The Untold Story: Sexual Violence within Marriage among Young Couples in Nepal

Mahesh Puri, Jyotsna Tamang and Iqbal Shah

Abstract

This paper explores the nature, consequences and coping strategies used by young married women to avoid sexual violence within marriage (SVM) in Nepal. The data comprised 96 free-listings, 6 causal flow analysis and 15 case histories. About half of young women covered in the free-listing reported SVM. The nature of SVM ranged from verbal abuse, intimidation, beating, and unwanted touch on private parts to forced sex. Depression, suicidal tendencies, lower abdomen pain and vaginal bleeding were commonly reported negative health consequences. Women had used various coping strategies such as 'try to convince husbands', 'sleep separately', 'visit maternal home', 'wakeup children', and 'use pretexts such as being ill or menstruation' to avoid SVM. However, in most cases women were not successful. Almost all women experiencing SVM were isolated and do not turn to institutions, relatives or friends for advice and support. Various actions at different levels are required to prevent SVM.

Background

Sexual violence within or outside marriage is both a public health problem and a violation of human rights. It has profound emotional, psychological, social, physical and health consequences both immediately and many years after the assaults (WHO, 2002). Forced sex is associated with a range of gynaecological and reproductive health problems, including HIV and other sexually transmitted infections (STIs), unwanted pregnancy, vaginal bleeding or infection, fibroids, decreased sexual desire, genital irritation, pain during intercourse, chronic pelvic pain and urinary tract infections (Zierler et al., 1991; Garcia-Morneo et al., 2000; Maman et al., 2000, Watts et al., 2004). However, information from developing countries on the extent and factors underlying sexual violence within marriage (SVM) is sparse. The limited evidence available from South Asia, however, identifies several factors that appear to be associated with such experiences among young women. Early and arranged marriage in which the young bride scarcely knows her husband-to-be and has had little say in choice of spouse, clearly condition the extent to which the bride can exercise choice in sexual matters or otherwise in her marital home. The lack of information on sexual matters among women prevents them from making healthy decisions including negotiate sex with their husbands. The lack of alternative support systems also clearly increases the vulnerability of young married women in a coercive situation. The most pervasive underlying factor is female submissiveness and male entitlement to forced sex within marriage (Santhya et. al., 2005).

Many studies reveal that sometimes young women try to avoid unwanted sex with their husbands by giving threats of screaming, endangering the husband's prestige, threats of suicide, waking young children and feigning menstruation (Khan et al., 2002; Geroge, 2002; Puri and Cleland, 2007). Through developing a greater intimacy with husband, communicating sexual desire and inviting sex, and participating more equally in sex-related decision making were among the strategies used by young women to avoid

unwanted sexual relation. For significant number of women, first sexual relation was described as unwanted and forced but now passive acceptance had replaced fear and trauma. In several studies, many women said that their fear vanished as sex became a 'habit' (Geroge, 2002; Khan et al., 2002; Joshi et al., 2001).

Nepal is a patriarchal family structure country where most women have relatively less or no power on whom and when to marry, whether or not to have sexual relations, and when to bear children. Traditionally boys and girls are married at a young age; this applies particularly to girls who marry shortly after puberty, or sometimes even before. Despite laws stipulating the legal age at marriage which is 18 years both for men and women with the consent of guardians, and 20 years without the consent of guardians, early marriage continues to be the norm in many ethnic groups. On average men marry about three years later than women (NDHS, 2006). This results in sexual activity commencing at a relatively early age for the majority of Nepalese young people, particularly women. Unlike most other countries, Nepal sees the onset of sexual activity occurring largely within the context of marriage, sanctioned by family elders and consistent with the strong emphasis placed on female "purity" and chastity. In fact, like in India, there are strong pressures on women to prove their fertility as soon as possible after marriage; social acceptance and economic security in her marital home are established largely through fertility, and particularly through the birth of a son (Jejeebhoy, 1998).

