Identifying Domestic Violence as a Public Health Problem Through the Lens of Public Health Criteria

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ABSTRACT:

Domestic Violence-DV, including violences conducted by intimate partners and other family members, is an acute problem of current world, hampering not only physical and mental health of victims but also imposing psychological problems among the children of family. Although this problem is widespread in developing country like Bangladesh, but still not recognized as public health problem. This paper tried to identify the DV as public health problem as it meets all four criteria for becoming public health problem.

Keywords; Domestic violence, Physical and mental health, children trauma, public health.

INTRODUCTION

Domestic violence is a pattern of abusive behavior in any relationship used to gain or maintain power and control over an intimate partner, encompassing physical, sexual, emotional, psychological, and economic abuse within the domestic sphere (UN, 2019). Several studies depicted that it is not only a social or legal issue but also a serious public health concern because of its impact on physical and mental health, reproductive health, and overall well-being. According to the definition of World Health Organization (WHO), public health refers to all organized measures, whether public or private, to prevent disease, promote health, and prolong life among the population. Domestic violence, by affecting both mental and physical health and in severe cases even limiting life, clearly qualifies as a public health problem

In Bangladesh, domestic violence is highly prevalent. According to the Violence Against Women Survey conducted by BBS and UNFPA in 2024, about 70% of women have experienced some form of domestic violence in their lifetime. Like many other public health issues, domestic violence is often rooted in socioeconomic disadvantage or inequality. Many factors such as poverty, poor education, and unemployment are treated as potential risk factors for domestic violence.

METHODOLOGY

This study adopted a qualitative research design based solely on secondary data sources. Relevant information was collected from peer-reviewed journal articles, government and non-government reports, international organization documents (such as WHO, UNFPA, and UN Women), and existing national surveys including those conducted by the Bangladesh Bureau of Statistics. Data were gathered through a systematic review of available literature using keywords such as “domestic violence,” “public health,” and “Bangladesh.” The collected materials were analyzed thematically to examine whether domestic violence meets the major criteria for a public health problem—its widespread nature, affected population groups, preventability, and the presence of prevention measures.

Concept of Public Health Problem

Over the past century, the definition and scope of public health have evolved significantly, reflecting societal and global aspirations for health for all (Beaglehole & Bonita, 2004). Traditional public health focused primarily on controlling communicable diseases through sanitation, vaccination, and hygiene improvements.

While these efforts, especially the sanitary revolution, significantly reduced diseases, as well as highlights that societal factors such as nutrition, education, housing, maternal and child health, and occupational health were equally important in shaping population health (Beaglehole & Bonita, 2004). In recent decades, recognition of women's health, health inequalities, and high-risk populations has expanded public health's focus beyond classical interventions.

Modern public health, or the "New Public Health," integrates classical approaches with contemporary advances in health promotion, management of healthcare systems, and attention to social determinants of health (Beaglehole & Bonita, 2004). It is multidisciplinary, drawing on basic and applied sciences, social sciences, economics, education, management, and communication to improve both individual and population health. Central to this approach is the holistic understanding of health encompassing both physical and mental well-being, rooted in principles established in ancient times. Public health now addresses environmental, occupational, biological, social, and economic factors that influence health, emphasizing equity and access for vulnerable populations (Beaglehole & Bonita, 2004).

The evolution of public health has been shaped by scientific advances and practical experience. Historical debates, such as the germ versus miasma theory, contributed to understanding both biological and environmental determinants of health (Beaglehole & Bonita, 2004). Modern challenges, including non-communicable diseases, population aging, urbanization, climate change, globalization, and pandemics, have necessitated adaptive and comprehensive approaches. Global successes, such as the eradication of smallpox and ongoing polio campaigns, illustrate the potential for coordinated international efforts, while ongoing inequities highlight persistent gaps in access and resources (Beaglehole & Bonita, 2004).

