Determinants of Violence Against Women Perpetrated by Intimate Partners and Nonpartners, 2022 Nepal DHS

DHS Further Analysis Reports No. 154

Rolina Dhital, Resham Khatri, Sharmila (Dahal) Paudel, Lhamo Yangchen Sherpa, Jeffrey Edmeades

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Rolina Dhital[1]
Resham Khatri[1,2]
Sharmila (Dahal) Paudel[3]
Lhamo Yangchen Sherpa[4]
Jeffrey Edmeades[5,6]

ICF
Rockville, Maryland, USA

September 2024

[1] USAID Learning for Development, Nepal
[2] School of Public Health, University of Queensland, Australia
[3] Ministry of Health and Population, Nepal
[4] United Nations Population Fund, Nepal
[5] Avenir Health, USA
[6] The DHS Program, USA

Corresponding author: Rolina Dhital, USAID Learning for Development, Kathmandu, Nepal; rolina.dhital@gmail.com

Ministry of Health and Population

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The DHS Program assists countries worldwide in the collection and use of data to monitor and evaluate population, health, and nutrition programs. Additional information about The DHS Program can be obtained from ICF, 530 Gaither Road, Suite 500, Rockville, MD 20850, USA; telephone: +1 301-407-6500; fax: +1 301-407-6501; email: info@DHSprogram.com; internet: www.DHSprogram.com.

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Government of Nepal

Ministry of Health & Population

Phone : 4. 262987 / 262590 / 262802 / 262706 / 262935 / 262862

Ramshahpath, Kathmandu
Nepal

Ref: ....

Date : 12.07.2024

PREFACE

The 2022 Nepal Demographic and Health Survey (2022 NDHS) is the sixth survey of its kind implemented in the country as part of the worldwide Demographic and Health Surveys (DHS) Program. It was implemented under the aegis of the Ministry of Health and Population (MoHP) of the Government of Nepal with the objective of providing reliable, accurate, and up-to-date data for the country. The survey received funding from the United States Agency for International Development (USAID). 2022 NDHS information has assisted policymakers and program managers in policy formulation, monitoring, and designing programs and strategies for improving health services in Nepal. The 2022 NDHS is a key data source for tracking the progress of the Nepal Health Sector Strategic Plan 2023–2030 and the Sustainable Development Goal indicators.

The 2022 NDHS further analysis reports provide additional in-depth knowledge and insights into key issues that emerged from the 2022 NDHS. This information provides guidance for planning, implementing, refocusing, monitoring, and evaluating health programs in Nepal. This further analysis is also an important initiative to strengthen the technical capacity of Nepali professionals for analyzing and using large-scale data to better understand specific issues related to the country's needs. We are glad that in the sixth round of the NDHS, we were able to produce 11 further analysis reports. We urge that all policymakers, program administrators, program managers, health workers, and other key stakeholders optimally use the information from these reports in program planning and management. High-quality evidence should be the basis of our health programs planning, implementation, monitoring, and evaluation.

Finally, we would like to appreciate the leadership of the Policy Planning and Monitoring Division, and the efforts of the different individuals of the MOHP, and the Department of Health Services in generating these reports. We are thankful to USAID Nepal for their continued support in implementing the NDHS and further analysis studies in Nepal.

Hari Prasad Mainali Secretary Ministry of Health and Population	Dr. Roshan Pokhrel Secretary Ministry of Health and Population

Government of Nepal
Ministry of Health & Population

Phone : 4. 262987 262590 262802 262706 262935 262862

Ramshahpath, Kathmandu
Nepal

Ref: ....

Date : 12.07.2024

FOREWORD

The 2022 Nepal Demographic and Health Survey (2022 NDHS) is the sixth nationally representative comprehensive survey conducted as part of the worldwide Demographic and Health Surveys (DHS) Program in the country. The survey was implemented by New ERA under the aegis of the Ministry of Health and Population (MoHP). Technical support for this survey was provided by ICF, with financial support from the United States Agency for International Development (USAID) through its mission in Nepal.

The standard format of the survey's final report included descriptive presentations of findings and trends but not of analytical methods that could ascertain the significance of differences and associations among variables. Thus, although largely sufficient, the final report is limited, particularly in providing answers to "why" questions-answers those are essential for reshaping important policies and programs. After the dissemination of the 2022 NDHS, the MoHP, USAID, and other health development partners convened and agreed on key areas that are necessary for assessing progress, gaps, and determinants in high-priority public health programs being implemented by the MoHP. In this context, 11 further analysis studies have been conducted by Nepali consultants under the direct leadership of the MoHP. The consultants were supported by USAID through the Leaming for Development Activity in Nepal and through The DHS Program.

The primary objective of the analysis studies was to provide more in-depth knowledge and insights into key issues that emerged from the 2022 NDHS. This information provides guidance for planning, implementing, refocusing, monitoring, and evaluating health programs in Nepal. One of the learning objectives is to strengthen the technical capacity of Nepali professionals for analyzing and using data from complex national population and health surveys to better understand specific issues related to country needs.

The further analysis of the 2022 NDHS was the concerted effort of many individuals and institutions, and it is with the great pleasure that we acknowledge the work involved in producing this useful document. The participation and cooperation of the officials of the MoHP and the Department of Health Services are highly valued. We would like to extend our appreciation to USAID Nepal for providing financial support for the further analysis. We would also like to acknowledge The DHS Program for its technical assistance at all stages. Our sincere thanks also goes to the USAID Learning for Development Activity team for the overall management and coordination of the entire process. Our special appreciation goes to the Policy Planning and Monitoring Division, MoHP, for their efforts and dedication to the completion of the further analysis of the 2022 NDHS.

Dr. Tanka Prasad Barakoti Additional Secretary MOHP	Dr.Bikash Devkota Additional Secretary MOHP	Dr. Dipendra Raman Singh Additional Secretary MOHP

Government of Nepal

Ministry of Health & Population

Phone : 4. 262987 262590 262802 262706 262935 262862

Ramshahpath, Kathmandu
Nepal

Ref: ....

Date : 12.07.2024

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The further analysis of the 2022 Nepal Demographic and Health Survey (2022 NDHS) was conducted under the aegis of the Policy Planning and Monitoring Division of the Ministry of Health and Population (MoHP). The United States Agency for International Development (USAID) provided financial support, with technical assistance provided by the Demographic and Health Surveys (DHS) Program. Overall coordination, recruitment of local consultants, facilitation, administration, and logistic support were provided by the USAID Learning for Development Activity.

I am indebted to Dr. Bikash Devkota, Additional Secretary of the MoHP, for his unwavering guidance throughout the analysis process. I would like to acknowledge the efforts of Dr. Push pa Raj Poudel, Mr. Ravi Kanta Mishra, Mr. Manoj Tamrakar from the Policy Planning and Monitoring Division/MoHP. My special gratitude goes to all the co-authors for their input, coordination, data analysis, and writing of reports. My special thanks go to the co-authors from the MoHP and the Department of Health Services (DoHS) who provided significant contribution to ensure that the analysis aligned with our data needs and to improve the quality of the reports. My sincere appreciation goes to the peer reviewers: Dr. Gunanidhi Sharma from MoHP, Kabita Aryal, Sagar Dahal, Dr. Abhiyan Gautam, Dr. Uttam Pachya, Dr. Poma Thapa, and Dr. Bibek Lal from the DoHS; Pradeep Poudel from USAID Learning for Development; Tirtha Tamang from the United Nations Population Fund; Milima Dangol; Bidur Bastola from the USAID Adolescent Reproductive Health project; Dr. Rahul Pradhan from the World Health Organization; Abhilasha Gurung, and Naveen Poudyal from the United Nations Children's Fund; and Dr. Saroj Dhakal, Dr. Jaganath Sharma, and Sabita Tuladhar from USAID for reviewing the reports.

Special thanks to Sabita Tuladhar from USAID for her continuous support of this process. My sincere appreciation to Dr. Kerry L. D. MacQuarrie from The DHS Program, Jade Lamb, Tarun Adhikari, Sagar Neupane, Lokesh Bhatta, and Alexandra Cervini from USAID Learning for Development for their hard work in supporting the completion of these 11 further analysis reports.

12.07.2024

Dr. Krishna Prasad Paudel
Chief, Policy Planning and Monitoring Division
Ministry of Health and Population

ABSTRACT

Violence against women in Nepal is deeply rooted in societal structures and cultural norms, necessitating a comprehensive understanding of effective interventions. The 2022 Nepal Demographic Health Survey (NDHS) introduced assessments of intimate partner violence (IPV) among nonmarried women, as well as assessments of nonpartner violence among all eligible women. This study examined patterns of and determinants of common forms of violence perpetrated by intimate partners and nonpartners using data from the 2022 NDHS. Quantitative analysis was performed using data from 5,177 women age 15–49 who responded to the violence module, and findings were organized by level of the socioecological model (i.e., individual, interpersonal, community, and societal). Descriptive, bivariate, and multivariate analyses were performed and adjusted to account for survey design.

Among the 5,177 women, 3,853 were currently married or cohabiting at the time of the survey. Approximately 22% reported having experienced physical violence, and roughly one in 13 reported having experienced sexual violence, during their lifetimes. Nearly 20% reported physical violence by intimate partners, compared with 4.4% who reported physical violence by nonpartners; 5.9% of women reported sexual violence by intimate partners, and 1.5% reported such violence by nonpartners. At the individual level, ethnicity played a significant role in the experience of physical violence, particularly for Madheshi, Muslim, and Dalit women. Older age was associated with a higher likelihood of IPV, while education was protective. Women who were employed, however, faced increased risks of violence from nonpartners. At the interpersonal level, exposure to paternal violence against mothers was the most consistent determinant of all types of violence by both intimate partners and nonpartners. Characteristics of husbands/partners such as unemployment, controlling behavior, and alcohol use increased the likelihood of IPV. At the community level, violence rates were highest in Madhesh, Bagmati, and Lumbini provinces, and women from rural areas were at higher risk of nonpartner sexual violence. At the societal level, media exposure was protective against emotional violence, but normalization of violence against women increased their risk of physical violence from intimate partners. Barriers accessing health services were associated with higher odds of nonpartner sexual violence.

These findings underscore the importance of considering socioecological levels and customizing interventions accordingly. At the central policy level, existing laws on violence against women should be updated to reflect modern societal changes, coupled with efforts to enhance women's access to legal support. At the implementation level, multiple sectors should raise awareness about these laws to empower women to understand their rights. The health sector plays a pivotal role in identifying and supporting victims, and family and community volunteers can be mobilized to address barriers to health care access. Continued training of frontline health workers is essential for fostering a stronger referral mechanism for women seeking medical and legal support. Involving mental health experts in early interventions is vital to break intergenerational cycles of violence. The education sector should revise curricula, with educators and school nurses trained on violence prevention and support. At the local level, capacity to develop tailored policies should be built, activities to raise police awareness should be conducted, and technology and the media can be leveraged to help mitigate violence.

Key words: violence against women, intimate partners, nonpartners, domestic violence, determinants

ACRONYMS AND ABBREVIATIONS

AOR	adjusted odds ratio
CI	confidence interval
DHS	Demographic and Health Surveys
DoHS	Department of Health Services
FCHV	female community health volunteer
GBV	gender-based violence
IPV	intimate partner violence
MoHP	Ministry of Health and Population
NDHS	Nepal Demographic and Health Survey
SDG	Sustainable Development Goal
UNFPA	United Nations Populations Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VAW	violence against women
WHO	World Health Organization

1 INTRODUCTION

The terms gender-based violence (GBV), violence against women (VAW), and domestic violence are used interchangeably, but their meanings and interpretations differ within contexts and settings. GBV encompasses any form of violence, harm, or discrimination based on gender, recognizing that the violence can be directed toward any gender and is often in response to societal expectations, norms, and stereotypes associated with gender identity.[1] Likewise, domestic violence specifically occurs within the context of a domestic or intimate relationship.[2] Individuals of any gender can be affected by domestic violence, but it is most associated with VAW within a family or household setting. VAW is thus a subset of GBV, as it is a specific manifestation based on gender. It is a broad term that encompasses any act of GBV that results in, or is likely to result in, physical, sexual, or psychological harm or suffering to women.[3]

Because this report specifically centers on women within and outside domestic environments, VAW will be employed for uniformity. VAW is rooted in imbalances of power between genders and can take on diverse manifestations. Universally acknowledged as a violation of fundamental human rights, VAW spans various types of violence, including physical, sexual, emotional (i.e., psychological), economic, social, cultural, traditional, and emerging forms of violence like online or cyber violence.[4] Addressing VAW is a complex and multifaceted challenge, and despite ongoing efforts, several gaps persist in prevention, response, and support. Some key gaps in addressing VAW globally include underreporting due to underlying stigma and lack of trust, inadequate legal frameworks, limited access to support services, harmful cultural and social norms, and lack of comprehensive education.[5]

Understanding VAW is fundamental in identifying and developing effective interventions and policies to prepare for, respond to, and mitigate its impacts. However, research gaps in nationally representative data, such as a lack of comprehensive data for different forms of violence and different types of perpetrators, persist. A lack of specific comprehensive data distinguishing IPV from nonpartner violence poses challenges in understanding and addressing this complex issue.

The 2030 United Nations Agenda for Sustainable Development Goals (SDGs) advocates for eradicating all forms of violence against women and girls, whether in public or private domains, outlined within SDG Target 5.2.[10] The primary indicator for this target (5.2.1) centers on IPV, mandating regular assessment of "the percentage of women and girls age 15 and older who have ever been in a partnership and experienced physical, sexual, or psychological abuse by a current or former intimate partner."[10] Although research into IPV—particularly spousal violence at both community and national levels—has been examined along with its association with reproductive health and maternal and newborn health outcomes,[6,11–13] nonpartner violence—encompassing issues like sexual harassment and physical assault—lacks sufficient information. A lack of data on nonpartner violence limits understanding of the specific risk factors and circumstances surrounding these incidents. Furthermore, limited research examines how intersecting factors such as caste, ethnicity, socioeconomic status, and geographic location influence the determinants of both IPV and nonpartner violence.

The inclusion of a violence module in the surveys implemented by The Demographic and Health Surveys (DHS) Program represents a crucial step toward comprehensively understanding and addressing the prevalence of violence at a national level.[14] DHS surveys typically include a domain focused on capturing

VAW-related information. Implemented across 54 countries, the violence module has significantly contributed to global understanding of VAW, particularly IPV. The most recent phase of The DHS Program, DHS-8, focuses on measuring incidents of physical and sexual violence, providing updated insights into VAW prevalence and patterns.[14]

In Nepal, VAW is a significant concern, encompassing various forms of physical, sexual, emotional, and economic abuse. It is a complex issue deeply rooted in societal structures and cultural norms affecting women across socioeconomically and geographically defined groups.[6] The 2011 Nepal Demographic and Health Survey (NDHS) marked a significant milestone, as a module on domestic violence was introduced for the first time.[15] It aimed to assess VAW prevalence among ever-married women of reproductive age at the national level. The violence module was updated in the 2016 NDHS, which continued providing insights into the prevalence of VAW and spousal violence, considering various background characteristics of women.[16] The 2016 NDHS also explored the frequency of violence, the onset of marital violence, incidents leading to injuries, women's efforts to seek help to stop violence, and sources where women sought assistance.[16] However, both the 2011 and 2016 NDHS surveys primarily focused on IPV among ever-married women, with limited insights into IPV by nonmarried partners or violence by nonpartners.[15,16]

More recently, the questionnaire for the violence module was updated in the DHS-8 data collection round to encompass never-married women who indicated that they currently or previously had an intimate partner but had never lived with them as if married.[7] As societal norms evolve, more individuals may be in nonmarital relationships. Examining IPV in this context reflects changing social dynamics and helps tailor interventions to contemporary relationship structures. Nonmarried women may be in various types of relationships, such as cohabitation or dating. Including nonmarried women provides a more comprehensive understanding of IPV across relationship contexts. Moreover, exploration of non-IPV allows for a broader understanding of violence, considering relationships beyond intimate partnerships, such as familial, peer, or community-based relationships.

In Nepal, as per the 2022 NDHS, 23% of women age 15–49 have experienced physical violence since the age of 15, and 8% have experienced sexual violence at some point.[7] Moreover, 27% of women who have ever had an intimate partner have faced multiple forms of violence, including physical, sexual, or emotional.[7] The proportion of women who have encountered IPV in the past 12 months increased from 14% in 2016 to 17% in 2022 among those who have ever been married.[7] Data on emotional violence perpetrated by nonpartners remains scant. The 2022 NDHS measured emotional violence only among women with intimate partners, and the prevalence was estimated to be around 6%–7%.[7]

Factors such as patriarchy, traditional gender roles, and economic dependence contribute to VAW perpetuation.[8] Although Nepal has made significant progress in addressing VAW by putting laws and policies in place, difficulties implementing and enforcing them persist.[9] Closing the gaps in addressing VAW requires a comprehensive and coordinated effort involving legal reforms, awareness campaigns, support services, economic empowerment, and a commitment to challenging and changing harmful cultural norms. Such efforts and reforms will be effective only when they are evidence-based.

