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"ANALYZING THE EXTENT, NATURE, AND IMPACT OF DOMESTIC VIOLENCE AGAINST WOMEN IN EASTERN INDIA'S POPULATION"

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ABSTRACT

Given the scope of its consequences, it's no wonder that violence against women is recognized as a major public health issue. When women are assaulted in many rural areas of India, no reports are filed. The study's goal is to quantify the frequency with which women in eastern India fall victim to their male partners, accounting for relevant socioeconomic factors. Through a multistage sample technique, there were a total of 1718 married women and 1715 married men surveyed across three of Eastern India's four states. Women (victimization) and men (non-victimization) were interviewed using two different sets of piloted, structured questionnaires (perpetration). Participants in a recent study were asked about their own personal experiences with domestic violence. Men's involvement in relationship violence was also investigated through survey responses. Through a structured set of questions, we were able to establish that the three most prevalent injuries resulting from domestic abuse are physical violence, psychological trauma, and sexual assault. Moreover, socioeconomic, and demographic data were collected. In addition to descriptive statistics, we also ran bivariate and multivariate analyses. Of the women in Eastern India who responded to a survey about their experiences with violence, 56% said they had been the victims of physical abuse, 52% said they had been the victims of psychological violence, 25% said they had been the victims of sexual violence, and 18% said they had never been the victims of any kind of violence. When comparing to men, the percentages were 22%, 59%, 17%, and 59.5%. It was men who were more likely to report experiencing violence in any form other than sexual assault. Wives typically pointed the finger at their husbands, but mothers and fathers were also sometimes blamed. Many women who have experienced violence have said that the traumatic effects of that experience lingered for years after the abuse stopped. A woman's socioeconomic level is a significant predictor of whether she would be the victim of domestic violence, and this association may be quantified using a variety of indicators. You are more likely to be a victim of domestic violence if you are male, of lower socioeconomic status, of

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older age, and have a lower level of education. Multivariate logistic regression analyses have found associations between physical assault and demographic characteristics like state, location (rural vs. urban), age, and women's employment status, as well as household income on a monthly basis. Researchers have found that the same factors associated with sexual assault, such as the victim's location, age, level of education, occupation, and family's average monthly income, are also associated with psychological abuse against women. It is true that domestic violence is a worldwide issue, but Eastern India's data show that it is significantly more prevalent there than in the rest of the country. Every primary care clinic in India should regularly assess and treat victims of violence and their injuries. These results have substantial ramifications for public health and for informing policymakers about the need for laws to prevent violence against women.

INTRODUCTION

The negative effects of violence against women on women's physical, emotional, and reproductive health are well-documented and widely recognized as a major public health issue. This widespread acceptance is the result of the efforts of a number of international forums, including the Fourth World Conference on Women, which took place in Beijing in 1995. When the Protection of Women from Domestic Violence Act was passed in 2005, domestic violence became a major topic of discussion in India's media. Over the past few years, research has accumulated from all over the world demonstrating the pervasiveness of the problem of violence against women. There is a wide variety of cultures, languages, and traditions across India's many ethnic groups. Although cases of young women being burned alive or dying for unknown reasons are frequently reported in the media, in many parts of India, violence against women is so pervasive that not even the newspapers report on it. Only a small fraction of the population has been included in studies. According to the results of the third national family health survey, the rates of domestic violence vary widely from one state to the next. Domestic violence is pervasive, as shown by the prevalence statistics, albeit its exact nature and severity vary from state to state depending on factors including population size, economic development, and the position of women in society. Community studies from the north, south, and west of India are accessible.

Additionally, there is a dearth of community-based studies, especially those focusing on more insidious forms of abuse like sexual assault. According to the third national family health survey in India, more than a third of women have experienced physical harassment at the hands of their husbands or other family members. On the ground, it seems that anywhere from 21 percent to 48 percent of Indian women have experienced physical violence. These estimates are supported by studies of men's reporting behaviour. Many studies also suggest that between 21 and 40 percent of men have acknowledged to employing physical aggressiveness at some point in their lives. The topic of psychological mistreatment is little researched. According to the literature gathered from local communities, the percentage of psychological violence in the world ranges from 23 percent to 72 percent. As with psychological violence, there is a lack of concrete statistics regarding sexual violence. Feminine sexual assault was reported by 15% of women in a nationally representative sample. The Western Indian study indicated that one in five victims of physical assault also suffered sexual abuse. Between 9 and 26% of men and 50% of men, according to studies of men, admitted to committing sexual violence against others. It is important to note that most studies in India have only included married women. In some cases, researchers only interviewed men. There are a few qualitative research that corroborate the prevalence statistics and the substantial burden of domestic violence in India. They feel that the frequency of domestic violence

