IMPACT OF DOMESTIC VIOLENCE ON MENTAL HEALTH: A SOCIOLOGICAL STUDY OF MIDDLE-AGED WOMEN IN JAMMU AND KASHMIR

Thesis Submitted for the Award of the Degree of

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In

SOCIOLOGY

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2026

DECLARATION

It is hereby declared that the presented work in the thesis entitled: **"Impact of Domestic Violence on Mental Health : A Sociological Study of Middle-aged Women in Jammu and Kashmir"** in fulfilment of degree of **Doctor of Philosophy (Ph.D.)** is outcome of research work carried out by me, under the supervision of **Dr. Ganesh Digal,** working as Assistant Professor Sociology, in the Department of Sociology Lovely Professional University, Punjab, India. In keeping with general practice of reporting scientific observations, due acknowledgements have been made whenever work described here has been based on the findings of the investigator. This work has not been submitted in part or full to any other university or institute for the award of any degree.

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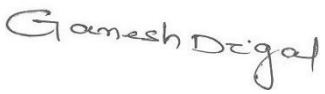
CERTIFICATE

This is to certify that the work reported in the Ph.D. Thesis, entitled **"Impact of Domestic Violence on Mental Health: A Sociological Study of Middle-aged Women in Jammu and Kashmir "** submitted in fulfillment of the requirement for the award of degree of Doctor of Philosophy (Ph.D.) in Sociology, is a research work carried out by **Tanveer Ahmad Zoie, Reg. No. 42100040,** is bonafide record of his original work, carried out under my supervision and that no part of this thesis has been submitted for any other degree, diploma or equivalent course.



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ABSTRACT

Domestic violence is a global phenomenon which affects a large portion of women globally. It is human rights violation and a public health issue. It is a pervasive social issue in India, owing to its patriarchal social structure and gender power dynamics operating in Indian society. This phenomenon is deeply entrenched in Indian society and affects physical and mental health of women victims.

In the Union territory of Jammu and Kashmir, the phenomenon of domestic violence is also a major social issue faced by women of all ages including middle-aged women, who are vulnerable because they face some unique socio-cultural challenges like care giving responsibilities for children, husband and elderly members of the family, maintaining domestic chores and in majority being economically dependent.

Domestic violence, besides affecting the physical health affects the mental health of victim as well. In the global context, research on the topic established that domestic violence affects mental health of women and same is established by research in Indian context.

The present study is an attempt to study the same topic in socio-cultural context of Jammu and Kashmir. The already existing literature in the field have not discussed much about the lived experiences of middle-aged women with domestic violence. The present study will bridge the gap by studying the problem by employing qualitative research design based on grounded theory method, using inducive approach.

Using qualitative approach, the study will describe the lived experiences of middle-aged women with domestic challenges in Jammu and Kashmir. It will also identify and analyze the underlying factors responsible for domestic violence of middle-aged women and will examine the impact of domestic violence on mental health issues of middle-aged women. Moreover, it will also explore how victims respond to domestic violence and mental health issues.

The study will employ qualitative in-depth-interview to collect data from the women victims of domestic violence. This will help to have a nuanced understanding of their lives and the mental health issues like anxiety, depression, posttraumatic stress disorder and suicide ideation. It will also aid to have a detailed description of the domestic challenges faced by the women and their response to domestic violence and mental health issues, by positioning women in a particular socio-cultural context.

Findings suggest that middle-aged women who had experienced domestic violence developed mental health issues like anxiety, depression, posttraumatic stress disorder and suicide ideation. There are a great many factors that had been responsible for the domestic violence and mental health issues. These factors include: poverty, dowry demand, drug addiction of husband, son preference, gambling, extramarital relationship of husband and neglect of women. Women had used both formal and informal social support to tackle the issue of domestic violence and mental health issue, which had been effective in different ways.

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ABBREVIATIONS AND ACROYNMS

DV	-	DOMESTIC VIOLENCE
GAD	-	GENERALISED ANXIETY DISORDER
IPV	-	INTIMATE PARTNER VIOLENCE
IBS	-	IRRITABLE BOWEL SYNDROME
IMHNK	-	INSTITUTE OF MENTAL HEALTH AND NEURO SCIENCE, KASHMIR
MD	-	MAJOR DEPRESSSION
NCRB	-	NATIONAL CRIME RECORD BUREAU
NFHS	-	NATIONAL FAMILY HEALTH SURVEY
OSC	-	ONE STOP CENTRE
PTSD	-	POST-TRAUMATIC STRESS DISORDER
PWDVA	-	PROTECTION OF WOMEN AGAINST DOMESTIC VIOLENCE, ACT
SES	-	SOCIO-ECONOMIC STATUS
STD	-	SEXUALLY TRANSMITTED DISEASES
UN	-	UNITED NATIONS
UNGA	-	UNITED NATIONS GENERAL ASSEMBLY
WHO	-	WORLD HEALTH ORGANIZATION

CHAPTER-I

CHAPTER-I

INTRODUCTION

" Social facts consist of ways of acting, thinking and feeling external to the individual, which are invested with a coercive power by virtue of which they exercise control over him/her"(Durkheim, 1897)

1.1 INTRODUCTION

The above concept of "social facts" of famous French sociologist, Durkheim underscores how social undercurrents influence individual behaviour and experience. "Social facts" consist of norms and values which are external to the individuals but have an impact on their thinking and interaction within social milieu. While articulating the concept of "social facts" to the study of *"Impact of Domestic Violence on Mental Health: A Sociological Study of Middle-aged Women in Jammu and Kashmir",* it is apt to state that social norms reinforce and perpetuate certain types of structure like patriarchy in which certain groups like women are positioned in lower social locations and face issues like domestic violence which influences their emotional health.

This idea highlights that individual personal suffering cannot be studied in isolation from social environment. So, domestic violence, and the corollary impact on mental wellbeing can be studied in social framework. This new tinge to study of individual issues in light of sociological framework asserts both domestic violence and its consequent health concerns are embedded in social fabric and influence it.

1.2 DOMESTIC VIOLENCE

Women violence is a challenge to accomplish holistic development in the world. The goal of 'sustainable development' that there should be a development of all people, will not be realised until violence against fair sex will be ended. Women live through violence within and outside families, which creates a difficulty to pursue 'gender equality' in the world (UN Report on Women Violence, 2021).

"The Declaration on the Elimination of Violence Against Women", adopted by the *"United Nations General Assembly"* in 1993, defines women violence as "any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life. It encompasses, but is not limited to: physical, sexual and psychological violence occurring in the family, including battering, sexual-abuse of female children in the household, dowry related- violence, marital rape, female genital mutilation and other traditional practices harmful to women, non-spousal violence and violence related to exploitation; physical, sexual and psychological violence occurring within the general community, including rape, sexual abuse, sexual harassment and intimidation at work, in educational institutions and elsewhere; trafficking in women and forced prostitution and physical, sexual and psychological violence perpetuated or condoned by the state wherever it occurs" (UNGA, 1993, art.1).

According to the *"Protection of Women against Domestic Violence Act"* (PWDV Act (2005), domestic violence is defined as, "any form of abuse causing harm or injury to the physical and /or mental health of the woman or compromising her life and safety or any harassment for dowry or to meet any other unlawful demand and a threat to cause injury or harm".

Domestic violence is prominent issue in society that has become a subject of study (U.N Report, 2021).The phenomenon of violence against women with in household is ubiquitous which finds resonance in a hierarchical social structure of society based on exploitative gender relations. The unequal power structure and the institutional discrimination have been the core idea of study (World Health Organization, 2021).Women of poor countries face more domestic violence (22%) than rich countries, as the global average is 13% (UNDOCS, 2020).

1.3 TYPES OF DOMESTIC VIOLENCE

Domestic violence can manifest in different forms like physical, emotional, economic and sexual . In this phenomenon, women are being controlled through the

use of force or intimidation which has a bearing on their socio-emotional wellbeing. The main forms of domestic violence are:

1. Physical Violence: It involves behaviour on the part of perpetrator that can lead to bodily harm to victim. It is the intended use of physical force levelled against someone to cause harm, injury, disability or even death. It includes all physical acts of violence. Physical violence includes: hitting, pushing, kicking, punching, slapping, pulling hair, twisting arms, throwing objects etc. It leads to a number of physical health issues, mental distress and the dreadful one is the death of victim due to this type of violence (Sanderson, 2008).

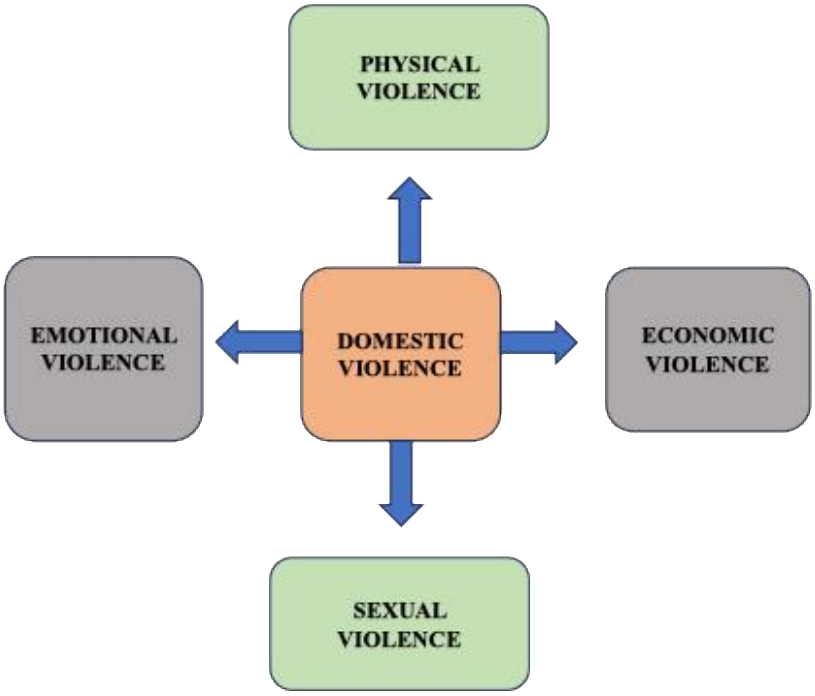
2. Sexual Violence: It is defined as lack of control over sexual activity. It refers to "any conduct of a sexual nature that abuses, humiliates, degrades or otherwise violates the dignity of women"(PWDA, 2005)

3. Emotional Violence: It includes coercion, bullying and intimidation. It comprises different manoeuvres that impairs emotional safety. Language and gestures are used to humiliate women which affect their emotional states and can develop mental health problems. It includes social restriction on interaction with family and friends and wider community. Some researcher argue this type is more prevalent than other types (Romito, 2008; Sanderson, 2008).

4. Economic Violence: This violence takes place when victim hasn't control over his property, money and other economic resources. The perpetrator snatches the money earned by the victim, and if the victim resists in giving money, the frequency of assault increases. In this kind of abuse, victims depend on perpetrator for their livelihood. In such situation, the perpetrator only controls daily expenses (Davhana et al., 2009).

Figure 1.3

Types of Domestic Violence



1.4 SOCIO-CULTURAL DETERMINANTS

Domestic violence is a multidimensional concern with many underlying causes. The common ones are below:

1. Socio-economic Factors: Socio-economic factors play a very significant role in determining domestic violence. In a study by Ismayilova and El- Bassel (2013) it was revealed that poverty, unemployment, area of living, age as well as family conditions were associated with higher rate of domestic violence. It occurs more among people of low socio-economic position (Campbell, 2002). Moreover, patriarchy is a factor that pushes women to a subordinate position where they become prone to domestic violence(Dabla, 2009).

2. Cultural Factors: In male dominated societies women are ingrained the norms and values which make them servile and docile. Males are culturally considered superior which supports them to act in aggressive manner towards women in families (Hussain & Bashir, 2018).

3. Demand for Dowry: It is one main factor of domestic violence since ancient times in India. Although legally, prohibited in India, yet is prevalent in society and puts so many women in stress when they face dowry demand from husbands or in-laws(Hussain & Bashir, 2018).

4. Extra-Marital Affairs of Husband: This factors leads to emotional neglect of victim and affects families as well. It is a major cause of violence in domestic settings (Hussain & Bashir, 2018).

5. Low Level of Legal Literacy: Though there are numerous constitutional and legal measures meant for protection of women but largely women remain ignorant which makes them amenable to violence.

6. **Political Factors:** Though constitution has granted equal rights to women in political sphere, yet women are far behind in political participation and empowerment. Thus, women lagging behind in political participation is seen as cause which makes them susceptible to violence in families (Khatun & Rahman, 2012).

1.5 CONSEQUENCES

Domestic violence is common issue in the world (Garcia-Moreno, Jansen, Ellsberg, Heise & Watts, 2005). It impedes women to have respectable life (Kilpatrick, 2004). Domestic violence can result in many physical and emotional problems in women (Campbell, 2002).

1. Physical Consequences: Domestic violence can cause serious physical health problems including chronic pain, gastrointestinal and gynaecological problems, body injury or even death (Campbell, 2002). Due to sexual violence many women suffer from serious complications during pregnancy, causing harm to them as well as to their children (Kilpatrick & Acierno, 2003; Schnurr & Green, 2004). Sexually abused women, often suffer from STDs, genital irritation, infection in private parts, internal bleeding, decreased libido, pain in pelvic muscles, urinary tract infections etc. (Campbell, 2002). Women victims have less control over their pregnancies because perpetrator usually decline use of contraceptives (Garcia-Moreno & Riecher-Rossler, 2014).The study by Garcia- Moreno and Riecher-Rossler (2013) reflected that women can develop physical trauma when subjected to domestic violence. Another study by Vung, Ostergren and Krantz (2009) reported that women exposed to violence suffer from both internal and external injuries and nearly all of them seek immediate health care attention. Additionally, results have been obtained in case of effect of domestic violence on cardiac health (Stubbs & Szoeke, 2022).

1. **Emotional Consequences:** Domestic violence affects emotional wellbeing. Research established that violence can cause social dysfunction (Howard, Trevillion & Agnew-Davies, 2010). It is closely related to lowly emotional health. It badly affects psychological state (Campbell, 2002). Prolong exposure to domestic violence worsens mental health problems (Riecher-Rossler & Garcia- Moreno, 2013).

1.6 MENTAL HEALTH

Mental health has come in prominence and has received world attention with the efforts of *"United Nations"*. At worlds level nations are collaboratively working to improve the mental health of the people.

Mental health refers to "a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity"(W H O, 2022).

"Mental health refers to person's emotional, psychological, and social wellbeing, encompassing their ability to handle stress, relate to others, and make decisions. It is influenced by emotional, social structural determinants, biological factors, life-experiences, genetics, contributing to overall resilience and adaptive functioning" (WHO, 2022).

Mental health is very crucial for living a good social life and is important for individual and social development. Mental health depends upon social background of people. People with poor mental health suffer from depression and self-harm (WHO, 2022)

1.6.1 TYPES OF MENTAL HEALTH CONCERNS: It has different types depending on the criteria used to classify it but some commonly and most prevalent forms are as:

1. Anxiety: It is an emotional disorder, which involves too much worry, fear and lack of attention, nausea(American Psychiatric Association,1994).

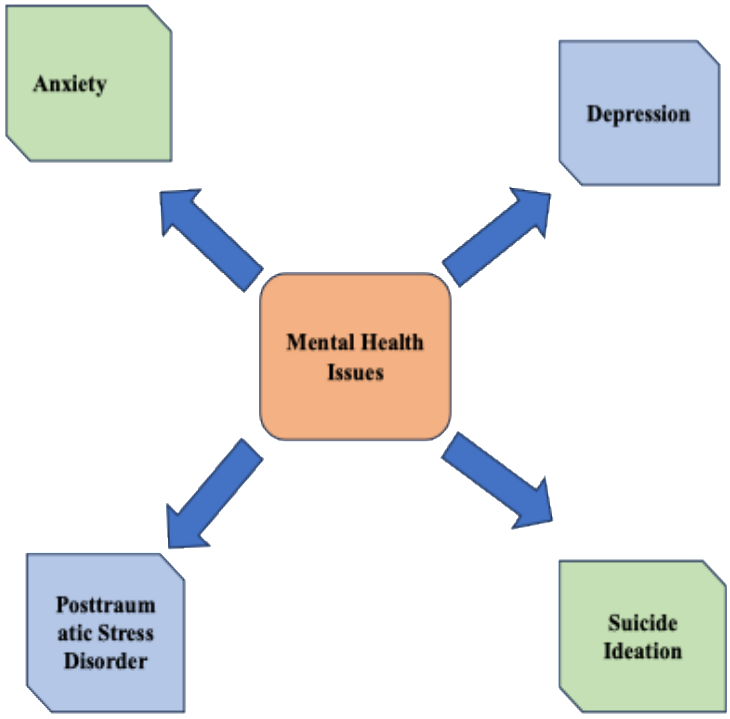
2. Depression: It is mental disorder characterised by sadness and loss of interest in things and low self-worth(APA,1994).

3. Posttraumatic Stress Disorder: It is a health problem which includes persistent fear, flashbacks and continuous thoughts about past distressful situation(APA,1994).

4. Suicide Ideation: A health condition which involves thoughts about ending one's life or thoughts about death(APA,1994).

Figure 1.6

Types of Mental Health Issues



1.7 SOCIO-CULTURAL DETERMINANTS OF MENTAL HEALTH

Mental health is shaped by lots of sociocultural dynamics which on occasions occur in isolation or in tandem which then affect mental health of an individual. The factors are briefly highlighted below:

1. Alcohol Consumption: Alcohol becomes a cause of violence in families which is found in different cultures (McCauley et al, 1995). Research has confirmed that alcohol leads to irregular behaviour which instigates violence in domestic settings (Flanzer, 1993).

2. Abuse in family: Family abuse results in mental health concerns. Women facing dowry demand in matrimonial family in Indian is also a factor which affects emotional state of women (Agnes, 1992).Though legal framework vehemently prohibits dowry, but still, it is prevalent and has led to loss of women through suicides in India (Kumari, 1989).

3. Controlling Behaviour: Controlling behaviour within families can result in poor mental health outcomes (Black et al., 1999). Physical and emotional control produces mental health problems (WHO, 2022).

4. Social Structural Factors: It encompasses factors like financial stress, gender inequality, discrimination which gives rise to mental distress among women.

1.8 Interrelationship of Domestic Violence With Mental Health

'Domestic violence' is foremost health predicament and a violation of 'human rights'.10-50% women have experienced domestic violence in world (Heise et al., 1999). Garcia-Moreno and colleagues (2006) in an world study of ten countries found high incidence of physical violence. The study also reported sexual violence was rampant, following physical violence in those ten countries. Domestic violence was found in all countries though in varying degrees. (Krug et al., 2002; WHO, 1997).

Domestic violence affects physical, reproductive, sexual and mental health of women victims, which are reflected below:

1. Physical Effects: It includes bruises, broken bones, wounds, cuts, body pain, hypertension (Campbell, 2002).

2. Reproductive Effects: This type of effects encompasses involuntary pregnancies, abortions (Gazmararian et al., 2000), birth of unhealthy babies (Murphy et al., 2001), and deaths during pregnancies (Shadigian & Bauer, 2005).

3. Sexual Effects: It consists of transmission of diseases like viral diseases and much more (Garcia-Moreno and Watts, 2000).

4. Mental Effects: It comprises matters of sadness, disappointment, social isolation, persistent fear, and suicide thoughts (Romito et al., 2005; Silva et al., 1997).

It is established, that domestic violence gives rise to emotional distress among women (Stark, E. & Flitcraft, A., 1996). Outcomes of domestic violence include behavioural complications, sleeping disturbances and digestion problems, inability to enjoy good life, lack of initiative, unnecessary fear, attempts to end one's life, poor self-esteem, harmful alcohol, and substance use (Sharma et al., 2019).

A wide range of psychiatric disorders are prevalent among women victims of domestic violence. Violence not only leaves a scar on the body but it also affects the psychological wellbeing. Abused women, suffer from severe anxiety that is manifested as PTSD (Mechanic, 2004). Depression, mood disorders, anxiety, suicidal ideation, PTSD are common among the victim women (Meekers, Pallin & Hutchinson, 2013). Women with the above mental health disorders can display a wide range of symptoms such as difficulty in doing daily chores, lack of decision-making ability, lower self-esteem, crying easily and feeling lethargic.

Empirical analysis of Mechanic, et al. (2008) revealed that women who encountered domestic violence observed loss of interest in doing things, sadness and self-harm tendencies, besides physical effects on health (Kaur, R., & Garg, S. 2010).

Women who are living with perpetrator of violence develop emotional and physical health consequences like depression, PTSD, anxiety, suicidal thoughts,

cardiac, stomach and lung issues. The exposure time to violence corresponds with the severity of emotional and physical health (Dillon et al., 2013).

Poverty of women makes them prone to domestic abuse and mental distress (Patel et al.,1999). Drug addiction of partner, social control and abuse in matrimonial family by husband or in-laws are some factors for domestic violence and poor mental health(Black et al., 1999). Poverty, alcohol use, and dowry are underlying factors of violence against women in domestic relationships(Visaria, 2000).

Domestic violence is related to developed of persistent fear, hopelessness, worthlessness, low-self-esteem and thoughts of endings life. (Golding, 1999).

There is substantiation of causative link amidst 'domestic violence' and 'mental health' matters, additionally their seriousness hinge on intensity of violence in domestic relationships (Jones et al., 2001).Victims who are subjected to different types of violence are more vulnerable to mental distress (Jones et al., 2001; Mc Farlance et al., 1998).

Domestic violence can have simultaneous effect and can be visible in later phase of life also, for example, children and adults, exposed to domestic violence manifest health problems in later life (Kitzmann et al., 2003; Wolfe et al., 2003).

It has been found that women with sound social support show positive mental health outcome as compared to those with weak social support (Coker et al., 2003).

1.9 Background of the Study

Domestic violence, a social trouble throughout the globe has been considered a human rights concern (WHO, 2015).It has also been considered as a health concern(WHO,1996) and became a serious global issue(U.N. Report, 2021).

Research outcomes in this arena entail that domestic violence has upset health of sufferer (Golding,1996). Further, examination in this question highlighted that the levels of violence varied substantially between settings, within and between different countries of the world (Heise et al.,1999).

Research study on thirty-five countries of world spotlighted that domestic violence is a grave predicament and widely prevalent in the world. This crisis is in existence in both progressed and progressing countries though in unlike intensities (UN Docs, 2020).Women experience violence in intimate settings and more than thirty five percent of women killings are done by husbands (WHO, 2017). Abuse directed at women is embedded in society which is supported by power disparities (Care International, 2018).

Domestic violence worsens life of women and impacts their health (Oram et al., 2017). Domestic violence affects not only the physical health, but also mental wellbeing of victim. Mercy et al. (2003) in their study reported that abused and non-abused show a marked difference interms of their mental wellbeing.

In India women also encounter domestic abuse due to dominant position of men and patriarchal nature of society (Jewkes et al., 2002). A study conducted by NFHS(2020) reported one third women in India between the age of 15-55 have experienced domestic abuse. The magnitude of this problem is also supported by a study in India which established that almost one third of women population. Loss of interest in doing things, despair and phobia have been reported among sufferers(Indu et al., 2021).

The data of *"National Crime Record Bureau"* (NCRB) for the year 2020 in Jammu and Kashmir demonstrated that women crime has increased by 15% compared with its last year. There has been an increase in general crime rate and domestic abuse against women(The Excelsior, 2020). The crime statistics of women in Jammu and Kashmir was 3405, 3937 and 3716 for the year 2020, 2021 and 2022 respectively (NCRB, 2022).

Domestic violence has increased during the last few years. Women of all the religious, social class, caste and region suffer from the domestic violence (Dabla, 2009).Empirical study conducted in Jammu and Kashmir on domestic violence and health, reported that abusers have developed mental health worries like concentration problems, sleeping disorder, difficulty in making decisions, and depression (Buchh,

2016). Moreover, Dabla (2009) found that domestic violence experienced by women had developed mental disturbance among women in Jammu and Kashmir.

Though the available literature and research on domestic violence in Jammu and Kashmir has highlighted domestic violence from legal and social perspective by using quantitative method, as a result there is a need for more qualitative research that will unravel the lived experiences of middle-aged women with domestic violence in Jammu and Kashmir.

The present study will explore the domestic challenges faced by middle-aged women in Jammu and Kashmir. Moreover, mental health costs of abused women in middle-age by examining how mental health is contingent on social conditions and in turn has social consequences. Mental health will be studied in light of domestic violence with its socio-cultural determinants and the effect of mental health on the social life of victim. Furthermore, how victims respond to violence and mental wellbeing will be explored. The role of socio-cultural factors will be examined. The research can contribute to a deeper understanding of the issue and helps to provide insights to policy makers and implementing agencies in this area.

1.10 CONCEPTUAL FRAMEWORK OF THE STUDY

This academic work analyses the implications for emotional wellbeing of gender violence on middle-aged women in Jammu and Kashmir by using a qualitative approach and following phenomenological approach. To understand the systematic nature of domestic violence and its impact on mental health of middle-aged women, feminist theory has been used.

Domestic violence in its different manifestations is considered a crucial determinant of strain on psychological wellbeing. This framework also encompasses social support systems like formal social support, informal social support used by who experienced domestic violence and mental health issues.

The analysis uses sociological approach, to examine how domestic violence is rooted in social structures, by unravelling the significance of social elements in

domestic abuse, followed by repercussion on psychological state, reaction of women to gender violence, and emotional strain intensively. The succinct definitions of key concepts used in the study is given below:

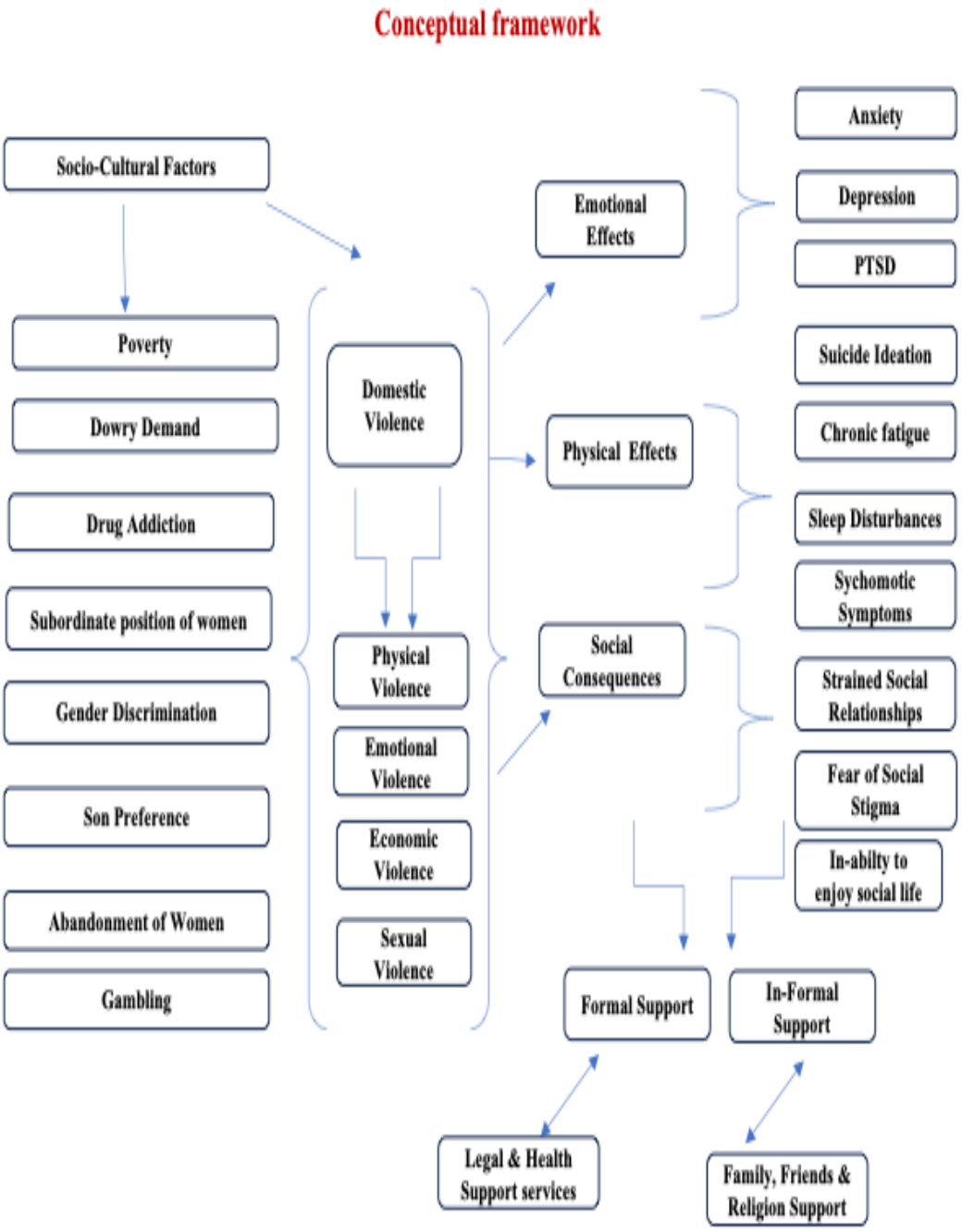
1. Domestic Violence: Domestic violence is defined as, "any form of abuse causing harm or injury to the physical and /or mental health of the woman or compromising her life and safety or any harassment for dowry or to meet any other unlawful demand and a threat to cause injury or harm" (PWDV Act, 2005).

2. Mental Health: Mental health is stated as, "person's emotional, psychological, and social wellbeing, encompassing their ability to handle stress, relate to others, and make decisions" (WHO, 2022).

3. Middle-age: It is explicated as "the part of life between youth and old age". A general consensus is that this age is between '40-60'(Lachman et al., 1994; Lachman and James, 1997, Lachman, 2001).

Figure 1.10

Conceptual Framework of the Study



1.11 RESEARCH GAP

Though there is ample literature on the concerned topic, yet there is not a lot of exploration on "impact of domestic violence on mental health of women". Moreover, there is a little focus particularly on middle-aged women in the socio-cultural context of Jammu and Kashmir. Existing literature, usually highlights younger women or broader population and neglecting the challenges faced by this demographic group as women in this period experience unique biological changes (like bodily changes), psychological change (like feeling of loneliness, anxiety, depression, conflict with self-etc.,) and at the broader level change in social roles produce strain for them. In light of these changes, the study of domestic violence, its underlying socio-cultural factors and its impact on the mental health of women and how they respond while using formal and informal social support is worth for sociological investigation.

Additionally, much of the research in this domain is quantitative, where the prevalence of domestic violence has been studied but the lived experiences of women have not been studied in a graphic way. Intersection between domestic violence, gender, socio-cultural factors and mental health outcomes have not been studied to such an extent where lived experiences of women has been captured in a vivid manner.

Consequently, this research through a qualitative sociological approach, and using grounded theory method and inductive approach aims to bridge these gaps by reporting the personal narratives of middle-aged women to have a deeper understanding of domestic violence, mental health issues and services of government agencies and informal agencies used by them while responding to domestic violence and mental health issues.

1.12 STATEMENT OF THE PROBLEM

Gender violence in 'Jammu and Kashmir' has been increasing during the last few years. Its magnitude is different in different districts and among different categories of women but it is an empirical reality in Jammu and Kashmir. Harassment

of women by husband and other close relatives is a common experience with repercussions on their emotional and physical conditions.

Women violence has increased during last half a decade, and it went up by fifteen percent(NCRB, 2022) and further there has been increase in violence cases by close relatives (Excelsior, 2020). However, this trend has drawn attention of public to have sustained efforts from formal institutions for increasing awareness among people in this concern (Kashmir Life, 2025).

Domestic violence is a pervasive issue which affects women's mental health, yet its effects on middle-aged women in qualitative sociological framework is not so much explored in Jammu and Kashmir. Middle-aged women who have different social responsibilities like care of children, husband and elder family members and those working outside families have working role also. When they experience domestic violence, they develop mental health challenges which affects their life. Moreover, these women have limited chance to escape from domestic violence being economically dependent, and have a fear of social stigma and cultural expectations.

In Jammu and Kashmir, patriarchy positions women in a subordinate position and when they are subjected to domestic violence, it has a negative impact on their mental health. Existing literature, on domestic violence in Jammu and Kashmir studies it quantitatively not describing the socio-cultural context and mental health issues qualitatively.

Nowadays, there is growing awareness about this predicament but the psychological dimension of it has not been explored so much. This academic work attempts to study the socio-cultural factors of domestic violence, impact of domestic violence on middle-aged women and how women respond to these concerns using a qualitative sociological lens.

1.13 SIGNIFICANCE OF THE STUDY

The current study investigates “domestic violence and its impact on the mental health of middle-aged women”. While the pre-existing work on the topic focuses mostly on younger women, neglecting the predicaments faced by women of middle-age, where they undergo biological, psychological and social change as already mentioned in research gap. The same is compounded by economic dependence of women, and social discrimination, and limited access of middle-aged women to mental health resources. Therefore, studying this demographic will help to understand the long-term strain on their psychological wellbeing by taking into account the socio-cultural determinants of abuse and the response there to.

The findings of the study can help government, policy makers, mental health professionals to understand the problem in light of socio-cultural milieu to develop culture specific policies, interventions and social support for the sufferers. By analysing the issues of middle-aged women, this research aims to contribute to a more inclusive and culturally specific effective response to these issues.

1.14 RELEVANCE OF THE STUDY

The relevance of the study lies in its emphasis on intersection of domestic violence with mental condition, its social factors in context of middle-aged women. The study is relevant in the sense, that it integrates domestic violence, mental health and middle-aged women by placing it in the socio-cultural context to describe the subjective state in domestic ill-treatment and emotional health difficulty from the perspective of the research subjects.

In Jammu and Kashmir, which has patriarchal social structure domestic violence is often overlooked or normalized. Middle-aged women being economically dependent who experience domestic violence find it difficult to leave abusive relationships. Furthermore, the social stigma attached with leaving abusive relationship and the mental health issues is note to mention. The study is pertinent to report the lived experiences of women with domestic violence, consequently mental

health issues, access and response of victims to domestic violence and mental health issues.

The results of the study at hand can be insightful for government, policy makers, mental health professionals, and other stakeholders to plan culturally specific interventions. This study contributes to the understanding of domestic violence and mental health outcomes and adds to broader domain of gender violence and mental health.

1.15 RATIONALE OF THE STUDY

Domestic violence is a social and public health issue that affects women of all ages and social groups yet the impact of domestic violence on middle-aged women in Jammu and Kashmir in qualitative sociological lens has not been studied so much. Most research on domestic violence has inquired the pervasiveness of domestic violence, besides effects in a quantitative framework, have given little space for lived experiences of women. Since this group experiences challenges like prolonged exposure to domestic violence, economic dependence, negative social reactions and deprivation of adequate social assistance which can affect the psychological condition of middle-aged women.

The profoundly ingrained patriarchal structure further exacerbates the issues makes women more vulnerable to domestic violence and mental health issues. The current examination will try to establish a common ground in the existing body of knowledge on the topic by using a qualitative sociological approach; grounded theory method and inductive analysis to study the problem at hand. In this backdrop, it will help the government, policy makers and professionals to develop and tailor the policies and strategies or interventions for the benefit of this vulnerable group.

1.16 SCOPE OF THE STUDY

The study focuses on understanding impact of domestic violence on mental health of middle-aged women in Jammu and Kashmir by employing qualitative sociological approach. The study will enunciate the first hand-experiences of women

in the age group of '40-60' years (justification for age group already cited in conceptual framework) who had been subjected to domestic violence. The study will identify the factors responsible for domestic violence by relating them with socio-cultural factors, gender stratification and patriarchy in the age category as specified.

The study will be conducted in Jammu and Kashmir to encompass the diverse socio-economic backgrounds to have a well-balanced results. How women respond to domestic violence and mental health by utilizing the formal and informal social support system will also be examined.

The study will employ in-depth interviews, observation and case studies to describe the experiences of middle-aged women with domestic violence and mental health issues, underlying social elements, harm inflicted on women and emotional distress, coping mechanism and social support system available to this age group.

The findings can be an addition to already sociological literature on domestic violence in Jammu and Kashmir and can help government bodies, policy makers and professionals to map out polices and support system for middle-aged women weathered through gender violence and acquired implications for emotional health.

1.17 RESEARCH OBJECTIVES

The research objectives of the study area as:

1.To understand the major domestic challenges faced by middle-aged women in Jammu and Kashmir.

2. To study the mental health issues of middle-aged women.

3. To analyse the factors responsible for women's mental health issues.

4. To discuss how the women respond to domestic violence and mental health issues.

1.18 RESEARCH QUESTIONS

The research questions of this academic work are below:

1. What are the major socio-economic challenges faced by middle-aged women in Jammu and Kashmir ?

2. How is domestic violence experienced by middle-aged women and what are its underlying factors ?

3. What are the factors that are responsible for mental health issues among middle-aged women in Jammu and Kashmir ?

4. How middle-aged women respond to violence and mental health issues by utilising the formal and informal social support services ?

1.19 INCLUSION CRITERIA

The current study delineates the impact of violence in intimate relations on emotional condition of middle-aged women in Jammu and Kashmir. In the present study only middle-aged women were chosen. Women in the age group of "40-60" who had experienced domestic violence were chosen to study domestic violence and impact on their mental states. Women residents of Jammu and Kashmir particularly Jammu and Srinagar districts from different socio-economic backgrounds were taken to have representativeness, interms of sample. Participants who gave informed consent were selected for the study. The inclusion criteria was chosen to specify the study interms of the respondent selection to be in line with the research topic at hand.

1.20 EXCLUSION CRITERIA

As this study unravels how domestic violence impacts emotional health of women in middle-age in Jammu and Kashmir. In this research women below 40 years and above 60 years were excluded. Moreover, women not inflicted with spousal abuse were excluded in the study. Participants who did not give consent were not selected. The exclusion criteria was chosen to specify the study interms of the respondent selection to be in accord with the research objectives of the broad topic to be studied.

1.21 UNIVERSE OF THE STUDY

The universe of this study is two districts viz- Srinagar district and Jammu district in Jammu and Kashmir. District Srinagar in north is edged by Kargil as well as Ganderbal, in the South by Pulwama and in the north-west by Budgam. The district with a population of around 13 Lakh, is spread over an area of 294 Sq. Kms (Census, 2011) .

Jammu is situated at 32.73°N 74.87°E, with an average elevation of 300 m (980 ft). Jammu city lies at irregular ridges of short heights at the Shivalik mountains. It is surrounded by the Shivalik range to the north, east, and southeast while the Trikuta range surrounds it in the northwest. The population of Jammu is 727,000 as per census 2011.

The two districts are chosen for three reasons, first these two districts have shown a great increase in the number of violence cases against women. The same is substantiated, corroborated and well documented by the NCRB and NFHS. Second, in these two districts, there are largest women police stations which deal with domestic violence issues, where domestic violence victims visit to register their cases. These two districts also have the largest mental health institutions where people visit for the treatment of mental health issues; this provided the opportunity to the researcher to have access to research subjects which is otherwise very difficult, as the topic is sensitive and respondents may not disclose the real experience in their family settings due to fear of perpetrator or family. Third, these districts have heterogenous populations where people of different socio-economic backgrounds live so as to have a representative sample. So, depending upon the nature of the problem it was desirable to collect the sampling frame and then study these subjects in their natural settings after getting the informed consent.

The sample area is chosen to have a qualitative descriptive sociological study on partner abuse and emotional health among women of “40-60” years in Jammu and Kashmir keeping in view the proposed objectives to explore the problem by unravelling the first-hand data. How the socio- cultural milieu and the unequal power

structure has the role in spousal abuse is required to be enunciated. The role of legislation and law enforcement agencies should be brought to fore. The ramifications of the violence be it physical, emotional, economic and sexual on the mental health of the victim will be explored. Moreover, the response of the victim and the community or society at large in responding the issue of domestic violence will also be studied.

1.22 OPERATIONAL DEFINITIONS

The operationalization of concepts used in the present study are as under:

1. Domestic Violence

Domestic violence is defined as, "any form of abuse causing harm or injury to the physical and /or mental health of the woman or compromising her life and safety or any harassment for dowry, or to meet any other unlawful demand and a threat to cause injury or harm. Domestic violence includes actual abuse or the threat of abuse that is physical, sexual, verbal, emotional and economic. Harassment by way of unlawful dowry demands to the woman or her relatives would also be covered under this definition" (PWDV Act, 2005).

2. Mental Health

Mental health refers to, "person's emotional, psychological, and social wellbeing, encompassing their ability to handle stress, relate to others, and make decisions. It is influenced by emotional, social structural determinants, biological factors, life-experiences, genetics, contributing to overall resilience and adaptive functioning" (WHO, 2022).

3. Middle-aged Women

Middle-age is defined as "the part of life between youth and old age." The margins of middle-age are vague with no distinct delineation. There are a number of views of this period, its onset and completion. However, the frequent view of the age limit used for this demographic is that it is amid "40-60"years (Lachman et al., 1994;

Lachman & James, 1997). People between age of "40-60" are in general regarded as they are of middle age (Lachman, 2001).

1.23 STRUCTURE OF THE THESIS

The present thesis entitled *"Impact of Domestic Violence on Mental Health: A Sociological Study of Middle-aged Women in Jammu and Kashmir"* consists of five (5) chapters. The first Chapter, provides an elucidated analysis of spousal abuse, setting the stage for research. It conceptualizes domestic violence along with its underlying factors in society. Effects of domestic violence on women like physical and psychological health have been highlighted. Moreover, mental health has been conceptualized and its socio-cultural determinants have been spotlighted. It also presents partner violence and emotional health from sociological perspective. The chapter provides an outline of intersection of partner abuse and mental status of women. Additionally, it presents research gap, statement of problem, significance of the research, its relevance, rationale, scope, research questions, research objectives, inclusion criteria, exclusion criteria, universe of the study and operational definitions.

The second chapter provides a comprehensive review of literature related to domestic violence and its impact on mental health of middle-aged women. Literature on socio-cultural factors of domestic violence, factors which affect mental health of women and how women respond to domestic violence and mental health has been included. It covered literature on the topic at global, national and regional levels thereby helping to point out the gaps in the existing research which provided a direction for the present research.

The third chapter deals with research methodology used in the study. It covers research paradigms like constructionist and phenomenological paradigms, research design such as descriptive and exploratory, research approach as inductive and deductive approaches, justification of universe, methods of data collection like interview schedule, and case studies, and minimally observation, pilot study and ethical considerations in research. It also provides concept of qualitative data and how it can be analysed and interpreted to fulfil the objectives of the research. Apart from

this, it highlights role of the researcher, positionality, reflexivity, experiences from the field, observations and barriers during the field study, and limitations of the present study.

The chapter four presents the process of organization of qualitative data and its subsequent phases like development of sub-themes or codes and finally themes to develop links between the data through thematic analysis based on grounded theory approach. The chapter also presents the description of all the themes developed during the study which are in line with the literature cited and the objectives of the study. The findings in this chapter have been compared with the relevant literature to see consistencies and inconsistencies.

Finally, chapter five concludes the study by providing summary of key findings and their significance also provides recommendations based on the findings and suggests area for further research in future. The study highlights how the recommendations can be helpful for government, policy makers and professionals to devise culturally specific interventions for abused women and their emotional distress.

CHAPTER-II

CHAPTER-II

REVIEW OF LITERATURE

2.1 INTRODUCTION

This chapter presents the brief review of existing studies and stands segmented into eight(8) sections. The first one, deals with domestic abuse from sociological perspective, second section presents health from sociological perspective, third section deals with women health from sociological perspective, followed by section fourth which introduces women mental health from sociological perspective and section fifth is concerned with domestic violence at international, national and regional levels, sixth section presents intersection amid marital abuse and emotional health and eighth section presents the summary of the chapter.

2.2 FOREGROUNDING DOMESTIC VIOLENCE FROM A SOCIOLOGICAL PERSPECTIVE

Domestic violence is a concept which has sociological relevance because it is rooted in society and in turn affects it.

The classical sociologists were not so much explicitly attuned to the analysis of interpersonal violence against women. With the development of conflict tradition, Marx and Engels, examined society interms of "conflict and clash of interests between social groups in society". The same argument can be aptly pertained to the study of violence in domestic relations. In "*The Origin of the Family, Private Property and the State"*, Engels (1972) wrote: "The first-class opposition that appears in history coincides with the development of the antagonism between man and woman in monogamous marriage, and the first-class oppression coincides with that of the female sex by the male". Therefore, it can deducted that class oppression on the basis of economic resources along gender lines was the beginning of violence in intimate familial relationships. Domestic violence, a concept of great sociological relevance, has been studied by sociologist from time to time to unravel how it operates and what are is repercussions on the victim, family and society at large. For analysing gender-

based violence, R.W. Connell (Australian Sociologist) has used the concept of "*hegemonic masculinity"* which is central to feminist understandings of gender- based violence. Coined by R.W. Connell, "hegemonic masculinity is a socio-cultural structure that portrays and defines the assertive and normative type of masculinity at a given point in time and context". It is connected with assertiveness, dominance and economic power. These characteristics situate hegemonic masculinity as superior to both femininity and marginalized masculinities. However, hegemonic masculinity is an unattainable ideal for most men that fosters competition over performances of masculinity between men, often through violence against marginalized gender identities"(Connell, 2013).Thus, hegemonic masculinity serves as a source of power and privilege for men that conform to it while legitimizing oppression and violence against other genders and marginalized masculinities (Connell & Messerschmidt, 2005).

Gender is routinely accomplished through actions that reaffirm prevailing understandings of masculinity and femininity. Behaviour perceived as reflecting hegemonic masculinity is informed through internalized cultural beliefs and social norms associated with expressions of masculinity. Consequently, social pressures are placed on men to continuously exhibit and reaffirm their masculinity, as failing to do so can yield social repercussions (Nadeem, 2024).

Similarly, discussions between men regarding their sexual activity with intimate partners often involve narratives of sexual violence that portray themselves as heterosexual, dominant, and sexually active within masculine peer settings such as locked rooms. Thus, violence as a means of performing gender allows men to reaffirm their masculinity and sustain social capital among other men and subjecting women to violence with an impact on their social and mental well-being (Nadeem, 2024).

Moreover, the pursuit of hegemonic masculinity exacerbates IPV by normalizing male dominance over women and subsequently diminishing offender culpability. As heterosexuality is a central criterion for hegemonic masculinity, expressions of masculinity perpetuate compulsive heterosexuality, a system of oppression that asserts and institutionally enforces heteronormativity.

