

# Intimate Partner Violence and Symptoms of Reproductive Tract Infections among Married Women in Aligarh

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**Abstract:** *Background:* An important indicator of women's empowerment is their experience of violence. Cultural norms in India regarding the treatment of women facilitate tolerance of IPV. A positive link between IPV and RTIs has been demonstrated in high - resource countries; however, fewer studies have been conducted in low - resource countries. Reproductive Tract Infections (RTI) have a direct impact on reproductive and child health through infertility, cancers, and pregnancy complications. *Objective:* To find the determinants of RTI among married women with an experience of Intimate Partner Violence. *Methods:* The data for this cross - sectional study was collected from 500 married women (15 - 49 years of age). Symptoms of RTI found among women (N=201) who experienced violence were selected for this study. The collected data were analysed using IBM SPSS 20.0 Proportion, frequencies, chi square and logistic regression were used to interpret the data. *Results:* Prevalence of symptoms of Reproductive Tract Infections was found to be 58.2%. Maximum women presented with abnormal vaginal discharge followed by lower abdominal pain. Some women had vaginal discharge with lower abdominal pain and vaginal discharge, lower abdominal pain with genital ulcer. Odds of having reproductive tract infections were found to be more in study subjects who had a history of IPV, poor menstrual hygiene, husband history of RTI/STI, high parity and low use of contraceptives. *Conclusions:* Prevalence of symptoms was found to be associated with these females having low educational status, early age of marriage, high parity, partner history of reproductive Tract Infections, history of violence etc. Sexual and reproductive healthcare that incorporates IPV support services is needed to meet the special needs of abused women. Additionally, RTI screening should be considered for women who have experienced IPV.

**Keywords:** Intimate Partner Violence, Reproductive Tract Infection, Married Women

## 1. Introduction

Intimate partner violence (IPV) is a major health concern both nationally and globally. It is a violation of human rights, and can lead to both physical and mental ailments<sup>1</sup>. The term "domestic violence" is used in many countries to refer to partner violence but in some setting domestic violence is also used to describe child abuse and neglect, and elder abuse and neglect<sup>2</sup>. Most violence against women is perpetrated by current or former husbands or intimate partners<sup>3</sup>. IPV has been implicated in frequent fetal losses as well as complication during pregnancies. In addition to physical injury and death, IPV causes significant physical and psychiatric health problems commonly treated by family physicians<sup>4</sup>. Women who experience intimate partner violence (IPV) report higher rates of HIV - risk behaviors<sup>5</sup>. Violence as a serious health problem and one of the main manifestations of gender inequality brings about adverse health effects for women. Therefore, it is of utmost importance to recognize the reproductive health status of women subjected to violence in order to provide the health<sup>6</sup>.

**Objective:** To find the determinants of IPV among married women who had symptoms of RTI.

## 2. Material and methods

This community based cross - sectional study was done in the registered field practice areas of UHTC and RHTC, Department of Community Medicine, JNMC, Aligarh. The Study was conducted during the year dec (Jan 2020 - May 2021). A total of 500 married women were interviewed, from which 201 women were found to be having symptoms of RTI. Intimate Partner Violence was studied among these 201 women. Sample Size was calculated taking prevalence rate

of RTI to be 47% (Etawah, Uttar Pradesh), confidence interval of 95%, CI 5% and a non - response rate of 10%. Required sample of married women of reproductive age group was selected by simple random sampling. Sample was drawn from which village/area was decided in proportion to the population of the village/area - Probability Proportionate to Size sampling. House to house survey was conducted. A preformed and pre tested structured interview schedule was used for the study.

### **Inclusion criteria:**

- Married women in reproductive age group (15 - 45) residing in the registered areas of UHTC and RHTC for last 6 months.
- All married women who had given consent for the interview.
- All married women under treatment for RTI/STI.

### **Exclusion criteria:**

- All unmarried women of reproductive age group.
- All married women beyond the reproductive age (15 - 45 years) and suffering from any chronic illness.
- Those who had not given consent for the interview.

The symptoms mentioned under the WHO syndromic approach were used as the basis of finding the females with RTI<sup>7</sup>. History of type of violence was collected based on WHO document on IPV "Understanding and Addressing Violence Against Women". Ethical approval was obtained from the Institutional Ethics Committee, JNMCH, AMU, Aligarh. Informed verbal consent was taken from each woman and they were assured of confidentiality. The collected data were analysed using IBM SPSS 26.0. Proportions, frequencies,  $\chi^2$ , and logistic regression were used to interpret the data.

Volume 12 Issue 6, June 2023

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### 3. Results

**Table 1:** Most of the females (N=201) were in the age group of 15 - 30 years. Majority of females were residing in rural area (53.2%), were Muslims, having a nuclear family and belonged to OBC category. Among the study population only 40.3 % females were literate while 81.6% of their spouses were literate. Majority of females were housewives and their spouses were indulged in unskilled works. 78.1% subjects belonged to below middle class.

