A study of prevalence of domestic violence against married women in a rural area

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Abstract

Background: 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". Domestic violence against females is a serious public health concern in every community and culture. Long standing domestic violence not only affects the women physically but also has the long term impact on mental health. Material and Methods: A community based cross sectional study was carried out in field practice area of community medicine department S R T R medical college, Ambajogai, Maharashtra from October 2016 to December 2016.All married women in the age group of 18 to 44 were selected as study participants. They were interviewed for domestic violence using a pretested structured questionnaire after obtaining informed written consent. Data was entered and analysed in Microsoft excel 2010. Results are expressed in percentages. Result: out of 740 married women 333 were suffered from any one form of domestic violence. Prevalence of domestic violence observed was 45%.

Key Word: domestic violence.

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INTRODUCTION

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. Domestic violence against females is a very serious public health problem in every community and culture. Long standing domestic violence affects the women physically and also has the long term impact on mental health ². In India, 34 per cent of women of reproductive age group have ever experienced physical domestic violence ³. As per

NFHS 3 report nearly two in five (37%) married women have experienced some form of physical or sexual violence by their husband ⁴. Domestic violence is not considered seriously unless it involves homicide or serious physical injury to the victim. It can be clearly stated from previous studies that rural women with low educational and social status are more prone for domestic violence. The study was conducted to estimate the prevalence, sociodemographic factors associated with domestic violence in rural area.

METHODS

A community based cross sectional study was carried out in field practice area of community medicine department S R T R Medical College, Ambajogai area from October 2016 to December 2016. All married women in the age group of 18 to 44 were selected as study participants. They were interviewed for domestic violence using a pretested structured questionnaire by face to face interview method. As most married women were reluctant to disclose information they consider confidential and intimate, only those who gave consent were included in study. During the interview, Great care was taken to establish rapport with the respondents prior to interview. Participants were

assured of the confidentiality of their response. All detailed information on sociodemographic characteristics, violence experienced by women was collected. Ethical clearance was obtained from institutional ethics committee of S R T R medical college, ambajogai. Data was entered and analysed in Microsoft excel 2010. Results were expressed in percentages.

RESULTS

Out of 740 married women 333 were suffered from any one form of domestic violence. Prevalence of domestic

violence observed was 45%. Table no1 and 2 showing the prevalence of domestic violence sociodemographic profile of married women. Emotional violence was most commonly seen in 45% followed by physical violence 30.27% as shown in table no.1. Slapping was seen by all cases of physical violence (30.27%) followed by beating (25.27%), pushing (23.64%), Punching or hurting with something (21.62%), twisting arm or pulling (20.29%), Trying to choke or burn (5.13%) and Threatening or attacking with a weapon (2.97%). Sexual violence was found to be lowest (4.05%).

Table 1: prevalence of domestic violence

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Type of violence	Victims	percentage
Any form of Physical violence	224	30.27%
Slapping	224	30.27%
Beating	187	25.27%
Pushing	175	23.64%
Twisting arm or pulling	165	20.29%
Punching or hurting with something	160	21.62%
Trying to choke or burn	38	5.13%
Threatening or attacking with a weapon	22	2.97%
Any form emotional violence	333	45%
Any form of sexual violence	30	4.05%
Total	740	100%

As given in table 2 Women in Hindu family were more prone to domestic violence (46.48%) followed by Muslims (40.74%) closely followed by Buddhist (40.74%). Of the women in age of 27-35 showed highest prevalence of domestic violence (51.14%) followed by the group more than 36 years (45.18%), followed by the age group of 18 to 26 years (37.00%) which was statistically significant. Nuclear type of family showed more prevalence of domestic violence (52.57%) as compared to joint (44.36%) and extended families (11.53%) and this was statistically significant. Socio economical status, educational status of women and working status of women these factors were statistically significant. In socio economic class lower classes showed more prevalence of domestic violence as compared to upper classes. Illiterate (57.63%) reported more prevalence than other educated women. Housewives (48.78%) showed more domestic violence than other working group females.

Table 2: Sociodemographic profile of women with domestic violence

Socio demographic Factors	n= 740	Domestic violence present	P=		
	RELIGION				
Hindu	611	284(46.48%)	0.1834		
Muslim	54	22(40.74%)			
Buddhist	75	27(36.00%)			
18-26	227	84(37.00%)	0.01234		
27-35	262	134(51.14%)			
≥36	251	111(45.18%)			
	TYPE	OF FAMILY			
Nuclear	369	194(52.57%)	<0.000001		
Joint	293	130(44.36%)			
Extended	78	9(11.53%)			
Class I	97	10(10.31%)	<0.000001		
Class II	127	29(22.83%0			
Class III	137	66(48.17%)			
Class IV	175	94(54.33%)			
Class V	206	134(65.04%)			
EDUCATIONAL STATUS OF WOMEN					

Illiterate	262	151(57.63%)	<0.000001		
Primary	92	51(55.43%)			
Secondary	244	90(36.88%)			
Graduate	142	41(28.27%)			
WORKING STATUS OF WOMEN					
Housewife	371	181(48.78%)	< 0.0000001		
Farmer	203	86(42.36%)			
Labourer	137	64(46.71%)			
Others	29	2(6.89%)			

DISCUSSION

The prevalence of domestic violence in present study was 45%. Study in eastern India showed prevalence ranging from (16%- 56%)³. Other studies Kamat US, Shahina begum showed lower prevalence (32.2%, 21.2%) as compared to the present study. 4, 5 Physical violence observed was 30.27% matches the national average of 37% as per the National Family Health Survey-3.2 Other study in Mumbai showed prevalence of 20.2% which is less than present study⁵. Present study showed high prevalence of domestic violence in Hindus as compared to other religion, same results were observed in study in Wardha⁶, Kamat US, and et al. study showed high prevalence of domestic violence in Muslims⁴. In the present study higher prevalence seen in nuclear families as compared to others, same results observed in kharpe M P et al. study but Kamat US et al. study observed that it was more in joint. ³, Higher level of education, for women, protects against DV. The fact has been supported in the other studies in Mumbai and worldwide⁴. Lower socioeconomic class women suffered more domestic violence in present study, same result was observed in the Sinha A et al. study⁸. Housewives experienced more domestic violence as compared to working women, same results were observed in the Sinha A et al. study⁸. Begum S et al. study showed that working women experienced higher domestic violence as compared to housewives⁴.

CONCLUSION

Most common form of domestic violence was verbal or emotional abuse seen in almost all the victims followed by physical abuse. The study demonstrated that domestic violence was prevalent in the area. Factors like type of family, lower educational status, working status, lower socioeconomic class were associated with domestic violence.

RECOMMENDATIONS

In view of the high prevalence of the problem, girl's education should be encouraged. A holistic response is required where Women will get the entire spectrum of services including legal, health, counselling etc. under one roof.

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