

PREVALENCE AND FREQUENCY OF INTIMATE PARTNER VIOLENCE AMONG MARRIED WOMEN IN MULTAN, SOUTHERN PUNJAB, PAKISTAN.

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ABSTRACT

Background: This study were to estimate the prevalence and frequency of physical, psychological and sexual intimate partner violence (IPV) among married women living in the district Multan, a city of Southern Punjab, Pakistan. **Study setting:** This study was conducted in the community of Multan, a district of Southern Punjab, Pakistan. **Study design:** Analytical cross sectional study design. **Methods:** A Cross-Sectional study was conducted among 375 married women living in the community of six towns of Multan. The data was collected from March 2013 to May 2013, through a questionnaire, based on the World Health Organization Multi-country Study on Women's Health and Life Experiences of Violence against Women. A uni variate and multi variate analyses were recorded. **Results:** The study found that out of all the types of violence, the most reported form of violence was physical (62.93%), followed by psychological (44%), and sexual (24.35%) violence. Out of all the forms of physical violence, the most common type of physical violence reported by women (56.8%) was slapping. While the most frequent form of psychological violence was the insult (62.4%) by the husbands. With respect to sexual violence, the majority of the women (41.3%) reported that they were forced to have sexual contact with their husbands. Intimate partner violence (IPV) incidences among married women were reported to have occurred on three occasions during their life time i.e., last year, last month and last week. **Conclusions:** This study concluded that intimate partner violence against women is a global challenge with several forms of violence. In a country, like Pakistan differential power in relationship, IPV accepted as a cultural norm and women living in the context of Punjab, are subjected to it routinely, on a daily basis. It is recommended that legal action against IPV should be strengthened and strictly implemented to prevent infringement of women rights.

Key words: IPV, Violence Against Married Women, Physical Violence, Psychological Violence, Sexual Violence, Pakistan.

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INTRODUCTION

Intimate Partner Violence (IPV) is a significant global health problem and a serious human right violation.¹ The term IPV includes actual or threatened physical, psychological and sexual harm within an intimate relationship.² Globally, it is estimated that one third (30%) of all women exposed to IPV.³

In developed countries, 1.6 million women are physically or sexually assaulted by their partners.⁴

The World Health Organization (WHO) estimated that 90% of all types of violence are reported in developing countries.⁵

The prevalence of physical and sexual violence against women in India was 34.1% and 31.8% respectively by their intimate partner.⁶ Similarly, in Bangladesh out of 496 married women 96% reported physical abuse and 78% reported sexual violence.⁷ Pakistan is a country where women are not protected from IPV.⁸ The number of reported

cases of IPV in the four provinces of Pakistan were as follows: 271 in Punjab; 134 in Sindh; 163 in Khyber Pukhtonkhawa; 22 in Baluchistan and 18 in Islamabad the capital of Pakistan.⁹ In Pakistani society women face IPV on a daily basis due to cultural diversity and traditional norms.¹⁰ The findings of a study within the context of Pakistan revealed that out of total 759 women, 57.6% women experienced life time physical abuse, while 56.3% reported exposure to physical violence during the previous year. For sexual violence, 54.5% reported life time prevalence of sexual violence, and 53.4% were exposed to sexual violence during the previous year. For psychological violence, 83.6% of women reported life time prevalence of psychological violence, while 81.8% reported experiencing it during the previous year.¹¹

In Pakistan, a number of studies have highlighted the issue of IPV and its associated risk factors which have affected women's health.^{11,12,13}

However, according to researchers knowledge, none of these studies have been conducted on married women living in the community of Southern Punjab (Multan), Pakistan. Moreover, the increasing surge of the violence acts against women in this region indicating an alarming sign, that the population of the city of Multan is different as compared to the rest of the country due to different sociocultural norms.¹⁴ Therefore, the present study aimed to estimate the prevalence and frequency of IPV among married women in the district Multan, Southern Punjab, Pakistan. This study would be the first of its kind to be conducted in Pakistani setting. This study can also serve as the foundation for further research in the same field in the context of Punjab.

