

Empowerment and IPV in Married Women of Reproductive Age: Evidence from Pakistan Demographic Health Survey 2017–2018

Journal of Interpersonal Violence

1–33

© The Author(s) 2021

Article reuse guidelines:

sagepub.com/journals-permissions

DOI: 10.1177/0886260520980380

journals.sagepub.com/home/jiv



Mohammad Vaqas Ali,¹  and Jawad Tariq¹

Abstract

The study was an attempt to identify demographic, household, and women empowerment factors that predicted emotional, physical, and sexual violence in ever-married women of reproductive age (15–49 years, $n = 3,965$) in Pakistan by performing secondary analysis on Pakistan Demographic and Health Survey, 2017–2018. The analysis was done using SPSS (v.22) and binary and multivariate logistic regression techniques were performed for analyses. The analysis found that 30.2% of women experienced emotional, 24.1% reported less severe physical, 6.5% experienced severe physical, and 4.3% experienced sexual violence, respectively. The multivariate analysis found that husband's age, education, wealth, and alcohol consumption were significant predictors of intimate partner violence (IPV). Additionally, women's age, education, and number of children also significantly predicted IPV. With respect to empowerment variables, ownership of house was a significant predictor of less severe physical violence, ownership of property significantly predicted emotional violence, and autonomy in household purchase decisions was significantly related to severe physical violence. The

¹Forman Christian College (A Chartered University), Lahore, Pakistan

Corresponding Author:

Mohammad Vaqas Ali, Forman Christian College (A Chartered University), Lahore 54600, Pakistan.

Email: vaqasali@fccollege.edu.pk

control on husband's income as a measure of empowerment significantly predicted all four types of IPV. Belief in patriarchy also turned out to be an important factor in determining emotional and less severe physical violence. The study concludes that women empowerment in household context can prevent less serious forms of violence but to hinder serious forms of violence, interventions at family and community level will be required.

Keywords

domestic violence, perceptions of domestic violence, domestic violence and cultural contexts, predicting domestic violence, battered women

Introduction

Intimate partner violence (IPV) is the most pervasive form of gender-based violence in the world, especially in the Global South (Vyas & Watts, 2009). The term IPV denotes inflicting emotional, physical, and emotional harm upon an intimate partner (Waltermaurer, 2005). IPV has become a global public health issue and scholars now consider it to be a complex problem with socio-historical roots (Kelly, 2011). Studies show that IPV can lead to negative health consequences (psychological, physical, and reproductive health) for women (Iqbal & Fatmi, 2018). IPV can also have a negative influence on women's social health, diminishing their capacity to gain economic autonomy, thus triggering a cycle that may increase the risk of future exposure to violence. Women in South Asia are more at risk of experiencing IPV, as 42% of women in the South Asia experience IPV, compared to the global average of 30% (World Health Organization, 2013). In Pakistan, data on the incidence of IPV are not systematically collected by the state. Extant empirical literature indicates that the rate of prevalence of IPV in Pakistan may range from 18% to 93% (Murshid & Critelli, 2020), however, most studies maintain that over 30% of women in Pakistan experience IPV (Iqbal & Fatmi, 2018; LaBore et al., 2019). Studies conducted in Pakistan show that IPV can lead to long and short terms effects on physical and psychological health and can inhibit women's agency by negatively influencing their sense of self-esteem, self-efficacy, and decision-making (Iqbal & Fatmi, 2018; LaBore et al., 2019).

Several studies on IPV have focused on a number of individual and household risk factors, with an emphasis on determinants such as age, socioeconomic status, education, number of children, family type, and disparity in occupational status (Sween & Reynolds, 2017). Few others have explored and evaluated the link between the women empowerment and IPV (Schuler &

Nazneen, 2018). The literature on IPV identifies many distinct types of victimization that a woman may experience such as physical violence, emotional or psychological violence, and sexual violence (Durevall & Lindskog, 2015). Studies point out that all types of IPV are interrelated such that the perpetration of one type of violence can result in other types of violence, for example, Marshall and Holtzworth-Munroe (2002) found that perpetration of physical and emotional violence by male partners was related to initiation of sexual violence. Overall, theories that attempt to explain this association predict opposing outcomes, that is, empowerment, especially in the economic sense, can both either diminish or increase the risk of exposure to IPV (Vyas & Watts, 2009). Studies have shown that in societies that are male-dominated certain forms of empowerment may reduce, while other forms of empowerment may increase the risk of IPV for women (Raj et al., 2018). Specifically, economic empowerment and autonomy may lead to a greater risk of violence, while domestic empowerment or control over household decision-making can decrease the likelihood of IPV (Castro et al., 2008).

