

Domestic Violence Against Women: A Hidden Health and Social Problem in Bangladesh

**Md Mizanur Rahman
Md Shahidullah
Md Shahiduzzaman**

Abstract. This study is aimed to investigate the prevalence and pattern of domestic violence against women and to identify the factors influencing the domestic violence. Cross sectional data from married women aged 15 years and above from rural and urban slum areas were collected for the quantitative analysis. The study also conducted qualitative analysis with findings obtained from selective focus group discussions. Findings from the study indicated that more than half of the women studied experienced domestic violence. The highest type of violence experienced by these women was psychological violence and the highest percentage in form of abuse was verbal abuse such as name calling, classified as bad girl/women, criticized, false allegation, trying to be murdered, undermining, and threaten to be divorced. Husbands were the highest percentage as abusers, and the highest reason to abuse was due to household matters i.e. did not work as instructed. The quantitative analysis revealed that age, socioeconomic condition, type of family, and marital satisfaction was significantly associated with domestic violence. This study suggested that media campaign is one way to educate the community about health and social consequences of domestic violence, and create awareness and prevent domestic violence on women.

Keywords: Domestic violence, women, health, social problem, Bangladesh

1. INTRODUCTION

Violence against women has recently been recognized by the United Nations as a fundamental violation of women's human rights (UN Resolution 48/104). However, historically, little attention has been given to

domestic violence as a broad social issue or an issue relevant to public health. Less effort has been devoted in tackling the underlying causes of abuse (Heisse et al., 1994). Gender based violence includes host of harmful behaviours directed at women and girls because of their sex, such as wife abuse, sexual assault, dowry related murder, several type of malnourishments, forced prostitution, female genital mutilation, and sexual abuse. Violence among women includes any act of verbal or physical force, coercion or life threatening deprivation, directed at a woman or a girl causing physical or psychological harm, humiliation or arbitrary deprivation of liberty that will perpetuate female subordination (Finkler, 1997).

The most endemic form of violence against women is conducted by their intimate male partner. A study in India found that 75% of the lower caste men admitted beating their wives, 22% of higher caste men admitted wife beating, and 75% of scheduled caste wives were being beaten frequently (Mahajan, 1990). Another study in Karnataka, India found that 42% of the women were physically being assaulted by their husbands and 12% of the women reported have been beaten in the last month (average 2.65 times). It was noticed that most of the violence were under reported (Rao, 1993). Sonali (1990) observed that 60% of the women in Sri Lanka had been beaten and 51% of them were beaten by their husbands using weapons. The Malaysian Women's Aid Organization (1992) reported that 39% of women had been physically beaten by their intimate partner and 15% of adults consider wife beating acceptable. Larrain (1993) found in Chile that 60% of women were abused by a male intimate; 26% were physically abused (severe abuse) i.e. more than pushes, slaps or being thrown by an object, 70% of those abused have been abused more than once in a year. Ramirez & Uribe (1993) reported that 57% of urban and 44% of rural women in Mexico had experienced "inter-spousal violence"; husband was the principal aggressor in more than 60% of cases.

The study regarding domestic violence against women in Bangladesh were very limited and conducted in small scale. A study in rural Bangladesh found that 47% of the women had been beaten by their husbands in the past year (Schuler et al., 1996). Another study conducted by Steele, Amin, and Naved (1998) reported that verbal abuse was very common and 85% of currently married women reported to have experienced these forms of abuse. Khan et al., (1998) observed that 22% of the women were physically abused by their husbands and 28% experienced mental torture (i.e. threat to beat, divorce or abandon, or pressure for dowry). Chowdhury and Rahman (2000) reported that 31% of the pregnant women had experienced violence during their current pregnancy in the form of physical and mental torture. Many

studies found that it was common to find violence among women of 20 years and above age group. Domestic violence prevalence among educated husbands was 15% compared to 33% among husbands with no formal education. It was also reported that violence was more common among poor (40%) than rich (33%) (Chowdhury and Rahman, 2000).

This study is an attempt to explore the situation of domestic violence in the community. The findings of the study will provide a comprehensive picture about the domestic violence against women in Bangladesh. It may act as a base and guideline for health service planners and social workers to make appropriate measures to improve the situation.

