

RESEARCH ARTICLE

FACTORS ASSOCIATED WITH DOMESTIC VIOLENCE IN A RURAL COMMUNITY, PUNJAB INDIA.

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Manuscript Info	Abstract
Manuscript History Received: 25 October 2016 Final Accepted: 23 November 2016 Published: December 2016	 Background: Violence against women is a pervasive social intimidation and a major public health problem in India. It is associated with adverse physical and psychological health in women. This study examined the determinants of domestic violence among women residing in rural community of Punjab, India. Material and methods: A cross sectional community based household survey was conducted during May 2014 to September 2014. A sample of 213 eligible married women age group 18-39 years who having at least one child were selected using cluster systematic random sampling from three rural community. Information was sought by using socio-demographic profile sheet and factors associated to domestic violence through face-to-face structured pretested self-developed interview schedule after obtaining written consent. Appropriate descriptive and inferential statistics was applied to generate results. Results: The study findings shows that alcoholic husband, poor education of husband, early marriage, working status of women, and bigger size of the family are more frequently reported factors predisposed domestic violence. Women with alcoholic husband and married in early age were significantly at a great risk of domestic violence is prevalent in rural community setting and certain specific factors fueling domestic violence. Use of mass media, reforming laws related to domestic violence and marriage could be great initiative from gorvement side to curb this social intimidation.

Introduction:-

Violence against women is a significant public health problem in India (1). It has been identified as major contributor to the global burden of ill health in terms of physical injuries psychological consequences, depression, sexually transmitted disease, suicide and murder (2). Overall, one third of reproductive age group women experience physical violence and one in ten women experience sexual violence ever in their life time(2). The overall prevalence of physical, psychological, sexual and any form of violence among women were 71.4%, 85.7%, 57.1% and 40.4% respectively (3). The prevalence of domestic violence remains high with multipledevastatingconsequences ranging from psychological ill health, maternal and neonatal morbidity and mortality (4). Physical violence is the deliberate

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Address:-Assistant Professor, Department of Nursing, All India Institute of Medical Sciences (AIIMS) Rishikesh Uttarakhand, India -249203. Mobile-7055911523 self-harm or use of physical force against one self, another person, or against group or community resulting in injury or death (5).

Sexual abuse refers to the forceful engagement or dragging someone in sexual relationship without her consent (4). Sexual violence also has life time negative consequences in terms of vaginal, anal or urethral bleeding or injury and subsequently high risk of infection and sexual health problem (6). School bases statistics shows 14 and 52% of sexual abuse and gender based violence in girls respectively (7). The perpetrators of domestic violence have been often found to be the males and the victim, their sexual partners (8). Internally, one in ten women have been beaten, coerced in to sex or abused in their life time by member of her own family (9).

Globally, the negative consequences of violence against women have been recognized. Incidence of domestic violence exaggerated the chances of unintended pregnancies (10,11), abortion, decrease use of contraceptive (5),poor antenatal care (12), and poor quality of life in women (13). A number of factors identified in many studies likelihood alarm the incidence of domestic violence. Underlying factors of domestic violence are illiteracy, alcoholic husband, gender differences in society, age of marriage, dowry, not having male child, poor socio-economic status, male dominant society, marital conflicts and unstable relationship(2).

However, determinants of domestic violence against women remain unidentified and limited. Hence, the study was planned to identify the determinants of domestic violence and to understand the impacts of socio-demographic factors on domestic violence with in a rural community of Amritsar Punjab, India

Material and Methods:-

The study was conducted in the month of May 2014 to September 2014at three systematic randomly selected rural community settings of Amritsar, Punjab, India. The study population comprised 213 eligible reproductive age group married women with at least one live child. In beginning 500 women were found eligible for domestic violence interview. Out of 500, 264 refused to participate because of feeling of shame, privacy, embarrassment and fear of inlaws.

A structured socio-demographic data sheet was used to collect information regarding background information i.e. age, gender, age of marriage, education of women, husband education status, employment status of husband, and socioeconomic status (as per Modified Kuppuswamy 's scale 2016)(14). A structured interview schedule was used to explore the information regarding domestic violence among women.

