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Prevalence of Domestic Violence among Pregnant Women in Gulmi District, Nepal

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ABSTRACT

Introduction: Domestic violence (DV) is a substantial danger to pregnant women's physical and emotional health due to their heightened susceptibility during pregnancy, making it an important problem in public health campaigns. The main aim of this study was to identify the prevalence of domestic violence among pregnant women in Gulmi district.

Methods: A descriptive cross-sectional study was conducted among 192 womens attending ANC visit in the district hospital of Gulmi District. A semi-structured questionnaire was used to obtain information related to socio-demographic characteristics and violence related characteristics. Data were entered and analyzed using SPSS version 20.0. Results were presented in frequency and percentage.

Results: The prevalence of domestic violence was found to be 24.5%. Among the 47 cases of domestic violence, responses of emotional violence (21.9%) were highest followed by physical violence (18.2%) and sexual violence (10.9%). The majority of the perpetrators of violence were husbands (68.08%) followed by mothers-in-law (10.64%).

Conclusions: The prevalence of domestic violence among the pregnant women in Gulmi district indicates an urgent need for specific protective measures, such as public awareness campaigns, social policy, and stronger legal reforms.

Keywords: *Domestic violence, Pregnant; Prevalence; Violence.*

INTRODUCTION

Domestic violence (DV) is a severe public health problem and a violation of human rights that affects one in every three women worldwide.[1] DV has been well-documented with negative impacts on women's health, as well as significant micro- and macro-economic consequences.[2-6]

In Nepal, domestic violence (DV) is referred to as "gharelu hinsa" or "mahila hinsa," which is related to domestic violence and gender-based violence (GBV), respectively.[7] Other types of domestic violence are as follows, polygamy, extra-marital relationships, beating, neglect, and verbal abuse that are implied by these terms.[8] Domestic violence is widespread in Nepal; about one quarter (26%) of ever-married women have ever experienced physical, sexual, or emotional IPV, with the most common type being physical abuse (23%).[9] Though researches on gender based violence are prevalent, researches on violence among pregnant women are very few. In this context, we aimed to conduct a study to identify the prevalence of domestic violence among pregnant women in Gulmi district, Nepal.

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METHODS

A descriptive cross-sectional study was conducted among 192 pregnant women visiting ANC in the Tamghas District Hospital of Gulmi District. Prior to data collection, we obtained an ethical approval letter from the Nepal Health Research Council (Ref. 130/2017). Duration of the data collection was from March 2017 to April 2017. A written informed consent was taken from the participants before collecting the data. Pregnant women who were physically and mentally sound and willing to participate were included in the study.

Sample size was calculated using the formula:

Sample size (n) = Z^2pq/d^2

Where,

Prevalence (p) = (28%) 0.28 (Prevalence of ever-married women of age group 15-49 who have ever experienced physical or sexual violence committed by their husband/partner from Nepal Demographic Health Survey)[10]

q= 1-p = 1-0.28 = 0.72

Confidence Interval (CI) =95%, Z= 1.96

Margin of error (d) = 7% = 0.07

Therefore, the sample size calculated was 159. Taking a non-response rate of 10%, the total sample size was 175. However, we recruited 192 participants in the study. Women visiting ANC in the hospital were selected conveniently.

We conducted face to face interviews using a semi-structured questionnaire. It includes socio-demographic characteristics and violence related characteristics. The questionnaire was prepared by reviewing the literature and was translated into the Nepali language for administering to the participants. Reliability of the instrument was maintained through pre-testing the instrument. For pre-testing the 10% of the total sample in the same setting was taken and it was excluded from the main sample of the study. The collected data was entered and analyzed in SPSS version 20. Descriptive analysis was done and presented using frequency and percentage.

RESULTS

Prevalence of Domestic Violence:

Table 1 shows the prevalence of domestic violence among the 192 respondents. Of total, 24.5% of them faced domestic violence while 75.5% did not.

