



A cross sectional study on domestic violence following alcohol consumption against women residing in rural area of Tamil Nadu

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ABSTRACT

Introduction: Domestic violence is the wilful intimidation, physical assault, battery, sexual assault, and or other abusive behaviour as part of a systematic pattern of power and control perpetrated by one intimate partner against another. From previous studies alcohol is most important cause for domestic violence among intimate partner. Women experiences domestic violence related to alcoholism in her lifetime not only because of intimate partners but also from their close family members.

Objectives: To identify the prevalence of various forms of domestic violence among women living in rural areas of Tamil Nadu.

Methodology: A cross sectional study was done in rural field practice area of Kanchipuram district of Tamil Nadu.

It was completed in duration of 4 months. Multistage sampling method was used for selection of study population and WHO standardized questionnaire was used.

Results: The prevalence of various forms of domestic violence against women related to alcoholism was reported as 6.9% physical abuse, 13.9% mental abuse and 15.8% both physical and mental abuse.

Conclusion: Alcohol not only affects the abuser but also leaves behind an irreplaceable loss to his family members. It is an agent which causes unintentional injuries which can be preventable by initiating an appropriate health awareness program in the community

Keywords: Domestic violence, cycle of abuse

INTRODUCTION

Domestic violence is the willful intimidation, physical assault, battery, sexual assault, and or other abusive behavior as part of a systematic pattern of power and control perpetrated by one intimate partner against another.¹ The CDC defines it as "physical violence, sexual violence, stalking and psychological aggression (including coercive acts) by a current or former intimate partner²". There are various forms of violence which includes physical, sexual, psychological and emotional abuse. It has transformed into an epidemic in every com-

munity over years irrespective of age, social status, gender, race religion and nationality. Some of the risk factors associated with domestic violence are low socioeconomic status, lack of education, family status, low self-esteem, stress, personality disorders, alcoholism and drugs. It is referred to 'cycle of abuse' which is continued from exposed children to their adult relationship and to the care of elderly. It is a public health problem and virtually all health care professionals at some point will treat a patient who is a victim of domestic violence.² From previous studies alcohol is most important cause for domestic violence among intimate partner. It is

a psychoactive substance with dependence producing properties that has been widely used in many cultures for centuries.³The impact of alcohol consumption largely depends on total volume consumed and pattern of drinking. Its consumption acts as an important causal factor for more than 200 disease and injury conditions. A significant proportion of the disease burden attributable to alcoholism arises from unintentional and intentional injuries including RTA, Violence and suicides. Overall 5.1% of the global burden of disease is linked with alcohol as measured in Disability adjusted life years (DALYs)³. Total alcohol per capita consumption as of 2010 was 19.4 litre for males. Worldwide 3 million deaths result from harmful use of alcohol every year and this represents 5.3% of all deaths. Domestic violence victims are at risk of developing psychiatric illness like depression, anxiety, post-traumatic stress disorder and suicide.⁴ On comparing with urban and rural population it is estimated that rural women experience more severe forms of domestic violence due to their cultural habits, poor educational and socioeconomic status.⁴ Women experiences domestic violence related to alcoholism in her lifetime not only because of intimate partners but also from their close family members. The main aim of this study is to identify the prevalence of domestic violence among women living in rural areas of Tamil Nadu.

STUDY METHODOLOGY

A cross sectional study was done in rural field practice area of Kanchipuram district of Tamil Nadu. Total duration of study was done over 4 months from month of February 2019 to May 2019.

Sampling method: Multistage sampling method was used, in the first step Kanchipuram district was selected from Tamil Nadu, Among twelve villages in Rural field practice area of tertiary care hospital under Thirukalukundram block six villages were randomly selected and in each of these villages women residing in every tenth house who gave consent for the study were interviewed until sample size of 100 was reached.

Study tool: A Semi structured standardized questionnaire containing 16 questions with two parts, socio-demographic and domestic violence was used. Face to face Interview method was used to obtain the data. The abuser was either husband or other close family members. Questionnaire also had questions on type and duration of alcohol intake so as to rule out the severity of violence.

Inclusion criteria: Both married and unmarried women with no age restriction were included in the study.

Data analysis: Data collected was entered in excel sheet and analysis was done by using IBM SPSS. Chi square test was used to detect association between categorical data of domestic violence and other socio-demographic data. P value of <0.05 was said to be statistically significant

RESULTS

The socio-demographic characteristics were also studied for better understanding of risk factor associated with domestic violence. It suggested that nearly 62.4% of the respondents were unemployed and 37.6% were coolie workers. 33.7% of women showed intolerability to violence within 1 year and among them maximum were those who were unemployed (Table 4).