Pakistan is predominantly a patriarchal society. The scant literature that explores the relationship between different dimensions of women empowerment and IPV provides some evidence that empowerment (both economic and domestic) can increase incidence of IPV (Rahman et al., 2011). The literature on preventive measures related to IPV documents both positive and negative results particularly with interventions such as education, financial autonomy, and empowerment (Vyas & Watts, 2009). Vyas and Watts (2009) using a systemic review of literature in low and middle-income countries found that IPV decreased with interventions such as increase in household income through micro-financing. Conversely, other studies suggest that women who benefited from such programs reported an increase in IPV (Dalal, 2011; Hindin & Adair, 2002). Furthermore, the relationship between IPV and economic empowerment may vary across different groups of women depending on their age, place of residence (urban/rural), educational status, spouse's age and level of education, and number of children (Rahman et al., 2011).

Keeping in view the contradictory evidence, the current study will quantitatively investigate the relationship between women empowerment and IPV in Pakistan using Pakistan Demographic Health Survey [PDHS] dataset (2017–2018). The main objective of this study will be to see whether women empowerment influences the likelihood of IPV, among married women in Pakistan. The study will look at this relationship across four dimensions of empowerment, namely, (a) economic empowerment, (b) empowerment in household decision-making, (c) empowerment related to health and reproductive health decisions, and (d) lack of belief in patriarchy. IPV will include

all dimensions of violence that are emotional, physical, and sexual violence by intimate partner (Anand et al., 2017).

Methods

The study conducted analysis of PDHS dataset 2017–2018, that is, an open resource generated by ICF, Rockville, Maryland, United States. PDHS 2017–2018 was the fourth survey in Pakistan conducted by ICF as part of DHS international series (National Institute of Population Studies [NIPS] and ICF, 2018). PDHS presents national representative data on 14,540 households selected through two-stage stratified sampling technique, in which 15,068 women and 4,243 men from 4 provinces (Punjab, Sindh, Khyber Pakhtunkhwa, Balochistan) and 4 regions (Islamabad Capital Territory, Azad Jammu Kashmir, Federally Administered Tribal Areas, Gilgit Baltistan) were successfully interviewed. The complete details of sampling, design, data collection, administration, and management can be found elsewhere (NIPS, 2018). PDHS 2017–2018 had detailed information on fertility, breastfeeding practices, maternal health, child health, childhood mortality, information, awareness, and use of family planning methods, women empowerment, domestic violence, migration, disability, and many other social, economic, and household indicators

Variables and Measures

Dependent variables.

IPV was measured through the Domestic Violence Module that was developed by the PHS program in 2000 (ICF International, 2016). This scale measures violence by intimate partner across four distinct categories, namely, emotional violence, less severe physical violence, severe physical violence, and sexual violence were considered (ICF International, 2016). Previous research shows that these categorizations of violence are consistent across various cultures (MacQuarrie et al., 2016).

The PDHS 2017–2018 dataset measures emotional violence was measured as a composite binary variable that combined responses to three questions which asked the respondents if they had ever been “humiliated,” “threatened with harm,” and “insulted or made to feel bad” by their husbands/partner (Croft et al., 2018). Less severe violence pertained to situations involving actual physical contact like being pushed, shook, slapped, punched, hit by something harmful, or having an arm twisted or hair pulled (Croft et al., 2018). The variable gauging incidence of “severe physical violence” was

a binary (No, Yes) composite variables that combined three variables asking respondents if they had ever been “kicked or dragged,” “strangled or burnt” and “threatened with knife/gun or other weapon” by husband/partner (Croft et al., 2018). Lastly, sexual IPV was measured through a binary (No, Yes) variable that combined the responses to the following three questions in the PDHS survey: (Have you) “Ever been physically forced into unwanted sex by husband/partner;” “Ever been forced into other unwanted sexual acts by husband/partner;” and “Ever been physically forced to perform sexual acts you didn’t want to” (Croft et al., 2018). All three questions relate to situations that could be categorized as marital rape.

Independent variables.

