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"A QUASI-EXPERIMENTAL STUDY TO EVALUATE THE EFFECTIVENESS OF SELF-INSTRUCTIONAL MODULE REGARDING DOMESTIC VIOLENCE AMONG WOMEN OF DIVERSE SOCIO-ECONOMIC BACKGROUND FROM SELECTED COMMUNITIES AT INDORE"

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ABSTRACT

The aim of this study was to evaluate the effectiveness of Self-instructional module regarding domestic violence among women. A quasi-experimental study was conducted using - One group pre-test post-test design on domestic violence among 330 women of diverse socio-economic backgrounds. Non-probability convenient sampling technique was used. Conceptual frame work was based on King's goal attainment theory. The tools used in this study were Domestic Violence Prevalence Questionnaire, Degree of Domestic Violence Questionnaire, Quality of Life – WHO, Rosenberg Self-Esteem Scale, and Brief-Cope (brief-cope). Pilot study was done to check the feasibility of the study and no changes were made in the tool. The main study was carried out from 3.1.2018 to 20.2.2021 and the participant information sheet was provided and written consent was obtained from women of diverse socio-economic backgrounds. Socio demographic variables were collected using Interview Schedule. Pre- test assessment of the level of the degree of domestic violence, quality of life, self- esteem, and coping strategies regarding domestic violence among women of diverse socio-economic background was done. Intervention with self-instructional module on "Face Domestic Violence Positively. After intervention, post-test was conducted and assessed the level the degree of domestic violence, quality of life, self- esteem, and coping strategies regarding domestic violence, among women of diverse socio-economic background. The collected data were computerized and analyzed using SPSS version 25. The analysis was done using Frequency, Percentage, Paired 't' test, Pearson correlation 'r' test and Chi-square test. The study again displays that the demographic variable had shown statistically highly significant association between the pre-test level of coping regarding domestic violence among women of diverse socio-economic backgrounds with chi-square value of at p<0.001 level respectively, self-instructional module was found to be effective in creating awareness on domestic violence among women of diverse socio-economic background and helped them to improve role recognition and emotional competence to face domestic violence positively.



INTRODUCTION

The United Nations defines violence against women as any act of gender-based violence that results in, or is likely to result in, physical, sexual, or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life [1, 2].

Intimate partner violence refers to behavior by an intimate partner or ex-partner that causes physical, sexual, or psychological harm, including physical aggression, sexual coercion, and psychological abuse and controlling behaviors [3]. Sexual violence is any sexual act, attempt to obtain a sexual act, or other act directed against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting [4]. It includes rape, defined as the physically forced or otherwise coerced penetration of the vulva or anus with a penis, other body part or object, attempted rape, unwanted sexual touching and other non-contact forms [5, 6]. The public health impact of marital violence is well documented, with robust multicounty analyses and metaanalyses document associations between marital violence and poor health outcomes at a global scale a concern all the more problematic given that those with lower access to health services are at a greater risk for violence and its health consequences. Injury is an important consequence of marital violence that may go untreated in contexts with poor health care access (e.g., rural areas), as well as due to impediments placed by husbands [7, 8]. National data indicate that among those reporting physical and/or sexual violence in the past 12 months, 26 per cent of urban women and 39 per cent of rural women have been injured by marital violence. More than one in 20 of these women report very severe injury such as deep wounds, broken bones, broken teeth or other serious injury [9, 10].

During the COVID-19, increasing rates of domestic violence are beginning to surface around the world [11, 12]. Notably, domestic violence has tripled during the stay-at-home order issued by the country [13]. The universal trend of reports on the increasing domestic violence cases is likely to continue throughout the pandemic and may only represent a "tip of the iceberg" as many victims still find themselves trapped with the perpetrator and unable to report the abuse [14]. Although the lockdowns and movement restrictions imposed by countries around the world are slowing down the infection rate of Covid-19, data suggests that "domestic abuse is acting like an opportunistic infection, flourishing in the conditions created by the pandemic." [15,16]. Research suggests that social isolation is one of the most prominent tactics used by abusers to distance victims from their support networks [17]. Now that physical isolation is a government-sanctioned approach; it is seen that cases of domestic violence have increased significantly [18, 19].

With more countries undergoing lockdown to reduce the spread of COVID-19, the danger of another public health crisis, domestic violence, is becoming apparent. Countries have responded by starting online support, web counseling, WhatsApp helpline, telephonic counseling services, etc. to help the victim of such violence [20, 21]. It seems to be a timely and good preventive step that may lead to adverse health and mental health outcomes, including a higher risk of anxiety, stress, depression, posttraumatic stress disorder and risky sexual behavior such as sexually transmitted infections, HIV, unplanned pregnancies and substance use behaviors [22]. The World Health Organization, United Nations, American Psychological Association and other agencies have speculated that the pandemic may increase domestic violence, asked governments to 'put women's safety first as they respond to the pandemic' and suggested resources that can help [23, 24].

Aims & Objective:

- 1. To assess the prevalence of domestic violence among women of diverse socio-economic backgrounds.
- 2. To assess the degree of domestic violence among women of diverse socio-economic backgrounds.
- 3. To assess the quality of life among women of diverse socio-economic backgrounds.
- 4. To assess the self- esteem regarding domestic violence among women of diverse socio-economic backgrounds.
- 5. To assess the coping strategies regarding domestic violence among women of diverse socio-economic backgrounds.
- 6. To evaluate the effectiveness of self-instructional module on degree of domestic violence, quality of life, self- esteem and coping strategies regarding domestic violence women of diverse socio-economic backgrounds.
- 7. To correlate the level of quality of life, self- esteem and coping strategies regarding domestic violence women of diverse socio-economic backgrounds.
- 8. To associate the degree of domestic violence, the level of quality of life, self-esteem and coping strategies regarding domestic violence women of diverse socioeconomic backgrounds with selected socio demo graphic variables.

Materials & Methods: Research design:

The research design was the overall plan for obtaining answers to the questions being studied and for handling some of the difficulties encountered during the research process. Research design is the architectural backbone of the study [25, 26].

The research design is the plan, structure and strategy of investigation of answering the research



question. It is the overall plan or blue print; the researcher selects to carry out the study. In this study, quasi experimental design - One group pre-test post-test design was used.

- ➤ O₁ –Denotes assessment of pre-test level of degree of domestic violence, quality of life, self- esteem, and coping strategies regarding domestic violence among women of diverse socio-economic background.
- ➤ X Denotes implementation of self-instructional module on "Face Domestic Violence Positively"
- ➤ O₂ Denotes assessment of post-test level of degree of domestic violence, quality of life, self- esteem, and coping strategies regarding domestic violence among women of diverse socio-economic backgrounds.