As in many societies, it is common knowledge that SVM exists in Nepal but it has never been scientifically studied and documented and has received little attention from researchers, policy makers and programme designers. There are only two previous small-scale population-based studies conducted in Nepal that document non-consensual sexual experiences reported by young women. First, a small study conducted by Women's Rehabilitation Centre (WOREC) with 60 women in the Udayapur and Kathmandu districts of Nepal, 50 per cent of women were found to have experienced non-consensual sex in marriage. This study found that many married women experience SV from the day of their wedding (WOREC, 2002). Another study conducted among young female factory workers in Nepal showed that one in ten reported sexual coercion (Puri et al., 2007). However, the small scale and other methodological limitations of these studies preclude generalisation of the findings. These studies have indicated that SV exists in Nepal, however, very little is known about the extent of coercion, its causes and contexts in which this occurs.

This paper explores the nature, consequences and coping strategies used by young married women to avoid SVM from a recently completed exploratory study in Nepal.

Data and method of analysis

Data for this paper comes from a qualitative study, carried out in two districts- Tanahu and Dang in Nepal by Centre for Research on Environment Health and Population Activities (CREHPA) in 2007. These districts were selected to represent two main ethnicities from *hill* (Brahmin/Chhetri) and *Terai* (Tharu) and the level of socio-economic development and cultural diversity.

A brief screening questionnaire was administered to the head of the household to identify eligible respondents (15-24 years married women) and married men aged 15-27

years. A total of 387 households were selected using two covered in order to screen for eligible respondents. A total of 65 free listing with married men and women (39 married women and 36 married men) were conducted. Only one respondent either men or women from each household was interviewed to avoid household clustering of responses. Additionally, 30 community leaders were also covered in the free listing exercise. The selection of community leaders were done in a participatory way. The free listing exercise was conducted individually to protect the privacy and confidentiality of respondents and to improve the quality of the data.

Altogether 6 Causal Flow Analysis (CFA) sessions with men, women and community leaders (separately) were also conducted. In total 26 in-depth case histories (15 women and 11 men) were carried out. Participants for in-depth case histories were selected purposively from those who had reported sexual violence during the free listing exercise. In the case histories, nature, reasons and circumstances of sexual violence from their partner were explored in much greater detail. Respondents of in-depth case histories were requested not to disclose any questions or responses from her/his interviews with their neighbours or spouses. A detailed topic guideline was prepared for case histories. In addition, semi-structured interviews with 9 national level key informants were also conducted.

A team of four research assistants (RAs) collected the data (2 male and 2 females). The RAs were Nepalese, university graduates, and experienced in conducting research on sensitive topics. Interviews were conducted at a convenient location for the respondent, usually outside their homes. All case histories were tape-recorded. During the field study, first two authors visited the study site and supervised the RAs to assure interview quality and respondents privacy. Nearly all respondents understood Nepali language and interviews were conducted in this language. None of the respondents selected for the study refused to give an interview.

The research protocol and instruments were approved by the Nepal Health Research Council Ethical committees of World Health Organisation (WHO), Geneva. Informed consent (Verbal) was obtained from all study participants. Participants were protected in the fullest extent against any possible adverse repercussions of the study.

The case histories, and information obtained from CFA were analysed using content analysis technique. First, all textual data were transcribed from audio-tape and translated into English. After reviewing the transcripts, the major themes and concepts were identified. The main themes that emerged from the data were developed into codes for organizing and analysing subsequent interviews/discussions. Two researchers developed an initial code book independently based on early interviews/discussion. Similarity and dissimilarity between two researchers in assigning the codes in early interviews/discussion were checked by a third researcher who resolved the discrepancies before coding the remaining interviews. Modifications in the code book were made in cases where the existing codes were not adequate and were used in analysing subsequent interviews/discussion. In the next step, all the interviews were coded and linked with the background characteristics of respondents. Once the transcripts were coded, relevant quotations that illustrated emerging themes were integrated with the background characteristics of the respondents in a single report. From these reports, the ranges of views expressed within themes were explored, as well

as the relationship(s) between themes. Finally, the relevant quotations were extracted and interpretation was carried out.

Results

Nature of sexual violence

The free listing data suggests that about half of the married women ever experienced SVM. The nature of SVM ranged from verbal abuse, beating, and unwanted touch in private parts to forced sex. Many women reported that they were forced by their husbands to have sex against their desire during illness, exhaustion, menstruation, port-partum period and pregnancy.

