
**“PREVALENCE OF DOMESTIC VIOLENCE
AMONG EVER MARRIED WOMEN IN
URBAN AREA”**

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LIST OF ABBREVIATIONS USED

SL.No	ABBREVIATIONS	EXPANSION OF THE ABBREVIATIONS
1	WHO	World Health Organization
2	VAW	Violence Against Women
3	SRQ	Self- Reporting Questionnaire
4	DV	Domestic violence
5	IPV	Intimate Partner Violence
6	NFHS	National Family Health Survey
7	PUC	Pre University College
8	SES	Socio Economic Status
9	MF	Multiplication factor
10	SPSS	Statistical Package for Social Sciences
11	%	Percentage
12		Greater than
13		Lesser than
14	χ^2	Chi Square
15	Df	Degree of Freedom
16	SD	Standard Deviation
17	UHC	Urban Health Centre

ABSTRACT

BACKGROUND & OBJECTIVES

Women facing violence is a major global public health problem. The World Health Organization has defined domestic violence as “the range of sexually, psychologically and physically coercive acts used against adult and adolescent women by current or former male intimate partners.

A married women may experience violence within the family multiple times/ have overlapping of different types of violence namely physical, sexual, emotional/psychological, controlling behavior socioculturally/ economically by her husband or in-laws. Domestic violence against women though prevalent , the women usually try to hide it and is thus one of the major causes of morbidity for women..

The present study was thus conducted among the ever married women to know the prevalence of domestic violence and to assess the psychiatric morbidity among the women experiencing domestic violence.

METHODOLOGY

The present cross sectional study was conducted among ever married women who were permanent residents of Belagavi city, from 1st January to 31st December 2017. A sample size of 600 was calculated and obtained by simple random sampling method.

Personal interview of eligible participants was conducted by the investigator, using pre-designed and pre-tested questionnaire adopted from WHO multi-country study on IPV questionnaire. Data regarding socio demographic variables like age, husband’s age, educational status, occupational details, socio-economic status etc. were collected

and screened for psychiatric morbidity using SRQ 20 questionnaire among the participants with domestic violence. Informed consent was taken prior to data collection. Ethical clearance was obtained from institutional ethics committee.

RESULTS

The overall prevalence of domestic violence was 58.5%. Most of the participants face demotional violence and controlling behavior than physical or sexual violence. Many women chose to maintain silence over the issue and not seek help regarding domestic violence. Almost half of the victims of domestic violence (45.3%) were found to have psychiatric morbidity. Domestic violence was significantly associated with age of the women, husband's age, educational status of women and husbands, type of family, marital status, parity, socioeconomic status, age at marriage, duration of married life and non pregnant state of the women.

CONCLUSION

The present cross sectional study reported a higher prevalence of domestic violence among ever married women of reproductive age group residing in urban area of Belagavi which was found to be more among the higher socioeconomic groups as they commonly experienced increased emotional violence than physical violence. Thus half of victims had psychiatric morbidity due to domestic violence.

KEYWORDS

Ever married, women, domestic violence, urban.

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“YATRA NARYASTU PUJYANTE RAMANTE TATRADEVATAHA”

-Sanskrit shloka

**(“Wherever a woman is respected and worshipped,
God resides in such a place”)**

INTRODUCTION

The status of women has changed gradually from the ancient Vedic period where in they were respected and treated equal to men in all aspects to the medieval period and the British rule, when many social evils against women and practices of purdah, sati, jauhar etc were enforced. Yet history is filled with Heroic women who were able administrators and, brave warriors like Jhansi Rani Lakshmibai and Kittur Rani Chennamma fought unitedly to safeguard the rights of their fellow beings. Today’s modern independent Indian women with constitutional rights have achieved great milestones in various fields and though the past historical practices of sati, devadasi, purdah have decreased, women now face many crimes such as, child marriage, acid attack, dowry, female infanticide/ abortions, honor killings, rape, sexual harassment, human trafficking, accusations of witchcraft; one among such is the violence against women taking place within the domestic homes.¹

Gender based violence is the abuse of power of one gender over the other, which is one of the major public health problem and any body can be victim or perpetrators but often it is seen that the married women are the victims of violence from their current or former intimate partners i.e their husbands than any other person within the families. Thus it is known as intimate partner violence or domestic violence.^(2,3,4,5,6)

A married women may experience violence within the family multiple times/ have overlapping of different types of violence namely physical, sexual, emotional/psychological, controlling behavior socio culturally/ economically by her husband or in-laws. Domestic violence against women though prevalent, the women usually try to hide it and is thus one of the major causes of morbidity for women. As the married women plays multiple roles as a daughter-in-law, cook, maid, mother, labourer as well as a wife; she is emotionally attached and dependent on the husband. Domestic violence by her husband has long term and serious health implications both physically and mentally on her, thereby affecting the home environment and health status of all the family members especially affecting the growth of the children.

Nature of violence within the family could be an assault which could injure her physically or humiliate her psychologically which can be compared to torture based on the severity, frequency and duration. Physical abuse by intimate partner can go to any extent and is reported to be 16-52% in both developing and developed countries. Most of the women believe that they should be punished by beating when they do wrong and refrain from speaking regarding the abuse due to fear of harm or ashamed of revealing family's dignity or honour and also because of lack of legal and social support for those who standup against the abuse.

Not many married women consider forced sex against their will as sexual violence because they think its their duty to obey the husband; also not all countries have legal laws for marital rape.10-15% globally sexual violence is present. Psychological or mental violence consists of repeated verbal abuse, insults, harassment, confinement, deprivation of physical, financial and personal resources. Some women may prefer

physical abuse than emotional abuse which under mine's ones security and self confidence including constant threat/terror/ fear living conditions.^(2,7)

Domestic violence on women is seen in many countries, belonging to various social, economic, religious or cultural groups. Different factors are seen to be responsible for intimate partner violence such as young age, poverty, lower educational qualification, marital conflict and instability, personality disorders, male dominance, social norms , alcohol abuse and urbanisation. Migrants from rural areas for employment or education etc often get affected by poverty, ill health etc as urban settlement demands increased facilities, poor living conditions, nuclear families and lack of social support compared to village life.

The victims of domestic violence have adverse effects on the mental health such as depression and anxiety, eating and sleeping disorders, feelings of shame and guilt, phobias and panic disorders, physical inactivity, poor self-esteem, post-traumatic stress disorder, psychosomatic disorders, alcohol and drug abuse, smoking, suicidal behavior and self-harm and unsafe sexual behavior.^(2,3)

The National Family Health Survey of 2005-06 from 29 states of India reported that **37.2 %** of women experienced Domestic violence.⁸Domestic violence contributes to the global burden of ill health in terms of female morbidity and mortality leading to psychological trauma and depression, injuries, sexually transmitted diseases, suicide and murder. The global health burden from violence against women in reproductive age group is found to be 9.5 million disability adjusted life years (DALYs).⁹

There is less of detection as well as lack of measures to prevent or stop domestic violence and provide social support in all countries. Many times women do seek help from their relatives or neighbours but are afraid to report to the ones in authorities such as police or health services because of fear of shame, family's dishonour or even due to child protection services taking away their children from them. The service providers in the authority fail to identify the women sufferers of violence, or respond inadequately; either ill equipped or not trained to deal with a women having faced domestic violence.

One of the important obstacles in the prevention of violence against women is the lack of gender sensitive health research and reliable data on the magnitude of the problem and its consequences due to under reporting or in an unintended manner as women themselves are unable to perceive several acts of their own husbands and the marital family members as a form of violence and also due to fear of reprisal from husband. Many studies done from 1980s -1990s have under reporting of domestic violence.¹⁰

Hence the present study was undertaken to assess the prevalence of domestic violence and psychiatric morbidity among the women experiencing domestic violence in the urban area.

OBJECTIVES

1. To estimate the prevalence of domestic violence among ever married women residing in an urban area of Belagavi.
2. To assess the prevalence of psychiatric morbidity among the women experiencing domestic violence.

REVIEW OF LITERATURE

DOMESTIC VIOLENCE (INTIMATE PARTNER VIOLENCE)

The World Health Organization has defined domestic violence as “the range of sexually, psychologically and physically coercive acts used against adult and adolescent women by current or former male intimate partners.”^(2,11)

Domestic violence occurs in all countries, among all types of social, economic, religious or cultural groups. Women can also be violent against men, and nowadays violence is known to occur among same-sex relationships. Yet it is known that majority occurs among women by their husbands.^(2,3,12)

According to WHO, Domestic violence may be associated with certain risk factors related to individual, relationship, community and societal levels:

RISK FACTORS:

- Lower educational status
- Poverty
- Young age
- Exposure to childhood maltreatment
- History of having familial domestic violence
- Depression
- Economic stress
- Antisocial personality disorders of perpetrators
- Harmful use of alcohol
- Suspected infidelity or having multiple sexual partners
- Attitudes which accept gender-based inequality or violence

- Marital instability
- Male dominance in family
- Traditional gender norms
- Social norms supportive of violence
- Weak community sanctions against domestic violence

TYPES⁶:

There are different types of violence based on perpetrators, victims, place of occurrence, motive of violence and the act of violence

Domestic violence is an interpersonal type of violence committed by an intimate partner on another which varies with the act of violence:

- Physical
- Emotional /Psychological (Verbal)
- Controlling socially/ financially
- Sexual

EFFECTS¹²:

Domestic violence has many adverse effects on the physical, mental, sexual and reproductive health

- Physical injuries/fractures/ burns
- Suicide or homicide
- Unintended pregnancies
- Induced abortions
- Ocular damage
- Gynaecological injuries/tears
- Sexually transmitted diseases: HIV, syphilis, Hepatitis B etc

- Violence during pregnancy causes: miscarriage, stillbirths, preterm deliveries and low birth weight
- Chronic body ache, backache, headache, limited mobility, gastrointestinal disorders and poor overall health
- Mental ill health conditions such as: depression, anxiety, sleep difficulties, eating disorders, emotional distress, post traumatic stress disorder, multiple suicidal attempts or stress induced psychosomatic diseases and other psychiatric conditions
- Children grown in a family witnessing violence leads to personality disorders, antisocial behavior, psychotic conditions and emotional instability
- Domestic violence due to disharmony in family distorts the productivity and efficiency of the family members which hampers their social, cultural and economic growth in the society. Thereby decreasing overall socioeconomic status.

FEATURES

Domestic violence from the houses is usually known through seeing or hearing voices or from neighbours. But there are situations where in violence is committed within the confines of the walls of a home without anyone outside knowing about it but having a deep and long-term bad impact on the victims.

URBAN AREA

Increase in the number of cities and urban population leads to urbanization, mainly because of industrialization and economic development due to which social, economic and psychological changes occur in the community¹³. The rapid rise of urban population is an important change regarding global health. According to the United Nations Population Division, by 2030, most of the population in the

developing countries will live in urban than rural areas; by 2050, 75% of the population is likely to be urban. India may also get affected by this trend and nearly 30% of the population which currently lives in cities and may be expected to increase to 42% by the year 2020.

Impact of urbanization is associated with an increase in mental disorders as the displacement of people to urban area needs more facilities and infrastructure for accommodation and healthy living which is not proportionate with the increase of population and thus, increases the risk of poverty and exposure to environmental adversities. Urbanization is also associated with multiple small families being migrated from rural areas in search of employment and other facilities, thereby resulting in many nuclear families. Hence this decreases social support as the nuclear families increase in number. Poor people experience environmental and psychological adversity that increases their vulnerability to mental disorders.^(14,15) Increase of nuclear families in urban society has led to increase in cases of violence against women in general. Among them, intimate-partner violence links to alcohol abuse and women's mental health. Analysis of community-based data from eight urban areas in the developing world indicates that mental and physical abuse of women by their partners is distressingly common with negative consequences for women's physical and psychological well-being.¹⁶

When we refer to psychiatric disorders anxiety and depression are more prevalent among urban women than men and, are believed to be more prevalent in poor than in non-poor urban neighborhoods.¹⁷

PSYCHIATRIC MORBIDITY

The most important cause of disability by 2020 in the developing world will be depression according to WHO.¹⁸ The current prevalence of mental and behavioral disorder globally is **12%** of the disease burden (450 million people), which according to WHO may rise upto **15%** by 2020. In the year 2001, **33%** of disabilities were due to neuropsychiatric disorders.¹⁹

About **25%** of people are affected by Mental illnesses in their lifetime, irrespective of area, age, sex, socioeconomic status etc and affect the quality of life of individuals as well as their families. About **20%** of OPD patients suffer from mental disorders. 1 among 4 families is said to have a member with some psychiatric morbidity.²⁰ The prevalence of mental disorders in India is **70.5/1000** in rural areas and **73/1000** in urban India.²¹

Many Indian studies on mental and behavioral disorders report different prevalence rates.²² The prevalence of common mental disorders is high among women and Depression is found to be the commonest psychiatric disorder. Even though it can be easily recognized and treated, depression among women is usually under diagnosed and under treated.

REVIEW OF LITERATURE

The association between poverty indicators and risk of mental disorders in six low- and middle-income countries done in various studies given in three global mental health reports and a review of English-language journals published since 1990 showed that the most consistent association was with the lower education level. Risk factors such as insecurity, hopelessness, rapid social change and exposure to violence and physical ill-health explained the vulnerability of the poor to common mental disorders. Although no strong evidence was found of the association of mental

disorders with respect to the income levels. Poverty lead to mental disorders and, mental ill health further deteriorated the economic condition due to the costs incurred directly and indirectly. Thereby forming a vicious cycle of poverty and mental disorder.²³

In a survey of 5109 women of reproductive age in the Rakai District of Uganda in 2003 it was observed that 30% had experienced physical abuse from their recent partner and 20% during the past year. 3 out of 5 women who reported recent physical abuse reported 3 or more specific acts of violence during the preceding year, and among them < 50% of them reported injuries. Risk factors for domestic violence were male partner's alcohol consumption and human immunodeficiency virus (HIV)status. 70% of men and 90% of women considered wife beating as justifiable.¹¹

According to a US, Washington based study done in 2004 by taking a convenient sample of 1268 women seeking health care by completing anonymous surveys to determine prevalence of intimate partner violence (IPV), factors influencing the rates of abuse, barriers to disclosure, and the associated health problems and perceptions of safety; showed that 50–57% of them had experienced physical and/or emotional abuse and 26% reported sexual abuse in their lifetime; while in the previous year, 28% reported emotional abuse, 12% physical abuse, 6% severe physical abuse, and 4% sexual abuse. It was found that younger women with lower education level and lower socioeconomic status had greater rates of physical abuse. Out of 83% screened, only 25% were asked and 86% disclosed only if enquired respectfully, and confidentially. Physical and emotional abuse among women was seen to have significant association with lower health status($p < 0.001$). About 70–93% of the women who ever faced physical/emotional abuse reported with headaches, stomach

problems, chronic pain, vaginal bleeding, substance abuse, depression, and suicidal thoughts and presented to the health care settings with many forms of abuse. This study emphasized the need to decrease the barriers to disclosure of IPV, thereby recommending an effective plan for patient's abuse experience and the required health care.²⁴

A cross-sectional study conducted by the multidisciplinary faculty of the Indian Clinical Epidemiology Network, based at seven medical schools in New Delhi, Lucknow, Bhopal, Nagpur, Chennai, Trivandrum and Vellore, during the period April 1998 to September 1999 among 9938 women aged 15-49 years using the Self Reporting Questionnaire (SRQ) to assess mental health status showed that out of 9938 women surveyed, 40% reported poor mental health. Logistic regression showed that women reporting 'any violence' - 'slap', 'hit', 'kick' or 'beat' (OR 2.2,95%CI 2.0-2.5) – or 'all violence' – all of the four types of physically violent behavior (OR 3.5,95% CI 2.94-3.51) - had greater risk of poor mental health. Participants were 91% (3611) from rural areas, 84% (3155) urban slum and 77% (3172) from urban non-slum areas. Overall 4005 (40%) reported experiencing 'any violence' during their marriage, of whom 2243 (56%) had SRQ scores indicating poor mental health. The limitation of the study was that it excluded women above the age of 50 years.²⁵

Standardized population-based household surveys aimed to estimate the extent of physical and sexual intimate partner violence among women aged 15-49 years in 15 sites in ten countries by the WHO namely Bangladesh, Brazil, Ethiopia, Japan, Namibia, Peru, Samoa, Serbia and Montenegro, Thailand, and the United Republic of Tanzania using the WHO multi country study questionnaire for data collection between 2000 and 2003 by interviewing privately 24,097 women (1500 interviews

per site) whoever had a male partner about physical and sexual violent experiences and emotionally abusive acts showed that 15% to 71%, was the lifetime prevalence of physical or sexual partner violence, or both, with 25% prevalence among two sites, 25% to 50% at seven sites, and between 50% to 75% for six sites. 4% to 54% of participants reported past year, physical or sexual partner violence, or both; and it was found that men with controlling behavior were highly violent against their partners. Except for one site, rest all sites showed that women were at much greater risk of physical and sexual violence by a partner than from anybody else, confirming the widespread extent of prevalence of violence against women with differences within and between settings and emphasized the requirements that need to be addressed. Though the magnitude of the problem is vast, the evidence is mainly only from the industrialized settings, and comparisons between the studies could not be made because of the limitation that the study had due to variations in the methodologies.²⁶

A study was done among 3429 women of Spain belonging to 18 to 64 years age group randomly selected from a large health plan, to assess the relationship between women's health and the timing, type, and duration of intimate partner violence (IPV) exposure by a telephone interview (response rate 56.4%). Questions from the Behavioral Risk Factor Surveillance System and the Women's Experience with Battering scale were used to construct IPV exposures of recent (past 5 years) and remote (before past 5 years only) IPV exposure of any type (physical, sexual, or non-physical) and IPV duration (0 to 2 years, 3 to 10 years, and >10 years). The Short Form-36 survey (SF-36), the Center for Epidemiologic Studies Depression scale, and the National Institute of Mental Health Presence of Symptoms survey were used to measure the Health outcomes. which showed that women who experienced IPV recently; of physical and/or sexual type; and for a longer duration had adverse health

effects than those without any IPV. They had higher rates of severe (prevalence ratio [PR]=2.6; 95% confidence interval [CI]=1.9–3.6) and minor depressive symptoms (PR=2.3; 95% CI=1.9–2.8); many physical symptoms (mean, 1.0; 95% CI=0.7–1.2); and lower SF-36 mental and social functioning scores (range, 4.3–5.5 points lower across subscales). Those who experienced recent IPV were 2.8 times as likely to report fair/poor health, and had SF-36 scores that ranged from 5.3 to 7.8 points lower, higher risk of depressive symptoms (PR=2.6) and severe depressive symptoms (PR=4.0), and more than one additional symptom. Thus women's health was adversely affected by the proximity, type, and duration of IPV exposure.²⁷

In a prospective cohort study conducted among the African American 569 female victims of Intimate partner violence (IPV) seeking care in the Emergency Department of an hospital to assess whether any association existed between IPV and depressive symptoms, posttraumatic stress disorder (PTSD), suicidality, and whether experience of multiple types of abuse was associated with increased mental health symptoms by using validated tools showed that 36% (461) were victims of IPV in the past year; 22% had physical abuse, 9% sexual abuse, and 32% emotional abuse. All mental health symptoms were positively correlated with each type of IPV and each type of mental health symptom category. Mental health symptoms had significant association with amount of abuse: depression (odds ratio [OR], 5.9 for 3 types of abuse), PTSD (OR, 9.4 for 3), and suicidality (OR, 17.5 for 3). Various types of IPV were significantly associated with mental health symptoms and different types of abuse was independently associated with depression, suicidality, and PTSD. Increased mental health symptoms had positive correlation with more than 1 type of abuse experience.²⁸

A study was done using system random sampling and recruiting 840 aboriginal women between the ages of 18 and 50 years old from four townships with aboriginal communities in southern Taiwan to assess the prevalence of intimate partner violence and minor psychiatric morbidity among aboriginal women in Taiwan and analyze their association. Trained primary care nurses interviewed the participants at home using a structured questionnaire which showed that 126 of 840 (15%) of the women ever experienced physical abuse perpetrated by an intimate partner (her husband or cohabitant); 10% during the past 1 year; 4% had experienced sexual abuse; and 6.3% had experienced physical abuse during childhood at the hands of one or both parents. IPV was significantly associated with suicidal ideation and depression by multiple logistic regression.²⁹

