

RESEARCH ARTICLE

Gender-Based Violence is a growing problem in India

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Abstract

This paper uses Indian household surveys and crime data, to study Gender-Based Violence (GBV): husband's domestic violence, to control wife/partner. Different types of violence are examined separately, using 2005-6 Demographic and Health Survey & other surveys from 1992 to 2017. Much domestic violence seems to be husbands attempting to control wives. India's 2005 'Protection of Women from Domestic Violence Act' appears partially successful in reducing GBV. There is evidence of a long-term increase in GBV risk, in India: some possible explanations are investigated.

Keywords

Gender-Based Violence; India; household survey; crime

1 Introduction

This paper investigates physical domestic violence against women, in India. It excludes sexual violence such as marital rape, and psychological violence such as humiliation (threats to use weapons are included, because some surveys combine this with weapon use). Many household surveys report prevalence of specific violent acts such as punches & kicks.

This paper focuses on Gender-Based Violence (GBV): a man using domestic violence against his female partner, to control her. Violence against women is “an expression of power asymmetry between men and women” (Himabindu et al., 2014). This paper attempts to report causes & effects of GBV.

GBV is global – perhaps afflicting 30% of women; prevalence varies between countries (Palermo et al., 2014: 602). This paper studies India. In 2005, India enacted the ‘Protection of Women from Domestic Violence Act’ (PWDVA) (Babu & Kar, 2009; Peirotti, 2013: 244); this paper considers whether or not it reduced GBV. Other aspects of Gender-Based Violence are also investigated.

2 Literature review

India was one of the first countries to elect a woman Prime Minister (Indira Gandhi, from 1966) and woman President (Pratibha Patil, from 2007). Despite – or because of – such achievements, India has a growing GBV problem (Himabindu et al., 2014; NCRB, 2016; Verma et al., 2017).

Many factors affect GBV; this paper cannot examine them all. Influences include wife’s job; family income; and urbanisation (Babu & Kar, 2009; Peirotti, 2013: 255). Rigid gender roles in India may cause GBV (Martin et al., 2002: 561). A man is more likely to use GBV, if (as a child) he saw violence between his parents (Martin et al., 2002: 569). Alcohol consumption by

husbands increases GBV risk (Coast et al., 2012). GBV risk is lower for educated women (Babu & Kar, 2009; Peirotti, 2013: 255); education may improve gender equality (Himabindu et al., 2014).

We might expect GBV prevalence to rise, if women reject traditional ideas: “conflict is likely to increase as their freedom increases” (Mittal, 2008). “According to the theory of patriarchal control, husbands develop standards of gratification for completely dominating their wives and children. When this domination is threatened they feel deprived, suffer psychic distress and in their uncontrollable rage they beat their wives for domestic domination” (Mathur, 1996: 48). “Violence as a punishment for women’s actions is closely linked to men’s sense of entitlement to certain masculine privileges. [...] For example, domestic violence related to women not cooking food properly is linked to men’s sense of entitlement to food cooked by his wife in the time and manner that he wants. When women do not perform their tasks properly men feel that it is appropriate and right to punish them” (Satish Kumar et al., 2002: 14). Women’s employment may challenge patriarchy, provoking violence: but “employment may be an effect rather than a cause, a means of survival rather than a manifestation of empowerment. A woman may be more likely to seek work if her family is poor, her home environment unstable, and her husband drinks or is having extramarital sex” (Das et al., 2013: 9). A similar view is ‘Gender deviance neutralization’ (GDN), summarised in Simister (2013). Evertsson & Nermo (2004: 1273) wrote “women and men take part in gender deviance neutralizing behavior; that is, they exaggerate behaviors that contradict a deviant economic identity (e.g., breadwinner wife and supported husband)”.

This paper uses the 2005-6 ‘Demographic and Health Survey’ (DHS), based on

'Conflict and Tactics Scale' (CTS); Alhabib et al. (2010: 372) report CTS is the most widely-used approach, worldwide. This paper separates data on specific acts, such as 'slap': CTS assumes "certain acts (such as a slap) are understood as violence in all languages and places" (Piedalue, 2015: 68). CTS has been criticised: "in the absence of considerations of frequency or fear, it indicates that men and women are relatively equal in their acts of violence, since it equates a single slap with a pattern of ongoing and injurious hits [...] It is in the acts of aggregation and categorization that power comes into play. Once decisions about categorization and aggregation are made, the categories may come to seem objective and natural" (Merry, 2016: 85). Merry's criticisms of CTS (and by implication, DHS) seem unpersuasive: DHS do report how often GBV occurs; and DHS survey collectors IIPS & Macro International (2007, Volume 1: 493) state "because women bear the brunt of domestic violence, they disproportionately bear the health and psychological burdens". However, "All women would probably agree what constitutes a slap, but what constitutes a violent act or what is understood as violence may vary among women and across cultures" (Kishor & Johnson, 2004: 5-6). DeKeseredy & Schwartz (1998) also criticise CTS: "A push out of the way is different than a push down a flight of stairs". Piedalue (2015: 83) claims DHS/CTS "is an insufficient measurement tool for documenting or understanding a complex issue like domestic violence". Future research could collate qualitative evidence such as focus groups: Rathod et al. (2011) found much higher GBV prevalence in face-to-face interviews, than in questionnaire-based surveys. This paper investigates surveys using CTS or similar methods.

