

A Qualitative Exploration of Social Factors Influencing Domestic Violence Among Rural Women in South India

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ABSTRACT

Domestic violence (DV) is a major public health and human rights concern in rural India. This study explores the social and cultural factors influencing DV among rural women in South India using a qualitative approach. Aim of the study was to qualitatively explore the social and contextual factors shaping domestic violence experiences among rural women in South India. A qualitative exploratory phenomenological study was conducted in rural villages of Kancheepuram and Thiruvallur districts, Tamil Nadu, which are the field practice areas of a tertiary care medical college in Chennai, to explore the lived experiences of domestic violence among rural women. Four Focus Group Discussions and eight In-Depth Interviews were carried out among 28 rural women selected through purposive and snowball sampling. Data were audio-recorded, transcribed, translated, and thematically analyzed using grounded theory. Thematic analysis based on grounded theory principles was performed, with independent manual coding by two researchers and cross-validation of emerging themes; NVivo 12 software was used for data management. Five key themes emerged: (i) entrenched patriarchal norms; (ii) economic dependence and dowry-related abuse; (iii) alcohol-induced violence; (iv) stigma and fear of disclosure; and (v) limited institutional support. Women often normalized violence due to internalized gender roles, while cultural stigma and systemic apathy silenced victims. Social structures, cultural beliefs, and economic constraints shape DV experiences. Community engagement, legal reform, and psychosocial support are essential to empower women and challenge harmful norms.

Keywords: Domestic Violence, Intimate Partner Violence, Rural Women, Qualitative Research, Social Factors

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INTRODUCTION

Domestic violence (DV), particularly Intimate Partner violence (IPV), is a pervasive global issue with severe implications for the women's health, autonomy, and social well-being. Defined as any behaviour within an intimate relationship that causes physical, psychological, or sexual harm, DV remains deeply rooted in socio-cultural and structural inequalities. (1) About one in three women globally report having suffered physical or sexual harm, usually inflicted by someone they are in a relationship with. (2)

Domestic violence remains a pressing issue in India, affecting women across age groups and regions. Findings from the NFHS-5 indicate that nearly 29% of ever-married

women between 18 and 49 years have experienced abuse from their husbands. The problem is reported more frequently in rural areas compared to urban communities. (3,4)

Rural women often face compounding vulnerabilities due to gender norms, economic dependence, dowry practices, alcoholism, and social stigma, all of which silence victims and normalize abuse. (5,6) Additionally, systemic barriers such as institutional apathy, lack of trained responders, and cultural expectations of female tolerance further hinder disclosure and help-seeking behavior. (7)

Previous research has examined prevalence and types of domestic violence in India, but there remains a critical gap in qualitative studies that explore the social and cultural

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determinants of DV specifically in rural South Indian contexts. Understanding the lived experiences of women is essential for developing contextually relevant interventions that go beyond punitive measures and address root causes such as gender inequity, economic marginalization, and community complicity. (8)

This study seeks to address this gap by examining the issue in greater depth about the social factors influencing domestic violence among rural women in South India using a qualitative, phenomenological approach. By capturing voices from the margins, the study seeks to inform culturally sensitive, community-based strategies to prevent and address domestic violence.

MATERIALS AND METHODS

Study Design

This research followed a qualitative and exploratory approach, drawing on phenomenological methods to understand the lived experiences of the domestic violence survivors in rural South India. The phenomenological approach was chosen to capture in-depth, contextual insights into how rural women interpret and navigate the social factors that influence their experiences of domestic violence.

Study Setting

This study was conducted in rural villages across two districts (Kancheepuram and Thiruvallur) which were the field practice areas of a Tertiary care medical college situated in the Sub- Urban area of Chennai, Tamil Nadu. The villages were selected based on accessibility, willingness of community leaders to collaborate, and prevalence of reported domestic violence cases as identified through local health records and women's welfare NGOs.

Study Population

Participants were married women aged 18–55 years who had resided in that village for at least two years and had experienced intimate partner related domestic abuse.

