

## ORIGINAL ARTICLE

# The knowledge and attitudes towards domestic violence among pregnant women in Delhi, India

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## Article Cycle

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## Abstract

**Background:** Domestic violence during pregnancy endangers the health of the mother and her child. **Aim and Objective:** To ascertain the knowledge and attitudes towards domestic violence among pregnant women in India and to find out their sociodemographic predictors. **Settings and design:** This cross-sectional analysis of baseline data from a prospective study was conducted at the antenatal care (ANC) clinic of a major tertiary care government hospital in New Delhi from 2015-2018. **Methods and material:** The data were collected through face-to-face interviews with 1500 pregnant women up to 20 weeks of gestation. A p-value < 0.05 was considered statistically significant. **Results:** The mean (SD) age of the participants was 24.6 (3.6) years. All the participants were married. A total of 1169 (77.9%) participants were aware of domestic violence. The participant comprehension of the types of domestic violence was highest for physical (89.9%), emotional (68.4%), economical (21.5%), and sexual (17.4%) violence. On adjusted analysis, education  $\geq 10$  years and higher SES were associated with a comprehensive awareness of domestic violence. **Conclusions:** The awareness of domestic violence, especially beyond physical violence, is low among pregnant women in India.

## Keywords

Domestic violence; Intimate partner violence; Violence against women; Antenatal women

## Introduction

Domestic violence against women refers to any form of violence (physical, sexual, emotional, or economic) inflicted upon any female member of the household either by an intimate partner or by any other household members.(1,2)

It is well-established that intimate partner violence (IPV) adversely influences the physical, psychological and reproductive health of women.(3,4) IPV can significantly endanger the health of the mother and her unborn child by substantially increasing the risk of preterm births and the risk of abortions.(5-7)

Globally, the South Asian region encounters the highest prevalence of IPV, reported in nearly one in three women (37.7%) during their lifetime.(8) India ranks a lowly 130 out of 155 countries in the United Nation's Gender

Inequality Index.(9) The prevalence of DV or intimate partner violence against pregnant women in India varies from 3% to 29.7% (10-13) with likely underestimation because of underreporting (14).

The high prevalence of DV in India has been attributed to several socio-cultural factors including the custom of early marriages, preference for male children (evident from the poor sex ratio and female infanticide), low educational status of women, and the social permissiveness allowing for the subordination of women by the men of the household. (15,16,17)

## Aims & Objectives

1. To ascertain the knowledge and attitudes towards domestic violence among pregnant women in Delhi, India
2. To find out their sociodemographic predictors.

## Material & Methods

**Study Type:** We conducted a cross-sectional analysis of baseline data from a prospective study

**Study Area:** Antenatal care (ANC) clinic of a major tertiary care government hospital in New Delhi, India

**Study Population:** The participants were pregnant women attending the ANC clinic

**Inclusion Criteria:** Pregnant women of gestation period up to 20 weeks, residents of Delhi, and apparently healthy based on self-report.

**Exclusion criteria:** Any People living with HIV, patients with cancer, heart disease, and mental health problems.

**Strategy for data collection:** A pretested self-designed questionnaire was prepared for data collection. The questions were initially framed in the English language after a comprehensive review of the literature and expert feedback from faculty of community medicine and the obstetrics and gynecology department, and inputs from social and field workers. Content and linguistic validity of the questions was ensured through a back and forth translation process into the local language Hindi, assessment of grammar, and avoiding any biased questions such as leading or double-barreled questions. The questionnaire was pretested among 10-women. The data were collected through face to face interviews with the women who were assessed for eligibility consecutively and recruited for the study on providing their consent. The interviews were conducted in the Hindi language by three female field investigators.

Working definitions

- a) Domestic violence (DV) refers to any violence perpetrated against women by her husband or by any member of her household
- b) Comprehensive awareness of DV was defined as the presence of knowledge of physical, sexual, and economic/emotional types of domestic violence.
- c) The socioeconomic status of the participants was assessed based on their per-capita income and classified as class I (highest), II, III, IV, and V (lowest) based on the previously validated BG Prasad Scale updated as per the consumer price index of the year 2018.(18)
- d) Attitudes towards domestic violence (ATDV) were measured on a 9-item scale with each response coded as "agree," "disagree" and "can't say." The responses that reflected inhibition of attitudes indicating acceptance or the normalization of domestic violence were scored as 1, and those signifying acceptance were scored as 0. All the 'not-sure' responses were also coded as 0. The sum of the scores of the individual items of the scale was used to compute the cumulative ATDV scale score.