3 Data and methods

This paper builds on evidence collated by Ellsberg & Heise (2005: 1-2), and Kalokhe et al. (2017), and the author's internet searches, reporting all Indian GBV prevalence rates known to the author which report specific violent acts such as 'slap'; with the following exceptions. Solomon et al. (2009: 767) found high domestic violence prevalence in slums; samples only including slum-dwellers are excluded from this paper. Samples from health clinics (apart from surveys of women seeking pregnancy care) are excluded, because they may over-state GBV prevalence (women might attend because they were GBV victims). Surveys not reporting year of fieldwork are excluded. A spreadsheet available from the author shows data-processing: for example, Khosla et al. (2005) found 10 women were kicked and/or bitten; the author assumes 5 were kicked. Other surveys may exist (e.g. this paper only reports English-language publications). Surveys underestimate GBV risks (Palermo et al., 2014: 602). Crime data also understates GBV prevalence: only a small fraction of domestic violence is reported to police (Gupta, 2014); India's GBV crime-rate may be around 44 times the number of crimes reported by the police (Palermo et al., 2014: 609). Some women may not report violence because there are barriers to prosecuting GBV in India (Martin et al., 2002: 570). Bhattacharyya, Bedi & Chhachhi (2011: 1686) "tried to collect information on (i) whether there has ever been an incidence of spousal physical violence and (ii) whether there has been any spousal violence in the 12 months preceding the survey. However, it was difficult for respondents to distinguish between these two questions and the survey question essentially became (i)". This paper reports data on GBV in the 12 months preceding interviews; if a survey only reports 'ever experienced' GBV, the 'last 12-

months' prevalence rate is assumed to be half the 'ever experienced' rate (half is estimated from the author's research).

DHS are the largest samples for studying GBV; at the time of writing, only limited results are available for DHS India 2015-6. This paper focuses on DHS 2005-6: female respondents age 15-49, for seven types of GBV in DHS 2005-6 (IIPS & Macro International, 2007 Volume 2: 128): "(Does/did) your (last) husband ever do any of the following things to you:

- a. Slap you?
- b. Twist your arm or pull your hair?
- c. Push you, shake you, or throw something at you?
- d. Punch you with his fist or with something that could hurt you?
- e. Kick you, drag you or beat you up?
- f. Try to choke you or burn you on purpose?
- g. Threaten or attack you with a knife, gun, or any other weapon?"

Chart 2 reports surveys using CTS and other approaches: e.g. IndiaSAFE assessed four types of physical violence: "slap (open hand)"; "hit or punch (closed hand)"; "kick"; and "beat (repeated hitting)" (Jeyaseelan et al., 2004). Modified 'Abuse Assessment Screen' (AAS) define slap as "use of the assailant's hand on the victim's face" (Varghese et al., 2013: 143).

This paper also uses 'Work, Attitudes and Spending' surveys (Simister, 2013), carried out in urban areas since 1992 by Indian Market Research Bureau, using clustered sampling of households: married men & women of all ages were included. Sample details are shown in Appendix Table 2; questionnaires are at www.was-survey.org WAS surveys don't ask about specific acts such as slap, but (from 2007) ask women & men:

Have you ever used violence against your partner? (yes/no)

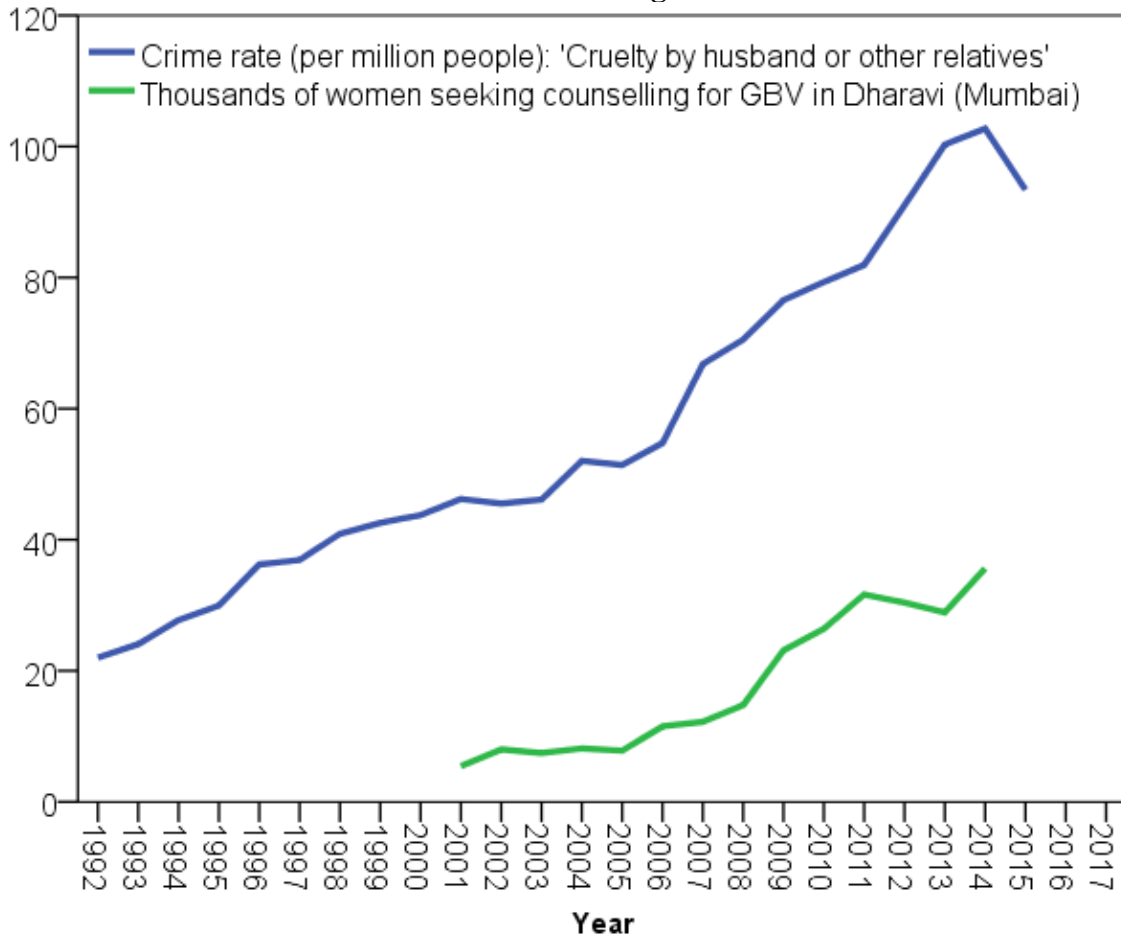
Has your partner ever used violence against you? (yes/no)

