

# Prevalence of Violence against Women of Child Bearing age and its Reporting Status

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## ABSTRACT

**Objective:** To study the magnitude and reporting status of inter personal violence against women of child bearing age.

**Methodology:** Hospital based descriptive study of medico legal violence against women of child bearing age and compared to date of violence collected through house hold survey in a specified population in the same calendar year / period.

**Result:** A total of 3150 cases of violence were recorded out of them only 500 reported to police and out of these, 322 were sent to hospital for medico-legal examination. It was observed that reported violence was 3 per 1000 women of child bearing age as compared to actual violence cases of 20 per 1000 women. Among the various types of violence, physical violence was more common (56%) in comparison to sexual (26.5%), psychological violence (9.5%) while mixed violence (8%). It was further observed that, majority of the accused for physical violence were relatives with 70 % being husbands, majority (87%) of accused of sexual violence were cousins similarly (93%) of accused for psychological violence were cousins / other relatives while, majority (94%) of the accused for mixed violence were unknown. It was also noted that 96% of accused of physical violence cases, 84% of sexual violence cases, 77% of mixed violence, and 82% of psychological violence cases belonged to education level of below matric. It was too observed that 96% of physical violence cases, 91% of sexual, 84% of mixed and 89% of psychological violence cases were form families with monthly income of less that 10000 / month.

**Key words:** Violence, Women, Physical, Sexual

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## INTRODUCTION

Violence (as per conceptual analysis by WHO in 1993) is defined as “Deprivation of” right to live with human dignity”. Or any act of gender bases violence that results or is likely to result in physical, sexual or psychological, harm or suffering to women including threat of death, or arbitrary deprivation of liberty whether occurring in public or private life. Violence against female gender is universal stigma on the forehead of mankind. It is a global issue, sparing no boundaries whether geographical, cultural, racial, and religious or socio economical. No. age is immune to violence against women, it starts right from pre-birth period in the form of babies sex selection through planned abortion, continues in infancy as various forms of infanticide, committed in childhood and in adolescence as a battered babies, committed as sexual violence with sugar daddies, as child marriages, kidnapping, rapes and other sexual abuses at work places and at schools. Then as various forms of domestic violence in productive life such as karokari in some parts of Pakistan, suicides and homicidal killing in elderly women. In-spite of these bitter facts most part of the violence against women remains iceberg until and unless specifically

searched for. Various national and international studies have depicted its prevalence as 10-70%. This wide range of prevalence is due to many hard facts as; cultural superiority of men, economical dependence of women, legal i.e., law relating to authority of men, e.g., to divorce, rights of child custody, political i.e., un-equal representation of women in parliament, and religious i.e., women made inferior to men and so many others. Violence has enormous un-healthy consequences which could range from mental stress to fatal outcome. This could be stress of induced abortions, stress psychosis, anxiety, depression, sexual dysfunctions, social suffering as divorces, mutilation, chronic pelvic infections, HIV aids and suicides. Gender violence could be sub-classed as: physical violence, sexual violence, psychological violence and mixed violence. In a society like ours it would be justifiable to say that most of women are unsafe while living at most safe places (homes). This study was specifically designed for study of violence in productive age group. The cases of child abuse and elderly women have been excluded, to focus more on the so called domestic violence whose victims most of the time is the house wife. Astonishingly the most common accused is her intimate partner (husband) and occasionally brother

or father. International studies reveal that about 70 % of women experience domestic violence at least once in their life. A study at Iulozai campus in 2009 reveals that most crucial form of domestic violence is acid burns and kitchen burns. Most of the time the domestic violence is engineered by the relatives (in laws) and mostly mother in law is culprit. Six year study reported through news papers collected by Pakistan's First Child Help Line at Karachi reveals increasing violence, from year 2001 to 2006. Violence against women is universal stigma. It has significant ill health effect on society as a whole and women in particular. Violence in a society with poor socio economic indicator is more serious issue and needs to be addressed. So, present study was planned, to study the magnitude and reporting status of inter personal violence against women of child bearing age.

