

1 **Self-esteem and control over resources are positively associated with reporting of**  
2 **intimate partner violence among married with: Evidence from a cross-sectional survey**  
3 **in rural Uttar Pradesh, India**

4 **Introduction**

5 Women's empowerment does not stand alone, social relationships determine the extent of their  
6 empowerment (Kabeer, 2005). And most of the time it conflicts with set norms and culture  
7 (Rocca, Rathod, Falle, Pande, & Krishnan, 2008). The latent nature of empowerment makes it  
8 difficult to directly observe and measure it. Proxy variables such as freedom of mobility,  
9 decision making, choices in life, attitudes, are used to quantify it. Different authors define the  
10 concept of empowerment in different ways. Kabeer gave one of the most practical definition  
11 in 2005 “women empowerment is a process by which those who have been denied the ability  
12 to make strategic life choices acquire such an ability”(Kabeer, 2005). Ability can be to  
13 formulate strategic choices, to gain autonomy, and control over resources and decisions that  
14 affect important life outcomes(Gupta & Yesudian, 2006). People who have a choice in their  
15 life may be powerful but are not empowered because of the status quo of their  
16 empowerment(Kabeer, 2005).

17 What happens when women become empowered or challenge suppressive societal norms to  
18 raise their socio-economic status? Women often face violence when they challenge men’s  
19 dominance and set norms(Dalal & Lindqvist, 2012; Gupta & Yesudian, 2006; Koenig,  
20 Stephenson, & Ahmed, 2006; Rocca, et al., 2008). The rise in empowerment status of women  
21 threatens men’s dominant status which makes them susceptible to violence (Atkinson,  
22 Greenstein, & Lang, 2005; Weitzman, 2014). When women challenge the hegemony of men  
23 over the control of their choices, authority in decision making, and control over resources they  
24 face backlash in the form of violence to reinforce their superiority and dominance

25 (Bhattacharyya, Arjun S. Bedi, & Chhachhi, 2011; Luke, Schuler, Mai, Vu Thien, & Minh,  
26 2007). Women face most of the violence in the four walls of their household by their intimate  
27 partner (husband) referred to as intimate partner violence (IPV).

28 Globally 20 to 67 percent of women become the victim of IPV (Durevall & Lindskog, 2015).

29 Is it because they tried to confront the men's hegemony in terms of freedom of choices,  
30 mobility, control over resources, or things that empower her, or is there any association  
31 between these components of empowerment and IPV? There is mixed evidence, sometimes  
32 empowerment works as a protective factor, and at the same time, it has a risk association(Dalal  
33 & Lindqvist, 2012; Pulerwitz et al., 2015; Vyas & Watts, 2009). The factors that influence IPV  
34 depends upon settings, works as a protective factor in one and risk in another(Abramsky et al.,  
35 2011). As inequality reduces, women start challenging inegalitarian conditions and better in  
36 asserting their position(Ackerson, Kawachi, Barbeau, & Subramanian, 2008; Luke, et al.,  
37 2007). In India, there are also disparities in the status of women and men, particularly in the  
38 northern states. Men are supposed to secure the economic future of the family and play a  
39 dominant role (Anand, 2007). Uttar Pradesh with a population of more than two billion is larger  
40 than many countries in the world and has diverse cultural and social contexts. A population-  
41 level study suggests that every third of married women subjected to one or the form of violence  
42 by their husband and it has a serious negative impact on their wellbeing (Ahmad, Khan,  
43 Mozumdar, & Varma, 2016).

44 Empirical evidence on IPV in India is available from various sources and examined the link  
45 between IPV and various socio-economic attributes. But there is limited evidence that  
46 examines the association between the major domains of empowerment like self-esteem,  
47 mobility, decision making, and control over resources and IPV. Therefore, this paper attempt  
48 to identify the empowerment-related domains associated with IPV in Northern India and to

49 understand the relationship between empowerment domains and various types of IPV from a  
50 large-scale rural household survey.

51 This study conceptualized a framework based on the literature review and hypothesized that  
52 the higher the level of empowerment of women in different domains, the greater will be the  
53 chance of reporting IPV. The higher level of empowerment in terms of self-esteem, decision  
54 making, mobility, and control over resources will increase the self-confidence of women, as  
55 well as the ability to resist the IPV, perpetrated by their partners. This will further enhance the  
56 chances of seeking help and mitigate violence by the partner. Once women start seeking help  
57 there will be a decrease in IPV by their husbands (Figure 1).

