Original Article

Study of Domestic Violence among Currently Married Females of Haryana, India

Anuradha Nadda, Jagbir S. Malik¹, Ravi Rohilla², Savita Chahal³, Vinod Chayal¹, Varun Arora¹

<u>ABSTRACT</u>

Background: No nation is untouched by domestic violence, and it is well-known that domestic violence has serious impact on women's health and well-being. The present study aimed to assess the prevalence and characteristics of domestic violence and injuries owing to domestic violence among currently married women. Materials and Methods: This was a community-based, cross-sectional study conducted in the rural and urban areas of Haryana. In total, 880 currently married females of the reproductive age group were interviewed using the Women's Questionnaire (used in National Family Health Survey-3) which is according to the Modified Conflict Tactics Scale. Results: Totally, 37% of the females had ever experienced domestic violence and 28.9% currently experienced domestic violence. All types of violence (except sexual violence) were significantly more common in the rural area than the urban area. Injuries owing to domestic violence were reported by more than half (55.4%) of the women. Among spousal violence, emotional violence was the most common type of violence followed by physical violence. Only 0.1% and 4.5% of females had ever initiated physical and emotional violence respectively, against their husbands, and in rest of the cases, it was the husband who initiated violence. Conclusion: Awareness regarding domestic violence needs to be made, and law enforcement regarding it needs to be made stringent. Rehabilitation of victims of domestic/spousal violence should also be considered on priority.

Key words: Domestic violence, female, injuries, prevalence

INTRODUCTION

Domestic violence is a universal scourge that tears at the fabric of communities and threatens the life, health, and happiness of the affected women. Although women today have proven themselves in almost every field of life, affirming that they are no less than men, the reports of violence against women are much higher in

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number than those against men. Reasons for it being so prevalent are the mindset of the society that women are physically and emotionally weaker than the males and the economical dependence of the females.^[1] Women suffering from violence have more chances of suffering from physical, emotional, and mental problems such

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Department of Community Medicine, MMU Medical College, Ambala, ¹Department of Community Medicine, Pt. B.D. Sharma, PGIMS, Rohtak, ³Department of Psychiatry, Kalpana Chawla Government Medical College, Karnal, Haryana, ²Department of Community Medicine, Government Medical College and Hospital, Chandigarh, India

Address for correspondence: Dr. Ravi Rohilla

 $Department \ of \ Community \ Medicine, \ GMCH, \ Sector-32, \ Chandigarh, \ India. \ E-mail: \ ravikrrohilla@gmail.com$

as anxiety, depression, post-traumatic stress disorder, and suicide. [2,3]

According to National Family Health Survey (NFHS) -3, the overall prevalence of domestic violence among ever-married women in Haryana was 28% compared to the national figure of 39.7%. [4] The prevalence of domestic violence in rural and urban areas of Haryana was found to be 29.1% and 25.3% respectively, compared to the national figures of 38.3% and 29.4% respectively. [4]

Although NFHS-3 suggests that domestic violence is common in Haryana, systematic information on the prevalence and types of domestic violence in Haryana is scarce. Hence, the present study was undertaken with the aim to study the prevalence and characteristics of domestic violence and injuries owing to domestic violence among currently married women.

MATERIALS AND METHODS

This was a community-based, cross-sectional study. It was undertaken in rural and urban areas of Rohtak, Haryana from January 2011 to December 2012. Taking the prevalence of physical or sexual violence among ever-married women to be 31% in Haryana, [4] an allowable error of 10% at a 95% confidence interval, the calculated sample size was 890. Considering 10% non-response rate, the final sample size came out be 980. Keeping in view of the 70:30 ratio of rural and urban population, [5] 690 females from the rural area and 290 females from the urban area were included.

Multistage random sampling technique was used for selecting the study participants. Out of five Community Health Centres (CHC), CHC Chiri was selected randomly as the rural study area. Out of the total twenty sub-centers under CHC Chiri, seven sub-centers were selected randomly. Three randomly selected centers out of a total of eight urban health centers in Rohtak under Department of Community Medicine constituted the urban study area.

From each sub-center/urban health center, one hundred households/families were selected by computer-generated random number table from the list prepared from eligible couple register maintained at sub-center/urban health center. A separate list of all the selected households for each sub-center/urban health centers was made. If an eligible woman was not present in the household selected, the next household in the survey register was included in the list. House-to-house visit was done for the interview as per the pre-formed list. If a household had more than one eligible female member, the youngest currently married

female was interviewed. The females were assessed as per the inclusion and exclusion criteria before being included as participants in the study. Due care was taken to maintain privacy during the interview. Study participants were assured about the full confidentiality of the information shared and written informed consent was taken from each participant. Care was taken to establish a rapport with every participant prior to the interview. Approval was obtained from the Institutional Ethics Committee.

