

Original Research Article

Prevalence and predictors of intimate-partner violence in a rural household survey in Jammu, India

Sakshi Manhas¹, Rishab Gupta², Chaitanya Kailu³, Hemaal Koul¹, Tasvinder Kour^{1*}, Anuj Kapoor⁴, Rashmi Kumari¹, Rajiv K. Gupta¹

¹Department of Community Medicine, Government Medical College Jammu, Jammu and Kashmir, India

²Department of ENT, Acharya Shri Chander College of Medicine Sciences, Jammu, Jammu and Kashmir, India

³Department of Internal Medicine, Acharya Shri Chander College of Medicine Sciences, Jammu, Jammu and Kashmir, India

⁴Department of Community Medicine, SMVDIME, Kakryal, Jammu and Kashmir, India

Received: 20 January 2026

Accepted: 11 February 2026

*Correspondence:

Dr. Tasvinder Kour,

E-mail: yogtas123@gmail.com

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ABSTRACT

Background: Intimate partner violence (IPV) is a cause of concern globally as it poses a substantial barrier to accomplishing target 5.2 of the sustainable development goals i.e. to eliminate all forms of violence against women and girls. This study aims to assess the prevalence and predictors associated with IPV in a rural area of Jammu district.

Methods: The study was conducted over a period of two months in the R. S. Pura block, which is a field practice area of the Postgraduate Department of Community Medicine. GMC Jammu, using a stratified two-stage sampling technique. The villages were identified as primary sampling units, while households located within villages were identified as secondary sampling units. Villages were stratified according to population into four strata, and five villages were selected from each stratum. In the next step, 15 households were selected from each of the mapped villages, and one married female aged ≥ 18 year (selected using the Kish Grid method of sampling) was interviewed using a predesigned, pre-tested, and structured questionnaire. A total of 300 women were interviewed, and data were analyzed using statistical package for the social sciences (SPSS) version 27.0. Chi-square test was used as the test of significance.

Results: The overall prevalence of IPV was 59.6%, while psychological, physical, and sexual violence reported were at 27%, 14.33% and 3.33%, respectively. Age, religion, educational status, number of living children, and history of substance abuse in husband were found to be significantly associated with intimate partner violence ($p < 0.05$).

Conclusions: Results have revealed that IPV remains a concern despite many efforts by the Government of India for women's empowerment. The acceptance of wife beating among women and sexual violence has shown a lower prevalence; however, the prevalence of psychological violence is showing a rising trend.

Keywords: Intimate partner violence, Predictors associated with IPV, Gender-bias

INTRODUCTION

Intimate partner violence (IPV)/gender-based violence (GBV) against women is a pressing global issue affecting one in every three women throughout their lives. The phrase "IPV" is often used interchangeably with "domestic abuse" or "domestic violence," but it refers specifically to violence that occurs between intimate partners who are

married, cohabiting, or not.^{1,2} The sustainable development goals emphasize the crucial need to address gender bias and eliminate violence against women and girls in all its forms.³ GBV against women is defined as any action causing physical, sexual, or mental harm to women, including threats, coercion, or unjust deprivation of liberty, whether in public or private settings.⁴ World Health Organization (WHO) identifies it as a significant public

health issue and a violation of women's human rights.⁵ According to the National Family Health Survey-5, 29.3% of married Indian women between the ages of 18 and 49 have experienced physical, sexual, or emotional spousal violence. The prevalence of IPV among empowered women was found to be 26.21%. Among those who had experienced IPV, two-thirds (60%) faced physical violence. When compared to highly empowered women, less empowered women were 74% more likely to face emotional abuse.⁶ This violence has severe short- and long-term consequences for women's physical, mental, sexual, and reproductive health, as well as affects the well-being of their children. Additionally, it results in substantial social and economic costs, ranging from mental health issues like depression and post-traumatic stress to physical harm and even death. Few studies have been conducted in India to assess the prevalence of IPV against women, with only limited studies conducted in North India; hence, this observational cross-sectional study was conducted to assess the prevalence of IPV/gender-based violence against women and to assess the predictors associated with IPV in a rural area in the U.T. of Jammu and Kashmir, India.

METHODS

This observational cross-sectional study was conducted in R. S. Pura Block (the field practice area of the Department of Community Medicine, GMC Jammu) over two months, w.e.f. 01 September 2025, till 31 October 2025, after seeking approval from the Institutional Ethics Committee (IEC), Government Medical College, Jammu. The study population consisted of married females aged ≥ 18 years, residing in the rural area of R. S. Pura in Jammu District. A total of 300 married females were enrolled in the study using a stratified two-stage design.

