

Intimate Partner Violence: Associated Factors and Acceptability of Contraception Among the Women

Rajlaxmi Mundhra, Nilanchali Singh, Somya Kaushik, Anita Mendiratta¹

Departments of Obstetrics and Gynaecology and ¹Family Planning, University College of Medical Sciences, Delhi, India

ABSTRACT

Objective: To determine the prevalence of various types of domestic violence and to find out the impact of intimate partner violence (IPV) on adoption of contraceptive measures among the women who are victim to this. **Materials and Methods:** This questionnaire-based, cross-sectional study was conducted in the department of obstetrics and gynecology of a tertiary care hospital in Delhi. Four hundred and one postpartum females were randomly selected over a period of 5 months and were questioned about their age, parity, educational status, occupation, husband's education, monthly family income, and, if present, IPV in detail. These study participants were enquired about their contraceptive knowledge and use. **Results:** Sexual violence was seen in 38.4% of the cases, physical violence in 22.4% of the cases, and verbal abuse was seen in nearly 32.7% of the cases. In response to any of the three violence faced, only 23 women (11.79%) reacted by discussing with parents and friends. In 4.61% of the cases, the violence was so severe that she had to inform police. This study showed that higher percentage of women without IPV accepted immediate postpartum contraception methods as compared to those with IPV (35.9% vs. 25%, $P = 0.023$), but the overall frequency of using contraceptive methods was higher in those with IPV as compared to those without IPV (49% vs. 47%, $P = 0.690$). **Conclusion:** IPV is associated with increased contraceptive adoption.

Keywords: Contraception, domestic violence, intimate partner violence (IPV)

Introduction

Intimate partner violence (IPV) usually refers to “any behaviour within an intimate relationship that causes physical, psychological or sexual harm to those in the relationship.”⁽¹⁾ Usually seen among the people of lower socioeconomic status, IPV is a matter of global public health concern and is known to affect the physical, mental, and reproductive health of a lady. The Government of India has also enacted “Protection

of Women from Domestic Violence Act, 2005,” which states that “any act, conduct, omission and commission that harms or injures or has a potential to harm or injure will be considered as Domestic Violence by the law.”⁽²⁾ Data from National Health Family Survey suggest that approximately 37% of the married women experience physical or sexual violence in their lifetime.⁽³⁾

This is an open access article distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as the author is credited and the new creations are licensed under the identical terms.

For reprints contact: reprints@medknow.com

How to cite this article: Mundhra R, Singh N, Kaushik S, Mendiratta A. Intimate partner violence: Associated factors and acceptability of contraception among the women. Indian J Community Med 2016;41:203-7.

| Access this article online | |
|---|----------------------------------|
| Quick Response Code: | Website: www.ijcm.org.in |
|  | DOI: 10.4103/0970-0218.183589 |

Address for correspondence:

Dr. Nilanchali Singh, Department of Obstetrics and Gynaecology, University College of Medical Sciences, Delhi - 110 095, India.
E-mail: nilanchalisingh@gmail.com

Received: 30-05-15, **Accepted:** 21-07-15

Health issues related to IPV include injuries, chronic pain syndrome, substance abuse, depression, suicidal attempts, sexually transmitted infections, adverse pregnancy outcomes, and less frequent contraception adoption. Studies have highlighted the association of IPV with reproductive health problems such as unwanted pregnancies, lesser adoption of contraception, fetal loss, abortions, and higher incidence of infertility. Existing data reveal that these associations co-occur with reproductive control, i.e., male partners' attempts to control a woman's reproductive choices. Women in abused relationships have limited decision-making regarding contraceptive use and family planning. Women's lack of control over her reproductive health is increasingly recognized as a critical mechanism underlying abused women's elevated risk for unintended pregnancy.^(4,5) Much of the evidence for IPV and contraception use has been from studies conducted in developed countries; very few studies have examined this relationship in the Indian scenario. Stephenson *et al.* found lower contraceptive adoption among Indian women experiencing physical domestic violence from their husbands.⁽⁶⁾ In this study, we tried to evaluate the prevalence of IPV, response to it by the women, and the impact of partner violence on contraceptive adoption. Partner violence and population control are two big social problems the Indian society is facing. Existing data suggest that women in abusive relationships exhibit fear and less decisive powers; hence, we hypothesized that contraception adoption would be lesser among women with IPV compared to those without IPV. Thus, the present study was designed with the following objectives:

- To find out the prevalence of various types of domestic violence.
- To identify associated risk factors for IPV.
- To find out the relation between IPV and contraceptive adoption among women who are victim of IPV.