Inclusion and exclusion criteria

All currently married females aged 15 to 49 years, being a permanent resident of the area after marriage, and willing to give informed consent were included in the study. Those who were not willing to participate and never married/widowed females were excluded.

Study tool

Physical, sexual, and emotional violence were measured using Women's questionnaire (Domestic violence component) used in NFHS-3, which in turn is based on modified conflict tactics scale (CTS).^[6] Economic violence was measured as per the definition of economic violence given by Ministry of Law and Justice (Government of India; 2005), India.^[7]

Because international and national research has shown that spousal violence is one of the most common forms of violence experienced by women, violence perpetrated by the husband was measured in more detail than violence by other perpetrators.^[4,8,9]

Socio-economic status

For the urban area, socio-economic status was calculated by using modified Kuppuswami scale^[10] and for the rural area by using Uday Pareek scale.^[11]

The time frame of domestic violence was measured in terms as follows

- 1. Ever experienced: Domestic violence at any time after marriage and
- 2. Currently experienced: Domestic violence in the 12 months prior to participation in the survey.

Statistical analysis

Data analysis was done using Epi Info. Mean and SD for continuous variables and the proportion for categorical variables were calculated. Chi-square test was done to compare the rural and urban groups. The level of significance was fixed at 5%.

RESULTS

From each sub-center/urban health center, 100 females were selected randomly. A total of 880 currently married

females of the reproductive age group (631 from rural and 249 from urban) were contacted and interviewed as shown in Figure 1.

Majority of the females (35.2%) were in the age group of 30–39 years. The mean age of the females was 32.21 (Standard deviation (SD)-7.5) years. The mean age of their husbands was 36.31 (SD-6.97) years. However, 35.2% were educated up to secondary, and 20% were illiterate [Table 1].

Overall, 326 (37%) females had ever experienced domestic violence, and 254 (28.9%) had experienced domestic violence currently. In the rural area, the prevalence of ever-experienced domestic violence was 40.6% and current domestic violence was 32%. In the urban area, the prevalence of ever experienced domestic violence was 28.1% and current domestic violence was 20.9%. Rural women were significantly more likely than urban women to experience ever and current violence [Table 2]. Among currently married females, the most common perpetrator of domestic violence was the husband (25.6%). In the ever-experienced group, the proportion of act of violence by husband was 33.20%. The proportion of violence by any member of the family among current and ever experienced females was 28.9% and 37%, respectively.

The overall prevalence of physical, emotional, sexual, and economic spousal violence, ever in the lifetime was 26.9%, 27.2%, 14.7%, and 10%, respectively, and in the last 12 months were 17.2%, 20%, 12.3% and 7.6%, respectively. Sexual violence was significantly more common in the urban area than in rural area (19.7% and 12.7%, P = 0.008) [Table 3].

Regarding different forms of violence, slapping was the most commonly reported act of physical violence. Approximately, 30% of females reported being slapped by their husband at least once till the date of the

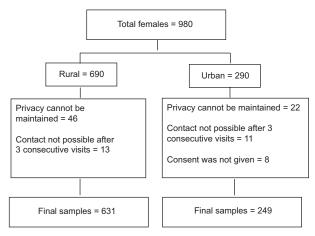


Figure 1: Distribution of study subjects

interview, and 17.2% reported being slapped at least once in the last 12 months. The next most common act of physical violence was hair pulling or arms twisting (15.2%) and being pushed, shaken, or having something thrown at them (14.3%). Overall, 26.9% of women reported having experienced physical violence at the hands of their husbands.

Table 1: Socio-demographic characteristics of the study population

Socio-demographic characteristics	Rural area (n=631)	Urban area (n=249)	
Age (years)			
15-19	14 (2.2)	8 (3.2)	
20-24	170 (26.9)	28 (11.2)	
25-29	185 (29.3)	57 (22.9)	
30-39	181 (28.7)	129 (51.8)	
40-49	81 (12.8)	27 (10.8)	
Education			
Illiterate	135 (21.4)	40 (16.1)	
Primary	89 (14.1)	46 (18.5)	
Middle	122 (19.3)	31 (12.4)	
Senior secondary	217 (34.4)	93 (37.3)	
Graduate and above	68 (10.8)	39 (15.6)	
Occupation			
Housewife	478 (75.8)	193 (77.5)	
Laborer	27 (4.3)	15 (6)	
Business	15 (2.4)	21 (8.4)	
Agriculture	65 (10.3)	-	
Service	46 (7.3)	20 (8)	
Socio-economic status			
Upper class	11 (1.7)	14 (5.6)	
Upper-middle class	124 (19.7)	114 (45.8)	
Lower-middle class	260 (41.2)	53 (21.3)	
Upper-lower class	210 (33.3)	48 (19.3)	
Lower class	26 (4.1)	20 (8.0)	

