

Violence against Women - An Emerging Health Issue in North East India.

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ABSTRACT

Background: Violence against women is an extensively recognised public health problem but grossly underreported. The study plans to assess the magnitude as well as factors associated with domestic violence among ever married women. **Methods:** This cross sectional study was conducted among ever married women attending a tertiary care health centre using a semi structured questionnaire adapted from the WHO Multi-country Study on Women's Health and Life Experiences. Descriptive statistics along with univariate and multivariate logistic regression analysis were performed to see for associations. A P- value of <0.05 was taken as significant. **Results:** The mean (SD) age of the respondents was 32.0±7.9 year. More than half of the respondents 278(53.6%) have faced some form of violence during their marital life. Verbal form of violence 218(78.4%) was the commonest followed by physical violence 134(48.2%). The risk of ever having faced violence was significantly associated with increasing number of children, husband being a smoker and husband being an alcohol user (P < 0.05). **Conclusion:** The prevalence of violence was relatively high as equated to other evidence from across the country. A primary prevention activity by raising public awareness and changing the gender-related attitudes towards women at a societal as well individual level is needed.

Keywords: Violence, Gender, Intimate partner, North-East India.

INTRODUCTION

The Forty-Ninth World Health Assembly adopted Resolution WHA49.25, declaring violence a major and growing public health problem across the world. The World Health Organization defines violence as: The intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation.^[1]

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One of the most common forms of violence is violence against women or domestic violence that is performed by a husband or an intimate male partner or other members of the marital family. Domestic violence occurs in all countries, irrespective of social, economic, religious or cultural group. In, 48 population-based surveys from around the world, between 10% and 69% of women reported being physically assaulted by an intimate male partner at

some point in their lives.^[2] Research suggests that physical violence in intimate relationships is often accompanied by psychological abuse and in one-third to over one-half of cases by sexual abuse.^[3]

Violence against women is a widespread, deeply ingrained evil, which has serious impact on woman's health and well-being. Women are unequivocally the primary victims of family violence, and the tradition of household privacy has kept this violence against women hidden from scrutiny. Within the last few decades, a gradual improvement in women's status due to women's activism in various parts of the world has helped slowly to increase the visibility of domestic violence as a social problem.^[4] Despite this, violence against women within the family home, until very recently, has received little attention as either a social or a public health issue. The sensitivities and stigma associated with domestic violence, the perception that it is primarily a judicial and legal issue, and the lack of data on the dimensions of abuse, have hampered understanding and the development of appropriate interventions.^[5,6] In India, domestic violence was recognized as a human right issue in 1980s due to the increasing number of dowry deaths. After a decade-long process of consultations and revisions, a comprehensive domestic violence law, known as the Protection of Women from Domestic Violence Act 2005, took effect in 2006.^[7] Key elements of the law

include the prohibition of marital rape and the provision of protection and maintenance orders against husbands and partners who are emotionally, physically, or economically abusive. National Family Health Survey (NFHS) – III carried out in 29 states of India in 2005-06 has found that, nationwide 37.2% of women experience violence after marriage. Manipur is the second North East state facing domestic violence against women (43.7%).^[8] In the North East of India, women enjoy greater mobility and visibility than women of other communities in the country. Practices such as dowry and bride burning are not very prevalent in the region. But the data collected for violence against women, particularly domestic violence, is on rise in the North East India.^[9] To gain a better understanding of the potential risk factors necessary to reduce the prevalence of the violence against women this study was planned to assess the magnitude, the forms of violence as well as factors associated with violence against ever married women attending a tertiary health facility in Manipur, North East India.

MATERIALS AND METHODS

This cross sectional study was conducted among ever married women in the age group 18 to 49 years attending both outpatients and in patients departments of Jawaharlal Nehru Institute of Medical Sciences (JNIMS), Imphal, Manipur during the months of February and March 2015. JNIMS is a tertiary care hospital in Manipur which accommodates patients from all districts and neighbouring states. The study was conducted in this setting as the women here are away from home and would feel free to talk about this sensitive issue. It was ideal among married women because they were more likely to experience physical or sexual violence from their husbands. Women attending psychiatry department, those who were seriously ill and refusals to participate were excluded from the study.

