

Attitudes of Pakistani men to domestic violence: a study from Karachi, Pakistan

Keywords

Attitudes
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Abstract

Aim: To explore men's attitudes on wife abuse and examine predictors for the risk of physical abuse in a cohort of Pakistani men.

Methods: Men were identified based on convenience sampling from three socioeconomic venues. A total of 176 men (≥ 18 years) who were married for at least 1 year and lived with their wives during the preceding year were interviewed. Information on demographics, behaviours, and attitudes to wife abuse (verbal and physical) were elicited.

Results: The lifetime prevalence of marital physical abuse was 49.4%; slapping, hitting or punching was most often reported (47.7%). Of the men 55% were themselves victims of physical violence during childhood and 65% had, as children, observed their mother being beaten. Almost half of the subjects thought that husbands have a right to hit their wives (46.0%). Significant predictors in the logistic regression analysis included low socioeconomic status (OR 2.6; 95% CI 1.1, 6.1), marriage duration of ≥ 5 years (OR 3.0; 95% CI 1.3, 6.9), beaten as a child (OR 4.5; 95% CI 2.1, 9.6) and witnessed mother beaten as a child (OR 2.7; 95% CI 1.2, 6.0). Study limitations, convenience sampling and small sample size, should be viewed in the context of the rarity of South Asian wife abuse studies.

Conclusions: The burden of wife abuse in Pakistani society, the inter-generational cycle of violence perpetuation, men's right to physically abuse their wives, in concert with their felt need of some type of help suggest that interventions should consider preventing child abuse in addition to adopting strategies to prevent spousal abuse. © 2005 WPMH GmbH. Published by Elsevier Ireland Ltd.

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Introduction

Violence against women is a public health concern of considerable importance in developed and developing countries [1–4]. Muslim societies have been criticized for violating human rights, particularly women's rights. Although there are several reports in the Pakistani popular press on domestic violence, a comprehensive literature search revealed only two published studies. Among 150 women interviewed at health care facilities in Karachi, a prevalence of 34% of physical abuse and a strong association between domestic violence

and depression has been reported [5]. In a more recent study conducted in a public sector tertiary hospital in Karachi, Pakistan, 33%, of 70 men interviewed, reported “ever slapping” their wives [6]. Reports from other South Asian countries indicate similar high rates of physical abuse [7,8].

Most of the published literature from South Asia discusses the prevalence and associations between domestic abuse and socio-demographic factors and health concerns [5,7,8]. There are few published studies from developing countries that examine male attitudes on domestic violence. A Ghanaian study indicates

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that violence against women was justified by 43% of male respondents when a wife uses a contraceptive method without her husband's knowledge [9]. In another study conducted among Muslim men and women in Bradford, United Kingdom, men used Islam to justify violence against women, whereas women used religion as a source of strength and a negotiating vehicle for the cultural and religious taboos imposed by their spouses [10]. Signifying an opportunity for change in male attitudes, Filipino men reported that they felt negatively about their violent acts, that their violent behaviors can be changed, and that they are willing to change, despite holding on to their traditional male authoritarian role in the family [11]. There is evidence from studies that nearly one-third of male respondents perceive that it is acceptable for a man to beat his wife [12]; the lower the level of the man's education the greater the tendency to justify wife beating [13].

Several stress-related socio-demographic and behavioral factors have been identified in the literature. For example, low socioeconomic status, lack of formal education and not practicing contraception were associated with abusive behavior in studies reported from North India [7,8]. The patriarchal philosophy that men have more power and privilege than women is perhaps the most persistent system of power dynamics throughout the ages. This translates to an ideology that legitimizes the system resulting in the belief that women are the property of their spouses, allowing wife beating as an extension of that philosophy. Reports from many parts of the Middle East, South Asia, Western Asia, Africa and among the immigrant and non-immigrant populations of North America provide examples [13,17] of the pervasive nature that crosses all boundaries and cultures.

