Prevalence and Determinants of Intimate Partner Violence Against Women in India

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Abstract

Intimate partner violence against women is a global concern. Over the years, the occurrence of such violence has recorded a significant increase, especially in developing countries, including India. The present study aims to investigate the prevalence of IPV in India. The study also seeks to determine the demographic and socio-economic factors associated with IPV. The study utilizes the fourth-round data of the National Family Health Survey 2015–2016. Chi-square ($\chi 2$) test and binary logistic regression model were used to determine IPV-related factors. Of 62,716 married women surveyed, 30.59% were found to have suffered from IPV. The prevalence of physical, sexual, and emotional violence against married women was 26.98%, 6.45%, and 12.07%, respectively. Women belonging to the following categories were found to have a higher likelihood of experiencing IPV: (i) women with higher educational attainment than their husbands; (ii) women involved in manual work, (iii) women having more than two children, and (iv) women belonging to the Muslim community. In addition, women earning more than their partners, women practicing independent decision-making, and women with partners addicted to alcohol consumption were also at higher risk of experiencing IPV. The alarming rate of IPV in India needs urgent attention. The need of the hour is to organize context-specific and community-based IPV awareness programs. In this regard, collaboration with various stakeholders and non-government organizations may help minimize the incidence of IPV in the country.

Keywords

Alcohol abuse; developing nation; marriage; violence; women's autonomy

Introduction

Violence against women can be described as any behavior within an intimate relationship that causes physical, sexual, and psychological harm to women engaged in that relationship (Campbell, 2002). In India, the National Family Health Survey-4 (NFHS-4) data revealed that one in every four women had experienced such violence (International Institute for Population Sciences (IIPS) & ICF, 2017).

Intimate partner violence (IPV) may take various forms, such as physical, sexual, and emotional abuse. It manifests as rude behavior on the part of an intimate partner against the other partner. Such violence usually occurs against women from different socio-economic backgrounds and also against women belonging to any of the religious and cultural groups in India (Eswaran & Malhotra, 2011). Physical violence includes slapping, hitting, kicking, and beating, while sexual violence involves forced sexual activities and other forms of sexual coercion. The emotional (psychological) violence takes the forms of insults, belittling, constant humiliation, intimidation, threats of harm, threats to take away the children, and controlling women's behavior by isolating women from the rest of the family and friends, monitoring their movements and restricting their access to financial resources, employment, education, or medical care (Abramsky et al., 2011; Garcia-Moreno et al., 2005).

According to an estimate globally, 13–16% of women, who had ever been engaged in an intimate partnership, were found to have experienced physical violence by their partners (Garcia-Moreno et al., 2005). One WHO report also mentioned that around 6–59% of women had experienced sexual violence by their partners in their lifetime. The report also noted that 20–75% of women had reported experiencing at least one emotionally abusive act from their partners in their lifetime (Garcia-Moreno et al., 2005).

This kind of violence is influenced by factors operating at four levels: individual, personal relations, community, and society (Eswaran & Malhotra, 2011). Studies across different countries also reported the risks and threats to life involved in such violence (Atteraya et al., 2015; Mistry et al., 2009; Msuya et al., 2014). Some factors associated with the violence committed against the partners are low educational attainment of the male partners, early marriage of women, and abuse of alcohol and drugs. In addition, other factors such as unstable relationships with conflicts and dissatisfaction, male dominance in the family, economic stress, having multiple partners and educational disparity between the partners also cause IPV against women (Chan, 2009).

In addition to the individual traits and relationship issues, community and societal factors such as poverty, low social and economic status of women, weak legal provisions against intimate partner violence within marriage, lack of women's civil rights, including restrictive or inequitable divorce and marriage laws, broad social acceptance of violence as a way to resolve conflict and high level of general violence in the society, etc. have a strong association with intimate partner violence (Shamu et al., 2011). Besides, increased women's autonomy potentially led to a higher incidence of intimate partner violence (Fakir et al., 2016; Flake & Forste, 2006; Friedemann-Sánchez & Lovatón, 2012).

