

GENDER BASED VIOLENCE AND WOMEN'S MENTAL HEALTH: A CASE STUDY OF SANTHAL TRIBES IN JHARKHAND

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Chapter 9

Summary of Findings, Conclusions and Recommendations

9.1: Introduction

Over the past decade, the issue of gender based violence in the developing countries has evolved from relative obscurity to primary concern among the growing community of researchers and policy makers who are interested in women's reproductive health and mental health status. Although women in the developing countries experience many types of violence in which the domestic violence is one of the most pervasive forms (Heise et al., 1999). The Domestic violence and its Consequences for the physical and mental well-being of women have been recognized as an important public health problem (Krantz, 2002 & Gracia, 2004). The current studies indicate that 20- 50 percent of women worldwide have experienced some form of domestic violence in their lifetime (Council of Europe, 2002). The domestic violence has also emerged as a central concern within the field of reproductive health where there is the link between domestic violence and the other reproductive and sexual health problems including sexually transmitted diseases, unwanted pregnancy and abortion (World Health Organization, 2002).

There are growing recognition and understanding of the potential health consequences of the domestic violence both in relation to acute and chronic health impacts beyond the physical well-being. This is reflected in the increasing volume of research articles that deal with psychological consequences and correlates of intimate partner violence (IPV), including mental ill health and other related psychological conditions. The domestic violence is only the tip of the iceberg. Consequences of the domestic violence, characterized by women's experience of physical, psychological, and sexual injury or threats are manifold. The abuse which domestic violence survivors endure has been found to be associated with a range of psychiatric disorders such as post-traumatic stress

disorder (PTSD), depression, and substance abuse, which are often a consequence of partner abuse (Martin et al., 2008; Golding, 1999). Mental health conditions may vary based on the severity, frequency, and type of partner's violence that women experience. The greater severity of physical IPV is associated with an increase in mental health disorder symptoms for female survivors (Woods, 2000).

On Building of these studies, the current study tries to identify the nature and extent of gender based violence among the Santhal tribes. It also attempts to understand "gender transformative" approach among men (young and adult) addressing social norms that sustain and encourage the use of physical, psychological and sexual violence. The present study is based on evidence collected from a cross-sectional survey on the extent of gender based violence and the factors associated with partner violence and mental health status among the married tribal women. The findings of the study are intended to inform the development of policies and programs that address the GVB and mental health condition needs of this group in the country.

Research Questions

- What are the underlying pluralistic forms of gender based violence among the Santhals?
- What are the various contexts in which GBV occurs among the Santhal tribes?
- Does GBV bear any implications on the Physical and mental health of Santhalis women?
- Has gender role attitude changed among the young Santhalis men?

Objectives

The present study aims to identify and analyze the major constructs of violence against women occurring in a variety of contexts ranging from family, neighborhood, and society as a whole. The study also aims at: describing, in the santhalis population, the representations attached women's mental health and depression. It also explores

the role of men in response to gender based violence among the Santhal Tribes. The specific objectives of the study are following:

- To explore the major correlates of women's empowerment and various forms of gender based violence occurring among the Santhal tribes.
- To examine the consequences of sexual violence on the reproductive health of the Santhali women.
- To investigate the implications of gender based violence among Santhal women on their mental health and mental well-being
- To analyze psycho-social and cultural constructs of gender role attitude and gender based violence.
- To understand the role of young men in promoting gender transformative approach to preventing gender based violence.

The research is based on a cross sectional design producing the primary data to examine multiple dimensions of gender role attitude and GBV from the perspective of male as well as female population. Our research method has involved the use of mixed-methodology (qualitative and quantitative). The household survey has been administered among respondent age 15-49 years, following two stage sampling design to represent the district. In addition, the key informant interviews with primary as well as secondary stakeholders having insider's view on the key constructs of the issues being explored and post survey focus group discussion among younger (age 15-29) as well as older men age (age 30 years and above) has been conducted to have greater insights into role of men in promoting gender transformative approach among Santhalis.

