

## ORIGINAL ARTICLE

**Quantum and pattern of intimate partner violence: An epidemiological study in a tertiary care hospital of Srinagar, Uttarakhand**Sumeet Dixit<sup>1</sup>, Amit Kumar Singh<sup>2</sup>, Aradhana Bandhani<sup>3</sup><sup>1</sup>Assistant Professor,<sup>2</sup>Associate Professor,<sup>3</sup>Medico Social Worker, Department of Community Medicine, VCSG, Government Medical Sciences and Research Institute, Srinagar, Garhwal, Uttarakhand, India

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**Citation**Dixit S, Singh AK, Bandhani A. Quantum and pattern of intimate partner violence: An epidemiological study in a tertiary care hospital of Srinagar, Uttarakhand. *Ind J Comm Health*. 2014;26 (2); 150-154**Source of Funding :** Nil, **Conflict of Interest:** None declared**Article Cycle****Date of Submission:** 01/01/2014, **Date of Acceptance:**24/05/2014, **Date of Publication:**15/06/2014**Abstract**

**Background:** Intimate partner violence (IPV) has been increasingly recognized as a public health problem associated with serious medical, family, and societal effects. Violence against women is a major public health problem and violations of women's human rights, with substantial repercussions for women's physical, mental, sexual, and reproductive health. This necessitates information on quantum and pattern of IPV, for effective interventions. **Methods:** This cross-sectional, randomized hospital based survey of married women aged 15–49 years took place in a tertiary care hospital in Srinagar, Uttarakhand from November 2012 to March 2013, using the methodology of WHO Study on Women's Health and Domestic Violence. Data analysis has been done using SPSS version 15.0 and Microsoft office excel 2007. To test significance, chi square test have been used as applicable. **Results:** Prevalence of current IPV was 31.83% in the present study. IPV was found significantly associated with socio-economic status of the family, education of the female, drinking behavior of the husband and economic dependence of female on husband. Religion, age of the female and duration of marriage were non-significant predictors for intimate partner violence in the present study. **Conclusions:** The study documented prevalence, patterns and determinants of intimate partner violence. Efforts, targeting the most vulnerable, and measures like IPV awareness, Female education, vocational training program for females, legal literacy should be promoted. These measures can prove valuable for effective control of IPV and related mortality/morbidity/other significant repercussions on female well-being.

**Key Words**

Intimate partner violence; Quantum and pattern; Determinants

**Introduction**

The United Nations defines violence against women as any act of gender-based violence that results in, or is likely to result in, physical, sexual or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life (WHO). [1] Intimate partner violence (IPV) has been increasingly recognized as a public health problem associated with serious medical, family, and societal effects. Intimate partner violence against women is a major public health problems and violations of women's human rights. A WHO multi-country study found that prevalence of IPV varies in different countries, between 15–71%. These forms of violence result in physical, mental, sexual, and reproductive health and other health problems, and may increase vulnerability to HIV. [2] Violence against women is now widely recognized as a serious human rights abuse, and

increasingly as an important public health problem with substantial consequences for women's physical, mental, sexual, and reproductive health. [3, 4, 5] Abused women suffer many adverse consequences of the violence, such as health consequences, diminished quality of life and limited working ability. [2, 6]

**Aims & Objectives**

Considering all repercussions of IPV, this study is an attempt to find out the quantum and pattern of IPV in Srinagar, Uttarakhand.

**Material and Methods**

A cross-sectional, randomized hospital-based survey of currently married women aged 15–49 years, took place in base hospital, VCSG govt. medical college, Srinagar, Uttarakhand from November 2012 to March 2013. Sample size has been calculated using the formula  $n = \frac{(1.96)^2 p q}{L^2}$ . Here n is the Estimated sample size, p is the Prevalence of the factor to be

studied in a known population,  $q=100-p$  and “L” is the absolute Error. The sample size was calculated using  $p= 50\%$ , as it will yield the biggest sample size. [7] Taking  $p$  as  $50\%$  and absolute error as  $5\%$ , the sample size was calculated to be 385. However the sample size was increased to 424, considering non response of  $10\%$  and also to undergird the validity. All currently married females reporting to OPD, aged 15-49 years were included in the study. Data analysis has been done using SPSS version 15.0 and Microsoft Office Excel 2007. To test significance of correlates of IPV, chi square test have been used as applicable. All  $p$  values of  $<0.05$  were considered to indicate statistical significance.