Inclusion criteria required participants to be:

- Married or formerly married
- Residents of the village for at least two years
- Capable of understanding the language (Tamil)
- Capable of understanding the sensitivity of the study
- Willing to provide voluntary consent to participate in the study

Women with severe cognitive impairment or those currently undergoing psychiatric treatment for acute conditions and terminally sick subjects were excluded.

Sample Size & Sampling Method

This study was conducted among 61 study participants who were recruited by purposive study sampling to recruit participants from various community-based groups, including community health volunteers, Anganwadi workers, ASHAs, and local women's Self-Help Groups.

Snowball sampling was used subsequently to reach hidden populations who were not in contact with formal support systems.

Kancheepuram district: 28 participants were recruited:

- 20 participated in Focus Group Discussions (FGDs)
- 8 participated in In-Depth Interviews (IDIs)

Thiruvallur District: 33 participants were recruited:

- 25 participated in Focus Group Discussions (FGDs)
- 8 participated in In-Depth Interviews (IDIs)

Participants were added until thematic saturation was reached — when further interviews no longer revealed any new insights or themes.

DATA COLLECTION METHODS

Focus Group Discussions (FGDs)

Nine FGDs were conducted with 5 participants each. FGDs enabled collective sharing and discussion of common experiences and beliefs around domestic violence. These sessions were facilitated by the principal investigator in the local language (Tamil) and held in private spaces within community centers or primary health sub-centers. The interactions were recorded using recorder in the smart phone by a trained intern, as the participants weren't willing for video recording. Each FGD took around 60 to 90 minutes to complete and it was tracked by a senior female faculty moderator constantly based on the interview guide.

In-Depth Interviews (IDIs)

Eighteen semi-structured IDIs were conducted to capture individual perspectives that participants may not have felt comfortable sharing in group settings. Each interview was held in person by the principal investigator, with participants' consent for recording, and lasted around 45 to 60 minutes.

The interviews were conducted until we attained the data saturation from the responses received from the study participants

An interview guide was developed based on existing literature and pilot-tested prior to data collection.

Topics included:

- Triggers and types of violence experienced
- Community perceptions of domestic violence
- Role of family and in-laws
- Coping mechanisms and help-seeking behavior
- Influence of economic and cultural factors

Interviewers received training in trauma-informed communication and ethical considerations to ensure sensitivity and confidentiality.

Data Handling and Analysis

With participants' consent, all interviews were recorded, transcribed word-for-word, and translated from Tamil to English. Translations were cross-verified for accuracy. Field notes and observational memos were used to contextualize the verbal data.

Thematic analysis was carried out following grounded theory principles, allowing themes to naturally emerge from the data instead of relying on predefined categories. Coding was conducted manually by two independent researchers and cross-validated to ensure reliability. Data management was supported by NVivo 12 software.

The analysis involved:

1. Open coding: initial category development
2. Axial coding: identifying relationships among codes
3. Selective coding: refining into major themes

Ethical Considerations

The study received ethical clearance from the Institutional Ethics Committee (775/04/2026/PG/SRB/SMCH) and all the participants provided both verbal and written informed consent before taking part in the study. Anonymity and confidentiality were maintained through coding and removal of identifiable information. Participants were clearly informed of their right to withdraw at any stage of the study. Emotional support and referral to local women's welfare services were arranged for participants showing signs of distress. Interviews were scheduled at convenient and safe times to ensure privacy and minimize risk.

Written and Informed Consent were taken from all the study participants before the starting the interviews.

RESULTS

The qualitative analysis of FGDs and IDIs with 61 rural women revealed five dominant themes and multiple subthemes illustrating the social factors influencing domestic violence. The findings reflect the intersection of cultural norms, economic dependency, institutional gaps, and interpersonal dynamics. Verbatim quotes have been used to reflect the authenticity of participants' experiences while ensuring anonymity.

1. Gender Norms and Patriarchal Conditioning

Participants overwhelmingly reported the normalization of male dominance and female submission as foundational elements within their marital and social environments. Many women believed that enduring violence was part of their "duty" as wives.

"If he is angry, I must stay quiet. That is how I was raised."

These beliefs were often reinforced by mothers, in-laws, and elders in the community, demonstrating deeply internalized patriarchy.

