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Original Research Article

Domestic Violence against Women in Rural Goa (India): Prevalence, Determinants and Help-Seeking Behaviour

Umesh S. Kamat[1*@], A.M.A. Ferreira[2*], Kartavyi Mashelkar[3#], Nadia R. Pinto[4*], Shreya Pirankar[1*]

[1]Asst. Lecturer, [2]Associate Professor, [3]State Epidemiologist, Lecturer[4]
[*]Dept of Preventive & Social Medicine, Goa Medical College, Bambolim, Goa, India.
[#]Integrated Disease Surveillance Project, Directorate of Health Services, Goa, India.

[@]Correspondence Email: neetumesh@rediffmail.com

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ABSTRACT

Introduction: Almost 1/3rd to a half of adult women are victimized at home. Magnitude is found to vary depending on the interview techniques, time and setting.
Objectives: To study the magnitude of Domestic violence Against Women; to study its determinants and help-seeking behaviour of the victims.
Material & Methods: Nine hundred twenty women aged 18-49 years from the field practice area of the Rural Health & Training Centre in Goa were interviewed using a semi-structured questionnaire. Life time prevalence since the age of 18, and current prevalence in the last 3 months was estimated.
Results: The lifetime and current prevalence of Domestic Violence (DV) was 32.2% (±3.1%) and 22.4% (±2.7%), respectively. The women in currently married relationship were at a higher risk compared to otherwise (24.6% v/s 5.6%, $p<0.01$). Early years of marriage, lower educational level of husband and wife, employed women, women with alcoholic husband were at significantly higher risk of DV. Muslim religion and joint family though had a higher risk, it was not statistically significant. Husband was the commonest perpetrator and 68.5% of the women did not even speak about the incidence to a third person. Concern for parents and children, and social security were the commonly cited reasons for being quiet.
Conclusion: There is much more to understanding social pathology of DV than just women empowerment and other demographic factors. Similar studies in males would demystify the dark areas.

Keywords: Domestic violence against women; prevalence; women empowerment; help seeking behaviour.

INTRODUCTION

Violence has been recognised as a major problem of public health importance. [1] Moreover, when it happens in a setting which is otherwise supposed to the safest place for the victim and inflicted by none other than the individuals closely known to the victim, it assumes a different dimension. The issue is further complicated by the social acceptability and social blindness towards the issue under the caption of *private matter* thereby limiting the help seeking options of the victim. Domestic Violence Against Women (DVAW) thus

challenges the notion that home is the safe haven for women as the women may be at maximum risk of being victimised at home rather than anywhere else. [2]

WHO Multicountry Study on DVAW[3] estimated that the lifetime prevalence of physical violence varied from 13% to 61%. A review of over 50 population based studies[2] from 30 countries has reported the lifetime prevalence of 10%-52%. In a cross-sectional study in an urban area of Goa, India 26.6% of married women reported physical violence by their spouse.[4] The repercussions would be evident in the form of the toll on physical and mental health.[5,6] The economic burden is estimated to be more than US $5.8 billion every year in the form of direct costs of medical services for the victims as well as the indirect costs due to lost work days and reduced household productivity. [7]

Most strategies suggested to counter DVAW appear to be nothing more than lucrative linguistic jargons confined to reports, dissertations and policy documents. Overall social development, improved literacy, economic independence for women have been shown to be escalating, rather than relieving factors.[8-10] This study presents the findings of a cross-sectional study conducted in the state of Goa, which boasts of higher female literacy rate, higher GDP, better health infrastructure and better legal framework compared to most other states in India. The study objectives include: to study the magnitude of domestic violence against women (18-49 yrs); to study the socio-cultural factors associated with the incidents; and to study the help-seeking behavior of the victims.

MATERIAL AND METHODS

A community based cross sectional study was carried out among 1000 women aged 18-49 years from Agassaim and Goa Velha village of North Goa (500 women per village). The villages were selected conveniently from the field practice area of the Rural health and Training Centre affiliated to Goa Medical College. The sensitized research team consisting of the principal researcher, female interns and resident doctors along with the field workers of the Rural Health Centre collected data by face to face interview from 125 women from each of the four directions emerging from the central point of each of the villages. Only one respondent per house was selected depending upon whom first caught the interviewer's sight. The data was collected by a semi-structured interview, as per WHO ethical and safety guidelines for domestic violence research, [11] after the respondent consented to participate in the study. The women were asked if they had ever faced any act of physical violence (as specified in the Protection of Women against Domestic Violence Act, 2005 [12]) by family members after the attainment of 18 years of age (the lifetime prevalence of DV), and if they were victimised in the three months preceding the survey (the current pattern). The finer analysis, in reference to the socio-demographic variables and help-seeking behaviour, was restricted to the current experiences of DV to limit recall bias.

Statistical Analysis

The data was entered and analysed in SPSS for windows (version 6.5). The magnitude is expressed as percentage (±2 standard errors). 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.

