Social Category Impact on Domestic Violence among Married Women in Slum Areas of Kurnool City: A Cross Sectional Study

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Abstract

Background: Domestic violence against women is universal phenomenon that persists in all countries of the world and a major contributor of ill health of women. The health social, sexual, reproductive health and wellbeing of millions of individuals and families is adversely affected by violence. This paper tries to study the prevalence of physical, psychological, sexual, economic and social violence among the slum areas of Kurnool City.

Materials and Methods: A cross-sectional design was applied. It covers 4 slum areas of Kurnool Municipality of Andhra Pradesh with 401 married women. Cluster random sampling were adopted for the present study.

Results: The result shows that overall, per cent of women were abused. Women who have a lower household income, illiterate, belonging to lower caste, and have a partner who drinks/bets, etc. found to be important risk factors and place women in India at a greater risk of experiencing domestic violence.

Conclusion: India has previously approved a legislation against domestic violence, therefore the current findings on the problem's robustness may be helpful in raising awareness among the relevant agencies to properly enforce the law. This could result in a more effective and long-lasting response to domestic abuse in India, improving the health and wellbeing of women.

Keywords: Domestic violence, Social Category, Slums, Kurnool, Married Women

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Introduction:

Violence is defined by the world health organization (WHO) as intentional use of physical force or power, threatened or actual, against oneself, another person, against a group or community that either results in

or has a high likelihood of resulting in injury, death, psychological harm, mal development or deprivation (Garcia-Moreno et al., 2014). Domestic violence against women is universal phenomenon that persists in all countries of the world and a major contributor of ill health of women. The perpetrators are often well known to their victims (World Health Organization, 2014). The health social, sexual, reproductive health and wellbeing of millions of individuals and families is adversely affected by violence (Garcia-Moreno et al., 2014; Shepard, L. B.,2016; Inge Baumgarten, A. E., 2003). Domestic violence is now widely recognized as serious human rights abuse, and increasingly as an important public health problem with substantial consequences for women's physical, mental, sexual, and reproductive health (Garcia-Moreno et al., 2006). The health system often is not adequately addressing the problem of violence and contributing to comprehensive multi-sectoral response (Garcia-Moreno et al., 2014 and Inge Baumgarten, A. E., 2003).

Worldwide, 40–70 % of female murder by their intimate partner. No country in the world is women safe from violence. According to WHO multicountry study, domestic violence ranged from 15 % in Japan to 71 % in rural Ethiopia (World Health Organization., 2014 and Violence, I. G. B. 2010). Domestic violence has gained prominence around the world as grave violation of human and legal rights. Women are usually the victim of domestic violence that derives from unequal power relationships between men and women. More than three women murder per day by their husbands in the United States. About 1,181 women murder by their intimate partner in 2005. About 2 million women experience injuries from intimate partner violence each year. About 84 % of women are victim of spouse abuse. Women of all ages are at risk of domestic violence (Violence, I. G. B., 2010).

Domestic violence against women results physical, sexual, mental harm or suffering to women, including threats, coercion or arbitrary deprivation of liberty occurring in public or in private life (WHO, 2005). Violence in the domestic sphere usually perpetrate by husband/intimate partner. It often occurs in life cycle. About 20 to 50 % women experience domestic violence worldwide. Domestic violence against women occurs in all social and economic classes, but women living in poverty more likely to experience violence (Kapoor, Sushma (2000). More research required to fully understand the connections between poverty and domestic violence against women (WHO, 2005).

In particular, in this study we are focusing social category (caste) which influence their magnitude of domestic violence among the slum women. Social category (Caste), which is a system of social stratification that divides people into hierarchical groups based on their birth, can have a significant impact on domestic violence against slum women. The caste system can create power imbalances between men and women, with women from lower castes often experiencing greater levels of violence and discrimination than women from higher castes. Research has shown that caste-based discrimination can contribute to a range of social and economic disadvantages for women, including limited access to education and employment opportunities, lower levels of social support, and increased vulnerability to domestic violence.

