

## CHAPTER-IV

### RESULTS AND

### INTERPRETATIONS:

### PERSPECTIVE OF WOMEN

### USERS

## **CHAPTER - IV**

### **RESULTS AND INTERPRETATIONS: PERSPECTIVE OF WOMEN USERS**

This chapter deals with the findings of the women users' perspective study undertaken as one of the parts of the larger study on Domestic Violence and Health Care. The results are organized and presented in nine sections.

**Section – 1** describes the Personal Background Information of Women respondents.

**Section – 2** includes details related to women's current health problem, their perception of its causes and the treatment availed by them from the hospital.

**Section – 3** deals with women's experiences and perception of the quality of health care services. It includes details related to different parameters of quality of care included in the study.

**Section – 4, 5 and 6** are about exploring the relationship between the cause of women's health problem and their personal background information, details related to their health problem and their experiences and perception of quality of health care respectively.

**Section – 7** gives details related to women's personal experiences of domestic violence. It also views women's personal experiences of domestic violence in relation to the cause of the current problem stated by them.

**Section – 8** includes women's views on domestic violence.

**Section – 9** describes women's need to seek health care providers' intervention in domestic violence by examining its relationship with cause of their health problem, and women's perception of quality of care.

## **Section - 1**

### **Personal Background Information of Women Respondents**

Domestic Violence is a complex and multi faceted problem. In India, it is located in social, economic and cultural realities. Here, the institution of family is governed by the religion, region and culture specific customs and norms. Thus before exploring the vast sea of women's experiences related to domestic violence, it is important to understand the socio-cultural background of women. This section gives personal information of women respondents giving us a glimpse of their background so that one can understand their realities in context.

**Table-4 : Hospital-wise Distribution of Women Respondents**

N=143

<b>Name of the Hospital</b>	<b>Frequency</b>	<b>Percentage</b>
SSG Hospital, Baroda	33	23.0
GG Hospital, Jamnagar	29	20.3
Sir T. Hospital, Bhavnagar	29	20.3
New Civil Hospital, Surat	26	18.2
Civil Hospital, Ahmedabad	26	18.2
Total	143	100

The above table indicates that a total of 143 women respondents interviewed for this part of the study were from the five selected hospitals of the state. Of these 143 women respondents, a higher percentage i.e., 23 percent of respondents were from the Shree Sayajirao General Hospital, Baroda. An equal percentage of respondents i.e., 20.3 percent each were from Guru Govind Singh Hospital, Jamnagar and Sir, Takhatsinhji Hospital, Bhavnagar. Eighteen percent of the respondents were from Civil Hospital, Ahmedabad and New Civil Hospital, Surat each.

Thus the study had an almost equal distribution of women respondents (with marginal difference of 2 to 5 percent) from all the five study hospitals. Higher percentage of respondents from SSG Hospital could be due to its strategic central location drawing more patients from nearby districts / states.

**Table-5: Age of Women Respondents**

N=143

Age (Years)	Frequency	Percentage
Up to 30 years	54	37.7
30-40 years	49	34.3
40-50 years	30	21.0
50 years and above	10	7.0
Total	143	100

The above table shows that of out of the total 143 women respondents, majority of the women respondents i.e., 37.7 percent were below 30 years of age followed by 34.3 percent who were between 30-40 years of age. Twenty-one percent of women respondents were between 40-50 years of age and 7 percent of women respondents were of 50 years and above.

Thus the table indicates that 72 percent of women respondents of the study were young and below 40 years of age.

**Table-6: Education of Women Respondents**

N=143

Education	Frequency	Percentage
Illiterate	66	46.2
Upto Primary	39	27.3
Upto Secondary	28	19.5
Graduate	10	7.0
Total	143	100

The above table shows that 46.2 percent of women respondents were illiterate, 27.3 percent of them had primary level education and 19.5 percent had completed schooling up to secondary level. There were only 7 percent of women respondents in the study who were graduates.

Thus the table indicates that most of the women respondents who formed part of the study i.e., 73.5 percent had low educational attainment. They were either illiterate (46.2 percent) or educated only up to primary level (27.3 percent).

**Table-7: Religion of Women Respondents**

N=143

Religion	Frequency	Percentage
Hindu	115	80.4
Muslim	24	16.8
Other religion	4	2.8
Total	143	100

The above table shows that the majority of women respondents i.e., 80.4 percent were Hindus, 16.8 percent were Muslims and formed another major group. There were 2.8 percent of women respondents who belonged to other religions like Christianity and Buddhism.

**Table-8: Caste of Women Respondents**

N=143

Caste	Frequency	Percentage
General	55	38.5
SEBC	50	35.0
SC	26	18.1
ST	12	8.4
Total	143	100

The above table shows the caste distribution of women respondents indicating that 38.5 percent of women respondents belonged to the general category and the rest i.e., 61.5 percent were from the reserved caste groups. This included 35 percent of women respondents who were

from the SEBC group, 18.1 percent who belonged to SC category and 8.4 percent, who were from the ST category.

**Table-9: Women Respondents' Place of Stay**

N=143

Place of Stay	Frequency	Percentage
Urban area	97	67.8
Rural area	46	32.2
Total	143	100

The above table shows that majority of the women respondents of the study, 67.8 percent, were living in the urban area, whereas almost one third of the women respondents, i.e., 32.2 percent lived in the rural area and had come to the city based hospital for treatment.

Thus though the study includes the perspective of both, urban as well as rural women, it is largely reflects urban women users' perspective.

**Table-10: Women Respondents' Earning Status**

N=143

Earning Status	Frequency	Percentage
Not earning	86	60.1
Earning	57	39.9
Total	143	100

The above table shows that 60.1 percent of women respondents were not earning or doing any activity that yielded any personal income. The remaining 39.9 percent of women respondents who reported having an

income source talked of multiple activities that they undertook to earn. Almost half of these women (49.1 percent) respondents were involved in casual labour work and 12.3 percent undertook skilled labour work; 21.1 percent were engaged in agricultural work on their own farms. Fourteen percent of women respondents were employed and had fixed salary, while 10.5 percent of women respondents were self-employed and doing petty business like running a small shop etc. A few of the women respondents did other miscellaneous tasks like cattle rearing, taking tuitions, etc.

Most of those who earned said that their work involved going out of their homes (86 percent) and 14 percent of women respondents stated that as their work was home based it did not require them to go out of the home.

***Table-11: Personal Monthly Income of Women Respondents***

N=57

<b>Income (<i>in rupees</i>)</b>	<b>Frequency</b>	<b>Percentage</b>
Upto Rs. 500	17	29.8
501-1000	16	28.1
1001-1500	11	19.3
1501-2500	6	10.5
More than Rs. 2500	7	12.3
Total	57	100

The above table shows the monthly income distribution of 57 women respondents who reported doing work that gave them personal income. The table shows that majority of women respondents had very low monthly income. 29.8 percent of women respondents earned only up to



Rs.500 per month followed by an almost equal percentage i.e., 28.1 percent, of those who earned between Rs.501 to 1000 per month. While 19.3 percent of women respondents earned between Rs.1001 to 1500 per month, there were 22.8 percent of women respondents who earned more than Rs.1500 per month.

Thus, this table and the last table together indicate that majority of women respondents were financially not independent and those who earned, earned very little.

***Table-12: Type of Marriage of Women Respondents***

N=143

Type	Frequency	Percentage
Family's choice with her consent	106	74.1
Family's choice without her consent	22	15.4
Own choice with family's consent	8	5.6
Own choice without family's consent	7	4.9
Total	143	100

The above table shows that for the majority of women respondents i.e., 74.1 percent marriage was a choice of their families with their consent. 15.4 percent of women respondents said that their marriage was decided by their family members without their consent. Very few (4.9 percent) of women respondents had married without their families' consent.

**Table-13: Duration of Women Respondents' Marriage**

N=143

<b>Duration of Current Marital Life</b>	<b>Frequency</b>	<b>Percentage</b>
Up to 2 years	17	11.9
3-7 years	23	16.1
8-12 years	31	21.7
13-17 years	19	13.3
18-22 years	17	11.8
More than 22 years	36	25.2
Total	143	100

The above table shows the duration of women respondents' marriage. It shows that the study included women who were married recently (11.9 percent) i.e. for less than two years as well as those who were married for more than twenty-two years. (25.2 percent). While the duration of marriage of 28 percent of women respondents' was between 0-7 years, there were 21.7 percent whose duration of marriage was between 8-12 years.

**Table-14: Number of Times Married**

N=143

<b>Information</b>	<b>Frequency</b>	<b>Percentage</b>
Once	133	93.0
Twice	10	7.0
Total	143	100.0

The above table shows that 93 percent of women respondents had married only once in their lives. There were 7 percent of respondents who said that their current marriage was their second.

**Table-15: Information Related to Women Respondents' Children**

N=143

Information	Frequency	Percentage
Have children	122	85.3
No child	21	14.7
Total	143	100

The above table shows that out of the total 143 women respondents, 85.3 percent had children, whereas others i.e., 14.7 percent had no children. If we examine the details related to the children of these 85.3 percent women respondents, we find that 23 percent of them had more than four children and 73.7 percent of women respondents' children were minors.

***Current Pregnancy Status***

Of the 143 women respondents, 4.9 percent of women respondents i.e., 7 women were pregnant at the time of the interview and either in the first trimester of pregnancy or in the last trimester. Both the trimesters are the most critical stages of pregnancy when the chances of abortions / miscarriages are usually very high.

**Table-16: Type of Family of Women Respondents**

N=143

Type of Family	Frequency	Percentage
Nuclear family	99	69.2
Joint family	41	28.7
Natal/children's family	3	2.1
Total	143	100

The above table shows that majority of women respondents i.e. 69.2 percent lived in a nuclear family; 28.7 percent of women respondents lived in a joint family with their in-laws and there were 2.1 percent who either lived with their children or with their natal family members.

**Table-17: Number of Family Members Living with Women Respondents**

N=143

Number	Frequency	Percentage
Up to 5	90	62.9
6-10	43	30.1
11-20	6	4.2
More than 20	4	2.8
Total	143	100

The above table shows that 62.9 percent of women respondents lived in small size families having five members or less. There were 7 percent of women respondents whose family included more than ten members.

**Table-18: Economic Class of the Family as given by Women Respondents**

N=143

<b>Economic Class</b>	<b>Frequency</b>	<b>Percentage</b>
Poor	60	42
Lower income	60	42
Middle income	23	16
Total	143	100

The above table shows that 42 percent of women respondents considered themselves poor. This includes 3.5 percent of those women respondents who called themselves extremely poor. The same percentage i.e., 42 percent of women respondents considered themselves belonging to lower income group, and 16 percent of women respondents said that they were from the middle-income class. This also includes those 2.7 percent of women respondents who said that they were from the higher middle-income group.

## **Section - 2**

### **Details of the Health Problem, Treatment and Care**

The section includes details related to women respondents' health problem for which they were currently seeking treatment at the hospital. The section also includes details related to women's perception of cause of their health problem.

**Table-19: Health Problem of Women Respondents Currently under Treatment and Care**

N=143

Health Problems	Frequency	Percentage
<i>Physical Health Problems</i>		
Burn	26	18.2
Hurt/Injuries	21	14.7
Orthopaedic Problem	19	13.3
Poison Consumption	14	9.8
Pain/Swelling/Bruises	10	7.0
<i>Psychiatric Problems</i>	53	37.0
Total	143	100

The above table shows the health problem for which women respondents were seeking care at the hospital at the time of the interview. It shows that of the total 143 women respondents, 63 percent of women respondents had non psychiatric problems that included women respondents with burns (18.2 percent), hurt/injuries (14.7 percent), orthopaedic problem (13.3 percent), women respondents who had consumed poison (9.8 percent) and those who came with the complaint of pain/swelling or bruises (7 percent). The study included 37 percent of women respondents who were seeking psychiatric treatment at the time of the interview.

Among the 18.2 percent of women respondents, who were cases of burns, were those women who were having less than 40 percent of burns. During the course of data collection many women with higher percentage of burns were observed, but due to ethical reasons, they were not approached for the study. 14.7 percent of women respondents with hurt and injury included those

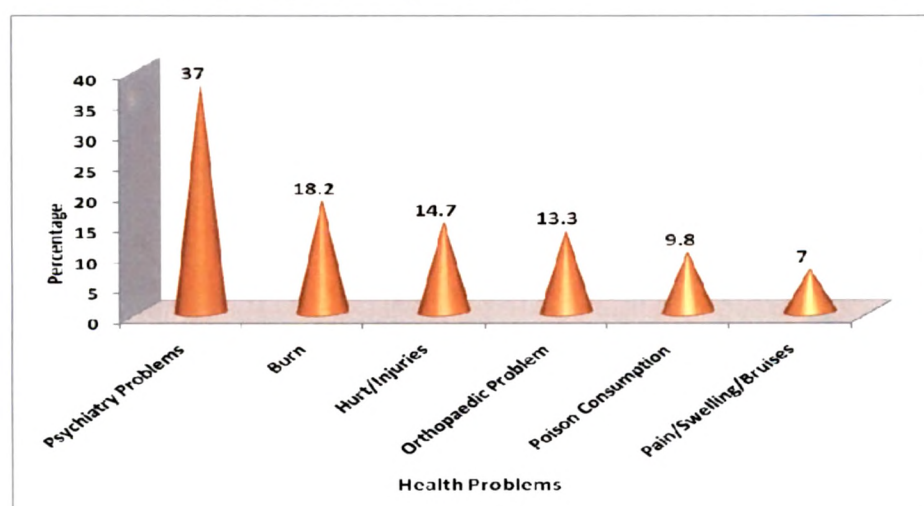
women respondents who were stabbed or throttled or had head injury or cuts.

The 13.3 percent of women respondents with orthopaedic problem had either fractures or cracks, dislocation of bones or other orthopaedic problems.