The New Public Health emphasizes disease prevention, health promotion, and health systems management. Programs now range from immunization, nutrition, and maternal-child health to disaster preparedness, occupational safety, and equitable access to healthcare (Beaglehole & Bonita, 2004). Innovations in technology, biotechnology, molecular biology, and information systems have enhanced prevention, diagnosis, and treatment capabilities. Additionally, public health now incorporates ethical and humanistic values, emphasizing the rights of individuals to health knowledge, safe environments, and accessible services.

In brief, public health has transformed from a narrow focus on infectious disease control to a broad, integrated discipline addressing the complex interplay of biological, social, environmental, and technological factors. It remains a dynamic field that requires continuous adaptation to global changes, scientific discoveries, and societal needs, ensuring equitable access to health and the promotion of health for all individuals and communities (Beaglehole & Bonita, 2004).

Overview of Domestic Violence in Bangladesh

Domestic violence is very prevalent in Bangladesh, although there is little buzz about this problem. In Bangladesh, violence against women is occurring in almost every aspect of women's lives and being a serious threat to overall development and progress of the country (Parvin and et al, 2016). There are numbers of factors and reasons that accelerate the rate of domestic violence in BD. Such as in our country particularly in rural areas dowry incidents and physical torture and murder for dowry were common phenomena (Parvin and et al, 2016). Just before some years, the UNFPA Report mentioned that this region is the first ranking in the world in wife beating and Bangladesh got itself at the top of the index. It is evident that domestic violence is rampant in all strata of the society naturally and usually, women are the first violence of this violence (Parvin and et al, 2016).

Despite its increasing trend, domestic violence is viewed as a personal matter that should be resolved privately within the family (Parvin and et al, 2016). Bangladesh Mahila Parishad (BMP) reported that in our country domestic violence is not still considered as a violence of human rights of women. The mental and physical health problems that arise from domestic violence are not considered as public health problems. Patriarchal social and family structure and culture are the main causes of this attitude towards domestic violence (Kay, 2008). For this reason, the condition of women in Bangladesh is vulnerable.

Types of Violence (%)	Lifetime		In last 12 months	
	2024	**2015**	**2024**	**2015**
Physical	47.3	50.3	10.6	21.6
Sexual	29.3	27.2	9.4	13.3
Emotional	37.4	34.5	17.7	29.1

Table 1: trends in the prevalence of intimate partner violence experienced at least once among ever-married women aged 15 and above and within last 12 months

Source: Bangladesh Bureau of Statistics (BBS), 2024. Violence against women Survey.

Domestic Violence as A Public Health Problem: Through the Lens of Major Criteria

To be recognized as a public health problem, any health-related issue should meet certain criteria, specially the four major criteria – widespread in nature, affects certain portion of community, preventable, and prevention measures are in place.

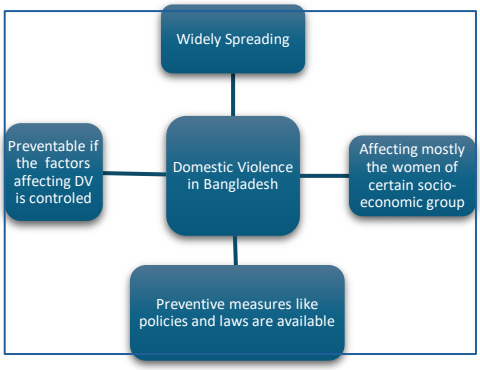

Fig- Domestic Violence in the Lens of Major Criteria of Public Health

WIDESPREAD NATURE OF DOMESTIC VIOLENCE

Domestic violence is highly prevalent and widespread in Bangladesh. According to a Bangladesh Bureau of Statistics survey, about 72.6% of ever-married women reported experiencing some form of domestic violence by their husbands and in-laws' family members at least once in their lives (BBS, 2015). More recent data from UNFPA (2023) indicate that around 45% of women in South Asia, including Bangladesh, experience physical or sexual violence by an intimate partner, highlighting its widespread nature (UNFPA, 2023). In the same survey, 41**%** of women reported experiencing domestic violence in the past 12 months and more than half (54%) of women interviewed had experienced physical and/or sexual violence from their husbands at some point in their life; while 16% reported such violence in the past year. (UNFPA, 2024) . The Ain o Salish Kendra (ASK), a non-governmental organization of Bangladesh, documented domestic violence data from 14 leading national dailies showed that reporting cases of domestic violence in the first half of 2024 was 269, including torture and murder by husbands and their families (ASK, 2024). These are the reported cases and there are numerous cases that are not reported as it considered personal matters.

