A Study on domestic violence among the anganwadi workers and its mental impact on their children

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Abstract

Domestic violence is a widely spread, deeply ingrained health and social problem among women. Domestic violence constitutes willful intimidation, assault, battery, sexual assault or other abusive behavior perpetrated by one family member, household member or intimate partner against another. A nation –wide survey conducted in India observed that 37.2% of women experienced violence after marriage. Domestic violence has serious impact on women's health and well-being and victims hardly take recourse to law.

Objectives:

1. To know the prevalence of domestic violence among Anganwadi workers.

2. To know the situations precipitating the domestic violence, including the demographic and socio-cultural determinants.

3. To assess its mental impact on their children.

Methodology: The study was the community based cross-sectional study, conducted among Anganwadi workers who attended their training at Davangere.

Results: The overall prevalence of any form of violence in the study population was 47.3%.Most common reason for violence was husband being under the influence of alcohol(45%),followed by economic distress(35.2%).Slapping (73.2%) was the most common type of physical violence experienced and unprotected sex (62.3%) was the commonest sexual abuse.

Conclusions: The prevalence of domestic violence was 47.3%. The vulnerability to domestic violence was found significantly associated with age at marriage, duration of marriage and addiction of husband to alcohol. This study shows violence at home by parents showing mental impact on their children. Efforts should be made for more social support, awareness, women empowerment, and reporting of domestic violence and its attendant consequences.

Key words: Anganwadi workers, Domestic violence, Children.

Introduction

Violence against women is a centuries-old phenomenon that has been perpetrated in the name of religion, social customs and rituals. Indian society has been predominantly patriarchal since time immemorial [1]. Men are believed to be stronger and more powerful as opposed to their female counterparts [2]. Women play stereotype roles as daughters, sisters, wives, mothers or daughters-in-law, and even a slight negligence on their part leads to their assault and battery [2]. Domestic violence constitutes willful intimidation, assault, battery, sexual assault or other abusive behavior perpetrated by one family member, household member, or intimate partner against another [2]. According to NFHS-3 (2005-06), the

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prevalence of domestic violence in ever-married women who have ever experienced spousal violence is 37.2%. India's latest comprehensive survey also found that one in six wives had been emotionally abused by their husbands, while one in 10, have experienced sexual violence like marital rape on at least one occasion [2]. In India, Protection of women from domestic violence Act, 2005 is intended to protect women from domestic violence of any kind including dowry related harassment [3]. Even a threat of physical, sexual, verbal, emotional or economic abuse would attract penal action against the provision of the act [3].

According to the World Bank report, one work day out of every five lost by women is due to health problems arising out of domestic violence [2]. Domestic violence causes physical injury and undermines the social, economic, psychological, spiritual and emotional well- being of not only the victim, but of the society and as a whole [2,3]. It has serious consequences on the women's mental, physical, reproductive and sexual health. It includes injuries, temporary and permanent disabilities, depression, suicide, gynecological problems; etc [2]. Violence at home also has serious mental impact on their children behavior, academic performances, growth and development [4,5]. With this background, a cross-sectional study on domestic violence among Anganwadi workers and its mental impact on their children were carried out.

Objectives:

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Materials and Methods
Study design: A cross-sectional descriptive study.
Duration of the study: 3 months, from July 1st 2013 to 30th September 2013.

Study population: 150 Anganwadi workers who attended the training at Anganwadi training center, Davangere.

Statistical analysis: Data collected was compiled in Microsoft Excel and analyzed using SPSS v17.0.Percentage,frequency distribution and chi-square tests were applied wherever necessary.

Methodology
This study was conducted among Anganwadi workers attending Anganwadi training center, Davangere which trains Anganwadi workers from Davangere district. The participants were explained about the objectives of the study. A predesigned pretested, semi-structured questionnaire was given to all respondents to collect the data. To study the impact of violence on respondent's children, Childhood Psychopathology Measurement Schedule (CPMS) which is standardized to Indian population was used. It consists of 75 items, applicable to both sexes in age range of 4-14 years. Children who scored 10 and above are likely to be disturbed psychiatrically [11]. This scale was translated to Kannada language.
Ethical clearance: The study was approved by Ethical committee of JJM Medical College, Davangere.

