



A COMPARITIVE STUDY TO ASSESS KNOWLEDGE OF FEMALES REGARDING DOMESTIC VIOLNCE IN SELECTED RURAL AND URBAN AREAS OF AMBALA, HARYANA.

S. Manpreet¹ and K. Gurvinder*²

¹Assist. Prof, Mental Health Nursing Department, Maharishi Markandeshwer College of Nursing, Mullana- Ambala, Haryana, India.

²Nursing Tutor, Mental Health Nursing Department, Maharishi Markandeshwer College of Nursing, Mullana- Ambala, Haryana, India.

Article Received on
21 March 2017,

Revised on 11 April 2017,
Accepted on 01 May 2017

DOI: 10.20959/wjpps20176-9237

*Corresponding Author

K. Gurvinder

Nursing Tutor, Mental

Health Nursing

Department, Maharishi

Markandeshwer College

of Nursing, Mullana-

Ambala, Haryana, India.

ABSTRACT

Introduction: Violence against women is a global public health problem occurring in multitude of contexts and domestic violence is considered to be the most pervasive one. Poor enforcement of policies, limitation of researches and expertise in this field largely accounts for persistence of this problem and nature of domestic violence and its associated factor are poorly understood.^[1] There is a paucity of evidence on effective strategies to reduce intimate partner violence (IPV) against women in conflict-affected settings. In such contexts, the prevention of gender-based violence (GBV) has not been a policy priority, and the few research and programmatic efforts pertaining to GBV have primarily focused on sexual violence perpetrated by armed groups (i.e. rape as a weapon of war) without adequate attention to

violence by intimate partners. However, recent research suggests that IPV may be of greater prevalence than war-related violence victimization.^[2] **Objective:** To assess and compare the

knowledge of females regarding domestic violence in selected rural and urban areas.

Methods: Total sample of the study was 200, (100 from rural area, Dhakola and 100 from urban area, Ambala, Haryana. Structured knowledge questionnaire was used to assess the knowledge of females regarding domestic violence. **Results:** The data reveals that the

females residing in urban area had good knowledge i.e. 61% and the females residing in rural area had also good knowledge i.e.46% regarding domestic violence. The result of study shows that t value was 0.05 level of significance. The computed t value $t(t_{tab})=1.96$, indicates

that there was significant difference between the knowledge score of females residing in rural and urban area regarding domestic violence. **Conclusion:** The level of knowledge of females residing in urban area is higher as compared to those of females residing in rural community.

INTRODUCTION

Women are an important element of our Society. The modern society has started recognizing the individual identity of women. She is believed to have her aspiration, abilities and qualities as a man does have and it is also agreed that she should have the opportunities to develop her faculties and to express them according to her own choice. Women's interest and participation in social life is increasing. This development is also the result of women's education and secularization of social values. Women are participating in social organizations and are developing taste for leading a life of social involvement. Their interest in social and cultural activities is increasing. They have growing interest in travel and literary activities.^[3]

Violence against women (VAW) is, collectively, violent acts that are primarily or exclusively committed against women. Sometimes considered a hate crime,^[3] this of violence targets a specific group with the victim's gender as a primary motive. This type of violence is gender-based, meaning that the acts of violence are committed against women expressly because they are women. The UN Declaration on the Elimination of Violence Against Women states that:

Domestic violence is a pattern of abusive behaviour that occurs between family members or intimate partners to gain power and control. Intimate partners include your current or former husband/wife or mother/father, or a partner that you live with or used to live with. World Health Organization (WHO) defines violence as "The international use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either result in or has a high likelihood of resulting in injury, death, psychological harm, mal-development or deprivative."^[4]

Domestic Violence is a type of abuse. It involves injury someone; usually a spouse or partner but it can also be a child or other family members. The abuser doesn't play fear. The abuse may occur during a relationship, while the couple is breaking up, or after the relationship has ended. In 2001, domestic violence was causal in 20% of nonfatal violence directed against women and in 3% directed towards men. A 2002 study reports that 29% of women and 22% of men report having experienced physical, sexual, or psychology intimate

partner violence during their life time. Nearly 5.3 million incidents of domestic violence occur annually among US women aged 18 years and older, with 3.2 million occurring among men. Of these incidents, most are relatively minor, such as pushing, grabbing, shoving, slapping and hitting. Serious consequences certainly do, however, result. Every year approximately 1.5 million intimate partner rapes and physical assaults are perpetrated against women and approximately 800,000 are committed against men.^[4]

