**Correlates of Domestic Violence among reproductive women residing in urban slum**

**Abstract**

* Background: Violence against women is a worldwide phenomenon, rooted deep in its tradition most pervasive and yet the least recognized human rights abuse in the world. The most prevalent type of gender-based violence that causes physical, sexual, or psychological harm to women is domestic abuse. Domestic violence has many forms, including physical violence, sexual abuse, emotional abuse, intimidation, economic deprivation or threats of violence. **Objectives: 1.** To investigate prevalence and patterns of domestic violence against women occurred after Covid-19 pandemic**. 2.** To investigate prevalence and patterns of domestic violence against women occurred after Covid-19 pandemic**. 3.** To identify socio-cultural and other Covid-19 related factors contributing towards he violence against women.  **Methodology:** Community-based descriptive study conducted among married females. Information regarding domestic violence, socio-demographic variables, perceived causes was collected. Qualitative as well as quantitative aspects of the problem have been explored. Stratified two stage random sampling technique was adopted to select eligible women. **Results:** An overall mean age of women was found to be 32.24 ± 7.42 years whereas mean age of spouses was 35.97 ± 7.84 years. There were 538 (75.6%) women who reported ever suffering from domestic violence of varied nature. In majority of cases suffered, 270 (50.2%) spouses were reported as perpetrator of violence

Keywords: Domestic violence, Covid 19, reproductive women, perpetrator

**Introduction**

Violence against women is a worldwide phenomenon, rooted deep in its tradition most pervasive and yet the least recognized human rights abuse in the world. The most prevalent type of gender-based violence that causes physical, sexual, or psychological harm to women is domestic abuse. Domestic violence has many forms, including physical violence, sexual abuse, emotional abuse, intimidation, economic deprivation or threats of violence. Any act that injures or suffers women is considered violence against them according to United Nations General Assembly's Declaration on the Elimination of Violence against Women.1

Studies on violence against women indicated that the perpetrators of violence against women are almost exclusively men. In India, the Domestic Violence Act, 2005 was enacted to safeguard women and provide them with the ability to engage in non-violent and abusive marriages. Factors such as unemployment, reduced income, limited resources, alcohol abuse, limited social support, and other stressful events are reported as risk factors of domestic violence.1 Many institutionalized social and cultural factors, such as the unequal power dynamics between men and women, socioeconomic forces, family structures, fear of female sexuality, the belief in male superiority, and laws that deny women and children their own legal and social status, all have an impact on violence against women. Violence survivors and their children may have dual threats not only danger on their reproductive lives but also challenges on psycho-social.

The problem of domestic violence is existent in all sub sections of the society irrespective of socio-demographic, economic and other conditions of women. This problem becomes more serious for women in slum community due to sudden changes in socio-cultural contexts in Covid-19 pandemic, needing urgent attention.

Increase in reported domestic violence cases during Covid 19 lockdown, may be because of unprecedented situations arising due to added restrictions during lockdown like staying indoors, limited social interaction, restricted travel, economic hardships and closures of key community foundations.

Problem of violence is to be understood in its socio-cultural context to determine its root causes during lockdown.Women were likely to suffer not only with violence but also with distress due to economic crisis, deprivation, lack of privacy and restricted social contacts. Domestic violence could not find place in public health preparedness and emergency response plans against the pandemic. It could not be addressed as a priority public health problem in spite of long term psycho-social implications and other high risks involved.

Some risk factors of domestic violence related to Covid-19 such as unemployment, reduced income, limited resources, and limited social support, alcohol abuse are likely to be continued post Covid-19 phase also.Length of quarantine increases the risk for serious psychological consequences such as stress, frustration and anger to severe depression and post-traumatic stress disorder.2 According to India's National Commission for Women (NCW) there was more than twofold rise in gender-based violence during the lockdown in India and Uttar Pradesh, Bihar, Haryana and Punjab states reported high prevalence rates. Women usually scared of complaining because of fear of harassment.3

We have witnessed the agony, despair, helplessness and distress of women with no social support during contact tracing of Covid-19 cases. Social distancing and quarantines may be some added factors associated with post-covid-19 domestic violence against women having social, economic and psychological consequences. There is likelihood of increase in marital conflicts and family disputes during lockdown. Women in slum communities were comparatively suffering seriously as compared to others due to sudden changes in socio-cultural contexts during Covid-19, needing urgent attention to their problems.