Sample size and sampling: Sample size was calculated based on a prevalence of 43%^[8]. Using 5% precision and at 5% significance level a sample size of 384 was calculated. Assuming a little more than 20% non-responders, the sample size was increased to 460 rounded off to 500. Consecutive sampling was done selecting all women fulfilling the inclusion criteria till the required sample size was reached.

Operational definition: Ever married women in the age group 18-49 years, who had ever faced any form of violence during their married life, are considered as facing domestic violence. Violence may be in the form of physical, verbal, sexual or mental harassment.

Study tool: A pre-designed, pre-tested and semi-structured questionnaire adapted from the WHO Multi-country Study on Women's Health and Life Experiences was used.^[10] The questionnaire was

translated into local language to maintain uniformity among the investigators and translated back again. The questionnaire consisted of 5 sections namely the Socio demographic profile, Lifestyle related questions, Attitude questions, questions about Household relations and Awareness about provisions under Acts/ laws related to Domestic violence.

Purpose of the study was explained and Informed consent was taken for each respondent before the interview. Accompanying persons and caretakers were excused at the time of interview to maintain privacy.

Statistical analysis:

Collected data was entered into MS Excel spread sheet and analysis was done using IBM SPSS statistics 22 software. Descriptive statistics like mean, median, percentage were generated. Univariate and multiple logistics regression analysis were performed to look for association. A P-value of <0.05 was taken to be significant.

Ethical considerations:

The study was approved by the Institutional Ethics Committee, JNIMS. Verbal informed consent was obtained with assurance of anonymity and confidentiality. All identifiers were removed from collected data.

RESULTS

Out of a total of 561 women approached for the study, 31 of them did not give consent and 11 of the collected questionnaire were incomplete hence a total of 519 responses were included in the analysis. The mean (SD) age of the respondents was 32.0±7.9 year. The husband's age ranges from 18 to 75 years with a mean (SD) age of 38.8±8.7 year. The duration of marriage ranges from less than 1 month to up to 30 years with mean (SD) years of marriage as 7 ±7.4 years.

Almost half 243(46.8%) of the respondents reported that their husbands consumes alcohol and around 165(31.8%) said that their husbands were smokers [Table 2]. Most of the respondents 380(73.2%) disagreed to the statement 'It is important for a man to show his wife/partner who is the boss' but majority 435(83.8%) felt that 'A man have a good reason to hit his wife if he finds out that she has been unfaithful' [Table3].

More than half of the respondents 278(53.6%) have faced some form of violence during their marital life, maximum of which was from husband (229, 82.4%). Verbal form of violence 218(78.4%) was the commonest followed by physical violence 134(48.2%). The most common cause of violence as cited by most of the respondents 115(41.4%) was 'Arguments due to financial problem', 'Under the influence of alcohol' was another common reason stated by 48(17.3%) and 'Not attending to household duties' was another reason cited by 44(16%) some other reasons for violence as cited by the

respondents were 'Husband having extra-marital affair', 'Mother-in-law does not like her' 'Not able to bear children' etc.

When asked, around one third 177(34.1%) of the total respondents said that their husband have ever slapped her, 77(14.8%) said that their husband had ever pulled her hair or push or throw things at her, 68(13.1%) said that their husband had ever kicked or dragged or beat her up, 50(9.6%) said that their husband had ever forced her to have sex even if she did not want to, 123(23.7%) said yes to the question whether their husband had ever insulted her or made her feel bad about herself and 64(12.3%) responded that their husband had ever belittled or humiliated her in front of others.

When asked, around 154(29.7%) of the respondents said that their husbands insists on knowing where she was all the times, 51(9.8%) said that their husbands tries to restrict her from keeping contact with her family of birth, 111(21.4%) said that their husbands gets angry if she speaks to another man and 252(48.6%) said that their husbands expects her to ask his permission before seeking health care.

