MENTALLY ILL MARRIED WOMEN IN BANGLADESH AND CEDAW

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Ushashi Eshika Khan

Dated: Dhaka
September 27th, 2007

DELARATION

To the best my knowledge, I confirmed that this thesis contains no material previously published or written by another person except by way of quotation and duly acknowledged. It is biased on my own research work and has not previously been submitted for a degree or diploma of any university at home or abroad.

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DEDICATED TO

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DEFINITIONS OF USEFUL TERMS

CEDAW: The Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) is an international treaty that was adopted by the United Nations General Assembly in 1979. CEDAW provides a universal definition of discrimination against women and brings attention to a whole range of issues concerning women's human rights.

Discrimination: CEDAW defines discrimination against women and girls as any "distinction, exclusion, or restriction made on the basis of sex which has the effect or purpose of impairing or nullifying the recognition, enjoyment or exercise by women, irrespective of marital status, on the basis of equality between women and men, of human rights or fundamental freedom in the political, economic, social and cultural, civil, legal or any other field.

Gender: Gender is a term used to explain how society constructs the differences between women and men. Sex identifies the biological differences between women and men. Looking at gender, therefore, does not focus primarily on women or men, but rather on the relationship between their different roles, responsibilities, opportunities, and needs. Also refer to the economic, social and cultural attributes and opportunities associated with being male or female.

Gender Analysis: Gender analysis is a framework for analyzing the cultural, economic, social, civil, legal, and political relations between women and men. A gender analysis recognizes that women and men have different social roles, responsibilities, opportunities, and needs. It addresses the underlying relationship between women and men over time and across cultures. The dynamics of this relationship permeate how society is structured and how decisions are made. This framework takes into account the important links between gender and other social relations such as race, immigration status, language, sexual orientation, disability, age and other attributes.

Gender Equality: It means equal treatment of women and men in laws and policies, and equal access to resources and services within families, communities and society at large.

Gender Equity: Means fairness and justice in the distribution of benefits and responsibilities between women and men. It often requires women's specific programs and policies to end existing inequalities.

Human Rights: "Human rights are those rights that every human being possesses and is entitled to enjoy simply by virtue of being human."Human rights are intended to improve the conditions in society that protect the dignity, well being, and humanity of all people."

Human Rights with a Gender Perspective: This perspective recognizes that differences in life experiences based on gender often results in social, economic, political, and other inequalities for women and girls. This view, when applied to policy development and service delivery, promotes positive change in the lives of women and girls.

Family Friendly Policies: A Family Friendly policy is any program that increases the ability to balance the needs of work in family or personal life.

Patriarchy: As an integrated system found across cultural over time, is established and maintained through complex set of institution. The family religion and law are interlocked, reinforced and reproduced through the unifying mechanism of patriarchy. There is a gender hierarchy with male dominance, which at the same time corresponds with authority structure, has enabled men through much of human history to gain and maintain male power dominance over women.

Empowerment: A process which enhances the ability of disadvantage ("powerless") individuals or group to challenge and change (in their favor) the existing power relationships that place them in subordinate economic, social, and political positions "

Marriage: Legal union of a man and woman as husband and wife.

Early Marriage: Law prohibits marriage, if a female is below the age of 18 and the male is below 21.

Dowry: Dowry is paid by women's family which puts a heavy burden on the resources.

Consent about Marriage: To give agreement and permission of the bride and groom about marriage.

Marriage Registration: Act of making an official record of marriage, which paper on a vehicle used to identify about marriage document.

Reproductive Rights: Include "the Basic right of all couple and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so. It also includes their right to make decisions concerning reproduction free of discrimination, coercion and violence, as expressed in human rights documents."

Sexual Rights: Include the "human right of women to have control over and decide freely and responsibly on matters related to their sexuality, including sexual and reproductive health, free of coercion, discrimination and violence."

Wife Domination: Husbands who assault their wives that are related to wife subordination, and husbands are using physical, psychological, verbal, social control over illegally. It has a relation to cultural prescription.

Gender Sensitive*:* A gender sensitive service, policy, program, or budget is one that recognizes the fundamental importance of promoting gender equality and equity. Using a gender sensitive approach to analyze, design, implement, and evaluate departmental policies and programs takes into account fully the different needs and opportunities of women and men.

Gender Sensitive Indicators*:* These are measures that evaluate the effectiveness of practices and programs in promoting gender equality and equity.

Gender Specific Services*:* These are services that meet the different needs of people based on gender. For example, gender specific services for young women and girls are not simply services offered to girls, but are designed, implemented, and evaluated to serve the specific needs of girls.

Psychiatry: Study and treatment of mental illness

Psychoanalysis: Method of treating some mental dishonored and illness by looking at and discussing the effects of evens in the patients' life as possible causes.

Psychology: Scientific study of the mind and how it functions and influences behavior.

MENTALLY ILL MARRIED WOMEN IN BANGLADESH AND CEDAW

Abstract

The mentally ill married women in Bangladesh face a number of major problems. The aim of the present study was gain to knowledge of CEDAW (The Convention on the Elimination of All forms of Discrimination against Women) and explore. Article 16.1 (b) (c), 16.2 related matters how maintained mentally ill married women's' life. Finding suggests CEDAW did not work properly for the mentally ill married women's life.

The cases (mentally ill women) have been married before their lawful marital age (73%). These immature girls' guardian did not take decision with them (92.68%) about marriage related matter, before their (73%) early married group) marriage.

CEDAW Article 16.1 (b), stipulates same right freely to choose spouse and enter into marriage. The study found that 73% early married group did not find fully right and consent to choose their husbands' selection before marriage. For that reason early married group did not know about husbands' age (73.97%), educational status (69.86%) financial status (69.86%) etc before marriage.

The study also looks into the CEDAW article 16.1 (c) (The same right and responsibilities during marriage) this finding calculated early marriage and marital law age maintaining group (up to 18 and 18+ aged group. N=100). The study found that

> Same rights and responsibilities about family life matters: 84% married women were tortured physically and mentally by their husbands and in laws.
>
> Same rights and responsibilities about sex consummation and sexual life: The most significant finding regarding sexual relations was that marital rape was not properly expressed and counted, but this study found 70.93% were functions of marital rape.

Same right and responsibilities about reproductive rights: This study found that decision on child birth, number of childbirth, spaces of child birth were taken by husband and the percentage of which is about 70%.

Same rights and responsibilities about abortion and miscarriage: In 74% cases was conflicted with husbands and in-laws.

Same rights and responsibilities about birth control: Husbands participations in using birth control methods are very low. Only 03.44% husband used the methods found.

Same rights and responsibilities about mother's right: The study found that in 70.93% cases mother's right was ignored.

Regarding consent of marriage 30.88% had no mental consent. Out of which 30.88%, 80.95 % cases suffered from conjugal disharmony.

In case of Muslim marriages 90% were found to have been registered but it clearly showered the early married groups marital registration were not just and proper because of writing false age.

Condition of dowry was very pathetic, because 63% married women were victims of dowry demand even after some years of marriage.

The right of early marriage group in their personal and conjugal life was very pathetic. According to the statement of 97.26% married women it was clearly shown that their life would have been happier if they could marry later.

MENTALLY ILL MARRIED WOMEN IN BANGLADESH AND CEDAW

CHAPTER 1

Introduction

INTRODUCTION

Section 1: Conceptualization of CEDAW (The convention on the Elimination of All forms of Discrimination against Women)

Section 1.1: Conception of CEDAW

The convention on the Elimination of All forms of Discrimination against Women (CEDAW) adopted in 1979 by UNO General Assembly. CEDAW is an international women's Bill of Rights. It is the determination through which the UN has come forward to protect and promote the human rights of woman.

The convention defines discrimination against women as. "...any distinction, exclusion or restriction made on the basis of sex which has the effect or purpose of impairing or nullifying the recognition, enjoyment or exercise by women, irrespective of their marital status, on a basis of equality of men and women, of human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field." (United Nations Division for the Advancement of Women, Department of Economic and Social Affairs, last up date 2005)

As of 18 March 2005, 180 countries - over ninety percent of the members of the United Nations – have become party to the Convention binding itself to do nothing in contravention of its terms.

Section 1.2: History of the CEDAW Convention

The General Assembly adopted the Declaration on the Elimination of Discrimination Against Women. in November 1967. The following year, a working group was selected to draft international instruments on the rights of women, and same year a working group was appointed by the Economic and Social Council to consider the elaboration of such a convention. In 1974, the Commission, uphold the status of women, began drafting a Convention on the Elimination of Discrimination against Women. The work of Commission was encouraged by the result of the World Conference of the International

Women's Day which was held in 1975. A plan of Action was made at the Conference called for a "convention on the elimination of discrimination against women, with effective procedures for its implementation". For the next few years, the process of elaborating a convention continued within the Commission. In 1977, following submission of a draft instrument, the General Assembly appointed a special working group to finalize the draft. CEDAW was adopted by the General Assembly in 1979. In 1981, after receiving the necessary 20 ratifications. The Convention entered into force and the Committee on the Elimination of Discrimination against Women was formally established. The function of the committee is to oversee the implementation of the Convention by State Parties. (World Conference on Human Right. Vienna 1993)

Section: 1.3: CEDAW, the human and quality based convention for women

Equality and human rights for women is a basic principle of CEDAW. The United Nations sets it as a basic goal to reaffirm faith in fundamental human rights, the dignity and worth of human person, the equal rights of not only men but also very special attention for discrimination attached vulnerable women.

Equality is the cornerstone of every democratic society which aspires to social justice and human rights. Virtually in all societies and spheres of activity, women are subject to inequalities in law. This situation is both caused and exacerbated by the existence of discrimination in the family, in country and in the work place. While causes and consequences may vary from country to country, discrimination against women is widespread. It is perpetuated by the survival of stereotyped and traditional culture and religious practices and belief detrimental to women.

For the following reasons The United Nations has taken Convention of CEDAW for women's equality honor and human rights.

The efforts to document the real situation of women worldwide have produced some alarming statistics on economic and social gaps between women and men. Women are the majority of the world poor and the number of women living in rural poverty has

increased by 50 percent since 1975. Women are the majority of the world's illiterate; the number rose from 543 million to 594 million between 1970 to 1995. Women earn 30 to 4o percent less than men for doing equal work. Women hold between 10 to 20 percent of managerial and administrative jobs worldwide and less than 20 percent of jobs in manufacturing. Women's unpaid housework and family labor, if counted as productive output in national accounts would increase measures of global output by 25 to 30 percent. The concept of equality and human rights means, much more than treating all persons in the same way. Equal treatment of persons in unequal situations will operate to perpetuate rather than eradicate injustice. True equality can only emerge from efforts directed towards addressing and correcting these situation imbalances. In this border view of equality which has become the underlying principle and the final goal in the struggle for recognition and acceptance of human rights of women.

CEDAW adopted to reinforce the provisions of existing international instruments designed to combat the continuing Discrimination Against Women Convention spells out. Specific goals and measures that are to be taken to facilitate the creation of a global society in which women enjoy full equality with men and thus full realization of their guaranteed rights to combat gender biased discrimination.

Section 1.4: The Declarations and policies of CEDAW

The convention provides the basis for the equality both men and women through ensuring the women's equal right and opportunities in political and social life. By taking appropriate measures women can enjoy their fundamental rights in education, health and employment. Thus they can have social dignity and economic strength. The convention influences the forces which shapes the gender roles and family relations in the traditional and cultural atmosphere.

The member CEDAW states committee's has taken a series of steps to end discrimination against women in all forms which includes:

a) To incorporate the principle of equality of men and women in their legal system, abolish all discriminatory laws and adopt appropriate ones prohibiting discrimination against women;

b) To establish tribunals and other public institutions to ensure the effective protection of women against discrimination

c) To ensure elimination of all acts of discrimination against women by persons, organizations or enterprises.

CEDAW adopted by the UN general assembly in 1979 consists of a preamble and 30 articles that are divided into 3 categories.

a) Article 1 to Article 16: ensuring equality between men and women.

b) Article 17 to Article 22: UN CEDAW Committee and its mandate.

c) Article 23 to Article 30: administration of treaty. (United Nations Division for the Advancement of Women , Department of Economic and Social Affairs, last up date in 2005)

Countries that have ratified or accepted the Convention are legally bound to put its provisions into practice. They are also committed to submit national reports, at least every four years, on measures they have taken to comply with their treaty obligations.

The CEDAW commission continues to revise the guidelines of the treaties and the status of women as they undergo gender analogies. The following recommendations are necessary

a) Increasing women rights with a gender perspective. Determining basic rights of women should be first priority.

b) Expand the collection of data disaggregated by gender, race and other attributes. The statistical data will show the real present condition of gender and it will be a report to represent the step to do.

c) Create a more fair and equitable workplace for women. So the effective recruitment is essential for the diverse workforce.

d) Provide meaningful family friendly policies to retain employees. The traditional cultural atmosphere of house holds is a changing mood.

e) Increase professional development and training opportunities for all employees irrespective of women and men. Their skillful working abilities will make them fit for the work place and will make them confident in doing jobs. The economic liberty will be a strong force for existence and development for women.

Section 1.5: Periodic reports of Bangladesh Government on CEDAW related initiatives

The Government of Bangladesh ratified the CEDAW on November 6, 1984.((United Nations Division for the Advancement of Women Department of Economic and Social Affairs, last update 12 August 2005) .

Bangladesh Government submitted its first periodic report in 1986 and the UN CEDAW Committee considered it in 1987. Similarly, the second periodic report was submitted in 1990 but was considered in January, 1993. The third and the fourth periodic reports were jointly considered in July 1997. Bangladesh submitted its fifth periodic report on 12 August 2004 (Committee on the Elimination of discrimination against women, thirty – first sessions, and 2004)

Section 1.6: Policies of Bangladesh for Implementation of CEDAW (according to 3rd and 4th periodic report)

The Government of Bangladesh has taken a number of steps to implement CEDAW within Bangladesh in the 3rd and 4th periodic report, . These include:

(a) Arranging workshops to discuss various issues regarding CEDAW. The first workshop was held on 1 June, 1994. Generally, members of both governmental and non-governmental organisations attend these workshops.

(b) Enacting domestic laws to realise the goal of CEDAW, such as –

i) Child Marriage Restraint Act (Amendment Ordinance 1984) which raises the marriage age of women from 16 to 18 years and of men from 18 to 21 years. It also provides punishment for marrying a child.

ii) The Muslim Family Law Ordinance 1961 (Amended in 1985) which provides for increased punishment in cases of polygamy and divorce in violation of the statutory provisions.

iii) The Penal Code (Second Amendment Ordinance) which provides capital punishment for causing grievous injuries to victims of acid throwing.

iv) The Dowry Prohibition Act 1980 (Amended in 1986) which has made the custom of dowry an offence, punishable with fine and imprisonment.

v) Family Court Ordinance 1985 which deals with cases of marriage, conjugal rights, dower, maintenance, guardianship and custody of children. It has also provided opportunity for speedy disposal of such cases at a much lesser expense which benefits women.

vi) Anti-Terrorism Ordinance 1992 which provided punishment for all sorts of terrorism including teasing or abducting women. Special tribunals were set up in each district so that disposal of cases could be completed within a short period of time.

vii) Women and Children Anti-oppression Act 2000 which repeals the earlier Oppression of Women and Children (Special Provision) Act 1995 and provides capital punishment and life imprisonment for women and child bashing.

viii) The Acid Crimes Control Act 2001 which proposes capital punishment for deaths in acid attacks and speedy trial of the offenders. It also provides that any negligence in investigation into an incident of acid throwing would also be a punishable offence.

ix) The Acid Control Act 2002 (still at bill stage) which seeks the formation of a 15-member 'National Acid Control Council' with its units in all districts. The proposed Council would recommend actions for production, import, selling, use, transportation and storing acid. It will also formulate policies for checking, throwing treatment and rehabilitation of the victims and creating mass awareness about the consequence of acid crimes.

c) The Directorate of Women Affairs was established in 1984 and it was upgraded into a Department in 1990. The concerned Ministry included child-related affairs and in 1994 the Ministry was renamed as the Ministry of Women and Children Affairs. National Training and Development Academy for Women, Working Women's Hostel, Day Care Centre, Agricultural Training Centre for Women and Begum Rokeya Training Centre have been established under the department of Women Affairs.

(d) The Central Cell for the Prevention of Repression on Women and Children has been established in the Ministry of Women and Children Affairs. Similar cells have been established in the Department of Women Affairs and Jatiyo Mahila Shangstha (National Women Organisation) for the same purpose. Committees have been formed at district, thana and union levels to prevent oppression on women.

(e) The Government set up a 15 member Inter-Ministerial Coordination Committee headed by the Minister of State for Women and Children Affairs in 1994. The responsibility of the Committee is to monitor and review the activities of the Central Cell and to take remedial measures.

(f) In addition, a 44 member National Council for Women Development, headed by the Prime Minister, was formed to review matters related to women's socio-economic activities, policy-making and development activity at the national level.

(g) On 16 August, 1996, for the first time a 'Women Investigation Centre' was established at Mirpur Police Station, Dhaka. The main objective of this centre is to investigate complaints and cases involving violence against women. Currently 4 female sub-inspectors, 2 female assistant sub-inspectors and 8 female constables are employed at this centre. The current government has further plan to establish similar women investigation centres in 3 other Metropolitan Divisions of Dhaka.

(h) The Government has also taken steps to establish 'special tribunal' in every district to deal with the cases of 'violence' against women and children., Such tribunals have been established in 10 districts, namely, Dhaka, Chittagong, Khulna, Rajshahi, Sylhet, Jessore, Rangpur, Comilla, Mymensingh and Kushtia. Pending the establishment of such tribunals in other 54 districts, the government has formed Legal Aid Committee (in each of these districts) to provide legal assistance to the victims of violence.

(i) On 8 March, 1997 the Government of Bangladesh has declared a 14 point National Women Development Policy. Accordingly, promoting gender equality and 'realizing the constitutional goal of equality between all citizens – women and men' was made a major aim of the Fifth Development Plan (1997-2002). Efforts focused on main-streaming gender in all levels of the government's development work. As such, Ministries were made responsible for implementing gender concerns within their respective sectors. (Barrister Tureen Afroz, 2003)

Section 1.7: Polices of Bangladesh for implementation CEDAW (according to 5th periodic report)

Bangladesh Government has taken more policies according to 5th periodic report, these are as follows:

In Bangladesh primary education is compulsory and free for girls up to H.S.C. level; and girls are awarded stipends and scholarships. As a result, parity has been achieved in primary school enrolment and the drop-out rate has declined.

The Health and Population Sector Programme 2003-2006 focused on addressing the health needs of the rural poor, particularly women and children. Under the Programme, maternal health services were provided to rural women at community and mobile clinics. The Programme's Essential Service Care provided basic and emergency obstetric care and antenatal and prenatal care and focused particular attention on safe delivery, the reduction of unsafe abortions and the increased use of clinical contraceptive services, particularly at the Upazila Health Complex and the Union Family Welfare Centre. The maternal mortality rate in 2001 had been 3.8 deaths per thousand live births, down from 6.4 deaths per thousand live births in 1986.

Innovative, home-grown ideas such as micro credit, provided jointly by the Government and non-governmental organizations (NGOs), had been immensely successful in integrating women into economic life and reducing poverty. Other support services for working women included day-care centers for children and working women's hostels.

The Ministry of Women and Children Affairs had been implementing a programme funded by the International Labour Organization (ILO) to combat child trafficking for labour and sexual exploitation, which mainly targeted girls under 18 years of age. It was currently acting as the focal point for the ILO International Programme on the Elimination of Child Labour (IPEC) and the project known as Combating trafficking in

Children for Labour and Sexual Exploitation. In addition, the Ministry of Home Affairs had been regularly monitoring the disposition of human-trafficking cases and combating the phenomenon through an 18-member inter-ministerial committee

Section: 1.8: The Full Article of CEDAW 16: Equality in Marriage and Family Law.

1. State Parties shall take all appropriate measures to eliminate discrimination against women in all matters relating to marriage and family relations and in particular shall ensure, on a basis of equality of men and women:

(a) The same right to enter into marriage;

(b) The same right freely to choose a spouse and to enter into marriage only with their free and full consent;

(c) The same rights and responsibilities during marriage and at its dissolution;

(d) The same rights and responsibilities as parents, irrespective of their marital status, in matters relating to their children; in all cases the interests of the children shall be paramount;

(e) The same rights to decide freely and responsibly on the number and spacing of their children and to have access to the information, education and means to enable them to exercise these rights;

(f) The same rights and responsibilities with regard to guardianship, wardship, trusteeship and adoption of children, or similar institutions where these concepts exist in national legislation; in all cases the interests of the children shall be paramount;

(g) The same personal rights as husband and wife, including the right to choose a family name, a profession and an occupation;

(h) The same rights for both spouses in respect of ownership, acquisition, management, administration, enjoyment and disposition of property, whether free of charge or for a valuable consideration.

2. The betrothal and the marriage of a child shall have no legal effect, and all necessary action, including legislation, shall be taken to specify a minimum age for marriage and to make the registration of marriages in an official registry compulsory ((United Nations Division for the Advancement of Women Department of Economic and Social Affairs, last update 12 august 2005).

Section 1.9: CEDAW and relevant Articles 16.1 (b) (c) and 16.2 of this study

16.1 (b) The same right freely to choose a spouse and to enter into marriage only with their free and full consent;

16.1 (c) The same rights and responsibilities during marriage

2. The betrothal and the marriage of a child shall have no legal effect, and all necessary action, including legislation, shall be taken to specify a minimum age for marriage and to make the registration of marriages in an official registry compulsory.

Section 1.10 : Government of Bangladesh had reserved of CEDAW Article, 16.1(a), 16.1(c) , 16.1(f) and withdrawal policies.

From the beginning Government of the People's Republic of Bangladesh did not consider as binding upon itself the provisions of articles 16 (a) and 16 (1) (c) and 16.1(f)(United Nations Division for the Advancement of Women, Department of Economic and Social Affairs, ,last update 2005)as they conflict with *Sharia law* based on

Holy Quran and Sunna.". The report stated that the rationale of other Muslim Government would be explored that has not placed reservations.

The argument against such reservation explain as, Article 16(c) of the Convention is of particular importance to Bangladesh. According to the prevalent laws in Bangladesh, a man is legally allowed to keep more than one wife (provided certain procedural conditions are met), however, a woman cannot. Therefore, women in Bangladesh simply do not enjoy the same rights and responsibilities regarding marriage and at its dissolution. As far as complying with *Shariah Laws* is concerned, one has to remember that Bangladesh is not the only Muslim country in the world. There are other Muslim countries in the world that did not put any reservation to CEDAW provisions in the name of *Shariah Laws*. Muslim country like Tunisia even went ahead with abolishing polygamy altogether from their society by enacting appropriate domestic laws. In Bangladesh this creates discrimination among women themselves on the basis of religion, which is again contrary to CEDAW.

It is strongly stated that the Government of Bangladesh has failed miserably to give any concrete explanation as to how these reserved provisions of CEDAW are against the *Shariah Laws*. At this point, it is very important to distinguish between the source of a law and the law itself. The Holy *Quran* is the main source of *Shariah Laws*. It is very interesting to note that in the past, the Government of Bangladesh has essentially enacted a number of laws and regulations which are not in conformity with the *Shariah Laws*, such as: Muslim Family Laws Ordinance of 1961, amended in 1986; Marriage and Divorce Registration Act 1974; the Dowry Prohibition Act of 1980, amended in 1986; the Cruelty to Women (Deterrent Punishment) Act of 1983; Child Marriage Restraint Act of 1929, amended in 1984, the Anti-terrorism Ordinance of 1992, Family Courts Ordinance of 1985 and so on. Similarly, the well-known women's rights activist of Bangladesh, points out that even the Constitution of the People's Republic of Bangladesh which assures gender equality, has co-existed with the *Shariah* Laws even though they contradict each other on many grounds. More interestingly, about 95% of the laws prevalent in today's Bangladesh is based upon European Civil Laws. Only the personal laws, which are discriminatory towards women, are based on *Shariah* Laws.

