Physical violence by husbands: Magnitude, disclosure and help-seeking behavior of women in Bangladesh

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Abstract

This paper explores the magnitude of physical violence by husbands, the disclosure of it and the help-seeking behavior of abused women in urban and rural Bangladesh. The data come from a larger study on domestic violence against women conducted in Bangladesh during 2000–2004. All ever-married women covered by the population-based survey component (n = 2702) conducted in 2001 were included in the current analysis. We also draw on in-depth interviews with 28 women who were physically abused by their husbands. Results show a high prevalence of lifetime physical spousal violence against women: 40% in urban and 42% in rural areas. Most of the abused women (66%) were silent about their experience. The main reasons behind this silence were high acceptance of violence, stigma and fear of greater harm. Sixty percent of urban and 51% of rural abused women never received any help from others. Only 2% ever sought help from institutional sources, from where support was not forthcoming. Women approached these sources only when they could not endure anymore or the violence became life threatening or children were at risk. The findings show that although providing appropriate services is absolutely necessary, it is also important to foster the use of such services and to help women overcome the barriers for accessing these services.

Keywords: Domestic violence; Women; Disclosure of violence; Help seeking; Bangladesh

Introduction

Several studies and media reports have indicated that domestic violence against women—especially violence perpetrated by a woman’s husband—is a serious problem in Bangladesh (Azim, 2000; Bhuiya, Sharmin, & Hanifi, 2003; Koenig, Ahmed, Hossain, & Mozumder, 2003; Schuler, Hashemi, Riley, & Akhter, 1996). However, to date there are no reliable estimates in this country of the magnitude of spousal physical violence against women or the help-seeking behavior of abused women. As it was rightly pointed out by Koenig, Hossain, Ahmed, and Haaga (1999), limited understanding of the linkages between domestic violence and women’s physical and mental health problems has resulted in missed opportunities in effectively and directly addressing this issue within existing health and reproductive health programs. Moreover, what needs to be done beyond service provision has remained unclear.
Previous studies in Bangladesh on the magnitude of physical violence against women were either focused on a particular socioeconomic status or the prevalence estimates did not relate exclusively to intimate partner violence. Thus, the study by Schuler et al. (1996) covered economically disadvantaged women in rural Bangladesh and addressed the prevalence of the current abuse of wives, whereas the study by Koenig et al. (2003) covered women from all the socioeconomic strata, but it explored factors associated with abuse of women by husband or in-laws, and the reference period for abuse was not explicit. None of these studies used questions that defined physical violence, thus leaving it up to the women to define. Less is known about the disclosure of violence and the help seeking of abused women in Bangladesh. Consequently, this paper focuses on the prevalence of lifetime physical spousal abuse ever experienced by women, and their disclosure to others or help seeking. Behaviorally explicit questions were asked of the women. The study was conducted during 2000–2004 by the International Center for Health and Population Research in Bangladesh (ICDDR, B) and Naripokkho, a women’s activist organization. It was part of the WHO’s multi-country study on domestic violence.

**The literature on spousal violence against women**

Violence against women is a worldwide problem, crossing cultural, geographic, religious, social and economic boundaries. It has become recognized as an important issue on the international arena and a lot of research work has been undertaken on this issue over the last couple of decades (Counts, Brown, & Campbell, 1999; Levinson, 1989; Straus & Gelles, 1999; Straus, Gelles, & Steinmetz, 1980). Research indicates that the most common type of violence against women is domestic violence (Koss et al., 1994; Naved, Azim, Bhuiya, & Persson, 2004). Among the most prevalent are those forms of violence perpetrated against women by intimate partners and ex-partners (Heise, Germain, & Pitanguy, 1994; Naved et al 2004). Where prevalence studies exist, they indicate that between 10% and 69% of women report lifetime experience of some form of physical violence by their partners (WHO, 2002).

