**Domestic Violence Against Rural Women in Pakistan: An Issue of Health and Human Rights**

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Abstract Pakistani women living in rural areas are particularly vulnerable to violence because of their relatively weaker social position and lack of awareness about their legal rights. We investigated domestic violence against rural women and its association with womens health. A crosssectional survey was conducted from Rural Health Center of five selected districts by conducting facetoface interviews from 490 randomly selected women of reproductive age. The data showed that about 65 % of the interviewed women had experienced different types of violence, with psychological violence being the most common. Multivariate logistic regression analysis showed that womens low education, low income, and marriage at an early age were significantly associated with domestic violence. Additionally, Domestic violence was significantly associated with poor mental and reproductive health. These findings may be useful in developing public health programs to address domestic violence against rural women.

Keywords Human rights violation . Womens mental health . Psychological violence . Risk factors for domestic violence

Domestic violence (DV) against women has grave implications for the physical and psychological wellbeing of women (Campbell [2002](#_bookmark14)). Of late, the international community has recognized that DV is a serious violation of human rights, and directly damages general health and wellbeing (Hidrobo and Fernald [2013](#_bookmark33); Shuib et al. [2013](#_bookmark55)) and reproductive autonomy of women (DiopSidib et al. [2006](#_bookmark18)). Furthermore, it adversely affects womens selfesteem and quality of life (Campbell [2002](#_bookmark14); Heise et al. [1999](#_bookmark32)). Research suggests that violence significantly increases womens morbidity (Heise et al. [1999](#_bookmark32)), psychological complications, depression, and injuries (Campbell [2002](#_bookmark14)). DV is also instrumental in increasing sexually transmitted diseases, unintended pregnancy (Gazmararian et al. [2000](#_bookmark26)), and denial of womens right to use contraceptives (Coker [2007](#_bookmark15); Moore et al. [2010](#_bookmark43)). The term BDV^ includes psychological (acts of humiliation, yelling,

shouting, and intimidation), physical (acts of slapping, hitting,

beating, strangulation, burning, and threats with a knife or weapon), and sexual violence (acts of nonconsensual or forced sexual intercourse) by a husband toward his wife (GarciaMoreno et al. [2005](#_bookmark25)).

# Domestic Violence against Rural Women

About 63 % of the Pakistani population lives in rural areas (World Bank [2011](#_bookmark62)) and women living in rural areas are at increased risk of DV than their urban counterparts (Koenig et al. [2003](#_bookmark40); Krishnan et al. [2001](#_bookmark41)). . Various factors likely influence the etiology of DV in married rural women, including intrapersonal, interpersonal, and sociological factors. These factors include rural womens relatively weaker social position, low literacy rate, and lower level of awareness about their social and legal rights (Jejeebhoy [1998](#_bookmark37); PeekAsa et al. [2011](#_bookmark49)). Due to the structural disadvantages, rural women lack capacity building opportunities and access to economic resources and are usually dependent on men for their daytoday subsistence (Koenig et al. [2003](#_bookmark40)). It is also reported that rural women are usually physically isolated from the rest of society and lack community support and legal services if they were to become victims of DV (Krishnan et al. [2001](#_bookmark41)).

Historically, patriarchal norms and tendencies of hegemonic masculinity are stronger in rural areas than urban centers (Zakar [2012](#_bookmark66); Riddell et al. [2009](#_bookmark52)). Generally, rural women are treated as subordinate to men and perceived to be the custodians of family honor (Critelli [2010](#_bookmark19)). Furthermore, men consider it their responsibility to ensure the subservience of women (Zakar et al. [2012](#_bookmark67)).

Additionally, in rural areas, societal acceptance of DV against women appears relatively higher, particularly in cases of a womans Bdisobedience^, suspected adultery, or showing disrespect to her inlaws (BogalAllbritten and Daughaday

[1990](#_bookmark13)). Because of societal acceptance of violence in general, males in rural areas have a childhood history of physical abuse and neglect (Khodarahimi [2014](#_bookmark38)) and they use this violence in adulthood to resolve their conflicts, especially against their wives. Furthermore, the socioeconomic status of women in Pakistan is low, particularly in rural areas. Overall, women in Pakistan face various types of discrimination. The Global Gender Gap Report (2013) showed that Pakistan is ranked at 135 out of 136 countries experiencing worst gender disparities (Hausmann et al. [2013](#_bookmark30)).