It seems that the Government of Bangladesh unnecessarily overemphasized the fact that ratifying those reserved provisions would be an assault to Muslim sentiments. The reservations restrict only the Muslim women, not affecting non Muslim women, thus it creates discrimination among women themselves on the basis of religion, which is against country to CEDAW.

On 23 July 1997, the Government of Bangladesh notified the Secretary-General that it had decided to withdraw the reservation relating to articles 16.1 (a) and 16.1 (f) made upon accession. (The complete text of the reservation is published in United Nations, Treaty Series, vol. 1379, p. 336.)

The ministry of Law, Justice and Parliamentary Affairs was mandated to examine ways and means to withdraw reservation which was actively considering for withdrawal in 5th periodic report, (All materials on this web site copyright of International Women's Rights Action Watch, Hubert H. Humphrey Institute of Public Affairs, University of Minnesota, and USA. 2003). In the year of 2004 the 5th periodic report was submitted by Government of Bangladesh but Article 16.1 (c) was not withdrawn till then. Next 6th and 7th periodic report will be submitted in January 2009 when Bangladesh Government will consider for withdrawal of Article 16 (c).

Section 1.11: Family Law of the Government of Bangladesh

Bangladesh has taken a number of steps to implement family law ordinance to protect women's marriage and marital life and personal life. In spite of continuing efforts to raise the legal and actual status of women, gender discrimination is still going on. But few sections of gender are able to exercise their rights in Bangladesh. Basically rural and illiterate gender is not enjoying this beneficial support.

The Child Marriage Protection Act: The Child Marriage Protection Act 1929 enacted at first before independence of Bangladesh. After that it was amended in 1984 by an Ordinance. Then the marriage age of women extended from 16 to 18 years and of men from 18 to 21 years. It also provided punishment for marrying a child. But the prevention

of child marriage is being followed by the conscious people and not by the illiterate and unconscious individuals. Again, despite the scope for enforcement of fundamental rights, this may not readily be entertained unless brought by the affected individual or somebody on their behalf.

Marriage Registration: The law has made the registration authority. This ordinance empowers the local council to issue licenses for marriage registration to one or more persons. Bangladesh Health and Demography survey (DHS) of 1996-97 reported that 5 percent girls were married at the age of 10-14 years old (UNISEF,2001).It can be assumed that this early forced marriage registrations' were false because registrations were made showing legal and lawful age although this girls were below 18. So, penal action should be taken for violation of mandatory registration requirements pertaining to marriage.

Family Court Ordinance 1985: It deals with cases of marriage, restitution of conjugal rights, maintenance, guardianship and custody of children. It has also provided opportunity for speedy disposal of such cases at a much lesser expense which benefits women.

Maintenance is the mandatory support that a wife can claim as a matter of legal right to the husband to maintain livelihood. It includes food, clothing, lodging; medical supports for the wife and also includes other necessary expenses for mental and physical well being according to her respective status in society (Banglapedia, 2004). There is a co-relation between maintenance and divorce. According to Gender Specific Demographic Statistics of Bangladesh, 1995-96, the crude divorce rate of female per 1000 population is 21.1, this rate is double than men .Although law of maintenance is established but socially it deals patriarchy. In maximum cases of marriage and marital life women are suppressed and oppressed by husbands. Wives have no empowerment to protest this situation, as because society does not give them empowerment and freedom.

A Feminist to legal literacy involves education to empowerment for action and change (Kapur , 1992, p.97) . Rather than ply conveying information about law, the objection of feminist approach to legal literacy is to develop consciousness about the power

relationships sustained by the law that effected women's lives , and ultimately, to take action , to challenge and transform these relations. It begins from and includes this understanding of both the limits and possibilities of the law in a given socio-economic and historical context. (Hasan, Fatema Rashed ,1997) .

The Dowry Prohibition Act 1980 (Amended in 1986): The law has prohibited dowry or demand of dowry, giving or taking dowry; being both are punishable offence with fine and imprisonment. But dowry culture is most common in our society. Nearly 50 percent of murder cases against women are linked to marital violence, and by an inability to meet dowry demand and to handle polygamous men (Dawn, 2003).Despite the fact of demanding, giving and accepting a dowry is an offence under the law of Bangladesh, the practice, however, still prevails in many sections of society.

Section 1.12: The traditional status of women in Bangladesh

A woman's status in the family is revealed from the story of her life from infancy to old age. That has co-relation between women empowerment and social status and marital life. The following account is the general picture prevailing in Bangladesh commonly. This way of vulnerability of women can be reduced if CEDAW Article 16 is fully implemented.

1.i Infancy:

Majority of Bangladeshis expect a male child during pregnancy. When a girl is born, it is rarely celebrated and greeted. Usually no Azan (a call for prayer) is given on birth of a girl because our community has no cognizance of the girl's arrival (Jahan Rounaq, 1973). Since birth a girl child has the feelings that she has no approbation of status like her brothers, who are thought to be the assets of the family while the girl child is a liability. She learns to accept the preferential treatment given to her brother with regard to food, education, health and affection and she bears and swallows this sort of subordinate status since infancy without any protest.

1.ii Childhood:

From childhood a girl is accustomed to being fit into socially acceptable role of being a wife or a mother and this is thereby socialized with sex specific labor. She accustoms herself to household works .Since childhood girls build up these enigmatic thought and for this enfeebled teaching, internally girls are involved in household works and psychologically enfold in personal problems of future life. This kind of work is encouraged as it trains the girl to accept her in-laws house. Since childhood majority of women in Bangladesh think that they are residing in fathers home as temporary member and they will go to there permanent abode after their marriage. She is also taught the several of charity, fidelities of tolerance and submission. (Ibid)

1. iii Marriage:

After marriage a woman has to move to her husband's family to become a part of that family and culture. The initial years of marriage are very difficult for her for many reasons, especially in Bangladeshi traditional society; she must have to prove her hard working, submissive, tolerant and take everything as her own of her in-laws family.

Her position is inferior to other women of her husbands family, especially to her mother-in-law, sister -in-law who often mistreat with her and whom she finds very difficult to please. Sometimes she can get some security and status in her in-laws family by giving birth to a male child. These early years of women's married life are vulnerable to exploitation because of lack of economic security and support from their own (fathers') family with whom her direct contact and relation gets severed upon marriage.

1. iv Motherhood:

When women gain mother-hood it gives them some status and autonomy in her husband's family. Giving birth to male child, by women is preferred by her family in Bangladesh because male children are seen as assets. They will be future earner and real heir of the family. A married woman has very little control of her own body for birth right of children. For this reason women have to bear pregnancy time and again for male

child in traditional families. And as a result, in Bangladesh maternal mortality rate is high. Mother of the children can rarely participate in taking decisions in the matter. All decisions regarding children are unilaterally taken by husband and she has to comply with her husband without any protest. It appears that mothers cannot participate in any decision but they are to accept all liability of rearing up and maintaining everything. Polygamy of husband's in lower class family in Bangladesh mainly happens due to poverty and illiteracy and there by creates women's more vulnerability

1.v Mother-in-law:

When a woman becomes mother-in-law, after her son's marriage, she then can exercise not only authority but gain considerable respect in the family. As mother-in law she dominates daughter-in-law with other male persons in the family and share much of formal status and authority over women in the patriarchal system of the house hold, which she had experienced and suffered in her early life. Then she makes almost all decisions of the family matters.

1. vi Widowhood:

Usually a widow is supported by her son. But young widows and divorced women are generally looked after by their father's family. However a widow without son and a single woman having no children not only faces financial hardship but also not socially respected by others.

2. Social status of Women

2. i *Purdha*

A woman's status is very closely related to *purdha* as it restricts her movements and solely makes her dependent on males. Though literally *purdha* means curtain or veil but figurative implication is seclusion of women.

In it is a narrowest sense purdha confine within the boundaries of homestead. Outwardly *purdha* involves exclusion of women from the public spheres of economic, social, political and cultural life. *Purdha* has become an accepted code of life in Bangladesh and to a certain extent *purdha* has negative impact on the social and economical status of a family.

2. ii Mobility :

From childhood a girl is taught to be more conscious of two separate worlds of men and women. The world of women is their own home always. But male's world is outside of home. When women transgress the social and religious domain, they are always comprehensive of the social disapproval. They cannot enjoy outside their world due to fearing of social disapproval. This restriction makes women dependent on males for contacting with outside world (R.H Chouwdhury and N.R. Ahmed, 1975).

2. iii Marriage :

In Bangladesh women's marriage is not joyful but misalliance of life of rural women. Often marriage crates miserable situation in the life of women. The dowry demand and rendering divorce by the husbands make women helpless and hopeless. After desertion or divorce by husband, women generally bear the burden of looking after their children.

2. iv Dower or *meher* and dowry :

Dower or *meher* is part of Muslim Law of contract in which a husband has to pay or make promise of payment at an amount to be fixed at the time of marriage. The payment has to be made in cash or in kind. The idea is to check indiscriminate and irresponsible use of the provision by the husband to divorce his wife which is tragic matter. But actual payment of dower is seldom made (Shamima Islam, 1979) In context of Islamic rules, dowry has become a tradition now a day. There are regular news paper reports about torture of the bride by the in laws for non payment of dowry.

Sometimes the wife's paternal family are forced to sell their valuable assets and property for the happiness of their daughter's conjugal life. But failure to fulfil dowry demand by the women of Bangladesh leads to separation or divorce by the husbands or even the women have to commit suicide or are murdered by husband or in laws family. This dowry system is a social menace and reflects humiliating status of women in Bangladesh.

2. v Divorce :

In Bangladesh marriage and divorce of Muslims are regulated by Mohammedan Law and by the Muslim Family Law, Ordinance 1966 .Limited polygamy is permitted by the Muslim Law. Where a man can marry four times, but subject to certain conditions. In order to prevent men from taking undue advantage of this provision, the Muslim Family Law Ordinance set down rules to be followed by the man intending to marry second time. But these laws protecting the interests of women are frequently abused, and their lack of application continues to cause misery and hardship of wife (Chowdhury and Ahmed) Further more, this fragile position of women in the society and family has become vulnerable that husband can divorce wife easily. A man can divorce his wife by simply pronouncing the word *"Talak"* three times before witness. But a woman cannot divorce her husband.

2.vi Guardianship and Maintenance:

The Muslim Law provides the father with the guardianship of his childhood, or in his absence on his family. However the mother can retain the custody of her son until he is seven years old and of the daughters till puberty. The father is supposed to maintain the children during their stay with their mother.

Also, a wife is entitled to have maintenance allowance from the husband till the expiry of certain period of the marriage *"iddat"* for which the Muslim family law ordinance, 1966 has stipulated legal procedures through which the wife can claim maintenance allowance (Sufia Ahmed and Shamim Ara , 1979). These laws are, however, seldom put into application and deprivation of women continues to exit.

2.vii The law of Inheritance:

The property rights of Muslim women provide her half of the property of what the male inheritors get. But the property right is seldom exercised by women, because when a woman gets married and goes to in-laws family, her relation and intimacy with the father's family become weak to such an extent that the property she inherits can rarely be claimed. She also thinks that if she claims her inherited property form her father's family, she may not receive support from her own family in case of divorce or separation.

2.vii Law and Women:

The women of Bangladesh are protected by their property rights. But this legal protection is non-functional, because the there exists a gulf of difference between what law says and what really happens in practice due to male attitude towards women. These legal rights of women could not come into action. The Laws of inheritance, marriage and divorce, as well as guardianship and maintenance have provisions to protect women's interest but women seldom get benefit because of the prevalent social custom and traditional practices. Article 28 of the constitution of Bangladesh states, nothing in this article shall prevent the state that from making special provision for the benefit of women and children. However, these laws have not produced any effect in changing the status of women in Bangladesh as yet.

3. Determination of women's status

3. i Patriarchy:

In Bangladesh, except tribal group, domestic organization is patriarchal. Patriarchy has been defined as a set of social relation with a material base which enables men to dominate women. Upon marriage a woman becomes part of her husband's family lineage which she is to love, obey and share. The patriarchal system stipulates that men have complete authority over women in the family as they contract property and income. *Purdah* is one of the several barriers of patriarchal control (Chen, Gender and Work in Bangladesh)

The structural elements of patriarchal control include the norms of joint family and the kinship system. The father is the head of the family with sons contributing their income to the father who manages the family necessities. But currently these joint family systems are being changed due to financial hardship and scarcity.

Ideally these family and kinship system offer women security and support throughout her life ever in the event of her husband's death. But these patriarchal systems also impose a rigid set of rules and restrictions and women's economic on social mobility. As a result women are remaining inside home and are being subjected to some inhuman set of attitudes and bearing the curse of lower status in the family compared to males.

Section 2: Conceptualization of mental illness

Section 2.1: Conception of mental illness

Mental illness is a serious public health problem. According to the World Health Organization and the Harvard School of Public Health, mental illness accounts for nearly 11 percent of total worldwide disease burden. (According to Microsoft® Encarta® Encyclopedia 2002.) Health experts are sending out an international alert that mental health problems are dramatically increasing worldwide. The World Health Organization (WHO) warns that depression is set to become the main causes of disability and second leading health problem by 2020.

Mental illness is any disorder that affects the mind and behavior. In fact mental-illness refers to a wide range of behavior, which is mostly self-defeating and maladaptive in nature, and cases harms to the individual, and to the society .It is associate with some kind of distressing systems, that may manifest themselves as psychological or physical symptoms or both (Begam, Rokeya, 2004). Mental, neurological and behavioural disorders are common to all countries and causes immense suffering. People with these disorders are often subjected to social isolation.

Section 2.2: Classification of Psychiatric Diseases

Psychiatric diseases can be classified in different ways. Important types are described bellow:

Psychosis :

According to The American Heritage Stedmand's Medical Dictionary and KMLE Medical Dictionary the term psychosis is a mental state often described as involving a "loss of contact with reality". *Stedman's Medical Dictionary* defines psychosis as "a severe mental disorder, with or without organic damage, characterized by derangement of personality and loss of contact with reality and causing deterioration of normal social functioning .

Major phycosis illness were marked disturbances in thinking, feeling and behavioring are foud. Such illness makes an individual unable to function in society. The psychotic patients lack insight and are unable to evaluate relality ojectivetives. Abnormalities of thought in the form of delusion, which means false beliefs usually involving a misinterpretation of perception or experience, are found in psychotic patients. Hallu cination, a sensory perception which is said to occur in absence of any appropiate external stimulus , is also seen in those patients. Phychosis are fundamentally of two types , organic and functional (Begum, Roquia,2004).

The most common psychosis diseases are Schizophrenia, Bipolar Affective Disorder, Organic Pychiatric Disorder, and Severe Depression with psychotic symtoms etc.

Neuroses:

Psychoneurosis or neurotic disorder, is a "catch all" term that refers to any mental imbalance that causes distress but, unlike a psychosis or some personality diorder , does not prevent or affect rational thought. It is particularly associated with the field of psychopathoanalysis which is one school of thought in Psychology or psychiatry (Wikipedia, last September 2007.)

Emotional disorder , prrimarily characterized by anxiety, Neurosis is less severe than psyhcosis. They do not involve the major distortion of external reality or marked personality disorganization but a neurotic person's social relations and work performance are likely to be implaied. Unrealistic and irrational fear or anxiety is the dominant features of the anxiety disorder (Begum, Roquia,2004).

The term connotes an actual disorder or disease but under its general definition, neurosis is a normal human experience, part of the human condition.. Most people are affected by neurosis in some form. A psychological problem develops when neuroses begin to interfere with, but not significantly impair, normal functioning, and thus cause the individual anxiety. Frequently, the coping mechanisms enlisted to help "ward off" the anxiety only exacerbate the situation, causing more distress. It has even been defined in terms of this coping strategy, as a "symbolic behavior in defense against excessive psychobiologic pain [which] is self-perpetuating because symbolic satisfactions cannot fulfill real needs, (Janov, Dr. Arthur. "Neurosis", 1998).

The major Neorosis diseases are, General anxiety disorder, Migraine, Somatoform disorder, Personality disorder, Hysteria, Epilipsy, Adjustment disorder, Pbobic disorder etc

Section 2.3: The world context of Mental illness

Mental, neurological and behavioural disorders are common to all countries and cause immense suffering. People with these disorders are often subjected to social isolation,

poor quality of life and increased mortality. These disorders are the cause of staggering economic and social costs.

Hundreds of millions of people worldwide are affected by mental, behavioural, neurological and substance use disorders. For example, estimates made by WHO in 2002 showed that 154 million people globally suffer from depression and 25 million people from schizophrenia; 91 million people are affected by alcohol use disorders and 15 million by drug use disorders. A recently published WHO report shows that 50 million people suffer from epilepsy and 24 million from Alzheimer and other dementias.

In addition to the above figures, many other disorders affect the nervous system or produce neurological sequelae. Projections based on a WHO study show that worldwide in 2005, 326 million people suffer from migraine; 61 million from cerebrovascular diseases; 18 million from neuroinfections or neurological sequelae of infections. Number of people with neurological sequelae of nutritional disorders and neuropathies (352 million) and neurological sequelae secondary to injuries (170 million) also add substantially to the above burden. About 877,000 people die by suicide every year. One in four patients visiting a health service has at least one mental, neurological or behavioural disorder but most of these disorders are neither diagnosed nor treated. (World Health organization 2007 ©)

Section 2.4: The world context of women's mental illness

Gender specific risk factors for common mental disorders that disproportionately affect women include gender based violence, socioeconomic disadvantage, low income and income inequality, low or subordinate social status and rank and unremitting responsibility for the care of others.

The report of WHO (World Health Organization, 2000) , the social dimensions of mental health, states that, "Mental health is the capacity of the individual, the group and the environment to interact with one another in ways that promote subjective well-being, the optimal development and use of mental abilities (cognitive, effective and rational), the achievement of individual and collective goals consistent with justice and the attainment and preservation of conditions of fundamental equality."

This definition has several advantages in relation to women's mental health because it:

a) Stresses the complex web of interrelationships that determine mental health and the factors on multiple levels.

b) Acknowledges the crucial role of the social context

c) Highlights the importance of justice and equality in determining mental wellbeing. (World Health Organization, 2000)

These asymmetries are manifested not only in terms of differential susceptibility and exposure to risks - for example vulnerability to sexual violence, but also, fundamentally, in the power of men and women to manage their own lives, to cope with such risks, protect their lives and influence the direction of the health development process. This balance of power has generally favored men and relegated women to a subordinate, disadvantaged position (Pan American Health Organization, 1995).

Depression, anxiety, somatic symptoms and high rates of comorbidity are significantly related to interconnect and co occurrent risk factors such as gender based roles, stressors and negative life experiences and events. Gender specific risk factors for common mental disorders that disproportionately affect women include gender based violence, socioeconomic disadvantage, low income and income inequality, low or subordinate social status and rank and unremitting responsibility for the care of others.

The high prevalence of sexual violence to which women are exposed and the correspondingly high rate of Post Traumatic Stress Disorder (PTSD) following such violence, render women the largest single group of people affected by this disorder. The mental health impact of long term, cumulative psychosocial adversity has not been adequately investigated.

The Fact of mental illness of women:

Depressive disorders account for close to 41.9% of the disability from neuropsychiatry disorders among women compared to 29.3% among men.

a) Measurity of peoples leading mental health problems of the elderly are depression, organic brain syndromes and dementiate.

b) An estimated 80% of 50 million people affected by violent conflicts, civil wars, disasters, and displacement are women and children.

c) Lifetime prevalence rate of violence against women ranges from 16% to 50%.

d) At least one in five women suffers from rape or attempted rape in their lifetime.

Section 2.5: The position of mental illness of men and women in the society:

Mental disorder of women are high rates of co morbidity are significantly related to interconnect and co-concurrent risk factors such as gender based roles, stressors and negative life experiences and events.

A Bangladesh study Ministry of Health and Family Welfare, 1999) reported that women outnumbered men among the mentally ill by two to one, and that the suicide rate among women was three times that of men. Women's seclusion, religious impositions, and absolute confinement within the household were perceived by the contributing factors.

Information on women's mental health in countries of the South-East Asia Region is principally from small scale research studies (Bangladesh, India and Nepal), or based on health services data (Bhutan and Thailand). Community-based studies generally reported a higher prevalence of mental health problems in women, while the evidence from health services data was mixed, showing higher number of females than males seeking health care for mental health problems during some years or in some countries but not in others. Women with psychological problems may be more likely to seek care in health posts rather than in district hospitals which are not as easily accessible.

In India studies in the early 1970s (Duke KC., 1970 , Sethi BB, et al. 1972, Nandi DN, et al. 1975, Carstairs GM, Kapur, RL. 1976)reported that the incidence of mental illnesses was higher for married women in the reproductive age group. Further, they found that the more common mental illnesses like neuroses, hysteria and depression affected more women than men. No gender differences were apparent for major mental illnesses like schizophrenia.

Similar findings were found in a community-based study (1997) in rural West Bengal, (Nandi PS, Banerjee G, Mukherjee SP, et al. 1997) where 61% of the 183 persons aged 60 years and above. Sixty-one per cent of the study population had a mental health problem, with women having a significantly higher prevalence rate (77.6%) than men (42.4%). Depression was the single most important problem, affecting 70.4% of all women and 37.6% of all men.

Restructuring has a gender specific effect on mental health. Economic and social policies that cause sudden, disruptive and severe changes to income, employment and social capital that cannot be controlled or avoided, significantly increase gender inequality and the rate of common mental disorders.

Section 2.6: The Condition of mental illness in Bangladesh

According to WHO (World Health Organization), the number of mentally ill people in Bangladesh is about 8.4 million i.e., 7% of the population of 120 million. Although Mental illness is most neglected in Bangladesh, a large number of people are suffering from different types of mental illness. It is prevalent in Bangladesh probably in the same magnitude as in developed countries.

From the results of small surveys were done in rural and urban areas and records from mental hospitals and psychiatrist units of general hospitals and private clinics, it was shown that mental illness is widely prevalent in Bangladesh both in rural and urban communities (IMHR, 1993). It was found that 30% of patients who visit the general practitioners are for psychological problems or problems with significant psychological components. In a community survey in a rural area in was found that 15 per thousands people suffered from serious mental disorder and 50 per thousand have various types of psychoneurotic and psychosomatic disorders .In Bangladesh women suffer more than men do.

The estimated population of Bangladesh suffering from mental-illness are as follows in calculation of general population based Major Depression 3% (3.6 million), Anxiety 5% (6.0 million), Obsessions 5% (0.6 million) , Schizophrenia psychosis 1% (1.2 million) , Learning disability 2.5 (3.0 million), Head injury/head trauma. 25% (0.3 million), Dementia- Adult population 5% ((1.2 million), Hypertension/sleeplessness - Adult population 14% (8.4 million). (Sources: Powell, G The future of clinical psychology in Bangladesh, 1995)

The common people is caused by supernatural forces or by evil sprits and the persons suffering from these disorder is called "mad" (pagal) or "insane" .

About one fifth of all patients in mental health facilities of Bangladesh are schizophrenic. Psychosis is equally common in men and women in Bangladesh. Schizophrenia is the single largest cause of admission to mental hospital .It is estimated that about 1.3 million people (1% of the population) of Bangladesh suffer from schizophrenia. The illness usually appears in adolescence and early adulthood and in most of the cases the onset is between 17 and 25 years of age but it can occur at any age.