The 2 main intervention components were interactive group education and community mobilization and engagement activities aimed at raising awareness and promoting community dialogue. The interventions focused on promoting critical reflection regarding common gender norms that might increase the risk of violence or HIV and other STIs (e.g., support for multiple sexual partners and acceptance of partner violence). Through this reflection, the participants were able to identify the potential negative outcomes of enacting these norms and the potential positive aspects of more gender-equitable behavior.^[5]

MATERIAL AND METHODS

The present study was carried out in Rural area, Dhakola and Urban area, Ambala, Haryana. Non experimental/ quantitative research approach and descriptive survey design was used. The sample of the was females residing in rural area, Dhakola and urban area of Ambala, Haryana. Total sample of the study was 34. Convenience sampling technique was used to select the sample. Each of them gave written consent for the study. Structured knowledge questionnaire was used to assess the knowledge of females regarding domestic violence. A Performa was designed to collect the relevant sample characteristics data. The content validity has been established satisfactorily. The reliability of knowledge questionnaire was calculated by using the Kuder Richardson (KR20) and it was found to be 0.8, Thus the tools was found to be reliable.

Formal administrative approval was obtained from sarpanch of rural area and municipal commissioner of urban area of Ambala to conduct the study. The pilot study was conducted in the month of February 2016, to find out the feasibility of conducting the study and to decide the plan of statistical analysis. 20 females (10 females of each area) were selected for the pilot study by using non probability (convenience) sampling technique. The tool was administered to the subjects and the purpose of the study was explained. To obtain a free and frank response, the subjects were assured about the confidentiality of their response. The analysis of the pilot study was done in accordance with the objectives of the study. Findings

of the pilot study revealed that it was feasible to conduct the study and criterion measures were found to be effective. The plan for statistical analysis was also determined.

Data collection is the precise, systematic gathering of information relevant to the research purposes. Formal administrative approval was obtained from the Sarpanch of rural area and municipal commissioner of urban area of Ambala to conduct the study. 200 females (100 females from each area) were selected for the study by using non probability (convenience) sampling technique. Data was collected in the month of March 2016. In order to develop rapport, self introduction and introduction to the nature of study was given to females. The tool was administered to the sample. The average time taken by the subjects to complete the structured knowledge questionnaire was 40-45 minutes. The data collected and analyzed as per the plan of analysis.

RESULTS

Table 1: Range, Mean, Median And Standard Deviation of knowledge of the females residing in selected Rural and Urban Areas.

N=200

Group	Range	Mean±Standard deviation	Median
Rural (n=100)	6-25	14.4±28.72	50
Urban (n=100)	9-25	16.5±28.93	51

Minimum score= 0

Maximum score= 24

Table 1 shows the range, mean, median and standard deviation of knowledge score of females residing in rural and urban areas. The data indicates that the mean knowledge score and standard deviation of females residing in urban area (16.5 ± 28.93) was higher than the mean knowledge score and standard deviation of females residing in rural area. Table 6 shows the range, mean, median and standard deviation of knowledge score of females residing in rural and urban areas. The data indicates that the mean knowledge score and standard deviation of females residing in urban area (16.5 ± 28.93) was higher than the mean knowledge score and standard deviation of females residing in rural area (14.4 ± 28.72).

Table 2: Frequency and Percentage Distribution of females residing in Rural and Urban Areas in terms of level of knowledge score regarding domestic violence.

