



THE PREVALENCE OF INTIMATE PARTNER VIOLENCE AND ITS ASSOCIATED FACTORS AMONG MARRIED WOMEN OF AGE GROUP 18-49 YEARS IN URBAN SLUM AREAS OF WESTERN MAHARASHTRA

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ABSTRACT

Background: Violence against women is an emerging problem in the developed and developing countries, with the WHO declaring domestic violence as a “public health epidemic.” According to it, globally more than one-third of women are suffering physical and sexual violence, with a lifetime prevalence of violence ranging from 10% to 69% from different population surveys. India falls in the higher end of this range with the National Family Health Survey (NFHS-5) reporting a burden of domestic violence as 29.3% among ever-married women in the reproductive age group. Since domestic violence varies with the local social norms and literacy level of women, it is important to assess the problem of domestic violence in the given geographical region for initiating supportive measures. **Objectives:** were to estimate the prevalence, the factors associated and the patterns of Intimate Partner violence among married women in urban slum areas. **Materials & Methods:** This cross-sectional observational study was carried out in Urban slum areas under Urban Health Training Centre, after taking IEC approval during 1st February 2023 -31st July 2023 around 150 eligible women of age group 18-49yrs who got married at least 1 year ago and were living with their husbands and who were recruited in the study by systematic random sampling method, were interviewed by using pre-tested, structured, questionnaire following their consent. **Result:** Majority of participants (33%) were belonged to the age group of 35-44years, majority of them were not working (76%), half of the women belonged to the nuclear families, majority of the husbands (94%) were working, half of participants were with married duration of ≥ 10 years. Overall prevalence of IPV was 16%, among factors associated with the IPV, statistically significant association found between employment status of women ($p=0.027$) and duration of marriage ($p=0.011$), family type ($p=0.05$) Socio-economic status of the women ($p=0.035$) at 95% CI. Major form of violence (14%) was of verbal violence. **Conclusion:** Prevalence of IPV was high among women of age >44 years. Statistically significant association found between employment status of women, and duration of marriage, family type, Socio-economic status of the women. Major form of violence was of verbal violence. This study can be used to prevent IPV among women through health education, counselling, empowering women.

KEYWORDS : IPV, Women of age group 18-49years, Urban slum.

INTRODUCTION

violence against women is an emerging problem both in the developed and developing countries. According to the WHO, globally more than one-third of women are suffering physical and sexual violence, with a lifetime prevalence of violence ranging from 10% to 69% from different population surveys.¹⁻

²India falls in the higher end of this range with the fifth round of the National Family Health Survey (NFHS-5) reporting a burden of domestic violence as 29.3% among ever-married women in the reproductive age group.³ Violence against women includes all verbal, physical, and sexual assaults which violate a woman's physical body, sense of self respect, and sense of trust, regardless of age, race, ethnicity, or country.⁴ It is a brutal practice that remains to be the least recognized fundamental human rights violation.⁵ Physical violence refers to the use of physical force against another person in the form of beating, kicking, slapping, stabbing, shooting, pushing, biting and/or pinching.⁶ Verbal abuse is defined as the use of words to cause harm to the person being addressed. Emotional intimate partner violence (IPV), also known as psychological or mental abuse, is defined as any behaviour that threatens, intimidates or undermines the victim's self-worth or self-esteem or controls the victim's freedom.^{6,7} Sexual abuse is defined as any unwanted, unreciprocated, and unwelcomed behaviour of a sexual nature that is offensive to the person involved, and causes that person to feel threatened, humiliated or embarrassed.^{6,8} Economic abuse by an intimate partner occurs when the abuser has control over the victim's money and other

economic resources.^{6,9} Violence against women affects women's lives and health in each phase of life in different aspects.¹⁰ The extent of domestic violence against women, its impact on their physical and mental health, both in the short and long terms, and the wider outcomes of this violence for families, communities and society makes it a public health priority.¹¹ Intimate partner violence is a risk factor for women's suicide attempts.¹² may cause women to be murder victims, and may accelerate the spread of human immunodeficiency virus (HIV).¹³ Besides, job loss or unemployment is another non-physical consequence experienced by intimate partner violence survivors.¹⁴ Domestic violence against women has for a long time been considered only as a legal issue to be handled by the judicial system of the country. However, given its adverse effects on the women's health, there has been growing consensus that the health sector should also take initiatives to help these women. Women may not voluntarily report instances of violence due to the sensitive nature of the problem. Since domestic violence varies with the local social norms and literacy level of women, it is important to assess the problem of domestic violence in the given geographical region for initiating supportive measures.

