Behind Closed Doors: The Persistence of Domestic Violence in Contemporary Indian Society

Anoop Kumar [a++*] and Wakeel Ahmed [a#]

[a] Department of Political Science, School of Liberal Arts, Noida International University, India.

Authors' contributions

This work was carried out in collaboration between both authors. Both authors read and approved the final manuscript.

Original Research Article

ABSTRACT

Introduction: Domestic abuse is a significant contributor to the nation's misdemeanor index, with destructive behavior in personal relationships where one person attempts to exert control and influence over another. This can occur in dating, marriage, or conjugal relationships and can lead to physical, psychological, or sexual harm. This work aims to explain the underlying reasons for domestic violence, which include various factors such as individual, relational, community, legal, and governmental elements. These components contribute to domestic abuse and its effects on the victim's emotional and physical well-being in daily life. The report also discusses the different forms of domestic violence, including physical, emotional, mental, sexual, economic, and teasing abuse.
Objective: To assess domestic violence and its relation to human rights.
Methods: The study was conducted in selected areas of Noida, Uttar Pradesh by two data collectors. A total of 60 women were selected using a convenience sampling technique. The questionnaires were checked for completeness, cleaned manually, and entered into SPSS version

[++] Ph.d Scholar;
[#] Assistant Professor;
**Corresponding author: Email: 123roopkumar@gmail.com;*

25.0 for further analysis. Descriptive statistics were carried out, and associations between dependent and independent variables were checked.

Results: The majority of the women (34 or 56.6%) experienced moderate domestic violence, 16 (26.6%) experienced severe domestic violence, and 10 (16.7%) experienced mild domestic violence. The education status of the women was found to be significantly associated with the level of domestic violence, with a p-value of less than 0.05.

Conclusion: Urgent action is required to strengthen efforts to reduce violence and improve the availability of information on domestic abuse cases. These statistics are crucial for effectively combating domestic violence against women in India.

1. INTRODUCTION

"Domestic violence in India primarily refers to abuse suffered by an individual at the hands of their biological relations, but it also includes violence suffered by women at the hands of male family members. Domestic abuse is a global issue that cuts across socioeconomic, cultural, racial, and class lines. This issue is geographically dispersed and its prevalence is widespread, making it a common and often accepted behavior. Domestic abuse is deeply ingrained and has major consequences for women's health and well-being, with its prolonged existence lacking any moral justification. The cost to individuals, health institutions, and society is significant" [1].

Domestic violence manifests itself in various ways, regardless of socioeconomic status. Though the concept of domestic violence and abuse may seem simple, its scope is broad and its impact on victims is devastating. The victim is invariably a woman who is unable to defend herself against the atrocities committed against her, as these acts are often carried out behind closed doors in her home [2].

"In 2023, of the 28,811 complaints received, 6,304 were related to domestic violence. In 2021, domestic violence complaints accounted for 6,633 out of 30,864 cases. In 2022, the number of complaints rose to 30,957, including 6,970 domestic violence cases. Uttar Pradesh recorded the highest number of complaints at 16,109, followed by Delhi with 2,411, and Maharashtra at 1,343. Bihar recorded 1,312 complaints, Madhya Pradesh 1,165, Haryana 1,115, Rajasthan 1,011, Tamil Nadu 608, West Bengal 569, and Karnataka 501. The number of complaints saw a drop since 2022 when 30,864 complaints were received, the highest since 2014" [3].

"The prevalence of domestic violence (DV) in India ranges between 6% and 60%, with significant variation across states and situations. However, the breadth, scope, and burden of the problem in the country have not been adequately accounted for, as reporting remains insufficient. In India, there are few community-based micro-level studies that focus on physical violence, and there is little evidence of psychological or sexual violence. There is also relatively little empirical evidence of the numerous drivers, outcomes, and relationships involved in DV" [4].

"Several studies on DV in South Asian nations have identified a variety of related individual and household-level risk factors, indicating that specific demographic parameters such as age, number of living male offspring, and living in an extended family are associated with DV. Protective characteristics observed in emerging nations include better socioeconomic status, women's economic independence, quality of marital relationships, and higher levels of education among women. Spousal violence against women is more common among those who are younger, have lower household incomes, are less educated, belong to a lower caste, do not work, and have partners who drink or gamble. However, the issue of DV and its underlying societal causes in developing nations remain under-researched, particularly in the context of India" [5].