During the COVID-19 pandemic, a study of married women living with their partners found domestic violence prevalence about 45.3%, including emotional abuse (~44.1%), physical or sexual (~19.2%), physical (~15.3%), and sexual (~10.6%) violence. (Rayhan, et.al. 2021).

Several studies in Bangladesh have demonstrated the serious physical and mental health consequences of domestic violence, highlighting its nature as a public health problem. It was found that nearly one in three victims of domestic violence reported to have injuries; severity of violence was strongly associated with higher risk of major depressive episodes (Yount et al., 2019). Experiences of physical, emotional, or controlling violence among women significantly increased their likelihood of depression (Khan et al., 2021). More

recently, a study among early married adolescent girls in Khulna during COVID-19 reported alarmingly high rates of emotional (93.7%), physical (89.5%), and sexual (87.8%) violence, which were closely linked to poor mental health outcomes (Siddique et al., 2023). These findings provide clear evidence that domestic violence in Bangladesh not only leads to physical injuries but also causes long-term psychological harm, thereby fulfilling the criteria for recognition as a public health problem.

Countries	In lifetime (%)	Within 12 months (%)
Bangladesh	54.2	26.9
Bhutan	18.0	5.6
India	29.3	24.0
Maldives	16.3	5.6
Nepal	25.1	12.9
Pakistan	24.5	14.5
Sri Lanka	20.4	6.0

Table 2: Women experienced physical and/or sexual violence by an intimate partner in their lifetime and within 12 months in countries of south Aisa

Source: UNFPA/KnowVAWData. 2024

AFFECTS CERTAIN SECTIONS OF THE COMMUNITY

It was observed through several studies and research that education and economic status are critical factors influencing women's vulnerability to domestic violence in Bangladesh. Women and girls with less education and low economic status easily affected by domestic violence. Studies show that women with little or no education are at a significantly higher risk of experiencing spousal abuse compared to those with secondary or higher education (Naved & Persson, 2005). However, education alone does not provide full protection, as socio-cultural norms such as dowry and patriarchal expectations can still expose educated women to violence (Huq & Amin, 2001). Economic dependency remains one of the strongest predictors of women's inability to escape abusive relationships. Women with limited economic empowerment—such as those without independent income or control over financial resources—are more likely to tolerate violence due to fear of social stigma, economic insecurity, and concern for their children's survival (Niaz, 2003; UNFPA, 2023). On the other hand, women who are economically empowered and engaged in income-generating activities demonstrate greater bargaining power within households and lower vulnerability to domestic violence (Amin, 2008). Nonetheless, structural inequalities, including wage gaps, limited employment opportunities, and restricted access to property ownership, continue to perpetuate women's economic disempowerment in Bangladesh, thereby sustaining the cycle of abuse.

The COVID-19 study found higher domestic violence among women with lower education, lower family income, housewives/unemployed women. (Rayhan, et al. 2021). In another study revealed that rural women had different attitudes and higher prevalence of wife-beating, especially when spousal education gaps were large or when women had low decision-making power in the household. (Hossain, et al. 2022)

Recent study showed that women living in disaster-prone areas where people suffered with economic instability, migration and stressed livelihood are more likely to experience domestic violence both in their lifetime and more recently than women in non-disaster areas. (UNFPEA, 2024).

So, it can be said that not all women are affected equally by domestic violence. Vulnerability increases with lower education, low income, living in challenging environments and limited power in decision making.

PREVENTABILITY OF DOMESTIC VIOLENCE

Domestic violence is fully preventable, and research showed several modifiable risk factors such as education level of both partners, women's employment status, spousal education gap, decision-making power of women, economic status. Interventions focusing on these (education, economic empowerment, awareness) have potential to reduce DV.

