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Intimate Partner Violence against Women in Nepal: An Analysis through Individual, Empowerment, Family and Societal Level Factors

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ABSTRACT

Background: The current study estimated the national prevalence rate of intimate partner violence against women (IPVAW) in Nepal. Besides, the individual level, empowerment level, family and societal level factors were assessed to relate with the victims of IPVAW in Nepal.

Methods: Nationally representative sample of 4210 women of reproductive age (15-49 yr) were included in the study. Household surveys using two stage sampling procedures, face to face interview with pre-tested questionnaires were performed. Emotional, physical and sexual violence were target variables. A violence variable was constructed from these three types of violence. Individual level factors were measured by age, residency, education, religion and husband's education. Empowerment factors included employment status and various decision making elements. Family and societal factors included economic status, neighborhood socioeconomic disadvantage index, history of family violence, husband's controlling behavior and other issues. Cross tabulation with chi-square tests and multivariate logistic regression were employed.

Results: Prevalence of emotional IPVAW was 17.5%, physical IPVAW 23.4% and sexual IPVAW 14.7%. Overall the prevalence of IPVAW in Nepal was 32.4%. Joint decision making for contraception, husband's non-controlling behavior to wives and friendly feelings were emerged as less likely to be IPVAW perpetration.

Conclusions: The findings have immense policy importance as a nationally representative study and indicating necessity of more gender equality.

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Introduction

Intimate partner violence against women (IPVAW) is defined as physical, sexual or psychological harm, including physical aggression, sexual coercion, psychological abuse and controlling caused by an intimate partner or ex-partner¹. IPVAW is now globally acknowledged as major public health and human rights problem. It has several health, family, social, and economic effects. IPVAW occurs everyday in every corner of the world irrespective of demographics such as religion, ethnicities and society²⁻⁵. It is the most widespread and one of the most frequent forms of violence against women².

Plethora of studies in industrialized countries have been conducted to better understanding the context, extent and nature of IPVAW^{1,6}. Considering high prevalence of IPVAW in the low income countries, especially in the Southeast Asia we have lack of scientific exploration of IPVAW^{2,7,8}. With diverse culture and social contexts, low income countries warrant context-dependent studies on IPVAW as such studies are not so frequent from those countries^{5,6,9,10}. Nepal has also dearth of materials regarding IPVAW. A few studies are

available using small sample size and mainly from areas in and around capital or big cities in Nepal, warranting a large scale population based study to determine the prevalence of violence against women^{7,8,11-13}.

The current study has estimated the national prevalence rate of IPVAW and examines the individual level, empowerment level, family and societal level characteristics of the victims of IPVAW in Nepal.

Methods

This was a cross-sectional population based study of women of reproductive age (15-49 yrs.) using data from the Nepal demographic and health survey 2011 (NDHS 2011). A detail of data collection is available elsewhere¹⁴. The survey has targeted to acquire detail information on demographics, salient health issues of respondents and children. The current study had used relevant questionnaires related to IPVAW and other socioeconomic and demographics factors as describe below.

Nepal has 75 districts. Each district is sub-divided into smaller administrative units, which are again sub-divided into wards in the rural areas and sub-wards in urban areas. In the current study, those wards in the rural areas and sub-wards in the urban areas are known as enumeration area (EA). There are 804 sub-wards in urban areas and 34 267 wards in rural areas, totaling 35 071 EAs. The majority of the people reside in the rural Nepal. The EAs are not allocated proportional to their population. This is important to provide estimations at the acceptable levels of statistical precision.

Sample selections were carried out in two stages. In the first stage, 289 EAs were selected using a probability-proportional-to-size strategy. In the second stage, 35 households in each urban EA and 40 households in each rural EA were randomly selected. In those selected households, 12 918 women aged between 15-49 yr were randomly identified as eligible for the individual interview. However, 12 674 women completed interview, resulting in a 98% response rate for the whole survey.

For violence related questions World Health Organization's guideline was strictly followed¹⁵. One woman in every two households was preselected for an interview on violence. The random selection of one woman from every second household was conducted following a simple selection. For the domestic violence questionnaire in total 4210 women were eligible while 4197 were successfully interviewed. Thirteen eligible women could not be interviewed because of absence of complete privacy as recommended by the WHO (2001)¹⁵.

Study variables

Lifetime IPAVW was consisted of emotional, physical and sexual violence. Initially each type of violence was measured by different questionnaires. Then finally the IPAVW was constructed as being victimization of any type of violence¹.