Delirium and dementia showing memory impairment are the common organic psychosis found in Bangladesh. The majority of the neurotic patients like Anxiety disorder including phobias, panic disorder, generalized anxiety disorder, obsessive compulsive disorder, and post traumatic stress disorder patients in Bangladesh seek help at the general health service, which often leads to prolonged distress and unnecessary prescriptions and investigations. Personality disorders differ in form and severity. Like other countries this disorders are also found in males and they occur in adolescence or earlier.

Mental depression is most common in Bangladesh. In a survey of a village near Dhaka City it was found that 2.9% of the people were suffering from depression. The rate of depression is found to be the highest in the ages between 50 and 59 years and the widowed, divorced or separated persons have highest incidence of depression illness. In Bangladesh women suffer three times more than men and most of the women are housewives. A depressed person usually experiences one or more of the following symptoms: feeling of sadness, hopelessness or feeling of worthlessness and guilt, loss of pleasure or interest in usual activities, disturbance of appetite and sign of loss of weight , sleep disturbance or insomnia , psychomotor retardation or agitation, loss of energy and vitality, slowness of thought or action and a preoccupation with death and suicide, symptoms of depression In Bangladesh, symptoms of depression are some what different compared to western countries (Begam , Rokeya, 2004)

Section 2.7: Women and mental health: Social and Psychological Distress

Mental health is virtually a social and mental condition. It is controlled by the positive impact on the social and mental conditions. This positive influence becomes hampered to a great extent in respect of women because in the social field the socially controlled movements, activities and the spread of mental growth conducive to women are in many ways negative. Consequently, the normal mental health of women is retarded. In the negative effect of social influence the mental health of women worsens and the biological and psychological factors play more intense role which helps create mental illness for women for ages. Besides, these are in fact not different and originate from the social setting. These social or socially controlled factors and their impact are always exerting influences on women's life style. Being confronted with various problems the women as such find it difficult to grow as normal human beings and they are becoming mentally ill, assailed by diverse tangles of life. The practical experience that is the women have to put up with, the role of improvement in creating their own words, stimulation of her inherent spirit and make her a victim adverse situation. As a result they lead their lives in other frustration and tension and at the same time she has to fight against the negative impact of the social role which includes heavy pressure of work, beyond her jurisdiction and control. This greater work load does not allow any rest and leisure for her body and mind. Her lot becomes abuse and violence. Because the imbalance of equality between men and women their own security their mental health and biological factors have made the women solely risky. The women are singular in their struggle against sexual violence, vulnerability, mother as the age of minority and marital rape etc. So in respect of the maintenance of balance between men and women the biological factor has been affecting the social influence. In this respect man predominates. On the contrary the women having been oppressed in this role is becoming subordinate and disadvantaged. Consequent upon this feeling of humiliation she then suffers from inferiority complex and is victimized by various mental diseases. Her mental health also depends on the determinates models of

the society and even the policy making role of the state. Women health status can also be determined by the factor like public policy including economic policies, socio-cultural and environmental factors, community and social support, life events, personal behavior and skills and availability and access to health services etc.

Poverty, domestic isolation, powerlessness and patriarchal social pattern are also contributing to women's mental illness. Patriarchal system tends to diminish women's social status. Because, the male child belonging a higher position in respect of education and social position is predominant in profession, finance and empowerment. On the contrary, the women being confined to the domestic sphere/household and deprived of education and being unable to participate in this professional life is leading a useless life because of being socially subordinate and is finally getting engaged in household works. But the labour rendered by the women instead of carrying any money value is rather considered merely as usability of utensils. This social disparity has rendered her socially distressed and powerless. The mental illness of women is caused by her sexual and reproductive violence, poverty, hunger; overwork domestic violence, civil and state violence's etc.

In the third world woman has to face physical and mental casualties owing to child marriage. Because early conjugal life, early sexual relation, early child birth create mental stress in the early married women. As a result of repeated child birth and son preference and the disparity caused by patriarchal system, the women become mentally affected. Besides in case of in-laws relation the woman suffers socially for male adjustment. Virtually the women without education and money become dependent on her husband. This dependence on others helps aggravate her mental disease. These events of life affect them dangerously. The mental health of women is affected by the stresses or strains of life. As a result she falling victim to mental illness.

The misinterpretation of religions codes is further obstructing her social life. Her independent entity cannot develop. Her life becomes far more unbearable as a result of

social dogmas and superstitions. Living in the dark and despondent subhuman atmosphere of the third world the women find no opportunity to express their ownself. Domestic violence tells upon her mind. The institution called marriage swatches away her self hopes and aspirations, joys and feelings, likes and dislikes and privileges. The husbands' physical and mental torture, early motherhood, abortion, and mothering many children and so on resulting in the loss of her forbearance lead her to mental illness. The origin and of woman's mental illness among other factors live in the embargoes and restrictions imposed on her way of life by the society.

The system of wearing veils and misinterpretation of religion also stand on the way of the normal growth of her independent spirit. Along with these the other curses life are dependent lives without earning, early motherhood, husband's physical and mental repression, neglect, abortion, miscarriage and repeated child birth.

The woman is not able to avail any opportunity to assert her normal self. As a consequence the woman faces to face with the tangles and upheavals of the day to day life and lives a desolate existence in her own world of creation which is also the reasons why she becomes ill by mental health disorder.

A gendered, socially determinants model offers the only viable framework for examining evidence on all relevant factors related to women's mental health. From this perspective, public policy including economic policy, socio-cultural and environmental factors, community and social support, stresses and life events, personal behavior and skills, and availability and access to health services, may all be seen to exercise a role in determining women's mental health status.

According to Murray and Lopez (1996) the burden of mental illness has been seriously underestimated by traditional approaches that focus on mortality rates as the primary measure of adverse health outcomes. Projections used in GBD show that psychiatric and neurological conditions could increase their share of the total global burden of disease from 10.5% in 1990 to 15% in 2020.

Mainstreaming a gender perspective into the health sector requires a broad-based definition of health for women as well as men that address well-being across the life cycle and in domains of both physical and mental health. Mainstreaming a gender perspective needs to be coupled with mainstreaming mental health issues as well, because women disproportionately suffer from mental health disorders and are more frequently subject to social causes that lead to mental illness and psychosocial distress.

Epidemiologic and anthropological data point to different patterns and clusters of psychiatric disorders and psychological distress among women than among men. The origins of much of the pain and suffering particular to women can be traced to the social circumstances of many women's lives. Depression, hopelessness, exhaustion, anger and fear grow out of hunger, overwork, domestic and civil violence, entrapment and economic dependence. Understanding the sources of ill health for women means understanding how cultural and economic forces interact to undermine their social status. If the goal of improving women's well-being from childhood to old age is to be achieved, "healthy" policies aimed at improving the social status of women are needed along with the "health policies" targeting the entire spectrum of women's health needs.

Section 2.8: Objectives of the study

General Objective:

To see the patterns of marital decisions, marital life and it is consequences for the mentally ill married women in Bangladesh.

Specific objective

1. To study whether CEDAW 16.1 (b) (i.e., the same right freely to choose a spouse and to enter into marriage only with their free and full consents) is maintained in marriage decision and opportunity to choose in selecting husband for mentally ill married women in Bangladesh. (early married group)

Searching issues were as follows:

Had opportunity to know about husbands

i) Age
ii) Profession
iii) Personality
iv) Taste and attitude
v) Educational background
vi) Financial status
vii) In-laws family

2. To see whether CEDAW 16.1 (c) (i.e., the same rights and responsibilities during marriage) are maintained for mentally ill married women. (early married and 18 and above groups)

   The specific issues related to this section of CEDAW

   i) Same rights and responsibilities about family matters.
   ii) Same rights and responsibilities about sex consummation and sexual life.
   iii) Same rights and responsibilities about reproductive right.
   iv) Same rights and responsibilities about abortion and miscarriages.
   v) Same rights and responsibilities about birth control.
   vi) Same rights and responsibilities as mother's right

3. To see whether CEDAW 16.2 that is a minimum marital ages of marriage and registration is maintained in case of mentally ill married women in Bangladesh. (early married and 18 and above groups)

   To observing issues related to the section of CEDAW

   i) Age at marriage

   ii) Consent of verbal when marriage was happened

   iii) Mental consent when was happened marriage.

   iv) Situation of marital registration at the time of marriage.

   v) Knowledge about legal implication of marriage registration when subjects marriage was happened

4. To see dowry related condition and its impact on mentally ill married women in Bangladesh. (early married and 18 and above groups)

5. To observe the conditions of personal and conjugal life of mentally ill married women group after their mirage (Due to violation of the legal age of marriage as provided under CEDAW article 16.2)

   Searching issues were as follows:

   i) Problem of study

   ii) Consummations of precocious sex and sexual life

   iii) Duties and responsibilities of family

   iv) Motherhood of teen age

   v) Risk of life due to taking children

   vi) Conditions of mental and physical after rearing children

   vii) Think about life would become happier if would marry later

Rationale:

Mental illness is a serious problem among the general people all over the world and Bangladesh is not out of it. The impact of mental illness is very severe on personal, family and social life. The married women are more prone to suffer mental illness due to various reasons. It is seen in every society but it has been more inhumane and cruel among the poor and least developed countries like Bangladesh. As a responsible citizen we have to understand, recognize and evaluate these inhuman factors to accelerate human development and overall prosperity by removing them. There are many activates in Bangladesh related to women rights but as far as I know that there is no substantial good work on CEDAW , related to mentally sick married women, who are undoubtedly the most vulnerable women group in Bangladesh. This is why, after the prior consultation with supervisors the researcher decided to conduct this study to fulfill the above-mentioned aims and objectives and meet the demand of M. Phil course.

METHODOLOGICAL ISSUES OF THE STUDY

CHAPTER- 2

METHODOLOGICAL ISSUES OF THE STUDY

A conceptual frame work had been developing for guiding the study. Then have pursued a methodology by which mean , how were selected and were collected and analyzed.

Methods

Sample:

The present study examines a sample of 100 married mentally ill women. They were taken from Sher-E- Bangla Medical College Hospital (SBMCH), Department of Psychiatry. The patients were taken both from outdoor and indoor Departments of Psychiatry. In this study the samples were divided into two groups. The 1st sample group was early married women who got married before they were 18 years old. And the 2nd sample Group was the women who got married after being 18 years old.

The researcher has chosen SBMCH Barisal, because, it is one of the reputed medical colleges of Bangladesh. There the Department of Psychiatry started its activity in 1987. Now it is one of the established departments of psychiatry all over our country with all facilities except clinical psychological service. This is the only one place of delivering mental health service to the general people through out the Barisal division. Every day a lot of mentally ill rural women come here for treatment; those fulfilled the sample selection criteria of the present study.

Sample Selection Criteria:

The following parameters regarding the cases were strictly followed:

a) All the cases were mentally ill women.

b) All the women were married.

c) Guardian arranged their marriages in all cases.

d) First marriage and currently living with husband.

e) All the cases had full insight with understanding and the communication abilities. Other wise, the cases were excluded from the study. It is mentionable that initially the subjects were interviewed to test that they had capacity to understand everything related to the questionnaire. Before interviewing the subjects, the insight level was also confirmed by the Doctors.

f) Cases were collected from out door patients, indoor patients and occasionally from other department of SBMCH Barisal, who were referred to the department of psychiatry and fulfilled the set criteria.

g) All cases who met the criteria were included and none was excluded due to any reason who met the criteria.

h) In some cases where the patients were unwilling or non co-operative and reluctant to give the information, they were excluded from the study.

i) The diagnoses of mental illness were done by the psychiatrists of the department.

j) The subjects, whose information's were incomplete and inconsistent, were dropped.

Sampling technique

In this study the sample was selected by interviewing and considering sample selection criteria. Samples were selected purposely.

Measures

A semi structure questionnaire was developed with emphasizing on aims and objectives of the study so that all relevant information could be collected from the subjects freely and easily, avoiding boredom and respecting privacy with written consent from the cases.

The questionnaire was initially applied by the researcher and by the assistant register of psychiatry of SBMCH. The questionnaire (attached) had several sections e.g. Section of general and demographic information, marriage related section, a specific section related to subject married before 18, section on husband selection, a section sex consummation and sexual life, a section on abortion and miscarriage . One section related to children. Another most important section on information related to consent and registration of marriage. Also included a section which is dowry related.

The questionnaire was originally made in English and then it was translated in Bangla to apply on the subjects. Reasonable care was taken in coining words (even local word and accents used), so that the cases could understand what was asked to them. Local and regional words were interpreted by the researcher. As the questionnaire was very extensive, sincere care was taken during interview with the subjects, so that they did not become bored. Top most emphasis was given on point that all questions asked to the cases could be as much as possible self explanatory to avoid the researcher own biasness.

Data collection procedure:

Before data collection a request letter was handed over for the approval authority of the SBMCH for taking permission and seeking assistance for smooth data collection. Before interviewing the respondents have been informed for taking their consent about the study. In this study the interview session took more than one hour. The data was collected by the researcher; there was no problem in communicating the cases of questionnaire. The cases were taken in to a room adjacent to the OPD doctor's office for interviewing. During interview session the researcher showed enough patience and warmth to the cases.

Data analysis plan

A descriptive data analysis of cross sectional study is used in percentage calculation.

Comment and information from supervisors

After taking interview from the subjects each and every case was consulted with supervisor and co-supervisor and they edited all the documents in every affair related to study. The supervisors were kept in touch and everything was done within their knowledge and experience. Necessary alterations were made wherever it was need according to the advices of supervisors.

The Basis of the Present Study

The developing countries have no research conducted on mentally ill married women and CEDAW (The convention on the Elimination of All forms of Discrimination Against Women). According to the worldwide development discourse, Bangladesh is one of the first developing countries. By custom, a patriarchal social system is exist in Bangladesh. The life of a woman in Bangladesh is, therefore, dominated by this social system. Such a system upholds a rigid division of labor that controls women's mobility, roles and responsibility, and sexuality. Traditionally, a woman in Bangladesh derives her status from her family. Her role includes the maintenance of her family as a social institution and as an economic entity. Most importantly, through childbearing and child rearing, she ensures the existence of succeeding generations. Increasingly, however, women's roles, responsibility, and mobility are changing due to persistent poverty and the gradual erosion of the umbrella of support. Mentally ill married women are more vulnerable and risky group of our society. Bangladesh signed CEDAW in 1884, although until have

reservation Article 16.1 (c). This broad aim of the study was to understanding CEDAW article 16.1 (b) (c) and 16.2 are maintained in mentally ill married women's life. Special focus is giving on the dowry related condition and it is impact on mentally ill married women. Also special study is done for early married group's their personal and conjugal after teen age marriage.

RESULT OF THE STUDY

CHAPTER- 3

RESULT OF THE STUDY (SEE TABLE-APPENDIX-2)

Mentally ill married women in Bangladesh face a number of difficulties. These are generally social, cultural, misconception of religious attitude, non-implementation of State polices properly etc.

1. The result about general information:

1.1.2 The result about general information section, the study found that 88% cases were the age range of 19-45 years among mentally ill married women. Maximum 33% cases came from the age group 26-35 years. (Table No. 1.1.2, pp- 111)

1.3 81% and 19% cases came from rural and urban level. (Table No. 1.3, pp- 114)

1.4 26% ,28% ,11% , 31 % of the present study belong to lower class, lower middle class, upper middle class, upper class and unspecific unidentified financial class (unexplored) respectively. (Table No. 1.4, pp- 114)

1.5 In terms of education, the cases of the present study were illiterate 27%, primary level 38%, up to class X 14 %, S.S.C. to H.S.C 16%, Graduate 03% and Post Graduate. 02%, 9. (Table No. 1.5, pp- 115)

1.6 91% cases were housewives and the rest 09% belongs to other professions. The study found 90% were Muslim and rest 10 % Hindu respectively. (Table No. 1.6, pp- 115)

2. The result about marriage related section:

2.2 The result about marriage section, the study found 73% cases were married before age of 18. (N=100). 32 % cases were married before their age 14 (N=73). (Table No. 2.2, pp- 117)

3. The result about consent of marriage decision and right freely to choose husband.

3.1 92.68 % cases (38 out of 41 cases) guardians did not consult and taken decision with cases about consent of marriage and husband selection (N=41, because age of 32 cases out of 73 early married group were bellow 14, so this immature girls were not counted in the present result). (Table No. 3.1. pp- 117)

3.2. 73.97% cases were totally ignored about the right and consent to choose their husbands' age before their marriage. (N=73, early married group). (Table No. 3.2, pp- 118)

3.3. 71.23% of cases were totally ignored the right and consent about knew their husbands' occupation before their marriage. Only 28.76% cases were found this right (N=73). (Table No. 3.3, pp- 118)

3.4 86.30% of cases were unknown about the personality of their husbands before their marriage, Rest 13.69% only found about to right and consent before arranged marriage .(N=73) (Table No. 3.4, pp- 119)

. 3.5 About future husbands' taste and attitude, 84.93 % of subjects had no opportunity to choose. Only 15.06% of respondents found to right and consent about the taste and attitude to their future husbands (N=73) (Table No. 3.5, pp- 119)

3.6 69.86% could not have the right to give consent about their academic background of their future husbands' before their marriage, (N=73) (Table No. 3.6, pp- 120)

3.7 69.86% could not have the opportunity to give consent about their financial background of future husbands' before their marriage. (N=73) (Table No. 3.7, pp- 120)

3.8 The study found that only 17.80% had opportunity to established right and consent something about their future in-laws family before their marriage. But

majority of cases (83.19%) had no right to know about their in-laws matter, (N= 73). (Table No. 3.8, pp- 121)

4. the same right and responsibilities about family matter, the results are as follows:

The result relating to same right and responsibilities, the study found major consequences of CEDAW Article 16 (c)

4.1 Only 08% subjects but 65% husbands dominate in the family matter. N=100) (Table No. 4.1, pp- 121)

4.2 06 %, 65%, 15%, 13% 01% cases respectively admitted that priority in taking decision regarding family affairs was done subjects, husbands, both (subjects and husbands jointly), in-laws and parental families respectively, (N=100). (Table No. 4.2, pp- 122)

4.3 About economic freedom to run family expenditures only 27% had right to freely expend money for the family, on the other hand only 73%c cases did not apply the right of monitory freedom. (N=100) (Table No. 4.3, pp- 122)

4.4 Only 26% subjects' husbands' did consult with them practically in all necessary work. 74% husbands' not concerned about wives' work. N= 100) (Table No. 4.4, pp- 123)

4.5 76% of their husbands did not assist them (subjects) in domestic work.(N=100) (Table No. 4.5, pp- 123)

4.6 77% of subjects confessed that their husbands' irresponsibility and carelessness generated conjugal disharmony, (N=100). (Table No. 4.6, pp- 124)

4.7.1 84% cases of the study acknowledged that they were physically and mentally tortured by their husbands and in-laws family, (N=100). (Table No. 4.7.1 pp- 124)

4.7.2 85.71 % (72 cases out of 84 cases) of this study admitted that blood was let out due to physical injuries inflicted by their husbands and in-laws, (N=84, out of 100 cases 84 cases were tortured by their husband and in-laws family.) (Table No. 4.7.2, pp- 125)

4.8 According to marriage and marital law 79% cases admitted that their husbands did not maintain husbands' duties and responsibilities, (N=100). (Table No. 4.8, pp- 125)

5. The same rights and responsibilities about sex consummation and sexual life's result are as follows:

5.1 The study found that 79% husbands did not consider their wives satisfaction during sexual life, (N=100). (Table No. 5.1, pp- 126)

5.2.1 86% subjects confessed that their husbands did not consider their physical and mental soundness before their sexual intercourse, (N=100). (Table No. 5.2.1, pp- 126)

5.2.2 70.93% (61 cases out of total 86 cases) had fallen within domain of marital rape, (N=86, out of 100 cases 86 cases admitted that their husbands would not consider physical and mental soundness before sexual intercourse. (Table No. 5.2.2, pp- 127)

6. Result related to same rights and responsibilities about reproductive right are as follows:

6.1 86% cases have children. (N=100) (Table No. 6.1, pp- 127)

6.2 05.81%, 70.93%, 23.25% cases admitted that childbirth decision was taken by the subjects, husband's, jointly by both subjects and husbands respectively, (N=86, total 100 cases, 86 cases have children). (Table No. 6.2, pp- 128)

6.3 87.20% cases confessed that they were not consulted by there husbands regarding number of children. This 87.20% cases had no reproductive right, (N=86) (Table No. 6.3, pp- 128)

6.4 The study found that only 29.06% subjects had experienced spacing to take childbirth respectively. On the other hand 70.93% subjects could not apply their reproductive right. N=86. Total 100 cases, 86 cases have children) (Table No. 6.4, pp- 129)

6.5 The study found 76.74 % cases had experienced unwanted pregnancy and repeated child birth. (N=86. Total 100 cases, 86 cases have children) (Table No. 6.5, pp- 129)

6.6 68.18% subjects had experienced their bearing life repeated children and rearing up them. (N= 66 cases. Total 86 cases, 66 cases had experienced unwanted pregnancy and repeated children.) (Table No. 6.6, pp- 130)

7. The result relating to same rights and responsibilities about abortion and miscarriages:

7.1 76.74% cases of the study have history of abortion and miscarriages. (N= 86. Total 100cases 66 cases had abortion and miscarriages) (Table No. 7.1, pp- 130)

7.2 74.24% subjects have conflicted with husband s and in-laws family regarding abortion and miscarriage. (N= 66. Total 86 cases, 66 cases have experienced abortion and miscarriages) (Table No. 7.2, pp- 131)

8. The result about same rights and responsibilities about birth control

8.1 The study found that subjects and husbands jointly adopted birth control methods 58% (N=100) (Table No. 8.1, pp- 131)

8.2 Birth control decision was taken by the subjects 89.65%, 06.89% husbands were not aware of birth control. Decision of birth control taken by both husband and wife is a very poor figure that is only 03.44%. (N= 58. Total 100 cases only 58 cases were adopted birth control.) (Table No. 8.2, pp- 132)

8.3.(A) 58 cases of the study had been adopting birth control methods,. Oral pill was taken by 43 cases, 04 subjects underwent bilateral tubal legation,. Condom was used by two husbands. (N=100) (Table No. 8.3, (A) pp- 133)

8.3.(B) Only 03.44% husbands used birth control methods , but 96.55 % cases were the main target of using birth control methods .(N=58. Only 58 cases out of 100 cases used birth control methods) (Table No. 8.3 (B), 134)

8.4 71.15 % cases (37 cases out of 52 cases) have felt psychological conflict related stress with their husbands and in-laws for applying birth control methods. (N=52. 52 cases used birth control methods out of 58 cases) (Table No. 8.4, 134)

9. Result relating to same rights and responsibilities as mother's right:

9.1 63.95% cases admitted that adequate care, love and affection were given to their children by both of them. (N=86, 86 cases have children). (Table No. 9.1, 134)

9.2 70.93% (61 cases out of 86 cases) could apply equal role like their husbands for their children's study and other affairs. This 70.93% cases had no mother's right. (N= 86. Total 100 cases 86 cases have children). (Table No. 9.2, 135)

9.3 63.95 % cases expressed that although they were mentally ill, they tried to do active and satisfactory role for their children. (N= 86, Total 100 cases 86cases have children). (Table No. 9.3, 135)

9.4 81.96% cases mother felt a pathetic and painful stress for not getting mothers' rights to extend necessary role for their children.(N= 61, 61 cases did not found mother's right out of total 86 cases). (Table No. 9.4, 136)

