

## ORIGINAL ARTICLE

**Domestic Violence and its Determinants: A cross-sectional study among women in a slum of Kolkata, West Bengal**Aparajita Dasgupta<sup>1</sup>, PS Preeti<sup>2</sup>, Sanjaya Kumar Sahoo<sup>3</sup>, Dhiraj Biswas<sup>4</sup>, Amitava Kumar<sup>5</sup>, Madhureema Das<sup>6</sup><sup>1</sup>Professor & Head, <sup>2,3,4,5,6</sup>Junior Resident, Department of Preventive and Social Medicine, All India Institute of Hygiene and Public Health, Kolkata,110, C. R. Avenue, Kolkata-700073, West Bengal

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Dasgupta A, Preeti PS, Sahoo SK, Biswas D, Kumar A, Das M. Domestic Violence and its Determinants: A cross-sectional study among women in a slum of Kolkata, West Bengal. Indian J Comm Health. 2015; 27, 3: 334-340.

**Source of Funding :** Nil **Conflict of Interest:** None declared**Article Cycle****Submission:** 24/06/2015; **Revision:** 23/09/2015; **Acceptance:** 25/09/2015; **Publication:** 30/09/2015**Abstract**

**Background:** Violence against women is one of the major public health and human rights issue in the world today which is prevalent in all human societies irrespective of religion, socioeconomic status, and culture. Therefore, recognized as a significant barrier to women empowerment and their health. **Aims & Objectives:** The aim of this study was to find out the extent of different type of domestic violence and to identify various risk factors for domestic violence against married women. **Material & Methods:** The present study is a community based cross-sectional study carried out in a slum of Kolkata. Simple random sampling technique was used for the selection of the samples. The study participants were interviewed using a pretested semi-structured questionnaire. **Result:** 97 married women participated in the study. 32.9% of the study population reported some form of domestic violence. In a logistic regression analysis, significant association was found between domestic violence and alcohol abuse by the spouse, level of education of the spouse, per capita income and occupation of the women. **Conclusion:** This study confirms, high prevalence of all forms of violence against women, which underscores the need for policy makers to increase their recognition of domestic violence as a critical target in public health concerns

**Key Words**

Domestic violence; intimate partner violence; women empowerment

**Introduction**

Violence against women is a violation of human rights, sometimes deadly and always unacceptable. It is a complex and persistent problem with multiple causes Intimate Partner Violence (IPV) is a major public health problem engendering serious physical health effects for women, including deaths and disabilities due to injuries (1). Additionally, IPV acts as a common cause of mental health problems (2), and has adverse sexual and reproductive health outcomes(3). The United Nations General Assembly's 1993 Declaration on the Elimination of

Violence against Women broadly defined women violence 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(4). International studies with considerable geographic and cultural variation show that women living within societies dominated by patriarchal institutions, unequal power relations between the genders and male's control of resources have increased vulnerability to IPV(5). As rapid urbanization is occurring in South Asia and

elsewhere, urban areas have become the new frontier for public health concerns (6) argue that current and future patterns of urban growth, combined with advances in the treatment of traditional scourges of communicable diseases, is causing a shift in the burden of diseases towards what is classified as category 2 (Non-Communicable) and category 3 (Injury/Violence) conditions. The shift in the burden of public health concerns is argued to have a clear link to features of city growth—poverty and slum formation. Like all health-related behaviours, domestic violence should be understood in relation to the broad ecological and socioeconomic context in which it occurs (7). While both women and men can be perpetrators and / or victims of violence and sexual assault, research consistently shows that the overwhelming majority of violence and abuse against women in intimate relationships is perpetrated by intimate partner. Violence against women is not only a manifestation of unequal power relations between men and women; it is a mechanism for perpetuating inequality. The effects of violence can be devastating to a woman's reproductive health as well as to other aspects of her physical and mental well-being. World Health Organization (WHO) has announced that, worldwide, at least one out of five women has been sexually or physically assaulted by a man or men over their lifetime(8).

In India IPV is a social problem (9) and a significant concern, as well. Government of India has made serious effort in curbing the problem of domestic violence by the formation of “Protection of Women from Domestic Violence Act, 2005,” which stated that “any act, conduct, omission and commission that harms or injures or has a potential to harm or injure will be considered as Domestic Violence by the law.”(10) However, even in the presence of this act, we have a gloomy picture. In depth analysis of National Family Health Survey-3 (NFHS-3) (2006-2007) carried out by Kimuna *et al.* showed that the prevalence of physical violence among Indian women is as high as 31% and that of sexual violence is also as high as 8.3% (11). The prevalence of women suffering from any type of domestic violence in West Bengal is 40.3% which is way ahead of national average and West Bengal is thus ranked eighth in the list of states having a high prevalence of domestic violence according to the NFHS-3 data.

