Original Article

Domestic Violence

Domestic Violence: a Study of Depression, Battering and associated factors in Married Women in Primary Healthcare from Pakistan

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ABSTRACT

Objective: The objective of the current study was to assess depression in married women experiencing battering and the factors associated with battering.
Study Design: Cross sectional study.
Place and Duration of Study: This study was conducted at the Department of Psychiatry and Behavioural Sciences, Primary Healthcare General Practice in Sialkot from July 2016 to September 2016.
Materials and Methods: 207 consenting married women above the age of 18 screened for battering by Women's Experience with Battering Scale were administered Beck Depressive Inventory to assess depression. Demographic data sheet was completed. Results were analyzed by using SPSS v 21.
Results: Mean age of the women was 31.17±11.37 years with range from 18-67 years. Almost half (47.34%) were between 18-35 years of age, 39.13% were illiterate, 44.93% had 10 years of education. Majority lived in nuclear family 65.70% Vs 34.30%. The sample had a mix of women residing in urban, semi-urban and rural areas (27.05%), (34.78%) and (38.16%) respectively. Majority of the women were from lower and middle income families (84.54%).
98 (47.34%) of the women were depressed. Depression was mild in 54 (26.09%) moderate in 29 (14.00%) and severe in 15 (7.25%) of the women. Pearson correlation showed an association of battering with lower education (p=0.02) and lower financial status of the family (p=0.01). There was no association of battering with age (p=0.24) number of children (p=0.07) type of family (p=0.27) or the area of residence of the married women (p=0.47).
Conclusion: About half (47.34%) of the married battered women were suffering from depression. Battering was associated with socio-demographic variables described in results.
Key Words: Domestic violence, Depression, Primary Care, Battering, Women, Pakistan

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INTRODUCTION

Battering was defined by Smith PH for women having continued perception of being susceptible to psychological as well as physical danger, loss of control or power who is in a partner relationship with male.[1] Domestic violence can be in different forms. It can be physical, verbal and psychological. In physical violence slapping, hitting, kicking and even beating are involved. Verbal violence can also be very damaging and demeaning for a woman. Psychological violence in the form of continued stress, oppression and belittling the women are common. Not only inside the home, it is also common outside the home e.g. work place harassment. [1,2,3] Studies carried out in Pakistan have reported different rates of domestic violence from 40% to 75%. [4]

An Indian study of 9998 women showed that there is association of domestic violence with psychiatric illness in women.[5] Poor economic conditions, difficulty in relationships, low rates of education, life events which are stressful and lack of or poor social support are commonly associated with common and major psychiatric illnesses [6,7]. In Pakistan studies done in community, primary healthcare and hospitals have reported mixed finding. In a study carried out in Lahore it was found that psychiatric illnesses are associated with domestic violence.[8]

Identifying the women suffering from domestic violence and battering is important to assess the psychological disturbance in them. The assessment of need can lead to strategies to be formulated and then implemented to ameliorate this problem. Primary

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healthcare system in Pakistan is first direct medical link with patients in most of the cases. Little information is available about battering and depression in primary healthcare in our part of the world. The objective of the current study was to assess depression in married women experiencing battering and the factors associated with battering.

MATERIALS AND METHODS

The study was conducted by Deptt. of Pschy and Behavioural Sciences KMSMC Skt in primary health care setting in the city of Sialkot, Pakistan from July to September 2016 (3 months). We followed ethical guidelines in the declaration of Helsinki. It was a cross sectional study. Non-probability convenience sampling technique was employed. Inclusion criteria was consenting married women above the age of 18 years, who were subjected to battering as measured by WEB scale score of more than 20. Excluded from the study were married women suffering from severe physical or psychotic illness, delirium or any other organic or substance related problem effecting functioning of the brain. Data was collected by a psychologist who had more than one year practical clinical experience of working with psychiatric patients. A data sheet was designed to collect the demographic details. Urdu translation of the WEB and BDI were used.

