

## DOMESTIC VIOLENCE – RURAL-URBAN CURRENT AGE AND AGE AT MARRIAGE DIFFERENTIAL IMPACT ON WOMEN PHYSICAL HEALTH IN PUNJAB, PAKISTAN

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Do the women who get married at a younger age and reside in rural areas expose themselves to more domestic violence? The significance of the answer to this question based on a scientific study rather than anecdotes looms large as the society moves forward to tackle the menace of domestic violence by making informed policy choices. Using a random sample of 800 married females, a survey was conducted to study the type, frequency, and severity of violence against married women in the two districts of Punjab (Faisalabad & Narowal), Pakistan. Specifically explored in this study are the relationships between spousal (wife) abuse and the following variables: (1) wife's and husband's current age and age at marriage, the extent to which the wife or husband's current age and age at marriage mitigates the occurrences and severity of abuse, and (2) place of residence; differences between urban and rural living arrangements as a factor in the abusive relationship. The dependent variable is spousal abuse and independent variables are current age and age at marriage of wife/husband, and rural/urban residence. Of all the respondents, 17.5 percent reported a lifetime experience of a high incidence of physical violence from a current husband; 40.9 percent reported a medium and 41.6 percent reported low physical violence from a current husband. Overall, the findings from the current study suggest no significant associations between current age and age at marriage and domestic violence. To identify the likely causal relationships between domestic violence and demographic risk factors, the study highlights the need to expand the scope of this investigation.

**Keywords:** Domestic violence, age, age-at-first marriage, rural, urban

### INTRODUCTION

Domestic Violence is a serious problem faced by women of all nations and cultures. It is even more serious among women of developing countries such as Pakistan. Despite this fact, little is known about the incidence of domestic violence as well as specific risk factors predicting violence experienced in intimate relationships.

Violence is defined by UN General Assembly as “any act of gender based violence that results in, or is likely to result in, physical, sexual, or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life” (UNO, 1993). For the purpose of this study, domestic violence is referred to as the physical, sexual, or psychological abuse of women by their current partner. Physical violence is generally an attempt to cause harm and may include bruises, cuts, black eyes, concussions, broken bones, abdominal /thoracic injuries, fibromyalgia, ocular damage, disability or even death. Sexual violence is a sexual act against the will of another person.

Psychological violence is victim humiliation, typically accomplished by 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, or denying the victim access to money or other basic resources.

Studies associated with domestic violence reported that 10 percent to 69 percent of separated women reported being physically assaulted by an intimate male partner at some point in their lives. The prevalence of violence during 12 months varied from three percent or less among women in Australia, Canada and the United States to 27 percent in Loen, Nicaragua. Similarly, 38 percent of currently married women in republic of Korea and 52 percent of currently married Palestinian women in the west bank and Gaza strip (Ellsberg et al. 2000) encountered some form of physical assault by their spouses. In Japan, about 57 percent women had suffered all three types of abuse – physical, psychological and sexual (Yoshihama and Sorenson, 1994). The results from Zimbabwe show that 32 percent of women were repeatedly abused by a

family or household member from the age of 16 (Watt et al., 1997). In India, 18 to 45 percent of currently married men acknowledged physically abusing their wives (Narayana, 1996). In Cambodia about 16 percent of women reported being repeatedly abused by their spouse; eight percent reported being injured (Nelson and Zimmerman, 1996). In sum, the domestic violence is a social problem that appears to exist in each and every society regardless of its culture, religion, geographic location, and/or economic development status.

Generally, victims of domestic violence were more often young and middle-aged adults. Several studies found an increased likelihood of abuse among women of age groups 15 to 19, 20 to 24, and 25 to 29 years. For example, women in age group 20 to 24 years are more likely to be abused than are wives in age group 25 to 29 years. Women in age group 15 to 19 years have an increased likelihood of abuse over women ages 20 to 24. In contrast, spouses in age groups 30 to 34 and 35 to 39 are less likely to experience abuse than are those in age group 15 to 19 years of age. Studies also discovered that the likelihood of abuse decreases with aging. Those in age group 40 to 44 and 45 to 49 experienced much lesser spousal abuse than did spouses in the age group 15 to 19 years. Data of the current study exhibited increased probability of women in age group 20 to 29 experiencing spousal abuse. However, the study showed no statistically significant relationship between age of respondents and abuse by their spouses.

Age at first marriage is expected to play an important part in the understanding of the risk factors that influence abuse of women. Evidence from earlier studies concluded that girls who marry early (before the age of 18) are more likely to experience domestic violence than their peers who marry at a later age. For example, in Peru, where more than half of women report having experienced physical or sexual violence, child marriage has been found to increase a woman's odds of being abused. A similar study from Kenya also found out that girls who marry early are more likely to believe that a man is sometimes justified in beating his wife than women who marry later; 36 percent of girls married before 18 compared with 20 percent who married late.

The current study also found that with increased age at first marriage the acts of violence diminishes, 44.8 percent among women married before turning 19, 44.1 percent among women married between 20 to 24 years of age, and 11.1 percent among those married

after turning 25. However, the study also discovered that a wife's age at first marriage is not statistically significant and cannot be considered a risk factor for abuse.

