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# Study of Domestic Violence against Married Women in Western Maharashtra of India

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#### Author's contribution

The sole author designed, analyzed and interpreted and prepared the manuscript.

#### Article Information

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## ABSTRACT

Violence within home is comprehensive across the culture, religion, class and ethnicity. Despite this widespread presence, it has remained poorly acknowledged and concealed. Its ramifications are more complex and its intensity, much greater in India. Domestic violence includes physical, sexual, psychological insults/ assaults, and economic control. Though violence against women is well understood, research on domestic violence is quite a new trend in India. Many studies undertaken during 1980s-1990s have underreporting of domestic violence.

Aim: To study the magnitude of domestic violence against married women.

**Objectives:** To find out the prevalence of domestic violence against married women, types of domestic violence and perpetrators of violence at domestic level.

**Materials and Methods:** This cross-sectional, qualitative study was conducted in rural and urban field practice areas of Krishna Institute of Medical Sciences, Karad, Maharashtra, India. All married women of age 15-49 years, from each household were selected, agreeing voluntarily to participate in this study. A total 455 of women could be interviewed.

**Data Collection:** The data was collected by using Semi-structured questionnaires. Questions were posed to get their experience to a specific act of violence during their life time as well as during last twelve months. The data was analysed by using SPSS Version 20.

**Results:** The lifetime prevalence of overall violence in urban respondents was 68.7% and in rural respondents 59.3%. Most common lifetime violence observed was psychosocial and economical followed by physical violence & least common was sexual violence. Husbands and mothers in law were commonly reported as perpetrators. Considering the observations of the study, it is recommended that, there is a need to bring about the attitudinal change among the women to be aware of their rights and live with dignity with respect.

Keywords: Domestic violence; violence against women; Physical violence; psychosocial abuse; sexual abuse.

#### **1. INTRODUCTION**

Violence against women is prevalent in every country in the world and is one of the leading causes of morbidity for women. One of the most pervasive forms of violence against Women is domestic violence. According to the United Nations, domestic violence is, "the most common form of violence experienced by women globally" and can lead to serious health concerns for women and even death [1].

Violence against women within the family is a global phenomenon. However, its ramifications are more complex and its intensity much greater in India. The tradition of dignity of household and maintenance of privacy has kept this violence against women hidden from scrutiny. In domestic violence women experience multiple and overlapping physical, sexual, psychological assault, cultural and economic discrimination. The World Health Organization has defined domestic violence as, "The range of sexually, psychologically and physically coercive acts used against women" [2].

The phenomenon of violence against women within the family is very complex. Women are not only victimized by their husbands but also by members of both the natal and marital homes. In India, 45% of Women are slapped, kicked or beaten by their husbands. India also has a highest rate of violence during pregnancy. Of the women reporting violence, 50% are kicked, beaten or hit when they are pregnant. More than two-third victims (74.8%) domestic violence have attempted to suicide [3].

To investigate domestic violence as a study subject is a relatively unfamiliar situation in India. There have been attempts from the late 1980s mainly through the work of the Women's organizations. Many studies have been undertaken, especially during 1980s-1990s. But most of the studies have suffered from underreporting of domestic violence. This under reporting may occur purposely or in an unintended manner as women themselves are unable to perceive several acts of their own husbands and the marital family members as a form of violence and also due to fear of reprisal from husband [4]. This study was attempted to find out the magnitude, types and perpetrators of domestic violence in an urban and a rural community of western Maharashtra.

## 2. MATERIALS AND METHODS

This study was undertaken in rural and urban field practice areas of Krishna Institute of Medical Sciences University, Karad. From urban and rural field practice area all women from each household were selected by applying inclusive and exclusive criteria at the time of survey, and those agreeing voluntarily to participate in this study were enrolled in the present study. Out of 463 women identified, total 455 women could be interviewed, 246 women were from urban health training centre, field practice area and 209 from rural health training centre, field practice area. Interview was carried out to find out the prevalence of domestic violence, various types of violence & the family members involved in abusing the women.

