Intimate Partner Violence in Kathmandu Valley: Prevalence and Risk Factors

Paudel, Manusha (M.Phil)*

Abstract

Intimate Partner Violence (IPV) is a major public health phenomenon. The objective of this study is to explore the prevalence and associated risk factors of intimate partner violence in Kathmandu valley. For this study, the data had come from Nepal Demographic and Health Survey (NDHS), 2016. Study has confined 162 married women from three districts of Kathmandu valley. Bivariate analysis and logistic regression were applied to examine the association between variables. Results found that more than a quarter (27%) women had faced at least one form of violence and education is significant variable for both women and husbands. Therefore, national attention should stand towards education for both women and their husbands to mitigate IPV.

Keywords: Intimate Partner Violence, Married Women and Educational Level

Introduction

Globally, Intimate Partner Violence (IPV) is acknowledged as a common and widespread phenomenon. It occurs in all socio-economic, religious and cultural groups (NLC, 2015). IPV is not only overwhelming societal problem but it is also a serious public health problem and it affects women's physical and mental health. IPV refers to "any behavior by an intimate partner that leads to physical, sexual or psychological harm, including physical aggression, sexual coercion, psychological abuse and controlling behavior" (WHO, 2018). According to the UN declaration, physical violence includes beatings, stabbing, burning, and the intentional deprivation of food. Psychological violence includes the enforcement of strict isolation, constant denigration, and public humiliation. Sexual abuse includes sexual harassment, coerced sex and forced pregnancy (WHO, 2002).

Because of the sensitivity of the subject, IPV is up till a hidden problem. It is yet under estimated social and health problem. It occurs in a pandemic proportion like cancer, HIV/AIDS, traffic accident in the world (Sileshi G&Abeya, 2011). Globally, the demographic and health survey (DHS) started to collect the information about intimate partner violence since 1990 in Colombia DHS survey and since 2000; DHS developed a

^{*}Mrs. Paudel is a Lecturer in Population Studies at Patan Multiple Campus (TU), Patan Dhoka.

standard module and methodology to collect the data on domestic violence (Hindin, et al, 2008). Since 2006, Nepal Demographic and Health Survey (NDHS) applied a domestic violence module (MoH, 2017).

Different studies on IPV show that globally it ranges between 15 percent to more than 70 percent (rural Ethiopia) among women of reproductive age (15-49 years), is widely considered to be around 30 percent(Sarkar NN, 2008;Derries KM et al, 2013). In Nepal NDHS 2016 showed that 26 percent ever married women experienced of intimate partner physical, sexual or emotional violence, the rate in 2011 was 32 percent. 2016 NDHS data also showed that the common form of partner violence is physical violence (23%) followed by emotional violence (12%) and sexual violence (7%). On the other hand the Informal Sector Service Center (INSEC) documentation advocates that violence against women in Nepal may be increasing (MoH,2017).

Numerous studies found that the risk factors of IPV are diverse and more prevalent in some communities than others. Maximum numbers of the risk factor are concerned on sociodemographic and economic variables. Numerous studies on factor associated with IPV controls for individual factors such as women's education and sometimes husbands'/ partners' education (Watt C & Catty Z, 2002). Though for the risk factors of IPV, an integrated ecological framework has been developed, which describes the IPV in four levels and they are individual, family, community and societal (Heyse L. L, 1998). These all risk factors help to explain IPV at different levels. So that we can't say the single or few factors influence the IPV in a given society. Though some scholars have argued that in some societies, for example in less developed countries, structural inequalities between women and men produce economic dependency on women, lower educational level and high parity and it ultimately produces the risks of IPV (Nyamhanga, et al, 2014;Umubyeyi, et al, 2014). Research also found that alcohol consumption is associated with increased risk of all forms of interpersonal violence. Heavy alcohol consumption by men is associated with intimate partner violence (Jewkes Rachel, 2002). In Nepal, a study revealed that respondents whose husband consumed alcohol were more likely to experience sexual coercion than those whose husband did not consume alcohol (Adhikari R, 2009). Similarly, another study found that in Nepal nearly 40 per cent women fall on sexual violence whose husband use alcohol(Puri M, et al, 2008).