It is observed that, countries with high female education levels often report lower rates of domestic violence. For example, in Norway, where female literacy and higher education enrollment are among the highest globally, women experience significantly lower rates of intimate partner violence. Education enhances women's economic independence, awareness of legal rights, and access to support services, all of which reduce their vulnerability to domestic violence (Grødem, 2016). Similarly, Finland shows that higher female education, combined with strong gender equality policies, is associated with reduced domestic violence prevalence (Kivivuori & Törnudd, 2018). These examples highlight that education, when supported by equitable social and legal structures, can serve as a critical factor in preventing domestic violence.

Education helps to increase women's economic empowerment and their voices in decision making of family and society. A dignified woman is always strong enough to fight against any harmful cultural practices in society. So, it can be said that many aspects of domestic violence are preventable through social, economic, legal, and educational interventions.

PREVENTION MEASURES IN PLACE

To reduce domestic violence and its impact on the mental and physical health of women and girls, Bangladesh government has taken a number of preventive measures. Laws, policies, and legal protections are in place to safeguard women from domestic violence. Moreover, both government and non-government organizations are working together to raise awareness about the negative impacts of domestic violence on women and children, as well as to ensure the proper implementation of these laws and policies.

Laws and legal protections

The Domestic Violence (Prevention and Protection) Act, 2010 provides legal framework for protection orders, residence orders, monetary relief for victims etc. The *Women and Children Repression Prevention Act, 2000* criminalizes various forms of violence against women and children.

The Penal Code of Bangladesh has provisions criminalizing assault, battery, and unlawful detention.

Government acknowledgement and policy efforts

The Bangladesh government has enacted several laws to fight gender-based discrimination and violence, e.g., Prevention of Oppression Against Women and Children Act (2000), Domestic Violence (Prevention and Protection) Act (2010), Pornography (Control) Act (2012), and Prevention of Human Trafficking Act (2012). The 2024 VAW Survey is itself a major effort to collect data, monitor trends, and provide evidence for policy and programmatic action. But gaps remain in enforcement, awareness, reporting, and social stigma, which limit the effectiveness of prevention measures.

Bangladesh, as a member state of the United Nations, has committed to achieving the Sustainable Development Goals (SDGs) by 2030. It has specific targets for reducing domestic violence along with VAW for achieving SDG.

SDG Goal	UN Indicator Related to DV	Bangladesh Related to DV	Bangladesh Target
Goal 5: Achieve gender equality and	**5.2**: Eliminate all forms of violence against all women and girls in the public and private spheres, including	**5.2.1:** Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual	**5.2.1.1:** Reducing the rate of intimate-partner violence experienced by ever-partnered women aged 15+

empower all women and girls	trafficking and sexual and other exploitation.	or psychological violence by a current or former intimate partner in the previous 12 months, by form of violence and by age group.	during the previous 12 months to 20% by 2025 for this indicator.

Therefore, based on the above discussion, since domestic violence meets the four basic criteria of a public health issue, it should be considered a public health problem

GAPS AND CHALLENGES IN ADDRESSING DOMESTIC VIOLENCE AS A PUBLIC HEALTH PROBLEM

Despite recognition of domestic violence as a significant public health issue, there are numerous gaps and challenges in addressing it effectively. In Bangladesh, domestic violence is often considered as a private or family matter, which discourages reporting and undermines legal enforcement (Parvin et al., 2016). Cultural norms and patriarchal values continue to perpetuate gender inequality, limiting women's ability to seek help or access resources (Kay, 2008). Although laws such as the Domestic Violence (Prevention and Protection) Act 2010 exist, implementation remains weak due to limited awareness, insufficient training of law enforcement personnel, and lack of coordination between government and non-government agencies (Hasan & Hossain, 2016). Furthermore, economic dependence, low literacy, and lack of social support systems make women vulnerable to repeated abuse (Amin, 2008; Naved & Persson, 2005). Data collection is another challenge, as most cases go unreported, particularly in rural areas, making it difficult to assess the true magnitude and to design targeted interventions (Farouk, 2005). These gaps highlight the need for a multi-sectoral approach that integrates legal, social, economic, and health interventions to effectively reduce domestic violence and its health impacts.

