

Domestic violence: A hidden and deeply rooted health issue in India

Abantika Bhattacharya¹, Mausumi Basu², Palash Das³, Aditya Prasad Sarkar⁴, Prasanta Kumar Das⁵,
Biman Roy⁶

¹Assistant Professor; ³Associate Professor; Department of Community Medicine, Midnapore Medical College, Paschim Medinipur, West Bengal, India. ²Associate Professor; Department of Community Medicine, IPGMER, Kolkata, India. ⁴Associate Professor, Department of Community Medicine, Bankura Medical College, India. ⁵Associate Professor, Psychiatry, Medical College, Kolkata, India. ⁶Assistant Professor, Malda Medical College, West Bengal, India.

Abstract

Domestic violence was identified as a major contributor to the global burden of ill health in terms of female morbidity leading to psychological trauma and depression, injuries, sexually transmitted diseases, suicide and murder. The study was conducted to find out the prevalence of different types of life time domestic violence against women; factors associated with it and care seeking behavior. An observational cross-sectional study was done among 260 ever married women of 15-49 years of age using a predesigned pretested pro-forma from April 2011 to January 2012 by face to face interview. Data were compiled and analyzed by Epi Info 6 version and SPSS 17 version. The overall prevalence of any form of violence during the life time among the study population was 40.4%. Verbal/psychological violence was the most common form of domestic violence (85.7%) followed by physical (71.4%) and sexual violence (57.1%). Slapping and or beating, kicking, object throwing were the major forms of physical violence; humiliation (91.1%) was the commonest form of psychological violence and most common form of sexual violence was forced sexual intercourse (58.3%). About 21% of the study population faced violence every day. Older age, lower age at marriage, longer duration of marriage, lower education of husband and wife, lower family income, unemployment of the husband and alcohol consumption of husband were associated with occurrence of domestic violence. We have found that the prevalence of domestic violence in this group of population is high. The alarming issue is that approximately one third of women (31.24%) who faced violence in their life-time had never sought any help. The findings indicate to develop appropriate and culturally relevant public health interventions to increase awareness and implement policies regarding violence against women.

Keywords: Domestic violence, Married women, Socio-economic status, Care seeking behavior, India.

Introduction

The Fourth United Nations World Conference on Women 1995 in Beijing stated that violence against women (VAW) is a manifestation of the historically unequal power relations between men and women.¹ United Nations declaration on the elimination of Violence against Women (VAW), in 1993, defined VAW as 'any act of gender-based violence that results in, or is likely to result in physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life'.²

The WHO Multi-country Study on 'Women's Health and Domestic Violence Against Women' indicated that the range of lifetime physical violence by a male, intimate partner, ranged from 13% in Japan to 61% in Peru with most sites falling between 23% and 49%; range of lifetime prevalence of sexual violence by an intimate partner was between 6% (Japan) and 59% (Ethiopia) with most sites falling between 10% and 50%; range of lifetime prevalence of physical or sexual violence, or both, by an intimate partner, was 15% to 71% with most sites ranged from 30% to 60%.³ Likewise, regarding current violence –

Practice Points

- Violence against women is a significant public health problem in India.
- The overall prevalence of physical, psychological, sexual and any forms of violence among women were 71.4%, 85.7%, 57.1% and 40.4% respectively.
- Older age, lower age at marriage, longer duration of marriage, lower education of husband and wife, lower family income, unemployment of the husband and alcohol consumption of husband were associated with occurrence of domestic violence.
- The alarming issue is that approximately one third of women who faced violence in their life-time had never sought any help.
- There is an need to develop appropriate and culturally relevant public health interventions to increase awareness and implement policies regarding violence against women.

Correspondence: Dr. Palash Das, MD, FAIMER Fellow, Associate Professor, Department of Community Medicine, Midnapore Medical College, Paschim Medinipur, West Bengal, India. E-mail: palashdasdr@gmail.com.

acts of physical or sexual violence in the year prior to being interviewed – range was between 3% and 54%, with most sites falling between 20% and 33%.³ The highest level of non-partner physical violence ranged between 10% to 62%.³ Commonly mentioned perpetrators included fathers, other family members and teachers. The highest levels of sexual violence by non-partners ranged between 10%-12% in Peru, Samoa, and Tanzania city to 1% in Bangladesh and Ethiopia.³ The perpetrators included strangers, boyfriends, male family members (excluding fathers) or male friends of the family. Contrary to the common perception that women are more at risk of violence from strangers than from partners or other men they know; data showed that over 75% of women were abused by any perpetrator since the age of 15 years.³