**Data Analysis:** The data was entered in SPSS version 25, and qualitative data was expressed in percentage. Quantitative data were expressed as means and standard

deviation, and categorical data as frequency and percentages. The significance of the difference between proportions was analyzed using the Chi-square test and the difference between means by the independent samples t-tests. A binomial logistic regression analysis was conducted to find out the predictors of comprehensive awareness of DV among pregnant mothers by including in the model those variables that were significantly associated on bivariate analysis. The predictors of the variables that inhibited attitudes that accepted or normalized domestic violence were assessed using a multiple linear regression model. A p-value <0.05 was considered significant.

**Ethics:** The study was approved with the Institutional Ethics Committee. Written and informed consent was obtained from all the study participants.

## Results

The Cronbach's alpha of the questionnaire was 0.942 suggesting excellent reliability. A total of 1500 pregnant women up to 20 weeks of gestation were recruited for the study. The net response rate of the survey was 95%.

*Sociodemographic characteristics:* The mean (SD) age of the participants was 24.6 (3.6) years. All the participants were married. The participant mean (SD) age at marriage was 20.6 (2.9) years. A total of 652 (43.6%) of the participants were Hindus, and 848 (56.5%) were Muslims by religion. Among the participants, the median number of family members was five. Only 64 (4.3%) participants were employed, while the others were homemakers. There were 198 (13.2%) participants that were illiterate, and 894 (59.6%) had at-least a high-school certificate qualification. The SES of the participants was Class I (7.3%), Class II (26.4%), Class III (31.5%), Class IV (20.5%), and Class V (14.3%). The participants were primigravida in 487 (32.5%), and had experienced at least one abortion in 478 (31.9%) cases.

*Knowledge and comprehension of Domestic Violence:* A total of 1169 (77.9%) participants had awareness about domestic violence. The participant comprehension of the types of domestic violence was highest for physical (89.9%), emotional (68.4%), economical (21.5%), and sexual (17.4%) violence.

The knowledge of the existence of the Indian Domestic Violence Act (DVA) was present in 820 (54.7%) participants, of which maximum awareness was present for the provision related to arrest of the culprits at the police station (81%). However, the knowledge of other provisions of the DVA that enabled the rehabilitation of the victims of domestic violence was deficient, including counseling (12.4%), judicial measures (4.2%), medical facilities (3.1%), and shelter home (2.5%).

On bivariate analysis, women with a higher SES and with lower gravida were significantly more likely to have an awareness of the DVA compared to women belonging to a lower SES, and having higher gravida. Comprehensive

awareness of domestic violence signifying the knowledge of multiple types of domestic violence was significantly associated with the participant's educational status, husband's educational status, socioeconomic status, and the husband's tobacco or alcohol addiction (Table 1). However, on adjusted analysis, only the participant's education status and her socioeconomic status were positively associated with her comprehensive awareness of domestic violence (Table 2).

**Attitudes towards Domestic Violence:** A total of 1208 (80.5%) participants were in agreement with the existence of a domestic violence act (DMA) to protect women; 58 (3.9%) disagreed while 234 (15.6%) women expressed no opinion. Although three-fourth (77.3%) of the participants agreed that violence was common in Indian households, a majority (50.3%) also disagreed that men used violence to exercise their dominance over women. A majority (57.7%) of the participants also rejected the view affirming their husband's ownership of their bodies but were divided in support (59.9%) of the opinion considering women's education as essential for resolving the problem of domestic violence (Table 3) & (Table 4). On bivariate analysis, comparatively lower age, higher education of both the participant and her husband, high SES, Hindu religion, lesser gravida, and higher age during initial pregnancy were associated with a higher ATDV scale score, signifying non-acceptance of gendered norms promoting the acceptance and precipitation of domestic violence. However, on the multiple linear regression model, only the variables age, education, and SES added statistically significantly to the prediction (PSS, F (7, 1489) = 9.610,  $p < 0.001$ , adjusted  $R^2 = 3.9\%$ ) (Table 5).

## Discussion

Domestic violence, an extension of intimate partner violence in households among women, is a major public health challenge in the global south. The present study conducted among 1500 pregnant women in Delhi observed a high prevalence of suboptimal awareness of domestic violence and the available legal recourses despite the availability of a progressive and stringent law against domestic violence. The attitudes of the participants towards domestic violence were also undermined by their deference and internalization of patriarchal notions of women's bodies. Nevertheless, women with more years of education were significantly more likely to reject attitudes that promoted or justified domestic violence against women.

