

ORIGINAL ARTICLE

‘Violence against Women’: Evidence from a Cross Sectional Study in Urban Area of North Bengal**Kuntala Ray^{1*}, Manasi Chakraborty¹, Hironmoy Roy², Saibal Gupta³ and Indrajit Banerjee⁴**

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Abstract: *Background:* Violence against women has emerged as the most pressing and intractable social problem across regional, social and cultural boundaries; with long term impact on physical, sexual, social health and mental well being. *Objectives:* The study was carried out to estimate the prevalence of different types of ‘life time’ violence against women (VAW) among women of reproductive age group, and to find out specific violent behaviour as well as to identify the related consequences of the affected women and help seeking following violence. *Methodology:* A cross-sectional observational study was undertaken by interviewing 284 women of reproductive age group residing in two urban wards under Siliguri Municipal Corporation with a pre-designed and pre-tested schedule. Data was analysed by simple proportion. *Results:* out of 284 women 52.1% had ever faced physical violence. The most common form of violence was slapping, kicking, choking, and punching followed by ‘insisted on knowing where she was at all times’ (48.9%). Among of 222 abused, 54.5% suffered from mental problem followed by 39.2% were experienced to physical injury. Only 4.9% consulted physician and 3.6% have reported to police. *Conclusion:* Little progress in reducing levels of violence may be achieved without significant changes in prevailing individual and community attitudes toward violence.

Keywords: ‘Violence against women’, domestic violence, reproductive age group

Introduction

Violence is the ultimate expression of brutal instinct of mankind. ‘Gender based violence’ is a big burden to our society which has its existence in every corner of world cutting across the boundary of culture, class, education, income, ethnicity, religion and age. The United Nations Declaration on the elimination of ‘Violence Against Women (VAW)’, General Assembly in 1993 defined VAW as-“Any act of gender based violence that result in or is likely to result in physical, sexual, psychological harm or suffering to women including threat of such act, coercion or arbitrary deprivation of liberty whether occurring in public or private life” [1].

‘Violence against women’ is one of the crucial social mechanisms by which women are forced into a subordinate position compared with men. VAW is often a cycle of abuse that manifests itself in many forms throughout their lives.

'Intimate-partner-violence' includes acts of physical aggression, sexual coercion, psychological/ emotional abuse and controlling behaviours by a current or former partner or spouse [2]. Violence against woman occurs in all socioeconomic and cultural population; and in different societies, including India, but women are socialized to accept, tolerate, and even rationalize to remain silent about such experiences. In India, the greatest democracy in the world though today presided by a lady, the persistence of the problem has much to do with the fact that most of these physically & psychologically harmful customs are deeply rooted in the tradition & culture of society. According to National Crime Record Bureau, India there are- one dowry death in every 78 hrs, one act of sexual harassment in every 59 min, one rape every 34 min, one act of torture every 12 min and almost one in every three married women experienced domestic violence [3].

Though the prevalence of VAW is much high in India and women are not agreed to disclose the fact they consider confidential and intimate. So it is often difficult to conduct a research on VAW. Since most of the studies were done among rural women of low socioeconomic background, so there is little literature on prevalence of VAW and predisposing factors in urban community in India, especially in northern part of West Bengal. In this context this present study is more or less a new endeavor to explore the prevalence of VAW in an urban community of Siliguri, the second most important grown city of West Bengal.

Objectives: This study is mainly built up on following objectives,

- (i) To estimate the prevalence of different types of 'life time' violence against women (VAW) among reproductive age group (15-44 years) with particular emphasis on physical, sexual, emotional and controlling behaviour.
- (ii) To find out specific violent behaviour towards the study population
- (iii) To identify the related consequences of the affected women and help seeking following violence.

Material and Methods

A community based cross sectional study was conducted from June '08 to March '09 in two urban wards of Siliguri Municipal Corporation among women of reproductive age group using systematic random sampling technique. For this necessary permissions were taken from concerned authorities. In absence of any previous study in both urban and rural area of Siliguri the prevalence of domestic violence in West Bengal in NFHS III was taken as the reference value. Considering the prevalence of domestic violence 41.8% [4], a confidence level of 95%, 15% relative precision and 10% non response rate, the sample size became 297.