10. Result relating to consent to marriage (married persons of aged group up to 18 and above 18)

10.1 95.58 % cases (out of 68 cases) could give verbal consent. (N= 68 , The reason is that total 100 married cases 18+ age group were 27% and early married group were 73%. Out of this 73% early married group the age of 32% was bellow 14 .This age group had no psychological maturity or knowledge to express about their marriage decision. So this 32% cases (>14 aged group) were not counted for determining the results) (Table No. 10.1, 136)

10.2 69.11% cases had no mental consent to their marriage. (N= 68) (Table No. 8.410.2, 137)

10.3 80.95% cases (04 cases out of 21 cases) had mental stress for conjugal disharmony because they had no mental consent before their marriage. (N= 21, total 68 cases 21 cases had no mental consent) (Table No. 10.3, 137)

11. Result regarding registration of marriage:

11.1 90% cases who were Muslim admitted their marriage were registered. 10%. Hindus expressed that they did not registered of their marriage. (N=90, out of total 100 cases) (Table No. 11.1, pp- 138)

11.2 42.22% cases knew legal implication of marriage registration at the time of their marriage. And 57.77% cases did not know its application. (N=90, total 100 cases 90 cases Muslim) (Table No,. 11.2, pp- 138)

12. Result related to dowry:

12.1 79 % cases of the study were victim of dowry. (N = 100). (Table No. 12.1, pp-139)

12.2 63%cases out of 100 cases of the study reported that dowry demanded by their husbands and in-laws families. (N=100) (Table No. 12.2, pp-139)

12.3 63% cases felt stress due to dowry demand by their husbands and in-laws (N=63, till now dowry demand 63 % cases by husbands and in-laws families) (Table No. 12.3, pp-140)

13. Result about early marriage group's personal and conjugal life (Early married group)

13.1 89.04% cases' felt problem in their study after their marriage after their marriage (N=73) (Table No. 13.1, pp- 140)

13.2 91.78% cases' suffered from physical and mental stress about sex consummation at their early marital conjugal life. (N=73) (Table No. 13.2, pp- 141)

13.3 86.30 % cases' confessed that they felt stresses to perform their duties and responsibilities of their the in-laws family so early in their life. (N=73) (Table No. 13.3, pp- 141)

13.4 87.67% cases' became mother after their early marriage. (N=64. Out of 73 cases 64 cases became mother) (Table No. 13.4, pp- 142)

13.5 79.68% subjects who had children admitted, they experienced risk and dreadfulness in taking children so early in their lives. (N= 64, because, mentally ill early married women had 64 cases out of 73 cases). (Table No. 13.5, pp- 142)

13.6 75% (Out of 64 cases, 48 cases) the study found that these mothers had to under go a great burden of responsibilities of rearing children. (N= 64, because, mentally ill early married women had children 64 cases out of 73). (Table No. 13.6, pp- 143)

13.7 97.26% cases clearly stated that their life would have been happier and easier if they could marry later. (Table No. 13.7, pp- 143)

14. Result related to diseased:

37% of the subjects have been suffering from Schizophrenia, 22 %cases have Depressive Disorders.10 % cases have been suffering from Somatoform Disorder.05%, 04%, 03%, 02%, cases have been suffering from Generalized Anxiety Disorder, Post- Traumatic Stress Disorder, Migraine, and Bipolar Affective Disorder. Found Acute Stress Disorder 06%, and Adjustment Disorder 06% cases. Found Hysterical found 2 % cases.2% cases have been suffering from Epilepsy and Acute Polymorphic Psychosis (APMP) another only 1% case Phobic disorder found respectively. (N=100). (Table No. 14, pp- 144)

DISCUSSION

CHAPTER- 4

Discussions about General Information

26%, 28%, 11%, 04% and 31% of the present study belong to lower-class; lower middle class, upper middle class and upper and unstable and unidentified financial status groups categories respectively. According to Health Situation and Health care expenditures in Bangladesh, in April 1999, about the unpaid family worker the rate for female is 33.9%, where male is 15.6%. This Unpaid family worker house wives have no recognition as a professional status and for household labor value and respects. The traditional patriarchal society of Bangladesh is based on class and gender division. Class mobility allows movement between rich and poor, but the division of social status and the difference in behavioral norms between men and women are rigidly maintained. The family, which constitutes the basic unit of social control, sets the norm for male and female roles .According to this system, the father, or in his absence, the next male kin, is the head of the house hold. As a result, both decision-making power and economic control are vested in the hands of men. Furthermore, the family operates through a clearly defined system of rights and obligations in the hand of male. For these reasons rural cases (81%) of the study fell in financial and non self empowerment inferiority complex and this social position and family status goes to lower level. This is also related to dependency on husband. All factors directly or indirectly related to early marriage of cases.

In research subject's were illiterate (27%), primary level to Class X (42), S.S.C to H.S.C (16%) and Graduate and Post Graduate (05%). In Bangladesh a poor family cannot afford to educate both son and daughter. Those who can afford this education, also tend to discrimination against the girl. Especially primary level, as example Class VI male participants rate 63.13% but female 36.87% (A Gender wise Breakdown of Enrolment, secondary level, 1990, Source: GOB, 1990:24).This result of poor prospects of women is exacerbated by the expenses incurred in the schooling daughter. Due to lack of the financial support by parents the girl's drop out in rural areas is 25%, where boys 10% (Sources: BANBEIS, 1987). For many parents cant not educating their girls is also matter of safety. Schools are far from home and lack of sanitation facilities for girls- prevails. Various circles of discrimination lead to segregation at home-limited job opportunity, low

investments in education, economic dependency and again prejudice and discrimination in parents' house and in conjugal lives. Research found that lower class and lower middle class and unexplored class total 85% and rural level 81%, so subjects' families think that education and delay marriage also have a co-relation, that a housewife is better than an educated girl. Some of my subjects' families also believe that higher education will delay marriage and this will need highly educated grooms for girls. In patriarchal society male dominant marriage cultures think that highly educated groom will expects to get high dowry from the bride's family. So maximum of cases' educational status was bellowing the marks. This situations was one of the way of their enter into marriage which has created majority of teen age marriages.

91% of cases were housewives and the rest 09% belonged to other professions. According to Health Situation and Health Care Expenditures in Bangladesh (1999), 91.8% of women were found to be engaged in household an activity. This household situation is a main reflection of a patriarchal society. Within the household situation and through domestic decision making, men exercise control over women's labor, their sexuality, their choice of marriage partner, and their income and assets. Women's access to social, economical, political and legal institutions is mediated by men. They are depredated on men through husbands to sons. State legislation and institutions underpin this gender subordination and dependence, in spite of constitutional affirmations of sex equality. 95% of my housewives did not have any profession perhaps due to lack of education (79% are educated up to class X) and also entrance into marital institution early (up to 18 age my cases are 73%) in their tender age .The causes of early marriage and lack of education link with the social, economical and religious attitude. *Pardha* retards rural women's mobility outside the homestead and thus range of women's activities including control of public relations and thus it also retards the range also of women's economic activities and decision making in th life. In this view Bangladesh's growing economic pressure reflects directly on women, but not on men. The invisibility of women's economic participation results in a loss of social status for women. They ensure to be un-employed. Only 9 out of 100 of subjects attended in occupation, the overall level of utilization of labor force is 83% for men to only 15.4 percent women,

indicating much higher female than male unemployment (Sally Baden et all 1994). So my subjects who as house wives but as a laborer, who feed the cattle and clear the house as a servant with free of cost, socially and economically fell in low estimate for unemployment and also fell inseparable mental stress and continuing their unsecured and vulnerable lives .

The study found 73 % cases out of 100 cases mentally ill women married before 18 years. Whom marriage occurred before 18 years of their ages due to that 32% and 41% cases were married at before and within 15 to 18 years of their ages respectively. When want to measure their status according to CEDAW Article 16.2, this study shown the legal marital age of 18 was not maintained. The constitution of CEDAW was ignored directly.

Early marriage is Bangladeshi cultural trends, may be due to:

a) get relieve from burden, as unmarried girls are treated as burden of both financial and social reason.

b) husbands and in-laws family prefer young girl to marry for the intactness and chastity of new life.

c) the phenomena of early marriage occurred due to poverty

d) majority of our girls remain illiterate and therefore they are bound to get marry early, this cannot get opportunity to leave their parent's house reducing the economic burden of their parents

In Bangladesh 15-19 years adolescents marriage percentage for boys are 05% and for girls 51% (Population Division Deputation of Economic and social Affairs, Word Marriage Patterns-2000). In 1995 UNDP reported that early marriage which reflect the low status of women and their low education attainment; as well as high maternal mortality, had slightly grown up (though, from 16.4 years in 1970 to 18 years 1990).

Discussions related to consent of marriage decision and rights to freely Choose husband before marriage (early married group).

In 92.68% cases of marriage, no consent of the cases were taken regards the decision of the marriage. In Bangladesh the proposal of marriage is initiated by the bride's guardian without consulting with the bride. The decision of male head of family is final there. This result is significant in the context of Bangladeshi culture. In fact our society does not believe or feel in any separate existence of views of their girls. Some times guardian feels it as a matter of pride that their girls are obeying everything and opinion with their daughter in marriage issues, because the ideologies, systems and institutions of female oppression have a long history in Bangladesh. These larger, gendered processes and practices are referred to here as specific social, cultural and political institutional class forms of domination and oppression of women. As part of the historical process in the development of a patriarchal system, roles and behaviors deemed appropriate to the sexes are expressed in values, customs, laws, social roles, and metaphors, which then become a part of the construction of culture and society. Gerda Lerner (1986) argued, "the enslavement of women, combining both racism and sexism, preceded the formation of classes and class oppression. Class differences were, at their very beginnings, expressed and constituted in terms of patriarchal relations. Class is not a separate construct from gender; rather class is expressed in generics terms. Such meaning of gendered concepts and social customs help to the violated the CEDAW Article 16.1 (b) in Bangladesh.

73.97 % cases of the present research not found right to freely choose their husbands' age before marriage. Girls might have their own choice regarding their husbands' age, because that they might think that their husbands would be friendly with them. But in practice our guardians do not pay any importance to this very matching issue. Some times it is seen that a teenage girl is marrying a man age of 40, who she could only take fatherly but not friendly.

In another important area of cases is the concern of their husbands' occupation 71.23 % of the cases had not opportunity and right to choose fully free and full consent about the occupation of their husbands before marriage. It appeasers to know important to the

husbands occupation because the wife might have her own fascination and choice of her future husband; other wise it may be a cause of her grief. She might have also her internal wish to help her husbands in a particular profession of her own choice, where she has good efficiency and comfort. So, denying of all opportunities to choose husband is a violation of CEDAW 16.1 (b).

The scope of unknown future husbands' personality and characteristics is great number that 86.30% cases had no right to choose regarding their husbands' personality and character. To become a good couple it is not so easy; it requires some common interpersonal traits and similarities in character factors. Without knowing anything regarding husbands our girls are to build upon houses in air.

84.93% of respondents were not found right to know the taste and attitude to their husbands before marriage. It will be considered why important to know all about regarding different tastes attitudes regarding many matters to establish and maintain a permanent relation, especially a relation of mutual, trust, respect, honor, friendship etc. Different in these fronts might develop future maladjustment. Other girls' (84.93%) cases without knowing these are dragged to severe uncertainly and maladjustment.

69.86% cases had no opportunity and right to choose their husbands' educational background. Educational gap or discrepancy may produce serious unhappiness, as it is related to taste, style and attitude of life. So, discrepancy in this area may give rise to permanent scare to the couple's lives.

Financial status is so important for cases. The cases 69.86% did not found to choose their husbands financial status. Sometime quite the cases became helpless due to economic reason. It became so difficult for the cases to run the family in financial crises that its impacts fall every where in conjugal and in-laws family. Education and financial both two great factor for conjugal life. It becomes so difficult for the cases to run the family without matching is important parameters.

83.19% had no right to opportunity to choose something about their in-laws family. So it very difficult to adjust newly entered teen aged wives and adjust new environment. Also a great mental stress created to do duties and responsibilities.

The CEDAW article 16.1 (b) has a direct law, which proclaims "The same right to choose a spouse and to enter in to marriage only with their free and full consent". is not found in properly implementation, this truth is reflected this research.

Discussion related to same right and responsibilities during marriage in family life

(N=100, all marital aged group cases)

Now will discuss what internal condition analysis about same right and responsibilities in conjugal life condition related family life.

Same right and responsibilities about conjugal family life matter:

About dominations over family matter 08%, 65%, 10%, 15% 02% cases admitted that their family was dominated by themselves, husbands, jointly by both and in-laws family, subjects parental family respectively. That result perhaps reflected the nature of family dominance and role model currently prevailing in our society. Everything of our family is conducted, managed and supervised by the husband or in-laws family. Only 18% cases where the women per-self (08%) and by both (10%) dominated the family issues were due to nuclear nature of the families. In extended families, parents or oldest brother of the family represents the head of the family, who generally dominates and takes all vital decisions. A part from this mother-in-law and elder sister-in-laws also play major role in internal family matters although cases lived in nuclear. Husbands (65%) are also found very much obstinate to share views and consultation with wife regarding family issues. So, same rights and responsibilities are avoiding patriarchal ways and social domination attitudes.

Only 27% of subjects have found enjoying freedom to spend money for family expenditure. That result was a parameter of understanding status of our married women. Less than one third of cases 73% did not avail financial freedom to run the family. The cases are considered as passive, inactive and innate partners. They are not trusted and given authority to exercise their wishes, visuals and privileges, as lawful and entrusted conjugal partners. Monetary freedom makes a person responsible, respectful, answerable and committed. Due to lack of financial freedom women always think themselves inferior dehumanized and disgusted. These sorts of underestimated feeling decreases their innovative and creative power and zeal, which indirectly affects the family in negative direction. Absence of monetary freedom was found a serious insult to the mentally ill cases, because it reflected refluxed lack of belief, hatred and dishonor from the part of husband. So, most of cases faced severe shock and disharmony for not enjoying freedom on economy matters. In some extreme examples employed women were also found not to be enjoying economic freedom. Even when the married women were given to spend on casual, shopping, they were found to answerable and explanation. Progress toward women's empowerment and equality is frustratingly slow and the milestones are illegible. Women are found have considered as separate persons, but not equal to men and as victims of discrimination seeking redress for those inequalities. (Women in Higher Education, 2000). SDO (Social dominance orientation) was the only significant predictor of negative attitudes toward women's rights among men. Among women, by contrast, political preference was a stronger predictor then SDO (social dominance orientation). Thus, these data are consistent to the view that SDO is an important variable that indicates the desire to maintain in-group hegemony and out-group inequality (Pratto et al 1994, 1999). One way high SDO (social dominance orientation) men maintaining inequality between the groups is not to support women's rights. So 73% cases were ignored the rights of which is the significant of freedom of honor.

74% cases admitted that their husband did not consult with them in all necessary works. That was also an extraordinary finding because our married women did not have access to all affairs of the family. Generally in our culture husband looks after everything and they are either reluctantly or deliberately does not want to involve his wife in all issues

relating to family. Very few husbands (21% in my study) found to have consulted practically all the necessary works with their wives. Husbands sometimes feel that it will be unnecessary to inform everything to their wives, because according to them, wives are not intelligent enough to give any consultation. Sometimes husband try to hide many issues to wives on the assumptive fear of underestimation. One of the universal disadvantages of women that has been commonly cited is their under representation in the decision making positions and lack of involvement in decisions in many important spheres. This has been primarily traced to the historically preferential treatment given to boys and men in a broad range of life matters such as decision making authority. The Cairo conference emphasized the importance of this authority when it noted that "in all parts of the world women are facing threats to their lives, health and well-being as a result of being overburdened with work and of their lack of power and influence" (Corazon M. Raymundo, 1999). A main factor of negative cultural social customs is related to ignorance of CEDAW Article 16.1 (c).

74% cases admitted that their husband did not consult with them in all necessary works. Generally in our culture husband looks after everything and they are either reluctantly or deliberately does not want to involve his wife in all issues relating to family. Very few husbands (21% in the study) were found to consult in practically all the necessary works with their wives. Husbands sometimes feel that it will be unnecessary to inform everything to their wives, because according to them, wives are not intelligent enough to give any consultation. Sometimes husband try to hide many issues to wives on the assumptive fear of underestimation. A five Asian country study on the status of women revealed considerable variations in measures of power and autonomy, which included decisions in the economic and personal spheres. The more patriarchal and less socio economically developed societies, such as Indian and Pakistani, have fewer women making decisions than those of Philippines and Thailand and these are tied closely to their societies and culture rather than to individual characteristics. For example, 86.5 percent of Filipino women reported having a major say in deciding on major purchases in the household compared with 16.5 percent in Pakistan (Karen Mason, N Chayovan, S. Jejeebhhoy, S. Nagariai, C. Raymundo, Z Sathar and Smith 1995). Gender

discriminations has relation avoiding same rights and responsibilities of implementation of CEDAW Article 16.1 (c)

76% of cases found their husband did not assisted in domestic work. That result opened the cases husbands' view of family life, where cases (wives) were more considered and treated as lawful service giver for domestic work. Even when wives were ill, pregnant, caring infants, they were not given any execute of house hold works. In cases where husband would manage some domestic works, he could not co-operate due to egoistic mainly cultural attitude. In our culture man is not supposed to do only extra house hold work. Doing domestic work is sometimes considered as weak manly personality or unusual weakness towards wife. The above result (76%) reflects the attitude of our male towards household activities as it was prescribed in our patriarchal society which belong social dominance about women. According to prevailing traditions of gender based activities males are supposed to do all extra domestic activities directly linking earning money and females are dragged to all domestic activities including child reading. Basically it does create our tradition social attitude towards gender domination.

73% of the respondents confessed that their husbands' irresponsibility and carelessness produced conjugal disharmony. More than half of the cases were found not responsible and careful in many affairs of the family from their husbands. That finding was also significant on ground that those who dominate control and manage practically every thing of the family; if they become apathetic that, then obviously it produces destabilization of the whole family. That attitude and behavior by the husband ultimately influence the conjugal relation badly and produce cases stress. Gender sensitive indicators is absent for applying Article 16.1 (c) of CEDAW in ground.

84 %cases of study acknowledged that they were physically and mentally tortured by their husbands and in-laws family. Tops world in violence against women says UN published September 2003; Bangladeshi women were most battered in the world, according to the UNFPA report, with 47% of women assaulted by men. The violence in Bangladesh took many forms – from wife beating, maiming by acid, rape, to physical and

verbal harassment, the report added. Bangladesh was followed closely in the world rankings by India, where 40 percent of women were assaulted by men. In Bangladesh, where both the prime minister and opposition leader are women, nearly 50 percent of murder cases against women are linked to marital violence and by an inability to meet dowry demands and to handle polygamous men. Gender-based violence also has a sizeable impact on the economy, though its cost is difficult to assess. Costs include health care for victims, missed work, emergency shelters and police protections (UNO, 2003).

85.71% (N= 72, 72 cases out 84) cases admitted that blood was let due to physical and injuries inflicted by their husband and in-laws families. Physical tortured towards my cases covered a range of actions of varying severity. These include slapping, punching, kicking, biting, burning and scalding, smothering, beating up or using a knife. Physical violence from a partner has been found to result in high rates of ocular injuries. Punching tends to be directed to the head, face, neck and abdomen. This apathetic attitude created my mentally ill cases stressful psychological problems. The intimate partner violence was associated with poor health, depression, substance abuse, chronic illness, chronic mental illness, and injury. When both physical and psychological abuse are considered together, levels of psychological abuse are more strongly associated with most health outcomes than levels of physical abuse (Coker, A.L. et al. 2002). Compared to individuals physically assaulted by non-intimate others, individuals assaulted by intimate partners were over four times more likely to meet psychological disordered The intimate partner violence was associated with poor health, depression, substance abuse, chronic illness, chronic mental illness, and injury. When both physical and psychological abuse are considered together, levels of psychological abuse are more strongly associated with most health outcomes than levels of physical abuse (Coker, A.L. et al. 2002) . Compared to individuals physically assaulted by non-intimate others, individuals assaulted by intimate partners were over four times more likely to meet criteria for current PTSD and over two times more likely to meet criteria for lifetime PTSD. Thus, it appears that physical violence by an intimate partner may increase risk for PTSD beyond the risk related to physical assault more generally defined. (Kilpatrick, D. G., Saunders, B. E., Amick-

McMullen, A., et al.1989. Ignorance of human right as a gender perspective is directly effected implementation of 16.1(c) of CEDAW Article.

The 79% cases (wives) did not found marital life related maintained lawful behavior, attitude. Because our cultural, social political traditional theories of male domination supporting. Men are viewed as dominant over women much economic and political power. One way for them to maintain their dominance and their own self-image is to promote subordinate roles for women. As Nelson et al. (1997) suggested, males antifeminism and, no doubt, their negative attitudes toward women's rights is "motivated by power, as well as a lack of enthusiasm for the goal of equality" (p.242). Thus, men who tend to score high on social Domination Orientation (SDO) are less likely to be supportive of women's rights, fearful that such a stance might erode own dominant position and power. The present results therefore lend strongly conceptual supported. Maintenance of a wife during the subsistence of the marriage is a legal obligation of the husband in Islam (Nasir, J. jamal, 1992, 1884). The PROPHET preached in his last sermon:

"Show piety to women, you have taken them in trust of God and have had them made lawful for you to enjoy by the word of God, and it is your duty to provide for them and clothe according to decent custom."

CEDAW Article 16.1 (c) is can not come in to truth as because of absent of gender equity practice in Bangladesh marriage and marital culture.

Same right and responsibilities about sex consummation and sexual life

Sex and sexual life is another very significant area of conjugal life and related to CEDAW 16 .1 (c). Sex is a biological basic need and also necessary for species preservations. But in case of human being expressing enjoyment emotion and behaviors relating to sex drive should be rational and aesthetic. It is also true that personal variation do exist regarding sex in both male and female. It is the variations are qualitatively beyond a reasonably accepted range then it may be considered as maladjustments. In case

of individual couple extreme normal variation in one or both of them may develop disharmony.

Research found that 79% of the cases had no satisfied during sexual act, because their (cases) husbands did not consider their satisfaction. That finding is important for happy and adopted conjugal life. But our males are not aware enough of sex life perhaps due to ignorance or due to not bothering wives' role on sex. Due to lack of scientific knowledge on sex both of our men and women can not assume and practice proper sex life. More than half of the subject's statement (79%) reflects that, in our Bangladeshi husband-wife interpersonal relations communication has distances. These sexual relations husbands did not fell to concern about their (Wives) attitude, view, satisfaction, and problem. Husbands believe that it is right of them (Husbands) and duties of wives and consequently produce psychological problem. At one time, sex was thought of as an obligation or duty insofar as the wife was concerned sexual gratification was felt to be a prerogative of the husband rather than as a joint venture on the part of both husband and wife. The latter was presumed to "submit" to the desires of her mate, and if in the process she received any gratification it was unlikely that anyone knew of it, since sex was neither written about nor discussed as it is today. And if, in the process of satisfying her husband's passion, the wife was left sexually unsatisfied, it was unlikely that she would voice her complaints, since any manifestation of her sexual needs or desires was considered unladylike. Lawrance and Byers (1995) and Oggins et al. (1993) have found that characteristics which are indicative of the quality of the relationship are related to level of sexual satisfaction. Other researchers have also found the quality of the relationship to be related to sexual satisfaction. Newcomb and Bentler (1983) in their study of female orgasmic responsiveness, found greater sexual satisfaction to be related to involvement in a close personal relationship. Findings by Frank et al. (1979) also support the notion that the general quality of the relationship influences sexual satisfaction. Other researchers have also reported emotional closeness to be positively related to sexual satisfaction in marriage, (Darling, Davidson, & Cox, 1991; Hurlbert et al., 1993; Rosenzweig & Dailey, 1989). Relating emotional closeness to sexual

satisfaction appears to be a popular notion that is supported by our findings (to the extent that the "non-sexual aspects" factor does reflect emotion).