Many countries have addressed similar socioeconomic difficulties, but others, such as India, continue to face them. There is an urgent need to eliminate all sources of violence stemming from a male-dominated mentality. It is necessary to analyze all of the causes of DV. Although society is evolving and parents are now teaching their children about gender equality, the situation is still unequal for both genders. The majority of domestic violence cases are linked to alcohol abuse. When the perpetrator is affected by substances, it leaves severe psychological scars on the victim. Besides physical harm,

domestic maltreatment causes emotional and mental illness [6].

2. METHODOLOGY

2.1 Research Approach

The research approach for this study is qualitative.

2.2 Study Area and Period

The study was conducted in Noida, Uttar Pradesh, over a one-month period.

2.3 Study Design

A cross-sectional study design was used to achieve the objectives of the study.

2.4 Population

Source and Study Population: All women living in the Noida area.

2.5 Inclusion and Exclusion Criteria

2.5.1 Inclusion criteria

1. Women living in the study area.
2. Women willing to participate in the study.

2.5.2 Exclusion criteria

1. Women who were absent during the data collection period.

2.6 Sample Size

A convenience sampling technique was used to select 60 women.

2.7 Variables

- Dependent Variable: Level of domestic violence.
- Independent Variables: Age, religion, educational status, residence, husband's educational status, and occupational status.

2.8 Data Quality Control

"The data collection questionnaires were pretested on 5% of the sample size one week before the actual data collection date in areas outside the study area. Following the pretest, the tools were edited and adjusted to meet the study's objectives. Data consistency was monitored by closely supervising the data collectors and the collection process, as well as regularly reviewing the collected data. Any items missing from the questionnaire due to misunderstanding by the data collectors were immediately checked by the supervisors and corrected for the next day of data collection with the principal investigators" [7].

2.9 Data Processing and Analysis

"The collected data was cleaned, coded, and entered into SPSS before the actual study began. The data was entered and analyzed using SPSS version 25. The findings were presented in detailed descriptions using frequencies, proportions, and cross-tabulations. Associations between dependent and independent variables with a P-value less than 0.05 were considered statistically significant" [7].

3. RESULTS

A total of 60 women took part in the study, resulting in a 96% response rate. According to the study, the majority, 31 (51.7%), were aged 20-30 years, while 29 (48.3%) were aged 31-40 years. Regarding religion, 37 (61.7%) were Hindu, 16 (26.7%) were Muslim, and 7 (11.7%) were Christian.

Regarding educational backgrounds, 18 (30%) had no formal education, 17 (28.3%) had primary education, 9 (15%) had secondary education, 5 (8.3%) had higher secondary education, 6 (10%) had a bachelor's degree, and 5 (8.3%) had a master's degree or above.

Regarding the educational status of husbands, 13 (21.7%) had no formal education, 16 (26.7%) had primary education, 15 (25%) had secondary education, 6 (10%) had higher secondary education, 6 (10%) had a bachelor's degree, and 4 (6.7%) had a master's degree or above.

Regarding residence, 39 (65%) were residing in rural areas and 21 (35%) in urban areas. Regarding family monthly income, 24 (40%) had an income of <5000-10000, 18 (30%) had an income of 10000-20000, and 18 (30%) had an income of >21,000.

Table 1. Socio-demographic characteristics of respondents

Characteristics	Frequency	Percentage (%)
Age		
20-30 Years	31	51.7
31-40 Years	29	48.3
Religion		
Hindu	37	61.7
Muslim	16	26.7
Christian	7	11.7
Others	0	0
Education Status of Women		
No formal education	18	30.0
Primary	17	28.3
Secondary	9	15.0
Higher secondary	5	8.3
Bachelor	6	10.0
Master and above	5	8.3
Education Status of Husband		
No formal education	13	21.7
Primary	16	26.7
Secondary	15	25.0
Higher secondary	6	10.0
Bachelor	6	10.0
Master and above	4	6.7
Residence		
Urban	21	35.0
Rural	39	65.0
Family Monthly Income		
<5000-10000	24	40.0
10000-20000	18	30.0
> 21,000	18	30.0

According to Table 2, 10 (16.7%) women experienced mild domestic violence, 16 (26.6%) experienced severe domestic violence, and 34 (56.6%) experienced moderate domestic violence.

The Table 3 shows that there was a significant association between the level of domestic violence among women and their demographic variables such as the educational status of husbands ($P<0.05$). There was no association between other demographic variables such as age, occupational status of women, family income, educational status of women, and residence status of women at $P<0.05$.