METHODS

Study Design: A quantitative research approach along with an analytical cross sectional study design was used in this study to answer the research questions. Analytical cross sectional

study design is beneficial when one wishes to assess the prevalence of a phenomenon as an outcome of the research topic for a given population at one point, for a short period of time.¹⁵ Furthermore, this design is appropriate for demonstrating association between the factors studied and the outcome of interest, at one point in time.¹⁶ A cross-sectional study also helps in providing information on the frequency of the characteristics of concerned by collecting data on both, the characteristics of the interested population and the risk factors.¹⁵ In the present study, this research design helped in determining the association of the outcome of interest (intimate partner violence i.e., physical, psychological and sexual) with the relevant factors (socio demographic characteristics).

STUDY SETTING

This study was conducted in the community of Multan, a district of Southern Punjab, Pakistan. Multan is divided into four tehsils (Multan Cantonment, Multan Sadar, Shujabad and Jalalpur Pirwala) which are further divided into six towns, as follows: 1. Bosan Town, 2. Shah Rukn e Alam. 3. Mumtazabad Town, 4. Shersha Town, 5. Shujaabad Town, 6. Jalapur Town. The rationale for selecting the population of Multan as a study setting was to get married women with diverse socioeconomic and demographic backgrounds. The study setting gave a representation of the overall population of Multan which increased the external validity of the study by confirming the generalizability of the study setting.

Population

The selected population of this study was all currently married women, living with their husbands, and residing in the community of district Multan, Pakistan, from December 25, 2012 to February 25, 2013.

ELIGIBILITY CRITERIA

Inclusion Criteria: The following participants were included in the study:

1. Currently married women living with their husbands and residing in the community of district Multan, Pakistan.
2. Able to speak Punjabi/Saryeki or Urdu language.
3. Willing to participate in the study and sign the consent form.

Exclusion Criteria:

The following participants were excluded from the study:

1. Pregnant women
2. Those who refused to sign the consent form.
3. Those who lived in the areas, outside Multan

SAMPLING STRATEGY**Sample Size:**

The sample size was calculated by using the statistical method of Epi Info software version 06. Firstly, the sample size was calculated for frequency/prevalence of IPV by taking physical violence as 57.7%, sexual violence as 54.5%, and psychological violence as 83.6%. This required sample size of 11, 12, and 8 married women, respectively. Secondly, the minimum number of women required to calculate the sample size for associated factors was assessed.

The ratio of exposed (husband illiterate and family low SES) to unexposed (husband literate and family high SES) was 1:2. By taking the OR of 2.57 with 95% confidence interval and 80% power the minimum sample size calculated which was found to be 365. A refusal rate of 10% was also estimated which led to an increase in the sample size from 365 to 402. Thus, a sample size of 402 was considered to be sufficient to address all the components of the study questions. However, data was collected from 375 participants and this was considered for analysis; this was because out of 402 women who were selected, initially 17 refused to participate during the data collection procedure. Additionally 10 forms were identified which had incomplete information or higher refusal for the actual variable. This resulted in a 93% response rate.

Sample and Sampling:

In this study, a three stage sampling strategy was used. In the first stage purposive sampling was utilized to select the study setting; purposive sampling (a type of non-probability sampling) is operationally defined as the selection of a sampling unit in which purposely selected districts are judged on the characteristics of interest and are accessible 15. Multan has six towns namely: Shah Rukan-e-Alam Town, Shershah Town, Bosan Town, Mumtazabad Town, Shujabad Town, and Jalapur Pirwala Town. Within these districts there are 78 union councils, from which at eight union councils were randomly selected. This selection was based on the surveillance system of existing 37 non-governmental organizations (NGO) working in these areas on women health.

In the second stage, from among the 37 NGOs only eight NGOs, working within the selected eight union councils and working on women's health, were selected.

