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PREVALENCE OF INTIMATE PARTNER VIOLENCE AMONG WOMEN

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ABSTRACT

Background: *Intimate partner violence (IPV) is a pattern of assaultive behavior and coercive behavior that may include physical injury, psychological abuse, sexual assault, progressive isolation, stalking, deprivation, intimidation, and reproductive coercion.* ***Aim:*** *This study aimed to assess the prevalence of intimate partner violence among women in selected areas at Potheri, Kanchipuram district, Chennai. Tamilnadu.* ***Methods:*** *The study was conducted in selected areas at Potheri, Kanchipuram district, Chennai. Tamilnadu. Cross Sectional research design was adopted for the study. 146 women were screened for intimate partner violence in the selected areas by convenient sampling technique. Women Abuse Screening Tool (WAST) was used to assess prevalence of Intimate partner violence among women.* ***Result:*** *The study results show that, out of 146 women, majority 68(46.6%) of them had moderate violence, 48 (32.8%) of them did not have violence and 30(20.6%) of them had severe violence.* ***Conclusion:*** *The study concludes that, women with Intimate partner violence need to be identified and adequate services must be available to support and protect them against violence. Women need to be empowered through education, employment opportunities, legal literacy, and rights to inheritance.*

KEY WORDS

Intimate partner violence, physical injury, psychological abuse.

INTRODUCTION

Intimate partner violence (IPV) is a pattern of assaultive behavior and coercive behavior that may include physical injury, psychological abuse, sexual assault, progressive isolation, stalking, deprivation, intimidation, and reproductive coercion. These types of behavior are perpetrated by someone who wishes to be involved in an intimate or dating relationship with an adult or adolescent, and is aimed at establishing control of one partner over the other. It can occur among heterosexual or same-sex couples and can be experienced by both men and women in every community regardless of age, economic status, race, religion, ethnicity, sexual orientation, or educational background. Individuals who are subjected to IPV may have lifelong consequences, including emotional trauma, lasting physical impairment, chronic health problems, and even death. [1]

Some women subjected to IPV present with acute injuries to the head, face, breasts, abdomen, genitalia, or reproductive system, whereas others have non- acute presentations of abuse such as reports of chronic headaches, sleep and appetite disturbances, palpitations, chronic pelvic pain, urinary frequency or urgency, irritable bowel syndrome, sexual dysfunction, abdominal symptoms, and recurrent vaginal infections. These non - acute symptoms often represent clinical manifestations of internalized stress (ie, somatization). This stress can lead to posttraumatic stress disorder, which is often associated with depression, anxiety disorders, substance abuse, and suicide. Research confirms the long-term physical and psychological consequences of ongoing or past violence. [2, 3]

More than one in three women in the United States have experienced rape, physical violence, or stalking by an intimate partner in their lifetime. In the

United States, women experience 4.8 million incidents of physical or sexual assault annually [4,5]. India's National Family Health Survey-III carried out in 29 states during 2005-06, has found that a substantial proportion of married women have been physically or sexually abused by their husbands at some time in their lives. The survey indicated that, nationwide, 37.2% of women experienced violence after marriage. Bihar was found to be the most violent, with the abuse rate against married women being as high as 59%. Strangely, 63% of these incidents were reported from urban families rather than the state's most backward villages. It was followed by Madhya Pradesh (45.8%), Rajasthan (46.3%), Manipur (43.9%), Uttar Pradesh (42.4%), Tamil Nadu (41.9%) and West Bengal (40.3%). [6, 7]

Shrivastava PS (2013) conducted a study on spousal domestic violence in Mumbai. A community-based cross-sectional study of 6 months duration was undertaken with the objective of studying the proportion and different forms of domestic violence, factors influencing it, and to study treatment-seeking behaviour of these women. The study participants were married women in the age group 18-45 years residing in an urban slum area of Malwani, Mumbai. Using stratified random sampling, 274 subjects were selected. House to house visits were paid and they were interviewed face to face using a pretested semi-structured questionnaire after obtaining their informed consent. Proportion of domestic violence was 36.9%. The most common form of violence was verbal in 87 (86.1%) followed by physical in 64 (63.4%). A significant association was found between domestic violence and age, education, spousal alcoholism, and duration of marriage. [8]

WHO (2010) conducted multi-country study on women's health and domestic violence against women, which collected data on IPV from more than 24, 000 women in 10 countries. The study confirmed that IPV is widespread in all countries studied. Among women who had ever been in an intimate partnership. 13–61% reported ever having experienced physical violence by a partner, 4–49% reported having experienced severe physical violence by a partner, 6–59% reported sexual violence by a partner at some point in their lives and 20–75% reported experiencing one emotionally abusive act, or more, from a partner in their lifetime. [9]

The present study aims to assess the prevalence of intimate partner violence among women in selected areas at Potheri, Kanchipuram district , Chennai. Tamilnadu.

