Prevalence and Factor Associated with IPV among the Married Women in Nepal: Further Analysis of NDHS 2016

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Submitted by

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Dedication

This research is dedicated to my grandparents.

Thanu Prasad Adhikari

&

Drupati Adhikari

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Abstract

Introduction: Intimate Partner Violence (IPV) is a predominant form of violence against women around the world. One in third women experience IPV globally and almost 38% of women in South Asia experience it. In Nepal, one in four women experience violence from their husband. Even though IPV leads to physical, mental, psychological and economic losses; the problem persists in most part of the country. To prevent it, an impulse research is needed that explores the prevalence and figures out the associated factor with it. This research attempts to find the prevalence and factor associated with IPV among the married women in Nepal at individual, relational and societal level.

Methodology: This quantitative research is based on the secondary data of NDHS (2016). This study includes 4,444 married women of reproductive age group of Nepal. It applies SPSS tools to find out the results. Mainly, Cross-tabulation including Chi-square test and Binary logistic regression analysis were methodological tools to explore the result.

Result: The research revealed that 26% women experience at least one form of IPV. Among them, 23.8% of women experienced less severe physical IPV, 9.9% experienced severe physical IPV, 7.9% experienced sexual IPV and 12.7% experienced emotional IPV. The factor associated with IPV were education, religion, ethnicity, wealth index, husband drinking alcohol, exposure to the parental violence and acceptance of beating.

Conclusion: IPV is still a prominent problem in Nepal. To prevent it, the governing body and legal authorities must cover the associated factors of IPV that were studied in this study.

Keywords: IPV, Women, Nepal, NDHS, Prevalence of IPV, Factor associated with IPV

Acronyms

AIDS	Acquired Immune Deficiency Syndrome
BDHS	Bangladesh Demographic and Health Survey
CDC	Centres for Disease control and Prevention
CTS	Conflict Tactics Scale
DHS	Demographic and Health Survey
EA	Enumeration Area
HIV	Human Immune Deficiency Virus
INSEC	Informal Sector Service Centre
IPV	Intimate Partner Violence
NDHS	Nepal Demographic and Health Survey
NFHS	National Family Health Survey
NHRC	Nepal Health Research Council
SPSS	Statistical Package for the Social Science
STIs	Sexually Transmitted Infections
VDCs	Village Development Committees
WHO	World Health Organization

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1 Introduction

1.1 Background

Violence against women is one of the most pervasive and frequent acts of human rights violation that persists in all countries (Ahmad & Jaleel, 2015; Anita Ghimire & Samuels, 2017; K. M. Devries et al., 2013; Halpern, Spriggs, Martin, & Kupper, 2009; Lamichhane, Puri, Tamang, & Dulal, 2011; Vranda, Kumar, Muralidhar, Janardhana, & Sivakumar, 2018). It denies the rights of women. To bring equality, security, dignity, liberty, integrity and freedom in the society and end all forms of violence discrimination against women an international conference was called in 1993 (Assembly, 1993). The conference was to eliminate violence against women and define rights and freedom of a woman. After the world conference on human rights and the declaration on the elimination of violence against women in the year 1993, the problem of violence against women has been taken as an important social, health and human rights concern (K. M. Devries et al., 2013).

According to Watson (2009), four million women become the victims of IPV each year; of which half of them suffer serious injuries. Approximately 3000 cases of fatal injuries are every year because of IPV. A recent study by WHO on IPV reports that 35% women experience some forms of physical and/or sexual violence by their intimate partner once in their lifetime (Table 1). From the report, IPV appears as an overwhelming problem, especially in the low-income countries, such as in the countries of the South Asian and African region (Table 1). Another staggering figure that WHO has reported in their 2013 study is that approximately 38% of murders of women are committed by a male intimate partner (WHO, 2013).

Table 1: *Prevalence of lifetime physical and/or sexual IPV of ever married women around the world.*

WHO Region	Prevalence of IPV (%)
Low- and middle-income regions	
Africa	36.6
America	29.8
East Mediterranean	37.0
Europe	25.4
South East Asia	37.7
West Pacific	24.6
High Income countries[i]	23.2

Source:(García-Moreno et al., 2013).

Mostly in developing countries, intimate partners are not solely responsible for domestic violence. In fact, non-intimate partners, such as other family and society members are also heavily involved in domestic violence including rape, sexual abuse, trafficking, forced prostitution, forced and sex selective abortion and labour exploitation (Watson, 2009). Watson (2009) also found that most incidents of domestic violence in developing world are supressed due to fear and social stigma. Most cases of violence against women are associated with social, cultural and psychological concerns. Social issues such as lack of education and school attainment are further attributed to sexual and physical violence against women (Tjaden & Thoennes, 2000). The consequences of IPV are not just limited to women in the family but also on their children and other family members that often lead to family breakdown and end of relationships (Buvinic, Morrison, & Shifter, 1999). Moreover, a country also faces economic consequences including increase in the healthcare cost, cost of legal and judicial investigation, loss of productivity in young and middle-aged people as a result of IPV (Buvinic, Morrison, & Shifter, 1999).

Worryingly, IPV still remains one of the major social issues in developing societies, as well as to some extent in the developed societies. Studies report that the rate of IPV in the developing and developed nations ranges between 15 to 71%, with low rates in developed

countries including Japan, America, Australia and the Western European countries, and high rates in the developing countries of Africa and South Asia (K. M. Devries et al., 2013). Global agencies have been increasingly concerned about women violence and taking critical measures to prevent acts associated with women violence, especially in the developing countries. Such acts persist largely in the developing countries therefore requires major attention from the international and national agencies, as well as from the government (Ahmad & Jaleel, 2015).

1.1.2 IPV in Asian Countries

Lifetime prevalence of IPV in Asian continent is highest in the world (WHO, 2013). A multi-country (Bangladesh, Brazil, Ethiopia, Japan, Peru, Namibia, Samoa, Serbia and Montenegro, Thailand and Republic of Tanzania) study on Women's Health and domestic violence against women done among 24,000 women by WHO shows that prevalence of IPV ranges from 13% in Japan to 61% in Peru (García-Moreno, Jansen, Ellsberg, Heise, & Watts, 2005). Similarly, another multi-country population based cross-sectional study was done with 5,206 men and 3,106 women with the age of 18-49 from Cambodia, China, Papua New Guinea (PNG) and Sri Lanka. The study revealed that male lifetime perpetration on physical or sexual violence ranges between 32.5-80% and economic and emotional violence ranges between 4.1-27.7% (Jewkes et al., 2017).

Studies done by DHS on several South Asian countries on domestic violence show that IPV is the predominant problem among the South Asian Association for Reginal Cooperation (SAARC) countries. A Study based on 38 literature from Sri Lanka reveals that prevalence of IPV ranges from 20-72% (Guruge, Jayasuriya-Illesinghe, Gunawardena, & Perera, 2015). The recent data collected by DHS-Sri Lanka shows considerable decrease in prevalence rate. According to DHS-Sri Lanka Report 2016, only 17% of married women of reproductive age experience IPV. According to the report, the magnitude of IPV increases with age (Lanka, 2016). Similarly, according to DHS Pakistan report 2012/13, 39% of women age 15-49 experience physical and/or emotional violence from their intimate partner (PDHS, 2012/13).

In India, Magnitude of IPV 33% in their lifetime (India, 2015/16).The women who experience physical violence is 30%, emotional violence is 14% and sexual violence is 7% (India, 2015/16). India and Nepal share similar culture in many aspects.

1.1.3 IPV in the context of Nepal

In the context of Nepal, most women do not feel necessity to disclose violence against them not just because of social norms but also due to the mentality of not accepting the fact that they are being violated (Lamichhane, Puri, Tamang, & Dulal, 2011). Victims of domestic violence may feel reluctant to disclose such information for several reasons. Victims may be put under pressure not to disclose violence by her partner. Hence, many cases of domestic violence including IPV go unreported.

In many cases, IPV is taken as a commonly accepted , for example, in culturally driven conservative societies issues associated with IPV are more likely to be supressed (Koenig, Ahmed, Hossain, & Mozumder, 2003). Indeed, studies have reported a positive correlation between domestic violence and lack of participation of women in social groups and discussions and vocational training, indicating women are less likely to become the victims of domestic violence if they engage themselves in social groups and other personal development trainings and programs (Rocca, Rathod, Falle, Pande, & Krishnan, 2008).

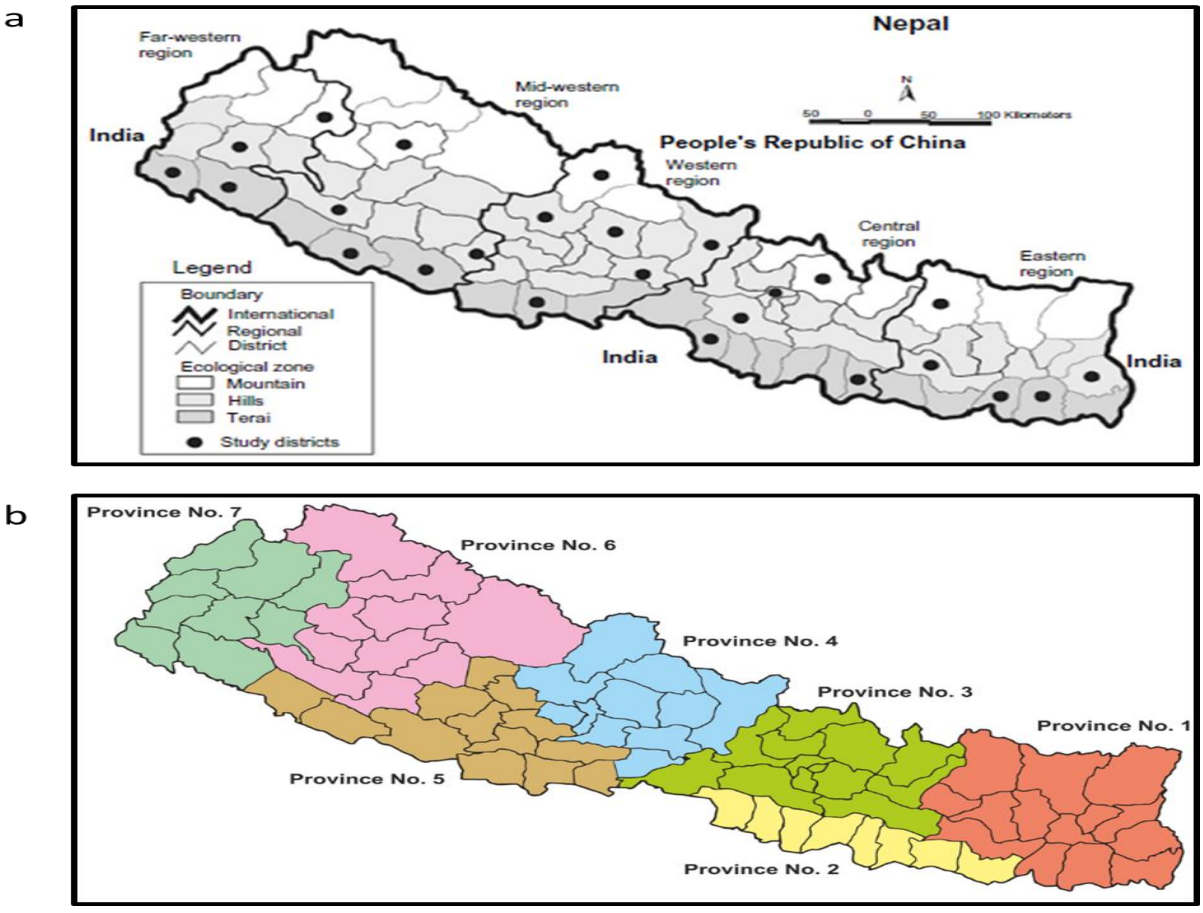
A limited number of studies have been conducted in Nepal on IPV. A community based cross sectional study done to measure the IPV status in married women of two villages (Kuleswor and Sindhuli) in Nepal revealed that 29.6% women experienced lifetime physical violence, 6.8% women experienced sexual violence and 2.3% women experienced emotional violence (Sapkota, Bhattarai, Baral, & Pokharel, 2016). Similarly, another interview-based study among 15 married women of Nepal aged 15-24 years reported 74% of sexual violence (Puri, Tamang, & Shah, 2011).

A population based study by Kumar et al (2012) done in 408 women of rural Nepal reported another astounding result, in which 35.5% women experienced psychosocial violence, 17% experienced physical violence and about 4% experienced sexual violence from their intimate partner (Kumar, Aakriti, Raj, & Dudani, 2012).

Moreover, a similar study which included 1,536 married women of Nepal revealed 58% women included in the study experienced sexual coercion from their intimate partners (Adhikari & Tamang, 2010). Another finding from this study was that 28% of literate women experienced IPV, suggesting education factor as a major factor associated with IPV (Adhikari & Tamang, 2010). Similar findings were reported by Lamichhane et al. (2011) in a study carried on female, young adults of Nepal.

In the study, factors such as education, early marriage and lack of communication between intimate partners were highly associated with IPV. Thus, from these studies, it becomes clear that Nepal has a high incidence of IPV and more importantly, because of lack of large-scale studies in this area, the actual state of IPV in Nepal is perhaps still unclear.

Figure 1: *Map of Nepal with Province and development regions*.



Source:(M. G. Rao, 2016)**.** Still, name of Province has not been declared yet.

1.2 Rationale of the study

Domestic violence is common in Nepal, however, the concept of IPV is relatively new and still no specific word or term exists for IPV in native language. Moreover, the term IPV is simply understood as "domestic violence" in formal settings such as law-making, governing body, policy making and service providers (Ghimire et al., 2017). The first ever study conducted on domestic violence at the national level in Nepal was in the year 2011 by NDHS (Dhakal, Berg-Beckhoff, & Aro, 2014). Since then, NDHS has been conducting survey-based study on the issues associated with IPV.

Despite the severity of the problem, studies regarding violence among intimate partners a few studies (Dhakal et al., 2014; Ghimire et al., 2017; Kumar et al., 2012; Lamichhane et al., 2011; Oshiro et al., 2011; Puri et al., 2011; Ramesh et al., 2010; Sapkota et al., 2016; Yoshikawa et al., 2014) are the only source of information regarding IPV in Nepal. However, these studies were based on specific areas of the country and with small number of respondents and thus were unable to provide more generalized information on the present status of IPV and issues associated with it at the national level. The findings reported by different studies on the status of IPV in Nepal have been highly disparate.

This study is to understand the magnitude, types of violence, associated factors of IPV among the married women in Nepal at National level. This study deals with the data produced by the country's biggest and most reliable population-based survey (from all parts of the nation to decipher some of the key issues associated with IPV in the context of rural and urban Nepal. Furthermore, this study will explore the various factors associated with IPV at the individual, relational and societal level that have been neglected in the previous studies.

The produced data will help to find out prevalence and factor associated with IPV. Major contribution of this study will be in the gender field that can encounter gender gaps, disparity and inequality related to gender.

1.3 Aims and Objectives

Although Nepalese married women experience different forms of IPV, the scope of this study was limited to the study of the reasons of IPV in these women. However, the findings from this study would be beneficial for national and international agencies and the government policy makers to develop and design preventative strategies against IPV in Nepal.

This study will examine the specific factors associated with IPV at individual and relational level. Factors including age, education, economic status, area of residence, use of alcohol, acceptance of violence, violence experienced during childhood, polygamy and autonomy in decision making are studied in relationship to the magnitude of IPV in married women of Nepal.

Research questions were designed to specifically answer the aim of this study. The aim of the research is to reveal the status of IPV in married women of rural and urban Nepal.

Following two are the research questions designed to address this aim.

a) What is the prevalence of IPV among the married women in Nepal?
b) What are the factors associated with the occurrence of IPV at individual and relational level among the married women in Nepal?

2 Literature Review

This section deals with the relevant studies on IPV, definition, types and consequences of IPV, NDHS reports through the necessary data are drawn for this study purpose. The available literature on the prevalence, causes and consequences of IPV in the global context are described in the subsequent section. Furthermore, specific factors associated with IPV at individual, relational and societal levels in the context of Nepal are also provided.

2.1 Intimate Partner Violence and its types

There is a proverb in Nepali language *Sangai sutepachhi goda lagchh*, which means if people stay together as husband and wife, definitely there will be some kind of known/unknown, direct/indirect, willing/unwilling act that may be termed as abuse. Such kind of abuses is IPV. IPV is a form of abuse that occurs between a couple who are in intimate relationship, for instance, girlfriend-boyfriend and husband-wife, dating partners and ongoing sexual partners (Tjaden & Thoennes, 2000). An intimate partner is defined as a person with whom one has a close personal relationship. The relation that invites violence forms among partners. The Centre for Disease Control and Prevention (CDC) Report (2015) highlights major five factors that characterizes the relationship between the intimate partners.

a) Emotional connectedness
b) Regular contact
c) Ongoing physical contact and/or sexual behaviour
d) Identity as a couple
e) Familiarity and knowledge about each other's live.

