

# Physical Violence Against Women of Remote Rural Region: A Community Based Study

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## Abstract

**Background:** Violence against women is major health, social problem globally. Present study was conducted to know the occurrence of physical abuse of women in remote, rural communities. Methodology Community-based cross-sectional analytic study included 2500 randomly selected tribal women between  $\geq 20$  to  $\leq 49$  years, residing in 140 villages and consenting to participate. A face-to-face interview of study subjects regarding physical violence (PV) suffered at home and workplaces was conducted for 15-20 minutes using semi-structured questionnaire.

**Results:** Of 2500 women interviewed, majority (57.7%) were 20-29 years old, with lower education (45.3%), laborer (45.4%), and of lower economic class (48.8%). Of all participants, 1511 (60.4%) suffered PV at home, with majority (52.0%) by husbands and 1361 (54.4%) at workplaces with majority by employers (56.6%). At home and work places 25.0% and 37.5% respectively suffered PV on a regular basis. Modes were slapping / hitting / kicking as the most common. OF 1511 women who suffered domestic violence (DV), 86.0% informed about PV to someone, 56.6% of those who suffered PV at workplaces informed someone, only 4.2% to police, compared to 34.8% who suffered DV. Socio-demographic factors like age, education, economic class, and occupation influenced the occurrence of PV. Conclusion: In present study, 60.4% and 52.0% women suffered PV at home and workplaces respectively, common modes of violence were slapping/hitting/kicking. Most (34.8%) women informed to family members after suffering DV and 4.2% of those who suffered PV at workplaces, informed police. It is therefore necessary to generate awareness, formulate laws and policies for protection of women against PV at home and work places.

**Key words:** domestic violence; injury; physical violence; rural women

## Introduction

Abuse of women is widely recognized as a public health concern globally. Violence against women (VAW) is a major health and social problem that affects women worldwide in all the societies, but often remains unrecognized and underreported, [1] sometimes accepted as part of normal behaviour in many countries. [2] VAW is defined by the United Nations as “any act of gender-based violence (GBV) that leads to, or is likely to result in, physical, sexual, or mental trauma or suffering to women, and also includes threats of such acts, coercion or arbitrary deprivation of liberty, either in public or in private life.”<sup>3</sup> Most VA whappens within families and the perpetrators are

mostly men who are or have been in an intimate relationship with the woman.<sup>4</sup>It has been estimated that globally around one in three women beyond 15 years of age suffer from physical violence (PV) and/or sexual violence (SV) from an intimate partner (IP) during their lifetime. [5] Violence significantly affects women’s physical, mental, sexual, and reproductive health leading to many unremovable scars on their lives. [1] Despite such impact of VAW on mental and physical health, the information about the exact prevalence of VAW by partners, and families is scarce [4] especially community-based studies amongst rural women.

### Objectives

Community based study to know about PV against women of remote rural communities.

### Material and Methods

**Study design:** Cross-sectional analytic study.

**Study setting and duration:** The study was conducted in a total of 140 tribal villages in remote rural, forestry, and hilly region over a period of one year. These villages were around the village with the health facility, the study center.

**Inclusion criteria:** - Randomly 15 women, between ≥20 to ≤49 years of age selected from each village and willing to undergo a personal interview were enrolled as study participants, considering some villages were small and some large.

**Exclusion criteria:** - Pregnant women were not included.

**Sample size:** - Calculated sample size was 2500 with 95% confidence and 2% absolute precision. The sample size was calculated using a free online statistical calculator (statulator). [6]

### Data Collection

After the Institutional ethical committee’s approval and informed consent from the participants, socio-demographic features of all the participants including age, education, occupation, economic status, and parity were collected by research assistant (trained nurse midwife) and were recorded on a pre-designed data collection tool, semi-structured questionnaire with open and close-ended questions. In-depth face-to-face interviews of the study subjects regarding PV against them at home and at workplaces was conducted. Each interview was conducted for a duration of around 15 minutes, maintaining confidentiality and privacy in an area convenient to participants and the trained nurse midwife, and research assistant recorded information on the tool.

### Results

Of all the women interviewed, majority (57.7%) belonged to the 20-29 years of age, educated up to primary level (45.3%), laborer by occupation (45.4%), and belonged to lower economic class (48.8%). Most of them had births, one or two children (57.8%). Of the total 2500 participants, 1511 (60.4%) suffered PV at home with 785 (52.0%) by their husbands, 260 (17.2%) father-in-law or brother-in-law, 385 (25.5) mother-in-law or sister-in-law and the remaining 81 (5.4%) by close friends or distant relatives. Of 1511 participants who suffered PV at home, the majority were young (60.9%), with low education (46.4%), agricultural labourer (46.3%), and belonged to a lower economic class (55.6%), (p<0.05) as shown in table I (Table I).

