

Understanding
Gender-based Violence
and its impact among Adolescent
Girls and Young Women:

Evidence Generation from
Rural and Marginalised Communities
in Karnataka, India

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Table of Contents

Executive Summary	2-3
Summary of Findings	4-8
Introduction	9-13
Methodology.....	14-19
Results	22-49
Discussion and Conclusion	50-56
Recommendation and Policy Implication	57-59
References	60-61
Annexure	62-65

Executive Summary

Literature documents that young girls internalize violence experienced at young ages and continue to be the victims of violence throughout their lives due to social and family pressure. Adolescent girls particularly from the low and middle-income countries face a number of challenges during this period, having limited access to quality education, basic sexual and reproductive health care, support for mental health issues and protection from different forms of gender-based violence (GBV) (UNICEF, 2011). In the Indian context, girls particularly face significant threats of GBV, owing to the high tolerance towards GBV, and the absence of social sanctions for men that resort to violence (Coast et al., 2012).

The National Family Health Survey (NFHS-5) for Karnataka estimates that 44% of women in India in the age group of 18-49 have ever experienced physical violence and 8% of women of the same age group have experienced sexual violence at least once in their lifetime. Also, 10% of young women aged 18-29 years experienced sexual violence by age 18. Child marriages

persist with almost 21% girls in the age group 20-24 years married before the age of 18 years (NFHS-5) and 23% girls dropping out from school before reaching puberty (Dasra, 2015). NFHS-5 also shows that women who have not completed secondary education, have married below the age of 18 years and have witnessed their mothers experiencing violence by their fathers during childhood have much higher chances of experiencing violence. Further evidence also suggests that as Indian women are becoming more liberated and having more opportunities, they are also prone to more violence, possibly as a male response to increasingly “modern” attitudes among Indian women and loss of control in the public sphere (Coast et al., 2012; Krishnan, 2005).

Though studies show that changing gender attitudes and perceptions during adolescence can improve health outcomes for girls and boys, there has been very little research on this in the Indian context, particularly in rural areas. Most research in this area has come from high-income countries (Landry et al., 2020). Though state

programmes for improving adolescent gender-related health, education and empowerment outcomes exist, most programmes have been unable to address structural causes such as inequitable gender norms and social practices that promote GBV adequately. More importantly, as seen in other developing contexts, India's response to GBV has mostly focused on responses and services for survivors that are clinical or legal in nature, and has also focused mainly on adult women. Studies from the developed countries contexts have shown that initiating violence prevention in the early years, by educating and working with young boys and girls would greatly contribute to reducing GBV.

In the absence of literature within developing country contexts with respect to the efficacy of such models, we proposed to undertake an evaluation of the long-term impacts of a Life Skill Education (LSE)-based approach introduced during early adolescence for girls in India. LSE refers to a set of psychosocial abilities for the development of positive and adaptive behaviours to deal with the challenges of everyday life (WHO, 1993). They have been increasingly advocated by international organisations such as the WHO, UNICEF, and national governments, for children and adolescents, to empower young

people, make them responsible for making healthy choices, and improve their mental and physical health (PAHO, 2000; UN Women, 2013).

A mixed-method research was conducted between April to October 2021 in Vijayapura district of Karnataka. To estimate the prevalence of GBV among rural young adult women, a cross-sectional survey was conducted among the adolescent girls and young women aged between 18-29 years. The data was collected through Computer Assisted Personal Interviews (CAPI) questionnaire involving close-ended and pre-coded questions. Ethical clearance on the interview guidelines also taken was undertaken from the Institutional Ethics Committee of St. John's Research Institute (SJRI). Consent of the respondents was taken before the interview and confidentiality of response and the respondent was maintained.

Summary of Findings

Understanding the background profile of the respondents:

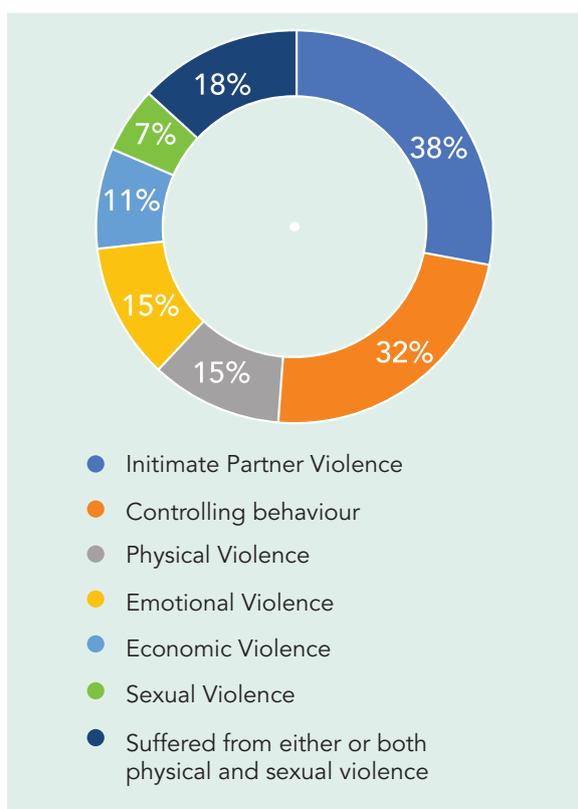
Age	18-22	52%
	23-29	48%
Education Status	Secondary Education	68%
	Never went to school	12%
Work Status	Paid work	63%
	Never Worked	41%
Marital Status	Never married	22%
	Married between the ages of 16-18	47%
	Married before 15	22%
Caste	OBC caste	55%
	SC/ST	27%
	Others	19%
Father's Education	Any schooling	50%>
	Secondary Level	30%

We found that more than half of all respondents were in the age group of 18-22 years (52%) while around 48 % respondents were in the age group of 23-29 years. Majority of the

respondents had attained secondary level of education. Around 68% of all respondents had attained secondary education while 70% ever partnered had attained secondary education. Around 12% of all respondents never went to school. 63% of all the respondents were currently involved in paid work while around 41% of them had never worked. Among all the respondents, more than 3/4th respondents were currently married followed by never married (22%) and only 3% were widowed/separated/divorced/deserted. Around 47% respondents got married between the ages of 16-18 years followed by 22% below the age of 15 years. For more than half of the respondents, their fathers did not have any schooling while around 30% of them had attained secondary level of education. More than half of the respondents belonged to the OBC caste (55%), around 27 percent belonged to SC/ST while the remaining 18 percent were 'others'. Around 90% of the study population were Hindus and around 9% were Muslims.

Around 38% respondents experienced intimate partner violence since the

age of 15 years. Findings revealed that controlling behaviour (32%) was the highest followed by physical (15%), emotional (15%), economic (11%) and sexual violence (7%) since age 15 years among the adolescent girls and women. Around 18% respondents responded to have suffered from either or both physical and sexual violence.



- The results suggest that physical violence was more among respondents of higher age group of 23-29 years(17%) compared to the younger age group of 18-22 years(12%) since age 15. The findings show as the level of education increases, physical violence decreases though it is statistically less significant but the pattern is consistent for all kinds of violence. Respondents with no

schooling experienced similar levels of violence (physical, sexual, emotional, controlling behaviour) as experienced by those who have primary and secondary level of education.

- Respondents who have ever done paid work (22%) experienced higher level of physical violence compared to those who never worked (8%) since the age of 15 years.
- Respondents of uneducated husbands/partners (25%) experienced more physical violence compared to the educated ones. Respondents whose husbands/partners consumed alcohol (34%) experienced more physical violence since age 15 compared to the respondents whose husbands never consumed alcohol (10%).
- SC/ST respondents (19%) experienced highest prevalence of physical violence followed by OBC (15%) and 'Other' (5%).
- Among the wealth quintile, poor (20%) experienced highest prevalence of physical violence compared to other middle (12%) and rich (10%) income quintiles.

Similar findings were found for sexual violence, emotional violence, controlling behaviour and economic violence.

In short, it can be considered that all types of violence were found to be higher among higher age group women. It was observed that tertiary



level of education of respondents led to reduction in violence of all types though it was not significant in the logistic regression analysis analysed in the later section of the report. women who had ever worked were at a higher risk of all types of violence compared to women who never worked as found in the case of other types of violence. Interestingly, controlling behaviour by husbands did not vary much for women who ever worked and women who never worked contrary to other forms of violence where the difference in violence was greater among ever worked and never worked women. Husbands with no schooling and primary level of schooling exhibit similar levels of violence on women for all types of violence, though a little reduction in the levels of violence was found with husbands attaining secondary and tertiary level of education. Drinking habit of husbands led to higher levels of all types of violence by husbands on women compared to those who

never drink. The prevalence of all forms of violence by husband/partner was significantly high among the SC/ST respondents across all the categories. Also, it was found that poor experienced higher levels of physical, emotional and economic violence while sexual violence was similar among rich and poor. On the contrary, controlling behaviour was highest among the rich compared to the poor and girls/women belonging to middle wealth quintile.

While analysing experience of violence by ever-married women, we found that 13% respondents reported that they were slapped or had something thrown at them followed by pushed or shoved or pulled hair (8%), hit with fist or anything else few times (8%) and kicked, dragged, beaten (7%).

While analysing intergenerational transfer of domestic violence we inquired about physical violence witnessed among parents during respondents' first 15 years of life and we found that around 32% respondents reported witnessing some form of physical violence between parents in their lifetime. Majority of the respondents witnessed that their mothers were 'pushed, grabbed, slapped or had something thrown at her' (33%) followed by 'kicked, bit, hit' (26%) and 'repeatedly hit at least for a few minutes' (11%), by their fathers. Respondents were also asked about the childhood experience of getting spanked by parents/guardian during the first 15 years of life. The severity of spank was also captured. A little less than half

of the respondents were ever spanked. Around 31% were spanked once/twice while 15% respondents were frequently spanked. Majority of respondents (92%) expressed that the severity of spank was 'hard'. It was the mother (57%) who used to spank them most of the time. Around 19% respondents expressed that it is 'rarely true/sometimes true' that they were emotionally abused in front of others.

Attempt was made to understand childhood experience of gender norms in the study area relating to decision making in the household regarding various activities i.e. decisions involving respondents and her brothers and sisters, spending money on food and clothing, spending on large investments such as buying a vehicle, or a house or a household appliance. It was found that, compared to mothers, it was fathers who took most of the decisions in the household.

Those respondents who ever attended school were asked to think of the time when they used to go to school in order to answer harassment related questions. It was found that around 29% respondents knew about girls/friends who have been/were teased or harassed (whistling, calling names, singing, winking-nothing sexual) at school. Around 41% respondents revealed that they have seen girls/women being teased or harassed at public places.

Around 49% girls who were currently in the age group of 20-24 were married

below 18 years of age which is 10% more than district average of 39% (Vijayapura) and almost double of the state average of 25% (Rural Karnataka) as per NFHS 5 factsheets in the same age group. Also, more than two thirds of girls who are currently below 18 years had experienced child marriage. Findings revealed that child marriage was more common among OBCs (52%) followed by other caste groups (44%) and SC/STs (39%).

Women who witnessed parental violence were also the victims of intimate partner violence in their marital life. More than half of the women experienced physical and/or sexual violence mentioned that they witnessed their mother being hit by their father). Similarly, those who experienced violence during childhood by parents also experienced intimate partner violence in their marital life. Around 79% respondents who were physically hit by parents/guardians during their childhood mentioned to be a victim of intimate partner violence. This indicates that witnessing and experiencing violence as a child made women more susceptible to be victims of violence in their own marital life.

Around 14% of women experienced injury due to physical and/or sexual partner violence. Results indicate that older age groups tend to suffer around three times more injuries compared to the younger age groups. Around 25% respondents were ever injured by their partners. The most common form of injuries occurred was deep wounds,

broken bone/teeth, internal injuries (18%) followed by cuts, scratches, bruises or aches (14%) and Injuries to eye or ear, sprains, dislocations or burns (13%).

Self-reported data was obtained on physical and mental wellbeing among ever married women who had experienced physical and sexual violence by their partners ever in their lifetime. More than half of the respondents reported to have little effect followed by a lot of effect and no effect on their physical well-being. Around 46% women reported a little effect on mental wellbeing because of sexual violence. Effect on mental wellbeing was reported by victims of sexual violence and effect on physical wellbeing was reported by victims of physical violence.

The results of logistic regression analysis of the determinants of any form of intimate partner violence among adolescent girls/women found no strong association between violence and age groups/age at marriage of respondent. Similarly, the association of intimate partner violence and level of education of respondent/husband was not statistically significant. Alcoholism among men was found to be a strong predictor of violence. Women whose husbands had drinking habits were 1.9 times more likely to experience violence. Women belonging to SC/ST caste groups have 1.9 times more likelihood to suffer from violence. Though witnessing violence on mothers

was not a significant predictor of intimate partner violence; however, respondents who ever experienced physical violence in their childhood by parents/others tend to experience 2.5 times more intimate partner violence than those who never experienced violence in childhood.



Overall, the analysis highlights that alcohol drinking habit of husbands and experience of physical violence in childhood are the stronger predictors of intimate partner violence among the adolescent girls and women.

Introduction

Background of the study

Violence against women is one of the most pervasive human rights violations in the world, rooted in gender inequality, discrimination and harmful cultural and social norms. It is also increasingly recognized as a public health issue that adversely affects the health of women. It is estimated that approximately 35 per cent of women worldwide have experienced intimate partner physical and/or sexual violence or non-partner sexual violence in their lifetime (WHO, 2013). The prevalence and serious impacts of this violence make it one of the most significant issues to be addressed in our time.

Due to sustained efforts by the women's movement, governments and other stakeholders, the issue of violence against women is now positioned as a priority on global human rights, health and development agendas. The elimination of all forms of violence against women and girls and of all harmful practices is now part of the 2030 Agenda for

Sustainable Development, and included as specific targets (i.e. targets 5.2 and 5.3) in the Sustainable Development Goals, providing a strong mandate for moving forward.

Many of the responses to date to violence against women have focused primarily on intervening with affected individuals after the violence has occurred. Such strategies are essential to mitigate the devastating mental, physical, social and economic effects for women experiencing violence, ensure justice and accountability, and prevent its recurrence. At the same time, there is also an increasing need to address the broader factors that contribute to prevalence at a population level, and to implement programmes that prevent such violence from occurring in the first place.

The gender discriminatory laws and policies, social norms, attitudes and behaviour condone gender-based

violence and promote unequal power relations. Different religions have different inheritance laws, Sexual intercourse with a girl below the age of 18 is considered rape. but marital rape is still not criminalised in India, the minimum age for marriage for a boy is 21, but 18 for a girl, a father is considered the “natural guardian” of a child are examples of gender discriminatory laws and policies in India. However, these are neither fixed nor inherent features of particular individuals or groups – rather, they are shaped by social and economic forces, and hence can be changed over time. A well-coordinated and multi-sectoral approach involving multiple strategies implemented in a mutually reinforcing way with individuals, as well as communities and organizations, and at the broader societal level can help in effective prevention of gender-based Violence (UN Women, 2013; WHO 2010).