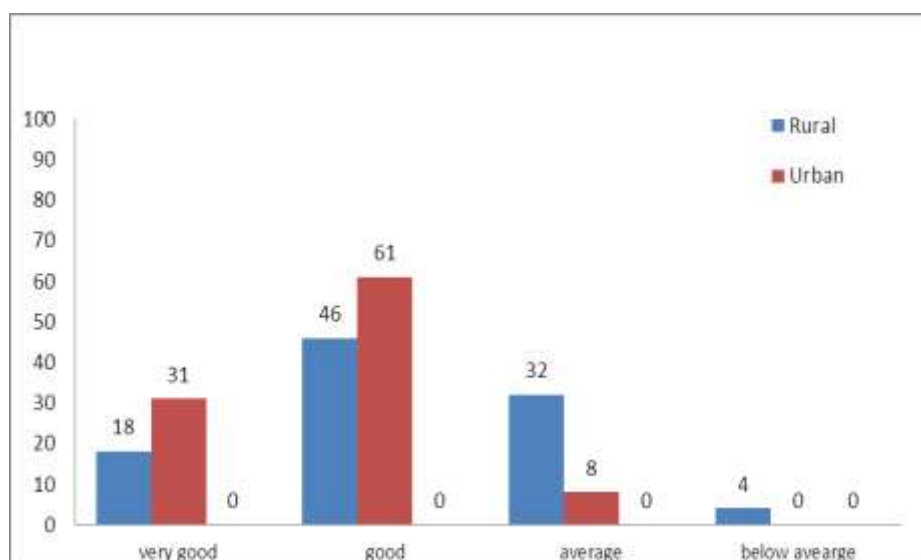
N=200

Knowledge Level	Rural(n=100)		Urban (n=100)	
	(f)	(%)	(f)	(%)
Very Good	18	18%	31	31%
Good	46	46%	61	61%
Average	32	32%	08	08%
Below average	04	04%	00	00%

Minimum score=0

Maximum score=24

Table 2 shows the frequency and percentage distribution of females residing in selected rural and urban areas in terms of level of knowledge on structured knowledge questionnaire. The data reveals that the majority of females residing in urban area had good knowledge (61%) and less than of the females residing in rural area had also good knowledge (46%) regarding domestic violence.



Bar graph showing frequency and percentage distribution of females residing in Rural and Urban Areas in terms of level of knowledge score

TABLE 3: Mean, mean difference, standard deviation of difference, standard error of mean difference and t value of knowledg of female residing in rural and urban areas regarding domestic violence.

N=200

Groups	Mean	MD	SEMD	t value
Rural (n=100)	14.4	2.28	.533	4.275*
Urban	16.5	2.28	.533	

(n=100)				
t[198]=1.96				significant[p<0.05]

The data presented in Table 3 shows that t value was 4.275, significant at 0.05. The computed t value $t(t_{tab})=1.96$, indicates that there was significant difference between the knowledge score of females residing in rural and urban area regarding domestic violence. Thus, it was established that the difference obtained in the mean knowledge score of females residing in rural and urban areas was true difference & not by chance. Hence, H_1 was accepted and H_{01} was rejected.

CONCLUSION

The level of knowledge of females residing in urban area is higher as compared to those of females residing in rural community.

REFERENCES

1. Prevalence of domestic violence. [Internet]. Cited on 2013 April 13. <http://www.ncbi.nlm.nih.gov/m/pubmed/26994899/?i=1&from=cause,domestic%20violence>.
2. Sanchez-Lorente S, Blasco-Ros C, Martinez M. Womens Health Issues. 2012 Sep; 22(5): e491-500. Doi: 10.1016/j.whi.2012.07.003.
3. Patricelli Kathryn. Introduction of domestic violence. [Internet]. Cited on 2013 July 07. Available from: http://www.sevencounties.org/poc/view_doc.php?type=doc&id=7841.
4. Importance on women. [Internet]. <http://www.importantindia.com/20500/importance-of-women-in-our-society/html>.
5. Introduction of domestic violence. [Internet]. 2013 feb 13. <http://www.ncbi.nlm.nih.gov/m/pubmed/26724338/?i=3&from=Introduction,domestic%20violence>.
6. Douge N, Lehman EB, McCall-Hosenfeld JS. Womens health issues. 2014 Jul-Aug; 24(4): e425-34. Doi: 10.1016/j.whi.2014.03.006. Epub 2014 May 14.