varies among the eastern Indian states because of the wide range of general development seen within the regions. It is hypothesised that there are differences in the populations of these states along several axes, including rural/urban status, age, religious/caste affiliation, educational level, employment status, and family income. Contextualizing the issue of women experiencing domestic abuse in eastern. India. When people refer to "domestic violence," they usually mean violence between male partners in a domestic relationship. However, the term can also be applied to male or juvenile perpetration of domestic violence against female family members. However, the emphasis of this study is on violence against women inside marital relationships.[1]

LITERTURE REVIEW:

[2] The negative health effects of violence against women have led to their recognition as a major issue affecting the general public's health. In many Indian communities, violence against women is common but rarely discussed or reported.

[3] It is now generally accepted that violence against women is a major public health issue because of the detrimental effects it has on people's health. Pervasive violence against women is rarely reported to authorities in many Indian communities. The study's goal is to collect data on the prevalence of domestic violence against women in eastern India, as well as other related issues.

[4] Because of its harmful effects on women's health, violence against women is now recognized as a major public health concern. The prevalence of violence against women is often underreported in many parts of India. This study's overarching goal is to collect and record data on the prevalence of domestic violence against women in eastern India, as well as any relevant socioeconomic factors.

[5] Domestic violence is a major human rights and public health issue because of the potential for psychological and bodily harm to victims. Scholars investigated the hospital's servants' quarters to learn more about the prevalence, severity, and root causes of domestic violence against women in the region's most prestigious hospital.

[6] It's becoming more and more of a problem worldwide, but in India it's especially egregious. Assessing the community's violence burden is important for planning services for victims, especially considering the negative effects violence has on women's health. The purpose of this research is twofold: (1) factors contributing to the high rate of intimate partner violence experienced by married women of childbearing age in rural Puducherry.

[7] A variety of negative health outcomes, especially among women, have been linked to domestic violence. These include PTSD, depression, physical harm, the spread of sexually transmitted diseases, and even death. The purpose of this research was to look at three things: (1) how often domestic violence occurs; (2) what factors increase a woman's likelihood of experiencing it; and (3) how often victims of domestic violence seek help. From April 2011 through January 2012, 260 never-divorced women aged 15 to 49 were interviewed face-to-face as part of an observational cross-sectional study using a predesigned, pretested pro-forma. Information was compiled and analysed using Epi Info 6 and SPSS 17. A total of 40.4% of the population had experienced violent crime as a victim at some point in their lives, according to the research. It's estimated that verbal/psychological abuse accounted for 85.7% of all domestic violence incidents, followed by physical (71.4%) and sexual (57.1%). The most common forms of physical violence were slapping, beating, kicking,

and object throwing; the most common form of psychological violence was humiliation (91.1%); and the most common form of sexual violence was forced sexual intercourse (58.3%). Twenty-one percent of the people in the study were exposed to violent situations daily. The presence of domestic violence was linked to several factors, including the husband's age, the bride's age, the length of the marriage, the family's income, the husband's employment status, and the consumption of alcohol. Based on our findings, we know that domestic violence is a major problem in this group. Around 31% of women who have experienced violence in their lifetimes never seek assistance. The findings highlight the need for the development of public health interventions that are both efficient and respectful of local cultural norms in their pursuit of greater awareness of and compliance with laws prohibiting violence against women.

[8] Domestic violence harms victims' physical and mental health, at least to some extent, across all societies. For starters, we'll poll people about domestic violence to see where they stand. Second, we're curious about the differences in domestic violence rates among the three demographics we're analyzing (This includes spouses of both psychiatric and non-psychiatric hospital employees and spouses of patients). Detailed Description of Parts and Operations: Dhiraj General Hospital married patients were the focus of this cross-sectional study. Researchers used a hybrid schedule of open-ended questions and predetermined prompts to conduct their interviews. The survey asked respondents about their thoughts on domestic violence, whether they had experienced it themselves, and what kinds of violence they had witnessed or been the victim of. The information was entered and analysed using SPSS. Almost half of the people surveyed (42.7%) admitted that they had never heard the term "domestic violence" before the research began. The study found that 33% of participants had experienced physical or sexual violence at some point in their lives. There was a strong correlation between domestic violence and younger age and female gender. Although domestic violence is very common today, the study found that participants had a negative impression of the issue. More needs to be done to bring domestic violence and its repercussions to the forefront of the public's mind and encourage its reporting.

