

# Prevalence and Associated Factors of Intimate Partner Violence (IPV) against Women in Bangladesh amid COVID-19 Pandemic

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## Research Article

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# Abstract

**Background:** The study attempted to explore the prevalence and associated factors of Intimate Partner Violence (IPV) in Bangladesh amid the COVID-19 pandemic. IPV is a complete violation of women's human rights and a dominant chronic global public health problem.

**Methods:** The target population of the study was Bangladeshi married women, aged between 16 to 49 years, and lived with an intimate partner. Data were collected from Dhaka city with eight other districts of Bangladesh, and among 605 married women response rate was 84.30%. WHO multi-country study tools for screening domestic violence were used to screen emotional, physical, and sexual violence.

**Results:** The study found the prevalence of IPV about 45.29%, where emotionally abused 44.12%, physically 15.29%, sexually 10.59%, and either physically or sexually 19.22%. Adjusted with marital duration, residence, women's level of education, husband's age, and monthly family income, multivariate logistic regression results revealed that comparatively older women, employed, non-Muslims and women with educated husband were less likely to experience violence, while arranged marriage, family income reduction amid the pandemic and husbands' pandemic induced depression or anxiety caused more likely to commit violence.

**Limitations:** Self-reported cross-sectional study has some methodological limitations, and the present study is not free from them.

**Conclusions:** The study contributes to the existing literature by highlighting the associated factors of IPV amid the COVID-19 pandemic, which will help to make preventive policy.

## Introduction

The global pandemic COVID-19 has drastically altered people's lives all over the world by affecting physically, mentally, financially, and socially. In the beginning, it offered two choices to the people; (i) either stay at home and maintain physical distance with safety guidelines to stay safe or (ii) being infected. As maintaining physical distance with staying at home was an effective policy to prevent the spread of the virus, initially, most of the governments imposed restrictions on the mobility of the people. But, it's an irony of fate that the prevention strategy of one pandemic brings off another shadow pandemic, violence against women (VAW) (Evans et al., 2020). VAW is a serious violation of women's human rights and a dominant chronic global public health problem. According to the World Health Organization (WHO), worldwide 1 of every 3 women had experienced violence either physically or sexually in their lifetime (WHO, 2017). COVID-19 has triggered this social crime (Mahdawi, 2020; United Nations Population Fund, 2020; WHO, 2020). According to WHO, domestic violence (DV) related hotline help calls

increased up to 10 to 50% in some countries amid the pandemic (WHO, 2020). More specifically, DV related hotline help calls were increased 40 to 50% in Brazil, 48% in Peru, 25% in the UK, 30% in Cyprus, 30% in France, 30 to 50% in Alberta (Canada), and three times in Hubei province (China) (WHO, 2020; Bradbury-Jones & Isham, 2020; Gebrewahd et al., 2020; Buttell, 2020; Campbell, 2020; Agüero, 2021). A study by Gebrewahd et al. (2020) included that reports of DV increased up to 75% in Australia, 21-35% in the USA, and 32-36% in France.

Like other countries, the people of Bangladesh also experienced a restrictive policy. Restriction on mobility was continued from March 26-May 30, 2020 (public and the private office had closed), while educational institutions remain closed till now (from March 18-October 25, 2020). As a consequence, financial uncertainty, anxiousness about job/income loss, depression/anxiety about the pandemic were built up, which in turn accelerated violent behaviors. A recent study of Sifat (2020a) cited that a Bangladeshi organization, named Manusher Jonno Foundation (MJF), reported 4249 victims of DV in Bangladesh during April 2020, and it's alarming that among these victims, 1672 (39.35%) experienced DV for the first time in their life (MJF, 2020; Sifat, 2020a). Moreover, 107 women in Bangladesh were murdered by their husbands or intimate partners, and a total of 397 women were died because of domestic violence and sexual violence from January to September (Sifat, 2020a; Sifat, 2020b), which expressed the severity of violence against women in Bangladesh. A study of Hamadani et al. (2020) also highlighted that among the physically or sexually affected women, more than 50% reported that physical or sexual violence increased during the lockdown.

In this backdrop, the present study aimed to explore the prevalence and factors associated with Intimate Partner Violence (IPV) in Bangladesh amid the COVID-19 pandemic. The term IPV (many studies used DV as a synonymous with IPV) represents a particular type of VAW that shows how women experience any type of violence (psychological, physical, or sexual) from their intimate partners.

