A LARGE PROPORTION OF WOMEN IN THE MALDIVES ARE SUBJECTED TO DOMESTIC VIOLENCE

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A LARGE PROPORTION OF WOMEN IN THE MALDIVES ARE 
SUBJECTED TO DOMESTIC VIOLENCE

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A project submitted in partial fulfillment of the requirement for the degree of 
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JUNE 2013
DECLARATION

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I hereby declare that this project is the result of my own work, except for quotations and summaries which have been duly acknowledged

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ABSTRACT

This study aims to understand the prevalence and factors of domestic violence against women in the Maldives. It also addresses an exploration of the changes and confidence levels of women overcoming abuse after the implementation of the legislation on domestic violence that was enacted recently.

This study is carried out as a quantitative study due to the sensitive nature and also because of the scope of the project. The sample is taken from 6 islands of Laamu Atoll and consists of 107 randomly selected women aged 15-49 who are married or were previously married. Data was collected using a survey questionnaire with closed-ended questions. The participants were given the choice to complete the questionnaire on their own, or by the researcher completing the questionnaire based on the answers given by the participants.

According to the research 45.8% of women had suffered some kind of violence from their partners including physical, sexual and emotional violence. The most common factors leading to violence were recorded as financial problems, family stress and lower educational levels. A high percentage of 88.5% of their children are been affected by these violent acts. Most of the women faced with violence did not seek any help. Moreover 60% of the women do not know that a legislation related to intimate partner violence has been implemented, even though 51% of them think that a law could help them in overcoming violence.

Overall, a high prevalence rate of domestic violence is recorded. As domestic violence causes severe injuries to the victims and also affects their children, the consequences are considerable and costly. Therefore it’s very important to combat intimate partner violence. The measure useful to combat intimate partner violence as understood through the study is the low percentage of victims who reports the cases and a high percentage of women preferring to live with the abusers. The results indicate that these women need education and empowerment. Furthermore compared to the percentage of emotionally abused victims, very few women seek help or get counseling. This means that they need better treatment and preventive programs.

Key Words:

Intimate Partner Violence; Domestic violence
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LIST OF ABBREVIATIONS

IPV: Intimate Partner Violence
ANC: Ante natal care
WHO: World Health Organization
UNICEF: United National Children’s Fund
CHAPTER 1  INTRODUCTION

1.1 Background

In our everyday life we hear a lot about women empowerment and protection for women from domestic violence. Countless research has been done regarding domestic violence worldwide. These include, but are not limited to, domestic violence against women in Bangladesh (Karim and Razzaque, 2007), Home Office research studies in Britain (Black, 1999), national research on domestic violence against women in Georgia (Chitashvili et al, 2009), and the Maldives study on women’s health and life experiences (Ministry of Gender and Family, 2007). Once a research is over, recommendations are given to correct the problem. It is often observed that a second research to check the improvements is not being done. Maldives Study on Women’s Health and Life Experiences was completed in 2007 and since then 5 years has passed, yet a second research has not been carried out. Moreover, the research conducted in 2007 demonstrated that intimate partner violence is quite high in Maldives is increased in southern regions and central regions of the Maldives compared to other parts. As a huge and sudden change have been faced by Maldives in the political and social environment as well as an year had passed after the implementation of a domestic violence legislation it’s important to find out the prevalence rates and the factors, in order to address these issues in the endeavor to improve women’s health. Therefore the purpose of this research is to identify the key factors leading to domestic violence in the Maldives and to identify the changes in prevalence rates.
1.2. Research Question & Hypothesis

Based on the preliminary study done prior to the research, it is hypothesized that there is a high prevalence of domestic violence in the Maldives, irrespective of the recently introduced legislation on domestic violence.

The specific research questions for this study are:

- How prevalent is domestic violence against women in the Maldives?
- What are the factors leading to domestic violence against women in the Maldives?
- How aware are Maldivian women regarding the legislations against domestic violence?

1.3. Significance of the study

Domestic violence can be marked as the most dangerous type of violence compared to all other violence worldwide. It is because domestic violence leads to fatal physical, emotional as well as physiological effects. Depression is one of the serious mental effects of domestic violence which leads in death of women (Razee, 2006). Other than depression the physical injuries caused by domestic violence sometimes become so severe that women could not cope and eventually leave the hope of living. Domestic violence does not only effect the victim, it also effect the children of victim, It leads the children to be violent later in life moreover children experiencing domestic violence are noted to be have a low academic
performance (Shipway, 2004 and Bott et al, 2012). This could darken the future of our children. We always say that children are the future of our country. Therefore it is very important to protect our children from the worst outcome of domestic violence. Moreover it is also important to protect the women who takes care of their children. It’s not that we have to protect women because they look after the children. Women does have their own human rights. They also contribute to our workforce. Thus, its very important to protect them from violence.

Women can be protected only when we understand the reasons behind it. Research plays an important role in finding those reasons why women are prone to domestic violence. The study is significant as no other follow-up study has been carried out after the landmark study on domestic violence that was carried out by Ministry of gender and family in 2006.

1.4. Scope

This study is carried out as partial requirement for the Bachelor of Primary health care. Therefore it is bound by the time factor available for the project. Taking this into consideration, the study has been limited to only one region of the country, and it is hoped that there would be some level of generalizability to the national as a whole in understanding the level of prevalence of domestic violence against women in the Maldives and to determine the main factors that lead to these incidences.
CHAPTER 2 \hspace{1cm} LITERATURE REVIEW

The purpose of this research is to identify the prevalence of domestic violence with the causes leading to domestic violence and also the effects of the domestic violence. This chapter presents an overview on domestic violence, research on this topic done in other countries, Different theories related to the topic and also the domestic violence status in Maldives are being discussed in this section of the study.

2.1. Overview of Domestic Violence

There is no universally accepted definition for domestic violence. The United Nations Declaration on the Elimination of Violence against Women (1993, cited in UNICEF, 2000) defines violence against women as "any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life" (Article 1.). In the Maldives, domestic violence is defined very well in the “Act against domestic violence” which was implemented in 2012. According to the Act, Domestic violence is can be referred as any physical act, sexual act, verbal act, financial or forced pregnancy against a doctor’s will, forced pregnancy of a women trying to end a violent relationship. Moreover controlling access to his/her belongings, threatening, scaring, spying, damaging the belongings can also be referred as domestic violence as per the Act. Entry to a domestic area of the victim without his/her permission, forced relationships, intentionally being violent in front of his/her child is also a crime according to the Act. In this Act domestic relationships are explained as relationship between intimate partners, people sharing same households, parents or guardians, family relations, housemaids, and person sharing personal relationships. As in the Act, personal relationship will be confirmed in the court after addressing certain points mentioned in the Act. Evidently, domestic violence is a broad topic to be discussed; hence this research will focus on intimate
partner violence hereafter referred as IPV, which is also regarded as domestic violence as per the legislation. (Act against domestic violence, 2012)

2.2. Theoretical explanations.
For the prevention, prediction, or interventions to avoid the occurrence of violence within intimate relationships, it is very important to understand the causes of violence against intimate partner (Cunningham, et al., 1998). A theory presents a systematic way of understanding events, behaviors and/or situations (Glanz, 2013). Overall, in the field of violence against women, the link between theory and practice has been quite obvious (Holtzworth-Monroe & Saunders, 1996).

The theoretical framework being used for this study is one grounded in the work by Riggs and his team (1989) named as Background situational model and ecological theory by Garbarino (1977) and Belsky (1980). These studies addresses IPV within four broad concepts, whereby IPV is situated in: individual’s history, social and cultural problems, situational constraints and personal or individual characteristics. These are further explained and reviewed in the proceeding sections.