Combined with respondent's gender, this provides an estimate of GBV prevalence.

4 Results

In India, acceptance of GBV fell from DHS 1998 to 2006 (Peirotti, 2013: 252), suggesting GBV prevalence fell; but Chart 1 suggests the opposite. Chart 1 shows the number of women seeking counselling from SNEHA (Mumbai), reported by Daruwalla et al. (2015: 27-8, Figures 1 & 3). Chart 1 also shows domestic violence crime rates: 'Cruelty by husband or other relatives'; this may have been increased by PWDVA, because more types of abuse are now illegal (IIPS & Macro International, 2007: Volume 1: 493).

Chart 1: evidence of increasing GBV in India

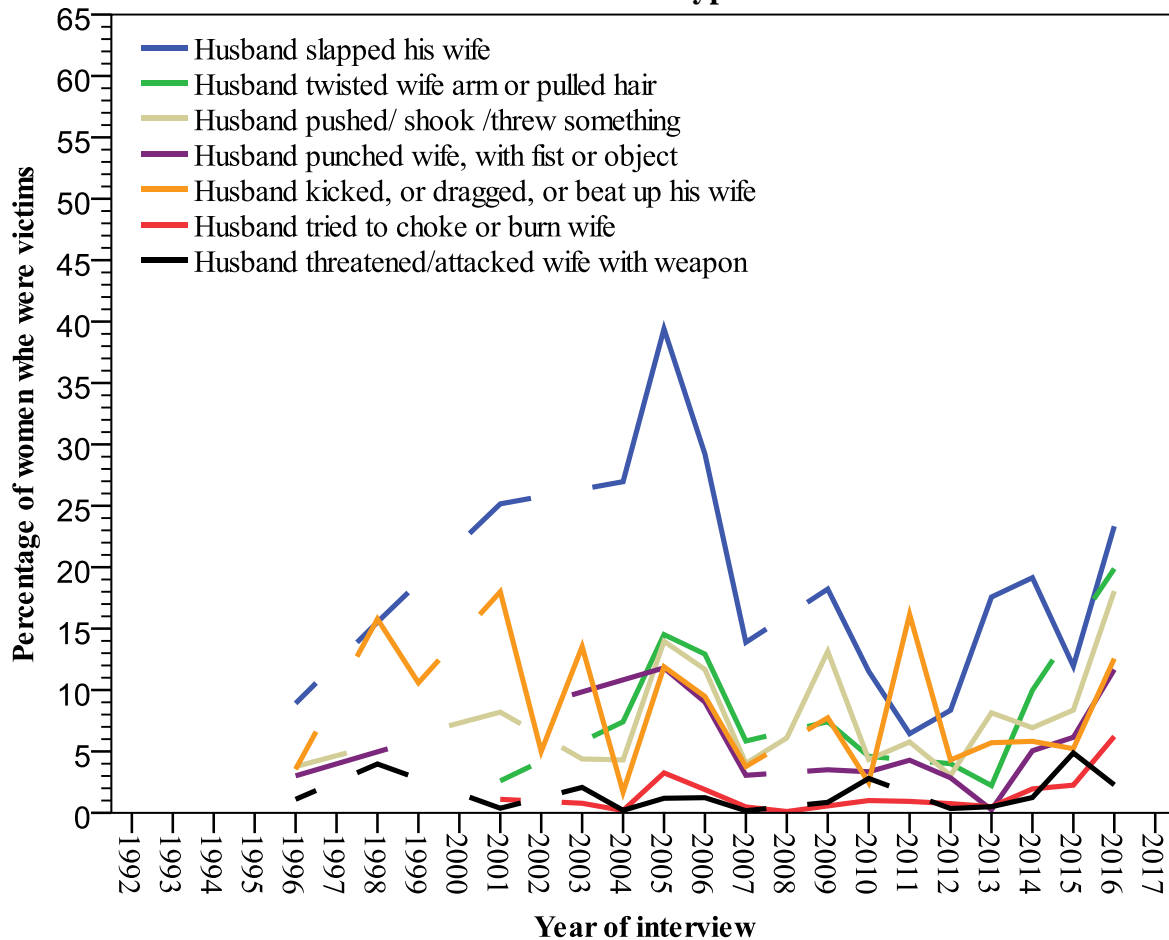


Source: see text

Chart 2 shows GBV prevalence for specific violent acts; if two or more surveys were carried out in the same year, prevalence rates are combined (using weighted averages, with sample-sizes as weights): Appendix Table 1

reports surveys used; it is hard to assess how much survey results are affected by (for example) age-range of each sample, or geographical area.