The main independent variable in the study was women empowerment which was broadly divided into four categories, namely, (a) economic empowerment, (b) autonomy in decision-making related to physical and reproductive health, (c) autonomy in household decision-making, and (d) beliefs regarding patriarchy. The study included four questions that were taken as indicators of economic empowerment. Two out of four questions inquired about their immovable assets specifically (house, land/property) and the third question inquired about the women’s work status. The fourth question used as an indicator of economic empowerment was, “Do you have control over your husband’s income?” The variable originally had four categories, but for the purpose of this study, this variable was recoded as a dichotomous variable (No, Yes).

Three items in the PDHS were selected as measures of wife’s autonomy in decisions related to her physical and reproductive health. The first question, “Who usually decides about your health care,” was taken as a measure of the level of autonomy a woman had in making decisions related to her physical health. This variable originally had four categories but was recoded as a two-category variables with “0” representing no control (“husband decides alone” or “someone else decides”) and “1” representing partial or complete autonomy (“respondent decides alone” and “respondent and husband decide”). The following two questions were taken as a measure of “autonomy or control over decisions related to reproductive health,” “Can you refuse (to have) sex with your husband/partner” and “can you ask husband/partner to wear a condom.”

Autonomy in household decision-making was measured in the PDHS survey by the following two questions, “Who has final say on large household purchases” and “who has final say on visits to family or relatives.” These variables were originally measured on a four-point matrix but were recoded into dichotomous variables with “0” representing no autonomy (“husband

decides alone” and “someone else decides”) and “1” representing partial or complete autonomy (“respondent decides alone” and “respondent and husband decide”).

PDHS measured respondents’ belief in patriarchy with five questions that asked respondents about situation in which wife beating was justified. Three questions asked women if beating wife was justified when the wife challenged husband’s dominance in the social, interpersonal, and sexual domain of their relationship: (a) Beating is justified if wife goes to without telling husband (social), (b) beating wife is justified if wife argues with husband (interpersonal), and (c) beating wife is justified if wife refuses to have sex with husband (sexual). The remaining two questions inquired whether wife beating was justified if wife neglected her household duties (beating is justified if wife burns the food) and her duties towards the children (beating is justified if wife neglects the children).

Control variables.

The control variables were classified into four categories. The first category was “demographic variables” which included place of residence (urban or rural) and status on the wealth index. The second category of control variables included questions related to the respondent’s husband. These were (a) husband’s age; (b) husband’s education, and (c) husband’s use of alcohol. Previous studies show that older husbands and more educated husbands are less likely to victimize their wives (Lee et al., 2014). Studies around the world consistently show that alcohol or drug use by husband increases risk of psychological and physical violence against wife (Adebowale, 2018; Dhungel et al., 2017). In the PDHS data, husband’s age was a continuous variable. This variable was categorized into an eight-category variable and each category representing 5-year intervals, with the first category starting at 15–19 years and the last category at 50 years and above. The PDHS data divided husband’s education into four categories which were no education, primary, secondary, and more than secondary education.

The third category of control variables contained two questions related to the respondents. These were respondent’s age and education. Respondent’s age was originally a continuous variable in the PDHS data. The cases in this variable were categorized into seven exhaustive groups and each group representing 5-year intervals, with the first category starting at 15–19 years and the last category at 45–49 years. Respondent’s level of education was not included in the study as an indicator of empowerment. The authors decided to include respondent’s education as a control variable in the analysis so that its overall influence could be factored out to reveal the true/actual relationship between the empowerment variables of interest and IPV. Respondent’s

education was categorized into “no education,” “primary” level (5 years of formal schooling), “secondary” level (10 years of formal education), “more than secondary” (more than 10 years of education). The fourth category of control variables included variables relating to number of children and recent births. The two variables included in this category were “total number of living children” and “number of children born in the last 5 years.”

Statistical Analysis

The analysis was done using SPSS version 22. Descriptive statistics of independent, dependent, and control variables were presented as percentages (refer to Table 1). The overall analysis was conducted at two levels. First, bivariate logistic regression analyses were conducted to determine the relationships between the four types of IPV and each of the empowerment and control variables (refer to Table 2). Second, four multiple logistic regression models were run with the four types of IPV variables as dependent variables and the empowerment variables and the control variables as independent variables (refer to Table 3). All the independent and control variables were used in the multivariate models as these variables were significant with at least one type of IPV in the bivariate analysis (refer to Table 2). The significance level considered for bivariate and multivariate analysis was .05. In the interest of brevity, the results of bivariate analysis were not presented in the “Results” section. However, some important findings from these analyses were discussed while presenting the results of the multivariate analysis. Additionally, some significant and important findings from these analyses were highlighted in the “Discussion” section.