Literature documents that young girls internalize violence experienced at young ages and continue to be the victims of violence throughout their lives due to social and family pressure. Adolescent girls particularly from the low and middle-income countries face a number of challenges during this period, having limited access to quality education, basic sexual and reproductive health care, support for mental health issues and protection from different forms of gender-based violence (GBV) (UNICEF, 2011). In the Indian context, girls

particularly face significant threats of GBV, owing to the high tolerance towards GBV, and the absence of social sanctions for men that resort to violence (Coast et al., 2012).



The National Family Health Survey (NFHS-5) for Karnataka estimates that 44% of women in India in the age group of 18-49 have ever experienced physical violence and 8% of women of the same age group have experienced sexual violence at least once in their lifetime. Also, 10% young women aged 18-29 years experienced sexual violence by the age of 18. Child marriages persist with almost 21% girls in the age group of 20-24 years married below the age of 18 years (NFHS-5) and 23% girls dropping out from school before reaching puberty (Dasra, 2015). NFHS-5 also shows that women who have not completed secondary education, have married below the age of 18 years and have witnessed their mother experiencing violence by their fathers during childhood have much higher chances of experiencing

violence. Further, conflicting evidence also suggests that as Indian women are becoming more liberated and are having more opportunities, they are also more prone to violence, possibly as a male response to increasingly “modern” attitudes among Indian women and the loss of control in the public sphere (Coast et al., 2012; Krishnan, 2005).

Though studies show that changing gender attitudes and perceptions during adolescence can improve health outcomes for girls and boys, there has been very little research on this in the Indian context, particularly in rural areas. Most research in this area has come from high-income countries (Landry et al., 2020). Though state programmes for improving adolescent gender-related health, education and empowerment outcomes exist, most programmes have been unable to address structural causes such as inequitable gender norms and social practices that promote GBV adequately. More importantly, as seen in other developing contexts, India’s response to GBV has mostly focused on responses and services for survivors that

are clinical or legal in nature, and has also focused mainly on adult women. Studies from the developed country contexts have shown that initiating violence prevention in the early years, by educating and working with young boys and girls would greatly contribute to reducing GBV.

In the absence of literature within developing country contexts with respect to the efficacy of such models, we propose to undertake an evaluation of the long-term impacts of a Life Skill Education (LSE)-based approach introduced during early adolescence for girls in India. LSE refers to a set of psychosocial abilities for the development of positive and adaptive behaviours to deal with the challenges of everyday life (WHO, 1993). They have been increasingly advocated by international organisations such as the WHO, UNICEF, and national governments, for children and adolescents, to empower young people, make them responsible for making healthy choices, and improve their mental and physical health (PAHO, 2000; UN Women, 2013)

Context

The study examines prevalence, attitudes, experiences and impact of GBV among adolescent girls and women. It also aims to examine the long-term impacts of a life skills education (LSE)-based intervention for rural and marginalised

adolescent girls in northern Karnataka, India. Our focus on northern Karnataka is particular as it performs poorly on the human development index, has districts that have recorded the highest drop-out rates for adolescent girls from Scheduled

Caste or Scheduled Tribe (SC/ST) (Javalkar, 2014), have had the highest rates of HIV prevalence and have been home to certain violent social traditions such as the Devadasi system through which women are ritually dedicated to sex work by families, following puberty (Becker et al., 2012).

Based on the estimates of prevalence and experiences of GBV, the study specifically aims to examine the resources and capacities built through the Samata (LSE-based) programme among girls, to combat gender inequitable outcomes and violence in late adolescence and early adulthood. The study builds on previous findings and evaluations of the Samata programme for SC and ST adolescent girls between 13 and 16 years, undertaken by KHPT from 2013 to 2017. The intervention sought to address the normative and structural factors of school dropout, GBV, early marriage and forced entry into sex work. The intervention introduced in Vijayapura and Bagalkote districts of northern Karnataka, was a multi-level intervention, which addressed four of the seven WHO (2010) guidelines for violence prevention: (1) nurturing relationships between children and their parents; (2) developing life skills among adolescents; (3) promoting gender equality and (4) changing norms that support violence. The intervention covered about 3600 adolescent girls and

their parents, 2000 boys in 119 villages, and 500 teachers and almost the same number of School Development and Monitoring Committee (SDMC) members from the 69 high schools during the project period. Developing parent-daughter relationships, initiating a Samvada (or dialogue) between girls and other people in their neighbourhood, providing exposure visits, and outreach with parents, and teaching techniques of identifying and addressing GBV, within and outside the family context through LSE were key features of the intervention (Beattie et al., 2015; Prakash et al., 2019).

While previous studies have shown a significant impact of the Samata programme on girls' self-esteem, confidence, and handling of social relationships, the continued impact of the programme during later adolescence (i.e., between age 17-19 years) is yet to be ascertained. Though the longitudinal impacts of LSE-based approaches to improving gender outcomes and preventing GBV is less studied, this is critical in the light of recent large-scale surveys (e.g., NFHS 5) and our own studies (Prakash et al, 2019) showing the impact of policies and programmes (such as our own) in reducing the incidence of child marriages, delaying the age of marriage, and resulting in the completion of at least elementary level education for girls. For example,

a cluster randomized control trial of the Samata intervention showed that a significantly higher proportion of girls in Vijayapura district of North Karnataka enrolled in secondary school and had a significantly lower likelihood of marriage post-intervention and compared to the control group (Prakash et al., 2019). With educational and health-related data showing a higher incidence of drop-out among girls in the secondary and higher secondary years (i.e., 15-19 years), and the shift in the age of marriage to between 17-19 years, girls in late adolescence are now at considerable risk for early marriage, lack of autonomy with

respect to decisions on partner selection, exercising their sexual and reproductive health rights, and attaining educational and economic opportunities. Thus, we propose to study the long term effects of LSE and the Samata intervention in preventing GBV, in later adolescence and early adulthood where we use quantitative data to understand the level of GBV and examine the attitudes and experience of adolescent girls/women with respect to GBV and qualitative data was used to understand the long term effect of LSE and community redressal plan for future intervention.

Research objectives of the study

The specific objectives of our study are;

1. To measure the level of GBV among the adolescent girls and young women between the age of 18- 29 years in rural Karnataka
2. To examine attitudes, experiences, and behaviours among the adolescent girls and young women in rural Karnataka with respect to GBVs.
3. To explore the sustained effects of life-skill education in addressing the GBV among the adolescent girls exposed to Samata intervention.
4. To develop a community-based violence redressal plan for future interventions with adolescent girls and young women in state and national levels.

Methodology

Study design

A Quantitative research was conducted between April to October 2021 in Vijayapura district of Karnataka. To estimate the prevalence of GBV among rural young adult women, a cross-sectional survey was conducted among the adolescent girls and young women

between 18-29 years of age. Household and individual socio-economic characteristics along with experience of GBV and the way the women coped with it were assessed for all women in the survey.

1. Quantitative survey

Study population and sample size

In order to fulfil the objectives of the study, the study population consisted of adolescent girls and women aged 18-29 years belonging to Vijayapura district in northern Karnataka. The study population was set to cover the girls who were exposed to the Samata intervention and had completed the life skills education sessions. They were traced from the last monitoring data of the program, which had their complete details, including their participation in

each and every activity of the program. Only girls who were between the age group of 18-22 years at the time of this present survey and also reporting that they remember being part of the Samata program were selected for the present study.

Sample size

The sample for estimating the prevalence of GBV (physical and sexual) was based on an assumption of 15% prevalence (NFHS-4 in Karnataka showed around 11% of rural women in the age group of 18-29 years faced

either physical or sexual violence) of GBV among rural women in the district. With an expectation of the derived estimate to be within 20% of the true value with 95% confidence, we get 544 as the required sample. Inflating the sample by 20% for non-response and a design effect of 1.5 times, the final sample which was arrived at is 980 and is again rounded up to 1000. However, the completed number of interviews in the non-Samata category was 905 by the end of the survey.

The sample size for the survey with women exposed to life-skill intervention from the Samata intervention villages to assess the exposure to GBV and their coping ability against GBV was also calculated on the basis of assumption that ~15% of these women may have experienced GBV (NFHS-4 in Karnataka shows around 8% of rural SC/ST girls in the age group of 18-22 years faced either physical or sexual violence). Now, to calculate the sample size with a 5% error and 95% confidence, we arrived at a sample of 195. Further, the required sample was inflated by 50% to account for non-response due to the migration of selected women from the intervention area or refusal to be part of the study and again inflated by a design effect of 1.3. Hence, the final sample was 382 women which is rounded up to 400. The completed number of interviews for Samata category was 283 by the end of the survey.

Selection of respondents for estimation of GBV among young women:

To select the respondents for estimating GBV, 40 villages were selected by probability proportional to the size and from each village 25 women were selected. Once house-listing was carried out in the selected villages, the eligible households with women in the age group of 18-29 years stratified by caste were selected systematically before administering the questionnaire to the women.



Selection of respondents from intervention villages:

The required sample of women in the age group of 18-22 years were selected systematically from the list of women belonging to the Scheduled Caste or Tribe community who completed life-skill sessions in Samata intervention villages for 20 villages in Vijayapura district. To identify, a complete house listing was

done for the girls who were there in the last monitoring data and among them, those who were available and met our selection criteria and also gave consent to participate in the survey were considered. The villages were sorted in ascending order in terms of the number of exposed girls and the first twenty were selected. From each village, girls were selected systematically. The list of girls was stratified by age and years of education. For "Samata" intervention villages that had less than 20 girls, the next village in the order was merged to form one PSU. However, villages with less than 10 exposed girls were not considered in the sampling frame. From each PSU, 20 girls were selected.

However, a large number of girls (162) were found to be not available in their last address during the house listing of 675 Samata girls. A separate field study was conducted to understand the reasons for their unavailability. Migration was the top most reason for their unavailability, for reasons like marriage, employment, education and relocation of the entire family for other reasons to a different state. Among those who could be traced, available and met our selection criteria, only 283 were selected for the interviews.

Tools for the survey

The data was collected through Computer Assisted Personal Interviews (CAPI) questionnaire involving close-

ended and pre-coded questions. Questionnaire was initially developed in English language and translated into the local language (Kannada). It was piloted, revised and translated back into English and the local language (Kannada).

The questionnaire covered the socio-demographic profiles of the adolescent girls and young women and consisted of detailed questions related to: financial autonomy, relationship with parents and adverse childhood experiences, formation of gender norms at young ages including formative years of life, child marriage, non-partnered experiences of violence, spousal violence/domestic violence/intimate partner violence. This included detailed questions of emotional, physical, sexual and economic violence. Also, a section on witnessing violence by children was administered only to those who had children and also reported experiencing physical violence. Moreover, questionnaire tried to capture GBV at workplace.

Another section of the questionnaire focussed on the impact of the GBV on mental health. This was asked only to women who have experienced any physical or sexual violence in the past through previously tested questions on post-traumatic stress disorder and suicide. This was followed by questions on understanding the coping mechanism and support groups that women seek during their experiences of violence.

In order to understand the efforts and campaigns that help women to be aware of violence and their rights, a section on capturing knowledge of programmes and participation was included. Lastly, in order to get an overall picture reflecting a sense of satisfaction and fulfilment with life, a Likert scale was administered.

Additionally, to explore the sustained effects of life-skill education in addressing the GBV among the adolescent girls exposed to Samata intervention, two detailed sections only for the Samata girls were included. Sections comprised of questions to understand girl's attitudes towards practices and existing gender roles in their villages and community to gauge their awareness regarding their rights. Followed by a section on self-efficacy, sense of self-worth, individual efficacy and improved sense of safety and wellbeing; level of critical thinking, gender, violence and social norms. This was used to determine their level of empowerment. (Questionnaire is attached in the annexure)

To prepare the tool, an extensive review of literature and previous tools used for capturing GBV were reviewed. Further, they were contextualized based on the social settings of rural Karnataka and findings from a short ethnographic study conducted as part of this research. Tools and scales referred to develop the questionnaire is provided in the references (added in the reference list). Ethical clearance on the interview

guidelines also taken was also undertaken by the Institutional Ethics Committee of St. John's Research Institute (SJRI). Also, utmost care was taken to ensure that questions do not trigger any stress or emotional discomfort or risk of violence to the respondents. All the research investigators were female, so as to ensure maximum response from the respondents considering the sensitivity of the issue in the given context. A weeklong training was conducted with the research investigators to train them on research ethics, consent form, how to administer the questionnaire with sensitivity and also provided with referral plan to address any cases where women seek help from the research team during their field work. Bi-lingual consent form was prepared and written consent of the respondents were taken prior to the survey. During the survey, data was regularly monitored and if any discrepancies were noted, it was informed to the research team for assuring the data quality. A detailed interviewer's manual was also developed and provided to the research investigators. It contained detailed instructions on probing techniques, response recording, skips, tips and techniques for conducting a good interview, and ethical and safety issues. Data and the consent were securely stored in the KHPT's central office server and the access is given only to the lead analyst and the core research team. This is to ensure the confidentiality and privacy of all the respondents.

Quantitative data analysis:

Table 1. Variables Used In The Study	
Domain	Sub Domain
<i>Socio-Demographic Characteristics of Respondent</i>	age, caste, religion, marital status, age at marriage, age at menarche, age at cohabitation
<i>Household And Family Characteristics</i>	type of family, wealth quintile, devdasi, alcoholism, education and employment status of parents and husbands
<i>Educational Attainment</i>	school attainment, vocational training
<i>Pregnancy Outcome</i>	number of children, sex of the child, history of miscarriage, abortion, still birth
<i>Financial Autonomy</i>	employment status, nature of work, time spent in different activities, control over money, say on work related decisions, ownership and bank account
<i>Attitude Towards Practices and Existing Gender Roles In The Village/Community</i>	perceptions around gender norms and gendered roles, justifications for violence under different circumstances. This section was only for the Samata girls
<i>Empowerment (Self-Efficacy, Agency, Decision Making and Communication)</i>	communication on matters related to schooling, friendship, marriage, future, work prospects, day to day happenings in the community, personal problem, menstrual related problems, harassment by boys, household chores/ communication with husband participation in decisions on schooling, marriage, future work prospects, mobility within and outside village, interaction in the community, purchasing clothes measures of self-esteem, measures of self-efficacy and measures for individual agency Empowerment related section was only questioned to the Samata girls
<i>Relationship With Parents and Adverse Childhood Experiences</i>	physical and emotional experiences of violence from parents or guardian in the first 15 years of life, perpetrator of violence, sharing the experiences of violence, reasons for not sharing
<i>Childhood Experiences, Formation Of Gender Norms At Young Ages Including Formative Years (0-8 Years) At Home</i>	decision making at home on matters related to children, spending on food and clothing, large investments, gender and work distribution at home, mother's role at home, witnessing violence at home between the parents
<i>At School</i>	teasing, physical and sexual violence - self and peers, perpetrator of violence, sharing the experiences of violence, reasons for not sharing

Domain	Sub Domain
<i>At Public places</i>	experience/witnessing of violence against women in public places, common types of violence in public places, age factor of women who experience more violence
<i>Child Marriage: Knowledge, Practices and Experience</i>	knowledge and awareness on legal age at marriage, preference of age at marriage, say in choice of marriage partner, reasons for early marriage, dowry
<i>Non-Partner Violence (Since the Age Of 15 Years) Perpetrator Other Than Husband/ Partner)</i>	physical, sexual and emotional (ever and in last 12months), frequency and severity of the violence episodes were also captured, injuries due to the experiences of violence
<i>Domestic /Spousal Violence/intimate partner violence</i>	physical, sexual and psychological experiences of violence; psychological experiences included controlling behavior, emotional and economical violence (prevalence was measured for -ever and in last 12 months), frequency and severity of the violence episodes, impact of violence in terms of any physical injury. This section was administered only to the married women.
<i>Witnessing Violence by Children</i>	this was observed only among the married women with children, children's reaction on witnessing violence
<i>GBV At Workplace</i>	experience of physical or sexual violence, gender discrimination at workplace (ever an in last 12 months) only among the currently or previously engaged in work respondents
<i>Mental Health And GBV</i>	post-traumatic stress disorder, suicide attempts and tendency among those who have experienced physical or sexual violence
<i>Coping Mechanism and Support Groups</i>	help seeking behavior among the women experiencing violence, social support and groups, preferred agencies for women to reach out, reasons for not sharing or seeking help, awareness on agencies available to help women experiencing violence and its source of information
<i>Knowledge Of Programs and Participation Status</i>	knowledge and awareness on campaigns related to violence against women, dowry, child marriage; participation in community programs, elections
<i>Life Satisfaction</i>	satisfaction about quality of life and health

Data Analysis

First, the data was cleaned and recoded as per the requirement. Next, the descriptive analysis to estimate the frequencies, percentages of the available direct variables were carried out. This helped in understanding the profile of

the adolescent girls and young women who participated in the survey.