2. RESEARCH METHOD

Both quantitative and qualitative study designs were adopted in this study. Cross-sectional data were collected from rural areas and urban slums in Bangladesh. The study was conducted during October 2002 to January 2003. The respondents of the study were married women aged 15 years and above. A multistage random sampling technique was adopted for the selection of districts, *thanas* (the lowest administrative unit), and villages. A total of 775 women were studied (about 20% of women were selected from each region i.e six divisions of Bangladesh). For quantitative data, a semi-structured interview schedule was developed consisting of socio-economic-demographic variables such as age, education, employment, and residence as well as data on pattern of abuse they experienced in previous year. Further, qualitative information was gathered to discuss a selective qualitative information from focus group discussions (FGDs) among selected women with views to explore the reasons behind domestic violence and explore the coping strategies made by the battered women during violence.

Respondents were adequately informed and explained about the purpose and objectives of the study. They were assured the confidentiality of the information they provided. Informed consent was obtained before a respondent was interviewed. Their voluntary cooperation was sought and no information was collected from them by coercion or threat. The study followed the basic research ethics by ensuring the participants about the anonymity and use of the information and guaranteeing them that the information would be used solely for research purpose.

Both univariate and bivariate analyses were performed. Multivariate logistic regression analysis was performed to identify the socio-economic and

demographic factors, which were significantly related to domestic violence against women. Principal Component Analysis (PCA) was applied to assess the wealth index. Variables included in the PCA model were possession of household assets including household belongings i.e. radio, television, motor cycle, car, and refrigerator. Then the wealth index was ranked as poor, middle class and rich. Similar analysis was done to assess the composite marital satisfaction based on the 20 questions of social and psychosexual aspects of marital life. Each question was scaled from 0 to 8 with the lowest score '0' as excellent satisfaction. Data analysis was performed using the Statistical Package for Social Science. Statistical significance was tested at 5 percent of probability level and p value <0.05 was considered as significant.

3. RESULTS

3.1 Socio-demographic characteristics

The mean age of the respondents was 27.2 years with a range of 15 to 49 years. Most of the respondents were living in rural areas (79%) and 21% were living in urban slums. The median years of schooling was 5.0 years and 46% of the respondents were illiterate. However, 37% of respondents had 11 years of education and above. Majority of the women were housewives, only 9% were wage earners. About 90% were Moslems living in nuclear families. The mean family size was 4.4 persons. The median income of the respondents was Taka 2,740.0 (Bangladeshi Currency). One third of the respondents (32%) were in the poor class, 58% in the middle class, and 10% were rich. Regarding marital satisfaction, 23% had excellent marital life and another 23% had good, one fourth, average, and 27% had poor quality of marital life (Table 1).

3.2 Domestic violence

Out of the 775 respondents, 413 (53%) had history of domestic violence in any form and the rest 362 (47%) had no such history. Regarding the pattern of domestic violence, the most frequent type was psychological violence (29%), followed by sexual (15%), physical, and psychological (12%), physical and psycho-sexual (10%), physical (4.0%), and one respondent had a history of physical and sexual abuse 1 (0.2%) (Figure 1).

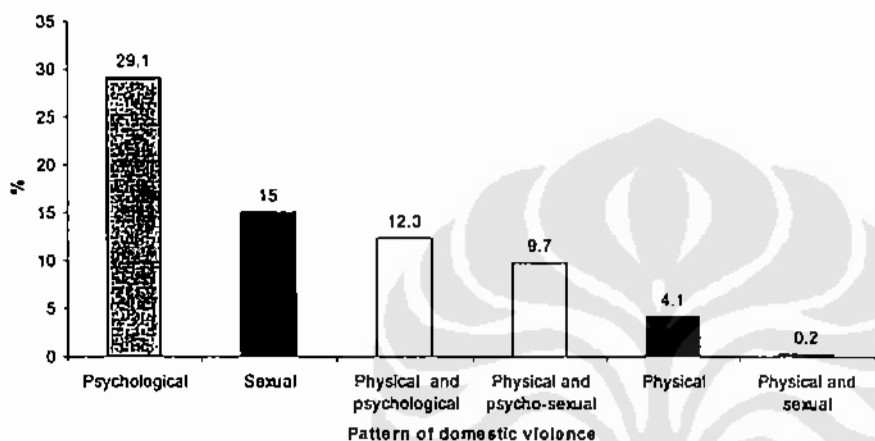
Table 1
SOCIO-DEMOGRAPHIC CHARACTERISTICS AND MARITAL SATISFACTION OF
THE RESPONDENTS (N=775), BANGLADESH