Domestic violence is a critical and burgeoning issue for women in Pakistan. Interventions are urgently needed to decrease the burden of domestic violence and the resulting physical and psychological trauma. Long-term solutions in Pakistani society not only require the cooperation and involvement of both women and men, but also an understanding of the practices and perceptions of Pakistani men regarding wife abuse. This study has been conducted to explore the behaviors and attitudes of men regarding physical and other

forms of spousal abuse and to examine factors that are important predictors of the risk of physical abuse.

Methods

The study was conducted over 1 month (July, 1996) in Karachi, the largest city of Pakistan with a population of nearly 9.3 million [18]. Karachi is the commercial and industrial center of Pakistan with nearly 40% of its population living in low socioeconomic settlements. A heterogeneous population, representing various socioeconomic classes and ethnic backgrounds, reside in Karachi. There are four main ethnic groups: Mohajirs who migrated from North India following independence in 1947: (educated and in blue or white collar jobs), Sindhi, Punjabi and Pathans who are internal migrants and moved to Karachi principally for better opportunities. The Pathans are mainly self-employed (in the vegetable market) or in the transport business.

Participants

Within this setting, we identified three venues in the city to ensure selection from various socioeconomic groups. The venues included the vegetable market (largely a lower income group), the consulting clinics of a private hospital (largely a middle-income group) and the executive clinics of a private hospital (largely a high-income group). A total of 183 men volunteered after they were provided with information about the objectives of the study. Of these volunteers 176 men (≥ 18 years), who had been married for at least 1 year and had lived with their wives during the preceding year were eligible and successfully interviewed. Seven men were excluded as they either had not lived with their wives for the past year ($n = 4$) or did not complete the interview ($n = 3$).

Participant selection varied based on the venue. In the executive clinics, the unit receptionists asked patients if an interviewer could speak to them about the subject. The interviewers then approached consenting men in their private rooms to conduct the interviews. Male patients sitting in the waiting rooms of the urology and orthopedics outpatient consulting clinics were identified. Every third man

starting from the man closest to the entrance of the waiting room was approached for an interview. The patients visit the executive clinic for annual physical examinations, urology clinics mainly for urinary tract problems though a few also visit for sexually transmitted infections and the orthopedic clinics for bone and joint problems. In the vegetable market, groups or individual men who were not engaged in work activities in the market milieu were approached and asked to volunteer for the study. The interviewers explained the purpose of interview and assessed eligibility based on our pre-defined eligibility criteria among these men. Eligible men who were willing to participate in the study were taken to as private a location as possible, and interviewed upon receiving verbal informed consent. Of the 176 men who were successfully interviewed 92 were from the vegetable market, 70 from the consulting clinics and 14 from the executive clinics. The sampling strategy based on convenience sampling was conducted in three venues to ensure selection from various socioeconomic groups. Socioeconomic status was later defined based on reported monthly income as poor and not poor. ['Poor' refers to the reported monthly income of Pak Rs. 7,000 or less; whereas 'Not poor' refers to the reported monthly income of Pak Rs 7,001 or greater (US\$ 1 = Pak Rs 37 at the time of study)]. The study was exempt from full review by the institutional review board.

Procedures

We developed and pre-tested a questionnaire in the local vernacular (Urdu). Information on demographics, behaviours, and attitudes on wife abuse (verbal and physical) were elicited. The five interviewers were male final year medical students and had previous experience in conducting behavior studies as part of their training program. They received special training to ask sensitive questions and were closely supervised during the data collection phase to ensure quality and comparability in interviewing technique.

The interviews were conducted orally by the interviewer and lasted on average 45 minutes. The questionnaire was divided into eight sections. Sections one and two pertained to male and spouse demographics, respectively. These

were followed by sections on attitudes on domestic violence (emotional, verbal and physical), inter-spousal dynamics, perpetration of lifetime marital verbal and physical abuse during their current marriage, instigating factors and injuries, indicators of violence and general opinions. The questions pertaining to lifetime marital abuse were asked as a yes and no and if the respondent reported in the affirmative then specific questions for each category of verbal and physical abuse were elicited. There were three injury questions: ever been injured (yes/no), location and nature of the injury (close-ended with options). Male respondents were asked to identify factors that triggered arguments in their household (close-ended with options). Societal normative opinions such as a man has a right to exercise violence against his spouse or the government should spend time and money to educate people were yes/no questions.