Study site:

The setting is selected based on acquaintance of the investigator with the institution, feasibility of conducting the study, availability of the sample, permission and proximity of the setting to investigation. The study will be conducted at selected community areas at Indore.

Study population:

The population is defined as the entire aggregation of cases that meet a designed criterion. Population included in this study comprised of domestic violence women of diverse socio-economic background in selected community areas at Indore.

Sample size:

Sample size is the number of subjects involved in the study. Sample size consists of 328 domestic violence women are of diverse socio-economic background in selected community areas at Indore.

Inclusion Criteria:

- Married women under the age group of 19-45 years.
- Married women who play a role as a wife, facing domestic violence with their spouse.
- Married women who can speak and understand Hindi.
- Married women who are willing to participate in the study.

Exclusion Criteria:

- Married women who have undergone any awareness programme about domestic violence.
- Married women who are suffering with mental illness and taking treatment for the same.
- Married women who are not ready to participate in study.

Inferential statistics

- 1. **Paired 't'** test was used to determine effectiveness of self-instructional module on degree of domestic violence, quality of life, self- esteem, and coping strategies regarding domestic violence women of diverse socio-economic background.
- **2. Karl Pearson correlation r test** was used to Correlation between quality of life, self- esteem, and coping strategies regarding domestic violence women of diverse socio-economic background.
- 3. Chi square test was used to find out the Association between degree of domestic violence, the level of quality of life, self- esteem, and coping strategies regarding domestic violence women of diverse socioeconomic backgrounds with selected socio demo graphic variables.

RESULTS

Majority of the women 235 (71.2%) had moderate level of domestic violence, 54 (16.4%) had mild level of domestic violence and 41 (12.4%) had severe level of domestic violence. The mean and standard deviation of level of prevalence of domestic violence among women of diverse socio-economic background is 12.28 <u>+</u> 3.942 respectively.

In pre-test, majority of the women 275 (83.3%) had high level of degree of domestic violence, 55 (16.7%) had moderate level of degree of domestic violence. The mean and standard deviation of level of degree of domestic violence regarding among women of diverse socio-economic background is 21.04 ± 3.206 . In post-test, most women 248 (75.2%) had low level of degree of domestic violence and 82 (24.8%) had moderate level of degree of domestic violence. The mean and standard deviation of level of degree of domestic violence among women of diverse socio-economic background is 6.67 ± 2.822 respectively.

Frequency and percentage wise distribution of pre-test and post-test level of the degree of domestic violence (domain wise) among women of diverse socioeconomic background. In pre-test, highest score is emotional abuse (20.50 ± 0.501) and lowest score is financial score (17.73 ± 0.444) . In post-test, highest score is emotional abuse (14.30 ± 0.860) and lowest score is financial score (13.91 ± 0.977) respectively.

In pre-test, majority of the women 187 (56.7%) had poor quality of life and 143 (43.3%) had very poor quality of life. The mean and standard deviation of level of the quality-of-life among women of diverse socioeconomic background is 28.95 ± 11.990 . In post-test, most women 179 (54.2%) had neither poor nor good quality of life and 151 (45.8%) had good quality of life. The mean and standard deviation of level of the quality-of-life among women of diverse socio-economic background is 77.58 ± 12.314 respectively.



In pre-test, highest score environmental is (12.08 ± 4.526) and lowest score is social relationship (3.04 ± 1.597) . In post-test, highest score is environmental (32.10 ± 6.275) and lowest score is social relationship (10.42 ± 2.769) respectively.

In pre-test, majority of the women 254 (77%) had low level of self esteem and 76 (23%) had moderate level of self esteem. The mean and standard deviation of level of the self- esteem of women who undergone domestic violence among women of diverse socioeconomic background is 11.01 ± 3.864 . In post-test, majority of the women 247 (74.8%) had moderate level of self esteem and 83 (25.2%) had high level of self esteem. The mean and standard deviation of level of the self-esteem of women who undergone domestic violence among women of diverse socio-economic background is 23.38 ± 4.797 respectively.

Frequency and percentage wise distribution of Pre-test and post-test level of the coping among women of diverse socio-economic background. In pre-test, Majority of the women 276 (83.6%) had low level of coping and 54 (16.4%) had moderate level of coping. The mean and standard deviation of level of the coping among women of diverse socio-economic background is 27.35 ± 12.769 . In post-test, Majority of the women 262 (79.4%) had moderate level of coping and 68 (20.6%) had high level of coping. The mean and standard deviation of level of the coping among women of diverse socio-economic backgrounds is 68.03 ± 12.731 respectively.

The mean score of degree of domestic violence in the pretest was 21.04 ± 3.206 and the mean score in the post-test was 6.67 ± 2.822 respectively.

The calculated **paired 't' test value of t = 44.91** shows *statistically highly significant difference*in comparison of the pre-test and post- test score of degree of domestic violence among women of diverse socio-economic background.

The calculated **paired** 't' test value of t = -155.3 shows *statistically highly significant difference* between Comparison of the Pre-test and post- test of the quality-of-life among women of diverse socio-economic background respectively.

The calculated paired 't' test value of t = -134.339 shows *statistically highly significant difference* in comparison of the pre-test and post- test level of self-

esteem of women undergone domestic violence, among women of diverse socio-economic background.

The calculated **paired** 't' test value of t = -151.235 shows *statistically highly significant difference* between the score of the pre-test and post- test of level of coping of women undergone domestic violence, among women of diverse socio-economic background.

In pre-test mean and standard deviation of degree of domestic violence and quality of life is (21.04 ± 3.206) and (28.95 ± 11.990) . Correlation between the degree of domestic violence and quality of life indicates the negative correlation and shows the results pearson correlation r- value is (-0.807), p-value is (p=0.001) are statistically highly significant.

Figure 11 - shows Correlation between pre -test level of quality of life and self-esteem among women of diverse socio-economic background. In mean and standard deviation of quality of life and self-esteem is (28.95±11.990) and (11.01±3.864). Correlation between the quality of life and self -esteem indicates the **positive correlation and shows the results pearson correlation r- value is (0.929), p-value is (p=0.001) are statistically highly significant.**

Fig 1: Percentage distribution of level of prevalence of domestic violence among women of diverse socioeconomic background.