## METHODOLOGY

It was a descriptive study conducted since 1<sup>st</sup> January 2011 to 31<sup>st</sup> December 2011 at Sheikh Zayed Hospital, Rahim Yar Khan in collaboration with District Coordinator National Health Programme. The study population included the women of child bearing age (15-45) in urban population of city Rahim Yar Khan, who were subjected to any form of violence. A pre-designed proforma was used for collection of data. Data sources were; medico-legal Register of Sheikh Zayed Hospital, Rahim Yar Khan, which is specified for Medico-legal examination of injured and first information registers from concerned police stations; City-A, City-B while, the data that was collected through Lady health Workers on monthly basis was used to compare the findings with that of police and medicolegal register. The Lady Health Workers were trained before sending them for data collection. All the women were informed about objectives of study, assured of anonymity and confidentiality before data collection; however, women who had not given informed verbal consent were excluded.

## RESULTS

Total population of Rahim Yar Khan city is 813396, total target population (study population) was 178947, however 22019 women refused to give any information so, 156928 women were included in study and total number of Cases of violence reported to police during study period was 500. Total number of cases who were got examined for medico-legal purpose were 322, cases dropped by police, were 178, total number of cases of violence collected from

house hold data who met violence was 3150, cases concealed were 2650 (84%).

A total of 500 cases of violence against women of child bearing age were reported to police out of these 322 were sent to hospital for medico-legal examination. When this data on violence was compared with data that was collected through house hold survey on monthly basis in the same community, during the same calendar period it was observed that 3150 women of target group faced violence but majority of them did not report to police out of those who reported to police many (35%) were not got medico-legal examined.

It was observed that reported violence was 3 per 1000 women of child bearing age as compared to actual violence case of 20 per 1000 women found through data collected by Lady Health Workers, It was found that 178(35%) out of reported cases were not sent for medico-legal examination by the police.

Among the various types of violence, physical violence was more common (56%) in comparison to sexual (26.5%), psychological violence (9.5%) while mixed violence 8%.

It was observed that majority of the accused for physical violence were relatives with 70% being husbands, majority (87%) of accused for sexual violence were cousins / other relatives, and similarly majority (93%) of accused for psychological violence were cousins / other relatives while, majority (94%) of the accused for mixed violence were unknown.

It was noted that 96% of accused of physical violence cases 84% of sexual violence cases 77% of mixed violence and 82% of psychological violence cases belonged to education level of below matric.

It was observed that 96% of physical violence cases were form household with monthly income of less that 10000 whereas 91% of sexual, 84% of mixed and 89% of psychological violence cases were also from families with monthly income of less that 10000 / month.

## DISCUSSION

We conducted this study with the aim to highlight the status of violence against women in Rahim Yar Khan and specially to compare its reporting status. 156928 women of childbearing age were included in study and total number of cases of violence reported to police during period was 500. Total number of cases who were got examined for medico-legal purposes was 322, cases dropped by police, were 178, total number of cases of violence collected from house hold data who met violence was 3150, cases concealed were 2650 (84%).

Astonishingly, when this data on violence was compared with data that was collected through household survey it was observed that 3150 women of target group faced violence but majority of them did not report to police out of those who reported to police many (35%) were not got medico-legally examined. It was observed that reported violence was 3 per 1000 women of child bearing age as compared to actual violence cases of 20 per 1000 women found through data collected by Lady Health Workers. It was found that 178 (35%) out of reported cases were not sent for medico-legal examination by the police, Previous studies regarding the prevalence of injury showed that among ever-abused women ranged from 19% in Ethiopia to 55% in provincial Peru. Injuries were associated with severe physical violence. In Brazil, provincial peru, Samoa, Serbia and Montenegro and Thailand over 20% of ever-injured women reported that had been injured more than five times.

Among the various types of violence, physical violence was more common (56%) in comparison to sexual (26.5%), psychological violence (9.5%) while mixed violence 8%. In a study, conducted in many countries when respondents were asked whether, since the age of 15years, they had been forced by a non-partner to have sex or to perform a sexual act when they did not want to. The highest level between 10% and 12% were reported in Peru, Samoa and urban United Republic of Tanzania while level below 1% were reported in Bangladesh and Ethiopia. The perpetrators included strangers, boyfriends and male family members (not including fathers) or male friends of the family.

