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Intimate partner violence among minority groups: A view from northern Bangladesh

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Abstract

This study investigates the prevalence, characteristics, and associated factors of intimate partner violence (IPV) among minority groups of Bangladesh. A mixed methods approach was employed, combining a survey of 128 participants from minority groups with 10 in-depth case studies. The survey collected quantitative data, while case studies provided qualitative insights. The study reveals a pervasive prevalence of IPV within marginalized communities, with 40.6% of females reporting experiences of IPV. Husbands were identified as the primary abusers (91.4%) of IPV. Various determinants were identified as contributing factors to IPV. These include poor mental health, substance abuse, exposure to childhood violence, patriarchal attitudes, financial pressures, conventional drug use, adherence to cultural and societal norms, and limited education regarding healthy relationships, communication, and conflict resolution skills. Surprisingly, the study highlights that IPV is bidirectional, with 33.6% of respondents admitting to physically harming their spouse during violent incidents. Gender inequality or rigidity was not the predominant determinant of IPV among minority communities in northern Bangladesh. The study underscores the necessity of culturally sensitive strategies to address IPV within marginalized communities. The findings underscore the need to address both sides of the IPV dynamic and advocate for holistic interventions that acknowledge and respect cultural norms and values.

Keywords: Bangladesh, Intimate partner violence, Minority groups, Rajshahi.

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Contents

Contribution of this paper to the literature
This study highlights the complicated nature and bidirectional dynamics of intimate partner violence (IPV) among Bangladeshi minority communities. It reveals that IPV is not a one-way street among minority groups and signaling that women can also be violent perpetrators.

1. Introduction

Intimate partner violence (IPV) is a significant global public health issue that has wide-ranging impacts on people, families, and communities. In the context of Bangladesh, intimate partner violence (IPV) has emerged as a significant issue, with a special focus on its prevalence among minority communities. Surprisingly little information exists on the prevalence, nature, and underlying causes of intimate partner violence in this group, despite the fact that it occurs frequently and has an immense effect. This study explored the prevalence of IPV in underprivileged areas of Rajshahi, Bangladesh, in an effort to address this knowledge gap. According to Rahman, Nakamura, Seino, and Kizuki (2012), empirical evidence suggests that a significant proportion of females in Bangladesh, namely two-thirds, are at risk of experiencing intimate partner violence (IPV) over their lifetime. According to the findings of the National Institute of Population Research and Training (NIPORT) Mitra and Associates & ICF International (2014), a significant proportion of married women, specifically 26 percent, reported instances of partner abuse encompassing physical, sexual, or psychological forms. Additionally, data showed that IPV is under-reported in Bangladesh, especially among minorities, because of cultural norms that keep gender inequality and male dominance in intimate relationships (Bhogal, 2019; Shankar, Das, & Atwal, 2013). A study conducted by Yount, Halim, Head, and Schuler (2012) in Bangladesh, it demonstrated that women who presented straightforward responses faced a higher risk of experiencing physical or sexual violence from their spouses. Furthermore, these women had less autonomy in terms of making decisions related to their own health and household matters. According to Field and Caetano (2004) and Lacey, McPherson, Samuel, Powell Sears, and Head (2013), the impact of IPV on the mental and physical health of women from various ethnic groups in Bangladesh also denotes the associated factors of IPV in the area, which include socio-demographic factors like age, education, income, and social support. Gender and racial disparities exist in the comprehension of intimate partner violence (IPV) legislation in Bangladesh, as shown by Karim, Wahab, Hossain, and Swahnberg (2023). IPV affects women of all cultures and backgrounds, but certain forms of violence pose a greater threat to some than to others. Women of African American and Hispanic ethnicity, for example, were more likely to be victims of physical assault and financial mistreatment (Davila, Johnson, & Postmus, 2021). Significant evidence suggests that intimate partner violence (IPV) is associated with negative mental and physical health outcomes for women, including depression, anxiety, and long-term health difficulties (Stockman, Hayashi, & Campbell, 2015).

Fanslow, Robinson, Crengle, and Perese (2010) showed that, despite high rates of IPV, New Zealand women still believed in traditional gender roles. According to Whitaker et al. (2007) culturally competent interventions are essential to preventing intimate partner violence and sexual assault in racial/ethnic minorities. Hyman, Forte, Du Mont, Romans, and Cohen (2009) assert that ethnic minority females residing in Canada encounter distinct challenges when attempting to access assistance, including apprehensions regarding immigration status and a lack of confidence in law enforcement agencies. The potential risk factors of intimate partner violence (IPV) have been examined in previous research, with specific attention given to drug addiction, stress, and poverty (Schafer, Caetano, & Cunradi, 2004). Klevens (2007) provided an overview of intimate partner violence (IPV) among Hispanics and emphasized the need for culturally specific approaches to combat the problem.