For the purpose of data collection we use two stage, probability sampling where at the first stage, all the 10 blocks were divided into three groups on the basis of proportion of ST population (<40%, 40-60% and >60%) and from each group, one block was selected, hence 3 blocks namely Dumka, Jama and Jarmundi were selected. At the second stage,

in each of the selected block, all the villages were arranged in to three groups again by proportion of ST population, which was derived from Census 2011 village file. It is worth mentioning that villages in tribal areas are smaller in size and hence all such villages having less than 50 HHs as per 2011 census were from the list. Hence a total of nine villages namely Nakti, Kushumdihi, Hate murga danga, Harkund, Dumaria, Amba, Barapalsai, Lowadihi, and Kathnara were taken for community based research. In this study, the inclusion criteria for the survey involved currently married men and women who are the usual resident of the household; age 15-49 given consent to participate in the study. Therefore, as per the plan to interview women and men in alternate household, we surveyed about 247 women and 278 men by canvassing women and men questionnaire in separate households.

9.2: Summary of Findings and Conclusions

Although there are many stereotypes of victims of gender-based violence (GBV), in reality it can happen to any woman irrespective of the settings she belongs up to extent to any sub population infiltrating to tribal society as well. Till now gender-based violence (GBV) was viewed as a private or family matter. However, there has been a transition in responding Gender based violence and its consequences on Mental and reproductive health outcomes over the last few years about this topic and it is now viewed as both a public health problem and a human rights violation. Numerous studies have been published the documents of the prevalence of GBV and its serious effects on women. From these studies we know that one out of every three women has experienced GBV (Heise, Ellsberg & Gottemoeller, 1999). Women's groups have spoken out about GBV and have advocated for viewing GBV as a social problem rather than a private matter. Legislators have been lobbied to enact and implement laws that criminalize GBV. Global conferences have passed resolutions condemning GBV. The United Nations has defined it and recognized it as a problem that affects individuals, families, communities and nations. Yet, with all this progress what has been missing is a lack of co-ordinate service

for the victims of GBV. This study cuts across the most hidden tribal population in Jharkhand and illustrates the issues related to Gender based violence and its consequences on reproductive and mental health in Santhal tribes.

The study represents the information regarding to the respondent's socio-demographic and economic characteristics. These characteristics of any study population are always important because not only many of them serve as predictors for a series of behavioural pattern but it also provides a current contextual description as a whole. For the present study 278 men and 247 women were interviewed with structured questionnaires. The proportion of male age 25-34 (Middle age men) is found to be the highest in the community largely depends upon the land, small scale cultivation, or labor work for their livelihood. A larger section of the male population (25%) have not formal schooling and seven percent have reported their educational attainment 'below the primary'. There is clear gender gap in educational attainment. The proportion of female having "No education" is higher compared to that of their male counterpart; i.e. around forty percent of female had no education compared to one-fourth of male having no education. This shows a high gender gap persisting in educational attainment, and it is favorable to male. It is important to note that the data is collected from the remote tribal villages, where these tribes live close to the nature. It will be harsh to say that they belong to low standard of living because the life style of these tribal people is more different than other section of population, but for the need of analysis within the group, a wealth index is created to compare the strata within the tribes. Overall, around one-fourth of men was not exposed to any media whereas two-thirds of men were partially exposed and only a small proportion of men were fully exposed. However, among women around half of the women doesn't have any exposure to the media, where as a quarter of women has regular exposure to mass media. These findings majorly shows low level of educational attainment and low level of knowledge and awareness among Santhal men and women.

The study shows that only a small proportion of the Santhal households has access to improved sources of drinking water. The information on type of house reveals that a

majority of the male and female households are kuccha, followed by semi pucca however, full pucca houses are just a few in numbers. This study also assessed the level of women communication with their family of birth which definitely postulates the lack of communication of married women in the Santhal community. It is also alarming to note here that a considerable proportion of women informed that they never got the chance to visit or communicate with their family member of birth.

