

DOMESTIC VIOLENCE AND ITS CONSEQUENCES ON WOMEN'S HEALTH: A STUDY REFERENCE TO NAMASUDRA COMMUNITY IN DAKSHIN DINAJPUR DISTRICT, WEST BENGAL

Arabinda Roy¹✉

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Abstract:

In India, domestic violence is a very critical sensitive gender issue across all classes, castes, religions and communities on a regular basis which goes unreported. Namasudra Community (a sub Scheduled Caste in the province of Bengal) women are no exception to this violence. Purpose of this study is to propose a framework in investigating the kinds and factors contributing to domestic violence against women and their impact on the health of Namasudra women. It is a cross sectional study covering 410 Namasudra women aged between 15-49 years from eight CD blocks of Dakshin Dinajpur district through a multistage random sampling technique. Analysis shows that the prevalence of domestic violence against Namasudra women was relatively high and women were suffering serious health issues in Dakshin Dinajpur district of West Bengal state. The most visible form of domestic violence was physical injury. The findings of this research could help authorized agencies, policy makers to formulate strategies for regional community development in achieving sustainable lifestyle and well-being.

1.0. Introduction

Violence against women and its elimination has been one of the top most agenda of a number of nations and these have been occurring in almost every country or society and every culture from the beginning of civilization. As per the definition of World Health

¹ [First Author] ✉ [Corresponding Author] Guest Lecturer, Department of Geography, Dr. Meghnad Saha College & Ph.D. Research Scholar, Department of Geography, Raiganj University, Uttar Dinajpur, West Bengal, India, Email:arabindaroy3006@gmail.com



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Organization (WHO,1946), "violence is the behaviour by an intimate partner or ex-partner that caused physical, sexual or psychological harm and included physical aggression, sexual coercion, psychological abuse and controlling behaviours". Basically, Domestic Violence (DV) concerns the abuses and misbehaviours regarding women's own right in any form of violence in the family or society by her partner or ex-partner or other family members of her partner and on others spheres of life having an adverse harmful effect not only on her own life but also her children and her parents. Domestic Violence is the basis for many physical, mental, sexual, behavioural and psychological health problems. According to Heise (2002) violence against women is the most pervasive yet least recognized human rights abuse cutting across geographical, racial, social and economic boundaries in the world. Education and domestic violence are interrelated to each other in the sense that education provides lots of opportunities to women. Educated women are more powerful and confident than the uneducated women to report to the appropriate authorities about their domestic violence without hesitation. In this sense, education empowers women and empowering women is the best means to reduce domestic violence.

In general, rural women are continually and silently suffering lots of harassment at the hands of their cruel and drunkard partners as most of the rural women are uneducated and are not aware about their rights and privileges. Therefore, they cannot come out to file a complaint or resist the attack or ask for a decent divorce to the appropriate authority. As a result, day by day, numbers of domestic violence cases are increasing in rural India.

Education provides women lots of inner strength, dignity, self-confidence, to work with the other women with respect and equality. Educated women share their knowledge with the uneducated women and help them make aware of their rights and privileges. The participation of women in community level activities and credit based groups mainly depends upon their education. A study conducted by Webster, Sweet, Stolz et al. (1994) highlights that 23.5 percent of women faced severe level of physical violence, they were pushed forcefully, shoved, slapped and kicked while 13.2% faced violence in the form of being bitten and hit with the fist. Domestic violence is considered as a part of cultural and historical affair adding a lot of bitter experiences which take place at home, work place, road side, society, street and educational institutions. An international review done by EG Krug (2002) indicates the magnitude of problem as physical abuse (10-52%), sexual abuse (10-30%) and child sexual abuse (10-27%).

As a welfare state, India is committed to growth with social justice. The most important objectives of India's economic planning are to eliminate poverty and raise the standard of living of its weaker sections of population (Roy, A.2018). Article 46 of the Indian Constitution laid down, as a Directive Principle of State Policy indicates that the state shall promote and protect the Scheduled Castes and Scheduled Tribes from social injustice and all forms of exploitation. In fact the term 'Schedule Caste' itself originates from the Government of India (Scheduled Castes) Order, 1936 containing a list (or Schedule) of castes throughout the British-administered provinces.

