

A Cross Sectional Study of Domestic Violence in Married Women in Asudgaon Village of Raigad District

Drushti Parikh^{1*}, Seema Anjenaya²

{¹M.B.B.S., ²Professor and HOD} MGM Medical College, Navi Mumbai, Maharashtra, INDIA.

*Corresponding Address:

drdrushti@gmail.com

Research Article

Abstract: Domestic violence is a wide spread, deeply ingrained health and social problem among women, which is silently borne by the victims. Domestic violence constitutes willful intimidation, assault, battery, sexual assault or other abusive behavior perpetrated by one family member, household member, or intimate partner against another. According to NFHS-3 (2005-06), the prevalence of domestic violence in ever-married women who have ever experienced spousal violence is 37.2%.¹ Domestic violence has major implications on a woman's health and victims hardly take recourse to law. Being a confidential, intimate and sensitive issue, women tend to hide or provide incomplete information, thereby making it crucial to understand the extent of domestic violence and its determinants. With this background, a community based, cross-sectional study on domestic violence was conducted during June to August 2010, among 250 randomly selected married women in Asudgaon village of Raigad district. The study endeavors to assess the prevalence of domestic violence, its causes including the demographic and socio-cultural determinants thereby helping the healthcare personnel in formulating comprehensive and effective strategies towards tackling this problem. A house to house visit was done and the women were interviewed personally using a pre-designed, pre-tested and structured questionnaire, designed to determine whether they were subjected to domestic violence and if yes, to assess its causes, including the demographic and socio-cultural determinants. The data collected on the day to day basis was compiled, tabulated and analyzed. Statistical analysis was done using Mean and Percentages. Out of the 250 married women, 83 women gave a positive history of domestic violence, thereby reporting a prevalence of 33.2%. The various causes for domestic violence, as reported by the affected females were conflict over cooking and household work (38.55%), wife's nagging or arguing (32.53%), children related issues (30.12%) and economic distress (26.5%). Slapping (46.98%) was the commonest form of physical violence, followed by pulling hair (14.46%), twisting arm (13.25%) and having things thrown at her (13.25%). Experiences of sexual violence included marital rape (12.05%), being forced to have sex without protection (against pregnancy and STDs) (10.84%), being forced to perform unnatural sex (6.02%) and being forced to imitate acts as shown in pornographic films (4.82%). The most common socio-cultural risk factor for domestic violence, as reported by the respondents, was addiction (42.11%), followed by poverty (38.55%), husband brought up with the idea that wife-beating is acceptable (36.14%) and visiting brothels (16.86%). Among the reasons given by battered women to stay in violent relationships, most common cause was that the women were unaware about legal

provisions (61.45%), followed by the fear of being looked down upon by the society (59.03%), for the sake of their children (54.22%) and the fear of complaining due to the threats received from the batterer (43.37%). 80.72% abused females were reported to have tolerated the violence. Only 5.26% of the affected females sought legal help to deal with the violence, while 15.66% females tried to convince the perpetrator. A comprehensive health sector response to this problem is needed whereby health sector can play a vital role in preventing violence against women, helping to identify abuse early, providing victims with the necessary treatment and referring women to appropriate care.

Introduction

Violence against women is a centuries-old phenomenon that has been perpetrated in the name of religion, social customs and rituals. Our Indian society has been predominantly patriarchal since time immemorial. Men are believed to be stronger and more powerful as opposed to their female counterparts. Women simply accept their 'fate' and the violence inflicted on them. They play stereotype roles as daughters, sisters, wives, mothers or daughters-in-law, and even a slight negligence on their part leads to their assault and battery. Domestic violence constitutes willful intimidation, assault, battery, sexual assault or other abusive behavior perpetrated by one family member, household member, or intimate partner against another. According to NFHS-3 (2005-06), the prevalence of domestic violence in ever-married women who have ever experienced spousal violence is 37.2%.¹ India's latest comprehensive survey also found that one in six wives had been emotionally abused by their husbands, while one in 10, have experienced sexual violence like marital rape on at least one occasion.² According to the World Bank report, one work day out of every five lost by women is due to health problems arising out of domestic violence.³ Domestic violence causes physical injury and undermines the social, economic, psychological, spiritual and emotional well being of not only the victim, but of the society as a whole. It has serious consequences on the women's mental, physical, reproductive and sexual health. It includes injuries,