In Nepal, most of the study on IPV had done in rural and poor communities and in the case of capital city; it is uncommon though IPV is a common phenomenon in all setting. Therefore, the aim of this study is to explore the prevalence and associated risk factors of intimate partner violence in Kathmandu valley

Methods

For this study the data had come from Nepal Demographic and Health Survey (NDHS) conducted in 2016 a nationally representative sample survey. The 2016 NDHS sample was stratified and selected in two stages in rural areas and three stages in urban areas. In rural areas wards were selected as primary sampling units and households were selected from the sample primary sampling unit (PSUs). In urban areas, wards were selected as PSUs, one enumeration area (EA) was selected from each PSU and then households were selected from the sample EAs. In addition, each province was stratified into urban and rural areas, yielding 14 sampling strata. The study protocol was approved by the Nepal Health Research Council (NHRC) and the ICF Macro Institutional Review Board in Calverton, Maryland, USA. All respondents had provided verbal informed consent prior to data collection. Therefore, independent ethical approval was not required.

This study was confined on 162 women from three districts namely Kathmandu, Bhaktapur and Lalitpur. Respondents were selected for the domestic violence module with completed interview on eligible women (15-49 years) and excluded who were never in union. The measurable outcome of the study was the experience of different forms (psychological, sexual and physical) of spousal violence a dichotomous variables. Experience between explanatory variables and experience of spousal violence was assessed via- bivariate analysis using chi-square tests and binary logistic regression was used to assess the net effect of different independent variables on forms of violence. Results are considered at the significant at P<0.05. The Statistical Package for Social Science (SPSS, 20.0 version) software was used to analyze the data.

Results

Study found that about 15 percent women were youth who were less than 25 years while almost half of the women were 35 years and above. An overwhelming majority of the women (85%) were Hindu. It is found that almost half of the women were from Janjati caste and 41 percent from Brahimin/ Chhetri. Similarly, more than a third of the women had secondary level education while one fifth women had no education and one fourth had higher education level.

Study also found that the majority of the women were from Kathmandu District (70%) and it followed by Lalitpur (16%) and Bhaktapur(14%). It is found that more than half of the women had got married before the age of 20. The overwhelming majority of the women (96%) were rich.

Furthermore, more than half of the respondent's husbands had higher education. More than a fifth had secondary level education. It is found that 46 percent respondent's husbands had drunk alcohol.

Background Characteristics	Ν	%
Age Group of Women		·
Less than 25 years	24	14.8
25-34 years	71	3.8
35 years and above	67	41.4
Religion		
Hindu	137	84.6
Non-hindu	25	15.4
Ethnicity		
Brahimin/chhetri	66	40.7
Janjati	80	49.4
Dalit	11	6.8
Others	5	3.1
Education of Women	· ·	•
No education	33	20.4
Primary	29	17.9
Secondary	59	36.4
Higher	41	25.3
Districts		
Kathmandu	113	69.8
Bhaktapur	23	14.2
Lalitpur	26	16.0
Age at First Marriage		
Less than 16 years	27	16.7
16-19 years	58	35.8
20 years and above	77	47.5
Wealth Index		
Poor	1	0.6
Middle	5	3.1
Rich	156	96.3
Education of Husband		
No education	6	3.7
Primary	31	19.1
Secondary	33	20.4
Higher	87	53.7
Don't know	5	3.1
Consumption of Alcohol (Husband)		
Yes	75	46.3
No	87	53.7
Total	162	100

Table 1: Background Characteristics of Respondents

Source: NDHS, 2016.

This study found that a fifth married woman had experience physical violence. 14 percent women reported that they faced emotional violence while 11 percent women reported that they had faced sexual violence. It is found that more than a quarter (27%) women had faced at least one form of violence (either physical or/ and emotional or/ and or sexual)and 4 percent women had experienced all three forms of violence.