Measurements

This study was conducted to estimate the proportion of men who reported lifetime marital physical abuse and assess its associated factors. The potential risk factors considered were sociodemographic factors such as age, level of education (male and female) socioeconomic status, religion, ethnicity, parity. Ever beaten as a child and witnessed mother beaten as a child were also considered to assess the potential risk of past experience on current behavior. Previous studies have documented that childhood exposure to domestic violence influences adult behavior [19–22]. In addition, we wanted to investigate the prevalent norm regarding the positive role that consanguineous marriages have on marital harmony. We were also interested in investigating the prevalence of societal normative behaviors, disaggregated by abusive status in this exploratory study. We anticipated that no education, low socioeconomic status, non-consanguineous marriage, beaten as a child and witnessed mother beaten as a child would be risk factors. Also, that attitudes like a man has a right to exercise violence against his wife and being a victim of violence in his childhood makes a man more prone to perpetrating violence will be more and less frequently reported by abusive men, respectively. Our target sample size of 176 was calculated to estimate the

sample size based on 40% prevalence of wife abuse at a significance of level of 95% and power of 80%. In addition, this sample size of 176 was considered sufficient to detect odds ratios of 3 or higher with a power of at least 80% and 5% level of significance.

Definitions

Physical abuse

Pushing, grabbing, shoving, slapping, hitting or punching was classified as physical abuse.

Verbal abuse

Using abusive language, yelling, shouting, asking wife to leave house, or threatening divorce were categorized as verbal abuse.

Education

No formal education was categorized under no education; 1 to 5 years of education was categorized as primary education; 6 or more years of education was categorized under secondary+.

Consanguineous marriage

Consanguineous marriage refers to marital couples who are related, being either maternal or paternal cousins, usually first cousins.

Statistical analysis

Prevalence estimates were calculated to reflect the relative frequency of verbal and physical abuse reported by men during their marital lifetime. Bivariate and multivariate logistic regression analysis was conducted to investigate associations between sociodemographic variables and physical abuse status, and odds ratios and 95% confidence intervals were calculated. The independent variables were age and education (self and spouse), socioeconomic status, religion, ethnicity, family structure, consanguineous marriage, marriage duration, parity, ever used contraception, beaten as a child and witnessed mother beaten as a child. Only those variables that were significant at a p -value of <0.1 upon bivariate analysis were included in the multiple logistic regression analyses. Dichotomous dependent variable was defined as 0 = never reported and 1 = ever reported perpetrating physical abuse during marital lifetime. The final regression model only includes factors with a p -value of <0.05 . All analyses were carried out using the

Statistical Package for the Social Sciences (Version 10) [23].

Results

We interviewed 176 married men; approximately 75% married for 5 or more years. The level of formal schooling was higher among the subjects than among their wives. Over half of the studied group reported having 6 or more years of education whereas a little over 50% of their wives had no formal education. The majority of the respondents were classified as 'poor', based on our working definition (Table 1).

Nearly all men (94.9%) reported perpetrating some type of verbal abuse during their marital life; using abusive language being the most common (90%). The lifetime prevalence of marital physical abuse was 49.4%; slapping, hitting or punching most often reported (47.7%). Of the men 45 reported physical injuries that their wives had sustained consequent to physical abuse; bruises (23.9%, 42/176) and fractures (8.0%, 14/176) were most frequently mentioned. Common triggers for spousal arguments included issues related to children (71.6%), money (71.0%), wife's attitude, i.e. obeying/listening to husband's wishes, being disrespectful to mother-in-law/father-in-law, going out to visit natal family or friends without permission etc., (41.5%) and in-laws (36.4%) (Table 2). Of the men 55% were themselves victims of physical violence during childhood, and 65% had, as a child, observed their mother being beaten.

