original article

Domestic violence and decision-making power of married women in Myanmar: analysis of a nationally representative sample

Russell Kabir,[a] Mainul Haque,[b] Masoud Mohammadnezhad,[c] Nandeeta Samad,[d] Shabnam Mostari,[e] Shiny Jabin,[f] Md Anwarul Azim Majumder,[g] Md Golam Rabbani[h]

From the [a]School of Allied Health, Anglia Ruskin University, United Kingdom of Great Britain and Northern Ireland; [b]Faculty of Medicine and Defense Health, National Defence University of Malaysia, Kuala Lumpur, Malaysia; [c]School of Public Health and Primary Care, Fiji National University, Nasinu, Fiji; [d]Department of Public Health, North South University, Dhaka, Bangladesh; [e]Access to Information, Dhaka, Bangladesh; [f]Health, Nutrition and Population Programme, BRA, Dhaka, Bangladesh; [g]Faculty of Medical Sciences, The University of West Indies, Barbados; [h]Department of Public Health, Power and Participation Research Centre, Dhaka, Bangladesh

Correspondence: Dr. Russell Kabir · School of Allied Health, Anglia Ruskin University, Chelmsford, CM11SQ United Kingdom of Great Britain and Northern Ireland · T: +447551333103 · russellkabir@live.co.uk · ORCID: https://orcid.org/0000-0001-9257-2775

BACKGROUND: Women in Myanmar are not considered decision makers in the community and the physical and psychological effect of violence makes them more vulnerable. There is a strong negative reaction, usually violent, to any economic activity generated by women among poorer and middle-class families in Myanmar because a woman's income is not considered necessary for basic survival.

OBJECTIVE: Explore the relationship between domestic violence on the decision-making power of married women in Myanmar.

DESIGN: Cross-sectional.

SETTING: National, both urban and rural areas of Myanmar.

PATIENTS AND METHODS: Data from the Myanmar Demographic and Health Survey 2015-16 were used in this analysis. In that survey, married women aged between 15 to 49 years were selected for interview using a multistage cluster sampling technique. The dependent variables were domestic violence and the decision-making power of women. Independent variables were age of the respondents, educational level, place of residence, employment status, number of children younger than 5 years of age and wealth index.

MAIN OUTCOME MEASURES: Domestic violence and decision-making power of women.

SAMPLE SIZE: 7870 currently married women.

RESULTS: About 50% respondents were 35 to 49 years of age and the mean (SD) age was 35 (8.4) years. Women's place of residence and employment status had a significant impact on decision-making power whereas age group and decision-making power of women had a relationship with domestic violence.

CONCLUSION: Giving women decision making power will be indispensable for the achievement of sustainable development goals. Government and other stakeholders should emphasize this to eliminate violence against women.

LIMITATIONS: Use of secondary data analysis of cross-sectional study design and cross-sectional studies are not suitable design to assess this causality. Secondly the self-reported data on violence may be subject to recall bias.

CONFLICT OF INTEREST: None.

Violence against women is a very complex and challenging social issue. Domestic violence is one of the most predominant forms of violence against women and it enforces a huge burden for women throughout the world.[1,2] Regardless of the level modernization, many married women are still abused by their husbands.[3] The recent World Health Organization (WHO) report indicates that between 1982 and 2011, about 38% homicidal deaths of women globally are due to murders by their husbands or partners.[4]

Domestic violence entails physical, sexual and emotional abuse perpetrated by a person with whom the victim shares an intimate relationship. Shouting, physically hitting and engaging in non-consensual sex in the context of an intimate relationship constitutes domestic violence.[5] Domestic violence against women is very common in patriarchal societies and research has shown that the unequal power relationship between men and women in the society allows men to dominate over women.[6] The imbalance between power and decision-making between men and women is a complex phenomenon that is the result of multiple factors embedded in social structures.[7,8] Women are habituated to bear the violence in the male dominated society and they have no power to stand against it so decide to remain in abusive relationships.[9,10] This not only violates human rights, but it has a major influence on the physical, mental, social and sexual health of a woman.[11] Some men believe in the husbands' right to control their wives and physically and be sexually abusive toward their wives.[12-14]

