

# A cross-sectional study on women abuse in the urban areas of Bengaluru

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## Abstract

**Background:** Women abuse is one of the most significant social problems but least discussed due to taboos prevalent in India. Data regarding women abuse are very limited or most often unavailable due to the reluctance among women to disclose its presence.

**Objective:** To determine the prevalence of different forms of abuse among women in the age group of 15–45 years and to study the factors responsible for it.

**Materials and Methods:** This cross-sectional study was conducted among 350 women in the age group of 15–45 years in the urban areas of Bengaluru. The data were collected by house-to-house visit using a pretested and semi-structured questionnaire administered to the eligible participants. Descriptive statistics and tests of significance were used in the analysis of data using Epi Info, version 7.

**Result:** Prevalence of abuse was 12.6% with majority suffering from physical violence (93.1%). Majority of the abused women were Hindus (81.8%), belonging to middle class (52.3%) and living in nuclear families (70.5%). Most common reason for abuse was back answering by the victim (40.9%), with slapping being the most common form. Significant association with women abuse was found only in contribution of the women to the family income ( $p < 0.05$ ), the husband's educational status ( $p < 0.05$ ), and the witnessing of violence in the woman's parental house ( $p < 0.000$ ).

**Conclusion:** Women abuse is prevalent in the urban areas with various sociodemographic factors responsible for its occurrence.

**KEY WORDS:** Women abuse, violence against women

*There is one universal truth applicable to all countries, cultures and communities: Violence against women is never acceptable, never excusable, never tolerable.*


Ban Ki Moon

## Introduction

Violence against women (VAW) is the most pervasive of all human rights violations. It affects the life of millions of women in all socioeconomic and educational classes. It cuts across cultural and religious barriers, impeding the right of women to participate fully in the society. In the present times, it is being viewed as a public health problem of epidemic proportions.

The 1993 Declaration on the Elimination of Violence Against Women of the United Nations General Assembly defined women abuse as "Any act of gender-based violence that results in or is likely to result in physical, sexual, or psychological harm or suffering to women, including threats of

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such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life.” This definition includes all forms of VAW over the entire life cycle. Some forms of violence tend to be specific to a life-cycle stage such as female feticide through sex-selective abortion, female infanticide, and female genital mutilation. Few others cut across all ages.<sup>[1]</sup>

Global and regional estimates on VAW published by the World Health Organization (WHO) state that one-third of women have experienced physical or sexual abuse by intimate partners or non-partners in their lifetime, and the prevalence is highest in Southeast Asian region.<sup>[2,3]</sup> The prevalence of women abuse has been found to be 21% in India according to the United Nations data.<sup>[4]</sup>

Risk factors for VAW include low levels of education, exposure to child maltreatment, witnessing family violence, antisocial personality disorder, harmful use of alcohol, suspect of infidelity, and attitudes of accepting violence and gender inequality.<sup>[5]</sup>

VAW is not a new phenomenon nor are its consequences on women’s physical, mental, and reproductive health. It includes injuries that could be fatal; unintended pregnancy; induced abortions; low birth weight; sexually transmitted infections such as human immunodeficiency virus; and mental health disorders such as depression, anxiety, and suicides. Children growing in such environment may suffer from a range of behavioral and emotional disturbances.<sup>[3]</sup> One of the main causes why VAW prevails and continues is the lack of alternatives among the victims. The victims keep hoping for improvement, but it is observed that violence only gets worse.

Women abuse has been a subject of taboo and an issue widely silenced. Women are reluctant to disclose details regarding the abuse. Hence, data regarding the same are meager or fall short of the actual proportion of truth. Studies have also shown that women who have experienced abuse are more likely than women who are not abused to seek health care even if they do not disclose the violence. Even though VAW is more often regarded as a social, criminal justice problem than a clinical or a public health issue, health-care professionals are in a unique position to create safe and confidential environment so as to facilitate disclosure of violence and provide appropriate support.<sup>[6]</sup> The WHO guidelines for health sector response to VAW emphasize on the need to integrate these issues in undergraduate curricula for all health-care providers. The WHO has also enlisted five key actions to be taken by governments to address this issue. First, governments must allocate necessary resources to address it as a priority and recognize it as a barrier to health and development. Second, change laws and policies that perpetuate gender inequality and foster violence. Third, strengthen the role of health, security, education, justice, and other relevant sectors by implementing policies for prevention and response toward VAW. Fourth, invest in promoting non-stigmatizing support for survivors. Fifth, support research and programs to learn what interventions are effective to tackle this issue.<sup>[5]</sup>

The objectives for the study included the following:

1. To estimate the prevalence of types of abuse among women in the age group of 15–45 years.

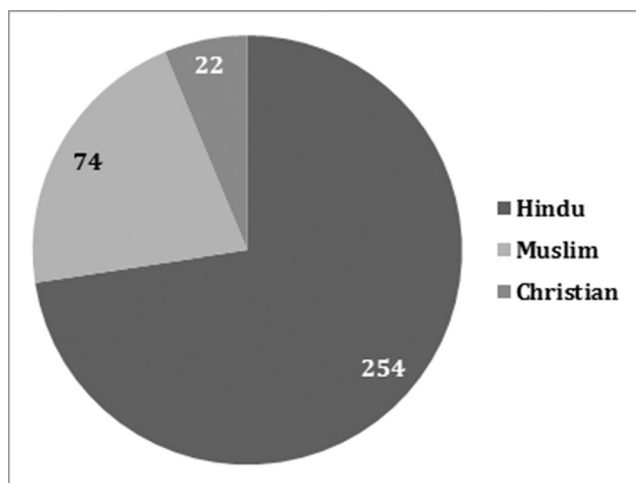


Figure 1: Religion-wise distribution of women.

2. To determine the factors that lead to abuse.
3. To ascertain women’s attitude and response regarding abuse.

## Materials and Methods

This cross-sectional study was conducted from January to June 2014 among 350 women in the age group of 15–45 years residing in the urban areas of Bengaluru, Karnataka, India.

Women in the age group of 15–45 years, residing in the urban field practice area at the time of the survey, and those who were willing to participate were included in the study. However, nonrespondents who were had any critical illness or neurological disorders and women who could not be interviewed due to the lack of privacy were excluded.

Systematic random sampling method was used. The area was divided into four sectors. Subjects were selected proportionately from all the four sectors in the area. The total number of households in the area was 3,500. So 10% of the total households were chosen. Sampling interval was set at 10, i.e., every 10th household was selected till all the 350 samples were collected. Only one participant from each household was chosen to avoid duplication of data.

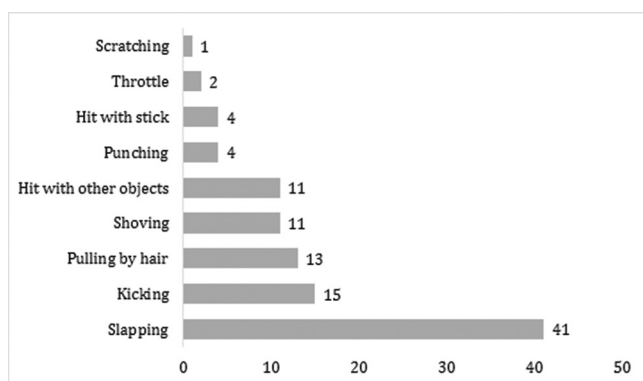
Ethical clearance was obtained. Informed consent was obtained from the participants. The data were collected by house-to-house visit. A pretested and semi-structured questionnaire was administered to the eligible participants. The questionnaire contained details regarding sociodemographic factors, type of abuse, factors leading to abuse, and the woman’s view on the same. Personal interview method was used. Data were entered in Microsoft Excel sheet and analyzed using Epi Info, version 7.

## Statistical Analysis

Descriptive statistics and  $\chi^2$ -tests were used, and the data are presented in tables and figures.

**Table 1:** Frequency of reasons for violence among abused women

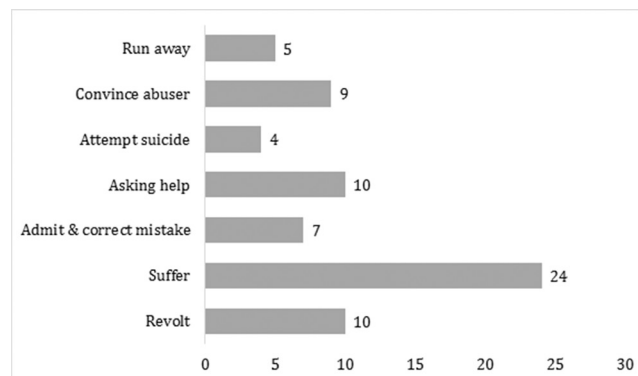
Reason for violence	Frequency
Back answering	18
Disobeying	13
Dowry	9
Abused woman coming late from work	8
Poverty	7
Intoxication of the abuser	6
No male child	4
Relationship with other women	4
Mistakes in kitchen	4
Provocation by in-laws	2
Bedridden inmate	1