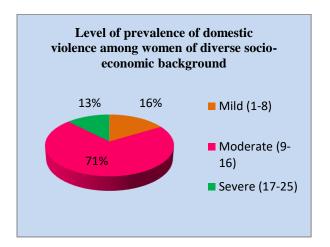




Fig 2: Frequency and percentage wise distribution of pretest and post- test level of the degree of domestic violence among women of diverse socio-economic background.

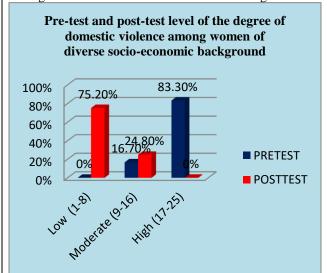


Fig 3: Frequency and percentage wise distribution of Pre-test and post-test level of the quality-of-life among women of diverse socio-economic background.

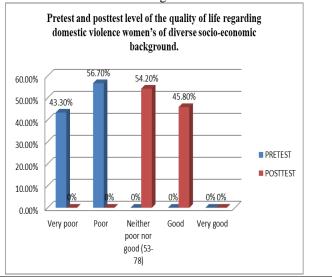


Fig 4: Frequency and percentage wise distribution of pre-test and post-test level of the self- esteem of women who undergone domestic violence among women of diverse socio-economic background.

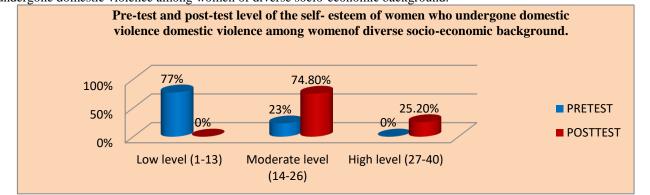


Fig 5: Frequency and percentage wise distribution of pre-test and post-test level of coping regarding domestic violence among women of diverse socio-economic background.

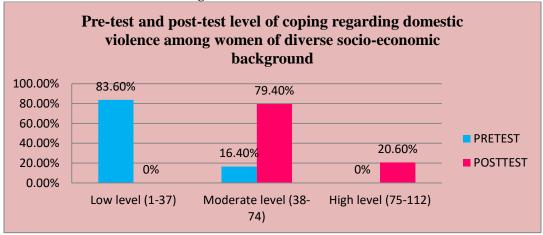




Fig 6: Comparison of the pre-test and post- test mean score of degree of domestic violence among women of diverse socio-economic background.

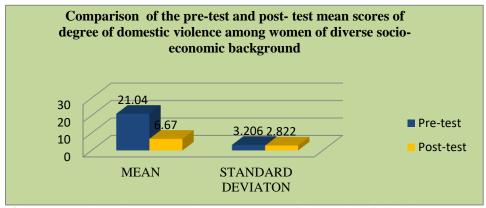


Fig 7: Comparison of pre-test and post- test score of the quality of life of women undergone domestic violence among women of diverse socio-economic background.

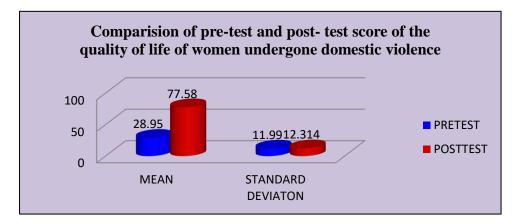
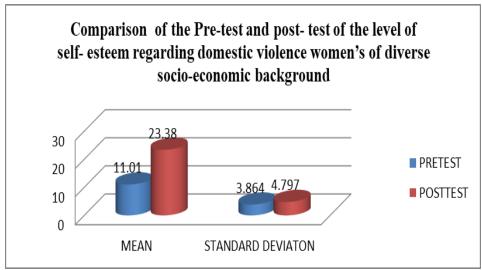


Fig 8: Comparison of the pre-test and post- test score of level of self- esteem among women of diverse socio-economic background.





Comparison of the Pre-test and post- test of the level of coping regarding domestic violence women's of diverse socio-economic background

80
60
40
27.35
12.769.12.731
POSTTEST

MEAN
STANDARD DEVIATON

Fig 9: Comparison of pre-test and post- test level of coping among women of diverse socio-economic background.

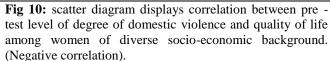


Fig 11: scatter diagram shows scatter diagram Correlation between pre -test level of quality of life and self-esteem among women of diverse socio-economic background. (Positive correlation)

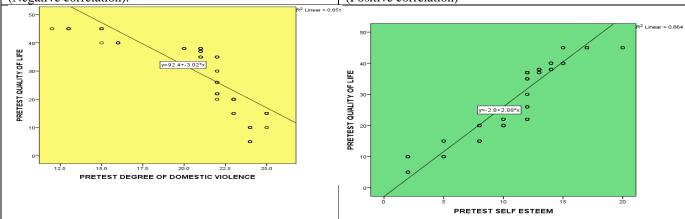


Table 1: Association between the level of prevalence of domestic violence among women of diverse socio-economic background with their socio-demographic variables. (N=330)

Sl.	Socio-demographic Prevalence of domestic violence							\mathbf{X}^2	Df	P-value
No	variables	Mild		Mode	rate	Seve	re			
		N	%	N	%	N	%			
1	Age (in years)									
	19-25	54	100	104	44.3	0	0			
	26-32	0	0	72	30.6	0	0		6	0.001**
	33-38	0	0	59	25.1	22	53.7	241.390		
	39-45	0	0	0	0	19	46.3			HS
2	Educational status									
	No formal education	15	27.8	26	11.1	0	0			
	Primary education	39	72.2	38	16.2	0	0	401.738	8	0.001**
	Secondary education	0	0	85	36.2	0	0			HS

