

Original Article

Precautionary measures taken by Rural Women of Reproductive age after Sustaining Mental Trauma due to Domestic Violence

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Abstract

Background: Patriarchal social system is ruling the world hence there is a lack of power balance between females and males.

Materials and Methods: A cross-sectional, descriptive study was carried out in different households in rural areas of Keraniganj Upazilla of Dhaka district between March 2016 and June 2016. The study population comprised of married women of reproductive age group (15-49 years) with a sample size of 201. Purposive sampling technique was applied. An interviewer administered structured questionnaire was developed and used after pre-testing to collect primary data. Data was collected by face to face interview of the respondents by the researchers during data collection period. After collection, data were checked and verified. Omissions and errors were corrected properly. Data were analyzed by using Social Package for the Social Sciences (SPSS version 22).

Results: Most (71.70%) women did not take any precautionary measures to stop domestic violence. Only less than half of this category took precautionary measures. There was no statistical association between age and taking precautionary measures by the victims ($P>0.05$) as well as between occupation and taking precautionary measures by the victims ($P>0.05$). A large percentage (59.6%) of the victims tried to discuss the problem with their husbands to stop violence with the second largest category (30.8%) tried to get help from their members of paternal side. Maximum (29.5%) of the categories did not take any precautionary measures because of financial incapability. Lack of social security, personal helplessness, social taboo or stigma as a barrier for not taking any precautionary measures were 24.2% and 23.5%, 22.0% respectively.

Conclusion: Women should be made aware of their rights and facilities available to combat the adverse effects of domestic violence.

Keyword: Precautionary Measures, Sustaining Mental trauma, Domestic violence.

Introduction

Violence against women is materialization of a historic unequal power relation between sexes. It is a form of discrimination and mistreatment of women which results in physical, psychological and socioeconomic trauma to women and therefore to the society. This is as well termed as a global epidemic.¹ Violence against women leads to accidents that causes deaths of women of reproductive age and is one of the most disgraceful expression of human rights violation across the world women in the study areas experience physical and sexual spousal violence in their lifetime ranged from 15% to 71%. In Bangladesh, violence against women is a very common practice. It leads to inequality in distribution of power, deprives women equal opportunity of work and decision making. This culminates in loss of social security, self-esteem, dignity in the family and in the society as a whole.²

Being in a patriarchal society, powerlessness and vulnerability is associated with women's lives where they are dominated by men. In Bangladesh, women face various forms of violence, ranging from physical and mental rape, killings if dowry cannot be afforded, acid throwing to distort face and body, sexual harassment and sexual slavery through trafficking in women.³ Domestic violence is widely prevalent both in urban and rural areas as an everyday matter of women's lives. It is firmly believed women are subordinates and hence they should be dominated by men.⁴ Other member of the family also dominate over them. Only families with resources social norms and traditional values associated with gender roles and supremacy within households and society trigger domestic violence against women in Bangladesh.⁵

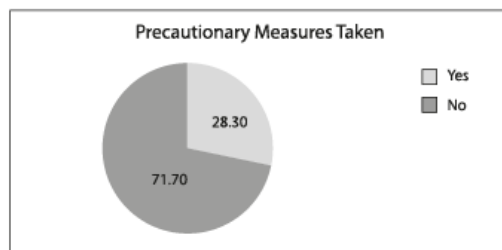
Materials and Methods

A cross-sectional, descriptive study was carried out in different households in rural areas of Keraniganj

Upazilla of Dhaka district between March 2016 and June 2016. The study population comprised of married women of reproductive age group (15-49 years). The sample size was 201; the number of the sample was so because of the situations, ability and the provision of time. Only married women of reproductive age group were taken to make the sample more specific. Women beyond reproductive age, widowed and unmarried women were excluded from the study. Purposive sampling technique was applied. An interviewer administered structured questionnaire was developed and used after pre-testing to collect primary data. Data was collected by face to face interview during data collection period. After collection, data were checked and verified. Omission and errors were corrected properly. Data were analyzed by using Social Package for the Social Sciences (SPSS version 22), an IBM software and was represented in tables and figures.

Results

Figure-1: Taken any precautionary measures (n=184)



The figure showed that most (71.70%) women did not take any precautionary measures to stop domestic violence. Only less than half of this category took precautionary measures.

Table-I: Association of age with precautionary measures taken by victims (n=184)

Age (years)	Taken precautionary measures		p value
	Yes	No	
15 - 24	10 (19.2)	39 (29.5)	0.201
25 - 34	31 (59.6)	56 (42.4)	
35 - 44	10 (19.2)	32 (24.2)	
>=45	1 (1.9)	5 (3.8)	
Total	52 (100.0)	132 (100.0)	

The table showed that there was no statistical association between age and taking precautionary measures by the victims ($P>0.05$).

Table-II: Association of occupation with precautionary measures taken by victim (n=184)

Taken precautionary measure	Occupation		p value
	Not working	Working	
Yes	40 (25.6)	12 (42.9)	0.062
No	116 (74.4)	16 (57.1)	
Total	156 (100.0)	28 (100.0)	

The table displayed that there was no statistical association between occupation and taking precautionary measures by the victims ($P>0.05$).

