

## SHORT ARTICLE

## Domestic violence patterns and its consequences among married women in rural Mangalore

Shiny Chrism Queen Nesan<sup>1</sup>, Gundmi Rakesh Maiya<sup>2</sup>, Rashmi Kundapur<sup>3</sup>

<sup>1</sup>Post-graduate, Department of Community Medicine, K S Hegde Medical Academy, Mangalore, Karnataka; <sup>2</sup>Post-graduate, Department of Community Medicine, K S Hegde Medical Academy, Mangalore, Karnataka; <sup>3</sup>Professor, Department of Community Medicine, K S Hegde Medical Academy, Mangalore, Karnataka.

<a href="#">Abstract</a>	<a href="#">Introduction</a>	<a href="#">Methodology</a>	<a href="#">Results</a>	<a href="#">Conclusion</a>	<a href="#">References</a>	<a href="#">Citation</a>	<a href="#">Tables / Figures</a>
--------------------------	------------------------------	-----------------------------	-------------------------	----------------------------	----------------------------	--------------------------	----------------------------------

### Corresponding Author

Address for Correspondence: Dr G Rakesh Maiya, Post-Graduate, Department of Community Medicine, K S Hegde Medical Academy, Mangalore – 575018, Karnataka  
E Mail ID: [rakeshmaiyag@gmail.com](mailto:rakeshmaiyag@gmail.com)



### Citation

Nesan SCQ, Maiya GR, Kundapur R. Domestic violence patterns and its consequences among married women in rural Mangalore. Indian J Comm Health. 2018; 30, 2: 170-174.

**Source of Funding:** NITTE (Deemed to be University), Mangalore, Karnataka; **Conflict of Interest:** None declared

### Article Cycle

**Received:** 21/05/2018; **Revision:** 02/06/2018; **Accepted:** 26/06/2018; **Published:** 30/06/2018

This work is licensed under a [Creative Commons Attribution 4.0 International License](https://creativecommons.org/licenses/by/4.0/).

### Abstract

**Background:** One in three women experience domestic violence with global prevalence ranging from 10-69%. It has significant public health consequence and due to sensitivity of the problem women may not report. **Aims & objectives:** To determine the pattern of domestic violence among women and its association with age, age at marriage, decision making power, economic and educational status of both partners and to determine the legal and health consequences of it. **Material & Methods:** Observational cross-sectional study was conducted among 199 rural married women. Women who can read and write Kannada were included using convenient sampling. Pre-validated, structured and self-administered questionnaire was used. Chi-square test was done for significance. **Results:** Emotional violence reported to be 83.1%, physical violence 53.8% and sexual violence 21.1%. Domestic violence had significant association with decision maker, age of both the partners and income of both the partners. 63.8% suffered from depression and 58.8% visited doctor 4-6 times in the last year in relation to domestic violence. **Conclusion:** The prevalence of domestic violence recorded was high and depression was the serious health consequence. Moral support should be given, and necessary measures should be taken to empower them.

### Keywords

Abuse; Consequences; Rural; Women; Decision maker

### Introduction

Violence at home is universal across ethnicity, class, religion and culture. WHO has declared domestic violence as “Public Health Epidemic” and defines as “Any act of gender-based violence that results in physical, sexual or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in private or in public life.” (1) According to WHO,

globally more than 1/3<sup>rd</sup> women suffer physical and sexual violence. (2,3) Violence against women is an important social problem in rural India. It has significant public health consequence, including general and reproductive health. There is a definite lacuna in knowing the different patterns of domestic violence and its health impacts. Government of India is making serious efforts to curb domestic violence by formation of Protection of Women from Domestic Violence Act, 2005. Due to sensitive nature of the

problem women may not voluntarily report. Domestic violence varies with literacy level and local social norms. It is necessary to assess the burden of domestic violence in the given geographical area to initiate supportive measures. (4) The present study is done to determine the magnitude, characteristics, associated factors and consequences of domestic violence among women in a rural sector.

