A STUDY OF THE UNDERSTATED VIOLENCE WITHIN SOCIAL CONTEXTS AGAINST ADOLESCENT GIRLS

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ABSTRACT

Violence against women is linked to their disadvantaged position in the society. It is rooted in unequal power relationships between men and women in society and is a global problem which is not limited to a specific group of women in society. An adolescent girl’s life is often accustomed to the likelihood of violence, and acts of violence exert additional power over girls because the stigma of violence often attaches more to a girl than to the perpetrator. The experience of violence is distressing at the individual emotional and physical level. The field of research and programmes for adolescent girls have traditionally focused on sexuality, reproductive health, and behaviour, neglecting the broader social issues that underpin adolescent girls’ human rights, overall development, health, and well-being. This paper is an endeavour to address the understated or disguised form of violence which the adolescent girls experience within the social contexts. The parameters exposed under this research had been ignored to a large extent when it comes to studying the dimension of violence under the social domain. Hence, the researchers attempted to explore this camouflaged form of violence and discovered some specific parameters such as: Diminished Self Worth and Esteem, Verbal Abuse, Menstruation Taboo and Social Rigidity, Negligence of Medical and Health Facilities and Complexion- A Prime Parameter for Judging Beauty. The study was conducted in the districts of Haryana (India) where personal interviews were conducted from both urban and rural adolescent girls (aged 13 to 19 years) based on a structured interview schedule. The results revealed that the adolescent girls, both in urban and rural areas were quite affected with the above mentioned issues. In urban areas, however, due to the higher literacy rate, which resulted in more rational thinking, the magnitude was comparatively smaller, but the difference was still negligible.

Key words: Understated Violence, Haryana state (India), Social Contexts, Adolescent Girls
INTRODUCTION

Violence is defined by the World Health Organization as "the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, which either results in or has a high likelihood of resulting in injury, death, psychological harm, mal-development, or deprivation." In addition to defining violence, WHO (2002) differentiates violence into three categories: self-directed violence (e.g., suicide), interpersonal violence (e.g., intimate partner violence or community violence), and collective violence (e.g., social or political violence).

Adolescence is the period between childhood and adulthood (13-19 years) encompassed by changes in the physical, psychological, and social development. These alterations make this period a time of vulnerability and adjustment. Adolescence is also a time of increased emotional reactivity. During this period, the social environment is changing such that more time is spent with peers versus adults, and more conflicts arise between the adolescent and his/her parents (Csikszentmihalyi et al., 1977; Steinberg, 1989). These changes in social interactions may influence the rise of emotional reactivity. Violence against adolescent girls has a very deep rooted impact on their future. Greater emotional reactivity and sensitivity during adolescence may play a role in the higher incidence of affective disorder onset and addiction during this developmental period. During adolescence, an individual’s brain is becoming ‘hard-wired’ for later physical and emotional functioning. Exposure to any kind of violence threatens that development. In their future, such girls may continue to show signs of problems such as poor concentration and focus. Personality and behavioral problems among the teenage girls exposed to violence can take the forms of psychosomatic illnesses, depression, suicidal tendencies etc. In several studies, such girls are found to be more likely to experience severe, uncontrollable and chronic stress, which affects their ability to react to stressful situations.

Violence can take many forms, including physical, sexual and emotional violence, and varies in its severity. While all adolescents may experience violence, being a girl presents unique vulnerabilities – some with consequences that can last a lifetime. Gender discrimination, norms and practices mean that adolescent girls are likely to experience certain forms of violence, such as sexual violence, at much higher rates than boys. Girls are also more likely to be exposed to certain harmful practices, such as child marriage and female genital mutilation/cutting (FGM/C) – both of which are direct manifestations of gender inequality.