[9] The incidence and contributing factors to domestic violence in India are analysed in this article. Of those who participated in the survey, 31% reported experiencing physical violence in the previous year, while 8.3% reported experiencing sexual violence. Multivariate logistic regression results shed light on critical risk factors for sexual and physical assault. The probability that a pregnant woman would experience physical, sexual, or mental abuse increases in proportion to the lower level of education of her partner. However, employed people and wives of alcoholic men were at greater risk of experiencing physical and sexual violence. A higher percentage of women who believed it was sometimes okay to beat a wife also reported having been beaten by a partner. These results, along with the large regional differences seen in this study, highlight the significance of cultural norms and gender role conditioning as contributors to domestic violence. Since cultural capital can aid in solving problems between romantic partners, interventions should not stop at the institutional and legal levels.

[10] The costs to society and public health from violence against women are on the rise, and intimate partner violence is a major factor in this. As far as where domestic violence occurs, studies have shown that local factors like socioeconomic status and population density play a significant role. Despite the obvious benefits of spatial methods, not enough research has been done on the topic. That’s why we're conducting this study: to learn what causes domestic violence against Ethiopian women aged 15 to 49.

[11] This study uses information from the most recent iteration of India's National Family Health Survey to investigate the ways in which patriarchal structures, cultural norms, and individual men's control of their wives all contribute “to the prevalence of violence against” women in the country (NFHS-4). About 31% of Indian women who had ever been married experienced domestic violence in 2015 and 2016. When women and men shared equal decision-making power, domestic violence was less likely to occur. To complicate matters further, husbands' justifications for beating their wives and other forms of domineering behaviour increased the likelihood of intimate partner violence. While there are many factors that contribute to domestic violence, this research highlights the importance of promoting gender equality, reducing the prevalence of child marriage, and investing in girls' education as a means of combating the issue.
[12] As a result, with this goal in mind, we set out to 1) find out how common cases of domestic violence are, 2) pinpoint potential dangers, and 3) investigate potential links to HIV/AIDS prevention efforts, particularly in the context of programmes targeting obstetric transmission (PMTCT).
[13] The first step was to count the number of monogamous marriages. Violence against women has far-reaching consequences for women's physical, emotional, sexual, and reproductive health, on top of being a serious public health concern and human rights violation. This study aimed to determine the prevalence of intimate partner violence (IPV) and the variables that contribute to it in East African nations. In this research, we analysed data from the most recent demographic and health surveys in 11 East African nations, totaling 55,501 married women. An analysis employing multilevel multivariate logistic regression was chosen. Adjusted odds ratios with 95% confidence intervals and a p value of 0.05 were used in the multilevel logistic model to identify significant predictors of IPV.er violence. ii) determine potential causes “of intimate-partner violence”, and d iii) analyses the link between IPV and preventing HIV, particularly in the context of programs aimed at reducing the risk of the virus being passed from mother to child (PMTCT).
[14] One of the many forms of policymakers at the national and international levels have devoted the most resources to researching is sexual violence. The purpose of this research was to identify potential contributing factors that contribute to sexual violence against women in Turkey. With this goal in mind, we analysed cross-sectional data from a survey by the Hacettepe University Institute of Population Studies titled National Research on Domestic Violence against Women in Turkey. Using binary logistic and probit regression, we analysed the most important risk factors for women experiencing sexual assault.
[15] This study uses nationally representative data from Rounds 3 and 4 of the National Family Health Surveys (NFHS) to calculate estimates of IPV prevalence in India and track trends over a decade. it also highlights the various socio-demographic characteristics linked to various IPV types in India. Round 3 and 4 of the NFHS surveyed 124,385 and 699,686 women, respectively, between the ages of 15 and 49 from 29 states and 2 union territories across India using a multi-stage sampling strategy. Only married women (n = 64,607 and n = 62,716) were included in the IPV analysis. it restricted our IPV analysis to married women only (n = 64,607 and n = 62,716). The primary findings of the study concerned the frequency with which never-married women between the ages of 15 and 49 had experienced various forms of IPV, including physical, emotional, and sexual violence. Secondarily, we looked at what factors were associated with incidents of IPV and how the rates of various forms of IPV had changed since the last NFHS survey.
[16]Lifetime exposure to IPV has been linked to a higher risk of LBW, both in developing and developed nations. But how exactly IPV of various types affects LBW in developing nations is still largely unknown. In

this analysis, it focusses on the connections between IPV and low birth weight and full-term birth weight in India.

