# Prevalence and Correlates of the Risk of Sexual Violence within Marriage in Bangladesh

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#### Abstract

Sexual violence against women has never been new in history. What is new is to discover that this kind of act is wrong and has direct impact on women's health. Using data from a nationally representative sample of 500 married women, this research attempts to improve our understanding about the prevalence and determinants of sexual violence within marriage in Bangladesh. The acts of sexual violence during pregnancy, neonatal period and menstruation are examined in rural settings where numerous non-government organisations have intensive credit-based development programmes for the poor. Findings reveal that the probability of a woman to be sexually abused will increase if she is young, illiterate and hails from a landless poor family. Historically, sexual violence within marriage has not been discouraged by the social values, religious beliefs and the legal system of the society. The gendered spousal relationship as well as the risks of sexual abuse has begun to change when women have started to make financial contributions to their families. The paper concludes that involving vulnerable women in productive activities will bring a significant reduction of the risk of sexual violence against them.

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Although there has been a very small number of incidence and prevalence studies on the sexual violence. 1-3 it must be acknowledged that conducting research on such sensitive aspect of human behaviour is extremely difficult. Sexual crimes are notoriously under-reported as a result of universal stigma attached to these. 4.5 The issue has increasingly been getting recognition because the sexual violence has direct impact on a woman's reproductive health including adolescent pregnancy, sexually transmitted diseases, chronic pelvic pain and, on maternal and neonatal mortality.6

The growing sense of awareness has been reflected in the International Conference for Population and Development (ICPD) at Cairo in 1994 where the complex relationship between women's reproductive and sexual health needs at the individual level was addressed7 as '... Reproductive health (therefore) implies that people are able to have a satisfying and safe sex life ...'. In Cairo declaration, the universal right to sexual and reproductive health along with respect for physical integrity and freedom from sexual coercion was formally recognised as core principles by the world community.

It was expected that most of the health development programmes would seek to improve reproductive health and focus on women by asserting their sexual and reproductive rights. In such a development framework, addressing the barrier to gender equity in all social spheres where women can exercise more control over their decision-making should be a priority for health and development. Micro-credit<sup>8</sup> based income generating and employment programmes for the poor women are being considered successful in creating an enabling condition for women to provide them with the skills necessary to have greater access to household decision-making processes and take control over their reproductive lives.

In this research, we have attempted to improve our understanding about the prevalence and determinants of sexual violence within marriage in Bangladesh. We then have examined whether credit-based development programmes have contributed to reduce sexual violence against women by modifying their power relationship9 with their husbands.

## CREDIT PROGRAMMES AND WOMEN'S POSITION

Credit programmes, introduced primarily by the non-government organisations (NGOs), is now regarded as an alternative approach for development for the poor in Bangladesh. The programme includes not only the collateral-free credit for the rural poor women, but a package of support services such as group formation, skill training, non-formal primary education, reproductive health services, and legal awareness. As a result, the process of transformation among the landless and poor communities has begun that together have enabled and empower them to gain collective power and prestige. <sup>10,11</sup> Along with credit support, group formation among the poor women creates solidarity among group members that reduces social isolation in the home and provides opportunity to earn and financially contribute to the family. These together help alter women's traditional role in the household decision-making process. <sup>12</sup>

The women in Bangladesh have faced both gender and class exploitation due to their virtually total economic dependence on men, reinforced by their cultural subordination through the system of purdah (veil), and pervasive social discrimination against them from birth. Under this system, women generally are excluded from the public sphere except only at prescribed times and for prescribed reasons.<sup>13</sup> The participation in NGO-led credit-based development programmes is examined as a source of empowerment by strengthening both the social and economic role of women in the household.<sup>13,14</sup> By holding weekly meetings, these NGOs give women culturally legitimate reasons to go outside home and have wider exposure through meetings with other women and men, strengthening their self-confidence by exchanging and learning new ideas.<sup>15</sup>

The relationship between credit programme and women's empowerment is fairly well documented in recent literature. 12,16 Not as well established are the mechanisms through which credit programmes modify the various dimensions of women's empowerment. The strength of earning an income, combined with the strength of belonging to a group, helps women to negotiate new roles for themselves. The provision of a comprehensive range of support services to its target groups along with the access to credit for economic development lead to a better life in poor communities. 17 Most NGOs, therefore, provide primary health care, non-formal primary education, family planning, etc. in addition to credit and skill training for its members. 17,18