This was incorporated in our Constitution via The Constitution (Scheduled Castes) Order, 1950; Article 341 of our Constitution categorized a section of India's population under the category of Schedule Castes. In the state of West Bengal, one of the major Schedule Caste group goes by the name of 'Namasudra' they are the second largest Schedule Caste group, constituting about 17 percent of the total Schedule Caste population of the State. Namasudra is the second largest Hindu Caste (after Rajbanshi) in the province of Bengal. However, these people are backward in our country in socio-economic, political and cultural perspectives, their economic condition, education, literacy, and health status is largely deficient compared to other castes. Occupationally, majority of these caste members are basically engaged in the field of agriculture and fishing. Majority of the

Namasudra Community members in Dakshin Dinajpur district are comparatively backward in occupational, educational, social, cultural, religious and political sector as compared to other schedule castes and higher castes. Namasudra community has been chosen keeping this in mind for the present study.

2.0. Domestic Violence: definition and concept

In contemporary Indian Society, domestic violence against women is an age old phenomenon and is a function with respect to gender roles of women's own status and position in society and cultural norms. Women are physically, socially, economically, psychologically and sexually exploited by their husbands and other members within their own family and also in other spheres of their lives. Article 15, and 16 of the Indian Constitution provide more effective protection of the rights of the women. According to Protection of Women from Domestic Violence (PWDV) Act (2005), domestic violence means any act, omission or commission or conduct of the respondent causing physical abuse, sexual abuse, verbal and emotional or economic abuse.

The term 'Domestic Violence against women' means some operation or fights which have great dynamic power of damages or lesions women suffer physically, mentally, emotionally, socially and also spiritually within the four walls of house, however such an act or conduct is done usually by her own family or in-laws and not by strangers. In India, Criminal Law and Civil Law address the problems of domestic violence against women. The victims of domestic violence can seek criminal relief under the following Acts: The Indian Penal Code(1860); The Dowry prohibition Act(1961); The Commission of Sati Prevention Act(1987); The Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act(1994) and others. Similarly, the victims of domestic violence can seek civil relief under the following Acts: The Dissolution of Muslim Marriages Act (1939); The Hindu Marriage Act (1955); The Special Marriage Act (1954) or others.

3.0. Kinds, causes and consequences of domestic violence

The fundamental part and parcel of domestic violence faced by women is fulfilling their basic needs such as food, clothing and medical assistance, although these acts or conduct are not judicially recognized. Physical injury, Emotional and mental abuse, sexual violence and financial harassment are some other forms of violence. Domestic violence is a harmful socially relevant issue all over the world; therefore it is very difficult to assess. The main factor behind this critical assessment is lack of reporting to the appropriate authority about the problems of women, stigmatization, and even there is no standard methodology to define it. There are a large number of multidimensional factors for domestic violence against women. The well-known factors of domestic violence against women are early marriage, women's employment, unemployment, experience of abuse as a child, rapid socio economic changes, and justification for wife beating and others. There are lots of socio-cultural, economic, legal and political factors which are very complex and interconnected institutionalized factors those are concealed and women are specifically vulnerable to the violence directed on to them. In general, the major factors of domestic violence against women in India are harmful gender norms and traditions, working as a labour or agent outside home and others, unequal balance of power in relationship of man and woman, dowry, desire for a male child and alcoholism of the spouse, poverty, dislike of husband and/or family members, infertility, husband's extra-marital relations, and suspicion of infidelity are the main causes irrespective of educational level (Chhabra, 2005; Peoples, 2008; Mehta & Simister, 2010).

Different types of theoretical framework and model have been developed by the social scientists and the psychologists for understanding the nature, extent, kinds, and causes of domestic violence against women. However, the present study basically concentrated on the impact of domestic violence on health of Namasudra women;

restricting the analysis to the sociological perspective only. Various prominent researchers developed different theoretical frameworks related to domestic violence, say for example-Resource Theory, Social control Theory, Symbolic interaction Theory, The Subculture of Violence Theory, General System Theory- all these theories explain the problems of domestic violence against women in general. But unfortunately, no theoretical model using all above mentioned factors adopts a holistic approach explaining the consequences of domestic violence at individual level as well as socio-cultural level or community level. Although, a new theoretical framework (Dependency Framework) has been evolved to understand the phenomenon of domestic violence against women which is being used in the present study. The dependency approach has been used to explain the domestic violence against women in a variety of ways. Some scholars have taken into account economic, social or physical dependency while others have identified degree of dependency i.e. inter-dependency, survival dependency and excessive dependency. Dependency depends upon certain conditions (may be economic, social or marital) over which the victims of domestic violence have no control. Therefore, dependency framework highlights that domestic violence against women is rooted in many conditions and has adverse consequences on the health of women. Fig. 1 highlights the various types of Domestic violence, their causes and their impact on health of women in general.

