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Changing dynamics of domestic violence among ever-married women in Tamil Nadu: Evidence from NFHS-5 and NFHS-6

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Abstract:
Domestic violence remains an important public-health concern among women in India. Therefore, it is of interest to assess the domestic violence and health-seeking behaviour among ever-married women in Tamil Nadu using NFHS-5 and comparable NFHS-6 indicators. This cross-sectional comparative secondary analysis used the Tamil Nadu NFHS-5 (2019-2021) report and the NFHS-6 (2023-24) Fact Sheets released on 29 May 2026. Spousal violence decreased from 38.1% in NFHS-5 to 28.5% in NFHS-6, a reduction of 9.6 percentage points, while physical violence during pregnancy changed from 3.3% to 3.0%. NFHS-5 data showed higher violence among rural women, women with lower educational status and women whose husbands consumed alcohol, while formal help-seeking remained limited. Thus, data shows a decline in spousal violence in Tamil Nadu but support continued survivor-centred services, awareness and prevention efforts.

Keywords: Domestic violence, Intimate partner violence, NFHS-5, NFHS-6, Tamil Nadu, Ever-married women, Health-seeking behaviour

Background:
Domestic violence is a major public-health and human-rights concern that includes physical, emotional, sexual and psychological abuse by an intimate partner or family member **[1, 2]**. The World Health Organization estimates that approximately one-third of women globally experience physical and sexual violence during their lifetime **[3].** Such exposure is associated with physical injury, depression, anxiety, adverse reproductive outcomes and reduced quality of life **[4, 5].** In India, intimate partner violence remains an important social and health problem despite legal protections. National and regional studies have identified lower educational attainment, rural residence, economic dependence and partner alcohol use as important correlates **[6, 10].** NFHS surveys allow state-level assessment of changes in spousal violence and related indicators over time. Help-seeking among survivors remains limited and many women rely primarily on informal family support rather than formal medical, legal, or social services **[7, 8].** Therefore, it is of interest to assess the domestic violence and health-seeking behaviour among ever-married women in Tamil Nadu using NFHS-5 data and compared directly available indicators with NFHS-6.

Methodology:
Study design:
The present study was a secondary analysis of cross-sectional survey data from the Tamil Nadu NFHS-5 (2019-21) report and the NFHS-6 (2023-24) Fact Sheets. Comparable domestic-violence indicators were used to examine change between survey rounds, while detailed associated factors and health-seeking behaviour were summarized from NFHS-5.

Data source:
Data were obtained from the Tamil Nadu NFHS-5 report (2019-2021) and the NFHS-6 (2023-24) Fact Sheets, which were released by the Ministry of Health and Family Welfare on 29 May 2026. NFHS is conducted under the Ministry of Health and Family Welfare with the International Institute for Population Sciences (IIPS), Mumbai, serving as the nodal agency **[1, 2].**

Study population:
The study population comprised ever-married women aged 18-49 years residing in Tamil Nadu. Detailed domestic-violence data were obtained from the NFHS-5 Tamil Nadu report and comparable state-level NFHS-6 Fact Sheet indicators were used for trend comparison. Because the fact sheets contain selected indicators rather than the full detailed survey report, only directly comparable measures were used for the NFHS-5 versus NFHS-6 comparison.

Study variables:
The main study variable was spousal violence among ever-married women. Additional variables included physical violence, emotional violence, sexual violence and violence during pregnancy, injuries due to violence, health-seeking behaviour, educational status, place of residence and alcohol consumption by husbands.

Data collection:
Detailed information on domestic violence and help-seeking behaviour was extracted from the NFHS-5 Tamil Nadu report. Comparable indicators available in the NFHS-6 (2023-24) Fact Sheets were used for trend comparison.

Statistical analysis:
The available survey estimates were reviewed and summarized using frequencies and percentages. Percentage-point differences between NFHS-5 and NFHS-6 indicators were calculated wherever comparable data were available.

Ethical considerations:
The study utilized publicly available anonymized secondary data with no personal identifiers; therefore, there were no privacy concerns and ethical approval was not required.

Results:
The present study analysed domestic violence and health-seeking behaviour among ever-married women in Tamil Nadu using NFHS-5 data and NFHS-6 findings. Domestic violence continued to affect a considerable proportion of women in Tamil

Nadu. **Table 1** presents the comparison of domestic violence indicators available in NFHS-5 and NFHS-6. The prevalence of spousal violence among ever-married women decreased from 38.1% in NFHS-5 to 28.5% in NFHS-6, representing a reduction of 9.6 percentage points. Physical violence during pregnancy also showed a slight decline from 3.3% to 3.0%. **Table 2** summarizes the detailed domestic violence characteristics and health-seeking behaviour reported in the NFHS-5 survey. Detailed findings from NFHS-5 showed that physical violence was the most commonly reported form of abuse among women. About 38% of women reported physical violence, while emotional violence and sexual violence were reported by 11% and 2% of women respectively. Overall, 40% of women experienced either physical or sexual spousal violence. Comparable detailed indicators were not available in the NFHS-6 Fact Sheet. Domestic violence varied according to selected socio-demographic and behavioural characteristics. Women whose husbands consumed alcohol reported substantially higher prevalence of violence compared to women whose husbands did not consume alcohol. The prevalence of domestic violence was 27% among women whose husbands did not consume alcohol, 54% among women whose husbands consumed alcohol but never became intoxicated, 66% among women whose husbands became intoxicated occasionally and 78% among women whose husbands became intoxicated frequently. Women residing in rural areas and women with lower educational status also experienced higher levels of domestic violence. Around one-fifth of women who experienced physical or sexual violence reported sustaining injuries due to abuse. Health-seeking behaviour among survivors remained poor. Only 12% of women sought help to stop the violence, while 7% informed someone regarding the abuse without actively seeking support. A large proportion of women neither sought help nor disclosed the violence to anyone. Among women who sought support, informal support systems were more commonly used than formal services. Most survivors approached their own family members for help (82%), followed by neighbours (16%), friends (11%) and the husband's family members (10%). Only 3% of women approached police services for assistance.