Majority of the respondents said that they were aware of some law/act related to the prevention of violence against women in the country but most of them could not state correctly the provisions for women under the act. A few of the single responses were 'family counselling', 'provision of shelter homes', 'imprisonment of husband' etc. Around 56(10.8%) of the respondents could correctly name some of the local groups or organisations working for the welfare and safety of women in the state.

The odds of having ever faced violence is significantly higher with increasing age of the respondent, increase in age of the husband, low educational level of the respondent, belonging to joint family, longer duration of marriage, increase in number of children, husband being a smoker and husband being an alcohol user. But after adjustment the risk of ever having faced violence was significantly associated with increasing number of children, husband being a smoker and husband being an alcohol user only [Table5].

Table1: Showing socio-demographic characteristics of the respondents (N=519).

Variable	Categories	Number (%)
Educational status (respondent)	No formal education	48(9.2)
	Primary school	162(31.2)
	Secondary or high school	215(41.4)
	University/ technical college / post-secondary education	94(18.1)
Educational status (Husband)	No formal education	27(5.2)
	Primary school	92(17.7)
	Secondary or high school	257(49.5)
	University/ technical college / post-secondary education	143(27.6)
Occupation (Respondent)	Unemployed/homemaker/student	283(54.5)
	Self-employed/weaving/sells vegetables	138(26.6)
	Non-agricultural (unskilled)/daily wage labourer	14(2.7)
	Business/trader	20(3.9)
	Salaried employment (Govt./private)	49(9.4)
	Agricultural labor	15(2.9)
Occupation (Husband)	Unemployed/student	24(4.6)
	Self-employed/weaving/sells vegetables	113(21.8)
	Non-agricultural (unskilled)/daily wage labourer	71(13.7)
	Business/trader	131(25.2)
	Salaried employment (Govt./private)	149(28.7)
	Agricultural labor	31(6.0)
Religion	Hindu	192(37.0)
	Islam	86(16.6)
	Christian	52(10.0)
	Meeteism	189(36.4)
Family type	Joint	253(48.7)
	Nuclear	266(51.3)
Residence	Rural	315(60.7)
	Urban	204(39.3)
No. of living children	None	89(17.1)
	1	159(30.6)
	2	146(28.1)
	3	54(10.4)
	4 & above	43(8.3)
Current marital status	Currently married & living with spouse	477(91.9)
	Married does not live with spouse	17(3.3)
	Widow	19(3.7)
	Divorced	6(1.2)
Type of marriage	Arranged marriage	79(15.2)
	Approved by both partners/eloped	433(83.4)
	Forced marriage	7(1.3)
Head of the family	Father in law	163(31.4)

	Mother in law	66(12.7)
	Husband	263(50.7)
	Self	22(4.2)
	Others (Aunt/uncle/Own parents)	5(1.0)
Currently living with	Husband	305(58.8)
	Own parents	175(33.7)
	Husband and In laws	12(2.3)
	Others (alone/own children/sister)	27(5.2)

Table 2: Responses to lifestyle related questions (N=519).

Question	Categories	Number (%)
Husband smokes cigarettes?	Yes	165(31.8)
	No	354(68.2)
If yes, how many times	Daily	58(35.1)
	Occasionally	107(64.8)
Husband consumes alcohol?	Yes	243(46.8)
	No	276(53.2)
If yes, how many times	Every day or nearly everyday	38(15.6)
	Once or twice a week	53(21.8)
	1-3 times a month	49(20.2)
	Occasionally ,less than once a month	103(42.4)
Husband abuse any other substance?(drugs, ganja, inhalants etc. excluding tobacco)	Yes	59(11.4)
	No	460(88.6)
If yes, how many times	Every day or nearly everyday	33(56.0)
	Once or twice a week	12(20.3)
	1-3 times a month	3(5.1)
	Occasionally ,less than once a month	11(18.6)

Table 3: Responses to Attitude related statements (N=519)

