Original Article

Exploring the Key Triggers of Domestic Violence in Bangladesh

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ABSTRACT

Introduction: Domestic violence (DV) against women is a serious social and public health issue globally. Domestic violence, whether it be through physical, financial, psychological, or social abuse, or any combination of these, makes women captive in families and societies. The aim of the study is to explore the key triggers of domestic violence in Bangladesh. Materials & Methods: This is a community-based, cross-sectional survey conducted to determine magnitude and determinants of DV against women by their husband in Sylhet District. Participants were randomly selected from Sylhet city. This study was conducted in 6 months duration from April to September 2021. Based on the distribution of Sylhet population in rural and urban areas, we screened 500 participants' villages nearby Sylhet city and Sylhet city among them 125 women were finally given consent and selected in this study. Women were selected randomly from those attending rural health-care units in the selected villages and both Sylhet MAG Osmani Medical Collage Hospital in Sylhet city. Results: Regarding domestic violence 46(36.8%) responded mention that psychological violence among them 31(67.4%) insulted/made feel bad about self, 22(47.8%) belittled or humiliated in front of other people, 13(28.3%) scared or intimidated on purpose and 10(21.7%) threatened when asking friends/family. Conclusion: Common violences were physical, sexual, psychological violence, and combination of two or more.

Keywords: Domestic Violence (DV), Psychological Abuse, Sexual Violence, Physical Abuse, Women's Health

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INTRODUCTION

Domestic violence (DV) against women is a significant social and public health problem globally. Furthermore, it is found to be the most frequent and pervasive form of violence committed against women^[1]. Worldwide, domestic violence (DV) against women is a serious social and health issue. Domestic violence, whether it be through physical, financial, psychological, or social abuse, or any combination of these, imprisons women in families and communities. Although having a life free of violence is a basic human right, 30% of women have suffered violence at home worldwide. In South Asia, the percentage of this is 50%; in Bangladesh despite having existing protective policies and laws in action it shows a staggering prevalence of 87% of women facing domestic violence^[2]. Those women who experience domestic violence suffer from both short and long-term physical, psychological, and social consequences impacting their health and wellbeing. The precursors and effects of domestic violence against women in South Asian societies are well-documented^[3-6]. Determinants of DV is crucial for proper planning and implementation of intervention programs to reduce this

activity, especially when considering public view of DV as a family matter. Several factors and women's characteristics such as young age at marriage, low education, financial dependency, low socioeconomic status, child maltreatment and family troubles, and alcohol or drug use had been related to DV^[7,8]. Violence against women (VAW) is a serious violation of women's human rights and a dominant chronic global public health, sociological, and criminological problem. According to the World Health Organization (WHO), worldwide 1 of every 3 women had experienced violence either physically or sexually in their life time[9]. From a sociocultural standpoint, Bangladesh's ingrained patriarchy views women as inferior to men, which is frequently manifested through violence against them. Domestic violence is attributed to the husband's and in-laws' desire to control behavior and reassert their authority when challenged. Moreover, the community frequently accepts violence against women as legitimate. The impact of abuse on recently married women in Bangladesh and examines women's coping mechanisms to understand how women's interpretations of the abusive situation influenced their decisions to deal with abuse. The findings aimed to provide a benchmark in understanding women's coping strategies relating to abusive domestic situations and offers in sights in to potential pathways to respond to young married women's needs.

