



Research Article

Domestic violence, and self-esteem among women: A comparative study of Haryana

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Abstract

In regions like Haryana, women bear an excessive burden of household responsibilities and face elevated levels of domestic violence which adversely affects the development of self-esteem in women and subsequently cause loss of confidence in them. Given the alarming “prevalence of domestic violence against females” in the State of Haryana, the present study was conducted to evaluate and compare domestic violence and self-esteem among women in the State. The research involved 125 women from Haryana's diverse urban and rural areas, approached through in-person visits. Participants completed the Self-Esteem Scale of Rosenberg and the Domestic Violence Questionnaire by taking prior informed consent. Significant differences in self-esteem and domestic violence between rural and urban women, as well as educated and uneducated women, were shown by data analysis based on education level and geographic location. Public health experts must therefore, give top priority to public awareness campaigns that facilitate candid discussions about domestic abuse in addition to activities aimed at boosting women's self-esteem via intervention, counseling, and strategic planning. These actions could, therefore, be crucial in easing this intricate medico-social problem.

Keywords:

Domestic violence, Self-esteem, Counselling, Public health

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Introduction

The World Health Organization (WHO) considers the prevalence of violence against women- which affects around 30% of women worldwide- to be a serious public health concern.

Domestic violence was defined as a “range of harmful behaviors that occur in close relationships, including economic, psychological, sexual, and physical abuse. The happiness and well-being of women are at risk because of the problem of domestic violence that is also a global threat that

undermines the social cohesion of the community”.^[1]

In the past few decades’ women have made significant progress toward equality in many areas, but the number of reports of domestic violence against women still exceeds that of men. Studies have explored two important types of male violence against women: violence of a physical nature that includes physical harm caused by force and other is non-physical violence that includes intimidation, verbal abuse, exclusion from society, and refusal to communicate with others.^[1] The problem of domestic violence is widespread, mainly in countries that are in developing stages, and impacts women’s lives significantly due to lack of resources and unawareness.^[2]

“Acute traumatic events, unwanted pregnancies and sexually transmitted disease, abortion, pelvic inflammatory disease, chronic pain and several other habits such drug abuse, smoking, and drinking alcohol are some of the unintended consequences of domestic violence”.^[3] Domestic violence may have serious consequences like ‘suicide, homicide, traumatic brain injury and maternal mortality’, but these consequences of violence go far beyond the material world. These problems may cause various severe psychiatric disorders, such as anxiety, depression, OCD, sexual dysfunction and PTSD.^[4] Hence, understanding the factors that may lead to violence against women is important. These factors are, family problems, interpersonal dissatisfaction and society’s attitude to violence.^[5] Some triggering factors include individual-level characteristics, including moral inconsistency, selfishness, drug addiction, and lack of religious belief.^[6]

Moreover, culture play an important role in problems like domestic violence. Sociologists, criminologists, and anthropologists have all focused on how cultural aspects impact violence against women.^[7] Also, historically, masculine ideas have supported the use of force to suppress women.^[8] The dominant culture of the specific place has a big impact on the experiences of people who live there. Other macroeconomic factors, legal systems, public attitudes, and the sociological makeup of communities are all matted with domestic violence.^[9]

In this complicated scenario dark problems such as

female feticide, domestic abuse, sexual harassment, and a prevalent culture of gender-based violence continue to affect the lives of girls and women in India. The effects of gender-based violence are most noticeable in the average Haryana family, where the male is unquestionably the head of the home, and violence is frequently used as a primary tool of authority. In addition to having to deal with an unfair share of household duties, women in Haryana are disproportionately affected by domestic violence because it is still pervasive in the community. 20 per cent of Haryana’s ever-married women reported having experienced domestic violence, according to the “National Family Health Survey (NFHS)-5” (2019-2021). Subsequent analysis shows that the prevalence of domestic violence in Haryana’s rural areas was 22 per cent, compared to 20 per cent in the state’s urban districts.^[10]

When emotional abuse is combined with domestic violence, it worsens the situation for women and leaves them with severe and permanent injuries. Within the realm of emotional abuse, tactics may extend to the realm of psychological abuse, including elements of brainwashing. However, the core of emotional abuse centers on the systematic manipulation of women’s emotions. The abuser exercises control over these emotions to such an extent that women find themselves devoid of self-feelings, their self-esteem systematically eroded, and their independence relentlessly stripped away. It is a disconcerting reality that approximately 14 percent of Indian women have, at some point in their lives, borne the weight of emotional abuse. As per the (NFHS)-5” around 12 percent of women in Haryana have faced emotional abuse.^[10]

