

**The Effects of Husband's Alcohol Consumption on Sexual Violence within Marriage
and Sexual Health: Experience of Female Migrants in Slums of Mumbai**

Soumya Mohanty¹, R. B. Bhagat²

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Contact Information:

Soumya Mohanty

soumya7@indiatimes.com

¹ Doctoral Student, International Institute for Population Sciences (IIPS), Mumbai, India

² Professor, International Institute for Population Sciences (IIPS), Mumbai, India

Abstract

The nexus between alcohol consumption and its effect on poor sexual decision making, unsafe sex, multiple partners, and increased sexual experimentation has been extensively established through empirical study relying on self-report survey data. Several works have linked alcohol consumption with more menacing behaviors including sexual assault through use of aggression and coercion and impairing women's ability to perceive threats and resist attacks including sexual violence within marriage. However, research on factors associated with married women's ability to manage sexual relations with spouse is limited. This paper analyzes the factors affecting married female migrant's ability to influence their sexual experience within marriage, specifically sexual communication with spouse. It also examines the extent to which alcohol consumption by husband leads to sexual violence and affects their sexual health. The paper is based on quantitative data collected from 513 female migrants and few in-depth interviews conducted in eight densely populated slums of Mumbai.

Introduction

Alcohol use has been studied from ethnographic, sociological and health perspectives which have demonstrated direct and indirect linkage between alcohol use and sexual behaviour. The influence of alcohol use on sexual behaviour has the potential to increase harms and has serious implications for the health of population with the advent of HIV infection. Available literature reveals that alcohol consumption and unsafe sex play a significant role in the global burden of diseases through the linkages between alcohol consumption, risky sexual behaviour, unprotected sex which increases the risk of spreading sexually transmitted infections (STIs), including HIV infection that contribute to the global burden of diseases (WHO, 2005).

Further studies worldwide have consistently shown that alcohol is one of many risk factors associated with domestic violence. The World Health Organization has defined domestic violence as: “the range of sexually, psychologically and physically coercive acts against women by intimate male partners.” While a growing number of studies from developing countries have explored the issue of physical violence, data on sexual violence within marriage remains limited, given the extremely sensitive nature of this issue. This is also the case in India, where little evidence on sexual violence and coercion within marriage exists. Research on factors associated with married women’s ability to manage sexual relations with spouse is also limited.

Review of literature

Alcohol consumption was known to Indians even before the British rules, although many Indians other than the tribes did not accept alcohol as part of normal social interaction, eating habits, or rituals (Mohan, 1995). However, the social changes over the last several decades have resulted into a shift in the more favorable attitude towards alcohol use.

With recent economic liberalization policies, alcohol has become more available with more varieties and outlets. This ease of access is reflected in surveys that assess alcohol sales and prevalence in India. Sales of alcohol have seen a growth rate of 8% in the past three years

(Prasad, 2009). In India, more men than women consume alcohol, and alcohol can be easily obtained from wine shops, bars, discotheques and pubs. Liquor outlets that sell commercially-produced alcohol have also become ubiquitous in urban centers. Studies reveal that higher levels of consumption occur in areas where alcohol is now easily available. However, among poorer populations the illicit and home-brewed liquors in slums are popular.

According to experts, India's reputation as a country with a culture of abstinence concerning alcohol is understated (Prasad, 2009). The country is fast shedding its inhibition about alcohol as a lifestyle choice. It is also marked that the country has witnessed a rapid growth of city bars and night clubs in recent years that has led undocumented rise in alcohol abuse among poorer as well as in sections of society that were previously considered as dry although Indians still remain among the world's lowest consumer of alcohol. Generally, men have more liberties than women with respect to alcohol use as well as sexual activities in India. The third National Family Health Survey (NFHS -3) conducted in 2005-06 found that only two percent of women drink alcohol whereas one third of men drink alcohol aged 15-49 in India. The alcohol use is high among the illiterate and those who belong to low wealth status categories.

Major concern is people are beginning to drink at young ages in India. In addition to this, as people from lower socio-economic groups gain upward mobility they attempt to adopt the western practices such as social and recreational drinking patterns. Popular media also provides a mechanism that transfers deleterious behaviour patterns to viewers. Commended by mass audiences, Hindi film heroes are often shown intoxicated while successfully winning romantic pursuits, power, and financial prosperity that glorify alcohol where the good guys drink. For example, the Youth in India report (2008) reveals that youth in Maharashtra felt that television and films influenced their friend's or their own behaviours.

The apprehension is that Indians are probably not unlike many societies worldwide who are able to drink alcohol beverages without any 'trouble' within their own 'traditional-bound'

world. Nowadays in India an important indicator of health risk is the alcohol consumption pattern that is frequent and heavy drinking. Government statistics show about 14 million people in India are dependent drinkers requiring 'help' and half of all drinkers fall into the criteria for hazardous drinking which is characterized by bingeing and solitary consumption to the point of intoxication (as cited by Prasad, 2009).

