ORIGINAL ARTICLE

Gender Based Violence (GBV) Data Collection and Gynaecologist's Perspective in a tertiary care hospital

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ABSTRACT

Aim: To find incidence and severity of gender based violence (GBV) in women attending gynecology OPD using structured abuse questionnaire and Compare their clinical diagnosis with those not facing GBV

Study design: Cross sectional analytical study

Place and duration of Study: This study was conducted at obstetrics and gynecology Out Patient Department of CMH Kharian from Nov 2017-April 2018

Methodology: Gynecology patients between 18-48 years were included by consecutive non probability sampling technique. Pregnant and adolescents were excluded. Incidence and type of abuse was identified by using Structured Norvold abuse questionnaire (NorAQ).Clinical diagnosis of gynecological disorders was made and comparison was done between abused patients and those not suffering from GBV. Demographic variables, type, severity and frequency of abuse were expressed as percentage.

Results: Out of total 512 patients 198(38.6%) were found to have experienced GBV in any form. Psychological abuse was the most prevalent 108(54.5%) followed by physical 61(30.8%) and 29(14.6%) sexual abuse. Clinical diagnosis in patients with GBV and those not experiencing GBV were compared and pelvic pain P<0.001, vulvovaginitis P< 0.005 and menstrual disorders P<0.001 was statistically significant in abuse patients.

Conclusion: Chances for opportunistic screening of gender based violence should not be missed. Screening in gynecology OPD, will be of benefit in restoring the health of these women. GBV patients more commonly present with gynecological symptoms. It is a challenge to medical professionals to see beyond symptoms and work toward complete care for women.

Keywords: Gender, Violence, Pelvic pain, abuse

INTRODUCTION

Gender based violence is an umbrella term for any harmful act that is perpetuated against a person's will and it is used interchangeably with violence against women. Gender is a concept that describes the socially-constructed differences between females and males throughout their life cycle. Violence against women and girls is one of the most prevalent human rights violations in the world[1]. It knows no social, economic or national boundaries. Worldwide, an estimated one in three women will experience physical or sexual abuse in their lifetime[2]. In 1993 United Nations General assembly came up with the first official definition of GBV as "Any act of gender-based violence that results in, or is likely to result in, physical, sexual, or psychological harm or suffering for women, including threats of such acts, coercion, or arbitrary deprivations of liberty, whether occurring in public or private life[3]."

Gender-based violence undermines the health, dignity, security and autonomy of its victims, yet it remains shrouded in a culture of silence. Victims of violence can suffer sexual and reproductive health consequences. Violence increases women's long-term risk of health problems like chronic pain syndromes, physical disability, hypertension, irritable bowel syndrome and gastrointestinal disorders. Women with a history of physical or sexual abuse are also at increased risk for unintended pregnancy, sexually transmitted infections, acquired immune deficiency syndrome, traumatic fistula, adverse pregnancy outcome and even death. [4] Psychological consequences can be both direct including anxiety, fear, mistrust of others, inability to concentrate, loneliness, post-traumatic stress disorder, depression, suicide and Indirect including psychosomatic illnesses, withdrawal, alcohol or drug use. Economic and social consequences include rejection, ostracism, social stigma at community level, loss of work and financial problems.[5]Thus not only the individual suffers but her family, community and society as a whole faces the consequences of this major public health issue.

