Review Article

A Comprehensive Review Aimed At Addressing Rural Indian Women's Health Literacy Needs To Prevent Intimate Partner Domestic Abuse

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How to cite this article: Shruti Tripathi, Namita Singh. A Comprehensive Review Aimed At Addressing Rural Indian Women's Health Literacy Needs To Prevent Intimate Partner Domestic Abuse. Indian Journal of Public Health Research and Development / Vol. 15 No. 4, October-December 2024.

Abstract

This article focuses on domestic abuse that rural Indian women experience at the hands of their intimate partners, a problem exacerbated by the women's lack of health literacy. Our focus is on increasing the health literacy of rural women so that they can more easily understand the long-term health effects of domestic abuse by intimate partners.

Objective: Our goal in doing this systematic review study is to determine whether increasing health literacy among rural women can prevent domestic abuse and increase their ability to defend themselves.

Study design: This study design involves qualitative synthesis to conduct systematic review.

Methods: We reviewed the published material in an all-inclusive, methodical manner.

Results: Raising women's health literacy can aid in halting the psychological and physical harm that domestic abuse inflicts on rural women.

Conclusion- Enhancing the health literacy of rural women can contribute to the greater social endeavor to stop and deal with domestic abuse.

Keywords: Health literacy and domestic violence, Domestic abuse on rural women, Domestic abuse, Intimate partner violence.

Introduction

The term "domestic violence" describes an attempt to seize and hold onto control over the victim when someone conducts a series of violent acts against them. We will concentrate on physical domestic abuse against women by intimate partners in order to address this study topic, as this is a significant issue in rural India.

The body, psyche, and emotions of victims of physical abuse—in this case, women—are severely affected. Internal trauma, bruising, fractured bones, and wounds are examples of physical harm. In

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Submission date: February 7, 2024 **Revision date:** March 28,2024 **Published date: September 20 , 2024**

addition, victims may feel depressed, anxious, afraid, or alone. Pregnant mothers who suffered physical abuse from their partners have occasionally miscarried, and low birth weight children born to women who endured such abuse have been documented. The idea that domestic abuse is a private matter is maintained by social stigmatization, making it difficult for victims to come out or seek help. The stigmatization of abuse may contribute to its perpetuation.

Health literacy can be crucial in eradicating these false beliefs among rural women and the community around them as well as raising knowledge of the harmful effects of physical domestic abuse.

The term "health literacy" describes a person's capacity to comprehend, make efficient use of, and apply health-related knowledge in a variety of healthcare scenarios. It includes a broad variety of abilities and information required to make wise choices regarding one's health and medical care.

Rural women who are health-literate can identify the physical and psychological symptoms of abuse. They might be more aware of the connection between specific ailments or accidents and domestic violence, which is the first step in seeking assistance.

Literature review

We looked over 137 studies, but only 52 of them met our search criteria, and only 12 of those 52 studies—which best met the purpose of the study—were included in this research report. In this research article, we have attempted to provide a brief overview of each of these nine studies in order to support the argument that health literacy is essential to ending domestic abuse of women in rural India.

A study detailing the impact of interpersonal communication on preventing domestic violence against rural women in the Angul district of Odisha, India, where 83% of the population lives in rural areas, was published in April 2023 in the JMIR formative research. The study focused on enhancing bystander self-efficacy through the use of mobile phone entertainment education. A randomized field study was conducted to provide entertainment education through the "Rani kulhe kahani" program.

The results of this study indicate that listening to the intervention increased the self-efficacy of those who did so, with interpersonal communication mediating a considerable component of the effect. Therefore, the results of this field trial suggest that interventions may influence interpersonal communication, which in turn influences the belief in one's own ability to support.[1]

Another Zambian study examined whether or not intimate partner violence is prevented by having a high level of health literacy reveals that there was a 19% lower likelihood of IPV experiences among women with good health literacy. Help-seeking behavior and health literacy were unrelated.