Chart 2: trends in seven types of GBV



Sources: see Appendix Table 2

Chart 2 seems N-shaped: GBV prevalence generally rose from 1996 to 2005, fell to about 2012, then rose again. Chart 2 suggests PWDVA reduced GBV risks; this is clearer for some acts (such as slap) than others (such as threatened/attacked with weapon). Apart from falling from 2005 to around 2012, Chart 2 has some similarities with increasing GBV since 1992, in Chart 1. The upward trend in Charts 1 and 2 is confirmed by WAS surveys: the fraction of women experiencing ‘violence’ rose from 7% in 2007, 12% in 2012, to 13% in 2017 (WAS doesn’t use CTS: see ‘Data and Methods’ section).

The rest of this paper attempts to explain apparent long-term GBV prevalence

increases. It begins with tables using DHS 2005-6 data, to understand more about GBV. Table 1 reports prevalence rates in DHS 2005-6, dividing respondents into five groups according to how urbanised their home is (‘metro’ refers to metropolitan cities: Delhi, Mumbai, Chennai & Kolkata). There are differences between rows: for example, 26% of women in metro cities were slapped by their husband, compared with 29% of women in rural areas. Differences between rows in Table 1 are statistically significant at 1% for all seven columns, using ANOVA F-tests. Nevertheless (in the author’s view), urban/rural differences are not too large to analyse urban & rural respondents together (in, for example, Chart 2).

Table 1: GBV prevalence (%) by urban/rural location of respondents

Place of residence	Husband slapped his wife	Husband twisted wife arm or pulled hair	Husband pushed/shook /threw something	Husband punched wife, with fist or object	Husband kicked, or dragged, or beat up his wife	Husband tried to choke or burn wife	Husband threatened /attacked wife with weapon
metro city	26	10	9	6	8	1	1
small city	19	9	8	6	6	1	1
town	25	10	9	8	8	2	1
rural	26	11	10	8	8	2	1
	29	13	12	10	10	2	1

Source: DHS 2005-6

GBV risk may increase because some men feel threatened by ‘modern’ attitudes (see literature review); is male violence an attempt to control wives? One approach is examining how women’s earnings affect GBV risk. Table 1 uses wife’s response to

“Would you say that the money that you earn is more than what your husband earns, less than what he earns, or about the same?” (IIPS & Macro International, 2007: Volume 2: 119); and spouse’s employment.

Table 2: GBV prevalence rates (%), by wife’s earnings.

Wife's earnings: fraction of (wife + husband earnings)	Husband slapped his wife	Husband twisted wife arm or pulled hair	Husband pushed/shook /threw object	Husband kicked, dragged, or beat up wife	Husband punched wife, with fist or object	Husband tried to choke or burn wife	Husband threaten/ attacked wife with weapon
Zero	27	11	10	8	8	2	1
under half	36	16	15	12	11	2	2
about half	32	15	12	10	9	2	1
over half	38	20	17	17	13	3	3
All	42	25	22	19	19	6	4

Source: DHS 2005-6

Lower rows of Table 2 show that in 2005-6, GBV was more common if wife was the main earner (each column variable is a line in Chart 2). For example, 8% of unpaid wives were kicked/dragged/beaten; this rose to 10% if husband & wife earned similar amounts, and 19% if she was the only earner in the marriage. Hence, Table 2 suggests women’s earnings sometimes cause GBV. Table 2 is

consistent with GDN: “Women who controlled an income were more likely to report violence [...] Women who did not hand over their earnings to their husbands as well as those who reported being responsible for meeting household expenses were more likely to report marital violence” (Krishnan, 2005: 97).

Table 3: apparent effects of different types of GBV on women

<i>Effect on wife</i>	slap	twist arm or pull hair	push /shook /threw object	kick, drag or beat up wife	punch, with fist or object	tried to choke or burn	threaten/ attacked wife with weapon
<i>bruised</i>	36%	55%	57%	64%	66%	79%	75%
<i>burnt, dismembered, or disabled</i>	2%	4%	5%	5%	5%	14%	15%
<i>injured</i>	10%	19%	20%	24%	25%	45%	44%
<i>wounded, or bone/tooth broken</i>	7%	14%	16%	19%	20%	37%	40%

Source: DHS 2005-6

Among women who were slapped, 36% they were bruised; but many women experienced more than one form of violence - bruising may not have been caused by slaps said. Table 3 shows all seven types of GBV (in DHS 2005-6) are harmful; but a man may use several types of violence, so it's unclear which GBV types are most harmful. Table 4 uses DHS 2005-6 classifications (variables d106 and d107) 'severe' and 'less severe', to simplify seven columns in Table 3 into three

columns in Table 4: women choked/burned or threatened/attacked with weapons are treated as a 'severe' GBV victim. Women are classified as 'less severe' GBV victims if they experienced one or more of: slap; twist arm/pull hair; push/shook/threw object; kick/drag/beat up wife; punch. DHS respondents experiencing GBV other than the seven CTS types are included in Table 4 column "Neither 'severe' or 'less severe' GBV".