As mentioned in the World Report on Violence and Health (2002), “Women are particularly vulnerable to abuse by their partners in societies where there are marked inequalities between men and women, rigid gender roles, cultural norms that support a man’s right to have sex regardless of a woman’s feelings and weak sanctions against such behaviour.” South Asia is commonly thought of as a region where the gender imbalance is very prominent. It is not surprising that after reviewing data on wife-beating and battering from 15 societies around the world and grouping them into four levels, from “essentially none” to “high,” Campbell (1999) concluded that South Asia falls in the “high” category.

Many studies from South Asia report high rates of spousal physical abuse against women. In Uttar Pradesh and Tamil Nadu, 40% of women reported being beaten by their husbands (Jejeebhoy & Cook, 1997). A population-based survey conducted from 1997 to 1999 in seven Indian cities showed that violence was pervasive across regions and socioeconomic groups. Results revealed that 40% of the women experienced at least one form of physical abuse (International Center for Research on Women, 1999).

In Pakistan, 35% of the women in rural Punjab, and 55% in highly developed peri-urban sites reported being beaten by husbands (Sattar & Kazi, 1999). In Sri Lanka, the prevalence of physical violence against wives was reported to be 32% (cited in Hayward, 2000).

Bangladesh has similar high rates of wife abuse. Schuler et al. (1996) found that 47% of the reproductive aged, economically disadvantaged, rural women were ever beaten by their husbands; the rate was 32% in another rural area (Steele, Amin, & Naved, 2001), and 42% if the violence was perpetrated by husbands or in-laws (Koenig et al., 2003). In urban areas the rate was 61% (Azim, 2000).

There are methodological differences among these studies making the rates of violence incomparable. One of the differences is the way physical violence was defined. With the exception of the study by Azim (2000), the definition of physical violence was left up to the respondents. Consequently, women may have been reporting different levels of violence and used different definitions of physical violence. This study determined the prevalence of lifetime physical spousal violence against women from an urban and rural site of Bangladesh with a commonly used definition of the act.

Except for the work of Azim (2000) and Bhuiya et al. (2003), the studies in Bangladesh collected data
on violence as part of a larger study focusing on a different issue. Ellsberg, Heise, Pena, Agurto, and Winkvist (2001) have pointed out that reporting of violence is highly sensitive to methodological factors. They showed that studies devoted entirely to domestic violence yielded higher reporting. The current study is one of the few studies in Bangladesh, which is devoted entirely to domestic violence.

The literature on help seeking of women subject to violence is rare and mostly comes from developed countries. Studies show that many abused women seek help from informal networks such as relatives, friends and neighbors (Gelles & Straus, 1988; Jenkins & Davidson, 2001; Pagelow, 1981a, b; Schulman, 1979). Formal services are usually contacted when informal contacts fail to provide the help sought (Baker, 1997; Bowker, 1986; Dutton, 1996). As expected, women who were more severely abused, and those with higher education and younger age sought more help (Abel & Suh, 1987; Dobash & Dobash, 1979; Gelles, 1977; Gelles & Straus, 1988; West, Kantor, & Jasinski, 1998). Women who are both verbally and physically abused sought more help, but those with greater marital conflict sought less; and those women whose health was poor sought help less but those who reported being depressed sought more help (Gelles & Straus, 1988). Many of these findings are intriguing but difficult to interpret.

Little is known about abused women’s help-seeking behavior in developing countries. Who seek help and from whom? What are the barriers in help seeking? Do they actually get help from these sources?

We hypothesized that higher levels of disclosure would be found with severely abused women, adult rather than teenage women, and with more educated, income-earning women and those working with social organizations. We expected that women who rely on their family or origin in crisis would be more likely to reveal violence. However, those who experienced violence in their family of origin may accept violence in their marital relationship and so not disclose. This study attempted to identify determinants of help seeking within the context of Bangladesh, with a view to planning services for women.

Methods

The data used in this paper come from a larger study intended to explore domestic violence against reproductive aged women with a special focus on spousal violence. Thus, it included reproductive aged women and collected data on physical, sexual and psychological violence against them irrespective of present marital status or the perpetrator of violence. The study explored at greater length spousal violence against women and collected detailed data on husband’s characteristics, psychological, physical and sexual violence perpetrated by husband, consequences of this violence and coping strategies of a woman.

