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## RESEARCH ARTICLE

### Individual and Contextual Risk Factors of Intimate Partner Violence and Its Perceived Health Consequences in Chandigarh (UT)

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#### Abstract

**Background:** Domestic violence particularly, Intimate Partner Violence (IPV) is a universal phenomenon with deep rooted socio-cultural causes having regional differentials in its potential correlates. **Objectives:**(1) To investigate individual and contextual risk factors contributing towards IPV.(2) To identify coping mechanisms adopted by victims of violence.(3) To explore the perceived adverse consequences of violence on psychosocial and reproductive health of women. **Methods:** Community-based survey conducted among 624 married women in the reproductive age selected by WHO-30 cluster sampling. **Results:** Dowry demand and large family came out to be major reasons of IPV reported by 72(48.3%) and 63(42.3%) of 149 IPV victim women respectively. According to 77(51.7%) ever victims of IPV, husbands were IPV perpetrators. Quitting the place temporarily was the most common passive strategy reported by 117 (78.5%) of all women followed by stopped talking and seeking help of elders/formal sources reported by 107(71.8%) and 101(67.8%) women respectively. Crying for help was the most common active strategy adopted by 14(9.4%) victim women. Counter physical action was reported only by 2(1.3%) women. About sixty percent women were of the opinion that marriages by family consents were prevalent in the community and women should satisfy sexual desires of husband as reported by 124(19.9%) women. About ten percent women reported that their community accepts extra marital affairs of husbands. **Conclusions:** Partner Violence (IPV) should be dealt as a public health problem to be studied in view of both individual and contextual factors. Some psycho-social interventions for both women and men coping with Indian situations are desired to combat with IPV apart from medical interventions to reduce physical, psychological and sexual health consequences associated with IPV for wellness of reproductive lives of women.

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## INTRODUCTION

Violence against women includes: 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 private life.<sup>1</sup> A number of studies<sup>2-5</sup> have demonstrated prevalence and factors associated with violence against women. About 40% married women in the reproductive age suffered from violence mainly by their husbands in peri-urban area of UT Chandigarh, India.<sup>6</sup> Various epidemiological factors associated with domestic violence are investigated among married women attending OPD at Urban Health Centre in Ludhiana city of Punjab, India.<sup>7</sup>

There are possible linkages between domestic violence and a range of adverse physical, mental, and reproductive health outcomes. A number of studies<sup>8-16</sup> are available on intimate partner violence (IPV) and its impact on women's mental health. Studies on domestic violence indicated that the perpetrators of violence against women are almost exclusively men. Several studies<sup>2,6,14,17,18</sup> are available on possible role of husbands as perpetrators. Violence in intimate relationships is almost always accompanied by severe psychological and verbal abuse. The violence against women in India as an issue rooted in societal norms and economic dependence which affects not only the physical and psychological wellbeing of the abused women but also of their children.<sup>15</sup> A community-based study<sup>19</sup> gave an interesting detailed account of individual and community level influences on domestic violence in Uttar Pradesh, North India. With evidences available on several factors associated with IPV at individual and societal levels and possibility of regional differences, present study was conducted with the following objectives:

**Objectives:**

1. To investigate individual and contextual risk factors contributing towards IPV.
2. To identify coping mechanism adopted by victims of violence.
3. To explore the perceived adverse consequences of violence on psychosocial and reproductive health of women.

**Methods:**

These findings are part of a detailed survey. The cross-sectional survey was conducted in Urban, Rural and Slum population of Chandigarh (UT), India during October 2008- September 2010. A total of 624 married women in reproductive age 15-49 years within selected households were included as study subjects. Optimum sample size was calculated on the basis of pilot survey results. WHO-30 cluster sampling technique was used. Sample comprised of minimum 20 study subjects from each of 30 selected clusters, selecting five from each geographical quadrants within clusters.

Women giving consent to participate in the survey were only included. Verbal consent from respondents was taken and confidentiality of individual responses was ensured following Ethical Guidelines of ICMR.<sup>20</sup> Respondents were interviewed in privacy giving assurance of confidentiality and they were free to withdraw at any stage of interview if they wish. Non-respondents arising mainly due to shyness and hesitation in sharing problems were replaced by new respondents. A number of non-respondents women were observed mainly due to hesitation in giving answer thinking it as a personal issue and reporting it against social norms.