FIGO recommends that physicians and professional societies have a unique place to assist in creating wider awareness of this issue.[6] It is high time that the community of healthcare professionals take a proactive role by collecting data and providing guidelines for the management of patients affected by these atrocities. They should also work with policymakers and civil society to create awareness about the physical and psychological damage inflicted. World Health Organization estimates that at least one in every five of the world's female population has been physically and sexually abused at some time in their lives.[7]Health care providers should receive training which enables them in the best way to identify violence and provide first-line support and clinical care. They should know how to carry out documentation, relevant laws, existing support services and how to conduct forensic evidence collection[8,9,10]. Gender-based violence is a major serious human rights problem in Pakistan and is reported to be on the rise.[11] According to a 2011 poll of experts by the Thomson Reuters Foundation, Pakistan is ranked the 3rd most dangerous country for women in the world. The Gender Gap Index 2015 ranked Pakistan second from the last among 145 countries in terms of gender based disparities.[12] Physical, sexual or psychological abuse in a relationship is often considered as private household matter and in many cases victims are discouraged to seek help. A reproductive health facility may be the only place where a woman is allowed to visit. Health care providers, especially gynecologists, play an important role to identify women suffering from GBV as they see patients suffering from the reproductive health effects of the GBV on a daily basis. Therefore, a Gynecology Outpatient

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Department may be an entry point where such women can be identified timely.

This study was conducted to determine the incidence of gender based violence amongst patients presenting in gynecology outpatient. Common gynecological symptoms can be the tip of iceberg with underlying violence contributing to the clinical symptoms.

MATERIALS AND METHODS

This cross sectional survey was conducted at obstetrics and gynecology department combined military hospital Kharian from Nov 2017-April 2018. Gynecological patients between 18-48 years presenting with common gynecological symptoms were included by consecutive non probability sampling technique after informed consent and Institutional Review Board approval. Sample size of minimum 384 cases was calculated with 95% confidence level, 5% margin of error and taking expected percentage of gender based violence as 47%. Pregnant women and adolescents were excluded. Patients were explained the study protocol and were assured that the information would remain confidential and they can withdraw any time if they don't feel comfortable. Health care staff was involved and trained to ask symptoms of GBV, provide information, ask appropriate questions and create a confidential and friendly environment. Standardized Norvold abuse questionnaire was used to identify physical, psychological and sexual abuse and grade it into mild moderate and severe category. The questionnaire was translated into Urdu by principal investigator. Thorough history and examination was done and documentation of health consequences of GBV was done. Patient's data was calculated and analyzed using SPSS 21 and descriptive statistics were presented as frequencies and percentages. Comparison was done between clinical diagnosis in patients having GBV and those not reporting it. Chi square test was applied and a P value of <0.05 was considered significant.

RESULTS

Table1: Demographic profile of participants.

Variables (n=512)	frequency (%)
<20 years of age	11 (2.1%)
20-29 years of age	227 (44.3%)
30-39 years of age	240 (46.9%)
40-48 years of age	34 (6.7%)
illiterate	108 (21.1%)
primary	218 (42.6%)
secondary	142 (27.7%)
college	44 (8.6%)
married	270 (52.7%)
unmarried	131 (25.6%)
divorced	87 (17%)
engaged	24 (4.7%)
Islam	503 (98.2%)
Hindu	1 (0.2%)
Christian	8 (1.6%)
Marriage type	
arranged	359 (70.1%)
love	74 (14.5%)
understanding	77 (15%)
runaway	2 (0.4%)
parity	
none	225 (43.9%)
1-2	89 (17.4%)
3	149 (29.1%)
>4	49 (9.6%)

Table 2: characteristics and clinical profile of gender base violence

Variables n 198	N(%)
Talk about	
Yes	71(36%)
No	127(64%)
To whom	
Parents	40(56.6%)
Siblings	17(23.9%)
Friends	11(15.4%)
Health care	03(4.2%)
Perpetrator	
Husband	143(72.2%)
Inlaws	40(20.4%)
Family	12(6.2%)
Neighbors	03(1%)
Place of abuse	
Home	180(90.5%)
Relatives place	11 (5.5%)
Public place	03 (1.5%)
others	04 (2.3%)
Frequency of abuse	
Regular	170(85%)
Occasional	15 (7.8%)
In a year	13 (07%)
In a lifetime	00 (0%)
Cause of abuse	
Misunderstanding	94 (47.4%)
Finances	70(35.3%)
Affairs	20(10.2%)
Drug abuse	14(07%)
Symptoms	
Pelvic pain	60(30.3%)
Vaginal discharge	48(24.2%)
Dysmenorrhea	30(17.8%)
Sexual dysfunction	32(16%)
Menstrual irregularity	06(03%)
dyspareunia	22(11%)
Signs	
Bruises	15(7.5%)
Wounds	11(5.6%)
Tears	10(05%)
Burns	0(0%)
Cuts	0(0%)
No findings	162(81.8%)