Table 1: Sociodemographic variables

Sociodemographical factors	Frequency (%)
Age	
20-30 yrs	31(30.7)
30-40yrs	29(28.7)
40-50 yrs	12(11.9)
>50 yrs	28(27.7)
Social status	
Employed	37(36.6)
Unemployed	63(62.4)
Socio economic status	
High	8(7.9)
Upper Middle	27(26.7)
Lower middle	9(8.9)
Low	56(55.4)
Family status	
Joint family	19(18.8)
Nuclear family	81(80)
Marital status	
Married	85(84.2)
Separated/ divorced	15(14.9)

Table 2: Association between Nature of violence and Age

Nature of violence	Age				Total
	20-30	30-40	40-50	>50	
No abuse	20	19	7	17	63
Abuse	11	10	5	11	37
Total	31(30.7)	29(28.7)	12(11.9)	28(27.7)	100

P value 0.963; Association between Age and Nature of violence was not statistically significant

Family status play a major role in reducing the impact of domestic violence, it is believed that joint family will have a strong support system for the women undergoing domestic violence when compared to women living in nuclear family. In this study 18.8% of the household followed joint family norm and 80.2% were nuclear family and both physical and emotional abuse was found to be common in nuclear family (Table 6).

Table 3: Associations between Nature of violence and frequency of violence

Nature of violence	Frequency of violence				Total
	Daily	weekly once	weekly twice	Occasional	
Physical abuse	5	1	0	1	7
Mental abuse	9	1	0	4	14
Both physical and mental abuse	15	1	0	0	16
Total	29(29%)	3(3%)	0	5(5%)	37

P value was <0.05; The association between frequency of violence and nature of violence was statistically significant

Table 4: Association between nature violence and social status

Nature of Violence	Social status		Total
	Employed	unemployed	
No abuse	20	43	63
Physical abuse	4	3	7
Mental abuse	5	9	14
Both	8	8	16
Total	37(37%)	63(63%)	100

P value < 0.05; Association between Social status and abuse and no abuse group was statistically significant

Table 5: Association between Nature of violence and socioeconomic class

Nature of violence	Socioeconomic class				Total
	High	Upper middle	Lower middle	Low	
No Abuse	4	17	7	35	63
Abuse	4	10	2	21	37
Total	8	27	9	56	100

P value was 0.69; Association between Nature of violence and socioeconomic class was statistically not significant

Table 6: Association between Nature of violence and family status

Nature of violence	Family status		Total
	Joint family	Nuclear family	
No abuse	10	53	63
Physical abuse	3	4	7
Mental abuse	5	9	14
Both type of abuse	1	15	16
Total	19(19%)	81(81%)	101

P value was 0.29; Association between abuse and no abuse group with family status was statistically not significant

Table 7: Association between nature of violence and marital status

Nature of violence	Marital status		Total
	Married	Separated/widowed	
No abuse	55	8	63
Abuse	30	7	37
Total	85(85%)	15(15%)	100

P value 0.40; The association between nature of violence and marital status was not statistically significant

Another important factor is monthly income nearly 37.6% of the women were not aware of the monthly income of family and 10.9% of household had income of less than 5000 and 14.9% of household income was more than 10000 and abuse was

also common among them. Since age group was not restricted aggressor included in the study were father, husband and siblings. Father was aggressor in 12.9% of household, husband was 83.2% and remaining 3.9% was sibling. In this study prevalence of various forms of domestic violence against women due to alcohol intake in family member were reported as 6.9% having physical abuse, 13.9% having mental abuse and 15.8% having both physical and mental abuse. 62.4% of women had no abuse in any form but had history of alcoholism in their family members and intolerance to the substance was also found to be less. 39.6% of the aggressors had habit of daily consumption of alcohol and among them 15 of them were involved in both physical and mental abuse followed by 9 of them involved in only mental abuse.

DISCUSSION

As per 2016 Data in India Lifetime physical and/or sexual intimate partner violence was 29% and in the last 12 months was 22%. Government of India have taken several measures to prevent such type of violence in women and girls. Protection of women from domestic violence act, came into force on 26th October 2005, it is a comprehensive and promising legislation that combines civil with criminal remedies to ensure immediate relief to victims of any violence occurring within family. A scheme called Aajeevika (National Rural Livelihoods Mission) seeks to organise 80-100 million rural women into self help groups which play an active role in taking up social issues affecting their members like domestic violence, alcoholism and child marriage. CAW (The crime against women cells) is one other measure which is available in all police stations in each district, it is headed by Assistant Commissioner of Police and it deals with complaints of violence against women.⁵ Studies on domestic violence mainly aims to predict the prevalence and risk factors in various parts of the world and helps to formulate ways to prevent them. The present study was done within a closed group of population in order to study the details of its association with sociodemographic factors in a more elaborate manner. Total prevalence of various forms of domestic violence like physical abuse, mental and emotional abuse related to alcoholism in the present study was 36.6%. Physical abuse

