DOMESTIC VIOLENCE AGAINST WOMEN IN PUNJAB: A SYSTEMATIC REVIEW

Harpreet Kaur
Research Scholar, Department of Sociology, Guru Nanak Dev University, Amritsar, Punjab, (India)

Abstract
Domestic violence is a universal problem and existing through ages. It is present in all cultures and societies and not confined to one region or community. Women across the world irrespective of age, class and socio-economic status face violence of all kinds. The purpose of the present investigation was to understand the nature, extent and type of domestic violence with special reference to women gender. From the rural areas of nine blocks of Amritsar district, all the ever-married women of 15-49 years undergoing some medical treatment (regular or irregular) for their violence prone physical injuries were taken. Purposive sampling method has been used. Data were collected through Interview schedule and Case studies. Physical and visible injuries women receive at the hands of husbands and other family members. Nearly sixty (59.92%) per cent respondents reported minor injuries like cuts, facial scars, bruises, minor burns, aches, and sprains to their feet, ankles, knees, wrists or elbows with injuries in ligaments in trying to escape from their perpetrators intentionally twisting and hurting them and less severe eye injuries. The major proportion of respondents (30.14 percent) who received major injuries consulted physicians for treatment. Some of them reported that they approached the doctor on emergency basis like fracture of bones, or strangulation. A small proportion of respondents (4.11 percent) with major injuries contacted other medical source like bone-setters (Malan vale) who massaged their injuries with some herbal oil. The respondents with minor injuries did not get an opportunity to see the doctor though even their minor injuries required one or two visits to a medical practitioner for proper treatment. 21.58 per cent of them took counsel from ASHA workers as they were the frequent visitors to their homes for taking details of their reproductive health status.

Keywords: *Domestic Violence, Respondents' injuries, Medical Aids, Age, Class.*

Introduction

Domestic violence is considered as one of the commonest forms gender related violence **(M. Flury & Nyberg, 2010)**. The rising prevalence of domestic violence over the years has made it count as one of the serious forms of human rights abuse. Domestic violence is presently recognized as the root cause of an array of public health concerns due to the subsequent physical, mental, sexual, and reproductive health issues that the victimized women face as a result of this **(Semahegn & Mengistie, 2015)**. The most dreadful aspect of domestic violence is that women experience physical, psychological, and emotional violence by people who belong to their domestic environment. The assaulters who harm women with the intention of inflicting harm, dominate them or sexually subjugate them are usually their husbands, fathers, friends, family members, acquaintances or former partners. As far as developing countries like India are concerned, the report of National Family Health Survey 2015 to 2016 (NFHS-4) states that 66,013 married women within the age group of 15 to 49 year experience some kind of domestic violence within a year of their marriage. The odds of experiencing domestic violence are more among young women who are married at a young age and have age gap of three to four years as compared to older women. Similarly, women who are members of marginalized sections of India or belong to poor socio-economic status are more prone to domestic violence than women belonging to middle or higher strata of the society **(Ahmad et al., 2019)**.

Domestic violence creates severe health and mental impact upon women. In a study conducted by **(Ameeta Kalokhe et al., 2017)**, it has been found that every one out of twelve women who are victims of domestic violence develop one or more than one kinds of mental health issue. These issues include depression, anxiety and severe suicidal tendency. 15% of the victims of sexual domestic violence develop sexual and gynaecological disorders in their lifetime. The study of **(Najma, 2018)** further finds that there is a strong link between domestic violence and psychological problem among women. The psychological functioning of female survivors is severely affected by domestic violence.

Material and Methods

From the rural areas of nine blocks of Amritsar district, all the ever-married women of 15-49 years undergoing some medical treatment (regular or irregular) for their violence prone physical injuries were

taken. Research approach decides on the type of data to be collected and the approach to be used to analyse it. **Figure-1** below presents the research approach used in the present research.

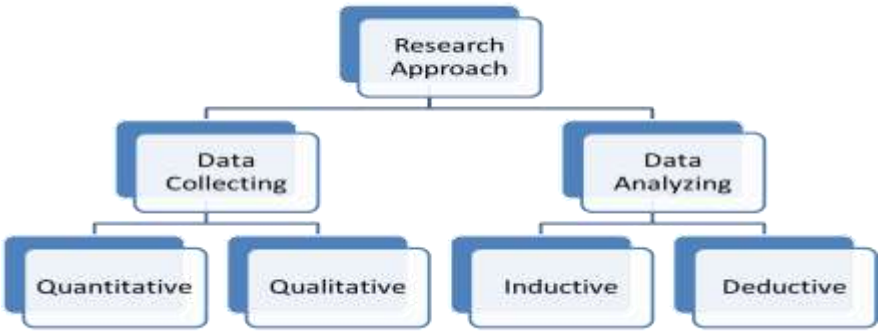

Figure-1: Research Approach used in the Research.

The technique being used in the present research is quantitative analysis wherein quantitative data has been collected and analysed. The research approach used is deductive approach. The deductive approach is used in researches which are focused on inferring and deducing the answers from the research. It is also called funnel approach. Under this approach, the research starts from a generalized concept and concludes with a very specific outcome as presented in **Figure-2**.

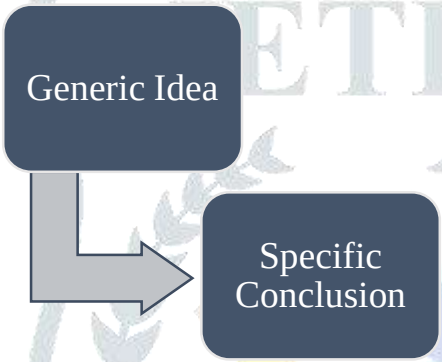

Figure-2: Diagrammatic Representation of Deductive Approach.