86% of the cases confessed that their husbands did not consider their physical and mental soundness before their sexual intercourse. This is a very important finding regard legal and empathic aspect of sex life. It appeases a cruel act to go on coitus with an ill person. It proves that our husbands are so selfish that they do not like to consider anything of their wives to enjoy sex for their own interest In our culture of male dominance cases husband never thought to know about their wives (cases), until the wives express .Cases husbands deliberately enjoy their wives confiding them as an instrument of sex of pleasure. Wives (cases) also due to many reasons thought themselves, as create of "given in to their husbands" and as sacred duty to fulfill all the wishes of their husbands at all costs. Cases also found to let dawn their wishes over sexual demands largely out of the fear of displeasing the husbands, which may lead to forced sex violence. The result is on sex forced upon wives upon wives by husband in the context of sexual intercourse, fact that husbands giving unwanted sexual demands under various type of pressure. The nature of such "force" is nowhere near as severe as it can be for their wives. Sexual coercion can take place without the occurrence of such a direct assault. Wives who have been the victims of their husband's violence at some point their marriage have reported often " giving in" to their husbands' sexual demands largely out of the fear of displeasing them (Finkelhor and yllo,1985;Russell,1882).

70.93 % (61 cases out 0f 86 cases) fallen within domain of marital rape. This research most of my cases came from rural background. In Bangladesh social cultural as a least development country, here has no recreations of life; also most of my subjects' husbands' are not enough educated. Sexual intercourse with wife as part of recreation .Whether wife is perfect for enjoyment of sexual act or not, if cases physically ill or psychologically perfect for enjoyment of sexual act or not. Age gap is an also significant factor between my cases and husbands. So husbands' used power because in Bangladesh economy is dominated by husbands, financial status is a factor of domination. My 91% cases are housewives, so they depend on husbands. This low status of women, create their position

unfamiliar, socially ignored and eventually inhumanity. So by generation to generation women suffer as my subjects of marital rape. Husband use power and control for treating and abuse physically sexually their wives. It could be presumed that wives of our Bangladesh were not found aware of marital rape because of substandard status, poverty and illiteracy

Wife Rape is the form used to describe sexual acts committed without a persons content and/ or against a persons will, when the perpetrator attract is the women's husband or ex-husband (Kate Orman,2001). An abusive relationship typically follows a cycle that is marked by three well-recognized phases.

a) The tension- building phase:

b) The acute batter ring or abusive phase

c) The calm and penance phase (Lenore E. Walker,1979)

Despite the historical myth that rape by ones partner is a relatively in significant event easing little trauma research indicates that marital rape offer has severe and long lasting consequences far women. The physical effects of marital rape may include injures to the vaginal and anal areas, Lacerations, soreness, bruising, torn muscles, fatigue and vomiting (Adams, 1993, Bergen 1996). Women who have been batter and raped by their husbands may suffer other physical consequences including broken bones, black eyes, bloody noses, and knife wounds that occur during the sexual violence. Campbell and Alford (1989) report that one half of the marital rape survivors in their sample more kicked hit or burned during sex. Specific gynecological consequences of marital rape include vaginal stretching mismanage, stillbirths bladder infectious, infertility and the potential contraction of STD and AIDS.

All discussions about same right and responsibilities about sex consummation and sexual life, its proved that mentally ill married women leading their life a large pathetic situation, that is unknown to other persons. All most they are adopting this tragic life alone and isolatable. CEDAW article 16.1 (b) is ignoring the sexual right; the cause is not practicing of human rights with a gender perspective.

Same right and responsibilities about reproductive right

Taking child is vital aspect of conjugal life. It requires physical, psychological, financial and family preparation. Taking children is far more responsible to women than men, as she is to bear the pregnancy, location and nature the baby. So, it would be reasonably and legally sound to take all positive considerations from the part of the wife by the husbands during taking decision of getting children. Let us see, what our condition as it is depicted in my research relating to issues of reproductive right of the present study. CEDAW 16.1 (c) constitution has same right and responsibly during marriage; now will discuses this reproductive right and responsibilities section's condition:

86% cases had children.

70.93% cases of subjects husbands did not consulted with their wives (cases) regarding child birth. This issue is an alarming indication of the degraded status of our women. Where as in taking children women have got the natural supremacy, defying this husbands are found to dictate and to take decision.

87.20 % cases confessed they their husband did not consulted on them regaling taking how many child they in will have. That finding was very important in understanding a patriarchal back was society like ours. Husbands did not bother anything to be a concern for their (cases). They (cases 87.20 % husbands) took all major decision by them feeling in cladding how many children would have. The fact that their wives (87.20%) carry, and rear children, did not sympathies. That area of regulating and deliberately under estimate women in reproductive issues has been prevailing and still people tufting. Women had no argument choice regally how many children they would have. Sometimes husband took the member of children as the expresser of his personality, dignity, social position, wealth and his personality. He (husband) sometimes even found to not consider physical incapability on the part the info to carry and continue pregnancy.

The study found 70.93% (N=61, 61 cases out of 86) cases husband did not take the advantage of spacing to take childbirth from their husband. Those vary low 29.06% percentage of adoption and especially for childbirth many factors related like:

a) Cases husband not interested about family planning program

b) Lack of complimentary support from husband

c) Some couple (cases) though very little might have the view of taking children method good space and then would try to rear them to adulthood, so that children did not become burden to them at late and retired life.

d) Cases husbands No had any idea about spacing of children.

e) Male dominating cultures preserve cases husband.

f) Cases husband did not think or self education about reproductive right of wives (cases)

76.74% (66 cases out of 86 cases) subjects had the experienced felt due to stress in taking their unwanted pregnancy and repeated child birth. That also displayed how serious was our society including husband to take the issue of unwanted pregnancies and how much stress was to be ingested by the mother (76.74% cases) to confine an unwanted but legal pregnancy. Husbands and other family members were found not to extend any support to cases that become pregnant due to any course not desired by husband and family members but the pregnancy was legal. The subjects admitted the seriousness of stress in continuing that sort of unwanted childbirth against desire of husband and mother family members. Sometimes if became too much risky to terminate the pregnancy as decide by husband and other, who did pay any little concern for her health and terminal. The cases already mentally ill, that were not considerable my cases husband.

(77.77%) of the study had experienced in rearing up their unwanted repeated children. Yes, it is one of the vulnerable areas of womanhood. Because, in our social, cultural attitude that child rearing responsibility and practice depend on women. Unromantically goes on they (77.77%) should of the mother no matter however efficient and elegances they in this respect. Sometimes due to many reason as, mental illness mothers were not found fully fit to take rearing up responsibility with full success; yet they were to do that. In doing this, for which they were not physically and psychologically sound produce considerable amount of stress to them, which was found to be ignored by the husband and

family. Husbands in our country are cornered who are decision maker and leader of the family. They (Husband) generally do not take care of their children especially in over of feeding, bathing, sleeping, playing etc. So, ultimate the overall burden of children rearing automatically goes to the shoulder of mother. But ideally and legally the husband should have equal and legally have equal or sharer status. The same right and responsibilities about reproductive right is negatively continuing with cases. The wife domination, son preferences, existing of patriarchal values had ignored CEDAW 16.1(c).The situation under control it is proved. Also this situation is falling cases vulnerable conditions.

Same right and responsibilities about abortion and miscarries

Abortion and miscarries are another area of stressful woman hood. Many things are associated with abortion like.

(a) Legal issue

(b) Heath issue

(c) Consent from both the spouse and in laws family.

(d) Socio-cultural and religious

76.64% (66 cases total of 86 Cases) of the present study had history of Abortion/ miscarries. This is the fact of Bangladeshi women maternal status. Because, cases and their husbands weren't conscious about patients' pregnancy and reproductive health.46 million women around the world have abortions each year. Of these women, 78% live in developing countries and 22% in developed countries. And worldwide, the lifetime average is about 1 abortion per woman. (A World Review, 1986, sixth ed).It is a negative experience of my cases. Because this abortion related risk, may lead those to near death experience (76.74%). Maternal mortality rate in Bangladesh is one of the highest in the world. Although the Maternal Mortality Rate (MMR) in Bangladesh is about 4.5 per thousand live births the probability of death of women increases with the number of birth (Bangladesh Health and Demographic Survey, Summary Finding, 1994).

This higher number of abortion created my patients (76.74%) mentally ill cases' in-law status in poverty (lower class 26%, lower middle class 28%, unexplored 31%).Because as mentally ill ness they had inadequate access to nitration and reproductive health cares. Its also associated with Bangladeshi economic, social legal neglect of wives due to inferior position in family and this also reflected in wives reproductive health behaviors when they were pregnant abortion is a leading cause for maternal death in Bangladesh. It has been estimated about one-sixth of the total maternal deaths in a study in rural Bangladesh (Alauddin 1986).When a woman undergoes abortion for any session she has to face will the above issues related to abortion. Sometimes she becomes sandwich. In my study were found to divider that they had conflict with there husbands due to abortion they did.

76.74% of cases were found to divider that they had conflict with there husbands and in-laws family due to abortion they did. Abortion were not created own desire. My cases faced the hard reality of Bangladeshi patriarchal and male dominated culture. But, husbands and in-laws families' were attitude and mentality about abortions, these responsibility only cases. This rural stigmatic culture created cases stress. Abortion and miscarries often the result of social, personal, and psychological deprivation in couples and specially in women may be socially and psychologically disadvantaged to the point where they cannot access contraception .Before and after the act of abortion , women usually go to through a period of insurmountable personal difficulties and versatility . Abortion may be associated with feelings of guilt that can escalate to generalized anxiety, different fears and phobias and a diagnosis of depression (Zolese and Bklaker, 1992) .Abortion is a traumatic event and experiences may lead to consequences such as depression and anxiety (Friedman and Gath ,1989) The psychological effects of early Abortion are viewed as prenatal bereavement and may need very similar input provided in bereavement even post-traumatic stress. The trauma associated with miscarriage has never received the attention it deserves (Dora Kohen, 2000)

The same right and responsibilities about abortion and miscarries are avoiding due to not practicing gender equity.

Same right and responsibilities about birth control

Birth control and spacing for children is one of the most important sectors of modern women life. In our culture there exists an innovating trend of acceptance and awareness of birth control methods. Though there are also some forms of backward attitudes and practices are perpetuating in our country. There are also individual and family specking differences regarding birth control acceptance and practice. This area bears very much significance, when considered in the light of women emancipation, empowerment and women movement. CEDAW 16.1 (c) declared the same right and responsibilities during marriage. The situations about birth control right of mentally ill marred women were as follows:

Cases and husbands both adopted family planning devices only 58% out of 100 cases.

This result also depicts our failure to reach Family Planning objectives for all the child-bearing women. Another important faction may also have huge role, which is our prevailing reflect toward FP due to our socio-cultural and religious views relating to birth control. 42% of my cases did not adopt Family Planning methods, which can be interpreted in the following arguments like:

a) Cases had Lack of modern vision of life.

b) The case's husbands and in-laws families had misconception regarding Family Planning due to socio-economic rural and religious background. Household and community influences can be so powerful that they can obscure the line between individual desires and community norms. For instance, in some cultures, many women reject contraception because bearing and raising children is the path to respect and dignity in the society. People are often unaware that such norms influence their choices. Barnett, B. and Stein, J. (1998), Chearkaoui, M. Fertile changes. ORGYN: 27-32. (1995.) Mkangi, K. (1992.)

c) Over execration ideas regarding side effects of family planning methods.

d) Lack of awareness of cases of husbands (58% cases) due to their low educational background. The present study found 81% cases rural and mainly house wives 91% .Rural house wives were totally dependent on their husband's financial

support. Husbands' superiority views strongly influences to adopt birth control methods of my case's life.

e) Because of early marriage, wives (73% cases) could not have the understanding of reproductive right, privileges and responsibilities relating to marriage and child bearing

f) Prevailing social cultural, governmental policies' negative attitude regards Family Planning also denominated girl going in touch with Family planning also propaganda. Bangladesh government policies cannot influences , people's family planning decisions both indirectly, as when laws affect women's ability to make independent decisions, and directly, as when policies regulate access to contraceptive information, supplies, and services. (Catino, J. Oct. 1999). The information and values communicated in the mass media and from person to person not affected people know about family planning and interested they are in it (Cleland, J. and Mauldin, W.P. (1991), Hollerbach, P., Bongaarts, J. 1983).

g) Because of early marriage cases (73%) could not have the understanding of reproductive right, privileges and responsibilities related child bearing.

h) In our society unmarried women cases did not have any opportunity to know about practically family planning related matter before marriage.

i) As the reason of mental illness my maximum cases had no psychological ability and socio –economical and familiar support to taken birth control methods.

89.65% (52 cases out of 58) of case took decision of birth control by themselves. That finding reflected how miserable the situation of decision-making regarding birth control was. Cases husbands were found informed of Family Planning procedure but reluctant in imparting decision of birth control. Husbands of our society still took it to be the duty and responsibility of their wives to take birth control method. Cases husbands believed that birth control taken decision and used of methods only duty of wives (cases) .As income generated person husbands apply supreme power for their wives and are used to apathetic, reluctant and negligent about their wives' health condition. Men offer have a dominant role in family decision but tend to be marginalized. The common understanding

of "reproductive right" is that women should decide and control their own bodies and reproductive behavior. It is proclaimed that only women should have the power to decide and control their own fertility, which was found very difficult to enjoy by our women due to their subordinate status. It has co-relation not empowerment of women's health, body; minds or they can be save their own health security. Currire DH, Wiesenberg SE.2003 Promoting women's health-seeking behavior: research and the empowerment of women, Health Care for Women International; *24:880–899.* Providing health services for women does not guarantee that women will use them. To examine why, this article analyzes women's health-seeking behavior as an individual decision-making process and presents a tool to identify barriers and facilitators to women's health seeking. The tool focuses on the socio-cultural context, considering the woman's threshold for illness, authority in the household, financial resources, the social value of women's lost time, mobility, and attitudes toward the female body. The authors take an explicitly feminist approach and conclude that providing health services is not enough: it is also crucial to change the system of gender relations and create social and economic conditions that will lead women to utilize health services as an exercise of their rights.

96.55% of cases were found using themselves birth control methods, but only 03.44% the husbands were taking birth control methods. Only 2 cases' husband used condom. This finding signifies that responsibility and liabilities of Family Planning procedure rests on our women only. Husbands who accept birth control but not to take birth control methods by their wives, but not by themselves .The financial and social male power mainly control this situation. Gender discriminations also major factor this section. Power is intrinsically linked with sexual activity and reproduction. (Charlesworth and Dzur 1987) studies emphasize the experiences of women whose sexual and contraceptive decision-making is controlled by others, either directly or indirectly. That is, women may have no choice over sexual or contraceptive decisions, or they may behave submissively or in other socially-prescribed ways. The pursuit of conventional femininity is an unsafe sexual strategy for young women. Cases (96.55%) were the target of methods used of birth control is a socio-economic culture.This powr control of husbands for wives , shown the gender discrimination not only Bangladesh ,this south Asia reason are same

discrimination ."Role of gender in health disparity the south Asin context" (Fikree FF, Pasha, the British Medical Journal. 2004;328:823–826) examines the life cycle of gender discrimination in the countries of South Asia from sex selection before birth to women's poor quality of life in old age. The authors argue that the perceived lack of economic utility of women underlies gender disparities and gender-based health differences in the region. They call for health and human rights practitioners in South Asia to respond to the violations of fundamental human rights of women and the detrimental health effects of gender.

63.79% (37 cases out of 58) cases felt conflict with their husbands and in-laws family. This conflict was created psychological stress

The reasons were follows:

a) In-in-laws family basically tradition rural illiterate in-laws mother who had never used contraception ,they do attitude like male domain

b) Cases husbands attitude were without husband permission and wish cases had no right to use contraception

c) Although cases also relied on their husband's older aunts, younger sister in law and mother in law were generally less involved in contraception used matted. Mother in-were reluctant to decide. Traditional patriarchal child birth culture they psychologically supported.

Husbands' misconception were used contraception, because it may be effect joyful sexual enjoyment

The discussions of same right and responsibilities of birth control proved that women physical health, body and life are the target of used birth control methods. So these third word countries like Bangladesh the powerless, low status, poor women faced the discrimination of reproductive rights. CEDAW Article 16.1 (c) not working in cases due to birth control cultural system is not doing family friendly polices. So cases are vulnerable status living

Same right and responsibilities about mother's right

Children are the common product of both the spouses. So, accuracy to CEDAW article 16.1 (c) showed take decision jointly same right and responsibilities. This section would analysis the same right and responsibilities about children so, legally, morally and ideally

Mother should be considered as common wealth and hence it would be a joint approach to take all necessary activities regarding children.

63.95 %(55 cases out of 86) of my cases admitted that adequate case, love and affection were given to their children by both of them. Although cases are mentally ill women, had own illness, responsibly maintaining difficult but that result of my study also reflected the true picture of child rearing practice of our society. In our society (even in text books of primary school) an idea and view is expressed that fathers are earners and they until purchase. Every thing necessary for the family and they will also supreme all about the family on the contrary will manage internal affairs including soft –earning and household that kind of performed allowed husbands to escape necessary love and affection to their children, rather they feel satisfied in facilities in fulfill in only financial need of the children and family.

63.93% (55 out of 86 cases) cases admitted they has active satisfactory role taking care of their children. The study was found to contradict a lithe in respected of the other findings related to child care. But that can also be explained on the following ground. Here perhaps the cases under the study expressed their active role considering household activities, which was hardly impossible without their physical labor .That part of active role in caring children which involves breast feeding, feeding, clothing washing etc in our society directly or indirectly fall on domain of women. But true guiding in the sense of decision making and power exercise regards children are too far dream for our women.

Although cases have cases were found to guide their children satisfactorily. But not fully could do actively .It reflected that majority of our mother, especially when they were mentally ill could perform their duties and responsibilities and equally adequately towards their children. That fact might be analyzed on two prominent grounds. Like

a) As they were mentally ill, they themselves had little scope and capacity to guide the children.

b) Family members including husbands were perhaps reluctant to give their children to give their children to hands of the mentally ill women for proper nursing and care.

Only 70.93% (61 cases out of 86) of the cases could not apply equal power right and responsibilities like their husband regarding their children's study and other affairs. Although, my cases were mentally ill person. That may be explained on the following attitude of cases husbands:

a) Perhaps they had little decision making power due to their mental illness.

b) May be that they were considered inadequate and incapable, in spite of the fact that could have preserved the decision making power and process.

c) Deliberately they were kept out on of the sense of decision making power and process.

But over all that result similarly reflected our women's position in our society. This poor (29.06%) of the cases could be able to take equal share in experiencing and executing their right for their children issues like others. Husbands by virtue of being male and head of the family automatically dictated all about of easy thing including children and every issue. Even other family members like both paternal and maternal grand paternal desire regarding children's aim and ambitions were treated with dignity and honor. This poor percentage reflects our society original picture of not paying reasonable legal and moral role by our women to play. Mothers as the prime evaluator for everything of their children could ideally be given top most importance in taking any decision regarding the children. Due to not giving the same the development of children are not going to proper direction.

73.25% cases felt a great psychological stress due to not found as mother rights for their children. The result might be considered very seriously because that reflected the role and dignity of our women in decision making process not only for children but also for

other domestic and family issues also. Cases were able to take decision in depending regarding their children. but were not given due responsibility and power to execute their right for their children. That part of active role in caring children which involves breast feeding, feeding, clothing washing etc in our society directly or indirectly fall on domain of women. But true guiding in the sense of decision making and power exercise regards children are too far dream for our women.

The section about same right and responsibilities about mother's rights and responsibilities the present found a pathetic figure. Although my cases already mentally ill persons, but as a mother cases could to apply, they did not found mother's right and responsibilities. These the factors of non empowerment of economical, social, traditional culture are related to not working CEDAW Article 16.1 (c)

Discussion related to consent in to marriage (N=68, all marital aged group)

Marriage is the most important social event of human life, through which we start family life, produce future progeny and select most confided life partner. Such an event should be morally, ethically, socially and legally honest and satisfactory. As how two parties are invalid and come into a contact on moral, social, religious and legal basis; it is undoubtedly clear that both the parties would have the some right, choice and responsibilities. Without which marriage will remain a matter of exploitative and humiliation. CEDAW declared that Article 16.2 states: The betrothal and the marriage of a child shall have no legal effect, and all necessary action, including; legislation, shall be taken to specify a minimum age for marriage.

95.58% of my cases (68 cases who could deliver valid consent) admitted that they gave verbal consent to their marriage. Consent to marriage is both legally and religiously mandatory. Unless in sound physically and mental condition a women confess consent, the marriage is illegal and invalid. In our perspective system of taking verbal consent is sometime not unquestionable. The girl only nodes head vibrates lips and that is taken as consent. Even, than 4.41% of my cases did not give verbal consent. This result is serious also on the standing point of CEDAW also nation of Bangladesh.

Almost all of my cases gave verbal consent to marriage. Consent to marriage in our country is mandating. Consent to marriage in our country is mandating both from religious and legal view point. Our girls have very little opportunity to tell "no" or express their own desire of any choice regarding their marriage. Guardian and relatives are socially accepted person to take any decision in favor of the girl going to married. Very few guardians seek any consultation or need to ask anything to their girl as for belonging to the girls' choice. So, in most of the cases girls have no other alternative other than to give consent to marriage? Actually in Muslim marriage cultural groom had to say KABOL, in front of bride family, and this is counted as verbal consent. In Bangladesh there no birth registered, So it is not possible to find out actual age of he groom, which is written in marriage register. But verbal consent is most important in Bangladeshi Marriage and Marital Law. According to the child marriage Act 1929, which was amended by the Muslim Law Ordinance, 1961 and again in 1984; the legal age of marriage for girl is 18 and for boys 21 and above. If either party does not meet there was a dispute between the two parties. The socio-economic justification of this law is that minor boys and girls are not a position to meet the demands of married life.

"Under age marriages will not take place"

The message of Marriage and Marital Law of Bangladesh consent.

"Since Muslim marriage is a contract between two individuals both of the parties, i.e. bride and bridegroom, must give consent to marriage"

"Consent must be taken before the final decision is taken"

"A marriage will be invalid if it is solemnized without the consent of either or both of parties."(Fatima Rasihed Hassan, January, 1997)

.This is significant finding of pathetically ignore and violated CEDAW.

Another most important issue relating to consent to marriage that appeared in study was that. 30.88% of cases (68 cases, who could have valid right to mental consent to marriage) did not have mental consent to marriage. Though, they had gone verbal consent to marriage. Though legally the marriage is valid, yet without mental consent and

acceptance, the ultimate objective of marriage will be achieved. Our family do not feel in most of my cases, any urge to consult with their girls regally any choices relative to marriage. The girls are kept always in dark and the most have complied withers the consequences come. Mental consent acceptance and satisfaction are perhaps the most important aspect of conjugal life to be happy and harmonious. Many of cases were playing the sole of wives without any mental support. The consequences of these marriages are not obviously positive.