Myanmar, a sovereign state in Southeast Asia with a population of 51.4 million including 26.4 million women and 24.8 million men has a mixed narrative on gender equality and women's rights.[15] The country has gone through wide sweeping transitions since 2010, but the actualisation of human rights of Myanmar is only in its inception, although Myanmar granted the Committee on the Elimination of Discrimination Against Women (CEDAW) comprehensive measure is needed to address women's equality rights in civil, political, economic, social and cultural domains.[16,17] There are many reasons for domestic violence against women—lack education, sociocultural power relation, lack of awareness, poverty, alcohol addiction and economic insufficiency are identified as main problems.[10,11]

Women in Myanmar are not considered decision makers in the community and the physical and psychological effect of violence makes them more vulnerable. Victims are frequently stigmatised as their self-esteem is taken away from them.[18] Recently a qualitative study in Myanmar reported that when men struggle at chal-

lenging moments they tend to take out their frustration on their wives in forms of physical, emotional and sexual abuse. Women from lower socioeconomic backgrounds get married to overcome social and economic vulnerabilities, but marriage exposes them to less power and ability to negotiate their own wishes.[17] There is also a strong negative reaction to economic activity generated by women among poorer and middle-class families in Myanmar. The woman's income poses a threat to the idea of the man being the breadwinner.[19] Research shows that violence also affects the woman's decision-making power.[20] Although there have been some studies in Myanmar on domestic violence, none have used a nationally representative sample. In addition, there are not many empirical research studies on domestic violence on Myanmar.[1] Our study aimed to show the relationship between domestic violence and the decision-making power of married women.

METHODS

Data source
We used data from the Myanmar Demographic and Health Survey (MDHS) 2015-16.[21] Conducted in Myanmar by the Ministry of Health and Sports between December 7, 2015 to July 7, 2016, the survey was the first collection of demographic and health data for Myanmar. Using a multistage stratified sampling design and a two-stage sampling method, we selected a study population as by selection of clusters from 2014 census frame and by selection of sampling households from a list of all households in the sampled clusters. This was intended to allow for separate estimates of key indicators at the national level both in urban and rural areas and for each of the seven states and eight regions of Myanmar. A total 13 260 households were selected (3690 from urban areas and 9570 households from rural areas). The survey resulted in about 16 800 interviews of women age 15-49. All women aged between 15 to 49 years who were either permanent residents of the selected households or visitors who stayed in the households the night before the survey were included in the survey and the survey included 7870 currently married women.

Data collection process and ethical approval
MDHS 2015-16 used three types of questionnaire: household questionnaire, woman's questionnaire and man's questionnaire. We used the woman's questionnaire. The questionnaire was developed by the Measure DHS program and for this research we used background characteristics of women and domestic

violence information from the woman's questionnaire. The survey protocol was reviewed and approved by the Ethics Review Committee on Medical Research including Human Subjects in the Department of Medical Research, Ministry of Health and Sports in Myanmar.

Data analysis and measurement of variables

The statistical analyses were performed using IBM SPSS version 24.0 (Armonk, NY: IBM Corp). The chi-square test was used to determine statistical significance of the differences observed. The association between the dependent and independent variables was measured by means of odds ratios with a 95% confidence interval. Statistical significance was considered at 5% level.

The dependent variables were domestic violence and the decision-making power of women. The dichotomous variable domestic violence was constructed by a combination of both physical, sexual and emotional violence. The physical violence was computed when respondents answering "yes" to any of a string of questions about whether her husband/partner did the following- (i) pushed, shook or threw something (ii) slapped (iii) punched (iv) kicked (v) strangled and (vi) threatened by knife or other weapons. The sexual violence was determined when respondents answered "yes" to ever been forced into unwanted sex and the emotional violence was computed by respondent answering "yes" to ever experienced emotional violence. For purposes of analysis, respondents who did not experience any domestic violence were categorised as '0' and who experienced any kind of domestic violence was categorised as '1'.

The other dependent variable decision-making power was calculated by combining variables about who usually decides how the money they earn would be used, who usually makes decisions about healthcare, who usually makes decisions about household purchases, who usually makes decisions about visits to their family or relatives. This variable was computed by respondent answering 'self' to any of the string questions above and it was recorded '1' and 'others' recorded as '0'.