Objectives:

1. To estimate the prevalence of domestic violence among married women in urban slum areas
2. To find out the factors associated with domestic violence among married women in urban slum areas
3. To know the patterns of domestic violence among married

women in urban slum areas

MATERIALS & METHODS:

Study Area:

Urban slum areas under Urban Health Training Centre.

Study Type:

Community based, descriptive study.

Study Design:

Cross- Sectional Study Design.

Period of study: 6 months.

Sampling Frame: All eligible women of age group 18-49yrs residing in urban slum areas under urban health training Centre.

Sampling Unit: An eligible woman of age group 18-49yrs residing in urban slum areas under urban health training centre.

Sample size: Based on the prevalence of domestic violence of 45.1% in Tamil Nadu, assuming absolute precision 8%, alpha error 5%, and design effect of 2, the required sample size calculated by using the formula

$$n = Z^2pq/L^2$$

where, n = sample size, p = prevalence Z = 1.96

$$q = 100 - p = 100 - 45.1 = 54.9$$

L = allowable error = 8%

$$n = (1.96)^2 \times 45.1 \times 54.9$$

$$(8)^2$$

$$= 148.55 \approx 149$$

So, the minimum sample size is 149. So, I will take 150 as sample size.

Selection of cases (Inclusion and Exclusion Criteria):

Inclusion Criteria:

- Eligible women of age group 18-49yrs residing in urban slum areas who got married at least 1 year ago and were living with their husbands.
- Were willing to participate in the study.

Exclusion Criteria:

The locked houses at 3 consecutive visits.

Sampling Method:

Systematic Random Sampling.

There were 13 urban slum areas under Urban Health Training Centre. Total population in urban slum area under UHTC is 18700 and total houses is 4587.

First house was randomly selected no. less than sampling interval. After first house, next house was chosen as following:

k = Sampling interval

k = total no. of houses in urban slum area under UHTC

total no. of sample size

$$= 4587/150$$

$$= 30.58 \approx 31$$

From each house only one eligible woman was interviewed. If in any house more than one eligible women were present than randomly an one them was chosen for study.

Data Collection & Analysis:

At the time of home visit, woman was informed about the survey and its purpose, importance and benefits of participating in the survey and were informed about the history taking, was assured that they were free to refuse to be interviewed at any point of time. once participant agrees for the same then written informed consent was taken. Result was calculated in Microsoft Excel software and by using chi-

square and fisher exact test.

RESULTS:

Table No. 1: Sociodemographic Characteristics Of Study Subjects (n=150)

Sociodemographic characteristics	n (%)
Age (years)	
18-24	34(22)
25-34	49(32)
35-44	50(33)
>44	17(11)
Education	
Illiterate	22(14)
Primary education	33(22)
Secondary education	74(49)
Higher secondary	16(11)
Graduate	4(3)
Post graduate	1(1)
Employment status	
Working	36(24)
Non-working	114(76)
No. of children	
No child	4(3)
1-2	94(62)
>2	52(35)
Presence of male child	
No child	4(3)
no male child	28(19)
At least one male child	118(78)
Religion	
Hindu	52(35)
Muslim	60(40)
Buddhist	38(25)
Family type	
Nuclear	75(50)
Joint	23(15)
Three generation	52(35)

Table no. 1 shows out of 150 females majority of them belong to the age group 35-44 years (50%), 74% of females educated up to secondary education level, majority of them were non-working, 62% of females having 1-2 children, 19% had no male child, 40% belonged to the Muslim religion, 50% were belonged to the nuclear type of family.

Table No. 2 : Distribution Of Marital Characteristics Of The Study Subjects (n=150)

Age at marriage in years	n (%)
<18	24(16)
18 and above	126(84)
Duration of marriage in year	
<5	34(23)
5-9	41(27)
10 and above	75(50)
Spouse's age in year	
18-24	2(1)
25-34	51(34)
35-44	51(34)
>44	46(31)
Spouse's education	
Illiterate	9(6)
Primary education	37(25)
Higher secondary	81(54)
secondary education	18(12)
Graduate	5(3)
Spouse's employment status	
Working	141(94)
Non-working	9(6)
Type of marriage	
Arranged	150(100)

SES (According to the Mod. BG Prasad classification)	
Class II	28(19)
Class III	68(45)
Class IV	47(31)
Class V	7(5)

Table no. 2 shows out of 150 women 84% were married at age 18 and above, 50% were with married duration of 10 and above, 68% of spouse were between 25-44 years of age, 54 % of spouse were educated up to higher secondary level, majority of spouse's were working i.e. 94%, 45% were belonged to the class III of SES as per Modified BG Prasad classification of SES.