 Table 2: Experience of Different Forms of Violence among Married Women by Their Husbands

Forms of Violence	Ν	%
Physical Violence		
Yes	32	19.8
No	130	80.2
Emotional Violence		
Yes	23	14.2
No	139	85.8
Sexual Violence		
Yes	18	11.1
No	144	88.9
At Least One Form of Violence		
Yes	44	27.2
No	118	72.8
All Three Forms of Violence		
Yes	6	3.7
No	156	96.3
Total	162	100

Source: NDHS, 2016

Table 2 shows that 36 percent women experienced at least one form of violence who were aged 35 years and above while who were aged less than 25 and 25 to 34 years had 21 percent IPV however p-value indicates that the difference is not significant. Two fifth of women experience at least one form of violence who were from non-hindu and p value indicated that it was not significant. This study found that respondent education is significantly associated (p<0.01) with experience of at least one form of violence among married women in Nepal. For instance, more than two fifth women who had no education (42%) while slightly higher than a tenth (12%) women who had higher education faced at least one form of violence in Lalitpur district level women, more than two fifth **women** had experienced violence in Lalitpur district compared with one fourth (26%) womenin Kathmandu district had experienced violence. Those husbands who had no education had experienced more violence (83%) than those who had higher education (10%).

 Table 3: Background Characteristic of Respondents According to Experience of Violence by Their Husbands

Background Characteristics	Experience At Least One Form of Violence (%)	Ν	P-value
Age Group of Women	violence (70)		0.115
Less than 25 years	20.8	24	
25-34 years	21.1	71	
35 years and above	35.8	67	
Religion			0.117
Hindu	24.8	137	
Non-hindu	40.0	25	
Ethnicity			0.087
Brahimin/chhetri	18.2	66	
Janjati	31.2	80	
Dalit	36.4	11	
Others	60.0	5	
Education of Women			0.006
No education	42.4	33	
Primary	41.4	29	
Secondary	22.0	59	
Higher	12.2	41	
Districts			0.119
Kathmandu	25.7	113	
Bhaktapur	17.4	23	
Lalitpur	42.3	26	
Age at First Marriage			0.221
Less than 16 years	33.3	27	
16-19 years	32.8	58	
20 years and above	20.8	77	
Wealth Index			0.102
Poor	100	1	
Middle	0	5	
Rich	27.		
Education of Husband			0.000
No education	83.3	6	
Primary	32.3	31	
Secondary	51.5	33	
Higher	10.3	87	
Consumption of Alcohol (Husband)			0.101
Yes	33.3	75	
No	21.8	87	
Total	27.2	162	

Source: NDHS, 2016

Table 4: Adjusted Odd Ratio (AOR) and 95% Confidence Interval (CI) for HavingExperienced of Violence from Their Husband among Married Women in
Kathmandu Valley

	Adjusted Odd	95% Confidence Interval (CI)		
	Ratio (AOD)	Lower	Upper	
Age Group of Women				
Less than 25 years	1			
25-34 years	0.339*	0.338	0.339	
35 years and above	0.621*	0.621	0.622	
Religion				
Hindu	1			
Non-hindu	0.504	0.503	0.504	
Ethnicity				
Brahimin/chhetri	1			
Janjati	0.260	0.259	0.260	
Dalit	0.199	0.199	0.200	
Others	0.226	0.225	0.226	
Level of Education (Women)			·	
No education	1			
Primary	0.738*	0.737	0.739	
Secondary	0.728*	0.727	0.729	
Higher	0.511*	0.510	0.511	
Districts	·			
Kathmandu	1			
Bhaktapur	1.335*	1.334	1.337	
Lalitpur	2.446*	2.444	2.448	
Age at First Marriage	·			
Less than 16 years	1			
16-19 years	1.406*	1.405	1.407	
20 years and above	0.421*	0.420	0.421	
Level of Education (Husband)				
No education	1			
Primary	55.284*	55.142	55.427	
Secondary	2.712*	2.709	2.715	
Higher	9.580*	9.571	9.589	
Consumption of Alcohol (Husband)				
No	1			
Yes	1.308*	1.307	1.308	
Constant	1.663*			
Cox Snell R square	0.269			

Note *Significant at p<0.001

This study had usedbinary logistic regression model to show the effects of independent variables on dependent variable. In this model, had included different socio-demographic and economic variables as independent variables and experienced at least one form of intimate partner violence as a dependent variable. Table 4 contains the odd ratio of logistic regression coefficient and 95 percent confidence interval for odd ratios for each category. From the fitted model shows that women who had aged 25-34 years had less likely (AOR=0.339) to experience violence from their husband. Similarly, respondents who had primary (AOR=0.74), secondary(AOR=0.73) and higher (AOR=0.51) education were less likely to experience violence from their husband.

