

Prevalence and associated factors of domestic violence among married women in an urban slum in South India

Biranchi N. Das¹, Anu Mohandas¹, Bhavani Killi²

Departments of ¹Community Medicine and ²Intern, Apollo Institute of Medical Sciences and Research, Hyderabad, Telangana, India

ABSTRACT

Introduction: Domestic violence (DV) is a public health problem with an estimated global prevalence of 35%. The prevalence rate of spousal domestic violence in Telangana is 36.4% which is higher than the national average of 25.3%. Despite being a punishable offense, DV is still on the rise in India. Hence, there is need to assess its extent and determining factors for planning of remedial measures. **Objective:** To estimate the prevalence of domestic violence and its associated factors among married women of an urban slum in Telangana. **Methodology:** A cross-sectional study was conducted among 18- to 45-year-old married women in urban slums of Telangana. The sample size was 200. Multistage random sampling was done. Data collection was done using questionnaire with information regarding socio-demographic details, types of domestic violence, help-seeking behaviours, awareness, and outcome. The victims were directed towards medical and legal help, and further counselling. Descriptive analysis was done to find proportion of domestic violence. The associated factors were found using Chi-square test and logistic regression. **Results:** Domestic violence was reported by 70.5% of the study participants. Physical abuse (67%) was the main offense followed by emotional abuse (38.5%). Though 89% of women were aware of domestic violence being punishable by law, only 9.5% of women sought help. Woman's older age (COR = 2.015, 95% CI: 1.088-3.733, $P = 0.026$), illiteracy (COR = 2.181, 95% CI: 1.097-4.3381, $P = 0.026$), longer married life (COR = 1.961, 95% CI: 1.008-3.815, $P = 0.047$), husband's early exposure to abuse (COR = 4.439, 95% CI: 1-19.705, $P = 0.034$) and alcohol intake (COR: 1.995, 95% CI: 1.038-3.838, $P = 0.037$) were found to be significant factors in the bivariate analysis. Husband's exposure to abuse in childhood (AOR = 5.326, 95% CI: 1.163-24.400, $P = 0.031$) and alcohol intake (AOR = 2.206, 95% CI: 1.109-4.389, $P = 0.024$) were found to be independent predictors. **Conclusion:** Domestic violence is highly prevalent in urban slums of south India. A woman's age, education, duration of marriage, husband's early exposure to abuse, and alcohol intake are determining factors. Awareness programs need to be conducted regarding helplines, medical and legal aspects. All domestic violence cases should be registered, and social, psychological and legal support be provided to the victim.

Keywords: Domestic violence, slum, south India, spousal abuse

Introduction

Domestic violence (DV) is a global public health problem. It is pervasive across all societies in the world.^[1,2] It includes physical, sexual, emotional, and financial abuse against married women perpetrated by their spouses and other family members.^[3,4] DV

not only affects women's physical, sexual and mental health but also infringes upon women's rights and dignity.^[5,6] As per the world health organization (WHO), about 1 in 3 women (35%) experience domestic violence globally.^[3] The WHO multi-city study conducted in 10 cities around the world revealed 15% to 71% of women experience DV in their lifetime whereas only 4% to 49% report the violence.^[7]

Address for correspondence: Dr. Anu Mohandas,

Department of Community Medicine, Apollo Institute of Medical Sciences and Research, Hyderabad - 500 096, Telangana, India.
E-mail: anumohandas88@gmail.com

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Various socio-cultural factors such as gender inequality, women's education, economic dependency, and women's acceptance of the violation are associated with DV. The prevalence rate of spousal

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domestic violence against ever-married women in Telangana is 36.4% which is higher than the national average, i.e., 25.3% as per National Family Health Survey 5.^[8]

The Victims of DV tend to use health care services frequently. Common presentations include headache, myalgia, disturbed sleep pattern, anxiety and depression.^[9] Primary care physicians are the first point of contact for these women. The role of physician is multiple: to identify victims from the community, to assess their safety, to provide medical care, to elicit and address the root cause, and to notify the case and bring legal measures to deal with the problem in order to prevent further violence. For this multidomain role, awareness of available community resources and the legal framework is necessary. More importantly, attitude and communication skill to counsel the patient, assess the preparedness for change, and educating the victim regarding available services and follow up are required.^[10]

Government of India has promulgated Protection of Women from Domestic Violence Act (PWDVA), 2005 for protection of women against DV, which is a cognizable and non-bailable offence.^[11] Despite being a punishable offense, DV is still on the rise in India. This shows that continuous research is needed to understand the gaps in magnitude and factors determining domestic violence. Extensive literature review revealed lack of information regarding the magnitude of this problem. Thus there is a need to assess the prevalence of domestic violence as well as to identify its risk factors, so that awareness programs and remedial measures can be planned at the primary care level.