The entire R. S. Pura block was stratified into four strata according to the population size of the villages. The villages were identified as primary sampling units, while households located within villages were identified as secondary sampling units. The four strata according to the population size of the villages were: stratum 1 with a population < 500 , stratum II: 500-999, stratum III: 1000-1999, and stratum IV: ≥ 2000 population. Using stratified random sampling technique, five villages from each stratum were selected.

The selected villages were mapped, and a survey was conducted till 15 households were completed with at least one married female aged ≥ 18 years, at the time of the survey. If more than one married female was present in the selected household, only one married female was selected using the Kish Grid method of sampling and was interviewed.

Inclusion criteria

Married females aged ≥ 18 years, residing in R. S. Pura block (field practice area of the Department of Community

Medicine, GMC Jammu) and those who were willing and consented to participate in the study were included.

Exclusion criteria

Married pregnant females and those who were unwilling to participate in the study were excluded.

Study procedure

After obtaining approval from the IEC, GMC, Jammu, permission was sought from the Block Medical Officer, Sub-district Hospital R. S. Pura, Jammu. The study was conducted in R. S. Pura block (the field practice area of the Department of Community Medicine, GMC Jammu) over two months, using a stratified two-stage design. A house-to-house survey was conducted using a pre-designed, pre-tested, and structured questionnaire. A total of 300 married females were enrolled in the study. Each eligible participant was informed in their local dialect by the investigator about the purpose of the study and assured that all the information gathered would be kept confidential. Afterwards, an informed written consent was obtained from the participants (Figure 1).

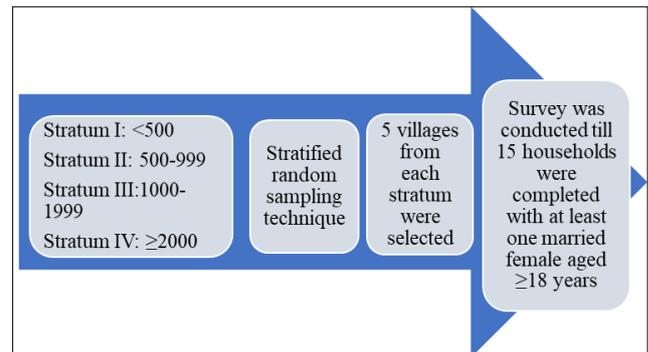


Figure 1: Distribution of strata.

Study tools

Study tools include questionnaire on socio-demographic variables and pre-tested structured questionnaire to ascertain whether the respondent has experienced any form of domestic violence/IPV. Information on characteristics of violence and reasons for violence, as per the respondents' version, was also collected.

Statistical analysis

The data collected was entered into a Microsoft Excel sheet and analyzed using statistical package for the social sciences (SPSS), version 27.0. Qualitative data were reported as proportions, while means (\pm SD) were used to report quantitative variables. The association of socio-demographic and other variables with IPV was evaluated, and its statistical significance was assessed using the chi-square test. A $p < 0.05$ was taken as statistically significant, and all p values reported were two-tailed.

RESULTS

A total of 300 married females aged 18 years and above were interviewed, and the prevalence of IPV was found to be 59.6%. Socio-demographic variables of the study participants are given in Table 1. The mean (\pm SD) age of the study participants was 30.77 \pm 6.97 years. Hinduism was the dominant religion (85%), followed by Muslims (10%) and others (5%). 59% of the females lived in joint families. The majority (67.33%) of the study subjects were homemakers. 54 % of the study subjects were educated above higher secondary. 6.67% of the study subjects showed an attitude of acceptance towards wife beating.

Table 2 shows the prevalence, forms, and consequences of intimate partner violence (IPV) among the study population. More than half of the participants (59.6%) reported experiencing IPV, with 57.66% indicating lifetime exposure. Psychological and emotional violence emerged as the predominant form (27%), followed by physical (14.33%) and sexual violence (3.33%). Notably, 15% of participants reported exposure to multiple forms of IPV. Intergenerational exposure was substantial, with 53% reporting a maternal history of IPV. The reported consequences of IPV included physical injury (12.33%) and marital separation (6%) (Figure 2).