30.88 % (21 cases out of 68 cases) subjects had no mental consent in to marriages, but they had to marry. This result is showing the discrepancy between the verbal and metal consent of the girls of the study. Previously it was seen that 95.58% .Our girls can not apply their own views and choice in marriage all the times. This fact may be looked upon as.

a) The subject's own choice is not reflected
b) She may be compelled to accept the proposal
c) The cases deliberately give verbal consent to realize her parents from burden and anxiety related to her marriage
d) She is not mentally ready or prepared to marriage at this moment or with the proposed husband or with proposed family.
e) The cases might have her own choice, which was ignored
f) The cases might have some ambition to be fulfilled before marriage
g) She might be humiliated in terms and conditions of her marriage

21 cases or 30.88 % (out of 68) my subject had no mental consent in to marriages, but they had to marry. This is called forced marriage. For marriage, (without consent) is totally illegal of our Marriage law. Islamic marriage law doesn't support it.

This is called forced marriage. For marriage, (without consent) is totally illegal of our Marriage law. Islamic marriage law doesn't support it.

Forced marriage is prohibited in Islam. It could be assumed that age of puberty is necessary so that one can freely express his or her consent. So, Islam prohibits marriage where a woman (or man) does not have consent. There are guiding principles through the *Hadit* in this regard.

The PROPHET MOHAMMAD (SAS) had advised a girl, on her complaint that her father had forced her to marry without her consent, that she had a choice either to accept or invalidate the marriage (Ibn Abbas, in Ibn Hanbal No. 2469). In another version, the girl said:

"Actually I accepted this marriage but I wanted to let women know that parents have no right (to force a husband on them)" (Ibn Maja, No. 1873). Therefore, it is established in Islam that forced marriage is not at all a marriage if not accepted or invalidated by a woman (or even a man).

Free consent is a requirement for a valid marriage under Bangladeshi law. A woman cannot be forced and she cannot be given in marriage unless she freely agrees on it. A free consent is to be expressed in front of at least two witnesses and thereafter to be properly signed in order to have the effect of valid marriage. As mentioned earlier, one could only express his or her free consent once he or she reaches the age of marriage according to the applicable law. If a marriage is completed before that age through the action of a guardian, it is subject to approval upon reaching the prescribed age by the either party and registered properly. Otherwise in the eye of law it is not at all a marriage (Kamrul Hossain 2003).

With all of the supporting of Islamic concept, but in practice of realistic level CEDAW Article 16.1, (b),16.1(c) ,16 .2 are really backward situation of implementations.

80.95% (17 cases out of 21 cases) they fell stress and conjugal life disharmony because they had no mental consent. The co-relation of had no mental consent in marriage and for this conjugal life stress and martial disharmony. It's started from very began, I have to discuss this tragedy of my subjects in their life. And also most tragedy that this vulnerable life (my subject) is not created by themselves They suffered seriously but that

created society, family ,state, Patriarchal system, socio-economic conditions, cultural bad experiences.

One of the reasons my subject marital aged were child marriage 73% (out of 100), so mental consent decided were impossible for them. Subjects has stress in life and conjugal life my subjects family 89.04% (out of 68cases) did not consulted about their before marriage.71.23% did not know about their husband occupation, 73.97% did not know husband age, 84.93% could not know their husbands' test and attitude, 69.86% had no idea about their husband educational background, 84.93% could not know their husbands' personality. 69.86% cases had no idea about husbands' financial background, 83.19 % cases had no opportunity know about in-laws family matter.

As because my cases deprive for not consulted and did not know their future husbands matter before marriage (73% early married group mainly discussed). So, this way conjugal life gone to discrepancy regarding premarital idea and real life situation. Early married group suffered a painful situation, as because their verbal and mental consent related matter. Because, Social norms of these two factors. For applying social norms my cases conjugal life had to face in worse, 89.04% After marriage they had age gap problem with husband, also % had educational gap related stress, they found stress due to husband profession, they not satisfied their husband profession, % cases felt problem due to gap attitude and test of life between their husband, they felt problem due to financial and aristocratic status difference. Also felt problem due to husband physical beauty. They faced major problem due to differences in idea and consummation of sex.

So When groom can give consent of mental in marriage, all criteria's they had no idea and experiences. So without mental consent marriages and my subjects were felt deeply tragedy in whole life and also Vulnerable to our society, state, family, socio-economic and male dominant culture. Also verbal consent in our Bangladeshi culture is a social norms. Verbal consent does not prove groom can enter in to marriage with full and free consent by choosing spouse mainly my research focus mentally ill married women or representative of our women real life satiation of Bangladeshi marriage institution

culture. CEDAW deliration about free and full consent when enter in to marriage life, my cases could not apply this right. CEDAW 16.2 Committee's recommendation that men and women should attain marries full maturity and capability to choose spouse and need consent.

The Article of CEDAW 16.1(a) is ignored in verbal consent of marriage because the law of legal marital age is violated, consent of marriage also failure to established same right and responsibilities.

Discussion regarding registration of marriage

Registration of marriage is another very my important factor of marriage. In our culture excepting the Hindus, registration of marriage is compulsory both on the religious and legal grounds registration of marriage is necessary for many necessary like-

a) Legal
b) Vital statistical purpose
c) Protective for women
d) Over all empowerment of women
e) For going abroad with husband a for some service

In marriage registration many conditions for both the parties may be recorded like dower, condition relating to separation, divorce and dissolution of marriage and name properly inheritance etc. CEDAW Article 16.2 recommended directly marriage should be registered all marriage.

Actually I found that result has a miss understanding, although they mentally ill person, their came from more rural level , also in Bangladeshi rural marriage cultural their religious leader maximum work competed marriage, so registration of state law maintaining papers all time cannot be possible or subjects' family not interested. So this result finding is a remarkable that, my subjects' basically don't know about according to marriage and marital law provision (42.22%) cases of my study were found to be were to legal implication of their marriage registration less than half of my cases were aware of the legal implication of marriage registration.) They follow Islamic constitution half of

but not fulfill all criteria of marriage and marital conditions. But According to existing religious and state law marriage registration is compulsory.

Thus, Registration is not a constituent condition to be fulfilled for the validity of marriage under Islamic law. (El Alami, Dawoud Sudqi,1992). Registration of marriage is a documentary proof, in the light of which the husband can not avoid paying dower and malignance, which could in turn prevent divorce by husband.

But above study reveals that women in rural areas of Bangladesh are simply not aware of that marriage without registration is simply not aware of the fact that marriage without registration is also enforceable in court of law, Why marriage break Up: A study on Divorce in Rural Bangladesh. (Rangpur and Dinajpur Rural service –RDRS, World service and USAID) 1999 found that 75% of divorced women thought that as their marriage was not registered ,they had been divorced very easily , without any scope for challenging their husbands in the court for payment of dower and maintenance for the iddat of the period.

The Muslim Marriage and divorce (Registration) Act, 1974 states that

"Every marriage solemnized under Muslim Law shall be registered in accordance with the provision of this act."

But in rural level marriage registrations are not common. If not registered the wives has no legal status about marriage, marriage dissolutions, dower, maintenances, guardianships or custody of children. Registration of marriage is necessary for records, safety, secure and legal reasons.

Cases were found ignorant regarding the legal implication of marriage register. This finding result shockingly our women's degraded status and apathetic attitude to marriage. They sublimate themselves to the hand of fate of uncertainly.

42.22% (38 cases out of 90 Muslim) cases of the study was found to be were to legal implication of their marriage registration less than half of my cases were aware of the legal implication of marriage registration. According to CEDAW signify country, Bangladesh is bound to carry out CEDAW article of marriage registration. Marriage

registration is so important that it is not only affected with legal issue but it is necessary for may reasons, like vital data related to marriage, for safely, security and for issue life going abroad, getting job etc. Ignorance about marriage registration reflects our women's backwardness apathetic and indifferent type of attitude towards marriage and its consequence. Sometimes thy feel that with marriage they have extend into a world of uncertainty and ultimate destiny, which is to be accepted even if it becomes intolerable . These sorts of hopeless, helpless and confined state of cognition make them blunt to become a ware of anything legal and beneficial to them. As the law stands at the moment, registration of marriage is compulsory but not an essential ingredient without which the marriage can be impaired. While, the state has its own agenda for registration, for women it gives scope for protection and security of documentary evidence, but in practice the current law does not protect women well enough. These registrations of marriage not directly influence mental stress, but in deeply, non registered marriage can be invalid at anytime. So in future and present non registration marriage can be affect my subjects future life, destroy conjugal life, also insecure. This most stress related factor of my subject not only whole of our country Bangladeshi unregistered women.

Another very significant finding of study is that majority of the cases who were married before 18 of their admitted that their actual ages were not in record of the registered book, they were wrote false age of the cases. So CEDAW Article 16.2 is not maintaining the present study found tragically.

Discussion about Dowry

Dowry is a curse for every body concerned. Due to dowry a noble event like marriage has become a social disgrace sometimes. Dowry is the payment of a settlement from the family of the bride to the groom. This practice has grown in near post even though it is not a part of the Muslim marriage contract. Traditionally among the Muslims dowry was a voluntary gift given to the bride by the father out of affection. Now it has become an economic compulsion as parents know they cannot get their doughtier married without paying dowry to the prospective groom. The bride family asks for prior commitments before marriage. If the girls' family facts to fulfill these commitments the marriage

negotiations may be broken off which causes disgrace to the bride and her family. Ever offer marriage sometimes the bride is abused and tortured for full payment of dowry of with now demands leading in extreme curses to suicide or homicides. In 1980 the pertinent passed on Act called "the Dowry Prohibition Act" which was amended in 1982 by a tutorial law Regulation to prohibit taking or giving of dowry and made the giving or demand for dowry or abatement there of, before or at the time of and even after marriage, an affiance punishable with imprisonment for one year or with a fine or with both. Non payment of "Dower" and demand for "Dowry" has become a social phenomenon which the 'Dowry Prohibition Act' seeks to eliminate. Although legal recourse against dowry existing it is generally not used as the social custom or proceeding dowry has become so pervasive and accepted that it is not possible to give a daughter in marry without it.

79% cases were found victim of dowdy. This result is displaying the actual situation currently prevailing in our society and may also be treated as a barometer of 'women statuses of our culture. Dowry is such a filthy, inhumane and dangerous aspect of our society that due to its overall ill impact on family and especially on the bride it completely distorts the family environment crates irremovable permanent same among the two families contemned and unstable that sometimes due to unbearable and inescapable stress the tries to commit suicide. Dowry related suicide is not very uncommon in our society. This is after found in our newspapers. Dowry related separates divorcee and other legal issues are also my common. 79% of respondents were found victim of dowry. This picture reflects our prevailing socio-culture trend. Inspire legal acts and campaign against dowry, still it has been in practice. It is hardly possible to get the girls named without dowry. Effects to uplift the states of our women will remain a dream, until and unless the system of dowry is abolished completely.

63% of cases reported that dowry was demanded by their husbands and in-laws family. This is the hard fact of our society. Even, the smart, financially, progressive as the young man family do not are to claim dowry and also considered as a yard with social dignity to get dowry. This mind set is so pervasive that experience of giving dowry during daughter's marriage, do not deter the father or brother to demand dowry. Not only dowry

is taken during and before marriage. In some circumstances, when guardian of the girl cannot due to some under stable reason pay the whole demand; the husband and in-laws family create immense pressure on the bride for the reaming unpaid dowdy. Even the husband and in-lass family do not get satisfaction our already paid dowry on quantitative and qualitative grounds. Consequently it produces bitter relation between the two families.

The instruction of dowry has been seen by relation to the social attitudes in south Asia which give preferential treatment to sons, enhanced by statutory regulations (Verghese, Jmila, 1980). It's true that Patriarchal society reserves special treatment for sons as they are expected to provide for their indigent parents, (Carroll, Lucy 1983). It is evident that women in Bangladesh are becoming more active and economically independent and it is quite clear that dowry demands and payments are primarily linked to status acquisition.

The simple gesture of dowry demand or "jamay ador" or special affection shown to the bridegroom has been transformed to the Shape of " daabi" or demand by the bridegroom .Even poor men are taking this chance of exploiting the bride's family to improve their fate from poverty and unemployment (ibid.p.101). This is making marriage a commercial transaction, giving more value to property and money than the bride herself. Dowry is a new common Phenomenon for the Muslim communities in Bangladesh, with enlarged effects after independence. For the Hindu community also, its impact was not so widespread before liberation. It is significant to note that after independence a nouveau riche class who formerly belonged to the lower strata came into power (Kirkpatrick, Jonna, 1979). This serious finding reflects other cruel and in humane nature of getting wealth by pressure the bride and his family, which something ends in extreme classing of suicide, homicides, separation, divorce or permanent deadlock believe the two families.

Same cases whom husbands and in-laws family demand dowry, that cases 63% disclosed that they had to face serious amount of stress due to dowry with their husbands and in-laws. This result proves how strong and humiliating is the conjugal and family life our married girls. It dowry is not properly met and new dowry is not given, some times the husbands and in-laws family starts abusing, teasing, torture physically and mentally the

wives. This unbearable amount and stress make her confused and mentally crippled to feel life.

Cases have faced strain and conflict. This result is very common. When the newly married girl wants sincerely to adjust and accept the new environment at has critical moment to face the burden of criticized teasing, intolerable commons physical and psychological fortunes etc. Hindu's married women were effect to become empathetic and supportive to the in laws female. She allays finds it very difficult to establish intimate relation with husbands and in laws family members. Continuous blaming makes her sultan resulting in a sort of alienation feeling. Sometimes her resources soft-corner attitude for the husbands, but it is hardly met. Consequently due to cumulative effects of stresses, it sometime crosses the reasonable limit to bear, resulting in desperate things like suicide, separation, divorce or unwanted legal issues. Dowry deaths are common phenomenon in South Asia. These deaths of women are usually cased by the same people who are legally and socially enjoyed to protect them, their husband or in-laws. It has been rightly pointed out that dowry deaths are a gruesome reminder of the authoritativeness of patriarchy .In one study, dowry demands have been identified as one of the major cases of murder of women in Bangladesh The authors have established their finding from different media sources, showing that the years 1983-84 were for dowry cases, the methods of killing women for dowry. 54% given for beating and 34% physical torture add up to a gruesome 88% of deaths by direct physical violence, while the remaining 12% of deaths were caused by use of acids and poison. It is remarkable that particularly the use of acids is reserved for dowry victims (Singh and Singh 1990).

Dewey demand also associated with mental illness. The social consequences to women developing schizophrenia have been studied by the Schizophrenia Research Foundation in Chennai, India (SCARF; 1998). Among 783 patients with schizophrenia more women than men with schizophrenia got married, with the woman's parents often paying a substantial dowry. However, while the vast majority of men who did get married were cared for and financially supported by their wives, this was not the case for women. Significantly more married women than men were deserted, abandoned or divorced, and the women did not receive any financial support from their husbands. Many of them

reported physical abuse and violence at the hands of their spouses prior to their separation. Married women with schizophrenia thus suffered significant discrimination. (SEARO NO. 43, 2002).

Discussion related early married group's personal and conjugal life

89.04% cases admitted that early marriage created problems in their study

Bangladesh Health and Demographic Survey 1994 and 1995 have shown that, there is a relation between early marriage and women's study problem. The rate of female Children (5-13 years) who are attending school was 68.0% in rural and 89.4% in urban areas but female droop out rate in rural level 8.0% and in urban level was 18.5 % and also has shown that female education literacy rate of population in rural level 24.7%, and urban area 52.5. This study's mentally ill married 89.04% case's husbands believed that, the investment for wives' education were wastage when she simply to be married and to work in household. Some husbands also hold the view that secondary education for their wives must leave house to go outside, the domestic environment where they may be exposed to risks including extra marital sex and pregnancy. Maximum early married mentally ill women Illiterate who are abandoned, who are victims of growing urban poverty, they are lack commercial skill ness and they turn to household activities like clearing, cooking, child mounding . According to UNICEF report on early marriage," Early marriage inevitably denies children of school age their right to education, their need for present development, their preparation for adulthood and their effective contribution to the future well-being of their family and society." The situation in Bangladesh is that if a good marriage proposal arises, the girl is withdrawn from school against her will to do so.

91.78% of cases expressed amount of stress due to early marriage and so early precocious sex consummation. The sexual exploitation of children refers specifically to the use of people less than 18 years of age for sexual satisfaction of adults. The basis for this exploitation is the unequal power and economic relationship between the child and the adult, and children are exploited for their youth and sexuality" (Save the Children UK, 1996).

When in-depth interviewed with mentally ill married cases (91.78%), they point out their early marital sexual relations were coerced, traumatic and painful. These reflect their farness and helplessness. It is evident that the traumas that women face when they are forcefully initiated into sexual relations at an early age on a regular basis may lead to a range of problems that have not yet been studied. (Save the Children UK,1996, UNFPA 1998.) Cases (91.78%) had lack of factors that heighten young women's vulnerability to coercive sexual relationships within marriage. In Bangladesh male takes decision for sex without consulting wife. In patriarchal society male controls economic social activities and power are almost related to sexual behaviors also. Power is a potentially important predictor of sexual behavior . Power is considered by some theorists to be a salient variable in social relationships (French and Raven, 1959 , Kemper, 1978). Because sex is an important aspect of most romantic relationships, Oliver pointed out that neo-analytic, sociobiological, social learning, social role, and script theories-all expect women towards have more negative attitudes towards casual, premarital sex than men do. Indeed, their meta-analysis of gender differences in sexuality found large gender differences in both sexual permissiveness and casual intercourse. Thus, it is not surprising to find conflict in dating relationships as to when and to what extent sexual behaviour occurs (Sprecher and McKinney, 1993). where conflict exists power may be a relevant variable.

In Bangladeshi marriage culture as where arranged marriage is the norm. So my subject wives (73% married up to age 18) living in diverse contexts report so early forced sex (91.78%) In Bangladesh, women married at 20 or later were more likely to have negotiated first sex than those who married in adolescence (Joshi, et al., op. cit.; Khan, M.E. et al, 2002). 91.78% of expressed amount of stress due to early marriage and so early frequents sex consummation. Which according to CEDAW are unlawful and also punishable according to our own exiting country law, but it is a hard truth that in our society, these have been going on suppressing legal facts.

86.30% expressed tremendous amount of stress due to taking responsibly of husband and house hold activating of in laws house. In our culture even newly married brides are supposed to obey and do all hard work in in-laws family from dawn to before going to

bed. Cases are unpaid family workers. The rural poor cases while conformed to the established Bengali value system of performing their role with in their family– significantly contributed to the food production and also to the cash flow of their family resources by traditional sellable items. Traditionally Bangladeshi women have productive activities, notably post-harvest operations and homestead gardening and attending the livestock, all which add to family in-come. But Bangladeshi women including my mentally ill married cases did not find reorganization of duties and responsibilities value

But unable to come out of these systems of being dependence their duties to keep their husbands, family, in-laws satisfied by affording all services necessary. All these actinides are sufficient to generate large amount of stress.

87.67% cases became mother after their early aged marriage. My cases had to access to need special support and protection of contraception either's, is delayed pregnancy necessarily acceptable to their (87.67%) husbands and in-laws. Childbearing soon after marriage is integral to their (87.67%) husbands and in-laws socio-cultural status. Analysis of DHS (Demography Health Survey) data indicates that the first birth usually occurs within 14-26 months of marriage, although it may be slightly longer where age of is very low, as in Bangladesh (Mensch, Barbara S et al 1988). CEDAW Committee responds to the growing consensus that the period of adolescence.

79.68% of my cases realized that their lives became risky while taking children at so early ages. According to or prevailing social culture, my cases were mainly treated as the donor of children for the families, especially male children a preferred. Some times my cases felt question delay in taking children was considered as a sign of disregard to traditional family code and style. Taking children at so early ages and before became their physically and mentally mature were dangerous on health grounds. Risk pregnancy and pregnancy related antenatal and post partum problem are common among my cases.

Study from Matlab in Bangladesh showed that the level of maternal mortality among adolescent women was nearly double that of women aged 20-34. Other studies suggest that the risk of dying during pregnancy or delivery is 200% greater for women aged 15-19 than that for women aged 20-34 (New Save the Children Report 2005).

Most adolescent 79.68% cases were physiologically immature to become pregnant; their bodies are often not sufficiently developed to carry a pregnancy to tern safely. They are at particular risk for pre-eclampsia and obstructed labour due to cephalopelvic disproportion. Logistic regression analysis indicated that throughout the childbearing period there was double the risk of spontaneous abortion and four times the risk of losing a fetus whether born dead or alive in cases of early teenage marriages. When all unfavorable pregnancy outcomes were combined, there was double the risk of losing the pregnancy at any stage during the reproductive life in cases of early teenage marriages. These results support previously published data that indicate young maternal age as the underlying cause of poor pregnancy outcome (Milaat WA, Florey CH 1992, Jekel JF et al. 1975, Elster AB, McAnarney ER.1986).

75% cases also found to feel much anxiety and stress in rearing up their children. To take care and rearing a baby is not so easy matter. My cases (75%) had the responsibilities of house hold related work. For the reason of early motherhood they had activities related to baby earn like breast-feeding and keeping child at night etc are exclusively mothers' duty. So, continuous night under sleep frequent breast-feeding et make them vulnerable to physical and mental weakness. In case of mental illness of the babies, mothers (cases) had to face extra stress and strain. Already mentally ill cases' (75%) faced their conjugal life a hard reality of labor responsibilities and duties, which ware burden to them. Our socio cultural prevalence bone they felt stress for rearing children and it created physical and mental stress.

More over and in conclusion 97.26% of these 73 cases expressed that their lives would have been happier if they were not married so early. This is their heartfelt and accurate realization after their marriage. So, due to some socio-culture circumstances and beliefs we have scarified happiness of our girls. 97.26% early married cases opportunities are severely constrained when she becomes a mother and as such her potentialities of life are threatened. Limited access to education and income-earning opportunities, in conjunction with traditional societal norms, serves to perpetuate the devaluation of girls and women. A young woman's ability to negotiate and safeguard her own needs and those of her

children, both within a relationship and within society at large, may be jeopardized. Early childrearing compromises a woman's ability to support herself and her children financially. The responsibility of caring for a young child, as well as lack of education, can limit a woman's access to income-earning opportunities

The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) 1979 provides the foundation for such a perspective, which requires a holistic approach to early marriage. In their observation Sates Parties reports recommended that states adopt higher minimum ages of marriage and ensure that these are the same for boys and girls, where girls are considered adults before the law upon marriage. But this section of early married group's personal and conjugal life related discussion clearly open the realistic picture after of violation or ignored of CEDAW article 16.1 (a) and the entered in to marriage and conjugal life the true picture of without maintain girls wives

CONCLUSIONS AND RECOMMENDATIONS

CHAPTER -5

CONCLUSION AND RECOMMENDATIONS

It was found that 73% subjects were married before 18 years aged. The study showed that early marriage was one of the most important problems, when girls enter in to marriage agreement in their tender age; early marriage not only makes stresses upon the life style of both girls/child wives, but also represents a major threat to their life. Taking many children without proper spacing produced severe physical and mental stress upon the women which might also be considered as an obstacle to gender equity. The responsibilities associated with married life like in-laws family relation, conjugal adjustment, precocious sex life of my subjects (teen age wives) were also found to have been aggravated existing problems.

Although Bangladesh is signatory country of CEDAW, yet our women were found ignorant of Article 16. In spite of existence of law of child marriage protection in Bangladesh, still in practice it has no implication, which was tragically found in my research. The result found above reflected a pathetic condition of my subjects' life. It is also evident in the study that legal age was concealed and false age was given in marriage registration. It was also found that CEDAW Article 16.1 (b) and 16.1 (c) were not working due to religious, social and cultural misconceptions.

