

DOMESTIC VIOLENCE AGAINST MARRIED WOMEN IN REPRODUCTIVE AGE GROUP - ITS CAUSES AND IMPACT ON THEIR HEALTH: A FACILITY BASED CROSS SECTIONAL STUDY

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Received : 02/01/2025
Received in revised form : 14/03/2025
Accepted : 30/03/2025

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DOI: 10.70034/ijmedph.2025.2.200

Source of Support: Nil,
Conflict of Interest: None declared

Int J Med Pub Health
2025; 15 (2); 1114-1120

ABSTRACT

Background: Violence against women which is considered a public health problem in most countries of the world, can have serious consequences on women's health.

Materials and Methods: The present facility based prospective cross-sectional study was carried out in 203 married women of 18-49 years of age and suffering from domestic violence.

Results: Mean age of the respondents was 32.65 ± 7.86 years. Most of the victims of domestic violence were young, less educated, housewives, did not have children or had only female child, married in young age, had more duration of married life, had arranged marriage and had less educated husbands. Predominant type of violence was psychological / emotional (100%) followed by economic (91.13%) physical (89.16%) and sexual violence (61.58%). 64.53% women expressed that their husbands had habits of drinking alcohol and 118 (90.08%) said that the violence occurred in more frequency while the spouses were under the influence of alcohol. 122 (60.09%) respondents did not seek any formal help from any agency or organization. 185 (91.13%) respondents sought informal support from their parents, sibs, neighbours or friends. 14.78% respondents were underweight while 31.52% were obese. 90.64% respondents had mild to severe depression. 149 (73.39%) gave history of physical injury due to domestic violence. 66.44% respondents seek health care for their suffering.

Conclusion: Addressing domestic violence against women requires a multipronged approach that includes providing safe spaces for women, offering health care and counselling, increasing public awareness and ensuring legal protections.

Keywords: Domestic violence, reproductive age, perpetrators, depression.

INTRODUCTION

Violence against women is a global problem and present in every country cutting across the boundaries of culture, class, education, income, ethnicity and age.^[1] Most of the population-based studies in different countries indicate that 10-60% of ever-partnered or ever-married women have experienced at least one incidence of physical violence from a current or former intimate partner.^[2] Most studies estimate a lifetime prevalence of partner violence between 20-50 percent.^[3]

National Family Health Survey 2019-21 in India (NFHS-5) reveals that the prevalence of partner violence in India is 32% ranging from 1.3-48% in different states and union territories and that for Maharashtra being 28 percent.^[4] These findings reveal the grievous nature and extent of the problem of domestic violence in India.

Domestic violence against women has serious consequences on women's health.^[5] It affects women across the life span from sex selective abortion of female fetuses to forced suicide and abuse, and is evident, to some degree, in every

society in the world.^[6] It also retards socioeconomic development due to its effect on women's participation in development projects and empowerment of the women.^[7]

In spite of approval of Protection of Women from Domestic Violence Bill 2005 by Government of India, large proportion of domestic violence goes unrevealed and unmeasured. Moreover, women still tolerate and justify domestic violence with all its consequences. These instances are generally seen more often in rural and urban slum population. Research needs to be carried out to reveal the true situation in the society. For that community-based surveys are better suited for detecting domestic violence.^[2]

Many studies on violence against women have been carried out by sociologists to evaluate the problem. These studies provide demographic information of the victim and social correlates about the violence. The studies carried out by health personnel focus on visible manifestations of violence such as injuries or measurable parameters such as depression.^[8]

Very few studies are conducted to assess both, the socio-demographic correlates of violence victims as well as the impact of violence on their health.

Main purpose of this study is to determine the profile of women suffering from domestic violence and to describe the characteristics and causes of violence against women and also to assess the effects of violence on their health.