Table 3 summarizes the factors associated with intimate partner violence (IPV). IPV was significantly associated

with age ($p=0.0001$), with higher prevalence among women aged >35 years, followed by 25–35 years. Religion showed a significant association ($p=0.0031$) with a higher prevalence among Hindus. Lower educational attainment ($p=0.0004$) and unemployment were statistically significantly associated with IPV ($p<0.0001$). Reproductive and marital factors were also significantly associated with IPV ($p<0.05$). A history of substance uses in husbands demonstrated a strong association with IPV ($p<0.0000$).

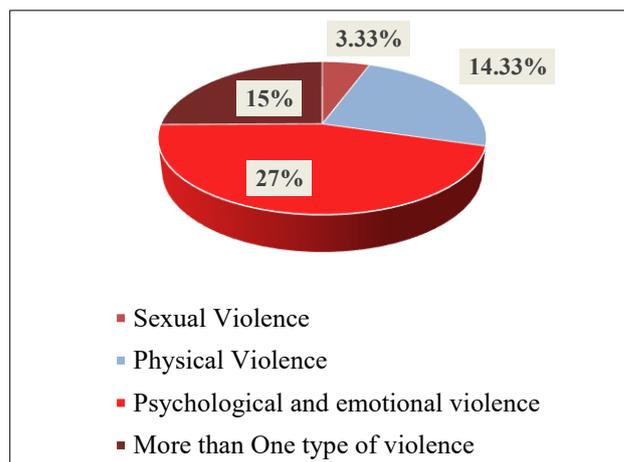


Figure 2: Distribution (%) of the study participants based on the form/type of IPV.

Figure 1: Socio-demographic variables of the study participants (n=300).

Variables	Frequency (N)	Percentage (%)
Age (in years)	<25	20.67
	25-35	51.00
	\geq 35	28.33
Religion	Hindu	85.00
	Muslim	10.00
	Other	5.00
Type of family	Joint	58.67
	Nuclear	41.33
Educational status	Illiterate	2.67
	Secondary	54.00
	Graduate and above	43.33
Employment	Employed	32.67
	Unemployed	67.33
Number of living children	0	14.00
	1-2	70.33
	\geq 3	15.67
Has a living son	Yes	54.67
	No	31.33
Years of marriage	<10	32.67
	\geq 10	67.33
History of substance use in the husband	Yes	43.33
	No	56.67
Attitude of acceptance towards wife beating among women	Yes (acceptance)	6.67
	No	93.33

Table 2: Prevalence, form/type, and consequences of IPV among the study participants (n=300).

Variables/characteristics of IPV	Frequency (N)	Percentage (%)
Sexual violence in the last 12 months	10	3.33
Physical violence in the last 12 months	43	14.33
Psychological and emotional violence in the last 12 months	81	27
More than one type of violence	45	15
Total prevalence	179	59.6
Mother's history of IPV (intergenerational exposure)	159	53
Consequences of IPV on families/couples	Physical injury with IPV	37
	Separation	18

Table 3: Association of various factors with intimate partner violence (IPV).

Variables	Total	Intimate partner violence		P value
		Absent (%)	Present (%)	
Age (in years)	<25	62	52 (83.87)	0.0001
	25-35	153	56 (36.60)	
	≥35	85	13 (15.30)	
Religion	Hindu	255	93 (36.50)	0.0031
	Muslim	30	20 (66.67)	
	Other	15	08 (53.33)	
Type of family	Joint	176	67 (38.10)	0.17
	Nuclear	124	54 (43.55)	
Educational status	Illiterate	8	02 (25)	0.0004
	Secondary	162	50 (30.86)	
	Graduate and above	130	69 (53.08)	
Employment	Employed	98	57 (58.16)	<0.0000
	Unemployed	202	64 (31.68)	
Number of living children	Nil	42	04 (9.52)	0.00005
	1-2	211	97 (45.97)	
	≥3	47	20 (42.55)	
Having a living son	Yes	206	109 (52.91)	<0.0000
	No	94	12 (12.77)	
Years of marriage	<10	98	26 (26.53)	0.0006
	≥10	202	95 (47.03)	
History of substance use in the husband	Yes	130	08 (6.15)	<0.0000
	No	170	113 (66.47)	
Attitude of acceptance towards wife beating among women	Yes (acceptance)	20	06 (30)	0.3295
	No	280	115 (41.07)	

DISCUSSION

The current study identified the overall prevalence and forms of IPV in a rural population of Jammu district. About half of the respondents (51%) were in the 25-35-year age group and were educated up to secondary level. In a study from Ethiopia, the authors reported that 60% of the respondents were in the 20-29-year age group, and one-fourth (26.3%) were high school graduates. History of substance use in the husband was reported at 43.33%, which is lower than that reported by Gedefa AG et al from Ethiopia.⁷ The acceptance of wife beating in the present study was reported at 6.6%, which is much lower than 32.6% reported by Gedefa et al however these findings align with those reported by Gupta et al.^{7,8} This difference

can be best explained in the context of the socio-cultural milieu of two different continents.