These preliminary observations among Santhal tribes in Dumka, Jharkhand shows that while a woman has an important role in the family build up, that control is in male hands, still women hold limited autonomy. This study shows that the dimension of women autonomy captured through mobility, decision making and financial autonomy considering possession of any bank accounts, ownership in land or wealth accumulation. All these cofactors are found to be low in Santhal community disapprovals and limits women position in society. The autonomy, it must be stressed, is limited, not only because it does not cover all or most of women's activities, but also because the requirements of accumulation will also very much determine the uses in which women's income is put. Such limited autonomy, as it would seem, does have a role in maintaining some dignity for women, a dignity that the further development of private property is bound to erode. Women's autonomy can only be achieved by keeping women in center of any development programs which aims to bring women's empowerment through step by step process such as increase the education level in order that it may afford women more economic opportunities, increase the education level of their children, and allow them negotiating power balance at e home in response to masculinity bringing faminity in the realm.

The femininity helps to understand the violence victimization which is already a clear target of public-health and law-enforcement prevention efforts, as well as many gender based intervention programs. The study helps us to understand the femininity level of women belonging to Santhal tribes. Less than half of women showed low level of femininity or accepting gender inequality. While assessing their awareness about laws

regarding violence against women only one-fourth of women knew there is a law regarding protection of women from domestic violence. A majority of santhal women were aware about anti dowry law and around half of Santhal women knew women's reservation in gram panchyats. However, in practice hardly theses customs are exercised in the Santhal community and neither women stands in supports of their rights.

The understanding over sexual rights assessed through control over own sexuality was also examined in order to adhere with the concept of faminity. Overall, less than half of women have control over own sexuality which was assessed through a series of questions explained in chapter four. This study shows that educated women more likely to have control over their own sexuality as compared to women having no education. Older women and women having more children have high control over their own sexuality than their counterparts. The study clearly shows effect of sexual violence on control over bodily rights and sexuality as Santhal women those are facing sexual violence are more likely to have control over own sexuality as compared to those not facing any violence. With regard to decision making over family planning usage, as whether a family planning method should be used around two-thirds of women believe that it should be the couple's collective decision.

This study reveals that a larger proportion (64 percent) of Santhal women of women in Santhal Pargana reported experiencing any act of violence in last 12 months. Moreover while narrowing down to understand the context and forms of violence, the same percent of women also reported experiencing physical violence followed by one third of women who reported experiencing sexual violence in last 12 months. The finding to be thought upon is that women of younger age are more in proportion who reported experiencing both physical violence and sexual violence. According to the educational attainment, illiterate women are the highest to report physical violence or any act of violence experienced on them. Similarly, experience of sexual violence is reported by 44 Percent women who were educated below primary level. Interface of alcohol and violence is highly explored public health entity and this study also shows that Santhal women whose

husbands consume alcohol among them 67 percent of had experience physical violence and a considerable proportion had experience sexual violence. Therefore, the first hypothesis pertaining to “There is no association between husband’s alcohol use and experience GBV” is rejected by this finding. It is sticking to notice that women who lack autonomy among them the majority had experienced physical and 61 percent had experienced sexual violence.