MATERIALS AND METHODS

The present facility based prospective cross-sectional study was carried out at Out Patient Department of Urban Health Training Centre of Government Medical College Miraj in married women of 18-49 years of age and living with their spouses and family members at least for past 12 months during Nov 2022 to July 2023

The sample size for the study was estimated by assuming the proportion of women victims of domestic violence reporting their suffering from domestic violence and seeking health care services as 50% since this would provide the maximum sample size, allowable error of 20%, confidence level of 95% and designed effect $d=2$ by using the formula $\text{Sample size} = Z^2pq / e^2$. The calculated sample size was 192. To reduce the error due to non-compliance, 5% additional sample was taken. Thus, the estimated sample size considered for this study was 203. For this study, daily 2 to 3 married women attending the OPD of UHTC were selected to cover 203 women over a period of six months. Women diagnosed with mental health illness, pregnant women and those who did not give consent were excluded from the study.

Before inclusion of selected participants in the study they were asked following questions.

1. Are you currently afraid of your husband or someone else in your family?
2. Does your husband refuse to give you money for household expenditure? Does your husband or someone else in your family demand money, vehicle, house or anything else from you?
3. Has your husband or someone else in your family threatened to hurt you or physically harm you in some way?
4. Has your husband forced you into sex or to have any sexual contact you did not want?

The eligible woman who answered any of these questions in affirmative, her consent was sought for inclusion in the study and further interview and clinical examination was carried out. Different types of violence were assessed as per WHO and UNICEF documents.^[3,9]

A pre designed and pre tested proforma was used for the collection of required information from the respondents. The proforma contain details such as

- Socio-demographic characteristics of respondents like age, education, occupation, religion, age at marriage, duration of married life, parity, type of family, socio-economic class, about their husbands' education and addictions etc.
- Information regarding domestic violence covering its various aspects like type of violence, mode of violence, frequency of violence, perpetrator involved in domestic violence, reasons for violence etc.
- Psychological effect of domestic violence in women was assessed by using Patient Health Questionnaire - 9 (PHQ-9).^[10]
- Information was also recorded about health problems of the respondent and about their health seeking behaviour

Data was collected by face-to-face interview of the respondents in a separate room maintaining the privacy by trained female medical officer and female senior resident after explaining the purpose of study and after obtaining their written consent.

Permission was sought from Institutional Ethics Committee of the college before data collection began. Average time for collection of data by oral interview technique and recording of information in pretested proforma was 30 to 45 minutes per study subject.

The collected data was tabulated on Microsoft excel sheet and analyzed using the software Epi Info version 6 and statistical parameters like percentage, mean, standard deviation etc. were calculated and chi square goodness of fit test and chi square test for independent variable were applied wherever applicable.

RESULTS

Table 1: Distribution of respondents by some demographic characteristics

| Demographic characteristics | | Number of respondents | Percentage |
|-----------------------------|--------------------------------------|-----------------------|------------|
| Age group (years). | 18 – 25 | 48 | 23.65 |
| | 26 – 35 | 86 | 42.36 |
| | 36 – 45 | 54 | 26.60 |
| | 46 – 49 | 15 | 07.39 |
| Religion | Hindu | 107 | 52.71 |
| | Muslim | 91 | 44.82 |
| | Buddhists | 2 | 00.99 |
| | Other-Christian etc | 3 | 01.48 |
| Level of education | No education | 42 | 20.69 |
| | Up to 10 th Std | 131 | 64.53 |
| | Up to 12 th Std & diploma | 9 | 04.43 |
| | Graduation & above | 21 | 10.35 |
| Type of family | Nuclear family | 96 | 47.29 |
| | Joint family | 107 | 52.71 |
| Occupation | House wives | 116 | 57.14 |
| | Daily wage labour | 15 | 07.39 |
| | Maid | 8 | 03.94 |
| | Farmer | 3 | 01.48 |
| | Service govt/ private | 61 | 30.05 |
| S-E status ¹¹ | I - Upper class | 0 | 0 |
| | II - Upper middle class | 14 | 06.90 |
| | III - Middle class | 46 | 22.66 |
| | IV - Lower middle class | 81 | 39.90 |
| | V - Lower class | 62 | 30.54 |
| Education level of husband | No education | 35 | 17.24 |
| | Up to SSC | 123 | 60.59 |
| | Up to HSC & diploma | 17 | 08.37 |
| | Graduation & above | 28 | 13.80 |
| Parity | No child | 25 | 12.32 |
| | 1-2 children | 106 | 52.21 |
| | ≥ 3 children | 72 | 35.47 |
| Sex of Child | No child | 25 | 12.32 |
| | Only Male children | 41 | 20.19 |
| | Only Female children | 45 | 22.17 |
| | Male + female children | 92 | 45.32 |
| Age at marriage | 18 – 25 years | 195 | 96.06 |
| | 26 – 30 years | 07 | 03.45 |
| | Above 30 years | 01 | 00.49 |
| Duration of married life | 01-05 years | 38 | 18.72 |
| | 06-10 years | 44 | 21.67 |
| | 11-15 years | 36 | 17.73 |
| | Above 15 years | 85 | 41.88 |
| Type of marriage | Arranged | 179 | 88.18 |
| | Love | 24 | 11.82 |
| Opinion sought for marriage | Yes | 107 | 52.71 |
| | No | 96 | 47.29 |
| Dowry given during marriage | Yes | 91 | 44.83 |
| | No | 112 | 55.17 |

