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PREVALENCE OF INTIMATE PARTNER VIOLENCE AMONG WOMEN IN A RURAL AREA OF WESTERN MAHARASHTRA

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Abstract
Intimate partner violence (IPV) as per WHO refers to behaviour by an intimate partner or ex-partner that causes physical, sexual or psychological harm. According to World Health Organisation (WHO), South East Asia Region (SEAR) has a spousal violence prevalence of 40.2% of which is much higher as compared to global estimates of 35.6%. This study was carried out in a rural area of Western Maharashtra to determine the prevalence of various forms of spousal violence faced by ever married women. A pretested structured questionnaire was obtained from NFHS 4 and was administered to the eligible women to gather information on IPV. Physical violence was experienced by 63% of the study participants, sexual violence by 31%, emotional violence by 57% and controlling behaviour was experienced by maximum 76%. Sixty six (66%) women reported that their husbands consumed alcohol. Women whose husbands consumed alcohol were 3.38 times more risk of experiencing physical violence compared to women whose husbands didn't consume alcohol (95% CI 1.42 to 8.03). Drinking of alcohol by husband and number of married years contribute significantly to various forms of IPV.

Keywords: Intimate partner violence, Spousal violence, Gender based violence

Introduction

Violence against women is a serious and overwhelming global public health problem with serious physical and mental health sequelae. Domestic violence is a global issue reaching across international boundaries as well as socio economic, cultural, racial and class distinctions. This problem is not only widely dispersed geographically, but its incidence is also extensive, making it a typical and accepted behaviour. There are various agencies which defined this complex problem. The United Nations defines violence against women as "Any act of gender-based violence that results in or is likely to result in physical, sexual or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life". Gender-based violence is a general term used to capture any type of violence that is rooted in exploiting unequal power relationships between genders. Gender-based violence can impact anyone and can include intimate partner and domestic violence, stalking and human trafficking. Domestic violence can be described as persistent enforced control that one person of the family exercises over the other to dominate.[1] Any violence that takes place in the home and comprises of violence against children and

the elderly in the house comes under its gamut.[2] Domestic Violence can occur between a parent and child, siblings, or even roommates. Intimate Partner Violence can only occur between romantic partners who may or may not be living together in the same household.

Intimate partner violence (IPV) or Spousal violence or Spouse abuse, the terms used interchangeably, are referred to as any behaviour within an intimate relationship that causes physical, psychological or sexual harm to those in the relationship. Perpetrator can be current or former partner within the context of marriage or any other formal or informal union.[3] Spousal violence is related to adverse outcomes such as physical trauma, mental illness, psychosomatic illness, poor health related behaviours, poor birth outcomes, suicide and murder.[4]

Intimate partner violence as per WHO[5] refers to behaviour by an intimate partner or ex-partner that causes physical, sexual or psychological harm, including physical aggression, sexual coercion, psychological abuse and controlling behaviours. Severe spousal violence is categorized based on severity of the acts of physical violence like being beaten up, choked or burnt on purpose, threatened by a weapon or any sexual violence.

Societal discriminatory norms and inequality in status makes women vulnerable to violence inflicted mostly by someone close to them. This is a contrasting fact compared to violence faced by men which is largely by strangers.[1] Existing studies show that these varied forms of violence often coexist.

Worldwide, 13-61% women reported physical violence by their partner, 4-49% experienced severe physical violence, 6-59% faced sexual violence and 2-75% experience emotional abusive act at some point in their lives.[1] According to World Health Organisation (WHO), South East Asia Region (SEAR) has a spousal violence prevalence of 40.2% of which is much higher as compared to global estimates of 35.6%.[1]

As compared to global statistics, India shows a higher prevalence of spousal violence. According to National Family Health Survey-4 (NFHS-4), International Institute for Population Sciences (IIPS) & ICF-2017, fourth in series of large scale, multicount surveys conducted in India, 33.3% of ever-married women have experienced some form of spousal violence. Most experienced is physical violence (30%) followed by emotional Violence (14%). Prevalence of sexual violence in India is 7%. According to NFHS-4 Survey, only 14% of the spousal violence victims seek help. Underpinned by a patriarchal society, the acts are under reported and highly variable from state to state from as high as 55% in Manipur to as low as 3.5% in Sikkim.[6]

In a systemic review, done to summarise the problem of domestic violence in India, it was found that a median 41% of women experienced an incidence of domestic violence during their life time.[7] There is a stark urban-rural divide in the prevalence of spousal violence with prevalence in the rural set up (36%) being significantly higher than urban (28%). Studies have shown that worst hit rural areas also have the weakest support system.[8] Prevalence of spousal Violence in an urban slum of Mumbai is 36.9%[9] and in slums of Pune it was found to be 61.5%.[7]