Characteristics	Frequency	Percent	Mean or Median \pm SD
Age in years			
<20	113	14.6	Mean : 27.2 \pm 7.5 years
20-29	360	46.5	
30-39	228	29.4	
\geq 40	74	9.5	
Residence			
Rural	613	79.1	
Slum	162	20.9	
Years of schooling			
0	358	46.2	Median: 5.0 years
1-5	39	5.0	
5-10	94	12.1	
\geq 11	284	36.6	
Occupation			
Housewife	689	88.9	
Working	71	9.2	
Unemployed	15	1.9	
Religion			
Islam	672	86.7	
Hinduism	103	13.3	
Type of family			
Nuclear	675	87.1	
Not nuclear	100	12.9	
Family size			
1-3	242	31.2	Mean: 4.4 \pm 1.7 persons
4-6	466	60.1	
\geq 7	67	8.6	
Monthly family income (Taka in Bangladeshi currency)			
<2000	216	27.9	Median income. =Tk 2740.0
2000-5999	461	59.5	
6000-9999	64	8.3	1 US Doller = Tk. 60.0
\geq 10000	34	4.4	

Table 1 (Continued)

Characteristics	Frequency	Percent	Mean or Median \pm SD
Wealth index			
Poor	246	31.7	
Middle	452	58.3	
Rich	77	9.9	
Marital satisfaction			
Excellent	176	22.7	
Good	177	22.8	
Average	193	24.9	
Poor	208	26.8	

Figure 1
PATTERN OF DOMESTIC VIOLENCE (N=413)



3.3 THE FORM OF ABUSE

The most frequent form of abuse was slapping (66%), followed by pulling of hair (22%), punching (23%), injury by blunt weapon (14%), pushing (11%), kicking (10%), hitting (8%), and throwing objects (6%). Verbal abuse (94%) appeared to be the highest psychological abuse, followed by verbal abuse calling by the name of parents (12%), name calling, classified as a bad girl/woman, criticized, false allegation, dishonor, trying to kill, undermining, separation, and breaking utensils. Most of the form of sexual abuse was provoked by sexual intercourse (63%) followed by forced sexual

intercourse (36%), suspicion of sexual relation with others (1%), calling by sex, hitting private parts, false sexual allegation, unwanted touch in private parts, and compelled to take a child. The highest percentage of abusers was husbands (73%) followed by mothers-in-law (66%), neighbors (11%), brother and sister-in-law.

Regarding the reasons for violence, majority of respondents were abused due to household matters i.e. did not work as instructed, preventing husband to have second marriage, quarrel with husband, wrong doing, suspicion of extramarital relationship, fail to give dowry, preventing husband's anti-social activity, and land dispute. Surprisingly, about three fourths (73%) of the respondents did not mention any reason of sexual abuse and 13% mentioned that they did not submit to sexual intercourse at that time, 6% mentioned that conflict started with household matters that ended with sexual abuse and other minor events like quarrel with husband, economic reason, failing to give pleasure during sexual act (data not shown in the Table).

4. DIFFERENTIALS OF DOMESTIC VIOLENCE AGAINST WOMEN: MULTIVARIATE ANALYSIS

Multivariate logistic regression analysis was carried out to assess the independent effects of the variables of domestic violence against women. History of domestic violence was dichotomized into a 'yes/no' answer and was fitted into binary logistic regression model. Eight variables out of ten that were fitted in the bivariate analysis showed significant association with domestic violence against women. Six variables were entered into final logistic regression model (income and religion were excluded due to poor fitting in the model). The analysis revealed that respondent's age, residence, wealth index, and marital satisfaction appeared to be significantly associated with domestic violence against women. The probability of domestic violence was 2.2 times for those aged 20-29 years than the other age groups and 2.0 times for those aged 30-39 years. The domestic violence was 1.6 times higher among women living in slum areas than those rural counterparts. Findings from the study show that domestic violence was 3.8 times higher among respondents with poor economic condition. Among respondents with poor marital satisfaction, domestic violence was 7 times higher and among those with average marital satisfaction was 5.0 times higher than those with excellent marital satisfaction.