The independent variables were background characteristics of the respondents such as age of the respondents, educational level, place of residence, employment status, number of children 5 years and under and wealth index. The wealth index was calculated using the number and kinds of consumer goods they own, ranging from a television to a bicycle or car, plus housing characteristics such source of drinking water, toilet facilities and flooring materials. These scores were derived using principal component analysis.[21]

The statistical analyses were performed using IBM SPSS version 24.0 and statistical significance for analyses was considered at 5% level. Chi-square test was used to determine statistical significance of the differences observed. The association between dependent and independent variables was measured by means of odds ratio with a 95% confidence interval.

RESULTS

The background characteristics of the respondents are presented in **Table 1**. About 50% respondents are from age group 35 to 49 years old and the mean (SD) age was 35 (8.4) years. Almost 46% of respondents completed primary education and only 7.8% completed higher education. Approximately, 74% of respondents were from rural areas and about 39.2% of respondents had 1 child 5 years and younger. A vast majority (61%) of married women were currently working. About 78% of women revealed that they had decision making power and only 21% of respondents were from the poorest background.

Different types of domestic violence faced by the respondents are presented in. About two-thirds of married women revealed that they have faced physical violence by their husband or partner, approximately 61.5 % of women shared that they have experienced sexual violence and almost 13.9% of respondents said that they have experienced emotional violence (**Figure 1**).

The relationship between different types of domestic violence and background characteristics of the respondents is presented in **Table 2**. The chi-square analysis revealed that age of the respondents is significantly associated with physical and sexual violence but not associated with emotional violence. About 66% and 62% of respondents from age group 35 to 49 years experienced more physical and sexual violence respectively compared to other age groups. Respondents with children 5 years and younger did not show any association with physical and sexual kinds of violence but there was an association between emotional violence with number of children 5 and younger. The educational level of respondents had a relationship with sexual and emotional violence, but no significant association with physical violence. Respondents with secondary and higher education in both cases were more likely to experience sexual violence and about 16% women with no education were more likely to experience emotional abuse by their husbands/partners. Employment status of the respondents did not show any association with any kinds of violence but women from the richest background were
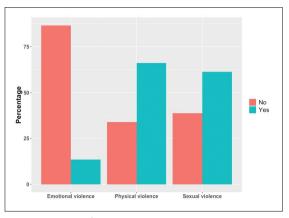
Table 1. Background characteristics of the respondents.

Categories	n=7870 (%)
Age of the respondents	
15-24	1094 (13.9)
25-34	2785(35.4)
35-49	3991 (50.7)
Educational status	
No education	1201 (15.3)
Primary	3622(46.0)
Secondary	2432(30.9)
Higher	613 (7.3)
Place of residence	
Urban	2057 (26.1)
Rural	5813 (73.9)
Number of children ≤5	
0	3455(43.9)
1	3087 (39.2)
2-3	1293 (16.4)
4+	35 (0.4)
Employment status	
No	3063 (38.9)
Yes	4805 (61.1)
Wealth index	
Poorest	1685 (21.4)
Poorer	1620 (20.6)
Middle	1608 (20.4)
Richer	1554 (19.7)
Richest	1403 (17.8)
Decision-making power	
Others	1706 (21.7)
Self	6164 (78.3)
Mean (SD)	34.55 (8.4)

Figure 1. Types of violence experienced by women in the Myanmar Demographic and Health Survey 2015-16 (n=12 885).

tic violence are presented in **Table 3**. Women's place of residence and employment status had a significant impact on decision making power of women whereas age group and decision making power of women had a relationship with domestic violence. Women who were employed during the time of interview were more likely to take their own decisions compared to women who were not working (odds ratio 0.72, 95%CI (0.62-0.83) and *P*<.05). Women who made their own decisions were more likely face domestic violence by their husbands or partners compared to those women who did not make their own decisions (odds ratio 0.78, 95% CI (0.67-0.92) and *P*<.05). Women from age group 25 to 34 years were more likely to experience domestic violence compared to other age groups (odds ratio 0.80, 95%CI (0.67-0.97) and *P*<.05). There was no association found between wealth index, number of children 5 and younger and educational level with domestic violence.