Emotional violence: Husband ever did any of the following to the respondent - humiliated; threatened with harm and insulted or made to feel bad.

Physical violence: Husband ever pushed shook or had something thrown;

Slapped; punched with fist or hit by something harmful; kicked or dragged; strangled or burnt; threatened with knife/gun or other weapon; twisted arm or pulled hair of the respondent.

Sexual violence: Ever been physically forced into unwanted sex by husband/partner;

Ever been forced into other unwanted sexual acts by husband/partner.

Independent variables were measured in three different strata: individual level, empowerment level and family or societal level^{10,16,17}.

Individual level factors were measured by age (under 19, 20 -29, 30 – 39 and over 40 yr); Residency (rural or urban); Education (uneducated, primary, secondary and higher); Religion (Hindu and non-Hindu); Husband's education (uneducated, primary, secondary and higher).

Empowerment factors were measured by economic, decision making on personal and family issues^{10,16}.

Economic empowerment was measured by current working status (Yes/no); Employment status (all around the year, seasonal or occasional). Decision making regarding using contraception, spending respondent's earning, respondent's healthcare utilization, household purchase, visiting family or friends, and spending husband's earning were also considered as empowerment variable as far as decision making is concerned. All these variables had options like respondent could decide by herself, by jointly with husband or husband and other male persons of the family. Two more issues like respondent can refuse sex to her husband (Yes/no) and respondent can ask her husband to use condom (Yes/No) were also included in the study as empowerment variables.

Family and societal level factors were assessed by sex of household head (Male/Female); Economic status; Neighborhood socioeconomic disadvantage index, Husband's control to respondent; Alcoholic husband (Yes/no); Family history of IPVAV (Yes/no); Respondent afraid of husband (never, most of the time, sometimes); Association of women's group (Yes/no); Access to radio and television program for health (Yes/No). The economic status was constructed through principal component analysis using easy-to-collect data on the household's ownership of selected economic assets. The weighted scores were divided into five quintiles: poorest, poorer, middle, richer and richest^{18,19}. Neighborhood socioeconomic disadvantage index was constructed to measure the socioeconomic development of the community where belonged the respondent's household. The index was developed using principal component analysis (PCA) based on geographical area of household (Mountain and Terai); Residency in rural or urban area; Literacy (illiterate or can read) and Below poverty line^{20,21}. Scores from this index then used to categorize into two socioeconomic disadvantage categories: less disadvantage neighborhoods and more disadvantage neighborhoods²¹. Husband's control to respondent was measured by the following options: Husband jealous if respondent talks with other men; accuses respondent of unfaithfulness; does not permit respondent to meet female friends; tries to limit respondent's contact with family; insists on knowing respondent's physical position; doesn't trust respondent with money^{10,14}. A final variable was constructed from those options. Association of women's group was assessed by means of whether respondent belonged to Ama Samuha, Bachat Samuha, Mahila Samuha, or other women's group.

Statistical analysis

Prevalence estimates were performed to reflect the emotional, physical, sexual violence and IPAVW in Nepal. The proportions and χ^2 test were performed to explore the cross-relationships between dependent and independent variables stratified into individual, empowerment and family and societal level factors. Multivariate logistic regression analysis was performed to study the potential association between IPAVW and respondent's individual level, empowerment level and family and societal level factors. In the multivariate analysis, only the significant variables (by χ^2 test) from all the three factor levels were included. Data were analyzed using IBM SPSS version 20.0. A significance level at $P < 0.05$ was employed in the study.

Ethical issues

For the household survey NDHS 2011 followed the ethical guidelines¹⁴. Firstly, the training to the interviewers was emphasized on how to ask sensitive questions, ensure priva-

cy, and develop rapport between interviewer and respondent. Rapport between the interviewer and interviewee, confidentiality and maintaining privacy were all very important to developing respondents' confidence. Then the respondent could safely share their intimate experiences with the interviewer. Violence questionnaire was interviewed at the end of the whole survey questionnaire. It was expected to provides time for the interviewer to develop a certain level of intimacy with the respondent so that respondent could get further boost to sharing their experiences of violence, if any. Beside initial survey consent, further consent was obtained from the respondent for violence questionnaire. The violence questionnaire was implemented only if privacy could be guaranteed. In case, if privacy could not be obtained, the interviewer had skipped the violence questionnaires. Necessary steps were taken to support and safeguard the respondents and a information brochure was provided detailing nationwide women service centers.

