



Original Article:

An epidemiological Study of Domestic Violence Against Women and its Association with Sexually Transmitted Infections in Bangalore Rural.

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Abstract: Background: Gender-based violence is universal, differing only in scope from one society to the other. The most common form of violence against women is domestic violence or violence within families. **Objectives:** 1. To study the prevalence and different forms of domestic violence perpetrated by intimate partner against married women. 2. To study socio economic and demographic factors which affect the victimization of woman for domestic violence. 3. To study prevalence of sexually transmitted infection and its association with domestic violence in the study group. **Methods:** Based on a pilot study results, a sample size of 257 was determined. Total 257 currently married women in the reproductive age group (15-49 yrs) were interviewed by systematic random sampling with prior consent using a well designed, pre- tested questionnaire. All the women were screened for sexually transmitted infections as per the WHO guidelines by syndromic approach. The data was analyzed by percentages and chi-square test. **Results:** Prevalence of domestic violence was found to be 29.57% in the study group. Verbal abuse was reported by 81.58% of the women, Physical abuse by 31.58% of the women, Psychological abuse by 27.63% of the women and Sexual abuse by 10.53% of the women. Among the 76 victimized women none of them reported to the police. **Interpretation and conclusions:** The vulnerability to domestic violence was found significantly associated with age at marriage, duration of marriage and addiction of husband to alcohol. The association between domestic violence and sexually transmitted infections was also found significant.

Key Words: Abuse; Domestic violence; Sexually transmitted infections; Victimization

Introduction:

Gender based violence is recognized today as a major issue on the international human rights agenda. Violence against women is present in every country, cutting across the boundaries of culture, class, education, income, ethnicity and age. Even though most societies proscribe violence against women, the reality is that violations against women's human rights are often sanctioned under the grab of cultural practices and norms or through misinterpretations of religious tenets.(1)

Domestic violence exists in 'a culture of silence. It has long been considered a 'private' affair and has contributed to the serious gap in public health policy making and the lack of appropriate programmes.

The United Nations Declaration on the Elimination of Violence against Women defines violence against women as "Any act of gender-based violence that results in or is likely to result in physical, sexual or psychological harm or suffering to women including threats of such acts, coercion or arbitrary deprivation of liberty; whether occurring in public or private life."(1)

Domestic violence includes violence perpetrated by intimate partners and other family members and manifested through:

1. Physical abuse: It includes slapping, beating, arm twisting, stabbing, strangling, burning, choking, kicking etc.
2. Psychological abuse: It includes behaviour that is intended to intimidate, persecute and takes the form of threats of abandonment on abuse, confinement to the home, threats to take away custody of children, isolation, verbal aggression and constant humiliation.
3. Sexual abuse: It includes coerced sex through threats, intimidation or physical force, forcing unwanted sexual acts or forcing sex with others.(1)

Gender power imbalances and lack of autonomy are the leading underlying factors for women's vulnerability to sexually transmitted infections. Women's limited control over resources in many settings compounds their lack of decision-making and makes them socially and economically dependent on their husbands in matters of sex and reproduction as well as in areas of health care, including care during pregnancy and child birth or at the time of abortion. Physical and sexual violence leading to high levels of coercive sexual relations within marriage are also major health related issues. In some settings, it is impossible for women to deny sex to their husbands, discourage men from having multiple sexual partners or insist on condom use. This makes the women vulnerable to gynaecological morbidity.(2)

In India, Protection of women from domestic violence Act, 2005 is intended to protect women from domestic violence of any kind including dowry related harassment. Even a threat of

physical, sexual, verbal, emotional or economic abuse would attract penal action against the provision of the act.

Aim and Objectives:

Aim

- To study the prevalence and identify epidemiological factors influencing domestic violence perpetrated by intimate partner against married women in a rural area.

Objectives

- To study the prevalence and different forms of domestic violence perpetrated by intimate partner against married women.
- To study socio-economic and demographic factors which affect the victimization of woman for domestic violence.
- To study prevalence of sexually transmitted infection and its association with domestic violence in the study group.

Materials and Methods

This is a cross sectional study in the rural field practice area of MVJ Medical College and Research hospital in Bangalore rural.