Nature of and ever experience of sexual violence among young married women aged 15-24 years		
Type of experiences	N	%
Unwanted physical touch	21	53.8
Ever experience of forced sex from their spouse	19	48.7
Ever forced wife/husband to have sex	1	2.6
N	**39**	*

> *"...Once I was suffering from swelling in vagina. The pain was unbearable but he forced me to have sex. I told him how badly it was paining. I said, "no please, it is badly paining. I cannot bear the pain." But he pretended not to hear me and forced me to have sex almost every night…".*

Consequences

Repercussions of denial for sex

Most women reported that they denied having sex with their husbands when they did not want too. However, such denial often led to severe forms of physical and psychological abuse. The most common forms of physical violence faced by women include severe beating, kicking, punching and pulling hair. Some women also faced extreme forms of physical violence such as being thrown down the stairs, kicked during pregnancy, and being beaten with an iron rod. Women who refused to have sex were often falsely accused of infidelity, were threatened of abandonment, were ignored, abused verbally and emotionally blackmailed.

Physical violence

Case histories revealed that women were beaten if they denied having sex with their husbands. Physical violence was used as a medium to force them to have sex, which often took place when their husbands were drunk. Women also faced severe physical violence such as being beaten with an iron rod and kicked during pregnancy.

> *"...I was often beaten and forced for sex. He also beat me and forced me for sex even when I was almost nine months pregnant. He is a shameless man. ..... Because of his beatings, my son died soon after his birth (with a sad face). But since I got married to him, I have to tolerate everything. He also forced me to have sex right after I gave birth to the child."*
>
> -19 years old, female, Chhetri, 2 years of schooling, labourer

"...One night I was not feeling well and strongly denied for sex. I said, "I am not going to let you have sex today, I am not feeling well." Then I turned my face to another side but he got on top of me and forced me to have sex. I suddenly got up and tried to come out of the room but he pulled my hair and started kicking on my abdomen. He kicked several times on my abdomen. I tried to stop him but I could not. I cried and begged him not to kick on my abdomen but he continuously kicked till he cooled down (tears in her eyes)..."

-19 years old, female, Tharu, non-formal education, housewife

Emotional harassment

Case histories revealed that women were told that she has to have sex with her husband in order to prove their love. In some cases, husbands give false information that she would give birth of a son if she had sex during pregnancy. Some women also fear that if they continuously deny their husband sex he may leave.

" He often said," if we have sex during pregnancy, we will have a son"... He also used to say, "we are newly married, we must have sex, otherwise it shows that we do not love each other."."

– 23 years old, female, Tharu, non-formal education, housewife

"...He said, "if you do not let me to have sex, I will go to other girls or I can even marry another woman!". He is my husband after all so I let him have sex with me ... he does not understand my feelings. All he wants is to fulfil his desire. Sometimes we argue a lot on this but I have no other alternative.."

-21 years old, female, Tharu, non-formal education, housewife

Other tricks men commonly used for obtaining sex from their wives were to threaten remarriage. Some husbands also threatened their wives that they would visit other girls for sex if they refused. Although women reported that they often argue with their husbands, they have to submit eventually even if they are unwillingly as they have no where to go if their husband leaves them.

Accusation of infidelity

Case histories show that scolding, abusing, and accusing of having sexual relationship with other men are some of the common tactics used by a husband to have sex with his wife. One woman who was accused of an extra-marital relationship when she refused to have sex during her menstruation said:

"One night he wanted to have sex with me. I denied because I had my menses. He kept quiet that night but the next evening when he returned home drunk, he beat me badly. He called me a whore and asked me to get out of the house. He also accused me that I sleep with other men, that is why I refuse to have sex with him..."

-19 years old, female, Chhetri, 2 years of schooling, labourer

Health consequences

Most women (10 out 15) covered in the case histories reported that they are experiencing health problems after forced sex from their husbands. According to women, backache, body ache, headache, and lower abdomen pain were the common health problems they experienced after coerced sex. Few women also reported that they were experiencing white discharge, vaginal itching, and dark blood flow. Due to cross-sectional nature of the study it is difficult to ascertain causal the link between reported health problems by women and SV. However, most of the women reported that white discharge, itching in vagina, pain in lower abdomen and bleeding occurred immediately after the violence.

> *"...Every time he forced me to have sex and beat me I wanted to die… Every time I have sex, dark blood flows from vagina. I am suffering from this problem since the last three months. But I have not gone for treatment…"*
>
> -23 years old, Female, Tharu, non-formal education, housewife

Many women reported that they had experienced psychological trauma after they were coerced for sex. Women reported being very sad and tensed after coercive sexual experience with their husbands. Few women even reported attempting to commit suicide after SV.