Our findings were comparable to studies conducted by other authors that majority of the accused for physical violence were relatives with 70% being husbands, majority (87%) of accused for sexual violence were cousins / other relatives. A common perception is that women are more at risk of violence from strangers than from partners or other men they know. The previously reported data however show that this is from the case. Where as between 4% (Ethiopia) and 35% (Peru) women reporting violence by any perpetrator since the age of 15 years have been abused by both partners and non-partners, in Ethiopia almost all violence is by partners while in Samoa non-partner violence constitutes the largest part of the violence experienced by women. In the majority of settings, over 75% of women psychically or sexually were abused since the age of 15 years by a partner. In only two settings, urban Brazil and Samoa, were at least 40 % of women abused only by someone other than a partner.

The role of partner violence in women's injury and ill health has become a major concern in public health. The WHO study collected a variety of data about each respondent's current physical and mental health, and about illness and use of health service in the month prior to the interview. Women who reported having experienced physical violence by an intimate partner were asked about the forms and frequency of different injuries, and the health care they received, if any. Information was also collected about women's reproductive history, such as the number of pregnancies, stillbirths, spontaneous and induced abortion, live births and children currently alive. Although a cross sectional survey cannot establish whether violence causes particular health problems (with the exception, obviously of injuries) the results of the WHO study strongly support other research which has found strong associations between violence and both physical and mental symptoms of ill health.

Around the world mental health problems, emotional distress and suicidal behavior are common among women who belonged to lower socioeconomic status. Higher levels of violence were reported in the urban settings than in the provincial settings in all countries except Peru. Interestingly despite high levels of partner violence in Ethiopia less than 5% of women in these settings reported being physically or sexually abused by someone other than a partner. However, these findings were more among poor and less educated population that correlate our study findings. In our study it was observed that 96% of physical violence cases were from households with monthly income of less than 10000 whereas, 91% of sexual, 84% of mixed and 89% of psychological violence cases were from families with monthly income of less than 10000 per month.

## CONCLUSION

We concluded that reported violence against women is very low compared to actual violence. Even one third of the reported cases were not examined medically. Majority of the cases were of physical violence followed by sexual violence. Whereas, majority for the accused for physical violence were relatives with 70% being husbands, for sexual violence were cousins / other relatives. Most if these cases belonged to low socioeconomic status. We suggest that law relating to human rights international convention on eliminating of all forms of gender discriminations and local laws be insured to be implemented in real sense. Police department to establish special cell for investigation of violence against women, civil society organizations to launch the programmes to sensitize the masses for such

issues and socio economic development of society be focused particularly.

## REFERENCES

1. Jewkes R, Sen P, Garcia-Moreno C. Sexual Violence in Krug EG et al., eds. World report on violence and health. Geneva World Health Organization 2002.
2. Violence against women facts & figures. Say no to violence against women. Retrieved from; <http://www.saynoto-violence.org/issue/facts-and-figures>.
3. Violence against women: an issue of human rights. A news letter of the USAID office, Gend action 1997 summer; 1(4):1,4,8.
4. Full Report of the Prevalence, Incidence and Consequences of Violence Against Women; finding from the national Violence Against Women survey, November 2000.
5. Krug EG et al., eds. World report on violence and health. Geneva, World Health Organization 2002.
6. Data base on violence against women and children. Madadgar helpline. Retrieved from; <http://www.madadgar.org/index1.htm>.
7. United Nations Millennium Declaration General Assembly Resolution, 55<sup>th</sup> session, document A/RES/55/2, Chapter III, number 11, September 2000.
8. Jansen HAFM et al. Interviewer training in the WHO Multi-country Study on women's Health and Domestic Violence. Violence against Women 2004.
9. WHO Multi-country on women's health and domestic violence against women initial results on prevalence health outcomes & women responses. World Health Organization: Geneva, Switzerland 2005.
10. WHO handbook for the documentation of interpersonal violence prevention programmes. Geneva, World Health Organization 2004.
11. Campbell J et al. Intimate partner violence and physical health consequences. Archivel of Interval Medicine, 2002, 162: 1157-1163.