### Aims & Objectives

- To determine the pattern of domestic violence among women.
- To determine the association of domestic violence with respect to the age, age at marriage of women, decision making power and economic/educational status of both the partners.
- To determine the legal and health consequences of domestic violence

### Material & Methods

An observational cross-sectional study (part of a large study) was conducted among married women in the rural field practice areas of a tertiary care hospital in Mangalore, Karnataka from January 2017. The minimum sample size was calculated as 187, using the formula  $4pq/d^2$  with 5% allowable error and 95% CI using the prevalence of 13.5% of sexual abuse based on previous study. (5) Totally 199 women visiting our rural primary health centers satisfying the eligibility criteria were selected by convenient sampling method. A pre-validated, structured and self-administered questionnaire consisting of 35 items prepared as per WHO guidelines given in WHO report of Violence on intimate partners was used. (6) Our questionnaire was prepared based on intimate partner violence, health and legal consequences related to the domestic violence. Kannada version of the same questionnaire was given to the women after linguistic validation. The responses were taken as reported by the women at that point of time when the study was conducted. Written informed consent was obtained from the participants. They were explained about the nature of the study and were also assured that the information provided by them will not be used to file a case for domestic violence. Women willing to participate and those women who can read and understand Kannada were included in the study. Mentally unstable women were excluded from the study. This study had obtained ethical clearance from institutional ethical committee. The

collected information was summarized using descriptive statistics such as frequencies and percentages. Chi square test was used to find association of domestic violence with respect to the age & age at marriage of the women and decision-making power, economic status, educational status of both the partners. P value  $<0.005$  was considered significant. Data management and analysis was done using Microsoft excel and SPSS version 16.

### Results

This study revealed that the prevalence of patterns of abuse reported by the women were physical (53.8%), sexual (21.1%) and emotional (83.1%) abuse. 53.3% of women felt that the marriage was done only for the sake of social security and 56.6% felt that their husband is the boss of the home than a better companion for them.

**Patterns of Domestic violence:** It was observed that majority of the women suffered emotional abuse by their partners, followed by physical and sexual abuse. Majority of women (82.4%) reported that being scolded by their husbands in front of his friends and relatives was the highest level of emotional abuse, followed by letting her down (76.4%) and teasing her (68.3%). 53.3% reported that monitoring their activities was emotionally offensive. In physical abuse, 53.3% were slapped and 41.2% were hit with objects. 22.1% reported that having forceful sexual intercourse as sexual abuse. On evaluating major reasons for each form of abuse, it was observed that not taking care of the husband (94.47%) and arguing with him and in-laws (79.3%) were the reasons for physical abuse. Controlling behavior of husband (94.4%) and feeling of incompatibility (68.3%) were the reasons for emotional abuse. Majority of women did not want to expose the reasons for sexual abuse.

**Association of Domestic violence:** There was no significant association of domestic violence with age at marriage of women and educational status of both the partners. [Table 1](#) shows the association of domestic violence in respect to decision making power, age and income of both partners. educational status of both partners. It was observed that women with alcoholic husbands suffered sexual violence which was statistically significant ( $p = 0.003$ ).

**Legal and health consequences of domestic violence:** Only 17.1% of women filed case against their spouse and in-laws on domestic violence. Action was taken only on 6.5% of the cases and none

were useful as reported by the women. Distinct reasons as stated by them for not reporting were fear of losing family reputation (68.3%), fear on husband (52.3%) and willingness to suffer domestic violence (23%). [Table 2](#) enumerates the health consequences of domestic violence among the women. 58.8% of the women visited the doctor 4 – 6 times in the last year in relation to domestic violence.

