Frequency and Risk Factors of Cognizable Physical Violence by Intimate Partner Against Women Seeking Medical Care at a Tertiary Care Centre, Karachi

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Abstract

Objective: To determine the cognizable frequency of physical violence by intimate partners against women seeking medical care at a tertiary care center, Karachi.

Methods: A hospital based cross sectional survey was conducted at a medical care emergency of a tertiary care center, Karachi. The sample size was 345. A non-probability purposive sampling technique was used for selecting the study subject. A Performa was used to collect the information directly through recorded data and interviews. Written informed consent was obtained from each participant. Data was entered and analyzed by using SPSS software version 15. Means with standard deviation for numerical variables and proportions for categorical variables are presented. Chi square test was performed for association of education level and occupation with frequency of physical violence by intimate partners.

Results: There were 345 cases reported during August 2014 to February 2015. Mean age ± SD was 33.50 ± 8.41 years and family income 1,855 ± 962 rupees per month. Cognizable physical violence was observed in 286 (77.7%) by intimate partners against women seeking medical care at a tertiary care center Karachi. Housewives were 271 (78.6%) seeking care for physical violence injury. Fractures were found in 226 (65.5%) women. There was no education in 46 (13.3%) and 5 year education was 191 (55.4%). The percentage of cognizable physical violence was 77.7%. Non-cognizable physical violence found higher among younger age group 24-36 years as compare to older women.

Conclusion: The frequency of cognizable physical violence was two third by intimate partners against women seeking medical care in metropolis megacity, Karachi. Major risk factors found were age more than 36 years, housewives, low family income and only five years education.

Keywords: Frequency, noncognizable, violence, medical care.

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Introduction

Physical violence by intimate partner against women is a social, economic, legal, educational, and health issue. The cognizable physical violence has its implications with human rights, which have been violated in male dominated societies[1]. The cognizable physical violence is a preventable cause of morbidity and mortality in women. There have been social and religious sanctions against cognizable physical violence but it has been practiced in all social strata[2].

Several studies estimate that cognizable physical violence was observed between 20 and 50 per cent of women by an intimate partner[3]. Arango DJ et al[4] conducted a study on 90, 303 ever married women and estimated domestic violence in 21 percent. Physical violence includes acts of physical aggression such as slapping, hitting, kicking and beating. Cognizable physical violence is one requir-

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ing punishment by law[5-6]. It has been reported that between 19% and 55% of women who had ever been physically abused by their partner were ever-injured globally[7].

The rates of being the victim of physical assault by intimate partner violence were 18.0% in college and university students. The estimated prevalence of physical violence against women by intimate partner in Bangladesh is between 30 and 50 percent. Schuler et al. showed husbands beat 47 percent of their women in their lifetime in rural Bangladesh[8].

Pakistani women have multiple factors including social status, poor educational level, low family income, reduced empowerment and more risk towards cognizable physical violence by intimate partner[5,12].

Physical violence is universally under-reported because of sensitivity of the subject. However, millions of women are experiencing violence or living with its consequences but have been under reported, neglected and not included in national policy for prevention of these events in all strata of social life. The purpose of this study is to determine the frequency of cognizable physical violence by intimate partners against women seeking medical care at a tertiary care center Karachi.

Subjects and Methods

This was a hospital based cross-section survey conducted during August 2014 to February 2015 at a teriary care hospital, Karachi. The sample size for the study was 345. Sample size was calculated by open epi software[13]. Wahed T et al.[9] have shown 30% of the cases with cognizable physical violence. In order to calculate 30% risk was taken to determine the sample size. The level of significance was 5% and confidence interval 95% with the power of study 80% the sample size was 323. Therefore, the final sample size calculated is 345 after the refusal cases.

A non-probability purposive sampling technique was used for study. The information was collected directly through recorded data and interviews. A Performa was used to collect the data, which included demographic, medical, surgical, family history. Physical examination and specific examination was done based on violence history as alleged by the victim. All the participants of the study were informed about the study and a written informed consent was obtained from each participant. All the data was entered and analysed by using SPSS software version 15. Means with standard deviation for numerical variables and proportions for categorical variables are presented.

Results

There were 345 cases reported during August 2014 to February 2015. Mean age ± SD was 33.50± 8.41 years and family income 1855 ± 962 rupees per month. Cognizable physical violence was observed in 286 (77.7%) by intimate partners against women seeking medical care at a tertiary care center Karachi. Housewives were 271 (78.6%) seeking care for physical violence injury. Fractures were found in 226 (65.5%) women. There was no education in 46 (13.3%) and 5-year education was 191 (55.4%) as shown in, (Table 1).

The percentage of cognizable physical violence was higher among housewives as compared to employed. Non cognizable physical violence were found higher among younger age group 24-36 year as compared to older women (36-45 years) as shown in Fig.1.

Discussion

About 15-71% of women reported that they had experienced physical or sexual violence or both by a partner. However about quarter to a half of these women had moderate to severe injuries known as cognizable offense in law including fractures, broken teeth, or other serious health problems[10,11]. The results of this study indicate that one in three of ever-married women suffer from physical violence by intimate partner requiring medical care in emergency, this finding is consistent with Paki-

stan Demographic and Health Survey 2012-13 (PDHS)[12].

According to PDHS 2012-13 more than a third 1344 (37.9%) of ever-married women reported that they experienced spousal violence. The violence has many forms, including physical aggression i-e hitting, kicking, biting and slapping, or throwing objects. This study also showed that various degrees were observed in the victims from mild to moderate and severe physical injuries[11,12,14,15]. The fractures were found in 66% women.