The 40.5 percent of women respondents with psychiatric problems (mental health problems) included women respondents who said that they were seeking treatment for some '*Mansik bimari*' (mental illness) or some '*Magaj ni dava*' (treatment for brain), headache, giddiness, depression, anxiety, irritation, anger or restlessness.

However, it is important to note here that the above categories are not mutually exclusive. Many of the women respondents had multiple health problems and the above categorization has been done on the basis of the major health problem for which the women respondent reported that she was being treated at the time of the interview, or on the basis of the main department under whose care she was seeking the treatment.

**Figure-6: Health Problem of Women Respondents Currently Under Treatment and Care (N=143)**



**Table-20: Information Related to Women Respondents' Case**

N=143

Information	Frequency	Percentage
<i>Type of case</i>		
Inward Patient	73	51
OPD Patient	70	49
Total	143	100
<i>Legal Status of the Case</i>		
Medico Legal Case (MLC)	57	39.9
Non-Medico Legal Case (Non MLC)	86	60.1
Total	143	100

The above table shows that the study includes the perspective of those women respondents who were inward patients as well as OPD patients. It also has the perspective of those who were termed either as Medico legal cases (MLC) or Non-Medico legal cases.

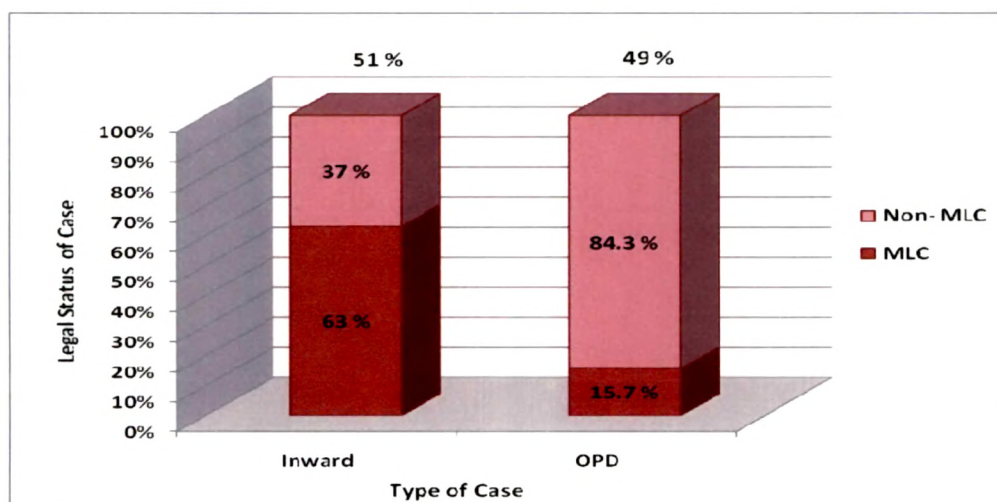
Medico legal cases are those medical cases wherein police complaint is lodged i.e., its a police case as well. The Police are involved as the cause of the problem may be a suspected crime. These are cases wherein medical investigations, reporting of history of the case, diagnosis, treatment or any other observations made by the health care providers play an important role as evidences during the judicial proceedings related to the suspected criminal act.

The table shows that the study included an almost similar percentage of women respondents who were either, Inward patients or OPD patients i.e., 51 percent and 49 percent respectively.



As far as the legal status of the respondents' case was concerned, 60.1 percent of the respondents were non-MLC, whereas 39.9 percent were MLC.

**Figure-7: Women Respondents' Type of Case and Legal Status of the Case (N=143)**



The above figure shows that the majority i.e., 63 percent of inward women respondents were medico legal cases, whereas the majority i.e., 84.3 percent of OPD women respondents were non-medico legal cases.

**Table-21: Cause of the Health Problem as Shared by Women Respondents**

N=143

Cause	Frequency	Percentage
Domestic Violence	39	27.3
Accident	46	32.2
Others	58	40.5
Total	143	100

The above table shows distribution of women respondents into three broad categories that they perceived and shared as the main cause of the health problem for which they were seeking treatment at the hospital.

These three categories have been made on the basis of the incident that women respondents reported had led them into this situation.

The category of 'Domestic Violence' includes only those women respondents who shared the episode of violence involving their husbands or marital family members. They were the '**Survivors of Domestic Violence**' who had approached the health care system for treatment and care.

The category of 'Accident' includes those women respondents who reported the incident of injury, hurt, poison consumption etc. as an accident. And the category of 'others' covers those women respondents on whom violence was inflicted by others (other than the husband and in-laws) and women respondents with psychiatric problems (mental health problems). Respondents with mental health problem form part of the 'others' category as they gave multiple reasons for their health problem and it was very difficult for the researcher to determine what was the main cause that they were attributing to their illness.

The table shows that 27.3 percent of women respondents stated domestic violence as the main cause of their health problem. This included situations wherein women respondents had physical injury as they were either beaten up and/or hit with an object. Over a third (35.9 percent) of these women respondents were slapped/bitten/scratched/pulled by their hair/punched. 30.8 percent of women respondents were hit by sharp edged objects like battle axe, scythe, knife or wooden objects like axe handle, crutch, washing club, stick, wooden log or iron objects like pipe, pestle,

pincers, or other objects like stones, bricks, pressure cooker. 18 percent of these women respondents were pushed/dragged or kicked by their husbands and/or their family members.

The category of domestic violence also included those 23.1 percent of women respondents who stated that they had attempted to commit suicide because of domestic violence experiences. Majority (61.5 percent) of these women respondents had also reported of having had quarrels and fights in the family over different issues. While more details are included in the case study section some of the incidences that women narrated are presented here.

***Voices of Women....***

*“My husband gives me every day Rs. 50/- for household expenses. That day he didn’t give me. So I did not cook in the evening. When he came, I told him how can I do it when there is no money.. So he slapped me. As he was drunk he began to beat me. He used the crutch lying there and broke my hand....”*

*“I refused to stay with him any longer. He requested me to go out with him so that we could talk. When no one was around he deceived me and stabbed me with a knife. He asked why I didn’t love him, why I did not want to stay with him ”*

*“My husband has done this. He has beaten me very badly. He tried to throttle me. He pulled my hair and punched me on my face. He just wants to drink. And if he does not get money, I am finished. He has all the bad habits. His temperament is very bad. He is like Ravan or Kans....”*

*“I had consumed powder that we use to spray in the farm (pesticide). I had a quarrel with my mother-in-law and my husband got angry on me. I felt very bad and thought that no one is mine, so I consumed the powder...”*

Over all, the pattern of reasons that had emerged from the above incidences that respondents narrated were—

- Self blame - wherein respondents blamed themselves for their situation. e.g., *'I am black, he doesn't like me'* or *'I spoke, answered back'* or *'I ignored him'* or *'I refused to do / did not do what they wanted me to do'*. There were 35.9 percent women respondents who blamed themselves for the episode of violence.
- Husband related reasons - wherein women respondents blamed their husbands' nature, habits, and behaviour. Nature included being suspicious, short-tempered, quarrelsome, giving no value to wife. Habits were mainly drinking, and behaviour included verbal and physical abuse by husband and his extra marital affairs. 48.7 percent of women respondents stated husbands' related reasons as responsible for their situation.
- In-laws related reasons - included mental harassment by in-laws, jealous and quarrelsome nature of the mother-in-law / sister-in-law (jethani / derani / nanad) or brother-in-law (jeth/der). 15.4 percent of the women respondents felt that it was their in-laws related reasons, which had caused the episode of violence.
- Dowry - 17.9 percent of women respondents spoke of dowry demand by their husband and/or in-laws as the cause of domestic violence.



- Emotional excitement or fits of rage in self – feeling of helplessness emerged as another reason that respondents felt had resulted in the situation. As many as 41 percent of women respondents had mentioned this.

Of the total 143 women respondents, 72.7 percent did not mention domestic violence as the main cause of their health problem. 32.2 percent of these women respondents reported that the incident due to which they were at the hospital was just an accident. Some of the very common, accidental situations mentioned by them were –

*“I was making tea on a primus, my sari got caught in it and I got burnt....”*

*“The lamp fell over me while I was sleeping at night. The rat must have done it...”*

*“My little nephew while playing with the safety pin pierced my lip...”*

*“I had lice in my hair so had taken out the medicine to apply on the scalp. I mistook it for a herbal medicine and consumed it...”*

*“I was doing plastering work at home and had climbed up the ladder for it. The frying blade was put near chulha facing upward. I fell from the ladder and the blade cut my abdomen.”.*

One major reason that emerges out of such accidental cases is that 67.3 percent of women respondents had blamed themselves for what had happened. Like it was ‘my carelessness or mistake’, ‘I was in a hurry to complete household chores’, ‘It was my synthetic saree’, ‘I fell because I was not well, etc. Others just blamed the situations or were not able to articulate the reason for the accident.

Most (91.4 percent) of women respondents in the broad category of ‘others’ were those who were taking treatment for the mental health problems. The remaining 8.6 percent were those who were hurt or injured by others. Most of those women respondents who had mental health problems, and as mentioned earlier, had given multiple responses to what they perceived as the cause of their problem. While the case study section includes some of these women respondents’ stories, a few respondents’ agonies are presented here.

***The Anguished Cries...***

*“It’s because of my helplessness. I had to manage the household at any cost with very little income, also raise children. I wanted to get myself operated for family planning. But my mother-in-law did not allow me. My husband is also having a problem. He has been given electric shocks as well. I have many tensions, I have suffered a lot!”*

*“I have this problem because my husband did not earn for years. He would fight and at times has beaten me. I had a lot of tension of managing my house and that is why this problem...”*

*“I developed this problem suddenly after the delivery...”*

*“I was extremely upset when my son left home. He (husband) is not going to bring him back. So I am here because of that...”*

*“I had a difficult time with my husband. He would fight and quarrel, would not do anything that I tell him. He would not earn. I had many tensions. I could not cope that’s why I am here...”*

Again the pattern of perceived reasons that emerged from what women respondents narrated as their tensions and worries can be summarized as relating to -

- Economic constraints like poverty, financial hardship;
- Personal or family member's physical or mental health problems like backache, paralysis / mentally ill husband, or mentally retarded child;
- Role expectations from women like bearing children, tolerance and suffering in silence;
- Domestic Violence– like physical abuse, verbal abuse, mental torture by husband and/or in-laws.

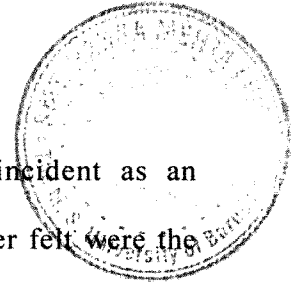
Some of the respondents articulated situations that they associated with their problem. This included situations that caused them shock situations like death, earthquake, or delivery/postpartum period or difficulties/struggle/drudgery of their lives or heredity as a factor responsible for their mental health problem. However, there were as many as 25.9 percent women respondents (with mental health problem) who could not articulate, or say what they thought was the possible reason for their problem.

#### ***'Suspect Cases'***

By and large it was found that women respondents especially those with mental health problems were unable to identify any one particular reason that they perceived as the main cause of their health problem. Moreover, given the complexity of any mental health problem it would not be wise to consider any one reason as its main cause.

Nonetheless there were 60.4 percent of women respondents with a mental health problem from the 'others' category who mentioned domestic violence as one of the causes of their problem.

Similarly, 19.6 percent of those who had called the incident as an accident were those women respondents who the researcher felt were the 'suspect cases' of domestic violence.



The bases on which the researcher describes these women respondents as suspect cases of domestic violence include –

- Behaviour of the women respondent or her relatives. The respondent kept looking around / getting distracted / avoiding to give answers to domestic violence related questions, relatives tried to interfere during the interview, showing suspicion.
- Incredulous description of the episode that caused injury, its reasons, contradictory statements, lack of congruence in the narration.
- Remarks made by health care providers or relatives or neighbouring patients, especially in case of those women respondents who were admitted as in-patients.
- Indirect acceptance by women respondents somewhere, during the interview without giving any detailed description, that domestic violence was the cause of their present situation.

Thus in all, from the total 143 women respondents there were 28.7 percent women respondents whom the researcher identified as the **'Suspect Cases of Domestic Violence'**.



**Table-22: Type of Treatment given to Women Respondents**

(N=143) (MR)\*

Type of treatment	Frequency	Percentage*
Medicine/Injection	89	62.2
Counselling	34	23.8
Dressing	31	21.7
Pint/Saline	19	13.3
Surgery	15	10.5
Plaster	13	9.1
Ortho Surgery	11	7.7
Check ups	8	5.6
Don't know	13	9.1

\*(Multiple response table, hence the total will not add upto 143 or 100 percent)

The above table describes the multiple types of treatment that women respondents reported receiving from the hospital.

**Table-23: Duration of the Current Treatment availed by Women Respondents**

N=143

Time Duration	Frequency	Percentage
0-7 days	66	46.1
8-30 days	27	18.9
1-6 months	22	15.4
6-12 months	8	5.6
More than 1 year	20	14.0
Total	143	100

The above table shows that at the time of the interview, for 46.1 percent of women respondents' duration of the current treatment was very short and they were under the hospital's care for the past 0-7 days. 18.9 percent

of women respondents were under the hospital's care for less than a month. It is interesting to note that 14 percent of women respondents were taking the current treatment from the hospital for more than a year. It was observed that most of these women respondents with the longer duration of the treatment were availing it for the mental health problems.

***Table-24: Treatment related Expenditure Incurred by Women Respondents***

N=143

<b>Expenditure Incurred</b>	<b>Frequency</b>	<b>Percentage</b>
Yes	50	35
No	93	65
Total	143	100

The above table shows that majority of the women respondents i.e., 65 percent said that they had not incurred any treatment related expenditure so far. For them the treatment was 'free'! However 35 percent of women respondents had incurred expenditure on medicines, check-ups, x-rays, food and on other miscellaneous items. An average per day expenditure that these women respondents reported is given in the following table.

