

Intimate Partner Violence and its Impact on Women Health: A Study of Violence against Women Centre, Multan, Pakistan

**Kamran Ishfaq¹, Muhammad Yasir Malik², Muhammad Mushtaq Naz³,
Zahid Zulfiqar^{4*}, Abdul Sattar Ghaffari^{5*}**

¹Associate Professor, Department of Sociology, Bahauddin Zakariya University, Multan, Pakistan

²Visiting Lecturer Department of Sociology, Bahauddin Zakariya University, Multan, Pakistan

³Department of Sociology, Bahauddin Zakariya University, Multan, Pakistan

⁴Visiting Lecturer, Department of Sociology, Bahauddin Zakariya University Multan, Pakistan

⁵PhD (Statistics) Zhongtai Securities Institute for Financial Studies, School of Mathematics, Shandong University, Jinan, China

* ranazahidzulfiqar@gmail.com and sattarbzu@hotmail.com

ABSTRACT

The most common form of violence faced by women is Intimate Partner Violence. The world Health Organization (WHO) defines IPV as any behavior within an intimate relationship that causes physical, psychological or sexual harm to those in the relationship, including acts of physical aggression, sexual coercion, psychological abuse and controlling behaviors. Intimate Partner Violence is a serious issue and a global problem nowadays. Intimate Partner Violence is most common and it is reported that one out of three women globally, at the same time, faces violence in her life. As we know the Pakistani society in which we live is a patriarchal society where girls are always taught to obey their men. The objectives of the present study are to identify main causes of intimate partner violence and its impact on women health and to give some recommendations as how to overcome intimate partner violence in society. The present study is conducted at Violence against Women Centre, Multan, Pakistan. The population of the study comprised of 100 married women who were reported in Violence against Women Centre, Multan, Pakistan during 2018. Interview schedule was used as a tool for data collection. Collected data were analyzed through Statistical Package for Social Sciences (SPSS) version 24. The main causes of violence which occur within the intimate relationship are due to low literacy rate, poor economical condition, lack of support from authorities like social welfare, and health care services. The rigid social and cultural pattern also increases the risk of Intimate Partner Violence because women are not allowed to raise their voice against their men. Intimate Partner Violence has also a bad effect on the mental and physical health of women. The adverse effect of Intimate Partner violence includes anxiety, depression, and suicide attempt. Strict laws should be implemented by the state to eliminate Intimate Partner Violence.

Keywords: Intimate, Partner Violence, Women Health, Violence against Women Centre

INTRODUCTION

The most common violence faced by women in the developing and developed countries is Intimate Partner Violence because of its magnitude; it is recognized as a public health problem (Campbell, Abrahams & Martin, 2008). One out of three women, at some point in her life, experiences Intimate Partner Violence worldwide (Velzeboer, Ellsberg, Arcas, Moreno, 2003). In developing countries the issue of intimate partner violence against women has become a major concern (Heise, 1998; Warshaw, 1993). Intimate Partner Violence is a kind of domestic abuse, spouse abuse, battering, marital rape, threat of physical power against women and it results in injury and impairment (Tariq, 2013). World Health Organization (WHO) and many medical professional organizations have recognized that Intimate Partner Violence is a major public health problem that significantly is important in concert with United Nation Declaration on the Elimination of Violence against Women (United Nations Declaration, 1993). According to 48 populations based surveys conducted in developing and developed countries 10 to 69 percent women experienced physical battering from their intimate partners (Krug, Mercy, Dahlberg & Zwi, 2002). In the developing countries major factors that are associated with Intimate Partner Violence are shown as husband's low education, household wealth and income, wife's age, usage of drugs or alcohol, family history of abuse and unplanned pregnancy (Ellsberg et al, 1999; Koenig et al, 2003; Martin et al, 1999). Living with abusive partner has unfavorable impact on reproductive health and can cause unsafe abortions, pregnancy complications, sexually transmitted diseases including HIV Aids.

In the Pakistani society males are considered stronger at the community level, violence against women is normalized and tolerated and at the state level discriminatory laws allow the perpetrators to go unpunished (Heise, 1998; Neuwirth, 2005). Various studies reported the associated factors which are shaping males attitude towards intimate partner violence (Flood & Pease, 2009; Lawoko, 2006). Women are the most terrible victims of various types of violence in Pakistani society (Amnesty International, 2002; Jilani & Ahmed, 2004). According to the United Nations reports almost 50% of married women are physically battered and 90% are verbally and emotionally abused by their husbands (Tinker, 1998). Different non-government organizations are working on the elimination of violence against women in their own capacity. Pakistan has recently started work to overcome Intimate Partner Violence especially in South Punjab they have established Violence against Women Centre which is working to provide the legal rights to women but the issue of Intimate Partner Violence systematically and comprehensively has not been studied yet. Very few studies have been done on Intimate Partner Violence in various dimensions in Pakistan. Culture of Pakistan allows men to deal women violently (Zakar, 2004).