#### 2.1 Inclusive Criteria

Married women belonging to age 15-49 years and permanent resident of the study area.

#### 2.2 Exclusive Criteria

Women not willing to participate or those who want to quit during the process of interview.

#### 2.3 Ethical Issues

Individual informed oral consent was obtained from all participants by explaining the purpose of the study before the interview started. All eligible women were informed that, they did not have to answer any question if they did not want to and they could withdraw from the participation at any point in the study. Privacy was maintained during the interviews. Interviews took place in a private place in or outside the respondents' home and care were taken to avoid presence of any other family/community members during these interviews. Participants were assured of the confidentiality of their participation as well as their responses.

#### 2.4 Data Collection

The data was collected by using semi-structured questionnaires. WHO questionnaire and various other questionnaires were used to develop the questionnaire suitable to the study area [5-7]. Interviews were taken and answers were categorised in a semi-structured questionnaire. The questionnaire included items on demographic details & domestic violence experiences. To assess domestic violence exposure, women were asked several questions on various behaviours of violence. Questions were posed to get their experience to a specific act of violence during their life time as well as during last twelve months. All the eligible women from the study area were contacted by house-tohouse visit.

The women who gave positive response to lifetime domestic violence were further interviewed to study the four principal types of domestic violence namely physical, psychosocial, economical and sexual. The information was collected about perpetrators of domestic violence.

#### 2.5 Analysis

The data analysis was done using SPSS Version 20 to calculate proportion, Odds Ratio and its 95 percent confidence intervals (CI). A p value of less than 0.05 was considered as the level of significance.

#### 2.6 Observations

In the present study total 455 respondents (54% urban & 46% rural area) have been interviewed. Majority of respondents belonged to 21-30 (43.9% urban & 43.5% rural) years age group followed by 31-40 (31.3% urban & 32.5% urban) years of age in both areas. In urban area, more than half of the respondents (58.9%) were illiterate whereas in rural area, nearly 1/3rd (38%) were illiterate. Nearly 2/3rd respondents from both area (61.8% urban & 60.3% rural) were purely house wives. More than half (54.3%) of urban respondents belonged to lower-socioeconomic class whereas almost similar proportion of rural respondents (57.4%) were belonging to middle class. It was seen that, among 455 respondents, about 2/3rd respondents (64.4%) have experienced one or the other form of violence which was apparently more prevalent in urban (68.7%) than rural area (59.3%).

The lifetime prevalence of overall violence was observed significantly higher in respondents from urban area (68.7%) than the respondents from rural area (59.3%) with OR= 1.5 with a Confidence Interval of 1.023 to 2.213 (p= 0.0375). There were 77(31.3%) women from urban area & 85(40.7%) women from rural area who never had experience of any type of violence.

Most common lifetime violence experienced by women in urban as well as rural was psychosocial, economical followed by physical violence and least common was sexual violence, alone or in combination with other types of violence. Significantly higher lifetime prevalence of psychosocial violence (68.3%), economical violence (47.6%) and physical (47.2%) violence was reported by the respondents of urban area than the rural area (p=0.0375, p=0.0084 & p=0.0469 respectively). The risk of getting economical violence was 2.229 times more in urban area as compared to the rural area with Confidence Interval of 1.495 to 3.691. The sexual violence was reported least by the respondents of both the areas and difference was not statistically significant.

The prevalence of overall violence in previous 12 month was also reported higher by urban respondents (56.9%) than rural respondents (48.3%) though the difference was not statistically significant. Psychosocial violence was predominantly seen among respondents of both the areas (55.7% urban & 47.4% rural) but no significant difference was seen. Current prevalence of physical, economical and sexual violence was seen proportionately higher (33.7%, 39.8% and 8.5% respectively) in urban respondents than rural respondents (24.9%, 23.4% and 5.7% respectively), of which physical and economical violence was seen significantly higher and the risk of getting economical violence was two times (OR= 2.162) higher in victims of urban area than the rural area (Table 1).