As it was evident that marriage and marital law was not working properly , so the government, the NGO, political and religious leaders and civil societies all should work together to aware our people to work towards positive direction. The social, cultural, religious misconception as well as family attitudes towards early marriage should be changed. The traditional concept which influences the social gender role needs to be promoted. It the marital Laws are not properly implemented, the necessary change is imposable

In this research work, it is very significant that poverty and illiteracy were the two important cases for early marriage and related consequences. So it is expected that if all out actions are taken from all positive quarters to alleviate poverty and empower women by education and employment it will be the best way to solve women's problems in Bangladesh and emancipate them from their subhuman life.

The legal marriage age is defined, but in fact my result showed that the percentages of more than one third marriages were done violating the Bangladesh Marriage and Marital law. The result proved that, the legal age of marriage; laws and registration are not practically in action. Because, false registration papers were prepared using false age .In Bangladesh there is no perfect data regarding early marriage. Without knowing the real situation, no useful and significant progress could be made in the matter of early marriage.

Changing the legislation is nevertheless, an important strategy. Considering importance, for example, Bangladesh Government revises and enforces legislation of Marriage and Marital law including CEDAW Article 16.This includes a serious examination of customary marriage and marital problem of Bangladeshi Women. (teenage married and up to 18 married girls that contravenes existing legislation. This affirmed the right of couples and individuals to make decisions concerning reproduction free of discrimination, coercion and violence).

Government of Bangladesh ensures the registration of all births to verify the age of a girl at marriage and registration of marriages to ensure compliance with the law, to ensure security under the law and to verify that the marriage is neither temporary nor false. It is necessary to review laws and customs concerning dowry and bride price, implement relevant laws where they already exist and take action to discourage these practices.

Bangladesh accepted CEDAW (present study the Article of 16.1 (b), 16.1 (c) and 16.2, although 16.1 (c) the Government of Bangladesh till not withdraw) and parallel has existing parting to Marriage and Marital Law. Both two the Laws (CEDAW and Marriage and Marital Law) are not exacting similar of maximum. Both the Laws should examine on the basis of practical reason and find out the necessary things to enact Marriage and Marital Law for the befit of marriage and marital institutions .For this way marriage and conjugal life will be fine and constrictive. It can be ensure and implemented family, social, posterity and nation will get benefit.

It is important to ensure access all members of the community, irrespective of age or gender to reproductive and sexual health advice and care. Support girls' and women's rights at community level by education, confidence-building and human rights awareness.

Combine health and human rights objectives in any program aimed at reducing child marriage. Development of councilor conventions that could provide protective measures, for example, the right to visit the women, speak with her privately and to arrange legal responsibility

Gender-sensitizations training and program should be encouraged .Psychological support is one of the most important factor for protection of teen age marriage. Information should replace ignorance as the child sexual protection strategy.

Proposals that adolescents – male and female – should be given sex education and have access to reproductive health services have often been greeted with resistance, because fear that sex education will encourage early sexual relations and pregnancy.

In many developing countries, lack of resources makes contraception and reproductive advice inaccessible. There is an urgent need for 'youth friendly' health services, as adolescents are unlikely to seek help about sexual matters from a service that is unsympathetic to their needs and anxieties. But practically the apprehension should be prohibited by logic and reason.

It is essential to devise programs to reach girls married or unmarried with reproductive advice and services – a particular challenge in the remote rural areas where most early marriages were found.

It was wiser to consider mental illness as a disease of brain, like any other physical disorders, so as to reduce gender disparities in mental health. It is also equally important to recognize existence of distress, disorder and compassionate and scientifically sound treatment and to reduce stigma related to mental illness.

Globalization generated income inequalities, adverse life events and difficulties, practically for women, making them more prone to mental illness, so government need to take steps to ensure gender equitable distribution for the benefit of globalization. Gender based barriers to mental health, especially cost of bias and discriminations must be removed, through intersectional Governmental collaboration and gender friendly policy for education, housing, transport and employment. Gender disparities in mental health

will not be reduced until women's health concerns and life priorities taken into account and into implementation. To overcome disparities in mental health of women it requires approaching, from many levels, practically normal health policy should be adopted considering risk and out come. It is important to

a) assist women access to the determinants of their mental health.
b) decrease exposure to risk factors through education and change policy and legislation improving women's material wellbeing, status and available life choices.
c) involve women in decision making in all affairs of life.
d) ensure treatment of mental-illness on the basis of consent and guaranteed dignity and confidentiality.
e) increase social networks and communities that can provide practical and emotional support.

At last women's health is inextricably linked to their status in society. It benefits from equality avoiding discriminations. So efforts must be made to improve this status with remedy of the human rights abuse on the basis of gender based violence and to establish women's control over the determinants of their mental health.

CEDAW is till not working properly the lives of women of Bangladesh. Mentally ill married women are living pathetic and tragic life usually, also the violation of CEDAW create dabble burden in their life. So proper implication and practices of CEDAW can reduce the mentally ill married women's vulnerable life leading situations, which with promote health, mental health ands well being as well as much possible.

CHAPTER-6

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APPENDIX 1

QUESTIONNAIRE

Questionnaire

1. General Information

1.1 Patient

1.1.1 Patient Name:
1.1.2 Patient Age:

1.2 Patient's Husband

1.2.2 Husband's Age

1.2.3 Husband Profession:

1.3 Habitant:
Rural O Urban O

1.4 Financial Status
Lower Class: 0-2000 O Lower Middle Class: 2001-5000 O
Lower Middle Class : 5001-8000 O Upper Middle Class: 8001-1000 O
Upper Class: 15000+ O Unstable unidentified (Explored): Has not specifically monthly income O

1.5 Patient Educational Status
Illiterate O Primary O VI to Class X O SSC to HSC O
Graduate O Post Graduate O

1.6 Patient Profession:
House wife O others O

1.7 Religion
Muslim O Hindu O Other Religion O

2. Information related to marital age

2.1 Your age at marriages
Bellow 14 years O 15 to 20 years O 21 to 25 years O 26 to 30 years O 30 year plus O

2.2 Your marriage occurred before 18 year
Affirmative O Negative O

3. Question related to consent of marriage decision and right to freely choose husband (Early married group)

3.1 Your family were consulted and taken decision and rights to freely choose husband
Affirmative O Negative O

3.2 You had opportunity to know about your husband's age before marriage
Affirmative O Negative O

3.3 You had opportunity to know about your husband's occupation before marriage
Affirmative O Negative O

3.4 You had opportunity to know about your husband's personality before marriage
Affirmative O Negative O

3.5 You had had opportunity to know about your husband's taste and attitude before marriage
Affirmative O Negative O

3.6 You had opportunity to know about your husband's your husband's educational background before marriage
Affirmative O Negative O

3.7 You had right and consent to choose your husband's financial status before marriage
Affirmative O Negative O

3.8 You had right and consent to choose your in-laws family matter before marriage
Affirmative O Negative O

4. Question related same rights and responsibilities after marriage in family life matters

4.1 Dominance over family matter
You O Husband O Both O In-laws O Paternal family O

4.2 Priority in taking decision regarding family affairs
You O Husband O Both O In-laws O Paternal family O

4.3. You have money freedom to run family expenditure
Affirmative O Negative O

4.4 Your husband consults you in practically all necessary work as possible
Affirmative O Negative O

4.5 Your husband assist you as for possible in your domestic work
Affirmative O Negative O

4.6 Your husband's irresponsibility and carelessness is cause of your conjugal disharmony
Affirmative O Negative O

4.7.1 You tortured physically and mentally by husband and in-laws family
Affirmative O Negative O

4.7.2 Bleeding due to physical torture by your husband and your in-laws family.
Affirmative O Negative O

4.8 According to marriage and marital law, your husband maintain wife's Duties and responsibility for you
Affirmative O Negative O

5. Information related to same rights and responsibilities sex consummation and sexual life

5.1 Husband considered your satisfaction during sexual life
Affirmative O Negative O

5.2.1 Husband consider your physical or mental soundness before sexual intercourse
Affirmative O Negative O

5.2.2 If not considered you fell you are fall in marital rape in your conjugal sexual life
Affirmative O Negative O

6. Information related to same rights and responsibilities reproductive right

6.1 You have Children
Affirmative O Negative O

6.2 Who take decision regarding child birth
Husband O Wife O

6.3 Husband consulted you regarding number of children
Affirmative O Negative O

6.4 Husband consulted adopted any space of children birth
Affirmative O Negative O

6.5 You had unwanted pregnancy and repeated child birth

Affirmative O Negative O

6.6 You had experienced unwanted children rear up
Affirmative O Negative O

6.7 You fell stress if you found no you have reproductive right
Affirmative O Negative O

7. Information about same rights and responsibilities related abortion and Miscarries

7.1 You had Abortion and miscarries
Affirmative O Negative O

7.2 You face conflict relating to abortion and miscarries with tour husband and In-laws
Affirmative O Negative O

8. Information about same right and responsibilities about birth control

8.1 You and your husband adopted birth control methods your conjugal life.
Affirmative O Negative O

8.2 Decision taken of birth control
Your decision O Your Husband decision O Both decision O

8.3 Birth control methods used by
You O Husband O

8.4 You have felt psychological conflict related stress with their husbands and in-laws family for applying birth control methods
Affirmative O Negative O

9. Information about same right and responsibilities about mother's right

9.1. Adequate affection and love from both of you and your husband for your children
Affirmative O Negative O

9.2 You can apply same right and decision for children's life issues and others affairs like your husband activates
Affirmative O Negative O

9.3 You have active and satisfactory role for your children's life issues and others affairs like your husband activates.
Affirmative O Negative O

9.4. Any psychological stress you fell for not to found same right for your children life issues and others affairs like your husband activates

10. Facts related to consent in to marriage

10.1 You had verbal consent at your marriage
Affirmative O Negative O

10.2 You had mental consent at your marriage
Affirmative O Negative O

10.3 Before marriage if you had no mental consent in your marriage, its create your stress and conjugal disharmony.

11. In formations regarding marriage registration

11.1 Your marriage registered during your marriage
Affirmative O Negative

11.2 You know legal implication marriage registration
Affirmative O Negative O

12. In formations about dowry

12.1 Any dowry was taken during your marriage
Affirmative O Negative O

12.2 Any dowry demand from your husband and in-laws family
Affirmative O Negative O

12.3 You felt stress due to dowry with your husband and in-laws family
Affirmative O Negative O

13. Information about of early marriage group's personal and conjugal life

13.1 Early marriage created problem in your study
Affirmative O Negative O

13.2 Precocious sex consummation created your physical and mental stress.
Affirmative O Negative O

13.3 Duties and responsibilities of family created your physical and mental stress
Affirmative O Negative O

13.4 You became mother after early married life
Affirmative ○ Negative ○

13.5 Life has become risky due to taking children so early in life
Affirmative ○ Negative ○

13.6 Rearing responsibilities of children created your physical & mental stress
Affirmative ○ Negative ○

13.7 You think that your life would become happier if your would marry later
Affirmative ○ Negative ○

14. Name of the Diseases

APPENDIX -2

TABLE

TABLES OF THE STUDY

1. Table related to general information (N=100)

Table- 1.1.2

1.1.2 Age of the Patients (N=100)

Age groups in year	No of the Cases		Total
	Upto 18	18+ group	
25-35 years	18	13	31
36-45 years	22	07	29
46-55 years	19	05	24
56-65 years	14	02	16
Total	**73**	**27**	**100**

Result: The table above showed distribution of age of patients, the result was as follows: In 14-18 years age groups found no case in up to 18+ category .Only 3 cases found in up to 18 $^{+}$ category. 15 cases and 10 cases were found in 19-25 age groups for up to 18 and 18 above category respectively. 22 and 11 of my cases belonged to 26-35 age groups have came up to 18 and 18+ categories respectively. But 25 and 05 cases were found in up to 18 and 18+ categories respectively in 36-45 age groups. In 46-55 year age group found 07 cases were found up to 18 and 01 case in 18+ categories respectively. And only 1 case was over 56 years old in up to 18 year age group. Maximum 88 cases were from 19-45 age groups, of which 26 and 62 cases were from up to 18 and 18+ categories respectively.

TABLES OF THE STUDY

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Table-1.2. 2

1.2.2 Age of the Husband. (N=100)

Age groups in year	No of the Cases		Total
	Upto 18	18+ group	
25-35 years	18	13	31
36-45 years	22	07	29
46-55 years	19	05	24
56-65 years	14	02	16
Total	**73**	**27**	**100**

Result: Husbands of the 31 cases of my study were 25 to 35 years old, of which 18 and 13 cases belonged to upto 18 and 18+ groups respectively. Another 29 husbands were 36-45 years old; out these 29, 22 and 07 of husband respected to upto 18 and 18+ of f which 22 and 07 cases respectively belonged to upto 18 and 18+ groups respectively. 24 husbands came from the age group of 46 to 45 years and among them 19 and 05 cases referred to up to 18 & 18+ groups respectively. 16 husbands were above 56 years old, of which 14 and 02 cases belonged to up to 18 and 18 + groups respectively.

Table- 1.2.3

1.2.3 Profession of husband.

(Up to 18 group N=73 and 18+ group N=27, Total N=100)

Profession of Husband	No of Cases		Total
	Up to 18	18 and above	
Govt. Job	04	06	10
Non Govt. Job	07	06	13
Business	03	01	04
Cultivation	13	06	19
Unemployed	07	00	07
Teacher	07	02	09
Living aboard	04	02	06
Others	28	04	32
Total	**73**	**27**	**100**

Result: 19 husbands were cultivators of which 13 and 06 cases belonged to up to 18 and 18+ age groups respectively .13 husbands had been working in N.G.O's , where 07 and 06 cases respectively came from up to 18 and 18+ groups respectively. 09 husbands were teachers, of which 07 and 02 cases referred to up to 18 and 18+ groups respectively. A major number of 32 husbands were grouped into others (which could not be identified permanent profession), of which 28 and 04 cases belonged to up to 18 and 18+ groups respectively. That was a painful number in that group due to the nature of diversity of the profession of the husbands.

Table- 1.3

1.3 Habitant of the subjects

(Up to 18 group N=73 and 18+ group N=27, Total N=100)

Name of the habitat	No of the Cases		Total
	Up to 18	18 and above	
Rural	64	17	81
Urban	9	10	19
Total	**73**	**27**	**100**

Result: 81 cases were rural, among these 81 cases, 64 and 17 cases represented to up to 18 and 18and above groups respectively. Rest 19 cases were urban subjects; out of these 19 cases, 9 and 10 cases came from up to 18 and 18+ groups respectively.

Table- 1.4

1.4 Financial status of patients

(Up to 18 group N=73 and 18+ group N=27, Total N=100)

Financial Class	No of the Cases		Total
	Up to 18	18 and above	
Lower	23	03	26
Lower Middle	25	03	28
Upper Middle	02	09	11
Upper	00	04	04
Unstable and Unidentified financial status group (Unexplored)	23	08	31
Total	**73**	**27**	**100**

Result: 26 cases of the study belonged to lower class, of which 23 and 03 cases were from up to 18 and 18+ groups respectively. 28 subjects came from lower middle class group out of which 25 and 03 cases referred to up to 18 and 18+ groups respectively. 11 classes came from upper middle class where 02 and 09 cases represented to up to 18 and 18+ groups respectively. An upper class 04 case found from 18+ groups. It was tragic significant founding those 31 cases could express their financial status, because these groups have unstable and unidentified financial status.

Table- 1.5

1.5 Educational status of patients

(Up to 18 group N=73 and 18+ group N=27, Total N=100)

Educational status of case	No of the Cases		Total
	Up to 18	18+ group	
Illiterate	24	03	27
Primary	31	07	38
up to Class X	11	03	14
S.S.C.to H.S.C.	16	10	16
Graduation	01	02	03
Post Graduation	00	02	02
Total	**73**	**27**	**100**

Result: 27 cases of the study were illiterate, out of which 24 and 03 cases came from up to 18 and 18+ groups respectively. 38 cases, in which 31 and 07 cases respectively from up to 18 and 18 + groups were educated up to primary level. 14 cases read up to class XI, of which 11 and 03 cases belonged to up to 18 and 18+ groups respectively. 16 subjects were H.S.C. in educated at the level of S.S.C to H.S.C. and among them 06 and 10 cases were from up to 18 and 18+ groups respectively. Only 05 cases were graduated and post-graduated and only 1 case of them was from 18 + group.

Table- 1.6

1.6 Profession of the patients

(Up to 18 group N=73 and 18+ group N=27, Total N=100)

Occupation of cases	No of the cases		Total
	up to 18	18 and above	
House wife	69	22	91
Others	04	05	09
Total	**73**	**27**	**100**

Result: 91 subjects of the study were exclusively house waives and among these 91 cases, 69 and 22 cases represented into up to 18 and 18+ groups respectively. 0The rest 09 cases had different professions, of which 04 and 05 cases belonged to up to 18 and 18+ groups respectively.

Table- 1.7

1.7 Religion of the patient (N-=100)

Name of the Religion	No of Cases		Total
	Up to 18	18 and above	
Islam	66	24	90
Hinduism	07	03	10
Total	73	27	100

Result: 90 cases of study were Muslims, of which 66 and 24 cases belonged to upto 18 and 18+ groups respectively. 10 cases were Hindus by religion and out of them 07 and 03 subjects were from upto 18 and 18+ groups respectively.

2. Tables related to marital age (N=100)

Table- 2.1

2.1 Your age at marriage

(Up to 18 group N=73 and 18+ group N=27, Total N=100)

Age Groups in years	No of cases		Total
	Up to 18	18 and above	
<14	32	00	32
15-18	41	00	41
19-25	00	25	25
26-30	00	02	02
Total	**73**	**27**	**100**

Result: 32 cases of the study were married before their age of 14 .41 of subjects were married between 15 and 18 years of their ages. That implied that in total 73 cases of the study were married before they attain 18 years birth. Among the rest 27 subjects, who were married after 18, 25 cases were more married between 19-25 years of their age and only 02 subjects were married after 26 years of their age.

Table- 2.2

2.2 Your marriage occurred before 18 year. (N=100)

Q.N.	Question	Case Total			
		Case Total	Answer Response	No of Cases	Percentage
2.2	Your marriage occurred before 18 year	100	Affirmative	73	73
			Negative	27	27
			Total	**100**	**100**

Result: The result about marriage section, the study found 73% cases were married before age of 18. (N=100). 32 % cases were married before their age 14 years (N=73).

3. Tables about to consent of marriage decision and rights to freely choose husband. (Early married group)

Table- 3.1

3.1 Your family were consulted and taken decision with you regarding your marriage and husband selection (N=41)

Q.N.	Question	Up to 18 cases			
		Case Total	Answer Response	No of Cases	Percentage
3.1	Your family were consulted and taken decision with you regarding your marriage and husband selection	41	Affirmative	03	07.31
			Negative	38	92.68
			Total	**41**	**100**

Result: The study found that result only 92.68 % cases (38 out of 41 cases) guardians did not consult and taken decision with cases about consent of marriage and husband selection (N=41, because age of 32 cases out of 73 early married group were bellow 14, so this immature girls were not counted in the present result.)

Table- 3.2

3.2. You had opportunity to know your husband's age before marriage (N=73)

Q.N	Question	Case Total	Up to 18 Cases		
			Answer Response	No. of Cases	Percentage
3.2.	You had opportunity to know your husband's age before marriage	73	Affirmative	19	26.02
			Negative	54	73.97
			Total	**73**	**100**

Result: 73.97% cases were totally ignored about the right and consent to choose their husbands' age before their marriage.

Table- 3.3

3.3. You had opportunity to know your husband's occupation before marriage (N=73)

Q.N	Question	Case Total	Up to 18 Cases		
			Answer Response	No. of Cases	Percentage
3.3.	You had right and consent to choose your husband's occupation before marriage	73	Affirmative	21	28.76
			Negative	52	71.23
			Total	**73**	**100**

Result: 71.23% of cases were totally ignored the right and consent about knew their husbands' occupation before their marriage. Only 28.76% cases were found this right. (N=73)

Table- 3.4

3.4 You had opportunity to know your husband's personality before marriage. (N= 73)

Q.N.	Question	Case Total	Up to 18 Cases		
			Answer Response	No. of Cases	Percentage
3.4	You had opportunity to know your husband's personality before marriage	73	Affirmative	10	13.69
			Negative	71	86.30
			Total	**73**	**100**

Result: 86.30% of cases were unknown about the personality of their husbands before their marriage, (N=73% early married group).Rest 13.69% only found about to right and consent.

Table- 3.5

3.5 You had opportunity to know your husband's taste and attitude before marriage. (N= 73)

Q.N.	Question	Case Total	Up to 18 Cases		
			Answer Response	No. of Cases	Percentage
3.5	You had opportunity to know your husband's taste and attitude before marriage	73	Affirmative	11	15.06
			Negative	62	84.93
			Total	**73**	**100**

Result: About future husbands' taste and attitude, 84.93 % of subjects had no opportunity to choose. Only 15.06% of respondents found to right and consent about the taste and attitude to their future husbands.

Table- 3.6

3.6 You had opportunity to know your husband's educational background before marriage. (N=73)

Q.N.	Question	Case Total	Up to 18 Cases		
			Answer Response	No. of Cases	Percentage
3.6	You had opportunity to know your husband's educational background before marriage	73	Affirmative	22	30.13
			Negative	51	69.86
			Total	**73**	**100**

Result: 69.86% could not have opportunity to give consent about their academic background of their future husbands' before their marriage. Rest of 30.13 % found this right.

Table- 3.7

3.7 You had opportunity to know your husband's financial status before marriage. (N=73)

Q.N.	Question	Case Total	Up to 18 Cases		
			Answer Response	No. of Cases	Percentage
3.7	You had opportunity to know your husband's financial status before marriage	73	Affirmative	22	30.13
			Negative	51	69.86
			Total	**73**	**100**

Result: 69.86% could not have the opportunity to give consent about their financial background of future husbands' before their marriage. Rest of 30.13 % found this right.

Table-3.8

3.8 You had opportunity to know your in-laws family matter before marriage. (N= 73)

Q.N.	Question	Case Total	Up to 18 Cases		
			Answer Response	No. of Cases	Percentage
3.8	You had opportunity to know your in-laws family matter before marriage	73	Affirmative	13	17.80
			Negative	60	83.19
			Total	**73**	**100**

Result: The study has found that only 17.80% had opportunity to established right and consent something about their future in-laws family before their marriage. But majority of cases (83.19%) had no right to know about their in-laws family matter, (N= 73, this result was calculated by early married group).

4. Tables related to same rights and responsibilities about family matters. (Early married and 18^{+} aged groups, N=100)

Table-4.1

4.1. Dominance over family matter. (N= 100)

Q.N	Question	Case Total			
		Case Total	Answer Response	No of Cases	Percentage
4.1	Dominance over family matter	100	You	08	08
			Husband	65	65
			Both	10	10
			In-laws Family	15	15
			Parental Family	02	02
			Total	100	100

Result: Only 08% subjects but 65% husbands dominate in the family matter.

Table- 4.2

4.2 Priority in taking decision regarding family affairs. N=100

Q.N	Question	Case Total			
		Case Total	Answer Response	No of Cases	Percentage
4.2	Priority in taking decision regarding family affairs	100	You	06	06
			Husband	65	65
			Both	15	15
			In-laws Family	13	13
			Parental Family	01	01
			Total	**100**	**100**

Result: 06 %, 65%, 15%, 13% 01% cases respectively admitted that priority in taking decision regarding family affairs was done subjects, husbands, both (subjects and husbands jointly), in-laws and parental family respectively.

Table- 4.3

4.3.You have money freedom to run family expenditure. (N=100)

Q.N	Question	Case Total			
		Case Total	Answer Response	No of Cases	Percentage
4.3	You have money freedom to run family expenditure	100	Affirmative	27	27
			Negative	73	73
			Total	**100**	**100**

Result: About economic freedom to run family expenditures only 27% had right to freely expend money for the family, on the other hand only 73%c cases did not apply the right of monitory freedom.