METHODS & MATERIALS

This is a community-based, cross-sectional survey conducted to determine magnitude and determinants of DV against women by their husband in Sylhet District. Participants were randomly selected from Sylhet city. This study was conducted in 6 months duration from March to September 2021. Based on the population distribution of Sylhet in rural and urban regions, we screened 500 participants from villages around Sylhet city and Sylhet city, and 125 women were eventually given consent and selected for this study. Women were selected randomly from those attending rural health-care units in the selected villages and both Osmani Medical Collage Hospital in Sylhet city. The sample was gathered using systematic random sample where every woman coming to the selected health-care centers was asked to participate in the study until the sample was gathered. Eligible criteria included: Being an ever-married woman, from Sylhet governorate, whose age ranging from 14 to 65 years and willingness to participate in the study. Collection of data was conducted through personal interviews with the participants before leaving health-care centers using pre-designed questionnaire. After explaining the aim of the study and ensuring confidentiality of the data, participants who could read and write filled the anonymous questionnaires by themselves while the investigator filled it for those who were illiterate. We used a self-administered questionnaire which comprised two sections. The first section involved data about sociodemographic characteristics of the participant (such as age, residence, education, working status, age at marriage, number of children, duration of marriage, and type of the house whether private house or with the family of the husband). Husband characteristics were also included in this section such as age, working state, occupation, and drug abuse. The second section included items related to occurrence of physical, verbal, and psychological violence exerted by the husband and its causes. Definition of physical violence was set as applying a hit, a slap, punching, choking, pushing, or any type of contact that result in physical injury to the victim. Emotional violence was defined as threatening, intimidating, undermining, the woman's self-worth or self-esteem, or controlling her freedom, whereas verbal violence was defined as screaming at her or insulting her. All types of violence were determined as occurring in the past 12 months.

RESULTS

Table I shows that mean age was found 33.8±12.2 years, 80(64.0%) were Muslim, 85(68.0%) had illiterate, 90(72.0%) were housewives, 73(58.4%) were age at first marriage ≤ 18 years, 108(86.4%) were arranged marriage, 112(89.6%) have lived with partner, 59(47.2%) belonged to partner's age 25-35 years and 52(41.6%) of the patients came from lower class family. Table 2 shows that 46(36.8%) responded mention that psychological violence among them 31(67.4%) insulted/made feel bad about self, 22(47.8%) belittled or humiliated in front of other people, 13(28.3%) scared or intimidated on purpose and 10(21.7%) threatened when asking friends/family. Thirty two (25.6%) responded mention that sexual violence among them 18(56.3%) physically forced to have sexual intercourse, 19(59.4%) have unwanted sexual intercourse because of fear of partner and 21(65.6%) forced to do something sexual that is degrading or humiliating. Twenty three (18.4%) responded mention that physical violence among them 15(65.2%) slapped, pushed, shoved or pulled, 9(39.1%) hit with fist or with something else that could hurt, 4(17.4%) choked or burnt on purpose and 2(8.7%) threatened to use or actually used a gun, knife or other weapons. Twenty four (19.2%) responded mention that overlapping occurrences among them 6(25.0%) psychological and physical violence, 7(29.2%) psychological and sexual violence, 2(8.3%) physical and sexual violence and 9(37.5%) all forms. Figure 1 shows that 36.8% responded mention that psychological violence followed by 25.6% sexual violence, 18.4% physical violence, 4.8% psychological and physical violence, 5.6% psychological and sexual violence, 1.6% physical and sexual violence and 7.2% all forms (psychological, sexual and physical violence).

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Table - I: Socioeconomic and demographic characteristics	of respondents (n=125)
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Variables	Frequency	Percentage	
Age group (years)			
<25	24	19.2	
25-34	70	56	
34-49	31	24.8	
Mean±SD	33.8:	33.8±12.2	
Religion			
Muslim	80	64.0	
Hindu	45	36.0	
Educational status			
Illiterate	85	68.0	
Read and write	24	19.2	
Primary	9	7.2	
Secondary and above	7	5.6	
Occupational status			
Housewife	90	72.0	
Service	11	8.8	

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Others	24	19.2
Age at first marriage		
≤15 years	73	58.4
>15 years	52	41.6
Marriage type		
Love marriage	10	8.0
Arranged marriage	108	86.4
Other	7	5.6
Current Marital relationship		
Married/lived with a man	112	89.6
Have regular partner but living apart	13	10.4
Partner's age (years)		
<25	10	8.0
25-35	59	47.2
>35	56	44.8
Socio-economic status		
Lower	52	41.6
Lower middle	42	33.6
Upper middle	15	12
Upper	16	12.8

 Table - II: Different type of domestic violence (n=125)