Materials and Methods

This questionnaire-based, cross-sectional study was conducted in the department of obstetrics and gynecology at a tertiary care hospital in Delhi. Four hundred and one postpartum females were randomly selected over a period of 5 months from March 2014 to July, 2014. The women were questioned about their age, parity, educational status, occupation, husband's education, and monthly family income. They were enquired about their contraceptive knowledge and use. Questions pertaining to IPV and contraceptive adoption are mentioned in the questionnaire as in Table 1.

Data were analyzed using Statistical Package for the Social Sciences (SPSS) software 22.0.0 (SPSS-Inc., Chicago, IL). We first ran descriptive statistics to

determine characteristics of sample. Chi-square and Fisher exact tests were used to assess differences in patient characteristics between women who experienced IPV and those who did not. All tests were two tailed and $P < 0.05$ was considered statistically significant.

Results

Four hundred and one women were interviewed. Out of them, 195 (48.63%) women were victim of at least one form of violence and the remaining 206 (51.37%) women denied any kind of violence. Among 195 cases of IPV, 12.8% were in the age group of 15-20 years, 52.3% were in the age group of 21-25 years, 27.7% were in the age group of 26-30 years, and 7.2% were in the age group of 31-45 years. Around 28.2% such women were illiterate, but women with higher educational status (graduate and above-7.2%) also victim of IPV. Most of the cases (65%) of IPV happened between 2-10 years of marriage. Among such women, 93.3% were housewives and dependent on their husbands. Husbands of approximately 34.9% women had education below primary school level. Statistically significant association of IPV was seen with women's and her partner's education status and the family income [Table 2]. Sexual violence was seen in 38.4% of the cases, physical violence in 22.4% of the cases, and verbal abuse was seen in nearly 32.7% of the cases. Physical violence mainly consisted of pushing (9.4%), slapping (19.45%), being punched (9.4%), kicked (4.98%), beat with weapon (2.49%), and inflict burns (0.99%) [Table 3]. In response to any of the three violence perpetrated, only 23 cases (11.79%) reacted. In 4.61% cases, the violence was so severe that the victim had to inform police. Approximately, 88.2% of the women never complained and silently tolerated the torture thinking it to be her destiny [Table 4].

Approximately, 45.14% of the women could not use condoms just because it was their husbands' decision. Among the remaining women, 15.71% were not aware of the use of condoms and 8.73% felt shy to ask their husbands to use it. In nearly 25.68% of the cases, the couple wanted another child [Table 5]. Approximately,

Table 1: Questions pertaining to IPV and contraceptive adoption (Self-made)

1. Did your husband ever threaten you with physical violence? This includes threatening to push, slap, punch, kick, beat with weapon or inflict burns
2. Have you ever experienced any forced sex by your husband?
3. Have you ever been subjected to verbal abuse causing emotional trauma?
4. How does he react when you ask him to use contraception- in the form of getting angry/violent/suspicious/distrust you/ignores your advice?
5. How do you react to any of the violence? This includes-tolerate silently, discuss with family or friends or inform police