The studies of the CDC reveal that the tendency of the IPV is high to those partners who have emotional connectedness, regular contact and physical contact. Equally married couple there is also high prevalence of the IPV.

The World Health Organisation (WHO) defines IPV as a behaviour by an intimate partner or ex-partner that involves physical, sexual and emotional assaults and controlling behaviours (WHO report, 2016).

According to the Centre for Disease Control and Prevention (CDC), IPV exhibits four major types of abuses—physical, sexual, stalking and psychological—which may occur among heterosexual or homosexual intimate partners. However, they have categorised abuses including, physical torture, sexual coercion, psychological pressure, verbal harassment, marital rape and sexual abuse, as customary consequences of the IPV (CDC report: Tjaden and Thoennes, 2000).

There are major four types of violence they are physical, sexual, Stalking and psychological violence.

2.1.1 Physical Violence

Physical violence is the use of physical force intentionally that may cause death, disability, injury or harm to an intimate partner. Some major physical violence includes scratching, pushing, shoving, throwing, grabbing, biting, choking, shaking, hair-pulling, slapping, punching, hitting, burning, use of a weapon, as well as the use of physical force or strength against the partner. Moreover, the act of coercion, such as persuading someone to commit the above acts by using force or threats is also considered as physical violence (CDC report, 2015). Physical violence is the most visible form of violence among any other form of violence.

2.1.2 Sexual Violence

Sexual violence is the act of committing (or attempting) to perform any kind of sexual act to the intimate partner without his/her consent. It includes forced penetration (physical insertion of the penis into the vulva or contact between the mouth or hands and the sexual organs) of the victim, drug or alcohol facilitated forced penetration of the victim where victim is put under the effects of drug or alcohol intoxication to approve such sexual act, pressured penetration despite one’s desire, touching in the sexual areas intentionally, as well as non-contacts acts of sexual nature (such as verbal pressure to push somebody for sexual activities, exposure to sexual situations to encourage somebody for forced sexual activities). In addition, the act of a

perpetrator which involves forcing or coercing a victim to engage in sexual activities with a third party is also considered as a sexual violence (CDC report, 2015). If an intimate partner is involved in any of the above activities, it is considered as the act of IPV. The CDC has divided sexual violence into the following types (CDC report 2015, pp.12).

a) Completed or attempted forced penetration of a victim
b) Completed or attempted alcohol/drug-facilitated penetration of a victim
c) Completed or attempted forced acts in which a victim is made to penetrate a perpetrator or someone else
d) Completed or attempted alcohol/drug-facilitated acts in which a victim is made to penetrate a perpetrator or someone else
e) Non-physically forced penetration which occurs after a person is pressured verbally or through intimidation or misuse of authority to consent or acquiesce
f) Unwanted sexual contact
g) Non-contact unwanted sexual experiences

2.1.3 Stalking

The third form of violence; is stalking, which is the act of repeated and unwanted spying, damaging victim's property and harassments that may induce fear and concern for one's own safety or safety of someone who is close to the victim. Stalking acts may include unwanted phone calls, text messages and emails, watching and following, unwanted interference at the victim's personal, social or family life and making threats to the victim (CDC report, 2015). If an intimate partner victim experiences one or more of the above acts persistently in their daily life, it can be considered as the event of stalking victimization as part of the IPV.

2.1.4 Psychological Aggression

Psychological aggression is another form of IPV where a person, through psychologically aggressive acts, tries to harm their intimate partner mentally or emotionally. Such acts may include expressive aggression, coercive control, threats of physical or sexual violence and gaslighting (playing mind games). Although these acts are the physical acts of violence and are largely manipulative in nature, they are considered as important components of IPV since they occur concurrently with other forms IPV (sexual and physical violence) in most cases.

Nonetheless, the measurement of psychological aggression, it is still largely debated in the context of IPV (CDC report, 2015).

2.2 Consequences of Intimate Partner Violence

IPV results in economic loses and negative health consequences. Some developed countries had tried to estimate the loss due to violence based on economic losses because of lost output, productivity reduction and decrease in earning (Max, Rice, Finkelstein, Bardwell, & Leadbetter, 2004; Walby, 2004). For instance, cost of IPV in USA was estimated to be 5.8 billion dollars in 1995 which increased to 8.3 billion dollars in 2003 (Max, Rice, Finkelstein, Bardwell, & Leadbetter, 2004) and $ 36 billion in 2004 in Britain (Walby, 2004). Similarly, studies converted on 2012 US currency rate; shows that cost of IPV estimated to be $42 in Australia, $2 billion in Chilli, $1.7 billion in Canada, $1 billion in New Zealand, $384 million in Switzerland and $40 million in Nicaragua (Roldós & Corso, 2013). However; gap in the data and similarities in cost categories considerably makes real cost more than that of studies (Niebuhr, Salge, & Brzank, 2012).

Impact of IPV has immediate and fatal effects on physical, mental, reproductive and behavioural health of a victims (Levendosky, Bogat, Bernard, & Garcia, 2018; Organization, 2012; Tjaden & Thoennes, 2000). For example, IPV is associated with the leading cause of homicide death in women globally (Stöckl et al., 2013). Negative effects on victims physical and mental health can cause great economic loses to the society and individual herself. WHO report reveals that woman who experience physical and/or sexual violence are 2.3 times more alcoholic and 2.6 times more likely to have depression and anxiety (Organization, 2013). Here are some consequences of IPV on health of victims.

2.2.1 Physical Health Consequences

Physical health consequences includes instant or fatal injuries such as bruises, abrasions, burns, fracture, broken bones and traumatic brain injuries which may lead to disability or death (Organization, 2012; Tjaden & Thoennes, 2000). In addition to this, other impact of violence are on cardiovascular, gastrointestinal, endocrine and immune system (Campbell, 2002; Tjaden

& Thoennes, 2000). The abused female reports poor health problems (physical and/or mental) twice than non-abused female even if violence has stopped before (Organization, 2012).

2.2.2 Mental health Consequences

IPV impacts on wide range of mental health consequences which includes depression, stress, anxiety and anxiety disorders and poor self-respects (Bonomi, Nichols, Kammes, & Green, 2018; Organization, 2012; Warshaw, Brashler, & Gil, 2009). IPV also leads in certain psychological health consequences such as anti-social behaviours, suicidal attempts, emotional detachments, fear of intimacy, inability to trust other and flashbacks(CDC, 2017; Organization, 2012).

2.2.3 Sexual and reproductive health consequences

Female who experience IPV have high risk of sexual and reproductive health issues, which includes gynaecological disorders, pelvic inflammatory diseases, sexual dysfunction, sexually transmitted disease such as HIV/AIDS, delayed prenatal care, preterm delivery, pregnancy problems and maternal mortality and unintended pregnancy(CDC, 2017; Organization, 2012). The consequences are seen on the pregnancy outcome too (Sarkar, 2008). The violence during pregnancy can lead to miscarriage, fetal injury, premature labour and birth and low-birth-weight (Organization, 2012).

2.2.4 Consequences on Health behaviours

Female with experience of IPV are more likely to have high risk of health behaviours(Dillon, Hussain, Loxton, & Rahman, 2013; Gass, Stein, Williams, & Seedat, 2010; Mathew, Marsh, Smith, & Houry, 2012) . These behaviour includes unproductive sex, less use of contraceptives, sexual initiation, random selection of partners and multiple sexual partners (CDC, 2017). In addition to this, there is great risk of using harmful substances such as cigarettes, alcohol and drug abuses (CDC, 2017; Organization, 2012).

2.3 Nepalese Context

Nepal, officially (Federal Democratic Republic of Nepal) is one of the landlocked countries of South Asia which lies between China in the North and other parts by India (CIA,

2018). Nepal is 1,47,181 square kilometre broad in which land and water composite by 143,351 square kilometre and 3,830 square kilometre respectively (CIA, 2018). Nepal is the 96th largest country by area and 45th by its population (CIA, 2018). There are seventy-five district and seven Provinces. Kathmandu is the capital city of Nepal. Gross National income (GNI) and Gross Domestic Product (GDP) of Nepal per capita (2011 PPP $) are 2,471 and 2,443 respectively (UNDP, 2018). Nepal has diverse geography and climate. Climate of Nepal is determined by maritime continental element and has four seasons; they are spring, summer, autumn and summer.

2.3.1 Demographic Composition

According to annual household Survey 2015/16, total population of Nepal is 26,494,504 in which male is 48.5% and female is 51.5%. Sex ratio of male to female is 94.16 per hundred and annual population growth rate is 1.35 which was 2.25 in previous survey (2005/6) (Blencowe et al., 2016). The population density of Nepal is 180 per square kilometre. Density of population is extremely high in urban area (1381 people per square kilometre) and low in rural area which is only 153 person per square kilometre (Blencowe et al., 2016). Almost 17% of total population lives in urban areas of Nepal and a family has 4.88 family member in average (Blencowe et al., 2016).

2.3.2 Health of Nepalese people

There is great disparity in healthcare facilities and medicare accessibilities between rural and urban areas of Nepal. Centralization and privatization on healthcare facilities has created the inequality in utilization and accessibilities. As a result, number of private hospitals are more in urban areas with well-equipped facilities whereas government and community hospital with less equipped and lack of efficient manpower are still found in rural areas (Saito et al., 2016). Such hospitals of urban areas are more expensive which cannot be afforded by lower and lower-middle class people. Thus, health level of Nepalese has not increased in a way how it should be.

Life expectancy of Nepalese people is 70.6 years in average; in which male and female is 69 and 72.2 year respectively. The adult mortality rate for male and female is 130 and 171 per thousand respectively (UNDP, 2018). Mortality rate of infants is 34.5 per 1,000 live birth. Prevalence of HIV among the adults is 0.2 %. Current expenditure on health is 6.1 % of total GDP (UNDP, 2018).

2.3.3 Poverty and Employment Status

Nepal is one of the poorest countries in South Asia. According to United Nation Development Fund (UNDP) report 2018, poverty has decreased from 25.2 % in 2011 to 21.6 % in 2015 and employment rate is 91.9 %. According to report, ratio of employed who are in poverty line is 32.6. The main source of employment within Nepal is agriculture and service which are 71.7 and 20.2 % respectively. More than 5 million Nepalese are employed outside the country. Out of total, 2.7 % of total labour force is unemployed and 4.3 % of youth (15-24 years) are unemployed (UNDP, 2018). Child labour is another problem in Nepal. According to UNDP report 2018, prevalence of child labour is 21.7%.

2.3.4 Caste/Ethnicity and Religion

According to annual household survey 2015/16, Nepal has more than 125 ethnic group and 123 spoken language. The largest ethnic group is Chhetri which covers 16.6% of the total population. The population of hilly Bhramin was 12.2% , Magar was 7.12% and Tharu was 6.56% (Blencowe et al., 2016). There are more than ten types of religion. The largest number of population (81.3%) follow Hinduism, Buddhism is practiced by 9%. The people who follow Islam, Kirat and Christianty are 4.4, 3, 1.4% respectively (Blencowe et al., 2016). Each ethnic group have different way of living and culture. Cultural differences may define the role of women in the society and family, empowerment and gender equality differently. Such factor can make difference on the magnitude of IPV.

2.3.5 Literacy rate and Educational Attainment

Literacy rate and educational level of partners is directly linked to IPV. According to National survey report 2015/16, Nepalese who are five years plus are 65.9% literate. It shows that men are more literate than women. Literacy rate of men is 75.1% and female are 57.4%. In case of school attainment, majority of group of people (39%) have completed primary school and 20.3% of people have completed lower secondary level. In-depth study on how literacy rate affects the IPV is described in section-literature review.

2.3.6 Gender and Inequality

Gender Development Index (GDI) of Nepal is 0.925 Gender Inequality Index (GII) is .48 (UNDP, 2018). Human Development Index of Female and male are 0.552 and 0.598 (UNDP, 2018). Among the employed women who are engaged in non-agricultural field is 31.6 %. According to report, the estimated Gross National Income (GNI) per capita of female and male is 2,219 and 2,738 (PPP $) (UNDP, 2018). Nepal has great magnitude of gender inequality based on income, life expectancy and education. The inequality adjusted HDI (IHDI) is 0.437 and coefficient of human inequality is 24.6 (UNDP, 2018). The inequality in income, education and life expectancy is 16.3, 40.9 and 16.6% respectively. The overall fall in HDI due to inequality is 25.6% (UNDP, 2018).

2.3.7 Contemporary situation of Nepalese Women

Nepalese society is based on Patriarchal Hindu philosophy where male play a dominant role (Luitel, 2001; Mahat, 2003). Patriarchal system accepts that man are physically and mentally strong and do right things and better judgement where it teaches woman to be humble, submissive and obedient to her strong man (Luitel, 2001). Women of Nepal are highly influenced by her father during her childhood, by her husband after her marriage and by her son in her old age. In addition to this, they are culturally taught to pray and keep fast so she can get a better husband. For instance, most of Hindu unmarried girls keep fasting on every Tuesday so that they could get good husband and if she is married for long life of her husband respectively. More than this, they are taught to be humble and submissive to her man. Such culturally driven factors increase gender gap resulting disparity on health, education, social and economic status.

GDI measures the gender inequality based on three human development factor such as access to education, health and economic resource (UNDP, 2016), which means Nepalese women less access then that of men. The Human Development report reveals that HDI value is highest for Bramans and Chetris, Janajati, Dalit and lowest for Muslims (Jahana, 2016). However, significant progress can be seen in health and education.

Life expectancy of women is higher than that of male, 69.9 years and maternal mortality rate, infant mortality and crude dealth rate has decreased (Bikash Bista, 2014). The life expectancy is highest in Hilly region and lowest in Terai. The report shows that ages for dying

78.1 for males and 81.6 for female. Literacy rate of women increased phenomenally in recent years. The total enrolment of female at school is higher than male, but with the increment in level of education enrolment has decreased simultaneously. The women from urban are more educated then rural.

Nepalese women works more than men (Bikash Bista, 2014). Employment status of women has in increased in professional and administration and management, but large percentage of women are engaged in agriculture. However, wage rate is lower than man in agricultural and non-agricultural field (Bikash Bista, 2014). In 2011 census, only 10. 7 % women have their own house and 7.2 % have their own livestock's (Bikash Bista, 2014).

Lack of education, economic status and social expectation involvement of women in political and administrative decision-making is minimal(Pradhan, 2004). A significant involvement of women in politics was seen after 2008. Constitution Assembly (CA) of Nepal has declared 30% reservation seat for women(Acharya, 2017). 29.6 % of Nepalese women shares seats in parliament (UNDP, 2018). This has increased participation in decision making.

2.3.8 Existing Law on Women and Domestic Violence

Nepal Law Commission (NLC) defines IPV commonly known as "domestic violence" as "any form of physical, sexual and economic harm perpetrated by person to a person with whom s/he has a family relationship and this word also include any acts of reprimand or emotional harm" (Commission, 2009). Here, domestic relation means a "relationship between two or more person who are living together in a shared household and are related by decent (consanguinity), marriage, adaptation or are family member living together as a joint; or a dependent domestic help living in the same family" (Commission, 2009).

Nepal's constitution has provided equal rights to her citizens regardless of caste, sex, religion and any types of discriminations are accounted as crime.

To secure the right of women, Nepal Law Commission (2015) has provided certain rights to a woman. These rights are as follows:

a) Every woman has an equal gender right in her family without discrimination.
b) Every woman will have the right for safe motherhood and reproductive health.

c) Women will have right to participate in government bodies in the basis of proportional inclusion.
d) Every woman will have right to obtain special opportunities in education, health, employment and social security.
e) The spouse will have equal right to property and family affairs.
f) No women will not be violated, or exploitation physically, mentally, sexually or psychologically based on of religion, social, cultural tradition, practice or any other ground. Such act will be punished by law and will have right to get compensation according to law.

To maintain the right of individual to live in a secure and dignified living, to prevent and control the violence within family so that it could protect victims and punish perpetrator Domestic Violence (offence and Punishment) Act, 2066 (2009) has been implemented by government of Nepal under law commission (Commission, 2009).

According to Law Commission Nepal, any physical, mental, sexual and economic harm perpetrated by a person who are in domestic relationship are punishable. The perpetrator will be punished with fine of three thousand to twenty five thousand or six months of imprisonment or both (Commission, 2009). If the person is found to be accused of such acts time and again his punishment will be double on every repetition and if the perpetrator holds post in government shall be liable an additional ten percent punishment (Commission, 2009). In addition to this, third person who proves perpetrator to do so will be liable for half of the punishment than that of perpetrator.

2.4 Review of NDHS 2011

The NDHS 2011 was the first national survey that include the questionnaire on domestic violence and spousal violence. According to the report, twenty-two and nine percent of women of reproductive age had experience physical violence once in their life time and within twelve months of survey (NDHS, 2011). Twelve percent of women age 15-49 revealed that they experience sexual violence in their lifetime. Women with the age of 40-49 were highly violated with the age of 15-19 were least violated (NDHS, 2011). According to report, employed women were physically violated than non-employed women. The women from Terai region and rural were physically violated most. Similarly, illiterate women have highest percentile of physical

violation as compare to literate women. The report shows that women who belongs to middle class family had high magnitude of physical violation (NDHS, 2011).