A North Indian study of 3,642 couples in developing country settings created by matching husbands and wives who responded to the men's and women's surveys of the 1995–1996 PERFORM System of Indicators Survey, to know the relationship between physical and sexual domestic violence and gynecologic morbidity was done. 12% had physical violence only, 17% sexual violence only and 9% both physical and sexual violence. 34% of women had at least one gynecological morbidity symptom. Men's reports of domestic violence they had perpetrated against their wives was associated with wives' reports of gynecologic symptoms and analyzed using bivariate and multivariate analyses which showed that 37% of men had committed 1 act of physical or sexual violence against their wives in the past 1 year. Women who experienced both physical and sexual violence, and sexual violence only, had increased reports of gynecologic symptoms (odds ratios, 1.7 and 1.4). It was studied that domestic violence by physical trauma, psychological stress or transmission of STIs influenced gynecologic morbidity.³⁰

A similar cross-sectional study .done among 883 married women of rural Vietnam aged 17–60 years, using the Women's Health and Life Experiences questionnaire developed by WHO, a six items scale, to know whether intimate partner violence patterns and its health impact in a developing country were similar to those observed in western developed countries showed that during the past 1 year,81 (9.2%) faced physical or sexual violence and 26 (32.1%) had been exposed to controlling behaviors. Bi-and multivariate analyses, and effect modification analyses, of 3 health parameters revealed that combined violence exposure was associated with 8 to 15 times more ill health risk when compared to a 2-4 fold increased risk due to only one of the violent acts.³¹

According to another similar study conducted in Bavi District, Ha Tay Province in rural northern Vietnam among 883 randomly selected women exposed to IPV in the past year through face-to-face interviews using a WHO based questionnaire used for violence research and health effects and health care seeking investigated in bi and multivariate analyses showed that prevalence of past-year physical and/or sexual violence was 9.2% (81). Victims of violence had increased risk of memory loss (OR 3.7; 1.8–7.5), pain or discomfort (OR 3.8; 2.3–6.3), sadness or depression (OR 4.5;2.7–7.5) and suicidal thoughts (OR 2.8; 1.04–7.3) compared to those without violence experience in the past year, when adjusted for socio-demographic factors. Almost 50% (40) of the victims reported injuries and 58% among them had to seek health care.³²

A similar face to-face interview study to measure prevalence of psychiatric disorders and their correlates among 650 women from primary health care facilities in Lahore using a semi-structured questionnaire showed that 64.3% of them were diagnosed

with a psychiatric problem, whereas 30.4% had Major Depressive Disorder. Psychiatric morbidity had positive correlation with Stressful life events, verbal violence and battering, whereas it had negative correlation with social support, education and resolving conflicts using reasoning. The prevalence of psychiatric disorders in this study was similar to other community studies done and thus stated that Domestic violence was an important correlate which could be the focus of interventions.³³

A population-based study covering both 1718 married women and 1715 men from 3 of the 4 East Indian states showed that the total prevalence of physical, psychological, sexual and any form of violence among women were 16%, 52%, 25% and 56%; whereas men had 22%, 59%, 17% and 59.5% respectively. Men reported higher rates of all forms of violence except sexual violence. In majority of cases, husbands caused violence; only few had, involvement of the husbands' parents. In spite of reporting violence, many women continued to face various violence acts. Urban settlement, older age, lower education and family income were associated with domestic violence. Multivariate logistic regressions revealed that the physical violence had significant association with state, settlement area (rural or urban), age and occupation of women, and monthly family income. Similar associations were found for psychological violence (with residence, age, education and occupation of the women and monthly family income) and sexual violence (with residence, age and educational level of women). The study showed limitation of recall bias which might have resulted in under reporting of violence because of the sensitivity, stigma and fear of disclosing the violent episodes and hence it was difficult to make causal inferences.³⁴

A similar study done among 744 married women in slum areas of Bangalore, South India examined the relationships between socioeconomic factors of women and recent domestic violence occurrence. Unadjusted and adjusted multivariable logistic regression models determined the factors associated with having been hit, kicked or beaten by husband in the past 6 months. 56% of the women reported having ever experienced physical domestic violence; 27% reported violence in the past 6 months. Women with 'love' marriages (OR = 1.7, 95% CI 1.1–2.5) and those whose families were asked for additional dowry after marriage (OR = 2.3, 95% CI 1.5–3.4) would have greater risk of domestic violence. Women who participated in social groups (OR = 1.6, 95% CI 1.0–2.4) and vocational training (OR = 3.1, 95% CI 1.7–5.8) were also at higher risk.³⁵

A research study which was done to analyze the prevalence of different forms of violence against women perpetrated by males at home, workplace and other social environments in Spain and to know the variation in impact on women's health of Intimate Partner Violence and other forms of Violence Against Women by including a sample of 13,094 women interviewed in the Spanish National Health Survey 2006. Predictor variables were Intimate Partner Violence and other Violence Against Women forms, whereas the outcomes were physical and mental health indicators. The study showed that there were higher chances of coronary heart disease [OR: 5.28 (1.45–19.25)], chronic neck [OR: 2.01 (1.35–2.97)] and back pain [OR: 2.34 (1.53–3.57)] among women who reported IPV which was also similar to the associations found among those women affected by other forms of Violence Against Women. But mental health problems were found to be more frequent and strongly associated with IPV than with other forms of VAW. There were unequal health conditions between

battered and non-battered women, which could be related to exposure to not only Intimate Partner Violence but also other forms of Violence Against Women.³⁶

In a cross-sectional study undertaken in urban locality of west Delhi among 350 women of 15-49 years age group using interview schedule adapted from WHO multi-country study on women's health and domestic violence, it was observed that 42.8% of the women reported one or the other types of violence. 34.9% of the women reported either physical or sexual violence ever in life. 29.1% of the women reported either physical or sexual violence in past 1 year (current violence). 12% of the women reported mental ill health. Women who had experienced domestic violence were more likely to report mental ill health status and suicidal tendencies as compared to women who had not experienced violence.³⁷

A similar cross-sectional study consisting of face to face interview of 379 married women during 2008 was undertaken in Tiswadi taluka of Goa, India to study the prevalence of intimate partner physical violence and the help-seeking behavior of its victims with respect to socio demographic variables, in the 3 months preceding the survey. Spousal violence was reported by 26.6% of the respondents. Factors predisposing the women to victimization included early years of marriage, poor educational status for men and women, working women (OR=3.3; 2.1,5.5), and alcohol consumption by the husband and (OR=7; 4.2,11.8). Women with higher monthly income compared to their husbands seemed to be protected (OR=0.28;0.16,0.48). Majority of the victimized women preferred to be silent sufferers. The help seeking behavior was not proportionate to the severity or the duration of violence but seemed to be influenced by variables like women's employment, education and income.³⁸

A cross-sectional study undertaken by interviewing 141 adult and adolescent females residing in a village of West Bengal to determine the prevalence, characteristics, reasons and the socio-demographic correlates of domestic violence, the perceptions of the females to cope with the violence and to overcome the situation showed that 33 (23.4%) adult and adolescent females had experienced domestic violence in the past year. Highest prevalence was among 30-39 years age group, illiterate and unmarried females. Majority of the perpetrators were husbands (72.73%) and all of them were exposed to slapping. Most of the women reported that education (31.9%), financial independence (31.9%) and higher family income (23.4%) would help them to overcome the domestic violence.³⁹

National Center for Injury Prevention and Control Centers for Disease Control and Prevention in Atlanta, Georgia, United States of America with the support of the National Institute of Justice and the Department of Defense conducted in the year 2010 a national survey on intimate partner physical and sexual violence which is an ongoing, nationally representative random digit dial (RDD) telephone survey that collects information about experiences of sexual violence, stalking, and intimate partner violence among non-institutionalized English and/or Spanish-speaking women and men aged 18 or older in the United States. Complete interviews were obtained from 16,507 adults (9,086 women and 7,421 men) which showed that 1 in every 3 women (35.6%) and 1 in every 4 men (28.5%) in the United States have experienced rape, physical violence, and/or stalking by an intimate partner in their lifetime. One in every 3 women experienced multiple forms of rape, stalking, or physical violence; whereas among the male victims 92.1% experienced physical violence alone, and 6.3% experienced physical violence and stalking. In the United States, 1 in every 10 women (9.4%) has been raped, and sexual violence by an intimate partner other than

rape has been experienced by 16.9% of women and 8.0% of men at some point in their lifetime. Severe physical violence by an intimate partner (e.g., hit with a fist or something hard, beaten, slammed against something) was experienced by 1 in every 4 women (24.3%) and 1 in every 7 men (13.8%) at some point in their lifetime. During their lifetime, about 10.7% of women and 2.1% of men have been stalked by an intimate partner. Almost 50% of the women and men (48.4% and 48.8%, respectively) experienced emotional abuse by an intimate partner in one's lifetime. For the first time, 69% female and 53% male victims had some form of violence by an intimate partner before 25 years of age. In total 3 in every 10 women and 1 in every 10 men had some violence by an intimate partner and reported at least one impact related to violence by an intimate partner such as of fear, insecure, post-traumatic stress disorder (PTSD) symptoms, injury, need for health care/crisis hotline, housing services/advocate services/legal services, etc. Frequent headaches, chronic pain, difficulty with sleeping, activity limitations, poor physical health and poor mental health than men and women were commonly seen among IPV victims. Female victims often reported asthma, irritable bowel syndrome, and diabetes.⁴⁰

Another similar study conducted in a slum area of Kolkata to assess the prevalence of domestic violence among the ever-married women in reproductive age group to find out the types of domestic violence and factors associated with it showed that overall prevalence of domestic violence was 54%, of which 41.9% suffered from both current and lifetime physical and psychological violence. Presence of property, higher per capita income and social support were protective factors against domestic violence, whereas alcohol addiction and multiple sex partners were the important contributory factors for it.⁵

Another community based cross sectional study undertaken by interviewing 280 married women in reproductive age group residing in field practice area of Urban Health Training Centre in Maharashtra during 2009 to 2010 with a predesigned pretested questionnaire to find prevalence of domestic violence, to ascertain its socio-demographic correlates and to study its association with morbidities in women showed that life time prevalence of domestic violence against married women was 50.9%; recent prevalence of domestic violence in past 1 year was 47.9%. On multiple logistic regression analysis, the significant correlates of the domestic violence were- husband's alcoholism, consanguinity of marriage, dowry demand and unemployment of respondents. Slapping (96.4%) and hitting with fist (55.4%) were common physical and Insulting (90.4%) and abusing (70.4%) were common psychological modes of violence. Triggering factors for domestic violence were- dissatisfaction regarding household work (45.9%), disobeying family members (34.8%), husband's alcoholism (31.1%), economic hardship (14.8%) and not taking care of in-laws (13.3%), insufficient dowry (11.1%), etc. 65.9% sufferers of domestic violence had more than one morbidity. Association of BMI and violence was significant. Of the 135 victims, 79(58.5%) had mild to severe depression.⁴¹

A community based, cross-sectional study on domestic violence was conducted during 2010, among 250 randomly selected married women in Asudgaon village of Raigad district to assess the prevalence of domestic violence, its socio-cultural and demographic causes, by a house to house personal interviews using a pre-designed, pre-tested structured questionnaire for domestic violence which showed that the prevalence of domestic violence was 33.2%(83).The causes for domestic violence were inefficient household work (38.55%), wife's nagging (32.53%), children issues (30.12%) and financial problems (26.5%). 46.98% of the women were slapped,

14.46% got their hair pulled, twisting arm was seen in 13.25% and 13.25% of the women had things thrown at them. Sexual violence experiences such as marital rape (12.05%), forced sex without protection (10.84%), forced for unnatural sex (6.02%) and forced for pornographic film acts (4.82%) were seen. The socio-cultural risk factors for domestic violence, were addiction (42.11%), poverty (38.55%), husband brought up with the idea that wife-beating is acceptable (36.14%) and visiting brothels (16.86%). 80.72% tolerated the violence. The battered women continued to stay in violent relationships because: 61.45% were unaware about legal provisions, 59.03% feared the society, 54.22% for children sake and 43.37% due to the fear of threats from the batterer. 5.26% of the victims sought legal help and 15.66% tried convincing the perpetrator.⁴²

An observational study was conducted among 260 ever married women of 15-49 years of age using a pre-designed, pretested pro-forma by face to face interview in Kolkata. The total prevalence of any form of violence during the life time was 40.4%. 85.7% of the study participants had verbal/psychological violence, 71.4% physical and 57.1% sexual violence. Slapping and or beating, kicking, object throwing were the important physical violence forms; 91.1% faced humiliation and 58.3% had forced sexual intercourse. 21% of the women faced violence every day. Older age, lower age at marriage, longer duration of marriage, lower education of husband and wife, lower family income, unemployment of the husband and alcohol consumption of husband were associated with domestic violence. 31.24% who faced violence in their life-time had never sought any help.⁴³

A population based cross-sectional study carried out in the urban area of Gwalior city for a period of one year to assess the different types, various risk and protective

factors of domestic violence among 144 married women using stratified random sampling technique and were interviewed using a pretested semi-structured open-ended questionnaire. Proportion, Pearson's, chi-square test and odds ratio were calculated and 68 participants had some form of domestic violence (physical, sexual or emotional). Physical violence was most commonly reported. The risk factor for domestic violence were alcoholism and literacy status. Majority of the abused women were dependent on their husbands for money, materials and expenditure.⁴⁴

An observational study undertaken in Gujarat among 219 ever-married women of 18 and 62 years utilizing community health services regarding the lifetime prevalence of IPV, and its association with their healthy well-being using a self-administered survey and standardized instruments to measure perceived physical and mental health. Of the 167 participants who completed the questions on IPV, >50% had experienced multiple types of IPV (physical, sexual and/or emotional IPV) and reported poorer physical and mental health compared to those without a lifetime history of IPV. socio-demographic factors and caste were not associated with IPV but belonging to the highest caste was a significant positive factor associated with better health. Women in India face risk of IPV, yet do not seek help.⁴⁵

A similar cross-sectional study done using convenient consecutive sample of 369 married women of 18-49 years age attending the Out Patient Department (OPD) of the Urban Health Training Centre (UHTC) of a Medical College in Pune to estimate the proportion of physical, emotional, economical and sexual violence against women by the intimate partner and to identify the risk factors of violence by their husbands were interviewed using a pretested semi-structured questionnaire showed that about 50% of them had experienced some form of violence. The associated risk factors with

intimate partner violence were drinking alcohol by husband (OR = 4.54, 95% CI = 2.52, 8.18, $P < 0.001$), aggressive nature of husband (OR = 11.81, 95% CI = 3.53, 39.47, $P < 0.001$) and family history of domestic violence (OR = 11.0, 95% CI = 3.83, 31.63, $P < 0.001$).⁴⁶

A community based cross-sectional study was planned in Sawangi Village of Wardha district among married women of 15-40 years to estimate the prevalence, associated vulnerability factors, and immediate reaction of women to domestic violence by male intimate partner in last 30 days which showed that the prevalence was 68.12%. More than 66% belonged to nuclear family and Hindu religion. 98 % was the emotional violence. All the victims were slapped and about 75% were injured due to physical violence. Alcohol was the common cause for domestic violence. Though 67 % of the women resisted the violence, majority of them felt powerless and wanted to take revenge.⁴⁷

A community based cross-sectional, qualitative study conducted in rural and urban field practice areas of Krishna Institute of Medical Sciences, Karad, Maharashtra, among 455 married women of reproductive age group 15-49 years to find out the prevalence of domestic violence against married women, types of domestic violence and perpetrators of violence at domestic level using semi-structured questionnaire showed that the lifetime prevalence of overall violence in urban respondents was 68.7% and in rural respondents 59.3%. Most common lifetime violence observed was psychosocial and economical followed by physical violence & least common was sexual violence. Husbands and mothers in law were commonly reported as perpetrators.¹⁰

An institution based cross sectional observational study was conducted among 125 female working staff in Malla Reddy Institute of Medical Sciences and Malla Reddy Hospital for a period of 1 month to study the domestic violence among the working women which showed that the prevalence was 23.2% and slapping was the most common type of physical violence-20.6%; 11(37.9%) out of 29 faced economic abuse; 20(69%) had emotional violence.43.7% of cases were due to alcoholic husbands and 41.6% of the women did not want to report the incidence to anyone.⁴⁸

A community based cross-sectional household survey was carried out among eligible women during September 2012 to January 2013 to study the prevalence and determinants of domestic violence among 1137 currently married women aged 18-39 years with unmet need for family planning and having at least one child in urban slums of Mumbai, India who were selected using cluster systematic random sampling from two urban slums. Information on socio-demographic, reproductive and domestic violence was collected through face-to-face interview using a pretested structured questionnaire after obtaining informed written consent. 21.2 % of the women ever experienced domestic violence. Bivariate and multivariate analyses showed that women with alcoholic husband [RR: 2.17, (95% CI: 1.58-2.98)] had increased risk of ever experiencing domestic violence. Risk of domestic violence was twice [RR: 2.00, (95% CI: 1.35-2.96)] for women who justified wife beating than women who did not. The findings showed that domestic violence was prevalent in urban slums. Factors like early marriage, working status, justified wife beating and husbands use of alcohol were significantly associated with domestic violence.⁴⁹

A community-based, cross-sectional, descriptive and observational study was undertaken to know the prevalence of different types of domestic violence among

ever married women in reproductive age group residing in the urban slum of Latur which revealed that the total prevalence was 55.83%. The prevalence of current physical and psychological violence was 28.16% and 49.03% respectively and the prevalence of ever physical and psychological violence was 37.9% and 55.83% respectively. 83.48% of them had husband as the common perpetrator, 44.35% mother in law. 25.21% reported not cooking properly; 24.34% household improper management; 26.96% considered not having a male child; 19.13% dowry issues and 53.04% husband alcoholism as the causes for domestic violence.⁵⁰

MATERIALS AND METHODS

METHODOLOGY

a) SOURCE

The present study was conducted at the field practice area Ashok nagar, Urban Health Centre of Department of Community Medicine, KLE's Jawaharlal Nehru Medical College, Belagavi.

b) STUDY DESIGN

The present study was a Community based Cross - Sectional Study conducted to know the prevalence of domestic violence among ever married women and to screen for psychiatric morbidity among the women experiencing domestic violence in the urban area of Belagavi.

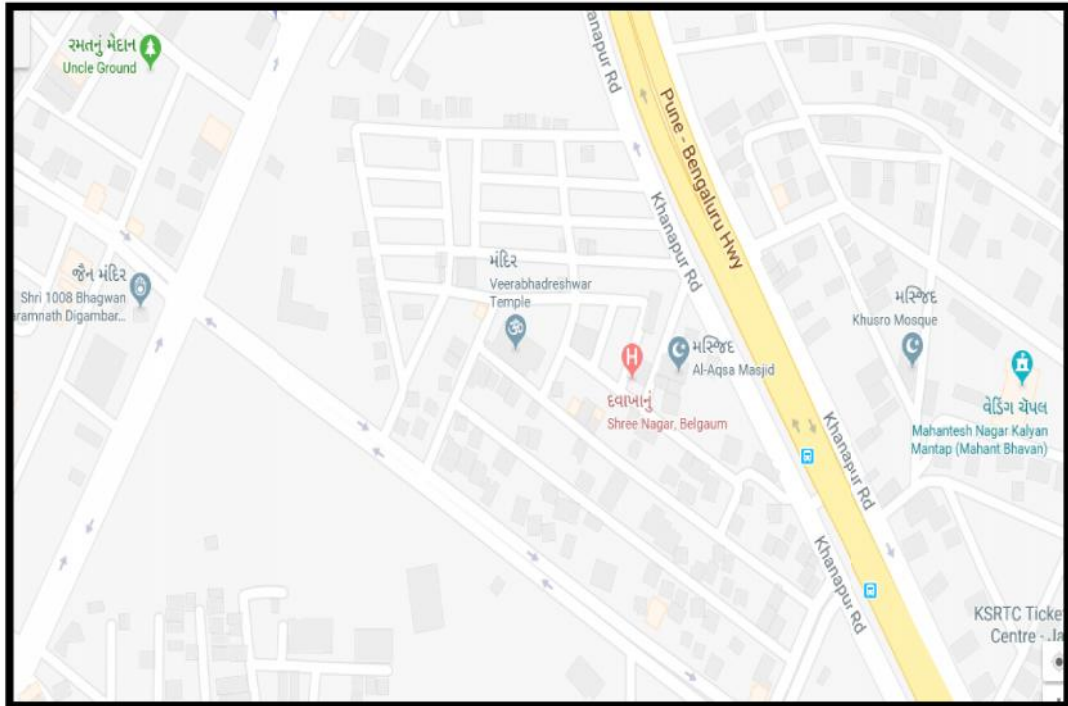
c) STUDY PERIOD

Data was collected for 1 year from January 2017 to December 2017.

d) STUDY POPULATION

The study was done among the ever married women of reproductive age group (15-49 years) residing in Ashok nagar area of Belagavi

URBAN AREA - ASHOK NAGAR MAP :



e) SAMPLE SIZE CALCULATION

The population covered under Ashok Nagar UHC is 7500, ever married women aged 15-49 years is 1050.