 Slum population with containment zones was the most affected segment during lockdown and has witnessed hotspots during pandemic. There is paucity of epidemiological studies available on correlates of lockdown on domestic violence against women. There is no clear precedent for the impact of Covid-19 crisis on domestic violence in literature from India. Problem of violence should be investigated in contexts of unprecedented situations due to Covid-19 during lockdown and to assess its adverse reproductive health outcomes. Present study was conducted to look into root causes and associated factors of complex phenomenon of domestic violence during Covid 19 and to resolve uncertainties existing in the field and service gaps.

**Objectives:**

1. To investigate prevalence and patterns of domestic violence against women occurred after Covid-19 pandemic**.**
2. To identify socio-cultural and other Covid-19 related factors contributing towards he violence against women.

**Methodology**

Community-based descriptive study was conducted in slum population of UT Chandigarh, India. Married women in the reproductive age willing to participate in the survey were interviewed to collect information regarding domestic violence, socio-demographic variables, perceived causes Qualitative as well as quantitative aspects of the problem have been explored in this study using mixed method study design.

**Quantitative Study:** We conducted door to door survey to collect desired information. Interviews with women in reproductive age were conducted in privacy to collect information.

**Qualitative Study:** Information on qualitative aspects was collected in -depth qualitative studies and Focus Group Discussions (FGDs) was conducted among women and men in selected areas/clusters. For qualitative aspects, in depth interviews /FGDs repeated sessions were conducted for exploring opinions from respondents.

Effective sample size for the quantitative study was calculated on the basis of anticipated 45% prevalence of domestic violence against women, 95% confidence coefficient and 10% relative precision, adjusting for design effect. It is proposed to cover 705 women spread in all selected slum areas.

Stratified two stage random sampling technique was adopted to select eligible women from slums of Chandigarh (UT), North India. Stratification of slums was done according to geographical quadrants of the whole study area. Three slums/peri-urban areas belonging to each quadrant were selected at random as first stage units from the list to be made available from concerned authorities, comprising a sample of 12 first stage units slum. Women within reproductive age from selected slums/peri-urban areas along with their spouses were selected for interview in a random manner with proportional allocation as second stage units. Only one woman from one household was selected.

Data sets were described by using summary measures in terms of means along with standard deviations for quantitative variables and proportions/percentages for categorical variables. Chi square test was used for testing the significance of associations between outcome variables and input variables. Student's t-test and Analysis of Variance (ANOVA) technique in case of normality of data and Mann-Whitney ‘U’ test for non-normal data was used for comparisons of means of outcome parameters in different subgroups. Risk analysis was done by using relative odds along with 95% confidence intervals. Logistic regression analysis was used to find risk factors of domestic violence. Data analysis was carried out by using IBM SPSS-26.0 and SYSTAT-13packages.

Institutional Ethics Committee (IEC) approval was granted before conducting the study. Guidelines of IEC and Ethical Guidelines on Human Participants issued by ICMR (2017) were strictly followed. Informed consents from respondents for participation in the study were taken and confidentiality of responses was ensured. Only respondents who were willing to take part in the study were included. Counseling and referral services required to combat with the problem of domestic violence were provided.