Figure 1.Age specific prevalence of Intimate Partner violence among study subjects (n=150)

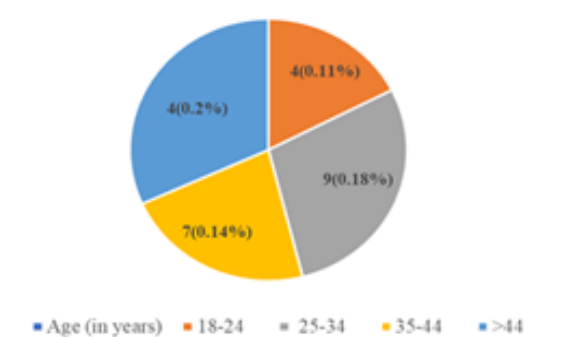


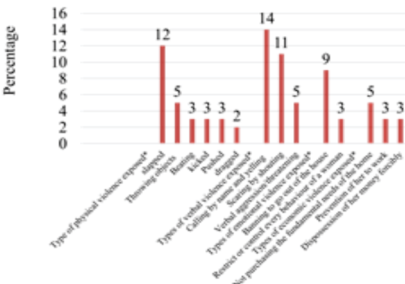
Figure 1. shows age specific prevalence of IPV among 150 women. Maximum among women of age group >44 years i.e. 0.2%.

Table No. 3: Factors Associated With Intimate Partner Violence Among Study Subjects (n= 150)

Characteristics	Intimate Partner violence n (%)		Total n (%)	Statistical test
	yes	no		
Age(years)				
18-24	4(12)	30(88)	34(23)	$\chi^2=1.52$, df=3, P=0.68
25-34	9(18)	40(82)	49(33)	
35-44	7(14)	43(86)	50(33)	
>44	4(24)	13(76)	17(11)	
Total	24(16)	126(84)	150(100)	
Illiterate				
Primary education	6(18)	27(82)	33(22)	Fisher exact test df=5 p= 0.358
Secondary education	14(19)	60(81)	74(49)	
Higher secondary	00	16(100)	16(11)	
Graduate	00	4(100)	4(3)	
Post graduate	00	1(100)	1(1)	
Total	24(16)	126(84)	150(100)	
Employment status				
Working	10(28)	26(72)	36(24)	$\chi^2= 4.888$ df=1 P value=0.027*
Non-working	14(12)	100(88)	114(76)	
Total	24(16)	126(84)	150(100)	
No. of children				
No child	00	4(100)	4(3)	Fisher Exact df = 2 p= 0.678
1-2	14(15)	80(85)	94(62)	
>2	10(19)	42(81)	52(35)	
Total	24(16)	126(84)	150(100)	
Presence of male child				
No child	00	4(100)	4(3)	fisher exact test df =2 p =0.7007
no male child	3(11)	25(89)	28(19)	
At least one male child	21(18)	97(82)	118(78)	
Total	24(16)	126(84)	150(100)	
Religion				

Hindu	6(12)	46(88)	52(35)	Chi-square value= 1.17 df=2 P value= 0.55
Muslim	11(18)	49(82)	60(40)	
Buddhist	7(18)	31(82)	38(25)	
Total	24(16)	126(84)	150(100)	
Family type				
Nuclear	16(21)	59(79)	75(50)	Chi-square value= 4.29 df=2 P value= 0.11
Joint	4(17)	19(83)	23(15)	
Three generation	4(8)	48(92)	52(35)	
Total	24(16)	126(84)	150(100)	
Age at marriage in years				
<18	6(25)	18(75)	24(16)	chi-square value after yate's correction=1.24 p >0.05
18 and above	18(14)	108(86)	126(84)	
Total	24(16)	126(84)	150(100)	
Duration of marriage in year				
<5	00	34(100)	34(23)	Chi-square value= 8.99 df=2 P value=0.011*
5-9	7(17)	34(83)	41(27)	
10 and above	17(23)	58(77)	75(50)	
Total	24(16)	126(84)	150(100)	
Spouse's age in year				
18-24	00	2(100)	2(1)	fisher exact test df=3 p =0.321
25-34	7(14)	44(86)	51(34)	
35-44	12(24)	39(76)	51(34)	
>44	5(11)	41(89)	46(31)	
Total	24(16)	126(84)	150(100)	
Spouse's education				
Illiterate	2(22)	7(78)	9(6)	fisher exact test df=4 p =0.9084
Primary education	6(16)	31(84)	37(25)	
Secondary education	13(16)	68(84)	81(54)	
Higher secondary	2(11)	16(89)	18(12)	
Graduate	1(20)	4(80)	5(3)	
Total	24	126(84)	150(100)	
Spouse's employment status				
Working	22(16)	119(84)	141(94)	Chi-square value after yate's correction=0.0 0315 P<0.05
Non-working	2(22)	7(78)	9(6)	
Total	24(16)	126(84)	150(100)	
Type of marriage				
Arranged	24(16)	126(84)	150(100)	--
SES (According to the Mod. BG Prasad classification)				
Class II	1(4)	27(96)	28(19)	Fisher exact test df=3 p=0.035
Class III	9(13)	59(87)	68(45)	
Class IV	13(28)	34(72)	47(31)	
Class V	1(14)	6(86)	7(5)	
Total	24(16)	126(84)	150(100)	