Sample size was calculated by using the formula

$$n = \frac{4pq}{d^2}$$

where, n = sample size

p = 37% (prevalence of domestic violence)⁸

q = (100 - p) = (100 - 37) = 63.

d = relative error 10% of p, i.e. 10% of 37% = 3.7 %

$$n = \frac{4 \times 37 \times 63}{4 \times 4}$$

$$= 583 \quad \mathbf{600.}$$

Hence the total sample size is 600

SAMPLING FRAME:

Sampling frame was prepared by sorting out ever married women aged 15-49 years. Out of the 1050 ever married women, 600 study participants were further chosen by simple random sampling method.

SAMPLING METHOD

Simple random sampling method was used

SAMPLING INTERVAL

K = Total study population / Study sample size

$$= 1050/600$$

$$= 1.75; \text{ i.e } 2$$

SAMPLING PROCEDURE

The total population covered under Ashok Nagar Urban Health Centre was 7500 (as in August 2016). The eligible couples were 1125 (assuming 150 per 1000 population) and the ever married women aged 15-49 years were **1050**. Our calculated sample size was 600. To get a sample size of 600 using simple random sampling method, sampling interval was calculated. $K = 1050/600 = 1.75$ i.e 2; every 2nd house of an ever married woman was visited and was included in the study after picking up 1st number randomly.

INCLUSION CRITERIA

- 1) Ever married women aged 15-49 years.
- 2) Permanent residents of study area (resident for one year at least prior to the study).

EXCLUSION CRITERIA

- 1) Ever married women who have already been diagnosed to have psychiatric morbidity due to known causes.
- 2) Women who did not give consent for the study.

PILOT STUDY

A pilot study was conducted on 10% of the sample size [10% of 600] i.e 60 ever married women residing in another urban area of Belagavi (Rukmini nagar). The questionnaire was validated and required changes were made.

ETHICAL CLEARANCE

The study was approved from Institutional Ethics Committee for Human Subject's Research, Jawaharlal Nehru Medical College, Belgaum and the ethical clearance was obtained on 16th of October 2016.

Informed written consent was taken from all the study participants after translating into the local language.(Kannada/ Hindi)

Utmost care was taken to maintain the confidentiality and privacy of the selected women.

DATA COLLECTION PROCEDURE

Ever married women of reproductive age group residing in Ashok nagar UHC were selected for the study. Pilot study was conducted and the required modifications were made in the predesigned pretested questionnaire. Sampling frame was prepared to sort out ever married women from the urban area and data collection was done in the study area by visiting house to house after the participants were selected by simple random sampling method.

A good rapport was established with the study participants and the well informed written consent regarding the purpose of study and the maintainence of confidentiality of the ever married women was obtained before initiating the study. With the help of predesigned and pretested questionnaire, ever married women were interviewed and data collection was done by visiting every 2nd house, after taking informed consent and personal interview was conducted separately. A predesigned and pretested, structured and validated questionnaire was used to collect data regarding socio-

demographic profile, WHO based questionnaire for domestic violence and SRQ 20 for psychiatric morbidity. Data was collected from the study subjects regarding various socio-demographic variables, prevalence of domestic violence, types (physical, emotional, sexual, financial/ sociocultural), frequency, various forms of abuse and causes for domestic violence and whether any help was sought for it by the women and they were also screened for the presence of psychiatric morbidity using a pretested predesigned structured and validated questionnaire.

WHO based questionnaire was used to document domestic violence, which included physical, emotional, sexual violence and controlling behaviour by the spouse. Self reporting questionnaire consisting of 20 questions (SRQ-20) was used to screen for psychiatric morbidity among the ever married women experiencing domestic violence.

Detailed history was taken regarding present and past medical conditions.

STATISTICAL ANALYSIS

The data was tabulated and master chart was prepared (Annexure V). Data collected in the questionnaire was coded and entered in Microsoft excel sheet. Data was analyzed using Statistical Package for Social Sciences (SPSS), version 22.0 and the prevalence of each risk factor was expressed in terms of numbers and percentages. Statistical analysis was done using Chi- Square test to find out the association between Domestic violence and risk factors and the psychiatric morbidity. A probability value (p value) of less than 0.05 was considered as significant. Multiple logistic regression, univariate and multivariate tests were applied to find the

association between selected risk factors and violence by using adjusted and unadjusted odds ratio.

MATERIALS:

1. Predesigned pretested structured validated questionnaire consisting of:
 - Socio demographic details
 - WHO multi-country study questionnaire for domestic violence^(6,26)
 - Self Reporting Questionnaire- 20 questions for psychiatric morbidity screening^(51,52)
2. Previous medical records: Pregnancy/ delivery, medical or operative illnesses, drug history and any psychiatric illnesses.
3. Separate private room in the house for interviewing the ever married women, to maintain confidentiality and avoid interview bias

OPERATIONAL DEFINITION OF THE CERTAIN TERMS USED IN THE STUDY:

A – Ever married women: Ever married women are persons who have been married at least once in their lives although their current marital status may not be “married”.Eg: married, divorced, widow , separated or live-in relationship after having married once.

B – Psychiatric morbidity: Persons who screen positive by Self Reporting Questionnaire 20

C –Domestic violence/ Intimate partner violence: Ever Married women who give history of any abuse by their Spouse. Different types were considered.

D – Reproductive age group ever married women: 15- 49 years (although the study consisted of all ever-married women above 18 years of age). This age group was selected because sexual violence as a part of domestic violence can also be assessed.

THE PROFORMA INCLUDED THE STUDY VARIABLES:

First part consists of questions related to socio-demographic profile.

It included information on age, religion, education, occupation, socio-economic status of the couple; family type, size, and number of children; marital status, relationship, age at marriage, duration of married life and pregnant status of the ever-married woman; tobacco and alcohol consumption by the husband.

Age: Calendar age in years was considered for the study, as told by the study participants

Religion: An organized system of beliefs, ceremonies and rules to worship God or group of Gods. Eg: Hindu, Muslim, Christian, Others

Education⁵³: Every study subject was asked about their Education status. It was classified as:

- a. **Illiterate:** A person who cannot read and write any language.
- b. **Primary school:** A person who has studied from first to fourth standard.
- c. **Secondary school:** A person who has studied from fifth to seventh standard.
- d. **High school:** The person who has studied eighth to tenth standard.

- e. **Greater than High School:** The person who has studied up to Pre-University College second year (PUC) or a diploma course.
- f. **Graduate:** The person who has studied up to Bachelor degree course.
- g. **Post Graduate:** The person who has studied up to Master degree course or more

Occupation of the study participant⁵⁴: Every study subject was asked about their own occupation as well as the husband's occupation. It was classified as:

- a. **Housewife:** A married woman, whose main occupation is caring for her family, managing household affairs and doing house work
- b. **Employed:** To provide with a job that pays wages or a salary
- c. **Unemployed:** People who do not have a job that provides with money

Occupation of the study participant's husband⁵³: Every study subject was asked about their own occupation as well as the husband's occupation. It was classified as:

- a. **Semiprofessional/ Professionals:** which include doctors, engineers, college lecturers etc.
- b. **Skilled workers:** skilled based jobs, such as technicians, mechanic, electricians etc.
- c. **Semiskilled worker:** drivers, conductors, office attenders, security personnel, super visors etc.
- d. **Unskilled workers/ manual workers:** In this group the occupations which involve physical exertion like masonry, farming, coolie etc.
- e. **Unemployed**

Type of family⁵⁵:

- a. **Nuclear family:** The family consisting of married couple along with their dependent children.
- b. **Joint family:** It consists of number of married couples and their children who live in the same household.
- c. **Broken family:** A family consists of widow/ widower/ divorcee living with or without their dependent children.
- d. **Problem family:** In these families the standards of life are generally far below the accepted minimum and parents are unable to meet the physical and emotional needs of the children and they lag behind the rest of community.

Family size: Total number of family members, number of children and girl children were noted.

Family monthly income: Total income earned by all family members in a month

Socio-Economic status (SES) class:⁵⁶

Information regarding per capita income (in Rupees/ month) was collected and socio-economic status was classified using Modified BG Prasad's classification for the study period of 2017.

$$\text{Monthly Per Capita Income} = \frac{\text{Total monthly income of family}}{\text{Total members of family}}$$

Modification was done with the aid of Correction Factor (CF), which was obtained as below:

As the study period was from 1st January to 31st December 2017, the mean consumer price index for the period was considered.

Average consumer price index for year 2017 was **274**.

$$CF = \frac{\text{value of current price index average (2017)} \times 4.93 \times 4.63}{100}$$

$$= \frac{274 \times 4.93 \times 4.63}{100} = 62.61$$

Modified B.G. Prasad's = per capita family monthly income of 1961(B.G.Prasad) x C.F

Socio Economic Status:		BG Prasad's	Modified BG Prasad's
Class		Classification	Classification for 2017 (per
I	Upper class	100	6254
II	Upper middle class	50—99	3127-6253
III	Middle class	30-49	1876-3126
IV	Lower middle class	15-29	938-1875
V	Lower class	<15	938

Marital status: data regarding marital status was obtained and was categorized as married, divorced, widow or separated.

Marital relationship: whether cordial / uncordial was noted

Age at marriage: the legal age of marriage in India is above 18years for girls and above 21 years for boys. Duration of married life and pregnant status of the ever married woman were noted

Habits of the spouse: Gambling, tobacco and alcohol consumption were noted.

1. **Smoking:** use of smoked form of tobacco ever (past or present)

2. **Alcohol:** consumption of alcohol ever (past or present)
3. **Tobacco chewing:** oral consumption of tobacco ever (past or present)
4. **Gambling:** involved in betting involving property and monetary terms ever (past or present)

The second part of the proforma had questions to find out various factors related to Domestic violence.

WHO MULTI COUNTRY STUDY QUESTIONNAIRE FOR DOMESTIC VIOLENCE

Domestic violence: “the range of sexually, psychologically and physically coercive acts used against adult and adolescent women by current or former male intimate partners.”

I) Physical violence: Physical violence is the intentional use of physical force with the potential for causing death, disability, injury, or harm by self or forcing others to commit the same. It included either, some or all of the following:

- Slapping
- Punching with a fist
- Pushing
- Pulling hair
- Throwing things at her
- Kicking
- Dragging
- Beating up

- Choking
- Burning
- Threatening with a weapon such as knife, stick, rod, belt, stone, broom, utensils

II) Emotional abuse/ Psychological aggression: The use of verbal and non verbal communication with the intent to harm another person mentally or emotionally, and/or to exert control over another person.

Verbal abuse is the use of excessive language to undermine someone's dignity and security through insults or humiliation, in a sudden or repeated manner.

It was said to be present if it included either, some or all of the following:

- Was insulted or made to feel bad about herself
- Was belittled or humiliated in front of other people
- Threatened to hurt someone she cared about
- Scared her on purpose by the way he looked at her or yelled at her or smashing things

III) Controlling behavior: Any act of making a person dependent by bringing under one's complete control for resources and withholding access socially or financially

It was said to be present if it included either, some or all of the following:

- Tried to keep her from seeing friends
- Tried to restrict contact with her family of birth
- Insisted on knowing where she was all the time
- Ignored her and treated her indifferently

- Got angry if she spoke with another man
- Was often suspicious that she was unfaithful
- Expected her to ask permission before seeking healthcare for herself or other financial matters

IV) Sexual violence: it is an act of coercing or attempting to coerce any sexual contact without consent. Eg: marital rape, forced prostitution etc

It was said to be present if it included either, some or all of the following:

- Forced to have intercourse without her consent
- Forced when afraid of it
- Forced to do something sexual that she found degrading/ humiliating

The violence form was documented individually as yes/ no and the frequency of the violence was also noted whether daily, weekly, fortnightly, monthly or yearly.

Third part of the proforma was screening for psychiatric morbidity

SRQ 20(SELF REPORTING QUESTIONNAIRE – 20)

Criteria for Psychiatric morbidity among those experiencing domestic violence:.

The SRQ, a 20 item questionnaire with yes/no responses, standardized instrument was used to measure the psychiatric morbidity among the participants. The married women were asked if they had experienced any of the 20 symptoms listed in the Self Reporting Questionnaire in the last 1month. It consisted of symptoms such as headache, loss of appetite, indigestion, anxiety, nervousness, loss of interest, unhappiness and suicidal ideation etc.

Each symptom if present was given 1 point and each symptom if absent was given 0 point. The total scoring was done out of 20 and used to assess the psychiatric morbidity level & severity based on cut off values. If Total score was ≥ 7 , participant was considered to have psychiatric morbidity.

Psychiatric morbidity	Total SRQ score
No psychiatric morbidity	<7
Psychiatric morbidity Poor	7

RESULTS

The present study was conducted among 600 ever married women of reproductive age group in urban area Ashok nagar which is the field practice area of Department of Community Medicine, Jawaharlal Nehru Medical College, Belagavi during the period of January 2017 to December 2017.

The data obtained was tabulated and analyzed under following headings as below:

- I. Socio-demographic Profile of study participants**
- II. Prevalence of Domestic violence**
- III. Causes and help seeking for domestic violence**
- IV. Prevalence of psychiatric morbidity among the women experiencing domestic violence**
- V. Associations of domestic violence with various variables**

I. SOCIO-DEMOGRAPHIC PROFILE OF STUDY PARTICIPANTS

Table 1: Distribution of the study participants according to age (N=600)

Age groups (Years)	Number	Percentage
<20	30	05.00
21 – 30	274	45.66
31 – 40	142	23.67
41-49	154	25.67
Total	600	100

In our study, 30 (5%) participants were 20 years of age, 274 (45.66%) were 21-30 years of age group, 142 (23.67%) were 31-40 years and 154 (25.67%) belonged to 41-49 years age groups. The mean age of the study participants was 33 ± 9.6 , maximum age was 49 years and minimum was 18 years.

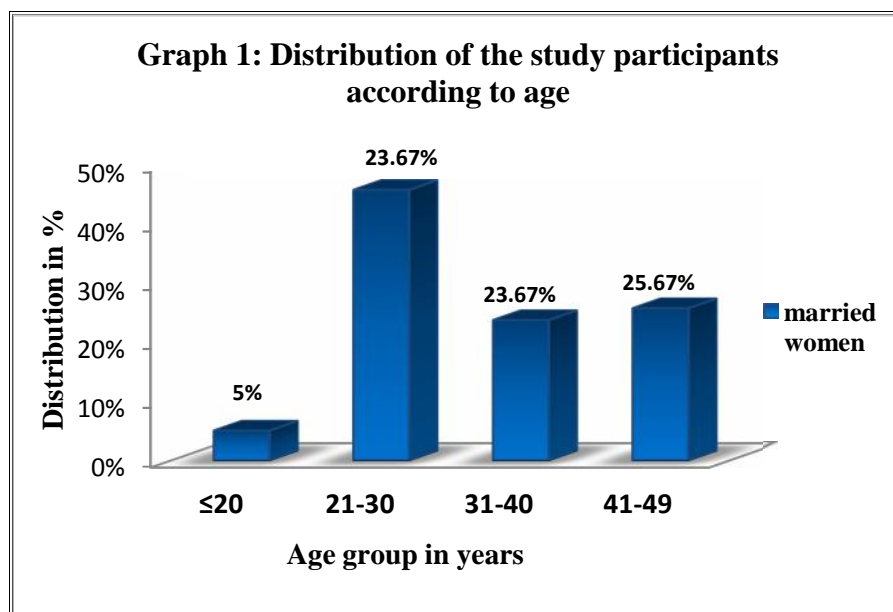


Table 2: Distribution of the study participants according to husband's age

(N=600)

Age groups (Years)	Number	Percentage
20-29	117	19.5
30 – 39	221	36.8
40 – 49	106	17.7
50-59	129	21.5
60-69	27	04.5
Total	600	100

In the present study, 117 (19.5%) of the participants had their husbands who were in the 20-29 years age group, 221 (36.8%) were in 30-39 years age group, 106 (17.7%) were 40-49 years age group, 129 (21.5%) were in 50-59 years age group and 27 (4.5%) were in 60-69 years age groups. The mean age of the study participants was 39.5 ± 10.9 , maximum age was 70 years and minimum was 19 years.

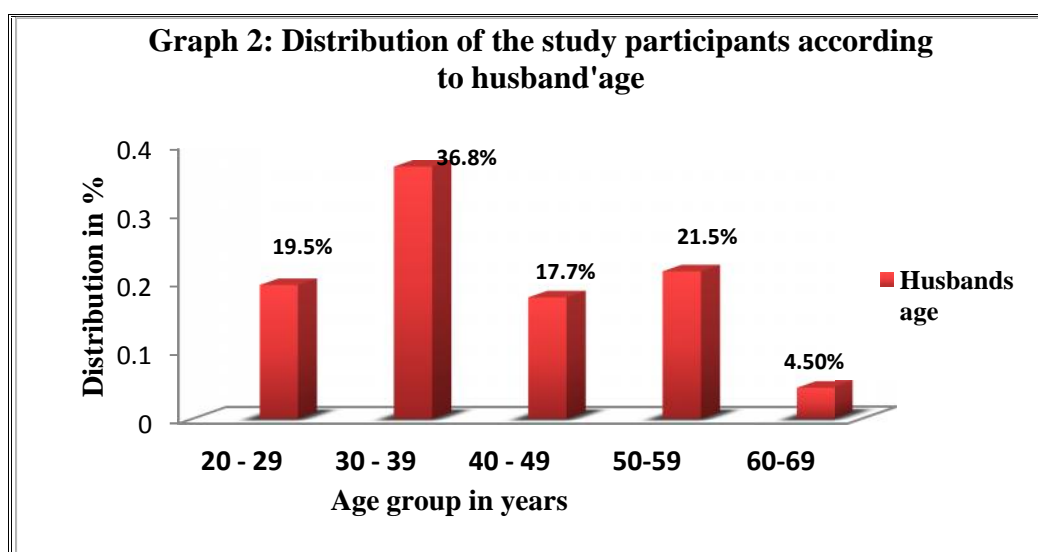


Table 3: Distribution of study participants according to the religion (N=600)

Religion	Number	Percentage
Hindu	270	45.0
Christian	3	0.5
Muslim	322	53.67
Others	5	00.83
Total	600	100

In Ashok nagar urban area, predominantly seen was Muslim population (53.67%) followed by 270 (45%) who belonged to Hindus, 3(0.5%) were Christians and 5(0.83%) belonged to other religion.