**PERPUSTAKAAN PUSAT
UNIVERSITAS INDONESIA**

Table 3
LOGISTIC REGRESSION ANALYSIS OF DOMESTIC VIOLENCE BY SELECTED
VARIABLES, BANGLADESH, 2002-2003

Variables	β	p value	Odds ratio	95.0% C.I.
Age in years				
<20	0.559	0.121	1.749	0.862-3.547
20-29	0.780	0.012	2.182	1.187-4.011
30-39	0.702	0.029	2.018	1.074-3.792
≥40 (Ref)	-	-	-	-
Residence				
Rural (Ref)	-	-	-	-
Slum	0.475	0.026	1.608	1.058-2.445
Years of schooling				
0	0.191	0.315	1.211	0.833-1.759
1-5	0.308	0.437	1.360	0.626-2.954
5-10	0.005	0.986	1.005	0.586-1.723
≥11 (Ref)	-	-	-	-
Type of family				
Not nuclear (Ref)	-	-	-	-
Nuclear	0.645	0.013	1.907	1.146-3.171
Wealth index				
Poor class	1.343	0.001	3.829	2.056-7.131
Middle class	0.196	0.508	1.216	.681-2.173
Rich (Ref)	-	-	-	-
Marital satisfaction				
Excellent (Ref)	-	-	-	-
Good	0.865	0.001	2.375	1.480-3.812
Average	1.616	0.001	5.035	3.127-8.106
Poor	1.961	0.001	7.104	4.371-11.547
Constant	-2.934	0.001		
Model chi-square		167.955		
df		13		
N		754		
p value		0.001		

5. DISCUSSION

The consequence of domestic violence extends beyond the physical harm infliction. A single episode may carry profound psychological consequences (Fischbach and Herbert, 1997). An intensive threat or fear provoking language may immobilize and or terrorize its female victim. Manifestations of shame or diminishment of worth may take other forms in the culture, among different family values and kin group over any individual member. The intense shame and or loss of face suffered by mockery or verbal abuse may disproportionately devastate a wife and prevent her to utilize community networks and social supports that could ameliorate her psychological and spiritual pain. A variety of forms of psychological abuse are frequently done. These include forced isolation, humiliation, denial of support, and threat of violence and injury. Women frequently are reluctant to disclose abuse because of feeling of self-blame, shame, and loyalty to her abuser or fear. Moreover, women in many cultures are taught to accept physical and emotional chastisement as part of the husband's marital prerogative, making them less likely to self identify as being abused.

Domestic violence against women is a significant health and social problem that are common in all societies. The manifestations and forms of violence vary in different settings. Practically, most of the people believe that any act on women/children is a personal and private one and it is needed to change them. Typically, men control the "knowledge industry", shaping emotional expressions, values and even the facts to justify and perpetuate violence against women as a normal feature in life. They can do so because the lack of power to influence the family and community even though they have enough knowledge. In most cases, it is thought to be a trivial familial matter. That is why violence against women is unrecognized in the society.

This study tried to explore the hidden fact of violence against women. Although the spectrum of study about violence was very limited, the frequency of violence inflicted was high. The women's reproductive health is closely related with the social status in which they are married. Marriage at lower age contributes to early familial life, which in turn increases the risk of reproductive health problems including childbearing with immature physical and emotional development. The Focus Group discussions (FGDs) revealed that early age at marriage with wider spousal age difference is one factor, which hinder the household decision making process. In fact, young age with poor mental development hinder them to make any positive role in the family. As a result, married women are continuously exposed to marital conflicts. The cultural context also plays an important role in violent behaviour. Cultural

tradition and social norms are sometimes used to justify the practices of women abuse, or the physical punishment of the children and physical violence against women as a means of conflict resolution among young males. Not only, traditionally have men been in a dominant position and women in a submissive one. This is perceived not only traditional but also natural. Furthermore, there is a tendency, particularly in village areas, to legitimize the patriarchal attitudes on the basis of tradition. Another important issues related to domestic violence is poverty. Although poverty itself does not appear to be consistently associated with violence, the juxtaposition of extreme poverty with extreme wealth appears to be universally associated with interpersonal and collective violence. This study revealed that domestic violence appeared to be high among the respondents with poor socioeconomic conditions. The study found a consistent result with poor marital satisfaction and domestic violence. An observation that was conducted in Sri Lanka, found that wife beating was associated with early age at marriage for women, low income, low standard of living, large families and husband's anti-social activity like alcoholism. The study also found a significant relationship between domestic violence and poor socio-economic condition (Sonali, 1990).

Regarding sexual violence in this study, 35% of women reported that they were being forced to have sex with their intimate partners. The finding is consistent with previous studies (WHO, report) (Panos Breifing, 1998). The forced sex is much higher in this study perhaps because in their culture wives should not refuse having sex with husbands unless during menstruation period or when she is sick. Other form of sexual abuse was reported in this study such as exhibitionism (symbolic sexual act), unwanted sexual touching, and fondling. On the other hand, experiencing intimate partner violence and forced sex was not perceived as a negative belief about sexual relationships. Women experiencing intimate partner violence and forced sex were more likely to believe that sex is an important way to show love and that sex is one of the most pleasurable experiences in life. However, women experiencing intimate partner violence were more likely to hold more traditional belief for procreation and that is the male's responsibility to discuss sex.