## Methods And Materials

### ***2.1 Participants and Procedure***

The target population of the study was Bangladeshi married women, aged between 16 to 49 years, and lived with an intimate partner. The minimum required sample size was 400 at the 5% precession level based on Taro Yamane Table (Yamane, 1967). A well-structured questionnaire was developed by using the forward-backward translation method with the help of an English Professor (Assistant Professor).

The final questionnaire was in the local language, Bangla. After a pilot survey (among 60 women), the questionnaire was finalized and delivered to the surveyors. 15 graduate female (graduated from Economics) were recruited as surveyors, and trained properly. A face-to-face survey was conducted from August 30 to September 30, 2020, and COVID-19 safety guidelines were strictly followed at the time of data collection. By using the convenience sampling method, data were collected from Dhaka city with eight other districts of Bangladesh- Kurigram, Pabna, Gazipur, Sunamgonj, Khulna, Narsingdi, Nilphamari, and Kishoreganj- that also covered 5 divisions out of 7. A total of 605 women were reached and among them, 510 (84.30%) provided their consent and full information. Participants were interviewed in the absence of their husbands to ensure the quality of data.

## **2.2 Measures of Intimate Partner Violence**

WHO multi-country survey tool was used in the questionnaire to assess the prevalence of intimate partner violence (Garcia-Moreno et al., 2006). Although lockdown and restrictive policies were prevailed up to 30 May 2020, participants were requested to share their experience of violence from 26 March (the time of the official closure of both government and private offices with the restriction on mobility) to 26 August, based on these 5 months. According to the WHO multi-country survey tool, the emotional violence (EV) was screened by asking the participant whether current partner "*(i) insulted you or made you feel bad about yourself? (ii) belittled or humiliated you in front of other people? (iii) did things to scare or intimidate you on purpose (e.g. by the way he looked at you, by yelling and smashing things?) (iv) threatened to hurt you or someone you care about?*" (Garcia-Moreno et al., 2006). The reply of "yes" to any one of these questions constituted the prevalence of EV. The prevalence of physical violence (PV) required the "yes" answer to any of the questions that current partner "*(a) slapped you or thrown something at you that could hurt you? (b) pushed you or shoved you? (c) hit you with his fist or with something else that could hurt you? (d) kicked you, dragged you, or beaten you up? (e) choked you or burnt you on purpose? (f) threatened to use or actually used a gun, knife, or other weapons against you?*"(Garcia-Moreno et al., 2006). Instead of 3 questions, one combined question was included to assess the sexual violence (SV) in Bangladesh. The "yes" answer to the question that- whether intimate partner physically forced to have sex or perform any sexual act constituted the prevalence of SV.

## **2.3 Socio-demographic Information**

The questionnaire included some socio-demographic questions regarding the participating women like age, residence, religion, educational status, and employment status; two regarding intimate partner- age,

and the level of education; two were marriage related- duration of the marriage, and types of marriage; and two for family-related: number of children, and monthly family income. The study categorized the 'age' variable into- age less than 30 years, 30 to 40 years, and more than 40 years (maximum 49); residence into rural and urban; religion- Muslims, and others; marital duration- less than 10 years, and 10 years or more; types of marriage- arranged marriage, and loved marriage; the level of education- completed secondary or more, and not completed secondary; employment status- employed, and unemployed or housewife; the number of children- no children, 1 to 3 children, and more than 3 children; and income status- lower-income (income less than 15, 000 in Bangladeshi currency (BDT) based on Mamun et al. (2020)), middle income (15,000-40,000 BDT), and upper income (more than 40,000 BDT based on Banna et al. (2020)).

#### ***2.4 COVID-19 related variables***

COVID-19 pandemic causes serious psychological problems to the Bangladeshi people (e.g., see Sakib et al., 2020; Mamun, Sakib, et al., 2020; Ahmed et al., 2020), and IPV is the byproduct of these psychological disorders. Therefore, the present study included two COVID-19 related variables. Participants were asked whether their monthly family income reduced during these five months, and a dichotomous answer, 0 = not at all or slightly and 1 = moderate to a lot, was available to them. It was expected that violent behavior increased with the reduction of family income. Besides, participants were asked whether their husbands were depressed on the lockdown and mobility restriction or anxious on job loss/income reduction/economic uncertainty, with dichotomous option yes/no.