Results

Descriptive Statistics of Control, Empowerment, and IPV Variables

The univariate statistics revealed that 52% of the respondents in the sample resided in rural areas (refer to Table 1). Group percentages for wealth index revealed that 48% of the respondents were categorized as poor (22% poorer and 26% poorest). Only 4% of the respondents reported that their husbands used alcohol. In relation to women empowerment variables, 97% of the women in the sample did not own their house and 98% did not own any land or property. A total of 84% of the women in the sample had not worked in the last 12 months.

Table 1. Percentages for Control, Women Empowerment, and Intimate Partner Violence Variables in Married Women of Reproductive Age in Pakistan.

Variables	%	Variables	%
Place of residence (n = 3,965)		Working in last 12 months (n = 3,965)	
Urban	48.2	No	84.5
Rural	51.8	Yes	15.5
Wealth index (n = 3,965)		Control on husband's income (n = 3,937)	
Poorest	26.5	No	53.1
Poorer	21.8	Yes	46.9
Middle	18.9	Can refuse sex (n = 3,799)	
Richer	16.6	No	39.2
Richest	16.1	Yes	60.8
Husband's age (n = 3,964)		Ask husband to wear condom (n = 3,623)	
15-19	.9	No	47.5
20-24	5.1	Yes	52.5
25-29	14.2	Health care decision (n = 3,964)	
30-34	17.5	Husband/someone else	48.1
35-39	18.2	Alone/jointly with husband	51.9
40-44	16.1	Household purchases decision (n = 3,964)	
45-49	15.6	Husband/someone else	53.4
≥ 50	12.4	Alone/jointly with husband	46.6
Husband's education (n = 3,962)		Visiting family/relatives decision (n = 3,965)	
No education	28.1	Husband/someone else	48.9
Primary	13.6	Alone/jointly with husband	51.1
Secondary	34.2		
>Secondary	24.3	Beating justified if wife	

(continued)

Table 1. continued

Variables	%	Variables	%
Husband drinks alcohol (n = 3,965)			
No	96.1	Goes out without husband's consent (n = 3,886)	63.7
Yes	3.9	No	36.3
Respondent's age (n = 3,965)		Yes	
15-19	3.7	Argues with husband (n = 3,882)	
20-24	13.9	No	64.2
25-29	19.8	Yes	35.8
30-34	20.1	Refuses sex with husband (n = 3,838)	
35-39	19.4	No	69.0
40-44	12.4	Yes	31.0
45-49	10.8	Neglects children (n = 3,877)	
Respondent's education (n = 3,965)		No	70.2
No education	51.0	Yes	29.8
Primary	13.7	Burns the food (n = 3,887)	
Secondary	20.1	No	81.1
>Secondary	15.2	Yes	18.9
Number of children alive (n = 3,965)			
No children	11.6	Intimate partner violence (n = 3,965)	
1-2 children	29.0	Emotional violence	
3-4 children	32.1	No	69.8
≥ 5 children	27.3	Yes	30.2
Children born in last 5 years (n = 3,965)			

(continued)

Table 1. continued

Variables	%	Variables	%
No children	43.5	Less severe physical violence	
1–2 children	31.4	No	75.8
3–4 children	25.1	Yes	24.1
Women empowerment variables		Severe physical violence	
Owns house (n = 3,964)		No	93.5
No ownership (n = 3,859)	97.4	Yes	6.5
Owns alone/jointly (n = 105)	2.6	Sexual violence	
Owns land (n = 3,964)		No	95.7
No ownership	97.7	Yes	4.3
Owns alone/jointly	2.3		

Table 2. Percentages and Binary Logistic Regression for Factors Associated With Intimate Partner Violence in Married Women of Reproductive Age in Pakistan.

