

Domestic Violence on Women and its Implications on their Health

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Abstract



Violence against women is a severe violation of human rights and ranging from domestic and intimate partner violence to sexual harassment and assault. It is widely recognized as a serious human rights abuse. Violence has substantial consequences on women's health. To evaluate the effects of domestic abuse and violence on the physical and mental health of women a study was conducted in district Faisalabad, Punjab, Pakistan. Data were drawn from 222 women. Sampling was carried out using the multi-stage process of random sampling. Survey method was used for data collection and Statistical methods such as chi-square, correlation, linear and multiple regressions were used to analyze the data in this study. The findings showed a significant relationship between the physical and mental health of women due to domestic violence. This study emphasizes the need for justified women empowerment and a multidisciplinary approach to develop health measures, which will effectively address the problem of domestic violence.

Keywords: Gender Inequalities, Domestic Violence, Health Implications

Introduction

Pakistani society has a patriarchal system, and males own and control much of the socio-economic resources (Munir, 2002; Jafar, 2005; Amnesty International 2002). Women are traditionally subjugated to males and are also easy victims of intimate partner violence (Amnesty International 2002, Jilani & Ahmed, 2004). Women's social status not only varies from region to region but also depends on geographic area (rural or urban) and educational achievements, in Pakistan (Human Rights Watch, 1992). Gender issues and positions in Pakistan vary from those in the west and the social roles are split between men and women (Asian Development Bank. 2002). There are different types of domestic violence witnessed in Pakistan like physical torture, mental abuse, and emotional abuse. Killing in the name of honor, spousal assault such as marital rape, burning by family, and acid attacks are some common types. Spousal violence is seldom treated as a social crime until it converts to a capital crime such as murder or attempt of murder that may range from forced suicide to a planned accident (often a kitchen stove bursting) (Human Rights Commission of Pakistan, 2000). The other types are trafficking of women, and forms of violence linked to practices unique to some nations, such as sexual abortion, infanticide, war rape, and dowry-related deaths. Although there are various interconnected causes of violence like gender disparity, poverty, illiteracy or low education, and alcohol and abused history. Depression, suicidal tendencies, alcohol dependence, and physical health problems are linked with negative characteristic anxiety (Jewkes, 2002; Twenge, 2000). Sexual violence creates an unequal power relationship between men and women. Regulation function defects, mental health issues, chronic pain syndromes, somatic symptoms, and other detrimental women's health patterns are risk factors for injury and disability (Zimmerman and Watts, 2003). Violence implies devastation, rage, and pain; while family indicates the values of caring, affection, and joy. Yet the terms "family" and "violence" are still closely interwoven, even now. Many women who suffer domestic violence are hostages of their mental conditions (Anna et al., 2007). Domestic violence is a strategy frequently used by males to oppress women. The idea that physical abuse against a female is all right when her acts or rights threaten her power or status in a family is still embraced by many men in our society (Sartin et al., 2006). Abuse against females can vary between cultures and communities. It is a major public health and social problem and needs immense attention because it has considerable physical, mental, emotional, and social consequences (Azam & Irma, 2008). WHO

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studies report that violence affects women's sexual and reproductive health and causes them to have health problems through depression, mental illness, and other health problems that make them vulnerable to depression and disability (World Health Organization, 2009)? There are some policies in Pakistan (United Nations, 2020) that work against different types of violence. However, such problems still exist in the execution of these acts. In multiple sectors, such as justice, health, and social provision, women still face a lack of access to affordable services required to ensure their safety and protection.