2.2.1. Background situational model

The background/situational model was developed by Riggs and his team (1989) when they recognized the need to consider both an individual’s history and situational triggers that directly initiate violent episodes. This model consists of two main components, background and situational factors as the contributors to the perpetration of courtship aggression. The same thing is explained in the social learning theory too. This is a theory originated from the Bandura et al’s (1963) research on aggression. Bandura's theory was tested in a classic experiment in which children observed adults behaving aggressively towards a 3-foot "Bobo" doll. When the children were given to play with the “Bobo” doll later, that children who viewed these aggressive acts were twice as aggressive children who did not view aggression. Therefore, this research indicates that children learn to interrelate with each other by observing their role models.

The U.S. Department of Health and Human Services (2009), reports that a majority of research in US has shown that most of the abusers are people who have witnessed and
experienced domestic violence in their childhood. Most of them do not believe that they are doing anything wrong. They feel that they are controlling or dominating the other partner as their fathers did.

In this model background characteristics are factors referring to historical, societal, and individual characteristics that determine who becomes aggressive. For instance it includes a history of witnessing or experiencing abuse, aggressive personality characteristics, arousability, prior use of aggression, psychopathology, and social acceptance of aggression as a way to handle conflict (Riggs et al., 1989).

The second component of the model, situations, set the stage for violence to occur. These situational factors include interpersonal conflict, alcohol and other substance abuse, relationship satisfaction and etc. (Riggs et al., 1989). The authors propose that the interaction between an individual’s background and current situation affects the intensity of conflict and determines whether physical violence occurs (Riggs et al., 1989).

A study conducted by Zilberman and Blume (2005) revealed that Substance use (by the perpetrator, the victim or both) is involved in as many as 92% of reported episodes of domestic violence. Moreover, they also mentioned that studies report rates of alcoholism of 67% and 93% among wife batterers. Research conducted in Latin America and Caribbean (2008) revealed that in all countries except Paraguay, the most commonly reported situation that women said triggered their partner’s violence was his drunkenness or drug use, reported by between 29.8% of 16819 women in Guatemala 2008/9 and 53.4% of 10819 women in Ecuador 2004 (Bott, et al. 2012). Substance abuse leads to out-of-control behavior. Most of them have financial problems and other emotional problems. This leads to secondary anger leading to IPV.

2.2.2. Ecological theory
Ecological theories conceptualize violence as a multifaceted phenomenon caused by a combination of personal, situational, and sociocultural factors. This includes lower income, low education status, attitudes and beliefs and etc…. Ecological clarifications of violence were originally developed by Garbarino (1977) and Belsky (1980) to explain child abuse and
neglect (Panel on Research on Child Abuse and Neglect, National Research Council, 1993) and later this theory was used by a variety of theorists including Edleson and Tolman (1992), Heise (1998), and Riger, et al. (2002) for IPV (Resko, 2007).

WHO (2002) states, some of the components in this model as causes for IPV. It includes marrying at young age, low income, low academic achievement and involvement in aggressive or delinquent behavior as an adolescent. A research conducted in Bangladesh in 2007 revealed that amongst the abused women a higher percent are those who are not educated (Karim and Razzaque, 2007). This result was derived from a household survey conducted among 33 districts of Bangladesh. The same result is seen in the research conducted in the 12 countries of Latin America and the Caribbean with a sample size more than 200 000 (Bott, et al., 2012).

This theoretical framework is summarized in Figure 1 below:

![Theoretical framework diagram]

Figure 2.1. Theoretical framework
2.3. Forms of intimate partner violence

There are several forms of intimate partner violence. The Southern Adelaide Health Service of Australia (2008), has subdivided IPV into emotional, sexual, social, financial, and physical violence.

Shouting, calling names and not taking care of the partner can be regarded as emotional abuse. Moreover, even though not killed, threats to kill or hurt, making women responsible/guilty for violence, constant criticism, humiliating are also considered as IPV.

Women can be sexually abused in several ways. As a Muslim, it’s prohibited to have coitus during the time of menstruation. And also use of anus during coitus is also prohibited in Islam (Lean, n.d). Therefore both this act by partner is also considered as sexual abuse. Furthermore, forcing to have coitus can also be regarded as sexual abuse.

Women can be financially abused by not fulfilling her basic requirements. The women should be provided with good shelter (within the means of the husband), enough food for her and the children and enough clothing (Harne & Radford, 2008).

Talking about the types of IPV Harne & Radford, stated that preventing women from accessing education by partners, using her money and running up debts is also regarded as IPV. This could be regarded as social abuse as the husband is not allowing the women to be socialized. Women should have some control over her self-earned money and of course she should be accessible to occupations if the financial status is low. Women should have access to education according to the capability of the partner. Furthermore preventing from socializing, frightening women by looks and gestures, denying women’s needs are also considered as IPV (Harne & Radford, 2008).

Finally physical abuse is what is visible from the victim’s body. Burns, cuts and other marks on the body indicates that women have suffered from IPV. Harne & Radford,(2008) mentioned that physical abuse is mostly done by battering by partners which leaves long lasting marks and scars. Most of the physical abuses can be seen outside of the body
IPV is not just a one day process or action; it has phases which run as a cycle until the intimate partners get separated. In some cases separation alone doesn’t end violence. It keeps on repeating until the abuser is punished or jailed. According to a renowned physician Mathews, 2004 intimate partner violence has a 5 phase cycle. The first or the beginning face is explained by Mathews as verbal insults or accusations and in few cases minor physical injuries. And the second phase is where the physical attacks are being caused severely. In this phase the abused starts to feel that she is responsible for the abuse. The abused starts to think that if she was a good cook or pretty wife or simply a “better wife” the abuse would be stopped. The third phase is explained by Mathew as the “explosion” stage, where abuse is reached to a crescendo. Amnesty International report (2005) on violence against women, reported several stories from women whose partners have burned their house down, broken their ribs, after a quarrel hand cuffed the women and locked in the room and etc. Then, comes the building up/ or covering stage. In this stage the abuser apologizes and promise to not to repeat it. The fifth stage is described by Mathew as the “honeymoon” stage. In this stage the abuser assures by giving gifts, spending lovable times that he will not repeat and the abused agrees. But it lasts for few weeks or months. After few weeks or months the situation will again decline-into tension building, explosion, and same cycle continues.

2.4. Prevalence

The WHO study on domestic violence conducted in Geneva and London in 2005 revealed IPV occurs more often than other assaults and rape. “The study reports on the enormous toll physical and sexual violence by husbands and partners has on the health and well-being of women around the world and the extent to which partner violence is still largely hidden” (WHO, 2005). According to Black (1999), among 16 to 59-year-olds, 23% of women experienced an assault from a current or former partner at some time in their lives in England and Wales. One of our neighboring countries, Bangladesh, also has a high statistics of IPV. While 46.5 % of married women experienced verbal abuse, a significant 28% reported experiencing physical abuse in Bangladesh (Karim and Razzaque, 2007). Some of the other countries noteworthy regarding IPV include Georgia with 33.4% (Chitashvili, 2009), 23% in Tajikistan, 26% in Chile, 41% in Uganda, 32% physical and 30% sexual violence in Israel and 35% in Egypt (UNICEF, 2000).
As we go into the statistics of domestic violence worldwide, Mathews (2004) states is approximately 4 to 6 million cases of domestic violence cases including IPV are reported a year and there are many more that go unreported.

