

A Descriptive Study to Assess the General Well-Being among Married Women with Domestic Abuse in Selected Community Area of Kanchipuram District, Tamil Nadu

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Abstract

Intimate partner violence is 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. A study was conducted to assess IPV and to find the association between IPV and selected demographic variables. Majority of the samples experienced IPV. Duration of marital life, age of the woman, spouse's occupation, family monthly income were associated with IPV.

Keywords: Intimate partner, Violence, Domestic, Physical Violence, Controlling Behavior, Insulting Behavior, Neglecting Behavior, Economic Restriction, Behavior, IPV = Intimate partner violence.

Introduction

Intimate partner violence (IPV)/domestic violence is “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”⁶, reported that 35% (1 in 3) of women have experienced physical/sexual violence by a partner and/or sexual violence by a non-partner in their lifetime, 30% (one third) of ever partnered women globally have experienced physical or sexual violence by a partner in their lifetime and 7% of women globally have experienced sexual violence by a non-partner in their lifetime. Worldwide, as many as 38% of murders of women are committed by a male intimate partner. National Family Health Survey (2017)⁴,

reports 29% prevalence rate for lifetime physical and/or sexual intimate partner violence in India. Violence negatively affect women's physical, mental, sexual and reproductive health and may increase the risk of acquiring HIV in some settings².

Men are at risk to perpetrate violence if they have low education, a history of child maltreatment, exposure to domestic violence against their mothers, harmful use of alcohol, unequal gender norms including attitudes accepting of violence and a sense of entitlement over women. Women are more likely to be exposed to intimate partner violence if they have low education, exposure to mothers being abused by a partner, abuse during childhood and attitudes accepting violence, male privilege and women's subordinate status⁶.

IPV results in injuries, unintended pregnancies, induced abortions, gynaecological problems, sexually transmitted infections, miscarriage, stillbirth, pre-term delivery and low birth weight babies, depression, post-traumatic stress and other anxiety disorders, sleep difficulties, eating disorders and suicide attempts, drug and alcohol abuse, headaches, back pain, abdominal pain, gastrointestinal disorders, limited mobility

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and poor overall health. Intimate partner violence is associated with higher rates of infant and child mortality and morbidity. Women suffer isolation, inability to work, loss of wages, lack of participation in regular activities and limited ability to care for themselves and their children. Children growing-up in violent families suffer behavioural and emotional disturbances which in turn is associated with perpetrating or experiencing violence later in life⁶.

The reported that 34% of respondents had experienced IPV, with 21.4% reporting sexual and or physical forms, experience of emotional and economic IPV were 24.6% and 7.4% respectively. Senior high school education or higher was protective of IPV. Depression, disability, witnessing abuse of mother, experience of childhood sexual abuse, having had multiple sexual partners, control by male partner, male partner alcohol use and male partner infidelity were significantly associated with increased odds of physical or sexual IPV experience¹.

Significant factors associated with experiencing physical violence were being currently/ever married, being younger age, women with young partners, low level of education, disparity in educational attainment, farmer, knowing women in neighborhood whose husband to beat them, being a Muslim, having a drunkard partner, harmful use of alcohol and drugs, witnessing maternal abuse in childhood, having given birth two or more times and being in a polygamous partnership, personality disorders, acceptance of violence, conflict or dissatisfaction in the relationship, male dominance in the family, economic stress, poverty. Having a husband/partner with tertiary education and both parties choosing each other were protective factors⁴.

Objectives:

- To assess IPV.
- To find the association between IPV and selected demographic variables.

Method

Research Approach: Non-experimental research approach was used.

Research Design: A Descriptive research design was used.

Research Setting: The study was conducted at Pooncheri, Kanchipuram (DT), Tamil Nadu.

Population: Married women who fulfill the sampling criteria.

Sampling Technique: The non- probability, purposive sampling technique was used for the study.

Sample Size: Sample size was calculated using the formula $N = 4pq/d^2$. ($p = 33.5\%$). The final sample size was 135.

