



## Domestic Violence Among Women in A Rural Area of Tamilnadu

### KEYWORDS

domestic violence, rural area, women

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**ABSTRACT** *Background: Being more vulnerable group, women in India experience domestic violence physically, emotionally or sexually especially more in rural areas. With limited number of studies on this area, this study was conducted to assess the Prevalance of Domestic violence among women in a village subcentre area in Tirunelveli District of Tamilnadu.*

*Methodology: A Cross-sectional Study was conducted with semi- structured questionnaire at the households of the married women (200) at Pathamadai village who were willing to participate after obtaining informed verbal consent. Education, Occupation and violence of any form were questioned after assuring confidentiality. Age, education, occupation and habit of consuming alcohol of the husbands were obtained to find out the predisposing factors in domestic violence. Morbidity pattern suffered by the women following violence were assessed.*

*Results: Data were analysed using SPSS. 76% of women have experienced some form of spousal violence. 59% have experienced verbal violence, physical violence by 54%, sexual violence by 41% and 57% have been denied of economic independence. Age, nature of work, education and alcohol consumption of the husbands were significant contributing factors for violence. Due to physical violence about 46% of women had bruises, 42% of women had aches and 24% had sprains, 12% had eye injuries and 6% had broken teeth. About 4% had cuts, 2 % dislocations and 2%, fractures respectively.*

*29% of women had a thought of suicide at least once and about 8% have attempted suicide. As a result of sexual violence about 11% of women had underwent abortion.*

*However only 8.5% women had sought help after violence.*

### INTRODUCTION:

Domestic violence is used as a weapon to keep the person in intimate relation under ones own control. Abusers threaten verbally, assault physically or indulge in forced sexual act making the dependent emotionally demoralized in order to have an upper hand over them. This occurs in all age groups, ethnic background and at all economic levels. Physical injury is the most visible form of domestic violence and includes slapping, pushing, kicking, biting, hitting, throwing objects, strangling, beating, threatening with any form of weapon, or using a weapon. Emotional or psychological abuse includes harassment, threats, verbal abuse such as name-calling, degradation, blaming, stalking and isolation. "Sexual violence" includes all instances of a woman experiencing her husband "physically forcing her to have sexual intercourse with him even when she did not want to or forcing her to perform any sexual acts that she did not want to". Though both genders may be affected, in India – women are most commonly victimized. Total lifetime prevalence of domestic violence was 33.5% and 8.5% for sexual violence among women aged 15–49. {NFHS Survey III}.

Globally wife is the more common victim of domestic violence. In a developing country like India, individual level variables such as observing violence between one's parents while growing up, absent or rejecting father, etc. also play an important role in the development of such violence. In society with patriarchal power structure and with rigid gender roles, women are often poorly equipped to protect themselves if their partners become violent. However much of the disparity relates to how men dependence and fearfulness amount to a cultural disarmament. Husbands who batter the wives typically feel that they are exercising a right, maintaining good order in the family and punish-

ing their wives delinquency. Spousal violence not only causes physical injury, it also undermines the social, economic, psychological, spiritual and emotional wellbeing of the victim. It has serious consequences on women's mental, physical and sexual health. They include injuries, gynecological problems, temporary or permanent disabilities, depression and suicide. Victims of violence can be trapped in domestic violent situations through isolation, power and control, insufficient financial resources, fear, shame or to protect children. Children who live in household with violence may continue the legacy of abuse when they reach adulthood. There are few population based studies which have described domestic violence and its health effects on women in India. This study was planned to assess the domestic violence faced by the rural women by their husbands and its effect on their health.

### METHODOLOGY:

A Community based cross-sectional study was planned at the rural Subcentre of Government Tirunelveli Medical College between March 2016- May 2016. Pathamadai Subcentre was selected randomly and married women in the age group of 21- 50 years were selected using the family register maintained by the village health workers. Of these, who were willing to participate in the study were selected after obtaining informed verbal consent assuring strict confidentiality. Around 200 married women participated in the study. They were interviewed using a semi- structured questionnaire at their households. Questionnaire was designed based on Demographic and Health Surveys (DHS) toolkit to adapt to the local community. The questionnaire collects data like age, education, occupation and income of the women and her husband. It collects data regarding spousal violence with a series of questions regarding specific acts of violence like slapping, kicking, punching etc.

