

Growing Up Safe and Healthy (SAFE)

Baseline Survey Report on Sexual and Reproductive Health and Rights and Violence Against Women and Girls in Dhaka Slums

SPOUSAL VIOLENCE AGAINST WOMEN AND HELP SEEKING BEHAVIOUR

4

2012



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AND HELP SEEKING BEHAVIOUR**

4

**Kausar Parvin
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INTRODUCTION

The prevalence of violence against women and girls (VAWG) is high in Bangladesh. In 2007, the national rate of physical and/or sexual violence perpetrated by a husband calculated from reports by the men was as high as 60%, with comparable rates reported by the women in this country (National Institute of Population Research and Training (NIPORT), Mitra and Associates, & Macro International, 2009). The Bangladesh Urban Health Survey (UHS) conducted in 2006 reported slightly higher rates of VAWG compared to those reported by the 2007 BDHS, and noted that within urban areas the prevalence of physical and/or sexual violence against women and girls, ages 10-59 years, in the slums was 66% compared to 45% in non-slum areas (National Institute of Population Research and Training (NIPORT), MEASURE Evaluation, International Centre for Diarrhoeal Disease Research, Bangladesh, & Associates for Community and Population Research, 2008). This highlights the greater vulnerability of the slum women and girls to gender based violence.

Despite the high prevalence of violence against women in Bangladesh any kind of disclosure of violence is quite low. According to the Bangladesh component of the World Health Organization Multi-Country Study on Women's Health and Domestic Violence against Women (WMCS), 66% of the physically abused women never shared their experience with others; 60% of the urban and 51% of the rural women never received any help; and only 2% ever sought help from institutional sources (Naved, Azim, Bhuiya, & Persson, 2006). The help seeking pattern of the abused women in urban slums and barriers in their help seeking have remained unexplored.

Male attitudes condoning partner violence are prevalent in many countries around the world (Antai & Antai, 2008; Rani & Bonu, 2008; Rani, Bonu, & Diop-Sidibe, 2004). In South Asia, acceptance of intimate partner violence among the men ranged from 29% in Nepal to 57% in

India (Rani & Bonu, 2008). In Bangladesh, the 2006 Urban Health Survey reported that in urban slum 39% of the men and 48% of the women justified violence against a wife in at least one scenario presented to them (NIPORT et al., 2008).

The literature suggests that rates of intimate partner violence are higher in settings where violence is condoned (Levinson, 1989). Studies conducted in Bangladesh clearly show that men's attitudes regarding gender and violence against women were associated with perpetration of violence against their wives. The men who justified wife beating and held more gender inequitable attitudes were more likely to abuse their wives (Johnson & Das, 2008; Naved, Huque, Farah, & Shuvra, 2011). This is why it is important for an intervention addressing violence against women to consider and address violence condoning attitudes.

This short report is part of the baseline survey report of an action research project "Growing up Safe and Healthy" (SAFE), which is testing out an intervention addressing sexual and reproductive health and rights and VAWG in Dhaka slums. The objectives of SAFE include: (1) Creation of demand for services among the abused women, and (2) Creation of a supportive and enabling environment for the women to access these services. The Domestic Violence (Prevention and Protection) Act 2010, creates an opportunity to extend support to the abused women, which underlines the importance of exploring the situation on the ground for understanding it better and for guiding further action. This part of the SAFE Baseline Report identifies: (1) Prevalence of different forms of spousal violence against women in the slums covered by the SAFE; (2) Help seeking behaviour of the abused women; and (3) Attitudes of the women and men regarding gender equality and violence against women in these communities.

METHODS

The details of the survey methodology are provided in chapter no. 1. Briefly the study sites included slums from Mohakhali, Mohammadpur and Jatrabari areas of Dhaka city. The sample for the SAFE baseline study was drawn using three-level multi-site cluster randomised trial (MSCRT) design, in which the site was the block; and clusters were randomly assigned to the three intervention arms within each site. In this design, individuals were nested within clusters and the clusters within each site were randomly assigned to the three intervention arms. No administrative boundary could be used to define a cluster in these slums; therefore, using data from Household Listing, carried out as part of SAFE Baseline Survey, a total of 234 clusters (78 clusters per site) were artificially formed comprising of 186 households. In order to reduce contamination, clusters were formed keeping buffer zones of 50-100 households in between clusters or by using natural or infrastructural boundaries (e.g., water bodies or walls), where they were available. Due to safety considerations females and males were not interviewed from the same clusters. Thus, female samples were drawn from 51 clusters and male samples were drawn from 27 clusters. From each female cluster 27 individuals were randomly selected and 36 individuals were randomly selected from each male cluster. Females aged 15-29 years and males aged 18-35 years were considered eligible for the survey. The refusal rate for the female sample was 0.46% and for the male sample was 0.22%. Thus, the total female sample achieved was 4,458 and the total number of males interviewed was 1,617.

The study team included 45 data collectors, all of whom had a Masters degree. They received 13-day rigorous training on gender, sexual and reproductive health and rights, VAWG, research ethics, survey questionnaire, and use of survey software. Five female and four male teams with five interviewers and one supervisor collected data through face-to-face same sex interviews using netbook computers. Female and male surveys had separate coordinators.

A Modified version of the Conflict Tactics Scales (CTS) (Straus, Hamby, Boney-McCoy, & Sugarman, 1996) was used to measure different forms of violence. The questionnaire heavily drew upon the WMCS and International Men and Gender Equality Survey (IMAGES).

