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# Domestic Violence among Narikuravar Women in Tamil Nadu: A Cross-Sectional Study

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**Abstract:** ***Background**: Domestic violence remains a critical public health concern among marginalized tribal communities in India. The Narikuravar, a semi-nomadic tribal group in Tamil Nadu, faces compounded vulnerabilities due to historical marginalization, poverty, and illiteracy. **Objective**: To assess the prevalence, forms, and demographic correlates of domestic violence among Narikuravar women in selected districts of Tamil Nadu. **Methods**: A descriptive cross-sectional study was conducted among 97 married Narikuravar women aged 15-45 years from Tirunelveli, Tenkasi, and Thoothukudi districts using purposive sampling. Data were collected using a structured questionnaire adapted from the WHO Multi-Country Study on Women's Health and Domestic Violence. Chi-square tests examined associations between demographic variables and violence forms. **Results**: Overall, 74.23% of respondents experienced at least one form of domestic violence. Economic violence was most prevalent (68.04%), followed by physical (50.52%), sexual (45.36%), and emotional violence (39.18%). Violence during pregnancy affected 6.19% of women. Significant associations were found between violence and age at marriage, type of marriage, duration of togetherness, husband's education, and monthly income ($p<0.05$). **Conclusion**: Domestic violence among Narikuravar women is alarmingly high, driven by patriarchal norms, economic deprivation, and illiteracy. Culturally sensitive interventions addressing education, economic empowerment, and legal awareness are urgently needed.*

**Keywords:** Domestic violence, Narikuravar women, tribal communities, intimate partner violence, Tamil Nadu, marginalized populations

## 1. Introduction

Domestic violence represents one of the most pervasive violations of women's human rights globally, transcending age, ethnicity, and socioeconomic boundaries. The World Health Organization identifies it as a critical public health issue resulting in long-term physical and psychological harm, increased healthcare burden, and intergenerational trauma. In India, gender inequality remains deeply entrenched, leading to normalization of spousal violence within private households. The National Family Health Survey-5 (NFHS-5) revealed that a substantial proportion of women experience physical, sexual, or emotional violence by intimate partners, yet domestic violence remains significantly underreported due to stigma, fear, and limited awareness of legal rights.

Marginalized and tribal communities face even greater vulnerability due to poverty, illiteracy, lack of healthcare access, and exclusion from governmental support systems. The Narikuravar community in Tamil Nadu represents one of the most disadvantaged populations. Their historical classification as a "criminal tribe" under colonial rule continues to shape their social interactions and opportunities. This semi-nomadic group, characterized by migration for livelihood activities such as bead selling, tattooing, and street vending, experiences disrupted education, destabilized family structures, and minimal access to healthcare and protection services.

Within the Narikuravar community, women face compounded oppression based on gender, caste, mobility, and economic deprivation. Domestic violence is shaped by patriarchal control, socio-cultural practices including dowry demands, clan restrictions, economic dependency, alcoholism, and intergenerational poverty. These factors create an environment where violence becomes normalized and women endure abuse silently due to fear of abandonment, economic collapse, or community backlash.

Despite the 2023 recognition of Narikuravars as a Scheduled Tribe, effective implementation of benefits remains limited. Research on domestic violence in India has largely focused on mainstream communities, leaving nomadic tribal populations like the Narikuravars underrepresented. This knowledge gap hinders development of targeted interventions, as policy makers cannot design programs tailored to the unique environment of Narikuravar women without systematic evidence.

This study aims to assess the prevalence and forms of domestic violence among Narikuravar women and examine associations between demographic variables and different forms of violence. Understanding this complexity forms the foundation for developing culturally sensitive interventions to promote the safety, dignity, and empowerment of this invisible and unprotected population.

## 2. Materials and Methods

### 2.1 Study Design and Setting

A descriptive cross-sectional study was conducted between March and September 2024 among Narikuravar women residing in three districts of Tamil Nadu: Tirunelveli, Tenkasi, and Thoothukudi.