Form of domestic violence	Frequency	Percentage
Psychological violence (n=46)	46	36.8
Insulted/made feel bad about self	31	67.4
Belittled or humiliated in front of other people	22	47.8
Scared or intimidated on purpose	13	28.3
Threatened when asking friends/family	10	21.7
Sexual violence (32)	32	25.6
Physically forced to have sexual intercourse	18	56.3
Have unwanted sexual intercourse because of fear of partner	19	59.4
Forced to do something sexual that is degrading or humiliating	21	65.6
Physical violence (n=23)	23	18.4
Slapped, pushed, shoved, or pulled	15	65.2
Hit with fist or with something else that could hurt	9	39.1
Choked or burnt on purpose	4	17.4
Threatened to use or actually used a gun, knife, or other weapons	2	8.7
Overlapping occurrences (n=24)	24	19.2
Psychological and physical violence	6	25.0
Psychological and sexual violence	7	29.2
Physical and sexual violence	2	8.3
All forms	9	37.5

*Each responder provided various responses.





DISCUSSION

In this study observed that mean age was found 33.8±12.2 years, 80(64.0%) were Muslim, 85(68.0%) had illiterate, 90(72.0%) were housewives, 73(58.4%) were age at first marriage≤18 years, 108(86.4%) were arranged marriage, 112(89.6%) have lived with partner, 59(47.2%) belonged to partner's age 25-35 years and 52(41.6%) of the patients came from lower class family. van der Putten and Nur-E-Jannat A total of 25 women participated in this study, with the majority between 20 and 25 years of age. All participants were members of the Muslim community. A total of 10 participants lived in rural areas and 15 lived in suburban areas. All women were married and 22 of them had children. All participants were literate, among them, 4 were university graduates, 19 completed secondary school, and 2 had no formal education. In terms of occupation, 2 participants were government employees while 23 women were housewives. Among the housewives, 11 reported contributing to the family income by sewing clothes, engaging in animal husbandry responsibilities or by working at other people's houses during harvesting time. Another factor that could explain lower reporting of violence among higher educated women might be that it reflected the socio-economic status of families which favors gender equity and opens job opportunities that contribute to the family income^[10]. Various studies support this proposition ^[11-13]. In contrast, Dalal found that about 80% of the working women in his study experienced domestic abuse^[14]. The question of whether generating family income is seen as undermining the husband's authority and therefore a trigger for abuse is not substantiated in this study. Bates et al. argued that women's economic empowerment often led them to act more assertively in the family, which then increased the likelihood of arguments and violent responses^[15]. Women feared that leaving their husbands would be disastrous for their children's lives. These findings were supported by other studies whereas others pointed out that having male children offered some degree of protection against domestic violence^[16,17,18]. Ali and Radwan successfully enrolled 490 ever married woman in this study, their age ranged from 17 to 65 years with a mean of 34.7 ± 1.01 years. 61.8% (303) of the surveyed women were residing in rural areas, whereas 38.2% (187 women) were residing in urban areas. Regarding their education, 204 (41.6%) were illiterate while 199 (40.6%) held university degree, 55 (11.2%) completed secondary school, and 32 (6.5%) completed primary school. 305 (62.2%) of the surveyed women were homemakers, whereas 185 (37.8%) were working women. As regard their marital, 385 (78.6%) of the surveyed women were married, whereas 68 (13.9%) were divorced and 37 (7.6%) were widows^[19]. Yimer et al. reported total of 425 pregnant women were interviewed making a response rate of 97.9% [20]. The mean age of mothers was 29.8±5.8 years. The majority of participants were between 25 and 34 years old (239) (56.2%). Of all respondents, 323 (76.0%) were farmers and 288 (67.8%) were illiterate. Respondents were also asked about their household's monthly income as compared to their neighbours and majority of respondents, 206 (48.5%), report medium monthly income. The median age at first marriage was 15±3.49 years. In Bangladesh, most of the people know what is meant by domestic violence such as dowry related violence, child marriage, marital rape or violence, verbal abuse, harassment, humiliation and physicaltorture [21,22]. In this study showed that 46(36.8%) responded mention that psychological violence among them 31(67.4%) insulted/made feel bad about self, 22(47.8%) belittled or humiliated in front of other people, 13(28.3%) scared or intimidated on purpose and 