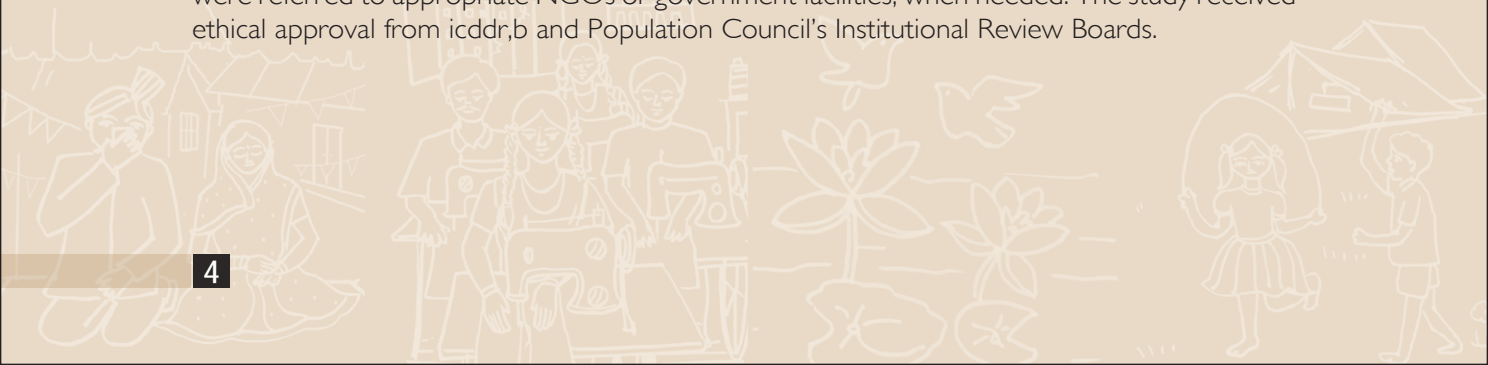
The data collected in the offline mode were uploaded on a designated server at the end of each business day, which allowed instant review of the data from the internet. Confidentiality was maintained by keeping the identification and addresses in separate files. The software generated hierarchal privilege and unique passwords for each software user in order to ensure confidentiality. The netbooks were password protected to avoid unauthorised access to data in case of loss of the computers.

To ensure the data quality 5% of the sample was re-interviewed. The data were collected from August 2011 to February 2012. On average, each of the three sites required three months and two months for female and male data collection, respectively.

After receiving the data in excel format, the data were transferred to Statistical Package for Social Science (SPSS) software for cleaning, editing and recoding. The female survey data were weighted for addressing oversampling of the women aged 15-19 years taking into account distribution of the sample by marital status in the general population. The data from the male survey were weighted by age for making the sample representative of the studied slum population.

The total sample was used to explore attitudes of the women and men regarding gender equality and violence against women, while only currently married females ($n = 2,666$) and males ($n = 931$) living with their spouses have been included in the analysis of experience or perpetration of violence during the last 12 months.

The WHO ethical guideline for conducting study on violence against women was followed for the survey (WHO, 2001). Data have been collected only after receiving informed consent from each participant. Guardian's assent and participants' informed consent were obtained for minor unmarried female participants while the married, minor females were considered as emancipated minors and accordingly no assent from the guardians was obtained for their interviews. Interviews were conducted in private and in a non-judgemental manner. Participants were referred to appropriate NGOs or government facilities, when needed. The study received ethical approval from icddr,b and Population Council's Institutional Review Boards.



RESULTS

In this section, we first present the background characteristics of the female and male sample. Then prevalence of different forms of violence, injuries, situations leading to violence and help seeking behaviour of the abused women are presented. Attitudes of the women and men regarding gender and violence against women have been presented at the end of this section.

Background characteristics of currently married women and men

Table 1 presents the background characteristics of the currently married women and men. About 17% of the currently married women were aged 15 to 19 years. The rest of the sample was almost equally distributed between the age groups 20 to 24 years and 25 to 29 years. More than one fourth of the female sample had no education and only 5% had education beyond the secondary level. Fifteen percent (15%) had completed primary education. Almost 26% of the women were employed and 24% of the women were member of group/somiti/NGO. Nearly half (49%) of the currently married men were aged 30 to 35 years and 34% were aged 25 to 29 years. The male sample had lower education than the female sample. Approximately 43% of the men had no education and about 24% of them completed primary education.

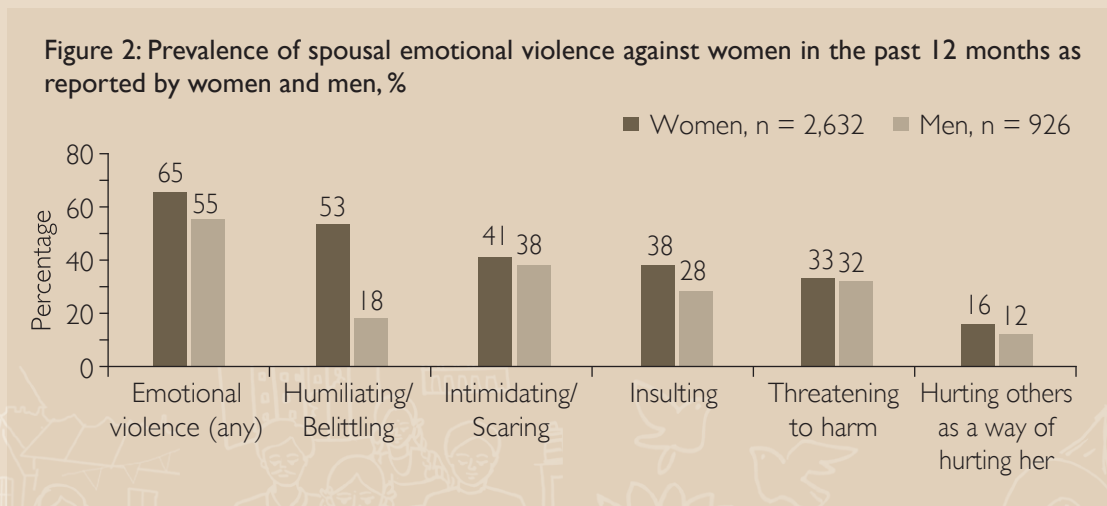
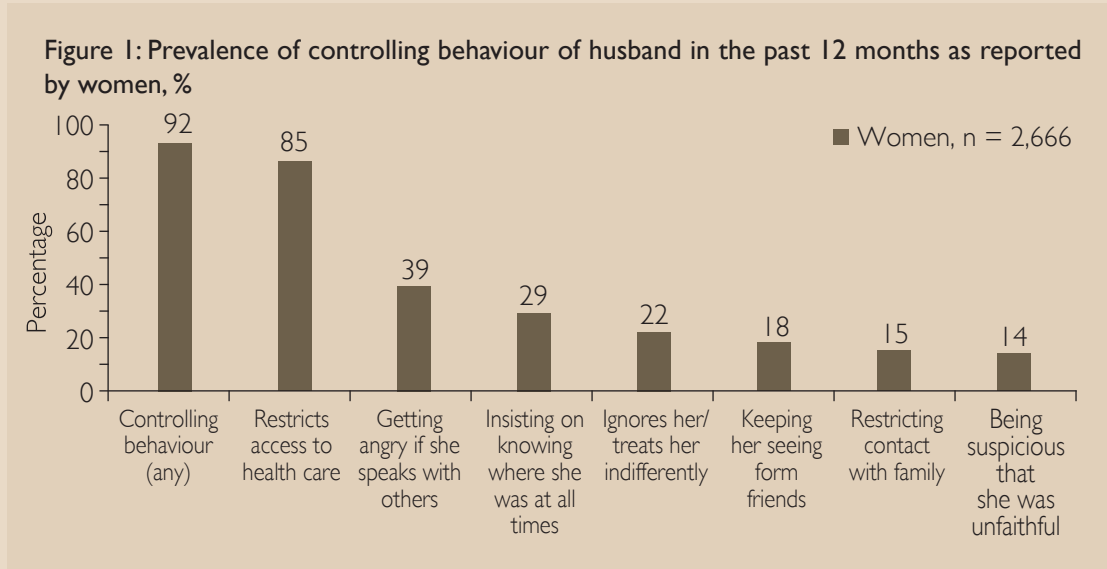
Table 1: Background characteristics of currently married women and men, %