## 58 **Materials and methods**

59 This study is a part of a larger evaluation of a community mobilization project using women  
60 self-help groups (SHG) with a multi-arm quasi-experimental design to assess the impact of  
61 behavior change communication strategies on reproductive, maternal, neonatal, child health,  
62 and nutrition. The survey was conducted during 2017-18 at the midpoint of the program.  
63 Respondents were currently married women, 15-49 years of age, and had given birth in the 12  
64 months preceding the survey. Women were interviewed from SHG households (at least one  
65 woman from the household is an SHG member) and non-SHG households from the  
66 intervention area and non-SHG households from the non-SHG area (an area where the  
67 organization did not form any SHG). The survey was conducted in 2017 across 1276 villages  
68 of 57 blocks in 20 districts of UP. In total 9,332 women were interviewed on various  
69 programmatic issues including empowerment and gender-based violence.

70 The study used a multi-stage sampling design approach in the selection of participants to reduce  
71 the effect of sociocultural diversity between study geographies. Eligible respondents were  
72 identified through the listing of households. The research investigators were extensively trained

73 to carry out the interview effectively and address privacy and confidentiality issues as well as  
74 disclosure of violence faced by a respondent. A bi-lingual questionnaire in English and Hindi  
75 was prepared and the tool was administered in the local language, Hindi. Besides the  
76 background and household characteristics of respondents, the questionnaire contains various  
77 modules including knowledge and behavior related to maternal and child, access to and  
78 utilization of services, empowerment, and attitudes towards gender norms and intimate partner  
79 violence. Informed consent was obtained from respondents for participation and they were  
80 allowed to decline to participate or withdraw from the interview at any time.

## 81 **Measures**

82 WHO guideline was used to classify the act of violence into emotional, physical, or sexual  
83 violence(Garcia-Moreno, Jansen, Ellsberg, Heise, & Watts, 2006). If the woman answered yes  
84 to at least one of the questions related to physical, sexual, or emotional violence, the relevant  
85 violence indicator was coded as 1; if she answered no to all questions in the set, it was coded  
86 0. Further individual indicators of physical, sexual, and emotional violence indicators were  
87 combined to assess any type of violence (physical, sexual, or emotional) reported by women  
88 in the last 12 months.

## 89 **Dependent variable**

90 Different types of IPV were considered as dependent variables. Seven indicators of IPV were  
91 used based on the WHO gender-based violence framework (Garcia-Moreno, et al., 2006). The  
92 indicators covered a wide range of topics: an act of humiliation (emotional violence), physical  
93 assault (physical violence), and a forceful sexual act of the husbands to their wives (sexual  
94 violence). The emotional violence indicators were: (a) said or done something to humiliate his  
95 wife in front of others, and (b) insulted or made his wife feel bad about her. The physical  
96 violence indicators were: (c) slapping (d) twisting of the arm or pulling of hair (e) punching

97 with the fist or something that could physically hurt. The sexual violence indicators were (f)  
98 physically forcing the wife to have intercourse against her wishes and (g) forcing her to perform  
99 any sexual act which she did not want to. GBV on eligible women was measured by asking her  
100 whether she had experienced the enlisted violence indicators in the last 12 months from their  
101 husbands.

## 102 **Independent variable**

103 Besides, background characteristics like age, caste, religion, education of women and wealth  
104 index, and SHG membership, women empowerment indicators were taken as independent  
105 variables to measure the association between dependent and independent variables. Following  
106 were the women empowerment indicators.

107 **Freedom of mobility:** Freedom of movement or physical mobility was measured if a woman  
108 was allowed to visit within and outside the village without seeking permission from their  
109 husbands and other family members for various purposes. It includes 9 questions (shopping  
110 within the village, shopping outside the village, visiting health facility/doctor for own  
111 treatment, taking the child to a health care center, going to immunization camp within the  
112 village, attending a religious festival/social function within the village, going to the temple,  
113 church or mosque, buying new clothes for yourself, traveling to the town). The respondents  
114 were asked whether they need permission from their husbands and in-laws. The responses were  
115 coded most of the time, occasionally, and never. Those who responded that they never need  
116 permission or need occasionally were recoded as one and those who reported that they need  
117 permission mostly as zero. A composite score was calculated. Those who reported that they  
118 did not need permission for more than 5 instances to move out of the house were considered  
119 with high mobility and coded as 1 and the rest were coded as zero with low mobility.