**Table-25: Per Day Expenditure Incurred by Women Respondents**

N=50

<b>Amount</b>	<b>Frequency</b>	<b>Percentage</b>
Upto Rs. 10	14	28
Rs. 10-50	12	24
More than Rs. 50	7	14
No Response	17	34
Total	50	100

The table shows the range of amount that the women respondents spent per day for their treatment and care. As can be seen, 34 percent of women respondents said that they were not aware about the expenses they incurred, while 38 percent of the women respondents said that their daily expenditure ranged between Rs.10 and Rs.50, on items like medicare, check ups, food and other expenditure.

This table and the last table together indicate that for majority of women respondents the treatment that they availed at the hospital was free or with minimum expenditure. Thus their expectations as users for the services that is 'free' are generally found to be bare minimum. Moreover when 'Health Care is not viewed as a Right', lack of awareness of minimum required standards of care reduces users expectations and affects their perception of its quality of care.

**Table-26: Treatment Aailed in the Past from the Current Health Care Services**

N=143

Past Experience	Frequency	Percentage
Yes	32	22.4
No	111	77.6
Total	143	100

The above table shows that majority of women respondents i.e., 77.6 percent were taking the treatment from the study hospital for the first time, while 22.4 percent of women respondents reported of having some previous experience with the hospital. There were 15.7 percent women respondents within this category who said that they sought treatment and care from the hospital regularly.

**Table-27: Women Respondents' Awareness of the Department from where Current Treatment is taken**

N=143

Awareness of the Department	Frequency	Percentage
Aware of name and number of the department	7	4.9
Aware of only name of the department	78	54.5
Aware of only number of the department	10	7.0
Not aware	48	33.6
Total	143	100

The above table shows that 33.6 percent of women respondents were neither aware of the name nor the number of the department from where they were taking the treatment. There were 54.5 percent women

respondents who were aware of the name of the department, and 7 percent of women respondents said that they only knew their departments' number or the name of their doctor.

Thus the table indicates that almost 40 percent of women respondents were not much aware of the hospital set up from where they were taking the treatment.

### **Section - 3**

#### **Experiences and Perception of the Quality of Health Care Services**

To understand women's perception of quality of care provided to them by the health care providers, they were asked to share their experiences with the health care providers at the different stages of the treatment and care.

##### **(A) User - Provider Relationship**

The interview schedule included both the qualitative as well as quantitative aspects related to women's experiences with the current treatment, experiences at the time of entry, types of experiences with the health care providers, their comfort with the sex of health care providers and in sharing the cause of the health problem with the health care providers.

On the basis of these experiences, women's perception of their relationship with providers i.e., User – Provider relationship was drawn by assigning scores to their type of experiences on a three point scale.

### **(B) Attitude and Behaviour of Health Care Providers**

To understand women's perception of health care providers' attitude and behaviour towards them, a battery of desirable attitude and behaviour type related questions were prepared on a three point scale as given in Section E-IV of the interview schedule. Again by using a scoring method respondents were divided into three categories: 'good', 'fair' and 'poor'.

### **(C) Response of Health Care Providers**

Women were also asked about their perception of health care providers' response to them on a two point scale as given in Section E-III of the study tool. Based on the scores, women's responses were classified into 3 categories: 'positive', 'some what positive' and 'negative'.

This section first describes, women respondents' experiences with each of the indicators of quality of care and later shows the results of the measured perception of quality of care based on quantitative scales used in the study.

## I. Experiences with the treatment and care

**Table-28: Health Care Services Liked by the Women Respondents**

N=143 (MR)\*

Health Care Services	Frequency	Percentage
<i>Health Care Provider related</i>		
Attitude and Behaviour of HCPs	33	23.1
Competency of Doctors	23	16.1
Availability of HCPs	9	6.3
<i>Treatment related</i>		
Effectiveness	51	35.7
Timeliness	16	11.2
<i>Support Services related</i>		
Medicine/Injection	17	11.9
Food	14	9.8
<i>Physical Infrastructure related</i>	4	2.8
<i>Overall care and service</i>	39	27.3
<i>Nothing</i>	20	14.0

\*(Multiple response table, hence the total will not add upto 143 or 100 percent)

The above table shows the distribution of women respondents according to the types of health care services that they liked at the hospital.

The table indicates that 35.7 percent of women respondents liked the effectiveness of the treatment that they received from the hospital.

Twenty three percent of women respondents liked the attitude and behaviour of health care providers. Here women respondents mentioned the friendliness, respect shown, and attention given by health care providers to them.

*"I like it because they joke with me. I like the doctor and nurse. The are good natured."*

They also shared that verbal and non-verbal communications; gestures like touch, smile, nodding etc. of health care providers made them feel comfortable. About 27 percent of women respondents reported that they liked the overall care and services that they receive from the hospital.

*"Everything is nice. I get good medicine and food from here. A fan, electricity ... there is cleanliness here."*

*"I like everything. It's like home. Even better than home. Everything is just fine. I get tea, milk, food,.. Everything on time."*

Its important to note from this table that there were only 14 percent women respondents who said that they did not like anything at the hospital.

**Table-29: Health Care Services not Liked by the Women Respondents**

N=143 (MR)\*

Health Care Services	Frequency	Percentage
<i>Health Care Provider related</i>		
Attitude and Behaviour of HCPs	11	7.7
Competency of Doctors	4	2.8
<i>Treatment related</i>		
Ineffectiveness	10	7.0
Timeliness and High cost	6	4.2
<i>Support Services related</i>		
Food	4	2.8
<i>Physical Infrastructure related</i>	10	7.0
Overall Quality of Care	7	4.9
Other	4	2.8
Nothing	107	74.8

\*(Multiple response table, hence the total will not add upto 143 or 100 percent)



The above table shows that 74.8 percent of women respondents stated that there was nothing that they did not like about the health care services. Nearly 8 percent of women respondents said that they had not liked the attitude and behaviour of health care providers. These women respondents had found providers rude, insensitive and careless toward them.

*“Doctor shouts. He doesn’t answer properly.”*

*“Doctor doesn’t listen to me. I said I want to file a police case. He refused and made me run from pillar to post.”*

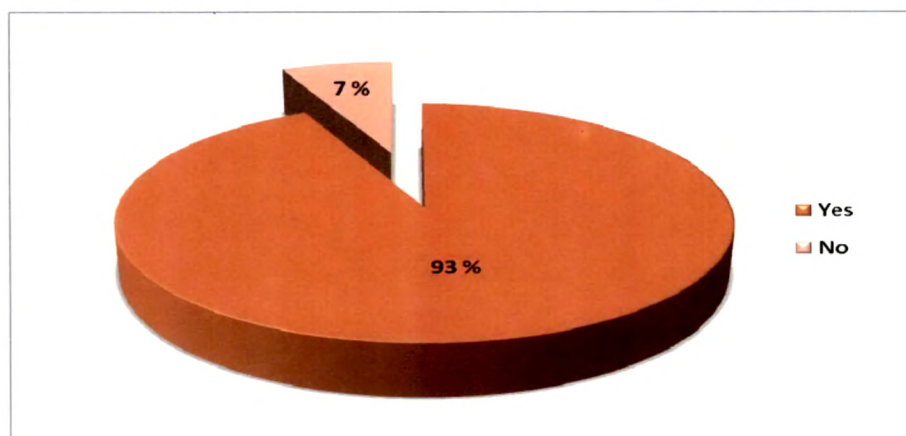
Dissatisfaction related to treatment (ineffectiveness of treatment) and physical infrastructures were mentioned by 7 percent of women respondents in each.

*“It’s been two days since I have been admitted here. They are neither doing dressing nor applying ointment....”*

*“I don’t like to stay here. You have to see all filth around. Looking at all this you feel more sick.”*

*“It’s dirty here. There is no water, toilets are dirty, nothing is good...”*

**Figure-8: Women Respondents’ Willingness to Continue with the Treatment at the Hospital**



The figure given above shows that most of the women respondents i.e. 93 percent expressed their desire to continue with the treatment at the hospital.

Reasons that they shared for their willingness to continue with the treatment are given below:

**Table-30: Reasons for continuing with the Treatment at the Hospital Stated by Women Respondents**

N=133 (MR)\*

Reasons	Frequency	Percentage
<i>Treatment related reasons</i>		
Liked the treatment	47	35.3
Got recovered	36	27.1
<i>Economic reasons</i>		
Cost of treatment	35	26.3
Lack of financial resources	24	18.0
<i>Services and infrastructure facility related reasons</i>		
Good Services	23	17.3
<i>Health Care Providers related reasons</i>		
Good attitude and behaviour of HCPs	5	3.8

(\*Multiple response table, hence the total will not add upto 143 and 100 percent)

The above table shows some of the common reasons that 35.3 percent of 133 women respondents gave for continuing with the treatment. They said that they had liked the treatment given to them; 27.1 percent of women respondents were willing to continue because they 'got recovered'.

*"When I came here, I was almost dead. They saved my life!"*

Economic reasons related to the cost of treatment (26.3 percent) and lack of financial resources (18 percent) to go anywhere else were also mentioned as reasons for willingness to continue with the treatment.

*“I want to go to the private hospital/doctor but where can a poor person go?”*

*“Because we don’t have money, we have no option but to come here. Whatever we get, we have to like it.”*

There were only 3.8 percent of women respondents who said that they would continue taking the treatment at the hospital because of the good attitude and behaviour of health care providers.

**Table-31: Women Respondents’ Experiences at the Time of Entry**

N=143

Type of Experience	Frequency	Percentage
Good	60	42.0
Fair	5	3.5
Poor	78	54.5
Total	143	100

The above table shows that almost half of the women respondents i.e. 54.5 percent reported that their experiences at the time of entry into the hospital, with the first contact were not good, but poor, While 42 percent of women respondents shared that they had a good experience at the time of their entry.

The following table describes respondents’ feelings related to their experiences.

**Table-32: Feelings Related to the Experiences at the Time of Entry as Shared by Women Respondents**

N=143(MR)\*

Feelings	Frequency	Percentage
<i>Positive</i>		
Good	53	37.1
Attended and Respected	34	23.8
Confident	15	10.5
<i>Negative</i>		
Got scared	24	16.8
Not good	23	16.1
Unattended	19	13.3
Unfamiliar	14	9.8
Unconfident	13	9.1
Insulted	6	4.2
Not Good-Not Bad	10	7.0
Nothing	8	5.6

(\*Multiple response table, hence the total will not add upto 143 and 100 percent)

The above table shows types of mixed feelings that women respondents shared related to their first experiences at the time of entry.

Sharing about their positive feelings, women respondents have said that they felt good (37.1 percent) attended and respected (23.8 percent) by the health care providers.

*“This is my first visit here. But everyone is co-operative so I feel good.”*

Women respondent's described their negative feelings saying that they got scared (16.8 percent), didn't feel good - felt upset, felt like crying (16.1 percent) when they came to the hospital, and 13.3 percent felt that

they were not attended by anyone. Unfamiliarity with the surroundings (9.8 percent), lack of confidence on the treatment (9.1 percent) were also reported as some of the negative feelings.

*"I was in acute pain hence was not feeling good. On the top of it, they made me run from one place to the other. We had a difficult time."*

*"I had never seen/visited the big hospital so I got scared."*

Sharing about their experiences of the time taken by health care providers in providing them care and treatment, majority of the women respondents (85.3 percent) said that they were given the treatment immediately. Long queue of patients, unavailability of senior doctors were reported by 9.8 percent of women respondents as reasons for the delay.

However, there were 4.9 percent of women respondents who said that they were unaware about the time taken to provide treatment, as they were unconscious when brought to the hospital.

**Table-33: Information provided by Health Care Providers to Women Respondents**

N=143

	Information	Given			Total
		Yes	No	Don't know	
1	Type of treatment	79(55.2)	58(40.6)	6(4.2)	143(100)
2	Time required for treatment	51(35.7)	84(58.7)	8(5.6)	143(100)
3	Cost of treatment	34(23.8)	101(70.6)	8(5.6)	143(100)
4	Rules and regulations of hospital	27(18.9)	108(75.5)	8(5.6)	143(100)
5	Other facilities available at hospital	21(14.7)	113(79.0)	9(6.3)	143(100)

(Figures in parenthesis indicate row percentage)

The above table shows distribution of women respondents on the basis of whether information was provided to them at the time of intake by health care providers attending to them.

The table shows that information on the type of treatment that was required to be taken was the only information that was provided to a high percentage of women respondents (55.2 percent) compared to the other types of information.

Only 14.7 percent women respondents said that they were informed of the location, availability of other facilities like blood bank, canteen, x-ray department, etc. at the hospital.

**Table-34: Women Respondents' Comfort with the Sex of Health Care Providers**

N=143

Category	Frequency	Percentage
Comfortable	124	86.7
Uncomfortable	19	13.3
Total	143	100

The above table shows that majority of women respondents (86.7 percent) said that they were comfortable with the sex of the health care providers who were attending to them.

Women respondents who said that they were not comfortable with the sex of health care providers (13.3 percent) gave two similar reasons. They either felt shy of the male doctors or they did not like male doctors examining them.

**Table-35: Type of Experiences with the Health Care Providers Shared by Women Respondents**

N=143

Type	Frequency	Percentage
Good	85	59.4
Fair	42	29.4
Poor	16	11.2
Total	143	100

The above table shows that 59.4 percent of women respondents reported that their experiences with health care providers were good. There were 11.2 percent of women respondents who described their experiences as

not good or of poor quality; 29.4 percent of women respondents said that they had mixed experiences and they reported of having good as well as bad/poor experiences with the health care providers.

Types of ‘good’ experiences included those experiences which made women respondents feel good and happy. Whereas poor experiences included those that they did not like or felt bad or that upset them.

The pattern that emerged from what women respondents shared as their good or bad experience can be described as experiences related to:

- Effectiveness of treatment
- Attitude and behaviour of health care providers
- Availability of health care providers.