Variables	Emotional IPV			Less Severe Physical IPV			Severe Physical IPV			Sexual IPV		
	OR	95% CI	OR	95% CI	OR	95% CI	OR	95% CI	OR	95% CI	OR	95% CI
	Place of residence (n = 3,965 ^a , 3,964 ^{b,c,d})											
Urban (n = 1,912 ^{ab} , 1,911 ^{c,d})												
Rural (n = 2,053 ^{a,c,d} , 2,052 ^b)	1.30*	1.13–1.48	1.33*	1.15–1.54	1.00	.78–1.29	.96	.71–1.31				
Wealth index (n = 3,965 ^a , 3,964 ^{b,c,d})												
Poorest (n = 1,052 ^{ab,c,d})	2.12*	1.68–2.67	2.62*	2.03–3.39	4.42*	2.54–7.67	1.84*	1.11–3.05				
Poorer (n = 866 ^{a,c,d} , 865 ^b)	1.95*	1.54–2.48	2.18*	1.67–2.85	2.71*	1.51–4.86	.91	.51–1.63				
Middle (n = 751 ^{ab,d} , 750 ^c)	1.92*	1.51–2.46	2.11*	1.61–2.78	3.75*	2.11–6.66	1.70	.99–2.90				
Richer (n = 657 ^{ab,c,d})	1.21	.93–1.57	1.25	.92–1.68	1.71	.90–3.27	.97	.52–1.79				
Richest (n = 639 ^{ab,c} , 638 ^d)	–	–	–	–	–	–	–	–				
Husband's age (n = 3,964 ^a , 3,963 ^{b,c,d})												
15–19 (n = 34 ^{ab,c,d})	.53	.22–1.32	.61	.23–1.62	.00	.00–0.00	.62	.08–4.72				
20–24 (n = 203 ^{a,c,d} , 202 ^b)	.64*	.44–.96	.77	.51–1.17	.52	.24–1.14	.95	.43–2.08				
25–29 (n = 564 ^{ab,c,d})	.87	.66–1.14	1.02	.76–1.37	.69	.41–1.14	.60	.31–1.14				
30–34 (n = 692 ^{ab,c} , 691 ^d)	.91	.71–1.18	1.14	.87–1.50	.80	.50–1.27	.80	.45–1.41				
35–39 (n = 722 ^{ab,c,d})	1.30*	1.02–1.67	1.22	.93–1.61	1.02	.66–1.59	1.01	.59–1.73				
40–44 (n = 639 ^{ab,d} , 638 ^c)	1.31*	1.01–1.69	1.35*	1.03–1.78	.98	.63–1.55	1.18	.70–2.03				
45–49 (n = 618 ^{ab,c,d})	1.27	.98–1.64	1.16	.87–1.54	.95	.60–1.50	.93	.53–1.65				
≥ 50 (n = 492 ^{ab,c,d})	–	–	–	–	–	–	–	–				
Husband's education (n = 3,962 ^a , 3,961 ^{b,c,d})												
No education (n = 1,112 ^{a,c,d} , 1,111 ^b)	1.87*	1.54–2.28	2.58*	2.08–3.20	2.55*	1.76–3.68	3.10*	1.90–5.09				
Primary (n = 538 ^{ab,c,d})	1.63*	1.28–2.06	2.00*	1.54–2.59	1.33	.82–2.15	2.84*	1.62–4.97				
Secondary (n = 1,348 ^{ab,d} , 1,347 ^c)	1.49*	1.23–1.80	1.66*	1.34–2.06	1.29	.87–1.90	1.58	.94–2.67				
>Secondary (n = 964 ^{ab,c} , 963 ^d)	–	–	–	–	–	–	–	–				

(continued)