## Discussion

In our study, physical abuse was 53.8% which is similar (52%) to a study conducted by S. Rajini, C. Kamesh Vell and S. Senthil in rural community of Puducherry, Dr Shreemanta Kumar Dash in rural Andhra Pradesh and much higher than a study conducted in urban Karnataka which had 12%. (7,8,9) 53.3% had beating as a form of physical abuse which is similar (60.56%) to a research study report submitted to Planning Commission, Government of India. (10) In our study hitting with objects reported to be 41.2% which is similar (48.4%) to a study done in Amravathi district of Maharashtra. (11) In our study, kicking, a form of physical abuse was reported to be 15.1% which is similar (25.28%) to a study conducted in rural Andhra Pradesh, India. (8) Sexual abuse was reported to be 21.1% in this study which is similar (25.28%) to a research study report submitted to Planning Commission, Government of India. (10) In our study 53.3% reported humiliating/insulting as a form of emotional abuse which is similar (49.06%) to study previous study done in Maharashtra. (11) In our study 15.7% experienced threatening as a form of emotional abuse which is similar (10.5%) to study done in rural community of Puducherry and in rural Andhra Pradesh, India. (7,8) In our study, emotional abuse was the most common form of abuse followed by physical and sexual abuse which is like previous studies (5,12) It was observed that the common cause of domestic violence was alcohol intake by the husbands and less income by both the partners. Similar results were given in earlier studies. (7,11,13,14,15) In our study women, have reported 63.8% having depression and 7% miscarriage which can be substantiated with WHO report which states that women who have been physically and sexually abused by their partners had 16% more chances of having low birth weight babies, twice chance of having depression and abortion as compared to the women not abused. (16)

## Conclusion

In our study prevalence of emotional abuse was 83.1% which was the highest followed by physical (53.8%) and sexual abuse (21.1%). Scolding which was 82.4%, was the usual form of emotional abuse whereas the act of slapping (53.3%) and beating (53.3%) was the usual form of physical abuse and forced sexual intercourse (22.1%) against her will was the usual form of sexual abuse. Alcohol intake and financial issues were the most common causes of domestic violence. Significant association was found between domestic violence and decision maker, age and income of both the partners. Depression (63.8%) was the most common health consequences followed by physical injuries (53.2%) and stress (26.1%) as reported by the women. Though prevalence of violence is high, the reporting is very less as only 17.1% women have filed case against domestic violence.

## Recommendation

Ensure equal decision-making power for women in the family matters. There should be enough educational programs in all cultures, both for women and men which would in turn create awareness regarding gender equality among public. This study gives possible reasons for different forms of violence among women and thus, educating the men regarding it may reduce the occurrence of domestic violence. The health impacts due to domestic violence can also be addressed by the results of this study as reported by the women. As the reporting of violence is low, necessary awareness programs should be conducted for women to increase reporting. Action taken for the cases that is filed is considerably low, which must be addressed by the government through national policies and strict measures in favor of women.

## Limitation of the study

As it is a self-administered questionnaire there are chances of recall bias. There may be chances of low reporting of sexual violence due to hesitations which again can cause information bias. Responses for health consequences was taken as reported by the women and was not cross verified with medical reports.

## Relevance of the study

Domestic violence against women is one of the most important National issues that must be addressed in support of the women. The results of this study can

be used in formulating the policies and in support of the women. The health impacts due to violence can be addressed.

### Authors Contribution

All authors have contributed equally in the study.

### Acknowledgement

We thank all the women who participated in this study for their kind co-operation. We thank the institutional ethics committee for giving permission to conduct this study.