Pakistan has an extensive legal framework comprising of various legal instruments to define and combat violence against women (VAW), particularly DV. The legal framework for protection of women from violence ranges from Constitutional provisions to a Penal Code to various laws promulgated by the Government. In this regard, the Domestic Violence (Prevention & Protection) Act [2012](#_bookmark50) is a significant attempt to recognize domestic violence against women, children, and other vulnerable persons as a criminal and punishable offence. The Act cites physical, sexual, psychological, and economic abuse as punishable offences. Though in Pakistan, legal protection is available to women against this violation, these laws are not implemented in their true sense because of structural and administrative constraints in the criminal justice system (Critelli [2010](#_bookmark19)).

# Domestic Violence: Intersection of Health and Human Rights

Health of an individual is recognized as a basic right by the World Health Organization and it is the responsibility of a state to ensure protection of every individuals health (World Health Organization [2013](#_bookmark65)). The health of an individual cannot be protected if the individual faces any kind of violence, be it within the domestic sphere or outside home (Zakar [2012](#_bookmark66)). Violence committed in the domestic sphere is even more harmful and permanently damaging for women because the power equation is highly tilted in the favor of men (Zakar et al. [2012](#_bookmark67)). In rural areas, where violence is usually socially tolerated and rarely reported, women have less capacity to Bcontrol^

the damage done by violence (Zakar et al. [2012](#_bookmark67)). Domestic

Violence not only hurts the dignity of woman, as she may feel humiliated and suffer from low selfesteem, but may also alienate her from the community (Koenig et al. [2003](#_bookmark40)). In rural areas, womens limited ownership of their bodies could be an obvious hurdle for women exercising their reproductive and bodily rights (Amado [2003](#_bookmark8); Zakar et al. [2012](#_bookmark67)). Arguably, sexuality and body rights are among the major human rights and these rights are based on the principal of equality between the couple (Frohmader and Ortoleva [2013](#_bookmark24)). The realization of these rights is directly related with womens empowerment (Amado [2003](#_bookmark8)). Furthermore, living under the threat of violence potentially weakens womens familial bonds and erodes their social capital (Zakar et al. [2012](#_bookmark67)). Consequently, their ability to resist violence and mobilize social resources for their safety gets impaired (Zakar et al. [2012](#_bookmark67)). It makes them even weaker and more vulnerable to violence at the hands of their husbands or other family members. This concept has been schematically presented in Fig. [1](#_bookmark0).

Generally, in developing countries, there is a dearth of scientific exploration of DV in both urban and rural areas. Despite the fact that 63 % of the population lives in rural areas (World Bank [2011](#_bookmark62)), there is a scarcity of research which exclusively focuses on the nexuses of DV, womens health, and violation of human rights regarding rural women. Though recently the issue has been proactively debated at both political and social levels, it is not yet appropriately recognized as a public health and human rights issue in Pakistan (Zakar et al. [2012](#_bookmark67)). Given this backdrop, the present study intends to determine factors associated with experiences of DV among rural married women and its association with womens mental and reproductive health outcomes within the context of their human and health rights.

# Materials and Methods

Study Settings

The health centers based cross sectional survey was conducted between July 2012 and December 2012 in five comparably similar districts from the upper (Gujranwala, Sialkot) and Central (Sargodha, Sheikhupura and Kasur) regions of the Punjab province. These districts were purposively selected because they share similar sociodemographic characteristics including total population, male to female ratio, literacy rate, labour force participation, participation of people in agriculture, and socioeconomic development (Health Department [2010](#_bookmark31) 13). Selection of these districts can provide a snapshot of rural women experiencing violence and human rights violations.