There is paucity of studies in tribal population on violence against women, sexual behavior and practices, and their possible impact on reproductive health. This study also deals with the reproductive morbidities of the Santhal women. Further, linkages of violence along with other socio-economic predictors are examined. It is found that around one-third of women have heard about sexually transmitted infections (STI) and two-thirds of women have suffered with any STI problem in last 12 months prior to the survey. The study also, shows that the prevalence of any STI symptom in last 12 months is found high among the Santhal women who have no education whereas. It is found that there is a significant impact of full mass media exposure on reproductive morbidities. While observing the association between sexual violence and any STI, it is observed that among women who have experienced sexual violence, a substantial proportion had suffered with any STI problems in past 12 months. There is also limited research on menstruation as a social and cultural phenomenon or on the technical and hygienic aspects of sanitary protection in various social contexts. Considering the above points knowledge and practices of menstrual hygiene has been included for the analysis in the study. It was found that a considerable proportion of women have knowledge about menstrual related problems and among them just two-fifths of women have suffered with menstrual problem since 12 months preceding the survey. Therefore, from this finding, the Second hypothesis pertaining to “There is no association between knowledge about menstrual problems and experience of menstrual problems among the Santhal women” is rejected.

It was also found that 77 percent of all women have justified wife beating and hitting which show the enormity of level of tolerance among the Santhal women as they don't consider physical beating as an act of gender based violence

In continuation to the consequences of violence on women's health, this study also explores the implication of spousal violence on mental health of women. Mental wellbeing among women used a widely acknowledged General Health Questionnaire including 12 pertinent questions as explanatory factors for the relative mental health advantage of the Santhal women in community. The study then explores the sources of psychological benefit much more closely by comparing the distress levels of women who share the same number and combinations of role-identities. The results portray the experience of symptoms of mental health problems from the set statements in GHQ 12 questionnaire. It has been found that nearly two-fifths of the women reported that they are less than usual "able to concentrate", less than one-fifth has reported that they lose sleep over worry, more than one third of Santhal women reported that they are playing a useful part as not more than usual, and the same proportion of women reported are not at all capable of making decisions, seven percent of women have felt constantly under strain and eight percent of women have reported feeling unhappy and depressed much more than usual, one-fourth women have reported they could not overcome difficulties and they feel losing confidence more than usual times, also one-third of women have reported that they think themselves as worthless more than usual times.

Mental health variables were categorized into three groups – normal, moderate and severe. Among the younger age group (23%) women reported severe mental health problems as compared to older age group women. When the association was checked between the response and the predictor variables, it was found that all the variables had a significant relationship with mental health disorder. More than one-fifth of women who have not empowered, freedom of mobility, financial autonomy have reported severe mental health disorder as compared to women who were empowered, freedom of mobility and financial autonomy. Those women whose husbands use alcohol, among

one-fourth of them reported having severe mental health disorder. In context of violence experienced by women it was found that, those women who had experienced violence, one-third of them reported severe mental health disorder. Similarly, 28 percent of women who perceived that act of violence are justified or wife beating is ok; they reported severe mental health disorder as compared to women who did not perceive that violence is justified. All variables such as women empowerment, freedom of mobility, financial autonomy, autonomy of decision making, husband's alcohol use, violence against women and justification for violence are significantly associated with women's mental health disorder establishing the consequences of gender based violence on women's mental health. Therefore, the "third hypothesis pertaining to There is no relationship between perceived notion about GBV and women's mental health" is rejected by this study. This study represents an attempt to apply this finding to the phenomenon of women empowerment and effect of the domestic violence in mental health status of women. As a straightforward extension, it seems reasonable to propose that the higher prevalence of anxiety and depression among tribal women, especially among underpowered women, might be explained at least in part by a relative lack of autonomy. This research documented the relationship of violence, women autonomy on psychological distress.

Behavior is the reflection of thinking and perception of an individual; therefore, links of masculinity with perception about gender based violence have also been explored among the tribal men. The study discusses the masculine attributes into which men are uncultured, and suggests how policy makers might respond. In order to make the results easier to interpret, the respondents were classified into three categories based on their GEM scale scores. Selection cut off for low, moderate and high is based on evidences from other studies conducted in the similar socio-cultural settings. The result shows that around 34 percent of men have high support for equitable gender norms, 37 percent have moderate support for equitable gender norms, and 30 percent of men have low support for equitable gender norms like in favor of the traditional gender role attitudes.