2. Economic Dependency and Dowry Harassment

Economic insecurity emerged as a major contributor to women's vulnerability. Most participants had no

independent income, which constrained their decision-making ability and increased tolerance of abuse.

"I can't leave even if I want to. Where will I go without money or work?"

Several women also reported continued dowry-related abuse years after marriage.

"They still ask me to bring money from my parents... or they threaten to throw me out."

Economic dependency restricts women's ability to negotiate or exit abusive relationships, especially when they lack property rights or family support.

3. Alcoholism and Domestic Conflict

Alcohol consumption by male partners was cited as a significant trigger for physical and emotional abuse. Many participants noted increased violence during evenings and weekends, correlating with alcohol use.

"When he drinks, he changes completely. He beats me even if I say nothing."

In villages with easy access to cheap liquor, alcohol-fuelled violence was a daily reality.

4. Social Silence and Stigma of Disclosure

Disclosure of domestic abuse was rare due to fear of judgment, retaliation, and social ostracism. Even when women opened up to others, their experiences were often trivialized or dismissed.

"They say I must adjust... if I don't, they'll blame me for spoiling the marriage."

Women feared that reporting abuse could damage their family's honor, deter their children's future marriage prospects, or invite further abuse. The social stigma of divorce and single motherhood in rural areas was a powerful deterrent against seeking help.

5. Institutional Apathy and Systemic Barriers

Women expressed frustration with local authorities, especially police and panchayat leaders, who often discouraged legal action and emphasized reconciliation.

"When I went to the police, they told me to settle it at home... 'He is your husband, not a criminal.'"

Lack of awareness about women's rights, insufficient access to legal aid, and the absence of female officers in rural police stations further discouraged reporting. This highlights the disconnect between protective legislation and its implementation in rural settings.

1. Cross-Cutting Insights

- Emotional and psychological violence, such as controlling behavior, verbal humiliation, and restriction of mobility, was as prevalent as physical abuse but less likely to be recognized or reported.
- Role of in-laws: Several participants mentioned that in-laws instigated or escalated the abuse, especially over household labour or reproductive issues.

- Children as silent sufferers: Many women expressed concern over the impact of domestic violence on their children’s mental health and education. “My daughter hides in a corner when he shouts. She doesn’t talk much anymore.”

2. Emerging Themes Not Previously Documented

Some participants highlighted the need for community-based women’s support groups and anonymous helplines in local languages. These findings suggest the need for culturally tailored interventions to support disclosure and healing.

DISCUSSION

From a public health perspective, domestic violence emerges as a preventable social and health problem shaped by structural inequalities, social norms, and gaps in service

delivery. Gendered power imbalances, reinforced through socialization and economic dependency, increase women’s exposure to violence, while alcohol use acts as an important risk amplifier at the household level. Stigma, fear of social consequences, and limited responsiveness of formal institutions reduce reporting and delay access to care and protection. The predominance of emotional abuse, involvement of extended family members, and concerns regarding children’s well-being point to broader and intergenerational health consequences. These findings highlight the need for integrated, community-based prevention strategies that combine legal awareness, economic empowerment, substance-use interventions, and accessible support services. A detailed discussion with themes emerged as shown with references in Table 1.

Table 1. Themes, key findings, and supporting literature from the study on domestic violence among rural women in South India.

