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Living with violence in the home:

Exposure and experiences among married women, residing in urban Karachi, Pakistan

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‘Everyone is entitled to all the rights and freedoms set forth in this declaration, without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status. Furthermore, no distinction shall be made on the basis of the political, jurisdictional or international status of the country or territory to which a person belongs, whether it be independent, trust, non-self-governing or under any other limitation of sovereignty’ **(UDHRs, article 2)**

ABSTRACT

AIM

A study was conducted in urban Karachi, Pakistan to investigate prevalence, frequency, risk factors, and mental health effects of husbands' violence against their wives. It also explores current gender roles how these are reproduced and maintained and their influence on life circumstances for both men and women. Further, it examines the women's perceptions of situations which create conflicts and potentially lead to different forms of violence and the immediate consequences of violence exposure.

METHOD

The research comprised of quantitative and qualitative data leading to Paper I-IV. Paper I-II use a questionnaire developed by the World Health Organization (WHO) for violence research for 759 married women living in lower and middle income areas of Karachi city. Paper III-IV describes the outcomes of five focus group discussions that were conducted, with 28 women who represented employed, unemployed, educated and uneducated from different socioeconomic strata. Analysis of the focus group discussions was conducted by applying manifest and latent content analyses.

FINDINGS

The quantitative studies indicate that violence against women is a common phenomenon within family life among low and middle income groups in Karachi, whether it is exercised as physical, sexual or psychological violence and abuse. Further, overlapping between the different forms of violence was common and most of the women were exposed to two or all three forms of violence. Repeated violence has profound impact on mental health and hampers women's productivity. Risk factors for physical violence related mainly to the husband, his low educational attainment and his being an unskilled worker, as well as there being five or more family members living in one household. For sexual violence, the risk factors were the respondent's low education, low socio-economic status of the family and there being five or more family members living in one household. For psychological violence, the risk factors were the husband's being an unskilled worker and the low socio-economic status of the family. The mental health effects as an outcome of the violence were serious. Suicidal thoughts were associated with all three forms of violence (physical OR 4.11; 3.00-5.74, sexual OR 4.13; 3.01-6.00 and psychological OR 5.05; 3.17-8.01). Through qualitative studies, three major themes emerged: 1) 'Reiteration of gender roles', 2) 'Agents of change' and 3) 'Family violence through the eyes of females'. The first theme included perceptions of traditional gender roles and how these preserved women's subordination. The power gradient, with men given a superior position in relation to women, distinctive features in the culture was considered to interact to suppress women. The role of the extended family considered for both supportive and suppressive for the women with in the family. The second theme included agents of change, where the role of education was prominent, as well as the role of mass media. It was further emphasised that the younger generation was more positive to modernisation of gender roles than the elder generation. The unequal gender roles were perceived as static and enforced by structures embedded in society. The third theme described the circumstances that provoked and sustained violence, the consequences of ongoing violence within the family, situations that evoked suicidal thoughts and actions, and how violence can be avoided through women's awareness and actions.

CONCLUSION

This study revealed serious gender inequalities and human rights violations against women within marriage, in her extended family and within Pakistani society. The unequal gender roles were perceived as static and enforced by structures imbedded in society. The female victims of abuse are trapped in a society where violence, from a partner or other family members, is viewed as acceptable, where divorce is generally not an option for the majority, and where societal support directed at women is sparse. Women routinely face serious restrictions and limitations of autonomy, which contribute to the development of multiple forms of psychological stress and serious mental health problems. However, attainment of higher levels of education, especially for women but also for men, was viewed as an agent towards change. Further, mass media was perceived as playing a positive role in supporting women's empowerment. Reliable health surveillance system and healthcare services are needed to serve abused women. Policy initiatives focused on IPV and gender inequality in Pakistan should be initiated by targeting the individual, family, community and societal levels simultaneously.

List of Publications

Ali TS, Asad N, Mogren I, Krantz G. Intimate partner violence in urban Pakistan: prevalence, frequency, and risk factors. Int J Womens Health. 2011 Mar 16;3:105-15. PubMed PMID: 21573146; PubMed Central PMCID: PMC3089428.

Ali TS, Mogren I, Krantz G. Intimate Partner Violence and Mental Health Effects: A Population-Based Study among Married Women in Karachi, Pakistan. Int J Behav Med. 2011 Oct 27. [Epub ahead of print] PubMed PMID: 22037921.

Ali TS, Krantz G, Gul R, Asad N, Johansson E, Mogren I. Gender roles and their influence on life prospects for women in urban Pakistan - a qualitative study. Global Health Action, 2011, 4: 7448. DOI: 10.3402/gha.v4i0.7448

Ali TS, Krantz G, Mogren I. 'Violence permeating daily life': a qualitative study investigating perspectives on violence among women in Karachi, Pakistan. Submitted to Scand Journal of Public Health.

Contents

LIST OF ABBREVIATIONS

WHO	World Health Organization
UDHR	Universal Declaration of Human Rights
UN	United Nations
CEDAW	Convention on the Elimination of All Forms of Discrimination
VDPA	Vienna Declaration and Programme of Action
VAW	Violence Against Women
IPV	Intimate Partner Violence
HANDS	Health and Nutrition Development Society
ISA	Index of Spouse Abuse
CTS	Conflict Tactics Scales
PAWLA	Pakistan Women's Lawyers Association
SES	Socio-Economic Status
SPSS	Statistical Package for the Social Sciences
ORs	Odds Ratios
FGD	Focus Group Discussion
NGO's	Non-Governmental Organizations
DSM	Diagnostic Statistical Manual of Mental Disorders
CM	Community Midwives
UDHRs	The Universal Declaration of Human Rights

Definitions

Gender: Gender is the social construct and interpretation of the biological sex difference between men and women. [1]

Sex: Sex refers to the physical and biological attributes of men and women. It also includes the chromosomal, hormonal, and anatomical components of males and females.[2]

Gender Discriminations*:* Gender discrimination refers to gender-based behaviors, policies, and actions that adversely affect work by leading to disparate treatment or creation of an intimidating environment.[3]

Gender Equality: A social order in which women and men share the same opportunities and the same constraints on full participation in both the economic and the domestic realm.[4]

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[1] Lindstrand, A. and H. Rosling, Global health: an introductory textbook2006: Studentlitteratur.

[2] World Health organization. Available at http://www.who.int/gender/whatisgender/en/ and accessed on November 15, 2011.

[3] Carr PL, Ash AS, Friedman RH, Szalacha L, Barnett RC, Palepu A, et al. Faculty perceptions of gender discrimination and sexual harassment in academic medicine. Ann Intern Med 2000;132(11):889-96.

[4] Bailyn L. Breaking the mold: Redesigning work for productive and satisfying lives 2006. Ithaca, NY: Cornell.

Preface

I was only 7 years old when I realized that sexual harassment is present, especially for women and younger children and I soon realized that physical abuse, the act of being beaten in order to behave well, is another problem that children and women face. Being part of this society, I never realized that this is unacceptable behavior according to human right laws. I started my career as a Community Health Nurse (both a nurse and a Midwife) and took a number of training and courses to be able to run Primary Health Care clinics and to conduct counseling clinics in the community. At times, I had to conduct couple's counseling for family planning methods, where I assessed the power imbalances and conflicts between couples. I decided to explore this more, and completed my Masters in Epidemiology and Biostatistics, whereby identified that lack autonomy of women is one of the hindrance in approaching health sector. By doing so, I became the first nurse/midwife in Pakistan who became an epidemiologist. I was very interested in maternal and child health issues, and conducted a number of related studies on issues such as harmful post partum practices, infertility, adoptions practices, unhygienic menstrual practices, and other gynecological morbidities in relation to family conflicts. While conducting an infertility study, I realized that women faced a lot of violence from her family as a result of either not giving birth to a male child or not being able to have children. This was a turning point where I decided to work on the area of violence against women. Working in this area does not mean that I am taking a 'feminist' approach. I want to work, and contributes to the well-being of women across the country by serving as a source of information for advocacy for those who are vulnerable to violence in the home. This challenging work within the traditional Pakistani society would not be possible without the support of my husband, my sons, family and my local and international good friends. I specifically want to dedicate this thesis to my husband, and two sons who have always been there for me.

1 BACKGROUND

Violence has shifted over recent decades from being considered a private or family matter to being recognized as a public health problem. Violence is of a global concern with tremendous suffering for the women affected, as well as for their children (1, 2, 3). Women, irrespective of socio-economic status, ethnic background, educational achievements or, employment status face violence. One in three women worldwide is reported to experience Intimate Partner Violence (IPV) at some point in her life (4). A number of interventions have been suggested to stop violence against women. Some of the examples include the provision of emotional and social support to women victims of violence, increasing public awareness, and the development of polices for reducing the magnitude of partner violence (5, 6, 7, 8, 9, 10, 11, 12). These interventional studies suggest that to reduce IPV, a communitywide response to individual risk factors, personal relationships and larger cultural, societal and economic factors is required. This can be explained by the Ecological Model, described further below (13). Primary counter measures include influencing individual and collective norms and behaviors through community education, which may play an important role in coping up with violence (14). To prevent violence, there is a further need to refine data collection methodologies to identify victims and provide them with timely treatment, and to obtain information about violence not only through research but also in the form of surveillance. This would assist in finding those at risk in routine data collections, and help with the development and evaluation of screening and intervention programs (15). The interventional programs will only be implemented when the true magnitude of the violence is recognized, which is still lacking from many parts of the world (1). Violence is the leading cause of death among people aged 15-44 years around the world, and hence a global public health issue. Above all, violence against women is one of the most prevailing expressions of gender discrimination worldwide, as it violates and invalidates women's human rights and their fundamental freedom (1).

For centuries, women have occupied a position of subordination in relation to men, but in 1948, the Universal Declaration of Human Rights (UDHR) was adopted by the general assembly of United Nations (UN). Since then, recognition of basic human rights for all people regardless of sex, race, ethnicity, language, religion or any other factor began (16). However, despite the signing and ratification of the UDHR, women have continued to experience discrimination in

their homes as well as in society as a whole (17). Irrespective of the UDHR, profound inequities between women and men persist and are commonly expressed in the 'feminization of poverty', women's economic dependence on men, continued gender violence and limitations in decision-making in their sexual and reproductive lives (17).

In some countries, although men and women are part of the same society, women experience different living conditions and situations than men. Every day, women are beaten, insulted, humiliated, threatened and sexually abused (18). This violence contributes to poorer health of the women; therefore treatment may not be administered as needed. Often victims go without proper treatment because they do not know where to seek help or the fear of societal stigma forces them to hide their exposure to the violence (19).

1.1 Discrimination against women

Human rights have traditionally been recognized, in both international law and political theory, in the form of claims to protect individuals against states or governments (16). However, human rights activists have attempted to raise their voice for human rights principles, to protect some individuals from the oppressive actions of other individuals (20). The arena of human rights was once populated mainly by male adults whereby the male heads of governments were advised by male officials, who were not fully aware of the women's needs. More recently, however, the question of women's rights has become an increasingly prominent part of the human rights agenda as it was recognized that these claims and laws were often not helping women who were being discriminated against (21). Discrimination against women can be reduced when there is no differential treatment based on sex, when women are free to choose their marital status and whom to marry, and are given the full right to enjoy all spheres of life as they choose (22). To reach such a situation there are a number of discriminatory practices that need to be overcome, such as the predominance of women's among the destitute and poor, early or forced marriages, the unmet need for family planning, domestic and sexual violence, cultural and religious oppression, victimization during disasters, wars, and civil unrest, a lack of access to education, political disempowerment, social exclusion based on sex, and labor inequalities (23).

Worldwide, these conditions play out differently for women in high and low-income countries, and among more and less privileged women within countries and communities. A common scenario is that women with the fewest resources experience the worst social conditions and the poorest health (3). For decades, these social determinants of women's wellbeing have been targeted by global women's human rights activists whose movements derive from an understanding that women's freedom, and equality of opportunities are threatened in their home countries, communities, and own families (24).

Human rights frameworks are globally grounded in the UDHR. This document is available in 250 different languages and is the most cited human rights document in the world. It empowers civil society institutions to legislate constitutions, laws and policies which guarantee equal rights of all people without discrimination due to national or social identities (25).

The next steps taken by the global community to bring forth women's human rights were the world conferences on women's human rights, held in Mexico City (1975), Copenhagen (1980), Nairobi (1985), and Beijing (1995). They reinforced rights for women as a moral, ethical, and political responsibility, demanding that women's fundamental freedom and human dignity are explicitly protected from interference in any setting worldwide (23).

The Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) initiated in 1979/1981, by specifying measures for empowerment and advancement of women in both the public and private arenas, particularly in the areas of education, employment, health, marriage and the family. Around 90% of countries have also ratified other international conventions specifically banning discriminations against women, such as the Declaration on the Elimination of Violence against Women (1993) (23, 26).

The World Conference held in Vienna, 'The Vienna Declaration Conference' (1993) developed the Vienna Declaration and Programme of Action (VDPA), which emphasized human rights are universal and indivisible as well as interrelated and interdependent. Therefore, they should be promoted in equal manner, to preserve the integrity of the Universal Declaration. Some of

the expressed VDPA rights are The Right to Development, Rights of Migrant Workers, Women's Rights and Domestic Violence, and the Right of the Child, among others. The Vienna Conference emphasized that most violations could be addressed by forceful implementation of existing norms through existing mechanisms. The Vienna Declaration is the first to explicitly state that all organizations, programs and specialized agencies of the United Nations' system should have a central role in strengthening human rights (27).

1.2 Local legal context

Pakistani women are entrapped by strict cultural and religious family values that regulate family life. Islam has been misinterpreted in Pakistan, thereby giving religious justification for men to act as decision makers for women with the power and position to violate women's human rights. This misinterpretation results in men violating women physically, mentally, and emotionally. In this context, as a result of gender-based discrimination and inequality, women face many kinds of violence. Such treatment of women in the home is considered to be a normal aspect of daily life. Many women consider themselves bound to be obedient to the cultural norms. At times through male domination, women develop a sense of inferiority that results in constant fear (18, 28).

A lack of education and economic opportunities for women limit their potential to understand their human rights. Moreover, religious extremism and poverty are huge obstacles towards progress and self-sufficiency for Pakistani women. A male's honor is reflective of how well a woman behaves, her behavior is strictly regulated to avoid potential disgrace. Men are dominating figures in public and private life and are the main decision-makers in a woman's life irrespective of his role as a father, husband or brother (28).

It is impossible for Pakistan to become a prosperous country unless all women are provided with rights equivalent to men (28). Women should have the right to lead a productive life without fear. Also, needs to have an equal voice in reproductive matters and child rearing.

In history, Pakistani women played an energetic role in the movement for self-rule and have had the right to cast their vote since the country was founded in 1947 (24). The first women's organization, 'The All Pakistani Women's Association', lobbied for improved entry to

education for women. In the early 1950s, it began to address the matter of the uneven status of spouses under the family laws and insisted on a ban of polygamy. In 1961 a law was passed that discouraged polygamy by placing constraints on it and provided other safeguards for women in marriage, such as ordinances to regulate verbal divorce[5], and protocols for the registration of marriages (21, 29).

In 1973 the constitution was passed with clauses to address these issues. In it, Article 25 states, the equality of citizen that 'All citizens are equal before the law and are entitled to equal protection. All are entitled to equal protection against any discrimination in violation' Article 34 states that 'Steps shall be taken to ensure the full participation of women in all spheres of national life,' and Article 37 states, 'Promotion of social justice and eradication of social evils: Make provision for securing just and humane conditions of work, ensuring that children and women are not employed in vocations unsuited to their age or sex, and for maternity benefits for women in employment'. Things were running smooth until some discriminatory laws were passed by the Ex-President of Pakistan, who was a military general. This was called ' Islamization', where in 1978, Islam was interpreted out of context. He emphasized and developed a strict system and passed a number of discriminatory laws which together resulted in suppression of women like Law of Qisas & Diyat act (1990), and Hudood Ordinances (1979- 1990).

The laws of Qisas (retribution) and Diyat (compensation) are based on a shifting of responsibility from the State to the Individual (s). Those who commit crime can payback as the compensation to the victim or their family members who ask for Qisas. It is also the absence of mandatory provision for compensation to women victims of violence. This law created loopholes through which women can be killed without penalty in the name of family honor. The family who commits or consents to these crimes can forgive the offenders and accept compensation. The implementation of this law was undermined when women's rights to safety and security were considered as private matter, often referred to as 'privatizing'[6]. In 'Laws of

[5] Verbal Divorce: When men says three times to his wife that I give you divorce, then divorce take place

[6] Privatization: when government is no more the owner

Hudood' where it addresses rape, evidence was mandatory. A woman who was unable to produce the evidence and witnesses in her defense might get punishment, and this resulted in an increase in imprisonment rates (30).

Therefore, a group of activist played their role and ensured that Pakistan implement many of the international commitments to guard basic human rights and gender equality that are efficient in providing a platform and are useful in setting a standard against which to formulate state laws from 1990 onwards. These commitments include the United Nations Declaration of Human Rights (UNDHR) and the Convention on the Rights of the Child, both ratified by Pakistan in 1990, The Vienna Declaration and Program of Action, and the Vienna Conference on Human Rights, ratified by Pakistan in 1993; the Beijing Platform for Action, the Fourth World Conference on Women held in Beijing in 1995; and the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) ratified in 1996 (20). The impartiality afforded in the Pakistani Constitution and the international covenants is however negated by a host of discriminatory laws and customary practices (6).

