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Domestic Violence Against Women: Prevalence and Men's Perception in PGRN Districts of Pakistan

RutgersWPF

Domestic Violence Against Women: Prevalence and Men's Perception in PGRN Districts of Pakistan

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Preamble

Violence against women by an intimate partner has serious implications for women's physical, mental and social wellbeing. Analysis of data on the prevalence of domestic violence, collected from Pakistan's six districts not only reflects the status quo of women but also raises many critical questions about their condition in other parts of the country. Along with other forms of violence and its consequences on women's health, this study also exposes the practices of marriage customs, honour killing, child sexual abuse and sex-selective abortion in those districts. Current findings from this research project have important implications for domestic violence - from prevention, care and mitigation perspectives.

The health sector could play a vital role in preventing violence against women including sex-selective abortion, by helping them recognise different types of abuse and providing safe and confidential treatment. Health care providers must be sensitised on gender and violence issues to deal with battered woman syndrome. Health services should be provided to women where they feel safe and comfortable. Also, an effective referral system will have to be established among health services and other services - legal, shelter and social welfare department. In short, a comprehensive health sector response needs to be developed with core focus of helping women.

This is a call for action for provincial governments to curb violence against women through legislative reforms. Men, in the study, also recognise that legal and social accountability of men is important to stop domestic violence. Other women protection laws also need to be implemented in letter and spirit.

Another great concern requiring immediate attention of public health, media and development practitioners is the high prevalence of sexual abuse during and after childhood. Other than the risk of HIV & STIs, the impact of sexual abuse on a woman's mental health makes her more vulnerable to domestic violence. A massive educational and public health awareness campaign should be initiated particularly focussing on prevention of sexual abuse. Civil society should also include men as a target group to address women's empowerment.

Despite all the security challenges, organisations and teams that put in rigorous efforts to interview women, accessed them at their doorsteps, and handled their own emotions and those of the women so sensitively, deserve a sincere thank you. Most of all, history will never deny the contribution of women respondents who trusted us and shared their life experiences. This enabled us to speak about their lives and reflect on the truth about gender inequalities, discrimination and lack of empowerment in a scientific manner. Although tearful, they felt grateful their voices were being heard. This study will help national, provincial and local authorities design, implement and monitor policies and programmes essential for dealing with the problem. The findings of this report will contribute to our understanding of violence against women and the need to prevent it. However, challenging the social norms and cultural practices that condone and, therefore, perpetuate violence against women is a collective responsibility. We must openly discuss domestic violence issue and not regard it as a private matter anymore. Indeed, there is a serious need to comprehensively address it.

Kanwal Qayyum

Principal Investigator

Programme Manager-GBV

Foreword

Violence against women is a huge problem all over the world. Internationally, a growing body of knowledge shows that too many women are victims of physical, sexual and psychological violence. Also, it has become evident that physical and emotional consequences can be severe, affecting women's sexual and reproductive health and rights in particular.

Prevalence of violence against women in Pakistan had previously not been investigated in a structural and large-scale manner. It is the great merit of Ms. Kanwal Qayyum, Principal Investigator, to have set up this extensive and important study with support of her colleagues from Rutgers WPF-Pakistan. It is the first door-to-door household survey on domestic violence against women in Pakistan, in which almost 5,000 women have been interviewed. The striking outcomes of this groundbreaking study indicate that violence is a structural part of almost all women's lives in districts in Balochistan, Sindh and Punjab. Even more saddening is that a large number of women believe their husbands are entitled to use violence against them.

The authors not only investigated the prevalence of domestic violence against women by giving them a voice, they also included the perspective of men in their study. Men's perceived role in society of domination often legitimizes the use of disciplining and violence, and men do suffer from social pressure to behave in such an expected way. Rutgers WPF strongly believes and seconded the opinion of women that breaking the circle of domestic violence against women is only possible by engaging men at all levels.

We hope this unique survey not only helps create awareness among both men and women on mutual respect and equal rights as well as on violence against women being unacceptable but also leads to interventions focussing both on individual and community level.

Willy van Berlo and Rachel Ploem
Rutgers WPF, the Netherlands

Acknowledgement

I am pleased to share the Report of Domestic Violence against Women: Prevalence and Men's Perception in PGRN Districts of Pakistan developed by Rutgers WPF. This report provides an understanding of gender inequality in the conservative south Punjab belt, Sindh and Balochistan by measuring the prevalence of domestic violence among ever married women in six districts of Pakistan. The report documents the first ever quantitative household survey on prevalence of domestic violence. The study also measures a few unexplored issues in the Pakistani setting - child sexual abuse, information about perpetrators, honour killing history and sex-selective abortion practices, among others. The report also captures in six districts men's perception of domestic violence, its causes and possible solutions.


Rutgers WPF Pakistan is indebted to all respondents who participated in this process and showed their trust in enhancing our understanding of domestic violence. We are particularly thankful to the survey team, both the interviewers and supervisors Syed Aijaz Ali Shah, Saira Abro, Zulikha, Nazia Begum, Saira Hashim, Mumtaz, Farzana, Zainab Malik, Shams-un-Nisa, Azra Mushtaq, Kosar Parveen, Razia Baloch, Rubina Soomro, Bashir Ahmad, Ihsan Ahmad, Inayatullah, Riffat, Aisha Jamal, Humaira Bibi, Zaibunisa, Zohra Jamal, Farida Qadeer, Zahid Hussain, Farzana Bibi, Kosar Bibi, Riffat Bibi, Farida Begum, Ambreen Zahra, Qurat-ul-Ain, Mehnaz Bibi, Hamida Bibi, Muhammad Saqib, Samina Kosar, Shahnaz Bibi, Manzoor Hussain, Shakeela Naqvi, Shazia Ghafar, Anam Zahra, Mehreen Gill, Hira Irshad and Nasira Khalid from D.G.Khan, Muzaffargarh, Kashmore, Jacobabad, Naseerabad, and Jaffarabad for carrying out the strenuous task of data collection with utmost dedication.

I would like to extend my deepest appreciation to Ms. Kanwal Qayyum, the principal investigator of the current study for taking this courageous decision of highlighting much-needed scientific evidence on domestic violence. I also highly acknowledge the efforts of Dr. N. Rehan, who provided technical guidance during the study's design phase, Ms. Sana Shahan for designing qualitative study, Ms. Sabeena Gull for her assistance in designing and pretesting of research study and skillful supervision of data collection, Ms. Natasha Sajjad for editing this report and Mr. Naeem Gul of Rutgers WPF Pakistan for the analysis of the Focus Group Discussions.

We gratefully acknowledge the efforts of partner organisations: National Education & Environment Development (NEED) and Society for Community Organisation and Promotion of Education (SCOPE) in Balochistan, Social Youth Council of Patriots (SYCOP) and Al-Asar Development Organization (ADO) in Punjab, and Community Development Foundation (CDF) and Kainaat Development Association (KDA) in Sindh for their commitment and continuous endeavours to deal with violence against women in Pakistan.

I would especially like to extend my sincerest thanks to our colleagues from Rutgers WPF, the Netherlands, Ms. Rachel Ploem and Ms. Willy van Berlo for sharing their invaluable insight, providing technical input and continuous support for the completion of this publication.

My sincere gratitude goes out to Ms. Khawar Mumtaz and Dr. Adnan Khan for reviewing the publication as experts of Research and Gender-Based Violence and enhancing the quality of this document.



Rutgers WPF Pakistan remains committed to the promotion of sexual and reproductive health and rights of the Pakistanis, especially young people and women, for sustainable human development. Sincerely

Qadeer Baig,
Country Representative for Pakistan,
Rutgers WPF

Executive Summary

In Pakistan most of the available statistics on domestic violence are based on secondary data. This is the first-ever household survey in Pakistani setting, measuring the prevalence of domestic violence and men's perception of it. In this survey, the operational definition of domestic violence was “physical, psychological/emotional and sexual violence (coercive acts) used against women in the surroundings of the household. The violence can be perpetrated by the husband but not limited to husbands only”.

This study aimed at measuring the prevalence of domestic violence through a quantitative approach in a household setting and gaugemen's perception of domestic violence through qualitative approach. It was conducted in six districts of Pakistan with the support of Pakistan Gender-Based Violence Reproductive Health Network (PGRN) partner organizations. These organizations are from Punjab (Dera Ghazi Khan & Muzaffargarh), Sindh (Jacobabad & Kashmore) and Balochistan (Jaffarabad & Naseerabad). The study was conducted in the respective districts. Ethical approval was obtained prior to data collection from Hope Ethical Review Board authorised by Institutional Review Board (IRB) .

The prevalence of domestic violence against women was measured through a cross-sectional research design. The sample size for each district was statistically calculated considering estimated prevalence of domestic violence, power of the study, design effect, and urban rural household ratio, separately. The total calculated sample size was approximately 4500 while in the survey 4885 ever married women were interviewed. The data was collected from 26 urban Union Councils (UCs) and 124 rural ones in these districts.

Multi-stage random sampling technique was used to approach the calculated sample size from these districts in two stages (i) Urban and rural UCs and (ii) Enumerator Blocks (EBs) and villages out of respective UCs. Respondents were selected by following the established criterion. The study tools comprised consent form, demographic information form and WHO Multi Country study questionnaire on women health and domestic violence (version 9.9 conducted in 2005), which was modified to cultural context, translated in Urdu and pre-tested prior to data collection. Trained female interviewers conducted the interviews of women respondents while trained male facilitators held Focus Group Discussions (FGDs) with men through the FGD guide.

The study's demographic information showed that 34% women got married between 9-15 years of age and 77% marriages were settled under some kind of custom i.e. exchange marriages, marriages to settle disputes including murder. Around 50% families had a median monthly income of Rs6000 (60 USD). In our study population, almost 64% women never went to school for any formal education.

The study found the prevalence of any form of domestic violence by intimate partners since marriage among 85% women while 82% suffered domestic violence during the last 12 months. Since marriage, 75% women were the victims of physical violence, 66% suffered sexual violence and 81% psychological violence. Similarly, during the past 12 months 74% women were the victims of physical violence, 58% suffered sexual violence and 72% psychological violence. However, this abuse is not limited to husbands only. Results showed that 53% women were physically abused by other people as well, but most of the time the perpetrators were family members. In the same manner, sexual violence after the age of 15 was reported by 25% women. In further analysis it was found that women who were victims of child sexual abuse and those who experienced physical or sexual abuse after 15 years of age by others

excluding their intimate partners, were one to two times more likely to be abused by their intimate partners than those who did not have a history of child sexual abuse and physical or sexual abuse after the age of 15.

Data showed that mostly physical violence resulted in injuries and 63% women did not seek any kind of health care service for such injuries. Among them 35% reported they were not allowed to seek health care service.

Physical violence was also common during pregnancy with 47% women having been slapped, hit or beaten by their husbands. A small proportion (14%) reported that physical violence had aggravated during their pregnancy. The data indicates that 21% of ever pregnant women had a history of induced abortion. Among them, nearly 40% had an induced abortion because the fetus was female while causes for the remaining 60% were not known. Eighty-six percent women who underwent abortion because of the fetus being female had the sex of the baby confirmed through ultrasound technology before opting for abortion; the remaining 14% could not tell how they came to know they were carrying a female fetus. The analysis further revealed that women who have had an induced abortion were more at risk of physical ($p < 0.05$; AOR: 1.296, CI: 1.040-1.615), sexual ($p < 0.05$; AOR: 1.324, CI: 1.085-1.615) and psychological violence ($p < 0.001$; AOR: 1.686, CI: 1.322-2.150) by their intimate partners than women who had not had an abortion.

A large group of women were able to identify murder incidents as honour killings with 34% reporting such incidence in their families - 26% during the last decade, and 8% in earlier years. Logistic regression analysis showed that women who had a history of honour killings in their families were abused more often by their intimate partners than those whose families did not have any such history ($p < 0.001$; AOR: 3.367, CI: 2.645-4.285).

The current study also investigated whether women justify violence as a man's right and how. They gave several justifications. More than half (58%) indicated that a woman not doing her household work properly provided a legitimate reason for a husband to act violently, followed by 47% who said being disobedient to the husband gave him the right to be violent. One-fifth (21%) reported that refusal to have sex was a legitimate reason for their husbands to hit them. However, only 10% indicated that all the aforesaid explanations did not justify physical violence. Overall 23% women gave one reason, 32% cited two and 34% mentioned three reasons. Illiterate women more often gave at least one reason (92%) than women with some education (86%).

Two-thirds of the respondents (62%) reported having seen their fathers abusing the mothers. In addition, 75% reported the presence of their children when they were being physically abused by their husbands.

The majority of women shared their physical violence stories with their immediate family members, including parents, siblings, in-laws and children. However, only 12% had shared their experience with police, doctors, lawyers, religious leaders and other influential people.

Forty-three percent victims of physical violence left the house because of it but came back. The frequency of leaving the house ranged between 1-30 times. They cited multiple reasons for the last comeback - 65% returning because of family and their children and 59% coming back because of social pressure from parents and in-laws.

At the end of the survey, in response to an open-ended question, the women provided multiple

solutions for stopping domestic violence. The content analysis of their statements identified many solutions, which most frequently included ending customary practices (21%) and support from the family (18%).

Men's perception of Manhood and Domestic Violence

Seventy-eight men from six districts were asked about their opinion on what it means to be a man, their views on gender roles, the advantages and disadvantages of being a man, what they see as causes of violence against women and the solutions they propose to stop such violence.

Majority of men linked manhood to authority, power and honour. Men see themselves as being superior to women and are entitled to live in the outside world while women's role and position is confined within the four walls. Men believe they are entitled to 'sexual acts' any time they feel like, and if their wives are not around they will look for other women.

They identified multiple causes of violence, which are deeply-rooted in cultural notions of manhood and expected roles of both women and men. Men think they are allowed to discipline women and that it is their expected role. If the men do not do so, -they will be blamed for non-disciplinary behaviour.

Men do link violent behaviour to poverty, lack of jobs, low income and lack of resources to sustain the family. A number of men acknowledged that in male dominated societies every institution is dominated by men, which is a violation of women's rights. They acknowledged that in Pakistani society women are seen as being inferior to men.

Reference to Islam was made in various ways. A number of men referred to the fact that problems of violence arise due to the fact that Islamic teachings are not properly followed. Reasons for using violence are linked to deeply-rooted cultural notions, reinforced by misleading interpretation of religious (Islamic) norms and values. Violence against women is often not seen as problematic, as it is accepted by society and considered as a private or family matter. However, men do realise that violence affects women's mental and physical health badly.

Conclusion:

Keeping in view the highest prevalence of domestic violence and its strong association with honour killing, sex-selective abortion and multiple other factors, we conclude that gender inequality and related discrimination against women and girls is the root cause of domestic violence. We also draw our recommendations on two levels i.e. policy and interventions. We strongly recommend that domestic violence should be considered a crime at the provincial level. While rehabilitation services should be introduced for perpetrators, we second our respondents that the state stop customary practices by ensuring implementation of law, as customary practices are one of the major sources of domestic violence.

Elaborating on customary practices, we also recommend that child marriages be stopped because these increase the vulnerability of young girls to fall victim to physical and sexual violence. In order to stop child marriages, factors contributing to such marriages should also be eliminated with the support of the government and Civil Society Organizations. Subsequently, implementing agencies should be sensitized on domestic violence issue. Looking at the disadvantages of manhood and the negative impact on men's health, there is a need to offer entry-point for engaging men to re-look at gender equality, masculinities, and men's role in stopping violence against women.

61% of women
got married
before the **age**
of **18**.



Introduction

Merely three decades ago the notion of violence against women was not even considered an area worth international recognition or concern, thus making most governments and policy makers deem it as a relatively trivial social problem with negligible social consequences (Ellesberg, & Heise, 2005). This line of thinking took a U-turn during the late 20th century when various women's groups started organising at international and grassroots levels and began demanding attention to psychological/emotional, physical and sexual abuse directed towards women. According to Garcia-Moreno (2005), "violence against women is widespread and deeply ingrained, and has serious impacts on women's health and well-being. Its continued existence is morally indefensible; its costs to individuals, to health systems, and to society in general are enormous. Yet no major problem of public health has - until relatively recently - been so widely ignored and so little understood."

Although the status of violence against women has now been widely documented and more international funding is being directed towards endeavours to curb it, the rates of violence against women remain unacceptably high, especially in nations that are still in the developing phase (Women Health Council, 2007). The most alarming factor in this scenario is the inability to recognize the existence of this problem in developing nations, where most statistics collected to measure violence against women are usually an underestimation, as men and even women have 'ingrained' this social crisis as part of their cultural norm and prevalent patriarchal setting.