Table 3 illustrates the variables included in the bivariate and multiple logistic analyses. Socioeconomic and education status of husband and wife were found to be significantly associated with abusive behavior. Men, classified as poor, were three times more likely to perpetrate physical abuse than those who were not poor. Similarly, wives with no formal education were nearly five times more likely to be physical abused than wives with some formal education. Consanguineous marriages were not protective against physical abuse. There was a statistically significant increase in physical abuse when couples were close relatives (OR = 2.8; 95% CI 1.4, 5.6). Men who reported being abused as children were nearly five times more likely to practice physical abuse

Table 1 Percentage distribution of sociodemographic characteristics, ($n = 176$)

Sociodemographic characteristics	<i>n</i>	%
Age (years)		
Self		
18–34	62	35.2
≥ 35	114	64.8
Spouse		
18–24	38	21.6
25–34	67	38.1
≥ 35	71	40.3
Education		
Self		
No education	57	32.4
Primary	25	14.2
Secondary+	94	53.4
Spouse		
No education	89	50.6
Primary	23	13.0
Secondary+	64	36.4
Religion		
Muslim	162	92.0
Non-Muslim	14	8.0
Socioeconomic status ^a		
Poor	117	72.7
Not poor	44	27.3
Ethnicity		
Pathan	60	34.1
Punjabi	48	27.3
Mohajir	41	23.3
Sindhi	17	9.6
Others	10	5.7
Wife's employment status		
Employed	25	14.2
Housewife	151	85.8
Family structure ^b		
Extended	52	29.5
Nuclear	124	70.5
Consanguineous marriage		
Yes	91	51.7
No	85	48.3
Marriage duration (years)		
<5	46	26.1
≥ 5	130	73.9

^a $n = 161$; 15 cases reported 'don't know'.

^b Extended: living with parents/in-law; nuclear: living with wife and children.

Table 2 Prevalence of reported verbal and physical abuse, ($n = 176$)

Type of reported abuse	<i>n</i>	%
Verbal abuse	167	94.9
Used abusive language	157	89.2
Yelled/shouted	137	77.8
Asked wife to leave house	41	23.3
Threatened divorce	32	18.2
Physical abuse	87	49.4
Pushed, grabbed, shoved	84	47.7
Slapped, hit, punched	69	39.2
Injuries reported	45	25.6
Bruise	42	23.9
Fracture	14	8.0
Laceration	1	0.6
Factors instigating arguments		
Children	126	71.6
Monetary issues	125	71.0
Her attitude/behavior	73	41.5
In-laws	64	36.4
My family	47	26.7
Addictions	21	11.9
Absence of male child	10	5.7
Others	18	10.2

(OR = 4.795% CI 2.4, 9.5) as adults. Observing violence at home also increased the risk for physical abuse (OR = 3.495% CI 1.7, 6.8). Among the various ethnic groups, Pathans were four times more likely to report physically abusing their wives (OR = 4.095% CI 1.6, 10.1).

Variables included in the logistic regression models were education, ethnicity, socioeconomic status, consanguineous marriage, marriage duration, beaten as a child and witnessed mother beaten as a child (p -values <0.1). The remaining bivariate variables had a p -value of ≥ 0.1 and hence were excluded from the logistic regression analyses. The variables retained in the final adjusted model were socioeconomic status, marriage duration, beaten as a child and witnessed mother beaten as a child. The other variables lost their significance (p -value >0.05) and were therefore removed from the final model. Though fewer factors remained in the final model, no major change occurred in the magnitude of the odds ratios except for socioeconomic status (OR = 2.6; 95% CI 1.1, 6.1) and duration of marriage (OR = 3.0; 95% CI 1.3, 6.9). Multi-collinearity does exist

Table 3 Characteristics of abusive and non-abusive men, crude and adjusted odds ratio (OR) and 95% confidence interval (CI), ($n = 176$)