Evidences suggest that the poor are beginning to drink more than they earn- a deadly spiral of alcohol and debt. Unlike their village counterparts, slum dwellers are highly dependent on cash economy. Mohan (1995) reviewed the study by Deb and Jindal (1974) on disposable income utilization in the Punjab, and concluded that instead of generating new job opportunities or creating assets, disposable income are diverted to factory-made alcohol consumption. One recent study conducted by the National Institute of Medical Health and Neuro Sciences (NIMHANS) in households of rural, urban, town and slum areas covering 28,500 population in and around the city of Bangalore, found that the average monthly expenditure on alcohol of patients with alcohol addiction is more than their average monthly income.

What is of particular concern is prevalence of alcohol-related sexual violence or the role of alcohol in sexual risk. The Beijing Platform for Action, Paragraph 113 of the fourth world conference on women (1995) clearly identified forms of violence against women to include physical, sexual and psychological violence occurring in the family by intimate partner and other practices harmful to women. Sexual violence is a serious public health and human rights problem and alcohol is an important dimension in sexual violence.

According to alcohol myopia theory (Steele and Josephs, 1990 and Taylor and Leonard, 1983), intoxicated individuals' decreased cognitive capacity reduces their ability to process distant risk cues such as sexually transmitted infection (STI)/HIV risk, resulting in increased attention to immediate sexual arousal cues and the net result is an increased likelihood of sexual risk behavior. A cross-sectional study conducted on 1368 randomly selected men working in three

Cape Town municipalities reveals that problematic alcohol use is one of the factors associated with sexual violence against intimate female partners the other being involvement in physical conflict outside the home, having more than one current partner and abusing partners verbally, after controlling the socio-demographic circumstances (Abrahams, et. el, 2004). A study conducted by Winghood et al. (2000) found that women who experience both sexual and physical abuse are significantly more likely to have contacted sexually transmitted infection.

In India, providing sex to a husband on demand and under any circumstances is a key component of a woman's role as wife, and is often the only sexual value communicated to young women before they marry (Narayan et al. 2001, Measham 2004). At the same time, a 'good' wife is expected to be submissive, respectful, and chaste (Go et al. 2003), and to shy away from sexual communication, expression and control. A few studies also highlighted that women have little control over sex within marriage and that there is limited communication regarding sex between spouses (George and Jaswal, 1995; George, 1997). Women tend to use access to sex as a resource, a bargaining chip to reward/punish their husbands (George, 1998). Studies also reveal that sexual coercion occurs frequently in marriage (Martin, et al. 1999; Khanna, 2000; Mainkar, 2002). However, women and men tend to differ in their perception of the nature of sexual coercion. While women consider sex to be coerced if the sexual relation with their husbands are against their wishes , in contrast men feel that they have a right to demand sex in marriage and have right to access to their wives' body.

The most recent large scale study in India (NFHS-3) included questions on respondent's sexual partners during the 12 months preceding the survey. Among women and men age 15-49 those who had sex in the 12 months preceding the survey, only 1 in every 1,000 women (0.1 percent) and 2 in every 100 men (2 percent) report having had two or more sexual partners in the previous 12 months preceding the survey. The NFHS-3 study disclosed that thirty-four percent of all women age 15-49 have experienced violence at any time since the age of 15. The vast

majority of ever married women (87.5 percent) in the survey reporting any sexual violence have experienced such violence at the hands of husband.

Studies in India have also been conducted in various settings on the prevalence of and risk factors for sexual violence against intimate partners (Martin, et. el, 1999) and on the association between sexual behaviour and reproductive outcomes (Martin, et. el, 1999); seven percent of husbands reported that at some time they had physically forced sex on their wives, and it emerged that this was more common among husbands who reported having extramarital sex and those who reported symptoms of sexually transmitted diseases than among other husbands. A pilot study conducted by Singh et al. (2004) examined the substance use and indulgence in risky sexual behaviour among the young low income male migrants in slums of Mumbai. They pointed out that alcohol drinking is quite common in the study community and is an important part of migrant's life, especially country liquor, which is cheaper also. Respondents expressed positive attitude towards alcohol use and consider it as sexual stimulant thus consumed alcohol before sexual intercourse. The study also reveals that there are plenty of misconceptions about sex, condom use, STDs and HIV among the male migrants of the study community.