**Figure 2:** Characteristics of violence against women.

## Results

Among the 350 women surveyed, 254 (72.6%) were Hindus, 74 (21.1%) were Muslims, and 22 (6.3%) were Christians as shown in Figure 1. Of the women surveyed, 30% (105) were illiterate. Also, 44.8% of the women surveyed belonged to the middle class and 15.4% to the lower class according to BG Prasad classification. Dowry was given by only 17.1% (60) of the ever married females in the survey. About 95.1% (333) of the women were married, 1.4% (5) were unmarried, and 3.4% (12) were widows. Consanguinity was present in 36% (126) of the ever married women in our study. The major type of family was nuclear, accounting for 74% (259) followed by joint family accounting for 26% (91). Regarding family planning, among the 70.3% (246) who adopted family planning methods, tubectomy was the major method accounting for 59.7% (209). The main reason given for incomplete family was the requirement of another child (14.3%; 50). The next common reason was anticipation for a male child (8.9%; 31). Of the women surveyed, 24% (84) had witnessed violence in their families.

The prevalence of women abuse was 12.6% (44). Among these, 93.18% (41) suffered physical violence and the

**Figure 3:** Response of women to violence.

remaining 6.72% (3) suffered from verbal abuse. About 91% (40) of women claimed they were abused in the domestic environment and the rest 9% (4) said that they were abused in public. Among the women abused, 36 (81.8%) were Hindus, 5 (11.3%) were Muslims, and 3 (6.9%) were Christians. About 47.7% belonged to the lower socioeconomic status and 52.3% belonged to the middle class. About 70.5% (31) of the women, who were subjected to violence, belonged to nuclear families and the rest of them (29.5%) to the joint families.

Table 1 shows that the most common reason for subjection to violence was back answering (18) followed by disobeying (13), dowry (9), poverty (7), intoxicated state of husband (6), having no male child (4), relationship of the husband with other women (4), mistakes in the kitchen (4), provocation by in-laws (2), abused woman coming late from work (8), and presence of bedridden patient at home (1). Among the 44 women abused, 29 (65.9%) said that the assailants were intoxicated at the time of the episode. More than half of the women gave history of multiple episodes (>10) of abuse in the past 1 year.

The most common characteristic of abuse was slapping (41). The others included kicking (15), pulling by the hair (13), shoving (11), hitting with objects (11), punching (4), hitting with stick (4), throttling (2), and scratching (1), as shown in Figure 2.

Regarding the perception of these women, the most common response was suffering the abuse (24). The rest included revolt (10), convincing the abuser (9), asking for help (10), running away (5), admitting and correcting mistakes (7), and attempting suicide (4), as shown in Figure 3.

Regarding the steps that would help to curb the violence, 32 women opined that education in women, 20 felt that female employment, 8 considered that deaddiction of the assailant, 7 voiced that the need for a local women's group, 2 believed that in having another male child, and 4 opined that the need to change their behavior and adjust to the situation would help in this direction, and five of the women did not know how they could prevent it.

Using  $\chi^2$ -test, significant association with women abuse was found with the following factors: contribution of the woman to the family income ( $p < 0.05$ ), the husband's educational status ( $p < 0.05$ ), the witnessing of violence in the woman's parental house ( $p < 0.05$ ), and alcoholism of spouse ( $p < 0.05$ ). No significant association was found between subjection to violence and dowry or socioeconomic status or having a male child.

## Discussion

This study showed the prevalence of women abuse to be 12.6%, which is comparable with the National Family Health Survey 3, where the prevalence was 15% in the urban area of Karnataka.<sup>[7]</sup> No association was found between women being abused and their age, socioeconomic status, or religion. Also, no correlation was found between the per capita income of the family and the prevalence of abuse, similar to the study conducted by Sarkar<sup>[8]</sup> in West Bengal on prevalence of domestic violence. Husbands were the perpetrators of violence in most of the instances. About 65.9% (29) of the women reported that the perpetrator was intoxicated during the act of violence. About 54.54% of women reported tolerating and 22.72% reported revolt and asking for help as a means to cope with the violence. This is similar to the study conducted by Sarkar<sup>[8]</sup> in West Bengal. No significant association of violence was found with the sample variables, which is similar to the study conducted by Swahnberg et al.<sup>[9]</sup> in Sweden. Significant association was found between the violence and the woman earning income, which is substantiated by a study conducted in Ile Ife, Nigeria.<sup>[10]</sup> The study showed the need for further encouraging women to be independent and for women empowerment.

## Conclusion

VAW is prevalent in our community with various sociodemographic and economic factors influencing the occurrence.

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