Table no. 3 shows factors associated with the IPV. There was statistical association found with employment status of women, Duration of marriage, Spouse's employment status and socio-economic status i.e. p value <0.05.



*Percentage values were taken over n since there were multiple responses

Figure 2. Patterns Of Intimate Partner Violence Among Study Subjects (n= 150)

Figure 2. shows Major form of violence (14%) was of verbal violence followed by physical violence i.e. 12%.

DISCUSSION:

In this study out of 150 participants the overall prevalence of IPV in this study was found among 24(16%), in a study conducted by the Tessema ZT et al IPV prevalence was 42%.¹⁶ In the study Bhatt B et al IPV prevalence was 52.62%.¹⁷ in the study conducted by Jyotirmay et al prevalence of IPV was 70.3%.¹⁸ in the study conducted by Demeke MG et al prevalence of IPV was 42.3%.¹⁹ the difference in the IPV prevalence in our study as compared to the other mentioned studies could be due to difference in the study setting, sample size and study population. The present study measured four different patterns of IPV among all the participants (150) involved in the study. In the present study, out of the 150 participants experienced physical violence in the form of slapped (12%), throwing objects (5%), beating, kicked, pushed (3%), dragged (2%) from their intimate partners. In the study Bhatt B et al physical violence was reported by 21.43% of the participants.¹⁷ in the study conducted by Jay G. Silverman More than 1 in 3 women reported ever experiencing physical IPV (36%).²⁰ In this study, out of the 150 participants experienced verbal violence in the form of calling by name and yelling (14%), scaring by shouting (11%), verbal aggression/threatening (5%). In the present study, out of the 150 participants experienced emotional violence in the form of banning to go out of the house (9%), restrict or control every behaviour of a woman (3%). In the study Bhatt B et al 26.20% reported experiencing emotional violence.¹⁷ in the study conducted by Gupta et al out of 423, 127(30%) female patients experienced emotional violence.²¹ In the present study, out of the 150 participants experienced economic violence in the form of not purchasing the fundamental needs of the home (5%), prevention of her to work, dispossession of her money forcibly (3%) in the study conducted by Gupta et al out of 423, 48(11.4%) female patients experienced physical violence.²¹ the difference in the IPV pattern in our study as compared to the other mentioned studies could be due to difference in the study setting, sample size and study population. the present study, found statistically significant association between employment status of women, duration of marriage, family type, socio-economic status of the family, in a study conducted by the Tessema ZT et al marital status, working status, parity, place of residence, wealth index, sex of household head, and community poverty associated with the prevalence of intimate partner violence in Eastern Africa.¹⁶ In the study Bhatt B et al husband's education and occupation, the number of children, ownership of property, amount of time spent quarreling, participation in decision-making, male alcohol consumption, perceived satisfaction with partner relationship, and whether or not fear played a role in the relationship. In the multivariate model, after adjusting for other variables, three factors were found to be significantly associated with IPV: participation in decision-making, quarreling, and a fearful environment.¹⁷ in the study conducted by Demeke MG et al Multivariate analysis revealed that women with no formal education [AOR (95% CI): 3.66 (1.91–6.98)], having no own income [AOR (95% CI): 1.78 (1.24–2.56)] was significantly associated with the presence of intimate partner violence.¹⁹ In the study conducted by Demeke MG et al Logistic regression revealed that IPV was significantly associated with: age between 30 and 49 years, education above primary school.¹⁹

CONCLUSION:

Prevalence of IPV was high among women of age >44 years. Statistically significant association found between employment status of women, and duration of marriage, family type, Socio-economic status of the women. Major form

of violence was of verbal violence. This study can be used to prevent IPV among women through health education, counselling, empowering women.

