

Domestic Violence Against Married Women In RHTC, Kasturwadi : A Community Based Cross Sectional Study

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ABSTRACT

Introduction: In the recent times, violence against women is an emerging problem both in the developed and developing countries, with the World Health Organization (WHO) declaring domestic violence as a “public health epidemic.”

Objectives 1. To study the prevalence of domestic violence by intimate partner against married women. 2. To study the socio-demographic factors which affect the victimization of woman for domestic violence.3. To study the reaction of women to domestic violence. **Materials and methods:** A cross sectional study was conducted in Kasturwadi village under Rural Health Training Centre , JIU's Indian Institute of Medical Science and Research, Badnapur on all married woman residing in Kasturwadi from August to December 2016. A well designed, pre- tested questionnaire was prepared in local language was administered to collect data. Data was analysed using epi info. and presented in suitable tables; percentages were calculated and chi-square test was applied to test statistical significance where ever necessary. **Results:** Domestic violence was observed in 77(39.89%) of them. They were physical (21.76%), verbal (21.76%) and sexual (1.55%). Alcohol consumption was seen in 52(26.94%). Domestic violence was more common among women less than 30 years, illiterate, Hindu, employed in semiskilled and skilled occupation, married early, duration of married life < 5years , illiterate spouse, unemployed spouse and spouse consuming alcohol. **Conclusion:** It was seen that the prevalence of domestic violence was high in the rural area of Maharashtra. It was associated with less education, early marriages and alcohol consumption by the spouse.

Key-words: domestic violence, rural women, physical violence

INTRODUCTION

In the recent times, violence against women is an emerging problem both in the developed and developing countries, with the World Health Organization (WHO) declaring domestic violence as a “public health epidemic.” World Health Organization (WHO) has defined domestic violence as “the range of sexually, psychologically and physically coercive acts used against adult and adolescent women by current or former male intimate partners”¹. Nevertheless, DV shows particular forms and patterns depending on the local context and recognized as an important public health problem. Despite the range of abuse, it is the most common cause of nonfatal injury to women, who suffer, blame themselves, and choose not to report it. In fact, often rationalize and internalized the abuse by believing that the act was provoked by the women, therefore, justify and accept it as their fate, to continue living with it². Violence not only causes physical injury, it also undermines the social, economic, psychological, spiritual and emotional well being of the victim, the perpetrator and the society as a whole. Domestic violence is a major contributor to the ill health of women³.

According to the WHO, globally more than one-third of women are suffering physical and sexual violence, with a lifetime prevalence of violence ranging from 10% to 69% from different population surveys⁴. As per National Family Health Survey-4 report in India 28.8% of the ever married women have experienced some form of spousal violence⁵. According to the same survey 21.4% of the ever married women in Maharashtra have experienced some form of spousal violence⁶.

Government of India has made serious effort in curbing the problem of domestic violence by the formation of Protection of women from domestic violence act, 2005, which stated that any act, conduct, omission and commission that harms or injures or has a potential to harm or injure will be considered as domestic violence by the law⁷.

The cycle of domestic violence is repeated across generations. It can be clearly stated from previous studies that rural women with low educational and social status are more prone for domestic violence⁷.

No such study was done in this area thus this study was conducted to estimate the actual prevalence, the socio-

demographic factors and immediate reaction of study participants to domestic violence.

Objectives

To study the prevalence of domestic violence by intimate partner against married women.

To study the socio-demographic factors which affect the victimization of woman for domestic violence.

To study the reaction of women to domestic violence.