Selection of Respondents

The results of our study demonstrated that women who experienced DV were less likely to use antenatal care services. Antenatal care is considered as the first step towards protecting the health of mothers and the newborn (Roy et al. [2013](#_bookmark53)). The obvious reasons of low antenatal care could be lack of financial and logistic support, lower level of education, and a male dominated patriarchal system widely prevailing in Pakistani society (Alam et al. [2014](#_bookmark7)). Furthermore, womens access to and use of reproductive healthcare services are determined by a set of gender norms, such as their freedom to travel, and their autonomy in decisionmaking in matters relating to reproductive health (Mumtaz and Salway [2007](#_bookmark44)). In some circumstances, nonusage of antenatal care could potentially lead to maternal and infant morbidity and mortality (Finlayson and Downe [2013](#_bookmark23)).

Findings of our study revealed that only the experiences of psychological violence were moderately associated with a history of abortion. Contrary to the other studies (Fikree et al. [2001](#_bookmark22); Polis et al. [2009](#_bookmark50)), our study did not provide evidence of an association between physical and sexual violence and a history of abortion. Arguably, this may be the case because women in violent relationships are more likely to conceal the termination of pregnancy from their partner than those who do not suffer violence (Hall et al. [2014](#_bookmark29)). Moreover, it has been found that women in abortion research studies usually do not report DV more frequently as compared to women in contraceptive or other gynecologic studies (Kazi et al. [2008](#_bookmark39)). Further research is needed to explore the predictors of abortion in rural Pakistani society.

Consistent with findings of other studies conducted in developed (Cripe et al. [2008](#_bookmark17)) and developing countries (Pallitto et al. [2005](#_bookmark48)), the present study found that the likelihood of unplanned pregnancy was higher among abused women. Rural women likely have less reproductive autonomy, which leads to low use of contraceptives. The male dominated mindset, which still prevails in rural areas, also tends to govern the bodily rights of women by considering them their property (Saigol [2011](#_bookmark54)).

The present research found that women who were victims of all three types of violence showed poor selfreported reproductive health than women who had not experienced violence. This finding is consistent with other studies which found that DV has significant negative implications for womens reproductive health (Campbell [2002](#_bookmark14); WilsonWilliams et al. [2008](#_bookmark61)). It is argued that improved socioeconomic status of rural women is a prerequisite to improve their reproductive health status in Pakistan (Fatmi and Avan [2002](#_bookmark20)).

This research also showed that women who had experienced current and lifetime psychological, physical, and sexual violence reported poor mental health. This finding is consistent with the results of other studies which found that womens experiences of physical (Ayub et al. [2009](#_bookmark10); Fikree and Bhatti [1999](#_bookmark21)), psychological (Ayub et al. [2009](#_bookmark10); Coker et al. [2007](#_bookmark16)), and sexual violence (Basile et al. [2004](#_bookmark11); Kumar et al. [2005](#_bookmark42)) were strongly associated with mental health morbidity among abused women.

The major limitations of the present study include the use of selfreport measures of health and the fact that we did not confirm these health outcomes by using clinical tests. Secondly, the crosssectional design was a limitation, as it does not portray the causal relationship between DV and womens health status. Another limitation is the health centerbased recruitment of respondents, as it may have excluded women who do not have medical problems, women experiencing DV who are not allowed to seek healthcare, and women who use traditional medicine. Furthermore, due to the scarcity of human and financial resources, districts from southern Punjab could not be included in the sample. Nonetheless, this study was a significant contribution in the field of violence research in the rural areas of Pakistan.

# **Conclusion**

This study concludes that rural women living in poverty, without formal education, and married at young age are more vulnerable to DV. These women are more likely to experience unplanned pregnancies, less antenatal visits, and poor selfreported mental and reproductive health. Our study shows that DV is not only a social issue, but also a grave public health concern and human rights violation. This situation in rural areas suggests that DV is deeply embedded in the patriarchal structure of society, which keeps women at a subordinate position in power relations. There is a need for comprehensive strategies to empower women through enhancing their education and capabilities so that they can improve their socioeconomic status. Additionally, future research, particularly qualitative and longitudinal research, is needed to understand the influence of rural culture and context on womens experiences of DV. Uplift.