Heteronormative framings of male sexuality reflect patriarchal norms, promote entitlement over women's bodies, pressure women to endure sexual abuse, and prompt victims to minimize their victimization. Additionally, heteronormative discourses that permit male sexual violence expect women to safeguard themselves from violence, portraying them as complicit in their victimization for unsuccessfully navigating expected male aggression. These conceptions encourage victim-blaming while normalizing the subordination of women as an inevitable expression of hegemonic masculinity (Nadeem, 2024).

Consequently, hegemonic masculinity becomes a rationale for essentializing and subsequently excusing abusive male behaviour, in turn of preventing victims from validating their victimization. Ultimately, IPV finds justification through the reproduction of unequal gender relations as a tool that allows men to adhere to valued prescriptions of hegemonic masculinity (Nadeem, 2024).

Victims of IPV often experience multiple compounding forms of abuse. For instance, IPV can manifest as a combination of physical assault, psychological abuse, sexual abuse, threats of violence, stalking behaviour, economic blackmail, isolation, harm to pets and possessions, or coercion. Additionally, women-folk grapple with problems that deter them to exit assertive partners. Those riddles include: loss of home, and economic resources or losing children. This subsequently fosters a cycle of abuse wherein economic restrictions compel victims back into abusive relationships. Harassment can further the women's exposure to IPV by means of loss of careers, learning opportunities, accommodation, relations with family, and suffering of emotional nature (Coker, 1999). This denotes that fundamental disparities and hindrances make worse the repercussions of infliction on women. Therefore, manliness is maintained through the patriarchal structure which led women to a subordinate position in the social structure and gives emotional setback to women.

Domestic violence manifests in different forms, for analysing, the non-physical violence and its impact on victim, Pierre Bourdieu, French sociologist introduced the idea of *"symbolic violence"*. It explains how women go through abuse and face inequality in an imperceptible manner (Bourdieu and Wacquant, 1992). It explicates

the subtle form of abuse directed towards certain groups specifically women, which is usually endorsed unintentionally as a norm in routine interaction (Dowding, 2011).Thus, "everyday violence" a concept propounded by 'Scheper-Hughes'(1992) argues how in society, women endorse violence as normal a practice.

"Symbolic violence explains control, subservience and oppression of women in light of power dynamics favouring men and making the subordinate position of women justifiable. Language creates meaning and reality in society, dominant groups use it to further their interests and maintain status quo so that subordinate groups [women]are controlled" (Bourdieu, 2001).

It is covert, hidden which makes it a mechanism to silently dominate women and mere reporting is not the permanent solution to end violence, rather change in the power relations is indispensable to end it (Bhambra & Shilliam, 2009).

Bourdieu (1998) argues that he does not actually undermine physical violence but spots the influence of less physical form of abuse. Primary types of control are repetitively constructed and reconstructed in social interaction" (Bourdieu, 1977). Whereas, these social encounters, Krais posits, need to be seen in the foreground of those sorts of dominance which are subtle, and need to be understood along with 'complementary' modes of domination, which are invisible, such as the domination of particular institutions and discourses that may seem to be unbiased, unpolitical and non-discriminatory, but in reality they traverse with social groups and unequal power dynamics in society.

Thus, tangible violence should be examined collectively with intangible violence labelled as *"Invisible violence"*. This view is endorsed by Bourdieu (1977) by arguing that when "direct abuse is condemned and censured then symbolic violence in the gentle invisible form of violence is the option employed by people for domination of weak groups like women". Therefore, "symbolic violence" in the disguise of not being perceptible, direct, intimidating produces negative consequences on subjected groups which are often invisible.

Perceptible physical violence, is seen by women producing visible consequences like injuries, cuts, fractures which heal. On contrary, "symbolic violence" the sufferings brought by it are difficult to heal because they are covert. Power exercised through symbolic means needs examination in terms of the relationship between dominated and dominating, which is produced in the social locale. "Symbolic violence is perpetrated through language as words, gestures, discourses, derive their meaning from dominant groups in society" (Bourdieu, 2002).

"Symbolic violence engenders and justifies controlling aspect in social domain in day to day encounters of actors. Despite, being inconspicuous, it provides a ground for direct type of abuse. Different types of factors crisscross to produce and reinforce abuse in social milieus taken up by victim and perpetrator. Regular ways of social interaction characterised by domination is considered in that view even those being subjugated"(Bourdieu, 1989).

Bourdieu concept of use of language in symbolic violence is much like how language, discourse, knowledge and power relation has been discussed by Michael Foucault.

To study how domination permeated our everyday life, Antonio Gramsci(Italian Marxist Philosopher) is worth to mention and his concept of "hegemony" taken from *"Selections from the Prison Notebooks"* is a well-known concept in the re-examination of classical thought of Marx. He explained "hegemony" as "the rule and domination generated by cultural or ideological means". This idea makes us to realise that domination is found in 'intimate' and 'non-intimate' aspects of our social life. This influence is seen in family relationships, community interactions, educational institution and even in religious sphere which have patriarchal control. This ting of Gramsci to feminism is conceded as a new way of re-examine gender issue from feminist framework. Control is produced by ideological mechanism and willingness of women to accept the obedience in gendered complex society is a subject of inquiry in feminism in patriarchy (Schwarzmantel, 2014). It is being implemented by different institutions of society which have sway to affect ideas and ideals in society (Gramsci,1971).

Furthermore, in society "hegemony" is exercised by means of social values, norms which support particular ideology by which subordination and superordination is justified. Social and cultural system has very crucial role in this whole process. The control can be accomplished. This dominance may be implemented devoid of tangible or coercive measures as a normal rather other way round. This mechanism favours the upper class and their power at the expense of others. The apparatus is underneath, many of the social problems, but still it offers an opportunity to upper sections to control the subordinates (Rana, 2020).This conceptual tool can be used for the analysis of gender based violence against women and the corresponding consequence on women in the patriarchal social structure.

For analysing the role of patriarchal structures in society and women oppression, Sylvia Walby British Sociologist has made eloquent examination of 'patriarchy' "as a system of social structures and practices in which men dominate, oppress and exploit women". She has identified six(6) forms which constitute the system of 'patriarchy', per say. These sub-structures include: 'house-hold work, paid work sexuality, culture, violence and the state'. The interconnections of these sub-components produce several types of male domination. These sub-structures are factual, deeply ingrained which help to analyse and re-examine the nature of social interaction between men and women (Walby, 1989).

Walby, talking about "house-hold work" argues that "men appropriate women's work, woman get basic amenities for their labour, usually when they are confined to domestic chores. They are seen as class of producers whereas men are consumer class" (Walby,1989).

In second domain, the dominance of men is found in "wage labour". Women are relegated to only less paid jobs with less expertise (Walby,1989).

Third one is "sexuality" women bodies have always been seen as sexual objects and bodies for control(Walby,1989).

The fourth sphere comprises of "the state" where men control and possess authority. This apparatus favours rich class and helps in domination of poor social

class. It always favours men over women in policy matters and decisions. (Walby,1989).

Another element is “male violence” which appears to be a personal component, is a broad one which takes in its ambit, the control and harm bored by women in domestic life. Women living through violence is ignored by state barring gruesome cases of suffering. Routine suffering of women are overlooked and discounted making women susceptible to revictimization (Walby,1989).

All these elements complement each other which relegate women to the extremity. The structure so constituted places women in underdog positioning in different institutions of society. Taking about “male violence” against women a bit more, Walby argues, violence of men for women can be seen as socially patterned. Women suffering through violence reflects the nature of social structure which is impossible to comprehend without it (Walby,1989). Sexual violence, and physical harm which were previously believed as personal are now discussed as “social facts”(Walby,1989).

While discussing the violence against women and their oppression in society different socio-economic factors come into play which affect women differently depending upon their socio-economic status.

Patricia Hill Collins, an American Sociologist, has used the concept of *“intersectionality”* to examine distinctive factors which have toll on women. Collins employed this idea in his study of Black women and their oppression. This conception spotlighted how race influences gender, a new insight to enquire physical harm inflicted on women. The influence of factors on each other helped to carve out the new perception for understanding social issues. For example, how race is related to gender and how it affects women paved way for “intersectionality”. In this approach, social problems concerned with women, and other risky groups will be studied by taking into account different factors not just only one factor. In “*Race, Class, and Gender”*, the idea of how “intersectionality” can be used to the study of societal issues is glaring (Andersen & Collins, 2020). Patricia posits that abuse and its

incidence is not uniform throughout all social groups and the same can be comprehended by taking intersectionality approach. She is connected with how influence is produced by dominant groups (Collins,1998).

Referring to oppression, Collin(1986) emphasises "there is interweaving of race, femineity, economic conditions and persecution in studying lives of black women". She states that black women living through exploitation signify there are different factors influencing them. While taking about violence of different types, she points out how ''connections between sexual ideologies developed to justify actual social practices and the use of force to maintain the social order'' (Collins,1998).

People in violent relations face repression, and it is responsible for unlike degrees of the same, contingent upon the interplay of discrete social causes. In case of gender, violence restrains the probability of using social defence to have emancipation from captivity. Violence is not a discrete phenomenon, instead it embarks through myriad factors and consolidates them to produce a strong effect. Women who went through violence has this effect, that they are not able to use legitimate social apparatus for their security (Collins, 1998). Emotional ill-treatment due to verbal abuse is overlooked in its effects than physical one which is obvious, and observable but its consequences can be significant and detrimental. Sexual abuse is judged as illegal act, yet the things which are preparatory to it like verbal cues, trying to use force, terrifying beforehand, depreciate, dishonour, deprive the victim of their identity are not viewed as violence (Collins, 1998).

Violence becomes a routine affair in day to day life, and some social categories underwent it across all social establishments. Certain groups weathered violence and are hierarchically placed in society. Abuse directed at groups is located in interaction at small scale as well as large scale social interactions. Patterns of legitimated and non-legitimated violence, violent acts and verbal violence become routinized in a series of micro-interactions across an assumed separation between personal and impersonal relations. Violence goes on in a manner that looks as if it is masked, and that lower rung strata face it as a norm. In both these spheres of social organization, systemic violence has become so routinized against less powerful groups that its

everyday nature ironically fosters both its invisibility and acceptance. In distinctive arenas of community life exposed groups like women undergo abuse, which affects them in society. Collins argues that violence directed towards women has negative outcome on their subjective perception (Collins, 1998). From this point, intersectional nature of violence and its effects on subjective state of an individual can be understood.

Oppression associated with abuse or becoming docilly receptive to is a daily practice of women in Indian society. "Patriarchy" bolsters and extends gender violence and requires women to be docile to violence acts in routine. Male dominance is seen across all domains in social life and even tractable in capitalist system. There are mechanisms beneath the surface which are absolutely the source of inequality and violence. Thus, brunt of abuse falls on women, and they don't take it unusual because those things get implanted into their personalities from the inception of genders socialization and identity formation, and role taking process. Society plays a dominant role in identity formation of men and women in which men take dominant role and women subordinate role. Women learnt about traditional domestic role and had least chance for role empowerment with role in paid jobs. Idea of discrimination, inequality and subordination is poured into the social self of women through different agencies of enculturation. Women simply concur because of social limitations and restrictions, for those women who will challenge traditional gender role will face ostracism and ridicule. Thus, procrustean and rigid social structure push women to the edge (Sen, 2020).

Domestic abuse with its strain on social and emotional well-being of women is a permeating phenomenon and a reality all over the world, and has been a subject of discussion among scholars in different socio-cultural contexts to contextualize it, interms of specific socio-cultural settings. This phenomenon has been studied by Indian scholars as well. Consequently, the study of domestic violence of women within family life in India has been also discussed by sociologists. In India the feminist scholarship has taken the matter of women violence into discussion in 1970s, as the incidence Mathura rape (1972) happened. In this event, a girl from a tribal area was raped by two police personnel who was in police custody in police station. Later,

violence within domestic sphere got attention owing to increases in gruesome dowry issue, dread full bride burning. The same was ensued by horrendous physical torture, and assaulting of women. These events conjointly brought women abuse to limelight and the traditional silence over the issue was broken. Interventions started creeping in as feminist theorist openly talked about the harm inflicted on them in families. The personal trouble was considered a public concern to unearth the suffering in intimate relations. This encouraged women to share their encounters of trauma and abuse so that appropriate interventions could be devised in socio-legal framework (Bhate-Deosthali, Rege & Prakash, 2013).

Domestic violence is a tool used to control and subjugate women. The abuser could be a women's husband and /or other member from the natal or marital families. Such violence cuts across boundaries of class, caste, religion, race and nation. It is rooted in the social and cultural structure that place women in unequal and vulnerable position. This form of behaviour is intentional, but women often find it difficult to question it, or view it as abuse as it occurs within the realm of home. Such behaviour is generally perceived almost routine within families and is accepted as such. Only when such behaviour pushes at a women's tolerance limit, then does it get defined as problem that needs resolution and that may indeed threaten women's life (Bhate-Deosthali, Rene & Prakash, 2013).

Violence that women face with households occurs in a continuum; it is not a mere episode. It may begin with humiliating the women, labelling her as a misfit, taunting her, restricting her mobility and social interactions, not involving her in financial matters, and not allowing her to engage in paid work or pursue a profession. (Bhate-Deosthali, Rege & Prakash, 2013).

Violence within private and intimate space such as marriage is a reality for many Indian women. In domestic violence, the relationship is often characterised by socio-economic and the psychological dependence on the partner who violates. This relationship is embedded in a socio-cultural context of family, community and society that sanctions this control. Domestic violence, therefore, is conceptualised as a multifaceted phenomenon grounded in interplay of socio-cultural factors (Bhate-

Deosthali, Rege & Prakash, 2013).Thus, the issue of domestic violence in rooted in the patriarchal social structure and it effects women badly both socially and emotionally.

Indian Scholar writing extensively on gender argue that within a small time gap, dowry-related violence, has been subjected to feminist scrutiny, which emerged in the early 1980s, transformed the terrain of feminist thinking. The family itself was the site of terrible violence for women, leading to the death of women in their marital homes––that sacred sphere of the household—where dowry deaths began to be reported in large numbers in Delhi and other urban areas of North India. What is significant is that it was violence within 'custodial' situations— starting from the thana and stretching back to the intimate space of the home, 'inside the family,' as an important fact-finding report put it (PUDR, 1983) that came to be scrutinised as sites for violence against women and were to become the triggers for the early mobilisations of feminists.

Feminists were thus addressing the violence within the family but extending beyond it to the community that sanctioned such violence through an investment in the belief that the impunity for such violence was derived from "culture" and "tradition", powerful ways in which ideology worked in the Indian context. It was believed that a woman who was sent off ceremonially to her husband's house must never return to the parental home, whatever her condition. Violence there was often described as a family affair. But for feminists the "refusal to subordinate oneself to the use of force in conjugality..." being seen as a mere matter of a small deviance was the problem. As conceptualised by Kannabiran and Kannabiran, "...structurally domestic violence is simultaneously one expression of conjugality and one expression of violence, making immediate and concrete the connections between the home and the world" (Kannabiran & Kannabiran, 2002). This condition leads women to mental distress. As dowry-related violence spread across urban areas protesting women were catapulted into taking the battle into the streets, to colleges and Mohalla, to police stations and courts and finally to demand legal changes to provide justice to dead women. Most importantly, it led directly to the Domestic Violence Act, almost a generation later, to provide women relief, while a woman was still alive rather than

wait for her to be dead before acknowledging the violence within the sacred precincts of the home (Jaisingh & Anurag, 2019; Bhattacharya, 2004).

The arc of violence women face in the family and society has been described in one poster as stretching *"from the womb to the tomb"*. Campaigns have gone on to deal with other arenas of violence: from the streets and buses to public institutions such as schools, colleges and offices, the campaigns against sexual harassment and more recently campaigns against Section 377, thus queering the understanding of violence. The women's movement has spilled over into every arena of work and culture using innovative strategies to conscientize the public. Yet, much has been gained over a 30-year period, when the Delhi gang rape occurred in 2012, it appears as if we were back to the 1980s. Women have different experience of violence depending on their class and caste (Jaisingh & Anurag, 2019; Bhattacharya, 2004).

The experience of violence is contingent upon the different social status occupied by women with in the society. The experiences of women can be seen in an intersectional perspective (Jaisingh & Anurag, 2019; Bhattacharya, 2004). It reveals that position Indian women occupy is low and are subjected to social inequality, and the cause of domestic violence against them is in the social structure itself. Moreover, the intersection of caste, class, religion also shapes the experiences of women differently. The point of intersection is that violence is social in origin and the corresponding mental health issues can also be attributed to the unequal power dynamics operating in the social structure.

Indian Sociologist and feminist scholar Rege (1995) argues that "there is a continuum of violent practices against wives across caste and class boundaries". At the first level there are linguistic clues, violent language and vulgar abuse, or again violence against wives for financial and economic reasons, which may range from demands for dowry and gifts, control over her labour power and resources, considering her a culprit in case of shortage of household finances, or withdrawal from work and employment into the kind of work that is believed to maintain the family prestige. At yet another level is the violence experienced by women who have entered the spheres of higher education and employment and operate within an

ambivalent context. At the most obvious level is the violence that is manifested at the physical level, such as battering, kicking, burning; only a modest percentage of this type of violence gets registered as crime against women. The violence has impact on their physical and mental health. Coercion, threat and practice of violence in societies with a wide social consensus in favour of patriarchies obtain different degrees of consent from women and as Sangari (1993) argues, these conditions governing the consent of women are wider than patriarchies and these consensual elements function to divide both women within the family and between caste and class boundaries (Rege,1995).

Visaria's study on five villages in Kheda district in India, is a preliminary exploration of the prevalence of domestic violence against women, the correlates of violence, the forms of abuse and the reasons for abuse. The findings of the study dramatically underscore the universality of the experience within home across all age groups. It also points to several interesting dimensions such as the lower incidence of violence among joint families, the difference in impact of higher educational status of men compared to that of women on levels of violence, and the complex linkages between correlates of violence, forms of abuse, and reasons given for abuse. Her study also indicates some of the possible links between the gender division of labour within the household and incidents of violence (Visaria,1999).

The study highlights the lack of options for women in rural communities to address domestic violence. Yet her analysis makes evident the possible points of entry for intervention strategies that would strengthen family and community responses. Two-thirds of the women surveyed, reported some form of psychological, physical, or sexual abuse. Of the total sample, 42 percent experience physical beatings or sexual assault. An additional 23 percent suffer abusive language, belittlement, and threats. This large proportion resonates with high levels of violence recorded in other parts of India. While all women reported similar rates of psychological abuse (23-28 percent) (Visaria,1999).

A central question in understanding and addressing abuse is how underlying patterns of gender subordination and the use of violence for conflict resolution

manifest themselves daily. Women in the study frequently attributed an outburst of violence against them to proximate causes or precipitating triggers such as “mistakes” in running the household. The catalysts cited most often include: not preparing meals on time (66 percent), not cooking meals properly (51 percent), not caring for the children properly (48 percent), and economic stress (48 percent). Pertinent to mention, women who were physically abused indicated they required medical attention after getting beaten, yet only 38 percent of these sought treatment (Visaria,1999).

The women in the study were divided into those who experienced both psychological and physical abuse, those who experienced psychological abuse only, and those who did not report any abuse. The results show that each form of abuse cuts across all age, caste, and education lines identifying trend of the different forms of abuse, common precipitating factors thought to trigger the violence, and magnitude of violence across these correlates can establish the widespread prevalence of violence across categories and contributes to the design of more specific prevention and intervention strategies (Visaria, 1999). As a result, this study clearly reflects the subordinate position of Indian women and the difficulties they face while reporting the incidence of violence to any agency. Apart from it, the study highlights the emotional/mental health issues of women as a consequence of domestic violence in India which is contingent on socio-cultural factors. The socio-cultural factors interact in such a way that women is pushed to situation of powerlessness and at times helplessness.

In case of sexual violence of women in Indian society, deeply entrenched gender-biased norms and practices emerged as one of the factors that allow husbands to perpetrate sexual violence with impunity. Structural violence and sexual violence – unpacking the links, sexual violence is intricately linked to structural violence, a concept broadly articulated as violence that is systematic, systemic, and institutional, and includes both tangible and symbolic violence, that puts certain groups at higher risks of diseases and harm (Farmer, 2001). Conceptually, structural violence has been operationalized as “risk factors” that capture social or economic discrimination or disadvantage (caste, class, race/ethnicity, etc.),drug and alcohol use by husbands, early marriage of girls, insecure employment of partners or wives, low levels of

partners' or wives' education, and poor familial, social or state safety nets (Go et al., 2011; Krishnan, 2005; Santhya et al., 2010; Solomon et al., 2009).The denial of contraception, forced sex and restrictions on mobility, along with the impacts of poverty, puts women's lives in grave danger. This study suggests that healthcare providers recognize that marital sexual violence in India is a serious concern. The majority agree that the health system has a critical role to play in not only addressing the immediate biomedical concerns of women's physical safety, but also overall well-being. However, several factors, some internal to the institution, others systemic and external, hinder the responsiveness of health institutions to attenuate the impacts of sexual violence. The first include the absence of a protocol in most hospitals, a lack of universal or any other form of screening and a large patient load. The latter include a lack of gender and sensitivity training, an absence of domestic violence shelters, few or no referral services such as counselling and legal services and crucially an absence of interlinkages between different institutions (Chattopadhyay, 2018).The sexual violence by the husband has been clearly associated with the mental trauma of the women.

To have a wider and more critical frameworks for viewing gender relations in kinship systems, Leela Dube has been perhaps the first anthropologist in India, whose work has centred on gender and kinship and underlined by explicit feminist perspective. It is reckoned that both Irawati Karve and Kathleen Gough, had studied kinship systems and women's positions within them, and they both hugely influenced Leela Dube. Leela Dube was different on account of having the advantage of being part of the initiation of the women's studies movement in India in the context of the second wave of feminism. In her article *"The Construction of Gender: Hindu Girls in Patrilineal India",* Dube discusses the mechanisms through which women acquire the cultural ideas and values through which they shape their own image. She focuses on aspects of the process of socialization of Hindu girls through rituals, ceremonies, use of language and narratives, and practices within and in relation to the family (Dube, 1988).

Dube uses various cultural idioms and expressions to convey how language too is a tool through which the subsidiary position of women is constructed in daily life.

To extrapolate, she gives the example of a Telugu expression which translates into *"Bringing up a daughter is like watering a plant in another's courtyard*". This expression brings to attention the clear dissent of having to bring up daughters or being parents of only daughters. This one sentence summarizes the problems of dowry, inequality experienced by women and the lack of support that parents might feel in their old-age if they only have daughters. It also points to the expected short stay of a girl in her natal home. The birth of girl and her socialization is underlined by the norm of patrilocality which is largely followed in the Indian sub-continent. Therefore, girls grow up with the notion of temporary membership with their natal home (Dube, 1988).

Dube's methodology of a feminist social anthropology helps to identify and investigate the myriad of ways in which women are subordinated. In the introduction to *"Visibility and Power"*, Dube emphasized the harm done in social sciences by using the term "man" in a generic sense, since it resulted in getting the term 'woman' subsumed under it. This was decades before the notion of gender as different from biological sex had established itself in the discipline in the country. She analysed the inadequacy of academic literature in incorporating non-exclusive concepts and theories which do not take cognizance of the existence of women. She provided social sciences with new analytical frameworks by bringing in folklore and symbolic representations in society about women's position in order to show they have ideological hold and influence customs and practices (Dube, 1988).

Kanabiran (2013) in her book "*Tools of justice: Non-discrimination and the Indian constitution",* states "it was during the period of colonialism that women's experience in Hinduism began to be problematized. At this point in the late nineteenth and early twentieth centuries, practices of female infanticide, sati (widow immolation), enforced widowhood (or the prohibition of remarriage for widowed women), child marriage (pre-pubertal marriage especially for girls, most girls being married before they completed six years), pardah–pativrata (seclusion–chastity), restitution of conjugal rights, and marital rape, became central to the debates on the position of women within Hinduism and these themes continue to be central, despite

an intervening period of reform, resistance and prohibition through the constitution and legislation".

The idea of non-discrimination as applicable to women has its origin in the traditions of the heterodox sects and devotional movements like the bhakti movement. These sects allowed women to transcend the physical constraints imposed on them by the institutions of caste, marriage and female seclusion (Kanabiran, 2013). Mirabai, Avvaiyar, Bahinabai, and Lal Dhed were a few of the women who challenged the notions of subservient wifehood and conjugality, central to the practices of orthodox Hinduism, in pursuit of a larger devotion that meant, by definition, that they would inhabit a public space, and not be subject to the normal restrictions of caste or patriarchy. This struggle was far from easy, and often met with violent opposition from the conservatives. These women survived such opposition in their own lifetimes, and their work, too, has survived for posterity. These women and others like them opened out a whole new world to women of their times and to later generations, a world that they were free to inhabit on their own terms. Current engagements with the question of discrimination against women, and analyses of change, must draw on these seminal movements of the past (Kanabiran, 2013).

Kannabiran further argues, "family has become an unsafe place for women in India by citing the case of the late 1970s in which large number of young women witnessed deaths, in their matrimonial homes, especially from burns; these women were recently married (mostly Hindu, in endogamous marriages within their castes), urban for the most part, and educated. The use of kerosene stoves was rapidly expanding across the country and consuming the lives of newly married women. These deaths were being reported by the husbands' families as suicides" (Kannabiran, 2022).

Acts of violence targeting feminine gender, is not a simple trouble, it embraces matters extending from foeticide for females, wedding gifts, domestic abuse, separation of women, abandonment, killing of women for dowry, exploitation of widows. With these things family becomes in reality a precarious site for married and unmarried women because women position is by and large that of subordination

(Kannabiran & Menon, 2007).The abuse Indian women face is multiple and simultaneous. Women face violence for different reasons not only for dowry in India. Taking dowry in the case, it is clear that dowry related violence demonstrates that reporting occurs only when violence has crossed limit of endurance. Women do not report the first incidence of abuse, nor are they encouraged by their families. Rather ,they are counselled to "return and adjust" to the situation and, in general, be acquiescent in order for the violence to abate. One of the serious problem faced by the survivors of domestic violence is eviction from the matrimonial home. Women, in several cases even middle-aged women with adult children, face the grim prospect of destitution at the will of the husband. Being located in matrimonial home after reporting spousal abuse logically increases the vulnerability of such women to graver assault, even loss of life (Kannabiran & Menon, 2007).

Kannabiran (2013) while talking about the problem of gender-based discrimination in India argues "gender, like disability, cuts across caste, tribe and religion; unlike disability, however, it is a hyper-articulate index of discrimination based on the patriarchal social system".

The patriarchal honour of the family has disastrous consequences for the family. Prem Chowdhry, one the first feminist scholars to examine the enforcement of cultural codes on choice marriages, observes pertinently the honour is enforced through the use of power – whether that of caste, "lass, gender or seniority with the family as the medium – and, finally, through violence". The more vocal opposition and acts of violence are traceable to the social groups, which stand to benefit the most by bolstering these cultural ideas. "The startling rise in violence against young women and girls – sexual violence and death, as also the deep entrenchment of impunity for the perpetrators – triggers troubling debates on the shape of society post-violence and returns us to the very point where we began to interrogate the conditions of women's subordination" (Kannabiran & Swaminathan, 2017).

Following up on the demand by women's rights groups that matrimonial matters need to be adjudicated in a space that mitigate[s] disequilibrium inherent in marriage relationships by creating new obligations and modifying old ones, family courts were

set up under the Family Courts Act, 1984, with jurisdiction over criminal and civil matters relating to the breakdown of marriage: divorce, restitution of conjugal rights, alimony, maintenance, and child custody (Kannabiran, 2022).

A survey of one hundred reported cases of deaths of women in their matrimonial homes between 1995 and 2004 shows that although there are problems in the interpretation of women's position in the family arising from the patriarchal mind-sets of judges and lawyers, and although the number of women dying in matrimonial homes remains alarmingly high – women being poisoned, burned, battered, drowned, shot, hanged, and strangled within the "safe and harmonious" confines of the family – there is a marginal increase in the rate of convictions in cases where women have died gruesome deaths and a perceptible shift in the judicial conscience. This impact is not as perceptible, however, in cases where the woman survives and escapes the cruelty of the matrimonial home. In these cases, the hostility to the survivor for not acquiescing to the codes of patriarchal conjugality (which is constituted by spousal violence) is evident in accounts of encounters with the criminal justice system. On another level, while most of the violence that women are subjected to within their matrimonial homes is premeditated and intentional, "mens rea" (criminal intent) is not read into murders of wives in the same way as it is read into murder per se. As Nainar observes, it is very difficult to argue that domestic violence is torture – that is, giving these acts the gravitas that torture has – unless we are able to shift the focus from the actor to the acts. The family relationship is always the mitigating factor in sentencing policy, although the family relationship in fact renders these women more vulnerable to assault (Kannabiran, 2022).

The problem of domestic violence is primarily one of men's violence against women in which women experience physical and sexual violence. Physical violence develops physical and emotional health concerns. It is troublesome for women to runoff offensive relationships due to threat and lack of resources (Dobash & Dobash, 2001).

Sociological explanations focus on patriarchal nature of society, cultural beliefs and practices which place men in dominant position in heterosexual relations. Men

use their dominance and subject women to violence in intimate relationships. The same encompasses threatening behaviour, putting restrictions on women to meet family members, friends and even move outside of the home. This relegates women to a situation of isolation and powerlessness. Women being economically dependent on men obstructs their way of taking help from government agencies and remain victims in violent relationships (Dobash & Dobash, 2001).

The role of social institutions in domestic violence has become a hot topic for consideration in social sciences besides sociology. How social institutions shape the gender identity and perception of people about the reality and particularly violence has come in much prominence and in recent years. The functionality of societal assistance is becoming paramount too (Dobash, & Dobash, 2001). It is entrenched in society where men have dominance (Hearn, 2013). This process involves the control of women by men, in patriarchal social system in which women occupy lower rung in social stratification (Schinkel, 2010). It entails the restrictions, control and compliance for women in domestic life (Hearn, 2013).

Domestic violence encompasses primarily violence of women by men and a significant size of women population have underwent this type of social problem. It is multifarious and has assorted forms like physical abuse, emotional, economic and sexual as well. Somatic effects include physical injuries which are detrimental to physical health and emotional abuse influences the psychological state of individual. Economic and sexual also play a toll on health of survivor. Abuser facing family violence become impaired as for as inner and outer wellbeing is concerned. Majorly, the performer of violent act is male counterpart. Women are unable to leave violent relationships, because essential they lack social resources and weak espousal of social institutions. Explanations from sociological prism highlight the dominance, coercion and control of women by men (Dobash & Dobash, 2001).

Further, this issue has significance in socio-political and academic circles. This very process operates in the epicentre of family, mostly in family of procreation. Gender socialization provides framework for masculine and feminine gender in which they conduct their lives. Women in family are ingrained the value of

submissive and men that of dominance, which then permeates the public domain too. The social attitude and ideology supports the partner violence which has several repercussions on the survivor (Dobash & Dobash, 2001).

Theoretical description of "domestic violence" certainly embraces a series of strands with focus on different aspects of this reality. Though, there is difference among scholars about the exact nature of this phenomenon, yet all concur on this fact that it is an empirical reality in which women is pushed to an edge. Some focus on patriarchy, others on social traits and many see pathological states of men as the cause of women abuse.

First off, feminism provides gives explanatory ting to family abuse and discusses how male dominance has been a historical fact which is profound and pervading with in contemporary society too. Patriarchy throughout history has endangered womenfolk to domination. It has been a tool of control for men to handle women. It has been seen functional for men maintain their authority over women. Violence can be seen in domestic chores and property relations in which men always try to have ascendency over their counterpart.

Second off, some theorists believe that domination is exercised through dominant social traits domination like men being socialised to be assertive, aggressive, industrious and women as subservient and submissive. Men with these traits have a tendency to exert control over women.

Third off, focuses on pathological conditions of men who actually inflict abuse to women. Though focus is on different factors but the brunt falls on women is accorded by all (Dobash & Dobash, 2001).

In conclusion, while studying the issue of domestic violence, the scholars have consensus on the patriarchal nature of the social system which pushes women to subordinate position in society. Women don't enjoy the power as enjoyed by men. Socio-cultural factors somehow justify the subordinate position of women. Women who experience domestic violence of any sort do not report in the first stance, and report only when it goes beyond the limits. Women are physically and emotionally

abused that has a bad impact on the emotional wellbeing. The cause of domestic violence and mental health issues are rooted in the social structure and their affects are having social consequences for the victim and at time for his family as well.

Figure 2.2

Power Control Wheel Representing Domestic Violence

Source: https://www.svschch.org.nz/Resources/Power-and-Control-Wheel/

2.3 UNDERSTANDING HEALTH FROM SOCIOLOGICAL PERSPECTIVE

The study of health and sickness in sociology looks at the relationship between society and health. Professor William Cockerham of University of Alabama, observes "it is clear that most diseases have social connotations i.e., the social context can shape the risk of exposure, susceptibility of the host, and the disease's course and outcome-regardless of whether the disease is infectious, genetic, metabolic, malignant or degenerative" (Cockerham, 2007). Thus looking closer one can understand the health and society are interconnected, here comes the responsibility and scope for the study of sociology of health. This is concerned with how social factors impact health. It looks into relationship of social class, gender and other social variables with health. It studies the disparities in the health care system and vulnerability of some groups in society for certain types of health concerns. The subfield of sociology which studies health is known as "Medical sociology" which is a branch of sociology, and analyses the social factors and effects of health as well as illness (Cockerham, 2004). It also deals with exposition of health institutions and services. The development of knowledge, processes, proceedings and communications of healthcare experts, and the effect of medical exercises and their socio-cultural influence. This field developed in the middle of twentieth century in the sociological arena which augmented the methodology and subject matter of sociology as it produced its own discourse in the social analysis. This branch generated knowledge which has been very beneficial for practice in medical field and health policy for public welfare. Sociology of health is understood by analysing three theoretical perspectives, which are as under:

1. FUNCTIONALIST PERSPECTIVE

The functional perspective, views health an important to the social order of society. Health is seen as functional and illness as dysfunctional for it. Since health is accredited as indispensable to social wellbeing and so sickness is regarded as a form of deviance. This was discussed by Parsons (1951) for first time in light of "sick role" that is societal standards which provide what is apt behaviour for people who suffer from sickness and what is not, and also prescribe the behaviour of those who care about these ill people in society. He maintains that, ill people have their own

behavioural expectations in society, rights and duties. They ought not be considered accountable for their illness and generally not disregarded in society. The unwell person need not to fulfil the role just like a normal member of society and for the same they must not be subjected to disapproval. This freedom from performance of social duties in ill state is impermanent which hinges upon the condition of ill person in his unwell state. The sick people are not able to contribute positively in society, their state of illness destabilizes society. So, to restore sick people to their normal state for their individual benefit and for societal benefit, it is enjoined upon society to provide necessary conditions for the restoration of their health and owing to it different types of social mechanism operate to revert the sick to normal state of health so that the individual can perform his role for social good. Experts in health have the expertise to classify people as healthy and unhealthy. Additionally, assistance is given to sick for recovery. Health is viewed as necessary for seamless working of society. Healthy individuals perform their tasks for betterment of society than those who are ill. Health institutions, policies, and experts in the concerned field are seen as pivotal in maintaining order in society. Health is treated as vital precondition for harmony of society and illness is viewed as a trouble that essentially need to be remedied for social wellbeing.

2. CONFLICT PERSPECTIVE

This perspective derives primarily from Marxism which sees how social inequality produce different states of health in society and how there is difference interms of access to health care system interms of socio-economic status of people in society (Haralambos et al., 2013).The supporters of this view hold that the problems within existing health system is produced by capitalism. They consider the profit motive as the primary driving factor which produces inequality in the health and health care system. The same has resulted in the commercialization of health care. People who are rich can buy health care and use good quality medicine and services but poor are not able to access quality health care due to high cost of medicine and services which creates a divide in the health and health care system. Dominant groups in society can influence health care policy and as a result the subordinate groups remain in a state of disadvantage. People who are at lower rungs in social structure

feel deprivileged and there is marked difference between those and people who enjoy good social privileged than others which creates social gradient in health which is "a stepwise, or linear, decrease in health that comes with decreasing social position"(Marmot, 2006). This implies people with poor social and economic background are more vulnerable to diseases and have poor health states than with people who have good socio-economic resources. The disparity in health is not confined to class only but also in observable interms of race, gender and age. When health becomes privatized, the lower strata of society encounter more illness as a result of unhealthy diet, living and working in unhealthy social conditions (Marmot, 2006).

Taking in point, the health care of India, which has both private and government sectors where people can avail health services. The private centres are mainly situated in city areas and multi-speciality government hospitals are also concentrated in urban areas. Though, health care of government operates in three tier as: primary, secondary and tertiary levels but still al people don't avail facilities uniformly resulting in disparity. In India, good portion of budget is being spent on health care to make it accessible to all people especially and as per data India ranks good than other countries in health in world index of health(WHO, 2007).

3. SYMBOLIC INTERACTIONISM

This perspective states that health and sickness are social constructions. It draws attention to how meanings of health and sickness and even the related experiences are produced and negotiated in social encounters between people. Interaction of people is governed by meaning which emerge in social interaction. The meanings are shaped and reshaped through the continuous social interactions. Unlike, those perspectives which stress on large social structures this paradigm looks at small scale like every day interaction. Language and use of symbols in communication is given pre-eminence, because through this medium meaning is created and exchanged. This outlooks differs from biological conception of health as merely seeing health as a biological condition, but underscores the role of every day practices of meaning construction in an intersubjective way. Therefore, a particular state of health or illness

is understood interms of socio- cultural background of the people, because these states are sometimes defined differently in different cultures. Health is viewed as a social experience and not just a physical affair, and the healing method is contingent upon the cultural context. How people view patient and view the responsibility of his/her role depends upon social milieu (Conrad & Schneider, 1992).

2.4 UNDERSTANDING WOMEN HEALTH FROM SOCIOLOGICAL PERSPECTIVE

In sociological stance, health is not just regarded in biological terms, instead it is examined interms of socio-economic components. From this position, health of women is seen in the much broader context of social structure, cultural system and the power relations operating therein which impact health state of women, illness and looks at how they access the health services for their welfare. This perspective does not relegate women wellbeing to personal characteristics but gives credence to social circumstances. Determinants like education and income are critical in shaping the health outcomes of women. Sociologists, usually build the description of how health of men and women are shaped by social factors. They argue that men as well as women encounter varied degrees of exposure to social environments which influence their health. This also takes in its ambit how men and women respond to differently to these conditions (Denton et al., 2004; Rieker & Bird, 2000). These two dimensions have been documented, and social analysis for examining differential health states for different genders.

The important aspect of this disparity is how differential resources at the disposal of different genders is embedded in location of these genders in social structure, which ascertains their health, access to resources and services. One group is having ascendency over other and the corresponding mental health status is dependent on this social position(Blau et al., 2006; Graham, 2000). It is a fact that women are not so much privileged akin to the social status of men in social structure, given that they are greatly exposed to distress, and restricts their opportunities of availing the sources and services to preclude and recover diseases (Phelan et al., 2004; Ross & Bird 1994; Walters et al., 2002). In some countries, unlike men women are engaged

in work which is part-time, and are given unequal remuneration, which results in their subordination and low position and further has consequences on their well-being. Women in jobs with same wages that of their counter parts also exhibit sound health (Denton et al., 2004).

Socio-economic position influences directly health of women through availability of resources on their side, and the same indirectly affects their well-being through psycho-social influences (Denton et al., 2004; McDonough & Walters, 2001). Lower status is linked with poor management of physical and emotional well-being which in turn are coupled with depression (Denton et al., 2004; Rieker & Bird, 2000). Depression affects the physical state of an individual as it weakness immune system and leads to hypertension (Ross & Bird, 1994), and research strongly established greater depression levels in case of women (Kessler, 2006). Greater status also provides greater support and resources to people and are less prone to emotional and physical illness. Married women have greater social resources then unmarried and as a result have ample sources than the unmarried which raises their status and have better health outcome than others (Lillard & Waite, 1995). Women in marital relations and strong economic support, which increases their and their access to service and source utilization in case of illness, and have low levels of distress and better levels of well-being. (Meyer & Pavalko, 1996).

Positioning health in socio-economic foreground, it is strongly implied by research that disadvantaged groups enjoy lower health states than the advantaged groups. The simple reason being that good economic resilience of advantaged over disadvantaged social categories (Hayward et al., 2000). Health states have been reported favourable for people with good social standing than with low social positions (Palloni & Arias, 2004; Singh & Siahpush, 2002). This explanation is very strong one, while analysing health and its different out comes for different social groups like genders and racial groups (Cooper, 2002; Read & Gorman, 2006). This enunciates that disparities between men and women in same or different racial groups between men and women possess different health status.

2.5 FOREGROUNDING MENTAL HEALTH FROM SOCIOLOGICAL PERSPECTIVE

While foregrounding the topic of mental health in sociological perspective it is imperative to discuss it in light of major sociological perspectives which are relevant here. These perspectives discuss how mental health is a social phenomenon and looks into it by relating it to the social conditions, social circumstances or social currents which underlie this phenomenon. There is a diversion of opinion among the sociologists about the nature and perception of this reality but they intersect on the common point that it is a product of the social conditions or social factors and has also social consequences. The classic and systematic study of this sort is found in the book of Durkheim, *Suicide* (1897) in which he studied the mental health issue particularly "suicide" as a social fact and also the social variation in suicide rates among the different groups in society(Aneshensel, 1992). The objective here is to understand the causes of mental illness and its consequences. The evidence concerning social consequences is equally compelling. Being identified as mentally ill, is itself a social transformation. One's identity is altered, often irrevocably, to include what is generally regarded as a socially undesirable and stigmatizing attribute. This transformation has profound repercussions for one's subsequent social relationships (Aneshensel, 1992).

Mental illness is a fertile field for sociological inquiry, then, because social characteristics and processes are implicated in both the cause (aetiology) of disorder and in its consequences. The characteristics that have been most important to sociological inquiry have been those that signify status within stratified social systems, including socio-economic characteristics like gender, age, and race or ethnicity. Also, attracting considerable sociological attention are characteristics that reflect the occupancy of major social roles, especially marriage, parenting, and employment. Role related research has also examined the mental health impact of entrances into and exits from social roles, as well as the quality of experience within roles, especially their capacity to generate stress or provide support. The majority of sociologists working in this speciality area begin with the recognition that the phenomena of mental health are extremely consequential for individuals and societies,

and concern themselves with uncovering the social origins and consequences of these phenomena. What is common across these orientations is the acknowledgment that some persons suffer from bizarre thoughts, painful emotions, and problematic behaviours; that these states are more common among some sub-groups of the population than others; and that these states have social antecedents as well as social consequences (Pearlin,1989).

The sociological aspect is concerned with how mental symptoms arise from individuals' positions in the social structure (Pearlin, 1989). In sociological research, it is being explored how the properties of social systems are related to the development of mental disorder. This orientation emphasizes the causative (etiological) role of chronic strains such as poverty or single parenthood; acute life events such as unemployment or marital dissolution; aspects of social roles such as role conflict, role overload, or role strain, domestic violence; and the degree of social support people can rely on when they deal with stressors (Aneshensel, 1992). The explanatory variables are aspects of the social environment that are external to the personalities or brains of individuals, although these aspects of individuals may mediate the impact of social factors.

Sociological studies are also concerned with different rates of mental disorder across different social locations (nations, cities, regions, etc.) or groups (social class, gender, age, etc.), rather than with why particular individuals develop symptoms of mental illnesses as is reflected in Durkheim's "*Suicide"* (1951).There are different sociological perspectives which study the concept of mental health from a sociological standpoint. This sub-section will elucidate the strands of different sociologists who have talked about mental health as a social phenomenon which has social causes and social consequences as well. Additionally, the thinkers who had been influenced by sociological theories in studying mental health will also be highlighted. Broadly speaking, about the theorists or theories which study mental health from social perspective are-the social causation theory, critical theory, social constructivism and social realism. These four perspectives bear the respective imprints of major contributions from Durkheim, Weber, Freud, Foucault and Marx.

These influences are not linear but cross-cut and are mediated by the work of later contributors such as Sartre and Mead(Rogers & David 2005).

These four sociological perspective will be now considered for further elaboration:

1. STRUCTURAL THEORY

Emile Durkheim, a French sociologist, analysed the social causes of suicide, a behaviour that on the surface seems highly psychological and individual in nature (1897/1951). He found, "unequal distributions of suicide within and across societies". For example, Protestants had higher rates of suicide than either Catholics or Jews; unmarried people, especially those without children, had higher rates than married people or parents; military men committed suicide at higher rates than civilians; and suicide rates were higher during times of rapid economic expansion and depression than during more stable economic periods, among many other patterns. Searching for an underlying explanatory factor, Durkheim eventually argued that "groups and societies differ in their social integration, which he defined as the degree to which people are bound together and regulated by shared norms". He maintained that norms (i.e., rules that guide appropriate behaviour in specific situations) serve to moderate our passions and sustain our ties to others, preventing our desires and emotional impulses from spiralling out of control. Members of groups that are weakly integrated, then, suffer from disappointment and misery because their escalating passions, unregulated by norms or relations with others, inevitably go unfulfilled. Durkheim called this kind of suicide "egoistic suicide", because individuals in poorly integrated groups are more likely to succumb to despair caused by unchecked and unfulfilled personal desires, and social integration can be too strong, leading some to commit what he called "altruistic suicide." In overly integrated groups, individuals subordinate their passions and impulses for the good of the group, adhering to strong rules that guide almost all aspects of daily experience (military life is a good example). When the group or society is threatened, its members are therefore more likely to sacrifice themselves for the community, and described "anomic suicide", a condition induced by rapid changes in social structure and breakdowns in norms(Thoits,1999). Durkheim's concept of anomie refers to a "state of normlessness

or normative confusion". "Societies or groups undergoing rapid social or economic change (e.g., sudden increases in the divorce rate, sudden changes in the unemployment rate) frequently find that traditional rules for behaviour no longer apply. This results in a situation of chaos and disorder in which members feel weaking of hold by society over them that results in desolation and discontent and gives an emotional setback to those people". Durkheim views that the state of mental condition depends upon how members are linked to society; individuals who have firm association are mentally healthy and those who are inadequately linked have unhealthy states of mind. Taking the case of "suicide" he makes the point that loose involvement leads to "suicide" and strong attachment leads to a balanced life in social system. Great changes in society may at times result in societal chaos by which individual can suffer from mental conditions. Social pressure creates conditions for negative mental health outcome. Durkheim states high negative mental health states among people with loose connections than those with strong ones. Thus, social structure gives rise to conditions which determine the health state of people. Within the structural approach Merton (1938/1968) has taken further the concept of how social and cultural system affect the people differently based on differential distribution of resources. His "anomie theory of deviance" states how social disturbance produces tension in society where some groups with minimum resources face more brunt than others. Culture prescribes same goals for all but "social structure" distributes resources unequally and people respond to those goals differently may result in different behaviour. The point inferred is that people caught in strained situation affects their wellbeing (Thoits,1999).