The study also shows that one-third of men are having childhood exposure to violence. Regarding men involvement in household work participation it is seen that 34 percent of the Santhal men are less involved in household work participation. By analyzing that association between household chore and masculinity it is observed that half of men having least equitable gender norms are involved in low work participation. It is also seen that all men having low level equity justify wife beating in contrast men with high equitable gender norm i.e. only one-third of them justify wife beating. While analyzing justification of wife beating by age it is found that a majority of men in younger age group justify wife hitting or beating as against older men. Education has a direct role on justification of wife beating as it is seen that among men having no education 91 percent of them support wife beating or hitting as against their counterparts. In the context of association between alcohol and masculinity it is found that men who have high gender equitable norms, around one-thirds of them use alcohol. As expected the result from this study also shows that there is a significant association between alcohol use and violence against women. The analysis shows that those who consume alcohol they are considerably more likely to get involved in violence against women.

A man is normally understood responsible when he enters the institution of marriage and carries out the societal expectations. The concept of masculinity emerges as an important aspect of a married man. The masculinity is an overwhelming construct in the mind of men, providing a framework to determine their self-concept and to guide their behaviour. Findings on the constructions of masculinity are presented under two heads, namely, the language of masculinity and attributes of masculinity.

Mard is the most frequently used term by the study population to describe masculinity. *Asli mard* or *asli admi* terms are also used to characterize "*mardanagi*". There are six essential constructs of masculinity among married men age 15-49, and these are *being responsible towards his family, being breadwinner, being physically and mentally fit, having sexual prowess and ability to produce child, being a man of word and being seen as a man of honour*. It indicates that there is awareness of familial role and responsibilities among married

men and what an important role to be a man in the society. A considerable proportion of Santhal men have low support for equitable gender norms. Social factors such as a type of family, the educational status of the individual and elders' behaviour to control the children in the family emerged as major factors shaping the attitude of men for supporting equitable gender norms. It confirms that members in the family such as father, mother and grandparents and educational status of a man play significant role in shaping the masculinity.

Based on the most common responses from young man and old community members, the concept of gender-based violence is not clearly understood. Many of those in the study has emphasized general ill treatment—physical abuse, punishment or denial of rights—with any specific mention of gender dynamics. While educated community's people, and government employees in particular, have a clear understanding of the concept of gender and gender-based violence, many concentrated on physical or sexual violence, without recognizing the different forms of psychological violence such as emotional or verbal abuse. In-order, to deep down to understand the phenomenon of violence against women the reasons are identified in the neighborhood, that sustain and escalate GBV among Santhals are:

Santhal Cultural: Gender-specific socialization in tribal settings culturally is demarcated roles for men and women. Expectations are of performing fixed roles in familial relationships and at households level

Economic Women's economic dependence on husband, limited rights over land and property, limited employment opportunities in the area and adverse employment conditions because of there are ss scope of the other means of employment generations

Legal Discriminatory laws on marriage in tribal community as Santhal men can marry more than once and even can bring a girl without legally marrying her, divorce, property

and violence. Low levels of legal literacy, insensitive treatment of women and girls by the locals

Political under-representation of women in positions of power in politics in the state politics, VAW has not considered as a serious political issue and the notions of the family being private, beyond State intervention

Focus group discussions revealed that adolescent girls are victims and men are perpetrators of gender-based violence. Incidents of violence occur in the neighborhood, community, and on the way too and from local hatt (Village market). The main perpetrators of gender-based violence in neighborhood are boys, with certain groups of community members responsible for abuses that occur while girls travel to and from hatt. Therefore, mobility within the community has a direct relationship with violence and gender transformation, thus the fourth hypothesis pertaining to "There is no relationship between mobility among Santhals and their gender transformative approach" is rejected from these qualitative findings, which are categorically described in the chapter eight. The most common pathway for reporting abuse at the community level is for the victim or observer to report to Mukhiya (usually a Village Head Man who has been elected by local Panchayat), traditional leader or takes the matter directly to Police. Each community has its own criteria for deciding when a matter is to be handled by specific authorities. It should be noted that all communities in this study agreed that a substantial number of GBV cases were not reported. There are several actions taken against perpetrators of GBV. When the offense is grave, such as having a sexual violence with a woman outside marriage, the Mukhiya is asked to transfer the perpetrators to another clan. However, evidence from the study indicates that transferring of the perpetrators do not solve the problem because the perpetrators often continue their behavior at the new Santhal clan (There are all together 12 different clan found in state).