**Study Variables:**

Information was collected using a pre-designed interview schedule consisting of background characteristics of women and their spouses like age, age at marriage, type of family, literacy, occupation, socio-economic status etc, and various aspects of violence like frequency and type of violence experienced during last one year, perceptions regarding reasons of being victim of domestic violence coping mechanism, perceived consequences of domestic violence, feeling of depression and other psychological adverse consequences, coping mechanisms adopted by female and male partners etc. Interviews were conducted in privacy. Qualitative survey was also conducted to explore opinions of surveyed women regarding contextual factors of violence. Opinions of surveyed women on perceptions regarding violence reasons of violence and consequences of violence on health and coping mechanisms adopted were also analyzed and presented.

**Results:**

Table-1 presents socio-demographic characteristics of studied women. There were 624 women included in the study with an overall mean age  $33.48 \pm 8.57$  years and mean age at marriage  $19.90 \pm 3.65$  years. Maximum women (43.1%) were belonging to age group 26-35 years mostly housewives (89.3%) from nuclear families (83.0%) engaged in sedentary activities (69.6%). There were 62.3% from urban, 13.1% from urban slums and remaining 24.5% from rural background. Also, 25.5% studied women were having no male child whereas, 34.8% had no female child. An overall prevalence of IPV ever since marriage was found to be 23.9%. Maximum respondents reported to suffer from sexual (11.5%) violence of some forms followed by physical violence (10.9%) by their respective intimate partners. Among 149 (23.9%) of all IPV victims, percentage of sexual violence victims was found to be 48.3%. Whereas, 27 (18.1%) of all 149 respondents who were victims, were suffered from some form of psychological violence sometimes since marriage.

Table-2 presents individual factors as perceived reasons of IPV reported by these 149 respondents who were victims of any type of IPV since marriage. Dowry demand and large family came out to be major reasons of IPV reported by 72(48.3%) and 63(42.3%) women respectively. Questioning of wives in day to day activities of

husband was reported by 38(25.5%) women, addictions of spouses reported by 55(36.9%) , No male child reported by 44(29.5%) was among some other main reasons of IPV reported by women. According to 77(51.7%) ever victims of IPV, husbands were fully responsible, while, 63(42.3%) women were of the opinion that they were also responsible for IPV. Family members were held responsible by 17 (11.4%) women.

Coping strategies adopted by women are presented in Table-3. Quitting the place temporarily was the most common passive strategy reported by 117 (78.5%) of all women followed by stopped talking and seeking help of elders/formal sources reported by 107(71.8%) and 101(67.8%) women respectively. Religious beliefs came out to be the most common reason of keeping silence by 142 (95.3%) of all IPV victims. Active coping strategies were not so common among IPV victims. Crying for help was the most common active strategy adopted by 14(9.4%) women. Counter physical action was reported only by 2(1.3%) women. Some other strategies like not cooking food, moving to paternal place were also reported by 12(8.0%) women.

Perceived Consequences of Violence are presented in Table-4. Stressful Environment reported by 61(40.9%) followed by feeling of Depression reported by 32(21.5%) and low self esteem reported by 18(12.1%) respondents were main adverse health consequences of IPV. Victimization of IPV resulted in women's extra marital affair as reported by 20(13.4%) followed by extra marital affair of husband reported by 10(6.7%) women. It was reportedly resulted in unintended /unplanned pregnancy as reported by 7(4.7%) victims followed by Pregnancy related Disorders/complications reported by 8(5.4%) women.

Respondents by Contextual Factors and Social Norms are presented in Table-5. Marriages by self choice/love marriages were acceptable in the society as reported by 109(17.5%) women while 375(60.1%) were of the opinion of marriages by family choice with their consents prevalent in the community, As per societal norm Women should satisfy sexual desire of husband as reported by 124(19.9%) women. According to 175(28.0%) women personal matters should be confined between husband and wife in their community. Surprisingly, 61(9.8%) reported that their community accepts extra marital affair of husbands.

