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Severe partner perpetrated burn: Examining a nationally representative sample of women in India

Rae Spiwak^{a,b,*}, Sarvesh Logsetty^c, Tracie O. Afifi^{a,b}, Jitender Sareen^{d,e,f}

^aDepartment of Community Health Sciences, University of Manitoba, PZ-482 771 Bannatyne Avenue, Winnipeg, MB, Canada R3E 3N4

^bDepartment of Psychiatry, University of Manitoba, PZ-482 771 Bannatyne Avenue, Winnipeg, MB, Canada R3E 3N4

^cDepartment of Surgery, University of Manitoba, GC401-820 Sherbrook St, Winnipeg, MB, Canada R3A 1R9

^dDepartment of Community Health Sciences, University of Manitoba, PZ-430 771 Bannatyne Avenue, Winnipeg, Manitoba, Canada R3E 3N4

^eDepartment of Psychiatry, University of Manitoba, PZ-430 771 Bannatyne Avenue, Winnipeg, Manitoba, Canada R3E 3N4

^fDepartment of Psychology, University of Manitoba, PZ-430 771 Bannatyne Avenue, Winnipeg, Manitoba, Canada R3E 3N4

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ABSTRACT

Objectives: This paper investigates severe partner perpetrated burn (SPPB) in India and associated social correlates.

Methods: Data are from the National Family Health Survey (NFHS-3), a cross-sectional nationally representative household-based survey. Age, wealth index, education, urban/rural status, region, in-law violence, parental abuse, father abuse of mother, presence of a son, and age at marriage were examined for relationships with SPPB. Models with two reference groups were created (women without intimate partner violence; women with other non-burn intimate partner violence). Logistic regression analyses were computed.

Results: Prevalence of SPPB was 1.00% ($n = 429$). When compared to women with no intimate partner violence (IPV), greater wealth and rural status were protective of SPPB, but having a father who abused the participant's mother increased odds of SPPB over three times. When compared to women who had experienced IPV, presence of a son was protective of SPPB, as was not living in the South. Similarities between models included increased odds of SPPB associated with in-law violence and younger age at marriage.

Conclusions: SPPB was associated with measures that impacted odds of its occurrence. Prevention efforts should consider these and other cultural factors.

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Violence against women is a major public health problem worldwide with associated health consequences, intergenerational effects and sociodemographic impact [1–3]. Intimate partner violence (IPV) occurs in all populations and

socioeconomic subgroups, with a global prevalence of 30% [1]. IPV is a risk factor for burn, however the area of severe partner perpetrated burn (SPPB) is understudied [4]. While IPV and SPPB occur worldwide, in some countries such as

* Corresponding author at: University of Manitoba, Community Health Sciences, PZ432-771 Bannatyne Avenue, Winnipeg, Canada. Tel.: +1 204 787 7638.

E-mail addresses: rspiwak@gmail.com (R. Spiwak), logsetty@cc.umanitoba.ca (S. Logsetty), tracie.afifi@med.umanitoba.ca (T.O. Afifi), sareen@cc.umanitoba.ca (J. Sareen).

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India, women are socialized to accept such violence and are disproportionately represented [2]. In India, 34% of women between the ages of 15 and 49 years have experienced IPV [2] and the rate of intentional burns is the highest in the world, with 65% of female burn deaths due to kitchen accidents, self-immolation and domestic violence [5].