**Results**

Table-1 Sociodemographic Profile of the participants

|  |  |  |
| --- | --- | --- |
| **Socio-demographic characteristic** | **Number**  | **Percentage**  |
|  |  |
| **Age of Women** |  |  |
| 19-21 | 4 | 0.6 |
| 21-25 | 133 | 18.7 |
| 26-35 | 368 | 51.7 |
| 36-49 | 207 | 29.1 |
| **Mean ± SD** **32.24 ±7.42. p= 0.07** |
| **Age of Spouse** |  |  |
| 21-25 | 35 | 4.9 |
| 26-35 | 363 | 51.0 |
| 36-49 | 215 | 30.2 |
| 50 and above | 66 | 9.3 |
| No response | 33 | 95.4 |
| **Mean ± SD** | **35.97 ± 7.84****P=0.06**  |
| **Marital Duration** |  |  |
| Below 5 | 251 | 35.3 |
| 6-10 | 167 | 23.5 |
| 11-15 | 71 | 10.0 |
| 16-20 | 83 | 11.7 |
| 21 and above | 140 | 19.7 |
| **Mean ± SD****P=0.19** |
| **Type of Family** |  |  |
| Joint | 316 | 44.4 |
| Nuclear | 379 | 53.2 |
| Extended | 17 | 2.4 |
| X2= 6.38 p=0.04 |  |  |
| **Educational Status of Women** |  |  |
| Illiterate/ Just-Literate | 124 | 17.4 |
| Primary | 55 | 7.7 |
| Middle | 128 | 18.0 |
| High school | 160 | 22.5 |
| Intermediate | 128 | 18.0 |
| Graduate | 82 | 11.5 |
| Post Graduate | 20 | 2.8 |
| Professional | 15 | 2.1 |
| **Educational Status of Spouse** |  |  |
| Illiterate/ Just-Literate | 62 | 8.7 |
| Primary | 64 | 9.0 |
| Middle | 86 | 12.1 |
| High school | 204 | 28.7 |
| Intermediate | 153 | 21.5 |
| Graduate | 97 | 13.6 |
| Post Graduate | 34 | 4.8 |
| Professional | 12 | 1.7 |
| **Socio-economic Status**  |  |  |
| Low | 283 | 39.7 |
| Lower Middle/Middle | 404 | 56.7 |
| Upper Middle/High | 25 | 3.5 |
| X2= 6,50 p=0,04 |  |  |
| **Total no. of female children** |  |  |
| None | 227 | 31.9 |
| 1 | 335 | 47.1 |
| 2 | 120 | 16.9 |
| 3-5 | 30 | 4.2 |
| X2=12.7 p=0.02 |  |  |
| **Type of Marriage** |  |  |
| Self Choice/ Love Marriage | 40 | 5.6 |
| Self choice with family consent | 37 | 5.2 |
| Family choice without her consent | 76 | 10.7 |
| Family choice with her consent | 559 | 78.5 |
| X2= 21.8, p=0.01 |  |  |

The study was conducted amongst 712 women of reproductive age as per inclusion criterion from 12 selected slum areas of Chandigarh, Table 1 depicts the socio-demographic characteristics of surveyed women. Age group 26-35 years contributed maximum number of women 368 (51.7%). An overall mean age of women was found to be 32.24 ± 7.42 years whereas mean age of spouses was 35.97 ± 7.84 years. Overall mean age at marriage was 20.25±2.75 years based on their reported age at marriage.. There were 379 (53.2%) women belonging to nuclear families. There were 597 (83.8%) housewives followed by 82(11.5%) belonging to service class. Lower middle/ middle socioeconomic status was represented by 404 (56.7%) women. Among all surveyed women, 376 (52.8%) were having at least one son and 335 (47.1%) were having one daughter. Working women were represented by 157 (22.1%). Majority of women (78.5%) reported marriage with family choice with their consent

