

Prevalence and Factors Associated with Physical Intimate Partner Violence in Slum areas of Kathmandu Valley

by

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Abstract

Physical intimate partner violence (PIPV) is a major public health problem and it seriously affects physical health. The objective of this study is to explore the prevalence and associated factors of PIPV in slum areas of Kathmandu valley. For this study, primary data has been used and it has confined 250 married women from five slum areas of Kathmandu valley. Frequency distribution and bivariate analysis (chi-square test) were applied to examine the association between physical intimate partner violence and other independent variables. Results found that almost half of the women were 25-30 years and 29 percent of women had no education. The overwhelming majority of the women were currently married (98%). Around half of the women and 83 percent of husbands were alcohol consumers. Around 65 percent of women had experienced at least one form of PIPV and half of women (52%) faced it during the last 12 months. Results also found that consumption of alcohol, level of education, and occupation was significantly associated with PIPV. Finally, the result of this study indicates that intervention should focus on reducing the consumption of alcohol, raise the level of education and focused on the skilled occupation for both husband and wife.

Keywords: Physical, Intimate Partner Violence, Slum

Background:

Since the 1970's, from the feminist movement, the awareness of violence came-out by the term "wife battering" and "spousal abuse". Before that, it was ignored by science, the criminal justice system, and the public health system. After the feminist movement, those term-limited to married couples and violence against women were not limited to it and the term replaced by "domestic violence" and it is still widely used by the public and advocacy community. In 1999, after two decades, the Centre for Disease Control and Prevention (CDC) suggested the use of the term, "Intimate Partner Violence" to explain the problems more exactly and to differentiate the other forms of family violence (Saltzman LE.et al, 1999).

The concept of Intimate Partner Violence (IPV) depends on different thoughts. Such as the legal system says, "IPV as a criminal act", Public health system says, "violence victimization as a risk factor for morbidity and mortality". Whereas family violence researchers and grassroots domestic violence movements say, "violence as a response to intermitted conflict" and "violence is a part of a pattern of coercive behavior meant to establish power and control" respectively (Feldhaus, et al, 1997). Different thoughts show that Intimate Partner violence hinders women's

enjoyment and their fundamental rights and freedoms. It affects the health and its system; it is a serious problem and affects the development of whole nations.

Physical intimate partner violence refers to behaviors within an intimate relationship that causes different types of physical harm such as slapping, hitting, kicking, and beating. It is one of the most common forms of violence and it occurs in all settings and among all socio-economic, religious, and cultural groups. Physical intimate partner violence is more common around the world. WHO multi-country study on intimate partner violence, where more than 24000 women in 10 countries by the diversity of cultural, geography and place of residence and it found that 13-61% reported having experienced physical violence by a partner and 4-49% reported having experienced severe physical violence by a partner (WHO, 2012).

Various studies have identified that women in slum areas are more likely to have experienced spousal violence than non-slum areas. The research found that women with poor economic status, instability housing, and living in urban slum areas are at high risk of intimate partner violence. The prevalence of PIPV among women living in urban slums ranges from 27 percent in Thailand (Sabri, B, et al 2015) to 62 percent in India (Aekplakorn, W. et al, 2015). On the other hand, Nepal does not have studied any intimate partner violence. Hence, the objective of this study is to know the prevalence of physical intimate partner violence and to understand the associated factors in selected slum areas of Kathmandu valley.

Methods:

In this study, the data has been drawn from the five slum areas (Sankhamul, Khadipakha, Sinamangal, Balaju, and Chabihil) of Kathmandu valley by using systematic random sampling methods. The respondents were married females at the age of 15 years and above. The total respondents were 250 women in all clusters. Women, who were staying there for less than 6 months, have not been included in the interview.

Results:

More than a fifth of the women were youth aged 15-24 while almost half of the women (46%) were 25-34 years. It was found that more than a quarter of women (29%) had no education and two in five were from the Janjati community. Additionally, the majorities of the women were Hindu (66%) and followed by Christian (30%). Similarly, the overwhelming majority of women were currently married (98%).

It was found that more than a third (34%) of the women were unskilled while more than two-fifth (43%) were housewives. Around half of the women had drunk alcohol while this percentage of the husband was 83 respectively.

Table 1: Background characteristics of the respondents and their husbands

Background characteristics	%	N
Age group of women		
Less than 25 years	22.8	57
25-34 years	46.4	116
35 years and above	30.8	77
Education level of women		
No education	28.8	72
Primary	64.0	160
SLC and above	7.2	18
Education level of husband		
No education	18.0	45
Primary	45.2	113
SLC and above	36.8	92
Ethnicity		
Brahimin/Chhetri	20.0	50
Janjati	40.8	102
Dalit	39.2	98
Religion		
Hindu	66.4	166
Buddhist	4.0	10
Christian	29.6	74
Marital status		
Currently married	97.6	244
Widow	0.8	2
Divorced/ separated	1.6	4
Occupational status of women		
Skilled labor	12.2	33
Unskilled labor	34.0	85
Own business	10.0	25
Housewife	42.8	107
Consumption of alcohol (women)		
Yes	45.2	113
No	54.8	137
Consumption of alcohol (husband)		
Yes	82.8	207
No	17.2	43
Total	100	250

The number and percent distribution of the physical intimate partner violence has presented in table 2. About 65 percent of respondents reported that they had been slapped or hit with any objects (dishes, glasses, and sticks) by husbands. Similarly, a third of women stated that their husband had beaten with leg and pulled on the floor.