Within this troubling landscape, the cultivation of self-esteem emerges as a pivotal force in preventing violence against women. The significance of bolstering women’s self-worth and independence takes center stage, underscoring the urgent need for interventions that address this deeply entrenched issue. Research ^[10] suggest that self-esteem comprises a multifaceted spectrum of beliefs encompassing one’s perceived abilities, values, the endorsement or rejection of oneself, and one’s perceived efficacy. It stands as a poignant reflection of the affective or evaluative assessment one holds of oneself, as articulated by Neiss et al. in 2002.^[11] Self-esteem assumes a paramount role in

psychological well-being, with its disruption carrying profound implications for an array of psychological processes.

The impact of performance evaluation on an individual's self-esteem, as observed can not be overstated.^[12] This phenomenon is particularly relevant to women who have endured the harrowing experience of violence. Such encounters often instill feelings of inferiority, giving rise to a cascade of emotions, including stress, anxiety, fear, and debilitating depression.^[13] The capacity for self-esteem development in individuals is detrimentally affected by their exposure to violence or the witnessing of violent acts, leading to an erosion of trust in others.^[14] Significantly, an augmentation in self-esteem has the potential to serve as a bulwark against violent and detrimental behaviors. Consequently, the empowerment of women, who are especially vulnerable to violence, emerges as an imperative.^[15] Previous research endeavors have consistently spotlighted the profound impact of domestic violence on women's self-esteem, with particular emphasis on verbal and sexual violence.^[16]

The salient role of self-esteem extends beyond individual contentment; it fundamentally underpins normal and healthy self-development and, in some cases, can even influence survival. Given the grave consequences of domestic violence, healthcare professionals find themselves at the forefront, tasked with the responsibility of delivering not only medical care but also support and guidance to those who have endured such traumatic experiences, in alignment with the perspectives of.^[16]

The rationale of the study

In a society deeply entrenched in patriarchal norms, decision-making authority is predominantly vested in males, often marginalizing women's involvement in family matters. This subtle yet pervasive discrimination is so deeply ingrained in our lives that it often goes unnoticed. Nevertheless, it serves as the underlying catalyst for various forms of violence against women. In India, State of Haryana where society is rooted with male dominated society that have been shaped by socio-cultural and religious factors.

Although the National Family Health Survey-5 (NFHS-5) has presented and highlighted the

prevalence of domestic violence against women in Haryana, but comprehensive data on its occurrence and various manifestations remains limited.

Emotional abuse is also systematically eroding women's self-esteem and independence and the development of women's and an individual's self-esteem may be drastically hindered when exposed to or witness the violence that leads to a loss of confidence in others.^[14] Prior research has consistently underscored the pivotal role of domestic violence in shaping women's self-esteem, as exemplified by studies.^[16] Strengthening self-esteem holds substantial promise in averting violent and negative behaviors, making it imperative to empower women, especially considering their heightened vulnerability to violence.^[17]

Therefore, the present study is embarked upon to evaluate and contrast the prevalence of domestic violence and the levels of self-esteem among women in Haryana, India.

Objectives

1. To assess and compare the domestic violence and self-esteem among urban and rural women of Haryana.
2. To assess and compare the domestic violence and self-esteem among educated and uneducated women of Haryana.

Method

The current study involved a sample of 125 women aged between 25 and 45 years (with a mean age of 33.96 years and a standard deviation of 5.96) from various districts in Haryana, namely Mahendergarh, Palwal, Rewari, Gurgaon, and Hisar. Ethical considerations were meticulously followed throughout the research process, with informed consent obtained from all participants, who were assured of the confidentiality of their responses.

Data collection was conducted using a convenient sampling method, employing a questionnaire consisting of three sections:

- (a) Demographic information: This section included items related to participants' age, education, and gender.
- (b) Self-esteem: To assess the self-esteem of women, the study utilized the 10-item

