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RESEARCH ARTICLE

EPIDEMIOLOGICAL STUDY OF DOMESTIC VIOLENCE AMONG MARRIED WOMEN IN A RURAL AREA OF PONDICHERRY

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ABSTRACT

Research question: what is the magnitude of domestic violence in a rural community in Pondicherry

Setting: Community based cross-sectional study done in the field practice area of JIRHC

Participants: Currently-married women

Methodology: All subjects were asked for history of any physical violence in the past one month. Details about the person(s) responsible, history of similar episodes in the past, reasons for violence and whether the perpetrator was in an inebriated state; were collected.

Results: 21.3% reported having faced domestic violence in the past one month. Age distribution, occupation and number of children showed significant association with domestic violence. Husband in an inebriated state was the most common perpetrator; Inobedience and arguing were reported as the most common reason for violence.

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INTRODUCTION

Domestic violence is the most common form of violence against women. It affects women across the life span from sex selective abortion of female fetuses to forced suicide and abuse, and is evident, to some degree, in every society in the world. (Kaur *et al.*, 2008) Domestic violence encompasses violence against women within the family, i.e. physical and mental assault of women, usually by their husbands, male partners or relatives. (WHO, 1997; Mitra, 2006) It is a global issue reaching across national boundaries as well as socio-economic, cultural, racial and class distinctions. WHO multi-country study in ten countries in women aged 15-49 years, reported a lifetime prevalence of physical or sexual partner violence, or both, as 15% to 71% (WHO, 2007). India's National Family Health Survey-III carried out in 29 states during 2005-06 has found that 37.2% of married women have been physically or sexually abused by their husbands at some time in their lives (NFHS, 2006). Apart from the inadequate recognition of the aggression directed against women, domestic violence appears to be a widely accepted form of behavior (Jejeebhoy *et al.*, 1997). Domestic violence is widespread, deeply ingrained and has serious impacts on women's health and well being. Its cost to the individuals, to health systems and to society is enormous. Yet no other major public health problem has been so widely ignored and so little

understood (WHO, 1997). It is important to note here that because of the sensitivity of the subject, violence against women is almost universally under-reported. Most of the gender-based studies on women have concentrated mostly on causes of maternal morbidity and mortality and there is a paucity of data on violence in women. It is often difficult to conduct research on violence against females, since most females are reluctant to disclose information that they consider confidential and intimate. For eliminating domestic violence against women, it is critical to understand the context of violence and social constructs which support its perpetuation (Sarkar, 2010). One of the important obstacles in the prevention of violence against women is the lack of gender-sensitive health research and reliable data on the magnitude of problem and its consequences (Vachher *et al.*, 2010). This community-based study aims to estimate the burden and determinants of domestic violence in rural women.

Objectives

- To determine the prevalence of domestic violence and its socio-demographic correlates.
- To determine the characteristics and reasons for domestic violence

MATERIALS AND METHODS

This community-based cross-sectional study was undertaken in Thondamanatham village which is in the service area of JIRHC, Ramanathapuram. Based on prevalence of 37% from

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NFHS-III, assuming a relative precision of 10% and an alpha error of 0.05, the required sample size comes out to be about 681. There are 632 families in Thondamanatham with a total population of 2969. All married women, residing in the village were included in the study. Each house in the village was visited and every currently-married woman in the house, was interviewed. In case the woman of the house was not available, two more visits were made subsequently. In the event of her absence even after three consecutive contacts she was excluded from the study. The purpose of the visit was explained to them clearly and informed consent was obtained. They were assured that all the information provided by them will be kept confidential. All interviews were conducted with the help of a semi-structured pre-tested interview schedule. After collecting background demographic data, they were asked for history of any physical violence in the past one month. If they had experienced violence more than once in the past one month details of the recent most injury were collected. Details about the person(s) responsible, history of similar episodes in the past, reasons for violence and whether the perpetrator was in an inebriated state; was also collected. Data entry was done in MS Excel and analysis was performed using SPSS software (v17.0)

Observations

After excluding those women who were unavailable (38/756) even after 3 visits to their homes, 718(94.9% coverage) women were included in this study. Table 1 shows the socio-demographic characteristics of the women interviewed. Of the women interviewed, 153 (21.3%) reported having faced domestic violence in the past one month. Maximum prevalence (30.6%) of domestic violence was seen in the age-group of 30-39 years. Prevalence was highest (26%) among those respondents who had studied upto Xth standard whereas

Table 1. Demographic characteristics of the respondents (N=718)

