

Reproductive Health and Domestic Violence: An Evidence Based Study from District Gujrat (Pakistan)

Afzaal Afzal¹, Farah Adil² and Sumera Tul Hasan³

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Abstract

Domestic violence is generally part of the patterns of violent behavior and control rather than an isolated act of physical aggression. Domestic violence can take a variety of forms, including physical assault, psychological apprehension, constant belittling, intimidation, humiliation, and coercive sex, among others. It frequently can include controlling behavior such as isolating women from family, friends, self-esteem, and movements and restricting their access to fundamental human rights that are significantly associated with the psycho-social and reproductive health of women. Keeping in consideration the importance and sensitivity of the issue, the researcher tries in this study to explore the primary motives behind domestic violence that leads to aggressive behaviors and its impacts on women's reproductive health in our society. The researcher approached the researcher's district police office and obtained the list of registered cases regarding domestic violence in the district of Gujrat, Punjab. The findings of the study indicated that most of the women are the victims of domestic violence (physically, mentally, and sexually) and face discrimination and limited access to reproductive health services and pregnancy-related morbidity and mortality. Results highlighted that domestic violence intensively influenced women's physical as well as psychological conditions that led them towards mental, social, and economic disruptions. The sexual violence, including forced or coerced relationships and unwilling pregnancies, among others, significantly affected the reproductive health and well-being of women.

Keywords: Domestic Violence, Reproductive Health, Physical Violence, Psychological Violence, Sexual Violence.

Introduction

Domestic violence is a critical phenomenon that is primarily associated with unequal power distribution among men and women, which has led to domination over and discrimination against women (Jung et al., 2023). Domestic violence is commonly categorized into the form of mental, physical, and emotional violence that has chronic impacts on women's psycho-social and physical health and wellbeing. Violence against women is a severe violation of basic human rights that denies fundamental freedoms, dignity, equality, self-worth, and security among women globally (Muller et al., 2022). The prevalence of domestic violence is reported throughout the world, but

¹Community Development Officer, Housing Urban Development and Public Health Engineering Department, Punjab, Pakistan. Email: afzaal.afzal2010@gmail.com

²Lecturer, Department of Gender and Development Studies, Lahore College for Women University, Lahore, Pakistan. Email: farah.adil@lcwu.edu.pk

³Assistant Professor, Department of Sociology, University of Okara, Punjab, Pakistan. Email: sumerahasan@uo.edu.pk



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the situation is more alarming in developing countries like Pakistan, with poor socioeconomic and education levels. The patriarchal structure of Pakistani society provides a conducive environment and is one of the essential factors regarding domestic violence. This behavioral practice is also associated with gender discrimination, domestic power structure, decision-making process, possessiveness, and jealousy, among others. The expectations concerning women's domestic responsibilities and the sense of right to control family and wife also play an essential role (Pearson et al., 2023).

Domestic violence prevails beyond the boundaries of culture, education, ethnicity, age, income, and class. The only difference among these incidences is trends and patterns according to geographical and demographic aspects (Sacco et al., 2019). In Pakistani society, the cultural beliefs, rituals, religious aspirations and economic resources, among others, support attitudes of marital inequality, men's supremacy and support to gender discrimination and violence (United Nations, 2022). In Pakistan, the marriage practice and customs make women restricted to abusive relationships, having no ability to escape due to family and social pressure. Most of the time, parents discourage their daughters from leaving their husband's place due to fear of stigmatization of divorcee (Murray et al., 2020). Women residing in Pakistani society and family systems faced a variety of forms of domestic violence. Due to unawareness and poor education level, most people hardly distinguish boundaries of various forms such as psychological/emotional violence, physical violence, sexual violence, and economic discrimination, among others (Rollins et al., 2022).