As the case study section includes description of some of these experiences they have not been described here in detail.

**Table-36: Number of Women Respondents who Shared the Cause of the Health Problem with Health Care Providers**

N=143

Sharing	Frequency	Percentage
Done	120	83.9
Not done	23	16.1
Total	143	100

The above total shows that majority of women respondents (83.9 percent) stated that they had shared the cause of their health problem with the health care providers i.e. whether it was due to domestic violence, accident or others.



There were 16.1 percent of women respondents who denied sharing the cause of their problem. Reasons that these 23 respondents gave for not sharing the cause of the health problem with health care providers are shown in the table given below:

**Table-37: Reasons Given by Women Respondents for not Sharing the Cause with Health Care Providers**

N=23 (MR)\*

Reasons	Frequency	Percentage
Not asked	14	60.8
Lack of rapport/comfort with HCPs	6	26.1
Others	6	26.1

(\*Multiple response table, hence the total will not add upto 143 and 100 percent)

The above table shows that 60.8 percent of women respondents did not share the cause of their health problem with the health care providers, as they were not asked about it.

Lack of rapport/comfort with health care providers was stated as one of the reasons by 26.1 percent of women respondents. Other reasons that women respondents gave were: they did not consider it useful or helpful and/or were advised against it by relatives.

The following table shows women respondents' perception of health care providers' response to them on knowing the cause of their health problem.

As there were 120 women respondents as shown in Table 36 who had shared the cause of their health problem with health care providers, the table shows only their responses.

**Table-38: Women Respondents' Perception of Health Care Providers' Response**

N=120

	Responses	Type	
		Yes	No
1.	Showed sympathy	81(67.5)	39(32.5)
2.	Gaining more information about the cause	67(55.8)	53(44.2)
3.	Blamed respondent for the cause*	13(10.8)	107(89.2)
4.	Attempted to help respondent in some way	20(16.7)	100(83.3)

\* Negative statement

(Figures in parenthesis indicate row percentage)

The above table describes women respondents' perception of the health care providers' response to them. It shows that 89.2 percent of women respondents said 'No' when they were asked whether health care providers blamed them for the cause.

In the case of 67.5 percent of women respondents, health care providers had shown sympathy and 55.8 percent confirmed that HCPs had tried to find out from them more details of the cause.

However very few, only 16.7 percent of women respondents, felt that health care providers had tried to help them in some way.

**Table-39: Type of Relationship Shared by Women Respondents with Health Care Providers (User-Provider Relationship)**

N=143

Type	Frequency	Percentage
Good	83	58.0
Fair	15	10.5
Poor	45	31.5
Total	143	100

The above table shows the type of relationship that women respondents shared with providers. A little less than two-thirds (58 percent) of women respondents shared a good relationship, whereas in the case of 31.5 (i.e., almost one third) percent of women respondents, their relationship with providers was poor.

The following table shows women respondents' perception of health care providers' attitude and behaviour towards them. The 'No Response' category includes those women respondents who either did not respond to the statement or said that it was not applicable to them.

**Table-40: Women Respondents' Perception of Attitude and Behaviour of Health Care Providers**

N=143

	Attitudes and Behaviours	Responses			
		Always	Some times	Never	No Response
1	Make her feel good	118(82.5)	11(7.7)	7(4.9)	7(4.9)
2	Spend enough time with her	93(65.0)	19(13.3)	22(15.4)	9(6.3)
3	Take interest in her problem	96(67.1)	17(11.9)	22(15.4)	8(5.6)
4	Give her the chance to ask questions	96(67.1)	14(9.8)	18(12.6)	15(10.5)
5	Listen to her patiently	116(81.1)	9(6.3)	11(7.7)	7(4.9)
6	Talk with her politely	114(79.7)	9(6.3)	11(7.7)	9(6.3)
7	Believe what she tells them	114(79.7)	11(7.7)	7(4.9)	11(7.7)
8	Take care of her needs	104(72.7)	10(7.0)	16(11.2)	13(9.1)
9	Talk to her in privacy	69(48.3)	11(7.73)	51(53.7)	12(8.4)
10	Respect her	118(82.5)	8(5.6)	5(3.5)	12(8.4)
11*	Speak something that makes her feel bad	8(5.6)	10(7.0)	114(79.7)	11(7.7)
12	Talk to her in the language that she understood	122(85.3)	9(6.3)	3(2.1)	9(6.3)
13*	Discriminate in their behaviour with her on the basis of caste/religion/class	2(1.4)	2(1.4)	125(87.4)	14(9.8)

\*negative statement

(Figures in parenthesis indicate row percentage)

The above table shows that talking to women respondents in the language that they understood was said to have been always done by majority (85.3 percent) of women respondents. That the health care providers showed respect towards them was felt by 82.5 percent of women respondents. A similar percentage of women respondents also felt that health care providers made them feel good.

By and large, the table shows that women respondents' perception of all the above stated desirable types of attitudes and behaviours have been positive, except in case of talking to them in privacy, spending enough time with them and taking interest in their problem.

Almost half of women respondents (53.7 percent) said that health care providers did not talk to them in privacy; 15.4 percent of women respondents felt that health care providers never spent enough time with them. A similar percentage of women respondents felt that health care providers did not take any interest in their problem.

Based on the above responses, women respondents' overall perception related to health care providers' attitude and behaviour was measured and is presented in the following table.

**Table-41: Women Respondents' Perception of Attitude and Behaviour of Health Care Providers**

N=143

Type	Frequency	Percentage
Good	118	82.5
Fair	2	1.4
Poor	23	16.1
Total	143	100

The above table shows that majority of women respondents (82.5 percent) have perceived health care providers' response as 'good', whereas 16.1 percent have perceived it as 'poor'.

Having looked at each of the aspects independently, the following table at a glance shows women respondents' experiences and perception related to all the aspects that constituted quality of care for the present study.

**Table-42: Women Respondents' Perception of Quality of Care at a Glance**

N=143

	Experiences	Type		
		Good	Fair	Poor
1.	Experiences with the current treatment	56(39.2)	72(50.3)	15(10.5)
2.	Experience at the time of intake	60(42.0)	5(3.5)	78(54.5)
3.	Experiences with health care providers	85(59.4)	42(29.4)	16(11.2)
4.	User-Provider relationship	83(58.0)	15(10.5)	45(31.5)
5.	Attitude and behaviours of health care providers	118(82.5)	2(1.4)	23(16.1)
		Comfortable		Not comfortable
6.	Comfort with the sex of health care providers	124(86.7)		19(13.3)
		Yes		No
7.	Sharing the cause of health problem	120(83.9)		23(16.1)
		Positive	Somewhat positive	Negative
8.	Response of health care providers	62(43.4)	44(30.8)	37(25.9)

(Figures in parenthesis indicate row percentage)

The above table shows that comfort with the sex of the health care providers (86.7 percent), sharing the cause of health problem (83.9 percent) and attitude and behaviour of health care providers (82.5

percent) were the three areas where majority of women respondents' have reported their experiences as Good.

Experiences at the time of intake/first contact (54.5 percent) and client - provider relationship (31.5 percent) were the two aspects where comparatively more percentage of women respondents reported their experiences as Poor.

Half (50.3 percent) of the women respondents found their experiences with the current treatment as fair followed by 29.4 percent who reported that their experiences with the health care providers were fair.

Women respondents' perception of health care providers' response to them was divided. While 43.4 percent found it to be positive, for 30.8 percent of them, it was somewhat positive. In the case of one fourth of women respondents (25.9 percent), the health care providers' response to them was perceived to be negative.

After having shown women respondents' personal background information, the nature of care availed by them, their perception of the reasons for their health problem and their experiences and perception of the quality of care, the following three sections will describe the above according to the three main categories of cause of the health problem that have emerged from the data.

## Section – 4

### Relationship between Personal Background Information and Cause of the Health Problem

This section examines the relationship between women respondents' personal background characteristics and the cause of their problem that they reported to the researcher.

**Table-43: Women Respondents' Age and Cause of the Health Problem**

N=143

Age (years)	Cause			Total
	Domestic Violence	Accident	Others	
Below 30 years	19(35.8)	26(47.2)	9(17.0)	54(37.76)
30-40 years	14(28.6)	15(30.6)	20(40.8)	49(34.3)
40-50 years	5(16.7)	5(16.7)	20(66.6)	30(21.0)
Above 50 years	1(10.0)	-	9(90.0)	10(7.0)
Total	39(27.3)	46(32.2)	58(40.5)	143(100)

(Figures in parenthesis indicate row percentage)

The above table shows that 47.2 percent of women respondents who were below the age of 30 years had said that accident was the cause of their health problem.

The table shows high percentage of women respondents in older age groups who were in the hospital due to 'other' reasons; 66.6 percent and 90 percent of women respondents between 40-50 years of age and above 50 years of age respectively.



The table also shows that 35.8 percent of women respondents below the age of 30 years and 28.6 percent of women respondents between 30-40 years of age were those who were the survivors of domestic violence. They had reported domestic violence as the cause of their current health problem.

Thus the study found a comparatively higher percentage of survivors of domestic violence in the younger age groups i.e. below 40 years, than among the older group of women respondents.

**Table-44: Women Respondents' Education and Cause of the Health Problem**

N=143

Education	Cause			Total
	Domestic Violence	Accident	Others	
Illiterate	17(25.8)	24(36.4)	25(37.9)	66(46.2)
Upto primary level	14(35.9)	9(23.1)	16(41.0)	39(27.3)
Upto secondary level	7(25.0)	10(35.7)	11(39.3)	28(19.5)
Graduate	1(10.0)	3(30.0)	6(60.0)	10(7.0)
Total	39(27.3)	46(32.2)	58(40.5)	143(100)

(Figures in parenthesis indicate row percentage)

The above table shows that an almost similar percentage of survivors of domestic violence were found amongst those women respondents who were illiterate (25.8 percent) and amongst those who had studied upto secondary level.

However, 35.9 percent of women respondents who had primary education were also survivors of domestic violence.

The study found only 1 survivor of domestic violence amongst women respondents who were graduates, i.e., 10 percent of total respondents who were graduates.

Thus it was found that survivors of domestic violence visiting the hospital were found to be amongst illiterate respondents or amongst those who had studied upto primary or secondary level.

**Table-45: Women Respondents' Religion and Cause of the Health Problem**

N=143

Religion	Cause			Total
	Domestic Violence	Accident	Others	
Hindu	29(25.2)	40(34.8)	46(40.0)	115(80.4)
Muslim	8(33.3)	4(16.7)	12(50.0)	24(16.8)
Other religion	2(50.0)	2(50.0)	-	4(2.8)
Total	39(27.3)	46(32.2)	58(40.5)	143(100)

(Figures in parenthesis indicate row percentage)

The above table shows that 25.2 percent of Hindu women respondents were survivors of domestic violence, whereas amongst Muslim women respondents, 33.3 percent were survivors and amongst women respondents belonging to other religion they constituted 50 percent.

Thus, survivors of domestic violence were found among women respondents belonging to all religions. One-fourth of Hindus, one-third of Muslims and half of the women respondents of other religions were survivors of domestic violence.

**Table-46: Caste of Women Respondents and Cause of the Health Problem**

N=143

Caste	Cause			Total
	Domestic Violence	Accident	Others	
General	11(20.0)	14(25.5)	30(54.5)	55(38.4)
SEBC	16(32.0)	16(32.0)	18(36.0)	50(35.0)
SC	8(30.8)	8(30.8)	10(38.4)	26(8.4)
ST	4(33.3)	8(66.7)	-	12(8.4)
Total	39(27.3)	46(32.2)	58(40.5)	143(100)

(Figures in parenthesis indicate row percentage)

The above table shows that 20 percent of the women respondents from the general/open category, 32 percent from SEBC category, 30.8 percent from SC groups and 33.3 percent from ST category were survivors of domestic violence.

Thus survivors of domestic violence were found across all the caste groups, though proportionately, with higher percent among SEBC and SC category followed by ST and General categories.

**Table-47: Women Respondents' Place of Stay and Cause of the Health Problem**

N=143

Place of Stay	Cause			Total
	Domestic Violence	Accident	Others	
Urban	24(24.7)	23(23.7)	50(51.6)	97(67.8)
Rural	15(32.6)	23(50.0)	8(17.4)	46(32.2)
Total	39(27.3)	46(32.2)	58(40.5)	143(100)

(Figures in parenthesis indicate row percentage)

The above table shows that 24.7 percent of women respondents from urban areas were those who had stated domestic violence as the cause of their health problem, whereas in the case of women respondents living in rural areas, 32.6 percent of them had stated the same.

The table also shows that a comparatively higher percentage of respondents from rural areas with accident as a cause, i.e. 50 percent, had visited the hospital for care. An almost similar percentage of women respondents, i.e., 51.6 percent, from urban areas were those who had reported other reasons as the cause of their health problem.

**Table-48: Earning Status of Women Respondents and Cause of the Health Problem**

N=143

Earning Status	Cause			Total
	Domestic Violence	Accident	Others	
Earning	22(39.0)	19(33.0)	16(28.0)	57(39.9)
Not earning	17(19.8)	27(31.4)	42(48.8)	86(60.1)
Total	39(27.3)	46(32.2)	58(40.5)	143(100)

(Figures in parenthesis indicate row percentage)

The above table shows that majority of earning women respondents, i.e. 39 percent, availing health care were survivors of domestic violence, whereas there were 19.8 percent of women respondents amongst those who were not earning who said that they were availing the care from the hospital because of domestic violence.

Thus the study found a higher percentage of women who were earning than those not earning among the survivors of domestic violence.