Table 3: comparison of clinical diagnosis of those facing GBV and those not facing GBV

Clinical Diagnosis	**Gender Based Violence**		**Total**	**P Value**
	Not faced GBV	**faced GBV**		
Pelvic pain	28	68	96	<0.001
Pelvic Inflammatory Disease	35	24	59	0.42
Vulvovaginitis	120	52	172	0.005
Abnormal Uterine Bleeding	40	5	45	<0.001
Sexual dysfunction	60	35	95	0.727
Dysmenorrhea	31	14	45	0.337
Total	314	198	512	

A total of 512 patients were enrolled who presented to gynecology OPD with common gynecological problems. Of these 198(38.6%) were found to have experienced GBV in any form. Demographic profile of the patients is shown in Table 1. Out of the abuse patients 127(64%) did not talk about abuse with anyone. This shows that still majority are keeping it a secret. Psychological abuse was the most prevalent 108(54.5%), followed by physical 61(30.8%) and sexual abuse 29(14.6%). Psychological abuse was mild in 30(27.7%), moderate 65(60%) and severe 13(12%). Physical abuse was mild in 25(40.9%), moderate in 26(42.6%) and severe in 10(16.3%) cases. Sexual abuse was 17(58.9%) mild, 9(31%) moderate and severe in 3(10.3%) patients. Patients of abuse presented with signs and symptoms as shown in table 2. Clinical diagnosis in patients with GBV and those not experiencing GBV were compared and pelvic pain P<0.001, vulvovaginitis P< 0.005 and menstrual disorders P<0.001 was statistically significant.

DISCUSSION

Gender Based Violence is a universal phenomenon affecting all societies in one way or another and tackling it is a global challenge. It is a public health problem that negatively affects health and happiness of a woman. There are institutional and social biases that legitimize obscure and deny abuse. The GBV-related incident and accountability data are largely lacking due to sensitive nature of the topic and marginalization as a women's issue only. So for sustainable efforts for health system to respond several levels need to be targeted like Health care staff, health facilities and health policy makers. It is important to keep in mind that not only doctors but other health care staff have an important role in identifying and responding to GBV.

The prevalence of GBV in this study is 38.6%, which is lower than the reported lifetime prevalence of 47% in Nepal.[13] Similarly in another study incidence of GBV was 23.21 % [14]. In Pakistan exact incidence is not known and isolated cases and numbers are reported sporadically.[15]Human Rights Watch 2009 study reported that 70-90% of women in Pakistan have suffered some forms of abuse. Estimated 5000 women are killed per year from domestic violence, with thousands of others maimed or disabled.[16]According to 2012-2013 Pakistan Demographic And Health Survey, incidence of domestic violence in different provinces is 57% in Khyber Pakhtun khawa , 43% in Balochistan 29% in Punjab ,25% in Sindh,32% in Islamabad While 34% of rural vs 28% of urban women were noted to have experienced domestic violence[17].

