

The Silent Scourge: Sexual Violence within Marriage in Nepal

Background

Sexual violence (SV) is a violation of human rights, a crime, and a public health issue. It is all too pervasive and inflicts women, and some men, in almost all settings. Marriage is presumed to provide a safe haven from SV and early years of married life are thought to be devoid of all types of violence, especially SV. However, gaps in knowledge continue to exist in the magnitude, nature and underlying causes and consequences of SV, particularly in developing countries like Nepal. Recently, sexual violence against women within marriage has been receiving some attention from researchers, programme managers and policymakers in Nepal. In 2009, a law on domestic violence and punishment was enacted that acknowledges marital rape as a violation of human rights and a crime, among others, and has a provision for imprisonment for three to six months depending on the type of violence. The law also states that the government should establish service centers for survivors to ensure security, treatment and rehabilitation. However, the law and support provisions are not strictly enforced in practice. Furthermore, the majority of Nepalese couples are still unaware of the law.

A survey of SV among young married women and men was conducted among four major ethnic groups in Nepal during 2009-10 with financial support from the World Health Organization's (WHO) Department of Reproductive Health and Research. This policy brief reports the key findings from this study.

Objectives

The study aimed to estimate the extent of and factors associated with SV within marriage among young women aged 15-24 years and men aged 15-27 years.

Methodology

A survey was carried out among four ethnic communities – Tharu, Brahmin/Chhetri, Tamang,

and Muslims in four districts (Dang, Dolkha, Sindhupalchowk, and Kapilvastu) of Nepal. These districts were selected to represent four major ethnicities and levels of socio-economic development and to reflect cultural diversity. The survey included 1,296 married women aged 15-24 years and 648 men aged 15-27 years. A total of 5,080 households were visited in order to select married women aged 15-24 years and 4,155 households for married men aged 15-27 years. In addition, 39 in-depth interviews (24 women and 15 men) were conducted.

This study used the WHO's definition of SV: "any sexual act, attempt to obtain sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise, directed against a person's sexuality using coercion, by any person regardless of their relationship to the victim" (WHO, 2002). The prevalence estimate of SV was obtained by asking direct clearly worded questions about the respondent's experience of specific acts. For SV, each woman was asked whether she had experienced the following behaviours from her current husband in her lifetime as well as in the past 12 months.

- Being physically forced to have sexual intercourse against her will;
- Having sexual intercourse because she was afraid of what her husband would do;
- Being threatened that if she didn't have sex with him he would leave or go to another woman; and
- Being forced to do something sexual that she found degrading or humiliating

The protocol and research instruments were approved by the Nepal Health Research Council and Ethical Review Committees of the WHO, Geneva. Informed consent was obtained from all study participants.

In-depth case histories were analyzed using thematic analysis approach and used to complement and supplement the findings from the survey.

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KEY RESULTS

Prevalence of sexual violence against women

Overall, 46% of the young married women surveyed had ever experienced SV by their husbands and 31% had experienced SV in the last 12 months. The prevalence of SV was highest among Muslims (43%), followed by Tharu (40%), Tamang (22%) and Brahmin/Chhetri (20%), respectively.

About 45% of the women reported that they were physically forced to have sex when they did not want to. Nearly one in four women (24.8%) reported ever being afraid to say 'no' to sex to their husbands out of fear that "he would do something". About one in ten (9.8%) women reported having sex with their husbands because he threatened to leave her or go to another woman. Similarly, about 14% of women said their husbands forced them to do some sexual act that they found degrading or humiliating.

Table 1: Percentage of young married women reporting sexual violence from husbands

Nature of violence	Lifetime % (N=1296)	Past 12 months % (N=1296)
Physically forced you to have sexual intercourse with him even when you did not want to	44.9	29.7
Forced you to have sexual intercourse when you were afraid to say 'no' to sex because of fear that he would do something	24.8	19.0
Threatened that if you didn't have sex with him he would leave you or go to another woman	9.8	6.9
Forced you to do something sexual that you found degrading or humiliating	13.5	12.1
Experienced any type of sexual violence	46.2	31.3

The nature of SV ranged from unwanted touch of private parts to forced sex. Being forced to masturbate (81.7%), anal sex (58.3%), oral sex (32.6%), and being forced to watch pornographic movies (16%), were the most commonly reported forced sexual acts that women experienced. Qualitative results complemented the survey findings as anal sex, forced sex during pregnancy, unwanted touch of private parts were reported among other acts by women in case histories. For example,

When I refused to have sex, he (husband) tied both of my hands with a shawl (long piece of cloth), and forced anal sex.
- Tamang woman, age 20, agriculture

Sometimes he asks me to fondle his penis and scolds me if I do not do what he says. Also, he fondles my reproductive organ. He beats me if I do not let him touch me.
- Muslim woman, age 20, housewife

Factors that protect or put women at risk

The study found the following major underlying risk or protecting factors for SV against women:

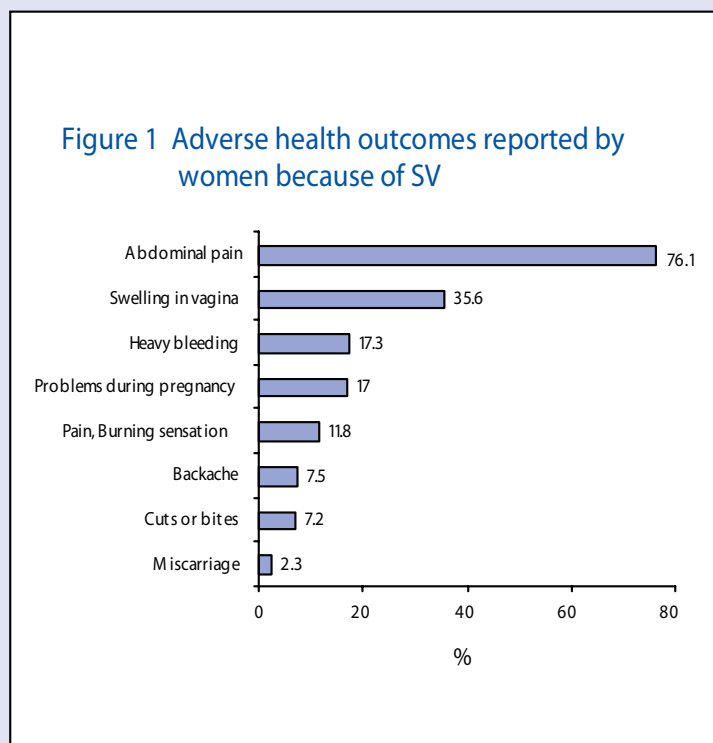
- Muslim women were almost twice as likely to experience SV compared with Brahmin/Chhetri women
- Women who had at least one child were 32% less likely to experience SV compared to childless women
- Women who married at the age of 18 or over were 32% less likely to experience SV than women married before the age of 15
- Women with less autonomy were 1.9 times more likely to experience SV than women with more autonomy
- Women with a high level of inter-spousal communication were 80% less likely to experience SV compared to women with a low level of communication
- Women whose husbands were 35 years or older were more than three times as likely to experience SV than women whose husbands were 15-24
- Women whose husbands were in foreign employment were 75% less likely to experience SV than women whose husbands were unemployed
- Women who had highly educated husbands (above secondary school) were 54% less likely to experience SV than women with illiterate husbands
- Women whose husbands had casual partners or more than one wife (as reported by women) were 2.2 times more likely to experience SV than other women
- Women whose husbands never/rarely consume alcohol were 52% less likely to experience SV compared to women whose husbands consume alcohol often
- Surprisingly, women's education level, occupation, household wealth index, exposure to mass media, and being a member of community groups were unrelated to SV

Men as sexual violence survivors

One in ten young married men (11.1%) reported SV by wives at some point in their life and 8% reported experiencing SV in the past 12 months. In contrast to women, Brahmin/Chhetri men were more likely to ever experience SV (19.1%), followed by Tamang (11.1%), Muslim (10.5%) and Tharu (3.7%). Experience of reported SV in the past 12 months was highest among unemployed men (15.4%), followed by men in services or foreign employment (13.9%), driver or skilled labourer (10%), petty business (8.4%), agriculture (5.7%) and daily wage labourers (4.4%).

Health consequences

Due to the cross-sectional nature of the data, a causal link between SV and health problems reported by women cannot be ascertained. However, the study indicates some association between SV and negative health consequences. For example, slightly more than half of women (51.1%) who had reported ever experiencing SV stated that they experienced health problems or injury because of SV by husbands. Figure 1 shows the types of adverse health outcomes reported by women following SV which include abdominal pain (76.1%), swelling in vagina (35.6%), heavy bleeding (17.3%), problems during pregnancy (17.0%), and pain and burning sensation in sexual organs (11.8%).



Furthermore, an association was observed between negative health outcomes and experience of SV at some point.

- Pain during urination was higher among women who experienced SV (44.1%) than to those who did not experience SV (25.5%)
- Painful ulcers or sores in the genital area were reported by 17.4% of women who had experienced SV compared to 9.5% of women who had not experienced SV
- Smelly discharge from vagina was significantly higher (31.9%) among women who experienced SV compared to their counterparts who did not experience SV (20.8%).
- Half of the women who had experienced SV reported experiencing psychological problems whereas one-fifth of women who did not experience SV reported psychological problems.
- More than one-tenth of women who had experienced SV reported ever attempting suicide, compared to 3.3 % of women who did not experience SV

Table 2: Lifetime experience of sexual violence and ever experience of negative health outcomes reported by women

Health outcomes	Did not experience SV (N=697)	Experienced SV (N=599)
Pain during urination ***	25.5	44.1
Painful ulcers, or sores in genital area ***	9.5	17.4
Smelly discharge from vagina ***	20.8	31.9
Psychological problems (Fear, tension, and depression) ***	18.5	50.1
Attempted suicide***	3.3	12.5
Unintended pregnancy***	8.5	28.5

***Chi square test was significant at $p < 0.001$

- Lifetime experience of unintended pregnancy was higher among women who experienced SV (28.5%) compared to those who did not experience SV (8.5%)
- About one in five women (17%) who had ever experienced violence believed that they were pregnant due to SV. Of these, 4% attempted abortion but only 2% aborted successfully

Case histories revealed similar findings. For example,

It was the most dreadful experience for me. After that incident, I am feeling very sad. I am suffering from different kinds of health problems like lower abdominal pain, white discharge, and pain and burning sensation during defecation and urination.

