

Health Effects of Intimate Partner Violence and Perception Regarding Minimization Strategies

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ABSTRACT

Background: Intimate Partner Violence refers to any behavior within an intimate relationship that causes physical, psychological or sexual harm to those in the relationship. There are very serious health consequences in the health of women due to intimate partner violence. Thus, this study tries to explore the health effects of intimate partner violence and minimization strategies associated with it.

Methods: A phenomenological study design was used in the study. Interviews were conducted among eleven study participants. Interviews were done with the survivors of violence, female community health volunteers, health personnel, local leaders, and staff of the municipality working in the Judicial Committee. Interviews were transcribed and translated and thematic analysis was done.

Results: Survivors of violence mainly faced three forms of violence (Physical, sexual, and emotional) resulting in various health effects. Complaints like headache, head injury, pain, and sores were physical health effects reported by women whereas complaints like stress and having suicidal thoughts were the mental health effects. Family taboos, poverty, unemployment, illiteracy, social norms, and tradition were found to be the factors associated with intimate partner violence while the minimization strategies included proper communication, mutual understanding among partners, and awareness about social and legal rights.

Conclusions: Effective communication and mutual understanding between husband and wife is key in reducing these health effects. In addition, in community level women empowerment is crucial for mitigating IPV.

Keywords: Intimate partner violence; mental health; mitigation strategies; physical health.

INTRODUCTION

Intimate partner violence (IPV) is a serious but avoidable public health issue that impacts millions of people regardless of age, economic level, colour, religion, nationality, sexual orientation, and educational background. ¹⁻⁴ Global evidence showed that 42% of the women suffered from physical injuries as a result of violence while IPV resulted in the deaths of 38% of the women. ²⁻⁴ People who are exposed to IPV may experience permanent effects such as mental trauma, physical disabilities that endure a lifetime, chronic health issues, and even death. ^{5,6} Even when the abuse has stopped, intimate relationship violence has a significant impact on the health of survivors. ⁷ Low health status, low quality of life, and a significant reliance on medical services are

some manifestations of these impacts. ⁷ This study aims to identify the health effects of IPV and explore perception regarding minimization strategies in Shankharapur municipality of Kathmandu District Nepal.

METHODS

This study utilized a phenomenological study design to explore the health effects of intimate partner violence and the perception on the minimization strategies for IPV. This study was conducted in Shankharapur Municipality of the Kathmandu District. Interviews were conducted among eleven study participants. Those participants include survivors of violence, female community health volunteers (FCHVs), health personnel, local leaders, and staff of the Judicial Committee. The data collection

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process begins after obtaining ethical approval from the Institutional Review Committee (IRC) of Patan Academy of Health Sciences (PHP1908121289). Interview guidelines were piloted in Gokarneshwor municipality of Kathmandu District. Feedback from the pre-testing was integrated into the tools, focusing on adjustments in language usage and ensuring consistency in the survey instrument. Audio recordings were stored in the password protected device. These recordings were initially transcribed in Nepali Language and then translated into English. Furthermore, transcripts were compared with audio recordings ensuring accuracy. Inductive coding was employed to identify codes. Two independent researchers were employed for coding. The percentage agreement was calculated among two independent coders. Cut off value of 75% was used to identify the similarity between two independent coders. Subsequent themes and sub-themes were developed based on the codes using qualitative data analysis in the R (RQDA) package of R software. Thematic analysis was conducted using Braun and Clarke’s framework, enabling a structured and comprehensive analysis of the data.

RESULTS

The findings of this study are categorized into four major themes: Social lens on women, Socio-economic factors contributing to the silent epidemic, Health effects of women, and Minimization strategies.

Table 1. List of Themes and Sub-Themes.

S.N	Themes	Sub-categories
1.	Social lens on women	
2.	Socio-economic factors contributing to the silent epidemic	<ul style="list-style-type: none"> Poverty and Unemployment Education Difficulties in performing household work and agricultural work
3.	Health effects on women	<ul style="list-style-type: none"> Physical health effects Mental health effects Separation from Household Effects on the children
4.	Minimization strategies	<ul style="list-style-type: none"> Belief in spouse Community Awareness Social and legal provisions to address violence

Participants stated that social norms and traditions were the crucial factors for violence because society has differentiated roles for males and females. Also, society has given higher value and importance to males compared to females thus, females are treated indifferently. Likewise, participants stressed that low levels of empowerment, practices of hiding, and tolerating violence also make females more vulnerable to violence.

The main reason for violence against women is our social norms and traditions. Society has differentiated roles for males and females and it has been taught to us by our ancestors which we are following. Even the female themselves teach their sons that they should not get involved in household work such as washing clothes, dishes, etc., and that it is the duty of the daughters. These practices cannot be changed overnight, due to which still there is violence against females. The main reason behind violence among females is gender roles provided by our community (KII2)

Participants emphasized that the violence appeared in the form of a silent epidemic inside the household, as the problem is hidden inside the home, inside closed doors. Participants shared that victims do not share their problems with others because of the fear and dignity of the family members leading to troubles for females.