Literature Review

Eswaran and Malhotra (2009) found in their studies that illiterate women were more likely to face domestic violence than literate females. At the same time, they investigated that illiterate men inflict violence on their wives and daughters. Toufique and Razzaque (2007) investigated that education and socio-economic status of women were associated with the better living state of women and developed hinders against domestic violence. Similarly, Koenig et al., (2003) studied that female education and economic status were violence hindering factors. Ellsberg et al. (1999) studied the incidence of emotional distress among women and discovered that abused women who were exposed to violence were six times more likely than women who were not abused to experience emotional distress. Rodriguez et al., (2008) reported that pregnant women suffered from post-traumatic stress disorder and depression if they faced violence during pregnancy even some victimized women got the cutoff mark. Similarly, Coker et al., (2002) investigated in their study that physical violence was associated with depressive symptoms, drug abuse, and many chronic diseases. The Disease Control Priorities Project (2008) found that women face some health issues due to gender inequality rather than biological factors. Adult women face abuse from 15% of their partners to 71% of their partners. It is stated that domestic violence is a significant detriment to the emotional, physical, sexual, and reproductive health of women. Bower (2011) found several factors that lead to a lower quality of life for women. This is due to women's lack of access to health services and unequal access to information and treatment. Gender discrimination is a major factor in such circumstances. Physical and sexual assault, the transmission of diseases through sexual intercourse like HIV/AIDS, chronic pulmonary disease, and malaria are all part of this. Yeganeh (2011) claimed that countries with greater conservative values are more likely to emphasize gender inequality by keeping socioeconomic variables stable. The causes of gender inequality have been studied by the World Bank (2001) and concluded that gender inequality is strongly associated with household choices. Furthermore, it was reported that factors of these choices were shaped by rituals, institutional and cultural norms.

Theoretical Framework

This study's theoretical framework was drawn by the Moss (2002) study, which included a complete structure on gender inequalities, gender equality, crime, socio-economic inequalities, and women's health. This structure illustrates the factors that affect the well-being of women. They were prepared to be evaluated empirically via this model assumption.

1. Geopolitical Environment:

-Inequality range/extent

2. Socio-cultural Characteristics:

-Age

-Gender

-Factors of discrimination

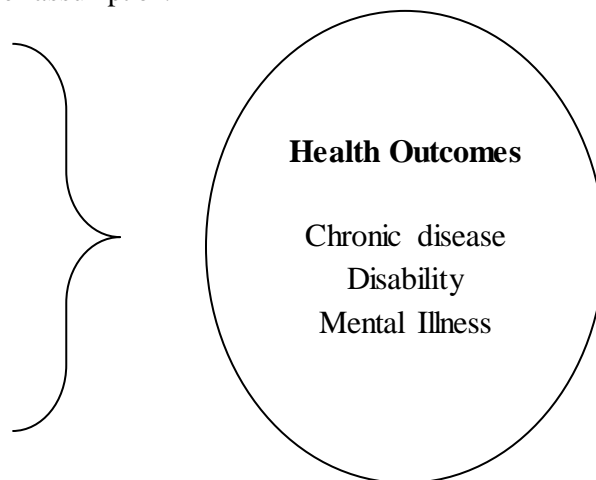
3. Women's Roles in:

-Household organization

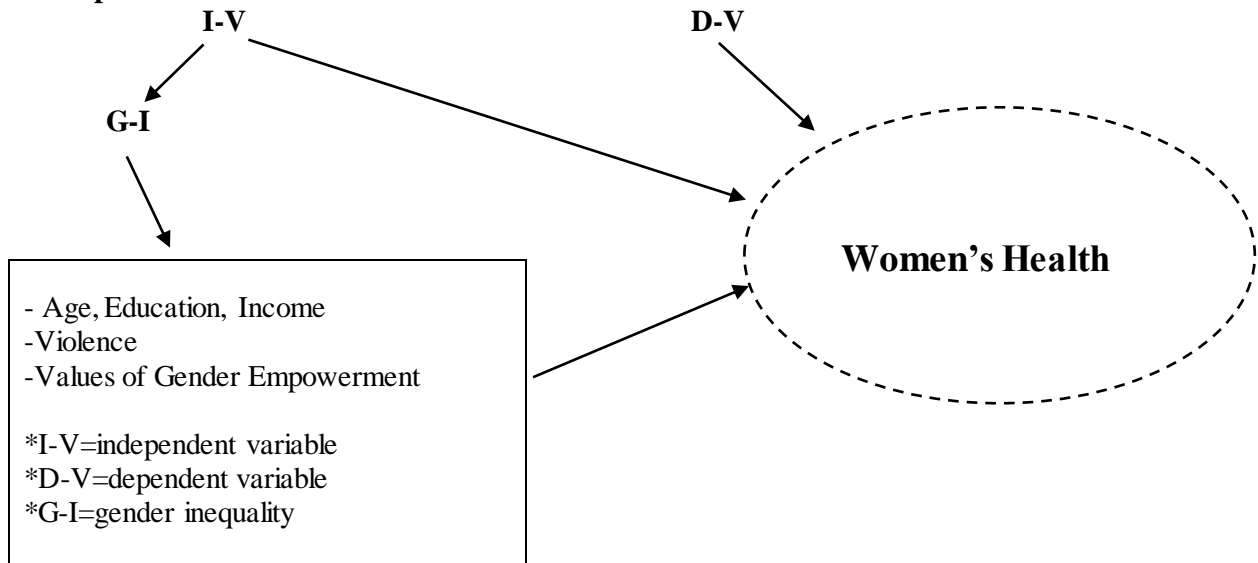
-Household resources

4. Mediators:

-Health facilities



Conceptual-Frame work



Methodology

The study sample consisted of 222 females from the city of Faisalabad. To make an overall sample of the current research, multi-stage sampling was carried out. By using simple random sampling, all the stages were protected. The column below is the quick image of the recruitment of union councils, regions, and participants.

Faisalabad City			
308=UCs (Total)			
Madina Town		Jinnah Town	
40=UCs (Total)		UCs=39 (Total)	
Selected UCs (with total areas)			
UC#219	UC#222	UC#184	UC#286
areas=13 (Total)	areas=8 (Total)	areas=9 (Total)	areas=6 (Total)
Selected areas for the present research			
X-Block	Y-Block	Christian Town	Guru Nanak Pura
Selected respondents			
73	33	35	81
Total respondents=(73+33+35+81)=222			

The data collected through survey was investigated in the form of uni-bi-multivariate (analysis). The SPSS-19 computer Programme was used to analyze the data collected. Univariate analysis was conducted at the very first stage in which female respondents were classified according to their age, education, and income levels, which were also clarified in this study's conceptual framework. Bivariate analysis was conducted with correlation and Chi-square. Multiple regressions were performed as multivariate analysis.

Results and Discussion

Table 1. Socio-economic characteristics of Respondents (N=222)

Demographic Characteristics		
Variables	Frequency	Percentage
Age		
Less and equal to 31	89	40.1
32-45	96	43.2
46-59	28	12.6
60 & more	9	4.1
Marital status		
Unmarried	51	23.0
Married	153	68.9
Widowed	13	5.9
Divorced	4	1.8
Separated	1	0.5

Number of children (here n=165)		
1-3	84	37.8
4-6	75	33.8
7-9	6	2.7
Education		
Illiterate	31	14.0
Primary to intermediate	128	57.1
Graduation and above	63	28.4
Employment status		
Yes	50	22.5
No	172	77.5
Income (Household-income)		
Less and equal to 10000	53	23.9
10001-20000	65	29.3
20001-30000	37	16.7
30001 & more	67	30.20

Table 2. Relationship between gender inequality, health, and violence (N=222)