Table 4: effects of 'severe' and 'less severe' GBV

<i>Effect on wife:</i>	Neither 'severe' or 'less severe' GBV	'less severe' GBV	'severe' GBV
<i>bruised</i>	4 %	21 %	64 %
<i>burnt, dismembered or disabled</i>	0 %	1 %	5 %
<i>injured</i>	0.4%	3 %	24 %
<i>wounded, or bone/tooth broken</i>	0.2%	2 %	19 %

Source: DHS 2005-6

Table 4 shows 'severe' GBV is responsible for most injuries. This clarifies Charts 1 and

2: the two 'severe' GBV lines at the bottom of Chart 2 are more associated with

prosecution (and the increasing crime-rate in Chart 1); whereas five ‘less severe’ GBV types in Chart 2 are very unlikely to lead to prosecution. Hence, crime data in Chart 1 is similar to Chart 2 lines for ‘choked/burned’ and ‘threatened/attacked with weapons’, in showing an upward trend. Another indicator of balance-of-power is household financial management. DHS

2005-6 asked women: “Who usually makes the following decisions: mainly you, mainly your husband, you and your husband jointly, or someone else? [...] Decisions about making major household purchases?” Table 5 shows a cross-tabulation of this variable, with injuries (column variables in Table 5, are row variables in Tables 3 & 4).

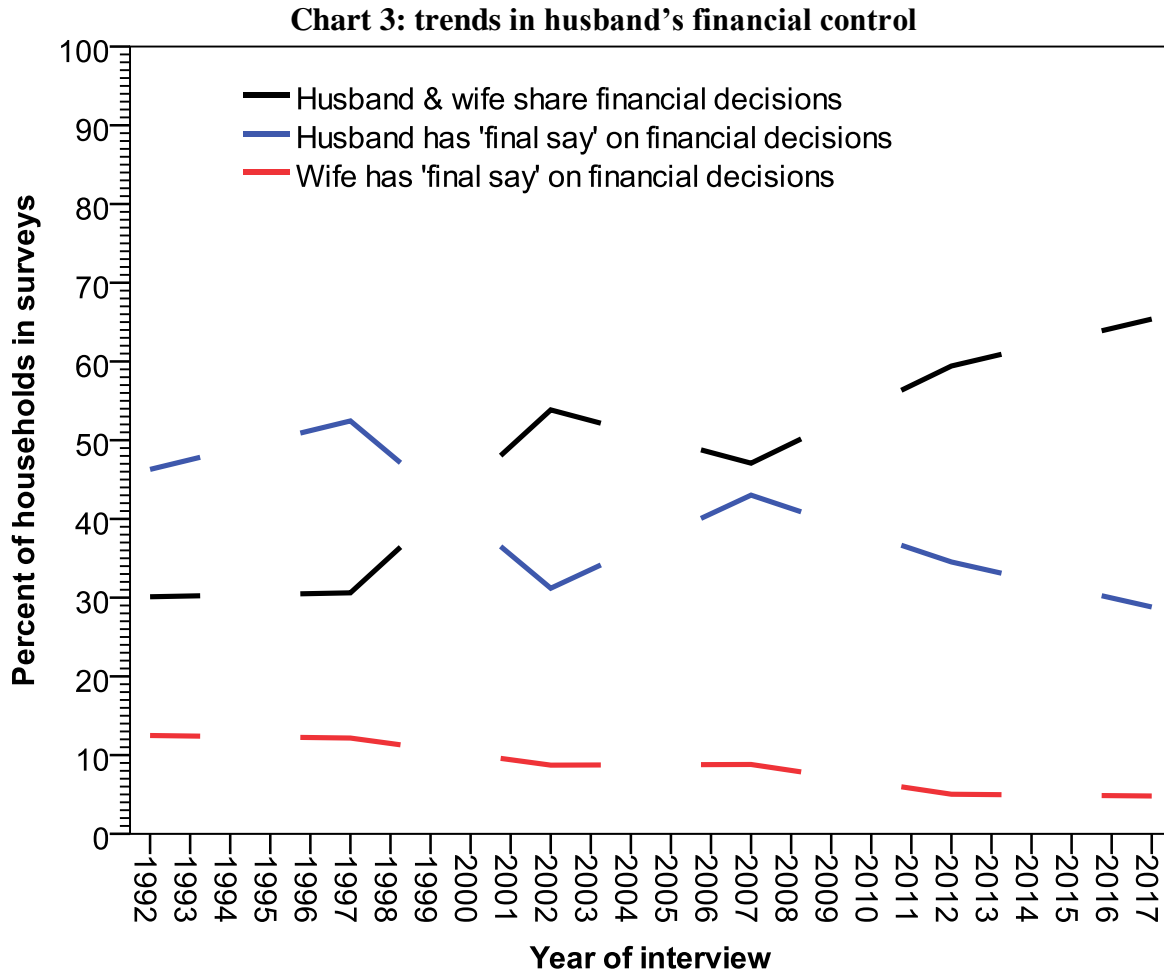
Table 5: associations between household decisions and domestic violence

<i>Who makes decisions on major household purchases?</i>	ever bruised by husband?	ever burnt/dismembered /disabled by husband?	ever injured by husband?	ever had wound or broken bone/tooth by husband?
<i>husband has final say</i>	34 %	2 %	9 %	6 %
<i>husband & wife decide</i>	29 %	1 %	7 %	5 %
<i>other household members</i>	34 %	2 %	7 %	5 %
<i>wife has final say</i>	38 %	3 %	14 %	11 %

Source: DHS 2005-6

Table 5 shows a higher GBV risk in the bottom row, where wives make family decisions; this cannot explain all complexities of family decision-making, but is consistent with GDN – which claims many men prefer to dominate their wife. Table 5, and Table 2, are consistent with the idea that more men use violence if their wife has some control over household decisions.