Objectives

Considering the various views discussed above, the major concern is that women being both poor and migrant the consequences of alcohol consumption by their husband may lead sexual violence within marriage and may also affect their sexual health which could be compounded if they may have less emotional support from friends and families because of migration. Therefore, it is imperative to know female migrants' perspective on alcohol consumption by husband, what constitute sexual violence by women within marriage and whether alcohol consumption by husband has any effect on sexual violence and sexual health of women's. The thrust of this research is:

- To know female migrant's perspective on alcohol consumption by their husband
- To define what constitute sexual violence within marriage as perceived by female migrants
- To understand the effects of alcohol consumption by husband on sexual violence and sexual health of female migrants

Data

Both secondary as well as primary data has been used in this paper. In order to have macro level picture on alcohol use by husband as reported by married women and sexual violence within marriage, the secondary data from the latest National Family Health Survey (NFHS-3) conducted in 2005-06 are taken.

A study on female migrants was conducted in Mumbai, the biggest city in India in terms of population to fulfill the requisite of doctoral work during the period May, 2008 to August 2008 by the first author. The primary data on sexual violence and sexual health which is used for the present study was collected as a part of the above mentioned larger study on female migrants in eight densely populated slums of Mumbai by using multistage sampling design. Both married and unmarried female migrants in these slums aged 15-45 with a minimum duration of six months and a maximum 10 years of stay in Mumbai were selected to respond to a semi structured interview schedule. For ever married respondents a separate section on husband's characteristics was administered in the study, where information on husband's education, occupation, substance use, extra-marital relationship and husband's sexual health related questions were asked to the respondents. This paper is based on a sample of 513 ever married female migrants covered under the study.

In-depth interviews were also conducted among the consenting married female migrants who reported specific experiences during individual interview in the selected slums. The specific experiences include health problems related to reproductive organs, marital and sexual

relationship with husband and sexual violence by husband. The migrants found it difficult to talk in detail and over several sessions about sexual relation and violence. In every case there was a point beyond which they would not go into more detail, especially about sexual practices, and her experience of pleasure or discussion about sex with husband. The topics in the in-depth interview guides were not all covered with every respondents as they had a right to limit their participation from ethical point of view.

Methods

Analysis is carried out separately for secondary as well as for primary data. The primary data mainly the household and individual data were analyzed by the use of Statistical Package for the Social Sciences (15.0 version) and the same is used to analyze the secondary data. Uni-variate and bi-variate analysis captures the incidence, intensity and association of alcohol consumption by husband and sexual violence within marriage. Household and individual level variables considered for the study include socioeconomic and demographic characteristics (education of husband and female migrants, current work status, marital duration, media exposure and household standard of living), life cycle indicators (age and family structure), husband's risk behavior (consumption of alcohol), and female migrants' status and autonomy (control of resources, decision-making power). Chi-square analysis would be carried out to test the hypotheses by using the primary data. The qualitative data is analyzed with the help of ATLAS.ti software (5.0 version).

Findings

Analysis of 87,326 currently married and usual resident women aged 15-49 from NFHS-3 survey was carried out for this study. The findings from NFHS-3 data show that nearly one-third of women reported that their partner sometimes gets drunk whereas one-fifth reported that it is often. One in every ten women reported to suffer from any sexual violence. The percentage is substantially higher among those women whose partner drinks alcohol (14 percent) and when partner often get drunk (21 percent). About 9 percent of women reported that their husband

has ever physically forced to have sex when they do not want to have. The proportion is high among those women whose partner drink alcohol (13 percent) as compared to those whose husband does not drink (7 percent). The findings from primary survey are discussed in the following paragraphs.

i. Characteristics of female migrants and their husbands

This part mainly discusses the background characteristics of the ever married female migrants and their husbands (Table 1 and Table 2). It is found that majority of the female migrants are in the age group 25-34 years with mean age 28.8 years. Higher proportions of migrants are intra-state migrants i.e. from different districts of Maharashtra and more than one-fourth of them are inter-state migrants (migrants from other states of India). Among these inter-state female migrants Uttar Pradesh contributes the highest proportion (19 percent) followed by Bihar, Karnataka and Tamil Nadu. The three major religion are Hindu (57 percent) followed by Buddhist (23 percent) and Muslim (19 percent). Two-fifth of all migrants is from other backward class and one in every four belongs to scheduled caste. Little more than one-fourth of these female migrants are with less than 5 years of marriage and about one-third with more than 10 years of marriage. The mean age at marriage among these female migrants is 20 years (with standard deviation of 3.6 years). The mean years of spousal age gap is four years (with a standard deviation of 2.8 years). Majority of these female migrants (72 percent) are from the nuclear family. About one-fifth of the female migrants are illiterate and little more than one-fourth of them have completed their high school level schooling. Mostly they are housewives as only 20 percent are involved in any sort of economic activity. More than one-third of these female migrants are from low economic status and about same percentage are from medium and high economic status.

