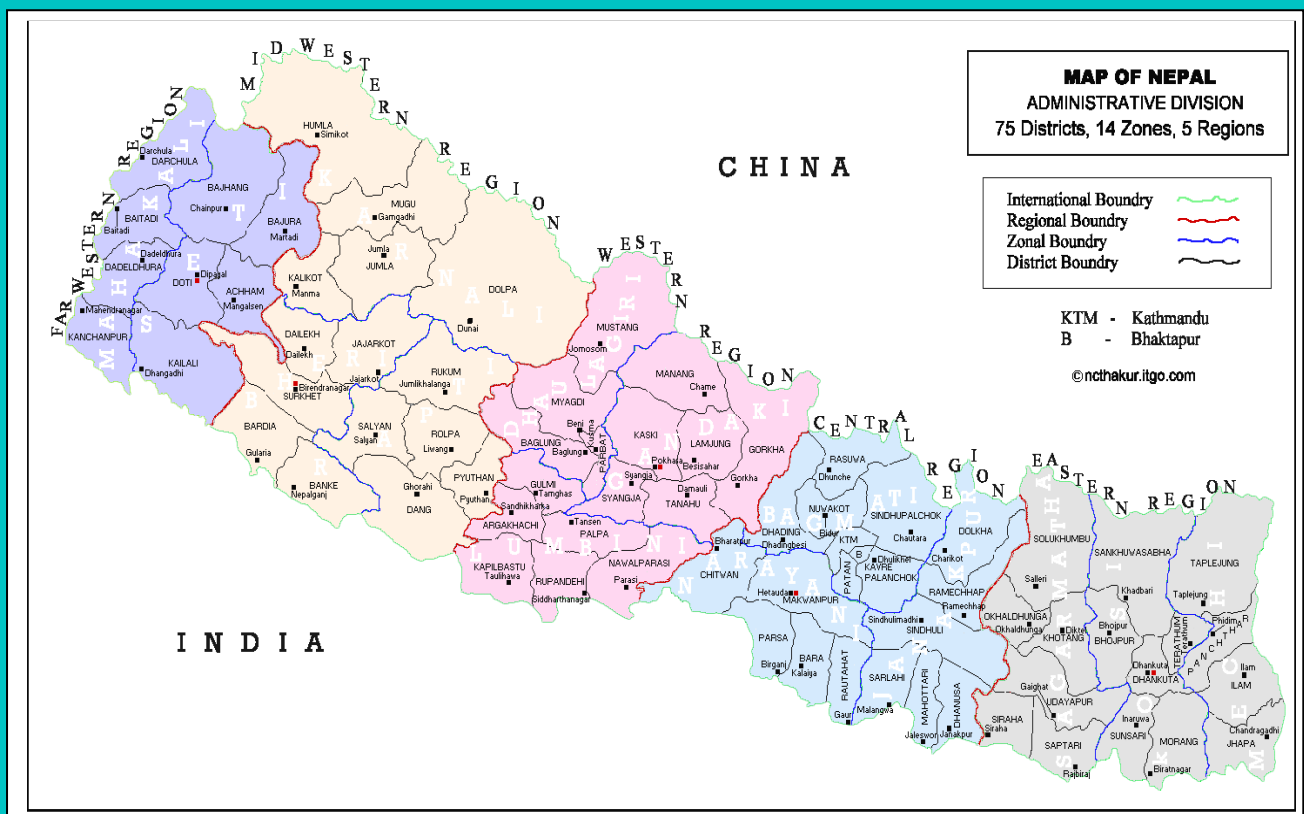


A report on
**Assessing Current Situation of Domestic Violence against Women (DVAW)
in Morang District**

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Study team humbly respects any critical comments that may born out of this study. Any errors, however, will remain that of authors.

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Executive Summary

In Nepal, violence against women is one of the major factors responsible for the poor health of women, livelihood insecurity, and inadequate social mobilization. The magnitude of gender-based violence in Nepal is extremely high. Domestic violence (also known as domestic abuse, spousal abuse, or intimate partner violence) occurs when a family member, partner or ex-partner attempts to physically or psychologically dominate another. Domestic violence, or spousal abuse, often refers to violence by one spouse against the other, but can also include violence between cohabitants and unmarried intimate partners. Domestic violence occurs in all cultures, and people of all races, ethnicity, religions, sexes and classes can be perpetrators of domestic violence. Domestic violence is perpetrated by both men and women due to the patriarchal society; women are becoming victim of domestic violence. With this in mind, a study was carried out to assess current situation, its causes, possible mitigating action to reduce violence against women.

A Rapid Appraisal Study (Exploratory Study) was carried out in seventeen Village Development Committees of Morang district. Site mapping, meeting with different groups, semi-structured interviews with women and focus group discussion with pressure and women groups were used to gather assessment data. Hence, the study incorporated the perspectives of both women and community groups.

The study revealed that 26% women were covered in female head of the households and 74% were enclosed in male head of the households. Most of the interviewed women followed Hindu religion (92%). All women were represented from Brahmin, Dalit, Adibashi/Janajati, Madhesi and Muslim caste. Similarly, 41% of the respondents were involved in agriculture profession and rest of the percentage in non-agriculture work as a main source of income. Most of the selected women were fall in age group 20-40 (more than 155). Almost 96% women got married between ages of 10-24. Among them 81% respondents got married at ages of 10-19 years. Still there is a practice of early marriage. Husband's education was twice more than respondent's in SLC and above. Foreign job involvement of women was rare (0.3%) as compared to male (20.5%).

Moreover, 3 fourth of the women reported that they gave birth to son on mutual consensus whereas 38% respondents replied that they were getting pressure to give birth to son who have not given birth to son at the time of interview. Of the interviewed women 42% of the respondents replied that they were beaten by husband which was 73% in nuclear family with major cause. Similarly, higher the level of education lower was the case of beating. More than 60% of the respondents were beaten as a major cause up to 44 years of age. One fourth of women replied on their husband's beating which result was those 77% respondents were started communication between them before one week. Of the women who were beaten by their husband (41%), 7 out of ten were received suggestions from neighbour's (65%) and other family members (30%) provided suggestions for not to repeat again.

Women who were beaten by their husbands, about 4 out of ten were expelled from home that accounts more in joint family, agriculture as a main source of income and in higher age brackets. 72% women who were expelled from home due to husband as a main actor in a family. About 7 out of 10 women who got physical disabilities/Brushing were from their husbands. Only 6 out of 10 women reported their physical disabilities in police office, social institutions and local administration office. Deprived for personal health was common in

rural areas. People were not more aware from rights to health. Only 68% respondents visited for treatment after physical disability/brushing among them 74% attempted in government health institutions. Of the women who got physical disability from other family member including husband, 5 out of 10 visited health institutions by themselves along. Unequal power sharing is still more in Nepal. A female remains down in hierarchy so cursing was common in family by eldest member (95%). Discrimination in food items, habits of asking about whether food taken or not were seen high in joint family. Generally women always cooked food items for family and took after by all family members.

Participation of women in decision-making was quite poor in Nepal. It is due to patriarchal society. Only 4 out of 10 women were asked for decision by their husbands. Women participation in meetings/seminar conducted by different organizations at community level was low. Of the interviewed women who were getting charges of false accusation, 83% of them were charged in relation with neighbours.

Although, the Government of Nepal developed and implementing rules against untouchability activities seen in society. Domestic untouchability due to inter caste marriage/marriage not recognized practice was prevailed by other family member (85%). It was big discrimination seen between daughter and daughter in law. About 50% women who are feeling so reported that clothing, fooding and movement were the areas of discrimination. Maternal death could be reducing through the involvement of husbands. Only 4 out of 10 husbands involved in take care of wife before pregnancy but this number reduces to 2 out of 10 delivery women. A female has the right to get safe sexual behaviour and health. Rejection of sex due to physical disability or other cause resulting a big quarrel between husband and wife. This cause happened more in non-agriculture as the source of income family, male headed family and it rises to as age of women rises. Forceful sexual activities lower in educated women. About 91% of interviewed women were unaware about the DVAW bill recently endorsed by government of Nepal. Alcoholism, dowry related cases, not giving birth to son, unemployment were the main causes of DVAW.

To cope with above mentioned situation of violence against women and improving health for women, the following interventions are recommended.

1. Policy level

- The Government should formulate the plan and procedure for reducing domestic violence against women
- The Government should develop the law/policy education plan to inform basic components of law/policy to the community people
- The Government should establish domestic violence against women unit at each District Development Committee (DDC) to monitor the situation of violence
- The Government should make provision legal remedies places at each VDC level.
- The Government/ (I) NGOs should formulate and implement the human rights and health rights related programme at the community level.
- All INGOs/NGOs who are working for DVAW should develop advocacy and networking mechanism to advocate for policy revision, develop plan and budget for reducing violence in the community.

- Domestic Violence against Women related contents should be included in the school and college curriculum by the Government.
- The Government should form different level monitoring team to monitor and recommend for punish of dowry related violence.

2. Community level

- Pressure groups should be formed in each ward of VDCs to manage violence against women locally.
- Different awareness raising activities should be organized against violence at the local level.
- The alcohol buying and selling activities should be managed properly at local level by formulating policies and procedure by the VDCs.
- Training, workshop and interaction meeting should be organized with political leaders, police and social leaders on the DVAW.
- Income generation programme should be designed and implemented for women to increase their income.
- Social norms and values should be redefined and punishment system should be developed so that no any perpetrators can be quit from the society.
- Gender based training should be provided to both (male and female).
- Postal hotline system should be initiated at the VDC level to receive complain of victim.

Chapter I: Introduction

1.1 Background

The Britain Nepal Medical Trust (BNMT) is an International Non-Governmental Organization working in health sector of Nepal since 1967. It is a charitable organization registered in United Kingdom (UK) with the aim to improve the health status of people of Nepal. Since then, it is continuously working in Nepal with the collaboration of Government of Nepal, Civil Society Organizations and Community People.

Since 2005, BNMT has been working with the Rights Based Approach, especially in the field of rights by working with both the duty bearer "the government" as well as rights holders "people- the most disadvantaged". Inter-Church Organization for Development Co-operation (ICCO) has provided support to BNMT for the organizational development and staff capacity building right from the early days of TB control, through the development of participatory approaches that led to the development of a rights-based approach (RBA) to health. It has supported BNMT in exploring "Translating Human Rights into Health Realities in Nepal" from 2005-2007.