Domestic Violence: A Critical Public Health Priority

Domestic violence (DV) is a major public health concern because it has significant contribution to morbidity, mortality, disability, and mental health burdens among women and children. Women experienced domestic violence in their lifetime, often suffer from physical injuries, chronic pain, reproductive health problems, and mental health issues such as depression, anxiety, and post-traumatic stress disorder (WHO, 2013; Hashem et al., 2020). Like any other well-known public health problem in Bangladesh such as malnutrition, dengue, Diarrhea, Domestic violence is equally destructive but often less visible due to underreporting and social stigma. Sometimes domestic violence affects children's mental health. Children who experience violence at their family are at high risk of developing emotional, behavioral, and cognitive problems, perpetuating cycles of abuse and trauma (Kitzmann et al., 2003; WHO, 2013). Considering its widespread nature, mental and physical health consequences, and societal costs, domestic violence needs recognition as a public health priority alongside other pressing health challenges.

CONCLUSION

Domestic violence is a major problem of Bangladesh that meets the four key criteria of a public health problem. It affects the physical and mental health of women and children and hinders many women from enjoying their life. Although there are preventive measures like policies and laws in Bangladesh cultural norms, economic dependence, and lack of awareness still contribute to sustain this severe problem.

Domestic violence should be officially recognized and addressed as a public health issue within Bangladesh's national health strategies. The Ministry of Health and Family Welfare can integrate screening, counseling, and referral services for domestic violence victims into existing health facilities, especially at the community clinic and upazila health complex levels.

Policies should prioritize women's education, employment opportunities, and economic independence as key preventive measures. Nationwide awareness campaigns led by both government and civil society should

challenge harmful gender norms, promote respectful relationships, and increase knowledge of available legal and health support services.

Recognizing domestic violence as a public health priority will help to design effective strategies, ensure proper implementation of policies, and promote the overall well-being of individuals and communities.