**Study tool:** The questionnaire ‘Study on Women’s Health and Life Experiences’ (Version 10), as developed for the WHO Multi-country Study [8,9] on Women’s Health and Domestic Violence, was used in this study. In the questionnaire, exposure to physical and sexual IPV was measured using behavior-specific questions, related to each type of violence. For each act of physical or sexual violence, the respondent was asked whether it had happened ever or in the past 12 months, and with what frequency (once or twice, a few times, or many times). Current prevalence is the proportion of currently married women reporting at least one act of physical or sexual violence during the 12 months before the interview.

**Ethical considerations:** Informed verbal consent was obtained from each of the study participants before interview. All entry forms were kept in the office of the principal investigator and completed questionnaires were only viewed by approved study personnel.

## Results

Out of 424 study participants 135 (31.83%) said that they experienced intimate partner violence. 82 (19.33%) reported physical, 16 (3.77%) reported sexual and 67 (15.80%) accepted IPV in form of behavior control by husband (Table-1). All females (135) gave positive history for episodes of IPV, in last 12 months (Current IPV). All of them reported frequency of IPV as, either once/ twice or a few times in last 12 months. None reported that such episodes are very frequent. None of the respondent sought help of Police, Court, NGOs etc. in such matters.

Physical violence was further probed, whether it was moderate or severe type. Most of them reported moderate type of physical violence. Severe physical violence in form of choking/ kicking etc. was reported by a very few females. None of the respondent reported physical violence by threat or actual use of knife /gun. Sexual violence was reported by 16 respondents and the most common mode of sexual violence was forced intercourse/ sexual relationships.

67 respondents reported controlling of behavior by the intimate partner. It was done by ignoring the partner, indifferent treatment, trying to restrict contacts with friends/family, showing distrust in most of the cases (Table-2).

Prevalence of IPV in any form was 31.83% in the present study. Age of the respondent was a non-significant correlate for IPV. The IPV was reported to the maximum in females who were illiterate/less educated and vice versa. On statistical analysis this association was a significant finding too. The relation of IPV with duration of marriage was non-significant on statistical analysis, though most of the IPV sufferers were in a marital relationship for 1-5 years. Religion too was a non-significant correlate for IPV. Out of total 135 females who gave a positive history of IPV, 89 respondents gave a positive history of drinking behavior of the husband, and this relation comes out to be significant on statistical analysis too. IPV was seen to be more prevalent among females who were economically dependent on the husband and belonged to lower socioeconomic strata as compared to females who were economically independent and belonged to upper socioeconomic strata and these relations were significant on statistical analysis too, in the present study (Table-3). A large number of IPV sufferers reported warning signs of mental illness when inquired, based on William C. Menninger scale [10] (Table-4). According to Dr. Menninger help is necessary to the person, if the answer to any of the question is “Yes”. Thus it necessitates, help, to all those females who suffered IPV and now showing warning signals of mental health.

## Discussion

In the present study prevalence of IPV was 31.83%. Prevalence of IPV varies in different regions of the country. This figure is low when compared to national figures. Mahapatro [11] reported a prevalence of 39% in a nationwide study in India, covering 18 states and 14507 females. Multi country study by WHO2 found prevalence of IPV ranging from 15-71%. Higher literacy, good socio economic conditions, better position of females in hills may be contributing to this low prevalence as compared to national figures. Age of the respondent was a non-significant correlate for IPV. Mahapatro11 reported maximum no. of cases in age group 21-35 and significant decline in prevalence as the age advances, but other studies [12] also concluded as age to be a weak predictor of IPV. The IPV was reported to the maximum in females who were illiterate/ less educated and vice versa. On statistical analysis this association was significant too. The same relationship was observed in other studies too. [11] The relation of IPV with duration of marriage

was non-significant on statistical analysis. Although most of the IPV sufferers were in a marital relationship for 1-5 years. Religion, too was a non-significant correlate for IPV. However Mahapatro<sup>11</sup> reported religion to a significant correlate of IPV. Out of total 135 females who gave a positive history of IPV, 89 respondents gave a positive history of drinking behavior of the husband, and this relation comes out to be significant on statistical analysis too. Other studies [11, 12] also got the similar findings and proved alcohol consumption by husband, as a very strong associate for IPV. IPV was seen to be more prevalent among females who were economically dependent on the husband and belonged to lower socioeconomic strata as compared to females who were economically independent and belonged to upper socioeconomic strata and these relations were significant on statistical analysis, in the present study. Similar findings were reported in other studies too. [11, 12] Study also shows that warning signals of mental illness are well evident in females experiencing IPV (Table-4) and these females require help measures for the same.