**Table -2: Distribution of women suffered by domestic violence according to nature of violence**

|  |  |  |
| --- | --- | --- |
| **Suffering and nature of violence** | **Number** | **Percentage** |
| **Have you ever been victim of domestic violence** |  |  |
| Yes | 538 | 75.6 |
| No | 158 | 22.2 |
| No Response | 16 | 2.2 |
| **Nature of violence among all women (N= 712)** |  |  |
| Psychological | 537 | 75.4 |
| Physical | 327 | 45.9 |
| Sexual | 204 | 28.7 |
| **Reported increase in violence among ever suffered during lockdown (N= 538)** | 157 | 29.2 |
| **Reported reasons of violence (N= 538)** |  |  |
| Husband is more responsible | 248 | 46.1 |
| Family members are responsible | 108 | 20.7 |
| Husband is fully responsible | 85 | 15.8 |
| Both are responsible | 6 | 1.2 |
| Myself  | 3 | 0.6 |
| No Response | 55 | 10.2 |
| **Perpetrator of Abuse (N= 538)** |  |  |
| Husband only  | 270 | 50.2 |
| Mother in law | 199 | 37.0 |
| Father in law | 21 | 3.9 |
| Sister in law | 20 | 3.7 |
| Brother in law | 3 | 0.6 |
| Other family members | 25 | 4.7 |

Table 2 presents distribution of women suffering from domestic violence. There were 538 (75.6%) women who reported ever suffering from domestic violence of varied nature. The prevalence of domestic violence among women ever faced was found to be 75.6% and psychological violence/ verbal abuse was the most common type of violence reported by 537 (75.4%) among all women. Physical violence was reported by 327 (45.9%) women. Sexual violence was reported by 204 (28.7%) women. Among victims, rates of psychological violence/ verbal abuse, physical violence and sexual violence were found to be 99.8%, 60.7% and 37.9% respectively.

Out of total 538 women who reported ever suffering from domestic violence, 394 (73.2%) suffered during lockdown. When asked, whether violence was increased during lockdown, 157 (29.2%) women reported that they experienced increase of violence during COVID. Among all ever victims of violence, spouses were reported to be responsible by 248 (46.1%) women followed by other family members reported by 108 (20.7%) women. In majority of cases suffered, 270 (50.2%) spouses were reported as perpetrator of violence and in case of 199 (37.0%) women mother-in-laws were reported to be perpetrator of violence.

Violence against women was found most commonly among women belonging to 26-35 years of age and among those who migrated within last five years. Among women ever suffered from violence and not suffered from violence, mean ages of respondents (P= 0.07) and their spouses (P= 0.06) were not found to differ significantly. Also their mean ages at marriage (P=0.21) and mean marital durations (P=0.19) were not found to differ significantly.

 Violence was found to be significantly associated with type of family (P=0.04), SES (P=0.04), having female children (P=0.02). Also, it was found significantly related with type of marriage (P= 0.002), place of stay of in-laws (P= 0.002) and financial control over family expenses (P < 0.001). However, it was not found to be significantly associated with factors like age at marriage, working status of women (P= 0.27). Moreover, violence was also not found to be significantly associated with suffering of family members from COVID (P= 0.46) and being quarantined (P=0.41). Therefore, it was concluded that sufferings from COVID, being quarantined and lockdown related situations were not directly related with domestic violence against women but those situations lead to other problems such as financial crisis, isolations, failing of support systems and deprivations of varied types which contributed to increase in domestic violence against women.

