

DOMESTIC VIOLENCE AND ITS INFLUENCE ON REPRODUCTIVE AND SEXUAL HEALTH

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INTRODUCTION

Domestic violence is the power misused by an adult in a relationship to control another. It can take the form of physical assault, psychological abuse, social abuse, financial abuse, or sexual assault.¹ The most abused are women. Violence against women is an obstacle to the achievement of the objective of equality, development and peace. It violates and impairs or nullifies the enjoyment by women of their human rights and fundamental freedom. It reflects inequities between men and women and compromises health, dignity, security and autonomy of the victims. It is a serious public health issue.

Any kind of abuse can leave deep psychological scars, damage the health of women, including their reproductive and sexual health. Hence, this study was conceptualized to quantify and understand the scope in prevention of RTI / STI among

married women in the reproductive age group attending the Urban Health Centre at Govandi, Mumbai.

METHODOLOGY

The study was aimed to know the prevalence of domestic violence, identify factors associated with it, and its impact on reproductive and sexual health.

The study was carried out in the Urban Health Centre, Govandi, affiliated to the Department of PSM, T.N. Medical College, Mumbai. All married women in the reproductive age group, attending the OPD between October 2008 to December 2008 were interviewed (n=323) with the help of pretested, preformed, semi structured interview schedule. The study elicited informants on the type of violence, their risk factors, consequences, including the association with reproductive & sexual health. It also identified the perpetrator of violence.

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Data was analyzed using SPSS package version 11.5 and statistical tests have been used appropriately.

RESULTS

The population, being Muslim dominated, the number of women included in the study were mainly Muslims (87%). Education upto high school was seen in 47 percent of the women. Most of them (87%) were home makers. Ninety percent of them were poor or below poverty line according to Prasad’s Classification (modified). History of violence was given by 39 percent (n=127) of the women.

Majority (85%) of the women had experienced verbal violence followed by 70 percent who had experienced physical violence (Figure 1). Of these, 67.7 percent

women experienced Grade I type of violence (pushing, shoving and grabbing), 11 percent experienced Grade II type of violence (throwing objects to intimidate or damage to property) and 9.4 percent experienced Grade III type of violence (use of weapon – knife, and choking and attempt to strangulate).² The other types of violence that women experienced were sexual (27.6%),

economic (37.8%), controlling behaviour (43.3%) and assault during pregnancy (35%). The frequency of experiencing violence was monthly (38.5%), daily (32.2%) & weekly (29.1 %) respectively. Husband (88%) was the most frequently reported perpetrator, followed by mother-in-law (28%) (Figure 2).

FIGURE 1
Type of violence

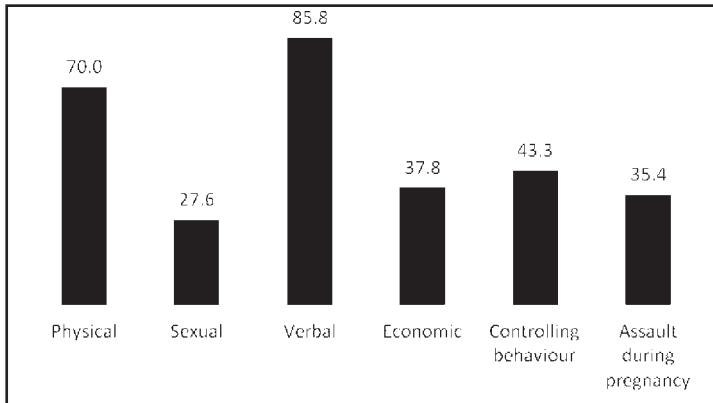
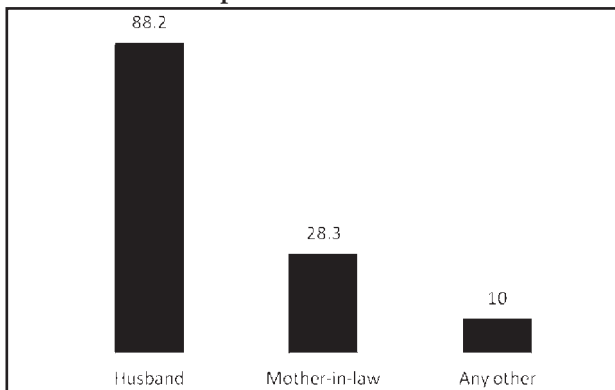