The minority of social or legal organizations that do support women are mainly active in upper socio-economic neighborhoods, and are thus of little use to most women (30). On the whole, Pakistan's legal system is still not clearly developed in relation to women rights and is not clearly understood (30). According to Jahangir (2003), cited by Critelli, 2010, although Pakistan has ratified CEDAW, one of the most far-reaching influential and vital women's rights documents to eliminate the discrimination against women in the area of employment, education, and politics, discriminatory laws have not been removed from the legal books, whereby the discriminatory laws in the Constitution and in practice still remains barrier (30, 31). This has affected women in terms social attitudes, cultural practices, and religious precepts that discriminate women based on her basic human rights (30).

1.3 Socio-demographic and psychosocial conditions in Pakistan

Pakistan is a low-income, predominantly Muslim country with approximately 179 million inhabitants (Table 1). Only 42% of women can read and write, and the employment rate for

women is about 25%. In rural areas, women contribute by working in crop and livestock production, the cottage industry[7], and by participating in household and family maintenance activities, such as transporting water, fuel and fodder to and from the home. Pakistani women are expected to take care of food preparation, the children, domestic work and to comply with the wishes of the husband and his family (32). Individual gender roles are constructed through a combination of traditional roots and social values (32, 33). The female literacy[8] rate has however improved in the past ten years from 32 percent in 1999 to 45 percent in the year 2009 according to a Pakistani social and living standard report (34). Educated mothers are also considered to contribute to healthier children who are able to attend school (34).

Table 1. Demographic Indicators Pakistan according to different national and international reports

Indicator	Value	Data Unit	Year	Source
Total Population	179,659,223		2009	BUCEN-IDB-2009
Population Growth Rate	2.0	%	2009	DHS- 2009
Percent Urban	34	%	2004	World Bank/WDI-2006
Women, 15-19	9,794,428	Total population	2010	BUCEN-IDB-2010
Women, 15-49	43,729,398		2010	BUCEN-IDB-2010
Life Expectancy at Birth	65.6		2010	BUCEN-IDB-2010
Crude Birth Rate	25.1	per 1,000	2010	BUCEN-IDB-2010
Crude Death Rate	7.1	per 1,000	2010	BUCEN-IDB-2010
Healthy Life Expectancy: Female	65.4		2010	Sub Group II on Population Projection for the 10th Five year people's Plan 2010-15
Healthy Life Expectancy: Male	68.6		2010	
Adult Literacy Rate, Female	42	%	2007	Pakistan Social and Living (PSLM) survey 2006-7
Adult Literacy Rate, Male	67	%	2007	
Human development index (HDI) ranking	128 out of 169		2010	UNDP

[7] An industry where the creation of products and services is home-based

[8] Any women who can read and write the local language are called literate.

1.4 Muslim marriages and its sustainability

In the Pakistani society, women are encouraged or forced to marry early and then expected to move into the household of the husband's extended family. The extended family structure emphasizes the reproductive role of women and at times is a concrete barrier to women's education (35). Men have greater power and privileges and the husbands' violence is accepted as a cultural norm within marriage (36), while women face restrictions in mobility outside of the home and in accessing health care and family planning services (37). The Pakistani divorce rate is extremely low due to stigma associated with the act (33). Dividing the sexes enhances gender inequality and often leads to different forms of violence. It manifests in serious physical and mental health problems, including suicides (38, 39, 40, 41).

1.5 Women and violence

An Overview of prevalence and risk factors

The World Health Organization (WHO) recognized violence against women (VAW) as a significant public health problem. They defined VAW as the violent behaviour and action of a man which results in, physical, sexual, or mental harm to a woman (1). Its prevalence is commonly estimated in two time periods, within the past year and life time experience of violence. A number of studies conducted in low and high income countries on VAW show prevalence rates ranging from 15 to 82% (5, 6, 8, 9, 10, 12). Table 2 summarizes some studies investigating prevalence and risk factors.

Table 2. A selection of epidemiological studies on intimate partner violence from different countries.

Year Country	**Type of study design**	**Prevalence**	**Sample size**	**Associated risk factors**
2005 Iran (42)	facility based study	Physical violence: 15% Sexual violence: 42% Psychological violence: 82%	2400 married women	-low education -unemployed -residence in a rural area
2006 Turkey (43)	population-based study	Physical violence: 38.3 % Sexual violence: 31.3% Psychological violence: 54 %	583 women	-low level of education -poverty -male employment status
2010 Turkey (44)	facility based study	Physical violence: 29.9% Sexual violence: 31.3% Psychological violence: 39.7%	1178 married women	-controlling behaviors with -use of alcohol -media showing violence -low income -uneducated husband
2011 India (45)	population-based study	All forms of violence: 57%	744 married women	-change of women employment -unemployment of husband -love marriages -women has less households assets
2005 India (46)	population based study	Physical violence: 56%	A total of 9938 women	-alcohol consumption -uneducated in laws.
2008 Egypt (47)	population based census	1995 Physical violence: 17.5% 2005 Physical violence: 16.0%	5612 married women	-woman's low education -partner's low education
2006 Bangladesh (48)	population based study	Life time Physical spousal violence against Women all forms 20 to 25%	total married women 2702	-

2004 Nigeria (49)	population-based study	Physical violence: 31.3%.	217 female and 214 male	-alcohol consumption -witnessed parents fight in publicly
Pakistani studies				
2008 Hyderabad (50)	population-based study	Pregnancy Physical / sexual violence: 14 % Psychological violence: 24% Before pregnancy Physical / sexual violence: 20% Psychological violence: 51%	1324 pregnant women	-
2008 Karachi (51)	facility based study	Pregnancy Physical: 12.6% Psychological violence: 43 %	500 married women delivered in hospital	- number of living children -interfamilial conflicts -husband's exposure to maternal abuse -husband's use of tobacco -Women who had in adequate social support
2007 Karachi (52)	population based study : Squatter settlements	Physical violence: 80 % Psychological violence: 97.5%	400 married women	- Financial issues - infertility - not having a son
2006 Karachi (53)	facility based study	Physical violence: 44% Verbal violence: 100% Sexual violence: 36%	A total of 300 women	-wife's less education -consanguinity -prolonged duration of marriage
2005 Urban Karachi (54)	facility based study	Sexual violence: 21%	500 married women	- Multi gravid - Index pregnancy unwanted -conflicts with in-laws
2000 Karachi (55)	facility based study	Physical violence: 32.8% Sexual violence: 77.1% Psychological: violence: 100%	150 married men	-
1999 Karachi (56)	facility based study	Physical violence: 34%	150 married women	-

According to an Iranian study, 15% of women suffer from physical violence, 42% sexual violence, and 82% from psychological violence (42). A study from Turkey reported that economical constraints are commonly referred to as a reason for violence in the family (62%), and indicated that as many as 52% of the women reported any one kind of violence. About half (53 %), suffered from verbal violence, while 38 % suffered physical violence (43). Another Turkish study reported the prevalence of physical, sexual and psychological violence to be 29.9%, 31.3%, and 39.7% respectively (44). Studies from India indicate that all forms of violence are reported by more than fifty percent of the married women (45, 46). A Bangladeshi study reported exposure to wife beating around 20 to 25% and a Nigerian study reported the prevalence of wife beating to be 31.3% (48, 49).

Most of the studies on prevalence also investigated the associated socio-demographic risk factor of IPV. The majority of studies found that a low level of education, unemployment, and belonging to lower socio-economic families were common risk factors for all forms of IPV (44, 57, 58,59).

Other risk factors contributing to IPV include the number of people living in the house and younger age of the women (58). Reported reasons for sexual abuse within marital life has been due to frequent pregnancies, unwanted pregnancies, conflict with in-laws (54) or with the partner, and alcohol consumption (58). It is well-known that growing up in an environment where parents use violence towards each other is associated with violence behavior during adulthood (58).

In Pakistan, most of the studies are conducted at Karachi level in violence against women; and most of them are facility based. The range of physical violence being reported was 14% to 80%, sexual 14% to 77%, and psychological violence as 51% to 100%.

Health effects of violence

Intimate partner violence (IPV) is recognized all over the world for its effects on women's mental health, stress related diseases and illnesses (1, 38). Studies conducted in the United States, Brazil, Vietnam, Ethiopia, and Switzerland reported strong associations between physical, sexual and psychological IPV and mental illness related symptoms, such as somatoform disorders (headache, trembling, indigestion), sadness, depression, anxiety, insomnia, pain, fatigue, vaginal discharge, dizziness, irritability, memory and concentration problems as well as suicidal thoughts and completed suicides (3, 38, 60, 61,62).

In a study from Brazil, the prevalence of psychological violence was more frequent than physical and sexual abuse, it was found that the psychological violence was more strongly associated with having a mental disorder than was physical violence. However, physical and psychological violence, when combined was strongly associated with mental disorders including psycho-emotional disturbances that severely influenced women's mental health (3).

A study from Ethiopia describes that physical violence, when combined with emotional trauma, can result in feelings of frustration, motivational impairment including passivity, and low self esteem, and may lead to depression. Women with depression reported severe or moderate forms of emotional violence to a higher extent than those that were not depressed (61).

According to an epidemiological study from Vietnam, married women reported number of health concerns as a result of physical and sexual violence. These included: poor general health, difficulty in walking, and performing usual activities, memory loss, pain or discomfort, sadness or depression, and suicidal thoughts. Suicidal thought had the strongest association to violence in multi-regression model (39), since these women are repeatedly exposed to a number of life stressors which results in multiple ill effects (39).

One study, however, indicated reversibility, where they linked the depression to exposure to physical violence and when the violence decreased, it was found to have immediate positive effects on the presence of mood disorders (63).

In summary, the immediate health consequences of IPV are well described in the scientific literature. Briefly, physical and sexual assault by partners can result in a range of injuries including bruises, cuts, concussions, broken bones, internal injuries and bleedings, and also in deliberate murder. Mental health consequences of physical, sexual, and/or psychological IPV include posttraumatic stress disorder, depression, other anxiety disorders, substance abuse, suicide attempts and committed suicides. Physical, sexual and psychological IPV are also associated with health outcomes such as chronic pain, neurological disorders as a consequence of head injuries and/or strangulation, gastrointestinal disorders and particularly irritable bowel syndrome, sexually transmitted infections (HIV, Chlamydia and Urinary tract infections), migraine headaches, and a range of other disabilities (64).

The WHO multi-country study showed that women who suffered physical or sexual violence reported poor self-rated health, reduced ability to walk, memory loss, dizziness and vaginal discharge to a considerably higher extent than women not facing this kind of violence (41). This thesis is mainly focusing on mental health effects.

1.6 Typology/Forms of violence

In 2002, the World Health Organization (WHO) presented a typology of violence that has been influential in understanding its different types as presented below in Figure 1 (65). The main types of violence are: ‘self-inflictive’, ‘inter-personal’ and ‘collective violence’. Each category has subdivisions that define each particular kind of violence, and outline their description and nature as physical, sexual, psychological, and/or deprivation.

Self-inflicted violence refers to suicidal behavior and self-abuse. Suicidal thoughts and attempted suicides are part of suicidal behaviors.

Inter-personal violence is divided into two sub-categories (65). 1] family and intimate partner violence, that occurs between and among family members and intimate partners, usually taking place inside the home and may include child abuse, abuse of the elderly and IPV (65) and 2] community violence, which describes the violence between persons who are not related and who may or may not know each other, usually taking place outside the home. It consists of physical violence among the youth, haphazard acts of violence, rape or sexual attacks by a stranger and violence in institutional settings such as schools, prisons, workplaces and nursing homes (65).

Collective violence is sub divided into social, economic and political violence. Social violence is often committed to support a particular social agenda and includes, hate crimes committed by organized groups, crowd violence and terrorist acts. Political violence includes war and related violent conflicts, state violence and similar acts carried out by larger groups (65). Economic violence occurs when a group of people attacks someone to ensure that they gain economically and that the victim experiences an economic loss (65).

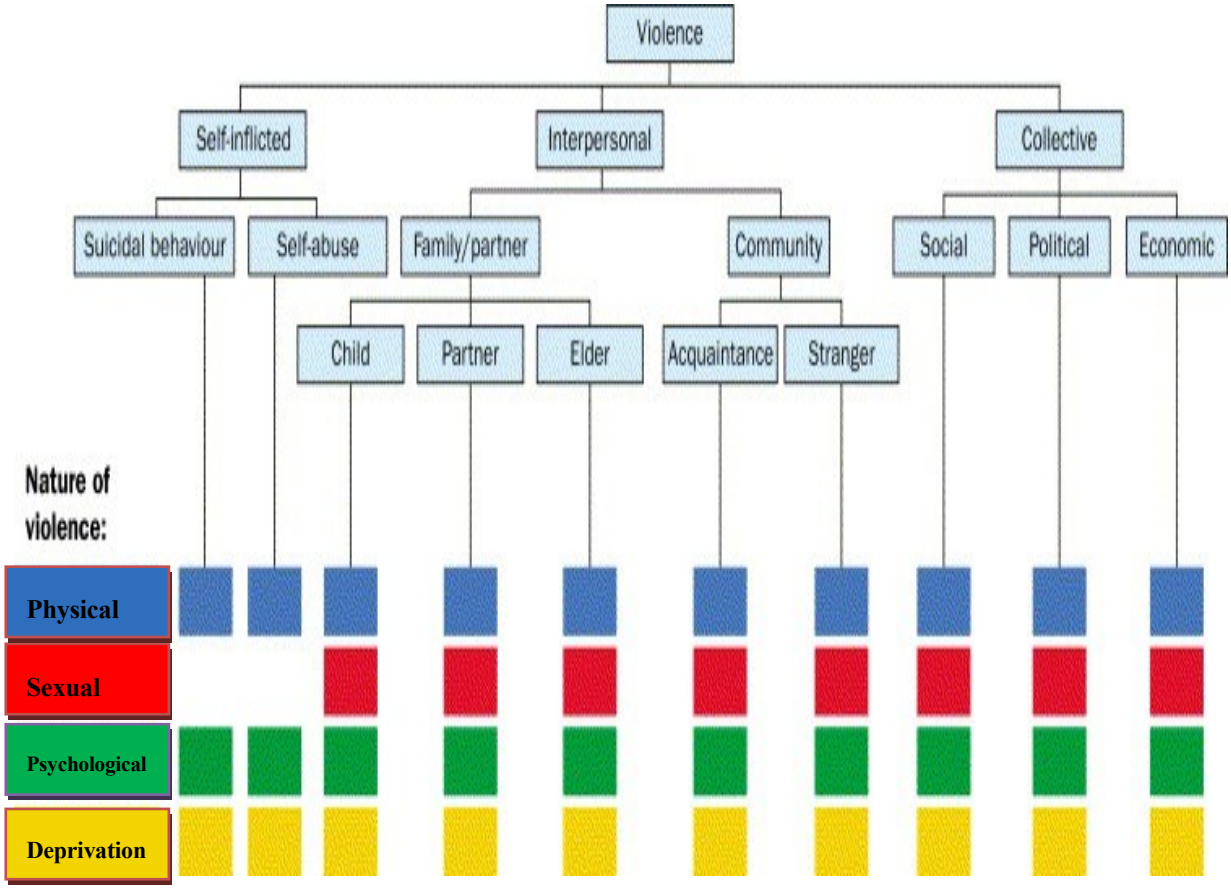


Figure 1. The WHO typology for understanding different forms of violence described in World Report on Violence and Health, WHO, 2002.

Referring to the above forms of violence, this study is concerned with family and partner's violence in the category of interpersonal violence, covering all the forms including physical, sexual and psychological violence directed towards married women.

1.7 Theories of causation of Inter-Personal Violence

Different theories have been put forward in the literature to explain why husbands use violence towards their close partner or former partner. Some of these are discussed below.

1.7.1 Socio cultural theories

1.7.1.1 Feminist theory

The feminist approach focus on the power imbalance, resulting in discrimination and oppression that takes place in a woman's life. Such imbalances exist on the structural level in patriarchal societies and prevent women from equal participation in political, social and economic spheres (66). It explains the discrimination and oppression by defining the unequal relationships between men and women (67). These relationships are analyzed by assessing the socio-cultural situation in which these relationships are developed and gender roles defined (68, 69). Socially defined unequal gender roles are reproduced within the family and eventually lead to the victimization of women and the perpetration of violence against women by men (67). Proponents of the feminist theory suggest that various strategies, including physical violence, may be used by men to control and exert their power over women, also referred to as gender based violence. Gender based violence; according to a definition by the United Nations in 1993 is 'Any act of gender-based violence that results in, or is likely to result in physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life' (65). Gender-based violence hereby occurs due to women's subordinate position given by the society. It varies from threats of violence to extreme physical, sexual, or psychological harm towards a woman. It can usually be explained as due to socio-cultural norms, traditional beliefs, and institutional policies (13).