A sampling frame of the above population was prepared with the help of urban health post and systematic random sampling was done to select the study subject. According to the sampling interval every 15th woman was interviewed in each ward. A semi-structured schedule for socio-demographic profile and violence was designed, pre-tested with the guidance from NFHS questionnaire and necessary modification was made where required.

The women who were seriously physically or mentally ill or visitor of that locality was excluded from this study. To get easy entry into the study field, assistance from a number of the health workers of those wards was taken. After establishing rapport and gaining trust from the respondent for maintaining the privacy of her responses, the interview was undertaken with proper informed consent. At the start of the violence part of the schedule, each of respondents was read a statement informing her that the questions going to be asked could be personal in nature because they explored different aspects of the relationship between couples. The statement reassured that her answers were completely confidential and would not be told to anyone else. The case definition of VAW was taken according to the United Nations Declaration on the elimination of VAW and different types were assessed on the basis of guideline used in WHO Multi-country study [5]. This present study was cleared by Ethics Committee of North Bengal Medical College and concerned authorities. Data was analysed using SPSS version 12.

Results

The study was conducted among women of reproductive age group between 15 to 44 years of age in urban area of Siliguri. Out of 297 women, 284 were participated in this study; the response rate was 95.6%. Majority of study population were aged in between 20-30 years (65.1%), with mean age 26.2 ± 6.2 years (Range 16-44). It is astonishing to note that almost every four out of five i.e. 78.2% women in reproductive age group, have experienced violence against them in either form. Over all 52.1% women had ever faced physical violence from their intimate partner followed by emotional and controlling behaviour (48.9%) and least from sexual violence (37.3%).

Type of violence	Frequency	Percentage
Physical violence	148	52.1
Sexual violence	106	37.3
Emotional violence	139	48.9
Controlling Behaviour	139	48.9

Table no.1 shows that women mainly suffered from physical violence (52.1%), followed by emotional and controlling behaviour (48.9%) and least from sexual violence (37.3%).

While depicting the frequency of specific acts of violence among women who reported recent physical, sexual, emotional violence in the last 12 months as well as lifetime experience The most common form of life time violence was slapping, kicking, choking, and punching the female respondent (52.1%) and most frequent form of recent violence was male partner became followed by 'suspicious that female spouse was unfaithful' (46.8%). Pressure for sex was most commonly seen in the study population ever experienced violence in the life time as well as in the last one year (Table no.2).

The consequence of violence is not mutually exclusive. Psychological problems were seen to be commonest consequences (54.5%) of VAW, followed by 40.9%, where women suffered from gynecological problem.

39.2% have suffered from physical injuries, 31.1% had obstetrical problem in their life-time. Only 1.8% faced social problem. Different physical injuries were very common (39.2%) as one of the important consequences of VAW. 1.8% of them had no way to have divorce and separation as tortures has gone beyond their limitation.

Type of violence	Women reporting violence	
	Ever N= 284	Last 12 months N= 119
<i>Physical Violence</i>		
▪ Slapping/kicking/choking/punching her	148 (52.1)	58 (20.4)
▪ Hurting with object	66 (23.2)	4 (1.4)
▪ Threading without object	50 (17.6)	6 (2.1)
▪ Threading to kill	11 (3.9)	2 (0.7)
▪ Throwing object to her	45 (15.8)	7 (2.5)
<i>Sexual Violence</i>		
▪ Pressure for sex	106 (37.3)	24 (8.4)
▪ Angry when not given	99 (34.8)	19 (6.7)
▪ Hurt for sex	25 (8.8)	8 (2.8)
<i>Emotional Violence</i>		
▪ Was insulted or made to feel bad about herself	139 (46.1)	79 (27.8)
▪ Was belittled or humiliated in front of other people	112 (39.4)	67 (23.6)
▪ Perpetrator had threatened to hurt someone she cared about	49 (17.2)	29 (10.2)
<i>Controlling behaviour</i>		
▪ Insisting on knowing where she was at all times	139 (48.9)	79 (27.8)
▪ Suspicious that she was unfaithful	133 (46.8)	89 (31.3)
▪ Restrict contact with her family	81 (28.5)	21 (7.4)
▪ Angry if she spoke with another man	114 (40.1)	58 (20.4)
▪ Ask permission before seeking health care for herself	82 (28.9)	33 (11.6)

