healthline
THE JOURNAL OF INDIAN ASSOCIATION OF PREVENTIVE & SOCIAL MEDICINE, GUJARAT CHAPTER
healthline ISSN 2229-337X Volume 1 Issue 1 July-December 2010 Pages| 34-40

Original Article

A cross-sectional study of physical spousal violence against women in Goa

Umesh Kamat[1], AMA Ferreira[2], D.D. Motghare [3], Neeta Kamat[4], NR Pinto[5]
[1]Assistant lecturer, [2] Associate Professor, [3] Professor and Head, [5]Lecturer
Dept of Preventive & Social Medicine, Goa Medical College, Bambolim, Goa, India.
[4] Legal Consultant, Child Rights Group , Panjim,Goa, India.
Corresponding Author: Dr. Umesh S. Kamat Email- neetumesh@rediffmail.com

Abstract

Background: Spousal violence against women is very common, yet reliable data concerning its magnitude is lacking. Objectives: To study the prevalence of physical spousal violence and the help-seeking behavior of its victims with respect to certain socio demographic variables, in the three months preceding the survey. Material & Methods: A cross-sectional study consisting of face to face interview of 379 married women, during September to December 2008 was undertaken in Tiswadi Taluka of Goa, India. Results: 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 (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 victimised women preferred to be silent sufferers. The help seeking behaviour 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. Conclusion: The study emphasises the role of social factors in perpetuating domestic violence by intimate partner. Change in the social attitude that permits and legitimizes such acts through awareness is the only long lasting panacea.
Keywords: physical violence against women; spousal violence; domestic violence

Introduction:

Violence against women, often referred to as gender-biased violence, evolves largely from the women's subordinate status in society[1]. Contrary to the violence against men which is often caused by strangers, women are usually victimised in their own house by their intimate partners (usually husband in Indian scenario). Intimate partner violence (IPV) challenges the usual belief of home being the safe haven, as for many women it is a place of humiliation and pain.

IPV has a far deeper impact than the immediate harm caused. In addition to the risk of physical injury it exposes its victims to a wide range of somatic and stress-related illnesses, chronic pain syndromes, depression, posttraumatic stress disorder, and substance abuse disorders, thereby compromising the mental and reproductive well-being[1-4]. Domestic Violence (DV), which was till lately considered as a prerogative of law and welfare, is thus now recognised as a major public health problem[5].DV hinders women's participation in public life and undermines the economic wellbeing of the societies[1]. Further the consequences do not confine themselves to

the woman but also affect the mental wellbeing of the children as evident from the potential for intergenerational transmission of DV[6,7].

States have a duty to exercise due diligence to identify, prosecute and prevent DV, and the estimate of the magnitude of the problem is an essential pre-requisite. The women may not want to divulge the confidential matter for reasons of shame, fear, guilt or simply because they do not want to be disloyal to their partners. A review of over 50 population based studies from 30 countries has reported the lifetime prevalence of IPV between 10%-52%[1].The WHO multi-country study[2] on DV estimated that the lifetime prevalence of physical IPV varied from 13% (Japan) to 61% (Peru) with the current prevalence (last year) of IPV varying between 20% and 33%. The National Family and Health Survey-3 (NFHS-3) observed the estimates of physical IPV among Indian women varying from 6% in Himachal Pradesh to 59% in Bihar with national average of 37%.[6]

Despite the fact that DV has been a focus for research since 1970s there has been a scarcity of information on its prevalence and the underlying factors precipitating DV in the developing countries[7]. It has been shown that the focused studies on violence against women tend to give a higher and correct estimate of violence compared to health surveys (like NFHS) in which only a small number of questions on violence are asked[2]. The other sources of data in Goa being the cases of violence reported at the women's police station and the Goa State Commission for women which only represent the tip of the iceberg. A need was therefore felt for a community based study focused on DVAW to gather data that would improve our understanding of this *sleeping giant*[8] of the Indian health. This study was undertaken to estimate the current prevalence (last three months) of DV and the underlying factors among the women, and to study the help-seeking behaviour of the victims.

Method:

The study was conducted in Caranzalem ward of Tiswadi taluka in the state of Goa during the period June–November 2008. Four hundred and sixty women aged 18-49 years were selected by systematic random sampling based on the latest voters' list to obtain a minimum sample of 345 married women Upon visit to the household the purpose of the visit was explained to the family members and the female researchers engaged the selected woman in the face to face interview, after she consented for participation. In case the sampled woman was not at home at the time of visit the next visit was scheduled after prior telephonic appointment. The interview was held using semi-structured questionnaire consisting of the background information including age, marital status, education, occupation, income, and the questions related to the domestic violence as per WHO ethical and safety guidelines for domestic violence research.[9] The interview lasted for 30-45 minutes depending on the women's experiences. The interview was held within the maximum possible limits of privacy and the women were asked if they were victimised by their husbands in the three months preceeding the survey and the details thereof. Domestic violence was defined as per the Protection of Women against Domestic Violence Act, 2005.[10]