**Table-3: Opinions of women regarding socio-cultural and contextual factors of domestic violence**

|  |  |  |
| --- | --- | --- |
| **Contextual factors/ opinions** | **Number** | **Percentage** |
| **Interpersonal relationship with spouse** |  |  |
| Good | 424 | 59.6 |
| Not good | 257 | 36.1 |
| Get alone | 14 | 2.0 |
| No response | 17 | 2.4 |
| Total | 712 | 100.0 |
| **χ2 =98.1 (P<0.001)** |
| **Violence/ quarreling between parents in your childhood** |  |  |
| Yes | 374 | 52.5 |
| No | 324 | 45.5 |
| No response | 14 | 2.0 |
| **χ2 =122.6 (P<0.001)** |
| **Witnessed father beating your mother in your childhood** |  |  |
| Yes | 165 | 23.2 |
| No | 539 | 75.7 |
| No response | 8 | 1.1 |
| **χ2 =1.40 (P<0.49)** |
| **Disliking of family to do job by women** |  |  |
| Yes | 385 | 54.1 |
| No | 320 | 44.9 |
| No response | 7 | 1.0 |
| **Dominance in taking family related decisions**  |  |  |
| Husband | 512 | 71.9 |
| Wife | 7 | 1.0 |
| In laws | 119 | 16.7 |
| Wife's parents | 1 | .1 |
| No response | 73 | 10.3 |
| Total | 712 | 100.0 |
|  |
| **Family matters are discussed within family** |  |  |
| Yes | 482 | 67.7 |
| No | 210 | 29.5 |
| No response | 20 | 2.8 |
| Total  | 712 | 100.0 |
| **χ2 =52.0 (P<0.001** |
| **Discrimination between daughters and daughters in law**  |  |  |
| Yes | 399 | 56.0 |
| No | 300 | 42.1 |
| No response | 13 | 1.8 |
| Total  | 712 | 100.0 |
| **Religious family atmosphere** |  |  |
| **χ2 =62.3 (P<0.001** |
| More religious | 409 | 57.4 |
| Less religious | 291 | 40.9 |
| Not Religious at all | 5 | .7 |
| Can’t say | 7 | 1.0 |
| **Total** | **712** | **100.0** |
| **χ2 =132.1 (P<0.001** |

Table 3 presents women according to their Contextual factors and opinions of women regarding violence, sufferings and reasons of violence. Financial reasons came out to be the most common reason experienced by 576 (80.9%) women during COVID, followed by behavioral issues reported by 562 (78.9%) women and other social reasons reported by 533 (73.9%) women. When asked about reasons of violence perceived by women, 248 (34.8%) women blamed their spouses followed by 108 (15.2%) women reporting family members responsible for violence. Perceived perpetrator of abuse was mostly reported to be spouse by 270(37.9%) women. Psychological consequences were the most common adverse consequences of suffering from domestic violence reported by 565 (79.4%) of all women whereas, physical/reproductive health issues were reported as adverse consequences by 502 (70.5%) women.

**Discussion**

Any act of gender-based violence that causes or is likely to cause physical, sexual, or psychological harm or suffering to women is considered violence against women. This includes threats of such acts, coercion, or arbitrarily denying a woman her freedom, whether the act takes place in public or in private. 4

The present study was conducted to analyze various factors associated with domestic violence against married women during Covid-19 pandemic. It was an attempt to view the problem of violence in a newer context of unprecedented situations of lockdown during Covid-19.

A total of 712 women of reproductive age with varied socio-demographic characteristics were included from 12 selected slum areas of Chandigarh. An overall mean age of women was found to be 32.24 ± 7.42 years whereas mean age of spouses was 35.97 ± 7.84 years. Worldwide prevalence of women assaulted by intimate partner at some point of time in life ranged between 10-69 % (WHO, 2002).5However in our study, 75.6%women reported ever suffering from domestic violence of varied nature. This is much higher than the WHO data. This may be because the study was conducted in the slums and during special condition of lockdown. In a peri-urban area of UT Chandigarh,6 an earlier study reported about 40% married women in the reproductive age suffered from violence mainly by their husbands. Among women ever suffered from domestic violence, 157(29.2%) women reported that they experienced increase of violence during COVID. Studies provide evidence of significant increase in domestic violence following some catastrophic events around the world like earthquakes, tsunamis, hurricanes etc.7,8

Lifetime intimate partner violence is reported to be 43% in China.6 In our study, majority of cases who suffered from domestic violence, (50.2%) spouses were reported as perpetrator of violence and in (37.0%) cases mother-in-laws were reported to be perpetrator of violence.

International studies are available on possible role of husbands as perpetrators.9,10Several studies conducted in Indian population demonstrated prevalence and factors associated with violence against women and reported possible role of husbands as perpetrators.