1.1 Terminology

To broadly define what we construe as violence against women in this study, the first internationally consensual definition of violence against women in the Declaration on Elimination of VAW by the United Nations in 1994 is used "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 such as acts, coercion, or arbitrary deprivation of liberty, whether occurring in public or in private life" According to this declaration the existence of violence against women is a depiction of the unequal power relations between men and women translated throughout history, which result in inordinate discrimination against women. This has resulted in stunting women development and advancement and forced women to assume a role that is indefinitely subordinate to men.

Within the concept of violence against women, several forms can be distinguished, dependent on who the perpetrator is, or where the abuse takes place. **Domestic violence** is an abuse of power perpetrated mainly (but not only) by men against women in a relationship or after separation. Keeping in mind the cultural context of the region in study here, it is imperative to include other actors in this study (mothers-in-law, fathers-in-law, siblings, and parents) as most women live in a joint family system after marriage and may not face abuse just by their husbands. In fact they suffer negligence at the hands of myriad actors. The commonly acknowledged forms of domestic violence are physical and sexual violence, emotional and social abuse, and economic deprivation (Women's Services Network, 2000, p. 2). **Intimate partner violence (IPV)**, as part of domestic violence, is a pattern of physical, sexual, and psychological attacks that adults or adolescents use to control their intimate relationships (Gerard, 2000, p. 53). The current study is about domestic violence against women. In addition, violence

perpetrated by persons outside the household was also explored.

1.2 Status of violence against women in Pakistan

Pakistan ranks 133 out of 135 countries on the Gender Equality Index (Global Gender Gap Report, 2011) - a further decline from its 125th position a decade ago. The situation of Pakistani women today is similar to that described by the Human Rights Commission of Pakistan in its 1997 report that stated that the worst victims of torture, abuse and terror are “women of the poor and middle classes; their resource-less condition not only made them the primary target of the police and criminals, it also rendered them more vulnerable to oppressive customs, more so inside their homes as opposed to outside it.” In the absence of educational, economic and social empowerment, women are restricted to their houses. However, instead of being protected in their households, women are often the victims of domestic violence, which is estimated by the Human Rights Commission of Pakistan to be 65%. This situation also gets worse when it is combined with customary practices of marriage such as Vani, Swara, Pait Likei, Badle Sulah, among others. Furthermore, little or no legal protection or recourse mechanisms exist in Pakistan to protect women from domestic violence.

A bill against domestic violence was presented to the National Assembly on August 4, 2009, by members of Pakistan People's Party (PPP) with the support of Civil Society Organizations. At that time, the Domestic Violence (Prevention and Protection) Bill was perceived to be a big achievement. However, the bill was highly polarizing, particularly among religious leaders in the Parliament who resisted it and eventually the period to present it in Senate (Upper House of Parliament) lapsed. Even though the bill was eventually presented in Senate in February 2012, and was finally approved, it is applicable only in the federal territory, and not to the entire country. It is now languishing because post-18th amendment, new legislations have become a provincial matter. Although process is under way at the provincial level and is in different stages in at least two provinces – Punjab and Sindh, the bill faces an uncertain future in the provincial assemblies.

1.3 Addressing violence against women in Pakistan

Since 2009, Rutgers WPF (previously known as World Population Foundation) has been carrying out sustained efforts for the recognition and acknowledgement that violence against women prevails in Pakistan. Efforts were undertaken with some of the most conservative societies of Punjab, Sindh and Balochistan by implementing a project through sensitization and capacity-building of local NGOs/CBOs on gender-based violence. Through a World Bank grant, Rutgers WPF initiated this intervention by building the capacity of six local NGOs in as many districts-two in Punjab (Al Asar Development Organization, D.G.Khan & Social Youth Council of Patriots {SYCOP}, Muzaffargarh), another two in Sindh (Community Development Foundation, Jacobabad & Kainat Development Association, Kashmore) and two in Balochistan (Society for Community Organization and Promotion of Education{SCOPE}, Jaffarabad & National Education & Environment Development Society {NEEDS}, Naseerabad) on GBV from a reproductive health perspective. A brief profile of these organizations can be found in Annexure 1.

The initiative centered on strengthening the civil society response to gender- based violence from a sexual and reproductive health perspective and bringing civil society together for working towards elimination and prevention of violence against women. In order to progress towards this goal, the six partner NGOs engaged more than 120 Community-Based Organizations (CBOs) and formed the Pakistan Gender-Based Violence and Reproductive Health Network (PGRN). Through PGRN, partner organizations and CBOs intend to respond to gender-based violence and its impact on reproductive

health prevalent in their districts. However, the absence of any household data and contextual understanding of domestic violence by society in general and from the perspectives of both men and women, made it very difficult to formulate any effective strategies to address the issue of domestic violence. Furthermore, these are the districts where women hardly come out of their homes. Therefore, it seemed self-evident to contact them in their households and listen to their issues with a scientific approach, which is being presented in this report.

1.4 Engaging men for substantial positive impact in reducing domestic violence

In a patriarchal society, the role of men in domestic violence is well-established. To move towards a socially and gender-equitable society male engagement at all levels is important. In most cases men are agents of change, they are the gatekeepers and share equal responsibility towards gender equality. Patterns of gender inequality are borne out of the stereotypical norms of masculinity and men's gender identities (Connel, 2003). For any behavioural and environmental change to lead to a long-term impact on women's lives it is critical to engage men. Without involving men in the process of understanding the determinants of domestic violence against women, it is difficult to meaningfully improve the lives of women, to promote reproductive and sexual health rights for all (IPPF, 2010), as well as identify measures involving men to reduce domestic violence against women. The same report has mentioned a number of studies which are carried out throughout the world. In one of the initiatives of the United Nations Population Fund (2003) in Namibia, male involvement in sexual and reproductive health through capacity-building and focus-driven intervention resulted in decreased Gender-Based Violence. The programme assessment report corroborated its effectiveness in men engagement (IPPF, 2011). A programme by Women for Women International (2006) - the 'Men's Leadership Programme' - in which men were involved in preventing rape as a weapon of war, was carried out successfully in the Republic of Congo. The assessment report of the programme iterates that “after the training, an external evaluation of the programme's impact, conducted through focus groups and interviews, revealed profound changes at household and community level”. These case studies have proven that engaging with men to alter their perceptions about masculinity and their gender roles has a positive impact with regards to reducing domestic violence. Similarly, the International Men and Gender Equality Survey (IMAGES, 2011) states that men who report more gender-equitable attitudes are more likely to be happy, to talk to their partners and to have better sex lives. Therefore, gender equality is to be promoted as a gain for both women and men.

Rutgers WPF, along with its partner organizations in Indonesia and South Africa, has developed a 'Toolkit for Men: Male counseling in the context of Intimate Partner Violence' (<http://news.rutgerswfp.nl/toolkit-for-men>). The toolkit was developed because women who were victims of violence had made clear it was not the relationship that had to be stopped but the violence. Recently the 'Toolkit for Men' was described in a (draft) MenEngage Briefing Paper (2012) as the most comprehensive tools identified to date and created in collaboration with practitioners who provide services to women and children survivors.

For any behavioural change that would lead to a long-term impact on women's lives, it is evident that engaging men is critical to the process.

1.5 Study objectives

The objectives of the proposed study were:

1. To measure the prevalence and characteristics of domestic violence against women in



PGRN districts of Pakistan.

-
2. To understand men's perception of domestic violence in PGRN districts and their potential role in stopping violence.

21% of ever pregnant women have a history of induced abortion. Among them 40% women have had an abortion because the fetus was female, which they confirmed through Ultra sound before opting for abortion.



■ **Methods**

The study consisted of two parts: prevalence and characteristics of domestic violence against women were established in a quantitative study among almost 5000 women by means of a questionnaire. The women were interviewed in their homes by trained interviewers. To get insight into men's perception with regards to domestic violence, a qualitative study was carried out. In this chapter, the methodology of both parts of the study is described.

2.1 Prevalence and characteristics of domestic violence against women

Prevalence and characteristics of domestic violence against women were measured in a quantitative way with a cross-sectional design. The study was conducted in six districts - two in Punjab (D.G.Khan & Muzaffargarh), another two in Sindh (Jacobabad & Kashmore) and two in Balochistan (Jaffarabad & Naseerabad).

2.1.1 Sample

The sampling frame of the study population was 839,275 women, aged 18 years or older. Only women of 18 years or older were included because of their legal age of consent to participate in the study.

Sample size

The sample size was calculated by using epi info 3.5.1, using the following assumptions:

- Reported prevalence of domestic violence in Pakistan = 65% (Human Rights Commission of Pakistan (2004))
- Margin of error = 5%
- Power of study = 80%
- Confidence level = 95%
- Design effect = 1.7
- The ratio of urban /rural household was kept the same as ratio of urban/rural Union Councils (UCs). The following table shows the distribution of UCs.

Table 2.1: No. of Union Councils in PGRN Districts

District Name	UC	Urban UC	Rural
Muzaffargarh	93	11	82
Dera Ghazi Khan	59	8	51
Jacobabad	40	11	29
Kashmore	37	9	29
Jaffarabad	46	9	37
Naseerabad	24	2	22

Total calculated sample size was 4,384 women of 18 years or above from 26 urban and 124 rural union councils of all districts. However, 10% refusal rate was also considered for sampling purpose. The data were collected from 4,885 women in these districts. The details of the sample appear in Table 2.2.

Table 2.2: Sample size determination

District Name	Population	No. of female 18	Sample Size	Design effect 1.7	Urban Sample	Rural Sample	No. of EBs (Urban)	No. of villages
Muzaffargarh	310,000	79,050	429	729	88	642	3	22
Dera.Ghazi.Khan	180,000	45,900	428	728	102	626	3	22
Jacobabad	930,000	237,150	431	733	205	528	7	18
Kashmore	850,000	216,750	431	733	176	557	6	19
Jaffarabad	595,565	169,736	430	731	146	585	5	20
Naseerabad	355,644	90,689	430	731	66	665	2	23
	3,221,209	839,275	2,579	4384	783	3603	26	124

Sampling technique

Multi-stage random sampling was used to pick the calculated sample from these districts. The list of urban and rural UCs i.e. list of villages and Enumerator Blocks (EBs) including the number of households details were obtained from the Federal Bureau of Statistics Pakistan.

The sampling was done in two stages. In the first stage, urban and rural Union Councils were selected. Out of these, EBs and villages were chosen, which served the second stage of the sampling. Selection of urban and rural Union Councils and later that of EBs and villages was made through simple random selection by using SPSS. A minimum of 30 households per village or EBs were selected through systematic random sample as per WHO standard guideline. The take all approach was used where number of households was less than 30. The households were selected using the unique systematic random number which was defined for each village and EB. The list of places where data were collected can be seen in Annexure 2.

Following the selection criterion of the respondents (ever married and above 18 years of age), consent was sought from women of that particular household to be interviewed. If there was more than one woman older than 18 living in that household, random selection was made. Only those women were interviewed who gave consent. One woman per household was interviewed by a trained female interviewer. If all women of that household refused to be interviewed, the next household was contacted for the interview.

2.1.2 Respondent criteria

Inclusion criteria was as follows:

- Women aged 18 and above
- Ever married / widow/ divorced/ separated
- Resident of the selected household

2.1.3 Interview setting

It was ensured that the interview setting was a comfortable place for the respondent. The interview was conducted in a private setting, with particular attention being paid to ensure that the conversation was not heard by people in her surroundings.

The data was collected by female interviewers. Each team comprised six interviewers and one male supervisor in each district. In Pakistani culture, particularly in the study districts, if men are accompanying women they will be perceived as a symbol of protection. They are allowed to move and interact with the community freely. Therefore, it was preferred that male supervisor be engaged.

The detailed criteria and responsibility of the team and organization are annexed at the end of this report. (See Annexure 3).

2.1.4 Tools and instruments

The following tools were used to collect the data:

- Consent form
- Demographic information form
- WHO multi country study questionnaire on women health and domestic violence (version 9.9 conducted in 2005) modified to cultural context.

2.1.5 Questionnaire

A standardized questionnaire, previously used in WHO multi country study was used to measure the prevalence of domestic violence against women. Keeping in view multiple factors i. e. study setting, available time, culturally appropriate questions, a brief version of questionnaire version 9.9 (García-Moreno et al. 2005) was used and partly modified to collect the data (see Annexure 4). To make the questionnaire more contextual the topic of honour, honour killing, sex-selective abortion, marriage customs, and women's suggestions to eradicate domestic violence were added.

The questionnaire was translated into Urdu language. The translated questionnaire was pretested prior to the training and field implementation.

Pretesting of the questionnaire

Pretesting of the translated questionnaire was done in a slum area of Islamabad. Four married women were contacted by a two-member team. The objectives of the pretesting were:

- To test the content, sequence and appropriateness of the questionnaire
- To validate interview setting and respondent criteria for the questionnaire
- To test whether the respondents were comfortable with the questionnaire's language or not.
- To estimate the required time for an interview

The pretest revealed that privacy, confidentiality and good rapport building are prerequisites to make women feel comfortable and to openly discuss domestic violence issues. Women were ready to respond to questions, particularly regarding sexual violence if the interviewer was of the same sex, preferably married or middle aged. The average total time per interview was between 35 to 40 minutes. Respondents expressed their level of comfort on length and sequence of the questions and the language of the questionnaire..

2.2 Men's perception

To obtain men's perceptions of violence against women, Focus Group Discussions (FGDs) were held. The aim was to understand men's experience, perception, roles and attitudes on women's health and their experiences in the context of violence against women, and how men can play a role in resolving the issues. After completion of the household survey one FGD was conducted in each district. The protocol consisted of the standardized focus group methodology. Each district had to follow the eligibility criteria.

2.2.1 Focus Group Discussions (FGD)

A semi-structured interview format with open-ended questions was used for the discussion. (see Annexure 7)

2.2.2 FGD Participant selection procedure

The supervisors were responsible to identify men from the selected EBs and villages to participate in the FGDs. Through key persons in the community they got in touch with men eligible to take part in the FGDs. The FGDs were carried out by facilitators who were also the supervisors of the interviewers. The facilitators were assisted by note-takers. Criteria for the note-takers is also given in Annexure 3.

2.2.3 Procedure

The facilitators conducted the FGDs in their respective districts, while the note-takers were responsible for documenting the discussions. The FGDs were held at times convenient to the participants who were requested in advance to commit approximately 2-3 hours. The first 10-15 minutes were devoted to the informed consent process, including a review and signing of the consent form (Annexure 5). The participants completed a socio-demographic form (Annexure 6), which contained information on the participant's age, gender, ethnicity, living situation, employment, and education.

Prior to the start of the discussions, the facilitators reviewed key points in the informed consent (i.e. FGD purpose and confidentiality) and reinforced norms for group confidentiality by requesting that members keep "what is discussed in the room confined to that room". The discussions proceeded after ensuring the participants had understood the purpose of FGD.

The facilitators worked from a semi-structured interview format with open-ended questions to elicit group participation and discussion on specific topic areas. A sample introductory script for the participants and discussion guidelines were provided to the facilitators prior to start of the FGDs (Annexure 7). These guidelines included questions to be asked in the sessions as well as following up queries raised during the discussions. The facilitators moderated the discussions and stayed focussed on the topics. Their roles were to be non-directive, supportive and nonjudgmental. The aim was to obtain insights into the attitudes, perceptions and opinions of the participants solicited through open-ended, semi-structured discussions.

The FGDs were conducted in places where the participants had privacy and confidentiality which was guaranteed by keeping their names anonymous. Informed consent was obtained prior to the FGDs.

All focus group sessions were audio-recorded.

2.3 Training

All team members of the six districts received two-day training in two batches. The aim was to sensitize them on gender, Gender-Based Violence, domestic violence and men's engagement. The training also aimed at developing an understanding of methodology, sampling roles and responsibilities, and research tools. Special emphasis was given on ethical consideration of the study and the team's security. Each team practiced the administration of the questionnaire through role play. Supervisors and note-takers were also imparted training with regards to men's perception of domestic violence.

2.4 Operational definition

The study focussed on interpersonal violence (as opposed to self-directed violence and collective violence) (García-Moreno et al. 2005).

The operational definitions of key terminologies/ concepts were as follows:

Intimate partners violence: Physical, psychological/emotional and sexual violence (coercive acts) used against women by their husbands who were legally/religiously bound in marriage contract and have been cohabitating with them.

Domestic violence: Physical, psychological/emotional and sexual violence (coercive acts) used against women in the surroundings of the household. The violence can be perpetrated by the husband but not necessarily.

Physical violence: Intentional use of physical force with the potential for causing death, disability, injury, or harm. Physical violence includes, but is not limited to, scratching, pushing, shoving, throwing, grabbing, biting, choking, shaking, slapping, punching, burning, use of a weapon and use of restraints or one's body, size, or strength against another person.

