Original Article

Domestic violence and its associated factors among married women in urban Chennai: A cross-sectional study

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Abstract

Context: Domestic violence against married women is a sensitive issue, which is prevalent in many societies and countries across the world. One in every three women experiences it in some form across the world, with prevalence ranging from 10 to 69% across various settings. **Aims:** To find the extent of domestic violence in Urban Chennai, Tamil Nadu and to find the factors associated with it. **Settings and Design:** A cross-sectional study is done in the urban field practice area of Saveetha medical college and hospital, Thirumazhisai area in Chennai, Tamil Nadu. **Methods and Material:** The participants who matched our inclusion criteria and who were residing in the area were included in the study. Convenient sampling method was used to collect data. A semi-structured questionnaire was used. **Statistical Analysis Used:** Data was analyzed by calculating Percentages and Proportions and was presented in suitable tabular. Statistical test like Odds ratio and Chi-Square was used for finding the factors associated with the study variables. Bivariate and multivariate analysis was conducted to identify factors associated with domestic violence. **Results:** The overall prevalence of domestic violence was 38.2%, with physical, sexual, psychological, and emotional violence comprising of 28.7%, 9.1%, 12.6%, and 15.4%, respectively. Multivariate analysis found that the involvement of women in decision-making at their home, alcohol abuse among husbands, religion and husband's education ($P < 0.0001$) were significantly associated with domestic violence. **Conclusions:** The prevalence of domestic violence recorded was high. Moral support and necessary measures needs to be taken to empower women against it.

Keywords: Cross-sectional, domestic violence, urban

Introduction

Domestic violence is a serious issue in which the victims are most commonly women. It includes wide range of issues ranging from sexual, psychological, and physical acts used against adult and adolescent women by either current or former male intimate partners or other family members[1] with more than one-third of women in the world facing physical and sexual violence, the lifetime prevalence of it ranges from 20% to 33% in different population surveys and settings across the world.[1,2]

The National family health survey- 4 (NFHS-4) 2015--16 described the overall prevalence of domestic violence among ever married women in the reproductive age groups to be at 41.9% in the state of Tamil Nadu which was considerably higher than the national level of 31.1%,[3,4] even though the prevalence of domestic violence shows a declining trend over successive National family health surveys conducted from NFHS-3 in 2005--06 (37.2%) to NFHS-4 in 2015--16 (31.1%) at the national level. The prevalence didn't show any marked reduction in the

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state over the same period from 41.9% to 40.6%, respectively. It still remains high in the urban areas 37.2% compared to national levels 25.3%.[4,5] Not only it has an impact on physical, sexual, and mental health of women but also hinders socioeconomic development of the country, affects women empowerment and her ability to care for herself and others. Domestic violence has greatly increased the health care costs as the women undergoes various health issues as the result of it like depression, suicides, and physical injuries.[2,6]

The common risk factors which contributes towards domestic violence includes lack of education, low income, alcohol and substance abuse, and family structure and it tends to be a combination of individual, relational, community, and societal factors.[2,7,8] As domestic violence differs with the local social norms and literacy level of women, it is important to measure the burden of domestic violence in a given geographical region for initiating the necessary measures, which in turn will potentially help to mitigate the problem in the society. Since primary care physicians being the first contact in many situations, greater emphasis on the early identification of the problem should be the norm. This study was carried out to estimate prevalence of domestic violence among married women and to assess the factors affecting it in urban area of Chennai, Tamil Nadu.

Materials and Methodology

Study setting

It was a community-based cross-sectional study undertaken in the urban field practice area of Saveetha Medical College, Chennai. The study participants were interviewed at their homes. The study was conducted over a period of 3 Months from October 2020 to December 2020. The study subjects comprised of all the Married Women (18--49 years) who were residing in the locality and are willing to participate in the study by giving their valid consent.