Table-4.4

4.4 Your husband consults you in practically all necessary work. (N=100)

Q.N	Question	Case Total			
		Case Total	Answer Response	No of Cases	Percentage
4.4	Your husband consults you in practically all necessary work.	100	Affirmative	26	26
			Negative	74	74
			Total	**100**	**100**

Result: Only 26% subjects husbands' did consult with them practically in all necessary work. 74% husbands' not concerned about wives' work.

Table- 4.5

4.5 Your husband assists you as far possible as your domestic work. (N=100)

Q.N	Question	Case Total			
		Case Total	Answer Response	No of Cases	Percentage
4.5	Your husband assist you as far possible as your domestic work	100	Affirmative	34	34
			Negative	76	76
			Total	**100**	**100**

Result: 76% of their husbands did not assist them (subjects) in domestic work.

Table- 4.6

4.6 Your husband's irresponsibility and carelessness in cause of your conjugal disharmony. (N =100)

Q.N.	Question	Case Total			
		Case Total	Answer Response	No of Cases	Percentage
4.6	Your husband's irresponsibility and carelessness in cause of your conjugal disharmony	100	Affirmative	33	33
			Negative	77	77
			Total	**100**	**100**

Result: 77% of subjects confessed that their husband's irresponsibility and carelessness generated conjugal disharmony.

Table- 4.7.1

4.7.1 You tortured physically and mentally by husband and in-laws family. (N=100)

Q.N.	Question	Case Total			
		Case Total	Answer Response	No of Cases	Percentage
4.7.1	You tortured physically and mentally by husband and in-laws family.	100	Affirmative	84	84
			Negative	16	16
			Total	**100**	**100**

Result: 84% cases of the study acknowledged that they were physically and mentally tortured by their husbands and in-laws family.

Table-4.7.2

4.7.2 Blooding due to physically tortured by your husband and in-laws family. (N=84)

Q.N.	Question	Case Total			
		Case Total	Answer Response	No of Cases	Percentage
4.7.2	Blooding due to physically tortured by your husband and in-laws family	84	Affirmative	72	85.71
			Negative	12	14.28
			Total	**84**	**100**

Result: 85.71 % (72 cases out of 84 cases) of this study admitted that blood was let out due to physical injuries inflicted by their husbands and in-laws, (N=84, out of 100 cases 84 cases were tortured by their husband and in-laws family.)

Table-4.8

4.8. According to marriage and marital law, your husband maintain wife duties and responsibilities for you. (N=100)

Q.N.	Question	Case Total			
		Case Total	Answer Response	No of Cases	Percentage
4.8.	According to marriage and marital law , your husband maintain wife's duties and responsibility for you	100	Affirmative	21	21
			Negative	79	79
			Total	**100**	**100**

Result: According to marriage and marital law 79% cases admitted that their husbands did not maintained husbands' duties and responsibilities.

5. Tables related to same rights and responsibilities about sex consummation and sexual life. (Early married and 18+ aged groups, N=100)

Table - 5.1

5.1 Husband considered your satisfaction during sexual life. (N=100)

Q.N.	Question	Case Total			
		Case Total	Answer Response	No of Cases	Percentage
5.1	Husband considered your satisfaction during sexual life	100	Affirmative	28	28
			Negative	79	79
			Total	**100**	**100**

Result: The study found that 79% husbands did not consider their wives satisfaction during sexual life.

Table- 5.2.1

5.2.1 Husband considered your physical or mental soundness before sexual intercourse. (N=100)

Q.N	Question	Case Total			
		Case Total	Answer Response	No of Cases	Percentage
5.2.1	Husband considered your physical or mental soundness before sexual intercourse	100	Affirmative	14	14
			Negative	86	86
			Total	**100**	**100**

Result: 86% of subjects confessed that their husbands did not consider their physical and mental soundness before their sexual intercourse.

Table- 5.2.2

5.2.2 If not considered, you fell you are fall in domain of marital rape in sexual life. (N=86)

Q.N.	Question	Case Total			
		Case Total	Answer Response	No of Cases	Percentage
5..2.2	If not considered, you fell you are fall in domain of marital rape in sexual life.	86	Affirmative	61	70.93
			Negative	25	29.06
			Total	**86**	**100**

Result: 70.93% (61 cases out of total 86 cases) had fallen within domain of marital rape. (N=86, because 86 cases out 100 admitted that their husbands would not consider physical and mental soundness before sexual intercourse.)

6. Tables related to same rights and responsibilities about reproductive right. (Early married and 18^{+} aged groups, N=100)

Table- 6.1

6.1 You Have Children. (N=100)

Q.N.	Question	Case Total			
		Case Total	Answer Response	No of Cases	Percentage
6.1	You Have Children	100	Affirmative	86	86
			Negative	14	14
			Total	**100**	**100**

Result: 86% cases have children.

Table- 6.2

6.2 Decision taken by regarding child birth. (N=86)

Q.N	Question	Case Total			
		Case Total	Answer Response	No of Cases	Percentage
6.2	Decision taken by regarding children	86	Your Decision	05	05.81
			Husband 's Decision	61	70.93
			Both Decision	20	23.25
			Total	**86**	**100**

Results: 05.81%, 70.93%, 23.25% cases admitted that childbirth decision was taken by the subjects, husband's, jointly by both subjects and husbands respectively,

Table- 6.3

6.3 Husband consulted regarding number of children. (N=86)

Q.N.	Question	Case Total			
		Case Total	Answer Response	No of Cases	Percentage
6.3	Husband consulted with you regarding number of children	86	Affirmative	11	12.79
			Negative	75	87.20
			Total	86	100

Result: 87.20% cases confessed that they were not consulted by there husbands regarding number of children. This 87.20% cases had no reproductive right.

Table- 6.4

6.4 Husband consulted adopted any space for children birth. (N=86)

Q.N.	Question	Case Total			
		Case Total	Answer Response	No of Cases	Percentage
6.4	Husband consulted adopted any space for children birth	86	Affirmative	25	29.06
			Negative	61	70.93
			Total	**86**	**100**

Result: The study found that only 29.06% subjects had experienced space to take childbirth respectively. On the other hand 70.93% subjects could not apply their reproductive right. (N=86. Total 100 cases, 86 cases have children.)

Table- 6.5

6 .5 You have experienced unwanted pregnancy and repeated children. (N=86)

Q.N.	Question	Case Total			
		Case Total	Answer Response	No of Cases	Percentage
6.5	You have experienced unwanted pregnancy and repeated children.	86	Affirmative	66	76.74
			Negative	20	23.25
			Total	**86**	**100**

Result: The study found 76.74 % cases had experienced unwanted pregnancy and repeated child birth. (N=86. Total 100 cases, 86 cases have children)

Table- 6.6

6.6. You have experienced unwanted children rear up. (N=66)

Q.N	Question	Case Total			
		Case Total	Answer Response	No of Cases	Percentage
6.6	You have experienced unwanted children rear up	66	Affirmative	45	68.18
			Negative	08	31.81
			Total	**66**	**100**

Result: 68.18% subjects had experienced their bearing life repeated children and rearing up them. (N= 66 cases. Total 86 cases, 66 cases had experienced unwanted pregnancy and repeated children.)

7. Tables elating to same rights and responsibilities about abortion and miscarriages. (Early married and 18^{+} aged groups)

Table- 7.1

7.1 You had abortion and miscarries. (N=86)

Q.N	Question	Case Total			
		Case Total	Answer Response	No of Cases	Percentage
7.1	You had abortion and miscarries	86	Affirmative	66	76.74
			Negative	20	23.25
			Total	**86**	**100**

Result: 76.74% cases of the study have history of abortion and miscarriages. (N= 86. Total 100cases 66 cases had abortion and miscarriages)

Table- 7.2

7.2 You face any conflict relating to abortion and miscarries with husband and in-laws family. (N=66)

Q.N	Question	Case Total			
		Case Total	Answer Response	No of Cases	Percentage
7.2	You face any conflict relating to abortion and miscarries with husband and in-laws family	66	Affirmative	49	74.24
			Negative	17	25.75
			Total	**66**	**100**

Result: 74.24% subjects have conflicted with husbands and in-laws family regarding abortion and miscarriage. N= 66. Total 86 cases, 66 cases have experienced abortions and miscarry.

8. Tables about same rights and responsibilities about birth control. (Early married and 18^{+} aged groups)

Table- 8.1

8.1 You and your husband adopted birth control methods in your conjugal life you and your husband adopted birth control methods in your conjugal life. (N=100)

Q.N.	Question	Case Total			
		Case Total	Answer Response	No of Cases	Percentage
8.1	You and your husband adopted birth control methods in your conjugal life	100	Affirmative	58	58
			Negative	42	42
			Total	**100**	**100**

Result: The study found that subjects and husbands jointly adopted birth control methods 58% (N=100)

Table- 8.2

8.2 Decision of birth control taken by. (N=58)

Q.N	Question	Case Total			
		Case Total	Answer Response	No of Cases	Percentage
8.2	Decision of birth control taken by whom	58	Your decision	52	89.65
			Husband decision	04	06.89
			Both decision	02	03.44
			Total	**58**	**100**

Result: Birth control decision was taken by the subjects themselves 89.65%, 06.89% husbands was not aware of birth control. Decision of birth control taken by both husband and wife is a very poor figure that is only 03.44%. (N= 58. Total 100 cases only 58 cases were adopted birth control.)

Table- 8.3 (A)

8.3. (A) Birth control methods used by the subjects and husbands (Up to 18 group N=73 and 18+ group N=27, Total N=100)

Methods used by		No of Cases		Total	percentage
Husbands	**Subjects**	**Up to 18**	**Up to 18 group**		
*	Birth Control Pill	30	13	43	
*	Injection	07	01	08	
*	Bilateral Tubal ligation	02	02	04	
*	Copper -T	01	00	01	
Condom	*	01	01	02	
Total		**41**	**17**	**58**	

Result: 58 cases of the study had been adopting birth control methods, of which 41 and 17 subjects belonged to up to 18 and, 18 and above group respectively. Oral pill was taken by 43 cases and out of them, 30 and 13 cases referred to up to 18 and 18+ groups respectively. 04 subjects underwent bilateral tubal legation, of them 02 each from both groups. Condom was used by two husbands and only 1 cases husband from each group (up to 18 and 18 + group)

Table- 8.3 (B)

8.3(B) Birth control methods used by. (N=58)

Q.N	Question	Case Total			
		Case Total	**Answer Response**	**No of Cases**	**Percentage**
8.3	Birth control methods used by	58	You	56	96.55
			Husband	02	03.44
			Total	**58**	**100**

Result: Only 03.44% husbands used birth control methods , but 96.55 % cases were the main target of using birth control methods .(N=58. Only 58 cases out of 100 cases used birth control methods)

Table- 8.4

8.4. You have felt psychological conflict related stress with their husbands and in-laws for applying birth control methods. (N=52)

Q.N	Question	Case Total			
		Case Total	Answer Response	No of Cases	Percentage
8.4	You have felt psychological conflict related stress with their husbands and in-laws for applying birth control methods	52	Affirmative	37	71.15
			Negative	15	28.84
			Total	**52**	**100**

Result: 71.15 % cases (37 cases out of 52 cases) have felt psychological conflict related stress with their husbands and in-laws for applying birth control methods. (N=52. 52 cases used birth control methods, out of 58 cases)

9. Tables relating to about same rights and responsibilities as mother's right. (Early married and 18^{+} aged groups. N=100)

Table- 9.1

9.1 Adequate affection and love from both of you and your husband for your children. (N=86)

Q.N	Question	Case Total			
		Case Total	Answer Response	No of Cases	Percentage
9.1	Adequate affection and love from both of you and your husband for your children	86	Affirmative	55	63.95
			Negative	31	36.04
			Total	**86**	**100**

Result: 63.95% cases admitted that adequate care, love and affection were given to there children by both of them.

Table- 9.2

9.2 You can apply same right and decision for children's life issues and others affairs like your husband's role. (N=86)

Q.N.	Question	Case Total			
		Case Total	Answer Response	No of Cases	Percentage
9.2	You can apply same right and decision for children's life issues and others affairs like your husband's role	86	Affirmative	25	29.06
			Negative	61	70.93
			Total	**86**	**100**

Result: 70.93% (61 cases out of 86 cases) could apply equal role like their husbands for their children's study and other affairs. This 70.93% cases had no mother's right.

Table- 9.3

9.3 You have active and satisfactory role for your children. (N= 86)

Q.N.	Question	Case Total			
		Case Total	Answer Response	No of Cases	Percentage
9.3	You have active and satisfactory role for your children	86	Affirmative	55	63.95
			Negative	11	12.79
			Total	**86**	**100**

Result: 63.95 % cases expressed that although they were mentally ill, they tried to do active and satisfactory role for their children. N= 86

Table- 9.4

9.4 You have felt psychological stress for not to found same right about your children's life issues and others affairs like your husband activates. (N= 86)

Q.N.	Question	Case Total			
		Case Total	Answer Response	No of Cases	Percentage
9.4	You have felt psychological stress for not to found same right about your children's life issues and others affairs like your husband activates	61	Affirmative	50	81.96
			Negative	11	18.03
			Total	**61**	**100**

Result: 81.96% cases mother were felt a pathetic and painful psychological stress due to not found as mothers right and role apply for their children (N= 61, total 61 cases 50 cases were not found right of mother)

10. Tables relating consent to marriage. (Early married and 18^{+} aged groups) N=100

Table- 10.1

10.1. You had verbal consent at your marriage. (N=68)

Q.N.	Question	Case Total			
		Case Total	Answer Response	No of Cases	Percentage
10.1	You had verbal consent at your marriage	68	Affirmative	65	95.58
			Negative	03	04.41
			Total	**68**	**100**

Result: 95.58 % cases (out of 68 cases) could give verbal consent. (N= 68 , The reason is that total 100 married cases 18+ age group were 27% and early married group were 73%. Out of this 73% early married group the age of 32% was bellow 14 .This age group had no psychological maturity or knowledge to express about their marriage decision. So this 32% cases (>14 aged group) were not counted for determining the results)

Table- 10.2

10.2 You had mental consent at your marriage. (N= 68)

Q.N.	Question	Case Total			
		Case Total	Answer Response	No of Cases	Percentage
10.2	You had mental consent at your marriage	68	Affirmative	47	69.11
			Negative	21	30.88
			Total	**68**	**100**

Result: 69.11% cases had no mental consent to their marriage. (N= 68, see previous result)

Table- 10.3

10.3. Before marriage if you have no mental consent in your marriage, its create your stress and conjugal disharmony. (N=21)

Q.N	Question	Case Total			
		Case Total	Answer Response	No of Cases	Percentage
10.3	Before marriage if you have no mental consent in your marriage , its create your stress and conjugal disharmony	21	Affirmative	17	80.95
			Negative	04	19.04
			Total	**21**	**100**

Result: 80.95% cases (04 cases out of 21 cases) had mental stress for conjugal disharmony because they had no mental consent before their marriage. (N= 21, total 68 cases 21 cases had no mental consent)

11. Tables regarding registration of marriage. (Early married and 18^{+} aged groups) N=100

Table- 11.1

11.1Your marriage registered during marriage. (N=90)

Q.N.	Question	Case Total			
		Case Total	Answer Response	No of Cases	Percentage
11.1	Your marriage registered during marriage	90	Affirmative	90	90
			Negative	00	00
			Total	**90**	**100**

Result: 90% cases who were Muslim admitted their marriage were registered. 10% Hindus expressed that they did not registered of their marriage. (N=90, out of total 100 cases)

Table- 11.2

11.2 You know legal implication marriage registration during your marriage happened N=90

Q.N.	Question	Case Total			
		Case Total	Answer Response	No of Cases	Percentage
11.2	You know legal implication marriage registration during your marriage happened	90	Affirmative	38	42.22
			Negative	52	57.77
			Total	**90**	**100**

Result: 42.22% cases knew legal implication of marriage registration at the time of their marriage. And 57.77% cases did not know its application. (N=90, total 100 cases 90 cases Muslim)

12. Tables related to dowry. (Early married and 18^{+} aged groups) N=100

Table- 12.1

12.1 Any dowry was taken during your marriage. (N=100)

Q.N	Question	Case Total			
		Case Total	Answer Response	No of Cases	Percentage
12.1	Any dowry was taken during your marriage	100	Affirmative	79	79.00
			Negative	21	21.00
			Total	**100**	**100**

Result: 79 % cases of the study found victim of dowry. N = 100

Table- 12.2

12.2 Any dowry demand from your husband and in-laws family. (N=100)

Q.N	Question	Case Total			
		Case Total	Answer Response	No of Cases	Percentage
12.2	Any dowry demand from your husband and in-laws family	100	Affirmative	63	63
			Negative	37	37
			Total	**100**	**100**

Result: 63% (63 cases out of 100 cases) of the study reported that dowry was demanded by their husbands and in-laws families.

Table- 12.3

12.3 You felt stress due to dowry with your husband and in-laws family. (N= 63)

Q.N.	Question	Case Total			
		Case Total	Answer Response	No of Cases	Percentage
12.3	You felt stress due to dowry with your husband and in-laws family	63	Affirmative	63	63.00
			Negative	00	00.00
			Total	**63**	**100**

Result: 63% cases felt stress due to dowry demand by their husbands and in-laws (N=63, 63 cases out of 63 were faced dowry demand by their husband and in-laws family).

13. Tables related to early married group's personal and conjugal life, (N=73).

Table- 13.1

13.1 Early marriage create problem in your study. (N=73)

Q.N.	Question	Case Total			
		Case Total	Answer Response	No of Cases	Percentage
13.1	Early marriage created problem in your study	73	Affirmative	65	89.04
			Negative	08	10.95
			Total	**73**	**100**

Result: 89.04% cases' after their early marriage felt problem in their studies after their marriage.

Table- 13.2

13.2 Precocious sex consummation created your physical and mental stress. (N=73)

Q.N.	Question	Up to 18 cases			
		Case Total	Answer Response	No of Cases	Percentage
13.2	Precocious sex consummation created your physical & mental stress	73	Affirmative	67	91.78
			Negative	06	08.21
			Total	**73**	**100**

Result: 91.78% cases' suffered from physical and mental stress about sex consummation at their early marital conjugal life. (N=73)

Table- 13.3

13.3 Duties and responsibilities of family created your physical and mental stress. (N=73)

Q.N	Question	Up to 18 cases			
		Case Total	Answer Response	No of Cases	Percentage
13.3	Duties and responsibilities of family created your physical and mental stress	73	Affirmative	63	86.30
			Negative	10	13.69
			Total	**73**	**100**

Result: 86.30 % cases' confessed that they felt stresses to perform their duties and responsibilities of their the in-laws family so early in their life.(N=73)

Table- 13.4

13.4 You became mother after your early marriage life. (N=73)

Q.N	Question	Up to 18 cases			
		Case Total	Answer Response	No of Cases	Percentage
13.4	You became mother after your early marriage life	73	Affirmative	64	87.67
			Negative	09	12.32
			Total	**73**	**100**

Result: 87.67% cases became mother after their early marriage. (N=73)

Table- 13.5

13.5. Life has become risky due to taking children (N=64)

Q.N	Question	Up to 18 cases			
		Case Total	Answer Response	No of Cases	Percentage
13.5	Life has become risky due to taking children	64	Affirmative	51	79.68
			Negative	13	20.31
			Total	**64**	**100**

Result: 79.68% subjects who had children admitted, they experienced risk and dreadfulness in taking children so early in their lives. (N= 64, because, mentally ill early married women had 51 cases faced risk of life out of 64 cases).

Table- 13.6

13.6 Rearing responsibilities of children created your physical and mental stress (N=64)

Q.N	Question	Up to 18 cases			
		Case Total	Answer Response	No of Cases	Percentage
13.6	Rearing responsibilities of children created your physical and mental stress	64	Affirmative	48	75
			Negative	16	25
			Total	**64**	**100**

Result: 75% (Out of 64 cases, 48 cases) the study found that these mothers had to under go a great burden of responsibilities of rearing children.(N= 64, because, mentally ill early married women had children 64 cases out of 73).

Table- 13.7

13.7 You think that your life would become happier if your would marry later. (N=73)

Q.N	Question	Up to 18 cases			
		Case Total	Answer Response	No of Cases	Percentage
13.7	You think that your life would become happier if your would marry later	73	Affirmative	71	97.26
			Negative	02	2.73
			Total	**73**	**100**

Result: 97.26% cases clearly stated that their life would have been happier and easier if they could marry later.

14. Tables related to diseases. N=100

Name of the Diseased (N=100)

(Up to 18 group N=73 and 18+ group N=27, Total N=100)

Name of Diseases	No of Cases		Total
	up to 18	18 and above	
Schizophrenia	27	10	37
Depressive Disorder	16	06	22
Somatoform Disorder	06	04	10
Anxiety Disorder	04	01	05
Post Traumatic Stress Disorder	04	00	04
Migraine	01	02	03
Bipolar Affective Disorder	01	01	02
Hysteria	01	01	02
Epilepsy	01	00	01
Acute Polymorphic psychosis (APMP)	01	00	01
Acute Stress Disorder	05	01	06
Adjustment Disorder	06	00	06
Phobic Disorder	00	01	01
Total	**73**	**27**	**100**

Result: 37% of the subjects have been suffering from Schizophrenia, 22 %cases have Depressive Disorders.10 % cases have been suffering from Somatoform Disorder.05%, 04%, 03%, 02%, cases have been suffering from Generalized Anxiety Disorder, Post- Traumatic Stress Disorder, Migraine, and Bipolar Affective Disorder. Found Acute Stress Disorder 06%, and Adjustment Disorder 06% cases. Found Hysterical found 2 % cases.2% cases have been suffering from Epilepsy and Acute Polymorphic Psychosis (APMP) another only 1% case Phobic disorder found respectively. (N=100).

Appendix-3

Relevant Diseased of Mental illness

Relevant Diseased of Mental illness

Anxiety Disorder: A type of mental disorder in which anxiety is the prominent future.

Post Traumatic Stress Disorder : A type of disorder involving impaired functioning following exposure to a traumatic experience, such as combat, physical assault or rape, natural or technological disasters, and so on, in which the person experiences such problems as reliving or experiencing the trauma, intense of fear, avoidance of event-related stimuli, generalized " numbering" of emotional responsiveness, and heightened autonomic arousal. Abbreviated *PTST.*

Depressive Disorder : A category of disorders involving sudden changes in consciousness or self-identify, including dissociative figure and dissociative identity disorder, and depersonalization disorder

Bi Polar Disorder: A disorder characterized by mood swing between states of extreme elation and severe depression. Formally called manic *depression.*

Hysteria: Former term of conversion disorder, which is a type of somatoform disorder characterized by loss or impairment of physical function in the absence of any organic cases that might account for the changes. Formerly called *hysterical neurosis.*

Epilepsy: A group by disorders cased temporary, sudden change in he electrical activity of the brain that result in convulsive seizures or changes in the level of consciousness .

Adjustment Disorder: A maladaptive reaction to an identified stressor or stressors that occurs shortly flowing exposure to the stressor(s) and results in impaired functioning or signs of emotional distress that exceed what would normally be expected in the situation. The reaction maybe resolve if the stressor is removed or the individual learns to adopt to it successfully

Somatoform Disorder: Disorders in which people complain of physical (somatic) problems, although no physical abnormality can be found.
]
Phobic Disorder: An excessive, irrational fear that is out of proportion to the degree of danger in a stimulus or a situation.