Distribution of respondents as per socio demographic factors is shown in table 1. Mean age of the respondents was 32.65 ± 7.86 years. Young age, less education, housewives, less educated husband, childless or having only female child, marriage in young age, more duration of married life and arranged marriage were the factors associate with domestic violence in most of the cases. ($p < 0.05$ for all these variables)

Out of 203 respondents, 181 (89.16%) respondents suffered from physical violence, 125 (61.58%) from sexual violence while 185 (91.13%) suffered from economical violence. All 203 respondents suffered from psychological / emotional violence. 114(56.16%) respondents suffered from all four

types of domestic violence i.e., physical, psychological/emotional, sexual and economical violence. (fig 1 and 2).

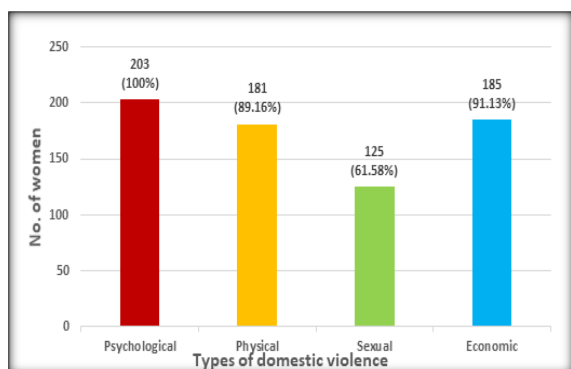


Figure 1: Domestic Violence in participants

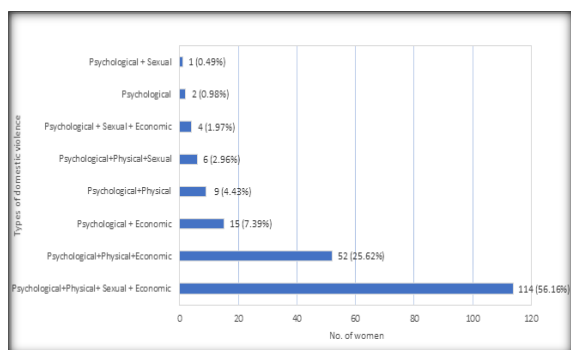


Figure 2: Distribution of women as per the types of domestic violence they suffered

The most common mode of physical violence was beating, slapping, pinching, kicking etc. (98.89%), psychological violence was verbal abusing or insulting (87.68%) cases, sexual violence was forceful/painful sex acts (92.0%) while the most common mode of economical violence was denying right to own income (82.70%). (Figure 3)