Table 2. continued

Variables	Emotional IPV		Less Severe Physical IPV		Severe Physical IPV		Sexual IPV	
	OR	95% CI	OR	95% CI	OR	95% CI	OR	95% CI
Husband drinks alcohol (<i>n</i> = 3,965 ^a , 3,964 ^{b,c,d})								
No (<i>n</i> = 3,810 ^a , 3,809 ^{b,c,d})								
Yes (<i>n</i> = 155 ^{a,b,c,d})	4.24*	3.03–5.91	5.26*	3.78–7.32	6.69*	4.60–9.74	3.82*	2.35–6.23
Respondent's age (<i>n</i> = 3,965 ^a , 3,964 ^{b,c,d})								
15–19 (<i>n</i> = 146 ^{a,b,c,d})	.74	.42–1.16	.75	.46–1.22	.51	.21–1.25	.76	.28–2.09
20–24 (<i>n</i> = 552 ^{a,b,c,d})	.85	.64–1.13	.89	.66–1.21	.59	.35–1.01	.77	.40–1.47
25–29 (<i>n</i> = 785 ^{a,c,d} , 784 ^b)	1.08	.83–1.40	1.18	.89–1.56	.85	.54–1.34	.80	.44–1.45
30–34 (<i>n</i> = 795 ^{a,b} , 794 ^{c,d})	1.32*	1.02–1.70	1.22	.93–1.61	.95	.61–1.47	1.24	.71–2.15
35–39 (<i>n</i> = 768 ^{a,b,c,d})	1.24	.95–1.60	1.20	.90–1.58	.87	.55–1.37	1.15	.66–2.02
40–44 (<i>n</i> = 490 ^{a,b,c,d})	1.12	.84–1.49	1.11	.82–1.51	.78	.47–1.31	.82	.43–1.59
45–49 (<i>n</i> = 429 ^{a,b,c,d})	–	–	–	–	–	–	–	–
Respondent's education (<i>n</i> = 3,965 ^a , 3,964 ^{b,c,d})								
No education (<i>n</i> = 2,023 ^{a,c,d} , 2,022 ^b)	2.28*	1.83–2.84	4.03*	3.04–5.35	4.69*	2.59–8.47	2.43*	1.35–4.36
Primary (<i>n</i> = 542 ^{a,b,d} , 541 ^c)	1.83*	1.39–2.40	2.94*	2.11–4.09	3.61*	1.86–7.00	3.03*	1.58–5.81
Secondary (<i>n</i> = 798 ^{a,b,c} , 797 ^d)	1.28	.99–1.66	1.92*	1.39–2.66	2.05*	1.05–4.02	1.23	.61–2.47
>Secondary (<i>n</i> = 602 ^{a,b,c,d})	–	–	–	–	–	–	–	–
Number of children alive (<i>n</i> = 3,965 ^a , 3,964 ^{b,c,d})								
No children (<i>n</i> = 459 ^{a,b,c,d})	.36*	.28–.47	.26*	.19–.36	.31*	.17–.54	.40*	.21–.76
1–2 children (<i>n</i> = 1,148 ^{a,c,d} , 1,147 ^b)	.59*	.49–.70	.54*	.45–.66	.55*	.39–.76	.58*	.39–.88
3–4 children (<i>n</i> = 1,274 ^{a,b,c,d})	.76*	.64–.90	.72*	.60–.86	.66*	.49–.90	.76	.52–1.10
≥ 5 children (<i>n</i> = 1,084 ^{a,b} , 1,083 ^{c,d})	–	–	–	–	–	–	–	–

(continued)

Table 2. continued

Variables	Emotional IPV			Less Severe Physical IPV			Severe Physical IPV			Sexual IPV		
	OR	95% CI		OR	95% CI		OR	95% CI		OR	95% CI	
Children born in last 5 years (<i>n</i> = 3,965 ^a , 3,964 ^{b,c,d})												
No children (<i>n</i> = 1,723 ^{a,b,c,d})	.67*	.57–.80		.60*	.50–.72		1.11	.95–1.29		.87	.59–1.28	
1–2 children (<i>n</i> = 1,245 ^{a,b,c,d})	.85	.71–1.01		.90	.74–1.08		—	—		1.03	.69–1.54	
3–4 children (<i>n</i> = 997 ^a , 996 ^{b,c,d})	—	—		—	—		—	—		—	—	
Women empowerment variables												
Owns house (<i>n</i> = 3,964 ^a , 3,963 ^{b,c,d})												
No ownership (<i>n</i> = 3,859 ^a , 3,858 ^{b,c,d})	.92	.60–1.41		1.20	.78–1.86		1.20	.57–2.49		1.36	.59–3.14	
Owns alone/jointly (<i>n</i> = 105 ^{a,b,c,d})												
Owns land (<i>n</i> = 3,964 ^a , 3,963 ^{b,c,d})												
No ownership (<i>n</i> = 3,871 ^a , 3,870 ^{b,c,d})	1.16	.75–1.79		.70	.41–1.19		.82	.33–2.03		.73	.23–2.34	
Owns alone/jointly (<i>n</i> = 93 ^{a,b,c,d})												
Working in last 12 months (<i>n</i> = 3,965 ^a , 3,964 ^{b,c,d})												
No (<i>n</i> = 3,349 ^a , 3,348 ^{b,c,d})	1.01	.84–1.21		.90	.73–1.11		.97	.68–1.38		1.32	.89–1.94	
Yes (<i>n</i> = 616 ^{a,b,c,d})												
Control on husband's income (<i>n</i> = 3,937 ^a , 3,936 ^{b,c,d})												
No (<i>n</i> = 2,089 ^{a,c,d} , 2,088 ^b)												
Full/Co-control with Husband (<i>n</i> = 1,848 ^{a,b} , 1,847 ^{c,d})	.51*	.44–.58		1.70	.97–2.99		.47*	.36–.62		.59*	.43–.82	
Can refuse sex (<i>n</i> = 3,799 ^a , 3,798 ^{b,c,d})												
No (<i>n</i> = 1,491 ^{a,c} , 1,490 ^{b,d})	.75*	.65–.87		.69*	.59–.80		.78	.60–1.02		.59*	.43–.81	
Yes (<i>n</i> = 2,308 ^{a,c,d} , 2,307 ^c)												