For example, a study by Sarkar et al. (2016) examined the impact of caste on domestic violence against slum women in Kolkata, India. The study found that women from lower castes were more likely to experience

domestic violence than women from higher castes. The researchers suggested that this was due, in part, to the fact that women from lower castes had less access to education and employment opportunities, which made them more dependent on their husbands and more vulnerable to abuse. The study also found that traditional gender roles and patriarchal attitudes were more strongly entrenched in lower castes, which further contributed to the perpetuation of domestic violence. Additionally, the study found that social norms and expectations surrounding marriage and dowry in certain castes could increase the risk of domestic violence. Overall, the impact of caste on domestic violence against slum women is complex and multifaceted, and more research is needed to fully understand the ways in which caste-based discrimination contributes to violence against women in different cultural and social contexts.

Review of literature, domestic violence is a pervasive issue in many societies and has a profound impact on women's lives. Mahapatro et al (2012) their study reports that low caste women found to be important risk factors and place women in India at a greater risk of experiencing domestic violence. The caste system in India has long been recognized as a factor in determining social status and can also affect women's vulnerability to domestic violence. Several studies have examined the relationship between caste and domestic violence against women in India, particularly in slum areas. One study conducted by Garg and Singh (2019) found that women from lower castes were more likely to experience domestic violence than women from higher castes in slum areas of Delhi. Another study by Singh and Singh (2019) also found that women from lower castes were more likely to experience physical, psychological, and sexual violence from their partners compared to women from higher castes in urban slum areas of Varanasi.

In a qualitative study by Srinivasan and Bedi (2007), the researchers found that caste played a significant role in shaping women's experiences of domestic violence in slum areas of Chennai. The study found that women from lower castes faced discrimination and were more likely to experience violence from their partners due to their social and economic status. In a similar vein, a study by Kumari and Pati (2019) found that women from lower castes were more likely to experience domestic violence in slum areas of Bhubaneswar. The study found that the caste system, along with poverty and lack of education, increased the vulnerability of women to domestic violence.

Various studies from South Asian countries on DV have identified a number of associated individual and household level risk factors which shows that certain demographic factors such as age, number of living male children, and living in extended family have an association with DV (Martin et al., 1999 and Rao, v., 1997). Among the protective factors identified in developing countries are higher socioeconomic status, women's economic independence, quality of marital relationship (Visaria, L., 2000), and higher levels of education among women (Hindin, M. J., & Adair, L. S., 2002; Jejeebhoy, S. J., & Cook, R. J., 1997).The risk of spousal violence against women is globally known to be higher among women who are younger, have a lower household income, less educated, belonging to lower caste, nonworking women, partner who drinks/bets, etc (Babu, B. V., & Kar, S. K., 2009 and Koenig et al., 2006). However, the issue of DV and its underlying social determinants of DV in developing countries remain limited especially in the context of India.

This paper tries to study the prevalence of physical, psychological, sexual, economic and social violence and its potential risk factors for women respondents with their background characteristics such as age, religion, caste, education, occupation, and income, and its association. The term DV is used in the article refers to the violence faced by the women from their husband and family members within the marital home. Any form of DV includes physical, psychological, sexual, economic, and social violences faced by the women in slums of Kurnool city.

Material and Methods:

A quantitative descriptive research design was used to understand experiences of domestic violence among 401 married women residing in urban slums of Kurnool Municipal Corporation, which mostly consists of residents who migrated from villages of neighbouring district of Kurnool district and eventually settled in the city. All the women interviewed were Hindus. They had children and resided with their husbands and in-laws. Five participants were homemakers while the others worked as house-helps or caregivers of older persons in the neighbourhood. Their husbands did not have regular income and mostly worked on a contractual basis as car drivers, masons or security guards. The socio-demographic characteristics of the women are presented in Table 1 given below

Cluster random sampling was used to collect data from the participants who were married for a minimum period of two years. Face-to-face interviews using a structured interview schedule were held with each participant in the local SHG club. The questionnaire was mostly covered with the five major aspects such as physical, Psychological, sexual, economic and social abuse. Informed consent was obtained from each woman prior to the interview. Given the sensitivity of the topic, participants were informed of the voluntary nature of participation.