The results have elucidated an overall prevalence of IPV at 59.6%, which is consistent with results reported from community-based studies in rural Maharashtra, Bihar, Eastern India, and Bangladesh, where IPV prevalence ranged from 40% to over 60%.⁹⁻¹¹ In contrast to the results of the present study, lower prevalence rates were reported by Laelago et al in Ethiopia (19.6%) and by Ahmed et al in Nigeria (29%).^{12,13} These varied results are likely due to socio-cultural differences, the scope of the studies (such as pooled prevalence and national survey), and better human rights handling in some nations. The prevalence of IPV observed in the present study also exceeds the estimates reported in the National Family Health Survey-5

(NFHS-5), which indicates that 29.3% of ever-married women in India and approximately 32% of rural women have experienced spousal violence.^{14,15} This suggests that localized socio-cultural norms, economic deprivation, and entrenched gender hierarchies may intensify women's vulnerability beyond national averages.

Age and duration of marriage showed significant associations with IPV in the present study, with higher prevalence among older women and those in longer marital unions. NFHS-5 similarly demonstrates a cumulative increase in IPV with advancing age and marital duration.^{16,17} Educational attainment emerged as a strong protective factor against IPV, consistent with NFHS-5 findings and multiple Indian studies showing lower IPV prevalence among women with secondary or higher education.¹⁸

Psychological, physical, and sexual violence found in the current study were 27%, 14.33% and 3.33 %, respectively. These findings are in agreement with those reported by Gupta et al in an earlier study conducted in the Jammu region.⁸ However, Gedefa et al reported a higher prevalence of psychological and physical violence, but sexual violence reported was much higher (38.9%).⁷ Previous literature from the developed world was the most prevalent form of violence affecting between a third and a half of the population.¹⁹ High gender inequality, low empowered social independence, decision-making and attitude to violence are among the likely reasons for these differences.

Among the socio-demographic variables, age, religion, educational status, employment, number of living children and history of substance use in husband were found to be statistically significantly associated with IPV ($p < 0.05$). Unemployment was significantly associated with IPV in the present study, reinforcing findings from NFHS-5 and prior Indian research that economic dependence heightens women's exposure to abuse.⁶ Similar associations have been reported in studies from sub-Saharan Africa and South Asia, where women's economic disempowerment limits their capacity to negotiate power within relationships.²⁰

Gedefa et al reported age, substance use, monthly family income and family size as the variables significantly associated with IPV.⁷ Women with higher income are also more literate, have better economic autonomy and are likely to use all available opportunities to defend themselves against violence.

Reproductive factors, particularly childlessness and the absence of a living son, were strongly associated with IPV, with a higher prevalence of 87.23% in those without sons as compared to 47.1% in those who have a son. NFHS-5 reports higher IPV prevalence among women without sons, reflecting persistent son preference and patriarchal valuation of male offspring in India.⁶ Comparable findings have been documented in studies from Northern India

reported by Sabarwal et al and Bangladesh reported by Towfiqua et al where infertility or failure to bear a male child increases women's risk of violence.^{21,22}

Limitations

Since intimate partner violence is a personal matter, many of the respondents might have been reluctant to reveal the truth. The cross-sectional nature of this study makes causal inference difficult. The addition of qualitative methodology could have made the study more informative.

CONCLUSION

The results of the current study have revealed that IPV remains a concern despite many efforts by the Government of India for women's empowerment, and it also violates fundamental human rights. The acceptance of wife beating among women and sexual violence has shown a lower prevalence; however, the prevalence of psychological violence is showing a rising trend. The authors recommend a continuous focus on girls' education, increasing women's empowerment, and equity in society by eliminating harmful socio-cultural practices. Engaging men and boys as active participants and stakeholders in the prevention of gender-based violence holds great promise.

Funding: No funding sources

Conflict of interest: None declared

Ethical approval: The study was approved by the Institutional Ethics Committee

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Cite this article as: Manhas S, Gupta R, Kailu C, Koul H, Kour T, Kapoor A, et al. Prevalence and predictors of intimate-partner violence in a rural household survey in Jammu, India. *Int J Community Med Public Health* 2026;13:1196-201.