120 **Ability to make household decisions:** There were 23 statements related to household decision  
121 making read out to the women and asked her opinion about who normally decides in the  
122 household with four options (Self, Husband, Self, and husband jointly and Others in the  
123 family). For this paper, the responses were recategorized into self and others. Decision taken  
124 by self and jointly with husband was considered as self and rest as others. Principal component  
125 analysis (PCM) was done to identify the domains of decision making. There were three  
126 domains of decision making were identified. The first is decision making related to health and  
127 home finance that include items 8 items (expenditure on men's health, expenditure on  
128 women's, expenditure on children's health, visit family or relative, travel, choice of doctor for  
129 child's treatment, decisions regarding self, like shopping, working, Usage of money her  
130 husband have earned, and taking a loan from Bank/SHG/moneylender/other sources).

131 Decision making about school and marriage of children: The four items in this domain were -  
132 Marriage of the girl children, Marriage of the male children, Male children are sent to school  
133 and Girl children are sent to school.

134 Decision making about major expenses in the household (investment and purchase of  
135 livestock). It contains four items- Investment in business/land, Repair/extension of the house,  
136 Purchase of livestock, and Buying food, household goods, and jewelry.

137 **Control over resources:** Contains four items (whether to work for money, what livelihood  
138 activity you should take-up, money that could be spent on the education of children, and when  
139 you should have the next child)

140 **Self-esteem:** Another component of empowerment is self-esteem. (I can do work as efficiently  
141 as any other person can do, I feel I have spent a meaningful life; I have done something good  
142 for myself/family/society, have respect either in the family or in the community, I feel satisfied  
143 that I am consulted in most family decisions, When I visit clinics, I feel I am given equal respect

144 as anybody else there, I feel there is no difference between me and a woman of another caste,  
145 and I feel that I have many good qualities). The statements were read out to the respondents  
146 and responses were measured on Likert scale format (agree, agree to some extent, and  
147 disagree). A composite score was calculated by adding the score of each item. The median  
148 value of the score was taken as the cut-off and the below-median value was taken as low and  
149 above-median as high self-esteem and were recoded as zero and one respectively.

### 150 **Empirical analyses**

151 The analysis consists of descriptive statistics for IPV and association with attributes of  
152 respondents using chi-square tests. A series of logistic models were conducted to predict the  
153 odds of reporting IPV with their empowerment status.

### 154 **Ethical Considerations**

155 The study protocol and its survey tools were reviewed and approved by the Institutional Review  
156 Board of the research institution. The survey interviewers obtained informed consent from each  
157 respondent before the interview and made their best effort to ensure privacy.

### 158 **Results:**

#### 159 **Nature of IPV**

160 Table 1 identifies various nature of IPV reported by women. Overall 45.4 percent of women  
161 reported experience of one or the other form of violence in the last 12 months preceding the  
162 survey. About one-third of women reported emotional and physical violence. Whereas, 18  
163 percent reported sexual violence. More than 35 percent of women reported that they had ever  
164 faced humiliation by their husband and 22 percent had this experience in the last 12 months.  
165 Slapping by the husband was the most common form of physical violence ever reported by  
166 42.5 percent of women and 23.6 percent in the last 12 months. Kicking, punching, the beating

167 was reported by 12 to 15 percent of women. Sexual intercourse when women did not want to  
 168 (20.1 %) and forced sexual intercourse (14.4 %) were the most common type of sexual violence  
 169 reported by women (Table 1).

**Table 1: Percentage of women who reported various forms of violence (N=9332)**

	Ever %	In the last 12 months %
<b>Emotional violence</b>	<b>37.9</b>	<b>30.1</b>
Said or done something to humiliate in front of others	35.1	27.3
Insulted or made her feel bad about herself	21.3	17.1
Threatened to hurt or harm her or someone close to her	8.1	6.3
<b>Physical violence</b>	<b>44.2</b>	<b>31.2</b>
Push you, shake you, or throw something at you?	19.2	14
Punched you or serious beating?	18.0	13.4
Slapped you?	42.5	28.9
Punched you with his fist or with something that could hurt you?	15.3	10.5
Kick you, drag you, or beat you up?	12.3	8.6
Try to choke you or burn you on purpose?	3.3	2.3
Threaten or attack you with a knife, gun, or any other weapon?	1.6	1.2
<b>Sexual violence</b>	<b>25.3</b>	<b>18.3</b>
Had sexual intercourse with you when you did not want to.	20.1	12.6
Physically forced you to have sexual intercourse with him.	14.4	11.4
Forced you to perform any sexual acts that you did not want to?	5.9	4.7
Force you with threats or in any other way to perform sexual acts you did	4.1	3.5
<b>Any form of violence</b>	<b>57.6</b>	<b>45.4</b>
<b>All three forms of violence</b>	<b>14.5</b>	<b>9.3</b>