Poverty and Unemployment were found to be the contributing factors to cause intimate partner violence as reported by the participants. Those females who were not engaged in income-generating activities are found to have been the sufferers of the violence as underlined by the participants.

I am unemployed, and because of this, I could not be able to earn money, I need to ask for money to my husband for everything. He shows aggressive behavior toward me when I ask him for money. (IDI 7)

Findings were supported by the responses provided by the key informants of the community.

The main cause is the economic cause. If both partners do not have good economic status, then violence occurs in such types of families. (KII3)

The major causes of physical torture are low educational levels and problems of unemployment and poverty. (KII4)

Hiding and tolerating the behavior of the women, lack of education, and not being able to raising their voices against violence, are the major reasons for being victims

of violence (KII 1)

Participants emphasized that educated women have a greater chance of escaping poverty, leading healthier and more productive lives, and raising the standard of living so that women do not have to suffer from violence.

Participants perceived that they become the sufferers of violence because of being uneducated. They expressed that, if they were educated, they would be more empowered, they could stand on their own feet and should not have to depend on their husband.

If I was educated and was standing on my own feet then I would not have been the victim of violence. (IDI 3)

The same opinion was also expressed by another participant.

It may be because I'm uneducated and not capable of standing on my own feet. (IDI6)

Moreover, the key informants of the community expressed the same voice. They explained that if the female is uneducated then she would not be able to express any kind of violent behaviors she was facing to others and keep tolerating different kinds of pain and suffering.

Violence can occur in both educated and uneducated women. Uneducated people tolerate a lot and do not share their problems with anyone while educated people raise their voices against violence due to which disputes arise between them. (KII1)

Participants highlighted that Nepal is a patriarchal society and the female after getting married, needs to move to their husband's home, and the daughter-in-law is expected to perform most of the household chores. She needs to wake up early in the morning, clean the houses, fetch water from the taps/ ponds, take care of the domestic animals, prepare meals for all the family members, rare and care for the children, care for the elderly members of the household, and do additional work if any. Even after performing all the household chores, they become a sufferer of violence, if they are not able to please their in-laws and husbands through their work.

I was not able to please my in-laws from my work, so when we (me and my husband) speak to each other at home, my in-laws would not be happy with us. They used to provide separate beds for my husband. (IDI 5)

Participants underscore that the people who were born in

Terai, it takes some time, to adjust, if they move to other regions and vice-versa.

One of the participants expressed that she was born in the Terai region and got married to a person born in a hilly region, then she needed to move to her husband's house in the hilly region. But it took a certain time for her to adjust to that culture, and traditions, and for doing household or agricultural work. During that time, she faced many difficulties in adjusting to that geography. She faced difficulty fetching water from the tap and working in the field. Instead of supporting her during her problem, family members showed aggressive behavior towards her and yelled at her for not being able to conduct the household chores properly.

I was born in Terai but I got married in the mountain region, so it became difficult for me to work here. This might be the reason he scolds me. (IDI 2)

IPV leaves varying degrees of health effects, from mild to severe, on the victims. The victim may suffer from physical, mental, and sexual health effects.

Study participants highlighted that they suffered from headaches, head injuries, bleeding, pain, and sores in the different parts of the body as the consequences of the physical harm caused by the perpetrator.

Once he beat me severely and I started bleeding. So, I took the medicine for that problem. He hit my head and I got a head injury. Still, there is a white discharge from the injured part. (IDI 2)

I used to get very severe headaches. (IDI 6)

The key informant of the community also explained that, because of the violence, females suffer from different kinds of injuries including headaches. They come to visit the municipality for justice, and they show the sores in different parts of the body.

The women have sores on different body parts and sometimes have broken hands and legs. (KII 4)

Participants shared that society has differentiated roles for males and females. Females are supposed to take care of their family members and their houses. They are supposed to be homemakers while the male partner is supposed to be the breadwinner of the family. Nowadays, females are also educated and empowered due to which they go to the office for income-generating activities. Even though, they work outside, they must finish all the household work and

rearing the children due to which there is a triple burden of work among females as compared to males which leads to high-stress levels. Most of the women do not get any kind of support from their husbands in household chores. Participants highlighted that most of the men have the perception that their wives will disrespect them if they assist them. Men believe themselves as the supreme power of society. The changing roles of women have made them more prone to work.

