

Intimate Partner Violence in Married Women with Common Mental Disorders in a Rural District of Assam: A Cross-Sectional Study

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ABSTRACT

Background: WHO (2013) defines Intimate partner violence (IPV) as psychologically, physically and sexually abusive acts committed against women by their partners. IPV towards women is a global public health challenge and the association of Common mental disorders (CMDs) with it in primary care settings is an under-researched topic in Northeastern part of India.

Aim & objectives: To study the proportion of Intimate Partner Violence in married women with Common Mental Disorders (CMD) in a rural district of Assam.

Methodology: Community based cross sectional study done in sampled villages of Boko Bongaon block, Kamrup District (Rural), Assam for one year among married women in the reproductive age group (15-49 years). The respondents were interviewed using screening instruments Self Reporting Questionnaire (SRQ) for CMD Among the women found to be CMD positive the proportion of IPV was assessed.

Results: Among the 900 married women in the age group of 15 -49 years the mean age was 30±8 years. The prevalence of Common Mental Disorder among the women was found to be 12.67%. Out of the respondents Majority (37.37%) complained of verbal abuse by husband, out of 114 women who had CMD, 80 (70.17%) had history of any form of IPV. The association of CMD in women and presence of IPV in them is statistically significant.

Conclusion: From the study it has been observed that a huge impact of intimate partner violence on the mental health of women whether it is psychological, physical, or sexual. There is a need for awareness and effective management of violence against women, especially in rural areas also integrating for policy and practice.

Keywords: Mental health, Common Mental Disorders, Intimate Partner Violence, Reproductive age group

INTRODUCTION

Common mental disorders (CMD) are depressive and anxiety disorders that are classified in ICD-10 classification (1) as: “Neurotic, stress-related and somatoform disorders” and “mood disorders”. The

public health significance of mental and behavioral disorders is demonstrated by the fact that they are among the most important causes of morbidity in primary care settings and produce considerable disability.(1) Common mental disorder are minor

psychiatric disorder, characterized by insomnia, fatigue, irritability, forgetfulness, difficulty in concentration, and somatic complaints often ranging from mild to severe forms of physical and social problems.(2) Worldwide, gender is a critical determinant of mental health and mental illness. Symptoms of depression, anxiety, and unspecified psychological distress are 2–3 times more common among women compared to men. So, mental health of women in their reproductive age group is a matter of concern and these issues needed to be dealt with. The burden of both reproductive and mental ill health is greatest in the low-income countries. Intimate partner violence (IPV) is defined as any behavior within an intimate relationship (married, unmarried, and live-in) that causes physical, psychological, or sexual harm to those in that relationship. This definition encompasses physical, sexual, and psychological aggression/abuse or controlling behavior of any kind(3).As females are more likely to be hurt in cases of IPV(3,4) male-to-female partner violence has been studied in much greater detail, though both male-to-female and female-to-male partner violence exist; and the rates of female-to-male partner violence equal or exceed male-to-female partner violence,(6,7,8) As per severity of the violence, IPV can be classified as follows: (i) Level I abuse: pushing, shoving, grabbing, throwing objects to intimidation or damage to property, and pets; (ii) Level II abuse: kicking, biting, and slapping; and (iii) Level III: use of a weapon, choking, or attempt to strangulate(9). According to the National Family Health Survey-5, the prevalence of intimate partner violence among married Indian women stands at 29.3%. (9). Among the various forms of domestic violence, physical violence ranks highest at 29.2%, followed by emotional violence at 13.2% and sexual violence at 6.7%. IPV has been linked to adverse outcomes including physical injuries, reduced access to healthcare services, and mental health disorders such as depression,

anxiety, post-traumatic stress disorder (PTSD), and suicidal ideation and attempts. Research indicates that more than half of women experiencing physical or sexual violence suffer from PTSD, with depression also commonly co-occurring and significantly correlating with PTSD. Depression can exacerbate vulnerability to further violence by impairing social and occupational functioning. (8,9)

AIM AND OBJECTIVES:

Aim: To study the proportion of Intimate Partner Violence in married women with Common Mental Disorders (CMD) in a rural district of Assam

Objectives:

1. To assess the prevalence of Common Mental Disorders (CMD) in married women in the age group of 15-49 years in a rural district of Assam
2. To ascertain the proportion of Intimate Partner Violence (IPV) among the married women in the age group of 15-49 years in a rural district of Assam
3. To determine the association of CMD with IPV among the married women in a rural district of Assam

MATERIALS & METHODS

TYPE OF THE STUDY: Community based cross sectional study

STUDY AREA: Sampled villages of Boko Bongaon block, Kamrup District (Rural), Assam

STUDY PERIOD: One Year from August 2017 to July 2018.