Sample size

The sample size was calculated using the formula $N = Z^2pq/d^2$ with allowable error of 5%. The sample size calculated was 251 using a previous study done in similar Urban setting of Chennai at 20.6%.[9] The total study participants included were 254.

Sampling method and data collection

Convenient sampling was done in the urban field practice area of Saveetha medical college, Chennai. Weekly 2--3 visits were done to the area and the Married Women of age group 18--49 years were interviewed at their place of residence. Data collection was preceded by a training session to medical interns who conducted the interview. All the participants were explained about the study, in their own understandable language and a valid consent were taken. Those who didn't give their consent were excluded from this study.

Data was collected using a pre-tested semi-structured questionnaire consisted of details regarding the sociodemographic profile, various types of domestic violence faced by the study participants and factors leading to it. It included questions on physical violence, sexual abuse, psychological and emotional abuse from the intimate partners and other family members. Data was collected in privacy with maintaining at most confidentiality.

The study was conducted after obtaining ethical approval from the Institutional Ethical Committee (IEC) approval number- SMC/IEC/2020/03/439. Informed written consent was also obtained from the respondents. The collected data were numerically coded and entered in Microsoft Excel 2007, and then analyzed using SPSS Inc. Version 18.0., Released 2009, (SPSS Inc, Chicago, USA). Data was analyzed by calculating Percentages and Proportions and was presented in suitable tables. Statistical test like Odds ratio and Chi-Square was used for finding the factors associated with the study variables.

Results

The sociodemographic characteristics of the study participants are given in Table 1**.** Majority of the study participants were of the age group of 31--40 years 134 (52.8%), belonged to Hindu community 223 (87.8%), had education above high school level, and were from nuclear family. Most of the participants were married for more than 10 years, with arranged marriage being the most preferred option.

The overall prevalence of domestic violence was 38.2%, with physical, sexual, psychological, and emotional abuse comprising of 28.7%, 9.1%, 12.6%, and 15.4%, respectively [Table 2].

73 (28.7%) of the participants agreed to have been physically assaulted at least once in their married life, incidents like being slapped 70 (27.6%), thrown items at them 25 (9.8%), pushed around 36 (14.2%) or were hit with fist 29 (11.4%) were reported by the participants. Few participants agreed to have experienced some form of sexual abuse- being physically forced for intercourse 7 (2.8%) or being afraid of partner's reaction and anger 23 (9.1%) were the major reasons [Table 2].

Many agreed to being teased by their spouse 32 (12.6%), restricted from seeing their friends 27 (10.6%) and contacting family members 25 (9.8%), being Ignored 21 (8.3%), being Suspicious in relationship 20 (7.9%) were also reported suggesting psychological abuse. Insulting in front of others 40 (15.4%), being scared by the abuse 27 (10.6%), being threatened 15 (5.9%), and feeling of being monitored 20 (7.9%) were also reported [Table 2].

Nearly 68 (26.8%) agreed to have suffered from some forms of Anxiety, Depression, and Stress. 46 (18.1%) had suicidal thoughts, 18 (7.1%) complained of insomnia and 82 (32.3%) reported to have sought hospital care following the incidents. The main reasons for not reporting of incidents were 17 (6.7%) family reputation, 15 (5.9%) fearfulness of backlash from husband, and 12 (4.7%) participants considers domestic violence as a part of life.

Table 1: Socio demographic characteristics of participants (*n*=254)

Socio demographic factors	Categories	*n* (%)
Age	21-30 yrs	74 (29.1)
	31-40 yrs	134 (52.8)
	>40 yrs	46 (18.1)
Religion	Hindu	223 (87.8)
	Other	31 (12.2)
Education	Up to high school	59 (23.2)
	Beyond high school	195 (76.8)
Occupation	Employed	39 (15.4)
	Not employed	215 (84.6)
Family type	Nuclear	212 (83.5)
	Joint	42 (16.5)
Years of marriage	< 5 yrs	58 (22.8)
	5-10 yrs	42 (16.5)
	>10 yrs	154 (60.6)
Spouse age	21-30 yrs	46 (18.1)
	31-40 yrs	58 (22.8)
	>40 yrs	150 (59.1)
Spouse education	Up to high school	52 (20.5)
	Beyond high school	202 (79.5)
Spouse Income	< 10k	95 (37.4)
	10-20k	99 (39)
	21-30k	28 (11)
	>30	32 (12.6)
Nature of marriage	Arranged	179 (70.5)
	Love marriage	75 (29.5)