- “Rosenberg Self-Esteem Scale (RSE)”, developed by sociologist Morris Rosenberg. This scale gauges self-esteem through statements such as “On the whole, I am satisfied with myself,” “I wish I could have more respect for myself,” and “All in all, I am inclined to think that I am a failure.” Respondents rated these items on a 4-point scale, ranging from 1 (strongly disagree) to 4 (strongly agree). The RSE produces scores on a scale of 0 to 30, with scores falling between 15 and 25 considered normal and scores below 15 indicating low self-esteem. Higher scores indicate higher self-esteem. The scale encompasses both positively and negatively worded statements to measure global self-worth effectively. The RSE demonstrates strong internal consistency with a Guttman scale coefficient of reproducibility of .92. Test-retest reliability over two weeks revealed correlations of .85 and .88, signifying excellent stability.
- (c) Domestic violence: The concept of domestic violence was assessed using the 29-item Domestic Violence Questionnaire, comprising 17 items to evaluate psychological violence and 12 items for physical (including sexual) violence. The questionnaire featured

unambiguous wording, with the more threatening items strategically placed later in the questionnaire. Sample items encompassed statements like “On the whole, restricted interaction with your family members,” “Treated you like a servant,” and “Insulted you in front of others.” Each item was scored on a “5-point Likert scale, ranging from 1 (strongly disagree) to 5 (strongly agree), resulting in a total possible score range of 17 to 85”. The questionnaire demonstrated robust internal consistency with a Cronbach’s alpha of 0.85. Test-retest reliability, assessed in a separate sample of 138 students, yielded a correlation coefficient of 0.60, indicating good stability. The current version of the questionnaire, as validated by Arabian et al. (2005) with a “Cronbach’s alpha of 0.87 and a validity of 0.61”, was employed in this study for measuring domestic violence.

Results

This study aimed to evaluate and compare domestic violence and self-esteem among Haryana women. Descriptive analysis, including mean, standard deviation (SD), and t-tests, were employed. The findings are detailed in Tables 1 and 2.

Table 1: Mean, SD, and t-ratios of Rural and Urban women on domestic violence and self-esteem

Measures	Rural		Urban		df	t-test
	Mean	SD	Mean	SD		
Self-esteem	18.24	5.34	19.50	4.34	123	1.45
Domestic violence	27.98	6.51	19.66	5.99	123	7.43**

** Significant at .05 level.

Table 1 displays the results, indicating a non-significant difference in self-esteem ($t(123) = 1.45$) between rural and urban women. On average, urban women (Mean = 19.50, SD = 4.34) tend to exhibit slightly higher self-esteem than rural women (Mean = 18.24, SD = 5.34). Conversely, a

significant disparity emerged between rural and urban women concerning domestic violence ($t(123) = 7.43, p < .05$). Specifically, rural women (Mean = 27.98, SD = 6.51) reported a notably higher prevalence of domestic violence compared to urban women (Mean = 19.66, SD = 5.99).

Table 2 : Mean, SD, and t-values of Educated and Uneducated women on domestic violence and self-esteem

Measures	Educated		Uneducated		df	t-test
	Mean	SD	Mean	SD		
Self-esteem	21.34	3.96	16.46	4.19	123	6.67**
Domestic violence	21.31	5.31	26.43	8.51	123	4.04**

** Significant at .05 level.

The findings reported in Table 2 revealed a notable distinction in self-esteem ($t(123) = 6.67, p < .05$) between educated and uneducated women. Educated women ($M = 21.34, SD = 3.96$) exhibited significantly higher levels of self-esteem compared to their uneducated counterparts ($M = 16.46, SD = 4.19$). Furthermore, a significant contrast emerged in terms of domestic violence ($t(123) = 4.04, p < .05$). Uneducated women ($M = 26.43, SD = 8.51$) reported a greater incidence of domestic violence than their educated counterparts ($M = 21.31, SD = 5.31$).

Discussion

The present study aimed to assess and compare self-esteem and domestic violence among women of Haryana.

The first hypothesis of the study, which posited that ‘there would be no significant difference between rural and urban women on domestic violence and self-esteem,’ yielded partially, accepted results. While there was no significant difference in self-esteem between rural and urban women, the mean scores suggested that urban women exhibited notably higher levels of self-esteem compared to their rural counterparts. This finding aligns with the current study^[18] which reported that both rural and urban women had normal levels of self-esteem but significantly differed in their responses, with urban women displaying greater self-esteem. Self-esteem is often considered a relational concept, and one might assume that it does not depend on the living environment. However, the presence of better facilities in urban settings may have contributed to the higher self-esteem observed among urban women. Conversely, the lack of civic amenities in rural areas might have led to a condition of deprivation, potentially resulting in lower self-

esteem. Proper civic management and facilities in urban regions could be a contributing factor to the elevated self-esteem observed among urban women, while the perception that rural individuals lack enrichment may have contributed to lower self-esteem in rural areas.