Table 1: Comparison of domestic-violence indicators available in NFHS-5 and NFHS-6

Indicator	NFHS-5 (%)	NFHS-6 (%)	Absolute Change (Percentage Points)
Physical violence during pregnancy	**3.3**	**3.0**	**−0.3**
Ever-married women experiencing spousal violence	**38.1**	**28.5**	**−9.6**

Table 2: Domestic-violence characteristics and health-seeking behaviour from NFHS-5

Indicator	NFHS-5 (%)
Sexual violence	**2.0**
Told someone only	**7**
Husband's family	**10**
Emotional violence	**11.0**
Friends	**11**
Sought help	**12**
Neighbours	**16**
Women sustaining injuries due to violence	**20**
Husband does not consume alcohol	**27**
Physical violence	**38.0**
Physical and/or sexual spousal violence	**40.0**
Husband drinks but never gets drunk	**54**
Husband gets drunk sometimes	**66**
Husband gets drunk often	**78**
Neither sought help nor disclosed violence	**81**
Own family	**82**

Discussion:

This study compared directly available domestic-violence indicators from Tamil Nadu NFHS-5 with NFHS-6 (2023-24) Fact Sheet estimates and summarized associated factors and help-seeking information available in NFHS-5. Spousal violence declined from 38.1% in NFHS-5 to 28.5% in NFHS-6, a reduction of 9.6 percentage points, whereas reported physical violence during pregnancy changed only slightly from 3.3% to 3.0%. These survey estimates describe change across rounds but do not by themselves establish why the decline occurred; causal attribution would require individual-level longitudinal or appropriately adjusted analyses. The persistence of spousal violence in more than one-quarter of ever-married women nevertheless indicates a substantial continuing public-health burden. NFHS-5 data showed variation in violence by residence, educational status and husband's alcohol use, patterns that are consistent with prior Indian research on socioeconomic and behavioural correlates of intimate partner violence **[4-6, 10]**. These associations should be interpreted as correlates rather than proof of causation because the present study is a secondary cross-sectional analysis. Partner alcohol use is an important modifiable correlate and may be relevant to prevention and referral strategies, while lower educational attainment and economic dependence may also mark broader structural vulnerability. Help-seeking was limited, with survivors relying predominantly on informal support rather than formal healthcare, police, or legal services. Previous research has described stigma, fear of consequences, financial dependence and limited awareness of available services as barriers to formal help-seeking **[11, 12]**. The low level of formal support-seeking in the NFHS-5 data supports strengthening confidential, survivor-centred pathways within primary care, reproductive-health services and antenatal care. Screening should be implemented with appropriate privacy, trained personnel and safety planning and referral capacity rather than as an isolated questionnaire. Violence during pregnancy remained relatively stable between the two surveys rounds and warrants particular attention because intimate partner violence during pregnancy is associated with adverse maternal and neonatal outcomes **[13, 14]**. The study's use of large population-based survey estimates is a strength, but only indicators available in both survey products can be compared directly. Differences in survey implementation, reporting and disclosure of sensitive experiences may also influence observed prevalence. Accordingly, the results are best interpreted as population-level survey trends rather than individual-level trajectories or evidence of the effect of a specific programme or policy. Recent 2024–2026 literature also supports continued attention to

survivor-centred prevention, disclosure and support pathways **[6–8]**. Methodological interpretation of self-reported violence estimates should also recognize potential survey and reporting limitations **[9, 15]**. The findings on limited help-seeking and socioeconomic vulnerability are consistent with the service-response and social-determinant literature cited in references **[12, 15],** although these studies do not establish the causes of changes between survey rounds. Recent nationwide NFHS-based analyses likewise document continuing domestic violence, regional variation, associations with alcohol use and limited help-seeking; estimates across rounds must be interpreted according to their survey definitions and denominators **[16-18]**.

Conclusion:

Domestic violence remains an important public-health concern among ever-married women in Tamil Nadu despite the lower prevalence of spousal violence reported in NFHS-6 than in NFHS-5. Limited formal help-seeking and the persistence of violence during pregnancy remain concerns. Strengthening survivor-centred healthcare, improving awareness of support systems and addressing modifiable risk factors such as harmful alcohol use may help reduce the burden of violence.

Limitations:

The study was based on secondary survey data and relied on self-reported responses from participants. Therefore, underreporting of domestic violence due to the sensitive nature of the subject cannot be excluded.

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