STUDY POPULATION: Married women in the reproductive age group (15-49 years) residing in Boko Bongaon block, Kamrup (rural), Assam

INCLUSION CRITERIA:

1. All married women between the age group of 15 to 49 years (Reproductive age group), who has given consent to participate for the study.
2. All women in the required age group residing in the study area for 6 months

EXCLUSION CRITERIA:

1. Who were seriously ill during the data collection were excluded.
2. Those who were unable to respond to the questions because of hearing impairment or difficulty in understanding the questions were excluded.
3. Women suffering from severe mental illnesses were excluded.

SAMPLE SIZE AND SAMPLING TECHNIQUE:

In a population-based study by Shidhaye R, Patel V (10) in four states of India -Bihar, Jharkhand, Maharashtra and Tamil Nadu, in currently married rural women in the age group of 15–39 years, (where baseline data was taken from the National Family Health Survey-II conducted in 1998. A follow-up study was conducted 4 years later in 2002–03.) in the year 2010, by Rahul Shidhaye and Vikram Patel, the prevalence of Common Mental Disorder was found to be 10.7% (95% confidence interval 9.8–11.6).

So, Considering the prevalence to be 10.7% and absolute error as 20% of prevalence, with 95% confidence interval, the sample size was manually calculated to be 424.67 using the Cochran's formula

$$n = \frac{4pq}{l^2} \text{ (Cochran's Formula) (11,12)}$$

Where,

n=required sample size

p=expected or assumed prevalence

q= (100-p)

l= absolute error (3%)

Considering design effect, the sample size comes out to be 849.34. So taking a few more participants the sample size has been finalised as 900.

There are 41 subcentres under Boko BPHC. The list of all subcentres were obtained and which has been taken as the sampling frame. Taking these 41 as the primary sampling unit, 10 sub centres were selected randomly. From each of the sub centres 6 villages were chosen randomly, from each of the villages 15 married women were taken in the age group of 15-49 years, to get the desired

sample of 900. Within the selected villages, house to house visit was done until the required number of 15 is obtained. If in a family more than one woman in the desired age group was found than only one filling the inclusion criteria were considered for the study.

Questionnaire was pre-tested on 5% residents which were not included in the study to check for applicability and understand ability of the instrument.

DATA COLLECTION TECHQUE

Data collection was carried out between August 2017 and July 2018 at the homes of participating women in the form of direct interviews. All married women in the age group of 15-49 years meeting the inclusion criteria were identified in the households. They were carefully briefed prior to the commencement of field work regarding purpose of the study so as to get their full co-operation during the study period, so that information about the events under study could be obtained to optimal level. Then the respondents were interviewed using the interview schedule and then they were interviewed on the screening instruments SRQ. The interviews were conducted face to face by at the home, in a reserved place to ensure confidentiality and privacy. In those women in whom CMD will be found to be positive, they have been assured that the confidentiality will be maintained and further assessment of their mental status will be done so that they get proper treatment and counselling. Among the participants in whom CMD was found to be positive proportion of Intimate Partner Violence (IPV) among them was calculated.

Data Analysis

Data collected was entered in Microsoft Office Excel and analysed by using SPSS software 16 version. Chi-square test was used for analysis of categorical variables. Criteria for significance used in the study was $p < 0.05$ at 95% Confidence Interval (C.I).

Ethical clearance was obtained from the Institutional Ethics Committee (IEC) of Gauhati Medical College and Hospital, Guwahati (Registration no. ECR/1470/Inst/AS/2020). Written Informed consent was taken from the study subjects. Assurance was given that confidentiality concerning their information will be maintained strictly.