**Table-49: Duration of Women Respondents' Married Life and Cause of the Health Problem**

N=143

Duration of Marriage	Cause			Total
	Domestic Violence	Accident	Others	
Upto 2 years	5(29.4)	7(41.2)	5(29.4)	17(11.9)
3-7 years	10(43.5)	7(30.4)	6(26.1)	23(16.0)
8-12 years	9(29.0)	15(48.4)	7(22.6)	31(21.7)
13-17 years	3(15.8)	7(36.8)	9(47.4)	19(13.3)
18-22 years	8(47.1)	3(17.6)	6(35.3)	17(11.9)
More than 22 years	4(11.2)	7(19.4)	25(69.4)	36(25.2)
Total	39(27.3)	46(32.2)	58(40.5)	143(100)

(Figures in parenthesis indicate row percentage)

The above table shows that women respondents with short as well as long duration of marriage were found as survivors of domestic violence in the study.

There were 47.1 percent survivors of domestic violence amongst those women respondents who were married for 18 to 22 years. Similarly 43.5 percent survivors of violence were found amongst women respondents who were married for 3 to 7 years. Survivors were found in both the groups.

**Table-50: Women Respondents' Number of Marriage and Cause of the Health Problem**

N=143

Number	Cause			Total
	Domestic Violence	Accident	Others	
Once	34(25.6)	46(34.6)	53(39.8)	133(93.0)
Twice	5(50.0)	-	5(50.0)	10(7.0)
Total	39(27.3)	46(32.2)	58(40.5)	143(100)

(Figures in parenthesis indicate row percentage)

The above table shows that 25.6 percent of those women respondents who had been married once and 50 percent of women respondents amongst those who had been married twice had stated that the cause of their health problem was domestic violence.

The study showed higher percentage of survivors of domestic violence amongst women for whom their current marriage was their second marriage.

**Table-51: Number of Children Women Respondents have and Cause of the Health Problem**

N=143

Number of children	Cause			Total
	Domestic Violence	Accident	Others	
No child	6(28.6)	8(38.1)	7(33.3)	21(14.7)
1-3 children	25(26.6)	31(33.3)	38(40.4)	94(65.7)
4 children or more	8(28.6)	7(25.0)	13(46.4)	28(19.6)
Total	39(27.3)	46(32.2)	58(40.5)	143(100)

(Figures in parenthesis indicate row percentage)

The table shows that 28.6 percent of those women respondents who were not having any children, 26.6 percent of those women respondents who were

having 1 to 3 children and 28.6 percent of women respondents who had more than four children were found to be survivors of domestic violence.

Thus an almost similar percentage of women respondents were found across all the three categories in terms of the number of children they had.

**Table-52: Current Pregnancy Status of Women Respondents and Cause of the Health Problem**

N=143

Pregnancy Status	Cause			Total
	Domestic Violence	Accident	Others	
Currently pregnant	5(71.4)	2(28.6)	-	7(4.9)
Not pregnant	34(25.0)	44(32.4)	58(42.6)	136(95.1)
Total	39(27.3)	46(32.2)	58(40.5)	143(100)

(Figures in parenthesis indicate row percentage)

The above table shows that there were in all 7 women respondents who were pregnant at the time of the interview, and 5 of these women respondents had said that they were currently seeking health care due to domestic violence.

The remaining 2 percent of women respondents had said that the cause of their health problem was an accident. The researcher found one of these respondents to be a 'Suspect Case of Domestic Violence'.

It is interesting to note that no pregnant respondent was found in the category of 'other causes'; may be because they were found more among older age group of women respondents as it is seen in Table 44.



**Table-53: Women Respondents' Type of Family and Cause of the Health Problem**

N=143

Type of Family	Cause			Total
	Domestic Violence	Accident	Others	
Nuclear family	27(27.3)	30(30.3)	42(42.4)	99(69.2)
Joint family	11(26.8)	14(34.1)	16(39.1)	41(28.7)
Natal/Children's family	1(33.3)	2(66.7)	-	3(2.1)
Total	39(27.3)	46(32.2)	58(40.5)	143(100)

(Figures in parenthesis indicate row percentage)

The above table shows that 27.3 percent of women respondents living in nuclear family, 26.8 percent of women respondents living in a joint family and 33.3 percent women respondents of those who lived with their natal/childrens' family had reported that domestic violence was the cause of their current health problem for which they were taking treatment.

**Table-54: Economic class of the Women Respondents' Family and Cause of the Health Problem**

N=143

Economic Class of Family	Cause			Total
	Domestic Violence	Accident	Others	
Poor	17(28.4)	24(40.0)	19(31.6)	60(42.0)
Lower income	16(26.7)	15(25.0)	29(48.3)	60(42.0)
Middle income	6(26.0)	7(30.4)	10(43.6)	23(16.0)
Total	39(27.3)	46(32.2)	58(40.5)	143(100)

(Figures in parenthesis indicate row percentage)

The above table shows that 28.4 percent of women respondents who described themselves as 'poor', 26.7 percent of women respondents who described themselves as belonging to the lower income group, and 26

percent of women respondents who said they were from the middle income group had said that the cause of their health problem was domestic violence. Thus an almost similar percentage of survivors of domestic violence were found across all the three economic classes.

## Section - 5

### Relationship between Current Health Problem and Cause of the Health Problem

This section analyses the relationship between the variable related to women's current health problem e.g. type of health problem, type of case, past experiences with the hospital and the cause of their health problem using frequency and percentage analysis.

**Table-55: Type of Health Problem and Cause of the Health Problem-wise Distribution of Women Respondents**

N=143

Type of Health Problem	Cause			Total
	Domestic Violence	Accident	Others	
Burn	4(15.4)	22(84.6)	-	26(18.2)
Hurt/Injuries	17(80.9)	3(14.3)	1(4.8)	21(14.7)
Orthopaedic	5(26.3)	14(73.7)	-	19(13.3)
Poison Consumption	8(57.1)	6(42.8)	-	14(9.8)
Pain/Swelling / Bruises	5(50.0)	1(10.0)	4(40.0)	10(7.0)
Psychiatric	-	-	53(100.0)	53(37.0)
Total	39(27.3)	46(32.2)	58(40.5)	143(100)

(Figures in parenthesis indicate row percentage)

The above table shows that 80.9 percent of the cases of hurt and/or injuries were of those women respondents who had said that they were hurt and/or

injured by their husbands and/or any other members of their marital family. Well over half (57.1 percent) of the women respondents availing treatment from the hospital for poisoning were those who had told the researcher that they had attempted to commit suicide because of domestic violence. Half (50 percent) of the women respondents with pain / swelling / bruises had to visit the hospital because of domestic violence.

Thus, the study found a proportionately higher percentage of survivors of domestic violence among those who had hurt / injuries, pain / swelling / bruises and had consumed poison. Less percentage of women respondents with burns and orthopaedic problems reported domestic violence as its cause.

**Table-56: Type of Case and Cause of the Health Problem-wise Distribution of Women Respondents**

N=143

Type of Case	Cause			Total
	Domestic Violence	Accident	Others	
Inward Patient	22(30.1)	44(60.3)	7(9.6)	73(51.0)
OPD Patient	17(24.3)	2(2.9)	51(72.8)	70(49.0)
Total	39(27.3)	46(32.2)	58(40.5)	143(100)

(Figures in parenthesis indicate row percentage)

The above table shows that 30.1 percent of women respondents who were inward patients and 24.3 percent of women respondents who were OPD patients had reported domestic violence as the cause of their health problem.

Thus one-fourth of the OPD patients and almost one-third of inward / admitted patients were found to be survivors of domestic violence.

**Table-57: Legal Status of the Case and Cause of the Health Problem-wise Distribution of Women Respondents**

N=143

Legal Status	Cause			Total
	Domestic Violence	Accident	Others	
MLC	31(54.4)	26(45.6)	-	57(39.9)
Non MLC	8(9.3)	20(23.3)	58(67.4)	86(60.1)
Total	39(27.3)	46(32.2)	58(40.5)	143(100)

(Figures in the parenthesis indicate row percentage)

The above table shows that of the 57 women respondents that were medico-legal cases, over half of them (54.5 percent) were those who had stated that domestic violence was the cause of their current situation. And there were 9.3 percent women respondents among non-medico legal cases who were the survivors of domestic violence.

Thus, the study found that domestic violence was reported as the cause of the health problem by a greater proportion of women respondents who were MLC cases than the non-MLC cases. However, there were almost 10 percent of those women respondents who were not reported as MLC cases in the hospital records. But these women respondents informed the researcher that they were in the hospital currently due to domestic violence.

**Table-58: Hospital-wise Distribution of Women Respondents as per the Cause of the Health Problem**

N=143

Name of Hospital	Cause			Total
	Domestic Violence	Accident	Others	
SSG Hospital, Baroda	9 (27.3)	18 (54.5)	6(18.2)	33 (23.1)
GG Hospital, Jamnagar	12(41.4)	4(13.8)	13(44.8)	29(20.3)
Sir T. Hospital, Bhavnagar	6(20.7)	9(31.0)	14(48.3)	29(20.3)
Civil Hospital, Ahmedabad	8(30.8)	10(38.4)	8(30.8)	26(18.2)
New Civil Hospital, Surat	4(15.4)	5(19.2)	17(65.4)	26(18.2)
Total	39(27.3)	46(32.2)	58(40.5)	143(100)

(Figures in parenthesis indicate row percentage)

The above table shows that a higher percentage of women respondents from GG Hospital, Jamnagar (41.4 percent) followed by Civil Hospital, Ahmedabad (30.8 percent) and SSG Hospital, Baroda (27.3 percent) reported that they were in the hospital seeking care due to domestic violence.

Thus the study found higher percentage of women respondents from Saurashtra region (Jamnagar) who reported about domestic violence. At the same time there were less percentage of women respondents reporting about domestic violence from the city of Bhavnagar which is also geographically situated in the Saurashtra region of the state of Gujarat.

**Table-59: Treatment Availed in the Past from the Hospital and Cause of the Health Problem-wise Distribution of Women Respondents**

N=143

Past Experience	Cause			Total
	Domestic Violence	Accident	Others	
Yes	8(25.0)	4(12.5)	20(62.5)	32(22.4)
No	31(27.9)	42(37.8)	38(34.3)	111(77.6)
Total	39(27.3)	46(32.2)	58(40.5)	143(100)

(Figures in parenthesis indicate row percentage)

The above table shows that out of 32 women respondents who had availed the treatment from the hospital in the past, 25 percent were survivors of domestic violence.

And from among the 111 women respondents who had not availed treatment from the hospital in the past, 27.9 percent women respondents were in the hospital due to the violence inflicted on them by their own family.

The figure shows that for 80 percent of survivors of domestic violence, it was for the first time that they were seeking treatment from the hospital.

**Table-60: Visits Made to Other Places of Treatment and Cause of the Health Problem-wise Distribution of Women Respondents**

N=143

Visits Made	Cause			Total
	Domestic Violence	Accident	Others	
Yes	19(25.7)	25(33.8)	30(40.5)	74(51.7)
No	20(29.0)	21(30.4)	28(40.6)	69(48.3)
Total	39(27.3)	46(32.2)	58(40.5)	143(100)

(Figures in parenthesis indicate row percentage)

The above table shows that out of 143 total women respondents, 51.7 percent had visited the other places of treatment prior to coming to the hospital. These included 25.7 percent of those women respondents who were the survivors of domestic violence.

The places first visited by these women respondents were private doctors or hospitals, primary health care centres, community health centres or other government district/ taluka hospitals.

Reasons that these women respondents shared for discontinuing with the first place of treatment were many. Referral, high cost and/or ineffectiveness of treatment, lack of availability of required treatment and/or bad experiences with the first place of treatment were some of the reasons that women respondents cited.

## Section - 6

### Relationship Between Women Respondents' Experiences and Perception of Quality of Care and Cause of their Health Problem

This section includes analysis between two main variables of the study namely women's experiences and perception of quality of care and the cause of their current health problem. Relationship between indicators of quality of care as discussed in Section-3 earlier with the cause of women's current health problem has been examined using Pearson's Chi-Square test of significance.

**Table-61: Women Respondents' Perception of Current Treatment and Cause of the Health Problem**

N=143

Type	Cause			Total
	Domestic Violence	Accident	Others	
Good	12(21.4)	18(32.1)	26(46.4)	56(39.2)
Fair	21(29.2)	23(31.9)	28(38.9)	72(50.3)
Poor	6(40.0)	5(32.3)	4(26.7)	15(10.5)
Total	39(27.3)	46(32.2)	58(40.5)	143(100)

(Figures in parenthesis indicate row percentage)

\*  $p < 0.05$ ; Pearson's Chi-Square  $\chi^2 = 2.933$ ,  $df = 4$ , Significance = 0.569

The association between women respondents' perception of current treatment and the cause of the health problem is not statistically significant based on the chi-square test.



The above table shows that 40 percent of those women respondents, who perceived the current treatment as poor, were the survivors of domestic violence. It can also be seen that proportionately higher percentage of survivors of domestic violence are found amongst this group of women respondents than among those who had perceived the treatment to be good or fair.

**Table-62: Women Respondents' Experiences at the Time of Intake and Cause of the Health Problem**

N=143

Type	Cause			Total
	Domestic Violence	Accident	Others	
Good	10(16.7)	17(28.3)	33(55.0)	60(42.0)
Fair	3(60.0)	1(20.0)	1(20.0)	5(3.5)
Poor	26(33.3)	28(35.7)	24(30.8)	78(54.5)
Total	39(27.3)	46(32.2)	58(40.5)	143(100)

(Figures in parenthesis indicate row percentage)

\* $p < 0.05$ ; Pearson's Chi-Square  $\chi^2 = 11.779$ ,  $df = 4$ , Significance = 0.019

The association between women respondents' experiences at the time of intake at the hospital and the cause of the health problem is statistically significant based on the chi-square test.

The above table shows that a high percentage of women respondents whose experience was fair and one-third of women respondents with the poor experiences were the survivors of domestic violence.

