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Domestic violence against women in Bangladesh

We conducted qualitative research and a population based survey on 3,130 women of reproductive age (15-49 years) in urban and rural areas of Bangladesh to study the prevalence and consequences of domestic violence against women and their coping strategies. Sixty percent of women reported ever being physically or sexually abused during their lives. Their husbands were the most common perpetrator. Two-thirds of the abused women have never talked about their experience of violence and almost none accessed formal services for support. To address this major public health problem, the prevailing attitudes that permit and encourage male violence against women must be directly addressed.

Previous studies suggest that violence against women perpetrated by their husbands is a serious problem in Bangladesh. Schuler and colleagues estimated the current prevalence of abuse among poor rural women (1). Koenig and colleagues studied factors associated with abuse of women by husband or in-laws from all socioeconomic strata (2). Neither study used direct and behaviourally explicit questions on physical violence, thus respondents used their own definition. The physical and mental health consequences of this violence on women are unclear. Koenig and colleagues noted that the limited understanding of the linkages between domestic violence and women's physical and mental health problems has prevented existing health and reproductive health programmes from effectively addressing this issue (3). Moreover, what needs to be done beyond service provision has remained unclear.

We conducted a study to estimate the prevalence of domestic violence against women in Bangladesh, to assess the impact of domestic violence on the physical and mental health of women, and to explore the coping strategies of women experiencing domestic violence.

Data were collected from one urban and one rural site between June and November 2001. Qualitative data were collected through 18 key informant interviews, 11 focus group discussions (9 exclusively with men and 2 exclusively with women), and in-depth interviews of 23 rural and 15 urban women who experienced domestic violence.

Quantitative information was collected using a multi-stage cross-sectional population-based survey covering Bangladeshi women aged 15 to 49 years, regardless of their marital status. First, 42 clusters in the rural and 39 clusters from urban sites were randomly selected. The number of households to be interviewed within each cluster was proportionate to the size of the cluster. Then households within each cluster were randomly selected. Within each selected household one woman was interviewed. If there were more than one eligible woman in the household the person to be interviewed was selected randomly.

The study team took precautions to ensure privacy and safety of the respondents and the survey team. The survey team made sure that no third person, except very small children, was present while a respondent answered the survey. The purpose of the study was not disclosed to other members of the household or to the community.

The main focus of the study was violence by husbands. The questions exploring different forms of violence perpetrated by husbands were direct and behaviourally explicit. Thus, the specific items for exploring physical violence included slapping, pushing, shoving, hitting, kicking, dragging, beating, choking, burning, and threatening to use or actually using a weapon against her. The questions used for exploring sexual violence by husbands included use of physical force in sexual intercourse; participation out of fear; and a any sexual act that was considered by the woman to be degrading or humiliating. Regardless of marital status, additional questions were asked about experiencing physical or sexual violence after the age of 15, sexual violence before the age of 15, and the perpetrators.

Table 1: General characteristics of the women in the survey

Characteristics	Urban (n=1,603)	Rural (n=1,527)
Age, mean	29 years	30 years
Unmarried	14%	13%
Ever-married	86%	87%
Never attended school	18%	37%
Primary education	18%	30%
Secondary education	33%	27%
Higher education	30%	7%
Earns an income	19%	19%
Muslim	95%	83%

A total of 3,130 women were successfully interviewed. The refusal rate at the household level was 6% in the urban area and 1% in the rural area. Most of the women had received at least primary education; more than 80% were married (Table 1).

Overall, regardless of their

marital status, the majority of the reproductive aged women surveyed (60% urban, 61% rural) reported either being physically or sexually abused at some point in their lives. There was no difference in the prevalence of physical and sexual violence reported by urban versus rural women (Figure 1). Among women who reported being victimized by physical violence, the most common perpetrator was the husband. (Figure 2).