Design

A cross-sectional survey covering Bangladeshi women aged 15–49 years was conducted during June 25–November 25, 2001. Prior to the survey, in-depth qualitative interviews were conducted with 28 women physically abused by their husbands, the purpose of which included identification of the forms of violence experienced and how women communicate their experiences. The study was approved by the Ethical Review Committee of the research institution in Dhaka, Bangladesh.

Setting, population and sample

In order to have more in-depth understanding of the issues at hand, the data were collected from one large urban city and one rural area with the following criteria: (1) current availability or the possibility to establish support services for women experiencing violence identified during the survey; (2) location broadly representative of the country as a whole, insofar as it includes the range of socio-economic strata, and religions found within the country; (3) the population is not already marginalized, and is not already perceived as being likely to have high levels of domestic violence based on either research or common knowledge of general population.

The urban and rural sites were located in the east of the country. Over 95% are Muslims (Demographic and Health Survey of Bangladesh, 2001; ICDDR,B, 1998). The level of education is quite low with a high proportion of adults having no schooling (40% in the urban area DHS (2001) and 42% in the rural area, ICDDR, B (1998)). Most families are poor, though contrasts in socioeconomic status are much greater in the urban area. The urban area is a mega-city with extremely high density of population and high in-migration rates.
The rural site is regularly flooded and dominated by subsistence agriculture with few farmers owning their own land. About 56% of the households own less than 50 decimals of cultivable land (ICDDR, B, 1998).

**Survey method: recruitment, measurement and procedure**

A multi-stage sampling scheme was used with the primary sampling units being *mohollas* or the smallest administrative units in the urban site, and villages in the rural area. The primary sampling units were selected randomly from within the selected urban and rural areas and then within each unit sample households were selected randomly using probability proportionate to size (pps) method. Thus, 42 clusters in the rural area and 39 clusters from the urban area were selected for the survey.

In the rural area, the household list was obtained from the ICDDR, B database, which is updated every month. In the urban area, the number of households in each cluster was obtained from Population Census, 1991, Community Series, published in April 1993 by the Bangladesh Bureau of Statistics. The number of households selected in each cluster was proportionate to size.

In the rural area, the households were randomly selected from ICDDR, B’s database. In the urban site, on the other hand, every sixth household in a cluster starting from the northeast was included in the sample. The first household in the cluster was selected randomly from the first six right-hand side households. Households were defined as a unit consisting of people sharing the same stove.

The age and initials of all females in a selected household were recorded on a household form. From this list, women eligible for interviewing (i.e., aged 15–49) were identified. For safety reasons, only one woman in each household was interviewed. In situations where there was more than one eligible respondent, one woman was randomly selected from the list for interview. Where the woman selected was not available, the interviewer made an appointment to return to conduct the interview. Two additional visits were made before the woman was considered lost to follow-up.

The survey questionnaire consisted of questions about the experience of physical abuse taken from the Conflict Tactics Scale (Straus, Hamby, Boney-McCoy, & Sugarman, 1996). In order to obtain comparable data across women, we defined physical spousal violence against women as the intentional use of physical force with the potential for causing death, injury or harm. The frequency of particular acts of physical violence perpetrated by husbands was noted. If it happened in the past 12 months, this was also noted. Specific items were as follows: (a) Slapped you or threw something at you that could hurt you? Pushed you or shoved you? (b) Hit you with his fist or with something else that could hurt you? (c) Kicked you, dragged you or beat you up? (d) Choked or burnt you on purpose? (e) Threatened to use or actually used a gun, knife or other weapon against you? (f) Did he do anything else to you that injured you? (Specify:)

Violence was coded as severe if it included: hit with fist or something else, kicked, dragged, beaten up, choked, burned, or threatened with or actually injured by a weapon or some other tool. Other violence was coded as moderate.