The preliminary findings of project evaluation conducted by BNMT in 2007 indicate, "The RBA programme has achieved and exceeded many of its objectives and has missed the mark on some". The evaluation highlighted the need for further exploration in some areas such as support for health service providers or 'duty bearers'. 'Rights Holders' have been empowered to demand for their health rights, whereas, some 'Duty Bearers' or service providers still lack the capacity to deliver quality health services primarily due to lack of resources- human as well as financial. People may not enjoy rights if the service providers do not have resources along with the responsibilities. Therefore, BNMT, being itself a right based organization, focused on 3Rs (rights, responsibilities and resource). In addition, BNMT will identify strategies to improve access to health, nutrition and food security for the disadvantaged groups (DAGs).

Based on the recommendation of evaluation, the BNMT has designed and submitted project proposal to the ICCO for bridging grant and it has awarded for the period of January 2008 to December 2009. The proposal has focused to the women's health and health rights issues focusing Domestic Violence against Women (DVAW). Hence, the BNMT carried out study on DVAW in Morang district.

1.2 Situation of Domestic Violence in Nepal

Nepal is a place of multilingual, multicultural and multi caste/Ethnicity. (86%) of the total population according to census 2001 are living in rural areas. People living in rural areas of Nepal are in backward position in terms of fruit of development such as education, economic activity, health facilities, human rights and many more. Morang district as well is no more exceptional in this regard. This district has one sub-metropolitan city and 65 VDCs. Even though door of development in Nepal has opened from eastern part of Nepal, There is still many more problems existed I rural/urban area. Urban are is somehow better position than rural area.

In Nepal, violence against women is one of the major factors responsible for the poor health of women, livelihood insecurity, and inadequate social mobilization. The magnitude of

gender-based violence in Nepal is extremely high. Several research projects in Nepal have indicated that 66 percent of women have endured verbal abuse, 33 percent emotional abuse, while 77 percent of the perpetrators were family members (UNICEF, 2001). This indicates that even the home is not a safe place for women. Social relations of power place women in a subordinate position, giving many women few rights in the family, community and society in general. In addition, in the context of political conflict, women have often become the target of violence. Because women are made the objects of revenge, there has been an increase in sexual assault and sexual harassment. Thus, gender-based violence is a serious issue that requires a comprehensive solution.

Domestic violence (also known as domestic abuse, spousal abuse, or intimate partner violence) occurs when a family member, partner or ex-partner attempts to physically or psychologically dominate another. Domestic violence, or spousal abuse, often refers to violence by one spouse against the other, but can also include violence between cohabitants and unmarried intimate partners. Domestic violence occurs in all cultures, and people of all races, ethnicity, religions, sexes and classes can be perpetrators of domestic violence. Domestic violence is perpetrated by both men and women due to the patriarchal society; women are becoming victim of domestic violence.

Domestic violence has many forms, including physical violence, sexual abuse, emotional abuse, intimidation, economic deprivation, and threats of violence. Violence can be criminal and includes physical assault (hitting, pushing, shoving, etc.), sexual abuse (unwanted or forced sexual activity), and stalking. Although emotional, psychological and financial abuses are not criminal behaviors in some legal systems, they are forms of abuse and can lead to criminal violence. There are a number of dimensions including:

- Mode: physical, psychological, sexual and/or social.
- Frequency: on/off, occasional and chronic.
- Severity: in terms of both psychological or physical harm and the need for treatment.

An important component of domestic violence, often ignored is the realm of passive abuse, leading to violence. Passive abuse is covert, subtle and veiled. This includes victimization, ambiguity, and neglect, spiritual and intellectual abuse.

Recent attention to domestic violence began in the women's movement, particularly feminism and women's rights, in the 1970s, as concern about wives being beaten by their husbands gained attention. Awareness and documentation of domestic violence differs from country to country. Estimates are that only about a third of cases of domestic violence are actually reported in the United States and the United Kingdom. According to the Centers for Disease Control, domestic violence is a serious, preventable public health problem affecting more than 32 million Americans, or more than 10% of the U.S. population. Popular emphasis has tended to be on women as the victims of domestic violence.

Women who are abused have poorer mental and physical health, more injuries, and a greater need for medical resources than non-abused women. The WHO multi-county study on Women's health and Domestic violence found that abused women in Brazil, Japan, and Peru are almost twice as likely as non-abused women to report their current health status as poor or very poor.

The consequences of domestic violence for women are the destruction of physical and mental health and dignity, the jeopardizing of family happiness and a healthy childhood, an obstacle to women's emancipation, and the endangerment of social stability. In their efforts to avoid violence, threatened women either accept insults and misery or escape the marriage. Children may become fearful and anxious, lack trust in others, and take a hostile attitude towards society. Violence against women is a measure of a society's inequalities. The historical roots of domestic violence go back to patriarchy, where the husbands and fathers controlled everything.

Several studies have shown that both male and female are victimized due to DVAW. But the cases of reporting are very less in women. It is due to society. When men become victimize, they promptly report to the hospital. It is just opposite in case of female. She does not like to report due to various other cause even abandon of marital life. This also reflects the confrontation of problem of women in the society that make it to conduct research.

Due to Domestic violence, women are deprived from education, economic activity, health facilities, basic human rights etc. Even children are vulnerable due to this problem. Therefore it is expected that the detail research on this area will help to find the root cause of the domestic violence against women.

The deep rooted DVAW would further worsen the poor situation of Nepalese women who are residing in rural settings of Nepal. Keeping this in mind, it is very much necessary to provide better situation in country the research is imperative.

1.3 Objectives

The main objective of the study was to assess the current situation of domestic violence against women in Morang district and; to establish baseline information as basis for developing plans, monitoring and evaluation systems.

The specific objectives were:

- To provide a comprehensive mapping of the different types of violence faced by women.
- To examine the sources of violence and to analyze the factors that may increase these women's vulnerability to various types of violence at different time.
- To make recommendations for further research and action to mitigate the violence

Chapter II: Research Methodology

2.1 Setting

This study was carried out at Letang, Kerabari, Rajghat, Bardanga, Mahadewa, Aamgachi, Dangraha, Shidraha, Budhanagar, Majhare, Rani-part of Biratnagar Sub-metropolitan city, Hasandaha, Dadarbariya, Bahuni, Kadahama, Babiyabirta and Bhaudaha VDCs of Morang district where BNMT's Rights Based Approach (RBA) programme has been implemented were selected as study VDCs. The study VDCs varied in population size, remote rural area, and poor market access, ethnic composition etc.

2.2 Sampling Size

The assessment study was done in Morang district of Eastern Region. 17 VDCs were covered for the household survey and focus group discussion. Altogether 637 (2%) of the household according to 2001 national census, married women of age 15-49 years were taken as sample population by using random proportionate sampling method. Moreover, each VDC, one focus group discussion was done with domestic violence against women pressure group or mother group to supply more qualitative information on violence. The details of sampling households were as follows.

Table 1: Number of households taken as a sample from the list of VDCs

VDC/ Municipality	Total house holds	Selected house holds
Letang	3353	66
Kerabari	3064	60
Rajghat	2396	46
Bardanga	1938	38
Mahadewa	897	16
Amgachhi	1091	20
Dangraha	1075	20
Sidraha	804	16
Buddhanagar	2093	40
Majhare	1611	32
Rani,	N/A	60
Hasandaha	2158	42
Dadarberiya	1476	28
Bahuni	2461	48
Kadmaha	1349	26
Babiyabirta	2894	56
Bhaundaha	1168	22
Total		637

The study was carried out in three phases: (1) preparatory planning, (2) data collection, and (3) data processing/analysis. These are described in greater detail below.

2.3 Preparatory Planning

2.3.1 Meeting with BNMT staffs and stakeholders

Prior to the beginning of the data collection, separate preparatory meetings were conducted with BNMT staff and stakeholders during September 2009. The meeting was held to sensitize these BNMT staff and stakeholders to the issues addressed by the study, to help them to understand its importance and to request their approval and support. The participants of the meetings agreed to carry out the study with the good coordination at the field level. They were ready to support whenever required.

2.3.2 Tools Development

Special sessions were held with experts, thematic team leaders of BNMT and DPHO Morang to develop the guidelines, tools and techniques for data gathering so that they focused specifically on the domestic violence against women. One separate semi-structured questionnaire was prepared for collecting data from respondents. In addition, one focus group discussion guideline was prepared to gather qualitative information from the field.

These questionnaires and FGD guideline were field-tested in nearby district headquarter and among interviewees who were not to be included in the study sample. The necessary corrections and revisions were made from the input obtained from the field-testing. Final tools are attached in Annex 1 and 2.

2.2.3 Data Collection Team

The data was collected by 3 BNMT staff members and 34 data collectors, 2 students of population and rural development who were divided into seventeen teams. All of the data collectors were at least SLC (School Leaving Certificate) graduates to post graduates and had prior experience of data collection in health sector.

2.2.4 Training of the Data Collectors

An intense 1-day data collection training program was conducted for the team members on 23 September 2009. The training consisted of guidance on the use of the study methods and tools, including interviewing techniques and conduct focus group discussion. They were given a brief overview of the project, the skills were demonstrated and they participated in role-play simulations of interviews to prepare them for the field. Special emphasis was given on using an objective approach and asking questions effectively while keeping one's own thoughts and opinions aside. Feedback and input from field activities were seriously adopted while collecting data.

2.4 Data Collection

2.4.1 Selection of Respondents

The following processes were adopted to select the households and respondents.

In each selected VDC, Village level pressure groups through meeting selected the sample households. First of all the VDC situation on violence was presented and discussed and selected households and respondents for collecting information.

- Selected two wards using random sampling methods
- Listed name of households leaders of selected wards
- Selected appropriate number using random sampling methods
- Selected respondents for interview priority given to married and having at least one children

Finally, verbal consent was taken from each informant before taking interview that their personal interview would be kept strictly confidential and important information would be used to design future program activities.

2.4.2 Primary Data

The primary data was collected using interview schedules and focus group guideline from September to October 2009 (annex 1 and 2). The major portion of the respondents came from the rural areas.

The assessment has tried to explore knowledge, attitudes and practices, cause of violence and possible solution to mitigate them.

2.4.3 Secondary Data

Secondary data was adopted on mapping of locations of the VDCs. Relevant documents were also reviewed. The study teams located the data collection sites in the maps.

