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ORIGINAL PAPER

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Domestic Violence During Women's Life in Developing Countries

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ABSTRACT

Background: The lack of information relating to the definitive factors causing domestic violence has resulted in the lack of sound and effective programs; this makes the need for further research in domestic violence more imperative. **Objective:** The aim of this systematic review is to investigate the factors and impacts of domestic violence in developing countries. **Methods:** This study is a significant contribution to the existing literature, based on the use of data from the international literature of the last ten years and the evaluation of the degree that the domestic violence affects the lives of women both at an individual as well as a community level. Studies related to the scope of this review from international databases (Google Scholar, PubMed and Scopus) were used. The inclusion criteria comprised studies in English, published between 2012 and 2022 and studies which, apart from the prevalence or types of domestic violence investigated social factors related to violence in women of different ages in developing countries. **Results:** The results of the study showed that partners-husbands are the main perpetrators of domestic violence. The prevalence of domestic violence ranged between 29.4% and 73.78%, with the highest prevalence observed in Bangladesh. **Conclusion:** The factors affecting domestic violence were the young age of marriage, the low education level, non-proper execution of household chores, financial issues, patriarchic families, non-proper cooking according to the husband's desire, dowry issues, giving birth to a girl, poverty, women's work but also women's unemployment, other children in the family and their neglect according to the husband, husband's unemployment and the personal experiences of domestic violence for both partners. In addition, significant risk factors

were the husband's addiction to substances and the wife's refusal for sex.

Keywords: domestic violence, partner violence, developing countries, women; women's life.

1. BACKGROUND

There has been an increasing number of studies in recent years showing that violence against women is widespread. More specifically, one in three women in the world has suffered some form of violence in childhood, adolescence or adulthood (1-4). This violence has a direct impact on women resulting in a big emotional and financial cost. A study in the USA estimated that the cost of women's rapes, physical assaults and persecutions is over 5.8 billion dollars each year, 4.1 billion of which is related to the medical care of the victims (5). Although women in developing countries experience all types of violence, domestic violence is the most prevailing form (6).

The results of a WHO study on Domestic Violence (WHO, 2005), in more than 24,000 women, aged 15 to 49 years in 15 regions of 10 countries: Bangladesh, Brazil, Ethiopia, Japan, Peru, Namibia, Samoa, Serbia and Montenegro, Thailand and United Republic of Tanzania, showed that 35% to 76% of the women had suffered physical or sexual assault by a member of their family up to the age of 15. Another significant finding of the study is the fact that a big part of domestic violence was kept secret. More specifically, 21% to 66% of the women that reported domestic violence in the study, had not reported it before (7). Another study carried out in New Zealand reported that the prevalence of violence by a partner in a woman's life is as high as observed in many

developing countries (8). The percentages of violence currently were much lower, less than 6%, which implies that women in developed countries may currently find it easier to get out of abusive partner relations.

Freeing women from domestic and other forms of violence is a core point of action of the international movement for human rights. Domestic violence has also been proven to inhibit women's financial and social growth. In the context of reproductive health, there is also correlation between domestic violence and a series of other reproductive and sexual health problems, including sexually transmitted diseases, unwanted pregnancy, contraception, miscarriage, maternal morbidity and mortality and adverse pregnancy outcomes (6-7). The impacts of domestic violence are many. The victim can suffer injury, disability or even death. Another significant impact of domestic violence is the emotional and psychological trauma.

More specifically the negative impact on the physical, mental and emotional health, including depression, shame, anger and suicide, is quite common in violence victims. It must also be reported that domestic violence has also significant impacts on the family. Violence or threat of violence at home create fear that can destroy the family environment and even lead to a broken family. It is worth mentioning that over 50% of women experiencing violence have underaged children (9). Furthermore, when children live in a violent environment, they are negatively affected, and it is possible that this behaviour is reproduced in their own families when they become adults. Studies show that domestic violence can cause physical and emotional harm to children in the following ways : non-stop stress and depression, emotional distress, eating and sleep disorders, physical symptoms, such as headaches and stomach aches, difficulty in stress management, low self-esteem, self-injuries, aggressiveness, feelings of guilt, difficulty in establishing positive relationships, phobias and insomnia, difficulty of concentration difficulty in problem solving and lack of empathy. Children must grow up in a safe and protective environment. In cases of domestic violence, the family does not provide any safety and children are afraid of what can happen to them and the people they love. In the context of reproductive health, there is also correlation between domestic violence and a plethora of reproductive and sexual health problems, including sexually transmitted diseases, unwanted pregnancy, contraception, miscarriage, maternal morbidity and mortality and adverse pregnancy outcomes (6).