Therefore, research on IPV among minority groups of Bangladesh is essential for illuminating this undercounted issue and guiding the development of effective initiatives to minimize IPV and promote equality for women. The purpose of this study is to shed light on the demographic and socioeconomic factors, incidence rate, nature of IPV, and determinants that contribute to the high rates of incidences of intimate partner violence (IPV) among members of minority groups in Rajshahi, Bangladesh. This study examined to IPV research and the development of effective solutions to address this crucial public health concern by collecting and assessing these data.

2. Methodology

The present study applied a mixed-methods approach to examine the prevalence, nature, and factors influencing intimate partner violence (IPV) within minority populations residing in Rajshahi, Bangladesh. To ensure a precise evaluation of the problem, both quantitative and qualitative data have been gathered. Among 1710 women from *Santal, Orao, Mahali and Horizon* minority populations, 128 (*Santal-32, Orao-32, Mahali-32 and Horizon-32*) have been selected as sample by using the sample size calculator of Australian Bureau of Statistics (ABS) which is 10% of the total population (Confidence Level = 95%, Population Size = 1710, Proportion = 0.1, Confidence Interval = 0.05, Confidence Interval: Upper = 0.15000 and Lower = 0.05000, Standard Error = 0.02551, Relative Standard Error (RSE) = 25.51, Sample Size = 128). These 128 women from minority populations in the Tanore and Godagari upazilas of Rajshahi district were surveyed using a combination of self-completed survey questionnaires and face-to-face interviews to collect these data. Furthermore, a total of ten case studies were executed. The face-to-face interviews provided additional qualitative data on experiences with IPV and the broader social, cultural, and financial context. Using descriptive statistics and content analysis, the data were examined after being gathered by qualified research assistants. By combining quantitative and qualitative data, this study will offer insights into the occurrence, form, and underlying reasons for IPV in this community, as well as the demographic and socio-economic variables related to IPV.

3. Results

The data provided presents a complete picture of the social, demographic and economic status of 128 individuals from a specific population group Table 1. The age of the participants ranged from 20 to 40 years, with the 26 to 30 year olds (26.6%) forming the largest group. The people belong to four different ethnic groups: Santal, Orao, Mahali and Horizon. Each of these groups has 25% of the total population. Most people in this sample are housewives (88.3%) and few work in the service sector (3.9%) or do anything else (7.8%). Most individuals (40.6%) have completed their

SSC (Secondary School Certificate), while only a small proportion of individuals are illiterate (1.6%), and even fewer have post-graduate degrees (2.3%). Regarding the age at marriage, most people (57%) married before the age of 18, while the other 43% married at the age of 18 or older. Most of the individuals (60.2% of them) are from nuclear families, while the other 39.8% are from extended families. Most families (39.1%) have monthly incomes between 5,000 and 10,000 taka, while a smaller number have monthly incomes of less than 5,000 taka (34.4%) or more than 25,000 taka (0.8%).

Eighteen percent of those surveyed gave no data about their monthly income. Most respondents' families earn between 10,000 and 20,000 taka per month (53.9%), while a smaller number earn less than 10,000 taka (23.4%) or more than 30,000 taka (9.4%). Most husbands in this sample work as day laborers (55.5%), but some work in agriculture (36.7%) or in the service sector (2.3%).

Most respondents' families spend between 5,000 and 10,000 taka each month (35.9%), while a smaller number spend less than 5,000 taka (7.8%) or more than 25,000 taka (6.3%). Most of the families that took part in the survey spend the most on food (71.1%), followed by their children's education (10.2%) and medical care (10.2%). The majority of respondents (58.6%) live in earth houses, while a smaller ratio lives in tin (22.7%) and shebang/thatch (18.7%) houses. Most respondents to the study are treated with biomedicine (65.6%), then homeopathy (7.8%) and then folk medicine (15.6%).

Most of the population who responded watch TV for entertaining (31.3%) or talk about other people (29.7%), while the rest do other things for fun (39.1%). 57% didn't say how they spend their free time.

Table 1. Socio-economic and demographic status of the respondents.