### References

1. WHO Multi-Country Study on Women's Health and Domestic ...  
[http://www.bing.com/cr?IG=187AAEAB429B46219901C994D1D15A7E&CID=281ECC8289886EAB118EC0A288756F19&rd=1&h=aMwYo3Rof2FSMnCLlxjHT2rwdYqF9EMkLD6DnVgA0&v=1&r=http://www.who.int/gender/violence/who\\_multicountry\\_study/Introduction-Chapter1-Chapter2.pdf&p=DevEx.LB.1,5516.1](http://www.bing.com/cr?IG=187AAEAB429B46219901C994D1D15A7E&CID=281ECC8289886EAB118EC0A288756F19&rd=1&h=aMwYo3Rof2FSMnCLlxjHT2rwdYqF9EMkLD6DnVgA0&v=1&r=http://www.who.int/gender/violence/who_multicountry_study/Introduction-Chapter1-Chapter2.pdf&p=DevEx.LB.1,5516.1) (accessed 02/03/2018).
2. World report on violence and health. World Health Organization 2015.  
[http://www.who.int/violence\\_injury\\_prevention/violence/world\\_report/en/](http://www.who.int/violence_injury_prevention/violence/world_report/en/) (accessed 02/04/2018).
3. Global and regional estimates of violence against women.  
<http://www.bing.com/cr?IG=E8EF8F6E99D84660B2CABC5D1F66F85B&CID=2C172AB80CDE61C4215C26980D236073&rd=1&h=X9GYElcRvelzbSNa2CzWyxKH53amjoX8Rxiw3XFdu5E&v=1&r=http://www.who.int/reproductivehealth/publications/violence/9789241564625/en/&p=DevEx.LB.1,5547.1> (accessed 02/04/2018).
4. Inventory of United Nations Activities to End Violence against Women. United Nations Action against Sexual Violence in Conflict. <http://evaw-un-inventory.unwomen.org/en/agencies/unfpa?unmeasure=e2f96754d6594b4cb8b45f9d3a1e0bef> (accessed 12/02/2018).
5. Chinnakali P, George J, Nair D, Premkumar N, Saravanan N, Roy G. The prevalence of domestic violence and its associated factors among married women in a rural area of Puducherry, South India. *Journal of Family Medicine and Primary Care* 2016;5:672. doi:10.4103/2249-4863.197309. [\[PubMed\]](#)
6. Krug EG. World Health Organization. World report on violence and Health. Geneva; 2002.p 89 – 113. Available form: [www.who.int](http://www.who.int). (accessed 11/04/2018)
7. Rajini S, Kamesh C, Senthil S. Prevalence of domestic violence and health seeking behavior among women in rural community of puducherry – A cross sectional study. *Int J Curr Res Rev* 2014;6:20-3.
8. Dash S K. Violence against Women: Evidence from Rural Andhra Pradesh (Eluru, W.G. Dist.), India. *Journal of Indian Academy of Forensic Medicine*. 2006: 28(4)
9. Shetty S, Kundapur R, Kempaller V, Kumar A, Anurupa M. Violence against educated women by intimate partners in Urban Karnataka, India. *Indian Journal of Community Medicine*. 2017;42(3):147. [\[PubMed\]](#)
10. Yugantar education society, A study of nature, extent incidence and impact of domestic violence against women in states of Andhra Pradesh, Chhattisgarh, Gujarat, Madhya Pradesh and Maharashtra, Nagpur, report sub-mitted to planning commission, GOI, New Delhi, [http://planningcommission.nic.in/reports/sereport/serstdy\\_demvio.pdf](http://planningcommission.nic.in/reports/sereport/serstdy_demvio.pdf) [Accessed 21/04/2018].
11. Jawarkar A, Shemar H, Wasnik V, Chavan M. Domestic violence against women: a crosssectional study in rural area of Amravati district of Maharashtra, India. *International Journal of Research in Medical Sciences* 2016:2713–8. doi:10.18203/2320-6012.ijrms20161937.
12. Semahegn A, Belachew T, Abdulahi M. Domestic violence and its predictors among married women in reproductive age in Fagitalekoma Woreda, Awi zone, Amhara regional state, North Western Ethiopia. *Reproductive Health* 2013;10. doi:10.1186/1742-4755-10-63. [\[PubMed\]](#)
13. Khapre MP, Chaudhary SG, Mesharam RD, Mudey AB, Nayak SC, Wagh VV. Domestic violence against married women in rural area of wardha district: a community based cross sectional study. *National journal of community medicine*. 2014;5(4):355-8.
14. Pewa P, Thomas S, Dagli R, Slanki J, Arora G, Garla B. Occurrence of domestic violence among women and its impact on oral health in Jodhpur City. *J Contemp Dent Pract*. 2015;16(3):227-33. [\[PubMed\]](#)
15. A H. The Impact of Domestic Violence on Women: A Case Study of Rural Bangladesh. *Sociology and Criminology-Open Access* 2016;4. doi:10.4172/2375-4435.1000135.
16. WHO. Executive summary: Global and regional estimates of violence against women: Prevalence and health effects of intimate partner violence and non-partner sexual violence, 2014. Available at: [http://www.apps.who.int/iris/bitstream/10665/85241/1/WHO\\_RHR\\_HRP\\_13.06\\_eng.pdf?ua=1](http://www.apps.who.int/iris/bitstream/10665/85241/1/WHO_RHR_HRP_13.06_eng.pdf?ua=1). [accessed 23/05/18]