1.1 Breadth of Violence Against Women

VAW occurs in various contexts, over different time periods, and in numerous locations. Its perpetrators can be individuals, groups, or even societal structures. Rooted in historical gender norms and power

imbalances, a substantial portion of global VAW occurs within homes, involving intimate partners or family members, and manifests as physical, sexual, and emotional violence.[4] Public spaces, such as streets, parks, workplaces, and public transportation, also become sites of violence, curbing women's freedom of movement through harassment and assault.[20] Humanitarian crises, including conflict situations, heighten women's vulnerability, with sexual violence often employed as a weapon of war.[23] Natural disasters similarly expose women to increased risks, ranging from IPV or nonpartner violence to acts such as rape, female genital mutilation, honor killings, and trafficking.[24] The COVID-19 pandemic exacerbated VAW (accentuated by stress), weakened social networks, and restricted access to services.[25] Moreover, the digital world introduced new dimensions of violence, such as cyberbullying and the distribution of nonconsensual intimate images, expanding the VAW spectrum.[21]

Globally, intimate partners remain the primary perpetrators of physical violence, affecting approximately 26% of women age 15–49 in romantic relationships.[4] The 2022 NDHS reported that 81% of women who experienced physical violence from an intimate partner identified their current husband or partner as the perpetrator, while 14% pointed to their ex-husband or former partner.[7] Physical violence includes hitting, slapping, kicking, pushing, shaking, throwing objects, and using weapons.[7] Sexual violence, covering acts like rape and unwanted sexual touching, is also predominantly perpetrated by intimate partners globally and in Nepal.[4,7]

Emotional violence, often used interchangeably with psychological violence, targets emotions and causes mental or emotional harm, with perpetrators intending to control or manipulate individuals through threats, degradation, or intimidation.[17] Examples include constant criticism, verbal abuse, isolation, or actions causing emotional distress, as observed in various relationships.[17] Coercive behaviors, stalking, and harassment are other forms of emotional violence, which frequently precedes or coexists with physical, sexual, and economic violence. Despite its high prevalence, especially within intimate partner relationships, psychological violence has received limited research attention. Globally, female parliamentarians surveyed in 2016 reported encountering psychological violence, including sexist remarks, threats, and mobbing, primarily through social media.[18] In Nepal, the 2022 NDHS reported on emotional violence only within intimate partner relationships, with no information on emotional violence perpetrated by nonpartners.[7]

Economic violence involves actions that limit victims' access to financial resources, employment opportunities, or economic independence, including controlling finances or obstructing education and employment.[19] Rooted in gender disparities and reinforced by traditional gender expectations, economic violence is most frequently perpetrated by current or former intimate partners.[19] In intimate relationships, economic violence often coexists with other forms of IPV, such as physical, psychological, and sexual abuse, as well as coercive and controlling behaviors. Perpetrators can extend beyond intimate partners to include family members or individuals seeking to exert control over a woman's financial autonomy.[19]

Social violence isolates or excludes women from community life, restricting social interactions and opportunities. Perpetrators of social violence can include individuals within the community, such as family members or community leaders, who enforce discriminatory norms.[20] Cultural or traditional practices, such as female genital mutilation or forced marriage, constitute violence rooted in cultural traditions, with perpetrators being family members, community leaders, or those enforcing traditional norms.[20]

Cyber or online violence can be considered an extension of the violence that take places in the physical world.[21] Cyber violence is driven by technology and encompasses harassment, cyberbullying, and the distribution of nonconsensual intimate images by anonymous individuals or acquaintances.[21] A study from five Asian countries—India, Malaysia, Pakistan, the Philippines, and the Republic of Korea—highlighted that women are two times more likely than men to experience online violence.[22] Approximately 50% of the women in the study reported experiencing at least one form of online violence in their lifetime, typically perpetrated by intimate partners, acquaintances or friends, or strangers.[22]

1.2 Determinants of Violence Against Women

VAW stems from a combination of factors that interact at individual, interpersonal, community, and societal levels in ways that heighten or diminish risk. Most studies on VAW determinants have been structured around the socioecological VAW framework, which addresses each of these levels of influence.[26]

1.2.1 Individual level

VAW determinants at the individual level include education, age, and socioeconomic status. In Nepal, ethnicity also plays a crucial role at the individual level, intersecting with all other levels of the socioecological model, and shaping individual lives and circumstances. Studies have consistently shown higher education to be associated with greater awareness, empowerment, and assertiveness, potentially reducing VAW risk.[27,28] Studies also suggest that younger women and older women are more vulnerable to VAW than middle-age women. Female empowerment has been identified as another major factor influencing VAW.[13,27,28] A woman's role in household decision-making, financial income, freedom of mobility, employment, access to banks, and mobile phone ownership have been identified as protective factors.[13,28]

1.2.2 Interpersonal level

A woman's relationship status has been identified as a determinant of VAW. A systematic review representing 23 countries with the highest VAW prevalences found that married women had a lower risk of IPV than unmarried women or those in cohabitating relationships.[28] Marriage (as opposed to separation or divorce) also showed protective effects against IPV. However, another study found that being married was associated with an increased risk of sexual IPV when compared with being unmarried.[4] Conversely, single and unmarried women appeared to face the highest risks of nonpartner sexual and physical violence.[4]

Among married women, age at marriage was found to be an important determinant of VAW, with early marriage posing a higher risk.[27–29] In general, the likelihood of experiencing IPV in the past year decreased with longer marital duration, whereas the experience of lifetime IPV increased.[28] Among married women, relational factors, such as pregnancy status or husband's use of alcohol, also played crucial roles in VAW. Controlling behavior by husbands/partners has also been identified as a determinant of various forms of IPV. However, controlling behavior itself can be considered a form of psychological violence.[27] Studies have also identified household socioeconomic status to be a VAW predictor, and indicated that poverty could play an important role in increasing the vulnerability of women to VAW within a household.[27–29]

1.2.3 Community level

Community-level determinants are various factors within a community that contribute to the prevalence or mitigation of VAW. They may include traditional gender roles within communities, schools, workplaces, and public spaces.[26]

Although studies have identified place of residence (urban versus rural) as an important VAW determinant, the results have been mixed. A study based on DHS data from 11 East African countries identified women residing in rural areas to be more vulnerable to VAW than those residing in urban areas.[27] Conversely, a systematic review from countries with higher VAW prevalences indicated that residing in rural areas had a protective effect against VAW and that residing in urban areas portended a bigger risk.[28]

At the household level, the gender of the head of the household was also found to be a VAW determinant, with a female head of household being protective against IPV.[27] Studies have also indicated workplace as a VAW predictor, particularly when the workplace is influenced by managerial pressure for high productivity or by a hierarchical structure coupled with poorer working conditions (such as in factories), which could contribute to a culture of violence.[28]

1.2.4 Societal level

Societal-level VAW determinants refer to broader factors within a society that contribute to the prevalence of or reduction in such violence.[26] Societies that endorse patriarchal social norms and uphold masculine ideals often contribute to VAW perpetuation.[8,30] Systematic reviews have identified the normalization of violence by both men and women as a strong predictor of men's engagement in violent behavior and women's experiences of various forms of violence.[28,29] Social norms, media exposure, access to health care, and decision-making power in seeking health care services have been identified as additional VAW determinants at the societal level.[5,28]

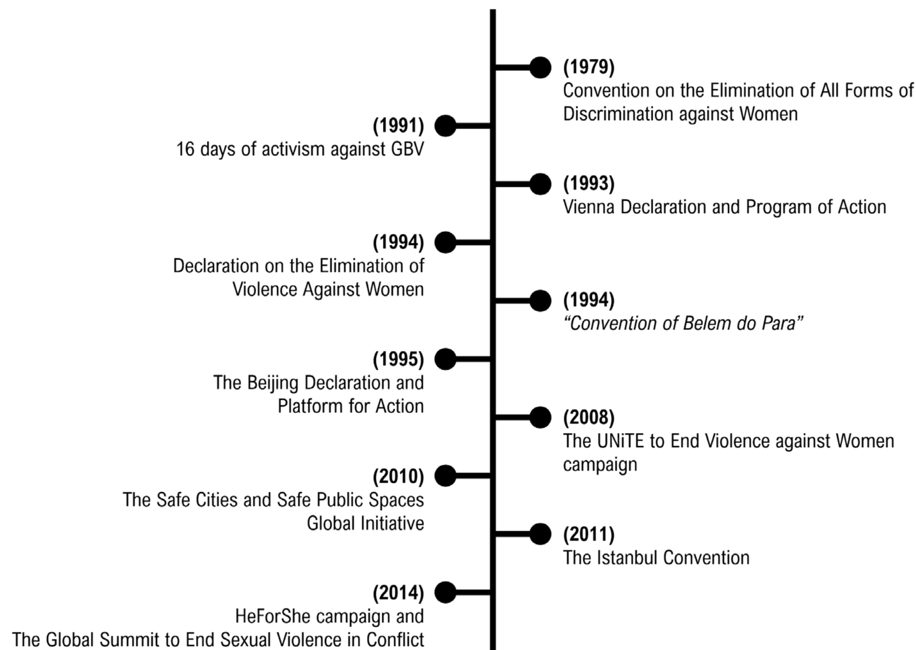
1.3 Global and National Initiatives to Address Violence Against Women

Global initiatives have been crucial in addressing VAW over the past four decades, including SDG Target 5.2, which aims to eradicate all forms of VAW.[10,38] Figure 1 summarizes key milestones within these global initiatives, including the Convention on the Elimination of All Forms of Discrimination Against Women, adopted in 1979, which serves as an international bill of women's rights and commits countries to eliminate VAW.[1] The 16 Days of Activism Against Gender-Based Violence campaign, initiated in 1991, raises awareness of VAW annually from November 25th to December 10th.[31] The Vienna Declaration and Program of Action;[3] the Declaration on the Elimination of Violence Against Women;[32] and the Inter-American Convention on the Prevention, Punishment, and Eradication of Violence Against Women, also known as the "Convention of Belem do Para,"[33] also contribute to the global effort. The Beijing Declaration and Platform for Action (1995) has provided a comprehensive plan for gender equality, including VAW elimination.[34] The UNiTE to End Violence Against Women campaign,[31] the Safe Cities and Safe Public Spaces Global Initiative,[20] the Istanbul Convention,[35] the HeForShe campaign,[36] and the Global Summit to End Sexual Violence in Conflict further emphasize prevention and response.[37]

In Nepal, legal and security mechanisms, including the Domestic Violence (Offense and Punishment) Act 2009[39] and the Rape and Sexual Offenses (Punishment and Sentencing) Act 2018 address sexual violence,[40]

alongside the Human Trafficking and Transportation (Control) Act 2007[41] and the National Plan of Action Against Gender-Based Violence 2010.[42] Security measures in Nepal involve police response, emergency services, shelters, community policing, and coordination between agencies to support and protect women experiencing violence. However, the existing acts and legislation do not address all forms of VAW, and not all theories have been translated into practice.[43] Moreover, not all legislation is tailored to the specific needs of women by type of violence and type of perpetrator.

Figure 1 Key milestones within global initiatives to address violence against women



GBV = gender-based violence
Source: Created by Dhital R after reviewing the literature on the topic

1.4 National Health System Responses to Violence Against Women

Nepal's health system plays a vital role in addressing VAW through a comprehensive approach that includes clinical care, support services, training for health care professionals, preventive education, reproductive health services, and referral systems. Health facilities, including hospitals and peripheral health facilities, provide clinical care for violence survivors. One-stop crisis management centers, mostly based in hospitals, offer comprehensive support services.[44] The Ministry of Health and Population, with support from the United Nations Population Fund (UNFPA) and technical assistance from Jhpiego, developed a training package in 2016 on health response to violence, which was the first competency-based training package for blended learning and on-the-job training for Nepal.[45]

The National Health Policy 2019 and the Nepal Health Sector Strategic Plan 2023–2030 emphasize supporting efforts against VAW in Nepal.[46,47] The National Health Policy prioritizes gender-transformative approaches, inclusivity, maternal and child health services, and family planning accessibility.[46] Conversely, the Nepal Health Sector Strategic Plan focuses on achieving universal health coverage, with key objectives such as improving maternal and child health, integrating gender-responsive approaches, and enhancing the

capacity of health care providers.[47] Collectively, these policies underscore a commitment to addressing VAW through comprehensive and gender-transformative measures within Nepal's health care sector.

Additionally, relevant national policies, such as the National Women's Empowerment Policy, the Gender Equality and Social Inclusion Strategy (2021–2023),[48] and the Nepal Safe Motherhood and Newborn Care Roadmap 2030, contribute to women's empowerment and gender inclusion in the health sector.[49] These policies collectively address health disparities, provide targeted interventions, and emphasize the importance of gender-disaggregated health data for evidence-based decision-making.

The health sector has a crucial role in helping women suffering from VAW. Global evidence has consistently indicated that abused women are more likely to use health care services than are women who have not been abused. A health service provider is often the first professional contact for VAW survivors. However, health service providers often miss opportunities to identify VAW survivors or help them due to a lack of awareness.[50] Further assessment is required to determine the extent to which theories of health response to VAW are implemented in practical settings in Nepal.

1.5 Study Rationale

The 2022 NDHS allowed for a more comprehensive IPV assessment in Nepal than previous surveys. For the first time, data were collected on the experiences of nonmarried women with IPV, meaning that women who were not married but had an intimate partner but never married or lived with their partners were included. The survey also included updated questionnaires and collected data on VAW by both intimate partners and other perpetrators, allowing for a broader view of women's experiences with violence. The 2022 NDHS final report provided descriptive data and considered factors such as women's background characteristics, the frequency and onset of violence, injuries resulting from violence, actions taken by women to stop violence, and sources where women sought help. However, the report did not provide in-depth data on VAW determinants and whether they differed based on the type of perpetrator.

As societal norms change, with more individuals engaging in nonmarital relationships, examining IPV within this context becomes crucial to understanding evolving social dynamics that could help update existing policies. Additionally, investigating non-IPV broadens the perspective on violence, considering violence within familial, peer, and community-based relationships. Differentiating between violence perpetrated by intimate partners and violence perpetrated by nonpartners would allow for the targeted development of prevention and intervention programs. Moreover, recognizing variations in violence could facilitate understanding of the unique needs and experiences of those facing violence from different sources. This would ensure that policies accurately reflect the distinctive dynamics of both IPV and nonpartner violence. Therefore, it is crucial to investigate the various forms of VAW based on different perpetrators within the specific context of Nepal.

1.6 Objectives

The study's general objective was to examine patterns in and determinants of the most common forms of violence in Nepal by perpetrator types. The specific objectives were to investigate disparities in the patterns and determinants of:

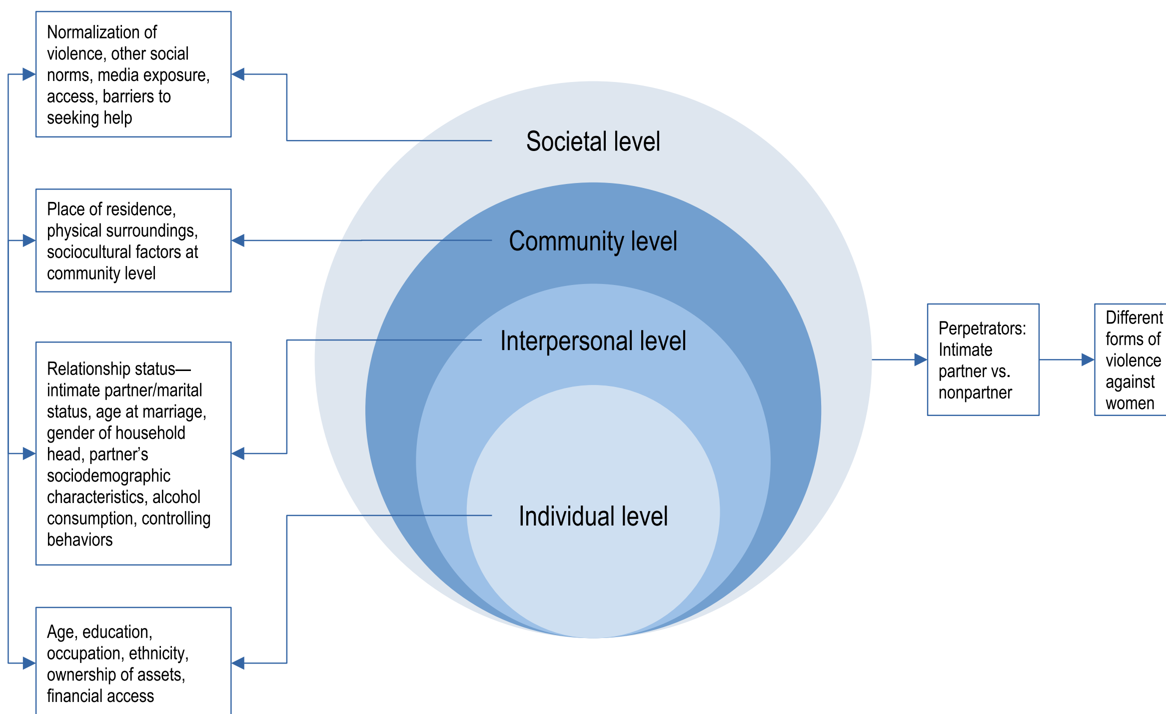
- Physical and sexual violence perpetrated by any nonpartner versus any intimate partner
- Physical and sexual violence perpetrated by current intimate partners
- Emotional violence perpetrated by current intimate partners

2 METHODS

2.1 Conceptual Framework

The conceptual framework for this study was adapted from the socioecological violence against women (VAW) model (see Section 1.2), which is used to understand and address VAW by examining individual, interpersonal, community, and societal levels of influence that contribute to its occurrence (Figure 2).[26] By addressing VAW through a socioecological model, studies produce findings that can be used to develop more comprehensive interventions, recognizing that a complex interplay of factors at various levels of the social environment shapes individual behaviors.