Ethical consideration:-

Ethical permission was obtained from Ethical and Research committee of Sri Guru Ram Dass Medical College and Research Center, Amritsar Punjab. Participants were informed for their voluntary participation and written informed consent was also obtained from individual participants. Participants were also informed to withdraw their participation from the study at any time without assigning any reason.

Procedure for data collection:-

Home visits were carried out, and face to face interview with women was conducted by principle investigators and his female colleagues for questions related to sensitive issues i.e. sexual violence, in the absence of their husband/inlaws. Women were assured for anonymity and strict confidentiality. Information was collected about sociodemographic information and structured interview schedule about different aspects of violence i.e. frequency, types, perpetrator, cause etc. It took around 30-35 minutes to collect the information depending on education and experience of the women.

Results:-

The characteristics of 213 women interviewed described, as are those of their husbands, and the household characteristics.

Mean age of participants was 26 ± 6.34 years and around equal number of women were in age of below (51.85%) and above (48.15%) 25 years of age. Majority of women belong to Sikh religion (74.07%) followed by Hindu family (21.48%).

 Table 1:-Socio-demographic characteristics and domestic violence (n=135).

Variables	f(%)	p-value
Age (yr)		
25	70(51.85)	<i>p</i> >.05
>25	65(48.15)	
Religion		
Sikh	100(74.07)	
Hindu	29(21.48)	<i>p</i> >.05
Others	06(4.44)	
Age at marriage (yr)		
<18	85(62.96)	p < .05
>18	50(37.04)	
Number of children		
1	95(70.37)	p < .05
2 or more	40(29.62)	*
Working status		
Yes	41(30.37)	<i>p</i> >.05
No	94(69.63)	-
Duration of marriage(yr)		
<5	50(37.03)	p < .05
>5	85(62.96)	-
Husband drinking status		
Yes	112(82.96)	p < .05
No	23(1.64)	-

Note: significant @*p*<0.05

With regards to socio-economic status (as per modified Kuppuswamy's Scale 2012), majority of the participants (69.21%) belong to upper middle class. So far as occupation of husband concerned, 63.28% employed, 28% were skilled laborers, 8.1% skilled workers, 4.61% doing service and 1.2% self-employed. About 82.96% of the husbands of the study population were addicted to alcohol and otherillicit substances (i.e. heroin, bhang, ganja, smack etc.). A considerable number of husbands of participants (66.67%) were studied up to secondary education and only 8.7% passes higher secondary and above. Majority of the study population married after 18 years of age and 62.96% had married life for more than 5 years.

Table 2:-Form of violence experienced by women (n-213).

Type of violence*	Women (%)
Physical violence (n-65)	
— Slapping/beating	65(86.67)
— Kicking	51(78.46)
— Object throwing	39(60.0)
— Others (choking, punching, threatening to kill)	21(32.31)
Verbal abuse (n-85)	
— Humiliation	76(89.41)
— Blaming character of women	71(83.52)
— Threat to leave her	65(76.47)
— Dowry problems	56(65.88)
— Others (teasing, offensive abuse, vulgar talk)	39(45.88)
Sexual violence (n-35)	
— Forceful sex	21(60.0)
— Force to sexual act she did not want	15(42.85)
— Others (angry in case of rejection)	25(71.43)
*Multiple responses	L

Table 2 represent percentage of currently married women ever experienced violence by their husbands. It was observed that verbal abuse was most common reported violence followed by physical and sexual violence.

Humiliation (89.41%) was the commonest form of verbal abuse followed by slapping/beating (86.67%) and handful of women reported forceful sexual intercourse (60%) though they did not want to do.

Frequency	Women (n-135) f(%)
Daily	25(18.52)
Weekly	35(29.93)
Fortnightly	29(21.48)
Monthly	33(24.44)
Occasionally	13(9.62)
Total	135

Table 3:-Frequency of domestic violence (n-135)

Table 3 represents frequency of domestic violence ever faced by women over a period of time. In response to the frequency of domestic violence, the response of the participants was: daily (18.52%), weekly (29.93), fortnightly (21.48%), monthly (24.44%), and occasionally (9.62%).

Table 4:-Help seeking behavior (n-129).