In the second stage different indices were created using interpretable components. Variable reduction techniques like principal component analysis (PCA) were employed to form the wealth index.

Similarly, indicators on different acts of violence were combined to form one single variable for experiences of physical, sexual, emotional or economical violence for estimating

childhood, partner or non-partnered violence. Appropriate bi-variate and multivariate analysis is conducted using the STATA 14 software.

2. Qualitative Studies:

The qualitative study tried to answer the 'why' and 'how' questions specific to objective 2 and 3. This also helped us get a micro-level understanding of the perceptions, attitudes, and behaviour of the study participants and their socio-cultural and ecological settings because they determine their behaviours and actions to a great extent. The qualitative data collection techniques such as ethnographic study, concept cards, IDI and FGDs were used to elicit in-depth information from adolescent girls, young women, parents, boys and other key stakeholders in the community. Grounded theory approach was followed prior to developing the tools for collecting qualitative data, an intensive ethnographic study was conducted.

a) Ethnography

Before preparing the tools for the survey and the qualitative study, an ethnographic study was carried out to understand the GBV, meaning of violence in the present context and setting, different terminologies used as synonyms for the violence and forms of violence and its prevalence.

b) Concept cards

Based on the contextual understanding and the ethnographic data, the research team developed a list of cards portraying various forms of violence. To develop these cards a workshop was organized with the CRs, in order to have a more comprehensive depiction of the forms of violence understood and experienced by women in the community and also to check any biasedness that may be with the researchers in comprehending the findings. Illustrations were mock tested within KHPT field staff and were finalized based on the suggestions. The cards were used during the qualitative data collection. (Attach the cards in annexure)



c) In-depth Interviews (IDIs)

IDIs with adolescent girls and married young women from both intervention and control villages were conducted. IDIs gave room for more confidential and intimate topics (particularly the disclosure of perpetrator and the nature of violence experienced).



d) Focus Group Discussion (FGD)

Finally, 8 FGDs with the adolescent boys in school and out-of-school from Samata intervention and non-Samata villages, were conducted. FGDs helped us to understand the changes in social and gender norms, perceptions and acceptability towards violence among the men and boys



The final number of in-depth interviews and FGD's were decided upon the saturation of the data. Different locations were taken to increase the diversification inside each group. All qualitative interviews

were conducted in a place of the respondent's choice and the conversations were audio recorded. Each interview took an average of 90 minutes.

Results

Background characteristic of Study Population

The background characteristics of the respondents is presented in Table 2. The ever-partnered respondents included currently married, widowed, separated, divorced and deserted. More than half of all respondents were in the age group 18-22 years (52%) while around 48 % respondents were in the age group of 23-29 years. Majority of the respondents had attained secondary level of education. Around 68% of all respondents had attained secondary education while 70% ever partnered had attained secondary education. Around 12% of all respondents never went to school. Sixty three percent of all the respondents were currently involved in paid work while around 41% of them had ever worked. Among all respondents, more than 3/4th respondents were currently married followed by never married (22%) and only 3% were widowed/separated/divorced/deserted. Around 47% respondents got married

between age 16-18 years followed by age 19-24 (30%) and below age 15 (22%). For more than half of the respondents, their fathers did not have any schooling while around 30% of them had attained secondary level of education.

More than half of the respondents belonged to OBC caste (55%), around 27 percent belonged to SC/ST while remaining 18 percent were 'others'. Around 90% of the study population were Hindus and around 9% were Muslims. Around 63% respondents did not have toilet facilities in their homes and only 3% respondents had access to public toilet facility. Around 47% respondents availed own piped water/hand pump/well as the main source of drinking water. Around 44% respondents used public piped water/hand pump/ well followed by 9% who used Community RO which was also a public source of water.

Table 2: Characteristics of respondents in the sample (N=889)

Age group of respondents	Percentages	Age group of respondents	Percentages
18-22	52.1	Caste of respondent	
23-29	47.9	SC/ST	26.8
Education of respondent		OBC	55.5
Primary	4.8	Other	17.8
Secondary	67.6	Religion of respondent	
Tertiary	16.1	Hindu	89.9
Non-schooling	11.5	Muslim	9.2
Earning status of respondents		Other	0.9
Ever done paid work	40.7	Toilet facility	
Currently involved in paid work	62.7	No facility	62.9
Marital status of women		Own toilet	34.2
Never married	21.5	Public toilet	2.9
Currently married	75.8	Main source of drinking water	
Widowed/separated/divorced/deserted	2.7	Own source	46.7
Age at marriage		Public source	44.3
Below 15	22.4	Community RO (Public source)	9.0
16-18	46.6		
Above 18	31.0		
Father's education			
Primary	13.2		
Secondary	29.5		
Tertiary	6.1		
No schooling	51.2		

Prevalence of Gender based violence (physical, sexual, emotional, economic and controlling behaviours) among girls/women

Many women are abused by their husbands in emotional, sexual, physical and material ways and it affects their well-being. Prevalence of controlling behaviour, physical, sexual, emotional, and economic violence by husband/partner since the age of 15 years and in

the last 12 months among ever married/partnered women have been presented in Figure 1.

Dominance of men over women was estimated by making a variable called 'controlling behaviour of partners'. Since the age of 15 years, respondents

experienced controlling behaviour by partners (32%) which included husband restricts you from seeing friends, restricted contact with your family of birth, insists on knowing where you are at all times, ignores and treats you indifferently, gets angry if you speak with another man, often suspicious that you are unfaithful, expects you to ask his permission before seeking health care for yourself.

Emotional violence reported by respondents (15%) in the study was captured through questions like; has your (current or most recent or last) husband/partner ever, insulted you or made you feel bad about yourself, belittled or humiliated you in front of other people, done things to scare or intimidate you on purpose (e.g. by the way he looked at you, by yelling and smashing things), verbally threatened to hurt you or someone you care about.

Physical violence reported by respondents by husband / partner (15%) involved slapped you or thrown something on her, pushed or shoved or pulled her hair, hit with his fist or with anything else, kicked, dragged or beat her up, choked or burnt her, threatened with or actually used a gun, knife or other weapon.

Sexual violence reported by participants (7%) included questions like, did your (current or most recent or last) husband/partner ever force you to have sexual intercourse when you did not want to, did you ever have sexual intercourse you did not want to, because you were afraid of what your (current or most recent or last) husband/partner might do, did your

(current or most recent or last) husband/partner ever force you to do something else sexual that you did not want or that you found degrading or humiliating.

Economic violence reported by respondents (11%) covered questions such as whether husband/partner Prevent you from leaving home, using the mobile, seeking family/friends, or otherwise control your activities to earn, pressurize you to give away all your earned money to him when you earn, Force you/threaten you to bring money



from your parental home, pressurize you to transfer/give away any property (house, land, shops) that you own, destroy your possessions or damage things that you own and value, including household things, ever refuse to give you money for household expenses, even when he has money for other things’.

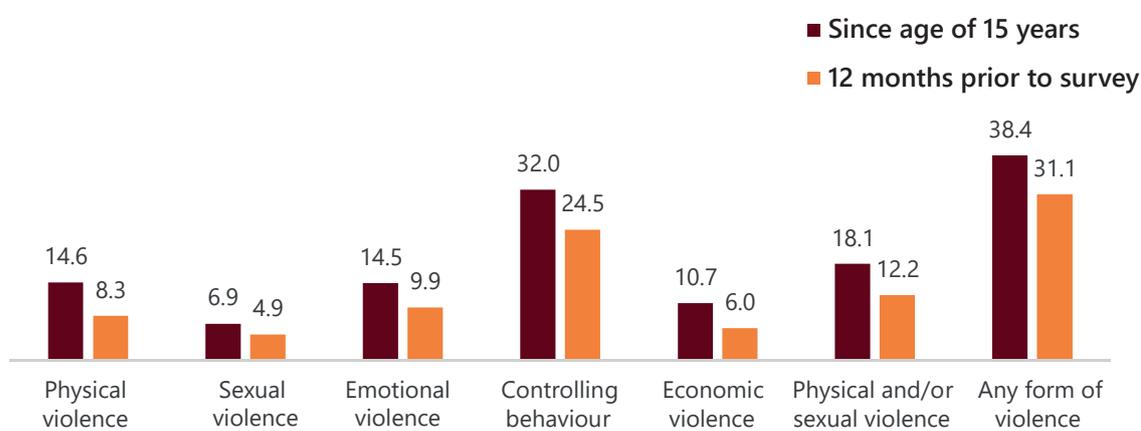
In order to understand the overall prevalence of all forms of violence, we created a variable ‘any form of violence’ which included physical violence, sexual violence, emotional violence, controlling

behaviour and economic violence. Around 38% respondents experienced intimate partner violence since the age of 15 years. Controlling behaviour (32%) by husband/partner was high compared to other forms of violence which ranged from 7% (Sexual violence) to 15% (Physical violence). Around 18% respondents responded to have suffered

from either or both physical as well as sexual violence.

It was observed that controlling behaviour (32%) was the highest followed by physical (15%), emotional (15%), economic (11%) and sexual violence (7%) since age 15 years among the adolescent girls and women.

Figure 1: Prevalence of physical, sexual, emotional, and economic violence, and controlling behaviours by husband/partner since age 15 and the last 12 months among everpartnered women



Inputs from the qualitative data finds that both the victims and perpetrators of gender-based violence tend to internalize gender-based violence since early ages. Data around this theme has helped us understand the precarious position of women within the family and how this leads to women's acceptance and adjustment in context of violence. Since birth, women are seen as temporary members of the natal family as they will be married and sent to another family. Within their marital homes also, they are seen as outsiders who have come from a different family. In both spaces they have limited decision making powers as they aren't seen to belong to both

homes. Similarly, despite laws on equal share in property, women internalise the understanding that they cannot ask for a share in the property because they belong to another house/family after marriage. They use moral reasoning such as how this would affect their brothers' family if they were to claim a share in the property. Further, there is a strong understanding among members of the natal and marital house that women must 'adjust' to their circumstances – e.g., parents constantly worry that if their daughters do not adjust in the new family they might be sent back, and hence they even prefer getting them married within the family so that even if

they make 'mistakes' they will be better tolerated by the marital family. All of this together contributes to the precarious and insecure position of women and the internalisation of violence.

The respondents also rationalised the episodes of violence with the logic that

women should tolerate the violence because of the children and their education. If they move out of husband's house, the education of child will suffer. Moreover, being the caregiver of the family, she will be blamed for not taking care of her husband and the social status of family will be at stake.

"Women tolerate everything because--

I: Why do women accept all these difficulties?

R: She has to accept them because of her children.

I: Otherwise.

R: Yes, she has to think about her children's future. Children also go with her if she goes to her mother's house and their education will be spoiled.

I: So why should he?

R: She has to think about society. If people talk about her and says she is not taking care of her husband, again that is also tension for her.

I: Mentally.

R: Yes. So, she let him be with her whatever he does. (Mehaboobi, Yakkundi, Non-samata, married)"

Prevalence of violence according to background characteristics

Physical violence, sexual violence, emotional violence, controlling behaviour and economic violence has been analysed across the age groups of respondents, education of respondents, work status of respondents, alcohol consuming habits of husbands and caste groups of respondents.

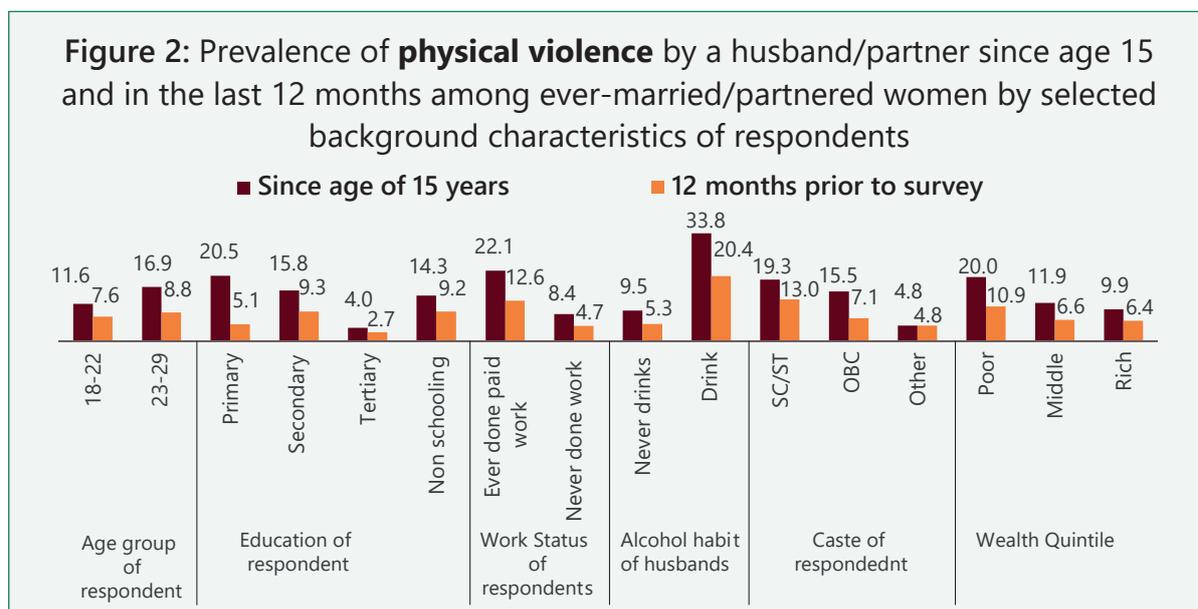
Prevalence of physical violence by a husband/partner since the age of 15

years and in the last 12 months among ever partnered women by background characteristics has been presented in figure 2 and Annexure table A2. The results suggest that in the last 15 years, physical violence was little higher among respondents of higher age group 23-29 years (17%) compared to the younger age group 18-22 years (12%) since the age of 15. The table shows as the level of education increases, the level of physical violence decreases across all the forms of violence. Respondents with no schooling and with primary and secondary level of education

confront similar levels of all forms of violence. Respondents ever done paid work (22%) experienced higher level of physical violence compared to those who never worked (8%). Respondents of uneducated husbands (25%) experienced more physical violence compared to the educated ones. Respondents whose husbands consumed alcohol (34%) experienced more physical violence

compared to the respondents whose husbands never consumed alcohol (10%). SC/ST respondents (19%) experienced highest prevalence of physical violence followed by OBC (15%) and 'Other' (5%). Among the wealth quintile, poor (20%) experienced highest prevalence of physical violence compared to other middle (12%) and rich (10%) income quintiles.