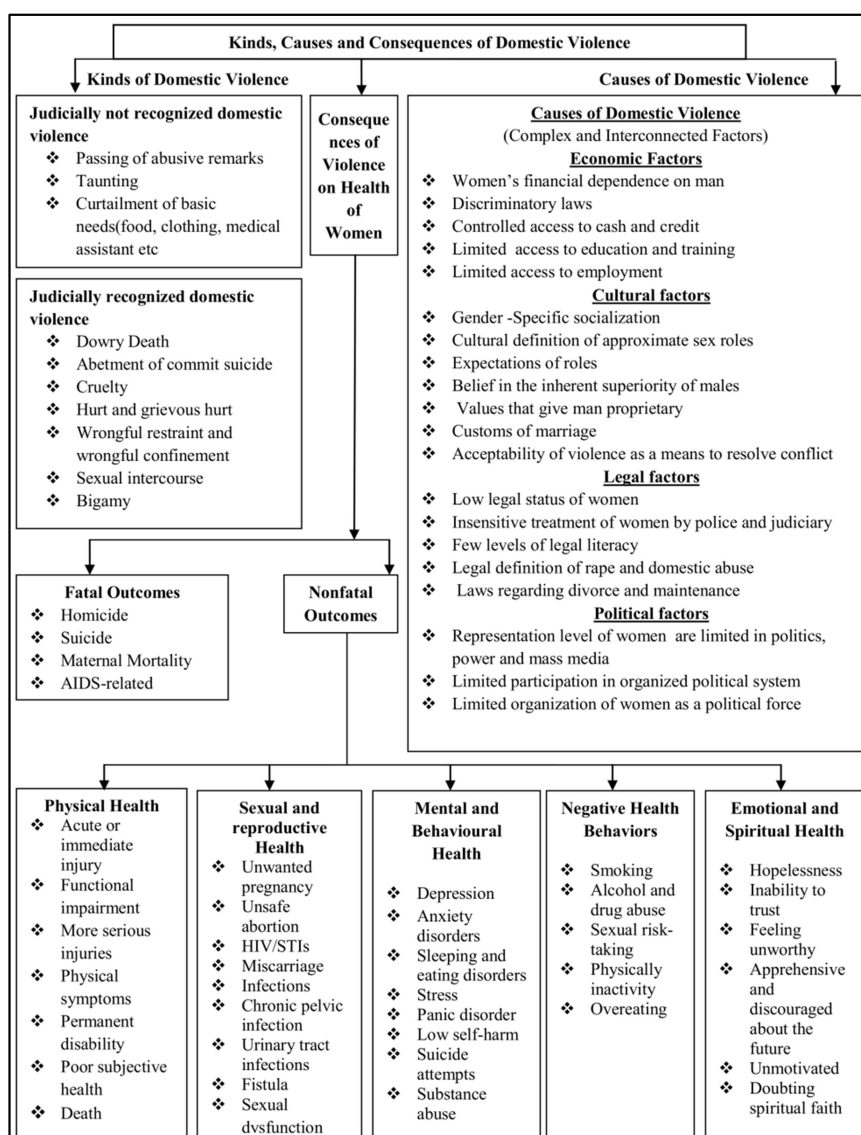


Fig. 1
Kinds, causes and consequences of domestic violence

4.0. Study area

Dakshin Dinajpur district is a part of Jalpaiguri division of West Bengal State, came into existence on 01-04-1992, has been selected for the present study. It is surrounded by neighbouring state of Bangladesh, sharing the international boundary (252 km). Geographically, Dakshin Dinajpur district extends between 25°10'55"N to 25°35'15"N latitudes and 87°48'37"E to 89°00'30"E longitude. The district covers a total geographical area of 2,219 sq. Km and is bounded by Bangladesh on the North, East and South East; Malda district on the South West; and Uttar Dinajpur district on the West. The district bears a total population of 4, 82,754 Scheduled Castes population, among which 9.02% are Namasudra Community according to the census of 2011. Dakshin Dinajpur district is a "Non Industry" district and its economy basically depends on agriculture. Administration-wise the district comprises of two sub-divisions namely Balurghat and Gangarampur. Besides, it comprises 1,631 villages, 929 Gram Sansads, 65 Gram Panchayats, 8 blocks, 8 police stations, 3 Municipalities, 7 towns (2 Statutory Towns and 5 Non-statutory Towns) (Fig. 2).