#### ***2.5 Ethics***

The study strictly followed the Helsinki Declaration-1975, all the participants were informed about the purpose and nature of the study at the beginning. They were assured that their information would be kept strictly confidential and won't have their name on it. The questionnaire was started with the consent question whether they were agreed to provide the required information or not. After confirming the 'yes' answer, they went for the next questions. As 95 participants (among 605) were ticked the 'no' at the consent question, no further question was asked to them. The ethical clearness of the study was approved by the Department of Economics of Bangabandhu Sheikh Mujibur Rahman Science and Technology University, Gopalganj-8100, Bangladesh.

#### ***2.6 Analytical Strategy***

Statistical software STATA 15.0 version was used for univariate and multivariate analysis, and Microsoft Excel 13.0 version was used for graphical presentation of the items. At first, the study used univariate analysis to estimate the crude relationship between IPV and exposure variable. The significant variables (at a 5% precision level) from the univariate analysis then include in the multivariate logistic regression analysis to find out the significant predictors of IPV.

## Results

### ***3.1 Descriptive Statistics***

The majority of the participants were from a rural area (69.80%) and lower-income family (43.33%), aged less than 30 years (41.37%), Muslims (91.37%), up to secondary education (72.18%), unemployed or housewife (71.96%), had arranged marriage (90.59%), less than 10 years marital duration (63.92%), and had 1 to 3 children (72.16%). About 50.59% of their husbands aged between 30 to 40 years and only 31.37% had more than secondary level education. Moreover, 31.37% of the participants reported that their monthly income had reduced from March 26 to August 26, 2020, and 44.12% reported that their husbands or intimate partners were depressed on the lockdown and mobility restriction or anxious about job loss/income reduction/economic uncertainty.

### ***3.2 Prevalence and Risk Factors of IPV***

The present study found the prevalence of IPV to about 45.29%, where 44.12% of women were experienced emotional violence, 19.22% physical or sexual violence, 15.29% physical violence, and 10.59% were experienced sexual violence in Bangladesh during the first 5 months of the COVID-19 pandemic (Figure 1).

The prevalence of IPV was high on women less than 30 years, had arranged marriage, marital duration less than 10 years, lived in a rural area, belonged to Muslim family, level of education low, unemployed or housewife, low family income, husband aged 30-40 years, husband's low level of education, family income reduced moderately or a lot, and the husband was depressed about the lockdown and mobility restrictions or anxious about job loss/income reduction/economic uncertainty (Table 1). Figure 2 illustrates the distribution of the items of IPV.

**Table 1: Characteristics of Participating Women and Distribution of variables with IPV**

Variables	Total; n (%)	Intimate Partner Violence; Yes (%)	$\chi^2$ value	df	p-value
<b>Women's Age</b>					
<30 years	211 (41.37%)	154 (30.20%)	121.5924	2	<0.001
30 to 40 years	198 (38.82%)	64 (12.55%)			
>40 years	101 (19.80%)	13 (2.55%)			
<b>Marital Duration</b>					
<10 years	326 (63.92%)	174 (34.12%)	23.8083	1	<0.001
10 years or above	184 (36.08%)	57 (11.18%)			
<b>Types of Marriage</b>					
Arranged marriage	462 (90.59%)	218 (42.75%)	7.0917	1	0.008
Love marriage	48 (9.41%)	13 (2.55%)			
<b>Residence</b>					
Rural	356 (69.80%)	188 (36.86%)	26.8699	1	<0.001
Urban	154 (30.20%)	43 (8.43%)			
<b>Number of Children</b>					
No children	88 (17.25%)	44 (8.63%)	1.2694	1	0.530
1 to 3	368 (72.16%)	165 (32.35%)			
3+	54 (10.59%)	22 (4.31%)			
<b>Religion</b>					
Muslim	466 (91.37%)	225 (44.12%)	19.4770	1	<0.001
Others	44 (8.63%)	6 (1.18%)			
<b>Women's level of education</b>					
≤secondary school	363 (71.18%)	206 (40.39%)	66.6943	1	<0.001
>secondary school	147 (28.82%)	25 (4.90%)			
<b>Women's Employment Status</b>					
Employed	143 (28.04%)	44 (8.63%)	16.9196	1	<0.001
Unemployed/Housewife	367 (71.96%)	187 (36.67%)			
<b>Husband's age</b>					
<30 years	132 (25.88%)	95 (18.63%)	87.5317	2	<0.001
30 to 40 years	258 (50.59%)	120 (23.53%)			

