Original Research Article

An Intersectional Analysis of Menopause-Related Domestic Violence in Bangladesh: Socio-cultural Determinants and Health Implications

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 400 Bangladeshi women aged 40-60. Data were collected using structured questionnaires, and the severity of menopausal symptoms 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%. Etiological factors, such as education level and urban residence, also showcased significant relationships, with women having only primary education being at the highest risk ($p < 0.05$) and urban areas reporting a higher incidence of violence ($p < 0.05$).
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 grave public health issue, continues to afflict millions worldwide, and has multifactorial underpinnings spanning physiological changes, socio-cultural norms, and psychological stressors[1]. Among the physiological transitions in a woman's life is, menopause, characterized by the cessation of menstruation due to the natural decline in reproductive hormones, ~~is~~ a significant milestone[2]. 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[3].

Comment [U1]: Rephrase for better understanding

Bangladesh, a South Asian country marked by rich cultural tapestries, is also, unfortunately, recognized for its high prevalence rates of domestic violence[4]. 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[5]. As women transition into the menopausal phase, unique physiological and psychological challenges emerge, potentially exacerbating domestic tensions and susceptibility to violence[6].

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.

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
We employed a mixed-methods approach, combining both quantitative and qualitative research methods, to offer a comprehensive understanding of the nexus between menopause and domestic violence in Bangladesh.

2.2 Study Population
Our focus was on menopausal women aged 45-60 years, hailing from various urban and rural settings of Bangladesh.

2.3 Sample Size
We engaged a total of 500 women, chosen via stratified random sampling to ensure an even representation from both urban and rural locales.

2.4 Data Collection
Quantitative:
- 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.

Qualitative:
- In-depth Interviews We conducted 30 interviews to delve into personal experiences concerning menopause and domestic violence.
- Focus Group Discussions 5 discussions, each with 8-10 participants, were facilitated to unearth communal beliefs and collective narratives.

2.5 Data Analysis
Quantitative:
- 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.

Qualitative:
- We performed a thematic analysis with the aid of NVivo software, classifying our findings into primary themes and sub-themes.

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2.6 Ethical Considerations

Due to the delicate nature of our subject, we prioritized participant confidentiality. All participants provided their informed consent, and were fully apprised of the study's objectives and their rights. For participants who showed signs of distress, we offered referrals to local support groups and counseling services.

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2.7 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.

2.8 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.

2.9 Participant Demographics

Among the 500 participants, approximately 53% were from urban areas, while 47% hailed from rural regions. The average age of the participants was 52 years. The diversity in age and locale allowed for a richer analysis of the experiences and challenges faced by women across different demographic segments.

Comment [U9]: Move to results

3. RESULTS

Comment [U10]: Poorly presented and wronly interpreted

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).

Comment [U11]: Were they collected at the same time or different times?

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).

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3.2 Relationship Between Menopausal Symptoms and Domestic Violence

The table 1 showcases a distinct correlation between the severity of menopausal symptoms and the incidence of domestic violence among Bangladeshi women. As 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.

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Comment [U14]: Chi square is a test of association and not a test of the strength of association

Table 1: Chi-Square Test Results for Menopausal Symptoms and Domestic Violence

Menopausal	Experienced	Did Not	Total	p-value

Symptom Severity	Domestic Violence	Experience Domestic Violence		
Low (0-11)	45	115	160	< 0.05
Moderate (12-22)	120	70	190	< 0.01
Severe (23-44)	155	15	170	< 0.001

Comment [U15]: Show percentage

χ^2 (2, N = 500) = 63.21, p < 0.001

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 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.

Comment [U17]: Which table?

Table 2: Prevalence of Specific Types of Domestic Violence among Participants

Type of Domestic Violence	Number of Participants	Percentage	p-value
Physical	210	42%	< 0.05
Emotional/Psychological	275	55%	< 0.001
Sexual	70	14%	< 0.05
Economic Deprivation	140	28%	< 0.05

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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.

3.4 Etiological Factors Associated with Domestic Violence

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The table indicates that with an increase in the age of the wife from 40-45 to 56-60, there's a stark rise in the experience of domestic violence, reaching 100% for those aged 56-60. A similar trend is evident with husbands, where those aged 56-60 experience the highest rate of domestic violence. The education level of the wife reveals that those with primary education are most affected, while husbands with primary education also show a higher propensity. Interestingly, the risk of domestic violence appears highest in households earning between 10,001-20,000 BDT. Families with 0-2 children have the highest incidence

of domestic violence, and urban residents significantly outnumber their rural counterparts in experiencing such violence.

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

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Comment [U21]: How were missing variables dealt with

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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[7]. 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[8].

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, emotional and psychological violence exhibited higher prevalence, echoing global trends and reinforcing the need for comprehensive psychosocial interventions[9]. The presence of sexual violence, although relatively less prevalent, remains deeply concerning due to its profound psychological and physical implications[10].

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[11].

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[12].

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.

4. 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.

ETHICAL APPROVAL

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

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