RESULT

Among the 900 married women in the age group of 15 -49 years the mean age was 30±8 years. Out of 900 women 8.89% were from ≤18 years age group, 29.78 % were from 19-25 years, 33.56% were from 26-32 years age group, 15.67% were from 33-39 years, 12.11% were from ≥40 years age group. Out of 900 women, 264 (29.33%) were illiterate, 164 (18.22%) studied up to primary school,190 (21.11%) had studies till

middle school, while 137 (15.22%) had studied up to high school,115 (12.77%) were HSLC passed and 30 (3.33%) were HS passed. Out of 900 women maximum numbers 60.22% were Homemaker, while 13% were unskilled worker, 5.55% were semi-skilled worker,6.66% were semiprofessional which included school teachers, 14.55% were unemployed and students. Out of 900 women, maximum 32.55% belonged to Lower Middle class, 28.44% belongs to Middle class, 17.55% belonged to Upper Middle class,15.88% belonged to Lower class and only 5.56% were from Upper class according to revised modified B. G. Prasad classification. Out of the ever-married women 59.23% were married at the age of 21-25 years, 34.30% got married at the age ≤20 years, 6.46% married ≥26 years.

Table 1: Distribution of participants as per sociodemographic characteristics (n=900)

Age Group (Years)	Number	Percentage (%)
≤18	80	8.89
19-25	268	29.78
26-32	302	33.56
33-39	141	15.67
≥40	109	12.11
Educational status		
Illiterate	264	29.33
Primary school	164	18.22
Middle school	190	21.11
High school	1371	15.22
HSLC Pass	115	12.77
HS passed	30	03.33
Socioeconomic status		
Upper	50	05.56
Upper Middle	158	17.55
Middle	256	28.44
Lower Middle	293	32.55
Lower	143	15.88

The prevalence of Common Mental Disorder among the women was found to be 12.67% (Table 2) as per SRQ questionnaire

Table 2: Distribution of respondents as per presence of CMD

Presence of CMD	Number	Percentage (%)
Present	114	12.67
Absent	786	87.33
Total	900	100

Out of 900 currently married women and living with their husbands overall 27.79% women had experienced any form of violence from their partner. Maximum (37.37%) complained of verbal abuse by

husband, 12.78% had any episode of physical abuse by husband 1.13% had history of sexual abuse by husband, and 3.88% had history of other form of abuse.