Variables	Total	Physical Violence									
		Yes	%	Perpetrator							
				Husband	%	Father-In-Law / Brother-in-Law	%	Mother-In-Law/ Sister-in-Law	%	Others	%
20 To 29	1442	921	63.9	520	56.5	135	14.7	200	21.7	66	7.2
30 To 39	605	400	66.1	155	38.8	100	25.0	135	33.8	10	2.5
40 To 49	453	190	41.9	110	57.9	25	13.2	50	26.3	5	2.6
<b>Total</b>	<b>2500</b>	<b>1511</b>	<b>60.4</b>	<b>785</b>	<b>52.0</b>	<b>260</b>	<b>17.2</b>	<b>385</b>	<b>25.5</b>	<b>81</b>	<b>5.4</b>
<b>Education</b>											
Illiterate	717	525	73.2	240	45.7	90	17.1	172	32.8	23	4.4
Primary	1133	701	61.9	381	54.4	125	17.8	150	21.4	45	6.4
Secondary	430	240	55.8	135	56.3	40	16.7	55	22.9	10	4.2
Higher Secondary	150	25	16.7	15	60.0	3	12.0	5	20.0	2	8.0
Graduate	55	15	27.3	9	60.0	2	13.3	3	20.0	1	6.7
Post Graduate/ Professional	15	5	33.3	5	100.0	0	0.0	0	0.0	0	0.0
<b>Total</b>	<b>2500</b>	<b>1511</b>	<b>60.4</b>	<b>785</b>	<b>52.0</b>	<b>260</b>	<b>17.2</b>	<b>385</b>	<b>25.5</b>	<b>81</b>	<b>5.4</b>
<b>Profession</b>											
Home Maker	720	435	60.4	195	44.8	90	20.7	120	27.6	30	6.9
Farm Laborer	1136	700	61.6	426	60.9	89	12.7	145	20.7	40	5.7
Other Work Laborer	564	358	63.5	149	41.6	80	22.3	119	33.2	10	2.8
Shop Keeper	80	18	22.5	15	83.3	1	5.6	1	5.6	1	5.6
<b>Total</b>	<b>2500</b>	<b>1511</b>	<b>60.4</b>	<b>785</b>	<b>52.0</b>	<b>260</b>	<b>17.2</b>	<b>385</b>	<b>25.5</b>	<b>81</b>	<b>5.4</b>

<b>Socio-economic Status</b>												
Upper	75	20	26.7	13	65.0	1	5.0	5	25.0	1	5.0	
Upper Middle	105	42	40.0	19	45.2	5	11.9	16	38.1	2	4.8	
Middle	405	154	38.0	90	58.4	20	13.0	35	22.7	9	5.8	
Lower Middle	695	455	65.5	197	43.3	89	19.6	145	31.9	24	5.3	
Lower	1220	840	68.9	466	55.5	145	17.3	184	21.9	45	5.4	
<b>Total</b>	<b>2500</b>	<b>1511</b>	<b>60.4</b>	<b>785</b>	<b>52.0</b>	<b>260</b>	<b>17.2</b>	<b>385</b>	<b>25.5</b>	<b>81</b>	<b>5.4</b>	
<b>Parity</b>												
P 0	205	95	46.3	45	47.4	10	10.5	35	36.8	5	5.3	
P 1 - P2	1445	986	68.2	528	53.5	170	17.2	240	24.3	48	4.9	
P 3 - P 5 Above	850	430	50.6	212	49.3	80	18.6	110	25.6	28	6.5	
<b>Total</b>	<b>2500</b>	<b>1511</b>	<b>60.4</b>	<b>785</b>	<b>52.0</b>	<b>260</b>	<b>17.2</b>	<b>385</b>	<b>25.5</b>	<b>81</b>	<b>5.4</b>	

\*Small Scale, (Food, Shoes making, Bamboo items) Industry, Welding Workshop, Brick furna

**Table I:** Correlation of demographic features with Physical violence suffered at Home

Furthermore, women between 20-29 years of age were found to be at maximum risk of both DV and PV at workplaces (p<0.05). Of 1511 women who suffered PV, 377 (25.0%) experienced such PV regularly, the remaining 1134 (75.0%) experienced it once / occasionally after marriage. The most

common mode of DV suffered was slapping or hitting body parts and or kicking (66.3%), hitting with metal rods, bars, or burning (24.8%), and the remaining 135 (8.9%) women reported being hit by other things like brooms, shoes/chappals, utensils, etc. as shown in table II (Table II).

Variables	Total	Physical Violence		Frequency				Mode of Violence					
		Yes	%	Once/Rare	%	Regular	%	Slap / Hitting / Kicking	%	Bar / Rod / Burns	%	Others	%
20 To 29	1442	921	63.9	691	75.0	230	25.0	632	68.6	209	22.7	80	8.7
30 To 39	605	400	66.1	300	75.0	100	25.0	235	58.8	120	30.0	45	11.3
40 To 49	453	190	41.9	143	75.3	47	24.7	135	71.1	45	23.7	10	5.3
<b>Total</b>	<b>2500</b>	<b>1511</b>	<b>60.4</b>	<b>1134</b>	<b>75.0</b>	<b>377</b>	<b>25.0</b>	<b>1002</b>	<b>66.3</b>	<b>374</b>	<b>24.8</b>	<b>135</b>	<b>8.9</b>
<b>Education</b>													
Illiterate	717	525	73.2	394	75.0	131	25.0	305	58.1	180	34.3	40	7.6
Primary	1133	701	61.9	525	74.9	176	25.1	487	69.5	149	21.3	65	9.3
Secondary	430	240	55.8	180	75.0	60	25.0	165	68.8	45	18.8	30	12.5
Higher Secondary	150	25	16.7	19	76.0	6	24.0	25	100.0	0	0.0	0	0.0
Graduate	55	15	27.3	12	80.0	3	20.0	15	100.0	0	0.0	0	0.0
Post Graduate/ Professional	15	5	33.3	4	80.0	1	20.0	5	100.0	0	0.0	0	0.0
<b>Total</b>	<b>2500</b>	<b>1511</b>	<b>60.4</b>	<b>1134</b>	<b>75.0</b>	<b>377</b>	<b>25.0</b>	<b>1002</b>	<b>66.3</b>	<b>374</b>	<b>24.8</b>	<b>135</b>	<b>8.9</b>
<b>Profession</b>													
Home Maker	720	435	60.4	326	74.9	109	25.1	220	50.6	170	39.1	45	10.3