Objectives

1. To estimate the prevalence of domestic violence among married women of an urban slum in Hyderabad.
2. To find out the factors associated with the prevalence of domestic violence.

Methodology

A community-based, cross-sectional study was conducted in the slums of Shaikpet Mandal in urban Hyderabad in Telangana state. Shaikpet slum is one of the biggest slums in Hyderabad, consisting of 18 small clusters and a population of 60,000. The area is hilly in terrain. Occupants belong mostly to the migrant population below the poverty line. The main occupations are daily labourer, vendors, domestic help, and small business. The study duration was 8 months and was conducted from June 2019 to February 2019.

Sample size

Sample size was calculated by applying the formula $n = Z^2PQ/d^2$ where Z is 1.96 at 95% confidence interval, P is 37% and $Q = (100-p) = 63$ and d (absolute precision) is taken as 7%. The calculated sample size was 183. In order to cater for the nonresponse, 10% was added to it and the final sample was 200.

Sampling procedure

The sampling unit was household. Out of 18 slum clusters, 10 clusters were selected randomly. From each cluster, 20 houses were selected by applying systematic random sampling method with sampling interval of 10. Any selected house found locked or unwilling to participate was excluded and the next house was visited. All married women in from 18 to 45 years and willing to give consent for participation in the study were included. If there were more than one married woman in a house, then one woman was randomly selected. Married women who were divorced, widowed, or unwilling to participate were excluded.

Data collection

The participant was given information on the various types of domestic violence, such as

Physical Violence: Slapping, hitting, kicking, beating, pushing, and/or attacking with object, etc.

Emotional (Psychological) Violence: Insulting, humiliating, intimidating, and/or threatening to harm, etc.

Sexual Violence: Forced sexual intercourse, degrading sexual act, etc., against her interest.

Controlling Behaviours: Isolating from family and friends, monitoring movements, restricting finance, education, medical care, etc.

Domestic Violence was considered if any of the act was carried on the married woman in any type of violence by the husband or other family members during the marital relationship.

Before collection of data, the respondent was explained about the purpose of the interview and her informed and written consent was recorded. She was assured of anonymity and confidentiality. She was also given the option to withdraw from the interview any time she felt uncomfortable. Privacy was maintained throughout the interview. If the woman was not comfortable to give the interview due to presence of third party or any other reason, then another visit was fixed as per her suitability.

Data was collected via one-to-one interviews in a pre-validated and structured questionnaire. The questionnaire was divided into two parts. Part I included all socio-demographic details of the eligible woman and her husband. Part II included the types of domestic violence, help-seeking behaviours, awareness, and the outcome. Most of the questions regarding domestic violence were adapted from the WHO multi-city study.^[7] After the interview, the victims of domestic violence were made aware about domestic violence being punishable under Protection of Women from Domestic Violence (PWDV) Act, 2005. They were directed to the nearest primary health centre for immediate medical help and further counselling at a psychiatry department in the medical college. They were also made aware of the various women help centres run by the government agencies

and NGOs for the integrated assistance of police, medical, legal, prosecution services along with psycho-therapeutic counselling and rehabilitation. Ethical clearance was obtained from Institution Ethics Committee before proceeding with data collection.

Statistical analysis

Data collected was entered in Microsoft Excel and analysis done using SPSS 24 for windows platform (SPSS Inc., Chicago, IL, USA). First, the frequency and percentages of women experiencing DV were obtained. Then the association between DV and various factors were found out using Chi-square test. $P < 0.05$ was considered statistically significant. Odds ratio was calculated to find the strength of association. Multiple regression analysis was done to find the predictors considering the confounding factors.

Results

Socio-demographic characteristics of the couple

The mean age of married women in this study was 33.12 ± 6.1 years. Majority of women, 62.5%, followed the Hindu religion, 69% belonged to other backward communities (OBC), and 22% were scheduled cast. 35.5% of women were illiterate and almost 73% were homemakers having no income. The mean duration of marriage years among our study participants was 13.2 ± 8.2 years and all women were staying with the husband. 86.5% belonged to a nuclear family. The mean age of husband in our study was 37.3 ± 6.3 years. Almost 11% husbands were unemployed. 40% of husbands of respondents often consumed alcohol. Domestic abuse during childhood was reported by 11% of husbands. The median total income of the family was Rs 15000. (IQR: 10000-15000 Rs)

Domestic violence

Out of 200 respondents, 141 (70.5%) women gave history of being ever abused by their husbands and/or family members in any form. Among those exposed to domestic violence, 34% women were abused often. 67% women reported physical violence, 38.5% reported emotional violence, 3% were exposed to sexual violence, and 14.5% (29 in number) gave history of being

the victim of controlling behavior by their husband [Figure 1]. Almost 30% of women had suffered physical and emotional violence combined, 5.5% of women had been exposed to physical, emotional, and controlling behavior, and 1.5% had experienced all physical, emotional and sexual violence. Other than spousal domestic violence, 27 women (13.5%) were reported to have been abused by family members. Mother-in-law and sister-in law were the main accused of abuse. The main causes of abuse by the husband were denying alcohol and restricting finance.