1.7.1.2 Systems approach

In this theory the family is the dynamic organization made up of individuals, where the behavior of one individual is affected by the response from the other members of the family. Family violence researchers use this to look at communication and problem solving skills in violent relationships. It is assumed that both partners play a role in the creation of violence, but not necessarily equal roles. This concept accommodates women's aggressive behaviors towards men, which is not the case in the feminist theory (66).

1.7.1.3 Social learning theory

Social learning theorists hypothesize that children develop their thinking styles, behaviors, and interpersonal skills by observing the behavior of significant others and learn which behavior gives the desired results without negative sanctions (66). When inappropriate behaviors are learned and at the same time reinforced in the media, these patterns of interaction may become internalized in the individual. Therefore, at times an individual may develop abnormal behaviors from the family environment which leads toward conflicts (66, 68). Similar to the feminist or power theory, social learning theory proposes that methods for settling family conflicts are often learned during childhood. This may result in children learning that the male is the priority and the female should be submissive (68).

1.7.2 Individual theories

1.7.2.1 Biological theory

Biology has been discussed in relation to causative theories of violence. For example, the effects of a head injury or genetic based explanations have been explored, but with little empirical evidence to suggest that it is the cause of male violence towards women (66). Given the current literature, biological factors may not be ruled out in its contribution to violence perpetration in some cases, although a variety of other, non-biological factors may be involved.

1.7.2.2 Psychopathology

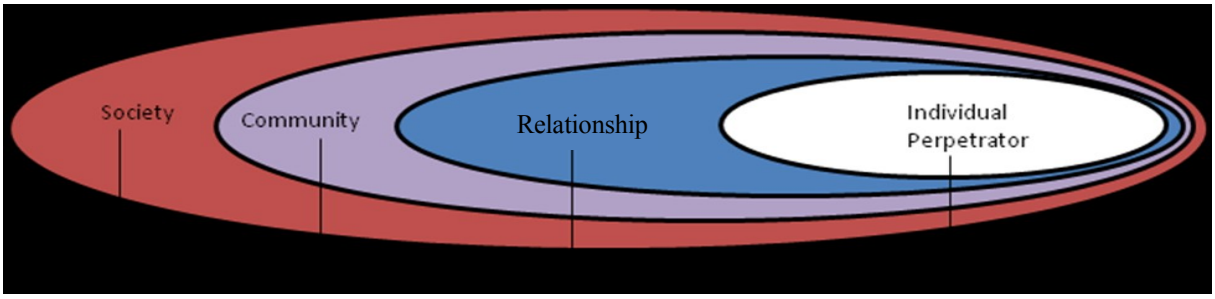
Individual male psychopathology is also discussed, with emphasis on psychodynamic factors. The focus is on childhood experiences exerting influence on men resulting in the use violence and abuse in adult life (66). Empirical evidence for this theory has been found mainly in surveys of populations of male batterers where high levels of certain psychiatric diagnoses are found, such as borderline and anti-social personality disorders (66).

1.7.2.3 Personality/typology theories

This theory is prominently emphasized as an "attachment theory". It is based on the notion that an experience during early childhood or adolescent of violence against someone they have a close or intimate relationship, or an attachment (i.e. one's mother) can result in insecure attachment or shaming (68). This theory explains the notion of individuals, in their adulthood, desiring intimate social contact while simultaneously experiencing a fear of rejection and distrust of others. This results in anxious behavior and dissatisfaction with intimate relationships and often leads to IPV.

1.8 An Ecological Model Explaining IPV

In 1998, Louis Heise presented an 'ecological framework' to understand the relationship of



- Norms granting men controlled over female behavior
- Accepting of violence as a way to resolve conflict
- Notion of masculinity linked to dominance, honor, or aggression
- Rigid gender roles

- Poverty, low socio economic status, unemployment
- Associating with delinquent peer
- Isolation of women and family

- Marital conflicts
- Male control of wealth and decision-making in the family

- Being male
- Witnessing marital violence as a child
- Absence or rejection of father

Figure 2. The Ecological model for social determinants of partner abuse as presented by Heise, 1998.

personal, situational, and socio-cultural factors that together can act as determinants of partner abuse or IPV (13). It is a commonly acknowledged model for social determinants of health adapted to violence exposure. This model provides a better understanding of IPV through the interaction of factors at different levels of the social environment when viewed from a public health perspective. This ecological model comprises of four overlapping circles that starts with the individual level, followed by relationship, community and societal levels, indicating

the interrelationship between the different levels (i.e. that reasons for violence are found at more than one level) (13).

At the individual level, the factors highlighted are male gender, alcohol use, and witnessing the abuse of parents as a child (13). At the relationship level, marital conflict, male control of resources and male decision-making power are of importance. While at the community level, economic realities and unemployment play a role, as does association with delinquent peers and isolation of the family, where unemployment and inability to fulfill male expectations, lack of social support, low socio-economic status increase the risk of violence. Finally, at the societal level, the structures in society influence all other levels. Norms and values are of major importance such as women's status in society, rigid gender roles with a pronounced masculine role and also the level of social acceptability of violence. At this level, gender roles are constructed as are the political, economic and social structures of each society (13).

In this study, risk factors for violence and abuse were investigated mainly at the individual and the community level in the epidemiological study. While in the qualitative studies all levels were discussed as contributing to IPV, but most of the emphasis was put on the structural level.

1.9 Bronfenbrenner's Ecological Model

Brofenbrenner's Ecological Model is a social-ecological model, which discusses how different sources and environments influence the development of the individual starting from childhood and extending over the life course (70, 71). This model discusses the three layers which influence a child's development, the 'microsystem, 'exosystem', and 'macrosystem'.The

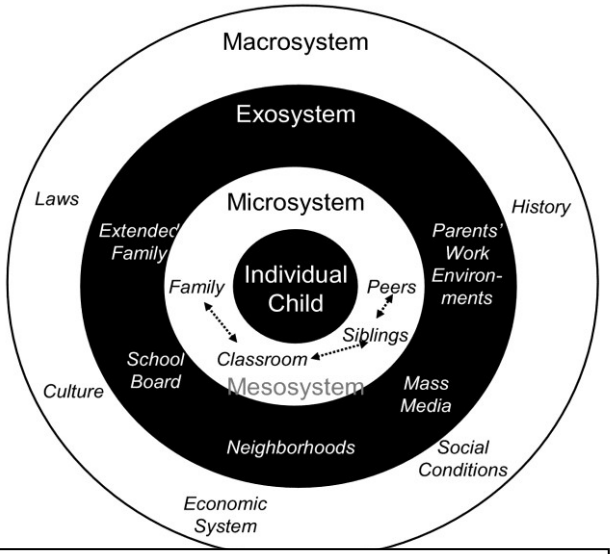


Figure 3. The Bronfenbrenner model on how factors at different levels of societal organization influence individual development.

'microsystem' includes the surrounding environment where the person lives, moves, and interacts with others, such as interactions with parents, siblings, teachers, and peers. The 'mesosystem' is the part of 'microsystem' and explains how the relationship works in between parents, siblings, peers and teachers. The 'exosystem' refers to the broader community environments with which the individual interacts and how it influence individual development. These may include the extended family system, the family network, mass media, decisions made by school boards, the opportunities present, and parents' workplaces, among others. The 'macrosystem' environment includes the broader society, which encompasses shared cultural values, ideologies, history, or customs, the system of laws, and the economic system that influence the development of an individual.

In summary, the ecological model by Heise (13) is the model mainly used in this thesis as it use a general social determinants model to explain possible reasons for violence and focusing on situational factors. Bronfenbrenner's model is applicable mainly to paper III, as it explains how individuals' development is influenced by the environment, ranging from the household to the larger community (70). The Bronfenbrenner model hereby assist in explaining how gender roles and discriminatory practices, formed at the structural level, influence all other levels and finally the individual and the interplay between the sexes.

1.10 Gender and sex in the local context

The terms 'gender' and 'sex' are often used as synonyms in Anglo-Saxon scientific articles, but actually have two different meaning. 'Gender' is the social element while 'sex' is designated as the biological element of a person, which does not change over time. Gender refers to the basic character traits a person possesses, which society defines as either masculine or feminine traits (69). Gendered behaviors are developed from immediately after birth in the so called socialization process and continue over the life course to foster boys and girls into roles and behaviors expected of men and women in a particular society and focuses on how people interact with each other. Gender traits may change with passage of time, in different contexts, and with different relationships and situations. Gender in marital relationships play an important role as it defines the role and responsibilities of the partners, as expected by society. For example, in the Pakistani culture, men are expected to be the

breadwinners and women are expected to be the caretakers of children and to complete household chores. Based on their expected roles, a husband and wife will make decisions: a husband can make decisions that relate to his own job and a wife can make decisions related to taking care of the children and household chores (72). However, there is a power gradient built into the gender concept. Masculinity is deemed superior to femininity, resulting in the final decision-maker often being the man, as he is assigned more power in the relationship. To understand gender roles requires studying relationships between men and women and the power gradient in order to understand the status of women. Since gender notions and practices are modifiable, a shift in gender roles towards a higher level of equality in terms of task-sharing has been observed in some western societies, i.e. when women enter into the workforce in greater numbers, men assume a higher responsibility in the domestic sphere (73) However, this needs support also from the structural level towards accepting a higher level of gender equality in society at large.

Gender discrimination

The Constitution of Pakistan mainly advocates the principle of equal rights and equal treatment of each and every individual. However, in practice through Pakistani tradition, women are often treated as second class citizens. Following traditional norms, women are taught and expected to be subordinate to men regardless of their own social class and are told to focus on their reproductive role (30). Their mobility is sometimes restricted through the incorrect enforcement of the Islamic practice of 'purdah'[9] which is a way of physical segregation of both sexes. However, over time, some progress has been seen, although women still have limited access to education, employment, health services, and decision-making (74**,** 75**)**. The unavailability of government resources works to increase the poverty rate and leads to low levels of literacy among women. This contributes to the fact that very few women are aware of their rights, which is a major hindrance in the efforts to improve their situation (76).

Legal frameworks offer little protection for the physical integrity of Pakistani women. The prevalence of violence against women is very high (18). There is no specific law covering gender-related violence; instead such crimes fall under the general Penal Code. A clear gap

[9] Purdah is more linked to appropriate clothing, than women's empowerment.

exists between legislative measures and enforcement mechanisms (30). Common domestic and customary forms of violence include spousal rape, dowry-related violence and honor killings (77). Women have the legal right to press charges against their abusers, but rarely report incidents for fear that their accusations will be distorted and reversed towards them (30).

Muslim marriages and its sustainability

Related to the issue of IPV is the context of familial support, which varies for every individual woman regardless of her marital status and social standing. According to one sect of Muslim family's laws in Pakistan, a Muslim man can divorce his wife by saying it verbally (Talaq), whereas a Muslim woman can only dissolve her marriage with the intervention of the court (29). Many women are not aware of the process of law and court (78).

Parents discourage their daughters from leaving their marital homes in order to avoid the stigma associated with the label of 'divorcee'. The cause of divorce is usually blamed on the woman, whereas a husband's bad behaviors are generally not questioned. Women always have to face criticism from society and without the support of her family, life as a divorcees woman can be very difficult (32). There are no community social support centers at the government level, thus resulting in the confinement of women to abusive relationships with nowhere to turn to when subjected to violence (32). If in this situation, a woman is strong enough to stand up for her rights and face all the challenges of domineering bodies, rather than being commended for her bravery she will be exposed to isolation and social rejection by the surrounding community. This is especially visible among the less educated segments of the population (78).

1.11 Public health

This thesis is based within the field of public health science. One of the early definitions of public health was formulated by Winslow in the 1920's 'Public Health is the science and art of preventing disease, prolonging life and promoting health and efficiency through organized community effort'. According to this definition, public health is not only based on science but also on 'art' which in my interpretation means that when science is not there to tell health

practitioners what to do they need to rely on 'art' or maybe what today would be called 'reliable experience', which built on observations, experiments and empirical findings. This definition further emphasizes the responsibility of communities for its population's health.

What defines public health science today is its focus on population health including health promotion and prevention as well as treatment and rehabilitation. Public health is further multi-disciplinary in the understanding that observed health problems in populations are not solved by one professional group but needs collaboration between many disciplines. Public health research use epidemiology as its basic science but in the past years, qualitative methods are increasingly used and often in combination with epidemiology and biostatistics. In this research project, the team included specialized health professionals: midwife, general practitioner; gynecologist and nurse epidemiologist.

1.12 Selection of quantitative and qualitative approaches in this thesis

This thesis has used a multi-methods design, both quantitative and qualitative in its approach to explore the subject under study. Much of the discussion among the researchers has focused on whether the two different paradigms should be used in the same study. Some researchers argue in favor of such a combination of methods, while others put forward the disadvantages. Quantitative and qualitative methods rely on different assumptions about reality (ontological assumption) as well as about the knowledge production (epistemological assumption) (79).

In quantitative research, pre-formulated hypotheses are tested on data collected through the use of validated instruments in randomly selected larger populations, while qualitative research uses a more emergent design whereby the researchers learn from every step in the process, adapting the research plan according to the findings that are made on an ongoing basis (80,81). In qualitative research, a smaller number of participants are enrolled for individual interviewing or focus group discussions, selected purposively with regard to their knowledge, experience, profession and ability and willingness to talk on the subject under study (80, 81). In summary, in quantitative research, hypotheses are tested (deductive) while in qualitative research, new hypotheses can be formulated (inductive) and maybe tested in a later quantitative study.

In this thesis, the two different methodologies were used for pragmatic reasons. The general aim of this study was 'to improve knowledge on physical, sexual and psychological violence in terms of prevalence, risk factors and health effects,' an aim that required a quantitative approach to achieve. Another aim, however, was 'to gain a better understanding of gender role expectations and their translation into differing life circumstances for men and women,' where a qualitative approach seemed more appropriate, despite the fact that a quantitative approach could possibly have been used. We decided that a qualitative approach would better reflect the views and opinions of women in that they would be able to speak freely on the topic and not only tick boxes with pre-formed response alternatives.

The quantitative part (cross-sectional) of this study served the purpose of indicating the size of the problem of violence in intimate relationships, its main risk factors, and the resulting health effects. During the analysis phase, we found that the women reported certain issues that needed further investigation: life circumstances, restrictions in decision-making, and health issues. One such finding that deserves to be mentioned here was the high rate of suicidal thoughts reported in the entire population under study and not only among those exposed to violence. This led us to a more in-depth exploration of women's overall life circumstances, gender roles and women's status in society through the use of focus group discussions. The discriminatory practices affecting women in families then became evident.

This study used focus group discussion, as it is a suitable method to explore norms, perceptions and experiences in sub-groups of the population (82). Commonly, 5-8 people are gathered to discuss the specified topic in an understanding and permissive atmosphere. The objective is not to reach consensus, rather to catch as many diverging viewpoints as possible (83).

Analysis of FGDs was done by using content analysis. The choice of qualitative content analysis as the tool of analysis was that the method explores the manifest and latent content in a text. The manifest content, that is, what the text says, is often presented in categories, while themes are seen as expressions of the latent content, that is, what the text is talking about (79,84). Qualitative content analysis further focuses on the subject and context, and emphasizes differences between and similarities within codes and categories (84). Our main interest was to extract the manifest content to better understand the life circumstances and the gender discrimination women face, which was already seen in the epidemiological study. However,

bringing categories together in a higher level of abstraction (latent content), contributed to a better understanding of the whole.

AIM

The general aim of this study was to improve knowledge on physical, sexual and psychological violence in terms of prevalence, risk factors and health effects. Further, to gain a better understanding of gender role expectations and their translation into differing life circumstances for men and women and the role of violence. This was explored by use of quantitative and qualitative methods among married women of different social strata, living in urban Karachi, Pakistan

Paper I: The aim of this community-based study, conducted among married women living in low and middle-income areas in urban Karachi, was to investigate the prevalence and frequency of physical and sexual violence and psychological abuse perpetrated by husbands against their wives, and any associated socio demographic risk factors.

Paper II: This community-based study focused on low and middle-income women in urban Karachi. It aimed to investigate the mental health effects and women's coping behaviors – such as disclosure rates and patterns of health care-seeking, associated with the husbands' use of physical, sexual and psychological violence.

Paper III: The aim was to explore current gender roles in urban Pakistan, how these are reproduced and maintained, and influence men's and women's life circumstances. This was explored among married women of all social strata, living in urban Karachi, Pakistan, in focus group discussions.

Paper IV: This study explores how women perceive situations that create family conflicts, in turn leading to different forms of violence. In addition, this study examined perceptions of consequences of violence, their adverse health effects, and how women resist violence within marital life in urban Pakistan.

2 METHODOLOGY

In this thesis both qualitative and quantitative study design was applied. Table 3 summarizes the study designs and data collection methods used.