In Pakistan thirty-two percent of ever-married women age 15-49 have experienced physical violence at least once since age 15 years. Among every married women who had experienced spousal physical violence, 35 percent reported experiencing physical injurie[12]. This study has shown cognizable physical violence was observed in 286 (77.7%) by intimate partners against women seeking medical care at a tertiary care center, Karachi. This was an analysis from single health care tertiary center where cognizable offense was two third. The reports must be published to disseminate the behavioural weakness in spouse requiring treatment and[16-17].

In this study unemployed women were 271 (78.6%) seeking care for physical violence injury.

Some studies have also shown that two third of sample size were seeking health care after cognizable physical violence[12,15,17]. There was no education in 46 (13.3%) and 5-year education was 191 (55.4%) more closely associated with physical injuries after intimate partner violence.

The percentage of cognizable physical violence was higher among house wives as compared to working or women employed. Non-cognizable physical violence was found higher among younger age group 24-36 year as compare to older women (36-45 years). This study focuses on housewives and younger age group with 5 years education, being victims of physical violence and injuries. Parents, family members and other relatives must comprehend and define the boundaries of spouse behaviours, which are cognizable. These also require Intersectoral approaches to safeguard every third women from physical violence.

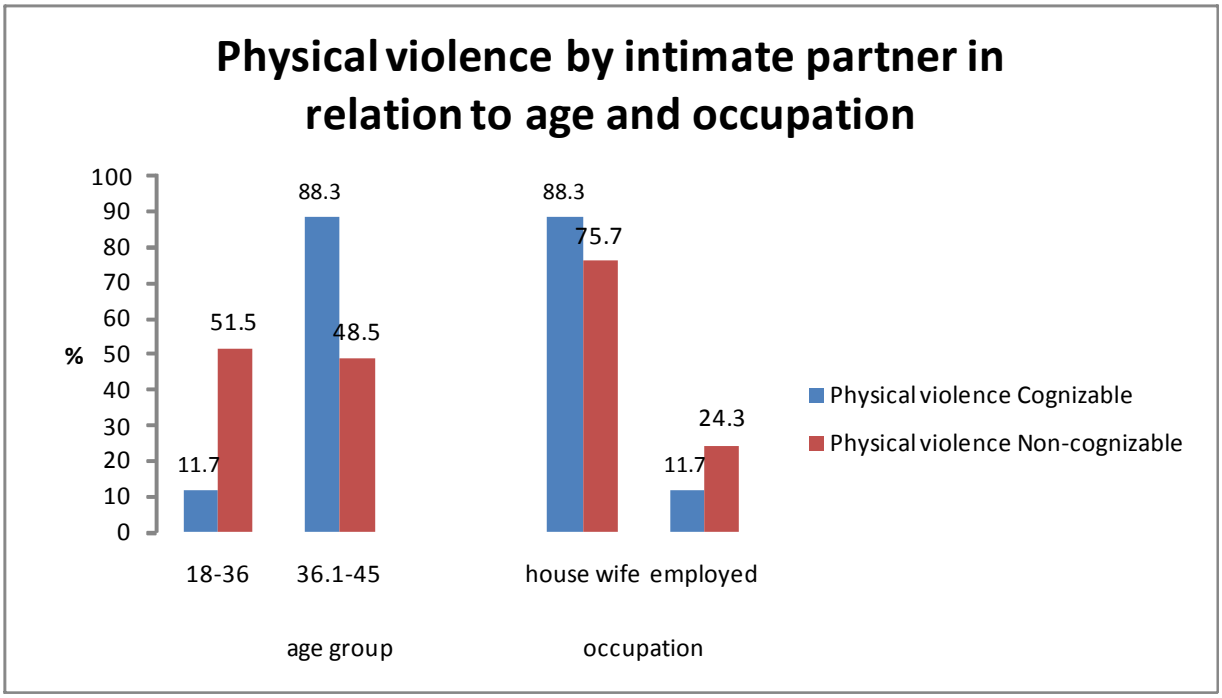

Fig. 1. Physical violence by intimate partner in relation to age and occupation

Table 1. Demographic characteristics of physical violence by intimate partners against women in the study n = 345

Characteristics of Cohort mothers	Numbers	Percentage (%)
Educational level		
No education	46	13.3
5 years education	191	55.4
8 years education	45	13.0
10 years education	63	18.3
Occupation		
Non-employee	271	78.6
Employee	74	21.4
Ethnic group		
Muhajir	116	33.6
Sindhi	7	2.0
Punjabi	112	32.5
Pushto	53	15.4
Baluchi	57	16.5
Type of physical violence		
Mild	77	22.3
Moderate	144	41.7
Severe	124	35.9
Multiple bone Fractures		
Yes	226	65.5
No	119	34.5

Fifty-two percent of Pakistani women who experienced violence never sought help or reported to any one that they had experienced violence. This is an alarming situation, which needs intervention from early life in girl child, and they should be supported for the reports if they ever experience injuries in their lives[18-19]. The risk factors must also be sought, as they are very sensitive being prone to face stigmatization, separation and divorced on account of the events being reported outside the household.

Study has shown that about 15-71% of women[10] reported that they had experienced physical or sexual violence or both by a partner. This study also showed the same magnitude of physical injuries, therefore in spite of sitting on volcano social mobilization, interventions are needed for future. There is a need to develop awareness regarding the rights of women against violence by intimate partners in all the social strata of the society. The slogan of women empowerment must be highlighted in a holistic way but within the limits of social ethics in the society.

Conclusion

This study shows that the frequency of cognizable physical violence was two third by intimate partners against women seeking medical care in metropolis megacity. Major risk factors found were age more than 36 years, housewives, low family income and only five years education.

Conflict of interest

Authors have no conflict of interests and no grant/ funding from any organization

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