

Original Research Article

Prevalence of domestic violence among married women doing unskilled manual work in a rural area of Trivandrum district

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ABSTRACT

Background: Violence against women is an emerging problem in India. It has considerable adverse impact on the physical and mental health of women including suicidal tendencies. Violence against women and associated risk factors in many Indian communities remains unreported. This paper aimed to study the prevalence of physical, psychological, and sexual violence and risk factors of the women facing domestic violence.

Methods: A community based cross sectional study was carried out in a rural area of Trivandrum district of Kerala state. Married women doing unskilled manual work were interviewed using a pretested validated questionnaire developed by Indu P V containing 20 items- 13 questions for assessing psychological violence, 5 for assessing physical violence and 2 for sexual violence.

Results: The results showed that 26.76% of women experienced domestic violence. Poor educational qualification and having alcohol addiction in husbands were identified as important risk factors for experiencing domestic violence.

Conclusions: Our data along with other sources show clearly that domestic violence is exacerbated by alcohol abuse and it may well be more prevalent in poor communities. Experience of domestic violence is more in women whose husbands are alcoholic. Multi sectorial response such as improving literacy, creating awareness regarding legal aid and screening the victims of violence at primary health centres, should be initiated to mitigate this public health issue.

Keywords: Domestic violence, Family violence, Intimate partner violence, Women empowerment

INTRODUCTION

Against women as “any act of gender-based violence that results in, or is likely to result in Violence against women particularly intimate partner violence and sexual violence is a major public health problem. It constitutes violation of fundamental rights and freedom of women. The United Nations defines violence physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.¹ Even though women in the developing countries are more vulnerable to different forms of violence, domestic

violence is perceived to be the most common among them.² A number of individual and household-level risk factors for domestic violence were identified in the studies conducted over the past decades. The protective factors against domestic violence were identified to be higher socioeconomic status and higher levels of education.³

Intimate partner violence is seen in all countries, cultures and religions and sectors of society. It can have deleterious effects like increased anxiety and health conditions like chronic aches and pains, sleep disorders, reproductive health problems, depression etc. Since 1983,

domestic violence has been recognized as a criminal offence under IPC 498-A. The Protection of Women from Domestic Violence Act came to effect in 2006. The PWDVA defines domestic violence as all forms of physical, emotional, verbal, sexual, and economic violence, and covers both actual acts of such violence and threats of violence.⁴ A number of studies have examined the role of factors such as education, lower socioeconomic status, younger age of marriage and found to be associated with higher reported physical abuse.^{3,5,6}

According to NFHS-4 data (2015-16) it was found that thirty-three percent of ever-married women have experienced physical, sexual, or emotional spousal violence. The most common type of spousal violence is physical violence (30%), followed by emotional violence (14%). Seven percent of ever married women have experienced spousal sexual violence.⁷ There is little empirical data on prevalence of domestic violence and its determinants. The Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS) aims in improving the livelihood security of households of rural area in India by providing one hundred days of work with guaranteed wage every year to every households in which the adult members are willing to do unskilled manual work.⁸ In addition to providing financial security MGNREGS also helps in empowering women, protecting environment, reducing migration.⁹ This study was done among women belonging to poor socioeconomic class working under MGNREGS to understand the extent of this serious problem in a rural setting.

The study aimed to determine the prevalence of domestic violence and associated risk factors among married women who were unskilled workers in a rural area in Trivandrum district.

METHODS

A population based cross sectional study was conducted among married women from Nellanad panchayat area of Trivandrum district from August 2018 to February 2019. Data were collected using a pretested questionnaire from 140 women in the age group of 18 to 60 years working under MNREGS, using a pretested validated questionnaire Indu PV et al. Sample size was calculated using the formula $N = Z_{1-\alpha/2}^2 * P(100-P)/d^2$. Where P taken as 56%, the sample size was calculated to be 139 which was rounded up to 140. The questionnaire consisted of 20 items for assessing psychological, physical and sexual violence. 13 items were for assessing psychological, 5 for physical and 2 for sexual violence. Each item was scored from 0 to 4. (0: never, 1: once/twice, 2: 3-5 times, 3: 6-10 times, and 4: 11 times or more). The other socio-demographic variables like age of both husband and wife, educational status, number of years since marriage etc. were collected. As all the participants were from poor socioeconomic class and having the same occupation and same wages the social class, occupation and income of the participants are not