However, apart from these brutalities, there are still other forms of hostilities against the adolescent girls which are considered too trivial or insignificant to be worth mentioning. This paper thus, is an attempt by the researchers to highlight such underrated forms of violence against the adolescent girls.
LITERATURE REVIEW

Every year, around 1.3 million adolescents die as a result of various causes, including infectious diseases, pregnancy and childbirth, and injuries. Some 45 per cent of these deaths (about 600,000) are among adolescent girls; about 10 per cent of them are due to violence. In an interview conducted by Rachel Simmons with women who had been the victims of relational aggression during their adolescent years, she found that the effects of relational aggression can sometimes be long-lasting and detrimental to the victim's social development (Simmons, 2002, p. 55). The National Family Health Survey, 2000 (NFHS-2) reports on the inequality and violence pervading in our country. Sixty-eight percent of the women under the survey reported that they needed permission from husbands or in-laws to go to the market and 76 percent had to seek consent of their husbands before they could visit friends or relatives. Only 60 percent could use money the way they wished. In addition, one in every five women experienced domestic violence from the age of 15 onwards. Very often, women used to suffer violence against them in silence for fear of adverse repercussions.

A 1991 study by the American Association of University women announced that girls "lose their self-esteem on the way to adolescence." In 2002, the Girl Scout Council launched a program to "address the critical nationwide problem of low self-esteem among adolescent and pre-adolescent girls." Kaj Bjorkqvist, Kirsti M. J. Lagerspetz and Ari Kaukianen (1992) define relational aggression as acts that damage or threaten to damage an individual's self-esteem and social contacts. Unlike overt bullying, in which acts such as kicking and hitting are visually observable, acts of relational aggression may be as subtle as a look followed by giggling, or ignoring the intended victim. The gendered socialization process is what is mainly responsible for such violence. Murray A. Straus and Carolyn J. Field (2003) report that psychological aggression is a pervasive trait in American families: "verbal attacks on children, like physical attacks, are so prevalent as to be just about universal." A 2008 study by Diana J. English, et al. found that fathers and mothers were equally likely to be verbally aggressive towards their children.

Extensive violence has significant harmful effects like unwanted pregnancy, gynecological disorders and physical injuries to private parts besides large-scale mental health impacts (UNICEF, 2000). Again, many of the commonly associated disorders/problems are found to be inadequately addressed (Mitra, 1999; Visaria, 1999; Dave, & Slinky, 2000; Jaswal, 2000). A research conducted by the World Health Organization revealed the following facts:
OBJECTIVES

1. To study the understated violence within social contexts against adolescent girls in the urban areas.
2. To study the understated violence within social contexts against adolescent girls in the rural areas.
3. To compare the understated violence within social contexts against adolescent girls in the urban and rural areas.

RESEARCH QUESTIONS

1. What are the dimensions of the understated violence within social contexts against adolescent girls?
2. What is the magnitude of violence within social contexts against adolescent girls?
3. Is there any difference between the violence within social contexts against adolescent girls in the urban and rural areas?
The researchers selected the state of Haryana for the study. 65.12% of the total population of the state of Haryana resides in rural areas whereas only 34.88% population resides in urban areas. The literacy rate in Haryana has seen upward trend and it is 75.55 percent as per 2011 population census. Of that, male literacy stands at 84.06 percent while female literacy is at 56.91 percent. In 2001, literacy rate in Haryana stood at 67.91 percent of which male and female were 76.10 percent and 59.61 percent literate respectively. The census data reveals that there has been a substantial increase in the literacy rate of the males; however, the same for females has decreased. The sex ratio is also quite low in Haryana, i.e., 879 females per thousand males (2011). These statistics gave a glimpse of the condition of women in the state, thus, directing the researchers to restrict their research to the area. Three districts namely: Narnaul, Ambala and Sonipat were shortlisted for the study as per the convenience of the researchers. As it was not physically and economically feasible for the researchers to approach the respondents of the selected areas personally, the researchers took the help of the trainee teachers to provide the details of the areas where the maximum cases of domestic violence were reported. The social system of these areas was also studied.

It was decided by the researchers to conduct the interviews in the schools as the girls would be able to answer more openly there without any fear or pressure of the family. Two schools from urban and two schools from the rural area were selected randomly within each district for the collection of data. While selecting the schools, it was ensured that required privacy would be given to the interviewer and the interviewee. With the help of the trainee teachers, an interview schedule was conducted among 400 adolescent girls (200 rural, 200 urban). Out of these, only 325 respondents could complete the schedule successfully which was consequently used for the study. Personal interviews were also conducted to know the reasons for social violence and the mindset of the people living in that area. The interviewers ensured the girls that their privacy would be maintained and thus, instead of recording their names, each respondent was given a number.