2.4.4 Quality Control Measures

To ensure the quality of the data collected, BNMT staffs and consultant were present in the field while data was being collected. In the evening of each day, the teams were also given feedback based on the quality of the day's data. The difficulties faced were also shared and appropriate solutions were also discussed.

2.4.5 Data Processing and Analysis

The data obtained were collected, compiled, and coded. Quantitative data were entered in SPSS application and analyzed. Qualitative data were manually analyzed. The findings from the data were triangularly verified to draw the conclusion of this study and based on that, suitable recommendations have been made.

Chapter III: Findings and Discussion

The overall findings regarding violence against women and the causes have been divided into three parts. The first part includes physical violence and its causes; the second part includes violence of health rights its causes; and the third part contains the information obtained through focus group discussion with pressure and women groups. These three parts are examined in more detail in sections 3.1 to 3.11.4 and chapter 4 respectively.

3.1. Demographic and Socio-economic profile of households

Head of the household has high respect in Nepalese society. Generally eldest male member of the household is regarded as head. Beijing male dominated society, most of the household has usually reported the male member of household regardless of age as the head. The table below shows that a large proportion of households were headed by male (74.4%) and rest of the households by female (25.6%).

Table 2: Respondent's head of household

Head of Household	%
<i>Base-All respondents- n=637</i>	
Male	74.4
Female	25.6
Total	100

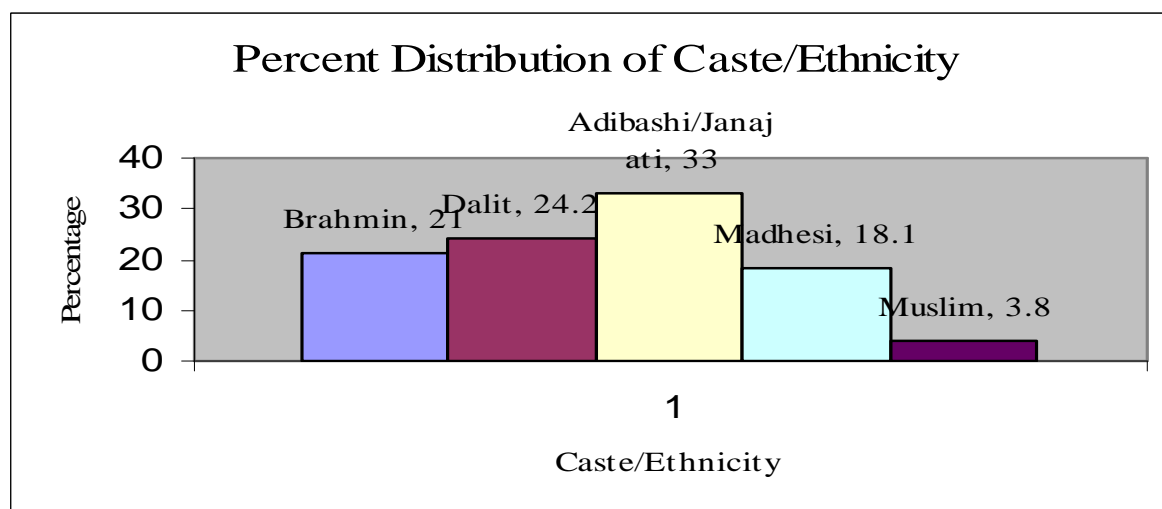
This research has used/divided the total enumerated family into two categories: the first nuclear family and the second joint family. A family having only one married couple is known as nuclear family. Similarly, a family having more than one married couple is considered as joint family. Table 3 shows that the 50.1% families were lived in joint families and followed by 49.9% lived in nuclear families.

Table 3: Respondent's family size

Family type	%
<i>Base- All respondents- n=637</i>	
Nuclear	49.9
Joint	50.1
Total	100

As no anthropological/linguistic survey has been carried out in Nepal to date to note the various ethnic/caste groups, their distribution and population size, the exact number of ethnic/caste groups and their population size is some what imprecise in Nepal. Since this research has targeted women of reproductive health who have given at least one child, samples are taken randomly. It can be seen from the figure 1 that highest percentage of the women were from Adibasi/Janajati followed by Dalit and only about 4% were from Muslim community.

Figure 1 Percentage distribution by Caste/Ethnicity



Religion has become most sensitive issues now a day after 1990. The self reporting structure questionnaire has enumerated as Hindu. This is higher than the Nepal's percentage (80.62%). The percentage of Islam (Muslim is near about same as that of Nepal's value (4.2%). The others category includes Kirat, Christian etc is 4%. In the contest of the religion distribution of enumerated households 92% followed to Hindu followed by Muslim 3.8% and others were 4%.

Table 4: Respondent's religion

Religion	%
<i>Base- All respondents- n=637</i>	
Hindu	92.3
Muslim	3.8
Others	4.0
Total	100

On majority of the households relay on non-agriculture source of income for livelihood, however the proportion of agriculture source of income is quite low as compared with non agriculture source.

Table 5: Respondent's source of income

Sources of income	%
<i>Base- All respondents- n=637</i>	
Agriculture	40.8
Non-agriculture	59.2
Total	100

Education is one of the fundamental means for all for alleviating poverty and bringing improvement in the standard of living through different socio-economic activities. So, literacy is the most important single means of attaining socio-economic development and of opening for the individual, the door to innovative ideas and actions. Literacy enhances access to information that may be necessary to conduct various essential activities in daily life and work. This research has divided education status of husband and wife (respondent) into four categories: Illiterate, literate but not schooling, below SLC and SLC and above. The below table 6 depicts that a larger proportion of the respondents was illiterate (35.2%) but their husbands were less illiterate (21.4%). Similarly, 32.5% respondents were completed below SLC level nevertheless 38.9% husbands were completed same level and 11% respondents were finished above SLC level, however 24.3% husbands were finished the same level.

Table 6: Respondent and their husband's education

Education	Respondent (%)	Husband (%)
<i>Base-All respondents- n=637</i>		
Illiterate	35.2	21.4
Literate but not Schooling	21.4	15.4
Below SLC	32.5	38.9
SLC and Above	11.0	24.3
Total	100	100

On an overall majority of the respondents engaged in housewife occupation (62.5%) similarly their husbands were rely on non-agriculture (58%) for livelihood, however the proportion of their husbands were involved in foreign job (20.5%).

Table 7: Respondent's occupation

Occupation	Respondent (%)	Husband (%)
<i>Base-All respondents- n=637</i>		
Agriculture	15.5	21.5
Non-agriculture	21.7	58.0
Foreign job	0.3	20.5
Housewife	62.5	NA
Total	100	100

Crucial Decision on Son Birth

Women in rural areas where level of education is very low as compared to urban area always get pressure to give birth to son. A question was asked to the respondent who decided to give birth to son. Majority of them replied that they have given birth to son with consent of both husband and wife (75%). Similarly the self decision remained only near about 10%. It implies that one out of ten women can decide for son. Similarly those who have not given birth to son, a next question was asked them whether they are getting any pressure or not. Same percentage of the women (38%) replied that they are getting pressure from husband and other more than two members of the family. It can be concluded that 2 out of five women in Nepalese society are getting pressure to give birth to which also approved by the focus group discussion.

Table 8 Percentage distribution for decision for son

Persons	Percentage
<i>Base- n=473</i>	
Self	9.5
Both Husband and wife	75.1
Husband	10.1
Father/Mother in law	1.5
More than two members	3.7
Total	100
Getting Pressure for son	
<i>Base respondents- n=73</i>	
Husband	38.4
Mother/Father in law	23.3
Two or more than two family members	38.3
Total	100

3.2 Physical violence and its Cause

As stated in earlier, the physical violence in this study has covered the beating by husband and father/mother in law and its cause and consequences. Expel situation, Physical scruffy, time for restarting communication between husband and wife are the examples of consequences of physical violence that are covered in this research.

Table 9 indicated that 41.6% respondents were beaten by their husbands and 58.2% respondents were not suffered from that problem. Similarly, while analyzing the cases by caste/ethnicity, Highest percentage of the women are beaten in Dalit (57.1%) followed by Muslim(42%).Least percentage of beating(32%) is seen in Brahmin community.

Table 9: Respondents beaten by their husband

Did your husband beat you last year?		Percentage
<i>Base-All respondents=n-637</i>		
Yes		41.6
No		58.4
Total		100
Caste/Ethnicity	Beaten by Husband	
	Yes	No
Brahmin	32.1	67.9
Dalit	57.1	42.9
Adibasi/Janajati	41.0	59.0
Madhesi	33.0	67.0
Muslim	41.7	58.3

Table 9 shows that 68.3% respondents were beaten due to major causes of disobey, not giving birth to son, dowry related, disobey of sexual offered by husband, doubt on external affairs and advice given to husband not to use alcohol. Similarly, 23% respondents were beaten because of listening others saying, husbands love affairs, minor mistakes, not allowing talk to others, not received financial support from maternal side, giving suggestion to husband for son birth, not giving birth many children.

Table 10: Reason for beating

Causes	%
*Major cause	68.3
*Minor cause	23.0
*Mix of both causes	8.7
Total	100

**Major causes includes: Disobey, not giving birth to son, dowry related, disobey of sexual offered by husband, doubt on external affairs and advice given to husband not to use alcohol.*

**Minor cause includes: listening others saying, husbands love affairs, minor mistakes, not allowing talk to others, not received financial support from maternal side, giving suggestion to husband for son birth, not giving birth many children. *Mix of both causes includes both major and minor causes.*

Of the 637 interviewed from the VDCs, 73% respondents were beaten by husband even in nuclear family showing major cause. Similarly, 72.6% respondents were beaten in non-agriculture income source. Moreover, the beating to wife was seen less in educated women (SLC and Above-55%). This result has shown that still dowry related violence persists high in rural areas of Nepal especially in Morang district. Also husband was the main actor for beating with more than one cause.

Table 11: Percentage distribution of beating by socio-economic indicators

Socio-economic indicators	Reason for beating (%)		
<i>Base=All respondents-n=637</i>			
By family type			
Nuclear	73.1	22.1	4.8
Joint	62.5	24.2	13.3
By sources of income			
Agriculture	59.6	25.8	14.6
Non-agriculture	72.7	21.6	5.7
By education of the respondent			
Illiterate	74.1	18.5	7.4
Literate but not formal schooling	69.1	25.0	5.9
Below SLC	61.1	26.9	11.5
Above SLC	54.5	27.3	18.2

Of the 265 reacted respondents, 25.3% of them were reported that they reacted during beating and followed by 74.7% were not acted any things. The reacted respondents were also reported that they are trying to cope the situation locally before seeking permanent solution from legal and community side.