Psychological/emotional violence: Includes, but is not limited to, humiliating the victim, controlling what the victim can and cannot do, withholding information from the victim, deliberately doing something to make the victim feel diminished or embarrassed, isolating the victim from friends and family, and denying the victim access to money or other basic resources.

Sexual violence: Any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to trafficking, or otherwise directed, against a person's sexuality, using coercion, by any person regardless of their relation to the victim, in any setting, included but limited to home and to work (García-Moreno et al, 2005).

Household: Is defined to be constituted of those persons who usually live together and share their meals. A household consists of one or more persons who may or may not be related to one another (Pakistan Demographic Survey Federal Bureau Statistics, 2007).

Customary practices of marriage: In Pakistan most of the time marriages are settled under some kind of culturally practiced customs.

The following marriage customs are practiced in study districts:

- Customs to settle murder dispute: *Vanni, Swara, Sang Chatti, Baddal, & Bazo*
- Exchange marriage customs: *Watta Satta & Pait Lekhai* (pledging the fetus)
- Custom involving money: Bride price
- Marriage to the Quran
- Custom to settle other disputes (*Badle Sulah*)
- Arranged marriage: Marriages are settled by the will and consent of bride and groom's family/parents.

2.5 Ethical consideration

Ethical approval for the study was obtained prior to data collection of the study. In order to maintain confidentiality of the respondents, no information related to their identities, i.e. names and addresses, was recorded on any document. After being selected, each respondent was given the right to refuse to participate in the study. Each interviewer read out the informed consent form to the respondent; once the respondent understood and agreed upon, the interview took place. The interviewee was provided the necessary privacy during the interview.

It was assumed that during the interview respondents might need some kind of help, which could be related to physical or mental health, legal or some other local support. Therefore, the interviewers were given details of relevant local contacts with the support of local partner organizations. These organizations took up the responsibility of establishing linkages with relevant people/departments to ensure smooth referral.

In order to protect the interviewers and supervisors in the field, the local partner organizations also established their linkages with local leaders, health and legal district departments to ensure team's protection. All supervisors and interviewers were provided ID cards to work in the field.

2.6 Statistical analysis

Other than descriptive statistics, chi-square tests were used to compare percentages of an outcome measure consisting of two categories. Logistics regression was used for predicting the outcome of categorical dependent variables. Logistics analysis was run on child sexual abuse, induced abortion, honour killing, customary practices of marriage, age at marriage, education, and hitting back in a fight. In all analyses, a $p=.05$ level of significance was used.

More than 77% of the marriages were settled under some kind of customs (Vanni, Swara, Sang Chatti, badal, Bazo Watta Satta, Pait Likai, Bride price, Badle Sulah, Marriage with the Quran)



■ Results

Results of the quantitative survey among women

3.1 Demographic information

The data were collected among 4885 ever married women, aged 18 years or older, residing in the following districts:

Table 3.1: Distribution of Sample according to district

Serial No.	Name of districts	No. Of women
1.	Dera Ghazi Khan	865
2.	Muzaffargarh	793
3.	Kashmore	801
4.	Jacobabad	801
5.	Jaffarabad	828
6.	Naseerabad	797

Detailed analysis of each district is annexed with this report as Annexure 9.

The median age of the study population was 32 years; the youngest was 18, while the eldest woman was 83-year-old. Current median age of the husband was 38, ranging from 18 to 90 years. Almost 64% of women had never been to school. Information about husbands' education was not sought during the survey.

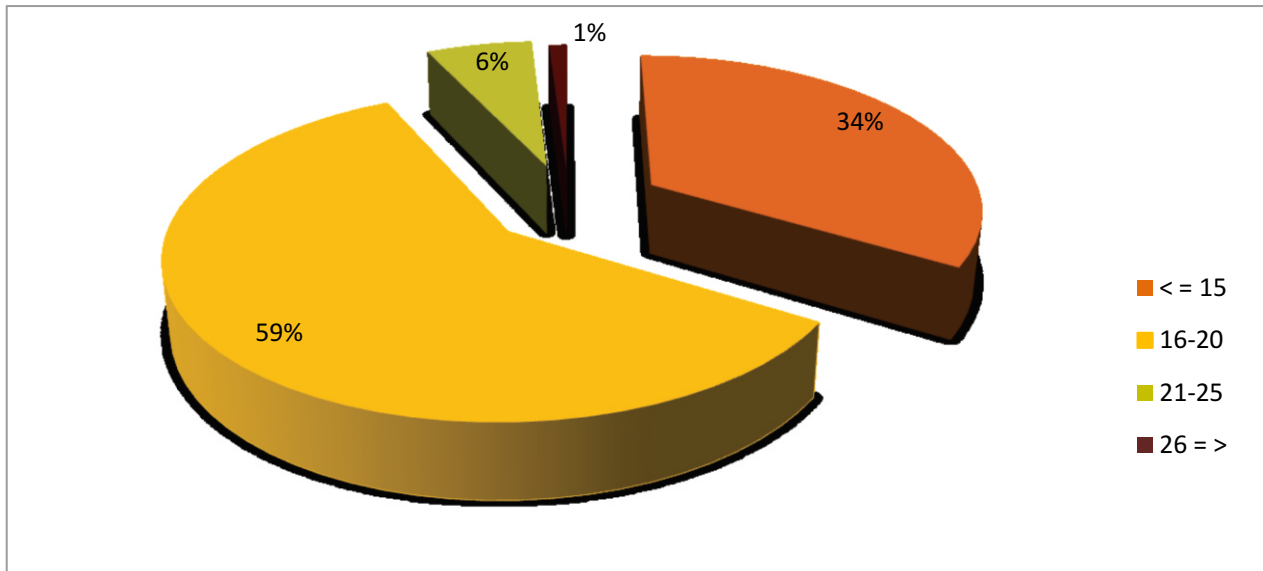
The median family income was Rs. 6000/ (60 USD per month), which reflects a poor standard of living among study respondents.

Table 3.2: Demographic information

	Median	Range
Age	32	18-83
Age at marriage	16	9-37
No. of children	4	1-18
Boys	2	1-11
Girls	2	1-10
Husband age	38	18-90
Family income in PKR	6000	1000-100,000
	Frequency	Percentage
Education		
No schooling	3102	64
Primary	651	13
Middle	266	5
Matric	347	7
Intermediate	125	3
Graduation	48	0.4
Post Graduation	22	0.5
Others	303	6
No Information	21	0.4
Marital status		
Married	4434	91%
Widow	303	6%
Divorced	67	1%
Separated	81	2%

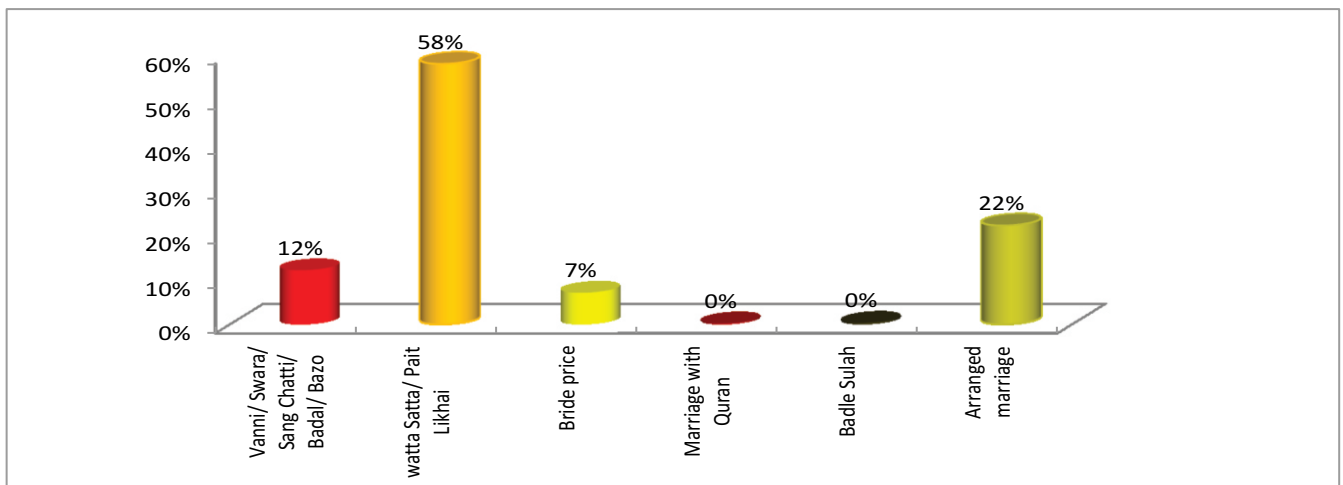
marriage was 16 years. This indicated that 50% of women are getting married ≤ 16 years of age. Within this segment of the population 34% women were younger than 16 when married, as can be seen in Figure 3.1. Highest frequency of child marriage (before the age of 18) was observed in Kashmore (49%) and Jaffarabad (47%). While considering the universal definition of child marriage, which is marriage before the age of 18, (The Convention on the Rights of the Child, 1990), 61% women in this study were children when they got married.

Figure 3.1: Age at marriage



Early age of marriage and low level of education were associated on chi square analysis. Women who got married before the age of 16 were more often not educated (70%) than women who were 16 or older at the time of their marriage (61%) ($p=.000$).

Figure 3.2: Marriage customs



More than 77% marriages were settled under customary practices. In PGRN districts, 12% marriages were performed to settle murder disputes. Those customs are known as Vanni, Swara, Sang Chatti, Badal and Bazo. A significant number of marriages (58%), were settled under exchange marriages. In such marriages two siblings are married off with two siblings of another family. These customs are called Watta Satta and Pait Likai. Among all districts, exchange marriages were more frequently practiced in Kashmore (78%) and Jacobabad (66%). However, a significant protective effect on physical

violence was observed for exchange marriages and bride price only as compared to arranged marriages ($p < 0.000$; AOR: 0.504, CI: 0.351-0.723).

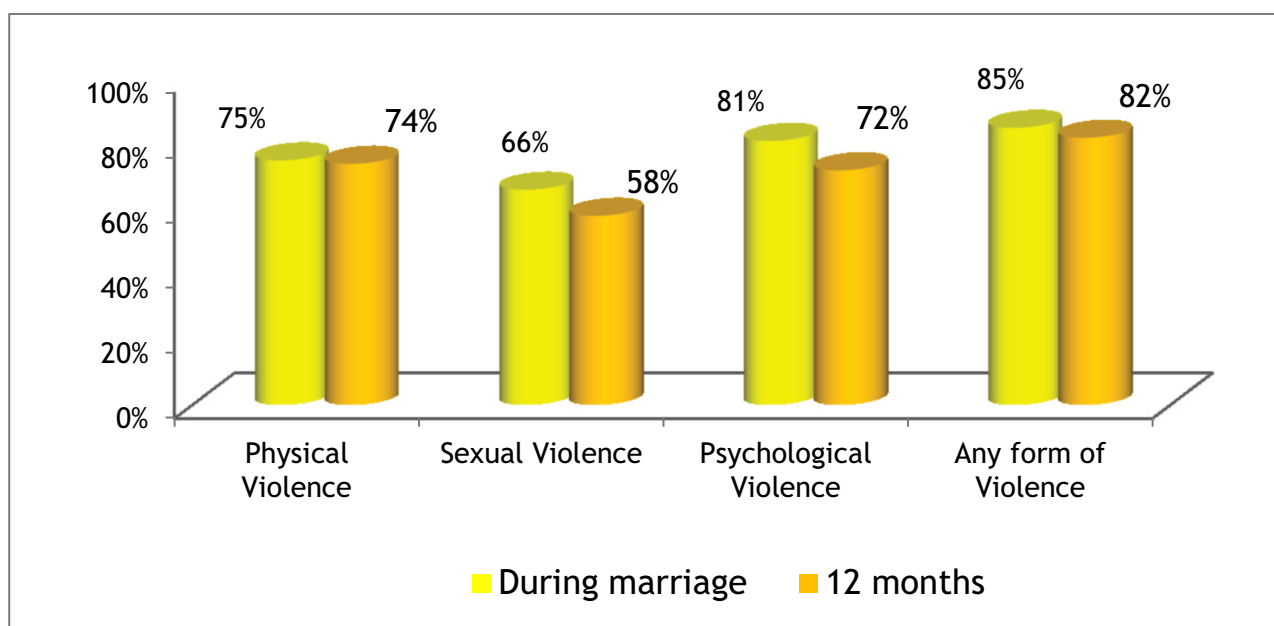
Marriages in exchange for money were also common among 7% of the population. In the survey only 0.3% women reported their marriages were performed to settle some other disputes in the family. A very small number of women (0.2%), whose age at the time of the survey ranged between 25 to 55, reported marriage with Quran.

3.2 Prevalence of violence by intimate partners

The women were asked if they had experienced physical, sexual or psychological violence by their husbands ever in their marriage and in the last 12 months. For this purpose, different acts of violence were asked (see table 3.3). These acts constituted different type of violence. Percentages of each type of violence, were calculated by considering at least one act of physical, sexual or psychological violence by women.

In addition, an overall percentage of all forms of violence was also computed by considering at least on act of physical, sexual or psychological violence. The findings are presented in Figure 3.3.

Figure 3.3: Prevalence of violence by intimate partner, during marriage and last 12 months (n=4885)



Among all types of violence, psychological violence was the most prevalent. Four out of five women reported having experienced some sort of it at least once, including insulting behaviour or humiliation in front of others. In Jaffarabad and Naseerabad violence of all forms since marriage was 96% while in Kashmore and Jacobabad it stood at 95% and 88%, respectively. Three-quarter of the women were victims of some kind of physical violence like slapping, hitting or kicking. Two-thirds were victims of sexual violence, such as forced sexual intercourse. The highest prevalence of sexual violence in married life was observed in Jaffarabad (92%), Kashmore (89%), and Naseerabad (85%). In Table 3.2 the prevalence of differentiated forms of violence are presented. All in all, 85% of women were victims of any form of violence by their intimate partners. The prevalence of all types of violence during the last 12 months was not much lower than what it was during the entire period of marriage. The frequency of violent acts ranged between once and many times during marriage and last 12 months, indicating that violence against these women is a structural phenomenon in these districts.

3.2.1 Acts of domestic violence

Several forms of physical, sexual and psychological violence were distinguished. Physical violence included slapping, pushing, shoving and hair pulling, hitting, kicking, dragging, and beating up. Among the women who reported domestic violence by their husbands, slapping was the most common act of physical violence during marriage (94%) and in the last 12 months (83%). Forced sexual intercourse was the most frequent act of sexual violence during marriage (93%) and during the last 12 months (91%). With regards to psychological violence, insulting behaviour was observed to be the most common behaviour during marriage (94%) and the last 12 months (93%). Table 3.2 details how violence was committed against these women.

Table 3.3: Act of violence by intimate partner

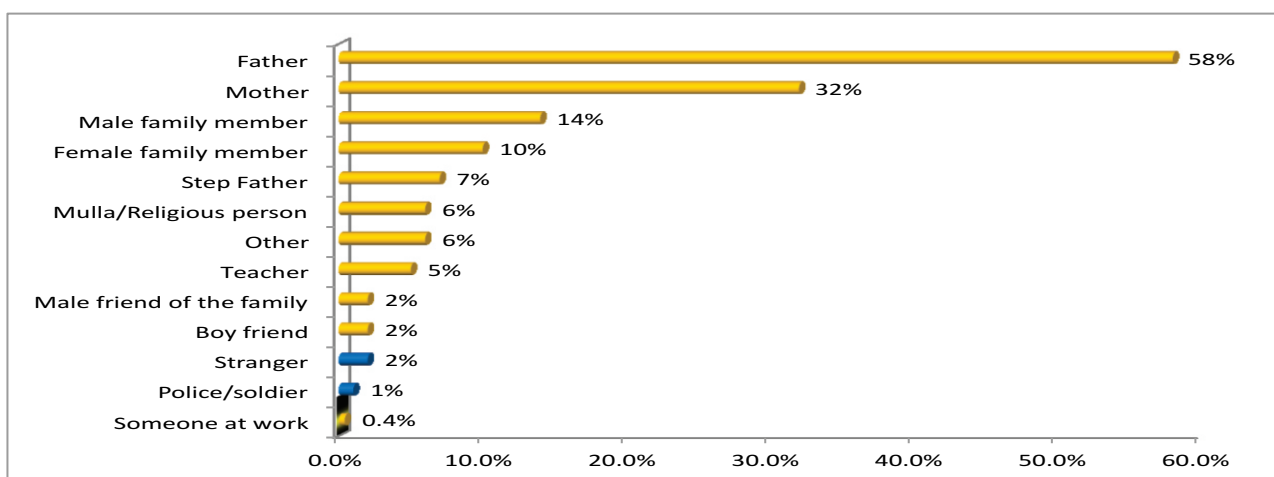
	During marriage	Last 12 months
Acts of physical violence	(n = 3665)*	(n = 3597)*
Slapped	94%	83%
Pushed/ shoved/pulled hair	83%	72%
Hit with fist/ something to hurt	77%	65%
Kicked/dragged/beat you up	55%	45%
Other	32%	26%
Acts of sexual violence	(n=3238)	(n=2840)
Forced sexual intercourse	93%	91%
Sexual intercourse with fear of harm	78%	78%
Degrading or humiliating sexual behavior	48%	38%
Act of psychological violence	(n=3930)	(n=3523)
Insulted	96%	94%
Belittled or humiliated	84%	81%
Scare or intimidate	69%	63%
Threatened to hurt someone you care	37%	33%

* Calculations were made out of those who have reported domestic violence history. Multiple acts of violence were reported.