Characteristics	Reported ever physically abused wife ($n = 87$) % (n)	Reported never physically abused wife ($n = 89$) % (n)	Crude OR (95% CI)	Adjusted OR (95% CI)
Socioeconomic status^a				
Poor	84.1 (69)	60.8 (48)	3.4 (1.5–7.8)	2.6 (1.1–6.1)
Not poor	15.9 (13)	39.2 (31)		
Marriage duration (years)				
<5	19.5 (17)	32.6 (29)		
≥5	80.5 (70)	67.4 (60)	2.0 (1.0–4.2)	3.0 (1.3–6.9)
Beaten as a child				
Yes	73.6 (64)	37.1 (33)	4.7 (2.4–9.5)	4.5 (2.1–9.6)
No	26.4 (23)	62.9 (56)		
Witnessed mother beaten as a child				
Yes	78.2 (68)	51.7 (46)		
No	12.8 (19)	48.3 (43)	3.4 (1.7–6.8)	2.7 (1.2–6.0)
Education				
Self				
No formal education	47.1 (41)	18.0 (16)	4.1 (2.0–8.6)	
Any formal education	52.9 (46)	82.0 (73)		
Spouse				
No formal education	70.1 (61)	31.5 (28)	5.1 (2.6–10.2)	
Any formal education	29.9 (26)	68.5 (61)		
Ethnicity				
Pathan	49.4 (43)	19.1 (17)	4.0 (1.6–10.1)	
Punjabi	20.7 (18)	33.7 (30)	0.9 (0.4–2.4)	
Mohajir	18.4 (16)	28.1 (25)		
Sindhi	8.0 (7)	11.2 (10)	1.0 (0.3–4.0)	
Others	3.5 (3)	7.9 (7)	0.7 (0.1–3.5)	
Consanguineous marriage				
Yes	59.8 (52)	43.8 (39)	2.8 (1.4–5.6)	
No	40.2 (35)	56.2 (50)		
Age (years)				
Self				
18–34	35.6 (31)	34.8 (31)	1.0 (0.5–2.0)	
≥35	64.4 (56)	65.2 (58)		
Spouse				
18–24	19.5 (17)	23.6 (21)	1.0 (0.4–2.4)	
25–34	43.7 (38)	32.6 (29)	1.6 (0.8–3.3)	
≥35	36.8 (32)	43.8 (39)		
Religion				
Muslim	92.0 (80)	92.1 (82)	1.0 (0.3–3.3)	
Non-Muslim	8.0 (7)	7.9 (7)		
Family structure				
Extended	29.9 (26)	29.2 (26)		
Nuclear	70.1 (61)	70.8 (63)	1.0 (0.5–2.0)	

Table 3 (Continued)

Characteristics	Reported ever physically abused wife (<i>n</i> = 87) % (<i>n</i>)	Reported never physically abused wife (<i>n</i> = 89) % (<i>n</i>)	Crude OR (95% CI)	Adjusted OR (95% CI)
Parity				
<4	57.5 (50)	64.0 (57)		
≥4	42.5 (37)	36.0 (32)	1.3 (0.7–2.5)	
Ever used contraception ^b				
Yes	25.9 (22)	21.0 (17)	1.3 (0.6–2.9)	
No	74.1 (63)	79.0 (64)		

^a Missing information: *n* = 5 for ever physically abused; *n* = 10 for never physically abused.

^b Missing information: *n* = 2 for ever physically abused; *n* = 8 for never physically abused.

between the education level attained (either partner) and socioeconomic status; in the final logistic regression model, education of either partner lost its significance in the presence of the socioeconomic variable (Table 3).

Men were asked a series of questions that attempted to elicit societal normative perceptions on domestic violence (Table 4). Almost half of the study group thought that husbands have a right to hit their wives (46.0%), a far greater proportion perceived a tolerance for abuse by the general public (88.6%). The majority agreed that domestic violence is a common problem in society (74.4%). Many (65.3%) high-

lighted the need to create awareness of domestic violence and that some type of assistance should be available to perpetrators of domestic violence in order to rehabilitate them (56.3%) but fewer (44.9%) felt that the government should spend time and money to educate people.