[17] Lifetime exposure to IPV has been linked to a higher risk of LBW, both in developing and developed nations. But how exactly IPV of various types affects LBW in developing nations is still largely unknown. Birth outcomes, small for gestational age (SGA) and low birth weight (LBW) are two indicators that have been linked to IPV in this study. Sexual assault and rape affect people of all socioeconomic backgrounds in every culture. Two separate polls conducted among the male population of South Africa found that between 28 and 37 percent of men admitted to having engaged in rape. Although information is limited, it appears that high-income countries tend to underestimate the prevalence of rape. Young girls make up a disproportionate share of victims, and the abuser is typically someone the victim knows. Sexual violence in public places like schools and homes primarily affects women and girls. The recently revealed high rates of child sexual abuse and the emerging understanding of the influence of child sexual abuse on perpetration and victimization in later life make it clearly clear that primary prevention for sexual violence must target early exposures to violence. The majority of what is known about sexual assault comes from studies done in developed countries until recently. However, this is beginning to change as more high-quality studies from other contexts, especially Africa, and more cross-national studies of interpersonal and sexual violence become available. Most nations don't keep track of the frequency of sexual assault across all age groups, and there's a dearth of studies examining sexual assault in specific demographics. Limitations in cross-study comparability are present in much of the existing research as a result of variations in study definitions, research instruments, methods, and sampling. Accelerating development requires better research. One of the most pressing issues in sexual violence studies is determining the prevalence and patterns of sexual violence victimization and perpetration across different contexts, types of sexual violence, sex partners, ages, and other demographics. Gender-based violence studies, as well as studies investigating the social context of sexual violence. significant amount of weight in India.

[18]Domestic violence has been identified as a major threat to public health, according to recent studies. The goal of this paper is to investigate the potential causes of physical, mental, and sexual violence against women in India.

[19]The mother and her unborn child could suffer irreparable harm if the mother experiences domestic violence. The purpose of this research is to determine whether mothers who have experienced IPV are more likely to delay seeking prenatal care, and whether women's decision-making autonomy and support for traditional gender roles mediate or moderate this relationship.

[20] They've established that DV is a public health crisis with negative effects on people's mental and physical health and a serious violation of human rights. The purpose of this research is to learn more about domestic abuse against women who live in the accommodation provided by a tertiary care centre in Northern India. Techniques and instruments: Women between the ages of 18 and 65 were surveyed using questionnaires in the AIIMS, New Delhi staff housing between March and September of 2018. In order to gather information about this issue, a questionnaire was developed, tested, and used. Both the participants' socioeconomic background and their personal history with domestic violence were included. In order to analyse the data, social science statistical software was used (SPSS). Analyses and Results One-third of the victims in this survey were female (75), with a median age of 34. The percentage of married women was 35.5% (71) while the single and divorced rates were 4% (3) and 1.33 % (1). It was more common in younger women, those with lower levels of

education, those in the early stages of marriage, those with larger numbers of family members living in a joint household, and women whose partners were alcoholics. Emotional (psychological) abuse was the most common form of abuse, followed by physical abuse and financial abuse. More than half of them (57.3%) cited alcoholism and financial difficulties as the primary causes of violence occurring more frequently than once a month. Among women, psychological effects were the most frequently reported problem, with 17.3% also reporting serious health issues. Only 4% of respondents improved after taking a corrective action, but 33.4% did. Conclusion: In this study, we found that alcohol consumption is significantly associated with domestic violence.

[21]Substance abuse, many studies have found that alcohol use, in particular, raises the risk of PIPV. However, there is a lack of national-level research on the topic, and the studies that have been conducted are scant.

[22]In addition to being a violation of women's and children's basic human rights, domestic violence poses a significant risk to their physical safety and mental, psychological, and social well-being. The onset of domestic violence may be precipitated by several different circumstances.