Age	**Frequency**	**Percent**
15-20 (Years)	16	12.5
21-25(Years)	24	18.8
26-30 (Years)	34	26.6
31-35(Years)	20	15.6
36-40 (Years)	34	26.6
Total	128	100.0
Ethnicity	Frequency	Percent
Santal	32	25.0
Orao	32	25.0
Mahali	32	25.0
Horizon	32	25.0
Total	128	100.0
Occupation	Frequency	Percent
Service	5	3.9
Housewife	113	88.3
Others	10	7.8
Total	128	100.0
Educational qualification	Frequency	Percent
Illiterate	2	1.6
PEC (Primary Education Certificate)	22	17.2
JSC (Junior School Certificate)	19	14.8
SSC (Secondary School Certificate)	52	40.6
HSC (Higher Secondary School Certificate)	26	20.3
Graduate	4	3.1
Post-Graduate	3	2.3
Total	128	100.0
Marriage age	Frequency	Percent
Less Than 18 (Years)	73	57.0
18 and Above (Years)	55	43.0
Total	128	100.0
Types of family	Frequency	Percent
Nuclear family	77	60.2
Extended family	51	39.8
Total	128	100.0
Monthly income of the respondents	Frequency	Percent
<5000 (Taka)	44	34.4
5000-10000 (Taka)	50	39.1
10001-15000 (Taka)	9	7.0
25001-30000 (Taka)	1	.8
NA	24	18.8
Total	128	100.0
Monthly income of the respondent's family	Frequency	Percent
< 10000 (Taka)	30	23.4
10000-20000 (Taka)	69	53.9
20001-30000 (Taka)	17	13.3
>30000 (Taka)	12	9.4
Total	128	100.0
Occupation of husband	Frequency	Percent
Agriculture	47	36.7
Business	2	1.6
Services	3	2.3
Day labor	71	55.5
Others	5	3.9

Age	Frequency	Percent
Total	128	100.0
Monthly expenditure of the respondent's family	Frequency	Percent
Less than 5000 (Taka)	10	7.8
5000-10000 (Taka)	46	35.9
10001-15000 (Taka)	40	31.3
15001-20000 (Taka)	15	11.7
20001-25000 (Taka)	6	4.7
25001-30000 (Taka)	8	6.3
Above 30000 (Taka)	3	2.3
Total	128	100.0
Main source of expenditure	Frequency	Percent
Food	91	71.1
Child's education	13	10.2
Treatment	13	10.2
Others	11	8.6
Total	128	100.0
Types of houses	Frequency	Percent
Soil made	75	58.6
Tin made	29	22.7
Shebang/ Straw made	24	18.8
Total	128	100.0
Kinds of Treatment	Frequency	Percent
Biomedicine	84	65.6
Homeopathic	10	7.8
Folk medicine	20	15.6
Bio+Homeo	14	10.9
Total	128	100.0
Sources of entertainment	Frequency	Percent
Watching TV	40	31.3
Gossiping	38	29.7
Others	50	39.1
Total	128	100.0
Not applicable	73	57.0
Total	128	100.0

3.1. Incidence, Pattern and Underlying Casual Mechanism of Intimate Partner Violence

The data presented in Table 2 encompasses responses from 128 individuals who had been subjected to torture. The data is presented in the form of frequencies and percentages for each question. The questions cover different aspects of the torture experience, such as the type nature of torture, which performed it and how bad it was for the victim. Of the 128 people interviewed, 33 (24.8%) reported being physically tortured, 43 (33.6%) reported being tortured mentally, and 52 (40.6%) reported being physically and mentally tortured to have been tortured. Among the 117 respondents who said their husband was the main torturer, 3.9% said their mother-in-law, 1.6% their brother-in-law, 1.6% their father, and 1.6% others.

Of the 128 total, 43 (or 33.6%) said they had attempted to attack their partner after being ill-treated by torturers, while 85 (or 66.4%) said they had not. According to the results, 34.4% of respondents reported having been thrown, 35.9% had been hit, 36.7% had their hair pulled, and 17.2% had been kicked. Additionally, 16 respondents (12.5%) reported being hit by something dangerous and 7 (5.5%) reported being hit by something sharp. It also observed that 17 respondents (13.3%) were tortured for refusing to have sex, 22 (17.2%) starved after the torture and 30 (23.4%) didn't able to go out of house after being the torture. In addition, 13 respondents (10.2%) said they had difficulty taking care of their child after being tortured.