Likewise, women from Lalitpur district were 2.4 times more likely to experience violence than those who were from Kathmandu district. Similarly, those women who got married 16-19 years were 1.4 times more likely to experience violence than who got married 20 years and after. Women whose husbands had primary education were 55 times more likely to experience violence from their husband than women whose husbands had higher education. Similarly, women whose husband had taken alcohol had 1.3 times more likely to experience violence than women whose husband did not take alcohol.

Discussion

This study has attempted to investigate the prevalence and risk factors of intimate partner violence in Kathmandu valley. The present study shows that intimate partner violence is not uncommon among capital city of Nepal and indicates a need for an effective program on IPV issue. This study found that physical violence was high (20%) than emotional and sexual violence. Similarly a study on violence found that reported prevalence of physical violence was highest in Africa, with almost half of the countries reporting life time prevalence of over 40 percent (UN, 2015).

The bivariate analysis has shown some variables such as age, level of education, ethnicity, religion, age at first marriage, wealth index, and consumption of alcohol which are important in explaining intimate partner violence.Bivariate analysis shows the significant association in two variables, they were education level of women and education level of husband. The multivariate analysis supports the finding of the bivariate analysis. This study has found that women who were in aged 35 years and above had experienced high IPV than who were in aged less than 25 years and 25-34 years and it was not significantly associated. However across Europe women in the youngest group had high prevalence of partner violence than older aged (UN, 2015).

This study found that women who had higher education were less likely to experience violence from their husband. Similarly another study which had done at rural Nepal in 2011,

found that women's educational deprivation is the most influential risk factor of intimate partner violence in Nepal (Lamichhane et al, 2011). In addition, a study which had done in India showed that women with lower education level had a higher risk of IPV (Akerson et al, 2008). The reason could be uneducated women are economically less productive and have less bargaining power in the family and consequently they are inferior in position to their husbands (Arends-Kuenning and Amin, 2001), those types of scenario is common in most of the developing countries. Studies also reveal that thissituation eventually results into the occurrence of domestic violence (Niaz, 2003 ;Hajjar, 2006).

This result found that those women who had got married 16-19 years were more likely to experience violence than who got married 20 years and above. Similarly, a study on child marriage and IPV in four African countries based on DHS data found that prevalence of IPV is significantly higher among Nigerian and Zambian women who married early adolescent and childhood than who married in adulthood (Anastasia J, 2012). Another study also found that women whose husband had higher education were less likely to experience violence from their husband. Similarly, a WHO multi country study on women's health and domestic violence showed that the highly educated group of husbands also had lower odds ratio's for IPV in 10 out of 14 sites (Abramsky, 2011).

Conclusion

Intimate partner violence in Kathmandu valley is similar with other parts of Nepal and globe as well. In this study, the overwhelming majority of the women from economically rich (96%) background and on the other hand the situation of IPV ispoor and every 4 in 1 women experienced at least one form of IPV. Finding of the study appears that education is the important variables and it is highly significant for both women and husbands.Rest of other socio-demographic and economic variables are not statistically significant though they are interrelated with IPV. Therefore, long term IPV prevention activities have to consider on the importance of education for both women and their husbands. So the intervention should focus at raising the level of education to break the cycle of IPV.

References

- A nastasia J, Gage, Ph.D, Dand Hotchkiss, Ph.D, DeepaliGodha, Ph.D.(2012). Association Between Child Marriage and Intimate Partner Violence in Four African Countries. Tulane University.Charless Avenue. New Orleans, LA 70118
- Abramsky T, Watts C.H, Garcia-Moreno, C Devries, K Kiss, L Ellsberg, M Jansen, H.A, Heise, L.(2011).What Factors are Associated with Recent Intimate Partner Violence? Findings From the WHO Multi-Country Study on Women's Health and Domestic Violence. *BMC Public Health*, 11, 109.