4,229 respondents between the ages of 15–49 years participated in the survey. 54.1% had experienced some type of IPV and 17.2% of those had sought help. 24.3% had high health literacy. The odds of IPV were higher among: 20–29 year-olds (OR = 1.7, 95% CI: = 1.3, 2.3) and 30–39 year-olds (OR = 1.5, 95% CI: = 1.1, 2.0), women with less than secondary education (OR = 1.5, 95% CI: = 1.1, 2.2), formerly married women (OR = 1.7, 95% CI: = 1.4, 2.1), women living in urban areas (OR = 1.5, 95% CI: = 1.1, 2.0), and did not vary by level of income. This is the first study to show that a large national sample of people with high health literacy, as determined by robust indicator, was shielded against intimate partner violence. It suggests that it is important to find ways to raise health literacy in an effort to stop this global health issue.[2]

Walker pointed out that even when the abuse has stopped, victims of intimate partner violence and the battering that commonly occurs as a result have particular, protracted health risks. Since it typically occurs in conjunction with coercive control and emotional abuse, battering is defined as repeated physical or sexual assault.[3]

Unfavorable outcomes may include low life quality, poor health, and excessive use of medical services.[4] One of the most common reasons for injury in women is assault, which is also a substantial direct and indirect risk factor for a number of physical health issues that are regularly observed in medical settings.[5]

From January to February of 2015, married women in Puducherry's Ramanathapuram hamlet

participated in a community-based cross-sectional survey.The mean age of the 310 eligible women who were included was 33.9 (7.5) years. Approximately 25% of the participants were between the ages of 25 and 34, and approximately 14% had no formal schooling.

176 women (56.7%) out of the total respondents reported having been victims of domestic abuse. Out of 159 women, 51.3 percent reported experiencing psychological abuse, which was followed by physical violence (40%) and sexual violence (13.5%). Of the 176 women who reported experiencing violence, 90.3%, 72.5%, and 23.7% reported experiencing psychological, physical, and sexual abuse, respectively. Of the 176 women who came forward to allege domestic abuse, 113 (64.2%) said their husbands were the most frequent offenders, followed by their mothers-in-law (35.2%).

Of the 124 individuals who reported being victims of physical violence, 56 (45.1%) said they suffered cuts, bruises, or aches as a result of the abuse. Of the ladies who reported injuries, 31 (25%) had dislocations, sprains, and eye injuries. Of the ladies, 18 (14.5%) reported severe injuries, such as deep wounds, shattered teeth, or broken bones. A strong correlation between women's illiteracy and domestic violence was discovered by multivariate analysis (AOR: 4.3, 95% CI: 1.2–15.7, P: 0.03).

The danger of violence against illiterate women was higher than that of literate women.[6]

According to this study, women's literacy levels are correlated with domestic abuse. The majority of women do not know what their rights are. They frequently accept violence as the norm. To alter the attitudes of the community—and especially those of the women themselves—continuous educational initiatives are required.

In the villages, the mass media and women's organizations ought to take a more proactive approach to stopping and lessening domestic abuse.[7]

This study indicates that justified female empowerment and enlightenment in the form of education, culture and economic productivity may help reduce this social as well as public health problem. In order to effectively address this problem, a multidisciplinary approach to formulate fundamentally sound public health measures is essential. There is a need for a sustained educational campaign to bring change in the community's attitudes, particularly those of females themselves.[8]

By drawing attention to the prenatal, neonatal, and infant death rates resulting from domestic violence against rural women, this study has a significant positive impact on the percentage of health literacy in the rural community. It also suggests that screening for domestic violence among female clients should be a part of current maternal and child health programs, particularly prenatal care, as it puts children whose mothers experience more than one episode of physical violence from their husband at risk of death during the first year of life.[9]

This study talks about evidence which suggests that women who are exposed to violence by their partners also show psychological consequences: higher levels of depression, anxiety and phobias than non-abused women. It was found also higher level of emotional distress, thoughts, or attempts of suicide among women who had ever experienced physical or sexual violence than those who had not. In addition, intimate partnership violence has also been linked with: alcohol and drug abuse, eating and sleep disorders, physical inactivity, a poor self-esteem, a post-traumatic stress disorder, smoking, self-harm, unsafe sexual behavior, and increased exposure to injuries.[10]