Farm Laborer	1136	700	61.6	525	75.0	175	25.0	481	68.7	159	22.7	60	8.6
Other Work Laborer*	564	358	63.5	269	75.1	89	24.9	283	79.1	45	12.6	30	8.4
Shop Keeper	80	18	22.5	14	77.8	4	22.2	18	100.0	0	0.0	0	0.0
<b>Total</b>	<b>2500</b>	<b>1511</b>	<b>60.4</b>	<b>1134</b>	<b>75.0</b>	<b>377</b>	<b>25.0</b>	<b>1002</b>	<b>66.3</b>	<b>374</b>	<b>24.8</b>	<b>135</b>	<b>8.9</b>
<b>Socio-economic Status</b>													
Upper	75	20	26.7	15	75.0	5	25.0	18	90.0	1	5.0	1	5.0
Upper Middle	105	42	40.0	32	76.2	10	23.8	39	92.9	2	4.8	1	2.4
Middle	405	154	38.0	116	75.3	38	24.7	82	53.2	42	27.3	30	19.5
Lower Middle	695	455	65.5	342	75.2	113	24.8	226	49.7	170	37.4	59	13.0
Lower	1220	840	68.9	629	74.9	211	25.1	637	75.8	159	18.9	44	5.2
<b>Total</b>	<b>2500</b>	<b>1511</b>	<b>60.4</b>	<b>1134</b>	<b>75.0</b>	<b>377</b>	<b>25.0</b>	<b>1002</b>	<b>66.3</b>	<b>374</b>	<b>24.8</b>	<b>135</b>	<b>8.9</b>
<b>Parity</b>													
P 0	205	95	46.3	72	75.8	23	24.2	21	22.1	43	45.3	31	32.6
P 1 - P2	1445	986	68.2	740	75.1	246	24.9	756	76.7	171	17.3	59	6.0
P 3 - P 5 Above	850	430	50.6	322	74.9	108	25.1	225	52.3	160	37.2	45	10.5
<b>Total</b>	<b>2500</b>	<b>1511</b>	<b>60.4</b>	<b>1134</b>	<b>75.0</b>	<b>377</b>	<b>25.0</b>	<b>1002</b>	<b>66.3</b>	<b>374</b>	<b>24.8</b>	<b>135</b>	<b>8.9</b>

\*Small Scale, (Food, Shoes making, Bamboo items) Industry, Welding Workshop, Brick furnac

**Table II: Mode and Frequency of Physical violence at home**

Of all the women who suffered DV, 1300 (86.0%) informed someone, including family members (54.6%), police (34.8%), and others like neighbors, friends, and distant relatives (10.5%) (Table III).

Variables	Total	Informed Someone							
		Yes	%	Person responsible					
				Family member	%	Police	%	Others	%
Age (years)									
20 To 29	1442	820	56.9	450	54.9	280	34.1	90	11.0
30 To 39	605	340	56.2	180	52.9	120	35.3	40	11.8
40 To 49	453	140	30.9	80	57.1	53	37.9	7	5.0
<b>Total</b>	<b>2500</b>	<b>1300</b>	<b>52.0</b>	<b>710</b>	<b>54.6</b>	<b>453</b>	<b>34.8</b>	<b>137</b>	<b>10.5</b>
<b>Education</b>									
Illiterate	717	405	56.5	220	54.3	138	34.1	47	11.6
Primary	1133	603	53.2	325	53.9	218	36.2	60	10.0
Secondary	430	240	55.8	121	50.4	90	37.5	29	12.1
Higher Secondary	150	40	26.7	34	85.0	5	12.5	1	2.5
Graduate	55	10	18.2	8	80.0	2	20.0	0	0.0
Post Graduate/ Professional	15	2	13.3	2	100.0	0	0.0	0	0.0
<b>Total</b>	<b>2500</b>	<b>1300</b>	<b>52.0</b>	<b>710</b>	<b>54.6</b>	<b>453</b>	<b>34.8</b>	<b>137</b>	<b>10.5</b>