Women with higher education and upper wealth quintiles are less likely to experience domestic abuse than women with lower education and lower wealth quintiles in northeastern India. Domestic abuse in the region is equally prevalent in both rural and urban areas.

Table 2. Level of domestic violence

Characteristics	Frequency (F)	Percentage (%)
Severe domestic violence	16	26.6
Moderate domestic violence	34	56.6
Mild domestic violence	10	16.7

Table 3. Association between levels of domestic violence and selected socio-demographic variables

Demographic Variables	Level of Domestic Violence	Chi-Square	P Value
	Severe	Moderate	Mild
Age in Years			
20-30	6	24	6
31-40	10	10	4
Religion			
Hindu	8	15	6
Muslim	3	10	3
Christian	5	9	1
Educational Status of Women			
No Formal Education	5	5	1
Primary Education	4	7	4
Higher Secondary Education	4	10	3
Graduation and Above	3	12	2
Educational Status of Husband			
No Formal Education	4	6	1
Primary Education	5	10	4
Higher Secondary Education	5	10	3
Graduation and Above	2	8	2
Occupational Status of Women			
Housewife	2	4	1
Farmers	2	6	5
Private Employee	5	15	2
Government Employee	4	8	2
Family Income			
<Rs.5000-10,000	3	5	1
Rs.10,000-20,000	5	10	2
>Rs.21,000 and above	5	9	5
Residence			
Urban	9	20	5
Rural	7	14	5

(*P<0.05, significant) (NS=Not significant) S=(significant)

4. DISCUSSION

4.1 Domestic Violence as a Public Health Issue

"Domestic violence against women is widely recognized as a critical public health problem due to its severe health consequences. It encompasses various forms of abuse—physical, emotional, sexual, and economic—occurring within intimate relationships, predominantly in matrimonial homes. This form of violence negatively impacts the demographic outcomes of a country or region, influencing women's health and their health-seeking behaviors" [8].

4.2 Socioeconomic Factors Influencing Domestic Violence

"The study focused on assessing the socioeconomic factors that significantly influence domestic violence in the northeastern region of India. This region comprises eight states, including Manipur and Sikkim, reported to have the highest and lowest prevalence of domestic violence, respectively, according to NFHS-4. The distinct socioeconomic setup of this region compared to mainland India necessitated this study" [9].

4.3 Key Findings

Data from the NFHS-4 conducted during 2015-16 highlighted several significant factors influencing domestic violence:

1. **Educational Status:** Women with higher education levels are less likely to experience domestic violence. This aligns with findings from various studies, emphasizing the protective role of education against domestic abuse.

2. **Wealth Quintiles:** Women in higher wealth quintiles face a lower risk of domestic violence than those in lower wealth quintiles. Economic stability provides women with more resources and options to avoid or escape abusive relationships.
3. **Working Status:** Employment status also influences domestic violence, with working women facing varied risks depending on their economic independence and workplace environments.
4. **Religion and Parity:** Religion and the number of children (parity) were significant covariates affecting domestic violence.
5. **Husband's Alcohol Use:** Alcohol consumption by husbands emerged as a strong predictor of domestic violence, corroborating previous studies linking substance abuse to increased domestic violence risks [10].

4.4 Prevalence and Regional Insights

4.4.1 The overall prevalence of different forms of violence among women in northeastern India was notable

- Physical violence: 24.7%
- Emotional violence: 11.8%
- Sexual violence: 6.4%
- Severe physical violence: 5.3%

These rates highlight the substantial burden of domestic violence in the region, comparable to national trends observed in other parts of India [11].

4.5 Logistic Regression Analysis

The logistic regression analysis indicated that women with higher education and those in upper wealth quintiles had significantly lower odds of experiencing domestic violence. The analysis also revealed no significant rural-urban differences in the prevalence of domestic violence, suggesting that domestic violence is pervasive across different settings in northeastern India [12].

4.6 Broader Context and Comparative Studies

Comparative studies using the Indian National Family Health Survey 3 (NFHS-3) data on 124,385 ever-married women across 29 states found similar patterns. Emotional violence was experienced by 14% of respondents, less severe physical violence by 31%, severe physical violence by 10%, and sexual violence by 8%. Women from scheduled castes and the Muslim religion were more frequently exposed to domestic violence, indicating the intersectional nature of vulnerability where caste and religion play crucial roles [13].