Characteristics	Women (n = 2,666)	Men (n = 931)
Age, years		
15-19 (Female)/18-19 (Male)	16.9	1.5
20-24	41.1	15.2
25-29	42.0	34.3
30-35		49.0
Education		
No education	27.7	43.2
Primary incomplete	27.0	23.6
Primary complete	15.3	10.2
Secondary incomplete	23.8	18.1
Secondary complete or higher	5.4	4.8
Currently in school	1.0	-
Currently employed	25.9	-
Member of Group/Somiti/NGO	23.6	-

Note. Data weighted by age.

Prevalence of different forms of spousal violence against women

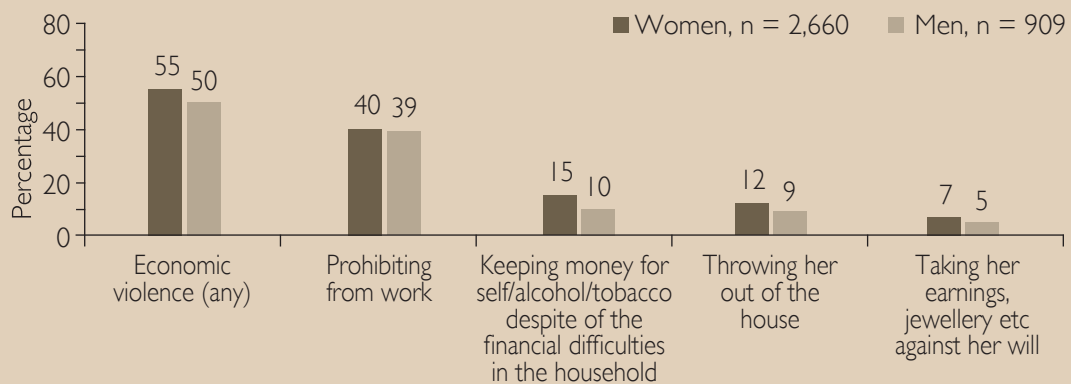
As shown in Figure 1, 92% of the women reported husbands' controlling behaviour with 85% reporting restricted access to health care. Thirty nine percent (39%) of the women reported their husbands got angry if she spoke with other men, 29% reported their husbands insisted on knowing where she was at all times, 22% reported their husbands ignored them/treated them indifferently and 14% reported their husbands were suspicious that she was unfaithful. Restricting contact with friends and families was reported by 18% and 15% of the women respectively.



Emotional violence against women within the last 12 month was reported by 65% of the women and 55% of the men (Figure 2). Each act of emotional violence was reported by a lower proportion of the men than women. Female-male difference in the reporting was stark in case of humiliating/belittling. While 53% of the women reported humiliating/belittling, only 18% of the men did so. The men most commonly reported perpetrating intimidation/scaring (38%), while the women most commonly reported humiliation/belittling.

Frequency of any form of violence against women in the past 12 months was categorised into occurring once, a few times and many times. The frequency of different types of emotional violence varied with acts of emotional violence. A higher proportion of the men reported a lower frequency (i.e., once) of perpetrating emotional abuse than the women's reports of victimisation. However, a higher proportion of the women reported experiencing more frequent emotional abuse than the men reporting perpetration (Data not shown here).

Figure 3: Prevalence of spousal economic violence against women in the past 12 months as reported by women and men, %



In Figure 3, the reported prevalence of current economic violence was 55% and 50% as experienced by the women and perpetrated by the men, respectively. Although the men reported a slightly lower prevalence of each of the acts of economic violence, the pattern of reporting by the women and men was similar. The most common act of economic violence was prohibiting a woman from work, as reported by 40% of the women and 39% of the men. The next most frequent form of spousal economic violence was husband keeping money for self/alcohol/tobacco etc. despite financial difficulties in the household (15% of the women and 10% of the men). A woman being thrown out of house was reported by 12% of the women and 9% of the men, while 7% of the women and 5% of the men reported taking woman's earnings or jewellery against her will.

Figure 4 shows that the prevalence of any current physical violence was 60% as experienced by the women and 61% as perpetrated by the men. Item-wise distribution of responses shows

that the proportion of the women and men reporting physical violence reduced with increased severity. The most commonly reported act of physical violence was slapping (56% of the women and 54% of the men), followed by pushing/ shoving (36% of the women and 38% of the men), hitting with fist/punching (29% of the women and 21% of the men), kicking/dragging/ beating (22% of the women and 8% of the men) and threatening or using a weapon (7% of the women and 1% of the men). It is noteworthy that a higher proportion of the women reported severe physical violence compared to the men.

Similar to the pattern seen in the frequency of reported emotional violence, the men tended to report lower frequencies of different acts of physical violence, perpetrated by them, compared to the women reporting experiencing violence (Data not shown here).