Table 12: Percentage distribution by reacting during beating

Did you react during beating?	Percentage
Base- Those reacted only (n=265)	
Yes	25.3
No	74.7
Total	100

Among 265 reacted informants, 77.6% of them were started their communication with in a week. It was reported that only 22.4 % of them were re-started their communication after one week and prolongs up to one month. This situation continued in the society, the children would be more vulnerable and the family could not support to their children in their welfare.

Table 13: Respondent's time for restarting communication between husband and wife

Communication restarting time	Percentage
Base= Those reacted only (n=265)	
Before one week	77.6
After one week	22.4
Total	100

The table 13 shows the reaction of neighbour to the reacted respondents. About 37.3% respondents were reported that they got suggestion for not to do so in the future. Similarly, the informants told that 34.3% of them were received suggestion for not repeat this mistake again. A few 16.4% informants had shared that the neighbour blamed us as you made mistake. This statement concluded that the neighbour could play a vital role to reduce or increase violence against women at the community.

Table 14: Percentage distributions on reaction of neighbour

Neighbour reaction on your step	Percentage
<i>Base= Those reacted only (n=67)</i>	
Did mistake	16.4
Not to do so	37.3
Do not repeat again	34.3
Others	11.9
Total	100

On an overall (65.46%) respondents informed that their husbands were got advice from neighbours for not repeat again such types of event. Similarly, about 29.38% husbands were received advice from their mother in law and followed by 36.08% husbands were taken suggestion from different persons of their family. Even though, these kinds of practices have seen and practicing from very beginning in the society but it has not been solved the problem faced by women in Nepalese society.

Table 15: Percentage distributions on advice given to husbands

Persons	Percentage
<i>Base=suggested husbands-n=194</i>	
Mother in law	29.38
Neighbour	65.46
Other member	36.08
Total	100

3.3 Expel situation and its source

Many women in Nepal are victim of expel from home due to inferior situation at residence as a consequence of physical violence. This study has also covered the numbers of question on it.

It was noted that 45% female households' leaders were also expelled from their family. Similarly, 41% respondents were reported that they forced out from their joint family. Likewise, about 42 % respondents who had agriculture is main income source told that they expelled from their family. Moreover, the age 45-49 group respondents got the high expel (57%) from their family and community due to complex social structure and less sources and options for income.

Table 16: Percentage distributions on an expel situation faced by women

Social indicators	Response %	
<i>Base-All expelled respondents-n=265</i>		
By head of the households	Yes	No
Male	35.2	64.8
Female	44.4	55.6
By family type		
Nuclear	35.2	64.8
Joint	40.8	59.2
By sources of income		
Agriculture	42.0	58.0
Non-agriculture	35.6	64.4
By current age		

15-19	33.3	66.7
20-24	29.9	70.1
25-29	32.7	67.3
30-34	42.9	57.1
35-39	43.2	56.8
40-44	43.5	56.5
45-49	57.1	42.9
	37.7	62.3

The great trouble time for a woman in marital life is to expel from home. The situation also varies in different caste/ethnicity. This result shows that highest percentages of women in Brahmin community (62.8%) are expelled from home followed by Muslim women (50%) and least percentage is found in Madhesi community.

Table 17 Percentage distribution of expel situation by Caste/Ethnicity

Caste/Ethnicity	Expel Situation	
	Yes	No
Brahmin	62.8	37.2
Dalit	33.0	67.0
Adibasi/Janajati	36.0	64.0
Madhesi	21.1	78.9
Muslim	50.0	50.0

Figure 2 shows that almost 72% respondents reported that their husbands were involved as major actors in expelling women from home and followed by 19% by Mother/Father in Law and 9% by other family members such as JETHANI.JETHAJU/DEWAR etc. It implied from the result that nine out of 10 women are expelled from home due to husband/father/mother in law.

Figure 2: Distribution of percentage actors responsible for expelling women from home

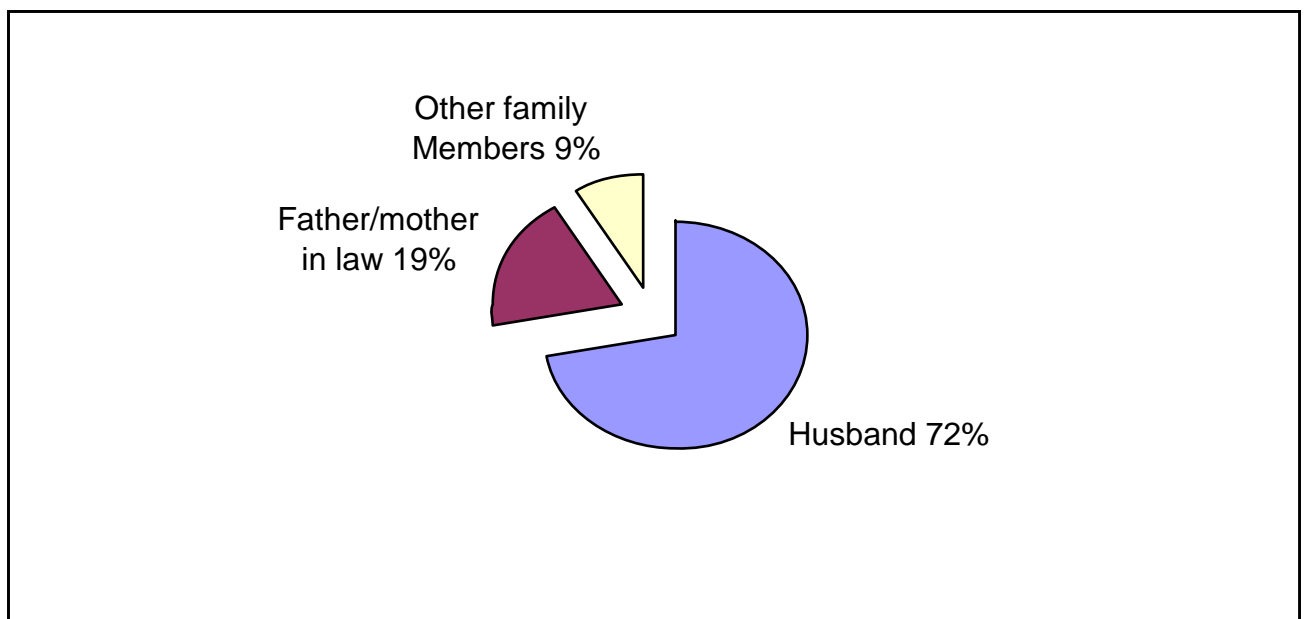


Table 18 shows that 61% of the informants were expelled due to causes of not bringing dowry , not getting economic support from maternal's home, use of excess alcohol, not giving birth to son and more number of children. Similarly, 39% of the respondents reported that the inter-caste marriage, deny of giving property, advising husband, minor mistakes are the minor causes of expelling from the house. It can be concluded from the result that still 6 out of 10 Nepalese women are expelling due to dowry related and not giving birth to son child.

Table 18: *Percentage distributions on causes of expelling*

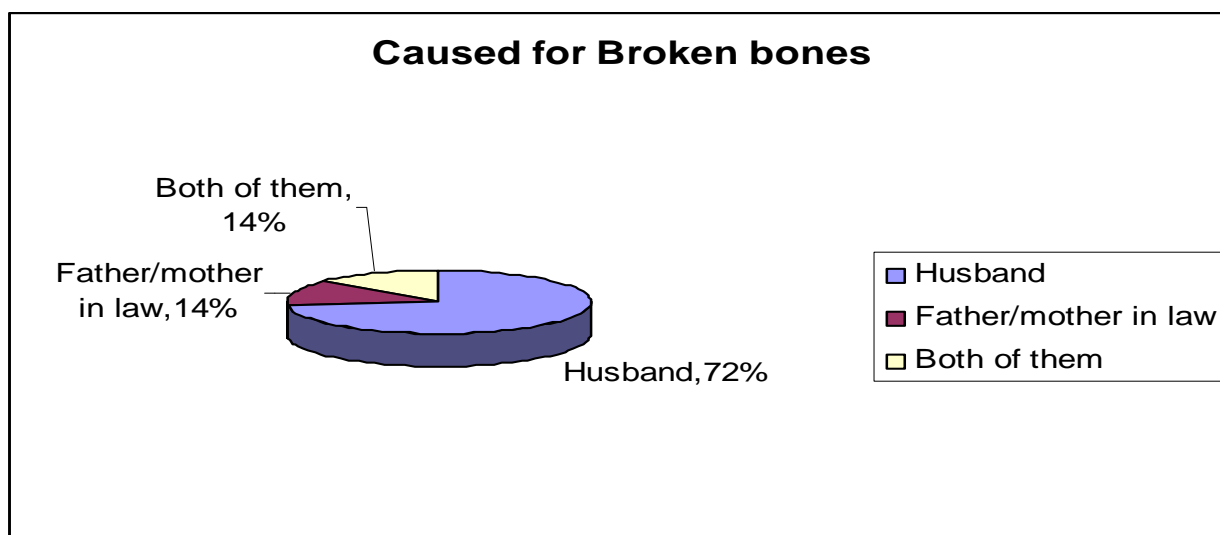
Type of cause	Percentage
<i>Base –all those expelled -n=100</i>	
Major Cause	61
Minor Cause	39
Total	100

3.4 Consequences of Physical Violence

Physical violence persists in Nepalese society from the very beginning. The remedies for these kinds of violence have not yet been got. Even though Government/NGO and international body advocates and work against it. But still Nepalese women are facing many more problems. As a consequence of physical violence physical scruffy is one of the major problems faced by Nepalese women. This research has tried to know who is/are the main actor/s in home to do so.

In response to the cause of broken bones, 72% reported that husbands were responsible for physical scruffy (Fig 2) followed by 14% were father/mother in law and rest of them were both.

Figure 3: *Percentages of causes for disabilities/brushing*



It can be concluded that Nepalese women are getting physical scruffy by senior members of family. Still concept of ideal family has not been started. Male dominated society may also be one of the cause due to which seven out of ten are husband (male) to create such situation in home that shows very high incidences. It is also implied that Nepalese women are not even safe from their husband.