Any violence against women is a global concern, though vulnerability to violence has increased over the years against women from developing countries, including India. Evidence of violence against women in India is limited to region-specific studies, and little has been

explored about the factors associated with such violence against women (Anand et al., 2017; Divakaran Sreelatha et al., 2021; Maiti, 2014). To bridge the evidence gap, the present study investigates the prevalence of IPV in India. The study also aims to determine the demographic and socio-economic factors associated with IPV.

Methodology

Study design and data source

This analytical study uses round four data from the National Family Health Survey 2015–2016. National Family Health Survey is a cross-sectional and nationally representative survey by the Ministry of Health and Family Welfare, Government of India (IIPS & ICF, 2017). The current study included data on violence against married women by their partners/husbands. Women of reproductive age (aged 15–49 years) group were included in this study. Of 625,014 eligible married women, the study included 62,716 women (aged 15–49 years) interviewed. The study excluded women who were not interviewed or who were unmarried.

Variable definition

Intimate partner violence

Intimate partner violence was measured as the last 12 months of experience of physical or sexual, or emotional violence against married women by their current husbands/partners (Mistry et al., 2009). Composite indices were constructed with multiple forms of violence against women in the last years before the survey date (Msuya et al., 2014). A new variable was created using dichotomous measures of different violence practices, the violence experience, and duration. For data validation, an alpha value was calculated (Cronbach's α = 0.817).

Independent variables

The demographic and socio-economic characteristics (including the households' and partners' characteristics) were often associated with IPV in India (Anand et al., 2017; Atteraya et al., 2015; Kalokhe et al., 2017). The present study also considered these factors to identify their association with violence against married women. The residential base (rural/ urban) of women, the region to which the households belonged, the social identity (social group) of the households, and the economic status of the households were incorporated as the predictor variables. For this apparent reason, women's characteristics, such as age group, educational attainment, occupation, and women's autonomy, were also included as predictor variables (Anand et al., 2017). We computed a composite index of women's decision-making status. We considered the dichotomous status of the decision-making variable ("0" = "No autonomy," "1" = "Have autonomy"). Other variables, such as the discrepancies between a husband and his wife in educational attainment, their addiction to alcohol consumption, and the individual earnings of the couples, were also included.

Data analysis

For statistical analysis, the data were exported to Excel and STATA 13 software (Stata Corp, College Station, Texas). A descriptive analysis was performed for all the variables. The chi-square ($\chi 2$) test was used to determine the association of the categorical variables. A binary logistic regression model (adjusted Odds ratio [aOR]) was performed after adjusting the effects of the variables in the household environment and also after adjusting the individual characteristics of IPV in a household. The binary response (1 = experiencing IPV, 0 = not experiencing IPV) of IPV for each respondent was related to a set of categorical predictors, X, by a *'logit'* link function:

$$logit\,[P(Y=1)] = ß_0 + ß^*X + \epsilon$$

The parameter $ß_0$ estimates the log odds of IPV for the reference group, while $ß$ estimates the maximum likelihood - the differential log odds of IPV associated with the set of predictors X, as compared with the reference group, and ϵ represents the residuals in the model. All the estimates and the standard errors were adjusted for the multistage sampling design and clustering at the primary sampling unit. They were weighted at the state level to provide results representative of the population.

Results

Prevalence of intimate partner violence against women in India

Of 62,716 women aged 15–49 included in the study, 30.59% suffered from intimate partner violence (IPV) (Table 1). The prevalence of physical, sexual, and emotional violence reported against married women was 26.98%, 6.45%, and 12.07%, respectively. Overall, ten states in India had more than 35% of women who were victims of any form of IPV. The highest prevalence of violence was reported in Manipur (55.58%), while the lowest was reported in Sikkim (1.92%). Manipur, Andhra Pradesh, Bihar, and Tamil Nadu had higher proportions of married women reporting any form of violence. In contrast, the IPV form was found to be lower in Sikkim, Lakshadweep, and Himachal Pradesh.