Table 2: Demographic characteristics with respect to partner violence

| Characteristic | Partner violence | | P value |
|--------------------|------------------|------------|---------|
| | Yes (%) | No (%) | |
| | 195 | 206 | |
| Women age | | | |
| 15-20 | 25 (12.8) | 18 (8.7) | 0.429 |
| 21-25 | 102 (52.3) | 118 (57.3) | |
| 26-30 | 54 (27.7) | 58 (28.2) | |
| 31-45 | 14 (7.2) | 12 (5.8) | |
| Education | | | |
| Illiterate | 55 (28.2) | 29 (14.1) | 0.000 |
| Class 1-5 | 21 (10.8) | 30 (14.6) | |
| Class 6-10 | 91 (46.7) | 87(42.2) | |
| 11-12 | 14 (7.2) | 26 (12.6) | |
| Graduate & above | 14 (7.2) | 34 (16.5) | |
| Marital life | | | |
| 1 year | 35 (17.9) | 50 (24.3) | 0.082 |
| 2-4 | 65 (33.3) | 74 (35.9) | |
| 5-10 | 62 (31.8) | 63 (30.6) | |
| >10 year | 33 (16.9) | 19 (9.2) | |
| Occupation | | | |
| House wife | 182 (93.3) | 187 (91.7) | 0.528 |
| Working | 13 (6.7) | 17 (8.3) | |
| Husbands education | | | |
| Illiterate | 51 (26.2) | 16 (7.8) | 0.000 |
| Class 1-5 | 17 (8.7) | 21 (10.2) | |
| Class 6-10 | 81 (41.5) | 104 (50.5) | |
| 11-12 | 25 (12.8) | 34 (16.5) | |
| Graduate & above | 21 (10.8) | 31 (15) | |
| Monthly income | | | |
| <5000 rupees | 55 (26.7) | 75 (38.5) | 0.029 |
| 5000-10,000 | 120 (58.3) | 90 (46.2) | |
| 10,000-20,000 | 20 (9.7) | 24 (12.3) | |
| >20,000 | 11 (5.3) | 6 (3.1) | |

Table 3: Type of violence faced by women

| | Yes (%) | No (%) |
|------------------|------------|------------|
| Forced sex | 154 (38.4) | 247 (61.6) |
| Physical abuse | 90 (22.4) | 311 (77.6) |
| Pushed | 38 (9.4) | |
| Slapped | 78 (19.45) | |
| Punched | 38 (9.4) | |
| Kicked | 20 (4.98) | |
| Beat with weapon | 10 (2.49) | |
| Inflict burns | 4 (0.99) | |
| Verbal abuse | 131 (32.7) | 270 (67.3) |

Table 4: Response to any of the violence

| Type of reaction | Frequency | Percentage |
|----------------------|-----------|------------|
| Tolerate | 172 | 88.20 |
| Inform parents | 23 | 11.79 |
| Inform police | 9 | 4.61 |
| Discuss with friends | 3 | 1.54 |
| Not applicable | 206 | 51.37 |

81.5% women who are victim of IPV were aware of contraception as compared to 86.89% who are not victim

Table 5: Reasons for not using condoms among the subjects

| Reasons | Frequency | Percentage |
|------------------------|-----------|------------|
| Not aware of it | 63 | 15.71 |
| Felt shy to ask | 35 | 8.73 |
| Husband refused | 181 | 45.14 |
| Irritated | 7 | 1.74 |
| It is for HIV infected | 5 | 1.24 |
| Forgot to buy | 7 | 1.74 |
| Wanted another child | 103 | 25.68 |

of IPV, and around 49.2% women with IPV had used contraception as compared to 47.1% cases without IPV. Around 25% of women with history of IPV agreed to use postpartum Cu-T/progestin only pill in immediate postpartum period, whereas 35.9% of those without history of IPV accepted them (P value = 0.023). It is also noted that 7.69% of the husbands got violent in cases with IPV as compared to only 0.48% cases without IPV. On the other hand, 17.39% of the husbands got angry in cases with IPV as compared to 3.39% cases without IPV. Only 2.05% husbands accepted wife's request of contraception in IPV cases in contrast to 14% husbands of women without IPV [Table 6].

Discussion

Partner violence in any household is a common problem. In spite of many initiatives set up by the Government of India to decrease its occurrence, it is a universal phenomenon in some or other form in every household. In this study, at least 48.63% of the cases were victim of at least one form of the violence. Forced sex was seen in 38.4%, physical abuse in 22.4%, and verbal abuse in 32.7% of the cases. Jeyaseelan *et al.*⁽⁷⁾ found the prevalence of physical violence as 26%, whereas Shrivastava *et al.*⁽⁸⁾ found it as 63.4%.