Based on the above, the aim of this systematic review is to investigate the domestic violence factors and impacts during a woman's life in developing countries. This study significantly contributes to the existing literature of the last ten years. We initially investigated if the position of women means tolerance or reaction towards violence. Furthermore, we investigated the deciding factors of domestic violence and evaluated the degree of influence of domestic violence on the lives of women both on an individual as well as a social level.

1.1. Violence against women in developing countries

Despite the differences in the methodological approach, almost all studies for developing countries show that domestic violence is a serious public health matter. More specifically, a study from Sierra Leona underlines that two-thirds of the women asked reported being beaten by their husbands or partners, while half of them reported that they were forced to have sex despite their will (10). Approximately 20 years ago, high percentages of physical violence were also reported in South Africa (11), Uganda (12) and Zimbabwe (13). In 1995 in Middle East, DHS in Egypt found out that one-third of the sample of women reported being beaten by their husbands (14). A study with married women from Israel showed that 30% had recently suffered one or more physical abuse or sexual coercion incidents (15). In urban Thailand, 20% of the husbands reported that they had never submitted their wives to physical abuse (16). In a study from Korea, 38% of the women reported being beaten by their husbands and 12% of them reported serious beating (Kim & Cho, 1992). In another sample from Colombia, 21% reported physical abuse during their lives (17). Furthermore, in another study with a sample of 6,700 married men in Uttar Pradesh, 30% reported physical violence against their women, while 22% that had forced them to sex without their will; (18). Similarly, Rao's study (19), disclosed a lower but still significant number of women reporting physical violence by their husband (22%). A study in Bangladesh found out that deaths due to intentional (suicide, homicide) or unintentional injuries represented 13% of all deaths of women and 11% of mothers' deaths (20).

1.2. Form statement Decisive factors of domestic violence

According to a study (21), there are 4 key reasons for domestic violence in developing countries: a) male-dominated society; b) lack of awareness of the laws; c) laxity in the implementation of the existing legal framework; and d) bureaucracy related to domestic violence complaints. According to the psychological theory of personality disorder, 80% of the men exercising violence on their wives suffer from some kind of psychopathology, bad control of impulses or low self-esteem. Additionally, according to the theory of resources, women financially depending on their husbands (i.e. housewives, women with disability, unemployed) and being the main carer of their children are afraid of the increased financial demands if they abandon their husbands. Moreover, the theory of social stress states that violence is not always caused by stress, but it may be a way that some people respond to stress. The theory of power and control mentions that in some relationships, violence can arise from a perception of power and control need of the man, while in some cases there are psychological disorders related to domestic violence, such as marginal personality disorder, behaviour disorder in childhood, anti-social personality disorder, bipolar disorder, schizophrenia and drug abuse (21).

Possible risk factors can be grouped as follows: a) personal: limited education, young age, lower socioeconomic status, use of alcohol or drugs, negative attitude towards

women and witnessing domestic violence against women or abuse as a child; b) family and relationship: the risk of violence increases with marital conflicts, male domination, financial anxiety and poor family status; c) social relationships: the risk is higher when there is gender inequality and lack of social relationships or resources; d) society: higher risk in societies with traditional gender norms; e) woman's personality characteristics: bad temper, lack of understanding and sympathetic attitude towards family members, lack of mutual respect, persistent lack of interest for the husband (22).

1.3 Consequences of domestic violence

Domestic violence can take various forms, including emotional and psychological abuse, while the impacts can be serious and long-term. The consequences of a psychological trauma can cause chronic mental disorders. According to WHO, the traumatic experience of violence is related to a high risk of cardiovascular disease, gastroenteric disease, diabetes arthritis and obesity (23). Furthermore, the financial cost, such as health care cost, housing cost and legal cost can lead women to poverty. Poverty makes women more vulnerable to domestic violence. The cost of domestic violence in the world economy is about 8 trillion dollars annually (24).

2. OBJECTIVE

The aim of this systematic review is to investigate the factors and impacts of domestic violence in developing countries.