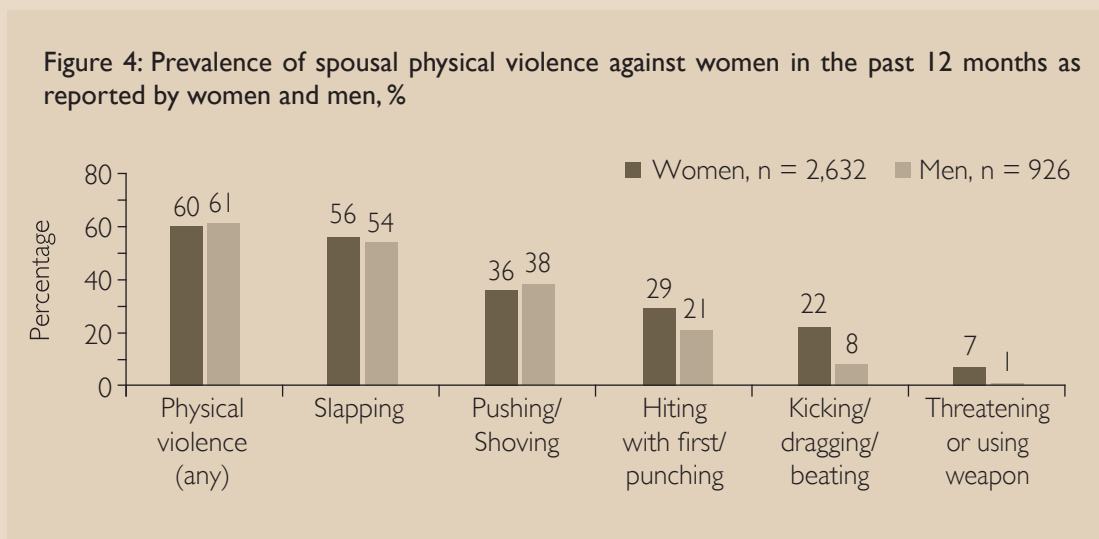
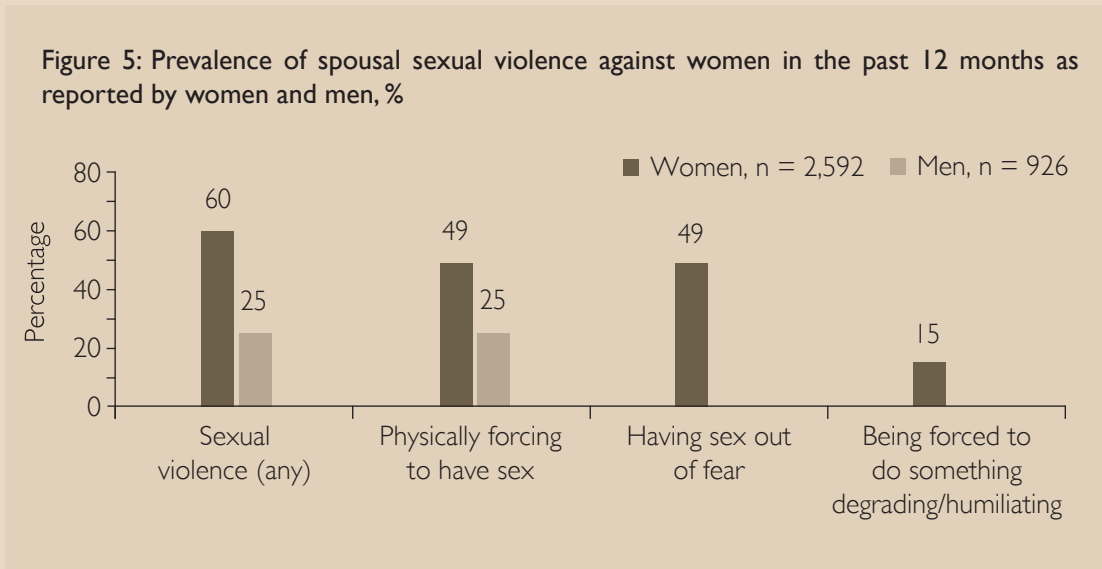


Table 2: Physical violence by husband during pregnancy as reported by women and men, %

	Women (n = 2,142)	Men (n = 796)
Physical violence by husband during pregnancy		
Ever beaten during pregnancy	20.7	7.6
Punched or kicked in abdomen during pregnancy	9.1	1.5
Number of pregnancies, n= 465		
1	69.1	-
2	19.1	-
2+	11.8	-

As shown in Table 2, 21% of the women reported having been physically abused during pregnancy by their husbands. Approximately 9% of the pregnant women had been punched or kicked in the abdomen. Fewer men reported physical violence during pregnancy compared to the women. Sixty nine percent (69%) of the women experienced physical violence during only one pregnancy; 19% and 12% were abused in two and more pregnancies, respectively.

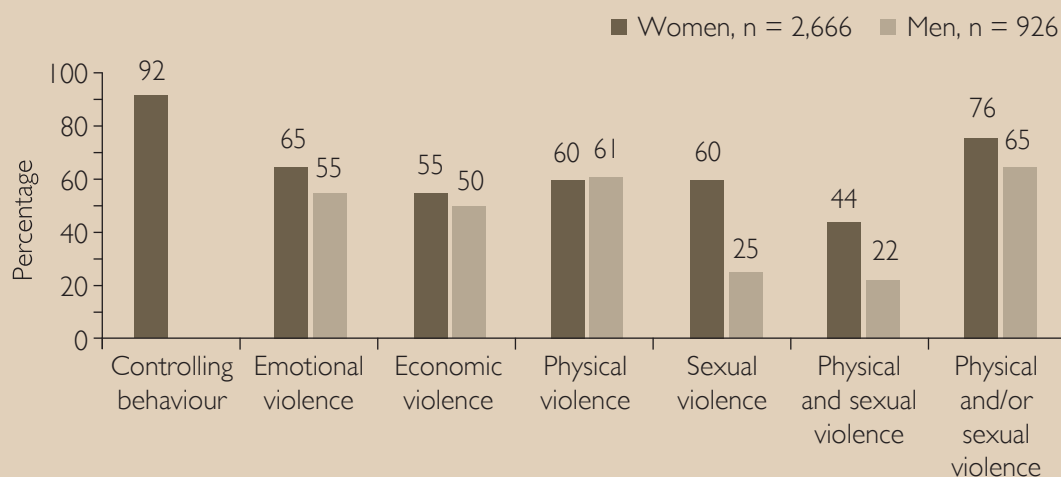
Figure 5 shows 60% of the women reported being sexually abused by their husbands in the past 12 months. Same proportion of the women (49%) reported physically forced sex and sex out of fear and 15% reported being forced to engage in a degrading or humiliating sexual act. The men were asked only one question about sexual violence perpetration against wives, while the women were asked three questions. The prevalence reported by the men for that single item, physically forced sex, was half of the rate reported by the women.