Table 1: Percent distribution of female migrants by their demographic and socioeconomic characteristics in Mumbai

Background characteristics	Number	Percentage
Age		
15-24	76	14.8
25-34	371	72.3
35+	66	12.9
Migration status (POB)		
Intra-state	377	73.5
Inter-state	136	26.5
Religion		
Hindu	292	56.9
Muslim	99	19.3
Buddhist/Neo Buddhist	116	22.6
Others	6	1.2
Caste		
SC	127	24.8
OBC	217	42.3
Non OBC/ST/SC ¹	158	30.8
Others	11	2.1
Duration of marriage		
Less than 5 years	136	26.5
5 - 9 years	212	41.3
10 or more years	165	32.2
Type of family		
Nuclear	367	71.5
Non-Nuclear	146	28.5
Educational level		
Illiterate	108	21.1
Literate but below middle	78	15.2
Middle completed	144	28.1
High school completed	153	29.8
Intermediate and above	30	5.8
Work status (in last 12 months)		
Working	121	23.6
Non-working	392	76.4
Assets and living condition index		
Low	177	34.5
Medium	167	32.6
High	169	32.9
Total	513	100

Note: SC: Scheduled Caste, ST: Scheduled tribe, OBC: Other Backward Class, ¹All those not belonging to SC, ST or OBC.

Table 2 presents the characteristics of the husbands. Since the spousal age gap is about 4 years, it is found that two-third of the husbands are aged 25-34 years followed by one-fourth who are aged 35-44 years. Three-fourth of female migrants reported that their husbands are long duration migrants with 5 or more years of stay at place of destination and about 12 percent are non-migrants. Almost all female migrants have married in their same religion and caste except a

few. As compared to the female migrants educational level of their husband is better. Less than one-tenth of them are illiterate and about two-fifth has completed their high school. Majority of them are engaged in informal sectors like transport related work (drivers, cleaners and helpers), construction work, service workers (cooks, domestic servants, watchman, sweepers, cleaners, carpenters, electrical workers, tailors, etc.) and shop keepers. Those who are in formal sector mainly they are clerks, supervisors, computer operators, office attendants, etc.

Table 2: Percent distribution of female migrants' husbands by their demographic and socioeconomic characteristics in Mumbai

Husbands' characteristics	Number	Percentage
Age		
Less than 25	11	2.1
25-34	333	64.9
35-44	133	25.9
More than 45	36	7.0
Migration status		
Non-migrant	61	11.9
Migrant	452	88.1
Belongs to same religion		
Yes	507	98.8
No	6	1.2
Belongs to same caste		
Yes	497	96.9
No	16	3.1
Educational level		
Illiterate	50	9.7
Literate but below middle	47	9.2
Middle completed	123	24.0
High school completed	198	38.6
Intermediate and above	95	18.5
Type of occupation		
Professional workers	24	4.7
Clerical and administrative workers	127	24.8
Transport related workers	91	17.7
Construction workers	77	15.0
Service workers	109	21.2
Shop keepers and sales workers	44	8.6
Rag pickers	22	4.3
Others	8	1.6
Do not know	11	2.1
Total	513	100

ii. Husbands' alcohol use from female migrants perspective

The slums are overcrowded with many lanes and alleyways; unplanned ad-hoc structures and many small shops like tea and pann (betel nut) shops, beer bars, country liquor outlets, illegal gambling joints and easy accessibility of sexual recreation are also available. Thus, in all eight selected slums almost every type of alcohol is available within or nearby areas. Most commonly consumed alcohol by the slum dwellers in the study area is local illicit one, which is cheaper also.

All ever married female migrants in the study were asked to report the alcohol use by their husband and the findings are presented in Table 3. About one-fifth of the female migrants reported that their husbands consume alcohol, particularly whose husbands are service workers, construction workers and are in transport related work. Alcohol use by husband is more reported by those female migrants who are in nuclear family (23 percent) than those who are in non-nuclear family (17 percent). Although family structure is not significantly associated with alcohol use by husband, in non-nuclear families the presence of older members of the households such behaviour are often controlled and regulated. The pattern of alcohol use by husbands reported by female migrants suggest that more than half of them drink alcohol sometimes (2 to 3 times in a week they got drunk), little more than two-fifth said it is rarely (particularly on weekends) and very small percentage drink almost everyday.

Table 3: Percent distribution of husbands by their alcohol use from female migrants' perspective

Characteristics	Number	Percentage
<i>Alcohol use by husband</i>		
Yes	108	21.1
No	405	78.9
Total	513	100
<i>No. of time partner gets drunk (in a week)</i>		
Often	4	3.7
Sometimes	60	55.6
Rarely	44	40.7
Total	108	100

Findings from qualitative data reveal that the amount of money spent for alcohol by husband is always a matter of quarrel and sometimes leads to physical violence also. As the female migrants pointed out:

“We used to have disagreements over economic issues – if there were Rs. 70, he used to give me Rs. 30 for buying vegetables, while the rest he used to keep with himself...and then at night he will come home drunk and will start beating me...He did not really need any specific reason to start off..”