**Table-63: Women Respondents' Comfort with the Sex of Health Care Providers and Cause of the Health Problem**

N=143

Category	Cause			Total
	Domestic Violence	Accident	Others	
Comfortable	31(25.0)	40(32.3)	53(42.7)	124(86.7)
Not Comfortable	8(42.1)	6(31.6)	5(26.3)	19(13.3)
Total	39(27.3)	46(32.2)	58(40.5)	143(100)

(Figures in parenthesis indicate row percentage)

\*  $p < 0.05$ ; Pearson's Chi-Square  $\chi^2 = 2.865$ ,  $df = 2$ , Significance = 0.238

As shown in the above table the relationship between women respondents' comfort with the sex of health care providers and the cause of their health problem is not statistically significant based on the chi-square test.

The above table shows that 42.1 percent of those women respondents, who were not comfortable with the sex of health care providers, were the survivors of domestic violence.

**Table-64: Women Respondents' Experiences with Health Care Providers and Cause of the Health Problems**

N=143

Experiences	Cause			Total
	Domestic Violence	Accident	Others	
Good	14(16.5)	28(32.9)	43(50.6)	85(59.4)
Fair	17(40.5)	12(28.6)	13(30.9)	42(29.3)
Poor	8(50.0)	6(37.5)	2(12.5)	16(11.2)
Total	39(27.3)	46(32.2)	58(40.5)	143(100)

(Figures in the parenthesis indicate row percentage)

\*  $p < 0.05$ ; Pearson's Chi-Square  $\chi^2 = 15.847$ ,  $df = 4$ , Significance = 0.003

As shown above, the chi-square test indicated a significant relationship between women respondents' experiences with the health care providers and cause of the health problem.

The table shows that the half of the women respondents i.e., 50 percent who had poor experiences with the health care providers were the survivors of domestic violence. A proportionately less percentage of survivors of domestic violence were found amongst women respondents with good experiences (16.5 percent) and amongst those who had fair experiences (40.5 percent).

**Table-65: Sharing Done by Women Respondents with Health Care Providers and Cause of the Health Problem**

N=143

Sharing	Cause			Total
	Domestic Violence	Accident	Others	
Yes	31(25.8)	36(30.0)	53(44.2)	120(83.9)
No	8(34.8)	10(43.5)	5(21.7)	23(16.1)
Total	39(27.3)	46(32.2)	58(40.5)	143(100)

(Figures in parenthesis indicate row percentage)

\*  $p < 0.05$ ; Pearson's Chi-Square  $\chi^2 = 4.050$ ,  $df = 2$ , Significance = 0.131

The chi-square test indicated no significant relationship between sharing done with health care providers and the cause of the health problem.

One-fourth of women respondents who shared the cause of their health problems with health care providers were the survivors of domestic violence. And one-third of those respondents who said that they had not shared the cause of their problem with health care providers were the survivors of domestic violence.

**Table-66: User-Provider Relationship and Cause of the Health Problem**

N=143

Type	Cause			Total
	Domestic Violence	Accident	Others	
Good	17 (20.5)	22 (26.5)	44 (53.0)	83 (58.0)
Fair	3 (20.0)	6 (40.0)	6 (40.0)	15 (10.5)
Poor	19 (42.2)	18(40.0)	8 (17.8)	45 (31.5)
Total	39 (27.3)	46 (32.2)	58 (40.5)	143 (100)

(Figures in parenthesis indicate row percentage)

\*p<0.05; Pearson's Chi-Square  $\chi^2=16.285$ , df=4, Significance=0.002

The chi-square test indicated a significant relationship between user provider relationship and the cause of the health problem.

The above table shows that a high percentage (42.2 percent) of the women respondents sharing poor relationship with the providers were the survivors of domestic violence.

**Table-67: Women Respondents' Perception of Attitude and Behaviour of Health Care Providers and Cause of the Health Problem**

N=143

Type	Cause			Total
	Domestic Violence	Accident	Others	
Good	21(17.8)	39(33.0)	58(49.2)	118(82.5)
Fair	1(50.0)	1(50.0)	-	2(1.4)
Poor	17(73.9)	6(26.1)	-	23(16.1)
Total	39(27.3)	46(32.2)	58(40.5)	143(100)

(Figures in parenthesis indicate row percentage)

\*  $p < 0.05$ ; Pearson's Chi-Square  $\chi^2 = 35.388$ ;  $df = 4$ , Significance = 0.000

The association between the attitude and behaviour of health care providers and the cause of the health problem is statistically significant based on the chi-square test.

The above table shows that a high percentage (73.9 percent) of women respondents who perceived health care providers' attitude and behaviour as poor were the survivors of domestic violence. And there were only 17.8 percent survivors of domestic violence amongst those who had found the attitude and behaviour of health care providers to be good.

**Table-68: Women Respondents' Perception of Health Care Providers' Response and Cause of the Health Problem**

N=143

Type	Cause			Total
	Domestic Violence	Accident	Others	
Positive	7(11.3)	14(22.6)	41(66.1)	62(43.3)
Somewhat Positive	15(34.1)	21(47.7)	8(18.2)	44(30.8)
Negative	17(45.9)	11(29.7)	9(24.4)	37(25.9)
Total	39(27.3)	46(32.2)	58(40.5)	143(100)

(Figure in parenthesis indicates row percentage)

\*  $p < 0.05$ ; Pearson's Chi-Square  $\chi^2 = 34.269$ ;  $df = 4$ , Significance = 0.000

As shown in the above table, the chi-square test indicated a significant relationship between health care providers' response and the cause of the health problem. The table shows a high percentage of survivors of domestic violence amongst those who had perceived the health care providers response as negative. And there were only 11.3 percent survivors of domestic violence amongst those respondents who had found the health care providers response positive.

Overall, Tables 61 to 68 show that the chi-square test indicated significant relationship between the cause of women respondents' health problem and the following parameters of quality of health care:

1. Experiences at the time of Intake
2. Experiences with health care providers
3. User - Provider relationship
4. Attitude and behaviour of health care providers
5. Health care providers' response

## Section - 7

### Personal Experiences of Domestic Violence

To understand women respondents' experiences related to domestic violence they were asked to describe the type of relationship that they shared with their husbands as well as members of their marital family whom they considered as important. They were also asked about their experiences on the specific forms of domestic violence as well. The following table describes women respondents' personal experiences of domestic violence.

**Table-69: Type of Relationship Women Respondents Shared with Husbands and In-laws**

N=143

Type of Relationship	Husband		In-laws	
	Frequency	Percentage	Frequency	Percentage
Good	99	69.2	73	51.0
Fair	29	20.3	42	29.4
Poor	15	10.5	28	19.6
Total	143	100	143	100

The above table shows that majority of women respondents (69.2 percent) currently shared a good relationship with their husbands. There were 20.5 percent of women respondents who informed that their relationship with their husband was an average, fair. Only 10.5 percent of women respondents reported that they shared a poor relationship with their husbands.

As far as relationship with in-laws was concerned, the percentage of women respondents reporting it a good dropped to 51 percent. The rest 49



percent of women respondents described their relationship with their in-laws as fair (29.4 percent) or poor (19.6 percent).

**Table-70: Women Respondents' Experiences of Violence Ever in Marital Life**

N=143(MR)\*

<b>1</b>	<b>Psychological Violence</b>	<b>By Husband</b>	<b>By In-laws</b>
1	Verbal abuse	85(59.5)	52(36.4)
2	Fighting	85(59.5)	57(39.9)
3	Taunting	48(33.6)	49(34.3)
4	Ignoring	43(30.1)	34(23.8)
5	Limiting her contact with her parents and family	39(27.3)	28(19.6)
6	Restricting Mobility	38(26.6)	25(17.5)
7	Criticizing her skills / appearance	31(21.7)	29(20.3)
8	Suspicion	28(19.6)	18(12.6)
<b>2</b>	<b>Physical violence</b>		
1	Slapping or twisting her arm or beating	56(39.2)	15(10.5)
2	Pushing, shaking or throwing things at her	47(32.9)	14(9.8)
3	Pulling hair or banging head	32(22.4)	7(4.9)
4	Punching her with fist or with things that could hurt	31(21.7)	7(4.9)
5	Trying to strangle or burn	24(16.8)	7(4.9)
6	Kicking or dragging	22(15.4)	4(2.8)
7	Attacking her with any object	11(7.7)	4(2.8)
8	Threatening her with knife / weapon	9(6.3)	4(2.8)
<b>3</b>	<b>Violence during pregnancy</b>	24(16.8)	16(11.2)
<b>4</b>	<b>Sexual violence</b>	20(14.0)	-

(\*Multiple response table hence the total will not add upto 143 or 100 percent)

The above table shows forms of violence experienced by women ever in their marital lives. Verbal abuse, fights were reported as most common

type of psychological violence experienced by women. slapping, pushing / shaking / throwing things at her, pulling hair were reported as most common forms of physical violence.

16.8 percent of women respondents reported that they had experienced domestic violence by their husbands when they were pregnant.

The following figures show different types of violence that women respondents experience in their marital lives.

**Figure-9: Type of violence Experienced by Women respondents (Ever in Marital Life) (N=143)**

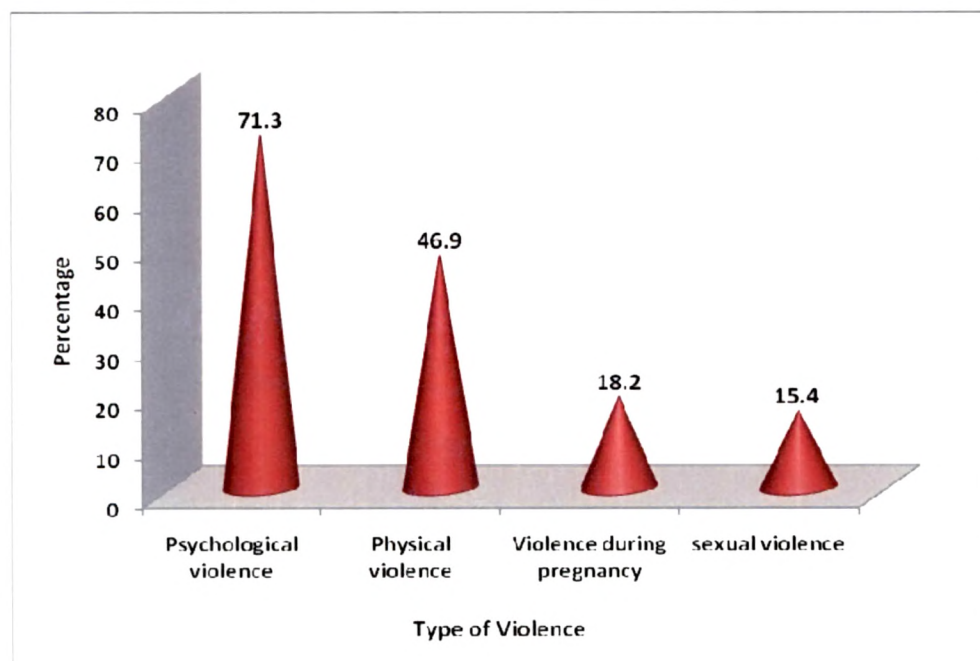


Figure 9 on type of violence experienced by women respondents indicate that as high as 71.3 percent of women respondents have reported that they have experienced psychological violence at some point of time in their life. 46.9 percent of women respondents reported of having experienced

physical violence and 18.2 percent of women respondents shared that they had experienced domestic violence whilst they were pregnant. 15.4 percent of women respondents reported about their experiences of sexual violence within marriage. (i.e., forced sex by husband).

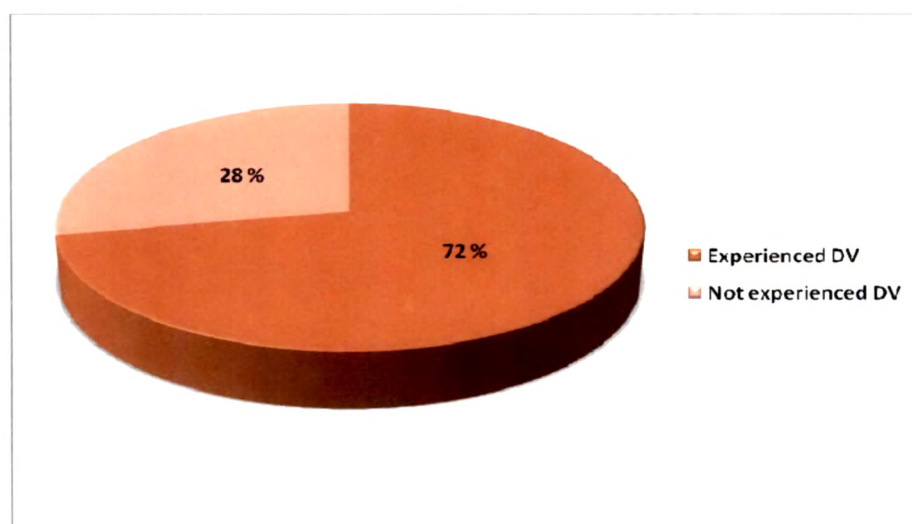
**Table-71: Domestic Violence Experienced by Women Respondents (Ever in Marital Life)**

N=143

Experienced Domestic Violence	Frequency	Percentage
Yes	103	72
No	40	28
Total	143	100

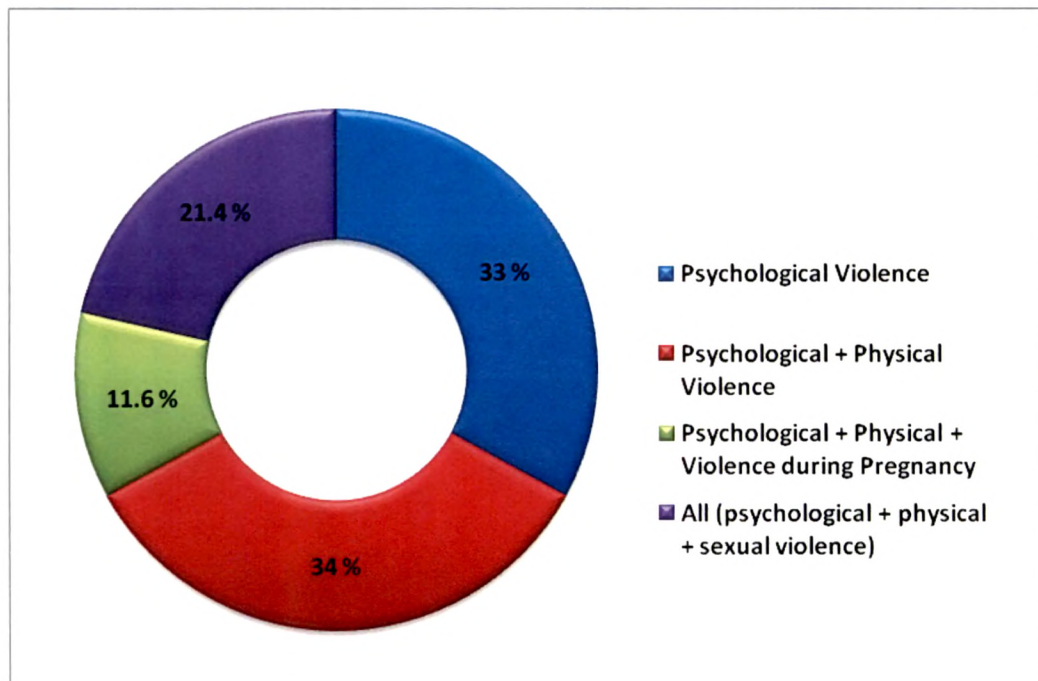
The above table shows that of 143 total women respondents, 72 percent reported that they had experienced domestic violence sometime in their marital lives.