Help-seeking behavior

Only 9% of women asked for help after being victims of domestic abuse; among them the reason for help-seeking behavior was the need for medical aid.

Awareness

Majority of study participants, i.e., 89% knew that domestic violence was a punishable offense. Only 46.5% was aware that women helpline numbers existed but none among them knew of any place or had contact number to approach for help.

Bivariate analysis

Bivariate analysis was done to find out the association between socio-demographic variables and domestic violence [Table 1].

In the present study among women characteristics, it was found that women of older age group (COR = 2.015, 95% CI: 1.088-3.733, $P = 0.026$), who were illiterate (COR = 2.181, 95% CI: 1.097-4.3381, $P = 0.026$) and had longer duration of married life (COR = 1.961, 95% CI: 1.008-3.815, $P = 0.047$) were at higher risk of domestic violence than their counterparts.

Among husband characteristics, those exposed to domestic violence in early childhood were more than four times the higher risk of committing domestic violence (COR = 4.439, 95% CI: 1-19.705, $P = 0.034$) than those women whose husbands were not exposed. Those husbands who consume alcohol often or regularly were found to abuse their wife compared to those who did not or occasionally consume alcohol (COR: 1.995, 95% CI: 1.038-3.838, $P = 0.037$).

Multivariate analysis

Multivariate analysis was done to find the predictors considering the confounding factors [Table 2].

The independent predictors of DV were husbands who had been exposed to domestic violence in early childhood (AOR = 5.326, 95% CI: 1.163-24.400, $P = 0.031$), and who often or regularly consumed alcohol (AOR = 2.206, 95% CI: 1.109-4.389, $P = 0.024$).

Discussion

Domestic violence includes any form of violence suffered by a person from a biological relative, but typically by a woman from male members of her family or relatives. It is a violation

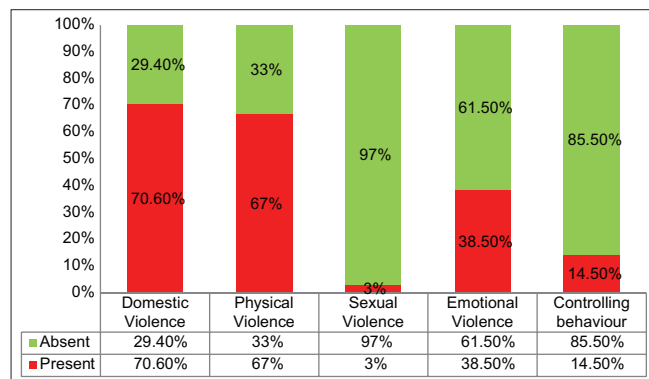


Figure 1: Prevalence of Domestic Violence among Study Participants

Table 1: Bivariate Analysis: Socio demographic factors associated with domestic violence

Variables	Domestic violence		Crude odds ratio (95% CI)	P
	Yes	No		
Age				
≤30 years	50 (61.7%)	31 (38.3%)	2.015 (1.088-3.733)	0.025
>30 years	91 (76.5%)	28 (23.5%)		
Education				
Illiterate	57 (80.3%)	14 (19.7%)	2.181 (1.097-4.338)	0.026
Literate	84 (65.1%)	45 (34.9%)		
Abuse in childhood				
Yes	19 (90.5%)	2 (9.5%)	4.439 (1-19.705)	0.041
No	122 (68.2%)	57 (31.8%)		
Duration of marriage				
≤5 years	31 (59.6%)	21 (40.4%)	1.961 (1.008-3.815)	0.047
>5 years	110 (74.3%)	38 (25.7%)		
Alcohol intake				
No/occasional	78 (65%)	42 (35%)	1.995 (1.038-3.838)	0.037
Often/regular	63 (78.8%)	17 (21.3%)		

Table 2: Multivariate analysis: Predictors of domestic violence using binary logistic regression

Variables	Categories	P	Adjusted odds ratio (95% confidential interval)
Age	≤30 years (0) >30 years (1)	0.439	1.465 (0.557-3.848)
Education of wife	illiterate (1) Literate (0)	0.091	2.038 (0.893-4.652)
Duration of marriage	≤5 years (0) >5 years (1)	0.648	1.254 (0.474-3.323)
Husband experienced domestic violence in childhood	Yes (1) No (0)	0.031	5.326 (1.163-24.400)
Alcohol intake by husband	No/occasional (0) Often/regular (1)	0.024	2.206 (1.109-4.389)

of human rights and is associated with serious public health consequences, and needs to be addressed through national and global health policies and programs.