- Intra-state migrant, aged 23, married for 5 years

“Most of the time our quarrels are over matters related to money. There is never enough money. Earlier, my husband had no steady work or income. Now he works as a construction labourer on a daily wage. But the money that he earns is spent on alcohol or the other. Our quarrels are always about money as I often ask him to limit his spending on alcohol.”

- Inter-state migrant, aged 27, married for 10 years, housemaid

However, it should be kept in mind that the actual use of alcohol by husband may be high than as reported by these female migrants. Since, it was observed that in day time men are drunk during work hours mainly by those who are construction workers and sweepers or cleaners. Thus, their wives being at home are not aware of such facts. A study conducted in low-income slums of Mumbai among male migrants also suggest that alcohol drinking is quite common in the study communities and is an important part of migrant’s life and have many reasons for consuming alcohol including helping them to get rid of tiredness from their work as well as a sexual stimulant (Singh, et al., 2004).

iii. Effects of alcohol use by husband on marital life of female migrants

For women, marital harmony is a necessary precondition for sexual pleasure and happiness in their life. Several questions were asked in the study to understand the marital life of female migrants. It also tried to explore whether alcohol use by husband has any effect on their marital relationship. Findings are presented in Table 4.

When female migrants were asked whether they can share their feelings with their husbands or not, four-fifth of them give answer in affirmative way, but considerable difference is observed when alcohol use by husband is considered. About 70 percent of female migrants whose husband use alcohol reported that they can share their feelings with their husband against 82 percent of those migrants whose husbands does not use alcohol. The chi-square test reveals that alcohol use by husband has effect on ability of female migrants to share feelings with their husband at the 0.01 level of significance.

Table 4: Effects of alcohol use by husband on marital life of female migrants

Aspects	Alcohol use by husband		Total	Chi-square test
	Yes	No		
<i>Can Share feelings with husband</i>				
Yes	70.4 (76)	82.0 (332)	79.5 (408)	$X^2 = 7.054^*$
No	29.6 (32)	18.0 (73)	20.5 (105)	
<i>Satisfied with Marital Life</i>				
Yes	44.4 (48)	78.8 (319)	71.5 (367)	$X^2 = 49.328^*$
No	55.6 (60)	21.2 (86)	28.5 (146)	
<i>Discussion on sex</i>				
Not at all	50.0 (54)	45.9 (186)	46.8 (240)	$X^2 = 4.183$
Only husband talks	25.0 (27)	19.3 (78)	20.5 (105)	
Both talk freely	25.0 (27)	34.8 (141)	32.7 (168)	
<i>Experience of physical violence</i>				
Yes	41.7 (45)	6.2 (25)	13.6 (70)	$X^2 = 91.159^*$
No	58.3 (63)	93.8 (380)	86.4 (443)	
<i>Other sexual relation of husband</i>				
Yes	4.6 (5)	0.7 (3)	1.6 (8)	$X^2 = 21.887^*$
No	85.2 (92)	96.8 (392)	94.3 (484)	
Can't say	10.2 (11)	2.5 (10)	4.1 (21)	
Total	100 (108)	100 (405)	100 (513)	

Note: Figures in parentheses are numbers, X^2 : Chi-square value, * 0.01 level of significance

When they were asked about their satisfaction with their marital life it is found that only 44 percent of female migrants whose husband consume alcohol reported their satisfaction with their marital life whereas the percentage is as high as 79 percent among those whose husbands does not consume alcohol. The chi-square analysis further confirms the association (significant

at 0.01 levels). Qualitative data suggest that female migrants, who thought their husbands are caring, committed to support the family in all odds, and who are respectful towards them and their children, are more likely to report their satisfaction in marital life. Husbands, being committed provider are seen by female migrants as a sign of fidelity and are more willing to have a compatible and harmonious relationship with their husbands even if they consume alcohol. One female migrant stated that:

“My husband drinks alcohol sometimes... He has tension, since when we bought this house. We have a huge loan at our native place and he is working very hard to pay the money. So, he has started drinking alcohol. When he comes home drunk he will not talk much... and goes to sleep...”

