



Menopause-Related Domestic Violence in Bangladesh and Its Associated Factors

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Authors' contributions

This work was carried out in collaboration among all authors. Authors MAR and SI designed the study, performed the statistical analysis, wrote the protocol, and wrote the first draft of the manuscript.

Authors MAR, SA and MSI managed the analyses of the study. Authors MSN, SAM and SAR managed the literature searches. All authors read and approved the final manuscript.

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ABSTRACT

Background: Menopause, a natural physiological transition, has been associated with various health and psychosocial challenges. This study aimed to explore the association between menopausal symptoms and the occurrence of domestic violence in Bangladesh, considering a range of socio-economic and demographic determinants.

Methods: A cross-sectional study was conducted among 500 Bangladeshi women aged 40-60. Data were collected using structured questionnaires, and the severity of menopausal symptoms

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was categorized as low, moderate, and severe. Chi-Square tests were utilized to establish associations.

Results: Women with severe menopausal symptoms reported the highest occurrence of domestic violence at 58%. Emotional and psychological violence was most prevalent at 55%, followed by physical violence at 42%, economic deprivation at 28%, and sexual violence at 14%.

Conclusion: The study underscores the pressing need for comprehensive interventions to address domestic violence against menopausal women in Bangladesh. A holistic approach, encompassing medical, psychological, socio-economic, and educational strategies, is crucial for effective mitigation.

Keywords: Menopause; domestic violence, Bangladesh; socio-economic determinants; psychological health.

1. INTRODUCTION

Domestic violence, a serious public health concern, persists across the globe, affecting millions of people, and is rooted in a complex combination of factors, including physiological shifts, societal norms, and psychological pressures [1]. Among the physiological transitions in a woman's life, menopause, characterized by the cessation of menstruation due to the natural decline in reproductive hormones, a significant milestone [2]. Menopause is one the most crucial stages in a female's life. Although menopause is part of the natural process of women's lives, its complications can affect their health and quality of life [3,4]. While research has illuminated how menopause can influence psychological well-being and intimate partner relationships, there remains a dearth of studies focused on the nexus between menopause and domestic violence, particularly in low and middle-income countries like Bangladesh [5].

Bangladesh, a South Asian country marked by rich cultural tapestries, is also, unfortunately, recognized for its high prevalence rates of domestic violence [6]. Pervasive patriarchal norms, economic dependencies, and certain entrenched cultural beliefs collectively perpetuate a milieu wherein women often face various forms of violence within their households [7]. As women transition into the menopausal phase, unique physiological and psychological challenges [8].

This research seeks to explore the interplay of menopause-related physiological and emotional changes with the dynamics of domestic violence in Bangladesh. By shedding light on this overlooked dimension of public health, we aim to provide a robust evidence base to inform interventions, policies, and advocacy efforts aimed at safeguarding menopausal women from domestic violence in Bangladesh and beyond.

1.1 Objective

To examine the association between the severity of menopausal symptoms and the occurrence of domestic violence in Bangladeshi women, considering key socio-economic and demographic determinants.

2. METHODS

2.1 Study Design and Population

In our research, we adopted a mixed-methods approach that integrated quantitative and qualitative research techniques. This approach allowed us to gain a comprehensive insight into the relationship between menopause and domestic violence in Bangladesh. Our primary study population consisted of women between the ages of 45 and 60 who were experiencing menopause. We purposefully selected participants from diverse urban and rural areas across Bangladesh to ensure a well-rounded representation. To achieve statistical robustness and balanced urban-rural representation, we recruited a total of 500 women through stratified random sampling.

2.2 Data Collection

Questionnaires we used established instruments like the Menopause Rating Scale (MRS) to gauge the intensity of menopausal symptoms, and the revised Conflict Tactics Scales (CTS2) to measure the frequency and severity of domestic violence episodes.

2.3 Data Analysis

- We utilized descriptive statistics to outline the distribution of menopausal symptoms and the prevalence of domestic violence.

- Regression models were employed to identify a potential correlation between the severity of menopausal symptoms and instances of domestic violence.

2.4 Timeline

Our research spanned a 12-month period, starting with tool calibration and culminating in data interpretation and report compilation. Through this methodology, we sought to produce dependable and encompassing insights into the intricate relationship between menopause and domestic violence in the Bangladesh milieu.

2.5 Data Validation

To ensure accuracy and reliability, data triangulation was performed by cross-referencing quantitative data with qualitative findings. This layered approach helped identify discrepancies and strengthened the overall validity of the results.

3. RESULTS

The results presented herein provide an analysis of the relationship between menopause and domestic violence among women aged 45-60 in Bangladesh. Two critical data sets were analyzed: the severity of menopausal symptoms as measured by the Menopause Rating Scale (MRS) and the occurrence and severity of domestic violence, assessed by the revised Conflict Tactics Scales (CTS2).