<b>Profession</b>									
Home Maker	720	370	51.4	195	52.7	150	40.5	25	6.8
Farm Labourer	1136	629	55.4	335	53.3	203	32.3	91	14.5
Other Work Labourer*	564	290	51.4	170	58.6	100	34.5	20	6.9
Shop Keeper	80	11	13.8	10	90.9	0	0.0	1	9.1
<b>Total</b>	<b>2500</b>	<b>1300</b>	<b>52.0</b>	<b>710</b>	<b>54.6</b>	<b>453</b>	<b>34.8</b>	<b>137</b>	<b>10.5</b>
<b>Economic Status</b>									
Upper Class	75	50	66.7	48	96.0	2	4.0	0	0.0
Upper Middle Class	105	70	66.7	57	81.4	10	14.3	3	4.3
Middle Class	405	210	51.9	90	42.9	110	52.4	10	4.8
Lower Middle Class	695	345	49.6	175	50.7	145	42.0	25	7.2
Lower Class	1220	625	51.2	340	54.4	186	29.8	99	15.8
<b>Total</b>	<b>2500</b>	<b>1300</b>	<b>52.0</b>	<b>710</b>	<b>54.6</b>	<b>453</b>	<b>34.8</b>	<b>137</b>	<b>10.5</b>
<b>Parity</b>									
P 0	205	90	43.9	45	50.0	35	38.9	10	11.1
P 1- P2	1445	760	52.6	375	49.3	303	39.9	82	10.8
P 3-P5 Above	850	450	52.9	290	64.4	115	25.6	45	10.0
<b>Total</b>	<b>2500</b>	<b>1300</b>	<b>52.0</b>	<b>710</b>	<b>54.6</b>	<b>453</b>	<b>34.8</b>	<b>137</b>	<b>10.5</b>

\*Small Scale, (Food, Shoes making, Bamboo items) Industry, Welding Workshop, Brick furnace

**Table III:** Action Taken against the Physical Violence Suffered at Home

Of these 1511 women, 1424 (94.2%) sought health-related help, 64.0% from Subcenters (SC) or Primary Health Centers (PHC), 26.5% from Sub-district hospital (SDH)/District hospital (DH), and remaining 9.5% from private hospitals or dispensaries. The relationship of the health care sought for PV suffered at home and demographic factors is shown in table IV (Table IV).

Variables	Total	Health care sought and place							
		Yes	%	*SC / **PHC	%	***SDH / ****DH	%	Others	%
Age (years)									
20 To 29	1442	862	59.8	572	66.4	210	24.4	80	9.3
30 To 39	605	381	63.0	215	56.4	121	31.8	45	11.8
40 To 49	453	181	40.0	125	69.1	46	25.4	10	5.5
<b>Total</b>	<b>2500</b>	<b>1424</b>	<b>57.0</b>	<b>912</b>	<b>64.0</b>	<b>377</b>	<b>26.5</b>	<b>135</b>	<b>9.5</b>
<b>Education</b>									
Illiterate	717	436	60.8	216	49.5	180	41.3	40	9.2
Primary	1133	675	59.6	461	68.3	149	22.1	65	9.6
Secondary	430	271	63.0	196	72.3	45	16.6	30	11.1
Higher Secondary	150	25	16.7	24	96.0	1	4.0	0	0.0
Graduate	55	15	27.3	14	93.3	1	6.7	0	0.0



Primary	1133	654	57.7	376	57.5	218	33.3	60	9.2
Secondary	430	250	58.1	131	52.4	90	36.0	29	11.6
Higher Secondary	150	25	16.7	19	76.0	5	20.0	1	4.0
Graduate	55	15	27.3	13	86.7	2	13.3	0	0.0
Post Graduate/ Professional	15	2	13.3	2	100.0	0	0.0	0	0.0
<b>Total</b>	<b>2500</b>	<b>1361</b>	<b>54.4</b>	<b>771</b>	<b>56.6</b>	<b>453</b>	<b>33.3</b>	<b>137</b>	<b>10.1</b>
<b>Profession</b>									
Home Maker									
Farm Laborer	1856	1070	57.7	601	56.2	353	33.0	116	10.8
Other Work Laborer*	564	285	50.5	165	57.9	100	35.1	20	7.0
Shop Keeper	80	6	7.5	5	83.3	0	0.0	1	16.7
<b>Total</b>	<b>2500</b>	<b>1361</b>	<b>54.4</b>	<b>771</b>	<b>56.6</b>	<b>453</b>	<b>33.3</b>	<b>137</b>	<b>10.1</b>
<b>Socio-economic Status</b>									
Upper	75	7	9.3	5	71.4	2	28.6	0	0.0
Upper Middle	105	42	40.0	29	69.0	10	23.8	3	7.1
Middle	405	251	62.0	131	52.2	110	43.8	10	4.0
Lower Middle	695	390	56.1	220	56.4	145	37.2	25	6.4
Lower	1220	671	55.0	386	57.5	186	27.7	99	14.8
<b>Total</b>	<b>2500</b>	<b>1361</b>	<b>54.4</b>	<b>771</b>	<b>56.6</b>	<b>453</b>	<b>33.3</b>	<b>137</b>	<b>10.1</b>
<b>Parity</b>									
P 0	205	95	46.3	50	52.6	35	36.8	10	10.5
P 1- P2	1445	836	57.9	451	53.9	303	36.2	82	9.8
P 3-P5 Above	850	430	50.6	270	62.8	115	26.7	45	10.5
<b>Total</b>	<b>2500</b>	<b>1361</b>	<b>54.4</b>	<b>771</b>	<b>56.6</b>	<b>453</b>	<b>33.3</b>	<b>137</b>	<b>10.1</b>