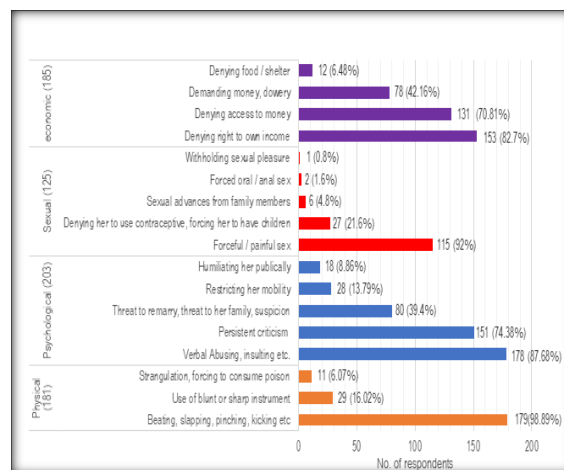


Figure 3: Modes of domestic violence in respondents

Table 2: Frequency of violence in different types of domestic violence in respondents

| Frequency of violence | Types of violence in respondents | | | |
|-----------------------|----------------------------------|---------------------------------|----------------|--------------------|
| | Physical (n=181) | Psychological/emotional (n=203) | Sexual (n=125) | Economical (n=185) |
| Daily | 18 (9.95) | 37 (18.23) | 7 (5.60) | 12 (6.49) |
| Few times in a week | 62 (34.25) | 107 (52.71) | 13 (10.40) | 76 (41.08) |
| Few times in a month | 54 (29.83) | 50 (24.63) | 52 (41.60) | 78 (42.16) |
| Rarely | 47 (25.97) | 9 (4.43) | 53 (42.40) | 19 (10.27) |

Frequency of physical, psychological, sexual and economic violence was daily or few times in a week in 44.2%, 70.94%, 16% and 47.57% cases respectively while it was few times in a month or rarely in 55.8%, 29.06%, 84% and 52.43% cases respectively. (table 2)

In present study, 12 (5.91%) respondents experienced violence since 1 year, 38 (18.72%) respondents experienced violence since 1 to 5 years while 153 (75.37%) respondents experienced violence since more than 5 years.

In 99 (48.77%) cases perpetrators were husband, in 21 (10.34%) cases it was mother-in-law, in 2 (0.99%) cases it was son, in 78 (38.42%) cases, perpetrators were husband and mother-in-law, in 1 (0.99%) case husband and son while in 2 (0.99%) cases, sister-in-law and father-in-law were the perpetrators.

In the present study, causes for domestic violence in respondents were - not doing household chores like cooking food etc. in 107 (52.71%), not taking proper care of in-laws and children in 104 (51.23%), money matter like not earning, not bringing enough dowry etc. in 52 (25.61%), not having child in 32 (15.76%). Forceful marriage, alcoholic husband and

husband's illicit relationship were the causes of domestic violence in 27 (13.30%), 57 (28.07%) and 7 (3.44%) cases respectively.

Out of 203 respondents, 122 (60.09%) respondents did not seek any formal help from any agency or organisation while 81 respondents sought formal supports to deal with the domestic violence they suffered. 58 (28.57%) respondents sought help from police, 9 (4.43%) sought help from support group like NGO while 41 (20.19%) respondents sought support from mahila mandal. No respondents had sought help from health care workers to deal with the domestic violence.

Out of 203 respondents, 185 (91.13%) respondents sought informal support from their parents, sibs, neighbours or friends. 160 (78.81%) respondents sought informal support from their parents, 13 (6.4%) from their children, 24 (11.82%) from their friends while 15 (7.39%) respondents sought help from their neighbours to deal with the domestic violence.

In spite of suffering from domestic violence, all respondents were staying with their husbands and families. 154 (75.86%) respondents still stay in the violent relationship for their children's care, 173

(85.22%) respondents accepted the domestic violence as it is unavoidable in life, 23 (11.33%) has love for their husbands, 116 (57.14%) respondents are financially dependent on their husbands and

hence staying in violent relationship. 127 (62.56%) are still staying in the violent relationship to fulfill their parents' request. 93 (45.81%) respondents are staying in such relationship due to social pressure.