**Table-1: Socio-Demographic Characteristics of Women**

Characteristic	No	%
<b>Age in years</b>		
18-25	122	19.6
26-35	269	43.1
36-45	181	29.0
45-49	52	8.3
<b>Mean+/- SD</b>	<b>33.48 ± 8.57</b>	
<b>Age at Marriage</b>		
below18	118	18.9
18-21	327	52.4
22-25	153	24.5
above 25	26	4.2
<b>Mean+/- SD</b>	<b>19.90 ± 3.65</b>	
<b>Educational Level of Wife</b>		
Illiterate/Just-literate	179	28.7
Primary	44	7.1
Middle	95	15.2

High School	157	25.2
Intermediate,	41	6.6
Graduate	83	13.3
Post Graduate	21	3.4
Professional	4	0.6
<b>Educational Level of Husband</b>		
Illiterate/Just-literate	128	20.5
Primary	25	4.0
Middle	62	9.9
High School	167	26.8
Intermediate,	63	10.1
Graduate	119	19.1
Post Graduate	47	7.5
Professional	13	2.1
<b>Occupation of wife</b>		
Housewife	557	89.3
Service	32	5.1
Business	10	1.6
Labourer	15	2.4
Skilled Worker	9	1.4
Others (Specify)	1	0.2
<b>Occupation of Husband</b>		
Housewife	51	8.2

Service	266	42.6
Business	100	16.0
Labourer	134	21.5
Skilled Worker	31	5.0
Others (Specify)	42	6.7
<b>Type of family</b>		
Joint	91	14.6
Nuclear	518	83.0
Extended	15	2.4
<b>Background</b>		
Urban	389	62.3
Slum	82	13.1
Rural	153	24.5
<b>Type of Work</b>		
Sedentary	434	69.6
Moderate	82	13.1
Heavy	108	17.3
<b>Male Children</b>		
None	159	25.5
1	279	44.7
2	152	24.4
3	27	4.3
4	6	1.0

6	1	.2
<b>Female Children</b>		
None	217	34.8
1	195	31.3
2	185	29.6
3	21	3.4
4	6	1.0
<b>Overall</b>	<b>624</b>	<b>100.0</b>

**Table-2: Respondents by Perceived Reasons of Violence**

<b>Perceived Reasons of Violence Suffering (N=149)</b>	<b>No (%)</b>
<b>(a) Family Related</b>	
Large family	63(42.3)
Improper care of children	69(46.3)
Domestic work Pressure	27(18.1)
Other issues	17(11.4)
<b>(b) Social Reasons</b>	
Disobeying husband	20(13.4)
Questioning of wives in day to day activities of husband	38(25.5)
Insulting parental members of wife by husband	28(18.8)
Interference of family members	31(20.8)
<b>(c) Women Characteristics/Nature</b>	
Inefficiency of respondent in domestic work	7(4.7)
Financial Self dependence of wife	12(8.1)
Frustration of husband due to high education or job of wife	14(9.4)
Any other specify	12(8.1)
<b>(d) Finance / Economic Reasons</b>	
Money crisis /Financial Stress/Economic Pressure	30(20.1)
Dowry demand	72(48.3)
Supporting her parents by wife	27(18.1)
<b>(e) Habit related / Behavior related</b>	

Addictions of husband	28(18.8)
Addictions of respondent	55(36.9)
Related with nature of spouse	7(4.7)
Lack of understanding	28(18.8)
Any other specify	
<b>( f ) Fertility related</b>	
No male child	44(29.5)
Large no of daughters	18(12.1)
Childlessness	7(4.7)
Age difference with Husband	8(5.4)
<b>( g ) Related With Sexual Life</b>	
Refusal to sex by respondent	4(2.7)
Demand for too much /inconsiderate sex	7(4.7)
Being unfaithful/ Suspicion	5(3.3)
Lack of interest of respondent in sex	1(0.7)
Extra marital relation of husband/self	4(2.7)
<b>(h) Perceived Responsibility For Violence</b>	
Myself	63(42.3)
Husband is fully responsible	77(51.7)
Both are responsible	11(6.7)
Family members are responsible	17 (11.4)

**Table-3: Respondents by Coping Strategy Adopted**

<b>Coping Mechanism/Strategy</b>	<b>No (%)</b>
<b>(a) Passive Strategies</b>	
1. Quit the place temporarily	117 (78.5)
2. Seek help of elders/formal sources	101(67.8)
3. Seek help of neighbors	4(2.7)
4. Give freedom to husband	3(2.0)
5. Try to explain husband	95(63.7)
6. Stopped talking	107(71.8)
7. Leave Conflicts unresolved	48(32.2)
8. Leave everything on time/destiny	22(14.8)
9. Take promises	14(9.4)
10. Others	9(6.0)