REFERENCES:

- World Health Organisation. World Report on Violence and Health. WHO. [Last cited on 2023 May 2]. Available from: http://www.who.int/violence_injury_prevention/violence/world_report/en/
- World Health Organisation. Global and Regional Estimates of Violence Against Women. WHO. [Last cited on 2023 May 2]. Available from: <http://www.who.int/reproductivehealth/publications/violence/9789241564625/en/>
- International Institute for Population Sciences (IIPS), Macro International. National Family Health Survey (NFHS-5), 2019-2020: India. I. Mumbai: International Institute for Population Sciences; 2007.
- Alhabib S, Nur U, Jones R. Domestic violence against women: Systematic review of prevalence studies. *J Fam Viol*. 2010; 25:369-82.
- Heise L, Ellsberg M, Gottemoeller M. A global overview of gender-based violence. *Int J Gynecol Obstet* 2002;78(1):S5–S14.
- World Health Organization. Global and Regional Estimates of Violence Against Women: Prevalence and Health Effects of Intimate Partner Violence and Non-partner Sexual Violence. Geneva, World Health Organization, 2013.
- Nojomi M, Agae S, Eslami S. Domestic violence against women attending gynecologic outpatient clinic. *Arch Iran Med* 2007;10(3):309–15.
- Jahanfar S, Malekzadegan Z. The prevalence of domestic violence among pregnant women who were attended in Iran university of medical science hospitals. *J Fam Violence* 2007;22(8):643.
- Chimah CU, Adogu PO, Odeyemi K, Ilika AL. Comparative analysis of prevalence of intimate partner violence against women in military and civilian communities in Abuja, Nigeria. *Int J Womens Health* 2015;7:287–95.
- Salaçin S, Ergonen AT, Uyaniker ZD. Kadinayoneliksidet. *KlinikGelisim*. 2009; 11:95-100.
- Gracia E, Herrero J. Acceptability of domestic violence against women in the European Union: a multilevel analysis. *J Epidemiol Community Health*. 2006; 60:123-9.
- Devries K, Watts C, Yoshihama M, Kiss L, Schraiber LB, Deyessa N. Violence against women is strongly associated with suicide attempts: Evidence from the WHO multi-country study on women's health and domestic violence against women. *Soc Sci Med*. 2011; 73: 79-86.
- Subasi N, Akin A. Kadinayoneliksidet; nedenlerivesonuclari. [Online] 2003 [Cited 2023 May 2]. Available from URL: http://www.huksam.hacettepe.edu.tr/Turkce/Sayfa/Dosya/Kadina_yon_siddet.pdf.
- Showalter K. Women's employment and domestic violence: A review of the literature. *Agg Vio Behav*. 2016; 31: 37-47.
- United Nations Population Fund. A Practical Approach to Gender-based Violence. UNFPA. [Last cited on 2023 May 2]. Available from: <http://www.unfpa.org/resources/practical-approach-gender-based-violence>.
- Tessema ZT, Gebrie WM, Tesema GA, Alemneh TS, Teshale AB, Yeshaw Y, et al. Intimate partner violence and its associated factors among reproductive-age women in East Africa: A generalized mixed effect robust poisson regression model. *PLoS One*. 2023;18(8).
- Bhatt B, Bhatt N, Karki A, Giri G, Baaniya B, Neupane B, et al. Intimate partner violence against married women of reproductive age in Nepal during the COVID-19 pandemic. *Heliyon*. 2023 Sep;9(9).
- Jyotirmay AR, Bhattacharjee S, Tirkey L, Dalui A. Study on intimate partner violence against rural tribal women of reproductive age group in siliguri subdivision of Darjeeling District, West Bengal. *Indian J Public Health*. 2022;66(4).
- Demeke MG, Shibeshi ET. Intimate partner violence against women of reproductive age and associated factors during COVID-19 pandemic in Northern Ethiopia, 2021: A community-based cross-sectional study. *Front Glob Womens Health*. 2022;3:977153.
- Silverman JG, Boyce SC, Dehingia N, Rao N, Chandurkar D, Nanda P, et al. Reproductive coercion in Uttar Pradesh, India: Prevalence and associations with partner violence and reproductive health. *SSM Popul Health*. 2019 Dec;9:100484.