Durkheim (1952) used the concept of "suicide", to demonstrate how individual acts can be analysed as "social facts" by looking into the social forces producing them and to use sociological lens for their study. Many health issues like "depression" are seen as concepts relevant for sociological analysis. They are not just individual acts but social acts. The focus within this approach lies on exploring the connection between disadvantage in society and emotional distress. Social groups in subordination and poorly equipped with resources are susceptible to psychological distress. Vulnerable sections like women, lower classes and minority are also seen in

light of this perspective to trace relation of mental condition with their social background.

2. CRITICAL THEORY

In the last century, lots of scholars endeavoured to investigate the relationship between the psychological states of people and their social conditions. They sought to grasp link between social constitution and the mental conditions of human beings. In this tradition the work of "critical theorists" served as an illustration. This standpoint helped to comprehend social milieu through narrative analysis of subjects and to grasp personal accounts interms of social environment. This outlook helped to known how social dynamics and restrictions shape the psychic state of people. In the inception of this mode of thinking, a large number of theorists emphasised how mental states drew attention to social causes. Theorists were attracted in extricating the interplay of social processes with individual psychological processes, to see their relations with each other. The emergent paradigm in social sciences combined psychological issues with the social factors which gave rise to a new thought analysis of psychological problems from a sociological standpoint which is famously known as "critical theory" and the people who theorise as "critical theorists" and most of the people were allied with "Frankfurt school". The subject matter of this perspective first of all were European people with emotional problems. This school of thought was different from psychoanalysis by its single minded focus on relationship of individual mental states with social world. Study of specific social groups within particular societies and the effect of socio-cultural elements upon the emotional states of the individuals was their concern. The dynamic interplay between substantiative social reality, culture and subjective states was successively discovered by a group of scholars later on (Rogers & David, 2005).

3. SOCIAL CONSTRUCTIVISM

This theoretical perspective is very influential in the study of health and ill health. It was dominant in sociology from the last two decades. This perspective explores how meaning and social reality are created through processes of interaction

and are intersubjective in nature. It perceives reality as dependent on social and cultural contexts. It holds this view that social constructs like meaning of mental health is a social process as it is created in social context. As a result, objective and unchanging definition of constructs is negated instead and works through this assumption that meanings change with social space and time. The stress is on how people construct meaning in interaction process in their day to day experiences. Reality is not absolute or independent but is constantly negotiated in the social world. Language is accorded very substantial role because it is the mean through which people share their perceptions about reality. Here individual are seen as active in the process of interaction and creation and comprehension of meaning. It is in contrast to the perspective of "positivism" which believes reality is independent and meaning are fixed and not changeable across cultures or societies and historical periods. This perspective argues that people just react to the external independent social world (Brown, 1995). Constructionist perspective can be seen in the context of following perspectives:

1. Firstly, it does not attempt to expound social reality or any social fact per say but deals with the underlying social forces that gives meaning to a particular type of reality. This stand point is mainly applied to the study of social issues of different types like mental health, gender discrimination, inequality (Spector & Kitsuse,1977). For example, to examine a social problem of mental distress the focus lies on how people develop a mutual understanding about the meaning of the problem and how it is viewed in society (Woolgar & Pawluch, 1985).The lived experience of social actors, those inside deviant communities or those working with and labelling them, are at the centre of social analysis. This strand which gives too much significance to study of social issues in constructionist framework is conjoined with perspectives like "symbolic interaction" and its offshoots.

As discussed earlier, the tradition of constructionism studies the concept of mental health which emphasises on social interaction and the meaning which is produced in the interaction process. In light of the same, the "Theory of Erving Goffman" can be employed for analysis of mental health from a sociological backdrop. His analysis of "asylums" stood one of the earliest sociological examinations of the social

circumstances of people with mental issues, the hospitals they were living in and how they perceived the situation they were staying in. He analysed all the features of those institutions as well as studied those characteristics of mental hospitals that impacted the inmates and had bearing on their identities. The social self of the inmates was influenced by the process of being in a particulate type of social conditioning. Once people become part of these institutions, they are socialised into a new world and their subjective understanding of themselves changes which leads to new identity formations and the already existing self gets altered. Those people then get socialised into new social role through anticipatory socialization at the cost of usual role in social life. All this results into loss of original identity and new identity formation for the people and they are controlled and coerced in these situations. Restrictions are put on social interactions and inmates find themselves in embarrassment. People are socialised as if they feel they have been deviant in society and now have to behave in consonance with the established order of society if they like to be normal. Eventually, in these institutions, values are ingrained in the patients that they have to change their behaviour as per standards of society (Weinstein,1982).

Now devoting consideration to the process of labelling people in society or social groups on their characteristics like gender, socio-economic background or any issue. This involves classifying people on the basis of judgments without taking due consideration of their typical experiences and characteristics which has end result of "stereotyping". This condition is very disadvantageous to people who are stereotyped because other people can see them in a negative way and they themselves feel isolated and looked differently by others. Through this process groups of people are given labels which are fixed and determined by the dominant culture of society. It reflects social labelling which creates a sort of division in society between those who are negatively stereotyped and the rest. Negative stereotyping leads to "stigmatization" which affects the perception of those facing it and those who subject them because both see the experience in different ways. People with mental health issues see themselves differently and are seen differently by others. They feel disregard and discredited. This can result in feeling of low self-esteem and social seclusion. Its repercussion can not only be psychological but total life of the person. It can be

exaggerated by the non-cooperation and unsympathetic response of society and professionals also which make it cumbersome to use resources and to have recovery in case of mental health. It creates social discrimination, and divisions and eventually those with stigmatization become dehumanised, disconnected, marginalised experience loss of individuality. Goffman(1963), in his book "*Stigma: Notes on the Management of Spoiled Identity",* describes stigma as a …

"Special kind of relationship between attribute and stereotype…[an] attribute that is deeply discrediting …that reduces the bearer …from a whole and usual person to a tainted, discounted one. We believe that a person with a stigma is not quite human…We tend to impute a wide range of imperfections on the basis of original one" (Weinstein,1982).

Goffman goes on to point out that stigma is generated in a social situation. It is a reaction by society that spoils a person's identity by a set of imposed norms that are brought to bear on an encounter. Failure or success at maintaining such norms have a very direct effect on the psychological integrity of the individual (Rogers & David, 2005).

Time and again, "rule-breaking performances" are disregarded, ignored, negated, or recognised away by family, groups, and the rule-breakers by themselves, and those major actions are then hardly repeated. However, when rule violation by people is very common, grave and quite obvious and when non-conformists are socially disadvantaged, and with less social resources than the formal agencies of social control, then non-conformity is mostly obviously termed as violators of norms in society (Thoits, 1999). "Labelling theory" is grounded in the main postulate that individuals who are characterised as non-conformists become so because social attitude affects people and they develop their self like that. Since in non-compliance people don't follow norms and break rules so these people are not seen as normal. In the instance of mental illness, the conditions and behaviour pattern is also viewed as violation of societal norms. So this perspective provides a good exposition of the situation of psychological illness (Thoits,1999).

2.The subsequent standpoint is in close concurrence with the paradigm of "post-structuralism" which is coupled with the concept of "deconstruction" which critically

assesses the relationship of language with how knowledge is generated and distributed in society and how it is connected with the practice of control of some groups by others who possess knowledge. Relationship of language with knowledge and social influence is studied in this perspective (Foucault, 1965).

In this approach, analysis of mental illness can be made and the same can be subjected to its historical investigation (Foucault, 1954).The history of mental illness has been traced from a socio-cultural standpoint which indicates that the concept of mental illness is a social construction. The same does not remain static, but changes depending upon the social and historical context too. Ideas about "madness" reveal that it is not fixed but is shaped by culture and the power relations operating in society. Concept of "madness" is all about how society categorise people as mad and normal. Similarly, social institutions work to place the mad and normal differently in social structure. In this whole process, people who are categorized as mad are controlled through different social mechanisms like mental hospitals and through experts who possess knowledge of that field. In this way, social institutions and discourses in society control human beings (Foucault, 1961). Driving the idea from phenomenology, this strand furthers that people with specialized knowledge in different domains like in mental health should see health concern from the perception of the patient while keeping apart all preconceived notions. Rather than giving attention to a universal definition and treatment, the experts should focus on relativity to see things from social and historical angle.

To grasp what is mental illness, it is important to see it in the perception of the individual and in the social context he is rooted in and understand its connotation by exploring how ill people purposefully and naturally see occurrences of events. The social factors outside the individual psyche need to be related to the study of inner psychic states. People living through mental illness can be studied by looking into their lived experiences (Foucault, 1954).

The linkage of subjective experience and social structure for analysing the mental illness is very pivotal where language plays its role because through this medium power is exercised and behaviour of people is controlled (Foucault, 1954).

Moreover, economic structures place the mentally ill in a subordinate and dependent position. This highlights inequality of economic nature affects the mentally ill person adversely (Joranger, 2016).

Some scholars in this tradition argue that knowledge construction and developing of meaning in social interactions through discourse. Furthermore, they state that things do have reality in social world but stress this fact that "nothing has any meaning outside of discourse" (Foucault,1972). Thus, through meaning, knowledge about things can be acquired and the same is constructed via discourse. Ideas of "madness" which provides knowledge about this subject, subsequently produces knowledge and rules about it. Those rules provide guidelines to think about the idea which in essence include some ways of discussions about the idea and exclude other about the same. Given this fact, rules and regulations for defining particular ideas or concepts are formulated and the knowledge about those concepts are articulated in such a way that the truth about them gets to limelight in society which become dominant ways of looking into those ideas. These ways of taking and looking at these ideas permeate the social institutions and the day to day life of people is conducted as per this way of seeing the ideas in the social world. The people who act differently are subjected to control through the dominant conceptions about what is normal in society. During different historical periods there had been different dominant ways of looking at things like "madness" and different ways of regulations and power produced by knowledge. The new discourses will be created which will regulate the bodies like the body of mentally ill person through "biopower". Language has important role is formation of "discourse" and knowledge and control even at micro-levels of interaction. This argument quite well can be articulated to the study of domestic violence, control of women bodies and the consequent mental health issues of the victim (Hall, 2004).

3. This perspective is different from analysis at micro-level in social interaction and in contrast to the "poststructuralism". It does not place too much importance on ideas but gives more importance to negotiation and change (Bartley et al., 1997).

While researching mental health through sociological prism three things are evident. Constructivists examine the actual condition of mental sickness (Szasz, 1961). They investigate the means by which the concept of mental illness and knowledge about it is churned out in society (Parker et al., 1995). It also takes into account the production of psychiatric knowledge in era by which the mental sickness taken as a sort of deviance is regulated and how this knowledge is used to develop the idea of self.

4. SOCIAL REALISM

In the study of mental health, this view is expressed by theorists who talk about the influence of social structure and the issues of inequality. It does not concede emotional distress as an individual concern rather argue inequality, poverty and domestic violence and deprivation of resources leads to distress and come in the way of accessing services for better health. These scholars have studied emotional health in light of social factors (Greenwood, 1994). They are somewhat different from social constructionists as they believe reality is independent and exerts influence on individuals in society. They assert that external social structure shape the behaviour of individual. They treat emotional problems as "social facts" while discussing the connection between individual and society (Greenwood, 1994).

"Realism" is opposite to "Constructionist" as the latter highlight the concept of intersubjectivity and symbolic meanings, negotiation and renegotiation in the interaction process.

Bhaskar(1989) states that interaction among human beings cannot be defined interms of influence of structural determinants only nor giving too much freedom to the individual actors. Since society precedes people, so members act as agents who reproduce society or change it. Thus, individual behaviour can not seen simply as a by-product of society without giving role to subjective experience of individual.

Sociological approach to the study of health and illness particularly mental health are different from biological and psychological approach. Unlike looking for biological basis and psychological basis, this approach maintains that mental health is

contingent on social conditions. While analysing mental health condition it examines the factors like social position, gender stratification, domestic violence, support of family, and society, cultural values, gender role and relates them with mental health outcome(Horwitz, 2002). Sociology studies mental health issues in a general way not like the clinical settings (Radloff,1977).

The classic study which delineated nexus between "social currents" and "mental health" is Durkheim's book '*Suicide'(*1897/1951) which elucidated how social ties affect mental health states. He found people with strong ties with family and society had slightly lower suicide. In contradistinction, those generally detached from society showed more prevalence of perpetrated self-harm.

The idea of "social integration" has been taken further for the study of mental health in contemporary times by scholars. It has been observed that too much "social integration" with family and other social organisations has positive impact on mental health (Thoits & Hewitt, 2001) and compassionate social relationships have been found positively related to mental health (Umberson & Williams, 1999). Marital relationship has also been found to be regulative in nature with positive mental outcome (Umberson, 1987). People with strong social networks have good resilience to tackle social stress (House, Landis, & Umberson, 1988; Turner, 1999). Research has established that traumatic social events give rise to anxiety and depression (Horwitz, 2002).

People living in communities and societies where social networks are strong have good mental health and vice versa (Aneshensel & Sucoff, 1996; Ross, 2000). Mental health parallels with the social ranking and economic resources with the people, those in higher status, and with financial resources are mentally well than those of lower socio-economic standing (Mirowsky & Ross, 2003). Social factors like divorce, death of relative have a bearing on mental health (Holmes & Rahe, 1967). Domestic violence gives rise to mental distress (Dohrenwend, 2000). People continuously living in stressful social environment develop mental health concerns (Turner, Wheaton, & Lloyd, 1995). Breakdown in families, economic hardships affect the emotional health of people (Ross, 2000).

Moreover, '"Stress theory" states mental health is related to social conditions particularly divorce, breakdown of social relationships and economic hardships (Thoits, 1992). "Structural strain theory" makes reference to social structure and social resources while studying mental health (Thoits,1992). "Social reaction theory" presupposes that the idea of mental illness is socially constructed, those with mental health problems are seen as non-complaints in society (Thoits, 1992).

The response of people to mental health and use of support system is dependent upon the social and economic background of people, those with high socio-economic status use mental health services conveniently than those with limited or, meagre resources (Katz et al., 1997).

2.6 UNDERSTANDING WOMEN MENTAL HEALTH FROM SOCIOLOGICAL PERSPECTIVE

While embarking on social analysis of mental health in context of women, it is firmly believed that their emotional health is not exclusively shaped by personal circumstances, instead it is relies upon the social environment. The constituent parts at play in social sphere like gender norms, roles, violence and gender inequality and resources act upon the heath of women and produce their state of health. From this strand, emotional well-being needs to be seen in social framework and positionality of different genders which is critical in determining the state of wellbeing. The contribution of sociology in this area is glaring in "Sociology of Emotions" which delves into this concept very comprehensively, and it has been asserted, "that an individual's position in the social structure shapes the type, frequency, and intensity of emotions that will be directed toward him or her or aroused in him or her" Gordon (1990). Sociologists concerned with the analysis of emotions argue that position occupied by people in social division reveal their emotional state. Subsequently, in the examination of mental health from sociological prism it is argued that social positioning of people reflect their mental health. In a way, mental states are shaped by social inequality and access to resources. The case of anxiety and depression too can be subjected to this analysis. Sociologists concerned with study of mental state have employed "stress process modal" that gives acceptance to this fact that "social

stressors" are unevenly present across gender and other social categories (Stuts & Turner, 2006).

It has been established firmly that mental illness and its prevalence in women is greater as compared to men. So apart from relating emotional health to class, it can be related to gender also. Research confirmed more mental stress in women than men as in case of "anxiety", "depression" and "post-traumatic stress disorder" (Stuts & Turner, 2006).

Cultural theorists state, "our perceptions and responses to mental illness are shaped through social interactions, which are themselves formed by the cultural and socio-political context of society. Concepts of mental illness are not fixed, but are specific to a culture at a given time in its history" (Foucault, 1965; Szasz, 1961).These stand points unanimously give consideration to "biomedical" account of mental state and reoriented consideration from personal to societal by theorising that mental illness is an effect of individual response to society .

Researchers have expounded that mental state of women is associated with their encounters in their daily life, and have unearthed the connecting link of stress with emotional disorder. The focus has been the type of stressful condition encountered by women which produces more psychological trauma them. The attention is on their role in society which account for their greater emotional stress than experienced by their counterparts. Firstly, they see women confined to domestic chores than men, by which they become more prone to distress because they "brood" upon their issues, as they get time in domestic life (Gove,1975).

Since the engagement of men in workplace necessitates that they should cater to the obligations and needs of the workstation which diverts their attention and problems to the edge which offers a protective mechanism for them and they don't get involved in emotional distress. Women being restricted to domestic sphere don't get this opportunity of diverting attention in case of distress, and hence they have more psychological issues as compared to men. Women who don't have confiding relationship in their marital life renders them more sensitive to depression. In

addition, women without job outside of family makes then prone to these issues. And likewise, women who are more involved in care taking role within families experience these health issues (Gove, 975). It has been theorised that role stress and privacy loss can be among other factors. Research results imply that social forces explicitly or implicitly impact women psychologically (Brown, 1995).

Men and women go through different mental illness as females mostly live through anxiety, then after by depression in which they face inner emotional challenges, and observe hopelessness. More usually, they have the issues of phobia and anxiety. On contrary, males have prevalence of disorders which include overt behaviour and therefore, females differ from males in acquiring disorders (APA, 1994).

People with low position in social stratification experience greater degrees of persistent stress which denotes that their social situations puts limitations on them over the use of social means. Social class can affect a person's ability to use available means and to manage the stress. People in low social position are unable to handle stress successfully which affects their self-image which negatively impacts their mental state (Aneshensel, 1992). Low economic status is related to poor mental outcome (Kleinman,1986 ; Faris & Dunham,1939). Social conditions determine the subjective well-being and emotional states essentially in postmodern society(Rogers & David, 2005).

People who don't possess good social capital which means "features of social life, networks, norms and trust that enable participants to act together more effectively to pursue shared objectives"(Putnam, cited in Wilkinson, 1996), are at stake to have mental disturbance(Wilkinson,1996). Lower social status people have lower mental well-being (Stuts & Turner, 2006, Pearling & Lieberman, 1979, Rosenfield,1989).

The emergence of capitalism led to a change in the conditions of men and men. In agrarian setup both men and women were producing goods in household. Besides child rearing, women were assisting their partners in agriculture, but industrialization divided social sphere into domestic and public arena. Work in public space became work of men and women remained confined to home. The paid work became

associated with masculine gender and domestic work with feminine gender (Connell, 1995; Rosenfield, Lennon, & White, 2005).

Economic resources possessed by men and women describes their social position, and in public domain women are behind men, so there is difference in social ranking and power which is true also in public domain (Rosenfield, 1995).Women with same job with that of their counterpart face difference of wages (Cohen & Huffman, 2003). Irrespective of nature of employment women are caught in between household and outside responsibility, which creates stressful life (Greenstein, 2000).The work overload leads to burnout and affects mental well-being of women which gives rise to despair and restlessness (Rosenfield, 1989).The monotonous work in family particularly joint families like caring of children, elderly, cleaning and cooking leads to emotional distress among women (Mirowsky & Ross,1989, Mirowsky & Ross, 1992; Thoits, 1986, Menaghan, 1989; Ross, Mirowsky & Huber,1983 ; Hochschild & Machung,1989).Women who are at social disadvantage like divorced have more emotional distress than married with healthy social relations (Aneshensel & Phelan, 2006).

Poor women with mental health issues face more stigma and a different treatment approach as compared to rich women (Horwitz, 1983). Poor receive less psychological therapies and more medicine than rich. Health professionals in majority, are unable to understand socio-cultural determinants which are overlooked in mental well-being so that group specific interventions would be provided to suffers (Schnitzer, 1996).

2.7 DOMESTIC VIOLENCE AND MENTAL HEALTH ISSUES IN THE WORLD

Women of all ages face partner abuse and the middle-age group between "40-60" is no exception. Women abuse within household is ubiquitous which finds resonance in a hierarchal social structure of society and is based on exploitative gender relations. Male dominance, power differentials between genders, unequal distribution of resources and discrimination are crucial factors for the study of women

violence in any social milieu. Domestic violence is present in patriarchal social structure and is prevalent in all societies though in different intensities, which is a hindrance for achieving gender equality in world (UN Report, 2013).

Domestic violence is a social problem throughout the globe which has devastative effects. It is a hurdle to equality, peace and a prosperous life and comes in the way of sustainable development. It effect physical, reproductive, and emotional wellbeing of women. It not only affects the victims but also children, family and society as well. Its effects are myriad which includes; physical injury, broken bones, transmission of sexual diseases, mental disturbance and economic distress (Sharma et al., 2019).

In a world study of 10 countries (Bangladesh, Peru, Ethiopia, Montegero, Japan, Nambia, Serbia, Thailand, Brazil, and Tanzania) conducted among women of 15-49 years of age, it was found that 15–71% of women experienced physical or sexual abuse at some period in their lives by their husband. The study firmly established that women abused had poor mental health than non-abused (Ellsberg et al., 2008).

Substantial relations were found in spousal abuse and mental states of women. Women with physical abuse or sexual abuse had consequences on their physical health. Lack of concentration, fatigue, reproductive health issues and body pain was encountered by the victims. Women have also thoughts of suicide and have actually attempted once or more in their life time (Ellsberg et al., 2008).

Ceballo et al. (2004) while studying women who reported domestic abuse were very stressed. Those women had feeling of sadness, hopelessness, fatigue, persistent fear, flash backs of the traumatic events. Women with children were more distressed than without children. Majority of the women experienced verbal abuse followed by physical abuse which had led to emotional disturbance among them. Greater verbal abuse was coupled with severe mental health concerns.

Domestic violence is related with mental health condition like phobia, substance abuse, undereating or overeating. While comparing categories of women like : ‘non-abused, physically or psychologically abused, and psychologically abused’

and revealed that women with violence have not been able to enjoy life, had fear, and suicidal tendencies and women who encountered conjointly different forms of domestic abuse had server emotional distress (Pico-Alfonso et al., 2005).

Interestingly a study found a high prevalence of psychiatric symptoms in childhood physical assault victims than in the Childhood rape victims, suggesting that the experience of a severe physical assault in childhood may be at least as distressing as being the victims of childhood rape (Duncan,1996). Kerridge et al.(2016) found that a strong association found between drug addiction and domestic abuse of women. Harnois et al.(2018) reported that discrimination faced by women during working in public places is linked with poor subjective understanding and loss of interest in doing work.

The study of Abusbaitan et al. (2025) identified four attributes of emotional abuse were identified, including humiliation, indifference, control, threat, and intimidation. Emotional abuse as a phenomenon is associated with women's and partners' influences, unhealthy relationships, the normalization of emotional abuse in society, and the lack of social support. Emotional abuse in women leads to poor psychological, perinatal, and intimate relationship problems. Sian et al. (2016) reported that research shows association of domestic violence with the respondent's mental health problems. Domestic violence was associated mainly with traumatic symptoms. Research documented a close association between emotional problems and domestic abuse. Women with no previous mental health problems developed depression on exposure to domestic abuse (Howard et al., 2013).

Oram et al. (2016) reported that mental health experts don't have sufficient understanding of or don't take into account the socio-cultural background of the people with mental health issues, which underestimates the repercussions of spousal abuse on their emotional health. Moreover, cultural specific treatments to suffers is not tailored because of a lack of understanding of real factors of health issues.

Mahapatro et al. (2023) found that women with pregnancies find it hard to handle domestic violence because they encounter hurdles while utilising health

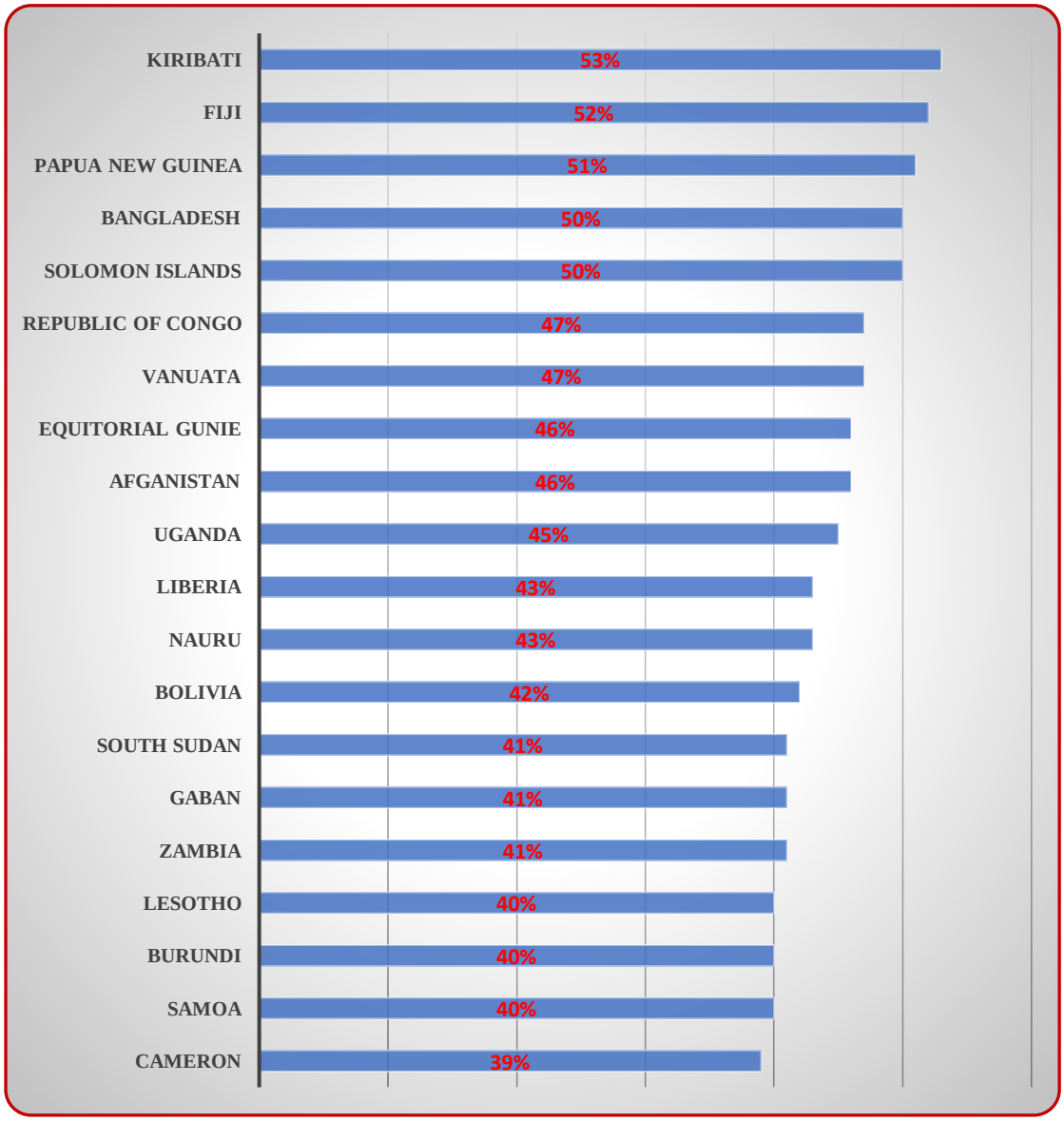
services. The easy accessibility of health services and socio-economic resource at the disposal of women determine their emotional wellbeing.

Gulati et al. (2020) observed that in order to resolve issue of partner violence, the support services in health need to be augmented to solve the health concerns of women especially mental health.

Zolniko et al. (2023) found that violence is rooted in patriarchal power structure operating in the private and the public domain. Lack of resources, communication barrier, fear of negative social reaction were some barriers women face while accessing mental health services.

Figure 2.3

Graphical Representation of 20 Countries of World with Highest Percentage of Domestic Violence



Source: Insider Monkey Blog: 20 Countries With Highest Rates of Domestic Violence

2.8 DOMESTIC VIOLENCE AND MENTAL HEALTH ISSUES IN INDIA

Domestic violence being a contravention of basic rights has substantial effect on victim. It affected different countries including India. It has a bearing on physical and mental health wellbeing and has significant socio-economic impact in some nations of the world (World Bank, 2019).

Domestic violence in India is entrenched in male dominated society and culture supporting men and positioning women in subservient position. In this type of social system, men have higher status, privilege, esteem, control over economic resources and decision making power. In this system power distribution is discriminatory which favours men and they use it to control women (Jewkes et al., 2002).

Violence against women within families is deep rooted and widespread in India and in public domain they face violence or threat which restricts their opportunities to take education, employment and enjoyment in free time. The 'Nirbhaya Case' is a famous one in public domain after which violence laws have been made more stringent in India (The Quint, 2021).

Internationally position of India, in the index of women violence is in-between low and high (Acharya & Karp, 2011). In India, as per data, West Bengal has witnessed the greater number of cases of domestic violence in which perpetrator was either husband or in-laws Bureau (NCRB, 2021) and it was followed by Uttar Pradesh, Rajasthan, Goa and Sikkim.

Violence in intimate relations have made family an unsafe place for women to live. As per reports in India, during Covid -19 lockdown there was an enormous increase in the frequency of domestic violence and "National Commission of Women" received two hundred thirty nine(239) cases of domestic violence in just one month (The Economic Times, 2020). Many cases were unregistered due to issue of lockdown, accessibly to services for registering the cases during lock down period. Research confirmed that financial stress during lockdown like that of great 'depression in west' has led men to control the women in patriarchal society of India (Schneider et al., 2016).

Visaraia (2000) in her study in rural Gujrat in India on a sample of 450 married women found that women and men who have good education status had low incidence of domestic violence, similarly men and women with good earnings and income reported less violence as compared to poor people. Young women also had greater incidence of partner abuse than the old. Access of women to resources was found to affect their experiences of domestic violence. In majority of cases, family and friends did not intervene because they consider violence as a family issue.75% of women remained silent to save family honour and the honour of their husband. A cultural norm which precluded women to visit the natal family after marriage puts them in social pressure in case of violence. Women cannot leave abusive relationship after having children and they are being taught to endure the hardships in matrimonial family. Leaving abusive relationships and seeking divorce brings negative social reactions. Reporting violence to police is not so much encouraged because it is considered as a dishonour to both the families, so women bear it passively.

Women in India with domestic violence usually don't question the offender because the cultural values support the male dominance and subservience of women. In a cohort study entitled, *"Intimate partner violence linked to gambling: cohort and period effects on the past experiences of older women"* that women whose husbands do gambling cannot cross-question their husbands. If they try to question, they face violence, so they bear gambling and violence silently. At times women did not see gambling as a problem, but when it is associated with violence it is seen as an issue. Men also force their women to handover their earnings, and jewellery's for gambling purpose and if the demands are not met they inflict violence to such women. As a result, women are caught in double exploitation of violence on the one hand and snatching of economic resources on the other hand by the partners.

Sahoo et al. (2007) reported domestic abuse is more at a very young age in married people because in India, in majority of the cases women get married at a younger age which increases their chances of domestic abuse due to adjustment issues or relatively low status of younger women in families than the old women. Women who are married at young age are predominantly from poor backgrounds, as a result

they become very prone to issue of domestic abuse because of lack of social support at their end. Families with relatively good economic status have less stress and domestic abuse and study confirmed that job of husband is a factor which reduces abuse of women (Biswas, 2017).Research also strongly established that extramarital relationship of husband is also a factor of domestic violence and mental distress for women in India (Mundodan et al., 2021).

In India, dowry is a major factor of domestic abuse and mental distress. Dowry is common among all castes, classes, regions and people of different residential backgrounds like rural and urban settings. Though, the form and demands many vary but there is a consensus that dowry is an empirical reality in Indian society. On the pretext of dowry, women face violence from husbands, in-laws in the form of physical violence, emotional violence and economic violence too. Women who are not able to fulfil dowry demands are continuously abused develop lot of stress. The gruesome aspect of this issue is that bride burnings and suicide cases are also linked to dowry demands in Indian society. Women face physical health issues like broken bones, dislocations, cuts, and injuries, burns etc as well as mental distress (NFHS, 2020).

To analyse domestic violence in Indian setting, Sen (1985) argues that domestic violence has become a routine practice in India and women see it as some what a normal affair. Women unconsciously endure violence, as they are being socialised in such a way that they feel violence as normal. So in intimate relationships women endure abuse and it goes unreported in majority of cases.

The sex selection and son preference in Indian setting, pushes women to situation of domestic violence. In Indian society dominance, assertiveness, independence of men and subservience and economic dependence of women underscore that male have high social standing than women. This influences the social interaction, behaviour patterns of people and their preference as well. The same is quite evident in case of sex selection of babies in India. Son is preferred over daughter in Indian society. This devalues women and at times if women did not bear male baby is pressurised for the same, which manifests in forms of domestic abuse as well. This

preference and attitude towards gender selection relegates women to emotional trauma (Nanda et al., 2013). Gupta (2006) reported that in India, as in case of many countries of Asia, preference for son is very rooted in patriarchal society and has been there from antiquity in case of India. The fact being, this preference has religious basis because son is considered as an important source of carrying forward the lineage, inheritance and has an important role in kinship system. Moreover, it is supported by social and cultural system also. Son preference has economic basis, because son is regarded as a sort of economic support for dependent family members during their dependency age. Women are caught in stress due to demands from family for bearing son which leads them to emotional neglect from husbands, families and experience distress. In order to safeguard and protect women, from atrocities within families, "*Protection of Women from Domestic Violence Act, 2005"* was enforced in India on '26th of October 2006'. Initially it was passed in the month of August, 2005 to save women from domestic abuse. In rest of India it was enforced in 2006 but in Jammu and Kashmir it was implemented in 2010, and it was a watershed in promoting the safety and security of women in Jammu and Kashmiri (Kaur, 2022). Women both in public and private places experience violence of physical and sexual nature but violence within domestic setting is the most prevalent form of violence in India (Wolf et al., 2003).

Anita et al. (2021) found that only the extreme form or severe type of domestic abuse gets public or legal attention and in majority of the cases where women endure violence passively go unreported and do not come to public attention, and women endure silently because socio-cultural background supports the domination of husband and subordination of wife. Dowry demands are rampantly found to be the cause coupled with abuse in most case, and have taken new form with the process of globalization in which women with husbands overseas are demanded huge dowry and are neglected if not paid which directly affects their social and emotional wellbeing.

In India, less educated and poor women more frequently experience domestic violence and have mental distress compared to educated and rich. Women who reported domestic violence suffered from hopelessness, socialisation, persistent fear, lack of interest in doing activities, thoughts of endings one's own life (Indu et al.,

2021). Indu et al. (2021) found that in covid pandemic the mental health issues like 'anxiety' and 'depression' increased due to increase in abuse in families in India.

Table 2.1

Domestic Violence Cases (violence by husband or relative for dowry) in Some Selected Indian States

S. No	State/Union Territory	No of Domestic Violence Cases Reported. (Violence by Husband or Relative for Dowry)
1.	West Bengal	19,952
2.	Uttar Pradesh	18,375
3.	Rajasthan	16,949
4.	Sikkim	3
5.	Nagaland	2
6.	Goa	1

Source: Hindustan Times, August 30, 2022

2.9 DOMESTIC VIOLENCE IN JAMMU AND KASHMIR

Domestic violence in this region is a pressing issue. The cases of violence in general and domestic abuse in particular has shown an increase in last decade. *"The State Commission for Women in Jammu and Kashmir"* reported 220 complaints in 2016-17 as compared 142 in 2015-16 .*"The State Commission for Women in Jammu and Kashmir"* was formed in 1999 under *"State Commission for Women Act,1999"* and started its working during 2000.The function of the commission was to review the constitutional and legal safeguards for women. The commission reported a total of 223 rape cases, 1,440 assaults 'with intent to outrage their modesty', 348 reports of husband's cruelty, and 8 deaths of dowry cases in 2019. The commission was overall concerned with looking overall welfare of women. "Having successfully resolved

over 5,000 cases, the commission had around 300 odd cases still pending disposal at the time of its closure," confirmed Vasundhara Pathak Masoodi, the last chairperson of the commission (Free Press Kashmir, 2021).

The commission not only worked as a civil court but also as a watchdog. Its most important role was embedded in its power to take Suo moto cognizance in case of violation of rights ensured to women and children and inspection of institutions, organizations/places where women and children were lodged, examining and reviewing the protection and welfare measures meant for women and children and forwarding and suggestions and recommendations for uplifting women and ensuring their rights. The Commission effectively worked because the disposal mechanism of the commission was less time-consuming. Women and children in distress would approach the commission for redressal of their grievance, protection against violation of their rights and to avail the constitutional safeguards and the aggrieved did not have to spend even the smallest amount of money at any stage be it from registration of their complaints till the finality of the dispute. After giving the status of Union territory to the Jammu and Kashmir the State Commission for Women has been disbanded and the commission has handed over all the files to *" Commission for Women"* with Head Quarter based in Delhi, which is now looking after the problems of women in Jammu and Kashmir (Free Press Kashmir, 2021).

In Jammu and Kashmir, the government launched a women's helpline number (181) in October 2017, to offer round-the-clock service to women who need help. The data furnished by the same reflected that among 922 in 2020, 619 were domestic abuse cases. During lockdown periods of Covid pandemic the service reported increasing incidents of domestic violence cases in Jammu and Kashmir. All in all, it suggests an increase in crime against women in Jammu and Kashmir (The Wire, 2021).

Women in Jammu and Kashmir of different socioeconomic backgrounds experience domestic abuse. Women of different religions, classes, education backgrounds, working status, and geographical regions have witnessed domestic abuse. Less educated women and housewives have reported more incidence of abuse

than others. The factors reported include: desire of separation from joint family in case of newly weeded couple, extramarital relationship of husband, dowry, drug addiction of husband, women not bearing child or son, polygyny, exposing domestic violence to neighbours or to natal family, improper housekeeping, dominance of men in relationships. Violence had been in the form of physical abuse, emotional neglect, humiliating in front of others, imposing social restrictions, trying or actually snatched salary and earnings from women (Dabla, 2009).

Buchh (2016) in his research in Jammu and Kashmir found that domestic abuse was more prevalent in poverty stricken people, urban backgrounds, joint families and among house maids. Most frequent type had been physical abuse ensued by verbal and then sexual. The cause of domestic violence had been found to be: financial constraints, unfaithfulness, birth of female child, dowry, and traditional gender role. In majority of cases harm was inflicted by husband, followed by in-laws. Domestic abuse had badly affected physical and mental health of women.

In Kashmir in majority of cases of domestic abuse, husbands are the primary perpetrators. Domestic abuse is an intricate issue with personal and socio-cultural factors at its backdrop (Bashir, A., & Rafiq, M., 2023).

Moreover, the practice of discriminations prevalent in Kashmir is a factor of spousal abuse. In a sample of two hundred from six districts viz-Srinagar, Baramulla, Budgam, Anantnag, Pulwama and Kupwara it was found, the highest discrimination rate of 68% in Srinagar followed by Pulwama 66%. Condemnation of work by husband and in-laws in married women was found 7% in Srinagar and 4% in Pulwama. Petty quarrels and extramarital affairs are also the factors behind it.The other factors include : demand from wife to establish nuclear family(20%), husband suspicious of wife (20%), dowry demand (21% in which 8% by husband and 39% by in –laws), poverty 7%, son preference or not given birth to son 7%, not liking wife and her job 14% and 28% women silently tolerated,14 % reacted sharply and some registered cases with the government agencies (Dabla, 2009). Azam et al. (2020) reported that in Kashmir women live in tradition bound society and face gender

inequality, discrimination, social and economic abuse. Women face abuse within and outside family.

In a rural study on domestic violence by Hussain and Bashir (2016) in Kashmir (district Ganderbal), they found that the cause in majority of cases was dowry followed by abandonment by in-laws, infidelity, impotency, financial stress and problem of understanding between spouses. The most prevalent type of violence was verbal followed by physical abuse. Majority of respondents reported financial instability, cardiovascular issues and mental trauma as after effects of violence. The study further reported that many women have been deserted and without any support from the husband and in some cases women have been living separately from husbands with their children without divorce.

Research documented that women endure violence from husband and in-laws just for the sake of children. Such women tolerate the suffering for the fear of losing their children if they seek divorce. Another factor reported was economic dependence of women on men as majority of women are economically dependent and don't have accesses to economic resources like that of men. Men inflict violence on women because they know it is supported by their culture and they cannot leave abusive relations because of their dependency (Wani, 2023).

Gul & Khan (2014) documented that dowry is a factor of domestic abuse in Jammu and Kashmir. Dowry is supported by traditional and cultural practices which make women vulnerable to abuse. Some deeply entrenched practice are playing a toll on physical and emotional well-being of women, such as strong desire for son, abortion on the basis of sex, female infanticide and impartial treatment to girls in which there is discrimination interms of social resources like education, health, and food (Bilal, 2015).

Amin (2013) in his research found that preponderance of abuse was those in young age and illiterate and in majority of cases women weren't allowed to be involved with decision making process and faced discrimination. The perpetrator in most of the cases was husband followed by in-laws. Economic stress, lack of job

opportunities, illiteracy, large family size, dowry, and drug abuse of husband had been factors associated with domestic abuse of women.

Domestic violence has shown a upswing during last half-decade. In a study conducted by health department in Srinagar found an increase in domestic abuse during lockdown in Srinagar district (Kashmir Observer, 2023). Survey reported that eleven percent (11%) women experienced domestic abuse in families from close relatives (NFHS, 2021).

2.9.1 DOMESTIC VIOLENCE IN JAMMU AND KASHMIR AND NFHS REPORT, 2019-21

Women in reproductive age group have experienced domestic abuse in one form or other. Nine percent (9%) have faced abuse from their partners in intimate settings. Women encountered both physical and sexual abuse and emotional abuse too. Violence was found across all groups, but it was less in case of educated, urban women. Physical violence has been the most predominant type of violence followed by emotional abuse and then sexual abuse. The nature of the violence depends upon the means of violence and its frequency. Additionally, it was also contingent on social resources available to the victim. Perpetrator was husband in maximum cases followed by in-laws(NFHS, 2021).

All women who experience domestic violence did not seek help of government law enforcement and implementing agencies because of the fear of the society or cultural beliefs which upheld this practice of not resorting to helping agencies for help in case of domestic abuse. Women in patriarchal setup are bound to be servile and obedient and save family honour at any cost. Only fourteen percent(14%) women took recourse in domestic abuse. Among them family intervention was the utmost source followed by help from formal sources like police.

"The Ministry of Women and Child Development", in India came with the recommendations to augment facilities for victims of domestic abuse which approved establishment and administration of *"One Stop Centre Scheme"* for women sufferers of violence. These centres cater to needs of women who face problems within

families, public places and work places. In Jammu and Kashmir, twenty such centres are operational and are functioning and providing all sorts of socio-economic, legal and psychological social and medical help. Temporary shelter facilities are also provided under this service (Greater Kashmir, 2024).

2.9.2 DOMESTIC VIOLENCE AND PHYSICAL HEALTH ISSUES IN JAMMU AND KASHMIR

Empirical study conducted by Buchh (2016) in Jammu and Kashmir on "*Impact of Domestic Violence on Women: A Comparative study of Jammu and Kashmir Districts"* revealed that more than half (61%) of the respondents from District Srinagar suffered from headache/ backache, 44% reported that due to stress they suffer from stomach pains, while as 35% experienced general weakness. 33% feel tired because of violence in the family. In District Jammu maximum (71%) of women reported headache/ backache as a complication of violence, whereas 46.5% often feel tired and 43.5% endured from hyper/ hypotension and 40% of the respondents suffered from heart palpitation.

2.9.3 DOMESTIC VIOLENCE AND REPRODUCTIVE HEALTH IN JAMMU AND KASHMIR

Reproductive health is an important aspect of women health. Women's reproductive health includes information about women's reproductive history and any kind of gynaecological problem (like white discharge etc.), miscarriage or induced abortion, pelvic pain and recurrent vaginal infection.61% of the respondents from district Srinagar suffer from gynaecological problems and again the same percentage of respondents experience pelvic pain. However, 50% of the respondents who experience violence reported induced abortions or miscarriages due to stress caused by violence and tension in the conjugal setting. In Jammu district maximum number (77%) of respondents reported that they endure pelvic pain, while as 28.5% of them suffer from gynaecological problems, only 22.5% revealed that they experienced recurrent vaginal infection. 61% of the respondents from District Srinagar had no authority to take any important decisions relating to pregnancy. Whereas, highest

number of respondents in district Jammu, (77 %) reported that they lack the same authority and it was further revealed their family/ husband have negative approach towards birth control at times, some of them expressed their concern that women don't even have a right to express the need for fertility control (Buchh, 2016).

2.9.4 DOMESTIC VIOLENCE AND MENTAL HEALTH ISSUES IN JAMMU AND KASHMIR

Study conducted by Buchh (2016) in Jammu and Kashmir reported that domestic violence has consequences for women on their physical and emotional condition. The results indicated some evidence of significant association between domestic violence and mental health of respondents. The results indicate that from district Srinagar 75.5 % of the respondents face concentration problems because of domestic violence, while as 90.5% suffer from sleeping disorders, 85.5% of women report that they cannot constantly focus on a problem due to violence and tension in their lives, while as 75.5% faced difficulty in making decision. 73.5% felt depressed often. More than half (58.5%) believed that they were not able to overcome difficulties. In contrast in district Jammu 73% of women stated that they faced concentration problems due to violence in the family, while as 75.5% of the respondents concede that they suffer from sleeping disorders. 69% continuously cannot focus on certain problem, 67% feel difficulty in making decision and 73% often feel depressed, 65% frequently feel that they are not able to overcome difficulties (Buchh, 2016).

In Jammu and Kashmir, sociological study by Dabla (2009) highlighted that women with domestic violence had developed mental disturbance apart from physical health issues.