Perpetrators of physical abuse were more likely to report tolerance by the general public or a man's right to exercise violence than non-perpetrators of physical abuse. On the other hand, non-perpetrators of physical violence were more likely than perpetrators of physical abuse to report a need for creating awareness

Table 4 Percentage distribution on male views on domestic violence, (*n* = 176)

Male views on...	All men (<i>n</i> = 176)	Reported ever physically abused wife (<i>n</i> = 87)	Reported never physically abused wife (<i>n</i> = 89)
Societal normative behaviors			
A man has a right to exercise violence against his spouse	46.0	74.7	18.0
Domestic violence is tolerated by the general public	88.6	92.0	85.4
Domestic violence is a common problem in our society	74.4	66.7	82.0
Being a victim of violence in one's childhood makes one more prone to perpetrating violence ^a	42.5	31.4	53.4
Those who grow up in households with domestic violence are more likely to be violent citizens	49.4	39.1	59.6
Need to create awareness about the existence of domestic violence	65.3	56.3	74.2
Help should be available for people who exhibit abusive behavior	56.3	40.2	71.9
Government should spend time and money to educate people	44.9	34.5	55.1

^a Missing information: *n* = 1 for ever physically abused; *n* = 1 for never physically abused.

about the existence of domestic violence and that help should be available for people who exhibit abusive behavior (Table 4).

Discussion

A number of factors, like ethnicity, religion, and culture, influence the way women are viewed in society as well as the degree of tolerance of abuse of women [20]. We expected that in a society like Pakistan, sensitivity to discussing issues on wife abuse and domestic violence would be high. The results of this study, on the contrary, show that Pakistani men report a higher level of lifetime marital physical abuse (49.4%) than Pakistani women do (34%). Furthermore, Pakistani men acknowledge that domestic violence is a common problem (74.4%), although it is largely tolerated (88.6%) by Pakistani society.

Several stress-related sociodemographic variables are expected to be predictive of abusive behavior, including living in an extended family, longer duration of marriage, large number of children, poverty, low education level [7,19,24–27]. Our findings show that poverty and long duration of marriage are the overarching predictive factors, similar findings have been reported elsewhere [7,25]. Consanguineous marriages are believed to influence marital harmony, having a protective influence on abusive relationships because domestic disputes can be resolved within the family without resorting to violence. However, our findings are contrary to this popular belief and suggest that such family dynamics perhaps serve as instigating factors for triggering an abusive event. For example, instigating factors of abuse, ‘wife’s attitude’ (41.5%), ‘in-laws’ (36.4%) and ‘my family’ (26.7%), frequently reported in our study perpetuate rather than mitigate violence in consanguineous marriages. The inter-generational cycling of violence is considered a significant factor for perpetration of violence [19–22]. Our findings show that being beaten as a child and witnessing abuse of mother were significant predictive factors for male perpetrators. The most likely explanation is that men from violent homes grow up to view violence as normal behavior in punishment and conflict situations and as married adults continue this pattern in their households.

Culture and custom play an important role in the level of violence against women. The prevailing patriarchal culture may lead to an increase in the tolerance of the abuse of women [12,13,15–17,28]. Similarly, the “right” of a husband to beat or physically intimidate his wife, a deeply held conviction in many societies, may also influence the practice of abusive behavior [13,16]. According to a recent United Nations Population Fund report, men are seen as having a “right” to discipline their wives in many parts of South Asia, Western Asia and Africa [14]. Similar reports have been described in India where women are socially defined as inferior; husbands are assumed to “own” their wives, and feel entitled to “dominate them by methods including the use of force” [29].

Our data corroborates the prevailing notions of tolerance to wife abuse. Almost half of the 176 men surveyed (46.0%) thought that they had a “right” to exercise violence against their wives. Furthermore, abusers were more likely to mention having the “right” to exercise violence (74.7%), than non-abusers (18.0%), suggesting that opinions greatly influence behavior.

The high prevalence of physical and verbal abuse reported in this study suggests that Pakistani men are indeed cognizant of their abusive behavior. What then are the possible strategies to alleviate such stressors given the recognition of factors or instances that initiate these behaviors? Regarding preventive strategies, our results indicate the need to create awareness of domestic violence, especially in the context of the importance of women’s rights not to be abused and provide assistance to those who exhibit abusive behavior. A significant number of male perpetrators expressed their need for such assistance suggesting perhaps that some abusive Pakistani men may regret their abusive nature and perceive the need for help. Similar findings were reported by Filipino men regarding violent behavior and their willingness to change despite holding on to their traditional male authoritarian role in the family [11].

