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Condition Of Women Affected From Domestic Violence: A Case Study Of Churu District (Rajasthan), India

Dr. Rakesh Kumar[1*], Dr. Utpal Kumar[2]

[1]Assistant Professor, Department of Geography, CBLU Bhiwani
[2]Assistant Professor, Department of Geography, CBLU Bhiwani, utpalgeog@gmail.com

Abstract
Domestic violence remains a critical public health issue in a society like India. Particularly in remote rural areas, where socio-cultural and economic factors often exacerbate its prevalence, it is very evident even after more than 75 years of independence of the country. In the Shekhawati region, alcohol consumption has been identified as a key factor contributing to domestic violence, leading to both mental and physical abuse of women. Present study seeks to investigate the prevalence and impact of domestic violence against women in the Shekhawati region. A cross-sectional study was conducted involving 400 women aged 20 to 50 years in the Churu district of the Shekhawati region. Data were gathered through a detailed questionnaire that explored the family's socio-economic status, the identity of the household head, and specific instances of domestic violence, complemented by observational interviews. The results indicated that alcohol consumption was the leading cause of domestic violence, accounting for 43% of cases in rural settings. The study highlights the significant role of alcohol consumption as a major contributor to domestic violence in the Shekhawati region, with serious implications for both mental and physical health. The reduction of domestic violence, the promotion of women's health, and the enhancement of socio-economic conditions are essential goals of this research.

Keywords: Gender, Domestic Violence, Health, Socio-economic status, Shekhawati region, Depression and Anxiety.

Introduction

Domestic violence remains a significant concern in rural areas, severely disrupting the social fabric of various communities and posing substantial risks to the health, well-being, and independence of women. Despite considerable progress in women's empowerment on a global scale, incidents of domestic violence persist as a critical issue across societies, often contradicting social norms that perpetuate and maintain gender inequality. The incidence of domestic violence varies significantly among different states, with women who endure such violence experiencing harmful effects on their mental health, including anxiety, depression, and post-traumatic stress disorder, as well as an increased risk of physical health problems such as sleep disturbances, gastrointestinal issues, and miscarriages.

Factors such as low levels of education, economic dependency, and partner substance abuse have created a conducive environment for domestic violence. Alcohol and substance misuse are frequently recognized as major contributors to this problem. While the interaction of socioeconomic and demographic factors, particularly in the rural Shekhawati region, has been adequately studied, revealing the ongoing prevalence of domestic violence in Rajasthan, both governmental and non-governmental efforts often fail to conduct a comprehensive examination of the specific causes, types, and consequences of domestic violence within rural communities.

Majority research primarily focuses on urban environments or broad statewide patterns, leading to a significant gap in understanding the local contextual factors and impacts of domestic violence. Present study aims to address this gap by examining the fundamental causes and associated consequences of domestic violence in the area. The findings underscore the need for tailored interventions to address the distinct challenges faced by women in rural settings and highlight the critical roles of social and governmental service providers, community and political leaders, as well as constitutional and social policymakers in creating a supportive and responsive environment for survivors of domestic violence.

A cross-sectional study was conducted in the Shekhawati region to explore the causes and effects of domestic violence against women in the rural areas of Churu district. This research was carried out by targeting women aged 20 to 50 years who had lived in the area for at least one year. A random sampling method was utilized to select participants, ensuring a comprehensive representation of the target demographic. Based on the determined sample size, a total of 400 women participated in the study. The inclusion criteria required participants to be women aged 20 to 50 years, residing with their families during the study period, and free from any specific health conditions. Informed consent was secured from all participants after a detailed explanation of the study's aims and procedures.

Participants were guaranteed the confidentiality of their responses and their right to withdraw from the study at any time. Before the commencement of the study, a structured questionnaire was developed as the primary research instrument, and data collection was conducted through face-to-face interviews with the participants. The structured questionnaire addressed a range of pertinent topics, which are detailed as follows:

1. Demographic, social, and economic information: Data regarding the participant's age, religion, caste, educational background of the family, family occupation, monthly income, and family structure (nuclear or joint).