REFERENCES

1. Ain-O-Salish Kendra. 2024. Violence Against Women (Domestic Violence) January- June 2024. https://www.askbd.org/ask/wp-content/uploads/2024/07/Violence-Against-Women-Domestic-Violence-January-June-2024.pdf
2. Amin, S. (2008). Reforming marriage practices in Bangladesh. Policy Research Division, Population Council.
3. Bangladesh Bureau of Statistics. (2015). Report on violence against women survey 2015. BBS, Statistics and Informatics Division, Ministry of Planning.
4. Beaglehole, R., & Bonita, R. (2004). Public health at the crossroads: Achievements and prospects. Cambridge University Press.
5. Farouk, S. (2005). Trends of violence against women in Bangladesh. Dhaka: Women for Women Studies.
6. Government of Bangladesh. (2010). Domestic Violence (Prevention and Protection) Act, 2010. Ministry of Law, Justice and Parliamentary Affairs.
7. Grødem, A. S. (2016). Education and intimate partner violence in Norway: Exploring the protective role of female education. Nordic Journal of Social Research, 7(2), 45–60.
8. Hasan, R., & Hossain, M. (2016). Domestic violence in Bangladesh: Legal and social perspectives. Journal of Gender Studies, 12(3), 45–59.
9. Hashem, F., Rahman, T., & Islam, S. (2020). Domestic violence and women's health in Bangladesh: A public health perspective. Dhaka: Journal of Health and Social Studies, 12(1), 45–60.
10. Hossain, M., Abdulla, F., Rahman, A. et al. Prevalence and determinants of wife-beating in Bangladesh: evidence from a nationwide survey. BMC Psychiatry **22**, 9 (2022). https://doi.org/10.1186/s12888-021-03652-x
11. Huq, L., & Amin, S. (2001). Dowry negotiations and the process of resistance to control over women in Bangladesh. IDS Bulletin, 32(1), 93–100. https://doi.org/10.1111/j.1759-5436.2001.mp32001010.x
12. Jahan, R., & Islam, N. (1997). Violence against women in South Asia. Bangladesh Institute of Development Studies.
13. Kay, R. (2008). Patriarchy and domestic violence in Bangladesh. Dhaka: Bangladesh Mahila Parishad.
14. Khan, M. N., Rahman, M. M., Islam, M. M., Karim, M., & Rahman, M. A. (2021). Exposure to domestic violence and the risk of developing depression within 6 months postpartum in Bangladesh. Journal of Interpersonal Violence, 36(21–22), NP11888–NP11907. https://doi.org/10.1177/0886260520985486
15. Kitzmann, K. M., Gaylord, N. K., Holt, A. R., & Kenny, E. D. (2003). Child witnesses to domestic violence: A meta-analytic review. Journal of Consulting and Clinical Psychology, 71(2), 339–352. https://doi.org/10.1037/0022-006X.71.2.339
16. Kivivuori, J., & Törnudd, M. (2018). Gender equality and domestic violence in Finland. Scandinavian Journal of Public Health, 46(5), 543–552.
17. Ministry of Women and Children Affairs (MoWCA). (2019). National action plan to prevent violence against women and children 2018–2030. Government of Bangladesh.
18. Naved, R. T., & Persson, L. Å. (2005). Factors associated with spousal physical violence against women in Bangladesh. Studies in Family Planning, 36(4), 289–300. https://doi.org/10.1111/j.1728-4465.2005.00071.x
19. Naved, R., & Persson, L. (2005). Factors associated with domestic violence in rural Bangladesh. Journal of Health and Population, 23(2), 115–128.
20. Niaz, U. (2003). Violence against women in South Asian countries. Archives of Women's Mental Health, 6(3), 173–184. https://doi.org/10.1007/s00737-003-0171-9

21. Parvin, K., Sultana, N., & Naved, R. T. (2016). Domestic violence against women in Bangladesh: A study of the perspectives of women and men. Review of Social Sciences, 1(6), 13–25.
22. Rayhan I, Akter K. Prevalence and associated factors of intimate partner violence (IPV) against women in Bangladesh amid COVID-19 pandemic. Heliyon. 2021 Mar 30;7(3):e06619. doi: 10.1016/j.heliyon.2021.e06619. PMID: 33869852; PMCID: PMC8035506.
23. Siddique, M. N. A., Kabir, R., & Khan, M. M. (2023). Patterns, prevalence and risk factors of intimate partner violence and its association with mental health status during COVID-19: A cross-sectional study on early married female adolescents in Khulna district, Bangladesh. BMC Public Health, 23(1), 2095. https://doi.org/10.1186/s12889-023-16758-3
24. Sundin, E. J., Öhman, A., & Kabir, Z. N. (2016). Experiencing lifetime domestic violence: Associations with mental health and stress among pregnant women in rural Bangladesh: The MINIMat randomized trial. PLoS ONE, 11(12), e0168103.
25. United Nations Population Fund (UNFPA). (2023). Gender-based violence. UNFPA Bangladesh. https://bangladesh.unfpa.org/en/topics/gender-based-violence-2
26. United Nations. (n.d.). What is domestic abuse? UN. Retrieved from https://www.un.org/en/coronavirus/what-is-domestic-abuse
27. UNFPA. (2023). Gender-based violence. United Nations Population Fund. https://www.unfpa.org/gender-based-violence
28. UN Women. (2022). Preventing violence against women. UN Women. https://www.unwomen.org
29. World Health Organization. (2013). Global and regional estimates of violence against women: Prevalence and health effects of intimate partner violence and non-partner sexual violence. WHO.
30. Yount, K. M., DiGirolamo, A. M., & Ramakrishnan, U. (2019). Intimate partner violence and depression in rural Bangladesh: Accounting for violence severity in a high-prevalence setting. Social Science & Medicine, 238, 112486. https://doi.org/10.1016/j.socscimed.2019.112486