



ORIGINAL RESEARCH PAPER

Medicine

HEALTH AND SOCIAL IMPLICATIONS OF GENDER BASED VIOLENCE

KEY WORDS: Gender based violence, public health problem, physical implications

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ABSTRACT

Background – Gender based violence is now seen as a public health problem. The prevalence and incidence of this violence has been well documented in both clinic-based and population based studies. It is linked to physical injuries, poor mental health, including depression, anxiety, post traumatic stress disorder (PTSD), suicide ideation and to a wide range of adverse physical health outcomes

Objectives- To find out the physical and social implications related to Gender Based Violence

Methods-A prospective cohort study was conducted in the ante natal clinic of Lok Nayak Hospital affiliated to Maulana Azad Medical College (MAMC) located in Central Delhi. all the pregnant women up-to 20 weeks of gestation attending Obstetrics and gynaecology OPD on alternate day at Lok Nayak Hospital were considered. Approximately it was estimated that 1000 pregnant women would be covered.

Results-The 1000 enrolled women, 279 (28.0%) were found to suffer from domestic violence. Among those subjects who were victims of domestic violence, 119 (30.7%) subjects reported presence of physical symptoms. 279 (27.9%) reported that they experienced physical symptoms like headache, gastrointestinal, chronic pain, genital soreness and vaginal bleeding

Conclusion- Adequately address partner violence and its long-term sequelae of societal impacts for women and children, there must be an environment of support rather than blame for victims, accountability and early interventions for abusive partners, and a societal commitment to zero tolerance for partner abuse. Healthcare providers can be instrumental in identifying and helping women.

INTRODUCTION-

Violence against women is one of the major public health and human rights problem in the world today. Domestic violence is one of the forms of violence against women. It refers to violence emanating from the household and within relationships covered by familial or emotional (former or present) attachment. It covers physical, sexual and psychological violence occurring in the domestic sphere.¹

Domestic violence is a global issue reaching across national boundaries as well as socio-economic, cultural, racial and class distinctions. This problem is not only widely dispersed geographically, making it a typical and accepted behavior. Domestic violence is wide spread, deeply ingrained and has serious impacts on women's health and well-being. Its continued existence is morally indefensible. Yet no other major problem of public health has been so widely ignored and so little understood.²

Domestic violence is the most common form of violence against women. It affects women across the life span from sex selective abortion of female fetuses to forced suicide and abuse, and is evident, to some degree, in every society in the world.²

The prevalence of DV in India ranges from 6 per cent to 60 per cent, with considerable variation across the states in different settings.³ However, the magnitude, extent, and burden of the problem in the country have not been accounted well, as the reporting to the problem is still inadequate. In India, few community-based micro level studies are available, but evidence on psychological violence and sexual violence is limited.⁴ There is also very limited empirical evidence of its various determinants, outcome, and their relationships.⁵

. Domestic violence is one of the forms of violence against women. It refers to violence emanating from the household and within relationships covered by familial or emotional (former or present) attachment. It covers physical, sexual and psychological violence occurring in the domestic sphere.⁵

Further, little research has addressed protective factors that

may reduce the risk of poor mental health outcomes for abused women. The adverse outcomes include depression, anxiety, PTSD, substance abuse, & suicide ideation and action. One potential factor that may protect abused women from experiencing adverse mental health outcomes is social support. Women who suffer partner abuse may be in particular need of social support, for several reasons. Abused women may not disclose abuse or seek social support because they may feel stigmatized if others know of their abuse, they may fear retaliation from their partners if they disclose the abuse.⁶

MATERIALS AND METHODS-

A prospective cohort study was conducted in the ante natal clinic of Lok Nayak Hospital affiliated to Maulana Azad Medical College (MAMC) located in Central Delhi. Pregnant women residing in Delhi during past one year who had gestation period up to 20 weeks and attended the ANC clinic of LN Hospital and those who gave their consent.

The average antenatal load in a routine obstetrics and gynaecology OPD of Lok Nayak Hospital of MAMC was approximately 50 new pregnant women (registering for the first time) with an average of 10 women with gestation period up-to 20 weeks. Considering this, all the pregnant women up-to 20 weeks of gestation attending Obstetrics and gynaecology OPD on alternate day at Lok Nayak Hospital were considered. The enrolment of the women was carried out for three days in a week and would continue for 12 months. Approximately it was estimated that 1000 pregnant women would be covered. After the enrolment of women, the subjects would be followed up four times till delivery including the initial visit in the OPD setting. The follow-up was done in fifth, seventh and ninth month of gestation and after delivery. As and when the subjects delivered the birth outcomes would be noted and these women were removed from the study cohort. The enrolment of new women and follow-up of already enrolled women went on simultaneously for a period of 12 months.

RESULTS-

It was found that more than three fourth of the women were in

the age group of 20-29 years and rest of the age categories contributed to only 15.7% of the study subjects. Only 3.2% women were in the age group of less than or equal to 20 years. More than half (56.7%) of the subjects were Muslims and the rest were Hindus. Almost 70% belonged to joint families whereas only 33.5% subjects belonged to Nuclear families.

Nearly 37.7% of the study subjects were educated either up to primary or below that level and almost all (95.8%) were housewives. More than 84.4% of the study subjects were married between the ages of 18-25. (Table 1)

Of the 1000 enrolled women, 279 (28.0%) were found to suffer from domestic violence. (Figure 1)

As shown in Table 2, among those subjects who were victims of domestic violence, 119 (30.7%) subjects reported presence of physical symptoms, whereas 160 (26.1%) subjects did not report any physical symptoms. This was significantly different from those who were not victims of domestic violence ($p < 0.05$).