In a study done in five Nordic countries, lifetime prevalence of GBV was 38 to 66% for physical abuse, 19 to 37% for emotional abuse, and 17 to 33% for sexual abuse. whereas in our study the incidence of psychological abuse was highest 54.5%[18]. In another study done in Nepal all types of abuse was found in 68.03%, which is lower than 80% reported as per the national demographic data of Nepal.[13] Physical abuse was faced by 30.3% in this study, which is lower than that reported in other studies in Nordic countries and South Asian countries.[18] In another study total of 27.4% reported experiencing at least one type of GBV and amongst these women the rates of mental disorders were 77.3%.[19]In rural area of Bangalore, 29.57 % women reported domestic violence such as verbal abuse 81.6 %, physical abuse 31.6 %, psychological abuse 27.6 % and sexual abuse 10.5%[20]. A study conducted in Malawi reported that 33 %, 20 %, 13 % of women reported emotional, physical, and sexual violence, respectively [21] which is in agreement to our study. The life time physical violence by husband or intimate partner against women or wives ranged from 31 to 76.5 %in different parts of Ethiopia[22,23]. In our study majority 55% patients were between 31-39 yrs of age, 78.7% were married and majority had arranged marriage which is similar to results of a similar study.[14] Less number of the women faced abuse regularly 30.81% and occasionally 7.5% as compared to our study.[14] Literature from South east Asia shows similar pattern that 60% women in Sri Lanka and 33 to 75% women in India are hit by a partner. [24]The prevalence of sexual abuse is 14% in our study which is slightly more than other studies but is still less than other types of abuse.[13,20,21]This implies that talking about sexual abuse even with a health personnel is still considered a taboo by these women. The reported low rate also raises an issue of awareness of sexual violence within marriage among these women so there might be underreporting of cases.

In this study husbands were perpetrators of abuse in 72% followed by in-laws, family and neighbors. This is in agreement to a study in which majority of women 89.53% were abused by their husbands followed by mother-in-law in 6.4%.[21] In many countries where large-scale studies have been done, results show that 20 to 67% of women have been abused by the man they live with and commonest complaint that abused women presented with was pain abdomen 40.12%, followed by backache and vaginal discharge. [24]In another study done in teaching hospitals in Gujarat, India, among women attending gynecology OPD, the most common symptom reported was vaginal discharge 98%, followed by lower abdominal pain 76%.[25] Jamieson et al reported that with the exception of dysmenorrheal all pain complaints were more common in women reporting abuse both as children and as adults.[26] Violence increases the risk of gynecological problems, of which Chronic Pelvic Pain (CPP) is one common entity. The incidence of CPP is reported as 20% of women attending secondary care hospitals.[27] Whereas In our study Incidence of chronic pelvic pain was 30.3%, which is in agreement to another study in which incidence of pelvic pain was 34.89% among GBV sufferers, whereas it was 9.13% among non sufferers. Research has shown that women suffering from CPP are consistently more likely to have a history of childhood abuse of all types. Rapkin et al also reported 39% of patients with CPP had been physically abused in childhood and CPP is a significantly more common presentation in women with GBV. Though the prevalence of all studied clinical conditions was higher in women facing abuse, CPP was significantly higher in these women followed by vulvovaginitis, sexual dysfunction and Pelvic inflammatory disease[27]. This is in agreement with another study in which the spectrum was same but pelvic inflammatory disease was the third prevalent cause.[14]The incidence of vulvo vaginitis in this study was 24% and although the prevalence is more in GBV sufferers, it is still lower than the 40% in pregnant women as reported by Lamichhane et al[28]

Contribution of this study is highlighting the importance of gender based violence as an important underlying reason for common gynecological problems. Limitation was that study had hospital based cohort and it might be a underrepresentation of the magnitude of problem.

CONCLUSION

Gender based violence is a global phenomenon and due to the sensitive nature and acceptance in many societies as a personal matter no evidence based scientific approach is available. Treatment offered is usually symptom and disease based and the actual underlying cause is not addressed. Even when GBV is identified, health care providers are at loss on how to proceed. Physcological, physical and sexual abuse all are prevalent and indeed could be the real cause of frequent visits to gynecologists and non responsive pain syndromes.

More data collection and agreement on approach towards these women presenting in health care facilities is the need of the day. Health facilities should put in place written guide lines and protocols on how to identify and handle cases of GBV, sensitize staff and patients with information and build their skills on how to recognize GBV and create a climate that demonstrates that it can be discussed.

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