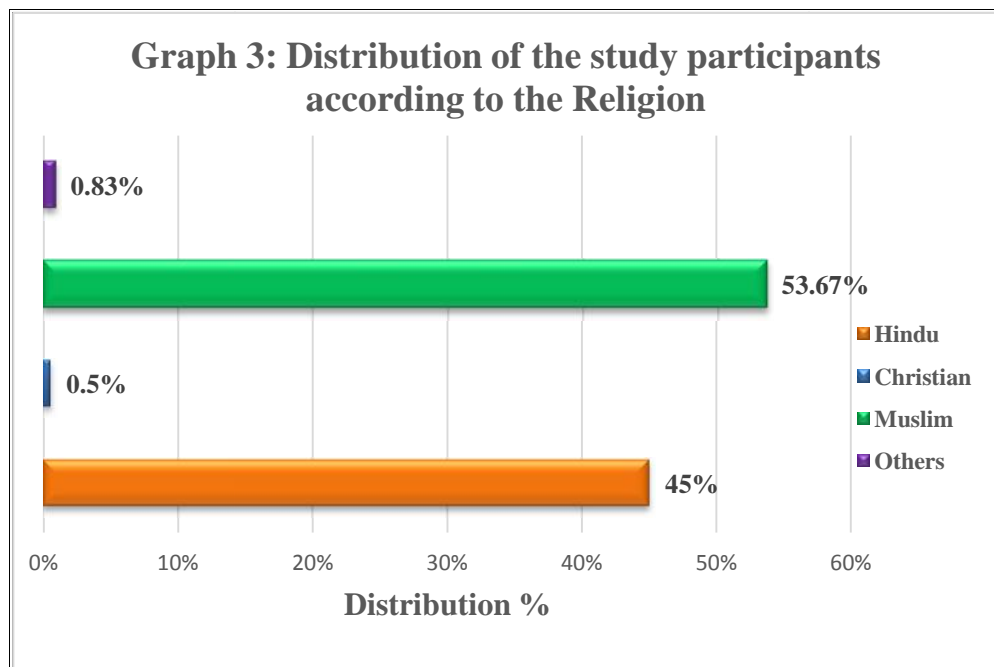


Table 4: Distribution of study participants according to the educational status
(N =600)

Education	Number	Percentage
Illiterate	46	7.6
Primary	31	5.2
Secondary	99	16.5
High school	195	32.5
Pre-university	105	17.5
Graduate	97	16.2
Postgraduate	27	4.5
Total	600	100

In the present study, 46 (7.6%) of the participants did not have any formal education, 31 (5.2%) studied up to primary school level, 99 (16.5%) up to secondary level, 195 (32.5%) up to high school level, 105 (17.5%) upto Pre-university level, 97(16.2%) were graduates and 27 (4.5%) of them had completed their post graduation.

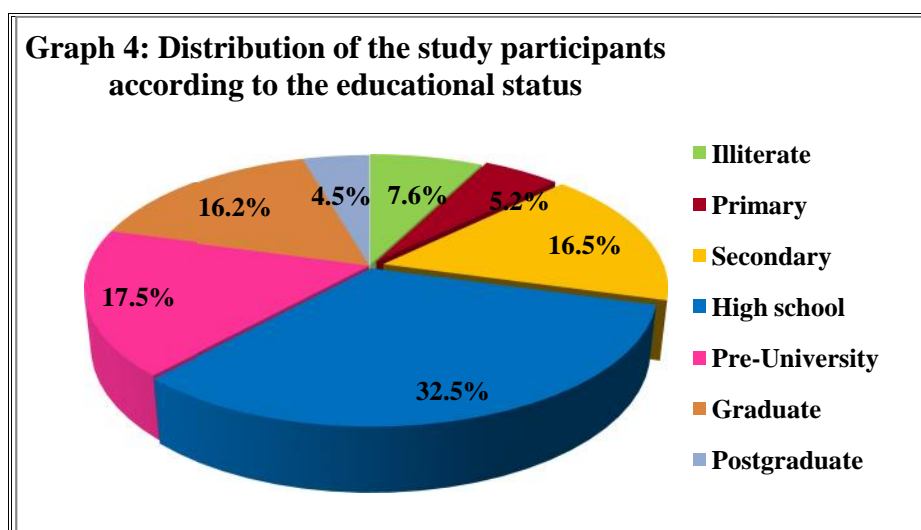


Table 5: Distribution of study participants according to the husband's educational status (N=600)

Education	Number	Percentage
Illiterate	45	7.4
Primary	18	3.0
Secondary	81	13.5
High school	163	27.2
Pre-university	129	21.5
Graduate	127	21.2
Postgraduate	37	6.2
Total	600	100

In the present study, 45 (7.4%) of the husbands were illiterate, 18 (3%) of them studied up to primary school level, 81 (13.5%) up to secondary level, 163 (27.2%) up to high school level, 129 (21.5%) up to pre-university level, 127 (21.2%) were graduates and 37 (6.2%) of them had completed their post graduation.

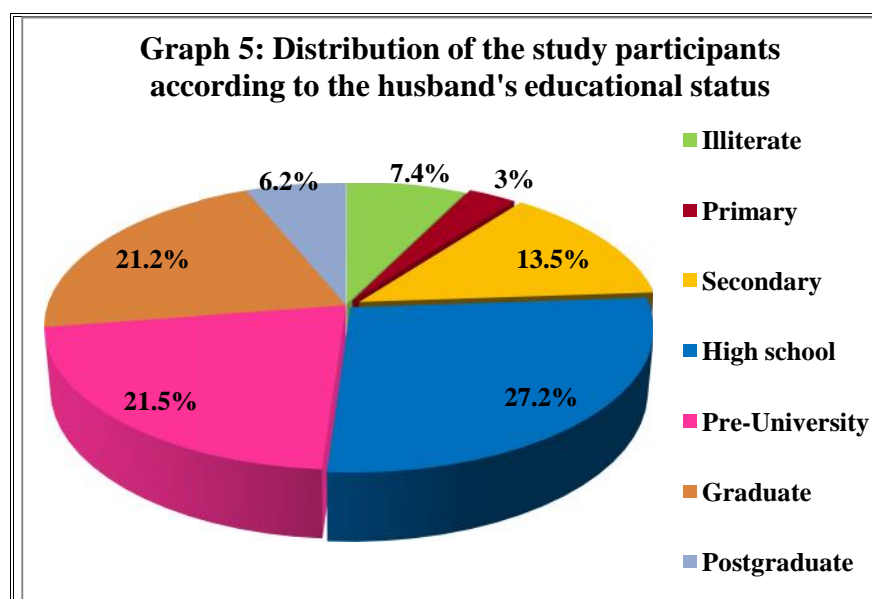


Table 6: Distribution of study participants according to the occupation (N=600)

Occupation	Number	Percentage
Housewives	500	83.4
Unskilled	23	3.8
Semiskilled	13	2.2
Skilled	20	3.3
Semiprofessional/ Professional	44	7.3
Total	600	100

In our study 500 (83.4%) of the married women were house wives, 23 (3.8%) were unskilled workers/manual labourers and were engaged in occupations such as farming, coolie, etc.13 (2.2%) were semiskilled mainly office or clerical workers, 20 (3.3%) were into skilled jobs such as technicians, cooks etc. 44 (7.3%) were professionals such as lecturers, doctors and engineers.

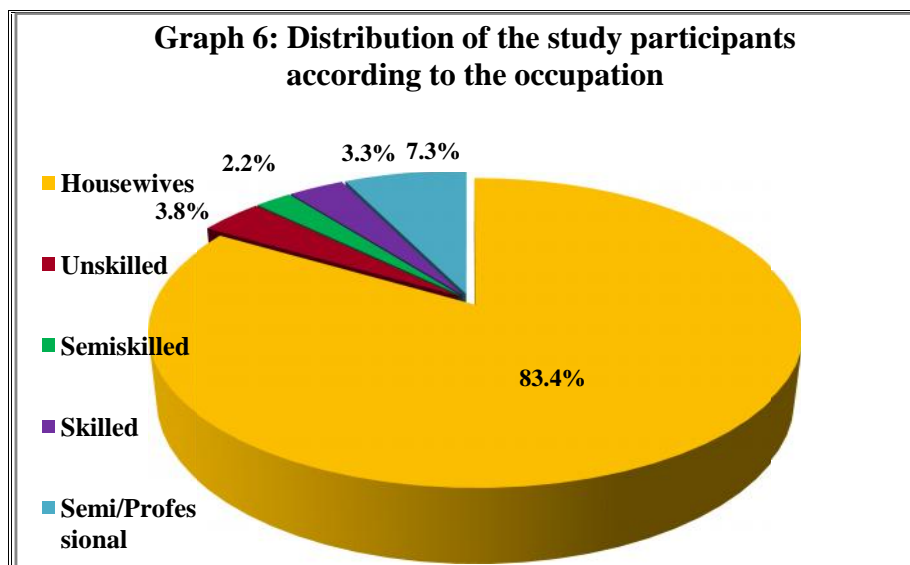


Table 7: Distribution of study participants according to the husband's occupation (N=600)

Type of work	Number	Percentage
Unskilled	72	12.0
Semiskilled	58	9.6
Skilled	307	51.2
Semiprofessional/ Professional	163	27.2
Total	600	100

In our study 72 (12%) were unskilled workers/manual labourers mainly farmers and coolie, 58 (9.6%) were semiskilled, majority of them being car drivers, conductors and few clerical workers and security personnels. 307 (51.2%) were skilled technicians, electricians etc. whereas 163 (27.2%) were professional i.e lawyers, lecturers, doctors and engineers.

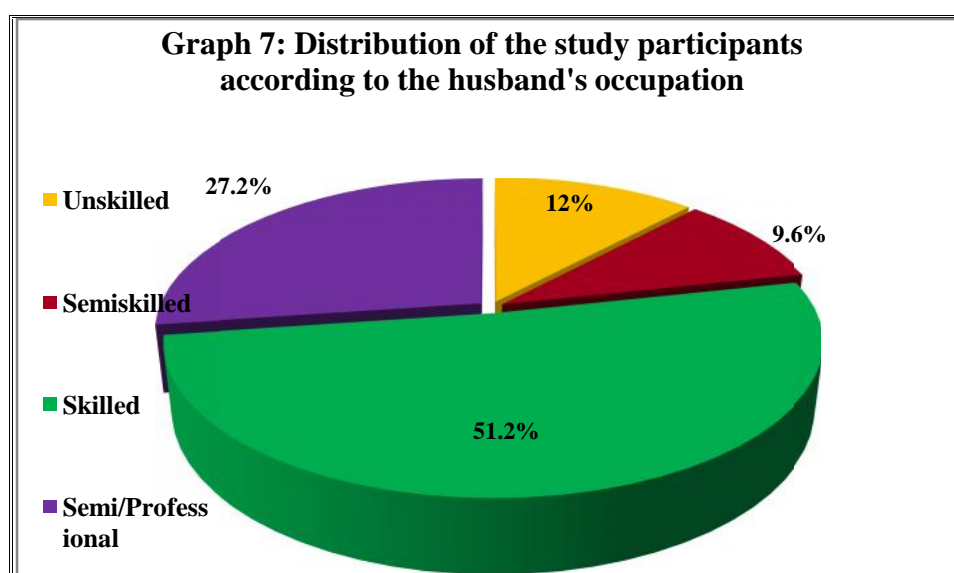


Table 8: Distribution of study participants according to type of family (N = 600)

Type of family	Number	Percentage
Nuclear	263	43.8
Joint	282	47.0
Broken/ Problem	55	9.2
Total	980	100

Most of the study participants 282 (47%) were living in a joint family, 263 (43.8%) in a nuclear family and 55 (9.2%) were staying in a broken family or a problem family.

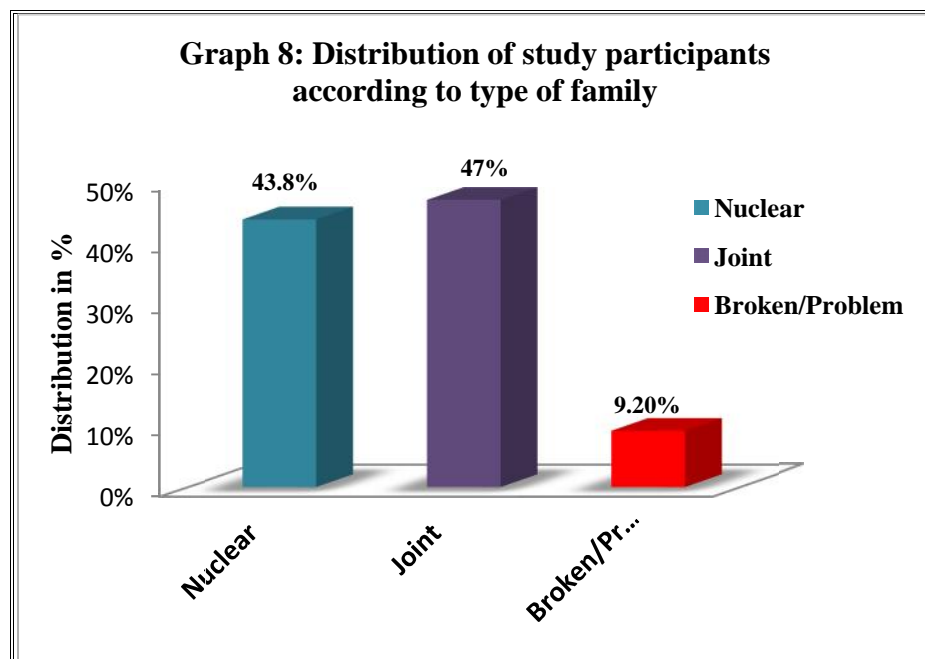


Table 9: Distribution of study participants according to number of family members (N = 600)

Number of family members	Number	Percentage
1-2	45	7.5
3-4	234	39.0
5-6	201	33.5
>7	120	20.0
Total	600	100

Most of the families consisted of 3- 4 members in our study.

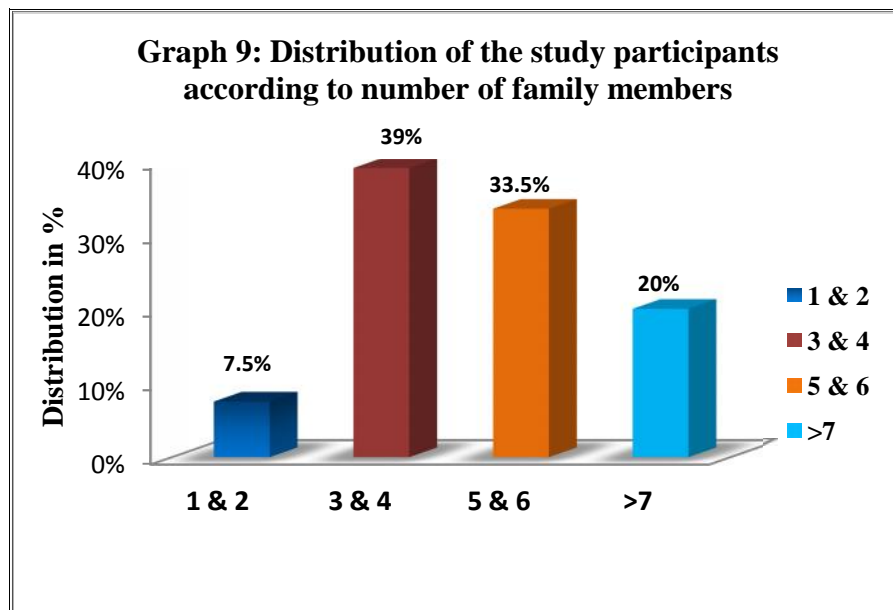


Table 10: Distribution of study participants according to socio economic status

(According to modified B.G. Prasad classification, 2017) (N = 600)

Socio economic status	Number	Percentage
Class I	93	15.5
Class II	138	23.0
Class III	162	27.0
Class IV	154	25.7
Class V	53	8.8
Total	600	100

In the present study, majority of study participants, 162 (27%) belonged to class III Socioeconomic status as per modified B.G. Prasad's classification; followed by 154 (25.7%) who belonged to class IV; 138 (23%) who belonged to class II, 93 (15.5%) belonged to class I and least were 53 (8.8%) in class V.

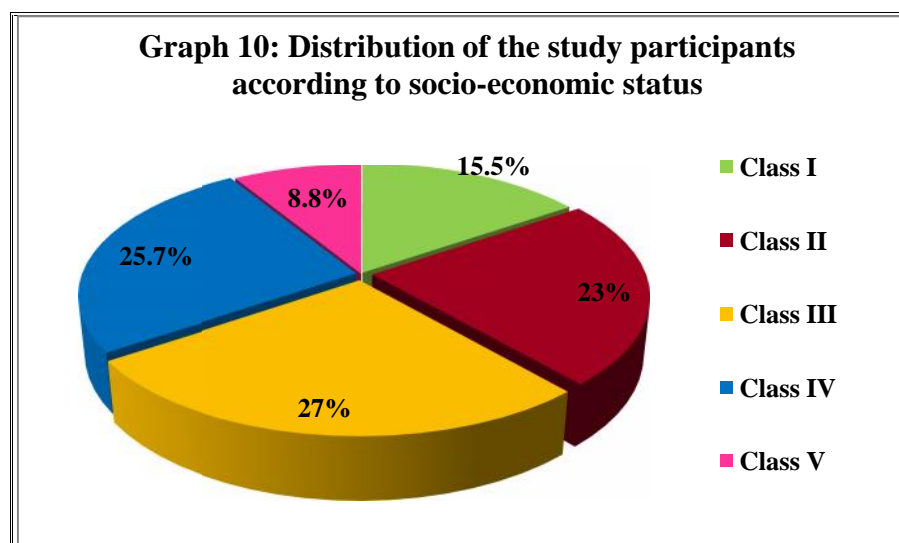


Table 11: Distribution of study participants according to marital status (N=600)

Marital status	Number	Percentage
Married	545	90.8
Divorced	5	0.9
Widow	38	6.3
Separated	12	2.0
Total	600	100

In the present study, 545(90.8%) of the study participants were married, 5 (0.9%) were divorced, 38(6.3%) were widow and 12 (2%) of the married women lived separately from their husbands.

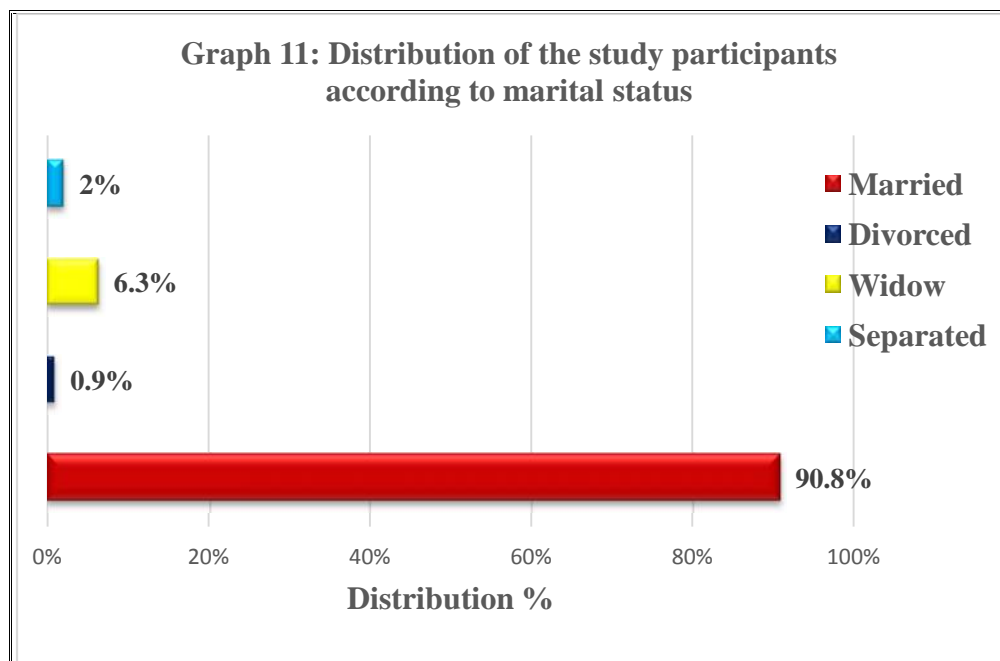


Table 12: Distribution of study participants according to age at marriage

(N=600)

Age at marriage	Number	Percentage
<18	162	27.0
18-28	422	70.3
29-38	15	2.5
>38	1	0.2
Total	600	100

Our study showed that most of the women 422 (70.3%) were married between 18-28 years age group and 162 (27%) had teenage marriages.