Data Collection Instruments: Demographic variables proforma and Intimate Partner Violence questionnaire were used. The Intimate Partner Violence questionnaire is a 20-item questionnaire, to identify IPV over the past 1 month, was developed based on expert opinion. Six items loaded on physical violence, 4 on controlling behavior, 3 on insulting behavior, 3 on neglecting behavior and 2 on economic restriction.

Scoring and interpretation: Report of the married woman about the presence of IPV in any of the 5 sub-classification of IPV was given a score 1 and absence 0.

Data collection procedure: Data was collected over one week.

Results

Majority of the samples were between 31- 40 years of age (42.2%), home-makers (88.9%) and had higher secondary education (29.6%). Majority of their spouse were between 31- 40 years of age (50.4%), skilled workers and had undergraduate education (35.6%). Majority had two children (61.5%), had history of drug/ alcohol/substance abuse/abuse in the family (40.7%), lived in nuclear families (75.6%), were married for 6 to 10 years (38.5%) and had monthly income between Rs. 10,000/- – 15,000/- (83.7%)

Majority of the samples reported of controlling behavior (97.0%), insulting behavior (60.0%) and economic restriction (97.0%). Minority of the samples reported of physical violence (37.0%) and neglecting behavior (3.7%) (Table 1).

Table 1: Intimate Partner Violence N=135

| S.No. | Intimate Partner Violence | Present | | Absent | |
|-------|---------------------------|---------|------|--------|------|
| | | No. | % | No. | % |
| 1 | Physical Violence | 50 | 37.0 | 85 | 63.0 |
| 2 | Controlling Behavior | 131 | 97.0 | 4 | 3.0 |
| 3 | Insulting Behavior | 81 | 60.0 | 54 | 40.0 |
| 4 | Neglecting Behavior | 5 | 3.7 | 130 | 96.3 |
| 5 | Economic Restriction | 131 | 97.0 | 4 | 3.0 |

Discussion

Majority of the samples experienced IPV in one or more of the sub-categories like physical violence, controlling behavior, insulting behavior, neglecting behavior and/or economic restriction. Duration of marital life, age of the woman, spouse's occupation, family monthly income were associated with IPV. Similar findings were reported earlier².

IPV is one of the most common forms of violence against women which includes physical abuse, sexual abuse, emotional abuse and controlling behaviors. Most common perpetrators of violence against women are male intimate partners or former partners. Physical abuse include slapping, hitting, kicking and beating. Sexual abuse include forced sexual intercourse and other forms of sexual coercion. Emotional abuse include insults, belittling, constant humiliation, intimidation, threatening to harm, threatening to take away children⁷. Controlling behaviors include isolating the individual from family and friends, monitoring their movements and restricting access to financial resources, employment, education or medical care. IPV can result in physical injury, sexually transmitted diseases, violence during pregnancy, suicide and homicide⁸.

Nurses should organize media and advocacy campaigns to raise awareness on legislation with regard to the current law, help line and availability of advocacy social groups. Strengthen women's civil rights in relation to divorce, property, child maintenance and child custody⁶.

Limitation: Data collection is limited to one week. And the sample size is small. In future studies larger sample size should be studied for generalizability.

Conclusion

IPV is found to be high and is a serious problem among women. Multifaceted interventions such as male counseling, increasing awareness on the consequences of intimate partner violence, empowering the women and creating awareness on organizations such as International Foundation for Crime Prevention and Victim Care working to support IPV clients will help to prevent and reduce IPV.

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Conflict of Interest: Nil.

Ethical Issues: Department clearance was obtained from Department of Mental Health Nursing, Chettinad College of Nursing. UG committee clearance was obtained from UG Research Screening Committee. Institutional Human Ethics Committee clearance was obtained from Chettinad University. Formal permission was obtained from the Principal, Chettinad College of Nursing. Formal consent was obtained from the study samples before collecting the information. Confidentiality of the study was maintained.

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