Females must do all the work such as household work, taking care of the children, so there is double also triple burden of work among females. Male partners do only one work in the day, that is, they do the official work only and their duty is finished. He get relaxed at home, all the food and tea will be served to the husband by his wife but for those females who are working in that level like that of a male, have to provide services to the other members of the family, have to cook food, prepare tea after completing her official duty, and has to manage all the household works as well. Therefore, mental stress is high among females, and educated husbands also, if their wives do not fulfill their wish in such cases, their husbands start to give mental stress to them. (KII 2)

Some of the study participants thought of committing suicide and even attempted to do suicide due to the distress faced by them; however, they stopped this action for the sake of their children, being aware of religious rites such as *Garuda Purana* and with the help of their relatives.

I have also tried to commit suicide, even though I had given birth to the children but at the time, when I was thinking about it, there are no any feelings of love for my children. I thought that my children should have to perform their duties by themselves in spite of my physical presence in this world. (IDI 3)

*I thought of committing suicide, but later on, I remembered I will live with the support of my children. I listened to *Garud Puran* also from where I came to know that, I will not get pinda, if I die untimely. (IDI 4)*

I thought about suicide when I was pregnant, but one person stopped me and saved my life. That person saved me saying that suicide should not be done during pregnancy. The situation of that person was like me and is my relative. (IDI 6)

One participant concentrated that even some women must be separated from their husband and their family members because of violence.

It became very difficult for me to live with him; he used to speak vulgar words towards me and used to drink alcohol almost every night and used to beat me. Also, he did not show equal treatments between two wives, and threw me out from the house. (IDI 6)

Participants underlined that IPV not only affected its victims but also their children as well. Partners of some respondents were reported to beat their children while some children were deprived of food.

My husband and my mother in law used to give me lots of stress. Because of my reason, my mother in law did not provide food to my children. I had to go for work and I used to leave my son in home. I used to feed him before I leave for work and after returning from work. There was no environment to feed my baby in between. There were effects to my baby along with me. (IDI 3)

My daughter gets scared when I cry due to pain. I think it will cause mental effect to her in the future. (IDI 7)

Different strategies can help to minimize violence. Three different sub themes have been generated from this study namely belief in spouse, community awareness, and social and legal provisions for the rights of women, that are found to be useful strategies to reduce the problems of IPV.

Participants emphasized that the male partner should understand their female partners, and there should be proper communication and mutual understanding between husband and wife so that they can share their problems with each other. This is one of the key strategies very useful in solving the problem of IPV.

There should be proper coordination and discussion among all matters between husband and wife. Both partners should control their anger. Husband should support their wives. They should spend more time with each other. (IDI 3)

Husband should understand the feelings of his wife. (IDI 6)

Participants highlighted that community awareness is essential to minimize the problem of IPV. Programs should include target population and should make them aware about the legal rights of women provisioned in the constitution. Programs should be focused on empowerment of women. Such types of programs should be conducted time and again.

For the improvement of such problems, municipality should develop different strategies for changing the behavior of people. Information regarding the behavior of husband and nature of husband should be taken from the victims and awareness should be increased. (KII 2)

The major actions which can be taken through us are primarily community awareness, secondly, involving people to see over the cases of violence and encouraging and motivating the people to file cases of violence rather than tolerating the violence. (KII 4)

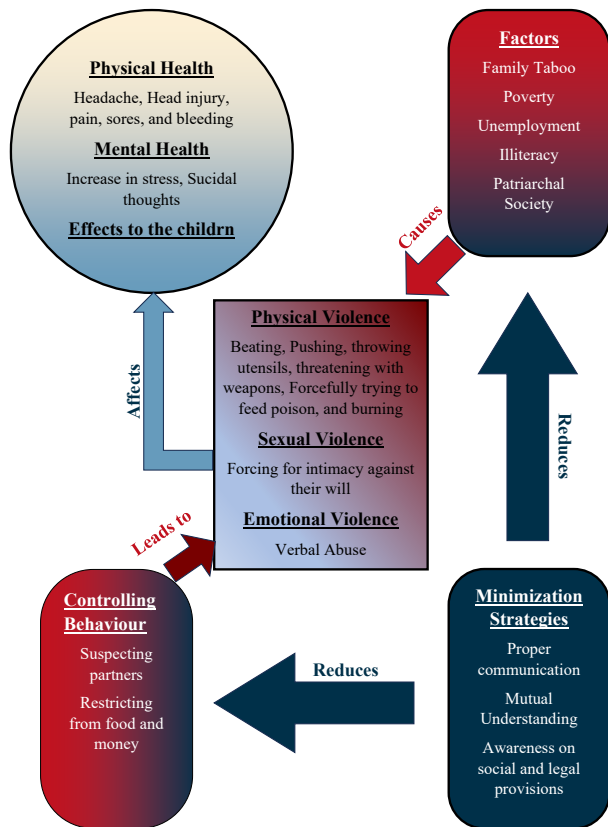


Figure 1. Health effects, factors, and mitigation strategies associated with IPV

First, females should be aware that there are so many provisions for rights of female in our constitution. Programs for generating awareness among community people regarding constitutional provisions for the rights of the female should be done from the community level by keeping both male and female partners especially among those who can play influential role in the community. If someone is facing injustice, provision should be made for the free and easy availability of legal advice to provide justice to the victims. (KII 3)

Participants highlighted that municipality has formed a

judicial committee to work against violence. It provides counselling to both parties and tries to resolve intra-household conflicts. Besides this, there should be effective implementation of legal rights of the women.