3. MATERIAL AND METHODS

3.1. Search strategy

In this literature review, the data bases Google Scholar, PubMed and Scopus were investigated for studies related to the relative variables. The key words used are shown in Table 1. The period of search was the last decade, i.e. 2012-2022.

3.2. Inclusion and exclusion criteria

The inclusion criteria for the studies included all studies written in English and published between 2012 and 2022 and studies, which apart from the prevalence of domestic violence or the types of domestic violence, also investigated the variables related to domestic violence in development countries in women of different ages (work status, age of marriage, financial status etc). The exclusion criteria included articles in other languages apart from English, case reports, comments, letters to the editor, reviews or systematic reviews and meta-analyses.

3.3. Selection of studies

The initial search resulted in 422 results. The suitability of these studies was assessed based on whether they were relevant to the topic at-hand. More specifically, at the first stage, the titles were examined followed by the examination of the abstracts. As a result, 347 more studies were excluded due to a different topic. Then 18 articles were excluded due to double presence in various databases. Forty-six additional studies were excluded due to incomplete text. Finally, 11 articles in total were examined as shown below in the flow chart (Figure 1).

ID	Search words
#1	"Domestic Violence" OR "Family Violence" OR "Spousal Violence" OR "Partner Violence" OR "Sexual Violence" OR "Physical Violence" OR "Emotional Violence"
#2	"Developing Countries" OR "Developing Country" OR "Developing Nations" OR "Underdevelopment nations"
#3	'woman' OR "women" OR "female"
#1 AND #2 AND #3	

Table 1. Search strategy: key words

4. RESULTS

The following table presents 11 studies chosen for this systemic review as well as some key characteristics (author, type of study, sample, area – country, domestic violence frequency and prevalence detected in the study results). Most of the studies were performed in India and were cross-sectional studies.

According to the results of the study of Dasgupta (25) in 1,047 married women in India, unwanted pregnancies that were reported ranged between 7.2% and 12.2%. More specifically, 29.4% of the women reported physical and/or sexual violence in the year prior to pregnancy. In another cross-sectional study carried out in India (27), 37.2% of women were domestic violence victims. More analytically, 34% of the victims suffered from physical violence, 17% from sexual violence and 35% from emotional violence. However, property, higher education and social support were protective factors against violence while alcohol addiction and illiteracy of the husband were significant factors contributing to the emergence of domestic violence. The prevalence of domestic violence in married women in the same country (28), was 55.83%. More analytically, the prevalence of physical and psychological violence was 28.16% and 49.03% correspondingly. The most frequent perpetrator of domestic violence was the husband (83.48%), followed by the mother-in-law with 44.35%. Main reasons for domestic violence were improper cooking (25.21%), improper household care (24.34%), not having a male child (26.96%), various issues related to dowry (19.13%) and alcohol addiction (53.04%). Similarly, in a study by Dasgupta (29) in 2015 in 97 women, 32.9% reported being a domestic violence victim. A significant correlation was also found between domestic violence and alcohol abuse, the low educational level of the husband, the per capita income, and the occupation of women.

In total 548 married women of reproductive age (15-45 years) participated in the study of Gaikwad (30). According to the results, the prevalence of domestic violence was 36.86%. Verbal abuse was reported by 33.21% of the women, physical abuse by 26.82%, psychological abuse by 12.59% and sexual abuse by 24.64%. It is also worth noting that no woman of the 202 victims had asked the police for help. The participants in the cross-sectional study in India (31) were 274 married, aged 18-45 years, living in Bombay. The results showed that the domestic violence percentages were 36.9%. However, the most common form of violence was verbal violence (86.1%) followed by physical violence (63.4%).

No	Author	Type of study	Sample	Country	% D.V.
1	Dasgupta (2018) (25)	Cross-sectional study	1,047	India	29.4
2	Chowdhury (26)	Cross-sectional study	87	Bangladesh	57.5
3	Mohapatra (27)	Cross-sectional study	100	India	35
4	Sathe (28)	Cross-sectional study	115	India	55.83
5	Dasgupta (2015) (29)	Qualitative study	97	India	32.9
6	Gaikwad (30)	Cross-sectional study	548	India	36.86
7	Shrivastava (31)	Cross-sectional study	274	India	36.9
8	Manoudi (32)	Cross-sectional study	274	Morocco	36,9
9	Bhatta (33)	Qualitative study	120	Nepal	42.5
10	Deuba (34)	Qualitative study	20	Nepal	-
11	Nasrullah (35)	Qualitative study	19	Pakistan	-

Table 2. Articles included in the study * The control list data focus on the way each study was designed, analyzed and interpreted. The JBI control list was used for the qualitative studies.