Figure 2 Conceptual framework based on the socioecological model of violence against women



Source: Adapted based on the socioecological model of violence against women[26]

2.2 Data Sources

This study adopted quantitative analysis based on data from women age 15–49 who were selected and interviewed for the domestic violence module in the 2022 Nepal Demographic and Health Survey (NDHS).[7] The 2022 NDHS collected information on violence, encompassing VAW from both intimate partners and nonpartners. For the first time, the 2022 NDHS also collected data on IPV experienced by never-married women who reported that they currently or formerly had an intimate partner. The 2011 and 2016 NDHS surveys collected data on IPV only from ever-married women,[15,16] defined as women who were currently married or living with a man as if married, and women who were formerly married or formerly lived with a man as if married.

In the 2022 NDHS, only one eligible woman age 15–49 per household was randomly selected for the domestic violence module. A total of 5,185 women were identified for individual interviews for the module. Data from 5,177 of these women were analyzed.

This study was based on secondary analysis of publicly available NDHS data, which was obtained from The Demographic and Health Surveys (DHS) Program (www.dhsprogram.com) for further analysis. Before obtaining data access, a registration form outlining the requested data and analysis plan was submitted and approved by The DHS Program. All data were analyzed in aggregate, and no effort was made to identify specific study participants.

2.3 Study Variables

2.3.1 Outcome variables

We investigated the lifetime experience of different forms of violence by type of perpetrator among women age 15–49 who responded to the domestic violence module in the 2022 NDHS. Lifetime experience of violence was examined as a categorical outcome variable with three categories: physical violence, sexual violence, and emotional violence. We specifically examined whether women had ever experienced physical and/or sexual violence perpetrated by current partners, any current or past intimate partner, and nonpartners and whether they had ever experienced emotional violence perpetrated by their current intimate partners.

2.3.2 Operational definitions of types of perpetrators

The key explanatory variable in this study was the distinction between different types of perpetrators, broadly classified as intimate partners and nonpartners.

Intimate partners: An intimate partner was defined as a current husband or any other individual in an intimate relationship with the woman surveyed. The term "current husband" applied to women currently in a marriage. For divorced, separated, or widowed women, it referred to the most recent husband. For never-married women with a current intimate partner, it pertained to the current partner. For never-married women without a current partner but who had one in the past, it referred to the most recent intimate partner. In this study, current and former boyfriends were also included as intimate partners.

Nonpartners: Perpetrators other than husbands or other intimate partners were considered nonpartners in this study. Nonpartners were broadly categorized into three major groups: immediate family (i.e., parents, siblings, and other relatives), in-laws, and nonfamily including acquaintances, teachers, employers, police, religious leaders, and strangers.

2.3.3 Independent variables

The independent variables for this study were identified based on a literature review and were structured according to the socioecological framework, encompassing variables at the individual, interpersonal, community, and societal levels.[26] Additionally, background characteristics of husbands/partners were included as independent variables for a subset of 3,855 women who were currently married or cohabiting with a partner.

The individual level reflects characteristics that relate to the individual, including measures of individual empowerment.[51] The variables under the individual level in this study were age, education, occupation, ethnicity, mobile phone ownership, and having a bank account.

The interpersonal level explores the influence of close relationships and includes dynamics within families, households, and intimate partner relationships. Factors such as power dynamics and social support play a role at this level and are understood to be influenced by broader social and gender norms.[51] In this study, the variables at the interpersonal level were the gender of the household head, marital status, exposure to father's physical violence against mother, and household wealth quintile. The husband/partner characteristics examined among the subset of women currently married or cohabiting with a partner were age, education, occupation, alcohol consumption, controlling behavior, and whether the husband/partner was currently residing with the survey respondent.

The community level encompasses various factors within a community, such as place of residence; traditional gender roles in communities, schools, or workplaces; and public spaces.[51] In this study, province and place of residence (urban versus rural) were the variables included at the community level.

The societal level refers to broader societal factors, such as sociocultural practices, social norms, exposure to media, and access to health care.[51] In this study, the normalization of violence by women, internet use, use of other media, and barriers accessing health care were the variables included at the societal level. The details of all outcome and independent variables, including how they were categorized, are summarized in the Table A1.

2.4 Data Analyses

Descriptive, bivariate, and multivariate analyses were used to meet the study objectives. All analyses were adjusted to account for the complex survey design, using the specific weight for the subsample of women who were interviewed for the domestic violence module.

First, the descriptive statistics for each of the variables of interest were examined. Second, a bivariate analysis of proportions for each of the outcome variables was conducted, examining the association with all independent variables separately for each type of perpetrator: intimate partners and nonpartners. In this stage, chi-squared tests were used to examine the statistical significance of the associations. Finally, unadjusted (i.e., bivariate) and adjusted (i.e., multivariate) logistic regression analyses were performed to explore the determinants for each violence-related outcome, along with a comparison of models to examine differences by perpetrator type. Results were presented as adjusted odds ratios with 95% confidence intervals for all independent variables. The statistical significance level was set at $p<.05$ (two-tailed) to identify the determinants associated with all the outcome variables. All reported estimates were weighted. All analyses were conducted using the "svy" command function, considering the clustering effect, in Stata 18 Standard Edition (Stata Corp, 2023).

3 RESULTS

3.1 Background Variables of Women

This study included 5,177 women age 15–49 year who participated in the domestic violence module of the 2022 Nepal Demographic and Health Survey (NDHS), including a subset of 3,853 women who were currently married or cohabitating with a partner. Details of background variables for both groups are provided in Table A2. Following is a summary of key background variables organized by level of the socioecological model.

Individual level: Out of 5,177 women surveyed, 16%–18% were age 15–29. Around 26% had no education, while 30% had basic education and 43% had secondary or higher levels of education. Approximately 28% were not employed in the past year. In terms of ethnicity, around 37% identified as Janajati and 28% as Brahmin/Chhetri. Approximately 15% each represented the Madheshi and Dalit ethnic groups, while around 4% identified as part of the Muslim community. Nearly 80% owned a mobile phone and about 50% had a bank account.

Interpersonal level: Among the 5,177 respondents, 65% identified a male head of the household. Approximately 17% had witnessed their father hitting their mother. Among the 3,853 women who were currently married or cohabiting with a partner, husband/partner characteristics varied across several parameters. The largest proportion of partners were age 25–34, comprising around 34% of the total sample, followed closely by those age 35–44 (nearly 33% of respondents). Partners age 45–54 accounted for a smaller yet notable proportion of the sample (around 19%). The youngest group, those age 16–24, constituted almost 10% of respondents, while those age 55 and older represented the smallest proportion (around 3%). In terms of employment, only around 2% of partners did not work, with around 45% engaged in manual labor, 34% in office-related jobs, and 19% in agriculture. Approximately 45% of the partners had attained secondary education or higher, while around 15% had no formal education. Around 48% of partners reported alcohol consumption, and 65% demonstrated controlling behaviors.

Community level: About 20% of the 5,177 women resided in Madhesh and Bagmati provinces, followed by those living in Lumbini (18.3%) and Koshi (16.9%). Most (68.2%) lived in urban areas.

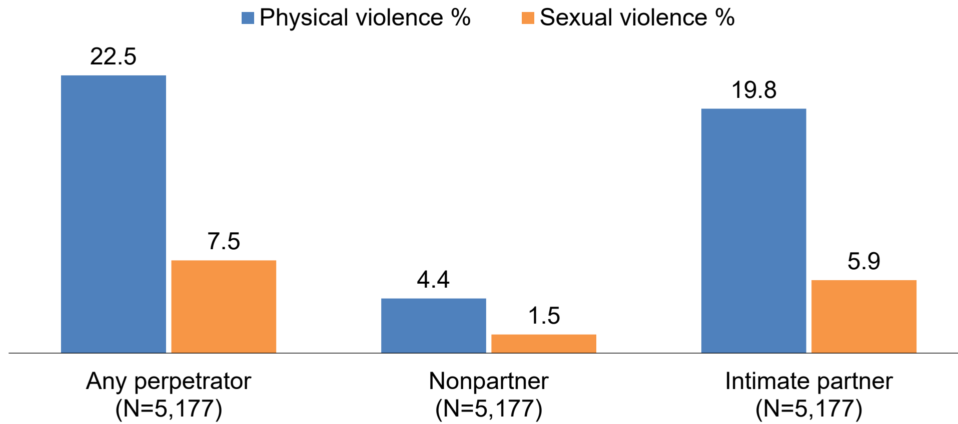
Societal level: Around 19% of the 5,177 women normalized violence, justifying husbands physically disciplining wives under certain conditions. Media exposure was prevalent, with approximately 65% using the internet and around 79% using other media including newspapers and magazines, television, or radio. Around 65% reported barriers accessing health care, including long distances to facilities, difficulty obtaining funds, and difficulty obtaining permission for treatment.

3.2 Prevalences of Physical and Sexual Violence by Type of Perpetrator

The prevalences of physical and sexual violence by each type of perpetrator are summarized in Figure 3. Among the 5,177 women surveyed, substantial proportions reported experiencing physical or sexual violence, with physical violence being more common than sexual violence across all types of perpetrators. More than one in five women (22.5%) reported having experienced physical violence, and roughly one in every 13 women had experienced sexual violence. Almost one in five women (19.8%) reported having

experienced physical violence at the hands of intimate partners, compared with 4.4% who experienced it by nonpartners. A similar pattern was evident for sexual violence, with 5.9% of women reporting sexual violence perpetrated by intimate partners and 1.5% reporting it by nonpartners.

Figure 3 Prevalences of physical and sexual violence by type of perpetrator, 2022 Nepal DHS

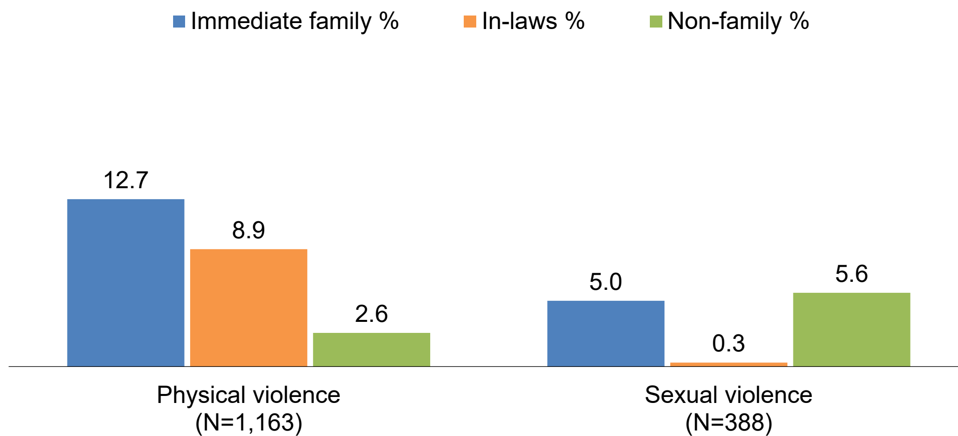


3.2.1 Nonpartners

As shown in Figure 4, physical violence perpetrated by nonpartners was most frequently carried out by immediate family members, followed closely by in-laws. Among the in-laws, mothers-in-law and other in-laws were identified as the most common perpetrators, accounting for 4%–5% of women ever experiencing physical violence. Among immediate family members perpetrating physical violence, the mother was identified as the most common perpetrator, accounting for 5% of all physical violence perpetrated by nonpartners (results not shown).

In contrast, sexual violence perpetrated by nonpartners was predominantly committed by individuals from outside of the family (5.6%). The nonfamily perpetrators included friends, acquaintances, and strangers.

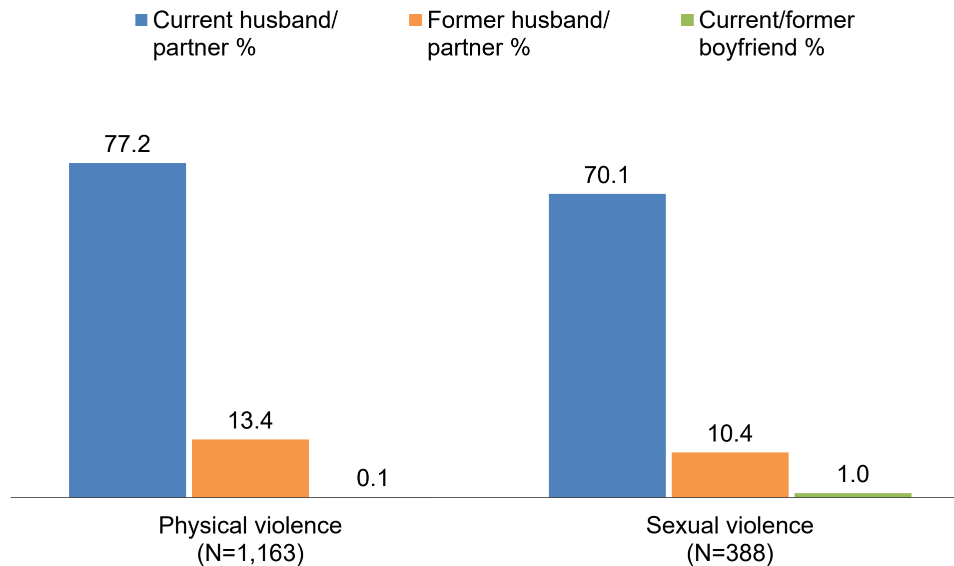
Figure 4 Perpetrators of nonpartner violence, 2022 Nepal DHS



3.2.2 Intimate partners

As shown in Figure 5, more than 70% of women who had ever experienced physical or sexual violence experienced the violence from their current husbands/partners, whereas 13% experienced physical violence and 10% experienced sexual violence from former husbands/partners.

Figure 5 Perpetrators of intimate partner violence, 2022 Nepal DHS



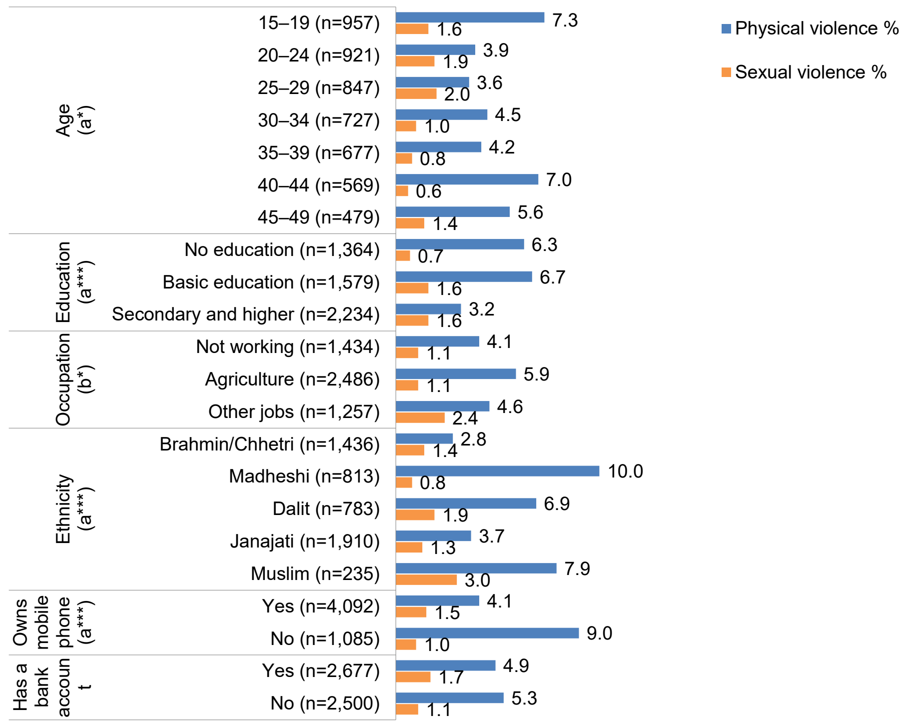
3.3 Bivariate Analyses of Physical and Sexual Violence by Nonpartners

Figures 6–9 illustrate the results of bivariate analyses of physical and sexual violence perpetrated by nonpartners for different levels of the socioecological model across variables. More detailed results are provided in Table A3.