Moreover, the world report on violence and health (Etienne et al., 2002) reported that IPV occurs in all countries, irrespective of social, economic, religious or cultural group. Hence, we cannot dismiss or ignore the issue of IPV against women in the Maldives saying that Maldives is a 100% Islamic country. Even though Islamic teachings have clear direction to the men to take special care of the women and to respect them, the reality is far from this as evidenced by some of the statistics above. Likewise, the situation is similar in the Maldives with a high incidence of IPV as was found by a research conducted by Ministry of Gender and Family (2007). This will be looked at details in a later section.

2.6. Affects

IPV adversely affects the health of women. Health is defined by WHO in the alma at conference as “state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (WHO, 2003). Despite the absence of any life threatening disease, IPV affects the women physically, mentally as well as socially. Due to the intimate nature of the problem, there are only a few number of cases reported to police or in hospitals. Hence, most of the cases are not identifiable. Despite enormous number of unidentifiable cases, IPV was and still is a big issue in women health worldwide.

“Domestic violence occurs in every culture, country and age group. It affects people From all socioeconomic, educational and religious backgrounds and takes place in Same sex as well as heterosexual relationships” (American Psychiatric Association, 2005). Consequently, the effects of IPV are uncountable.

The different physical injuries as a result of IPV are very similar from person to person. Bruising and, cuts, punctures, bites, scratches, abrasions, dislocated limbs, sprains, burns, deep penetrating stab or knife wounds or punctures, wounds or injuries to the body, broken eardrums, eye injuries, fractured or broken bones or including wounds are most seen physical
injuries whereas most of the injuries are unseen as it is hidden under their clothes. Most of the physical injuries are caused to chest, back, thighs and other covered organs (Shipway, 2004 and Bott et al, 2012).

Apart from physical injuries, IPV leaves behind mental scars that are more difficult to identify and address. It leads to other common emotional traumas such as depression, anxiety, panic attacks, substance abuse and posttraumatic stress disorder (American Psychiatric Association, 2005). Emotional trauma ultimately increases crimes and violence which is considered as a huge social effect due to domestic violence.

IPV also effects children’s welfare. US estimates that, on average, between 2001 and 2005, children lived in at least 35 percent—and as many as 50 percent—of the households experiencing IPV. (U.S. Department of Health and Human Services, 2009). According to them children who witnesses and experiences IPV faces behavioral, social, and emotional problems. Moreover, they also reported cognitive and attitudinal problems and long term problems as consequences of IPV. The statistics from U.S. Department of Health and Human Services (2009) has shown that a boy who experiences IPV engages in IPV later in life

The effects of IPV is so severe that it also affects reproductive health and can lead to gynecological disorders, unwanted pregnancy, premature labor and birth, as well as sexually transmitted diseases and HIV/AIDS (WHO 2002).

Despite being hurt physically, mentally and emotionally, many of the women, for various reasons, decides to continue with the same relationship. Domestic abuse shelters, Canada (CNN, 2013) reports that approximately 75% of women who are killed by their batterers are murdered when they attempt to leave or after they have left an abusive relationship. Fear of death is one reason why abused women don’t want to leave their partners. The love towards the partner, having children, feeling of insecurity and other financial and economic problems are reported by the abused women as a reason for them to stay in the abusive relationship (Morgan, 2013).
2.7. Intimate partner violence in the Maldivian context

Based on the above references it is quite evident that domestic violence is widespread. Based on a study by Ministry of Gender and Family (2007) it is also true for the case of the Maldives.

According to the qualitative research conducted by the Ministry of Gender and Family approximately 1 in 5 women aged 15-49 (19.5%), who had ever been in a relationship, reported experiencing physical and/or sexual violence by an intimate partner as stated above. It also reported that 1 in 4 ever-partnered women of the same age reported experiencing emotional abuse by an intimate partner. Moreover these rates appear to be high in the southern and central regions of the Maldives. Women were more likely to experience severe forms of physical partner violence such as punching, kicking, and choking or burning rather than just moderate partner violence. The experience of physical and/or sexual partner violence tends to be accompanied by highly controlling behavior by intimate partners. There was a significant overlap between physical and sexual partner violence with most women who reported sexual violence also reporting physical partner violence. It was also recorded that women who are younger (aged 25-29), have lower levels of education, and have been separated or divorced appear to be at increased risk of intimate partner violence in the Maldives.

A Domestic Violence Act (2012) was rectified in the Maldives for the first time in April 2012. It is not clear if the introduction of this law has had an impact on addressing this social issue, as no research into this field of study have been conducted since then.

It is important to understand the prevalence of IPV so at to plan preventive measures… as well as establish counseling and rehabilitation for the already affected people. Addressing the issue is critical for sound mental health of women in the Maldives and this is important as women makes up half of the population of the Maldives. The nation can move forward in the right direction with a healthier population.
As such this study focuses on the current prevalence rate of IPV in the Maldives and will try to identify if any positive changes have occurred given the newly passed Legislation.

The following section will address how the research will be carried out.
CHAPTER 3 METHODOLOGY

This chapter is focused mainly on the process of research designing and sample taking. The instruments used during the survey are also well explained. Moreover, the procedure used during the field work as well as the organization of the survey has been discussed in this chapter.

After the data collection, to get a valid accurate data it’s important to analyze data well. Hence the methods used for data analyze and the reasons for selecting the stated methods an also have been deliberated in the chapter of methodology.

Intimate partner violence is a very sensitive topic where special focus should be given to maintain the confidentiality and to lessen the ethical issues that may arise. Therefore the considerations for ethical and safety issues are also discussed in this chapter.

3.1. Research design

The research has been carried out as a quantitative research. It is clear that to find the underlying reasons and to develop an initial understanding of a problem, to get opinions and ideas of an issue and dive deeper into the problem uncovering the underlying motivations, qualitative methodologies are more appropriate (Catherine et al, 2009). This is also more relevant given the sensitive nature of the topic being addressed where it will be very
important to probe the participants and uncover the facts. However, due to the nature of this current study, taking into consideration the limited time constraints as well as the scope of the research, it was decided to take a quantitative approach. Also taking into consideration the scope and time limitations, this current research is largely being based on the study conducted by the Ministry of Gender and Family (2007), it was believed that this study could be designed to retrieve valuable data even if taking a quantitative approach.

In order to understand the prevalence of intimate partner violence and also to understand the factors that lead to the as well as to ascertain if the women are aware about the recent legislation, a quantitative survey is chosen as the research method.

3.2. Population and Sample

Owing to the time-scope of the research, this research is conducted only in the Central Region of the Maldives. This sample population was selected purposefully based on validity as well as on convenience. Ministry of Gender and Family’s (2007) report on women and lifestyle has shown that central province has the second highest prevalence rate of intimate partner violence in Maldives. Therefore it was felt that the Central region will be an important region to verify any changes that has happened due to the publication of the Ministry’s report and/or the enactment of the legislation. This region was selected also for convenience due to the familiarity of the place to the researcher, thereby facilitating the data collection process within the limited timeframe.

Since this research is centered on IPV, the target population is set as women aged 15 to 49 who are either married or was married. Even though the general authorized age for marriage in Maldives is 18 (Law on Family, 2000), it also allows marriage below 18 under certain
circumstances. As this research is mainly focused on IPV, to increase the validity and reliability all the women who are married should have an equal probability to be involved in the research.