Kind of help*	Women (n-129) f(%)
Informed parents	45(34.88)
Informed in-laws	55(42.13)
Informed neighbor/friends	31(24.03)
Police complained	12(9.30)
Consult with doctors	10(7.75)
No help	56(43.41)

*Multiple responses

Table 4revealedtypes of help seeking behavior in women experienced domestic violence. Findings revealed that around 43.41% had never sought any help followed by 42.13% informed their in-laws about experienced violence. Only 7.75% women took help of police and more than 2.03% informed to their neighbor and friends for violence. **Table 5:-**Adjusted risk ratio of ever experienced violence in women

Variables	Adjusted risk ratio (95% confidence interval)	
Age at marriage (years)		
<18	1.31 (1.21-1.78)	
>18	1.12	
Number of children		
1	1.52 (1.06-1.58)	
2 or more	1.00	
Husband drink alcohol or illicit drugs		
Yes	2.18 (1.78,3.23)	
No	1.00	

Note= *Variables included in model were age at marriage, duration of marriage, number of children, and husband drink alcohol or take illicit drugs*

Table 5 findings revealed the impact of different socio-demographic variable on domestic violence in women. Findings revealed that age at marriage, husband drinking alcohol/ illicit drugs, and number of children found to be independent significant factors associated with domestic violence among married women. Women who married early (< 18 years) were experienced 19% (RR=1.31; 95% CI: 1.21-1.78) more domestic violence as compared to women married late. Similarly, higher prevalence RR=2.18; 95 % CI: 1.78, 3.23) of domestic violence was reported by the women whose husband drinking alcohol/tae illicit drugs as compared to their counterparts. Women had only one child reported higher incidence (RR=1.52; 95% CI: 1.06-1.58) of domestic violence as compared to women had two or more than two children.

Discussion:-

Domestic violence is on the national agenda. It is a global issue, reaching and crossing all boundaries of socioeconomic status, culture, race, cast and creed. Present study was conducted by including 213 reproductive (18-39 years) age group women as a representative sample from rural community to identify different kind of violence against women.

Humiliation was most common verbal/emotional violence in this study and other studies (3,14,15,16). Similarly, slapping/beating (86.67%), kicking (78.46%), object throwing (60.0%) are form of reported physical violence which was consistent in many previous studies (3,16,17,18,19). Forceful sexual intercourse against wish of women was most reported sexual violence in present and other studies (3,14,16)

Women by nature are submissive and preferred to be silent suffers. Only a handful woman (31.5%) shows help seeking behavior through informing their in-laws, parents and report in police for legal help. This study findings consistent with the previous study in which 31.5% women shows help seeking behavior and 32.7% and 74.4% respectively seek help and did not report the abusive situations in which they are living respectively(3,18,20)

Similar findings reported in a study conducted by Sinha et al (2012)(21)in North Bengal revealed that 74.9% women never sought help, 13.9% sought first aid, 4.9% took professional help, and only 3.6% reported to police. NFHS III findings also parallel to study findings which revealed that 36.7% women sought help, and 71% mentioned their own family as source of help. A less number of women seek help of police, professional and social service organization (16).

Husband's drinking alcohol or consuming illicit drug was found to be a significant factor associated with violence in married women. Similar and consistent findings also reported in previous studies which reported that husband or partner's alcohol/drug abuse is a significant factors predispose domestic violence and might be because of low self-esteem, reduced control and higher impulsive behavior (2,22,23).

Present study shows that getting marriage in early age also makes the women more prone to domestic violence. Early marriage associate with domestic violence was consistent with the findings from other studies(22,23,24)

Limitations of the study:-

Present study should be seen undermany limitations and considered preliminary in this area. First, self-reported data from women might be subject to bias and therefore restrict the generalization of the findings. Secondly, findings of a cross sectional survey impede establishment of association of socio-demographic variables with domestic violence. Recall bias may be present in disclosing the violent episode.

Conclusion:-

In conclusion, the present study findings revealed that domestic violence was consistent in rural community. Many factors related to women were directly or in-directly related to more occurrence of domestic violence Relatedevents. Study recommends need to aware women about their rights, laws related to marriage and domestic violence to stop future events of this public health problem.

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