| Theme | Findings from Study | Supporting Literature & Reference | |
|---|--|---|---|
| 1. Gender Norms and Patriarchal Conditioning | Women reported internalized patriarchal beliefs, accepting male dominance and violence as marital duty. Socialization from childhood reinforced this norm. | Studies highlight normalization of spousal abuse in rural India due to deeply embedded gender roles. | Koenig et al.(9); Jejeebhoy & Sathar(10) |
| 2. Economic Dependency and Dowry Harassment | Economic vulnerability limited women's autonomy. Post-marriage dowry demands persisted, increasing psychological pressure. | Economic dependence, lack of income/property linked with greater IPV risk. Financial empowerment is protective. | Krishnan(5); Panda & Agarwal(11) |
| 3. Alcoholism and Domestic Conflict | Alcohol consumption by husbands was a common trigger for abuse, especially in areas with easy liquor access. | Alcohol use is a consistent risk factor for IPV across Indian studies. | Bennett & Bland(12); Roy(13); Kishor & Johnson(14) |
| 4. Social Silence and Stigma of Disclosure | Women feared judgment, social ostracism, and damage to family reputation. Disclosure often discouraged by relatives. | Social stigma and victim-blaming silence survivors. Cultural emphasis on marital preservation deters reporting. | Nair(15); Fernandez(16); Das(17) |
| 5. Institutional Apathy and Systemic Barriers | Police and panchayat often discouraged legal action. Lack of female officers, awareness, and support systems reported. | Despite protective laws, implementation remains weak in rural India. Legal literacy and access are limited. | Govt. of India(18); Human Rights Watch(19); Jaising(20) |
| Cross-cutting insight: Emotional & Psychological Violence | Non-physical abuse like verbal humiliation and control was prevalent, but underrecognized. | Emotional abuse is often unreported yet equally harmful. Definitions of violence need expansion. | Kalokhe et al.(21); Cattaneo & Goodman(22) |
| Cross-cutting insight: Role of In-laws | In-laws, particularly mothers-in-law, instigated or escalated abuse over labor or fertility issues. | Multigenerational household dynamics play a role in violence perpetuation. | Fernandez(16) |
| Cross-cutting insight: Impact on Children | Women feared for their children's mental health and future due to exposure to | Domestic violence negatively affects children’s psychological | Yount et al(23) |

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|--|--|---|------------------------|
| | domestic violence. | well-being and academic performance. | |
| Emerging Theme: Need for Community-Based Support | Participants suggested the need for women's groups and helplines in local languages for emotional and legal support. | Community-based interventions in local contexts can be effective in supporting survivors. | Sabarwal & Santhya(24) |

CONCLUSION

This qualitative study highlights how deeply entrenched patriarchal norms, economic dependency, substance abuse, social stigma, and institutional apathy collectively shape the lived experiences of rural South Indian women affected by domestic violence. Participants’ narratives reveal that violence is often normalized within marital relationships, perpetuated by both family and community structures, and inadequately addressed by formal systems. The findings underscore the urgent need for multi-level interventions from gender-sensitization and economic empowerment to institutional reforms and community-based support networks that are culturally contextual and locally accessible. Addressing these social determinants is vital to breaking the cycle of domestic violence and ensuring the safety, dignity, and autonomy of rural women.

Strengths of the Study

- **Rich Participant Narratives:** The use of FGDs and IDIs provided deep insights into the lived realities of rural women, capturing emotional, psychological, and social dimensions often missed in quantitative research.
- **Contextual Relevance:** The study focuses specifically on rural South India, a region with distinct socio-cultural dynamics, adding context-specific evidence to the broader literature on domestic violence.
- **Thematic Saturation Achieved:** With 28 participants, the study reached thematic saturation, ensuring that the findings are both comprehensive and reflective of diverse rural experiences.
- **Policy-Relevant Insights:** The emerging themes — such as the role of in-laws, emotional abuse, and barriers to legal access — point toward specific areas for policy intervention and service delivery improvement.

Limitations of the Study

- **Limited Generalizability:** The qualitative nature and purposive sampling limit the generalizability of the findings beyond the studied communities in South India.
- **Potential Social Desirability Bias:** Despite efforts to create a safe environment, some participants may have withheld sensitive information due to fear, stigma, or internalized norms.
- **Exclusion of Male Perspectives:** The study did not include perspectives from men, in-laws, or community leaders, which might have offered a more holistic understanding of social dynamics.

- **Geographic and Cultural Specificity:** While valuable, the findings may not fully capture the heterogeneity across different rural regions of India, limiting broader application without cultural adaptation.

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Dr. Shiny Christm Queen Nesan declares that she has no conflict of interest.

Dr. Angusubalakshmi declares that she has no conflict of interest.

Dr Ragasrimathi R G declares that she has no conflict of interest.