In addition, this study also found that 4 percent of women reported that their husbands had tried to choke and burnt on their bodies. It is found that almost two-thirds had faced at least one form of physical violence. Similarly, 52 percent faced at least one form of violence during the last 12 months.

Table 2: Experience of different forms of physical violence among respondents by their husbands

Forms of Physical violence	During the women's life time	
	%	N
Slapped or hit with any object		
Yes	65.2	163
No	34.8	87
Pushed or showing aggressive manner		
Yes	27.6	69
No	72.4	181
Beat with leg, pull or the floor		
Yes	33.2	83
No	66.8	167
Choke or fire any part of body		
Yes	6.0	15
No	94.0	235
Threaten by showing gun or any weapon (knife)		
Yes	4.4	11
No	95.6	239
At least one form of physical violence		
Yes	65.2	163
No	34.8	87
At least one form of physical violence	during last twelve months	
Yes	52.4	131
No	47.6	119
Total	100	250

This study found that significantly higher ($p < 0.001$) percent of physical intimate partner violence who had primary education (76%) than those who had no education. It also shows that women who had secondary or above education had no experienced any forms of physical spousal violence. We can also see the same pattern of husband's education and violence.

Study shows that significantly higher ($p < 0.001$) percent of women who were from Buddhist (100%) than Christian and Hindu (82%, 55%) respectively. Percent of women experiencing at least one form of physical violence by the husband was significantly higher ($p < 0.001$) who were unskilled labor (85%) than housewives, own business, and skilled labor (57%, 56%, 49%) respectively.

The study also found that almost 85 percent of the women who drank alcohol faced at least one form of physical violence while around half of women who did not drink alcohol had experienced violence. Similarly, those women whose husbands had drunk alcohol, 71 percent had physical violence and this result found that consumption of alcohol is significantly associated ($p < 0.001$).

Table 3: Background characteristics of respondents according to the experience of at least one form of physical violence by their husbands.

Background Characteristics	Experience of at least one form of physical violence during lifetime	
	%	N
Age group of women		
Less than 25 years	61.4	57
25-34 years	62.1	116
35 or above	72.7	77
Educational level of women***		
No education	58.3	72
Primary	75.6	160
Secondary and above	0	18
Education level of husband***		
No education	71.1	45
Primary	83.2	113
Secondary or above	40.2	92
Ethnicity**		
Brahimin/ Chhetri	62.0	50
Janjati	54.9	102
Dalit	77.6	98
Religion***		
Hindu	55.4	166
Buddhist	100.0	10
Christian	82.4	74
Marital Status		
Currently married	64.3	244
Widow	100.0	2
Separated	100.0	4
Occupational Status***		
Skilled labor	48.5	33
Unskilled labor	84.7	85
Own business	56.0	25
Housewife	57.0	107
Consumption of Alcohol (Respondents)***		
Yes	84.1	113
No	49.6	137
Consumption of Alcohol (Husband)***		
Yes	71.0	207
No	37.2	43

Note: Significant at Chi-square test ***= $p < 0.001$, **= $p < 0.01$

Discussion and conclusion:

This study has attempted to explore the prevalence and associated factors of physical intimate partner violence in slum areas of Kathmandu valley. The present study shows that physical violence is common among slum area women and it indicates that there is a need for an effective program on this issue.

This study found that women reporting physical violence from a partner, slapping, beating, and pushing were the most common forms of physical violence. Similarly, a study on physical partner violence in Ethiopia found that slapping (47.1%), beating (44.5%), and pushing (35%) were the most common forms of physical violence (Dibaba Y, 2008).

The bivariate analysis shows that variables such as level of education, ethnicity, religion, occupation, and consumption of alcohol are important in explaining physical intimate partner violence. This study found that a woman whose education had SLC and above were no form of physical violence and it is significantly associated. Similarly study also found that women whose husband's education had SLC and above, those wives had less percent of physical violence. As have many other studies, for example in South Africa, men with less education were more likely to report performing physical violence (Abraham et, al, 2006). Another study in India found that in comparison with women having some college education, women with fewer years of education had a higher risk of a lifetime and recent experience of IPV (Ackerson et, al. 2008).

This study found that people who consume alcohol had a high percentage of violence and it was significantly associated. Like this, similar research found that drinking alcohol leads to aggressive behavior increases the risk of committing violence towards a partner. A study found that in the USA and in England and Wales found that husbands have been drinking prior to a physical assault in 55 percent and 32 percent cases respectively (WHO, 2006). This study found that the rate of physical violence was high on unskilled labor than other occupations. Likewise, a large study in 18 Indian states also suggests that while working women were at higher risk of intimate partner violence and among them who engaged in unskilled labor were most at risk (Mahaqatro M, et al, 2012). Similarly, a study from Mysore suggested that although women with jobs were more likely to suffer IPV than women without jobs, those with skilled occupations were at lower risk (Madhivanan, P, et al, 2011). But in this study, more than half housewives were at least one form of physical intimate partner violence.

This study was the prime study of a representative sample of slum areas to identify the prevalence and associated factors related to physical intimate partner violence. The findings of the study help to know the factors which are important effects on physical intimate partner violence and it provides a basis for considering the importance of the level of education, occupation, consumption of alcohol, and many more. Intervention should focus on, reducing harmful and hazardous use of alcohol; upgrade the level of education and move from unskilled to skilled occupation for both husband and wife.

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