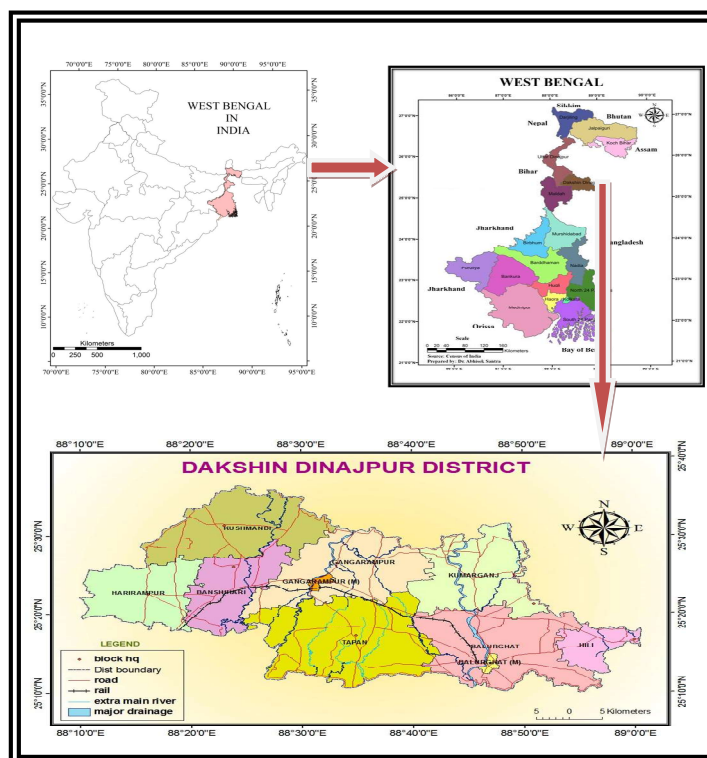


Fig. 2
Location map of the study area

5.0. Objectives of the study

The following principal objectives have been taken into consideration for the present study-

1. To find out the types and causes of domestic violence and analyse the impact of domestic violence on Namasudra women's health within the studied area i.e. Dakshin Dinajpur district, West Bengal.
2. To give some study based suggestions for reducing domestic violence and for improvement of health of the Namasudra women.

6.0. Materials and methods

Historically, proper studies have been limited regarding the violence against women as violence is a personal and sensitive matter. During the last two decades, the study about violence against women has been showing increasing trends as violence has been recognized as a global public health issue and a human rights violation. Therefore, experience of the respondents, their opinions and all available information was taken into consideration for the article without going into type of review, weakness of the article.

The present paper is a community based cross sectional study conducted during January to April, 2019 in the different CD blocks of rural Dakshin Dinajpur district. The district had a population of 43565 Namasudra peoples out of which 22669 were male and

20896 were female as per the report of Census of India, 2011. In this study, the sampling units were the households of Namasudra Community and sample size of the study was 410(2.0%) aged between 15-49. A standard structured questionnaire was prepared based on the objectives of the research, which included the questions related to the causes, kinds of domestic violence and its consequences on health of Namasudra women. To validate the questionnaire, keeping in mind the objectives of research, it was pre-tested in a small number of households of nearby study area and ultimately modified and changed as per reactions of the households and target of the research. Then the questionnaires were adopted to collect the data of the study area.

Table 1

Distribution of Namasudra population by sex and by rural-urban area in Dakshin Dinajpur district and West Bengal, 2011

Name of the District/State	Rural Population			Urban Population			Total Population		
	Male (%)	Female (%)	Total (%)	Male (%)	Female (%)	Total (%)	Male (%)	Female (%)	Total (%)
Dakshin Dinajpur	45.9	42.59	88.27	6.14	5.61	11.74	52.03	47.97	100
West Bengal	35.6	33.04	68.64	16.03	15.34	31.36	51.62	48.38	100

Source: Census of India, 2011

6.1. Sampling techniques, data collection and statistical method

The survey was conducted by home to home visit. After selecting of the CD blocks and Gram Panchayats on the basis of the concentration of Scheduled Caste (SC) population (more than 75 percent), the study villages were selected by applying multistage random sampling technique because the sampling frame of the population of that area was not available. This paper is based on Primary data which have been collected from the field with the help of standard questionnaire by applying interview techniques. Observation method, informal discussion with other family members and neighbours and other information was gathered from social activists. All the collected data and information from various sources was compiled in MS Excel software and analyzed in institutional SPSS version 17. To study the variables related to the consequences of domestic violence on health of marginalized Namasudra women, the descriptive statistics like Standard Deviation (SD) and Coefficient of Variation (CoV) has been used.