3.5 Seeking for remedies due to physical scruffy

After getting physical scruffy, male dominated society controls women not to go for remedy. It is saying that if a woman goes for remedy by law that breaks down the family. Female cannot stay economically sustained and independently due to social structure so female would not like to stay alone and cannot break down marital relationship.

Of the total informants who visited the different institutions, about 52% reported that they seek to remedies to solve their problem.

Table 19: Distribution of percentage of reported cases

Did you report anywhere?	%
Base-all respondents n-118	
Yes	51.7
No	48.3
Total	100

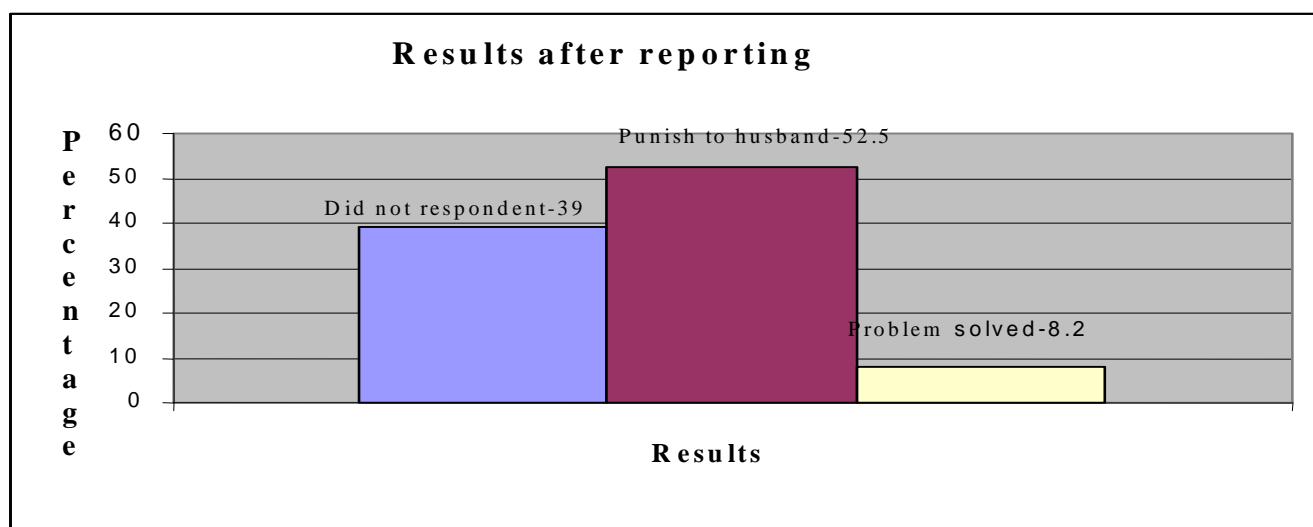
About 24.6% of the informants were visited the police office to report on their violence followed by same number of percentage of respondents tried to solve their problem by gathering community people. Similarly, about 13% of the respondents look for the solution of violence from their maternal home. Moreover, 11.5% of the informants reported to the VDCs to search remedies locally. This implies that the mechanism available and existed now in the rural areas of Nepal is not capable of judging violence cases promptly. Most of the people keep doubt on their activities.

Table 20: Percentage distributions of place for reporting

Place visited for reporting	%
<i>Base- Those respondents visited for reporting-n=61</i>	
Police office	24.6
Mother home	13.1
Community gathering	24.6
Local administration	11.5
More than one place	26.2
Total	100

Figure 3 indicates that the 52.6% of the informants shared that the husbands were got punishment followed by 39% of the informants shared they did not response anything. Similarly, 8% of the informants shared that they had solved the problems.

Figure 4: Percentage of result after reporting the cases by respondents



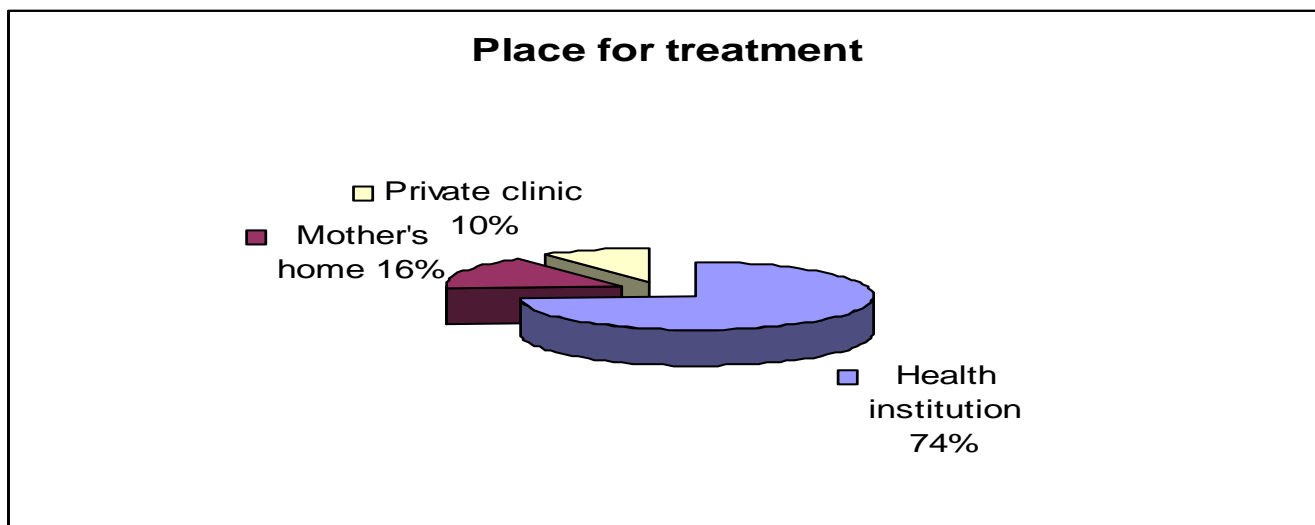
The table 21 shows that 52.5% of the respondents visited hospital by themselves followed by 18% visited with neighbour support. Similarly, some victims went to the hospital to seek medical treatment with their family members (16.3%). Moreover, 12.5% of the respondents reported that they visited to the health institutions with their husbands to solve medical problems.

Table 21: Percentage distributions of persons supported to go health institutions

Who supported to you?	%
<i>Base-Those visited respondents-n=80</i>	
Myself	52.5
Husband	12.5
Neighbour	18.8
Other family members	16.3
Total	100

Deprive from getting health rights is also one of the problem in Nepalese women. It is the universal human rights, now also the constitutional rights that the victim should get health facilities. Only 7 out of 10 women who got the physical disabilities were visited in the government health institutions. The health institutions established by the government in the rural areas are PHCs/HPs/SHPs. Most of the informants (74%) shared that they visited to the government health institutions and got supportive environment.

Figure 5: Percentage on place of treatment by respondents



On an asking them where they stayed after conflict, 53.4% of the respondents told that they stayed at their own home and followed by 36.4% of the respondents were taken shelter at their maternal home and 10.2% informants took shelter in the neighbour's home. About 4 out of 10 women generally go to maternal home after such physical battered. By and large, Nepalese women used to go to maternal home when she gets trouble in her family life. Maternal Home is considered as ultimate shelter for the women's life.

Table 22: Distribution of respondent's who got broken bones after conflict

Stayed after broken bone	%
Base-Those respondents who got broken bones- n=118	
Own home	53.4
Neighbour home	10.2
Maternal home	36.4
Total	100

3.6 Discrimination and its major cause

Concepts of perfect family allocates for no discrimination among any member of family. Discrimination between daughter and daughter in law has seen more common in Nepalese society in different aspects such as movement, food, clothing etc. This creates mental deprivation to women. This study seeks to know whether there is discrimination between daughter and daughter in law or not and if there is discrimination what type of cause they find with them.

Considering the fact, 32% of the respondents were discriminated by father/mother in law between daughter and daughter in law and followed by 68% not got discrimination. This shows that 3 out of ten Nepalese women are discriminated by father/mother in law in home.

Table 23: Distribution of percentage on discrimination in home

Discrimination in home (between daughter and daughter in law)	%
Base- All respondents-n=637	
Yes	32
No	68
Total	100

When asked about the causes of discrimination, about 48% of the respondents replied that they were discriminated by major causes in their family followed by about 40.2% suffered from mix of both causes (table 24). Similarly, only 11.8% of the respondents were encountered with minor causes. This shows that five out of ten Nepalese women are being discriminated in clothing, food and movement.

Table 24: Percentage distributions of discrimination type

Type of causes of discrimination	Percentage
<i>Base-Those who discriminated- n=204</i>	
Major cause	48
Minor cause	11.8
Mix of both cause	40.2
Total	100

Major cause- clothing, fooding, movement, minor cause- not giving right to mother's home, domestic work favour to daughter and restriction in talking with others etc. and mixed of both cause – it includes the both type of cause

3.7 False accusation and its causes (charges)

Nepalese women are getting different charges from family members especially from their husband, mother/ father in the law. Table 23 shows that regarding false accusation, about 73% of the respondents replied that their family member charges them for talking with neighbor and with boys. Similarly, 13% of the respondents were replied that they were charged them for staying more days in maternal home. This result indicates that higher the false accusation more charges of family dispute which ultimately results divorce. Similarly, from the table 25, It can be concluded that highest percentage (39.6%) of Nepalese women from Brahmin community are facing the false accusation.

Table 25: Percentage distributions on reasons of false accusation

Reasons for accusation	%
<i>Base-Those who charged-n=177</i>	
Closer to neighbour	49.7
Over stay in maternal home	13.0
Talking with boys	23.2
Others	14.1
Total	100

The false accusation to wife or daughter in law is differentiated by different socio-economic variables. This also varies by caste/ethnicity. This research shows that the case is very high in Brahmin community (40%) followed by dalit and is last in Madhesi community.

Table 26: Percentage distribution of False Accusation by Caste/Ethnicity

Caste/Ethnicity	False Accusation	
	Yes	No
Brahmin	39.6	60.4
Dalit	34.4	65.6
Adibasi/Janajati	21.4	78.6
Madhesi	17.4	82.6
Muslim	25.0	75.0
Total	177(27.8%)	460(72.2%)

3.8 Untouchability and its Reasons

In the Nepalese community, when father /mother in law and other members charges fake to their daughter in law by showing different reasons and they frequently deny food items cooked by her. These types of questions were asked to the respondent to know the actual practice in their families.