ranged from minor bruises, abrasion to severe laceration. Mental and emotional abuse seen in 13.9% caused depression and anxiety in many women which resulted in getting detached from oneself and with their children. A cross sectional study done by Meerambika Mahapatro, R N Gupta, Vinay Gupta on the risk factor of domestic violence in India suggested that 39% of women were abused and important risk factors associated with it are low income, illiterate and alcohol.⁶ Meenakshi P Khapre, Sonali G Chaudary et al studied domestic violence against married women in Wardha district. 68.12% of study participants experienced one or other form of domestic violence and emotional violence was seen in 98%. Alcohol was considered to be the most common cause for domestic violence. Most of the victims had feeling of powerlessness and 67% of them resisted the violence.⁷ In present study 33.7% showed intolerance to violence but did not show any resistance

One other study done by Ajay K Jawarkar, Himani Shemar et al on domestic violence against women in Rural area of Maharashtra reported 40.2% of them to have experienced some form of violence and the most common among them was physical violence. In our study most common form of violence was both physical and mental abuse which was 15.8% followed by mental abuse alone 13.9%. The most common cause of domestic violence was financial problems followed by alcoholism.⁸ In a study conducted by Ponni with 242 respondents in Tirunelveli district nearly one-third have experienced psychological abuse, three-fourths have experienced physical violence and one third of them have been experiencing sexual violence. The vast majority of them 76.9% were working class.⁹ Present study showed 37.6% employed as coolie workers and violence in working class were less common when compared to those unemployed

Sonali Kar et al studied domestic violence in women of reproductive age group in rural Odisha and suggested that maximum violence was in lactating mother 17.9% and women belonging to occasional alcoholic and frequent alcoholic spouses have 4.17 and 6.0 times higher risk of domestic violence. Women education emerged as protective factors and this is in contrast to the present study where women interviewed had poor educational status whereas family status and employment played important role with regards to protection against violence.¹⁰ Apala Aggarwal et al in their study Prevalence and predictors of intimate partner violence in alcohol use disorder suggested overall 6 month prevalence of Intimate partner violence as 90%. The incidence of abuse was significantly associated with Joint family type and this is in contrast

to present study where violence was more common in nuclear family¹¹

In a recent study done at Eastern India by Bontha V Babu, Shantanu K Kar among 1718 married women showed husband's alcoholism as significant predictor of victimisation and perpetration of all types of domestic violence.¹² One other study done by Madhabika B Nayak et al suggested that excessive partner alcohol use increased the risk for common mental disorders in women to threefold.¹³ Umesh S Kamat studied domestic violence among rural women in Goa and prevalence of their help seeking behaviour and gave a conclusion that 32% of women experienced domestic violence due to various causes and middle aged women were at higher risk and majority of women did nothing to help themselves. In our study only 2 participants had approached for help.¹⁴

Study by Rob Stephenson et al to examine relationship between physical violence and contraceptive adoption in four economically distinct areas in India showed women living in Bihar and Jharkhand who experienced violence had less likely adopted contraceptive measure and this negative association was not found in women residing at Maharashtra and Tamil Nadu.¹⁵ Suniti Solomon et al studied domestic violence and sexual abuse, the author found 99% and 75% prevalence of physical abuse and sexual abuse.¹⁶ Among Western countries also Alcohol played major role in domestic violence. In a study done by Wathen CN et al to identify risk indicators for intimate partner violence also suggested alcohol to be one of the major indicators of domestic violence.¹⁷

CONCLUSION

Alcohol not only affects the abuser but also leaves behind an irreplaceable loss to his family members. It is an agent which causes unintentional injuries which can be preventable by initiating an appropriate health awareness program in the community. From this study it was made clear that only small percentage of women have approached help from either health services or Non-Governmental organisation. Women living in rural households must be given an insight regarding the harmful effects of alcohol consumption and its impact in the community in order to prevent such type of domestic violence.

Recommendation:

Narcotic Drugs & Psychotropic Substance Act, 1985, empowers government for establishment of identification, treatment and rehabilitation centres for drug addiction. While a considerable effort is

carried out through various interventions for target groups, there is a need for human resource enhancement and professional training for effective service delivery. Drug Abuse Monitoring System is an online database wherein data on types of substances, methods of consumption, general profile of treatment seekers at de-addiction centres will be collected on quarterly basis for understanding trends of substance abuse in the country.¹⁸

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