The wife was asked to report on the following: her age, level of education, current marital status, whether or not she earned an income, participation in credit group, whether she witnessed her mother being abused by father, perceived natal family support in crisis, frequency of verbal dispute, and religion. Three questions asked to determine whether she was sexually abused by her husband were, “Has he: (1) Physically forced you to have sexual intercourse when you did not want to? (2) Did you ever have sexual intercourse you did not want because you were afraid of what he might do? (3) Did he ever force you to do something sexual that you found degrading or humiliating?” The woman was considered sexually abused by her husband if any of the responses to these questions were positive.

Information on household income was collected from an adult household member answering several questions regarding household members, household socioeconomic status, and crime level in the neighborhood. Total annual income of household was used in the analysis to find out the income quartile each household belonged to. The income quartiles were defined separately for the urban and the rural areas.

The team conducting the survey received an intensive 16-day training. The training modules included gender issues, ways of handling sensitive issues and management of difficult situations arising out of discussion of these issues, confidentiality, safety and protection of women participating in the study.
In conducting this study particular attention was paid to a number of ethical considerations that need to be made when conducting research on violence against women in families. For the sake of confidentiality, the survey was introduced at the local and household level as a survey of women’s health and life experiences. The interviews were conducted in private and in a non-judgmental manner. Counseling services were offered to women reporting ever-experiencing violence by husband and to those reporting mental health problems on the Self-Reporting Questionnaire. Advocacy materials with contact information of services available were given to the women.

*In-depth interviews*

These were conducted with 28 urban and rural women from different socioeconomic milieu. Some of these women were currently in a violent relationship and others had left the marital relationship. The purpose was to: (1) identify the range of forms of violence and its precipitating factors; (2) document perceived consequences of violence to women, the family and children; (3) explore what strategies are used by women in violent relationships to end violence or to reduce its consequences; (4) identify terms and expressions that are commonly used to communicate forms of violence.

The experience of violence, the forms and its manifestations, and coping strategies of women may vary by socioeconomic status. The study attempted to capture the whole range of forms of violence, its manifestation and coping strategies. This is why women from different socioeconomic strata were interviewed in-depth. Moreover, one of the main purposes of qualitative exploration was to guide the quantitative part of the study and to complement it by providing in-depth information it was not possible to capture in surveys. The survey was population-based and thus included all socioeconomic strata. In correspondence, the qualitative data were also collected from different socioeconomic strata.

Among the ever-married urban women physically abused by spouses, four women were from low-income group, six were from middle-income group and two were from upper class. In the rural area, two categories of women defined as ‘poor’ and ‘non-poor’ were interviewed. Among 16 women two were from non-poor category.

Care was taken to include women currently in and out of the marriage for in-depth interviews in order to have an in-depth understanding of why women stay or leave the relationship and their coping strategies. Thus, six urban women out of 12 who were physically abused by their husbands were out of the relationship at the time of the interview. The number of such women in the rural sample was three.

The interviewers underwent an intensive 5-day training before data collection. A purposive sampling method was used for selecting the abused women for these interviews. A snowball technique with multiple entry points was used to identify abused women for interview. Oral consent was taken from the women for the interview. Women who agreed to talk about their experience of violence were interviewed. Consent was also taken for tape-recording the interview. The interviews began with collection of some general information followed by a section on the natal family and details about the marriage. The typical entry point into discussion of violence was a question about aspirations and dreams about marriage and what has materialized and what did not.

Pseudonyms were used to conceal the identity of the women. Once the data were transcribed the tapes were erased. The data were processed using the software Atlas/ti. After identifying the major findings from the qualitative data, where appropriate, the quotes were selected for inclusion in this paper to represent, to the extent possible, both urban and rural contexts and different socioeconomic strata.

*Method of survey analysis*

The number and percentage of women who experienced physical violence were calculated for categories such as moderate, severe, lifetime and past 12 months, and frequency. Among those who experienced violence, proportions who disclosed and received help were calculated.