Table 3: Distribution of respondents as per the drinking habit of their husbands and type of domestic violence they suffer

| Drinking habit of husband | Number of women victims | | | |
|---------------------------|-------------------------|--------------------|-----------------|---------------------|
| | Physical violence | Emotional violence | Sexual violence | Economical violence |
| Present (n=131) | 122 (93.13%) | 131 (100.0%) | 90 (68.70%) | 120 (91.60%) |
| Absent (n=72) | 59 (81.94%) | 72 (100.0%) | 35 (48.61%) | 65 (90.27%) |
| | p<.05 | -- | p<.05 | p>.05 |

Drinking habits of the husbands of respondents and type of domestic violence the respondents suffered is shown in table 3. In the present study, the respondents whose husbands were alcoholic, the physical and sexual violence was found in 93.13%, 68.70% respondents respectively while physical and

sexual violence in respondents whose husbands were non-alcoholic were found in 81.94% and 48.61 % respondents respectively. There was no significant difference in cases of psychological and economic violence in alcoholic and non-alcoholic group.

Table 4: Frequency of Violence as perceived by respondents as per the drinking habit of their husbands

| Frequency of violence | Drinking habit of husbands | | Total |
|---------------------------------------|----------------------------|------------|-------------|
| | Present | Absent | |
| More (daily or few times in a week) | 118 (90.08) | 26 (36.11) | 144 (70.94) |
| Less (few times in a month or rarely) | 13 (09.92) | 46 (63.89) | 59 (29.06) |
| Total | 131 (100) | 72 (100) | 203 (100) |

In the present study husbands of 131 respondents used to drink alcohol. The frequency of violence was more in alcoholic husbands (90.08%) as compared to nonalcoholic husbands (36.11%). This difference is statistically significant (p<0.05) (table 4)

Health status and health seeking behaviour of the respondents

It was seen that 30 (14.78%) respondents were underweight (BMI <18.5 kg/m²) while 64 (31.52%) were obese (BMI >25 kg/m²). 109 (53.70%) respondents were having normal body weight (BMI - 18.5 – 24.9 kg/m²).

Psychological effect of domestic violence in women was assessed by using Patient Health Questionnaire-9(PHQ-9)10. 19 (9.36%) respondents had minimal depression, 69 (33.99%) had mild depression, 71 (34.98%) had moderate depression, 29 (14.28%) had moderately severe depression while 15 (7.38%) respondents had severe depression.

Out of 203 respondents, 149 (73.39%) gave history of physical injury during violence incidence.

In 8 (5.37%) cases injury was very severe, in 39 (26.17%) cases it was severe while in 102 (68.46%) cases it was minor injury.

Only 99 (66.44%) respondents seek health care of which 97 (97.98%) seek health care from Government hospital while 2 (2.02%) availed treatment from private physician for their suffering from domestic violence.

50 (33.56%) respondents did not seek treatment. The reasons were- not allowing to go out of house (in 9 respondents) and minor physical injuries which did not require hospital treatment (in 41 respondents)

At the time of survey 141 (69.46%) respondents attended the OPD for the treatment of their symptoms like headache, body ache, weakness, disturbed sleep etc., 27(13.30%) for treatment of cold, cough, fever etc., 24 (11.82%) for the treatment of injuries they got due to their household chores and during their labour work while 11 (5.42%) attended the OPD for treatment of their menstrual problems.

DISCUSSION

Although domestic violence was considered a universal phenomenon for many authors, it is still a problem that concerns some patriarchal structures that involve women's dependent status against a dominant partner in the family and also in society,^[1] Women suffering from DV were predominantly young (66.01%) below 35 years of age, with a low educational level (85.22%) up to 10 standard and housewives (57.14%). They belonged to families with low socioeconomic level (70.44%) class IV and V, what is also reported by most international studies.^[1,12]

In present study 96.06% respondents married below the age of 25 years. Woman's marriage in young age is often a significant age and power gap between the partners which can lead to unequal relationship. This imbalance can make the younger woman more vulnerable to abuse. Their ability to handle the stresses of marriage, including potential violence can be limited.