Results:

Table No:1: Socio Demographic details of the participants

Variables	Response	Frequency (%)
Age	Below 22 Years	69 (17.2)
	23 Years	109 (27.2)
	24 Years	97 (24.2)
	25 Years and above	126 (31.4)
Age at Marriage	Below 16 Years	163 (40.6)
	17 Years	110 (27.4)
	18 Years and above	128 (31.9)
Slums	Ganesh Nagar	100 (24.9)
	Shareen Nagar	100 (24.9)
	Dharmpet	100 (24.9)
	Pedda Padakana	101 (25.2)
Religion	Hindu	278 (69.3)

	Muslim	40 (10.0)
	Christian	83 (20.7)
Caste	Scheduled Tribe	40 (10.0)
	Scheduled Caste	160 (39.9)
	Backward Caste	171 (42.6)
	Forward Caste	30 (7.5)
Education Status	Illiterate	155 (38.7)
	Read & write	55 (13.7)
	1-5 class	41 (10.2)
	6-7 class	33 (8.2)
	8-10 class	87 (21.7)
	Inter	30 (7.5)
Occupation	Housewife	140 (34.9)
	Daily labour work	101 (25.2)
	Private employee	92 (22.9)
	Business	68 (17.0)
Family Size	Below 4 Members	66 (16.5)
	5 Members	283 (70.6)
	6 Members and above	52 (13.0)
Type of family	Kutcha	141 (35.2)
	Semi Pucca	229 (57.1)
	Pucca	31 (7.7)
Marital affairs	Yes	103 (25.7)
	No	298 (74.3)
Monthly Income	5000 to 10000 rupees	132 (32.9)
	10001 to 15000 rupees	142 (35.4)
	15001 to 25000 rupees	104 (25.9)
	25001 rupees and above	23 (5.7)

This study included 401 participants who were married more than a year. Considerable number (n=126) of the women from the age group 25 and above years, more than quarter (n=109) of them from age group of 23 years, nearly quarter (n=97) of them from 24 years age and above one sixth (n=69) of them from below 22 years age. The distribution of the sample on age at marriage, majority of them were from the age group of below 16 years (n=163), considerable number of them from age group of 18 and above years (n=128) and few were from 17 years age (n=27.4). Regarding slums, one fourth (n=100) of them were Ganesh Nagar slum, Shareen Nagar . Majority of the women were from Hindu religion (n=278), one fifth of them were from Christian (n=83) and Insignificant number of them (n=40) were from Muslim religion. More than two fifth (n=171) of them were from backward caste, considerable number (n=171) of them were from scheduled caste, insignificant number (n=40) of them were from scheduled tribe and 7.5 per cent (n=30) of them from forward caste. Considerable number (n=155) of the women were illiterates, more than one fifth (n=87) of them women were studied 8-10th class, more than one eighths (n=55) women were able read & write, very few (n=41) of them were studied 1-5th class, 8.2 per cent (n=33) of them were studied 6-7 class and insignificant number (n=30) of them were studied intermediate. Majority (n=140) of the women were working as housewife, quarter (n=101) of them were working as daily labour, few (n=92) of them were working as private employee and very few (n=68) of the women were doing business. Family size, considerable good number (n=283) of the women family size was 5 members, one sixth (n=66) of participants were had below 4 members and very few (n=52) of them family size were had 6 members and above. Type of family, more than half (n=229) of them were residing in semi pucca house, considerable number (n=141) of them were residing in kutcha house and insignificant number (n=31) of them were residing in pucca house. Marital affairs, approximately three fourth (n=298) of the participants husbands don't have any affairs and more than one quarter (n=103) of them participants husbands were had marital affairs. Monthly income of the participants, considerable number (n=142) of the women had monthly

income ranging between 10001 to 15000 rupees, approximately one third (n=132) of the women income between 5000 to 10000 rupees, few (n=104) of them income between 15001 to 25000 rupees and insignificant number (n=23) of them income ranges between 25001 and above rupees.