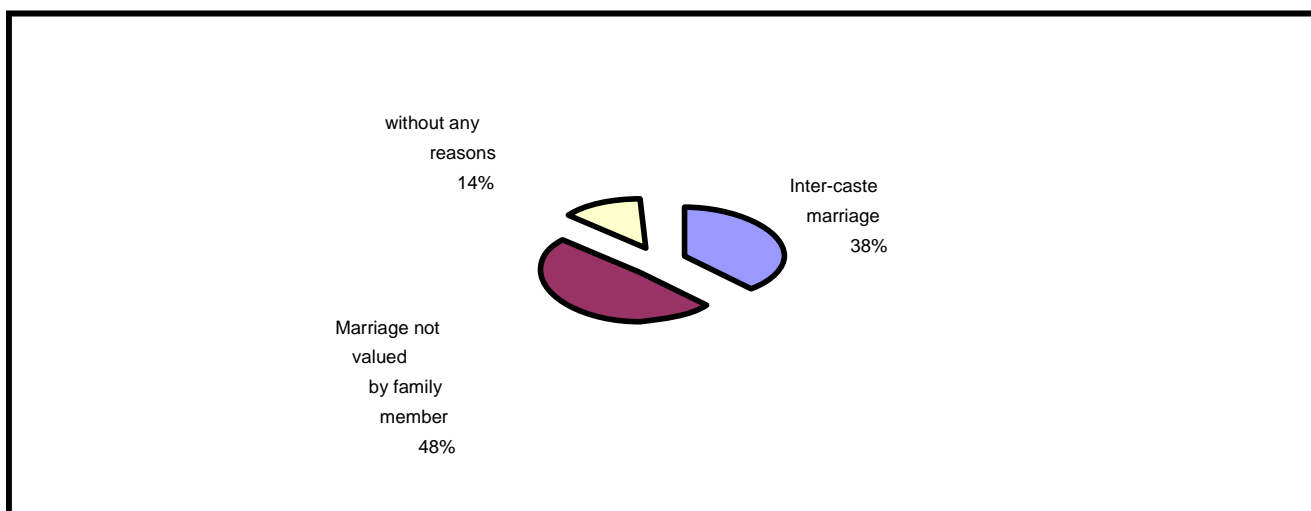
Majority of the respondents (95.4%) were shared that their family members denied food cooked by them and followed by 4.6% respondents were not faced such behavior.

Table 27: Percentage distribution of cooked food taken by all members

All family members taking food cooked by you?	Percentage
<i>Base-all respondents-n=637</i>	
Yes	95.4
No	4.6
Total	100.0

About 90% of the respondents reported that the main cause was focused an inter-caste marriage and marriage not given valued by family members. 14% of the respondents told that there was not any reason for an untouchability behavior.

Figure 6: Percentage on untouchability by respondents



3.9 Chances for movement, participation and decision making

Females are always deprived from taking part in seminar/meeting in community and they are also not asked for advice at the time of selling or buying or things/property. Finding out the reasons on above mentioned area, many relevant questions were asked to the respondents in this study.

All the respondents were asked whether they were taking part in seminar/community meeting, about 32 % of the respondents were participated in the seminar/community meeting by themselves followed by 35.9% of the respondents told that their husbands were participated in the events. Only 4 out of 10 are taking part by their own decision and same proportion by husband. This also violates the universal slogan of right to movement for female. Similarly, 26.7% of the respondents said that their father/mother in laws were involved to participate in the community functions.

Table 28: *Distribution of percentage on practice of participation in seminar/meeting*

Practice of participation in seminar/meeting	%
<i>Base- All respondents-n=637</i>	
Husband	35.9
Father/Mother in law	26.7
Myself	31.7
No body else	5.7
Total	100

The table 29 below shows the persons advising to take part in the meeting/seminars. About 45% of respondents mentioned that they were participated in the seminar/meeting on advice of their husband followed by 42% of respondents were participated in functions by their own decision. And the rest of the respondents were involved to participate in the events.

Table 29: *Percentage of person advising to take part in meeting/seminars*

Practice of participation in seminar/meeting	%
<i>Base- Those participated-n=202</i>	
Husband	44.6

Father/Mother in law	5.4
Own decision	42
Others	7.9
Total	100

In spite of the participation in the seminar and community meetings, it was observed that the consultation with respondents had not been adopted in practice in buying and selling goods, out of the total respondents, 81.5% were not asked during selling and buying goods followed by 18.5% were consulted sometimes only. This result shows that about 8 out of 10 women were not asked at the moment.

Table 30: Percentage distributions on asking frequencies at the time of selling/buying things

Frequencies of asking	%
<i>Base-All respondents-n=637</i>	
Sometimes	18.5
Do not asked	81.5
Total	100

3.10: Support for Food

Generally a woman in a family always takes food at last. Its proportion will be more in that family in which woman's occupation is housewife. After taken food items prepared by women by all the members, other members of the family do not ask her whether food remained for her or not. This is also called food discrimination. Husband is the first man that he should ask to his wife whether she took food or not.

All the respondents were asked a question on the time of food taken to know their actual food discrimination. About 58% of respondents told that they were taken food after all the members followed by 21.2% of respondents replied that they were taken food with all family members and 2.7% of the respondents were took their meal before family members. This also indicated that why Nepalese women have problem of malnutrition at the time of pregnancy. Three women out of four are asked whether she took food or not and also found that 57% husband asked her whether she took food or not. It indicates that only about 6 out of ten women's husband were aware about the food items taken by his partner.

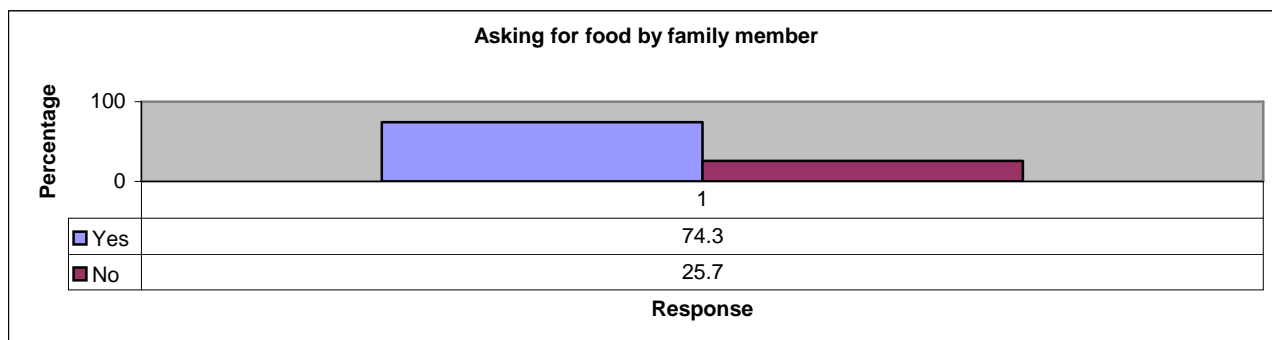
Table 31: Percentage distribution on food taken time

<i>Time</i>	Percentage
<i>Base-All respondents-n=637</i>	
Taken after all members	58.1
Husband and me at a time	13.2
Mother in law and me at a time	4.9
All family members at a time	21.2
Before taken other family members	2.7
Total	100

Below mentioned figure 7 indicated that 74.3% of the respondents were asked by their family members for food taken or not but 25.7% respondents were not inquired by their family about

food taken aspects. It indicates that one fourth of the Nepalese women are asked by any of the members about food taken by women in a family of not.

Figure 7: Percentage distribution on asking for food by family members



About 57.1% of the respondents reported that they have asked for food by their husband and followed by 42.9% respondents were asked by other family members.

Table 32: Distribution of respondents on people asking for food

Asking persons	%
<i>Base-Those asked only-n=473</i>	
Husband	57.1
Other family member	42.9
Total	100

3.11 Violence on health rights

As stated above, health is fundamental human right and it is also expressed in constitutional rights. Many international conferences, convention, consensus documents have advocated for providing health services to women who are in need and vulnerable. Each woman in during pregnancy and after delivery needs special need (help) from all family members (home), community and the state as a whole.

3.11.1 Violence at pregnancy and child birth

This study tried to know whether Nepalese women in the rural areas are getting help in pregnancy and childbirth or not and also from which members of the family. About 99% of the respondents had got at least one child. Asking with them, who supported her in pregnancy and childbirth (after pregnancy) period. Similarly, 41% of the respondents were supported at during pregnancy where as after pregnancy only about 19% of the respondents were got supported from their husbands. This also indicated that most of the male feel that after childbirth the supportive role to wife goes to family members (40.9%). But the international organization nowadays advocates for the role of male in saving maternal health. Increase in male involvement in pregnancy and childbirth helps to reduce maternal and child death rate (UNFPA, 2007). In addition, still about 11% women were not getting any support from any members while this percentage reduced to 5% after childbirth. After childbirth, support increases from 13.5% to 27.4% by maternal side (double from pregnancy period to after child

birth). It can be concluded from the result that 4 out of 10 women were getting support at the time of pregnancy while it reduces by 50% after child birth and is 2 out of 10 women.

Table 33: *Percentage distributions on support at pregnancy and childbirth*

Members	Supported during	
	Pregnancy	After Pregnancy
<i>Base –Those supported respondents- n=628</i>		
Husband	40.6	18.8
Maternal side	13.5	27.4
Other family members	18.5	40.9
No body else	11	5.1
More than two family members	16.4	7.8
Total		100

3.11.2 Provision of nutritious food and support for it

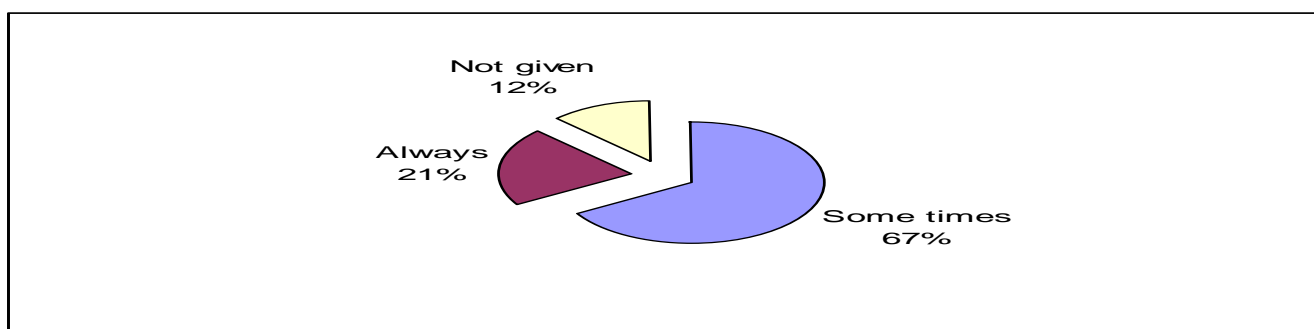
Nutritious food is essential for making healthy baby and mother health. About 83% of the respondents got support for cooking food by family members during their delivery period but followed by 13.1% of the respondents were got irritated from their family members. Similarly, 4.4% of the respondents were not got any support for cooking food from their family members. Higher the supportive role better will be the health of mother and newly born baby.