All over the world Intimate Partner Violence affects women health negatively (Moreno, Heise, Jansen, 2005; Lopez, Kruttschnitt, Macmillan, 2006). Various studies conducted in Ethiopia, USA, Brazil, and Vietnam on Intimate partner violence reported the strong association between psychological, sexual and physical violence with women (Ellsberg, Jansen, Heise, Watts, & Moreno, 2008 ; Deyessa, Berhane, Alem, Hogberg &

Kullgren,2008). Significantly women health problems are found in the countries where general life problems like poverty, lack of education, food insecurity and gender inequality are given rise. The studies indicated that frequent and severe abuse impacted women well being (Campbell, Kub, Belknap, & Templin, 1997; Alfonso, Linares, Navarro, Ros, Echeburúa, & Martinez, 2006). Gender discrimination has prevailed in societies where gender roles are unequal, the prevalence rate of intimate partner violence is higher (Antai, 2011). Pakistan is a developing country and only 36% of Pakistani women know how to write and how to read, women employment rate is only 22% as compared to an average rate of 77% for men in urban areas (Calverton, 2007; Sadaquat, Sheikh, 2011). Pakistan is a male dominant society where majority of the women get marriage unwillingly due to family pressure. Commonly, women are economically dependent on their husbands and are discouraged to work outside home to earn an income (Rabbani, Qureshi & Rizvi, 2008). A population based study was carried out on Intimate Partner violence and its related health effects in Karachi, Pakistan. This study finding showed the physical violence ranging from 16% and 76% sexual violence and 23% psychological violence.

Various theoretical models are used to understand the violence among intimate relations. These include sociological, psychological, gender and family systems theories. Sociological theories indicate how poor education, stress, economic vulnerability, lack of authorities support, social welfare, health care and close social network increase the risk of intimate partner violence (Cunningham, Jaffe, Baker et al, 1998). Psychological theories bring in an individual psychiatric diseases, functional deficits. Gender theories describe the social and cultural construction of gender where masculinity is linked with power and aggression. Economically and politically men are powerful whereas women are more dependent. Family system theories focus on relationship, communication and problem solving skills of couples in them violence occurs (Courtenay, 2000). This study is an attempt to fill the research gap on Intimate Partner Violence and its impact on women health within the context of Pakistani Society.

RESEARCH METHODOLOGY

The study was conducted at Violence against Women Centre Multan, Pakistan. The population of the study consisted of 100 married women who faced violence from their husband and reported at Violence against Women Centre, Multan, Pakistan during year 2018. In the study only married women were included whereas their husbands were excluded because majority of Pakistani society is male dominant and there is a rare concept that women should be better than their husbands. Interview schedule was used as a tool for data collection because majority of the target population were illiterate. That's why interview schedule was a more appropriate technique for this research. The interview schedule was discuss with two senior professors grater then 15 years experience of working at Faculty of Social Sciences, Bahauddin Zakariya University Multan, Pakistan. A 5-point Likert scale Always=1; Very Often=2; Sometimes=3; Seldom=4; Never=5 was used to gather responses from the participants. Descriptive statistics were used to describe the data in frequency distribution, percentages, means, and standard deviations. Interview schedule was divided into four parts. In the first part questions regarding demographic characteristics of respondents like Name, Age, Family income, Family type etc. were made, in the second,

third, and fourth parts a set of questions was arranged in such a way that information on variables could be collected like Physical assessment of violence, Psychological assessment of violence and health assessment of violence of the respondents. The researcher used purposive sampling technique for reaching the target population. The present study was approved by the ethical committee of the Faculty of Social Science, Bahauddin Zakariya Univeristy Multan, Pakistan. For this purpose, the interview schedule pre-testing was done by the 20 female respondents. It was revised to incorporate recommended improvements. After pre-testing the researcher took decision whether the only target population would be the married women of the area. On the basis of responses, the interview schedule was finalized after some minor modifications in interview schedule to make it more relevant and understandable. For the statistical purpose the process of coding was done. Different responses/ categories were coded by the mathematical numbers so that the relationship of variables might be statistically checked and data might be easily interpreted. The data were collected, arranged and organized and then were fed into the computer. The results were analyzed with the help of computer and then interpreted. Data were entered and analyzed with the help of Statistical Package for Social Sciences (SPSS) software.