\*Small Scale, (Food, Shoes making, Bamboo items) Industry, Welding Workshop, Brick furnace

**Table V:** Correlation of demographic features with Physical violence suffered at Workplaces

Similar to DV, women between 20-29 years of age, with low levels of education, belonging to lower socio-economic status and labourer were prone to PV at workplaces (p<0.05). Of the 1361 women who suffered PV at workplaces, 510 (37.5%) experienced violence on regular basis. The most common modes of PV at the work places were slapping/hitting/kicking

(62.6%), hitting with rod or bar (27.5%), and hitting by anything around, files, boards, shoes/slippers, etc. (9.9%). The frequency and mode of PV at the work places and its correlation with various demographic factors are shown in table VI (Table VI).

Variables	Total	Physical Violence		Frequency				Mode of Violence					
		Yes	%	Once/Rare	%	Regular	%	Slap / Hitting / Kicking	%	Bar / Rod/Sticks	%	Others	%
Age (years)													

20 To 29	1442	841	58.3	521	62.0	320	38.0	552	65.6	209	24.9	80	9.5
30 To 39	605	360	59.5	215	59.7	145	40.3	195	54.2	120	33.3	45	12.5
40 To 49	453	160	35.3	115	71.9	45	28.1	105	65.6	45	28.1	10	6.3
<b>Total</b>	<b>2500</b>	<b>1361</b>	<b>54.4</b>	<b>851</b>	<b>62.5</b>	<b>510</b>	<b>37.5</b>	<b>852</b>	<b>62.6</b>	<b>374</b>	<b>27.5</b>	<b>135</b>	<b>9.9</b>
<b>Education</b>													
Illiterate	717	415	57.9	295	71.1	120	28.9	195	47.0	180	43.4	40	9.6
Primary	1133	654	57.7	367	56.1	287	43.9	440	67.3	149	22.8	65	9.9
Secondary	430	250	58.1	150	60.0	100	40.0	175	70.0	45	18.0	30	12.0
Higher Secondary	150	25	16.7	23	92.0	2	8.0	25	100.0	0	0.0	0	0.0
Graduate	55	15	27.3	14	93.3	1	6.7	15	100.0	0	0.0	0	0.0
Post Graduate/ Professional	15	2	13.3	2	100.0	0	0.0	2	100.0	0	0.0	0	0.0
<b>Total</b>	<b>2500</b>	<b>1361</b>	<b>54.4</b>	<b>851</b>	<b>62.5</b>	<b>510</b>	<b>37.5</b>	<b>852</b>	<b>62.6</b>	<b>374</b>	<b>27.5</b>	<b>135</b>	<b>9.9</b>
<b>Profession</b>													
Home Maker													
Farm Laborer	1856	1070	57.7	655	61.2	415	38.8	851	79.5	159	14.9	60	5.6
Other Work Laborer*	564	285	50.5	190	66.7	95	33.3	210	73.7	45	15.8	30	10.5
Shop Keeper	80	6	7.5	6	100.0	0	0.0	6	100.0	0	0.0	0	0.0
<b>Total</b>	<b>2500</b>	<b>1361</b>	<b>54.4</b>	<b>851</b>	<b>62.5</b>	<b>510</b>	<b>37.5</b>	<b>1067</b>	<b>78.4</b>	<b>204</b>	<b>15.0</b>	<b>90</b>	<b>6.6</b>
<b>Socio-economic Status</b>													
Upper	75	7	9.3	7	100.0	0	0.0	5	71.4	1	14.3	1	14.3
Upper Middle	105	42	40.0	32	76.2	10	23.8	39	92.9	2	4.8	1	2.4
Middle	405	251	62.0	181	72.1	70	27.9	179	71.3	42	16.7	30	12.0
Lower Middle	695	390	56.1	245	62.8	145	37.2	161	41.3	170	43.6	59	15.1
Lower	1220	671	55.0	386	57.5	285	42.5	468	69.7	159	23.7	44	6.6
<b>Total</b>	<b>2500</b>	<b>1361</b>	<b>54.4</b>	<b>851</b>	<b>62.5</b>	<b>510</b>	<b>37.5</b>	<b>852</b>	<b>62.6</b>	<b>374</b>	<b>27.5</b>	<b>135</b>	<b>9.9</b>
<b>Parity</b>													
P 0	205	95	46.3	90	94.7	5	5.3	21	22.1	43	45.3	31	32.6
P 1- P2	1445	836	57.9	491	58.7	345	41.3	606	72.5	171	20.5	59	7.1
P 3-P5 Above	850	430	50.6	270	62.8	160	37.2	225	52.3	160	37.2	45	10.5
<b>Total</b>	<b>2500</b>	<b>1361</b>	<b>54.4</b>	<b>851</b>	<b>62.5</b>	<b>510</b>	<b>37.5</b>	<b>852</b>	<b>62.6</b>	<b>374</b>	<b>27.5</b>	<b>135</b>	<b>9.9</b>

\*Small Scale, (Food, Shoes making, Bamboo items) Industry, Welding Workshop, Brick furnace

**Table VI: Mode and Frequency of Physical Violence at Workplaces**

Of the 1361 women who suffered PV at their workplaces, only 56.6% informed someone about the incident, 39.9% to family members, 16.1% to friends, 16.0% to colleagues, 13.2% to their workplace superiors, 4.2% informed police and the remaining 10.6% informed other people working as shown in table VII (Table VII).