In the present study, 70.5% women reported various kinds of domestic abuse by their husband. 13.5% women reported abuse by other family members as well. The prevalence of DV in our study agrees with the WHO multi-city study on women's health and domestic violence.^[7] Its finding is higher than that of the study conducted in the Mumbai slum by Prateek S, *et al.*^[12] The prevalence rate of physical, emotional, sexual violence in our study was found to be 67%, 38.5% and 3% respectively. 14.5% women reported of being controlled by their husbands. These findings are similar with the findings of studies conducted in rural Puducherry, rural West Bengal and urban slum Mumbai.^[12-16] Jismary George^[13] observed that 56.7% of women experienced some form of domestic violence. Prateek S, *et al.*^[12] in their study of spousal violence in an urban slum in Mumbai, observed the proportion of DV was 36.9%, the most common being verbal abuse in 86.1% and physical abuse in 63.4% cases. A population-based study^[14] in eastern India observed that the overall prevalence of physical, psychological, and sexual violence were 16%, 52%, and 25% respectively. A multi-center study^[15] in India observed that 39% women were exposed to domestic

violence. A recently published community-based survey on DV during the COVID-19 pandemic from Kerala noted that 25.8% of women experienced DV.^[17] Numerous reports from Bangladesh had been published quoting the rise in domestic violence during the pandemic. Domestic violence was termed as an opportunistic infection that thrived in the pandemic situation in Bangladesh.^[18] The minor differences among the quoted studies may be due to the differences in awareness level, literacy among women, socioeconomic status, women's acceptance of violence, and alcohol habit in the different areas.

The present study found significant association between women's age, education, duration of marriage, husband's exposure to domestic violence in childhood, and alcohol intake with DV, out of which the husband's exposure to domestic violence in childhood and alcohol intake were the independent predictors. Jismary George, *et al.*^[13] in their study at rural Puducherry observed illiteracy of women, love marriage, and non-registration of marriage being associated with domestic violence. The study advocated for improving literacy, creating awareness about legal aid and screening for DV cases at primary health centers as a mitigation strategy. Similar to our study, Prateek, *et al.*^[10,12] and Jahromi, *et al.*^[16] found age, education, duration of marriage, and spousal alcohol as determining factors of domestic violence. A study conducted

by Bontha V Babu, *et al.*^[14] revealed husbands were mostly responsible for violence in majority of cases and some women reported involvement of husbands' parents which was observed in the present study as well. Meerambika *et al.*^[15] found illiteracy, lower household income, lower caste, and drinking partner were risk factors associated with domestic violence. The study did not find any association of religion, caste, occupation and income of respondents and their husbands with domestic violence.

In help-seeking behavior, only 9% of victims had ever approached for help from other family members, neighbors or health care workers. Though 89% of women were aware that domestic violence is a punishable act, they never approached the police for help as they feared that it might affect the reputation of the family and attract reprimand by the husband or family members. 46.5% of women had knowledge about the existence of women helplines but were unaware about the contact details. These are evidences of social acceptance of male supremacy, gender disparity, and women's subjugation. The findings of the present study corroborate with the findings of other studies.^[12-16]

Conclusion

Domestic Violence is highly prevalent in urban slums of south India. Women's age, education, duration of marriage, husband's early exposure to abuse and alcohol intake were the determining factors of DV. Majority of women are aware that domestic violence is a punishable offense but only few know about helpline details and very few approach for help.

Summary and Recommendations

- Domestic Violence is highly prevalent in urban slums of south India but help-seeking behavior is poor.
- Identifying victims of domestic violence is very important and primary care physicians play a significant role as they are the first point of contact for medical help.
- Doctors at primary health centres should be trained in screening as well as providing social, psychological, and legal guidance to the victims.
- Grassroot level workers like ASHA, Anganwadi workers as well as local women self-help groups can contribute to identification and notification of cases of domestic violence.
- Screening, risk factor identification, identifying victims, notification and follow up will help in preventing domestic violence in the community.
- Awareness programs need to be conducted to sensitize the community regarding existing women helplines, and medical and legal aspects of domestic violence.
- Improving women's education and sensitizing men at an early age to respect women may contribute as long-term measures for preventing this problem.

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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