

Original Article

## IS DOMESTIC VIOLENCE ENDEMIC IN PAKISTAN: PERSPECTIVE FROM PAKISTANI WIVES

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### ABSTRACT

**Objective:** Domestic violence is an important public health problem. This study assessed the magnitude and type of domestic violence inflicted on women by their husbands.

**Design:** A cross-sectional survey based on a sample of convenience was conducted by two trained health interviewers, using a pre-tested questionnaire.

**Setting:** The study was conducted in three public sector hospitals in Rawalpindi and Islamabad, among women who were either themselves visiting or accompanying others who were visiting the Obstetrics and Gynecology Departments.

**Main outcome measure:** Assessment of domestic violence in marital setting.

**Results:** Only 7 (3.2%) out of the 216 women did not report enduring any type of domestic violence ever. Rest of the women reported enduring multiple types of violence. Being shouted or yelled at was the most frequent, while use of a weapon e.g. gun or knife was the least common type of violence reported. Among the 193 women who had been pregnant in the past, 48 (24.9%) reported that violence in general increased during pregnancy, 98 (50.8%) reported a decrease and the remaining 47(24.3%) reported no change in the violence level. Nonconsensual sex was reported by 98 (46.9%) of the women interviewed. No statistically significant association was noted between domestic violence and either living arrangements (nuclear or extended) educational and income levels of the respondents or their husband's, and pregnancy status.

**Conclusion:** Population based epidemiological studies are needed to study the type, frequency and perpetuating factors of domestic violence in the country, for informed public health policy formulation.

**KEY WORDS:** Domestic Violence, Women, Pakistan.

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## INTRODUCTION

One in three women all over the world has been either beaten into sex or abused in her lifetime<sup>1</sup>. The greatest risk of violence for women comes from the male family members or husbands<sup>2</sup>. The global burden of health attributed to domestic violence and rape is 5% for women in the reproductive age.

Domestic violence entails physical, sexual, and psychological abuse perpetrated by a person with whom the victim has an intimate relationship<sup>3</sup>. Hence, shouting, physically hitting and engaging in nonconsensual sex in the con-

text of an intimate relationship constitutes domestic violence<sup>4,5</sup>. It is also an important cause of intentional injuries in women seeking medical care in the emergency departments<sup>6-8</sup>, and pregnant women are especially at high risk of domestic violence<sup>9-13</sup>.

One-fifth to one third of all the women in United States (over 12 million) will be assaulted physically in their lifetime by either a current or former partner<sup>14</sup>. Domestic violence knows no bounds, with murder being its ugliest manifestation, as a former or current partner is responsible for half of all the women murdered in the England and United States<sup>3, 15</sup>.

Regarding psychological sequel in the victims of domestic violence, battered women are four times more likely to attempt suicide than non-battered women<sup>16</sup>, and are more likely to develop major depression, alcohol and drug dependency, and post-traumatic stress syndromes<sup>17</sup>.

A previous study in Pakistan reported on domestic violence from the perspective of men, with a sample size of seventy, in which all respondents admitted to ever verbally abusing their wives and over two-third admitted to ever engaging in non-consensual sex with their wives<sup>18</sup>.

The profile of domestic violence has not been adequately studied in Pakistan though this issue is now being frequently highlighted by the media as well as various NGOs. In this study an attempt was made to determine the magnitude and type of domestic violence endured by married women, including its association with pregnancy.

## SUBJECTS AND METHODS

Between August 15, 2000 and October 24, 2000, a cross-sectional survey based on sample of convenience was conducted in Islamabad and Rawalpindi, using a structured questionnaire with both close and open-ended questions.

Two trained women interviewers administered the questionnaires after obtaining verbal consent. Women who were either themselves

visiting or accompanying visitors to the Obstetrics and Gynecology Departments in two public sector hospitals in Islamabad and one in Rawalpindi were approached and explained that a study is being conducted in which sensitive questions would be asked about their relationship with their husbands. Strict confidentiality was assured; all the interviews were conducted at a place where no one could overhear the conversation. Women who were married for at least one year, and were not accompanied by any man were approached and interviewed. The last selection criterion was used to encourage more frank and honest responses from them.

Questions were asked about being subjected to various types of physical and verbal abuse by their husbands, their reactions, and whether this abuse ever took place while they were pregnant. A question was also asked about their husband's ever engaging in nonconsensual sex with them.