Sexual violence is more common in divorced/separated/widowed in Nepal. The report shows that around 22% and 15% of divorced women and married experienced sexual violence respectively (NDHS, 2011). Women age 30-39 reports highest sexual violation during the survey. Women residing in rural and Terai region were at the high risk of sexual violation. Similarly, Women with no education and of middle-class family had highest sexual violence cases (NDHS, 2011).

The report shows that Nepalese women were minimal abused through emotional violence. According to report, only 16.4% of women had experienced any form of emotional violence in their lifetime (NDHS, 2011).

Current husband is the main perpetrator of all forms of domestic violence. According to reports, more than 84% of current husband was responsible for physical violence and almost eighty-seven for sexual violence (NDHS, 2011). The most common form of physical IPV was slapping and pushed/shaken/thrown and forced sexual intercourse was most common sexual IPV in Nepal (NDHS, 2011).

The report reveals that women more than thirty, women with more than three children, women who had married more than once, women from Terai, Women from rural area, women who belongs to middle-class family and women with no education were at the high risk of IPV (NDHS, 2011).

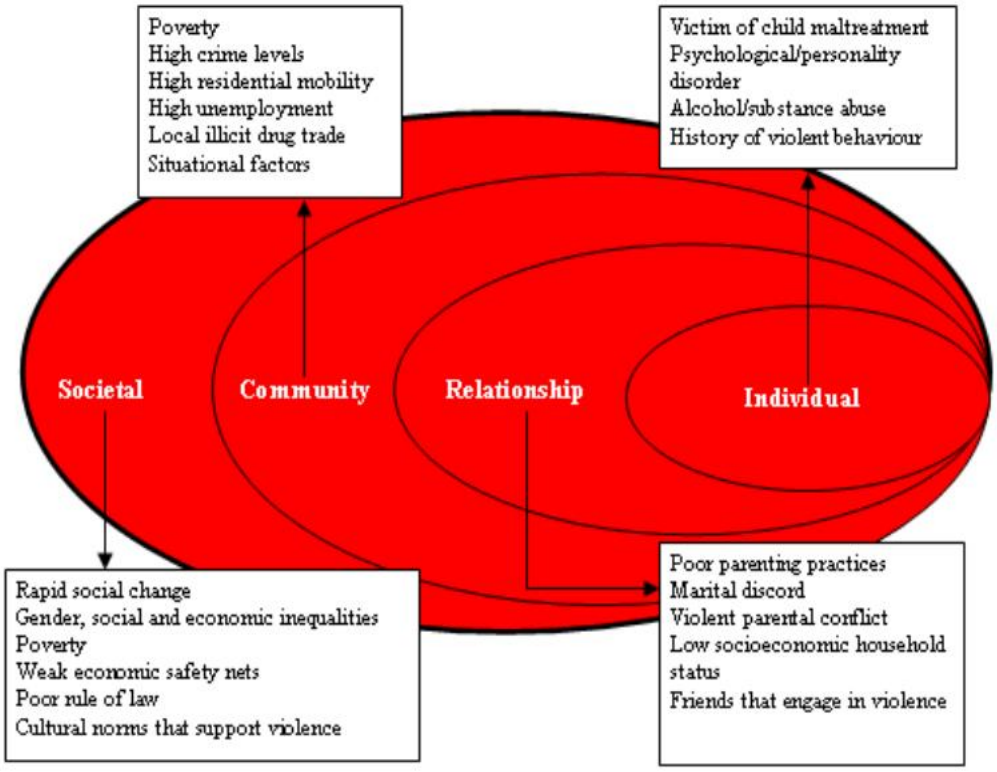
2.5 Factors associated with IPV

Numerous cultural, socioeconomic, demographic and political factors are directly or indirectly associated with IPV(WHO, 2018). Nonetheless, the factors connected to IPV at a place may be different from other. For instance, in developing countries, social and economic factors such as rudimental concepts, societal stigmas and poverty may trigger IPV (Lamichhane, Puri, Tamang, & Dulal, 2011), whereas in developed countries social factors such as alcoholism, drug

abuse and sexual issues may be the main causes of IPV (Jewkes, 2002). Thus, although the study of IPV may have been done globally and major factors associated with IPV have been highlighted, is it important to determine what factors are more prevalent at what places.

For example, in Nepal, social practices of early marriages, lack of education and awareness, forced arrange-marriages, poverty and alcoholism remain the key factors associated with IPV and therefore these issues need to be addressed while making policies, planning and strategies. Moreover, the factors may also vary depending on the demographic structure within the same country. For example, women's and men's attitudes, gender roles and dominance in the society may vary among different regions of the same country, which is also needed to be systematically studied while conducting IPV related studies (Enns, Campbell, & Courtois, 1997). Herein, the factors associated with IPV at different levels are individually described and a framework of the study is designed based on these factors. Societal, community, individual and family and relationship factors are associated with IPV. In addition, many other factors are categorized under these major factors, all of which are implicated in IPV. The ecological framework (Figure No. 2) is a relevant example of different factor associated with IPV at different level.

Figure 2: An example of ecological Model to explain factor associated with IPV at different levels.



Source: (WHO, 2018).

2.5.1 Factors associated with IPV at individual level

Age

Age is an important determinant of IPV and the level of IPV varies with age (Rennison, 2001). Research on how IPV evolves over adolescence, young adulthood and late adulthood has been a subject of great interest. Several studies have provided insights into this interesting question. A demographic health survey that involved participants from thirty developing countries showed that young women are at higher risk of being the victims of IPV (Peterman, Bleck, & Palermo, 2015). The study reported that among the women of reproductive age, women aged 22.1 years were most vulnerable to domestic abuse in the nations where survey was carried out.

Another key aspect of predicating age as an important factor associated with IPV is its connection with men's aggression towards women at different ages. One of the compelling evidences on the prevalence of physical aggression in men was reported in the cross-sectional study by O'Leary in the year 1999. Physical aggression against an intimate partner tends to increase during the teenage years, through mid-twenties. At around 25 years the aggression remains at peak. However, this decreases sharply with age with a sharp decline to about 35 years and until the age of 70 (O'Leary, 1999).

More evidence from Kim et al (2008) that studied men's physical and psychological aggression towards their partner over the course of 10 years found a steady decline of aggression in men towards their intimate partner as they aged (Kim, Laurent, Capaldi, & Feingold, 2008). The study shows that men's physical and psychological aggression over time that was studied using multilevel growth modelling with hierarchical linear modelling in this study.

Interestingly, another study assessed the association of male intimate partners age with the occurrence of IPV (Johnson, Giordano, Manning, & Longmore, 2015). Including diverse participants of different age groups (13-28 years) and ethnical background (Hispanic, White and Black), this study examined the patterns of the perpetration of IPV. The study revealed that IP perpetrators involved in IPV were mainly the young men aged 17-20 years, which subsequently decreased among the men below 17 and above 20 years.

Regarding what factors accounted for age associated IPV risk in this age group, the study found that several additional factors such as delinquency, alcohol and drug abuse and depression were mainly responsible. Furthermore, relationship risk factors such as disputes, trust issue, jealously and self-disclosure accounted for most age-IPV perpetration relationship in the case of both male and female young adults (Johnson, Giordano, Manning, & Longmore, 2015).

The association between age and IPV is also examined in limited number of studies in the past in the context. The study reports the evidence from two studies conducted in Nepal that assessed several factors associated with IPV including age as a major IPV determinant. A community based cross-sectional study on the married women of Nepal residing in two rural districts found that 23.6% women aged 15-24 years had experienced IPV. Moreover, the same percent of age of women aged 25-44 years reported events of IPV in the same study. The IPV rate was slightly lower (20.7%) in the women of age group 45-49 years (Sapkota, Bhattarai, Baral, & Pokharel, 2016). Another similar study conducted in 905 married women participants reported 22% physical partner violence in women aged 31 years and below living in Kathmandu (Oshiro, Poudyal, Poudel, Jimba, & Hokama, 2011).

Thus, evidence from literature suggests that there is a clear connection between age and IPV. The prevalence of IPV seems highest in teenagers and young adults and the trend decreases with age. Physical and psychological aggression is one of key aspects behind this discrepancy where studies have reported that young men are most aggressive towards their intimate partner than older men. This perhaps largely explains the reason why most young women become the victim of IPV and why most young men are the perpetrators of IPV. In this study, using the data published by NDHS, whether age serves as a risk factor of IPV in married women of Nepal is assessed.

Education

The level of education is inversely correlated with magnitude of IPV. Several studies have looked at how lack of education is associated with IPV (Ackerson, Kawachi, Barbeau, & Subramanian, 2008; Marium, 2014; Noughani & Mohtashami, 2011; Rapp, Zoch, Khan,

Pollmann, & Krämer, 2012). Other studies have reported various factors including educational status of intimate partners as risk factors of IPV in urban poor population of Asia (Aekplakorn & Kongsakon, 2007; Ali & Bustamante Gavino, 2007).

A population-based study done in 83, 627 married women aged 15-49 years of India showed that IPV among women without any formal education was 5.61 times higher than those who attended college education. Furthermore, the IPV was 1.84 times higher in women whose partners did not have any formal education than those whose partners attended college. Thus, in their study it was apparent that spousal education is directly associated with women's risk of lifetime IPV (Ackerson, Kawachi, Barbeau, & Subramanian, 2008). Interestingly, women who had completed higher education level than their partner were at even greater risk of IPV (Ackerson, Kawachi, Barbeau, & Subramanian, 2008).

Nonetheless, the study did not examine what other additional factors was associated with this finding. It can however be associated that psychosocial factors such jealousy and social stigma could have encouraged men in partner violence. Overall, the study suggested that educating women is critical to limiting the cases of IPV since educated women are significantly lower risk of becoming the IPV victim.

Rapp et al. (2012) focused on the association between spousal education gap and the prevalence of IPV in women in India and Bangladesh. The study was carried out using the data of 2005/2006 Indian National Family Health Survey (NFHS-3) and 2007 Bangladesh Demographic and Health Survey (BDHS). Interestingly, difference in the level of education between intimate partners did not influence the occurrence of IPV in their study. However, the study reported a significant decrease in severe domestic violence in educated partners (Rapp, Zoch, Khan, Pollmann, & Krämer, 2012). In conclusion, although their study did not show the effect of spousal education gap in the prevalence or severity of domestic partner violence, an overall education level of intimate partners was directly associated with IPV.

Another study in the context of rural Bangladesh explored how women's education level was related with domestic violence (Marium, 2014). The study reports women education level as an important factor in reducing negative social norms and stigma.

Furthermore, it was revealed that along with the level of education, other factors, such as social and community factors, are critical in reducing IPV (Marium, 2014). Perhaps, women education reconciled with social and community factors aimed to reduce domestic partner violence could be a better strategy in dealing with IPV associated issues.

Nepal based study by Sapkota et al. (2016) assessed the status of IPV in uneducated women of rural Nepal. The study revealed IPV in 73.7% women without formal education. In addition, the study also assessed the level of male partners' education level with IPV statues and found that 32% women whose partner received no formal education were involved in domestic violence or abused their intimate partner (Sapkota, Bhattarai, Baral, & Pokharel, 2016).

Similarly, the husband's lower educational status was directly associated with physical IPV in women living in urban and rural areas of Kathmandu (Oshiro, Poudyal, Poudel, Jimba, & Hokama, 2011). The study reported a significant association of husband's educational level and partner violence. Nonetheless, the association was only observed in general population but not particularly in urban poor population (Oshiro, Poudyal, Poudel, Jimba, & Hokama, 2011). Conducting studies with larger sample size may explain why the association between education level and IPV was not observed in urban poor population.

Education is thought to have a direct connection with attitude toward violence. In fact, the NDHS 2006 study found that men with who are less educated tend to think that violence against their intimate partner or women in general is justified. (NDHS, 2006). Hence, it seems that education has a part to play not just in preventing men from getting involved in IPV but changing their mentality and attitude toward women and women related issues.

To conclude, educational factors such as level of education and educational or knowledge gap between intimate partners are important factors associated with IPV. With increase in education level, the risk and occurrence of IPV tends to decrease, whereas less educate intimate partners are more vulnerable to IPV. Moreover, spousal educational attainment is reported to protect their intimate partners from domestic violence overcoming the issues of conventional gender norms that are still rooted in rural societies of developing countries (Naved & Persson, 2005). In addition, other social issues such dowry practice, poverty, caste and racial discrimination, societal myths and stigmas, can also be dealt effectively by educating men and

women. Thus, education should be on the topmost priority as a measure to lowering domestic violence against women.

Employment Status

Employment is another factor that is closely associated with IPV (Crowne et al., 2011; Gage & Thomas, 2017; Jewkes, 2002; Terrazas-Carrillo & McWhirter, 2015). Although it is thought that employment status of intimate partners largely influences their personal relationship, findings from previous studies are mixed regarding women's employment status and the prevalence of IPV. While some studies have reported a negative correlation between employment status of women and occurrence of IPV, others have found no association between them.

In some cases, financially independent women have been found less vulnerable to IPV (Crowne et al., 2011; Gage & Thomas, 2017; V. Rao, 1997; S. R. Schuler, Hashemi, Riley, & Akhter, 1996). However, this has not been the case in all circumstances (Ellsberg, Pena, Herrera, Liljestrand, & Winkvist, 1999; Jewkes, Levin, & Penn-Kekana, 2002). In addition, some studies report the association of employed female partner and unemployed male partner with increased risk of IPV (Burton, Duvvury, & Varia, 2000).

A study carried on 512 married women of Asian American background living in Hawaii reported that women's employment stability is negatively associated with IPV. The Study found that women with stable income were at lower risk of becoming IPV victims (Crowne et al., 2011). Interestingly, the study also reported that women who became the victims of IPV were more likely to be the sufferer of unstable employability which continued over a long period of time, and this was mainly because IPV victims experienced depressive symptoms that affected their work life (Crowne et al., 2011). Similarly, the relationship between employment status and IPV was examined by Gage et al (2017) in the context of Nigeria. The survey-based study included 20,635 married Nigerian women and collected information on their IPV experience and employment history. Results for this study revealed a strong positive correlation between unemployment and IPV. The study reported IPV in 23% of women simply because they were unemployed.

In the context of Nepal, whether employment status of intimate partners has any impact on the prevalence of IPV is largely understudied. One recent study carried out in married women of Nepal measured different risk factors of IPV including the employment factor (Dalal, Wang, & Svanström, 2014).

It is found that the employment status of women was significantly associated with IPV. To elaborate, women who were engaged in long-term full-time employment were at lesser risk of being the victim of emotional, physical and sexual violence than women who were engaged in seasonal or occasional employment (Figure 3). Similarly, in the study by Ahmad and Jaleel (2015) it was reported that working status of women is significantly associated with severe violence in married women of Nepal (Ahmad & Jaleel, 2015).

Figure 3: *Employment factors in relation to intimate partner violence against women.*

Variables	Numbers	Emotional violence n (%)	Physical violence n (%)	Sexual violence n (%)	Any violence n (%)
Currently working					
No	1151	168 (14.6)	238 (20.7)	157 (13.6)	346 (30.1)
Yes	2354	447 (19.0)	581 (24.7)	358 (15.2)	790 (33.6)
P values		0.001	0.008	0.223	0.038
Employment status					
All year	1679	283 (16.9)	361 (21.5)	233 (13.9)	520 (31.1)
Seasonal	948	199 (21.0)	271 (28.6)	163 (17.2)	355 (37.4)
Occasional	156	35 (22.4)	50 (32.1)	27 (17.3)	61 (39.1)
P values		0.014	0.001	0.057	0.001

Source: (Dalal, Wang, & Svanström, 2014).

Thus, the findings from several studies indicate a strong association between employment status of women and IPV. Thus, employment status is an imperative factor of IPV and must be considered when measuring the IPV levels of a place. The findings have immense importance in making policies and strategies at the national level when dealing with a critical issue like IPV.

Area of residence

IPV depends largely on from where one belongs to. Developing countries have higher prevalence rate of IPV compared to developed countries (WHO, 2013)). Moreover, IPV

occurrence differs variedly in urban and rural areas within the same country (Lamichhane, Puri, Tamang, & Dulal, 2011; Oshiro, Poudyal, Poudel, Jimba, & Hokama, 2011; Sabri, Renner, Stockman, Mittal, & Decker, 2014).

A cross-sectional study by Oshiro et al (2011) extensively studied the disparity in the occurrence of IPV in poor urban and general population of Nepal. The study reported a higher prevalence of IPV (33.8%) in poor urban women than general population (19.9%). Higher chance of physical IPV was reported in poor urban population with risk factors that were different than those associated with IPV in general population.

Sabri et al (2014) found rural residence as one of the major risk factors associated with physical IPV and injuries in Indian women. The study found that women living in big cities were 25% less likely to suffer severe IPV than women living in rural areas (Sabri, Renner, Stockman, Mittal, & Decker, 2014). However, in the African context, a study by Jewkes et al. (2002) found no significant association of IPV with urbanisation.