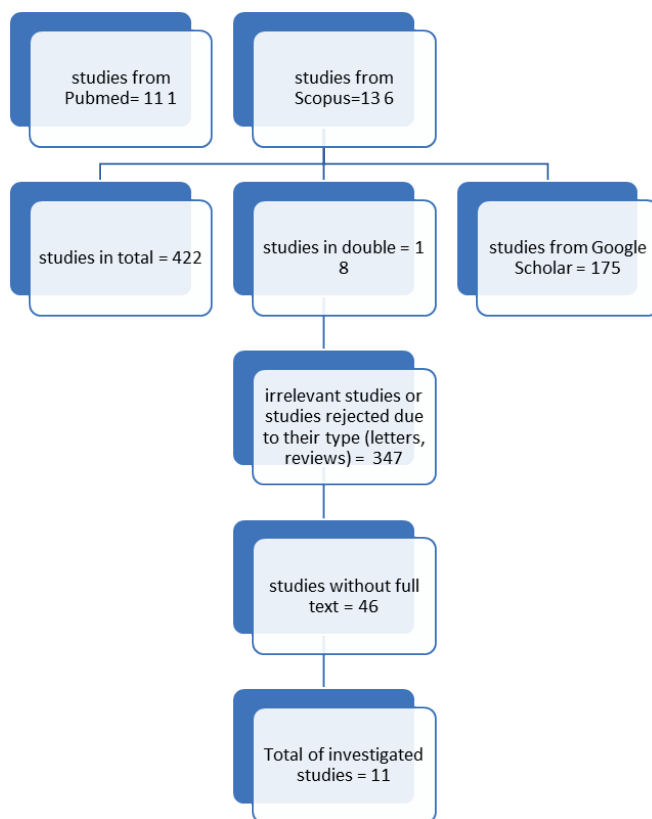


Figure 1. Flowchart of the studies' selection

The study of Manoudi (32) was carried out on the assessment of depression in a sample of 265 women. According to the results 16.6% of the sample had suffered physical violence, while the young age seemed to be a significant risk factor. Furthermore, 63% of the women having suffered violence were housewives, 25% employees and 3% higher company officers. Family problems were the most important reason for violence representing 32.32%, financial problems 11.3% and, finally, forced sexual relations 6.8%. Moreover, 27.3% of the husbands attacking their wives were under the influence alcohol. Finally, the correlation of depression and violence was extremely high. In another study which was carried out in Bangladesh by Chowdhury (26), 87 women with a child aged <5 years and had been staying with their husbands for at least 1 year participated in the study. The results showed that 57.5% of the sample reported that they were

victims of domestic violence by their husband during the last year.

A qualitative study was carried out to assess the reasons of domestic violence against women in some urban shantytowns in Nepal (33). The majority of women (86.3%) was abused only by the husband. A big percentage of the women (35.3%) complained about physical violence, while 27.44% about physical and psychological violence. The next qualitative study by Deuba (34), was designed to fully understand domestic violence against pregnant women in Katmandu, intending to determine the strategies of handling, the care and behaviours in searching support. The sample consisted of 20 women-victims of violence. Their partners were the perpetrators of the violent actions against them. The women were more possible to suffer different forms of violence (psychological, physical and sexual) if they refused to have sex, gave birth to a girl or if their husband consumed alcohol abusively. The determination of the fetus gender also increased the experience of physical violation in pregnancy. The intervention by the in-laws often prevented the further escalation of physical abuse. The aim of the next qualitative study by Nasrullah (35) in a sample of 19 women had as an aim to describe the types and conditions of domestic violence in women married before their adulthood in Pakistan. The majority of the participants suffered verbal abuse and threats and also physical violence by their husbands. A big number of women reported sexual abuse by their husbands. Family conflicts, especially with the in-laws, the bad management of the household, the lack of proper care of the children, non-sufficient dowry, financial problems, actions against the will of the husband and the birth of a girl were some of the main reasons reported by the respondents leading to domestic violence.