Table 1. Socio-demographic profile of Anganwadi workers

Age group(in years)(n=150)	Frequency	Percent (%)
21-30	55	36.6
31-40	37	24.6
41-50	46	30.6
51-60	12	8
Urban/Rural(n=150)		
Urban	31	20.7
Rural	119	79.3
Religion(n=150)		
Hindu	142	94.7
Muslim	8	5.3
Education of Anganwadi worker(n=150)		
High school	89	59.3
Pre-university	54	36
Graduate	7	4.6
Marital status(n=150)		
Unmarried	8	5.3
Married	135	90
Widowed	7	4.6
Age at marriage(n=135)		
= 18	13	9.6
18-24	103	76.2
25-31	19	14.2
Duration of married life(n=135)		
= 10	47	34.8
11-20	43	31.8
21-30	37	27.5
31-40	8	5.9
Type of family(n=150)		
Nuclear	115	76.6
Joint	28	18.7
Broken	7	4.7
Socio-economic status(n=150)		
Class I	4	2.7
Class II	13	8.7
Class III	24	16
Class IV	39	26
Class V	70	46.6
Domestic violence		
Yes	71	47.3%
No	79	52.7%

Table 1 shows the socio-demographic profile of Anganwadi workers. In the present study, data was collected from 150 Anganwadi workers(AWWs). In our study mean age of the Anganwadi workerswas 36 years±10.41SD. Most of them were from rural (79.3%) background. As regard to their education majority of them were educated up to high-school (59.3%), followed by 36% up to pre-university and 4.6% were graduates. Out of 150 studied Anganwadi workers, 135 were married (90%), 7 were widow (4.6), and 8 were unmarried (5.3%). In our study any form of domestic violence was not observed among the unmarried Anganwadi workers. Out of the study respondents, mean age at marriage was18years ±7SD. About 34.8% of the respondents had duration of their married life within= 10 years, followed by 31.8% between 11-20 years, 27.5% between 21-30 years and 5.9% between 31-40 years. Majority of the Anganwadi workers were from nuclear family (76.6%) and 18.7%, 4.7% were from joint and broken family. As regard to their socio-economic status, majority belonged to class IV and class V (26% and 46.6%) according to modified BG Prasad classification.

Table 2. Shows the spousal characteristics of Anganwadi workers (n=135)

Education of husband	Frequency	Percentage (%)
Illiterate	19	14
Primary school	35	25.9
High school	30	22.3
Pre-university	17	12.5
Graduate	34	25.3
Occupation of husband	Frequency	Percentage(%)
Skilled	18	13.5
Semi-skilled	53	39.2
Unskilled	32	23.7
Semi-professional	21	15.5
Unemployed	11	8.1

Table 2 shows the spousal characteristics of Anganwadi workers. Regarding the education of Anganwadi workers husband, majority(25.9%) were educated up to primary school, followed by 25.3% were graduates, 22.3% were educated up to high-school, 12.5% up to pre-university and about 14% were illiterate. Regarding occupation of their husband, majority (39.2%) were semi-skilled, 23.7% were skilled, 15.5% were semi-professionals, 13.5% were skilled and about 8.1% were unemployed.

Table 3. Socio-cultural risk factors for domestic violence(n=71)

Socio–cultural risk factors	Frequency	Percentage (%)
Alcohol addiction	36	50.7
Poverty	14	19.7
Unemployment	12	16.9
Husband brought up with the idea beating wife is acceptable	6	8.4
Visiting brothels	3	4.3

Table 3 shows the socio-cultural risk factors. The most common socio- cultural risk factor for domestic violence as reported by respondents was alcohol addiction(50.7%), followed by poverty(19.7%),unemployment(16.9%), culture of husband brought up with the idea wife beating is acceptable(8.4%) and visiting brothels(4.3%).

Table 4. Situations precipitating for domestic violence as reported by Anganwadi workers(n=71)

Reasons for domestic violence[#]	Frequency	Percentage (%)
Alcohol addiction	32	45
Economic distress	25	35.2
Conflict with in-laws	22	30.9
Conflict over cooking and house-work	18	25.3
Dowry	16	22.5
Children related issues	14	19.7
Extra-marital affairs	12	16.9

Multiple responses.

Table 4 shows that of the various situations precipitating for domestic violence, as revealed by the affected females, the commonest cause reported was husband alcohol addiction(45%), followed by economic distress(35.2%), conflict with in-laws(30.9%), conflict over cooking and house work(25.4%), dowry(22.5%), children related issues(19.7%), extra-marital affairs(16.9%).

