

SOCIO-DEMOGRAPHIC FACTORS RESPONSIBLE FOR INTIMATE PARTNER VIOLENCE

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ABSTRACT

Objective: This study was conducted among women to find out the frequency of various IPV forms and responsible socio-demographic factors.

Study design. Cross sectional

Setting: This study took place in gynecology OPD of PUMHS from Jan 2018 to July 2018.

Patients and methods: All married women age 18-40 years presented at gynae and OBS department due to different health issues were included. Women were inquired regarding their relationships with their partners, family members, husband's education, residence, socioeconomic status, addiction, smoking and working status. All the data was documented in a self-designed proforma and confidentiality was maintained.

Results: Total 450 women were interviewed, out of those 240 women had faced certain intimate partner violent behaviors in their life. Of 240 females, 78.33% belonged poor socioeconomic status. Psychological violence was most common among 90.83% women, physical violence was seen in 20.0%) and sexual violence was reported by 24% women. Poor socioeconomic status, low education, prolonged duration of married, female offspring; addiction was the responsible factors of intimate partner violence.

Conclusion: It was concluded that the psychological violence most common. Low socioeconomic condition, illiteracy and addiction are the responsible socio-demographic factors.

Key words: Intimate partner violence, addiction, physical

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INTRODUCTION

Gender-based violence has been known internationally as a common health issue that not only violates international laws of human rights but also imposes significant economic, social and health burden. Although violence happens in various forms and environments, including the place of employment, educational institution, society and domestic violence, which is deemed to be the most prevalent form of violence occurring at home. As per the WHO definition, domestic violence involves physiological and emotional distress, such as sexual oppressive acts directed predominantly at females by existing or previous male intimate partners.¹ IVS is an entrenched public and social health concern in different societies and cultures.² Domestic Violence against females is extensive and complex health problem in Pakistan and about every female practices domestic violence in her entire life.³ Females have confirmed assaults varying between physical and emotional and sexual violence by male partners.⁴ IPV is considered to be a personal issue, as it happens within household and thus is not a relevant subject for external analysis, interference or strategy improvements. In a study stated that 97% of interviewed females reported to be the victims to certain type of violence, varying from verbal to physical or uncounseled sexual act.⁵ Gender-based

violence (such as child maltreatment and IPV) is very high, but accurate data on this demographic are challenging to access. In Pakistan, socially justifiable intimate relation between two young people can only be obtained by marriage. Females mostly continue to remain in abusive relationships because of perceived or real fears of sufferings to their in-laws and husbands, poor economic support, issue for the future and protection of their offspring, stigma, psychological reliance, poor encouragement from friends and family and, lastly, the hope for change in the behavior of their husbands.⁶ Divorce, even though not forbidden, is deemed to be stigmatizing and taboo and is thus looked down upon. Factors including household incomes, educational status of a married couple, age, length of marriage, parity, drug or alcohol consumption, HIV status, unwanted pregnancy, and family history of violence have are correlated with an elevated likelihood of physical harassment in underdeveloped world.^{7,8} IPV adversely effects reproductive well-being outcomes such as gynecological abnormalities, unintended pregnancy, potentially dangerous abortion, complications in pregnancy, and STDs such as HIV.⁹ Women are supposed to serve a delegated, obedient and more restrictive gender position in married life, mainly in rural regions. Furthermore, the low social status and decision-making autonomy of females, no accessibility to facts and resources and embarrassment in reporting such crimes would also expose females at risk for violence.¹⁰ Domestic abuse results in raised risk to other healthcare outcomes, such as drug abuse, dysthymia, major depression, and behavioral disorder.¹¹ Furthermore, because in Pakistan females are primary caregivers, children as well experience a raised risk of depressive and behavioral health issues.⁶ Physical abuse, in general, has a long-lasting adverse psychological effects on females who have been stigmatized by psychological health as an obstacle to medical care.¹² Physical abuse can sometimes provoke a perpetual disfigurement of a body, leading to a wide range of mental disorders, such as depression.¹³ Females often fail to receive medical care for mental disorders, because psychological wellbeing is not regarded a health issue within the social

domain of Pakistan.¹⁴ Mental wellbeing ignorance causes psychological disorders to be treated mystically or never at all. This study was conducted among women to find out the frequency of various IPV forms and factors responsible for this.

Material and method

This cross sectional research was carried out in gynecology OPD of Peoples University of Medical and Health science Nawabshah. Study was conducted during 6 months from Janusry 2018 to July 2018. All married women who were visited gynae and OBS OPD for the treatment of different gynae and OBS problems were included. All the women were interviewed regarding their relationships with their partners, family members, husband's education, residence, socioeconomic status, addiction, smoking, duration of married, number of children, gender of children and working status. Women were informed that their information will be confidential. All the unmarried and women, age >45 years and who had not given consent were excluded. All the data was recorded in a self-designed proforma and confidentiality was maintained. Data was analyzed using SPSS 16.0. Results were represented in the form of frequencies and percentages.