>40 years	120 (23.53%)	16 (3.14%)			
<b>Husband's level of education</b>					
≤secondary school	350 (68.63%)	205 (40.20%)	79.3711	1	<0.001
>secondary school	160 (31.37%)	26 (5.10%)			
<b>Family monthly income</b>					
Lower income	221 (43.33%)	142 (27.84%)	63.0333	2	<0.001
Middle income	191 (37.45%)	69 (13.53%)			
Upper income	98 (19.22%)	20 (3.92%)			
<b>Family income reduced during COVID-19 pandemic</b>					
Not at all/slightly	350 (68.63)	98 (19.22%)	134.6602	1	<0.001
Moderately/A lot	160 (31.37%)	133 (26.08%)			
<b>Husband's pandemic-induced depression or anxiety</b>					
No	215 (42.16%)	29 (5.69%)	151.7476	1	<0.001
Yes	225 (44.12%)	202 (45.29%)			

The women with IPV were significantly more likely than the women without IPV to be aged less than 30 years ( $\chi^2 (2) = 121.59$ ,  $p<0.001$ ), had marital duration less than 10 years ( $\chi^2 (1) = 23.81$ ,  $p<0.001$ ), arranged marriage ( $\chi^2 (1) = 7.09$ ,  $p=0.008$ ), in rural area ( $\chi^2 (1) = 26.87$ ,  $p<0.001$ ), Muslims ( $\chi^2 (1) = 19.48$ ,  $p<0.001$ ), lower level of education ( $\chi^2 (1) = 66.69$ ,  $p<0.001$ ), unemployed or housewife ( $\chi^2 (1) = 16.92$ ,  $p<0.001$ ), husband aged 30 to 40 years ( $\chi^2 (2) = 87.53$ ,  $p<0.001$ ), husband's lower level of education ( $\chi^2 (1) = 79.37$ ,  $p<0.001$ ), husband was depressed on the lockdown and mobility restriction or anxious on job loss/income reduction/economic uncertainty ( $\chi^2 (1) = 151.75$ ,  $p<0.001$ ), lower income ( $\chi^2 (2) = 63.03$ ,  $p<0.001$ ), and monthly income reduced moderate to a lot amid the pandemic ( $\chi^2 (1) = 134.66$ ,  $p<0.001$ ) (Table 1).

Adjusted with marital duration, residence, women's level of education, husband's age, and monthly family income, multivariate logistic regression results are presented in Table 2. The women aged 30 to 40 years were 0.25 times less likely (AOR = 0.25, CI = 0.11-0.58,  $p<0.001$ ) and aged greater than 40 years were 0.15

times less likely (AOR = 0.15, CI = 0.02-1.18, p = 0.071) to experience the IPV than women aged less than 30 years. Women with arranged marriage were 3.70 times more likely to experience IPV compared to the women with loved marriage (AOR = 3.70, CI = 1.33-10.30, p = 0.012). Non-Muslims women were 0.12 times less likely compared to Muslims (AOR = 0.12, CI = 0.03-0.51, p = 0.004), and employed women were 0.56 times less likely compared to unemployed or housewife (AOR = 56, CI = 0.30-1.06, p = 0.075) to experience IPV. Women with educated husband were 0.06 times less likely to experience IPV compared to women with uneducated husband (AOR = 0.06, CI = 0.01-0.53, p = 0.011). Finally, family income reduction (moderate to a lot) caused 7.44 times more likely compared to no income/ slight income reduction (AOR = 7.44, CI = 3.58-15.48, p<0.001), and husband's depression on lockdown and mobility restriction or anxiousness on job loss/income reduction/economic uncertainty caused 10.28 times more likely to commit IPV (AOR = 10.28, CI = 5.31-19.92, p<0.001) amid COVID-19 pandemic in Bangladesh.