Historical research on the causation of domestic violence examined many facts of abuse dynamics, including personal background, education level and place of residence of abusive relationships. Findings of these past studies consistently recognized that violence against women was more prevalent in rural than urban communities owing to fact that rural communities normally have more norms and attitudes favoring domestic violence than their urban counterparts. Results of the current study support previous research showing that women in urban areas have a decreased probability of abuse as compared to women in rural areas. However, the current study also shows no statistical significant relationship between place of residence and wife abuse.

This extensive review of literature on domestic violence indicates that though the frequency or intensity of domestic violence varies, it is not confined to any particular geographic boundary, class or creed of human beings; rather it is a social problem spread across the humanity as a whole. In addition, it highlights the importance of exploring the specific risk factors associated with domestic violence. The objectives of this particular investigation were to describe domestic violence; measure the prevalence of physical health of women with their age; identify the risk factors for domestic violence; and suggest possible measures to the government for framing comprehensive policy to address the issue of violence against women.

## **MATERIALS AND METHODS**

This research uses a statistically valid random sample of 800 married females to study the type, frequency, and severity of violence against married women in the two districts of Punjab, Pakistan. Out of the 34 districts of the Punjab, two districts —Faisalabad and Narowal—were randomly picked. From each selected district, two tehsils representing an urban or rural setting — Faisalabad city and Samundari from Faisalabad and Narowal city and Shakargarh from Narowal district—were selected by applying same technique. Finally, using a lottery method an equal number of married households from each rural and urban area were randomly drawn. Then for each selected tehsil, the total number of urban/rural union councils were calculated on the basis of District Census Report, 2001

(Govt. of Pakistan, 2001) and one union council from rural and urban area were randomly selected that served as study area. All the married households of study area served as population.

A well structured questionnaire consisting of open and closed ended questions was prepared. One married women from each selected household was interviewed and served as respondent. Interviews were held with a total of 800 women and the response rate was 100 percent. Explored in this study are the relationships between spousal (wife) abuse and the following variables: (1) wife's and husband's current age and age at marriage, the extent to which the wife or husband's current age and age at marriage mitigates the occurrences and severity of abuse, and (2) place of residence; differences between urban and rural living arrangements as a factor in the abusive relationship. The dependent variable is wife abuse and independent variables are current age and age at marriage of wife/husband, and rural/urban residence.

## RESULTS AND DISCUSSION

As shown in [Table 1](#), only 18.4 percent of women and 14 percent of men were under 25 years of age. The majority of the respondents, 46.7 percent of women and 48.7 percent of men were in the age-group 26-34; followed by 34.9 percent of women and 37.3 percent of men in the age group 35 and over. The mean ages of the respondents and their husbands were 33.44 years and 36.95 years with standard deviation 9.595 years and 9.774 years respectively, reflecting that majority of the respondents were in the middle age groups likely to mature in their attitudes and behavior.

With regard to their age-at-first marriage, over two-thirds of women (68.6 percent) and less than one percent of men had their first marriage before reaching the age of 20. The majority of men (44.8 percent) had their first marriage after celebrating their 25<sup>th</sup> birthday, compared with only 11.1 percent of women. The percentage of women who had their first marriage between 20 and 24 was 44.1 percent compared with 30.6 percent of men. The mean ages at marriage of the respondents and their husbands were 24.13 and 28.67 years with standard deviation 3.248 and 4.007 years respectively. About 50 percent of the respondents reported living in urban areas while the other half reported living in rural areas.

Physical violence may cause deep sears on the victims and could permanently damage or impair their health. Physically abused women are particularly at risk of physical and mental health related complications. The respondents were asked about their health problems due to physical abuse occurred during the last 12 months. Many respondents reported physical violence incidences that resulted in medical conditions such as abdominal/thoracic injuries, bruises and welts, chronic pain syndromes, ocular damage, fibromalgia, and fractures ([Table 2](#)). The findings reveal that the women who suffered from one of the aforementioned medical conditions as result of physical violence ranged from 6.1 to 44.1 percent. Abdominal/thoracic injuries and chronic pain syndrome were the two most frequently cited medical conditions by the respondents. Similar results were reported by Bradley (1990), Tjaden and Thoennes (1998) and Sharif (2002).