4.7 Structural Inequalities and Policy Implications

The findings underscore the importance of addressing structural inequalities inherent in the institutions of religion, caste, and traditional male hierarchies. Efforts to eliminate these inequalities are vital to preventing domestic violence. Legislation like the Domestic Violence Act in India needs strict implementation to protect women's rights and ensure their safety [13-16].

5. CONCLUSION

Women are often the primary targets of domestic abuse in their homes. Physical and emotional abuse are significant aspects of domestic violence. However, the study did not address situations where women might use physical force, highlighting the need for gender-neutral perspectives in understanding domestic violence.

Effective legal frameworks are essential for protecting all individuals, regardless of gender. Addressing domestic violence requires collective action from families, government, institutions, and civil society organizations. The study's results provide critical insights for developing interventions, policies, and programs to prevent violence against women and improve their health and well-being.

DISCLAIMER (ARTIFICIAL INTELLIGENCE)

Author(s) hereby declare that NO generative AI technologies such as Large Language Models (ChatGPT, COPILOT, etc) and text-to-image generators have been used during writing or editing of manuscripts.

CONSENT

As per international standards or university standards, respondents' written consent has been collected and preserved by the author(s).

COMPETING INTERESTS

Authors have declared that no competing interests exist.

REFERENCES

1. Garcia-Moreno C, Heise L, Jansen HA, Ellsberg M, Watts C. Public health: Violence against women. Science. 2019; 310:1282–3.
2. National Family Health Survey (NFHS-2): India. Mumbai: IIPS. International Institute for Population Sciences (IIPS) and ORC Macro; 2021.
3. Jeyaseelan L, Kumar S, Neelakantan N, Peedicayil A, Pillai R, Duvvury N. Physical spousal violence against women in India: some risk factors. J Biosoc Sci. 2017;39: 657–70.
4. Babu BV, Kar SK. Domestic violence against women in eastern India: a population-based study on prevalence and related issues. BMC Public Health. 2019; 9:129.
5. Miller BD. Wife-Beating in India: Variations on a Theme. In: Counts DA, Brown JK, Campbell JC, editors. Sanctions and sanctuary: Cultural perspectives on the beating of wives. Colorado: West view Press; 2021.
6. National Family Health Survey (NFHS-3), India. Mumbai: IIPS; 2007. International Institute for Population Sciences (IIPS) and ORC Macro; 2020.
7. Mrs. Jesica Prashant Malap, Ms. Pamela Shalini Joseph, Dr. Shobha Gaikwad, Mrs. Swati Patanwal, Ms. Sakshi Ram and Prof. Manisha Bijapurkar. Assess the knowledge among adolescent regarding prevention of conjunctivitis at a selected rural areas IN Bhopal,Madhya Pradesh. Eur. Chem. Bull. 2023;12(Special Issue 10):3161 – 3165
8. Krishnan S. Do structural inequalities contribute to marital violence? Ethnographic evidence from rural South India. Violence Against Women. 2015;11: 759–75.
9. Koenig MA, Stephenson R, Ahmed S, Jejeebhoy SJ, Campbell J. Individual and contextual determinants of domestic violence in North India. Am J Public Health. 2016;96:132–8.
10. Visaria L. Violence against women: A field study. Econ Polit Wkly. 2020;35:1742 –51.
11. Heise L, Ellsberg M, Gottmoeller M. A global overview of gender-based violence. Int J Gynaecol Obstet. 2002;78(Suppl 1)– 14.
12. Panda P, Agarwal B. Marital violence, human development and women's property status in India. World Development. 2005;23(5):823-850.
13. Panda P. Domestic violence against women in Kerala. Kerala Research Programme on Local Level Development Centre for Development Studies. 2004;6:1- 44.
14. Ngomuo MB, Nzali A, Msomba GM. Factors influencing domestic violence against men in iringa municipality. Asian Journal of Education and Social Studies. 2004;49(3):560–570. Available:https://doi.org/10.9734/ajess/202 3/v49i31180
15. Chima OA, Nzube AK, Umoren PE, Fatima EI, Williams EE. Media Programmes on Domestic Violence against Men (DVAM) in Owerri Metropolis: A Kap Analysis. South Asian Journal of Social Studies and Economics. 2023;20 (3):57–69. Available:https://doi.org/10.9734/sajsse/20 23/v20i3713
16. Soler H, Vinayak P, Quadagno D. Biosocial aspects of domestic violence. Psychoneuroendocrinology. 2000;25(7): 721-39.

Peer-review history:
The peer review history for this paper can be accessed here:
https://www.sdiarticle5.com/review-history/117662