3.3.1 Individual level

Statistically significant differences in physical violence by nonpartners were found by age, with the experience of physical violence ranging from 3.6% among women age 25–29 to 7.3% among women age 15–19 (p=.025). However, no significant differences were found for sexual violence across age categories. Occupation was significantly associated with the prevalence of physical violence, with women working in agriculture reporting the highest prevalence (5.9%) than those not working (p<.001). Moreover, ethnicity emerged as a notable determinant (p<.001) of physical violence, with Madheshi women reporting the highest prevalence of physical violence (10%), followed by Muslim women (7.9%) and Dalit women (6.9%). Women who did not own a mobile phone demonstrated a significantly higher prevalence of physical violence (9%) than those who owned one (4.1%) (p<.001); a similar difference was found for sexual violence, but it was not statistically significant (Figure 6).

Figure 6 Associations of individual-level variables with violence by nonpartners, 2022 Nepal DHS

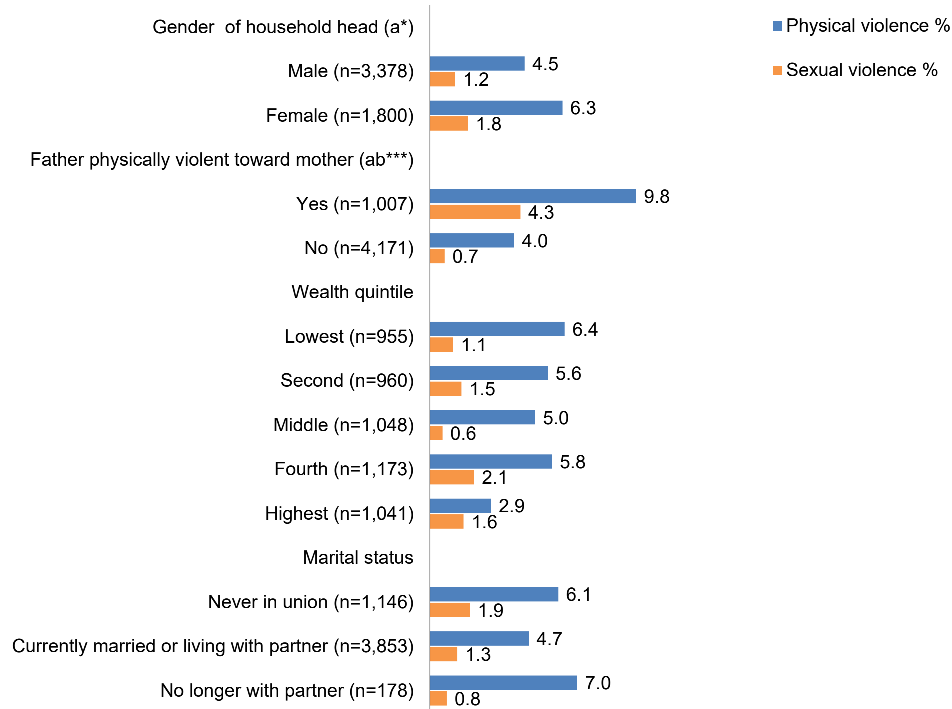


* *p*<.05, ** *p*<.01, *** *p*<.001
Note: a = physical violence; b = sexual violence

3.3.2 Interpersonal level

Women whose fathers had a history of physical violence toward their mothers reported significantly higher prevalences of both physical violence (9.8%) and sexual violence (4.3%) than those whose fathers did not have such a history (p<.001 for both). No statistically significant differences were observed in physical violence or sexual violence prevalence based on marital status or wealth quintile (Figure 7).

Figure 7 Associations of interpersonal-level variables with violence by nonpartners, 2022 Nepal DHS

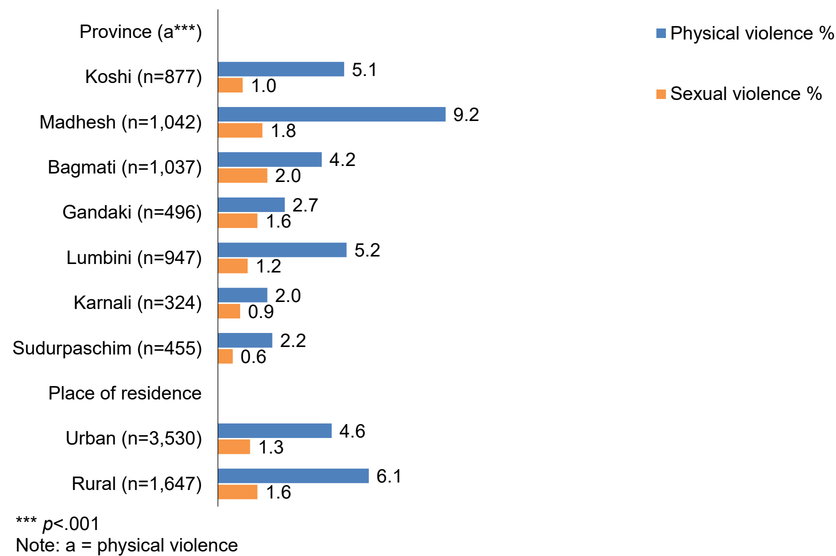


* *p*<.05, *** *p*<.001
Note: a = physical violence; b = sexual violence; ab = both physical and sexual violence

3.3.3 Community level

Disparities by province were found in the prevalence of physical violence (*p*<.001). Women from Madhesh province reported the highest prevalence of physical violence (9.2%). No statistically significant differences were observed across provinces for sexual violence. No statistically significant disparities were found by place of residence (Figure 8).

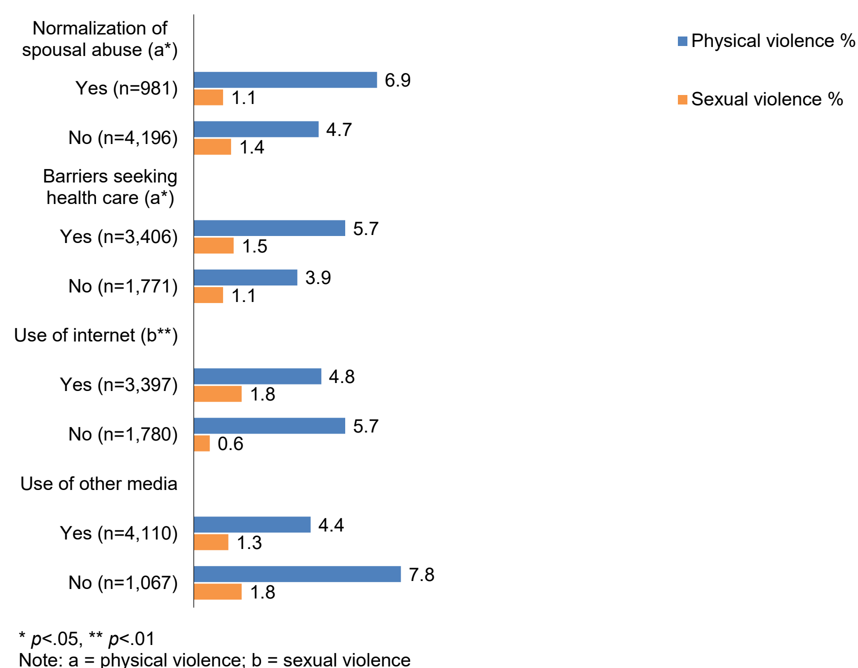
Figure 8 Associations of community-level variables with violence by nonpartners, 2022 Nepal DHS



3.3.4 Societal level

Women who normalized spousal physical abuse reported a significantly higher prevalence of physical violence (6.9%) than did those who did not normalize it (4.7%) (*p*<.001). Conversely, sexual violence did not show a statistically significant association with the normalization of violence. Similarly, women facing barriers accessing health care reported a significantly higher prevalence of physical violence (5.7%) than those not facing these barriers (3.9%) (*p*<.001); no such association was found for sexual violence. Internet use was significantly associated with sexual violence (*p*=.001), with a higher prevalence of sexual violence among women using the internet (1.8%) than among those not using it (0.6%). Conversely, physical violence was significantly associated with the use of other media such as television, radio, and newspapers (*p*=.001), with a higher prevalence of physical violence among women not using other media (7.8%) than among women using it (4.4%) (Figure 9).

Figure 9 Associations of societal-level variables with violence by nonpartners, 2022 Nepal DHS



* *p*<.05, ** *p*<.01
Note: a = physical violence; b = sexual violence

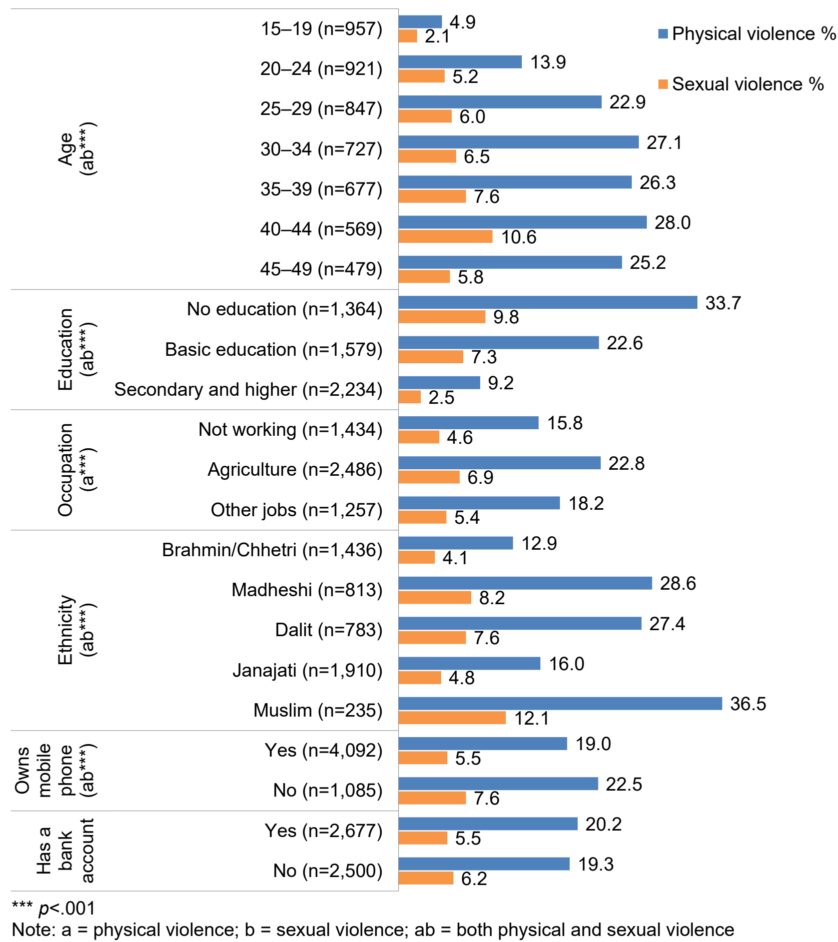
3.4 Bivariate Analyses of Physical and Sexual Violence by Intimate Partners

Figures 10–13 illustrate the results of bivariate analyses of physical and sexual violence perpetrated by intimate partners for different levels of the socioecological model across variables. More detailed results are provided in Table A4.

3.4.1 Individual level

Statistically significant differences were found in both physical violence and sexual violence across age groups (*p*<.001 for both), with the highest prevalences observed in individuals age 40–44 (28% for physical violence and 10.6% for sexual violence). Education also played a statistically significant role, as women with no education displayed the highest prevalences of both physical and sexual violence (33.7% for physical violence and 9.8% for sexual violence) (*p*<.001). Statistically significant disparities in the prevalence of physical violence were found by occupation (*p*<.001), with women working in agriculture experiencing a higher prevalence (22.8%) than those not working (15.8%). However, sexual violence was not significantly associated with occupation. Ethnicity was significantly associated with both physical and sexual violence (*p*<.001 for both), with Muslim women reporting the highest proportions (36.5% for physical violence and 12.1% for sexual violence), followed by Madheshi women (28.6% and 8.2%). Furthermore, women who did not own a mobile phone reported higher prevalences of both physical violence (22.5%) and sexual violence (7.6%) than their counterparts (*p*=0.26 for physical violence and *p*=.018 for sexual violence). No statistically significant differences were observed in violence prevalence based on whether women had bank accounts (Figure 10).

Figure 10 Associations of individual-level variables with violence by intimate partners, 2022 Nepal DHS

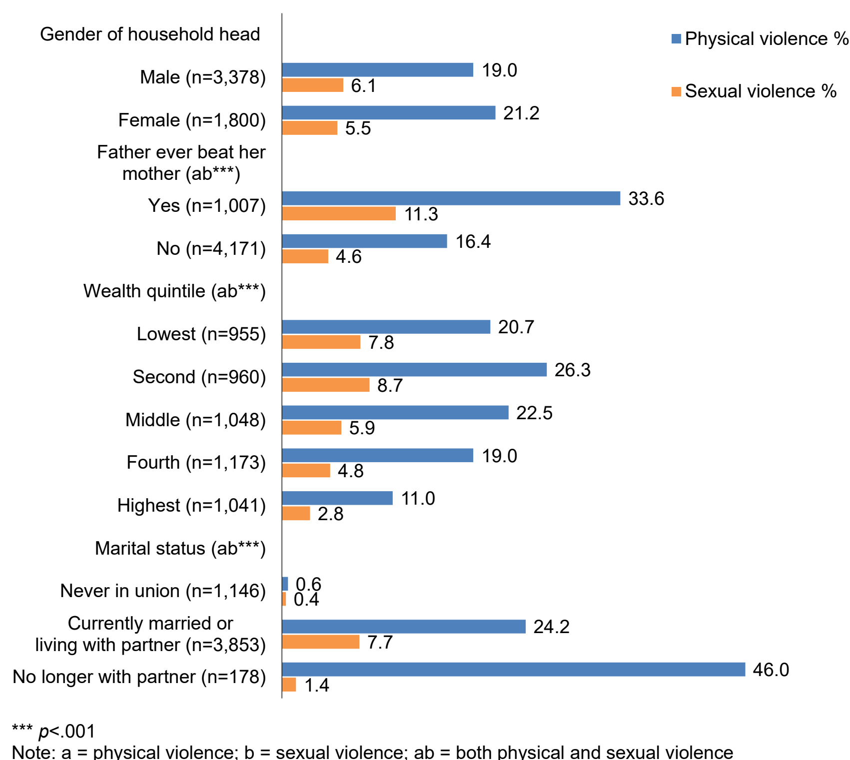


*** p<.001
Note: a = physical violence; b = sexual violence; ab = both physical and sexual violence

3.4.2 Interpersonal level

Women whose fathers had ever been physically violent with their mothers reported significantly higher prevalences of both physical violence (33.6%) and sexual violence (11.3%) by intimate partners when compared with their counterparts (p<.001 for both). Additionally, we found a significant association between both physical and sexual violence and wealth quintile (p<.001 for both), with individuals in the second wealth quintile reporting the highest prevalences (26.3% for physical violence and 8.7% for sexual violence). Marital status was significantly associated with both physical and sexual violence (p<.001 for both). Women no longer living with a partner reported the highest level of physical violence (46%), compared with women currently living with a partner (24.2%). Conversely, women currently married or living with a partner reported the highest prevalence of sexual violence (7.7%), compared with women no longer living with a partner (1.4%) (Figure 11).

Figure 11 Associations of interpersonal-level variables with violence by intimate partners, 2022 Nepal DHS

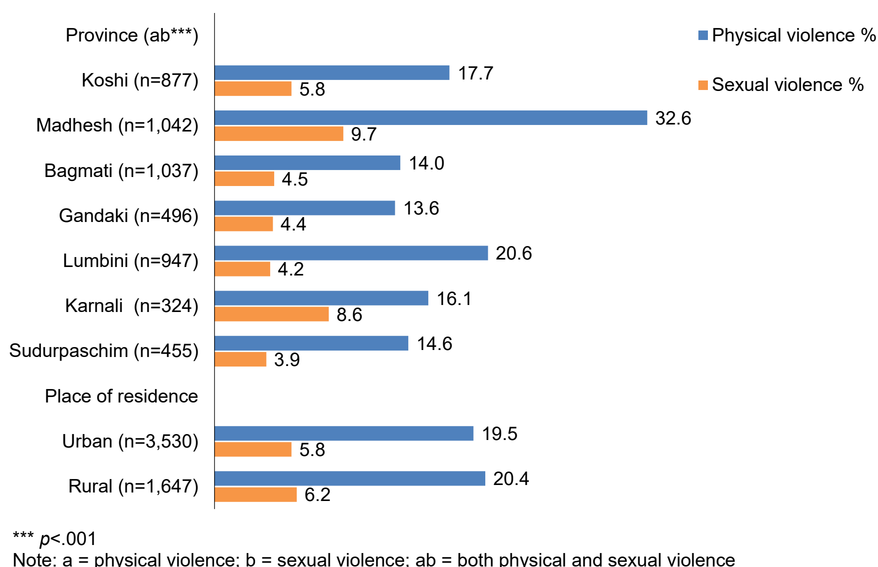


*** *p*<.001
Note: a = physical violence; b = sexual violence; ab = both physical and sexual violence

3.4.3 Community level

Significant disparities were found by province, with the prevalences of both physical violence (32.6%) and sexual violence (9.7%) higher among women in Madhesh than women in other provinces (p<.001 for both). Conversely, no significant differences were observed based on place of residence (Figure 12).