Statistical Analysis: The data was processed in Microsoft Excel workbook, and analysed using the hand-held scientific calculator. The magnitude is expressed as percentage (Standard Error). Association between the socio-demographic factors and DV was tested in bivariate

analysis using the Chi-square test for difference between the two proportions at 5% level of significance, and the strength of association expressed as odds ratio with 95% confidence interval calculated by Wolff's method.[11]

Results:

All the sampled women consented to participate in the study providing cent percent response rate. Of the 460 women 379 (82.4%) were in the currently married relationship, and hence eligible to be the respondents. None of the respondents reported an extra-marital intimate relationship during the time frame of preceeding three months of the study. The proportion of women who reported physical violence by the spouse was 26.6% (SE 2.2). The middle-aged women were at a higher risk of abuse compared to the ones at the extremes of age groups (Table I).

Table 1: Age Distribution of the Study Participants and the Victimized Women

Age group	N	Physical Violence (Current)
18-24	12	3 (25.0%)
25-29	82	30 (36.6%)
30-34	79	28 (35.4%)
35-39	84	16 (19.0%)
40-44	63	8 (12.7%)
45-49	59	5 (8.5%)
Total	379	90 (23.8%)

Table 2 details the socio-demographic correlates of the reported instances of IPV. The prevalence was higher among Muslims and in joint families, but the association was statistically not significant. The risk of abuse was maximum in first 7years, and declined with the increasing duration of marriage ($P<0.01$). Education was found to have protective influence on the prevalence of IPV, with higher educational grades being associated with lesser risk. The prevalence was up to 4-times more (OR=4.1;2.2,7.9) among the illiterate women compared to those who finished their graduation. Also, the graduated men were up to two and a half times (OR=0.18;0.08,0.38) less likely to harm their wives.

Employed women carried at significantly higher risk of physical abuse compared to the unemployed (OR=3.3;2.1,5.3), and its association with the level of women's income seemed to be statistically insignificant. It was, however, found that the women having monthly income more than their husbands were reasonably protected against spousal violence (OR=0.28;0.16,0.48).

Table 2: Factors Associated With Domestic Violence in the Preceding Three Months

Correlates of DV	N	DV+ (%)	χ^2	*P**
Religion				
Hindu	252	58 (23.0)		
Catholic	110	27 (24.5)	2.565	>0.1
Muslim	17	5 (49.4)		
Family Type				
Nuclear	260	59 (22.7)	1.77	>0.1
Joint	119	31 (26.1)		
Duration of marriage				
< 7 year	86	34 (39.5)	33.61	<0.001
7-14 years	156	43 (27.6)		
>14 years	137	13 (9.5)		
Women's Education				
Illiterate	108	37 (34.3)	22.04	<0.001
up to 4th	41	14 (34.1)		
up to 10th	110	26 (23.6)		
up to graduate	120	13 (10.8)		
Women's Employment				
Unemployed	159	26 (16.4)	8.27	<0.01
Employed	220	64 (29.1)		
Women's Income pm				
<5000	145	45 (31.0)	1.007	>0.1
5000-10000	62	15 (24.2)		
>10000	13	4 (30.8)		
Husband's Income pm**				
More than wife	176	58 (32.9)	6.36	<0.05
Same as/less than wife	44	6 (13.6)		
Husband's Educational				
Illiterate	51	23 (45.1)	21.72	<0.01
Primary	99	27 (27.3)		
Secondary	110	25 (22.7)		
Graduate	119	15 (12.6)		
Alcohol				
Yes	105	54 (51.4)	61.3	<0.000
No	274	36 (13.1)		

* $P<0.05$ is significant

Table 3: Triggers for Domestic Violence in the Preceeding Three Months*

Reasons	N (90)	%
Objected to husband's alcohol consumption	41	45.5%
Suspicious about wife	19	21.1%
Dowry related	12	13.3%
Disrespect towards in-laws	9	10.0%
Argumentative nature of wife	9	10.0%
No child	6	6.7%
To prove his superiority	4	4.4%
Children's misbehaviour	3	3.3%
Male Child	2	2.2%

*Multiple responses possible

Table 4: Reasons Cited by Women as Justifiable for IPV*

Reasons	N(35)	%
Extra marital affair	33	94.3
Neglecting the children	28	80.0
Not informing the husband before leaving the House	11	31.5
Disrespect to in-laws	10	28.6
Not accompanying the husband in bed	1	2.9

*Multiple responses possible

Table 5: Women's Response to DV*

Response	N (90)	%
Maintain silence	67	74.4%
Talk to relative/close friend	28	31.1%
Approached legal aid cell/NGO	4	4.4%
Fight back	3	3.3%