Although this study reveals the lack of knowledge about gender-based violence in communities in tribe dominated Jharkhand, a state of IndiaAll the villages included in

the study have some kind of reporting structure in place in the event that violence against women occurs. Increased gender sensitization about women's rights in addition to cataloguing possible sanctions that can be imposed on perpetrators, is a possible entry point for reducing GBV in the communities. Introducing guidance and counselling services at the community level for both perpetrators and victims of violence might also help to reduce the incidence of abuse in neighborhood. Properly addressing GBV requires interventions that tackle both the gender transformative approach among young men and the home life by soliciting support and understanding of the wider community.

The experiences from field study are juxtaposed with a growing number of innovative violence against women program targeting men in the role of perpetrators. The findings strongly suggest that GBV is mounting in these villages as gender roles still intact in the hands of strong patriarch norms. The eriodic surveys are recommended to measure the trends in the incidence of GBV in settings where gender transformation among young men is under way and women roles must expand and they gain a stronger sense of their rights. In order to avoid social pressure to revert to default tribal gender norms, the study suggests adopting an 'intact neighborhood' approach to transforming societal gender systems into more equitable models. The study brings out one pin point fact that, the unique positions of influence of men on female has increased therefore; the focus should be on developing specific intervention strategies within the social hierarchy, without missing any key opportunity to effectuate change in the gender relations. Moreover, this male-centered patriarch society has to be challenged because it disproportionately places the male superiority to women, while simultaneously excluding women from individualism. The traditional gender norms, particularly those concerning wife beating, remain strongly entrenched and at length, this situation is attributed to the women's socialization of accepting physical and emotional chastisement as a husband's marital prerogative.

9.3 Recommendations

To address the gender disparities in gender relations requires action at several levels. In particular, decisive women welfare policies must be developed that are based on an explicit analysis of gender disparities in risk and outcome. Based on this research it could be suggested that it is important to continue to raise awareness about the impact of violence against women so that more Santhal clans, communities and leaders prioritize this as a program of work that deserves attentions and resources. Awareness helps to break down myths and stereotypes that are sometimes used to justify violence, and it also allows those at risk of violence to be able to better understanding how they can protect themselves and those around them. Better to focus at specific issues based on key findings.

In addition to empowering women and girls to protect themselves, it is essential to address the sources and perpetrators of violence, whether actual or potential. This requires hands-on engagement with men and boys to help shift attitudes about the use of violence and to empower. This may require to promote the concept of violence to respect among adolescents, youth and young men in the community. These concepts may be promoted primarily focusing at school curriculum as well as taking school drop outs in the domain of community based programmes leading to these core issues.

To address the mental health issue in Santhal women and for its response, action requires at many levels. In particular, decisive mental health policies must be developed that are based on an explicit analysis of violence against women in risk and outcome. Consequently, a bright framework needs to be adopted to improve the interpretative dimensions of research.