Raje; BJESBS, 10(1): 1-10, 2015; Article no.BJESBS.17244

Most of the victims from both areas were suffering from the combination of two or more types of violence. Only economical or only sexual violence was not reported at all. Purely single type of violence like only physical (0.8% urban and 0.5 rural), only psychosocial (11.4% and 16.3%) violence occurred rarely in both areas. However only psychosocial violence was reported significantly higher by rural victims than urban (p=0.025). The combination of physical and psychosocial violence was also reported significantly higher (p< 0.001) by rural victims (11.5%) than urban (5.3%). Almost similar proportion of victims from both areas (7.3% urban, 6.8% rural) reported all four types of violence together. Other combinations of abuse physical-economical, reported were psychosocial-sexual, physical-psychosocialsexual and psychosocial-economical-sexual. Their proportion was very low and significant difference was not seen in urban and rural area (Table 2).

Most of the victims from both areas were getting abused by their own husbands (97% urban victims and 75% rural victims) followed by mothers in law (45.6% urban and 39.5% rural). A higher rate of violence by fathers in law was reported by urban victims than rural but no significant statistical difference was seen. Sisters in law, Co-sisters, sons, daughters in law were also seen in perpetration of violence in almost similar rates in both areas (Table 3).

Fig. 1 Shows, victims of psychosocial violence from both urban slum and rural area. The most common forms were insult in presence of others, demeaning and constant arguments. Threatening was observed predominantly among urban victims whereas disbelief and suspicion was more seen among rural victims.

Among economically abused, keeping economical resources away from the victims was the commonest in both urban and rural victims. Higher proportion of urban victims suffered from economical violence than rural victims. The victims were made to run home in less money, snatching away resources, non provision of basic needs and demanding money from parental family (Fig. 2).

Types of violence	Urban area (n=246) No (%)	Rural area (n=209) No (%)	χ2 value	p value	OR	95% CI
Life time: Over all	169(68.7)	124(59.3)	4.326	0.0375	1.505	1.023-2.213
Psychosocial	168(68.3)	124(59.3)	3.948	0.0469	1.476	1.004-2.170
Physical	116(47.2)	73(34.9)	6.956	0.0084	1.662	1.138-2.428
Economical	122(47.6)	64(30.6)	16.828	0.0001	2.229	1.515-3.279
Sexual	23(9.3)	14(6.7)	1.090	0.2900	1.443	0.7225-2.882
Current (12						
months) Over all	140(56.9%)	101(48.3)	3.343	0.0675	1.412	0.975-2.046
Psychosocial	137(55.7)	99(47.4)	3.135	0.0766	1.397	0.964-2.022
Physical	83(33.7)	52(24.9)	4.250	0.0392	1.537	1.020-2.317
Economical	98(39.8)	49(23.4)	13.884	0.0002	2.162	1.436-3.256
Sexual	21(8.5)	12(5.7)	1.312	0.2520	1.532	0.735-3.195

Types of violence	Urban n=169	Rural n=124	χ2 value	P value	
Only physical	2(0.8)	1(0.5)		1	
Only psycho-social	28(11.4)	34(16.3)	5.048	0.025	
Only economical	(0)	0(0)			
Only sexual	(0)	0(0)			
Physical & psycho-social	13(5.3)	24(11.5)	36.843	<0.0001	
Physical & Economical	1(0.4)	0(0)		1	
Psycosocial & sexual	1(0.4)	0(0)		1	
psycho-social & economical	21(8.5)	18(8.6)	0.271	0.603	
Physical, psycho-social & economical	81(32.9)	33(15.8)	13.672	0.0002	
Physical, psycho-social & sexual	3(1.2)	1(0.5)		0.640	
Psycho-social, economical & sexual	1(0.4)	0(0)		1	
All	18(7.3)	13(6.8)	0.002	0.963	