In the context of Nepal, studies have reported mixed findings about the association of IPV with area of residence. Lamichhane et al. (2011) reported higher prevalence of IPV in women residing in rural Nepal. The study reported that among 1296 women living in rural Nepal, more than 50% experienced IPV. However, this study did not compare the occurrence of IPV in women living in urban and rural Nepal.

In contrary, Dalal et al. (2014) found no significant difference in the occurrence of IPV in women residing in urban and rural Nepal. But the study found a high prevalence of IPV (more than 30%) in women that participated in the survey (Dalal, Wang, & Svanström, 2014). These results clearly suggest that the association of IPV with residential status of women is rather ambiguous in the context of Nepal and thus large survey-based studies are needed to explore this relationship.

Use of alcohol by husband

Risk of IPV is found to be closely associated with alcoholism or alcohol abuse (Ahmad & Jaleel, 2015; Bellis, Hughes, & Hughes, 2006; Jewkes, 2002; Klostermann & Fals-Stewart, 2006). Women with intimate partners that abuse alcohol on regular or daily basis are most likely to abuse their partner. According to WHO report (2006), alcohol and severity of IPV are positively associated with each other. Table 2.1.1 shows the prevalence rate of alcohol abuse associated IPV faced by women in different countries from a study conducted by WHO in the year 2006.

Table 2: *Magnitude of alcohol-related intimate partner violence in selected countries*

Country	**Rate of alcohol abuse related IPV**
The United States of America	55%
England and Wales	32%
Australia	36%
Russia	10.5%
South Africa	65%

Source: (WHO, 2006).

Several studies done in Nepal have reported a connection between IPV and alcohol abuse. In fact, it is reported that alcohol consumption is the most significant risk factor associated with intimate partner violence in Nepal (NHDS, 2011). One of such studies showed that husband's drinking habit was significantly associated with physical IPV (Oshiro, Poudyal, Poudel, Jimba, & Hokama, 2011).

Acceptance of violence

Acceptance of violence is a concept where women feel that it is acceptable for men to abuse their partner. This issue is highly prevalent in developing countries and particularly more common in women residing in rural locations (Bellis, Hughes, & Hughes, 2006; Johnson,

Giordano, Manning, & Longmore, 2015; S. Schuler & Islam, 2007; S. R. Schuler & Islam, 2008).

Acceptance of violence, for example beating wife has been found to be associated with IPV in Nepali women (Yoshikawa, Shakya, Poudel, & Jimba, 2014). In a cross-sectional study on married women of Nepal, Yoshikawa et al (2014) reported that 30% of women accepted violence from their intimate partners under certain conditions. Furthermore, the study found that women who accepted violence from their intimate partners were at greater risk of being the victim of IPV again in the future.

A multi-country study in the context of south Asia that included Nepal reported male participants has strong attitude towards beating wife and most male partners thought it was okay to beat wife in many conditions (Dalal, Wang, & Svanström, 2014).

2.5.2 Factors associated with IPV at relational level

Polygamy by male partner

Several studies have reported that men with more than one partner are more likely to abuse their partners (Abramsky et al., 2011; K. Devries et al., 2011; Jewkes, 2002). A study by Abramsky et al (2011) reported that, in areas where polygamy is commonly practiced, women whose husbands had more than one wife as intimate partners were at increased risk of IPV (Abramsky et al., 2011).

According to Informal Sector Service Centre (INSEC) Nepal, 337 women became the victims of polygamy in 2014. However, this is only the number of known cases. In fact, most cases of polygamy remain suppressed for various reasons. Moreover, the cases of polygamy seem to be on the rise in Nepal (Simkhada et al., 2015). In Nepal, polygamy is considered as a major cause of IPV although the practice of polygamy is legally unaccepted (Ghimire, Samuels, & Adhikari, 2014). A study based in Nepal has shown that polygamy increases the risk of IPV in the first partner if they are living together (Ghimire and Samuels, 2017). In addition, the study found that the practice of polygamy was not only associated with IPV but also with other forms of domestic violence (Ghimire and Samuels, 2017).

Involvement in Decision making

The magnitude of IPV can also be associated by assessing the practice of autonomy in decision making. Autonomy in decision making—controlling behaviours of a partner on every household decisions, household economic matters and other personal matters (Hindin & Adair, 2002) are thought to be associated with domestic partner violence in low income countries (Koenig, Ahmed, Hossain, & Mozumder, 2003; Vyas & Watts, 2009). In a population-based study, high level of IPV in women living in rural Bangladesh was correlated with women with low autonomy, suggesting, women who are less involved in own decision making might be the consequence of IPV (Islam, Broidy, Baird, & Mazerolle, 2017).

Exposure of violence between parents

Parents can have a huge influence on their growing children. Children and young adults may be directly affected if they live in an environment with domestic violence. In fact, this can have a long-term negative consequence on their perception about domestic violence (Dube, Anda, Felitti, Edwards, & Williamson, 2002; Holt, Buckley, & Whelan, 2008). Perpetrators grow up learning and observing domestic violence in the family and society (Gelles, 1997). Children that grow up learning and observing violence between their parents or other family members may imitate and model such behaviours and attitudes and later in their life (Gelles, 1997). As a consequence, such children are relatively high risk of committing crimes and being perpetrators of domestic partner violence (Gelles, 1997).

2.5.3 Factor associated with IPV at Societal level

Religion

Religion plays a significant role in better culture and happy living of human being Some religious, however; some traditional myths within the religion (a very few) have also promoted IPV. Nepal is a religious country. Every religious people go to pilgrim, read and follow holy books. Sometimes phrases in such books itself provokes perpetrator for violence. Holy book of Hindu, Muslim and Christianity shows that man is stronger and powerful, sigh of truth and the king where as women are considered as weak, burdens and servant of her man.

For instance, in a sentence in a holy book of Hindu (*Shree Sosthani Bartakata, Chapter 21)* explains that "Women's pilgrim, fast, meditation, religion is her husband. Similarly, the book explains that if women leers at her husband, she will be blind. If she does not obey her husband, she will be sinner. If she debates with her husband or scold him then she will be deaf. If she eats without giving to her husband, then she will be bitch. If she stands against her husband, then she will be a crocodile. A women's greatest religion is to be loyal to her husband" (Anonymous, 2014).

Likewise, the Christianity is not an exception to promote partner violence. For instance, on holy book Bible on Ephesians (5: 22-23) it is written that "Wives, submit yourselves to your

own husbands as you do to the lord. For the husband is the head of the wife as Christ is the head of the church, his body, of which he is the saviour." Similarly, in Ephesians 1 Timonthy 2:11-12, "A women should learn in quietness and full Submission. Do not permit a to teach or to assume authority over a man, she must be quite" (Baird & Gleeson, 2017) .

Similarly, Islam also leads in empowering husband over his wife. A provoking sentence in holy book of Islam (Quran) Surah An-Nisa 4:34-42, it says that men are protectors and maintainers of his women as Allah had made powerful to men than women and are responsible to support and care them. Women must be obedient to her men in their life and bed, if not men can beat her to do so (A'la Mawdudi, 2013).

The articles and phrases explain in such way, practised as inherent culture sometimes knowingly or unknowingly may affect the degree of violence.

Wealth Index

Overall living standard of a person is wealth index. Access to resources, machinery and product they use can be different in compare to poorest and richest person. Various study (Amerson, 2018; Bamiwuye & Odimegwu, 2014; Dalal, 2011; Dalal, Wang, & Svanström, 2014; Slabbert, 2017; Trinh, Oh, Choi, To, & Do, 2016)shows that wealth index is another relevant factor of IPV. These literatures explain that the risk of IPV is more to a poor woman than that of rich.

A cross-sectional study done among 69432 married women of India shows that the women from the middle-class family are at highly violated than other women (Dalal, 2011). A findings from multiple cluster survey done between 2006-2011 in Vietnamese shows that wealth status was strongly associated with the occurrence of IPV (Trinh, Oh, Choi, To, & Do, 2016).

Another study done among the Sub-Sahara African countries (Cameroun, Kenya, Mozambique, Nigeria, Zambia and Zimbabwe) reveals that women of poor and middle-class family experience more IPV (Bamiwuye & Odimegwu, 2014). Similarly, a semi-structured interview done among 20 participants reveals that poor women are at high risk of IPV (Slabbert,

2017). A study based on NDHS-2011, shows that poorer women is twice likely to be violated then that of richest women (Dalal, Wang, & Svanström, 2014).

Ethnicity

Nepalese Muluki Ain 1854, divided Nepalese society into four ethnic hierarchies based on their occupation. They were; *Tagadhari*-people wearing pure thread in their body (Bhramins and Chhetri), *Matwali*- people we drinks alcohol (Newar, Gurung, lama, mogar, etc), *Pani nachalne*-water unacceptable but touchable (Tharu, Muslim,etc) and *Achut* -water unappecptable and untouchable (dalit/janjati) (Bennett, 2005; Hofer, 1979). Lower caste group (*Matwali, pani nachalne* and *Achut)* were dominated and discriminated by Higher caste (*Tagadhari*). The Muluki Ain 1963, declared that discrimination on the basis of caste is unacceptable (Bennett, 2005), however; it is still practised in some parts Nepal.

The National Census 2001 register 103 ethnic group based on caste, ethnicity, religion and language. Gene Set Enrichment Analysis (GSEA) integrate 103 groups into 35 and finally into 5 group. Division based on eco-region, yield 10 major ethnic group in Nepal(Bennett, 2005).

Each ethnic group has different way of living, relation and perception towards society, family and wife. This study will examine either degree of IPV varies based on ethnicity.

3 Conceptual Framework of the Study

This chapter mainly focuses on the theoretical basis and conceptual framework of the study. It is important to answer a theoretical research question using theories and concepts that been already established. Thus, by reviewing what is theoretically known on the subject matter, the framework of the study links the research questions designed for the study with data that are to be analyzed (Timmermans & Tavory, 2012). The researcher has used an analytical framework as an approach to systematically analyze my qualitative data (collected through interviews) using proposed theories and concepts in the subject area.

In this chapter, I have reviewed the available literature that studied the global prevalence of IPV and the factors associated with IPV in the context of developing and developed nations. More specifically, focus has been given on the literature based in the context of Nepal.

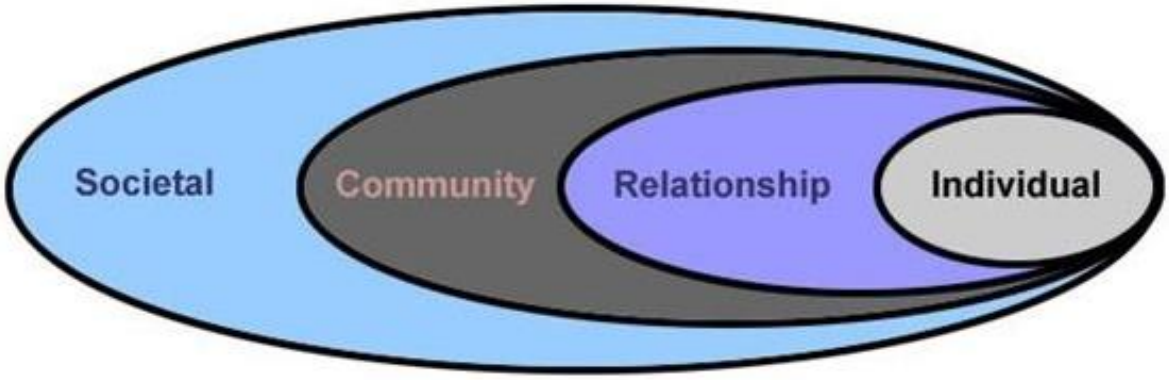
The study has applied the ecological model developed by Bronfenrenner (1979) to evaluate the factors associated with IPV among the Nepalese married women surveyed by NDHS in 2016. Bronfenrenner's ecological systems model suggests that individuals are embedded in the society where physical and social environment largely influences human behavior (Bronfenbrenner, 1979). Ecological model has been adopted by many researchers to examine the causal factors associated with IPV (Abramsky et al., 2011; Ali & Bustamante Gavino, 2007; Oetzel & Duran, 2004). One of the major advantages of using the ecological model in IPV studies is that it serves as a tool for better understanding of the contributing factors at individual, social, cultural and environmental levels (Little & Kaufman Kantor, 2002).

Societal level factors include the study of the factors such socio-economic status, employment status, family type (joint or nuclear); and the society level factors include societal and cultural norms such as superstition and gender norms (Little & Kaufman Kantor, 2002). However, the scope of this study is limited to individual and relational level.

Another Integral framework or model developed by Heise in 1998 is used in this study to understand the origins of gender-based violence against women. Heise's framework provides a comprehensive tool to study gender-based violence by assessing factors that are critical in measuring violence against women (Heise, 1998). The integrated ecological model that is used

for understanding domestic violence is shown in figure 4. Based on Heise's ecological model, this study categorised all the variables into two levels; individual, relational and societal.

Figure 4: *Integrated ecological model for understanding domestic violence*



Source:(Heise, 1998).

The ecological model aims to ensure that interventions consider and address the factors across different levels such societal, community, relationship and individual. In this study, only the factors at relationship and individual levels are prioritised.

In this study, the factors associated with IPV are associated as physical and social environmental influence on individuals. Thus, using this ecological model, I have attempted to explain the multi-casual factors of IPV, as well as understand how these are interrelated. Conceptual framework of this study based on individual, relational and societal factors associated with IPV is shown in figure 5.

3.1 Individual level

Factors that are associated with IPV at individual level include the biological and demographic factors such as age, area of residence, education level, employment and economic status, use of alcohol by husband and acceptance of violence (Little & Kaufman Kantor, 2002). Each of these factors are explained in 2.5.1.

Relationship level

Factors associated with IPV at relationship level are influenced by the relationship between husband (perpetrator of IPV) and wife (victim of IPV). These include the factors such as

polygamy, involvement in decision making such as household decisions, health care (family planning, use of contraceptives, desire for children etc.) (Bracknell Forest Council, 2014) and exposure to parental violence (her father beat her mother). Each of these factors is described in 2.5.2.

Societal Level

Factor associated with IPV at societal level impact the degree of violence. These factors are religion, wealth index and ethnicity are briefly described in 2.5.3.

Figure 5: *Factor associated with IPV in Nepal at different level*

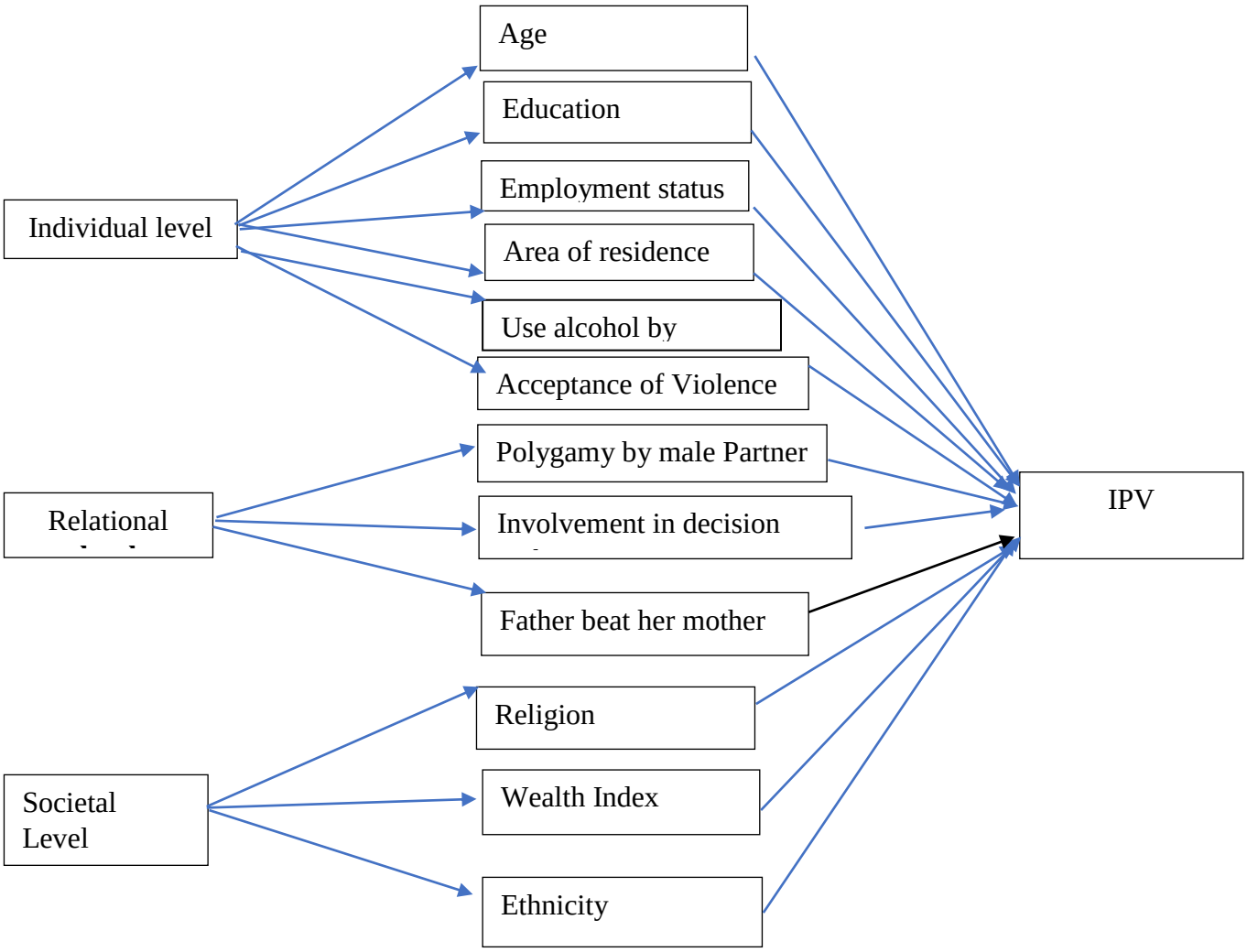


Figure 5: Conceptual framework for factor associated with IPV at different level.