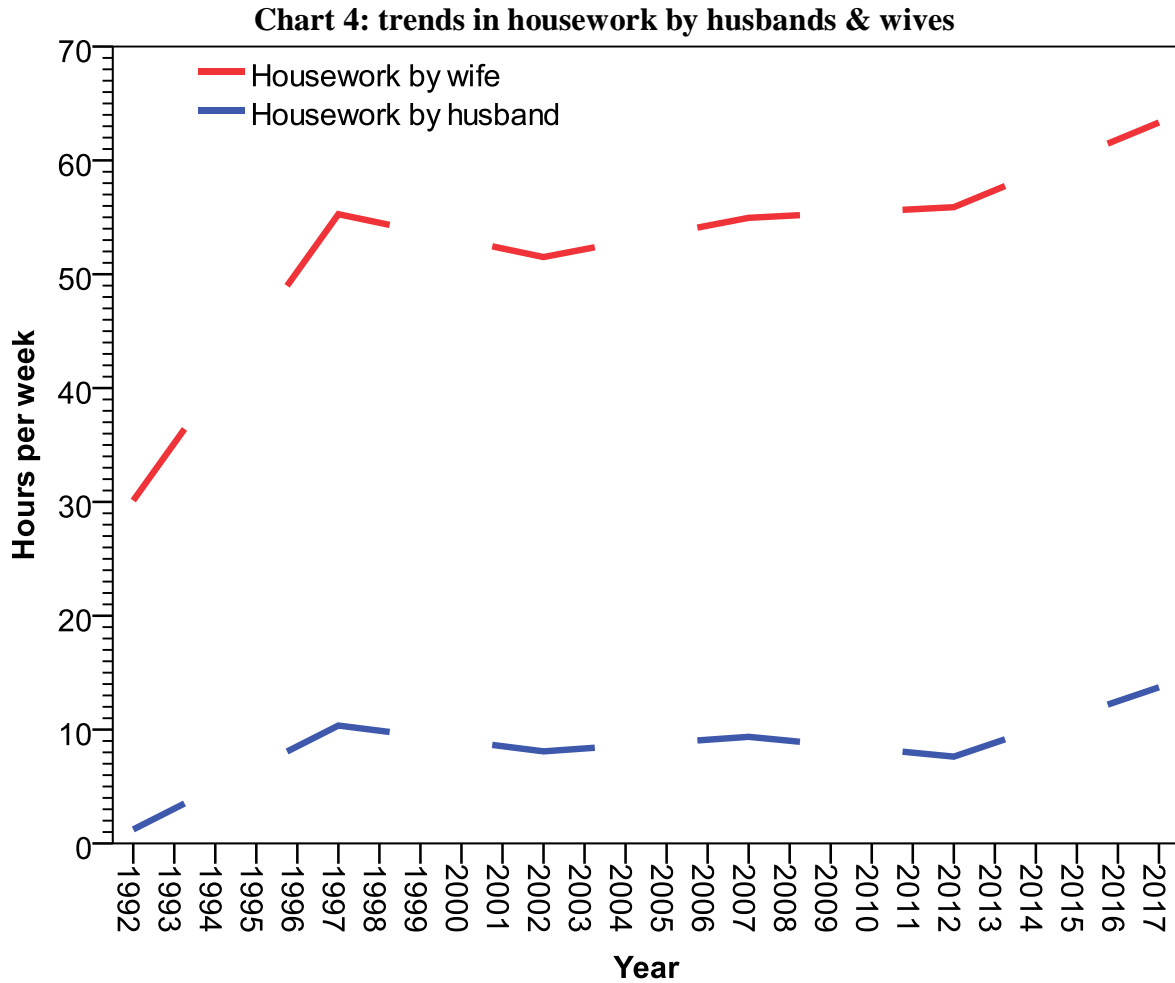
WAS surveys asked “Who makes the important financial decisions in your household like children’s schooling, family outing, purchase of durable goods like fridge, TV etc.?” Respondents chose one answer from: Husband; Wife; Husband and wife together; Parents; Other. Results in Chart 3 reveal large changes since 1992 (the fraction stating ‘Parents’ and ‘Other’ are not shown in Chart 3).



Sources: WAS (see Appendix)

Chart 3 suggests male control generally fell between 1997 and 2017. The term ‘GBV’ implies domestic violence is related to male control; GDN could explain increasing GBV in Chart 1. Because households are so complicated, it is difficult to test such ideas. Chart 4, using WAS data, shows husbands tend to do more housework since 1992 (although still far less than women). GDN

claims many men prefer “traditional” divisions of labour, in which husbands earn while women do housework; women wanting gender equality are seen as ‘deviant’. Increasing men’s housework in Chart 4 could explain GBV: if a wife asks her husband to do more housework, he may try to neutralise this tendency – by using GBV.