The National Family Health Survey-III (NFHS-3) of India collected information from married and unmarried women age 15-49 years about their experience of physical and sexual violence which revealed that married women were more likely to experience violence by husbands than by anyone else and the prevalence was nearly 37%.⁴ It was also reported that spousal violence varied greatly by state; ranged from 6% in Himachal Pradesh to 59% in Bihar and 40.3% in West Bengal.⁴ Only one in four abused women have ever sought help to end the violence they have experienced. Only two percent of abused women have sought help from police.⁴

Domestic violence is an underreported phenomenon in India including West Bengal, although West Bengal stands in the 8th position according to the burden of domestic violence among all Indian states.⁴ A need was therefore felt for a community based study focusing on domestic violence against women (DVAW) to gather data that would improve our understanding of this 'sleeping giant'.⁵

In this background, the present study was conducted with the objective of to find out the prevalence of different types of 'life time' domestic violence against ever married women in reproductive age group (15-49 years) in an urban area of a district of West Bengal, to identify the factors associated with it and also to estimate their care seeking behavior.

Materials and methods

A cross-sectional, community-based descriptive, and observational epidemiological study was carried out among all ever married women of 15-49 years of age residing at a slum of Alamgunje, Burdwan district of West Bengal, India from April 2011 to January 2012.

Inclusion criteria were all ever married women of 15 - 49 years of age, permanent residents of Alumgunje and willing to participate. Exclusion criteria were women below 15 years and above 49 years; mothers-in-law; unmarried; divorced and separated women; widows; non-cooperative women who refused to furnish necessary information; women who were seriously physi-

cally or mentally ill; and visitors to that locality. Considering the prevalence of domestic violence as 41.8%,⁴ confidence level of 95%, 15% relative precision and 10% non-response rate, the sample size was computed to be 297.

A sampling frame of the above population was prepared with the help of urban health post. Sampling technique was census population. Study tool was a pre-designed pre-tested semi-structured interview schedule. The schedule was prepared in local language (Bengali) with the help of three experts of community medicine. The new tool was validated by three public health specialists. The pre-testing was done among the married women of the adjacent slum area and the women were not included in the sampling frame and minor modifications were done in the tool. Then the final tool was applied in data collection. Study variables were age in years, age at marriage, duration of marriage, religion, literacy status of study population, husband's education, occupation of study population, employment status of the husband, socio-economic status (as per Modified Kuppuswamy's Scale 2012⁶), prevalence, type and frequency of domestic violence, addiction of husbands to alcohol and their care seeking behavior.

Procedure for Data collection

Home visits were carried out, and face to face interview with these women was done in the absence of their guardian/husband by Principal Investigator (PI) and/or Co PIs. The purpose of the study was explained to the participants, informed consent was obtained and initial rapport was built with the help of female Community Leader. They were also assured that anonymity and strict confidentiality would be maintained. In case the sampled woman was not at home at the time of visit the next visit was scheduled after prior appointment. Information was gathered about socio-demographic profile of the participants and whether they were subjected to any domestic violence or not.

The interview lasted for 30-45 minutes depending on the women's experiences. The reference period considered was any time preceding the survey.

Ethical permission

Ethical permission was obtained from the Institutional Review Board of Burdwan Medical College, West Bengal, India.

Statistical analysis

Data were compiled and analyzed by Epi Info 6 version and SPSS 17 version. Proportions and chi-square tests were used for analysis of data. The *p*-value of less than 0.05 was considered as the minimum level of significance.

Results

The present study was conducted among ever married women of reproductive age group (15 to 49 years) in an urban area of Burdwan District. Out of 297 women, 260 were participated while 37 (12.46%) refused because of

feelings of shame and fear; thus the response rate was 87.54%.