Table 1: Intimate Partner Violence Prevalence Among Women Aged 15–49 Years in States and Union Territories of India, 2015–2016

State/Union Territories	Total IPV (%)	Physical violence (%)	Sexual violence (%)	Emotional violence (%)	Sample (*n*)
India	**30.59**	**26.98**	**6.45**	**12.07**	**62,716**
Andaman & Nicobar	16.95	15.06	1.67	6.04	229
Andhra Pradesh	44.64	42.25	6.52	19.25	983
Arunachal Pradesh	33.69	28.16	8.2	15.94	1,222
Assam	25.5	22.43	4.76	10.28	2,492
Bihar	45.63	41.05	13.64	20.22	4,001
Chandigarh	23.17	23.17	4.86	5.94	67
Chhattisgarh	37.48	35.39	5.65	14.04	1,987
Dadra & N Haveli	36.00	30.93	3.47	12.29	97
Daman & Diu	29.82	26.4	7.46	12.3	193

State/Union Territories	Total IPV (%)	Physical violence (%)	Sexual violence (%)	Emotional violence (%)	Sample (*n*)
Goa	12.95	9.85	1.38	4.4	428
Gujarat	22.35	18.93	4.09	11.09	3,094
Haryana	34.39	30.69	8.69	12.53	1,938
Himachal Pradesh	6.55	4.71	2.43	3.81	1,591
Jammu & Kashmir	13.62	8.14	2.55	9.26	3,085
Jharkhand	34.11	32.16	7.75	9.71	2,592
Karnataka	23.59	18.03	6.28	12.58	2,118
Kerala	15.43	11.83	3.97	7.65	1,416
Lakshadweep	7.33	5.4	2.57	1.31	96
Madhya Pradesh	34.51	30.97	8.01	11.95	5,219
Maharashtra	21.98	20.18	1.78	8.51	2,525
Manipur	55.58	49.89	14.19	13.26	1,035
Meghalaya	30.1	26.37	4.18	9.63	637
Mizoram	17.57	14.03	2.62	9.89	764
Nagaland	15.9	8.93	5.66	9.77	795
Delhi	27.96	24.73	4.28	12.16	348
Odisha	35.79	32.41	7.89	10.95	2,910
Puducherry	40.52	29.8	9.04	23.57	455
Punjab	20.34	18.57	4.61	7.46	1,625
Rajasthan	26.42	23.87	3.74	8.07	3,513
Sikkim	1.92	1.14	0.43	1.14	475
Tamil Nadu	43.93	38.18	8.1	20.57	3,372
Tripura	30	26.45	9.01	13.52	591
Uttar Pradesh	38.19	34.98	7.61	13.52	7,147
Uttarakhand	14.08	11.7	2.58	4.84	1,282
West Bengal	33.65	29.91	7.6	12.25	1,666
Telangana	45.21	40.8	5.68	18.86	728

Note: Data from the National Family Health Survey (NFHS)-4, 2015–2016.

Intimate partner violence against women with different background characteristics

Socio-demographic, economic, and behavioral characteristics of women with IPV are described in Table 2. The prevalence of IPV against women was higher in rural areas (33.18%) than in urban areas (25.22%). Women from scheduled caste social classes (37.64%) and financially weaker households (44.14%) faced higher IPV against them than women from other social groups and income classes, respectively. Considering the decision-making power, women who made decisions alone suffered more violence (41.07%). Women who were not exposed to media faced higher incidences of IPV (36.57%) compared to those having some form of media exposure (25.09%). Women having husbands with higher educational attainment had a higher prevalence of IPV (33.91%) than the others. Women who earned more than their husbands experienced a higher proportion of IPV (42.88%) compared to less earning wives than their partners in India. The prevalence of IPV was the highest among women when the husband and wife were both found to be frequent alcohol takers (52.37%).