Table 3. Study designs and data collection methods

STUDY AND STUDY TYPE	SOURCE OF INFORMATION	METHODS AND COLLECTED DATA
Study 1 (Paper I) Title: Intimate partner violence in urban Pakistan: prevalence, frequency, and risk factors Quantitative study	759 married women aged 25–60 years, living in two of the towns with approximately 720,000 inhabitants, were included	Face to face interviews following a structured questionnaire developed by WHO for use in violence research
Study 2 (Paper II) Title: Intimate partner violence and mental health effects: a population-based study among married women in Karachi, Pakistan Quantitative study		
Study 3 (Paper III) Title: Gender roles and their influence on life prospects for women in urban Pakistan Qualitative study	Five Focus group discussions (FGDs) with were conducted including 28 women, representing employed, unemployed, educated and uneducated women from different socio-economic strata.	Five FGDs were analyzed using a manifest and latent content analysis approach.
Study 4 (Paper IV) Title: 'Violence permeating daily life' – a qualitative study investigating perspectives on violence among women in Karachi, Pakistan' Qualitative study		

2.1 Quantitative Approach (Paper I and II)

Study design and population

This cross-sectional study was performed in Karachi, Pakistan. Karachi has about 16 million inhabitants and forms a district within the Sindh province, and is the largest city of Pakistan. Karachi is further divided into 18 towns. In this study, 759 married women, aged 25 to 60 years,

living in two of the towns with approximately 720,000 inhabitants, were included. The response rate was 93.7 %, as data was collected by the community based midwives, who were trusted in the towns.

In lower and middle income areas in Karachi, women's movements within the community are limited, due to cultural requirements (55, 56) and therefore women are mainly staying within their home sphere. To be able to address them for the data collection, it was necessary to link up with a health organization that maintained a surveillance system, and whose health workers were somewhat known to the community. Government health facilities were initially contacted, but since they lacked resources, we were advised to contact the Health and Nutrition Development Society (HANDS). HANDS is a non-governmental organization working closely with the Government health services. HANDS provide basic health facilities, and also primary education, income-generating opportunities and institutions to empower communities in low and middle income areas of Karachi. HANDS' facilities are equipped with trained people who shoulder full responsibility for local health care services at the primary care level (maternal and child health, immunization, oral re-hydration therapy, control of diarrheal diseases, nutrition counseling, growth monitoring, treatment of minor illnesses), and field sites have been established to follow up on the activities. As HANDS' facilities do not reach out to the highest socio-economic strata in Karachi, we were not able to include this group in our study. People belonging to the highest SES, do not seek public health care but merely private care and were not interested in taking part in studies.

Some other organizations were initially contacted including public sector organizations, but these were reluctant to work in the area of violence against women, due to fear that the data collectors would be exposed to unpleasant experiences and also violence . These organizations were afraid of breaking a trusted relationship with males and females in the community and suggested that HANDS should be contacted.

Data collection instrument

The data collection instrument used was the Multi-country Study on Women's Health and Life Experiences Questionnaires developed by the World Health Organization (WHO) for studies on interpersonal violence and named Violence Against Women instrument (VAW) (57). The questionnaire was developed for use in different cultures and is considered to be cross-culturally appropriate. Up-to-date, it has been used in more than 15 countries. The abuse questions were developed on the basis of a variety of other abuse assessment scales [Index of Spouse Abuse (ISA) and the Conflict Tactics Scales (CTS)] with established reliability and construct validity (58, 59).

Validity and Reliability of the VAW Instrument

Construct validity, test-retest reliability, and inter-rater reliability of the VAW instrument has been tested in ten different countries by the WHO teams. Cronbach alphas for physical abuse was 0.81 and for sexual abuse it was 0.66, (41).

In our study face validity was performed by pre testing the questionnaire at similar field level and content validity was done by the psychologist, sociologist and public health specialist. The internal consistency (Cronbach alpha) for physical, sexual and psychological violence sub-scales were .87, .79 and .93 respectively (85). There is only one population based study published so far that validated the VAW instrument and this study was performed in Brazil (86). It found in two different populations, by use of exploratory factor analysis with Varimax rotation on the questions relating to violence, a three-factor solution representing physical, sexual and psychological violence. Cronbach's alpha coefficients were 0.78 for psychological, 0.83 for physical and 0.78 for sexual violence construct. The conclusion was that the instrument was adequate for estimating gender-based violence against women perpetrated by intimate partners and can be used in studies on this subject (86).

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Study Setting

Pakistan is a low-income Muslim country with roughly 176 million inhabitants, whereby Karachi has approximately 15 million inhabitants. Karachi is a multi-ethnic society as it includes Mohajir, Sindhi, Punjabi, Pathan, and Balauchi people. Karachi has several main city districts and each district is further sub-divided into 18 towns, each in turn divided into 178 union councils (87, 88). The data was collected from two towns, which contained families of lower and middle socio economic strata; it was not possible to include the highest socio-economic stratum due to their unwillingness to participate. Only 36% of the women are literate and the employment rate is 19% for women, compared to an average of 80% for men, with higher rates in urban areas (87, 88).

Data Collection Procedure

The data was collected by community midwives employed by HANDS, from March to August 2008, using a multi-stage random sampling technique in the selected area; see Figure 3 for details 'The Pakistan Hands and Nutrition Development Society' (HANDS)[10]. First, a list of registered communities was developed, out of which the six field sites were selected. In each field site, and through the surveillance system set up by the Community Midwifes (CMs), the required number of households was randomly selected (using computer-generated numbers from Epi Info) from a list of all households where women of the required age were available. Ten women refused participation at the initial stage of interview and these were replaced by a neighbouring woman of the same age; however, 41 women decided to discontinue the interview when half-way through and these were not replaced, which gave a

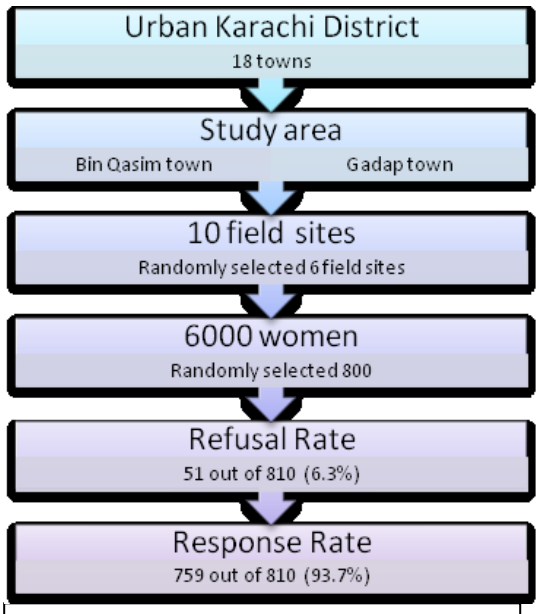


Figure 4: representing the data collection sampling and sample size

[10] a non-governmental organization in the health sector, www.hands.org.pk

dropout rate of 6.3 % (Figure 4). In a household with more than one eligible woman, only one was selected, by asking the youngest and the oldest alternately. Information related to the husbands was obtained from the women and relates to the current husband.

Sample size calculation

In order to detect a 1.6 fold risk increase of physical/sexual/psychological violence and abuse with 80 % probability and an estimated prevalence of this exposure ranging from 20 - 40 % in the study sample, we calculated that we needed a sample size of about 664 individuals. It was decided to aim for 800 respondents, however 810 were approached, and eventually 759 women were included in the study, which gave a response rate of 94.9%.

Six CM received training for one week in the local language, conducted by local researchers, with assistance from members of Women's Lawyers Association (PAWLA)[11] and HANDS. It included topics such as prevalence and causes of IPV with its management techniques, referrals, rationale of the study and ethical considerations.

Each interview was conducted in the local language, Urdu. The study was presented as a Women's Health study to the household members, and not until the conversation was safe from being overheard was the topic of violence introduced and any sensitive questions asked. The interviews were conducted in the respondent's home, when privacy could be ensured; otherwise, at a nearby school or at a HANDS facility. To ensure quality of data, about 5 % of the participants were re-interviewed, selected at random for comparison, and only minor differences were detected in the responses given.

[11] Pakistan Women Lawyers Association is a non-governmental organization that supports women's legal rights. http://www.wiserearth.org/organization/view/43401a3ec730478aaaef221ae3096fa9

Variables

Dependent variables

Intimate partner violence (IPV) is defined as any act of physical, sexual, or psychological abuse by a current or former partner, whether cohabiting or not.

Physical violence was measured as moderate (slapping, throwing things, pushing, or shoving), and severe (hitting, kicking, dragging, beating, choking, or burning).

Sexual violence was defined as being urged to perform sexual acts against the woman's will and physically forced sexual intercourse by the husband.

Psychological abuse was measured as insulting or making the woman feel bad about herself, belittlement or humiliation in front of others, doing things to scare or intimidate her on purpose, and threats to hurt her or someone she cared about.

Life time exposure to violence after marriage was assessed by items on acts of violence then forming composite measures for physical, sexual and psychological violence respectively, with frequency (how often it had occurred).

Past year exposure is presented as summary measures of the different forms of violence and not by individual items.

For bi- and multivariate analyses, the dependent variables were dichotomized into experience of violence as opposed to no experience of physical or sexual violence or psychological abuse respectively, in life time.

Mental health effects variables were collected by asking the women about their general health using a five-point scale (excellent, good, fair poor or very poor). The scale was later dichotomized into two categories: ‘good and excellent’ and ‘fair, poor and very poor’. All women were also asked about six mental health symptoms experienced during the past 12

months, the response categories being ‘yes’ and ‘no. The symptoms were: ‘difficulties in performing usual activities’; ‘memory or concentration problems’; ‘difficulties in decision making’; ‘loss of interest in previously enjoyable things’; ‘feeling worthless’; and ‘experiencing suicidal thoughts’.

Independent variables

Socio-demographic variables were analyzed as independent risk factors. *Age* was divided into three groups and later dichotomized into younger and older age groups (25-35 and 36-60 years). *Educational attainment* was grouped into no education, primary (up to 8 years), secondary schooling (9 to 10 years), intermediate (11 to 12 years) and higher education (13 years and above), and for multivariate purposes dichotomized into no formal education as opposed to any length of schooling. Women's and husband's *employment status* were dichotomized into being employed or not. Those who were in paid employment were further categorized as unskilled workers (e.g. construction worker, messenger, landlord, farmer, watchman, servant, shopkeeper), skilled workers (e.g. fisherman, gardener, carpenter, trader, driver, tailor), and low- and medium level professionals (e.g. soldier, police officer, teacher, health professionals, receptionist, secretary, Lady Health Visitor, school teacher). This variable was further dichotomized into skilled workers including the professionals, and unskilled workers

The *socio-economic status* (SES) variable was constructed from a list of household assets. Each respondent marked the assets available in the household and these assets were assigned different weights according to how common these are, in general, in households, and its market price (e.g. electricity, radio, television as ‘1’ and telephone, and computer as ‘2’ while refrigerator and air conditioner as ‘3’). The weights were decided on by a team of researchers from the Aga Khan University, who have been conducting community based studies. The weights were summed up and divided into quartiles. Families within the lowest 25th percentile were rated as in low SES, and then each quartile was rated as lower middle SES, upper middle SES and high SES, respectively. SES was further dichotomized into low SES as the exposure category versus middle and upper SES. This way of grouping households into different SES groups has been used also in other studies from this area.

Number of children was grouped into five categories: zero, one or two, three to four, five to six, and seven or more children. This variable was thereafter dichotomized into 0-4 children as opposed to more than four.

The number of family members was calculated as those living together and sharing one kitchen in a family circle. The variable was dichotomized into the number of members in the family. One to four members was measured the reference and five or more members as the exposure category.

Statistical analysis

The Statistical Package for the Social Sciences (SPSS) version 10.0 was used for all statistical calculations. Prevalence and frequency of the violence was calculated. Odds ratios (OR) with a 95% confidence interval (CI) level were used in the bivariate and multivariate analyses to estimate associations between socio-demographic variables and lifetime exposure to all three forms of violence. Statistically significant variables in the bivariate analyses were entered into the multivariate model, one at a time. Final models were developed (Paper I). For mental health effects differences between groups and the total population were calculated by using the Chi square test, with p-values for two independent proportions (Paper II). Statistically significant variables in the bivariate analyses were entered into the multivariate model one at a time for causal chain and confounding analyses. Final models are displayed, adjusted for age and educational attainment of both husband and wife, and further for SES and husband's occupation.

2.2 Qualitative Approach

Study setting

The study was carried out in five areas of urban Karachi, Pakistan. Karachi has three socio-economic areas. In each area, at least one focus group discussion (FGD) was conducted using a qualitative design, in which women were asked to share their opinions and information on

women's general experiences on particular issues within the areas of family life and violence. These FGDs were conducted from June to August 2010 and fifty married women were invited to participate. The participants were invited through community activists, school teachers and by the community workers of non-governmental organizations (NGO's) and among them, a total of 28 agreed to participate. The study employed purposive sampling, with the certain criteria: their capability to reflect and articulate, age 20 to 60 years, employed or unemployed, residence in different socioeconomic areas (upper, middle, and lower socioeconomic areas) and their compliance to provide details of information after data collection, if any clarity was required by the researchers. Background information of the participants is presented in Table 4. The FGD groups were homogenous in terms of age, socioeconomic status, and employment status of women.

Table 4: Characteristics of informants in the focus group discussions (FGD)

FGD no.	**No. of informants**	**Employment Status**	**Mean age (min-max; yrs)**	**Geographic area in Karachi and socioeconomic status (SES)**	**Schooling in years**	**Number of children**
FGD 1	7	Housewives	33.7 (25-40)	Middle SES	10 to 14 years	1-5
FGD 2	5	Employed	45.0 (40-60)	Upper SES	12 to 16 years	2-3
FGD 3	5	Housewives	30.2 (27-34)	lower and middle SES	10 to 16 years	0-2
FGD 4	6	Employed	36.2 (25-45)	Middle and upper SES	12 to 16 years	0-3
FGD 5	5	Temporary work	44.6 (38-53)	Lower SES	No formal schooling	0-5

Interview guide

A thematic interview guide had previously been created by the research team and was used at the FGD of both qualitative studies. Paper III included questions such as for example 'Describe the societal role expectations of a man/husband/father and a woman/wife/mother?; 'Describe the characteristics of a good/bad wife and a good/bad husband?'; 'What are the feelings of

women when they are practicing their expected gender roles?'; while Paper IV included questions such as 'What are the situations enhancing violence against women?'; and 'Which situations in daily life might provoke violence from the husband?', 'What kinds of violence do a woman face?' and finally 'How do women cope with the situation'?

Data collection procedures

Each participating woman was given pick up and drops off service from the home to the site of the FGD. Each FGD lasted about 80 to 120 minutes and was conducted from June to August 2010, mostly at the homes of the women, or at the NGO offices, where privacy was ensured. The five FGDs were led by a moderator (first author) and a field supervisor who was present at all the FGDs, and took notes on main content and made observations. The FGDs were tape-recorded after obtaining a written permission from the informants. All FGDs were transcribed within 7 to 10 days and listened to by the first author who compared the content with the written documents for verification of the transcriptions. The documents were thereafter translated to English. Later another researcher validated the transcriptions by listening through the recorded parts randomly.

Data analysis

Qualitative content analysis was used and the manifest and the latent content was analyzed (84), where the manifest content is 'what the text says' and the latent content is 'the interpreted meaning'. Content analysis is a stepwise analytical process (84). At the first step, the data was read several times in order to gain understanding of the content. The text was thereafter divided into meaning units that were condensed and labeled with a code independently by the first author. The last author and the third author coded part of the material. The coding made by the first, third and the last authors was then compared and consensus was reached. . The codes were subsequently analyzed and grouped into sub-categories and categories by multiple authors. In the final step, two themes, six categories, and their twenty sub-categories were identified (paper III). In paper IV one theme, three main categories, seven categories and 20 *sub- categories* presented in Table 13.

Ethical considerations

The ethical principles spelt out by the World Health Organization (WHO) for violence research were strictly followed (89). All respondents were informed about their free choice to join and to withdraw whenever they wished during the research phase. Data collectors secured written consent from all respondents preceding the interview. Those women who disclosed experiences of violence and expressed a need for support were referred to the PAWLA and Women's Social Security Department, Government of Pakistan. The study was approved by the Institutional Ethical Review Committee of Aga Khan University in Karachi, Pakistan. Linking up with the HANDS organization secured the data collection process, as unfamiliar women, introducing themselves as data collectors, would hardly have been accepted by the families. Furthermore, data collectors, unfamiliar to the households, may have been put at personal risk. The women who participated in the study were provided with referrals to mental health professionals, and lawyers for a free of cost consultation. Moreover, community women were also given awareness sessions by the lawyers with regard to women's right.

3 RESULTS

This thesis present quantitative and qualitative findings to improve understanding of the magnitude of intimate partners violence, its association with socio demographic factors and its underlying root causes, such as gender discrimination. The findings also present how women in Karachi, Pakistan resist violence and how others factors contribute to bring in change that might in a longer perspective contribute to lessen gender discrimination.

3.1 Quantitative results

Participants characteristics

Of the women who participated in the quantitative studies, half were illiterate (47.6%) and the majority of them were housewives (paper I) (Table 5). However, among their spouses, 36.2% were illiterate and more than half were unskilled workers. About one third had more than four children, and 65.0% of the households contained five or more members.