Table 1. Prevalence of Domestic Violence (n=192)

Prevalence Of Violence	n(%)
Yes	47 (24.5)
No	145 (75.5)

Forms, Perpetrator and Causes of Domestic Violence

Table 2 represents forms, perpetrator and causes of domestic violence experienced by the respondents. It was found that among the 47 cases of violence, responses of emotional violence (21.9%) were highest followed by physical violence (18.2%) and sexual violence (10.9%). Among the different forms of physical violence, beating with fist (37.8%) was most common followed by slapping (35.6%). Among the forms of emotional violence, threatening was most common (72.3%) followed by verbal abuse (27.7%). Majority of the perpetrators of violence were husbands (68.08%) followed by mother in law (10.64%). It was found that alcoholism was a major cause of violence (34.8%) followed by son preference (19.7%).

Table 2. Forms, Perpetrator and Causes of Domestic Violence (n=47)

Characteristics	n(%)
Forms of Violence	
Physical Violence	
Yes	35 (18.2)
No	12 (6.3)
Forms of Physical Violence **	
Slapping	32 (35.6)
Pushing	21 (23.3)
Choking	2 (2.2)
Beating With Fist	34 (37.8)
Hitting With Weapon	1 (1.1)
Sexual Violence	
Yes	21 (10.9)
No	26 (13.5)
Emotional Violence	
Yes	42 (21.9)
No	5 (2.6)
Forms of Emotional Violence**	
Verbal Abuse	13 (27.7)
Threatening	34 (72.3)
Perpetrator of Violence	
Husband	32 (68.08)
Father In Law	2 (4.26)

Characteristics	n(%)
Mother In Law	5 (10.64)
Both Husband And In-Laws	4 (8.51)
Both In-Laws	4 (8.51)
**Causes of Violence **	
Alcoholism	23 (34.80
Gambling	8 (12.1)
Polygamy	3 (4.5)
Son Preference	13 (19.7)
Extramarital Affairs	6 (9.1)
Dowry	8 (12.1)
Inter-caste Marriage	5 (7.6)

** Multiple Response

Socio-demographic Characteristics

The data in Table 3, showed the socio-demographic information of the respondents. The mean age of the respondents was 23.9 with standard deviation 4.089 (i.e. Mean ± SD = 23.9 ± 4.089). The women ranged in age from 17 years to 36 years of age. Majority of the women were Chhetri (37%) followed by Brahmins (26%). Out of 192 respondents, 189 were Hindu representing the majority (98.4%) of respondents. Only 2.1% of the respondents were illiterate representing the literacy of the majority. The educational status of the husbands of respondents was similar i.e. majority (49%) acquired the highest educational status of secondary level. Regarding the occupation, the majority (82.8%) of respondents were housewives. Among the husbands of respondents, 28.6% were involved in business and 27.1% were foreign employers. The monthly income includes the income of husband and wives collectively. The table below shows that 34.9% of the respondents had monthly income in the range of 10,000- 20,000.

Table 3. Socio-demographic characteristics

Variables (n=192)	n(%)
Age in Years	
15-19	33 (17.2)
20-24	76 (39.6)
25-29	65 (33.8)
30-34	14 (7.3)
35-39	4 (2.1)
Mean ± SD=23.9 ± 4.089	
Ethnicity	
Brahmin	50 (26)
Chhetri	71 (37)
Newar	3 (1.6)
Dalit	40 (20.8)
Others	28 (14.6)

Variables (n=192)	n(%)
Religion	
Hindu	189 (98.4)
Christian	1 (0.5)
Muslim	2 (1)
Educational Status of Respondent	
Illiterate	4 (2.1)
Primary (1-5)	32 (16.7)
Secondary (6-10)	107 (55.7)
Higher Secondary (Above SLC)	49 (25.5)
Educational Status of Husband	
Primary (1-5)	32 (16.7)
Secondary (6-10)	94 (49)
Higher Secondary (Above SLC)	66 (34.4)
Occupation of Respondent	
Housewife	159 (82.8)
Service	11 (5.7)
Business	17 (8.9)
Others	5 (2.6)
Occupation of Husband	
Service	46 (24)
Labor	38 (19.8)
Business	55 (28.6)
Foreign Employment	52 (27.1)
Others	1 (0.5)
Monthly Income	
Below 5,000	7 (3.6)
5,000 - 10,000	20 (10.4)
10,000 - 20,000	67 (34.9)
20,000 - 30,000	52 (27.1)
Above 30,000	46 (24)