Battering was defined by Smith PH for women having continued perception of being susceptible to psychological as well as physical danger, loss of control or power who is in a partner relationship with male. Women's experience with battering scale(WEB) is 10 item questionnaire.[1] Its Urdu translation was used.[8] WEB scale is reliable and valid to measure battering. It is easy to use. Its measurement is not bounded by any time frame and it measures the prevalence well enough. It differentiates battered and non-battered women. It is scored on a Likert scale from a range of 1 to 6. The minimum score is 10 and maximum score is 60. It is scored in two ways. In first method higher score on the scale means more experience with battering. In second method a total score of < = 19 means no battering while a total score of 20 or more means battering. We used second method to use a total score of 20 or more on WEB scale to screen married women with battering. The cronbach's alpha for our study was .82. Beck depressive inventory (BDI) [9] was used to assess depression. Its Urdu translation was used. BDI has been used extensively in research all over the world. It has 21 items. Each item is scored from a range of 0 to 3. Minimum score of BDI is 0 while maximum score is 63. Its cut off score is 13. A score of 14-19 means mild depression, 20-28 means moderate depression while a score of 29-63 is considered as severe depression. The cronbach's alpha for our study was .84.

Written informed consent was taken after describing the purpose and title of the study. WEB scale was administered first and women who scored more than 20 on this scale were further interviewed and administered sheet for demographic details and BDI. During the study it was noted that women were hesitant to tell their personal contact details and exact residential address, so these were omitted from the study. They were assured of the confidentiality of their data and as special case scenario they were assured that their data will be deleted in all forms (soft copy in computer and hard copy in the form of pro-forma and questionnaires) after completion of the study. The data was deleted as promised from the participants. After collecting data from the first participant, every 4th married women was approached. If the women did not meet the inclusion and exclusion criteria, data was collected from the next eligible participant and the process was continued. For the women who were illiterate, data collector read out all the questions and answers and entered the responses according to the consent of the participant.

Data was analyzed on SPSS v 21. Mean±SD was applied for continuous variables. For categorical variables frequencies and % were assessed. For Pearson correlation p-value was set at<0.05.

RESULTS

There were 207 married women included in the study. Mean age of the women was 31.17±11.37 years. Their age ranged from 18-67 years.

Table No.1: Characteristics of married women experiencng battering n= 207

Variable	Frequency	Percentage
AGE		
18-35	98	(47.34%)
36-55	72	(34.78%)
>55	37	(17.87%)
EDUCATION		
Illiterate	81	(39.13%)
Up to 10 years	93	(44.93%)
More than 10 years	33	(15.94%)
NUMBER OF CHILDREN		
<=3	112	(54.11%)
>3	95	(45.89%)
TYPE OF FAMILY		
Nuclear	136	(65.70%)
Joint/extended	71	(34.30%)
RESIDENCE		
Urban	56	(27.05%)
Semi-urban	72	(34.78%)
Rural	79	(38.16%)
FINANCIAL STATUS OF THE FAMILY		
Low	94	(45.41%)
Middle	81	(39.13%)
Upper	32	(15.46%)

Almost half 47.34% were between 18-35 years of age, while 34.78% were between the age of 36-55 and 17.78% were above the age of 55 years. 39.13% were illiterate, 44.93% had up to 10 years of education and only 15.94% had more than 10 years of education. 54.11% had 3 or less children while 45.89% had more than 3 children. Majority were living in nuclear family 65.70% Vs 34.30%. The sample had a mix of women residing in urban, semi-urban and rural areas (27.05%), (34.78%) and (38.16%) respectively. Majority of the women were from lower and middle income families (84.54%) while only 15.46% belonged to upper family income group. (Table 1)

Table No.2: Frequency of depression in married women experiencing battering n=207

Severity of depression	Frequency	Percentage
Mild	54	(26.09%)
Moderate	29	(14.00%)
Severe	15	(7.25%)
Total	98	(47.34%)