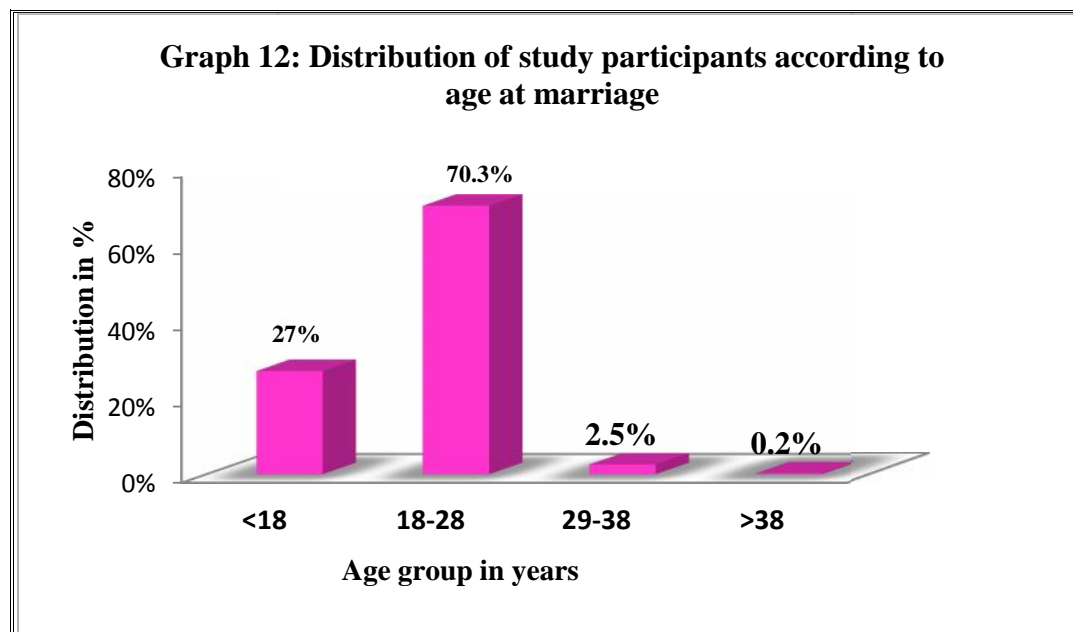


Table 13: Distribution of study participants according to duration of married life

(N=600)

Duration in years	Number	Percentage
<1	11	1.8
1-10	311	51.9
11-20	131	21.8
21-30	104	17.3
31-40	43	7.2
Total	600	100

In our study, duration of married life was 1-10 years in 51.9% of women, out of which, 479 study participants reported that they had cordial marital relation, whereas 121 of them reported to have uncordial marital relation.

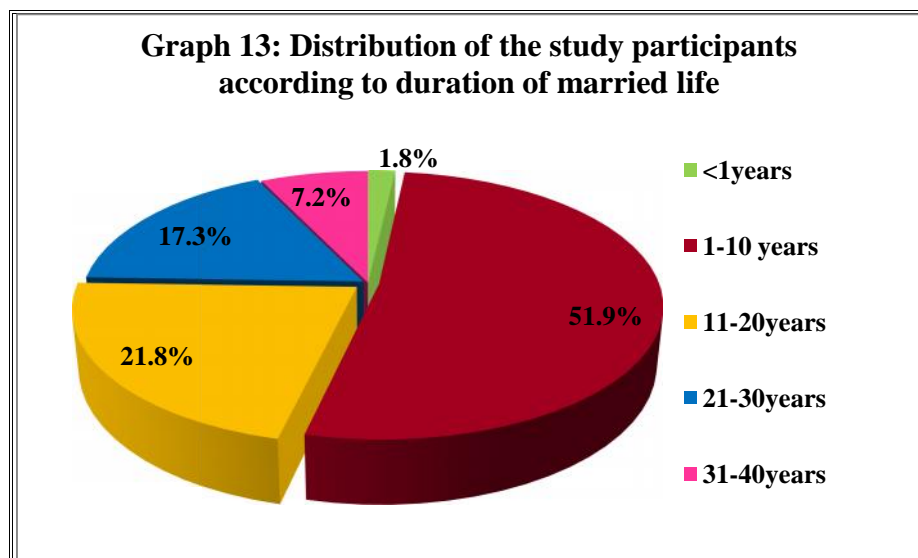


Table 14: Distribution of study participants according to parity (N=600)

Parity	Number	Percentage
0	66	11
1-2	332*	55.4
3-4	173	28.8
>5	29	4.8
Total	600	100

*1 couple adopted 2 kids

531 (88.5%) couples had children; 69 (11.5%) of the couples did not have issues.332

(55.4%) of the women had 1-2 children as per the parity in our study.

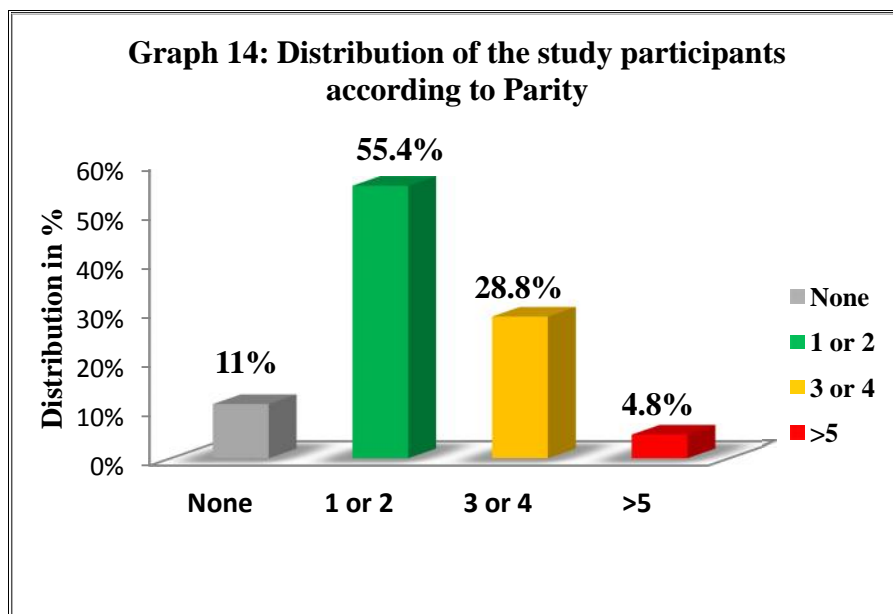


Table 15: Distribution of study participants according to number of male children (N=600)

Number of male children	Number	Percentage
0	176	29.3
1	258	43.0
2	130	21.7
3	26	4.3
>4	10	1.7
Total	600	100

Most of the women 258 (43%) had 1 male child and 176 (29.3%) women did not have a male child.

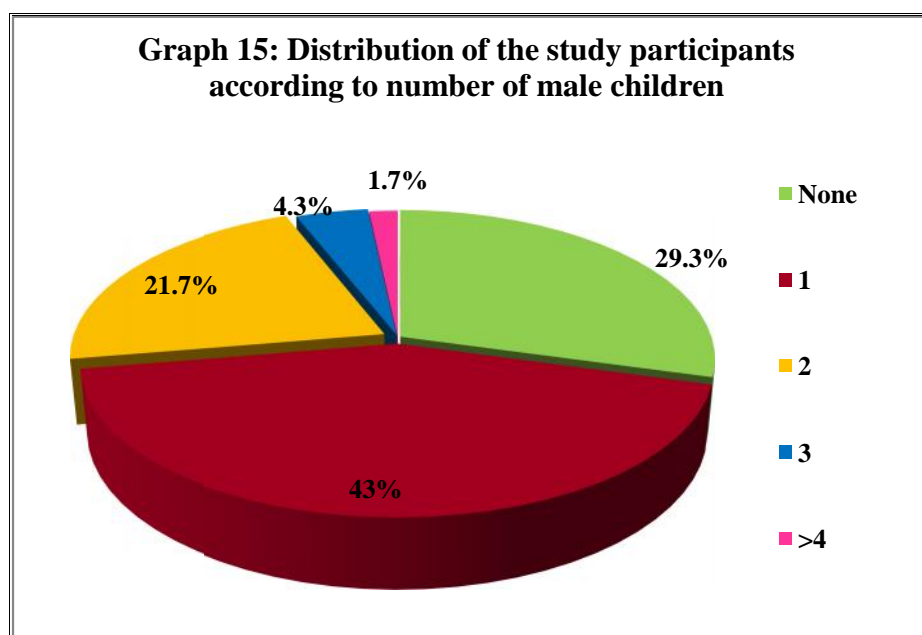


Table 16: Distribution of study participants according to the current status of pregnancy (N=600)

Current status of pregnancy	Number	Percentage
Pregnant	69	11.5
Non-pregnant	531	88.5
Total	600	100

69 (11.5%) of the married women were pregnant during our study period.

Table 17: Distribution of study participants according to history of adverse pregnancy outcome (N=600)

History of adverse pregnancy outcome	Number	Percentage
Present	116	19.3
Absent	484	80.7
Total	600	100

In our study, 116 (19.3%) of the women faced adverse pregnancy outcome which included abortions and infant deaths. In total 72 (12%) of the women had abortions; 28 (4.6%) had infant deaths whereas 16 (2.6%) of them had other pregnancy related complications.

Table 18: Distribution of study participants according to history of medical illness (N=600)

History of medical illness	Number	Percentage
Present	382	63.7
Absent	218	36.3
Total	600	100

In our study, 382 (63.7%) of the women had history of medical illness whereas 218 (36.3%) of them were without any history of medical illness.

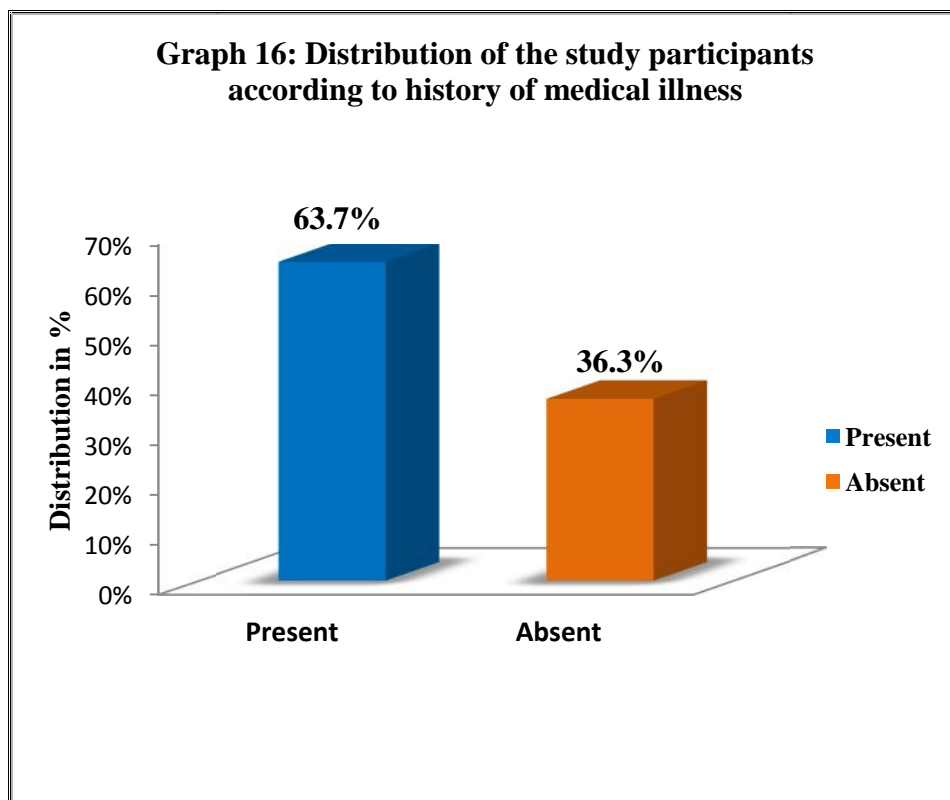


Table 19: Distribution of study participants according to causes of medical illness (N=600)

History of medical illness	*Number
No history of medical illness	218
Anaemia	321
Non communicable diseases(DM, HTN)	83
Thyroid disorders	13
PIH/GDM	24
Communicable diseases(TB,RHD, HIV, Dengue, Typhoid)	9
Obstetric problems	6
Others	27

*Multiple responses: Majority of the women (321) were anaemic, followed by non communicable diseases (83) and 27 had other medical illness.

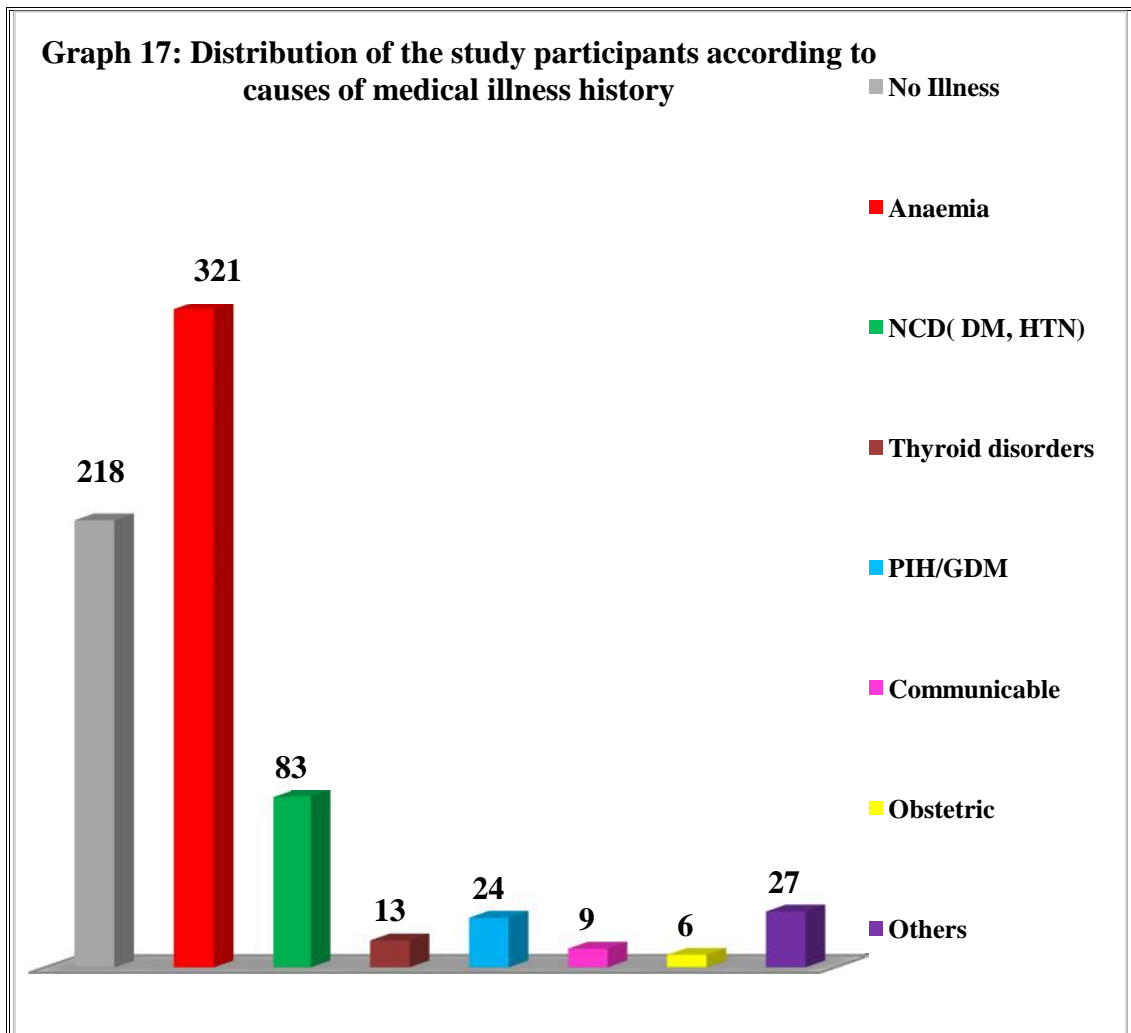
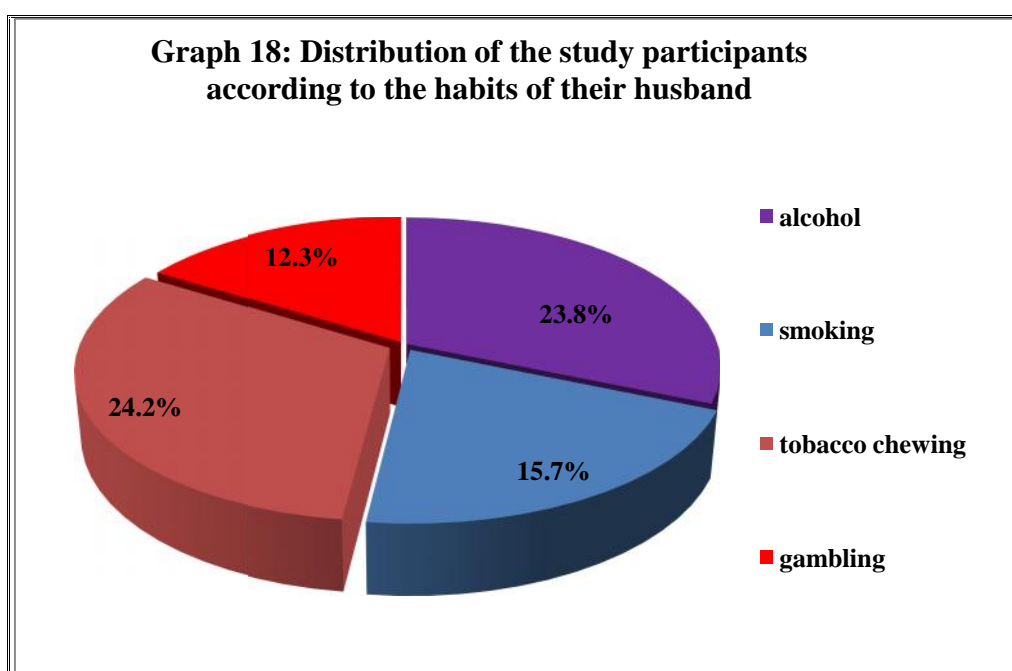


Table 20: Distribution of study participants according to the habits of their husbands (N=600)

Habits	Number	Percentage
Alcohol	143	23.8
Smoking	94	15.7
Tobacco chewing	145	24.2
Gambling	74	12.3
Total	456	76

143 (23.8%) of the participants had husbands who consumed alcohol, 94 (15.7%) used smoked form of tobacco whereas majority of them 145 (24.2%) used chewable form of tobacco and 74 (12.3%) engaged themselves into gambling.



II. PREVALENCE OF DOMESTIC VIOLENCE

Table 21: Distribution of study participants according to any form of domestic violence experienced (N=600)

Any domestic violence	Number	Percentage
Present	351	58.5
Absent	249	41.5
Total	600	100

In our study, 351 (58.5%) of the married women experienced domestic violence in their lifetime, whereas 249 (41.5%) of them never experienced domestic violence.

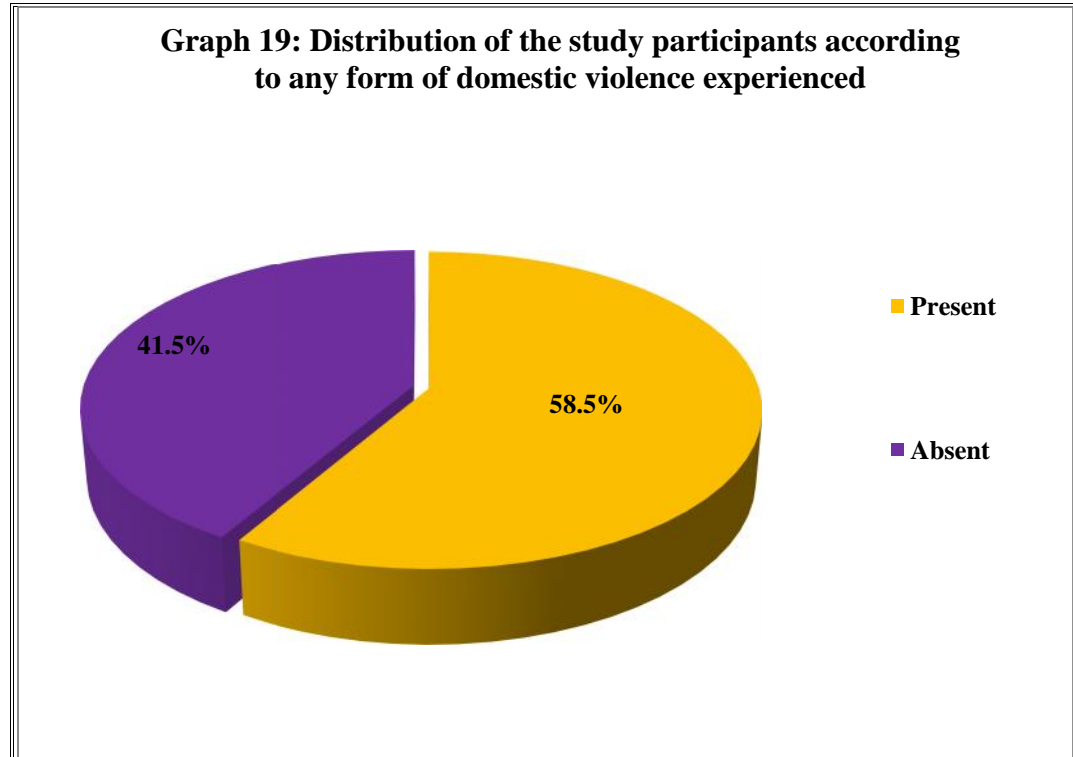


Table 22: Distribution of study participants according to physical violence experienced (N=600)

Physical violence	Number	Percentage
Present	124	20.7
Absent	476	79.3
Total	600	100

124(20.7%) of the study participants faced physical violence, and majority of them were slapped 121(20.2%) by their husbands.