METHODOLOGY

Setting and Participants

The eastern region of India consisted of the states of Orissa, West Bengal, Bihar, and Jharkhand. "Orissa, West Bengal, and Jharkhand" were chosen as the most representative of the four states because they exemplify regional norms the best. Quantitative data for this study was collected through standardized questionnaires. The ladies were questioned about their upbringings and exposure to adverse conditions including poverty and domestic violence. Participants' exposure to domestic violence was determined by asking them to describe instances of violence they had witnessed or experienced (see Annexure 1a in Additional file 1). We asked people about their own experiences with acts of violence, both in the past year and more generally. Based on research conducted in other contexts, these inquiries and actions have been labelled domestic violence. It is important to note that the men who participated in the following survey were all asked the same questions about any history of domestic violence between them and their wives (Addendum 1b, Attachment 1). The cultural and linguistic precision of these surveys was ensured by a multi-stage process. The original versions of these surveys were written in English; however, local translations were produced for each participating country The research team checked the translated questions for accuracy to ensure there were no linguistic discrepancies. Later, questions were pilot-tested on respondents outside the study's communities to ensure their suitability, clarity, and flow. Researchers that conducted these surveys also ran a practise run.

All interviews were conducted in the state's official language. Every effort was taken to ensure that no members of the respondents' immediate families or communities were present during the interviews, and all interviews were done in a quiet, private location, either in or away from the respondents' homes. When a third party threatened to interrupt the interview to ask personal questions regarding the interviewee's general health, the conversation was abruptly ended. The interviewers stressed the need of providing candid responses in order to get insight. There would be no disclosure of participants' responses to other parties. We were successful in reaching our objectives because we got to know each participant on an individual basis prior to conducting interviews. Investigators of both sexes spoke with participants of both sexes to get a more complete picture of the topic. After being educated on the goals of the research, all participants gave their own verbal informed consent.

Sampling

Projections of the frequency of such incidents throughout various states informed the selection of participants. We calculated that in order to generate statistically significant findings, for a 95% credible sample, We need to talk to 450 ladies in Orissa, 740 in West Bengal, and 480 in Jharkhand. There was no discrimination against the male participants' samples. When dividing up the samples, we made sure to account for the 70/30 split between rural and urban areas. We employed a multistage sampling strategy to collect the information we required. All fifty states had their four districts drawn at random. It was decided to divide the districts so that two would represent rural areas and the other two would represent urban areas. Two blocks were chosen at random from each rural region included in the study. In each grouping, two cities were chosen at random. It was on purpose that women from these two demographics were included in the analysis. Men from two additional nearby villages of a comparable size and proximity to the chosen hamlet were also analysed. It was decided at random to choose a city or town from among those found in urban regions. There are typically 16 distinct neighbourhoods inside each major city, and these neighbourhoods each have a unique population distribution depending on factors like wealth and education. Based on interviews with locals and observations of the housing stock, areas were classified as high-income, middle-income, low-income, or low-income slum. Both sexes received eight pockets to organize their belongings (two from each stratum). Thus, we were able to recruit women and men from 16 rural and 32 urban regions throughout each state.

The survey's aims and objectives were discussed with community leaders and elders when the research team settled on a particular village or urban enclave. Building relationships with the locals, especially the ladies, has been a priority. The required number of samples at each node was collected from homes in each of the four cardinal directions outward from the node. Everyone in each city was chosen at random from a cross-section of residences spread across the compass. Each family has a randomly assigned married woman, aged 15 to 50. We selected men under the age of 50 who were married and lived in the same rural/urban area as the women. There were 1753 women and 1730 men on the initial contact list, but 35 women and 15 men have backed out thus far. That is a rejection rate of 2% for men and 0.8% for women. As a result, we were able to poll 1,718 females and 1,715 males.

Measurements

Outcome variables:

Physical, psychological, and sexual violence are the three primary categories of violent domestic abuse that we examine in this study. Values for the outcome variables were derived from the answers to a questionnaire. Answering "yes" to any question in a set is considered irrefutable proof of sexual assault, for both women (as victims) and men (as suspects) (as perpetrator).Full details of the questions asked of both sexes can be found in Addenda 1a and 1bof the supplementary In order to keep track of instances of domestic violence, a new fourth variable was created and stored in file 1.Domestic violence occurs when one partner in a relationship uses physical, psychological, or sexual aggression towards the other. At the time of the logistic regression analysis, each form of violence was categorized into two groups: present and absent.