**Table 2. Regression analysis of factors associated with Intimate Partner Violence**

Variables	Unadjusted model			Adjusted model		
	Odds ratio (OR)	95% confidence interval (CI)	p-value	Adjusted odds ratio (AOR)	95% confidence interval (CI)	p-value
<b>Women's age</b>						
30 to 40 years	0.177	(0.116-0.271)	<0.001	0.249	(0.108-0.578)	<0.001 0.071
>40 years	0.055	(0.028-0.105)		0.148	(0.019-1.175)	
<30 years	Reference			Reference		
<b>Types of marriage</b>						
Arranged	2.405	(1.240-4.665)	0.006	3.703	(1.331-10.303)	0.012
Love	Reference			Reference		
<b>Religion</b>						
Other religions	0.169	(0.070-0.408)	<0.001	0.121	(0.029-0.505)	0.004
Muslim	Reference			Reference		
<b>Women's employment status</b>						
Employed	0.429	(0.284-0.645)	<0.001	0.561	(0.297-1.059)	0.075
Unemployed/ Housewife	Reference			Reference		
<b>Husband's level of education</b>						
>secondary school	0.137	(0.086-0.220)	<0.001	0.061	(0.007-0.532)	0.011
≤secondary school	Reference			Reference		
<b>Family income reduced during COVID-19 pandemic</b>						
Moderately/A lot	12.667	(7.877-20.368)	<0.001	7.441	(3.577-15.480)	<0.001
Not at all/slightly	Reference			Reference		
<b>Husband depressed about the lockdown and mobility restrictions or anxious about job loss/income reduction/economic uncertainty</b>						
Yes	13.931	(8.777-22.112)	<0.001	10.280	(5.306-19.915)	<0.001
No	Reference			Reference		

## Discussion

The findings of the study reveal that about 45.29% of women experienced any type of violence by their intimate partner during the first five months of the pandemic in Bangladesh, where 44.12% emotionally, 19.22% physically or sexually, 15.29% physically, and 10.59% sexually victims. This rate is high compared to the just before pandemic study of Haque (2020) regarding Bangladesh that reported the prevalence rate of 35%. But the high prevalence of ever experienced violence exist in the literature of Bangladesh, for

example, Esie et al. (2019) reported 82.7% in rural Bangladesh, and Ziae et al. (2016) reported 54.4%. High prevalence of IPV was also reported in many other countries in recent studies, 42% in Malawi (Chikhungu et al., 2019), 56.7% in Sothern India (George et al., 2016), 40% in Gambia (Jabbi et al., 2020), 42.7% in Zimbabwe (Lasong et al., 2020), and 32.5% in Haiti (Océan et al., 2020).

Gebrewahd et al. (2020) conducted a survey amid COVID-19 pandemic in northern Ethiopia, and found the prevalence of IPV 24.6%, where EV = 13.3%, PV = 8.3%, and SV = 5.3%. A recent study of Hamadani et al. (2020) reported the item specific prevalence of IPV in Bangladesh, where the prevalence of insults was 19.9% (44.12% in this study), humiliation 8.9% (16.08%), intimidation 13.5% (2.16%), threatened 4.8% (3.33%), slapped/thrown something 6.5% (14.12%), pushed or shoved 2.5% (10.39%), hit with fist/something 2.6% (3.14%), kicked/dragged/beaten/chocked/burnt 1.5% (1.57%), threatened with or actually used any type of weapon 0.6% (0.39%), and physically forced to sexual intercourse or sexual act 3.0% (10.59%). This study reported a significantly high prevalence of some specific violent behavior compared to the study of Hamadani et al. (2020). The sample size and sample area might be the underlying reasons for these differences, as the study of Hamandani et al. (2020) was based on the data from rural areas of one sub-district of Bangladesh.

The study found that the prevalence of IPV was declining with women's age; women aged 30 to 40 years were 0.25 times less likely to experience violence compared to women less than 30 years. This finding is consistent with the study of Gebrewahd et al. (2020), where it was reported that younger married women aged less than 30 years were 23.045 times more likely to experience IPV amid the COVID-19 pandemic in Northern Ethiopia. A study by Chernet & Cherie (2020) also concluded that women aged 25 to 39 years were more likely to become victims of domestic violence. A study of Esie et al. (2019) also found a high prevalence of DV (82.7%) among rural Bangladeshi women aged 16 to 37 years.

Types of marriage is an important factor regarding the IPV, while early marriage or forced marriage increases the prevalence. The study revealed that the arranged marriage of women was more likely to commit IPV contrary to loved-marriage. A similar finding was found on Gebrewahd et al. (2020) (where women with arranged marriage were 2.535 times more likely to experience violence compared to women with loved-marriage), but a dissimilar result was found on George et al. (2016) (where the adjusted odds

of loved-marriage was 4.3). The study found the significance of women's employment status on IPV at the 10% level, where employed women were 0.56 times less likely to experience any form of IPV compared to unemployed or housewife. Employment empowered the women by providing bargaining power within the family (Eswaran & Malhotra, 2011), and female labor force participation decision can eliminate some social curse like early marriage, dowry, and early childbearing (Jensen, 2012; Jensen & Thornton 2003). Contrary, women's participation in the labor force may increase domestic violence (Heath, 2014). Conservative husbands try to suppress the bargaining power of the women at the beginning of the labor force participation (Heath, 2014). As a result, interpersonal clashes and violence may occur.