Variables	Total	Informed someone about violence at the workplace													
		Employer	%	If yes, to whom											
				Family Member	%	Friend	%	Colleague	%	Workplace superior	%	Police	%	Others	%
Age (years)															
20 To 29	1442	471	32.7	198	42.0	65	13.8	75	15.9	65	13.8	12	2.5	56	11.9
30 To 39	605	200	33.1	98	49.0	32	16.0	29	14.5	28	14.0	8	4.0	5	2.5
40 To 49	453	100	22.1	12	12.0	27	27.0	19	19.0	9	9.0	12	12.0	21	21.0
<b>Total</b>	<b>2500</b>	<b>771</b>	<b>30.8</b>	<b>308</b>	<b>39.9</b>	<b>124</b>	<b>16.1</b>	<b>123</b>	<b>16.0</b>	<b>102</b>	<b>13.2</b>	<b>32</b>	<b>4.2</b>	<b>82</b>	<b>10.6</b>
<b>Education</b>															
Illiterate	717	230	32.1	98	42.6	35	15.2	26	11.3	25	10.9	15	6.5	31	13.5
Primary	1133	376	33.2	168	44.7	54	14.4	73	19.4	41	10.9	10	2.7	30	8.0
Secondary	430	131	30.5	37	28.2	24	18.3	21	16.0	28	21.4	4	3.1	17	13.0
Higher Secondary	150	19	12.7	5	26.3	0	0.0	3	15.8	8	42.1	0	0.0	3	15.8
Graduate	55	13	23.6	0	0.0	9	69.2	0	0.0	0	0.0	3	23.1	1	7.7
Post Graduate/ Professional	15	2	13.3	0	0.0	2	100.0	0	0.0	0	0.0	0	0.0	0	0.0
<b>Total</b>	<b>2500</b>	<b>771</b>	<b>30.8</b>	<b>308</b>	<b>39.9</b>	<b>124</b>	<b>16.1</b>	<b>123</b>	<b>16.0</b>	<b>102</b>	<b>13.2</b>	<b>32</b>	<b>4.2</b>	<b>82</b>	<b>10.6</b>
<b>Profession</b>															
Home Maker															
Farm Labourer	1856	601	32.4	274	45.6	108	18.0	89	14.8	59	9.8	22	3.7	49	8.2
Other Work Labourer*	564	165	29.3	29	17.6	16	9.7	34	20.6	43	26.1	10	6.1	33	20.0
Shop Keeper	80	5	6.3	5	100.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
<b>Total</b>	<b>2500</b>	<b>771</b>	<b>30.8</b>	<b>308</b>	<b>39.9</b>	<b>124</b>	<b>16.1</b>	<b>123</b>	<b>16.0</b>	<b>102</b>	<b>13.2</b>	<b>32</b>	<b>4.2</b>	<b>82</b>	<b>10.6</b>
<b>Economic Status</b>															
Upper Class	75	5	6.7	5	100.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Upper Middle Class	105	29	27.6	17	58.6	0	0.0	3	10.3	4	13.8	2	6.9	3	10.3
Middle Class	405	131	32.3	21	16.0	29	22.1	19	14.5	18	13.7	4	3.1	40	30.5
Lower Middle Class	695	220	31.7	53	24.1	40	18.2	59	26.8	30	13.6	11	5.0	27	12.3
Lower Class	1220	386	31.6	212	54.9	48	12.4	42	10.9	50	13.0	15	3.9	19	4.9
<b>Total</b>	<b>2500</b>	<b>771</b>	<b>30.8</b>	<b>308</b>	<b>39.9</b>	<b>124</b>	<b>16.1</b>	<b>123</b>	<b>16.0</b>	<b>102</b>	<b>13.2</b>	<b>32</b>	<b>4.2</b>	<b>82</b>	<b>10.6</b>
<b>Parity</b>															

P 0	205	50	24.4	12	24.0	18	36.0	0	0.0	15	30.0	5	10.0	0	0.0
P 1- P2	1445	451	31.2	221	49.0	49	10.9	68	15.1	55	12.2	15	3.3	43	9.5
P 3-P5 Above	850	270	31.8	75	27.8	57	21.1	55	20.4	32	11.9	12	4.4	39	14.4
<b>Total</b>	<b>2500</b>	<b>771</b>	<b>30.8</b>	<b>308</b>	<b>39.9</b>	<b>124</b>	<b>16.1</b>	<b>123</b>	<b>16.0</b>	<b>102</b>	<b>13.2</b>	<b>32</b>	<b>4.2</b>	<b>82</b>	<b>10.6</b>

\*Small Scale, (Food, Shoes making, Bamboo items) Industry, Welding Workshop, Brick furnace

**Table VII: Action taken for Physical Violence at Workplaces**

Of these 771 women, 45.9% sought help from SC/PHC, 34.0% from SDH/DH, and the remaining 20.1% from other places like private hospitals or dispensaries. The correlation of the healthcare sought for PV with various demographic features is shown in table VIII (Table VIII).