Due to the nature of SPPB, determining true prevalence is impossible [6], and difficult to measure subsequent to lack of reporting [7,8]. Most reported rates focus on mortality and autopsy data [9–11], therefore true rates are underestimated [7,9,11]. Studies conducted in India have relied on hospital registry data [8], in-patient interviews [8], are single centre studies [12], or are estimates of fire-related deaths [11]. While acid burns and bride burning draw media attention [6,13], no studies have examined risk factors of SPPB compared to other forms of IPV. The World Health Organization (WHO) states population-level surveys based on victim reports provide the most accurate estimates of IPV prevalence in non-conflict settings [1], however no population level studies have specifically examined correlates of SPPB among women in India. Identifying factors and vulnerable groups can provide evidence to guide prevention efforts, however literature is lacking and research is needed to determine prevalence and the role of social and gender-related correlates SPPB [8,10]. Given reports of bride burning and dowry deaths, it is possible that the presence of in-law violence may increase the risk of SPPB [12,14]. Additionally, the detrimental effect of the sociocultural value placed on male offspring [15] was recognized by the Government of India [16]. It is possible the high social value placed on a son may offer protection from SPPB [14,17], and that SPPB may reflect the hostility felt for not producing a son. Young age at marriage is a gender-based factor linked with victimization in Indian populations [12,17]. Finally, research supports exposure to parental violence as a risk factor for the intergenerational transmission of relationship violence [18]. To date, no research has investigated the relationship between the above factors and SPPB at a nationally representative level in India. We used a nationally representative sample to investigate the following objectives: (1) to investigate SPPB prevalence; (2) to understand social correlates associated with SPPB; (3) to examine if exposure to violence by a woman's in-law family, her parents, or if she had a father who abused her mother increase the likelihood of SPPB; and; (4) to examine possible protective factors as moderator effects in the relationship with SPPB including age at marriage and presence of a son.

1. Methods

Data came from the third series of the National Family Health Survey (NFHS-3) (2005–2006), which is a cross-sectional national representative household-based survey [2]. NFHS is the Indian counterpart of Demographic and Health Surveys (DHS); the most comprehensive source of data on health related issues worldwide [19]. The NFHS-3 collected data from a probability sample on health behaviors and measures of health including domestic violence and SPPB among individuals living in India [2]. The survey was conducted by the International Institute for Population Sciences and Macro

International [2]. The NFHS-3 utilized 18 research organizations to conduct interviews with over 230,000 men and women between the ages of 15 and 54 years. The household response rate was 97.7% [2]. Stratified, multistage, cluster sampling was used and complete information was collected for 124,385 women. One woman per household was randomly selected to participate in the domestic violence survey module, reducing selection bias. Informed consent was obtained and trained interviewers were used. 83,703 women completed the domestic violence module. Further information on data collection and the NFHS-3 is available elsewhere [4,20].

1.1. Primary measurements

1.1.1. Severe partner perpetrated burn

The NFHS-3 domestic violence module is based on WHO guidelines for reliable and valid measurement of IPV [2,21] reducing outcome misclassification bias. Violence related questions, including one on severe burn due to partner-perpetrated violence was assessed in the NFHS-3 using a shortened and modified conflict tactic scale [2]. Women who have ever been married and experienced violence were asked “Did the following (severe burn) ever happen as a result of what your (last) husband did to you at any time?” Two reference categories were used. Women who had experienced severe burns due to partner violence were compared to: (1) women who have not experienced IPV, and; (2) women who experienced non-burn related IPV. One question, ‘Did your husband or partner ever try to choke or burn you on purpose’ was removed from the non-burn related IPV measure to ensure categories were mutually exclusive. This question was not included because it included information on both burn violence and non-burn violence (strangulation).

1.1.2. Previous exposure to violence

Other violence and measures intended to examine intergenerational domestic violence effects were included in the NFHS-3 [2]. Non-partner violence was assessed by the question, “From the time you were 15 years old has anyone other than your partner ever hit, slapped, kicked, or done anything else to hurt you physically?” If the respondent answered yes, the perpetrator was selected from a list. Selections of any of the following were coded as in-law violence; mother in law, father in law, and/or other in law. Selections of any of the following were coded as parental abuse; mother/stepmother, and/or father/stepfather. Finally, we examined whether the respondent's father assaulted her mother to assess perpetuation of interpersonal violence by the question, “As far as you know, did your father ever beat your mother?”.

1.1.3. Sociodemographic and potentially protective covariates

Independent variables included age (categorized into 3 groups based on equal cut-off points [15–25, 26–34, 35–49]), education (no education, primary education, and secondary or higher education [latter combined to maximize sample size]), and wealth index; a variable derived by NFHS-3 representing relative wealth or a household's economic status (poorest, poorer, middle, richer, richest) [22]. Region was grouped according to other research [23] (South-Andhra Pradesh, Karnataka, Kerala and Tamil Nadu, and Not South-all others),

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