The study found that an educated husband less likely committed IPV compared to a less educated or uneducated husband. Similar findings were found in Jabbi (2020) that reported the partner's lower education accelerated the likelihood of IPV. Education helps to develop compromising and caring behavior, and aware of the negative impact of violent behavior. Therefore, occurrences of IPV decline with the level of education. The study also found that Non-Muslim women were less likely to experience IPV contrary to Muslim women. Maybe the ratio of Muslims to Non-Muslims (9:1) in Bangladesh and our data (9.1:0.9) was the underlying reason for the differences in IPV across religion. As the population size of Non-Muslims in Bangladesh is small compare to Muslims, they maybe try to maintain a good relationship with their family members and partner. Therefore, the likelihood of family violence is less.

The study added two variables regarding the COVID-19 pandemic and found a significant impact of them on IPV in Bangladesh. The findings uncovered that moderate to a lot reduction in monthly family income amid the pandemic caused 7.44 times more likely to commit IPV compare to the baseline of no reduction or slightly reduction of monthly family income. This finding is quite logical, as declining monthly family income means declining family savings, declining food expenditure, and increasing financial hardship (that created pressure on husband where he is the only earning person). Moreover, some families went down below the poverty line amid the pandemic. These unexpected events cause psychological disorders, which fostered the rate of IPV. Finally, the husband's depression or anxiety regarding the situation of a pandemic caused him to commit IPV 10.28 times more likely compared to those who had no depression or anxiety. COVID-19 causes mental health problems throughout the population (Mamun,

Sakib, et al., 2020). Husbands' were depressed for the lockdown and mobility restriction or anxious for job loss/income reduction/economic uncertainty, which provoked them to conduct pervasive behavior like IPV.

## Limitations

A self-reported cross-sectional study has some methodological limitations, and the present study is not free from them. Moreover, husbands' pandemic-induced depression or anxiety was estimated based on only one question, instead of using a scale. The study did that to avoid lengthy questionnaires so that participants can concentrate particularly on violence-related questions. Despite some limitations, the study tried heart and soul to ensure the quality of data, and get reliable estimates.

## Conclusions

As monthly family income reduction and husbands' pandemic-induced depression or anxiety were the riskiest factors amid the pandemic to increase violence, special preventive measures should be taken to neutral them. A special social security program should act alone with increasing counseling; especially for lower educated husbands. Moreover, extra concentration should be provided on young married women, as they are at high risk. Twenty-four hours of hotline services for reporting violence and public awareness program should enhance, besides ensuring proper implementation of the existing law on domestic violence against women.