Sources: see Appendix Table 2.

5 Conclusions

GBV harms women, often causing long-term medical problems for victims (Babu & Kar, 2009; Martin et al., 2002: 560). GBV also harms other household members, e.g. denying adequate nutrition to children (Sethuraman et al., 2006).

This paper compares DHS 2005-6, the biggest GBV data-source in any country, with other Indian surveys. Some academics criticise quantitative data such as “Are you a victim of domestic violence?” Piedalue (2015: 71) wrote “absence of context surrounding the use of a ‘kick’ or ‘slap’ by an intimate partner creates substantial ambiguity about the significance of that action, and whether or not it constitutes

‘domestic violence’”. The Indian government disagreed: PWDVA defined physical abuse as “any act or conduct which is of such a nature as to cause bodily pain, harm, or danger to life, limb, or health” (Government of India, 2005: 3d(i)). UN Women (2016) report “women’s economic empowerment, ending violence against women and the need for urgent and adequate investment [...] are of high importance to the Government of India”. Chart 2 in this paper suggests PWDVA was partly successful in reducing GBV. India’s government could do more, e.g. supporting refuges for GBV victims: “Governments and donors need to provide dedicated funding and emphasize feasible, yet rigorous, evaluation to identify

and scale up promising approaches” (Solotaroff & Pande, 2014: xxxiv).

In some respects, India is an example for other countries to follow. Most academics reported in this paper support PWDVA, but feel more government action is needed. Ellsberg et al. (2015: 8) advocate empowering schoolgirls. Priya et al. (2014: 73) recommend teaching gender equality in schools, “to promote better awareness of and internalization of more equitable gender norms at early ages”. School-teachers could teach boys & girls to reject GBV (Visaria, 1999: 16). Solomon et al. (2009) recommend “education focused on transforming social attitudes and beliefs surrounding domestic violence”. Following apparent initial success of ‘Gender Equity Movement in Schools’, “GEMS is currently being scaled up to over 250 schools in Mumbai and has been adapted for implementation in other parts of India” (Solotaroff & Pande, 2014: 171-2). Child socialisation and adult socialisation can both improve. Chakraborty et al. (2016: 527) recommend “a wide-scale program targeting

men to alter gender norms in a culture which encourages domestic abuse”.

Qualitative research can improve understanding of GBV, e.g. why some men are violent. Sethuraman et al. (2006: 134) report focus-groups: “In the rural communities, domestic violence was perceived as a normal daily occurrence that women felt they had to accept, and they felt that no one would become involved to stop the violence”.

This paper makes three claims. First, to improve comparability over time, researchers could study specific *types* of violence, so trends are less affected by changing questions. Second, India GBV risks generally increased since 1992; but PWDVA reduced GBV, at least temporarily. Third, this paper supports feminist claims that domestic violence is caused by men seeking control: more men are violent if his wife challenges his dominance. Much more work must be done by governments, researchers, and teachers.

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Appendix Table 1: surveys included in Chart 2.

sn	Location of survey	urb	pop	num	organ-isation	ages	source
1	Uttar Pradesh	25	VII	4520	Perform	15-65	Martin et al. (1999)
2	Gujarat: five villages	0	II	346	ICRW	15-45	Visaria (2000)
3	Delhi, Lucknow, Bhopal, N,C,T,V	64	I	9938	IndiaSafe	15-49	Ahuja et al. (2000)
4	Punjab, Rajasthan & Tamil Nadu	14	VII	967	ICRW	17-70	Satish Kumar et al. (2002)
5	Kerala: Thiruvananthapuram	40	III	502	INCLLEN	15-49	Panda (2004)
6	Kerala: Palakkad, Koz, Ernakulam	70	I	900	SAKHI	17-70	SAKHI (2004)
7	AP,Chattisgarh,Gujarat,MP,Mah	50	III	1250		18-61+	Yugantar Educ Soc (2003)
8	Bihar and Jharkhand	0	II	998	ICRW	14-24	ICRW (2006)
9	Chandigarh	100	IV	991		18+	Khosla et al. (2005)
10	East India: Orissa, WB, Jharkhand	30	II	1718		20-45	Babu & Kar (2009)
11	Maharashtra: Mangalwarpeth,Pune	100	II	135		15-45	Ruikar & Pratinidhi (2008)
12	West Bengal: southwest Kolkata	100	II	751		15-45	Pandey et al. (2009)
13	WB: Dearah,Singur,Hooghly	0	I	141		10+	Sarkar (2010)
14	Bihar,Jharkhand,Raj,Mah,AP,TN	43	VIII	21361		15-24	IIPS & Pop Council (2010)
15	Kanpur,K.,Bellary,Guntur,Aizawal	100	VIII	2363		13-24	Coast et al. (2012)
16	Mumbai	100	IV	1038	mrdvpmih	15-35	Wagman et al. (2016)
17	West Bengal: Siliguri	100	I	284		16-49	Ray et al. (2012)
18	Mumbai: 48 slum areas	100	IV	2139	SNEHA	19-29+	Das et al. (2013)
19	Mumbai: Nanded	100	II	265		15-49	Aswar et al. (2013)
20	Uttar Pradesh: 12 regions	0	VII	2274		20-64	Ahmad et al. (2016)
21	Pondicherry: Thondamanatham	0	II	718		15-50+	Vasudevan et al. (2013)
22	Mah: Asudgaon Village, Raigad	0	II	250		avg=29	Parikh & Anjenaya (2013)
23	W. Bengal: Alamgunje, Burdwan	100	II	260		15-49	Bhattacharya et al. (2013)
24	Mumbai: urban slums	100	II	1137		18-39	Begum et al. (2015)
25	Karnataka: Davangere district	21	II	150		21-60	Rashmi et al. (2014)
26	Mah: Sawangi village,Wardha	0	II	389		15-40	Khapre et al. (2014)
27	Maharashtra: Pune	100	II	630		18+	Kalokhe et al. (2016)
28	Bihar	10	IV	11151	Ananya	15-30+	MathematicaPolicyRes(2014)
29	Delhi	100	IV	401		15-45	Mundhra et al. (2016)
30	Mah: north east Mumbai	100	II	150		15-25	Brault (2015)
31	Mah: Nerpinglai, Amravati district	0	II	400		20-40+	Jawarkar et al. (2016)
32	Mumbai: Shivaji Nagar	100	I	6316	Apnalaya	9-48	Kumar et al. (2017)
33	Orissa: NiladriVihar,Bhubaneswar	100	III	100		15-49	Mohapatra&Mistry (2017)
34	TN: Patthamadai, Tirunelveli	0	II	200		21-50	Vijayalakshmi&Sunitha(2016)