N

	Higher secondary	0	0	81	34.5	0	0			
	Graduate	0	0	5	2.1	41	100	†		
3	Age at marriage		1 0	10		<u> </u>	100			1
	Below 18 years	11	20.4	7	3	41	100	224.085	2	0.001**
	Above 18 years	43	79.6	228	97	0	0	7		HS
Sl.	Socio-demographic		_		c violence			\mathbf{X}^2	Df	P-value
No	variables	Mild		Moder		Seve	re	1		
		N	%	N	%	N	%			
4	Duration of marriage		1			I.				
	Less than five years	54	100	57	24.3	0	0			
	Five to ten years	0	0	176	74.9	0	0	1		0.001**
	More than ten years	0	0	2	0.9	41	100	433.574	4	HS
5	Type of family			•	•					
	Nuclear family	54	100	234	99.6	0	0	1		
	Joint family	0	0	1	0.4	41	100	321.035	2	0.001** HS
6	Number of children									
	None	10	18.5	0	0	0	0			
	One	44	81.5	99	42.1	0	0			
	Two	0	0	136	57.9	18	43.9			0.001**
	Three and above	0	0	0	0	23	56.1	280.804	6	HS
7	Occupation of self							_		
	Home maker	0	0	106	45.1	41	100	_		
	Coolie	9	16.7	0	0	0	0	_		
	Government employee	45	83.3	2	0.9	0	0			
	Private employee	0	0	106	45.1	0	0	366.133	8	0.001**
	Self employed	0	0	21	8.9	0	0			HS
Sl.	Socio-demographic	Preva	alence of	domestic	c violence			\mathbf{X}^2	Df	P-value
No	variables	Mild		Moder		Seve	re			
		N	%	N	%	N	%	1		
8	Occupation of spouse									
	Home maker	0	0	0	0	28	68.3			
	Coolie	54	100	9	3.8	0	0			
	Government employee	0	0	23	9.8	0	0			
	Private employee	0	0	152	64.7	0	0			0.001**
	Self employed	0	0	51	21.7	13	31.7	504.097	8	HS
9	Family income in rupees	1	1			1	1	_		
	Less than 5000	0	0	0	0	26	63.4	_		
	5001-10000	0	0	126	53.6	5	12.2			0.001
	10001-20000	54	100	109	46.4	10	24.4	255.085	4	0.001**
	More than 20000	0	0	0	0	0	0			HS
10	Is the spouse		1				1.	4		
	An alocoholic	54	100	20	8.5	0	0	4		
	A smoker	0	0	196	83.4	0	0	4		
	Both	0	0	19	8.1	4	9.8	510 000	0	0.001**
	Tobacco usage	0	0	0	0	15	36.6	519.080	8	0.001** HS
	Nil	0	0	0	0	22	53.7			пэ



Demographic variables	Component's variables	Above mean	Below mean	Calculated value	Levels of significant
Age	18 - 19	8	8	12%	3.84
	20 - 20	6	13		
Religion	Hindu	3	7	1.4%	5.99
	Christian	11	13		
	Muslim	-	1		
Economic	Upper	-	1	1.78%	5.99
status	Middle	12	17		
	Lower	2	5		

^{*-}p < 0.001 significant

The table 1: Depicts that the demographic variable had shown statistically highly significant association between the level of prevalence of domestic violence with socio- demographic variables, among women of diverse socio-economic background with chi-square value of at p<0.001 level.

Table 2: Association between the pre-test level of degree of domestic violence with selected socio demographic variables, among women of diverse socio-economic background with their socio-demographic variables. (N=330).

Sl.	Socio-demographic	Pre-te				\mathbf{X}^2	Df	P-value
No	variables	Degree	e of domesti	ic violence				
		Moder		High				
		N	%	N	%			
1	Age (in years)							
	19-25	0	0	158	57.5			
	26-32	0	0	72	26.2			
	33-38	36	65.5	45	16.4	186	3	0.001**
	39-45	55	100	275	100			HS
2	Educational status							
	No formal education	0	0	41	14.9			
	Primary education	0	0	77	28			
	Secondary education	0	0	85	30.9			
	Higher secondary	9	16.4	72	26.2	272.400	4	0.001**
	Graduate	46	83.6	0	0			HS
3	Age at marriage							
	Below 18 years	48	87.3	11	4	21.6.468	1	0.001**
	Above 18 years	7	12.7	264	96			HS
4	Duration of marriage							
	Less than five years	0	0	111	40.4			0.001**
	Five to ten years	12	21.8	164	59.6	249.491	2	
	More than ten years	43	78.2	0	0			HS
Sl.	Socio-demographic	Pre-te	st-			X ²	Df	P-value
No	variables	Degree	e of domesti	ic violence				
		Moder		High				
		N	%	N	%			
5	Type of family							
	Nuclear family	13	23.6	275	100			
	Joint family	42	76.4	0	0	240.625	1	0.001** HS
6	Number of children			•				
	None	0	0	10	3.6	147.475		
	One	0	0	143	52			
	Two	32	58.2	122	44.4		3	0.001**
	Three and above	23	41.8	0	0			HS



7	Occupation of self							
	Home maker	55	100	92	33.5			
	Coolie	0	0	9	3.3			
	Government employee	0	0	47	17.1			
	Private employee	0	0	106	38.5			0.001**
	Self employed	0	0	21	7.6	82.163	4	HS
8	Occupation of spouse							
	Home maker	28	50.9	0	0			
	Coolie	0	0	63	22.9			
	Government employee	0	0	23	8.4	217.613	4	0.001**
	Private employee	0	0	152	55.3			HS
	Self employed	27	49.1	37	13.5			
Sl.	Socio-demographic	Pre-te	st-			X ²	Df	P-value
No	variables	variables Degree of domestic violence						
		Mode		High				
		N	%	N	%			
9	Family income in rupees							
	Less than 5000	26	47.3	0	0			
	5001-10000	5	9.1	126	45.8			0.001**
	10001-20000	24	43.6	149	54.2	146.546	2	HS
	More than 20000	0	0	0	0			
10	Is the spouse							
	An alocoholic	0	0	74	26.9			
	A smoker	0	0	196	71.3			
	Both	18	32.7	5	1.8			
	Tobacco usage	15	27.3	0	0	301.826	4	0.001**
	Nil	22	40	0	0			HS

*-p < 0.001 significant

The table 2: Depicts that the demographic variable had shown statistically highly significant association between the pretest level of degree of domestic violence among women of diverse socio-economic background with chi-square value of at p<0.001 level.