Table 2: Prevalence of domestic violence and its components (*n*=254)

Prevalence	*n* (%)
Overall Domestic violence	97 (38.2)
Physical violence	73 (28.7)
Assaulted by husband	73 (28.7)
Slapped	70 (27.6)
Thrown something	25 (9.8)
Pushed	36 (14.2)
Hitting with fist	29 (11.4)
Sexual abuse/violence	23 (9.1)
Physically forced into intercourse	7 (2.8)
afraid of how partner might react	23 (9.1)
Psychological/mental	32 (12.6)
teased by husband	32 (12.6)
Restriction from seeing friends	27 (10.6)
Restriction from contacting family	25 (9.8)
Suspicious of being unfaithful	20 (7.9)
Emotional abuse	40 (15.4)
Insulting in front of others	40 (15.4)
Threatening to hurt someone you care	15 (5.9)
Activities being monitored	20 (7.9)

Factors associated with the domestic violence among the participants are given in Table 3. Factors like higher education, age, religion, occupation, alcohol abuse among husband, involvement in decision making in the family, and education of the husband were significantly associated with domestic violence. Lower levels of education among Participants (OR 4.17 95%, CI 2.25--7.7) and their spouse (OR 6.5 95%, CI 3.3--13), alcohol abuse among their male partners (OR 4.1 95%, CI 2.39--7.08) had significant higher odds of experiencing domestic violence. Whereas belonging to Hindu community (OR 0.39 95%, CI 0.18--0.85), being employed (OR 0.43 95%, CI 0.19-0.95), involvement in decision making in the family matters (OR 0.36 95%, CI 0.2--0.64) were found to be protective against domestic violence.

Discussion

The overall prevalence of domestic violence in our study was 38.2%. which is considerably similar to NFHS-4 data for Tamil Nadu 37.2%.[5,10] Other studies done in similar settings showed the prevalence at 56.7%,[11] 68.3%,[12] and 40.5%.[13] It shows that there is considerable variation in the prevalence of domestic violence across various geographical settings, which might have to do with the cultural, sociodemographic makeup of the region [Table 2].[2,3]

The prevalence of physical violence against married women was 28.7% with major perpetrator being husband in majority of the cases. Similar study done, using the data of NFHS -4, 29.9% of the women who participated in the study experienced a form of physical violence.[13] Other national level studies reveal the prevalence of physical violence at 35.9%[14] and 22.4%[15] being assaulted or slapped at by their husband still remains the most common form of physical violence as seen in this study which is supported by other studies done in similar settings [Table 2].[13,14]

Prevalence of sexual violence was 9.1% which is quite similar to study done using NFHS 4 data which concluded that the lifetime spousal sexual violence among Indian women is 7.1%.[13] other studies showed the prevalence at 9.1%[11] and 4%[15] Many a times, one of the main reason for the sexual violence is the fear of upsetting their partner, which creates a barrier of communication and difficulty in seeking out necessary health care.[16,17] Prevalence of emotional violence and psychological violence was found to be at 15.7% and 12.6%, respectively, which is similar to a study done in Mumbai 19%.[15] Though majority of the women responded to being attacked emotionally by verbal abuse (15.7%) and being insulted by their husband in front of others. In case of psychological violence, the most common reasons being restriction of access to meet family members and friends and being suspicious about faithfulness [Table 2].[13,14,16]