6.2. Software used

The statistical analysis and diagrams were operated with MS Excel v2007 (Microsoft Corporation). Maps were prepared in QGIS v3.4 software platform.

7.0. Effects of domestic violence on health of Namasudra women

According to World Health Organization (WHO, 1946), "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity". The most common form of domestic violence is the one in which women are physically and mentally abused by their male partner and others. The victims of domestic violence are not only the women but also her parents and her kids. Domestic violence has significant impact on women's health as it restricts directly or indirectly the overall development of women. The health and well-being of women, both in the short term and in immediate trends is also affected by domestic violence as it has a significant gender bias. In a study from Australia it was found that intimate partner violence was the leading contributor to death, disability and illness in Victorian women aged 15-44 (Vic Health 2004). Large number of consequences of violence on women's physical, mental and behavioural health are noticed and in some cases they are lethal as seen in every country

and culture. Magnitude and parity of domestic violence is different in developed and developing countries. Violence takes different forms, such as intimate partner violence (domestic or family violence), sexual violence, systematic rape and forced prostitution. Other forms of violence are cohabitation, forced marriage and dowry related violence. However, these forms of violence and their effects are context-specific factors such as: poverty; gender inequality; cultural or religious practices; disaster; HIV/AIDS prevalence; and legal and policy environments.

Table 2

Consequences of domestic violence on physical health of Namasudra women in Dakshin Dinajpur district.

Sl. No.	Effects of violence impacting in different ways on Physical Health	No of Respondents (f)	Per cent (%)
1	Exquisite physical injuries	248	60.49
2	Excessive solemn injuries	87	21.22
3	Heart problem	33	8.05
4	Chronic pain	29	7.07
5	Death	13	3.17
	Total	410	100

Source: Author, based on Field Work, 2019

7.1. Effects on physical health

The health consequences of violence are longer lasting, refractory and in some cases fatal. The violence against women has serious long-term as well as short-term effects on the physical health status (Fig.). Exquisite physical injuries (such as bruises, abrasions, lacerations, punctures, burns and bites, fractures and broken bones or teeth), Excessive solemn injuries (head, eyes, ears, chest and abdomen which can lead to disabilities), heart problem, chronic pain, and death are the basic physical health problems caused by violence against women. As shown in Table 2, which highlights that domestic violence has negative impact on Namasudra women's health. Out of 410 Namasudra women respondents from the study area 248 respondents (60.49%) revealed that they were suffering exquisite physical injuries caused due to violence from her partner or other family members. It is also seen from Table 2, 87 (21.22 percent) respondents agreed that they faced excessive solemn injuries, 33 (8.05 percent) told that they faced heart problem because of domestic violence. The impact of domestic violence on health of Namasudra women with respect to chronic pain and death were 7.07% and 3.17% respectively.

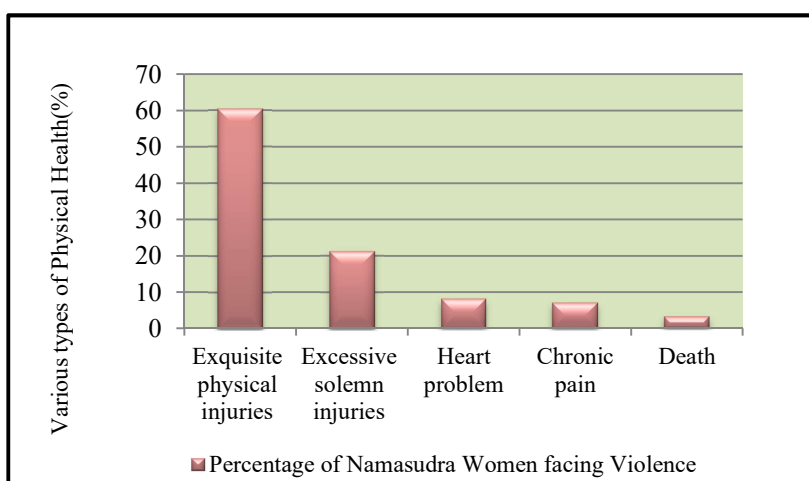


Fig. 3
Effects of domestic violence on physical health of Namasudra women respondents in Dakshin Dinajpur district