temporary and permanent disabilities, depression, suicide, gynecological problems, etc. 'The Protection of Women from Domestic Violence Act' is a laudable piece of Legislation that was enacted in 2005 to tackle this problem. Domestic violence is defined in a comprehensive way in Section 3 of the Act, comprising,

1. Physical, mental, verbal, emotional, sexual and economic abuse,
2. Harassment for dowry,
3. Acts of threatening to abuse the victim or any other person related to her.⁴

The Act deals with forms of abuse that were not addressed earlier. It includes, in its ambit, sexual abuse like marital rape which, though excluded under the IPC, can now be legally recognised as a form of abuse under the definition of sexual abuse in this Act. The definition also encompasses claims for compensation arising out of domestic violence and includes maintenance similar to that provided for under Section 125 of the Code of Criminal Procedure (CrPC). Also, the Act identifies emotional abuse as a form of domestic violence, including insults on account of the victim's not having any children or male children.⁴ Domestic violence has major implications on a woman's health. Even if there are laws, victims are hardly taking recourse to law as women are socialized right from their childhood in patriarchal values. Since domestic violence is considered to be a confidential, intimate and sensitive issue, women tend to hide or provide incomplete information. Thus for eliminating this social problem it is crucial to understand the extent of domestic violence and its determinants. With this background, a cross-sectional study on domestic violence was conducted in married women in Asudgaon village of Raigad district, which is the field practice area of Department of Preventive and Social Medicine, M.G.M. Medical College, Kamothe. The study endeavors to assess the prevalence of domestic violence, its causes including the demographic and socio-cultural determinants thereby helping the healthcare personnel in

Observations and Results

Table 1: Causes of domestic violence reported by the respondents (n=83).

Reasons for Domestic Violence	Females reporting	
	No.	%
1) Dowry	15	(18.07%)
2) Not having a male child	13	(15.66%)
3) Extramarital affairs	10	(12.04%)
4) Conflict over cooking and housework	32	(38.55%)
5) Conflict with in-laws/ elders	7	(8.43%)
6) Children related issues	25	(30.12%)
7) Economic distress	22	(26.50%)
8) Refusing sex	8	(14.03%)
9) Nagging or arguing wife	27	(32.53%)

Table 1 shows that out of the various causes for domestic violence, as reported by the affected females, the

formulating comprehensive and effective strategies towards tackling this problem.

Aim and Objectives

Aim:

To conduct a cross-sectional study of domestic violence in married women in Asudgaon village of Raigad district.

Objectives:

1. To measure the prevalence of domestic violence in married women of Asudgaon village.
2. To determine the causes of domestic violence, including its demographic and socio-cultural determinants.

Material and Methods

The study was a community based, cross sectional study, conducted at Adhiwasi pada, Asudgaon (study area) in Raigad district, which is the field practice area of Department of Preventive and Social Medicine, M.G.M. Medical College, Navi Mumbai, during June to August 2010(study period). A house to house visit was done and 250 married women from the Adiwasi pada were randomly selected to participate in the study. They were explained the objectives of the study and informed consent were obtained. Domestic violence being a sensitive issue, the women were assured on the confidentiality and anonymity of the study, so as to obtain the correct information. The women were interviewed personally using a pre-designed, pre-tested and structured questionnaire, prepared in the local language (Marathi). During the interview, the woman was alone with the interviewer to ensure anonymity of the responses. The questionnaire was designed to determine whether they were subjected to domestic violence and if yes, to assess its causes, including the demographic and socio-cultural determinants. The data collected on the day to day basis was compiled, tabulated and analyzed. Statistical analysis was done using Mean and Percentages.

commonest cause reported was conflict over cooking and household work (38.55%), followed by the wife's

nagging or arguing (32.53%), children related issues (30.12%), economic distress (26.5%), dowry (18.07%), not having a male child (15.66%), refusing sex (14.03%), extramarital affairs (12.04%) and conflict with in-laws and elders (8.43%).