3.2.2 Physical violence on respondents aged 15 or above by perpetrators other than husband

In order to get an insight into violence perpetuated against women by persons other than the husband, the respondents were asked about other individuals who physically mistreated them after the age of 15. Fifty-three percent (n=2571) of the women were physically abused after the age of 15 by some other persons. Majority of the women in Naseerabad (79%) and Kashmore (64%) reported physical abuse after the age of 15.

Figure 3.4: Physical violence on respondents aged 15 or above by perpetrators other than husband (n=2571)

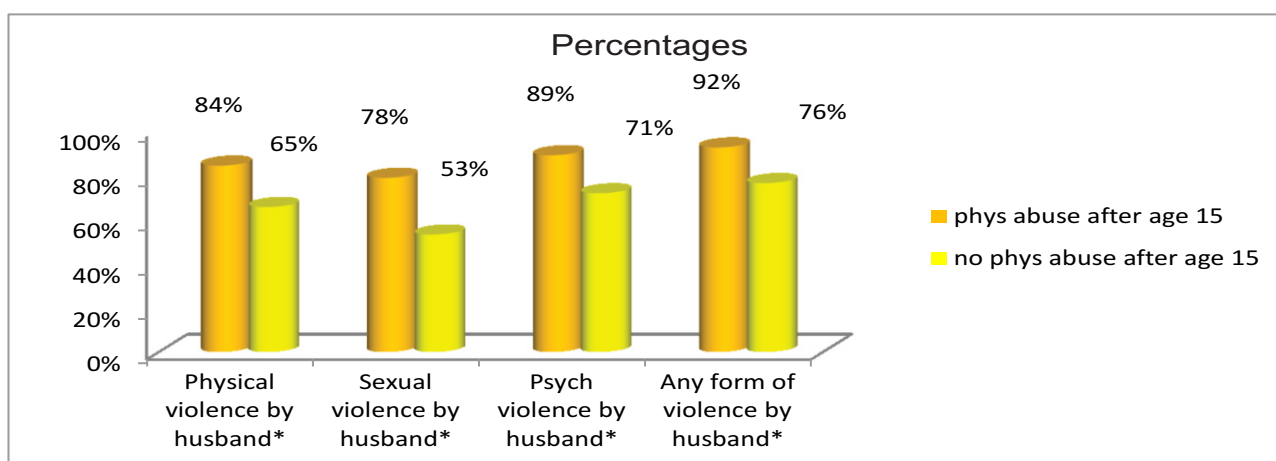


The yellow color indicates abuse by known people while blue signifies unknown people.

The findings indicate that most of the time the perpetrators were family members i.e. fathers (58%), mothers (32%), step fathers (7%), male family members (14%) and female family members (10%). This physical abuse occurred from once to many times. In addition to the above findings, it was found that women who have been physically abused by known people were also experiencing physical violence in their marital lives by their husbands (82%).

Further analyses revealed that women who experienced physical violence after 15 years of age by other people, were abused more often by their husbands during their marriage, both physically, sexually and psychologically, as can be seen in Figure 3.4a.

Figure 3.4a Prevalence of domestic violence during marriage among women who did and did not experience physical violence after age 15 by others

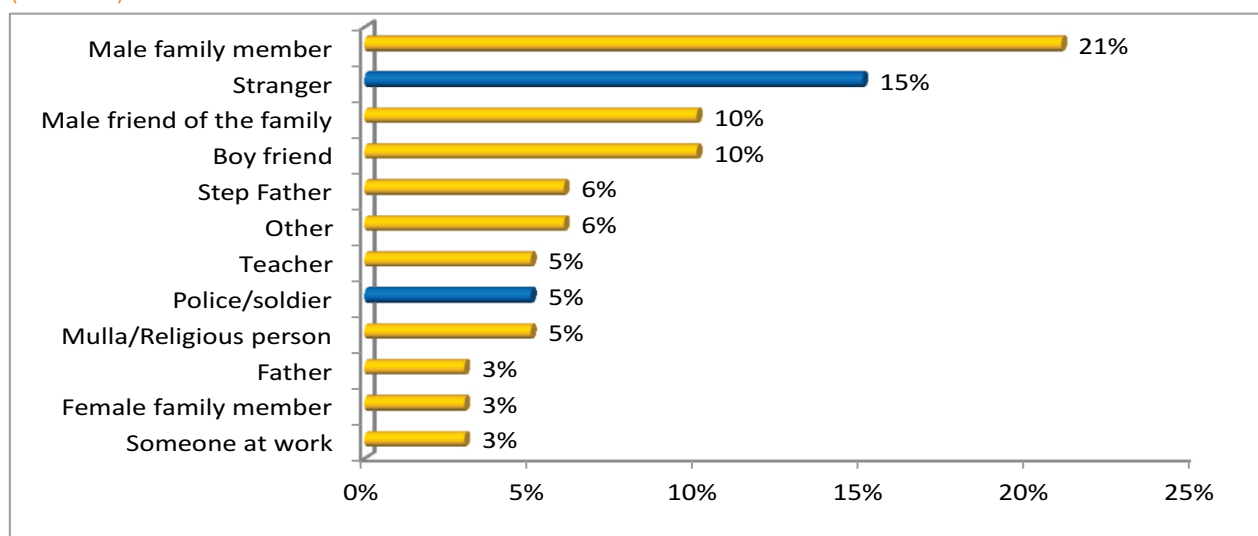


Sexual violence: $\chi^2=348,60, p=.000$; psychological violence: $\chi^2=229,41, p=.0003$

3.2.3 Sexual violence on respondents aged 15 or above by perpetrators other than husband

A total of 1228 (25%) women reported sexual abuse (forced sex or to perform unwilling sexual act) after the age of 15 by different persons other than their husbands. Majority of these women were from Naseerabad (53%), Kashmore (46%) and Jaffarabad (40%).

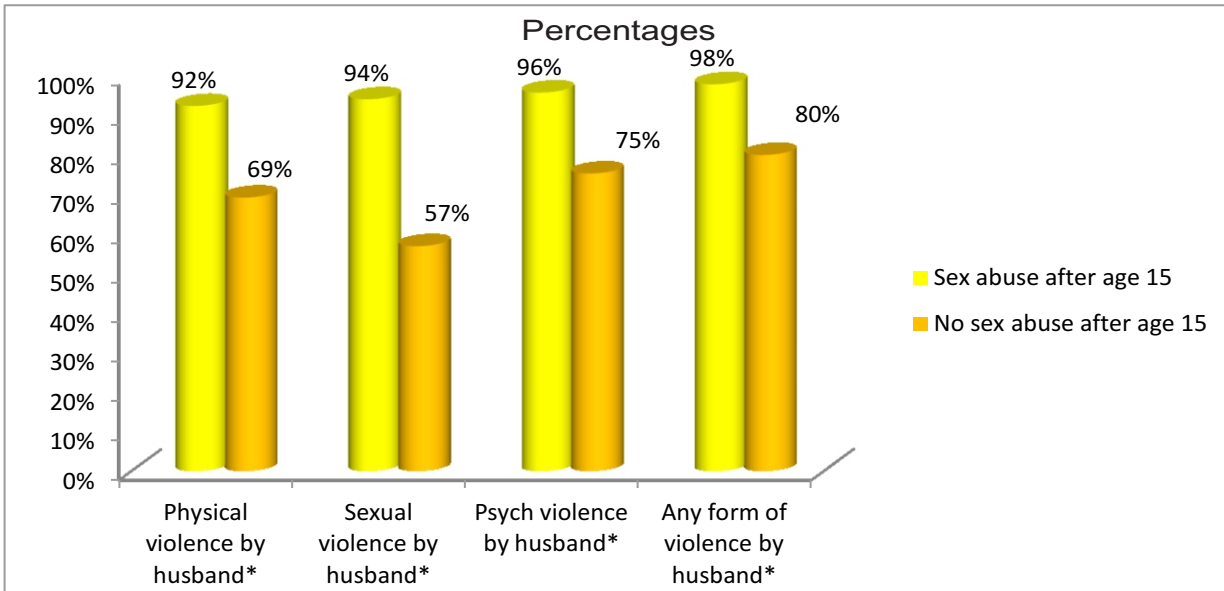
Figure 3.5: Sexual violence on respondents aged 15 or above by perpetrators other than husband (n=1228)*



*Indicates abuse by known people while blue signifies unknown people. Respondents could report more than one perpetrator.

Majority of these women indicated the perpetrators were known to them with 21% mentioning family members other than fathers or stepfathers. Fifteen percent women reported the perpetrators were strangers. Further analyses revealed that women who experienced sexual violence after the age of 15 by people other than their husbands, were abused more often by their husbands during their marriage, both physically, sexually and psychologically, as can be seen in Figures 3.5a.

Figure 3.5a: Prevalence of violence during marriage among women who did and did not experience sexual violence after age 15 by others

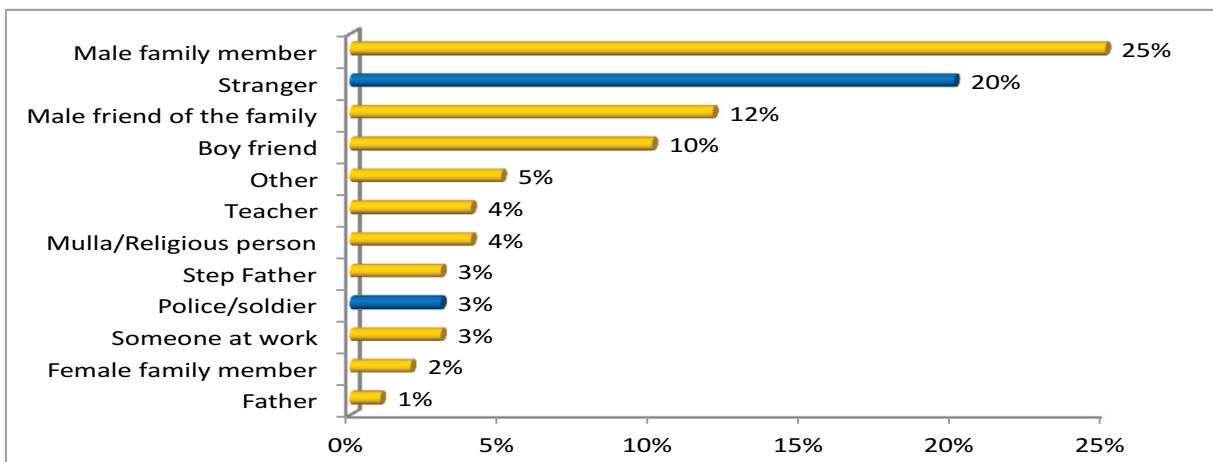


Physical violence: $\chi^2=262,31$, $p=.000$; sexual violence: $\chi^2=567,17$, $p=.000$; psychological violence: $\chi^2=244,61$, $p=.000$

3.2.4 Women Sexually Abused before age 15 by other people (child sexual abuse)

During the survey women were also asked about history of child sexual abuse. Twenty-three percent (1121) women reported sexual abuse history, including sexual touch or unwilling sexual act, before the age of 15 by an individual other than their husbands. Among all districts, women from Naseerabad (62%), Jaffarabad (39%) and Kashmore (22%) more frequently reported incidents of child sexual abuse before the age of 15. Most victims were sexually abused by male family members (25%), strangers (20%), male friends of the family (12%), boyfriends (10%), other (5%), teachers (4%), Mulla/religious person (4%), step fathers (3%), police/soldier (3%), someone at work (3%), female family member (2%), and fathers (1%).

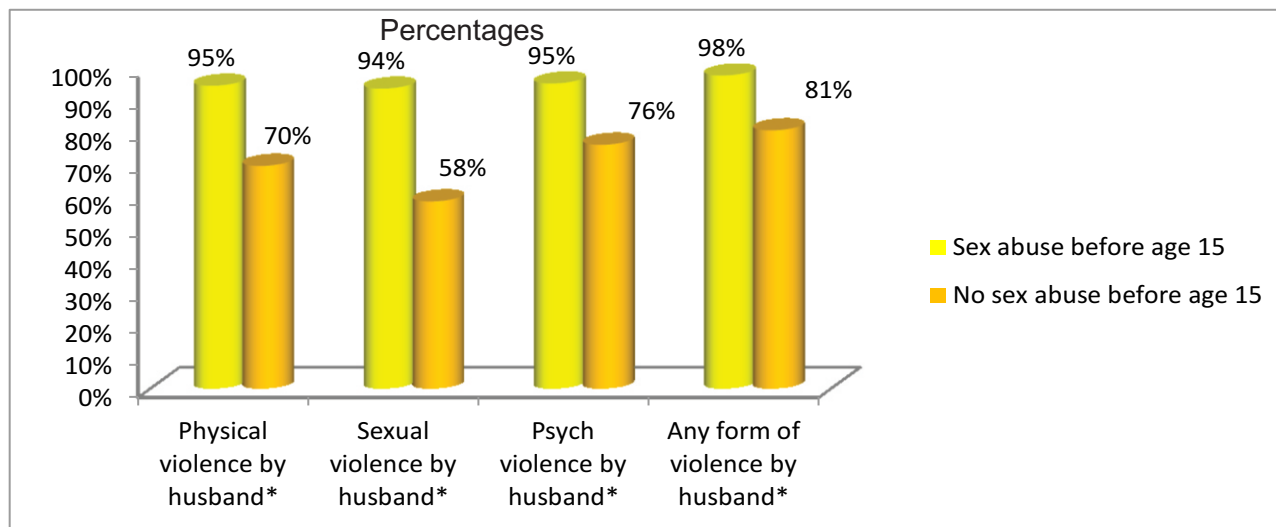
Figure 3.6: Perpetrators of sexual abuse of respondents when younger than 15



* Yellow indicates abuse by known people; blue signifies unknown people.

In order to gain more insight into violence perpetuated against women, the prevalence of domestic violence against women who had a history of child sexual abuse was calculated. It appeared that women with history of child sexual abuse were also more often victims of violence by their intimate partners later in life (Figure 3.8).

Figure 3.7: Prevalence of intimate partner violence on women who were victims of child sexual abuse



sexual violence: $\chi^2=484,21, p=.000$; psych violence: $\chi^2=199,73, p=.000$

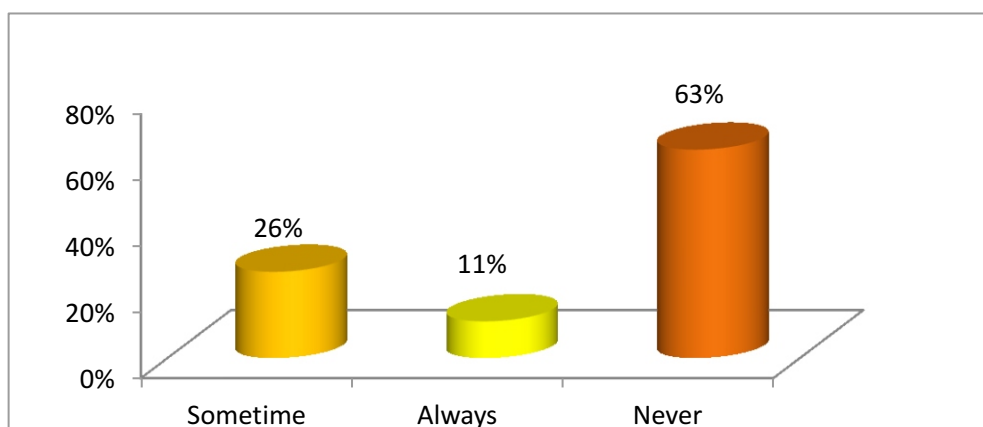
In conclusion, both women who were victims of child sexual abuse and those who experienced physical or sexual abuse after the age of 15 by others; than their intimate partners, were one to two times more likely to be abused physically ($p: <0.05$; AOR: 1.405, CI: 1.129-1.749), sexually ($p: <0.05$; AOR: 1.324, CI: 1.085-1.615), and psychologically ($p: <0.001$; AOR: 1.686, CI: 1.322-2.150) by their intimate partners. For these women, violence remains a constant factor for their entire lives.