Through in-depth interviews, researchers have tried to understand the overall history of IPV among Bangladesh's minorities and have found that IPV is a multifaceted problem with multiple causes. The IPV is a pivot in the lives of minority women. Under the pretense of maintaining family peace, respondents said that every woman has been tortured at least once in her life by a male family member. Cultural and socio-economic standards such as patriarchal views and traditional drug use/intake such as Haria Pochani and Chuani (a local drug made by minorities in northern Bangladesh according to their own conventional method and which they acquire through inheritance) are also mentioned as roots for IPV in these communities.

IPV is compounded by financial stressors and financial challenges as they exacerbate already tense situations. In addition, poor mental health, alcoholism, and early childhood exposure to violence all play a role in either the practice or experience of IPV. IPV exists among minorities in northern Bangladesh and research has revealed that gender inequality and rigidity play a role in this process, but do not play a dominant role. It is interesting to note that in minority groups of northern Bangladesh, IPV is not one-way matter, as 43 people (33.60%) of the 128 respondents said they had attempted to harm their partner during an IPV incident.

In addition, it was found that women's financial independence is a crucial factor in why they are more likely to engage in violence against their partners in times of conflict. Other factors encompass witnessing or experiencing family violence as a child. Physical injuries, Mental health problems, Social isolation, Financial difficulties, Impact on children's mental physical and mental health, Increased risk of future violence, Legal consequences are some of the negative effects of IPV among the ethnic minorities of northern Bangladesh.

Table 2. Levels of intimate partner violence and analysis of prevalence rate.

What kind of torture do you suffer?	Frequency	Percent
Physical	33	25.8
Mental	43	33.6
Both physical and mental	52	40.6
Total	128	100.0
By whom do you become more tortured?	Frequency	Percent
Father	2	1.6
Husband	117	91.4
Brother-in-law	2	1.6
Mother-in-law	5	3.9
Others	2	1.6
Total	128	100.0
After you were abused, did you attempt to hit your partner?	Frequency	Percent
Yes	43	33.6
No	85	66.4
Total	128	57.0
Whatever throws something at you?	Frequency	Percent
Yes	44	34.4
No	84	65.6
Total	128	100.0
Have you ever been slapped?	Frequency	Percent
Yes	46	35.9
No	82	64.1
Total	128	100.0
Has your hair been tortured?	Frequency	Percent
Yes	47	36.7
No	81	63.3
Total	128	100.0
Have you been hit with something harmful?	Frequency	Percent
Yes	16	12.5
No	112	87.5
Total	128	100.0
Have you ever been kicked?	Frequency	Percent
Yes	22	17.2
No	106	82.8
Total	128	100.0
Has your body been burned?	Frequency	Percent
Yes	3	2.3
No	125	97.7
Total	128	100.0
Have you been hit with something sharp object?	Frequency	Percent
Yes	7	5.5
No	121	94.5
Total	128	100.0
Are you tortured for disagreeing for having sex?	Frequency	Percent
Yes	17	13.3
No	111	86.7
Total	128	100.0
Have you ever been starved after torture?	Frequency	Percent
Yes	22	17.2
No	51	39.8
Total	73	57.0
System	55	43.0
Total	128	100.0
Have you ever stopped going out of the house after torture?	Frequency	Percent
Yes	30	23.4
No	43	33.6
Total	73	57.0
System	55	43.0
Total	128	100.0
Has it ever been difficult to take care of a child after torture?	Frequency	Percent
Yes	13	10.2
No	60	46.9
Total	73	57.0
N/A	55	43.0
Total	128	100.0

4. Discussion

The following section reviews the prevalence, type, and associated factors of intimate partner violence (IPV) among 128 women. Psychological torture was found to be the most common form of IPV (33.6%), while 40.6% of respondents had experienced both physical and psychological torture. Psychological torture is rarely discussed in IPV conversations, yet it can have long-term impacts on victims' mental health and well-being (Dillon, Hussain, Loxton, & Rahman, 2013). The majority of the respondents said they were tortured by their spouses (91.4%), while 33.6% reported attempting to strike their partners in response to abuse. In addition, more than one-third of those