Table 2: Various forms of physical violence as reported by respondents (n=83).

Forms of physical violence	Females reporting	
	No.	%
1) Slapped	39	(46.98%)
2) Twisted your arm	11	(13.25%)
3) Pulled your hair	12	(14.46%)
4) Thrown things at you	11	(13.25%)
5) Hit by hand	12	(21.05%)
6) Pushed	15	(18.07%)
7) Kicked	8	(9.64%)
8) Dragged	9	(10.84%)
9) Beaten up	11	(13.25%)
10) Punched	8	(9.64%)
11) Choked	2	(2.41%)
12) Burnt	3	(3.61%)

Out of the various forms of physical violence as reported by the respondents, the commonest form was slapping (46.98%), followed by being hit by hand (21.05%), pushed (18.07%), pulling hair (14.46%), twisting arm (13.25%), having things thrown at her (13.25%), beaten up (13.25%), dragged (10.84%), kicked (9.64%), punched (9.64%), burnt (3.61%) and choked (2.41%).

Table 3: Various experiences of sexual abuse as reported by respondents (n=83).

Forms of sexual abuse	Females reporting No.	%
1) Marital rape	10	(12.05%)
2) Forced to perform unnatural sex	5	(6.02%)
3) Forced to have sex without protection (against pregnancy and STDs)	9	(10.84%)
4) Forced to imitate acts as shown in pornographic films.	4	(4.82%)

The various forms of sexual violence as reported by these respondents were marital rape (12.05%), being forced to have sex without protection (against pregnancy and STDs) (10.84%), being forced to perform unnatural sex (6.02%) and being forced to imitate acts as shown in pornographic films (4.82%).

Table 4: Socio-cultural risk factors for domestic violence (n=83)

Socio-cultural risk factors	Females reporting No.	%
1) Addiction	35	(42.11%)
2) Poverty	32	(38.55%)
3) Husband brought up with the idea that wife-beating is acceptable	30	(36.14%)
4) Unemployment	2	(2.41%)
5) Visiting brothels	14	(16.86%)

The most common socio-cultural risk factor for domestic violence, as reported by the respondents, was addiction (42.11%), followed by poverty (38.55%), husband brought up with the idea that wife-beating is acceptable (36.14%), visiting brothels (16.86%) and unemployment (2.41%).

Table 5: Reasons given by the respondents for staying in a violent relationship. (n=83)

Reasons to stay in a violent relationship	Females reporting No.	%
1) Stayed on for children	45	(54.22%)
2) Unaware of the legal provision	51	(61.45%)
3) Scared of complaining to anyone because of threatening	36	(43.37%)
4) Fear of being looked down upon by society	49	(59.03%)
5) Love for husband	6	(7.23%)
6) No other shelter	28	(33.73%)
7) Considered acceptable by victim	21	(25.30%)
8) Financial dependence	18	(21.69%)

Table 5 shows the various causes due to which the battered women stayed in violent relationships. The most common cause was that the women were unaware about legal provisions (61.45%), followed by the fear of being looked down upon by the society (59.03%), for the sake of their children (54.22%), fear of complaining due to the

threats received from the batterer (43.37%), having no other shelter (33.73%), domestic violence being considered acceptable by the victim (25.30%), due to financial dependence on the batterer (21.69%) and love for their husband (7.23%).