While a number of interventions have been initiated in Jharkhand intended to address the explicit needs of tribal – for example, developing self-help group within these tribal communities, addressing the needs of married girls, changing the norms of masculinity

and femininity, encouraging education for girls, developing community market-based vocational skills and providing family life support system and sex education a few of these have been rigorously evaluated. Therefore, carefully designed and rigorously tested intervention models that not only pay attention to the content and delivery of the intervention but also measure effectiveness and acceptability – in short, that will enable a shift from the implementation of promising to the best practices in addressing a particular tribe needs. In order to inform the field, multiple inputs are required. Ultimately, research is needed that monitors the scaling up to successful interventions and identify the best practice which is to be protected as an example of Santhal tribes, the case stories of the success stories of the tribal men and women from within the community should be communicated in terms of their impact on young men lives so they become more gender sensitive, talk about gender equity in various social stages and peer groups. In brief, this study has documented, for the first time, the multi-faceted situation of married men and women among the Santhal tribes in Jharkhand, India.

The study alerts us to the many challenges confronting tribal and their ability to make a successful transition to gender sensitive men. It emphasises the heterogeneity of Santhal community with other tribal community in Jharkhand, not only in terms of their situation but also with regard to their stated needs and preferred mechanisms to address these needs. Programmes must recognise the heterogeneity of this tribal community and interventions and delivery mechanisms should be appropriately tailored to address the reasons that sustain and escalate GBV in Santhal tribes which are provided below. The evidence presented here provides not only scientific empirical work for the programming needs of Santhals and transformative approach in the country but also an in-depth socio-demographic and gender role practices by which to measure the extent of gender based violence and its outcome on women reproductive and mental health among the Santhal tribes in India.

While the study is indeed a rich source of data that will enable investigators to fill many of the information gaps identified, there are several gaps in knowledge that will require

additional research. The study findings highlighten the need for further research in terms of Anthropological research that explores in the deepest factors impeding successful transitions to adulthood, including transformation in social and behavioural development, education and school completion, entry into the unorganised sector, labour force, initiation of sexual activity, and marriage and parenthood. The research is also needed that explores the role of tribal community, their influence on tribal men as an individual and whole peer group. The influence of modern media, role of internet and the social media is also needed to be identified. Socialisation practices, tribal men's and women's mobility aspect and exposure to other community outer world access to government services, and the ways in which these factors contribute to or impede ability to make successful gender sensitive transitions should be known to them.

What could be done?

Break the silence: Downtrodden population particularly the Santhal women never condone VAW therefore, it is important to enable to raise their voices and report it.

- **Know the law:** Tribal's and subjugated population often unaware of laws and their rights, therefore, it is important to educate Santhal men and women to gain basic awareness of the laws on VAW so that they are able to recognize when VAW is taking place and know what law to use when.
- **Build solidarity:** With a concerned and committed group of peer based intervention in the Santhal community an informal solidarity group could be built which can extend solidarity to victims of GBV.
- **Connect with women's rights groups:** Make them to get in touch with local tribal women's rights groups if they hear of any VAW-related incident, or if the Santhal women wish to attend or organize trainings on VAW for other women colleagues, friends and peers.
- **Demand to know your rights as a woman:** Within an institution or organization every women has a right to find out the processes in place to combat VAW. For

instance, she has a right to know whether district has set up an anti-sexual harassment cell, or the right to demand that it is set up.

- **Working with Santhal men:** By and large, Santhal men tend to disclaim responsibility for their violent behavior, often justify or simply refused to admit. For men to stop being violent it is important to identify and take responsibility for feelings that are masked by rage. The connection between the prohibition against showing vulnerable feelings and the tacit societal permission to vent this rage on a woman is a crucial one to be made in programmes with male perpetrators.”

Recognizing the 'disgraceful' after-effects of an incident like sexual violence amongst tribal, women are mostly afraid of seeking legal assistance on this matter. Instead, they keep things secret which often instigate offenders to commit the same crime over and over again.

9.4 Limitations of the study

- This study is based primarily on Santhal tribes of Santhal Pargana region in Jharkhand so it can't be generalized to other tribes of the state.
- The study does not intend to provide any estimates for violence against women rather it focuses on the context in which violence happens in the region.
- The study solely focuses on community based research therefore, could not be comparable with other social groups