Figure 12 Associations of community-level variables with violence by intimate partners, 2022 Nepal DHS

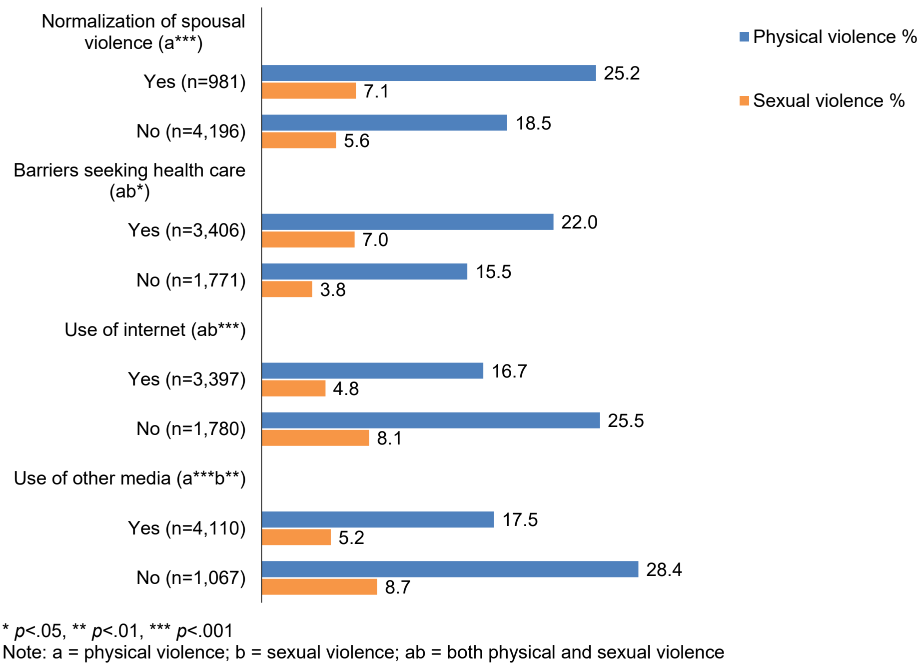


*** *p*<.001
Note: a = physical violence; b = sexual violence; ab = both physical and sexual violence

3.4.4 Societal level

Normalization of spousal physical abuse was significantly associated with a higher prevalence of physical violence (*p*<.001) though not with sexual violence to a statistically significant extent (Figure 13). Higher prevalences of both physical and sexual violence were significantly associated with barriers seeking health care (*p*<.05 for both types of violence), non-use of the internet (*p*<.001 for both types of violence), and non-use of other media (*p*<.001 for physical violence and *p*<.01 for sexual violence).

Figure 13 Associations of societal-level variables with violence by intimate partners, 2022 Nepal DHS



* *p*<.05, ** *p*<.01, *** *p*<.001
Note: a = physical violence; b = sexual violence; ab = both physical and sexual violence

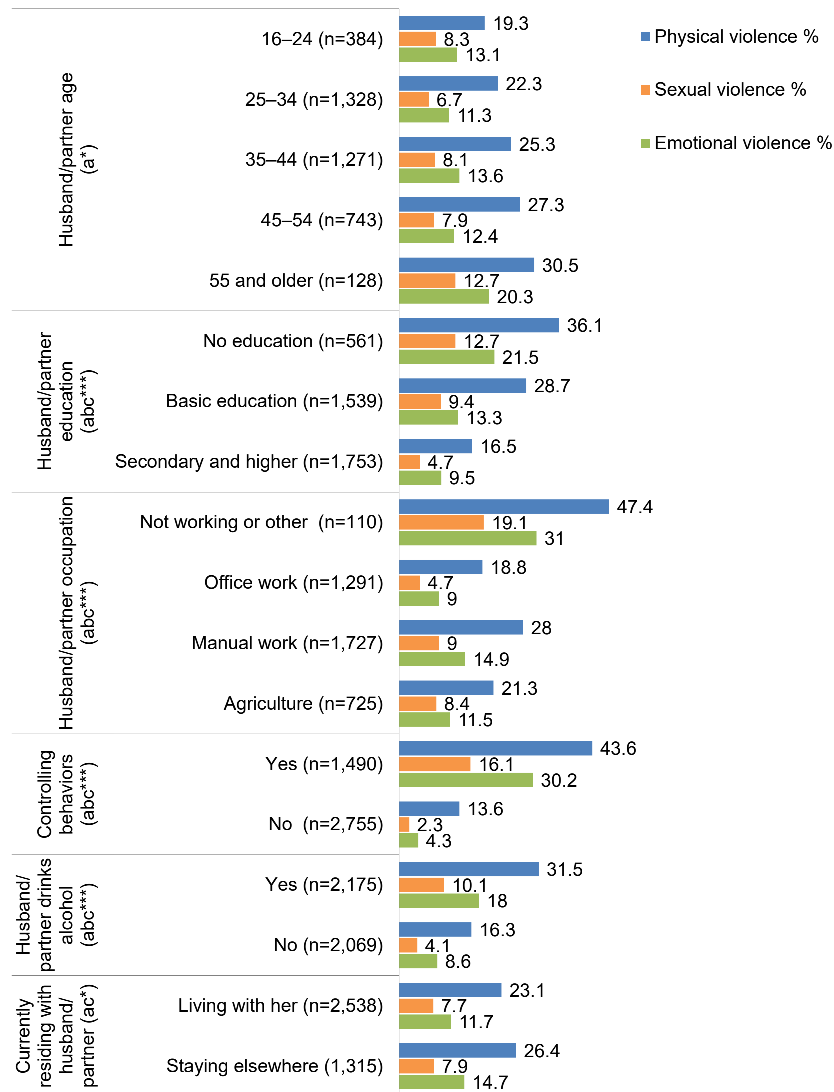
3.5 Bivariate Analysis of Current Husband/Partner Characteristics with Physical, Sexual, and Emotional Intimate Partner Violence

Figure 14 compares the prevalences of physical, sexual, and emotional violence according to demographic and behavioral characteristics of current husbands/partners. More detailed results are provided in Table A5 for physical and sexual violence and in Table A6 for emotional violence.

The prevalences of both physical and sexual violence generally increased as the age of husbands/partners increased, reaching the highest levels among partners age 55 and older. This association with age was statistically significant for physical violence (*p*=.041) but not for sexual violence. A significant association with partner/husband education level was also demonstrated, with no education associated with higher prevalences of physical violence (36.1%), sexual violence (12.7%), and emotional violence (21.5%) (*p*<.001 for all). Similarly, occupation was significantly associated with all three types of violence (*p*<.001 for all), with the categorization "not working or other" associated with higher prevalences of physical (47.4%), sexual (19.1%), and emotional violence (31%) than those in other work categories. The display of controlling behaviors by husbands/partners was also significantly associated with higher prevalences of physical (43.6%), sexual (16.1%), and emotional violence (30.2%) relative to the non-display of these behaviors (*p*<.001 for all). Similarly, an intimate partner's alcohol consumption was also significantly

associated with higher levels of physical (31.5%), sexual (10.1%), and emotional violence (18%) when compared with an intimate partner's nonuse of alcohol (p<.001 for all). Whether husbands/partners were living with their partners was significantly associated only with prevalences of physical and emotional violence. The prevalence of physical violence was slightly lower among women whose husbands/partners lived with them (23.1% versus 26.4%); the same was true for emotional violence (11.7% versus 14.7%) (p=.039 for both).

Figure 14 Associations of husband/partner characteristics with violence by intimate partners, 2022 Nepal DHS



* p<.05, *** p<.001
Note: a = physical violence; b = sexual violence; c = emotional violence; ac = both physical and emotional violence; abc = all three forms of violence

3.6 Adjusted Logistic Regression of Variables Associated with Physical and Sexual Violence by Nonpartners

Table 1 presents adjusted odds ratios (AORs) and 95% confidence intervals (CIs) for logistic regression models exploring the associations of variables with women's experiences of physical and sexual violence.

At the individual level, women of Madheshi ethnicity exhibited significantly higher odds (AOR: 2.58; 95% CI [1.25, 5.29]) of experiencing physical violence than those of Brahmin/Chhetri ethnicity (who had the lowest prevalence); a similar relationship was not statistically significant for sexual violence. Additionally, owning a mobile phone was significantly associated with reduced odds (AOR: 0.6; 95% CI [0.40, 0.89]) of physical violence, potentially indicating a protective effect; a similar relationship was not statistically significant for sexual violence. Conversely, women employed in nonagricultural occupations had significantly increased odds (AOR: 2.44; 95% CI [1.06, 5.60]) of encountering sexual violence by a nonpartner when compared with those who were not employed; a similar but not statistically significant relationship was found with physical violence.

At the interpersonal level, having a female household head was associated with almost double the likelihood (AOR: 1.63; 95% CI [1.14, 2.34]) of experiencing physical violence from a nonpartner when compared with having a male household head. A history of paternal violence toward the mother significantly escalated the odds of both physical violence (AOR: 2.41; 95% CI [1.69, 3.44]) and sexual violence (AOR: 6.23; 95% CI [3.51, 11.06]). Being in the second or middle wealth quintiles significantly reduced the odds of experiencing physical violence when compared with being in the lowest wealth quintile (AOR: 0.52; 95% CI [0.31, 0.88] for the second wealth quintile and AOR: 0.44; 95% CI [0.25, 0.79] for the middle wealth quintile). Wealth quintile showed no significant association with sexual violence by a nonpartner.

At the community level, province was significantly related to a woman's experience of physical violence, but not with sexual violence. Compared with women from Sudurpaschim province (who had the lowest overall prevalences of violence), women from Madhesh had the highest odds of experiencing physical violence (AOR: 3.36; 95% CI [1.58, 7.12]). The odds of physical violence were also higher in women from Koshi (AOR: 2.61; 95% CI [1.26, 5.42]), Bagmati (AOR: 2.59; 95% CI [1.19, 5.65]), and Lumbini (AOR: 2.44; 95% CI [1.19, 5.65]). Individuals residing in rural areas demonstrated significantly higher odds of experiencing sexual violence than their urban counterparts (AOR: 2.13; 95% CI [1.19, 3.81]), though no equivalent relationship was evident for physical violence.

At the societal level, women who perceived barriers accessing health care had significantly higher odds (AOR: 2.04; 95% CI [1.07, 3.90]) of experiencing sexual violence than those who perceived no barriers. No other variables were significantly associated with either physical or sexual violence.

Table 1 Adjusted logistic regression model of physical and sexual violence by nonpartners, by variables at different levels of the socioecological model (N=5,177), 2022 Nepal DHS

			Physical violence		Sexual violence	
Level	Variable	Categories	AOR	95% CI	AOR	95% CI
Individual	Age	15–19				
		20–24	0.63	0.31–1.25	1.35	0.42–4.35
		25–29	0.58	0.30–1.11	1.52	0.41–5.64
		30–34	0.71	0.37–1.37	0.74	0.18–3.00
		35–39	0.59	0.29–1.23	0.66	0.14–3.19
		40–44	0.87	0.40–1.89	0.48	0.08–2.81
		45–49	1.03	0.45–2.31	1.81	0.37–8.97
	Education	No education				
		Basic education	1.35	0.85–2.14	2.20	0.67–7.22
		Secondary or higher	0.84	0.47–1.47	2.20	0.56–8.61
	Occupation	Not working				
		Agriculture	1.37	0.90–2.09	1.39	0.66–2.96
		Other job	1.57	0.91–2.69	2.44*	1.06–5.60
	Ethnicity	Brahmin/Chhetri				
		Madheshi	2.58*	1.25–5.29	0.50	0.15–1.73
		Dalit	1.39	0.76–2.53	1.08	0.36–3.21
		Janajati	0.89	0.51–1.55	0.71	0.28–1.80
		Muslim	1.22	0.44–3.34	1.51	0.39–5.88
	Owns a mobile phone	Yes	0.60*	0.40–0.89	0.95	0.40–2.21
		No				
	Has a bank account	Yes	1.60**	1.14–2.24	1.61	0.87–2.97
		No				
Interpersonal	Gender of household head	Male				
		Female	1.63**	1.14–2.34	1.31	0.73–2.36
	Father physically violent toward mother	Yes	2.41***	1.69–3.44	6.23***	3.51–11.06
		No				
	Wealth quintile	Lowest				
		Second	0.52*	0.31–0.88	1.04	0.43–2.50
		Middle	0.44**	0.25–0.79	0.39	0.12–1.29
		Fourth	0.63	0.35–1.13	1.22	0.47–3.14
		Highest	0.47	0.22–1.03	1.26	0.35–4.48
	Marital status	Never in union				
		Currently married or living with partner	0.79	0.48–1.32	0.81	0.27–2.37
		No longer living with husband/partner	0.81	0.25–2.64	0.39	0.04–3.49
Community	Province	Koshi	2.61**	1.26–5.42	1.42	0.29–7.06
		Madhesh	3.36**	1.58–7.12	3.63	0.73–17.97
		Bagmati	2.59*	1.19–5.65	2.35	0.47–11.63
		Gandaki	1.49	0.62–3.56	1.63	0.31–8.54
		Lumbini	2.44**	1.24– 4.79	1.63	0.36–7.34
		Karnali	0.69	0.33–1.44	0.89	0.20–4.05
		Sudurpaschim				
	Place of residence	Urban				
		Rural	1.31	0.91–1.87	2.13*	1.19–3.81
Societal	Normalization of violence	Yes	1.40	0.98–2.00	0.81	0.39–1.70
		No				
	Internet use	Yes	1.19	0.80–1.78	2.06	0.98–4.34
		No				
	Use of other media	Yes	0.69	0.47–1.01	0.65	0.33–1.29
		No				
	Barriers accessing health care	Yes	1.26	0.86–1.84	2.04*	1.07–3.90
		No				

* *p*<.05, ** *p*<.01, *** *p*<.001

AOR = adjusted odds ratio; CI = confidence interval

3.7 Adjusted Logistic Regression of Variables Associated with Physical and Sexual Violence by Intimate Partners

Table 2 illustrates the AORs and 95% CIs for the logistic regression model exploring the associations of variables with women's experiences of physical and sexual violence perpetrated by intimate partners (either current or former).

At the individual level, all age groups had significantly higher odds (AORs, 4–9.37) of experiencing physical and sexual violence by intimate partners when compared with those age 15–19. Having secondary or higher education significantly reduced the odds of physical violence (AOR: 0.45; 95% CI [0.32, 0.64]) and sexual violence (AOR: 0.53; 95% CI [0.31, 0.92]).

At the interpersonal level, witnessing paternal violence toward mothers notably increased the odds of both physical (AOR: 2.8; 95% CI [2.30, 3.41]) and sexual violence (AOR: 2.54; 95% CI [1.86, 3.48]). Moreover, women in higher wealth quintiles had decreased odds of both physical and sexual violence compared to those in the lowest quintile; the associations between the fifth wealth quintile and both kinds of violence, as well as the fourth wealth quintile and sexual violence, were statistically significant.

At the community level, women from Bagmati or Karnali province exhibited significantly higher odds (AOR: 2.08; 95% CI [1.33, 3.26] for Bagmati and AOR: 1.56; 95% CI [1.03, 2.38] for Karnali) of physical violence compared with women from Sudurpaschim. Results for the community level are not presented in Table 2.

At the societal level, the normalization of violence significantly increased the likelihood of physical violence (AOR: 1.46; 95% CI [1.15, 1.85]), though a similar relationship was not statistically significant for sexual violence.