RESULTS

Table I. Demographic Information of the respondents (N=100)

Variables	Frequency (%)	Variables	Frequency (%)
Respondent's Age		Occupation of respondent's husband.	
15-20	11(11.0%)	Unemployed	46(46.0%)
21-25	27(27.0%)	Employed	54(54.0%)
26-30	28(28.0%)	Social Status of the respondent	
31-35	10(10.0%)	Working woman	57(57.0%)
36 and above	24(24.0%)	House wife	43(43.0%)
Residential area of the respondent		Spouse started violence after marriage	
Rural	66(66.0%)	Just after marriage	24(24.0%)
Urban	34(34.0%)	After 1 month	33(33.0%)
Respondent's Education		After a year	35(35.0%)
Illiterate	56(56.0%)	Any other	8(8.0%)
Primary	9(9.0%)	Respondent's husband use any type of drugs?	
Matric	13(13.0%)	Yes	55(55.0%)
Intermediate	9(9.0%)	No	45(45.0%)
Bachelor or above	13(13.0%)	Respondent's age at the time of marriage	
Monthly income of the family		Below 20	43(43.0%)
1-10000 PKR	55(55.0%)	20-25	47(47.0%)
10001-20000 PKR	15(15.0%)	above 25	10(10%)
20001-30000 PKR	14(14.0%)	Respondent's Marriage	
30001-40000 PKR	10(10.0%)	By choice	23(23.0%)
40001 and above PKR	6(6.0%)	Arranged	77(77.0%)
Family structure			
Nuclear	43(43.0%)		
Joint	57(57.0%)		

Out of the 100 respondents, about 11% of the respondents were aged between 15-20 years while 27% respondents were aged between 21-25 years, similarly 28% respondents were aged between 26-30 years, 10% respondents were aged between 31-35 years and 24% respondents were aged between 36 and above years. So majority of the respondents were aged between 26-30 years. Questions were asked to the respondents with respect to their residential area. Result showed that greater part of the respondents 66% belonged to rural area while 34% respondents belonged to urban area. So majority of the respondents who faced intimate partner violence were from rural background. Out of the 100 respondents, majority 56% respondents were illiterate while 9% respondents were primary likewise 13% respondents were matriculated, 9% intermediate and 13% respondents were bachelors or above. So majority of the respondents were illiterate. The respondents were asked the question about their family monthly income. About 55% respondents reported that their family monthly income was ranged from 1-10,000 PKR while 15% shared that their family monthly income was 10,001-20,000 PKR likewise 14% respondents' family monthly income was 20,001-30,000 PKR, 10% respondents' family monthly income was 30,001-40,000 PKR and only 6% respondents' family monthly income was 40,001 and above PKR. As for family structure is concerned, 43% respondents belonged to nuclear family and 57% respondents belonged to extended family. Questions were asked to the respondents with respect to occupation of their husbands. According to the result 46% respondents' husbands were unemployed and 54% respondents' husbands were employed. About 57% respondents were working women while 43% respondents were house wives. Out of the 100 respondents, 43% of the respondents were married at the age of below 20 year while 47% respondents were married aged between 20-25 years, 10% respondents were married after 25 years. The results showed that greater part of the respondents was married at the age between 20-25 years. Question was asked to the respondents either their marriage was arranged or love. About 23% respondents' marriage was by choice while 77% respondents' marriage was arranged by family members. So majority of the respondents had arranged marriages. A question was asked to the respondents when their spouses started violence after marriage. About 24% respondents discussed that their spouses started violence just after marriage while 33% respondents' spouses started violence after 1 month of marriage, 35% respondents' spouses started violence after a year of marriage and 8% respondents' spouses started violence any other time. So majority of the respondents' spouses started violence after a year of marriage. A question was asked to the respondents if their husbands used any type of drugs. About 55% respondents' husbands used drugs and 45% respondents' husbands did not use any type of drugs. So it is concluded that majority of the respondents' husbands used drugs.

Table II. Physical Assessment of Violence

Descriptive Statistics

Statements	N	Mean	Std. Deviation
Did your husband use any type of drugs?	100	1.45	0.5
Did your husband attack you with a knife or a blade?	100	3.85	1.313
Did your husband slap you?	100	2.21	1.066
Did your husband punch you?	100	2.51	1.02
Did your husband kick you?	100	2.62	1.09
Did your husband push you?	100	2.64	1.168
Did your husband try to burn you?	100	4.11	1.109
Did your husband beat you until you got any fracture?	100	3.6	1.214
Did your husband beat you to the point of injury of internal organs?	100	3.93	1.121
Did your husband drag you	100	2.65	1.298

from hair?