Another facet of spousal violence is Controlling Behaviour that can have more pronounced and disconcerting health effects. Controlling behaviour also acts as a precursor for other forms of violence like physical & sexual violence.[3,10] The problem of Spousal violence has a multitude of causative factors which are deep rooted in the sociodemographic fabric of both the victim and the perpetrator.[11]

Societal factors like socioeconomic development, crime, literacy, women's status in the society, cultural norms ,economic and political situation are few of the factors that are significantly associated with prevalence of spousal violence.[2]

Intergenerational circumstances like violence faced by mother and marital discord among parents are other factors that affect the victim's attitude and help seeking behaviour.[6] Lack of intervention facilities and resources contribute towards a higher frequency and severity of physical abuse among victims. One climacteric factor is attitudinal acceptance and justification to spousal violence as 'marital norm'. This proves to be a big hurdle in reaching out to victims.

Spousal violence has deleterious effects on physical, mental and reproductive health of the women. Additional psychological issues linked with spousal violence include mood disorders, anxiety and panic attacks, low self-esteem and suicidal tendencies. Thus it is undeniable that there is decreased quality of life of families and communities with high prevalence of spousal violence.

Researches reviewed in this area underscore the importance of improving community responses to spousal violence across locales specially the rural communities. Demographic profile of Maharashtra depicts a sex ratio of 929 females against 1000 males which is below national average 940. The literacy rate of females in Maharashtra is 75.87% against 65.5% at national level.[12]
This study was carried out in a rural area of Western Maharashtra to determine the prevalence of various forms of spousal violence faced by ever married women.

Methodology

A descriptive cross-sectional study was carried out in rural areas of Western Maharashtra from 01 November to 30 November 2024. The study population comprised of ever married women (currently married, widowed or divorced) irrespective of their age. Women with documented psychiatric illness were excluded from the study. Considering the prevalence of Intimate partner violence of 33% as per NFHS-4, and error of margin to be 10% sample size was calculated to be 85, however a total of 100 participants were interviewed considering non respondents and incomplete interviews.[6] Sampling unit consisted of households and systematic random sampling was done.
A pretested structured questionnaire was obtained from NFHS 4. The questionnaire was translated into vernacular language and then retranslated into English to ensure originality and meaning was retained. The questionnaire consisted of socio-demographic characteristics of the women and questions to determine whether the respondent had experienced any form of IPV. Different forms of IPV (physical, psychological, sexual) were assessed, using questions that asked for presence and frequency of specific experiences. Seven questions were used to assess presence of physical violence and a set of three questions each for emotional violence and sexual violence was assessed. An affirmative answer to one or more of these questions implied presence of violence irrespective of the type. Victims were also interviewed if they reported the violence to anyone and if yes then to whom. Data Collection was completed over a period of 01 month. The respondents were explained the purpose of the study and informed consent was obtained. They were interviewed personally by the interviewer ensuring adequate privacy.
Study protocol was approved by the Institutional ethical committee and informed written consent was obtained.
The data was then analysed and subjected to statistical inference by Statistical Package for the Social Sciences (SPSS) software, version 20. Descriptive statistics were computed to determine frequencies and summary statistics (mean, standard deviation, and percentage) to describe the study population in relation to socio-demographic and other relevant variables. Fishers exact test was used to find association between different categorical variables. P-value <0.05 was taken as statistically significant. Odds ratio (ORs) and 95% confidence interval (CI) were computed for those factors that were found to have a statistically significant association ($P < 0.05$).

Results

The age of the study participants ranged from 18 to 44 years with mean age being 29.03 $\pm$ 5.04 years. Most of the women (53%) were in age group 20 to 29 years followed by 44% in 30 to 39 years age group. The mean marriage age of the participants was 17.71 $\pm$ 3.09 years ranging from 09 to 26 years. The mean duration of marriage was found to be 11.22 $\pm$ 5.86 years with a range of 06 months to 29 years. In our study about 93% of the women had received formal education. During the time of study 68% of the women had undergone permanent sterilization method, 31% were not using any form of contraception and 1% was pregnant. In none of the cases husband had opted for family planning measures.
Physical violence was experienced by 63% of the study participants, sexual violence by 31%, emotional violence by 57% and controlling behaviour was experienced by maximum 76%. Its association with the population characteristics is as depicted in Table 1. It was seen that there was a significant association of number of children with physical, sexual and emotional violence; various age groups with emotional violence and controlling behaviour; married years physical and sexual violence and controlling behaviour; no significant association education with any forms; drinking

habits of the husband had a significant association with all forms other than sexual violence and history of mother being abused had significant association only with physical violence.