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2. Domestic violence profile: Elements contributing to domestic violence, including physical, psychological, and familial factors.
3. Awareness of the Women Protection Act and Legal Aid Services: Understanding of legal protections available under the Protection of Women from Domestic Violence Act, 2005.
An examination of the accessibility of healthcare, legal aid, and counseling services for survivors of domestic violence was conducted. Data collection was performed by trained female enumerators who created a supportive and trusting environment for the participants. Each interview took place in a confidential setting to ensure privacy and encourage open discussions on sensitive issues. The data collection tool underwent random testing with rural women to assess its clarity, reliability, and cultural appropriateness. Insights gained from this testing were incorporated into the study through a pilot test designed to enhance the structured questions. Assistant enumerators received training focused on empathetic interviewing techniques and handling delicate subjects. The gathered data was analyzed using statistical software, applying descriptive statistics to summarize demographic prevalence, characteristics, and various forms of domestic violence. The study presents the causes and effects of domestic violence in an objective manner, utilizing frequencies and percentages to align with the research objectives.

Discussion

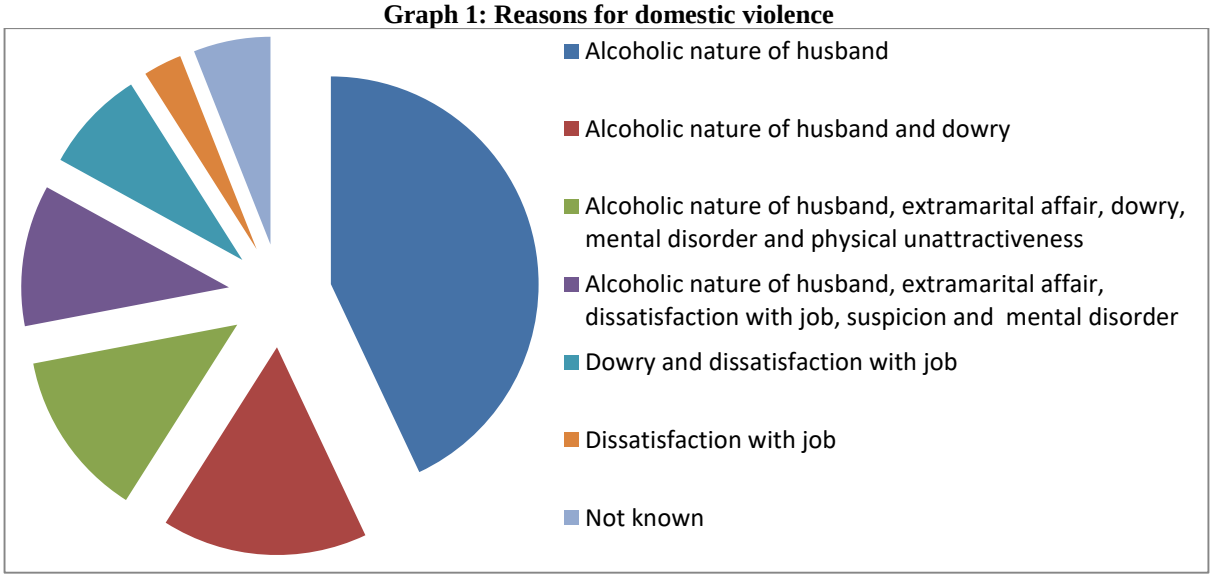
Domestic violence remains a critical public and social concern throughout rural India, profoundly affecting the physical, mental, and social health of women. This study, conducted in the rural Churu district of the Shekhawati region in Rajasthan, investigated the prevalence of domestic violence among women aged 20 to 50 years, along with the root causes and consequences of such violence. The findings underscored both the magnitude and frequency of domestic violence occurrences. A range of factors contributing to domestic violence was identified, resulting in significant health issues, including anxiety, depression, headaches, and sleep disturbances. This research framed domestic violence as a multifaceted issue that encompasses social, mental, economic, and cultural aspects impacting women.

