

Prevalence and determinants of domestic violence among married women: Evidence from a tertiary care hospital in Karachi

Shazia Aftab, Abdullah Muttaqi, Devi, Misbah, Hina Ali, Nazish

Abstract

Objective: To determine the prevalence, types, and associated factors of domestic violence (DV) among married women attending a tertiary care hospital in Karachi.

Material and Methods: This cross-sectional study was conducted at Sohail Trust Hospital, Jinnah Medical and Dental College, Karachi, between January 1, 2023 and June 30, 2023. A total of 200 married women aged 15–49 years attending outpatient clinics were interviewed using a structured questionnaire adapted from the WHO Multi-country study on Women's Health and Domestic Violence. Data collected included sociodemographic characteristics, types of DV (physical, emotional, sexual), perpetrators, and help-seeking behaviors.

Results: The prevalence of any form of DV was 56%.¹ Emotional violence was the most common type (45%), followed by physical violence (38%) and sexual violence (21%). Husbands were the main perpetrators in 78% of cases, followed by in-laws (14%). Domestic Violence was significantly associated with low educational attainment ($p=0.002$), low household income ($p=0.01$), and unemployment ($p=0.03$). Only 29% of survivors sought formal help, most commonly from family members, while police involvement was rare (11%).

Conclusion: Domestic violence is highly prevalent among married women in Karachi. Interventions should focus on increasing awareness, enhancing legal protection, and empowering women through education and economic independence.

Keywords: Domestic violence, physical, emotional, sexual

Introduction:

“Domestic violence is an abuse of power. It is the domination, coercion, intimidation and victimization of one person by another by physical, sexual or emotional means within intimate relationships”

Domestic violence is a pervasive global public health and human rights problem affecting women in all societies.¹ The World Health Organization (WHO) defines domestic violence as “any behavior within an intimate relationship that causes physical, sexual, or psychological harm”.² This includes physical aggression, sexual coercion, psychological abuse, and controlling behaviors.

Globally, an estimated 1 in 3 women experience physical or sexual violence by an intimate partner or non-partner during their lifetime.³ In low-and middle-income countries (LMICs), prevalence rates tend to be even higher due to entrenched patriarchal norms, economic dependency, and limited access to justice.⁴ South Asia is among the regions with the highest reported rates, with studies indicating lifetime prevalence of domestic violence ranging from 35% to 70%.^{5,6}

In Pakistan, domestic violence remains widespread and socially tolerated in some communities. The Pakistan Demographic and Health Survey (PDHS) 2017–18 found that 28% of ever-married women reported experiencing spou-

Received

Date: 1st July, 2024

Accepted

Date: 2nd August, 2024

Jinnah Medical and Dental College Hospital, Karachi

S Aftab
A Muttaqi
Devi
Misbah
H Ali
Nazish

Correspondence:

Dr. Shazia Aftab
Professor, Department of Obstetrics and Gynaecology, Jinnah Medical and Dental College Hospital, Karachi.
email: drshaziaaftab@gmail.com

Table 1: Type of domestic violence reported and main perpetrators

Type of Violence	Frequency (n)	Percentage (%)	Main Perpetrator
Emotional	90	45	Husband
Physical	76	38	Husband
Sexual	42	21	Husband

sal violence in the past 12 months, with variations between provinces and between urban and rural settings.⁸ Contributing factors include low literacy, poverty, male dominance in household decision-making, and inadequate enforcement of protective laws.⁷ Cultural acceptance of wife-beating as a “disciplinary” measure further normalizes abuse.⁵

Domestic violence has been recognized as a major public health problem. It affects all people, irrespective of economic, educational, social, geographic or racial background, resulting in significant morbidity and mortality.