Study conducted in Kashmir entitled "*Mental health illness in the Valley: A Community-based Prevalence Study of Mental Health Issues"* on a sample of 4000, aged above 18 years in Kashmir reported that 64.5% of the respondents (2579) were women. Though mental health affects had been found in different sections of population, yet there was high preponderance in middle-aged women between the age

of 40-60 years than those younger and older to them. The study revealed 13.3% of women in middle-age who had mental health illness than the younger and older to them (IMHNS, 2016).

The use of mental health services and disclosure is very low because people particularly women fear the negative social reaction and negative stereotypes associated with mental illness. People are not well aware about the mental concerns, and consequently are unable to understand mental health problems very well. Since, the symptoms of this health problem is not quite manifest, people don't concede its seriousness. The same situation gets worse when it is associated with the possession of some evil spirits which creates a misunderstanding among people and acts as a barriers for seeking appropriate help (IMHNS, 2016).

The socio-economic background also comes into play, because poor and illiterate people are often ignorant and they seek those treatments which are not appropriate which plays a toll on the health of the sufferer . In severe cases, these people visit and take appropriate intervention for these health issue which is also influenced by the socio-economic resources at their disposal. In Kashmir the accessibility and service delivery at local level is not up to mark, as special doctors are not available in community health centres, so people have to visit district or divisional hospitals for the treatment of their mental illness (IMHNS, 2016).

Spousal abuse is an issue because it distresses women physically and emotionally. Prominent Psychiatrist, Prof. Mushtaq Margoob said, "most of the psychiatric problems among women in Kashmir are because of domestic violence" (Kumar, 2016).

2.9.5 MENTAL HEALTH POLICY IN JAMMU AND KASHMIR

Mental health is crucial health concern in Jammu and Kashmir which has different causes like political conflict, natural disaster, and domestic violence. These factors have resulted in anxiety, depression, posttraumatic stress disorder and suicide ideation. Realising, the increase in mental health concerns in the region, the government has taken initiatives to develop policies through policy intervention.

Jammu and Kashmir has introduced *"National Health Policy-1982"* to have a comprehensive policy for people with mental health issues[including women].

Under this scheme of Government, *"District Mental Health Plan (DMHP)"* was introduced in 1996. This programme was extended to more than 100 district in India including Jammu and Kashmir too. The goal of this programme was to have a multipronged approach to the tackle the mental health issues. In Jammu and Kashmir there has been improvement in health service in which 'State level Government Psychiatric Diseases Hospital', Srinagar being upgraded to an 'Institute of Mental Health and Neurosciences' (IMHANS, 2016).

In response to the pressing issue of mental health, *"Mental Health Authority"*, which would administer operation of all mental health facilities throughout J & K was established. J & K *(Mental Health Authority)* Rules, 2023, may be used to refer to these regulations. There are services of : free medical check-ups, free counselling and free online counselling which comes under "*Telemanhas Scheme*" which are very much used by women living by abuse and mental stress (Greater Kashmir, 2023).

Table 2.2

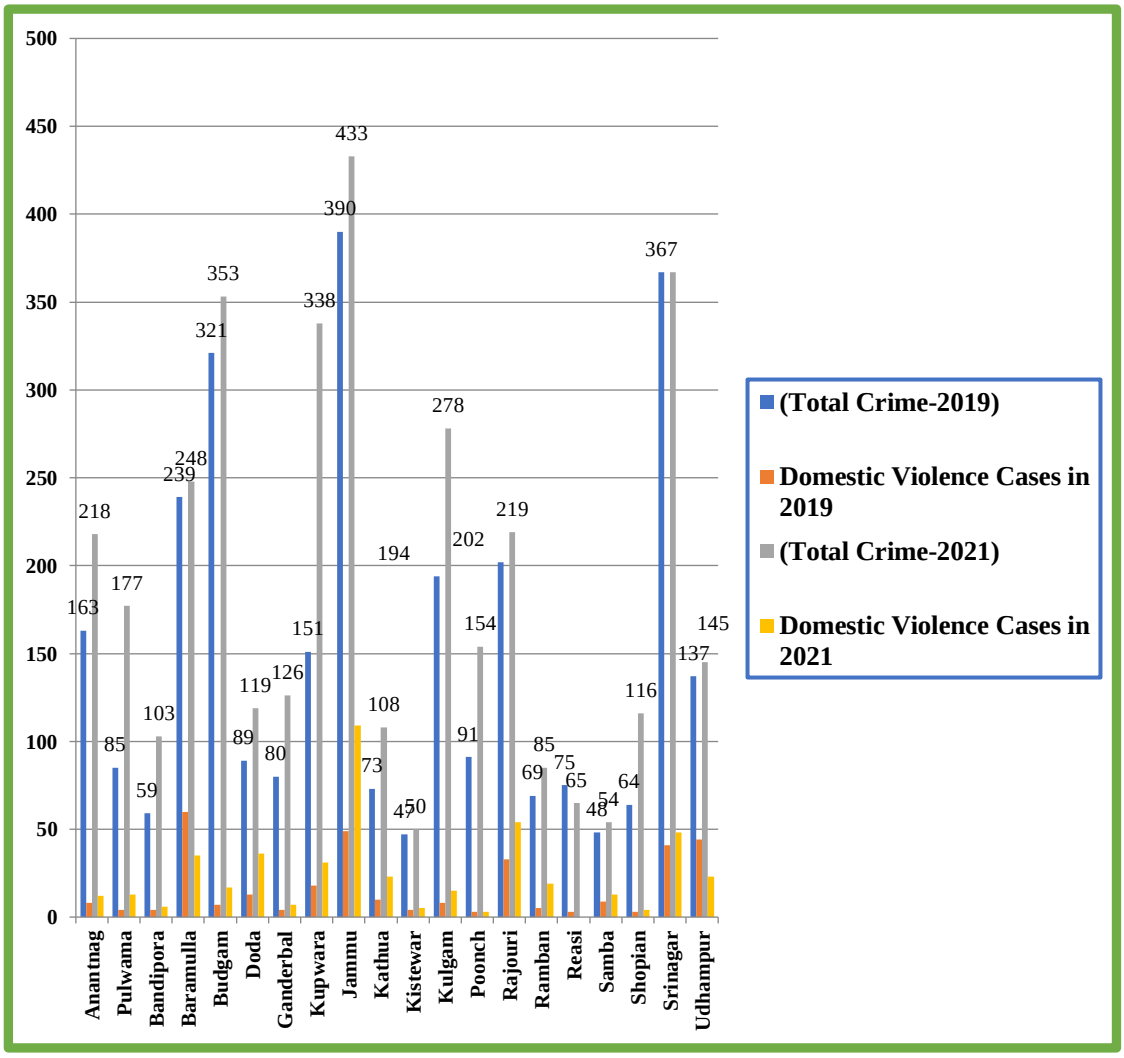
Violence Cases Against Women in District Jammu, Srinagar, Budgam, Kulgam and Pulwama

Year	District	Total Crime Cases	Domestic Violence Cases
2019	**Jammu**	390	49
	Srinagar	349	48
	Budgam	349	7
	Kulgam	194	8
	Pulwama	42	2
2020	**Jammu**	313	49
	Srinagar	294	47
	Budgam	335	11
	Kulgam	271	9
	Pulwama	55	2
2021	**Jammu**	433	109
	Srinagar	367	41
	Budgam	353	35
	Kulgam	278	15
	Pulwama	98	4

Source: NCRB Report-District Jammu, Srinagar, Budgam, Kulgam and Pulwama 2019-2021

Figure 2.4

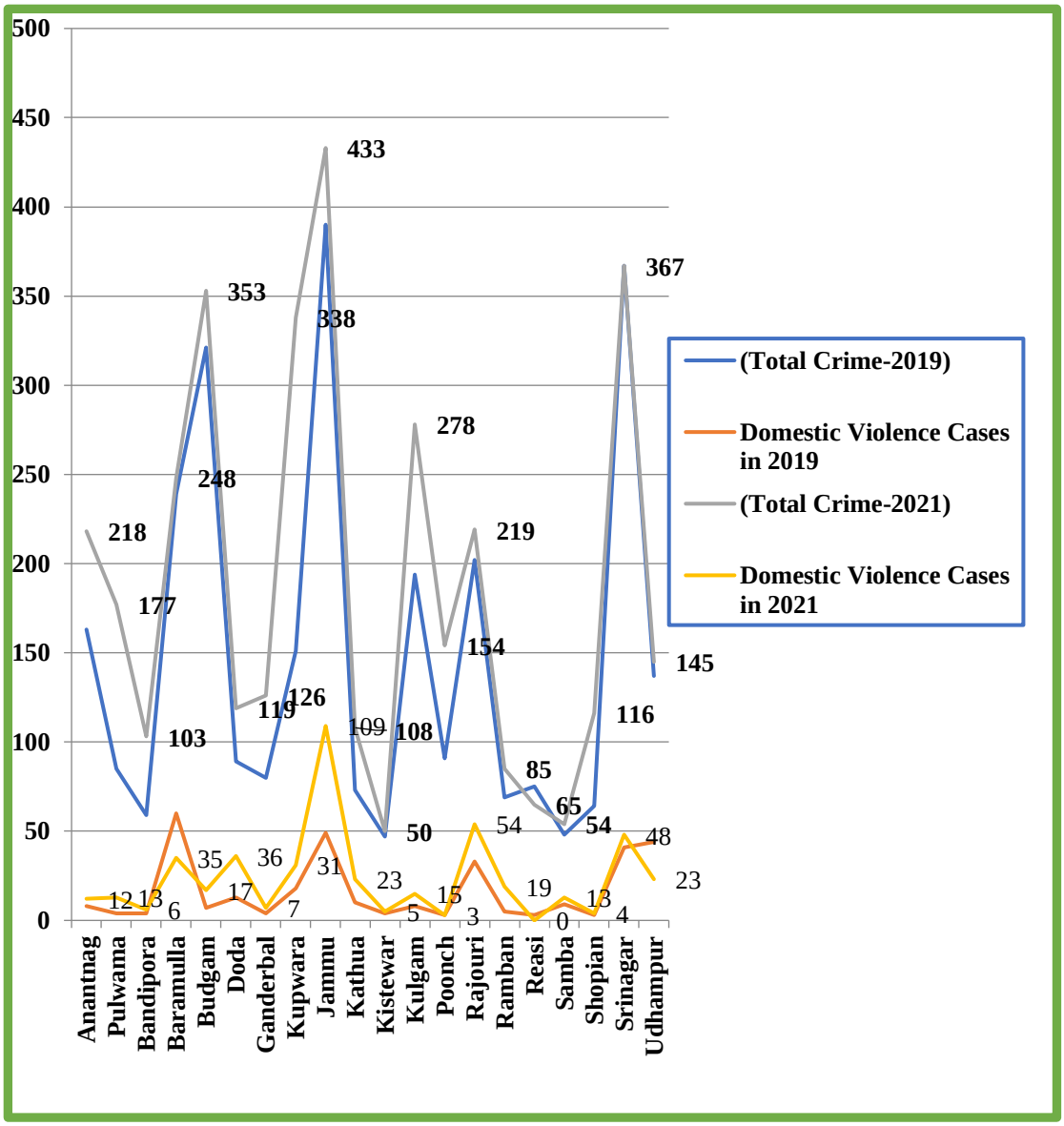
Graphical Representation of District Wise Total Crime Cases against Women and Domestic Violence Cases in these Districts



Source: NCRB Report -2019 and 2021

Figure 2.5

Graphical Representation of District Wise Total Crime Cases against Women and Domestic Violence Cases in these Districts



Source: NCRB Report -2019 and 2021

2.10 INTERSECTION BETWEEN DOMESTIC VIOLENCE AND MENTAL HEALTH

Domestic violence is a problem which is permeating and worrying social concern, and results in health consequences. It disturbs physical and psychic state and is linked with durable implications. Mental illness was significantly greater in abused women than non-abused one (Kumar et al., 2005).

Reviews of systematic and cross sectional type report stable association of abuse and mental illness like anxiety and depression. A systematic review suggested prevalence in the likelihood of "depressive disorders", "anxiety disorders", and "PTSD" for women inflicted abuse (Alfanso, 2005).

Lee et al. (2009) reported, household abuse has strong effects on emotional health of woman. Kaur et al. (2010) found "depression" and "suicidal thoughts" were very usual. Spousal violence has implications for mental well-being of women. Women abuse is coupled with physical injuries, "depression", and "suicide".

Mercy et al. (2003) reported that psychic state and abuse are related. "Major depression" and "schizophrenia", are found as factors promoting suicide. In fact, disturbed emotional states can promote the cause of family abuse. Women going through abuse are highly exposed to "depression", "anxiety", and "phobias" than without abuse. "*World Health Report, 2002"* reported that thirty three percent of PTSD in females and twenty one percent in males is the result of sexual abuse in childhood. Marital dispute produces negative emotional affect. Disruption of marriage due to discord results in depressive symptoms (Liu et al., 2006).

Domestic violence affects the emotional well-being of women as reported by a study on domestic violence in Jammu and Kashmir(Buchh, 2016). Study conducted by Dabla in Jammu and Kashmir found domestic violence affects the mental health of women victims (Dabla, 2009). Some causes like: encounter with abuse, poor economic conditions and issue of affordability and accessibility have produced mental illness among people in Kashmir (IMHNS, 2016).

2.11 SUMMARY

The chapter presents the literature review of the study. It begins with concept of domestic violence and its sociological analysis, health from sociological perspective, sociological perspectives on health, sociological analysis of women health and mental health to have a clear understanding of the topic. Subsequently, domestic violence at international level, national and regional level is highlighted. Moreover, how domestic violence and mental health are related to each other is also discussed.

CHAPTER- III

CHAPTER- III

RESEARCH METHODOLOGY

3.1 INTRODUCTION

This extant chapter discusses the research methodology of the study. It presents research paradigms like: constructionism, phenomenology, followed by an outline of research design: descriptive and exploratory used in the present study. This chapter also includes inductive and deductive research approach used in the present study. The sampling design, universe of the study, data collection methods and tool used are also presented. The chapter also reflects the collection of data, its analysis and interpretation. Moreover, the chapter includes role of ethical considerations in research, positionality, experiences of the field, limitations and delimitations of the study. Lastly, the chapter concluded with summary.

3.2. PARADIGM OF THE STUDY

The present study employed "constructivist" and "phenomenological" paradigm. "Constructivism or social constructivism (often combined with interpretivism) is a perspective, typically used in qualitative research to study social reality. Social constructivists believe that individuals seek understanding of the world in which they live and work. Individuals develop subjective meanings of their experiences—meanings directed toward particular objects or things" (Creswell & Creswell, 2018).

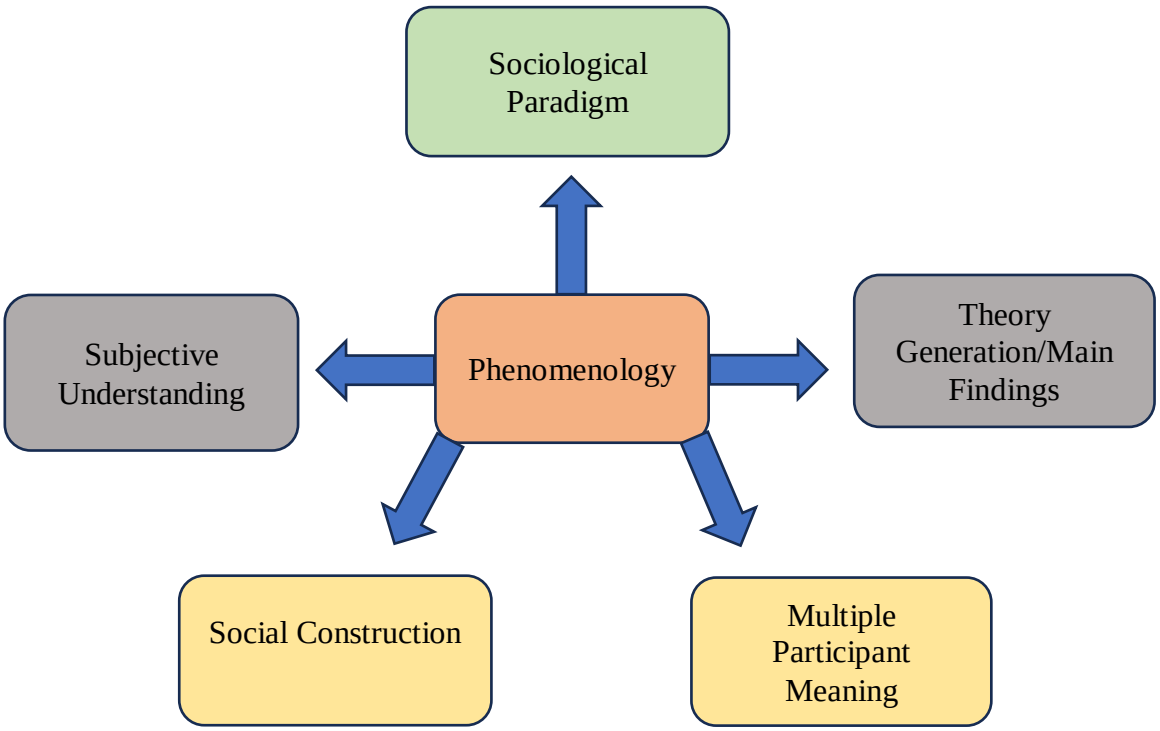
"These meanings are varied and multiple, leading the researcher to look for the complexity of views rather than narrowing meanings into a few categories or ideas. The goal of the research is to focus on subjective understanding of the participants to have an exhaustive and intensive study of the situation. This helps researcher to interpret the meanings people have about the social world which is accomplished inductively instead of using the positivist methodology. The purpose is to make sense of (or interpret) the meanings and look for underlying regularity in the meanings" (Creswell & Creswell, 2018).

Phenomenology studies peoples experiences in an intersubjective way from first-hand accounts of people. The significance and meanings things, events and experiences possess are described in this perspective.

The study embarked on phenomenological approach, to make sense of lived encounters of middle-aged women beset with abuse and mental illness. To have an exhaustive study, an in-depth analysis of the subjects was done to unravel how women gave meaning to their experiences in an intersubjective way (Sarieddine, 2018).

Figure 3.2

Sociological Approach used in the Present Study



3.3. ONTOLOGY(VIEWS ON REALITY)

Qualitative research uses “interpretivism” as well as “constructionism” which are in turn based on idealism (Deshpande,1983; Sale et al., 2002). Idealistic stance, an ontological standpoint maintains that reality in essence is depended on state of mind (Guba & Lincoln, 1994). This perspective believes that there is no single experience but multiple experiences of a reality(Smith, 1983). Experiences are constantly made and remade (Hellstrom, 2008)

3.4. EPISTEMOLOGY (VIEWS ON KNOWLEDGE)

Qualitative research is based on the epistemology that researcher can understand the social world by looking into the total social milieu (Smith, 1983). Human experience depends on the social setting and cannot be studied outside that milieu (Smith & Heshusius, 1986).

For having a compressive understanding, experiences of subjects should be presented in light of the social background (Bryman, 1988). Based on “interpretative understanding” qualitative research takes recourse of “hermeneutics”, “ethnography”, “phenomenology”, as well as “case studies” (Hellstrom, 2008). Methods employed in this type of research are : in-depth interviews, focus group discussions and case studies.

3.5. THEORETICAL PERSPECTIVE

To theorise the present research topic “*Impact of Domestic Violence on Mental Health: A Sociology Study of Middle-aged Women in Jammu and Kashmir”* conflict perspective forms the bedrock. Conflict theorists assert that conflict is a permanent feature of human society. Unlike functionalists, these theorists argue that there are fundamental differences and clash of interests between different social groups in society which makes conflict an inevitable process.

Though, there are divergencies, among conflict theorist about the nature of conflict in society, but all have the commonality, that they consider conflict as a permanent feature of human society. To simplify it, in this subsection the researcher

presents here only two conflict theories: Marxism and feminism (Haralambos et al., 2013).

Marxist theory came to prominence in 1970s, with the decline of functional perspective in sociology. Marxism is associated with Karl Marx-Germen philosopher, economist and sociologist. The central argument of Marxism is, "there is conflict of interests in society between social groups. It is based on the argument that people who possess the means of production exploit those who don't own". The same can be articulated to the study of gender oppression in society where men who possess economic resources, are dominant, exploit women who are subservient and economically dependent(Haralambos et al., 2013).

Like Marxists, Feminist scholars argue, that society is divided into different social strata particularly between men and women, in which latter are being exploited by men. Though, there are different strands of feminism, but by and large they intersect on this argument that women are being exploited, oppressed and are in subordinate position in patriarchal society. Most, feminists believe that men are dominant; enjoy greater power in families, have good jobs and enjoy political power as well. They also maintain that society can be reformed by putting an end to gender inequality, discrimination and violence (Haralambos et al., 2013).

Feminists assert that men use violence to subordinate women [*for detailed description, please refer to chapter 1, section1.15:foregrounding of domestic violence in sociological perspective where detailed description of domestic violence and feminism is given*].The nature of violence women experience depends upon the nature of socio-historical context women are situated in. They believe that inequality and violence can be ended by social and legal reforms (Dobash & Dobash,1998). Feminists have given due recognition to experiences of women interms their diverse socio-economic background, age, racial identity, nationality, and sexuality (McPhail et al., 2007).

Taking about domestic violence in an invisible way in Indian context, women imperceptibly become victims in their day to day life as domestic violence has

become normalised and a part of their daily routine. Women need to be 'good wives', 'good daughters' which is implanted in them through gender socialization. In Indian society women are in between different institutions which are patriarchal in nature which relegate them to subordinate position and are bound to comply (Sen, 2020).

Women experience violence in different forms: physical, economic, emotional, and sexual. Though physical economic and sexual violence are more tangible than the emotional and further, this type entails a subtype of "symbolic violence". Pierre Bourdieu coined the term, "symbolic violence" and argues that it is subtle than the other types of violence. Violence is inflicted to women through symbolic communications like: language and gestures which disturbs their emotionally health (Bourdieu & Wacquant,1992). Women experience "symbolic violence" from men in a subtle manner which has become a usual practice in society (Dowding, 2011).

As discussed above, that domestic violence is determined by socio-cultural factors, like wise mental health is rooted in socio-cultural factors for that it is pertinent to see it, in light of sociological approach which studies it in light of social determinants. This approach sees how mental health is shaped by social factors like economic condition, social position, gender, domestic violence, and strained family relationships. In addition, the role of culture in giving meaning to a particular mental illness and use of response to that is also an area of concern [*for detailed description, please refer to chapter 1, section1.16: foregrounding of mental health in sociological perspective*].The sociological stand to mental health and illness is quite different from psychological and biological ones (Horwitz, 2012).

Sociologists take into account the factors which are present in society and relate them to mental health status of people. These theories use sociological lens to see how social conditions or factors lead to mental issues and how they affect the social life of people, their families and societies at large (Holmes & Rahe, 1967).

Studies in Sociology regarding mental health relate it to social aspects and see how social institutions and cultural system shape and reshape the emotional well-being of the people. The classic example of this sort is study of Durkheim on

"suicide" in which he established, how mental states are affected by social connections and cultural systems giving a sociological colour to study of mental health (Horwitz, 2002). People strongly attached with their family, community or society exhibit good mental health as compared to those who don't (Turner, 1999). People living in societies with good physical and social environment possess good mental health (Ross, 2000).

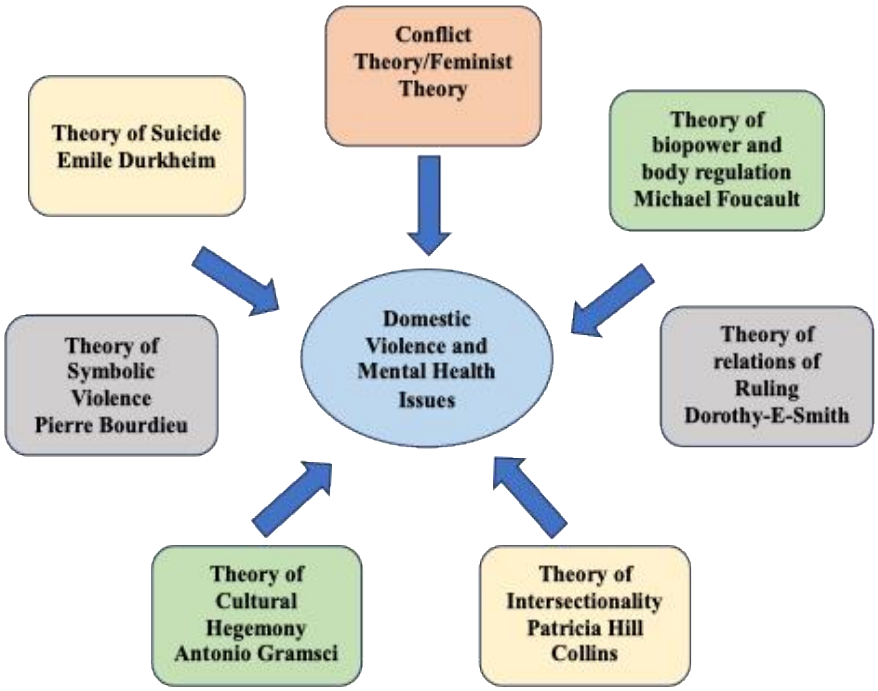
The major sociological theories which can be employed to the study of mental health also include firstly "stress theory" which is based on the postulate, "social stress can lead to mental health issue". Individuals who occupy lower rung in society face more stress and are prone to mental health problems (Thoits, 1999).

The second one is "structural strain theory" which asserts that in society people are placed differently and have differential access to social resources. People who have good social resources at their end are less likely to have mental health problems than others(Thoits, 1999).

The third one is "labelling or social reaction theory" which posits that the concept of mental illness or health is made and remade in society, people who are given label of mental illness are seen as non-conformists and this affects their own subjective well-being (Thoits, 1999).

Figure 3.5

Theoretical Framework of the Study



Fourthly, “psychodynamic theory” states that social experiences of an individual in early life has a very profound impact on his/her behaviour in later life. Individuals who feel neglect during early years of life affects their emotional wellbeing (Cogan, Porcerelli & Dromgoole, 2001).

Fifthly, “social theory of family violence” states that in families the dominant and powerful exercise control over the subordinate and weak. Additionally, extramarital affair and financial stress can give rise domestic violence (Cano & Vivian, 2001).

3.6. RESEARCH DESIGN

The research design in the present study is descriptive and exploratory design. The same is used to describe the lived experiences of the research subjects and explore the different dimensions of the topic at hand for a comprehensive understanding. To understand the lived experiences of women, phenomenological approach has been used. Phenomenological approach involves studying the experiences of participants from their own perception, view point and meaning which is obtained by using interview method (Giorgi, 2009).

To have a more nuanced understanding of the topic it was complemented by case study method which involves graphic analysis and description of a case under study (Yin, 2009).

The grounded theory design was also used to develop patterns, themes from the data for subsequent description. It involves looking for patterns in data and then developing broad generalization (Corbin & Strauss, 2015).

3.7. RESEARCH APPROACH

The present study used both inductive and deductive approach. The study being qualitative in nature involved inductive approach. “In this approach researcher collects data and then looks for the relationships with in data to have broad generalizations. Individual meanings are taken into account, which helps to develop primary data from the field” (Creswell, 2018).

Moreover, deductive approach was used for which literature and data was taken from secondary sources like: research journals, books, articles, thesis, reports and even newspapers where data had been taken from general research studies for the topic at hand.

3.8. RESEARCH SETTING AND SAMPLING DESIGN

The Research setting and sampling can be discussed under following sub-sections:

3.8.1 UNIVERSE OF PRESENT STUDY AND ITS JUSTIFICATION

The universe of present study is Jammu and Kashmir target areas are two districts viz- Srinagar district and Jammu district in Jammu and Kashmir. District Srinagar is a district in Union territory of Jammu and Kashmir. It is surrounded by district Ganderbal and also by Kargil in north and by district Pulwama in south and by district Budgam in north-west. The district has a population of almost 12.37 Lakh (Census 2011) and is spread on an area of 294 sq. kms. It is at located at 34.5°N 74.47°E and has an altitude of 1585m. District Jammu is situated at rugged ranges of short height Shivalik hills. In north, east and south east it is surrounded by the Shivalik, while on north-west by the Trikuta Range. It is located at 32.73°N 74.87°E. It is at altitude of 300 m (980 ft). The population of Jammu district is 15.30 Lakh as per census 2011.

Domestic violence cases against women have increased in Jammu and Kashmir during the last years, as J & K registered 524 cases of domestic violence cases in 2023 (NCRB, 2023). It ranks fourth among all union territories interms of the rate of domestic violence(NCRB, 2023). The data revealed that 10 per cent of women (aged 18 - 49 years) reported having experienced physical or sexual violence and two per cent women reported experiencing both physical and sexual violence. Only 14 per cent of women who had ever experienced physical or sexual violence sought help, the report notes(NFHS, 2019-21).

The selection of specific districts of Jammu and Kashmir for this study has sociological significance and relevance in the context that it will help to understand

the dynamic interplay between domestic violence and women's mental health. The two districts were chosen based on their diverse socio-cultural ethos. These districts show socio-demographic diversities ranging from-highly urbanised settings to semi-rural environments, religious and linguistic diversity—that can help to study women in the composite socio-cultural milieu to have their vivid experience.

District Srinagar, the cultural heart of the Kashmir Valley, is characterised by the traditions of Kashmiriyat, reflecting values of hospitality, social cohesion, and strong community bonding and stronghold of the traditions. The demographic feature of the district shows it has majority of Muslim population 95.19 % followed by 3.44% Hindu population, sikh,0.99% and others 0.38%. The district is highly urbanised as 98.60% of population is urban and 1.40% is rural (Census, 2011). The region is shaped largely by joint family structures, with extended families playing a central role in everyday life. Women often navigate roles defined by socio-cultural expectations and is influenced by the Kashmiri traditional expectation of holding of cultural modesty, nurturing behaviour, and maintaining family honour. In such settings, domestic violence—whether physical, emotional, or economic—often remains hidden due to the emphasis on social conformity and the collective family reputation. Middle-aged women, in particular, tend to bear the responsibility of sustaining household harmony, which can lead to internalisation of suffering and stress.

Jammu district, on the other hand, reflects a predominantly Dogra socio-cultural ethos, shaped by Hindu traditions and joint family systems. Jammu has 81.19% Hindu population, followed by Muslim 7.95%, Sikh 8.83% and others 2.03%. It has 50% urban population and 50% rural population. While patriarchy is present across both regions, Jammu tends to show comparatively higher female mobility, work participation, and interaction with public institutions as compared to District Srinagar . However, gender norms still emphasise women's responsibilities within marriage, child rearing, and domestic maintenance. Domestic violence in this setting may be linked to issues such as role overload, dowry pressures, and tensions within extended families. Middle-aged women, who often serve as mediators between older and younger generations, face dual stresses that can significantly affect mental health, leading to anxiety, feelings of powerlessness, and emotional exhaustion.

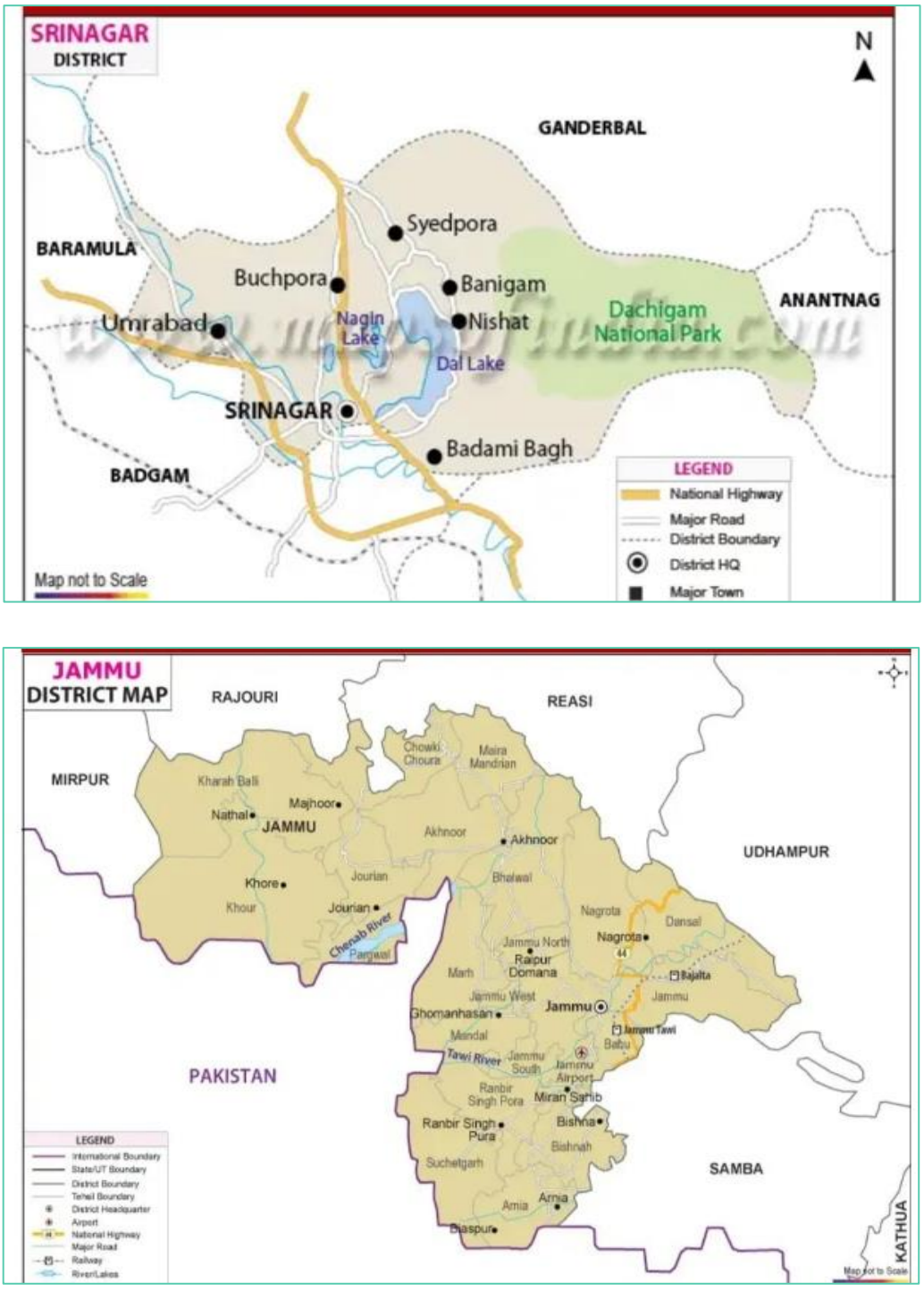
This diversity can provide a rich context to understand the diverse experiences of women living through domestic violence and its effect on their mental health, the underlying socio-cultural factors and the response mechanism utilized.

The two districts are chosen for the study for the simple reason that these two districts have shown a great increase in women violence cases. The same is substantiated, corroborated and well documented by the NFHS & NCRB of India. Moreover, the problem will be studied from the perspective of the research subjects and as the nature of problem itself reflects that the type of respondents which are subjected to study is not easy so to get the sample frame with convenience and ease the two districts having the large mental health centres where people usually visit from these divisions for the mental health services was chosen. Thus, depending upon the nature of the problem, it was desirable to collect the sampling frame and the study these subjects in their natural settings after getting the informed consent from research subjects.

Middle-aged women (40-60 years) were specifically chosen for this study because this period represents the social and emotional stage where responsibility related to family, marital obligations, care giving and economic dependence often intensify which makes this stage demanding. In the social setup of Jammu and Kashmir, many women in this age group experience exposure to gender inequality, domestic challenges and patriarchal norms, making them more vulnerable to domestic abuse and mental distress. Therefore, sociologically this age group is important because women frequently remain silent due to social stigma, family honour and their economic dependence. Studying the experiences of these women will help in understanding the intersection of gender, power dynamics and mental health in particular social structure.

Figure 3.6

Map of District Srinagar and Jammu



Source:*https://www.mapsofindia.com/maps/jammuandkashmir/#google_vigne*

3.8.2 SAMPLE SIZE

The universe of the study was Jammu and Kashmir. The target population of women with the age group "40-60" years was studied by following the non-probability sampling design. The sample was chosen by purposive sampling. Purposive sampling was used to identify and choose women on particular criterion of age (Patton,1990). The researcher went to collect the sample frame and studied the respondents, and while collecting the data achieved data saturation when 102 respondents were studied.

The data was collected by employing interview schedule which was open ended and semi-structured. In-depth interview, case study and observation were employed to get the first hand information from the respondents.

The sampling frame has been taken from the twin major Women's Police Stations, one each from Jammu and Kashmir. The same was done because it was difficult to identify the target respondents elsewhere, so it was befitting the sample criteria and also the inclusion criteria of the sample as these sites provided access to women who faced domestic violence and after getting informed consent from them became subjects of study.

A total of "102" respondents were studied from two Women Police Stations of Gandhi Nagar Jammu and Srinagar. "59" respondents were studied from Jammu and "39" from Srinagar. Furthermore, "3" respondents were studied from the Psychiatric Hospital, Jammu and "1" respondent was studied in the Psychiatric Hospital, Srinagar. These mental health centres in Jammu and Kashmir were also chosen for the simple reason as the respondents who are middle-aged experiencing domestic violence visit these centres to take medical check-ups and counselling as the case may be depending upon the nature of violence and its severity. These respondents usually visit these mental health centres when they experience mental health issue due to domestic violence. As a result, a total "102" respondents were taken for the study from Jammu and Kashmir.

For analysis of data qualitative techniques like: thematic analysis, inductive approach based on grounded theory method was used. Moreover, simple statistical techniques were used to calculate mean and frequency for socio-demographic factors.

In choosing sample size, the researcher followed Britten (1995) who stated that "50 - 60" respondents justify for sample size in qualitative study. Guba (1985) when discusses about sample size argues that when information gets repeated and no new insight is gained from the field then that sample size is ideal which is termed as principle of "*informational redundancy"* or "*saturation".* In addition, sample size determination is based on the procedure that if new data is not reflected from the field then that size of sample is adequate (Vasileiou, et.al., 2018).

3.8.3 SAMPLING METHOD

In qualitative study small sample is taken to have a graphic analysis of the situation at hand. To undergo detailed inquiry the limited sample provides the opportunity to have an extensive investigation. Qualitative sampling is done purposively, so that nuanced understanding of the reality can be done. "Indeed, recent research demonstrates the greater efficiency of purposive sampling compared to random sampling in qualitative studies, supporting related assertions long put forward by qualitative methodologists" (Vasileiou et al., 2018).

Women victims of domestic violence are a specific, hard-to-reach group for research. It is difficult to identify these women as the social stigma, and fear of disclosure prevent them to disclose the same. In this context random sampling is impossible and subsequently purposive sampling becomes the best option to choose the research subjects to study them in a qualitative way.

Purposive sampling ensures that participants have direct, relevant, lived experience of domestic violence and mental-health challenges.

In the present study purposive recruitment of subjects through women police stations and mental health institutions in the universe and target areas provided

women freedom and safety in the institutional settings which is critical and ethically appropriate for vulnerable populations.

Purposive sampling therefore enabled the collection of in-depth narratives shaped by local cultural contexts, structural constraints, and institutional interactions, which aligns with the qualitative goal of generating rich, contextualized understanding rather than statistical generalization.

Pertinent to mention that the ethical standards have been upheld by the researcher by seeking proper permission from the authorities for visiting the sites for the study of subjects. The permission from the concerned police stations had been obtained reflecting that after proper permission researcher has visited the research settings for the study of research subjects.

The study was based on the primary data-first hand collection of data. The researcher employed different methods of primary data collection to get the detailed description of the problem at hand. The primary source of data collection helped in a great deal to understand the problem in a vary graphic way. The methods of data collection like interview schedule, observation, and case study were employed .Moreover to supplement the primary data, secondary data was taken from different sources like NCRB, NFHS, Journals and some newspapers highlighting the crime statistics at the global, National and the local level.

The sample area is chosen to have a qualitative, descriptive sociological study on domestic abuse and mental state keeping in view the proposed objectives to explore the problem by unravelling the first-hand data. How the socio- cultural milieu and the unequal power structure has the role in the spousal violence and needs to be explored. The role of the legislation and the law enforcement agencies should be brought to fore. The ramifications of the violence be it physical, economic, emotional and sexual on mental state of victim will be enunciated. Moreover, response of the victim and the community or society at large in responding to the issues of domestic violence will also be studied.

3.9 DATA COLLECTION PROCESS

The researcher collected data from the research subjects by employing in-depth interview, observation and case studies to get description of subjects and their experiences. The methods were used to get subjective experience, interpretations and perspectives. It studies subjects in their socio-cultural context to develop broad understanding of the phenomenon and to develop generalizations.

"The case study method is a technique in which a problem is studied by employing various sources of data to understand the process, phenomenon or issue" (Baxter et al., 2008).

"The in-depth interview is a technique designed to elicit a vivid picture of the participant's perspective on the research topic". The interviewing techniques are motivated by the desire to learn everything the participant can share about the research topic. Researcher poses questions to respondents, to get their responses which are recorded impartially (Mack, 2005).

3.10 PILOT STUDY

Before conducting the main study, a pilot study, was carried out to see the relevance of the research design, data collection method and questionnaire. In this research, it was done for one week on 15 participants to check the feasibility of the interview schedule framed for the study. After conducting the same, the interview schedule was modified as per the experiences of the field.

3.11 ETHICAL CONSIDERATIONS OF THE RESEARCH

The "research ethics" were upheld in this research, as firstly, the researcher took proper permission from the concerned quarters for this research because it involved middle-aged women with partner abuse and emotional illness. While interacting with the research subjects, they were familiarised with the study purpose. Informed consent was taken from them, before starting the interaction. They were told

that they can stop interview at any time as and when they like, and are at liberty to not answer any question if they don't like. Privacy, anonymity and confidentiality of respondents was maintained to safeguard their privacy. "These ethical considerations" were framed by following "research ethics" of WHO (2001).

3.12 DATA ANALYSIS

For analysing data in this research qualitative method was used [*for detailed discussion, please see chapter 4, section on data analysis*] which involves composing the data, breaking down it to manageable constructs, developing refined concepts and then providing their description and finally drawing conclusions. More, technically these steps correspond to the steps like: "compiling data", "disassembling data", "reassembling data", "interpreting data" and finally "concluding phase" (Yin, 2011).

3.13 ROLE OF RESEARCHER AND REFLEXIVITY

In qualitative research taking about "reflexivity" the researcher has pivotal role to jot down the observations and experiences of the field work (Creswell (2016). Here, researcher upholding "reflexivity" plays an a decisive role as he observes the phenomenon and also interprets the same. It enables the researcher to report impartially without any bias for attaining reliability and validity of results. In addition, he must maintain, the anonymity of respondents which is also his critical role (Creswell, 2018).

3.14 POSITIONALITY

Though the researcher being a male and studying female subjects, and a sensitive topic where in the personal biases and subjective experiences may crept in, yet the researcher upheld research integrity and ethical standards for conducting research. The researcher remained impartial and unbiased while reporting the experiences from the field. Moreover, through reflexivity (continuous self-awareness) researcher tried to maintain ethical standard and impartiality.

3.15 RESEARCHER AS AN OUTSIDER

The researcher being male, acknowledge the position as outsider. This presented a challenge to understand the experiences of another gender but the researcher approached this topic with reflexivity while employing the feminist theoretical frame work. Moreover, researcher was keen in active listening to the interviews and observations of the research subjects. The researcher was non-judgmental and collecting and analysing data to maintain the research ethics.

3.16 EXPERIENCES FROM THE FIELD

The researcher had a mixed experience, on the one hand, being male and research subjects being women showed hesitancy initially but after developing rapport with them, then they shared their subjective understanding of the problem at hand.

It was insightful because the subjects described their experiences of domestic violence, its underlying cause, impact, and response to it by utilizing formal as well as informal support services.

3.17 OBSERVATIONS AND BARRIERS DURING THE FIELD STUDY

The researcher observed the lived experiences of middle-aged women with domestic violence. The impact on their mental health had also been observed. How subjects had responded to domestic violence was also studied. The researcher had a mixed experience while conducting this study. On the one hand, the researcher faced difficulty to get consent from the research subjects as researcher was male and had to study female. Moreover, it was difficult to develop rapport and develop trust among the research subjects while studying this sensitive topic entitled, *"Impact of domestic violence on the mental health of women: A sociological study of middle-aged women in Jammu and Kashmir"*.

3.18 LIMITATIONS OF THE STUDY

The study has some limitations as under:

1. Firstly, it was a qualitative research where limited research subjects were studied and cannot be generalized.
2. The sample size is limited.
3. Access to research subjects was constrained by gate keepers.
4. A lot of time was involved to get permission to conduct this study.
5. Additionally, being a male researcher and to develop trust and rapport with women subjects, particularly when topic is sensitive, is also a limitation.
6. The study is geographically limited to UT of Jammu and Kashmir, as the UT of Ladakh was not included, which restricts the broader applicability of the findings.
7. Tribal populations could not be covered due to accessibility challenges and safety concerns, limiting the representation of diverse socio-cultural groups and their experiences.
8. The study does not account for variations across caste groups, which may influence both the experience of domestic violence and help-seeking patterns.

3.19 DELIMITATIONS OF THE STUDY

The present researcher studies only domestic violence and mental health issues among middle-aged women in Jammu and Kashmir. It is a regional study and not a national or international study. It does not study women of all ages or men or LGBTQ individuals. It employed qualitative method and not statistical analysis for testing relations between variables.

3.20 SUMMARY

This chapter presents the research methodology of the study. It outlined paradigms used in the present study like constructionism, phenomenology, which is followed by research design and then research approach. The sampling design, universe of the study, data collection methods and tools used are explained. The chapter also highlighted data collection methods, its analysis and interpretation. Moreover, the chapter deals with the role of ethical considerations of research, researcher and his position in the research, experiences of the field, limitations and delimitations of the study.

CHAPTER- IV

CHAPTER- IV

RESULTS AND DISCUSSION (ANALYSIS AND INTERPRETATION OF DATA)

4.1 INTRODUCTION

Qualitative data analysis is a method of analysing non-numerical data, such as text, images, videos, or audio recordings, to identify patterns, themes, and insights. It includes logically organizing data, coding it and interpreting the same, to uncover the underlying meanings and relationships.