Did your husband throw anything at you in order to harm you?	100	2.96	1.255
Did your husband drag you?	100	2.95	1.234
Did your husband try to press your throat?	100	3.37	1.397
Did your husband throw you out of his home?	100	3.34	1.216
Are you afraid of your husband?	100	2.19	1.203
Did your husband threaten your life?	100	2.7	1.227
Did your husband use offensive language with you?	100	2.13	1.098
Did your husband blackmail you?	100	2.87	1.315

Scale= Always=1; Very Often=2; Sometimes=3; Seldom=4; Never=5

A question was asked to the respondents if their husbands had used any type of drugs. Majority of the respondents reported that their husbands ‘Always’ had used drugs ($\mu=1.45$). A question was asked to the respondents if their husbands had attacked with a knife or a blade. The respondents reported that their husbands ‘Seldom’ had attacked them with a knife or a blade ($\mu=3.85$). The respondents discussed that their husbands ‘Very Often’ had slapped them ($\mu=2.21$) when conflict had occurred between them. The respondents reported that their husbands ‘Sometimes’ had punched them ($\mu=2.51$). A question was asked to the respondents if their husbands had kicked them. The respondents discussed that their husbands

‘Sometimes’ had kicked them ($\mu=2.62$). The respondents expressed that their husbands ‘Sometimes’ had pushed them ($\mu=2.64$). They also discussed that their husbands ‘Seldom’ had tried to burn them ($\mu=4.11$). A question was asked to the respondents if their husbands had beaten them until they had gotten any fracture, the respondents reported that their husbands ‘Seldom’ had beaten them until they had gotten some fracture ($\mu=3.60$). The respondents reported that their husbands ‘Seldom’ had beaten them to the point of injury of internal organs ($\mu=3.93$). A question was asked to the respondents if their husbands had dragged them from hair. The respondents reported that their husbands had ‘Sometimes’ dragged them from hair ($\mu=2.65$). A question was asked to the respondents if their husbands had thrown anything at them in order to harm them. The respondents reported that their husbands ‘Sometimes’ had thrown something at them ($\mu=2.96$). The respondents shared that their husbands ‘Sometimes’ had thrown something at them ($\mu=2.95$). A question was asked to the respondents if their husbands tried to press their throat. The respondents reported that their husbands ‘Sometimes’ had pressed their throat ($\mu=3.37$). A question was asked to the respondents if their husbands had thrown them out of their home. The respondents reported that their husbands ‘Sometimes’ had thrown them out of their home ($\mu=3.34$). The respondents reported that ‘Very Often’ they were afraid of their Husbands ($\mu=2.19$). A question was asked to the respondents if their husbands had threatened their life. The respondents reported that their husbands ‘Sometimes’ had threatened their life ($\mu=2.70$). The respondents reported that their husbands ‘very Often’ had used offensive language with them ($\mu=2.13$). They also discussed that their husbands ‘Sometimes’ had blackmailed them ($\mu=2.87$).

Table III. Psychological Assessment of Violence
Descriptive Statistics

Statements	N	Mean	Std. Deviation
Did your husband use offensive language against your family, in its presence or absence?	100	2.56	1.297
Did your husband respect your values and beliefs?	100	3.52	1.337
Did your husband threaten you to harm the children if you didn't do whatever he asked you to do?	100	3.43	1.380
Did your husband lock you in the house?	100	2.75	1.258
Did your husband abandon you?	100	3.12	1.122
Did your husband stop you to leave the house?	100	2.82	1.242
Did your husband stop you to meet your family or friends?	100	2.61	1.294
Did your husband allow you to attend any relative's marriage ceremony?	100	2.83	1.256
Did you think that your life had no more worth in your husband's house?	100	2.43	1.174
Did your husband humiliate you in front of others?	100	2.66	1.273