Even though 22% of the participants sustained physical injuries, 32.3% had at least one hospital visits following a domestic violence episode. Only 13.8% of the participants sought out help by reporting it to their family members or friends. There is still a stigma towards seeking attention and care at the earliest, as this is a very social problem. Lack of self-reporting along with lower levels of awareness regarding the same further strengthens the need for the gender-based rules and regulations and their implementation [Table 2].[17-20]

The prevalence of domestic violence among the married women was found to be associated with religious background,

Table 3: Factors affecting domestic violence among married women (*n*=254)

Factor	Category	Domestic violence		χ^2	*P*	OR (95% CI)
		Yes	No			
Education	<high school	38 (64.4%)	21 (35.6%)	22.37	<0.0001*	4.17 (2.25-7.7)
	>high school	59 (30.3%)	136 (69.7%)			
Age (yrs)	21-30	26 (33.8%)	49 (66.2%)	7.63	0.022*	0.36 (0.08-1.47)
	31-40	61 (45.5%)	73 (54.5%)			0.42 (0.16-1.08)
	>40	11 (23.9%)	35 (76.1%)			1
Religion	Hindu	79 (35.4%)	144 (64.6%)	5.9	0.015*	0.39 (0.18-0.85)
	Others	18 (58.1%)	13 (41.9%)			
Occupation	Working	9 (23.1%)	30 (76.9%)	4.45	0.035*	0.43 (0.19-0.95)
	Not working	88 (40.9%)	127 (59.1%)			
Type of family	Joint	14 (33.3%)	28 (66.7%)	0.50	0.47	0.7 (0.38-1.56)
	Nuclear	83 (39.2%)	129 (60.8%)			
Nature of marriage	Arranged	69 (38.5%)	110 (61.5%)	0.03	0.85	1.05 (0.6-1.83)
	Love	28 (37.3%)	47 (62.7%)			
Decision making	Involved	23 (24.2%)	72 (75.8%)	12.56	<0.0001*	0.36 (0.2-0.64)
	Not involved	74 (46.5%)	85 (53.5%)			
Alcohol	Yes	68 (54.4%)	57 (45.6%)	27.4	<0.0001*	4.1 (2.39-7.08)
	No	29 (22.5%)	100 (77.5%)			
Dowry demand	Yes	13 (56.5%)	10 (43.5%)	3.6	0.05	2.27 (0.95-5.41)
	No	84 (36.4%)	147 (63.6%)			
Duration of marriage	<5	16 (27.6%)	42 (72.4%)	5.28	0.07	1
	5-10	21 (50%)	21 (50%)			2.24 (0.64-7.85)
	>10	60 (39%)	94 (61%)			0.7 (0.29-2.05)
Spouse education	<high school	38 (73.1%)	14 (26.9%)	33.7	<0.0001*	6.5 (3.3-13)
	>high school	59 (29.2%)	143 (70.8%)			

*Significant *P*<0.05, OR- Odds ratio, CI- confidence interval

involvement in decision making at home, alcohol abuse among the spouse and education qualification. Women whose husbands had abused alcohol had experienced a higher risk of domestic violence compared to women whose husbands did not use alcohol [Table 3].[11,19-21]

Conclusions

The prevalence of domestic violence was 38.2%. The prevalence of physical, sexual, psychological, and emotional violence were 28.7%, 9.1%, 12.6%, and 15.4%, respectively. Physical violence still remains the most common. Involvement of women in decision making, alcohol abuse among husbands, Religion and husband's education play a significant role on the domestic violence.

Recommendations

As physical violence still remains most commonly experienced form of Domestic violence even today, there is a need for early assessment and early intervention with necessary action in time, to prevent development of severe form of violence against women at all the levels of society. It needs a multi-faced approach involving social support, legal support and regulations at various levels to combat the violence against women.

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Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form the patient (s) has/have given his/her/their consent for his/her/their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

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Conflicts of interest

There are no conflicts of interest.

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