Among those who were victims of domestic violence, 279 (27.9%) reported that they experienced physical symptoms like headache, gastrointestinal, chronic pain, genital soreness and vaginal bleeding which was statistically different from those who were not victims of domestic violence ($p < 0.05$). However pelvic pain was found to be statistically significant among those who were not victims of domestic violence. Among those subjects who reported experiencing any physical symptoms, headache, gastrointestinal symptoms, chronic pain, genital soreness, vaginal discharge etc were common. (Table 2)

Table 3 shows social outcomes of domestic violence among the study population. Among those subjects who were victims of domestic violence, 3 (1.1%) reported that they ever used any substance abuse like tobacco, alcohol etc to relieve domestic violence.

42 (15.1%) reported that they were unable to carry out household activities because of violence. 59 (21.1%) reported that their relations with children or relatives had been affected because of violence. 32 (54.2%) reported that domestic violence has led to separation of joint family.

DISCUSSION-

More than three fourth of the pregnant women were between the ages of 20-29 years and most of them were housewives.

Almost thirty percent of the study subjects had an education of high school level and another 19.2% were educated up to senior secondary level.

Domestic violence was found to be higher among women with a lower education status. Women whose husbands were substance abusers were found to suffer from domestic violence more as against among other women. Among those subjects who were victims of domestic violence, 279(27.9%) reported that they experienced physical symptoms like headache, chronic pain, genital soreness etc which was statistically significantly higher than those who were who were not a victim of domestic violence.

Conflicts of interest- There were no conflicts of interest.

Table 1: Demographic details of the study participants

Characteristics of the study population	Number of pregnant women N=1000 (%)
Age in years	
<20	32 (3.2)
20-29	843 (84.3)
>=30	125 (12.5)

Age at marriage	
<18	102 (10.2)
18-25	844(84.4)
26-30	50 (5.0)
31-35	4 (0.4)
Caste	
SC	85 (8.5)
ST	5 (0.5)
OBC	128 (12.8)
General	782 (78.2)
Religion	
Hindu	433 (43.3)
Muslim	567 (56.7)
Type of family	
Joint	665(66.5)
Nuclear	335(33.5)
Education status	
Illiterate	137 (13.7)
Below Primary	32 (3.2)
Primary	208 (20.8)
High School	278 (27.8)
Senior Secondary	192 (19.2)
Graduate and above	153 (15.3)
Occupation Status	
Unemployed/Housewife	958 (95.8)
Unskilled worker	9 (0.9)
Semi-skilled worker	7 (0.7)
Skilled worker	11 (1.1)
Semi-Professional	3 (0.3)
Professional	12(1.2)

Figure 1. Magnitude of Domestic violence among the study subjects

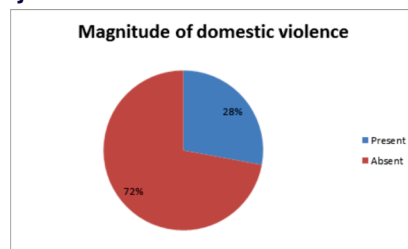


Table 2: Health Outcomes of Domestic Violence among the study population

Characteristics of the study population	Antenatal women who suffered from Domestic Violence N (%) N=279	Antenatal women who did not suffer from domestic violence N (%) N=721
Physical symptoms		
Yes	119(30.7)	268 (69.3)
No	160(26.1)	453 (73.9)
χ^2 , df, p-value	2.548 ,1, 0.11	
Suffer from any these symptoms		
Headache		
Yes	72(32.9)	147(67.1)
No	47(28.0)	121(72.0)
Absence of any symptoms	160(26.1)	453(73.9)
χ^2 , df, p-value	3.68,2,015	
Gastro-intestinal symptoms		
Yes	27(26.0)	77(74.0)
No	92(32.5)	191(67.5)
Absence of any symptoms	160(26.1)	453(73.9)

χ^2 , df, p-value	4.16, 2, 0.12	
Chronic pain		
Yes	3(42.9)	4(57.1)
No	116(30.5)	264(69.5)
Absence of any symptoms	160(26.1)	453(73.9)
χ^2 , df, p-value	3.06, 2, 0.21	
Genital soreness		
Yes	3(60.0)	2(40.0)
No	116(30.2)	266(69.8)
Absence of any symptoms	160(26.1)	453(73.9)
χ^2 , df, p-value	Fisher's ,2,0.08	
Vaginal bleeding		
Yes	21(35.0)	39(65.0)
No	98(29.8)	229(70.2)
Absence of any symptoms	160(26.1)	453(73.9)
χ^2 , df, p-value	3.04, 2, 0.21	
Pelvic pain		
Yes	40(25.3)	118(74.7)
No	79(34.2)	150(65.8)
Absence of any symptoms	160(26.1)	453(73.9)
χ^2 , df, p-value	6.03,2,0.04	

Table 3: Social outcomes of Domestic Violence among the study population

Characteristics	Antenatal women who suffered from Domestic Violence N (%) N=432	
	YES	NO
Ever used any substance abuse like tobacco, alcohol etc. to relieve domestic violence	3(1.1)	276(98.9)
Unable to carry out household activities because of violence	42(15.1)	237(84.9)
Unable to carry out job obligations because of violence	3(1.1)	276(98.9)
Have you experienced any of the following because of violence		
Job less	4 (1.4)	275(98.6)
Frequent absent from job	51(18.3)	228(81.7)
Relations with children or relatives been affected because of violence	59 (21.1)	220(78.9)
Relatives have stopped coming N=59	21 (35.6)	38(64.4)
Children do not respect	2(3.4)	57(96.6)
Separation of Joint Family	32(54.2)	27(45.8)
Separation from Husband	3 (5.1)	56(94.9)

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