METHODOLOGY

The present study was conducted in selected areas at Potheri, Kanchipuram district, Chennai. Tamilnadu. Cross Sectional research design was adopted for the study [10, 11]. Around 650 women are residing at Potheri. Out of them, 146 women were screened for intimate partner violence from the selected areas by convenient sampling technique. The inclusion criteria for sample selection include a) women with the age group of 21-45 years and b) women who are permanent resident of the village. Women who were physically and mentally ill were excluded from the study. Women Abuse Screening Tool (WAST) was used to assess prevalence of Intimate partner violence among women in selected areas at Potheri.

TOOL FOR DATA COLLECTION

It includes two sections. Section A comprises of Structured questionnaire to assess the demographic variables of women which includes age, education, occupation, type of family, religion, type of marriage and age gap between husband. Section B pertains to assess the prevalence of Intimate partner violence among women by using Women Abuse Screening Tool (WAST) [12]. This scale consists of 8 items with a ranges of 1 - 3 (3-often, 2- sometimes and 1-never). The scores were interpreted as No violence (1-8), Moderate violence (9-16) and severe violence (17-24).

ETHICAL CONSIDERATION

Formal approval was obtained from the Institutional review board and Institutional ethical committee of SRM University, Kattankulathur, Chennai. Informed consent was obtained from the samples after explaining the study objectives, practices, goodness,

problems and time period involved. Women were asked to participate voluntarily in the study.

RESULTS AND DISCUSSION

Intimate partner violence (IPV) is domestic violence by a spouse or partner in an intimate relationship against the other spouse or partner, and the violence may be mutual, in which case the relationship may be described as a violent relationship. Intimate violence can take a number of forms including physical, verbal, emotional, economic and sexual abuse. The World Health Organization (WHO) defines intimate partner violence as any behaviour within an intimate relationship that causes physical, psychological or sexual harm to those in the relationship.[13,14]

In the present study, data analysis was done for 146 participants. The demographic data of women indicates that, majority 57(39%) of women were between the age group of 31 -35years and they have studied up to middle school, majority 62 (42%) of them were unemployed, 63.6% of the women belonged to nuclear family and 88(60%) of them belonged to were Hindu religion. 86(59%) of women had non -consanguineous marriage and maximum of women 66(45%) had 1-3years of age gap between her husband.

Regarding the prevalence of Intimate partner violence among women, the results shows that, out of 146 samples, majority 68(46.6%) had moderate violence, 48 (32.8%) of them did not have violence and 30(20.6%) of them had severe violence.

The study was supported by Kavitha J (2012) conducted a study on Spousal Domestic Violence of Married Women in India, the study aims to identify the prevalence rate, forms and the factors correlated with the forms of the violence and to examine help seeking behavior of men and women. At all India level, 35 percent of ever married women had experienced physical spousal violence, whereas 16 percent and 10 percent had encountered emotional and sexual violence, respectively. Further, these magnitudes vary considerably across the states and union territories of India. The correlation analysis revealed that, with a few exceptions, the magnitude of all the three forms of spousal violence has a negative correlation with percentage of women and men who have 10 + years of education, who are exposed to mass media, and also with the percentage of households wealth index that falls under 4 – 5 quintiles (richer and richest) at different levels of significance. Conversely, the levels of either 1 or 2 types of spousal violence positively correlated with the percentage of women belonging to Hindu and Scheduled Caste (SC)/Scheduled Tribe (ST) communities as well as with the percentage of men and women employed during 12 months preceding the survey. [15]

Klevens J (2001) conducted a study on physical violence against women, prevalence and associated factors estimate the magnitude of the problem of violence in intimate relationships affecting women and identify the factors related to the risk of being battered. 3,157 participants were interviewed, 26.5% of them reported that their current partner had slapped or pushed them, and 13.3% reported they had been hit with a fist, kicked, hit with some object, or beaten, or threatened with a knife or gun. In addition, 26.2% of the women said that their partner imposed some prohibition on them (on social activities, work, family planning, etc). Public health services are a good place to identify victims of domestic violence, and early detection and intervention programs should be established. [16]

Identifying intimate partner violence is important in clinical practice as it underlies many common physical and mental health presentations. Facilitating disclosure and responding effectively requires good communication skills, safety assessment of women and their families, pinpointing level of readiness to contemplate action, and providing appropriate referral options and ongoing nonjudgmental support are elements of an effective response, general practitioners have the potential to identify women and support them safely on a pathway to recovery, thereby avoiding the long term impacts of intimate partner violence.[17]