> *"...One morning he started fondling my body ... I tried to fight with him. He hit me on every part of my body for half an hour. ...I was badly injured…. . I slowly got up from the floor and tried to come out of the house and wanted to commit suicide. I wanted to jump inside the well (Keeps quiet and starts talking again after a while) He stopped me (from committing suicide)…."*
>
> -21 years old, Female, Tharu, non-formal education, housewife

Coping strategies

Evidence suggests that most women (10 out of 15) had adopted strategies to avoid being in a situation that places them at risk of sexual violence from their husbands. However, most women could not protect themselves from being sexually coerced despite the strategies they used.

Defend themselves and scream

Most of the women in the case histories reported that they made noise or screamed when their husbands force them for sex. However, it was seen that other family members or neighbours do not care about this as they consider it a family matter. Nine of the fifteen women stated that they fight back with their husbands in order to protect themselves.

> *"...As usual, he came home drunk and wanted to have sex. I slept turning my face to other side. He started scolding me saying "I don't care whether you have desire or not, you have to sleep with me, otherwise, you get out of my house". He forcefully turned me to his side but I suddenly got up and tried to escape from the bed. But he slapped me badly on my cheek. I also punched him and pushed him away. Then he pulled my hair and threw me on the floor…".*
>
> -20 years old, female, Tharu, non-formal education, domestic helper

Awaking children at night and sleeping separately

Women who have small children often take their help to avoid facing such sexual violence from their husbands. Women often stated that if she knew or suspects her husband will force her to have sex she will hold the child while sleeping so as to protect herself from potential abuse. They also mentioned that even if their children are sleeping they wake them up and sleep with them.

> *"I often sleep turning to the other side. I also make my body very tight so that he cannot move it. I always use different blanket and roll inside it so that he cannot touch me. One day as usual he was drunk and tried to force me for sex. At that time, I held my son in my arms so tightly and got up from the bed. He could not beat me because of my son. He tried to pull my son but I screamed and my son started crying so he could not touch me. Then I unlocked the door and ran next door".*
>
> - 20 years old, female, Tharu, non-formal education

Pretend to be ill/feign menstruation and visit maternal home

> *"I make some excuses like, 'I have stomach pain or I am pregnant' or having menstruation…"*
>
> -19 years old, female, Tharu, non-formal education, housewife

During case histories, women also reported that sometimes they pretend to be ill or menstruating to avoid SV from their husbands. However many women are not successful at their attempts.

Few women also reported that sometimes they visit their maternal home and stay for few days to save themselves from SV. It was also mentioned by one woman that she waited outside the house till her mother-in-law arrived. Only few women were sometimes successful in convincing their husbands not to have sex.

> *... I also used to tell him that such forceful sex leads to heavy bleeding during menstruation, and that it causes extreme pain during menstruation for me. I used to tell him that if he forced me, I would have health problems and then it would be difficult for me to cook meal for him and do all the household chores. When I told him all this, he usually agreed...*
>
> -19 years. non-formal education. housewife

Care and support seeking behaviour

Most of the women reported that they are isolated and generally do not turn to institutions, families, or friends for advice and support. Women considered that it is shameful to share such personal problems with others. Many women think they are the only ones who are facing such violence and do not talk about their problems as they have no support from their family or friends. The results revealed that only half the women (7 out of 15) covered in the case histories had ever told someone about their problems. These women had either told their mothers, mother-in-law, close friends or the neighbour. The results revealed that none of the women had sought help from organisations, or any health providers. Some women were sharing their problems with the interviewers for the first time. Even though a woman had shared her problem with her mother she had not received any help from her.