In Appendix Table 1, “N, C, T, V” is Nagpur, Chennai, Trivandrum & Vellore; AP is Andhra Pradesh; K. is Kishanganj; Koz is Kozhikode; Mah is Maharashtra; Raj is Rajasthan; TN is Tamil Nadu; WB is West Bengal. Survey number (sn) in Appendix Table 1 allows comparison with Appendix Table 3.

Appendix Table 2: WAS surveys.

Location	year	Urb	pop	Num	Ages	reference
Mumbai and Chennai	1992	100	VIII	2654	18+	www.was-survey.org
Mumbai, Chennai, Delhi and Kolkata	1997	100	VIII	1003	18+	www.was-survey.org
Mumbai Chennai, Delhi Kolkata, Patna, Kochi	2002	100	VIII	1651	18+	www.was-survey.org
Mumbai, Chennai, Delhi, Kolkata, Patna, Kochi, Vijawada, Ahmedabad, Bhubhneswar Ludhiana and Lucknow	2007	100	VIII	2475	18+	www.was-survey.org
	2012	100	VIII	2459	18+	www.was-survey.org
	2017	100	VIII	2510	18+	www.was-survey.org

In all WAS combined, 19 respondents reported ages under 18; the oldest respondent was 90 years old.

In Appendix Tables 1 & 2, the ‘Urb’ column shows the percentage in each sample who lived in urban areas. The ‘ages’ column shows respondents’ ages (or wife’s age, for male respondents); ‘num’ is number of people interviewed. The ‘pop’ column uses Ellsberg & Heise (2005) codes:

- I all women
- II currently married/partnered
- III ever-married/partnered
- IV women with a pregnancy outcome
- V married women: half pregnant, half not
- VI women who had partner in last 12 months
- VII men reporting their own violence against partners
- VIII women and men

Appendix Table 3 reports GBV prevalence rates (in Chart 2), from 34 surveys in Appendix Table 1. Prevalence is ‘last 12 months’ before interview; for surveys where only ‘ever experienced’ GBV was reported, this is divided by 2 to estimate ‘last 12 months’ prevalence. Column ‘Year’ in Appendix Table 3 (and Chart 2) is fieldwork date, rounded to the nearest year (e.g. sn:23 interviewed April 2011 to January 2012).

Appendix Table 3: GBV prevalence rates (percent, in last 12 months).

sn	year	Husband slapped his wife	Husband twisted wife arm or pulled hair	Husband pushed/shook /threw something	Husband punched wife, with fist or object	Husband kicked, or dragged, or beat up his wife	Husband tried to choke or burn wife	Husband threatened /attacked wife with weapon
1	1996	9		3	3	3		1
2	1996	14		9		9		
3	1998	16				16		4
4	2001	28	3	8		13	1	1
5	2001	19				28		0.1
6	2003			6		14	1	1
7	2003			4				3
8	2004	27						
9	2004			3		1		0.2
10	2004						0.2	
11	2004	30	7	12		10		
12	2005							1
13	2006	17			4	2		
14	2007	14	6	4	3	3	0.5	0.2
15	2007			8	6	11		
16	2008						0.1	
17	2008			6				
18	2009	10	4		4	10	1	1
19	2009	15	1	2		3	0.2	1
20	2009	26	11	14		7		
21	2010	13		4	4	1		
22	2010	8	5	5	2	6	1	3
23	2011	6		6	4	16	1	
24	2012	8	4	3	3	3	1	0.4
25	2013	17	7	7		3		
26	2013	17		7		15		
27	2013	18	1	9	0.3	1	1	1
28	2014	20	10	7		6	2	
29	2014	10		5	5	2	0.5	1
30	2014	18	9	8	6	8		
31	2015	15		12		8	6	5
32	2015	12		8	6	5	2	
33	2016	16	9	8	12	6	3	4
34	2016	27	25	23	12	16	8	1