<b>Reasons Of Keeping Silence</b>	
Social/ cultural compulsions	86(57.7)
Religious beliefs	142(95.3)
For the sake of marital bonds	18(12.1)
For future of children	124(83.2)
No other shelter	47(31.5)
Accepted as destiny	105(70.5)
Values prohibit discussing sex related issues	75(50.3)
Acceptable due to self blaming	101(67.8)
No other shelter	61(40.9)
Others specify	17(11.4)
<b>( b ) Active Strategies</b>	
1. Cry for help	14(9.4)
2. Counter arguments	7(4.7)
3. Counter physical action	2(1.3)
4. Others	12(8.0)

**Table-4: Respondents by Perceived Consequences of Violence**

<b>Perceived Consequences of Violence</b>	
<b>Psychological</b>	
Low self esteem	18(12.1)
Feeling of Depression	32(21.5)
Stressful Environment	61(40.9)
Anxiety	14(9.4)
Deprivation of liberty in public and private life	4(2.7)
Children also become Victims	21(14.1)
Fearful	15(10.1)
Separated family/ divorce	3(2.0)
<b>( b ) Sexual Consequences</b>	
Extra marital affair of respondent	20(13.4)
Extra marital affair of husband	10(6.7)
High –risk sexual behavior	4(2.7)
Sexual dysfunction	1(0.7)
Forced Sex	3(2.0)
Suffering from Sexual Transmitted Infections	2(1.3)
Others	8(5.4)
<b>Reproductive Health Problems Suffered by Victims</b>	
Unintended /Unplanned pregnancy	7(4.7)
Pregnancy related Disorders/complications	8(5.4)
Miscarriage/Other adverse pregnancy outcomes	2(1.4)
Premature delivery	1(0.7)
Still birth	5(3.3)
Physical Injury	2(1.4)
Chronic pain Syndrome	7(4.7)



**Table-5: Respondents by Contextual Factors and Social Norms**

Contextual Factors /Social Norm	No (%)
<b>Type of marriage</b>	
1) Self choice/ Love marriage	109(17.5)
2) Self choice with family consent	18(2.9)
3) Family choice without her consent	9(1.4)
4) Family choice with her consent	375(60.1)
Place of work of husband in the same city	398(63.8)
Place of stay of in –laws in the same city	166(26.6)
<b>Socio-Cultural Norms/Beliefs of the Society</b>	
Outsiders should not interfere in family matters	86(13.8)
Personal matters should be confined between husband and wife	175(28.0)
Women should always obey her husband	142(22.8)
Women should tolerate violence	55(8.8)
Gender inequality should be acceptable	18(2.9)
Women should always be faithful to her husband	101(16.2)
Women should satisfy sexual desire of husband	124(19.9)
Extra marital affair of husbands are acceptable	61(9.8)
Women have no freedom to choose her friends	47(7.5)

## Discussion:

An overall prevalence of IPV ever since marriage was found to be 23.9% in the present study. Percentages of sexual violence and psychological violence since marriage among IPV victims were found to be 48.3% and 18.1% respectively. In NFHS-3 survey, 40.0% of married women aged 15-49 years ever reported spousal violence and 27.0% reported in the past 12 months. In a study on IPV prevalence by type and associated physical health consequences among women seeking primary healthcare, 53.6% ever experienced any type of partner violence.<sup>[16]</sup>

In an earlier study, emotional abuse as type of domestic violence occurred in 40.6% followed by economical abuse (37%) and physical violence in 22.4% of subjects<sup>7</sup>. In a hospital-based study about 40% prevalence of history of abuse is reported.<sup>21</sup>

Husbands were mostly responsible for violence in majority of cases. According to 51.7% ever victims of IPV, husbands were fully responsible in the present study, while, 42.3% women were of the opinion that they were responsible for IPV. Family members were held responsible only by 11.4% women. These findings agree with earlier studies reporting involvement of husbands mainly as perpetrator.<sup>17,22</sup> About 40% married women in the reproductive age suffered from violence mainly by their husbands in peri-urban area of UT Chandigarh, India.<sup>6</sup> Husband was the commonest perpetrator and 68.5% of the women did not even speak about the incidence to a third person.<sup>17</sup> In a study done in northern India by using representative samples of men, prevalence of wife abuse by men was 18-45%.<sup>23</sup>