Mean age of the participants was 28 ± 5.34 years and majority of the women were in the age group of 25-35 years (32.69%). All were Hindu and were currently in monogamous relationship during the time frame of preceding twelve months of the study. Regarding educational status, about half of the study population (51.92%) were illiterate, and only 2.30% had studied up to higher secondary and above. Majority (92.31%) of the respondents were home makers and rest 7.69% were unskilled laborers. With regard to socio-economic status (according to modified Kuppaswamy's Classification 2012⁶), a majority of the participants (38.85%) belonged to the lower middle class. So far as occupation of husband was concerned, 87.69% were employed; 36.54% were unskilled laborers, 33.07% were skilled laborers, 4.61% were doing service and 13.47% were self-employed. About 63.46% of the husbands of the study population were addicted to alcohol. A considerable number of husbands of participants (32.69%) were illiterate and only 2.7% passed higher secondary and above. Majority (64.62%) of the study population married after 18 years of age and 25.38% had married life for more than 10 years.

Prevalence of life time domestic violence as reported by the participants was high. In the present study, the overall prevalence of any form of violence during the life time among the study population was found to be 40.38% and husband was the main perpetrator followed by other family members .

Prevalence of different (physical, psychological, sexual) forms of life time domestic violence was assessed. Since the different types of violence were not mutually exclusive, women might report experiencing multiple forms of violence. Verbal/psychological violence was found to be the most common form of domestic violence (85.71%) followed by physical (71.43%) and sexual violence (57.14%) among the subjects.

Slapping and or beating, kicking, throwing objects were the major forms of physical violence experienced by these women (Table 1). Humiliation (91.11%) was the commonest form of psychological violence. Most common sexual violence was use of physical force to have sexual intercourse (58.33%).

The analysis of data indicates that the frequency of domestic violence was equitably distributed over different durations (Table 2). In response to frequency of domestic violence, the response of the participants was: every day (20.95%), weekly (19.05%), once in 15 days (22.86%), monthly (24.76%) and occasionally (12.38%).

Association of different socio economic factors with prevalence of domestic violence was shown in Table 3. Prevalence of all forms of violence increased along with the age of the respondents. Women aged 25-35 years (48.24%) and 35-45 years (49.23%) reported higher

Table 1: Types of physical, psychological and sexual violence

Type of violence*	Respondents (%)
<i>Physical violence (n-75)</i>	
Slapping/beating	67 (89.33%)
Kicking	54 (72%)
Object throwing	30 (40%)
Others (Chocking, punching, threatening to kill)	23 (30.66%)
<i>Verbal/Emotional violence (n-90)</i>	
Humiliation	82 (91.11%)
Blaming character of spouse	78 (86.7%)
Threats to leave her	68 (75.55%)
Dowry issues	55 (61.11%)
Others	40 (44.44%)
<i>Sexual violence (n-60)</i>	
Pressure for sex	35 (58.33%)
Hurt for sex	31 (51.66%)
Others (angry when rejected)	16 (26.66%)

*Multiple responses

Table 2: Frequency of domestic violence

Frequency	Respondents (%) (n-105)
Daily	22 (20.95%)
Weekly	20 (19.05%)
Fortnightly	24 (22.86%)
Monthly	26 (24.76%)
Occasionally	13 (12.38%)
Total	105

prevalence of violence than women aged less than 25 years (22.58%) and this difference was statistically significant ($p < 0.05$).

Though no significant difference was found so far as literacy of both partners was concerned, the data revealed that education had an impact on the prevalence of domestic violence. The prevalence of violence decreased as educational levels of women and their husbands increased. About 42.22% of women with no education had experienced physical or sexual violence, as compared with 16.67% of women with 12 or more completed years of education. Similarly the women whose husbands were illiterate (44.71%) faced more violence than women whose husbands had higher secondary and above (14.29%). Study population with unemployed husbands reported more violence (81.25%) than their counterparts with employed husbands (34.65%) and the difference was statistically significant ($P < 0.05$).

Socio-economic classification revealed that as the socio economic condition of respondents became better, prevalence of domestic violence decreased; women of lower SE class experienced 52.38% of violence whereas

upper middle class women experienced 22.22% and this difference was also statistically significant ($p < 0.05$).

It was seen (Table 3) that as the age at marriage of the participants was increased (76.09% for those who married before 18 years) the prevalence of domestic violence decreased (48.21% for those who married at 18 years and more). It was also reported that as the duration of married life increased prevalence of domestic violence decreased; those who married for less than 5 years had experienced higher prevalence (47.27%) of domestic violence than those married for more than 10 years (27.27%) ($p < 0.05$). Moreover, alcohol intake of husbands of the study population had a great impact on domestic violence; those husbands who were addicted to alcohol (57.58%) experienced more violence than those without alcoholic husbands (10.53%) which was again statistically significant ($p < 0.05$). About one third (31.24%) of

women who faced violence in their life-time had never sought any help (Table 4). More than 21.90% women sought help from their parents, followed by 16.19% from neighbors and only 6.67% had reported to police.