7.2. *Effects on mental and behavioural health*

Both physical and sexual violence have been linked to a greater risk of adverse mental health outcomes among women (Campbell, 2002). Domestic violence has serious adverse consequences for the mental and behavioural health of women including depression, suicide attempts, post-traumatic stress disorder, other stress and anxiety disorders, sleeping or eating disorders, loss of interest in life and psychosomatic disorders are the some well-known mental and behavioural health problems which are basically construed in the name of domestic violence. There is a positive association between physical and sexual abuse in childhood and host of subsequent risk behaviours, which include early sexual activity; alcohol, tobacco and drug abuse; multiple sexual partners; choosing abusive partners later in life; and lower rates of contraceptive and condom use (Dube et al., 2005). Most of the Namasudra women respondents in Dakshin Dinajpur district revealed that domestic violence has disturbed the marital and familial relationship, created lots of mental and behavioural health problems. Table 3 depicts that most of the Namasudra women respondents were facing depression (30.49 percent). The percentage of stress and sleeping or eating disorders were 22.93 and 10.00 respectively. 11.46 per cent respondents had loss of interest in life and 8.05 per cent were facing Inability to trust. Therefore, it is clear that domestic violence has an important impact on mental and behavioural health of the Namasudra women.

Table 3

Consequence of domestic violence on mental and behavioural health of Namasudra women in Dakshin Dinajpur district.

Sl. No.	Effects of violence on different types of Mental and Behavioural Health	No of respondents(f)	Per cent (%)
1	Depression	125	30.49
2	Stress	94	22.93
3	Sleeping or eating disorders	41	10.00
4	Suicide attempts	17	4.15
5	Loss of interest in life	47	11.46
6	Inability to trust	33	8.05
7	Early sexual activity(based on age of marriage)	12	2.93
8	Alcohol, tobacco and drug abuse	41	10.00
	Total	410	100.00

Source: Author, based on Field Work, 2019

7.3. *Effects on sexual and reproductive health*

Women who experienced sexual violence had higher rates of gynaecological problems than other women, including vaginal infection, pain during intercourse, chronic pelvic pain and urinary tract infections (Garcia-Moreno C. Campbell JC et al.). Namasudra women were also suffering from sexual and reproductive health problems caused by domestic violence. Unwanted pregnancies, unsafe abortion, HIV/STIs, miscarriage, infections, chronic pelvic infection, urinary tract infections, fistula, and sexual dysfunction are sexual and reproductive health problems. It must be added that the respondents were hesitant to answer questions regarding any problems related to sexual activity or if they were suffering from any health problems caused by domestic violence as it was a personal and sensitive matter. However, from Table 4; it is shown that maximum Namasudra women respondents revealed that they suffered unwanted pregnancy (52.42 per cent), miscarriage (20.16 per cent) and urinary tract infections (9.25 per cent).

7.4. *Effects on emotional and spiritual health*

Domestic violence against Namasudra women not only affects the physical, mental, sexual health but also their emotional and spiritual health (Fig. 4). The Namasudra women

respondents told they were suffering hopelessness, inability to trust, feeling unworthy, apprehensive and disgruntled about their future, unmotivated, doubting spiritual faith and were having emotional and spiritual health problems. It was observed from the study (Table 4) that 46.59 percent respondents were facing hopelessness, 24.88 percent respondents had lost their ability to trust and 8.05 percent were doubtful about their spiritual faith. Emotional and spiritual health problems were related with their physical and mental health. Therefore, the outcomes of physical and mental health have social and emotional sequelae for the individual, the family, the community and the society at large.

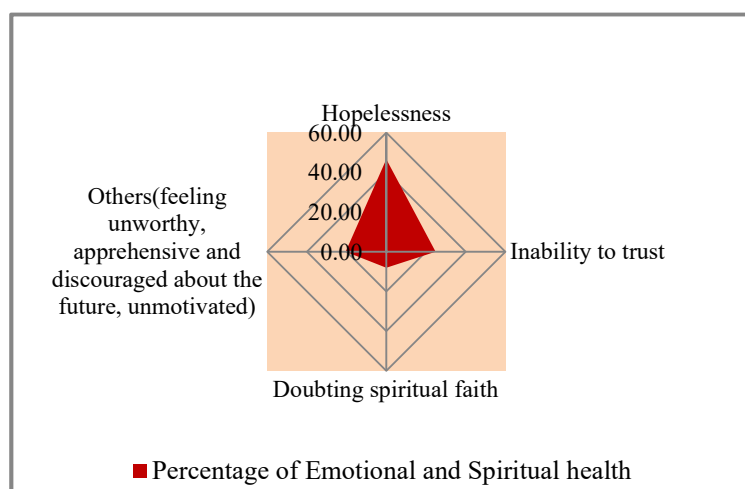


Fig. 4
Emotional and spiritual health problems of Namasudra Women in Dakshin Dinajpur district.