**Tables**

**TABLE 1 ASSOCIATION OF DOMESTIC VIOLENCE AGAINST WOMEN WITH RESPECT TO DECISION MAKING, AGE & MONTHLY INCOME OF BOTH PARTNERS**

CATEGORIES N = 199	PHYSICAL ABUSE (N %)	SEXUAL ABUSE (N %)	EMOTIONAL ABUSE (N %)
<b>DECISION MAKER</b>			
Husband	43 (21.6)	4 (2)	43 (21.6)
Father in law	60 (30.2)	36 (18.1)	59 (29.6)
Mother in law	4 (2)	2 (1)	38 (19.1)
Chi square/ p value	X <sup>2</sup> = 61.28 <b>P = 0.000</b>	X <sup>2</sup> = 44.77 <b>P = 0.000</b>	X <sup>2</sup> = 1.28 P = 0.527
<b>AGE OF WOMEN</b>			
21 – 40 years	4 (2)	2 (1.0)	38 (19.1)
41 – 60 years	103 (51.8)	40 (20.1)	102 (51.3)
Chi square/ p value	X <sup>2</sup> = 60.122 <b>P = 0.000</b>	X <sup>2</sup> = 12.59 <b>P = 0.000</b>	X <sup>2</sup> = 0.251 P = 0.725
<b>MONTHLY INCOME OF WOMEN (RS)</b>			
< 10,000	59 (29.6)	24 (12.1)	68 (34.2)
10,000 – 50,000	11 (5.5)	0	11 (5.5)
Housewife	37 (18.6)	18 (9.0)	61 (30.7)
Chi square/ p value	X <sup>2</sup> = 4.059 P = 0.131	X <sup>2</sup> = 4.156 P = 0.125	X <sup>2</sup> = 8.630 <b>P = 0.013</b>
<b>HUSBAND’S AGE</b>			
21 – 40 years	106 (53.3)	41 (20.6)	140 (70.4)
>60 years	1 (0.5)	1 (0.5)	2 (1.0)
Chi square/ p value	X <sup>2</sup> = 9.350 <b>P = 0.003</b>	X <sup>2</sup> = 1.009 P = 0.464	X <sup>2</sup> = 27.629 <b>P = 0.000</b>
<b>MONTHLY INCOME OF HUSBAND (RS)</b>			
< 10,000	74 (37.2)	28 (14.1)	95 (47.7)
10,000 – 50,000	21 (10.6)	10 (5.0)	33 (16.6)
Unemployed/ retired	12 (6.0)	4 (2.0)	12 (6.0)
Chi square/ p value	X <sup>2</sup> = 5.717 P = 0.057	X <sup>2</sup> = 0.316 P = 0.854	X <sup>2</sup> = 0.737 P = 0.692

**TABLE 2 HEALTH CONSEQUENCES OF DOMESTIC VIOLENCE AS REPORTED AMONG WOMEN**

HEALTH CONSEQUENSES	RESPONSES N (%)
<b>Physical injuries</b>	
Cuts	106 (53.2)
Scrapes	11 (5.52)
Bruises	11 (5.52)
<b>Psychological impact</b>	
Stress	52 (26.1)
Depression	127 (63.8)
Panic attacks	10 (5.02)
Suicide thoughts	10 (5.02)
Hearing loss	11 (5.52)
Miscarriage	14 (7.03)
Homicidal wound	12 (6.03)
Homicidal threats	30 (15.07)
Mentally traumatizing sexual intercourse	46 (23.11)
<b>Long term impact</b>	
Headache	52 (26.13)
Body ache	11 (5.52)
Back ache	136 (68.3)