Table 3: Association between the pre-test level of quality of life among women of diverse socio-economic background with their socio-demographic variables. (N=330)

Sl.	Socio-demographic	Pre-tes	st- Quality	of life		\mathbf{X}^2	df	p-value
No	variables	Poor	•	Very p	Very poor			
		N	%	N	%			
1	Age (in years)							
	19-25	143	100	15	8			
	26-32	0	0	72	38.5			
	33-38	0	0	81	43.3	274.713	3	0.001**
	39-45	0	0	19	10.2			HS
2	Educational status							
	No formal education	41	28.7	0	0			
	Primary education	77	53.8	0	0			
	Secondary education	25	17.5	60	32.1			
	Higher secondary	0	0	81	43.3	258.134	4	0.001**
	Graduate	0	0	46	24.6			HS
3	Age at marriage							
	Below 18 years	11	7.7	48	25.7	17.835	1	0.001**
	Above 18 years	132	92.3	139	74.3			HS
4	Duration of marriage	•	•	•				

(N)

	Less than five years	111	77.6	0	0			
	Five to ten years	32	22.4	144	77	223.377	2	0.001**
	More than ten years	0	0	43	23	223.377		HS
5	Type of family	U	U	13	23			
	Nuclear family	143	100	145	77.5			
	Joint family	0	0	42	22.5	36.801	1	0.001**
					22.0			HS
Sl.	Socio-demographic	Pre-tes	t- Quality of	of life		\mathbf{X}^2	df	p-value
No	variables	Poor		Very p				
		N	%	N	%			
6	Number of children							
	None	10	7	0	0			
	One	133	93	10	5.3	292.124	3	0.001**
	Two		154	82.4]		HS	
	Three and above	0	0	23	12.3			
7	Occupation of self							
	Home maker	0	0	147	78.6			
	Coolie	9	6.3	0	0	266.494	4	0.001**
	Government employee	47	32.9	0	0			HS
	Private employee	87	60.8	19	10.2			
	Self employed	0	0 21 11.2					
8	Occupation of spouse							
	Home maker	0	0	28	15			
	Coolie	63	44.1	0	0			
	Government employee	23	16.1	0	0	184.921	4	0.001**
	Private employee	57	39.9	95	50.8			HS
	Self employed	0	0	64	34.2			
9	Family income in rupees							
	Less than 5000	0	0	26	13.9			
	5001-10000	4	2.8	127	67.9			
	10001-20000	139	97.2	34	18.2	202.958	2	0.001**
	More than 20000	0	0	0	0			HS
Sl.	Socio-demographic		t- Quality o			\mathbf{X}^2	Df	P-value
No	variables	Poor		Very p				
		N	%	N	%			
10	Is the spouse				1			
	An alocoholic	74	51.7	0	0		1.	
	A smoker	69	48.3	127	67.9	147.926	4	0.001**
	Both	0	0	23	12.3	.3		HS
	Tobacco usage	0	0	15	8			
	Nil	0	0	22	11.8			

Table 4: Association between the pre-test level of self -esteem among women of diverse socio-economic background with their socio-demographic variables. (N=330)

Sl.	Socio-demographic	Pre-tes	st- Self este	em		\mathbf{X}^2	Df	P-value
No	variables	Low	Low Moderate			Df		
		N	%	N	%			
1	Age (in years)							
	19-25	158	62.2	0	0			
	26-32	66	26	6	7.9			
	33-38	30	11.8	51	67.1	192.415	3	0.001**
	39-45	0	0	19	25			HS
2	Educational status	•	•	•	•			



	No formal education	41	16.1	0	0	<u> </u>	1	
	Primary education	77	30.3	0	0			
	Secondary education	85	33.5	0	0	223.442	4	0.001**
	Higher secondary	51	20.1	30	39.5		•	HS
	Graduate	0	0	46	60.5			
2		U	U	40	00.5		-	
3	Age at marriage	11	1.2	40	63.2	137.878	1	0.001**
	Below 18 years		95.7	48		15/.8/8	ı	HS
4	Above 18 years Duration of marriage	243	95.7	28	36.8		-	113
4		111	42.5	10	10			
	Less than five years	111	43.7	0	0	178,742	2	0.001**
	Five to ten years	143	56.3	33	43.4	1/8./42	4	HS
	More than ten years	0	0	43	56.6			пъ
5	Type of family	1054	100	124		160.020		0.001444
	Nuclear family	254	100	34	44.7	160.839	1	0.001**
	Joint family	0	0	42	55.3	2		HS
Sl.	Socio-demographic		t- Quality			X ²	df	p-value
No	variables	Poor		Very p		_		
		N	%	N	%			
6	Number of children							
	None	10	3.9	0	0			
	One	143	56.3	0	0	122 000		
	Two	101	39.8	53	69.7	133.909	3	0.001**
	Three and above	0	0	23	30.3			HS
7	Occupation of self							
	Home maker	71	28	76	100			
	Coolie	9	3.5	0	0			
	Government employee	47	18.5	0	0			
	Private employee	106	41.7	0	0	122.921	4	0.001**
	Self employed	21	8.3	0	0			HS
8	Occupation of spouse							
	Home maker	0	0	28	36.8			
	Coolie	63	24.8	0	0			
	Government employee	23	9.1	0	0	262.304	4	0.001**
	Private employee	152	59.8	0	0			HS
	Self employed	16	6.3	48	63.2			
9	Family income in rupees	•	•	•	-			
	Less than 5000	0	0	26	34.2			
	5001-10000	115	45.3	16	21.1	96.656	2	0.001**
	10001-20000	139	54.7	34	44.7			HS
	More than 20000	0	0	0	0			
Sl.	Socio-demographic	Pre-tes	t- Quality	of life		\mathbf{X}^2	df	p-value
No	variables	Poor		Very p	oor			•
		N	%	N	%			
10	Is the spouse	<u> </u>	1	<u> </u>				
	An alocoholic							
	A smoker	74 180	29.1 70.9	0 16	21.1	\exists		
	Both	0	0	23	30.3	\dashv		0.001**
	Tobacco usage	0	0	15	19.7	247.107	4	HS
	Nil	0	0	22	28.9		1	

*-p < 0.001 significant

The table depicts that the demographic variable had shown statistically highly significant association between the pre-test level of quality of life among women of diverse socio-economic background with chi-square value of at p<0.001 level.



Table 5: Association between the pre-test level of coping among women of diverse socio-economic background with their socio-demographic variables.