170

171 **Socio-demographic differential and reported experience of inter-personal violence**

172 Table 2 shows the percentage distribution of women with selected background characteristics  
 173 with reported experience of different forms of IPV in the last 12 months preceding the survey.  
 174 The reporting of different types of IPV was higher among women with 30 or more years of  
 175 age, without formal education, higher parity, working for money, Scheduled Caste, nuclear  
 176 family, and belong to low wealth index category. Most of the demographic characteristics of  
 177 respondents show significant association with all three types of IPV. No significant association  
 178 was found with SHG member status of women and IPV (Table 2).

**Table 2: Socio-demographic differential among rural women with experience of inter-personal violence in past 12 months (N=9332)**

Characteristics of women	N	Any type %	Emotional %	Physical %	Sexual %
Age		p=0.008	p=0.069	0.002	0.022
15-19	384	48.4	29.2	32.8	24.0
20-24	3993	44.0	28.7	29.3	17.9
25-29	3186	44.9	30.8	31.6	17.8



	30 or more	1829	48.9	31.8	34.2	18.8
Education			p=0.000	p=0.000	p=0.000	p=0.000
	No formal education	2625	52.8	34.4	38.7	22.2
	Class 1-7	1911	48.8	32.4	34.4	21.4
	Class 8-11	2501	44.3	29.8	29.9	17.9
	Class 12 and above	2295	35.1	23.3	21.3	11.7
Parity			p=0.000	p=0.000	p=0.000	p=0.000
	0	19	42.1	21.1	21.1	21.1
	1	2607	39.1	25.5	25.0	16.7
	2	2589	44.1	29.7	29.9	16.2
	3+	4117	50.1	33.2	35.9	20.6
Work status			p=0.003	p=0.054	p=0.004	p=0.007
	Not working for money	8644	44.9	29.8	30.8	18.0
	Working for money	688	50.7	33.3	36.0	22.2
SHG membership			p=0.360	p=0.921	p=0.232	p=0.553
	Non SHG member	7135	45.1	30.0	30.9	18.4
	SHG member	2197	46.2	30.1	32.2	17.8
Caste			p=0.000	p=0.000	p=0.000	p=0.000
	Schedule Caste/Schedule Tribe	4063	49.6	32.5	36.1	20.8
	Other Backward Class	4284	43.2	28.6	28.5	16.7
	Others	985	37.5	26.3	22.8	14.7
Religion			p=0.341	p=0.294	p=0.093	p=0.392
	Others	785	44.6	31.0	29.0	17.8
	Hindu	8547	45.4	30.0	31.4	18.3
Type of family			p=0.000	p=0.000	p=0.000	p=0.000
	Joint/Extended	5864	41.5	27.4	27.0	16.4
	Nuclear	3468	51.9	34.5	38.3	21.4
Wealth index			p=0.000	p=0.000	p=0.000	p=0.000
	Medium/High	5599	41.5	27.7	26.9	16.4
	Low	3733	51.2	33.5	37.6	21.1

179

## 180 Association of different forms of empowerment with IPV

181 The bivariate analysis of IPV with empowerment indicators suggested that more proportion of  
182 women who have high mobility, high self-esteem, more control over resources reported all  
183 forms of violence in comparison to their counterparts. The adjusted logistic regression model  
184 presented in Table 3 predicted similar results. Women with high self-esteem were more likely  
185 to report all forms of violence compared to women with low self-esteem. They were 1.17, 1.11,  
186 1.25, and 1.21 times more likely to report any type, emotional, physical, and sexual violence  
187 respectively ( $p < 0.01$ ). Those women who take decisions alone or with their husband related to  
188 health and finance were less likely to report any form of violence. Similarly, those who take  
189 decisions related to major investments like the purchase of cattle were less likely to report  
190 physical (OR=0.30,  $p < 0.05$ ) and sexual violence (OR=0.86;  $p < 0.05$ ). Women who have high  
191 control over the resource in the household were significantly more likely to report all forms of

192 violence. They were 1.19, 1.19, 1.18, and 1.33 times more likely to face any type, emotional,  
 193 physical, and sexual violence respectively compared to those who were low on control of  
 194 resources in the household ( $p < 0.01$ ). However, the mobility of women and decision making  
 195 around the marriage of children did not show significant association with any form of violence  
 196 (Table 3).