The present study employed "inductive thematic analysis". In this approach, themes emerge directly from the data without any pre-existing theoretical framework. In this type of analysis, researcher starts with open-ended exploration and allows themes to develop organically through coding. The inductive thematic analysis was supplemented and complemented by narrative thematic analysis which focuses on analysing the narrative structure of qualitative data, such as interviews or stories, to identify recurring themes, plotlines and characterizations. It explores how individuals construct and communicate meaning through storey telling.

The present study used interpretive phenomenological analysis to study the personal experiences of "102" middle-aged women victims of domestic violence. It aimed to capture the experiences of those women in their domestic settings. So the researcher analysed the transcripts to identify all the apropos, non-iterative, and non-overlapping disclosures about how the participants have experienced the phenomenon of domestic violence and the corollary effect on their mental health.

For analysing the transcripts, the researcher followed set of steps reflected in a research paper entitled "*Interpretive Phenomenological Analysis: An Appropriate Methodology for Educational Research?"* (Noon, 2018). The researcher followed idiographic approach to study the individual experiences of the subjects in the study (Cassidy et al., 2011). The researcher developed extensive themes from the individual

themes of the subjects (Smith & Eatough, 2006). For analysing the data, the researcher, had gone through the transcripts so many times. The process was followed by listening to the audio recordings of the subjects in order to have a deeper understanding of the subjects.

The researcher also used supplementary notes about observations for the text (Sparkes & Smith, 2014).The notes were then refined into concise words or phares which in essence represented the verbatim of subjects and also moved closer to theoretical base of the study (Bhanot & Verma, 2020).

The process led to the emergence of the themes in the very first place, though not crystallised. After going through the data and reflected upon the same, the themes then were crystallised more precisely and clearly. The themes thus emerged were congregated on the basis of similarity (Smith & Osborn, 2008).When the themes were clustered then some themes emerged as the supreme themes. Consequently, the sub-themes were subsumed under the supreme themes.

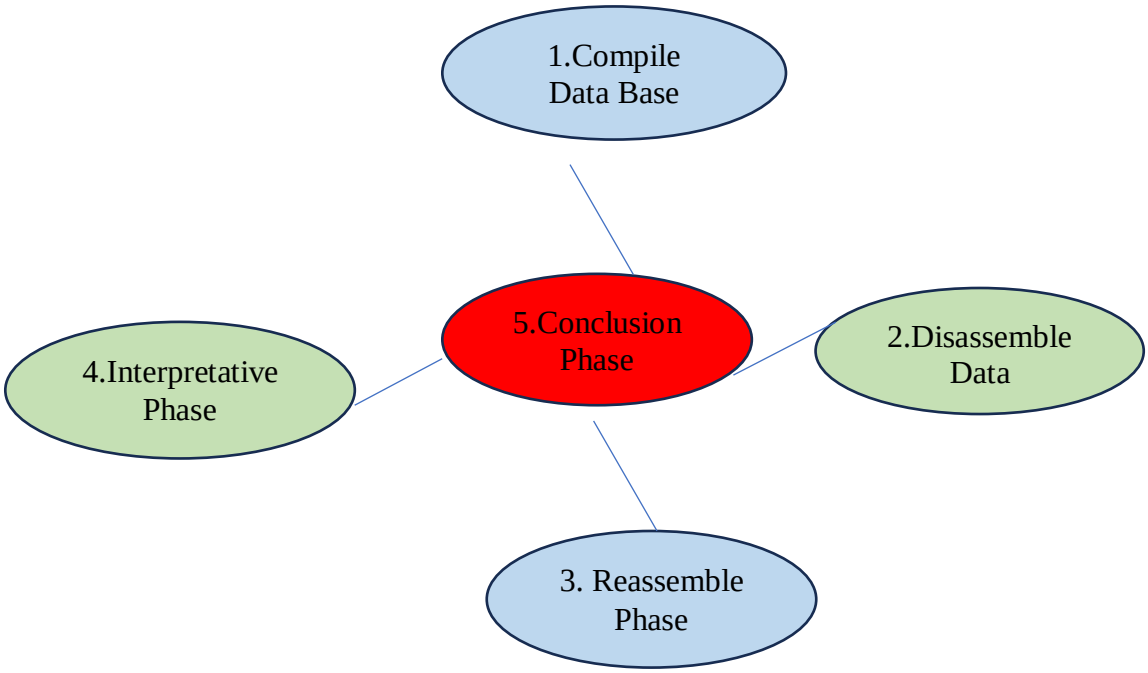
Themes and subthemes were organised to present the voice of the subjects (Denovan & Macaskill, 2012). This process is followed for all "102" subjects in the study. While analysing the transcripts, each one reflected some pattern similar with the other transcripts (Smith et al., 2009).

Finally, Themes were developed by subsuming different sub-themes into one main theme by following procedure of Smith and Osborn (2008) in this process.

Qualitative method is based on the feature of preposition of trustworthiness (Hoyt & Bhati, 2007; Morrow, 2005). To attain trustworthiness, the researcher upheld integrity, equilibrium between subjectivity and reflexivity, and clear reporting of the unearthed findings (Williams & Morrow, 2009). The integrity (or the adequacy) of the data (Morrow, 2005) was decided based on the variability of the participants, so that diversity of viewpoints and experiences could be captured. To have unbiased results, researchers uphold impartiality to strike balance between subjectivity and reflexivity(Lincoln & Guba,1985).

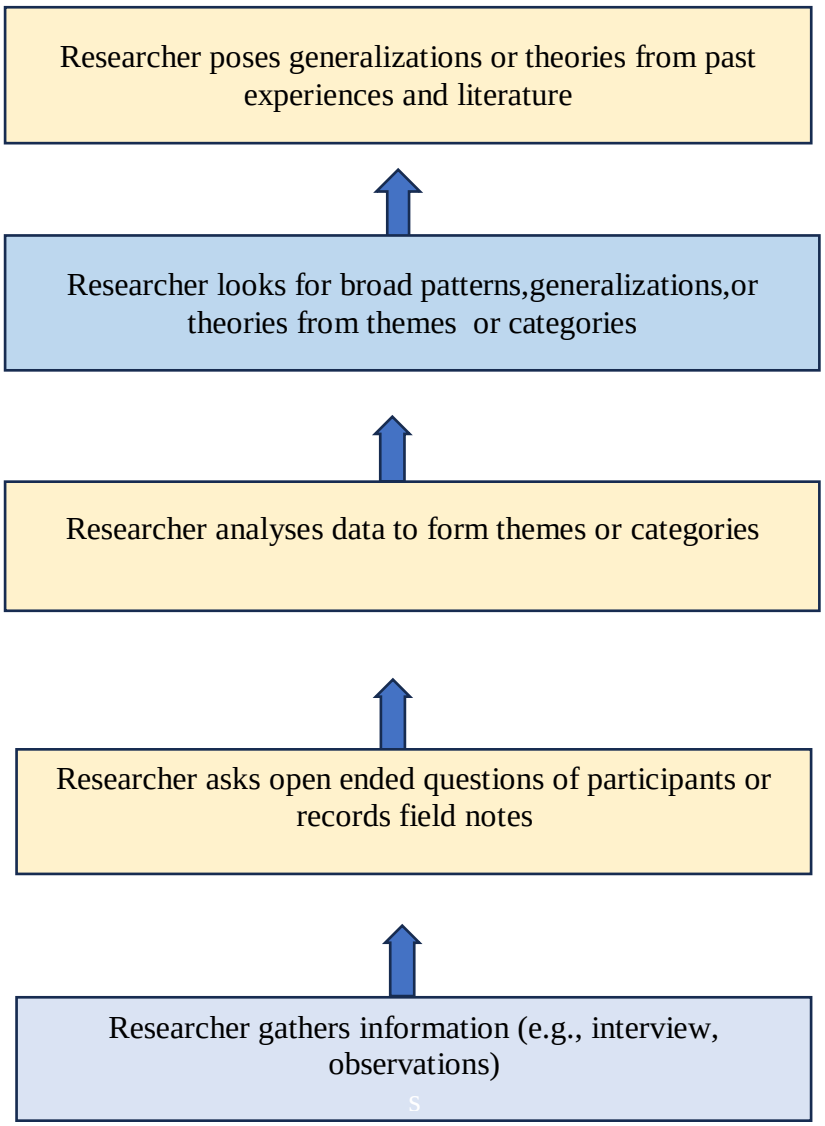
Figure 4.1

Diagrammatic Representation of Different Steps in Qualitative Data Analysis



Source: Yin, 2011

Figure 4.2
Inductive Logic in Qualitative Research



Source: Creswell, 2018

4.2 RESULTS

The results are divided into three broad sections; first demographic details of the participants, second major themes which emerged from the study and third section provided detailed analysis of some selected cases. For analysis of demographic data, Microsoft excel was used to calculate the frequency of different socio-demographic factors.

Moreover, to have "rich contextualized descriptions" in a phenomenological approach, the researcher followed the thematic analysis for the development of themes and sub-themes to find out the underlying factors responsible for domestic violence and its corresponding effect on the mental health of women victims. How women victims responded to domestic violence, and mental health issues is also explored.

Subsequently, case study section was presented to have a graphic description of some selected cases in which narrative analysis was used to have a detailed analysis and understanding of some selected cases from the data to present some themes which aligned with the theoretical perspective employed and the literature cited.

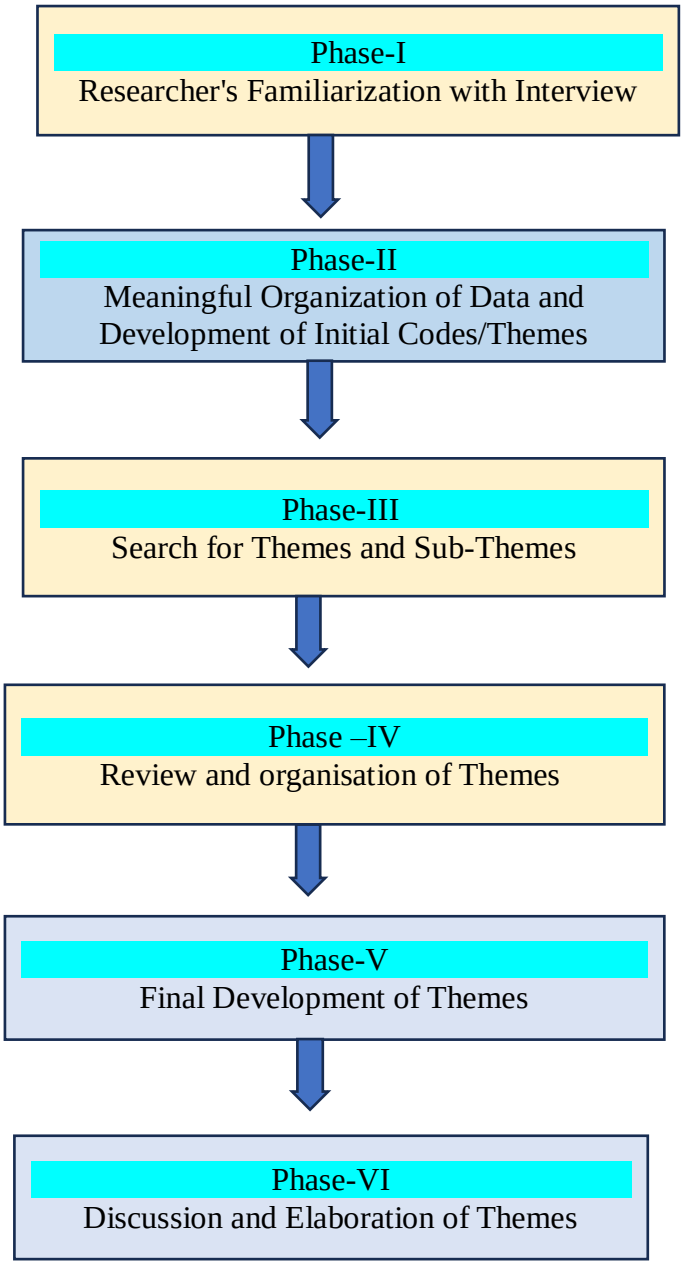
The three sections; demographic details, emergent themes from the study and case studies are presented section wise.

We will first described the context, then the phenomenon of violence against women, its underlying factors, its impact on their mental health and how they responded to domestic violence and mental health issues.

Following thematic analysis of the interview transcripts, six major themes were identified, which along with their sub-themes are presented in the subsequent section. Though, there are different ways to present themes, sub-themes and their description; the present study followed Heron et al.(2022) for presenting themes subthemes, and their description.

Figure 4.3

Phases in Thematic Analysis



Source: Braun and Clarke, 2006

4.3 RESEARCH CONTEXT

The society of Jammu and Kashmir is a male dominated, and women face discrimination, inequality and are stigmatised both in the private as well public sphere though in different forms. Women are subjected to violence within and outside the families. This research entails to study the impact of domestic violence on the mental health of middle-aged women in Jammu and Kashmir, the contextual study of the same was done.

The issue of domestic violence has been seen in light of the unequal power differential in social structure. The dynamic interplay between patriarchy, culture, gender construction, gender identity, tradition, customs, religion and the positionality of the women in the particular social space or social locale has been studied.

The phenomenon under study also accounted for the diverse experiences of the victims of violence by employing the intersectional perspective where women from different economic, educational, occupational and religious backgrounds were studied. The study found that women faced several domestic challenges.

The research results suggest that women with diverse backgrounds have been the victims of domestic violence manifested in different forms. The corollary mental health impact has been seen in the victims of violence which largely depended on the type of the violence, frequency, severity of the violence.

The research results also reflect that the socio-cultural factors have been the underlaying cause of the domestic violence. In some instances, the cause has been the control over the property of the women whether cash or gold or land in some cases, which are purely economic but again here we see that violence is perpetrated by using the value "*men are custodian of women"* to justify the economic violence. The conflict between the tradition gender role and the albeit changing one in the present scenario has been a cause of domestic violence in some cases.

4.4 EMERGENT THEMES AND SUB-THEMES FROM THE PRESENT STUDY

Six main themes were identified through the thematic analysis of data. All these themes are interrelated. These themes along with their sub-themes are presented in the following table and their subsequent description will be presented after socio-demographic description of respondents in the upcoming section. As discussed earlier, qualitative analysis entails logical organisation and presentation of large amount of data into logical and concise form for subsequent examination (Liamputtong, 2009).

Different types of data analysis are employed in qualitative research which include thematic analysis, narrative analysis, discourse analysis, semiotic analysis and content analysis. The type of data analysis method depends upon the nature of research study and type of reach questions (Liamputtong, 2009).

The present study employed thematic analysis and narrative analysis for analysing data. The thematic analysis of data was done to organise data and then develop sub-themes and patterns in the data or themes, and then present them as findings. The findings were then compared with the theoretical framework used in the study, and compared with the earlier findings to see similarities and divergencies. Additionally, narrative analysis was used to provide a nuanced understanding of the experiences, meanings, and social contexts of the respondents who experienced domestic violence. Narrative analysis was used to explore how respondents construct and give meaning to their experience, and how they respond to domestic violence and mental health issues over time. This type of analysis "involves searching across a data set-be that a number of interviews or focus group, or a range of texts-to find repeated pattern of meaning"(Braun & Clarke, 2006).

The fundamental attribute of qualitative inquiry is its inductive nature which involves reading the data and discovering sub-themes, patterns and finally themes (Saldana & Omasta, 2017; Miles et al., 2020). "Open coding refers to a process whereby researchers identify and name essential concepts and patterns in the data" (Glaser & Strauss, 1967). This kind of coding is also referred to as initial coding

(Charmaz, 2014).The constant comparative method, is an inductive strategy, in which researchers codes and discovers the pattern in the data to develop final themes and then their description (Charmaz, 2014).

So in Inductive process of data analysis, the sole purpose is to develop codes and themes from data in a meaningful way and present the findings, to ascertain similarity and differences between those findings and already existing literature and theory in the same domain (Bingham & Witkowsky, 2022).

Memoing is an essential element of data collection and analysis in qualitative research which involves jotting down conversation and observations of the field, which helps to maintain trustworthiness of the research process (Strauss,1987). The same involves experiences from the field work, and reflections from data analysis process (Bingham & Witkowsky, 2022 ; Ravitch & Carl ,2019 ; Strauss,1987).

The process of coding is very crucial in thematic analysis and grounded theory researchers where initial and axial coding is done in order to deconstruct data, put them into codes and find links between them (Saldana, 2011).

Coding involves critical examination of data to develop broad patterns of analytical type from data for their further elucidation (Saldana, 2013).

The process of coding proceeds with different codes which are in turn categorised, and relationships between them are explored to have final themes and their explanation (Minichiello et al., 2008).

In developing codes relationship are explored between codes to develop some pattern which provides a ground for presenting findings. Findings are presented in concise and precise manner for their nuanced comprehension (Saldana, 2013).

In narrative analysis, “the participants’ stories (narratives) are analysed, and then re-storied (retold) into a frame work that makes sense to readers” (Gibbs, 2007).The narrative analysis was used in case studies presented in the research. The stories that people tell are presented in chronological order so that there would be a connection between the ideas.

In this process the researcher focuses on socio-cultural milieu of the subjects and content of narration itself. The experiences of the subjects are documented to plot a story and to point out some important thematic ideas. The thematic ideas developed are then connected with the broader theories and literature to see commonalities and differences (Gibbs, 2007).

In the present study, interviews were analysed followed Braun & Clarke (2006). Firstly, experiences of middle-aged women were explored for a deeper understanding of their experiences. Secondly, it aimed to explore domestic challenges and mental health concerns of middle-aged women. This seemed advantageous given that we aimed to explore the domestic experience of the middle-aged women and the impact on their mental health. The process was useful as it helped to study women with different socio-demographic backgrounds. The study employed, "six phase guided thematic analysis argued by researcher for qualitative research" (Braun & Clarke, 2006). In first step, the researcher acquainted himself with interview transcripts. In second off, sub-themes were developed; thirdly main themes generated were build up, followed by fourth step in which final theme selection was done to name them in succeeding fifth step and finally in step sixth, research report was written – discussing the themes and subthemes.

Emergent themes and sub-themes of the present study are depicted in the table (Table 4.4), along with the theoretical framework supporting those themes.

Table 4.4

Themes and Subthemes of the Present Study

S.NO	Theme	Subtheme	Supporting Theoretical Perspective
1.	Socio-cultural	Gender Discrimination	• Conflict Perspective/Feminism
		Dowry Demand	• Conflict Perspective/Feminism

	and Economic Challenges faced by Middle-aged Women with in Family	Economic Challenges	• Conflict Perspective/Feminism • Intersectionality- **Patricia Hill Collins**
		Health Care Disparity	• **Patricia Hill Collins**- Intersectionality • Conflict Perspective/Feminism
		Subordinate Position of Women	• Conflict Perspective/Feminism
		Traditional Gender Role	**Michael Foucault** • Disciplinary-mechanism-
2.	Domestic Violence	Physical Violence	• Conflict Perspective/Feminism
		Emotional Violence	**Perrie Bourdieu** • Symbolic Violence
		Economic Violence	• Conflict Perspective/Feminism
		Sexual Violence	• Conflict Perspective/Feminism
		Anxiety(worrying too much, loneliness, helplessness, becoming easily annoyed, In-ability to enjoy life)	**Emile Durkheim** • Lack of Social Integration • Lack of Social ties or Feeling of Isolation. • Egoistic Suicide

3.	Mental Health Issues faced by Middle-aged Women Victims of Domestic Violence		
		Depression (Feeling hopeless, fatigue, loss of purpose, little interest in doing things (social withdrawal),feeling bad about one self (low-self-esteem).	**Emile Durkheim** • Rapid Social/Cultural Change • Social norms conflict with aspirations. • Anomie and Egoistic Suicide
		(Repeated, disturbing memories of past stressful events, crying for nothing at all, crying about small things that might not otherwise bother you. strong negative feelings like fear, social avoidance, irritable behaviour or acting aggressively) Posttraumatic-Stress Disorder.	**Emile Durkheim** • Excessive Overregulation • Oppressive Social System
		Suicide Ideation	Fatalistic Condition/Suicidal Ideation/Suicide.
		Poverty	**Conflict Perspective/Feminism** • Exploitation of subordinate gender or class • Unequal distribution

4.	Socio-cultural Factors responsible for Mental Health Issues of Women Victims of Domestic Violence		of economic resources
		Dowry Demand	• Conflict Perspective/Feminism
		Drug Addiction	**Raewyn Connell** • Hegemonic masculinity
		Gambling	• Conflict Perspective/Feminism
		Son Preference	**Raewyn Connell** • Hegemonic masculinity
		Extra Marital Relationship of Husband	**Michael Foucault** • Bio-power
		Abandonment of Women by Husband /In-laws	**Michael Foucault** • Bio-power
5.	Response of women victims to Domestic violence	Informal Social Support Utilized	**Emile Durkheim** • Social Support
		Formal Social Support Utilized	**Emile Durkheim** • Social Integration
		Government Services for Women Victims of Domestic Violence	**Durkheim** • Social Integration
		Informal Social Support Utilized	**Durkheim** • Social-Support/Social Integration

6.	Response of middle-aged women victims of domestic violence to mental health issues	Formal Social Support Utilized	**Liberal Feminism** • Formal Legal Support for Women
		Government Services for Women Victims of Domestic Violence with Mental Health Issues	**Liberal Feminism** • Legal Social Support

Source: Primary Data

4.5 SOCIO-DEMOGRAPHIC DETAILS OF RESPONDENTS

Table 4.5

Distribution of Respondents by Age Group

Age(Years)	**Number of Respondents**	**Percentage(%)**
40-46	59	57.84
47-53	28	27.18
54-60	15	14.56
Total	**102**	**100**

Source : Primary Data

Table 4.5 illustrates age group of respondents. It reveals that the majority of the respondents were in the age group of 40-46, comprising 57.84% (59 respondents) followed by the age group of 47-53, comprising 27.18% (28 respondents), and then followed by the age group of 54-60, constituting 14.56% (15 respondents).

This finding reflects high incidence of domestic violence in the early middle-age, than the late-middle age. The reason was revealed by the respondents that with the passage of time women were able get a good position and had good status in the families, and were therefore less vulnerable to domestic violence. Furthermore, in the early middle-age, men tend to be more dominate and hence they subject women to domestic violence.

This finding aligns with a Multicounty Study of WHO, which revealed that the incidence of domestic violence among young women is greater than the old women citing the reason of assertiveness of perpetrator and early onset of violence in relationships, and good social standing of comparatively old women(Garcia-Moreno et al., 2005). The findings is consistent with the study of a renowned Kashmiri sociologist Dabla (2009) which reported high prevalence of domestic violence against

young women than the old women. Moreover, the finding concurs with a study entitled, '*Impact of Domestic Violence on Women: A Comparative Study of Jammu and Srinagar Districts'*, which found that incidence of domestic violence is greater in young women as compared to old one (Buchh, 2016).

The finding also highlights that women victims of domestic violence in early middle-age also have greater chance of developing mental health issues. The same finding is consistent with results of *"Community- based Prevalence Study of Mental health Issues in Kashmir"* conducted by Institute of Mental health and Neuroscience, Govt. Medical College Srinagar (IMHANS) in collaboration with *"Action Aid Association", New Delhi"* (2016).

Figure 4.5
Graphical Represenation of Disribution of respondents by Age Group

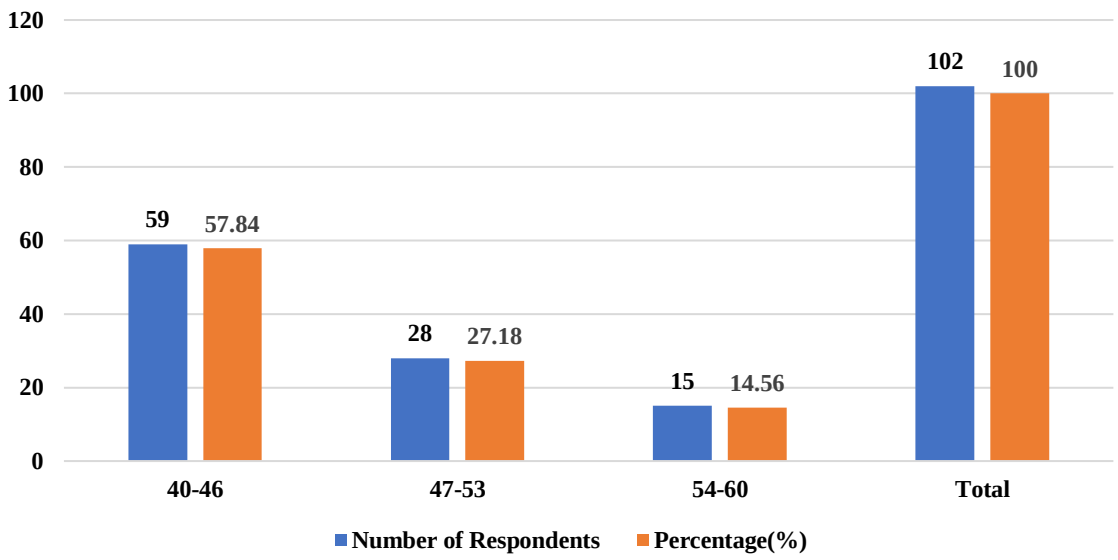


Table 4.6

Distribution of Respondents by Marital Status

Marital Status	**Number of Respondents**	**Percentage(%)**
Unmarried	2	1.96
Married	81	79.41
Separated but not Divorced	16	15.68
Divorced	3	2.94
Total	**102**	**100**

Source: Primary Source

Table 4.6 depicts marital status of respondents. It reflects that the majority of the respondents were married women which constitutes 79.41% (81 respondents), followed by separated but not divorced women which constitutes 15.68% (16 respondents), and divorced women constitute 2.94% (3 respondents), followed by unmarried women 1.96% (2 respondents).

The finding is in line with a sociological study that had found that married women who are living with their husbands and their family are subjected to domestic violence more than divorced, and unmarried women.

This finding aligns with a an empirical study conducted by IMHANS, which reported that divorced, deserted, and widowed were prone to stress than others (IMHANS, 2015).

The finding is also consistent with the study which reported that separated women but not divorced have high chance to develop mental health problems due to exposure to socio-economic vulnerabilities (IMHANS, 2016).

Figure 4.6

Distribution of respondnts by Marital Status

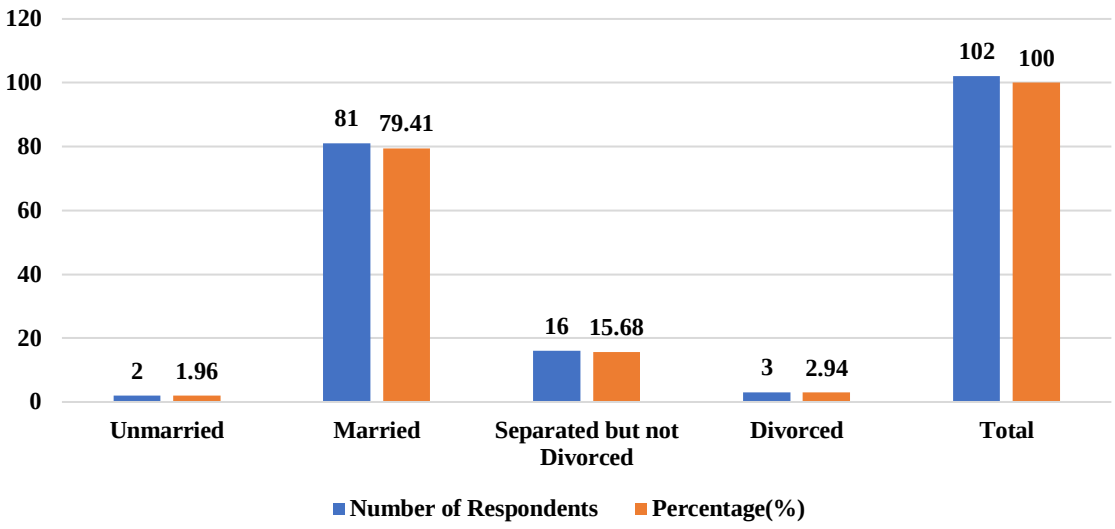


Table 4.7

Distribution of Respondents by Education

Educational Status	**Number of Respondents**	**Percentage(%)**
Illiterate	44	43.13
Primary	21	20.58
Middle	12	11.76
High School	10	9.80
Intermediate	9	8.82
Higher	6	5.88
Total	**102**	**100**

Source : Primary Data

Table 4.7 illustrates education of respondents. It reflects that the majority of the respondents were illiterate 43.13% (44 respondents), followed by respondents with

primary education 20.58% (21 respondents), then by respondents with middle education 11.76% (12 respondents), followed by respondents with high school education 9.80% (9 respondents),then by respondents with intermediate education level 8.82% (9 respondents) and finally by respondents with higher education level 5.58% (6 respondents).

The results clearly reflect that domestic violence was more in illiterate women than in educated women. Pertinent to mention, domestic violence was less in women with higher education.

It was found during the study that women with education had a good status than who were illiterate and moreover, women with higher education enjoyed good status then less educated and were aware of their rights which became a protecting factor for them from domestic violence .

This finding is in line with the findings of a Multicounty study conducted by WHO in 2005, which reported that the incidence of family abuse less in educated women compared to illiterates (Garcia-Moreno et al., 2005).

Further, the finding is consistent with the survey of Jammu and Kashmir, which reported, prevalence of mental health concerns were high among people who have poor education compared to those with higher education(Kashmir Mental Health Survey Report, 2015).

The finding is in agreement with the findings of a study which highlighted that the incidence of mental health issues were less among educated women particularly women with higher education in Kashmir (IMHANS, 2016).

Figure 4.7
Distribution of Respondents by Education

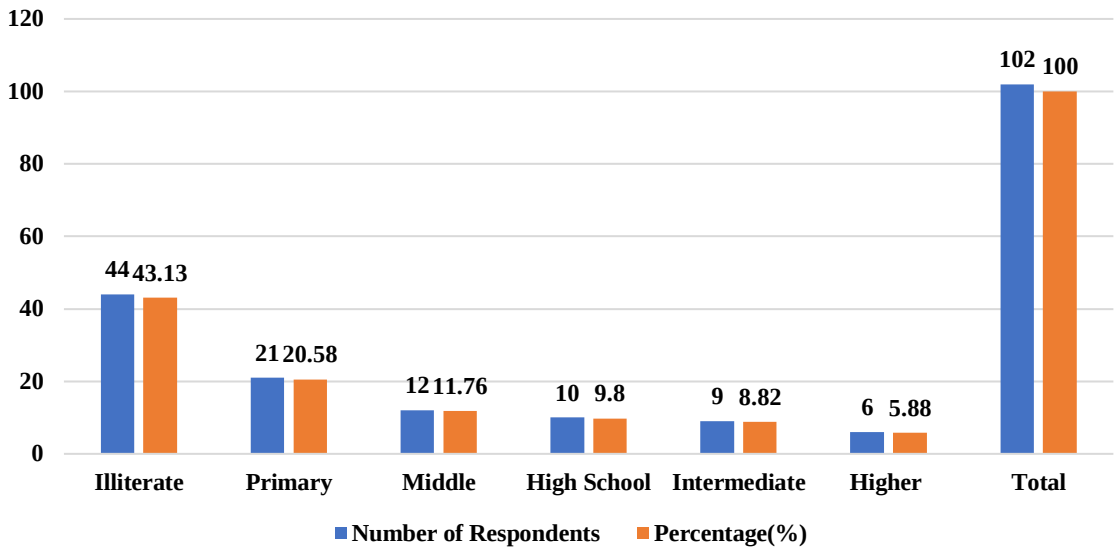


Table 4.8

Distribution of Respondents husbands by Education

Educational Status	**Number of Respondents**	**Percentage(%)**
Illiterate	33	32.35
Primary	22	21.56
Middle	17	16.66
High School	12	11.76
Intermediate	10	9.80
Higher	8	7.84
Total	**102**	**100**

Source : Primary Data

Table 4.8 delineates education of respondents husbands. The table reflects that the majority of the respondents husbands were illiterate 32.35% (33), followed by primary education 21.56% (22), then by middle education 16.66% (17), followed by respondents husbands with high school education 11.76% (12), then with intermediate education level 9.80% (10) and finally with higher education level 7.84% (8).

The results clearly reflect that domestic violence was more inflicted by illiterate husbands followed by middle educational level, and less with respondents partners with higher education. It was found during the study that men with education have a good status than who were illiterate and moreover, men with higher education enjoyed good status then less educated and were aware of the women's rights which as a result they didn't inflict violence on women.

The finding is consistent with the study of Visaria(1999) which reported that with the increase in educational level of men and that of women domestic violence decreased.

The finding likewise aligns with the study of Buchh (2016) which reported that the perpetrators were illiterate husbands in majority of the cases than the literate ones in Jammu and Kashmir.

The finding is consistent with the empirical study which asserts that education act as a protective factor for men and women in case of mental health distress. More educated are less prone to develop mental health problems than less ones (IMHANS, 2016).

Figure 4.8

Distribution of Respondents Husbands by Education

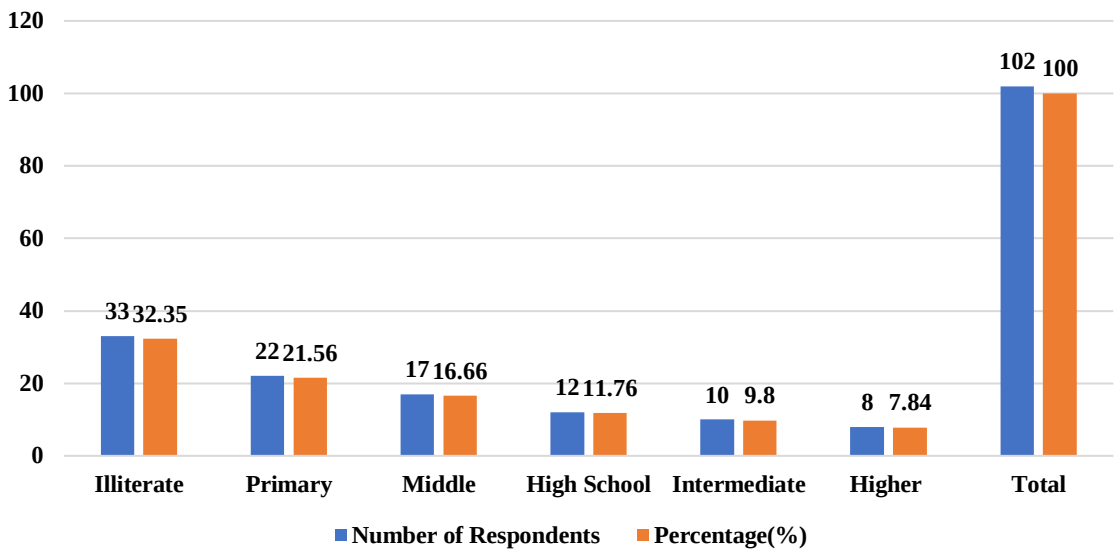


Table 4.9

Distribution of Respondents by Religion

Religion	**Number of Respondents**	**Percentage(%)**
Muslim	64	62.74
Hindu	32	31.37
Sikh	6	5.88
Total	**102**	**100**

Source : Primary Data

Table 4.9 illustrates respondents by religion. It represents that the majority of the respondents were Muslims 62.74% (64 respondents), followed by Hindus 31.37% (32 respondent) and then by Sikhs 5.58% (6 respondents).

Though, in all the three communities domestic violence was found, but it was more in Muslims, followed by Hindus and then in Sikh which is due to the population

composition of the religion as Muslims constitute 68.32% of the total population, Hindus constitute 28.44%, Sikhs constitute 1.87%, Buddhist 0.90%, Christians 0.28% and others 0.01% (Planning development and monitoring Department J&K, 2024).

The finding is consistent with a study which reported that the domestic violence was more among the Muslims followed by Hindus and then by Sikhs in Jammu and Kashmir(Buchh, 2016).

Figure 4.9

Distribution of Respondents by Religion

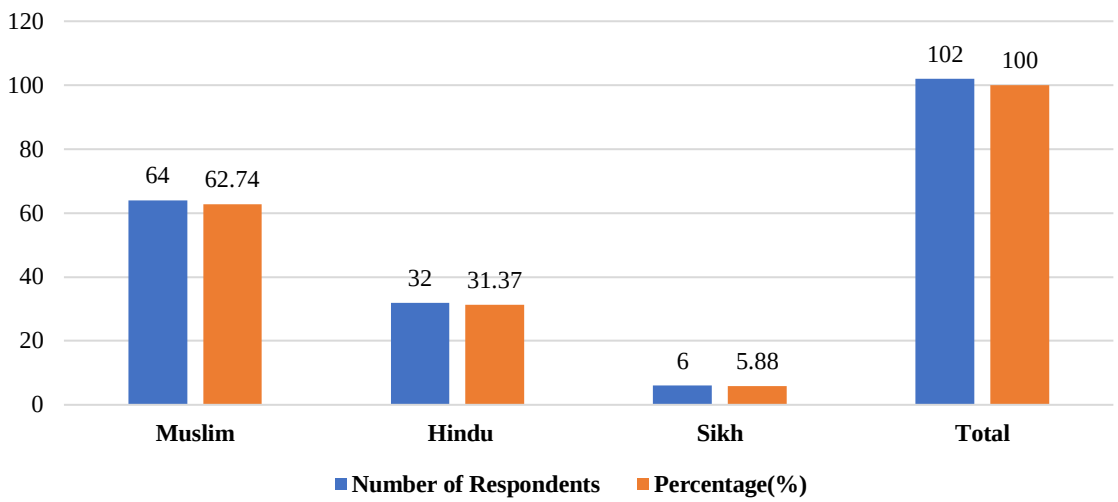


Table 4.10

Distribution of Respondents by Profession

Profession/Occupation	**Number of Respondents**	**Percentage(%)**
Government Employee	6	5.88
Private Employee	14	13.72
Home maker/House Wife	82	80.39
Total	**102**	**100**

Source : Primary Data

Table 4.10 depicts the respondents by profession. It reveals that the majority of the respondents 80.39% (82 respondents) were home-makers, followed by 13.72% (14 respondents) working as private employees and 5.88% (6 respondents) were working as govt. employees.

Therefore, the findings clearly demonstrated that domestic violence was less in women who were economically independent, as it gave them economic security and was more among the women who were economically dependent on their husbands or family.

The present finding supports the research study of Buchh(2016) which reported more occurrence of domestic violence in the housewives as compared to employed women in government sector and private sector. The finding also aligns with a study conducted by renowned Sociologist of Kashmir Dabla (2009) which reported greater prevalence of domestic violence among housewives than the employed women.

The finding provide supporting evidence for the research work conducted by Sahu & Raju (2007) on "*Domestic violence in India: Evidences and implications for working women"*, which reported that working ever-married women are less likely to be beaten by their husbands.

The finding is in agreement with an empirical study which reported that unemployed women were more likely than employed to develop mental health issues due to the stress created by lack of employment in Kashmir (IMHANS, 2015).

Figure 4.10
Distributin of Respondents by Profession

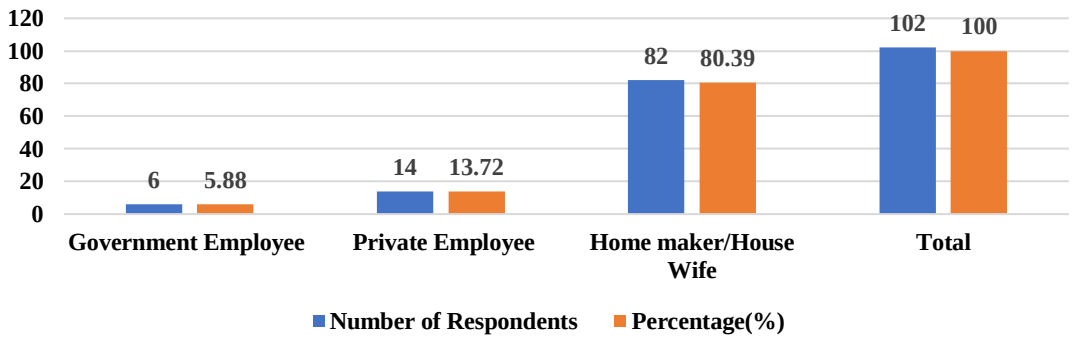


Table 4.11

Distribution of Respondents husbands by Profession

Profession/Occupation	**Number of Respondents**	**Percentage(%)**
Government Employee	15	14.70
Private Employee	24	23.52
Others (Own business/ Farming, Daily Labor)	63	61.76
Total	**102**	**100**

Source : Primary Data

Table 4.11 delineates the distribution of respondents husbands by profession. It depicts the profession of the respondents husbands, with 61.76% (63 respondents) had their own business/farming/daily labours followed by 23.52% (24 respondents) who were working as private employees and followed by 14.70% (15 respondents) who were working as govt. employees.

The findings clearly demonstrated that domestic violence was less in women who had salaried partners (govt./ pvt. employees) as compared to others (own business, farming or daily labouring).

The same is consistent with a research study which found that husbands having a comparatively better job reduces spousal violence (Biswas, 2017).

However, this finding contradicts with the study of Buchh (2016) which reported that majority of the perpetrators were govt. employees followed by private employees rather than others (including businessmen, daily-labours) which was found during this study. The difference in results can be due to difference in sampling methodology and study design.

The finding clearly reveals that financial stress, and lack of employment created economic stress which further led to domestic and health issues within families.

The same finding supports the results of a study which suggested that financial stress and unemployment creates stress in families and leads to mental health issues among both men and women in Kashmir (IMHANS, 2015).

Figure 4.11

Distribution of Respondents husbands by Profession

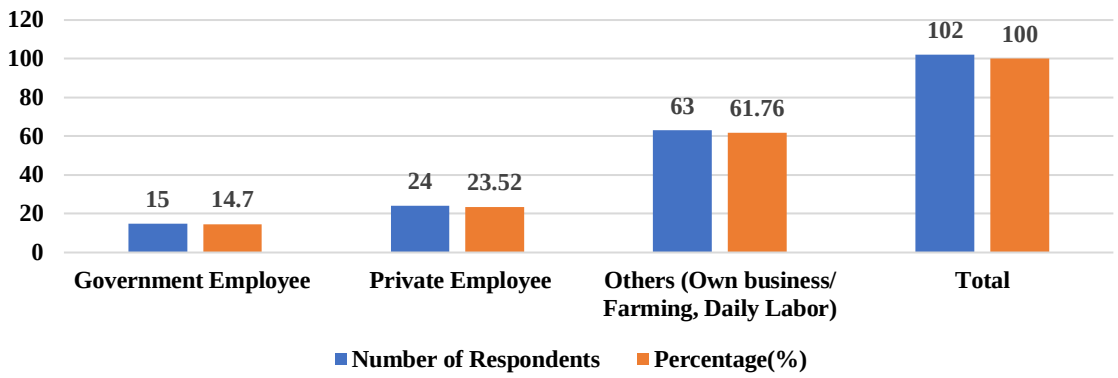


Table 4.12

Distribution of Respondents by Household Income

Income Per Annum (Rs)	Number of Respondents	Percentage(%)
Up-to 1 Lakh	42	41.17
100001-250000	32	31.37
250001-350000	15	14.70
350001- 450000	7	6.86
Above 4.5 Lakh	6	5.88
Total	**102**	**100**

Source : Primary Data

Table 4.12 shows the respondents by household income. It reveals that majority of the respondents 41.17% (42 respondents) were from the low income group with income up to Rs,1 lakh, followed by 31.37% (32 respondents) with income between Rs,1 and 2.5 lakh and, then by 14.70% (15 respondents) in the income group above of Rs, 2.5-3.5 lakh and is followed by 6.86% respondents (7 respondents) in the income group above Rs, 3.5-4.5 lakh and subsequently by 5.55% (6 respondents) in the income group of above Rs, 4.5 lakh.

The findings clearly reflect that majority of the respondents were from the low income families which makes it evident that poverty is a factor which makes women more vulnerable to domestic violence.

This finding accords with the research study conducted on domestic violence in Kashmir by Amin (2013) which found that poverty, ignorance and illiteracy, marriage at an early age, joint-family, distress and depression as the reasons for the domestic violence of women in families.

The finding is also consistent with a study which reported abuse of women is greater in families with low income in Jammu and Kashmir (Dabla, 2009).

The findings clearly reflect that women belonging to low income families were more vulnerable to domestic violence and subsequently have greater chance of developing mental health issues.

This findings aligns with the results of an empirical study which illustrated that people of well to do families have greater socio-economic resources at their back and are therefore less likely to suffer from mental health problems (IMHANS, 2016).

Figure 4.12

Distribution of Respondents by Household Income

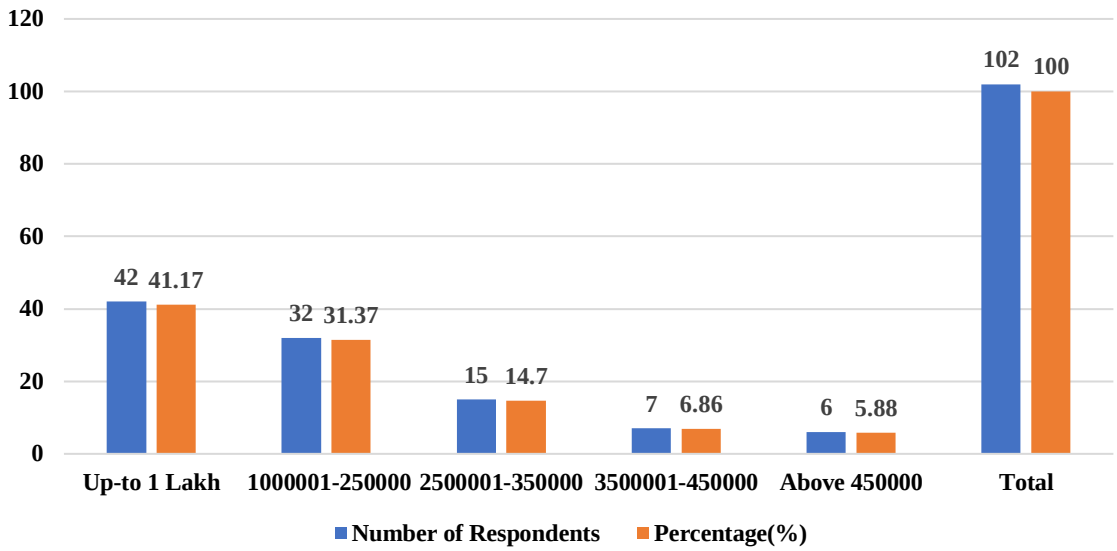


Table 4.13

Distribution of Respondents by Family Type

Type of Family	**Number of Respondents**	**Percentage(%)**
Nuclear	34	33.33
Joint	68	66.66
Total	**102**	**100**

Table 4.13 represents family type of respondents. It reflects that most of the respondents 66.66% (68 respondents) were from joint families followed by 33.33% respondents (34 respondents) who were from nuclear families.