Characteristic	Number of respondents N (%)	
	Total	Exposed to violence (N=153)
Age-group*		
15-19	9	0 (0.0)
20-29	277	66(23.8)
30-39	196	60(30.6)
40-49	119	20(16.8)
50 and above	117	7(6.0)
Education status		
Illiterate	229	45(19.7)
Primary	151	36(23.8)
Middle	88	19(21.6)
Secondary	100	26(26.0)
Higher secondary and above	150	27(18.0)
Occupation *		
Housewife	446	84(19.1)
Government	32	2(6.3)
Agricultural worker	186	57(30.6)
Labourer	54	10 (18.5)
Income		
<480	661	145(21.9)
>= 480	57	8(14.0)
Type of family		
Nuclear	376	79(21.0)
Joint	342	74(21.6)
Number of children*		
0	48	9(18.8)
1-2	428	102(23.8)
3-4	211	41(19.4)
>4	31	1(3.2)

*p value < 0.05

it was 19.7% among the illiterates. Occupation-wise, 30.6% of those involved in agricultural work faced violence and 19.1% of the housewives reported domestic violence. There was no difference in the prevalence of domestic violence in both nuclear and joint families. 18.8 % of those women who had no children had faced violence. Statistically significant association was seen for age distribution, occupation and number of children. Husband was the most common perpetrator (97.4%) of violence and in 69.3% of the cases he was in an inebriated state at the time of violence. 40% of the respondents gave similar history of physical violence in the past. Slapping and hitting with a free hand (60.8%) was the most common mode of assault. (Table 2)

Table 2. Characteristics of violence reported by the respondents N=153

Characteristics	Number of responses N (%)
Perpetrators of violence	
Husband	149(97.4)
In-laws or other relatives	4(2.6)
Perpetrator in an inebriated state	
Yes	106(69.3)
No	47(30.7)
Similar history of physical violence in preceding 12 months	
Yes	61(39.9)
No	92(60.1)
Mode of physical assault	
Slapped/ punched/ hit with free hand	93(60.8)
Pushed	22(14.4)
Hit with stick/rod	21(13.7)
Kicked	10(6.5)
Objects thrown at	07(4.6)

The reasons for violence are given in Table 3. Inobedience and arguing were reported as the most common reason for violence whereas Financial issues like poor family income (14.4%), unemployment of the perpetrator (13.1%) and insufficient dowry (7.8%) were also reported.

Table 3. Reasons for violence

No.	Precipitating factors*	Number N=153(%)
	Inobedience/ Arguing back/ questioning	27(17.6)
1.	Unprovoked	20(13.1)
2.	Insufficient dowry	12(7.8)
3.	Poor family income	22(14.4)
4.	Unemployment of the perpetrator	20(13.1)
5.	Relationship with other women	10(6.5)
6.	Disobeying elders	14(9.2)
7.	Not cooking well	12(7.8)

*Multiple responses

DISCUSSION

The prevalence of domestic violence was found to be 21.3% in this study which included any act of (current) violence in the past one month. This finding is comparable to the study from west Bengal (Sarkar, 2010) but lesser than that reported by NFHS-3, Rocca *et al* and Vachchar *et al*. these differences may be attributed to the differences in the definition of study variable, recall period, type of violence and urban-rural settings. NFHS -3 and studies from Bangalore and Delhi have reported lifetime prevalence of domestic violence ranging from 37.2% to 56%. No statistically significant association was seen between education status and domestic violence in this study whereas high prevalence of domestic violence in

been reported in illiterate women (Mitra, 2007; NFHS, 2006; Sarkar, 2010). This difference may be due the fact that the female literacy levels in Pondicherry are high when compared to whole of India. Husband was the main perpetrator of violence (97%) and was in an inebriated state (69.3%) at the time of the act. Slapping, hitting with free hand and punching were the most common modes of violence. Similar findings were reported by other studies (Mitra, 2007; Sarkar, 2010). The fact that the common modes of domestic violence may not warrant treatment from a health facility may be the underlying cause for under-reporting of domestic violence. But the absence of severe health effects of domestic violence should not undermine the mental distress and fear faced by the victim.

The victims often tolerate and try to rationalise the acts of violence by their husbands by attributing his behaviour to the effect of alcohol on him rather than a manifestation of deviant behaviour pattern. About 40% of the victims reported similar episodes in the past one year thus indicating how domestic violence often is repetitive and frequent in their lives. In this study, disobeying the husband/ elders has been noted as the most common reason for violence but these may be the precipitating cause for that particular act of violence. Financial reasons like unemployment, poor income, insufficient dowry; may be the underlying cause. Similar findings were reported by other studies (Mitra, 2007; Sarkar, 2010). These findings show that domestic violence is often considered a means of discipline and punishment and is a widely accepted form of behaviour. Socio-economic interventions, alleviation of poverty, elimination of gender bias and women empowerment can combat domestic violence. The limitations of this study need to be mentioned. Firstly, though attempts were made to reduce recall and social desirability biases by assuring confidentiality and anonymity, under-reporting by participants should be considered. Secondly, this being a cross-sectional study, establishing causal relationship between factors studied

and domestic violence may not be possible thus underscoring the need for longitudinal studies. In spite of these limitations, possible determinants of domestic violence have been identified.

Conclusion

Domestic violence is common in rural India. It a widely accepted form of behavior often considered a means of discipline and punishment by the husband.

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