**Table 3: Results of adjusted models of logistic regressions showing the association of different types of violence with empowerment level of women. In the adjusted model background characteristics were used as covariates (N=9332)**

<b>Empowerment indicators</b>	<b>Any type</b>	<b>Emotional</b>	<b>Physical</b>	<b>Sexual</b>
	<b>OR (95%CI)</b>	<b>OR (95%CI)</b>	<b>OR (95%CI)</b>	<b>OR (95%CI)</b>
<b>Mobility</b>				
Low	Ref.	Ref.	Ref.	Ref.
High	0.99 (0.900, 1.09)	1.03 (0.93, 1.15)	0.99 (0.89, 1.10)	1.01 (0.89, 1.15)
<b>Self Esteem</b>				
Low	Ref.	Ref.	Ref.	Ref.
High	1.16 (1.06, 1.26)**	1.10 (1.00, 1.20)*	1.24 (1.13, 1.36)**	1.20 (1.08-1.34)**
<b>Decision making Making for health and finance</b>				
Other	Ref.	Ref.	Ref.	Ref.
Self and husband	0.92 (0.84, 1.01)	0.86 (0.78, 0.95)**	0.97 (0.88, 1.08)	0.76 (0.68, 0.86)**
<b>Decision making for education and marriage of children</b>				
Other	Ref.	Ref.	Ref.	Ref.
Self and husband	1.00 (0.91, 1.10)	0.97 (0.88, 1.07)	1.02 (0.93, 1.13)	0.93 (0.83, 1.05)
<b>Decision making for major investment</b>				
Other	Ref.	Ref.	Ref.	Ref.
Self and husband	0.96 (0.88, 1.05)	0.94 (0.85, 1.03)	1.02 (0.93, 1.13)	0.86 (0.77, 0.97)*
<b>Control over resources</b>				
Low	Ref.	Ref.	Ref.	Ref.
High	1.16 (1.07, 1.27)**	1.17 (1.07, 1.28)**	1.16 (1.06, 1.28)**	1.32 (1.18, 1.48)**

\* $p < 0.01$ , \*\* $< 0.001$  and Ref.= Reference category

197

198 An analysis was also carried out to find the relationship between the domain of empowerment  
 199 which shows significant association with IPV in the adjusted logistic regression model and  
 200 help-seeking behavior. Self-esteem and control over resources were the two main domains that  
 201 showed a significant association. Women who reported physical or sexual violence were asked  
 202 whether they sought help from any source. Results indicate that about one-fourth of women

203 with differential self-esteem and control over resources who reported IPV sought help to end  
204 it without any significant difference in their proportion (Table 4).

	<b>Sought help</b>
Low self-esteem and experienced physical or sexual violence	21.2
High self-esteem and experienced physical or sexual violence	22.9
Low control over resources and experienced physical or sexual violence	23.4
High control over resources and experienced physical or sexual violence	20.9

205

## 206 **Discussion**

207 The findings of this study are in resonance with global studies on IPV. Younger married  
208 women, less educated, from the nuclear family, and not a member of SHG are more likely to  
209 report experience IPV. The findings further indicate that women who are empowered in terms  
210 of self-esteem, household decision making, and have control over household resources are  
211 more likely to report the experience of IPV. If we take the literal meaning of self-esteem  
212 “confidence in one’s worth or abilities or self-respect’ is the first step to move towards the scale  
213 of empowerment. Confidence gives the ability to challenge the status quo. Any deviation from  
214 the existing norms invites all kinds of criticism within and outside the family. It requires  
215 courage and confidence to face criticism and many times it led to confrontation and violence.  
216 It starts with emotional violence and consistent resistance may lead to physical violence. But  
217 that does not mean women should not raise their self-esteem to avoid IPV. High self-esteem,  
218 in the long run, can help them to overcome the situations that had put them into inconvenience.  
219 Northern India is generally a patriarchal society where any kind of freedom including the  
220 movement of a female outside their house is directly or indirectly controlled by the males in  
221 the family. Women, irrespective of their marital status are required permission from males or  
222 any elder member even to step out of their house. Culturally, restrictions on young married  
223 women are more stringent to the initial period of their married life. Those who defy these norms