The total target population is 8,411 women in 56 islands in the Central Region of Maldives. According to the WHO (Cited in Ministry of Gender and Family’s Study) in studies like this a valid sample size would be 25% of the target population. However due to limitations on time and scope of this study, taking a sample of 25% (2102 Women) is not feasible. However, it is also important to maintain the validity and reliability of the research, and this can be assured through a large enough samples. Therefore, instead of focusing on the whole of Central region, it was decided to select one atoll of this region. Again, the target island was selected purposefully based on the larger target population compared to the other two atolls. As such, Laamu Atoll was chosen purposefully. Compared to the other three atolls (Thaa Atoll with 2346 women, Dhaalu Atoll with 676 women and Meemu Atoll with 1061 women) Laamu Atoll has a 15-49 aged female population of 3099 (Department of National Planning, 2006). It was believed, that it will be more feasible to take a larger sample by choosing this Atoll. Based on the above, it was decided to take a sample of 5% of the targeted population from each island. There are a total of 12 inhabited islands in Laamu Atoll. From each of the 12 islands, samples were selected using a simple random sampling approach. Below is a table showing allocation of the sample size.
As can be seen from the table above there are 6 islands (Gaadhoo, Kunahandhoo, Kalhaiddhoo, Mundoo, Maabaidhoo and Dhanbidhoo) with a small sample size. WHO’s ethical guideline against domestic violence says that “protecting confidentiality is essential to ensure both women’s safety and data quality” (WHO, 2001). It is believed that the confidentiality of participants in such a small sample size is compromised. Therefore based on the sample size required, it was decided to cut off the islands with target population less than 200. It means that those 6 islands were cut off from the research leaving a total sample size of 107 from the other six islands.
In order to randomize the sample, it was decided to select households by checking the map of each island. The first household is selected from the first house in the first lane of north. After that 1 in every 3 houses were selected as sample. If for any reason it was not possible to recruit a participant, the next house was selected. In order to generalize widely to the households, not more than one participant has been selected as sample from each household.

3.3. Instrumentation

This research was conducted using a survey questionnaire. The questionnaire contained 40 closed ended questions. Questionnaire was completed by participants on their own in a time convenient for them. If the participants wished, they were given opportunity of completing the questionnaire by one of our team members.

The questionnaire was designed according to the objectives of the research. There are seven main sections in the questionnaire. The first section collects basic information like age, education and etc of the participant. The second section is based on the health status of the participant and the third section focuses on the children of the participant. The fourth section is designed to gain information about partner (husband) including his age educational level and profession. Information regarding experiences of domestic violence is included in section five and sixth section collects information regarding reproductive health and contraception. The last section is designed to collect information concerning how the victims get help and why they refuse to get help. This questionnaire was developed in Dhivehi as it was anticipated that some of the participants might have difficulty in comprehending a questionnaire in the English language. An English translation of the questionnaire, along with
the original version, is attached with this document as Appendix I and Appendix II respectively.

Before starting the field visit the questionnaire was pre tested using 4 identified victims of IPV. They were identified using snowball sampling through a personal acquaintance. Based on the feedback from this pre-test, changes were brought to the order of some questions and some instructions were included in the questionnaire that would solve some confusion in answering the questionnaire. The most significant change was re ordering of the questions in the second section regarding general health.

3.5. Data collection Procedures

The survey was conducted with the help of Gan Regional Hospital. They helped the study by contacting the health centers and by arranging days to collect sample from neighboring islands. Data collection was done by me with the help of other staffs at the health centers. It took 5 days for data collection. The trip was started on 22nd March 2013 and returned to Male on 28th March 2013.

Total of 6 islands were visited. They are Gan, Hithadhoo, Fonadhoo, Maamemdhoo, Maavah and Isdhoo, Where 107 questionnaires were filled. Most of the participants wanted to complete the questionnaire on their own at their own convenient time; hence this option was given to the participants. Only 10 participants agreed for the researcher to complete the questionnaire with their given answers. The plan to select every 3 households worked very well in Gan and Fonadhoo, whereas this plan was not very successful in other 4 islands. In these islands sample were taken not more than 1 in every 4 households. It is noteworthy that
all the participants were very supportive and all the questionnaires were returned after filling it and without reminding them.

3.6. Ethical considerations

Ethics is an important component to be considered when undertaking a research. WHO (2001) has developed specific ethical and safety guideline for research on violence against women. These guidelines were followed during the research, to protect the participant from further harm and also to maintain the confidentiality of the participants.

The sample was taken from 5% from the target population. To address any ethical issues that could arrive from sample taking, the islands with a target populations below 200 was cut off from the research as taking a such a small sample of 5% would lead to a compromise on their confidentiality.

The researcher underwent a one day training on ethical practice to be adhered to in the conduction of research on domestic violence. This training was provided by a former senior counselor of the Drug Rehabilitation Centre of the Maldives, to help to reduce errors.

Intimate partner violence is a sensitive topic. Therefore participants are given full authority to leave the survey at any time they want. And also information that have a probability to reveal the identification a participant (i.e.; name, address or any identification number) is omitted in the questionnaire.

3.7. Framework for data analysis

Once data collection process was over, the data was entered into Microsoft excel for storage. Data was re-checked for technical errors. Any error found was corrected. Later those data’s
were transferred to SPSS to analyze the data to produce the statistics. At least 10 days were spent for Data entry and analysis.

<table>
<thead>
<tr>
<th>section</th>
<th>Q.no.</th>
<th>Sources of Data</th>
<th>Types of Data</th>
<th>Data Analysis tool</th>
</tr>
</thead>
<tbody>
<tr>
<td>Research question 1</td>
<td>1</td>
<td>Survey questionnaire</td>
<td>Quantitative Data</td>
<td>SPSS</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>4,5,6,7,12</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>5</td>
<td>6,7,8,9,10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Research question 2</td>
<td>1</td>
<td>Survey questionnaire</td>
<td>Quantitative Data</td>
<td>SPSS</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>2,3,5,6</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>5</td>
<td>11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Research question 3</td>
<td>7</td>
<td>Survey questionnaire</td>
<td>Quantitative Data</td>
<td>SPSS</td>
</tr>
<tr>
<td></td>
<td></td>
<td>23, 24</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Figure 3.2. Summary of analytical framework

A rigorous research procedure was followed, as detailed in the sections above, to ensure the validity and reliability of the data collection for this research. Prominence was given to the unbiased selection of a random sample representative of the target population. Furthermore, the researcher herself conducted the survey to ensure uniformity across the participants in terms of the information and feedback provided regarding the nature of information sought through the survey. The questionnaire developed for this study is based on an already tested and used questionnaire by the Ministry of Gender & Family (2007). Necessary changes were brought to the questions to make it more valid.
CHAPTER 4  DATA ANALYSIS

The data for the study was collected through a quantitative survey of 107 women between 15-49 years of age. The data was analyzed using SPSS version 21.

4.1. Rates of prevalence by Participant’s Characters

<table>
<thead>
<tr>
<th>Age group</th>
<th>Total number of participants</th>
<th>Number of women reported IPV</th>
<th>% of women reported IPV</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-20</td>
<td>7</td>
<td>5</td>
<td>10.2%</td>
</tr>
<tr>
<td>21-25</td>
<td>29</td>
<td>20</td>
<td>40.8%</td>
</tr>
<tr>
<td>26-30</td>
<td>23</td>
<td>15</td>
<td>30.6%</td>
</tr>
<tr>
<td>31-35</td>
<td>11</td>
<td>3</td>
<td>6.1%</td>
</tr>
<tr>
<td>36-40</td>
<td>18</td>
<td>4</td>
<td>8.1%</td>
</tr>
<tr>
<td>41-45</td>
<td>4</td>
<td>1</td>
<td>2.0%</td>
</tr>
<tr>
<td>46-49</td>
<td>15</td>
<td>1</td>
<td>2.0%</td>
</tr>
</tbody>
</table>

*Table 4.1.1: Prevalence of partner violence (among ever partnered women), by age group*

There is a significantly high incidence of IPV among women aged 21-25 with a low prevalence rate among 40-49 year old. Overall a high IPV prevalence rate is seen in youth.