*Multiple responses possible

The reasons cited by the victimized women for the assault they suffered in the preceeding three months are mentioned in Table III. Of the 90 women physically abused by their husbands 36(40%) did not perceive it as victimization and accepted it as a social norm. On being asked if they thought wife beating was justified under any circumstances, 9.2%(35/379) opined that it could be justifiable under some circumstances (Table IV),but none of these supported the idea of hitting their husband on similar grounds. The prevalence of IPV among those who thought it was justifiable under some circumstances was 94.3%(33/35), compared to those who condemned it in any circumstances (54/341). The potential for intergenerational transmission of DV was obvious with 90%(81/90) of the victimised women reporting having witnessed similar instances among their parents, while only 14.2%(41/289) of the never victimised women reporting the same.

For most women the study was the first opportunity to talk about the DV, only a few women had talked to their relatives or close friends (Table V). Overall, the use of formal helpdesks was meagre. A minority of women took charge of the situation and fought back against the perpetrator either physically or by verbal warnings. Of the 68 women who preferred

not to speak or seek help 63 did so in anticipation of change of husband's behavior with time, primarily to maintain the integrity in family, while 41 thought that disclosure would cause distress, shame to their parents. A sizeable number of 30 remained quiet accepting it as a social norm, and 28 were held back on account of reason of security of children's' future. It was a combination of one or more of these reasons which compelled the women to continue in the abusive relationship.

It was noteworthy that women's response was not in tune with the severity of DV as one would expect a severely/repetitively hit woman to approach the formal systems or fight back. The instances wherein the women fought back or approached third party intervention were the first of its kind in the women's life, and not severe enough even to demand medical attention. Moreover, the women involved in these scenarios were holders of post-graduate qualifications, professionally employed and earning an average of about Rs.23000/- per month.

Discussion

None of the respondents in the study reported an extra-marital intimate relationship during the preceeding 3 months; hence the prevalence estimate may be referred to as the prevalence of intimate partner violence (IPV). The other studies in India have provided the estimates ranging from 26% to 61%[12-16], which are coherent with the different study settings, method of interviewing, inclusion criteria, and the socio-demographic factors prevailing in the local communities.

The prevalence is higher among the women 25-34 years of age, and in the early years of marriage. This may be attributed to the comparatively late age at marriage in Goan females; the median age at marriage in Goa being 24 years[6]. The observation on age distribution is similar to that in a study in Turkey[17]. A study by *Vickerman KA & Margolin G*[18] has confirmed reduced rates of physical aggression with the increasing duration of marriage as observed in this study. Higher level of education, for men as well as women, protects against IPV. The observation has been supported through other studies worldwide[6,17,19]. A well-educated woman is most likely to have a better/equally qualified husband and also more autonomy in partner selection which minimises her risk of IPV. Much has been said about empowering women in prevention of DV, but the studies worldwide have shown a mixed picture[19-22]. Although many equate women empowerment to employment and economic independence, we observed that the benefits are not extremely obvious. It has been discussed that IPV evolves from the women's subordinate social status, and any transgression from the expected behaviour in the form of excessive social involvement or any situation which endangers the male supremacy in the family is likely to invite violence[2].

Role of alcohol in potentiating IPV is notorious.[6,23] The husbands who came home drunk had 40% more tendency to victimise their wives then the non-alcoholics (OR=7.0;4.2,11.8). Most women in our study cited that objecting to husband's alcohol consumption was the major trigger for IPV. It was surprising that dowry related demands were an important instigating factor for IPV in a socio-demographically advanced state like Goa. This was also evident from higher prevalence of IPV in early years of marriage.

Women who witnessed IPV among their parents were more likely to accept it as a 'normal' behaviour, and were more likely to be victimised. There were women in the study who justified wife-beating under certain circumstances, but none could favour IPV against husbands for similar circumstances. The prevalence of IPV was more among the women who did not perceive it as violence and justified it in any circumstances. This may be due to the violent experiences teaching the women that violence is acceptable, and has been referred to as intergenerational transmission of violence.[6,7] Qualitative research worldwide has suggested that IPV is higher in communities where the behaviour is normative, and where the belief, especially among women, is that marriage grants men unconditional autonomy over their wives.[2]

Conclusion: Domestic violence is a pervasive medical-social problem. The societal outlook towards the overall problem and the socio-cultural beliefs that shape women's attitudes thereby justifying IPV and making it acceptable, appear to legitimise and permeate violent behaviour, in addition to influencing the help-seeking behaviour of the women. A social panacea in the form of awareness that IPV is condemnable under any circumstances, together with compulsory schooling for both men and women is likely to positively affect the societal attitude. This should be coupled with better social support system for aggrieved women who have to continue in the violent relationship just because of the financial dependence. A similar study among men to explore their attitude and perception of the overall problem is likely to fill the gaps in the social pathology of IPV.

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