DV has severe health consequences, including physical injuries, disability, depression, anxiety, post-traumatic stress disorder (PTSD), and increased risk of suicide.^{9,10} It is also associated with adverse reproductive outcomes such as unintended pregnancies, low birth weight, preterm birth, and perinatal death.¹¹

Around the world, mental health problems, emotional distress, and suicidal behavior are common among women who have suffered partner violence.² The World Bank estimates that rape and domestic violence accounts for 19% of the total disease burden among women in industrialized countries.

Despite its high prevalence, DV is under reported due to fear of retaliation, stigma, and mistrust of authorities.¹² In Pakistan, survivors often rely on informal support systems, such as relatives, rather than legal or institutional channels.^{6,13} This study was conducted to assess the prevalence, patterns, perpetrators, and associated factors of DV among married women attending a tertiary care hospital in Karachi, thereby providing evidence to inform preventive and supportive interventions.

Material and Methods:

This cross-sectional study was conducted at So-hail Trust Hospital, Jinnah Medical and Dental College, Karachi, between January 1, 2023 and June 30, 2023. The hospital serves a mixed urban population, including low-income and migrant communities.

Study population and sampling: 200-married women aged 15–49 years, attending outpatient gynecology and general medical clinics, were recruited through convenience sampling. Women who were severely ill, cognitively impaired, or unwilling to participate were excluded.

Data collection: Data were collected through face-to-face interviews using a structured, pre-tested questionnaire adapted from the WHO Multi-country study on Women’s Health and Domestic Violence.²

The questionnaire included:

Socio-demographic data: age, education, employment status, household income, number of children, duration of marriage.

Experience of domestic violence: Physical, emotional, and sexual violence.

Perpetrators: Husband, in-laws, others.

Help-seeking behavior: Formal (police, legal services, NGOs) and informal (family, friends).

Definitions:

Physical violence: Slapping, pushing, hitting, kicking, choking, or use of a weapon.

Emotional violence: Insults, humiliation, intimidation, threats.

Sexual violence: Forced sexual intercourse or degrading sexual acts.

Data analysis:

Data were entered into SPSS v-20. Descriptive statistics were calculated for prevalence estimates. Chi-square tests were used to assess associations between domestic violence and socio-demographic factors. A p-value of <0.05 was

Table 2: Demographic characteristics of the women and their husbands

Characteristics of the women	Number (500)	Percentages
Age groups		
15 - 30	308	61.6
31 - 45	151	30.2
46 - 65	41	8.2
Education		
High	41	8.2
Middle	57	11.4
Primary	96	19.1
Un-educated	306	61.0
No of childrens		
No children	39	7.8
1 - 2 children	175	33.50
3 - 5 children	153	30.6
> 5 children	133	26.6
Monthly Income (PKR)		
Below 6,000	331	66.2
6,000 - 12,000	146	29.2
12,000 - 20,000	15	3.0
Above 20,000	8	1.6
Pregnancy status		
Yes	158	31.5
No	342	68.1
Drug Use		
Yes	151	30.1
No	349	69.5
Chronic disease		
Yes	51	10.2
No	447	89.0
Violence history		
Yes	310	61.8
No	190	37.8
No	196	39.0
Socio-economic support		
Yes	94	18.7
No	406	80.9
Characteristics of the Husbands		
Education		
High	80	15.9
Middle	79	15.7
Primary	84	16.7
Un-educated	257	51.2
Occupation		
Government job	30	6.0
Non-Governmental job	427	85.1

considered statistically significant.

Results:

500 married women were interviewed and all replied thus response rate was 100%. The majority of participating women (75.6%) were 15 -30 years old and 20.6% were 31 -45 years. The mean duration of marriage was 12.78(\pm 5) years, ranging from one to 50 years. The number of children showed no relation with the occurrence of violence 42% of women had 2 children and 56.4% had > 3 children in violence group while in the non-violence group 53.6% had 2 children and 39.4% had >3 children.

The monthly income or 62.90/- (n= 195) from the study population was below 6000 rupees and was extremely poor and 32.9% (n= 102) were earning Rs. 6,000 10.12% per month. The majority of the women was housewives and was rarely employed.