In the third stage, the systematic sampling technique was used to select the participants. First a list of all married women registered with the selected NGOs living in the community of Multan was developed. Then, every tenth woman from the list was selected. Only one woman from each house was selected as a participant. Among them 375 married women who met the inclusion criteria, and were currently living with their husbands were selected randomly, as this meant equal probability for each individual for being selected in the study. After determining the eligibility of the study participants and taking their written consent, the research assistants (RAs) completed the questionnaire based on the participants, responses. The process of interview took about 20 minutes (maximum). If the participants had any queries related to questions, an explanation was given to them. The participants were also assured of the anonymity and confidentiality of the information.

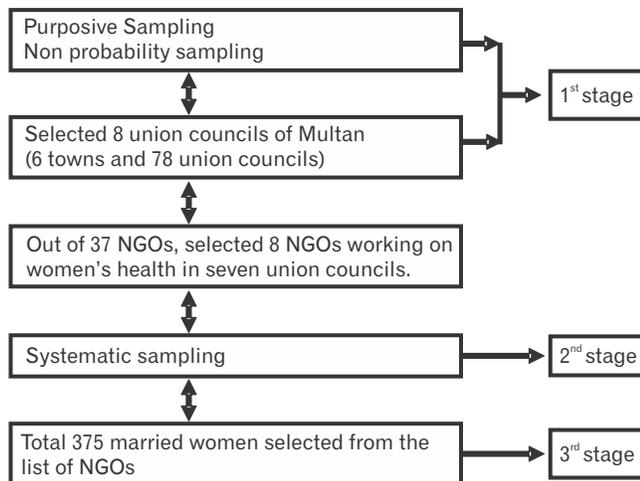


Figure-1. Flow chart of Participants' Recruitment for the Present study

Data collection tool

The data was collected through a questionnaire based on the WHO Multi-country Study on Women's Health and Life Experience focusing on violence against women¹⁷. The tool was translated into national language Urdu and went through face and content validity assessment by experts including a psychologist, an epidemiologist, a community-based medical doctor, the field supervisor, a public health specialist, and the collectors. The content validity index came out as 0.95 for 'relevancy' and 0.99 for 'linguistic clarity' and for reliability computed value of Cohen's Kappa was 0.99.

Data Collection

In order to collect the data from Multan's eight union councils simultaneously, eight research assistants who were living in the same locality were hired. The research assistants were trained by the primary investigator and the research supervisor for a week, which included two days of official training, followed by three days of field training. Before starting the formal and collection process for the present study, the translated tool was pilot tested on 20 participants (i.e. 5% of the total sample size of 375).

Data Entry

All data were entered in the SPSS version 19 by the data entry programmers. Before any analysis

was conducted, the data entered was cross checked and cleaned by the investigators and research assistants.

DATA ANALYSIS

Descriptive Statistics

Percentages and frequencies distribution were calculated for nominal data (i.e., education, wife's earning, belonging and participation in any organization etc.) and ordinal data (health status, general health status problem in performing general activities, memory, concentration and socioeconomic status etc.).

Ethical considerations

Ethical approval for the present study was obtained from the Ethical Review Committee (ERC) of the Aga Khan University (AKU), district coordinator officer, social welfare department and the department of 1122 from district Multan and NGOs. As the study topic is a very sensitive social issue, the safety of the participants was ensured according to the ethical principle of WHO guidelines provided for the safety of women.¹⁸The participants were selected on voluntary basis. The confidentiality and safety of the participants was maintained by providing pseudo nym to the respondents. All respondents were informed about their right to end their participation in the study whenever they wanted during the research process. The data was kept under lock and key and was accessible only to the chief investigator and the supervisor.

The respondents were also informed that they had the right to refuse to answer any question during the period of interview if they feel uncomfortable. During the period of the interview, if any respondent suffered from emotional and psychological distress while revealing the experiences of their intimate partner violence, she was referred to the psychologist in Nishtar Hospital and social welfare department. The participants were informed that the data could be shared without disclosing the identity with the health authorities or any organization only for the

benefit of the society and not for any other purpose.

RESULTS

Sociodemographic pattern:

Of the total 375 women, the majority of the women fell in the age category of 31-45 years 52.26% (n=196) more than half 60.80% (n=228) were educated and the majority of the women 78.1% (n=293) were unemployed.