Socio-economic variables

The potential contributions of a wide range of personal and societal factors in the rise of domestic violence were explored. Communities can be defined by a variety of factors, such as geographical location (Orissa, West Bengal, or Jharkhand), population size and distribution, religious affiliation (whether one is a follower

of Hinduism, Islam, Christianity, or another faith), and economic standing. The survey meticulously recorded each respondent's caste, which was used to divide them into several categories. The Indian government engages in positive discrimination by giving members of certain ethnic groups (castes and tribes) preferential treatment in the areas of education, employment, and social advancement based on their designation as "scheduled castes," "scheduled tribes," or "backward castes." Most people do not identify with a traditional caste and are therefore included in the category of "advanced castes." Individual-level factors that were considered included both chronological age (under 20, 20-29, and 30-plus) and educational attainment (illiterate, functional illiterate, schooled, and college educated) (Those with a diploma from a school that has been open for more than ten years). People's responses were categorized as follows: those who were gainfully employed (those who have stable employment and a regular paycheck, whether permanent or temporary), those who ran farms or small businesses, those who worked as day labourers (both skilled and unskilled), women who stayed at home to care for children, and those who did not have a regular job outside the home. Our monthly revenue was calculated by adding up everyone's wages and any other regular sources of cash flow throughout the data processing process. The information was gathered in Indian Rupees, the national currency (INR). I only managed to get 0.02 Indian rupees ($0.02) for my dollar when I was there (INR). Except for age, all of them were included as categorical variables in the logistic regression analysis. Variables and their corresponding classes have been outlined above. The age range was considered a continuum.

Data Management and Analysis

Epi-Info 6 was used to input the data into a computer. The data set from Epi-Info was transferred to SPSS for in-depth analysis. From surveys of both sexes, we calculated the rate of domestic violence in each state, along with 95% CIs. We used bivariate and multivariate analysis to look for correlations between women's reports of domestic abuse and demographic variables such age, education, work status, and income. Bivariate logistic regression was used to perform the analysis, and prevalence's were reported as percentages by group. We also examined whether these socioeconomic factors were linked to higher rates of physical, psychological, sexual, and domestic violence using a multivariate logistic regression model. The dependent variables in these logistic regression studies were categorically disjoint (Whether or not there is violence). Metrics were used to sort the independent variables into their proper buckets. We used the least significant group as the control in calculating odds ratios (ORs). An increase in the independent variable by one unit (or one "step") is expressed as an odds ratio (OR) for the incidence of violence. It has been derived using multivariate models in which various other factors are regarded as independent ones. The significance level is set at a p-value of less than 0.05.

Ethical considerations

Human Ethical Committee of the Regional Medical Research Centre has approved the study's methods. Subjects gave their informed consent on an individual basis, as was previously mentioned. For the best possible results, we made sure that all our study participants and our field staff were able to maintain their anonymity in accordance with World Health Organization standards.

RESULTS

Aspects of the participants' socioeconomic backgrounds

Table 1 displays the demographic information of the study's female and male participants. Sixty-five percent of the men and sixty-five percent of the women were in their twenties or thirties. A large proportion of the people here identified as Hindu, across both sexes. While men made up 18% of the total and women 6.5%, a

significant proportion of the participants were members of a religion not included in the table. They were mostly of a tribal faith, although there were also Sikhs, Jains, and Buddhists among them. There was a wide range of socioeconomic backgrounds represented among the participants (forward castes). Nearly half of the participants have some kind of post-secondary education. Most of the participants were housewives who took time away from their children to take part. Most respondents' monthly household income was less than INR 2,000 (about US$40).

"Charaterstics"	**"Female Participants No. (%)"**	**"Male Participants No. (%)"**
"State"	"463 (26.9)"	"466 (27.2)"
"Orissa"	"747 (43.5)"	"753 (43.9)"
"West Bengal"	"508 (29.6)"	"496 (28.9)"
"Jharkhand"		
"Residence"	"1200 (69.8)"	"1200 (9.4)"
"Rural"	"518 (30.2)"	"515 (9.4)"
"Urban"		
"Age group"	"126 (7.3)"	"4 (0.2)"
"<20 Years"	"1029 (59.9)"	"427 (24.9)"
"20-29 years"	"563 (32.8)"	"1284 (72.9)"
"30years and above"		
"Religion"	"1361 (79.2)"	"1272 (74.2)"
"Hindu"	"223 (13.0)"	"134 (7.8)"
"Muslim"	"23 (1.3)"	"4 (0.2)"
"Christians"	"1111 (6.5)"	"305 (17.8)"
"Others"		
"Caste Catogory"	"817 (47.6)"	"566 (33.0)"
"Uncatogorised"	"375 (21.8)"	"430 (25.1)"
"Backward castes"	"381 (22.2)"	"345 (20.1)"
"Scheduled Castes"	"145 (8.4)"	"370 (21.8)"
"Schedule tribes"		
"Education"	"520 (30.3)"	"451 (36.3)"
"Illiterate"	"130 (7.6) "	"25 (1.4)"
"Function literate"	"818 (47.6)"	"924 (53.9)"
"School Education"	"250 (8.4)"	"315 (18.4)"