The rapid increase in incidences of psychological violence is due to changing the fabric of society and determined violence. It includes verbal and non-verbal abuse. Verbal abuse such as shaming, blaming, name-calling, yelling, putting her down, making her think she is crazy, limiting her outside involvements, humiliating her, making her feel bad about herself and playing mind games are used (Thurston et al., 2021). Consequently, with continuous violence and threats to life, a range of psychiatric disorders have been recorded, such as depression, anxiety, schizophrenia, alcohol misuse, bipolar disorder and post-traumatic stress disorder. Women suffering from psychological/emotional violence consider these events most life-threatening and torturous (Kerr et al., 2020). Risk factors regarding emotional abuse are less education and awareness of the abuser and victim. Because of violence, psychological trauma is at its peak. In developing countries such as Pakistan, this issue has an alarming increase because people cannot afford the treatment expense, and the number of psychiatrists is much less than that of the population that needs treatment. A United Nations study reveals that 81% of Pakistani women experience emotional or psychological abuse by their men (Ahmad et al., 2022).

Physical abuse is a conscious act that happens to women mostly when they fail to fulfil their husbands' or anyone else's desired tasks. Sometimes, it is not so severe, and in some cases, it takes lives, but it is unhealthy in both instances (Wirtz et al., 2020). For example, scratching, beating, punching, kicking, pulling hair, slapping, twisting arm, stabbing, choking, and threatening using weapons and murder. One in three women experience physical violence by their partner in life. Some traditional practices also include women's physical violence. Domestic violence against women leads to far-reaching physical and psychological consequences, some with fatal outcomes. While bodily injury represents only a part of the negative health impacts on women, it is among the more visible forms of violence. Assaults result in injuries ranging from bruises and fractures to chronic disabilities such as partial or total loss of hearing or vision, and burns may lead to disfigurement. Studies in many countries (Doyle et al., 2018; UN, 2019; Ellsberg et al., 2020; Sardinha et al., 2022) have shown high levels of violence during pregnancy, resulting in risk to the health of both the mother and the unborn fetus.

Sexual violence refers to coerced through threats, unwanted intimation or physical force. Not all this by an intimate partner is considered a crime or violence against women in many societies (Verma et al., 2020). In Pakistani culture, this is the common concept that once a woman gets married, the husband has the right to unlimited sexual access to his wife. So, this valence is less reported than others (Akram et al., 2022). Non-physical pressure often includes blackmail, trickery, and threats (WHO, 2021). Sexual assaults can lead to unwanted pregnancies and the dangerous complications that follow from resorting to illegal abortions. Women who have been sexually abused are more likely to engage in risky behavior and are at greater risk of unwanted pregnancies. Women in violent situations are less able to negotiate safer intimate relationships and, therefore, run a high risk of contracting sexually transmitted diseases and HIV/AIDS (WHO, 2021).

Economic discrimination or violence against women includes acts such as the denial of primary education, doing productive work/job, enhancing personal abilities and capabilities, refusal to contribute financially, denial of basic needs and controlling access to become independent, among others (Meyer et al., 2022). In Pakistan, most of the time, women are deprived of basic personal desires to accomplish the set targets due to pathetic social, cultural, rituals and demographic characteristics, especially in rural and faraway areas. Violence against women is no doubt undermining the progress of humans, especially economically, because women's full participation and involvement towards progress is essential (Khan et al., 2021). Women's participation is not fully supported by violating rules of human dignity, so a country cannot reach their full potential in this condition. Development goals become undermined when women of any society become the victim of domestic violence and gender inequality (Ali et al., 2022).

Domestic Violence and Reproductive Health

Reproductive health of women is a concern. The situation is more critical because less attention is paid to this sensitive issue. In Pakistan, the maternal mortality ratio is high at 260 per 100,000 live births, signifying one of the highest maternal mortality rates in the region. 2021- 21, only 28% of births were attended by a doctor, and 65 % of women delivered their children at home (WHO, 2021). Domestic violence restricts the mobility of women and access to education and lowers women's empowerment. While the researchers highlight this highly rated issue, it continues to be ignored by those dealing with it simultaneously (Jensen et al., 2021).