> "*..Women do not get support from society. Our society blames them instead, if they cannot make their husbands happy. In such matter, I hate women and our society. If I share such problem with anyone in the community they start gossiping about me… I do not go to anyone and do share about my problem. It is also a matter of shame to ask for help in such issue. There is no such woman in this community who could help me or a woman who faces such problem like me. There isn't any women's forum or organization in this community either...".*
>
> -22 years, female, Brahmin, 10 years of schooling, housewife

> *After he forced me for sex I wanted to leave home but it was very dark. The next morning I took my son and left for my parent's home. I shared this with my mother. She just said, "Let him do it". She did not say anything to my husband. How can a mother-in-law talk about such matter with her son-in-law. Women in our community are not that empowered to suggest her son-in-law on such subject…After a few days my mother asked me to go home. She said, "You have chosen your husband so you have to live with him".*
>
> - 23 years, Women, Tharu, non-formal education, housewife

Conclusions

Although the prevalence of SVM may vary according to the definition used, the study demonstrated that SVM among young couples is not uncommon in Nepal. This study found that the nature of SVM ranged from verbal abuse, intimidation, beating, and unwanted touch on private parts to forced sexual intercourse. Nevertheless, given the fact that coercive sexual experiences are likely to be underreported, the relatively high prevalence of these experiences suggested in this study is cause for serious concern. Understanding reasons for SVM are complex and complicated. Women reported several negative health and psychological consequences such as depression, suicidal tendencies, backache, body ache, headache, lower abdomen pain and vaginal bleeding. However, due to the exploratory nature of the study, causal link between SV and health problems reported by women cannot be ascertained. Results demonstrated that women have used various strategies to avoid being in a situation that places them at risk or experienced SV from their husbands. However, in most occasions, women were not able to protect themselves from SV. Young women who suffer from SV appear to be isolated and lack support options.

The findings of the study have some important policy/programme implications. There is a need for young couple's responsive initiatives to enable them to avoid such experiences and prepare them to cope with them. Such initiatives should include life skills education to address gender stereotypes (transformation in gender relations) and attitudes that reinforce male entitlement and women's submissiveness to force sex within marriage. There is a need to change the attitudes of communities and families regarding the gender and reproductive roles of women and their rights. Social transformation of this nature will be difficult and demands sustained commitment at all levels of society and the cooperation of gatekeepers in each setting. Given the paucity of data on the subject, research, especially quantitative survey, is highly warranted understand the scale and determinants of SVM in Nepal.

References

Demographic and Health Survey/ORC Macro, (2006). Nepal Demographic and Health Survey 2006. Calverton, Maryland USA: Family Health Division, Ministry of Health; New Era; and ORC Macro.

Garcia-Moreno, C. and Watts C. (2000). Violence against women: its importance for HIV/AIDS prevention. *AIDS.* **14** (suppl.3): 253-265

George, A. (2002). Embodying identity through heterosexual sexuality-newly married adolescent women in India. *Culture, Health and Sexuality*. **4(2)**:207-222

Jejeebhoy, SJ. (1998). Adolescent sexual and reproductive behaviour : A review of the evidence from India. *Social Science and Medicine,* **46 (10):** 1275-1290.

Joshi, A. M. Dhapolam E, Kurian et al. (2001) Experiences and perceptions of marital sexual relationships among rural women in Gujrat, India. *Asia-Pacific Population Journal.* **16(2**):177-194.

Khan ME, J.W.Townsend, S. D'Costa (2002). Behind closed doors: A qualitative study on sexual behaviour of married women in Bangladesh. *Culture, Health and Sexuality*, 4 (2): 237-256

Maman S. (2000). Intersection of HIV and violence: direction for future research and interventions. *Social Science & Medicine* **50(4)**: 459-478

Puri, M, and Cleland, J.(2007). Assessing the factors sexual harassment among young female migrant workers in Nepal. *Journal of Interpersonal Violence*, **22(11)**:1363-1381**.**

Santhya KG and Jejeebhoy, S (2005). Young women's experiences of forced sex within marriage: evidence from India, In S. Jejeebhoy, I. Shah & S. Thpa (Eds.), Sex with consent: Young people in developing countries. New York: Zed Books

Watts C. and S. Mayhew (2004). Reproductive health Services and intimate partner violence; Shaping a pragmatic response in Sub-Saharan Africa. International Family Planning Perspectives **30(40**) 207-213.

Women's Rehabilitation Centre (WOREC), (2002). Breaking the Silence: Needs Identification of Victims of Gender-based Violence. Unpublished research report submitted to Aidos/Italy, Kathmandu, Nepal.

WHO (2002). World Report on Violence and Health, WHO Geneva.

Zierler, S., L. Feingold, D. Laufer (1991). Adult survivors of childhood sexual abuse and subsequent risk of HIV infection. *American Journal of Public Health* **81 (5):**572-575