DISCUSSION

Domestic violence among pregnant women is an emerging concern which is underreported in many developing countries. Our data provides evidence of the prevalence of domestic violence among pregnant women. The prevalence of domestic violence in this study was found to be 24.5%. This percentage was similar or close to the results when compared to the prevalence of domestic violence stated in Nepal Demographic and Health Survey (NDHS) report 2011.[10]

This study recorded several forms of violence among the pregnant women but the most common form was emotional violence (21.9%) followed by physical violence (18.2%) and sexual violence (10.9%). The

results were similar to the population based- study in Nicaragua where the most common form of violence was emotional violence (32.4%) followed by physical violence (13.4%) and sexual violence (6.7%).[11]

Unlike the 6.2% prevalence of physical violence as shown in NDHS report 2011, the results in our study showed much higher prevalence of physical violence i.e. 18.3% which was almost three folds of the rate reported in NDHS, 2011.[10] Wide variation in the prevalence across studies stressed the importance of conducting additional studies on similar topics because of contextual variability of violence.

Sexual violence reported in this study was remarkably lower than other similar study [12] which may be attributed to the cultural norm of not complaining about male members of the community and the fear of disclosing personal difficulties. The possible explanation for lower occurrence of sexual violence observed in our study was extensively due to the perception of conjugal affairs as being private matter and is not disclosed especially in rural areas. The most common form of violence in our study was found to be emotional violence (21.9%). Emotional violence is one of the most common and safest ways to hurt someone because it can't be physically seen unless the victim says something about it being the abuse. Also, our study showed that most of the perpetrators were the wives' husbands (68.08%). The issue is that victims are afraid to tell their stories out of fear that their husbands would leave them if they do so. In addition, parents are concerned that their children may be harmed if they take action to stop the violence. As a result of this societal stigma, we feel that husbands should be major breadwinners.

The causes of domestic violence in our study were revealed to be alcoholism followed by son preference as a child, dowry and gambling habits. Alcoholism and gambling habits are common in the most rural settings of the country. The issues of fights between husband and wife due to alcoholism and gambling can be frequently observed. Similarly, in Nepalese society, son choice as a child is a frequent source of conflict. People think that their sons will care for them in their old age, while many grandparents feel that their grandchildren will show them the road to paradise, especially if the child is a son.

Gender-Based Violence (GBV) is often a hidden issue, since women in many countries fear retaliation for reporting, are uninformed of their rights, or lack of understanding of how and where to seek help.[13] Despite the fact that a community mediation center was established with the goal of resolving disputes at the local level, only a small percentage of women sought its aid.

There are some limitations in our study. Firstly, the study was done only in the district hospital due to time and financial constraints so it might be illustrative but not representative. Second, information about violence was self-reported, which might have led to recall bias.

Women were asked to report about their own experience of violence and the research was not observable, which may have led to information bias. In addition, although all efforts were made to create a comfortable environment and to assure participants that their responses would be confidential, the validity of the responses cannot be ensured because of the inability to observe the household scenario of the respondents.

CONCLUSIONS

Despite the efforts of several government and non-governmental groups aimed at eliminating all types of gender-based discrimination and enforcing existing laws, these voilent practices persist and are even seen on the rise. Every society should address the issue of pregnant women being exposed to domestic abuse. Public health officials must make it a top priority, since just raising awareness about domestic abuse isn't enough. Public awareness initiatives, social policies, and tougher legislative changes should be implemented to safeguard pregnant women in the Gulmi area from domestic abuse. There is a need for additional research into the causes and effects of domestic violence in order to create effective measures for avoiding domestic violence and eventually eliminating the risk factors.

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