More than 50% of the women reported that they had experienced some act of sexual violence a few times in the past 12 months. More women reported experiencing both physically forced sex and sex out of fear “many times” than the number of the women who reported those as a “single event” (Data not shown here).

As illustrated in Figure 6, controlling behaviour had the highest (92%) prevalence among different forms of violence. The women reported the prevalence of emotional violence as the second highest (65%), while the men reported the prevalence of physical violence as the highest (61%). A similar proportion of the women reported physical violence (60%) and sexual violence (60%). Two out of five women were both physically and sexually abused and three out of four women were either physically or sexually abused as reported by these women.

Figure 6: Different forms of spousal violence against women reported by women and men in the past 12 months, %



Injuries sustained as a result of spousal violence against women

Table 3: Injuries sustained from physical violence by husband as reported by women, %

Injuries	Physically abused women (n = 1,566)
Injuries in the past 12 months	26.0
Types of injuries sustained in the past 12 months	n = 411
Abrasions, bruises	76.5
Cuts, punctures, bites	31.0
Deep cuts	9.3
Ear, eye injuries	4.6
Sprains, dislocations	3.4
Fractures	2.9
Burns	1.6
Broken teeth	0.2
Other injuries	2.9
Number of injuries reported in the past 12 months	
1 or 2	95.1
3-5	4.9
>5	0.0
Needed health care for injuries in the past 12 months	72.8

In the past 12 months 26% of the women had any type of injury as a result of physical violence by their husbands. The prevalence of injury decreased with increased severity of the injury, with the most common type of injury was abrasions/bruises (77%) followed by cuts/punctures/bites (31%), and deep cuts (9%). About 95% of the injured women reported sustaining injuries once or twice in the past 12 months and 73% needed health care for their injuries (Table 3).

Situations leading to spousal violence against women

The most common triggers for physical violence (Table 4) were verbal disputes (53%) and disobedience of the wife (29%). Money problems led to physical abuse in the case of 18% of the women. Some husbands physically abused the women without any particular reason (12%).

Refusal of sex by a woman was the major trigger for sexual violence by the husband (69%). A significant proportion of the women reported being sexually abused due to no particular reason (28%).

Table 4: Particular situations that tend to lead to physical and sexual violence by husbands, as reported by women, %

Particular situations that tend to lead to physical and sexual violence	Physical violence (n = 1,566)	Sexual violence (n = 1,232)
Verbal dispute	53.0	6.1
She is disobedient	29.1	3.4
Money problems	18.3	0.6
No particular reason	12.1	27.9
Problems with his or her family	11.6	0.4
He is not satisfied with her household work	7.6	0.5
She refuses sex	6.4	69.3
He is jealous of her	1.6	0.6
Difficulties at his work/outside	4.4	0.6
Dowry related conflict	2.1	0.3
When husband was drunk	1.7	0.9
She is pregnant	1.0	1.3
When he is unemployed	2.2	0.4
No food at home	1.5	0.0
Other	7.4	1.1



Disclosure of spousal violence against women and help seeking behaviour

Twenty one percent (21%) of the physically abused women disclosed their experience to someone else (Table 5). About 19% of the physically abused women sought help. Those who sought help most commonly approached own relatives (65%) and neighbors (29%). The sexually abused women were asked only about help seeking and not about disclosure. About 6% of the women who were physically forced to have sex sought help. Among them 39% sought help from neighbors, 33% from relatives and 22% from friends. A small proportion of the physically (12%) and sexually (11%) abused women also sought help from husbands' relatives. In general, help was rarely sought from any formal institutions.

Table 5: Women's disclosure of spousal physical and physically forced sexual violence and help seeking in the past 12 months, %

Disclosure of violence by women (%)	Physical violence (n = 1,566)	Sexual violence (n = 1,232)
Disclosed experience	21.4	-
Sought help for violence	18.9	6.2
Sought help from	n = 290	n = 67
Relatives from own side	65.1	32.9
Neighbors	28.9	39.0
Relatives from partner's side	11.6	10.8
Friend	-	21.8
Local Leaders/ clubs	5.9	2.1
Legal aid agency/lawyer	4.3	2.4
People at work	-	3.6
Police	1.9	0.0
NGO	0.5	0.0
Doctor	0.0	0.0
Compounder/pharmacists	0.0	0.0
Religious healers (Pir/Fakir/Kobiraj)	0.0	0.0
Other	1.9	5.1

As shown in Table 6, the main reason for seeking help by the physically abused women and women who were physically forced to have sex was their inability to endure anymore violence (80% of the physically abused women and 61% of the women who were physically forced to have sex). Approximately 22% of the women who were physically forced to have sex sought help as a result of encouragement by the family and friends.

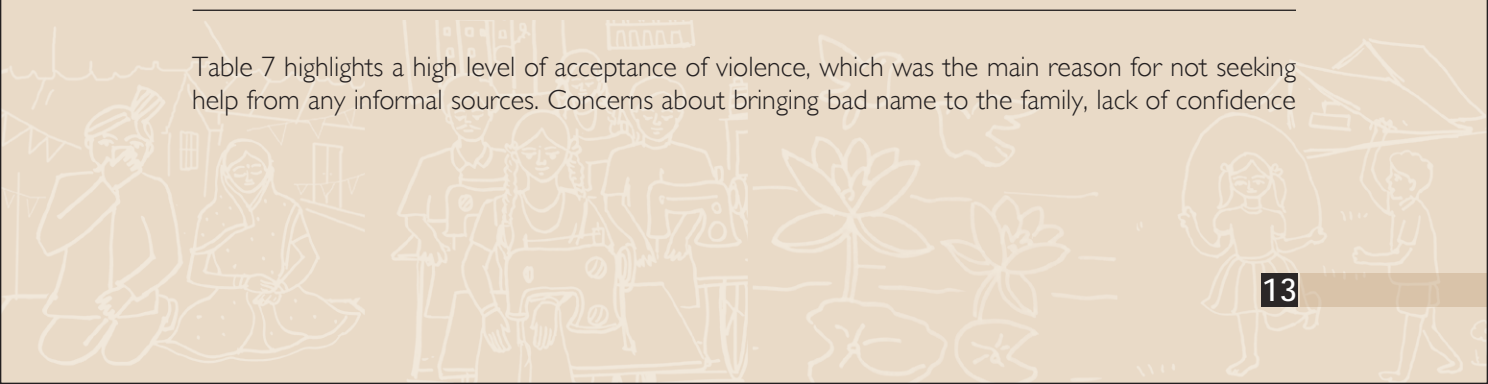
Table 6: Reasons for seeking help by physically and physically forced sexually abused women in the past 12 months, %