Additionally, an important difference was found among women of rural and urban areas with regard to domestic violence. It was found that rural women are more likely to face domestic violence than their urban counterparts. The current findings are in line with a prior research study^[19], which explored that rural women were more vulnerable to domestic abuse than urban women. The findings of the study perhaps have something to do with the cultural aspect of traditional Indian society, which sadly condones the use of domestic violence as a means of punishing women. This idea is often supported by basics like unawareness and illiteracy, which are more common among the rural women in this study. Owing to the cultural standards, rural women might also be more prone to defend or explain instances of domestic abuse, whereas metropolitan women-who are typically more educated and powerful financially-would be less tolerant of such conduct.

The second hypothesis of the study, which proposed that ‘there would be no significant difference between educated and uneducated women on domestic violence and self-esteem,’ was contradicted by the findings of this investigation. A noteworthy distinction was seen about domestic violence, indicating that women with lower levels of education typically face higher rates of domestic abuse compared to their more educated counterparts. These findings align with previous research indicating that women with lower levels of education are at a higher risk of encountering domestic violence.^[20] Several factors contribute to

the prevalence of domestic violence among uneducated women. The perpetuation of women's dependence on and subordination to men, coupled with their limited educational attainment and lower social and economic status, erodes their bargaining power within households. This vulnerability often leaves them exposed to domestic violence, as men typically control household resources.^[21]

Additionally, a statistically significant difference in self-esteem was found, suggesting that educated women tend to have greater levels of self-esteem than their uneducated counterparts. This finding is consistent with research,^[22] which revealed that self-esteem tended to rise with higher income and educational levels. The empowerment of women is positively impacted by higher self-esteem. Education increases employability, which benefits women by boosting their self-confidence, independence, and ability to make sound decisions. Studies^[23] demonstrated that education raises their understanding of their rights. Existing research demonstrates that education can increase self-esteem and that increased self-esteem can lead to individual empowerment.

Conclusion

The frequency of domestic abuse against women and their levels of self-esteem are important topics covered in this study. The results highlight how important economic and educational empowerment are for minimizing domestic violence in our culture. We need to change our attitudes and beliefs to properly handle this problem. Outdated notions that regard women as possessions and condone violent correction methods must be challenged and replaced. Women must be fully aware of their rights when facing domestic violence. The government plays a pivotal role by implementing awareness programs that empower women and inform them about their legal protections. Laws designed to safeguard women's rights exist, and these laws must be utilized.

Conversely, as the first objective of the current study is to assess the self-esteem and domestic violence among rural and urban women which shows that urban women depict more self-esteem and domestic violence as compared to rural women, domestic violence prevalence rate is more among rural women might be due to more interdependence of female partner towards male partner in the same way studies also reveals that

urban and educated women tend to have higher levels of self-esteem compared to their rural and uneducated counterparts. This suggests that self-esteem significantly influences various aspects of a woman's life, including her career, relationships, parenting, emotional well-being, and overall quality of life. Given that women often contend with lower levels of self-esteem, it becomes paramount for them to actively work on building and strengthening their self-esteem. Raising awareness among women about self-esteem enhancement can lead to increased happiness, which, in turn, benefits their families and communities. By nurturing higher self-esteem, women are better equipped to lead more fulfilling and meaningful lives.

Limitations and suggestions

This study carries certain limitations that should be considered when interpreting the results. Firstly, the sample was drawn from specific central districts of Haryana, India, which limits the generalizability of the findings to the broader population of women in India. To enhance the external validity of future research, data should be collected from a more diverse, countrywide sample.

A convenient sampling technique was employed due to the unavailability of reliable statistics on Indian women and the absence of a comprehensive sampling frame for working and non-working women. This may have introduced selection bias, affecting the representativeness of the sample.

Another potential limitation is the presence of recall bias, as the study relied on self-report measures through questionnaires. Additionally, the study's quantitative survey approach may not fully capture the nuanced perspectives of women. Qualitative studies are recommended to explore women's viewpoints on the factors they consider crucial in determining their experiences with domestic violence and self-esteem.

Despite these limitations, this study contributes valuable insights into the complex issues of domestic violence and self-esteem among women. Future research endeavors should strive to address these limitations and offer a more comprehensive understanding of the subject matter.

