

ABSTRACT

Physical abuse against married women is present in every country, cutting across boundaries of culture, class, education, income, ethnicity and age. The global dimensions of this abuse and its health consequences are alarming, as highlighted by studies on its incidence and prevalence (UNICEF 2000). Thus, it has been recognised as a priority health issue. Although studies in Sri Lanka indicate, that physical abuse against married women is widespread (Samarasinghe 1991; Deraniyagala 1992; Nirthanan 1999), scientific data on prevalence of abuse is lacking. In this context, it is timely to obtain accurate information on the extent of the problem and probable causative factors so that preventive action could be taken.

The objective of this study was to develop and validate a screening instrument (Abuse Assessment Questionnaire) for use in antenatal clinics for the identification of physical abuse and to describe the extent, severity and psychosocial correlates of abuse within marriage, in a cohort of pregnant women in the Badulla District, Sri Lanka.

A sample of 1200 pregnant women aged 15 to 49 years was selected by using a cluster sampling technique. Data were collected using questionnaires administered by trained Public Health Midwives.

The prevalence of ever-physical abuse among women is 18.3%, and current physical abuse is 10.6%. Prevalence of physical abuse during the present pregnancy is 4.7% and prevalence of current sexual abuse is 2.7%. The prevalence of abuse is highest in the estate sector (32.2%) and mainly among Indian Tamils (36.6%).

The husband is the main perpetrator of abuse followed by the mother-in-law and sister-in-law. Approximately 30% of currently abused women and 20% of women abused during pregnancy are abused at least once a week. The commonest injuries caused by physical abuse (current abuse), are contusions and lacerations.

Prevalence of abuse is highest when the women's age at marriage is 19 years and below (25.7%). There is no significant difference between abuse and duration of marriage.

Physical abuse is mostly reported in families where the decision maker is the husband and when his support for daily activities are minimal. Occurrence of frequent arguments between husband and wife are also significantly associated with abuse. An increasing trend in prevalence of abuse is seen among women with poor sexual relationships with their husbands and in those who have an unsatisfactory marital life.

A higher prevalence of abuse is seen among women living in nuclear families (59.3%) and when the level of practical support to a woman is low (62.5%). Physical abuse is significantly associated with women who have husbands with a history of previous marriage ($p=0.002$), and had a history former wife abuse ($p=0.0007$).

The most important correlates of physical abuse identified in this study were; a husband's alcohol consumption, a husband with a history of other acts of violence, suspicion of extra marital relationships by a husband, history of abuse of the husband's mother and the woman's mother, a woman who has a low level of education, a low social class and a woman who has an anxious and an impulsive personality. The correlate with the strongest association with physical abuse was alcohol consumption of the husband (Odds Ratio = 11.2).

This study concludes that physical abuse is a profound public health and a social problem for women in the Badulla District. Therefore, it strongly recommends that women be sensitised and screened for physical abuse in the antenatal clinic by trained Public Health Midwives. It also recommends intervention of key issues that bring about abuse, primarily alcohol consumption by men and the initiation of support services for victims of abuse.