ABSTRACT

Background of the study: Domestic violence against women is an all pervasive phenomenon that has serious health consequences for women. Most services currently available in India for the victims of domestic violence are on the legal front including the new “Protection of women from domestic violence Act 2005.” The health sector response in addressing the problem is suboptimal. There is a lack of public health oriented approach and recognition of the problems faced by these women among health care professionals. Present study was carried out to identify the prevalence, patterns and related factors of domestic violence against women; their motivators and barriers to seeking assistance, association of violence with women’s health status; to assess the competencies of nursing personnel in identification and management of women’s health issues related to domestic violence; and to develop a framework for their training.

Methodology: This mixed method study using cross sectional survey and phenomenological hermeneutic approach was carried out as community based study among 827 ever married urban and rural women from Delhi selected through cluster sampling followed by systematic random sampling; and as facility based study among 100 nursing personnel from Government sector in Delhi selected using stratified random sampling. From the women who reported experience of domestic violence, in-depth interviews were conducted among 20 women (15 urban, 5 rural). Data were collected using pretested structured questionnaires and ‘in-depth interview guide’ from women; and structured self reported questionnaire with a few open ended questions from the nursing personnel. Descriptive and multivariate analysis using Stata 11.0 (College Station, Texas, USA) was done for quantitative data, and thematic analysis was done for qualitative data.

Results: The prevalence of psychological, physical, sexual, physical or sexual violence and any form of violence was 43.4%, 27.2 %, 26.4 %, 28.2% and 43.4 % respectively ever in life; 37.6%, 19.3%, 20.3%, 22.6%, 37.8% respectively in past 12 months; and was 42.8%, 17.1%, 15.6%, 18.5% and 43.2% respectively during pregnancy. Among majority of women who reported violence, various acts of violence were continuing and were perpetrated by husband. Violence was significantly higher among women having low neighbourhood support, negative dowry effect and alcoholic husband, while available family support was protective against violence. Women’s health status was significantly inversely associated with all forms of violence. Women seek help on: being thrown out of house, threat to life and having supportive natal family, but do not seek help due to: family values “women do not speak”,

Relationship between women’s health status and domestic violence against women and the competencies of nursing personnel in management of health issues related to domestic violence with a view to develop a framework for their training.

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belief that telling will not benefit, for sake of family honour or children and poor parents; and more importantly nowhere to go.

Two third of nursing personnel (67%) had moderate knowledge scores and 27% had poor knowledge scores; 57% had good practice scores, over three fourth (79%) had neutral attitude scores, and 98% had moderate to high need for learning.

**Conclusion:** The prevalence of domestic violence in Delhi is considerably high and has significant effect on women’s health. Several factors affect their help seeking behaviour. There are substantial gaps in competencies of nursing personnel in managing violence related health issues. The results highlight the need to develop public health interventions and train nursing personnel in identification and management of violence related health issues.

**Keywords:** Women, domestic violence, health status, seeking help, motivators, barriers, nursing personnel, competency, knowledge, attitude, practice, learning need