DISCUSSION

Violence against women is still a major social problem in Myanmar and other Asian countries and is considered one of the main causes of maternal mortality and considerable morbidity in the South East Asia region.[2,22-29] There is still gap in the literature as there is no research so far on domestic violence and its relationship with decision making power of married women. This study has added to information related to domestic violence in Myanmar. The results indicated that among all types of domestic violence, about two-thirds of married women in Myanmar experienced physical violence. The age of the respondents was statistically associated with experiencing physical and sexual violence, according to chi-square analysis and Younger women between 15-24 years age were more likely to experience physical vio-

more likely to face sexual violence and women from poorer backgrounds were more likely to face emotional violence by their husbands/partners. The wealth index had no relationship with physical violence but was statistically associated with sexual and emotional violence.

The odds ratio analysis of background characteristics of the women with decision making power and domes-

original article

Table 2. Sociodemographic characteristics in relation to domestic violence.

Categories	Physical violence		Sexual violence		Emotional violence	
	No	Yes	No	Yes	No	Yes
Age of the respondent						
15-24	332 (30.3)	762 (69.7)	383 (35.0)	711 (65.0)	338 (84.9)	60 (15.1)
25-34	986 (35.4)	1799 (64.6)	1139 (40.9)	1646 (59.1)	1010 (86.0)	164 (14.0)
35-49	1341 (33.6)	2650 (66.4)	1511 (37.9)	2480 (62.1)	1346 (86.4)	212 (13.6)
	P=.01		P=.001		P=.75	
Number of children ≤5						
0	1182 (34.2)	2273 (65.8)	1325 (38.4)	2130 (61.6)	1196 (88.0)	163 (12)
1	1049 (34)	2038 (66)	1209 (39.2)	1878 (60.8)	1065 (85.1)	186 (14.9)
2-3	420 (32.5)	873 (67.5)	489 (37.8)	804 (62.2)	427 (83.5)	83 (16.3)
4+	8 (22.9)	27 (77.1)	10 (28.6)	25 (71.4)	6 (60.0)	4 (40)
	P=.36		P=.51		P=.001	
Educational level						
No education	401 (33.4)	800 (66.6)	452 (37.6)	749 (62.4)	397 (84.1)	75 (15.9)
Primary	1255 (34.6)	2367 (65.4)	1458 (40.3)	2164 (59.7)	1291 (85.6)	217 (14.4)
Secondary	791 (32.5)	1641 (67.5)	895 (36.8)	1537 (63.2)	793 (86.2)	127 (13.8)
Higher	211 (34.4)	402 (65.6)	227 (37.0)	386 (63.0)	212 (92.6)	17 (7.4)
	P=.37		P=.03		P=.02	
Place of residence						
Urban	659 (32.0)	1398 (68.0)	732 (35.6)	1325 (64.4)	653 (86.6)	101 (13.4)
Rural	2000 (34.4)	3813 (65.6)	2301 (39.6)	3512 (60.4)	2041 (85.9)	335 (14.1)
	P=.05		P=.001		P=. 62	
Wealth index						
Poorest	602 (35.7)	1083 (64.3)	736 (43.7)	949 (56.3)	633 (82.9)	131 (17.1)
Poorer	559 (34.5)	1061 (65.5)	638 (39.4)	982 (60.6)	550 (82.7)	115 (17.3)
Middle	530 (33.0)	1078 (67.0)	594 (36.9)	1014 (63.1)	546 (89.1)	67 (10.9)
Richer	515 (33.1)	1039 (66.9)	572 (36.8)	982 (63.2)	518 (88.7)	66 (11.3)
Richest	453 (32.3)	950 (67.7)	493 (35.1)	910 (64.9)	447 (88.1)	57 (11.3)
	P=.24		P=.001		P=.001	
Employment status						
No	1040 (34.0)	2023 (66.0)	1178 (38.5)	1885 (61.5)	1055 (86.7)	162 (13.3)
Yes	1618 (33.7)	3187 (66.3)	1854 (38.6)	2951 (61.4)	1639 (85.7)	273 (14.3)
	P=.79		P=.91		P=.44	

Data are number (percentage). Chi-square analysis between

lence. This result is similar to a study in Pakistan where about 86% of women reported physical violence and in Nepal, where about 53% of women suffered from physical violence. A study in India found that age was associated with experiencing domestic violence and younger women were more exposed to physical abuse.[24-26] A

Table 3. Odds ratio analysis between background characteristics, decision-making power of women and domestic violence.