Community information and education programmes regarding the nature and unacceptability of domestic violence should be developed. Such programmes should address cultural forms of behaviour that uphold male aggression, beating and abuse of women as acceptable. Human rights education and information regarding domestic violence should be provided to all women because this is their absolute right . Since there is reliable data on the prevalence and health consequences of domestic violence, there is a need that health professions incorporate the issue of intimate partner abuse into their public health activities. For instance domestic violence education should be integral part of health education programmes in the Primary Health Care services.[18]

Table 1: Assessment of demographic variables of women's=146

S. No	Demographic Variables		(n)	(%)
1.	Age	21-25 years	16	11
		26-30 years	46	32
		31-35 years	57	39
		36-40 years	19	13
		41-45 years	8	5
2.	Education	Illiterate	21	14
		Primary school certificate	46	32
		Middle school certificate	57	39
		High school certificate	22	15
3.	Occupation	Unemployed	62	42
		Unskilled worker	41	28
		Semi-skilled worker	14	10
		Clerical, shop-owner, farmer	29	20
4	Type of Family	Nuclear family	93	63.6
		Joint family	53	36.4
5	Religion	Hindu	88	60
		Christian	42	29
		Muslim	16	11
6	Type of marriage	Consanguineous	60	41
		Non consanguineous	86	59
7	Age gap between the husband	1-3	66	45
		4-6	58	40
		7-9	16	11
		more than 10	6	4

Table 2: Screening of women for Intimate Partner Violence; N=146

Intimate Partner Violence	Frequency (n)	Percentage Distribution (%)
No Violence	48	32.8
Moderate Violence	68	46.6
Severe Violence	30	20.6
Total	**146**	**100**

CONCLUSION

The current study results shows that, out of 146 women, majority 68(46.6%) of the women had moderate Intimate partner violence. The study concludes that, women with Intimate partner violence need to be identified and adequate services must be available to support and protect them against violence. Women need to be empowered through education, employment opportunities, legal literacy, and rights to inheritance. Nurses and other healthcare professionals must understand and detect signs of IPV as well as provide adequate care, as women are vulnerable. IPV victims need to feel that they can trust healthcare professionals.

REFERENCES

1. By Linda Chamberlain, PhD, MPH and Rebecca Levenson, MA Family Violence Prevention Fund. Reproductive health and partner violence guidelines: an integrated response to intimate partner violence and reproductive coercion. San Francisco (CA): FVPF; 2010.
2. Commonwealth Fund. Addressing domestic violence and its consequences: policy report of the Commonwealth Fund Commission on Women's Health. New York (NY): CF; 1998
3. The american college of Obstetrician and gynecologist, (ACOG) COMIITTEE OPINION Number 518, February 2012 Committee on Health Care for Underserved Women, www.acog.org/Resources-And.../Intimate-Partner-Violence
4. Black MC, Basile KC, Breidig MJ, Smith SG, Walters ML, Merrick MT, et al. The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 summary report. Atlanta (GA): National Center for Injury Prevention and Control, Centers for Disease Control and Prevention; 2011.
5. Tjaden P, Thoennes N. Extent, nature, and consequences of intimate partner violence: findings from the National Violence Against Women Survey. Washington, DC: Department of Justice; 2000.
6. National family health survey-3, 2005-06: Domestic Violence, pg. 503.
7. NFHS-3 and NCRB (2009) Domestic Violence
8. Prateek S Shrivastava and Saurabh R Shrivastava A Study of Spousal Domestic Violence in an Urban Slum of Mumbai International Journal of Preventive Medicine 2013 Jan, vol 4 Pg no 27–32.
9. WHO Multi-country Study on Women's Health and Domestic Violence against Women 2010.
10. Denise F Polit and Bernadette P Hungler. Nursing Research - Principles and methods. 6th edition. Lippincott: Philadelphia;1999.
11. Suresh. K.Sharma. Nursing research and Statistics. Elsevier; 2011.
12. Thompson MP, Basile KC, Hertz MF,Sitterle D. Measuring Intimate Partner Violence Victimization and Perpetration: A Compendium of Assessment Tools. Atlanta (GA): Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, 2006.
13. Krug, Etienne G.; Dahlberg, Linda L.; Mercy, James A.; Zwi, Anthony B.; Lozano, Rafael (2002). World report on violence and health (PDF). Geneva, Switzerland: World Health Organization.
14. https://en.wikipedia.org/wiki/Intimate_partner_violence
15. Kavitha V.R. S Spousal Domestic Violence of Married Women in India Journal Sociology Soc Anth, N (2012)3(1) Pg No- 7-13.
16. Klevens J Physical violence against women in Santa Fe de Bogotá, prevalence and associated factors, journal of Rev Panam SALUD Publication. 2001 Feb 9(2) pg no78-83.
17. Understanding and addressing violence against women© World Health Organization 2012.
18. Madzimbalale FC, Khoza LB. Experiences of physical violence by women living with intimate partners. Journal of Curationis. 2010 Jun; 33(2):25-32.

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