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Conflict of interest: None

References

- Hajnasiri H, Gheshlagh RG, Sayehmiri K, Moafi F, Farajzadeh M. Domestic violence among Iranian women: a systematic review and meta-analysis. *Iranian Red Crescent Medical Journal*. 2016 Jun; 18(6).
- Anderson ML, Leigh IW. Internal consistency and factor structure of the Revised Conflict Tactics Scales in a sample of deaf female college students. *Journal of Family Violence*. 2010 Jul; 25:475-83.
- Garcia-Moreno C, Jansen HA, Ellsberg M, Heise L, Watts CH. Prevalence of intimate partner violence: findings from the WHO multi-country study on women's health and domestic violence. *The lancet*. 2006 Oct 7; 368(9543):1260-9.
- Hall M, Chappell LC, Parnell BL, Seed PT, Bewley S. Associations between intimate partner violence and termination of pregnancy: a systematic review and meta-analysis. *PLoS medicine*. 2014 Jan 7; 11(1):e1001581.
- Patrikar S, Basannar D, Bhatti V, Chatterjee K, Mahen A. Association between intimate partner violence & HIV/AIDS: Exploring the pathways in Indian context. *Indian journal of medical research*. 2017 Jun 1; 145(6):815-23.
- Guruge S, Roche B, Catallo C. Violence against women: an exploration of the physical and mental health trends among immigrant and refugee women in Canada. *Nursing research and practice*. 2012 May 20; 2012.
- Bigizadeh S, Sharifi N, Javadpour S, Poornowrooz N, Jahromy FH, Jamali S. Attitude toward violence and its relationship with self-esteem and self-efficacy among Iranian women. *Journal of psychosocial nursing and mental health services*. 2021 Apr 1; 59(4):31-7.
- Boroumandfar K, Javaheri S, Ehsanpour S, Abedi A. Reviewing the effect of two methods of educational package and social inoculation on changing the attitudes towards domestic violence against women. *Iranian journal of nursing and midwifery research*. 2010 Dec; 15(Suppl1):283.
- Gennari M, Giuliani C, Accordini M. Muslim immigrant men's and women's attitudes towards intimate partner violence. *Europe's journal of psychology*. 2017 Nov; 13(4):688.
- Ministry of Health and Family Welfare. National Family Health Survey-5(NFHS-5, 2019-2021). Government of India. 2021. https://main.mohfw.gov.in/sites/default/files/NFHS-5_Phase-II_0.pdf.
- Broughton, J. Development of concepts of self, mind, reality, and knowledge. *New Directions for Child Development*. 1978; 1:75-100.
- Eyo UE. Violence against women. *Health care for women international*. 2006 Mar 1; 27(3):199-203.
- Lawrence J, Ashford K, Dent P. Gender differences in coping strategies of undergraduate students and their impact on self-esteem and attainment. *Active learning in higher education*. 2006 Nov; 7(3):273-81.
- Sullivan TP, Titus JA, Holt LJ, Swan SC, Fisher BS, Snow DL. Does the inclusion criterion of women's aggression as opposed to their victimization result in samples that differ on key dimensions of intimate partner violence? *Violence against women*. 2010 Jan; 16(1):84-98.
- Branden N. *The psychology of self-esteem: a revolutionary approach to self-understanding that launched a new era in modern psychology*. Jossey-Bass; 2001.
- Lee J, Pomeroy EC, Bohman TM. Intimate partner violence and psychological health in a sample of Asian and Caucasian women: The roles of social support and coping. *Journal of Family Violence*. 2007 Nov; 22:709-20.
- Kachaeva M, Shport S. Psychological and psychiatric consequences of violence against Women. *European Psychiatry*. 2017 Apr; 41(S1):s904-.
- James DK. *High-risk pregnancy: management options*. (No Title). 1995.
- De Sousa A, Shah N. *Handbook on Optimizing Patient Care in Psychiatry*.
- Ajah IO, Iyoke CA, Nkwo PO, Nwakoby B, Ezeonu P. Comparison of domestic violence against women in urban versus rural areas of southeast Nigeria. *International journal of women's health*. 2014 Oct 8:865-72.
- Fisher M, Yassour-Borochowitz D, Neter E. Domestic abuse in pregnancy: results from a phone survey in northern Israel. *IMAJ-RAMAT GAN*. 2003 Jan 1; 5(1):35-9.
- Adomako Ampofo A, Prah M. You may beat your wife, but not too much: The Cultural Context of Violence in Ghana. *Forthcoming*. 2009.
- Spreitzer GM. Psychological empowerment in the workplace: Dimensions, measurement, and validation. *Academy of Management Journal*. 1995 Oct 1; 38(5):1442-65. Spreitzer GM. Psychological empowerment in the workplace: Dimensions, measurement, and validation. *Academy of Management Journal*. 1995 Oct 1; 38(5):1442-65.