- multiple response

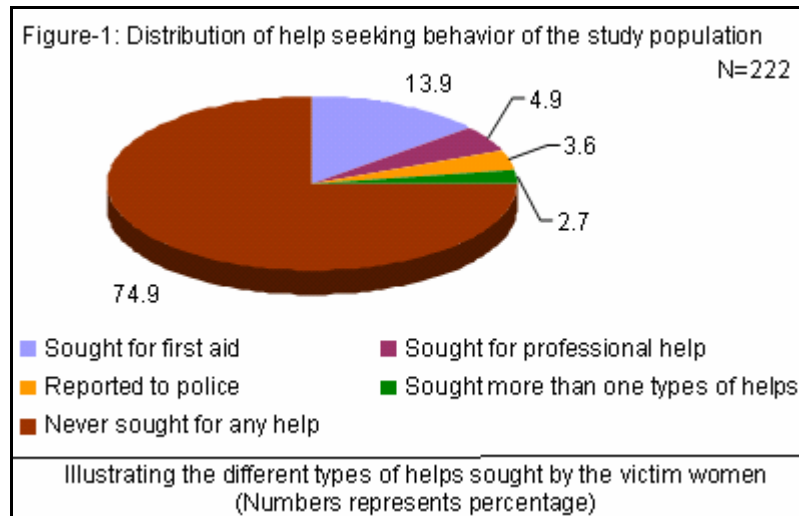
Table 2 shows the frequency of specific acts of violence among women who reported recent physical, sexual, emotional violence in the last 12 months as well as lifetime experience. The most common form of life time violence was slapping, kicking, choking, and punching the female respondent (52.1%) and most frequent form of recent violence was male partner became suspicious that female spouse was unfaithful.

On the other hand 27.4% have reported for per-vaginal discharge. 22.3% has so much dangerous sex-experience that dyspareunia was obvious to them (22.3%). 2.2% has also reported for frequent urinary infections along with burning sensations and pruritus. Unfortunately almost one-fourth of them had unwanted child (25.6%) due to repeated unprotected sexual exposure. 8.5% of them had undergone abortion either forcefully or as the consequences of physical torture to them. Almost for the same reason in 2.2% cases pregnant ladies had to face birth of the dead child (Table no. 3).

Table-3: Consequences as perceived by the women of reproductive age group in relation to violence occurred towards them N=222			
Consequences	Type	Frequency	Percentage
Physical problem	▪ In total	<u>87</u>	<u>39.2</u>
	▪ Cut	51	22.9
	▪ Fracture	3	1.3
	▪ Burn	8	3.6
	▪ Bruise	23	10.4
	▪ Swelling	5	2.3
Gynecological problem	▪ In total	<u>91</u>	<u>40.9</u>
	▪ Dysparaunia	45	22.3
	▪ P/V Discharge	61	27.4
	▪ Frequent UTI	5	2.2
Obstetrical problem	▪ In total	<u>69</u>	<u>31.1</u>
	▪ Unwanted child	57	25.7
	▪ Still birth	5	2.2
	▪ Abortion	19	8.5
Psychological problem	▪ In total	<u>121</u>	<u>54.5</u>
	▪ Low self esteem	45	20.3
	▪ Anxiety and fear	51	22.9
	▪ Anorexia	34	15.3
	▪ Post traumatic stress disorder	3	1.3
	▪ Suicidal tendency	3	1.3
Social problem	▪ Divorced/ separated	4	1.8

- multiple response

Above table depicts that, the psychological problems were seen to be commonest consequences (54.5%) of VAW, followed by 40.9%, where women suffered from gynecological problem. 39.2% have suffered from physical injuries, 31.1% had obstetrical problem. Only 1.8% faced social problem.



Three-fourth of the women faced violence in their life-time has never sought any help, who probably confessed their life to those untoward circumstances. Only 13.9% of them have reported for first-aid. 4.9% have consulted physicians or health workers for their different problems. A few of them (3.6%) have reported to police for proper justice and 2.7% have consulted to more than one office for their problems. (Fig.-1)

This study disclosed that in maximum cases women get victimized by their very near and dear ones. In 57.2% cases they were abused by their husbands. 16.2% women get harassed by their mother-in-laws. The most commonly cited reason for physical assault by the male partner negligence in child care and household work. Other common reasons were husband's alcohol consumption, disobeyed elder, excessive sexual urge.