Table 5. Various forms of physical and sexual violence as reported by Anganwadi workers(n=71)

Various forms of physical violence as reported by respondents	Frequency	Percentage (%)
Slapping	52	73.2
Throwing things at you	15	21.1
Twisted your arm	12	16.9
Pulling hair	10	14
Kicked	8	11.2
Pushed away	6	8.4
Various experiences of sexual abuse as reported by respondents	**Frequency**	**Percentage (%)**
Unprotected sex	18	62.3
Marital rape	6	20.6
Unnatural sex	3	10.3
Imitating pornographic film	2	6.8

Out of the various forms of physical violence as reported by the respondents, the commonest was slapping (73.2%), followed by throwing things (21%), twisted the arm (16.9%), pulling hair (14%), kicked (11.2%), and pushedaway (18.4%). The various forms of sexual violence as reported by these respondents were being forced to have unprotected sex (62.3%), marital rape (20.6%), unnatural sex (10.3%), and imitating pornographic film (6.8%) (Table 5).

Table. 6 Reasons to stay in violent relationship(n=71)

Reasons to stay in violent relationship[#]	Frequency	Percentage (%)
Stayed for children	56	78.8
Financial problem	36	50.7
Acceptable by victim	21	29.5
Unaware of legal provision	20	28.1
Social stigma	15	21.1
Still love for husband	10	14
Life threatening	8	11.2

#Multiple responses

Table 6 shows the various causes due to which the battered women stayed in violent relationships. The most common cause was for the sake of their children (78.8%), followed by financial problem (50.7%), considering acceptable by victim (29.5%), unaware of legal provision (28%), social stigma (21%), still having love towards husband (14%) and life threats (11.2%) (Table 6).

Table. 7 Responses of the victims towards dealing with the violence.(n=71)

Ways of dealing with violence[#]	Frequency	Percentage (%)
1.Seeking help		
a) Parents	26	26
b) Friends	24	24
c) Relatives	19	19
d) Neighbors	18	18
e) Legal help	13	13
2.Tolerate it	41	57.7
3.Try to convince	9	12.6
4.Left the house	3	4.2

About 57.7% of Anganwadi workers reported to have tolerated the violence, while 12.6% tried to convince the perpetrator and 4.2% females left the batter's house, where as majority of them had given multiple responses like, seeking help from parents (26%), friends (24%), relatives (19%), neighbors(18%), and legal help(13%) (Table 7). In the present study the perpetrators were most commonly the husband (45%), followed by in-laws (35%), sister-in-laws (14%), and 6% by brother-in –laws. Regarding children witnessing violence, 58% witnessed parent's violence at home, out of which 20% of the Anganwadi workers children had some mental impact which was assessed using CPMS scoring method. Regarding impact of violence on the job of Anganwadi workers, majority (66.2%) of them said they were not disturbed followed by 22.5% said to have less concentration on job, and 11.3% had been thought of quitting the job due to violence at home (Table 8).

Table 8. Distribution of the factors associated with domestic violence among the Anganwadi workers

Study Variable	Domestic Violence(n=71)		P Value
	Yes (%)	Total	
Age group(years)			
21-30	18(32.7)	55	
31-40	23(62.2)	37	P=0.04 *
41-50	24(52.2)	46	
51-60	6(50)	12	
Residence			
Rural	48(40.3)	119	
Urban	23(74.2)	31	P=0.001*
Education of Anganwadi worker			
High school	43(48.3)	89	
Pre-university	31(57.4)	54	P=0.34
Graduate	5(71.4)	7	
Education of husband			
Primary school	12(63.2)	19	
High school	32(49.2)		P=0.002 *
Pre-university	7(41.2)	17	
Graduate	20(58.8)	34	
Duration of Married life(years)			
18-24	55(53.4)	103	
25-31	10(52.6)	19	P=0.002 *
<18	6(46.2)	13	
Children			
No children	8(53.3)	15	P=0.001*
Having children	63(52.5)	120	
Type of family			
Nuclear	57(49.6)	115	
Joint	7(25)	28	P=0.001 *
Broken	7(100)	7	
Occupation of husband			
Semi-professional	4(20)	20	
Skilled	36(52.2)	69	P=0.001 *
Unskilled	22(71)	31	
Unemployed	9(30)	30	
Husband bad habits			
No habits	23(30.3)	76	P=0.000**
Having >1 habits	46(93.9)	49	
Socio-economic class			
Class1	1(25)	4	
Class2	5(38.5)	13	
Class3	6(25)	24	P=0.08
Class4	20(51.3)	39	
Class5	39(55.7)	70	