Sampling Technique

Purposive sampling method has been used. Data were collected through the following methods: -

- Interview schedule
- Case studies

The collected data in form of interview transcripts were cleaned and edited to give them proper format. The transcripts were then assigned numerical codes to convert them into quantitative data. After conversion into quantitative data, frequency analysis has been conducted and tabular representation is done. The results were interpreted with support of secondary data.

Ethical Considerations

It was made sure in the research and during collection of data that to individual or animal is hurt, neither physical nor mentally. It was made sure that confidentiality of the respondents is maintained and the data thus collected is not shared with any third party. Plagiarism was avoided in the research. Finally, respondents were allowed to leave the study whenever they wanted to.

Results

Table-1: Nature of Injuries inflicted on the Respondents.

S. No.	Nature of Injuries	Number of Respondents	Percentage
1	Minor Injuries	175	59.92
2	Major Injuries	117	40.08
	Total	292	100.00

Table-1 deals with the types of physical and visible injuries women receive at the hands of husbands and other family members. Nearly sixty (59.92%) per cent respondents reported minor injuries like cuts, facial scars, bruises, minor burns, aches, and sprains to their feet, ankles, knees, wrists or elbows with injuries in ligaments in trying to escape from their perpetrators intentionally twisting and hurting them and less severe eye injuries. Some of them suffer injuries from being slapped tightly having hand prints on faces and breasts,

abdomen and genital pains on been kicked in these areas usually covered by clothing. 40.08 per cent respondents endured major injuries such as deep wounds in scalp and skull fractures as head injuries causing blurry vision, speech problems and seizures and broken bones on being hit with large or pointed object, dislocations on being pushed to the ground or suffer a fall caused by abuser. Besides this, broken teeth or dental trauma is found in the form of chipped teeth, missing teeth, bleeding of injured gums and lips when the women have been hit in the mouth by an object or the fist.

Medical Aids of Respondents for Injuries

Injuries arising from physical abuse are the most obvious health impacts of violence. The extent of sustained injuries determines the nature of medical treatment required for them. The injuries ranging from minor bruises, scratches, burns, cuts, wounds, swelling, contusions to extremely serious injuries like fractures to spleen or liver trauma and chronic disabilities need prolong medical attention and care **(Islahi and Ahmed, 2015)**.

Table-2: Respondents' injuries and Availing of Medical Aids.

S. No.	Medical Sources Availed by Respondents	Major Injuries	Minor Injuries	Total
1	Doctor	105 (35.97)	-	105 (35.97)
2	ASHA	-	63 (21.58)	63 (21.58)
3	VAID/bone setters	12 (4.11)	21 (7.19)	33 (11.3)
4	Home Remedies	-	23 (7.87)	23 (7.87)
5	Self-Medication	-	68 (23.28)	68 (23.28)
	Total	117 (40.08)	175 (59.92)	292 (100.0)

The distribution of data in **Table-2** highlights the combined analysis of types of injuries sustained by respondents and seeking of medical assistance on their part for injuries. The major proportion of respondents (30.14 percent) who received major injuries consulted physicians for treatment. Some of them reported that they approached the doctor on emergency basis like fracture of bones, or strangulation. A small proportion of respondents (4.11 percent) with major injuries contacted other medical source like bone-setters (Malan vale) who massaged their injuries with some herbal oil. The respondents with minor injuries did not get an opportunity to see the doctor though even their minor injuries required one or two visits to a medical practitioner for proper treatment. 21.58 per cent of them took counsel from ASHA workers as they were the frequent visitors to their homes for taking details of their reproductive health status. And these women were registered in their records. Through ASHA workers, they can also indirectly take the advice and prescription of doctor of rural health centers and hospitals. This way they got the medicines from them. It might be possible that some of them were secretly availing the help of ASHAs without the knowledge of in-laws. Other 11.3 per cent women consulted some village VAID who treated them with Ayurvedic medicines called "pudi" in local rural language. Other 7.87 per cent just tried home remedies like turmeric milk, mustard oil, salt baths, applying ice pack, black pepper in curd or ghee etc. to cure their injuries. Lastly the majority of the respondents (23.28 percent) who were under strict observation of their in-laws neither consulted doctor, VAID or ASHA worker. They were pressurized to rely upon "self-medication".

Conclusions

- The women who have been hit in the face by objects, feet and fists reported severe facial trauma in the form of breaks and fractures to the nose and chin. There were strangulation marks on the neck of some respondents as a result of putting hands or thin objects around throat to stop them from talking, scare them, or stop their breathing. Thus, majority of respondents suffered from minor injuries. Also, the central injuries are observed to be common in domestic violence. Women's face, neck, throat, head, abdomen, genitals are the most frequently sites of injury to show power and control over them.
- They were given medicines brought from medical stores on the advice of some pharmacist by in-laws so that on medical diagnosis, the reasons behind abrasions should not be disclosed. Thus to keep the

secret of their violence-prone injuries, they were given unreliable treatment while being confined in homes. Thus the above analysis shows that the respondents availed the services of doctors for major injuries whereas the respondents with minor injuries were compulsively relied upon on local or unreliable medical sources.

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Conflict of interests

- The authors declare no conflict of interest.

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Corresponding Author:

Harpreet Kaur
Research Scholar
Department of Sociology
Guru Nanak Dev University, Amritsar, Punjab
India