Mean, standard deviation and coefficient of variation of the consequences of domestic violence on health against Namasudra women are shown in Table 04. Results revealed that there was a significant variation among the mean, standard deviation and coefficient of variation items score regarding health dimensions. The mean score of emotional and spiritual health dimensions was significantly higher (102.5) than the other dimensions. Moreover, the mean item score of physical health, sexual and reproductive health were similar and lowest mean was 51.25 in case of mental and behavioural health dimensions (Table 4). The result also demonstrated that the SD is maximum (9.57) in case of physical health dimension whereas other dimensions SD are remain almost same. Coefficient of correlation (CV) value is higher in case of physical health (CV=0.11) rather than mental and behavioural health (CV=0.09). Therefore, it is clear from the above table that there is a significant association between domestic violence and health dimensions.

Table 4

Mean, standard deviation and coefficient of variation of variables that affects health of Namasudra women as a consequences of domestic violence

Item/Variables	Respondents (f)	Per cent (%)	Mean	SD*	CoV**
Physical Health					
Exquisite physical injuries	248	60.49	82	9.57	0.11
Excessive solemn injuries	87	21.22			
Heart problem	33	8.05			
Chronic pain	29	7.07			
Death	13	3.17			
Mental and Behavioural Health					
Depression	125	30.49			
Stress	94	22.93			
Sleeping or eating disorders	41	10			
Suicide attempts	17	4.15			

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Loss of interest in life	47	11.46	51.25	5.07	0.09
Inability to trust	33	8.05			
Early sexual activity(based on age of marriage)	12	2.93			
Alcohol, tobacco and drug abuse	41	10			
Sexual and Reproductive Health					
Unwanted pregnancies	64	15.61			
HIV/STI	14	3.41			
Miscarriage	84	20.49	82	5.69	0.06
Infections	173	42.2			
Urinary tract infections	75	18.29			
Emotional and Spiritual Health					
Hopelessness	191	46.59			
Inability to trust	102	24.88			
Doubting spiritual faith	33	8.05	102.5	5.63	0.05
Others(feeling unworthy, apprehensive and disgruntled about the future, unmotivated)	84	20.49			

*Standard Deviation **CoV= Coefficient of Variation
Source: Author, based on Field Work, 2019

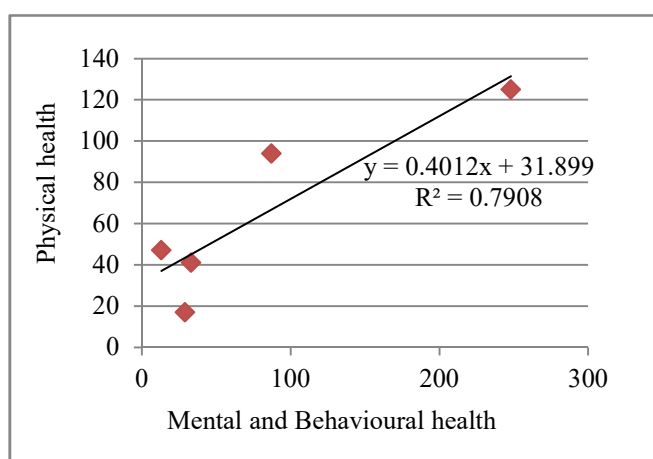


Fig. 5
Scatter plot showing positive correlation between physical and mental-behavioural health

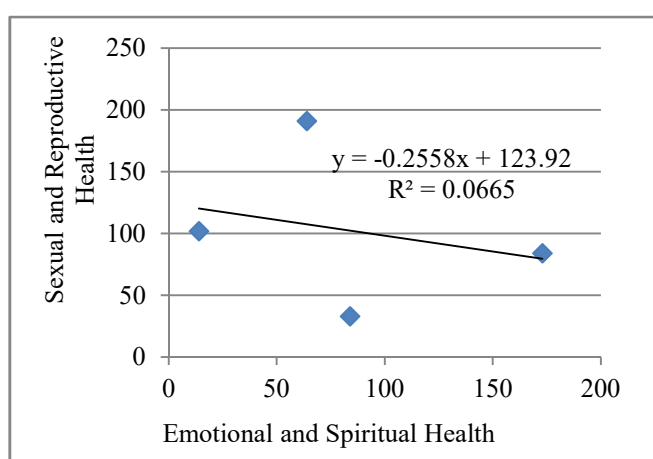


Fig. 6
Relation between sexual-reproductive health and emotional-spiritual health