4 Research Methodology

This section describes the research strategy, literature review strategy, research design, sampling procedure, measures of data collection (variables) and data analysis method (SPSS), limitations of the study, and the issues associated with validity and reliability. Furthermore, the process of data collection by the NDHS, processing of data (in this study), inclusion criteria of the participants or collected data, and information about the response rates are described in this section. Wherever appropriate, evidence from literature is provided to justify the use of a research approach or method in this study. In addition, a short description on potential ethical considerations and issues encountered during data collection are also provided.

4.1 Research Design

This study is based on a cross-sectional sample survey conducted from February 2 to June 14, 2016 by NDHS. Cross-sectional studies are done at one time point to estimate the prevalence of the outcome of interest for a given population. These types of studies are common in public health sectors and useful in social sciences and psychology because the data can be collected on individual characteristics such as risk factors (Levin, 2006).

The main advantages of cross-sectional studies are that they are cost effective and require relatively short time to complete the study. Moreover, the study captures a specific point in time and allows for the analysis of multiple variables. The data collected from cross-sectional studies can be used in various types of research setting. Last, but not least, cross-sectional studies data can be used to develop new theories/ concepts (Mann, 2003). However, despite several advantages, cross-sectional studies have a few shortcomings. These studies are not useful to analyse behaviour over time scale. Another shortcoming is that this type of study method cannot determine cause and effect. In addition, using this type of study method it may be challenging to assemble or integrate the sampling pool based on the variables of the population being studied (Mann, 2003).

The NDHS 2016 survey was conducted with an aim of generating reliable information on key health and social aspects such as family planning; adult and infant mortality, maternal and child health; nutritional status; women's empowerment and domestic violence; knowledge of

HIV/AIDS and other health-related issues in both rural and urban areas of Nepal. The NHDS 2016 survey was conducted to aid policy makers and national healthcare program managers in formulating, monitoring and designing more effective programs and strategies for improving health-related and social issues associated with women and children in the future (NDHS, 2016). In my research context, the data obtained from NDHS survey were analysed to assess women's experience of emotional, physical and sexual violence.

Data were collected in clusters and were processed after the completion of the survey. Processed data were checked for inconsistencies, incompleteness and outliers. In case inconsistencies and errors were found on data, they were reported to the fieldworkers. Central office of the NDHS based in Kathmandu carried out the secondary data editing to resolve remaining inconsistencies and coding the open-ended questions. Data entry was done using the software CSPro. The final data cleaning task was carried out by the NDHS program data processing specialist. The concurrent data processing and editing ensured that data used for analysis were error-free and accurate.

Quantitative method of data analysis is extensively employed in this study. This type of research method emphasises objective measurements, as well as analysis of data through statistical, mathematical or numerical approaches. The data for such analysis is collected through polls, questionnaires and surveys. In addition, the quantitative data analysis can be done by using data manipulation of pre-existing data using several computational techniques (Neuman, 2013).

This study used the quantitative research method to analyse the data obtained from NDHS on domestic violence in the context of urban and rural Nepal published in the year 2016. To elaborate, the data on domestic violence included data related to physical, sexual and emotional violence of married women exclusively. However, the study excludes data reported on societal abuses, abuses from teachers, doctors, police and other family members. To conduct this study, I created a specific data file from NDHS survey and analysed them to measure IPV in married women of Nepal.

Research questions formulated in this study (section 1.3) are aimed to answer the prevalence of IPV among married women in Nepal and the factors associated with IPV among the victims were specifically analysed using the quantitative method of data analysis. This was done by assessing the relationship between different variables that determined the IPV status of

married women in Nepal. The study has applied the Statistical Package for the Social Science (SPSS) Version 25 for data analysis. First, basic descriptive characteristic of all variables are analysed. I then used frequency distribution table for each single independent variable to check percentile value, central tendency (mean, median and mode), dispersion of variable (standard deviation, variance, range, minimum and maximum value) and check the distribution (skewness and kurtosis) of it**.** Descriptives that includes chi-square test, cross tabulation and Binary logistic regression are used to assess the relationship between variables statistically. Chi-square test was used to test the relationship between the categorical variables. Cross-tabulation are used to find out the prevalence of IPV. Logistic regression was used for analysing the relationship between multiple independent outcome determinant variables (variables of physical violence, variables of sexual violence and variables of emotional violence) and dependent variables. It analysed the factor associated with the life time IPV (physical, sexual and emotional) of married women interviewed in the survey.

4.2 Sampling and Participants

In this study, data from a cross-sectional study conducted by NDHS in the year 2016 in all Village Development Committees (VDCs) and/or municipalities of 75 districts (divided into urban and rural locations) of Nepal were analysed. In the survey, further divisions of wards were considered as Enumeration Area (EA). An EA in the survey was defined as a ward in the rural areas and a sub-ward in the urban areas. The sampling frame of the NDHS (2016) study was based on the information about the location of wards, type of residence (rural or urban), number of estimated households and population. Nepal has been recently divided into seven provinces (Province 1-Province 7). The 2016 NDHS survey was designed to produce results in intimate partner violence in each of these provinces.

Considering the demographic structure of the country, the survey used two stages stratified cluster sampling method in rural areas, whereas three stages sampling method was employed in urban areas. Samples were selected independently by dividing the country (each province was stratified into urban and rural areas) into 14 sampling strata. In this type of

sampling, samples are chosen from pre-existing groups, and the individuals in the selected groups are used in the study (Levy & Lemeshow, 2013).

In the NDHS (2016) study, the first stage of the sampling method was based on EA that included 383 wards using the probability proportional to size strategy. Household mapping and listing were conducted in all EAs. The second stage sampling in the study randomly selected 35 and 40 households in the urban and rural areas respectively. Only one woman per selected household was included in the domestic violence study by NDHS (2016). No replacement of or changes in the pre-selected households were allowed in the implementing stages to prevent bias. The method of data collection in the NDHS (2016) study was based on interviews. The inclusion and exclusion criteria were based on the age of the respondents and status of their residing in the household. Interview was conducted in women aged 15-49 who were either the permanent members of the household or the visitors who stayed in the household the night before the survey was carried out. Any members of household who did not adhere to these criteria were excluded from the study. In the case of men, household members and visitors (male members aged 15-49) in every second household selected were eligible to be interviewed.

In total, NDHS interviewed 13,089 women aged 15-49 and 4,235 men aged 15-49 from 11,473 households with the average response rate of 97% (NDHS, 2016). Among the respondents interviewed, more than half of men and women were young adults aged under 30. The majority of them (about 85%) were Hindu, followed by Buddhist (5%) and Muslim (5%). Caste-wise, 29% of men and women were from the Brahmin/Chettri community, 31% of them were Janajati and 12% of the respondents were Dalit (considered as lower caste people). Majority of women (77%) and men (66%) interviewed in the survey were married. During the time of the survey, approximately 60% men and women were living in urban areas (NDHS, 2016).

4.3 Questionnaires

NDHS survey protocol including the questionnaires was reviewed and approved by the Nepal Health Research Council (NHRC). Written consent was taken from the household and family members for interviews. Questionnaires were also translated in several languages. Six questionnaires were designed by the NDHS to carry out the 2016 survey. The survey questionnaires were based on:

a) The household questionnaire
b) The woman's questionnaire
c) The man's questionnaire
d) The biomarker questionnaire
e) The fieldworker questionnaire and
f) The verbal questionnaire

The household questionnaire listed all the eligible household members and visitors of the households. Information regarding age, sex, marital status, education and relationship of the respondents was collected. Other information such as household's goods ownership, migration of family members and food security was also obtained.

In the woman's questionnaire, all women aged 14-49 were asked questions on several topics such as; their background (age, education and media exposure), pregnancy history and infant mortality, familiarity and use of family planning methods, desire for children/ideal number of children, knowledge on prenatal, delivery and postnatal care, breastfeeding and formula feeding practices, history of their child vaccinations and knowledge about childhood illnesses and infections, their work and husband's work background, concept of domestic violence, knowledge about unsafe sex and associated sexually transmitted infections (STIs) including HIV/AIDS, knowledge about other women health issues and adult and maternal mortality.

The man's questionnaire asked questions to collect the same information as in woman's questionnaire in short since it did not require the detailed history on reproductive and maternal and child health. All men aged 15-49 of the households were included in the survey. However, this study uses the data of women only.

4.4 Dataset

The data used in this study was downloaded from the official site of DHS Nepal (https://dhsprogram.com/data/dataset/Nepal_Standard-DHS_2016.cfm) after complete registration. NDHS allows using survey dataset of all kind. These datasets are categorized with different names, they are, -: Births recode, Couple's recode, Fieldwork Questionnaire, Household Recode, Individual Recode, Children's Recode, Men's Recode, Household Member Recode and Verbal Autopsy. However, only the datasets of Individual Recode was used for the analysis. Relevant variables from the dataset were selected.

Missing values and outlier were removed with help of statistical tools. The original data set contains 6,288 variables of 12,862 respondents. First, successful interview of only married women was selected. The new dataset contains data of 8,888 respondents. Again, duplicate cases were removed with reference to "CASEID". Exactly half number duplicate cases were removed and now dataset has information of 4,444 respondents. Among them, 618 were missing. Finally, the result of this thesis is based answers of 3826 respondents.

From the total variable 6,288; only relevant variables were selected. These variables are related to physical, sexual and emotional violence of married women. In addition to this, dataset contains variables related to demographic factor, attitude related, and participation in decision making. The similar variables from the dataset were removed. For instance, Respondent's current age/Age in 5-year groups, Province/ Region, Highest education level/Educational attainment and Respondent's occupation/Respondent's occupation (grouped).

The measures of the research study to which participants responded were based on two types of variables; outcome variable and independent variables, that included survey questions and interview questions. These are individually discussed in the sections 4.5 and 4.6.

4.5 Outcome variables

NHDS adopted a modified version of Conflict Tactics Scale (CTS) as an approach to ask questions with married women participants of the study. The method is frequently used in evaluating cases or incidents of assaults between intimate partners (Browning & Dutton, 1986). The scale was developed by (Straus, 2017) as standardized scale to measure the frequency and severity of violence in families (Straus, 2017). It has been widely used in survey research since its development and in this study, NHDS 2016 survey study employed the same approach.

The outcome variables of physical violence are further categorized into "less severe violence" and "severe violence". Less severe physical IPV included, whether a female participant's husband had ever:

a) pushed, shook or threw something at her
b) slapped her
c) twisted her arms or pulled
d) punched her with his fist or something that could hurt her

Similarly, severe physical IPV includes, whether a female participants husband had ever:

a) kicked her, dragged her or beat her up
b) threatened her or attacked her with a knife, gun or any other weapons
c) strangled or burnt by husband/partner

The outcome variables of sexual violence included, whether a female participant's husband have ever:

a) physically forced her to have sexual intercourse even when she did not want to.
b) forced her to perform any sexual acts she did not want to.

The outcome variables of emotional violence included, whether a female participant's husband had ever:

a) said or did something to humiliate her in front of others
b) threatened to hurt or harm her or someone close to her
c) insulted her or made her feel bad about herself

If the response of any above listed questions were positive, then respondents were considered as victims of IPV. For the prevalence of IPV all these dependent variable (less severe IPV, severe IPV, emotional IPV and sexual IPV) are separately calculated. Besides this, to calculate factor associated with IPV; all the less severe, severe, sexual and emotional violence were combined in one dichotomous variable with "Yes" or "No" categories.

4.6 Independent variables

Based on Heise Ecological Model, this study categorised all the variables into three levels; individual, relational and societal. The independent variables at individual level included the age, education, area of residence, acceptance of violence and use of alcohol by her husband. The independent variables at relational level includes involvement in decision making (household and economic decisions), exposure of violence between parents. The independent variables in societal level are religion, wealth index and ethnicity.

Age, in this setting, was considered as a nominal variable. Age of respondents was grouped into five-year gap. Altogether, there are 7 age group they are: "15-19", "20-24", "25-29", "30-34", "35-39", "40-44" and "45-49". The education level of the participants was defined in four categories: "no education", "primary", "secondary" and "higher" (NDHS, 2016). Area of residence was categorized into two types; in which first category was "Urban" and "Rural", and another category was "Province 1", "Province 2", "Province 3", "Province 4", "Province 5", "Province 6" and "Province 7". Current employment status (if the respondent is currently working) was answered with "Yes" or "No". Acceptance of violence was measured with the respondent's "yes" or "no" under the condition where acceptance of violence was justified if:

a) wife burned the food
b) argued with her husband
c) went out without telling her husband
d) neglected the children
e) Refused to have sex with her husband

“Yes” response in any one of above condition is considered as acceptance of violence.

Use of alcohol by her husband was answered with “yes” or “no”. Involvement in decision making was a combination of three variables. They were;

a) Person who usually decides how to spend respondent's earnings
b) Person who usually decides on respondent's health care
c) Person who usually decides on large household purchases

Initially, each of these had five answers they were: “respondent alone”, “husband and respondent”, “respondent and other person”, “husband alone” and “other person”. The answer which shows involvement of respondent (“respondent alone”, “husband and respondent”, “respondent and other person”) was coded as “Yes” another with “No”. After coding all these three questions into “Yes/No” category, they were combined into a single variable named as “Involvement in decision making”. The new variable considered “yes” in decision making if respondent decides in any of the above question alone or jointly.

Religion was answered with “Hindu”, “Buddhist”, “Muslim”, “Kirat” and “Christian”. Similarly, Wealth Index (economic status) is categorized into five; “poorest”, “poorer”, “middle class”, “richer” and “richest”. There were 11 categories in ethnicity they were; “Hilly Bhramin”, “Hilly Chetri”, “Terai Bhramin/Chetri”, “Other Terai caste”, “Hill Dalit”, “Terai Dalit”, “Newar”, “Hilly Janajati”, “Terai Janajati”, “Muslim” and “other”. These outcome and independent variables were used to analyse the data.

4.7 Ethical Consideration

To maintain the confidentiality and privacy of the respondents that took part in the survey, certain ethical considerations were applied by NDHS during the data collection process. Before collecting data, interviewers were trained focusing on how to ask sensitive questions, maintain privacy and rapport building with respondent since intimate partner violence (especially physical and sexual) is a personal issue and should be dealt with strict confidentiality. To maintain privacy, interviewers were given time to develop certain level of intimacy and only one woman per household was interviewed. All the respondents were verbally informed and explained the level of information (general to sensitive). Respondents were free to skip the questions and quit the interview at any time.

Permission was granted from the NDHS to use their published dataset for thesis study. A copy of final reports will be submitted to NDHS after the completion of this thesis. The data will be used for the thesis purpose and the ethical considerations followed by NDHS will be maintained while using the dataset. The results of this study will be presented truthfully even if the results are not relevant to the communities.

5 Results

5.1 Descriptives of Respondents

The study was conducted among 4,444 married women aged 15-49 years. Among them highest number 818 (18.4%) of respondents belongs to age group 25-29 years and lowest number were from age group 45-49 years that is 345 (7.8%). Similarly, respondent from province 2 were higher and province 5 were lower in number which were 689 (15.5%) and 575 (12.9%) respectively. In total, 2819 (63.4%) of respondents were from urban and 1625 (36.5%) were from urban areas.

Similarly, women who had "no education" were highest 1623 (36.5%) which is followed by women with secondary educational level 1486(33.4%), primary 747 (16.8%) and lowest with higher educational level 588(13.2%). Most of the respondents follow Hinduism 3898 (87.7%), Buddhist respondents were 210 (4.7%), Christian 119 (2.7%) and the lowest was Kirat 53(1.2%).

Based on ethnicity, women who were 'Hill Chhetri' was found to be highest 1005(22.6%) and the lowest was from 'other' 16 (0.4%). Out of the total, 1254 (28.2%) accept beating in certain circumstances. Out of total respondents, 3024 (68%) of respondent participates in decision making. Among the five categories wealth index (social economic status) poorest women were highest 1022 (23%) and richest women were lower in frequency 726 (16.3%).