Determinants of intimate partner violence against women in India

The study identified that the place of residence, region, religion, caste, wealth index, women's working status and decision-making autonomy, media exposure, husband's working status, the age gap between the partners, education, earning differentials (Earning differentials indicate the differences between the earnings of women and their partners. Earning differentials would emerge as a determinant of IPV if the earnings of women surpassed that of their partners, the number of children, and alcohol consumption by either or both of the partners were significantly associated with IPV (Table 2).

The married women from the other regions of the country had a higher likelihood of experiencing IPV when compared with women from the northern region. The odds were the highest against women from the eastern region (aOR = 1.76, 95% CI [1.65, 1.88]). As well, IPV was found to be less likely in women from rural areas (aOR = 0.89, 95% CI [0.85, 0.94]). Women of the Muslim religion (aOR = 1.15, 95% CI [1.08, 1.22]) had a higher likelihood of experiencing IPV than the women of the other religions when all were compared with the experience of women belonging to the reference group. The odds of IPV were higher among women who worked in manual work (aOR = 1.50, 95% CI [1.35, 1.65]) than women who were not involved in manual work.

Table 2: Socio-Demographic, Economic, and Behavioral Characteristics Associated With Intimate Partner Violence in Women Aged 15–49 Years in India (2015–2016)

Variable	Total, N	Prevalence of IPV, n (%)[a]		Adjusted odds ratio [95% CI]	*p* value[b]
Total	**62,716**	**19,183**	**(30.59)**		
Residence					
Urban	20,447	4,917	(25.22)	Ref	$p < .001$
Rural	42,269	14,709	(33.18)	0.89 [0.85, 0.94]***	
Region					
North zone	13,449	2,743	(20.39)	Ref	$p < .001$
South zone	9,397	3,197	(34.03)	1.67 [1.55, 1.78]***	
East zone	11,168	4,311	(38.6)	1.76 [1.65, 1.88]***	
West zone	6,337	1,395	(22.01)	1.20 [1.11, 1.30]***	
Central zone	14,353	5,275	(36.75)	1.61 [1.52, 1.72]***	
Northeast zone	8,011	2,261	(28.23)	1.29 [1.20, 1.40]***	
Religion					
Hindu	47,540	15,123	(31.81)	Ref	$p < .001$
Muslim	8,746	2,396	(27.39)	1.15 [1.08, 1.22]***	
Christian	3,874	1,048	(27.05)	0.85 [0.77, 0.93]***	
Others	2,555	616	(24.12)	0.84 [0.76, 0.92]***	
Caste					
Scheduled caste	11,066	4,165	(37.64)	Ref	$p < .001$
Scheduled tribes	9,490	3,037	(32)	0.63 [0.59, 0.67]***	
Other backward class	24,959	8,159	(32.69)	0.89 [0.85, 0.94]***	
Others	17,200	3,822	(22.22)	0.75 [0.85, 0.94]***	
Wealth Index					
Poorest	10,761	4,750	(44.14)	Ref	$p < .001$
Poorer	12,322	4,588	(37.24)	0.90 [0.85, 0.95]***	
Middle	12,744	4,012	(31.48)	0.79 [0.74, 0.84]***	
Richer	13,035	3,416	(26.2)	0.66 [0.62, 0.71]***	