In the present study, large family came out to be the most common family related reason reported by 42.3% women. Husband came out to be the principal perpetrator in our study which is in agreement of previous study conducted in a peri-urban area of Chandigarh.<sup>6</sup> Dowry demand, addictions of spouses and having no male child were among some other main reasons of IPV reported by women in the present study. In an earlier study,<sup>6</sup> short temperament and alcohol addiction of husbands were the most common perceived reasons. Sex related issues

and socio-economic reasons were not so common reasons responsible for physical violence. In a study,<sup>7</sup> women whose husbands were alcoholic, 87.5% had ever experienced violence as compared to 47.5% in those women whose husbands were non-alcoholic. Dowry demand also came out to be a reason responsible for IPV in our study as in an earlier study in Indian context.<sup>24</sup>

Respondents also blamed themselves to some extent but husbands were blamed more responsible for IPV. In our study husbands came out to be the main perpetrators and their addictions came out to be one of common reasons of violence in agreement with several other studies.<sup>24,25</sup> These findings also agree with an earlier study.<sup>6</sup> In our study, 51.7% ever victims of IPV, husbands were reported fully responsible, while, 42.3% women were of the opinion that they were also responsible for IPV. Blaming themselves for physical violence by respondents reflects the traditional image of Indian housewives.

Women may have health problems as consequences of IPV, which remain, to a large extent unattended. Respondents reported several adverse reproductive health outcomes like forced sex, stressful environment, feeling of depression and low self esteem as consequences of IPV. Victimization of IPV resulted in women's extra marital affair as reported by 13.4% followed by extra marital affair of husband reported by 10(6.7%) women. It was reportedly resulted in unintended /unplanned pregnancy as reported by 7(4.7%) victims followed by pregnancy related disorders/complications reported by 8(5.4%) women. Physical violence in intimate relationships was found to be accompanied with abortion (53%), anxiety / depression (42%).<sup>22</sup>

Quitting the place temporarily was the most common passive strategy reported by 78.5% of all women. Respondents opted to quit the place temporarily at the time of violence or interventions of family members and neighbors resolved matters in some cases. Respondents might have opted to stay with their husbands in spite of physical violence for the sake of future of children and maintaining marital bonds. Religious beliefs came out to be the most common reason of keeping silence by 95.3%) of all IPV victims. Some other strategies like not cooking food, moving to paternal place were also reported by women. Crying for help was the most common active strategy adopted by women. Counter physical action was least reported to cope with IPV as found in an earlier study.<sup>6</sup>

About 60% women were of the opinion of marriages by family choice with their consents prevalent in the community and Marriages by Self choice/ Love marriages were acceptable in the society as reported by only 17.5% women. As per societal norm Women should satisfy sexual desire of husband as reported by 19.9% women. According to 28.0% women Personal matters should be confined between husband and wife in their community. Surprisingly, about 10 % of respondents reported that their community accepts extra marital affair of husbands. These traditional norms may also be responsible for IPV prevalent in the studied community. Physical and sexual violence was found associated with the individual-level variables of childlessness, economic pressure and intergenerational transmission of violence.<sup>19</sup>

### **Limitations:**

In spite of several strengths being a community based representative study using WHO -30 cluster sampling, this study has several limitations as mentioned below:

- Several aspects of IPV particularly sexual aspects could not be assessed correctly due to some difficulties faced in conducting interviews on such issues due to hesitation, shyness, reluctance and embarrassment felt in reporting such issues by respondents.
- Prevalence of physical violence reported in the present community-based study may suffer under-estimation as all the women could not recognize domestic violence as a problem and also due to under reporting of some sexual and other sensitive aspects of violence.
- Limitations are also present in terms of not studying partner related characteristics as potential correlates.
- Interrelations between different types of violence could not be established.
- Reasons of violence may also vary with episodes of violence whereas this study reports only the most common reasons. Timing of first episode of violence and its frequency also could not be asked.
- Effects of psychosocial interventions in reducing reproductive health problems could not be studied.

### **Conclusions and Suggestions:**

Findings of present study may be helpful in developing strategies to reduce violence against women but will also address several issues related with their reproductive health. Intimate Partner Violence (IPV) should be dealt as a public health problem to be studied in view of both individual and contextual factors. Some psycho-social interventions for both women and men coping with Indian situations are desired to combat with IPV apart from medical interventions to reduce physical, psychological and sexual health consequences associated with IPV for wellness of reproductive lives of women. Further community based in -depth studies with more sophisticated

interviewed techniques are desirable in order to have actual estimates of the problem and its adverse reproductive health outcomes. Future research is also needed to establish the other health related impacts of violence.

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