Results

In Nepal with nationally representative samples, the prevalence of lifetime intimate partner violence against women was emotional IPVAW 17.5%, physical IPVAW 23.4% and sexual IPVAW 14.7%. Overall the prevalence of IPVAW in Nepal is 32.4%. More than 70% women population lived in rural Nepal. Forty percent women in Nepal were uneducated. Eighty five percent populations in Nepal were Hindu.

Individual level factors

Older women had more exposure to IPVAW. Compared to secondary or higher educated women, uneducated or primary educated women had almost double prevalence of any form of IPVAW. Husbands with higher education (secondary and up) were less violent to their wives (Table 1).

Table 1: Individual level factors in relation to intimate partner violence against women

Variables	Number	Emotional violence n (%)	Physical violence n (%)	Sexual violence n (%)	Any violence n (%)
Age (yr)					
<19	227	25 (11.0)	31 (13.7)	29 (12.8)	55 (24.2)
20-29	1394	242 (17.4)	307 (22)	201 (14.4)	431 (30.9)
30-39	1188	213 (17.9)	283 (23.8)	174 (14.6)	397 (33.4)
≥40	696	135 (19.4)	198 (28.4)	111 (15.9)	253 (36.4)
<i>P</i> value		0.037	0.001	0.653	0.003
Residency					
Urban	944	157 (16.6)	203 (21.5)	134 (14.2)	292 (30.9)
Rural	2561	458 (17.9)	616 (24.1)	381 (14.9)	844 (33)
<i>P</i> value		0.395	0.116	0.629	0.272
Education					
No education	1665	358 (21.5)	515 (30.9)	303 (18.2)	679 (40.8)
Primary	657	132 (20.1)	155 (23.6)	97 (14.8)	224 (34.1)
Secondary	973	111 (11.4)	138 (14.2)	97 (10.0)	206 (21.2)
Higher	210	14 (6.7)	11 (5.2)	18 (8.6)	27(12.9)
<i>P</i> value		0.001	0.001	0.001	0.001
Religion					
Hindu	2944	527 (17.6)	684 (22.8)	437 (14.6)	963 (32.2)
Non-hindu	511	88 (17.2)	135 (26.4)	78 (15.3)	173 (33.9)
<i>P</i> value		0.900	0.080	0.685	0.474
Husband/ Partner's educational level					
No education	651	153 (23.5)	234 (35.9)	155 (23.8)	292 (44.9)
Primary	845	186 (22.0)	250 (29.6)	134 (15.9)	329 (38.9)
Secondary	1516	233 (15.4)	286 (18.9)	184 (12.1)	430 (23.4)
Higher	473	38 (8.0)	41 (8.7)	38 (8.0)	77 (16.3)
<i>P</i> value		0.001	0.001	0.001	0.001

Empowerment level factors

For IPVAW, seasonal employed women were notably victimized along with occasional employed women. Women whose husband decided for contraception use, for visiting friends or relative were experiencing lesser proportions of any form of IPVAW compared to the women who decided by themselves. Women who decided on spending own earning or husband's earning were proportionally least victimized of IPVAW. Women who jointly took decision with husband for own healthcare utilization or large household purchase had proportionally least exposure to IPVAW. Women in Nepal who could refuse sex with partner or could ask husband for using condom had proportionally almost half victimization of IPVAW than their peers who could not (Table 2).

Family and social factors

Poorer women had almost two times more prevalence of IPVAW than richest women in Nepal (Table 3). In the more disadvantaged neighborhood by socioeconomic index, the women were more exposed to IPVAW than less disadvantaged neighborhoods. Women of controlling husbands were almost three to four times more exposed to any types of IPVAW than their peers of non-controlling husbands. Women who had witnessed violence against mother by father had more prevalent of IPVAW than their peers who did not witness. Women who were afraid of their husband were highest exposed to IPVAW. Women's exposure to social media such as radio and television for health related program had less IPVAW prevalence than the women who did not have such exposure to radio and television (Table 4).