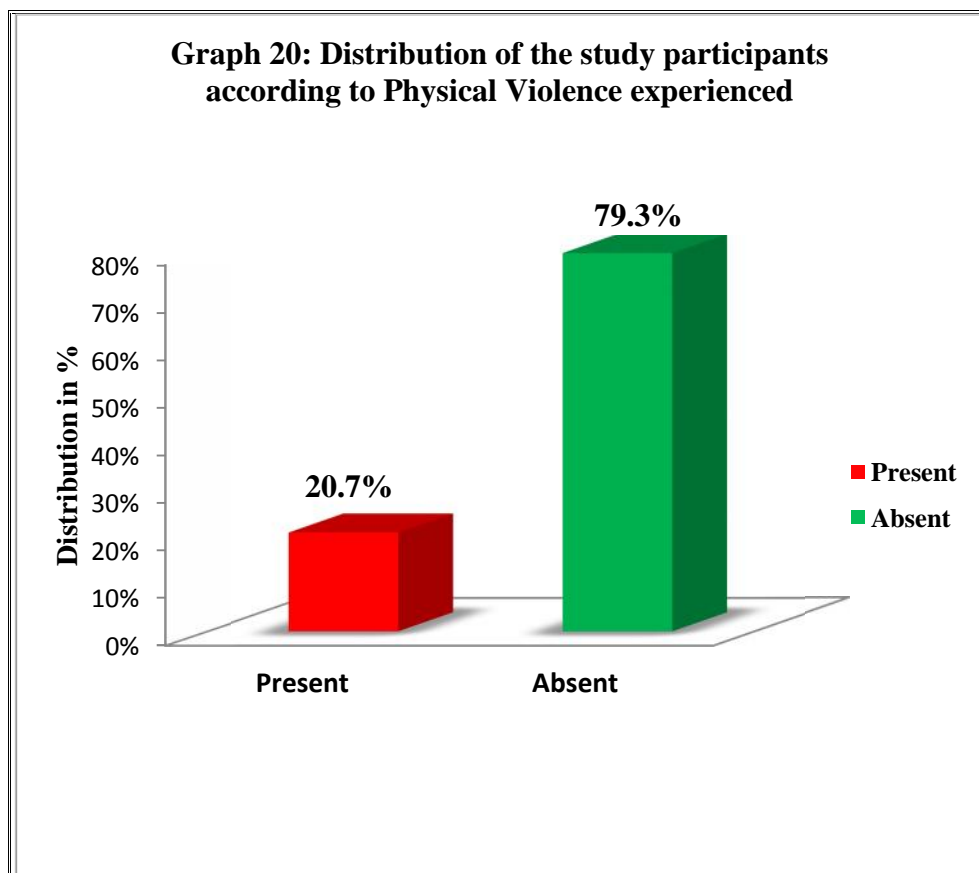


Table 23: Distribution of study participants according to emotional violence experienced (N=600)

Emotional violence	Number	Percentage
Present	339	56.5
Absent	261	43.5
Total	600	100

339(56.5%) of the married women experienced emotional violence. Most of the study participants (55.5%) were insulted by their partners, followed by (54.5%) who felt humiliated and (53%) of them experienced yelling by their husbands.

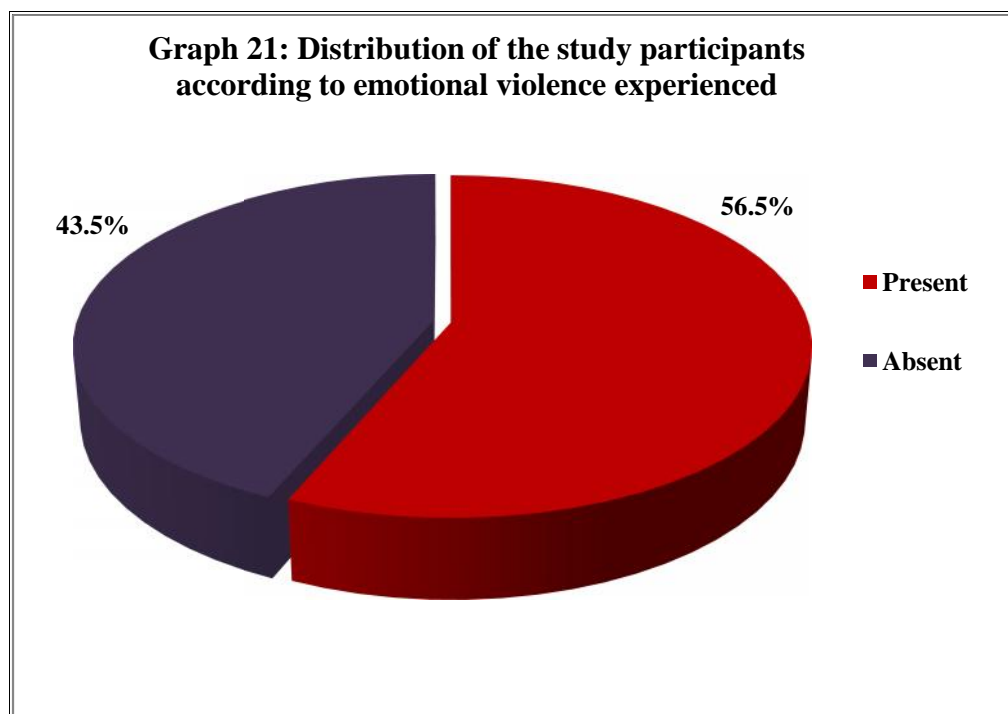


Table 24: Distribution of study participants according to controlling behaviour experienced (N=600)

Controlling behaviour	Number	Percentage
Present	228	38
Absent	372	62
Total	600	100

In the present study, 228(38%) of the married women experienced controlling behavior and (37%) were restricted by their partners.

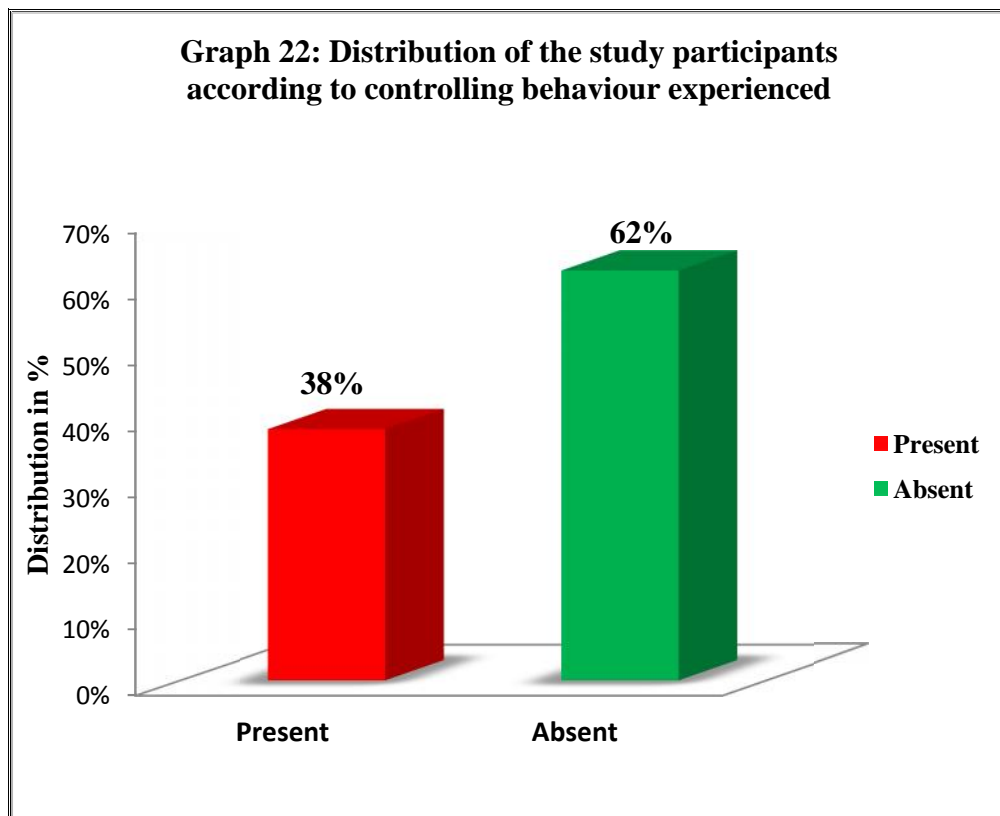
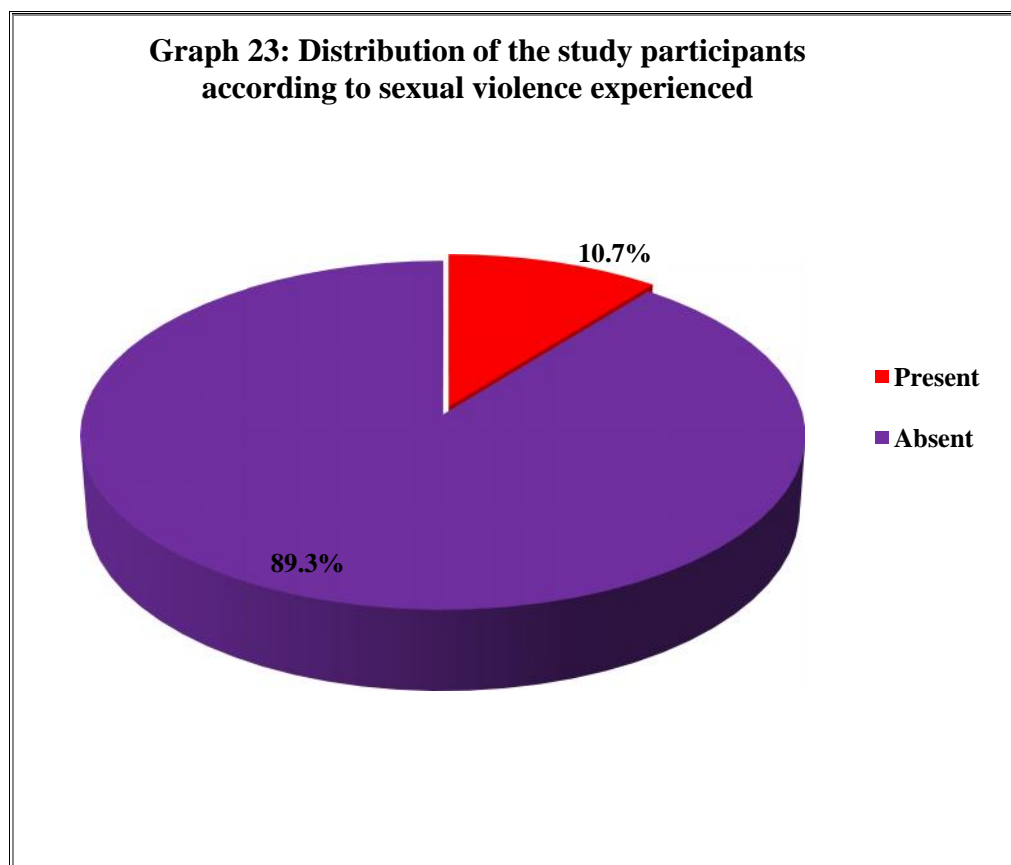


Table 25: Distribution of study participants according to sexual violence experienced (N=600)

Sexual violence	Number	Percentage
Present	64	10.7
Absent	536	89.3
Total	600	100

In our study, 64(10.7%) of the participants faced sexual violence in marriage and 10% of them were forced to do humiliating sexual things by their husbands.



III. CAUSES AND HELP SEEKING FOR DOMESTIC VIOLENCE

Table 26: Distribution of study participants according to the causes of domestic violence (N=600)

Causes of domestic violence	*Number
Doesn't consider as violence	147
Husband's health condition	19
Husband's bad habits	67
Mother-in-law's influence	52
Financial issues/ Dowry	50
Extramarital affair/ multiple marriages	15
Delay kids/ adopted/ sick children	11
Girl child discrimination	08
Considers Fate/ wife duty	24
Intercaste love marriage	11

***Multiple responses**

147 of the women experiencing domestic violence did not consider it as violence; whereas 67 considered bad habits of the husband as the major cause, 52 women blamed mother-in-law's influence as its cause and 50 of them stated financial issues or dowry to be the cause of domestic violence. Around 24 women inspite of knowing it as a violence, considered it to be their fate or duty and remained silent over the issue.

Graph 24: Distribution of the study participants according to causes of domestic violence

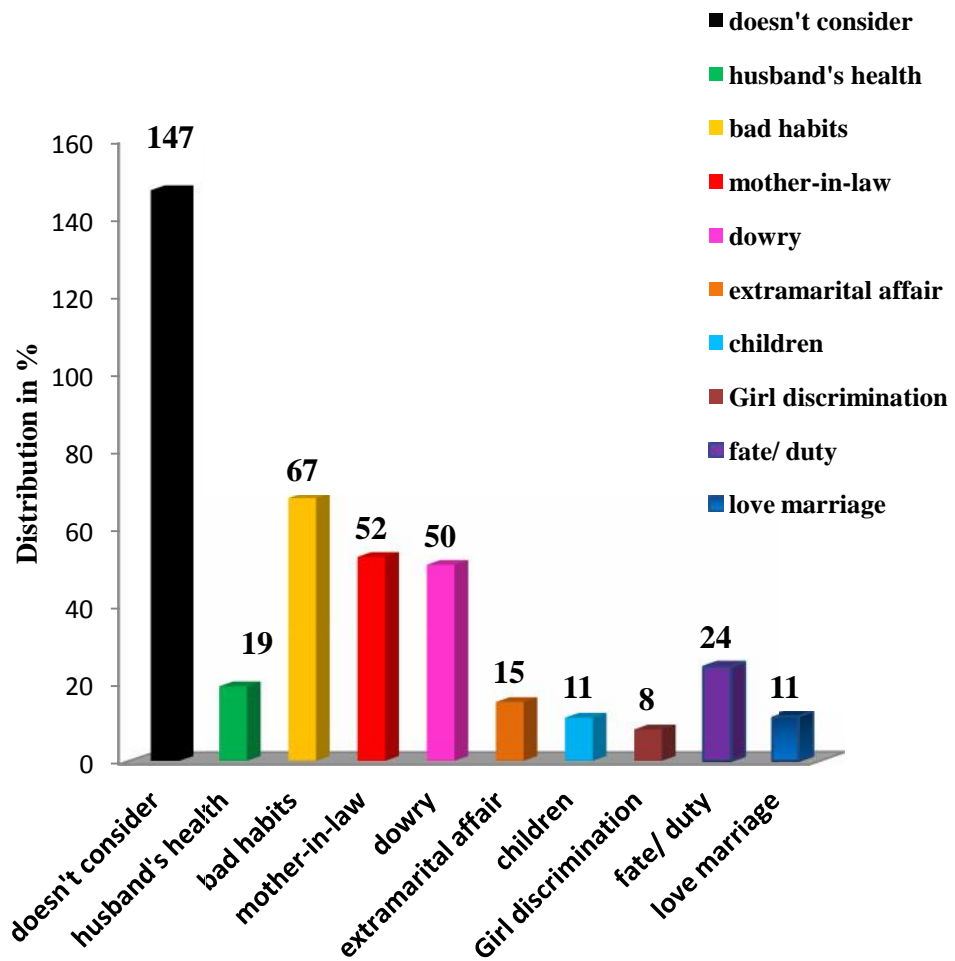


Table 27: Distribution of study participants according to help seeking behavior for domestic violence (N=600)

Help seeking behaviour	Number	Percentage
No help needed(no domestic violence)	249	41.5
Needed help for domestic violence but not sought	223	37.2
Took help for domestic violence	128	21.3
Total	600	100

Out of the 351 women experiencing domestic violence, 128 (21.3%) took help, 223 (37.2%) of women did not seek help inspite of experiencing domestic violence.

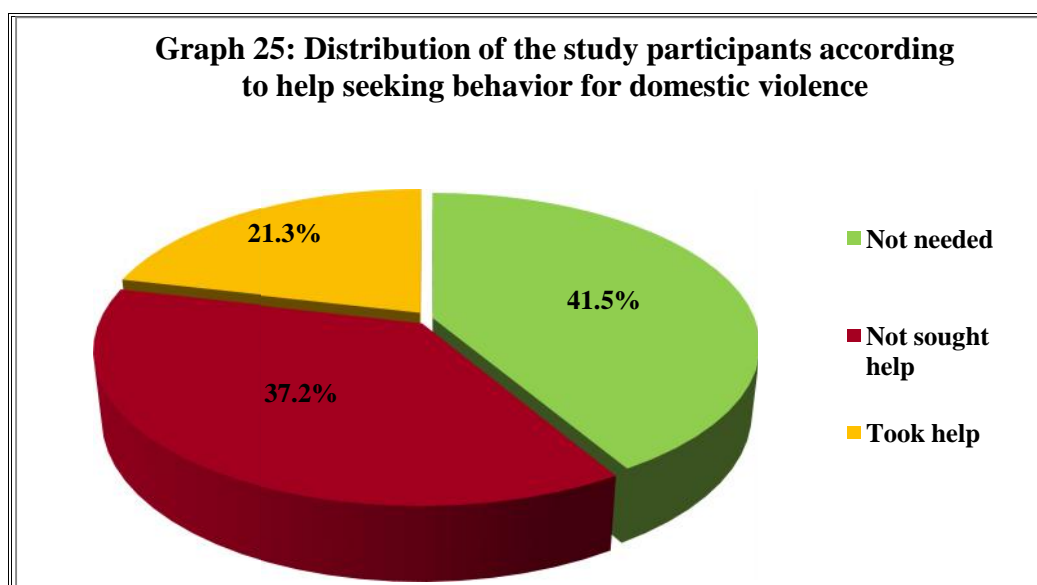
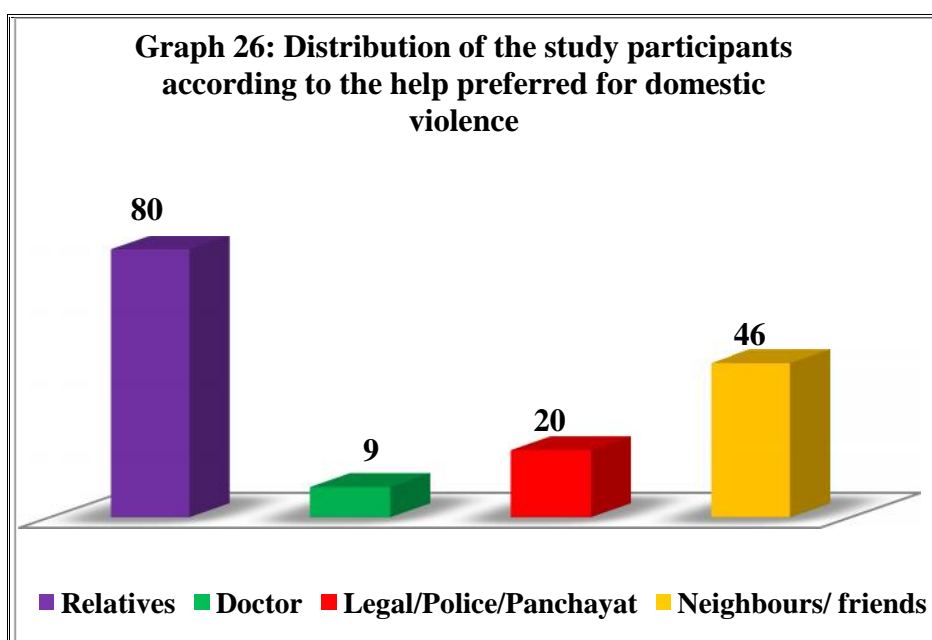


Table 28: Distribution of study participants according to the help preferred for domestic violence (N=600)

Help received	*Number
Relatives	80
Doctor	09
Legal/ Police/ Panchayat	20
Neighbours/ friends/ Mahilamandal	46

***Multiple responses**

Most of the married women with domestic violence sought help from their relatives, followed by neighbours or friends, than legal help and from doctors.