RESULTS

Total 450 women were interviewed, out of those, 240 women had faced certain violent behaviors in their life. Out of these 240 women, 188(78.33%) belonged to poor class, while 18(7.5%) were from upper class. Majority of women i.e. 129(53.75%) who faced violence had duration of marriage >10 years. Most of husbands i.e. 168(70%) were alcohol addicted and smokers, while 72(30%) had no history of addiction and smoking. According females educational status mostly were uneducated. Table. No.1 Psychological violence was reported in 218(90.83%) followed by Physical violence in 68(28.33%). Sexual violence was reported by 60(24%) women. Table. No.2

Table 1. Socio-demographic factors of study participants n=240

	Frequency	Percentage
Socioeconomic status		
Poor	188	78.33
Middle	34	14.16
Upper	18	7.75
Husband education		
Illiterate	120	50
Primary	75	31.25
Graduate	45	18.75
Women education		
Illiterate	175	72.91
Primary	65	27.01
Employment status		
Working	175	72.91
Not doing any job	65	27.01
Family system		
Nuclear family	160	66.66
Joint family	80	33.33
Duration of marriage		
<4 year	35	14.16
4-10 year	76	31.66
>10 year	129	53.75
Addiction		
Not addicted	72	30
addicted	168	70

Table 2. Type of the violence n=240

Type of violence	Frequency	Percentage
Physical	48	20
psychological	218	90.83
Sexual	60	24

DISCUSSION

Gender-based abuse, namely intimate partner violence (IPV), sexual harassment and physical abuse are global general health concerns linked to a variety of adverse mental, physical, economic and social implications for females victimized to domestic violence along with their children.¹⁵

This study revealed that Poor socioeconomic status, conjugal family structure, marriage more than 10 years and alcohol and smoking addicted of male partners were the responsible factors. Similarly, Ali TS et al¹⁶ reported a high rate of all IPV forms in females with low and middle socioeconomic status in Karachi. Mental abuse tends to be occurring in over 80% households. Domestic violence rises with decreasing SES of a family. This is attributable to the reality that, the dissatisfaction for the quality life among family members increases with decreasing ability of purchasing sustenance, which will eventually result in certain forms of IPV. Couples living in nuclear families have an increased likelihood of domestic violence than those with joint families. These findings can be explained by the more family support acting as an intermediary to diminish violence at homes. These results are consistent with the outcomes of various national and international studies.^{17,18} In comparison to our results, Mishra A et al¹⁹ stated that physical abuse was the most prevalent form of violence identified. The most crucial risk factor of domestic abuse was drug addiction and then educational status.

In this study more domestic violence was observed among illiterates and minimal among educated women. This can be justified by a clear link between the level of education and the susceptibility to violence. Educated females are less inclined to adopt a gender role presented by the social norms and might be more vociferous against violence that can be seen as an indiscretion within a society

dominated by males. In comparison to our results, Kimuna et al.²⁰ reported significant association (OR 2.24; CI 95%) between being abused and education (literacy below 10th grade). Another study conducted by Fikree FF et al²¹ also reported that 44% of females had lifetime been physically abused during marriage. All of the 132 ever been physically abused females respondents reported verbal harassment and out of these 132 females 36% experienced sexual violence. Moreover, the risk factors including educational status of wife, consanguineous marriage and length of marriage, all were statistically significant and comparable for life-long violence during married life and violence during pregnancy. Respondents reported verbal harassment, often worsening to emotional, physical, and sexual mistreatment, where the husbands have been the most frequent offenders. Females have lived this way because of social and cultural norms, misunderstanding of religious views, inferior status, financial dependency and deprived of legal rights. Our findings have exposed the strain of sexual and verbal abuse against married females residing in a traditional, conservative and male-dominated family structure as in Pakistan. Most women reported verbal harassment during their previous pregnancy or marital life; significantly greater in our study than those reported from United States or China.^{9,22} The physical abuse factors found in our research are comparable to those recorded internationally.⁸

In this study, Psychological violence was reported in 218(90.83%) followed by Physical violence which was reported in 68(28.33%). Sexual violence was reported by 60(24%) women. Study of Puri M et al²³ also reported that 46% women had faced sexual violence in their life and 31% had faced sexual violence during last 12 months. Educational level of husband and inter-spousal communication is important. Men have to be educated

regarding the rights of women and also to honor their life partners and the way to talk with them. Besides encouraging males to avoid sexual harassment and to respect females, it is crucial to encourage to attempt in improving the status / autonomy of every woman.

In this study, 80% husbands were addicted and were involved in doing violence. In comparison to our results, the underdeveloped nations including Nepal reported the use of alcohol as a significant contributing factor to sexual abuse.^{24,25} Thus, any initiative against alcohol consumption must indeed address, along with other concerns, the subject of sexual assault. Likewise, an Iranian research found that unemployed and illiterate females were at greater risk of abuse.²⁶ These studies highlight the value of education to both males and females.

CONCLUSION

It was concluded that psychological violence commonest. Low socioeconomic condition, addiction and smoking, male and female illiteracy were responsible factors for intimate partner violence. Partner's good behavior is necessary for female health especially during pregnancy. Female education is very important to decrease the intimate partner violence. Brief studies are needed on psychological association with infertility, adverse foeto-maternal during pregnancy and many other female health issues,

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