In many countries, high levels of violence during pregnancy result in risk to the health of both the mother and the unborn fetus. Assaults result in injuries ranging from minor to chronic disabilities, such as partial or complete loss of hearing or vision, and burns may lead to disfigurement (Corey et al., 2023). All of these examples of domestic violence, in the worst cases, can result in the death of the woman murdered by her partner. Girls who have been sexually abused in their childhood are more likely to engage in risky intimate behavior and are at greater risk of unwanted and early pregnancies (Ellsberg et al., 2020).

A woman's improved quality of life and well-being, especially the wife, who gives life to the children and is responsible for their growth, is very valuable. Availability of a conducive environment, mutual respect, and acceptance, among others, are the essential elements for better living, growth, reproductive health and development (UNICEF, 2021). Countries like Pakistan face multidimensional social, economic, and administrative burdens that create hurdles for development and prosperity. Through improving awareness and a supportive environment by individuals, families, and communities, a considerable burden of mother and child morbidity and mortality could be reduced. Most maternal and newborn deaths could be prevented by improved

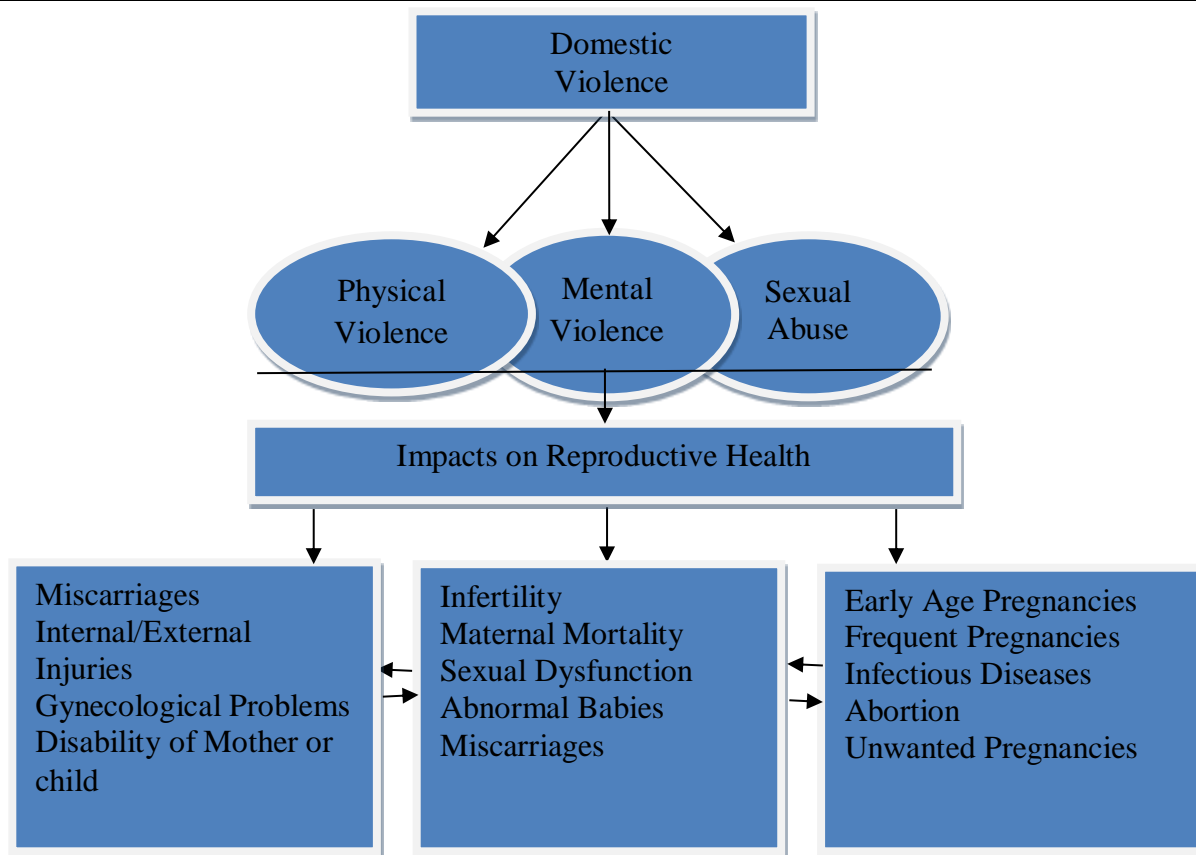
access to well-integrated reproductive health services, including antenatal care, skilled attendance during childbirth and immediately after birth, and emergency obstetric care for complications (Meyer et al., 2023).