Table 34: *Percentage distributions on role due to cooking food*

Family role to provide support for cooking food	%
Base –Those involved for cooking food-n=596	
Supportive	82.6
Not supportive	4.4
Become angry	13.1
Total	100

Figure 8 indicated that only 67% of the respondents who had given at least one child and had knowledge on nutritious food. Only 2 out of 10 women got nutritious food during the first month of childbirth. This shows that very few women are getting nutritious food after childbirth regularly. Similarly, 12% of the respondents were not got any nutritious food although they had knowledge about the necessity of nutritious food. This also indicated that both the poor economic condition and lack of awareness is important aspects for women's poor health.

Figure 8: *Percentage on cases of giving nutritious food at the time of pregnancy and childbirth*



3.11.3 Sexual violence

Marital rape is defined as the sexual intercourse between husband and wife with out the consent of wife. This study also asked one question to know the sexual abuse in rural settings. About 50% of the respondents were facing the sexual abuse as forcefully to have sex or beats her or curses her. While studying this kind of activities with selected socio-economic characteristics, 23% of the respondents informed that their husbands were forced them to have sex in male headed family, it was 26% in non agriculture as a source of income. Similarly, about 30% of respondents were suffered form force sex at age 30-40 and it was seen 43% in age 45-49 years. All most all respondents were reported that they have to have sex with consensus. It was found from the result that the women in Morang district were facing sexual abuse, 5 out of 10 women in reproductive age groups.

Table 35: Percentage distributions on reaction after denying for sex

Socio-economic characteristics <i>Base –All respondents-n=637</i>	Response				Total
	Forced	Beat	Cursed	Made consensus	
By head of the household					
Female	19.6	7.4	33.7	46.6	
Male	23.0	6.1	26.7	50.6	
By sources of income					
Agriculture	16.5	6.5	29.6	53.1	
Non-agriculture	26.0	6.4	27.6	47.2	
By current age					
15-19	12.5	8.3	25.0	58.3	
20-24	18.5	3.7	30.2	50.6	
25-29	17.0	1.8	24.8	58.8	
30-34	29.8	14.5	22.6	48.4	
35-39	26.5	3.9	29.4	45.1	
40-44	17.9	10.3	48.7	28.2	
45-49	42.9	19.0	38.1	28.6	
By education status					
Illiterate	28.1	8.5	24.6	42.9	
Literate but not schooling	22.1	7.4	28.7	47.8	
Below SLC	19.8	4.8	32.4	52.2	
SLC and Above	10.0	2.9	28.6	67.1	
Total	22.1(141)	6.4(41)	28.4(181)	49.6(316)	100(637)

Similarly while analyzing the sexual violence by caste/ethnicity; highest percentage of women are forced for sex in dalit community and least in Muslim. More or less same percentage of women is being beaten by husband at the case of denying for sex (8%). In addition cursing is highest in Brahmin women and highest percentages of women have consensual sexual activities in Madhesi women.

Table 36: Percentage distribution of sexual violence by caste/Ethnicity

Caste/Ethnicity	Sexual Violence				Total
	Force me	Beats me	Cursing	Consensus	
Brahmin	25.4	8.2	34.3	48.5	134
Dalit	27.3	8.4	30.5	40.9	154
Adibasi/Janajati	21.9	6.2	23.8	52.4	210
Madhesi	13.9	1.7	26.1	58.3	115
Muslim	12.5	8.3	33.3	45.8	24
Total	141(22.1%)	41(6.4%)	181(28.4%)	316(49.6%)	637

3.11.4 Provided suggestion for mitigating domestic violence against women

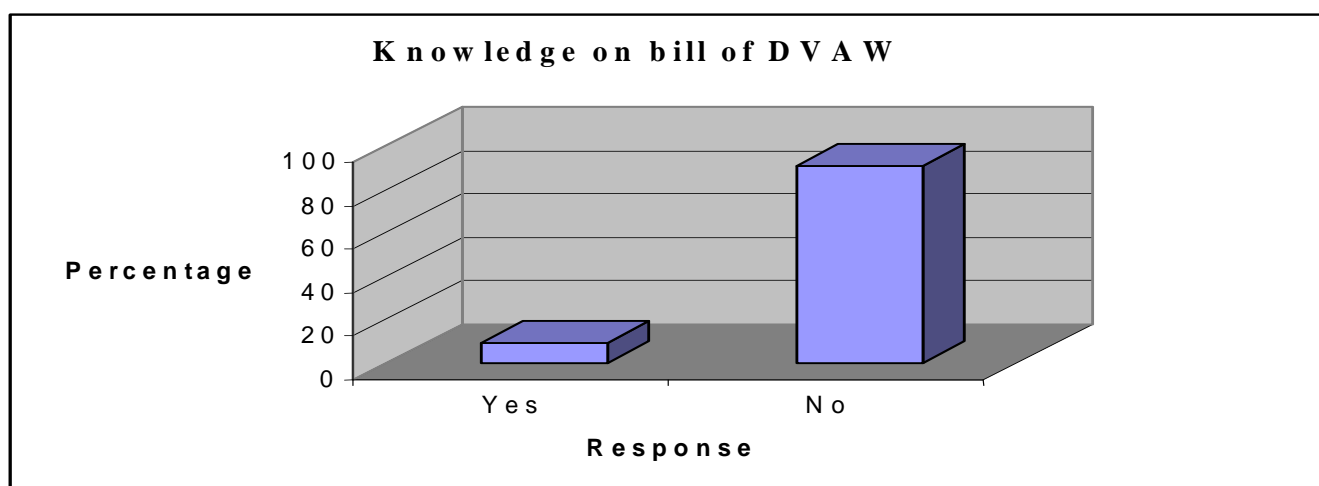
The question was asked with respondents, how Nepalese women suggest mitigating domestic violence against women. About 50% women replied that the government should create awareness to couple and educate women as well (table 33).

Table 37: Percentage distributions on perception on violence against women

Suggestions	Percentage
<i>Base –All respondents-n=637</i>	
Educate women	53.1
Create Awareness	46.2
Support from the Government	9.3
Create employment to women	19
Others	11
Total	100

Figure 9 indicated that almost 91% of the respondents were explained that they were unaware on the bill of domestic violence against women which was endorsed by the Government of Nepal on 14th Baisakh 2066. Only 9% of the respondents knew about the bill. This shows that IEC policy of government is not executing properly. As a result very few percentages of women are known about the current bill endorsed by Constitutional assembly.

Figure 9: Percentage on current knowledge in bill of domestic violence against women



Chapter IV: Key Findings from Qualitative Survey

The following contents/excerpts of the qualitative data serve as the key findings.

4.1 Community Knowledge on domestic violence against women (DVAW)

Community people expressed their understanding on DVAW that the giving heavy work, not satisfied on work done by women, beating by using alcohol, cursing, cursing due to gave birth of daughter, pressuring to give birth of son, misbehaved by mother in law, restriction for going out, giving pressure by senior to junior, giving mental pressure, raped by husband, discrimination in women by family members and child marriage are violence

4.2 Prevailing domestic violence at the VDC

All the participants articulated that the beating using alcohol, blaming by mother in law, restriction for going out, raped by husband, heavy work to women, negative perception of the society for women, mental violence, sexual violence, food taken after all members, not listened women voice, family members do not speak openly, giving pressure to bring more dowry, blaming by family members spoke with another male, visiting restaurant more and more, regular sex with other female and giving pressure to birth son are most common violence against women at village.

4.3 Causes of violence

All the respondents indicated that the misunderstanding between father /mother in law and husband, unnecessary doubt on wife, use of alcohol, dowry system, long staying at maternal home then given time, not giving son birth, unwanted sex, lack of awareness, conflict between educated daughter in law and uneducated mother in law, poverty, polygamy marriage, not earning money by women, joint family, complex social structure/custom/culture, unemployment and patriarchy social structure are causes of violence at the villages.

4.4 Violence faced by the participants

The participants shared that cursing, asked amount of selling things, beating by husband, blaming by family members, giving pressure to take loan form her maternal home, sex exploitation and not respect to women related violence were faced at their home.

4.5 Taking initiation by pressure groups

The respondents explained that they are helping to solve the problems, organizing orientation against domestic violence, managed conflict of polygamy marriage and organizing awareness programme to mitigate violence at the VDC.

4.5.1 Suggestions for mitigating the violence

- Beverage (Alcohol) selling should be managed.
- Employment for women should be created
- Training on DVAW should organize.
- Evaluation of women's work should be done properly.
- Education should provide to women.
- Pressure Groups should make active.

- Income generation activities for women should implement at village.
- The Government rules and regulation should be implemented strongly.
- Provide chance to women to attend workshop/training/ seminars etc.
- Gender training should be provided to both (male and female).
- Postal hotline system should be initiated.

Chapter V: Conclusion and Recommendations

5.1 Conclusion

This study showed that all respondents were from rural community, Hindu religion, Non agriculture and Housewife professions. Husbands and wives are two wheels of a cart. This is applied in any part of the life. This slogan is essential to run family smoothly but the women living in respective Village Development Committees (VDCs) are not feeling so. The Domestic Violence against Women (DVAW) cases are under reporting due to fear from the society as if it made public it would create big problem in marital life.

All the respondents indicated that the misunderstanding between father /mother in law and husband, unnecessary doubt on wife, use of alcohol, dowry system, many days staying at maternal home then given time, not giving son birth, unwanted sex, lack of awareness, conflict between educated daughter in law and uneducated mother in law, poverty, polygamy marriage, not earning money by women, joint family, complex social structure/custom/culture, unemployment and patriarchy social structure are causes of violence at the villages.