10(21.7%) threatened when asking friends/family. Thirty two (25.6%) responded mention that sexual violence among them 18(56.3%) physically forced to have sexual intercourse, 19(59.4%) have unwanted sexual intercourse because of fear of partner and 21(65.6%) forced to do something sexual that is degrading or humiliating. Twenty three (18.4%) responded mention that physical violence among them 15(65.2%) slapped, pushed, shoved or pulled, 9(39.1%) hit with fist or with something else that could hurt, 4(17.4%) choked or burnt on purpose and 2(8.7%) threatened to use or actually used a gun, knife or other weapons. Twenty four (19.2%) responded mention that overlapping occurrences among them 6(25.0%) psychological and physical violence, 7(29.2%) psychological and sexual violence, 2(8.3%) physical and sexual violence and 9(37.5%) all forms. Van der Putten and Nur-E-Jannat study several women claimed that not having hope made coping difficult, and in some cases, impossible. They also explained that society viewed women who were unable to cope with oppression as failures. Women seem to be caught-up between social norms and expectations and their personal needs and aspirations^[10]. In the Bangladeshi sociocultural context, women's sexuality is private and controlled. However, a survey study in Bangladesh among recently married women reported that nearly 60% experienced sexual intimate partner violence such as forced sexual intercourse and engaging in sexual intercourse out of fear^[23]. Ali and Radwan found that the most common type of DV reported by the surveyed women was the most devastating, verbal violence followed by emotional and physical violence (58.2%, 51.8%, and 40%, respectively) ^[19]. These results are in line with many studies^[24-26]. Indicating major suffering of the affected woman. Results of multi-country study of DV conducted by the World Health Organization reported exposure of 15-71% of the surveyed women to physical or sexual violence by a husband or a partner [27]. As regard the major causes of violence and in partial agreement, money was the most frequent cause of fights between the abused women and her husband (57.4%)^[28]. Zeinab Emam observed that the most prevalent forms were mental violence alone, encountered by 18.9% of women, mental and physical violence in 11%, and all 3 forms of mental, physical, and sexual (4.5%). Recent experience of violence did not differ much from lifetime experience. One-third of women reported overall violence: 29.1% mental violence; 22.8% physical violence; and 11.8% sexual violence. The most frequently reported practices of mental violence are insulting (73.1%), belittling (60.8%), intimidation (54%), and neglect (47.4%) as reported by mentally abused women. Common physical acts reported by more than 50% of physically abused women were pushing, slapping the face, and hitting. Three quarters of sexually abused women reported forced sex, and 56.9% had sex out of fear. Eleven percent of abused women reported being beaten, and 7% were kicked at the abdomen while pregnant. Eighteen percent reported that violent treatment 1. got less during pregnancy; while 5.3% reported that it increased^[29]. Hossain et al. reported 626 cases were victims of 2. murder by husband while 82 became victims of physical and mental torture by husband [20]. Due to unbearable physical and mental torture, 62 committed suicide. A significant 3. number of the victims of different types of domestic violence as shown in this table belong to the age category of 25 years and above (374 cases). It is also important to note that out of 4. 626 victims who were murdered by husband, only 309 cases are filed against the offenders. Domestic violence is a very 5. pervasive, serious social malady in both developed and developing countries. Severe domestic violence has been documented in almost every country in the past decade. In 6. some Western countries, 21-28 per cent of adult women are battered in marital relationships. Foshee et al. in their study showed how family violence and adolescent dating violence 7. take place [30]. It was found in Hindin study that husbands' attitudes toward wife beating are generally found in five major situations: a) if a wife goes out without telling her husband, b) neglects the children, c) argues with him, d) 8. refuses to have sex with him, and e) burns the food [31]. In this study observed that 36.8% responded mention that psychological violence followed by 25.6% sexual violence, 9. 18.4% physical violence, 4.8% psychological and physical violence, 5.6% psychological and sexual violence, 1.6% physical and sexual violence and 7.2% all forms (psychological, sexual and physical violence). Yimer et al. reported among 425 women interviewed, 137 (32.2%; 95%