Unfortunately, most of the women in Pakistani countries are the victims of domestic violence (physically, mentally, and sexually) and face discrimination from their birth until their life ends. Pakistani women continue to face the risk of limited access to reproductive health services and pregnancy-related morbidity and mortality (Farouki et al., 2022). A culture of violence is being sketched in a short time. Reproductive health among women is considered an un-conversable social issue, and because of less empowerment, women have reproductive health outcomes, and the situation is getting worse even in this age of globalization. Poor reproductive health conditions of women can lead to death and disability related to pregnancy and childbirth, sexually transmitted infections, HIV and AIDS, and reproductive tract cancers. Keeping in consideration the importance and sensitivity of the issue, researchers decided to explore the roots and outcomes of domestic violence on the reproductive health of women.

Objectives of the Study

- To assess the socio-demographic factors and domestic violence against women
- To understand the impacts of domestic violence on the reproductive health of women

Figure 1: Conceptual Framework of the Study



Research Methodology

For the purpose of data, collection researchers approached the district police office and obtained the list of registered cases regarding domestic valance in Gujrat, Punjab. There are 193 cases reported during the period of last 12 months and still in the process. Researchers obtained the complete list of 193 with the name, address of the complainant, and tried to approach them for gathering information regarding domestic violence and its impacts. The respondents were the women who face any kind of domestic violence and the primary data collected through semi-structured questionnaires.

Researchers contact the respondents and provide them the details and objectives of their research and request for face-to-face meetings. Due to different reasons, various complainants are not willing to talk about the incident of domestic violence or discuss their cases. About 105 participants agreed to meet and provide information regarding their issue and its psychosocial, physical, and economic impacts on their personal, family, and communal life. The process of data collection was completed during the period of November 2022 to February 2023. The collected data securitized and coded according to the nature of study and suitable descriptive as well as statistical analysis was applied.

Results and Major Findings

The prime objective of this study was to analyze impacts of domestic violence on reproductive health of women. The study was conducted in district Gujrat, the data was analyzed, and descriptive findings presented under.

Table 1: Distribution of demographic characteristics

Categories	Frequency	Percentage
Distribution of living Area of respondents		
Rural	53	53
Urban	49	47
Total	105	100
Distribution of respondents according to their age		
20-30	60	57
30-40	34	32
40-50	10	9
50-Above	1	1
Total	105	100
Distribution according to their duration of marriage		
1-10	64	61
10-20	30	29
20-30	11	11
Total	105	100
Distribution according to their family monthly income (Rs)		
4000-13000	27	27
14000-24000	17	17
25000-34000	30	30
35000-44000	23	23
45000-Above	8	8
Total	105	100

Table 1 presented that the majority of respondents 53 percent had rural residence area and 47 percent had urban residence area. Out of total 105 respondents, 57 percent of the respondents were between the ages of 20-30, 32 percent respondents were between the age of 30-40, 9 percent respondents were between the age of 40-50 and 1 percent respondents were above 45. In this table, the most repeated category is 20-30. 61 percent of respondents had duration of marriage between 1-10 years, 29 percent respondents had duration of marriage between 10-20 years, and 11 percent respondents had duration of marriage between 20-30 years. In this table, the most repeated category is 1-10. Table 1 also indicated that the 27 percent of respondents had monthly income between Pakistani Rupees (PKR) 4000–13000 and 17 percent respondents had monthly income between rupees 14000-24000, 30 percent respondents had monthly income between rupees 25000-34000, 23 percent respondents had monthly income between rupees 35000-44000 and 8 percent had monthly income above 45000. In this table, the most repeated category is rupees 25000-44000.