Variables	Total	Healthcare Sought against Physical Violence at Workplaces							
		Yes	%	If yes, where					
				*SC / **PHC	%	***SDH /**** DH	%	Others	%
20 To 29	1442	471	32.7	212	45.0	136	28.9	123	26.1
30 To 39	605	200	33.1	88	44.0	94	47.0	18	9.0
40 To 49	453	100	22.1	54	54.0	32	32.0	14	14.0
<b>Total</b>	<b>2500</b>	<b>771</b>	<b>30.8</b>	<b>354</b>	<b>45.9</b>	<b>262</b>	<b>34.0</b>	<b>155</b>	<b>20.1</b>
<b>Education</b>									
Illiterate	717	230	32.1	149	64.8	45	19.6	36	15.7
Primary	1133	376	33.2	160	42.6	153	40.7	63	16.8
Secondary	430	131	30.5	32	24.4	54	41.2	45	34.4
Higher Secondary	150	19	12.7	7	36.8	6	31.6	6	31.6
Graduate	55	13	23.6	5	38.5	3	23.1	5	38.5
Post Graduate/ Professional	15	2	13.3	1	50.0	1	50.0	0	0.0
<b>Total</b>	<b>2500</b>	<b>771</b>	<b>30.8</b>	<b>354</b>	<b>45.9</b>	<b>262</b>	<b>34.0</b>	<b>155</b>	<b>20.1</b>
<b>Profession</b>									
Home Maker									
Farm Labourer	1856	601	52.9	260	43.3	233	38.8	108	18.0
Other Work Labourer*	564	165	29.3	89	53.9	29	17.6	47	28.5
Shop Keeper	80	5	6.3	5	100.0	0	0.0	0	0.0
<b>Total</b>	<b>2500</b>	<b>771</b>	<b>30.8</b>	<b>354</b>	<b>45.9</b>	<b>262</b>	<b>34.0</b>	<b>155</b>	<b>20.1</b>
<b>Economic Status</b>									
Upper Class	75	5	6.7	0	0.0	5	100.0	0	0.0
Upper Middle Class	105	29	27.6	10	34.5	6	20.7	13	44.8
Middle Class	405	131	32.3	44	33.6	42	32.1	45	34.4
Lower Middle Class	695	220	31.7	102	46.4	71	32.3	47	21.4
Lower Class	1220	386	31.6	198	51.3	138	35.8	50	13.0
<b>Total</b>	<b>2500</b>	<b>771</b>	<b>30.8</b>	<b>354</b>	<b>45.9</b>	<b>262</b>	<b>34.0</b>	<b>155</b>	<b>20.1</b>
<b>Parity</b>									

P 0	205	50	24.4	20	40.0	12	24.0	18	36.0
P 1- P2	1445	451	31.2	232	51.4	96	21.3	123	27.3
P 3-P5 Above	850	270	31.8	102	37.8	154	57.0	14	5.2
<b>Total</b>	<b>2500</b>	<b>771</b>	<b>30.8</b>	<b>354</b>	<b>45.9</b>	<b>262</b>	<b>34.0</b>	<b>155</b>	<b>20.1</b>

\*Small Scale, (Food, Shoes making, Bamboo items) Industry, Welding Workshop, Brick furnace

\*SC – Subcentre \*\*PHC – Primary Health Care

\*\*\*DH – District Hospital \*\*\*SDH – Sub District Hospital

**Table VIII: Health Care Sought for Physical Violence at Workplaces**

Overall, in the present study of 2500 women interviewed, 60.4% of women suffered PV at home with the majority (52.0%) by their husbands and 1361 (54.4%) women suffered PV at workplaces also with the majority (56.6%) by employers. A significant correlation was reported between young age, lower education levels, labor occupation, and low economic class of women with PV suffered at home and at workplaces ( $p < 0.05$ ). Furthermore, of all the women who suffered DV, 34.8% informed the police, but only 4.2% of women who faced PV at workplaces informed the police. The majority of the women informed their family members about the PV faced at home and in workplaces. Furthermore, of 1511 women who suffered DV, 94.2% sought health care from SC/PHC/SDH/DH/private dispensaries or clinics, compared to 56.6% women who suffered PV at workplaces.

## Discussion

VAW remains a major public health concern all over the world.<sup>7</sup> It usually results from factors occurring at the individual, family, community, and wider society levels that lead to increased risk. Some of these factors include lower education, witnessing family violence, antisocial behavior, alcohol/drug abuse, community norms that provide higher status to men. VAW leads to serious short- and long-term impacts on women's health and hence, should be condemned worldwide.<sup>1</sup> According to an Indian study, DV among Indian communities is a universal phenomenon and is usually unreported. The overall prevalence of DV in India alone varies from 18% to 70%, and these figures represent only the tip of the iceberg as most of the cases remain undocumented. [8,9], A multi-country study by the World Health Organization (WHO) on women's health and household violence revealed that the lifetime risk of physical abuse (PA), sexual abuse (SA), or both, varied between 15% to 71% in 10 countries.<sup>10</sup> Furthermore, the variables that were commonly found to be linked with VAW included young age, teenage marriage, low literacy levels, and husband's addiction to alcohol, and drugs.<sup>11</sup> VAW is one of the crucial social mechanisms by which women are forced into subordinate positions