224 are vulnerable to emotional and sometimes physical violence. But this study's findings did not  
225 show a significant association of any form of violence with her mobility. This may be an  
226 indication of the ease of restriction on the mobility of women in society. Similarly, most of  
227 the time males dominate the decision making in the family and women have limited choices to  
228 make decisions for themselves and their children's course of life or wellbeing of the household.  
229 It is assumed that the interference of women in decision making could result in friction or  
230 confrontation in a husband-wife relationship and women may face violence. But findings  
231 suggest that women who take decisions alone or in consultation with their husband related to  
232 health and finance are less likely to report any type of violence. It may be because women share  
233 the maximum burden of care of household members and devote maximum of their time in  
234 carrying out household chores compared to men. Whereas men are expected for providing  
235 economic support to the family. Further, education and marriage of children are economic  
236 affairs of the household that require a large financial contribution. Most women in rural India  
237 are not able to financially contribute to such expensive affairs. But women who have higher  
238 control over household resources like whether to work for money, choice of livelihood, control  
239 over the money that could be spent on the education of children, and when she should have the  
240 next child, have to face a different fate. The findings suggest that women who have scored high  
241 in control over the resource in the household were significantly more likely to face all forms  
242 of violence. Perhaps, it is considered as an encroachment on the men's domain and women  
243 may not be encouraged to control these resources which might result in confrontation and  
244 conflict within the family that resulted in backlash in the form of violence by the husbands.  
245 However, there is no such clear indication and may require further exploration why control  
246 over resources increases the chances of violence.

247 Thus, there is mixed evidence about the relationship between women empowerment and IPV  
248 reported by women in rural India. An increase in self-esteem and control over resources were

249 found to be the two key factors in reporting IPV. The reason is clear when women try to employ  
250 their choices and rights, they are going to get some reprisal of social sanctions, and most of the  
251 time in form of humiliation and physical attack. However, progress in other domains of  
252 empowerment like mobility and decision-making about family wellbeing may not be perceived  
253 as a threat to male dominance in rural society. The strong association of violence with caste  
254 and education indicates that within the marginal section of the population women are further  
255 marginalized and subjected to discrimination. It is not possible to change the caste status of the  
256 individual to bring out women from subjugation. But education is in the hand of the individual  
257 and most importantly all power lies with the government to give direction. India is making  
258 progress in advancing generations into a formal system of education, but the pace is slow.  
259 Educating women is one of the tools to empower them. Globally, studies have demonstrated  
260 that education is one of the determinants of empowerment. But educating women require very  
261 long-term investment and its impact will be visible after decades. We may not have the liberty  
262 of time. Therefore, we must search for interventions that can reduce IPV at the household level.  
263 One of the self-sustaining strategies could be the mobilization of women into SHGs to  
264 empower them, promotes gender equity, and address IPV. The findings also clearly indicate  
265 that SHG members were significantly less likely to report IPV. This may be because SHG  
266 provides an alternative mechanism for women in the community to discuss and deal with  
267 violence perpetrated by their life partners or others in the community. Consequently, the  
268 collective power and social affinity of these groups help women to build their confidence and  
269 skill to deal with difficult economic and family situations including violence against women.  
270 The empowerment indicators taken in this paper do not address overall empowerment structure  
271 or dynamics nevertheless deal with domains of empowerment that challenge the prevailing  
272 patriarchal gender norms at the household, community, and societal levels in northern India.

273 Evidence suggests that interventions promoting gender equity reduce the risk of  
274 IPV(Weitzman, 2014).

275 **Limitations:** All data was self-reported, therefore subject to recall and social desirability  
276 biases. There is a methodological challenge in getting accurate information about IPV. There  
277 is a high chance of under and over-reporting of personal experiences. The social context in  
278 rural areas influences reporting by traits such as age, parity, caste, and family status. The  
279 chances of under-reporting are high among young women with one parity. Within one or two  
280 years of marriage, women have inhibitions to share their experience of IPV due to fear of losing  
281 acceptability and backlash from in-laws. Women from the upper caste are less likely to report  
282 IPV due to the honor and status of their families in the community. Cross-sectional data has its  
283 limitations and it is not possible to establish causal relationships between the factors studied  
284 and intimate partner violence.

285

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356 **Biograph**

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