Table 2: Distribution of demographic characteristics

Categories	Frequency	Percentage
Distribution according to qualification		
Illiterate	24	23
Primary	12	11
Middle	8	8
Metric	20	19
Inter	13	12
Graduate & Above	28	27
Total	105	100
Distribution according to their number of visits to the doctor since last 12 months		
0-5	88	84
5-10	11	11
10-15	4	4
15-above	2	2
Total	105	100
Distribution according to their number of pregnancies		
0-3	55	52
3-5	35	33
5-7	8	8
7-above	7	7
Total	105	100
Distribution according to their number of children		
0-3	68	65
3-5	27	26
5-7	8	8
7-above	2	2
Total	105	100
Distribution according to their number of pre-mature babies		
0	100	95
1	4	4
2	1	1
Total	105	100
Distribution according to their number of abortions		
0	85	81
1	12	11
2	8	8
Total	105	100

Table 2 highlighted that 23 percent respondents were illiterate, 11 percent of the respondents had primary level education, 8 percent of the respondents had middle level education, 19 percent had metric level education, 12 percent respondents had inter level education and 27 percent of the respondents had graduation and above education. Results indicated that there are 84 percent of the respondents had number of visits to the doctor since last year between 0-5. 11 percent of the respondents had number of visits to the doctor since last year between 5-10, 4 percent of the respondents had number of visits to the doctor since last year between 10-15, and 2 percent of the respondents had above than 15 number of visits to the doctor since last year. Table 2 also reveals that 52 percent of the respondents had the number of pregnancies between 0-3, 33 percent of respondents had the number of pregnancies between 3-5, about 8 percent of respondents had the number of pregnancies between 5-7 and 7 percent had the number of pregnancies above 7. The findings also show that 65 percent of the respondents had the number of children between 0-3, 26 percent of the respondents had the number of children between 3-5, 8 percent of the respondents had the number of children between 5-7 and 2 percent of the respondents had the number of children above. Table 2 indicates that the majority of the respondent's 95 percent had 0 numbers of premature babies, 4 percent of the respondents had 1 number of premature babies and 1 percent had 2 numbers of premature babies. Table 2 reveals that 81 percent of the respondents had 0 numbers of abortions, 11 percent had 1 number of abortions and 8 percent had 2 numbers of abortions.

Table 3: Physical domestic violence against women

Questions	Often	Rarely	Not at all	Score
You have been pushed by in-laws' family	13(12.4%)	38(36.2%)	54(51.4%)	169
You have been kicked by your family	5(4.8%)	41(39%)	59(56.2%)	156
Have been thrown by family members	5(4.8%)	39(37.1%)	61(58.1%)	154
Have got external injuries due to physical abuse	7(6.7%)	37(35.2%)	61(58.1%)	156
Have you assault with physical objects (knife, stick)	5(4.8%)	30(28.6%)	70(66.7%)	145
Somebody from the family tries to burn you	1(1.0%)	20(19.0%)	84(80.0%)	127
Threats of acidic material on your body	1(1.0%)	25(23.8%)	79(75.2%)	132
Husband tortured you by cigarette	2(1.9%)	36(34.3%)	66(62.9%)	144
Somebody from your family tries to burn you with fire	20(19.0%)	78(74.3%)	7(6.7%)	223
Have been abused physically by /family members	3(2.9%)	37(35.2)	63(60.0%)	146
Permanent physical disability due to physical violence.	1(1.0%)	15(14.3%)	83(79.0%)	116

* Score of often 3, rarely 2, Not at all 1. * Total Score: 151.64

Table 3 presents the study findings regarding physical violence against women and the mean score of table 3 indicates that about half of the women face physical violence by their husband or by the family of their husband. While the score against pushing by family, kicking/beaten by family, getting external injury due to violence, and trying to burn is high.