Scale= Always=1; Very Often=2; Sometimes=3; Seldom=4; Never=5

A question was asked to the respondents if their husbands had used offensive language against their family in its absence or presence. The respondents reported that their husbands ‘Sometimes’ had used offensive language with their family in its presence or absence ($\mu=2.56$). A question was asked to the respondents if their husbands had respected their values and beliefs. The respondents reported that their husbands ‘Seldom’ had respected their values and beliefs ($\mu=3.52$). A question was asked to the respondents if their husbands had threatened them to harm the children if they had not done whatever he had asked them to do. The respondents reported that their husbands ‘Sometimes’ had threatened them to harm the children if they had not done whatever they had asked them to do ($\mu=3.43$). A question was asked to the respondents if their husbands had locked them in the home. The respondents reported that their husbands ‘Sometimes’ had locked them in the home ($\mu=2.75$). The respondents reported that their husbands ‘Sometimes’ had abandoned them ($\mu=3.12$). The respondents reported that their husbands ‘Sometimes’ had stopped them to leave their home ($\mu=2.82$). A question was asked to the respondents if their husbands stopped them to meet their family and friends. The respondents reported that their husbands ‘Sometimes’ had stopped them to meet their family and friends ($\mu=2.61$). A question was asked to the respondents if their husbands had allowed them to attend any relative’s marriage ceremony. The respondents reported that their husbands ‘Sometimes’ had allowed them to attend any relative’s marriage ceremony ($\mu=2.83$). A question was asked to the respondents if they had thought that their life had no more worth in their husbands’ house. The respondents reported that they had thought ‘Very Often’ had no more worth in their husbands’ house ($\mu=2.43$). A question was asked to the respondents if their husbands had humiliated them in front of others. The respondents reported that their husbands ‘Sometimes’ had humiliated them in front of others ($\mu=2.66$).

Table IV. Health Violence Assessment

Descriptive Statistics

Statements	N	Mean	Std. Deviation
Do you feel stressed about yourself?	100	2.16	1.178
Do you like to live alone in your home?	100	2.84	1.187
Do you feel yourself unsafe in crowd?	100	2.92	1.212
Do you avoid going outside the home alone?	100	2.81	1.293
Do you feel your shoulders are stretched whenever you think about your miserable life with your partner?	100	2.62	1.052
Do you have stomach problem?	100	3.19	1.285
Do you have blood-impulse disorder?	100	3.47	1.487
Do you have any liver problem?	100	4.18	1.086
Do you ever face any disorder with your	100	4.07	1.191

kidneys?

Do you like to shout at others whenever you are stressed?	100	2.73	1.278
Do you face any hormonal disturbances like disturbance in your menstrual period?	100	3.19	1.285
Do you have constant headache?	100	2.41	1.198
Do you feel sudden burst of anger even in a normal situation?	100	2.57	1.103
Do you have disorder sleep?	100	2.77	1.109
Do you feel increase in heart beat whenever you think about those miserable moments?	100	2.64	1.243
Do you feel pain in your half-side of head?	100	2.88	1.266

Scale= Always=1; Very Often=2; Sometimes=3; Seldom=4; Never=5

A question was asked to the respondents if they felt stressed about themselves. The respondents reported that they ‘Very Often’ felt stressed about themselves ($\mu=2.16$). A question was asked to the respondents if they liked to live alone in their home. The respondents reported that they ‘Sometimes’ liked to live alone in their home ($\mu=2.84$). A question was asked to the respondents if they felt unsafe in crowded. The respondents reported that they ‘Sometimes’ felt unsafe in crowded ($\mu=2.92$). The respondents reported that they ‘Sometimes’ avoided to go outside the home alone ($\mu=2.81$). A question was asked to the respondents if they felt their shoulders were stretched whenever they thought about their miserable life with their partners. The respondents reported that they ‘Sometimes’ felt that their shoulders were stretched whenever they thought about their miserable life with partners ($\mu=2.62$). The respondents reported that they ‘Sometimes’ had stomach problem ($\mu=3.19$). A question was asked to the respondents if they had blood-impulse disorder. The respondents reported that they ‘Sometimes’ had blood-impulse disorder ($\mu=3.47$). A question was asked to the respondents if they had any liver problem. The respondents reported that they ‘Seldom’ had some liver problem ($\mu=4.18$). The respondents reported that they ‘Seldom’ faced some disorder with their kidneys ($\mu=4.07$). The respondents reported that they ‘Sometimes’ liked to shout at others whenever they felt stress ($\mu=2.73$). The respondents reported that they ‘Sometimes’ faced any hormonal disturbances like menstrual period ($\mu=3.19$). The respondents reported that they ‘Very Often’ had constant headache ($\mu=2.41$). A question was asked to the respondents if they felt sudden burst of anger even in a normal situation. The respondents reported that they ‘Sometimes’ felt sudden burst of anger even in a normal situation ($\mu=2.57$). The respondents reported that they ‘Sometimes’ had disorder sleep ($\mu=2.77$). The respondents reported that they ‘Sometimes’ felt increase in heart beat whenever they thought about those miserable moments ($\mu=2.64$). A question was asked to the respondents if they felt pain in their half-side of head. The respondents reported that they ‘Sometimes’ felt pain in their half-side of head ($\mu=2.88$).