Not much community-based studies available from eastern part of India. Also, the available community-

based studies are limited to physical violence. We hypothesized that differences occur within the population based on some socio-economic characteristics such as education, occupation and income. The purpose of the present study is to report the prevalence of various forms (both verbal and nonverbal) of domestic violence against women and to examine various causative factors.

### Aims & Objectives

1. To study the socio-demographic characteristics of married women of reproductive age group in a slum of chetla
2. To find out the prevalence and the associated reasons of domestic violence of the study population
3. To find out the association if any, between the socio-demographic factors with domestic violence

### Material and Methods

**Study design:** The study was a, community based, observational, cross-sectional study. **Study settings:** The study was conducted in a slum of Chetla in Kolkata, West Bengal which is a service area of urban health centre (UHC Chetla) and an urban field practice area of All India Institute of Hygiene and Public Health. **Study sample:** According to NFHS-3 the prevalence of domestic violence in West Bengal is 40.3% taking this prevalence the sample size was calculated to be 97. It was calculated by using the formula  $n = 4pq/l^2$   $n = 40.3 \times 59.7 \times 4 / 100 = 96.23$  where  $p = 40.3$ ,  $q = 59.7$  Absolute allowable error (l) = 10%

Total population of the slum is 36090. The slum is divided into three units namely Unit-A, B & C. Line listing of all married females aged 15-49 years was done from house hold list available in the urban health centre and sample population was selected by Simple Random sampling according to probability proportion to size. (from each household all the females were included. If any selected household had no married woman within 15-49 years or didn't give consent, then next household was selected).

**Tools and technique:** The interviews were conducted with a predesigned and pretested schedule, in privacy and in a non-judgmental manner. For the survey, all questions were translated from English into Bengali which is the local language of West Bengal. Survey items included assessments of demographic and socioeconomic status (education, education of the spouse, occupation, occupation of the spouse, income of the

family, Age, Religion, Caste, and Type of family, age at marriage, number of children) Occupation of women were categorized into working and not working (Home maker)

Our outcome variable was occurrence of domestic violence against a woman by her husband in the past one year. Yes single yes in a year was considered positive. Five “yes-no” violence tactic items assessed physical spousal violence: (a) threatening /verbal abuse (b) slap or twist your arms, (c) punch with a fist or with something that could hurt you, (d) kick or drag you, and (e) sexual abuse We restricted our analysis to cases of physical violence that occurred in the past year (rather than “ever”) so as to establish a reasonable temporal ordering between physical spousal violence and the selected independent variables.

The reasons behind the different modes of domestic violence was also elicited through an open ended question. The respondents were asked to recall the reason of her last encounter of domestic violence.

Informed verbal consent was taken from each participant before the start of the interview. Ethical clearance from the mother institute and permission from officer in charge Chetla was taken before the start of the study. Total 137 participants were approached Married female 15-49 years those who consented to participate in the study were included. **Statistical analysis:** Appropriate statistical analysis was done using SPSS version 20. Standard descriptive analysis was carried out followed by bivariate analysis and finally multivariate analysis using binomial logistic regression adjusting for covariates considered to influence the outcome.

Age, Religion, Caste, level of education, education level of the spouse, occupation of the respondent, age at marriage, no of children, Type of family ,no. of family members, per capita income and the history of alcohol abuse (spouse) were used for bivariate analysis. All the variables (except for religion and caste) used in bivariate regression model were considered in multivariate analysis.

## Results

A sample of 97 married women participated in the study with age range of 16 to 46, (Table-1) with the mean age of 29.7(±8.1 years). 46.4% of the study population was in the age range of 20-29 years, 21.6% of the study population were illiterate 24.7% of spouses of the study population were illiterate. Majority of the study population (81.9%) belonged to

a nuclear family. It was found that 80.4% of the study population were married before attaining 18 years of age. The mean income was Rs. 1715(±686.1) and median income was Rs. 1600. 41.2% of the spouse of the study population were found to consume alcohol on regular basis .32.3% of the study population reported some form of domestic violence in last one year. The most common form of domestic violence was verbal abuse (Table 2). (Figure 1)The most common reason for the violence was argument with the spouse (40.6%) followed by spouse disliking the cooked food (28.1%). Other reasons included neglecting the children according to the spouse (12.5%), talking to unrelated male (12.5%)