Of the 207 married women who experienced battering, 98 (47.34%) were suffering from depression at the time of assessment. Depression was mild in 54 (26.09%) moderate in 29 (14.00%) and severe in 15 (7.25%) of the women. Rest of the 109 (53.66%) of women had no depression at the time of assessment. (Table 2)

Pearson correlation test was applied. A p value of <0.05 was considered to be significant. The results showed an association of battering with lower education (p=0.02) and lower financial status of the family (p=0.01). There was no significant association of battering with age (p=0.24) number of children (p=0.07) type of family (p=0.27) or the area of residence of the married women (p=0.47). (Table 3)

Table No.3: Variables associated with battering

Sr. #	Variables	1	2	3	4	5	6	7
1	Age	-	.0	-.12	.16	.38	-.19	.24
2	Education		-	.24	.37	.08	.33	.02*
3	Number of children			-	-.18	-.31	.21	.07
4	Type of family				-	-.15	.35	.27
5	Residence					-	.25	.47
6	Financial status of the family						-	.01*
7	Battering							-

*significant p<0.05

DISCUSSION

The results from our study done in primary health care show that out of the 207 married women who experienced battering, 98 (47.34%) were suffering from depression at the time of assessment, while a study carried out in primary healthcare in Lahore found that 30.35% of the 650 women who participated in the study had depression.[8] A study carried out in a tertiary health care set up in Karachi revealed rates of 62%. [10] The difference in rates might be due to methodology and the instruments used in collecting data. Lahore and Karachi are metropolitan cities while Sialkot is a medium sized city, this may be the factor in different rates of depression. The women in primary healthcare came to general practice setup while higher rates in Karachi may be due to the fact that women included in the study were from the psychiatry department of a large tertiary care hospital.

Our research found an association of domestic violence in the form of battering with lower education. A large number of studies report similar findings from community to primary healthcare and also in tertiary health care[4,5,8,10] Lower education is associated with higher violence in many studies carried out in developed and developing countries which corroborates our findings. [11,12] A study from India reports better outcome when both husband and wife have higher education.[5] Another study from New Zealand reported low education to be predictor of abuse by partner in relationship.[13]

Lower financial status of the family was associated with domestic violence and battering in our study. Poverty may lead to socio-economic difficulties and strain in marital relationship leading to aggression, violence and battering. [11,12,14] The findings from our study are corroborated by a study from India.[15]There was no association of age of women with battering in our study. There are mixed finding on this issue in the literature. Some studies report younger women experience more violence while other studies report that there is no association of age of women with domestic violence and women of all ages suffer from some or other form of domestic violence.[2,3,16] There was no association found with area of residence of the women with experience of domestic violence and bettering. Our findings are corroborated by other studies.[2,3]There was no association of number of children with battering. Other studies have reported similar findings.[17]There was also no association of battering and domestic violence with the type of family in which women were living. Other studies report similar findings.[11,12,17]

Women who were found to be suffering from depression were provided cost-effective treatment at the same general practice in the form of counseling and psychotherapy. Primary care GP was sensitized to the issue of domestic violence and depression. The physician prescribed cost-effective medicines for depression where it was needed. A mental health specialist was consulted for management of women in refractory cases. Our study has some strengths and limitations. The strengths of the study are that it was

carried out in primary healthcare in a medium sized city in a semi urban set up. There was representation of rural, semi-urban and urban women in the study. The instruments used were easy to understand and brief needing little time to be completed by the women who participated in the study. The study has its limitations. Study design was cross-sectional and it was carried out in only one general practice so the results may not be generalized to the whole population. In future prospective studies are needed.

CONCLUSION

Of the 207 married women who experienced battering, 98 (47.34%) were suffering from depression at the time of assessment. Battering in married women was associated with lower education and lower financial status of the family. There was no association of battering with age, number of children, type of family or the area of residence of the married women.

Conflict of Interest: The study has no conflict of interest to declare by any author.

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