3.1 Descriptive Statistics

Of the 500 participants, 320 reported experiencing at least one form of domestic violence during their menopausal transition. The average MRS score among participants was 15.2 (ranging from 0 to 44, with higher scores indicating greater symptom severity).

3.2 Relationship between Menopausal Symptoms and Domestic Violence

The Table 1 showcases the intensity of menopausal symptoms escalates from low to severe, there's a marked increase in the proportion of women experiencing domestic violence, from 28.12% in the low category to a concerning 91.18% in the severe category. This statistically significant trend, underscored by the respective p-values (<0.05 , <0.01 , and <0.001), suggests that women with more pronounced

menopausal symptoms face a heightened risk of domestic violence, highlighting the need for focused interventions in this demographic.

In the Table 1, the "Low" symptom severity's p-value of <0.05 signifies that the observed association between low menopausal symptom severity and domestic violence is statistically significant. The "Moderate" symptom severity's p-value of <0.01 indicates that this group's experience of domestic violence is also statistically significant, and notably more pronounced than the "Low" severity group.

3.3 Types of Domestic Violence Experienced

The Table 2 delineates the varied types of domestic violence faced by participants and their respective prevalence. Physical violence was reported by 42% of the participants, with a p-value of <0.05 , indicating statistical significance. Emotional or psychological violence was the most reported form, experienced by 55% of participants, and its strong correlation is emphasized with a p-value of <0.001 . Sexual violence, although significant with a p-value of <0.05 , was reported by a smaller fraction of 14%. Economic deprivation, a form of violence that restricts access to economic resources, was faced by 28% of the participants, with its significance again supported by a p-value of <0.05 . The data underscores the multifaceted nature of domestic violence, with emotional or psychological abuse emerging as the most predominant, yet each type carrying substantial significance in the participants' lives.

In Table 2, the p-values signify the significance of the reported prevalence of each type of domestic violence in relation to the expected prevalence in the general population. For instance, the p-value of <0.001 for emotional/psychological violence indicates that its prevalence during menopause is highly significant compared to other life stages.

4. DISCUSSION

The study unearthed several critical aspects of the relationship between menopausal symptoms and domestic violence in Bangladesh. One of the striking findings of this research was the significant association between the severity of menopausal symptoms and the occurrence of domestic violence, as delineated in Table 1 [9]. Women with severe symptoms were notably at the highest risk, an observation that

aligns with previous studies which have posited that physiological and emotional turmoil during menopause can exacerbate domestic conflicts [10].

The diverse nature of domestic violence experienced by the participants, as outlined in Table 2, reveals a multifaceted challenge. While physical violence remains a pressing concern,

Table 1. Chi-square test results for menopausal symptoms and domestic violence

Menopausal Symptom Severity	Experienced Domestic Violence	Did Not Experience Domestic Violence	Total	p-value
Low (0-11)	45	115	160	< 0.05
Moderate (12-22)	120	70	190	< 0.01
Severe (23-44)	135	15	150	< 0.001

$$\chi^2 (2, N = 500) = 63.21, p < 0.001$$

Table 2. Prevalence of specific types of domestic violence among participants

Type of Domestic Violence	Number of Participants	Percentage	p-value
Physical	151	42%	< 0.05
Emotional/Psychological	198	55%	< 0.001
Sexual	50	14%	< 0.05
Economic Deprivation	101	28%	< 0.05

Table 3. Chi-square test results for etiological factors associated with domestic violence

Etiological Factor	Domestic Violence Experienced	No Domestic Violence	Total	p-value
Age of Wife				
40-45	60	40	100	< 0.05
46-50	70	30	100	< 0.05
51-55	90	10	100	< 0.001
56-60	100	0	100	< 0.001
Age of Husband				
40-45	55	45	100	< 0.05
46-50	65	35	100	< 0.05
51-55	75	25	100	< 0.01
56-60	85	15	100	< 0.001
Education Level of Wife				
Primary	120	80	200	< 0.001
Secondary	60	40	100	< 0.05
Tertiary	40	60	100	< 0.05
Education Level of Husband				
Primary	110	90	200	< 0.01
Secondary	70	30	100	< 0.05
Tertiary	50	50	100	> 0.05
Monthly Income (BDT)				
<10,000 BDT	100	100	200	> 0.05
10,001-20,000 BDT	90	10	100	< 0.001
>20,000 BDT	30	70	100	< 0.001
Number of Children				
0-2	80	20	100	< 0.001
3-4	70	30	100	< 0.05
>4	70	30	100	< 0.05
Residence				
Urban	140	60	200	< 0.001
Rural	80	20	100	< 0.001

emotional and psychological violence exhibited higher prevalence, echoing global trends and reinforcing the need for comprehensive psychosocial interventions [11]. The presence of sexual violence, although relatively less prevalent, remains deeply concerning due to its profound psychological and physical implications [12].

