
Abstract

Intimate Partner Violence (IPV) against women is defined as physically, sexually and emotionally aggressive acts instigated by marital or cohabiting partners within intimate relationships. The present study was undertaken with the objectives of estimating the prevalence of IPV against ever-married women of 18-49 years age group in the Western province of Sri Lanka, to identify factors associated with violence, to describe the consequences of violence and responses of the abused women. The feasibility of conducting a hospital based intervention programme for abused women within the government health sector was also explored.

A cross sectional survey was conducted among a community based sample of 750 ever-married women in the 18-49 years age group using standard methodologies and instruments recommend by the World Health Organisation (WHO). The translated and pre-tested Women's Health and Life Events questionnaire was administered by trained interviewers. The validity and reliability of this instrument has been established by community surveys in 15 sites in 10 countries.

The households included in the survey were chosen by multi-stage cluster sampling and one eligible woman was randomly chosen from each household. The response rate was 97% and the sample was representative of the population of ever-married females in the Western province.

The lifetime prevalence of physical violence among ever-married women in the 18-49 years age group of the Western province was 34.4% (CI, 30.9 – 37.9) and prevalence of current physical violence (within last 12 months) was 8.8 % (CI, 6.7 - 10.8). The lifetime prevalence of severe physical violence (acts of aggression with the potential to cause injury) was higher (19.8 % CI, 16.9- 22.7) than of moderate physical violence (14.7 % CI, 12.1-17.3). The lifetime prevalence of sexual violence was 5.0% (CI, 3.4 – 6.6) and of current sexual violence was 4.2% (CI, 2.7 -5.7) .

Nineteen percent of the women reported emotionally abusive acts and 30% reported controlling behaviours.

In multivariate analysis it was seen that women younger than 25 years were at increased risk of severe abuse irrespective of their education level, social class and duration of marriage. Having a partner who abused alcohol and/or drugs was a significant risk factor for IPV. The partner having affairs with other women was also a significant risk factor for severe abuse.

Only 15% of the abused report being physically injured and 74% of the injured had visited healthcare institutions. A large percentage of the severely abused women (41%) reported poor general health and showed more symptoms of emotional distress. The abused were also more likely to have suicidal thoughts and attempts at suicides compared to non-abused.

More than 70% of the abused and non-abused women believed that a 'good wife obeys the husband even if she disagrees' affirming the subordinate position of women in the family. More than 68% of the abused and non-abused also believed that family problems should only be discussed within the family.

In-depth interviews were conducted with 10 women subjected to IPV to explore the ways in which women describe the experience of abuse and their responses to violence.

Abused women were reluctant to portray the perpetrator as a 'bad' man as her objective is to stay within the relationship. The women's responses to abuse varied from denial to hope. They would go through different stages of contemplation and may not be willing to take action against the partner in the early stages.

It was seen that conducting hospital based centers for abused women within the government health sector was feasible with necessary local networks, trained experienced staff, advocacy among all hospital staff and administrative commitment.

As one out of three women is subjected to IPV in the capital province of Sri Lanka advocacy programmes should be conducted at national level to create awareness among the public and the policy makers. Considering the serious health and psychological consequences, organised programmes for abused women with legal and social service networks should be available in health care institutions.

Programmes to address alcohol and drug abuse and to rehabilitate addicts should be available and accessible to men with problems of substance abuse.

It is also essential to prevent children and young adults from adopting stereotyped gender roles that affirm women's subordinate status in society. This can be achieved using school based programmes and youth clubs to develop life skills for healthy inter-personal relationships and by openly discussing and resolving gender issues among these groups.