A multi-level model was used to analyze the determinants of disclosure in order to account for the possibility of similarities among those living in the same community. In this model, which is an extension of random-effects, the observations are independent across clusters but not necessarily within groups. Thus, people may be different in different mohallas or villages but people from the same mohalla or village may share some common
characteristics. Using multi-level logistic regression models, we derived parameter estimates that were adjusted for cluster-level correlation and unobserved heterogeneity. These models included an additive, normally distributed random effect to represent the variance at the moholla or village level. The analysis was carried out using the Stata version 7.0 (procedure xlogit). Separate models were run for urban and rural areas.

### Results

#### Description of sample

A total of 4051 households (2105 in the city and 1946 in the rural area) were included in the sample. About 10% of the households in both areas were either empty or destroyed. From the rest, about 6% in the urban area and about 1% in the rural area refused to participate in the study. No eligible women (15–49 years) were found in 6% of households in the city and in 8% of households in the rural area. Among the eligible women, the response rate was 96% for both urban and rural sites. In the final sample, reproductive aged women were 3130. From this sample, we selected the ever-married women for the current analysis. Thus, the subsample used in this analysis consists of 2702 ever-married women.

The main socioeconomic characteristics of the surveyed ever-married women are summarized in Table 1. The urban women were more educated though less likely to earn an income. Rural women could potentially earn a small income raising poultry. The marital status of the women was similar in the two sites. The proportion of non-Muslim women was higher in the rural area; they were exclusively Hindu.

#### Prevalence of spousal violence against women

In both the study sites, about two-fifths of the women reported ever being physically abused by their husbands (Table 2). About 19% of the women in both sites experienced severe physical violence defined as hit with fist or something else or kicked or dragged or beaten up or choked or burnt or threatened or actually injured by a weapon or some other tool. Ten percent of the ever-pregnant women in the urban and 12% of such women in the rural area reported being physically abused during pregnancy. The data indicate that in the study area physical violence by husband did not escalate during pregnancy.

Physical wife abuse during the last 12 months was reported by 19% ever-married women in the urban area and 16% of them in the rural area. As shown in Figs. 1 and 2, for most women who experienced spousal physical violence it was not a one-time event. This was true regardless of the type of assault, which may range from slapping to burning or choking.

#### Disclosure and help-seeking behavior

Most of the women abused physically by their spouses (66% in both the sites) never told anyone...
about their experience (Table 4). Thus, 75% of the moderately abused women in the urban area and 86% of them in the rural area never talked to anybody about their experience. Similarly, 75% of the urban women and 80% of the rural women physically abused once in their lives did not disclose the violence.

Multi-level analysis of the determinants of disclosure of abuse revealed that in both areas, severely abused women were much more likely to disclose the violence: almost three times as much as moderately abused women in the urban area and eight times more than moderately abused women in the rural area (see Table 3). Similarly, women who had frequent verbal disputes with their husbands were more likely to disclose violence in both urban and rural (five times) areas. In the rural area, women who had education beyond 10th grade were
three times more likely to disclose their experience of violence compared to women with no education. The rural women who perceived themselves able to count upon their natal family and those who were abused sexually as well by their husbands were almost twice more likely to disclose violence.

**Why women chose to be silent**

The qualitative data indicate why abused women chose not to talk to anyone about violence. The main reasons are: fear of jeopardizing family honor; stigma that will tarnish the woman’s own reputation; securing their child’s future; fear of repercussion from the husband; hopelessness; expectation that things would change; threat of murder; and belief that violence is the husband’s right.