Figure 2: Prevalence of physical violence by a husband/partner since age 15 and in the last 12 months among ever-married/partnered women by selected background characteristics of respondents



Results reveal that sexual violence since age 15 is more prevalent in age group of 23-29 years (8%) compared to age group of 18-22 years (6%) as presented in Figure 3. Though respondents with non-schooling and primary education experience similar levels of sexual violence indicating only primary education has not been able to contribute in the decline of sexual violence. Sexual violence is more common among the women who has ever done paid work (10%) compared to those never worked (5%). More women of husbands with no schooling (9%)

experience sexual violence compared to one with husbands with tertiary education (3%). Around 15% women experienced sexual violence on account of alcohol drinking habits of husbands compared to 5% for those who never drink. The sexual violence was little higher among SC/ST respondents compared to the OBC respondents whereas the 'other' caste group did not experience sexual violence. It was found that sexual violence does not differ by wealth quintiles. Both rich and poor experience similar levels of sexual violence (8%) since the age of 15 years.

Figure 3: : Prevalence of Sexual violence by a husband/partner since age 15 and in the last 12 months among ever-married/partnered women by selected background characteristics of respondents



Like other types of violence, emotional violence since age of 15 years was higher among respondents of higher age group (23-29) though there was not much difference between both the age groups (Figure 4). Respondents with no schooling experienced similar levels of emotional violence as faced by the primary educated respondents. Emotional violence is more common among the women who have ever done paid work (20%) compared to those who have never worked (10%). Women whose husbands had no schooling (24%)

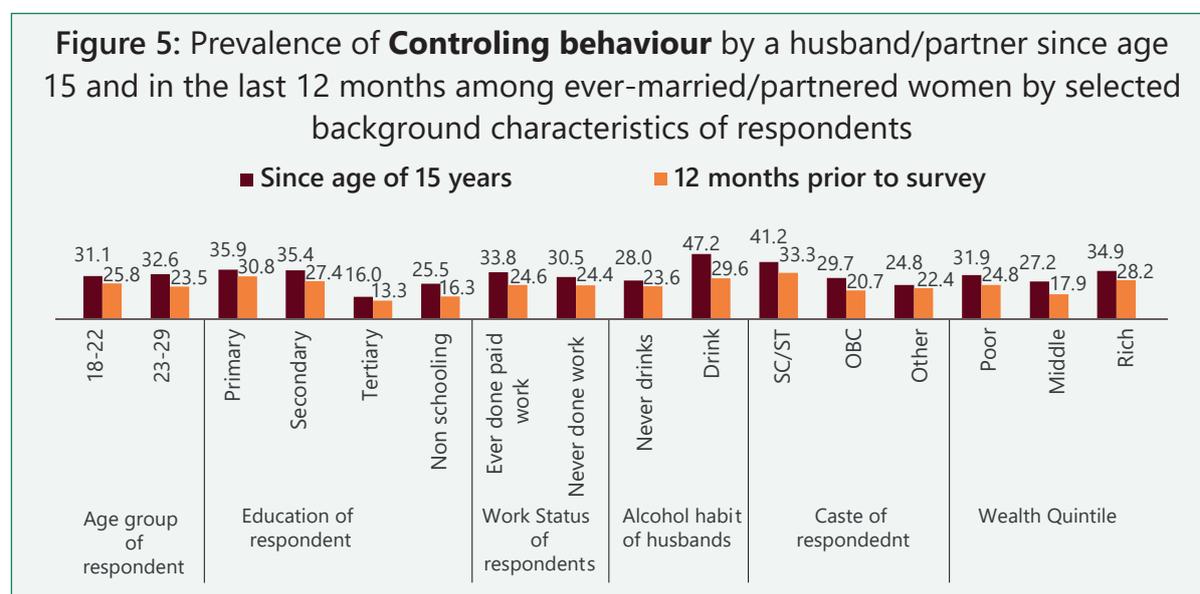
experienced higher emotional violence compared to those whose husbands had tertiary level of education (9%). Alcohol drinking habits of husband led to emotional violence among 35% women compared to 10% for those who never consumed alcohol. SC/ST respondents experience higher levels of emotional violence compared to OBC and other caste groups. Results find that poor experience highest levels of emotional violence (17%) compared to rich (13%) since the age of 15 years.

Figure 4: Prevalence of Emotional violence by a husband/partner since age 15 and in the last 12 months among ever-married/partnered women by selected background characteristics of respondents



Controlling behaviour by husband/partner (33% in age group 23-29) was found to be higher among all other types of violence (Figure 5). It was similar among both the age groups. It was observed that even with tertiary level of education, there was no significant reduction in the controlling behaviour of husband/partner as has been found for other types of violence. However, there has been a reduction in controlling behaviour by husband/partner with increase in the level of education from primary to tertiary level. Controlling behaviour by husband did not vary much for women ever worked (34%) and never worked (30%), contrary to other forms of violence where the difference in violence was greater among ever worked and never worked women.

Husbands with no schooling and primary level of schooling exhibit similar level of controlling behaviour over women and though a little reduction was found with secondary and tertiary level of education. Drinking habit of husband (47%) led to higher controlling behaviour of husbands compared to those who never drink (28%). The prevalence of controlling behaviour by husband/partner was significantly high among the SC/ST respondents (41%) across all the categories. Even OBC (30%) and other (25%) caste group experienced similar levels of controlling behaviour by husband/partner unlike for other types of violence. Controlling behaviour was highest among rich (35%) followed by poor (32%) and middle wealth quintile (27%).



Similarly, analysing the prevalence of economic violence by husband/partner since the age of 15 years, in Figure 6, we found that higher age group women experienced higher levels of economic violence compared to younger age

groups, like in other forms of violence. Women with primary education and non-schooling experience higher level of economic violence. Ever worked women are at a higher risk of economic violence compared to women who never worked

Figure 6: Prevalence of Economic violence by a husband/partner since age 15 and in the last 12 months among ever-married/partnered women by selected background characteristics of respondents



as found in the case of other types of violence. Women whose husbands had no schooling and had alcohol consuming habits experienced more economic violence. SC/ST respondents (14%) experience higher level of economic violence compared to other caste groups. Economic violence is highest among poor (14%) while it was around 8% for middle and rich wealth quintile categories.

In short, it can be considered that all types of violence were found to be higher among higher age group women. It was observed that tertiary level of education of respondents led to reduction in violence for all types of violence. Ever worked women are at a higher risk of all types of violence compared to women who never worked as found in case of other types of violence. Interestingly, controlling behaviour by husband did not vary much for women ever worked (34%) and women who never worked (30%), contrary to other forms of violence where the difference in violence was greater among ever worked and never worked women. Husbands with no schooling and primary level of schooling exhibit

similar levels of all types of violence over women and though a little reduction was found with the attainment of secondary and tertiary level of education. Drinking habit of husbands led to higher levels of all types of violence by husbands on women compared to those who never drink. The prevalence of all forms of violence by husband/partner was significantly high among the SC/ST respondents across all the categories.

In contrast to quantitative data analysis, where we found women in age group of 23-29 years experienced more violence, during qualitative study, respondents mentioned that they perceive it is young age girls who are more prone to violence particularly those getting married in early ages.

In lines with the results from quantitative data, the qualitative study also finds that the level of violence decreases with the increase in the levels of education of men. Respondents believed that uneducated boys are more likely to perpetrate violence compared to the educated ones.

Who are those more prone to violence

I: What age do girls face all these?

R: Usually young age girls, who get married early, like 15 years. (Mehaboobi, Yakkundi, Non-samata, married)

Perpetrators

I: Do you think that educated boys are different?

R: Yes, educated and uneducated boys are different.

I: Educated boys don't do like this?

R: They don't trouble much.

I: Why?

R: Because they are aware of everything,

I: Ok.

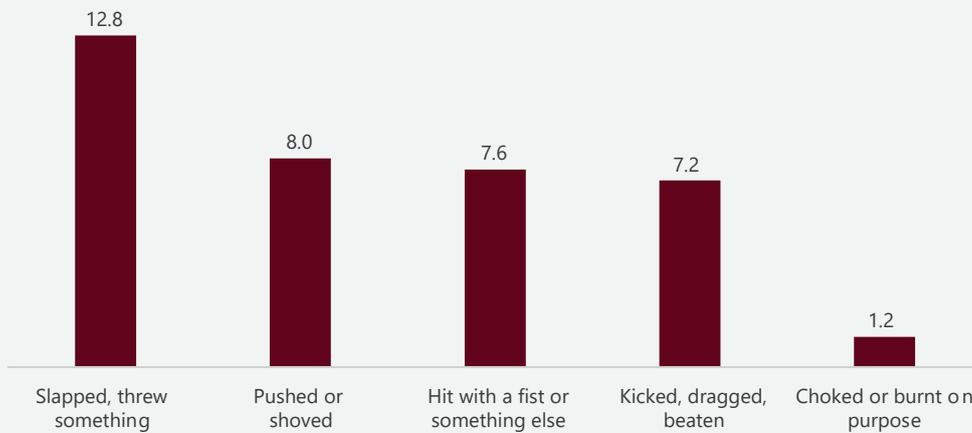
R: They understand what happens with women, and they are aware enough to take care of women. But uneducated men don't understand such things. (Mehaboobi, Yakkundi, Non-samata, married)

Experience of intimate partner violence

Experience of intimate partner violence is captured in Figure 7. It shows the frequency distribution of number of specific acts of physical violence by partner experienced by ever-married women during lifetime. Physical violence was categorized under six subheadings; slapped or thrown something that could hurt, pushed or shoved or pulled hair,

hit with fist or anything else, kicked or dragged, choked or burnt on purpose, and threatened with or used gun, knife or other weapon. Around 13% respondents reported that they were slapped or thrown something followed by pushed or shoved or pulled hair (8%), hit with fist or anything else few times (8%) and kicked, dragged, beaten (7%).

Figure 7: Frequency of specific acts of physical violence by a partner happened since age 15, among ever-married women (N=105)



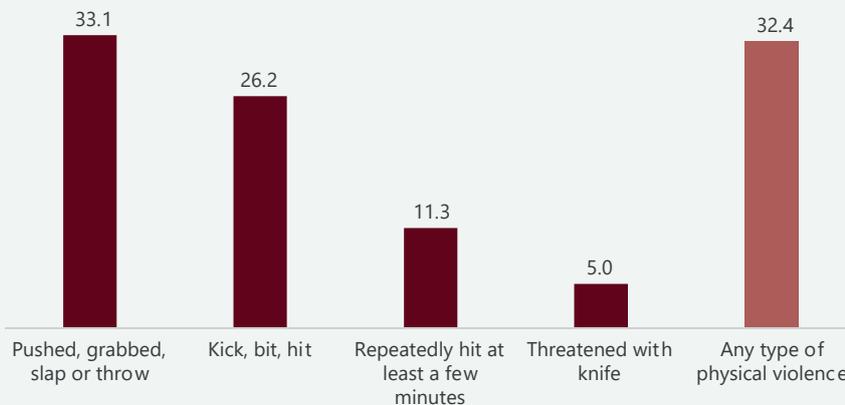
Relationship with parents and adverse childhood experiences of violence

Reported physical violence witnessed among parents during the first 15 years of life

Figure 8 shows different types of parental violence reported by respondents during the first 15 years of life. Around

32% respondents reported witnessing some form of physical violence between parents in the first 15 years of life. Majority of the respondents witnessed that their mothers were 'pushed, grabbed, slapped or thrown something on her' (33%) followed by 'kick, bit, hit' (26%) and 'repeatedly hit at least a few minutes'(11%) by their fathers.

Figure 8: Children witnessing violence between parents during first 15 years of life (N=288)

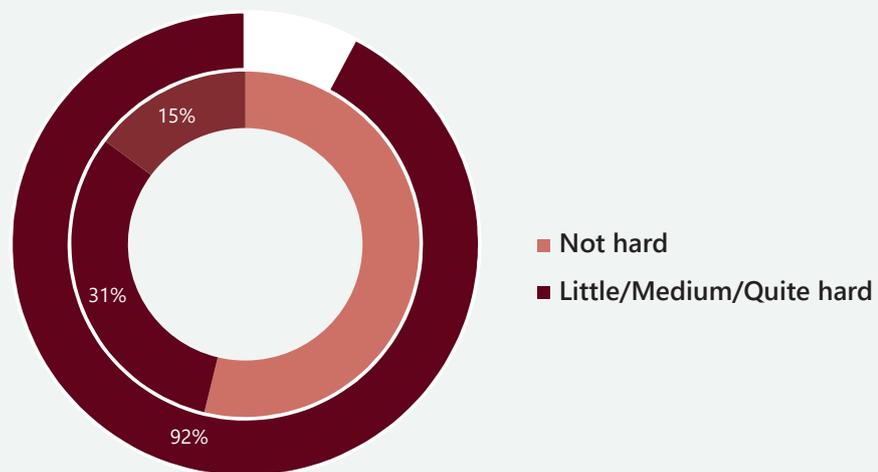


Prevalence of childhood experience of Physical violence/abuse by parents/guardian

Sometime parents/guardian spank their children as a form of discipline. Respondents were asked about the childhood experience of getting spanked by parents/guardian during the

first 15 years of life. The severity of spank was also captured. A little less than half of the respondents were spanked ever. Around 31% were spanked once/twice while 15% respondents were frequently spanked. Majority of respondents (92%) expressed that the severity of spank was 'hard' (Figure 9).