Table No: 2. Mean difference between Domestic Violence factors and caste wise of the women

Caste	Responses	N	Mean Rank	Statistical Values
Physical Abuse	Scheduled Tribe	40	223.29	χ^2=12.770 Df=3 P=.005**
	Scheduled Caste	160	177.95	
	Backward Caste	161	220.60	
	Forward Caste	40	192.03	
Psychological Abuse	Scheduled Tribe	40	247.64	χ^2=25.815 Df=3 P=.000***
	Scheduled Caste	160	171.42	
	Backward Caste	161	224.90	
	Forward Caste	40	176.50	
Sexual Abuse	Scheduled Tribe	40	208.68	χ^2=6.188 Df=3 P=.103
	Scheduled Caste	160	197.55	
	Backward Caste	161	211.91	
	Forward Caste	40	163.23	
Economical Abuse	Scheduled Tribe	40	134.41	χ^2=63.354 Df=3 P=.000***
	Scheduled Caste	160	252.29	
	Backward Caste	161	166.17	
	Forward Caste	40	202.59	
Social Abuse	Scheduled Tribe	40	139.38	χ^2=53.841 Df=3 P=.000***
	Scheduled Caste	160	249.65	
	Backward Caste	161	171.11	
	Forward Caste	40	188.35	
	Total	401		

The table results reveal that the mean differences between Domestic Violence factors and caste of the respondents. The KWH test depict that caste of the respondent is significantly vary with physical abuse (χ^2=12.770, P<0.01), psychological abuse (χ^2=25.815, P<0.00), Economical Abuse (χ^2=63.354, p<0.00) and Social Abuse (χ^2=53.841, p<0.00). it is observed that scheduled tribe (M=2223.29) women were facing much physical abuse than other caste group women then backward caste(M=220.60), forward caste (M=192.03) and scheduled caste (M=177.95). Regarding psychological abuse, scheduled tribe (M=247.64) women were experiencing greater amount of psychological abuse compared to backward caste (M=224.90), forward caste (M=176.50) and scheduled caste (M=171.42) women. Economical abuse, the scheduled caste (M=252.29) women were facing much financial abuse when compared to forward caste (M=202.59), backward caste (M=166.17) and scheduled tribe (M=134.41) women. Similarly, greater amount of social abuse was faced by scheduled caste (M=249.65) women and it is higher than forward caste (M=188.35), backward caste (M=171.11) and scheduled tribe (M= 139.38) women.

Discussion and Conclusions:

In the present study, the prevalence of DV in India was considerably high persisting across all socioeconomic strata existing in all the communities (Counts et al., 2019 and Martin et al 2019). Empirical results have suggested that social category (caste) of women have an association with DV, which reflects a shift in the thinking pattern and burgeoning down the balance of power between husband and wife (Visaria, L., 2000; Sen et a., 2002). The results were revealed that Physical abuse, Psychological Abuse, Economical abuse and social abuse were found significantly differ with their social category.

However, data reflect that the victims were not only among illiterate and poor, who were besieged in traditional folklores and customs, it occurs across with social category. However, results reported that women working and contributing to the household budget were at increased risk of violence. In addition, the women

who are from scheduled tribe they are facing Physical abuse and Psychological than the economical abuse and social abuse. On other hand, the women who are from scheduled caste were facing much economical abuse and social abuse. In conclusion, the backward caste and forward caste women were facing less domestic violence whereas other social categories (SC, ST) were facing more domestic violence. The government should provide awareness policies and advocating, protecting them from physical and psychological abuse. Previous studies suggest that highly normative support for violence against women exists in this setting and therefore may lead to underreporting (Stephenson et al. 2006).

The findings of the association between the above analyzed factors suggest that there are broader and overarching reasons behind DV, whose implications go beyond individual and psychological situations. This practice of interpersonal violence may lead to affects the health of the women (García-Moreno et al., 2014; Martin et al., 1999). Recognition of emerging health issues is needed to address women facing DV within the cultural milieu to improve mental health and well-being.

The appalling toll will not be eased out until family, government, institutions, and civil society organizations address the issue collectively. These results provide vital information to assess the situation to develop interventions as well as policies and programmes toward preventing violence against the women. As India has already passed a bill against DV, the present results on robustness of the problem will be useful to sensitize the concerned agencies to strictly implement the law.

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