CI: 27.8%–36.5%) were experiencing domestic violence by their intimate partner ^[32]. The prevalence of the three forms of domestic violence (psychological, physical, and sexual violence) during their current pregnancy was also high. One hundred six (24.9%; 95% CI: 20.7%, 28.9%) pregnant women reported psychological violence, sixty-three (14.8%; 95% CI: 11.5%, 18.4%) pregnant women experienced sexual violence, and forty-eight (11.3%; 95% CI: 8.5%, 14.4%) pregnant women experienced physical violence. There are overlaps for different types of domestic violence.

CONCLUSION

The study's findings underscore the urgent need for comprehensive interventions to address domestic violence in Bangladesh, including raising awareness, providing support services for victims, strengthening legal protections, and addressing underlying social and cultural factors contributing to violence within intimate relationships. Furthermore, the study highlights the necessity of further research to explore additional factors contributing to domestic violence and evaluate the effectiveness of interventions aimed at prevention and support for victims. In conclusion, this study contributes valuable insights into the multifaceted nature of domestic violence in Bangladesh, emphasizing the imperative for concerted efforts from various stakeholders to combat this pervasive issue and support those affected.

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REFERENCES

- 1. Ali R, Radwan R. Magnitude and determinants of domestic violence against ever married women in Sohag, Egypt. Int J Med Sci Public Health. 2017 Aug 1;6(8):1285-91.
- van der Putten M, Nur-E-Jannat A. Coping with domestic violence: women's voices in Bangladesh. Journal of Health Research. 2022 Jan 13;36(1):77-88.
- Bajracharya A, Amin S. Microcredit and domestic violence in Bangladesh: an exploration of selection bias influences. Demography. 2013 Oct;50:1819-43.
- 4. Chowdhury MA, Morium S. Domestic violence against women: A historic and socio-cultural reality in Bangladesh. European Scientific Journal. 2015 Sep 1;11(26).
- Das TK, Bhattacharyya R, Alam MF, Pervin A. Domestic violence in Sylhet, Bangladesh: analysing the experiences of abused women. Soc Change. 2016; 46(1): 106-23.
- 6. Khan AR. Domestic Violence against Women in Bangladesh: A Review of the Literature and the Gaps to fill-in by Future Interventions.
- Al-Faris H, Al-Faris H, Al-Faris E, Naghma N, Jamal A, AlQuaiz AM, Al-Thebaity R, Al-Zahrani M, Qusti N, Al-Ahmadi R, Hakami S. A history of childhood maltreatment among spouses predicts violence against women. Annals of Saudi medicine. 2013 Nov;33(6):595-600.
- Fageeh WM. Factors associated with domestic violence: a crosssectional survey among women in Jeddah, Saudi Arabia. BMJ open. 2014 Feb 1;4(2):e004242.
- 9. World Health Organization. Violence against women: Key facts. World Health Organization. Last modified November. 2017 Nov 29;29:2017.
- 10. van der Putten M, Nur-E-Jannat A. Coping with domestic violence: women's voices in Bangladesh. Journal of Health Research. 2022 Jan 13;36(1):77-88.
- 11. Ziaei S, Frith AL, Ekström EC, Naved RT. Experiencing lifetime domestic violence: associations with mental health and stress among pregnant women in rural Bangladesh: the MINIMat Randomized Trial. PLoS one. 2016 Dec 19;11(12):e0168103.
- 12. Hadi A. Women's productive role and marital violence in Bangladesh. Journal of family violence. 2005 Jun;20(3):181-9.
- 13. Koenig MA, Ahmed S, Hossain MB, Mozumder AK. Women's status and domestic violence in rural Bangladesh: individual- and community-level effects. Demography. 2003; 40(2): 269-88.
- Dalal K. Does economic empowerment protect women from intimate partner violence?. Journal of injury and violence research. 2011 Jan;3(1):35.
- 15. Bates LM, Schuler SR, Islam F, Islam MK. Socioeconomic factors and processes associated with domestic violence in rural Bangladesh. International family planning perspectives. 2004 Dec 1:190-9.
- 16. Bhuiya A, Sharmin T, Hanifi SM. Nature of domestic violence against women in a rural area of Bangladesh: implication for preventive interventions. Journal of Health, Population and Nutrition. 2003 Mar 1:48-54.
- 17. Naved RT, Azim S, Bhuiya A, Persson LÅ. Physical violence by husbands: magnitude, disclosure and help-seeking behavior of women in Bangladesh. Social science & medicine. 2006 Jun 1;62(12):2917-29.
- 18. Sharma I. Violence against women: Where are the solutions?. Indian journal of psychiatry. 2015 Apr 1;57(2):131-9.
- 19. Ali R, Radwan R. Magnitude and determinants of domestic violence against ever married women in Sohag, Egypt. Int J Med Sci Public Health. 2017 Aug 1;6(8):1285-91.
- Hossain KT, Sumon MS. Violence against Women: Nature, Causes and Dimensions in Contemporary Bangladesh. Bangladesh Ejournal of Sociology. 2013 Jan 1;10(1).