The Figure below shows the percentage of women with IPV by age group.

*Figure 4.1.1: Prevalence of partner violence (among ever partnered women), by participant’s age group (n=49)*
Level of education appears to be highly related with IPV. The figure shows that more than 59% of women experiencing IPV have a lower education background.

The participants were asked about the place of living at the time of violence. The results had shown that among the women who suffered IPV, 65.3% of them were living with either husband or participant’s family at the time of violence but on the other hand among the
women who did not suffered IPV 50% of them were living with husband and children in a separate house.

<table>
<thead>
<tr>
<th>IPV affected women</th>
<th>Women never experienced IPV</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number</td>
<td>Percentage</td>
</tr>
<tr>
<td>Not earned</td>
<td>35</td>
</tr>
<tr>
<td>Less than Rf 2500</td>
<td>2</td>
</tr>
<tr>
<td>Rf 3000-Rf5000</td>
<td>6</td>
</tr>
<tr>
<td>Rf5000-Rf8000</td>
<td>4</td>
</tr>
<tr>
<td>Rf8000-Rf12000</td>
<td>2</td>
</tr>
<tr>
<td>More than Rf 12000</td>
<td>0</td>
</tr>
</tbody>
</table>

*Table 4.1.2: Prevalence of IPV by level of income by Women (n=107)*

The participants were asked about the participant’s level of income. From the table above it is noticed that among the IPV experienced women 71.4% do not earn. By the study it was also noticed that women who do not experience IPV have a higher income than women experienced IPV. This has been illustrated in figure 4.1.4.
4.2. General health among IPV experienced women and IPV non-experienced women.

More women who don’t experience IPV reported their general health to be good.

Figure 4.2.1. General health status of women with IPV compared with women who doesn’t experience IPV (n=107)

Figure 4.2.2. Involvement of partner in seeking medical help when women is ill
Participants were asked about whether their husbands helped them in consulting a doctor when ill. The answers were categorized among the women who have experienced IPV and who did not experience IPV. This is shown in Figure 4.2.2. It is notable that compared to partners of women who did not experience IPV, the partners of women who experienced IPV have a less involvement in assisting in consulting a doctor when women is ill.

![Figure 4.2.2.](image)

*Figure 4.2.2. Hospitalization and operations among IPV affected and non-affected women within time of marriage (n=107)*

Enough significant relation between operation/hospitalization and IPV is not seen in this study.

### 4.3. Rates of IPV Prevalence by characteristics of partners

![Figure 4.2.3.](image)

*Figure 4.2.3. Hospitalization and operations among IPV affected and non-affected women within time of marriage (n=107)*
No significant relation is seen in Partner’s Age and IPV

As seen in the figure 4.3.2, IPV is higher among lower education level and lower at higher education level

<table>
<thead>
<tr>
<th></th>
<th>Partners of the Victims</th>
<th>Partners on non victims</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percentage</td>
</tr>
<tr>
<td>Less than Rf 2500</td>
<td>3</td>
<td>6.1%</td>
</tr>
<tr>
<td>Rf 3000-Rf5000</td>
<td>22</td>
<td>44.9%</td>
</tr>
<tr>
<td>Rf5000-Rf8000</td>
<td>11</td>
<td>22.4%</td>
</tr>
<tr>
<td>Rf8000-Rf12000</td>
<td>6</td>
<td>12.2%</td>
</tr>
<tr>
<td>More than Rf 12000</td>
<td>1</td>
<td>2%</td>
</tr>
<tr>
<td>Don’t know</td>
<td>6</td>
<td>12.2%</td>
</tr>
</tbody>
</table>

*Table 4.3.1: Level of income amongst of the partner’s (n=107)*
The highest percentages of abusive partners (44.9%) earn a monthly income of Rf 3000-5000. As seen in the figure 4.3.3 and 4.1.4, there is relevance between income and violence towards women by partners.

Figure 4.3.5. Prevalence of IPV by place of work by the partners (N=107)
It is noticed that IPV is more common among the women whose partners live in the same island with the wife.

![Figure 4.3.6: Rates of substance abuse by partners (n=107)](image)

The participants were questioned whether their partners were substance abusers at the time of marriage. The information gathered from the study indicates that 30.6% of the abusive partners were substance abusers.

![Figure 4.3.7. Possible causes for substance abuse by partner’s (N=17)](image)
From the *Figure* above it is seen that most of the women do not really know why there partners are involved in substance abuse.

### 4.4. Children and IPV

#### Figure 4.4.1. Prevalence of IPV among women with children (n=107)

As from the data, the number of children in the family has no enough significance as a factor leading to domestic violence.

#### Figure 4.4.2: Behavior of children of the women experiencing IPV
The most common behavioral attitude seen among the children is as reported by 34.3% IPV affected women as aggressiveness. Moreover, 11.4% of children have been a victim of drug abuse as per figure 4.4.2.

4.5. Types, Frequency and Severity of IPV

Table 4.5.1 below shows the prevalence rates of different forms of intimate partner violence, as defined by having experienced at least one act of a specific type of violence, during marriage.

<table>
<thead>
<tr>
<th></th>
<th>Physical violence by ever partnered women</th>
<th>Emotional violence by ever partnered women</th>
<th>Sexual violence by ever partnered women</th>
<th>More than 1 kind of violence by ever partnered women</th>
<th>ever partnered women suffered any kind of violence</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>number</td>
<td>%</td>
<td>Number</td>
<td>%</td>
<td>number</td>
</tr>
<tr>
<td>No</td>
<td>95</td>
<td>88.7%</td>
<td>98</td>
<td>91.6%</td>
<td>92</td>
</tr>
<tr>
<td>Yes</td>
<td>12</td>
<td>11.2%</td>
<td>9</td>
<td>8.4%</td>
<td>15</td>
</tr>
<tr>
<td>Total</td>
<td>107</td>
<td>100%</td>
<td>107</td>
<td>100%</td>
<td>107</td>
</tr>
</tbody>
</table>

Table 4.5.1: Percentage of women aged 15-49, who have ever been in a relationship, reporting different types of intimate partner violence (n=107)

Figure 4.5.1: Percentage of women aged 15-49, who have ever been in a relationship, reporting different types of intimate partner violence (n=107)
The highest reported incident is sexual violence with 14%, followed by more than 1 kind of violence at same time (14%). Physical violence is reported by 11.2% of the women, 14% sexual and 8.4% emotional violence. From the sample of 107, 45.8% have suffered some kind of IPV during marriage.

![Frequency of IPV](image)

*Figure 4.5.2. Frequency of partner violence (n=49)*

Women who reported intimate partner violence were also asked whether the violence had occurred once, a few times or many times. We see that the majority of women who had experienced IPV reported that the violence had occurred a few times and also a noteworthy amount of women had reported IPV often. This indicates that intimate partner violence is not often a once off event but a repeated pattern of abuse.
More than one type of injuries is caused to single women due to IPV. From the recorded amount of injuries the most common is being slapped or something thrown at, and kicked or dragged.