Detail information is in following Table 5.

Table No. 5: *Descriptives of the variables and their frequencies.*

Variables	Category of each variable	Frequency	Percent
Age in 5-year groups	15-19	645	14.5
	20-24	761	17.1
	25-29	818	18.4
	30-34	774	17.4
	35-39	647	14.6
	40-44	454	10.2
	45-49	345	7.8
Province	Province 1	662	14.9

	Province 2	689	15.5
	Province 3	601	13.5
	Province 4	575	12.9
	Province 5	672	15.1
	Province 6	641	14.4
	Province 7	604	13.6
Type of residence	Urban	2819	63.4
	Rural	1625	36.6
Religion	Hindu	3898	87.7
	Buddhist	210	4.7
	Muslim	164	3.7
	Kirat	53	1.2
	Christian	119	2.7
Wealth index	Poorest	1022	23
	Poorer	932	21
	Middle	893	20.1
	Richer	871	19.6
	Richest	726	16.3
Ethnicity	Hill Brahmin	536	12.1
	Hill Chhetri	1005	22.6
	Terai Brahmin/Chhetri	64	1.4
	Other Terai caste	484	10.9
	Hill Dalit	479	10.8
	Terai Dalit	145	3.3
	Newar	162	3.6
	Hill Janajati	950	21.4
	Terai Janajati	438	9.9
	Muslim	165	3.7
	Other	16	0.4

Highest educational level	No education	1623	36.5
	Primary	747	16.8
	Secondary	1486	33.4
	Higher	588	13.2
Husband/partner drinks alcohol	No	2017	45.4
	Yes	1809	40.7
	Total	3826	86.1
	Missing	618	13.9
Respondent currently working	No	1765	39.7
	Yes	2679	60.3
Acceptance of beating	Total	1110	25.0
	No	3190	71.8
	Yes	1254	28.2
Decision Involvement	No	684	15.4
	Yes	3024	68
	Total	3708	83.4
	Missing value	736	16.6

5.1 Prevalence of IPV

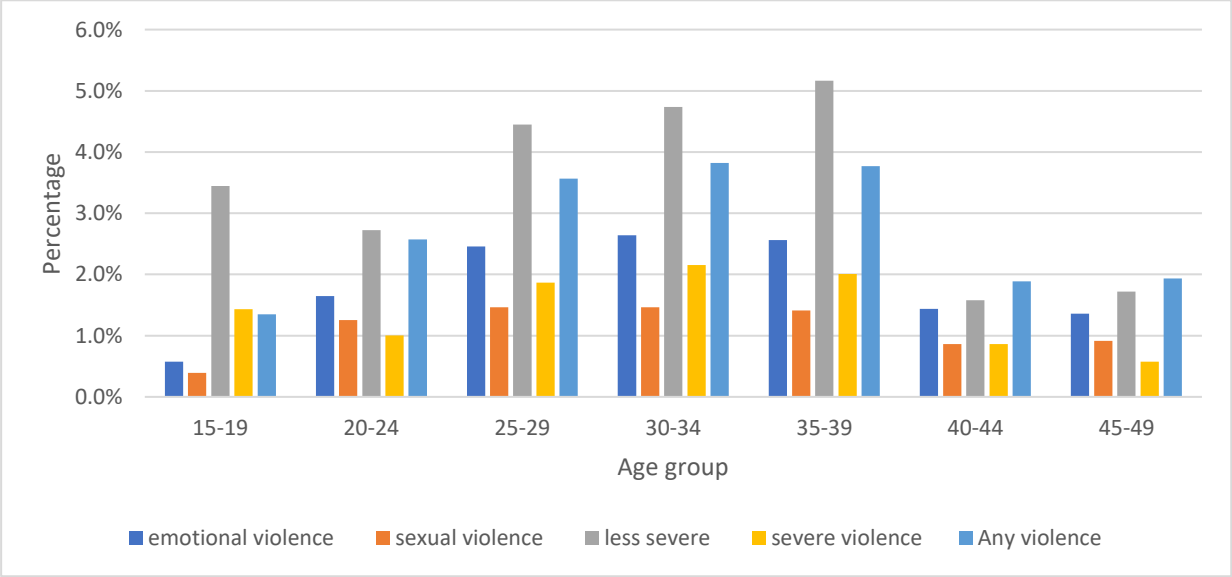
Cross tabulation was done to check the relationship between dependent and independent variable. Emotional, Sexual, physical (less severe and severe) and any of this violence are in X-axis of the table, whereas age in 5 years group, province, educational attainment, area of residence, partner drinking alcohol, respondent's father ever beat her mother, involvement in decision making, acceptance of beating, religion, ethnicity and wealth index with their subcategories are in Y-axis. All the values are in percentile expression. In total, 12.7% women experience emotional violence and 7.8% sexual violence. 23.8% and 9.9% of women experience less severe violence and severe violence respectively and 25.7% of women experience at least one form of violence.

5.1.1 Prevalence of IPV at individual level

Age

Age in 5 years group is sub categorized into 7 sub-groups. The graph shows that women of 25-29 years' experienced highest emotional violence 2.5% and group of women who are 15-19 years' experience lowest is 0.6%. Regarding sexual violence, the degree of violence gradually increases till 30-34 years and decrease gradually. However, in case of less severe and severe violence the degree of violence is more in the age group 30-34 and 35-39 years. Overall, the degree of violence increases till 40 years and then decreases. The further detail are in the following graph (Figure: 6).

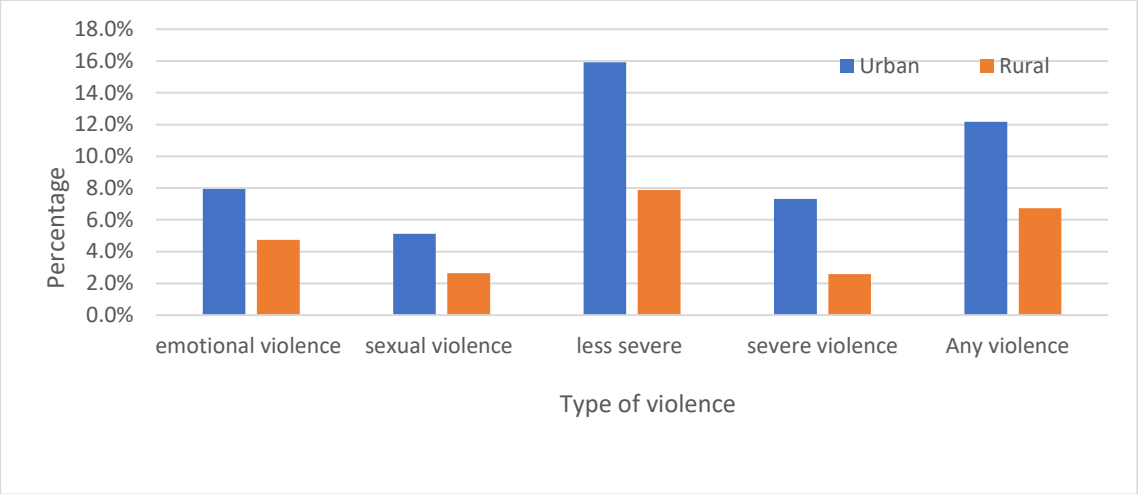
Figure 6: *Prevalence of IPV with age.*



Area of residence by province and urban/rural

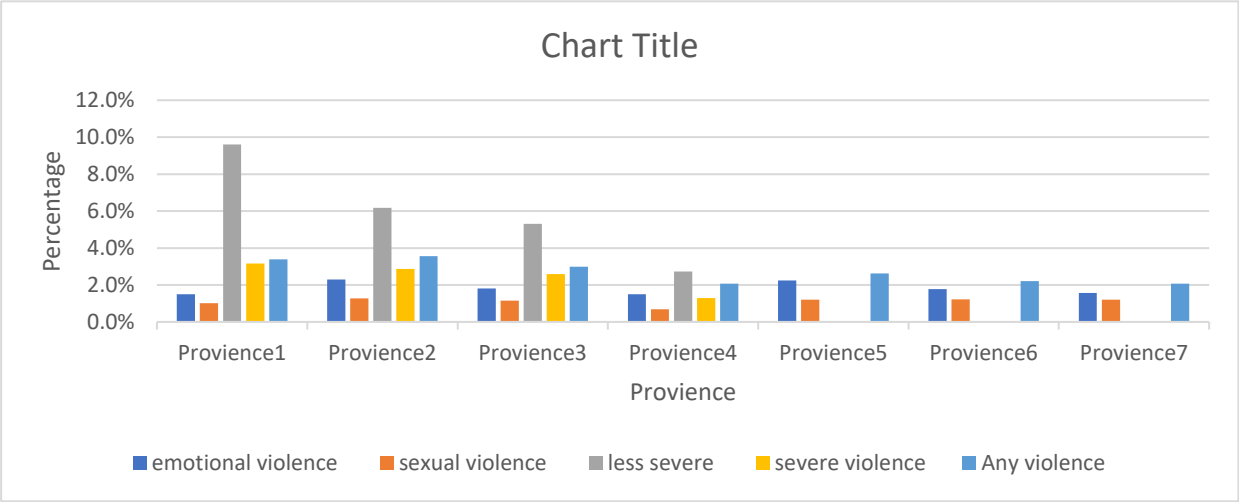
Based on area of residence, women from rural area least violated than that of urban. The further detail is in the figure 7.

Figure 7: *Area of residence (urban/ rural) and prevalence of IPV.*



Similarly, among the 7 provinces, emotional violence is largely experienced by women residing in province 2 and then 5 and less violence is experienced by women of province 4 and province 1. Similarly, women from province 2 reported highest degree of sexual violence (1.3%) and women of province 3, 5,6 and 7 experience exactly equal percentile of emotional violence (1.2%). In case of less severe and severe violence the level of violence highest in province 1 and then reduces gradually. The highest percentage of women who experience any violence are from province 2 and lowest is from province 7. Detail information are in the figure 8.

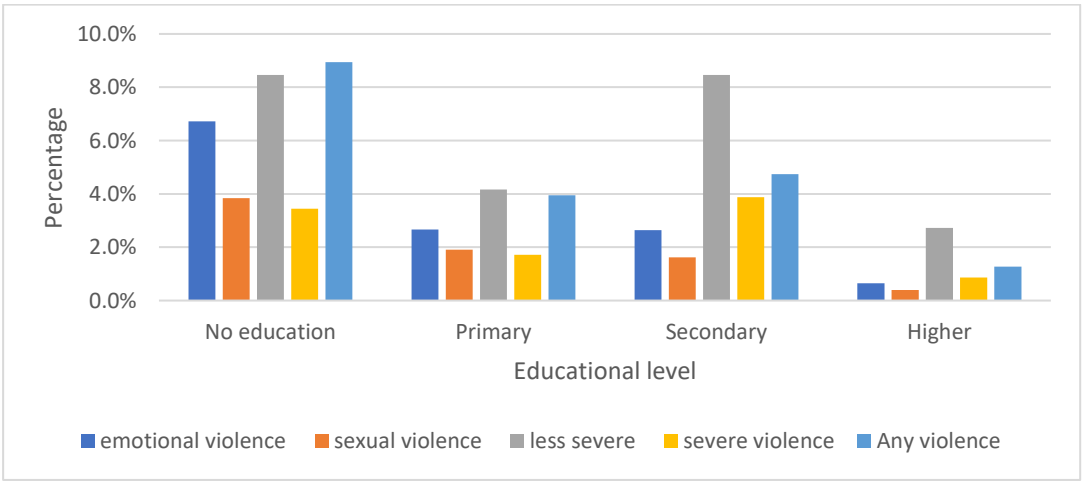
Figure 8: *Magnitude of IPV with reference to Province*



Education level

Among the four sub-categories of educational level, all women who have no education had experience highest level of all types of violence. Among these, less severe violence constitutes to highest level (8.5%) and severe violence is lowest (3.4%). In contrast, women who are highly educated are lower violated. Specifically, severe violence lower (0.9%) and sexual violence is lowest (0.4%) for women with higher education level. The further explanation is in the figure 9.

Figure 9: *Prevalence of IPV based on education.*



Currently working status

Prevalence of all forms of IPV among married women with a currently working status are more than women who does not work. 9.8% of women with a currently working status experienced emotional, 5.3% sexual, 13.7% less severe and 6.8% severe physical IPV. Overall, 16.5% of women who are currently working experienced at least one form of violence and 9.2% of women who does not work experience at least one form of violence in their lifetime.

Respondent's father beat her mother

The prevalence of IPV among the women experienced her parental violence are least violated with any form of violence than who did not experience IPV. Specifically, women whose father did not beat her mother experienced 9.5% emotional violence, 5.7% sexual and 21.9% less severe physical violence and 9.1% experienced severe physical violence.

Husband Drink Alcohol

Women whose husbands drink alcohol are highly violated. Among them. 9% experienced emotional violence, 5.5% experienced sexual violence, 9.9% of women experienced less severe physical violence and 4.5% experienced severe physical IPV. In contrast, of women whose husband do not drink alcohol experienced highest magnitude of less severe physical violence (14.4%).

5.1.2 Prevalence of IPV at Relational level

Involvement in Decision making

The result shows prevalence of IPV among the women who involve in decision making are more than the women who do not participate in decision making. Those women who participate in decision making experienced 9.3% of emotional violence, 5.7% of sexual violence, 20.8% less severe violence and 8.3% of severe violence. Overall, 14.4% of women who involve in decision making experience at least one form of violence in their lifetime.

Acceptance of beating

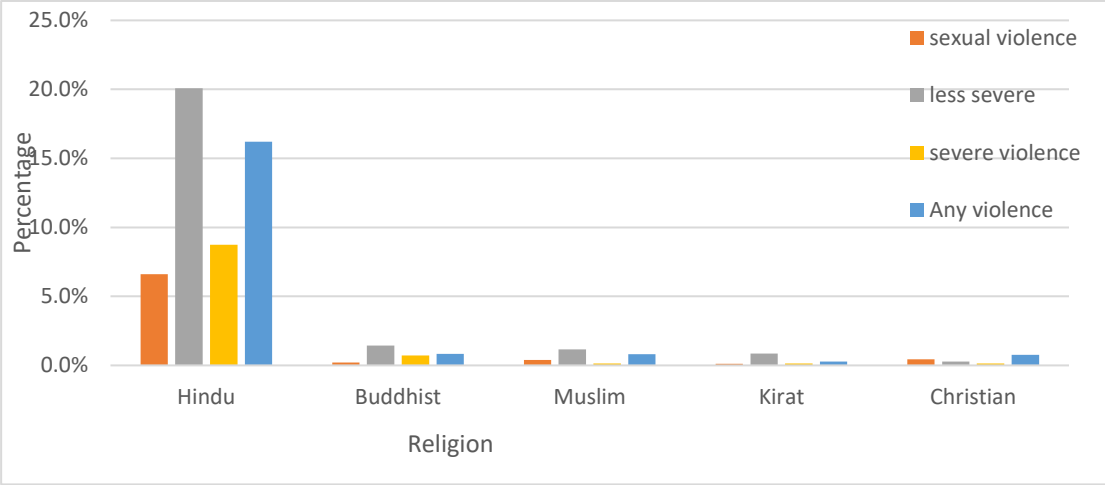
Women who do not accept violence have high prevalence of all forms of IPV. Specifically, women who do not accept beating experienced 8.5% of emotional, 5.1% sexual, 17.9% less severe and 7.3% severe violence. Overall, 13% of women who do not accept beating experienced at least one form of violence.

5.1.3 Prevalence of IPV at societal level

Religion

There are 5 sub-categories of religion. Among them, Hindu women are highly violated. Specifically, they were highly violated with less severe physical violence (20.1%), with one of the violence (16.2%), emotional violence (11%) severe violence (8.8%) and sexual violence (6.6%) and Kirat women are less violated for all kinds of violence in which victim other than less severe violence. The detail descriptions are in the figure 10.