### Conclusion

The IPV is found prevalent in the population under study and study documented the high risk individuals prone for such risk exposure. Education and vocational training program for women will be of paramount importance in the prevention of IPV. Legal literacy should also be promoted. Establishment of IPV help lines, strict enforcement of current laws, women education and empowerment, can prove valuable tool for the desired goals. Study demands actions targeting the most vulnerable so that IPV related repercussions can be minimized. Collective and coordinated efforts are sought from the family, Government, NGOs, Civil society organizations etc. Therefore, we should increase literacy levels of females, make them economically independent, make them aware regarding legislation against IPV, harms to their wellbeing, if they remain silent and motivate them to combat IPV through government-supported civil society action. The media too, in its varied forms, needs to be effectively enlisted as a partner in this effort.

### Recommendation

IPV is a subject on which very limited data is available. It's a topic of concern and the present study reflects the current scenario in the remote and hilly terrains of the state.

### Authors Contribution

SD & AKS: designed and planned the study as well as the evaluation and statistical analysis was done by them. AB: was involved in collection of the data's.

### Acknowledgement

We are very much thankful to our Principal/Dean for giving us the permission for conducting the present study. We are also thankful to the participants, who actively participated in the current study.

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### Tables

TABLE NO. 1 INTIMATE PARTNER VIOLENCE:

Type of IPV*	Yes	No
Physical	82	342
Sexual	16	408
Control	67	357
Any	135	289

\*multiple response

**TABLE NO. 2 PATTERN OF INTIMATE PARTNER VIOLENCE:**

Type of IPV	Question asked for	Yes	No
Physical* (n=82) (moderate)	Was slapped or had something thrown at her that could hurt her	56	26
	Was pushed or shoved	75	07
Physical* (n=82) (severe)	Was hit with fist or something else that could hurt	43	39
	Was kicked, dragged, or beaten up	11	71
	Was choked or burnt on purpose	01	81
	Perpetrator threatened to use or actually used a gun, knife,	00	82
Sexual* (n=16)	Was physically forced to have sexual intercourse when she did not want to	16	00
	Was forced to do something sexual that she found degrading or humiliating	02	14
	Had sexual intercourse when she did not want to because she was afraid of what partner might do	00	16
Controlling behavior* (n=67)	Tried to keep her from seeing friends	51	16
	Tried to restrict contact with her family of birth	17	50
	Insisted on knowing where she was at all times	38	29
	Ignored her and treated her indifferently	59	08
	Got angry if she spoke with another man	09	58
	Was often suspicious that she was unfaithful	01	66
	● Expected her to ask permission before seeking health care	00	67

\*multiple answers may be given

**TABLE No. 3: PREDICTORS OF INTIMATE PARTNER VIOLENCE**

Variable	Category	Domestic violence		
		Yes	No	P value
Age (in Years)	15-20	12	28	$\chi^2=1.015$ df=5p >.05
	21-25	25	52	
	26-30	34	67	
	31-35	17	43	
	36-40	21	50	
	>40	26	49	
Education	Illiterate/up to 5th standard	23	11	$\chi^2= 85.6$ df=4p <.05
	5-10th	56	37	
	11th-12th	26	59	
	graduate	23	126	
	Post graduate/professional	07	56	
Duration of marriage	< one year	24	49	$\chi^2=3.042$ df=3p >.05
	1-5 years	67	124	
	5-10 years	32	76	
	>10 years	12	40	
Religion	Hindu	117	258	$\chi^2=5.34$ df=2 p >.05
	Muslim	07	04	
	Sikh	11	27	
Drinking behavior of husband	Yes	89	113	$\chi^2=26.54$ df=1p <.05
	No	46	176	
Social class	Upper /APL	56	191	$\chi^2=22.91$ df=1p <.05
	Lower/BPL	79	98	
Economic dependability on husband	Yes	129	258	$\chi^2= 4.55$ df=1 p <.05
	No	06	31	

**TABLE NO. 4 WARNING SIGNALS OF MENTAL ILLNESS (WILLIAM C. MENNINGER SCALE) 10 IN THE WOMEN WHO HAS SUFFERED IPV (N= 135)\***

S. No.	Warning signal inquired	Yes	No
1	Are you always worrying	26	109
2	Unable to concentrate without any reason	04	131
3	Are you continually unhappy without justified cause	17	118
4	Do you have regular insomnia	02	133
5	Wide fluctuations in mood depression to elation ,again depression ,which incapacitate you	07	128
6	Do you continually dislike to be with people	13	122
7	Are you upset if the routine of your life is disturbed	08	127
8	Do you lose temper easily and often	82	53
9	Do your children consistently get on your nerves	56	79
10	Are you browned off and constantly bitter	15	120
11	Are you afraid without real cause	08	127
12	Are you always right and other person always wrong	43	92
13	Do you always have numerous aches and pains for which no doctor can find a physical cause	97	38