The values in parentheses indicate percentage

Table 2: Background wise prevalence of domestic and spousal violence

Study area	No Domestic violence	Domestic violence	P
Ever experienced	'	'	
Rural	375 (59.4)	256 (40.6)	$\chi^2=11.882$,
Urban	179 (71.9)	70 (28.1)	df=1, P<0.001
Current experienced			
Rural	429 (68.0)	202 (32.0)	$\chi^2 = 10.770$,
Urban	197 (79.1)	52 (20.9)	df=1, P<0.001
	No spousal violence	Spousal violence	
Ever experienced			
Rural	404 (64.0)	227 (36.0)	$\chi^2 = 7.845$,
Urban	184 (73.9)	65 (26.1)	df=1, P=0.005
Current experienced			
Rural	453 (71.8)	178 (28.2)	$\chi^2=8.173$,
Urban	202 (81.1)	47 (18.9)	df=1, P=0.004

The values in parentheses indicate percentage

Table 3: Prevalence of different types of spousal violence (n=631 for rural and n=249 for urban)

Type of violence	Ever experienced			Last 12 months		
	Rural	Urban	P	Rural	Urban	P
Physical	168 (26.6)	69 (27.7)	0.743	109 (17.3)	42 (16.9)	0.885
Emotional	174 (27.6)	65 (26.1)	0.659	133 (21.1)	43 (17.3)	0.203
Sexual	80 (12.7)	49 (19.7)	0.008	68 (10.8)	40 (16.1)	0.031
Economic	65 (10.3)	23 (9.2)	0.636	48 (7.6)	19 (7.6)	0.991

The values in parentheses indicate percentage

Out of 880 females, 129 (14.7%) women had ever experienced sexual violence. Being physically forced to have sexual intercourse was more common (14.4%) than being forced to perform any other sexual acts she did not want to perform (2.3%). In emotional and economic violence, "saying or doing something to humiliate her in front of others" (22.7%) and "deprivation of all or any economic or financial resources that she required for necessity" (6.2%), respectively, were the most common.

It was surprising to note that only 0.1% and 4.5% of women had ever initiated physical and emotional violence, respectively, against their husbands. None had ever initiated sexual or economic violence against their husbands.

More than half of women who ever experienced physical or/and sexual violence by their spouses had suffered injuries. Among the women who testified of ever experiencing physical or sexual violence, 55.4% reported cuts, bruises, or aches; 10% reported eye injuries, sprains, dislocations, or burns; and 13.8% reported deep wounds, broken bones, broken teeth, or any other serious injury. History of bleeding from private parts was given by 2.6%.

As shown in Figure 2, in both urban and rural areas, among the women who had ever experienced spousal violence, the violence was mainly initiated within the first 5 years of marriage.

DISCUSSION

Various studies done at the national level consistently show that domestic violence occurs in a high proportion in the community.^[6,9] The consequences for women's physical, mental, and reproductive health and ultimately the risk of death from domestic violence, particularly from spousal violence, are reported to be high.^[9,12,13] Hence, for proper and timely intervention, it is important to know the extent and nature of domestic violence. The present study depicts the total prevalence of domestic violence ever in the lifetime and in last 12 months to be 40.6% and 32% in the rural population, respectively and 28.1% and 20.9% in the urban population, respectively. The overall

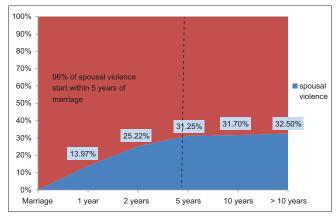


Figure 2: Time of initiation of spousal violence with respect to the duration of the marriage

prevalence of domestic violence is 37% (ever) and 28.9% (current). Rural women were significantly more likely than urban women to experience ever and current violence [Table 2]. This may be because those rural women had less education, less income, and less awareness about their rights than urban women. Net prevalence of domestic violence found in our study is almost similar to the overall prevalence of domestic prevalence found in a study by Vachher *et al.*^[12] in Delhi, [42.8% (ever) and 29.1% (current)] and Kumar *et al.* (any violence- 40%).^[14]

A similar large population-based cross-sectional study, NFHS-3, found the prevalence of domestic violence (ever experienced in ever-married women) to be 27.3% in Haryana.^[6] Net prevalence of domestic violence in our study is higher (37%) than that found in NFHS-3 (27.3%). This may be because, in our study, we included 4 types of domestic violence but NFHS-3 included only physical and sexual violence (Emotional violence was included only under spousal violence), and they carried out the study on ever-married females in contrast to our study which was done on currently married females. Babu et al.[15] found a higher prevalence of domestic violence (56%) in eastern India compared to our study (37%). This may be because of regional variation and different parameters used for measuring violence.