Categories	Decision making power (OR 95%CI)	Domestic violence (OR 95%CI)
Place of residence		
Urban	1	1
Rural	1.23 (1.00-1.50)	0.863 (0.717-1.040)
Age group		
15-24	1	1
25-34	1.02 (0.83-1.26)	0.80 (0.67-0.97) *
35-49	1.06 (0.85-1.32)	0.95 (0.78-1.16)
Educational level		
No education	1	1
Primary	0.82 (0.66-1.03)	0.94 (0.77-1.13)
Secondary	0.87 (0.68-1.12)	0.98 (0.79-1.22)
Higher	0.97 (0.69-1.40)	1.18 (0.85-1.67)
Wealth index		
Poorest	1	1
Poorer	1.17 (0.95-1.46)	1.15 (0.95-1.39)
Middle	0.99 (0.79-1.24)	1.05 (0.85-1.28)
Richer	1.02 (0.80-1.30)	0.93 (0.75-1.14)
Richest	1.00 (0.74-1.35)	0.92 (0.71-1.21)
Employment status		
No	1	1
Yes	0.72(0.62-0.83) *	1.05(0.92-1.20)
Number of children ≤5		
0	1	1
1	1.00 (0.89-1.13)	1.04 (0.94-1.16)
2-3	1.16 (0.99-1.36)	1.16 (1.01-1.33)
4+	0.96 (0.43-2.12)	2.28 (0.94-5.51)
Decision-making power		
Others		1
Self		0.78(0.67-0.92)*

*P<.05. Odds ratio < 1 indicates that employment was associated with an increase in decision-making power.

study in Bangladesh reported that women from the older age group were more likely to suffer from physical abuse by their husbands and partners.[27]

Women from rural areas were more likely to be abused physically and sexually by their husbands and partners and married women with secondary and higher education in both cases were more likely to experience sexual violence. Women from richer backgrounds were more likely to face sexual violence and women from poorer backgrounds were more likely to face emotional violence by their husbands/partners. A study found that sexual violence was lower in urban areas than in rural areas in Bangladesh.[30] They also reported that lower education and lower wealth index have a significant association with physical and sexual violence. This study found no significant relationship between employment status of married women with any kind of domestic violence. This is in contrast to a research finding in India that women who were employed had a higher chance of getting abused by their husbands or partners.[31] There was no significant association between domestic violence and the number of children. Another study reported that a much higher proportion of women in Malaysia with three or more children were more likely to be abused compared to those with one or two children.[32]

The odds ratio analysis did not show any significant relationship between age of the respondents and decision-making power. In slum women of India, women from a younger age group (less than 25 years) had more decision-making power, but a different result was reported in Nepal where middle or older age women had shown high empowerment level.[33,34] The odds ratio analysis showed that married women who were currently working had higher odds of making their own decisions and this is consistent with research in Bangladesh.[35] Women from rural areas are more often decision makers than their urban counterparts but a different result was observed in Nepal where married women from urban areas were twice as likely to make their own decisions compared to rural women.[34] Married women who made their own decision were more likely to suffer from domestic violence and this is in line with another study in Pakistan where it has been found that women with decision making power are 2.29 times more likely to report experiencing violence by their husband/partner in their lifetime but Indian authors reported that women with decision making power are less likely to experience domestic violence.[33,36]

One of the significant strengths of this research is that this is among the first focused on married women in Myanmar which has tried to show the association be-

tween domestic violence with decision making power. Furthermore, this research used a nationally representative sample, so the findings are generalizable. At the same time, the study has some drawbacks such as using secondary data analysis of cross-sectional study design and cross-sectional studies are not a suitable design to assess this association. Secondly the self-reported data on violence may be subject to recall bias.