It also includes questions regarding sexual and verbal violence. Morbidity suffered by the women and treatment or any legal help sought were assessed.

#### RESULTS:

Out of 200 women who participated in the study, 76% of them had experienced domestic abuse in one form or other. 29.5% of women were illiterates and 25% of women had primary school education. 49% of women were unemployed and among the working women 39% were working as labourers on daily wages in the fields. 59% women had experienced some form of verbal violence. 25% of women reported only verbal violence. 50% of women reported that verbal violence happened when the husband is jealous on talking to other men. 19% of them had been threatened to harm. About 56.5% got humiliated and felt insulted before others by their husbands. 108 women had been slapped, 93 women being pushed and 64 had been kicked. (Table 1). 41% of the women had been forced to have sexual contact against their will.

In relation to age 37.6% of violence occurs in women whose husbands were of age above 45 years. 22% of the men were illiterates and 26% had only completed primary schooling. 32% of the women's husbands were working on daily wages. 52% of the men had indulged in violence after consuming alcohol. Age of the husband, literacy, occupation and habit of consuming alcohol were significantly associated with the act of violence ( $p$  value < 0.05%)

Due to physical violence about 46.5% of women had bruises, 42.5% of women had aches and 24.5% had sprains. 12% had eye injuries and 6.5% had broken teeth. About 4%, 2.5%, 1.5% had cuts, dislocations and fractures respectively. About 65.5% of women reported crying after incidence of violence, 40.5% said that they were unable to carry out their daily activity after any incidence of violence. 29% of women had a thought of suicide at least once and about 8% have attempted suicide. As a result of sexual violence about 11% of women had abortions.

#### DISCUSSION:

The study clearly shows the increased prevalence of domestic violence in rural areas where the literacy and economic independency of the women are very low. Illiteracy, poverty and stress provoke men group and women are their letout. Though so many are affected by violence, only 8% of the women had sought help which shows that women folk tries to keep up the value of their spouses. Though education, alleviating poverty and legal protection may be the key measures offered by the government it is the individual morality that helps to avoid such violences. Marriage relationship is to be strengthened by educating the children right from the beginning by cultivating the habits of tolerance, respecting others value and no gender discrimination.

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**Table:1 : PHYSICAL VIOLENCE**

S.NO	NATURE OF VIOLENT ACT	NO. OF WOMEN AFFECTED
1	Push	93
2	Slap	108
3	Arm twist	57

4	Pull hair	61
5	Punch	46
6	Kick	64
7	Tried to choke	31
8	Tried to burn	1
9	Used weapon	5

**TABLE-2 ; EMOTIONAL VIOLENCE**

S. NO	NATURE OF VIOLENCE	NO. OF WOMEN AFFECTED
1	Jealous on talking to other men	114
2	Accuses of being unfaithful	86
3	Tries to know where you are every time	67
4	Limits contact with family	61
5	Limits contact with friends	71

#### REFERENCES

- Jewkes R. Intimate partner violence: causes and prevention. *Lancet* 2002; 359:1423-9.
- Bachman, R.; Carmodi, D.C. (1994). "Fighting fire with fire: The effects of victim resistance in intimate versus strangers perpetrated assaults against females". *Journal of family violence* 9 (4): 317.
- Sudha S, Morrison S, Zhu L. Violence against women, symptom reporting, and treatment for reproductive tract infections in Kerala state, Southern India. *Health Care Women Int* 2007; 28:268-84.
- Addressing Domestic Violence Against Women: An Unfinished Agenda Ravneet Kaur and Suneela Garg; *Indian J Community Med. Apr* 2008; 33(2): 73-76.
- Campbell JC. Health consequences of intimate partner violence. *Lancet* 2002; 359:1331-6.
- WHO. Multi country study on Women's health and domestic violence against women. Geneva: World Health Organization; 2007.
- Zimmerman C. Plates in a basket will rattle: Domestic violence in Cambodia, Phnom Penh. Cambodia: The Asia Foundation; 1994.
- WHO. Domestic violence: A priority public health issue in western Pacific region. Western Pacific Regional Office. 2001
- International Institute for Population Sciences (IIPS) and Macro International. 2007. Mumbai, India: National Family Health Survey (NFHS-III), 2005-06, Vol. 1; Mumbai, India.
- The effect of spousal violence on women's health: Findings from the Stree Arogya Shodh in Goa, India N Chowdhary, V Patel, PMID: 18953151