Original Article

Common Gynecological Complaints in Women Experiencing Gender Based Violence at a Tertiary Care Hospital

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Abstract

Objectives: To find the incidence of gender based violence (GBV) in women attending gynecology Out Patient Department using structured abuse questionnaire and frequency of common gynecological problems amongst these patients.

Methodology: The cross sectional analytical study was conducted at Obstetrics and gynecology Out Patient Department of tertiary care hospital from Jan 2018 – June 2018. Gynecology patients between 20-48 years were included by consecutive non probability sampling technique. Pregnant, adolescents and postmenopausal women were excluded. Incidence and type of abuse was identified by using a 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 a percentage.

Results: A total of 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: Common gynecological symptoms can be the tip of the iceberg with underlying violence contributing to the clinical symptoms. More data collection and agreement on approach towards these women presenting in health care facilities is the need of the day.

Keywords: Gender based violence, Domestic violence, Health consequences

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Introduction

Gender-based violence (GBV), or violence against women, is a global phenomenon that affects low, middle and high-income countries without exception. Gender-based violence is experienced by 35% of women at some point in their lives all over the world.[1] 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 point in their lives.[1]Violence against women is a human rights violation but instead of being so prevalent in societies it is least recognized as a problem. Not only it causes serious health issues but it also has far-reaching economic and social consequences.[2] It is a profound public health problem, draining women's energy, compromising their health and happiness thus eroding their self esteem, security and autonomy. Despite the pervasiveness of GBV, incidence still remains

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underreported thus depriving women of a secure environment to contribute towards their own well-being and of their communities. Women struggle on their own to navigate abusive relationships to survive in a global culture that often legitimizes or brushes under the carpet this serious issue. Thus, access to reproductive health care is also restricted or not provided at all in some cases. Women in most of societies do not mention violence unless asked directly therefore, health-seeking behavior is extremely rare.

Violence increases women's risk of health issues like physical disability including near fatal or fatal injuries, chronic pain syndromes, hypertension, and gastrointestinal disorders.[3] These women are also at 50% increased risk of reproductive health consequences like sexually transmitted infections including acquired immune deficiency syndrome. They can have unplanned pregnancies leading to adverse feto-maternal outcomes including induced or unsafe abortions.[4] There are devastating psychological consequences as these patients live in fear and stress leading to anxiety, mistrust of others, loneliness, post-traumatic stress disorder, alcohol or drug abuse, depression and even suicide. Social and economic consequences along with physical and psychological make it a serious public health issue. [5]

Women face violence in all aspects of life, starting from pre-birth in the form of sex-selective abortions and continue fighting it till an elderly age. Gynecologists and other health care professionals are likely to come in contact with woman who experience GBV and therefore provide an important entry point for access to health care and have a role in training and efforts to strengthen health system response to GBV.[6] So for initiation and sustainable efforts for health system to respond all levels including Health care staff, health facilities and health policymakers need to be targeted. The burden of varied disability caused by GBV leads many women to seek health services more often sometimes for presumed illnesses repeatedly, putting an added strain on the already stretched health system in contrast to some of them suffering in silence and not seeking any kind of help.

This study was conducted to determine the incidence of gender based violence amongst patients presenting in gynecology outpatient with common gynecological symptoms

Methodology

This cross sectional survey was conducted at the obstetrics and gynecology department of tertiary care hospital from June 2018-dec 2018. Gynecological patients between 20-48 years presenting with common gynecological symptoms were included by consecutive non probability sampling technique after informed consent and Institutional Review Board approval. The sample size of minimum of 384 cases was calculated with 95% confidence level, 5% margin of error and taking an expected percentage of gender based violence as 47%. Pregnant women, adolescents and postmenopausal women 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. History and examination were done and documentation of any physical injuries and health consequences of GBV was done. Appropriate investigations including blood complete picture, C-reactive protein, urinalysis, high vaginal swab for culture and ultrasonography were done to confirm a clinical diagnosis. Chronic pelvic pain was defined as constant or intermittent pain in the pelvis for last six months. Pelvic inflammatory disease defined as severe pain in the lower abdomen, fever of 101 degree F or more and foul smelling discharge. Vulvovaginitis was irritation, itching and inflammation of the genital area along with vaginal discharge and urinary discomfort. Abnormal Uterine Bleeding was taken as excessive duration, volume, frequency and unpredictability of menstruation for three months duration at least which could have different underlying causes. A problem occurring during the sexual response cycle that hindered the couple or individual from experiencing satisfaction from sexual activity was taken as sexual dysfunction. Dysmenorrhoea was pain or cramping during menstruation with onset around the time of menstruation.

Data was calculated and analyzed using SPSS 21 and descriptive statistics were presented as frequencies and percentages. Mean ±sd was calculated for age and parity. Demographic variables including education, marital status and perpetrator of abuse were calculated. Symptoms and signs of GBV were also calculated and expressed as frequency and percentage.

The 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

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. The demographic profile of the patients is shown in Table I. Psychological abuse was the most prevalent 108(54.5%), followed by physical 61(30.8%) and sexual abuse 29(14.6%).

Patients of abuse presented with signs and symptoms as shown in table II. The commonest symptom was pelvic pain 60(30.3%) followed by vaginal discharge 48(24.2%).Majority 162(81.8%) of the patients did not exhibit any physical signs of abuse. Commonest sign was bruises in 15(7.5%) patients followed by wounds 11(5.6%) as shown in table II.