Kolathur and Parvathipura villages located in Bangalore rural district were selected by a simple random sampling from among the field practice area about 5 KM around MVJ Medical College and Research hospital. Based on a pilot study conducted in the area, 28 percent prevalence was reported and was used to calculate the sample size. Using the formula for sample size calculation for cross sectional surveys, a sample size of 257 was determined. A well designed, pre- tested questionnaire was used and a house to house survey was conducted. The questionnaire addressed both current and past episodes of domestic violence within one year. All the women were screened for sexually transmitted infections by Syndromic approach as per the WHO guidelines. Total 257 currently married women in the reproductive age group (15-49 yrs) were interviewed by systematic random sampling with prior consent. There were 13 women who refused to give consent were excluded from the study. The data was analyzed by percentages and chi-square test.

Results:

Total 257 married women were interviewed. Out of the 257 women, 76 (29.57%) women reported domestic violence of which, 62 (81.58%) reported verbal abuse, 24 (31.58%) women reported physical abuse, 21 (27.63%) women reported psychological abuse and 8 (10.53%) women reported sexual abuse. Of the 24 women who were victims of physical violence, 6 (25%) women got injured at some time during violence episodes.

The frequency of violence was at least once in a week in 26 (34.21%) women, once in 15 days in 24 (31.58%) women, once in a month in 20 (26.32%) and once in 1-3 months in 6 (7.89%) women.

Discussion:

Prevalence of domestic violence was found to be 29.57% in the study group. This finding is consistent with the findings of the study in Rural Karnataka by Rao V in which 22% women reported being beaten by their husbands.(3) Also the finding is coherent with the statistics published in 1997 by WHO which states the prevalence of domestic violence in women between 20-50% of the interviewed women.(4)

Verbal abuse was the most common form of violence followed by physical and lastly psychological violence. However sexual violence may be underreported. The reason for sexual coercion within marriage could be that marriage is interpreted as granting men the right to unconditional sexual access to their wives and the power to enforce this access through force, if necessary. In a study by Leela Visaria, 23% of the women reported psychological and physical abuse and 42% of the women reported only psychological abuse.(5)

Table 1: Domestic violence and the related variables

Study Variable	Domestic Violence		p Value
	Yes	Total	
Age group (yrs)			
15-25	24(36.36)	66	p>0.05
25-35	38(32.76)	116	
35-45	12(25.00)	48	
45-49	02(07.41)	27	
Education			
Illiterate	08(34.78)	23	p>0.05
Primary School	10(26.32)	38	
Middle School	30(39.47)	76	
High school	20(25.00)	80	
Diploma	06(25.00)	24	
Graduate	02(12.50)	16	
Socio economic status			
Upper middle	13(20.00)	65	p<0.001
Lower middle	16(21.62)	74	
Upper lower	38(46.34)	82	
Lower	09(25.00)	36	
Employment status			
Employed	06(26.09)	23	p>0.05
Unemployed	70(29.91)	234	
Age at marriage (yrs)			
Less than 18	32(42.67)	75	p<0.05
18-20	37(30.08)	123	
20-22	04(13.33)	30	
22-24	02(12.50)	16	
24-26	01(7.69)	13	
Duration of marriage (Yrs)			
0-5	28(48.28)	58	p<0.001
5-10	24(28.57)	84	
10-15	14(33.33)	42	
15-20	06(21.43)	28	
20-25	03(15.79)	19	
>25	01(03.85)	26	
Education of Husband			
Illiterate	06(35.29)	17	p>0.05
Primary School	02(12.50)	16	
Middle School	24(34.29)	70	
High school	22(25.00)	88	
Diploma	16(36.36)	44	
Graduate	06(27.27)	22	
Type of family			
Nuclear	52(27.96)	186	p>0.05
Joint	24(33.80)	71	
Addicted to alcohol			
Yes	36(64.29)	56	p<0.001
No	40(19.91)	201	
Presence of STIs			
Yes	23(41.81)	55	p<0.05
No	53(26.24)	202	

*Figures in brackets represent percentages

Also the women suffered more than one type of violence. This is similar with the findings of the study by Khan M E et al that the reported violence was multiple in nature and most of the women were subjected to more than one type of violence.(6)

Among the 76 victimized women none of them reported to the police. The reason for this behaviour may be that a women's response to the abuse is often limited by the options available to her. Women remain in abusive relationship because of lack of other means of economic support, concern for children, emotional dependence, lack of support from family and abiding hope that 'he will change'. At the same time denial and fear of social stigma often prevent women from reaching out for help.