Discussion

Domestic violence is a global issue, reaching across national boundaries as well as socio-economic, cultural, racial and class distinctions. It is a widespread, deeply ingrained evil, which has serious impact on woman's health and well-being.⁷ In the present study, an attempt was made to get the overview of this social curse in an urban slum of Burdwan District of West Bengal, India.

Prevalence of Domestic violence

The present study identified that 40.4% had faced domestic violence in any form or in combination in their lifetime. India's National Family Health Survey-III, carried out in 29 states during 2005-06, found that nationwide, 37.2% of women experienced violence after mar-

Table 3: Scio-demographic characteristics and prevalence of domestic violence

Characteristics	Experience of domestic violence		Statistical values
	Yes Number (%)	No Number (%)	
<i>Age group (in years)</i>			
18-25	14 (22.58%)	48 (77.42%)	$\chi^2=12.62$ ($p < 0.05$)
25-35	41 (48.24%)	44 (51.76%)	
35-45	32 (49.23%)	33 (50.77%)	
>45	18 (37.50%)	30 (62.5%)	
<i>Education of wife</i>			
Illiterate	57 (42.22%)	78 (57.78%)	$\chi^2=1.97$ ($p > 0.05$)
Primary	28 (41.79%)	39 (58.21%)	
Secondary	19 (36.54%)	33 (63.46%)	
Higher Secondary and above	1 (16.67%)	5 (83.33%)	
<i>Education of husband</i>			
Illiterate	38 (44.71%)	47 (55.29%)	$\chi^2=5.08$; ($p > 0.05$)
Primary	41 (44.57%)	51 (55.43%)	
Secondary	25 (32.89%)	51 (67.11%)	
Higher Secondary and above	1 (14.29%)	6 (85.71%)	
<i>Employment status of husband</i>			
Unemployed	26 (81.25%)	6 (18.75%)	$\chi^2=25.31$ ($p < 0.05$)
Employed	79 (34.65%)	149 (65.35%)	
<i>Socio economic status</i>			
Upper middle	2 (22.22%)	7 (77.78%)	$\chi^2=9.65$ ($p < 0.05$)
Lower middle	31 (30.69%)	70 (69.31%)	
Upper lower	39 (44.83%)	48 (55.17%)	
Lower	33 (52.38%)	30 (47.62%)	
<i>Age at marriage (in years)</i>			
≥ 18	70 (76.09%)	22 (23.91%)	$\chi^2=18.97$ ($p < 0.05$)
<18	81 (48.21%)	87 (51.79%)	
<i>Duration of marriage (in years)</i>			
<5	52 (47.27%)	58 (52.73%)	$\chi^2=6.94$ ($p < 0.05$)
5-10	35 (41.67%)	49 (58.33%)	
>10	18 (27.27%)	48 (72.73%)	
<i>Alcoholism of husband</i>			
Yes	95 (57.58%)	70 (42.42%)	$\chi^2=55.43$ ($p < 0.05$)
No	10 (10.53%)	85 (89.47%)	
Total	105 (40.38%)	155 (59.62%)	

Table 4: Care seeking behavior of victims

Kind of help*	Respondents (%) (n - 105)
Informed parents	23 (21.9%)
Informed in-laws	13 (12.38%)
Informed friends/neighbors	17 (16.19%)
Informed police	7 (6.67%)
Others (Professional help)	8 (7.62%)
Did not seek help	33 (31.24%)

*Multiple responses

riage.⁴ A similar study conducted in a slum of Kolkata revealed that the prevalence of domestic violence was 54%.⁷ Another study in Siliguri showed that 78.2% women had experienced violence against them.⁸ A study on same topic done by Sarkar⁹ in rural setting of West Bengal showed prevalence of domestic violence was 23.4%. Babu *et al.*¹⁰ reported the prevalence of domestic violence of 56.3% in Eastern India; 60.7% in Orissa, 51.8% in West Bengal and 58.9% in Jharkhand respectively. A study by Jeyaseelan *et al.*¹¹ in India showed 26% spousal physical violence during the lifetime of their marriage. The proportion of women who reported physical violence by their spouse was 26.6% in Goa;¹² 39% in six zone of India;¹³ A total of 69% among nurses in AIIMS of Delhi;¹⁴ 42.8% in a colony of Delhi¹⁵ and 29.57% in Bangalore.¹⁶