- Intra-state migrant, aged 30, education up to high school

Generally in Indian cultural context, women did not express their sexual needs and feelings, even to their husband. The reason being, they would be considered immodest, oversexed, immoral or uncontrollable (George, 1998). Thus an attempt was made in this study to know whether these migrants feel free in the discussion of sex with their husband or actively participate. Little less than half of female migrants reported that they ‘not at all’ discuss about sex with their husbands, followed by one-third of female migrants who reported that they ‘both talk freely’ about sex. None of the migrants reported that she ‘likes to talk about sex but her husband does not’. Considerable percentage of female migrants revealed that only their ‘husband discusses about sex but they do not like’. Thus, the findings suggests that majority of the female migrants do not participate in the discussion of sex with their husbands which may affect their sexual life. This poor communication may lead to loss of sexual desire among females, or may result into coercive sex and violence. On this matter not much difference is observed between female migrants whose husbands consume alcohol and who do not consume alcohol.

Female migrants who actively participate in discussion of sex with their husband are aged between 25 to 34, are intra-state migrants and belong to high economic status (as measured by assets and living condition index), and with spousal age gap of 1 to 3 years. Qualitative data suggests that female migrants who actively participate in discussion about sex with their husbands sometimes use verbal and non-verbal means to communicate their desire for sex to husbands. Discussing about the severe limitation of space and privacy in the house (slum settings) one female migrant reported that after settling the children to sleep, she would go to sleep next to her husband very closely indicating her desire for making love (sex) which makes her husband happy.

Studies on violence within marriage suggest that drunkenness on part of the husbands is another event precipitating domestic violence (Jejeebhoy 1998 and Visaria 2000). The present study also corroborated the same. One in every ten female migrants has ever experienced physical violence perpetrated by her husband. However, when alcohol use by husband is considered huge difference is observed in experiencing physical violence among these migrants. More than two-fifth of female migrants whose husband consume alcohol have ever experienced physical violence by their husband whereas the percentage who reported physical violence is very negligible (6 percent) among those female migrants whose husbands do not consume alcohol. The chi-square test further confirms this association (significant at 0.01 levels). Findings suggests that female migrants whose husband consume alcohol and have also experienced physical violence are mainly housewives, belong to low economic status, nuclear family and who have duration of marriage 5 years or more. Majority of these female migrants have no or low exposure to friends/relatives/neighbours in Mumbai which reflects their isolation and distress.

Easy accessibility of sexual recreation in the slums or nearby areas may induce those who consume alcohol to indulge into risky behaviours like having sex with commercial sex workers or with other women. Findings, suggest that about five percent of female migrants whose

husbands consume alcohol reported that their husbands have relation with other women whereas less than one percent of female migrants whose husbands does not consume alcohol reported so. One female migrant stated that she used to refuse sex to her husband on the days she suspected that he had visited a sex worker, but later on she stopped doing this for fear that her husband might feel justified in visiting sex worker or he may desert her. She cited as:

“My husband visits other woman when he is drunk and he often accuses me for everything. I told him many times that it is not good but he never listens and beat me.... We have a small child so I am trying to stay together. I often feel sad and cry....”

- *Illiterate, Intra-state migrant woman, 28 years old*

It is also found that 10 percent of female migrants whose husband consume alcohol are in dilemma about other relation of their husband. The reason being given by few of the female migrants is they are suspicious regarding their husbands behaviour as their husbands sometimes come home late at night or even do not come at all. However, they tried talking to their husband in the hope of making them change for such behaviour. None of the female migrant reported having extra-marital relation.

iv. Conceptualization of sexual violence by female migrants

Studies on male sexual behaviour and sexuality present that men perceive sexual access to their wives as a male right and the fulfillment of husband's sexual desire as his wife's duty (George, 1998; Maitra and Schensul, 2002). Thus, in order to have perspectives of female migrants on women's right to refuse sex to their husband, an attempt was made during quantitative data collection where all female migrants were asked on the following question: "In your opinion do you think a woman has right to refuse sex to her husband?" The coding categories were 'yes, has right; no right and cannot say'. Findings suggest that about three-fifth of female migrants reported 'yes, woman has right' to refuse sex to her husband whereas high as one-fourth reported 'woman has no right'.

Since it was found that majority of female migrants reported that women has right to refuse sex to her husband, it makes one curious to know whether such refusal in actual sense may lead to sexual violence or not. This is because sex which begins with the conscious agreement of the duo may end up in violence at one hand and on the other wife's refusal may also lead to coercive sex and violence against women. However, the perception is likely to vary by individual, community and society. Thus an attempt was made in the present study to identify the acts and behaviours of their husband which female migrants consider sexual violence.