Figure 10: *Prevalence of IPV based on religion.*

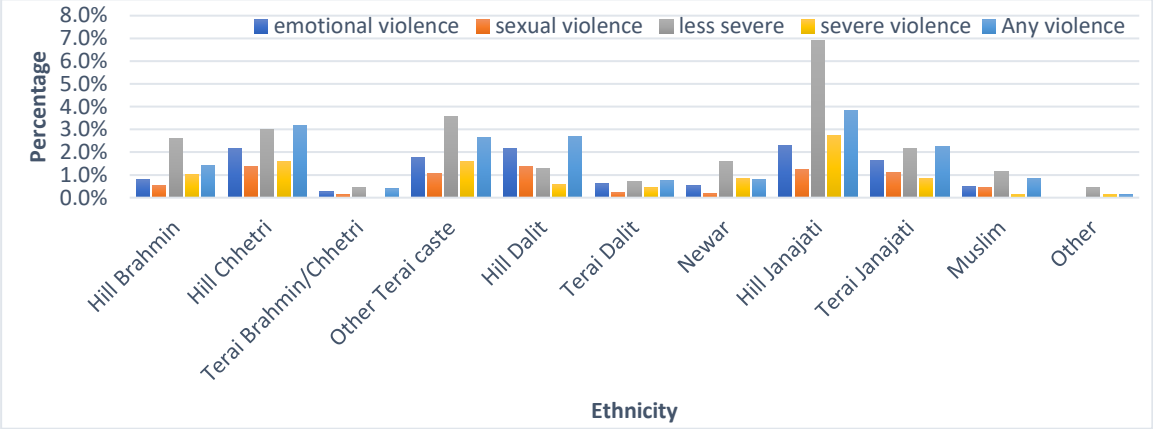


Ethnicity

Among 11 ethnic groups, Hill Janajati and Hill Chetri women had experienced a higher degree of emotional violence and emotional and sexual violence and Newar and Muslim are least violated. Hill Janajati women had experienced a high degree of less severe and severe violence.

Overall, women from hill Janajati women are violated at most and women from Muslim and other are least violated. Further information is in figure no. 11.

Figure 11: *Prevalence of IPV based on ethnicity.*



Wealth Index

With regards to social economic status (wealth index) middle class women had experienced more emotional violence and richest women are least violated. Sexual violence is highest for poorer and middle-class women and least for richest women. Similarly, in case of less severe violence women of middle and richer women are highly violated and poorest women are least violated. More richer women are severely violated and poorer are few in violation. Women from middle-class women had experience highest percentile of any violence and richest women are least violated. The more information is in the figure 12.

Figure 12: *Prevalence of IPV based on wealth index.*

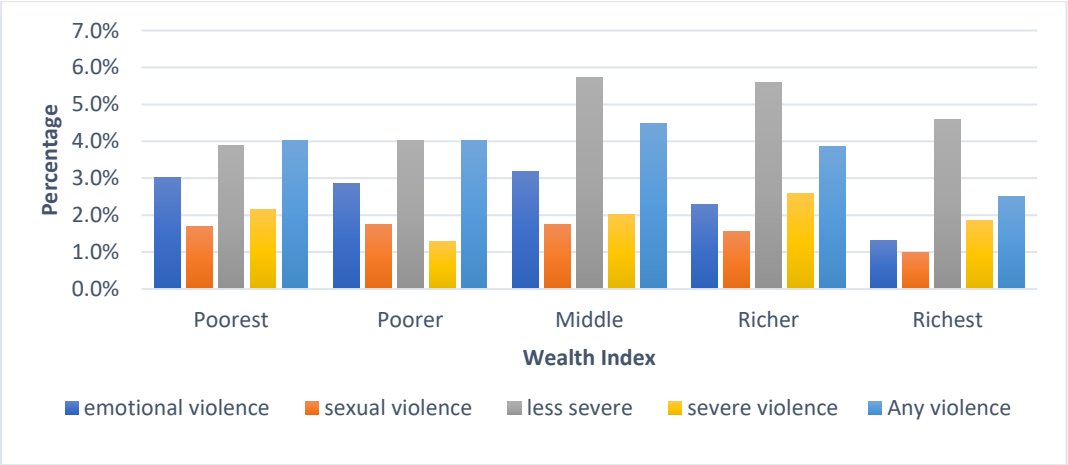


Table 6 is a tabular description of the prevalence of different types IPV and lifetime prevalence of IPV based on sub-categories of variables.

Table 6: *Prevalence of IPV with sub-categories of independent variables.*

Variables	sub-groups	Sexual	Emotional	less severe	severe	Total
Age in 5-year groups	15-19	15 (.4%)	22(0.6%)	40 (1%)	16 (0.4%)	47 (1.2%)
	20-24	48 (1.3%)	63 (1.6%)	109 (2.8%)	49 (1.3%)	133 (3.5%)
	25-29	56 (1.5%)	94 (2.5%)	166 4.3%)	65 (1.7%)	193 (5%)
	30-34	56 (1.5%)	101 (2.6%)	170 (4.4%)	92 (2.4%)	201 (5.3%)
	35-39	54 (1.4%	98 (2.6%)	161 (4.2%)	71 (1.9%)	190(5%)
	40-44	33(0.9%)	55 (2.6%)	104(2.7%)	46 (1.2%)	118 (3.1%)
	45-49	35 (0.9%)	52 (2.6%)	85 (2.2%)	46 (1.2%)	101 (2.6%)
	Total	297 (7.8%)	485(12.7%)	835(21.8%)	385 (10.1%)	983(25.7%)
Area of residence	Province 1 - urban	24 (0.6)	28 (0.7%)	41 (1.1%)	24(0.6%)	50 (1.3%)
	Province 1 - rural	15 (0.4%)	29 (0.8%)	63(1.6%)	32(0.8%)	73(1.9%)
	Province 2 - urban	17 (0.4%)	33 (0.9%)	95(2.5%)	24(0.6%)	100(2.6%)
	Province 2 - rural	32 (0.8%)	55(1.4%)	132 (3.5%)	51(1.3%)	142(3.7%)
	Province 3 - urban	25 (0.7%)	31(0.8%)	50(1.3%)	23 (0.6%)	64(1.7%)
	Province 3 - rural	19 (0.5%)	38(1%)	46(1.2%)	18(0.5%)	57(1.5%)
	Province 4 - urban	13 (0.3%)	23(0.6%)	32(0.8%)	16(0.4%)	42(1.1%)
	Province 4 - rural	13 (0.3%)	34(0.9%)	33(0.9%)	19 (0.5%)	44(1.2%)
	Province 5 - urban	20 (0.5%)	32(0.8%)	60(1.6%)	27(0.7%)	69(1.8%)
	Province 5 - rural	26 (0.7%)	54(1.4%)	85(2.2%)	40(1%)	101(2.6%)
	Province 6 - urban	29 (0.8%)	47(1.2%)	63(1.6%)	43(1.1%)	78(2%)
	Province 6 - rural	18 (0.5%)	21(0.5%)	35 (0.9%)	24(0.6%)	47(1.2%)
	Province 7 - urban	29 (0.8%)	34(0.9%)	64(1.7%)	26(0.7%)	74(1.9%)
	Province 7 - rural	17 (0.4)	26(0.7%)	36(0.9%)	18(0.5%)	42(1.1%)
	Total	297(7.8%)	485(12.7%)	835(21.8%)	385(10.1%)	983(25.7%)
Highest educational level	No education	147(3.8%)	257(6.7%)	478(12.5%)	232(6.1%)	533(13.9%)
	Primary	73(1.9%)	102(2.7%)	176(4.6%)	93(2.4%)	203(5.3%)
	Secondary	62(1.6%)	101(2.6%)	149(3.9%)	53(1.4%)	201(5.3%)
	Higher	15(0.4%)	25(0.7%)	32(0.8%)	7(0.2%)	46(1.2%)
	Total	297(7.8%)	485(12.7%)	835(21.8%)	385 (10.1%)	983(25.7%)

Religion	Hindu	253(6.6%)	419(11%)	724(18.9%)	331(8.7%)	850(22.2%)
	Buddhist	8(0.2%)	21(0.5%)	22(0.6%)	9(0.2%)	31(0.8%)
	Muslim	15(0.4%)	19(0.5%)	54(1.4%)	23(0.6%(	59(1.5%)
	Kirat	4(0.1%)	3(0.1%)	3(0.1%)	1(0.0001%)	6(0.2%)
	Christian	17(0.4%)	23(0.6%)	32(0.8%)	21(0.5%)	37(1%)
	Total	297(7.8%)	485(12.7%)	835(21.8%)	385(10.1%)	983(25.7%)
Ethnicity	Hill Brahmin	30(0.8%)	30(0.8%)	42(1.1%)	15(0.4%)	56(1.5%)
	Hill Chhetri	82(2.1%)	82(2.1%)	115(3%)	63(1.6%)	149(3.9%)
	Terai Brahmin/Chhetri	10(0.3%)	10(0.3%)	18(0.5%)	3(0.1%)	19(0.5%)
	Other Terai caste	68(1.8%)	68(1.8%)	163(4.3%)	65(1.7%)	175(4.6%)
	Hill Dalit	82(2.1%)	82(2.1%)	105(2.7%)	58(1.5%)	128(3.3%)
	Terai Dalit	23(0.6%)	23(0.6%)	61(1.6%)	23(0.6%)	65(1.7%)
	Newar	20(0.5)	20(0.5%)	25(0.7%)	12(0.3%)	31(0.8%)
	Hill Janajati	88(2.3%)	88(2.3%)	130(3.4%)	72(1.9%)	164(4.3%)
	Terai Janajati	63(1.6%)	63(1.6%)	118(3.1%)	48(1.3%)	131(3.4%)
	Muslim	18(0.5%)	18(0.5%)	55(1.4%)	24(0.6%)	60(1.6%)
	Other	1(0.00001%)	1(0.0001%)	3(0.1%)	2(0.1%)	5(0.1%)
	Total	485(12.7%)	485(12.7%)	835(21.8%)	385(10.1%)	983(25.7%)
Wealth index	Poorest	65(1.7%)	116(3%)	181(4.7%)	108(2.8%)	210(5.5%)
	Poorer	67(1.8%)	109(2.8%)	205(5.4%)	90(2.4%)	235(6.1%)
	Middle	67(1.8%)	122(3.2%)	216(5.6%)	9692.5%)	243(6.4)
	Richer	60(1.6%)	88(2.3%)	157(4.1%)	60(1.6%)	193(5%)
	Richest	38(1%)	50(1.3%)	76(2%)	31(0.8%)	102(2.7%)
	Total	297(7.8%)	485(12.7%)	835(21.8%)	385(10.1%)	983(25.7%)
Respondent Currently working	No	96(2.5%)	146(3.8%)	309(8.1%)	124(3.2%)	353(9.2%)
	Yes	201(5.3%)	339(8.9%)	526(13.7%)	261(6.8%)	630(16.5%)
	Total	297(7.8%)	485(12.7%)	835(21.8%)	385(10.1%)	983(25.7%)
Husband drinks alcohol	No	88(2.3%)	140(3.7%)	275(7.2%)	109(2.8%)	336(8.8%)
	Yes	29(5.5%)	345(9%)	560(14.6%)	276(7.2%)	647(16.9%)
	Total	297(7.8)	485(12.7%)	835(21.8%)	385(10.1%)	983(25.7%)
Respondent's father ever beat her mother	No	214(5.7%)	356(9.5%)	607(16.1%)	277(7.45%)	725(19.3%)
	Yes	72(1.9%)	114(3%)	20795.5%)	94(2.5%)	233(6.2%)
	Total	286(7.6)	470(12.5%)	814(21.6%)	371(9.9%)	958(25.5%)
Acceptance of beating	No	194(5.1%)	192(5.1%)	675(17.9%)	275(7.3%)	490(12.9%)
	Yes	103(2.7%)	320(8.5%)	140(3.7%)	98(2.5%)	222(5.9%)
	Total	297(7.85)	470(12.5%)	814(21.6%)	371(9.9%)	983(25.7%)

5.2 Factor associated with IPV

Binary logistic regression was done to estimate the factor associated with IPV. The model has 12 independent variables. They are age, Province, type of residence, educational level, religion, ethnicity, wealth index, respondent currently working, husband drink alcohol, father beats her mother, involvement in decision making and acceptance of beating. The entire model shows that the independent variables are statistically significant, $X^2(49, N = 3826) = 621.836$, $p < 0.001$. The variation in the dependent variable was explained between 15.7% (Cox and Snell R Square) and 23.2% (Nagelkerke R Square) and 77.8% of the cases were correctly classified. The analysis shows that 8 independent variables were significant. These significant variables were education level, religion, ethnicity, wealth index, working status, husband drinking alcohol, father beat mother and acceptance of beating. In contrast, age, province, area of residence, and women involve in decision making were not statistically significant.

5.2.1 Factor associated with IPV at individual level

Among 6 independent variables at the individual level; education level, father beat her mother and working status of women were statistically significant. In contrast, age, province and area of residence (urban/rural) were not significant.

Education level of women is strongly associated with the occurrence of IPV. “Primary” and “secondary” education level of women are statistically significant. The women with “primary” education level are 1.79 time and “secondary” level are with 1.78 times more likely to report against violence than women with “No education”. Similarly, current working status of women is significant for the occurrence of IPV. The Odds value is negative. It means, working status of women is negatively associated with prevalence of IPV. Likewise, women who witnessed her father beating her mother is statistically significant with negative association. The detail description is in the Table 7.

5.2.2 Factors associated at Relational level

Three independent variables were analyzed to examine the factor associated with lifetime IPV among the married in Nepal. Among them, Husband drinking alcohol and acceptance of violence were statistically significant. In contrast, involve in decision making was not significant.

The respondent whose husband drink alcohol are less likely to violated. The detail information is in table 7.

5.2.3 Factor associated at societal level

Among three independent variables, religion and wealth index play predictive role for IPV. Among the religion, Muslim is a predictive variable. Muslim have odds of which is 0.42. Here, odds value is less than 1, which means Muslims are 0.42 times less likely to violated. Similarly, wealth index is statistically significant. Among the wealth index, poorer, middle-class and richer are positively related with the occurrence of IPV. It is further explained in Table 7.

Table 7: *Final model of binary logistic regression analysis*

Variable	Categories	B	S.E.	Wald	df	Sig.	Exp(B)	95% C.I.for EXP(B)	
								Lower	Upper
Age group	15-19			4.81	6	0.57			
	20-24	-0.089	0.26	0.12	1	0.73	0.92	0.55	1.52
	25-29	-0.2	0.2	0.97	1	0.32	0.82	0.55	1.22
	30-34	-0.055	0.19	0.09	1	0.77	0.95	0.66	1.36
	35-39	-0.016	0.17	0.01	1	0.93	0.98	0.7	1.38
	40-44	0.119	0.17	0.48	1	0.49	1.13	0.8	1.58
	45-49	-0.141	0.19	0.58	1	0.45	0.87	0.6	1.25
Province	Province 1			8.7	6	0.19			
	Province 2	0.065	0.18	0.13	1	0.72	1.07	0.75	1.52
	Province 3	0.191	0.2	0.94	1	0.33	1.21	0.82	1.78
	Province 4	0.335	0.19	3.12	1	0.08	1.4	0.96	2.03
	Province 5	-0.112	0.19	0.34	1	0.56	0.89	0.61	1.3
	Province 6	0.256	0.17	2.29	1	0.13	1.29	0.93	1.8
	Province 7	0.105	0.17	0.36	1	0.55	1.11	0.79	1.56
Residence place	Place of residence	0.14	0.09	2.24	1	0.13	1.15	0.96	1.38
Education	No education			17.72	3	0			
	Primary	0.584	0.2	8.3	1	0	1.79	1.21	2.67

	Secondary	0.577	0.25	5.52	1	0.02	1.78	1.1	2.88
	Higher	-0.269	0.27	0.96	1	0.33	0.76	0.45	1.31
	Hindu			7.27	4	0.12			
	Buddhist	-0.493	0.26	3.66	1	0.06	0.61	0.37	1.01
Religion	Muslim	-0.806	0.34	5.7	1	0.02	0.45	0.23	0.87
	Kirat	-1.27	1.24	1.05	1	0.31	0.28	0.02	3.19
	Christian	-1.062	0.55	3.74	1	0.05	0.35	0.12	1.01
	Hill Brahmin			69.2	10	0			
	Hill Chhetri	-1.73	0.62	7.84	1	0.01	0.18	0.05	0.59
	Terai Brahmin/Chhetri	-1.849	0.61	9.19	1	0	0.16	0.05	0.52
	Other Terai caste	-0.282	0.66	0.18	1	0.67	0.75	0.21	2.77
Ethnicity	Hill Dalit	-0.427	0.61	0.49	1	0.49	0.65	0.2	2.17
	Terai Dalit	-1.433	0.61	5.44	1	0.02	0.24	0.07	0.8
	Newar	-0.625	0.63	0.98	1	0.32	0.54	0.15	1.85
	Hill Janajati	-1.473	0.64	5.27	1	0.02	0.23	0.07	0.81
	Terai Janajati	-1.751	0.61	8.22	1	0	0.17	0.05	0.57
	Muslim	-1.197	0.61	3.81	1	0.05	0.3	0.09	1
	Other	0.572	1.36	0.18	1	0.67	1.77	0.12	25.32
	Poorest			8.92	4	0.06			
	Poorer	0.308	0.18	2.78	1	0.1	1.36	0.95	1.95
Wealth Index	Middle	0.485	0.17	8.28	1	0	1.62	1.17	2.26
	Richer	0.389	0.17	5.36	1	0.02	1.48	1.06	2.05
	Richest	0.308	0.16	3.54	1	0.06	1.36	0.99	1.88
Working status	Respondent currently working	-0.233	0.09	6.19	1	0.01	0.79	0.66	0.95
Husband drinking Alcohol	Husband/partner drinks alcohol	-1.097	0.09	139.63	1	0	0.33	0.28	0.4
Father beat her mother	Respondent's father ever beat her mother	-0.869	0.11	62.77	1	0	0.42	0.34	0.52
Involve in decision making	Involvement in decision	-0.168	0.11	2.51	1	0.11	0.84	0.69	1.04
Accept Violence	Acceptance of beating	-0.344	0.09	14.22	1	0	0.71	0.59	0.85
	Constant	-17.905	199954.3	0	1	1	0		

Here, B is log-odds unit, S.E. is Standard Errors, df is degree of freedom, Sig. is significance and Exp(B) is odds ratio for predictor.