Our results provide evidence for theories that suggest that education in women is protective against domestic violence.(19) Furthermore, in this study, women of higher SES had better awareness of domestic violence and were more likely to reject attitudes that justified domestic violence. However, prospective observation from nationally representative repeated cross-sectional surveys shows that women's autonomy failed to protect

them against marital violence in Northern Indian states, although some protective effects were seen in other geographic regions.(20)

Cultural adaptation of the definition of domestic violence against women has been previously recommended in Indian settings.(21) A previous facility-based study in India had reported 42.7% of the patients never having heard of domestic violence, significantly higher compared to the present study (22.1%).(20) Furthermore, in this study, 14% of women validated the husband's 'right' to beat his wife for any 'wrong done by her'. However, this is much lower compared to the National Family Health Survey (2005-6) data had reported 54% of women in the reproductive age-group to concur with such a view.(21) These findings suggest that the acceptance of domestic violence among women in India has significantly declined, including in those having lesser education or a lower SES. The strengths of this study are the large sample size and data collection using a validated instrument in setting where privacy was ensured to enhance the validity of the participant responses. It also corroborates sparse evidence from previous qualitative research.(22,23)

## Conclusion

The awareness of domestic violence especially beyond physical violence is low among pregnant women in India and attitudes towards domestic violence is mixed with varying degrees of acceptance of patriarchal attitudes.

## Recommendation

Public health outpatient facilities should focus on promoting IEC campaigns to enhance awareness of the various types of domestic violence among women. The various redressal mechanisms available through recourse to the law also need wider dissemination. Furthermore, the feasibility of the accommodation of domestic violence education programs within school and college curriculums to help young people reject attitudes that justify or overlook the problem within our societies should be explored.

## Limitation of the study

The study participants mostly comprised of Northern Indian married women of moderate-low socioeconomic status, having limited educational attainment, mostly being homemakers and that were selected from a single health facility, factors which may limit the generalizability of the study findings. Nevertheless, most women in this study were vulnerable to domestic violence due to their limited education and lack of occupational empowerment.

## Relevance of the study

The study findings are relevant to healthcare professionals catering to women in public health facilities and policymakers towards engendering positive healthcare response to both women experiencing and susceptible to

domestic violence from sociocultural determinants and lack of legal provisions in their support.

**Authors Contribution**

All authors contributed equally.

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**Tables**

**TABLE 1 DISTRIBUTION OF FACTORS ASSOCIATED WITH AWARENESS OF DOMESTIC VIOLENCE IN STUDY PARTICIPANTS (N=1500)**

Characteristic	Total	Knowledge of DVA n = 820 (54.7%) no. (%)	p-value	Comprehensive awareness of DV n = 237 (15.8%) no. (%)	p-value
<b>Age</b>					
≤24	715 (47.7)	426 (59.6)	0.756	114 (15.9)	0.157
≥25	785 (52.3)	394 (50.2)		123 (15.7)	
<b>Education (Years)</b>					
<10	606 (40.4)	319 (52.6)	0.205	68 (11.2)	<0.001
≥10	894 (59.6)	501 (56)		169 (18.9)	
<b>SES</b>					
Class I-III	979 (65.2)	568 (58)	<0.001	179 (18.3)	<0.001
Class IV-V	521 (34.8)	252 (48.4)		58 (11.1)	
<b>Religion</b>					
Hindu	652 (43.7)	357 (54.7)	0.958	105 (16.1)	0.776
Muslim	848 (56.3)	463 (54.6)		132 (15.7)	
<b>Gravida</b>					
≤2	1006 (67)	578 (57.4)	0.002	156 (15.5)	0.652
≥3	494 (33)	242 (49)		81 (16.4)	
<b>Children</b>					
0	752 (10.1)	426 (56.6)	0.133	115 (15.3)	0.671
≥1	748 (89.9)	394 (52.7)		122 (16.3)	
<b>Age at 1<sup>st</sup> pregnancy</b>					
≤19	317 (21.3)	115 (36.3)	0.026	50 (15.8)	1

≥20	1180 (78.7)	662 (56.1)		186 (15.7)	
<b>Husband's education</b>					
<10	526 (35.1)	280 (53.2)	0.416	66 (12.5)	0.012
≥10	974 (64.9)	540 (55.4)		171 (17.5)	
<b>Husband's addiction</b>					
Yes	458 (30.5)	243 (53)	0.431	59 (12.9)	0.045
No	1042 (69.5)	577 (55.4)		178 (17)	

\* DVA: Domestic Violence Act; Comprehensive: awareness of physical, sexual, and economic/emotional types of domestic violence

**TABLE 2 LOGISTIC REGRESSION ANALYSIS OF FACTORS ASSOCIATED WITH COMPREHENSIVE AWARENESS OF DOMESTIC VIOLENCE**

Characteristic	OR (95% C.I)	p-value
<b>Education (Years)</b>		
<10	1 (Reference)	
≥10	1.7 (1.2-2.3)	0.002
<b>SES</b>		
Class I-III	1.7 (1.3-2.4)	0.001
Class IV-V	1 (Reference)	
<b>Husband's education (Years)</b>		
<10	1 (Reference)	
≥10	1.1 (0.8-1.6)	0.460
<b>Husband's addiction</b>		
Yes	1 (Reference)	
No	1.3 (0.9-1.8)	0.091