Table 2: Empowerment 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)
<i>P</i> 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)
<i>P</i> values		0.014	0.001	0.057	0.001
Decision making					
Using contraception					
Respondent	294	93 (31.6)	107 (36.4)	69 (23.5)	143 (48.6)
Joint decision	1220	174 (14.3)	260 (21.3)	162 (13.3)	356 (29.2)
Husband/ partner	220	36 (16.4)	49 (22.3)	33 (15.0)	68 (30.9)
<i>P</i> values		0.001	0.001	0.001	0.001
Spend respondent's earnings					
Respondent	361	82 (22.7)	119 (33.0)	71 (19.7)	151 (41.8)
Joint decision	336	62 (18.5)	77 (22.9)	44 (13.1)	102 (30.4)
Husband/ partner	61	19 (31.1)	18 (29.5)	19 (31.1)	26 (42.6)
<i>P</i> values		0.063	0.013	0.001	0.004
Respondent's health care					
Respondent	850	169 (19.9)	230 (27.1)	135 (15.9)	305 (35.9)
Joint decision	1416	192 (13.6)	265 (18.7)	154 (10.9)	370 (26.1)
Husband/ partner	107	205 (18.5)	277 (25.0)	190 (17.2)	399 (36.0)
<i>P</i> values		0.001	0.001	0.001	0.001
Large household purchase					
Respondent	1174	202 (17.2)	271 (23.1)	153 (13.0)	372 (31.7)
Joint decision	839	127 (15.1)	178 (21.2)	97 (11.6)	238 (28.4)
Husband/ partner	360	237 (17.4)	323 (23.8)	229 (16.8)	464 (34.1)
<i>P</i> values		0.336	0.381	0.001	0.019
Visiting family/ relatives					
Respondent	1024	206 (20.1)	276 (27.0)	168 (16.4)	372 (36.3)
Joint decision	1144	156 (13.6)	218 (19.1)	117 (10.2)	293 (25.6)
Husband/ partner	1205	204 (16.9)	278 (23.1)	194 (16.1)	409 (33.9)
<i>P</i> values		0.001	0.001	0.001	0.001
Spend husband's earning					
Respondent	508	80 (15.7)	126 (24.8)	73 (14.4)	163 (32.1)
Joint decision	1667	227 (13.6)	318 (19.1)	204 (12.2)	458 (27.5)
Husband/ partner	1174	255 (21.7)	321 (27.3)	199 (17.0)	445 (37.9)
<i>P</i> values		0.001	0.001	0.002	0.001
Respondent can refuse sex					
No	231	72 (31.2)	79 (34.2)	69 (29.9)	117 (50.6)
Yes	3142	494 (15.7)	693 (22.1)	410 (13.0)	957 (30.5)
<i>P</i> values		0.001	0.001	0.001	0.001
Respondent can ask partner to use a condom					
No	751	180 (24.0)	256 (34.1)	159 (21.2)	339 (45.1)
Yes	2622	386 (14.7)	516 (19.7)	320 (12.2)	735 (28.0)
<i>P</i> values		0.001	0.001	0.001	0.001

Multivariate logistic regression analysis

After controlling the individual level, empowerment level and family and societal level variables, the multivariate logistic regression had indicated few significant results. Women who jointly decided for using contraception were less likely (0.186, CI. 0.065, 0.530) to be victim of IPVAW than the women who decided by themselves. Women not controlled by husbands were less likely (0.156, CI. 0.087, 0.278) to be victimized of IPVAW than their peers with controlling husbands. Women mostly afraid of husband were several folded more likely to experience IPVAW in their life than the women who rarely afraid of their husband.

Discussion

The current study is a nationally representative study for determining IPVAW prevalence in Nepal. IPVAW prevalence (ever) among women of reproductive age in Nepal was 32% while, emotional IPVAW was 17.5%, physical IPVAW 23.4% and sexual IPVAW 14.7%. Using nationally representative samples for estimating national prevalence is one of the most important tasks for the researchers and policy makers¹. Therefore the current study has an important policy importance determining the IPVAW prevalence in Nepal.

Table 3: Family and social factors in relation to intimate partner violence against women (IPVAW)