**Table I:** Socio - Demographic Characteristics of the Study Population (Those having RTI symptoms, N=201)

Age (years)	No.	%
15 - 30	121	60.2
31 - 45	80	39.8
TOTAL	201	100.0
<b>Residence</b>		
Rural	94	46.8
Urban	107	53.2
Total	201	100.0
<b>Religion</b>		
Hindu	96	47.8
Muslim	105	52.2
TOTAL	201	100.0
<b>Caste</b>		
SC	61	30.3
OBC	81	40.3
General	59	29.4
Total	201	100.0
<b>TYPE OF FAMILY</b>		
Nuclear	101	50.2
Joint	100	49.8
Total	201	100
<b>Female Literacy status</b>		
Literate	81	40.3
Illiterate	120	59.7
Total	201	100.0
<b>HUSBAND'S LITERACY STATUS</b>		
Literate	164	81.6
Illiterate	37	18.4
Total	201	100.0
<b>Female Occupation</b>		
Working	7	3.5
not working	194	96.5
Total	201	100.0
<b>Husband Occupation</b>		
Working	197	98.0
not working	4	2.0
Total	201	100.0
<b>Socio - economic class</b>		
Upper class	1	0.5
Upper middle class	11	5.5
Middle class	32	15.9
Lower Middle	65	32.3
Lower Class	92	45.8
<b>Total</b>	<b>201</b>	<b>100.0</b>

**Table 2:** It was found that 67.7 % of females were more than 18 years at the time of marriage. Duration of marriage of 87.6% of females was more than 5 years. 66.2% of females were having a parity if more than 2. History of abortion was found among 42.8% females. We found 63.7% females were practicing poor menstrual hygiene. There was poor contraception usage (only 31.3%).

**Table II:** Distribution of study population according to marital, obstetric and behavioural factors.

Characteristics	Total	
	No.	%
<b>Age at marriage</b>		
<18	65	32.3
>18	136	67.7
Total	201	100
<b>Duration of Marriage (years)</b>		
<5	25	12.4
>5	176	87.6
Total	201	100
<b>3. Parity</b>		
=<2	68	33.8
>2	133	66.2
Total	201	100
<b>Abortion History</b>		
YES	86	42.8
No	115	57.2
Total	201	100.0
<b>Menstrual Hygiene</b>		
Poor Hygiene	128	63.7
Good Hygiene	73	36.3
Total	201	100.0
<b>Contraception use</b>		
Use	63	31.3
No use	138	68.7
Total	201	100.0

**Table 3:** Among the females having the symptoms of RTI (N=201), 22.9% had a positive history of Intimate Partner Violence.

**Table III:** Prevalence of Intimate Partner Violence

Intimate Partner Violence	No.	%
Yes	46	22.9
No	155	77.1
Total	201	100.0

**Table 4:** Among 201 women with symptoms of RTI, 46 were found to be having a history of Intimate Partner Violence (IPV).

Most of the females were in the age group of 31 - 45 years who had h/o violence (p=0.05). There were 52.2% females residing in urban area. Majority of the females were Muslims and belonged to OBC category. Females were mostly from joint family. Among the study population, 56.5 % females were illiterate and 69.6% of their spouses were illiterate in whom violence was reported and the relation of violence with husband literacy status was found to be statistically significant (p= 0.017). Majority of females were housewives and their spouses were indulged in unskilled works, and this relation of violence with husband occupation was found to be statistically significant (p=0.012). Mostly (39.9%) belong to lower class who had past h/o violence.

**Table IV:** Socio demographic characteristic of study population having RTI in females with history of violence (No. = 46).

Woman's age (years)	Experienced Violence No. (%)	Experienced Non - Violence No. (%)
15 - 30	22 (47.8)	99 (63.9)
31 - 45	24 (52.2)	56 (36.1)
TOTAL	46 (100.0)	155 (100)
X <sup>2</sup> =3.811 df=1 p=0.05		