**TABLE 3 ATTITUDES TOWARDS DOMESTIC VIOLENCE AMONG THE STUDY PARTICIPANTS (N=1500)**

Statements and responses	n (%)
<b>1. Violence is common in Indian households</b>	
Agree	1159(77.3)
Disagree	223(14.9)
Can't say	118(7.9)
<b>2. Men often use violence to enforce their dominance</b>	
Agree	746(49.7)
Disagree	648(43.2)
Can't say	106(7.1)
<b>3. It is a husband's right to beat his wife for any wrong done by her</b>	
Agree	210 (14.0)
Disagree	1271(84.7)
Can't say	19(1.3)
<b>4. A man has a right over his wife's body</b>	
Agree	635 (42.3)
Disagree	835(55.7)
Can't say	30 (2.0)
<b>5. A woman having a son is more powerful in taking decisions compared to those having only daughters</b>	
Agree	704 (46.9)
Disagree	703(46.9)
Can't say	93 (6.2)
<b>6. Women should also have her say regarding education of children</b>	
Agree	1343 (89.5)
Disagree	74(4.9)
Can't say	83 (5.5)
<b>7. Who should be the person deciding on household expenses</b>	
Husband	530(35.3)
Wife	97(6.5)
Both	508(33.9)
Head of family	350(23.3)
Others	15(1.0)
<b>8. Women should always have sex when desired by husband</b>	
Agree	426(28.4)

Disagree	1037(69.1)
Can't say	37(2.5)
<b>9. Dowry decreases chance of domestic violence</b>	
Agree	384(25.6)
Disagree	1027(68.5)
Can't say	89(5.9)
<b>10. Women's education is the answer to domestic violence</b>	
Agree	898(59.9)
Disagree	528(35.2)
Can't say	74(4.9)

**TABLE 4 FACTORS ASSOCIATED WITH ATTITUDES TOWARDS DOMESTIC VIOLENCE AMONG PREGNANT WOMEN (N=1500)**

Characteristic	Total	DV Attitude score (0-9) <sup>+</sup> Mean (SD)	p-value
<b>Age</b>			
≤24	715 (47.7)	6.2 (1.5)	<0.001
≥25	785 (52.3)	6.5 (1.6)	
<b>Education</b>			
<10	606 (40.4)	6 (1.6)	<0.001
≥10	894 (59.6)	6.5 (1.5)	
<b>SES</b>			
Upper/Middle	979 (65.2)	6.4 (1.6)	<0.001
Lower	521 (34.8)	6.1 (1.6)	
<b>Religion</b>			
Hindu	652 (43.7)	6.4 (1.6)	0.002
Muslim	848 (56.3)	6.2 (1.6)	
<b>Family Type</b>			
Joint (inter-generational)	1015 (67.6)	6.3 (1.6)	0.121
Nuclear	485 (32.4)	6.4 (1.6)	
<b>Gravida</b>			
≤2	1006 (67)	6.4 (1.6)	0.003
≥3	494 (33)	6.1 (1.6)	
<b>Children</b>			
0	752 (10.1)	6.3 (1.6)	0.615
≥1	748 (89.9)	6.3 (1.6)	
<b>Age at first pregnancy</b>			
≤19	317 (21.3)	6 (1.7)	<0.001
≥20	1180 (78.7)	6.4 (1.6)	
<b>Husband's education</b>			
<10	526 (35.1)	6.2 (1.6)	0.018
≥10	974 (64.9)	6.4 (1.6)	
<b>Husband addiction</b>			
Yes			0.435
No			

\* Higher scores indicate presence of attitudes inhibiting the acceptance of domestic violence; + Either addicted to Tobacco or Alcohol or both

**TABLE 5 SUMMARY OF MULTIPLE REGRESSION ANALYSIS OF FACTORS ASSOCIATED WITH ATTITUDES INHIBITING THE ACCEPTANCE OF DOMESTIC VIOLENCE AMONG PREGNANT WOMEN**

Variable <sup>+</sup>	B*	SE <sub>b</sub>	β	P value	95% CI Lower Bound	95% CI Upper Bound
Intercept	4.53	0.356		<0.001	3.83	5.23
Age	0.044	0.013	0.100	0.001	0.018	0.070
≥10 years education	0.460	0.092	0.141	<0.001	0.279	0.640
SES Class	0.091	0.036	0.066	0.011	0.021	0.162
Religion (Hindu)	0.141	0.086	0.044	0.103	-0.028	0.310
Gravida (≤2)	0.049	0.100	0.014	0.626	-0.148	0.245
Age at first pregnancy (≥20)	0.128	0.111	0.033	0.251	-0.090	0.346
≥10 years Husband's education	-0.052	0.095	-0.016	0.583	-0.328	-0.134