Reluctance in supporting governmental involvement in ameliorating domestic violence, as indicated by men in this study, may reflect low levels of trust in the effectiveness of government programs. Another possible reason is that men perceive marital abuse as being purely ‘domestic’, a private problem, which should only be resolved through help

from close relatives or friends rather than government mechanisms. This observation, coupled with the need for available assistance for abusive behavior (56.3%), suggests that an effective solution to the problem of wife abuse and domestic violence requires involvement of community-based non-governmental organizations.

The findings from this study should be seen in light of a few methodological constraints. First and foremost is the sensitive nature of the topic and its proneness to response and recall bias that may lead to under-reporting of the true extent of the abuse. This reluctance might be more pronounced among men from the high income level. The selection, in each of the three venues was based on convenience sampling. This, theoretically, could result in a bias towards selecting people who are willing to talk about the issue of domestic violence. This bias may lead to an underestimation of the prevalence of wife abuse and an overestimation of issues like sensitivity and tolerance of men about domestic violence. In addition, screening or recruitment bias may result because the unit receptionist might select people who are more willing to talk about the problem resulting in an underestimation of the prevalence of wife abuse. Conflicts Tactics Scale [30] and Husband's Approval of Violence against Wives and Husband's Patriarchal Beliefs [17] were not used in this study as these had not been validated in Urdu, were time consuming and the in-depth nature of the questions were sensitive in the environment that the interviews were conducted. We preferred to use simpler questions to offset these disadvantages. The sample size is small, though adequate for most of the analysis presented. But a larger sample size may have increased our ability to analyze different individual factors including such stress-related factors as caring for a physically or mentally handicapped child or disabling illness requiring frequent hospitalizations. Despite these methodological constraints, the results from this study, one of the few studies on wife abuse from a South Asian male perspective, are still extremely informative and indicate a fundamental need for further research involving men on issues of domestic violence.

Another limitation is that fifteen men in the sample did not divulge their monthly income level. These men were similar to the men who

did divulge their income when comparing sociodemographic characteristics (such as age, wife's age, consanguinity, living with parents, parity), except for the literacy level (husband and wife). Compared with their counterparts, these men (65% vs. 100%, $p = 0.003$) and their wives (45% vs. 100%, $p = 0.000$) had significantly higher rates of formal education. We conducted a sensitivity analysis for the final logistic regression model by coding the missing 15 men as belonging either to the 'poor' or 'not poor' groups. No appreciable change in the magnitude of the odds ratio for socioeconomic status or for the other statistically significant variables were noted. This leads us to believe that these 15 men did not want to discuss their income because it was higher than the average level of income due to having higher education.

Despite these limitations, we feel that the study highlights the burden of wife abuse in Pakistani society, identifies factors that lead men to actually hit their wives and argues for the need for some type of help (non-government or government) to be considered. The results of our study suggest that potential interventions targeted towards risk factors for intimate partner abuse should also consider preventive strategies against child abuse in addition to spousal abuse to interrupt the cycle of inter-generational violence. We feel that it is critical that non-governmental organizations raise awareness and encourage solutions in addressing domestic violence to enable a positive change in perception at a more local level. Soap operas highlighting wife abuse and domestic violence and women's rights should be aired regularly in addition to culturally appropriate public health messages on the electronic media to raise awareness and public consciousness.