Husbands were identified as the main perpetrators in 78% of cases, in-laws in 14%, and others in 8%. In cases involving in-laws, emotional violence predominated. Types of domestic violence reported and main perpetrators is shown in table 1.

Out of the 500 women, 62% (n=310) had been subjected to some form of violence (verbal, physical, sexual and psychological) in their lifetime. All women of study population was verbally abused and does not considered it abnormal 64.1% (n=203) women faced physical violence out of which 86.2% (n=175) had level II abuse like slapping, hitting pushing and pulling hair and 11.8% (n=24) had level III abuse like choking, burning acid throwing and use of any weapon. 14.5% (n=45) of women experiencing domestic violence reported forced sexual activity. Many women experienced multiple forms concurrently. Table: 2 demographic characteristics of the women and their husbands.

Domestic violence prevalence was significantly higher among women with no formal education or only primary education (p=0.002), among households with low monthly income (p=0.01),

Table 3: Demographic characteristics of the women and their husbands with violence

Charateristics of women	with violence (n=310)	without violence (n=190)	P value
Age Group			
15 - 30	193 (62.2)	115 (60.5)	1.000
31 - 45	95 (30.6)	56 (29.4)	0.000
45 - 65	22 (7.0)	19 (10.0)	0.000
Education			
High	20 (6.45)	21 (11)	1.000
Middle	34 (17.8)	23 (12.1)	0.000
Primary	58 (18.7)	38 (20)	0.000
Un-educated	198 (63.8)	108 (56.8)	0.000
No of children			
No Children	21 (6.7)	18 (9.4)	1.000
1 - 2 children	100 (32.2)	75 (39.4)	0.000
3 - 5 children	106	47 (24.7)	0.000
> 5 children	83 (26.7)	50 (26.3)	0.000
Monthly Income (PKR)			
Below 6,000	215 (69.3)	116 (61)	1.000
6,000 - 12,000	83 (26.7)	63 (33.1)	0.000
12,000 - 20,000	8 (2.5)	7 (3.6)	0.000
above 20,000	4 (1.2)	4 (2.1)	0.000
Drug Use			
Yes	104 (33.5)	47 (8.9)	
No	206 (66.4)	143 (75.2)	
Chronic Disease			
Yes	34(10.9)	17 (8.9)	1.000
No	275 (88.7)	172 (90.5)	0.000
Characteristics of the Husbands			
Education			
High	38 (12.2)	42 (22.1)	1.000
Middle	44 (14.1)	35 (18.4)	0.000
Primary	46 (14.8)	38 (20)	0.000
Un-educated	182 (58.7)	75 (39.4)	0.000
Occupation			
Governmental Job	17 (5.4)	13 (6.8)	1.000
Non-governmental job	268 (86.4)	159 (83.6)	0.000
un-employed	25 (8.0)	18 (9.4)	0.000
Drug Use			
Yes	195 (62.9)	115 (60.5)	1.000
No	109 (35.1)	81 (42.6)	0.000

and among unemployed women ($p=0.03$). No statistically significant differences were observed by age group or duration of marriage.

With regard to education level of the women

where there was violence 64.5% ($n=200$) were uneducated and only 5.4% reached high school whereas in non-abuse group 40% were uneducated and 21% reached high school which made statistically significant difference. However in both groups most of their husbands (62.6%) had received some formal education.

There was no significant relation seen between husband's education and job with occurrence of violence whereas a considerable relation observed with husband's drug addiction (cigarette smoking, tobacco chewing or alcohol, etc.) i.e. 72.9%. Table: 3 shows demographic characteristics of the women and their husbands with violence

Only 29% of survivors sought formal or informal help. Among these, 62% approached family members, 19% sought assistance from friends or neighbors, and only 11% contacted police or legal aid services. The most cited reasons for not seeking help were fear of social stigma, economic dependence, and belief that violence was a "private matter."