Discussion

'Violence Against Women (VAW)' is a common reality in the lives of women and girls in many parts of the world, developing and industrialized countries alike. Around the world at least one woman in every three has been beaten, coerced into sex, or otherwise abused in her lifetime [6]. Violence against women in the society of developing countries like India is now beginning to be recognized as a widespread health problem impeding development. In this present community-based cross-sectional epidemiological study conducted in urban area of Siliguri, District Darjeeling of West Bengal, under the guidance from Department of Community Medicine and Department of Forensic & State Medicine, North Bengal Medical College & Hospital; an attempt was taken to get the overview of this social curse that has maintained own existence in the tears of women.

The present study could identify that among the women of reproductive age groups living in urban area of Siliguri, Darjeeling district of West Bengal; 52.1% have faced physical violence in any form or in combination in their lifetime. According to *Jeyaseelan L et al.* study, out of 9938 women surveyed, 26% reported experiencing spousal physical violence during the lifetime of their marriage which was much lower than that of the present study report [7]. A similar study was done by *Sarkar M et al.* in rural setting of West Bengal showed prevalence of domestic violence 23.4% in the past year [8].

In the *Multi-country study* (between 2000 and 2003) on Women's Health and Domestic Violence against Women, sponsored by the World Health Organization, combining data for physical and sexual violence, 53% of ever-married women in Dhaka and 62% in Matlab had ever experienced physical or sexual violence [9]. *Visaria L et al. (1999)* showed that two-thirds of the women surveyed in rural areas of Gujarat, India reported either form of psychological, physical, or sexual abuse [10]. The most common form of lifetime violence was the male partner pushing, slapping or holding down the female respondent (23.1%) [11], which shows similar result with present study. *Visaria L et al. (1999)* the most frequently reported types of violence against a woman include abusive language (80 percent), beatings (63 percent), forcing her back to her parental home (52 percent), and threats to throw her out (51 percent) [10].

According to *NFHS III* most common physical violence is slapping (34%) followed by twisting of arms or pulling of hairs (15.4%). Most common emotional abuse was 'said or did something to humiliate her in front of others' (13.1%). Most common sexual violence 'Physically forced her to have sexual intercourse with him even when she did not want to' (9.5%) [12].

According to *NFHS III* all ever-married women who reported ever experiencing physical or sexual violence, 36 percent report cuts, bruises, or aches, 9 percent report eye injuries, sprains, dislocations or burns, 7 percent report deep wounds, broken bones, broken teeth, or other serious injury, and 2 percent report severe burns [12].

Study of *Bhuyia et al.* have reported that huge numbers of women facing violence in their life-time was noted to suffer different psychiatric problems like depression, anxiety etc. where as one-fourth (25%) of them have borne dead babies due to violence in their pregnancy period [13]. The *WHO multi-country study (2005)* has revealed that overall in 26.7% cases women had cut, bruise, bite-marks, broken teeth and burn injuries. They could even have problems in memory (OR=1.4). Dizziness and uneasiness in walking were prevalent in many victim women (OR=1.7) [5].

In the present study it was found that 13.9% women sought help for first-aid, followed by 4.9% for professional help and only 3.6% had reported to police. Only 2.1% had required more than one help.

Recent *NFHS (NFHS-3, 2005-06)* data also corroborates with it, where it was mentioned that only 36.7% have sought help, 3.8% have reported to police. Only 0.2% have consulted physicians and 0.5% have taken legal advice [12]. *Naved RT (2006)* from Bangladesh have found that overall only 60% of victim women from urban areas have sought any help and 2% only have sought institutional help [14].

This was because women were socialized to accept, tolerate, and even rationalize domestic violence and to remain silent about such experiences. The stigma of violence against women within homes especially from husbands, the unwillingness to relive the experiences, no guarantee for benefit, the possibility of re-victimization and the shame and blame prevents them from disclosing the information to outsiders and particularly the health system that they do not see as a potential source of help. Often they had the idea that it belonged to their husbands' right to beat their wives.

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