- 21. Begum HA. Combating domestic violence through changing knowledge and attitude of males: An experimental study in three villages of Bangladesh. Empowerment: A Journal of Women for Women. 2005; 12:53-74.
- 22. Hossain KT. Violence against women in Bangladesh. Inthe Proceedings of the 8th Annual Conference of Hong Kong Sociological Association, Keung, CS, Traver, H. and Xiuguo, L.(eds.) Narratives and Perspectives in Sociology: Understanding the Past, Envisaging the Future 2007 (pp. 257-264).
- 23. Esie P, Osypuk TL, Schuler SR, Bates LM. Intimate partner violence and depression in rural Bangladesh: accounting for violence severity in a high prevalence setting. SSM-population health. 2019 Apr 1;7:100368.
- 24. Izmirli GO, Sonmez Y, Sezik M. Prediction of domestic violence against married women in southwestern Turkey. International Journal of Gynecology & Obstetrics. 2014 Dec 1;127(3):288-92.
- 25. Afifi ZE, Al-Muhaideb NS, Hadish NF, Ismail FI, Al-Qeamy FM. Domestic violence and its impact on married women's health in Eastern Saudi Arabia. Saudi Med J. 2011 Jun 1;32(6):612-20.
- 26. Özcan NK, Günaydın S, Çitil ET. Domestic violence against women in Turkey: a systematic review and meta analysis. Archives of psychiatric nursing. 2016 Oct 1;30(5):620-9.

- 27. García-Moreno C, Jansen HA, Ellsberg M, Heise L, Watts C. WHO multi-country study on women's health and domestic violence against women. Geneva: World health organization. 2005 Nov;204(1):18.
- 28. Barnawi FH. Prevalence and risk factors of domestic violence against women attending a primary care center in Riyadh, Saudi Arabia. Journal of interpersonal violence. 2017 Apr;32(8):1171-86.
- 29. Afifi ZE, Al-Muhaideb NS, Hadish NF, Ismail FI, Al-Qeamy FM. Domestic violence and its impact on married women's health in Eastern Saudi Arabia. Saudi Med J. 2011 Jun 1;32(6):612-20.
- 30. Foshee VA, Bauman KE, Linder GF. Family violence and the perpetration of adolescent dating violence: Examining social learning and social control processes. Journal of Marriage and the Family. 1999 May 1:331-42.
- 31. Hindin MJ. Understanding women's attitudes towards wife beating in Zimbabwe. Bulletin of the World Health Organization. 2003;81:501-8.
- 32. Yimer T, Gobena T, Egata G, Mellie H. Magnitude of domestic violence and associated factors among pregnant women in Hulet Ejju Enessie District, Northwest Ethiopia. Advances in public health. 2014;2014(1):484897.