In the present study, an association between IPV and lower educational status was noted. This could be due to the fact that these women were mainly dependent on their husband for basic needs, thereby kept on tolerating the violence. Approximately, 93% of the abused women were housewives. A statistically significant odds ratio of 2.24 [95% confidence interval (CI): (1.14-4.37)] was noted between the literacy status of less than 10th standard education and being abused by Mishra *et al.*⁽⁹⁾ Kimuna *et al.* also noted it to be one of the key determinants for domestic violence in India.⁽¹⁰⁾ Husband's literacy also carried significant impact on IPV in our study. With husband's increasing level of education, the incidence of IPV decreased. Moreover, families with lower monthly income had higher IPV incidence (85% cases of IPV occurred in families with income <10,000).

This study showed that only a small proportion of suffering women reacted to the violence (11.79%).

Table 6: Contraception characteristics of women with or without IPV

| Characteristic | Partner violence | | P value |
|--|------------------|-------------|---------|
| | Yes (%) | No (%) | |
| | 195 | 206 | |
| Aware of contraception | 159 (81.5) | 179 (87.3) | 0.129 |
| Not aware of contraception | 36 (18.5) | 27 (12.7) | |
| Ever used contraception | | | |
| Yes | 96 (49.2) | 97 (47.1) | 0.690 |
| No | 99 (50.8) | 109 (52.9) | |
| Husbands reaction to her contraceptive request | | | |
| Gets violent | 15 (7.69) | 1 (0.48) | |
| Gets angry | 34 (17.43) | 7 (3.39) | |
| Suspicious | 0 | 1 (0.48) | |
| Distrust | 2 (1.02) | 7 (3.39) | |
| Accepts advice | 4 (2.05) | 29 (14.07) | |
| Women not aware of contraception | 36 (18.46) | 27 (13.11) | |
| No reaction by husband and ignores her | 104 (53.33) | 134 (65.04) | |
| Postpartum Cu-T/POP | | | 0.023 |
| Accepted | 49 (25.1) | 74 (35.9) | |
| Refused | 146 (74.9) | 132 (64.1) | |

Majority of the women silently tolerated the violence. Reason behind this could be her concern for her children or lack of an alternative economic support. Majority of the women in this study were housewives and economically dependent only on their husbands. Moreover, she felt that her love and care for her husband would change him and as such she never reacts aggressively. Her concern for her parents also prevented her from taking any drastic step against her husband.

IPV is one of the factors associated with women not being able to use or access contraceptives^(11,12) (Silverman *et al.*, 2007; Williams *et al.*, 2008). In our male-dominated society, there is no reproductive autonomy that means, a woman is never allowed to make independent choices regarding family planning. Decisions regarding getting pregnant or to avoid pregnancy are mostly taken either by husband or mother-in-law. This reproductive control by a man can exist in several forms – economic or monetary control (depriving a women by not giving her money to buy contraceptives), emotional (accusing her of not trusting him, telling her that due to work stress he forgot to buy contraception), and physical (getting angry and violent on her contraceptive requests). Many a time they just ignore her advice regarding contraception. All these behaviors expose her to the risk of recurrent pregnancy and at times, recurrent induced abortion. Previous authors have postulated that contraceptive use may be more difficult for women experiencing violence, leading to a higher incidence of unintended pregnancy.⁽¹³⁾

IPV is associated with a reduced likelihood of modern method adoption in India.⁽⁶⁾ However, these associations are not always true as many other studies have found that

partner violence has increased likelihood of ever using contraceptives and even subsequent contraceptive use.⁽¹⁴⁻¹⁶⁾

The present study revealed that women exposed to IPV were more likely to use contraception (49.2%) as compared to those who did not report any violence (47.1%). The reason behind increased contraception among IPV suffering women could be comparatively increased desire to avoid unwanted pregnancies in these women. Many studies have found that women who suffer from domestic violence are more likely to seek induced abortions. Moreover, the government's initiatives to make contraceptive services freely available to all could be another reason for its increased use, despite the violent behavior of the husband. Though this study showed that higher percentage of women without IPV accepted immediate postpartum contraception methods as compared to those with IPV (35.9% vs. 25%), still women with IPV had higher overall frequency of using contraceptive methods.