Figure 1: Prevalence of physical and sexual violence against reproductive aged women

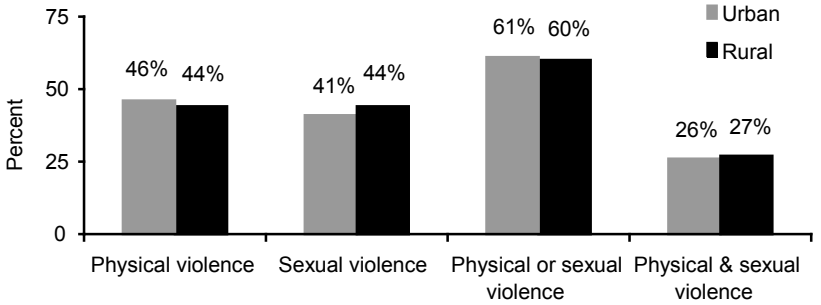
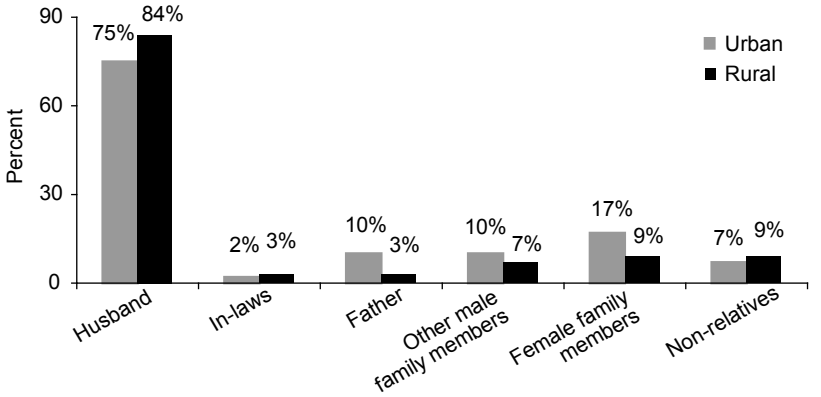


Figure 2: Perpetrators of physical violence against reproductive aged women



Among ever-married women, 40% of those in the urban area and 42% in the rural area reported physical violence by their husband, and 37% of the urban and 50% of the rural women reported sexual violence by their husband.

Nineteen percent of the ever-married women at both sites experienced severe physical violence defined as being hit with the fist or something else, kicked, dragged, beaten up, choked, burnt, threatened with or actually injured by a weapon or some other tool.

During the preceding 12 months physical abuse by a husband was reported by 19% ever-married women in the urban area and 16% of them in the rural

area. Most commonly there were multiple episodes of abuse (Figures 3 & 4).

Figure 3: Frequency of physical assault by husband reported by physically abused women in past 12 months in urban site

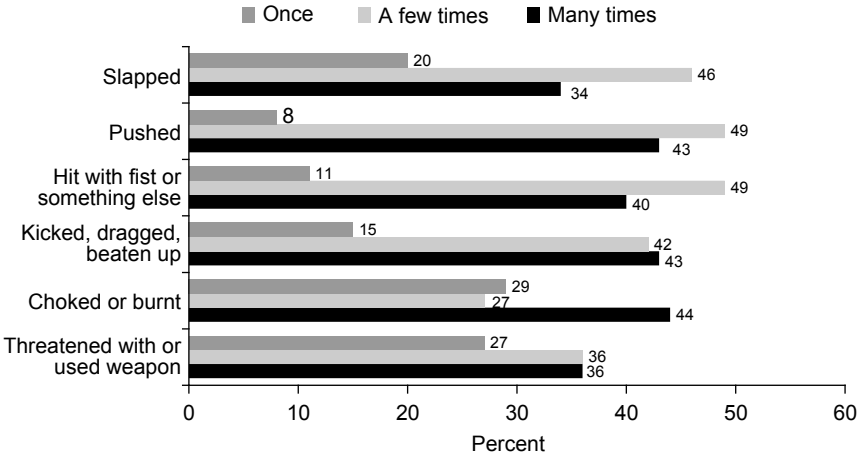
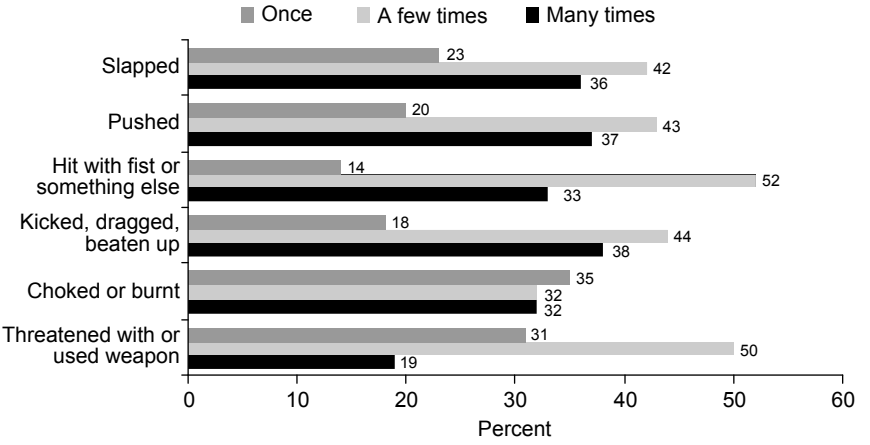