- Tamang woman, age 20, labour

My injury caused by delivery had not healed, but my husband coerced me everyday for sex, I had severe pain. I felt a burning pain like chili powder had been spread on my sex organ (her eyes were full of tears). He never listens to me.

- Tharu woman, age 19, labour

Coping strategies

Among women who had ever experienced SV, almost all (98.7%) used some measure to protect themselves or to avoid such situations. However, only about half (49.4%) of them were able to protect themselves. The main measures used by women included: trying to convince husbands (90.8%), turning on the other side (39.7%), feigning menstruation (39.2%), carrying and keeping child close to her (31.4%), sleeping in separate bed (30.6%), fighting back (27.9%), making body tight (26.4%), sleeping in separate room (22.7%), feigning to be ill (17.9%), going to sleep early (17.7%), waking up the children (15.9%), screaming (8.7%), and sleeping with the rest of the family (1.7%).

Results from case histories corroborated the survey findings as many women in case histories reported adopting several strategies to protect themselves from violence but were not successful.

Every time I tried to convince him (husband) not to have sex, he didn't listen to me and did whatever he liked; he didn't care what I felt.

- Tamang woman, age 22, housewife

I told him that I was menstruating and could not have sex. He didn't listen to me and forced sex.

-Tharu woman, age 21, labour

Care and support seeking behaviour

Of those women who experienced SV, most (82.1%) did not share their negative sexual experience with anyone. Those who did share their experience reported sharing with friends (67.3%), family members/relatives (25.2%), women's group/NGOs (5.6%), mother (3.7%), neighbour (3.7%) and maternal family members (2.8%). Likewise, most of the women (94.7%) did not seek help from any organization or person. The most commonly reported reasons for not seeking help were: did not consider SV a serious issue (40.6%), embarrassed/ashamed/afraid of being blamed (37.0%), did not know where to go (20.8%), fear of threats/more violence (18.2%), afraid that relationship would end (12.7%), afraid it would dishonour the family (8.3%) and family pressure (4.4%). Of those who sought help, friends, NGOs, maternal family members, neighbours and health workers were the main people/organizations contacted by the women. Furthermore, over three-quarters (76.8%) who experienced negative health outcomes following SV did not seek medical treatment.

Similar to the quantitative results, the case histories revealed that women took the problems lightly, did not know where to go, were afraid or pressured and those who wanted to seek help were left isolated. For example,

I did not do anything. I still have all these problems. When I tell family members about my problems, they shout at me telling me to keep quiet and do the household work. No one listens to women in our community.

- Muslim woman, age 22, housewife

Conclusions

This study gives further evidence that SV within marriage is common among young women in Nepal. Contrary to popular belief, SV against married men by their wives also exists. Women who married early, had low autonomy, had low inter-spousal communication, and belonged to Muslim ethnicity and women whose husbands were unemployed, uneducated, used alcohol and had multiple partners were at higher risk of experiencing SV. Many of the findings were consistent with results from other countries in South Asia (Santhya, et al, 2007; Acharya, et al., 2005).

Women reported several negative health consequences from SV such as pain during urination, smelly discharge, abdominal pain and unwanted pregnancy. However, due to the cross-sectional nature of the data, a causal link between SV and health problems reported by women cannot be claimed. Results demonstrate that women attempted to protect themselves from SV by adopting three main measures, which included minimizing damage, withdrawal and retaliation. However, many women were unable to protect themselves. Furthermore, the fact that only some women sought medical and social help gives evidence that women were isolated and lacked support options.

The high prevalence of SV against women by their husbands found in this study is a matter of serious concern and underscores the need for a comprehensive response at many levels and by many actors and sectors.

Policy recommendations

The findings of the study have some important policy/programme implications:

- Develop strategies that increase women's autonomy, involve men and educate them in gender issue and encourage them to improve inter-spousal communication
- Policies aimed at punishing individuals alone will be insufficient to address the root cause of SV within marriage, policymakers must examine and address the social and cultural practices which undermine gender equality
- Provide care and support to those who suffer from SV and facilitate the legal prosecution of perpetrators according to law and send the message that SV, even within marriage, will not be tolerated
- Further research is necessary to understand violence against men and associated risk factors
- A panel study following women through the course of their marriage would provide better insight into the causes and outcomes of SV

Acknowledgements

The authors are grateful to the UNDP/UNFPA/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction, Department of Reproductive Health and Research, WHO, Geneva, for the financial and technical support of the study. We also extend our heartfelt thanks to the Nepal Health Research Council and the WHO Research Ethics Committee for the scientific and ethical review and approval to conduct the study. Finally, we pay special thanks to Dr. Iqbal Shah, WHO, Geneva, for providing technical support throughout this study as well as comments on the draft version of this policy brief.

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