IV. PREVALENCE OF PSYCHIATRIC MORBIDITY AMONG WOMEN EXPERIENCING DOMESTIC VIOLENCE

Table 29: Distribution of study participants according to psychiatric morbidity among women experiencing domestic violence (N=600)

Psychiatric morbidity (SRQ score)	Number	Percentage
Present (>7)	159	45.3
Absent (7)	192	54.7
Total	351	100

Among the 351 women experiencing domestic violence, the psychiatric morbidity was found to be present with SRQ score >7 in 159 (45.3%) married women, whereas it was absent in 192 (54.7%) of them.

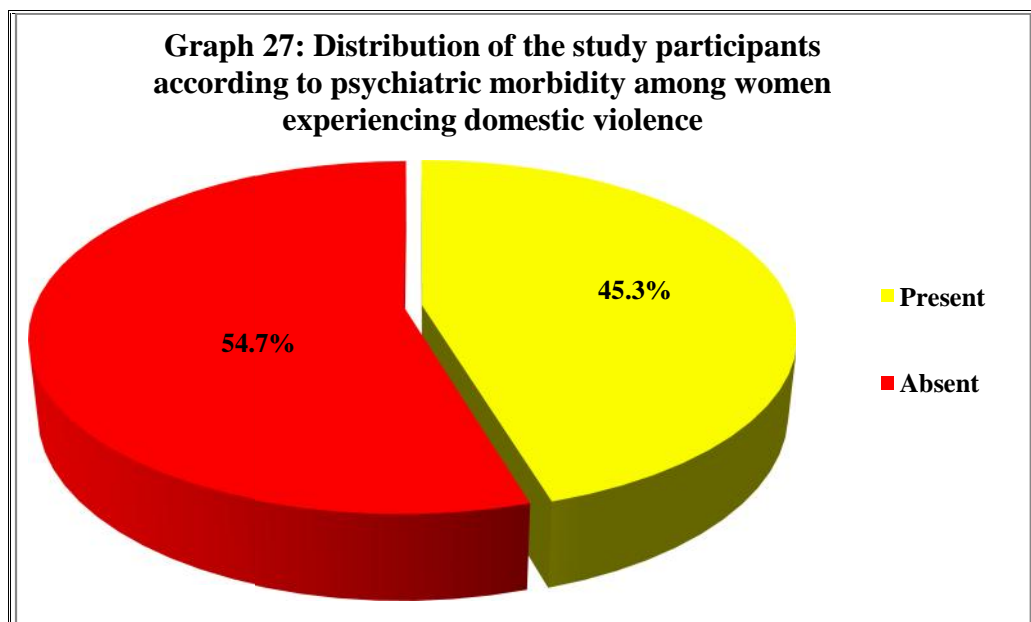
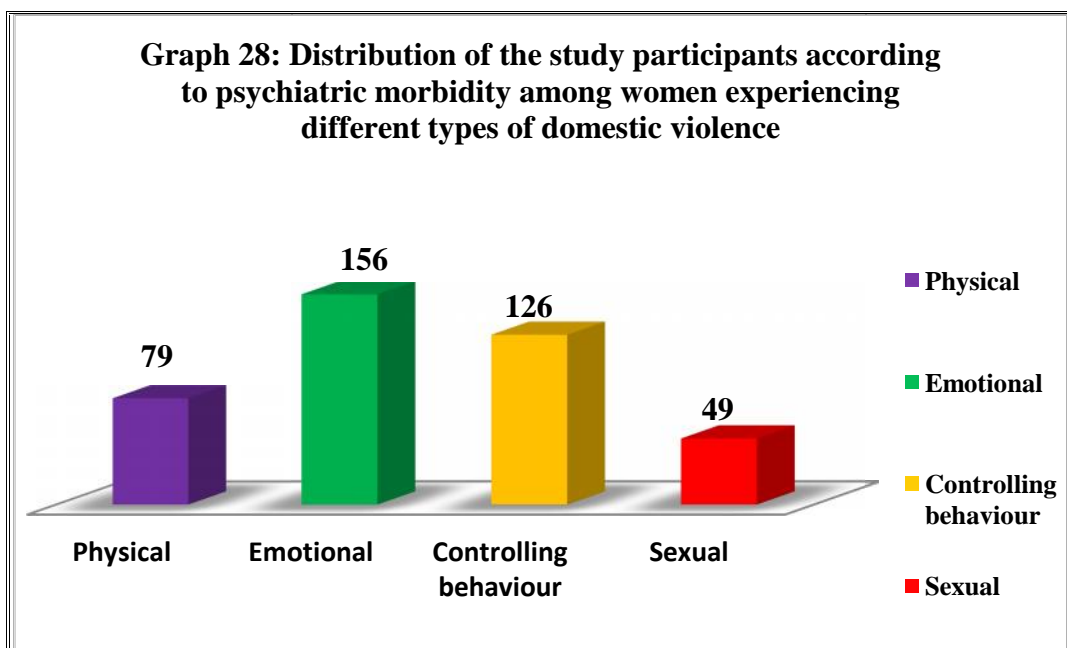


Table 30: Distribution of study participants according to psychiatric morbidity among women experiencing various types of domestic violence (N=600)

Psychiatric morbidity (Present-SRQ score >7)	Number
Physical violence	79
Emotional violence	156
Controlling behaviour	126
Sexual violence	49

***Multiple responses**

The psychiatric morbidity was found to be more among women experiencing emotional violence(156), followed by those being controlled by their husbands(126), then physical violence (79) of them and lastly women with sexual violence(49).



V. ASSOCIATION OF DOMESTIC VIOLENCE WITH VARIABLES

Table 31: Association of domestic violence with socio-demographic variables of study participants

Sociodemographic variables	Domestic violence				2	Df	P value
	Present(%)		Absent(%)				
Age of the women					10.545	3	0.014*
<20	12	40	18	60			
21-30	149	54.4	125	45.6			
31-40	94	66.2	48	33.8			
41-49	96	62.3	58	37.7			
Age of the husband					15.843	4	0.003*
20-29	50	42.7	67	57.3			
30-39	135	61.1	86	38.9			
40-49	65	61.3	41	38.7			
50-59	85	65.9	44	34.1			
60-69	16	59.3	11	40.7			
Family type					8.559	2	0.014*
Nuclear	158	60.1	105	39.9			
Joint	152	53.9	130	46.1			
Broken/ Problem	41	74.6	14	25.4			

Table 31: continued...

Sociodemographic variables	Domestic violence				2	Df	P value
	Present(%)		Absent(%)				
Education of the women					23.281	6	0.001*
Illiterate	31	67.4	15	32.6			
Primary	22	71	9	29			
Secondary	72	72.7	27	27.3			
High school	106	54.4	89	45.6			
Pre-University	57	54.3	48	45.7			
Graduate	55	56.7	42	43.3			
Postgraduate	8	29.6	19	70.4			
Husband's education					22.805	6	0.001*
Illiterate	29	64.4	16	35.6			
Primary	13	72	5	28			
Secondary	57	70.4	24	29.6			
High school	104	63.8	59	36.2			
Pre-University	62	48.1	67	51.9			
Graduate	73	57.5	54	42.5			
Postgraduate	13	35.1	24	64.9			

Table 31: continued...

Sociodemographic variables	Domestic violence				2	Df	P value
	Present(%)		Absent(%)				
Occupation of the women					6.405	4	0.171
Housewife	294	58.8	206	41.2			
Unskilled	15	65.2	8	34.8			
Semiskilled	9	69.2	4	30.8			
Skilled	14	70	6	30			
Semi/ Professional	19	43.2	25	56.8			
Husband's occupation					0.339	3	0.953
Unskilled	43	59.7	29	40.3			
Semiskilled	32	55.2	26	44.8			
Skilled	181	59	126	41			
Semi/Professional	95	58.3	68	41.7			
Socio-economic status					10.63	4	0.031*
Class I	44	47.3	49	52.7			
Class II	73	52.9	65	47.1			
Class III	104	64.2	58	35.8			
Class IV	95	61.7	59	38.3			
Class V	35	66	18	34			

Table 31: continued...

Sociodemographic variables	Domestic violence				2	Df	P value
	Present(%)		Absent(%)				
Marital status					12.988	3	0.005*
Married	310	56.9	235	43.1			
Divorced	5	100	0	0			
Widow	24	63.2	14	36.8			
Separated	12	100	0	0			
Parity					22.003	10	0.015*
0	28	42.4	38	57.6			
1-2	190	57.2	142	42.8			
3-4	112	65	61	35			
5	21	72.4	8	27.6			
Duration of married life (years)					84.693	41	0.0001*
<1	4	36.4	7	63.6			
1-10	161	51.8	150	48.2			
11-20	98	74.8	33	25.2			
21-30	58	55.8	46	44.2			
31-40	30	69.8	13	30.2			

Table 31: continued...

Sociodemographic variables	Domestic violence				2	Df	P value
	Present(%)		Absent(%)				
Current pregnancy state					5.916	1	0.015*
Pregnant	31	44.9	38	55.1			
Not pregnant	320	60.3	211	39.7			
Age at marriage (years)					44.668	10	0.041*
<18	104	64.2	58	35.8			
18-28	233	55.2	189	44.8			
29-38	13	86.7	2	13.3			
>38	1	100	0	0			

The prevalence of domestic violence was found to increase with older age, more in broken and nuclear families; more in higher socioeconomic status; increased age at marriage, duration of married life; increased parity, more in non pregnant state and in women who were divorced/ widow or separated from husband.

The domestic violence was found to decrease with increased educational status of women and husband. Association of domestic violence with sociodemographic variables was found to be statistically significant with respect to age of the married women, husband's age, educational status of the husband and wife, type of family, socioeconomic status, marital status, parity, pregnant status, age at marriage, duration of married life. However, it was not associated with the occupation of the husband or the wife.

Table 32: Association of domestic violence with medical illness and adverse pregnancy outcome of the study participants

Medical history			Domestic violence		χ ²	Df	P value
			Present	Absent			
Medical illness	No	218	087	131	51.672	2	0.0001*
	Yes	382	264	118			
Bad Pregnancy outcome	No	484	278	206	1.163	1	0.281
	Yes	116	073	043			

Women experiencing domestic violence had more history of medical illness and the association was found to be statistically significant. However in our study domestic violence was not associated with bad pregnancy outcome.

Table 33: Association of domestic violence with habits of the husband

Habits			Domestic violence		2	Df	P value
			Present	Absent			
Alcohol	No	457	234	223	42.049	1	0.0001*
	Yes	143	117	026			
Smoking	No	506	278	228	16.854	1	0.0001*
	Yes	94	073	021			
Tobacco chewing	No	455	241	214	23.741	1	0.0001*
	Yes	145	110	035			
Gambling	No	526	288	238	23.666	1	0.0001*
	Yes	74	063	011			

The presence of domestic violence was seen to be more among women whose husbands consumed alcohol, used smoke and chewable forms of tobacco, and who engaged in gambling. Thus the association of domestic violence with habits of husband was found to be statistically significant.

DISCUSSION

The present study was conducted at Ashok nagar which is a urban health centre field practice area of Department of Community Medicine, Jawaharlal Nehru Medical College, Belagavi, during the period January 2017 to December 2017.

I. SOCIO-DEMOGRAPHIC PROFILE OF STUDY PARTICIPANTS

Table 1 & 2

In the present study, 45.66% of the women belonged to 21-30 years of age group with 36.8% of their husbands in 30-39 years age group. A similar study conducted in Karad showed that 43.9% of urban women were in 21-30 years age group. The mean age for the women and their husbands was 33 ± 9.6 and 39.5 ± 10.9 respectively; which is similar to a study conducted in Kolkata that showed the mean age of women was 28.52 ± 5.44 years and their husbands was 34.16 ± 6.97 years.⁵

Table 3

In Ashok nagar urban area, predominantly seen population was Muslims (53.67%) followed by 270 (45%) who belonged to Hindu religion. A study done in Kolkata showed that 93.71% were Hindus and 6.29% were Muslims,⁵ while a study conducted in Burdwan showed all the participants belonged to Hindu religion.⁴³

Table 4 & 5

In the present study, only 7.6% participants were illiterate, 5.2% had studied up to primary school level, 16.5% up to secondary level, 32.5% up to high school level, 17.5% upto pre-university level, 16.2% were graduates and 4.5% of them had

completed their postgraduation whereas in another study conducted in Kolkata, 30.9% were illiterate, 34% had completed primary education, 18.9% middle school, 12.6% secondary level and 3% had higher education.⁵ Most of the other studies showed that illiterate participants were more when compared to literate.^(10,43)

In the present study, only 7.4% of the husbands were illiterate, 3% studied up to primary school level, 13.5% upto secondary level, 27.2% up to high school level, 21.5% upto pre-university level, 21.2% were graduates and 6.2% were postgraduates when compared to the study done in Kolkata wherein 32.69% were illiterate and only 2.7% passed higher secondary and above.⁴³

Table 6&7

In our study 83.4% of the of the married women were housewives, 3.8% were unskilled workers engaged in farming, coolie, etc. 2.2% were semiskilled clerical workers, 3.3% were into skilled jobs such as technicians, cooks and 7.3% were professionals such as lecturers, doctors and engineers. Two other studies showed majority (58.5%) and 92.31% were homemakers, 22% and 7.69% were unskilled laborers respectively, which was similar to our study but 10% were skilled laborers, 6% were into service and 3% were self employed.^(5,43)

In our study 12% of the husbands were unskilled workers mainly farmers and coolie, 9.6% were semiskilled, car drivers, conductors, clerical workers and security personnels. 51.2% were skilled technicians, electricians whereas 27.2% were professional i.e lawyers, lecturers, doctors and engineers and none were unemployed which was in contrast to other studies in India that showed that 4.4% were unemployed, 21.4% were unskilled laborers, 23.3% were skilled laborers, 27.7% in-

service, 19.5% self employed and only 3.8% were professionals.⁵ Another study showed that 87.69% were employed; 36.54% were unskilled laborers, 33.07% were skilled laborers, 4.61% were into service and 13.47% were self-employed.⁴³

Table 8 & 9

In the present study, 47% were living in a joint family, 43.8% in a nuclear family and 9.2% were staying in a broken family or a problem family, with 3-4 members in each family, when compared to a study done in Kolkata which showed that 50.9% stayed in joint family and 49.1% in nuclear family.⁵

Table 10

In the present study, 27% belonged to class III Socioeconomic status followed by 25.7% in class IV; 23% in class II, 15.5% class I and only 8.8% in class V. In other studies, 38.85% belonged to the lower middle class.⁴³ and 54.3% urban participants belonged to lower socio-economic class.¹⁰

Table 11, 12 & 13

In the present study, 90.8% participants were married, 0.9% were divorced, 6.3% were widows and 2% of the married women lived separately from their husbands, which was similar to a multisite national study done which showed that 96% women were married and 4% widowed, separated or divorced.²⁵

Our study showed that most of the women (70.3%) were married between 18-28 years age group and 27% had teenage marriages, similar to the Bengal study which showed that 64.62% participants married after 18 years of age⁴³

In our study, duration of married life was 1-10 years in majority (51.9%) of women, which is similar to a study conducted in Kolkata which showed that in 74.62% of women, duration of married life was within 10 years, and in 25.38% of women the duration of married life was more than 10 years.⁴³

Table 14&15

88.5% couples had children; 11.5% of the couples did not have issues. 55.4% of the women had 1-2 children as per the parity in our study. 43% women had 1 male child and 29.3% women did not have a male child, which is less compared to a study conducted in Kolkata where 5.8% of women did not have a male child.⁵

Table 16&17

11.5% of the married women were pregnant during our study period and 19.3% of them faced adverse pregnancy outcome which included abortions and infant deaths.

Table 18&19

In our study, 63.7% of the women had history of medical illness whereas 36.3% of them were without any history of medical illness.

Majority of the women (321) were anaemic, followed by non-communicable diseases (83) and (27) had other medical illness. which is similar to a study conducted in Maharashtra in which 56.2% had one or other morbidity while 43.8% had no morbidities. The causes were nutritional anemia (94.1%), generalized body ache (33.3%), headache (8.1%), giddiness (5.9%), dyspareunia (5.9%), irregular menses (5.2%), lower abdominal pain (4.4%), dysmenorrhea (4.4%), dyspepsia (4.4%) and infertility (3.7%).⁴¹

Table 20

In our study, 23.8% of the participants had husbands who consumed alcohol, 15.7% used smoked form of tobacco whereas majority of them (24.2%) used chewable form of tobacco and 12.3% engaged themselves into gambling. In a study conducted in Burdwan, it was observed that 63.46% of the husbands were addicted to alcohol⁴³ and in the study conducted in Kolkata, it was showed that 40.7% were alcoholics.⁵

II. PREVALENCE OF DOMESTIC VIOLENCE**Table 21**

In our study, 58.5% of the ever married women experienced domestic violence in their lifetime which is similar to the prevalence (55.83%) seen in Latur study⁵⁰ and 54% in a study conducted in Kolkata⁵; but much higher than that found in other studies such as 40% in multi site Indian study,²⁵ 40.38% in Burdwan⁴³, 42.8% in Delhi,³⁷ 49.9% in Pune⁴⁶, 50.9% in Maharashtra⁴¹; and less than that found in urban western Maharashtra¹⁰ which showed 68.7% prevalence with 31.3% women who never experienced domestic violence, compared to our study in which 41.5% of women who did not experience any domestic violence.

Table 22 -25

In the present study, majority 56.5% of the married women experienced emotional violence, among whom 55.5% were insulted by their partners, followed by 54.5% who felt humiliated and 53% of them experienced yelling by their husbands; which was followed by 38% of the married women who experienced controlling behavior and 37% who were restricted by their partners; and then 20.7% of the women faced physical violence, and majority of them were slapped 20.2% by their husbands. Lastly

10.7% of the participants faced sexual violence in marriage and 10% of them were forced to do humiliating sexual things by their husbands. These results are similar to other studies conducted in various parts of India.

In Latur study, the prevalence of ever physical and psychological violence was 37.9% and 55.83%. The most common form of physical violence was slapping (73.08%) and the most common form of psychological violence was insulting (93.04%).⁵⁰

In Bengal, 50.9% suffered from psychological violence at least once in their married life and 31.4% suffered from physical violence. Slapping was the most common mode of physical violence (96.4%) and insulting was commonest form of psychological violence among 90.4%.⁴¹

In Kolkata, 19.8% had lifetime psychological violence, 13.9% both lifetime and current psychological violence, 41.9% both current and lifetime, physical and psychological Violence, 18.6% both physical and psychological violence in their lifetime. Hitting, beating and slapping were the commonest forms of physical violence, whereas insulting, threatening and withholding or delaying food were the most common forms of psychological violence.⁵

According to the Nanded study, verbal/psychological violence was 85.71%, followed by physical (71.43%) and sexual violence (57.14%). Slapping and or beating, kicking, throwing objects were the major forms of physical violence experienced by these women, 91.11% felt that humiliation was the commonest form of psychological violence and 58.33% considered use of physical force to have sexual intercourse.⁴¹

In a study conducted in Pune, it was observed that 30.4% reported physical and emotional violence each, followed by 32.8% who experienced controlling behavior/ economic violence by their husbands, and 8.1% faced sexual violence.⁴⁶

III. CAUSES AND HELP SEEKING AMONG WOMEN

Tables: 26-28

In our study, 147 of the women experiencing domestic violence did not consider it as violence; whereas 67 considered bad habits of the husband as the major cause, 52 women blamed mother-in-law's influence as its cause and 50 of them stated financial issues or dowry to be the cause of domestic violence. Around 24 women inspite of knowing it as violence, considered it to be their fate or duty and remained silent over the issue. 223 (37.2%) of women did not seek help inspite of experiencing domestic violence, whereas (21.3%) took help.