These findings show local and regional variations; how local and regional authorities can take action efficiently and safely within their areas in three fields simultaneously: prevention, protection of victims and provision of services. Background characteristics such as education, age, marital duration, place of residence, caste, religion, sex of the head of the household, standard of living, work status of women, exposure to mass media and the autonomy of women with respect to decision making, freedom of movement and access to money are also linked to such variation of domestic violence.

Prevalence of Different types of domestic violence

In a study conducted in Uttar Pradesh by Koenig *et al.*,¹⁷ the prevalence of lifetime physical and sexual violence was found to be 25.1% and 30.1% respectively, which was found to be higher (71.4% and 57.1% respectively) in our study. The corresponding figures were 35.5% and 10.0% in NFHS III,⁴ 35.9% and 54.1% in Kolkata,⁷ 52.1% and 37.3% in Siliguri,⁸ 13.2% and 52.5% in Orissa, 14.6% and 50.6% in West Bengal, 21.2% and 54.5% in Jharkhand, 16.1% and 52.3% in Eastern India,¹⁰ 43.3% and 30% among nurses in AIIMS;¹⁴ 14% and 14% in six zone;¹⁵ 31.6% and 10.5% in Bangalore,¹⁶ and 84% and 90% in a study on five adjoining states of Andhra Pradesh, Chhattisgarh, Gujarat, Madhya Pradesh and Maharashtra.¹⁸

In the present study women also suffered from more than one type of violence. This was similar with the findings of other studies^{4,14,18} where the reported violence was multiple in nature and most of the women

were subjected to more than one type of violence.

Different forms of physical, psychological and sexual violence

The most common form of lifetime physical violence was slapping and/beating (89.3%), kicking (72%), object throwing (40%), choking and punching the women (30.6%) which was consistent with the findings of other studies.^{4,8-10,12,14,18} According to NFHS III most common physical violence was slapping (34%) followed by twisting of arms or pulling of hairs (15.4%), throwing something (14%), kicking (12%) and choking (2%).¹⁴ Humiliation was the most common form of emotional violence in this study and other studies.^{4,9,12} Most common form of sexual violence was physically forced her to have sexual intercourse (58.3%).^{4,9}

Frequency of domestic violence

In the five state study,¹⁸ about 16% of women reported that they were facing domestic violence once or twice in a week, or once or twice in a month and the percentage of respondents against whom domestic violence was committed practically every day was 15%; which was similar to the present study. In Singur, the study also found that 9.1% faced violence few times in a week or few times in a month whereas 81.8% faced it in a year.⁹ In Bangalore study, the frequency of violence was at least once in a week in 34.21% women, once in 15 days in 31.58% women, once in a month in 26.32% and once in 1-3 months in 7.89% women.¹⁶

Relation of Domestic Violence with socio-demographic variables

Age had a profound association with the prevalence of domestic violence. Prevalence of all forms of violence was increased along with the increasing age of the women in the present study and other studies also^{4, 9, 10, 12, 13, 15} but Bangalore study¹⁶ didn't reveal this association where it was observed that as age of the women increased the prevalence of domestic violence decreased.

Among other socio-demographic variables examined, education had impact on the prevalence of domestic violence which was inversely associated with education levels of the women and their husbands and it was corroborative with the findings of some other studies.^{4,9-14,18} The reason may be that a well-educated woman is most likely to have a better or equally qualified husband and also more autonomy in partner selection which minimizes her risk of intimate partner violence (IPV). However though violence decreases with increase of education, the magnitude of domestic violence (DV) was considerably high among women with higher literacy also. In this study, families with low-income level showed a higher rate of violence and the rate of domestic violence decreased as the socio-economic level increased; some other studies also supported this finding.^{4,9,11-13} However, these studies^{4,9,11-13} also revealed that higher levels of education among both husbands and wives and greater household wealth were found to be protective factors against the risk of

spousal violence.