Table 5. Socio-demographic and psychosocial factors of study participants and their husbands. n=759 Characteristics of study subjects

Respondent characteristics	**n = 759 %**	**%**
Age group (years)		
25–35	447	58.9
36–45	228	30.0
46–60	84	11.1
Education		
No formal education	361	47.6
Secondary school (6–8 years)	110	14.5
Secondary school (9–10 years)	87	11.5
Intermediate (11–12 years)	17	2.2

Higher education ($13 years)	9	1.2
Employed		
Yes	110	14.5
No	649	85.5
Occupation		
Housewife	649	85.5
Unskilled workers	18	2.4
Skilled workers	51	6.7
Low and medium level professionals	42	5.5
Husbands charecterisitcs		
Age group (years)		
25–35	307	40.4
36–45	263	34.7
46–90	189	24.9
Education		
No formal education	275	36.2
Primary school (<6 years)	89	11.7
Lower secondary school (6–8 years)	108	14.2
Higher secondary school (9–10 years)	185	24.4
Intermediate (11–12 years)	63	8.3
Higher education ($13 years)	39	5.1
Employed		
Yes	746	98.3
No	13	1.7
Occupation		
Unemployed	13	1.7
Unskilled workers	500	65.9
Skilled workers	145	19.1

Low and medium level professionals	101	13.3
Family factors		
Socioeconomic status		
Low	242	31.9
Medium low	172	22.7
Medium high	202	26.6
High	143	18.8
Number of children		
0 children	41	5.4
1–2 children	249	32.8
3–4 children	221	29.1
5–6 children	170	22.4
$7 children	78	10.3
Number of family member		
1–4 family members	266	35.0
5–17 family members	493	65.0

Forms of violence

More than half of the women (57.6 %) reported a lifetime experience of physical violence from the husband/partner and 56.3 percent reported past-year exposure to physical violence. For sexual violence, the corresponding figures for lifetime and past year prevalence were 54.5 and 53.4 percent; for psychological violence the corresponding figures were 83.6 and 81.8 percent,

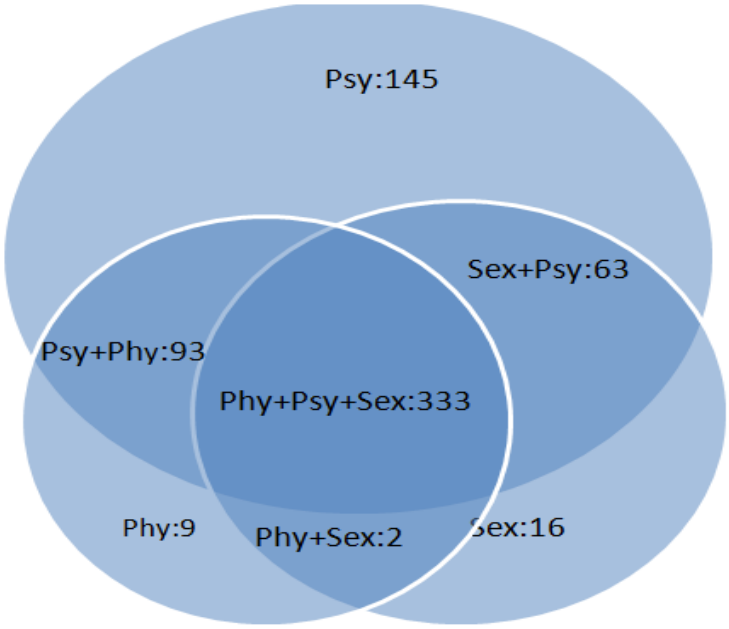


Figure 5: Venn diagram illustrating the overlapping between the different forms of violence for life time exposure. Physical (Phy), sexual (sex) and psychological (psy) violence. Numbers of women exposed are given for each specified category.

respectively. In the majority of cases, the violence was experienced as repeated acts, i.e. more than three times per year; see Table 6 for detailed life time estimates of prevalence and frequency, and Table 7 for past year exposure. The different forms of violence and their overlapping are further displayed in detail in a Venn diagram for life time exposure, Figure 5. The most commonly occurring single form was psychological violence (19.1 percent).

Table 6. Lifetime prevalence and frequency of different forms of violence among married women. n = 759

Forms of Violence	**Life time prevalence violence**			
	Exp	**Number of events**		
		1 -2 times	**3-4 times**	**≥ 5 times**
Physical Violence a	**N (%)**	**n (%)**	**n (%)**	**n (%)**
Moderate physical violence:				
Slapped/threw something	227 (29.9)	3 (0.4)	155 (20.4)	69 (9.1)
Pushed/Showed	384 (50.6)	9 (1.2)	302 (39.8)	73 (9.7)
Summary measure of moderate physical violence	**402 (53.0)**	**9 (1.2)**	**318 (41.9)**	**75 (9.9)**
Severe physical violence:				
Hit with a fist that could hurt	306 (40.3)	8 (1.1)	230 (30.3)	68 (8.9)
Kicked/dragged or beating	330 (43.5)	3 (0.4)	260 (34.3)	67 (8.8)
Choked or burnt on purpose	183 (24.1)	3 (0.4)	131 (17.3)	49 (6.5)
Summary measure of severe physical violence	**411 (54.2)**	**9 (1.2)**	**329 (43.3)**	**73 (9.6)**
Summary measure of Physical Violence	***437 (57.6)***	***10 (1.3)***	***351 (46.2)***	***76 (10.0)***
Sexual Violence :§				
Physically forced to have sexual intercourse	257 (33.9)	5 (0.7)	188 (24.8)	64 (8.5)
Did have sexual intercourse when you did not want too	414 (54.5)	10 (1.3)	330 (43.5)	74 (9.8)
Summary measure of Sexual Violence	***414 (54.5)***	***10 (1.3)***	***330 (43.5)***	***74 (9.8)***
Psychological abuse: §				
Insulted or made her feel bad about herself	586 (77.2)	1 (0.1)	383 (50.5)	202 (26.7)
Belittled or humiliated her in front of others	567 (74.7)	5 (0.7)	422 (55.6)	140 (18.5)
Did things to scare or intimidate her on purpose	562 (74.0)	6 (0.8)	415 (54.7)	141 (18.6)
Threaten to hurt her or someone she cared about	578 (76.2)	6 (0.8)	431 (56.8)	141 (18.6)
Summary measure of psychological abuse	***634 (83.6)***	***8 (1.1)***	***480 (63.2)***	***146 (19.3)***

[a] Can occur more than once

Table 7. Past year prevalence presented as n and percentage. n=759

Forms of Violence	**Past year prevalence**	
	n	**%**
Physical Violence	427	56.3
Sexual Violence	405	53.4
Psychological abuse	621	81.8
Psychological abuse alone	144	19.0

Associations with socio-demographic and psychosocial factors

Poor life circumstances constituted main risk factors for all forms of violence. Bivariate analyses displayed in Table 8 and to test the association for possible confounding, which is displayed in Table 9 as multivariate analyses, were then performed to test for possible confounding factors. For physical violence, factors related to the husband that were statistically significant included no formal education (adjusted OR 1.87, CI: 1.31–2.67), belonging to the unskilled worker group (adjusted OR 1.84, CI: 1.32–2.58), and number of family members being more than five in the household (adjusted OR 1.49, CI: 1.03–2.14). For sexual violence, the woman's lack of formal education (adjusted OR 2.27, CI: 1.65–3.12), more than five family members living in the household (adjusted OR 1.49, CI: 1.03–2.15), and low socioeconomic status (adjusted OR 1.89, CI: 1.35–2.65) proved to be statistically significant risk factors. For psychological abuse, the husband being an unskilled worker (adjusted OR 2.69, CI: 1.77–4.09) and of low socioeconomic status (adjusted OR 1.93, CI: 1.18–3.15) remained statistically significant in the multivariate analysis.

Table 8. Bivariate associations between socio-demographic factors and life time experience of physical, sexual and Psychological violence with crude odds ratios (OR) and 95 % confidence intervals. n = 759

Variables	Physical violence n=427		Sexual violence n=402		Psychological abuse Z n= 621	
	n (%) with violence exp.	OR (95%CI)	n (%) with violence exp.	OR (95%CI)	n (%) with violence exp	OR (95%CI)
Respondents' age (years)						
25 – 35	235 (52.6)	**1**	229 (51.2)	**1**	367 (82.1)	1
36 – 60	202 (64.7)	**1.65 (1.23-2.23)**	185 (59.3)	**1.38 (1.03-1.85)**	267 (85.6)	1.29 (0.86-1.92)
Respondents' Education						
Educated (1-15 years of schooling)	205 (51.5)	1	172 (43.2)	1	332 (83.4)	1
No formal education	232 (64.3)	**1.69 (1.27-2.27)**	242 (67.0)	**2.67 (1.99-3.59)**	302 (83.7)	1.02 (0.69-1.49)
Respondents' Occupation						
Skilled workers and professionals	44 (49.9)	1	51 (58.0)	1	74 (83.1)	1
Unskilled workers	15 (75.0)	0.74 (0.47-1.14)	14 (66.7)	1.20 (0.77-1.88)	19 (950.0)	1.02 (0.57-1.84)
Housewives	378 (58.2)	1.87 (0.66-5.31)	349 (53.7)	1.73 (0.64-4.65)	541 (83.2)	3.43(0.45-26.0)
Husband's Age groups (years)						
25 – 35	153 (49.8)	**1**	150 (48.9)	**1**	249 (81.1)	1
36 – 90	284 (62.8)	**1.70 (1.26-2.28)**	264 (58.4)	**1.47 (1.09-1.96)**	385 (85.2)	1.33 (0.90-1.97)
Husband's Education						
Education (1-17 years of schooling)	240 (49.6)	1	239 (49.4)	1	387 (80.0)	1
No formal education	197 (71.6)	**2.57 (1.87-3.53)**	175 (63.6)	**1.79 (1.32-2.43)**	247 (89.8)	**2.21 (1.41-3.47)**

Husband's occupation						
Skilled workers and professionals	113 (45.9)	1	123 (50.0)	1	177 (72.0)	1
Unskilled workers and unemployed	324 (63.2)	**2.01 (1.48-2.74)**	291 (56.7)	1.31 (0.96-1.78)	457 (89.1)	**3.18 (2.15-4.71)**
Socioeconomic status (SES)						
Medium & high SES	290 (56.1)	1	256 (49.5)	1	416 (80.5)	1
Low SES	147 (60.7)	1.21(0.89- 1.65)	158 (65.3)	**1.92 (1.40-2.63)**	218 (90.1)	**2.21 (1.37-3.54)**
Number of children						
0–4 children	271 (53.0)	**1**	265 (51.9)	**1**	419 (82.0)	1
≥ 5 children	166 (66.9)	**1.79(1.31-2.46)**	149 (60.1)	**1.39.(1.03-1.90)**	215 (86.7)	1.43 (0.93-2.20)
No of family members						
One to four	129 (48.5)	1	126 (47.7)	1	214 (80.5)	1
Five to seventeen	308 (62.5)	**1.77 (1.31-2.40)**	288 (58.4)	**1.56 (1.16-2.11)**	420 (85.2)	1.40 (0.96-2.10)

Table 9. Associations between socio-demographic and psychosocial variables with life time physical, sexual and psychological violence, final models, presented as adjusted odds ratios with 95% confidence intervals. n=759 married women.

	Physical	**Sexual**	**Psychological**
Respondents' age (years)			
25 – 35/36 - 60	1.01 (0.66 – 1.55)	1.04 (0.68 – 1.60)	0.74 (0.48 – 1.13)
Respondents' education			
Education/No formal education	1.29 (0.93 – 1.78)	**2.27 (1.65-3.12)**	-
Husband's Age (years)			
25 – 35	1	1	
36 – 90	0.80 (0.53-1.23)	0.82 (0.54-1.26)	-
Husband's Education			
Education	1	1	1
No formal education	**1.87 (1.31-2.67)**	1.28 (0.92-1.79)	1.41 (0.86–2.31)
Husband's occupation			
Skilled workers and professionals	1		1
Un-skilled workers and unemployed	**1.84 (1.32-2.58)**	**-**	**2.69 (1.77-4.09)**
Number of children			
0–4 children	1	1	
≥ 5 children	1.26 (0.84-1.88)	0.92 (0.62-1.37)	-
No of family members			
One to four	1	1	
Five to seventeen	**1.49 (1.03-2.14)**	**1.49 (1.03-2.15)**	-
Socioeconomic status (SES)			
Medium & high SES		**1**	1
Low socio economic SES	-	**1.89 (1.35-2.65)**	**1.93 (1.18–3.15)**

Mental health effects of IPV

In the entire study population, the adverse mental health condition most commonly reported was suicidal thoughts (58.8 %), followed by feelings of worthlessness (42.3%) and difficulties in decision-making (35.3%) (Table 10). 'Fair, poor or very poor general health' was reported by 48.7 %.

Violence exposure and health related symptom reporting

The prevalence of poor mental health was considerably higher among women exposed to any form of violence as compared to women not exposed to violence, with statistically significant differences for most of the health conditions investigated. Suicidal thoughts were reported by as many as 74.1 %, 75.8 % and 65.3 % of the women subjected to physical, sexual and psychological violence respectively. The category 'Feelings of worthlessness' was also highly prevalent, reported by 47.8 % of those subjected to physical violence, by 51.7 % of those subjected to sexual violence and by 49.2 % of those reporting exposure to psychological violence (Table 10).

Table 10. Prevalence of different health conditions in the total population of women, and in women with life-time experience of physical, sexual or psychological violence. n= 759

Health condition	**Total population (%)**	**Physical violence =437 (%)**	**p-value***	**Sexual violence n=414 (%)**	**p-value***	**Psychological violence n=634 (%)**	**p-value***
General health							
Good or excellent	389 (51.3)	197 (45.1)		191 (46.1)		290 (45.7)	
Fair, poor, or very poor	370 (48.7)	240 (54.9)	<0.001	223 (53.9)	0.001	344 (54.3)	<0.001
Performing usual activities							
No or very few problems	678 (89.3)	368 (84.2)		355 (85.7)		557 (87.9)	

Many problems	81 (10.7)	69 (15.8)	<0.001	59 (14.3)	<0.001	77 (12.1)	0.001
Memory /concentration problems							
No, few, or some problems	522 (68.8)	260 (59.5)		269 (65.0)		411 (64.8)	
Extreme problems	237 (31.2)	177 (40.5)	<0.001	145 (35.0)	0.008	223 (35.2)	<0.001
Difficulties in making decision							
No	491 (64.7)	262 (60.0)		211 (51.0)		402 (63.4)	
Yes	268 (35.3)	175 (40.0)	0.001	203 (49.0)	<0.001	232 (36.6)	0.058
Loss of interest in previously enjoyed things							
No	537 (70.8)	287 (65.7)		257 (62.1)		443 (69.9)	
Yes	222 (29.2)	150 (34.3)	<0.001	157 (37.9)	<0.001	191 (30.1)	0.138
Feelings of worthlessness							
No	438 (57.7)	228 (52.2)		200 (48.3)		322 (50.8)	
Yes	321 (42.3)	209 (47.8)	<0.001	214 (51.7)	<0.001	312 (49.2)	<0.001
Suicidal thoughts							
No	313 (41.2)	113 (25.9)		100 (24.2)		220 (34.7)	
Yes	446 (58.8)	324 (74.1)	<0.001	314 (75.8)	<0.001	414 (65.3)	<0.001

***** p values for difference between exposed and non-exposed for each specific type of violence

Multivariate Analysis of mental effect model

In the multivariate analysis for the association of violence with mental health effects after adjusting for socio-demographic variables, all the variables displayed statistically significant associations with physical violence. In the case of sexual violence, only 'memory and concentration problems' did not display statistically significant odds ratios (OR), and 'loss of interest in previously enjoyable things' did not emerge as a statistically significant factor for psychological violence (Table 11).

Table 11. Associations between selected health conditions in women with life-time experience of physical, sexual or psychological violence, adjusted odds ratios with their 95% confidence intervals. N= 759.

Health conditions	**Physical violence * (n=427)**	**Sexual violence *(n=402)**	**Psychological violence * (n=621)**
Fair/ poor/very poor general health	1.64 (1.19-2.25)	1.39 (1.02-1.89)	3.79 (2.34-6.13)
Many problems in performing usual activities	3.95 (2.05-7.62)	1.99 (1.15-3.43)	3.73 (1.30-10.70)
Extreme memory or concentration problems	2.45 (1.71-3.50)	1.32 (0.94-1.86)	3.55 (1.95-6.48)
Difficulties in decision-making	1.84 (1.31-2.57)	4.11 (2.88-5.87)	1.75(1.11-2.75)
Loss of interest in previously enjoyable things	1.72 (1.19-2.47)	2.03 (1.41-2.90)	1.22 (0.75-1.98)
Feelings of worthlessness	1.84 (1.34-2.53)	2.58 (1.87-3.57)	12.58 (6.20-25.53)
Suicidal thoughts	4.41 (3.18-6.12)	4.39 (3.17-6.07)	5.17 (3.28-8.15)

*Adjusted for woman's age, husband's age, woman's education, husband's education, socioeconomic status and husband's occupation.

A striking finding was the strong associations found between the three forms of violence and suicidal thoughts. In the case of physical and sexual violence, the risk of suicidal thoughts was elevated four times (with adjusted odds ratio, a OR, 4.41; 3.18-6.12 for physical violence, a OR 4.39; 3.17-6.07 for sexual violence) compared to those not exposed to any of the forms of violence. In the case of psychological violence, the aOR was 5.17 (3.28-8.15).