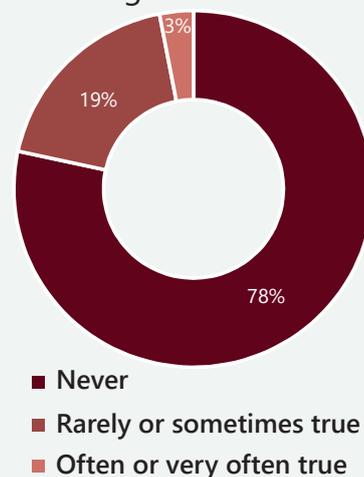
Figure 9: Prevalence and severity of spank by parents/gardians of respondents during their childhood



Prevalence of childhood experience of emotional violence/abuse by parents/guardian

Respondents were asked whether they were emotionally abused, neglected, ignored, discriminated, and embarrassed/humiliated in front of others. Around 19% respondents expressed that it is 'rarely true/sometimes true' that they were emotionally abused in front of others (Figure 10).

Figure 10: Childhood experience of emotional abuse by parents/guardian



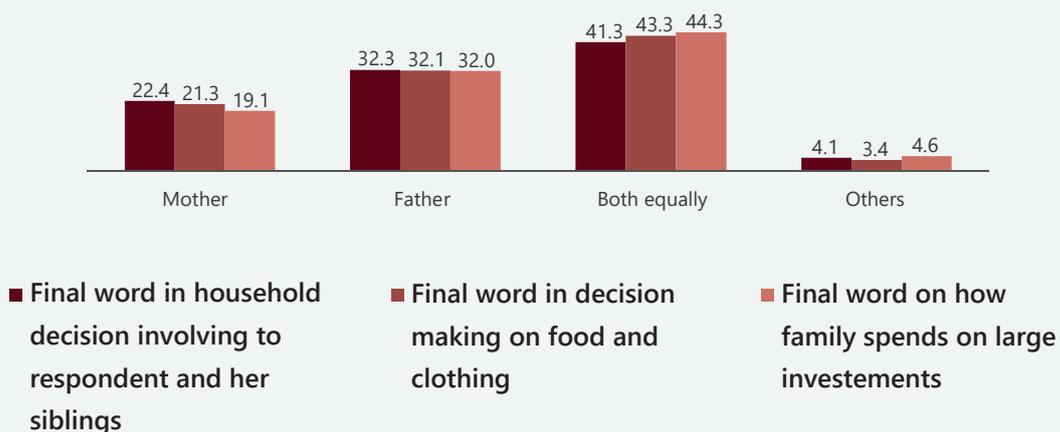
Childhood experience, Formation of Gender norms at young ages

Gender norms around decision making at home during childhood

Figure 11 reveals the childhood experience of gender norms in the study area relating to decision making in the household regarding various activities i.e., decisions involving respondent and her brothers and sisters, spending money on food and clothing, spending on large investments such as buying a vehicle, or a house or a household appliance.

It was found that both father and mother equally made these decisions as revealed by most of the respondents. Around 44% respondents revealed that it was both parents who had the final word on how the family spends on large investments. However, when compared to mothers, it was fathers who took most of these decisions in the household. Around 32% fathers compared to 22% mothers had the final word in household decision involving respondent and her siblings.

Figure 11: Experience of gender norms at home during childhood by decision making behaviour of parents



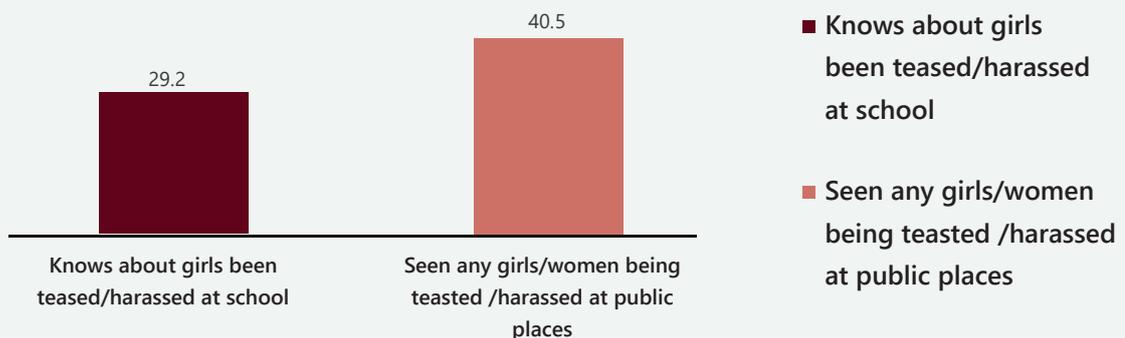
Experience of different forms of harassment at school/public places reported by all girls and women during their childhood

Those respondents who ever attended school were asked to think of the times when they used to go to school in order to answer the harassment related questions. It was found that around 29% respondents knew about girls/friends who have been/were teased or harassed

(whistling, calling names, singing, winking-nothing sexual) at school (Figure 12).

Harassment and teasing at public places limits their mobility and access to many places and their services. Figure 12 also highlights the different forms of harassment like whistling, calling names, singing, winking-nothing sexual at public places like bus stand, bus/auto/train, health centres, markets, public toilets, playground, school, colleges etc. Around 41% respondents revealed that they had seen girls/women being teased or harassed at public places

Figure 12: Witnessing of teasing and harassment of girls/women during childhood



Experience of harassment at school

As per figure 13, around 6% girls have ever been teased and harassed by boys or males and 5% by girls or females while around 5% were harassed using sexual language whereas 3% girls reported that someone tried to touch her inappropriately. It can be said that self-reporting of harassment at school was quite lower which is evident from the fact

that incidence of teasing/ harassment is comparatively high (29%) in figure 12.

Qualitative analysis shows that teasing and harassment at school led to discontinuation of girls' education at school. According to a respondent, "Yes, ragging. Parents discontinue girls' studies because of that reason." (Sahira banu, Yakkundi, Non-samata, married). The incidence of teasing and harassment of girls at school discourages the parents to send their girls to school as they fear

for their safety and security. Teasing could be considered one of the important factors for drop out of girls from school. But the self-reporting of teasing and

harassment is very low which indicates that there is a stigma attached to sharing this information in the family/society.

Figure 13: Experience of different forms of harassment at school reported by all women during their childhood (N=889)



Experience of harassment at public places

Experience of harassment at public place is shown in figure 14. It was found that around 28% girls/women reported that they felt unsafe/insecure at public places.

Around 6% reported of being teased/harassed by boys/males while 3% girls/women reported that they were tried to be touched inappropriately. Similar to the earlier table, that self-reporting of harassment at public place looks quite lower when we consider the incidence of teasing/ harassment is comparatively high (41%) in figure 12.

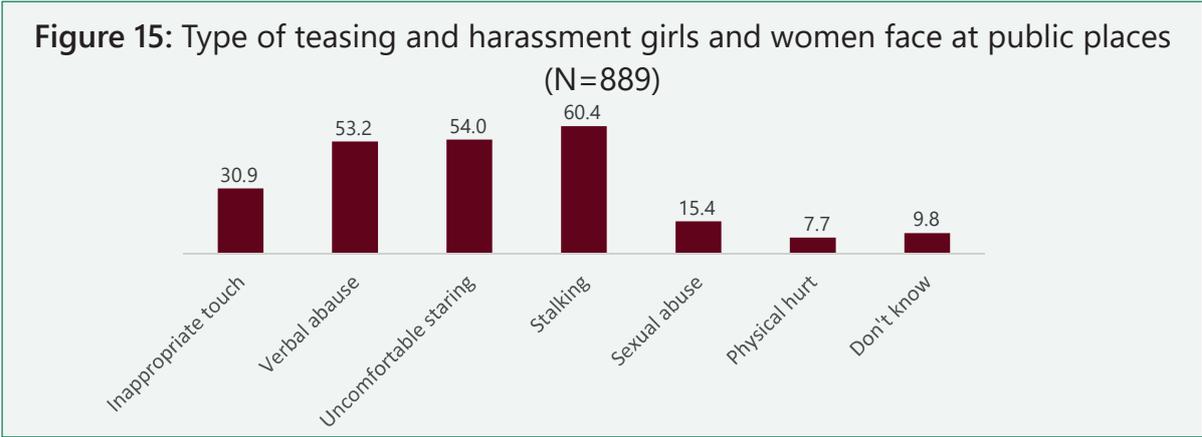
Figure 14: Experience of different forms of violence at public places during childhood (N=889)



Experience by type of teasing and harassment on girls and women at public place

Figure 15 shows the most common type of teasing and harassment girls/women

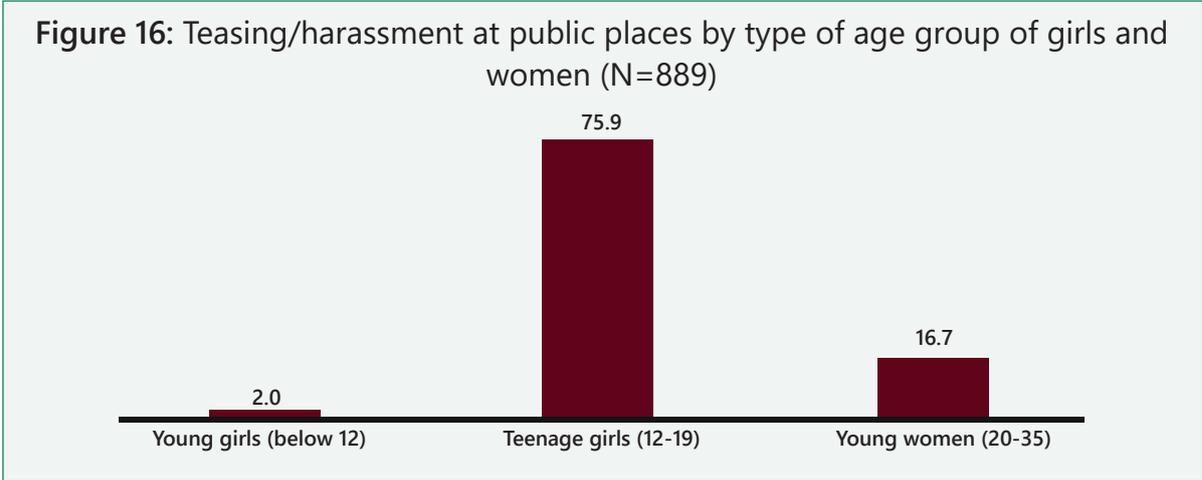
faced at public places as reported by respondents was stalking (60%), followed by uncomfortable staring (54%), verbal abuse (53%) and inappropriate touch (31%). Stalking was highest among all other types of teasing and harassment.



Teasing/harassment at public places by type of age group of girls and women

In order to explore who are the victims of teasing and harassment in the community, respondents were asked about the specific age groups they perceive as having the highest chance of being teased and harassed. Figure 16 indicated that it was teenage girls (age 12-19) who reportedly had the highest chances of becoming the victim of teasing/harassment as reported by 76% respondents. This shows that 12-19 age group of girls were highly vulnerable to teasing and harassment compared to young girls/women.

Some adolescent girls were brave enough to deal with eve teasing but they were not able to share the incidents of being teased and how they confronted it with their family because traditional gender norms and patriarchal mind-set of the society do not allow men/boys to trust women/girls. It also shows that with certain assertion among the girls, they are able to evade the incidents of eve-teasing in school or public places. According to a respondent, "As in, when I was in class 8 or 9, there was one older brother (young male) on a bike who was roaming around us all the time. Once what happened was, after the school got over, we (many school-going girls) were all together getting back from school and this older brother was bothering



us by coming behind us. What I did was, I directly went ahead and scolded him. I wanted to convey this incident to my older brother (family member). But my friends have told me, don't say this, and don't reveal this at home. Why unnecessarily you want to say at home, family members unnecessarily might

think something else." (Sukanya, Tikota, Samata, unmarried). This sense of fear among the girls to not share such details comes from the general belief in the society that girls/women are not reliable and they must have provoked men/boys for an incident like teasing and harassment.

Prevalence of Child marriage

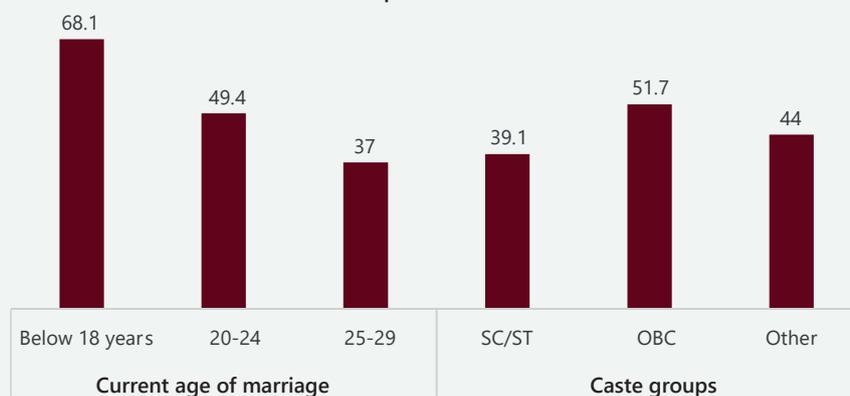
Despite the law against child marriage, the prevalence of child marriage was very high in the study population. Around half of the girls (47%) were married before the age of 18 years and marriage before age 15 was around 22% (Table 3).

Table 3: Prevalence of Child marriage (N=698)

Age at marriage (in years)	Percentages	N
Below 15	22.2	155
Below 18	46.8	327
18-21	24.7	173
21 & above	6.1	43

Figure 17 shows that around 49% girls who are currently in the age group of 20-24 were married below 18 years of age which is 10% more than district average of 39% (Vijayapura) and almost double of the state average of 25% (Rural Karnataka) as per NFHS 5 factsheets in the same age group. Also, more than two third of girls who are currently below 18 years had experienced child marriage. Findings revealed that child marriage was more common among OBCs (52%) followed by 'other' caste group (44%) and SC/STs (39%).

Figure 17: Percentage of child marriage by selected background characteristics of respondents



Intergenerational Transfer of violence

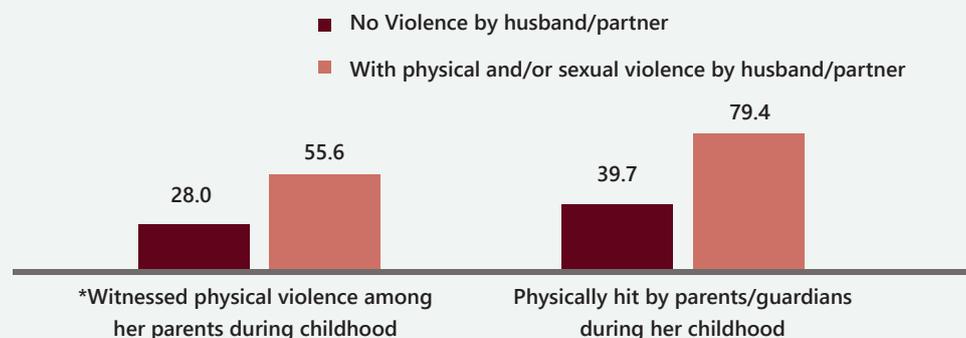
Figure 18a and 18b analyses how witnessing spousal violence among parents and experience of violence on children by parents/guardians during childhood leads to violence in their marital life when they grow up i.e., how the violence is transmitted from one generation to the next generation. The table captures two indicators; a) witnessing parental violence in the childhood and; b) experiencing violence themselves in the form of being hit by parents/guardians.