“College education and above”		
Occupation Salarized jobs Farming/Small Business “Labourer” “Housewife” “Others”	61(3.6) 86 (5.0) 196 (11.4) 1375 (80.0)	“474 (27.6)” “532 (31.0)” “590 (34.4)” “119 (6.9)”
“Family income per month” “INR 2000” “INR 2001-4000” “INR 4001-6000” “INR 6001-8000” “INR 8001-10000” “INR 10000”	“714 (41.6)” “510 (29.7)” “140 (8.1)” “117 (6.8)” “75 (4.4)” “162 (9.4)”	“729 (42.5)” “579 (33.0)” “110 (6.4)” “73 (4.3)” “79 (4.6)” “145 (8.5)”
“Total Sample”	“1718”	“1715”

“Statistics on the prevalence of various types of intimate partner violence, as reported by both women and men”

In Table 2, By looking at this data, we can determine what proportion of women have been victims of physical, psychological, or sexual violence at the hands of an intimate partner. Twenty-one percent of women in Jharkhand say they have been the victim of physical violence. The next highest is in Orissa, at 13.2%, then West Bengal at 14.6%. Nearly half of all American women have reported being the victim of psychological violence. Orissa had a 32.4% lifetime rate of sexual violence against women, followed by 26.4% in Jharkhand and 19.7% in West Bengal. 16% of Eastern Indian women have encountered physical abuse, 52% have experienced psychological violence, 25% have experienced sexual violence, and 56% have experienced some other kind of violence. Men were also asked whether they had ever used physical force on their wives (Table 2). A total of 26.4% of men in Jharkhand said they were the aggressor; this number was followed by 21.1% of men in Orissa and 19.4% of men in West Bengal. There was a non-significant trend showing that men experienced more physical and psychological abuse than women. Males also reported far lower rates of sexual assault than females did.

Persons responsible for perpetration of domestic violence

The females were questioned to determine who was responsible for the numerous acts of violence. Some women have claimed that their in-laws have abused them, most often emotionally (the parents of their husbands). The sisters and brothers of the men accused of the crime in Jharkhand's women's prisons. In both West Bengal and Jharkhand, the number of cases of physical abuse by in-laws or the spouse's family was low. Women from West Bengal and Jharkhand both said that their fathers-in-law had sexually harassed them.

Family violence persists

Women who reported experiencing sexual, psychological, or physical violence were questioned about the prevalence of such acts in the modern day. In order to establish whether each behaviour was persistent, we looked into how often it occurred. When trying to gauge the frequency of these incidents, they question if this is a common occurrence. The great majority of cases of violence against women were still being reported, it was found (Table 4). Women in Orissa, for example, report experiencing verbal abuse at least once in the last year (41.3%) and on a frequent basis (23.8%). Orissa (31% of women), West Bengal (16% of women), and Jharkhand (22% of women) all had roughly the same percentage of women who reported experiencing sexual coercion at some point in their lives. Women reported experiencing these sorts of abuse on a daily basis at alarmingly high rates.

CONCLUSION

Evidence from this research indicates that violence against women is widespread in eastern India, and it affects women of all socioeconomic backgrounds. However, living in an urban area, becoming older, having a lower level of education, and coming from a low-income family are all risk factors for domestic violence. A woman is at higher risk of physical assault from her husband than from any other intimate partner. Public health professionals have an interest in this situation since their work may help mitigate the ill health that has ensued as a direct effect of the violence. In addition, screening for and treating trauma and injuries incurred because of violence should become standard practise in India's primary healthcare institutions. These results could also be applied to a situation analysis, which is essential for developing successful anti-violence against women initiatives, policies, and programmes. Despite the existence of a law against domestic violence in India, the current findings on the severity of the problem should help bring more attention to the issue and encourage the appropriate authorities to implement the law in its entirety.

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