(Table 3) In a logistic regression analysis adjusting with age, education, education of the spouse, age at marriage ,no of children ,family type per capita income, alcohol abuse by the spouse significant association was found between domestic violence and level of education of the spouse (AOR 12.6 ;95% CI=2.23-52.2) per capita income (AOR 5.85 ;95% CI=1.02-33.5) alcohol abuse by the spouse (AOR 31.3; 95% CI=5.62-175) and occupation of the women (AOR 8.3;95%1.34-52.2). Domestic violence was reported more amongst women whose spouses had low level of literacy, those who belonged to low socio-economic status and those who were homemakers. Occupation of women were categorized into working and not working (Home maker)

## Discussion

In the present study, prevalence of domestic violence was found to be 32.3% which is slightly less than the state prevalence reported by NFHS-3(40.3) This discrepancy could be due to the fact that NFHS survey is conducted in large sample whereas the current study was conducted in a slum and the sample size was relatively smaller, which is also one of the limitations of the study. Nevertheless, these data along with the world-wide literature confirm that domestic violence is a universal phenomenon existing in all communities (12,13,14). Most common type of domestic violence noted in the present study is a combination of physical and emotional violence followed by physical violence alone. This is against the finding of multi-centric study carried out by the WHO, which reported only physical violence as the most common violence followed by physical and sexual violence (15). This difference could be

attributed to the fact that our study participants could have been hesitant to discuss sexual violence. The present study also showed a very strong association between alcohol intake and domestic violence. It was found that domestic violence is more common among women whose spouses abused alcohol. Kimuna had also noted that being a wife of a man who drank alcohol increases the odds ratio of experiencing physical and sexual violence (11). Several studies carried out both in India and globally have also noted this phenomenon (16,17,18).

Family income emerged as significant predictor of domestic violence in the current study. The association between occurrence of physical violence and the family income was inverse, as occurrence of violence decreased with increasing family income and this association was statistically significant. Studies carried out by other researchers had shown a strong association between family income and domestic violence (15,18,19). This could be attributed to the fact that as the purchasing power of the family decreases there will be an increasing degree of frustration in the family members that will ultimately result in some form of domestic violence. These results corroborate with studies from a wide range of setting such as Ukraine, India and Cambodia (20,21) and Bangladesh (22,23) stating the association between socio-economic status and IPV. Thus, policies and interventions aimed at reducing poverty may contribute to decreasing the risk of physical violence among women in urban India, particularly for those living in slum areas.

The present study also showed a very strong association between occupation of the women and domestic violence. Domestic violence was reported more among women who were homemakers. This probably can be explained by the fact that those who are not a source of income to the family may have low self-esteem, hence can lead to acceptance of violence by their spouse. Miller also suggested that low self-esteem among Indian girls contribute to the women's acceptance of violence by their husbands (24)

Despite of these limitations, the study had methodological strengths including use of pre-tested pre-designed instruments, and establishment of rapport with the study participants

## Conclusion

The present study hereby concludes, high prevalence of physical and emotional violence among these

women across all socio-economic settings which has a strong association with alcoholism and per capita income and level of education of the spouse. Women are at risk of violence from the husband than any other type of perpetrator. Women were informed about the Domestic violence act, that it's a crime insight of the law and in such circumstance they could seek the help of the local police.

To sum it up Domestic violence has public health implications as public health can play a role in preventing the violence and its adverse health consequences. The high rates of spousal physical abuse underscore the need for policy makers to increase their recognition of spousal abuse as a critical target in public health concerns, and that comprehensive and culturally acceptable approaches in tackling domestic violence against women are needed.

## Recommendation

The study hereby recommends that to prevent domestic violence government has to take stringent action for empowering the women and make them more self-reliant by making the women more literate and more financially independent. These results also provide vital information to assess the situation to develop interventions as well as policies and programmes towards preventing violence against women

## Limitation of the study

This study had a limitation which is usual to this type of research topic as the interview was sensitive and participants might not have expressed their views and experiences openly and accurately, as they thought that their responses might damage their or their family reputation. However, these were managed by interviewing the participants in seclusion also the study relied on self-reported experiences of IPV obtained through face-to-face interview, which are subject to response biases due to sensitivities and stigma associated with IPV and social desirability. Also the study had a small sample size.