More women reported that violence was unacceptable in all seven scenarios presented to them at end line compared to baseline. Fewer women reported experiencing emotional violence from their husbands. Combining participatory learning and action meetings facilitated by ASHAs with access to counseling was an acceptable strategy to address violence against women and girls in rural communities of Jharkhand.[11]

In all, 37.2% of married women (aged 15 to 49) have ever been the victim of physical or sexual abuse by their spouse. Initiation of marital violence occurred in 87% of these cases within 5 years of marriage. The percentage of cases of spouse violence varied from 5.9% in Himachal Pradesh to 59.0% in Bihar. Higher education continuously reduces the likelihood of

domestic abuse for women. It has been discovered that there is a large and negative correlation between 10 or more years of schooling and all forms of violence.[12]

Methodology

This study design involves qualitative synthesis to conduct systematic review.

We reviewed the published material in an all-inclusive, methodical manner. We included studies that reported primary research studies assessing the efficacy of health literacy in rural populations, focusing on the issue of domestic violence among rural women; studies reporting screening trials; studies reporting interventions to increase healthcare staff identification of abuse; studies reporting research on intimate partner domestic violence; and studies emphasizing advocacy and prevention of domestic violence among women.

The search for studies was done via the following online databases from their start dates till December 2023: PubMed/MEDLINE, Google scholar, CINAHL/Ebsco, EMBASE, and Science Direct.

The following keywords were searched for: ("domestic violence" OR "intimate partner violence" OR "partner abuse" OR "spouse abuse" OR "abusive partners" OR "battered women" OR "Domestic violence" OR "Rural women in India" OR "Health literacy" OR "domestic violence").

Every English-language study that was located using the search approach had its methodology and abstract examined to see if it fit the selection criteria. The bibliography of the studies that were chosen was also searched for further studies that might have gone unnoticed.

Limitations

This study's limitation is the paucity of regional research on the use of health communication and health literacy in the prevention of domestic violence. The external validation of this study in varied population situations is called into question due to a dearth of preceding research.

Discussion

It is imperative to confront and prevent domestic abuse while also providing support to victims of abuse through health literacy. It can help rural women recognize warning signs of domestic abuse, such as physical or emotional abuse, dominating behavior, or emotional injury. Women can be encouraged to seek help and take preventative measures by being aware of these warning signs. Rural women with a good understanding of health issues are more likely to seek attention for wounds or other health issues brought on by domestic abuse. Women can discuss their experiences and worries with healthcare professionals, allowing them to provide the right kind of support, care, and referrals to other resources. With health literacy, rural women can make well-informed choices about their health and well-being. Survivors of domestic violence may experience major physical and mental health issues. Understanding and treating these health effects—such as trauma, chronic pain, mental health conditions, substance misuse, and problems with reproductive health—needs a strong foundation in health literacy. Healthcare professionals with a high level of health literacy can give trauma-informed treatment to victims of domestic abuse in addition to rural women. Individuals who possess knowledge about health issues are more capable of identifying and contesting the social mores and perspectives that support domestic abuse.

In general, combating domestic abuse necessitates a multifaceted strategy that includes initiatives to advance health literacy, increase public awareness, facilitate access to resources and services, and encourage structural changes to stop violence and assist victims. We can better help rural women who are victims of domestic abuse and seek to create safer, healthier communities by incorporating promotion of health literacy into our efforts to prevent and intervene in cases of domestic violence.

Conclusions

Effectively addressing domestic violence necessitates a multifaceted strategy that takes into account how health literacy affects abuse detection, prevention, and response. Improving rural women's health literacy can aid in the larger societal effort to prevent and address domestic violence.

Author statements

- This study does not require ethical approval because it is a systemic evaluation and does not contravene any ethical standards.
- There is no competing interest.

Source of funding statement: NIL

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