Demographic Variables	Frequency (n=375)	Percentages
Respondent Age in Categories of Fourteen Interval		
16-30	162	43.19
31-45	196	52.26
46-60	17	4.53
Education		
Educated	147	39.20
Not Educated	228	60.80
Women's Characteristics of the Study Participants (Employment)		
Employed	82	21.90
Not Employed	293	78.10
Socio-economic Status Indices		
Lower SES	117	31.2
Middle SES	179	47.7
Upper SES	79	31.2

Table - I. Socio demographic and psychosocial factors of respondents (n = 375)

In all the forms of IPV, physical violence was reported 62.93%, psychological violence 44%, and sexual violence 23.4 % respectively.

Physical Violence

In all the forms of physical violence, a majority of the women (n=213, 56.8%) reported being slapped by their husbands. Thirteen women reported being slapped > 6 times in the last month; followed by 68 women who reported being slapped > 6 times in the last 12 months, and 156 women reported being slapped > 6 times over their life time.

Another kind of physical violence reported by most of the women (n=140, 37.3%) was being pushed by the husband. Eight women reported being pushed by their husbands > 6 times in the last month; followed by forty women who reported being pushed > 6 times in the last 12 months, and 100 reported being pushed > 6 times over their whole life time.

Psychological violence

In psychological violence, a majority of the women (n=234, 62.4 %) had been insulted by their husbands. While 170 women (n=45.3%) was

Variable	N (%)	Life Time %				N (%)	Last Year %				N (%)	Last Month %			
		Number of events					Number of events					Number of events			
		1-2 (n)%	3-4 (n)%	5-6 (n)%	>6 (n)%		1-2 (n)%	3-4 (n)%	5-6 (n)%	>6 (n)%		1-2 (n)%	3-4 (n)%	5-6 (n)%	>6 (n)%
Slapped	213 (56.8)	25	9	23	156	158 (42.1)	42	22	26	68	92 (24.5)	44	13	22	13
Threw things that cause harm	74 (19.7)	4	12	8	50	58 (15.5)	15	5	10	28	38 (10.1)	21	7	5	5
Pushed	140 (37.3)	16	10	14	100	111 (29.6)	30	17	24	40	62 (16.5)	35	7	12	8
Pulled Hair	79 (21.0)	7	5	8	59	59 (15.7)	15	8	12	24	39 (10.4)	20	5	6	8
Punched	72 (18.9)	10	3	8	51	49 (13.1)	15	2	9	23	32 (8.5)	18	3	3	8
Beat with inanimate object	43 (11.5)	6	1	5	31	29 (7.7)	8	3	3	15	21 (5.6)	11	4	2	4
Kicked	57 (15.2)	4	3	7	43	37 (9.8)	7	1	9	20	24 (6.4)	11	4	1	8
Dragged	42 (11.2)	3	1	4	34	33 (8.8)	7	2	6	18	21 (5.6)	12	1	4	4
Hit	120(32)	19	8	13	80	88 (23.4)	26	11	7	44	54 (14.4)	35	1	6	12
Strangled	36 (9.6)	5	2	4	25	27 (7.2)	9	2	5	11	18 (4.8)	11	1	3	3
Burned	21 (5.6)	6	4	0	11	16 (4.2)	7	1	2	6	13 (3.5)	10	0	0	3
Summary measure of physical abuse	897/1425= 62.93%					665/1425 46.6%					414/1425= 29%				

Table - II. Prevalence and frequency of physical violence over life time, last year and last month