#### VIOLENCE AGAINST WOMEN IN BANGLADESH

The documentation on the prevalence of sexual violence against women in Bangladesh has remained poor. <sup>4,19</sup> A great deal of this violence has been taking place within the household by husbands, brothers and other male relatives, including adult sons. One study documents that, out

of 10 women, one died during trying to resist rape, three killed themselves after they were raped, one was killed by the father-in-law with the help of the her brother-in-law against whom the woman brought the accusation of rape and threatened to publicise the fact. Sexual violence or rape is reported to be much higher in the villages than cities in Bangladesh although it is suspected that the occurrence of sexual violence could have been much higher in the cities if the crimes committed cannot be suppressed. The reported incidence of such occurrences as rape, incest, molestation and sexual harassment is increasing in Bangladesh. This is not surprising for two reasons. First, the awareness of women's issues in recent years has facilitated the process of uncovering the ugly face of violence against women and the stubbornness with which it appears to persist. Secondly, the rural women are at the cross-road now and have been facing against the ideology of patriarchy that helps re-inforce the power hierarchies within the family. The increasing trend of violence against women should, therefore, be explained as the outcome of contradiction against the ideology of patriarchy manifested in social restrictions against women's mobility, the custom of the purdah, the system of early marriage for girls, restrictions on abortion rights, etc.

A classic case of patriarchy is that a male must exercise control on women by shutting her off within the four walls of the home. Such control of female sexuality is further elevated by creating an image of the mother to *divine heights* and relegating the other woman who violates the code of behaviour as the *fallen woman*. Also the legal systems discriminate against and fail to protect women that disempower women, cultural and religious values legitimise sexual violence within marriage.

In Bangladesh, the family is the breeding grounds for some of the most persistent kinds of discrimination against women. The forces of patriarchy, as conditioned by the socio-economic context, determine the nature of women's subjugation manifested as the sexual division of labour, restrictions on the mobility on women and differential access to resources within the family. The NGOs are still facing the difficulties to convince the participating women that gender inequality is not a natural but a social construct, the disadvantaged women's position in family and society is not given naturally but comes about as an interaction of a multiplicity of social, economic and religious factors.

While the ICPD and others concerned with women's reproductive health condemn coerced intercourse, forced sex within marriage is not only tolerated in Bangladesh,<sup>6</sup> but the

socio-cultural contexts shape and support such sexual coercion. From the cultural context, the sexual violence within marriage in Bangladesh does not and cannot exist because of the very meaning of marriage and the expected role of the husband. No major religious code of ethics condones the act of rape committed by the spouse. Existing legal or criminal justice system reflects male dominance in sexual matters that perpetuate sexual victimisation. One study documents that the perpetrator in most of the violent events was the husband or partner of the victim.<sup>3</sup> Even while the perpetrator is a stranger, he is unlikely to be convinced and punished. It is, therefore, not expected that marital rape should be regarded as a crime in Bangladesh.

#### SUBJECTS AND METHODS

Data for this research were collected from a nationally representative intensive monitoring system, known as  $Watch^{20}$ , in 70 villages located in ten districts of Bangladesh. The study samples consisted of 50 married women aged <50 years selected at random, from each Watch district. Thus, information from a total of 500 women was successfully collected using in-depth interviewing technique during March--May 1996. Only a third of the sample women participated in credit-based income generating activities (IGAs) operated by any NGO. The non-participants, in this study, are categorised into *non participants* (26 percent) and *not eligible* (42 percent) based on their eligibility to be involved with the credit-based development programme.

The credit programme participants are generally older, have more education and land than equally poor women who never participated in such programmes. Although any poor adult women can participate in credit programmes, the rural women appear to take time, observe and then decide to join in the group. After joining the group activities, they are expected to participate in basic literacy and skill training programmes to be eligible to receive credit. This requirement may have raised the literacy among credit participants than non-participants. The difference in land ownership between the two groups of women supports the assumption that the poorest women have remained out-of-reach of the credit-based income generating programmes.

The involvement in development programmes significantly changes women's bargaining power with their spouse as also found in other studies. 11,12,16 It seems that earning an income, group solidarity and confidence have raised the bargaining position of participants even higher than women with relatively better education and socio-economic status. The role of participation

in development programmes also has modified and strengthened both the social and economic role of women. 12,14,16,17

#### WHO ARE AT RISK?

Like most other societies, marital rape emerges as definite feature of the female experience for many married women in Bangladesh. Of our sample women, 26.8 percent reported that they had been victims of sexual violence at least once in last one year preceding the date of investigation. There is debate, however, whether forced sex by the spouse should be regarded as violence in Bangladesh for many reasons. Although the sexual abuse, both within or outside marriage, is linked to intractable reproductive health issues as pregnancy complications, low birth weight, miscarriage and maternal mortality, the socio-cultural, legal and religious contexts perpetuate to operate gender-based violence in Bangladesh. The concept that wife has the right to refuge to take part in sexual activity is not accepted by most quarters of the society. Even most of the health care providers are unaware that the physical and emotional fallout of rape by her husband may be even greater than rape by a stranger because of the betrayal and a sense of helplessness.<sup>5</sup>