As suicidal thoughts were commonly reported in the total study population, and strongly associated with all forms of violence, an attempt was made to investigate some underlying reasons. Women subjected to any of the forms of violence reported 'family problems' (45 %) as the most important reason for suicidal thoughts, followed by 'household work' (9 %) and 'husband's behavior's (6 %). A few reported reasons such as son's death, quarrel in the family, fed up with life, childlessness, illness, depression. The pattern was the same for the total population.

3.1.7 Coping strategies and health care seeking

In situations of abuse, an important coping mechanism can be to confide in someone, if it can be done without fear of repercussion. Only 177 (27.4 %) out of the 646 women who were subjected to any form of violence confided in someone, mainly in the parents (n=132; 20.4 %), followed by friends (n=34; 5.3 %) and in-laws (n=7; 1.1 %). Only 24.9 % (n=161) had sought help and protection actively, and this was mainly from the parents (n= 128; 19.8 %) but also from the in-laws (n=29; 4.5 %), brothers and sisters (n=10; 1.5 %), friends (n=10; 1.5 %), and children (n= 7; 1.1 %). Only a few sought the assistance from any official body such as the healthcare services, any judicial authority or a religious leader (n=10, 1.5%). Of these, just one woman had turned to the healthcare services, two had contacted the social services, one had sought legal advice and six had turned to religious leaders.

3.2 Qualitative findings

The qualitative part resulted in two papers investigating respectively gender roles, how these are reproduced and maintained, and influence men's and women's life circumstances (Paper III) and further women's perceptions of situations enhancing conflicts in marital life, the health effects and actions (coping behavior) women take due to violence exposure (Paper IV).

Two main themes evolved (Paper III), related to gender roles, 'Reiteration of traditional gender roles', and 'Agents of change'. Then one main theme emerged when analyzing the material from the point of view of violence and conflict (Paper IV), 'Family violence through the eyes of females'. Each of these evolved in the analysis from meaning units, sub-categories and categories. In the following sections the findings are abbreviated and the detailed description is available in paper III.

3.2.1.Reiteration of traditional gender roles

This first main theme emerged from the descriptions given by the women of how their life is influenced by the institutionalized gender inequalities in society. This is described below in categories and sub-categories, and further presented in Table 12.

Table 12. Themes, categories and sub-categories describing women's perceptions of gender role expectations and differing life circumstances for women and men in urban Karachi, Pakistan

THEMES	*CATEGORIES*	***SUB-CATEGORIES***
Reiteration of traditional gender roles	*How to behave as a female and male*	• *A good woman, wife, daughter-in-law, mother and daughter* • *A good man, husband and father*
	When females and males behave badly	• *A bad woman, wife and daughter-in-law* • *A bad man and husband*
	Perceptions of female and male power	• *Power of women* • *Mother reinforcing the controlling role of father* • *Power of men* • *Women's experiences of practicing traditional gender roles*
	The role of culture and the extended family	• *Suppression of women within the extended family* • *Religion used to legitimize the denial of women rights* • *Older generation's attitudes and approach to gender roles* • *Restricting herself to retain the family honor*
Agents of change	*Societal change*	• *Education in society brings change* • *Public media as supportive agent* • *Women support system*
	Individuals' capacity and attitudes	• *Capability and performance of girls* • *Younger generation's attitudes to gender roles* • *Balancing gender roles and opportunity* • *Professional women and awareness of rights* • *Extended families' supportive function*

How to behave as a female and male

A good woman, wife, daughter-in-law, mother and daughter

A 'good woman' could be either educated or uneducated, characterized as being unselfish, calm, tolerant, empathetic, reliable, able to organize, compromise, coordinate and maintain hospitality within the house and in keeping good relationships. A good woman was expected to do household chores, care for her family. A good mother was seen as responsible for teaching her daughter to become good according to cultural expectations, by placing social restrictions on her.

A good man, husband and father

A 'good man' was expected to be financially stable. He should also be a good leader and advisor, a fair decision-maker, sincere, unbiased, cooperative, sensible, strong, composed and elegant. A 'good husband' was described as being trustworthy, maintaining gender equality and giving decision-making autonomy to his wife. A 'good father' would support his daughter's education and professional work before marriage. A 'good son' was considered to be responsible for fulfilling his parents' needs and wishes, and to provide them with comfort.

When females and males behave badly

A bad woman, wife and daughter-in-law

A 'bad woman' was selfish, critical, dominant, argumentative, and fussy and blamed others. She would rear her children poorly by involving them in family conflicts, resulting in unmannered and disrespectful children. If a woman spoke up for her rights, she would be considered a 'bad woman' as silence was considered to be an appropriate behaviour:

> *If she tries to say something to safeguard her rights or protect herself from any unnecessary stress, they [husband and in-laws] start blaming her: 'your parents didn't teach you manners how to behave with elders or others'. (FGD no. 4)*

A bad man and husband

Informants generally characterized a 'bad man' as someone with a strong ego, a 'dirty' mentality, unfaithful, uncooperative, verbally abusive and suspicious. Disrespecting women by calling out their names in public, harassing them by staring, making inappropriate comments. A 'bad husband' was a man who would yell at his wife when she shared her problems and beat her if frustrated. Men always have some level of ego:

No matter how much a husband is educated and understands his wife, somehow his ego appears. He wants to receive more respect from his wife. (FGD no. 1)

Perceptions of female and male power

Power of women

Education was considered a key issue related to the power of women, and educated women had better marriage prospects, management skills and could financially contribute to the family. Housewives were considered having less power if they were financially dependent on husbands:

> *A woman is the foundation of the family. If she is educated and sensible she can run her household very well not only when she is married, but she can also stay unmarried.*
>
> *(FGD no.1)*

Mother reinforcing the controlling role of father

Informants perceived that women tended to use the dominating role of the father (i.e. their husband) to be able to control the children. Using threats and referring to the father ensured that the children stayed quiet and controlled.

> *The children don't even realize it, but I have created fear of their father in them. He doesn't do anything (to harm them), but I have maintained this standard. (FGD no. 2)*

Power of men

Men are the principal decision makers in the family. A strong ego and an aggressive temperament directed towards his wife and family was perceived as accepted by society. A man might take out his anger on his wife without fear of reprisals from other family members, where men often beat his wife:

> *The husband also beats his wife and keeps her in pain to ensure that she respects his parents. He also beats when he becomes frustrated. (FGD no. 4)*

Women's experiences of practicing traditional gender roles

Informants perceived that both men and women could put equal effort into professional life, but a woman also had the additional burden of household work and to fulfill the sexual needs of the husband:

When the couple returns from office, the woman has to fulfill her fully loaded responsibility at home, while her husband has the chance to physically relax and insists on sexual contact that makes him mentally relaxed. (FGD no.3)

This could result in feelings of stress, powerlessness, frustration, depression and anxiety. A woman was expected to hide her emotions, to compromise with her opinions and to sacrifice her own dreams.

The role of culture and the extended family

Suppression of women within the extended family

The extended family often did not provide space for spousal understanding and an extended family could prevent the husband from being supportive towards his wife. The son preference attitude was strong:

In early childhood so many things are linked. From pre-conception, the hope is to conceive a son; a woman's status will increase if she gives birth to a male. If an ultrasound indicates a

male baby, then the woman starts getting privileged treatment (better food, more rest) until the end of her pregnancy but if they identify a girl then the treatment is just the opposite. She may be insulted or ignored. (FGD no. 4)

Religion used to legitimize the denial of women rights

Informants perceived that societal and religious misconceptions about women were used to reinforce the suppression of women's rights. Mothers and mothers-in-law were said to teach misinterpretations of religious doctrines to their daughters; most commonly that a woman cannot refuse the will of her husband:

….the woman is made for the man, that she doesn't have the choice to say no. But all this is part of traditional thinking. (FGD no.2)

Older generation's attitudes and approach to gender roles

Previously, older generations emphasized men's education but not women's. However, it was stated that in some cases, the older generation would promote the education of young women primarily for the sake of good marriage prospects.

Restricting herself to retain the family honor

The informants further pointed to Asian cultural norms in which parents teach daughters the importance of compromising her own interests and avoid asking for the parent's help, when in marital conflict. Moreover, the informants underscored how difficult it is for a married woman to return to her family of birth as it would compromise her parents' honor, and her sisters' future marriage prospects.

3.2.2 Agents of change

This theme includes the two categories 'Societal change' and 'Individuals' capacity and attitudes' and it points at some positive signs towards the modernization of society and a change of gender roles that so far is mainly embraced by the middle and higher educated strata.

Societal change

Education in society brings change

Educated people were considered independent, trustworthy and mature. Education ensured future security by enhancing the capacity for women to fight for their rights. Generally, it was considered that an educated mother could act as a change agent towards a higher level of gender equality by enhancing her daughter's professional education.

Public media as a supportive agent

A woman of today was considered more visible in the public sphere, having a different role in society as compared to previous generations. Mass media was perceived as playing a supportive role for women's empowerment and gender equality:

Media can play a significant role in bringing gender equality by portraying respect and freedom of both sexes equally. (FGD no. 4)

Women support system

Informants perceived that there was a need for a women's support system in the society, such as proper legal support, sheltered homes, organizations and social networks, to protect the rights of women, particularly in the case of family violence.

They [women] don't have proper support and network systems so they move within their same friendship and family circle, and it is difficult to break this circle. (FGD no. 4)

Individuals' capacity and attitudes

Capability and performance of girls

Some parents aimed to get their daughters educated, and girls were thought to undertake their studies more seriously than boys. Informants suggested that girls were more capable in professional roles than boys and that this competition between females and males had excluded some males from educational institutions.

If you have a look around, girls are taking over the seats at the universities over boys as they are more intelligent. (FGD no. 3)

Younger generation's attitudes to gender roles

The younger generation was perceived to be more intellectual, to request more information before making decisions and to be more aware about their opportunities. Expectations for the near future were that young women would be able to choose a partner and become more visible in public life. Some educated families were praised for breaking cultural taboos, such as not accepting adolescent marriage.

Balancing gender roles and opportunity

Informants defined gender equality as when the sexes were assigned equal rights and responsibilities in society and before the law. Good parents were said to be those who practiced equality among their children by treating boys and girls the same:

I think equality is the basic thing we need to teach, that everybody is equal. (FGD no.2)

Professional women and awareness of rights

Professional women were considered to be role models, with higher awareness of their rights and capabilities. A professional woman was likely to postpone marriage and also find an educated partner, and further, more likely to participate more in the society. It was also reported

that a professional woman might be more highly valued by men in general due to her skills as a professional and as a mother of the household.

Extended families' supportive function

Among the higher educated modern extended families, the daughter-in-law was in some cases given the freedom to decide about her education and to take on paid employment. Mothers-in-law contribute by taking care of the grandchildren:

I have lived in an extended family system and I have a good experience of it. Many extended families allow their daughter-in-law to work and they supervise maids for home chores, but in-laws take care of children themselves. (FGD no. 2)

Then in the final paper (Paper IV) the idea was to analyze situations creating conflict that eventually would lead to violence. The theme that emerged was 'Family violence through the eyes of females'. This theme was divided into three *main categories*, i.e. 'Situations that provoke violence', 'Perpetrators and manifestations of violence' and 'Resisting violence', which built on the identified *sub- categories and categories*, presented in Table 13.

3.2.3. Family violence through the eyes of females

The table 13 display themes, main categories, categories and subcategories related to paper IV.

Table 13. Theme, main categories, categories, and sub-categories illustrating women's perceptions of situations provoking violence, and women's actions after exposure to violence

Theme	***Main categories***	*Categories*	*Sub-categories*
Family violence through the eyes of females	***Situations provoking violence and their manifestations***	*Circumstances provoking violence*	• *Arranged marriage and its consequences* • *Expectations of dowry* • *Husband taking the right to violate his wife* • *Financial constrains within the family* • *Misinterpretation of religion* • *Self-provoking grounds for violence*
		Sustaining of violence	• *Obeying the master and tolerating violence* • *Hiding violence* • *Accepting male aggressive behaviour*
		Perpetrators and understanding of violence	• *Violence exerted by close family member* • *Women's understanding of violence*
	Actions and reactions to violence exposure	*Consequences of ongoing violence*	• *Exposure to violence negatively affects women's physical and mental health* • *Children experiencing violence in the family* • *Situations resulting in divorce*
		Suicide as the final solution	• *Situations evoking suicidal thoughts* • *Suicide when there is no other option left*
	Resisting violence	*Women practicing their rights*	• *Women taking a stand* • *Younger generation's awareness and approach*
		Capability of women	• *Women managing issues and improving situations* • *Couples understanding*

Situations provoking violence and their manifestations

Circumstances provoking violence

Arranged marriage and its consequences

Participants perceived that arranged marriages are a common cultural practice in the study setting. Most often neither the man nor the woman can choose their partner. In some situations; the husband might not accept his wife and as a result pay little attention to her, spending most of his time outside the home resulting in violence. However, a few middle class women also reported that today women and men could choose their partner approved by their parents. Some participants also reported that many times partners in love marriages also experience violence.

Expectations of dowry

Dowry was considered a strong cultural tradition in Pakistan as it helped assure respect and was protective against disgrace, shame, taunting, or burning. Due to a lack of dowry, many girls remained unmarried or were forced to marry an older man. If a married woman left her husband's home due to conflict or violence, she would relinquish the rights to her dowry.

Husband taking the right to violate his wife

Traditionally accepted gender roles allow a husband to act violently towards his wife, was identified as an important circumstances provoking violence. A husband could act violently if his wife did not follow his instructions, did not sexually satisfy him, or gave birth to females. Physical violence was considered more common in families of lower socio-economic status, among ethnic minority groups, and among those who were illiterate.

Financial constrains within family

Financial constraints were considered to be one of the most important factors causing violence. To ask for more housekeeping money from a husband who could not afford it could lead to violence against the wife. Women belonging to poor families were unable to seek

divorce or separation, as their parents seldom were able to care for their daughter and her children.

Misinterpretation of religion

Misinterpretation of the Muslim religion was considered a situation causing violence. For example, some men considered extramarital relationships to be a sin for women but not for men. The participants further stated that there is an incorrect belief among men that Islam allows men to have multiple wives without seeking permission from his existing wife. However, informants were of the opinion that Islam provides rights for women and even proclaims gender equality and respect; however, many men do not accept this interpretation.

Self-provoking grounds for violence

Being argumentative and wearing inappropriate clothing were ways in which women were thought to create grounds for violence from their husband and from others:

> *Whenever a wife uses her tongue, then the husband uses his hands. So it's better for a woman to control her tongue. (FGD no. 4)*

Sustaining violence

Obeying the master and tolerating violence

Informants shared that a woman has to learn to place her husband after God and follow her husband's instructions. Therefore, a woman has to accept the husband's egoistic and superior behaviour. If a woman shared her experiences of violence with her own mother, she would often be told to compromise and tolerate the violence.

Hiding violence

Women suppressed themselves and avoided sharing their experiences of violence to protect the family honour and their children. A wife was expected to always favour her husband and

hide his negative attitude. A woman would also hide her injuries to avoid being blamed or stigmatized:

> *She tells the doctor that she slipped, being scared that a police case will otherwise be registered. She is afraid of her husband and that he will further beat her. Finally, she will return to his home. (FGD no. 1)*

Accepting male aggressive behavior

The informants stated that women generally are taught to believe that men are socialised into becoming violent, egoistic, and short-tempered. Due to this, it is a woman's responsibility to change her behaviour to avoid provoking her husband. It is her responsibility to keep him in good spirits to make life easier.

Perpetrators and understanding of violence

Violence exerted by close family members

A majority of the participants reported that for women living in an extended family it was not uncommon to be disrespected by one's mother-in-law and sisters-in-law. Violence was more often directed at poor women, uneducated women, and women who did not bring a large dowry. If a couple was infertile or had a female child, the attitudes towards the woman could become extremely negative. If a woman's husband worked outside the city or country, a brother-in-law or the father-in-law could demand to have sex with her.

Women's understanding of violence

The informants defined violence as physical abuse from a husband towards his wife. Physical violence was defined as a husband hitting his wife with his hands or a stick, kicking his wife, throwing his wife or children on the floor, and beating his pregnant wife. Physical violence was more easily recognized than emotional violence. Emotional violence was described as a husband's use of abusive language, threatening to divorce his wife, or degrading her in front of others. Behaviours such as hindering the wife from entering into paid employment or not

allowing her to decide on household matters were also considered types of emotional violence. Sexual violence was defined to occur when a husband forces his wife to have sex against her will, during pregnancy, during the post-partum period, at menstruation, or demanding anal sex. Educated men were perceived to be less likely to perform marital rape.