One economically disadvantaged rural woman summarized her reasons for non-disclosure as follows: “I keep everything to myself. If I tell my parents they would get hurt...I don’t tell my neighbors anything either because they would only report it back to them [i.e., the in-laws] and it will only fuel the conflict. I keep myself at the ground level, I keep my head bent towards the ground. Thus, protecting the honor of my parents I am eating my husband’s rice.” [Economically disadvantaged rural woman aged 27]

A middle class urban woman explained, “If I protest I’ll be marked in the society and then my daughter wouldn’t be able to get married. ... If I voice my protest the community will blame me for not bearing it in silence. This helplessness is a torture in itself.” [Middle class, urban woman aged 43]
A woman who was hit, slapped and shoved several times by her husband said, “I used to keep silent so that outsiders do not get to know [about the violence]. Otherwise they would tell my father that this happened and that happened, etc. I used to keep silent fearing what (harm) the outsiders might do.” She thinks this silence affected her health. “I suffered because I kept silent. Since then my blood pressure started fluctuating. I used to foam around the mouth and have convulsions.” Still, she didn’t tell anybody about her predicament until the marks on her body gave her away. This woman also recognized the humiliation and effect on her sense of self-worth. Referring to severe physical abuse in her second marriage she said, “Isn’t it humiliating that a mother of a grown up girl is being beaten? There could be nothing more shameful than this.” [Middle class urban woman aged 31]

Fear of repercussion was present particularly in the cases where the abuse was severe. Responding to the interviewer’s query about disclosure a woman exclaimed, “Are you crazy? Who isn’t afraid of getting killed? If I did so [disclosed the violence] he would have killed me. I was always panicked. I dreaded him.” This woman lost her father soon after her marriage. So, she thought that it was no use telling anybody about the violence; nobody could do anything to change the situation. [Middle class urban woman aged 26]

The expectation that things would change for the better and the husband will stop the violence was a recurring theme in the qualitative data. One rural woman tried to bring back her husband from another woman. The night she was successful, her husband gave her a thrashing. She did not tell anybody about this because she thought he had finally returned to her and things would eventually get better. She was wrong; her husband returned to the other woman. [Economically disadvantaged rural woman aged 21]

Threat of murder kept some women silent. This is how one woman explained her circumstances: “He chased women all the time and squandered money. He beat me if I said something about this. He warned me not to go to anybody. He threatened to kill me if he caught me talking to anybody.” This woman kept silent for many years, speaking out only when her husband developed an apparently stable relationship with another woman and the marriage was threatened. [Economically disadvantaged rural woman aged 21]

At times women felt resigned and thus would not talk to anybody about the violence. One woman told the interviewer, “What would I tell people? My husband brought me here. It is up to him whether he would beat me or feed me rice or punch me.” She accepted her husband’s right to do whatever he wanted with her. [Economically disadvantaged rural woman aged 30]

Why women chose to disclose violence

According to our qualitative data the situations leading to disclosure of violence were mainly: severe physical abuse, threat of murder, and harm caused to children. The women seemed to disclose violence more and many of them did it promptly when it was severe. An urban slum dweller started being battered by her husband three days after the marriage. He was demanding money from her to buy hashish. When she refused to give him the money he kicked her in the waist causing her to fall down. She went to the people who arranged her marriage and complained. The people took her husband to their home and then beat him for assaulting his wife. [Economically disadvantaged urban woman aged 24].

Threat of murder may also make the women act quickly to get help. A woman’s husband wanted the property she inherited from his grandmother. He demanded that she signs the papers handing it over to him. She refused. To make her reconsider, he took away all their children’s schoolbooks. At that time the son was preparing for his higher secondary exams. He also looked for the property papers, but not finding the papers he burnt all his wife’s clothes. A couple of days later the daughter came in a panic to say that her father had a big knife and was sharpening it to kill her mother. At this point the woman contacted her husband’s uncles and aunts and asked for help. [Middle class urban woman aged 47]

Who the women talk to

The quantitative data show that one-third of women do talk about their experience (see Table 4). Results show that women in both locales were more likely to talk to their parents (18% in the urban and 19% in the rural site). Siblings were also an important group to whom the women revealed their experience (16% in urban and 14% in the rural area). In the rural area, women usually marry
outside their village and lived away from their natal family support network. So, a high proportion of the rural women talked to their in-laws about the violence (16%). Outside the family women disclosed the violence to their neighbors (10% of urban women and 11.5% of rural women).