This finding suggests that there is patriarchal family system where women don't have so much power to decision making as enjoyed by men, additionally there is little personal space for women as in large families, as they are very closely being watched by in-laws. Moreover, in patriarchal joint families women have to serve all members of the family besides their husband which create conditions for work stress, domestic violence and subsequently for mental distress for women.

This finding corresponds with the study of Amin (2013) which found that besides other factors large or joint family is also a factor which increases the chance of domestic violence for women in Kashmir.

The finding is consistent with the empirical study of a famous Kashmiri Sociologist Dabla(2009) which reported that domestic violence was found more in joint families than nuclear ones in Jammu and Kashmir.

The finding is in line with the results of empirical study conducted by Buchh(2016) in Jammu and Kashmir which found that in joint family women experience stress which affects their emotional health and leads to issues like anxiety and depression.

Figure 4.13
Graphical represenstation of Respondents by Family Type

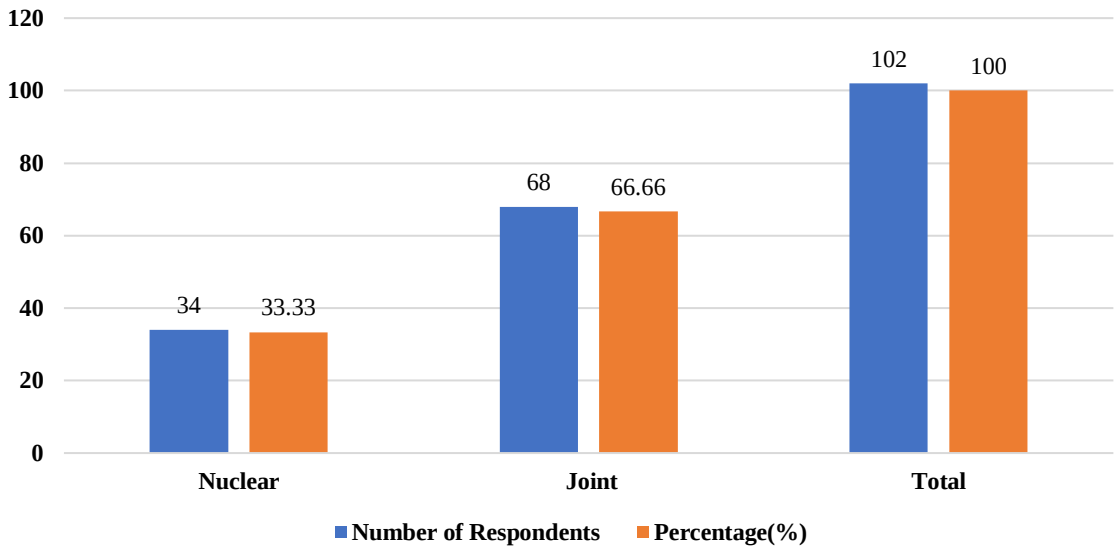


Table 4.14

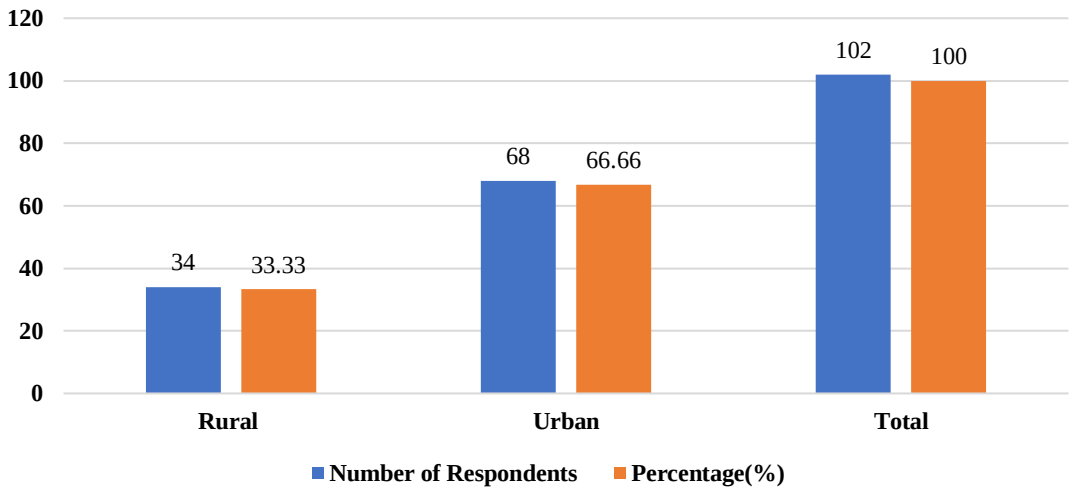
Distribution of Respondents by Rural and Urban Background

Residence	**Number of Respondents**	**Percentage(%)**
Rural	34	33.33
Urban	68	66.66
Total	**102**	**100**

Table 4.14 represents rural and urban distribution of respondents. It reflects that most of the respondents 66.66% (68 respondents) were from urban background followed by 33.33% respondents (34 respondents) who were from rural areas.

The finding aligns with the results of empirical study conducted by Buchh(2016) in Jammu and Kashmir which found that majority of the respondents were from urban background than the rural.

Figure 4.14
Graphical represenstation of Respondents by Rural Urban Background



4.6 THEMATIC EXPLORATION AND DESCRIPTION OF EMERGENT THEMES AND SUB-THEMES OF THE PRESENT STUDY

Six themes were identified, in present research study after data analysis. These themes are interrelated. The presentation of themes and their description was done by following procedure of Bhanot & Verma (2020) and subthemes and the discussion thereof was done by following Heron et al. (2022).

Table 4.15

Represents Theme 1 (Socio-economic challenges faced by middle-aged women) and its Sub-themes N=102

Theme	**Subthemes**	**Frequency(Number of Respondents who faced the challenge)**	**Percentage(%)**
Socio-economic Challenges Faced by Middle-aged Women.	Gender Discrimination	24	23.52
	Dowry demand	22	21.56
	Economic Challenge like not getting money for maintenance	15	14.70
	Health Care Disparity	18	17.64
	Subordinate Position	9	8.82
	Traditional Gender Role	14	13.72
Total		**102**	**100%**

Source: Primary Data

4.6.1 THEME 1: SOCIO-ECONOMIC CHALLENGES FACED BY MIDDLE-AGED WOMEN

The present theme was a strong theme which emerged from data by employing thematic analysis. It discusses the "socio-economic challenges faced by the middle-aged women" in Jammu and Kashmir. Without doubt domestic challenges of socio-economic nature reflects the first-hand experiences of the subjects.

However, divergence was seen as experiences of socio-economic challenges faced by the women came to surface. The experiences of middle-aged women with socio-economic challenges involved various challenges like gender discrimination, subordinate position of women, dowry demand, economic hardships, health care disparity, traditional gender role and difficulty to maintain work life balance.

These challenges were strongly identified by the respondents, as 24 respondents specifically identified the issue of gender discrimination, followed by dowry demand by 22 respondents, economic hardships identified by 15 respondents, health care disparity by 18 respondents, subordinate position was identified by 9 respondents and traditional gender role by 14 respondents.

Middle-aged women often face multiple domestic challenges which has a cause in the social and culture structure, they are living in. There are rigid gender roles and societal expectations for women which gives them at times little choice to take some new social role of their choice and act freely without societal constraints.

Physical exhaustion from managing household work, care giving for children and elderly family members is an important role of the women in families. Women face difficulty sometimes, to maintain work-life balance because working women due to multiple demands from professional work, family and care-giving are caught in role conflict and consequently, face a difficulty in striking a balance between the work within family and outside. Such women sometime prioritize their family and professional work to their personal well-being which results in stress, burn out and in the long run chronic stress. The women who work within and outside family face the issue to have a balance of work within and outside home, leading to workload stress.

It has been found during the study that in case of women working in paid employment in government and private sector who belong to joint families where they have to share the household responsibility, find it hard to maintain an equilibrium and maintain work life balance. They have to manage both household work and the work outside family. These women have to strike a balance of the work within and outside families which leads to workload stress which affects their social life and mental health. Although, women who are housemakers and not working outside families have to take care of their children, elders and have to manage other house-hold works. Such women very hardly manage time for their ow personal well-being. The condition for house wives is more or less same because they also have to perform multiple roles with in household.

Although, women enjoy some autonomy within the families and in making decisions but in utmost of the cases work done by women is not acknowledged and is mostly unpaid, and as a result they feel socially isolated. Women experience domestic violence and endure it as the same is expected from them as per cultural norms. Middle-aged women face a range of socio-economic challenges. One prominent issue is economic instability which often due to less opportunities for paid job or right on their own economic resources like land, salary, gold, own savings, dower or due to career disruption due to caregiving responsibilities or not allowed by male members to pursue their career.

Access to health care and medication is another issue faced by middle-aged women. Women in this age group often manage chronic health conditions while lacking financial resources to seek proper care. Dependency, particularly economic dependency is a major concern, for middle-aged women who are in long-term marital or abusive relationships, where women simply submit to violence having no option to leave the relationship.

In addition to it, social isolation and mental health issues are prevalent among-middle aged women due to migration of children from families either for education or job often referred to as empty-nest syndrome, divorce, or caregiving stress. Furthermore, in case of divorced, or widowed women or isolated women who are

without divorce do not have enough resources for their maintenance and the children face various difficulties manging their day to day affairs. All these challenges conjointly, affect the social well-being and mental health of women.

This theme encompasses several sub-themes which are elaborated as under:

4.6.2 SUBTHEME 1:GENDER DISCRIMINATION

"Gender Discrimination" was a prominent sub-theme under the main theme "Socio-economic Challenges faced by Middle-aged Women in Jammu and Kashmir". This sub-theme was specifically identified by 24 respondents out of 102.

It was found during the study that respondents do not have much power in decision making, suffer from unequal division of labour. They are economically dependent on men, not given due inheritance in property, and do not have much access to paid work, and have limited access to education than men.

It was observed during the study that respondents experienced gender discrimination in the society which is patriarchal where traditional norms discriminate women against men. A common view of the 24 respondents was that middle-aged women face the practice of discrimination in Jammu and Kashmir which has a patriarchal type of society where women do not enjoy much power and privilege as compared to men, and the same is evident in the following quote from the interviewee 5,a 42-year old women:

" I am very disturbed because no one listens to me, I don't have any say in the family affairs. If any work is to be done I am not consulted, and I feel as if I am not part of the family in any way. Through all this I feel I am in mental distress".

She goes on to explain how women face discrimination in their families, and how it disturbs them.

Another respondent shared the similar view when she reflected on the issue of discrimination against women in families. Respondent 14, a 47 year old women illustrated /highlighted this :

"You know whereas, women do so much work in their families but that is not recognised /acknowledged as it should have been. Whereas, they are always neglected within the family in decisions making. Furthermore, when they are in need of rest for some health issue they face hardships. Some times when they are in need of money, they are hardly given and if given not so much what they need".

Therefore, there was a common feeling among the respondents that they face gender inequality, as they do not enjoy the same power and privilege as enjoyed by men in their family, community and society at large and are subjected to gender discrimination. This places the respondents at social disadvantage and they are at risk of developing mental illness.

The study aligns with the sociological study conducted by Dabla (2009) in Jammu and Kashmir which reported that majority of women 68% in the study said that they faced gender discrimination in different forms like in property, education, decision making, employment, food and social treatment.

The finding corresponds with the research conducted by Azam et al., (2020) which found that women in Kashmir are mostly dependent, and face inequality and are discriminated and abused.

This finding is in line with French Sociologist Bourdieu (1977) who posits that the social dynamics of everyday practices are often governed and shaped in many ways by gendered inequalities and micro contexts of power, which enable various forms of normative violence to continue with impunity against women. Domination is exercised through indirectly through women bodies who become subjects for control.

Additionally, the finding aligns with Indian Sociologist Kannabiran(2013)while talking about discrimination against women in India, argues that gender discrimination is found across religions, castes and tribes which is caused and reinforced by patriarchy.

Moreover, the social causation approach is based on this assertion that low social economic status makes people more vulnerable to mental health problems. (Thoits,1999).

Buchh(2016) in her study found that women who face gender discrimination, and domestic violence develop mental health issues like anxiety and depression.

4.6.3 SUBTHEME 2 : DOWRY DEMAND

"Dowry demand" was a strong sub-theme under the main theme "Socio-economic Challenges faced by Middle-aged Women in Jammu and Kashmir" in the study at hand. The sub-theme was specifically identified by 22 respondents out of 102. It was found during the study that respondents faced the problem of dowry demand. The demand was either from the husband or from in-laws or by both. The demand was either of cash or kind.

It was observed during the study that respondents faced the persistent demand for dowry. The demands were in the form of cash, gold, land, car, refrigerator, washing-machine, and locker. The demand of dowry from the husband or in-laws had a very bad effect on their life because the dowry demand in most cases were being made after marriage. Women who refused or were unable to meet the dowry demands faced domestic violence within the matrimonial families. Consequently, affected their social and emotional wellbeing. A common view of the 22 respondents was that they faced the issue of dowry which affected their social and emotional wellbeing, and the same is evident in the following quote from the respondent 3,a 40-year old women:

" You know, initially when they asked for marriage, they told us we just need girl and no dowry should be with her. But as time passed by, they demanded cash of Rs, 2 lakh. My father had spent a lot of money on my marriage. He had given them some gold as well, and how can my father manage Rs,2 lakh. Then why I have married, women said, while crying and weeping".

She goes on to explain how women are facing dowry problem in the families ,and how it affects social and emotional wellbeing of women.

While reflecting on the issue of dowry against women in families, another respondent shared the similar view. Respondents 11, a 41 year old women illustrated /highlighted this:

"My husband demands a dowry of Rs,50 thousand. I am daughter of a poor father, I cannot pay that much amount. Where from I will get the money, I have gone mad, I want to end my life".

There was a common perception among the respondents that they face violence for dowry demands by husband and their families and consequently experience a lack of integration with the matrimonial family which affects their social and emotional wellbeing and has at times led to development of suicidal thoughts.

The finding is consistent with the study of Bhate et al. (2013) who argue that the issue of dowry is faced by Indian women and is also a cause of domestic violence.

This finding aligns with theory of Durkheim who argues, weak social integration leads to disappointment among people and affect their mental health because individuals in poorly integrated groups are more likely to succumb to despair caused by unchecked and unfulfilled personal desires (Durkheim,1952).

The same finding is in line with Kannabiran & Menon (2007) who state that the dowry demands and abuse of women is a factor for bride killing and neglect of women. This makes family insecure for women.

The finding supports the research study conducted in Jammu and Kashmir on domestic violence which found that dowry is a key factor of abuse against women Dabla (2009).Moreover, a study conducted by Buchh (2016) in Jammu and Kashmir reported that demand of dowry is an underlying cause of domestic violence which affect their mental health.

4.6.4 SUBTHEME 3 : ECONOMIC CHALLENGES

"Economic Challenges" faced by women was a prominent sub-theme identified in the study during data collection and subsequently thematic analysis of data. The sub-theme was specifically identified by 15 respondents out of 102. It was found during the study that middle-aged women in Jammu and Kashmir faced various economic challenges in their life. These economic challenges were in different forms like: women not provided sufficient money for their own personal expenditures, for their own medicine, for care of child in case women are isolated from husband in case a of dispute, for education in case women is isolated but not divorced, maintenance

allowances in case women lives separate due to domestic violence issues, where it is the responsibility of the husband to provide maintenance. It was observed during the study that some of the middle-aged women were supported by their own parents or family members like their father, brother or mother where the husband was not providing sufficient money for running the family and to meet the day to day necessary requirements. The economic challenges faced by these women affected their physical health as well as mental health and also of their children. It was also found that these women were not given sufficient money for their medicine. The health care of the children was ignored by the father leading to severe physical health issues of their children in some instances.

It was found during the study that economic challenges faced by middle-aged women in their families leads to financial stress, limited health care access, increased care giving burdens, strained relationships and emotional distress. A common view was shared by 15 respondents in the study, and the same is elucidated in the following quote from the respondent 7, a 52-year old women:

"I do all the house hold work, but whenever I ask my husband for money for my personal expenses or medicine he always get angry, does not give whenever needed, and if he gives not sufficient, from which I can't meet my all expenses".

She goes on to explain how women face economic challenges in their families , and how it creates difficulty for them to maintain their life smoothly.

The same view was reflected by another respondent while taking about the issue of economic challenges faced by middle-aged women within the families. Interviewee 9, a 40 year old women illustrated /highlighted this:

"It had been almost 5 years to our marriage, my husband neglected me after second year of marriage on the reason that I am not a govt. employee as he was himself a govt. employee. Since then, I am living with my own parents and I have 1(one) child. My husband does not give me single penny and my own family supports me. I am in distress and it has disturbed my mental health".

Therefore, middle-aged women felt that they faced various economic challenges in the family which made their life miserable. This condition created distress for women and affected their mental health.

The same theme aligns with the conflict theory of Marx which asserts that subordinate groups in society are exploited by the dominant groups. It stems from the powerful oppressing the powerless. Engels (1820-1895), a German sociologist and Marx's frequent collaborator, studied family structure and gender roles. Engels suggested that the same owner-worker relationship seen in the labour force is also seen in the household, with women assuming the role of the proletariat (i.e., routine-bound workers).Women are dependent economically on men and are subservient. Feminist Marxist argue, that patriarchy is the cause of this exploitation.

Moreover, the finding is in accord with social causation theory of mental illness which asserts that social disadvantages of any sort related to race, gender and age can be a factor for development of mental health issues (Thoits,1999).

The study aligns with a study conducted by a renowned Kashmiri sociologist Dabla(2009) in Jammu and Kashmir and found that economic challenge was one of the key factor that was a cause of domestic violence and affected the social well-being and mental health of women. Additionally, it has also been reported that women in Jammu and Kashmir faced economic challenges and it becomes a cause of mental health issues(Buchh,2016).

The study aligns with the *Kashmir Mental Health Survey Report* (2015) which stated financial or economic challenge was a key factor of mental health issues in Jammu and Kashmir.

4.6.5 SUBTHEME 4: HEALTH CARE DISPARITY

"Health Care Disparity" emerged as a popular theme in the present study. The theme was reported by 18 respondents out of 102. It was found during the study that middle-aged women in Jammu and Kashmir faced various health issues shaped by their physiological, social and economic factors. Middle-aged women had cardiovascular, osteoporosis, diabetes and other health issues. Their access to appropriate health care is often hindered by the financial constraints, attitude of family toward seeking medical care. Middle-aged women often prioritize the well-being of family members over their own. This results in delayed medical check-ups

and untreated heath conditions. Their health issues are neglected, not given due care and do not get proper medical treatment on time. As their health issues become acute they are taken care of, but at times it is considered as burden by their husband or the family. Whenever women are neglected husband or in-laws and not given due medication they have to take help of their father and mother or brothers. A common view was shared by of 18 respondents in the study, and the same is explained in the quote from the interviewee 10, a 45-year old women:

"Whenever I fall ill, I am neglected as if I don't have any health issue, they consider it burden to give money for medicines and if they give it is not sufficient".

She goes on to discuss the health issues encountered by middle-aged women in the families, and how it affects their life.

It was observed during the study that women faced health care disparity and the study revealed that the social determinants like socio-economic status, education, profession played a critical role in determining the health status of middle-aged women and their access to health care services.

Women with good socio-economic status, education and economically independent had comparatively good health and access to health services as compared to woman who were illiterate, less educated and economically dependent on their husbands. The same view was shared by respondent while taking about the health issues faced by middle-aged women within the families. Interviewee 8, a 42 year old women illustrated /highlighted this:

"Women who don't earn themselves are always dependent on their husband for medicine and accessing health care services. When women don't have money they can't buy medicine on time which affects their health condition badly".

The problem was more grave when women had developed some mental health issue due to domestic violence. Firstly, they thought it is normal and do not take it as a health problem as they consider it is due to the disharmony in the family and secondly, they do not disclose the mental health issue because they fear from the societal consequences for it, as people with mental health issues are looked down

upon in the society and socially stigmatised. They fear the stigma attached to mental health issues. For the fear of social reaction they endure it and at time don't go for medications which has aggravated their problem.

The finding is in line with Goffman(Canadian-American Sociologist) who points out that stigma is generated in a social situation. It is a reaction by society that affects the subjective understanding of a person if the person does not comply the norms and act in prescribed way (Rogers & David 2005).

It is also consistent with Foucault (1972) who argues how the bodies like the body of mentally ill person-is regulated through the "biopower". How cultural codes and discourse produces knowledge and subsequently the power even at the small scale social interaction. This argument quite well can be articulated to the study of mental health in relation to women and control of their bodies through the production of discourse.

The finding is in line with *"Kashmir Mental Health Survey Report"* (2015) which reported that women face disparity while accessing mental health service in Jammu and Kashmir, as some women don't utilize health service being poor and they think they will get better by themselves.

4.6.6 SUBTHEME 5: SUBORDINATE POSITION OF WOMEN

"Subordinate Position of women" emerged as a strong theme in the present study. The theme was reported by 9 respondents out of 102. It was found during the study that middle-aged women in Jammu and Kashmir occupied a subordinate position in the society which was due to: patriarchal social structure, cultural norms and economic dependency of women on men. These structures uphold male dominance by restricting middle-aged women's access to power and resource, so women as a result face gender discrimination. It was observed that the socio-cultural factors limit the opportunities of women in decision making and push them to a subordinate place in the society. The middle-aged women have the responsibility of care giving. They have to look for their husband, children and elder members of family, which is very much demanded by the socio-cultural setup. In this process,

their own aspirations are side-lined. It was observed during the study that work of women was undervalued and not visible as their contribution in work was taken for granted. Middle-aged women struggle with financial insecurity who prioritize their family care responsibilities.

Women internalized gender roles that makes it difficult for them to change their subordinate position. This continuous struggle leads to stress and mental health issues helplessness, hopelessness and social isolation.

A common view was shared by 18 respondents in the study, and the same is elucidated in the following quote from respondent 22, 43-year-old women:

"I don't have a good position in my family, I am subordinate in the family. I don't enjoy the same respect enjoyed by my husband or male members, though I do so much household work, but that is unrecognised, so I feel as if I am isolated within my own family".

She goes on to explain how women occupy a subordinate position in the family and don't enjoy the same status and privileges enjoyed by men and how it affects their social well-being and mental health.

Although, it was found during the study that women who were economically independent had a good status as compared to those women who were economically dependent on men yet they didn't enjoy the status and privilege as enjoyed by men. The same was shared by respondent,7, a 46 year old women:

"Though economically independent women have economic security but still they don't enjoy the same status as enjoyed by men. I don't enjoy the same privileges as enjoyed by my husband in the family, we women are always subordinate".

Consequently, middle-aged women of Jammu and Kashmir occupy subordinate position in society which is due to the patriarchal social structure and cultural norms. This develops among women a sense of social isolation, worthlessness and low self-esteem which affects their emotional wellbeing.

This finding aligns with the study which states that hegemonic masculinity serves as a source of power and privilege for men that conform to it while legitimising

oppression and violence against other genders and marginalised masculinities(Connell & Messerschmidt, 2005).Gender is routinely accomplished through actions that reaffirm prevailing understandings of masculinity and femininity. Behaviour perceived as reflecting hegemonic masculinity is informed through internalised cultural beliefs and social norms associated with expressions of masculinity and dominance of men is considered a norm (Bourdieu & Wacquant, 1992).

Moreover, the finding is in consonance with the sociological study which related mental health of an individual with the social position (Pearlin, 1989).Social factors like poverty, marital issues, lack of employment, single parenthood, conflict in roles and domestic abuse; and social support has a bearing on mental health (Aneshensel, 1992).

The finding aligns with the study of Dabla (2009) found women in Jammu and Kashmir experience discrimination and occupy subordinate position in society due its patriarchal nature and develop mental health issues.

4.6.7 SUBTHEME 6:TRADITIONAL GENDER ROLES

"Traditional Gender Role" emerged as a popular theme in the present study. The theme was reported by14 respondents. It was found during the study that middle-aged women were caught in the traditional gender roles and were having little time for their own care. The traditional gender role ascribed by society for them assign them the role of care givers, home makers and emotional nurturers.

Traditional gender roles prevent women from prioritizing their own personal growth, leading to social isolation and identity crises. The conformity to traditional gender role shapes women's self-perception, so makes her to conform to the roles and she cannot think to question. This puts women in continuous emotional labour and had an impact on their mental health. Women have to work with in home and sometime outside in agriculture fields also. This is rooted in the patriarchal social structure of society. It is further shaped by cultural expectations, and norms of society. Women who challenge any of the traditional gender role face social reaction or social stigma**.**

A common view was shared by of fourteen respondents in the present study, and the same is shown in the subsequent quote from the interviewee 24, a 47-year-old women:

"We very often don't get time for our own care. We are bound to do all the work meant for us. We have to do all house hold work and also in the agriculture fields. We cannot challenge any role ascribed to us by society and culture, if so, we face strong reaction from family and society".

Middle-aged women in Jammu and Kashmir are expected to manage household responsibilities, care for children, support their spouses and provide care for the aging parents. Whereas, their work is not acknowledged in the family despite their critical role in the family. This limits their economic independence, career progression and personal autonomy. The employed women in government or private sector face double burden as they have to manage household work on the one side, and their job on the other side. These women face difficulty to maintain balance between the work with in family and work outside their family. This multiple job role leads to role conflict. This role conflict creates stress which affects the mental health of women. Reflecting on the same a respondent, 40-year-old women expressed:

"I have to do all the house hold work and also the office work. If I am working as an employee, I should get some relief in the household work, but that is not the case, I have to manage both. It is really hard for me to manage both. I have developed stress due to work overload".

Middle-aged women in Jammu and Kashmir are overburdened with work as they have to manage both within family and outside family. This creates work overload and leads to stress and mental health issue.

This finding can be positioned in light of the theory of Canadian Sociologist Dorothy.E.Smith who states that women become an absorber of violence passively in their day to day life in male dominated societies.

The concept of 'relations of ruling' of Smith highlight how patriarchal structures shape and normalise the patterns of interaction in society. In her references to mothering and women's domestic labour as enabling the work of men, "heterosexuality assumes an acknowledged structure organizing women's lives as

well as division of labour. Therefore, the organization of violence in a heterosexual relationship is where women internalize the institutionalized norms" (Smith,1987).

The finding is also in concurrence with how conflict in role, and lack of support in society can lead to mental distress (Aneshensel, 1992).

The finding is consistent with a study conducted in Jammu and Kashmir which found that traditional gender roles reinforce gender inequality and cause domestic violence which affects the social-emotional well-being of women. Women reported domestic violence had been the cause of mental disturbance Dabla(2009).

Table 4.16

Theme 2 (Domestic violence experienced by Middle-aged Women)with Sub-Themes

Theme	**Sub-Theme**	**Respondents (frequency)**	**Percentage (%)**
Domestic Violence Experienced by Middle-aged Women.	Physical Violence	35	34.31
	Emotional Violence	55	53.92
	Economic Violence	9	8.82
	Sexual Violence	1	0.98
Total		**100**	**100**

Source: Primary Data

4.7 THEME 2 :DOMESTIC VIOLENCE

"Domestic violence" was a strong theme which emerged in this study after thematic analysis of data based on grounded theory method with inductive approach. This theme in the present study was identified by the middle-aged women of Jammu and Kashmir who had experienced domestic violence in different forms like physical, emotional, economic and sexual violence. These incidents were strongly identified by the respondents in the study at hand. The perpetrator of violence in most of the cases was husband followed by in-laws.

The different forms of domestic violence was faced by middle-aged women in Jammu and Kashmir, as it is apparent from table 4.14 that mostly women reported emotional violence as identified by 55 respondents, followed by physical violence by 35 respondents, economic violence was reported by 9 respondents and sexual violence by 1 respondent. In some cases, respondents had experienced multiple forms of violence together like physical, emotional and economic as well.

The perpetrator in majority of the cases was husband as reported by 65 respondents followed by both husband and in-laws reported by 33 respondents and only in-laws reported by 4 respondents.

In case of frequency of abuse, the results indicated that majority of the respondents 52, reported that they encountered domestic violence so many times in a year, followed by 35 respondents who reported domestic violence a number of times in a month and 15 respondents reported they experienced domestic violence almost every day in a month.

Majority of the respondents 58 reported that they had been facing violence from last 5 years, followed by 25 respondents who had been experiencing violence from last 8 years and 9 reported from last 11 years and 10 didn't remember the exact time from where from they had been experiencing violence from the husband /in-laws.

The present study explored the multiple causes of domestic violence encountered by the middle-aged women. They reported different reasons like: drug

addiction/alcoholism by 31 respondents, dowry demand reported by 22, poverty by 19, extra marital relationship of husband by 15, desire for male baby by 7, abandonment of wife by husband by 6 respondents and gambling by husband reported by 2 respondents.

Victims of domestic violence reported that they received pain and torture in the form of slapping, punching, kicking, hitting to the wall or shoving, throwing objects or sharp things to them, chocking etc. Some of them reported that they got serious injuries due to torture but they did not seek any medical help due to shame and guilt.

The respondents narrated that domestic violence affected their physical and mental health in one way or other. Middle-aged women had experienced different consequences of domestic violence including physical consequences like: body bruises, ear bleeding, neck injury, face injury, body injury and broken arm. Even some women had reported about damage of ear drum and damage of uterus, as well.

The emotional impact of domestic violence reported by women include: feeling nervous, worrying too much, loneliness, helplessness, feeling hopeless, down or depressed, loss of purpose, little interest in doing things (social withdrawal), feeling bad about one self(low-self-esteem), repeated, disturbing memories of past stressful events, strong negative feelings like fear, social avoidance and even suicide ideation.

The findings reflect that victims apart from having physical health issues have developed the mental health issues too due to domestic violence. It had an impact on their mental health. They have developed hopelessness, worthless lessness, persistent fear, sadness and also suicide ideation.

4.7.1 SUBTHEME 1:PHYSICAL VIOLENCE

"Physical violence" emerged as a popular theme in the present study. The theme was reported by 35 respondents. It was observed during the study that middle-aged women faced physical violence in their families. The physical violence had been in the form of hitting, punching, smacking, kicking, object throwing, hair pulling. Women victims had reported physical health effects like body bruises, ear bleeding,

neck injury, face injury, body injury and broken arms. Even some women had reported about damaged ear drum and damage of uterus as well.

The perpetrator is majority of the cases had been husband as reported by 65 respondents followed by both husband and in-laws reported by 33 respondents and only in-laws reported by 4 respondents.

The study revealed that the major cause of physical violence had been drug addiction/Alcoholism of husband reported by 31 respondents, dowry demand reported by 22 respondents, poverty by 21 respondents, extra-marital relationship of husband reported by 15, abandonment of wife by husband reported by 6 respondents, desire for male baby reported by 7 respondents, and gambling by husband reported by 2 respondents.

It was found during the study that the issue of domestic violence particularly physical violence is supported by the patriarchal social system and cultural norms support it. Women have subordinate position in society and don't enjoy same power as enjoyed by men. It was observed that women who faced physical violence didn't disclose it, until it gets out of bounds. Women first hesitate to report domestic violence to their parents or family for sake of family honour. Quite like the same, they didn't report it to any agency for the sake of saving patriarchal family honour as it is believed to be a dishonour if a woman discloses it to her family or to police or any government agency. But when it was beyond their endurance, then they reported the incident to family and police or any government agency. The same was expressed by respondent 32, a 49-year-old women:

"My husband used to beat me, but I was enduring for the honour of my family, because if a woman reports it to parents or police it is believed to bring dishonour to the family".

The physical violence had influenced the mental health of the middle-aged women as observed during the study. Women have developed the mental health issues. Reflecting on the same respondent 41, a 47 year old women narrated:

"The physical abuse has disturbed me mentally, continuous violence by my husband has lead me to mental distress ,I feel worthlessness, hopelessness and at times it would have been better if I will die".

Women experiencing physical violence had observed: feeling nervous, worrying too much, feeling loneliness, feeling helplessness, feeling hopeless, down or depressed, loss of purpose, little interest in doing things (social withdrawal), feeling bad about one self(low-self-esteem), repeated, disturbing memories of past stressful events, strong negative feelings like fear, social avoidance and even suicide ideation.

This finding is in accord with Durkheim(1952), who argues that members of groups that are not integrated with their family or group suffer from mental health issues and in extreme cases can lead to suicide.

The finding also aligns with the what is conceptualised by Kannabiran and Kannabiran, "...structurally domestic violence is simultaneously one expression of conjugality and one expression of violence, making immediate and concrete the connections between the home and the world" (Kannabiran & Kannabiran, 2002).This condition leads women to mental distress.

The finding corresponds with an empirical study of Buchh (2016) in Jammu and Kashmir which revealed that women victims developed mental health problems as compared to those who didn't experience domestic violence.

4.7.2 SUBTHEME – 2 : EMOTIONAL VIOLENCE

"Emotional violence" emerged as a popular theme in the present study. The theme was reported by 55 respondents. It was found during the study that middle-aged women faced emotional violence in their families.

The emotional violence has been in the form of women being belittled or humiliated in front of others, name-calling, taunted for bringing no dowry/inadequate dowry, teased for not bearing a child or male child, neglected by husband, verbal abuse by husband or in-laws.

The violence is directed against women which is not physical violence but symbolic violence through language. Women who had been subjected to emotional violence had reported mental distress. The perpetrator in majority of the cases had

been husband as reported by 65 respondents followed by both husband and in-laws reported by 33 respondents and only in-laws reported by 4 respondents.

The present study revealed that the major cause of emotional violence reported by respondents has been drug addiction/alcoholism of husband reported by 31 respondents, dowry demand reported by 22, poverty by 21, extra-marital relationship of husband reported by 14, desire for male baby reported by 5, abandonment of women by husband by 6 respondents and gambling by husband reported by 2 respondents.

In this study it was observed that the issue of domestic violence particularly emotional violence is supported by the patriarchal social system and culture supports it. Women enjoy subordinate position in society and don't enjoy same power and privileged as enjoyed by men. Women face emotional violence don't disclose it, until it goes beyond endurance. Women find it difficult to share the emotional violence experience with any one because as such it is not having any visible effect on the them.

Moreover, for the sake of the patriarchal family honour they endure it in silence. Subsequently, they don't disclose it to any government agency, though "*Domestic Violence Act 2005"*, has clearly mentioned the emotional abuse as a form of domestic violence, but because of the fear of family or social consequences they don't report it to any government agency until it becomes severe. The same was expressed by respondent 32, a 49-year-old women:

"My husband used to humiliate me almost every day, in front of others. It really hurts me. As wounds heal but not ill words, I all endure for family honour and sake of my children".

The emotional violence has affected the mental health of the middle-aged women as observed in the study.

Women have developed the mental health issues like: feeling nervous, worrying too much, feeling loneliness, feeling helplessness, feeling hopeless, down or depressed, loss of purpose, little interest in doing things (social withdrawal), feeling

bad about one self (low-self-esteem), repeated, disturbing memories of past stressful events, strong negative feelings like fear, social avoidance and even suicide ideation.

This finding is in accord with Indian sociologist and feminist scholar Rege (1995) who argues that violence against women is found in all classes and castes. Women face economic violence like demand of dowry or control of their own property by their husbands or in-laws and preventing women from taking employment/work if it is against the honour of the family. Women also encounter verbal violence. Use of threat and coercion push women to have compliance and as Sangari(1993) asserts that the conditions which govern the submission of women in societies divide them within their domestic setting and along caste and class lines are supporting patriarchy (Rege,1995).

In emotional violence language is used to inflict emotional violence on the middle-aged women and in a symbolic form and is in line with Bourdieu (1977) taking about symbolic violence argues that, this type of violence is inflicted on the victims non-physically like through language[verbal abuse].Women consider physical form of violence tangible as it results in 'scars' that can 'heal'. In distinction to it, to recover from symbolic violence is usually more cumbersome to recover, as it works on the body in a different manner.

The finding accords with study results of Buchh(2016)in Jammu and Kashmir which revealed women develop mental health issues when they experience domestic violence.

4.7.3 SUBTHEME-3 : ECONOMIC VIOLENCE

"Economic violence" emerged as a popular theme in the present study. The theme was reported by 9 respondents. During the study, it was observed that middle-aged women faced emotional violence in their families. The economic violence experience by middle-aged of Jammu and Kashmir had been in the form of : women not given adequate money for housekeeping, restrictions to use own salary/earnings/property, prevented from taking or continuing employment, denied provision of household necessities. It has been found during the study that in majority

of the cases as reported by 22 respondents were not given enough money for housekeeping, 5 respondents reported they were not allowed to use their own savings as per their choice and 7 respondents reported that their cash and jewellery were sold without their consent and the money was not given to them.

The genuine demand by women to husbands for the necessary household articles had become a cause of domestic violence. The other side reflected that earnings /property of the women were unwillingly taken from them by their husbands.

Women who had been subjected to economic violence had developed a sense of dependence, hopelessness, loneliness, low self-worth reported during the study, and consequently it affected the mental health of women.

The perpetrator in majority of the cases has been husband as reported by 65 respondents followed by both husband and in-laws, reported by 33 respondents and only in-laws reported by 4 respondents.

The study revealed that the major cause of economic violence reported by respondents has been drug addiction/alcoholism of husband reported by 31 respondents, dowry demand reported by 22 respondents, poverty by 19 respondents, and gambling by husband reported by 2 respondents.

It was found during the study that economic violence is supported by control of men over women supported by the patriarchal society and cultural norms. Women have to be good wives, act obediently to their husbands whatever the case.

Men enjoy the dominant position in the society and then economic resources are disproportionality distributed. Economic dependence of women was a major factor which promoted economic subjugation of women. The same was expressed by respondent 73, a 50-year-old women:

"I am not provided sufficient money for housekeeping. Whenever I ask my husband about it, he abuses me. I am in a very bad economic condition and facing economic hardships, I am living a miserable life".

Middle-aged women of Jammu and Kashmir who faced economic violence had pushed them in a state of financial/ economic insecurity, economic stress, which had been a cause of mental distress for them.

The finding is in consonance with Indian sociologist and feminist Scholar Rege (1995) who argues that violence of economic nature influenced physical and mental health of women.

The finding concurs with the research study of Dabla (2009)which reported that women in Jammu and Kashmir who experience economic violence disturbances their mental wellbeing.

Moreover, it coincides with the results of an empirical study conducted in Jammu and Kashmir on domestic violence and health issues which depicted that one of the cause of mental health problems like anxiety, depression, lack of concentration among women had been due to economic violence (Buchh, 2016).

4.7.4 SUBTHEME- 4 : SEXUAL VIOLENCE

This theme was not a strong theme in the present study as it was reported by only 1 respondent out of 102. It was found during the study that middle-aged women in Jammu and Kashmir experienced sexual violence hardly ever within families as the same was reported by just 1 respondents, out of 102.The sexual violence experienced by women was in the form of inappropriate gestures and body touching with attempts for sexual advances. Reporting on the same theme, a respondent 40 year old women narrated :

"Living in joint families where issues of privacy are comprised middle-aged women face the problems of sexual violence at times from close relatives of husband like bother-in-law".

Living in such condition affects women's mental health. Women living in joint patriarchal families can not disclose it and they would not be trusted to be true. Reflecting on the same, the same respondent illustrated:

"I faced the issue of sexual violence for five years, as my bother-in -law was having a bad intention and he was using obscene language, but one day he tried to touch my body inappropriately and told me

for sexual favour. I revealed the same to my husband but instead he could have told his brother he blamed me for all that. Living in such situation where in-laws are having bad intention about yourself and your husband did not trust your leads to mental trauma".

The same is also established by National Family Health Survey Report, 2015-16 which reported that 2% percentage of women in Jammu and Kashmir experienced sexual violence in their domestic settings. This finding aligns with the study of buchh (2016) conducted in Jammu and Kashmir which found that women victims of sexual violence developed mental health issues.

4.8 THEME 3:TYPES OF MENTAL HEALTH ISSUED EXPERIENCED BY WOMEN VICTIMS OF DOMESTIC VIOLENCE

Table 4.17

Theme 3- Types of Mental Health issued Developed by Women Victims of Domestic Violence

Type of Mental Health Issue Experienced	**Number of Respondents**	**Percentage (%)**
(Feeling Nervous, Worrying too much, loneliness, helplessness. becoming easily annoyed, Inability to enjoy life) –**Anxiety**	55	53.92
Feeling hopeless, down or depressed, loss of purpose, little interest in doing things(social withdrawal), feeling bad about one self(low-self-esteem), fatigue) - **Depression**	35	34.31
Repeated, disturbing memories of past stressful events, strong negative feelings like fear, social avoidance, crying for nothing at all or crying about small things which are otherwise normal, Events) - P**osttraumatic Stress Disorder**	7	6.86
Suicide ideation	5	4.90
Total	**102**	**100%**

Source:Primay Data

4.8.1 THEME 3: MENTAL HEALTH ISSUES OF MIDDLE-AGED WOMEN VICTIMS OF DOMESTIC VIOLENCE

"Mental Health Issues" was a strong theme which emerged in the present study during analysis of data. This theme in the present study was identified by middle-aged women of Jammu and Kashmir who had experienced domestic violence in different forms like physical violence, emotional violence, economic violence and sexual

violence. The respondents strongly identified these issues during the study. The respondents described that domestic violence is related to the mental health and that it affected their mental health.

It had been found during the study that domestic violence against women is rooted in patriarchal social structure that is the cause of gender discrimination and subjugation of middle-aged women in Jammu and Kashmir. Societal norms support it which make it difficult for women to seek help.

The study revealed that women who had been subjected to domestic violence of any sort like physical, emotional and economic had affected their mental health. Sexual violence was also reported in one case which had influenced mental health of women.

In majority, the perpetrator was husband followed by in-laws. Domestic violence in different forms was experienced by middle-aged women in Jammu and Kashmir, which is depicted in the table 4.14. Majority of women reported emotional violence as identified by 55 respondents, followed by physical violence identified by 35 respondents, economic violence was reported by 9 respondents and sexual violence by 1 respondent (perpetrator was the male member from the husband's family). In some cases, respondents had experienced multiple forms of violence together like physical, emotional and economic as well.

The perpetrator is majority of the cases had been husband as reported by 65 respondents followed by both husband and in-laws reported by 33 respondents and only in-laws reported by 4 respondents.

During the study it was found that majority of the respondents, who had been subjected to domestic violence had developed mental health issues like: feeling nervous, worrying too much, loneliness, helplessness, becoming easily annoyed and were not able to enjoy good life. These anxiety issues were reported by 55 respondents. Respondents had also reported that they were feeling: hopeless, down or depressed, they felt loss of purpose, had little interest in doing things (social withdrawal), had bad feeling about their self (low-self-esteem). These depression

issues were identified by 35 respondents. In addition to it, respondents had developed: persistent fear, repeated, disturbing memories of past stressful events, social avoidance, crying for nothing at all or crying about small things which are otherwise normal. These posttraumatic stress issues were identified by 7 respondents. Moreover, 5 respondents had reported about suicide ideation.

It is revealed during the study that domestic violence had affected the mental health of middle-aged women in Jammu and Kashmir. They had developed hopelessness, worthless lessness, persistent fear, sadness and also suicide ideation.

4.8.2 SUBTHEME - 1: ANXIETY

The mental health issue of anxiety was potential theme which emerged during the study. This health issue includes: feeling nervous, worrying too much, loneliness, helplessness, becoming easily annoyed and inability to enjoy life. This sub-theme was reported by 55 respondents. It had been revealed during the study that middle-aged women of Jammu and Kashmir who had experienced domestic violence of any form like physical, emotional, economic or even sexual (though reported by only one respondent) had developed mental health issues.

The respondents reported they had not been able to disclose the violence experienced by them in the very first instance to parents as it is believed to bring dishonour to the family. The same is rooted in the patriarchal structure of society and is supported by cultural norms where middle-aged women occupy a subordinate position in society. It had been also found that women had been socialized to tolerate and live with their husband.

Consequently, middle-aged women had been experiencing domestic violence on the one hand and had developed mental health issues on the other hand . Domestic violence was a factor which affected the mental health of middle-aged women. A common view was shared by 18 respondents in the study, and the same is highlighted in the ensuing quote from the interviewee 90, a 49-year-old women:

"I tolerated domestic violence for a long time, I did not disclose it to parents as it is believed to bring shame to the family, it had gone beyond my endurance and affected my mental health".

The study found that once the violence had been beyond the endurance then middle-aged women had reported it to parents and if not resolved then to government agency particularly police.

Women who had developed mental health issues may disclose it to parents but fear to disclose to husband and in-laws because of the fear of social reaction or negative stigma attached to it for having some mental health issue.

This finding is in line with Gramsci(Italian social thinker)who argues that in society powerful institutions exercise control over people by ingraining ideas, values, norms, sentiments and expectations (Gramsci,1971).Women violence and the consequence on women in terms of the dominant patriarchal social structure can be seen in this perspective.

The finding is in accord with Goffman (1963) who argues about people with mental health issues face social stigma, negative social reactions, feel isolation and develop, a *"spoiled identity"*.

Moreover, the finding aligns with the research study on domestic violence and health in Jammu and Kashmir which reported that domestic violence resulted in mental health issues among women like anxiety (Buchh, 2016).

The finding is also consistent with the study of Dabla (2009) which reported that women with domestic violence suffer from mental disturbance.

4.8.3 SUBTHEME - 2 : DEPRESSION

"Depression" was a popular theme which emerged during the study. This mental health issue includes: feeling hopeless, down or depressed, loss of purpose, little interest in doing things (Social withdrawal), feeling bad about one self (low-self-esteem) and fatigue. The same theme was reported by 35 respondents. It was found during the study that middle-aged women of Jammu and Kashmir who had experienced domestic violence in any form like physical, emotional, economic or even sexual (as only one respondent reported sexual violence) had developed mental health issues.

The respondents, in the very first instance had not disclosed the violence either to their parent or to any government agency because they believe it is against the family honour as is supported and reinforced by their cultural norms and patriarchal social system.