<b>Residence</b>		
Rural	22 (47.8)	72 (46.5)
Urban	24 (52.2)	83 (53.5)
Total	46 (100.0)	155 (100)
$X^2=0.27$ df=1 p=0.87		
<b>Religion</b>		
Hindu	22 (47.8)	74 (47.7)
Muslim	24 (52.2)	81 (52.3)
TOTAL	46 (100)	155 (100)
$X^2=0.00$ df=1 p=0.992		
<b>Caste</b>		
SC	14 (30.4)	47 (30.3)
OBC	22 (47.8)	57 (36.7)
General	10 (21.7)	49 (31.6)
Total	46 (100)	155 (100)
$X^2=2.017$ df=2 p=0.365		
<b>Type of family</b>		
Nuclear	22 (47.8)	79 (50.9)
Joint	24 (52.2)	76 (49.1)
Total	46 (100)	155 (100)
$X^2= 0.14$ df= 1 p =.708		
<b>Female Literacy status</b>		
Literate	20 (43.5)	61 (39.3)
Illiterate	26 (56.5)	94 (60.7)
Total	46 (100)	155 (100)
$X^2=0.251$ df=1 p=0.617		
<b>Husband's literacy status</b>		
illiterate	32 (69.6)	<b>132 (85.2)</b>
literate	14 (30.4)	<b>23 (14.8)</b>
Total	46 (100)	<b>155 (100)</b>
$X^2=5.745$ df=1 p=0.017		
<b>Female Occupation</b>		
Working	3 (6.5)	<b>4 (2.6)</b>
not working	43 (93.5)	<b>151 (97.4)</b>
Total	46 (100)	<b>155 (100)</b>
$X^2=1.639$ df=1 p=0.22		
<b>Husband Occupation</b>		
working	43 (93.5)	<b>154 (99.4)</b>
Not working	3 (6.5)	<b>1 (0.6)</b>
Total	46 (100)	<b>155 (100)</b>
$X^2=6.28$ df=1 p=0.012		
<b>Socio - economic class</b>		
Middle class	1 (2.2)	0 (0)
Upper middle class	1 (2.2)	10 (6.5)
middle class	11 (23.9)	21 (13.5)
Lower Middle Class	15 (32.6)	50 (32.3)
Lower class	18 (39.9)	74 (47.7)
Total	46 (100)	155 (100)
$X^2=7.52$ df=4 p=0.11		

**Table V:** Obstetric, behavioural and marital characteristic of study population having RTI in females with history of violence

Characteristics	Total	
	Experienced Violence No. (%)	Experienced Non - Violence No. (%)
<b>Age at marriage</b>		
<18	17 (37)	48 (31)
>18	29 (63)	107 (69)
Total	46 (100)	155 (100)
$X^2= 0.581$ , p =0.44		
<b>Duration of Marriage (years)</b>		
<5	3 (6.5)	22 (14.1)
>5	43 (93.5)	133 (85.9)
Total	46 (100)	155 (100)
$X^2= 1.917$ , p= 0.166		

<b>3. Parity</b>		
=<2	20 (43.5)	64 (41.3)
>2	26 (56.5)	91 (58.7)
Total	46 (100)	155 (100)
$X^2=.070$ , p= 0.792		
<b>Abortion History</b>		
YES	14 (30.4)	72 (46.4)
No	32 (69.6)	83 (53.6)
Total	46 (100)	155 (100)
$X^2=3.71$ , p = 0.04		
<b>Contraception use</b>		
USE	10 (21.7)	53 (34.1)
NO USE	36 (78.3)	102 (65.9)
Total	46 (100)	155 (100)
$X^2=2.557$ , p=0.11		

**Table 5:** Following were the major findings in the females reporting Intimate Partner Violence:

- Majority of the females lies in the age group of 15 - 30 Years (47.8%), (p<0.05).
- Majority of the females were illiterate (56.5%), (P<0.05)
- Majority of spouses were illiterate (69.6%), (p< 0.05)
- Majority of them were middle class and above (p<0.05)
- Age at marriage was more than 18 years (63%), (p> 0.05).
- Duration of marriage of 93.5% of females was more than 5 years, (p>0.05).
- More than 2 parity was found among 56.5% of females, (p>0.05).
- 30.4 % females gave a positive history of abortion (p< 0.05).
- There was no contraception usage among majority of 78.3% females, (p>0.05).

The relation of IPV with history of abortion was found to be statistically significant.

**Table 6:** The results of binary logistic regression, show that the odds of violence were 2.23 times more in the females of age group of 15 - 30 years. Urban females were 1.35 times more prone to IPV. The odd of violence were less in literate women and their literate spouses. Socio economic class of middle class and above had 2.24 more odds of violence. Odds of occurrence of violence were 0.54 times lower in nuclear families. Females with age at marriage less than 18 years, had odds of occurrence of IPV to be 1.5 times more as compared other ages. Females having marriage duration less than 5 years were having 3.5 times more risk of IPV. Among females having history of abortion odds of IPV were 15.8 times more. Those having usage of contraception odds was 0.39 times less as compared tonon - users.