As per Figure 18a, ever-married/partnered women who experienced physical and/or sexual violence by husband/partner mentioned high levels of intergenerational violence in their family as compared to women who had not experienced violence by a husband/partner. More than half of the women (56%) experienced physical and/or sexual violence mentioned that they witnessed their mother being hit by father – twice

of those who had not experienced violence (28%). Similarly, around 79% respondents who were physically hit by parents/guardians during their childhood mentioned to be a victim of intimate partner violence compared to 40% respondents who did not experience violence. The associations are statistically significant.

The comparative analysis to understand the effect of 'witnessing parental violence' and 'experience of childhood violence' on intergenerational transfer of violence indicates that the respondents who experienced childhood violence during childhood were more likely to be a victim of intimate partner violence in their marital life compared to those who witnessed parental violence in childhood. It shows experience of childhood violence led to higher possibility of transmission of intergenerational violence compared to witnessing parental violence.

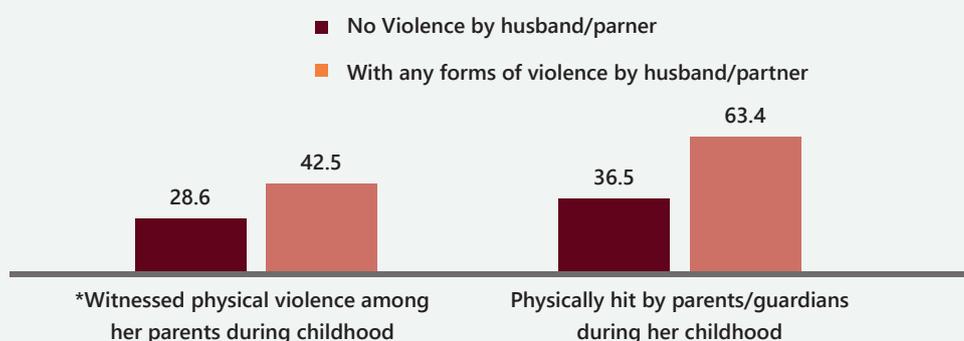
Figure 18a: Ever-married/partnered women witnessing violence on her mother according to experience of physical and/or sexual violence by her husband/partner (N=698)



In figure 18b, around 43% women who experienced any form of violence by her husband/partner mentioned that they witnessed her mother being the victim of physical violence by her father compared to 29% women experiencing any form of violence who did not witness parental violence in childhood.

Also, around 63% respondent who were physically hit by parents/guardians during their childhood disclosed to have experienced any form of violence by their husband/partner compared to 37% respondents who did not experience violence.

Figure 18b: Ever-married/partnered women ever physically hit by her parents/guardians during childhood, according to experience of any forms of violence by her husband/partner (N=698)



Impact on physical and mental wellbeing due to physical and sexual violence

Physical wellbeing is the ability to maintain a healthy quality of life that allows us to get the most out of our daily activities without undue fatigue or physical stress. Mental wellbeing is about feeling positive about ourselves and others, being able to form good relationships, and having the resilience to overcome challenges.

Many women continue to experience violence, which has impacted not only their physical well-being but has silently continued to affect their mental health.

Some women remain traumatized due to such experiences of violence while others manage to cope up with them through their resilience, social support and emotional nurturing. Few questions related to how they felt and experienced different things especially after their most painful experience of violence had been asked to women who had experienced any physical or sexual violence in the past. Table 4 captures the impact of physical and sexual violence. Self-reported physical and mental wellbeing among ever married women who had experienced physical and sexual violence by their partners ever in lifetime is presented in this table. Effect on mental wellbeing was reported by victims of sexual violence and effect

on physical wellbeing was reported by victims of physical violence. Around 12 women reported a lot of effect and 27 reported a little effect on mental wellbeing because of sexual violence. Nine women reported a lot of effect and 23 women expressed to have a little effect on physical wellbeing. Effect on mental wellbeing was reported by a greater number of women compared to physical wellbeing.

Table 4: Self-reported physical and mental wellbeing among ever married women who experienced physical violence and sexual violence by their partner ever in their lifetime

Type of effect	Physical Wellbeing among all who experienced violence ** (N=102)	Mental Wellbeing among all who experienced violence *(N=48)
No effect	18	11
A little effect	23	27
A lot effect	9	12
*Reported by sexual violence victims		
**Reported by physical violence victims		

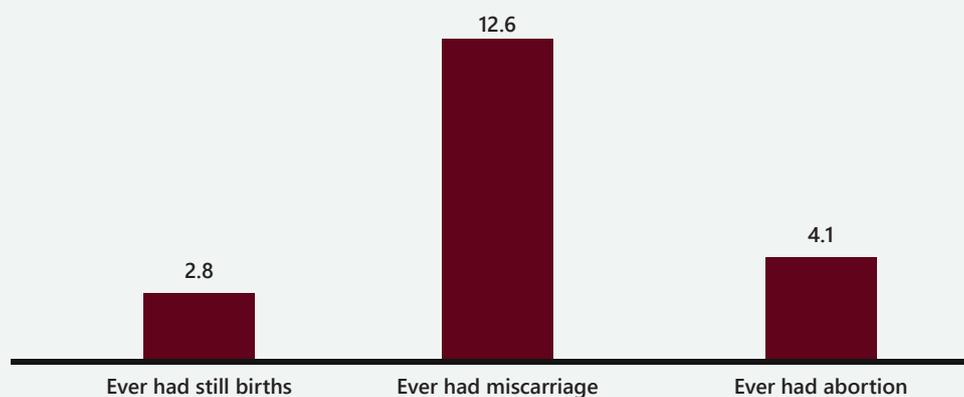
Impact of intimate partner violence on reproductive health

In order to understand the impact of intimate partner violence on reproductive health of women, we tried to understand the birth outcomes of the pregnancy in figure 19. Result revealed around 13% of birth outcomes of pregnancy ended

in miscarriages followed by abortion (4%) and still births (3%); miscarriage and abortion being highly significant. Also, it was found that there is significant association between miscarriage and physical and/or sexual violence as explained in figure below.

We tried to understand whether spousal violence had an impact on the reproductive health of girls/ women

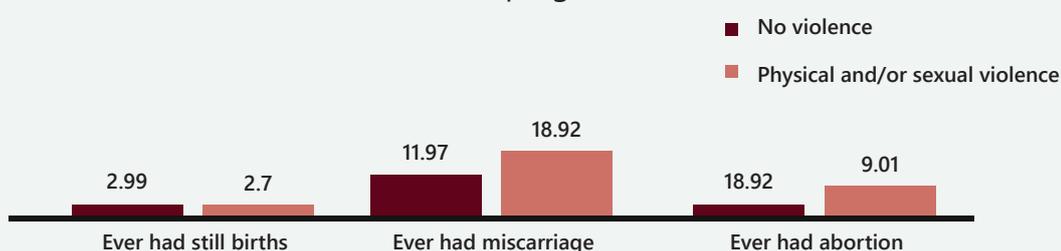
Figure 19: Percentage of birth outcome of pregnancy among partnered women (N=612)



during pregnancy presented in Figure 20. Results found that miscarriage was more (19%) among women who had experienced spousal violence in the form of physical and/or sexual violence whereas normally the rate of miscarriage was 12% among women with no history of

spousal violence. It indicates that higher miscarriage rate may be on account of physical and/or sexual violence on ever pregnant women by their husbands/partners. Women who experienced violence also experienced abortion (9%) followed by still births 3%.

Figure 20: Reproductive birth outcomes experienced by women, according to their experience of physical and/or sexual violence by a husband/partner among those ever pregnant



Risk factor analysis of physical/or sexual violence by selected husband characteristics

Table 5 takes into account the differences in the experiences of physical/or sexual violence by selected husband characteristics. It shows as the level of education of husband increases, the experience of physical/or sexual violence decreases significantly. Around 27% respondents experienced physical/or sexual violence by their husbands who had no schooling whereas only 9% respondents mentioned to have experienced physical/or sexual violence by husbands who have attained tertiary level of education. Moreover, alcoholism

among husband was one of the major risk factors leading to physical/sexual violence on women. Around half of the respondents (49%) mentioned to have suffered from physical/or sexual violence by their husbands who had the habit of drinking alcohol daily/weekly compared to 12% respondents as the victims of physical/or sexual violence whose husband never consumed alcohol. Results clearly reveal that as the habit of alcohol consumption among husband decreases, the occurrence of physical/or sexual violence decreases. It was found that age difference between husband and wife also had a bearing on the levels of physical/or sexual violence. Lesser is the age difference between spouses, more is the likelihood of physical/or sexual violence by husbands.

Table 5: Risk factor analysis of physical/or sexual violence by selected husband characteristics

Selected background characteristics of husband	Percentages	SD	P-value
Educational level of Husband			0.004***
Primary	12.9	0.34	
Secondary	17.0	0.376	
Tertiary	8.9	0.286	
No Schooling	26.6	0.444	
Alcohol habit of Husband			0.000***
Never drinks	11.8	0.323	
Daily/weekly drinks	49.0	0.504	
Monthly drinks	30.8	0.464	
Age difference between spouses			0.067*
Less/same	28.5	0.487	
1-5 years	19.9	0.400	
6-10 years	17.0	0.376	
10+ years	9.7	0.297	

Level of significance: *p-value <0.1, **p-value <0.05, ***p-value <0.01

Logistic Regression Analysis indicating the determinants of violence

Table 6 makes logistic regression analysis to explore the determinants of any form of intimate partner violence among adolescent girls and women which included physical, sexual, emotional, controlling behaviour and economic violence. The table finds no strong association between violence and age groups/age at marriage of respondent. Similarly, the association of intimate partner violence and level of education of respondent/husband was not statistically significant. Alcoholism among men was found to be a strong predictor of violence. Women whose husbands had drinking

habits were 1.9 times more likely to experience violence. Women belonging to SC/ST caste groups have 1.9 times more likelihood to suffer from violence. Though witnessing violence on mothers was not a significant predictor of intimate partner violence; however, respondents who ever experienced physical violence in their childhood by parents/others tend to experience 2.5 times more intimate partner violence than those who never experienced violence in childhood.

Overall, the analysis highlights that alcohol drinking habit of husbands and experience of physical violence in childhood are the stronger predictors of intimate partner violence among the adolescent girls and women.

Table 6: Results of Logistic Regression Analysis of the determinants of any form of Intimate partner violence among adolescent girls and women

Background characteristics	Odds Ratio	P>z	[95% Confidence Interval	
Age group				
18-22®				
23-29 years	1.26	0.19	0.893	1.766
Age at marriage				
Below15®				
Below 18	0.88	0.56	0.562	1.363
Above 18	0.91	0.72	0.549	1.511
Respondent's Educational level				
No schooling®				
Primary	1.67	0.22	0.733	3.810
Secondary	1.58	0.08*	0.950	2.637
Tertiary	0.60	0.23	0.262	1.370
Working status of respondent				
Never done work®				
Ever done paid work	0.86	0.41	0.594	1.235
Husband's educational level				
No schooling®				
Primary	0.80	0.61	0.336	1.895
Secondary	0.97	0.91	0.609	1.550
Tertiary	0.96	0.91	0.524	1.776
Alcohol drinking habit of husbands				
Never drinks®				
Drink	1.89	0.00***	1.224	2.915
Caste				
Other®				
SC/ST	1.86	0.02**	1.092	3.166
OBC	1.12	0.65	0.688	1.822
Witnessed physical violence on mother				
No®				
Yes	1.15	0.48	0.785	1.679
Physical violence on children				
Never®				
Ever	2.52	0.00***	1.763	3.615
_cons	0.20	0.00	0.089	0.467
Level of significance: *p-value <0.1, **p-value <0.05, ***p-value <0.01; ® = Reference category				

Results of Logistic Regression Analysis of the determinants of any form of violence among adolescent girls and women which included intimate partner violence as well as non-partner violence is presented in table 7. The table indicates that women in the age group of 23-29 years are 1.6 times more likely to experience any form of violence compared to girls in the age group of 18-22 years. The association between violence and education of respondent/husband is not statistically significant. Alcoholism among men was found to be a strong predictor of violence. Women whose husbands had alcohol drinking habits were 1.5 times more likely to experience violence. Women belonging to SC/ST caste groups have 1.8 times more likelihood to suffer from violence.

There is no strong association between violence and working status of women. Though witnessing violence on mothers was not a significant predictor of violence in this context; however, respondents who ever experienced physical violence in their childhood by parents/others tend to experience 2.3 times more violence than those who never experienced violence in childhood.

The analysis highlights that higher age group 23-29 are more likely to experience violence. Also, the experience of physical violence in childhood is one of the stronger predictors of intimate partner violence among the adolescent girls and women. Alcohol habit of men and caste groups have relatively strong association with violence.