The pressure group formed in different VDCs even in wards could be the best place for solving domestic violence. This type of organization should be institutionalization and should also cover male couple. Moreover, this type of organization should run training cum awareness raising programme on DVAW for both male and female.

A violence faced by women is also the problem of other women. It is considered as fire so the neighbour should also help each other to punish perpetrators to stop cases in future. There should be strong Law on DVAW which gives power as well as local bodies to solve cases immediately so that the perpetrators can not move freely.

There should be better understanding between husband and wife. The level of understanding increases as the level of education increases both equally. The beverage (alcohol), which is made in rural areas, is the main root cause of DVAW. Patriarchal social structure which always restrain women behind the men in different aspects of life so that women are not getting opportunities to take part in seminar/meetings, decision making etc.

Women living with out any work during whole day made them boring and only limit in domestic works so that they are becoming the victim of DVAW from their mother/father in law. Moreover, unequal level of education between daughter in law and mother/father in law made them victim.

Unequal distribution of nutritious foods during the pregnancy and post delivery period is created violence among the women. Similarly, the forced sexual activity is also main cause of the violence in the rural community.

The Government have not developed and implementing concrete plan to educate community people on formed/endorsed law, policy and plan of domestic violence against women.

5.2 Recommendations

For the purpose of reducing violence against women and improving health for women, the following interventions are recommended. The information should be used to make plans for future work and it will also serve as a benchmark for measuring progress on violence. These recommendations are mainly focused on the program implementers.

5.2.1 Policy level

- The Government should formulate the plan and procedure for reducing domestic violence against women
- The Government should develop the law/policy education plan to inform basic components of law/policy to the community people
- The Government should establish domestic violence against women unit at each District Development Committee (DDC) to monitor the situation of violence
- The Government should make provision for legal remedies places at each VDC level.
- The Government/ (I) NGOs should formulate and implement the human rights and health rights related programme at the community level.
- All INGOs/NGOs who are working for DVAW should develop advocacy and networking mechanism to advocate for policy revision, develop plan and budget for reducing violence in the community.
- Domestic Violence against Women related contents should be included in the school and college curriculum by the Government.
- The Government should form different level monitoring team to monitor and recommend for punish of dowry related violence.

5.2.2 Community level

- Pressure groups should be formed in each ward of VDCs to manage violence against women locally.
- Different awareness raising activities should be organized against violence at the local level.
- The alcohol buying and selling activities should be managed properly at local level by formulating policies and procedure by the VDCs.
- Training, workshop and interaction meeting should be organized with political leaders, police and social leaders on the DVAW.
- Income generation programme should be designed and implemented for women to increase their income.
- Social norms and values should be redefined and punishment system should be developed so that no any perpetrators can be quit from the society.
- Gender based training should be provided to both (male and female).
- Postal hotline system should be initiated at the VDC level to receive complain of victim.

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		6.Others....	
110	Your Husband's Current job status?	1.Agriculture 2.Job 3.Labour 4.Foreign Job 5.Others....	
111	What is your type of family?	1.Nuclear 2.Joint 3.Others.....	
112	How many family members are in your family?(write numbers)	
113	How many children have you given birth ?	Alive Dead 1.....)male) 1.....)male) 2.....Female) 2.Female)	
114	Those who have given birth to the son, Who decided to give birth to the son?	1.Myself 2.Both of us 3.Mother in law 4. Father in law 5. Father 6.Mother 7.Other member.....	
115	Those who have no son, are you getting any pressure to give birth to son?	1.Yes 2.No	
116	If yes, from whom?	1.Husband 2.Mother in law 3.Father in law 4.Mother's side 5.Others.....	
117	Are you facing any quarrel in your home due to not having son?	1.Yes 2.No	

2. Physical Violence

201	How often quarrel or physical violence occurred in your family?	1.Quite often 2.often 3.Sometimes 4.Never	Skip
202	Did your husband beat you again and again during last year?	1.Yes 2.No	
203	For what reason did he beat you?	1.Due to disobey 2.not giving birth to son 3.Dowry related 4. Others.....	
204	Did you also respond in his beating to him?	1.Yes 2.No	
205	If yes, in such a situation, How many days it takes to restart your communication?	1. same days 2. next day 3.days	
206	How do your neighbour or other family members react to you due to quarrel with your husband?	1.did Mistake 2.don't repeat again 3.Should not be done 4.others	
207	Do your neighbours or other members in	1. Yes	

	family say anything to your husband about the beating?	2.No	
208	If yes, who give advice to your husband?	1.Mother in law 2.Father in law 3.Children 4.Neighbour 5.Others...	
209	In a family with Mother in law and father in law, how was the role of mother in law?	1.Support to son 2.Give advice son not to repeat again 3.Give advice me 4.Others....	
210	How was the role of father in law?	1. Not responded 2. Gave advice to son 3.Did not say anything with anyone 4. Others...	
211	How was the role of other members in a family?	1. Not responded 2. Gave advice to my husband 3.Did not say anything with anyone 4.Others.....	
212	Do you have any expel situation due to domestic quarrel?	1.Yes 2. No	
213	Who played main role in such a situation?	1.Husband 2.Mother in law 3.Father in law 4. Others.....	
214	Has your mother in law/father in law ever beaten you?	1.Yes 2.No	
215	If yes, Why did they beat you?	1. Due to dowry 2. due to KOSELI 3. Not giving birth to son 4. others.....	
216	Do you have any experience of broken bones or Bruising?	1.yes 2.No	
217	If yes, Who caused so?	1.Husband 2.Father in law 3.Mother in Law 4. Othrs.....	
218	Did you report such situation with any one?	1.Police Office 2.My mother's home 3.Community Gathering 4.Party Leader 5.Others.....	
219	What do you get from such reporting?	1.Did not get anythng 2.Punished me 3.Cursed by every body 4.Punished husband not to repeat again 5.Not happening such situation then after 6.Others.....	
220	Did you go for treatment after getting health	1.Yes	

	problem from beating?	2.No	
221	where did you go for treatment?	1.Health institution 2.Mother's home 3.....Others	
222	If gone in health institution, what kind of support did you receive there?	1.Supportive 2.Not supportive 3.Negligence 4.Others.....	
223	Who took you to the health institution?	1.myself 2.Neighbour 3. Others.....(specify)	
224	After broken bones or brusing, where did you stay?	1.Own home 2.Mothers home 3.Neighbour's home 4.Others.....	

003. Psychological Violence

300	How often your family members curse you?	Husband Mother in law Father in law 1.Sometimes 2.Often..... 3.Never.....	
301	At what time do you take food in your home?	1. Taken after all members 2.Husband and me take at a time 3.Mother in law and me take at a time 4.First of all 5.All family members at a time 6.Othrs.....	
302	Did any of the members in your family ask you about whether you have taken food or not?	1.Yes 2.No	
303	If yes, who ask you about so?	1. Husband 2.Mother in law 3.father in law 4. Others.....	
304	were you asked at the time of things to be sold or bought in your family?	1.Sometimes 2.Do not ask 3.Asked by mother in law 4. Asked by father in law 5.Asked by husband 6. Others.....	
305	Who take part in VDC's/community seminar or discussion from your home?	1.Myself 2.Mother in law 3.Father in law 4. No body take part 5. others.....	
306	If you are taking part in such activities, who advice you to take part in such activities?	1.Husband 2.Mother in law 3.father in law 4.My own decision 5. others.....	
307	Is there any member in a family who charges you about false accussition?	1.Mother in law 01-Y 02 No 2.father in law 01-Y 02 No 3.Husband 01-Y 02 No	

		4.Other member 01-Y 02 No	
308	If yes, what reason do they keep with you?	1.friendship with neighbour 2.over stay in maternal mother's home 3.Relationship with neighbour 4. Others.....	
309	Are there all family members take food cooked by you?	1.Yes 2.No	
310	If no, why did not they take food cooked by you?	1.Intercaste marriage 2. Marriage not recognized by family member 3.Others.....	
311			

004 Health Rights

400	<p>How do you feel the reaction of other family member towards you at the time of sickness?</p> <p><u>Husband</u></p> <p>1.Should get treatment 1. Nothing new 2.Should not get treatment 2.Look like acting 3.Do not have money 3.Often Curse 4.Not response at all 5.Others.....</p> <p><u>Mother/Father in Law</u></p> <p>1.Nothing new 2. Look like acting 3.Often Curse</p>		
401.	Who supported you at the time of pregnancy?	<p>1.No body else 2.Husband 3.Mother in law 4.Father in law 5.Maternal side 6.Others.....</p>	
402.	Who supported you to take food during first month of child birth?	<p>1.No body else 2.Husband 3.Mother in law 4.Father in law 5.Maternal side 6.Myself 7.Others.....</p>	
403.	What was their role due to cooking food?	<p>1.Supportive 2.Became more angry 3.Cursing always 4.Others</p>	
404.	Were you counseled by family members to take nutritious food during pregnancy/childbirth?	<p>1.Yes 2.No</p>	
405.	Were they provide nutritious food?	<p>1.Sometimes 2.Always 3.upto one months 4.Not given 5.Given as usual food 6.Others.....</p>	
406.	If you deny having sex relation with your husband due to some physical health problem what reaction do you get from husband?	<p>1.Beats me 2.Curse me 3.Others.....</p>	

407.	At last, what do you say as a woman about the discrimination against women?	1.It happens in our caste 2.Educate women 3.Create awareness 4.Support from government 5.Create Employment to women 6.Nothing to say	
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Thanks for providing information to us.

Enumerators

1.Signature.....
2.Signature.....

Britain Nepal Medical Trust
Domestic Violence against Women
Guideline for Focus Group Discussion

1. Basic information

- Target groups: Members of Pressure Group against domestic violence
- Duration of discussion: 1 hours
- Venue: Local wards
- Moderator-1
- Notetaker-1
- Note book-1

2. Climate setting

- Introduction
- Objective
 - To know existing situation, causes of domestic violence and suggestive course of action to address them

3. Discussion areas

- Do you know about domestic violence?
- What types of domestic violence are happening in your ward? And how often?
- What are the causes of violence?
- Did some one face such violence from your family? If yes, what were the major causes?
- What are you doing on the domestic violence as a pressure group member?
- What would be the possible solutions to stop or reduce them?

4. Summarize the FGD

5. Thanks to the participants