Actions and reactions to violence exposure

Consequences of on-going violence

Exposure to violence negatively affects women's physical and mental health

Informants conveyed that sexual violence often caused physical and psychological pain and sometimes sexually transmitted diseases. Exposure to abusive language concerning the woman herself or her parents and the absence of a person to confide in could result in frustration, powerlessness, and social isolation. Exposure to violence from a husband could give rise to feelings of hatred towards him and feelings of detachment, although the abusive husband's wife had to continue with normal family life because she had no other options available. Because of a strained situation, women could develop symptoms such as headaches, pain, depression, other mental ill health, and ultimately suicide attempts:

There was a statement from my (Nurse) client; she was suffering from sexual violence. She said that 'every night I am dying and every day I feel I am alive', which means that the daily violence she experienced made her feel as if she was dying every day. These were her feelings and at the end she went into a depression and then attempted suicide. (FGD no. 4)

Children experiencing violence in the family

Staying in a home where the mother was repeatedly exposed to violence from the father could lead to the children avoiding the home and being exposed to other social risks. A daughter who witnesses a male committing violence toward her mother could develop the perception that all men perform violence, and a son witnessing violence against his mother may think that such behaviour is the norm. Thus abusive behaviour was thought to be passed onto the children.

Situations resulting in divorce

Informants reported that lack of understanding between partners, an illiterate partner, economical limitations, and infertility often could result in marital conflicts. Such conflicts had a potential to create extreme forms of violence and end up with a divorce requested by the husband. Other reasons for divorce included a wife giving birth to only daughters or a wife unable to satisfy her husband sexually. These causes of divorce were considered common in all socio-economic classes and in both educated and uneducated families. It was also reported that a woman could ask for a divorce because, of sexual harassment from her father-in-law or brother-in-law or if she was a victim of physical violence. Furthermore, society considered divorce a male right:

> *If there is no male child, and another daughter is born, in-laws force the husband to request divorce. Even in maternity homes when a woman still is in the labour room, her husband's family is ready with divorce papers [if a daughter is born]. (FGD no. 4)*

Suicide as the final solution

Situations evoking suicidal thoughts

In our study, the informants believed that women exposed to physical violence could develop depression and be at risk for having suicidal thoughts. Factors that may lead to suicidal thoughts were unable to divorce, financial limitations, or an unemployed husband. If a woman exposed to violence tries to discuss her problems with other people, her in-laws could consider that as bad behaviour. Exposure to violence and lack of people to confide in could also lead to suicidal thoughts. However, having children was protective against having suicidal thoughts.

Suicide: when there is no other option

Women suffering from recurrent sexual violence or becoming gravely depressed due to exposure of different kinds of violence were presumed to have a high risk for attempting

suicide. The perceived time, between exposure of violence and attempted suicide, varied greatly. Depression, exposure to violence and with no other options left to resolve the situation could trigger suicidal thoughts and actions. Compared to wealthy women, poor women were considered to be more prone to commit suicide. Burning oneself or drinking insecticides were mentioned as methods to commit suicide. It was also reported that murder of a woman by her relatives could falsely be labelled a suicide.

Resisting violence

Women practicing their rights

Women taking a stand

A growing awareness among women about their human rights was discussed. Informants believed that educated women were more likely to stand up for their rights. It was reported that women were able to threaten their husband with divorce, but most husbands wanted to avoid divorce, as it is the custom to pay money to the wife if a divorce is granted. The 'modern woman' also tended to share her experiences of violence exposure with her parents, friends, and occasionally with mass media to raise support for divorce or separation. Daughters were encouraged to get an education so that future generations could avoid these situations. Illiterate women were considered to need educational awareness sessions to become more aware of their rights.

The younger generation's awareness and approach

Younger women were considered more aware about their rights and therefore less likely to tolerate physical violence from a husband and more likely to demand money from their husband if a divorce was granted. This was considered particularly common among women from educated or wealthier families. Educated young men were considered less concerned about receiving a dowry from their wife and more likely to have been taught by their mothers to respect women in general:

> *I have seen that now the trend is changing about dowry. Many educated families will not give or ask for it. (FGD no. 5)*

Capability of women

Women managing issues and improving situations

To resist violent situations, it was necessary for a woman to sacrifice her own needs for the sake of her children and in-laws and that would lead to a better life for all of them. Educated women were thought to better deal with their husband. Community counselling programs were mentioned as helpful when it came to marital conflicts:

> *In our community, one program has started in which respected elderly women are available. If anyone has a conflict, she can go to them and they listen to both sides. So we feel it is good that the community tries to solve marital issues and that marriages do not end in divorce. (FGD no. 4)*

Couples understanding

Mutual understanding was thought to decrease intimate partner violence. Understanding was more likely to occur when a husband and wife agreed about gender roles, shared similar socio-economic status, and were close to the same age. Communication skills, pre-marital counselling, mutual trust and respect, understanding, acceptance, patience, and sincerity were considered to be important factors. Living in a nuclear family and having had a love marriage rather than an arranged marriage increased the likelihood of mutual understanding.

Summary of qualitative findings (Paper III & IV)

Summarizing the findings from the papers III and IV reveal that women are discriminated on, due to several reasons, i.e. due to her sex, her behavior (gender role), her educational achievements, and her family's social status but also due to the sex of the children she gives birth to. A woman is looked upon as inferior to any man, i.e. with less right and less decision-making power. She is further expected to behave submissive, sacrifice her own needs and attend to other people at all times, which depicts a pronounced gender inequality situation. The informants further expressed that a better educated woman might have better marriage prospects, meaning that she has better skills to manage household responsibilities and able to please her husband and his family. Further, a woman from a lower social status family will have less power and will be treated worse than a woman from a higher social status family and her status in the family also depend on whether she is able to give birth to son/s.

The oppressors are not only the husband but also the husband's family members, such as the mother-in-law, sisters and brothers, but also the family of origin in that a divorced woman is not expected to return home to her parents' house as this might ruin the marriage prospects of her younger sisters.

Husband's use of violence were by many women looked upon as a natural cause of events and the reasons for this violence were also acceptable according to some of the informants. The common reasons mentioned were arranged marriages as a source of conflict, dowry expectations that were not fulfilled, financial constraints in the family causes stress, the woman's behavior both in clothing and in her attitude not being respectful and submissive enough.

According to our epidemiological studies, physical, sexual and psychological violence is commonly occurring among low and middle income couples but even though this is the case, the participating women underscored the importance of hiding their exposure mainly to protect the family honor and the children. Commonly, the violence targeted more often poor, uneducated women who did not bring in a sufficient dowry or gave birth to a female child.

The informants further discussed the health implications of such life circumstances as described here. Depression and suicidal thoughts were considered to be common especially among women exposed to violence, and this perception was also verified in our quantitative data. Women used insecticides or burning as means of committing suicide.

This picture of women being discriminated on by several people and on several grounds was however discussed in the light of trends in society that eventually will bring in change. Women's education was looked upon as a most important factor to improve women's status and decision-making capacity and mass media was seen as a contributing factor. For a woman to become a professional would improve her status in many respects but also lead to criticism due not taking care of children properly. It has been observed that educated extended families are supportive towards their daughter-in-law for her advance education and career development. Divorce is seldom an option to the benefit of the woman, rather it risks leaving her alone, deprived of her children and without support in society. However, younger men and women were seen as more aware of and able to exercise their rights, especially the higher educated, who were also looked upon as role models for those with less resources.

Some women also expressed that gender roles are subject to change in that in some families, where the husband and the wife were of equal age, educational and socio-economic status both paid and unpaid work was shared. However, the majority of women living in Pakistan suffer from low education, poverty, arranged marriages, son preference attitudes, violence and pronounced gender inequalities in daily life and measures needs to be taken to improve their overall life circumstances.

4 DISCUSSION

This thesis used focused both quantitative and qualitative approaches to identify the magnitude of different forms of violence, its associated socio-demographic and psycho-social risk factors and also its effects on mental health over the life-time. This study further explored some the underlying factors contributing to violence against women in the family, whereby gender role expectations seem to play a great role.

Prevalence of IPV

The results of this study revealed extremely high life time and past year prevalence rates and also a high frequency of all forms of IPV against women in Karachi belonging to lower and middle income strata. The picture that evolves is that psychological abuse seems to be present in more than 80% of families that fit this demographic profile. Furthermore, the prevalence figures of physical and sexual violence are of similar size and more than 50% of the population in this study reported such experience and 44% report exposure to all three forms of violence.

In this study, an unexpected finding was that lifetime and past year prevalence figures were similar in percentages. A plausible explanation is that the women subjected to violence are being abused year after year. It can be understood in the light of the fact that women's possibilities to end the violence are few. This is due to men's violence perpetration being considered normal male behavior, but also by the subordinate role of women in the society and in the family in general, which allows the violence to continue and keeps divorce rates low, especially among the low and middle income groups (90). This explanation is also supported by the fact that most women reported repeated acts of violence.

The prevalence found in this study is higher than what has been found in studies conducted in Vietnam, India, and Egypt (47, 46, 59, 91). However, a similar result was found in a study from Iran for sexual and psychological violence (42). It could possibly be explained by more pronounced gender inequalities in Pakistan and Iran and acceptance of violence within marriage. Furthermore, this study collected data through CMs, where community women have a high level of trust that made disclosures possible.

Qualitative data suggest that in countries where the prevalence of violence is considerably lower, these reductions have been the result of to a range of responses that enabled women to challenge the acceptability of such violence. Examples of such responses are demands for better treatment from partners, a possibility to leave violent relationships, material and moral support given to those experiencing abuse, the mobilization of new and existing community groups, and that public awareness was raised about the need to address gender-based violence (92, 93).

Risk Factors

Associations between socio-demographic and psychosocial factor and IPV.

The risk factor for physical, sexual and psychological violence identified in this study is in line with what has been found in other studies: low education of either the husband or the wife, the husbands' working as an unskilled worker, the couples belong to lower socio-economic status families, and living in a family with more than five members. For past year experience of violence, the same socio-demographic factors were statistically significant but added was also a high number of children in the family. The risk factor pattern hereby points at poor life circumstances that contribute to intimate partner violence against women in this setting. Violence against women is an explicit manifestation of gender inequality and is increasingly being recognized as an important risk factor for a range of poor health and economic development outcomes (94).

The woman's age and violence

The woman's age was not identified as a statistically significant risk factor for any of the forms of violence when controlled for in multivariate analyses, there were however indications in the bivariate analysis that older age would be a risk factor. This is dissimilar to what has been found in many other studies, where women of young age are most exposed to violence (42, 91). However, studies conducted in Bangladesh showed that age did not make any difference (48). A study conducted in India reports that women aged 35 to 45 were the most exposed to intimate partner violence (95). Our findings may illustrate a key aspect of Pakistani culture, where young unmarried girls living in their parents' home, are expected to be submissive and not to participate in decision-making. This female behavior is likely to continue in the early years of

marriage. However, with age, awareness and an increasing number of children, her responsibilities and self-confidence increases and she might not adjust to what is expected of a wife, resulting in more exposure to IPV. For past year IPV, having more than four children was also identified as a risk factor for IPV. This can be explained as when the number of children increases, the family size increases and causes financial stresses, which may result in violence towards the wife (52).

Formal education and violence

For physical and psychological violence perpetration, the most important risk factors were those that related specifically to the male, whereas for sexual violence, female illiteracy an important risk factor. This is in line with what has been found in many other studies (41, 48, 96). Job security among less educated men can create conflict and stress, and violence towards the wife may be used as a stress reliever (97).

Low educational attainment of the husband as well as of the wife is an important risk factor for violence perpetration and victimization respectively, as has been presented in many studies. An Iranian study similarly identified that illiterate and unemployed women were at a higher risk of violence (42). These findings emphasize the importance of education for both men and women (52). However, some studies from other countries (97, 98, 99, 100) have shown that better educated women sometimes face an increased risk of experiencing IPV, but this may be of a temporary nature.

Socio-economic status and violence

Socioeconomic status was, in this study, a statistically significant factor for sexual violence and psychological abuse, which is in line with findings from other studies (41, 48, 96). This finding illustrates that within those families that are most vulnerable in terms of low education and low socioeconomic status, violence occurs more commonly. As has already been explained, this may be due to high stress levels, mirroring difficulties in managing everyday life, particularly in men, who are viewed as the main breadwinners (101).

Family size

Large family size was also identified as a risk factor for IPV. This can be explained by the fact that when the number of people in a household increases, financial stresses and miscommunication also increases, and this may result in violence towards the wife (98, 102). Another study from Karachi also supports this finding, in that the presence of in-laws was found to be a risk factor for violence perpetration, and not only by the husband (12).

IPV and Health effects

Quantitative part of the study has identified number of ill health effects reported by the study participants. However, in this thesis only mental health effects have been reported.

IPV and mental health effects

Summarizing our findings from Paper II, we found a high prevalence of a variety of mental health symptoms, including suicidal thoughts that demonstrated strong associations with all forms of violence exposure among Pakistani women. There was a more than 4-fold risk increase of suicidal thoughts for women exposed to any of the forms of violence investigated. Few of the exposed women sought assistance from any legal authority or from the health care services, although some women confided in relatives. This provides indications of victimized Pakistani women's seriously impaired mental health status, with society offering few options for help and support.

Suicidal thoughts must be regarded as a serious matter, which have the potential to lead to suicide attempts, some of which may result in actual suicide. A strong association between all forms of violence and suicidal thoughts has been found in other studies, in which the same questionnaire was used (38, 103). The reasons stated for reporting suicidal thoughts in this study were mainly family problems, household work and husbands' behaviors. These are rather general statements, and unfortunately, factors underlying the family problems were not further explicated. A review article from Pakistan, in which a number of studies were analyzed, found that the prevalence of anxiety and depression ranged between 25% and 66% among married women (104), but there is no available population-based data on the number of suicide cases. According to a press report, of 4069 cases of violence against women reported to the police

authorities, 7% (n=285) did commit suicide (105). These registered cases are most probably severe in nature, because otherwise they would never have been reported to any authority.

The Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) defines six symptoms that signal the presence of depression in an individual: 'Problems in performing usual activities', 'difficulties in decision-making', 'loss of interest in previously enjoyable things', 'feelings of worthlessness' 'memory and concentration problems' and 'suicidal thoughts' (106). As these symptoms were commonly reported by the women subjected to violence in this study, it seems plausible they would have been diagnosed with clinical depression had they sought health care. The women exposed to physical violence reported 'extreme memory or concentration problems', which might be an indication of depression, post-traumatic stress disorder or even minor brain injury (60).

'Feelings of worthlessness' and 'suicidal thoughts', might also signal lowered self-esteem. It has been shown in studies from Palestine and Ethiopia that the longer a woman stays in an abusive relationship, the greater the risk of lowered self-esteem (42, 106, 97). A corresponding finding was reported from a pooled analysis of studies, using the same questionnaire in 10 countries (39). In a study from Sweden, a similar phenomenon is referred to as the 'normalization process', in which the abused woman gradually comes to consider the violence as 'normal' and herself as the blameworthy party with serious loss of self-esteem (107). Considering the impaired ability to leave the relationship, due to the stigma associated with separation and divorce, the risk of suicide may become elevated (107).

An ecological framework, initially described by Bronfenbrenner, can help in the interpretation of the high levels of mental ill health found among women in this study. Bronfenbrenner's model explains how individuals' development, health and well-being are influenced by multiple factors in larger social systems such as the family, neighborhoods, communities and macro institutional systems such as laws and regulations (70). 'Culture,' a localized system of ideology, roles, activities and their interrelations (70), also operates at the macro level, and contributes to the construction of gender roles. Pakistani women from low and middle income families live with multiple stressors related to different levels in the ecological model, such as

forced marriages, dowry, restricted mobility, power imbalance, which affect their education and work opportunities.

Women are often excluded from domestic decision-making, yet confined to the domestic sphere, responsible for housework for the entire extended family. The civil unrest currently present in the country with compromised personal and family safety, may also limit families from engaging in activities they enjoy outside of the home, thus adding to already existing psychological stress in women (90).

Women are considered to be in an inferior position to men in Pakistani society; women's overall life circumstances are characterized by serious gender inequalities with limited possibilities to leave the marriage (90). Men's violence against women within marriage is further accepted as part of the cultural norm, particularly by older and poorly educated women (108, 109). The power imbalance between husband and wife may well explain symptoms of depression and also the high occurrence of suicidal thoughts in married women, whether or not she is exposed to any form of violence.

Less than a quarter of the women disclosed their husband's abusive behaviors to anyone. Those who did disclose most often turned to their parents rather than seeking help from legal institutions. This is not a surprising finding, as there are few legal authorities by which a woman will be taken seriously when reporting violence and abuse from her husband (110). Of the injured women, more than half had to seek healthcare, indicating that they were seriously injured. There must be many who never reported their mild or moderate injuries.

Root causes of violence

Gender roles and their influence on life prospects and violence exposure

Turning to the qualitative studies, it became evident that the female informants, belonging to different socio-economic strata, shared similar perceptions on the male and female gender roles and their respective translation into differing life circumstances for men and women in the Pakistani society.

Findings from paper III are focused on gender roles and how these are maintained with reference to misinterpretation of religion and cultural practices, but signs of positive change is also seen, affecting in the first case the more educated women and educated families. In the fourth paper, the gender roles are analyzed in relation to family conflicts, eventually escalating into the husband's violence towards his wife.

The participating women described how girls and boys are socialized into their gender roles and expected to fulfill traditional male and female responsibilities within the family and in society at large. A woman's subordinate position was considered to be reproduced and maintained, generation by generation, through adherence to cultural and religious norms, which are reinforced by the extended family. Most women from higher SES groups reported not to be prepared to compromise their rights to paid employment, while those from lower SES groups pointed at the importance of paid employment but not at the expense of household duties. These women feel stressed in practicing both production and reproduction roles.