taken into consideration. To assess domestic violence exposure, women were asked several questions on various behaviours of violence during the past and last 12 months. A score of 5 was taken as the cut off. At this cut off, both sensitivity and specificity were optimum, i.e. 89.5 and 87.2%, respectively.¹¹ All the interviews were conducted in local language of the state. Interviews were taken in a private place outside the respondents' home to avoid presence of other family/community members during interviews. The data were entered in MS Excel and analysed using SPSS version 21. Frequencies and proportion were computed for qualitative data and mean and standard deviation for quantitative data. Chi-square test was done for testing association between two categorical variables and the results are presented in tables.

RESULTS

The total number of study participants were 140. The mean age of study participants was found to be 44 years with a standard deviation of 10.98. 49 (35%) participants belonged to the age group of 51-60.

Table 1: Distribution of socio-demographic variables (n=140).

Characteristics	Frequency	Percentage
Age group (years)		
<30	11	7.85
31-40	38	27.14
41-50	42	30.00
51-60	49	35.00
Education		
Illiterate	10	7.14
Primary	27	19.28
High school	25	17.85
Pre degree/plus two	72	51.42
Graduate	6	4.28
Alcohol consumption (husband)		
Never	36	25.71
Less than twice a month	9	6.42
Up to 4 times a month	54	38.57
2-3 times a week	12	8.57
4 or more times a week	29	20.71

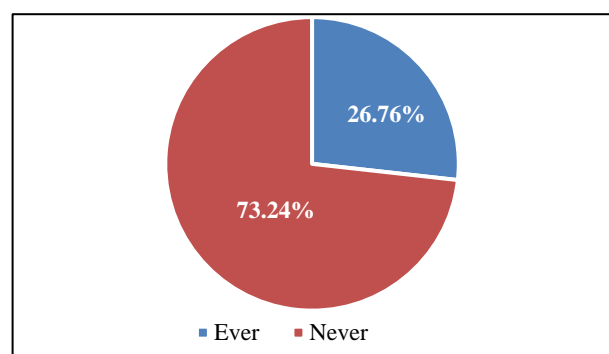


Figure 1: Distribution of participants according to experience of domestic violence.

More than half 72 (51.42%) had studied up to pre degree/ plus two (Table 1). Mean duration of marriage was found to be 24.8 years. Out of 140 respondents, 38 (26.76%) of them were exposed to domestic violence (Figure 1). 34.2 % (48 out of 140) were experienced psychological violence, 32.8% (46 out of 140) physical violence and 12.14% (17 /140) sexual violence. Of this psychological violence was found to be more common. (Table 2).

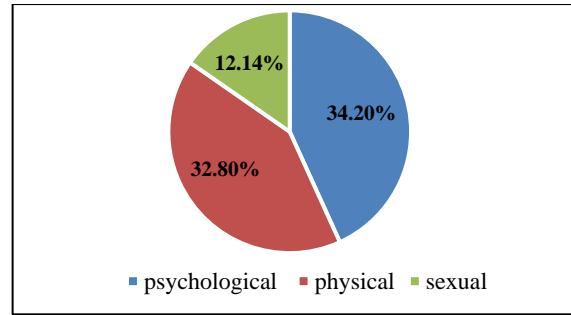


Figure 2: Distribution of participants based on different behaviors of violence.

There was a significant association between husband’s alcoholism and domestic violence (p<0.001). No association was found between education, husband’s age, wives age and domestic violence.

Table 2: Distribution of behaviors of domestic violence.

Behaviors of domestic violence	Frequency	Percentage
Psychological violence		
Did not permit to meet/interact with female friends	14	10
Restricted interaction with your family members	12	8.57
Do not permit to handle money	16	11.40
Did not permit to choose/buy things	15	10.71
Irritated/suspicious/angry if you talked to other men	19	13.57
Accused you of being unfaithful	16	11.42
Treated you like a servant	13	9.28
Did not allow you to partake in decision-making	20	14.28
He kept away from home for days or weeks without informing you/giving you money	15	10.71
He was unfaithful to you/had extra-marital relationships	12	8.57
Did not react against his relatives/agreed with his relatives, when they insulted you	12	8.57
Insulted you in front of others	14	10
Threatened to harm you physically	23	16.42
Physical violence		
Slapped you	26	18.20
Beat you on other body parts	36	25.71
Twisted your arm/pulled your hair	16	11.42
Kicked you/dragged you	16	11.42
Choked you or inflicted burns on you	6	4.20
Sexual violence		
Ignored you purposely, by not having sexual intercourse with you for weeks	15	10.71%
Had sexual intercourse with you forcibly, when you were not interested	5	3.57

Table 3: Association between socio-demographic variables and domestic violence score.