The resistance or unwillingness to participate in sexual acts among women may be caused by physical, emotional, religious and cultural reasons. In our research, incidence of violence during the period when sexual activities are harmful from the public health point of view is specifically focused. Nearly 8.2 percent of women encountered situations where they were forced to engage in sexual acts during their menstrual period, although menstrual period is usually regarded as unhygienic condition of a woman from religious point of view.

Intercourse during pregnancy is very common and is considered quite natural during the first trimester. In the subsequent trimesters, it is not advisable to have sex particularly if the pregnancy is considered complicated. Sexual abuse during pregnancy is an important risk factor for both the health of the women and their unborn children<sup>22,23</sup> that leads to increased risk of pregnancy complication, miscarriage and low birthweight delivery.<sup>24</sup> It is surprising, however, that more than a fifth of women reported that they were the victims of sexual violence during their pregnancy. A sizeable proportion of women had to encounter such situation at their third trimester. The psychological well-being and their participation in public life may also be affected as a result as one study confirms that physically abused pregnant women are less likely to receive prenatal care than non-abused women before the third trimester.<sup>25</sup> Neonatal period is considered

a recovery period for a mother and both the religious and cultural values forbid them to be engaged in sexual acts. Our data suggest that more than 13 percent of women had to participate or fulfil the desire of their husbands against their will.

Suicide or homicide, as a result of unwed pregnancies or rapes, was reported 6 percent of all maternal deaths in an area in Bangladesh. An act of sexual violence can leave an impression on the mind of the victim although it may or may not result in bodily injuries. Rape by husband, besides bringing pain, may arouse "intense dejection, repugnance and even a sense of degradation" that may take a long time to heal. The long-term effects of sexual abuse are not clearly understood although it has been reported that abused women may develop such multiple medical complications as vaginal discharge, chronic pelvic pain and other somaticized symptoms. 22,27

Any form of as well as the onsets of sexual violence by socio-demographic characteristics suggest that prevalence of violence varies by age, education and economic status. Generally, sexual violence reduces with age of both spouses. For example, forced sex during menstruation is very high while the women are young (15-19 years). But the marital rape during pregnancy remains high till the women are 30 year-old. It is interesting to note that the sexual violence drops significantly when the husbands become 40 year-old or more. A woman is more likely to be raped by her husband if she is illiterate. The risk is minimum if women are highly educated. The nature of husbands' occupation is also a predicting factor of the risk of marital violence as the chance to be sexually abused is significantly higher among wives of manual labours than the women whose husbands have more prestigious occupation. Land ownership, education and nature of job determine the socio-economic status of the households in rural Bangladesh. Both land ownership and economic status have negative associations with the risk of marital violence. Overall, the probability of a woman to be sexually abused by her husband is high if she is illiterate, poor and comes from a landless family than otherwise.

## CAN DEVELOPMENT PROGRAMME PLAY ANY ROLE?

Indicators of women's position such as involvement in credit programme, financial contribution to their family and their bargaining position with husband have negative associations with the sexual violence of any nature (Table 1). Involvement in credit programmes help women getting public exposure as they attend weekly meetings with credit officials and their fellow group

members.<sup>28</sup> Attending such meetings also helps broadening their support networks outside the family which provide avenues to consult with others when necessary. Whether access to credit and women's ability to financially contribute the household would reduce sexual violence is debatable. One study suggests that women who have no access to credit, do not financially contribute to the family, least empower and most dependent on their husbands would be so insecure that they would not provoke their husbands. But if they begin to earn and attempt to raise their bargaining capacity, the possibility of conflict between spouses is likely to develop at least at the earlier stage of change of women's status.<sup>28,29</sup>

Women's position	Violence during			Any sexual
	Menstruation	Pregnancy	Neonatal	violence
All	8.2	21.4	13.2	26.8
Credit Programme				
Not participated	11.1	24.8	16.2	33.3
Participated	7.0	20.9	11.6	27.9
Not eligible or rich	7.6	19.9	12.8	22.3
Financial contribution				
No	8.1	23.1	15.6	29.0
Yes	7.9	18.5	8.4	23.0
Bargaining position				
Poor	10.5	22.2	17.8	26.9
Balanced	5.3	20.4	7.6	26.7