Abusers	Urban n=169	Rural n=124	χ2 value	P value
Husband	164(97)	93(75)		<0.0001
Mother in law	77(45.6)	43(39.5)	3.068	0.789
Father in law	25(14.8)	12(9.7)	1.264	0.261
Sister in law	9(5.3)	7(5.6)	0.014	0.905
Co-sister	9(5.3)	11(8.9)	0.911	0.340
Son	6(3.6)	1(0.8)		0.245
Daughter in law	7(4,1)	8(6.5)	0.785	0.376

Table 3. Distribution of victims according to abusers\*

\*This includes all types of violence done alone by the abuser or jointly with other abusers

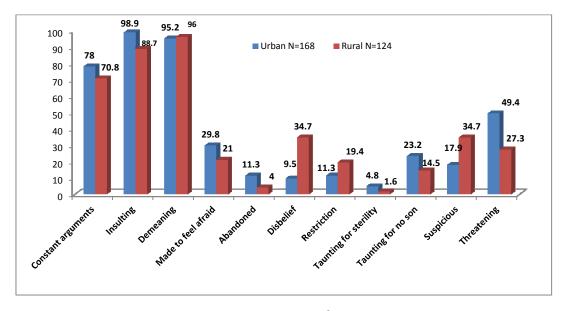


Fig. 1. Types of psychosocial violence ( $\chi^2$  =122.34, df=10, p<0.0001)

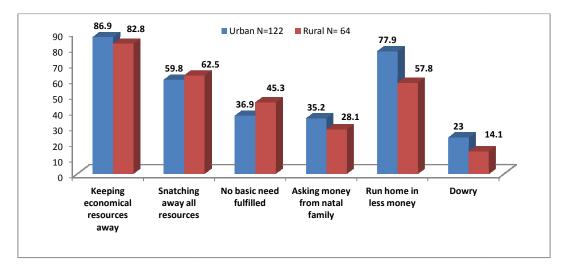


Fig. 2. Types of economical violence: ( $\chi^2$ =4.574, df=5, p=0.4700)

Beating, slapping, hitting, kicking were very commonly observed among both urban and rural victims. (Fig. 3) Whereas weapon injury and chocking were significantly higher among urban victims. However branding was much higher in rural victims.

In both urban and rural area most of the victims suffered from comments by husband and/ or in laws, related to exposition of body parts by the respondents, derivation of wrong meaning by the husbands was seen when reluctance was shown occasionally by the wives for sexual relations and the sex was forced by the husbands of the victims. Injury to the sex organs was found little higher in rural victims. However no significant difference of sexual violence was seen between urban & rural victims (Fig. 4).

#### 3. DISCUSSION

Women in every country irrespective of the class, culture and political development face violence on the street or within homes. Violence against women in the family is deeply embedded and is due to the low status of women, in spite of the constitutional and human rights guaranteed to women in most countries of the world today.

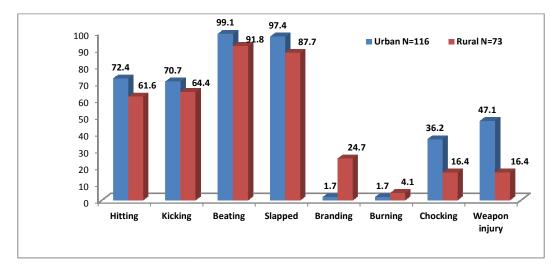


Fig. 3. Types of physical violence: ( $\chi^2$  =112.26, df=7, p<0.0001)