3.3 Women's health and domestic violence

3.3.1 Physical violence resulting in injuries and health care

When asked about physical injuries as a result of physical violence, 64% women who had experienced physical abuse by their husbands mentioned injuries with 44% sustaining injuries during the last 12 months. These injuries included cuts, sprains, burns, broken bones/ teeth or any other harm. The tendency of not consulting health care service was found to be much higher in D.G. Khan (88%), Naseerabad (91%) and Muzaffargarh (61%) than other districts.

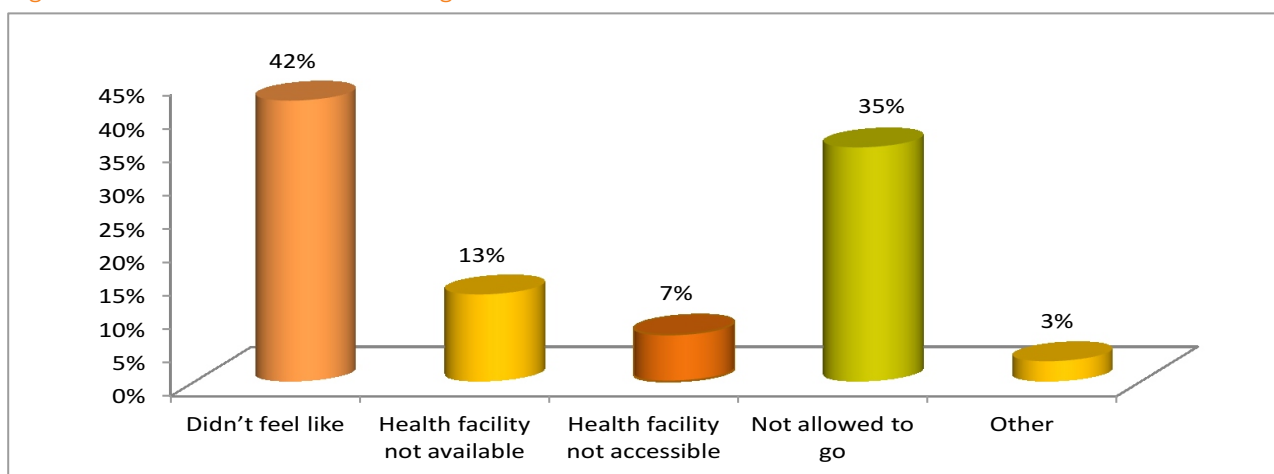
Figure 3.8: Physical violence resulting in injuries and seeking health care



Women with a history of physical injuries were asked if they sought and received health care after being injured by their husbands' violent acts - the majority of them, 63% (1473) responded they never received health care for their injuries while 26% said sometimes. Only 11% reported they had always received health care after being physically injured by their husbands.

In order to gain insight into the reasons for not consulting health services despite their injuries, a large number (42%) of women said that they didn't feel like doing so, while 35% disclosed they were not allowed to seek health care. This tendency was more frequent in D.G.Khan (45%), Jaffarabad (50%) and Muzaffargarh (33%) than other Kashmir, Jacobabad, and Naseerabad districts. However, whose permission they meant was unknown from the data. For 13%, health care facilities were not available while 7% indicated they could not access them despite their availability.

Figure 3.9: Reasons for not contacting health services



3.3.2 Physical violence during pregnancy

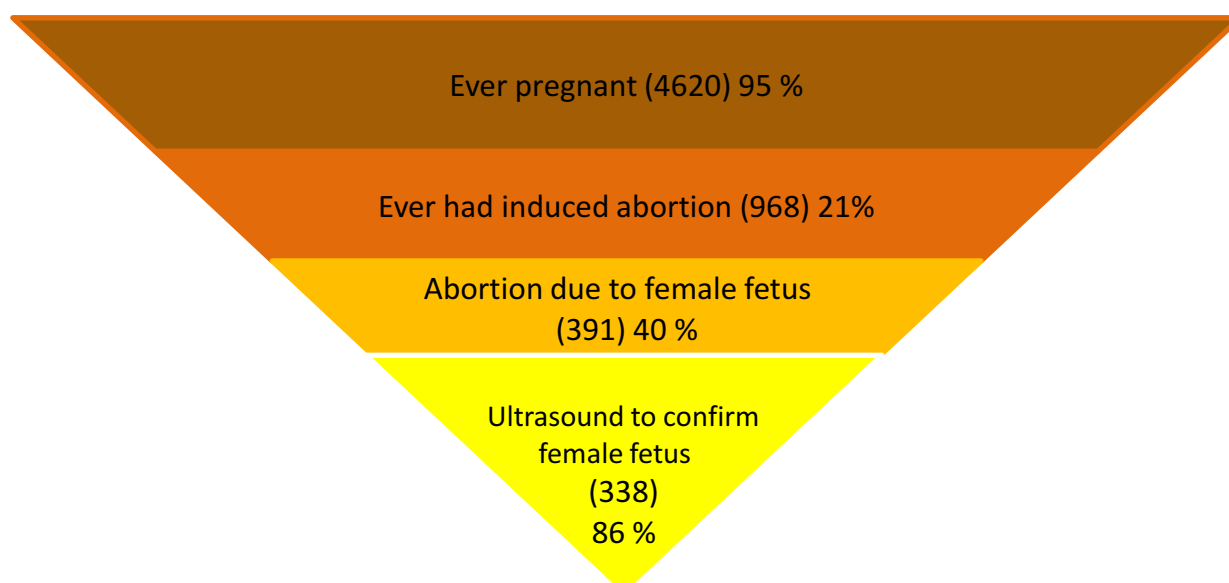
A total of 95% women were ever pregnant. During pregnancy 47% were slapped, hit or beaten by their husbands. Violence during pregnancy was more frequent in Jaffarabad (81%), Naseerabad (59%), and Jacobabad (57%). Slap, hit or beating acts during pregnancy either decreased (43%) or stayed the same as before the pregnancy (40%). A small proportion of women (14%) reported physical violence aggravated during pregnancy.

3.3.3 Sex selective abortion for girl fetus

The data indicate that 21% of ever pregnant women had a history of induced abortion. Induced abortion history was more frequent in Punjab (D.G.Khan 33% and Muzaffargarh 31%) as compared to Sindh (Kashmore 4% and Jacobabad 11%). Inclination of opting for abortion of female fetus was higher in Jaffarabad (65%), Kashmir (37%) and D.G.Khan (37%) in comparison to Muzaffargarh (4%), Naseerabad (17%), and Jacobabad (18%). Overall, among women with induced abortion history, almost 40% had abortions because the fetus was female. However, causes for the remaining 60% could not be ascertained from the current study. Almost 86% women who had sex-selective abortion got confirmation of baby's sex through ultrasound technology before opting for abortion. The source of information of the remaining 14% women could not be known from the data. Whether it was an individual decision or that of the couple was also unknown as were the causal factors behind sex-selective induced abortion.

Analyses further explored that women who had induced abortions were more at risk of physical ($p < 0.05$; AOR: 1.296, CI: 1.040-1.615), sexual ($p < 0.001$; AOR: 1.629, CI: 1.320-2.011) and psychological violence ($p < 0.05$; AOR: 1.452, CI: 1.138-1.854) by their intimate partners than women who had not had an abortion. Women with a history of sex selective induced abortions were more likely to be physically, sexually or psychologically abused by their husbands than those who had abortions for other reasons.

Figure 3.10: Sex-selective abortion for girl fetus

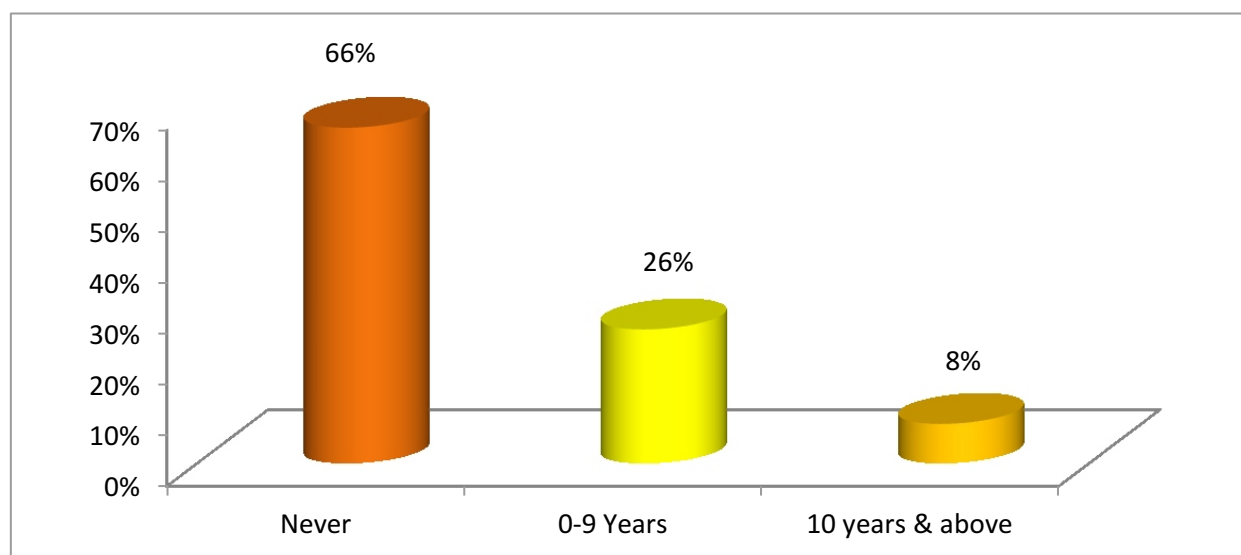


3.4 Social context

3.4.1 Honour killing

The women were asked to report any incident of honour killing (murder of women in the name of honour) among their relatives.

Figure 3.11: Honour killing history within the extended family

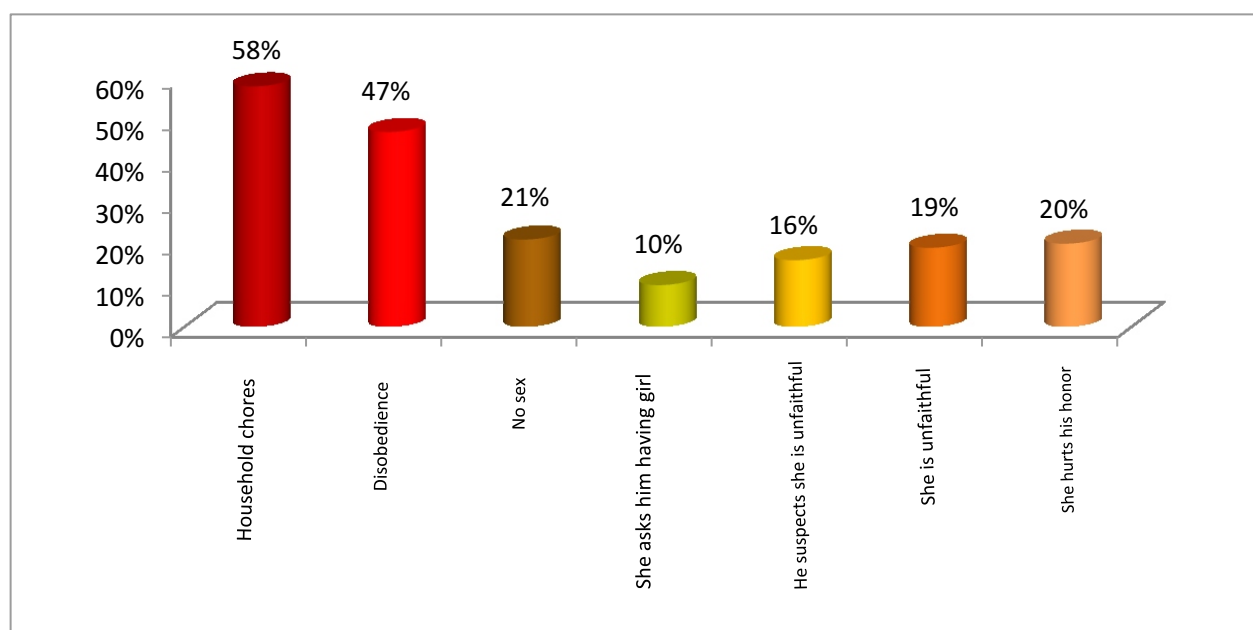


A large number of women were able to identify murder incidents as honour killing. In total, 34% reported incidence of honour killing, 26% during the last decade, and 8% in earlier years. Overall, the prevalence was more frequent in Kashmore (75%), Jaffarabad (56%) and Naseerabad (36%) in comparison to D.G.Khan (12%), and Muzaffargarh (10%). The detail of district findings can be seen in Annexure 8. More than 98% women who specifically provided information on honour killing, were younger than 55 years of age. Logistic regression analyses showed that women having a history of honour killing in their families are more often abused physically ($p < 0.001$; AOR: 3.367, CI: 2.645-4.285), sexually ($p < 0.001$; AOR: 6.886, CI: 5.410-8.765) and psychologically ($p < 0.001$; AOR: 4.295, CI: 3.246-5.682) by their intimate partners than women who don't have such history.

3.4.2 Man has a right to beat his wife -Reasoning by women

The current study investigated whether women justify violence as a man's right and if so how. They had the liberty to cite several reasons. More than half (58%) indicated that not doing their household work properly was a legitimate reason for their husbands to act violently, followed by 47% who said being disobedient gave the husbands the right to be violent. One-fifth of women (21%) reported their refusal to have sexual intercourse with their husbands was a legitimate reason for their spouses to hit them. Another 16% said their husbands' suspicion that the wives were unfaithful, was a valid reason for violence. Similarly 19% stated that if the wife was unfaithful, violence was a legitimate action. Only 10% women indicated the reasons mentioned, did not justify physical violence. Twenty-three percent women cited one reason, 32% gave two and 34% three reasons. Women without any education more often mentioned one reason (92%) than women with some education (86%) ($p=.000$).

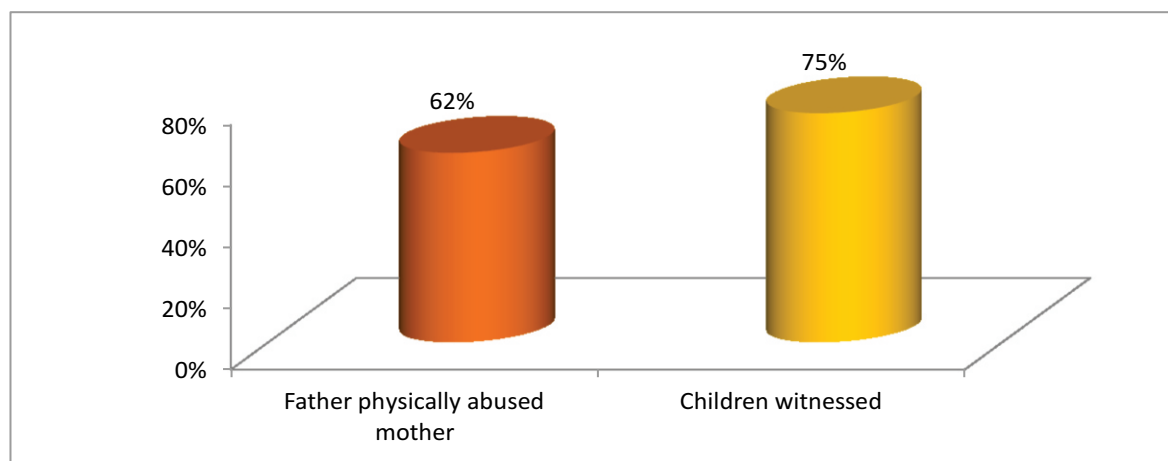
Figure 3.12: Man has a right to beat his wife -Reasoning by women



3.4.3 Witnessing violence

Two-thirds of the respondents (62%) reported having witnessed their father abusing their mother. In addition, 75% reported the presence of their children when they were physically abused by their husbands.