The present community-based study was conducted to know the burden and consequences of PV suffered by women in remote rural communities with extreme poverty. Young women between 20-29 years, with less education, agricultural laborers, with births and belonging to low economic class suffered PV more often at home by their husbands, and also at the workplaces by their employers. Of 2500 women interviewed, 60.4% suffered DV with the majority (52.0%) by their husbands, and 1361 (54.4%) women suffered PV at workplaces with the majority (56.6%) by employers. The most common mode of PV suffered at home and workplaces was slapping or hitting body parts and / kicking. Majority of women who suffered PV at home or workplaces informed their family members about the incident. It was observed that 34.8% of those who suffered DV informed the police, but only 7.1% reported to police after DV by husbands and 4.2% by those who suffered PV at workplaces by employers. Furthermore, 94.2% women who suffered DV sought healthcare from SC / PHC / SDH / DH / private dispensaries or clinics, compared to 56.6% women who suffered PV at workplaces. Of 52.0% women who suffered DV from husbands, 50.8% sought healthcare from SC/PHC, 30.4% from SDH/DH and the remaining 18.7% from private hospitals or dispensaries. A similar study was conducted to explore the determinants of violence in rural areas of Bangladesh which

revealed that higher education, higher socioeconomic status, non-Muslim religion, and extended family residence were found to be associated with lower risks of VAW.<sup>12</sup> A study from Eastern India also revealed that the overall prevalence of physical, psychological, sexual, and any form of VAW were 16%, 52%, 25%, and 56% respectively with husbands responsible for the majority of the cases and in some cases the involvement of husband's parents was also reported. It was also observed that socio economic characteristics of women like urban residence, lower education, older age, and lower family income were associated with increased risk of DV.<sup>13</sup> Similar study was conducted in the USA to know the physical and mental health impacts of intimate partner violence (IPV) on women and reported that 28.9% of women experienced physical, sexual, or psychological IPV during their lifetime. They also observed that IPV was associated with an increased risk of poor health, depressive symptoms, and substance abuse among women and resulted in chronic diseases, chronic mental illness, and injuries.<sup>14</sup> Furthermore, a study from Nigeria reported that according to section 282 of the Nigerian Penal Code men could beat their wives whenever they felt necessary and hence such PV allowed by the court was often viewed as a family issue, further adding to the misery of women and making them more reluctant to speak up about their experiences.<sup>15</sup> Another study revealed that Sub-Saharan Africa had the highest prevalence of IPV against women all over the world with an estimated pooled prevalence of 41.3%. It was observed that the risk of experiencing IPV were significantly more for less educated and rural women.<sup>16</sup> A similar study was conducted on 600 women which revealed that the lifetime prevalence of IPV was 64% in rural women compared to 70% in the urban areas of South western Nigeria. It was observed that the most frequently reported type of IPV experienced by both rural and urban women was controlling behavior of their partners. Furthermore, urban women suffered from SV and controlling behaviors of their partners more commonly than rural women, whereas rural women experienced more of PV. Hence, it was concluded that IPV was common in women of both communities, though the types of IPV experienced were different.<sup>17</sup> A study was conducted on women attending infertility clinics in Turkey to know the prevalence of IPV and family violence, which revealed that 76.8% of the women were exposed to violence, 62.5% of the women reported that the perpetrator of the violence were their own relatives, of which 17.7% were spouses.<sup>18</sup> On the contrary to such results, a recent study conducted on the pooled data from 578,471 women who were interviewed 1,672,999 times in the National Crime Victimization Survey (NCVS) between 1994 and 2015 reported that women living in rural isolation were at a lower risk of IPV victimization as compared to other American women and the women that resided in small towns in the urbanized portions of nonmetropolitan counties, who were found to be at higher risk of suffering PV by an IP.<sup>19</sup> A study conducted in Southeast Nigeria to know the burden and perception of DV among rural and urban women revealed that the prevalence of DV particularly PV among rural women was significantly higher compared to the urban women.<sup>21</sup> Another study from Ethiopia revealed that the lifetime prevalence of DV against women by their husbands or IP ranged from 20-78%, of domestic PV by husband or IP 31-76.5 % respectively.<sup>22</sup>

## Conclusion

In the present community-based study amongst rural women, 60.4% and 54.4% of women were found to have suffered PV at home and at workplaces respectively, with the majority by their husbands at home (52.0%) and by the employers at workplaces (56.6%). Most of them informed about the PV at home and at workplaces to their family members with 34.8% of those who suffered DV and 7.1% who suffered at the hands of their husbands compared to 4.2% who suffered PV at workplaces, informed the police. Demographic features like age, education, occupation, and socio-economic status did affect the burden of PV against women. It is therefore necessary to generate awareness and formulate laws and policies for the protection of women against violence. Healthcare workers should be educated and trained to identify such conditions and inform to appropriate authorities about it. Right steps taken at the right time can prevent many long-term damages to the society and nation on the whole.

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