**TOOLS USED**

A structured interview inventory was constructed by the researchers.

**THE CONSTRUCTION OF THE TOOL**

An extensive research on the literature available on violence against adolescent girls, its causes and consequences in India as well as abroad was undertaken. On the basis of this research, relevant questions were framed. A total of 35 questions were framed which were then scrutinized by the experts in
the field. The experts included psychologists, social workers and educationists. The experts suggested some modifications in the questionnaire and thus, a draft of 20 questions was finalized. The face and content validity of the questionnaire were also established.

**DATA ANALYSIS**

The data collected with the help of questionnaires was analysed thoroughly. The researchers found out that there were several undisclosed forms of social violence to which the adolescent girls were made victims. The magnitude of the undisclosed violence was far more than the exposed violence. Also it affected the girls emotionally a lot more. After carefully examining the records as well as an in depth interview with the respondents, the following unrevealed forms of violence within social context were brought to light:

*Figure 2.* Percentage (rounded off) of adolescent girls affected by diminished self worth and esteem (Rural, n=150; Urban, n=175)

<table>
<thead>
<tr>
<th>Diminished Self Worth and Esteem</th>
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<tbody>
<tr>
<td><strong>Urban (%)</strong></td>
</tr>
</tbody>
</table>
| Highly Affected | 49  
| Moderately Affected | 37  
| Not Affected | 14  
| **Rural (%)** |  
| Highly Affected | 30  
| Moderately Affected | 41  
| Not Affected | 29  

Hitting, pushing, jerking, yelling, pinching, all these actions communicate that the person is bad and wrong, and has done something for which she must be punished. However, parents must understand that all these actions shatter the person’s self-image and the entire understanding of what a home should be like. Emotional abuse by parents or caregivers can seriously interfere with the teenager’s cognitive, emotional, psychological or social development. The adolescent girls were found to be subjected to a lot of humiliation. The humiliation and dishonour was mostly in the form of verbal and physical abuse by the mother as well as father. They were being subject to criticism or abuse from parents and carers; missing out
on experiences that would foster a sense of confidence and purpose; receiving little or no positive reinforcement for accomplishments; being stigmatized for unusual appearance or behaviour. What affected the girls’ dignity even more was that they were ridiculed in front of their siblings or other members of their family and neighbours. Most of them were constantly told that they were a burden on the families and that their marriages would result in a lot of expenditure in the form of arrangements and dowry. Also celebrating the birth of a male child and not the female one made them consider their existence insignificant. Girls grow up within norms of constrained mobility defined by violence. The “decent” girl is submissive; failure to submit meets with force, which she may come to believe is justified. The psychological impact of this ill-treatment was seen to affect mostly the girls living in the urban areas (49%) in comparison to the rural areas (30%), as they were more concerned about their social image and respect and even a slight disgrace affected them to a great extent. About 41% and 37% girls in the rural as well as urban areas respectively, were moderately affected by the constant attacks to their self esteem. It was discovered that their confidence was gradually diminishing and they were unable to emotionally brighten up. 29% girls in the rural areas were observed to be either ignorant of the fact that their self worth and self esteemed were threatened, or they did not consider it as an abuse. In the urban areas, however, the girls were found to be more conscious about their self regard and only 14% of them were unaffected by the threat of its loss. Low self-esteem is generally associated with self-doubt, self-criticism, social isolation, suppressed anger, and shame. It is also a symptom of several mental health conditions, including anxiety and depression.

Figure 3.
Percentage (rounded off) of adolescent girls affected by verbal abuse (Rural, n=150; Urban, n=175)
It is a common belief that children (especially girls) can be easily distracted and mentored by using abusive language. But does that mean that the young girls ‘forget easily’ and are not affected by abuse? A lot of Indians seem to believe that children’s feelings do not count because they would grow up and forget it all. The majority of the girls, especially in the rural areas, were the victims of verbal abuse on a regular basis (63% highly affected and 30% moderately affected). In some cases it was as a consequence of gender discrimination, however in the others, where the respondents did not have any male siblings they were still denied their basic social respect during the day to day conversation. The respondents revealed that even a small mistake or mishandling led to a very harsh verbal ill-treatment towards them by their parents. The situation was worse when male siblings were present. Only 7% girls stated that they did not face any verbal abuse.