Gender inequality and violence			
Violence	F	F	f
Gender inequality	(%)	(%)	(%)
	Faced Violence	No Violence	Total
<u>High</u> (within) gender inequality	11 (68.8%)	5 (31.3%)	16 (100%)
(within) violence	(12.4)	(3.8)	(7.2)
<u>Medium</u> (within) gender inequality	47 (42.7%)	63 (67.3%)	110 (100%)
(within) violence	(52.8)	(47.4)	(49.5)
<u>Low</u> (within) gender inequality	31 (32.3%)	65 (67.7%)	96 (100%)
(within) violence	(34.8)	(48.9)	(43.2)
Total=	89	133	222
(% within-Violence)	(100%)	(100%)	(100%)
*Chi-square (χ^2) = 8.221, *Pearson's Correlation value = .181			
Health problems and violence			
Violence	F	F	f
	(%)	(%)	(%)
	Sick women	Who are not sick	Total
<u>Yes</u> (within) Violence	73 (82%)	16 (18%)	89 (100%)
(within) health problems	(86.9)	(11.6)	(40.1)
<u>No</u> (within) Violence	11 (8.3%)	122 (91.7%)	133 (100%)
(within) health problems	(13.1)	(88.4)	(59.9)
Total=	84	138	222
(% within-health problems)	(100%)	(100%)	(100%)
*Chi-square (χ^2) = 123.305			
*Pearson's Correlation value = .745			

Table 3. Multiple Regression Coefficients (Standardized)

	S.E	Standardized Coefficients (Betas)	Sig.
Health Problems	.052	.186	.005
Gender Empowerment	.043	.776	.000
Violence on Women	.053	.181	.007

Women's abuse and gender inequality have been strongly correlated with the principles of chi-square and correlation, 8.221 and .181, respectively. It specified that gender equality was strongly correlated with violence against women. The women who experienced abuse have shown that gender differences have also shaped it. Results of the Index variable on gender inequality shows that there is a positive relationship between gender inequality and faced violence category, i.e. 68.8 percent of women in the category of 'High' inequality faced violence and as the inequality shifts from high to medium and low the percentage of women faced violence decreases 42.7 percent and 32.2 percent respectively. This suggests that a higher gender inequality score indicates a higher score for facing violence, i.e. there is less violence faced by women if there is more gender equality. This suggests that abuse happens where there is gender inequality. The results of the table on violence and health problems show that abuse inflicted on women is closely related to women's health issues. The chi-square value is 123.305 and shows a strong association between women's health problems and violence against them. The Pearson correlation value is .745 and shows a highly significant positive relationship between both variables. The woman respondents who experienced violence showed that both physical and emotional effects on their health. A high percentage of women, i.e. 91.7 percent, revealed their association with no health conditions in the No Abuse category. This suggests that the higher score on 'no violence' is positively related to no health issues.' The positive relationship between health problems and domestic abuse indicated that with the increase of domestic violence health problems will increase and with the decrease in violence health problems of women will. This indicates that abuse inflicted on women has had a negative impact on women's health in their households.

Conclusion

The present study suggested that to identify and quantify the various determinants of gender differences and how they affect women's health, accurate, precise, and careful evaluation should be carried out. And it is very interesting to look at health services that tackle poverty and gender inequality, and how they can be structured to be more effective and competitive and to achieve the desired outcome. In schools, colleges, and at the university level, strong awareness campaigns and discussions on the community level should be encouraged on recognition of the fundamental women's rights. Gender equity in jobs should be improved by the government and fair employment opportunities should be granted to women and women should be made aware of their legal and customary rights to inherit the land. The position of representatives and governing bodies of various institutions governing women's rights in the sector (with women's unions and organizations) should be granted to women at the highest level of legislative bodies (ministries and parliaments). The poor social status of women is the result of inadequate treatment and independence for women. So, government, state, national and international organizations, as well as the private sector, are expected to initiate numerous initiatives to empower women and to introduce different programs.

Limitations of the Study

The first limitation of the study was the results drawn by a small sample and to generalize findings on whole Pakistani society. Secondly, during data collection, it was observed that participants felt reluctant and had a lack of confidence to respond to questions regarding abuse and mental illness. The third limitation was that her privacy was difficult to preserve when collecting responses from the respondents because of the involvement of other family members. The participants were mindful and could not easily provide the answers they needed. The researcher, however, managed to get the best possible information.

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