<table>
<thead>
<tr>
<th>Types of violence</th>
<th>Numbers</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical violence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>slapped or threw something</td>
<td>19</td>
<td>21.30%</td>
</tr>
<tr>
<td>Kicked or dragged</td>
<td>19</td>
<td>21.30%</td>
</tr>
<tr>
<td>Choked</td>
<td>4</td>
<td>4.50%</td>
</tr>
<tr>
<td>Threatened with a weapon</td>
<td>11</td>
<td>12.40%</td>
</tr>
<tr>
<td>Burn</td>
<td>2</td>
<td>2.20%</td>
</tr>
<tr>
<td>Thrown out of house</td>
<td>6</td>
<td>7.90%</td>
</tr>
<tr>
<td>Emotional violence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Verbal abuse</td>
<td>15</td>
<td>16.90%</td>
</tr>
<tr>
<td>Sexual violence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physically forced sexual intercourse</td>
<td>6</td>
<td>7.90%</td>
</tr>
<tr>
<td>Forced for degrading or humiliating sexual act</td>
<td>7</td>
<td>7.80%</td>
</tr>
</tbody>
</table>

*Table 4.5.1. Types of Emotional physical and sexual intimate partner violence reported among ever-partner women*

*Figure 4.5.3. Percentage of women seeking medical help due to IPV by type of violence (n=28)*
Women with physical injuries (76.20%) tend to seek medical help compared to other 2 types as derived from figure 4.5.3.

Severity of the violence is measured by recording the participants medical seek due to violence. Mild is recorded if victim did not seek any medical help and moderate if participant seek medical help for small physical injuries whereas severe is referred to cases where hospitalization was required and other severe physical injuries were caused. The graph below is the percentage of women with different degrees of IPV.

![Degree of severity of violence](Figure 4.5.4. Severity of IPV by Victims (n=49)

A higher percentage of women (43%) responded as having mild violence who did not seek any medical help. It was interesting to know that among the mild cases or the women who did not seek any medical help, 42.9% women were also reported cases of emotional violence. To understand the severity of sexual and emotional violence more questions were included in the
questionnaire. These are not included in the section as they have no direct relevance.

However has been added as appendix 3

<table>
<thead>
<tr>
<th></th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>no reason</td>
<td>2</td>
<td>4.1%</td>
</tr>
<tr>
<td>Disobedience</td>
<td>3</td>
<td>6.1%</td>
</tr>
<tr>
<td>Jealousy</td>
<td>1</td>
<td>2%</td>
</tr>
<tr>
<td>refusing sex</td>
<td>3</td>
<td>6.1%</td>
</tr>
<tr>
<td>no food at home</td>
<td>4</td>
<td>8.1%</td>
</tr>
<tr>
<td>problems with family</td>
<td>10</td>
<td>20.2%</td>
</tr>
<tr>
<td>when intoxicated</td>
<td>7</td>
<td>14.3%</td>
</tr>
<tr>
<td>money problem</td>
<td>10</td>
<td>20.2%</td>
</tr>
<tr>
<td>Work environment stress/employed</td>
<td>2</td>
<td>4.1%</td>
</tr>
<tr>
<td>Pregnant</td>
<td>3</td>
<td>6.1%</td>
</tr>
<tr>
<td>other reason for violence</td>
<td>4</td>
<td>8.4%</td>
</tr>
</tbody>
</table>

Table 4.5.2: Situations leading to violence, among women who have experienced IPV

Women who reported IPV were asked if there were any particular situations that tended to lead to violence. Table 4.8.1 shows that 20.2% of women reported that financial problems and family problems tended to lead to violence. 14.3% reported that intoxication leads to IPV. A number of women also mentioned that IPV were caused due to work environment stress, jealousy, disobedience, no food at home these are illustrated in figure 4.5.5 also.
As reported by the participants, the main reasons that could lead to IPV is financial problems (20.2%) and family related issues (20.2) followed by intoxication (14.3).

As reported by the participants, the main reasons that could lead to IPV is financial problems (20.2%) and family related issues (20.2) followed by intoxication (14.3).
There are substantial overlaps among the types of violence by intimate partners. It is noticed that women who experience sexual partner violence are likely to also be experiencing physical partner violence.

### 4.6. IPV related to pregnancy and Contraception

#### Figure 4.6.1. Percentage of women who faced IPV during pregnancy (n=36)

A high percentage of women suffer IPV during pregnancy too.

#### Figure 4.6.2. Number of women visiting ANC while pregnancy (n=84)

- **Never visited ANC clinic**: 1% woman without IPV (8.20%) vs. 42.20% woman experienced IPV
- **Some times visit ANC clinic**: 21.70% woman without IPV vs. 42.20% woman experienced IPV
- **Regular visits ANC clinic**: 77% woman without IPV (49.60%) vs. 77% woman experienced IPV
Pregnancy is a critical stage in a woman’s life where extra care is needed. All the participants were asked whether they visit ANC clinics and whether partners encourage them in visiting ANC. The figure explains that regular visits are made more by women who have not experienced IPV.

![Partners encouragement to ANC clinics](image)

**Figure 4.6.3. Partner’s encouragement in visiting ANC clinics. (n=84)**

It is noteworthy that a high percentage of partners, who are reported as non abusers, encourage their wives in visiting ANC and a high percentage of violent partners (77.6%) did not encourage their wives to visit ANC.

![Abortions and still births among the women](image)

**Figure 4.6.4. Rate of abortions/still birth among IPV experienced women and others. (n=84)**
It is noticed that rate of abortion are high among the women who experienced IPV and is low amongst the women who did not suffer IPV. The women who had abortion were asked whether it they were forced for abortion by husbands. 2% responded by saying no such situation occurred. Surprisingly 98% of participants did not respond.

![Contraception prevalence](image1)

*Figure 4.6.5. Prevalence of contraception among IPV experienced and non-experienced women. (n=107)*

Use of contraception is comparatively high among all women irrespective whether IPV experienced or not. To rule out any forced contraception, participants were asked on whose request they were using contraception. The figure below illustrates this.

![Forced contraceptions](image2)

*Figure 4.6.6. Initiation for contraception among partner’s and participants (n=55)*
It was quite interesting to know that among the IPV experienced women use of contraception was not necessarily on mutual agreement and a huge percentage of women who never experienced IPV uses contraception by both partners’ will. It was more interesting when 31% of the women who took contraception said that their partners do not know that they use contraception. Thus this is illustrated in figure 4.6.7.

Figure 4.6.7. Percentage of women who uses Contraception without informing husbands \((n=55)\)

It was more interesting to know that all the participants who uses contraception without informing husband were victims of IPV.
It is reported that 35% of women who use contraception are forced for contraception. These 35% of women are further divided into IPV experienced women and women who do not experience IPV and the results are in Figure 4.6.9.
4.7. Help seek By IPV affected women

The participants were asked whether they have asked for any help after having suffered IPV, and also whether they received the help, and from whom they seek help.

**Figure 4.7.1: Percentage of women who seek help to overcome IPV (n=49)**

From the figure, it is seen that a huge number of victims do not seek any help to overcome IPV. Only 22% of women who had IPV have sought help.

**Figure 4.7.2 Sources of help sought by women who had experience IPV. (n=49)**

<table>
<thead>
<tr>
<th>Sources for help sought</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Religious personnel</td>
<td>45%</td>
</tr>
<tr>
<td>friend</td>
<td>5%</td>
</tr>
<tr>
<td>police</td>
<td>9%</td>
</tr>
<tr>
<td>Neighbour</td>
<td>22.5%</td>
</tr>
<tr>
<td>Either Parents</td>
<td>13%</td>
</tr>
<tr>
<td>brothers and sisters</td>
<td>5.50%</td>
</tr>
<tr>
<td>health professional</td>
<td></td>
</tr>
</tbody>
</table>
Of the 22% women (11 women) who sought help for IPV, the majority of them (45%) sought help from friends, followed by parent (22.5%), brother or sister (13%), neighbor (9%), police (5%), and health professional (5%). It was fascinating to see No one asked help from a religious point. The percentage of women who got the help is also identified and illustrated in the figure 4.7.3.