DISCUSSION

The results of this study also highlighted the intimate partner violence on women. In this study (28%) of the respondents were aged between 26-30 years, a similar study was conducted by (Ali, Mogren & Krantz, 2013) mostly (58.9%) women who faced Intimate partner violence were aged between 26-30 years. In this study greater part of the respondents (56%) were illiterate; these results correlate with study conducted by (Ali et al, 2013). In the present study, majority of the respondents (66%) belonged to rural areas. Similarly another study conducted by (Abeya, Afework & Yalew, 2011) in Ethiopia that 84.2% women were residing in rural settings. In our findings (46%) of the respondents were housewives, similar results were found in a study conducted by (Ali, Asad, Mogren & Krantz, 2011) the (85.5%) of women were housewives. Likewise Iranian study results showed that illiterate and unemployed women were at higher risk of violence (Faramarzi, Esmailzadeh & Mosavi, 2005). In our study (77%) of the respondents' marriages were arranged by the family members and (23%) by choice. In our study (57%) of the respondents was living in the extended family system. About (35%) of the respondents reported that their spouses started violence after one year of the marriage. About (43%) of the respondents' husbands were illiterate while those of 25% were just primary. Our findings highlighted the poor life circumstance of intimate partner violence including poor socio-economic status of the family, low occupational status of a husband, too big family size and living in extended family system. In our study about (55%) of women reported that their husbands used drugs. A similar study was conducted by (Sharps et al, 2003) the result of which showed that severe usages of drugs increased the risk of violent victimization of women in intimate partner relationships. In our study (60%) of respondents reported that they faced physical violence. Similar findings were documented in a review of 50 population based surveys that 10% to 50% of women faced physical violence from their intimate partners in their lifetime. Another study conducted by (Abeya, et al, 2011) said *that (54.2%) of respondents experienced severe physical violence in their life*. Most of the women also faced verbal and psychological abuse (Watts & Zimmerman, 2002; World Health Organization, 2000). About (37%) of respondents reported that they 'Always' were afraid of their husbands. In our study (34%) respondents discussed that their husbands had used offensive language with them in the presence of other family members. Another study conducted by (Abeya et al, 2011) said that (66.9%) of participating women expressed that they were verbally insulted by their partners. The respondents shared their bad experiences that their husbands humiliated them and they felt stress about themselves. Similar findings were observed in a study conducted by (Hyder, Noor & Tsui, 2007) that (34.8%) of women were ever humiliated in front of the other persons. The respondents discussed that their husbands 'sometimes' had locked them in the houses. They expressed their feelings that their life had no more worth in their husbands' house. About (45%) of the respondents reported that they felt their shoulders were stretched whenever they thought about their miserable life with their partner. The respondents discussed that they 'very often' had stomach problem and had a constant headache due to intimate partner violence. The respondents (30%) reported that they

‘very often’ felt increase in heart beat whenever they thought about the miserable movements. About (37%) of the respondents reported that they were afraid of their husbands.

CONCLUSION

The prevalence of intimate partner violence found higher in rural residents than in urban residents. So area of residence, low educational status of women or their husbands, socio-economic status, occupation, age of the respondents, cultural and behavioral factors, husband’s use of drugs were associated factors of intimate partner violence. The present study concluded that women faced multiple forms of violence from their intimate partners. The Government of Pakistan should initiate the law and policy focused on Intimate Partner Violence and gender inequality against women.

RECOMMENDATIONS

The government, stakeholders, policymakers, social workers and professionals should seriously give attention to this situation of intimate partner violence. Basic education is very important for the both genders male and female with special attention placed on female education. At school, college and university level students should be sensitized on gender equality. Medical professionals including doctors, nurses, paramedical staff, allied health staff like clinical social workers, psychologists need training on the counseling, management and prevention of violence against women. Mass media can encourage women empowerment in the family and society.

ACKNOWLEDGEMENTS

We are thankful to the Violence against Women Centre, Multan, Pakistan for facilitating and supporting regarding data collection. We are also thankful to the women who participated and showed their confidence and trust in highlighting this important issue.