Role of alcohol in potentiating IPV was notorious. Alcohol addiction of the husband was found to be strongly related to the presence of domestic violence in this study and other studies.^{4,7,11-14,16} NFHS III reported that women whose husbands drink alcohol had significantly higher rates of violence than women whose husbands did not drink at all; emotional violence was three times as high, physical violence was more than two times as high, and sexual violence was four times as high.⁴ It was seen that conflict escalates into violence more readily when alcohol has been consumed because alcohol is a psychopharmacological dis-inhibitor. However, the high prevalence of spousal violence even among women whose husbands do not consume alcohol indicates that alcohol consumption is not the only explanation for the high prevalence of spousal violence in India.⁴

Majority of the victimized women preferred to be silent sufferers. The help seeking behavior was found in one third (31.5%) of women who had faced violence in their lifetime. These women had never sought any help, even from their relatives and close friends, and preferred to rely upon their own strategies to deal with the situation. This was corroborative to some other studies^{12, 14} where 32.7% and 74.4% respectively did not report the abusive situations in which they were living.

Abused women most often seek help from their own families. In our study 21.9% women sought help from their parents, followed by 16.2% from friends/neighbors while only 6.7% had reported to police which represented the tip of the iceberg. A similar study at North Bengal⁸ revealed that 74.9% never sought for any help; 13.9% sought for first aid, 4.9% sought for professional help, 3.6% reported to police. The NFHS III data also corroborated with it, where only 36.7% sought help, 71% mentioned their own family as a source. Notably few women seek help from any institutional sources such as the police, medical personnel or social service organizations.⁴ In the five state study, among the respondents who sought help, 26.3% abused women had approached their parents, 15.6% to relatives and 57.9% to friends.¹⁸ Goa study revealed that 31.1% talked to relatives or close friends and only 4.4% took legal help.¹² In the Bangalore study, nobody informed the police.¹⁶ This was because women were socialized to accept, tolerate and even rationalize domestic violence, and to remain silent about such experiences. Often they had the idea that it belonged to their husbands' right to beat their wives. The present study and some other studies highlighted the factors which had positive influence for domestic violence like young age at marriage,^{12,16,18} duration of marriage,^{4,14} as well as husband's employment status.¹⁴

The effects of violence on a victim's health are severe. Domestic violence can lead to serious short- and long-term physical, mental, sexual and reproductive health problems for women and lead to high social and economic costs.^{19,20} In addition to the immediate injuries,

victim may suffer from chronic pain, gastrointestinal disorders, psychosomatic symptoms, and eating problems.²⁰ Domestic violence is associated with mental health problems such as anxiety, post-traumatic stress disorder, and depression. Intimate partner violence in pregnancy also increases the likelihood of unplanned or early pregnancies and sexually transmitted diseases, miscarriage, stillbirth, pre-term delivery and low birth weight babies.^{19,20}

The evidence highlights the urgent need to address the various economic and socio-cultural factors that foster a culture of violence against women in India. Policies and guideline should be develop to challenge the social norms which support male authority and control over women and encourage violence against women by strengthening women's human and economic rights and reducing gender gaps in relation to employment and education.

Limitations of the study

The sensitivity and stigma associated with violence, as well as fear of reprisal, may lead to under-reporting of violence. Recall bias may be present in disclosing the violent episodes. Cross-sectional design which did not allow for making conclusions focused on associations. A small sample size has limited the generalizability of the present study. Investigation of the effects of violence on health would provide a clearer picture of short- and long-term suffering of the victims.

Conclusion

As an overall, over 50% of the teachers having high The present study found that the overall prevalence of physical, psychological, sexual and any forms of violence among women were 71.4%, 85.7%, 57.1% and 40.4% respectively. The findings showed higher prevalence of domestic violence among slum population, compared to the NFHS III observations in the general population. The study revealed the high prevalence of all forms of violence against women in an urban area of Burdwan, India. Older age, lower age at marriage, longer duration of marriage, lower education of husband and wife, lower family income, unemployment of the husband and alcohol consumption of husband were associated with occurrence of domestic violence.

Ending violence against women needs to be addressed at various levels. The coordinated efforts of various sectors such as social, legal, educational, medical etc. are essential to address the various economic and socio-cultural factors that foster a culture of violence against women in India by strengthening women's human and economic rights and reducing gender gaps in relation to employment and education.

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