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References

- [1] Watts C, Zimmerman C. Violence against women: global scope and magnitude. *Lancet* 2002;359:1232–7.
- [2] Heise LL, Raikes A, Watts CH, et al. Violence against women: A neglected public health issue in less developed countries. *Soc Sci Med* 1994;39(9):1165–79.
- [3] World Health Organization. Violence against women: a priority health issue. Geneva: WHO, 1997.
- [4] Kapoor S. Domestic violence against women and girls. *Innocenti Digest* 6, Unicef. Innocenti Research Center, Florence, Italy, May 2000. Available from: <http://www.unicef.org/vaw/> Accessed October 31, 2003.
- [5] Fikree FF, Bhatti LI. Domestic violence and health of Pakistani women. *Int J Gynaecol Obstet* 1999;65(2):195–201.
- [6] Shaikh MA. Domestic violence against women – Perspectives from Pakistan. *J Pak Med Assoc* 2000;50(9):312–4.
- [7] Martin SL, Tusi AO, Maitra K, et al. Domestic violence in northern India. *Am J Epidemiol* 1999;150(4):417–26.
- [8] Martin SL, Kilgallen B, Tsui AO, et al. Sexual behaviors and reproductive health outcomes. Associations with wife abuse in India. *JAMA* 1999;282(20):1967–72.
- [9] Bawah AA, Akweongo P, Simmons R, et al. Women's fears and men's anxieties: the impact of family planning on gender relations in northern Ghana. *Stud Fam Plann* 1999;30(1):54–66.
- [10] Macey M. Religion, male violence, and the control of women: Pakistani Muslim men in Bradford, UK. *Gend Dev* 1999;7(1):48–55.
- [11] Anonymous. Men left out in intervention programs. *Reprowatch* 2001;26(2):7.
- [12] Choi A, Edleson JL. Social disapproval of wife assaults: A national survey of Singapore. *J Comp Fam Stud* 1996;27(1):73–88.
- [13] Haj-Yahia MM. A patriarchal perspective of beliefs about wife beating among Palestinian men from the West Bank and the Gaza Strip. *J Fam Issues* 1998;19(5):595–621.
- [14] State of the World's Population 2000. United Nations Population Fund. Available from: <http://www.unfpa.org/swp/2000/english/ch03.html>. Accessed November 12, 2003.
- [15] Kulwicki AD, Miller J. Domestic violence in the Arab American population: Transforming environmental conditions through community education. *Issues Ment Health Nurs* 1999;20:199–215.
- [16] Brownridge DA, Halli SS. Double jeopardy: Violence against immigrant women in Canada. *Violence Vict* 2002;17(4):455–71.
- [17] Smith MD. Patriarchal ideology and wife beating: A test of a feminist hypothesis. *Violence Vict* 1990;5(4):257–73.
- [18] Government of Pakistan, Statistics Division. Cited on 2003 Oct 31. Available at URL: <http://www.statpak.gov.pk/>.
- [19] O'Campo P, Gielen AC, Faden RR, Xue X, Kass N, Wang M-C. Violence by male partners against women during the childbearing years: a contextual analysis. *Am J Public Health* 1995;85:1092–7.
- [20] Heise LL. Violence against women: an integrated, ecological framework. *Violence against Women* 1998;4(3):262–90.
- [21] Hotaling GT, Sugarman DB. An analysis of risk markers in husband to wife violence: the current state of knowledge. *Violence Vict* 1986;1:101–25.
- [22] Jewkes R, Levin J, Penn-Kekana L. Risk factors for domestic violence: findings from a south African cross-sectional study. *Soc Sci Med* 2002;55:1603–17.
- [23] SPSS statistical software. SPSS Base 11.5 for Windows. Chicago, IL: SPSS, Inc.
- [24] Phillips DSH. Culture and systems of oppression in abused women's lives. *J Obstet Gynecol & Neonat Nurs* 1998;27(6):678–83.
- [25] Ellsberg MC, Pena R, Herrera A, Liljestrand J, Winkvist A. Wife abuse among women of childbearing age in Nicaragua. *Am J Public Health* 1999;89(2):241–3.
- [26] Okemgbo CN, Omidoyi AK, Odimegwu CO. Prevalence, patterns and correlates of domestic violence in selected Igbo communities of Imo State, Nigeria. *Afr J Reprod Health* 2002;6(2):101–14.
- [27] Rao V. Wife-beating in rural South India: a qualitative and econometric analysis. *Soc Sci Med* 1997;44:1169–80.
- [28] Olavarrieta CD, Sotelo J. Domestic Violence in Mexico (letter from Mexico City). *JAMA* 1996;275(24):1937–41.
- [29] Jejeebhoy SJ, Cook RJ. State accountability for wife-beating: the Indian challenge. *Lancet* 1997;349(Suppl. 1):10–2.
- [30] Straus MA. Measuring intra-family conflict and violence. The Conflict Tactics (CT) scales. *J Marriage Fam* 1979;41(1):75–88.