![Percentage of Women who got help](image)

**Figure 4.7.3. Percentage of women who received help when they asked for it (n=11)**

The 99% of women who received help, were asked the way they solved the issue. The 99% women who received help stated two different ways of how they overcame IPV. This is shown in Figure 4.7.4 below. It demonstrates that the majority of them (70%) ended up going for a divorce, while the remaining (30%) made peace with the culprit.
It was noticed that there are no hands of NGO’s or other authorities’ in solving the IPV among the reported cases. The reported cases have solved it by themselves.

From the 78% of women who have not asked for any help, 26.7% women said that they did not seek help as people may not believe what they say and another 24.6% stated that they were scared of being separated from the kids. It was shocked to see 10.2% of women were
afraid of husbands that they do not take an action where as another 16.4% stated they were not affected severely.

Any changes in marital affair after experiencing IPV were also identified during the study. It was noticed that even after experiencing domestic violence 79.6% of women tend to live together and 4.10% of women live separately despite of being married.

The reasons why people stay even after facing IPV were also asked from the participants. According to them even after leaving their husbands for few hours or few days after IPV they had to return to their previous living due to certain reasons. These reasons are illustrated in the figure 4.7.7 below.
As seen in the figure above, a large proportion of the victims (80% of the abused women) returned to their husband citing children as their reason. Other reasons cited range from having nowhere to go, for the love of the husband, to withhold reputation, and request of family or husband.

### 4.8. Women’s attitude towards violence

In order to explore women’s attitudes towards IPV and whether such behavior is normative, a series of questions were asked to all the participants. The first set of questions asked women if they agreed or disagreed with a number of statements that explored ideas about families and what is acceptable or desirable behavior for men and women in the home.
Table 4.8.1: Women’s attitudes about families and the roles of men and women in the home (n=107)

|                                                                 | Agree | | Disagree | | Don’t know | |
|----------------------------------------------------------------|-------|---|----------|---|------------|
| 1. Good wife obeys husband even if she disagrees                 | 50    | 46.8% | 57 | 53.3% | - | - |
| 2. Family problems should only be discussed within the family    | 20    | 18.7% | 75 | 70.1% | 12 | 11.2% |
| 3. A man should show his wife who’s boss                        | 15    | 14%   | 57 | 53.3% | 35 | 32.8% |
| 4. Women should be able to choose own friends                   | 80    | 74.8% | 20 | 18.7% | 7  | 6.5%  |
| 5. Wife is obliged to have sex with her husband, even if she doesn’t want | 75    | 70.1% | 28 | 26.2% | 4  | 3.7%  |
| 6. If man mistreats his wife, others outside the family should intervene | 90    | 84%   | 17 | 15.9% | -  | -     |

Table 4.8.1 shows that a majority of women (84%) believe that if a man mistreats his wife, others outside the family should intervene.

70.1% women also felt that it is a wife’s obligation to have sex with her husband even if she does not want to. Moreover, 74.8% of women believe that they should get autonomy of choosing their own friends.

Sexual autonomy of women in marital relationships has also being explored in the study. The questionnaire asked women if they believed that a woman has a right to refuse sex with her husband in a number of situations.
From the table it is clear that all the participants believe that it is acceptable to refuse sex if husband asks something that is against Islam. It is also interesting to note that answers to statement 5 on Table 4.8.1 to some extent contradicts the answers to statement 1 on Table 4.8.2.

### 4.9. Knowledge on Act against Domestic violence

All the participants were asked about their level of awareness about the legislation against domestic violence, and it was shocking to see that only 40% of the women knows that a domestic violence law has been implemented in Maldives. This is shown in Figure 4.9.1.
Participants were also asked about whether any law can be helpful to tackle with IPV. The results shown in the Figure 4.9.1: Shows that almost half of the respondents (49%) do not have faith in a government legislation to address the issue of IPV.
The results overall, indicate a high prevalence of IPV in the country. The main factors leading to IPV in Maldives was found out to be financial problems with family followed by drug abuse. Maldivians women are not very much aware of the Act against domestic violence implemented in the year 2012.
CHAPTER 5 DISCUSSION

The results of the study conducted in Laamu Atoll, may be a huge surprise for the people of the Atoll as well as for the concerned authorities as it showed that 45% of the women between 15-49 years had suffered mild to severe form of intimate partner violence (IPV) at some point in their live. This figure is consistent for this region with the last similar research done by Ministry of Gender and Family (2007)

It is noteworthy that a large group of women exclusively experienced sexual violence by an intimate partner, and that most women experienced either a combination of physical and sexual violence. The study also shows that IPV rarely creates a one-off violence incident but more often women experiences a violent act often or rarely.

The sample was taken for the study form 1 in every 3 households. Compared to the number of participants the highest numbers of IPV victims are recorded in the younger age group of 15-30 years.

One of the aims of the study was to understand the factors that lead to IPV. Among many factors low education has been found out to be one of the major cause for IPV from the previous studies (WHO, 2002; Karim & Razzaque, 2007). This was evidenced in this study
too. IPV was higher among women and partners with a low educational background. Hence, it can be concluded that higher education increases awareness among the people and can help reduce IPV. Other than educational level, alcoholism is also considered as a factor for IPV. Drug and/or alcohol abuse is also a major cause leading to domestic violence (Zilberman & Blume, 2005; Bott et al, 2012). Substance abuse leads to out-of-control behavior. Most of them have financial problems which leads secondary anger leading to IPV. This is confirmed by the results of this study as it shows a high percentage (30.6%) of the culprits were drug / alcohol users at the time of violence and most of the participants do not know why they are involved in such acts. Level of income has also been noted by many experts as a root cause for man to be violent (WHO, 2002). Laamu Atoll has no exception. IPV was higher with people who earn less compared to the higher earners. It was also noticed that men who works at the island where wife lives are tend to be more violent. One of the most common causes as reported by Goldsmith, (2006) and Bott et al (2012) is jealousy, even though this was not significant in this current study. No factor was identified during the reason that the man could be jealous of the wife. This may be due to the small sample size, or it could have some bearing on the overall education level of the people in the survey falling into the category of school education at most.

The above mentioned causes have shown several physical injuries including injuries to reproductive systems, depressions and other mental disorders due to verbal abuses in this study. The most common types of injuries reported were slapping or throwing something that could harm the women, kicking or dragging on the floor followed by verbal abuses. This type of abuse were found to be more common for the women living with either of their family. The majority of women who is not a victim of IPV was reported living separately with
husband and children. For the women who suffered IPV, the most common factor for IPV was reported as different problems with family and financial problems. The most interesting fact found is that in spite of suffering IPV, the majority of women do not seek any help. Moreover the women with courage to take an action still tend to live together with the violent husband. The majority of women thrown out of house by husbands also return back to the abusive life within few hours or few days. Of these, the majority of women (80%) returns back for the sake of their children. This act of women sacrificing their life for the sake of the children is something that is evident in other literature too. However, this tendency does not bode well for the prevention of future IPV. The U.S. Department of Health and Human Services (2009) found out that children who witnesses IPV in childhood have a high chance to be a culprit of IPV in later life. The social learning theory of Bandura, et al. (1963) also shows the same. So the big picture is that in the name of caring the children, the IPV affected mothers are letting their children to be like their fathers or themselves. The societal belief that women are strong and should make sacrifices plays a role in this negative belief system. The children’s of IPV experienced mothers also reported some characteristics that support this fact. It is that 34.3% of such children are reported aggressive. Involvement alcohol and drug uses, affected education, smoking and crying while sleeping are also some characteristics of these kinds of children. Crying while sleeping is a sign that the child is mentally unfit. Hence for the mothers who sacrifice their life for the children should be educated about the consequences of their submissiveness to abuse.