Population Characteristics		**Physical Violence**		**Sexual Violence**		**Emotional Violence**		**Controlling behaviour**	
		Present	**Absent**	**Present**	**Absent**	**Present**	**Absent**	**Present**	**Absent**
Number of children	Nil	3	1	2	2	1	3	3	1
	1-2	32	19	10	41	34	17	40	11
	≥ 3	28	17	19	26	22	23	30	15
p value		.048*		<.001*		.21		.067	
Age groups	15-19	0	1	0	1	1	0	1	0
	20-29	34	19	14	39	18	35	43	10
	30-39	25	19	12	32	25	19	24	20
	≥ 40	2	0	0	2	2	0	1	1
p value		.14		.31		.01*		.054	
Married years	≤ 2	0	7	0	6	2	5	6	1
	2-5	34	12	11	35	21	24	38	7
	5-10	27	11	12	26	16	22	22	16
	≥ 10	1	8	1	9	2	8	8	2
p value		<.001*		.25		.44		.04*	
Education	Yes	59	34	24	69	51	42	70	23
	No	4	3	2	5	3	4	5	2
p value		.51		.59		.48		.56	
Husband drinks	Never	15	19	10	24	11	23	21	13
	Sometimes	26	5	9	22	20	11	28	3
	Frequently	22	13	7	28	21	14	27	8
p value		0.004*		.65		.018*		.03*	
History of mother being abused	Yes	30	10	12	28	27	23	39	11
	No	33	27	12	48	25	25	37	13
p value		.033*		.18		.42		.41	

Sixty six (66%) women reported that their husbands consumed alcohol. Women whose husbands consumed alcohol were 3.38 times more risk of experiencing physical violence compared to women whose husbands didn't consume alcohol (95% CI 1.42 to 8.03). Similarly, an odd's ratio of 3.43 (95% CI 1.43 to 8.21) was obtained for women who experienced emotional violence, whose husbands consumed alcohol compared to those who did not. For, controlling behaviour Odd's ratio came to be 3.1 (95% CI 1.2 to 7.98).

Forty (40%) of the women gave history that their mother faced IPV in one form or the other. Women whose mother faced IPV were at 2.45 times more risk of experiencing physical violence compared to women whose mother did not face (95% CI 1.02 to 5.91).

In our study disclosure by women of physical violence was seen amongst 10 (15.8%), sexual violence amongst 2 (6.5%), emotional amongst 10 (17.5%) and controlling behaviour by 15 (1.3%) of the women.

Discussion

In our study, more than 75% of the women experienced IPV taking controlling behaviour into account which was far more than those West Bengal (23.4%) and NFHS 4 (33%)[6,13]. A study conducted in Puducherry showed a prevalence of 56.7% of IPV.[14] The difference in findings could be attributed to local sociocultural norms such as acceptability of physical violence at the hands of husbands, women's autonomy in decision making and limited freedom of expression. These differences could be also attributable to the methodological variations of the studies.

In this study Controlling behaviour was the predominant form followed by physical violence, which is in accordance with the findings of NFHS 4 where physical violence is the predominant form.

However various studies reported emotional violence as the predominant form of spousal violence[14,15]. The complexities involved in quantifying and describing emotional violence can be the contributing factor for this discrepancy. Also, hesitation in expressing sexual violence is also an important facet that affects the study results.

Age of the participants was found to be significantly associated with emotional violence and controlling behaviour which is similar to the findings of study done in Puducherry.[14] Our findings are suggestive of significant association of alcohol consumption with IPV which has been elucidated in studies conducted in Jeddah and Ghana[16,17]. Alcohol contributes significantly as a situational factor in IPV by increasing the likelihood of violence by reducing the inhibitions, clouding of judgment and inability to interpret cues.

Help seeking behaviour in our study was adopted by maximum 17.5% women in cases of emotional violence with most women seeking help from their parents. As per NFHS 4, 28% women in Kerala seek help in case of IPV. This is a clear depiction of prevalent sociocultural norms that makes spousal violence as an acceptable behaviour.

In the study, education was not associated with IPV. Study participants consisted of 93% literate women which is very much in contrast to the belief that educated women will not face IPV.

Limitations

The study was based on self reporting, so possibility of reporting bias cannot be ruled out. Study being cross sectional in nature, causal association cannot be established. Boundaries and categories of controlling behaviour are still ill defined, therefore difficult to measure and analyse. The study was conducted in a small geographical area of rural Maharashtra, hence findings cannot be generalised to the general population.

Conclusion

Drinking of alcohol by husband and number of married years contribute significantly to various forms of IPV. Domestic violence against women is still persistent and greater efforts should be channelled into curtailing it by using a multi-stakeholder approach and enforcing stricter punishments to perpetrators. There is a strong need to challenge the social norms and bring changes in attitudes that foster violence and promoting equity in marital relationships. In addition, men should be educated early in life, through schools, to instil values such as respect for women, which is likely to have a positive effect on the boys in the long term.

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