Figure 3.13: Witnessing violence

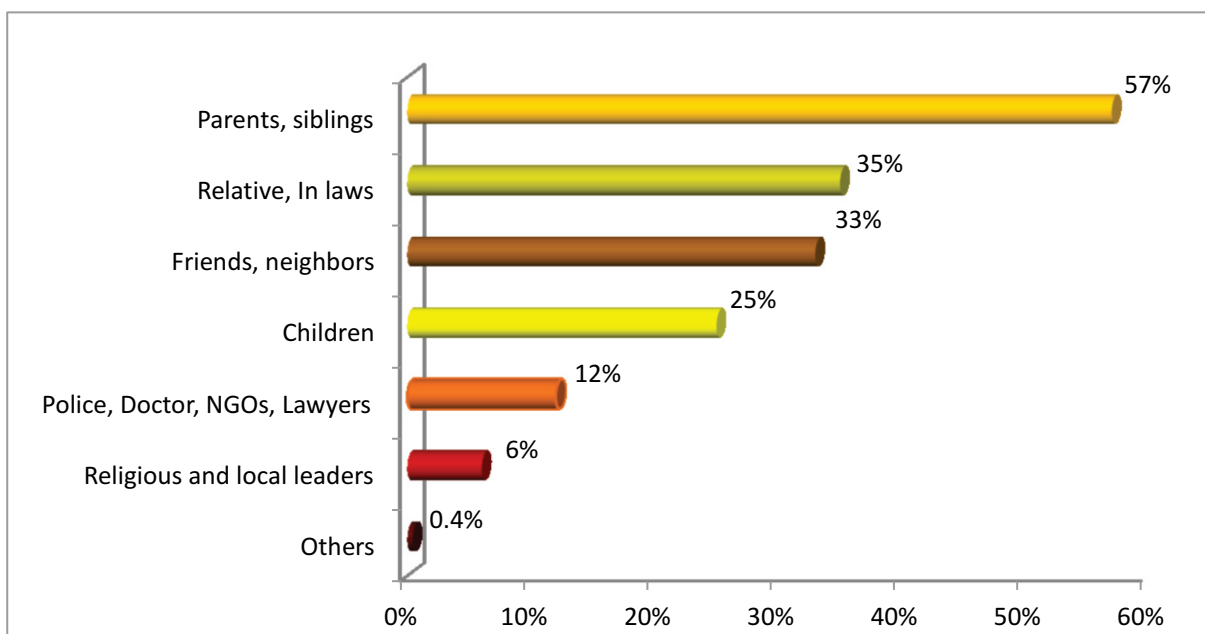


3.5 Impact and coping with domestic violence

3.5.1 Disclosure about physical violence with near ones

The majority of women shared their physical violence stories with their near ones, including parents, siblings, in-laws, children, friends and neighbours. However, only 12% shared their experiences with the police, doctors, lawyers, religious leaders and other influential people.

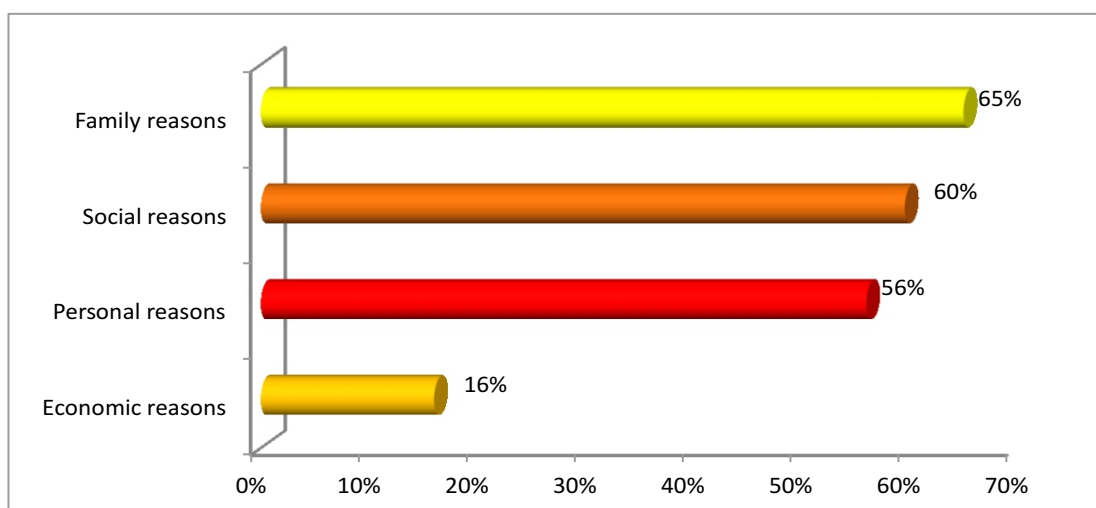
Figure 3.14: Disclosure about physical violence with near ones



3.5.2 Leaving the house and reasons for coming back

Out of 3582 victims of physical violence 1531 (43%) left the house because of it but came back. The frequency of leaving the house ranged between 1-30 times. The last time they came back they reported multiple reasons for doing so. Among them, 987 (65%) women came back because of the family and their children. Similarly, 905 (59%) women returned because of social pressure from parents and in-laws. Another major reason was they wanted to continue their marriage. Many women 850 (56%) also cited personal or emotional reasons, such as love for the husband, forgiveness and the hope the husband would change. A small number of women, 242 (16%) came back because of economic reasons - they couldn't afford to bring up their children on their own, or faced problems staying at the place where they went to after leaving home.

Figure 3.15: Leaving the house and reasons for coming back

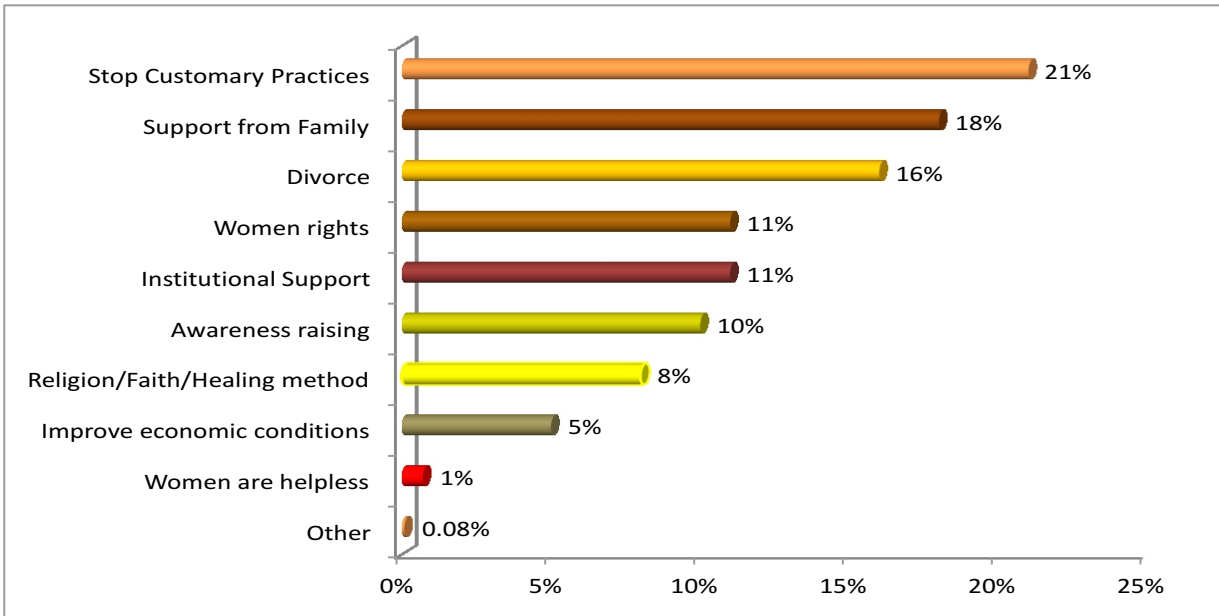


Six percent women reported hitting or mistreating their husbands when he was not hitting or mistreating them. Twenty six percent said that the question is not applicable to them.

3.5.3 How to overcome these problems? Women's own voices

At the end of the survey women provided multiple solutions for stopping domestic violence by means of an open-ended question. The content analysis of their statements identified the following solutions, -the most frequent suggestion being ending customary practices (21%) and support from the family (18%).

Figure 3.16: Solutions suggested by women



In their statements the women clearly mentioned that marriages should not be settled under any customary practice i.e. Watta Satta, Vanni, Swara etc. They identified early age marriage as one of the reasons of victimization; this was confirmed in the current study. Therefore, girls should not be married off at an early age. Their consent should be sought before marriage. Almost 18% women emphasized that husbands should understand their wives. Couples should be supportive of each other, while in-laws, parents and siblings should play a helping role in resolving problems. Women also realized that good parenting is a key factor in stopping violence. Around 16% women categorically mentioned divorce or separation as a solution to their problems. Almost 10% realized that creating awareness, girls' education, support from women as well as institutional support from the government could also help resolve women's problems while only 5% thought improved economic conditions could bring about a positive change.. A very small proportion (1%) were hopeless about their condition.

34% women have a history of Honor Killing in their family.





Results of the Focus Group Discussions (FGDs): Men's perceptions of manhood, causes of violence and possible solutions to stop violence against women

4 Results of the Focus Group Discussions (FGDs): Men's perceptions of manhood, causes of violence and possible solutions to stop violence against women

Seventy-eight men from six districts were asked their opinion on what it meant to be a man; their views on gender roles; the advantages and disadvantages of being a man; what they saw as causes of violence against women; and the solutions they propose to stop such violence. The outcomes of the FGDs reflect participants' own views on what men in the community think, resulting in a mix of progressive and conservative opinions, views and reflections.

4.1 Notions of manhood and gender roles

A majority of men associate manhood with authority, power and honour. "Being a man means being important, better than a woman, being educated, and not tortured or victimized". Men have full responsibility for the income of the family; they are the protectors of their wives and children and do take all decisions related to family-matters. Men see themselves as being superior to women - they are entitled to live in the outside world, while women's role and position is confined within the four walls. Men believe they are entitled to 'sexual acts' any time they feel like, and if their wives are not around they will look for other women. "When you are hungry and you want three breads and when you don't get them, you will go somewhere else to satisfy your hunger".

Although most men underline the advantages of being a man, such as having complete liberty, power and freedom to move around wherever they want, being more important than women, not having to bear the pain of pregnancy and childbirth etc, they also pointed out a number of disadvantages related to manhood. Being the only breadwinners and having many responsibilities is what they perceive as heavy burden. Men suffer from the pressure of the community when they are not able to perform the role which is expected of them. When a man is not able to feed the family, he would be blamed by his family and the community in general.

4.2 Causes of violence

Cultural notions

According to a number of men, causes or justification for violence are deeply rooted in cultural notions of manhood and expected roles of women and men. Forced marriages, for instance, entitle men to claim all rights and to abuse their power, expecting a submissive role from women at home and almost no role in the public arena. The moment women start opposing men, claiming their own rights, and refusing sexual intercourse, men think they are allowed to discipline them, in order to fulfil their role as men. They believe women can be troublesome as well, provoking violence for which men are blamed for.

Violence related to poverty and work-related stress

Men do link violent behaviour to poverty. Lack of jobs, low income and no work means no resources to maintain the family. This reality affects men's identity and causes frictions which can easily lead to violence within the family. "When one is jobless and always feels [or hears] sarcasm from family members, he acts in a violent way as men always want to feel important."

Patriarchal institutions

A number of men acknowledge that in male-dominated societies every institution is dominated by men, which is a violation of women's rights. They acknowledge that in Pakistani society women are seen as being inferior to

men.

Islam

Reference to Islam is made in various ways. A number of men refer to the fact that problems of violence arise when Islamic teachings are not properly followed. "1400 years ago everything was normal, as people were following the Quran, now we don't follow the Quran. Therefore, we are facing such problems". Nowadays men tend to believe that if a woman doesn't obey or refuses sexual intercourse with her husband, she will be punished as per instructions of the Quran - "If the wife says no to her husband while he wants humbistari, and he sleeps without intercourse, the wife is cursed by God for her act."

Other men refer to a different interpretation of the Quran, and stress that the Quran never allows violence, emphasizing the importance of respecting women. Reasons for using violence are linked to deeply rooted cultural notions, reinforced by misleading interpretation of religious (Islamic) norms and values rather than originating from religious notions.

Illiteracy

Men acknowledge that high levels of illiteracy and lack of awareness among women contribute to domestic violence. They also refer to lack of awareness among men about violence which affects women's health and family life. Some of them consider men who are violent towards their partners as cowards. "*When the woman reacts he runs away. The revenge of woman is very horrible.*"

4.3 Violence as a private matter

Violence against women is often not seen as problematic, as it is accepted by society and considered as a private or family matter. "Men feel relaxed because people don't blame them for the violence and make them feel it is their right to do so." And if men think there is something wrong with their violent behaviour, they will not share their thoughts about it. "The ego of men is an important reason of VAW. Every man feels and realizes the issues faced by women in our society but men do not talk about these issues, due to fear of being perceived by people as weak". With this mindset of male domination, the women get blamed for the violence. Women are seen as causes of violence, therefore the responsibility of avoiding it also rests with them. As long as they obey, order and peace will be maintained at home. "When a woman says no, she faces violence by her husband, otherwise everything remains ok", or "If women do not make mistakes, no violence will happen."

Most of the participants shared that if the man is found guilty of killing an innocent woman or girl, whether his relative or not, he has to face the penalty, which may be in the form of marrying his female relative in the aggrieved family. Otherwise, the man feels ashamed for his act and is not allowed to live any longer within the clan.

4.4 Health Consequences of violence

For women

Men do realise that violence affects women's mental and physical health badly. Women suffer from depression, low self-esteem, and weakness as a result of violence. They feel unsafe, isolated, and sometimes have tendencies towards suicide. Men also mention institutional violations affecting women's health, such as limited or no access to health facilities, lack of proper health care and female doctors etc during delivery. Reference is made to the risk of the fetus in case of violence during pregnancy. Early marriage is considered as a general health risk for young women. Another violation with negative impact for girls is preference for boys. The last issue corresponds with the findings of VAW study on sex-selective abortion which occurs relatively often in 40% of all abortion cases.

Other violence-related consequences are divorce, broken families, affected children, children with learning problems, financial problems etc.

For men

Men shared their views on how violence is affecting their own health and living conditions as well. They also suffer from depression and tension and struggle with feelings of guilt after committing violence or

even killing someone. “There was a boy in our area, who killed his mother for being 'kari', he went to jail and now he bites himself that he committed a big sin.” Men are aware how disrupting violence in the family can be, affecting the wellbeing of the children etc. Men risk losing their jobs resulting in even more problems at home, losing the respect of their families, the community and other social networks.

4.5 Solutions to stop violence against women

Reinforcement or deconstruction of traditional gender roles

A number of men plead for the reinforcement of traditional gender roles for men and women. As long as women obey and do not raise their voices, are willing to compromise, there will be no reason for men to use violence to discipline their wives. Elders in the family could play a role in making women understand and tolerate their situation and in briefing girls before marriage on their expected roles in their future husband's home. This view clearly reflects the attitude of some men making women fully responsible for both violence and for stopping it.

Other men reinforce the importance of deconstructing existing gender identities which could mitigate the issue of violence against women. Some men stress the need for specifically focussing on young men and old people. The need for supportive attitudes of both husband and wife is mentioned as both need to learn how to make compromises. More guidance is needed for the sake of better communication and negotiation between the couple.

Reinforcement of traditional structures

There was agreement about the role of Panchayat and Jirga's at the village level comprising dignitaries like teachers, religious leaders, sardars etc. for solving domestic violence. These structures are seen as working faster in terms of investigation and punishment compared to the judicial system which takes years to rule even on a small case. Although, Jirga has no legal status, if legitimised, it could give best results. Problematic, however, is the lack of women's representation in these traditional structures. Therefore, others demand revival and improvement of judicial system.

Government legal and mental aid

Majority of the participants suggested that support through government structures like crises centers run by the government's Social Welfare Department, and NGOs, needs to be strengthened, particularly to provide free legal and mental aid to women. Existing structures i.e. courts and police stations, in collaboration with traditional Jirga's could best mitigate VAW.

Education and awareness


Majority of men see education as an important tool to alleviating violence against women because it gives awareness on the rights of everyone. Awareness on violence is important as most men don't consider it an issue; and until violence is not problematic, it will not be solved, according to the groups.

Income and jobs

Low income deeply affects men's daily subsistence as providers of the family, which consequently affect their notions of masculinity, resulting in the perception that they are failing to live up to the notions of manhood. Income-generating activities will enable men to perform the roles expected of them. Once economic resources are guaranteed further interventions can look at benefits of equal share in roles and responsibilities for both men and women that would benefit the entire family. *“If today the government announces an increase in wages of labour, the violence would decrease by itself.”*

Islam

Opinions about the role of Islam in ending violence against women rather vary. Some men believe Quran justifies disciplining measures in order for women to obey their husbands. Others, however, look at the Quran as a source for respecting women and not tolerating any kind of violence.