Variable	N (%)	Life Time %				N (%)	Last Year %				N (%)	Last Month %			
	Exp	Number of events					Number of events					Number of events			
		1-2 (n)%	3-4 (n)%	5-6 (n)%	>6 (n)%		1-2 (n)%	3-4 (n)%	5-6 (n)%	>6 (n)%		1-2 (n)%	3-4 (n)%	5-6 (n)%	>6 (n)%
Insulted	234 (62.4)	18	13	29	174	187 (49.9)	47	25	23	92	116 (30.9)	67	15	8	26
Made women feel bad aboutthemselves	170 (45.3)	7	5	18	140	90 (24.0)	26	8	18	38	44 (11.7)	22	8	4	10
Made her feel inferior in front of others	142 (37.8)	10	8	10	114	87 (23.2)	14	5	9	59	58 (15.5)	22	6	15	15
Caused fear by shouting, glaring, etc.	217(57.8)	8	3	15	191	73 (19.5)	17	5	15	36	50 (13.3)	26	8	2	14
Threatened to cause harm	63(16.8)	8	7	11	37	45 (12.0)	16	3	8	18	32 (8.5)	17	6	6	3
Summary	826(220)= 44%					482 (128.0)					300(80.0)				

Table - III. Prevalence and frequency of psychological violence over life time, last Year, and last month

Variable	N (%)	Life Time %				N (%)	Last Year %				N (%)	Last Month %			
	Exp	Number of events					Number of events					Number of events			
		1-2 (n)%	3-4 (n)%	5-6 (n)%	>6 (n)%		1-2 (n)%	3-4 (n)%	5-6 (n)%	>6 (n)%		1-2 (n)%	3-4 (n)%	5-6 (n)%	>6 (n)%
Had established physical relations using force	155 (41.3)	18	11	21	105	124 (33.1)	31	11	22	60	85 (22.7)	39	8	13	25
Had established physical relations using fear	68 (18.1)	9	5	10	44	54 (14.4)	14	5	4	31	37 (9.9)	19	2	5	11
Forced to do something humiliating	51 (13.6)	16	2	8	25	36 (9.6)	12	2	7	15	30 (8.0)	16	2	5	7
Summary	274 (73.0) 24.35%					214 (57.0)					152 (40.5)				

Table - IV. Prevalence and frequency of sexual violence over life time, last Year, and last month

made by their husbands to feel bad about themselves.

Sexual violence

In all the forms of sexual violence, a majority of the women (n=155, 41.3%) reported that they were forced to have physical relations with their husbands. Twenty five women reported that their husbands had physical relations using force > 6 times in the last month.

DISCUSSION

In the present study, physical violence was reported to be 62.93%, psychological violence as 44% and sexual violence as 24.35%.

In the current study, the prevalence of physical abuse was reported by more than half of the married women, i.e., 62.93% (n=236), which is higher as compared to other studies. The results of other studies, which were conducted in different parts of the world, also show a high prevalence of IPV. For example 26% (N= 9938) in

India, 30.9% (N= 883) in Vietnam, 58.6% (N= 278) in Brazil, and 56.3% (N= 759) in Pakistan women reported that they had been exposed to physical IPV.^{11,19,20,21} This shows that the highest figures are emerging from Pakistani studies one of which, as reported by Ali et al. (2011), from Karachi showed was 56 % prevalence, whereas the current study found that 62.93 % women were exposed to IPV.¹¹

One of the reasons for high prevalence of physical violence in the current study is that the data was obtained from the different province (i.e., Punjab, which has different sociocultural norms and values) of Pakistan. The high rate of physical IPV is also supported by the data from a survey conducted by Sustainable Development Policy Institute (SDPI) that, physical violence against women in the province of Punjab is socially and culturally acceptable and a large proportion of men believed that there are situations in which it becomes necessary to use physical violence against women, and that banning of the physical violence is a “western concept”.²²