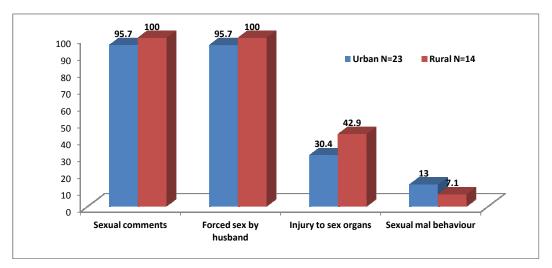


Fig. 4. Types of sexual violence: ( $\chi^2$ =0.604, df=3, p=0.8956)

WHO study reported, violence against women is rampant in many countries [8]. It is very much prevalent and wide-ranging from 3.1% in Georgia to 78% in of Ethiopia. High violence rates are found in countries like Bolivia 47.2% [9], Central and Eastern Europe/CIS/Baltic State of Estonia 52% [8], Liberia Montserrado County 54.1% & Liberia N County 55.8% [10], Iraqi Kurdistan region 58% [11], south eastern North Carolina 76.3% [12], North western Ethiopia 78% [13]. The low violence rate are Republic of Georgia 3.1% [14], Canadian military personnel 9.6% [15], among Hispanic women 10.9% [16], in Rural Hispanics 14.5% [17], Norway 16.7% [18], Slovenia 17.1% [19], Spain 18% [20], Ankawa Iraq 18.8% & Erbil Iraq 20.8% [21], Toronto, Canada 22% [22], Nigeria 22% [23] & Sweden 23.2% [24], Sub Saharan Africa 26.8% [25].

India lies in the countries with high prevalence of domestic violence (51.8% to 60.1%) [26]. In Indian subcontinent, violence against women is very common. Bangladesh (14.5%- 48.2%) [27,28], Nepal (31.3% - 58.3%) [29,30] are the countries which have a higher rate of women abuse. In India there are many studies showing variation in rate of violence against women from 3.8% in the state Himachal Pradesh [31] to 63.9% in Mumbai Mahatashtra [4]. High prevalence states of India are West Bengal (51.8%), Jharkhand (58.9%), Orissa (60.7%) [26], and a low prevalent is observed in Rural West Bengal of 23.4% [32]. The result of current study, 64.2% (68.7% urban & 59.3% rural area) is comparable with other Indian studies which have reported high rates of violence. However the overall violence found significantly higher among urban respondents than the rural respondents. This difference may be due to existing poverty and illiteracy in urban field practice area.

From various studies it is found that women's status in the family is believed to be secondary to the men may be because women are considered incapacitated. Generally women are inferior to the husband by the age, height and also physique. Traditionally a woman has to leave her parent's house, change the family name and stay with husband and very often with his family. Very often the bride's parents have to pay dowry. After marriage women are liable to various stress factors in in-laws house because of the sentimental and sensitive nature of and they have to handle the relation with strange and varied people in marital home.

#### 3.1 Types of Violence

Most commonly reported lifetime violence is psychosocial violence from various countries (Erbil Iraq 32.4% [21] Uganda 41.4% [33], Iraqi Kurdistan region 52.6% [11], Sub sharan Africa 65.3% [25], Ethiopia 73.3% [13], Norway 83% [18], Spain, Europe (76.6% 20). Low rates of psychosocial violence has been reported by the countries Brazil (19.11%) [34] & Bolivia (21.1%) [9] nearly similar with Indian subcontinent (29.2%) [35]. In India the rate of psychosocial violence is ranging from 37% to 52.3% [26,36,37]. Many states in India have reported high psychosocial violence Orissa: 52.5%, Jharkhand: 54.5% [26], W. Bengal 50.6%-85.71% [26,38].