Statements	Response categories		
	Agree N (%)	Disagree N (%)	Don't Know N (%)
A good wife obeys her husband even if she disagrees	166(32.0)	325(62.6)	28(5.4)
Family problems should only be discussed with people in the family	382(73.6)	114(22.0)	23(4.4)
It is important for a man to show his wife/partner who is the boss	123(23.7)	380(73.2)	16(3.1)
A woman should be able to choose her own friends even if her husband disapproves	178(34.3)	291(56.1)	50(9.6)
If a man mistreats his wife, others outside the family should intervene	362(69.7)	129(24.9)	28(5.4)
In your opinion, does a man have a good reason to hit his wife if:	Yes N (%)	No N (%)	Don't know N (%)
She does not complete household work to his satisfaction	180(34.7)	325(62.6)	14(2.7)
She disobeys him	218(42.0)	276(53.2)	25(4.8)
She refuses to have sexual relations with him	53(10.2)	445(85.7)	21(4.0)
She asks him whether he has other girlfriends	37(7.1)	460(88.6)	22(4.2)
He suspects that she is unfaithful	52(10.0)	456(87.9)	11(2.1)
He finds out that she has been unfaithful	435(83.8)	78(15.0)	6(1.2)

Table 4: Response to Household relations questions (N=519).

Questions	Response categories	N (%)
After marriage faced any kind of violence at your marital family	Yes	278(53.6)
	No	241(46.4)
If yes, from whom (multiple response) (N=278)	Husband	229(82.4)
	Mother In law	77(27.7)
	Father in law	23(8.3)
	Other members	16(5.7)
If yes, what type of violence (multiple response) (N=278)	Physical	134(48.2)
	Verbal	218(78.4)
	Emotional	64(23.0)
	Sexual	2(0.7)
Type of physical violence experienced (multiple response) (N=134)	Pushing/shoving causing no injury	36(26.9)
	Pushing/shoving causing injury	19(14.2)
	Hitting/slapping/punching- no injury	101(75.8)
	Hitting/ slapping/ punching - injury	29(21.7)
Frequency of violence (N=278)	More than once a day	22(7.9)
	Once a day	16(5.7)
	3-4 times a week	40(14.4)
	1-2 times a month	98(35.3)
	1-2 times a year	35(12.6)
< once a year	67(24.1)	
Was there ever a time when you were slapped, hit or beaten	Yes	37(7.1)

by any member of your marital family while you were pregnant (N=519)	No	437(84.2)
	Not applicable	45(8.7)
Are you able to spend the money you earn how you want yourself or give part/all to husband/in laws	Yes, by self	114(22.0)
	Give part to husband/in law	104(20.0)
	Give all to husband/in law	18(3.5)
	Not applicable	283(54.5)
Were you ever hurt badly enough by husband /marital family members that you needed health care	Yes	34(6.6)
	No/not applicable	485(93.4)
If yes, did you share/report the incident (N=34)	Yes	13(38.2)
	No	21(61.8)
If no, reason for not reporting (N=21)	Fear of social stigma	11(52.4)
	Fear of further victimization by family members	7(33.3)
	Lack of awareness and resource	3(14.9)

Table 5: Multiple logistic regression analysis with Ever faced any type of violence at marital family as dependent variable with selected independent variables.

Characteristic	Crude OR	95% CI	P value	Adjusted OR	95% CI	P Value
Age of respondent (Yr)	1.039	1.016-1.062	0.001	1.016	0.963-1.071	0.562
Age of husband (yr)	1.030	1.009-1.051	0.004	0.976	0.935-1.025	0.364
Respondents' educational level						
No formal education	1			1		
Primary school	0.597	0.301-1.185	0.140	0.673	0.321-1.409	0.293
Sec or high school	0.467	0.240-0.910	0.025	0.558	0.265-1.176	0.125
University/ tech/Post-sec	0.400	0.192-0.832	0.014	0.530	0.227-1.242	0.144
Family type						
Nuclear	1	-		1		
Joint	1.673	1.182-2.369	0.004	1.248	0.845-1.844	0.266
Duration of marriage (yr)	1.054	1.028-1.080	0.001	1.012	0.961-1.067	0.649
No. of living children	1.343	1.178-1.531	0.001	1.247	1.018-1.528	0.033
Husband smoker						
No	1			1		
Yes	2.695	1.821-3.990	0.001	1.797	1.168-2.765	0.008
Husband consumes alcohol						
No	1			1		
Yes	3.051	2.127-4.377	0.001	2.736	1.833-4.082	0.001