9. Press Statement. **Statistics of violence against women in Pakistan in 2009** [Internet]. Islamabad: Aurat Foundation; 2010 p. 1-5. Available from: <http://www.af.org.pk/PDF/Eng%20Ver%20Report%202009.pdf>
10. Ali P, Gavino M. **Violence against Women in Pakistan: A Framework for Analysis**. Journal of Pak Med Association. 2008;58(4):198-203.
11. Ali, Asad, Mogren, Krantz G. **Intimate partner violence in urban Pakistan: prevalence, frequency, and risk factors**. International Journal of Women's Health. 2011;:105.
12. Kapadia M, Saleem S, Karim M. **The hidden figure: sexual intimate partner violence among Pakistani women**. The European Journal of Public Health. 2009;20(2):164-168.
13. Karmaliani R, Irfan F, Bann C, McClure E, Moss N, Pasha O et al. **Domestic violence prior to and during pregnancy among Pakistani women**. Acta Obstetrica et Gynecologica Scandinavica. 2008;87(11):1194-1201.
14. The Pakistan Development Review. **Urban Poverty and Governance: The Case of Multan City** [Internet]. Multan; 2006 p. 819–830. Available from: <http://www.pide.org.pk/pdf/PDR/2006/Volume4/819-830.pdf>
15. Levin K. **Study design III: Cross-sectional studies. Evidence-Based Dentistry**. 2006;7(1):24-25.
16. Polit D, Beck C. **Nursing Research: Generating and Assessing Evidence for Nursing Practice**. 8th ed. Philadelphia: JB Lippincott; 2008
17. Pallitto C, García-Moreno C, Jansen H, Heise L, Ellsberg M, Watts C. **Intimate partner violence, abortion, and unintended pregnancy: Results from the WHO Multi-country Study on Women's Health and Domestic Violence**. International Journal of Gynecology & Obstetrics. 2012;120(1):3-9.
18. Smith K, Smith P, Violanti J, Bartone P, Homish G. **Posttraumatic Stress Disorder Symptom Clusters and Perpetration of Intimate Partner Violence: Findings From a U.S. Nationally Representative Sample**. Journal of Traumatic Stress. 2015;28(5):469-474.
19. Jeyaseelan L, Kumar S, Neelakantan N, Peedicayil A, Pillai R, Duvurry N. **Physical spousal violence against women in India: some risk factors**. Journal of Biosocial Science. 2007;39(05):657.
20. Vung N, Ostergren P, Krantz G. **Intimate partner violence against women in rural Vietnam - different socio-demographic factors are associated with different forms of violence: Need for new intervention guidelines?**. BMC Public Health. 2008;8(1).
21. Moura L, Gandolfi L, Vasconcelos A, Pratesi R. **Violências contra mulheres por parceiro íntimo em área urbana economicamente vulnerável, Brasília, DF**. Revista de Saúde Pública. 2009;43(6):944-953.
22. Memon A. **Survey results highlight violence against women**. DAWN [Internet]. 2013 [cited 9 June 2017]; Available from: <https://www.dawn.com/news/782491>
23. Fikree F, Jafarey N, Korejo R, Afshan A, Durocher M. **Intimate Partner Violence before and during pregnancy: Experiences of postpartum women in Karachi, Pakistan**. Journal of Pakistan Medical Association. 2006;56(6):252-257.
24. Babu B, Kar S. **Domestic violence against women in eastern India: a population-based study on prevalence and related issues**. BMC Public Health. 2009;9(1).
25. Karaoglu L. **Physical, emotional and sexual violence during pregnancy in Malatya, Turkey**. The European Journal of Public Health. 2005;16(2):149-156.
26. Ludermir A, Valongueiro S, Araújo T. **Common mental disorders and intimate partner violence in pregnancy**. Revista de Saúde Pública. 2014;48(1):29-35.
27. Khalifeh H, Hargreaves J, Howard L, Birdthistle I. **Intimate Partner Violence and Socioeconomic Deprivation in England: Findings From a National Cross-Sectional Survey**. American Journal of Public Health. 2013;103(3):462-472.



28. Mathias A, Bedone A, Osis M, Fernandes A. **Perception of intimate partner violence among women seeking care in the primary healthcare network in São Paulo state, Brazil.** International Journal of Gynecology & Obstetrics. 2013;121(3):214-217.
29. Stephenson R, Koenig M, Ahmed S. **Domestic Violence and Symptoms of Gynecologic Morbidity Among Women in North India.** International Family Planning Perspectives. 2006;32(04):201-208.
30. Hussain R, Khan A. **Women's Perceptions and Experiences of Sexual Violence in Marital Relationships and Its Effect on Reproductive Health.** Health Care for Women International. 2008;29(5):468-483.

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