The next commonly reported form of violence is physical violence. Countries reported physical violence against women are United Kingdom 25%, United States 28%, Norway and Canada 29%, Israel 32%, Zimbabwe 32%. Among Middle East: Egypt 35% Korea 38%, African countries, Kenya 42%, Uganda 41%, In Latin America and the Caribbean countries, Chile 26%, Mexico 30%, Tajikistan23% (aged 18-40) [8,18], Iraqi Kurdistan region 38.5% [11], Norway 29% [18], Uganda 31.3% [33], Latin America and the Caribbean: Nicaragua 52%, Japan: 59%, Sub Saharan Africa 54.3%, Ethiopia 58.4%, Poland 60% (divorcee) [8,13,25]. The least rate of physical violence have been reported by Brazil (6.5%) [34] and Bolivia (6.9% to 19.2%) [9]. In Indian subcontinent, Bangladesh has reported 46.6% to 48.2% [28] and Maldives 18% [35] of physical violence. In India 35.1% to 40.3% [26,36], Rural India 34.3% [39], Rural Goa 32.2% [40], Uttar Pradesh 45% [8], In North India: 25.5% to 40.3%, Central India 29.2% to 44%, Eastern India. 32.7% to 34.7%. In Northeast India, Arunachal Pradesh 37.5%, Assam 36.7%, Western India, Gujarat 25.7 %, Maharashtra 30.6%, In western Maharashtra, physical violence reported is very higher (61.5%) of which slapping act of physical violence (98.8%) is almost similar to the current study. [41] In South India; Andhra Pradesh 35.0%, Tamil Nadu 41.9%, Bangalore 40.9%, Gwalior Madhya Pradesh 30.9%, and East: Bihar 55.6% [31,42,43].

The sexual violence has been reported from minimum rate of 6.7% of Maldives to highest 73.8% in Liberia Nimbi country [8,10,13,18,20,25,28-30,33,35]. In India sexual violence has been reported from 35% to 61% and it is seen to increase with increasing Socioeconomic status.3 States of Orissa (32.4 %), Jharkhand (27.4%), West Bengal (57.14%) from Eastern India have reported higher rate of sexual violence [26] than the current study (Urban 13.6% and Rural 11.3%).

Very few studies have been focused on economical violence which itself is the cause for other types of violence. Dowry related cruelty has been reported by many Indian studies from 9.09% to 61.11% [32,38,40]. However in 2008 only 7.1% of dowry related crimes have been registered in India. Highest registrations are from Andhra Pradesh, Rajasthan, Kerala and Assam (from 11.5% to 12.5%) whereas least from Tamil Nadu and Jharkhand (2.5% and 2.8% respectively) [44].

Among the psychosocial violence most commonly experienced abuse are insulting (43.2% to 91.11%) [13,26,32,36,38,45] and threatening (10.5% to 75.55%) [13,26,38]. Beating (18.18% to 65.2%), [3,26,32,36,45] slapping (29.6% to 89.33%), [13,27,31,32,36,38] kicking (17% to 72%) [36,38] are the common physical type of violence whereas forceful sex by the husband (19% to 58.4%) [13,26,38,45] are most commonly reported sexual violence.

## **3.2 Perpetrators of Domestic Violence**

Most of the studies have focused on violence in intimate relationship however very few studies have reported abusive act by other perpetrators like mothers in law, fathers in law and other members of the family. Most prevalent perpetrator has been husband as recognized in the present study similar to other Indian studies (21.6% to 72.73%) [4,32,45] followed by mothers in law as perpetrators (20.7% to 40%) [4,45]. The current study area is a township, semi urban area mainly surrounded by rural area. The joint family system is still prevalent so abuser other than husband is very common.

#### 4. CONCLUSION AND RECOMMENDA-TIONS

Considering the observations of the study it is concluded that, domestic violence is overlooked in many homes. The act of domestic violence can vary in different forms from hitting to biting, restraining, slapping, throwing objects, kicking, threatening, controlling, intimidation, stalking, passive/covert abuse, economic deprivation, emotional abuse, endangerment, imprisonment, stalking, harassment and so on. The most responsible person in the family usually holding the place of head of the Traditional Indian families are husbands and mothers in law, found to be most commonly involved in abusing women at home.