In the urban areas, about 44% respondents faced verbal abuse on a regular basis. They were called names and insulted by their parents and male siblings and even by the members of the extended families. About 32% had been subject to verbal abuse some or the other times in their lives. However, there were cases identified in the urban areas (24%) where the parents were sensitive towards the emotions and respect of their adolescent girls and ensured soft verbal communication with them.

Figure 4.
Percentage (rounded off) of adolescent girls affected by menstruation taboo and social rigidity (Rural, n=150; Urban, n=175)

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<thead>
<tr>
<th></th>
<th>Rural (%)</th>
<th>Urban (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Highly Affected</td>
<td>57</td>
<td>39</td>
</tr>
<tr>
<td>Moderately Affected</td>
<td>35</td>
<td>31</td>
</tr>
<tr>
<td>Not Affected</td>
<td>8</td>
<td>30</td>
</tr>
</tbody>
</table>

In India, menstruation has always been surrounded by taboos and myths that exclude women from many aspects of socio-cultural life. Also, the topic remains a taboo until today. Such taboos about menstruation present in many societies have a deteriorating impact on girls’ and women’s emotional states,
mentality and lifestyle and most importantly, health. The respondents revealed that they were subjected to many restrictions in their daily lives simply because they were menstruating. Not entering the “puja” (worship) room or temple is the major restriction among urban girls whereas, not entering the kitchen is the main restriction among the rural girls during menstruation. Also most of them were not allowed to touch some specific food items such as “pickle.” In the rural areas (where 57% of the respondents were affected to a great extent and 35% moderately affected), shockingly, in many families the girls were not even allowed to enter into the living room and were confined to a secluded room during their period. Many respondents (in the rural areas) also revealed that they were made to leave school and studies when they attained puberty as their parents found it unsafe for them to go out of the house. Unfortunately, only 8% of the teenage girls could remain unaffected from this miserable taboo. In the urban areas, however, the situation was comparatively better in this regard (39% highly affected, 31% moderately affected and 30% not affected). But the attitude of the people around, especially the boys in their schools, and inability to discuss the topic freely at home, had significant implications on their mental health and they associated their own bodies with curse and impurity.

Figure 5.
Percentage (rounded off) of adolescent girls affected by negligence of medical and health facilities (Rural, n=150; Urban, n=175)

<table>
<thead>
<tr>
<th></th>
<th>Rural (%)</th>
<th>Urban (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Highly Affected</td>
<td>47</td>
<td>30</td>
</tr>
<tr>
<td>Moderately Affected</td>
<td>39</td>
<td>42</td>
</tr>
<tr>
<td>Not Affected</td>
<td>14</td>
<td>28</td>
</tr>
</tbody>
</table>

Adolescence is a phase of rapid growth and development during which physical, physiological and behavioral changes occur. However, in India, the adolescent girls are one of the most neglected ones when it comes to the provision of medical facilities. There are certain health related issues among young girls which need medical supervision, such as hormonal imbalances, psychological issues, mineral and vitamin deficiencies, which if not treated properly,
may result in serious health problems in later life. It was revealed during the investigation that most of the respondents in both rural (47%) and urban areas (30%) were lacking such assistance, primarily because such issues were viewed with ignorance by their families or they were too shy or self-conscious to visit the gynecologist. Apart from the most affected respondents, there were girls who were given medical assistance but only on very few occasions (39% rural, 42% urban). It was also discovered that the girls, especially in the rural areas, themselves did not share their health problems even with their mothers as they were never encouraged to do so. Also the lack of education related to gynecological issues among girls kept them in a constant state of confusion related to the severity of the problems they faced. Respondents in the urban areas still had better accessibility to the medical facilities (28%) than the respondents in the rural areas (14%).