In conclusion, we showed that incidents of domestic violence against women are increasing alarmingly in Myanmar and that this increase threatens women empowerment to a great extent. The increasing prevalence of domestic violence also challenges the implementation of Sustainable Development Goals: 5 that aims at establishing sustainable development throughout the world through ensuring gender equality and women's empowerment. Women constitute more than half of the population of Myanmar so the nation cannot progress without improving the situation of women. It is recommended that government and other stakeholders try to eliminate violence against women from the society.

REFERENCES

1. Kyu N, Kanai A. Prevalence, antecedent causes and consequences of domestic violence in Myanmar. Asian J of Soc Psy. 2005;8(3):244-71.

2. Kabir R, Majumder MAA, Arafat SY, Chodwhury RK, Sultana S, Ahmed SM, Monte-Serrat DM, Chowdhury EZ. Impact of Intimate Partner violence on ever married women and utilization of antenatal care services in Tanzania. J of College of Med Sci-Nepal. 2018 ;14(1):7-13.

3. Adebowale AS. Spousal age difference and associated predictors of intimate partner violence in Nigeria. BMC Public health. 2018;18(1):212.

4. World Health Organization. Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence. 2013. Available from: https://www.who.int/reproductivehealth/publications/violence/9789241564625/en/ [Cited 2018 Dec 10]

5. Gurung S. Experience of Domestic Violence Among Pregnant Women. J of Chitwan Med College. 2013;3(1):51-5.

6. Jewkes R. Intimate partner violence: causes and prevention. The lancet. 2002;359(9315):1423-9.

7. Burkevica I, Hill JR, Humbert AL, Ivaskaite-Tamasiune V, Karu M, Oetke N, Paats M, and Reingarde J. Gender equality in power and decision-making: Review of the implementation of the Beijing Platform for Action in the EU member states. 2015. European Institute of Gender Equality. Luxembourg, Publications Office of the European Union.

8. Ogundipe RM, Woollett N, Ogunbanjo G, Olashore AA, Tshitenge S. Intimate partner violence: The need for an alternative primary preventive approach in Botswana. African J of Primary Health Care & Family Med. 2018;10(1):1-6.

9. Sukeri S, Man NN. Escaping domestic violence: A qualitative study of women who left their abusive husbands. J of Taibah University Med Sci. 2017;12(6):477-82.

10. Pandey KP, Shrestha G. Assessing Current Situation of Domestic Violence against Women: A Study in Hasandaha, Morang. Himalayan J of Socio and Anthro. 2014;6:64-85.

11. Ferdous N, Kabir R, Khan HT, Chowdhury MR. Exploring the relationship of Domestic violence on Health Seeking behavior and Empowerment of Women in Pakistan. Epi, Biostat and Public health. 2017;14(1).

12. Martin SL, Moracco KE, Garro J, Tsui AO, Kupper LL, Chase JL, Campbell JC. Domestic violence across generations: findings from northern India. Int J of Epi. 2002;31(3):560-72.

13. Giri SS, Singh JK, Giri R, Jha LK, Yadav SK. Study on Domestic Violence against women in Nepalese village of Terai Region. Janaki Medical College J of Med Sci. 2016;4(1):46-52.

14. Tiwari S. Spectrum of domestic violence against Madheshi women in Nepal. Academic Voices: A Multidisciplinary J. 2015;5:67-72.

15. ADB, UNDP, UNFPA & UN Women. Gender equality and women's rights in Myanmar: A situational analysis. 2016. Philippines: Asian Development Bank. Available from: https://www.adb.org/sites/default/files/institutional-document/209596/gender-equality-womens-rights-myanmar.pdf [Cited 2018 Dec 16]

16. UNFPA. Gender based violence proposal: women and girls first. 2014. Available from: http://www.aicsyangon.org/ongoing-projects/unfpa-gender-based-violence-proposal-women-and-girls-first [Cited 2018 Dec 16]

17. Network GE. Behind the silence: Violence against women and their resilience: Myanmar.2014.Available from: http://www.burmalibrary.org/docs20/GEN-2014-11-Behind_the_Silence-en-ocr-tpo.pdf [cited 2018 Dec 21]

18. ActionAid. Violence against women and girls & access to justice in Myanmar. Gender Analysis Brief. 2014. Available from: http://www.actionaid.org/publications/gender-analysis-brief-2014-violence-against-women-and-girls-access-justice-myanmar [cited 2018 Dec 16]

19. Bradley T, Sauvanet E. Women, work and violence in Myanmar, Nepal and Pakistan: synthesised report. IMC Worldwide.2017.