Table 4: Psychological domestic violence against women

Questions	Often	Rarely	Not at all	Score
You feel headache due to behavior of your in-law's	7(6.7%)	63(60.0%)	35(33.3%)	182
You have been degraded by your in-law's family	17(16.2%)	57(54.3%)	31(29.5%)	196
In-laws' family members used to criticize you	9(8.6%)	53(50.5%)	43(41.0%)	176
In-laws' family members behave aggressively	3(2.9%)	56(53.3%)	45(42.9%)	166
In-laws' restricts you from personal relationships	2(1.9%)	45(42.9%)	58(55.2%)	154
In-laws' family don't like to visit to your parents	3(2.9%)	24(22.9%)	78(74.3%)	135
Your husband threatened you to divorce ever	15(15.1%)	40(38.1%)	50(48.8%)	175
In-laws' family tries to threaten you	3(2.9%)	32(30.5%)	70(66.7%)	143
Warnings to knock out from home ever	8(7.6%)	32(30.5%)	62(59.0%)	150
In-laws' family members are spying your cell phone	8(7.6%)	36(34.3%)	54(51.4%)	150
In-laws' have control over your mobility	2(1.9%)	37(35.2%)	62(59.0%)	142
In-laws' family members used to blame you	14(13.3%)	56(53.3%)	35(33.3%)	189
You feel low self-esteem among your in-law's	13(12.4%)	43(41.4%)	48(45.7%)	176
Husband reticulate you for poor appearance	11(10.5%)	42(40.0%)	52(49.5%)	169
Husband criticize for cooking and domestic work	3(2.3%)	56(53.3%)	46(43.8%)	167
Your in-law's family considered you ill-mannered	11(10.5%)	51(48.6%)	43(41.0%)	178

* Score of often 3, rarely 2, Not at all 1. * Mean Score of mental abuse: 165.5

The table 4 presented the data regarding prevalence of psychological domestic violence among women. The data reveals that slightly more than half women are the victims of physical abuse with a score of 165.5. The score of feeling headache, degradation by in-law's family, aggressive behavior of family, threats of divorce by husband, blaming by in-law's family and reticulation for poor appearance by family recorded high.

Table 5: Sexual domestic violence against women

Questions	Often	Rarely	Not at all	Score
Intimate relationships without your will	19(18.2%)	46(43.8%)	40(38.1%)	189
Physical infections STDs,	8(7.9%)	29(27.6%)	68(64.8%)	150
You have unwilling pregnancies	21(20.0%)	32(30.5%)	52(49.5%)	179
You feel severe abdominal pain after intimacy	16(15.4%)	38(36.2%)	51(48.6%)	175
Spousal permission to use contraceptives	31(29.6%)	12(11.4%)	62(59.0%)	179

* Score of Often 3, rarely 2, not at all 1.* mean Score of mental abuse: 174.4

The data presented in the table 5 shows the frequency and percentage distribution of the respondents according to the prevalence of self-reported sexual abuse. The mean score of the table reveals that prevalence of sexual abuse among married rural women is high which 174.4 are.

Table 6: Women's self-reported reproductive health conditions

Questions	Often	Rarely	Not at All	Score
You have frequent pregnancies	33(31.4%)	45(42.9%)	27(25.7%)	216
You have early age pregnancies	28(26.6%)	35(33.3%)	42(40.0%)	196
Have been abused during pregnancy	25(23.8%)	30(28.6%)	50(47.6%)	185
You became infertile	29(28.6%)	13(12.4%)	63(60.0%)	176