Figure 4: Frequency of physical assault by husband reported by physically abused women in past 12 months in rural site



Twenty-seven percent of the urban and 25% of the rural physically abused women reported being injured by their husbands. The injuries ranged from cuts, bruises and bites to broken limbs, broken teeth and burns.

Married women reported various health problems including walking difficulties (18% urban, 24% rural), pain (26% urban, 36% rural), dizziness (44% urban, 64% rural), and memory loss (13% urban, 20% rural). In a logistic regression

analysis controlling for age, educational level and area of residence compared to married non-abused women, married women who reported physical or sexual abuse by their husbands were 1.5 times (95% CI: 1.2-1.7) more likely to report problems in walking, 1.7 times (95% CI: 1.4-2.0) more likely to report pain, 1.7 times (95% CI: 1.5-2.1) more likely to report dizziness, and 1.4 times (95% CI: 1.2-1.6) more likely to report problems with memory.

Compared to the wives from violence-free homes, wives experiencing partner-violence bore more children (3.0 versus 2.5), more commonly underwent induced abortion (0.17 versus 0.09 per woman), and reported higher rates of child mortality (36 versus 26 per 1000 children).

Among urban women 7% of those who were never-abused contemplated suicide compared to 21% among abused urban women. Among rural women, 4% of the never-abused compared to 15% of abused women contemplated suicide. Among women who contemplated suicide, abused women were twice as likely to attempt suicide (29%) compared to the never-abused group (14%).

Two-thirds of the physically assaulted wives in both the urban and rural areas did not talk with anyone about the violence and almost no one sought institutional help. Reasons for staying silent included not considering violence as serious enough to report (57% urban, 52% rural), stigma or fear of not being believed or being blamed (30% urban, 40% rural), disgracing her family with disclosure (26% urban, 34% rural) and a belief that seeking help would not bring them any respite (11% urban, 10% rural).

Among women who sought help, the most common reason was they could not endure the violence anymore (79% urban, 84% rural). Other major reasons for seeking help were when children were threatened or harmed (32% urban, 37% rural) and when the woman was badly injured or feared being killed (21% urban, 31% rural). Those few who sought help generally relied on informal networks (e.g. relatives and neighbours), most often on their parents (18% urban, 19% rural), siblings (16% urban, 14% rural), and neighbours (10% urban, 12% rural). But the majority disclosing violence (60% urban, 51% rural) reported that no one helped them.

Parveen's case provides a typical example of helplessness among abused women. She said, "For me it's not a question of accepting or not accepting violence. I will have to depend on my husband for food, however painful be the accompanying experiences. Fate will take its course. On one occasion I had left him and took shelter with my mother. After a few months my husband went there to get me back. How would my mother feed me? The wives of my brothers told me, 'What would you do? We have our own families to run. We know it's tough there but it's better if you go back'…" So, Parveen went back.

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Comment

This population study confirms the high levels of domestic violence suggested by earlier work (1,4-6) and confirms that it remains a major public health problem in Bangladesh. Since husbands are the greatest perpetrators of violence against women, effective interventions would need to target them.

High levels of domestic violence in Bangladesh imply that a large proportion of the women accessing health services are victims of violence. Interventions to support women victimized by violence might be piloted in this setting.

Since only a small proportion of abused women access formal services, simply setting up services for victims of domestic violence will not improve the situation for most. The prevailing attitudes that permit and encourage male violence must be directly and creatively addressed. Part of this effort involves careful research to identify messages and interventions that can change these attitudes. Education in the classroom and at community level as well as use of mass media are essential to diffuse these messages.

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