The participating women's descriptions of gender roles and the differing life circumstances women and men face in urban Pakistan, showing gender discrimination. Examples given embraced all stages of the life cycle, starting from early childhood with access to education being less for girls at all levels and age groups. Such policy in a society will inevitably result in illiteracy rates for women being considerably higher than for men, which is the case in Pakistan (111). Early and forced marriages with subsequent early pregnancies and childbirths were further described, which constitute serious threats to women's health. In addition, the 'boy preference' attitude is pronounced in the Pakistani society (112). To bear and give birth to a daughter might result in seriously stressful situations for women including violence, neglect and threat of divorce (77), which was also described by our informants.

Women's dependency on others over the entire life course, with little decision-making authority should be viewed as violation of women's human rights. We found that a woman was regarded as being married not only to her husband, but to his entire family and expected to fulfill the

needs of all other members of the household, such a situation is described also in other study (113). Just being female symbolized care-taking, subordination and sacrificing one's own needs, whereas men's aggressive behavior in the household was perceived as accepted by society. While men in general were described as having the power of making decisions for the wife, they were also expected to care for, obey and pay respect to their parents and elderly relatives.

When a woman failed to behave according to gender norms, some informants perceived it as acceptable if a man used physical abuse. This phenomenon has been detected in several countries, interpreted as a sign of women's subordination (114, 115). For many women in Pakistan and in other Muslim societies, exposure to violence and controlling behaviors is part of everyday life (36, 76, 116). The need for a support system, organized for women only, was emphasized as women at times feared their husbands but avoided help-seeking from health care services or aid organizations due to the risk of subsequent repression.

Further, women are discriminated against on legal grounds with men and women being treated differently according to the law (117). In situations of divorce, women have few legal institutions to turn to for assistance, and the divorce rate in Pakistan is extremely low due to the associated stigma (33, 76). Religious misconceptions were also mentioned as reinforcing the suppression of women's rights.

However, our study also indicated various positive signs towards modifying existing gender roles. The more educated people in the younger generation stressed the role of education for future change towards more equal gender roles and relationship patterns. For an educated woman, the expectations for the near future could be to be able to postpone marriage, choose her partner and become more visible in public life. Further, mass media was perceived as having a positive role to play in supporting women's empowerment and gender equality.

Girls were considered more serious in studying than boys, and education in general was seen as crucial to improve awareness among women but also to benefit men in society. Another study

expresses that higher levels of educational attainment in both men and women is associated with increased knowledge, an enhanced capacity to access and to use information, more autonomy and more liberal ideas about the status of women (118).

The general perception was also that professional women were better informed and therefore better able to safe-guard their rights and responsibilities, hence looked upon as role models. A study from neighboring India verifies this in that women's education is shown to be a strong and independent leverage for reducing the risk of IPV (77).

Children of professional women were considered well-mannered, intellectual and disciplined due to their mothers teaching them equality, and respect for others. This is in line with previous findings that educated women provide better upbringing for their children (119). Mass media was seen as a change agent contributing to increased awareness regarding the rights of women and men. In an earlier study, it was shown that mass media contributes to women's empowerment by giving prominence to women's human rights (77).

Violence permeating daily life

We found in our fourth paper that the subjects were all familiar with violence against women and its different expressions. Violence was seen as common in marital life and within the extended family. Furthermore, marital violence was seen as a product of asymmetrical power relations. These power relations exert influence on family relations. That is, women are victims of traditional practices – such as arranged marriages, living in extended family systems, and the practice of providing a dowry – that violate their human rights. Informants described adverse health outcomes as well as attempts of suicide or committed suicide as results of violence exposure. Although the overall situation of females in Pakistan is restricted, there were examples of resistance to violence that eventually improved the situation for abused women.

Arranged marriages were acknowledged as deeply rooted in tradition and culture; however, these arranged marriages were considered as potential sources of conflict in marital life. Previous studies from similar geographical areas report conflicting results concerning arranged

marriages. In an Indian study, satisfaction of life is positively related to whether the marriage was by choice (120), whereas another study from India reports that women in love marriages are more exposed to violence than women in arranged marriages (45).

Our findings that infertility, lack of dowry, or not having a son are factors that result in violence within the extended family agree with previous studies from Pakistan (36). We also found that some women were exposed to sexual violence by their father-in-law or their brother-in-law. Unequal decision-making power may contribute to sexual abuse (54). To the best of our knowledge, this finding of sexual exploitation within the extended family has not previously been reported in the Pakistani context.

Another finding in our study was that women could tolerate, accept, or hide exposure or effects of violence to protect their family's honour. Furthermore, a woman might adjust her behaviour in a passive and obedient direction to protect herself from verbal threats, physical injuries, or divorce, a finding that agree with previous results (36, 121).

In our study, it was generally acknowledged that women exposed to violence could develop physical and mental illness including suicidal thoughts and suicide attempts. Women, who were stressed continuously due to family conflicts and exposure to violence, including sexual violence, were more prone to develop suicidal thoughts. Women from lower socio-economic strata and who developed suicidal thoughts were more expected to act on these and commit suicide compared to women belonging to higher socio-economic strata. Women from higher socio-economic strata were more likely to stand up for themselves and to seek divorce as a way to escape violence. Inclination of suicidal attempt among women of a lower socio-economic status may be related to lack of support from the family or society. Clearly, suicidal thoughts and attempts may develop when society does not address the root of the problem, leaving vulnerable women exposed to violence (122). If steps are not taken, these women will see suicide as the only available solution to their unbearable situation. However, having children or having an unmarried sister was reported as protective against suicide. In addition, violence against women was seen to influence children's behaviour in negative ways, and make it more likely that violent behaviour is transferred to the next generation.

Misconceptions related to misinterpretation of the Muslim religion were mentioned as causes of violence. A similar finding has been published from Iraq reporting that women, due to misinterpretation of religious dogmas, do not consider violence against women a crime (123), and another study reports religious misconceptions were evident in the fact that men often entered multiple marriages without the consent of their spouse (124).

Although many women are restricted in their ability to make decisions due to their family situation and lack of societal support, we found indications among younger generation, of a growing awareness about women's rights, and on strategies for dealing with violence against women in the family and in society at large. We have previously reported (32, 77, 119) that education holds a central position in this process, and mass media may play an important role in advocating women's rights. Education has further been identified as one of the most powerful tools for improving the quality of life of children (125). Educated extended families also play positive role in the provision of women autonomy at some extent.

Methodological considerations

Validity and reliability of quantitative tool

The quantitative part of this study used the WHO questionnaire for data collection, which makes the results comparable to findings from other countries where the same instrument was used. This is the first study to collect data at the household level in Pakistan, and it comprises a comparatively large sample from a country where there are extreme difficulties related to investigating family violence. The response rate in this study – 93.7% – is quite high, possibly due to the data being collected by community midwives (CM) who were established in the communities and trusted by the local people.

The participants were randomly chosen within two of the towns of the city of Karachi, comprising low and middle-income populations. We were not able to approach the highest income strata as they mainly use private health facilities and no community midwives are

placed in such areas. Therefore, our findings are representative mainly of low and middle-income groups of the general population in urban Karachi.

A weakness is that we were not able to acquire data on each of the violence acts for past year exposure. The data collectors asked for detailed information per act and respective frequency only for life time experience. Past-year prevalence was inquired about as a summary ('has anything of this happened in the past year'), for physical, sexual and psychological violence respectively. Past year prevalence data is often thought to be a more reliable assessment of IPV than events occurring over the life time because of less recall bias (39, 108, 126). However, past year prevalence figures are close in magnitude to life time figures in our study, which is interpreted as the violence targeting women in Pakistani families is ongoing year by year and few women are able to get divorce as a way to end the violence. Support for this assumption was also given in focus group discussions, performed with women living in the same area. It is also a fact that the women, due to the continuous exposure to different forms of violence and abuse, may have difficulties in exactly differentiating recent events from the somewhat more distant violence experience.

The health conditions inquired about were all rather well-specified mental symptoms, apart from 'general health'. Asking about symptoms expressed as feelings, such as 'feeling worthless' or 'losing interest in things you used to enjoy' are clearer and create less confusion than asking about 'depression', thereby rendering a more accurate response.

This was a cross-sectional study and no conclusions can be drawn on the direction of the associations. However, the data was used for life-time prevalence of different forms of violence exerted by the husband, whereas the symptoms were reported as having occurred in the past year. Due to this temporal relationship, it seems plausible that the exposure to violence and abuse gave rise to a higher level of symptoms and not the reverse.

It is theoretically possible that women who report serious ill-health, such as symptoms of depression and suicidal tendencies, are more prone to report events of violence. However, we

found statistically significant differences in the prevalence of almost all the health variables between those who reported violent events and those who did not, which makes this possibility unlikely.

Trustworthiness of qualitative study

When it comes to the qualitative part of this study and obtaining sensitive data as is presented here, thorough planning throughout the research process was demanded. Three of the authors were competent in the local language and the cultural meaning of the content (TSA, NA, RG) has contributed in the credibility of the findings. Credibility deals with how well data and processes of analysis address the intended focus (84). Credibility arises when making a decision about the focus of the study, selection of context, participants and approach to gathering data. In this study we used FGDs, and brought together married women with varies experiences to bring in a deeper understanding of the issues formulated in the interview guide. When performing FGDs on sensitive topics, it is however important to inform participants about them to focus on their general knowledge, experience and understanding and avoid revealing their personal experiences for the purpose of protecting the informants. Credibility was also maintained by selection of context, informants and by performing well-structured FGDs with appropriate analysis. Three of the authors (TSA, IM, NA) agreed in the way the codes and categories were labeled and categorized, which in later stages were verified by the other three authors (GK, RG, EJ).

Transferability refers to 'the extent to which the findings can be transferred to other settings or groups'. To judge the level of transferability, there should be a clear and distinct description of culture and context, selection and characteristics of participants, data collection and process of analysis (84). Good presentation of the findings together with appropriate quotations will also enhance transferability, as Graneheim, cited Polit and Hungler, state in her article (84) Even though we believe transferability might have been achieved through purposive selection of informants from different socioeconomic groups with different characteristics, it is however, inevitable to take into account that Karachi is huge, multi-ethnic and multi cultural society. Then, considering the fact that this thesis included a limited number of women, we believe the findings might be transferable to some groups of similar characteristics, but we hesitate to draw too far-reaching conclusions on this matter. On the other hand, gender roles turned out to be

describe in a similar manner by women irrespective of belonging to lower, middle or upper income groups.

Dependability was enhanced by conducting the FGD over two months, to ensure that the phenomena under study did not change (84). All FGDs were conducted in Urdu, moderated by local researchers well versed with the context, transcribed into English by the first author (TSA) and the field supervisor with in 24 to 48 hours, further analyzed within six months. Even though the transcriptions were done while performing the FGD's, we found no reason to revise the interview guide during the course of interviewing. Verification of transcriptions was done by the first author who listened to the audio-tapes twice.

Confirmability was achieved through separate coding by the first, third and last author, whereby similarities and dissimilarities were discussed. Consensus on codes and sub-categories was thereafter reached. During the analytical process, the first, second, and last author thoroughly discussed the structure of sub-categories, categories and themes. All authors read, discussed and agreed on the final categorization and themes (79).

One weakness of the study might be that the data was initially collected in Urdu, translated to English and then analyzed in the English version. Nuances might have been lost in this process but all authors were of the opinion that this was balanced as the main responsible person (TSA) and two more authors are well versed with both Urdu and English.

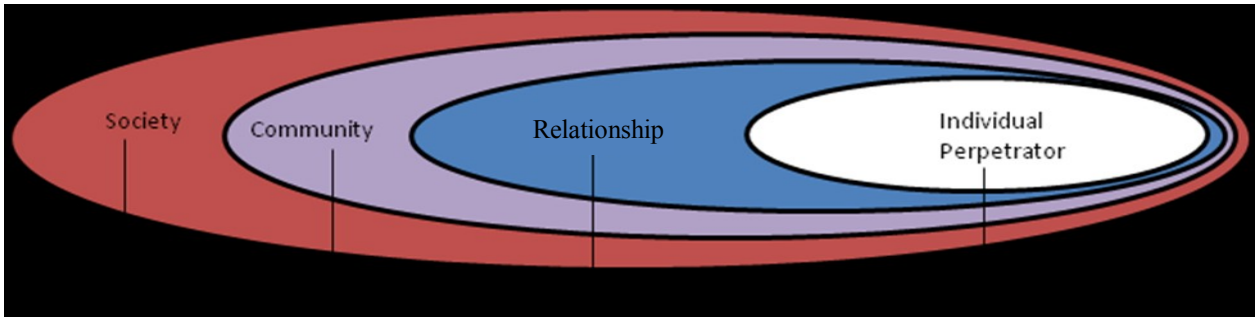
Personal reflexivity refers to how a person's values, beliefs, acquaintances and interests influence his or her research or work. The idea is that a person's thoughts and ideas tend to be inherently biased (127). In other words, the values and thoughts of a person/researcher will be represented in their work. This is to some extent maybe unavoidable, but the researcher should be aware of this and alert him/herself on this matter. In this work, this has been taken care of by the fact that more than one person analyzed the material with different professional backgrounds

Another weakness of the study was that, of fifty married women who were invited to participate in the study; twenty-two women declined participation. The views of these women would

probably have added to the value of this study. Also, our findings are limited to married women's perceptions. Future studies which could investigate the perceptions of male perspective on intimate partner violence. To reach a multi-factorial understanding of the issue of intimate partner violence in Pakistan, the perspectives of both sexes are needed. However, conducting FGD's with men for a female might not be possible, but male facilitators with a sociology background could play a role in this situation.

Our main findings summarised in the Heise model

This study used the Heise model to explain the factors that would increase the chances of a person turning victim or perpetrator of violent acts at varies level: of individual, family relations, community and societal. The first level factors included being a woman, older age, illiteracy, men witnessing their father beating the mother etc. The second level comprised of close relationships, such as that between the couple and that how they manage conflicts; i.e. men becoming more aggressive and women staying suppressive (Figure 6).



- Norms granting men controlled over female behavior
- Accepting of violence as a way to resolve conflict
- Masculinity linked to dominance, honor, or aggression
- Rigid gender roles

- Poverty, low socio economic status, unemployment

- Marital conflicts
- Male control of wealth and decision-making in the family

- Being male
- Witnessing marital violence as a child

Figure 6: The Ecological model for social determinants of partner abuse as presented by Heise, 1998.

Men were also identified as the final decision makers and found to be the lead economic contributor for the family, while women were expected to take of the household chores and family members. It was also interesting to identify that elderly women held a powerful position in their families, compared to the younger women. The third level which was based on community environment includes poverty and unemployment which was found to contribute to the perpetration of violence, at the same time providing very little legal and social support for the concerned women. Rather, community emphasized the need for women to be calm and quite as well as adjust accordingly to the aggressive behavior of the men. The fourth structural level identified included cultural norms and gender role expectations which were very rigid in the study setting. As a norm, society has granted men the dominant role, with the responsibility to ensured that family members maintained the family honor. This included the society's unwritten permission to control a woman's daily activities to ensure that it conforms to societal expectations.

5 CONCLUSIONS AND IMPLICATIONS

The findings in this study point at the multiple forms of violence that Pakistani women face which cumulatively contribute to the development or continuation of different forms of psychological stress and serious mental ill health. Further studies are needed to confirm our qualitative and quantitative findings, but also to approach men for their opinions and perspectives on these matters. Few violence-exposed women sought any health care, social care or legal support, which reveals a lack of reliable institutions to which women could turn.

The present situation in regards to IPV Pakistani women requires urgent attention at all levels of society, including by policy-makers and political stakeholders at the macro level and health care and NGO professionals at the micro level, in order to improve and safeguard women's overall life circumstances. Women should be offered the possibility of reporting violent incidents without fear of repercussion and to receive high-quality health care and social support when seeking support due to victimization. A reliable health surveillance system should be established to provide follow up, help identify women at risk for violence and prevent IPV. Health care professionals should become better educated about the problem of violence within relationships, and thus able to identify mental health symptoms that may be a result of IPV, and provide referrals to legal aid, counseling and non-governmental organization services. Currently many health care providers, such as physicians and nurses, do not query women about their exposure to violence and are poorly prepared to respond to the needs of those exposed. Therefore, there is a need to ensure knowledge about violence against women is provided in the medical and nursing academic education programmes.

In parallel to these health care and service-level interventions, there is an urgent need to improve gender equality at the societal level. Programmes designed to change norms and shift beliefs about women, men, and family relations should be put in place encouraging a public or semi-public dialogue about IPV and nontraditional communication channels could be tried, such as role plays, theatre. The mass media should generate more a public debate on the seriousness of IPV, and gender inequalities that exist in the country and condemn such violations.

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PAPERS

Paper I: Intimate partner violence in urban Pakistan: prevalence, frequency, and risk factors.

Paper II: Intimate Partner Violence And Mental Health Effects: A Population-Based Study among Married Women in Karachi, Pakistan

Paper III: Gender roles and their influence on life prospects for women in urban Pakistan - a qualitative study

Paper IV: 'Violence permeating daily life': a qualitative study investigating perspectives on violence among women in Karachi, Pakistan