Variables	Numbers	Emotional violence n (%)	Physical violence n (%)	Sexual violence n (%)	Any violence n (%)
Sex of household head					
Male	2443	422 (17.3)	568 (23.3)	367 (15.0)	787 (32.2)
Female	1062	193 (18.2)	251 (23.6)	148 (13.9)	349 (32.9)
<i>P</i> values		0.530	0.828	0.436	0.724
Economic status					
Poorest	738	163 (22.1)	202 (27.4)	130 (17.6)	294 (39.9)
Poorer	666	131 (19.7)	182 (27.3)	117 (17.6)	239 (35.9)
Middle	658	125 (19.0)	183 (27.8)	111 (16.9)	242 (36.8)
Richer	634	116 (18.3)	149 (23.5)	87 (13.7)	208 (32.8)
Richest	809	80 (9.9)	103 (12.7)	70 (8.7)	153 (18.9)
<i>P</i> values		0.001	0.001	0.001	0.001
Neighborhood SES disadvantage					
Less disadvantage	2686	1678 (58.1)	1530 (57)	1742 (58.3)	1317 (55.6)
More disadvantage	819	615 (75.1)	580 (70.8)	368 (71.5)	793 (69.8)
<i>P</i> values		0.001	0.001	0.001	0.001
Husband's control					
No	2308	148 (6.4)	289 (12.5)	162 (7.0)	425 (18.4)
Yes	1197	467 (39.0)	530 (44.3)	353 (29.5)	711 (59.4)
<i>P</i> values		0.001	0.001	0.001	0.001
Husband alcoholic					
No	1594	168 (10.5)	214 (13.4)	157 (9.8)	347 (21.8)
Yes	1911	447 (23.4)	605 (31.7)	358 (18.7)	789 (41.3)
<i>P</i> values		0.001	0.001	0.001	0.001
Family history IPVAV					
No	826	446 (15.8)	582 (20.6)	355 (12.6)	822 (29.1)
Yes	560	147 (26.2)	208 (37.1)	142 (25.4)	277 (49.5)
Don't know	119	22 (18.5)	29 (24.4)	18 (15.1)	37 (31.1)
<i>P</i> values		0.001	0.001	0.001	0.001
Afraid of husband					
Never afraid	1697	119 (7.0)	185 (10.9)	133 (7.8)	311 (18.3)
Most of the time	320	190 (59.4)	218 (68.1)	150 (46.9)	255 (79.7)
Sometimes	1488	306 (20.6)	416 (28.0)	232 (15.6)	570 (38.3)
<i>P</i> values		0.001	0.001	0.001	0.001
Women's group					
No	2890	1433 (49.6)	1322 (49.2)	1479(49.5)	1161 (49)
Yes	615	291 (47.3)	402 (49.1)	245 (47.6)	563 (49.6)
<i>P</i> values		0.164	0.489	0.228	0.394
Heard any health program in radio					
No	2091	402 (19.2)	591 (28.3)	336 (16.1)	765 (36.6)
Yes	1414	213 (15.1)	228 (16.1)	179 (12.7)	371 (26.2)
<i>P</i> values		0.001	0.001	0.001	0.001
Heard/Seen any health program in TV					
No	2363	452 (19.1)	608 (25.7)	394 (16.7)	843 (35.7)
Yes	1142	163 (14.3)	211 (18.5)	121 (10.6)	293 (25.7)
<i>P</i> values		0.001	0.001	0.001	0.001

National prevalence of IPVAV indicated by the current study is lower than small scale studies^{8,11,13}. Lifetime sexual violence by husbands (14.7%) in this study is lower than previous study 31 -46%⁸. Physical violence by husbands (23.4%) in the current study is almost same as other small-scale study from Nepal (25.3%)²². Findings of study are very much similar to other studies in low income countries^{6,8,9,10,11,13,16}. Education has emerged as protective factor as higher educated women have less prevalence of IPVAV and higher educated husbands have constituted lesser percentage of perpetrators. However, this finding is prevalent in bi-variate analyses and not in multi-variate analyses. Joint decision making is always an important pre-condition for better spousal understanding^{2,3,10}. The current study indicates that this is also a vital pre-condition for enhancing protection against IPVAV in Nepal. Husband's controlling behavior toward his wife is highly responsible for IPVAV². The current study in Nepal has advocated the same story. The study has for the first time indicated that women mostly afraid of

husbands have more IPVAV than their peers who are not so much afraid. Moreover, logically we can explain that as this is dealing with IPVAV ever in marital life, the victims are mostly afraid of husbands, supporting the theory of 'learned helplessness'³. Seasonal employment has revealed as a risk factor of IPVAV. Husbands may expect more earnings from the respondents or may expect more family duty during occupied time of seasonal job. Besides, may be in the light of 'feminism theory' the husbands could try to dominate which is not possible during seasonal works. Bivariate analyses have indicated that women's autonomy and empowerment are effective for preventing IPVAV.