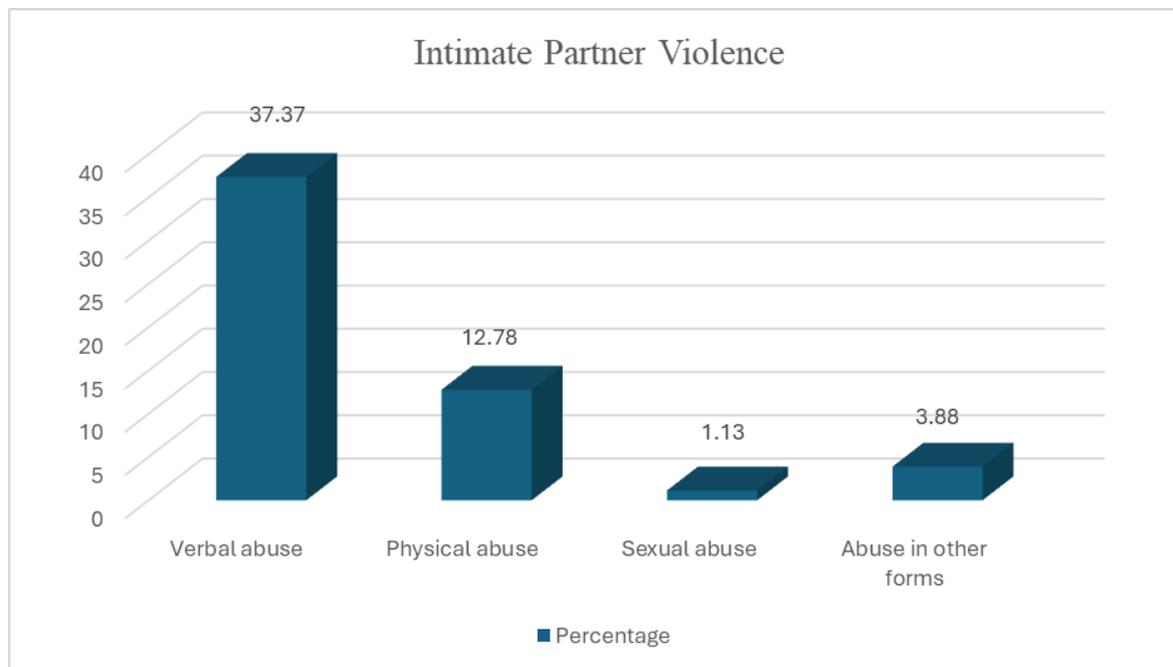


Figure 1: Percentage wise distribution of women according to the history of Intimate Partner Violence

Table 3: Distribution of the participants according to the prevalence of CMD and history of Intimate Partner Violence (IPV) among them

IPV	COMMON MENTAL DISORDER				TOTAL	
	PRESENT		ABSENT		Number	Percentage
	Number	Percentage	Number	Percentage		
Present	80	70.17 (32)	170	32.94(68)	250	27.79
Absent	34	29.82 (8.94)	616	78.37(94.7)	650	72.2
Total	114	100(12.67)	786	100(87.3)	900	100

$\chi^2 = 71.27$

Odds Ratio=7.42(CI: 4.4-12.28)

$p < 0.05$

In the present study, out of 114 women who had CMD, 80 (70.17%) had history of any form of IPV. The association of CMD in women and presence of IPV in them is statistically significant.

DISCUSSION

A population-based study by Shidhaye R (2010) from low- and middle income countries in a total of 5703 women (representing 83.5% of eligible women) the outcome of CMD was observed in 609 women was 10.7%, 95% confidence interval 9.8–11.6(10). In a study done by Patel V(13) and other authors in 1999 in

four restructuring societies in Goa, (India); Harare, (Zimbabwe) and Santiago, (Chile); Pelotas and Olinda, (Brazil,) found the prevalences of CMD as– Goa, India 46%; Olinda, Brazil 35%; Pelotas, Brazil 23%; Santiago, Chile. In that study done by Patel V, it was found that violence from someone other than a spouse was also strongly associated with CMDs; of the 93 married participants who reported such an experience, more than half (59.1%) had experienced violence from their in-laws. Of these participants, 15.1% were cases of CMDs. Women who had violence in married life had unadjusted odds ratio of 2.8

(CI:1.7-4.7) with p value 0.001 and adjusted odds ratio of 2.2 (CI: 1.3-3.7) with p value of 0.005. Also, in this study it was found that three types of marital abuse were elicited; none was associated with common mental disorders in univariate analyses; a composite variable of any marital abuse was not associated with common mental disorders (OR 1.82, 95% CI 0.8–4.0). Gender disadvantage and exposure to intimate partner violence (IPV) are commonly described correlates of CMDs in women. IPV is the commonest type of interpersonal violence. In population-based surveys, between 10 and 69% of women reported being physically assaulted by an intimate male partner at some point in their lives. A 10-country WHO study found that women who experienced partner violence at least once in their life reported significantly more emotional distress, suicidal thoughts and attempts than non-abused women. In the study finding of in Shidhaye R (10) (2010) in four states in India no association between remote IPV and CMDs, but a strong association between recent IPV and CMDs, is also consistent with other studies by Patel V. In their study the relationship with their partner (adjusted POR = 0.16, 95.0% CI (0.05-0.51), $p=0.002$) were associated to CMD, even after adjustment for the other previously recognized variables in national and international literature. The mean age of the women was 31.13 ± 6.96 years, with the majority having received at least a primary school education (N = 79, 98.7%). Crude and both adjusted logistic regression models suggested that women who reported coercive control had greater odds of experiencing emotional, physical and sexual violence in the last 12 months. Adjusted models suggested that reported coercive control was associated with greater odds of a positive screen for moderate or severe depression independently of the three other forms of domestic violence. Similar findings were seen associating reported coercive control with a positive screen for moderate or severe anxiety and suicidal thinking.