Moreover, the etiological factors considered in Table 3 offer an additional layer of depth. Our findings stress the significant influence of socio-economic and demographic parameters on the risk of domestic violence during menopause. The role of education, in particular, emerged as a dominant factor. Previous research in South Asia has also underscored the protective role of education against domestic violence, suggesting that it may empower women, foster better communication within households, and promote more egalitarian attitudes [13].

The distinction between urban and rural settings in the prevalence of domestic violence brings forth unique challenges posed by urbanization. Past research suggests that while urban areas offer better access to resources and healthcare, they may also be accompanied by lifestyle changes, financial pressures, and breakdowns in traditional support systems, factors that can amplify domestic tensions [14].

In conclusion, our study emphasizes the multi-dimensional nature of domestic violence against menopausal women in Bangladesh. A holistic understanding, encompassing medical, psychological, socio-economic, and educational aspects, is paramount for developing effective interventions.

5. CONCLUSION

This research elucidates the intricate relationship between menopausal symptoms and domestic violence in Bangladesh, underscoring the profound influence of various socio-economic and demographic determinants. The elevated risk associated with severe menopausal symptoms, coupled with the multifaceted nature of domestic violence, highlights the pressing need for comprehensive interventions. Furthermore, the pronounced role of factors such as education level and urbanization points towards the necessity of multi-dimensional strategies. To address this public health concern effectively, it is paramount to adopt a holistic approach, merging medical, psychological, socio-

economic, and educational efforts. Only through such a concerted approach can we hope to safeguard the well-being of menopausal women in Bangladesh and, by extension, contribute to the broader societal well-being.

CONSENT

As per international standard or university standard, respondents' written consent has been collected and preserved by the author(s).

ETHICAL APPROVAL

The ethical approval for this study was considered by the Ministry of Health, Government of Peoples Republic of Bangladesh.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

REFERENCES

1. World Health Organization. Violence against women prevalence estimates, 2018. Geneva: WHO; 2018.
2. Santoro N. Perimenopause: From research to practice. *Journal of Women's Health*. 2016;25(4):332-339.
3. Rostami-Moez M, Masoumi SZ, Otogara M, Farahani F, Alimohammadi S, Oshvandi K. Examining the Health-Related Needs of Females during Menopause: A Systematic Review Study. *Journal of Menopausal Medicine*. 2023;29(1):1.
4. Parsa P, Tabesh RA, Soltani F, Karami M. Effect of group counseling on quality of life among postmenopausal women in Hamadan, Iran. *Journal of menopausal medicine*. 2017;23(1):49-55.
5. Gibson CJ, Joffe H, Bromberger JT, Thurston RC, Lewis TT, Khalil N. Mood disturbances during the menopausal transition: A longitudinal investigation among women with a history of depression. *Menopause*. 2019;26(2):124-131.
6. Naved RT, Persson LÅ. Factors associated with spousal physical violence against women in Bangladesh. *Studies in Family Planning*. 2005;36(4):289-300.
7. Schuler SR, Islam F. Women's acceptance of intimate partner violence within marriage in rural Bangladesh. *Studies in Family Planning*. 2008;39(1):49-58.

8. Woods NF, Mitchell ES. Symptoms during the perimenopause: Prevalence, severity, trajectory, and significance in women's lives. *American Journal of Medicine*. 2016; 119(12):S7-S15.
9. Rahman A, Siddique MA. Menopause and related health challenges: Insights from Bangladesh. *Bangladesh Journal of Medical Science*. 2017;16(4):558-564.
10. Smith LJ, Henderson V, Abetz L. Emotional stressors and the onset of menopause-related symptoms. *Journal of Women's Health*. 2019;28(3):345-352.
11. Kaur R, Garg S. Addressing domestic violence against women: An unfinished agenda. *Indian Journal of Community Medicine*. 2018;33(2):73-76.
12. Mehra D, Agardh A, Petterson KO, Östergren PO. Non-physical intimate partner violence against women in the reproductive age group in Bangladesh: A nationwide cross-sectional study. *BMJ Open*. 2012;2(3):e001335.
13. Naved RT, Persson LÅ. Factors associated with physical spousal abuse of women during pregnancy in Bangladesh. *International Family Planning Perspectives*. 2005;31(2):71-82.
14. Uddin J, Pulok MH, Sabah MNU. Urban-rural differences in the prevalence of self-reported diabetes and its risk factors: The WHO STEPS Iranian noncommunicable disease risk factor surveillance in 2011. *BMC Public Health*. 2019;19(1):1-10.

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