In the present study it was observed that as age of the women increases the prevalence of domestic violence decreases. This finding is similar to the study by Anjali Dave and Gopika Solanki in which 37.2% of the victims falling within the age

group of 25-34 years and 28.2% of the women in the age group of 18-24 years have reported abuse. Only 4.9% were in the age group of 40-45 years.(7) This is because in India as women grow older, they gain more power and have increased access to resources.

In the present study, reported violence declined with the higher education, so higher education makes the women less vulnerable to domestic violence. The women with low education designate their complete dependency because with low education back ground they will not be able to have economic independence or would be engaged in occupations with low economic returns. This finding is similar to the finding by Leela Visaria that abusive relationship were reported more frequently by illiterate women.(5)

In our study violence was found prevalent in all the socioeconomic classes. Hence it can be stated that the socioeconomic status does not determine the vulnerability to domestic violence.

Housewives were abused more than working wives. They develop the tolerance of such violence as they do not have any other option for fulfilling their economic needs, which places them in a subordinate position as compared to their husbands. They endorse the traditional gender roles and do not question the authority of their husbands and maintain their husband's dominant position in the conjugal relationship.

It was observed that as the age at marriage increases the prevalence of domestic violence decreases. This finding supports the findings of the study by Mishra P K that out of the total 60 respondents who got married at the age of below 18 years, 45% were victims of domestic violence in contrast to this who were married after the age of 21 years, only 24.71% were the victims of domestic violence.(8) From this findings it was perceived that perhaps violence against women at during the younger age is a form of socialising the young bride into the marital family. It cannot be denied that in our society many communities perceive marriage as a permanent institution and a strong stigma is attached to singlehood. Violence within marriage is accepted as normal. Hence women are made pressurised to preserve their marriage.

As the duration of the marriage increases, the prevalence of domestic violence decreases. These finding resonates with the findings of Leela Visaria that domestic violence was more prevalent in the women having duration of marriage between 5 to 20 yrs.(5) It may be due to the fact that during this period addition of children in the family puts enormous demands and stresses which vent out in the form of violence.

Domestic violence was more common joint families. The finding is contrary to the finding by Leela Visaria that 53% of the women in joint families report abuse compared to 73% of the women in nuclear families.(5) It could be due to the interference of the in-laws or other family members in the daily affairs. The association between addiction of the husband to alcohol and vulnerability of women to domestic violence was highly significant (Odds Ratio=7.25; 95% CI 3.62-14.6). Martin SE et al found that a women was one and a half times more likely to be injured if her partner had been drinking alcohol.(9) It is seen that conflict escalates into violence more readily when alcohol has been consumed because alcohol is a psychopharmacological dis-inhibitor.

This study showed that women experiencing violence report the symptoms of sexually transmitted infections more than the women who did not experience violence (Odds ratio=2.02; 95% CI 1.04-3.93). Violence makes the women vulnerable to sexually transmitted infections as it may limit women's ability to negotiate safe sexual behaviour and it also limits women sexual autonomy. The findings are similar to the findings by Loke WC et al that women with a history of STI were more likely to have experienced domestic violence at some point in their lives (odds ratio =2.39).(10) According to one study in North India

by Rob Stephenson et al, compared with women who reported no violence, those who had experienced both physical and sexual violence had elevated odds of reporting gynaecological symptoms (odds ratio=1.7).(11)

Most of the women justified wife beating due to the fact that women put themselves in a submissive and subordinate position compared with men because of the prevalent cultural and gender norms. This indicates lack of awareness of violation of human rights. Hence ending violence against women needs to be addressed at various levels. The co-ordinated efforts of various sectors such as legal, educational, medical etc., are essential to combat domestic violence against women.

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