Table 1: Primary reasons for the incidence of domestic violence

Sr. No.	Reasons	Number of cases	Percentage to total
1	Alcoholic nature of husband	172	43
2	Alcoholic nature of husband and dowry	64	16
3	Alcoholic nature of husband, extramarital affair, dowry, mental disorder and physical unattractiveness	52	13
4	Alcoholic nature of husband, extramarital affair, dissatisfaction with job, suspicion and mental disorder	44	11
5	Dowry and dissatisfaction with job	32	08
6	Dissatisfaction with job	12	03
7	Not known	24	06
	Total	400	100

Source: field survey 2024

Graph 1: Reasons for domestic violence



It is found in the study that about 43 % of the total repondents accepted alcoholic nature of husband as a prime reason for domestic violence (table 1). The findings of this study are consistent with research conducted in twelve rural regions across India, South Asia, Africa, and other global areas, highlighting domestic violence as a widespread social, economic, mental, and physical issue. A related investigation in the neighboring state of Haryana revealed that 41.7% of women experienced domestic violence from their husbands, largely attributed to economic dependency and a lack of personal autonomy (Kishore & Gupta, 2009).

Table 2: Health issues associated with domestic violence

Sr.No.	Health Problems	Number of Cases	Percentage
1	Miscarriage, Headache, Depression, Anxiety, Fainting and Sleep disturbance,	52	13
2	Sleep disturbance, Gastrointestinal problems, Anxiety, Eating disorder and depression	28	07
3	Eating disorder, Headache, anxiety, Sleep disturbance, Depression and Homelessness	36	09
4	Miscarriage, Headache, Anxiety, Fainting, Depression and Sleep disturbance	24	06
5	Sleep disturbance, Headache and PTSD	236	59
6	Excessive workload	04	01
7	All of the above	20	05
	Total	**400**	**100**

Source: field survey 2024

The Indian National Family Health Survey (NFHS-5) indicates a notable prevalence of domestic violence in Rajasthan, with reported rates as high as 25%. However, it is crucial to acknowledge that underreporting significantly complicates the accuracy of these surveys. Comparative studies across South Asia demonstrate consistent patterns of domestic violence in rural environments. For example, research in Nepal indicated that 48% of married women reported experiencing domestic violence, often associated with alcohol and substance abuse, as well as the low educational levels of their partners (Pandey et al., 2018). Global investigations into domestic violence reveal similar trends in rural areas. A study conducted in Nigeria found that 56% of women in remote rural locations have faced some form of domestic violence, with economic dependence and patriarchal cultural norms significantly contributing to the perpetuation of such abuse (Adebayo et al., 2020). Additionally, a systematic review in Ethiopian regions indicated that 63% of rural women have encountered physical or psychological violence at some point, primarily due to financial dependency and the emotional pressures linked to marriage (Tesfaye et al., 2021).

The health consequences identified in the current research, including miscarriage, anxiety, depression, and sleep disturbances, are in line with findings from a multi-country study conducted by the World Health Organization, which identified physical and mental health issues as the primary outcomes of domestic violence (Garcia-Moreno et al.2006). A recent investigation conducted in neighboring Bangladesh has identified a link between domestic violence and adverse reproductive health outcomes, including miscarriage. This finding emphasizes the urgent need for integrated healthcare responses (Rahman et al., 2020). It was observed that about 59 % women included in the study responded that they have sleep disturbance, headache and PTSD (post-traumatic stress disorder) as a consequence of domestic violence (table 2).

The study's outcomes highlight the importance of comprehensive interventions in rural areas, which should include legal education, counseling services, and healthcare support to alleviate the impact of domestic violence on women. By identifying the key factors related to domestic violence and their consequences, the Shekhawati region, the focus of this research, provides a crucial basis for developing targeted strategies to prevent and address domestic violence in rural Rajasthan. These insights can assist social and cultural policymakers, government health service providers, and justice systems in comprehending the effects of domestic violence and in implementing effective policy measures. They underscore the need for a coordinated approach to improve the safety and well-being of all women facing similar challenges.

In summary, the research has revealed that the consumption of alcohol and drugs serves as the foremost catalyst for domestic violence in the rural areas of Churu district within the Shekhawati region. This is further exacerbated by factors such as dissatisfaction in employment and stress related to family dynamics. These variables play a significant role in the increased incidence of violence. The repercussions of domestic violence are primarily observed as physical and mental health challenges, which include anxiety, depression, sleep disorders, abortion, and various other health complications. This study seeks to illuminate the issue of domestic violence, a persistent and grave concern, along with its harmful consequences. It is crucial to address this matter without targeting any particular community, while also acknowledging the widespread challenges faced in the region and the overarching interests of society.

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