Variable	Total, N	Prevalence of IPV, n (%)[a]		Adjusted odds ratio [95% CI]	*p* value[b]
Total	**62,716**	**19,183**	**(30.59)**		
Richest	13,854	2,416	(17.44)	0.51 [0.47, 0.55]***	
Women Working Status					
Not working	43,741	11,771	(26.91)	Ref	
Agricultural	9,604	4,122	(42.92)	1.42 [1.33, 1.52]***	$p < .001$
Non-agriculture	5,536	1,688	(30.49)	1.24 [1.14, 1.36]***	
Manual	3,836	1,602	(41.76)	1.50 [1.35, 1.65]***	
Decision Making					
Women alone	1,982	814	(41.07)	Ref	
Husband and wife	38,621	10,316	(26.71)	0.63 [0.57, 0.70]***	$p < .001$
Husband alone	18,003	6,846	(38.02)	1.01 [0.91, 1.12]	
Someone else	4,110	1,207	(29.37)	0.84 [0.74, 0.95]**	
Exposure to Media					
No	30,016	10,978	(36.57)	Ref	$p < .001$
Yes	32,700	8,205	(25.09)	0.87 [0.84, 0.91]***	
Husband Occupation					
Not working	2,683	877	(32.68)	Ref	
Agricultural	19,549	6,804	(34.81)	1.00 [0.91, 1.10]	$p < .001$
Non-agriculture	21,853	5,373	(24.59)	0.93 [0.84, 1.02]	
Manual	18,631	6,128	(32.89)	1.06 [0.96, 1.16]	
Spousal Age Gap					
Up to 5 years	41,378	12,876	(31.12)	Ref	$p < .001$
6 to 10 years	16,163	4,774	(29.54)	0.95 [0.91, 0.99]**	
More than 10 years	5,175	1,533	(29.62)	0.95 [0.89, 1.02]	
Educational Differentiations					
Equal/ no difference	34,848	10,090	(28.96)	Ref	
Husband highly educated than wife	20,524	6,960	(33.91)	1.10 [1.06, 1.15]***	$p < .001$
Wife highly educated than husband	7,182	2,082	(28.99)	0.98 [0.93, 1.04]	
Number of children					
No children	1,884	627	(33.26)	Ref	
Single child	3,478	745	(21.42)	0.74 [0.65, 0.85]***	$p < .001$
Two children	37,312	10,174	(27.27)	0.87 [0.79, 0.97]**	
More than two children	20,042	7,638	(38.11)	1.14 [1.02, 1.26]**	
Earning Differentiations					
More than partner	2,475	1,061	(42.88)	Ref	
Less than partner	7,798	3,185	(40.85)	0.86 [0.78, 0.95)***	$p < .001$
Equal for both	3,392	1,222	(36.02)	0.81 [0.72, 0.91)***	
Earning other family members	49,051	13,715	(27.96)	0.81 [0.73, 0.90)***	
Alcohol Consumption					
Both consume	1,241	650	(52.37)	Ref	
Husband only	17,369	8,492	(48.89)	0.78 [0.69, 0.88]***	$p < .001$
Wife only	318	101	(31.69)	0.29 [0.22, 0.38]***	
Both do not consume	43,788	9,940	(22.7)	0.26 [0.23, 0.29]***	

*Note: [a]Row percentage; CI = confidence interval; [b]p-value = p-value of Chi-square test; ***p < .01; **p < .05; *p < .10* (National Family Health Survey [NFHS]-4, 2015–2016)

The likelihood of experiencing IPV was lower in women who made decisions with their husbands (aOR = 0.63, 95% CI [0.57, 0.70]) than women who made their decisions independently. Further, IPV episodes were found less likely against women who were exposed to media (aOR = 0.87, 95% CI [0.84, 0.91]) and those who had an age gap of 6–10 years with their husbands (aOR = 0.95, 95% CI [0.91, 0.99]). On the contrary, IPV was found more likely against women who had higher educational attainment than their partners (aOR = 1.10, 95% CI [1.06, 1.15]) and who had more than two children (aOR = 1.14, 95% CI [1.02, 1.26]).

In the case of earning differentials, the occurrence of IPV was found less likely against women who made income less than their husbands (aOR = 0.86, 95% CI [0.78, 0.95]). The violence was also less against women who earned income equal to their husbands (aOR = 0.81, 95% CI [0.72, 0.91]). IPV was found less likely against women when both the husband and the wife were not alcohol takers (aOR = 0.23, 95% CI [0.23, 0.29]).