### 2.2 Sample Size and Sampling

The target sample was 101 women, distributed as follows: 37 from Tirunelveli (population 677 females), 27 from Tenkasi (population 626 females), and 37 from Thoothukudi (population 750 females). Ultimately, 97 women who were available and provided consent participated. Sample size was calculated based on NFHS-3 (2005-2006) data indicating 44.4% prevalence of domestic violence among rural Tamil Nadu women, with 20% relative precision and 95% confidence level. Due to the scattered nature of the

Narikuravar community and challenges in accessing this marginalized population, purposive sampling was employed.

### 2.3 Data Collection Instrument

An interviewer-administered structured questionnaire was developed based on the WHO Multi-Country Study on Women's Health and Domestic Violence Against Women, adapted for the Narikuravar cultural context. The questionnaire comprised two sections:

**Section A:** Sociodemographic information including age for respondent and spouse, education, occupation, marital status, family type, number of children, husband's education and occupation, family income, age at marriage for spouse and respondent, type of marriage, controlling person, duration of togetherness consanguinity and relationship.

**Section B:** Domestic violence assessment addressing four forms:

1) **Emotional violence** (4 items): insults, humiliation, threats, intimidation, social isolation
2) **Physical violence** (7 items): slapping, pushing, hitting, kicking, choking, burning, weapon use
3) **Violence during pregnancy** (1 item): slapping, pushing, hitting, kicking during pregnancy
4) **Sexual violence** (2 items): forced sexual acts, humiliating sexual behavior, coercion
5) **Economic violence** (5 items): control over earnings, employment restriction, resource denial, financial exploitation

Frequency was assessed using a three-point scale: Never (0), Sometimes (1-3 times), and Frequently (4+ times). Violence was categorized as: 0 = No violence; 1-3 = Violence present.

### 2.4 Pilot Study and Validity

A pilot study with 10 Narikuravar women from Tirunelveli assessed feasibility, sample size adequacy and instrument appropriateness. Content validity was established through consultations with nursing experts and sociology professionals. Reliability was assessed using test-retest method with Pearson's correlation coefficient ($r = 0.7$), indicating positive correlation and adequate reliability.

### 2.5 Data Collection Procedure

Trained interviewers from social work backgrounds, familiar with local language and culture, administered questionnaires. Rapport was established with community leaders prior to data collection. Oral informed consent was obtained after explaining the study's purpose, procedures, voluntary participation, and confidentiality measures in participants' native language. Interviews were conducted privately, lasting approximately 45-60 minutes each.

### 2.6 Data Analysis

Data were analyzed using SPSS version 23.0. Descriptive statistics (frequencies, percentages) were calculated for sociodemographic variables and violence indicators. Chi-square tests examined associations between domestic violence forms and demographic factors. Statistical significance was set at $p<0.05$.

### 2.7 Ethical Considerations

The study adhered to ethical principles including informed consent from all participants, strict confidentiality and anonymity maintenance, right to withdraw at any time, no identifying information recorded, referral information provided for support services, and secure data storage accessible only to the research team.

## 3. Results

### 3.1 Sociodemographic Characteristics

The demographic profile revealed a predominantly young population: 41.24% aged 21-30 years and 28.87% aged 14-20 years. A striking 71.13% married between 16-20 years, while 24.74% married before age 15. Nearly all marriages were arranged (97.94%), and 74.23% were consanguineous, with 59.79% married to maternal relatives.

All respondents (100%) were illiterate, while 68.04% of spouses were also illiterate. The vast majority (96.91%) engaged in bead selling, with spouses showing greater occupational diversity. Economic vulnerability was evident, with 56.70% of families earning less than INR 5,000 monthly. Dowry was practiced in 94.8% of marriages. All respondents (100%) identified their husbands as the sole controlling authority in the family.

### 3.2 Overall Prevalence of Domestic Violence

Table 1 presents the overall prevalence of domestic violence. Among all responses, 65.98% never experienced violence, 30.92% sometimes experienced violence, and 9.21% always experienced violence.