How does the access to credit, financial contribution and bargaining capacity relate with the risk of sexual violence in Bangladesh? Although a negative scenario has already been seen between violence and women status variables, it is quite possible that assumed confrontation as discussed earlier may force battered women with a new definition of their role in their family.<sup>28</sup> As one study illustrates how the newly empowered credit programme participant reacted,

"If another person does something bad to me, another member of the (credit) group will come forward to protest it. . . . I was alone, but now with me there are ten other members. They give support to me." or "... Now my husband does not beat me...". 13

The social and cultural sphere of rural women, particularly to those women engaged with credit-based self employment programmes, has been changing as the economic life has become more volatile and exposed to the outside world. The poor rural women are now convinced that the occurrence of violence against them could be reduced if their dependence on men, reinforced by patriarchy, legal system and religion, is curtailed by modifying persistent unequal relationship with their spouse. The participation in credit programmes has immensely changed the life of poor women by raising economic security and involvement in decision-making process with their spouse, etc. But the participation of programmes should have a long way to go to adequately address the underlying structural factors that perpetuate sexual violence against women.

#### **CONCLUSIONS**

Women experience sexual violence in many forms and suffer considerable damage to their health and well-being. Feminists have long been demanding that the health sector should regard domestic violence as a serious public health problem, disseminate information to health workers and undertake specific research on its causes and consequences to prevent it. So far, no serious attempt has been made.

The participation of rural women in micro-credit programmes increases women's power relation with their households that, in turn, associates with a greater likelihood of the reduction of sexual violence. The social context determines women's access to opportunities to work for themselves which is considered the source of and essential to create or develop a power base for them. Micro-credit based programmes have created an opportunity in isolated rural communities. How does the credit programme involvement reduce marital violence is not clearly known. In our cultural setting, the expected role of husband as provider faces a dilemma with their wives while wives employ themselves in economic activities and financially contribute to the households. If the wife continues to perform both the domestic and productive roles compared to husband who do not play additional role except the culturally assigned productive activities, the women's bargaining capacity with husband changes significantly.<sup>31</sup>

While the problems of male domination and household violence have significantly reduced as a result of minimalist credit programmes in Bangladesh, it is not necessarily mean that the women's position in Bangladesh has hardly remained static over the past decade or so. The change of woman's status may have already begun as they have been encouraged to think for

themselves to establish their right to control resources and participate equally in decision-making processes within the family. Given that the sexual violence is very much prevalent in Bangladesh society and that it has a significant social and health implications, it is clear that there is no quick solution to this problem. Considering it as a public health problem in the society in general, this paper suggests that the sexual violence within marriage should be recognised as a problem and argues that it can be substantially reduced by mobilising the grassroots development organisations among vulnerable women in Bangladesh.

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#### References and Notes

- Dunne, T and Power, A, 1990. Sexual abuse and mental handicap: preliminary findings of a community-based study. Mentally Handicap Research. 3,2:111-125.
- Turk, V and Brown, H, 1992. Sexual abuse and adults with learning disabilities: preliminary communication of survey results. *Mental Handicap*. 20:44-55.
- Glantz, NM and Halperin, DC, 1996. Studying domestic violence: perceptions of women in Chiapas, Mexico. Reproductive Health Matters. 7(May):122-128.
- Jahan, R, 1994. Hidden Danger. Women and Family Violence in Bangladesh. Dhaka:
  Women for Women.
- Heise, LL et al, 1994. Violence against women: a neglected public health issue in less developed countries. Social Science & Medicine. 39,9:1165-1179.
- Heise, LL et al, 1995. Sexual coercion and reproductive health: a focus on research.
  New York: Population Council.
- Sciortino, R, 1997. Failure to address gender in reproductive health programs: examples from Indonesia. Paper presented at the IUSSP International Population Conference, Beijing, China, October 1997.
- 8. Micro credit programme, designed primarily for the poor rural women, with a package of support services such as group formation, group savings and skill training provided the them the opportunity to earn by themselves and financially contribute to their family.
- 9. Power relation is conceptualise in this study as the process where should have freedom from control by husbands, ability to manage their households and significance in decision meeting process within the household.
- Hossain, M, 1984. Credit for the Rural Poor: The Grameen Bank in Bangladesh.
  Dhaka: Bangladesh Institute for Development Studies.
- Amin, R et al, 1993. Increased contraceptive use in an impoverished society: The case of Bangladesh. Paper presented at the 1993 Annual Meeting of the Population Association of America, Cincinnati.
- Schuler, SR and Hashemi, SM, 1994. Credit programs women's empowerment and contraceptive use in rural Bangladesh. Studies in Family Planning. 25(2):65-76.