20. Kalim T, Hamadani JD, Kabir R, Majumader MA. Exploring the impact of intimate partner violence on children's behavior in urban slums of Dhaka City, Bangladesh. J of Biostat and Epi. 2018;3(3-4):95-105.

21. Ministry of Health and Sports (MoHS) and ICF. Myanmar Demographic and Health Survey 2015-16. Nay Pyi Taw, Myanmar, and Rockville, Maryland USA: Ministry of Health and Sports and ICF.2017.

22. Bangladesh Bureau of Statistics. Report on Violence Against Women (VAW) Survey 2015. Dhaka: Bangladesh Bureau of Statistics, Ministry of Planning. 2016.

23. Kalokhe A, del Rio C, Dunkle K, Stephenson R, Metheny N, Paranjape A, Sahay S. Domestic violence against women in India: A systematic review of a decade of quantitative studies. Global Public Health. 2017;12(4):498-513.

24. Khadilkar HA, Paunikar AP, Doibale MK, Kuril BM, Gaikwad AV, Andurkar SP, Mundada VD. Study of domestic violence against married women in the field practice area of urban health training centre, Aurangabad, Maharashtra. Int J of Community Med and Public Health. 2018;5(2):702-7.

25. Regmi MC, Subedi L, Shrestha R, Dixit B, Shrestha N. Prevalence of Domestic Violence Among the Pregnant Women Attending BPKIHS. Nepal J of Obs and Gynae. 2017;12(1):32-5.

26. Rehman, S. and Qureshi, A., 2016. Domestic violence on women by their husbands in Gadap town, Karachi, Pakistan. Int J of Community Med and Public Health, 3(11), pp.3252-3255.

27. Sanawar SB, Islam MA, Majumder S, Misu F. Women's empowerment and intimate partner violence in Bangladesh: investigating the complex relationship. J of Bio Sci. 2019;51(2):188-202.

28. Ganatra BR, Coyaji KJ, Rao VN. Too far, too little, too late: a community-based case-control study of maternal mortality in rural west Maharashtra, India. Bulletin of the World Health Organization. 1998;76(6):591.

29. Naved RT, Blum LS, Chowdhury S, Khan R, Bilkis S, Koblinsky M. Violence against women with chronic maternal disabilities in rural Bangladesh. J of Health, Population, and Nutrition. 2012;30(2):181.

30. Rahman M, Hoque MA, Makinoda S. Intimate partner violence against women: Is women empowerment a reducing factor? A study from a national Bangladeshi sample. J of Family Violence. 2011;26(5):411-20.

31. Krishnan S, Rocca CH, Hubbard AE, Subbiah K, Edmeades J, Padian NS. Do changes in spousal employment status lead to domestic violence? Insights from a prospective study in Bangalore, India. Soc Sci & Med. 2010;70(1):136-43.

32. Awang H, Hariharan S. Determinants of domestic violence: Evidence from Malaysia. J of Family Violence. ;26(6):459-64.

33. Donta B, Nair S, Begum S, and Prakasam CP. Association of domestic violence from husband and women empowerment in slum community, Mumbai. J of interpersonal violence. 2016; 31(12):2227-2239.

34. Tuladhar S, Khanal KR, Lila KC, Ghimire PK, Onta K. Women's empowerment and spousal violence in relation to health outcomes in Nepal: Further analysis of the 2011 Nepal Demographic and Health Survey.2013.

35. Hasan MN, Uddin MS. Women empowerment through health seeking behavior in Bangladesh: Evidence from a national survey. South East Asia J of Public Health. 2016;6(1):40-5.

36. Murshid NS, Critelli FM. Empowerment and intimate partner violence in Pakistan: results from a nationally representative survey. J of Interpersonal Violence. 2017;1:0886260517690873.