## Declarations

**Conflict of Interest:** None

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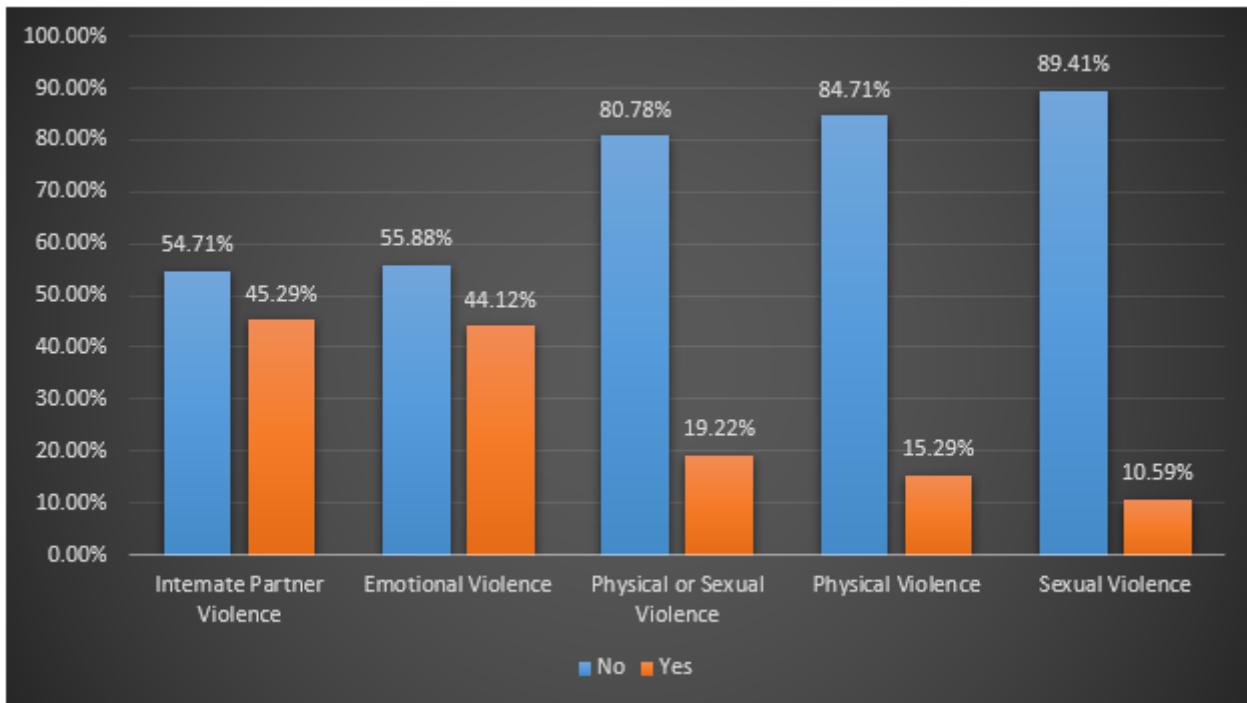
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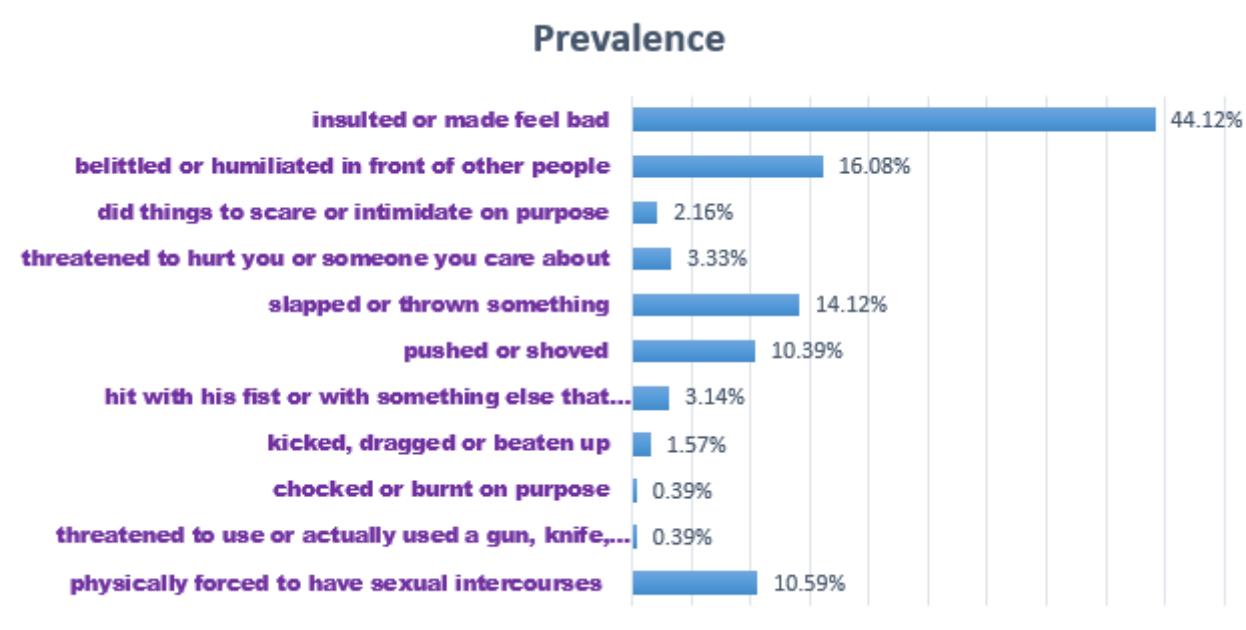
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## Figures



**Figure 1**

Prevalence of Intimate Partner Violence in Bangladesh



**Figure 2**

Items of Intimate Partner Violence with respective response