*Significant, **highly significant

Discussion

In the present study prevalence of domestic violence was found to be 47%, this findings were consistent with the study conducted by Sinha A etal which showed prevalence of 54% [4]. As regard to their education majority of AWs were educated up to high-school. The mean age at marriage of AWs was 18 years. This study revealed the significant association with duration of married life, as duration of married life increased, there was decrease in domestic violence, this finding were similar with study conducted by Gaikwad V [3]. In the present study violence was prevalent in all the socio-economic class. Hence it can be stated that the socio-economic status does not determine the vulnerability to domestic violence. Domestic violence was more common in nuclear families which were significantly associated, and these findings were consistent with the study conducted by Leela Visaria [5]. The association between addiction of the husband to alcohol and vulnerability of women to domestic violence was highly significant; these findings were consistent with the study by Gaikwad V [3].

The important reason for domestic violence in the present study shows, spousal alcohol addiction, which was similar in the study by Sinha Aetal [4]. Slapping (73.2%) was the commonest form of physical violence in the present study. These findings were consistent with the study conducted by Parikh D which was (46.9%) and 34% in the NFHS-3 survey [1,2]. In this study 62.3% of the respondents reported unprotected sex as the common sexual abuse which was high when compared to 10.84% in the study conducted by Parikh D [2]. The present study highlighted alcoholaddiction (50.7%), poverty (19.7%), unemployment (16.9%), husband brought up with the idea beating wife is acceptable (8.4%), visiting brothels (4.3%) as few social risk factors leading to violence. These findings were consistent with findings of Parikh D which showed addiction (42.11%), poverty (38.5%), unemployment (2.4%), and frequent visit to brothels (16.8%) [2]. Despite being subjected to domestic violence, the affected women chose to stay in violent relationship because of various reasons. In the present study majority (78.8%) of the females stayed for the sake of children, which were high when compared to the study conducted by Parikh D which was 54.22% [2]. Regarding asking about how they coped with the violence 57.7% of the respondents said that they tolerated the violence, this findings were consistent in the study conducted by Parikh D which showed 80.7%, and regarding seeking help 36.6% said they sought help from parents, 33.8% from friends,26.7% from relatives, 25.3% from neighbors and 18.3% took legal help. These findings were consistent with the study done by Parikh D which showed, 14.4% from neighbors, 4.15%, 10.8%, 8.4% and 7.2% form legal provision, friends, relatives, and parents respectively[2]. None of the women reported to have sought help from support groups like Mahila mandals, NGO's etc. This reflects upon the unawareness among these women about various support groups, which play an active role in preventing and helping battered women.

Conclusion

This study revealed the high prevalence (47.3%) of domestic violence against married Anganwadi workers. Various forms of physical violence like slapping (73.2%) throwing things at victims (21%), twisting arm (16.9%) were reported. The study also reported various forms of sexual violence like being forced to have unprotected sex (71.8%), unnatural sex (14.2%), and marital rape (8.4%). The study highlighted various social determinants for domestic violence like husband alcohol addictions, economic distress and having illicit relationships with other women. Cultural factors like wife-beating is being considered acceptable, patriarchy and masculinity were found to be important factors determining domestic violence. All these factors have serious consequences on Anganwadi workers health, job and also such unhealthy environment having impact on their children's behavior, academics performances and in their growth and development.

Recommendations

1. Strategies should be focused on women empowerment, improving their access to education, employment, economic independence and other rights of women.
2. Educational programs to prevent domestic violence

must be targeted to improve for both
women and men.

3. Inbuilt counseling in the job places.

Limitations

1. Study finding cannot be generalized.

2. Self-reports by respondents are likely to be gross

underestimates.

References

1. Spousal violence,www.rchiips.org/nfhs-3 chapter10,p-95-103(cited on 15/10/2013).

2. Parikh D, Anjenaya S.A Cross sectional study of domestic violence in married women in Asudgaon village of raigad district. International journal of recent trends in science and technology, 2013, volume 6, issue 2,p 81-88.

3. Gaikwad V, Madhukumar S, Sudeepa D. An epidemiological study of domestic violence against women and its association with sexually transmitted infections in Bangalore rural. Online journal of health and allied sciences, jul-sep 2011,volume 10, issue 3.

4. Sinha A, et al: A domestic violence among ever married women of reproductive age group in a slum area ok Kolkata. Indian journal of public health 2012; 56:31-6.

5. Visaria L. Violence against women in India: Evidence from rural Gujarat. Gujarat Institute of Development Studies .Is domestic violence in India: A summary Report of Three Studies. International Centre for research in women: Washington, DC, September, 1999, p-14-25.