Socio-demographic factors		Score		
		<5	≥5	
Wife’s education	Illiterate	7	5	$\chi^2 =179.3$ P<0.0001
	Primary	20	7	
	High school	16	9	
	Pre-degree/ plus two	56	15	
	Graduate	2	3	
Husband’s education	Illiterate	12	5	$\chi^2 =3.798$ P=0.425
	Primary	21	13	
	High school	18	7	
	Pre degree/ plus two	46	14	

	Graduate	4	0	
Duration of marriage	<20 years	27	13	$\chi^2=0.709$
	≥ 20 years	74	26	P=0.400

Table 4: Association between substance abuse and domestic violence score.

Factor		<5	>5	
Alcoholism	Never	31	5	$\chi^2=17.73$
	Less than 2 times a month	5	4	P<0.0001
	Up to 4 times a month	44	10	
	2-3 times a week	8	4	
	4 or more times a week	13	16	

Domestic violence against women in developing countries like India, is now being recognized as a widespread health problem. Women were always considered weak and vulnerable for exploitation. In majority of studies regarding domestic violence, having “ever” been exposed to physical or psychological abuse during the lifetime or in the past 1 year is assessed. It was found that one quarter (26.76%) of the study participants experienced domestic violence in the past 1 year. In a study conducted in rural Bangladesh by Bates et al. showed that 35% of women experienced domestic violence in past one year.¹² When compared to the other studies, here we found that the prevalence was slightly less. This could be due to a better level of education among participants and their husbands; or it also might be due to underreporting of violence. In the present study physical harm by beating (25.2%) was the most common violence reported among many of the women. In another study conducted by Nair et al. in rural Gujarat, slapping (80%), kicking, punching (74%) and forced sex (27%) were the types of reported physical abuse. Frequent beating might lead to deleterious effects on both mental and physical health of women. Many women believe that they were beaten up for their wrong doings and they deserved it. In our patriarchal society, women are poorly equipped to protect themselves against violence from their partners.

This practice of interpersonal violence may affect the health of the women.¹³ One study from India revealed that higher socio-economic status as a protective factor against domestic violence.⁶ As we have taken all participants from lower socioeconomic status, comparison could not be made on this variable. In a study conducted in rural Bangladesh have shown that community-level measures of women’s status have significant effects on risk of domestic violence.¹⁴ In the present study there was no association between educational level of women and domestic violence. From other studies it was found that violence is less common if women and men were well educated; acceptance of domestic violence appears to be related to the respondent’s education level.¹⁵ This study showed that

majority of the partners of the study participants were alcoholics and there were significant association between alcoholism and domestic violence. In another study conducted in Mumbai, domestic violence was exacerbated by alcohol abuse and it may well be more prevalent in poor communities where financial and work-related stress often were used to rationalize domestic violence.¹⁶ In this study alcoholism is directly associated with physical and psychological violence but not with sexual violence. This may be because, many men have attitudes accepting of violence and a sense of superiority over women. The values and cultures in the society prevent the victims from opting for divorce.

In multivariate analyses, indicators of women’s economic autonomy and husbands’ alcohol consumption were significantly associated with violence, independent of caste and economic status, which highlights the need to address the links between gender inequalities and marital violence.¹⁷ Higher levels of conflict were seen in the wives of alcoholics and on all its sub-dimensions namely negotiation, physical assault, injury, psychological aggression and sexual coercion.¹⁸

CONCLUSION

From this study it was found that domestic violence is still prevalent and more than a quarter of the unskilled manual laborers are experiencing domestic violence. Most women experience violence from their husbands who are alcoholic. Alcohol consumption among husbands are found to be significant risk factor for intimate partner violence. Policies and services aimed at preventing domestic violence need to increase. The limitation of the study may include recall bias as it is a retrospective study, and also underreporting of violence.

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

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