There is a need to bring about the attitudinal change among the women to live their life with dignity and respect. This can be brought about by educational change and creating awareness in general population and women in particular about rights of women.

#### **COMPETING INTERESTS**

Author has declared that no competing interests exist.

#### REFERENCES

- 1. United Nations. Ending violence against women: From Words to Action. United Nations; 2006.
- Michael A, Koenig R, Stephenson S, Ahmed SJ, Jejeebhoy J Campbell. Individual and contextual determinants of domestic violence in North India. American Journal of Public Health. 2006;96(1):132-138.
- Swapna Majumdar. In India, Domestic violence rises with education: Internet: Run Date 11/06/03: Download; 2006.
- 4. Khot A, Menon S, Dilip TR. Domestic violence: Level, correlates, causes, impact and response. A Community based study of married women from Mumbai: Cehat. 2004;62.
- The WHO Multi-country study on women's health and domestic violence: A practical guide for research and activities researching violence against women. WHO. 2005;231-257;
- Thompson MP, Basile KC, et al. Measuring intimate partner violence victimization and perpetration: A compendium of assessment tool. Centres for Disease Control and Prevention; Atlanta Georgia; 2006.
- Nelson HD, Christina B, Ian B. Screening women for intimate partner violence: A systematic review to update the US. Preventive Services Task Force Recommendations: Annals of Internal Medicine. 2012;156(11):796-808.

- WHO. Multicountry study on women's health and domestic violence against women: Geneva: WHO; 2007.
- 9. Meekers, et al: Intimate partner violence and mental health in Bolivia: BMC Women's Health. 2013;13:28.
- 10. Stark L, et al. Measuring the incidence & reporting of violence against women & girls in Liberia using the 'neighborhood method': Conflict and Health. 2013;7:20.
- 11. Al-Atrushi HH, et al. Intimate partner violence against women in the Erbil city of the Kurdistan region, Iraq. BMC Women's Health. 2013;13:37.
- Yeoun Soo Kim-Godwin, Jane A. Fox: Gender differences in intimate partner violence & alcohol use among latinomigrant & seasonal farm workers in Rural Southeastern North Carolina. Journal of Community Health Nursing. 2009;26(3): 131–142.
- Semahegn A, et al: Domestic violence and its predictors among married women in reproductive age in North Western Ethiopia. Reproductive Health. 2013; 10:63.
- Waltermaurer E, et al. An examination of domestic partner violence & its justification in the Republic of Georgia. BMC Women's Health. 2013;13:44.
- 15. Zamorski, Wiens-Kinkaid. Cross-sectional prevalence survey of intimate partner violence perpetration and victimization in Canadian military personnel. Public Health. 2013;13:1019.
- Chen P-H, Rovi S, Vega M, Jacobs A, Johnson MS. Screening for domestic violence in a predominantly Hispanic clinical setting. Family Practice. 2005;22: 617–623.
- Chen PH,.et al: Costs effectiveness of domestic violence screening in primary care settings. A Comparison of 3 Methods: J Community Med Health Educ. 2013;3:7.
- Sorbo MF, et al. Prevalence of sexual, physical and emotional abuse in the Norwegian mother and child cohort study. Public Health. 2013;13:186.
- Selic P, et al. How many Slovenian family practice attendees are victims of intimate partner violence? A re-evaluation crosssectional study report. Public Health. 2013; 13:703.
- 20. Ulla Diez, et al. Prevalence of intimate partner violence and its relationship to physical and psychological health indicators. International Journal of Clinical

and Health Psychology. 2009;9(3):411-427.