Women generally tolerated violence and it had been observed during the study that the mental health issues arising from domestic violence of any sort had badly affected their social life. A common view was shared by 35 respondents, in the study, and the same is delineated in the subsequent quote from the respondent 67, a 52-year-old women:

"It had been from so many years, I am enduring domestic violence; I had not disclosed it for so many years but my mental health is not good, I am hopeless and depressed".

The respondent goes on to explain how she had endured domestic violence and how it had affected her mental health. Reflecting on the same issue another respondent, a 53-year-old women illustrated:

"My husband and in-laws abuse me a lot, and I have lost hope and I am in distress, how can I come out of this mental distress, I am not able to lead a good life".

The study found that middle-aged women with domestic violence had developed mental health issue while living with the perpetrator (husband) and his family and were not able to lead a good life.

Moreover, it is very difficult for women to challenge the established patriarchal social structure which positions women in a subordinate, hierarchical and powerless position where domestic violence is normalised.

The finding is in accord with American Sociologist Patricia Hill Collins who argues that that social stratification positions women in subservient position which minimizes their access to legitimation power over violence. Emotional abuse caused by verbal violence is viewed as less injurious than visible physical or sexual acts of violence, and their effects on the self-esteem and self-image (Collins,1998).

The finding is in agreement with Indian Sociologist and feminist scholar Dr. Sharmila Rege (1995) which states that a small percentage of women violence are registered, downplaying the magnitude of this grave issue. The silent suffering of women violence has effect on their physical and mental health(Rege,1995).

The finding is in line with the results of a conducted in Jammu and Kashmir which reported that women who experience domestic violence had mental disturbance Dabla(2009).The finding concurs with the empirical study of Buchh(2016) on domestic violence and health in Jammu and Kashmir which reported that women who experienced domestic violence developed depressive symptoms.

4.8.4 SUBTHEME-3: POSTTRAUMATIC STRESS DISORDER

The mental health issue of "Posttraumatic stress disorder" was also a popular theme which emerged during the present study. The victims who reported this disorder were having repeated, disturbing memories of past stressful events, strong negative feelings like fear, social avoidance, crying for nothing at all or crying about small things which are otherwise normal. These issues of posttraumatic stress disorder were reported by 7 respondents. It had been observed during the study that middle-aged women in Jammu and Kashmir had encountered different types of domestic violence: physical, emotional, economic and even sexual violence though reported by only one woman. In this type of mental health issue, it had been found during the study that the middle-aged women who had encountered physical violence had developed this type of mental health issues.

Moreover, occurrence of the physical violence in this type of mental health issue was related to the development of repeated, disturbing memories of past stressful events, strong negative feelings like fear, social avoidance, crying for nothing at all or crying about small things which are otherwise normal. Among these, the development of persistent fear and disturbing memories of past events was seen in majority of the cases. Middle-aged women victims of domestic violence had also been found to avoid social interaction and gathering, which has affected their social life. Reflecting on the same issue a respondent, 51-year-old women illustrated:

"I am very afraid of my husband as he used to beat me very mercilessly, I damaged my ear drum due to his beating and developed bruises on my body. I am very afraid he may beat me again without any reason".

It had been found during the study that the violence was maintained and perpetuated by the patriarchal social system which relegates women to a very subordinate position in society. Moreover, middle-aged women who faced domestic violence didn't have sufficient social support to protect themselves.

Middle-aged women with mental health issues had a significant impact on their social lives. The mental health issues often result in social isolation, strained social relationships and diminished participation in family activities and community life. They experience difficulties in maintaining social connections to emotional distress, lack of interest, low self-esteem. Women with these types of mental health issues may avoid social gatherings, friend ships, family functions due to feeling of shame, fear of judgement, or at times difficulty in managing emotions. Within families these women cannot perform their role effectively, may find it difficult to fulfil care giving roles which exacerbates their problem as it leads to strained relationships with spouse, children and other family members. Taking about the same, a respondent quoted:

"My husband used to beat me and I have now developed the issue of persistent fear, I very often avoid social gathering, I am not able to take care of my family in a good way".

The study divulged that middle-aged women victims of domestic violence particularly physical violence had developed mental health issues like persistence fear of perpetrator and social withdrawal. They face difficulty to manage their family affairs in a normal way.

This finding aligns with the theory of Durkheim (1952) who argues that lack of social integration leads to mental health issue (egoistic suicide) and lack of regulation(normlessness) also lead to mental health issues (anomic suicide).

The finding aligns with the study of Buchh(2016)in Jammu and Kashmir on domestic violence and health issues which reported that women who faced domestic violence developed mental health issues. Moreover, it aligns with the study of

Dabla(2009) which observed, women who faced domestic violence developed mental disturbance.

4.8.5 SUBTHEME-4: SUICIDE IDEATION

"Suicide Ideation" was a potential sub-theme which emerged during the present study. This mental health issue was reported by 5 respondents. It had been observed during the study that middle-aged women in Jammu and Kashmir had been subjected to different forms of domestic violence.

Domestic violence experienced by women was in physical, emotional, economic and sexual form. It had been observed during the study that women who had experienced persistent physical, emotional, economic abuse had developed mental distress. Women victims of domestic violence had led to loss of self-worth, isolation, feeling of helplessness that had resulted in thoughts of suicide. The chronic experience of domestic violence had led to hopelessness and despair. It had been observed during the study that perpetrator limits the access of the victim to take help of members of the family and formal agencies in case of domestic violence and mental health issues. This had worsened their condition. It had been found during the study that suicide ideation was developed among the women who had been in abusive relationships for a very long time.

As mentioned in the earlier theme, on domestic violence that some women had experienced violence for more than 10 years, so these women had developed the suicidal tendencies. Physical violence, emotional violence and economic violence had contributed to their emotional breakdown, and women had seen themselves as trapped with no viable solution.

It had been observed during the study that women who had suicidal thoughts had a profound negative effect on children. Children often experience fear, confusion and emotional distress and it affected their social life as well. A common view of the 5 respondents was that middle-aged women who experienced violence for pretty long time developed suicide ideation, and same is evident in the following quote from interviewee 44, 57-year-old women:

"I had experienced domestic violence for last so many years, I am hopeless and feel there is nothing good for me in my life, at times I think to end my own life".

It had been observed from the study that women with domestic violence had not been fully integrated with their families or societies which had been responsible for development of suicidal tendencies among them. This finding accords with the theory of Emile Durkheim who states that the lack of integration and regulation leads to mental distress particularly suicide ideation (Durkheim,1952).

The finding aligns with the results of Buchh (2016)which reported that domestic violence experienced by women led to their depression. Moreover, it aligns with an empirical study which reported disturbed mental health in women living with domestic violence (Dabla, 2009).

4.9 THEME-4:SOCIO-ECONOMIC AND CULTURAL FACTORS RESPONSIBLE FOR MENTAL HEALTH ISSUES OF MIDDLE-AGED WOMEN

Table 4.18

SOCIO-ECONOMIC AND CULTURAL FACTORS RESPONSIBLE FOR WOMEN'S MENTAL HEALTH ISSUES

Theme	**Subtheme**	**Frequency**	**Percentage(%)**
Socio-economic and cultural factors responsible for mental health issues of women	Poverty	19	18.62
	Dowry	22	21.56
	Drug Addiction	31	30.39
	Gambling	2	1.96
	Son Preference	7	6.86
	Extra-marital Relationship of Husband	15	14.70
	Abandonment by Husband	6	5.88
Total		**102**	**100**

Source: Primary Data

4.9.1 THEME 4: SOCIO-ECONOMIC AND CULTURAL FACTORS RESPONSIBLE FOR MENTAL HEALTH ISSUES OF MIDDLE-AGED WOMEN

The present theme was a strong theme which emerged after analysis of data. This theme was explored which has a critical role in determining the status of mental health of middle-aged women. Middle-aged women faced mental health challenges due to socio-economic and cultural factors. The socio-economic and cultural factors which are related to mental health issues of women include: poverty, dowry demand and dowry related harassment, drug addiction, gambling, extramarital relationship of husband, abandonment of wife by husband and son preference.

During the study 19 respondents reported poverty as the cause of their mental health issues, dowry demand was reported by 22 respondents, drug addiction by 31 respondents, gambling by 02 respondents, son preference by 07 respondents, extramarital relationship of husbands by 15 respondents and abandonment by husband was reported by 06 respondents.

The aforementioned factors had been found acting independently or combinedly and had been responsible for developing mental health issues among women. Taking poverty in the case, it was found during the study that women living in poor households didn't get sufficient maintenance for maintaining household affairs, and the demand from women to her husband leads to domestic violence. Poverty became a cause of domestic violence which led women to mental distress. It also limited accessibility of women to utilize health care services, education and have financial independence.

Dowry also affected the mental health of women. The demand of dowry by the husband or in-laws or by both was another factor found during the study. The middle-aged particularly those in the early middle age (newly weeded) were pressurised more for dowry. Women who didn't comply to the dowry demands were abused and subjected to physical and emotional violence. They developed the feeling of low self-worth, powerlessness and anxiety, depression or even suicidal tendencies.

Drug addiction and gambling make the situation worse for middle-aged women. It was observed during the study that drug addiction leads to violent behaviours, financial insecurity. Violence experienced by women from husbands who were drug addicts developed fear among women, very often persistence fear of physical abuse by their husbands. Additionally, gambling leads to financial loss. Men who gamble increase the financial insecurity of their families. It had been found that financial loss due to gambling created stress in the family and it had a very bad impact on women, and making them more vulnerable to mental health issues like anxiety and depression. Moreover, women felt isolated if not supported emotionally by husband or in-laws in such situations.

Extramarital relationship of husband created emotional distress among middle-aged women as observed during the study. This deteriorates women's self-esteem and increased despair and trust issues. Women felt isolation and lack of integration due to husbands' extramarital relationship. This infidelity bad been a cause of physical as well as emotional violence from the husband.

Consequently, extramarital affair of the husband had been a cause of violence affecting mental health of women. Son preference was one more factor; women who don't have male child face pressure for the same. It had been found that strong desire and pressure to bear son develops anxiety and depression among women.

Finally, abandonment of wife by the husband created emotional distress for women as observed during the study. It had been found during the study that women who had been abandoned by their husbands had developed, anxiety and depression.

The society stigmatised the women who were being neglected by their husbands because it was believed that they were not good wives. This created emotional trauma for women as had been found in the study.

4.9.2 SUBTHEME 1:POVERTY

"Poverty" was a prominent sub-theme under the main theme "Socioeconomic and Cultural factors" responsible for mental health issues of middle-aged women in

Jammu and Kashmir. This theme was specified by 19 respondents in the present study. It had been found during the study that poverty was one of the factors of domestic violence for middle-aged women which resulted in their mental distress.

Poverty created structural strain in the family. The structural strain created a condition where there is disjunction between means and ends in the family. Men in the family were not able to meet all the necessary ends because of the lack of adequate means.

Consequently, this strain led to social stress where men responded by inflicting violence against their women. Poverty also created a condition where women did not get all their necessities fulfilled and led a miserable life. Poverty a socio-economic determinant increased the chances of domestic violence and mental distress among women. A common view of the 19 respondents was that middle-aged women faced the practice of discrimination in Jammu and Kashmir where women are economically dependent, financially insecure which made them vulnerable to domestic violence and created a bad effect on their mental health, which is evident in the following quote from the interviewee 44, a 57-year old women:

" Women are economically dependent on their husbands, but you know poverty of family creates tension in family, particularly between husband and wife, results in physical, economic and emotional violence of women. I face the same issue and I am depressed, sometimes I don't have sufficient money for my medicine and of children".

Reflecting on the same theme, another respondent 56, a 47 year old women shared the same view, in the following quote:

"My husband did not give me money for family maintenance, how can I brought the necessary house hold items for my-self and my children, whenever I ask him he cries on me and verbally abuses me and even beats at times".

During the study it was revealed that majority of the middle-aged women were economically dependent on men and had subordinate social position.

The intersection of gender, social position, social role and economic dependence of middle-aged women creates the condition where women face domestic

violence and develop hopelessness and in extreme cases depression. The nature of social structure of the society positions women in disadvantageous and vulnerable position, where middle-aged women concerned with care giving responsibilities for husband, children and elderly family members and more susceptible to financial constraints puts a lot of stress on them. Moreover, women cannot leave the relationship and have to tolerate both poverty and domestic violence, eventually resulting in worsening of situations in mental health conditions.

Therefore, there was a common feeling among the middle-aged women that poor women were more prone to domestic violence and mental health concerns. These women did not get good nutrition, health care facilities and social support through their families which puts them at risk of developing health issues like anxiety, depression, posttraumatic stress disorder and suicide ideation.

The effect of the same had an impact on children also whereby they also developed mental health issues as the social relationships in their household had become strained.

The above findings is in consonance with the Conflict theory drawn from ideas of Karl Marx(German Philosopher), who posits, that economically dominant groups subordinate other groups. The same can been articulated to the gender stratification in which women are relegated to the lower rung because being dependent economically. Violence with women and their alienation in families have a bearing on their subjective experience and emotional wellbeing (Haralambos et al., 2013).

Gender inequality and subordination of women develop economic stress for them, and increases the incidence of violence against women in families which affect their mental health(Brodowicz, 2024).

The same finding is also in accord with the study, "*The Stress Process: An Appreciation of Leonard I. Pearlin(American Sociologist of mental health, University of Maryland)"* which states that people with lower social position are vulnerable to stress and finally to mental distress than those with higher position (Aneshensel & Avison, 2015).

The finding aligns with the study of Buchh (2016) on violence of women within families which established that poverty is of the important causes of domestic violence, which leads to the developed of mental health issues. Moreover, the findings are in consistent with the study of Dabla(2009) that poverty is a key factor of domestic violence and violence leads to mental distress.

4.9.3 SUB-THEME 2 : DOWRY

"Dowry" was a potential sub-theme under the main theme "Socioeconomic and Cultural factors" responsible for mental health issues of middle-aged women in Jammu and Kashmir. The theme was identified by 22 respondents in this study. It was found that dowry was a factor responsible for domestic violence of middle-aged women and also had affected their mental health. It was observed during the study that the problem of dowry was entrenched in the society which affected women well before and after marriage. The demand of dowry leads to delayed marriages and affects women after marriage also, when dowry demands are made by husband or his family. It had been found during the study that women who brought insufficient dowries or whose families fail to meet the demands, often face verbal, emotional and also physical violence from their husbands or in-laws. Physical and verbal violence experienced by middle-aged women had resulted in low-self-esteem and worthlessness and hopelessness among women. The continuous violence experienced by women had affected the mental health of middle-aged women. Women had reported anxiety, depression, posttraumatic stress disorder and even suicide ideation.

Dowry demand is a popular type of economic violence directed towards women by husband or his family, observed during the study. The demand of dowry starts right before marriage and infact some marriages are consummated only when dowry demands are met by women or her parents. The problem of dowry puts middle-aged women at disadvantage and risk because women whose husbands or in-laws demand dowry did not live a good social life in their families because of disrespect and continuous humiliation. Women did not perform their social role and responsibility efficiently due to persistent physical and emotional violence experienced by them in the matrimonial families. A common view of 22 respondents was that middle-aged

women face the problem of dowry demand by husband and in-laws which affected their self-esteem and mental health, and the same is evident in the following quote from the interviewee 62, a 40-year old women:

"On the demand of dowry, my husband usually hits me in front of children and family members, he always criticises and belittles me, so I do not efficiently perform my family responsibility".

The study revealed that women belonging to low income families were more vulnerable to violence in marital families and the corresponding mental health issues, as they find it difficult to manage the dowry demands. Infact, women revealed they married for the economic security from the husbands, but when their husbands or in-laws demand dowries they became mentally disturbed. The same is supported by a quote from a respondent 34, a 40 year old women:

"I married so that I can get financial security from husband because you know mostly women are economically dependent on husbands. I don't get the same, however he demanded dowry from me, which I am not able to give because my family cannot afford. I am hopeless and I wish to die".

The common feeling among middle-aged women was that dowry is a societal concern which affects emotional health of women. Women initially don't report the dowry demand and the subsequent violence because of the patriarchal social structure and the domination of men over women, because they fear of the consequences, but when it becomes un bearable then it is reported. Consequently, women develop hopelessness, low self-esteem and don't enjoy their life and often feel depressed and develop suicide ideation. Moreover, the dowry demand had been cause of severe physical abuse which had resulted in grave injuries and in some cases women had become morbid(lost ability to walk, speak as described in case study 5, in case study sub-section).

The finding can be aligned with how dominant and idealised form of masculinity in a given society and time period dominates women (Connell, 2013). Hegemonic masculinity demands conformity and justifies oppression of women (Connell & Messerschmidt, 2005).The finding also concurs with that of (Kannabiran & Menon, 2007) who argue that women in Indian patriarchal society face dowry demands and if unmet they face domestic violence and even threat to their life.

Furthermore, Indian Sociologist and feminist scholar Dr Sharmila Rege states that in Indian society wives are abused for financial and economic reasons which plays a toll on their physical and emotional well-being (Rege,1995).

The finding aligns with the study of Dabla(2009) which reported that dowry is key cause of intimate partner violence in Jammu and Kashmir. Furthermore, the finding concurs with a study, conducted in Jammu and Kashmir which reports, dowry demand was one of the main factor responsible for intimate partner violence (Buchh, 2016).

4.9.4 SUB-THEME 3 : DRUG ADDICTION

"Drug Addiction" was a popular sub-theme under the main theme 'Socioeconomic and Cultural factors' responsible for mental health issues of middle-aged women in Jammu and Kashmir. The same sub-theme was identified by 31 respondents in the present study. The study revealed that drug addiction a cause of domestic violence against middle-aged women, had affected their mental health too. Drug addiction characterised by drug seeking, that is compulsive, or difficult to control, despite harmful consequences is a social problem. It was observed during the study that the problem of drug addiction affected not only the drug addict but also the family and society at large. When the issue is discussed in the marital relationship it affects women because the drug addict loses control over his action and the brunt falls on women who are physically weak than men. Moreover, the social construction of gender assigns the ideal typical trait of dominance and control to men and submissiveness and subservience to women. It had been observed during the study that the women occupy subordinate position, and are positioned in the social structure in such a way that they enjoy less power as compared to men in prevailing social stratification.

The study revealed that men who are drug addicts lose control, become aggressive and show violent behaviour and abuse women.

The study reported that drug addicted men subjected women to physical, emotional and economic violence. The unpredictable behaviour of drug addicts makes

it difficult for women to protect themselves and puts those women at risk of developing physical health issues due to aggression and physical violence of drug addicted men. Physical violence had resulted in broken bones, broken teeth, serious injuries, damaged ear drum, damaged uterus and even neck choking(where some victims felt breathless and lost consciousness)had been reported by women abused by their drug addicted husbands.

It had been found during the study that women whose partners were drug addicts were emotionally disturbed and had developed mental health issues. The fear of perpetrator always hangs on the minds of victims as they don't know when the perpetrators mood will change. This had created a persistent fear and even some victims hide themselves and block the access of perpetrator to them by switching off mobile phone and changing their mobile number after leaving relationships. The same view was expressed by a respondent,78 a 60 year old women:

"This is the 10 attempt he tried to kill me, because he is a drug addict, he takes so many drug pills. After his retirement he used to abuse me every day, last time he told me I will kill you, and he tried to do the same. It was my luck, somehow, I ran away from the home and hide myself in the neighbour's house and called my son to take me from there. I am now living with my son and want divorce from my husband because life is more precious and I don't have any responsibility of my children as both my daughter and son are married, I will live with my son".

It has been found during the study that women who are in abusive relation with the drug addicted husbands were not provided with necessary financial support to maintain their family, themselves and children, because usually drugs are expensive and in drug dependency the perpetrator fulfils his drug need and did not provide the necessities to the wife and children or other family members dependent on him. This financial hurdle creates stress in the family and leads to mental distress among women and even among the children, when necessities are not fulfilled.

Women and children face difficulties for accessing the health care facilities as drug addicted men did not provide the necessary support to wife and children respectively. The same is illustrated by a respondent, a 52 year old women:

"He comes in a drunken state usually late night and starts abusing me verbally and physically infront of children, who also get terrified on seeing his behaviour; did not provide the necessary support we need financially, because he spends a lot of money on drugs."

The common perception shared by women was that the drug addiction makes women vulnerable to physical, emotional and economic violence. Women experienced physical health issues like broken bones, damaged teeth, damaged ear drum and even uterus. Moreover, mental health issues like persistent fear as in cause of posttraumatic stress disorder and depression had been reported. Effect on social life of children like education of children, children not able to enjoy their life had been reported. The mental health effect of fear had been reported among the children. Further, women victims were not provided the necessary finical support for maintenances of home, themselves and their children which affected them badly.

The study is in line with the concept of hegemonic masculinity which is central to feminist understandings of gender-based violence. Coined by R. W. Connell, 'hegemonic masculinity' is an ideal socio-cultural construct which typifies masculinity in an ideal type (Connell, 2013).

'Hegemonic masculinity' is associated with some traits like physical strength, economic resources, rationality , assertiveness, determination, and privileged sexuality. These features situate 'hegemonic masculinity' as superior to both femininity and marginalised masculinities. Thus, 'hegemonic masculinity' serves as a source of power and privilege for men that conform to it while legitimising oppression and violence against other genders and marginalised masculinities (Connell & Messerschmidt, 2005).

The finding also aligns with the study of Kerridge & Tran (2016) which established that drug addiction of husband was related to the prevalence of intimate partner violence in families.

4.9.5 SUB-THEME 4 : GAMBLING

"Gambling" was a popular sub-theme under the main theme 'Socioeconomic and Cultural factors' responsible for mental health issues of middle-aged women in

Jammu and Kashmir. The same Sub-theme was identified by 2 respondents in the present study. In the present study this sub-theme was cited as a cause of domestic violence and had affected mental health. According to Encyclopaedia Britannica, "Gambling, the betting or staking of something of value, with consciousness of risk and hope of gain, on the outcome of a game, a contest, or an uncertain event whose result may be determined by chance or accident or have an unexpected result by reason of the bettor's miscalculation". Though, Gambling is a factor that contributes to domestic violence and mental health of women, is not studied too much. It had been observed during the study that women who are in relationship with gambling partner become vulnerable to domestic violence and mental health issues. It had been observed during the study that gambling partner who lose in gambling exhibit violent behaviour within household, and particularly to their spouse. The financial loss had affected the mental health of the gambler itself .The gambler becomes desperate to recover loss, if not recovered becomes aggressive and the incidence of violence increases within families. While reflecting on the same, respondent, 51, a 53 year old women quotes:

"My husband is gambling and when he loses money, he does not talk with me and children, when we ask him something he shows aggression, verbally and physically abuses me".

Moreover, it had been reported during the study that gambling partner had taken money, gold from women to take to gambling on the pretext that I had some important need for money. When women resisted, they faced verbal abuse, threats and even physical abuse. While stating the same respondent 95,a 44 year old women illustrates:

"I have nothing with me, he took all my jewellery, cash and even sold my scooty, initially he told me I am depositing it in some scheme, but afterwards, I got to know he was gambling. I don't know where he is keeping his salary because whenever I asked him for some money for myself and children, he says I did not have money, I think he puts his salary in gambling".

Women neither disclose domestic violence nor gambling of the partner because of the fear of societal reaction or social stigma attached to it. They endure silently, but when it becomes unbearable then they disclose it. It had been found during the study

that gambling partners take money from lenders who then visit the family for its recovery. This leads women to mental distress as it had been found, led to low self-esteem among family members in the community and society at large.

The common perception among women with gambling partners was that women face domestic violence from gambling partners, social stigma as being spouse of gambler, and had financial insecurity and stress which developed low self-esteem, worthlessness and hopelessness, and were not able to enjoy their social life.

This study aligns with the study of Aneshensel & Avison (2015) entitled, *"The Stress Process: An Appreciation of Leonard I. Pearlin"*, citing stress theory of Leonard Perlin American sociologist who talked how financial loss creates social stress and affects mental health.

The finding is also in accord with the study of Hing et al.(2023) "*Intimate Partner Violence Linked to Gambling: Cohort and Period Effects on The Past Experiences of Older Women"* which states problems of women with gambling partners. Male gambler inflict violence to women particularly their wives. Cultural expectations to endure violence and not disclose private life in public domain creates violent and stressful family environment for women adversely affecting their mental health.

4.9.6 SUB-THEME 5 : SON PREFERENCE

"Son preference" as a cause of domestic violence was a sound sub-theme of the study under the main theme 'Socioeconomic and Cultural Factors' responsible for mental health issues of middle-aged women in Jammu and Kashmir.

The same Sub-theme was identified by 7 respondents in the present study. The study revealed that strong son preference was a factor of violence for middle-aged women in families which had affected their mental health.

It had been observed during the study, son preference was rooted in patriarchal social structure where men enjoyed power, were dominant and were economically independent as compared to women. This was further supplemented by cultural and

religious beliefs that place due importance to having a son for carrying forward the lineage of the family. The practice of gender inequality and discrimination further supports it. Since, the society is patrilocal so people have strong desire for son so that they can inherit property and will be passed through male line. Therefore, this preference is rooted in system of kinship and also inheritance system.

It had been found during the study that a daughter is considered a liability particularly driven by increased pressure of dowry and lavish marriage customs/ceremonies that are in place in the society which puts a lot of economic pressure on parents about the about the marriage of their daughters. A common view of the 7 respondents was that middle-aged women face the problem of domestic violence by husband and in-laws for not having son or begetting son which affected their self-esteem and mental health, and the same is evident in the following quote from the interviewee 100, a 43-year old women:

"My husband and my mother-in-law verbally and physically abuse me.They told me you don't have a son, who will carry our lineage forward, daughters will have to move to matrimonial home after their marriage. It am frustrated by these words. It is not up to me to beget a male baby, it is in the hands of God who gives male or females babies, what can I do".

Reflecting on the same issue of son preference another respondent, shared his view, respondent 88, a 41 year old women illustrates:

"I have two daughter, on the birth of first daughter my husband and mother -in-law showed a little negligence for me and my daughter. You know we have custom where after delivery of baby the matrimonial family brings some clothes and some cash to the new born baby after delivery and celebrate the birth, but they did not come. That hurts me a lot. The situation had an ugly turn when my second daughter was born, husband and mother -in-law continuously abused me verbally that you don't have son. I am hopeless, nervous and depressed".

The study revealed that however, son is given due importance and perceived as a source of financial stability for the family in future. It is believed that son provided financial and other support to family particularly in old age to their parents.

The finding is in line with a study which reported that the practice of son preference is profoundly entrenched in society. The social significance of son is

justified by patriarchal institutions of society for reasons like taking further the family descent and lineage and transmission of ancestor property, and son is considered support for parents in their dependency stage. Thus, to bear a son women is caught in pressure from family, which makes them mentally distressed (Das Gupta M, 2006).

It is also supported by the study of (Nanda et al., 2013) which reported that in Indian society social construction of gender plays a very significant role in the construction of 'masculinity' and men enjoy higher status and privilege than women who are subordinate and controlled through intimate partner violence.

The study in consistent with the results of an empirical study which conducted in Jammu and Kashmir which reported that son preference is one of the factors responsible for domestic violence in Jammu and Kashmir. Moreover, it also reported domestic violence led to mental disturbance to women (Dabla, 2009).

4.9.7 SUB-THEME 6 : EXTRA MARITAL RELATIONSHIP OF HUSBAND

"Extramarital Relationship of Husband" was a strong sub-theme which emerged in the present study under the main theme "Socioeconomic and Cultural Factors" responsible for mental health issues of middle-aged women in Jammu and Kashmir. The same sub-theme was identified by 15 respondents in the present study.

The study revealed that extramarital relationship of husband was a cause of domestic violence against middle-aged women. Marriage in patriarchal society puts women in dependent and subordinate position while men enjoy power and dominance. Extramarital relationship of husband is tolerated but cannot of women.

It was found during the study the extramarital relationship of husbands affected the life of women, resulted in development of nervousness, hopelessness, low self-esteem and depression among women. It had been observed during the study that middle-aged women reported that extramarital relationships had shattered their trust in their partner which is a factor affecting the marital relationships.

Moreover, it affected the family as whole including children. Husbands with extramarital relationships did not provide emotional support to their wives and at

times neglected their children as well, the study reported. Lack of emotional support had affected the emotional wellbeing of middle-aged women was found during the study. When women question husbands about the negligence of wife and family without any reason they are physically assaulted by husbands, the study reported. The same view was expressed by 15 respondents, and the same is evident from the following quote by the respondent 102, a 40 year women:

"My husband has extramarital relationship with another women, he does not give me emotional support, he assaults me physically and neglects me. It affected our family badly, I am mentally disturbed".

It was found that even after husbands promise to leave the extramarital relationships they still remain in contact with those women which leads to emotional distress mong their wives. The study reported the use of internet enabled phone(smart phone) and online social media handles particularly WhatsApp used by men to remain in touch with those women. Women were denied access to mobile phones of husbands in case they suspect the husband and resulted in physical violence.

It was observed during the study that women had been economically dependent on men and those who had children they were unable to leave the abusive relationships, making them more vulnerable to violence and mental distress with in families. Women had been living with less social integration with their families which had affected their mental health.

This finding is in accord with the theory of Durkheim (1952),which states that lack of integration of an individual to family or community results in mental health issues like suicide ideation.

The finding aligns with the concept of "hegemonic masculinity" of Connell who states that among other things, heterosexuality, control and aggression are used by men to control women(Connell,2013).

The deep-rooted patriarchal structures within all institutions maintain unequal distribution of power and favour men against women (Nadeem, 2024).The finding is

in accord with the study which reported extramarital relationship of husband a cause of domestic violence and mental distress(Mundodan et al., 2021).

The study aligns with the study of Dabla (2009) which reported that extramarital relationship of husband was a factor of intimate partner violence in Jammu and Kashmir.

4.9.8 SUB -THEME 7 : ABANDONMENT OF WOMAN BY HUSBAND

"Abandonment of Woman by Husband" was a prominent sub-theme under the main theme 'Socioeconomic and Cultural Factors' responsible for mental health issues of middle-aged women in Jammu and Kashmir. The theme was identified by 6 respondents in the study. It was found during the study that abandonment of wife was used as a method to inflict emotional violence to women. Moreover, such women were neglected economically too. These factors had caused distress to women who were in relationship but abandoned by their husbands.

Women had been abandoned due to so many reasons: unfulfilled dowry demand, drug addiction of husband, son preference and extramarital relationship of husband. Women did not report domestic violence to parents or any government agency which is consider as degrading to family, community and society. The neglect of women on part of husband or in-laws was a factor which led to social isolation of women within families. Husbands who didn't talk with their women, resulted isolation, loneliness, worth-lessness, hopelessness and suicidal tendencies among neglected women.

There was a common perception among women that abandonment on part of husband or in-laws or both made their life very miserable and they developed low self-esteem, worthlessness and even suicidal thoughts. The same is evident in the following quote from the interviewee 93, a 54-year old women:

"My husband does not talk with me, the reason being I have two daughters and not a son. when I try to talk with him he neglects me. In extreme cases when I insist, then he talks through children, my in-laws do the same, I have no respect in their eyes, I stand nowhere, if I did not have children, I have committed suicide, because my life has become hell in the family. I am depressed".

The study also revealed abandonment of women can be due to the drug addiction of husband, as the same is narrated by the respondent 33,a 46 year old woman:

"My husband is a drug addict, he does not take our care, I have two children, he lives separate from us ,I am frustrated, what shall I do. I am witnessing this since last 9 years, what will happen to my children. This time I am supported by my parents".

Moreover, interesting it was found during the study that moving of people to abroad (an aspect of globalization) has given a new turn to domestic violence reflecting how gender and migration intersect to exacerbate the domestic violence against women. Study revealed that some women (3 respondents reported) whose partners were working overseas, abandoned their women as, didn't take them abroad and made huge dowry demands in all three cases. The leaving of women behind and moving abroad and not taking to them on phone or communicating through social media handles had made women feel alienated, powerless, and hopeless. Women in such situations had develop depression. The same was reported by the respondent 87, a 40 year old women:

"I was married 3 years ago, the marriage was consummated on the condition that my husband will take me with him, as he was working abroad, he spent just 2 months with me and then left as he told me when I will reach abroad, will process for your visa. In six months I was repeatedly asking him when will my visa come, as I did not receive any mail or message on my mail regarding the same, he told me to ask your parents transfer Rs 50,000,as I have some issue with my credit card, I did it. Instead of it he did not process it and demanded dowry of 5 lakh. I and my parents are mentally disturbed and I take medicines of depression now a days".

The common perception among the middle aged women was that abandonment created emotional distress for women and affected their mental health.

The finding is in line with the study of Abusbaitan et al. (2025) where four attributes of emotional abuse were identified, including humiliation, indifference, control, threat, and intimidation. Emotional abuse in women leads to poor psychological, perinatal, and intimate relationship problems.

Anitha & Yalamarty (2021) in the study, "*Transnational Marriage Abandonment: A new Form of Domestic Violence and Abuse in Transnational*

Spaces", based on life - history narratives of 57 women in India and 21 practitioner interviews during 2013-2016—was to understand the problem of transnational abandonment of wives in the Indian states of Delhi, Punjab and Gujarat.

The finding is in line with the results of a study in Jammu and Kashmir which reported that neglect of women by husband is one of the types of abuse directed against women in domestic violence. Domestic violence also leads to mental disturbance the study reported(Dabla, 2009).

4.10 THEME 5: RESPONSE OF WOMEN VICTIMS TO DOMESTIC VIOLENCE

Table 4.19

Response of Women Victims to Domestic Violence

Theme	**Subtheme**	**Frequency**	**Percentage**
Response of Women to Domestic Violence	Informal Social Support Utilized	25	24.50
	Formal Social Support Utilized	77	75.50
	Govt. Services for Women Victims of Domestic Violence		
Total		**102**	**100**

Source: Primary Data

4.10.1 THEME 5 : RESPONSE OF WOMEN VICTIMS TO DOMESTIC VIOLENCE

"Response of Women Victims to Domestic Violence" was a strong theme which emerged in the present study after the thematic analysis of data based on grounded

theory with inductive approach. The theme in the present study was identified by the middle-aged women of Jammu and Kashmir who had experienced domestic violence in different forms like physical violence, emotional violence, economic violence and sexual violence. Women responded in different ways to domestic violence. It was found during the study, when domestic violence became intolerable women responded by taking the recourse of informal support services like support of family(natal family) and friends and different formal support services like police and court.

Initially the victims tolerated domestic violence and did not disclose it to any one even their own parents to save family honour because it is believed that if a women will leave her husband's home it is a sort of disgrace and humiliation for the women's family, and is looked with disdain by the society.

Women have to bear violence is a cultural norm and they have to be good wives or for that matter good women. When violence becomes unbearable women have no choice rather than to report it to family and government law enforcing agencies like police and court.

It had been found during the study that 25 respondents had exclusively taken help of their own family and friends in case of domestic violence. They had not reported it to police. Women because fear of family honour silently bear domestic violence without going for legal support. Though it affected their health particularly mental health nevertheless they did not report it to formal agencies due to social stigma attached to it. Women tried to resolve the issue at family level with the help of elders and friends.

It was observed during the study that women in majority of the cases responded to domestic violence by taking the help of police as reported by 77 respondents. When informal support like that of family and friend did not work women utilized formal support services.

In majority of the cases, the formal support was that of police, because almost in every district there is a women's police station in Jammu and Kashmir which looks

after different issues of women and particularly domestic violence. As a consequence, it is convenient for woman to report the violence case to women's police station.

It had been found that women victims of domestic violence were given all free facilities like registration of their cases, free family counselling, and psychosocial and legal support and much more.

The formal services provided by police was very helpful as reported by women victims of domestic violence. A common view was held by 77 respondents in the study that police was of immense help to victim and provided security from the perpetrator. Women reported perpetrators use dominance to subjugate and threaten them, and physically abuse them, but when matter is brough to police, then we take a sort of solace because of the support of police in correcting the erring perpetrator. Therefore, police services was dully acknowledged by the victims of domestic violence. Reflecting on the same respondent 67, a 45 year old women illustrated:

"I am highly thankful to police for saving me and my children from my husband, because he used to beat me so much. When I registered my compliant with women police station, they listened patiently and took quick action and they called my husband to police station and then my husband gave an undertaking (affidavit) that he will never beat his wife again. Since, then the situation has become normalised".

The response by the police depends upon the nature of case, it had been found that in case of domestic violence if both parties are willing for reconciliation, then counselling services are provided by expert police officers. While discussing the usefulness of couple counselling by police, respondent 43, a 40 year old women reported:

"This is my 3rd turn to visit women police station, after I registered a complaint against my husband, who used to beat and neglect me, it had been just 5 years to our marriage, with the help of counselling services my husband realised his mistake and we both decided to live a peace full life without violence from now. It was all possible by sincere efforts of J&K police, I am highly thankful to them".

Whereas, it had been observed that for some cases where perpetrator did not stop violence against women then police had to proceed under relevant provisions of law like Domestic violence Act, 2005 (Though implemented in 2005 in India, yet it

was implemented in Jammu and Kashmir in, 2010).All in all, victim gets support, security and they are able to live peaceful life with the services and support of the police.

4.10.2 SUB-THEME 1: INFORMAL SUPPORT UTILIZED BY MIDDLE-AGED WOMEN VICTIMS OF DOMESTIC VIOLENCE

"Informal Support Utilised" by women victims to domestic violence was a strong theme which emerged in the present study after the thematic analysis of data based on grounded theory with inductive approach.

The theme in the present study was identified by 25 respondents who had experienced domestic violence in different forms like physical violence, emotional violence, economic violence and sexual violence. Women responded in different ways to domestic violence.

It was observed during the study that middle-aged women victims of domestic violence do not disclose domestic violence until it becomes unbearable and affected their day to day life. It was reported by women victim of domestic violence that they did not disclose first for this hope that perpetrator may stop and things may become normal, but when it did not happen then it was reported to family members.

The social structure being patriarchal and the gender stratification puts women in subordinate position to men. Women due to fear of family honour did not disclose violence to any one and suffered silently. It was found that when women realised perpetrator will not stop violence and things will not go better they reported to family members particularly father, mother and bother/sister. The informal support sometimes becomes effective reported by respondents. Talking about the same, respondent 91, a 58 old women reported:

"Though the intervention of family was of some help, and now my husband is not beating me, but depression which I had developed due to violence over so many years almost 15 years is there, I am still taking medicine".

Reflecting on the same theme respondent 96, a 52 year old women illustrated:

" I am being very harshly beaten by my husband very often, I am very fearful of my husband these days also. Though he does not beat me these days but he ignores me and it disturbed me mentally, I am taking anxiety medicine".

Therefore, there was a common perception among women though informal support of family will work to some extent, but the mental health issue arising due to domestic violence experienced by women remain there with such women.

The finding accords with the study of Smith (1987) victimization through violence or becoming a passive absorber of violence is an everyday experience of women in patriarchal societies. The study is also in line with the study of Dube(1988) tilted, *"The Construction of Gender: Hindu Girls in Patrilineal India"*, where she focuses on aspects of the process of socialization of Hindu girls through rituals, ceremonies, use of language and narratives, and practices within and in relation to the family (Dube, 1988).

The finding is in line with the study of Zaykowski (2014) which reported that abused women more often did not seek help from formal sources and also did not prefer to disclose. Studies indicate women more likely seek help from their friends and family members than legal help and severity of the injury determine the direction of the help-seeking behaviours.

The finding is also supported by the study of Dabla(2009) which reported that in case of marriage dispute or domestic violence family and friends (informal support) plays a crucial role in resolution of the same.

4.10.3 SUB-THEME 2 : FORMAL SUPPORT UTILIZED BY WOMEN VICTIMS OF DOMESTIC VIOLENCE

"Formal Support Utilised" by women victims to domestic violence was a strong theme which emerged in the present study after the thematic analysis of data based on grounded theory with inductive approach. The theme in the present study was identified by 77 respondents who had experienced domestic violence in different forms like physical violence, emotional violence, economic violence and sexual violence. Women responded in different ways to domestic violence.

It was observed during the study that women first hesitate to disclose violence for sake of saving family honour demanded by the patriarchal nature of society and gender power dynamics operating in the society where women enjoy less power as compared to men. However, when violence became unbearable women first reported to family and friends - a type of informal support. But when that becomes unbearable they then reported the issue to government agency particularly police.

A common perception among women victims of domestic violence was that government services particularly police was of immense help. Free counselling, free legal aid, free registration of complaint by victim, toll free numbers, vehicle services ,online services for lodging compliant are services provided by police to victims of domestic violence. Discussing the same, respondent 88, a 46 year old women narrated:

"Police helped me a lot, they called my husband to women police station and counselled him. This is my fourth visit to police station. Though, I am mentally upset, today my husband gave undertaking(affidavit)he will not abuse me in future. I hope he may behave in a good way".

It was observed during the study that depending upon the nature of domestic violence cases, police dealt under relevant provisions of law to deal with perpetrator and to provide justice to victim.

Moreover, it had been found that where the case of violence is not settled and one party/both want divorce through court then the case with all legal requirement are forwarded to court for further legal process.

Therefore, the common perception among women was that government services particularly of police were effective in providing justice to victims. The services like free counselling, registration for complaints, free legal aid and online registration services were very useful.

The finding aligns with the study of Dabla(2009) on domestic violence against women in Kashmir valley which reported women victims of domestic abuse use formal support services like courts to resolve their issues which had proved more realistic and effective in resolving domestic violence issues.

4.10.4 SUB-THEME 3: GOVT SERVICES FOR WOMEN VICTIMS OF DOMESTIC VIOLENCE

"Government Services" for Women Victims to Domestic Violence was a popular theme which emerged in the present study after the thematic analysis of data. It was observed during the study that women victims in majority of cases utilized services of police 77 respondents out of 102 took benefit of government services and of law implementing agencies a well.

One of the watershed act, meant for protection of woman from domestic violence is "*Protection of Women from Domestic violence Act, 2005"*. But the same act was implemented in Jammu and Kashmir in 2010 called as "*Jammu and Kashmir Protection of Women from Domestic violence Act, 2010"*.

The Act extends to the whole of the state of Jammu and Kashmir. Section 2(a) of the Act will help any women who is in or has been in domestic relationship with the respondent in the case. It empowers women to file a case against a person with whom she is having a 'domestic relationship 'in a 'shared household', and who has subjected her to 'domestic violence'.

The act covers domestic violence of different types like physical violence, emotional violence, economic violence and sexual violence. There are different provisions in this act which are meant for protection and provision of services to women victims of domestic violence like: powers and duties prescribed for magistrates, police officers and other concerned officers for protection of women from domestic violence.

The Act has also the provision of shelter homes for women victims of domestic violence, provision of medical services, welfare assistance to women, right to reside in a share household, monetary relief, compensations orders to women, protection orders, grant of interim and ex-parte orders, court to give copies of orders free of cost, proceedings to be help in camera and other provisions for women victim of domestic violence. Under IPC 498A- if husband or relative of husband of a women subjects her to cruelty, will get punishment of 3 year imprisonment, and fine as the case may be.

It was found during the study that all the victims who had applied for any assistance had been provided under the Act by the concerned government agency particularly police and courts. Moreover, women special cells work in almost all districts of Jammu and Kashmir which are under the *"National Commission for Women"* and collaboration of *"Tata Institute of Social Science"*, Mumbai. They too uphold the sanctity of the constitutional and legislative provisions for protecting women against domestic violence.

In addition *"One Stop Centre Scheme"* of government provides psycho-social and Lego-medical support to women with domestic violence.

It was observed during the study that law implementing and enforcing agencies are working to implement the laws in letter and spirit and provide safety and security to women. In addition to the government services, different non-governmental organisations also work for the welfare of women victims of domestic violence.

4.11 THEME 6 : RESPONSE OF WOMEN VICTIMS TO MENTAL HEALTH ISSUES

Table 4.20

Response of Women Victims of Domestic Violence to Mental Health Issues

Theme	**Sub-theme**	**Frequency**	**Percentage**
Response of Women Victims to Mental health Issues	In-formal Social Support Utilized	34	33.33
	Formal Social Support Utilized	68	66.67
	Govt. Services for Women with Mental Health Issues		
Total		**102**	**100**

Source: Primary Data

4.11.1 THEME 6 : RESPONSE OF MIDDLE-AGED WOMEN VICTIMS TO MENTAL HEALTH ISSUES

"Response of Women Victims of Domestic Violence with Mental Health Issues" was a strong theme which emerged in the present study after the thematic analysis of data. The theme in the present study was identified by the middle-aged women of Jammu and Kashmir who had experienced domestic violence in different forms. It was found during the study that women responded in different ways to mental health issues arising due to domestic violence.

The patriarchal social system and the corresponding gender stratification places woman in a subordinate position. When women face domestic violence they didn't disclose it to save honour of family because it is cultural belief that women should have to bear the things in matrimonial house. Furthermore, women didn't leave abusive relation due to loss of fear of children as reported by 53 respondents out of 102 in the study. Therefore, they hesitate to disclose it at first and suffer silently. The moment it gets unbearable there is no option rather than to report it to family, social notables(elders of community) or even to government agencies like police and court etc., as was observed during the study. It had been found that domestic violence had a bad effect on the mental health of women. Women had developed issues of anxiety, depression, posttraumatic stress disorder and suicide ideation due to domestic violence.

Domestic violence affected women badly because women subjected to domestic violence have both physical and mental health issues. Women can disclose physical health issues but women hesitate to disclose the mental health issue because of the negative stereotype and social stigma attached to it. Consequently, women get caught in a miserable situation because on one hand they had been experiencing domestic violence and on other side they had developed mental health issues, which is negatively perceived by the society and as stigmatised. It had been observed that women who had mental health issue fail to recognise it as a health issue because they consider simply it due to strained relationships or due to domestic violence for which they think there is no need of medical treatment. It was observed during the study that

34% of respondents with domestic violence who had mental health issues had not consulted doctors for their treatment either due to fear of social stigma or they were unable to consider it as a health issue. It had been observed that 5% out of 35% women had been found using religion as source of healing. Whereas, 68% had been found using formal support like mental health services.

It had been observed that there are free mental health services for women victims: free medical check-up, free counselling and medicines and online "Tele manas" services for all including women.

4.11.2 SUBTHEME 1: INFORMAL SUPPORT SERVICES

"Informal Support Utilised" by women victims of domestic violence in case of mental health issues was a strong theme which emerged in the present study after the thematic analysis of data based on grounded theory with inductive approach. The theme in the present study was identified by 34 respondents who had experienced domestic violence in different forms like physical violence, emotional violence, economic violence and sexual violence and had developed mental health issues like anxiety, depression, posttraumatic stress disorder or suicide ideation. Women responded in different ways to mental health issues.