Violence against women was found most commonly among women belonging to 26-35 years of age. In other study, it was seen that elderly women were victims of violence more often than younger women.6

In the present study the various significant socio-cultural norms found to be associated with violence included interpersonal relationship with spouse, experience of fighting between parents during childhood, discussion of family matters within family, discrimination between daughters and daughters-in-law, religious family atmosphere (P< 0.001) and dominance of spouses in family related decisions (P=0.013). Among women suffering from domestic violence, (69.1%) were having good interpersonal relationship and in case of (74.3%) such women, spouses were dominating in family related decisions. In another study conducted in same region, factors reported to be associated with domestic violence were their husbands' short temper (27.6%), their alcohol addiction (21.5%), and their lack of interest in sexual activities (9.5%).6. Substance abuse/addictions of respondents and their spouses were not found to be significant correlates of domestic violence against women in present study, Violence was found to be significantly associated with type of family (P=0.04), SES (P=0.04), having female children (P=0.02). Also, it was found significantly related with type of marriage (P= 0.002), place of stay of in-laws (P= 0.002) and financial control over family expenses (P < 0.001). In another study, the violence was found to be related with husband education, habituated to alcohol or to chewing tobacco or to smoking cigarettes The level of education and employment of the woman had no effect on the incidence of the abuse.11

 The majority of respondents (82.8%) reported that forced sexual acts were the main way of violence af. Regardless of their length of marriage, socioeconomic status, degree of literacy, or other traits, older women were more likely to endure physical abuse.12 Younger age, employment, nuclear family life, and the absence of male offspring were significant IPV risk factors. Financial reasons came out to be the most common reason experienced by (80.9%) women during COVID, followed by behavioral issues reported by 562 (78.9%) women and other social reasons reported by (73.9%) women. In a study from Pakistan, 65% women reported money as the cause of fight.13

The National Family Health Survey -4 data published in 2015-16 highlighted that 30 percent of women in India between the ages of 15-49 have experienced physical violence. The report suggests that among married women experiencing physical, sexual, or emotional abuse, an alarming 83% list their husbands as the main perpetrators, followed by abuse from their husbands’ mothers (56 %), fathers (33 %), and siblings (27 %).14

 In Indian context, varied results in different populations on epidemiological factors of violence against women are far from conclusive. Although the pervasiveness of domestic violence against women in India has been reported, specific risk factors are not well understood. However, due to unprecedented situations arising due to covid-19, there is lack of literature available on violence during lockdown and its associated factors.

Sufferings from COVID, being quarantined and lockdown related situations were not directly related with domestic violence against women but those situations lead to other problems such as financial crisis, isolations, failing of support systems and deprivations of varied types which contributed to increase in domestic violence against women.

**Conclusion**

Risk of domestic violence during corona virus lockdown among women in slums of Chandigarh was found very high which may have long term psycho-social implications. Study concluded that domestic violence against women was quite high which had arisen at an alarming stage during covid-19 lockdown period mainly due to social isolation and economic insecurity among all women irrespective of their demographic characteristics. Significant correlates of violence included type of family, SES, having female children, type of marriage, place of stay of in-laws and financial control over family expenses. Interpersonal relationship with spouse, experience of fighting between parents during childhood, discussion of family matters within family, discrimination between daughters and daughters-in-law, religious family atmosphere and dominance of spouses in family related decisions also influenced the domestic violence outcomes. Situations arising due to COVID resulting in financial crisis, isolations, failing of support systems and deprivations of varied types which contributed indirectly to increase in domestic violence against women during lockdown.

 It is suggested that psycho-social concerns of women and factors associated with domestic violence should be given importance for developing safe access to support services. Risks of violence can’t be lowered merely by health interventions. Psychosocial interventions should be incorporated for suggesting women friendly initiatives for their wellness. Health policies should be crafted for preparedness of the system in an integrated manner beforehand for strengthening support systems for tackling problem of domestic violence against women and for preparedness of the system in an integrated manner during COVID like emergent situations for wellness of women.

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