Table 7: Results of Logistic Regression Analysis of the determinants of any form of violence (Intimate partner + Non partner) among adolescent girls and women

Background characteristics	Odds Ratio	P>z	(95% Confidence Interval)	
Age group				
18-22®				
23-29 years	1.61	0.00***	1.17	2.21
Women's Educational level				
No schooling®				
Primary	1.6	0.25	0.72	3.59
Secondary	1.39	0.18	0.86	2.25
Tertiary	0.63	0.21	0.31	1.29
Husband's Educational level				
No schooling®				
Primary	0.73	0.46	0.32	1.68
Secondary	1.02	0.92	0.66	1.59
Tertiary	0.83	0.5	0.47	1.44
Alcohol drinking habit of husbands				
Never drinks®				
Drink	1.5	0.06*	0.99	2.26

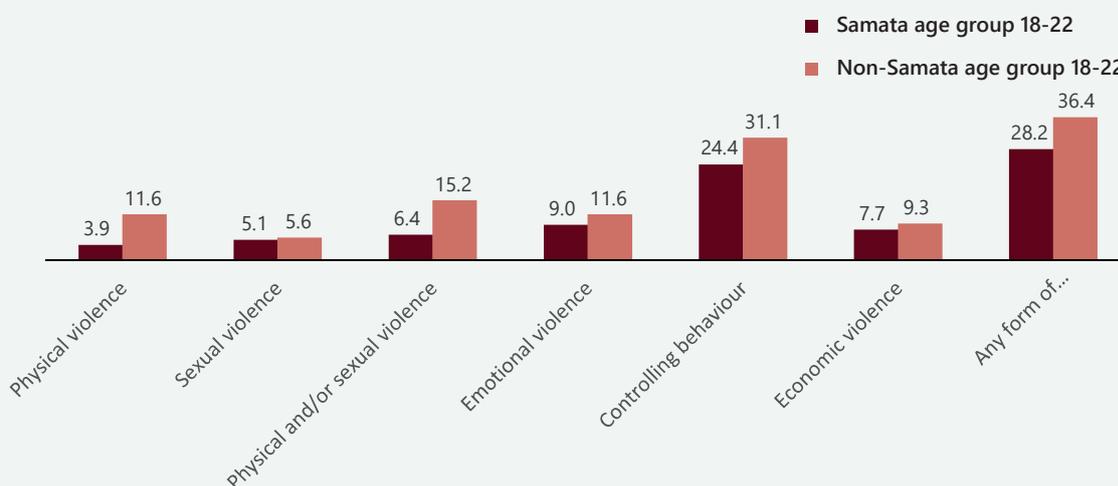
Working status of women				
Never worked [®]				
Ever done paid work	1.13	0.47	0.81	1.57
Caste				
Other [®]				
SC/ST	1.79	0.02**	1.08	2.94
OBC	1.57	0.06*	0.98	2.52
Witnessed physical violence on mother				
No [®]				
Yes	1.23	0.24	0.87	1.75
Physical violence in childhood (first 15 years of life)				
Never [®]				
Ever	2.35	0.00***	1.69	3.27
_cons	0.16	0	0.08	0.35
Level of significance: *p-value <0.1, **p-value <0.05, ***p-value <0.01; [®] = Reference category				

Comparison between Samata girls/women and Non-Samata girls/women

This section compares the experiences of GBV across two sets of groups – one groups consisting of girls/women between 18-22 years and 23-29 years,

unexposed to the Samata intervention, and another group consisting of girls exposed to the Samata Intervention. The Samata intervention as discussed earlier was a life skills-based intervention conducted from 2013 to 2017 in villages of Vijayapura district of northern Karnataka. The aim of the intervention was to examine the long-term impacts of a life

Figure 21: Prevalence of physical, sexual, emotional, and economic violence, and controlling behaviours by husband/partner since age 15 among ever married/partnered women comparing Samata and Non-Samata

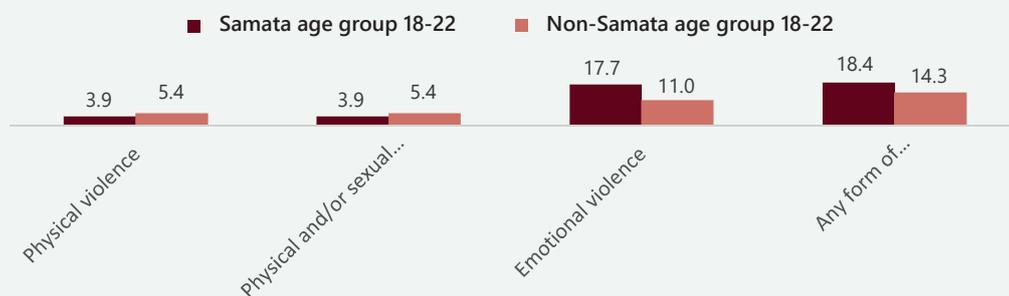


skills education (LSE)-based intervention for rural and marginalised adolescent girls in northern Karnataka, India. Here, we attempt to analyse the long-term effects of the Samata intervention, post four years of intervention completion.

Results show higher levels of all the types of intimate partner violence among non-Samata girls compared to Samata girls/women (Figure 21). Any form of violence among samata girls/ women was 28% whereas it was 36% for non-samata girls/women. The highest level of violence was controlling behavior of husbands/partners for both Samata (24%) and non-samata girls/women (31%).

In case of non-partner violence, Samata girls experienced more violence than non-samata girls for any form of violence. Also, emotional violence was higher among Samata girls compared to non-samata girls (Figure 22). Physical and physical and/or sexual violence was higher among non-samata girls/women. Emotional non-partner violence was higher compared to other types of violence among both Samata and non-samata girls/women. It may be on account of the fact that Samata girls questioned and challenged the traditional structures like child marriage, gender-based violence etc. which make them more susceptible to violence.

Figure 22: Prevalence of physical, sexual, and emotional violence by a non-partner since age 15 among all women of age group 18-22, comparison between Samata and Non-Samata



Child marriage

Child marriage among Samata girls/women was lower (28%) compared to non-samata girls/women (48%) and the results are significant at $p < 0.05$ (Table 8). It is to be mentioned that the state average for child marriage is 24.7% for rural Karnataka and child marriage is 39.2% for Bijapur district as per NFHS 5. Around 27% Samata girls/women

witnessed child marriage compared to 15% non-samata girls/women. Attempt to prevent child marriage was 6% among Samata girls/women as compared to 3% among non-samata girls/women. It was found that preferred age of marriage was above 21 years for 81% for Samata girls/women compared to 38% non-samata girls/women.

Table 8: Child marriage Indicators among samata girls/women and non-samata girls/women (18-22 years)

Child marriage	Samata		Non-Samata	
	Percentage	N	Percentage	N
Marriage below 18 years	28.2	22	48.0	145
Witnessed child marriage	26.5	75	14.6	102
Preferred age of marriage above 21 years	81.2	230	37.6	263

Results reveal that most of the Samata girls who delay child marriage continue 12 years or more of schooling compared to non-samata girls. The findings show that around 70 % of Samata girls who

are married after 17 years are more likely to get 12 or more years of education compared to 44 % non samata girls (Table 9).

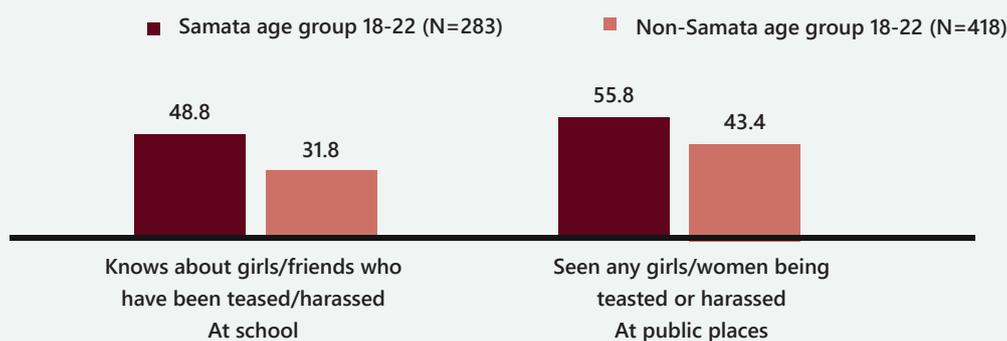
Table 9: Age at marriage by educational level of girls/women

Age at marriage	Educational level of girls/women			
	Samata		Non samata	
	12 or more years	N	12 or more years	N
Married after 17 years	69.7	182	44.4	68
Married before age 18 years	22.7	5	26.1	35

It was found that higher number of Samata girls/women knew and saw girls being teased and harassed both at school and public places compared to non-samata girls/women. The adolescent girls/women were enquired about harassment at school and public places during childhood. Around 49% samata girls/women knew about girls/friends who had been teased/

harassed at school compared to 32% non-samata girls/women. Similarly, at public places, around 56% samata girls/women witnessed any girl/women being teased or harassed compared to 43% non-samata girls/women (Figure 23). This may be on account of higher level of awareness or higher mobility of Samata girls compared to non-samata.

Figure 23: Experience of different forms of gender based violence/harrasment at School and public places happend during childhood, Samata and Non-Samata comparission



Knowledge of programmes and participation status among samata and non-samata girls/women

Table 10 indicates better knowledge of programmes and participation status among samata girls/women over non-samata girls/women. Findings show that most of the samata girls/women (97%) had heard about the laws against child marriage whereas around 83% non-samata girls/women had ever heard of these laws. Similarly, around 92% samata girls/women had heard of laws to protect

women against domestic violence compared to 70% non-samata girls/women. Similarly, Samata girls/women (95%) had better knowledge of equal property rights for women compared to non-samata girls/women (76%). More than half of the samata girls/women expressed that panchayat punished anyone who teases or physically or sexually assaults a girl/woman while 34% non-samata girls/women reported the same. Similarly, around 52% samata girls/women revealed that panchayat takes action against any child marriage while 43% non-samata girls/women expressed the same.

Table 10 : Comparison between samata and non-samata girls/women by knowledge of programmes and participation status

Knowledge of programmes and participation status	Samata		Non-Samata	
Have you ever heard of laws against child marriage	97.2	275	83.1	580
Heard of laws to protect women against domestic violence	91.9	260	69.9	488
Heard of any laws for providing equal property rights for women	94.7	268	76.4	533
Panchayat punish anyone who teases or assault physically or sexually to a girl/ woman	51.6	146	33.7	235
Panchayat takes action against any child marriage	51.9	147	43.1	301

Discussion and Conclusion

Society in the past, has sanctioned the belief that men have the right to use whatever force is necessary to control the behaviour of women. Those in intimate relationships as well as those who abuse children often are repeating learned behaviours transmitted intergenerationally. Dreze and Sen (Dreze J and Sen A., 2002) observed that economically backward regions, such as northern Karnataka, commonly feature gender norms that advantage males to the detriment of females.

Notwithstanding, the progress it made on the social and economic front, Karnataka turns out to be the only state where the number of young and middle-aged women experiencing violence from their spouses has more than doubled in the last five years. The percentage of women in the 18-49 age group who experienced spousal violence (physical and sexual) rose to 44.4% in 2019-20 (NFHS-5) with barely any difference between rural and urban areas compared to 20.6% in Karnataka in 2015-16 (NFHS-4). Moreover, Karnataka, West Bengal, Maharashtra and Assam are also the four big states that saw an increase in the number of young women

(18-29 years) who experienced sexual violence by the age of 18. The number of such women in Karnataka is 11% in 2019-20, followed by West Bengal (9.7%), Assam (8%) and Maharashtra (6.2%). It reiterates the urgent need for ensuring the protection of women and girls, strengthening gender-responsive policies, and promoting social and behaviour change – all critical if India has to move the needle on gender justice and gender equality.

The present study builds on previous findings and evaluations of the Samata programme for SC and ST adolescent girls between 13 and 16 years, undertaken by KHPT from 2013 to 2017 in Vijayapura district of northern Karnataka. Samata intervention showed that a significantly higher proportion of girls in Vijayapura district of North Karnataka enrolled in secondary school and had a significantly lower likelihood of marriage post-intervention and compared to the control group (Prakash et al., 2019). With educational and health-related data showing a higher incidence of drop-out among girls in the secondary and higher secondary years (i.e. 15-19 years), and the shift in the age of marriage to between

17-19 years, girls in late adolescence are now at considerable risk for early marriage, lack of autonomy with respect to decisions on partner selection, exercising their sexual and reproductive health rights, and attaining educational and economic opportunities.

Within similar context, the present study examines the prevalence and experiences of Gender based Violence in north Karnataka with the purpose of understanding the nature and pattern of violence among adolescent girls and women. More specifically, the study aims to examine the long-term impacts of a life skills education (LSE)-based intervention for rural and marginalised adolescent girls in northern Karnataka, India.

Understanding gender-based violence

To understand the overall prevalence of violence in the study population, a variable 'any form of violence' was created which included physical, sexual, emotional, controlling and economic violence which was estimated to be 38 %. Results shows that the prevalence of controlling behaviour (32%) by husband/partner was high compared to physical, sexual, emotional and economic violence among girls/women. Physical violence (15%) was higher than sexual violence (7%); and spousal violence (physical and/or sexual violence) was 18% in the community.

To explore and identify violence in a newer perspective, qualitative study adopted grounded theory approach

which began with an interrogation of how violence is understood in different contexts. Qualitative data revealed that both in natal family as well as marital family, women have limited decision making powers as they aren't seen to belong to both the homes. Several studies reiterate that Girls are regarded as 'parayadhan' (belonging to another family). This temporary membership of a girl in her natal home, which she has to leave once she is married, makes her education a less beneficial and less relevant option for poor families (Sinha A. 1998).

Furthermore, there is a strong understanding among members of the natal and marital house that women must 'adjust' to their circumstances and should remain in silence even if violence occurs to keep the family structure intact. Gender norms relating to female modesty and acquiescence, and women's awareness of their powerlessness serve to silence women (Leach F et al., 2007). Our findings identify that this kind of social and family structure lowers the self-esteem of women and they tend to give authority to men for correcting them if they make a mistake leading to repeated episodes of violence. It is also found that women rationalise the violence as they have witnessed it over generations and consider it a part of life. An earlier study also shows that within SC/ST families in northern Karnataka, gender and social norms limit girls' mobility, aspirations, self-esteem, and participation in decision-making on matters that are crucial to their lives and livelihoods (Mallika B, et al., 2012).

Understanding violence by selected background characteristics of respondents and their husband/partner

Results reveal that there is a decline in all forms of violence with attainment of tertiary level of education among women and girls. Controlling behaviour by husband/partner was found to be at highest levels among all other types of violence across all the background variables. Sadly, even tertiary education of respondents was not able to contribute to significant reduction in the controlling behaviour of husband/partner as observed for other types of violence. This indicates though the physical, sexual, emotional and economic violence may get reduced with the increase in the level of tertiary education but similar level of controlling behaviour of men over women across all the categories shows the strong existence of dominance of men over women in Indian society which cannot be reduced by merely increasing the number of years of schooling. Literature documents that in India, sons are widely regarded as assets, and daughters as liabilities (Caldwell JC et al., 1985).

Unexpectedly, ever worked women were at a higher risk of all types of violence compared to women never worked indicating strong internalisation of violence. Even working status of women could not help them evade intimate partner violence. Both quantitative and qualitative data analysis identified that

even if women earned, they neither had control over money nor did they enjoy any decision-making power. Interestingly, controlling behaviour by husbands did not vary much for women ever worked (34%) and women never worked (30%), contrary to other forms of violence indicating the working status of women is not likely to bring change in the controlling behaviour of men. Husbands with no schooling and primary level of schooling exhibit similar levels of all types of violence over women, though a little reduction was found with the attainment of secondary and tertiary level of education. The prevalence of all forms of violence by husband/partner was significantly high among the SC/ST respondents across all the categories. Also, it was found that the poor experienced higher levels of physical, emotional and economic violence while sexual violence was similar among the rich and the poor. On the contrary, controlling behaviour was highest among the rich compared to the poor and girls/women belonging to the middle wealth quintile.

Drinking (alcohol) habit of husbands resulted in higher levels of all types of violence by husbands compared to those who never drink. Around half of the respondents mentioned to have suffered from physical/or sexual violence by their husbands who had the habit of drinking alcohol daily/weekly. Results clearly revealed that as the habit of alcohol consumption among husbands decrease, the occurrence of physical/or sexual violence decreases. During qualitative data analysis also, women felt

that alcoholism was a predominant factor that led to violence. This is perhaps due to the difficulty to negotiate with their spouses when they are drunk. Women said if they come home drunk, they simply have to keep quiet, while at other times, they applied different strategies of negotiation.

Whether witnessing or experience of violence lead to Intergenerational transfer of violence?