Collaboration with religious leaders as a strong ally in reducing the high levels of violence in the respective districts is to be recommended as the Quran and Islamic teaching form such important and guiding principles in the lives of the majority of the population.

23% of the women are sexually abused (sexual touch or unwilling sexual act) in her childhood. Among them 68% women have been abused by known people.



Discussion

5.1 Quantitative Survey

Violence against women

The current study gives an understanding of gender inequality in the conservative belt of South Punjab, Sindh and Balochistan by measuring the prevalence of domestic violence among ever-married women in household settings of six districts. This study also measured a few unexplored issues in the Pakistani setting, i.e. child sexual abuse, information about the perpetrators, history of honour killing and sex-selective abortion practices. In Pakistani setting this is the first-ever household quantitative survey on the prevalence of domestic violence. This survey is an attempt to provide scientific understanding of the issue's magnitude for evidence-based advocacy in the local and national context. Findings from the survey also challenge the perception of home being the safest place for women. It also challenges the state and its departments to respond to women's conditions, which are hidden from policy-makers. The findings demand of the government and non-government authorities to develop an effective response to eliminate violence against women in private settings.

Being the first attempt to measure domestic violence in selective districts through a household survey, the research team was uncertain about the community's response to the survey's content. A deliberate effort was made to lessen the survey's duration by reducing the items on the questionnaire. Therefore, a brief version of the WHO questionnaire (García-Moreno et al., 2005) was used after pretesting and contextualising for local settings. It helped avoid longer sittings with the respondents, which could have led to violence on respondents by some other family members. However, this limited the survey's findings on the impact of domestic violence on physical, mental and social wellbeing of women who were abused. Future studies may be designed to fill these information gaps.

Prevalence of domestic violence

Universally, home is considered to be the safest place in the world but the current study's results challenge this perception, and reveal a frightening figure of 85% prevalence of domestic violence in six districts of Pakistan. This prevalence rate is an overall figure and includes physical violence (75%), sexual violence (66%) and psychological violence (81%). The prevalence of violence by an intimate partner found in this study, is the highest in the world.. Earlier studies showed domestic violence prevalence rates of 34% in Egypt (Diop-Sidibe, Campbell & Becker, 2006); 35% in Lebanon (Usta, Farver, & Pashayan, 2006), 25% in South Africa (Jewkes, Levin, & Penn-Kekana, 2002); 69% in Peru, 71% in Ethiopia, 62% in Bangladesh, 37% in Brazil, 47% in Tanzania, 41% in Thailand, and 15% in Japan (García-Moreno et al., 2005). In the WHO-study conducted in 10 countries, it was also found that lifetime prevalences of sexual violence by an intimate partner varied between 6% (in Japan and Serbia and Montenegro) and 59% (Ethiopia) (García-Moreno et al., 2005).

In addition it was found that prevalence of physical (74%), sexual (58%) and psychological violence (72%) by intimate partner during the 12 months preceding the study was nearly as high as the prevalence during marriage. This indicates that violence against women during marriage is practiced as a set norm of the society.

Findings from the focus group discussions show that a common notion in these cultures dictates that it is the duty of a wife to gratify the sexual needs of her husband. A study from Pakistan found that 77% husbands have admitted to non-consensual sex with their wives (Sheikh 2000). Almost all women who had indicated sexual violence history said their husbands performed forced sexual intercourse with them (91%). Women have sex because of fear of being physically abused (78%), or have to perform

sexual acts which they find humiliating or degrading (38%-48%). Due to the study's limited scope the consequences of forced sexual acts, such as physical injuries or psychological impact could not be measured. Future studies in Pakistan may consider it a further area of exploration. A study from India (Sudha, 2011) has concluded that experiencing marital violence may have a negative impact on multiple aspects of women's reproductive health, including increased STI symptoms. Moreover, marital physical violence and accepting justification for such violence are also associated with decreased chance of seeking care.

Campbell (2002) found that intimate partner violence is one of the most common causes of injuries among women, while mostly they present themselves in emergency units as victims of an accident. In the current study it was found that 64% women who were physically abused by their husbands reported injuries, while 44% had been injured during the year preceding the study. These injuries include broken bones and teeth, bruises etc. The majority of the women (63%) who sustained injuries of some sort never visited health care services to seek treatment. Almost half of them did not consider it necessary while 35% were not allowed to go out for treatment.

Abortion and pregnancy

One-fifth of the participants in the study, who were ever pregnant, had at least one induced abortion in their lives. These women were also one to two times more at risk for all types of domestic violence by their intimate partners than those who did not have an induced abortion history (see results chapter). WHO (2011) has concluded that domestic violence can lead to unintended pregnancy, unsafe abortion, and unwanted childbearing, along with other adverse effects on health. Almost half of the women reported physical violence during pregnancy; whether this violence resulted in abortion or not, could not be ascertained from the data. However, for a lot of violent men, pregnancy was not a reason to stop abusing. Fourteen percent women indicated violence increased during pregnancy.

Available literature shows that abortion studies in Pakistan have never highlighted sex-selective abortion as one of the major reasons of induced abortion. In the current study it appeared that 40% women who had an induced abortion history, underwent abortion because the fetus was female. Women who had an abortion for this reason are also more at risk of violence by their intimate partners than those who had it for other reasons (see results section). It is possible that women in violent relationships are more afraid of bearing a female child against the will of their husbands.

Violence by persons other than intimate partners and child sexual abuse

In this study more than half of the women were physically abused after the age of 15 by persons other than their husbands. This was mostly done by family members, predominantly the father. In addition, 25% women reported they were victims of sexual abuse by individuals other than their husbands. Majority of the perpetrators were male family members, male friends of the family and boyfriends. Fifteen percent women indicated they had been victims of perpetrators not known to them. The finding that most perpetrators of sexual violence are known to the victim is in line with international literature. The above mentioned WHO study that was conducted in 10 countries, found prevalence rates of sexual violence since the age of 15 by a non-partner between 1% in Bangladesh and Ethiopia, and 10% in Peru, Samoa, and United Republic of Tanzania. Compared with results of the current study, the prevalence in Pakistan appears to be high.

In Pakistan, child sexual abuse has rarely been scientifically explored in household settings. This study attempted to gauge the magnitude of the problem along with gaining information on perpetrators. Almost a quarter of the women (23%) reported child sexual abuse before the age of 15. Perpetrators were predominantly male family members, male friends of the family and boyfriends. A fifth of the women were abused by a stranger. There is a lot of international literature on the prevalence of child sexual abuse. A review by Krug et al (2002) of international studies conducted since 1980, revealed a mean prevalence rate of child sexual victimisation of 20% among women and 5-10% among men.

Putnam (2003) reviewed Anglo-Saxon empirical articles that were published after 1989 about child sexual abuse before the age of 18. Putnam found victimisation rates of 12%- 35% for women and 4%-9% for men. Lalor and McElvaney (2010) described studies from different western and non-western countries, including UK, France, China, USA, New Zealand, Ethiopia, Swaziland, and Bedouin-Arabs in South-Israel. Prevalence rates were the lowest in France (2.1% of women and 0.7% men experienced forced sexual relationships before age 18) and the highest in Swaziland (33.3% men and women reported some form of sexual violence before age 18) and USA (32.3% females and 14.2% males had at least one episode of CSA before age 18). These studies show that child sexual abuse is a worldwide problem.

Sexual abuse trauma, either in childhood or adulthood, can have severe consequences for physical, mental and sexual health (De Visser, Rissel, Richters, & Smith, 2007; Sundaram, Laursen, & Helweg-Larsen, 2008; Draper et al., 2007).

In addition, there are several studies that indicate child sexual abuse is a risk factor for experiencing sexual violence later in life. Empirical evidence suggests that victims of child sexual abuse are between three to 11 times more likely to experience adult sexual victimisation (Messmann-Moore & Long, 2000, and Lalor & McElvaney, 2010). Several explanations are given in the literature. Psychological sequelae to child sexual abuse, such as depressive symptoms, poor self-esteem, learned helplessness and posttraumatic stress disorder may lead to a sense of hopelessness and indifference, an inability to be assertive and prevent unwanted sexual advances (Steel & Herlitz, 2005, cited in Lalor & McElvaney, 2010). It is also suggested that child sexual abuse leads to hazardous sexual behaviour later in life which increases the risk for revictimisation and HIV (Cohen et al., 2000; Loeb et al., 2002; Elliott, Mok & Briere, 2004). In the current study, it was found that women with a history of child sexual abuse are indeed more at risk for several forms of violence by their intimate partners. Considering Pakistani patriarchal culture and the young age at which most participants in the study were married off, social, cultural and psychological factors seem to provide a better explanation for the higher risk of domestic violence against women who were abused as children and/or after the age of 15 by others than their intimate partners.

Other risk factors are lack of education, child marriages and honour killings in the family. In a similar study in Lebanon it was found that women's education levels and familial violence are predictors of domestic violence (Usta, 2006). A study from India concluded that women married before the age of 18 years are more likely to face intimate partner violence later in their lives (Speizer, & Pearson, 2011). Illiteracy and getting married at a young age, in combination with the traditional background (i.e. honour killings and customary practices of marriage) of these women, does not give them the opportunity to challenge the circumstances in their marriages and their husbands' behaviour, let alone question it.

The deeply rooted existence of domestic violence against women embedded in a patriarchal society, which is apparent in the high prevalence rates of both overall and 12-month frequencies, is also confirmed by the finding that domestic violence seems to be a continuing problem. A large number of women witnessed violence between their parents (62%). Similarly when their husbands physically abused them, 75% reported their children witnessing it. In addition, 77% have been married in another family in order to settle some dispute, ranging from minor to fatal outcomes. Modeling is an established principal of socialization. In other studies it has been found that victims and perpetrators of domestic violence have reported that their parents were in abusive relationships (Koenig, Stephenson, Ahmed, Jejeebhoy, & Campbell, 2006) and that children are witnesses of abuse (García-Moreno et al., 2005). There is no wonder that if a woman, who has been raised in an environment where violence is so common, perceives domestic violence as a right of a man. In the current study, 90% of the participants

gave at least one justification for violent behaviour of the husband. Women who did not receive any education were more likely to cite more than one reason than women who did have some sort of education. In a study which analysed data from 67 Demographic Health Surveys (DHS) of 48 countries between 1995 to 2007, it was revealed that 10%- 90% women identified domestic violence against women as a justified act for men (Yount, Halim, Hynes, & Hillman, 2011). However, the worst outcome of this attitude is that domestic violence is accepted as “normal” in a woman's life. These findings are a warning for future interventions that aim to intervene with sociocultural change in a community of similar profile, that such attitude in presence of high illiteracy may become a major barrier, for both men and women, in order to achieve any positive impact.

Child marriage

Along with child sexual abuse, child marriage is another neglected issue in the six districts targeted in this study. In Pakistan the legal age of marriage is 16 years for girls (Muslim Family Laws Ordinance, 1961). The findings show that 35% of marriages were settled before the age of 15, indicating poor law enforcement in those districts. Overall, 61% women got married before 18 years of age, which qualifies these marriages as child marriages (The Convention on the Rights of the Child, 1989). Universally, child marriages are considered to be a serious threat to maternal and newborn's physical as well as mental health. As per UNPFA (2004) report, globally teenage mothers contribute to 20% of population increase in the world. Girls married before the age of 15 are five times more likely to die as compared to girls who are married in their 20s (UNFPA 2004).

Customary practices

Customary practices are the expression of submission to prevalent cultural norms. Therefore, anyone who shows submission to cultural or customary practices will be treated on better conditions in certain circumstances. In the present study it appeared that under exchange marriages women are less likely to face physical violence unlike sexual and psychological violence. Whereas women married off to settle land or murder disputes as well as with a family history of honour killings are the most at risk of being abused by their husbands using all forms of domestic violence. Honour killing history in the family has been found a strong predictor of domestic violence in the current study. Different reports have concluded that customary practices for marriages are one of the major sources of violence against women (Aurat Foundation, 2011). Although the Government of Pakistan has passed a law - “The Prevention of Anti-Women Practices (Criminal Law Amendment) Act 2011” - to stop customary practices like Vani, Swara etc, law enforcement is a challenge for the relevant authorities, particularly in the presence of illiteracy and culture surrounded with the concept of “honour”, since studies have concluded that culture is a major barrier to addressing domestic violence (Burman, Smailes, & Chantler, 2004; Kasturirangan, et al., 2004).

Solving the problem

Most women share their experiences with family and friends, while only 12% do so with the police, doctors or other influential people. It is possible that violence not always serious enough to contact official institutions, but in a culture of honour women may not be encouraged to raise their voice on private matters. Customary practices are felt as being suppressive and therefore, it is strongly recommended that such cultural practices be curbed in order to stop domestic violence. In such a scenario, the government/non- government institutions should place their services to address the unheard voices at their doorsteps and to offer necessary support and advice.

Almost half of the physical violence victims left the house, but they also came back, mainly for family, social and/or personal reasons. The women who do not want to leave their children, are under pressure from their families, and still love their husbands or hope he will change. Economic reasons were not often mentioned. It seems these women basically want to stay at home, despite the violence, and that problems should be solved there. One of the suggestions the women brought up was to prevent early age marriages. Other solutions referred to support between partners and in the wider context of the family, but also institutional support. Awareness raising and girls' education were also mentioned.

5.2 FGD Discussion and conclusion

Patriarchal notions justifying violent behaviour

The findings of the Focus Group Discussions offer an interesting insight into the way men think about important and relevant issues in connection to violence against women and the respective gender roles. Patriarchal notions around masculinity and femininity are highly prevalent in the six districts where Focus Group Discussions with 78 men were held, and are strongly embedded in cultural practices and customs, such as early and forced marriages, Wata Sata (exchange marriage), Karo Kari, dowry etc. These dominant perceptions are consistent with high prevalence rates of violent behaviour of men against women, of husbands against their wives (see findings of survey on VAW).

On the one hand traditional notions of masculinity entitle men to use violence without any fear of legal consequences, perceived notions of failing manhood also provoke violent behaviour. Violence in that case seems to be an expression of frustration. These two sides of the same coin of manhood in connection to violence are certainly an area to be looked into in further dialogue with men. This exploration is to be linked with perceptions around advantages and disadvantages of being a man which may create openings for new definitions of what it is to be a man, based on non-violence and respecting women's rights.

Individual approach to be embedded in social and cultural strategies

There is awareness on the male-dominated society they are living in which is influencing their behaviour. However, as long as their behaviour is strongly influenced by concepts of 'honour', and high social pressure from the community to behave in a certain manner, men experience little space to re-look at masculinity, being a man and their violent behaviour. Scope for individual behaviour change will remain limited as long as social cultural changes in the broader environment will not occur. Evidence from international research shows that integrated programmes and those within community outreach, mobilisation and mass-media campaigns are more effective in bringing about behaviour change. According to WHO (2005) study, an integrated approach highlights the importance of reaching beyond the individual level to the social context – including relationships, social institutions, gatekeepers, community leaders and the like (Barker, Ricardo, & Nascimento, 2007). Therefore, for the context in Pakistan with deeply rooted cultural and religious notions around gender relations, it is strongly recommended to opt for an integrated approach with a set of strategies involving both women and men in order to stop violence against women and aim at more equal relationships.

Work-related stress as important factor to violence to be linked to VAW-interventions

Men make a direct link between poverty, limited access to jobs and economic means and violent behaviour. "If today government announces an increase in wages of labour, the violence would decrease by itself," said one of the participants. Poverty deeply affects the notions of masculinity, resulting in perceptions of failing manhood when not being able to act as the provider in the family. Violent behaviour can be seen as an expression of frustration and stress. The connection men make between work-related stress, or being jobless with violent behaviour is very much supported by recent international research on men's perception of gender-related issues and practices. Men who experience work-related stress are more likely to report depression, suicide, previous arrests, and use of violence against intimate partners (IMAGES 2011, Koenig 2006). Any solution, therefore, should take into consideration the improvement of families' economic conditions. Economic empowerment efforts are to be linked to relooking at overall roles and responsibilities of both men and women in terms of labour and care, based on equal rights and respect from which the entire family benefits.

Negative impact on health of both women and men gives an entry point to work with men

A number of men not only refer to the negative impact of violent behaviour on women's health, but

⁴Patriarchy is an order of domination, privileging some men above others, and subordinating women. But in dividing men from men and men from women....it creates a rift in the psyche, diving everyone from parts of themselves (Gilligan, 2002).

also refer to their own depression, high levels of (work-related) stress, and the negative impact on their children. This realisation may offer a valid entry point to further work with men. Stopping violence will not only contribute to their partners' wellbeing, but men and the whole family will benefit from an improved situation. Men do acknowledge the importance of better communication and negotiation skills with their partners in order to solve disputes in a different, non-violent way.