As shown in [Table 3](#), while about two-thirds (65.3 percent) of wives 25 years of age or younger reported

**Table 1** Distribution of the respondents and their husbands according to their current age and age at marriage. n=800

Age (years)	Respondents		Husbands	
	F	%	F	%
Upto 25	147	18.4	112	14.0
26-34	374	46.7	390	48.7
35 and above	279	34.9	298	37.3
Mean =		33.44		36.95
S.D. =		9.595		9.774
<b>Age at marriage (years)</b>				
Upto 19	358	68.6	6	0.8
20-24	353	44.1	245	30.6
25 and above	89	11.1	549	44.8
Mean =		24.13		28.67
S.D. =		3.248		4.007

**Table 2. Distribution of the respondents according to their physical health problems n=800**

Problems	Yes	%	No	%
Abdominal / Thoracic injuries	211	26.4	589	73.6
Bruises & welts	130	16.3	670	83.8
Chronic pain syndromes	353	44.1	447	55.9
Disability of any organ	83	10.4	717	89.6
Ocular damage	132	16.5	668	83.5
Fibromalgia	49	6.1	751	93.9
Fractures	123	15.4	677	84.6

**Table 3. Relationship between respondents age with the physical health**

Age of the respondents' Index variable	Physical health							
	Low		Medium		High		Total	
	Frequency	%	Frequency	%	Frequency	%	Frequency	%
Upto 25	51	34.7	65	44.2	31	21.1	147	18.4
26-34	156	41.7	155	41.4	63	16.8	374	46.7
35 and above	126	45.1	107	38.4	46	16.5	279	34.9
<b>Total</b>	333		327		140		800	
	(41.6)		(40.9)		(17.5)		(100.0)	

Chi-Square value = 4.738<sup>NS</sup>Gamma value = -0.082<sup>NS</sup>

experiencing medium to high physical abuse, only 54.9 percent of wives 35 years and above reported having medium to high physical abuse. The percentage of wives aged 26 to 34 years old reported medium to high physical abuse was only 58.2 percent. In Table 2, the relationship of the age of the respondents with physical abuse has also been studied. The Chi-square value 4.738 with physical abuse is non-significant ( $P < 0.05$ ) and Gamma values -0.082 with physical abuse is also non-significant ( $P < 0.05$ ), which clearly indicates that there is no relationship between the age of the respondent and her physical abuse.

Table 4, shows that the likelihood of having high physical abuse is greater among wives who had their first marriage before attaining 20 (23.7 percent) followed by wives whose age at first marriage was between 20 and 24 (13 percent). Wives who married late, after celebrating their 25<sup>th</sup> birthday, had the least

percent). Overall, the odds of high physical abuse experience tend to decrease with increased age at first marriage. The Chi-square value 26.320 with physical abuse is non-significant ( $P < 0.05$ ) and Gamma values -0.053 with physical abuse is significant ( $P > 0.05$ ) which indicates that there is no statistically significant relationship between the age at first marriage of the respondent and physical abuse. Bradley (1990) also confirms the similar results in his study that the Chi-square value 20.129 with physical abuse is non-significant ( $P < 0.05$ ) with the age.

## CONCLUSION

Gender based violence takes many different forms and there may be distinctive patterns or manifestations of gender violence associated with particular cultures, work status, husbands' number of marriages and regions. However, gender violence is present in all

**Table 4 Relationship between respondents age at marriage with the physical health**

Respondents' age at marriage Index variable	Physical health						Total	
	Low		Medium		High			
	Frequency	%	Frequency	%	Frequency	%	Frequency	%
Upto 19	153	42.7	120	33.5	85	23.7	358	44.8
20-24	149	42.2	158	44.8	46	13.0	353	44.1
25 and above	31	34.8	49	55.1	9	10.1	89	11.1
<b>Total</b>	333		327		140		800	
	(41.6)		(40.9)		(17.5)		(100.0)	

Chi-Square value 26.320<sup>NS</sup>Gamma value = -0.053<sup>NS</sup>

likelihood of experiencing high physical abuse (10 societies; it is a structural phenomenon embedded in

the context of cultural, socio-economic and political power relations, which reduces women to economic and emotional dependency, the property of some male protector. Societies organized around gendered, hierarchical power relations give legitimacy to violence against women.

Violence against women affected all spheres of women's lives: their autonomy, their productivity, and their capacity to care for themselves and their children and their quality of life. It increased their risk for a wide range of negative health outcomes and even death. Much of this violence happened to women primarily because they were women, which was why it had also been called gender-based violence. It carried great costs to the individuals who experienced it, and also to be society and to many services and sectors, including the health care system that had to respond to its consequences.

## RECOMMENDATIONS

Current age and age at marriage of women is young and universal which adversely affects their socio-economic and cultural development along with different aspects of health such as physical. Enhancing women age at marriage is an appropriate strategy to minimize the intensity of physical violence and to enhance their health status.

Different types of violence such as physical, verbal, psychological, economic, mobility are prime concerns in relation to women health and development. There is no justification for having such types of violence against women in any society. Effective policy should be formulated backed by the media to eradicate this evil practice deeply rooted in the society. Support of religious leadership to tackle the issue of violence against women is essentially important, so involvement of religious leaders in designing and formulating such policies seems a workable strategy.

It is recommended that the public and private institutions establish and implement model protocols for the early identification and referral of abuse victims in health care settings, including emergency rooms and primary care facilities such as family planning and prenatal clinics. Train staff in consoling, examining victims, and collecting legal evidence for prosecution.

Future research ought to focus on expanding the data collection efforts relating to the specific demographic risk factors associated with domestic violence. In addition, more rigorous statistical analyses (multiple

regression, logistic regression, etc.) of these data may help establish a cause and effect relationship between domestic violence and demographic risk factors.

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