6 Discussion

This research has analyzed the magnitude of IPV and its associated factors. Prevalence of IPV among the married women in Nepal is 23.8% for less severe physical violence, 9.9% for severe physical violence, 7.8% sexual violence and 12.7% for emotional violence. Overall, 25.7% of women experience at least one form of IPV in their lifetime. According to previous NDHS survey 2011, 23.1% women had experienced physical violence, 14.3% sexual and 16.4% emotional violence. Within 5 years, there hasn't been much change in the magnitude of physical violence, however, there has been decrease in both sexual violence (by 50%) and emotional violence (by 25%).

The magnitude of IPV in Nepal is less than that of global and South-East Asian countries. According to WHO 2016, 35% globally and 38 % South-East Asian women on average suffers from IPV. In the context of Asian countries, numerous studies show severe problems. A multi-country study done by WHO among 24,000 respondents shows that prevalence of IPV ranges from 13-61% (García-Moreno, Jansen, Ellsberg, Heise, & Watts, 2005). Similarly, previous study done by (Jewkes et al., 2017) among 5 Asian country shows that physical and sexual abuses ranges between 32.5- 80 % and economic and emotional violence ranges between 4.1-27.7% . The trend of IPV was very high in Sr Lanka. Collective studies on IPV in Sri Lanka reveal that prevalence ranges from 20-72% (Guruge, Jayasuriya-Illesinghe, Gunawardena, & Perera, 2015).Similarly, women from Bangladesh have high magnitude of IPV. Almost 75% women experience spousal violence in Bangladesh (Silverman, Gupta, Decker, Kapur, & Raj, 2007). In Pakistan, prevalence of IPV among the reproductive age group of married women is 39% (Turab et al., 2014). India is not an exception, one-third of women experience physical IPV, 7% sexual IPV and 14% emotional IPV (NFHS, 2015/16). Comparing the prevalence of IPV among these countries at national level, magnitude of physical and sexual violence in Nepal is less then these countries, however, degree of emotional violence is similar. This can be because of cultural and religious differences. For instance, mostly Pakistan and Bangladesh have Muslim community and India and Nepal have Hindu community. This research has also analysed that Muslim women are more likely to be abused than Hindu women. However, in case of Sri Lanka other factors may be associated with prevalence of IPV.

Magnitude of IPV, comparing to other regional research within Nepal is different from this research. For instance, a study done among 355 married women in Kuleshor, Sindhuli district of Nepal reveals that 29.6% women experienced physical violence, 31.0% emotional violence and 6.8% sexual violence (Sapkota, Bhattarai, Baral, & Pokharel, 2016). The magnitude of Physical and sexual IPV is similar with this study, but emotional IPV is almost 2.5 times more. The study shows that women controlling their husband and poor mental health status were associated with IPV prevalence (Sapkota, Bhattarai, Baral, & Pokharel, 2016).Moreover, the research explored that poor mental health increases the risk of emotional violence.

Similarly, a cross-sectional study done with 1,296 married women aged 15-24 years in four major four ethnic group revealed that 51.9% of respondent experienced some form of IPV, in which 25.3% physical and 46.2% sexual violence from their husband (Lamichhane, Puri, Tamang, & Dulal, 2011). Prevalence of spousal violence was more in this age group than this study. Lack of inter-spousal communication and low autonomy were associated with IPV (Lamichhane, Puri, Tamang, & Dulal, 2011). Another study shows that women experiencing physical, sexual psychological violence was 17%, 4% and 35.5% respectively (Kumar, Aakriti, Raj, & Dudani, 2012). Hence, magnitude of IPV and type of IPV varies at reginal level to national level.

The type IPV and its magnitude varies with age group. For instance, physical violence is highest for 30-40 years women, emotional violence is more for age 30-34 years and sexual violence is highest for 25-39 years women. Overall, IPV increases till 40 years and then gradually decreases. In contrast, global studies done on different parts of world are different with this research. Previous researches show that IPV vulnerability is higher for adulthood (Halpern, Spriggs, Martin, & Kupper, 2009; Johnson, Manning, Giordano, & Longmore, 2015; Peterman, Bleck, & Palermo, 2015). A study based on DHS data shows that 22.1 years old women in average is most vulnerable (Peterman et al., 2015). Similarly, a study among 1,321 of 13-28 years women shows that violence is started during adolescence and peak in early twenties (O'Leary, 1999).

Previous studies reveal that area of residence might be one of the factors behind prevalence of IPV (Lamichhane et al., 2011; Oshiro et al., 2011; Sabri, Renner, Stockman, Mittal, & Decker, 2014). Similar result are seen by this research.The type of violence and

magnitude of IPV is different. Out of 7 Provinces, most of women who had experience highest degree of IPV is from Province 2. The least violated women are residing in Province 7. Province 2 is most developed and prosperous province of Nepal. Significant difference in economic status, literacy rate and awareness level of women still does not minimize the magnitude of violence in Province 2. Nepal is recently divided into Provinces. Previously, so no significant studies are done between province and IPV. (UN, 2018)

Women from rural areas are least violated than that of urban. Previous literature such (Lamichhane, Puri, Tamang, & Dulal, 2011; Oshiro, Poudyal, Poudel, Jimba, & Hokama, 2011; Sabri, Renner, Stockman, Mittal, & Decker, 2014) shows mix results on IPV based on area of residence. Among them, Lammichanne et.al., (2011) reveals that more than 30% women from rural are violated than that of urban. In contrast, Oshiro et al., (2011), and Sabri et al., (2014) agreed women from urban are more violated. Based on general perception, rural women are less educated, poor and less aware of violence which means they have to have high magnitude of IPV. However, result is beyond this perception. Hence, other factor might be associated rather than area of residence.

The result identified that Hindu women have high magnitude of IPV. More than 87% of total respondent follow Hinduism, hence, highest number of Hindu women would be violated. Similarly, the result show that prevalence of IPV decrease with increase in economic status. Poorest women in Nepal are victimised than any other. Women who belongs to Hill Chhetri and Hill Janajati are highly violated and Terai Bramhins/Chhetri are least violated.

Factor associated with IPV -Comparison with result

Literature review done among the global, south Asian countries and within Nepal shows various associative factor of IPV. However, all the factors associated with IPV which are explained above (Chapter-Literature Review) are not statistically significant in context of Nepal. Results shows that certain factors were strongly associated with the occurrence of IPV, weakly and few no association at all. There are six factors which are strongly associated with IPV among the married women in Nepal. These factors are Education, Ethnicity, Wealth index, Alcohol abuses by her husband, Father beat her mother and Acceptance of violence. The Factors which

are weakly associated with IPV was Working status of respondent. In contrast, age, area of residence and Involvement in Decision making were not associated factors with the occurrence of IPV.

This research agrees with those articles which explain factors such as educational level of respondent, ethnicity of women, social economic status, alcohol abuse by respondent's current husband, witnessing domestic violence of father against her mother and acceptance of violence by respondent as associated factor of IPV.

This research agrees with different scholars (Ackerson, Kawachi, Barbeau, & Subramanian, 2008; Marium, 2014; Noughani & Mohtashami, 2011; Rapp, Zoch, Khan, Pollmann, & Krämer, 2012) with conclusion that education is associated with prevalence of IPV. Women with no education, with primary and secondary education are 1.78 times at the risk of lifetime IPV. This may be because literate women are less adapted to the male dominated society and are resilient to accept the norms of this type of cultural setting. This study is based on the responses from the female only that's why this study does not include the education level of male partner. Some of the studies shows that education level of husband is associated with prevalence of IPV. If the education level of both partners were taken for the occurrence of IPV, probably the best result would display, a comparative factor and most associated factor could be sort out.

There hasn't been relevant study between ethnicity and IPV within Nepal. This study reveals that ethnicity is strongly associated with IPV. In this study, among the 12 ethnic-group women from Terai are less likely to be violated. The result shows that women of Terai Bramin/Chhetri and Terai Dalit are less at the risk of IPV respectively.

Social economic status (wealth Index) is another strong relevant factor of IPV. Previous literature (Dalal, 2011), (Slabbert, 2017) and (Bamiwuye & Odimegwu, 2014) reveals that women from middle-class and poor are more likely to be violated. Another based on NDHS 20011 reveals that poorer women are twice at the risk of violence (Dalal, Wang, & Svanström, 2014). Similar result is shown by this paper. High prevalence of IPV is in poorer, middle-class and richer women.

The prevalence of IPV is negatively associated for those who witness father beating their mother. The women who experience parental violence are 0.42 times less likely to be violated.

Women who witness parental violence might found out certain level of offensive to tactical to avoid IPV. Hence, they experience less IPV. In addition, acceptance of beating is negatively associated with the occurrence of IPV. Those women who accept violence are almost 0.71 times less at risk of IPV then who does not accept. Previously, research done within certain reason (Yoshikawa, Shakya, Poudel, & Jimba, 2014, Dalal et al., 2014) also found violence accepting women are more likely to be violated.

This research also found that religion is a relevant factor of IPV in Nepal. Married women whom who follow Islam are less likely to violated. Muslim women are 0.23 times less likely to be violated than Hindu women. Based on descriptive a greater number of Hindu women experienced IPV.

Limitation of the research

This research is based on the dataset provided by NDHS 2016 on domestic violence. The data were cleaned and revised by experts at different levels. In case, if there was error in the initial data entry, the whole analysis of this research may be wrong.

This research includes only responses from married women of age 15-49 years. This research does not include the associative factor other than respondent. There can be other various factors associated factors of IPV which can be linked to her husband and other family members. The factors related with her husband such as education level of husband, awareness towards crime (IPV), degree of devotion towards superstitious male dominated culture, perception towards gender equality, acceptance level of IPV etc. The factor such as provocation for IPV by mother-in-law or father-in-law or other family member, helping female during battering, cultural and societal perception towards IPV, awareness level of society towards violence.

Dowry related violence is common in Terai region of Nepal. The factor itself does not represent IPV alone and leans more towards the domestic violence which includes other family members. As a result, dowry related IPV was not documented separately during data collection. Hence, this research does not include it.

NDHS (2016) included some form of emotional violence to measure domestic violence. These were the outcome variable to measure domestic violence hence, they were not included as outcome variable for emotional IPV. They were

1)Not given enough food to eat

2) Ever experienced: Not cared for when you were too ill

3) Ever experienced: Asked to go for forced abortion

4) Ever experienced: Threatened with divorce by husband or in-law

5) Ever experienced: Asked to go for forced divorce

6) Ever experienced: Abused for not bearing a son

7) Ever experienced: Abused for using a FP method.

NDHS (2016) is a cross-sectional study. It is easy way to collect data however, it's difficult to predict cause and effect over time. The study sampled the respondents from different areas who were being questioned for the first time and not being questioned overtime. So the results cannot predict magnitude of IPV over time.

Strength of this research

This research is based on second national survey, which explore the factor associated with IPV at different level. Some of the factors of this study are new in context of Nepal and has never been studies at national level.

This research finds out the prevalence of IPV and its associated factors. This research can be the milestone to reduce IPV and direct the IPV prevention programs. For instance, which particular factors should be taken in more consideration so to reduce IPV.

This research has analyzed relevant factors at national level. This research can facilitate government bodies in decision making level. Policy making body and other stakeholder can rely on this research while making policies, rules and awareness programs.

Further Implications

This research is based on married women of reproductive age. Child married is quite common in some parts of Nepal. Comprehensive study on IPV is required that include reproductive as well as non-reproductive age group women.

This research is based on the characteristic of victims (women) only. IPV is equally related to the basic characteristics of perpetrator too. Further research is required to cover all the

factor associated with perpetrator at different level such as individual, relational and societal level. These factors such as demographics of perpetrator, education level, social economic status, concerns towards crime (IPV), degree of believe towards patriarchal culture, level of awareness towards gender-equality, acceptance of violence and so on.

Dowry related domestic violence is prevalent in Nepal including dowry related IPV. However, relevant academic research is not available specific to the IPV. A further and in-depth study can be done in future research.

Closing Comments

Although this study has analysed the prevalence and factor associated with IPV among the married women in Nepal, primarily based on the secondary data, the revealed trends can also be far from the truth. The results solely are the product of voluntary disclosure, but most of the violence related issues are never disclosed and goes unreported. In normal circumstances, even if the women had been previously encountered violence, they hesitate to disclose such events even with formal legal authority such as police. As a result, the incidences of violence remain undocumented or unreported. So, this research also assumes that there are and might be numerous undocumented incidences that respondent has been violated by their partner, and hence, the results of the research can be partial.

In many cases, women perceive that such violence as a family matter and do not reveal to outsiders. The respondents may like to be quiet and show that they have a happy marriage life. Besides this, the respondents may assume that even if she discloses her feelings, violence will not reduce, probably in the absence of sufficient concrete evidences or in the absence of effective law or due to negligence of law implementation authority. Consequently, they might be selective in disclosing their experience in detail and to the level of ground truth. In most cases, the victims disclose incidences to their family member, close friend and to the mother of natal home. The case is more vulnerable if the victim is a mother. She stays with perpetrator because of children's future and caring. On the other hand, the impact of the IPV does not end only with abuses and sometimes with polygamy too. Even if a perpetrator marries other women, the victim may decide to live with him unwillingly accounting that the victim's children will not have better life with the perpetrator in her absence, and neither with her as a single parent. And, this also means she will be hesitant to talk about family matters outside in society or any other medium.

In regard to above background I researcher reviewed the relevant literatures, According to a study in two district of Nepal (Kapilvasthu and Rupandekhi) women do not like to disclose many IVP cases because of social norms, deeply rooted patriarchal value, notable social stigma and fear (Anita Ghimire & Samuels, 2017). In report, a very convincing dialog by a government representative is written.

"**Yes, the women aren't able to expose such cases. Where would a female go to file a complaint if her husband raped her? Even we who are educated and more aware women of the society can't bring out such incident in front of the society. How would a female from a remote village be able to talk about that? The husband might say to his wife that, "I have brought you just for that". But, I think very recently there have been some cases of marital rape that have been filed."**

There are various barriers to disclosure. Some of them are, fear of more violence, shame/hesitation/humiliation, not interested to talk with other, fear of re-traumatization, fear of other would not believe, presence of partner and lack of privacy (Vranda, Kumar, Muralidhar, Janardhana, & Sivakumar, 2018). Similarly, there are other reason for it. Such as fear of loss of love and affection from abuser, family reputation, do not know if that was violence, threats from abuser, fear of being homeless, unaware of options, loss of social link (DVRCV, 2013).

7 Conclusion

IPV has been a burning issue in every corner of the world irrespective of class, race and economic status. Various types of IPV such as physical, sexual and psychological IPV are being practiced by the perpetrator. The most noticeable type of IPV is physical IPV which include physical hurting that leads to physical injuries to death. Along with this, IPV results in health and economic losses. Most cases, victims undergo instant or fatal physical injuries, psychological trauma, depression and change in her health behaviors. Apart from this, it causes economic losses (medical treatment and judicial). As a result, Various researches are done to find out the prevalence and the root causes of IPV to decrease and prevent it. The magnitude of IPV and associative factors are different from place to place. However, the occurrence of IPV is even more in South-East Asian countries.

IPV is a predominant problem of violence against women in Nepal. Even the concept of IPV is new, different forms of IPV is being practiced knowingly or unknowingly for a long time. Various regional research on violence against women in Nepal explore the prevalence and severity of problems, however, very few studies deals with factor associated with it. These researches were not enough to presume the reasons behind it at national level. A research was in need to explore the prevalence of IPV and determine the associated factor with it. This research exactly finds out the prevalence and risk factors of IPV among the married women in Nepal. Moreover, it has examined the relevant factor at individual, relational and societal level.

The result revealed that 23.8% of even married women experience less severe physical IPV, 9.9% severe physical IPV, 7.8% sexual IPV and 12.7% emotional IPV. Overall, 1 out of 4 ever married women experience at least one form of IPV in their lifetime. Various factors play role for it at various level. The factors such as education level and acceptance of beating are associated at individual level. Similarly, alcohol abused by her husband, witnessing parental violence are risk factors in relational level. Likewise, ethnicity, religion and wealth index, were statistically significant at societal level. In contrast, age, employment status, area of residence and involvement in decision making were not associated with IPV among the married women in Nepal.

This research has provided the factors associated with IPV in Nepal at national level. It will be a milestone for policy makers, organizations and IPV related stakeholders to prevent and minimize the IPV among the married women in Nepal.

8 Reference

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