Data from the survey show that 62% of women witnessed violence during their childhood. During the FGDs in this research, no questions in connection to men's own violent past were addressed. International research (IMAGES 2011), however, relates men's own experience with violence in the past with their violent behaviour in current relationships. Follow-up research on this topic among men is recommended.

Creating space for men to discuss their own inner pain related to abuse and violence will help overcome traumas from the past and prevent current violent behaviour and in the future. Since men are not used to communicating openly about how they feel, terming it a private matter, improvement of communication skills has to be an integral part of any intervention in this regard.

Fatherhood

Men are aware of the negative impact of violence on their children. A growing and overwhelming body of evidence from the Global North and Global South confirms that engaged fatherhood not only benefits the children, it improves the relationship with the partner, the reproductive and sexual health of women and men, and results in a reduction of domestic violence. So far, engaging men as caring, involved fathers and caregivers has seldom been the focus of global efforts to engage men in gender equality, but it would allow a unique and global tipping point in the equality between men and women. If fathers start caring, everyone will be a winner: men, women, and children. The current MenCare: Global Fatherhood Campaign, promoting men's involvement as equitable, responsive and non-violent fathers and caregivers (www.Men-Care.org), might be worthwhile exploring in the Pakistani context as well.

A last remark

Engaging men in a survey on violence against women should be seen as an important first step in listening to men's voices. If gender relationships are to be changed in order to stop violence against women, it is important to understand where violence comes from, how it is linked to dominant notions of masculinity, and how it affects not only women and children's wellbeing, but men's health as well. Without undermining the importance of women's rights and empowerment, engaging men will be the other crucial link to end any form of violence against women and children. The following quote highlights the importance of showing empathy to men as an essential step towards social justice, without losing the perspective of women's rights and empowerment.

"If we want men to become non-violent, to become caring, to become empathetic, to treat women with the respect they deserve, we must show empathy toward men. This is not to forgive individual men's violence. This is not to forgive individual men for the multiple injustices committed in women's and girls' lives. And in saying that we must treat men with empathy, we do not diminish in any way the power and urgency of the women's rights movement. In fact, we strengthen the women's rights agenda when we help men develop the connections that make us all human. Only then will we complete the revolution we have started in the lives of women and girls'. (Barker, 2011)

5.3 Limitation of the study

During the process of the study there were multiple challenges that limited its scope. These challenges ranged from generalising of results to cultural context of the study area. We understand that the results of the current study cannot be generalised over Pakistan, due to the limited number of districts enrolled in the study. Therefore, its scope is restricted to study districts only.

In the PGRN districts it is difficult to find working women. On one hand retention of the team was a major challenge, on other sufficient capacity of the team to conduct interviews and their sensitivity on SRHR issues in the context of gender and violence was also a major challenge for both men and women. Another challenge for the team was the comfort level of discussing questions related to sexuality. Efforts were made to address such challenges through trainings, multiple monitoring visits and conducting field sessions.

Since it was a first ever household survey on domestic violence. Therefore, a conscious decision was made to limit the content of the questionnaire to minimize the duration of interview time. Although the current study has been successful in gathering information which was never before collected with such scientific method in Pakistani context, still there are few gaps of information that need to be addressed in future researches. For instance economic violence, dynamics of sex-selective abortion, and in-depth inquiry on honour killing issue.

64% victims experience physical injuries i.e. cuts, sprains, burns, broken bone/ teeth or any other harm as a result of physical violence.



■ Recommendations

Even though 47% women leave their houses after facing domestic violence, yet they come back due to multiple reasons including personal/ emotional, social, familial and economic reasons. Based on their experiences, women recommended multiple solutions to their problems. We have also drawn our recommendations for policy-makers and CSOs also considering women's voices. There are a number of key issues based on the outcomes of the FGDs and women's own recommendations to be taken into account for interventions aimed at engaging men to stop violence against women and gender inequality.

The recommendations below are being proposed for all districts, however, keeping in view the highest prevalence of domestic violence in Balochistan and Sindh ranging between 88% to 96%, immediate action need to be taken in these provinces. In Punjab the most alarming findings are related to domestic violence and its impact on women health (see Annexure 8 A-B)

Legal reform and endorsement of laws

- Domestic violence should be considered a crime by the provincial government and rehabilitation services should be introduced for perpetrators. Subsequently, implementing agencies should be sensitised on domestic violence issue. Protection mechanisms for battered women and sexually abused children should also be established and/or strengthened in both urban and rural districts.
- Enforcement of law i.e. The Prevention of Anti-Women Practices (Criminal Law Amendment) Act 2011 should be ensured by respective departments, which is in line with the recommendation of majority of women that customary practices should be stopped because they consider these practices as one of the major sources of domestic violence. In elaboration to customary practices, we also recommend that child marriages be stopped. In fact, child marriages increase the vulnerability of young girls of becoming victims of physical and sexual violence. In order to stop child marriages, contributing factors should also be eliminated with the support of the government and Civil Society Organizations.

Health services

- Shelters and other safe places for women and children should be established at the district level with embedded counselling services for women (victims), men (perpetrators), and couples.
- Improved collaboration between health and other sectors (police, legal and social aid etc) should be focused through a well-established referral system. Such a system among medico legal services, health, and shelter homes should also be established and/or strengthened.
- Health protocols should be in place to offer adequate physical and mental support to victims of domestic violence. Capacity-building of health care providers on VAW, child abuse, gender, women's rights and engaging men etc should be offered by CSOs in order to improve services for women and men. Health care providers must be given gender-sensitive training to avoid utilising ultrasound technology for sex-selective abortion.
- Based on FGD findings we propose that men are aware of how violence is affecting the wellbeing of the children. "Engaged fatherhood" offers opportunities to men to build a positive relationship with their children. Exploring opportunities for linking Global Fatherhood Campaign to Pakistan is recommended. For future interventions, it is recommended to look deeper at men's experiences with violence in the past, in relation with their fathers and mothers, and to create space for men to talk about their own painful stories as a way to relieve

⁵Note: The Toolkit for Men: Male counselling in the context of intimate partner violence, developed by Rutgers WPF, can serve as a useful resource, not only for providing services to men, but also for prevention purposes.

their anger and anxieties thus, to opening up for new non-violent experiences and behaviour. The disadvantages of manhood (see FGD results section) and negative impact on men's health offer an entrypoint for engaging men to re-look at gender equality, masculinities, and men's role in stopping VAW.

Education and Life Skills Based Education (LSBE)

- Article 25A of 18th Constitutional Amendment defines mandatory education for all up to 16 years. Therefore, girls and boys should be given minimum Matriculation education for the prevention of violence and access to education for girls and women should be improved.
- Life Skills Based Education should be mainstreamed in existing educational syllabus, particularly topics of building relationships, communication skills, anger management, gender equality, respect of women's rights; looking at masculinities, men as caregiving partners, engaged fatherhood, reproductive health, Gender-Based Violence, girl marriage, the connection between culture and religion and violence against women etc.
- Parenting skills should be offered to parents and caregivers, addressing topics such as communication skills, anger management, gender equality, respecting girls/boys, engaged fatherhood, violence against women, reproductive health etc.

Civil society and community awareness-mobilisation

- Within masses, CSOs can play their role by raising awareness on existing laws, which address women's rights. They should also focus on awareness raising interventions, campaigning, and role models, by addressing VAW, child abuse, gender equality, women's rights, empowerment, and men engagement etc. Communities (both men and women) should be trained on how to handle and prevent violence. Religious leaders should be mobilised to promote non-violent behaviours and gender equality.
- Civil society should also explore opportunities for fatherhood campaign(www.MenCare.org).

Advocacy

- Civil Society Organisations need to lobby for policy advocacy in support of new laws as well as for the implementation of existing laws. Lobbying for the budget allocation for policies/plans/services at the provincial and district level is also needed.
- CSOs should also focus on partnership-building with other key stakeholders, such as the legal sector, NGOs working in the field of child abuse, women's rights movement, Men Engage, media etc.
- Training of members of parliament and media personnel on violence against women, women's rights and men's engagement is also an important area, where CSOs should invest serious amount of effort.

Income generating interventions/poverty alleviation

- Interventions on violence against women and men's engagement should be linked to livelihood or employment-creation interventions.

Scientific evidence on VAW provides a collective voice to highlight and address gender inequalities and discrimination in the society. In Pakistan the scarcity of scientific evidence on VAW is another challenge in addressing the issue. However, scope for individual behaviour change will only be possible if socio-cultural changes occur in a broader and contextual environment. We hope that future studies will address the gaps and answer the questions raised in this study for the comprehensive solution to VAW.

64% women witnessed their parents in abusive relationship. 75% women reported their children witness them being abused by their husbands.



■ Reference

1. Barker, G., Ricardo, C., Nascimento, M. (2007). Engaging Men and Boys in Changing Gender-based Inequity in Health: Evidence from Programme Interventions. Geneva: WHO.
2. Barker, G. (2011). Helen Joseph Lecture, Men and Gender Equality: between the urgency and the confusion.
3. Buist, A., & Janson, H. (2001). Childhood sexual abuse, Parenting and Postpartum depression – A 3 year follow up study. *Child Abuse & Neglect*, 25, 909–921.
4. Burman, E., Smailes, S.L., Chantler, K. (2004). Culture as a barrier to service provision and delivery: Domestic Violence Services for Minoritized Women. *Critical Social Policy* August, 24, 332-35.
5. Campbell, J. C. (2002). Health consequences of intimate partner violence. *Lancet*, 359, 1331–36.
6. Capacity-building of Pakistani NGOs on Gender-Based Violence and Reproductive Health. World Population Foundation (2009).
7. Cohen, M., Deamant, C., Barkan, S., Richardson, J., Young, M., Holman, S., Anastos, K., Cohen, J., & Melnick, S. (2000). Domestic violence and childhood sexual abuse in HIV-infected women and women at risk for HIV. *American Journal of Public Health*, 90(4), 560–565
8. Connell, R.W. (2003). Role of Men in Achieving Gender Equality. UN Division for the Advancement of Women expert group meeting paper. EGM/Men-Boys-GE/2003/BP.1.
9. Declaration on Elimination of Violence Against Women (1994) United Nations. General Assembly. Geneva
10. Diop-Sidibe, N., Campbell, J.C., & Becker, S. (2006). Domestic Violence Against Women in Egypt – wife-beating and health outcomes. *Social science and Medicine*, 62, 1260-1277.
11. Draper, B., Pfaff, J. J., Pirkis, J., Snowdon, J., Lautenschlager, N. T., Wilson, I., & Almeida, O P. (2007). Long-term effects of childhood abuse on the quality of life and health of older people: Results from the depression and early prevention of suicide in general practice project. *JAGS*, 56, 262- 271.
12. Ellsberg, M., & Heise, L. (2005). Researching violence against women: A practical guide for researchers and activists. Washington DC, United States: World Health Organization, PATH.
13. Elliott, D.M., Mok, D.S., & Briere J. (2004). Adult sexual assault: Prevalence, symptomatology and sex differences in the general population. *Journal of Traumatic Stress*, 17, 203-11.
14. Evolving Men, Initial Results from the International Men and Gender Equality Survey (IMAGES). (2009). International Center for Research on Women and Instituto Promundo.
15. Fortier, M.A., DiLillo, D., Messmann-Moore, T.L., Peugh, J., DeNardi, K.A., & Gaffey, K.J. (2009). Severity of child sexual abuse and revictimization: The Mediating role of coping and trauma symptoms. *Psychology of Women Quarterly*, 33, 308-320.
16. García-Moreno, C., Jansen, H., Heise, L. and Watts, C. (2005). WHO Multi-country Study on Women's Health and Domestic Violence Against Women. Geneva: World Health Organization.

17. Gender-Based Violence in Pakistan: A scoping study. (2011). Islamabad. Aurat foundation.
18. Hausmann, R., Tyson, L.D., & Zahidi, S. (2011). Global Gender Gap Report. World Economic Forum. Geneva
19. Human Rights Commission of Pakistan (1997). State of Human Rights in 1996,. (Lahore: Human Rights Commission of Pakistan, 1997), p. 184. 39
20. International Planned Parenthood Federation (2010). Menstreaming Gender in Sexual and Reproductive Health and HIV/AIDS: A Toolkit for Policy Development and Advocacy. London: IPPF.
21. International Planned Parenthood Federation (2011). Men Are Changing: Case Study Evidence on Work with Men & Boys to promote Gender Equality and Positive Masculinities. London: IPPF.
22. Jewkes, L., & Penn-Kekana, (2002). Risk factors for domestic violence: findings from a South African cross-sectional study, 55(9), 1603-17.
23. Kasturirangan, A., Krishnan, S., & Riger, S., (2004). The impact of culture and minority status on women's experience of domestic violence. *Trauma Violence Abuse*, 5, (4), 318-332
24. Krug, E.G., Dahlberg, L.L., Mercy, J.A., Zwi, A., & Lozano-Ascencio, R. (2002). World report on violence and health. Geneva: World Health Organization.
25. Koenig, M.A., Stephenson, R., Ahmed, S., Jejeebhoy, S. J., & Campbell, J.,(2006). Individual and contextual determinants of domestic violence in North India. *American Journal of Public Health*, 96, 132–138.
26. Lalor, K. & McIverney, R. (2010). Child sexual abuse, links to later sexual exploitation/high-risk sexual behaviour and prevention/treatment programmes. *Trauma, Violence & Abuse*, 11(4), 159-177.
27. Loeb, T Burns, Williams, J.K., Vargas Carmona, J., et al. (2002). Child sexual abuse: Associations with the sexual functioning of adolescents and adults. *Ann Rev Sex Res*, 13, 307-45.
28. Messmann-Moore, T.L., & Long, P.J. (2000). Child sexual abuse and revictimization in the form of adult sexual abuse, adult physical abuse, and adult psychological maltreatment. *Journal of Interpersonal Violence*, 15(5), 489-502.
29. Muslim Family Laws Ordinance (1961). Government of Pakistan.
30. Pakistan Demographic Survey. (2007). Islamabad. Federal Bureau Statistics.
31. Putnam, F.W. (2003). Ten years research update review: Child sexual abuse. *Journal of the American Academy of Child and Adolescent Psychiatry*, 42, 269-277.
32. Shaikh, Mm. A. (2000). Domestic Violence Against Women - Perspective from Pakistan. *Journal of Pakistan Medical Association*, 50 312.
33. Speizer, I.S., & Pearson, E. (2011). Association between early marriage and intimate partner violence in India: A focus on youth from Bihar and Rajasthan. *J*, 26(10), 1963-81.
34. State of Human Rights Report (2004). Human Rights Commission Pakistan. Government of Pakistan.
35. Sudha, S., & Morrison, S. (2011). Marital violence and women's reproductive health care in Uttar Pradesh, India. *Women's Health Issues*, 21(3),:214-21.

36. Sundaram, V., Laursen, B., & Helweg-Larsen, K. (2008). Is sexual victimisation gender-specific? The prevalence of forced sexual activity among men and women in Denmark, and self-reported well-being among survivors. *Journal of Interpersonal Violence*, 23, 1414-1440.
37. The Convention on the Rights of the Child (1990). United Nations General Assembly.
38. The Prevention of Anti-Women Practices (Criminal Law Amendment) Act 2011. Government of Pakistan.
39. UNFPA (2003). Namibia: Male Involvement in Sexual and Reproductive Health. UNFPA case study. New York: UNFPA.
40. UNFPA (2004). Child Marriage Advocacy Package. Accessed on (date) from: http://www.unfpa.org/swp/2005/presskit/factsheets/facts_child_marriage.htm
41. Usta, J., Farver, J.A.M., & Pashayan, N. (2007). Domestic violence: The Lebanese experience. *Journal of the Royal Institute of Public Health*, 121, 208-219.
42. Visser, R.O., de, Rissel, C.E., Richters, J., & Smith, A.M.A. (2007). The impact of sexual coercion on psychological, physical, and sexual wellbeing in a representative sample of Australian women. *Archives of Sexual Behaviour*, 36, 676-686.
43. WHO (2011). Social determinants of sexual and reproductive health: Informing future research and programme implementation. (Place?2011): WHO.
44. Women for Women International (2006). Ending Violence Against Women in Eastern Congo: Preparing men to advocate for women's rights. Washington DC: Women for Women International.
45. World Health Organization (2005). Multi-country study on women's health and domestic violence against women. Geneva: WHO.
45. Yount, K.M., Halim, N., Hynes, M., & Hillman, E.R. (2011). Response effects to attitudinal questions about domestic violence against women: A comparative perspective. *Social science research* 40, 873-884.

84% of women are the victim of any form of domestic violence by their intimate partner.



■ Annexures