The study is a cross-sectional population based study. Therefore assigning causality is a problem like other cross-sectional study. This is dealing with IPVAV ever occurred in marital life. The prevalence of IPVAV in the study is lower than other small scale studies in Nepal^{8,11,13}. The reason may be embedded in the questionnaires. The current study has used most commonly used IPVAV questionnaire developed

from Strauss conflict tactics scale and widely used in all DHS studies²³. Older age could provide more prevalence. At the same time older age could have recall biases. A large study using qualitative or mixed method or longitudinal studies are warranted to better explore the causes and victims view of the problem.

Table 4: Multivariate analysis of IPAVW by individual, empowerment, family and social factors (IPVAW)

Variables	ORs	95% CI	P value
Individual level factors			
Age group (yr)			
<19	0.060	0.001, 2.951	0.157
20-29	1.619	0.703, 3.730	0.258
30-39	1.640	0.740, 3.635	0.223
≥40	1.000		
Education			
No education	1.542	0.372, 6.399	0.551
Primary	2.163	0.552, 8.477	0.268
Secondary	1.649	0.483, 5.624	0.425
Higher	1.000		
Husband's education			
No education	1.177	0.315, 4.397	0.808
Primary	1.139	0.329, 3.942	0.837
Secondary	0.855	0.308, 2.371	0.763
Higher	1.000		
Empowerment factors			
Employment status			
All year	0.790	0.296, 2.111	0.639
Seasonal	0.813	0.277, 2.383	0.706
Occasional	1.000		
Decision making for contraception use			
Respondent	1.000		
Jointly	0.186	0.065, 0.530	0.002
Husband/other person	0.425	0.214, 0.845	0.015
Decision making for spending respondent's earning			
Respondent	1.000		
Jointly	1.299	0.666, 2.536	0.639
Husband/other person	0.430	0.107, 1.733	0.706
Decision making for spending husband's earning			
Respondent			
Jointly	0.720	0.340, 1.522	0.390
Husband	0.989	0.392, 2.491	0.981
Decision making for respondent's healthcare			
Respondent	1.000		
Jointly	0.620	0.305, 1.263	0.390
Husband/ other person	0.749	0.341, 1.645	0.981
Decision making for visiting friends/relatives			
Respondent	1.000		
Jointly	0.620	0.305, 1.263	0.188
Husband/other person	0.749	0.341, 1.645	0.472
Respondent can refuse sex			
No	1.106	0.194, 6.320	0.910
Yes	1.000		
Respondent can ask to use condom			
No	1.803	0.824, 3.942	0.140
Yes	1.000		
Family and social factors			
Neighbourhood socioeconomic disadvantage			
Less disadvantage	0.536	0.069, 4.154	0.551
More disadvantage	1.000		
Economic status			
Poorest	5.098	1.419, 18.320	0.013
Poorer	3.635	1.235, 10.702	0.019
Middle	3.373	1.344, 8.469	0.010

Variables	ORs	95% CI	P value
Richer	2.728	1.262, 5.896	0.011
Richest	1.000		
Husband controls respondent			
No	0.156	0.087, 0.278	0.000
Yes	1.000		
Husband is alcoholic			
No	0.682	0.370, 1.257	0.220
Yes	1.000		
History of IPVAW			
No	0.605	0.151, 2.420	0.477
Yes	1.445	0.334, 6.256	0.622
Don't know	1.000		
Heard health program in radio			
No	1.182	0.611, 2.285	0.620
Yes	1.000		
Heard health program in television			
No	0.718	0.360, 1.431	0.346
Yes	1.000		
Afraid of husband			
Never afraid	0.425	0.245, 0.739	0.002
Most of the time	41.783	4.553, 383.468	0.001
Sometimes	1.000		
Health program exposure to radio			
No	1.182	0.611, 2.285	0.620
Yes	1.000		
Health program exposure to television			
No	0.718	0.360, 1.431	0.346
Yes	1.000		

This study has some limitations, as few important variables such as education, economic status are not significant in the adjusted analysis^{1,5}. On the other hand the study using nationally representative sample could suggest to enhance joint decision making tendency among spouses in Nepal. Furthermore, less control of wives could be publicized/ highlighted for violence prevention campaign. Women are important part of the marital life. When the wife afraid of husband the relationship seems to be hierarchical where the husband is the boss.

Conclusions

The findings have immense policy importance as a nationally representative study. Policy makers should take immediate action to break hierarchical barriers between spouses and promote gender equality movement in Nepal. At the same time adequate emphasize on education, especially among women should be prioritized.

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Conflict of interest statement

The authors have nothing to declare.

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