

## ABSTRACT

Wife beating is one of the most pressing and intractable problems in the world today. There is convincing evidence that violence against women is a significant health and social problem affecting virtually all societies (Heise, 1994). Although, home studies clearly indicate that violence against women is widespread in Sri Lanka, data pertaining to key issues on wife beating in the country is lacking (Perera, 1990; Samarasinghe, 1991; Deraniyagala, 1992). In this context, there exists an urgent need for sociological and epidemiological data to indicate the magnitude and nature of the problem (Scott, 1974).

This descriptive cross-sectional study attempts to determine the prevalence and to identify the socio-demographic factors, other variables of possible significance and the opinion of women in the study population on wife beating, in the Medical Officer of Health (MOH) Area Kantale in the Trincomalee District of Sri Lanka. A random sample of 417 women in the age category of 18-49 years constituted the study population and data obtained by the administration of a questionnaire by trained interviewers.

The prevalence of reported wife beating among ever-married women was 30% and prevalence for the year preceding the study was 22%. There was no significant association between wife beating and ethnicity of the study population or a particular age group of either the batterer or the victim. Moreover, wife beating was associated with an early age at marriage (*less than 18 years*) for women ( $\chi^2 = 14.98$ ,  $df=1$ ,  $p<0.05$ ), low-income ( $\leq$  Rs.3000) ( $\chi^2 = 6.13$ ,  $df = 1$ ,  $p < 0.05$ ) and a low standard of living index (SLI  $< 3$ ) ( $\chi^2 = 13.75$ ,  $df = 1$ ,  $p<0.05$ ).

A higher proportion of physical violence was also seen in families where the wife was the major decision-maker and in families with a greater number of children ( $\chi^2 = 7.33$ ,  $df = 1$ ,  $p < 0.05$ ). A significant inverse relationship between domestic violence and the level of education of both the batterer ( $\chi^2 = 13.75$ ,  $df = 1$ ,  $p < 0.05$ ) and the victim ( $\chi^2 = 14.17$ ,  $df = 1$ ,  $p < 0.05$ ) was also identified.

Contusions, typically distributed in the region of the head, face and neck were found to be the commonest type of injury suffered by battered women. The majority of women had been manually assaulted without the use of weapons. The commonly assumed link between alcohol and domestic violence was supported by the findings of this study, which showed a significant association ( $\chi^2 = 87.18$ ,  $df = 1$ ,  $p < 0.05$ ) between wife beating and alcohol consumption by the batterer. Alcohol was also identified by most women under study as the predominant factor instigating and aggravating wife beating.

An overwhelming majority of women, irrespective of their level of education and employment status had placed the welfare of their children as prime reason for continuing to stay in an abusive relationship with the batterer. Although about three-quarter of women were of the perspective that men were superior to women, most abused women were of the opinion that wife beating is never justifiable on any grounds.

The study concludes that wife beating is a serious health and social problem for the women population of Kantale. Intervention in key issues identified by the study, including alcohol abuse by men, relative lack of education among the population, lack of family planning, societal influences promoting teenage marriages of the girl-child, poor knowledge of self income-generation methods and absence of programmes aimed at creating awareness on wife beating among women victims, perpetrators and society at large, is strongly recommended.