Conclusion

The present study revealed that women exposed to IPV were more likely to use contraception (49.2%) as compared to those who did not report any violence. However, higher percentage of women without IPV accepted immediate postpartum contraception methods as compared to those with IPV. Health-care providers need to be more sensitive to the issue of IPV while offering and prescribing contraceptive advice as the acceptance and persual may be affected.

Financial support and sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest.

References

- World report on violence and health. Available from: http://www.who.int/violence_injury_prevention/violence/world_report/en/full_en.pdf?ua=1.
- The Protection of Women from Domestic Violence Act, 2005. No. 43 of 2005. Available from: http://www.lawyerscollective.org/files/protection_of_women_from_domestic_violence_act_2005.pdf. [Last accessed on 2005 Sep 13].
- Gender Equality and Women's Empowerment in India. National Family Health Survey (NFHS-3), India, 2005-06. Mumbai: International Institute for Population Sciences; Calverton, Maryland, USA: ICF Macro.
- McFarlane J, Malecha A, Watson K, Gist J, Batten E, Hall I, *et al.* Intimate partner sexual assault against women: Frequency, health consequences, and treatment outcomes. *Obstet Gynecol* 2005;105:99-108.
- Wingood GM, DiClemente RJ, McCree DH, Harrington K, Davies SL. Dating violence and the sexual health of black adolescent females. *Pediatrics* 2001;107:E72.
- Stephenson R, Koenig MA, Ahmed S. Domestic violence and contraceptive adoption in Uttar Pradesh, India. *Stud Fam Plann* 2006;37:75-86.
- Jeyaseelan L, Kumar S, Neelakantan N, Peedicayil A, Pillai R, Duvvury N. Physical spousal violence against women in India: Some risk factors. *J Biosoc Sci* 2007;39:657-70.
- Shrivastava PS, Shrivastava SR. A study of spousal domestic violence in an urban slum of Mumbai. *Int J Prev Med* 2013;4: 27-32.
- Mishra A, Patne S, Tiwari R, Srivastava DK, Gour N, Bansal M. A cross-sectional study to find out the prevalence of different types of domestic violence in Gwalior city and to identify the various risk and protective factors for domestic violence. *Indian J Community Med* 2014;39:21-5.
- Kimuna SR, Djamba YK, Ciciurkaite G, Cherukuri S. Domestic violence in India: Insights from the 2005-2006 National Family Health Survey. *J Interpers Violence* 2013;28:773-807.
- Silverman JG, Gupta J, Decker MR, Kapur N, Raj A. Intimate partner violence and unwanted pregnancy, miscarriage, induced abortion, and stillbirth among a national sample of Bangladeshi women. *BJOG* 2007;114:1246-52.
- Williams CM, Larsen U, McCloskey LA. Intimate partner violence and women's contraceptive use. *Violence against Women* 2008;14:1382-96.
- Gee RE, Mitra N, Wan F, Chavkin DE, Long JA. Power over parity: Intimate partner violence and issues of fertility control. *Am J Obstet Gynecol* 2009;201:148.e1-7.
- Alio AP, Daley EM, Nana PN, Duan J, Salihu HM. Intimate partner violence and contraception use among women in Sub-Saharan Africa. *Int J Gynaecol Obstet* 2009;107:35-8.
- Okenwa L, Lawoko S, Jansson B. Contraception, reproductive health and pregnancy outcomes among women exposed to intimate partner violence in Nigeria. *Eur J Contracept Reprod Health Care* 2011;16:18-25.
- Dalal K, Andrews J, Dawad S. Contraception use and associations with intimate partner violence among women in Bangladesh. *J Biosoc Sci* 2012;44:83-94.