Table 2 Adjusted logistic regression model of physical and sexual violence by intimate partners, by variables at different levels of the socioecological model (N=5,177), 2022 Nepal DHS

			Physical violence		Sexual violence	
Level	**Variable**	**Categories**	**AOR**	**95% CI**	**AOR**	**95% CI**
Individual	Age	15–19				
		20–24	4.00***	2.35–6.84	3.15**	1.56–6.38
		25–29	7.80***	4.74–12.84	3.70***	1.94–7.05
		30–34	9.37***	5.67–15.48	3.78***	1.87–7.65
		35–39	8.05***	4.76–13.62	4.25***	1.95–9.29
		40–44	7.49***	4.50–12.47	5.52***	2.54–12.00
		45–49	8.58***	5.04–14.59	3.49***	1.71–7.12
	Education	No education				
		Basic education	0.87	0.68–1.12	1.10	0.73–1.66
		Secondary or higher	0.45***	0.32–0.64	0.53*	0.31–0.92
	Occupation	Not working				
		Agriculture	0.94	0.73–1.20	0.91	0.62–1.34
		Other job	1.16	0.87–1.53	1.21	0.79–1.85
	Ethnicity	Brahmin/Chhetri				
		Madheshi	1.55*	1.08–2.24	1.35	0.71–2.55
		Dalit	1.49*	1.08–2.05	1.08	0.66–1.76
		Janajati	0.90	0.69–1.18	0.90	0.57–1.42
		Muslim	2.18**	1.26–3.76	2.07	0.99–4.31
	Owns a mobile phone	Yes	1.00	0.79–1.26	0.91	0.64–1.30
		No				
	Has a bank account	Yes	1.06	0.87–1.29	0.99	0.69–1.41
		No				
Interpersonal	Gender of household head	Male				
		Female	1.15	0.95–1.40	0.86	0.61–1.22
	Father physically violent toward mother	Yes	2.80***	2.30–3.41	2.54***	1.86–3.48
		No				
	Wealth quintile	Lowest				
		Second	1.06	0.81–1.39	0.96	0.63–1.46
		Middle	0.91	0.68–1.22	0.67	0.39–1.13
		Fourth	0.80	0.57–1.12	0.54*	0.30–0.97
		Highest	0.57*	0.36–0.89	0.41*	0.18–0.92
	Province	Koshi				
		Madhesh	1.27	0.80–1.99	1.47	0.67–3.20
		Bagmati	2.08**	1.33–3.26	1.93	1.00–3.72
		Gandaki	1.08	0.70–1.67	1.42	0.73–2.75
		Lumbini	1.00	0.64–1.57	1.43	0.70–2.94
		Karnali	1.56*	1.03–2.38	1.11	0.60–2.06
		Sudurpaschim				
	Place of residence	Urban				
		Rural	0.92	0.75–1.14	0.91	0.67–1.23
Societal	Normalization of violence	Yes	1.46**	1.15–1.85	1.23	0.86–1.76
		No				
	Internet use	Yes	1.06	0.84–1.34	1.10	0.78–1.56
		No				
	Use of other media	Yes	0.91	0.73–1.14	0.94	0.67–1.34
		No				
	Barriers accessing health care	Yes	1.16	0.93–1.46	1.28	0.90–1.83
		No				

* *p*<.05, ** *p*<.01, *** *p*<.001

AOR = adjusted odds ratio; CI = confidence interval

3.8 Adjusted Logistic Regression of Variables Associated with Physical and Sexual Violence by Current Husbands/Partners

Table 3 provides AORs and 95% CIs for the multivariable logistic regression models exploring the associations of variables with women's experience of physical and sexual violence perpetrated by current husbands/partners. The restriction to this group allowed for the inclusion of husband/partner characteristics in the models. Both the models for physical and sexual violence adjusted for women's characteristics at the individual level, household characteristics at the interpersonal level, and other factors at the community and societal levels to take into account the sampling design.

At the interpersonal level, husband/partner occupation and controlling behavior both played significant roles in the experience of violence. Women with husbands/partners who were working had significantly lower odds of experiencing physical or sexual violence than those with husbands/partners who were not working, with the exception of women with husbands/partners working in the agriculture sector, which was not significantly associated with increased odds of sexual violence. Women who reported controlling behavior from their husbands/partners had significantly higher odds of experiencing physical and sexual violence (AOR: 4.46; 95% CI [3.65, 5.46] for physical violence and AOR: 7.63; 95% CI [5.66, 10.29] for sexual violence). Alcohol consumption by husbands/partners also significantly increased the odds of both physical and sexual violence (AOR: 2.2; 95% CI [1.77, 2.72] for physical violence and AOR: 2.24; 95% CI [1.63, 3.08] for sexual violence).

Table 3 Adjusted logistic regression models of physical and sexual violence by characteristics of current husbands/partners (N= 3,853), 2022 Nepal DHS

		Physical violence		Sexual violence	
Husband/partner characteristic	**Categories**	**AOR**	**95% CI**	**AOR**	**95% CI**
Age	16–24				
	25–34	1.37	0.82–2.28	1.03	0.57–1.86
	35–44	1.45	0.80–2.64	1.27	0.58–2.76
	45–54	2.00	0.99–4.03	1.09	0.40–2.91
	≥55	1.90	0.81–4.48	1.78	0.54–5.84
Education	No education				
	Basic education	1.14	0.82–1.59	1.03	0.71–1.49
	Secondary or higher	0.96	0.65–1.44	0.85	0.48–1.49
Occupation	Not working				
	Office work	0.32***	0.19–0.54	0.39**	0.21–0.74
	Manual work	0.31***	0.19–0.51	0.44*	0.23–0.85
	Agriculture	0.25***	0.14–0.45	0.47	0.22–1.01
Controlling behavior	Yes	4.46***	3.65–5.46	7.63***	5.66–10.29
	No				
Alcohol consumption	Yes	2.20***	1.77–2.72	2.24***	1.63–3.08
	No				
Currently residing with survey respondent	Yes	0.92	0.70–1.22	0.89	0.60–1.32
	No				

* *p*<.05, ** *p*<.01, *** *p*<.001

AOR = adjusted odds ratio; CI = confidence interval

3.9 Adjusted Logistic Regression of Variables Associated with Emotional Violence by Current Husband/Partner

Table 4 presents the results of logistic regression examining the associations of variables with women's experiences of emotional violence perpetrated by their current husbands/partners.

Of the individual-level variables included in the model, only ethnicity showed any statistically significant association with the experience of emotional violence; women of Madheshi ethnicity had significantly higher odds of experiencing emotional violence, with an AOR of 2.31 (95% CI [1.31, 4.07]) relative to women of Brahmin/Chhetri ethnicity.

At the interpersonal level, a woman's exposure to her father being physically violent toward her mother was associated with higher odds of having experienced emotional violence from her husband/partner (AOR: 2.24; 95% CI [1.67, 3.00]). Additionally, women whose current husbands/partners were employed in office work (AOR: 0.25; 95% CI [0.13, 0.49]), manual work (AOR: 0.31; 95% CI [0.17, 0.59]), or agriculture (AOR: 0.28; 95% CI [0.14, 0.56]) were at significantly decreased odds of emotional violence when compared with women whose husbands/partners did not work. Consumption of alcohol by husbands/partners significantly increased the odds of women having experienced emotional violence (AOR: 2.54; 95% CI [1.95, 3.31]).

At the community level, residing in Madhesh province heightened a woman's vulnerability to emotional violence relative to women residing in Sudurpaschim (AOR: 1.93; 95% CI [1.14, 3.28]). No other community-level variables were significantly associated with the experience of emotional violence. At the societal level, use of media other than the internet significantly reduced the odds of women experiencing emotional violence (AOR: 0.5; 95% CI [0.36, 0.7]).

Table 4 Adjusted logistic regression model of emotional violence by current husbands/partners, by variables at different levels of the socioecological model (N=3,853), 2022 Nepal DHS

Level	Variable	Categories	AOR	95% CI
Individual	Age	15–19		
		20–24	1.13	0.50–2.54
		25–29	1.01	0.46–2.25
		30–34	1.55	0.71–3.37
		35–39	0.98	0.43–2.26
		40–44	1.43	0.57–3.63
		45–49	1.27	0.46–3.50
	Education	No education		
		Basic education	0.92	0.62–1.38
		Secondary or higher	0.98	0.56–1.71
	Occupation	Not working		
		Agriculture	1.25	0.89–1.78
		Other job	1.48	0.95–2.29
	Ethnicity	Brahmin/Chhetri		
		Madheshi	2.31**	1.31–4.07
		Dalit	1.18	0.73–1.90
		Janajati	0.79	0.53–1.19
		Muslim	2.29	0.99–5.30
	Owns a mobile phone	Yes	0.98	0.67–1.43
		No		
	Has a bank account	Yes	1.21	0.87–1.68
		No		
Interpersonal	Gender of household head	Male		
		Female	1.35	0.94–1.94
	Father physically violent toward mother	Yes	2.24***	1.67–3.00
		No		
	Husband/partner age	16–24		
		25–34	0.88	0.50–1.55
		35–44	0.88	0.47–1.63
		45–54	0.80	0.36–1.79
		≥55	1.21	0.46–3.18
	Husband/partner education	No education		
		Basic education	0.85	0.58–1.24
		Secondary and higher	0.82	0.50–1.35
	Husband/partner occupation	Not working or other		
		Office work	0.25***	0.13–0.49
		Manual work	0.31***	0.17–0.59
		Agriculture	0.28***	0.14–0.56
	Husband/partner alcohol consumption	Yes	2.54***	1.95–3.31
		No		
	Husband/partner currently residing with survey respondent	Yes	0.97	0.68–1.39
		No		
	Wealth quintile	Lowest		
		Second	0.98	0.67–1.43
		Middle	0.94	0.59–1.50
		Fourth	0.92	0.55–1.52
		Highest	0.85	0.47–1.54
Community	Province	Koshi	1.32	0.75–2.33
		Madhesh	2.56**	1.36–4.81
		Bagmati	1.41	0.82–2.40
		Gandaki	1.24	0.69–2.24
		Lumbini	1.51	0.87–2.61
		Karnali	1.55	0.91–2.64
		Sudurpaschim		
	Place of residence	Urban		
		Rural	1.15	0.83–1.60

Continued…

Table 4—*Continued*

Level	Variable	Categories	AOR	95% CI
Societal	Normalization of violence	Yes No	1.04	0.76–1.43
	Internet use	Yes No	1.03	0.69–1.56
	Use of other media	Yes No	0.50***	0.36–0.70
	Barriers accessing health care	Yes No	1.16	0.88–1.51

* *p*<.05, ** *p*<.01, *** *p*<.001

AOR = adjusted odds ratio; CI = confidence interval

4 DISCUSSION

The study's findings shed light on the multifaceted nature of physical and sexual violence within both intimate and nonintimate partner relationships, as well as emotional violence within intimate relationships. The findings reveal a complex interplay of individual, interpersonal, community, and societal variables that shape both risk for and protection against these forms of violence. By uncovering similarities and distinctions in the variables influencing intimate partner violence (IPV) and nonpartner violence, the findings emphasize the need for comprehensive, multilevel interventions to effectively tackle this widespread public health concern.

4.1 Individual Level

4.1.1 Higher risk of violence among disadvantaged ethnic groups

This study found that women of disadvantaged ethnic groups face a higher risk of violence. Specifically, Madheshi women consistently faced the highest odds of experiencing physical violence from both nonpartners and intimate partners, as well as emotional violence from intimate partners. Muslim women were also at increased risk of physical and sexual violence from both nonpartners and intimate partners, and Dalit women faced heightened odds of experiencing physical violence within intimate partnerships. These findings are consistent with those of further analyses of spousal violence based on the 2011 Nepal Demographic and Health Survey (NDHS) and the 2016 NDHS.[6,13,52] The Constitution of Nepal acknowledges equal rights for all individuals regardless of caste, ethnicity, religion, or gender.[53] The Caste-Based Discrimination and Untouchability Act (2011) identifies discrimination based on ethnicity as a punishable offense.[54] Furthermore, the constitution has established a structure in which national commissions address the needs of marginalized communities, including the National Madhesi Commission, the National Muslim Commission, and the National Dalit Commission.[53] However, our finding of higher risk of nonpartner violence among disadvantaged ethnic groups highlights the persistence of discrimination and indicates that more efforts are needed to translate policies into actions. Historically marginalized Madheshi, Muslim, and Dalit communities in Nepal face intersecting forms of discrimination and social exclusion based on factors such as caste, ethnicity, and religion.[54] Within nonpartner relationships, this social marginalization could lead to an increased vulnerability to various forms of violence. Additionally, within intimate partner relationships, patriarchal norms that prioritize male authority and control, coupled with limited access to resources and support services, may contribute to higher rates of violence.

Recommendations: Addressing ethnic disparities in violence against women (VAW) demands a comprehensive, multisector approach involving all layers of the socioecological model, at least at policy and implementation levels. At the policy level, as outlined in the Gender Equality and Social Inclusion Strategy (2021–2023), representation of women from disadvantaged groups in the decision-making processes of local government could play a crucial role in advocacy and awareness to mitigate violence in specific ethnic groups.[48] At the implementation level, multisector efforts involving both governmental and nongovernmental agencies across health, women's, education, and legal sectors can play crucial roles in mitigating violence and promoting equitable access to women across all ethnic groups.[55] Moreover, tailoring interventions to the specific cultural traditions and values of disadvantaged ethnic groups while challenging harmful gender norms could be helpful. Involving and educating community elders, religious

leaders, and influential figures to endorse efforts to end VAW while respecting cultural sensitivities could lead to greater community acceptance and participation for disadvantaged groups.[56] Interventions within the education sector to train teachers on mitigating violence and promoting inclusivity among ethnic groups could help people across all genders be more aware of VAW and inclusivity. Although existing training manuals and activities for law enforcement agencies, including the police, aim to address VAW,[57] additional efforts are necessary to sensitize them to the specific needs of women from disadvantaged groups and foster a supportive environment for reporting violence.

4.1.2 Higher risk of intimate partner violence among older women

Age demonstrated significant associations with both physical and sexual violence when perpetrated by intimate partners. In contrast, no such associations were observed for either type of violence when perpetrated by nonpartners. Notably, within intimate partner relationships, the odds of experiencing physical and sexual violence increased as individuals aged, with the highest odds observed women age 30 and older, compared with those in the youngest age group (age 15–19). In general, global literature highlights younger women as being more vulnerable to violence;[28] however, the higher odds of violence among older women in our study could be attributed to the effect of duration of 'exposure' to intimate partner violence (i.e., lifetime experience of violence). Additionally, longer relationships and changes in relationship dynamics over time, in which patterns of abuse may escalate, could have contributed to higher odds of violence in women age 30 and older. As relationships progress, power dynamics may shift, potentially resulting in increased control and abuse by intimate partners.

Recommendations: At the implementation and service delivery levels, our findings underscore the importance of interventions targeting women of different age groups and targeting multiple service delivery levels. All sectors working in VAW must be aware of the vulnerabilities and risk of violence among women of older age groups.

4.1.3 Education protective against intimate partner violence but not nonpartner violence

Education was found to have a protective role against sexual and physical violence perpetrated by intimate partners, yet not against violence perpetrated by nonpartners. This finding aligns with those of previous multicountry studies on violence, confirming that education protects against sexual and physical violence among women, particularly within intimate partner relationships.[13,27,28] However, although education may empower women within intimate partner relationships and reduce their vulnerability to violence, it may not be sufficient or strong enough to shield them from violence in nonpartner relationships.

Recommendations: Education has been identified as one of the most effective interventions for mitigating VAW.[58] Its efficacy is heightened when VAW prevention is integrated into the school curriculum, involves both school-based and community-based activities, and is tailored to specific contexts and demographics.[59] At the policy level, efforts are needed to revise and update the school curriculum, engaging boys and girls from a young age to break the cycle of violence. Although the Government of Nepal has formally integrated comprehensive sexuality education into the school curriculum, the content for grades 4–8 focuses solely on physical health and changes during puberty.[60] The International Technical Guidance on Sexuality Education recommends core subjects, such as gender, physical education, and health, which are elective and taught in grades 9–12.[61] At the implementation and service delivery levels, educating children about healthy sexual

behaviors, consent, violence prevention, and gender equality is crucial for fostering a safer and more respectful society. By equipping children with this knowledge from a young age, they can be empowered to navigate relationships and interactions in a responsible and respectful manner, thus reducing the likelihood of violence in the future.

4.1.4 Higher risk of sexual violence by nonpartners among working women

Women employed in occupations other than agriculture were more vulnerable to sexual violence from nonpartners. This finding suggests that factors such as gender norms and power dynamics in the workforce contribute to women's vulnerability to violence.[28]

Recommendations: The increased vulnerability of employed women to sexual violence emphasizes the critical importance of establishing working environments that prioritize women's safety and well-being. The Labor Act (2017) has provisions prohibiting sexual harassment,[62] and a separate Sexual Harassment at Workplace Act (2014) is also in effect.[63] However, a policy paper has identified gaps in these acts.[64] For instance, while the Sexual Harassment at Workplace Act authorizes the chief district officer to address complaints, the sensitive nature of workplace sexual harassment cases suggests that these cases should be handled by judiciary rather than administrative bodies.[64] The Committee on the Elimination of All Forms of Discrimination Against Women has further highlighted that the law's statute of limitations fails to recognize the stigma faced by women and girls when they report sexual and gender-based crimes. The Committee on the Elimination of All Forms of Discrimination Against Women has recommended abolishing this provision to ensure that women can effectively seek justice for such offenses.[65] At the policy level, our finding that women in the workforce face a heightened risk of sexual violence underscores the necessity of revising existing legal frameworks. At the implementation and service delivery levels, efforts are also required to empower women in the workforce to understand and assert their legal rights. The health, women's, and legal sectors could coordinate and design awareness and advocacy activities and workshops in workplaces, both formal and informal, regarding the repercussions of sexual violence.

4.1.5 Mobile ownership protective against physical violence by nonpartners

Mobile phone ownership exhibited a protective effect against physical violence from nonpartners, although the same finding was not statistically significant for IPV. Access to a mobile phone has been associated with empowerment and physical mobility, which may play a role in reducing the risk of physical violence by nonpartners, potentially by providing women with a means of communication and access to support networks in threatening situations.[66] Overall, mobile phone technology and access could offer further support through hotlines, emergency calls, social groups, and other mobile health interventions that could provide a versatile and accessible platform for violence prevention and response efforts, particularly in reaching vulnerable populations and providing immediate support in crises. However, the lack of a significant association with IPV (versus for nonpartners) suggests that although mobile phone ownership may be beneficial in certain contexts, it may not be sufficient to protect against violence within intimate relationships.