Figure 6.
Percentage (rounded off) of adolescent girls affected by discrimination on the basis of complexion (Rural, n=150; Urban, n=175)

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<th></th>
<th>Rural (%)</th>
<th>Urban (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Highly Affected</td>
<td>49</td>
<td>39</td>
</tr>
<tr>
<td>Moderately Affected</td>
<td>41</td>
<td>46</td>
</tr>
<tr>
<td>Not Affected</td>
<td>10</td>
<td>15</td>
</tr>
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A light complexion is mostly equated with beauty. It was exposed during the survey that most of the girls felt that they were looked down upon as they had a darker complexion (49% rural, 39% urban). Surprisingly, this situation was quite severe in the urban areas as well. According to a respondent, “The children of my colony do not play with me and I am left all alone in the group. I am unable to understand and answer why people behave towards me like that.” “My mother tells me that I will never get married as nobody will select me because of my dark complexion,” revealed another respondent from the rural background. The adolescent girls are subjected to constant pressure
on improving their looks so as to become socially desirable (41% rural, 46% urban). On the other hand, as stated by most of the respondents, this kind of pressure was completely missing when it came to the boys of the same areas. The girls who had a fairer complexion admitted that they were acknowledged and praised for this reason. However, they had also seen people ridiculing the darker girls while comparing those with them. Only about 10% respondents in the urban areas and 15% in the rural areas could stay in an environment indifferent to this stigma.

**DELIMITATIONS**

1. The data sample is collected from three districts of Haryana state (India).
2. Age group of the respondents is 13-19 years.
3. Data is collected with the help of structured interview inventory.
4. Only personal interviews of the respondents are taken.

**FINDINGS**

1. Violence against adolescent girls is a deep rooted problem in the contemporary society.
2. Diminished Self Worth and Esteem, Verbal Abuse, Menstruation Taboo and Social Rigidity, Negligence of Medical and Health Facilities and Complexion - A Prime Parameter for Judging Beauty are identified as some of the major types of concealed violence that the adolescent girls (dwelling in both urban and rural areas) are exposed to.
3. Both educated as well as uneducated adolescent girls are equally subjected to violence.
4. Both girls living in the urban as well as rural areas are equally subjected to some or other disguised form of violence under social contexts.
5. Even educated adolescent girls who are living in urban areas are subjected to hitting, pinching, yelling and insult. This makes them lose confidence.
6. The rural adolescent girls are comparatively more ignorant of their self esteem and worth.
7. Verbal abuse was seen to affect the rural adolescent girls more as compared to their urban counterparts.
8. Menstruation is considered a taboo in both rural and urban societies and the girls are made to associate their own bodies with curse and impurity. They are made to follow strict rules and regulations (especially in rural areas) during this time.
9. The health issues of adolescent girls are generally ignored, especially when their gynecological problems are concerned.
10. Complexion is considered a major deciding feature of beauty among young girls. Adolescent girls, in both urban and rural areas, have to face a lot of disgrace if they are dark complexioned.
SUGGESTIONS

Adolescence could be a time of both disorientation and discovery. There seems to be a qualitative shift in the nature of thinking such that adolescents are more self-aware and self-reflective than prepubescent children. Therefore, an adolescent girl, if exposed to the above mentioned stressful and traumatic environment, may have long term or even permanent cognitive as well as affective disorders. The researchers have thus given some suggestions in order to diminish the impact of certain understated violence experienced within social contexts against the adolescent girls.

- Parents of girls should try to receive insight into their daughter’s social needs and lives.
- Girls must be empowered with the knowledge, skills, resources and options they need to reach their potential.
- The existence of the adolescent should be made meaningful. Her choices, opinions, likes and dislikes must be given due respect and consideration.
- The minds of the girls should be reframed with respect to the recognition of violence. In other words, they must understand and identify the situations that may be considered as violence.
- Educating girls and boys in an environment that is responsive to gender differences and free from all forms of violence, neglect and abuse must be encouraged.
- Gender power structures must be understood and accepted as it is an important element that can lead to combating violence against women.
- The societies must try to bridge the communication gaps when it comes to discussing female health issues. Most importantly, the girls should be given the freedom to talk about their problems at home.
- The self respect of the adolescent girls should be given due respect. Even if their behaviour has to be corrected, the parents must keep in mind not to ridicule them or insult them publicly
- Femininity should not be demeaned by saying things like “you walk like a girl,” “you talk like a girl” or “he cried like a little girl.” That includes referring to men or boys as “girls” when meaning something derogatory.
- The different communities should be educated about the rights of women.
- The male members of the society should be sensitized towards the need of gender equality and women’s empowerment. They should be educated to respect the females and be considerate to their aspiration of being treated with dignity.

REFERENCES