Around three fourth of the ever-married women reported to have experienced physical violence in the form of being kicked, dragged, beaten by their partners ever in life. Around one third of adolescent girls reported to have witnessed any form of physical violence between their parents since the age of 15 years of their life. The violence was in the form of 'pushed, grabbed, slap or throw', 'kick, bit, hit' and 'repeatedly hit for few minutes'. Results reveal a strong association between these two variables. Those girls/women who witnessed parental violence in childhood are more likely to experience physical violence in their marital life too. Witnessing of violence transfers into experience of violence in adulthood for these girls. The study also highlighted that more than half of the women who experienced physical and/or sexual violence mentioned that their mother was hit by the father. It depicts the strong existence of intergenerational transfer of violence in the community.

A meta-analysis by Stith et al. (2000) found children who have exposure to violence in their childhood are more likely to enact or experience violence in their adult couple relations. Grych and Fincham (1990) found witnessing inter-parental violence leads to problems in adjustment, behaviour and emotional wellbeing of the children and it continues to persist even when they grow up, and similarly Johnson and O. Leary (1987) found associations between aggression and symptoms of conduct disorder, depression and anxiety. On the contrary, it also holds true that most of the adults who grow up in violent homes do not become violent adults perhaps for the effect of other risk factors like higher level of education, cultural difference etc. (Kaufman & Zigler, 1987). As Pollak 2002 rightly points out that witnessing domestic violence in the family of origin is not an inexorable precursor of violence, but it does increase the likelihood of violence.

Children may be victimized and threatened as a way of punishing and controlling the adult victim of domestic violence. They may be injured unintentionally when acts of violence occur in their presence. Often episodes of domestic violence expand to include attacks on children. A little less than half of the respondents experienced physical violence in the form of being spanked by parents/guardians ever in life. Also, it was the mother who spanked them most of the time indicating strong internalisation of physical violence in day-to-day life. In our study it was mothers who resorted to violence on children though at a minor

scale, but it is likely to be a response to the violence on themselves. The analysis is likely to portray that domestic violence among parents at home culminates into more physical violence by mothers on their children as a response to the violence done over them by their husband/partner. It shows close association between parental violence and childhood violence which may lead to intergenerational transfer of domestic violence. Results also revealed that the experience of childhood violence had greater impact on intergenerational transmission of violence than witnessing parental violence in childhood.

Childhood experience of violence at school and public places

Girls and women face a lot of harassment and teasing at school and public places, which in turn leads to discontinuation of school, limits their mobility and access to many places and services. The experience of teasing and harassment at school and public places were enquired through a series of questions. The study found that around one third of the respondents knew about girls/friends who have been/were teased or harassed at school. The teasing was in the form of whistling, calling names, singing, winking-nothing sexual). When they were asked about the experience of different forms of harassment at public places during childhood, around 40% respondents revealed that they have seen girls/women being teased or harassed at places like bus stands,

bus/auto/train, health centres, markets, public toilets, playgrounds, schools, colleges etc. The most common type of teasing and harassment girls/women faced at public places was stalking followed by uncomfortable staring, verbal abuse and inappropriate touching. Stalking was defined as a course of conduct directed at a specific person that involves repeated visual or physical proximity; non-consensual communication; verbal, written, or implied threats; or a combination thereof that would cause fear in a reasonable person. Moreover, when they were asked about the age group of girls/women who have the highest chances of being the victim of such violence; more than three fourth of the respondents reported that it was teenage girls (12-19 years) who had highest chances of being the victim of teasing/harassment.

Despite the law against child marriage, the prevalence of child marriage was very high in the study population. Marriage before the age of 18 years was found to be 49% for women currently in the age group of 20-24 which is higher than the district average of 39% as per NFHS 5 report in the same age group. The most common reasons for child marriage were parents received a good marriage proposal followed by poverty and social pressure. Findings from qualitative study emphasises that laws have not been of much help in changing the traditional structure of the society to a larger extent. This is because there is a cultural silence, acceptance and support for issues like child marriage in the community. Laws

against child marriage were acceptable by some of the respondents and they agreed that child marriage is wrong and they should take the consent of their daughters before they get them married but they rarely practiced it. It was also seen that with growth in the family income, respondents tend to educate their girls further and delay their age of marriage. This indicates that poverty could also be one of the factors leading to child marriage for many. In similar lines, a survey to assess marriage and educational aspirations of adolescents in northern Karnataka found that rural daughters had no say in the selection of their husband, and that 40% of rural parents did not ask for their daughter's consent before arranging their marriage (Hallad J., 2011).

Consequences of violence on physical and mental health of women

As a result of physical and/or sexual partner violence, women suffered various physical injuries. Age group of 23-29 years experienced three times more injuries compared to the younger age groups but the level of injuries did not vary much across respondents of different educational levels and different caste groups. The most common form of injuries occurred were deep wounds, broken bones/teeth, internal injuries followed by cuts, scratches, bruises or aches and Injuries to eye or ear, sprains, dislocations or burns. Effect on mental wellbeing due to sexual violence

was higher than that on the physical wellbeing. Physical and/or sexual violence also resulted in miscarriage and abortion for some women under the study. As per literature, women who endure physical or emotional abuse tend to suffer from several mental illnesses. These include post-traumatic stress disorder (PTSD), depression, anxiety, substance abuse, and suicidal thoughts) (Van der Kolk B, 2000). One study shows that the likelihood of abused women experiencing PTSD is seven times higher than that for those who have not been abused (Nathanson AM, 2012).

Regression analysis for determining the factors for gender-based violence

The logistic regression analysis indicates that women in the age group of 23-29 years were more likely to experience any form of violence compared to girls in the age group of 18-22 years. Attainment of tertiary level of education for both women and their husbands resulted in reduction of any form of violence. Alcoholism among men was found to be a strong predictor of violence. Women whose husbands had drinking habit were 1.5 times more likely to experience violence. Women belonging to SC/ST caste groups had 1.8 times more likelihood to suffer from violence. Those women who had witnessed physical violence on mothers by their father in their childhood are 1.2 times more likely to have experienced violence in their

marital life too. Moreover, it was also captured that girls who ever experienced physical violence in childhood by their parents/guardians tend to experience two times more violence than those who never experienced violence in their childhood. Jeyaseelan et al. (2007) also confirmed that substance abuse, childhood exposure to physical violence by parents and witnessing of parental spousal violence increases the risk of perpetrators/victims of spousal violence in adulthood. Similarly, another cross-sectional study of physical spousal violence against women in Goa, India by Kamat, Ferreira et al.(2010) found that women who witnessed inter-parental violence were more likely to accept it as “normal” behaviour, and were more likely to be victimized.

Comparison between Samata and non-Samata girls/women

Samata girls/women tend to have experienced lower levels of intimate partner violence compared to non-samata girls/women. On the other hand, any form of non-partner violence and emotional non-partner violence was higher among samata girl/women.

Child marriage was more common among non-samata girls/women. More number of samata girls/women witnessed child marriage but they also were more likely to prevent child marriage more than the non-samata girls/women. Majority of Samata girls/women (81%) preferred age of marriage was above 21 years compared to non-samata girls/women (33%). Samata girls/women were in a better position to convince their parents to delay their marriage compared to non-samata girls/women.

Child marriage among samata girls/women had better knowledge of the programmes and participation status compared to non-samata girls/women.

Recommendation and Policy Implication

Research

1. Understanding the relationship between childhood experience of violence and intimate partner violence. An investigation should be made to understand the association between parental violence and violence on children. Further research should be conducted to find the association between the two so as to find that either the perpetrators or the victims' resort to violence on children as a response to cope with the intimate partner violence.
2. Understanding the views of men who perpetrate domestic violence in order to identify the factors leading to GBV.
3. Identifying drivers and strategies to end child marriage in rural Karnataka.
4. Addressing the impact of Substance abuse (alcoholism) on intimate partner violence.
5. Explore how parental substance abuse and parental domestic violence increases the chances that a child will grow up to be an abuser and/or a substance abuser.
6. Meta-analysis of GBV related policies, programs, legislation and interventions to understand the effectiveness of different solutions concerned with GBV.
7. Understanding the technology (based intervention) to tackle gender-based violence: Effectiveness and impact of these new technologies in the prevention and response to gender-based violence; Relationship between the technology and 'traditional' work to tackle gender-based violence; Challenges and advantages associated with using these technologies in interventions to address gender-based violence.

Programme

1. Older age groups of girls/women can be supported for continuing education, addressing alcoholism which is a big factor in violence. Both men and women need couple counselling for education, especially during the early years of marriage and when partner age differences are smaller;
2. Specific Social groups like OBCs should be focussed on, as violence is high amongst them. Engaging with youth through participatory learning and action (PLA) approach to prevent the violence and discrimination against girls and women. Interventions with men can transform their attitudes towards girls in general and more specifically within their families and classes, emphasizing the right of adolescent girls/women to a life free of violence and abuse. It will achieve positive changes in men's' attitudes and behaviours and promote adolescent girls' participation and retention in schools.
3. Developing and implementing the participatory and citizen-centric model to prevent and address violence and discrimination against girls and women.
4. Designing the district-level government and non-government partnership model for the effective roll-out of the GBV component of the National Adolescent Health Program (RKSK).
5. Gender based violence proliferates in an environment that accepts the lesser status of women and children. Shrouding the violence in secrecy allows this behaviour to continue. Educating the public about the extent of the problem and its long-term costs to society establishes a foundation that permits victims to come forward.
6. Women are at greater risk of intimate partner violence than non-partner violence. So, it is required to provide access to self-help groups and other supportive services for all supporters, perpetrators and victims of GBV.

Advocacy

1. Using technology to report GBV: Reporting of GBV using technological solutions (such as Sahita helpline or android application used by ASHAs, Anganwadi workers to identify and report GBV in their respective areas)
2. Strengthening network system to enhance institutional responses on GBV through Stakeholders (academicians, NGOs, govt. officials) consultation.
3. Forming and strengthening adolescent collectives to advance the advocacy: By enhancing the adolescent girls/women's participation in the GBV policy.
4. Violence against women should be treated as a major criminal justice and public health concern.
5. Given the large number of stalking victims, it is important that stalking be treated as a legitimate criminal justice problem and public health concern.

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Annexure

Table A1: Characteristics of all respondents and all ever-partnered respondents in the sample

Background Characteristics of respondents	All Respondents	Ever partnered
N	889	698
Age group of respondents		
18-22	52.1	43.3
23-29	47.9	56.7
Education of respondents		
Primary	4.8	5.6
Secondary	67.6	69.6
Tertiary	16.1	10.7
Non-schooling	11.5	14
Earning status of respondents		
Ever done paid work	40.7	45.4
Currently involved in paid work	62.7	61.8
Marital status of women		
Never married	21.5	0
Currently married	75.8	96.6
Widowed/separated/divorced/deserted	2.7	3.4
Age at marriage		
Below 15	22.4	22.2
16-18	46.6	46.9
19-24	29.9	29.8
Above 25	1.1	1.2

Background Characteristics of respondents	All Respondents	Ever partnered
Father's education		
Primary	13.2	14.9
Secondary	29.5	26.2
Tertiary	6.1	4
No schooling	51.2	54.9
Caste of respondent		
SC/ST	26.8	27.5
OBC	55.5	54.6
Other	17.8	17.9
Religion of respondent		
Hindu	89.9	90.4
Muslim	9.2	8.6
Other	0.9	1
Toilet facility		
No facility	62.9	63.8
Own toilet	34.2	33.1
Public toilet	2.9	3.2
Main source of drinking water		
Own source	46.7	46.1
Public source	44.3	44.8
Community RO	9	9.2

Table A2: Prevalence of all forms of violence by a husband/partner since age 15 and in the last 12 months among ever-married/partnered women by background characteristics

Background Characteristics	Physical Violence		Sexual Violence		Emotional Violence		Controlling behaviour		Economic Violence		Number of ever married women
	Since age of 15 years	12 months prior to survey	Since age of 15 years	12 months prior to survey	Since age of 15 years	12 months prior to survey	Since age of 15 years	12 months prior to survey	Since age of 15 years	12 months prior to survey	
	Percentages										N
Total											698
Age group of respondents											
18-22	11.6	7.62	5.63	4.97	11.6	7.95	31.1	25.8	9.27	6.29	302
23-29	16.9	8.84	7.83	4.8	16.7	11.4	32.6	23.5	11.9	5.81	396
Education level of respondents											
Primary	20.5	5.13	10.3	2.56	15.4	7.69	35.9	30.8	10.3	5.13	39
Secondary	15.8	9.26	6.79	4.94	16.3	11.1	35.4	27.4	10.7	6.17	486
Tertiary	4.00	2.67	1.33	1.33	2.67	1.33	16	13.3	2.67	0	75
No schooling	14.3	9.18	10.2	8.16	14.3	11.2	25.5	16.3	17.4	10.2	98

Work Status of respondents											
Ever done paid work	22.1	12.6	9.46	5.68	19.9	13.3	33.8	24.6	16.4	8.83	317
Never done work	8.4	4.72	4.72	4.2	9.97	7.09	30.5	24.4	6.04	3.67	381
Husband's education											
Primary	15.6	12.5	3.13	3.13	12.5	12.5	40.6	28.1	6.25	6.25	32
Secondary	13.7	8.17	7.69	5.05	13.9	10.6	31	24.3	10.6	6.25	416
Tertiary	7.2	2.4	3.2	3.2	8.8	5.6	27.2	23.2	5.6	1.6	125
No schooling	25.2	15.3	9.01	7.21	24.3	12.6	38.7	27.9	18	10.8	111
Alcohol habit of husbands											
Never drinks®	9.52	5.31	4.58	3.85	9.34	5.86	28	23.6	6.78	4.4	546
Drink	33.8	20.4	15.5	9.15	34.5	26.1	47.2	29.6	25.4	12.7	142
Caste of respondent											
SC/ST	19.27	13.02	9.9	6.77	19.79	15.63	41.15	33.33	14.06	9.38	192
OBC	15.49	7.09	7.61	5.51	13.91	8.14	29.66	20.73	10.76	5.25	381
Other	4.8	4.8	0	0	8.00	6.4	24.8	22.4	5.6	3.2	125

Table A3: Frequency of specific acts of physical violence by husband/ partner happened since age 15 and in last 12 months among ever-married women

Specific acts of physical violence	Since age of 15 years		12 months prior to survey	
	%	N (256)	%	N(139)
Slapped, threw something	12.8	89	56.2	50
Pushed or shoved	8.0	56	42.9	24
Hit with a fist or something else	7.6	53	54.7	29
Kicked, dragged, beaten	7.2	50	64.0	32
Choked or burnt on purpose	1.2	8	50.0	4

Table A4: Number of women reporting partner physical and sexual violence (N=126)

Age group of respondents	
18-22	46
23-29	80
Education of respondent	
Primary	9
Secondary	93
Tertiary	4
Non-schooling	20
Caste of respondent	
SC/ST	49
OBC	71
Other	6

Table A5: Type of injuries due to physical and/or sexual partner violence (N=32)	
Type of injury among ever injured	Percentages
Cuts, scratches, bruises or aches	18
Injuries to eye or ear, sprains, dislocations or burns	16
Deep wounds, broken bone/teeth, internal injuries	23
Miscarriage	1



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