MATERIALS AND METHODS

The study design was a cross sectional study conducted in Kasturwadi village under Rural Health Training Centre, JIU's Indian Institute of Medical Science and Research, Badnapur . The study was conducted on all married woman residing in Kasturwadi . Married woman now divorced /separated were excluded from the study. The Study was conducted from August to December 2016. The list of all married women in the village was made with the help of the register maintained in the health center. Data was collected from married woman by house to house visit. Considering the topic adequate privacy was maintained. In case the woman was not present at home at the time of visit then she was revisited to collect data. Even after three visits if the woman could not be interviewed then that particular woman was excluded from the study. Written informed consent was obtained for the data collection. A well designed, pre- tested questionnaire was prepared in local language was administered to collect data. The questionnaire consisted of questions of socio demographic characteristics of the women, marital characteristics, types of domestic violence if she had experienced any and reaction of the woman towards domestic violence. The operational definition of domestic violence used during this study was any physical violence which included slapping, throwing any object on the women, pushing or beating , sexual violence , verbal violence or psychological violence on the women by the spouse at any time in their life. Institutional ethical clearance was obtained. Data was analysed using epi info. and presented in suitable tables; percentages were calculated and chi-square test was applied to test statistical significance where ever necessary.

RESULTS

Table no 1 shows that majority of the study participants were in the age group of less than 30 years, illiterate, doing unskilled occupation and Muslim by religion. It can be observed from table no 2 that most of the study participants got married before the age of 18 years. Majority of the spouse were in the age group of 20 -22 years during their wedding, most of them studied upto high school, most of them were farmers. Alcohol consumption was seen in 52(26.94%). Domestic violence was observed in 77(39.89%) of them. Table no 3 shows the various types of violence faced by the women. They were physical (21.76%), verbal (21.76%) and sexual (1.55%). Slapping was the most common form of

physical violence. The most common type of injury was bruising followed by contusion then cuts. From table no 4 it can be observed that most of the woman had a feeling of powerlessness to violence. It can be inferred from table no 5 that domestic violence was more common among women less than 30 years , illiterate, Hindu, employed in semiskilled and skilled occupation, married early, duration of married life < 5years , illiterate spouse, unemployed spouse and spouse consuming alcohol.

Table 1: Type of violence faced by women.

Type of violence	Frequency	Percentage
Physical	42	21.76%
Slapping	39	20.21%
Throwing	14	7.25%
Pushing	24	12.44%
Beating	35	18.13%
Sexual	3	1.55%
Verbal	42	21.76%
Psychological	39	20.21%
Type of Injuries		
Bruising	40	20.72%
Contusion	35	18.13%
Cuts	2	1.04%

Table 2: Response of study subjects to any of the violence.

Reaction of Women	Frequency (N=77)	Percentage
Revenge	31	40.25%
Powerlessness	35	45.45%
Resisted	11	14.28%

DISCUSSION

It was seen in this study that 39.89% of the married women experienced domestic violence which was similar to a study done by Sandeep Shah⁸ which showed a prevalence of 32.3%. The National Family Health Survey (NFHS-4) reported a burden of domestic violence as 26.2% among ever-married women in the reproductive age group in rural Maharashtra⁶. The national average⁵ for rural areas was 31.2%. Many studies reported domestic violence with varying prevalence 21.2% by Shahina begum⁹, 26.6% by Kamat U¹⁰, 45.2% by Ruikar MM¹¹, 47.2% by Ashok Mishra¹² , 54% by Sinha Begum¹³ , 56.7% by Jismary George⁴. It was observed that the prevalence of violence varied from place to place in India. The explanation could be the difference in the distribution factors in the populations studied such as age, issues in the definition and measurement of partner violence, and willingness to report their experience of violence⁹. Women are often reluctant to reveal their domestic violence status due to shame, fear of ridicule and reprisal by family and friends or belief that no one will understand their plight.¹⁴