## Relevance of the study

Limited research has been done on domestic violence in this part of the country. Also there are few studies done on women living in slums who are more vulnerable to domestic violence.

## Authors Contribution

AD: Concept designing, Manuscript writing; PSP: Literature search, Data Collection, Manuscript preparation; SKS: Statistical and data analysis; DB: Data Collection; AK: Statistical analysis & manuscript review; MD: Data Collection.

## Acknowledgement

Officer Incharge-Urban Health Centre Chetla, Kolkata.

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**Tables****TABLE 1 DISTRIBUTION ACCORDING TO SOCIO-ECONOMIC AND DEMOGRAPHIC CHARACTERISTICS (N=97)**

Socio-economic characteristics	n (%)
<b>Age in years</b>	
<30 years	54(55.7)
≥30 years	43(44.3)
<b>Religion</b>	
Hindu	89(91.8)
Islam	8(8.2)
<b>Caste</b>	
General	82(84.5)
OBC and SC	15(15.5)
<b>Level of education</b>	
Illiterate	21(21.6)
Literate	76(78.4)
<b>Education level of the spouse</b>	
Illiterate	24(24.7)
Literate	73(75.3)
<b>Occupation of the respondent</b>	
Working	47(48.5)
Not working	50(51.5)
<b>Age at marriage</b>	
<18 years	78(80.4)
≥18 years	19(19.6)
<b>No. of children</b>	
≤2	69(71.1)
>2	28(28.9)
<b>Type of family</b>	
Nuclear	79(81.4)
Joint	18(18.6)
<b>No. of family members</b>	
≤4	57(58.8)
>4	40(41.2)
<b>Per capita income</b>	
≤1600	47(48.5)
>1600	50(51.5)
<b>History of alcohol abuse(spouse)</b>	
Yes	40(41.2)
No	57(58.8)

**TABLE 2 PREVALENCE OF DIFFERENT FORMS OF DOMESTIC VIOLENCE (N=32)**

Types of domestic violence	n (%)
<b>Verbal abuse</b>	30(93.7)
slapped	11 (34.3)
<b>Beaten by an object</b>	16 (50.0)
kicked	6 (18.7)
<b>Sexual abuse</b>	3 (9.3)
<b>Types of domestic violence</b>	n (%)
<b>Verbal abuse</b>	30(93.7)
Slapped	11 (34.3)
<b>Beaten by an object</b>	16 (50.0)
Kicked	6 (18.7)
<b>Sexual abuse</b>	3 (9.3)

**TABLE 3 BIVARIATE AND MULTIVARIATE LOGISTIC REGRESSION MODEL ADJUSTING FOR COVARIATES CONSIDERED TO INFLUENCE THE OUTCOME (DOMESTIC VIOLENCE)**

Covariates	OR (CI)	AOR (CI)
<b>Age in years</b>		
<30 years	0.40(0.16-0.95)	0.39 (0.04-3.31)
≥30 years	1	1
<b>Religion</b>		
Hindu	0.80 (0.18-3.60)	-
Islam	1	
<b>Caste</b>		
OBC and SC	0.70 (0.25-2.40)	
General	1	
<b>Level of education</b>		
Illiterate	1.72 (0.64-4.66)	3.16 (0.43 -23.1)
Literate	1	1
<b>Education level of the spouse*</b>		
Illiterate	9.39 (3.29-26.7)	12.6 (2.23-71.6)
Literate	1	1
<b>Occupation of the respondent</b>		
Not working	0.91 (0.39-2.12)	8.3 (1.34 -52.2)
Working	1	1
<b>Age at marriage</b>		
<18 years	1.08 (0.36-3.17)	3.82(0.51 -28.4)
≥18 years	1	1
<b>No. of children</b>		
>2	0.54 (0.21-1.35)	1.57 (0.12-19.8)
≤2	1	1
<b>Type of family</b>		
Nuclear	0.98 (0.33-2.91)	0.31 (0.03-2.74)
Joint	1	1
<b>No. of family members</b>		
>4	0.79 (0.33 -1.88)	0.14 (0.01-1.38)
≤4	1	1
<b>Per capita income</b>		
≤1600	4.31(1.71-10.9)	5.85(1.02-33.5)
>1600	1	1
<b>History of alcohol abuse(spouse)</b>		
Yes	21.6(6.9-68.1)	31.3(5.62-175)
No	1	1
P<0.05*		

**Figures**

**FIGURE 1 BAR DIAGRAM SHOWING REASONS FOR DOMESTIC VIOLENCE**