Abuse was more where the woman was seen to be without social support (i.e. parents, brothers and sisters who could support her economically in time of need). There was history of drug addiction in 33.2% ($n=103$) women in violence group and 26.8% ($n=51$) women were addicted in non-violence group. More than 94% of the cases the perpetrator of the abuse was husband and his mother. The psychological effect of abuse was also studied which is about 26.1%. In 81 women there was mild depression and anxiety, 68 women had suicidal thoughts and 13 had attempt suicide. There were 84 pregnant patients in study, out of which three women had physical violence and one had a miscarriage

Discussion:

In the study the prevalence of lifetime domestic violence was 62%, physical abuse was 64%, sexual violence was 14.5% and psychological was 26.1% and as illustrated by WHO Multi-country study in 10 countries representing diverse cultural settings, 15% and 71% of women reported

being physically and sexually assaulted by an intimate partner.²

As per WHO Multi-country study, overall reported sexual abuse by a partner ranged between 10% and 50%⁴ and it is 14.5% in our study. Across all countries, between 20% and 75% of women had experienced one or more acts of emotional abuse, mostly within past 12 months.²

The prevalence of domestic violence in this hospital-based sample (56%) is comparable to previous studies in urban Pakistan, which report lifetime prevalence rates of 50–70%.^{5,6,12} Emotional abuse emerged as the most common form, consistent with patterns seen in both local⁶ and South Asian studies.¹⁴ Emotional violence is often under-recognized despite its substantial psychological impact.¹⁰

The predominance of husbands as perpetrators reflects deep-rooted gender norms and male dominance in decision-making within marriages.¹³ However, the role of in-laws as secondary perpetrators, primarily of emotional abuse, underscores the influence of extended family structures in joint households.¹⁴

In a study from Iran on domestic violence against women attending gynecologic outpatient clinics, the prevalence of lifetime domestic violence was 59%.¹⁰ In population of women attending general practice in UK the life time prevalence of physical and sexual violence ranges from 21 to 55%¹¹ and it is 44% prevalent in United States.¹⁹

The percentage in our study is in the range of the results found in other surveys. When researching such a sensitive matter as violence within the family, it is not easy to calculate approximately the prevalence of violence due to inconsistencies in definitions, underreporting, and lack of epidemiological studies.²⁰ In our study more than 94% of cases husband was perpetrator which is in the range of studies from many other countries.²¹

The strong association of domestic violence with low educational attainment and low income

mirrors global evidence.^{4,15} Education enhances women's knowledge of rights, self-confidence, and capacity to seek help.¹⁶ Economic independence can reduce dependency on abusive partners, as shown in studies from other LMICs.¹⁷

Help-seeking behavior was low, with most women relying on family rather than legal institutions, reflecting cultural norms and mistrust of formal systems.^{11,18} Survivors often fear social stigma, marital breakdown, or loss of child custody, all of which deter reporting.

Public health and policy implications:

These findings highlight the need for multi-sectoral interventions:

Education: Promote female literacy and adult education programs to empower women.

Economic empowerment: Support income-generating programs for women to reduce financial dependence.

Awareness campaigns: Challenge societal norms that condone domestic violence and inform women of their legal rights.

Strengthening legal frameworks: Ensure enforcement of existing laws such as the domestic violence (Prevention and Protection) Act.

Support services: Establish confidential shelters, counseling, and helplines for survivors.

Limitations:

The use of a hospital-based convenience sample may limit generalizability. Self-reporting may have led to underestimation due to the sensitive nature of domestic violence. Nevertheless, the study provides valuable insights into domestic violence patterns in an urban Pakistani setting.