Reasons for seeking help	Physically abused women (n = 290)	Sexually abused women (n = 67)
Could not endure more	80.2	61.1
Badly injured/afraid he would kill her	9.0	5.2
Encouraged by friends/family	9.4	22.1
For stopping violence	6.2	-
Thrown out of the home	3.1	0.3
Saw the children suffering	2.1	2.7
He threatened or tried to kill her	0.7	0.0
He threatened or hit children	0.1	0.0
Afraid she would kill him	0.0	0.0
Encouraged by NGO intervention	0.0	0.0
For retaliation	0.1	-
Other	2.2	9.5

Table 7: Reasons for not seeking help from informal sources for physical and physically forced sexual violence in the past 12 months, %

Reasons for not seeking help from any relatives or friends	Physical violence (n = 1,276)	Sexual Violence (n = 1,165)
Violence normal/not serious	62.1	50.5
Bring bad name to family	18.4	7.4
Did not believe they would help	17.8	8.8
Embarrassed/ashamed/afraid people would not be believed or she would be blamed	13.2	42.8
Afraid he would end relationship	4.5	2.0
Threat/fear of threats/consequences/more violence	2.5	0.3
Afraid she would lose children	1.2	0.3
Don't know/no answer	0.2	1.1
Other	3.6	0.5
Missing	3.6	0.2

Table 7 highlights a high level of acceptance of violence, which was the main reason for not seeking help from any informal sources. Concerns about bringing bad name to the family, lack of confidence



that this would help, and shame/embarrassment/fear of getting blamed were some other important barriers in seeking help from informal sources. For 43% of the women who were physically forced to have sex shame and fear of being blamed was the other main reason for not seeking help from this source.

Table 8: Reasons for not seeking help from any formal source for physical and physically forced sexual violence in the past 12 months, %

Reasons for not seeking help from any institution	Physical violence (n = 1,276)	Sexual violence (n = 1,165)
Violence normal/not serious	58.1	50.5
Bring bad name to family	15.6	7.4
Did not know any such institution	13.6	10.9
Did not believe they would help	9.1	4.5
Embarrassed/ashamed/afraid she would not be believed or would be blamed	7.7	31.1
Afraid would end relationship	4.4	2.5
Threat/fear of threats/consequences/more violence	1.7	0.6
Afraid she would lose children	0.7	0.5
Discouraged by neighbors & friends	0.3	0.0
Discouraged by relatives	0.0	0.0
Other	0.5	0.6
Missing	3.6	0.1

Table 8 shows 58% of the physically abused women and 51% of the women who were physically forced to have sex did not seek help from any institutions as they considered violence as normal. Among the physically abused women, lack of help-seeking was also driven by worries about bringing a bad name to the family and fear that she would not be believed. Nearly 14% of the physically abused and 11% of the women who were physically forced to have sex did not know about any formal sources from where help could be sought. About 31% of the sexually abused women did not seek help from any formal source due to shame/embarrassment/fear of getting blamed.

Attitudes regarding masculinities, gender and violence

Despite the fact that almost all the women (99%) and men (98%) agreed or strongly agreed that people should be treated the same whether they are men or women, their opinion regarding other statements revealed highly gender-inequitable attitudes across gender (Table 9). When the women's and men's responses were compared across domains, overall the women held more gender equitable attitudes than the men. Thus, in terms of gender roles almost 87% of the women and 94% of the men agreed with the statement that a woman's most important role is to take care of her home and cook for the family. Ninety percent (90%) of the women and 96% of the men agreed that a woman should obey her husband. About 53% of the women and 64% of the men agreed with the statement that a

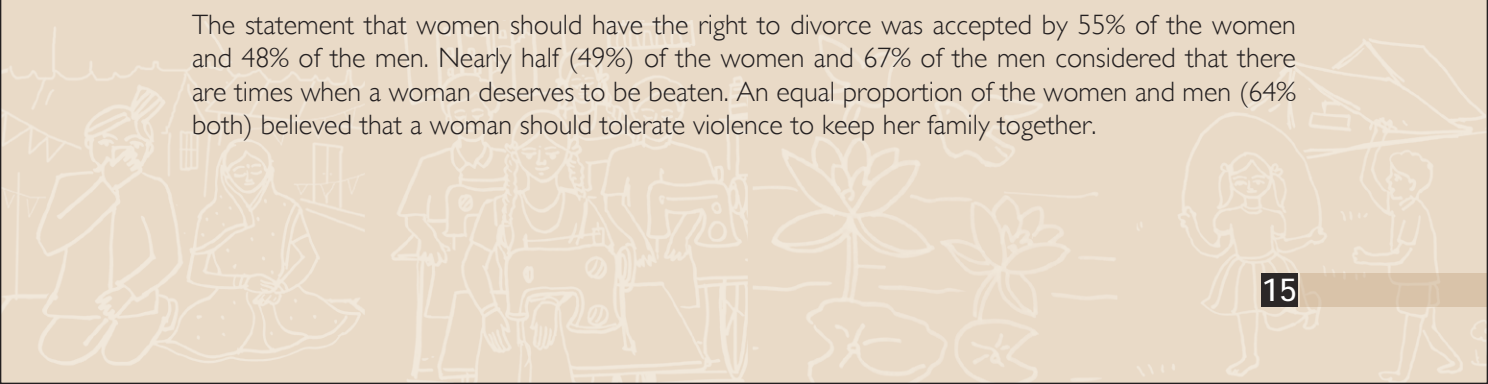
man should have the final say in all family matters. A higher proportion of the men (85%) compared to the women (79%) believed that men should share the work around the house with women.