FIGURE 2
Perpetrator of violence



Others Included - Father in Law , Sister in law

TABLE 1
Factors associated with violence

Sociodemographic factors	Domestic violence experienced				Chi Square Value & Significance
	Yes N=127		No N=196		
	No.	%	No.	%	
<i>Age (Years)</i>					
15-20	5	3.9	27	13.8	11.86 df=4 p=0.018 *
21-25	43	33.9	47	24.0	
26-30	48	37.8	63	32.1	
30-35	20	15.7	33	16.8	
36+	11	8.7	26	13.3	
<i>Age at marriage (Years)</i>					
<=17	65	51.2	104	53.1	0.04 df=1 p=0.828**
18+	62	48.8	92	46.9	
<i>Duration of Marriage (Years)</i>					
<=5	30	23.6	58	29.6	1.10 df=1 p=0.294**
5+	97	76.4	138	70.4	
<i>Respondent's education</i>					
Illiterate	65	51.2	69	35.2	7.45 df=1 p=0.006*
Literate	62	48.8	127	64.8	
<i>Respondent's employment Status</i>					
Working	27	21.3	16	8.2	3.75 df=1 p=0.05**
Not working	100	78.7	180	91.8	
<i>Husbands' addiction</i>					
Yes	78	61.4	79	40.3	12.91 df=1 p>0.0001*
No	49	38.6	117	59.7	
<i>Addiction to alcohol</i>					
Yes	24	18.9	5	2.6	23.238 df=1 p<0.0001*
No	103	81.1	191	97.4	
<i>Husband's occupation</i>					
Unemployed	54	42.5	56	28.6	6.07 df=1 p=0.014*
Employed	73	57.5	140	71.4	
<i>Parity</i>					
<=2	65	51.2	103	52.6	0.016 df=1 p=0.89**
>2	62	48.8	93	47.4	
<i>Type of family</i>					
Nuclear	76	59.8	117	59.7	0.008 df=1 p=0.929**
Non-Nuclear	51	40.2	79	40.3	
<i>Standard of Living Index</i>					
Grade III & IV	9	7.1	19	9.6	0.373 df=1 p=0.541**
Grade V & VI	118	92.9	177	90.30	

* Significant ** Not significant

Statistically significant factors were found to be younger age, husband addicted especially to alcohol and husband being unemployed. Other socioeconomic factors such as age at marriage, duration of marriage, working status, parity, type of family and Standard of Living Index (SLI) was not found to be statistically significant (Table 1).

The most prevalent risk factor was found to be poverty (37%), followed by the husband having a short temper (27%) and in-laws instigation (24%). Other risk factor for violence included Dowry (11%), Unemployment of husband (9.4%), illegitimate relation of husband (8.7%), son preference (3.9%), childlessness (3.9%), male dominance (3.1%) (Figure 3).

The triggering factors for violence were found to be asking for money (37.0%), not cooking properly (29.1%), not giving food (28.3%), not taking care of children and home (17.3%) and other (31.4%) (Figure 4).

The effects of domestic violence on women's health can be seen from the data given in Table 2. While malnutrition was found to be higher among women experiencing domestic violence, it was significantly higher for those women having symptoms of RTI/STI.

TABLE 2
Effects of domestic violence on health

Health Condition	No.	%	Chi Square Value & Significance
Malnutrition			
Yes	76	59.8	1.34 df=1
No	51	40.2	p=0.246**
Anaemia			
Yes	57	44.9	1.78 df=1
No	69	54.3	p=0.182**
RTI/STI			
Yes	59	46.5	7.76 df=1
No	68	53.5	p=0.005*

* Significant ** Not significant

The reproductive tract infection commonly seen were Candidiasis (47%), Vaginosis (21.4%), Cervicitis (3.4%) and other vaginal infection (52.1%). One female who had experienced domestic violence was found positive for VDRL and HIV. There was no effect of domestic violence on anaemia.