Victims of physical violence have complained some physical symptoms such as headache, vertigo, and dizziness or certain portion of victims reportedly mentioned in favour of suicidal thoughts and became depressed. In most of the situation they keep silent or thinking something will happen to them and blaming themselves that this is their fate. This might have long-term effect on their children and ultimately they lost interest of life. On the contrary, majority of the victims of sexual violence did not complain any symptom, however, a few complained, of burning sensation in genitalia,

burning micturition, and pain in lower abdomen. In fact, most of the victims of sexual violence thought that there is no way to be relieved from this situation. These limitations serve as serious barriers to proper diagnosis, treatment, and prevention of domestic violence.

6. CONCLUSION

Violence against women and girls increases their risk of poor health. The cost to the society in terms of health care alone of violence against women is tremendous. Women experiencing violence may have reduced their contribution to the society. Violence against women in most instances are unrecognized, underreported and is accepted as a part of the culture. It is also considered as private matters. Most of them take place within the families and mostly conducted men. So, useful and fruitful media campaigns to educate the community regarding the health and social consequences of domestic violence and integrated community approach is strongly recommended for creation of awareness and prevention of domestic violence against women.

ACKNOWLEDGEMENTS

The research was funded by a grant from Bangladesh Medical Research Council (BMRC). We acknowledge Director, BMRC for financial assistance.

REFERENCE

- Chowdhury S. and Rahman F. 2000. "Domestic Violence in Pregnancy in a Rural Area of Bangladesh", *Seminar Proceeding on Safe Comm-9. The 9th International Conference on safe Communities*. Dhaka, Bangladesh.
- Finkler K. Gender. 1997. "Domestic violence and sickness in Mexico", *Social Science and Medicine*, 45:8:1147.
- Fischbach RL and Herbert B. 1997. "Domestic Violence and Mental Health: Correlates and Conundrums Within and Across Cultures," *Social Science and Medicine*, 1997 45:8:1161.
- Heisse LL, Raikes A, Watts CH and Zwi AB. "Violence against Women: A Neglected Public Health Issue in Less Developed Countries", *Social Science and Medicine*, 1994; 39:9:1165-1179.

- Khan M, Ahmed M, Bhuyia A, Chowdhury M. 1998. "Domestic Violence Against Women: Does Development Intervention Matter?", BRAC-ICDDR, B Joint Research Project.
- Larrain S. 1993. "Study of the frequency of interfamilial violence and the condition of women in Chile" (*Estudio De Frecuencia de la Violencia Intrafamiliar Y la Condicion de la Mujer en Chile*). Pan American Health Organization, Santiago.
- Mahajan A. 1990. "Investigations of Wife Battering", in Sood S (ed), *Violence Against Women*. Jaipur, India: Arihant Publishers.
- Panos Briefing. 1998. *The Intimate Enemy: Gender Violence and Reproductive Health*. Panos Briefing 27. 1998.
- Rao V. 1993. *Population Studies Center*. University of Michigan. Ann Arbor, Michigan. (Unpublished).
- Ramirez RJC and Uribe VG. 1993. "Mujer y Violencia: Un Hecho Cotidiano", *Salud Publica Mex* 1993; 35(2):148.
- Schuler S, Hashemi S, Riley P, Akhter S. 1996. "Credit Programmes Patriarchy and Men's Violence Against Women in Rural Bangladesh", *Soc Sci Med* 1996; 43(2):1729-1742.
- Sonali D. 1990. *An Investigation into the Incidence and Causes of Domestic Violence in Sri Lanka*., Colombo, Sri Lanka: Women In Need (WIN).
- Steele F, Amin S, Naved RT. 1998. "The Impact of an Integrated Micro-Credit Programme on Women's Empowerment and Fertility Behaviour in Rural Bangladesh". *Working Paper* No. 115. Policy Research Division NY: Population Council.
- Women's Aid Organization. 1992. *Draft Report of the National Study on Domestic Violence*. Women AID Organization, Kuala Lumpur.

Md. Mizanur Rahman. Assistant Professor, Biostatistics, National Institute of Preventive and Social Medicine (NIPSOM), Mohakhali, Dhaka-1212. E-mail: aniq@citechco.net

Md. Shahidullah. Professor, Biostatistics, Bangabandhu Sheikh Mujib Medical University Shahbag, Dhaka.

Md. Shahiduzzaman. Ex-Division Chief, Planning Commission Ministry of Planning, Sher-e-Bangla Nagar.