The conceptualization of sexual violence by female migrants reveals some important issues. It was noticed during quantitative data collection where these female migrants frequently used words like *jabardasti* (force), *hawas* (lust) and *marzi ke bagair* (against one's will) to describe their experience of coercive sex with their husbands. During qualitative data collection period, female migrants were asked to list all acts and behaviours of their husband that they consider sexual violence and they were probed by the researcher, so that migrants may open up. Results showed that a total of 23 different acts and behaviours were considered as sexual violence within marriage. The top 10 most frequently mentioned acts and behaviours that are considered as sexual violence within marriage are 1) Making love (sex) against desire, 2) Making love after consuming alcohol, 3) Making love during illness, 4) Making love during menstruation, 5) Forceful sex, 6) Physical/verbal threats following refusal to sex, 7) Sex during exhaustion, 8) Unwanted fondling of body, 9) Making love in wrong time and 10) Making love for longer duration.

v. Effects of alcohol use by husbands and sexual violence within marriage

The effects of alcohol consumption by husband on sexual violence within marriage are discussed here (Table 5). Overall 15 percent of female migrants reported that they have experienced forced sex by their husband and it is remarkably high among those female migrants (41 percent) whose husbands consume alcohol. Female migrants who have experienced forced sex by their husband have also no or low exposure to mass media and friends/ relative/

neighbours in Mumbai. When the question was asked 'how frequently does your husband threatens or frightens you to have sexual intercourse with him even though you did not want?' it is found that one in every twenty female migrants said that they have experienced sexual violence by their husbands within marriage. While the same with regard to alcohol consumption it is found to be 20 percent among female migrants whose husband consume alcohol compared to only 3 percent among those whose husband do not consume alcohol.

Table 5: Effects of alcohol use by husbands on sexual violence within marriage

Aspects	Alcohol use by husband		Total	Chi-square test
	Yes	No		
<i>Had last sexual intercourse on desire of</i>				
Own	0.0 (0)	3.0 (12)	2.3 (12)	$X^2 = 12.713^*$
Husband's	63.9 (69)	46.9 (190)	50.5 (259)	
Both	34.3 (37)	49.1 (199)	46.0 (236)	
Declined to answer	1.9 (2)	1.0 (4)	1.2 (6)	
<i>Ever experienced forced sex by husband</i>				
Yes	40.7 (44)	7.9 (32)	14.8 (76)	$X^2 = 72.816^*$
No	59.3 (64)	92.1 (373)	85.2 (437)	
<i>Ever experienced sexual violence by husband</i>				
Yes	20.4 (22)	4.0 (16)	7.4 (38)	$X^2 = 33.516^*$
No	79.6 (86)	96.0 (389)	92.6 (475)	
Total	100 (108)	100 (405)	100 (513)	

Note: Figures in parentheses are numbers, X^2 : Chi-square value, * 0.01 level of significance

From qualitative data, it is found that in order to have harmony in the marital life female migrants negotiate with their husband rather than refuse to have sex. However, in certain occasions they are able to refuse specific sexual behaviours like sex during menstruation and anal sex. Female migrants also revealed that when their husbands have consumed alcohol and demand sex but are refused by them in the event that they are not in 'mood', felt tired or not feeling well then they experience physical violence or verbal abuse and sometimes followed by coercive and non-consensual sex. It is also found that the negotiation and refusal to have sex varies noticeably among different caste, class and religious groups. The following statements depict how female migrants try to negotiate rather than to refuse her husband for sex:

“Whenever he is drunk he demands it (sex)... If I don’t give it to him he may get angry and may seek pleasure from other woman... after all he has married me and I am living on his earning. So I let him do it even if I am not interested so that he would not beat me, shout at me, go elsewhere for this (sex)....”.

- Inter-state migrant, 35 years old, poor, illiterate

“If I deny for sex, he scolds me like anything, gives gaalis (abuse) and says have you found someone else outside? Whenever I ask, you never agree... you can’t do this much? If he is drunk he never listens to me and forces it (sex) on me... I feel afraid by his anger and also worry about my children....After all he is the husband, he has married me... So I do not resist much.”

- Intra-state migrant, with primary schooling, 30 years old

vi. Sexual health of female migrants

Noticeably, it is found from previous analysis that alcohol use by husband limits discussion on sex among the couples within marriage, experience physical violence, forced sex and sexual violence by female migrants within marriage. Therefore, it was tried to see whether these aspect have further compounded the suffering of female migrants by affecting their health or not. For this analysis was carried out to see their risks of sufferings from reproductive tract/sexually transmitted infection in the wake of alcohol use by their husbands.

While female migrants were asked to report the sexual health problems of their husband it is found that only eight percent of them reported that their husbands are suffering from some kind of sexual health problem and about four percent of them were unable to say whether their husbands are suffering from such problems or not. It should be kept in mind that this figure may be very low as the question was asked to the female migrants, not to their husbands and there is also lack of communication on such issues among the female migrants and their husbands. Earlier studies conducted among males in low income communities of Mumbai reveal high prevalence of STIs among males, especially among those who are migrants (Verma, et al., 2001; Verma and Schensul, 2002 and Verma, et. al., 2003).