In our study, out of the total 880 women interviewed, 249 (33.2%) and 255 (25.6%) experienced violence at the hands of their spouse at least once in their lifetime and currently, respectively. Spousal violence, ever experienced, was complained by 36% of women residing in the rural area and by 26.1% women in the urban area; this difference was found to be statistically significant. A difference was also observed for current spousal violence, which was 28.2% among rural women and 18.9% among urban women [Table 3].

According to the NFHS-3, the total prevalence of spousal violence in Haryana was 28% (ever experienced) and 18.2% (current experienced), and for India, it was 39.7% ever experienced and 26.9% current experienced. [6] In accordance with our study, NFHS-3 also depicts that there is a difference in the distribution of violence in the rural and urban areas. Spousal violence is more in the rural area (29.1%) than in the urban area (25.3%) in Haryana, and the situation all over India is similar.

In the United States too, a study by Plichta *et al.*^[16] showed that 34.6% of the women had experienced intimate partner violence matching with prevalence in our study. Despite being a developed country, there was no difference in violence rates. This may be because some other factors are operative in developed countries, such as "mutual violent control" (situation in which both partners act in a violent manner), females earning more than their male partners, females staying out of home till late at night, females being more socially forward, and high level of substance use among females.

Our results are similar to WHO multi-country study^[9] in which the prevalence of women ever experiencing physical or sexual violence, or both, by an intimate partner in their lifetime ranged from 15% to 71%, with most sites falling between 29% and 62%.

In the present study, emotional violence was found to be the most common type of spousal violence, followed by physical, sexual, and economic violence, and all types of violence (except sexual violence) were more common in the rural area than the urban area. This might be because rural females have accepted it as a part of their married life. Sexual violence was significantly more common in the urban area than in rural area [Table 3]. This can be explained on the basis that the cultural norms in rural area discourage the discussion of sexual or conjugal issues leading to the under-reporting of sexual violence in the rural area. However, females from the urban area were more open about discussing issues of sexual violence. This could be the possible reason for the significant difference in the rural-urban prevalence of sexual violence.

For physical violence, our results are comparable to those of NFHS-3^[6] and the study by Martin *et al.*^[17] However, the prevalence we detected for sexual and emotional violence is almost double than Martin *et al.* This may be because, in sexual and emotional violence, rapport and confidence building, the way of interpreting and delivering question and ability to recall is somewhat more difficult than physical violence. The present study was conducted among currently married females, whereas NFHS-3 had included ever-married women (divorced, widowed) as well.

Khan *et al.*^[18] reported sexual violence in 67% of the study participants. It was much higher than our study because it was done on the small sample (98 females), and in-depth interview for sexual violence was taken.

Sinha *et al.*^[19] and Chaudhary *et al.*^[20] also found psychological violence to be the most common type of violence. According to a WHO report, ^[9] 10%–69% of women reported being physically assaulted by an intimate male partner. In large national studies, the range is between 10% and 34%. ^[4,9]

The pattern of different forms of all types of violence was almost similar to what was seen in the NFHS-3^[4] and study by Babu *et al.*^[15] In our study, it was the husbands who initiated violence against their respective wives on most occasions as compared to females (0.1% physical and 4.5% sexual) against their respective husbands. Our finding was supported by NFHS-3 (Haryana) in which wives-initiated violence was reported in only 0.2%. This reflects the mindset of Indian women who hardly ever initiate violence against their husbands.

In the present study, among all married women who testified of ever experiencing physical or sexual violence, a majority had some form of physical injury. These findings are similar to the findings of a WHO multi-country study^[9] and the findings of NFHS-3.^[6] Among the women who had ever experienced spousal violence, mostly (96%) the violence was initiated within the first 5 years of their marriage in both urban and rural areas, similar to NFHS-3.^[6]

CONCLUSION

In the present study, 37% of women ever experienced domestic violence, and 28.9% were currently experiencing domestic violence. Out of total 880 females, 33.2% and 25.6% experienced violence at the hands of their husbands at least once in their lifetime and were currently suffering from it, respectively. Among spousal violence, emotional violence was the most common type of violence followed by physical violence. All types of violence (except sexual violence) were significantly more common in the rural area than the urban area. Only 0.1% and 4.5% of females ever initiated physical and emotional spousal violence against their respective husbands, and in rest of the cases, it was the husbands who initiated violence.

There is a need to increase awareness about the law against domestic violence in the womenfolk. Not only the awareness about the law would suffice but also the provision of shelter homes and vocational bodies for the victims of domestic violence is equally important.

Limitations

Although the use of a CTS type approach in the measurement of domestic violence is generally considered to be optimal, the possibility of under-reporting of violence, particularly of sexual and economic violence, cannot be entirely ruled out in a survey. Assessments were based on self-report and were, therefore, likely to underestimate the true prevalence of domestic violence.

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Conflicts of interest

There are no conflicts of interest.

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