Recommendations: The findings highlight that leveraging technology to empower individual survivors is vital. Given the protective effect of mobile phone ownership against physical violence, promoting access to technology among vulnerable populations can provide crucial resources and support, potentially through mobile applications or hotlines dedicated to assisting survivors. At both policy and service delivery levels,

the National Women's Commission has set up a 24-hour toll-free helpline to offer urgent assistance to VAW survivors, along with text services.[67] Nevertheless, at the implementation and service delivery levels, further initiatives are required to effectively utilize mobile phones to mitigate VAW. Innovative mobile phone interventions have enhanced interpersonal communication, and gender transformative approaches have been effective in low- and middle-income countries.[68] Similar strategies could be investigated to extend the protective capabilities of mobile phones in addressing IPV in Nepal.

4.2 Interpersonal Level

4.2.1 Higher risk of physical and sexual violence by both intimate partners and nonpartners among women exposed to paternal violence against mothers

This study found that women witnessing paternal violence toward their mothers were at substantially higher odds of experiencing both physical and sexual violence from intimate partners and nonpartners than women who had not witnessed such violence, along with emotional violence from intimate partners. These findings are consistent with the role of parental violence as a determinant, indicating the enduring impact of early exposure to violence on subsequent violence risks and highlighting the intergenerational cycle of trauma and violence.[28]

Recommendations: Psychosocial interventions aimed at children in their early years are crucial for disrupting the cycle of violence across generations.[69] At the policy level, achieving this goal demands collaborative efforts involving the education sector, diverse organizations, and mental health professionals. At the implementation and service delivery levels, training teachers and school health nurses to offer psychosocial support could be highly advantageous in aiding children affected by violence. Additionally, enhancing access to early psychotherapy for children, training parents, and promoting advocacy in schools and communities with the support of mental health and children's organizations could help mitigate the long-term impacts of trauma and end the intergenerational cycle of violence.[69] Family-based and school-based interventions that have proven feasible for improving mental health outcomes in Nepal[70] could be adapted to mitigate the long-term effects of exposure to violence.

4.2.2 Higher risk of nonpartner violence among female household heads

This study revealed that having a female head of the household was associated with increased odds of experiencing physical violence from nonpartners. This finding differs from those of multicountry studies demonstrating a protective role of female household heads against violence.[27,28] Nonetheless, our findings shed light on gender norms within households, suggesting that households led by women may still reflect traditional gender roles and societal expectations. In patriarchal societies, men often hold positions of power and authority within households. The absence of a man as an authority in a household may disrupt traditional power dynamics, leaving women without a male figure to provide protection or assert authority. This power shift can increase vulnerabilities from external sources, such as intruders or community members who perceive the women as easier targets.

Recommendations: The findings highlight the need to address VAW through multilevel and multisector collaborations.[55] The judicial committee *(Nyayik samiti)* formed at the urban or rural municipality level is often the first point of contact for women at higher risk of violence who seek support.[71] At the implementation level, multisector collaborations between the health, women's, and legal sectors can

collaborate to organize workshops and awareness activities for judicial committees and local government bodies to highlight the vulnerabilities of women leading households. These sectors can also collaborate to build the capacity of the judicial committees and local government to organize gender transformative interventions engaging both men and women in their communities.

4.2.3 Wealth quintile protective against violence, excluding sexual violence from nonpartners

Higher household wealth quintile emerged as a protective factor against violence, with women in wealthier economic strata experiencing lower odds of violence than those in the poorest groups. This protective effect was observed for both physical and sexual violence perpetrated by intimate partners, as well as for physical violence perpetrated by nonpartners. However, no significant association was found between wealth quintile and sexual violence by nonpartners. These findings align with those of existing research linking economic status with violence, as poverty is often an indicator of increased vulnerability to violence.[27–29] Poverty often leads to social marginalization and limits access to resources and support. Moreover, economic stressors associated with poverty, such as unemployment, can contribute to tensions within relationships and increase the risk of violence.

Recommendations: The findings highlight the crucial role that different sectors working toward poverty alleviation have in mitigating VAW. At the policy level, by addressing economic inequalities and supporting individuals in low-income households, policymakers can work toward reducing the prevalence of violence and promoting safer, more equitable communities. By addressing the root causes of poverty and its associated stressors, such as unemployment, inadequate housing, and food insecurity, interventions can create more stable and supportive environments that reduce the risk of violence. The Ministry of Women, Children and Senior Citizens has created the Gender-Based Violence Elimination Fund, which is available at the provincial level only and is intended to be utilized at the local level nationwide.[72] At the implementation level, more multisector awareness efforts could be implemented to help VAW survivors gain access to these funds. Other ongoing efforts around poverty alleviation should consider providing financial support to households with high VAW prevalence.

4.2.4 Husband/partner unemployment, alcohol consumption, and controlling behavior associated with increased risk of intimate partner violence

Among a subset of women who were currently married or cohabiting with their partners, associations were found between the women's experience of violence and the characteristics of their husbands/partners. Women whose husbands/partners were working, as compared with those whose husbands/partners did not work, had lower odds of physical, sexual, and emotional violence. Unemployment has been identified as a determinant of IPV.[73] Employed individuals may experience greater financial stability, enhanced self-esteem, and increased social support networks, all of which could contribute to a more positive and harmonious relationship dynamic.

Furthermore, controlling behavior by husbands/partners contributed to heightened levels of violence in our study. Controlling behavior often involves exertion of power and dominance over partners, which creates a power imbalance in which women could feel vulnerable, leading to an increased risk of violence. Controlling behavior can isolate victims from sources of support and assistance, making it more difficult for them to seek help or escape abusive situations. This isolation can exacerbate feelings of powerlessness

and dependence, further reinforcing the cycle of violence. Controlling behavior has consistently been linked with various forms of IPV, including physical, sexual, and psychological, across different countries.[28,74]

Additionally, alcohol consumption by husbands/partners was associated with increased odds of physical, sexual, and emotional violence, consistent with results of previous studies.[27,28,75] Alcohol consumption can impair judgment, lower inhibitions, and exacerbate existing conflicts, leading to a higher likelihood of aggressive or abusive behaviors within relationships. In patriarchal societies, in which traditional gender roles often dictate male dominance and control, alcohol consumption may exacerbate existing power imbalances within intimate relationships.

Recommendations: Interpersonal and community-level interventions are crucial for promoting healthy relationship dynamics and addressing risk factors, such as alcohol misuse and substance abuse.[58] At the implementation and service delivery levels, collaboration among multiple sectors (i.e., health, women's, and legal sectors), community support networks, and the local government is essential in designing awareness activities to empower women at the individual level while educating and empowering couples at the interpersonal level. Evidence suggests that awareness activities are more effective when they engage both men and women rather than solely targeting women.[55,58] Therefore, activities aimed at facilitating gender transformative dialogues should involve men, not just intimate partners but also extended family members and communities. At the policy level, although the Domestic Violence Act (2009) safeguards women by providing essential resources, such as legal aid, shelter, and safe homes,[39] it requires updating to address the evolving dynamics of intimate partnerships in modern society. Specifically, the definition of domestic violence should be expanded to encompass intimate partners beyond traditional marital relationships. Furthermore, the Domestic Violence Act should be revised to encompass VAW in a broader context, capturing all forms of perpetrators beyond the domestic sphere. Moreover, at the implementation level, economic interventions, including microfinance programs employing group savings and loan models, have positively reduced IPV in low- and middle-income countries.[58] These interventions can be supplemented by additional efforts, such as gender dialogue groups that target couples and communities, foster supportive environments, and provide survivor-centered support to mitigate unemployment's impact on IPV.[58]

4.3 Community Level

4.3.1 Provincial associations with different forms of violence

This study found associations between provinces and different forms of violence perpetrated by intimate partners and nonpartners. These findings emphasize that VAW transcends individual and personal interactions and is shaped by wider social, cultural, and economic elements within communities. Women residing in Madhesh province consistently showed the highest prevalences of violence, indicating a pressing need for targeted interventions in that area. Additionally, women in Koshi, Bagmati, and Lumbini provinces showed higher odds of physical violence by nonpartners, and those in Bagmati and Karnali showed higher odds of physical violence by intimate partners, when compared with women in Sudurpaschim.

Factors such as entrenched patriarchal norms, gender inequalities, poverty, limited access to education and health care, and lack of economic opportunities likely contributed to the high rates of violence in Madhesh province, as well as in other provinces with similar patterns. The lower prevalence of violence in Sudurpaschim compared with other provinces suggests that factors that mitigate the risk of violence may

be at play in that region. However, the lower prevalence could also be due to underreporting of violence in the region. Further research would be needed to fully understand these factors.

Recommendations: The findings highlight the crucial role of provincial governments in customizing VAW policies to address the specific needs of each region. At the implementation level, a culturally sensitive approach should be emphasized, and community-based interventions that cater to the diverse requirements of communities in different provinces should be implemented. In 2016, the United Nations Population Fund (UNFPA), in collaboration with the Government of Nepal, launched the first phase of a gender-based violence prevention and response project in Koshi, Bagmati, and Sudurpaschim provinces.[77] The second phase of the project commenced in 2020, focusing on Koshi and Sudurpaschim.[77] These interventions have adopted a multisector approach in partnership with the Ministry of Women, Children, and Senior Citizens; the Ministry of Health and Population; the Ministry of Home Affairs; the police, and the National Women's Commission at the federal level and with Provincial Parliaments' Social Development committees, the Ministry of Social Development, hospitals, and one-stop crisis management centers at the provincial level.[77] The interventions encompass a multilevel approach that emphasizes prevention, capacity building, and responses tailored to the unique needs of each province.[77] The study's findings underscore the importance of sustaining the momentum, scaling up the existing strategies across all provinces, and continuing activities tailored to the local needs of each province.

4.3.2 Heightened risk of nonpartner sexual violence among women residing in rural areas

Women living in rural areas were twice as likely as women in urban areas to experience sexual violence from nonpartners. This result is consistent with that of a study utilizing Demographic and Health Survey data from 11 East Asian countries, indicating an increased vulnerability to violence among rural women.[27] Rural communities often lack the resources and support services available in urban areas, hindering survivors' ability to seek help or report incidents. Moreover, rural areas' privacy and isolation may provide perpetrators with opportunities to commit sexual violence with a reduced risk of detection. Disparities in law enforcement resources and response times between rural and urban areas can further impact survivors' access to justice and protection.

Recommendations: To effectively tackle these challenges, initiatives must be implemented in rural areas to raise awareness about sexual violence, promote gender equality, and challenge harmful social norms at both implementation and service delivery levels. The capacity of the local government should be built at the rural municipality (*Gaun palika*) level for formulating policies, budgets, and plans to respond effectively to VAW.[77] Moreover, targeted workshops and awareness activities for the local judicial committees (*Nyayik Samiti*) in coordination with the local government are needed to sensitize them about the sensitivity and stigma surrounding sexual violence by nonpartners. Targeted interventions in rural schools focusing on sexual and reproductive health education, as well as on educating children and adolescents on consent, are crucial.[61] Mobilizing youth volunteers and community psychosocial support teams can further promote safe spaces for women, promote healthy sexual behaviors, and create enabling reporting mechanisms for women at risk.[55] Moreover, the legal sector, including police stations in rural areas, must be made aware of the heightened risk of nonpartner sexual violence among women in rural communities.[57] Additionally, at the policy level, governments and organizations should prioritize resource allocation to ensure accessible

support services tailored to rural communities, including crisis hotlines, shelters, counseling, and legal assistance.

4.4 Societal Level

4.4.1 Heightened risk of physical violence when violence against women is normalized

At the societal level, the normalization of violence was significantly associated with increased odds of physical violence perpetrated by both nonpartners and intimate partners. Systematic reviews have also demonstrated that normalization of violence among both men and women strongly predicted men's engagement in violent behavior and women's experiences of various forms of violence.[28–30] The normalization can occur through various channels, such as cultural attitudes, media representation, social norms, and historical legacies deeply rooted in patriarchy.[8] In the context of IPV, normalization may lead to victims and perpetrators alike internalizing and rationalizing abusive behaviors as "normal" or "justified" within the dynamics of their relationships. Survivors may hesitate to seek help or leave abusive situations due to societal attitudes that minimize or dismiss the seriousness of the violence they experience. Perpetrators may feel entitled to exert control and dominance over their partners, believing that their actions are acceptable or excusable within societal norms. Similarly, the normalization of violence can influence nonpartner violence, such as assaults by acquaintances or strangers. When violence is normalized within a society, individuals may be more likely to resort to physical aggression as a means of resolving conflicts or asserting power over others. This can manifest in various settings, including households, public spaces, workplaces, and social gatherings.[28]

Recommendations: Addressing the normalization of violence requires a comprehensive, multilevel, multisector approach. At the implementation level, community engagement and empowerment through awareness activities at the grassroots level are vital for challenging norms that normalize violence. This entails involving community members in discussions and initiatives promoting gender equality and respectful relationships.[55] Empowering individuals, particularly women, through education and support programs enables them to recognize their rights and speak out against violence.[55] School-based interventions play a crucial role in educating students about healthy relationships, consent, and violence prevention.[61] At the policy level, curriculum modules and workshops addressing the normalization of violence can equip students with intervention strategies and support resources. At the service delivery level, strengthening support services for survivors involves expanding access to shelters, counseling, and legal assistance and ensuring that these services are culturally sensitive and tailored to diverse needs. Additionally, raising awareness about service availability and providing accessible resources can enhance survivors' ability to seek help.

4.4.2 Mass media protective against emotional violence by intimate partners

Use of media platforms such as television, radio, and newspapers was protective against emotional violence by intimate partners. This finding underscores the significant role of media in raising awareness about violence. The prevalence of emotional violence, being the least understood and explored form of violence, could be reduced through increased awareness facilitated by media exposure. Consuming media may lead to a heightened awareness about emotional violence among partners, leading to a reduction in its occurrence. However, of note, the associations between media and physical and sexual violence were not significant in our study. This underscores that media alone is not sufficient to address or prevent these forms

of violence. Although media is crucial in efforts to reduce VAW, it also has the potential to amplify vulnerabilities.[78]

Recommendations: The media's power for effective communication and advocacy must be harnessed. At both the policy and implementation levels, developing proper guidelines on reporting and raising awareness against VAW, along with training media professionals to understand their role in mitigating VAW, are crucial.[79]

4.4.3 Women facing barriers to accessing health care are at higher risk of violence

This study revealed that barriers accessing health care were associated with higher prevalences of all forms of violence, whether perpetrated by nonpartners or intimate partners, and the associations were statistically significant for nonpartner sexual violence. These barriers included having to seek permission, financial constraints, distance to health care facilities, and personal hesitance to seek care. Survivors of nonpartner sexual violence may face heightened stigma and shame, fear of retaliation, and a lack of trust in authorities or health care providers, which can deter them from accessing medical services.[6,28,29] Financial constraints, transportation challenges, and a limited knowledge of available services also contribute to practical barriers.[27–29] Efforts have been made to enhance the accessibility of one-stop crisis management centers for women affected by violence, yet these facilities are currently confined to mostly district hospitals.[44] Initiatives to train frontline health care workers beyond district hospitals in identifying and aiding survivors of VAW have been implemented.[45] Furthermore, the Ministry of Health and Population has attempted to train and engage female community health volunteers (FCHVs) with technical support from UNFPA alongside various organizations such as Jhpiego.[80] However, evidence on the sustainability of this effort is lacking.

Recommendations: At the implementation and service delivery levels, community engagement, through which FCHVs and other community volunteers could play important roles, is essential for bridging the gaps in women's ability to reach health facilities. Research on the role of FCHVs in addressing VAW found that women in the communities trusted trained FCHVs more readily than untrained FCHVs since they were better equipped to identify and refer women to health facilities after receiving the training.[80] Therefore, empowering and training FCHVs could mitigate women's barriers to reaching health facilities. Additionally, a stronger referral mechanism must be created to refer women from peripheral health facilities to one-stop crisis management centers, and continued efforts to train different cadres of frontline health workers to recognize violence, provide psychological first aid, and offer other necessary initial treatment are crucial.

4.5 Study Limitations

Cross-sectional surveys like the 2022 NDHS gather information from participants regarding past events, behaviors, and outcomes. Although recall bias for lifetime experiences of different forms of violence from different types of perpetrators is possible, this method remains one of the most effective ways to acquire nationally representative VAW estimates.

The 2022 NDHS was the only data source used in this study. Because it was the first NDHS that included questions about nonpartner perpetrators and questions related to IPV among nonmarried women, comparison with data from previous NDHS surveys was not possible. Additionally, because emotional

violence was evaluated exclusively within intimate partner relationships in the 2022 NDHS, comparative analysis of emotional violence in intimate partner versus nonpartner relationships was unattainable. Moreover, the prevalence of sexual violence was notably lower than that of physical violence, potentially limiting significance in establishing associations with sexual violence. Finally, because the questions on nonpartner violence were new to the 2022 NDHS, whether underreporting was higher for nonpartner violence than for IPV is not known. Estimating the level of underreporting was also not possible.

5 CONCLUSION

5.1 Key Findings

5.1.1 Individual level

- Disadvantaged ethnic groups had higher risks of violence against women (VAW) than other ethnic groups. Madheshi and Muslim women were at higher risk of both intimate partner violence (IPV) and nonpartner violence, and Dalit women were at higher risk of IPV.
- The likelihood of IPV, but not of nonpartner violence, was higher among older age groups than younger age groups.
- Education played a protective role against IPV but not against nonpartner violence.
- Working women were at higher risk of sexual violence by nonpartners than were women who did not work.
- Owning a mobile phone was protective against nonpartner physical violence.