Gynecological problems due to physical violence	24(23.9%)	35(33.3%)	46(43.8%)	188
Physical violence resulted miscarriage	28(27.4%)	22(21.0%)	55(52.4%)	183
Children disability due to complications	27(26.8%)	18(17.1%)	60(57.1%)	177
Consult doctor regarding reproductive infections	18(17.1%)	23(21.9%)	64(61.0%)	164
You have unwilling pregnancies	27(26.7%)	31(29.5%)	47(44.8%)	190
Menstrual irregularities after marriage	19(18.1%)	39(37.1%)	47(44.8%)	182
You must do abortion without your will	27(26.7%)	21(20.0%)	57(54.3%)	180
STDs due to domestic violence	26(25.7%)	24(22.9%)	55(52.4%)	181
You have pregnancy related complications	20(4.8%)	37(35.2%)	48(45.7%)	182

* Score of Often 3, rarely 2, not at all 1. * mean Score of mental abuse: 184.6

Table 6 is about the reproductive health of women. Data of the table describes that woman self-reported productive health due to physical, mental, and sexual abuse effects which score is 184.6 which means that women reproductive health effects due to abuse. The individual score of variables, frequent pregnancies, early age pregnancies, abuse during pregnancies, gynecological problems, and unwilling pregnancies remains very high.

Discussion

Domestic violence or intimate partner abuse is generally part of the patterns of abusive behavior and control rather than an isolated act of physical aggression. Partner abuse can take a variety of forms, including physical violence, assault such as slaps, kicks, hits and beatings, psychological abuse, constant belittling, intimidation, humiliation and coercive sex. It frequently can include controlling behavior such as isolating women from family and friends, monitoring her movements and restricting her access to resources as discussed by Meyer et al. (2020), Ranganathan et al. (2021) and USAID (2021). Physical violence in Intimate relationships is usually accompanied by psychological abuse and in one-third to one-half of the psychological consequences of abuse is more severe than its physical effects. The experience of abuse erodes women's self-esteem and puts them at a greater risk for a number of mental disorders like depression, posttraumatic stress disorder, suicide, and alcohol and drug abuse.

Women living in violent relationships are often unable to make reproductive choices, putting them at great risk of early and unwanted pregnancy and sexually transmitted infections. The findings highlighted that 47% of the respondents said that they have intimate relationships without their will, 62% of the respondents said that they don't have spousal permission to use contraceptives and majority of the women said that they had multiple pregnancies. The findings of present study aligned in the work of WHO (2019), Peitzmeier et al. (2020), St. Cyr et al. (2021) and Meyer et al. (2022). Therefore, this study is interconnected with above all researches. Sexual violence is related to frequent pregnancies that had a huge effect on reproductive health of women, it can lead to the maternal mortality, morbidity and severe gynecological problems, unwanted pregnancies and dangerous complications.

The present study has commonality that psychological consequences were more in ratio than physical. 55% of the respondents said that they feel headache and depression due to the behavior of their in-laws and they feel low self-esteem to some extent among their family. There is a contradiction also that we have found a lower rate of physical violence. Assault such as kicking,

pushing, throwing and burning were prevailing but to some extent. The rate of mobility and isolation was also lower.

Conclusion

It is found that most of the women were suffering mental abuse. Physical abuse was comparatively lower than mental abuse; the reason researchers found that most of the respondents were graduates. That means higher the literacy rate and awareness, lower the rate of physical abuse and lower the outcomes on reproductive health. Economic factors are also involved as most of the respondents were those who were earning an average amount monthly, meaning most of the respondents belonged to the middle class where anxiety and depression is more common than slapping, kicking and throwing.

The rate of psychological violence was higher. They mostly felt headache due to their family members, facing criticism, aggressive behavior, and criticism on domestic work, considered as ill mannered. All these issues lead towards mental illness that is the root cause of health issues of women as well as their children and affects family relationships and intimate relationships with husbands. Infect all kinds of abuses overlap with each other; one is the reason for the other. The study also highlighted that the majority of the respondents rarely visited doctors for reproductive infections they suffered after marriage as a result pregnancy related complications and miscarriages were reported by the respondents to some extent.

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