**Figure-10: Domestic Violence Experiences by Women Respondents (Ever in Marital Life) (N=143)**



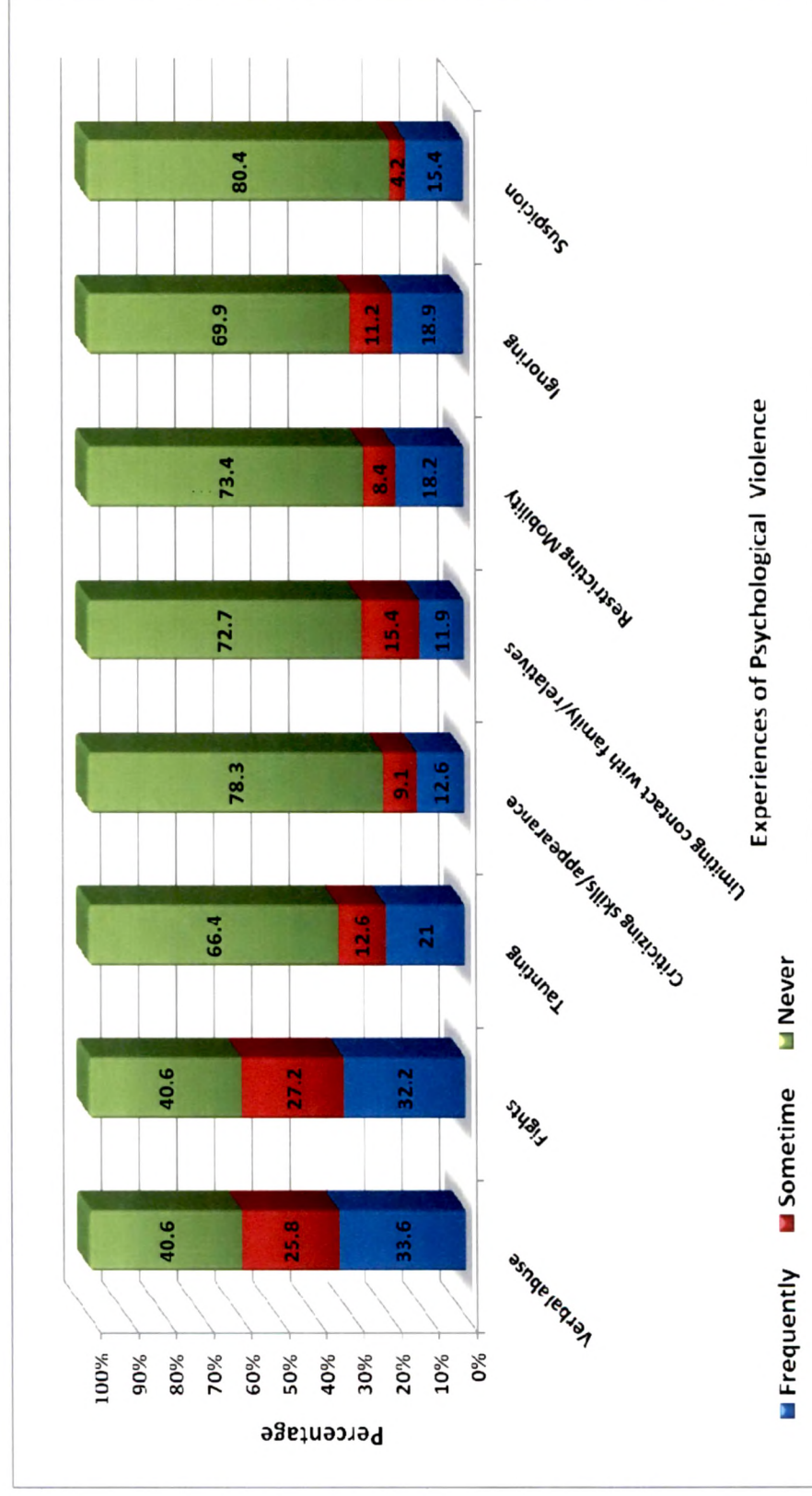
The following two figures shows different types of psychological violence experienced by women and the pattern of domestic violence experienced by them in their marital lives.

**Figure-11: Pattern of Domestic Violence Experiences (Ever in Marital Life) (N=103)**



The above figure shows the pattern of domestic violence that woman respondents experienced in their marital relationship. The figure indicates that majority of women respondents have experienced more than one type of violence (and that also more than once).

**Figure-12: Women Respondents' Experiences of Domestic Violence by Husband (N=143)**



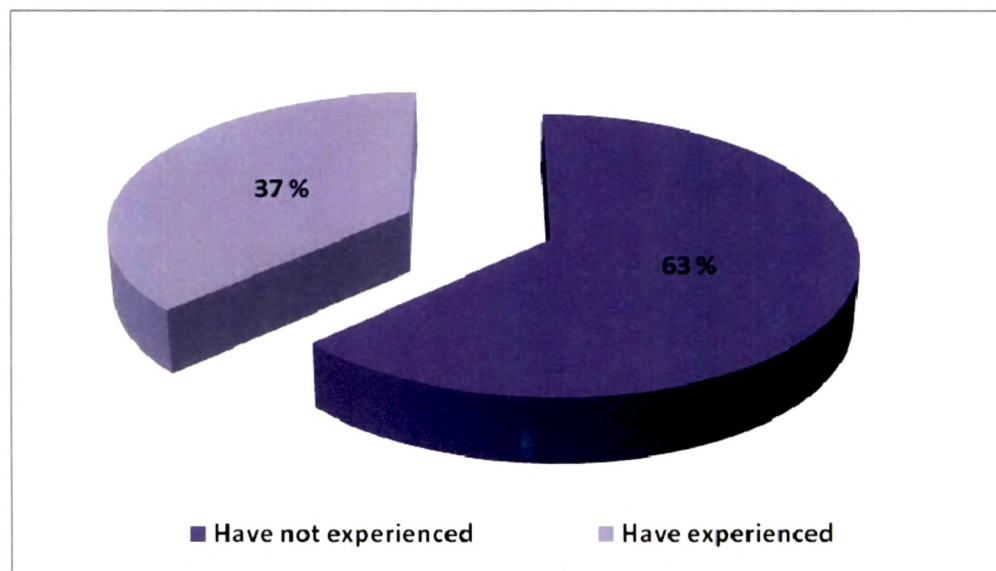


**Table-72: Physical Violence Experienced By Women Respondents in Last 12 Months**

N=143

1	Physical violence	By Husband	By In-laws
1	Slapping her or twisting her arm or beating	40(28)	13(9.1)
2	Pulling hair or banging head	26(18.2)	4(2.8)
3	Punching	24(16.8)	7(4.9)
4	Pushing, shaking or throwing things at her	24(16.8)	13(9.1)
5	Kicking her or dragging	16(11.2)	4(2.8)
6	Trying to strangle or burn her	15(10.5)	6(4.2)
7	Attacking with any object	8(5.6)	4(2.8)
8	Threatening with knife / weapon	7(4.9)	4(2.8)
2	Sexual violence	15(10.5)	-

**Figure-13: Domestic Violence Experienced in Last One Year**



The figure given above shows that 37 percent of total women respondents admitted that they had experienced domestic violence in the last one year.

**Table-73: Number of Women Respondents Experiencing Domestic Violence**

N=143

<b>1</b>		<b>Ever in Marital Life</b>	<b>In last 12 months</b>
1	Violence by husband	95(66.4)	46(32.2)
2	Violence by In-laws	62(49.7)	17(11.9)
3	Violence by Husband and / or In-laws	103(72.0)	53(37.1)

The above table at a glance shows the prevalence of domestic violence in lives of women respondents. 72 percent women had reported that they have experienced domestic violence ever in their life whereas 37.1 percent reported of its experience in last one year.

**Table-74: Domestic Violence Experienced by Women Respondents (Ever in Marital Life) and Cause of the Health Problem**

N=143

<b>Cause</b>	<b>Domestic Violence (Ever in Marital Life)</b>		<b>Total</b>
	<b>Yes</b>	<b>No</b>	
Domestic Violence	39(100.0)	-	39(27.3)
Accident	24(52.2)	22(47.8)	46(32.2)
Others	40(69.0)	18(31.0)	58(40.5)
Total	103(72.0)	40(28.0)	143(100)

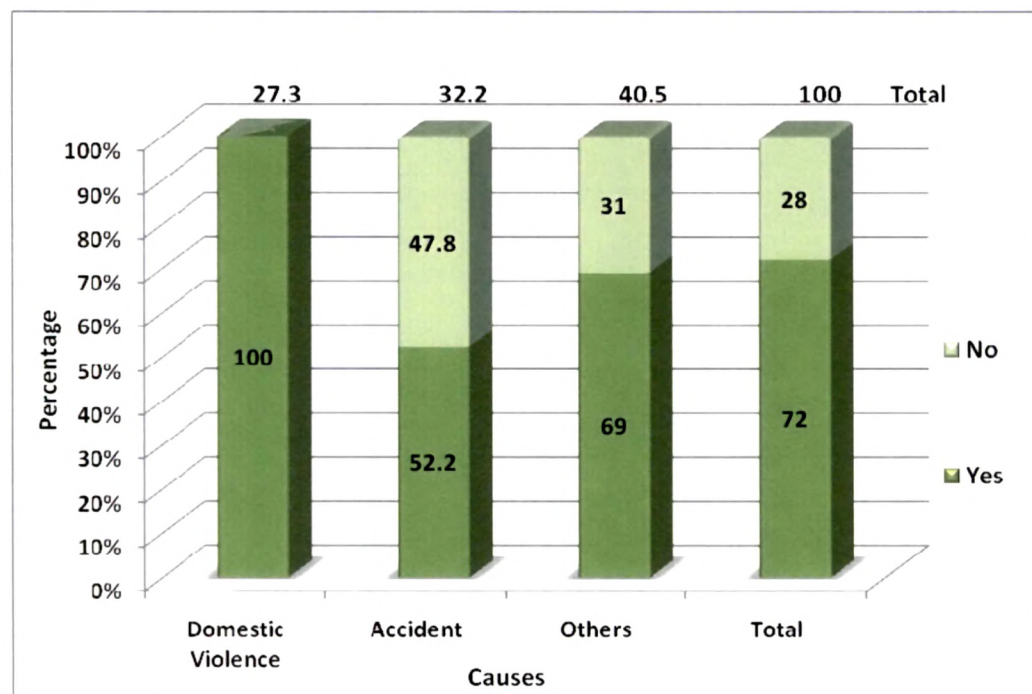
(Figures in parenthesis indicate row percentage)

The above table shows that all the survivors of domestic violence currently seeking treatment from the hospital had also experienced violence sometime in their marital lives. Half (52.5 percent) of those who had reported 'accident' as the cause and 69 percent of those who had

reported 'other causes' had also experienced domestic violence sometime in their marital lives. Thus the study found that survivors of domestic violence in all the categories of causes reported by women respondents. This indicates that though domestic violence may not be a cause of many women's current health problem, they had faced it and coped with it in their marital lives.

The figure given below explains the results more clearly.

**Figure-14: Domestic Violence Experiences by Women Respondents (Ever in Marital Life) and Cause of the Health Problem (N=143)**





**Table-75: Domestic Violence Experienced by Women Respondents  
(in last one year) and Cause of the Health Problem**

N=143

Cause	Domestic Violence (in last one year)		Total
	Yes	No	
Domestic Violence	25(64.1)	14(35.9)	39(27.3)
Accident	8(17.4)	38(82.6)	46(32.2)
Others	20(34.5)	38(65.5)	58(40.5)
Total	53(37.1)	90(62.9)	143(100)

(Figures in the parenthesis indicate row percentage)

The above table shows that 64.1 percent of those who had stated domestic violence as the cause of their current health problem had also reported that they had experienced violence in the last one year.

The table also shows that there were 34.5 percent and 17.4 percent women respondents amongst the category of 'others' and 'accident' respectively, who had also reported that they had experienced violence in the last one year. They were among those 'Suspect Cases of Domestic Violence' identified by researcher as the survivors of domestic violence.

Experiences of domestic violence in the last one year included other than the current episode of domestic violence if reported by women respondents.