DISCUSSION AND CONCLUSIONS

Domestic violence was more commonly seen in women in the age group from 21-30 years, similar to the study conducted by Padama.³ Illiterate and non-working women faced more violence. Husbands'

FIGURE 3
Risk factors associated with violence

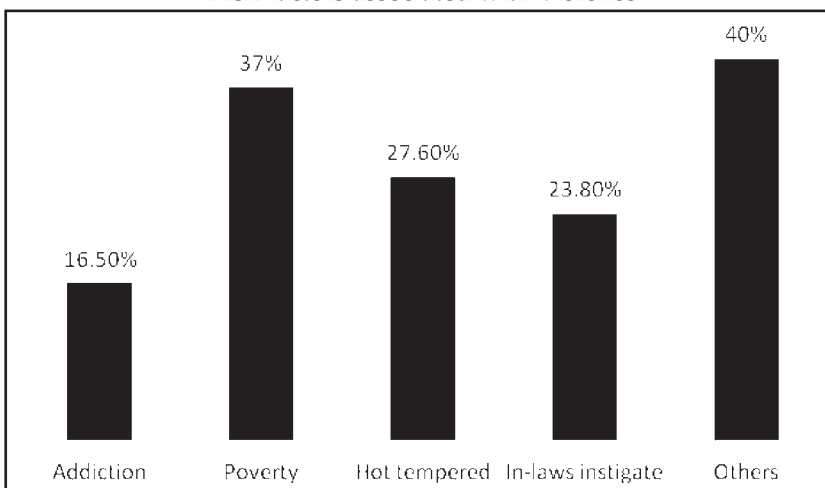
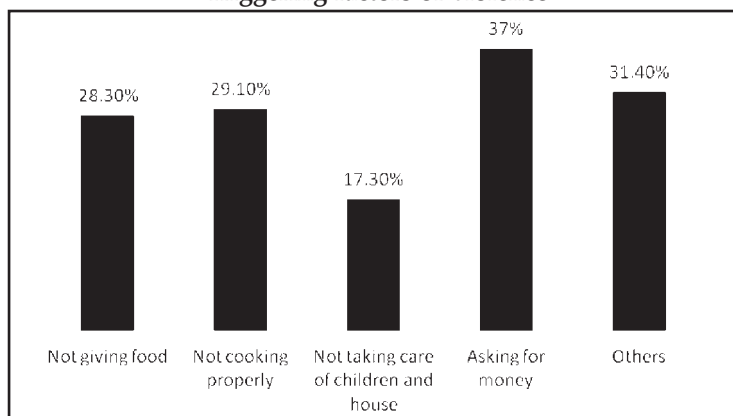


FIGURE 4
Triggering factors of violence



unemployment and their addiction, especially alcohol addiction, were important factors. Women from nuclear families and those having less number of children were mostly affected.³ It was also seen more commonly in those who belong to poor and below poverty line families, as seen by Khan et. al.⁴ Physical and verbal violence were the most frequent forms of abuse. The other factors of importance were sexual and economic violence. Controlling the behaviour of women⁵ and assault during pregnancy were the other forms of abuse. Husband⁶ and mother-in-law were the main perpetrators of abuse. Poverty along with hot tempered husbands were the most important risk factors. Asking for money from the in-laws happened to be the most important triggering factor for violence. There was a higher reproductive morbidity among women experiencing violence.

This could be attributed to: a) lack of negotiating power among women, b) lack of physical mobility and decision-making authority, c) susceptibility to social stigma in accessing reproductive health information and services and d) economic vulnerability.⁷

RECOMMENDATIONS

- Empowering women with economic sustenance self-employment.
- Providing women information on Domestic Violence Act and protecting them from spousal abuse.

- Policy decisions to be taken on alcohol abuse and its linkages with domestic violence.

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