Table 6: Responses of the victims towards dealing with the violence (n=83)

Ways of dealing with violence	Females reporting No. %
1) Seeking help from-	
a) Legal help	5(4.15%)
b) Friends	9(10.84%)
c) Relatives	7(8.43%)
d) Parents	6(7.23%)
e) Neighbors	12(14.5%)
f) Support groups (Mahila Mandals, NGOs, etc.)	0 (0%)
2) Tolerate it	67 (80.72%)
3) Try to convince the perpetrator	13 (15.66%)
4) Left the batterer's house	1 (1.20%)
5) Attempted suicide	0 (0%)

Table 6 shows that 80.72% females reported to have tolerated the violence. Only 5.26% of the affected females sought legal help to deal with the violence while 10.53% females sought help from friends, 8.77% from relatives, 7.02% from parents and 14.3% from neighbors. None of the females had sought help from any support group. 15.66% females tried to convince the perpetrator and 1.20% females left the batterer's house. None of the affected females reported to have attempted suicide.

Review of Literature

What constitutes domestic violence?

Worldwide there has been an increasing concern about violence against women in general and domestic violence in particular. Domestic violence is common across culture, religion, class and ethnicity. Domestic violence can be described as the power misused by one adult in a relationship to control another. This violence can take the form of physical assault, psychological abuse, social abuse, financial abuse, or sexual assault. The protection of women from domestic violence act, 2005, says that any act, conduct, omission, or commission that harms or injures, or has the potential to harm or injure, will be considered domestic violence by the law. Even a single act of omission or commission may constitute domestic violence. In other words, women do not have to suffer a prolonged period of abuse before taking recourse to law. The law covers children also.⁵

Magnitude of the problem in india:

NFHS-3 findings underscore the extent and severity of violence against women in India, especially married women. The findings of the survey are,

- 1) Nearly two in five (37%) married women have experienced some form of physical or sexual violence by their husband.
- 2) Slapping is the most common act of physical violence by husbands. Thirty-four percent married women say that their husbands have slapped them; 15 percent say their husband has pulled their hair or twisted their arms; and 14 percent have been pushed, shaken or had something thrown at them.
- 3) One in 10 married women has experienced sexual violence at the hands of their husband, i.e., they have been physically forced against their will by their husband to have sex or perform other sexual acts they did not want to perform.
- 4) Often, this physical and sexual violence causes injuries. Almost two in five women who have experienced physical or sexual violence report having injuries, including 36 percent who had cuts, bruises or aches; 9 percent who had eye injuries, sprains, dislocations, or burns; and 7 percent who had deep wounds, broken bones, broken teeth, or other serious injuries.
- 5) Spousal violence is lower among couples in which husbands and wives have both been to school and are equally educated (23 percent) than among couples where the husband has more education than the wife (36 percent).
- 6) One in six (16 percent) married women have experienced emotional violence by their husband⁶.

The magnitude of domestic violence is likely to be underestimated because of the sensitivity

and stigma associated with violence, as well as fear of reprisal, leading to underreporting of violence. Also, women hesitate to provide correct information for fear of social isolation. Thus, there is a need to overcome these barriers through effective social interventions⁶.

Domestic violence during pregnancy:

Domestic violence during pregnancy has serious consequences on the outcomes of the pregnancy. It results in increased risk of miscarriages, spontaneous abortions, low birth weight babies and various malformations in the newborn. It affects the mother's mental health and at times can even result in maternal mortality.

"Combating Gender-based violence in South-East Asia Region" was a study done by the WHO. In India, statistics show that women experienced violence during pregnancy and this contributed to 16% of maternal deaths (Population Council, USAID, 2006)⁷.

Causes and various forms of domestic violence:

Various studies have revealed the following common reasons for the occurrence of domestic violence. Alcoholism, suspected infidelity, economic inequality, polygamy, dowry, awareness among women about their rights, preparing a meal improperly and/or late, not taking care of children, are among the given reasons.