5. DISCUSSION

According to our results, high percentages of domestic violence are observed in developing countries; it is not usually reported because it is considered by the victims as an "accepted" or "usual" behaviour of men in their cultural and family standards. This has as a result, women in many developing countries to suffer physical and also psychological violence by their partners. In these coun-

tries, due to the each-time cultural framework, women may get married young, not be educated, be unemployed and most times they are weak-willed in terms of decisions that must be taken for their families or themselves. More analytically, the study showed that domestic violence is a global problem related to women's insecurity and taboos, irrespective of age and socioeconomic condition (36). In a meta-analysis (37), observed that violence against women had acquired epidemic dimensions in many societies; all ethnicities, all nationalities or socioeconomic groups are affected by this phenomenon. Similarly, (38) observed that the high prevalence of violence is related to emotional violence. According to another study by Dolatian (39) in Iran, the percentages of emotional violence are higher compared to the ones of physical violence, 81.2% and 40.4%, respectively. On the contrary, a study by Sheikhan (40), showed that physical violence was more widespread by 34.7% than the emotional and sexual violence. Brazilian researchers reported the prevalence of physical, psychological and sexual violence in 41.8%, 33.7% and 14.3% respectively (41). Some studies, though, attributed this difference to the existence of relevant legislation (42). As it is evident from all the above, the data are not sufficient yet to lead to clear-cut conclusions.

Our results showed that education and work of women had a reverse relation with domestic violence. An article (43) showed that some structural factors, such as socioeconomic status, education, social class and the gender are related to the frequency of violence. The results of the study by Fallah (44) were similar to the above reporting that education, employment, marriage age and high income were the most significant domestic violence-related factors. Not sufficient income and unemployment of the husband usually resulted in marital conflicts due to financial problems leading to mental impacts. On the contrary, work, financial independence and good financial status psychological protective factors towards various forms of violence (45).

Factors, such as substance abuse, sexual dissatisfaction, improper living conditions and mental disorders showed to be significantly related to domestic violence. A study by Castro (46), showed that the most significant prognostic factor of domestic violence was the use of alcohol. There are also other studies confirming that alcohol deteriorates the conflicts between the couples (47), (48).

Another significant factor was sexual dissatisfaction. Hastuti (49), observed that women with sexual dysfunction followed by sexual dissatisfaction had 4 times more possibilities compared to other women to be victims of domestic violence. Other researchers, such as Ulloa (50), showed a correlation between the increase in domestic violence and sexual dissatisfaction. The lower the level of sexual satisfaction, the higher the possibility of domestic violence. According to Babaie (51), when there was sexual disagreement or difference between the partners, conflicts arose.

Innovative interventions and policies are now available all over the world for the decrease in violence

against women. However, the problem still requires a comprehensive approach for the realistic achievement of a social change. Given the big number of domestic violence victims in developing countries, it is important to prevent the risk factors helping in the development of the phenomenon. Therefore, the health systems of the developing countries must pay special attention to women's health planning as the family foundation and promote their physical and mental health.

6. CONCLUSION

It is particularly apparent in this systematic review that domestic violence was especially carried out by partners- husbands. Domestic violence against women of different ages ranged between 29.4% to 73.78%, with the highest prevalence observed in Bangladesh. Most frequent seemed to be physical violence, with most common forms being slaps, pushes, beating, kicks, pushing etc. Emotional and psychological violence mainly included fear of the husband, verbal disagreements, use of pejorative vocabulary, bullying, lack of satisfaction of basic needs and insults. Finally, sexual violence, which seemed to be an important form of violence, was reported, and, indeed with a higher prevalence in pregnant women.

Factors relating to domestic violence according to our results seemed to be the young age of marriage, the low education level or illiteracy of both partners, non- proper execution of housework, financial matters, patriarchic family, non proper cooking according to the husband's desire, dowry matters, giving birth to a girl, poverty, women's employment and income, the unemployment of both spouses, the high number of children and their neglect according to the husband and also experiencing domestic violence as a child for both partners. Finally, significant factors of violence that were reported included the husband's addiction to substances (alcohol, drugs) and the lack of the woman's consent for sex.

- **Patient Consent Form:** Not applicable.
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