- Ackerson, L.K.; Kawachi, I.; Barbeau, E.M.; Subramanian, S.V. (2008).Effects of Individual and Proximate Educational Context on Intimate Partner Violence: A Population-Based Study of Women in India. Am. J. Public Health, 98, 507–514
- Adhikari R, Tamang J. (2010). Sexual Coercion of Married Women in Nepal. BMC. Women's health.
- Arends-Kuenning, M. & Amin, S. (2001). Women's Capabilities and The Right to Education in Bangladesh. *International Journal of Politics, Culture, and Society*, 15(1), 125-142.
- Devries KM, Mak JY, García-Moreno C, Petzold M, Child JC, Falder G, Lim S, Bacchus LJ, Engell RE, Rosenfeld L, Pallitto C, Vos T, Abrahams N, Watts CH. (2013). The Global Prevalence of Intimate Partner Violence Wgainst women. *Global Health*.
- Hajjar, L. (2006). Religion, State Power, and Domestic Violence in Muslim Societies: A Framework for Comparative Analysis. *Law and Social Inquiry*, 29(1).
- Heise, L.L. (1998). Violence Against Women: An Integrated Ecological Framework. *Violence Against Women*, 4(3), 262-290
- Hindin, Michelle J.,SunitaKishor, and Donna L. Ansara.(2008). Intimate Partner Violence Among Couples in 10 DHS Countries: Predictors and Health Outcomes. DHS Analytical Studies No. 18. Calverton, Maryland, USA: Macro International Inc.
- Jewkes, Rachel. (2002). Intimate Partner Violence: Causes and Prevention. *Violence Against Women*. Volume 359, Issue 9315.
- Lamichhane, P., Puri, M., Tamang, J., &Dulal, B. (2011).Women's Status and Violence Against Young Married Women in Rural Nepal.BMC Women's Health, 11(1), Article 19.doi:10.1186/1472-6874-11-19
- Mahesh Puri, J. T. (2008). Exploring the Nature and Reasons Associated with Sexual Violence within Marriage Among Young Couples in Nepal. Annual Meeting of PPA . Sheraton New Orleans, USA
- Ministry of Health, Nepal; New ERA; and ICF.(2017). *Nepal Demographic and Health Survey* 2016. Kathmandu, Nepal: Ministry of Health, Nepal
- Nepal Law Commission (NLC). Constitution of Nepal.(2015). Available online: http://www.lawcommission. gov.np/en/archives/category/documents/prevailinglaw/constitution/constitution-of-nepal
- Niaz, U. (2003). Violence against Women in South Asian Countries. Archives of *Women's Mental Health*, 6(3), 173-184
- Nyamhanga TM, Frumence G. (2014).Gender Context of Sexual Violence and HIV Sexual Risk Behaviors Among Married Women in Iringa Region, Tanzania. *Glob Health Action*.
- Sarkar NN.(2008). The Impact of Intimate Partner Violence on Women's Reproductive Health and Pregnancy Outcome. *J ObstetGynaecol*, 28(3):266–71.

- Sileshi G Abeya, Mesganaw F Afework and Alemayehu W Yalew.(2011). Intimate Partner Violence Against Women in Western Ethiopia: Prevalence, patterns and Associated factors.*BMC Public Health. http://www.biomedcentral.com/1471-2458/11/913*
- Umubyeyi A, Mogren I, Ntaganira J, Krantz G. (2014). Women are Considerably more Exposed to Intimate Partner Violence than Men in Rwanda: Results from a Population-Based, Cross-Sectional Study.*BMC Womens Health*
- United Nations.(2015). Violence AgainstWomen. The World's women.
- Watt C, Catty Z. (2002).Violence against women: *Global Scope and Magnitude*. Lancet, 359, 1232-1237
- World Health Organization (WHO).(2002). Facts on Intimate Partner Violence. Retrieve from http://www.who.int/violence_injury_prevention/violence/worldreport/factsheets/en/ipv
- World Health Organization.(2018). Violence Against Women.Fact Sheet. Available online: http://www.who.int/en/newsroom/fact-sheets/detail/violence-against-women