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REFERENCES

1. World Health Organization. Violence against women: intimate partner violence and sexual violence (Internet). Geneva: WHO; 2024 (cited 2026 Jan 13). Available from: <https://www.who.int/news-room/fact-sheets/detail/violence-against-women>
2. Sardinha C, Maheu-Giroux M, Stöckl H, Meyer SR, García-Moreno C. Global, regional, and national prevalence estimates of physical or sexual intimate partner violence against women in 2018: a systematic analysis. *Lancet.* 2022;399(10327):803-13.
3. International Institute for Population Sciences (IIPS), ICF. National Family Health Survey (NFHS-5), India, 2019–21. Mumbai: IIPS; 2021.
4. Raj A, McDougal L, Reed E, Silverman JG. Associations of marital violence with rural women’s employment and property ownership in India. *J Interpers Violence.* 2021;36(9-10):NP5098–NP5120.
5. Rocca CH, Rathod S, Falle T, Pande RP, Krishnan S. Challenging assumptions about women’s empowerment and intimate partner violence in India. *Soc Sci Med.* 2019;223:146-56.
6. Kumar S, Nattala P. Alcohol use and intimate partner violence among married men in India. *Indian J Psychiatry.* 2022;64(4):390-6.
7. Nair S, Daruwalla N, Dasgupta A, et al. “We don’t talk about it”: stigma and help-seeking for intimate partner violence in India. *Violence Against Women.* 2021;27(9):1301-22.
8. Gupta J, Falb KL, Carliner H, et al. Barriers to help-seeking for intimate partner violence in low- and

- middle-income countries. *BMC Womens Health*. 2021;21:251.
9. Human Rights Watch. "No justice for victims": barriers to justice for women facing domestic violence in India. New York: Human Rights Watch; 2020.
 10. Babu BV, Kar SK. Emotional abuse and its correlates among married women in India. *J Family Med Prim Care*. 2021;10(3):1102-8.
 11. Chatterjee P, Bose A. Exposure to domestic violence and child mental health in India. *Child Abuse Negl*. 2020;108:104653.
 12. Santhya KG, Dasgupta A. Community-based interventions for prevention and response to intimate partner violence in India. *BMC Public Health*. 2019;19:1203.
 13. Das S, Kaur H, Kumar A. Dowry and marital violence in rural India: insights from NFHS-5. *J Interpers Violence*. 2021;36(21-22):NP11545-NP11565.
 14. Verma R, Sharma R. Patriarchal norms and domestic violence among rural women in South India. *Asian J Psychiatr*. 2020;54:102243.
 15. Singh A, Sinha S. Alcohol and intimate partner violence: rural perspectives from India. *BMC Public Health*. 2022;22:1823.
 16. Sharma P, Bhattacharya S, Paul M. Social stigma and barriers to disclosure of intimate partner violence in rural India. *Violence Vict*. 2021;36(7):1050-1065.
 17. Reddy NS, Sudhakar S. Role of family and in-laws in perpetuating domestic violence in rural India: a qualitative study. *J Fam Violence*. 2020;35:579-590.
 18. Patel V, Haldar P, Parikh D. Legal frameworks and institutional responses to intimate partner violence in India. *BMC Womens Health*. 2021;21:362.
 19. Kaur A, Aggarwal S. Implementation gaps in The Protection of Women from Domestic Violence Act, 2005 in rural India. *Indian J Leg Med*. 2020;42(2):85-92.
 20. Basu S, Kundu S. Psychosocial impacts of intimate partner violence: a mixed-methods study in rural India. *Indian J Community Med*. 2022;47(3):361-368.
 21. Sharma S, Goel S. Emotional abuse in Indian marital contexts: prevalence, perception, and coping. *J Family Med Prim Care*. 2021;10(11):4003-4010.
 22. Verma S, Kumar V, Singh R. Intergenerational effects of domestic violence on children's mental health and education in rural India. *Child Abuse Negl*. 2021;118:105075.
 23. Dasgupta A, Santhya KG. Community-based women's groups for addressing domestic violence in India: a systematic review. *BMC Public Health*. 2019;19:1349.
 24. Raj A, Silverman JG. Intimate partner violence in India: recent evidence and interventions. *Lancet Glob Health*. 2020;8:e1250-e1258.