 $\frac{\text{N=330}}{\mathbf{X}^2}$ SI. Socio-demographic **Pre-test- Coping** Df P-value variables No Moderate Low % Ν % 1 Age (in years) 19-25 158 57.2 0 0 26-32 **72** 26.1 0 0 33-38 46 16.7 35 64.8 0.001** 184.767 3 HS 39-45 0 0 19 35.2 2 **Educational status** No formal education 41 14.9 0 0 77 27.9 Primary education 0 0 277.319 4 0.001** HS 85 30.8 0 0 Secondary education Higher secondary 73 14.8 26.4 8 Graduate 0 0 46 85.2 3 Age at marriage Below 18 years 11 4 48 88.9 265 96 221.741 1 0.001** HS Above 18 years 6 11.1 4 **Duration of marriage** 40.2 Less than five years 111 0 0 165 59.8 11 20.4 Five to ten years 0.001** 254.649 2 More than ten years 0 0 43 79.6 HS 5 Type of family 0.001** Nuclear family 276 100 12 22.2 245.972 HS Joint family 0 0 42 **77.8** Pre-test- Quality of life SI. Socio-demographic \mathbf{X}^2 df p-value No variables Poor Very poor % % Ν N Number of children 6 10 0 None 3.6 0 51.8 0 0 One 143 149.086 3 0.001** Two 123 44.6 31 57.4 HS Three and above 0 0 23 42.6 7 Occupation of self 93 33.7 100 Home maker 54 Coolie 9 3.3 0 0 Government employee 47 17 0 0 0.001** 80.377 4 Private employee 106 38.4 0 0 HS Self employed 21 7.6 0 0 Occupation of spouse 8 Home maker 0 0 28 51.9 22.8 Coolie 63 0 0 0.001** Government employee 23 8.3 0 0 4 217,202 HS Private employee 152 55.1 0 0 Self employed 38 13.8 26 48.1 Family income in rupees 0 48.1 Less than 5000 0 26 5001-10000 126 45.7 5 9.3 149,148 2 0.001** 10001-20000 150 54.3 23 42.6 More than 20000 HS 0 0 0 0



Sl.	Socio-demographic	Pre-tes	st- Quality	of life		\mathbf{X}^2	A di p-vaide		
No	variables	Poor		Very poor					
		N	%	N	%				
10	Is the spouse								
	An alocoholic	74	26.8	0	0				
	A smoker	196	71	0	0	297.596	4	0.001**	
	Both	6	2.2	17	31.5			HS	
	Tobacco usage	0	0	15	27.8				
	Nil	0	0	22	40.7				

^{*-}p < 0.001 significant

The table depicts that the demographic variable had shown statistically highly significant association between the pre-test level of self - esteem among women of diverse socio-economic background with chi-square value of at p<0.001 level.

Table 6: Association between the pre-test level of coping among women of diverse socio-economic background with their socio-demographic variables. (N=330)

Sl.	Socio-demographic		st- Coping			X ²	Df	P-value
No	variables	Low		Moder	ate			
		N	%	N	%			
1	Age (in years)							
	19-25	158	57.2	0	0			
	26-32	72	26.1	0	0			
	33-38	46	16.7	35	64.8			0.001**
	39-45	0	0	19	35.2	184.767	3	HS
2	Educational status							
	No formal education	41	14.9	0	0			
	Primary education	77	27.9	0	0			
	Secondary education	85	30.8	0	0	277.319	4	0.001**
	Higher secondary	73	26.4	8	14.8			HS
	Graduate	0	0	46	85.2			
3	Age at marriage	•	•		•			
	Below 18 years	11	4	48	88.9			
	Above 18 years	265	96	6	11.1	221.741	1	0.001** HS
4	Duration of marriage			•	- 1			
	Less than five years	111	40.2	0	0			
	Five to ten years	165	59.8	11	20.4			
	More than ten years	0	0	43	79.6	254.649	2	0.001** HS
5	Type of family			•	- 1			
	Nuclear family	276	100	12	22.2	245.972	1	0.001**
	Joint family	0	0	42	77.8			HS
Sl.	Socio-demographic	Pre-tes	st- Quality	of life	- 1	X ²	df	p-value
No	variables	Poor		Very p	oor			
		N	%	N	%			
6	Number of children			•	- 1			
	None	10	3.6	0	0			
	One	143	51.8	0	0			
	Two	123	44.6	31	57.4	149.086	3	0.001**
	Three and above	0	0	23	42.6			HS
7	Occupation of self							
	Home maker	93	33.7	54	100			
	Coolie	9	3.3	0	0			



	Government employee	47	17	0	0			
	Private employee	106	38.4	0	0	80.377	4	0.001**
	Self employed	21	7.6	0	0			HS
8	Occupation of spouse							
	Home maker	0	0	28	51.9			
	Coolie	63	22.8	0	0			
	Government employee	23	8.3	0	0			0.001**
	Private employee	152	55.1	0	0	217.202	4	HS
	Self employed	38	13.8	26	48.1			
9	Family income in rupees							
	Less than 5000	0	0	26	48.1			0.001**
	5001-10000	126	45.7	5	9.3			
	10001-20000	150	54.3	23	42.6	149.148	2	
	More than 20000	0	0	0	0			HS
Sl.	Socio-demographic	Pre-tes	st- Quality	of life		X ²	df	p-value
No	variables	Poor		Very p	oor			
		N	%	N	%			
10	Is the spouse							
	An alocoholic	74	26.8	0	0			
	A smoker	196	71	0	0	297.596	4	0.001**
	Both	6	2.2	17	31.5			HS
	Tobacco usage	0	0	15	27.8			
	Nil	0	0	22	40.7			

^{*-}p < 0.001 significant

The table depicts that the demographic variable had shown statistically highly significant association between the pre-test level of coping among women of diverse socio-economic background with chi-square value of at p<0.001 level.

DISCUSSION:

This study was conducted to evaluate the effectiveness of Self-instructional module regarding domestic violence among women of diverse socioeconomic background from selected communities at Indore. A quasi-experimental design - One group pre-test post-test design study was conducted among 330 domestic violence women of diverse socio-economic background. The nature and purpose of the study was explained to women of diverse socio-economic background, non-probability convenient sampling technique used to select the samples. Individual consent both verbal and written was obtained from women of diverse socio-economic background.

The study was conducted from 3.1.2018 to 20.2.2021. The participant information sheet was provided and written consent was obtained from women of diverse socio-economic background. Socio-demographic variables were collected using Interview schedule. Pretest assessment of the level the degree of domestic violence, quality of life, self- esteem, and coping strategies regarding domestic violence among women of diverse socio-economic background was done. Intervention with self-instructional module on "Face Domestic Violence Positively.

After intervention, post-test was conducted and assessed

the level of degree of domestic violence, quality of life, self- esteem, and coping strategies regarding domestic violence among women of diverse socio-economic background. The collected data were computerized and analyzed using SPSS version 25. The analysis was done using frequency, percentage, Paired 't', Pearson correlation 'r' test, and Chi-square test.

This result was supported by study Tiruye et al. (2020) conducted a retrospective Study on the Determinants of intimate partner violence against women in Ethiopia. A total of 3,897 married women were included. A two-stage stratified cluster sampling technique was used. The data were collected by using pretested semi-structured open-ended questionnaire. The results showed that 34.1% experiencing IPV a composite measure of physical, sexual and emotional abuse. The study concluded that although individual-level factors were significant determinants of IPV, higher level factors, including female education and IPV acceptance in the community, were also important influences on this major public health issue in Ethiopia.