- AI-Tawil. Association of violence against women with religion & culture in Erbil Iraq: a cross sectional study. BMC Public Health. 2012;1471-2458.
- 22. Farah Ahmad, et al. Computer-assisted screening for intimate partner violence and control a randomized trial. Ann Intern Med. 2009;151(2):93-102.
- 23. Antai, Adaji. Community-level influences on women's experience of intimate partner violence and terminated pregnancy in Nigeria: A multilevel analysis. Pregnancy and Childbirth. 2012;12:128.
- 24. Nybergh L, et al. Self-reported exposure to intimate partner violence among women and men in Sweden: results from a population-based survey. Public Health. 2013;13:845.
- Zacarias AE, et al. Intimate partner violence against women in Maputo city, Mozambique. International Health and Human Rights. 2012;12:35.
- 26. Bontha V Babu, et al. Domestic violence against women in eastern India: a population-based study on prevalence and related issues. BMC Public Health. 2009; 9:129.
  - DOI: 10.1186/1471-2458-9-129
- 27. Sayed MA. Intimate partner violence against women: Experiences from women's focused development programme in Matlab, Bangladesh. Centre for Health and Population Research: J Health Popular Nutr. 2005;23(1):95-101.
- 28. Mosiur Rahman, et al. Intimate partner violence and use of reproductive health services among married women: evidence from a national Bangladeshi sample. Public Health. 2012;12:913.
- 29. Adhikari R, Tamang J. Sexual coercion of married women in Nepal. Women's Health. 2010;10:31.
- Puri M, et al. The prevalence and determinants of sexual violence against young married women by husbands in rural Nepal. Research Notes. 2012;5:291.
- 31. Kavitha VRS. Spousal domestic violence of married women in India. J Sociology Soc Anth. 2012;3(1):7-13.
- Sarkar M. A study on domestic violence against adult and adolescent females in rural area of West Bengal. Indian Journal of Community Medicine. 2010;35(2):311-315.

Raje; BJESBS, 10(1): 1-10, 2015; Article no.BJESBS.17244

- Kouyoumdjian. Risk factors for intimate partner violence in women in the Rakai Community Cohort Study, Uganda, from 2000 to 2009. Public Health. 2013;13:566.
- Audi CAF, et al. Violence against pregnant women: Prevalence and associated factors. Rev Sande Publica. 2008;42(5).
- 35. Emma Fulu. Domestic violence and women's health in Maldives. Regional Health Forum. 2007;11(2):25-32.
- Domestic violence in India: A summary of a Multi-site household survey. Introduction: International Center for Research on Women: Washington, DC. 2000;5-9.
- Mahapatro M, et al. The risk factor of domestic violence in India. Indian Journal of Community Medicine. 2012;37(3):153-157.
- Bhattacharya A. Domestic violence: A hidden and deeply rooted health issue in India. South East Asia Journal of Public Health. 2013;3(1):17-23.
- Dasgupta A. Impact of intimate partner violence & husband's alcohol use on married women's condom & other contraceptive use in rural India International Conference on Family Planning Addis Ababa, Ethiopia; 2013.

- 40. Kamat U. A cross-sectional study of physical spousal violence against women in Goa: Healthline. 2010;1(1):34-40.
- Ruikar MM, Pratinidhi AK. Physical wife abuse in an urban slum of Pune, Maharastra. Indian Journal of Public Health. 2008;52(4):215-217.
- Krishnan S. An intergenerational women's empowerment intervention to mitigate domestic violence: Results of a Pilot Study in Bengaluru, India: Sage Publications. 2012;18(3):346–370.
- 43. Mishra A. A Cross-sectional study to find out the prevalence of different types of domestic violence in gwalior city and to identify the various risk and protective factors for domestic violence. Indian Journal of Community Medicine. 2014;39(1).
- 44. Ghosh B. Legal protection against domestic violence in India. Scope & limitations: J Fam Viol. 2011;26:319–330.
- 45. Yugantar Education society: A Research study report: A study on nature, incidence, extent and impact of domestic violence against women in the states of Andhra Pradesh, Chhattisgarh, Gujarat, Madhya Pradesh and Maharashtra: Planning Commission, Govt. Of India, New Delhi; 2011.

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