It had been found that women who had developed mental health issues had responded in different ways like utilizing informal support of family and friends and formal support like medical health services. Majority of the respondents had utilised formal support services 68 out of 102 and 34 had utilised informal support services out of 102.

It was observed during the study that women who developed mental health issues hesitate to disclose the same due to fear of social stigma and negative stereotype associated with it, which can further lead to low self-worth and social isolation among women. There was a common perception among women that domestic violence disturbs their mental health. It was found during the study that some women with mental health issues were not given due care in their matrimonial families by husbands and in-laws, as reported by 34 respondents out of 102. Women

had also used support of religion in some cases as discussed above. These women were not given socio-economic and moral support. These women mostly took support of their natal family in case of informal social support followed by friends and found that useful. Talking about the same issue respondent 87, a 52 year old women illustrated:

"You know with domestic violence I feel very disturbed mentally, and I am ignored by husband and in-laws, now my parents support me. With the support of parents I feel somewhat relaxed".

Reflecting on the same, respondents 44, a 54 year old women narrated:

" I am hopeless, and feel worthless as my husband is abusing me. He neglects me and now parents provide me social and emotional support which relieves my mental disturbance to some extent".

Therefore, common feeling among women was that informal support of family, friends and religion has been helpful in case of mental health issues.

The finding is in line with the study which reported that women more likely seek help from their friends and family members than legal help and severity of the injury determine the direction of the help-seeking behaviours (Zaykowski, 2014).

The same finding aligns with the study of "*Kashmir Mental Health Survey Report"* 2015 conducted by Institute of Mental Health and Neurosciences which reported 29% of people with mental health issues report the support of relatives was helpful. The most commonly reported coping strategies were prayer, talking to a friend or family member, trying to keep busy, social isolation and going for a walk, the study further added.

4.11.3 SUBTHEME 2 : FORMAL SUPPORT SERVICES

"Formal Support Utilised" by women victims to domestic violence in case of mental health issues was a strong theme which emerged in the present study. The theme in the present study was identified by 68 respondents out of 102.Women had experienced domestic violence in different forms like physical violence, emotional violence, economic violence and sexual violence and had developed mental health issues like anxiety, depression, posttraumatic stress disorder or suicide ideation.

Response of women to mental health issues was dependent on victim and type of mental health issue.

It was found that women who had developed mental health issues like anxiety ,depression, posttraumatic stress disorder or suicide ideation have responded to it by taking help of mental health services. It was found that those women who had utilized mentally health services were badly affected than those who had just taken support of family and friends with less severe mental health issues. Women reported, responding to mental health issues by utilising mental health services was important and essential for them. There was a common perception among women about it. Taking about the same, respondent 22, a 48 year old women illustrated:

"Initially I did not go to take medical health services for my mental health Issues but as it deteriorated I was unable to manage things properly, then I thought to take medical health services. After utilizing mental health services I feel good now".

Reflecting on the same issue, similar view was shared as is evident in a quote from respondent 55, a 53 year old women :

" I was unable to enjoy my life, because of metal health issue, now I have taken medical service and now I am feeling stable".

Mental health services like medical consultations and counselling had been found useful by women victims of domestic violence with mental health issues.

The same finding algins with the study of Jordan, Campbell & Follingstad (2010) which reported that victims turn to formal support to mitigate the mental health issue and rate their experiences with mental health professionals positively and characterize their help as useful and supportive.

It is in line with the study of "*Mental health illness in Kashmir Valley: A Community based prevalence study of Mental health issues in Kashmir(2016)"* conducted by *"Institute of Neuroscience and Mental health, Government Medical College Srinagar",* reported that in case of mental illness, the reporting levels are generally very low due to many reasons including very high stigmatisation and low awareness. In many cases, families aren't able to understand what is happening with

the person suffering from mental illness because of the invisible nature of the mental illnesses.

4.11.4 SUB-THEME 3: GOVT SERVICES FOR MIDDLE-AGED WOMEN WITH MENTAL HEALTH ISSUES

"Govt Services" for women with mental health issues was a popular theme which emerged in the present study after the thematic analysis of data. It was found during the study that women victims of domestic violence with mental health issues in majority of cases responded by utilizing mental health services as reported by 68 respondents out of 102. Though initially women had turned to family and friends for support but when they were of no help in mental health issues they were taken to hospitals for seeking mental health services.

In response to the pressing issue of mental health, the Jammu and Kashmir government has approved the creation of a Mental Health Authority, which would oversee the appropriate operation of all mental health facilities throughout J&K. The Jammu and Kashmir Mental Healthcare (Mental Health Authority) Rules, 2023, may be used to refer to these regulations.

All mental health facilities and professions involved in the field would be registered with the Mental Health Authority, which has received approval from the J&K government. The rules have been made for the proper implementation of the *"Mental Healthcare Act, 2017"* in J&K. Now the mental health establishments in J&K would be audited and inspected to ensure transparency, while the Mental Health Authority would maintain accounts of its income, expenditure, and online register as well(Greater Kashmir, 2023).

The provisions in place for people with mental health issues in general and for women in particular are:

1. Right to access mental healthcare.

2. Right to community living.

3. Right to protection from cruel, inhuman and degrading treatment.

4. Right to equality and non-discrimination.

5. Right to information.

6. Right to confidentiality.

7. Restriction on release of information in respect of mental illness.

8. Right to access medical records.

9. Right to personal contacts and communication.

10. Right to legal aid.

11. Right to make complaints about deficiencies in provision of services.

12. Promotion of mental health and preventive programmes.

There are services of : free medical check-ups, free counselling and free online counselling which comes under '*Tele manas'* scheme which is very much used by women victims of domestic violence and mental health issues. It was found during the study that all the services have been found very beneficial by the women victims of domestic violence with mental health issues. In case of women who are admitted for some time (15/days or 1 month) as the case may be, are provided regular check-ups, free medicine, free food and other services as reported in 3 cases during the study.

Women acknowledged the positive contribution of the health services for the recovery and betterment of health. Moreover, the element of empathy was very much appreciated by women about doctors, counsellors, nursing staff and overall administration.

4.12 CASE STUDIES

This sub-section highlights some of the case studies of the present study in order to have an in-depth analysis of some of the cases, to have a graphic and intensive

study of some selected cases to reflect upon some of the unique and common themes emerging across the data. Six case studies have been selected, illustrated here as under:

1. Case Study-1

Drug Addiction Of Husband And Son Preference And Domestic Violence

TANISHA'S STORY

This Case Study is drawn from one of the participants in the present study. It focuses on one middle-aged woman's experience of domestic violence and its impact on mental health. Pseudonym has been used to protect the identity, maintain confidentiality and anonymity of the respondent to uphold the research ethics.

Tanisha (not her real name) is a middle-aged woman, aged 48, and a mother of two daughters. Tanisha experienced domestic violence from her husband.

She experienced physical, economic, emotional violence from her husband. Her father-in-law had supported the perpetrator.

Cause of Domestic Violence

The cause of domestic violence were two factors; drug addiction of her husband and son preference. *"The family of her husband had deceived them because they were knowing that their son was taking drugs but they hide it and marriage was consummated", said Tanisha.*

Drug addiction

Tanisha's husband used to beat her when he takes drugs. She got injuries a number of times. Reflecting on the violence, she had experienced from her husband, she said,

"I told my husband if you take drugs I will tolerate for the sake of my two daughters but please don't beat me".

Son Preference

Tanisha was abused by her husband for not having a son as she has only two daughters. While reflecting on the same she narrated:

"My husband used to treat me very badly, because he told me you have not a son, you have only daughters…he abuses me very much and I developed depression…then I was pregnant third time and he used to say if you would beget a baby girl this time, I would divorce you and he did not take care of me and the foetus, I was very much mentally disturbed… and when the baby was born, he was a baby boy; but as I was mentally very disturbed and he inflicted me too much stress, I was mentally distressed and my baby boy died after 10 days of delivery, he did not develop heart properly and died. I did not know, was it because my husband is a drug addict or because I was mentally disturbed by him". (Tanisha)

Impact on Mental Health

"Domestic Violence has Impact on my Mental Health" said, Tanisha. She had developed persistent fear, because when her husband takes drug he beats her very much. She had developed swelling in her neck due to beating. She had developed persistent fear. She is not able to sleep well and is depressed.

Silently Endured Violence for Long Time

Tanisha endured violence for a long time on this hope that her husband may change and things may become better but it was all in vain, nothing changed for betterment of Tanisha and her two daughters. Reflecting on same she narrated:

"I endured domestic violence initially for 2 years and then I had baby girl, I told him divorce me so that I could decide something for myself and my daughter who was just 6 months at that time. He did not, and I thought he might change but he did not, then I thought he may change after birth of second child but it was also in vain; he did not leave drugs and furthermore he abused me for not having a son". (Tanisha)

The violence has now become unbearable, she had told her parents but nothing went for her goodness . Then she took the legal procedure and registered a complaint against her husband in police station demanding protection against physical ,emotional and economic violence. She demands maintenance for her girl children

and herself. She firmly established if he will provide maintenance and will not abuse her she along with her two daughters will live separate, because she is now thinking about her two daughters and their career. Though he is taking drugs very much yet if he will not beat me and provide maintenance I have no problem because I am wholly concerned about the career of my two daughters.

2. Case Study-2

Extramarital Relationship And Drug Addiction And Domestic Violence

REETU'S STORY

This Case Study is taken from one of the participants in the present research study entitled Domestic Violence and is Impact on Mental health of Middle-aged Women in Jammu and Kashmir. This case study focuses on one middle-aged women's experience of domestic violence and its impact on her mental health. Pseudonym has been used for confidentiality and anonymity of the respondent.

REETU'S STORY

Reetu (not her real name) is a middle-aged woman, 45 aged, and a mother of two children-one daughter and one son. She is a working lady with handsome salary. Reetu experienced domestic violence from her husband. She experienced physical ,economic and emotional violence from her husband, who is a good rank officer than his wife, with good salary.

Cause of Domestic Violence

The cause of Domestic violence was extramarital affair of her husband and drug addiction.

Extra-marital affair

Her husband neglected and ignored her. Reflecting on the same Reetu narrated that:

"My husband is ignoring me and neglecting me, he does not provide me any emotional support, I am a working lady, I need emotional support from my husband, money is not everything, emotional support is must in marital relationship".

Drug addiction

Reetu's husband was ignoring her and at times beated her when he had taken drugs. She was very much disturbed, weeping and crying in despair because her husband was not providing her any emotional support. Reflecting on the emotional violence, she had experienced from her husband, *she said, "my husband do not show any interest in me, I am broken inside, I do not get any emotional support from him, I have developed low-self-worth, I have two children, they are also disturbed very much".(*Reetu)

Living Separately

Reetu was living separate with two children. Though she was provided all financial support but no emotional support. Her husband was not taking with her for last one year. Both children were studying. Their studies had affected because the children were also not receiving emotional support, though they were provided all financial support. Her husband was living separate.

Her husband was adamant to provide all financial assistance but not to live with his wife, as he told why she came to register the complaint with police, she dishonoured me and faced humiliation in police station, said her husband.

While speaking why he will not live with his wife he said' *"she ruined my honour and defamed me, I lost my honour and respect, I cannot live with her, she went to police ,what type of women she is".*

Impact on Mental Health

"Domestic Violence has Impact on my Mental Health "said, Reetu. She had anxiety and was not able to live a good life, she developed sleeplessness and was crying a lot because her husband was not showing any interest in her.

Tolerated Violence for Some Time

Reetu tolerated violence for some time on this hope that her husband may change and give up the extramarital relationship with the girl, but it did not happen. She was then compelled to register complaint with police station against her husband. Reflecting on same she narrated:

"I tolerated domestic violence initially for 1 years on this hope he may mend his ways but it did not happen. I caught him red handed while taking with the girl on phone and having obscene messages. He is not changing his behaviour".(Reetu)

The violence has now become unbearable she had told her parents and they registered a complaint with the police demanding protection against emotional physical and economic violence. Though her husband was proving the financial assistance but he was ignoring his wife and she was very much mentally disturbed and was in mental distress and had developed anxiety and was crying a lot. Their two children had been disturbed also due to domestic violence in family.

3. Case Study-3

Dowry Demand, Domestic Violence, And Attempted Suicide

SANGEETA'S STORY

This Case Study is taken from one of the participants in the present research study entitled *"Domestic Violence and is Impact on Mental health of Middle-aged Women in Jammu and Kashmir".*

This case study focuses on one middle-aged women's experience of domestic violence and its impact on her mental health. Pseudonym has been used for the respondent to conceal her identity.

SANGEETA'S STORY

Sangeeta (not her real name) is a middle-aged woman, aged 43, and a mother of one child. She is a house wife. Sangeeta experienced domestic violence from her husband and mother -in-law. She experienced physical, emotional violence from her

husband and mother-in-law very often. She was subjected to domestic violence because of the dowry demand. Husband and mother in law persistently abused her for not meeting their dowry demand, Sangeeta hanged herself to the fan and became morbid (live but not able to do anything-unable to speak, walk or even to move lips. Reflecting on the domestic violence and the suicide attempt by Sangeeta, her father and brother narrated:

"She is very gentle women, but her husband and mother-in-law treated her very badly. They tortured her very much…they demanded dowry from her in the form of gold and cash, we were unable to manage…they abused her very much and finally she attempted suicide…now you see her condition….pointing towards Sangeeta who was in the lap of her brother[in one of the women police stations of the selected universe, where researcher was observing domestic violence cases] …she was not able to talk, walk, even to move lips, only thing she can do is to move her eyelids. "Now, she is wholly dependent, for even to take a sip of water", said Sangeeta's brother.

Cause of Domestic Violence

The cause of Domestic violence was dowry demand by husband and mother-in -law.

Dowry Demand

Her husband and mother in-law demanded dowry from Sangeeta and reflecting on the same her father narrated that: *"My daughter persistently faced dowry demand by her husband and mother-in-law. She was physically and emotionally abused. She was very much disturbed mentally and she attempted suicide".*

Social Restrictions

Sangeeta was not allowed to go to market. If she went some time, she was abused physically and emotionally. They used to tell her you are a bad women. She was not allowed to talk to her parents even on phone. She was not allowed to visit to her parents.

Timeline of Violence

Sangeeta endured violence for a long time on this hope that her husband and mother-in-law may change, but it did not happen. Her family was then compelled to register complaint with police station against her husband and mother-in-law. Reflecting on same her father narrated:

"She tolerated domestic violence initially for 2 years on this hope they may mend their ways but it did not happen."

Violence became unbearable she then attempted suicide. She was very much mentally disturbed and was in mental distress, had developed depression and was crying a lot and finally he attempted suicide and she is now in morbid state.

Impact on Mental Health

"Domestic violence had Impact on her Mental Health" said, Sangeeta's father. She was very depressed and was not able to live a good life, she developed suicidal tendencies because of continuous abuse and finally she attempted suicide. Now she is not able to speak, talk, walk or even take a sip of water herself.

4. Case Study 4

Dowry Demand And Transnational Abandonment

SABEENA'S STORY

This case study is drawn from one of the participants in the present research. This case study focuses on one middle-aged women's experience of domestic violence and its impact on mental health. Pseudonym has been used to protect the identity and maintain confidentiality and anonymity of the respondent.

Sabeena (not her real name) is a middle-aged woman, aged 41. Sabeena experienced domestic violence from her husband, who was working abroad in Canada. They came to know each other through shadi.com in 2021. She got trapped in sugar coated behaviour as she was told by her husband and in-laws that the boy is

having permanent residence of Canada. Moreover, she was told that her husband is owner of an automobile company in India. She brought heavy gold for mother-in-law.

Cause of Domestic Violence

The cause/s of domestic violence were two factors; dowry demand and drug addiction of her husband. *"The family of her husband had deceived me because they were knowing that their son was working as a small employee in some private company abroad, and they also hide their son was a drug addict", said Sabeena.*

Dowry demand

First the gold was taken from her and was taken by mother-in-law in her own custody, and her husband demanded cash of Rs,50000 from her which she managed from her father and then after demanded Rs, 2 Lakh. On not paying 2 lakh her husband, mother-in-law and father-in-law harassed her a lot. Reflecting on the same Sabeena Said:

"My mother one day asked me to hand over her gold and I will keep it in safe custody, being an obedient daughter-in-law, I handed over the gold to her and since then I don't have any access to that gold; my husband took Rs,50000 from me and further demanded Rs, 2 Lakh more. My father-in-law abuses me very much, even he uses filthy language, I could not tell my parents about his ridicule language. I endurance for one year so that things might change, but nothing good happened, they used to do the same, I am mentally distressed".(Sabeena)

Drug addiction

Sabeena's husband used to beat her when he takes drugs. She got injuries a number of times. Reflecting on the violence she had experienced from her husband, she said about her husband *"he takes a lot of narcotics and other drugs and then cries a lot on me, and beats me. I have developed persistent fear, I developed flash backs of the situations where he beated me".* (Sabeena)

Endurance of Domestic Violence and response Thereof

Sabeena endured violence for a pretty long time on this hope her husband may change but it was all in vain, nothing changed for betterment of Sabeena. Reflecting on same she narrated:

"I endured domestic violence initially for 2 years on this hope that the behaviour of my husband and in-laws may change. But that never happened". (Sabeena)

When the violence was beyond limits she took the legal procedure and registered a complaint against her husband in police station demanding protection against physical, emotional and economic violence. She is not able to enjoy her life and is living with depression.

Impact on Mental Health

"Domestic violence has Impact on my Mental Health "said, Sabeena. She had developed persistent fear, because her husband he persistently demands dowry in cash and kind. Furthermore, her husband takes drug and he beats her very much. She had developed swelling in her neck and ear. She had developed persistent fear. She is not able to sleep well and is depressed.

5. Case Study 5

Husband Asks Wife To Handover Salary To Him

Shaheen's Story

This case study is drawn from one of the interview of participants from the present research. This case study focuses on one middle-aged women's experience of domestic violence and its impact on her mental health. Pseudonym has been used to refer to the victim to hide her real identity.

Shaheen (not her real name) is a middle-aged woman, aged 48, and a mother of two children; one son and one daughter. She is a government employee. Shaheen experienced domestic violence from her husband, who is a contractor. She experienced physical, emotional and economic violence from her husband. Her father-in-law supported the abuser.

Cause of Domestic Violence

The cause of domestic violence was that her husband asked her to hand over all salary to him, which she did not. She was physically abused by her husband. She had developed persistent fear due to constant beating by her husband. Her husband physically and verbally abuses her, she is in mental distress. Reflecting on the physical abuse and the demand of salary by her husband Shaheen narrated:

"My husband asks me to handover all the salary to him, he is a contractor, he earns money out of his business, why should I hand over all my salary to him. He gets very angry and shouts at me without any reason, and then beats me. I have received injuries so many times. One day he beated me ruthlessly, and on that day I thought he will kill me, I fortunately hide myself in the washroom and I locked the door and cried a lot till the neighbours arrived and saved me; I spent that night in the neighbour's house and next day early in the morning I left for my natal home. He told relatives and neighbours that I am mad which I am not. He disturbed me and I have mental distress; if he will live in an amicable way with me, I will be fine, but he is not living in amiably with me".(Shaheena)

Shaheena Endured Violence for Sake of Child

Shaheena endured violence for a long time and was hoping her husband may change, may live amicably but it was not true. Reflecting on same she narrated:

"I endured domestic violence initially for 2 years and then I had a baby boy, I told him divorce me so that I could decide something for myself and my son. I thought he might change but he did not". (Shaheena)

The violence when became out of limits then she told her parents. She took the legal course and registered a complaint against her husband in police station demanding protection against physical, emotional and economic violence.

Impact on Mental Health

"Domestic violence affected my Mental Health" said, Shaheena. She had developed persistent fear of her husband, because he beats her very much. She had body bruises due to beating. She is not able to sleep well, and she is mentally distressed due to persistent violence.

6. CASE STUDY 6

CCTV Surveillance In Family, Controlling Behaviour And Domestic Violence

DEEPU'S STORY

This case study focuses on one middle-aged women's experience of domestic violence and its impact on her mental health. Pseudonym has been used to protect the identity and maintain confidentiality and anonymity of the respondent.

Deepu (not her real name) is a middle-aged woman, aged 48. Deepu experienced domestic violence from her husband, who is a business man. Her husband beats her much because he is having extramarital affair himself.

Cause of Domestic Violence

The cause of domestic violence was that her husband was having extramarital affair and when his wife told him about it he alleged her that you too are having extramarital affairs so that he will get the ground to beat her and hide his own infidelity. Deepu narrated the same:

"When I get to know about the extramarital relationship of my husband I told him to give-up and live a good life with family. Instead he would concede, he alleged me that actually you are having extramarital affair and you are blaming me; thence forth he started to abuse me", said Deepu.

Controlling behaviour through CCTV Camera Surveillance

When Deepu told her husband about his extramarital relationships, instead accepting the same, he alleged her that you are actually having extramarital relationship. He installed CCTV Camera in every room and corridor so that if there is any mistake from her side in house hold chores he would get a chance to beat her ,which he used to do. Reflecting on the same she said:

"When I told my husband about his extramarital relationships, instead accepting the same, he alleged me that you are having extramarital relationship. He was then looking for any reason to abuse me. Finally, he installed CCTV Cameras in all rooms and corridors. He then started looking for excuse/s to abuse me .He comes home and abuses me that you have not done this work right or on right time as he

is watching me through CCTV having access on his phone, I am very much disturbed, I feel I am in prison in my own house". (Deepu)

Response to Domestic Violence

Deepu endured violence initially for this reason that her husband may mend his behaviour, but that did not happen. Reflecting on same she narrated:

"I endured domestic violence initially for 2 years on this hope that the behaviour of my husband and in-laws may change. But that never happened".(Deepu)

When the violence was out of bounds then she took the legal procedure and registered a complaint against her husband in police station demanding protection. Her behaviour is being controlled through surveillance and she is not able to enjoy her life freely as she is being observed through CCTV surveillance.

Impact on Mental Health

"Domestic violence has affected my mental health" said, Deepu. She had developed persistent fear, because her husband is observing her through CCTV Surveillance and is looking for excuses to abuse her, her behaviour is very much controlled by her husband ;as she is not allowed to go to her parents and meet any friend or move outside. She had developed persistent fear. She is not able to sleep well and is depressed.

CHAPTER-V

CHAPTER-V

SUMMARY AND CONCLUSION AND RECOMMENDATIONS

5.1 SUMMARY

The preliminary aim of the study was a sociological analysis of the impact of domestic violence on the mental health of middle-aged women in Jammu and Kashmir. The study being an empirical study employed qualitative research method in which descriptive and exploratory research design was used to describe domestic challenges faced by middle-aged women in Jammu and Kashmir. The study also focused especially on lived experiences of women living with domestic violence. Moreover, the study dealt with to: identify the socio-cultural factors responsible for domestic violence of middle-aged women, examine mental health effects of domestic violence of middle-aged women, explore the experiences of middle-aged women with mental health issues, analyse the response of middle-aged women to domestic violence and mental health issues, evaluate the role of formal and informal social support in domestic violence and mental health issues.

The study used a sample size of 102 chosen from twin districts of Srinagar and Jammu through purposive sampling. Thematic analysis based on grounded theory approach was used to develop sub-themes, patterns and finally themes. Inductive approach was used in the present study to develop broad generalizations from the collected data. Data analysis through this approach provided a very vivid and detailed description of the lived experiences of middle-aged women of Jammu and Kashmir.

Thematic analysis and subsequent description of themes clearly reflected how women in patriarchal society of Jammu and Kashmir faced different socio-cultural challenges like gender discrimination, dowry demand, economic challenge like: not provided sufficient money for family maintenance, health care disparity, traditional gender role and subordinate position of middle-aged women in family and society at large. These domestic challenges experienced by women had affected their social economic conditions and pushed them to a subordinate position in society, where they feel powerless.

Middle-aged women in Jammu and Kashmir also face domestic violence in different forms like physical violence, emotional violence, economic violence and rarely sexual violence.

Domestic violence being a multifaced social problem has different causes like: poverty, dowry demands by husband or in-laws, extramarital relationship of the husband, drug addiction or alcoholism, gambling and son preference.

Domestic violence experienced by women had affected their mental health. It had been found during the study that women had developed the issues of anxiety, depression, posttraumatic stress disorder, and even suicide ideation when subjected to domestic violence for a long period of time. It had not only impact on the mental health of women and their social life but also on their children. Women with mental health issues had not been able to live a very healthy life.

Middle-aged women had responded differently to domestic violence and mental health issues depending upon the accessibility of formal social support and informal social support. Majority of the women had not used any type of social support initially, with the onset of domestic violence and mental health issues because of the fear of the perpetrator and the social stigma attached with such action. However, when situation became grave they then responded either by taking the support of informal social support like relatives and friends and religion or formal support services like police and mental health services. This underscores the need of a strong formal social support which would take into account the socio-cultural milieu of the society while strengthening the support services to women victims of domestic violence and mental health problems. There should be multipronged approach where the support should be tailored in a culturally specific way for the victims.

5.2 FINDINGS OF THE PRESENT STUDY

The key findings of the study are highlighted below:

1. The finding reveals that the majority of the respondents were in the age group of 40-46, comprising 57.84% of the total sample of 102, followed by the age group of

47-53, comprising 27.18% and then followed by the age group of 54-60, which constitute 14.56% of total sample.

This finding reflects that the prevalence of domestic violence was high in the early middle-age than the late-middle age, as men tend to be more dominant and owning to low social status of women in family and society.

2. The findings establish that the majority of the respondents were married women 79.41% of the sample, followed by separated but not divorced women which constitutes 15.68%, and divorced women constitute 2.94%, followed by unmarried women 1.96%.This depicts that predominantly women who faced domestic violence were in living relationship with the perpetrator.

3. Finding illustrates that the majority of the respondents were illiterate 43.13% followed by respondents with primary education 20.58% then by respondents with middle education 11.76%, followed by respondents with high school education 9.80%, and by respondents with intermediate education level 8.82% and finally by respondents with higher education level 5.58%.This indicates that domestic violence was more in illiterate women than in educated women.

4. Finding represents that the majority of the respondents were Muslims 62.74%, followed by Hindus 31.37% and then by Sikhs 5.58%.

5. Finding depicts that the majority of the respondents 80.39% out of the total sample were home-makers, followed by 13.72% working as private employees and 5.88% were working as govt. employees.

6. The findings strongly imply that domestic violence was less in women who had salaried partners (government/private employees) as compared to others (own business, farming or daily labouring).

7. Finding indicates that majority of the respondents 41.17% were from the low income group with income up to Rs,1 lakh, followed by 31.37% with income between Rs,1 and 2.5 lakh and, then by 14.70% in the income group above of Rs, 2.5-3.5 lakh

and is followed by 6.86% respondents in the income group above Rs, 3.5-4.5 lakh and subsequently by 5.55% in the income group of above Rs, 4.5 lakh.

8. The findings highlights that the majority of the respondents 66.66% were from joint families followed by 33.33% respondents who were from nuclear families.

9. The thematic analysis of data reported gender discrimination, a prominent sub-theme under the main theme 'Socio-economic Challenges faced by Middle-aged Women in Jammu and Kashmir'. This sub-theme was specifically identified by 24 respondents out of 102. It was found that respondents faced gender discrimination, do not enjoy power in decision making. They have limited access to education and are dependent economically as they don't have much access to paid work.

10. The finding highlights that 21.56% of the respondents out of 102 had faced the problem of dowry demand. The demand was either from the husband or in-laws or by both. The demand was either in cash or kind. The persistent demand of dowry to women had affected her mental health as observed in the study.

11. The findings depicts that 14.70 % of the respondents out of 102 had encountered the economic challenges like: women not provided sufficient money for their own personal expenditures, for their own medicine, for care of child in case women are isolated from husbands, for education in case women is isolated but not divorced, maintenance allowances in case women lives separate due to domestic violence issues, where it is the responsibility of the husband to provide maintenance. This had affected their social and mental well-being as observed in the study.

12. The findings depict that 17.64% of the respondents out of 102 faced health care disparity as they were neglected, not given due care and did not get proper medical treatment on time. As their health issues became acute they were taken care of but at times it is considered as burden by their husband or the family. Moreover, in case of mental health issues they faced the problem of social stigma.

13. The findings revealed that traditional gender roles reinforced gender inequality, and resulted in domestic violence which affected the social-emotional well-being of

the respondents. Women reported domestic violence had been the cause of their mental disturbance. The same was reported by 13.72% respondents out of 102.

14. The findings provide the evidence that respondents occupy subordinate position in society owing to the patriarchal nature of society and culture. This developed among women a sense of social isolation, worthlessness and low self-esteem which affected their emotional wellbeing. The same was reported by 8.82% of the total respondents.

15. The findings reveal that physical violence was reported by 34.31% respondents out of 102. The physical violence had been in the form of hitting, slapping, punching, throwing objects and kicking etc. Women who had been subjected to physical violence had reported physical health effects like body bruises, ear bleeding, neck injury, face injury, body injury and broken arms. Even some women had reported about damaged ear drum and damage of uterus as well. The perpetrator is majority of the cases has been husband as reported by 65 respondents followed by both husband and in-laws reported by 33 respondents and only in-laws reported by 4 respondents. The respondents reported mental health issues like anxiety, depression, posttraumatic stress disorder and even suicide ideation.

16. The finding strongly imply that respondents faced emotional violence in their families as reported by 53.92%.The emotional violence has been in the form of women being belittled or humiliated in front of others, name-calling, taunted for bringing no dowry/inadequate dowry, taunted for not bearing a child or male, threat to be sent or were actually sent to parents' home, neglected by husband, verbal abuse by husband or in-laws.

Symbolic violence through language had been directed against respondents. Respondents who had been subjected to emotional violence had reported mental distress.

17. Economic violence was reported by 8.82% of respondents out of 102. The economic violence experience by respondents of Jammu and Kashmir had been in the form of : women not provided enough money for housekeeping, no freedom to use own salary/earnings/property prevented from taking or continuing employment,

denied provision of household necessities. This type of violence had affected the physical and mental health of respondents.

18. Sexual violence was weakly reported in the study as reported by 0.98% of the total respondents.

19. The mental health issue of anxiety which includes: feeling nervous, worrying too much, loneliness, helplessness, becoming easily annoyed and inability to enjoy life was reported by 53.92% respondents out of 102. It had been revealed that during the study women who had experienced domestic violence of any form like physical, emotional, economic or even sexual (though reported by only one respondent) had developed mental health issues.

20. The mental health issue of depression which includes: feeling hopeless, down or depressed, loss of purpose, little interest in doing things (social withdrawal), feeling bad about one self (low-self-esteem) and fatigue was reported by 34.31% respondents out of 102. It was found during the study that respondents who had experienced domestic violence in any form like physical, emotional, economic or even sexual (as only one respondent reported sexual violence) had developed mental health issues.

21. The mental health issue of posttraumatic stress disorder was also a popular theme which emerged during the present study. The victims who reported this disorder were having repeated, disturbing memories of past stressful events, strong negative feelings like fear, social avoidance, crying for nothing at all or crying about small things which are otherwise normal. These issues of posttraumatic stress disorder was reported by 6.86% respondents out of 102. It had been observed during the study that middle - aged women in Jammu and Kashmir had experienced different forms of domestic violence including physical violence, emotional violence, economic violence and even sexual violence though reported by only one woman.

22. The chronic exposure to domestic violence had led to hopelessness and despair. It had been observed during the study that perpetrator limits the access of the victim to seek help from the family and formal agencies in case of domestic violence and mental health issues. This had worsened their condition. It had been found that suicide

ideation was developed among the women who had been in abusive relationships for a very long time as reported by 4.76% of respondents out of 102.

23. It was found during the study that respondents with poverty were found to be at increased risk of domestic violence and mental health issues as reported by 18.62% out of 102 respondents.

24. The study revealed that women of low socio-economic families are more vulnerable to domestic violence and the corresponding mental health issues, as they find it difficult to manage the dowry demands. Infact, women revealed they married for the economic security, but when the husbands or in-laws demanded dowries they became mentally disturbed as reported by 21.56 % respondents.

25. The finding revealed that 30.39% of respondents reported that their partners were drug addicts and had developed both physical and mental health due to it.

26. The findings strongly imply that respondents with gambling partners face domestic violence from gambling partners, social stigma being spouse of gambler, and had financial insecurity and stress which developed low self-esteem, worthlessness and hopelessness, and were not able to enjoy their social life. The same was reported by 1.96% respondents.

27. The finding reveals a strong son preference is rooted in patriarchal society of Jammu and Kashmir, women who are caught in the social relationships and are abused owing because of not having a son which leads to mental health issues like anxiety and in severe cases depression, and are not able to live a good social life. The same was reported by 6.86% respondents.

28. It was found during the study that extramarital relationship of husbands affected the life of women as reported by 14.7% respondents out of 102 respondents, which resulted in development of nervousness, hopelessness, low self-esteem and depression among women.

29. It was found during the study that women were abandoned and neglected which had been a cause of distress to women who were in relationship but abandoned by

their husbands. It was reported by 5.88% respondents. Women has been abandoned due to so many reasons: unfulfilled dowry demand, drug addiction of husband, son preference and extramarital relationship of husband.

30. It had been found during the study that 24.50 % respondents had exclusively taken help of their own family and friends in case of domestic violence. They had not reported it to police.

Women because fear of family honour silently bear domestic violence without going for legal support. Though it affected their health particularly mental health nevertheless they did not report it to formal agencies due to social stigma attached to it.Women tried to resolve the issues at family level with the help of elders and friends.

It was observed during the study that women in majority of the cases responded to domestic violence by taking the help of police as reported by 75.50% respondents. When informal support like that of family and friend did not work women utilized formal support services. In majority of the cases formal support system has been effective.

It had been observed that there are free psychosocial and legal aid services available to women victims of domestic violence which are very effective in resolving the issues of domestic violence and providing justice to the victims.

31. It was observed during the study that 33.33% of respondents with domestic violence who had mental health issues had not consulted doctors for their treatment either due to fear of social stigma or they were unable to consider it as a health issue.

5% of women out of 33.33% who used informal support had used religion as source of healing. Whereas, 66.67% had been found using formal support like mental health services.

It had been observed that there are free mental health services for women victims: free medical check-up, free counselling and medicines and online '*Tele manas'* services for all including women victims of domestic violence with mental health issues.

5.3 CONCLUSION

To conclude, though there has been some change in the status of women during the past years due to strict implementation of legislative measures and through policy intervention of the government. For example, Domestic Violence Act was implemented in India in 2005, and after a period of five years in 2010 in Jammu and Kashmir. The same act, prohibits domestic violence in all forms like physical, emotional, economic and sexual violence. Despite all these provisions, the position of women in families and society at large has not improved so much because of the social attitude of people. The society of Jammu and Kashmir is patriarchal in nature where power dynamics operates at micro level (family-level) as well as macro level (society-level).Women still occupy subordinate position in society, don't have decision making power as enjoyed by men, face gender discrimination, economic abuse in the form of receiving insufficient money for their house keeping or taking away their salary by their husbands. The findings reflected these socio-economic challenges faced by women made them vulnerable in family and in society.

Women still experience domestic violence in different forms like physical, emotional, economic, and even sexual. Being a multidimensional social problem the underlying factors include: poverty, dowry demands by husband or in-laws, extramarital relationship of the husband, drug addiction or alcoholism, gambling and son preference.

Domestic violence has been detrimental to the physical and mental health of women. The findings clearly reflect that women who experienced domestic violence had developed mental health issues like anxiety, depression, posttraumatic stress disorder and even at times suicide ideation. Women living with domestic violence had not able to lead a good social life and it had also affected the social life and mental health of their children.

Women had been found tolerating domestic violence and mental health silently because of the patriarchal honour of the family as it is believed that women who will

talk against their husbands are not considered good women or for that matter a good wives.

Women also don't disclose their mental health issues because either they don't consider it as a problem per say or because they have fear of social stigma associated with it. The findings reflected that initially women didn't disclose domestic violence to family members or to any government agency because of the family honour or fear of perpetrator or fear of leaving children or children being snatched by male counterparts. When domestic violence became unbearable then they reported either to family or to formal support sources. In case of mental health women firstly either don't understand it as a health issue or feel hesitant because of the social stigma attached. When mental health issue became severe then they reported to family or utilized mental health services. The finding underscores the need for cultural specific formal social support services where women don't feel any sort of stigmatization or any barrier while seeking help in case of domestic violence and mental health issues. Moreover, an integrated multiplex approach to address the domestic violence and mental health issues of women in a culturally specific manner is needed.

5.4 SUGGESTIONS AND RECOMMENDATIONS

In light of the findings of the present study, the following suggestion and recommendations are put forth to protect women from domestic violence, its effects and strengthening support services for women with domestic violence and mental health issues arising as a consequence of domestic violence.

1. People should be made aware about the social significance of gender equality so that women do not face the issues of gender discrimination, a major domestic challenge faced by middle-aged women in Jammu and Kashmir.

2. Awareness programmes should be organised by the concerned government agencies like law implementation and enforcing agencies both in rural and urban areas to provide and promote legal awareness to people about the rights of women, so that people can get to know about the legal rights of women and should be sensitized about the legal repercussions in case they try to violate the rights of women.

3. **"***Protection of Women from Domestic Violence Act, 2010"* (Domestic Violence Act, was implemented in Jammu and Kashmir in 2010, and in rest of India it was implemented in the year 2005) should be implemented in letter and spirit, so that women who experience domestic violence may get the facilities and provisions under the act meant for their protection, as some of the provisions and services (like provision of shelter home to victim women etc) for victims of domestic violence are not in operation till recent times.

4. One of the key reasons of domestic violence and subsequent mental health issue being demand of dowry, therefore "*Dowry Prohibition Act. 1961"*, which became applicable to Jammu and Kashmir after passing of "*The Jammu And Kashmir Reorganisation Act,2019" ,* the provisions thereof should be stringently enforced and offenders should be brough to justice.

5. Women should be made economically independent, they should be given employment opportunity and above all share in the ancestral property as per their religion codes or as per the legal code.

6. People should be sensitized about their rights and should be empowered so that they can use the legal procedure as and when needed without any hesitancy.

7. Women should be made cognizant by government and non-government agencies to report the issues of domestic violence to family or legal authorities and not endure it due to patriarchal cultural norms and fear of social stigma as it affects their health.

8. Women should be apprised by government and non-government agencies to report the issues of mental health issues to family and seek medical services in case of mental health issues as it has negative impact on their mental health.

9. Government agencies especially law enforcement and implementing agencies (like police and courts) should report and resolve the cases of women victims of domestic violence impartially under relevant provisions of law, while upholding the principle of justice without being affected by the patriarchal nature of the society.

10. Legal aid cells should be integrated with panchayats in villages and with urban local bodies to provide free legal aid to women in rural and urban settings.

11. Professionals dealing with mental health issues should understand the problem of mental health issues by looking into the underlying socio-economic determinants, so that appropriate intervention should be given to victims which will be cultural specific and effective for recovery of the victims.

12. Opening up of free "Family Counselling Centres" catering to domestic violence should be opened in Aganwadi centres where victims and perpetrators should be counselled and abreast about the effects of domestic violence on victims, children and family at large.

13. Mental health counselling centres should be opened at all community health centres and district health centres for counselling of women victims of domestic violence with mental health issues, so that they would be given effective counselling and proper therapy for recovery. Moreover, there should be separate counselling for women by women counsellors for better results.

14. There should be a multipronged approach to deal with domestic violence and mental health issues of women victims of domestic violence so that there should be a proper coordination between legal and medical services providers, so that psychosocial and legal aid would be provided to victims in an efficacious way.

5.7 SCOPE FOR FUTURE RESEARCH

1. The present study being cross sectional in nature in which subjects were studied at a single point in time which reflects that domestic violence affects and mental health of women, there is scope for further research of longitudinal nature where subjects would be studied overtime to observe the effect of domestic violence and subsequent mental health issues at different times, to examine the nature and severity of violence on mental health of women in long run.

2. The present study being qualitative nature offers a scope for quantitative research in which findings will be statistically checked for validity and reliability. Moreover, a

large sample study can be designed in quantitative study for developing broad generalizations or theories.

3. In future research, it would be useful to adopt mixed research design to combine both qualitative and quantitative methods for a comprehensive understanding of the research topic.

4. The present study described and explored the experiences of middle-aged women with domestic violence and mental health issues, there is a need for research which will explore the impact of domestic violence on the mental health of women of all ages to have an extensive study for further exploration.

5. Comparative studies across diverse socio-economic backgrounds can provide a prospect for future research in this domain.

6. Another avenue of reach can be comparing mental health of women with domestic violence to those who had not experienced domestic violence to examine the similarities and divergencies interms of gender violence and mental health problems.

7. An additional area of research can be the study of barriers faced by women while seeking legal services and mental health services in case of domestic violence and mental health issues.

8. There is also scope for further research for comparative analysis of tribal-rural and urban regions in Jammu and Kashmir.

9. Another area for research can be the significance of Talaq Bill (Muslim Women Protection of Rights on Marriage Act, 2019), for the protection of women from domestic violence in martial relations which is in effect in Jammu and Kashmir after reorganisation of the state in 2019.

10. The role J and K Waqf Board for the protection of women rights can be an area to be explored in future.

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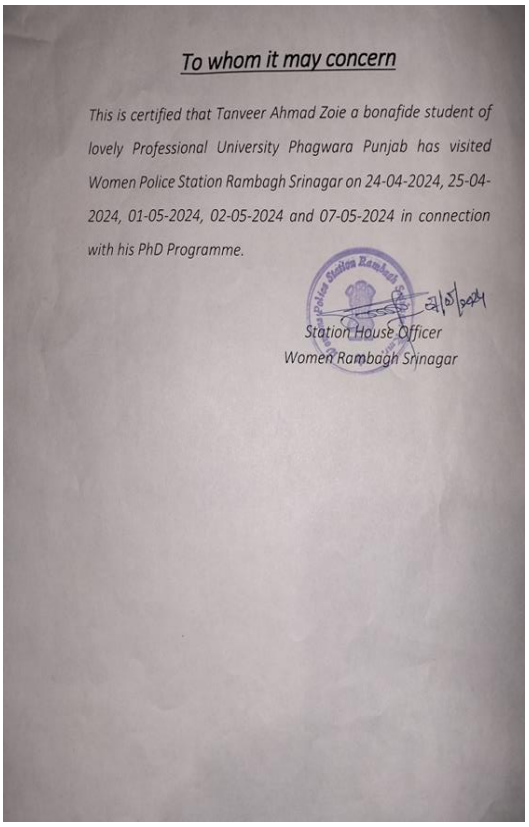
Appendices

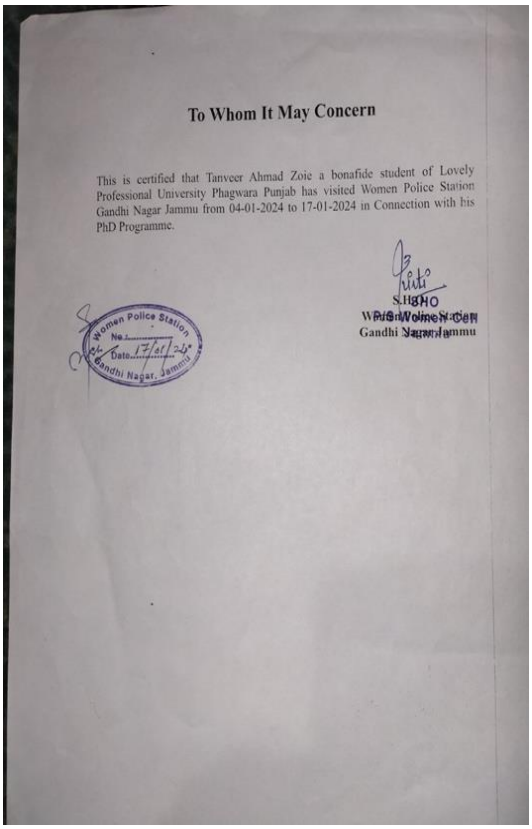
Glimpse of Interaction with Police and Health Officials During the Data Collection



To whom it may concern

This is certified that Tanveer Ahmad Zoie a bonafide student of lovely Professional University Phagwara Punjab has visited Women Police Station Rambagh Srinagar on 24-04-2024, 25-04-2024, 01-05-2024, 02-05-2024 and 07-05-2024 in connection with his PhD Programme.

Station House Officer
Women Rambagh Srinagar



To Whom It May Concern

This is certified that Tanveer Ahmad Zoie a bonafide student of Lovely Professional University Phagwara Punjab has visited Women Police Station Gandhi Nagar Jammu from 04-01-2024 to 17-01-2024 in Connection with his PhD Programme.

Women Police Station
No.
Date 17/01/24
Gandhi Nagar, Jammu

S.H.O
Women Police Station
Gandhi Nagar, Jammu

Certificate from Station House Officer Women's Police Station Gandhi Nagar Jammu - and Rambagh on Completing Data Collection after Getting Proper Permission from, Worthy IGP Kashmir

Publications

1. Impact of Domestic Violence on the Mental Health of Women and the Response Thereof: A Systematic Review
   Zoie, Tanveer Ahmad, PhD |
   Digal, Ganesh, PhD,
   ***Violence and Victims*, Vol 41, Issue 1, Mar 2026,**
   DOI: 10.1891/VV-2023-0160

2. DOMESTIC VIOLENCE AND WOMEN'S MENTAL HEALTH IN JAMMU & KASHMIR: A QUALITATIVE STUDY WITH IMPLICATIONS FOR SOCIAL DEVELOPMENT AND REGIONAL POLICY
   Tanveer Ahmad Zoie, Research Scholar Department of Sociology, Lovely Professional University, Phagwara, Punjab**,** Dr. Ganesh Digal**,** Assistant Professor Department of Sociology, Lovely Professional University, Phagwara, Punjab
   ***Journal of Applied Bioanalysis*, Volume11, Special Issue -1(2025)**
   D.O.I :10.53555/jab.v11si1.494

Conferences

1. Paper presentation on *"Impact of Domestic violence on Mental Health of Women"* in the International Conference on **Holistic Health and Wellbeing : Issues, Challenges and Management** organised by School of Education, Department of Psychology at Lovely Professional University, Punjab from 2-3 June , 2023.

2. Paper presentation on *" Domestic violence and Response of Women"* in two day International Conference on **Gender Sensitization: Rights, Policies and Issues** organised by Cluster University Srinagar in 2023.