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Research Article

EVALUATE THE IDENTIFIABLE LEVEL OF PHYSICAL ABUSE BY FAMILY MEMBERS AGAINST WOMEN RECEIVING MEDICAL TREATMENT AT THE TERTIARY CARE CENTER IN LAHORE

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Abstract:

Objective: To decide the cognizable recurrence of actual viciousness by personal accomplices against ladies looking for clinical consideration at a tertiary consideration place, Lahore.

Methods: A clinic based cross sectional study was directed at a clinical consideration crisis of a tertiary consideration place, Lahore. Our flow research was directed at Lahore General Hospital, Lahore from June 2019 to May 2020. The example size was 345. A non-likelihood purposive examining method was utilized for choosing the investigation subject. A Performa was utilized to gather the data straightforwardly through recorded information and meetings. Composed educated assent was acquired from every member. Information was entered and broke down by utilizing SPSS programming rendition 15. Means with standard deviation for mathematical factors and extents for downright factors are introduced. Chi square test was performed for relationship of instruction level and occupation with recurrence of actual viciousness by personal accomplices.

Results: There were 345 cases detailed during August 2014 to February 2015. Mean age \pm SD was 33.50 ± 8.41 years and family pay $1,855 \pm 962$ rupees for each month. Cognizable actual viciousness was seen in 286 (77.7%) by personal accomplices against ladies looking for clinical consideration at a tertiary consideration place Lahore. Housewives were 271 (78.6%) looking for care for actual savagery injury. Cracks were found in 226 (65.5%) ladies. There was no instruction in 46 (13.3%) and 5-year schooling was 191 (55.4%). The level of cognizable actual savagery was 77.7%. Non-cognizable actual viciousness discovered higher among more youthful age bunch 24-36 years as contrast with more established ladies.

Conclusion: The recurrence of cognizable actual brutality was two third by personal accomplices against ladies looking for clinical consideration in city megacity, Lahore. Significant danger factors discovered were age over 36 years, housewives, low family pay and just five years' schooling.

Keywords: identifiable level of physical abuse, medical treatment, tertiary care center in Lahore.

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INTRODUCTION:

Physical violence by intimate partner against women is a social, economic, legal, educational, and health issue. The cognizable physical violence has its implications with human rights, which have been violated in male dominated societies cognizable physical violence is a preventable cause of morbidity and mortality in women. There have been social and religious sanctions against cognizable physical violence but it has been practiced in all social strata. Several studies estimate that cognizable physical violence was observed between 20 and 50 percent of women by an intimate partner. Arango DJ conducted a study on 90, 303 ever married women and estimated domestic violence in 21 per-cent. Physical violence includes acts of physical aggression such as slapping, hitting, kicking and beating. Cognizable physical violence is one requiring punishment by law. It has been reported that between 19% and 55% of women who had ever been physically abused by their partner were ever-injured globally

Sault by intimate partner violence were 18.0% in college and university students. The estimated prevalence of physical violence against women by intimate partner in Bangladesh is between 30 and 50 percent. Schuler et al. showed husbands beat 47 percent of their women in their lifetime in rural Bangladesh Pakistani women have multiple factors including social status, poor educational level, low family income, reduced empowerment and more risk towards cognizable physical violence by intimate partner Physical violence is universally under-reported because of sensitivity of the subject. However, millions of women are experiencing violence or living with its consequences but have been under reported, neglected and not included in national policy for prevention of these events in all strata of social life. The purpose of this study is to determine the frequency of cognizable physical violence by intimate partners against women seeking medical care at a tertiary care center Lahore.

METHODOLOGY:

Our current research was conducted at Lahore General Hospital, Lahore from June 2019 to May 2020. This was a hospital based cross-section survey conducted from June 2019 to May 2020 at a tertiary care hospital, Lahore. The sample size for the study was 345. Sample size was calculated by open epi software. Wahed T et al. have shown 30% of the cases with cognizable physical violence. In order to calculate 30% risk was taken to determine the sample size. The level of significance was 5% and confidence interval 95% with the power of study 80% the sample size was 323. Therefore, the final sample size calculated is

345 after the refusal cases was used for study. The information was collected directly through recorded data and interviews. A Performa was used to collect the data, which included demographic, medical, surgical, family history. Physical examination and specific examination was done based on violence history as alleged by victim.

RESULTS:

All the participants of the study were informed about the study and a written informed consent was obtained from each participant. All the data was entered and analyzed by using SPSS software version 15. Means with standard deviation for numerical variables and proportions for categorical variables are presented. Per month. Cognizable physical violence was observed in 286 (77.7%) by intimate partners against women seeking medical care at a tertiary care center Lahore. Housewives were 271 (78.6%) seeking care for physical violence injury. Fractures were found in 226 (65.5%) women. There was no education in 46 (13.3%) and 5-year education was 191 (55.4%) as shown in, (Table 1). The percentage of cognizable physical violence was higher among housewives as compared to employed. Non cognizable physical violence were found higher among younger age group 24-36 years compared to older women (36-45 years) as shown in Fig.1.

DISCUSSION:

About 15-71% of women reported that they had experienced physical or sexual violence or both by a partner. However, about quarter to a half of these women had moderate to severe injuries known as cognizable offense in law including fractures, broken teeth, or other serious health problems [6]. The results of this study indicate that one in three of ever-married women suffer from physical violence by intimate partner requiring medical care emergency, this finding is consistent with Pakistan Demographic and Health Survey 2012-13 According to PDHS 2012-13 more than a third 1344 (37.9%) of ever-married women reported that they experienced spousal violence [7]. The violence has many forms, including physical aggression emitting, kicking, biting and slapping, or throwing objects. This study also showed that various degrees were observed in the victims from mild to moderate and severe physical injuries. The fractures were found in 66% women. In Pakistan thirty-two percent of ever-married women age 15-49 have experienced physical violence at least once since age 15 years. Among every married woman who had experienced spousal physical violence, 35 percent reported experiencing physical injuries [8]. This study has shown cognizable physical violence was observed

in 286 (77.7%) by intimate partners against women seeking medical care at a tertiary care center, Lahore. This was an analysis from single health care tertiary center where cognizable offense was two third. The reports must be published to disseminate the behavioral weakness in spouse requiring treatment and in this study unemployed women were 271 (78.6%) seeking care for physical violence injury. Some studies have also shown that two third of sample size were seeking health care after cognizable physical violence. There was no education in 46 (13.3%) and 5-year education was 191 (55.4%) more closely associated with physical injuries after intimate partner violence. The percentage of cognizable physical violence was higher among housewives as compared to working or women employed [9]. Non-cognizable physical violence was found higher among younger age group 24-36 year as compare to older women (36-45 years). This study focuses on housewives and younger age group with 5 years' education, being victims of physical violence and injuries. Parents, family members and other relatives must comprehend and define the boundaries of spouse behaviors, which are cognizable. These also require Intersectoral approaches to safeguard every third women from physical violence [10].

CONCLUSION:

This study shows that the frequency of cognizable physical violence was two third by intimate partners against women seeking medical care in metropolis megacity. Major risk factors found were age more than 36 years, housewives, low family income and only five years education.

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