This result was supported by another study Ahmadi Z et al. (2018) conducted a descriptive-analytical study on the Surveying the Degree of Domestic Violence against Women and Its Effective Factors in Married Women in Sabzevar. A total of 360 married women were included.



A cluster sampling method technique was used. The data were collected by using pretested semi-structured questionnaire. The results showed that the average rate of violence against women was reported by 85.40 ± 39.55 . Social factors ($\beta = 0.072$), family factors ($\beta = 0.075$), and related factors of couples ($\beta = 0.640$) which explained 39% of total variance of violence. Violence rate against women includes legal violence (19%); verbal violence (18%) and emotional violence (15%) were the most significant type of violence in the community. The study concluded that the degree of violence in the investigated society was significant and reducing unemployment and economic problems, and also the government can help reduce the risk of violence between couples.

Frequency and percentage wise distribution of Pretest and posttest level of the quality of life regarding domestic violence women of diverse socio-economic background. In pre-test, Majority of the women's 187 (56.7%) had poor quality of life and 143 (43.3%) had very poor quality of life. The mean and standard deviation of level of the quality of life regarding domestic violence women of diverse socio-economic background is 28.95 + 11.990. In post-test, Majority of the women's 179 (54.2%) had neither poor nor good quality of life and 151 (45.8%) had good quality of life. The mean and standard deviation of level of the quality of life regarding domestic violence women of diverse socio-economic background is 77.58 + 12.314 respectively.

Pretest and posttest level of the quality of life (domain wise) regarding domestic violence women of diverse socio-economic background. In pre-test, highest score environmental is (12.08+4.526) and lowest score is social relationship (3.04+1.597). In post-test, highest score is environmental (32.10+6.275) and lowest score is social relationship (10.42+2.769) respectively.

This result was supported by study Naghizadeh, Mirghafourvand and Mohammadirad (2021) conducted a cross-sectional study on Domestic violence and its relationship with quality of life in pregnant women during the outbreak of COVID-19 disease in Tabriz city. A total of 250 pregnant women were included. A Simple random sampling technique was used. The data were collected by using a three-part questionnaire consisting of the sociodemographic and obstetrics information, the domestic violence questionnaire developed by WHO, and the SF-12 quality of life questionnaire. The results showed that the mean score of the physical health department of quality of life in the group of women exposed to violence (50.21) was lower compared to the unexposed group (53.45), the mean score of the mental health department of quality of life in women exposed to violence (46.27) was significantly lower compared to unexposed women (61.17) (P < 0.001). The study concluded that the importance of screening pregnant women in terms of domestic violence in respective centres as well as the necessity of conducting proper interventions to address domestic violence to improve the quality of life in women.

This result was supported by another study Hisasue, Kruse, Raitanen, Paavilainen and Rissanen (2020) conducted a population-based study on Quality of life, psychological distress and violence among women in close relationships in Finland. A total of 22,398 women were included. A convenient sampling method was used. The data were collected by using EUROHIS-QOL 8-item index. The results showed that the prevalence of exposure to violence in any type of close relationship during the past year was 7.6%. Strong associations were found between combinations of violence and both quality of life (coefficient -0.51, p < 0.001) and mental health (odds ratio 4.16, 95% confidence interval 3.44-5.03). Compared with women who had been exposed to violence by a stranger, women who had been exposed to violence by someone in a close relationship had significantly lower quality-of-life scores (p < 0.001). The study concluded that Preventive policies in primary care settings aimed at screening and educating young people should be considered as an early form of intervention to reduce the negative mental health consequences of violence.

Frequency and percentage wise distribution of Pretest and posttest level of the self- esteem regarding domestic violence women of diverse socio-economic background. In pre-test, Majority of the women 254 (77%) had low level of self-esteem and 76 (23%) had moderate level of self-esteem. The mean and standard deviation of level of the self- esteem regarding domestic violence women of diverse socio-economic background is 11.01 + 3.864. In post-test, majority of the women 247 (74.8%) had moderate level of self-esteem and 83 (25.2%) had high level of self-esteem. The mean and standard deviation of level of the self- esteem of women undergone domestic violence among women of diverse socio-economic background is 23.38 + 4.797 respectively. This result was supported by study Sheikh, Koolaee and Rahmati Zadeh (2013) conducted a causal-comparative study on The Comparison of Self-differentiation and Selfconcept in Divorced and Non-divorced Women Who Experience Domestic Violence in Iran. A total of 80 non divorced women were included. A convenience sampling method was used. The data were collected by using instrument of self-differentiation (Skowron) and selfconcept (Rodgers). The results showed that divorced women have more self-differentiation and self-concept than non-divorced women. In addition, there is a significant difference with respect to self-differentiation and self-concept in divorced and non-divorced women with domestic violence. The study concluded that selfdifferentiation and self-concept can be considered in



premarital education (therapeutic interventions) to protective conditions against the occurrence of DV.

Frequency and percentage wise distribution of Pretest and posttest level of the coping regarding domestic violence women of diverse socio-economic background. In pretest, Majority of the women's 276 (83.6%) had low level of coping and 54 (16.4%) had moderate level of coping. The mean and standard deviation of level of the coping regarding domestic violence women of diverse socio-economic background is 27.35 + 12.769. In post-test, Majority of the women's 262 (79.4%) had moderate level of coping and 68 (20.6%) had high level of coping. The mean and standard deviation of level of the coping regarding domestic violence women of diverse socio-economic background is 68.03 + 12.731 respectively.

This result was supported by study Putten and Nur-E-Jannat (2020) conducted a case study design study on Coping with domestic violence: women's voices in Bangladesh. A total of 25 recently married women were included. Purposively sampled by snowballing were used. The data were collected by using a semi-structured questionnaire. The results showed that women adopt a range of responses to domestic violence. Two key aspects of coping surfaced in the narratives are emotion-driven and problem-driven approaches to abusive situations reported such as domestic violence and taboo; somatization; structural gender inequalities; male perpetrators; family dynamics and the intersections of these issues and contexts. The study concluded that Aresilience amidst an abusive environment, whereas passive ways of coping led to a life in distress.