**Table 1:** Overall Prevalence of Domestic Violence by Forms (N=97)

| Form of Violence | Always/Yes n (%) | Sometimes n (%) | Never/No n (%) | Total Responses n (%) |
|---|---|---|---|---|
| Emotional | 28 (7.22) | 98 (25.26) | 262 (67.53) | 388 (100.00) |
| Physical | 15 (2.21) | 178 (26.21) | 486 (71.59) | 679 (100.00) |
| Sexual | 9 (4.64) | 75 (38.66) | 110 (56.70) | 194 (100.00) |
| Economic | 102 (21.03) | 186 (38.35) | 197 (40.62) | 485 (100.00) |
| During Pregnancy | 6 (6.19) | - (-) | 91 (93.81) | 97 (100.00) |
| Overall | 160 (9.21) | 537 (30.92) | 1146 (65.98) | 1843 (100.00) |

### 3.3 Forms of Domestic Violence

Overall, 74.23% experienced at least one form of domestic violence, while 25.77% reported no violence. Economic violence showed the highest prevalence (68.04%), followed by physical violence (50.52%), sexual violence (45.36%), emotional violence (39.18%), and violence during pregnancy (6.19%).

### 3.4 Specific Patterns Within Each Form

- **Emotional Violence:** Being degraded in front of others was most common (39.18% total), followed by threats of harm (34.02%), insults (31.96%), and intimidation (24.75%).
- **Physical Violence:** Slapping or having objects thrown (50.51%) was most prevalent, followed by pushing/shaking (41.23%), arm twisting/hair pulling (33.02%), hitting with fists/objects (32.99%), and kicking/dragging/beating (26.80%). Life-threatening forms like choking/burning (8.25%) and weapon threats (5.15%) were less common but present.
- **Sexual Violence:** Forced sexual intercourse was experienced by 45.36%, and forced sexual acts by 41.23%.
- **Economic Violence:** Requiring women to ask for money for daily activities (68.04%) was most prevalent, followed by husbands being sole financial authority (65.98%), exclusion from financial decisions (63.92%), interference with employment (52.57%), and threats related to employment/income (46.39%).

### 3.5 Associations between Violence and Demographic Variables

Chi-square analyses revealed significant associations between various demographic factors and different forms of violence.

**Table 2:** Significant Associations Between Demographic Variables and Violence Forms

| Demographic Variable | Emotional | Physical | Sexual | Economic |
|---|---|---|---|---|
| Age at Marriage | ** | ** | ** | ** |
| Type of Marriage | * | * | * | * |
| Duration of Togetherness | * | ** | NS | ** |
| Total Monthly Income | * | ** | * | ** |
| Husband's Age | NS | * | NS | * |
| Spouse Age at Marriage | NS | * | NS | NS |
| Husband is Relative | NS | * | * | ** |
| Relationship to Husband | NS | * | * | * |
| Education of Spouse | NS | * | * | * |
| Occupation of Spouse | NS | * | NS | * |

*** = Highly significant ($p<0.01$); * = Significant ($p<0.05$); NS = Not significant*

Respondent's age at marriage showed highly significant associations with all four forms of violence ($p<0.01$). Total monthly income was highly significantly associated with physical and economic violence, and significantly with emotional and sexual violence. Duration of togetherness showed highly significant associations with physical and economic violence.

## 4. Discussion

This study revealed an alarmingly high prevalence of domestic violence (74.23%) among Narikuravar women, substantially exceeding the national average of 29.3% reported in NFHS-5. This finding aligns more closely with tribal-specific studies by Mahapatra and Sinha (2018), who reported 60-80% prevalence among tribal communities, emphasizing the heightened vulnerability of marginalized populations.

## 5. Study Limitations

The cross-sectional design limits causal inference; purposive sampling restricts generalizability; self-reported data may involve recall and social desirability bias; and cultural sensitivities may have led to underreporting of sensitive experiences.

## 6. Conclusion and Recommendations

Domestic violence among Narikuravar women is alarmingly high and deeply rooted in sociocultural norms, economic dependency, and gender inequality. This is not merely a household issue but a structural problem linked to historical marginalization, cultural isolation, and absence of institutional support.

### 6.1 Research Recommendations

Future research should employ longitudinal or mixed-method designs to explore intergenerational effects of violence and assess intervention effectiveness. Studies should also examine protective factors and resilience mechanisms within the community.

### 6.2 Final Considerations

Addressing domestic violence among Narikuravar women requires a multidimensional approach combining education, socio-economic upliftment, and gender-sensitive policy implementation. Empowering women through literacy, livelihood opportunities, and legal awareness can significantly reduce violence and improve quality of life in this marginalized community.

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