Table I: Demographic profile of patients

Variables (n=512)	Mean±SD
Age	36±1.25
Parity	03±1.5
Education	n(%)
illiterate	108 (21.1%)
primary	218 (42.6%)
secondary	142 (27.7%)
college	44 (8.6%)
Marital status	
married	270 (52.7%)
unmarried	131 (25.6%)
divorced	87 (17%)
engaged	24 (4.7%)
Perpetrator	
Husband	143(72.2%)
Inlaws	40(20.4%)
Family	12(6.2%)
others	03(1%)

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 as shown in table III.

Discussion

Table II: Symptoms and signs of GBV

Symptoms	n(%)
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%)

Gender Based Violence is a phenomenon that knows no boundaries and affects all societies in different ways. It is a global challenge to tackle this issue as there are institutional and social biases that deny, dilute and legitimize abuse. Data collection and incident reporting of GBV cases is sporadic and still at many places, the pathway of care is not defined due to the sensitive nature of the topic and marginalization as a women's issue and acceptance as a personal matter. 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. To alleviate the suffering of victims of GBV the role of reproductive health professionals is paramount. Yet health care providers do miss opportunities to help beyond the obvious disease by being unaware, indifferent, or judgmental. 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.[7]

Table III: Comparison of clinical diagnosis of those facing GBV and those not facing GBV

Clinical Diagnosis	**Gender Based Violence**		**Total n(%)**	**P-Value**
	Not faced GBV n(%)	**faced GBV n (%)**		
Pelvic pain	28(8.9%)	68(34.3%)	96(18.75%)	<0.001
Pelvic Inflammatory Disease	35(11%)	24(12.1%)	59(11.52%)	0.42
Vulvovaginitis	120(38%)	52(26%)	172(33.5%)	0.005
Abnormal Uterine Bleeding	15(4.7%)	40(23.8%)	45(8.7%)	<0.001
Sexual dysfunction	60(19%)	35(17%)	95(18.5%)	0.727
Dysmenorrhea	31(9.8%)	14(7.07%)	45(8.7%)	0.337
Total	314(61.3%)	198(38.6%)	512	

Psychological, physical and sexual abuse all are prevalent and indeed could be the real cause of frequent visits and non responsive pain syndromes. The latest estimates from the World Health Organization reveal that one-third of women have experienced either physical or Sexual Intimate Partner Violence in their life time all over the world.[5] The lowest prevalence is reported from high-income countries defined by WHO as 23% and highest in the low or middle income countries of Africa as 46% and Southeast Asian regions 40%, respectively.[8] The prevalence of GBV in this study is 38.6%, which is lower than the reported lifetime prevalence of 47% in Nepal and also less than the WHO statistics for southeast Asia.[8,9] In Pakistan exact incidence is not known and isolated cases and numbers are reported sporadically. 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.[10] In our study majority, 55% of patients were between 31-39 yrs of age and 78.7% were married which is similar to results of another such study.[11]

In a study done in five Nordic countries, the lifetime prevalence of GBV was 38-66% for physical, 19-37% for emotional, and 17- 33% for sexual abuse.[12] Whereas in our study the incidence of psychological abuse was highest at 54.5%.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.[13]In Indian rural areas, domestic violence was reported by 29.57% women which included 81.6%verbal abuse which is quite high as compared to our 54.5%.The frequency of physical psychological and sexual abuse were similar to our study.[14] Another study done in Malawi concluded that 33 %, 20 %, 13 % of women suffered emotional, physical, and sexual violence,[15] which is in agreement with our study. The prevalence of sexual abuse is 14% in our study which is slightly less than other studies and other types of abuse.[15,16] This implies that talking about sexual abuse even with health personnel is still considered a taboo by our 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 our 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%.[15,17]Husband or intimate partner physical violence ranged from 31 to 76.5 % in different parts of Ethiopia.[18]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.[19] It is ironic that the person and place thought of as safest for women is where the majority of abuse happens. Abused women mostly have injuries in front of the body like head, face, neck, thorax, breasts and abdomen. In a study, physical injuries in the form of bruises were commonest on the face. The common gynecological problems reported included vaginal bleeding or infection, decreased sexual desire, pain on intercourse and chronic pelvic pain which is similar to our study.[20] Another study reported that the incidence of gynecological problems was three times higher in abused women in comparison to non abused women. In these women, intimate partner violence led to chronic pelvic pain, vaginal discharge, dysmenorrhoea, sexual dysfunction, pelvic inflammatory disease, and infertility which were also present in abused patients in our study.[21]

In comparison to our study which interviewed gynecological patients in a study done in India, husbands were questioned and 37% of men confessed physical (12%) or sexual violence (17%) against their wives in the past one year, and both physical and sexual violence in 9% women. At least one Gynecological symptom was present in 34% percent of women for last three months. The most commonly reported problem was postcoital bleeding(22%), followed by abnormal vaginal discharge(15%), urinary complaints (13%) and dyspareunia (10%).[22]In another study done in teaching hospitals in Gujarat India, among women attending gynecology OPD, the commonest symptom was vaginal discharge 98% and lower abdominal pain 76%.[4] Jamieson et al reported that with the exception of dysmenorrhea all painful conditions were more common in women reporting abuse both as children and as adults. [23] 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.[24] 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.[24] Rachel J 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.[25] This is in agreement with another study in which the spectrum was the same but pelvic inflammatory disease was the third prevalent cause.[14] The incidence of vulvovaginitis in this study was 24% and although the prevalence is more in GBV sufferers, it is still lower than the 40% as reported by Lamichhane et al.[26]

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

Conclusion

Addressing GBV is a goal in its own and the key for national and global development. 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. 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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