## **Section - 8**

### **Views on Domestic Violence**

To understand respondents' (i.e., Women users' as well as health care providers') views on Domestic Violence a scale was developed constituting a battery of statements related to three aspects; this included respondent's views on select forms of domestic violence, reasons related to it and ways to respond it. Each of the statements was based on theoretical understanding of domestic violence from either Feminist Perspective or Family Violence Perspective. Depending on the score that respondents received, they were divided into two categories i.e., respondents having Progressive views (based on the Feminist perspective) and respondents with Traditional Views (based on the Family Violence Perspective).

The following table gives us details related to respondents' views on domestic violence.

**Table-76: Women Respondents' Views on Domestic Violence**

N=143

1	Forms of Domestic Violence	Agree	Disagree
1	Husband or In-laws beat woman.	118(82.5)	25(17.5)
2	Woman's husband or In-laws control her mobility/ movements.	103(72.0)	40(28.0)
3	Woman's husband keeps relationship with other woman.	133(93.0)	10(7.0)
4	Woman's husband or In-laws verbally abuse her or taunt her.	125(87.4)	18(12.6)
5	Woman's husband or In-laws keep her income under their control.	108(75.5)	35(24.5)
6	Woman's husband forces her for sex when she does not want it.	81(56.6)	62(43.3)
2	<b>Reasons Related to Domestic Violence</b>		
1	Husband / In-laws want to show that they are superior / more powerful.	89(62.2)	54(37.8)
2	Husband's drinking habit.	102(71.3)	41(28.7)
3	When woman is wrong/at fault.	81(56.6)	62(43.4)
4	To break woman's self-confidence.	62(43.4)	81(56.6)
5	Poverty / Poor economic condition.	91(63.6)	52(36.4)
6	Husband / In-laws consider women as their property / slave.	91(63.6)	52(36.4)
3	<b>Ways of Responding to Domestic Violence</b>		
1	She should talk to her parents, relatives or neighbours about the violence and ask for their help.	91(63.6)	52(36.4)
2	She should get help from any social organization.	77(53.8)	66(46.2)
3	She should do what her in-laws or husband say.	71(49.7)	72(50.3)
4	She should endure the violence.	75(52.4)	68(47.6)
5	She should become economically independent.	116(81.1)	27(18.9)
6	She should face her husband or in-laws bravely.	82(57.3)	61(42.7)

(Figures in parenthesis indicate row percentage)

The above table shows that majority of women respondents agreed to most of the forms of domestic violence stated in the Battery. Majority of respondents also agreed to most of the reasons stated in the battery except to a statement that said that domestic violence is to break woman's self confidence.

Regarding their views on responding to domestic violence, most women (81.1 percent) were of the view that women should become economically dependent. Two-thirds of them (63.6 percent) felt that the woman should talk about it to her parents, relatives and neighbours and seek their help, but a lesser percentage (53.8 percent) felt the woman should approach any social organization, i.e., outside help. That about half of the women respondents still believed in enduring violence and complying with the demands of the abuser shows many of them still believe in the traditional stereotype/cultural ideal of the woman as a silent sufferer.

**Table-77: Women Respondents' Views on Domestic Violence -  
A Bird's - Eye View**

	Aspects	Views		Total
		Progressive	Traditional	
1.	Forms of domestic violence	116(81.1)	27(18.9)	143(100)
2.	Reasons related to domestic violence	58(40.6)	85(59.4)	143(100)
3.	Ways of responding to domestic violence	47(32.9)	96(67.1)	143(100)
4.	<b>Views on domestic violence</b>	44(30.8)	99(69.2)	143(100)

(Figures in paranthesis indicate row percentage)

At the beginning the above table shows women respondents' distribution against each of the three aspects constituting the domestic violence scale and later it shows women respondents' over all view on domestic violence.

The table shows the descending percentage pattern in the progressive view category. While 81.1 percent of women respondents agreed with statements reflecting progressive views on forms of domestic violence, the percentage of women respondents who held progressive views related to reasons was 40.6 percent. A third of them (30.8 percent) held the progressive view on how a woman experiencing domestic violence should respond to the issue.

Thus we find that the overall view of the majority of women respondent is traditional as the above table shows that 69.2 percent of women respondents held traditional view on the subject.

**Table-78: Women Respondents' Views on Domestic Violence and Cause of the Health Problem**

N=143

Views	Cause			Total
	Domestic Violence	Accident	Others	
Progressive	12(27.3)	13(29.5)	19(43.2)	44(30.8)
Traditional	27(27.3)	33(33.3)	39(39.4)	99(69.2)
Total	39(27.3)	46(32.2)	58(40.5)	143(100)

(Figures in parenthesis indicate row percentage)

The above table shows that a similar percentage (27.3 percent) of women respondents in both the categories of views were found to be survivors of domestic violence.

However if we examine the views of survivors of domestic violence we find that 69.2 percent of them held traditional view. They believed that women should endure violence, not talk about it with any one or seek anyone's help.

## **Section - 9**

### **Need to Seek Health Care Providers' Intervention in Domestic Violence**

This last section of the chapter describes women respondents' to seek health care providers' intervention in the issue of domestic violence affecting their lives. The section also includes tables examining women's respondents' need to seek health care providers' intervention vis-à-vis the cause of their health problem and their experiences and perception of some of the parameters of quality of care e.g. user provider relationship, attitude and behaviour of health care providers, and their perception of health care providers response to them.

***Table-79: Women Respondents' Seeking Health Care Providers' Intervention in Domestic Violence***

<b>Need Intervention</b>	<b>Frequency</b>	<b>Percentage</b>
Yes	75	52.4
No	68	47.6
Total	143	100

The above table shows that 52.4 percent of women respondents expressed that they would like health care providers' intervention in the issue of domestic violence. Nearly half (47.6 percent) of women respondents refused saying that they did not need such help. (This includes those who reported No experience of domestic violence)

The types of intervention that some of the respondents expressed that they would like from health care providers were: listening to them, behaving with them nicely, talking to their husbands and explain them 'how his behaviour affects her health'.

Women respondents also expressed a need to have a social worker 'like a researcher' with whom they could talk and discuss their problems. Women respondents also shared a need of having information on where they could go at the time of crisis.

Other expectations that respondents expressed were health care providers' support during police inquiry, investigations. In their own words,

*"Call my husband, and explain him that I am fine now..."*

*"They should talk to us nicely and explain us properly".*

*"If they call and explain him, threaten him, then it would make a difference..."*

*"If women like you come regularly, explain us, our husbands, in-laws then it would be of great help!"*

**Table-80: Relationship Between Causes of the Health Problem and Women Respondents' Need to Seek Health Care Providers' Intervention in Domestic Violence**

N=143

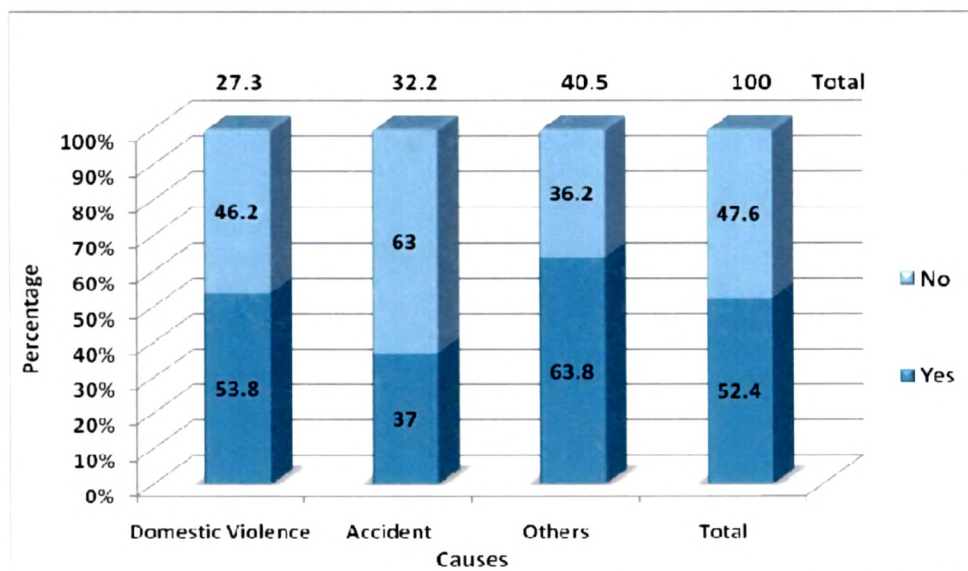
Cause	Need		Total
	Yes	No	
Domestic Violence	21(53.8)	18(46.2)	39(27.3)
Accident	17(37.0)	29(63.0)	46(32.2)
Others	37(63.8)	21(36.2)	58(40.5)
Total	75(52.4)	68(47.6)	143(100)

(Figures in parenthesis indicate row percentage)

\* $p < 0.05$ ; Pearson's Chi-Square  $\chi^2 = 7.450$ ;  $df = 2$ ; Significance = 0.024

The chi-square test result indicated a significant relationship between the cause of the health problem and the need felt by women to seek health care provider's intervention.

**Figure-15: Relationship Between Causes of the Health Problem Respondents' Need to Seek Health Care Providers' Intervention in Domestic Violence (N=143)**





The above table and figure shows that 53.8 percent of survivors of the domestic violence had expressed their need to seek health care providers' intervention in the issue of domestic violence affecting their lives. It is interesting to note that 63.8 percent of those who had given other causes for their health problem had also expressed their need to have health care providers' intervention in the issue.

**Table-81: Relationship Between User-Provider Relationships and Women Respondents' Need to Seek Health Care Providers' Intervention in Domestic Violence**

N=143

Client-Providers Relationship	Need Intervention		Total
	Yes	No	
Good	55(66.3)	28(33.7)	83(58.0)
Fair	5(33.3)	10(66.7)	15(10.5)
Poor	15(33.3)	30(66.7)	45(31.5)
Total	75(52.4)	68(47.6)	143(100)

(Figures in parenthesis indicate row percentage)

\* $p < 0.05$ ; Pearson's Chi-Square  $\chi^2 = 15.143$ ;  $df = 2$ ; significance = 0.000.

The association between the User - Provider' relationship and the perceived need for intervention is statistically significant based on the chi-square test.

The table shows that 66.3 percent of those women respondents who had shared good relationship with the health care providers said that they would like health care providers to respond to and intervene in the issue of domestic violence affecting their lives.

On the other side, we find that 66.7 percent of women respondents who shared poor relationship with the health care providers have declined this.

**Table-82: Relationship Between Women Respondents' Perception of Attitude and Behaviour of Health Care Providers and their Need to Seek Health Care Providers Intervention in Domestic Violence**

N=143

Attitude and Behaviour	Need		Total
	Yes	No	
Good	63(54.8)	52(45.2)	115(80.4)
Fair	2(66.7)	1(33.3)	3(2.1)
Poor	10(40.0)	15(60.0)	25(17.5)
Total	75(52.4)	68(47.6)	143(100)

(Figures in parenthesis indicate row percentage)

\* $p < 0.05$ ; Pearson's Chi-Square  $\chi^2 = 2.047$ ;  $df = 2$ ; Significance = 0.359

The chi-square test indicated no significant association between respondents perception of attitude and behaviour of health care providers and their need to seek health care providers' intervention in the issue of domestic violence.

The above table shows that 54.8 percent of those who perceived health care providers' attitudes and behaviour as good, 66.7 percent of those who perceived it as fair and 40 percent of those who perceived it as poor had stated that they would like health care providers to respond to the issue of domestic violence.

**Table-83: Relationship Between Women Respondents' Perception of Health Care Providers' Response and their Need to Seek Health Care Providers' Intervention in Domestic Violence**

N=143

Response	Need		Total
	Yes	No	
Positive	46(74.2)	16(25.8)	62(43.3)
Somewhat Positive	13(29.5)	31(70.5)	44(30.8)
Negative	16(43.2)	21(56.8)	37(25.9)
Total	75(52.4)	68(47.6)	143(100)

(Figures in parenthesis indicate row percentage)

\*p<0.05; Pearson's Chi-Square  $\chi^2=22.266$ ; df=2; Significance=0.000

The chi-square result indicated a significant relationship between health care providers' response and women respondents' need to seek intervention.

The above table shows that a higher percentage (74.2 percent) of those who had a positive response expressed that they would like health care providers to intervene in the issue of domestic violence.

**Table-84: Relationship Between women Respondents' Views on Domestic Violence and their Need to Seek Health Care Providers Intervention in Domestic Violence**

N=143

Views on Domestic Violence	Need Intervention		Total
	Yes	No	
Progressive	31(70.5)	13(29.5)	44(30.8)
Traditional	44(44.4)	55(55.6)	99(69.2)
Total	75(52.4)	68(47.6)	143(100)

(Figures in parenthesis indicate row percentage)

\* $p < 0.05$ ; Pearson's Chi-Square  $\chi^2 = 8.263$ ;  $df = 1$ ; Significance = 0.004

The chi-square test indicated a significant relationship between women respondents' views on domestic violence and their perceived need to seek health care providers' intervention in the issue of domestic violence.

High percentage of women respondents with progressive views (70.5 percent) said that they would like health care providers to help them in some ways on the issue.

No significant association was seen between the perceived need and domestic violence experienced by women respondents' ever in marital life ( $\chi^2 = 0.545$ ,  $df = 1$ , significance = 0.460) as well as in the last one year ( $\chi^2 = 0.004$ ,  $df = 1$ , significance = 0.0943).

Thus overall, Tables 79 to 84 show that the chi-square test indicated significant relationship between the cause of the women's health problem, user-provider relationship, response of health care providers, women

respondents' views on domestic violence and their perceived need to seek health care providers' interventions in the issue of domestic violence affecting their lives.

Having described the perceptions of women users in the foregoing sections, the following sections present the findings from the interviews with health care providers from the hospitals selected for the present study.