**Table VI:** Univariate Logistic Regression

Characteristic	OR
<b>Age group</b>	<b>2.23</b>
15 - 30	
31 - 45*	
<b>Area of residence</b>	<b>1.35</b>
Urban	
Rural*	
<b>Education of female</b>	<b>0.57</b>
Literate	
Illiterate*	
<b>Education of male</b>	<b>0.13</b>
Literate	

Illiterate*	
<b>Occupation of male</b>	
Working	0.05
Not working*	
<b>Type of family</b>	
Nuclear	0.94
Joint	
<b>Socio economic class</b>	
Above and equal middle class	2.24
< middle class*	
<b>Age at marriage (yrs)</b>	
<18	1.5
>18*	
<b>Duration of marriage (yrs)</b>	
<5	3.5
>5*	
<b>Abortion</b>	
Yes	15.8
No*	
<b>Parity</b>	
<2	1.05
>2*	
<b>Contraception</b>	
Use	0.392
NO use*	
<b>Partner history of RTI</b>	
Yes	0.12
NO*	

#### 4. Discussion

Based on the above results, it can be said that although the majority of the study participants had the symptom of vaginal discharge as the most common symptom of RTI, they were observed to be more profound in case of females who were exposed to Intimate Partner Violence (IPV), this could be because of lack of safe sexual practices and sexual autonomy among females<sup>7, 8</sup>. Gender power imbalance in our patriarchal society and lack of autonomy are the underlying factors for women's vulnerability to STI and IPV in Asian countries.<sup>11</sup> along with lack of Emotional/economic dependence, concern for children, lack of family support, and social stigma often prevent women in abusive relationship from reaching out for help in IPV and STI. IPV is multifaceted with a complex interplay of biological, demographic, and individual personality domains. The apprehension that using protection for intercourse might make the partners turn hostile or accuse the females of infidelity further caused women to avoid contraception.<sup>14</sup> Females reporting a history of IPV are more prone to having no contraception usage, unprotected and forced sex, a higher parity, and a higher risk of abortions which might endanger their life.<sup>6, 13</sup> Women's acceptance of any justification for wife beating lowered their chance of seeking treatment, however, and thus played an additional role in inhibiting their reproductive health.<sup>15</sup> It is imperative that current research and clinical practice should focus on broad and dormant factors having detrimental effects on physical and mental health while discussing STI prevention, particularly with regard to IPV.<sup>16</sup>

#### 5. Conclusion

The results of this study shows that females who experienced physical violence are more likely to report STI symptoms and inconsistent contraception use. Episodes of violence are highly associated with the literacy status of spouse and their employment standards. These contribute the anxiety, depression and anger in spouses subjecting them under frustration, which results in poor understanding between couples and result of which is faced in form of verbal, physical and sexual abuse exposing them to risk of RTI, poor reproductive health and affecting over all well being.

#### 6. Limitations of the Study

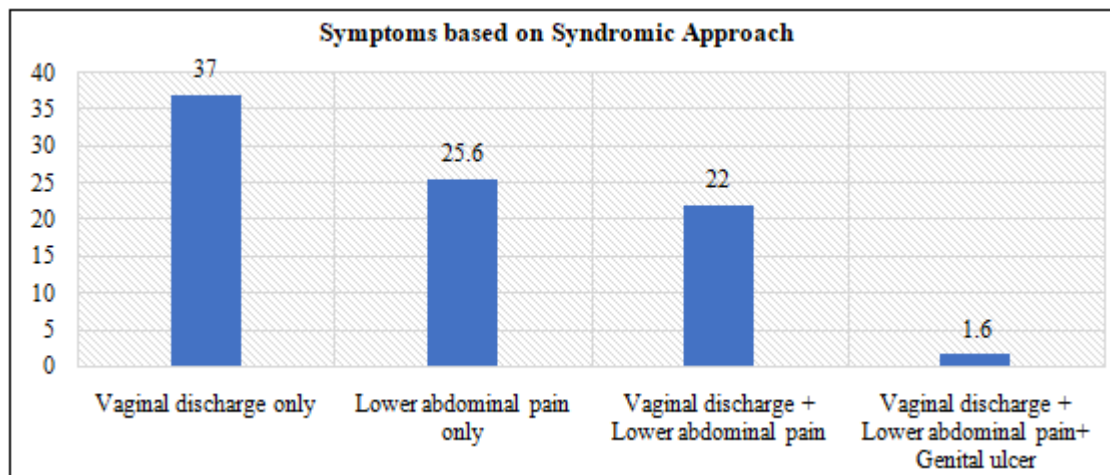
This study is mainly based on the symptoms of RTI. The information on the type of IPV was not broadly categorised and asked from the patient in general.

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## Figures



**Figure I:** Prevalence of symptoms based on Syndromic approach

**Figure 1:** Among the study participants, only vaginal discharge was the major symptoms. Pain lower abdominal was found among 25.6% participants. Vaginal discharge with lower abdominal pain was found among 22% females and vaginal discharge with pain lower abdomen with genital ulcer was found among 1.6% females.