A sample size of 216 was calculated, based on 95% confidence intervals, and assuming a hypothetical population proportion of violence at 10% in married women, with an absolute precision of 4% on either side of the proportion. However it should be emphasized that any and every sample size calculation presupposes random sampling<sup>19</sup>. In this study a sample of convenience was adopted due to practical considerations, as random sampling would have rendered this study unfeasible.

## RESULTS

Cumulatively 307 women were approached, out of which 216 (70.4%) agreed to participate in this study. The age, monthly household income, respondents and their husband's education is shown in Table-I. One hundred and eighty one (83.8%) women interviewed were between the ages of 20 to 40 years. One hundred and thirty (60.2%) respondents had twelve or more years of education, while 150 (69.4%) women reported their husband's education as intermediate or above. One hundred and thirteen (52.3%) women were reportedly

Table I: Demographic characteristics of the survey respondents

Demographic characteristics	n = 216 (%)
Age	
18 - 20	21 (9.7)
21 - 30	103 (47.7)
31 - 40	78 (36.1)
41 - 50	14 (6.5)
Education	
No formal education	11 (5.1)
1 - 5 years	32 (14.8)
6 - 10 years	43 (19.9)
Intermediate	53 (24.5)
Bachelors	62 (28.7)
Masters	15 (7.0)
Monthly household income (Rs)	
Less than 5000	88 (40.7)
5000 - 10,000	66 (30.6)
Above 10,000	62 (28.7)
Husband's Education	
No formal education	13 (6.0)
1 - 5 years	9 (4.2)
6 - 10 years	44 (20.4)
Intermediate	54 (25.0)
Bachelors	88 (40.7)
Masters	8 (3.7)

working outside home and had a job, the rest were homemakers i.e. did not have a job. Twenty-seven (12.5%) women did not have children, while 171 (79.2%) had 1 to 3 children, the rest had more than three children. One hundred and seven (49.5%) women interviewed were currently pregnant, while 193 (89.3%) had been pregnant in the past. Four women did not have a living child, although they had been pregnant in the past, three had an abortion, while one had a still birth. One hundred and twelve (51.8%) women alongwith their husbands were living with in-laws and only 18 (8.3%) women were living with their own parents' alongwith their husbands, while the rest were living in a nuclear family set-up.

Table II: Demographic characteristics &amp; their relationship with domestic violence

Demographic characteristics n = 216	Endured Violence			
	Yes		No	
	n	(%)	n	(%)
Age				
18 - 30	120	(96.8)	4	(3.2)
31 - 50	89	(96.7)	3	(3.3)
Education				
0 - 10 years	84	(97.7)	2	(2.3)
Intermediate - Masters	125	(96.2)	5	(3.8)
Monthly household income				
Less than 5000	85	(96.6)	3	(3.4)
5000 - 10000	64	(97.0)	2	(3.0)
Above 10000	60	(96.8)	2	(3.2)
Husband's Education				
0 - 5 years	19	(86.4)	3	(13.6)
6 - 10 years	43	(97.7)	1	(2.3)
Intermediate	52	(96.3)	2	(3.7)
Bachelors	86	(97.7)	2	(2.3)
Masters	8	(100)	0	(0)

Percentages are calculated across the rows for each sub-category of demographic variables.

Both verbal and physical violence was reported by women, during the current and previous pregnancy, as well as while not being pregnant. Table-II shows that there was essentially no relationship with any of the demographics characteristics and domestic violence endured by women. While Table-III shows the type and prevalence of violence by pregnancy status in the women interviewed. The domestic violence was almost universally reported. Only 7 (3.2%) women did not report ever enduring any type of domestic violence including non-consensual sex, two of these women were living in a nuclear family set-up and three were employed. Rest of the women reported enduring multiple types of violence. Being shouted at or yelled at was the most frequent, while use of weapon e.g. gun or knife was the least common type of violence reported.

Table III: Type and prevalence of violence ever endured by women perpetrated by their husbands, during current and previous pregnancy, and while not pregnant \*

Violence type	During current pregnancy		Any previous pregnancy		While not pregnant	
	<i>n</i>	(%)	<i>n</i>	(%)	<i>n</i>	(%)
Shouted/yelled	62	(57.9)	119	(61.7)	164	(75.9)
Threatened	41	(38.3)	70	(36.3)	105	(48.8)
Slapped	50	(46.7)	84	(43.5)	119	(55.9)
Punched	27	(25.2)	50	(25.9)	87	(40.3)
Kicked	29	(27.1)	55	(28.5)	85	(39.5)
Pushed	42	(39.2)	72	(37.3)	105	(46.8)
Used a weapon e.g. gun/knife	1	(0.9)	4	(2)	5	(2.3)

\* Most women reported enduring multiple types of violence; hence percentages add up to more than 100% in all three individual categories of status, based on pregnancy.