interviewed admitted to being struck, having their hair yanked, and being kicked. A significant proportion of participants did not leave the house (23.4%), and 10.2% found it challenging to care for their children after experiencing IPV. Semahegn and Mengistie (2015) discovered that lifetime domestic physical violence by a husband or intimate partner against females varied from 31 to 76.5 percent. This is a significant difference compared to the current study, in which 25.8% of women reported experiencing physical torture. According to Koenig et al. (2003), the most prevalent forms of domestic violence in rural India were mental and financial. In the present investigation, psychological torture was identified as the most prevalent form of abuse, followed by physical and psychological torture. The majority of respondents (91.4%) were abused by their spouse, followed by their mother-in-law (3.9%), father-in-law (1.6%), and brother-in-law (1.6%). It is consistent with previous research on intimate partner violence, which has repeatedly affirmed that husbands or male partners are the most common perpetrators of IPV (Heise, Ellsberg, & Gottemoeller, 1999; Johnson, 2008; Mundhra, Singh, Kaushik, & Mendiratta, 2016; Straus, 2004; World Health Organization, 2017). IPV is influenced by cultural and societal norms, as evidenced by a study of rural women in Bangladesh (Naved & Persson, 2005), which found that the husbands of IPV victims were more likely to exhibit typical patriarchal views and dominance over their wives. This finding is also reflective of the current study. In Bangladesh, a lack of education and understanding of healthy relationships, communication, and conflict resolution has been cited as a factor in intimate partner violence (Ali, Ali, Khuwaja, & Nanji, 2014; Koenig et al., 2003). Substance addiction and traditional drug use have also been associated with the practice or experience of IPV in minority groups in northern Bangladesh which is also consistent with prior studies (Cafferky, Mendez, Anderson, & Stith, 2018; Ellsberg, Jansen, Heise, Watts, & Garcia-Moreno, 2008; Gilberta, El-Bassela, Changa, Wua, & Roya, 2012; Roberts, Gilman, Fitzmaurice, Decker, & Koenen, 2010). Childhood exposure to violence correlates with intimate partner violence among minority communities in northern Bangladesh (Fulu et al., 2017). In addition, the literature demonstrates the role of gender inequality and rigidity in the development of intimate partner violence (Heise, 1998). Surprisingly, the current study did not identify a significant role in gender inequality and rigidity in the intimate partner violence (IPV) process among minority communities in northern Bangladesh.

In addition, the present study contributes to the existing literature on IPV by emphasizing that IPV is not a one-way street among minority groups and by demonstrating that women can also be violent offenders (Conradi, Geffner, Kevin Hamberger, & Lawson, 2009; Fiebert, 2004). As it can contribute to a cycle of violence and exacerbate the situation for both parties, hitting companions in response to abuse is also cause for concern. Concerning the effects of IPV on victims, the evidence indicates that a significant proportion of respondents (23.4%) remained at home after the abuse, while 17.2% starved after being tortured. In addition, after the assault, 10.2% of respondents found it challenging to care for their children. Intimate partner violence has detrimental effects on the mental and physical health of victims, their offspring, and society (Campbell, 2002; Coker, Smith, McKeown, & King, 2000; Loxton, Schofield, & Hussain, 2006). This underscores the demand for support services that address the short- and long-term consequences of IPV on victims' lives. This study provides a comprehensive understanding of the frequency, characteristics, and factors that contribute to both the perpetration and victimization of intimate partner violence (IPV) among minority populations in northern Bangladesh, and highlights the need to implement multifaceted interventions that concentrate on individual, relational, communal, and societal factors to prevent and mitigate IPV.

5. Conclusion

Intimate partner violence (IPV) is a pervasive and consequential issue in developing countries such as Bangladesh, where minority groups experience a disproportionate impact as a result of biases connected to ethnicity, religion, language, and economic status. The prevalence of self-defense efforts undertaken by women in response to instances of abuse serves to exacerbate the problem of IPV at hand. To effectively tackle the root causes of both victimization and perpetration, it is imperative to implement comprehensive and culturally sensitive approaches. These approaches may include the promotion of human rights, awareness campaigns, legal reforms, and the provision of support services for victims. By using the aforementioned techniques, we can facilitate a transformation towards more favorable relationship dynamics and improved overall welfare among the minority communities in Bangladesh.

6. Recommendations

In light of the findings of the paper, it is recommended that culturally appropriate approaches be used to address IPV in minority communities in Bangladesh. These approaches should include human rights promotion, awareness campaigns, legislative modifications, and victim support services. It is important to consider the experiences of both victims and perpetrators of IPV when developing strategies to address this issue. Long-term solutions that focus on changing societal attitudes and norms are needed to effectively reduce the prevalence of IPV in Bangladesh. By working together to address this issue, we can create a safer and more equitable society for everyone.

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