Discussion

The study found alarming rates of intimate partner violence (IPV) against women in India. Almost one in every three women suffered from IPV. Similar findings were also reported in another study, which showed that four out of ten women experienced severe violence caused by their partner (Kalokhe et al., 2017). Further, about 27% of women suffered from physical violence, 12.1% suffered from emotional violence, and 6.5% suffered from sexual violence. The highest prevalence of IPV was reported in Manipur (55.6%), while the lowest was reported in Sikkim (1.9%). Women with socio-demographic characteristics such as having a residential base in rural areas, belonging to the Muslim religion, engaging in manual work, having independent decision-making status, having higher educational attainment, and higher earnings than their partners had a higher likelihood of experiencing IPV. Women in rural areas were often socially excluded, unaware of their rights, and less involved in family decision-making (Kalokhe et al., 2017). This was also responsible for higher instances of IPV against them. The likelihood of IPV was higher among women of Muslim religion than among women of other faiths.

Further, women belonging to the scheduled caste social group were found to be more at risk of IPV than those from other social groups. The other factors associated with IPV faced by women were the age gap between the partners, the nature of the job women was involved in, and women's educational attainment. It was found that women engaged in manual labor and with higher educational attainment than their partners were more likely to experience IPV. Community mobilization using women-based self-help groups, already operational in rural areas, can help spread awareness about women's rights (Maiti, 2014). Further, the involvement of religious leaders and the leaders of various social groups in the awareness campaigns against IPV will help women reduce the incidences of IPV.

India is one of the countries with many reported cases of IPV against women. Most of the violence was often caused by the husband/partner (Djikanovic et al., 2010; Garcia-Moreno & Stöckl, 2017). Women are generally perceived as belonging to the weaker section of society than their male counterparts. Such an identity of the women folk also helps spread violence against them (Mondal & Paul, 2021). Violence of any form later on turns them psychologically weak and depressed (Djikanovic et al., 2010). Women's autonomy and decision-making power are often linked to their experience of IPV. Usually, married women are less involved in decision-making in their households. Therefore, women with higher educational

attainment, earning, or decision-making autonomy often face a higher risk of experiencing IPV (Maiti, 2014). The government and community-based organizations must partner to cater to the needs of the victims of violence and ensure them easy access to the healthcare and legal services available (Bose et al., 2013; Naved & Persson, 2005).

Women from the eastern region (Bihar, Jharkhand, Odisha, and West Bengal) and southern region (Andhra Pradesh, Kerala, Karnataka, and Tamil Nadu) of India showed a higher likelihood of experiencing IPV. A study conducted in Tamil Nadu's Kaniyambadi block suggested that the prevalence of all forms of violence in the state was due to the existing social norms of marriage (husband selection by parents and relatives) and the existence of dowry practices (Ram et al., 2019). In addition, a lack of comprehensive knowledge about violence can sometimes lead to misreporting of the data. The trend of IPV was found to vary across the states of the country. The issue needs context-specific policy measures to minimize the occurrences of IPV in high-prevalent areas of India (Ghosh & Mog, 2020; Maiti, 2014).

It is now well-recognized that alcohol consumption by a husband/partner is related to IPV against women (Foran & O'Leary, 2008; Jewkes, 2002). This study also found that the likelihood of experiencing IPV increased when women and their partners were frequent alcohol takers. The government has to intervene and devise strategies to reduce alcohol abuse in the communities, which, in turn, may help in lowering IPV against women.

The study had a few limitations. The study included currently married women of the reproductive age group. Thus, it may not reflect the violence experienced by women who were unmarried and were earlier married (separated, divorced, or widowed). Psychological and emotional abuse in women might occur due to other family members and their husbands/partners. In this sense, domestic violence against women may be under-reported in the study as the survey questions focused exclusively on violence caused by husbands/partners.

Conclusion

One in three women in India experienced intimate partner violence, which needs urgent attention. The rate of intimate partner violence against women is alarming in the country. The figure varied across the states. Government effort is required to initiate context-specific and community-based awareness programs to offer adequate counseling services, especially to married couples, to make them aware of the evil effects of IPV. Initiatives are also needed to formulate strategies so women suffering from IPV can better access healthcare facilities and legal services. Effective collaboration with government and non-government organizations may help reduce IPV occurrences in the country.

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