5.1.2 Interpersonal level

- Exposure to paternal violence against mothers increased the likelihood of all types of violence from both intimate partners and nonpartners.
- Having a female household head increased women's vulnerability to nonpartner violence.
- Having a higher household wealth quintile had a protective effect against violence, excluding sexual violence by nonpartners.
- Husband/partner characteristics of unemployment, alcohol consumption, and controlling behavior increased the odds of IPV.

5.1.3 Community level

- Provincial associations were found with different forms of VAW. The highest rates of both physical and sexual violence were among women in Madhesh.
- Women residing in rural areas were at heightened risk of nonpartner sexual violence.

5.1.4 Societal level

- Normalization of VAW was associated with a heightened risk of physical violence.
- Access to mass media (i.e., media other than the internet) served a protective role against emotional violence by intimate partners.
- Women facing barriers accessing health care were at higher risk of violence than women not facing barriers.

5.2 Key Recommendations

Addressing VAW requires a multifaceted approach that considers various socioecological factors and tailors interventions accordingly. This involves collaboration across sectors, including health, education, women's, and children's sectors, with strategies grounded in evidence-based practices. To address VAW in this way:

- At the central policy level, existing VAW laws, such as the Domestic Violence Act and Sexual Harassment at Workplace Act, should be updated to accommodate the changing dynamics of modern society. Ensuring changes that enhance women's access to legal support is essential alongside these revisions. Multisector efforts are needed to advocate for these changes.
- At the implementation level, multisector efforts are required to raise awareness among stakeholders in each sector regarding the existence of these laws. Women, including those in the workforce, should be empowered to understand their legal rights.
- The health sector should play a key role in identifying victims, providing support, and implementing community-based interventions. Public health interventions for community engagement, including mobilizing female community health volunteers, could bridge the gaps women face in accessing health care. Additionally, continued efforts are necessary to train frontline health workers across all levels of health facilities to recognize violence, provide timely psychosocial support, and establish stronger referral mechanisms.
- Involving mental health experts in designing and implementing early psychosocial interventions in collaboration with the children's and education sectors is necessary to break intergenerational cycles of violence within schools.
- At the policy level, the education sector should revise the school curriculum to incorporate gender, violence, and healthy relationships in more detail. Additionally, at the implementation level, training educators and school nurses to address violence, promote inclusivity, and provide psychosocial support is needed.
- At the local level, building the capacity of representatives of women from disadvantaged groups, local municipalities (particularly local judicial committees), and rural committees to formulate and implement local policies is necessary. This would help these groups understand specific vulnerabilities based on evidence and find local solutions to mitigate violence.
- Awareness activities for the police, to help them understand the sensitive nature of violence and their role in serving as mediums for psychosocial and legal support, could prove helpful.
- Harnessing the protective potential of technology and media to mitigate violence through innovative mobile health interventions and training of media professionals on their roles in addressing violence could be beneficial.

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APPENDIX

Table A1 Study variables

Outcome variables	Categories	Remarks
Ever experience of physical violence	Yes/No	
Ever experience of sexual violence	Yes/No	
Ever experience of emotional violence	Yes/No	Applicable only for violence perpetrated by intimate partners
Independent variables		
Individual level		
Age	15–19, 20–24, 25–29, 30–34, 35–39, 40–44, 45–49	
Education	No education, Basic education, Secondary or higher	
Occupation	Not working, Agriculture, Other job	
Ethnicity	Brahmin/Chhetri, Madheshi, Dalit, Janajati, Muslim	
Owns a mobile phone	Yes/No	
Has a bank account	Yes/No	
Interpersonal level		
Gender of head of household	Male/Female	
Father physically violent toward mother	Yes/No	
Wealth quintile	Lowest, Second, Middle, Fourth, Highest	
Husband/partner controlling behavior	Yes/No	Applicable for subset of women in current intimate partner relationships[a]
Husband/partner alcohol consumption	Yes/No	
Husband/partner occupation	Not working or other, Office work, Manual work, Agriculture	
Husband/partner education	No education, Basic education, Secondary or higher	
Husband/partner age	16–24, 25–34, 35–44, 45–54, ≥55	
Community level		
Province	Koshi, Madhesh, Bagmati, Gandaki, Lumbini, Karnali, Sudurpaschim	
Place of residence	Urban/Rural	
Societal level		
Normalization of violence	Yes/No	
Internet use	Yes/No	
Use of other media	Yes/No	
Barriers accessing health care	Yes/No	Included problems with permission, money, distance, and self

[a] Remark applies to all interpersonal-level variables related to husbands/partners: husband/partner controlling behavior, alcohol consumption, occupation, education, and age

Table A2 Women who responded to the domestic violence module by background variables, 2022 Nepal DHS

Variable	Number	%
Individual level		
Age (**N=5,177**)		
15–19	957	18.48
20–24	921	17.79
25–29	847	16.35
30–34	727	14.04
35–39	677	13.08
40–44	569	11.00
45–49	479	9.25
Education (**N=5,177**)		
No education	1,364	26.35
Basic education	1,579	30.50
Secondary or higher	2,234	43.15
Occupation (N=5,177)		
Not working	1,434	27.69
Agriculture	2,486	48.03
Other job	1,257	24.28
Ethnicity (N=5,177)		
Brahmin/Chhetri	1,436	27.74
Madheshi	813	15.70
Dalit	783	15.12
Janajati	1,910	36.90
Muslim	135	4.54
Owns a mobile phone (**N=5,177**)		
Yes	4,092	79.04
No	1,085	20.96
Has a bank account (**N=5,177**)		
Yes	2,500	48.30
No	2,677	51.70
Interpersonal level		
Gender of household head (**N=5,177**)		
Male	3,378	65.24
Female	1,800	34.76
Father physically violent toward mother (**N=5,177**)		
Yes	891	17.20
No	4,171	80.56
Do not know	116	2.24
Wealth quintile (**N=5,177**)		
Lowest	955	18.45
Second	960	18.55
Middle	1,048	20.24
Fourth	1,173	22.66
Highest	1,041	20.12
Marital status (**N=5,177**)		
Never in union	1,146	22.14
Married	3,839	74.15
Living with partner	14	0.28
Widowed	103	1.99
Divorced	15	0.29
No longer living together/separated	60	1.16
Husband/partner characteristics		
Age (N=3,853)		
16–24	384	9.95
25–34	1,328	34.46
35–44	1,271	32.98
45–54	743	19.29
≥55	128	3.32

Continued…

Table A2—*Continued*

Variable	Number	%
Education (N=3,853)		
No education	561	14.56
Basic education	1,539	39.95
Secondary or higher	1,753	45.49
Occupation (N=3,853)		
Not working or other	110	2.86
Office work	1,291	33.51
Manual work	1,727	44.81
Agriculture	725	18.82
Alcohol consumption (N=4,245)		
Yes	2,175	48.75
No	2,069	51.25
Controlling behavior (N=4,245)		
Yes	2,755	64.90
No	1,490	35.10
Community level		
Province (**N=5,177**)		
Koshi	877	16.95
Madhesh	1,042	20.12
Bagmati	1,037	20.02
Gandaki	496	9.57
Lumbini	947	18.30
Karnali	324	6.25
Sudurpaschim	455	8.79
Place of residence (**N=5,177**)		
Urban	3,530	68.19
Rural	1,647	31.81
Societal level		
Normalization of violence (**N=5,177**)		
Yes	981	18.94
No	4,196	81.06
Internet use (**N=5,177**)		
Yes	3,397	65.61
No	1,780	34.39
Use of other media (**N=5,177**)		
Yes	4,110	20.62
No	1,067	79.38
Barriers accessing health care (**N=5,177**)		
Yes	3,406	65.79
No	1,771	34.21

Table A3 Bivariate analysis of associations between variables and physical and sexual violence perpetrated by nonpartners, 2022 Nepal DHS

	Physical violence		Sexual violence		
Variable	**%**	***p* value**	**%**	***p* value**	**Number**
Age					
15–19	7.3	.025	1.6	.313	957
20–24	3.9		1.9		921
25–29	3.6		2.0		847
30–34	4.5		1.0		727
35–39	4.2		0.8		677
40–44	7.0		0.6		569
45–49	5.6		1.4		479
Total	5.1		1.4		5,177
Education					
No education	6.3	<.001	0.7	.166	1,364
Basic education	6.7		1.6		1,579
Secondary or higher	3.2		1.6		2,234
Total	5.1		1.4		5,177
Occupation					
Not working	4.1	.123	1.1	.032	1,434
Agriculture	5.9		1.1		2,486
Other job	4.6		2.4		1,257
Total	5.1		1.4		5,177
Ethnicity					
Brahmin/Chhetri	2.8	<.001	1.4	.325	1,436
Madheshi	10.0		0.8		813
Dalit	6.9		1.9		783
Janajati	3.7		1.3		1,910
Muslim	7.9		3.0		235
Total	5.1		1.4		5,177
Owns a mobile phone					
No	9.0	<.001	1.0	.284	1085
Yes	4.1		1.5		4092
Total	5.1		1.4		5177
Has a bank account					
No	5.3	.639	1.1	.115	2,677
Yes	4.9		1.7		2,500
Total	5.1		1.4		5,177
Gender of household head					
Male	4.5	.032	1.2	.209	3,378
Female	6.3		1.8		1,800
Total	5.1		1.4		5,177
Father physically violent toward mother					
No	4.0	<.001	0.7	<.001	4,171
Yes	9.8		4.3		1,007
Total	5.1		1.4		5,177
Wealth quintile					
Lowest	6.4	.061	1.1	.110	955
Second	5.6		1.5		960
Middle	5.0		0.6		1,048
Fourth	5.8		2.1		1,173
Highest	2.9		1.6		1,041
Total	5.1		1.4		5,177
Marital status					
Never in union	6.1	.314	1.9	.321	1,146
Married or living with partner	4.7		1.3		3,853
No longer with partner	7.0		0.8		178
Total	5.1		1.4		5,177

Continued…

Table A3—*Continued*

Variable	Physical violence		Sexual violence		Number
	%	*p* value	%	*p* value	
Province					
Koshi	5.1	<.001	1.0	.396	877
Madhesh	9.2		1.8		1,042
Bagmati	4.2		2.0		1,037
Gandaki	2.7		1.6		496
Lumbini	5.2		1.2		947
Karnali	2.0		0.9		324
Sudurpaschim	2.2		0.6		455
Total	5.1		1.4		5,177
Place of residence					
Urban	4.6	.097	1.3	.385	3,530
Rural	6.1		1.6		1,647
Total	5.1		1.4		5,177
Normalization of violence					
No	4.7	.037	1.4	.482	4,196
Yes	6.9		1.1		981
Total	5.1		1.4		5,177
Barriers accessing health care					
No	3.9	.022	1.1	.292	1,771
Yes	5.7		1.5		3,406
Total	5.1		1.4		5,177
Internet use					
No	5.7	.251	0.6	.001	1,780
Yes	4.8		1.8		3,397
Total	5.1		1.4		5,177
Use of other media					
No	7.8	.001	1.8	.357	1,067
Yes	4.4		1.3		4,110
Total	5.1		1.4		5,177

Table A4 Bivariate analysis of associations between variables and physical and sexual violence perpetrated by intimate partners, 2022 Nepal DHS

	Physical violence		Sexual violence		
Variable	**%**	***p* value**	**%**	***p* value**	**Number**
Age					
15–19	4.9	<.001	2.1	<.001	957
20–24	13.9		5.2		921
25–29	22.9		6.0		847
30–34	27.1		6.5		727
35–39	26.3		7.6		677
40–44	28.0		10.6		569
45–49	25.2		5.8		479
Total	19.8		5.9		5,177
Education					
No education	33.7	<.001	9.8	<.001	1,364
Basic education	22.6		7.3		1,579
Secondary or higher	9.2		2.5		2,234
Total	19.8		5.9		5,177
Occupation					
Not working	15.8	<.001	4.6	.054	1,434
Agriculture	22.8		6.9		2,486
Other job	18.2		5.4		1,257
Total	19.8		5.9		5,177
Ethnicity					
Brahmin/Chhetri	12.9	<.001	4.1	<.001	1,436
Madheshi	28.6		8.2		813
Dalit	27.4		7.6		783
Janajati	16.0		4.8		1,910
Muslim	36.5		12.1		235
Total	19.8		5.9		5,177
Owns a mobile phone					
No	22.5	.026	7.6	.018	1,085
Yes	19.0		5.5		4,092
Total	19.8		5.9		5,177
Has a bank account					
No	19.3	.474	6.2	.381	2,677
Yes	20.2		5.5		2,500
Total	19.8		5.9		5,177
Gender of household head					
Male	19.0	.146	6.1	.494	3,378
Female	21.2		5.5		1,800
Total	19.8		5.9		5,177
Father physically violent toward mother					
No	16.4	<.001	4.6	<.001	4,171
Yes	33.6		11.3		1,007
Total	19.8		5.9		5,177
Wealth quintile					
Lowest	20.7	<.001	7.8	<.001	955
Second	26.3		8.7		960
Middle	22.5		5.9		1,048
Fourth	19.0		4.8		1,173
Highest	11.0		2.8		1,041
Total	19.8		5.9		5,177
Marital status					
Never in union	0.6	<.001	0.4	<.001	1,146
Married or living with partner	24.2		7.7		3,853
No longer with partner	46.0		1.4		178

Continued…

Table A4—*Continued*

Variable	Physical violence %	Physical violence *p* value	Sexual violence %	Sexual violence *p* value	Number
Province					
Koshi	17.7	<.001	5.8	<.001	877
Madhesh	32.6		9.7		1,042
Bagmati	14.0		4.5		1,037
Gandaki	13.6		4.4		496
Lumbini	20.6		4.2		947
Karnali	16.1		8.6		324
Sudurpaschim	14.6		3.9		455
Total	19.8		5.9		5,177
Place of residence					
Urban	19.5	.560	5.8	.601	3,530
Rural	20.4		6.2		1,647
Total	19.8		5.9		5,177
Normalization of violence					
No	18.5	<.001	5.6	.135	4,196
Yes	25.2		7.1		981
Total	19.8		5.9		5,177
Barriers accessing health care					
No	15.5	<.001	3.8	<.001	1,771
Yes	22.0		7.0		3,406
Total	19.8		5.9		5,177
Internet use					
No	25.5	<.001	8.1	<.001	1,780
Yes	16.7		4.8		3,397
Total	19.8		5.9		5,177
Use of other media					
No	28.4	<.001	8.7	.001	1,067
Yes	17.5		5.2		4,110
Total	19.8		5.9		5,177

Table A5 Bivariate analysis of associations between husband/partner characteristics and physical and sexual violence, 2022 Nepal DHS

Husband/partner characteristic	Physical violence		Sexual violence		
	%	*p* value	%	*p* value	Number
Age					
16–24	19.3	.041	8.3	.287	384
25–34	22.3		6.7		1,328
35–44	25.3		8.1		1,271
45–54	27.3		7.9		743
≥55	30.5		12.7		128
Total	24.2		7.7		3,853
Education					
No education	36.1	<.001	12.7	<.001	561
Basic education	28.7		9.4		1,539
Secondary or higher	16.5		4.7		1,753
Total	24.2		7.7		3,853
Occupation					
Not working or other	47.4	<.001	19.1	<.001	110
Office work	18.8		4.7		1,291
Manual work	28.0		9.0		1,727
Agriculture	21.3		8.4		725
Total	24.2		7.7		3,853
Controlling behavior					
No	13.6	<.001	2.3	<.001	2,755
Yes	43.6		16.1		1,490
Total	24.1		7.2		4,245
Alcohol consumption					
No	16.3	<.001	4.1	<.001	2,069
Yes	31.5		10.1		2,175
Total	24.1		7.2		4,245
Currently residing with survey respondent					
Living with her	23.1	.039	7.7	.844	2,538
Staying elsewhere	26.4		7.9		1,315
Total	24.2		7.7		3,853

Table A6 Bivariate analysis of associations between husband/partner characteristics and emotional violence, 2022 Nepal DHS

Husband/partner characteristic	%	*p* value	Number
Age			
16–24	13.1	.107	384
25–34	11.3		1,328
35–44	13.6		1,271
45–54	12.4		743
≥55	20.3		128
Total	12.8		3,853
Education			
No education	21.5	<.001	561
Basic education	13.3		1,539
Secondary or higher	9.5		1,753
Total	12.8		3,853
Occupation			
Not working or other	31.0	<.001	110
Office work	9.0		1,291
Manual work	14.9		1,727
Agriculture	11.5		725
Total	12.8		3,853
Controlling behavior			
No	4.3	<.001	2,755
Yes	30.2		1,490
Total	13.4		4,245
Alcohol consumption			
No	8.6		2,069
Yes	18.0		2,175
Total	13.4		4,245
Currently residing with survey respondent			
Living with her	11.7	.020	2,538
Staying elsewhere	14.7		1,315
Total	12.8		3,853