Table-III: Types of precautionary measures taken (n=52)

Types of precautionary measures taken	Percentage	Frequency
Try to discuss the problem with husband to stop violence	31.0	59.6
Try to get help from older-in-laws	14.0	26.9
Try to get help from the members of paternal side of the respondents	16.0	30.8
Try to get help from neighbours	1.0	1.9
Try to get help from village leaders	2.0	3.8
Try to get help from spiritual/religious leaders	1.0	1.9
Tolerate all by herself without protest	4.0	7.7
Respondent protested with all her energy	2.0	3.8
Try to get help from friends	3.0	5.8

*Multiple responses

The table illustrated that most (59.6%) of the victims tried to discuss the problem with their husbands to stop violence. Second largest category (30.8%) tried to get help from their members of paternal side. Other large group (26.9%) tried to get help from elder-in-laws. Rest of the precautionary measures taken was distributed into different categories and the findings were negligible.

Table-IV: Reasons for not taking precautionary measures (n=132)

Reasons of not taking precautionary measures	Percentage	Frequency
Lack of information about the available Govt. and non Govt. social supports for woman	25	18.9
Financial incapability	39	29.5
Lack of social security	32	24.2
Social taboo/stigma	29	22.0
Dreadful pressure from the husband	3	2.3
Personal helplessness	31	23.5
Fear of divorce	13	9.8

***Multiple responses**

The table demonstrated that most (29.5%) of the categories did not take any precautionary measures because of financial incapability. Lack of social security, personal helplessness, social taboo or stigma as a barrier for not taking any precautionary measures were 24.2% and 23.5%, 22.0% respectively. Lack of information about the available Govt. and non-Govt. social supports for woman was 18.9%. Fear of being divorced was 9.8% and dreadful pressure from the husband was 2.3%.

Discussion

This cross-sectional type of descriptive study was carried out in rural areas of Keraniganj Upazilla under district of Dhaka with the objective of assessing the level of precautionary measures taken by the victims of domestic violence after sustaining mental trauma. Limitations of the study were addressing the sensitive issues of life which let the respondents shy to express their opinions openly and willingly, thoughts of damaging self-images and that of families. Small study period forced the sample size to be 201 only. Chance of recall bias is very high in any study based on the self-reporting, illiteracy of the respondents.⁶

Discussing the problem with husband to stop violence based on shared respect for one another and shared responsibility for the relationship outcome and process.⁷ Women are assaulted and mistreated very commonly. Women do not report domestic violence protested with all her energy and tolerate them all by her without any protest out of shame.⁸

It is important to respect the rights of the victims if they try to get help from neighbours or friends. Respect for their religious values and beliefs or cultural norms while trying to get help from spiritual or religious leaders is essential. Similarly village leaders can help the victims of domestic violence. Family and friends even other in-laws can inform the about the services available. It is necessary to make sure that that the victims avail the services and get supports.⁹

Lack of information about the available Govt. and non Govt. social supports for woman, dreadful pressure from the husband, personal helplessness, fear of divorce, lack of social security and social taboo or stigma stop a women from taking any precautionary measure after the domestic violence. Most importantly financial incapability forces women not to take any precautionary measure.^{9,10}

Men have always practiced power over a woman and

have considered socially superior. A man can discipline a woman for improper conduct by physical or mental violence. They can also use these instruments resolving problems and conflicts in a relationship. The taboo that a woman should endure all the tortures to retain the family together.¹¹ A South African study found that 42% of females aged 13–23 years reported experiencing physical dating violence.¹²

Domestic violence against women has been identified as a public health priority. Public health personnel can play a vital role in addressing this issue.¹³ It is expected from assaulted women they should play major roles to take precautionary measures to make peace in the family. The precautionary measures should be curtailing and refuting the abuse. The victims of domestic violence must forget their painful experiences and numb themselves to avoid domestic violence.^{14,15}

Conclusion

Domestic violence is a serious problem lurking throughout the world. It is damaging mental and physical health and reducing working capacity of women. Therefore, it is the main barrier of success of women. Precautionary measures taken by women after domestic violence are futile and poorly help them to overcome the mental trauma. Trying to discuss the problems with husband to stop violence, trying to get help from the members of paternal sides and in-laws of the women are ways of taking precautionary measures against domestic violence. However, findings show that only a few victims have taken measure after incident of domestic violence. Financial dependency of women on the bread earner is one of the fundamental causes of not taking any action against them. Moreover social insecurity, social taboos and many other factors abound them not to take any precautionary measures.^{7,8,9}

Recommendations

Violence against women need integrated, 'ecological framework' can be initial step to reduce the ham of mental trauma.¹⁶ Public health approach defined four steps of a the problem firstly identifying risk, secondly identifying the protective factors, thirdly developing and testing prevention strategies and programs and finally ensuring widespread adoption by disseminating the information.¹⁷ The 'ecological model' of multi-level interconnecting factors can also reduce this burning issue targeted at individual level, such as "SASA!" in Kampala, Uganda has worked at all the ecological levels mainly at the community levels of rural Bangladesh.^{18,19}

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