It is important to underline that disclosure is not always aimed at getting help in stopping the violence. It may simply be a coping strategy of women to get some relief from mental stress. For example, one rural woman disclosed her experience to a woman she referred to as aunt. Explaining why she talked to this woman she said, “For example, you are asking me questions and I am talking and I feel the weight off my chest now. At times when you don’t talk it suffocates you.” [Middle class rural woman aged 30]

In our sample of physically abused women almost nobody told any institutional sources about their experience of violence (Table 4). Urban women were less likely to use formal sources of support such as a local leader than rural women perhaps because they did not feel connected to formal leaders in a high-density area. However these numbers were too low to analyze statistically.

The abused women who did not seek any institutional support were asked the reason for it. Their replies showed that the majority of women who never sought outside help (57% in the urban and 52% in the rural area) did not consider the violence serious enough. A high percentage of women (30% urban and 40% rural) reported that they remained silent because of the shame they felt at their predicament. They felt they would not be believed or thought that whoever they go to would blame them for the violence. Similarly 26% of urban and 34% of rural women felt that such disclosure would detract from family honor.

The few women who did seek help from formal sources most commonly mentioned reasons such as: could not endure any more (79% in urban and 84% in rural area), husband threatened to do something to children or actually hit children (32% in the urban and 37% in the rural area), and she was badly injured or afraid of being killed (21% urban and 31% rural women).

Who helps the women

Fifty-nine percent urban women and 51% rural women who experienced physical violence from their husband reported that nobody ever helped them (Table 4). Among those who received help in-laws, parents and siblings were most commonly mentioned. It needs to be mentioned here that in the case of the husband’s family, neighbors and children, the proportion who received help exceeded the proportion of women sought help. This is not

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<th>Categories of people or institution</th>
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unusual because regardless of whether a woman herself talks about her experience to these people, they are the ones most likely to know what is happening as they live nearby and would see or hear the violence. So even though women might not have sought help from these sources, help is sometimes forthcoming.

Almost all the abused women who sought support from formal sources reported that none tried to support them.

Discussion

This study shows that the level of physical violence against wives is high in Bangladesh. Our rates were approximately 40% for lifetime experience and slightly less than 20% for past 12 months. There is no comparable study on a Bangladeshi urban population with which to compare our rates. However, these rates are lower than Schuler et al. (1996) rural sample, perhaps because in Schuler’s sample economically disadvantaged women were over-represented. However, our rural rates are slightly higher than those of Steele et al. (2001) (42% versus 32%, respectively). Although geographical variation may account for some of the difference there is no known remarkable cultural differences between the two study areas for adequately explaining the different rates. Thus, it seems possible that the differences in methodology may have contributed to the difference.

People may attempt to discount these findings pointing out to the fact that the figures are based on lifetime experience and thus even a single slap over lifetime would cause a woman to be labeled as a victim of physical abuse. We consider even isolated occasions of physical or sexual abuse as very significant. As Straus, Gelles, and Steinmetz (1980) have rightly pointed out a single slap may be an “...extremely important factor in maintaining male dominance in the family system”. This sensibility is reflected in the Bengali saying “Biyer ratey billi mara” meaning “to kill the cat on the wedding night” (i.e., to establish clear power relations at the very outset of the marriage so that the bride knows her place). The frequency of spousal physical abuse derived from this analysis showed that in the case of most of the women the violent acts were used against them not just once but repeatedly. This finding is important for advocacy purpose.

Considering disclosure of violence and help seeking, the rates are very low. To date little was known about disclosure and help-seeking behavior of abused women in Bangladesh at the population level. This study shows that the majority of the women in urban and rural Bangladesh never told anybody about their predicament. Thus, violence against women remains hidden. This finding is consistent with that of other research, which concludes that most women prefer to remain silent about their experiences of violence.

The results show that in both locales women who experienced severe physical violence and had frequent verbal disputes with husbands were more likely to disclose violence. The first finding is in line with those of others (Abel & Suh, 1987; Dobash & Dobash, 1979; Gelles, 1977; Gelles & Straus, 1988). The last one contradicts findings by Gelles and Straus (1988), which they admitted was counter-intuitive.