Conclusion:

Domestic violence remains a significant public health and human rights issue in Karachi, with emotional abuse being the most prevalent. The prevalence of domestic violence in women is noted at a level that should raise concern. Health services are the best place for routine inquiry

because they have the most frequent and widest contact with the population of all public services. In addition, women experiencing domestic violence access health services more frequently. Doctors need to be aware of the many potential indicators of domestic violence and should ask about abuse in an empathic, non-judgmental way. Violence against women is a violation of basic human rights that must be eliminated through political will, and by legal and civil action in all sectors of society. Targeted interventions addressing education, economic empowerment, cultural norms, and legal protection are urgently needed to reduce domestic violence and support survivors.

Conflict of interest: None

Funding source: None

Role and contribution of authors:

Shazia Aftab, results, statistical analysis and interpretation, review of manuscript, results and final layout and literature review.

Abdullah Muttaqi, drafting of the article and review of manuscript.

Devi, statistical analysis and reference writing.

Misbah, data interpretation and results writing.

Hina Ali, data interpretation, preparation and tabulation of result.

Nazish, data preparation and reference writing.

References:

1. World Health Organization. Violence against women prevalence estimates, 2018. Geneva: WHO; 2021.
2. Garcia-Moreno C, et al. WHO multi-country study on women's health and domestic violence against women. Geneva: WHO; 2005.
3. Devries KM, et al. Global prevalence of intimate partner violence. *Lancet*. 2013;382(9904):859–865.
4. Abramsky T, et al. What factors are associated with recent intimate partner violence? *BMC Public Health*. 2011;11:109.
5. Ali TS, et al. Intimate partner violence in urban Pakistan: prevalence, frequency, and risk factors. *Int J Womens Health*. 2011;3:105–115.
6. Fikree FF, et al. Domestic violence in Pakistan: determinants and experiences. *Asian J Womens Stud*. 2005;11(1):88–100.
7. Kishor S, et al. Gender-based violence in South Asia: a review. Washington DC: World Bank; 2018.
8. National Institute of Population Studies (NIPS) and ICF. Pakistan Demographic and Health Survey 2017–18. Islamabad: NIPS; 2019.
9. Campbell JC. Health consequences of intimate partner violence. *Lancet*. 2002;359(9314):1331–1336.
10. Plichta SB. Intimate partner violence and physical health consequences. *J Interpers Violence*. 2004;19(11):1296–1323.
11. Jewkes R. Intimate partner violence: causes and prevention. *Lancet*. 2002;359:1423–1429.
12. Karmaliani R, et al. Prevalence of intimate partner violence among women in Pakistan. *Health Care Women Int*. 2012;33(9):795–813.
13. Koenig MA, et al. Domestic violence in rural India. *Int Fam Plan Perspect*. 2006;32(4):198–207.
14. Visaria L. Violence against women in India: is empowerment protective? *Econ Polit Wkly*. 2008;43(48):60–66.
15. Vung ND, et al. Factors associated with intimate partner violence against women in rural Vietnam. *Bull World Health Organ*. 2008;86:705–712.
16. Ellsberg M, et al. Prevention of violence against women: what does the evidence say? *Lancet*. 2015;385:1555–1566.
17. Yount KM, et al. Intimate partner violence and women's economic empowerment. *J Interpers Violence*. 2016;31(19):3307–3331.
18. Hadi A. Women's productive role and marital violence in Bangladesh. *J Fam Violence*. 2005;20:181–189.
19. Robert S. Thompson, MD, Amy E. Bonomi, PhD, MPH, Melissa Anderson, MS, Robert J. Intimate Partner Violence: Prevalence, Types, and Chronicity in Adult Women. *American Journal of Preventive Medicine* June 2006, vol30 Issue 6, 447-457
20. Bradley F, Smith, M, Long, J, O'Dowd T. Reported frequency of domestic violence: cross sectional survey of women attending general practice. *BMJ* 2002; 324 (7332): 271.
21. Bacchus L, Mezey G, Bewley S, Haworth A. Prevalence of domestic violence when midwives routinely enquire in pregnancy. *BJOG* 2004;3:444-5.