REFERENCES

1. Ali, T. S., Asad, N., Mogren, I., & Krantz, G. (2011). Intimate partner violence in urban Pakistan: prevalence, frequency, and risk factors. *International journal of women's health*, 3, 105-115.
2. Abeya, S. G., Afework, M. F., & Yalew, A. W. (2011). Intimate partner violence against women in western Ethiopia: prevalence, patterns, and associated factors. *BMC public health*, 11(1), 913.
3. Ali, T. S., Mogren, I., & Krantz, G. (2013). Intimate partner violence and mental health effects: A population-based study among married women in Karachi, Pakistan. *International journal of behavioral medicine*, 20(1), 131-139.
4. Antai, D. (2011). Controlling behavior, power relations within intimate relationships and intimate partner physical and sexual violence against women in Nigeria. *BMC public health*, 11(1), 511.

5. Begum Sadaquat, M., & Sheikh, Q. T. A. A. (2011). Employment situation of women in Pakistan. *International journal of social economics*, 38(2), 98-113.
6. Boyle, M. H., Georgiades, K., Cullen, J., & Racine, Y. (2009). Community influences on intimate partner violence in India: Women's education, attitudes towards mistreatment and standards of living. *Social Science & Medicine*, 69(5),691-697.
7. Cunningham, A., Jaffe, P. G., Baker, L., Dick, T., Malla, S., Mazaheri, N., & Poisson, S. (1998). *Theory-derived explanations of male violence against female partners: Literature update and related implications for treatment and evaluation* (pp. 1-10). London: London Family Court Clinic.
8. Carbone-López, K., Kruttschnitt, C., & Macmillan, R. (2006). Patterns of intimate partner violence and their associations with physical health, psychological distress, and substance use. *Public health reports*, 121(4), 382-392.
9. Campbell, J. C., Kub, J., Belknap, R. A., & Templin, T. N. (1997). Predictors of depression in battered women. *Violence Against Women*, 3(3), 271-293.10.
10. Calverton M. Pakistan demographic health survey 2006–7. Macro International Inc, 2007. Islamabad: Government of Pakistan; 2007.
11. Courtenay, W. H. (2000). Constructions of masculinity and their influence on men's well-being: a theory of gender and health. *Social science & medicine*, 50(10), 1385-1401.
12. Campbell, J. C., Abrahams, N., & Martin, L. (2008). Perpetration of violence against intimate partners: health care implications from global data. *Canadian Medical Association Journal*, 179(6), 511-512.
13. Campbell, J. C. (2002). Health consequences of intimate partner violence. *The lancet*, 359(9314), 1331-1336.
14. Devries, K. M., Kishor, S., Johnson, H., Stöckl, H., Bacchus, L. J., Garcia-Moreno, C., & Watts, C. (2010). Intimate partner violence during pregnancy: analysis of prevalence data from 19 countries. *Reproductive health matters*, 18(36), 158-170.
15. Deyessa, N., Berhane, Y., Alem, A., Hogberg, U., & Kullgren, G. (2008). Depression among women in rural Ethiopia as related to socioeconomic factors: a community-based study on women in reproductive age groups. *Scandinavian journal of public health*, 36(6), 589-597.
16. Ellsberg, M. C., Pena, R., Herrera, A., Liljestrand, J., & Winkvist, A. (1999). Wife abuse among women of childbearing age in Nicaragua. *American journal of public health*, 89(2), 241-244.
17. Ellsberg, M., Jansen, H. A., Heise, L., Watts, C. H., & Garcia-Moreno, C. (2008). Intimate partner violence and women's physical and mental health in the WHO multi-country study on women's health and domestic violence: an observational study. *The Lancet*, 371(9619), 1165-1172.
18. Fikree, F. F., Jafarey, S. N., Korejo, R., Afshan, A., & Durocher, J. M. (2006). Intimate partner violence before and during pregnancy: experiences of postpartum women in Karachi, Pakistan. *J Pak Med Assoc*, 56(6), 252-257.
19. Flood, M., & Pease, B. (2009). Factors influencing attitudes to violence against women. *Trauma, violence, & abuse*, 10(2), 125-142.
20. Faramarzi, M., Esmailzadeh, S., & Mosavi, S. (2005). Prevalence and determinants of intimate partner violence in Babol City, Islamic Republic of Iran. *East Mediterr Health Journal*, 11(5-6), 870-9.
21. Ganley, R. M. (1989). Emotion and eating in obesity: A review of the literature. *International Journal of eating disorders*, 8(3), 343-361.
22. García-Moreno, C., Pallitto, C., Devries, K., Stöckl, H., Watts, C., & Abrahams, N. (2013). *Global and regional estimates of violence against women: prevalence and*

health effects of intimate partner violence and non-partner sexual violence. World Health Organization.