This result was supported by another study Mahapatro and Singh (2019) conducted a prospective intervention study on Coping strategies of women survivors of domestic violence residing with an abusive partner after registered complaint with the family counseling center at Alwar, India. A total of 299 married women were included. The data were collected by using SRQ-20, Spouse Abuse Questionnaire, and a Semi-Structured Interview Schedule. The results showed that there is a differential impact of DV, psychological distress, and coping strategy based on contextual factor; women having an informal support system have a better result in coping; and intervention at the formal system resulted in improving coping strategy and simultaneously reducing psychological distress. The study concluded that the mediation period is interminable and traumatic, the institutional support to women survivors of DV is an important policy alternative for improving survivors' well- being, especially in an unsupportive informal context.

The mean score of degree of domestic violence in the pre-test was 21.04 ± 3.206 and the mean score in the post- test was 6.67 ± 2.822 respectively.

The calculated paired 't' test value of t = 44.91 shows statistically highly significant difference between Comparison of the Pre-test and post- test of the degree of domestic violence regarding domestic violence women of diverse socio-economic background respectively.

Hence H1 is there is a significant difference between the degree of domestic violence, quality of life, self- esteem and coping strategies regarding domestic violence women of diverse socio-economic background in pre- and post-was accepted and null hypothesis was rejected. The intervention of self-instructional module on "Face Domestic Violence Positively is more effective among domestic violence women of diverse socio-economic background.

This result was supported by study Chadambuka (2020) conducted an explore study on Coping Strategies Adopted by Women Who Experienced Intimate Partner Violence in the Context of Social Norms in Rural Areas in Zimbabwe. A total of 25 women were included. A purposive sampling technique was used. The study reported that social norms influenced participants' covert coping behaviour, which include acceptance of abuse and prayer. There is need to strengthen the existing coping strategies that are utilized by women as these could be the starting point for intervention efforts. This is important as it enables practitioners to develop contextspecific and context-driven intervention strategies that will effectively serve the victims in their distinctive situation.

This result was supported by another study Daruwalla et al. (2019) conducted an SNEHA-TARA pragmatic cluster randomised controlled trial study on Community interventions to prevent violence against women and girls in informal settlements in Mumbai. The study reported that Systematic reviews of interventions to prevent violence against women and girls suggest that community mobilisation is a promising population-based intervention. Already implemented in other areas, our intervention has been developed over 16 years of programmatic experience and 2 years of formative research. Backed by public engagement and advocacy, our vision is of a replicable community-led intervention to address the public health burden of violence against women and girls.

Hence H2 is significant correlation between the quality of life, self- esteem and coping strategies regarding domestic violence women of diverse socioeconomic background in pre- and post-was accepted and null hypothesis was rejected.

This result was supported by study Malik, Munir, Ghani and Ahmad (2021) conducted co-relational study on Domestic violence and its relationship with depression, anxiety and quality of life: A hidden dilemma of Pakistani women. A total of 116 patients were included. A Consecutive non-probability sampling



technique was used. The data were collected by using Depression, Anxiety and Stress Scale and Quality of life WHO scales. The results showed that domestic abuse has positive relationship with depression, anxiety, and stress. It was also found that domestic abuse has a negative relationship with quality of life of those who have been subjected to domestic violence of this sort. The study concluded that domestic violence whether verbal, physical, emotional or sexual has strongly affects the mental health and quality of life of abused women.

This result was supported by another study Izugbara, Obiyan, Degfie and Bhatti (2020) conducted explored study on Correlates of intimate partner violence IPPV among urban women in sub-Saharan Africa. A total of 42,143 urban women were included. The study reported that solely for IPPV did women who began cohabiting between ages 18 and 24 years or whose partners were employed show decreased adjusted prevalence rates relative to their counterparts who started cohabiting before 18 years or whose partners were unemployed. Relative to their counterparts whose partners were aged 25 years or below, living with a partner aged 40 years and above was associated with statistically significant reduced prevalence rates for IPPV.

This result was supported by another study Zarifinezhad, Afshari, Kheramine and Haghighizadeh (2019) conducted cross-sectional descriptive-analytic study on Association between domestic violence against women and self-esteem in Iran. A total of 473 women were included. A simple sampling technique was used. The data were collected by using self-esteem and domestic violence questionnaire. The results showed that the highest prevalence was related to psychological violence. There were economic, sexual and physical violence in the next category. There was a significant relationship between mental violence and self-esteem. There was no significant relationship between other types of violence and self-esteem. Also, there was a significant relationship between the factors affecting domestic violence and self-esteem. The study concluded that relationship between domestic violence against women and self-esteem and points to ways to address violence, especially psychological violence.

This result was supported by another study Reyal, Perera and Guruge (2020) conducted a Cross-Sectional Study on Knowledge and Attitude Towards Intimate Partner Violence Among Ever-Married Women from Sri Lanka. A total of 600 women were included. A Multistage cluster

sampling technique was used. The data were collected by using an interviewer-administered questionnaire. The results showed that Most respondents had poor knowledge (64.3%, n=386) on IPV with approximately half of them having attitudes generally justifying IPV (48.7%, n=292). Women with low levels of education and low household income were more likely to justify IPV. Poor knowledge on IPV increased the risk of being abuse by 1.5 times and women who had justifying attitudes toward IPV had two times risk of being abuse. The study concluded that necessity of interventions to be targeted on attitudes knowledge and and the contributory sociodemographic factors such as education, employment and income are emphasized.

This result was supported by another study Aghakhani et al. (2020) conducted a descriptive survey on Types of Domestic Violence Committed against Women Referred to the Legal Medical Organization in Urmia - Iran. A total of 300 women were included. A convenient sampling technique was used. The data were collected by using face-to-face structured interviews. The results showed that the majority of participants were in the 25 – 30 age groups, and 83% of them were battered by their husbands in various ways. No significant relationships were observed between violence and unemployment, increasing age, and home ownership. The study concluded that if routine screening for abuse is included in counseling, health providers will have the opportunity to develop a safety plan and initiate appropriate referrals.

CONCLUSION:

The present study to evaluate the effectiveness of Self-instructional module regarding domestic violence among women of diverse socio-economic background from selected communities at Indore. The level of Domestic violence prevalence, degree of domestic violence, quality of life, self- esteem and coping strategies regarding domestic violence women of diverse socioeconomic background were assessed by Domestic violence prevalence questionnaire, Degree of Domestic violence questionnaire, Quality of life – WHO, Rosenberg self-esteem scale and Brief-cope (brief-cope). The study concludes that the level of degree of domestic violence, quality of life, self- esteem and coping strategies regarding domestic violence women's is more effective by self-instructional module and the Information booklet regarding the role recognition and emotional competence to face domestic violence positively.

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