There is a significant correlation between physical and mental-behavioural health ($y=0.401x+ 31.89$, $R^2 = 0.79$) (Fig. 5), as well as between sexual-reproductive health and emotional –spiritual health($y=-0.255x+123.9$, $R^2 = 0.066$) (Fig. 6) in the present sample of 410 Namasudra respondents in different CD blocks of Dakshin Dinajpur district. With the changes of 'x' variables (physical health) only more than quarter percentage of 'y' variables (mental-behavioural health) can be predicated. The coefficient of determination value is 0.790 in case of physical and mental-behavioural health dimension whereas

coefficient of determination value is 0.066 in the dimension showing relationship between sexual-reproductive health and emotional –spiritual health. A higher value of Coefficient of Variation (CoV) shows higher inconsistency in the present data, whereas a lower value of Coefficient of Variation (CoV) shows higher consistency in the present data. From Table 4, it is found that, as the Coefficient of Variation (CoV) is smaller for mental and behavioural health dimension (0.09) than that of physical health dimension (0.11). Therefore, we can say that the consequences of mental and behavioural health on Namasudra women are more consistent than physical health. In the same way, CoV is smaller in emotional and spiritual health dimension (0.05) than that of sexual and reproductive health dimension (0.06). So, emotional and spiritual health is more consistent than sexual and reproductive health among the members of Namasudra community in Dakshin Dinajpur district.

8.0. Discussions and Recommendations

Domestic violence has become a serious global problem affecting every woman's life to some extent. Domestic violence can be prevented at local as well as national and international level by providing opportunity of education to women, creating awareness among them about the current problems and its hazards to society. To reduce domestic violence, awareness programs need to be conducted about magnitude of problem, research and preventive approach is required for prevention of domestic violence. The elimination of all forms of violence against women is the target of the Sustainable Development Goal 5, to increase women's empowerment and gender equality, global recognition of elimination of violence against women as fundamental to sustainable human development and health for all (García-Moreno C, 2014). Domestic violence against women is a serious public health danger stated by various international and national organizations (WHO, AMA, International Federation of Obstetricians and Gynaecologists, RCN, and other professional medical Organization). To overcome the burning global problem of domestic violence following preventive strategies have to be taken into consideration-

- The improvement of the status of education of the community especially rural Namasudra community will be highly appreciated.
- Development of some guidelines and tools on the healthcare response regarding the domestic violence with its all forms.
- Central and State Govt. should take several essential steps that can play a vital role for the protection of women from domestic violence. The Indian government introduced and enacted an act formally known as The Protection of Women from Domestic Violence Act in 2005, to protect women who were suffering from Domestic Violence which included not only Physical Violence, but also other forms of violence such as emotional, sexual, and economic abuse.
- Certain strategies need to be formulated and the improvement of policy with its effective action related to domestic violence of women.
- Developing mass awareness in community about the disadvantages of domestic violence and making it an unacceptable act as everyone has the right to live a pain free life in the society.
- Society provision should be strict to give punishment to those people who do not hesitate in doing such type of inhuman activities and also to those who were breaking social rules, regulation and society culture.
- Special emphasis is necessary for the empowerment of women and they should be given love, respect in their family as well as at workplace.
- Socio economic conditions and infrastructural facilities of the country as a whole and particularly at community level should be improved.
- Resolute actions must be taken against the people who are demanding dowry from women (implementation of Dowry Prohibition Act 1961).

9.0. Conclusion

Domestic violence is a transgression for society as well as country. Different agencies and organizations like WHO, NGOs and others to work more effectively for training, education, research, and education of people regarding domestic violence. Implementation of Namasudra women empowerment will be highly appreciated and violators should be punished strictly. Various legislative norms and acts should be implemented more effectively. To overcome the long lasting domestic violence, massive awareness campaign involving the community, women organizations, NGOs, and opinion makers at all levels is a must. Central government must introduce separate law related to domestic violence against women, implementation of mass media strategy and providing adequate resources for women. The Central and State Government should conduct regular training programmes of law related to violence, develop, enlarge and strengthen social support services programmes for the victimised women of domestic violence.

In concluding part, the results from the present study indicate that domestic violence is very critical, sensitive and socially relevant gender issues across all classes, castes, religions and community. It is a serious public health problem among Namasudra community women in Dakshin Dinajpur district. There is significant number of Namasudra women who suffer from various forms of domestic violence were often comorbid. Finally, the observations and findings of this study may be useful as recommendations for the policy formulation in future to achieve the goal of regional community development, establishing protocols related to health which reduce the rate of domestic violence and help in prevention of its consequences.

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