23. Garcia-Moreno, C., Heise, L., Jansen, H. A., Ellsberg, M., & Watts, C. (2005). Violence against women. *Science*, 310(5752), 1282-1283.
24. Hyder, A. A., Noor, Z., & Tsui, E. (2007). Intimate partner violence among Afghan women living in refugee camps in Pakistan. *Social Science & Medicine*, 64(7), 1536-1547.
25. Heise, L. L. (1998). Violence against women: an integrated, ecological framework. *Violence against women*, 4(3), 262-290.
26. Jilani, H., & Ahmed, E. (2004). Violence against women: The legal system and institutional responses in Pakistan. *Violence, law and women's rights in South Asia*, 148-206.
27. Krug, E. G., Mercy, J. A., Dahlberg, L. L., & Zwi, A. B. (2002). The world report on violence and health. *The lancet*, 360(9339), 1083-1088.
28. Koenig, M. A., Lutalo, T., Zhao, F., Nalugoda, F., Wabwire-Mangen, F., Kiwanuka, N., ... & Gray, R. (2003). Domestic violence in rural Uganda: evidence from a community-based study. *Bulletin of the World Health Organization*, 81(1), 53-60.
29. Lawoko, S. (2006). Factors associated with attitudes toward intimate partner violence: a study of women in Zambia. *Violence and victims*, 21(5), 645-656.
30. Martin, S. L., Kilgallen, B., Tsui, A. O., Maitra, K., Singh, K. K., & Kupper, L. L. (1999). Sexual behaviors and reproductive health outcomes: associations with wife abuse in India. *Jama*, 282(20), 1967-1972.
31. McKie, L. (2005). *Families, violence and social change*. McGraw-Hill Education (UK).
32. Neuwirth, J. (2005). Inequality before the law: Holding states accountable for sex discriminatory laws under the Convention on the Elimination of All Forms of Discrimination against Women and through the Beijing Platform for Action. *Harvard Human Rights Journal*, (18), 19-54.
33. Pico-Alfonso, M. A., Garcia-Linares, M. I., Celda-Navarro, N., Blasco-Ros, C., Echeburúa, E., & Martinez, M. (2006). The impact of physical, psychological, and sexual intimate male partner violence on women's mental health: depressive symptoms, posttraumatic stress disorder, state anxiety, and suicide. *Journal of women's health*, 15(5), 599-611.
34. Powell, G. N. (2018). *Women and men in management*. Sage Publications.
35. Rabbani, F., Qureshi, F., & Rizvi, N. (2008). Perspectives on domestic violence: case study from Karachi, Pakistan. *Eastern Mediterranean Health Journal*, 14(2), 415-426.
36. Sharps, P., Campbell, J. C., Campbell, D., Gary, F., & Webster, D. (2003). Risky mix: Drinking, drug use, and homicide. *National Institute of Journal*, 250(11), 8-13.
37. Siemieniuk, R. A., Krentz, H. B., Gish, J. A., & Gill, M. J. (2010). Domestic violence screening: prevalence and outcomes in a Canadian HIV population. *AIDS patient care and STDs*, 24(12), 763-770.
38. Tariq, Q. (2013). Impact of intimate partner violence on self-esteem of women in Pakistan. *American Journal of Humanities and Social Sciences*, 1(1), 25-30.
39. Tinker, A. G. (1998). *Improving women's health in Pakistan*. Human Development Network.
 - a. Washington, DC: World Bank.
40. United Nations. Declaration on the Elimination of Violence Against Women.
 - a. New York: United Nations General Assembly Resolution 48/104, December
 - b. 20, 19 93.

41. Velzeboer, M., Ellsberg, M., Arcas, C. C., & García-Moreno, C. (2003). *Violence against women: the health sector responds*. Pan American Health Organization, Pan American Sanitary Bureau.
42. Warshaw, C. (1993). Domestic violence: challenges to medical practice. *Journal of Women's Health*, 2(1), 73-80.
43. Watts, C., & Zimmerman, C. (2002). Violence against women: global scope and magnitude. *The lancet*, 359(9313), 1232-1237.
44. World Health Organization. (2000). *The world health report 2000: health systems: improving performance*. World Health Organization.
45. Zakar, M. Z. (2004). *AIDS, culture, and body politics in Pakistan*. Lage, Germany: Verlag Hans Jacobs.