Table 9: Proportion of women and men agreeing or strongly agreeing to statements related to gender and violence against women, %

Items	Women (n = 4,458)	Men (n = 1,617)
You think that people should be treated the same whether they are male or female	99.2	98.2
A woman's most important role is to take care of her home and cook for her family	86.8	94.0
You think that men should share the work around the house with women, such as doing dishes, cleaning and cooking	78.9	85.4
You think that a woman should obey her husband	90.2	96.2
You think that a man should have the final say in all family matters	53.4	63.6
A woman should tolerate violence in order to keep her family together	64.0	63.6
If someone insults a man, he should defend his reputation, with force if he has to	48.4	66.2
You think that a woman cannot refuse to have sex with her husband	53.5	43.2
Men need sex more than women do	88.2	69.5
A man should be outraged if his wife asks him to use a condom	18.3	24.2
You think that when a woman is raped, she is usually to blame for putting herself in that situation	38.1	50.5
It is a woman's responsibility to avoid getting pregnant	47.9	60.1
There are times when a woman deserves to be beaten	48.6	67.1
You think that women should have the right to divorce	55.1	48.2

About 60% of the men and 48% of the women agreed that it is women's responsibility to avoid getting pregnant. A much smaller proportion of the men (24%) and the women (18%) expressed that a man should be outraged if his wife asked him to use a condom. More than half (51%) of the men considered that when a woman is raped, she is usually to blame for putting herself in that situation, while 38% of the women thought so.

The statement that women should have the right to divorce was accepted by 55% of the women and 48% of the men. Nearly half (49%) of the women and 67% of the men considered that there are times when a woman deserves to be beaten. An equal proportion of the women and men (64% both) believed that a woman should tolerate violence to keep her family together.



Both the women and men had conventional notions of masculinities expressed through the stereotype that men have higher sexual needs compared to women and that men should use force to defend their reputation. Thus, 88% of the women and 70% of the men believed that men need more sex than women do while 48% of the women and 66% of the men justified the use of force by men to defend their reputation if insulted. All the women and men (100%) supported at least one gender inequitable statement presented to them.

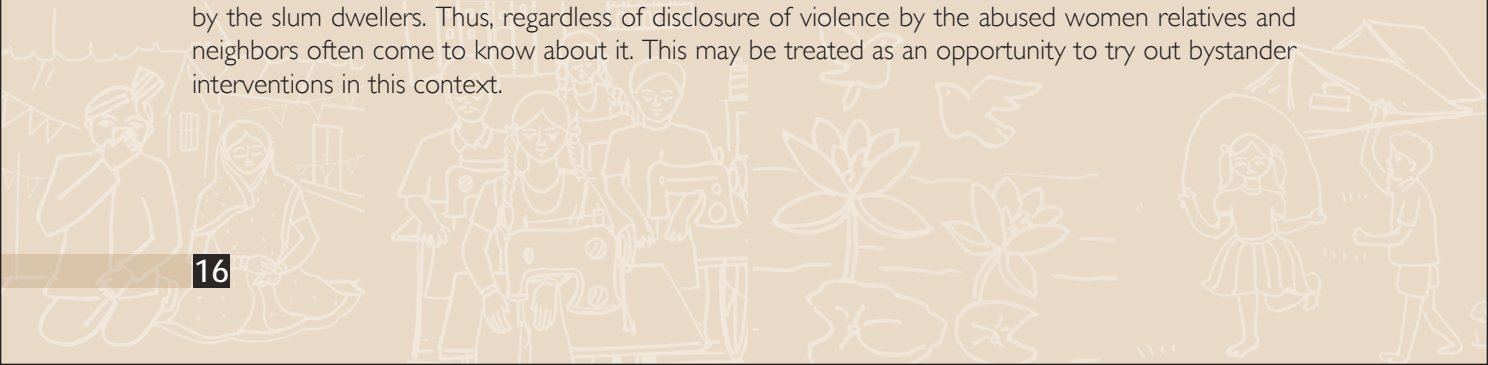
DISCUSSION

The survey results revealed universality of gender inequitable attitude among the women and men in Dhaka slums. A high proportion of the women and men supported multiple gender inequitable statements, accompanied by high levels of spousal violence against women during the past 12 months, and low rates of help seeking behaviour of the abused women.

The reported levels of violence in our study were higher than previous reports, including the 2006 Urban Health Survey (NIPORT et al., 2008) and the population-based survey conducted by icddr,b and Naripokkho in Dhaka in 2001 (Garcia-Moreno, Jansen, Ellsberg, Heise, & Watts, 2006). These differences could be partially due to methodological differences in these surveys. One small study on lifetime violence (Salam, Alim, & Noguchi, 2006) did find high levels of spousal violence against women in Dhaka slums, but it reported lifetime and not current violence. Prevalence of injuries sustained from physical abuse was very high in this slum study, the level of which was comparable to the reported lifetime injury in the population-based survey of Dhaka (Garcia-Moreno et al., 2006).

Despite a high level of spousal violence against women in the Dhaka slums the rate of disclosure and help seeking was very low. Only one-fifth of the abused women disclosed their experience during the last 12 months and a similarly low proportion of them sought any help. It should be noted that a higher proportion of the abused women sought help from institutional sources (e.g., lawyers, local clubs/local leaders and police) compared to the women in the previous population-based study in Dhaka (Naved et. al., 2006). However, this level of support seeking is clearly inadequate in view of the huge needs of the abused women. The main reason for not seeking help was treating violence as normal. This finding echoes findings from previous study by Naved et. al (2006). The literature shows attitudes about gender roles and violence hinder disclosure of violence to anyone (Morrison, Luchok, Richter, & Parra-Medina, 2006; Antai, & Antai, 2009). Thus, gender inequitable attitudes of the women and men revealed in our surveys may have contributed to low help seeking.