Table 3: Factors associated with domestic violence among study subjects

Factors	Domestic Violence(%)	No Domestic Violence(%)	Total (%)	P Value
Age (in years)				
< 30	38(43)	51(57)	89(46)	0.52
31-39	23(40)	35(60)	58(30)	
40-49	15(38)	24(62)	39(20)	
50 >50	1(14)	6(86)	7(3.6)	
Education				
Illiterate	38(53)	34(47)	72(38)	0.03
Primary and middle school	12(39)	19(61)	31(12)	
High school	20(30)	46(70)	66(20)	
Higher secondary / Diploma, Graduate and above	7(29)	17(71)	24(17)	
Employment status				
Unemployed	2(40)	3(60)	5(2.5)	0.04
Unskilled	28(32)	59(68)	87(28)	
skilled/Semiskilled	20(60)	13(39)	33(17)	
Farmer/shopowner/clerk	27(40)	41(60)	68(35)	
Religion				
Hindu	27(48)	29(52)	56(29)	0.29
Muslim	49(36)	86(63)	135(70)	
Christian	1(50)	1(50)	2(1.04)	
Age at marriage				
< 18 years	50(44)	62(55)	112(58)	0.05
>18 years	27(33)	54(66)	81(42)	
Duration of marriage (years)				
0-5	25(58)	18(41)	43(22)	0.007
10-May	18(40)	26(59)	44(23)	
15-Oct	12(37)	20(62)	32(17)	
15-20	8(26)	22(73)	30(15)	
20-25	14(31)	30(68)	44(23)	
Spouse's education				
Illiterate	20(52)	18(47)	38(20)	0.34
Primary and middle school	11(39)	17(60)	28(15)	
High school	29(38)	47(61)	76(39)	
Higher secondary	15(36)	26(63)	41(21)	
Diploma	1(25)	3(75)	4(2.1)	
Graduate and above	1(16)	5(83)	6(3.1)	
Spouse's employment status				
Unemployed	2(100)	0(0)	2(1.0)	0.39
Unskilled	1(33)	2(66)	3(1.5)	
Semiskilled	3(30)	7(70)	10(5.2)	
skilled	19(48)	20(51)	39(20)	
Farmer/shop owner/clerk	50(37)	83(62)	133(69)	
Semiprofessional	2(33)	4(66)	6(3.1)	
Alcohol				
Yes	44(84)	8(15)	52(27)	0
No	33(23)	108(76)	141(73)	

The most common type of violence seen in the present study was physical (21.76%) and verbal (21.76%) followed by psychological (20.21%) then sexual violence (1.55%). Similar finding were observed by Sandeep Shah⁸ who showed emotional violence of 25.3%, physical (19.6%) , economic violence (11.3%) followed by sexual violence(2%). Shahina Begum⁹ showed physical violence (16.8 %), emotional violence of 12.4% followed by sexual violence(4.8%). Few studies showed a high prevalence of psychological abuse 54.5% by Ray K¹⁵, 52% by Babu BV¹⁶ and 51.3% by Jismary George⁴.

It was found in our study that women who were married early experienced more domestic violence this finding was consistent with the finding of Shahina begum⁹, Erulkar A¹⁷ , Santhya KG¹⁸ and Testa M¹⁹. In our study it was seen that the domestic violence was more common in the age group of <30 years. In a study done by Ashok Mishra¹² domestic violence was more common in the age group of 26-30years followed by 20- 25 years.

In our study women doing semiskilled and skilled work experienced more domestic violence similar association was seen by Shahina Begum⁹ and Kishnan S²⁰. According to Ashok Mishra¹² and Babu BV¹⁶ domestic violence was more among housewives. It was observed in our study that prevalence of domestic violence was more among illiterates similar findings were observed by Ashok Mishra⁴, Kimuna²¹, Kamat U¹⁰, Kamlesh Kumari Sharma¹⁴ and Jismary George⁴. Our study found that low education status of the spouse was associated with domestic violence similar finding were observed by Kamlesh Kumari Sharma¹⁴.

Alcohol consumption by the spouse was significantly associated with domestic violence in our study .Similar findings were observed in various studies done by Ashok Mishra⁴, Kamlesh Kumari Sharma¹⁴, Mahapatrao M², Sinha A¹³, Kamat U¹⁰, Testa M¹⁹, Sandeep Shah⁸ and Kimuna²¹.

Conclusion

It was seen that the prevalence of domestic violence was high in the rural area of Maharashtra. It was associated with less education, early marriages and alcohol consumption by the spouse. It is recommended that the literacy level in the society especially in the rural areas should be improved, legislations should be strictly enforced to avoid early marriages and women should be informed about the various help line numbers and laws to protect themselves from domestic violence.

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