The various forms of domestic violence are the use of abusive language, threat and intimidation, dowry burning and murder, sati (widow burning), wife beating, violence on pregnant women and being thrown out of the house.

Health implications:

According to NFHS-3 survey, among 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.⁶ Domestic violence has long lasting adverse effects on women's reproductive health; including unwanted pregnancy, complications during pregnancy including miscarriage, unsafe abortion, sexually transmitted infections (STIs) including HIV, and maternal death. According to the World Bank, in developing countries, rape and domestic violence together account for 5 per cent of the healthy years of life lost in a woman's reproductive age.³ Domestic violence leads to disturbances in both physical and mental health. The physical health problems are due to, injuries like lacerations and fractures, unwanted pregnancies, gynecological problems, miscarriage, headaches, permanent disabilities, asthma, and self-injurious behaviors like smoking. Likewise mental health is also

affected; victims suffer from depression, fear, anxiety, low self-esteem, sexual dysfunction, eating problems, obsessive-compulsive disorder and post-traumatic stress disorder. The diverse outcomes of domestic violence include suicide, homicide, maternal death and HIV/AIDS.

WHO Multi-Country Study on Women's Health and Domestic Violence against Women:

WHO conducted a Multi-Country study on women's health and domestic violence against women. The study collected data from over 24,000 women from 15 sites in 10 countries, representing diverse cultural settings: Bangladesh, Brazil, Ethiopia, Japan, Namibia, Peru, Samoa, Serbia, Montenegro, Thailand, and the United Republic of Tanzania⁸.

The important findings of the study were,

- 1) The proportion of women who had ever suffered physical violence by a male partner ranged from 13% in Japan to 61% in provincial Peru.
- 2) The most common act of violence experienced by women was being slapped by their partner, from 9% in Japan to 52% in provincial Peru.
- 3) Japan also had the lowest level of sexual violence at 6% with the highest figure of 59% being reported in Ethiopia.
- 4) Across all countries, between 20% and 75% of women had experienced one or more of these acts, most within the past 12 months. The most frequently mentioned were insults, belittling, and intimidation. Threats of harm were less frequent, although almost one in four women in provincial Brazil and provincial Peru reported being threatened⁸

Study on Domestic violence and women's health in Maldives:

The Maldives Study on Women's Health and Life Experiences consisted of a cross-sectional population-based household survey of women aged 15-49 years, conducted across the whole country⁹. The important findings of this study were,

- 1) Report of (at least one act of) emotional abuse were the highest at 29.2%, followed by physical violence by an "intimate" partner (18%).
- 2) Only 6.7% women reported experiencing some form of sexual violence by an "intimate" partner.
- 3) Of women who had experienced physical or sexual violence by their partners, 35.5% reported having been injured at least once. Women who reported injuries, half had experienced 'severe' injuries, such as gashes,

fractures, broken bones or internal injuries. Ten per cent reported moderate injuries and 37% reported mild injuries.

- 4) 46% women who had experienced violence had visited a health care professional in the past four weeks compared with only 33% women who had not experienced violence. It was also found that, of women who received health care for their injuries, more than half (54%) did not tell the health worker the real cause of their injuries. In addition, of those who reported needing health care for an injury, a staggering 33% (that is 1 in 3) never received health care when they needed it.
- 5) Of the women who had experienced violence by a partner, 18.7% had reported having had thoughts of suicide, compared with only 7.1% women who had never experienced violence⁹.