DISCUSSION

The study conducted in an environment away from the home of the respondents was able to bring out many of the sensitive issues related to domestic violence faced by women at their marital family. As household survey asking women if they have been beaten is often considered inappropriate to implement considering the ethical and safety concerns involved. The formulation of effective and sustainable intervention strategies to address domestic violence against women requires a comprehensive understanding of all dimensions of the problem.^[2] The prevalence of domestic violence reported in the study (53.8%) is higher than as reported in other studies^[8,11-16] with verbal and physical form of violence being the maximum. Babu BV et al reported a similar prevalence of 56% among women in Bengal.^[17]

Husbands were the major contributor of domestic violence (82.4%) followed by mother in law (27.7%). Other studies also reported husbands to be the major committers of domestic violence.^[4,18-22] Sinha et al study also reported husbands to be the major perpetrators (81.2%) followed by in-laws and other family members. A rather disquieting proportion of 7.1% of the respondents reported physical violence while they were pregnant. Audi

CAF et al reported a lower prevalence (6.5%) of physical violence in a study done solely among pregnant women.^[23] Other studies based in developing countries reported higher proportion of physical violence during pregnancy.^[24,25] Almost 63.3% of those facing violence reported a higher frequency of violence of monthly or weekly as compared to other studies reporting lesser frequency.^[12]

Majority of the women (54.5%) were financially dependent on their spouse. Of those who were earning, half of them (51.1%) had to give a part or all of the earnings to their husbands or in-laws. The most common cause of violence (41.4%) as reported was 'Arguments due to financial problem'. Financial dependency as well as less education may act as a precipitating factor for violence. Studies found that where women have a higher economic status they are seen as having sufficient power to change traditional gender roles. It has been reported that higher levels of education of both the woman and her husband acted as a protective effect, signifying the important part education could play in reducing violence against women.^[26,27] A substantial number of the respondents (34) admitted that they had suffered physical violence which needed medical care but most of them (21) did not report the incident fearing social stigma and further victimization by

family members. Although the country had an act/law known as 'The Protection of women from domestic violence, 2005' enforced since September 2005 most of the respondents were ignorant of the existence of such an act/law and were not aware of any of the provisions under the act.^[7] In household survey in South Africa showed that between 50% and 80% of victims of violence received medical treatment for a violence-related injury without reporting the incident to the police.^[28] In another study, conducted in the United States of America, 46% of victims who sought emergency treatment did not make a report to the police.^[29]

Some characteristics like increasing age of respondents, increasing age of the husband, low educational level of the respondent, belonging to joint family, longer duration of marriage, large family size and husband being an alcoholic or smoker showed significantly higher risk of domestic violence. Other studies also reflected associations between husbands being alcoholic and occurrence of domestic violence.^[23,26] Large family size may reflect on the financial insecurity of families thus predisposing to domestic violence.

Worldwide, violence within the home is universal across different culture, religion, class, and ethnicity. In spite of this widespread prevalence, however, such violence is not customarily acknowledged and has remained unseen—a problem thought unworthy of legal or political attention.^[3] Violence against women is a complex and multidimensional problem that has gradually been approached as an issue of public health.^[23] The health sector has an important role in combating this type of violence by means of research, case notifications, the organization of reference services for victims as well as other proposals involving intervention.^[30] However, none of these strategies for combating violence can ignore the issue of the cultural roots of these abuses besides, evidently, attending to the immediate needs of the victims.

The limitations of the study are that our study population is only based on women visiting a tertiary care hospital and may not reflect the actual scenario in the community. However we were able to elicit accurate responses from the women by maintaining privacy and confidentiality and conducting the interview in an amiable environment.

CONCLUSION

The study pictures the high prevalence of all forms of violence against women, with large family size and husbands being alcoholic or smoker being associated with occurrence of violence. Public health has an important role in fronting the issue by helping spread awareness and in developing interventions as well as policies and programmes towards preventing violence against women.

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