In present study, 12.32% respondents did not have any child while 22.17% respondents had only female child. Childlessness and domestic violence can be interrelated in complex ways. In many

cultures, there is a strong expectation for married couple to have children. Even presence of only female child in family may influence the dynamic of domestic violence in different ways, depending on factors like gender norms, family structure and societal expectation. Female may be blamed for not providing a male heir or for failing to meet societal expectations leading to increased domestic abuse directed at her, sometimes as a form of control or retaliation.

In our sample, the predominant type of violence is psychological / emotional (100%) followed by economic (91.13%), physical (89.16%) and sexual violence (61.58%). According to the WHO report in 2002 the most common couple violence type is the psychological violence.^[13] Mathias AKRA et al in their study also stated that prevalence of emotional abuse was 53.8%, followed by physical abuse (32.2%) while sexual abuse was 12.4%.^[12]

As for the aggressor, he was the husband in 88.18% cases. This is explained by the fact that marriage is the only relationship allowed between man-woman in our society. This abuser is from medium or low educational and economic level and essentially with toxic habits, which is also reported by most authors.^[14]

Violence was repeated daily or few times in a week in more than 70% of the cases. Against such violence, 60.09% did not seek any formal help. This result shows that women continue to maintain their marriage because of their financial dependence on their spouses, their fear for the children's future in the hope of improvement and change of their spouses and also because of the surrounding environment impact as seen in the present study.

131 (64.53%) women expressed that their husbands had habits of drinking alcohol and 118 (90.08%) said that the episode of violence occurred in more frequency while the spouse was under the influence of alcohol. Other studies have also underlined that alcohol and drug consumption can incite violence and influenced its frequency of occurrence.^[15]

In arranged marriage, particularly where there is a lack of mutual consent or women is coerced into the marriage, DV is more likely to occur as seen in the present study. The women may feel powerless to stand up to her abuse due to societal pressure, fear of disapproval or lack of resources.

The duration of woman's married life can significantly influence the dynamics of domestic violence. In early years, abuse may be subtle or not yet fully recognised, but over time it can become more systematic, controlling and entrenched.

Domestic violence against women is a serious and pervasive issue that can have profound, long lasting effects on both their physical and mental health. Women experiencing DV are more likely to suffer from a range of health issues, including injuries, chronic pain, depression, sexual and reproductive health problems. In present study 14.78% respondents were underweight, 90.64% had mild to severe depression. 73.39% gave history of physical

injury during violence incidence. Only 99 (66.44%) respondents seek health care. 50 (33.56%) respondents did not seek treatment since they were not allowed to go out of house to attained hospital.

CONCLUSION

Domestic violence against women is a pervasive and deeply harmful issue that affects individuals, families, and communities worldwide. It involves a pattern of behaviour aimed at controlling, coercing, or harming a woman through physical, emotional/psychological, economic or sexual abuse. The consequences of domestic violence are long-lasting, affecting not only the victim's well-being but also her ability to function in everyday life. It often has devastating effects on their mental and emotional health.

Despite of several governmental and non-governmental organizations working to eliminate every forms of discrimination against women and enforcement of law against it, various forms are still prevailing in our society and even is in rising trend. Awareness, prevention, and intervention are key in breaking the cycle of violence, offering survivors hope, and ensuring that future generations can live free from fear and harm. Awareness programs regarding where and to whom to seek for help in case of violence need to be conducted and husband and mother-in law should be included in such activities as they can be the most influential person in bringing the change. There is a strong need of promising public health strategies include changing attitudes that foster violence and gender inequality, strengthening self-esteem of women and girls and promoting equity in marital relationships.

Conflicts of interest: NIL

Acknowledgements

The authors acknowledge the Centre for Enquiry into Health and Allied Themes (CEHAT), Mumbai for the fellowship awarded for this project.

Funding Sources

The study was supported by grants from CEHAT, Mumbai.

Ethical Clearance

The study was approved by Institutional Ethics Committee of Government Medical College Miraj (Reference No. GMCM/IEC/C-21/2022/09 dated 15.10.2022).

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