Most of the married women with domestic violence sought help from their relatives, followed by neighbours or friends, than legal help and from doctors which was similar to findings of Latur study, in which main reasons for domestic violence were, not cooking properly (25.21%); not attending to households (24.34%); not having male child (26.96%); dowry related problems (19.13%) and alcoholic addiction of husbands (53.04%) of the study participants.⁵⁰

In a study conducted in Nanded, various reasons cited by respondents as triggering factors for domestic violence were dissatisfaction of family members regarding household work 62(45.9%), disobeying husband and family members 47(34.8%), husband's alcoholism 42(31.1%), economic hardship of family 20(14.8%) and not taking care of in-laws 18(13.3%), insufficient dowry 15(11.1%), going to parents'

house 12(8.9%), having only female children 11(8.1%), having no children 9(6.7%), refusal for sex 8(5.9%), husband's illicit relationship 7(5.2%) and doubts about her character 3(2.2%).⁴¹

IV. PREVALENCE OF PSYCHIATRIC MORBIDITY

Tables:29& 30

Among the 351 women experiencing domestic violence, the psychiatric morbidity was found to be present with SRQ score >7 in 159 (45.3%) married women, whereas it was absent in 192 (54.7%) of them. It was found to be more among women experiencing emotional violence (156), followed by those being controlled by their husbands (126), followed by physical violence (79) and lastly women with sexual violence(49). In a multisite national study, 40% of the women reported experiencing 'any violence' during their marriage, among whom 56% had SRQ scores indicating poor mental health.²⁵ In a study conducted in Delhi, 12% of women with domestic violence had poor mental health status,³⁷ while in a study conducted in Nanded, 58.5% had mild to severe depression among women experiencing domestic violence.⁴¹

V. ASSOCIATIONS OF DOMESTIC VIOLENCE WITH VARIOUS VARIABLES

Tables 31-33

In our study, association of domestic violence with socio-demographic variables was found to be statistically significant with respect to age of the married women, religion, educational status of the husband and wife, type of family, socioeconomic status, marital status and parity. However, it was not associated with the occupation of the

husband or the wife; whereas in a study conducted in Bengal showed that Older age, lower age at marriage, longer duration of marriage, lower education of husband and wife, lower family income, unemployment of the husband and alcohol consumption of husband were associated with occurrence of domestic violence.⁴³

In another study conducted across many sites in India showed that poor mental health status of women is associated with similar socio-demographic characteristics with domestic violence and wife battering.²⁵

Intimate partner violence faced by women was associated with psychiatric morbidity among Delhi women which showed similar results.³⁷

CONCLUSION

The present community based study, reported a higher prevalence of (58.5%) domestic violence among the ever married women of reproductive age group residing in urban area. Prevalence of emotional violence (56.5%) was much higher compared to controlling behavior of (38%) which was followed by physical violence (20.7%). Sexual violence was lower than all types of domestic violence experienced by women with prevalence of only 10.7%.

The prevalence of psychiatric morbidity among the women experiencing domestic violence was 45.3% which was comparatively higher among women who faced emotional violence and controlling behavior than physical or sexual violence.

Women experiencing domestic violence also had 69% of medical morbidities inspite of which majority of them remained silent over the issue without seeking any help. Most of the women were not aware that they were actually facing domestic violence in their homes as they considered it to be a routine or normal thing inspite of it affecting their physical and mental health.

Various risk factors for domestic violence included older age of women, increased age of marriage, increased duration of marriage, lower educational status, higher socio-economic status, higher parity, non pregnant state, staying in nuclear or broken families, staying away from husband, medical illness and the various addictions/ habits of the husband such as alcohol consumption, smoking, chewing tobacco or engaging in gambling.

LIMITATIONS

The limitations of the study were:

1. Under reporting cannot be ruled out due to fear, family honor, unwillingness to disclose violence, culture or traditional beliefs
2. Recall bias could be there because of self reporting and as it is a cross sectional study all assessments were based on self-report, it could lead to underestimation of the true prevalence of domestic violence and poor mental health.

RECOMMENDATIONS

Based on the findings of our study, following recommendations are being suggested for prevention and control of domestic violence by assessment of the risk factors:

1. Women with poor mental health or depression should be screened for domestic violence and provided counselling in healthcare settings. Mandatory screening for risk factors for psychiatric morbidities among married women and about to marry girls aged 18 years and above attending sub centre or primary health centre and use of risk prediction charts at primary care level for identification of high risk individuals for early intervention.
2. Healthcare providers from the primary healthcare level onwards need to be sensitised to the issues of domestic violence in order to recognise it early. Fixed days and time for conducting psychiatric clinic for creating awareness about domestic violence and other NCD's at primary health centre.
3. Women organisations, NGO's and various support groups, safe houses and shelter homes could help many women to share experiences and cope with the violent relationships
4. Local community involvement in reporting violence and encouraging women to speak up; also creating awareness in neighbour hood to help someone dealing with domestic violence issues
5. Awareness regarding the legal laws prevalent; free legal advice for battered women and legal literacy programmes for such women.

6. Sensitivity training for health professionals and police to deal with domestic violence issues

7. Health education about modifiable risk factors like
 - ❖ Reducing the use of tobacco and alcohol
 - ❖ Reducing gender discrimination from early age
 - ❖ Awareness and help seeking agencies for women with domestic violence
 - ❖ Maintenance of social harmony

SUMMARY

The present study was a community based cross sectional study undertaken to estimate the prevalence of domestic violence among ever married women aged between 16 to 49 years and also to assess the psychiatric morbidity among those experiencing domestic violence based on the WHO and SRQ20 questionnaire.

The study included 600 participants aged between 16 to 49 years belonging to Ashok nagar which is a urban field practice area of Department of Community Medicine, J. N. Medical College, Belagavi. The duration of study was one year from 1st January 2017 to 31st December 2017. A pre-designed and pre-tested questionnaire was used to collect the data from the participants.

In the present study, 45.66% of the women belonging to 21-30 years were in majority with mean age 33 ± 9.6 years and 36.8% of their husbands belonging to 30-39 years age group with mean age 39.5 ± 10.9 years. Majority of the participants (53.67%) belonged to Muslim religion, followed by 45% Hindus.

Most of the women (32.5%) and their husbands (27.2%) had studied up to high school and very few were illiterate (7.5%). 83.4% were homemakers whereas 51.2% of their husbands worked as skilled technicians, electricians etc. Majority of the study participants (47%) stayed in a joint family, consisting on an average 3-4 members and 27% belonging to class III socioeconomic status.

Most of the study participants were married (90.8%) whereas very few were divorced, widow or separated. Majority of them (70.3%) got married within 18-28 years age group and 51.9% had between 1-10 years married life duration; 55.4% had

1-2 children with around 43% having at least 1 male child. 11.5% of the study participants were pregnant during the study.

19.3% and 63.7% of the women gave history of past, bad pregnancy outcome and medical illness, with anaemia being the main cause of illness. Majority of the women had husbands with bad habits mainly 23.8% alcohol; 24.2% chewing tobacco; followed by smoking and engaging in gambling.

The overall prevalence of domestic violence was 58.5% due to any violence. Majority of the ever married women (56.5%) experienced emotional violence and controlling behavior (38%), followed by physical abuse (20.7%) and sexual abuse (10.7%).

Most of the women though experienced domestic violence, did not consider it as a form of violence rather a socio-cultural normality of the society and thus very few (21.3%) preferred taking help mainly from their relatives and neighbours than medical or legal help.

45.3% of the women experiencing domestic violence had psychiatric morbidity which was assessed using a 20 item SRQ scoring questionnaire and was found to be more among women facing emotional violence and controlling behavior, than physical or sexual violence.

The prevalence of domestic violence was found to increase with older age, more among broken and nuclear families, more in higher socioeconomic status, increased age at marriage, duration of married life, increased parity, non pregnant state and in women who were divorced or widow or separated from husband. Domestic violence was found to decrease with increased educational status of women

and husband. The associations of domestic violence with the socio-demographic characteristics were found to be statistically significant except for occupation.

The domestic violence was associated with history of medical illness among the participants but not with adverse pregnancy outcome. All the various habits of alcohol, smoking, chewing tobacco and gambling of the husbands of participants were significantly associated with prevalence of domestic violence. The association of psychiatric morbidity with domestic violence of the study participants was found to be statistically significant.

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ANNEXURE – I – ETHICAL CLEARANCE CERTIFICATE



K.L.E.UNIVERSITY'S
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Ref: MDC/DOME/ 06

Date: 17/10/2016

To,

Dr. _____
PG student in Community Medicine,
J.N.Medical College,
BELAGAVI.

Sub: Institutional Ethical Clearance for the study.

With reference to the above, we wish to inform you that your proposed research project titled
**“PREVALENCE OF DOMESTIC VIOLENCE AMONG EVER MARRIED WOMEN IN
AN URBAN AREA”**, is ethical and justifiable. The proposed research project has been cleared
by the JNMC Institutional Ethics Committee on Human Subjects Research.

(Dr. Arathi Darshan)
Member Secretary
JNMC Institutional Ethics Committee
on Human Subjects Research,
J.N.Medical College, Belagavi.

(Dr. Ganga Pilli)
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ANNEXURE – II – CONSENT FORM

PREVALENCE OF DOMESTIC VIOLENCE AMONG EVER MARRIED

WOMEN IN AN URBAN AREA

INVESTIGATOR: Dr

GUIDE: Dr

Introduction:

The overall prevalence of domestic violence in India is reported to be high among married women. Various factors are seen to be the underlying cause of intimate partner violence i.e. young age, poverty, low academic achievement, marital conflict and instability, personality disorders, male dominance, social norms and alcohol abuse. It is identified as a major contributor to the global burden of ill health in terms of female morbidity and mortality leading to psychological trauma and depression, injuries, sexually transmitted diseases, suicide and murder.

One of the important obstacles in the prevention of violence against women is the lack of gender sensitive health research and reliable data on the magnitude of the problem and its consequences due to under reporting or in an unintended manner as women themselves are unable to perceive several acts of their own husbands and the marital family members as a form of violence and also due to fear of reprisal from husband. Hence the present study will be undertaken to assess prevalence, sociodemographic factors of domestic violence, types, severity and its impact on the mental health of married women in an urban area.

Objective / Purpose of the study:

You are being invited to participate in the study to assess the prevalence of domestic violence among ever married women. The study will be carried out in Ashok nagar field practice area of Belagavi.

Procedures:

In this study you will have to answer a few questions about your socio- demographic variables, domestic violence by the spouse as per WHO based questionnaire and SRQ-20 for psychiatric morbidity screening. The entire procedure may take 20-30 minutes.

Benefits:

You will not receive any direct benefit from the study. It will benefit the whole community and help policy makers to design new programmes.

Risks:

There are no risks involved for the participation in the study.

Incentives:

You will not be eligible for any kind of monetary benefits or free services by virtue of your participation in the study.

Cost of participation:

You will not have any costs attached to your participation.

Legal rights:

By signing this consent form you are not waiving any of your legal rights.

Privacy and Confidentiality:

The results of the study may be published for scientific purposes. However your identity will not be revealed. All information collected will be coded so that no one other than investigator will know your identity.

Withdrawal from the study:

Participation in this study is voluntary .If you don't wish to participate in this study you will not lose benefits to which you are entitled. You can withdraw from the study anytime if you wish to do so.

Authorization to publish the results:

The researcher may use the information gathered from this study for presentation in scientific journals. However your identity will not be revealed.

Questions:

If you have any questions about rights as a research participant you can contact **Dr. Ganga Pilli, Chairman, JNMC Institutional Ethical Committee on Human Subjects Research** on 9480275601

CONSENT STATEMENT

“I have been explained all the contents of this consent form in my local language and have understood and clarified all my queries about the study to the best of my knowledge. Furthermore I recognise that I have the complete right to withdraw this consent at any point during the study. I understand that the information given by me will be confidential and will be used for research purpose only, further I am aware that the result of this research will be presented/published without disclosing any personal identification of the participants.

I hereby give my voluntary consent for participation in the study. I do sign the informed consent form in front of an eyewitness whom I recognise.”

Name and Signature/left thumb impression of the participant:

Name and Signature/left thumb impression of the witness:

Name and Signature of the interviewer:

Date:

Place:

ANNEXURE IV

ASSENT FORM

I have read the information in this form. After understanding all details about the study, I agree to give assent to be included as a volunteer in the study titled “PREVALENCE OF DOMESTIC VIOLENCE AMONG EVER MARRIED WOMEN IN AN URBAN AREA”

Name of the participant

Signature of the participant

Name of person obtaining consent

Signature of person obtaining consent

Name of witness

Signature of witness

Date:

Place:

ANNEXURE – III – PROFORMA

PREVALENCE OF DOMESTIC VIOLENCE AMONG EVER MARRIED

WOMEN IN AN URBAN AREA

Sl no. _____

SOCIODEMOGRAPHIC DETAILS

1.Name:

2.Age:

3.Husband's age:

4.Address:

5.Religion: Hindu /Christian /Muslim /Others

6.Literacy status of the woman : Illiterate /Primary/ Secondary/PUC /Degree

7.Husband's literacy status: Illiterate/ Primary/ Secondary/ PUC/ Degree

8.Occupation of the woman:

9.Husband's occupation:

10.Type of family:

11.Total monthly income:

12.No. of family members:

13.Per capita income:

14.Socioeconomic status:

15.Marital status: Married/ Divorced/ Widow

16.Age at marriage:

17.Duration of married life:

18.Marital relationship: Cordial/ Uncordial

19.No. of children: Male: Female:

(Currently pregnant: Yes/ No)

20.Husband alcoholic: Yes/ No

21.Husband involved in gambling: Yes/No

22.What do you think is the cause for domestic violence?

23.Have you sought any kind of help for it?

WHO OPERATIONAL DEFINITIONS USED TO MEASURE PHYSICAL AND SEXUAL VIOLENCE, EMOTIONAL ABUSE AND CONTROLLING BEHAVIOURS BY AN INTIMATE PARTNER.

Sl.No	Question	Yes/No
1	Physical Violence	
1.1	Slapped	
1.2	Punched with Fist	
1.3	Pushed	
1.4	Pulled hair	
1.5	Thrown things at her	
1.6	Kicked	
1.7	Dragged	
1.8	Beaten up	
1.9	Choked	
1.10	Burnt	
1.11	Threatened with weapon: Knife Stick Rod Stone Sickle Broom Utensils Belt	
2	Emotional Violence	
2.1	Was insulted or made to feel bad about herself	
2.2	Was belittled or humiliated in front of other people	

2.3	Threatened to hurt someone she cared about	
2.4.1	Scared her on purpose by the way he looked at her /	
2.4.2	by yelling/	
2.4.3	smashing things	
3	Controlling Behaviour	
3.1	Tried to keep her from seeing friends	
3.2	Tried to restrict contact with her family of birth	
3.3	Insisted on knowing where she was all the time	
3.4	Ignored her and treated her indifferently	
3.5	Got angry if she spoke with another man	
3.6	Was often suspicious that she was unfaithful	
3.7	Expected her to ask permission before seeking healthcare for herself	
4	Sexual Violence	
4.1	Forced to have intercourse without her consent	
4.2	Forced when afraid of it	
4.3	Forced to do something sexual that she found degrading/humiliating	

SRQ-20

SL.NO	QUESTIONS	RESPONSES
1.	Do you often have headaches?	Yes/ No
2.	Is your appetite poor?	Yes/ No
3.	Do you sleep badly?	Yes/ No
4.	Are you easily frightened?	Yes/ No
5.	Do your hands shake?	Yes/ No
6.	Do you feel nervous, tense or worried?	Yes/ No
7.	Is your digestion poor?	Yes/ No
8.	Do you have trouble thinking clearly?	Yes/ No
9.	Do you feel unhappy?	Yes/ No
10.	Do you cry more than usual?	Yes/ No
11.	Do you find it difficult to enjoy your daily activities?	Yes/ No
12.	Do you find it difficult to make decisions?	Yes/ No
13.	Is your daily work suffering?	Yes/ No
14.	Are you unable to play a useful part in life?	Yes/ No
15.	Have you lost interest in things?	Yes/ No
16.	Do you feel that you are a worthless person?	Yes/ No
17.	Has the thought of ending your life been on your mind?	Yes/ No
18.	Do you feel tired all the time?	Yes/ No
19.	Do you have uncomfortable feelings in your stomach?	Yes/ No
20.	Are you easily tired?	Yes/ No

ANNEXURE – IV – KEY TO MASTER CHART

- A. SL.NO
- B. Age
- C. Husband's age
- D. Religion:
 - 1. Hindu
 - 2. Christian
 - 3. Muslim
 - 4. others
- E. Education
 - 0. Illiterate
 - 1. Primary
 - 2. Secondary
 - 3. High school
 - 4. PUC
 - 5. Graduate
 - 6. postgraduate
- F. Husband's education
 - 0. Illiterate
 - 1. Primary
 - 2. Secondary
 - 3. High school
 - 4. PUC
 - 5. Graduate
 - 6. Postgraduate
- G. Occupation
 - 0. Housewife
 - 1. Unskilled
 - 2. Semiskilled
 - 3. Skilled
 - 4. Semi/professional

H. Husband's occupation

0. Unemployed
1. Unskilled
2. Semiskilled
3. Skilled
4. Semi/professional

I. Family type

1. Nuclear
2. Joint
4. Broken

J. Monthly income

K. Number of Family members

L. Per capita income

M. Socioeconomic status

1. Class I
2. Class II
3. Class III
4. Class IV
5. Class V

N. Marital status

1. Married
2. Widow
3. Divorce
4. Separated

O. Age of marriage

P. Duration of marriage

Q. Marital relation

1. Cordial
2. Uncordial

R. No. of children

S. Male children

T. Female children

U. Current pregnancy Yes- 1 No - 0

V. Parity

W. Adverse pregnancy outcome: Yes- 1 No - 0

X. Alcohol: Yes- 1 No - 0

Y. Smoking: Yes- 1 No - 0

Z. Tobacco: Yes- 1 No - 0

AA. Gambling: Yes- 1 No - 0

AB cause of domestic violence

1. Doesn't consider violence
2. Husband's health condition
3. Husband's bad habits
4. Mother-in-law's influence
5. Dowry
6. Extramarital affair
7. Children
8. Girl discrimination
9. Fate/ wife duty
10. Intercaste love marriage

AC help preferred for violence: Yes- 1 No - 0

AD medical illness history: Yes- 1 No - 0

AE psychiatric morbidity: SRQ score

AF Physical violence: Yes- 1 No - 0

AG. Slapped: Yes- 1 No - 0

AH. Punched fist: Yes- 1 No - 0

AI.Pushed: Yes- 1 No - 0

AJ.Pulled hair: Yes- 1 No - 0

AK.Thrown things: Yes- 1 No - 0

AL.Kicked : Yes- 1 No - 0

AM.Dragged: Yes- 1 No - 0

AN.Beaten up: Yes- 1 No - 0

AO.Choked: Yes- 1 No - 0

AP.Burnt: Yes- 1 No - 0

AQ.Weapon threat: Yes- 1 No - 0

AR.Emotional violence: Yes- 1 No - 0

AS.Insulted: Yes- 1 No - 0
AT.Humiliated: Yes- 1 No - 0
AU.Threatened: Yes- 1 No - 0
AV.Scary look: Yes- 1 No - 0
AW.Scary yelling: Yes- 1 No - 0
AX.Scary smashing: Yes- 1 No - 0
AY.Controlling behavior: Yes- 1 No - 0
AZ.Friends: Yes- 1 No - 0
BA.Restrictions: Yes- 1 No - 0
BB.Asking whereabouts: Yes- 1 No - 0
BC.Ignored: Yes- 1 No - 0
BD.Angry : Yes- 1 No - 0
BE.Suspicious: Yes- 1 No - 0
BF.Permission: Yes- 1 No - 0
BG.Sexual violence: Yes- 1 No - 0
BH.No consent: Yes- 1 No - 0
BI.Forced when afraid: Yes- 1 No - 0
BJ.Humiliating things asked to do: Yes- 1 No - 0
BK.Any type domestic violence: Yes- 1 No - 0