In the rural area, women having an education beyond 10th grade were much more likely to talk about their experience. Moreover, those who perceived that they might count upon their natal families were more likely to disclose violence because they were confident about receiving support. Also, where there was an overlap between physical and sexual violence perpetrated by the husbands the likelihood to disclosure increased making it quite similar to the dose effect observed.

Unlike other studies we found that age, income level, income earning by the woman, or history of violence in the woman’s family were not associated with disclosure of violence in any of the sites.

We have used qualitative data to understand why women keep silent and the reasons they give for disclosing violence. It is important to mention that women who agreed to give us an interview represent a select group in itself. It is expected that this group would be more likely to disclose violence to others, as they did to us. However, even in this group we observed reluctance in disclosure indicating how hidden violence is in Bangladesh.

Women who disclose their experience to others most often do it to their relatives and neighbors. Contrary to the general belief we find that the in-laws were not always in collusion with the violent husband and they show up high on the list of people who helped the women. In fact, in-laws, neighbors and children were found to offer help even in cases where the women did not seek it. This highlights the importance of working with the whole community to address violence against women perpetrated by husbands.
Only a very few abused women sought institutional support. The main reason for not seeking this help is that violence is not considered serious enough. This seems to indicate high level of acceptance of domestic violence by the women themselves. To a certain extent this may reflect the acceptance by women of violence and their low status, but it also reflects the reality of the community’s attitude toward violence. Women may only use institutional support only when it is serious and informal support is not forthcoming (though this might indicate to women that it is not serious). This also reflects fear of stigma, fear of not being believed and the fear of being blamed. Fear of jeopardizing family honor suggests how social values internalized by the women deepen their suffering. Help is sought mainly when a woman or her children are threatened or injured.

The difference between urban and rural in seeking help from local leaders is pronounced. In the urban area there are many more institutional sources of support and one might expect that a greater proportion of women would seek help here. However, the results do not support this. In rural areas, local leaders have a role but the other sources of support seem to be removed far away from the women. In the urban area, the low use rate of services may possibly be explained by the deeper strife between the private and public. Domestic violence seemingly lies more in the private domain here making help seeking from institutional sources more difficult.

For slum dwellers private and public divide may not be that pronounced; however, it seems that because of relatively shorter duration of their stay in the slums and a very different life style they often lack the social support network available in the villages. Thus, only 2% of the abused women in the urban area turned to local leaders for help in the case of domestic violence. In contrast, in rural areas the sense of community is stronger, domestic violence is not something highly confidential and a greater proportion of abused women sought help from the community. It needs to be mentioned that seeking help does not necessarily ensure getting it. Thus, only one-sixth of the rural women who sought help from local leaders actually received any help.

Undoubtedly, effort must be put in to ensure quality of services to those who seek help. As the level of domestic violence is high in Bangladesh, it is expected that a large proportion of the women accessing services such as health, for example, would be survivors of violence. As the needs of the women experiencing violence is very different proper health services for them cannot be ensured if no attention is paid to this aspect of the women’s lives by the service providers. The service delivery points clearly hold the opportunity to tap and address the issue of domestic violence. There must be mechanisms in place to screen for violence and to provide necessary services to the women by networking with other service providers. Health services to the victims of violence must include mental health services as well. Unfortunately, there are only a few counselors in Bangladesh with relevant training. Capacity building is essential in this field.

One thing comes out very clearly from the study findings that in Bangladesh, providing only institutional support to help women living in violent relationships would not achieve desirable goals as only a very small proportion of women go to formal sources for help. In this situation, education and mass media are probably the two most powerful tools through which these changes can be achieved. In all these efforts men must be involved and particularly targeted. Well thought out challenges directed at age-old values and norms seem essential for preventing domestic violence. Thus, only a mix of different approaches (i.e., preventive and curative) may help reduce physical abuse by husbands.

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