RESULTS

Nine hundred and twenty women agreed to participate in the study yielding the response rate of 92%. Of the 920 women 758 (82.4%) were in the currently married relationship, 116 (12.6%) were never

married and the rest had separated, divorced or widowed. The lifetime prevalence of physical DV was 32.2% (±3.1%); the corresponding figures for Intimate Partner Violence (IPV) being 29.6% (±3.3%). The proportion of women who reported physical DV in the preceding 3 months was 22.4% (±2.7%), and those who experienced IPV was 20.6% (±2.9%). The proportion of women that ever experienced DV increased with the increasing age. For current pattern of DV it was found that the middle-aged women were at a higher risk of abuse compared to the ones at the extremes of age groups (table 1).

Table 1: Age distribution of the study participants and the victimised women.

Age group	N	Physical Violence (Ever)	Physical Violence (Current)
18-24	90	12 (13.3%)	10 (11.1%)
25-29	172	46 (26.7%)	66 (38.4%)
30-34	176	52 (29.6%)	70 (39.8%)
35-39	190	60 (31.6%)	32 (16.8%)
40-44	146	60 (41.1%)	18(12.3%)
45-49	146	66 (45.2%)	10 (6.9%)
Total	920	296 (32.2%)	206 (22.4%)

Table 2: Factors associated with domestic violence in the preceeding three months.

Correlates of DV	**N**	**DV+ (%)**	χ^2	**P**
Religion				
Hindu	419	99 (23.6)		
Catholic	410	87 (21.2)	8.21	0.016
Muslim	51	20 (39.2)		
Family Type				
Nuclear	630	130 (20.6)	3.54	0.06
Joint	290	76 (26.2)		
Marital status				
Currently married	758	197 (24.6)	32.1	0.000
Not currently married	162	9 (5.6)		
Duration of marriage				
< 7 year	186	84 (45.1)	86.4	0.000
7-14 years	310	94 (30.3)		
>14 years	262	19 (7.3)		
Women's Education				
Illiterate	262	84 (32.1)	44.1	0.000
up to 4th	100	32 (32.0)		
up to 10th	266	60 (22.6)		
up to graduate	292	30 (10.3)		
Women's Employment Status				
Unemployed	480	62 (12.9)	51.84	0.000
Employed	440	144 (32.8)		
Women's Income pm				
<5000	277	97 (35.1)	2.03	>0.363
5000-15000	119	33 (27.7)		
>15000	44	14 (31.8)		
Husband's Income pm*				
More than wife	678	194 (28.6)	6.70	0.01
Same as/less than wife	80	12 (15)		
Husband's Educational status				
Illiterate	102	46 (45.1)	25.4	0.000
Primary	199	54 (27.1)		
Secondary	220	50 (22.7)		
Graduate	237	47 (19.8)		
Alcohol and DV				
Yes	210	114 (54.3)	120.9	0.000
No	548	83 (15.1)		

*difference of more than 2standard deviations between the two incomes

Table 3: Triggers for domestic violence in the preceeding three months*

Reasons	N	%
Objected to husband's alcohol consumption	82	39.8%
Suspicious about wife	38	18.4%
Dowry related	32	15.5%
Disrespect towards in-laws	22	10.7%
Argumentative nature of wife	18	8.7%
No child	16	7.8%
To prove his superiority	8	3.9%
Children's misbehaviour	6	2.9%
Male Child	6	2.9%
Returned home late	6	2.9%
Went out with friend	2	0.9%

*Multiple responses possible

The prevalence of DV was significantly higher among muslims compared to hindus and catholics. Women in currently married relationship were at a higher risk of DV (197/758) then those not currently in the married relationship. The risk of abuse was maximum in first 7years, and declined thereafter (p=0.000). Education was found to have protective influence on the prevalence of DV, with higher educational grades among women as well as men) being associated with lesser risk of DV. Employed women were at significantly higher risk of DV compared to the unemployed (p<0.01), and the level of women's income had no significant association with the risk of DV. It was, however, found that the women having monthly income more than their husbands were reasonably protected against DV (p<0.01). Alcohol consumption by husbands was strongly associated with DV, with the husbands who came home drunk being 40% more likely to victimise their wives then the non-alcoholics. A detail account of these factors is presented in table 2.

Table 4: Women's response to DV

Response	N (197)	%
Maintain silence	135	68.5%
Talk to relative/close friend	57	28.9%
Approached legal aid cell/NGO	8	4.1%
Fight back	6	3.1%

The current pattern of DV clearly pointed out that women were mostly victimised by their husbands (197/206), and less commonly by in-laws (29/206), and parents (8/103). Acts of DV were repetitive in 77.7% (160/206) of the women. It was mostly the IPV that was repetitive in nature (172/197); 15.8% of the women victimised by in-laws reported repetitive victimisation (3/19) and hitting by the parents was essentially isolated. The reasons cited by the victimised women for the assault they suffered in the preceding three months are mentioned in table 3. It was notable that the domestic violence inflicted by the parents was for the reasons disciplinary in nature. None of the women who were hit by their parents ever perceived it as domestic violence. On the contrary, almost all (except two) women who were hit by their in-laws for the reasons of dowry, childlessness or not having a son condemned the act stating that they were "victimised". Of the 197 women physically abused by their husbands 79 (40%) did not perceive it as victimisation and accepted it as a social norm. The help-seeking behaviour of the victimised women was assessed by asking them whether they shared their traumatic experience(s) with anybody, or approached any formal system for assistance (table 4). Only the victims of Intimate partner Violence were included in this analysis (N=197).