Emotional violence independently increased the odds of a positive screen for depression, anxiety, or suicidal thinking three-to-four-fold. In our study the mean age of the women was slightly lower than the studies in other part of the country. The Intimate Partner Violence experienced by the women in our study were mostly verbal abuse which is different from the other studies where the violence experienced are majority of physical. A study done in Greater Santiago, Chile in 2001 among adult population (16-64 years) by Araya R (14) showed the overall prevalence of 26.7% and in women 15.7%. In a study done by Steel Z in 2014, period prevalence of common mental disorder was available from 155 surveys with a pooled prevalence estimate of 17.6% (95% CI, 16.3–18.9%) across 59 countries(15). In a cross-sectional study done by Husain N, Mukherjee I &, Notiar A et al (16) at Bomu Hospital, Mombasa, Kenya in the year 2009 done with SRQ Scale for measuring common mental disorders among mothers attending a well child clinic, 429 women were screened for the presence of CMD using the Self-Reporting Questionnaire–20 (SRQ-20). The prevalence of CMD was 20%, Studies done in Ethiopia both in South West (Jimma Town) region by Kerebih H (17) (2016), and North East (Kombolcha town) regions by Yimam K and others (18) (2014) used SRQ-20 (Self-Reporting Questionnaire) as the screening tool, point prevalence of common mental disorders was found to be 33.6% and 32.4% respectively. A cross-sectional survey among women (18-45 years) living in rural settings in the Anand district of Gujarat, by Soni A, Fahey N, Byatt N et al (19) (2016) CMD symptoms were assessed using the WHO Self-Reporting Questionnaire (SRQ-20) Using the SRQ-20 to assess symptoms suggestive of CMD, 155 out of 658 women (22.8%) participants screened positive having answered yes to at least 8 of 20 questions. In the present study, the prevalence of Common Mental Disorders was found to be 12.6% which is almost similar but slightly

higher to studies done by Patel v (13) (2006) in Goa, and a study done by Shidhaye R, Patel V (10) which are 6.6% and 10.7%. But the value was found to be much lower than the studies done outside India. The higher prevalence in present study in compared to the other studies in India was due to use of different screening tools CMD. In a study done by Arumugaperumal R, Ravichandhiran G, Agadi S, et al. (20) in a district of Kerala it was found that the mean (SD) age of the study participants was 34 (± 8) years. Among the 190 participants, 57.4% reported controlling behaviour, 31.1% reported physical violence and 7.4% reported sexual violence by the intimate partner at least once in the past 12 months. About 34.7% were found to have mild depression and 21.6% with moderate depression. There was a significant association between intimate partner violence and depression in women ($p < 0.001$) in their study. In the study by Daruwalla N, Kanougiya S, Gupta A et al. (21) the prevalence of physical domestic violence was 13%, sexual violence was 4%, and emotional violence was 19%. In their study controlling behavior and physical violence were of large extent. In another study by Kapiga S, Harvey S, Muhammad AK, et al (22) also reported controlling behavior was the most prevalent type of abuse with 82% prevalence in lifetime suicidal behaviors and 63% during the past 12 months. The prevalence of domestic violence was found to be 54% in a study conducted in Kolkata by Debnath D, Fernandez K (23). About 19.8% had experienced psychological violence, and 18.6% had experienced both physical and psychological violence in their lifetime. Slapping, beating, and hitting were the commonest forms of physical violence, whereas insulting and threatening were the most common forms of psychological violence. Sexual violence in this study is similar to the study done in the urban locality of Pune by Vaishali Raje (24) which shows sexual violence of 8.1%. According to a study done in Thailand, the prevalence

of psychological violence was 41.2%, physical violence was 4.3%, and sexual violence was 2.3%. Several participants had experienced more than one form of violence (25).

CONCLUSION

In the present study the proportion of study participants experiencing Intimate Partner Violence (IPV) out of all participants is relatively low but those women having CMD the prevalence of IPV is higher in compared to those without CMD. The study findings suggests that there is a huge impact of intimate partner violence on the mental health of women whether it is psychological, physical, or sexual. There is a need for awareness and effective management of violence against women, especially in rural areas. There is a need for developing interventions to address CMDs and IPV among these study group and the importance of integrating it as a part of policy and practice.

Declaration by Authors

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