Each female migrant in the study was presented with a list of eight problems and asked to report if she had ever suffered or suffered in the last six month prior to the survey from anyone of these problems. Separate question was asked for abnormal vaginal discharge to the female migrants. About 18 percent of female migrants reported that they have ever experienced any symptoms of RTI/STIs after marriage and when alcohol consumption by husband is considered significant difference is observed between those whose husbands consume alcohol and those who do not. More than one-fourth of female migrants whose husband consume alcohol reported that they have ever experienced symptoms of RTI/STIs against 15 percent among those whose husbands do not consume alcohol. The chi-square test confirms the association (significant at 0.05 levels) between alcohol use by husband and experience of RTI/STIs among these female migrants. The occurrences of RTI/STIs problems are also analyzed for last six months preceding the survey, but not much difference is observed. About 19 percent of female migrants whose husband consume alcohol reported that they have experienced abnormal vaginal discharge in the last six months preceding the survey.

Table 6: Effects of alcohol use by husbands on sexual health of female migrants

Aspects	Alcohol use by husband		Total	Chi-square test
	Yes	No		
<i>Ever suffered from RTI/STI</i>				
Yes	26.9 (29)	15.3 (62)	17.7 (91)	$X^2 = 7.786^*$
No	73.1 (79)	84.7 (343)	82.3 (422)	
<i>Suffered from RTI/STI in last six months</i>				
Yes	21.3 (23)	11.6 (47)	13.6 (70)	$X^2 = 6.796^*$
No	78.7 (85)	88.4 (358)	86.4 (443)	
Total	100 (108)	100 (405)	100 (513)	

Note: Figures in parentheses are numbers, X^2 : Chi-square value, * 0.01 level of significance

During in-depth interview one female migrant with problem of pain during sexual intercourse admitted that the pain that she experienced during intercourse might be due to sexual coercion.

In her words:

"I get pain every time we have sex. When I tell my husband that it hurts, he says what is the problem, for everyone it hurts, do not give me such excuses to not to perform your duties... He sometimes threatens me that he will go to other woman or slaps me....This happens particularly when he is drunk, which is quite frequent."

- Intra-state migrant, 27 years old, educated up to middle, poor

Another female migrant reported that on days when her husband was drunk and intercourse happens without her willingness for prolonged period and rough, she experiences severe pain.

She narrated that

"Every time I have sex with my husband, I get pain and burning sensation which lasts for some time. I have not told my husband. I feel ashamed. What shall I do? When he is drunk he will not listen... I feel ashamed to go to the doctor with this complaint".

- Inter-state migrant, who is 35 years old and has problems of white discharge

Summary

NFHS-3 shows that husband's alcohol use has a severe consequence on women's lives. The strong positive association of husband's alcohol use and women's experience of forced sex is evidenced. As education of women have a positive influence in lower experience of forced sexual behavior, effort for building awareness is crucial.

The findings from primary data are summarized here. Alcohol use by husband as reported by female migrants suggests that it is more common among those who are engaged in informal sectors and husband's earning has no effect on their alcohol consumption. Findings from qualitative data reveal that the amount of money spent for alcohol by husband is always a matter of quarrel and sometimes leads to physical violence also. Findings from quantitative data suggest that alcohol use by husband has considerable effect on marital relationship as it affects sharing of feelings with husband, satisfaction with marital life, discussion about sex with their husbands and physical violence. However, husbands, being committed provider are seen by

female migrants as a sign of fidelity and are more willing to have a compatible and harmonious relationship with their husbands even if they consume alcohol. Few female migrants whose husbands consume alcohol also reported that their husbands have relation with other women, but failed to refuse sex to their husband because of their powerlessness.

The conceptualization of sexual violence by female migrants suggests that female migrants considered sex to be coerced if they felt they are forced to sex by their husbands against their wishes. The findings suggest that sexual violence within marriage is experienced one in every five women whose husband consumes alcohol and are to be sufferings from reproductive tract/sexually transmitted infections. The chi-square test confirmed the association (significant at 0.05 levels) between alcohol use by husband and experience of RTI/STIs among female migrants. Female migrants have also tried to use various strategies to avoid being in a situation that led them to sexual violence by husband, particularly when husband are drunk, but in most cases they were not able to protect themselves from sexual violence. They are also lonely and lack support being migrants in the city.

The coverage of targeted interventions remains limited to several not-so-easily reachable population groups, such as migrants. However, it is crucial to provide care and support to this under-served group. Based on the findings of this study, it can be argued that there is a need for intervention geared to assist female migrants and couples to improve their marital relationship, have the potential for enhancing the quality of life and of reducing sexual risk in the time of HIV epidemic in India.

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