It is important to “denormalise” violence so that space is created for the abused women to share their problems and support is ensured to the women who disclose their experience of violence. In the context of slum, this violence is not exclusively perpetrated behind closed doors. Furthermore, due to overcrowding even the violence that takes place within home usually does not go unnoticed by the slum dwellers. Thus, regardless of disclosure of violence by the abused women relatives and neighbors often come to know about it. This may be treated as an opportunity to try out bystander interventions in this context.

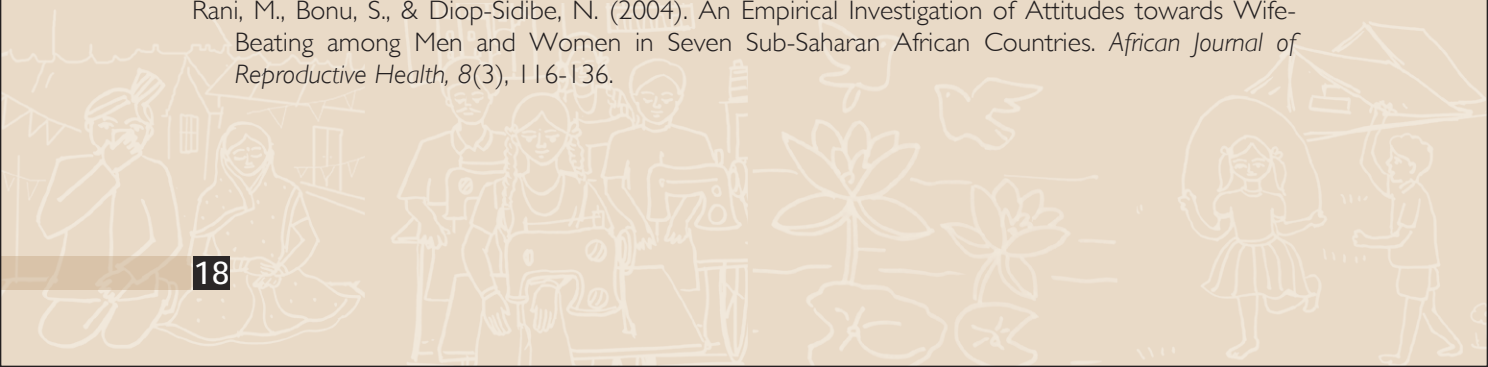


The Domestic Violence (Prevention and Protection) Act 2010 has been passed about two years ago. However, no radical changes in service uptake by the abused women have yet been observed. As of September 2012, only about 40 cases have been filed under this act (R. D. Roy, personal communication, October 2, 2012). Our survey findings also highlight the need for proper implementation of this act. They highlight despite huge need in such services the demand for them has remained low. This requires attention of the policy makers and programme implementers. However, it is not enough only to create demand of the abused women in these services. This attempt has to be accompanied by development of services sensitive to the needs of the abused women. High level of violence in the slums emphasises that response to violence must go hand in hand with preventive efforts.



REFERENCES

- Antai, D. E., & Antai, J. B. (2008). Attitudes of women toward intimate partner violence: a study of rural women in Nigeria. *Rural and Remote Health*, 8.
- Antai, D., & Antai, J. (2009). Collective violence and attitudes of women toward intimate partner violence: Evidence from the Niger Delta. *BMC International Health and Human Rights*, 9(12).
- Garcia-Moreno, C., Jansen, H. A., Ellsberg, M., Heise, L., & Watts, C. H. (2006). Prevalence of intimate partner violence: findings from the WHO multi-country study on women's health and domestic violence. *Lancet*, 368, 1260–1269.
- Johnson, K. B., & Das, M. B. (2008). Spousal Violence in Bangladesh as Reported by Men: Prevalence and Risk Factors. *Journal of Interpersonal Violence*.
- Levinson, D., (1989). *Family Violence in Cross-cultural Perspective* (Vol 1). Newbury Park, CA: Sage Publications.
- Morrison, K. E., Luchok, K. J., Richter, D. L., & Parra-Medina, D. (2006). Factors Influencing Help-Seeking from Informal Networks Among African american Victims of Intimate Partner Violence. *Journal of Interpersonal Violence*, 21(11), 1493-1511.
- National Institute of Population Research and Training (NIPORT), Mitra and Associates, & Macro International. (2009). *Bangladesh Demographic and Health Survey 2007*. Dhaka, Bangladesh and Calverton, Maryland, USA: National Institute of Population Research and Training, Mitra and Associates, and Macro International.
- National Institute of Population Research and Training (NIPORT), MEASURE Evaluation, International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B), & Associates for Community and Population Research (ACPR). (2008). *2006 Bangladesh Urban Health Survey*. Dhaka, Bangladesh and Chapel Hill, NC, USA: NIPORT, MEASURE Evaluation, ICDDR,B, and ACPR.
- Naved, R. T., Azim, S., Bhuiya, A., & Persson, L. A. (2006). Physical violence by husbands: Magnitude, disclosure and help-seeking behavior of women in Bangladesh. *Social Science & Medicine*, 62, 2917–2929.
- Naved, R. T., Huque, H., Farah, S., & Shuvra, M. M. R. (2011). *Men's Attitude and Practices Regarding Gender and Violence against Women in Bangladesh: Preliminary Findings*. Dhaka, Bangladesh: icddr,b.
- Rani, M., & Bonu, S. (2008). Attitudes Toward Wife Beating: A Cross-Country Study in Asia. *Journal of Interpersonal Violence*.
- Rani, M., Bonu, S., & Diop-Sidibe, N. (2004). An Empirical Investigation of Attitudes towards Wife-Beating among Men and Women in Seven Sub-Saharan African Countries. *African Journal of Reproductive Health*, 8(3), 116-136.



Salam, M. A., Alim, M. A., & Noguchi, T. (2006). Spousal Abuse against Women and Its Consequences on Reproductive Health: A Study in the Urban Slums in Bangladesh. *Maternal and Child Health Journal*, 10(1), 83-94.

Straus, M. A., Hamby, S. L., Boney-McCoy, S. & Sugarman, D.B. (1996). The Revised Conflict Tactics Scales (CTS2): Development and Preliminary Psychometric Data. *Journal of Family Issues*, 17(3), 283-316.

World Health Organization (WHO). (2001). *Putting women first: ethical and safety recommendations for research on domestic violence against women*. Geneva: World Health Organization.





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