ICMR study on Domestic violence against women in eastern India:

Bontha Babu and Shantanu Kaur conducted a population-based study covering both married women and men from three of the four states of Eastern India. The findings of their study revealed that the overall prevalence of physical, psychological, sexual and any form of violence among women of Eastern India were 16%, 52%, 25% and 56% respectively. These rates as reported by men were 22%, 59%, 17% and 59.5% respectively. Men reported higher prevalence of all forms of violence apart from sexual violence. Husbands were mostly responsible for violence in majority of cases and some women reported the involvement of the husbands' parents. Some socio-economic characteristics of women have significant association with association of domestic violence. Urban residence, older age, lower education and low family income are associated with occurrence of domestic violence.¹⁰

Discussion

Domestic violence is a very sensitive subject. It has adverse effects on a woman's overall health. Due to fear and shame most women suffering from this menace do not talk about it openly, provide incorrect information, which leads to underreporting of the real problem statement. This is a widely prevalent issue and needs to be addressed and tackled skillfully. Thus a community based cross sectional study was conducted to assess the prevalence of domestic violence and determine the causes, including its socio-cultural determinants among 250 married women of Adhiwasi Pada, Asudgaon. Out of the 250 married women interviewed, mean age of the women was 28.6 years. Their mean age at marriage was 17.94 years. As regards to their education 121 (48.4%)

were illiterate, 16 (6.4%) women had studied up to primary school, 106 (42.4%) up to secondary school and 7 (2.8%) were graduates. As regards to their occupation, 42 (16.8%) were laborers, 14 (5.6%) work as housemaids, while 194 (77.6%) women were housewives. Out of the 250 married women, 83 women gave a positive history of domestic violence, thereby reporting a prevalence of 33.2%. Out of the 83 women, 54 (65.06%) reported husband as the perpetrator and 29 (34.94%) reported their in-laws as perpetrators. Only 4 (4.82%) of females reported that the batterer was mentally ill, and 30 (36.14%) reported that the batterer was under influence of alcohol at the time of the abuse. 43 (51.81%) women reported that their husbands were stressed and/or angry at the time of the abuse. Only 5 (6.02%) women reported that they were abused during pregnancy. 14 (16.87%) women reported that their partner used a weapon against them at the time of the violence. 9 (10.84%) women reported that they have had to visit a doctor or a hospital due to the injuries caused by the perpetrator. Out of the 83 women who were subjected to domestic violence, 52 (20.8%) women reported that their husbands humiliated them in front of others, and only 5 (6.02%) have reported to have hurt their children. 12 (14.46%) females reported that they fought in front of their children. As regards to the children's reactions while seeing their mother being beaten, (21%) were reported to be scared, (72%) children cried, (5%) were reported to be used to seeing the violence and (2%) were reported to run and seek for help. Table I shows the various reasons for domestic violence as reported by the respondents. The important reasons were conflict over cooking and housework (38.55%), wife's nagging and arguing (32.53%) and children related issues (30.12%). In a study conducted by Sarkar M, on domestic violence against females in a rural area of west Bengal, showed the important reason for domestic violence to be not obeying or arguing back (90.9%), disobeying elders/perpetrators (27.27%), not having a male child (18.18%), unemployment of the perpetrator (18.18%) and insufficient dowry (9.09%)¹¹. Women are always considered weak, vulnerable and in a position to be exploited and owing to patriarchy, rigid gender roles and established traditions, women are often poorly equipped to protect themselves if their partners become violent. The present study has put light on various forms of physical violence inflicted upon the victims (Table II). Slapping (46.99%) was the commonest form followed by being hit by hand (21.05%), pushed (18.07%) and pulling hair (14.46%). These findings are almost similar to the NFHS-3 survey⁶ which showed slapping (34%) being the commonly reported act of physical violence followed by hair pulled or arms twisted (15%), being pushed, shaken or having something thrown at them (14%), tried to choke