Of the women who preferred not to speak or seek help 63 did so in anticipation of change of husband's behaviour with time, primarily to maintain the integrity in family, while 41 thought that disclosure would cause distress in 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. The commonest reason cited by the victimised women for keeping quiet was they did not want to upset their parents.

Economic dependence on the husband and fear of losing the financial security was the second most common reason cited. Fifty four women were ready to quit the relationship if they were not mothers.

DISCUSSION

The proportion of women ever physically abused in the domestic setting in our study closely matches the national average of 37% as per the National Family Health Survey-3. [13] The corresponding estimate for Goa is 15% [13] which is much lower than the prevalence of 32% in our study which may be accounted for by the more focussed approach compared to the general health-related questions in NFHS. The other studies in India have provided the estimates ranging from 26% to 61%, [8, 14-16] which are coherent with the different study settings, method of interviewing, inclusion criteria, and the socio-demographic factors prevailing in the local communities. The WHO multicountry study [2] did not include India, however, the neighbouring South East Asian country (Bangladesh) was included and these results were available for comparison. The lifetime prevalence among women 15-49 years of age in Bangladesh [2] was 39.7% which was only slightly higher than our estimate. Similar studies in Sri Lanka [17] have reported prevalence ranging from 18% to 61%.

The lifetime prevalence of DV increased with the increasing age groups. This is because the aged women are exposed to the risk of DV for a longer time. The current prevalence of DV is higher in 25-34 years of age. This is easier to understand against the background that most of the DV in our study occurred in married relationship, and in the early years of marriage. The median age at marriage in Goa is 24 years which may mark the herald of violent chapters in their life. It is remarkable that in almost 70% of the women the first abusive experience after the age of eighteen years was after marriage. This casts a serious doubt on the institution of marriage having realised that a married woman is more at risk of physical harm than an unmarried one. The observation has been confirmed in other studies from Washington [18] and Turkey.[19] In most of the instances the husband is the perpetrator. It is this aspect which makes DVAW an issue different from other types of violence and demands altogether different set of preventive strategies. Emotional attachment and economic dependence on the perpetrator also limits the relief options of the victims and the most may choose to continue in the abusive relationship.

Higher level of education, for men as well as women, protects against DV. The fact has been supported in the other studies in Goa and worldwide.[4,9,13, 17] Resorting to violent measures in a social relationship, especially married, is a primitive instinct which is likely to be modified and refined as the result of education thereby reducing the risk of DV at the hands of better educated husbands. Much has been said about empowering women in prevention of DV, but the results worldwide are quiet perplexing.[4,8-10,20,21] Although many equate women empowerment to employment and economic independence, this appears to be nothing more than a double edged sword with unemployed women better protected against DV then the employed ones, and the level of income having no significant association in this study. It appears that any transgression in the traditionally accepted male supremacy in the household in the form of comparable earning or excessive social involvement leaves men with physical power as the only resort to prove his dominance. The male dominance, however, is overshadowed in instances where the female income is more than her husband accounting for less violence in these women.

Majority of the women did nothing to help themselves. The reasons for their silence ranged from lack of financial support to emotional attachment and concern for children, which are the universally cited reasons. [2, 3, 4] The women in our study also seemed to be concerned about causing worry to their parents, and added that there was no point continuing in relationship after its shortcomings were exposed to others. Poor utilization of formal systems of help (police station, legal aid cell) may be the result of poor development of shelter homes and other support systems for victimised women. A woman may not want to stay in the house against which she has approached the police or the state commission for women. Fear of excessive harm, guilt of exposing her family in society may underlie this apprehension. Complaining could work if the state commission for women, women's police station is complemented by good social support system which is lacking in Goa.

CONCLUSION

Domestic Violence is a common problem and the husbands are the commonest culprits. Although the exact chain of events that leads from a verbal communication to a violent incidence cannot be fully understood for the reasons that it happens behind the closed doors, what the other side of the coin looks like may be far from imagination. It would be interesting to explore male perceptions and analyse situations that compel males to physically hurt their spouses. Though it is not unlikely that the women could have responded in a manner biased towards them, physical abuse must be always condemned. Alternate strategies to resolve internal disputes need to be discussed with the prospective couples. Leaving the abusive relationship may not always be the best solution; it is worth a thought that if all the victimised women in the study had to quit then a quarter of marriages would have landed up with divorce. 'Deprivatisation' of domestic violence is critical with educational campaigns involving the mass media.

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