Municipality has done women’s development program, it has conducted counselling for the people. They have provided services through judicial committee up to the ward level, and discussion is also done among community people. (KII 2)

Age of the marriage and maturity level should be fixed. If that happens, we ourselves can solve the problems. (IDI 7)

DISCUSSION

This study underscored that physical, sexual, and emotional violence were the major three violence prevalent in IPV consistent with the findings from other literatures.^{4,8-19} This study aimed to identify the factors responsible for IPV, its effects and find out the mitigation measures.

This study highlighted that beating, pushing, throwing utensils, forcefully feeding poison, threatening their partners with weapons, and trying to burn the partners with kerosene were discovered to be physical violence which is consistent with the findings of similar studies.^{4,9}

Meanwhile, sexual violence was also persistent as this study found that participants were forced to have intimacy with their partners against their will. Similar findings were reported by other study⁹ done in USA. In comparison to the study conducted by Patra *et al*⁴ which reported that women were at greater risk of having unwanted pregnancies, STDs, and early pregnancies, this study didn’t report such specific violence. Such difference might have been likely because of the word ‘sex’ is a taboo in our community and often women doesn’t speak openly on such matter.

In addition, participants were experiencing verbal abuses as well which conformed with several other studies.^{11,20,21} This study found that the stress was the major mental health problem associated with IPV, similar findings were reported by several other studies.^{4,10,17} This study found that even though some participants had suicidal thoughts, such incidents were prevented out of love of their children and the prevailing belief in society that they will not go to heaven if they committed suicide. Furthermore, this study highlighted that it directly or indirectly affected the children of IPV victims, a finding that aligned with othe

study conducted in India.⁴

This study underlined that victims' husband suspected them of having affairs, restricting them from talking with other men, and depriving them of food and money. These findings were supported by other literatures that also showed an association between food insecurity and IPV.^{22,23} It seems possible due to the economic dependency of women to their husband in both the study.

The study underscored that the major factors associated with IPV were family taboo, poverty, unemployment, illiteracy, societal norms, and tradition. Similar findings were reported by studies done in various parts of the globe.^{4,10,13-15,24} Among the social norms and tradition, male dominating society was the prevalent factor associated with IPV. This finding is consistent with the findings presented by studies done in the Middle East and North Africa¹⁸, Bangladesh.¹⁹ Likewise, lower level of education was also one of the factors associated with IPV, a finding that aligned with the findings of a study from Iran.²⁵ This study underscored that accepting IPV and hiding the truth about violence from their husbands were prevalent due to the patriarchal society (male-dominated society)-syncing with the findings from South Asian countries.¹² There is a possibility that illiteracy, societal, cultural, limited opportunities for women could be the reason of the similarity. In contrast to the study conducted by Patra *et al*⁴, this study didn't find the political factors associated with IPV. This could be because of the deep-rooted cultural and social norms.

The mitigation measure included proper communication and mutual understanding among the partners, and awareness of the social and legal provisions. Similar mitigation measures were reported from the study conducted in Nepal and India.^{4,16} Communication between the partners was the key element from which IPV could be mitigated, which was also highlighted by the study conducted in Nepal.¹⁴ This study highlighted that making women aware of the social and legal provisions through education or any other medium could reduce the risk of IPV, which was in line with the study conducted in low and middle-income countries of South Asia.¹² Interestingly, This study didn't found any relation between marriage and IPV. In contrast, a prior study¹² found that unmarried partners tend to have reduced IPV, - this is more likely as this study only included married women.

In this study, the findings are generated only from married women therefore they can't be generalized to other populations. Furthermore, the views are only from the women's perspective therefore it doesn't give the whole

scenario of IPV. Future researchers are encouraged to conduct more research on IPV including gender minorities. During qualitative data analysis, there might have been loss of original meaning of some information due to direct translation into English.

CONCLUSIONS

In conclusion, intimate partner violence leads to several health effects on women's physical and mental health. In light of the evidence, effective communication and mutual understanding between husband and wife is key in reducing these health effects. In addition, in community level women empowerment is crucial for mitigating IPV.

CONFLICT OF INTEREST

The authors declare no conflict of interest.

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