or burn them (2%). Owing to such brutal abuse, the women may have long lasting and damaging effects on their health, particularly their reproductive health and may also lead to other serious health problems causing permanent disability. Table III highlights the various forms of sexual violence reported by the respondents like marital rape (12.05%), forced to have sex without protection (against pregnancy and STDs) (10.84%), forced to perform unnatural sex (6.02%), and forced to imitate acts as shown in pornographic films (4.82%). These findings are almost similar to the NFHS-3 findings⁶ which showed that 9.5% females were physically forced to have sexual intercourse even she did not want to and 46% females reported to have been forced to perform any sexual acts which she did not want to. The study findings on sexual abuse experienced by women are of great concern especially in light of HIV epidemic. Greater public awareness of this problem is neglected and a strong public health response that focuses on preventing such violence from occurring is needed. The present study highlighted addiction (42.11%), poverty (38.55%), unemployment (2.41%) and frequenting brothels (16.86%) as few social risk factors leading to domestic violence (Table IV). These findings are much higher than that reported by S. Mitra in his study were addiction and poverty were perceived as social risk factors in 29.09% and 22.70% affected women respectively¹². In the present study, 36.14% females reported that the husbands were brought up with idea that wife- beating is acceptable. This attitude of the husbands has been deeply rooted in our Indian culture since time immemorial which is hard to change, but can be modified by proper counseling of the husband and other family members and by empowering women. Despite being subjected to domestic violence the affected women chose to stay in the violent relationship because of various reasons. The most important reason given was that they were unaware about the legal provision against domestic violence (61.45%). The other reasons cited were fear of being looked down upon by the society (59.03%), for the sake of their children (54.22%) and fear of complaining due to the threats received from the batterer (43.37%) (Table V). Marriage being connected with various religious, ethnic and social customs in our country, it is considered to be a stigma to be labeled as a 'battered woman'. Fear of further harm by the perpetrator and receiving threats of divorce are also reasons for the women to stay in such violent relationships. Some of these women also believe that they deserve these beatings owing to a wrong act done on their part. When the affected women were asked as to how they coped with the violence, 80.72% women said that they tolerated the violence (Table VI). Most of the affected women have

grown up seeing their mother being assaulted by their father. They see these acts of violence as a normal routine in the household. Thus they perceive abuse as a normal part of family life and they are less likely to escape from their present situation. As regards seeking help, 14.5% women said that they sought help from neighbors, while 4.15%, 10.84%, 8.43% and 7.23% from legal provisions, friends, relatives and parents, respectively. None of the women are reported to have sought help from support groups, like Mahila Mandals, NGOs, etc. This reflects upon the unawareness among these women about the various support groups, which play an active role in preventing and helping battered women. The health sector can play a vital role in preventing violence against women, helping to identify abuse early, providing victims with the necessary treatment and referring women to appropriate care. The doctors, nurses, and other health personnel must be made aware and should receive training to identify violence as the underlying cause of women's health problems. A comprehensive health sector response to this problem is needed, in particular addressing the reluctance of abused women to seek help. These women should be assured safety and confidentiality, treated with respect, not be stigmatized and should receive quality, informed support.

Conclusion

This study revealed the high prevalence (33.2%) of domestic violence against married women in Asudgaon village. Various forms of physical violence like slapping (46.99%), being hit by hand (21.05%) and being pushed (18.07%) were reported. The study also reported various forms of sexual violence like marital rape (12.05%), forced to have sex without protection (against pregnancy and STDs) (10.84%) and forced to perform unnatural sex (6.02%). The study highlighted various social determinants for domestic violence like dowry, economic distress, addictions, frequenting prostitutes and having illicit relationships with other women. Cultural factors like wife- beating being considered acceptable, patriarchy and masculinity were found to be important factors determining domestic violence. All these factors have serious consequences on women's health. Thus there is urgent need for strengthening the existing policies and programs to reduce the prevalence of violence against women. The issue of domestic violence must be brought into open and should be managed like any other preventable public health problem. The health sector must take a proactive role in responding to needs of women living in violent relationships. Also strategies should be focused towards women empowerment, promoting women in leadership and decision making processes, improving their access to education, employment, economic independence and other rights of women.

Educational programs to prevent domestic violence must be targeted not only to women but also to men. The laws against the perpetrators of violence should be made more stringent which will be beneficial to curb the issue. Thus this social evil should be uprooted completely from our society to ensure a happy and prosperous life for all women.

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