Among 193 women who had been pregnant before, 48 (24.9%) reported that violence in general increased during pregnancy, 98 (50.8%) reported a decrease and the remaining 47 (24.3%) reported no change in the violence level.

Nonconsensual sex was reported by 98 (46.9%) of the women interviewed. Among the 209 women who reported enduring domestic violence, only 74 (35.4%) replied, in an open-ended question, that they have told someone about their husband's violent behavior towards them. The rest did not opt to tell anyone about it. Forty three (58.1%) confided in their sister, while the rest complained about it to either their own parents or their husband's parents. Among the 31 women who complained about their husband's violent behavior to either their own or their husband's parents, 17 (54.8%) reported a temporary decrease in the violent behavior of their husbands. While the remaining women reported no change in their husband's behavior.

Regarding women's reaction to the violence among the 209 women who experienced it, 108 (51.7%) reportedly did not respond in any way and merely suffered the violence and its

attendant consequences in silence. Twenty four (11.5%) said that they try to reason with their husband after he has calmed down, 31 (14.8%) would yell back and use abusive language, and rest of the women did not respond to this question. No association was noted between the prevalence or type of domestic violence, and the various income and/or the educational levels of either women on their husband's. Domestic violence was almost universally prevalent in all the strata of income and educational levels, as well as in families with either nuclear or extended living arrangements. As a substantially high reporting of domestic violence by the study's respondents, no statistically significant association was noted between domestic violence and either living arrangements (nuclear or extended) educational and income levels of the respondents or their husband's, and pregnancy status.

## DISCUSSION

Quantifying domestic violence is difficult as it is inextricably linked to socio-cultural norms and beliefs, making it difficult to compare studies across the regions of the world. What is an

acceptable or even understandable behavior, do we need to study violence in the context of a given culture? Are there universal norms of behavior, which every society needs to adhere to? Ultimately the question gets down to the perception and beliefs about equality of genders in a given society. The "subordinate status"<sup>1</sup> of women leading to domestic violence, contributes to a significant health burden in women, as one-third of all the adult women in the world have experienced it<sup>2-5</sup>. And a major causative factor in the various psychiatric sequels in the women who experience it<sup>16,17</sup>.

This study was an attempt to get the victim's perspective, and the pervasiveness of domestic violence found is alarming. Most of the women in this study were either young or middle aged, had twelve or more years of education, and were employed. Their husbands also, proportionally, tended to have more education than the general population. Yet domestic violence, often both physical and verbal was common in these families. Pregnancy did not seem to protect study respondents from the domestic violence, as 95 (49.2%) of the 193 women who had ever been pregnant before said that domestic violence either increased or remained the same during the pregnancy. For the rest, violence merely decreased temporarily from the pre-pregnancy level. This confirms the previous findings of pregnancy as an added vulnerability to domestic violence<sup>9-13</sup>. Joint family structure did not show any relationship with domestic violence, as women living in such a family set-up were as likely to suffer violence as the ones who lived in the nuclear family set-up. Only one-third women told anyone about their husband's violent behavior, mostly confided to their sisters. Complaining to parents or in-laws did not reportedly improve the situation in a lasting manner.

Marital rape or nonconsensual sex was reported by 98 (46.9%) of the women interviewed. A previous study of seventy Pakistani men, reported that 77.1% of men engaged in the non-consensual sex with their wives<sup>18</sup>. Cumulatively these figures suggest the need for educating men that marriage is no excuse for

nonconsensual sex.

Owing to almost universal reporting of domestic violence in this study, no statistically significant association was noted in terms of either suffering domestic violence its various types and the reaction to it, between women who had a job and those who were homemakers, educational level of women or their husband's and income. Lack of effective reaction to domestic violence, on the part of women, is inexplicable in this survey population of many educated women as some of whom also had an independent economic existence.

The results of this study need to be interpreted with caution. Convenience sampling used in this study limits the generalizability of results. As this type of sampling is inherently prone to biases.

Is domestic violence endemic in Pakistan? Is it an occupational hazard of marriage for women in our country? To effectively address these questions, population based surveys with random sampling need to be conducted so as to study the epidemiology of domestic violence. Once prevalence of violence, profile of perpetrators and factors perpetuating domestic violence are identified and documented, only then informed and effective public health policy and practice guidelines for obstetricians and general medical practitioners could be formulated and implemented.

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