The number of children in the family does not appear to have an effect on domestic violence. As for the women who did not seek any help for IPV, some have indicated that they have not taken an action as they are scared they might lose their children, while others believe people
might not believe what they say. This might be because these women are emotionally violated and do not have marks or scars to prove themselves right. Some women did not report it because they do not get much harm on the other hand some people did not seek help because they are afraid of their husbands. Getting afraid of husbands in a point of view indicates how severely she is affected.

Even though a fewer percentage seek help, it is not evident that majority of them got help from the people they asked help from. Most of the women asked help from friends. It is important to note that a very few women seek help from police, health professionals and other concerned authorities. 40% of the participants are aware that there is legislation against domestic violence which would also help in IPV. But 49% of them did not believe that such an Act or Law would help the victims of IPV. This shows the requirement of building trust among the women towards the authorities and without building the trust the Act will be of no use. For the women who overcame IPV, it was by divorce or stopped the violence and made peace by husbands.

A huge percentage of women (49%) who suffered from IPV do not seek any medical help saying they are not severely affected. As a result hospitalization has shown no relation to IPV. But it is also reported by the IPV experienced women that a huge number of their partners do not help them in consultation when ill and neither have they encouraged them to visit ANC clinic even though a huge number of IPV affected women as well and women who are not affected visits ANC clinics. Moreover, among these IPV affected women, the majority of them uses contraception on either partner’s request or participants own will, without discussing among them. Hence forced contraception rate is quite high at 35%.
However, the prevalence of contraception among both IPV experienced and non-experienced women have no notifiable differences.

The abortion/still birth rates were low over all and it might be due to improved health facilities, yet abortion/still birth rate is high among IPV experienced women. It might be because of the high percentage of women who suffers IPV during pregnancy.

Through the study it was good to see that women have a positive attitude and is aware of the status of women. A majority of women disagreed to the fact that a good wife obeys husband even if she disagrees with him. Also a majority of women believes in equality of husband and wife in a married life. Therefore they disagree that men should show who the boss of the family is. Moreover a majority of the women also believes that if a man mistreats with his wife, others outside the family should intervene to solve it out. This could indicate a high reliance on societal pressure for women to be submissive.

A majority of women (84%) believe that if a man mistreats his wife, others outside the family should intervene. It means that most of the women did not take IPV as a personal problem and believe that women in such circumstances should receive help. And 70.1% women also felt that it is a wife’s obligation to have sex with her husband even if she does not want to. This is point to be concerned as it indicates that the subordinate status of women within the marital relationship is generally accepted by women themselves.

It is often said that women creates situations for IPV. Refusal to sexual intercourse leads to forced sex which 7.9% women had suffered. Almost all the women agreed that a women has the right to say no if the husband ask to do a sexual act which is against Islam, another 94.4% women believed that if the husband is intoxicated the women have full right to refuse for sexual intercourse. But it was concerning to see that a huge percentage (84%) believes that
lack of sexual autonomy or refusing sex because the participant doesn’t want is a reason to refuse for sexual intercourse.

5.1. Limitations for the study
This has been an ambitious study, in light of the limited timeframe available for the design and execution of the research component. Also given the sensitive nature of the topic, a qualitative approach would have been more appropriate and could have yielded more in-depth information on the phenomena. In addition to the time factor, the financial constraints on travel and other costs like printing of questionnaires and hiring of research assistants posed limitations on increasing the sample size. Additionally, carrying out the research alongside other regular coursework subjects proved there was limited time to for the much needed concentration on the research.
For a research to be successful a team is needed. There was no other member to help in collecting data’s and other works related to the research. Especially lack of expertise was a huge challenge to collect the sensitive data. And the sensitiveness of the topic was also a huge challenge. Hence important components in IPV like violence from ex husbands, affects of emotional violence, social and religious factors related to IPV are not identified within the study.

5.2. Recommendations and future researches
First of all it is highly recommended to reinforce formal support systems for women living with IPV. A women experiencing IPV needs physical and emotional help. She needs a safe and supportive environment which can help her to decide what would be the next step. She needs assurance that even if she puts charges on the abusive husband, she would get her
rights back. She needs assurance that she gets justice. She should also be ensured that her rights are being protected. But from the study, it is noticed that only few women seek help from formal support services. It shows either lack of availability of such services or lack of trust on the authorities taking their responsibility seriously.

National level or regional level programs to improve the awareness about the Act on Domestic violence are also highly recommended. Even though some women know about the act to some extent, this should be clearly explained. All the women in the community should be aware of what intimate partner violence is what the ways they can get help are. Moreover a study focused to understand the awareness about the legislation would be very helpful.

This is a research conducted among 5% of the targeted population in Laamu Atoll. Another research with an increased sample size will give a better result. Therefore it is recommended to carry out a research with an increased sample size for a better improved result. It will be more appropriate to conduct such study among all the regions of Maldives.

From the literature reviews it was known that past history of the man plays an important role in IPV. But this was not known on this research. Therefore a further research that could identify the past history of the partner would be useful to study the situation of IPV in Maldives.

As mentioned previously, IPV is a very sensitive topic which needs more expertise and more time. Especially to understand the cases of emotional abuse and its affects, it is recommended to conduct a study with such expertise.
There was a higher incidence of IPV where the husband and wife lived in the same house as either of their family. Lower level of abuse is recorded for couples living separately. Due to the nature of this study, these were areas that were not delved into detail. Based on the literature review and informal exchanges with women in general, it is believed that there could be some underlying reasons like unfavorable situations in the extended family environment that triggers violent behavior. Therefore, the reasons behind this could be an area that can be studied further.

Even though this study is mainly focused on IPV, it is only 1 type of domestic violence. Domestic violence is a more broad and vast area. It includes everyone who shares the domestic area, meaning same household. Therefore mistreats to the servants are also considered as domestic violence (Act against domestic violence, 2012). Expatriates or foreigners as caretakers are very common in Maldives. Therefore a major research including all the relations in domestic relation as defined in the Act against Domestic Violence would help to understand the exact situation of domestic violence against women in Maldives.

5.3. Conclusion

By the Study it is seen that IPV is very high. As stated earlier IPV is one type of relationship under domestic relationships. Hence, it can be estimated that Domestic violence against women would be much higher if all other domestic relations are brought into account.

Clearly, more effective education, prevention, and treatment programs are needed to combat IPV. IPV consequences are considerable and costly. Only by continuing
to expand our understanding of this problem will we finally be able to limit its prevalence.

**APPENDIX 3** Additional questions asked to the participants to rule out IPV Severity

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Forgetfulness Among IPV experienced women (n=49)</td>
<td>32%</td>
<td>68%</td>
</tr>
</tbody>
</table>
Percentage of frequent headaches’ among IPV experienced women (n=49)

- Yes: 73%
- No: 27%

Percentage women feeling that husbands are careless and ignorant among IPV experienced women (n=49)

- Yes: 42%
- No: 58%
Percentage women restricted to meet their families or friends, among IPV experienced women (n=49)

Percentage women feeling that they are being spied by husbands when not with him, among IPV experienced women (n=49)
Percentage women accused by husbands that they are unfaithful, among IPV experienced women (n=49)

Yes 27%
No 73%

Percentage women received counseling or consulted a psychiatrist after, among IPV experienced women (n=49)

Yes 2%
No 98%
Percentage women reported often and recurrent vaginal discharge with foul smell, among IPV experienced women (n=49)
REFERENCES


WHO(2002) Intimate partner violence