(continued)

Table 2. continued

Variables	Less Severe							
	Emotional IPV		Physical IPV		Severe Physical IPV		Sexual IPV	
	OR	95% CI	OR	95% CI	OR	95% CI	OR	95% CI
Ask husband to wear condom (<i>n</i> = 3,623 ^a , 3,622 ^{b,c,d})								
No (<i>n</i> = 1,720 ^{a,c} , 1,719 ^{b,d})								
Yes (<i>n</i> = 1,903 ^{a,b,d} , 1,902 ^c)	.63*	.55–.73	.68*	.58–.79	.78	.60–1.02	.73	.53–1.00
Health care decision (<i>n</i> = 3,964 ^a , 3,963 ^{b,c,d})								
Husband/Someone else (<i>n</i> = 1,908 ^{a,c,d} , 1,907 ^b)								
Alone/jointly with Husband (<i>n</i> = 2,056 ^{a,b} , 2,055 ^{c,d})	.61*	.54–.70	.58*	.50–.67	.73*	.56–.93	.73*	.54–1.00
Household purchases decision (<i>n</i> = 3,964 ^a , 3,963 ^{b,c,d})								
Husband/someone else (<i>n</i> = 2,115 ^{a,c,d} , 2,114 ^b)								
Alone/jointly with husband (<i>n</i> = 1,849 ^{a,b} , 1,848 ^{c,d})	.66*	.58–.76	.66*	.57–.77	1.04	.80–1.33	.73*	.53–.99
Visiting family/relatives decision (<i>n</i> = 3,965 ^a , 3,964 ^{b,c,d})								
Husband/someone else (<i>n</i> = 1,939 ^{a,c,d} , 1,938 ^b)								
Alone/jointly with husband (<i>n</i> = 2,026 ^{a,b} , 2,025 ^{c,d})	.62*	.54–.71	.59*	.51–.68	.69*	.53–.89	.72*	.53–.98
Beating justified if wife								
Goes out without husband's consent (<i>n</i> = 3,886 ^a , 3,885 ^{b,c,d})								
No (<i>n</i> = 2,475 ^{a,b} , 2,474 ^{c,d})								
Yes (<i>n</i> = 1,411 ^{a,c,d} , 1,410 ^b)	2.28*	1.98–2.63	2.46*	2.12–2.86	2.58*	1.99–3.35	2.12*	1.55–2.90
Argues with husband (<i>n</i> = 3,882 ^a , 3,881 ^{b,c,d})								
No (<i>n</i> = 2,491 ^a , 2,490 ^{b,c,d})								
Yes (<i>n</i> = 1,391 ^{a,b,c,d})	2.37*	2.08–2.76	2.37*	2.04–2.76	2.16*	1.67–2.80	1.99*	1.45–2.72

(continued)

Table 2. continued

Variables	Emotional IPV		Less Severe Physical IPV		Severe Physical IPV		Sexual IPV	
	OR	95% CI	OR	95% CI	OR	95% CI	OR	95% CI
	Refuses sex with husband (<i>n</i> = 3,838 ^a , 3,837 ^{b,c,d})							
No (<i>n</i> = 2,649 ^a , 2,648 ^{b,c,d})								
Yes (<i>n</i> = 1,189 ^{a,b,c,d})	2.25*	1.94–2.60	2.34*	2.00–2.73	2.45*	1.88–3.20	2.12*	1.55–2.90
Neglects children (<i>n</i> = 3,877 ^a , 3,876 ^{b,c,d})								
No (<i>n</i> = 2,723 ^{a,b} , 2,722 ^{c,d})								
Yes (<i>n</i> = 1,154 ^{a,c,d} , 1,153 ^b)	1.51*	1.31–1.75	1.46*	1.25–1.71	1.37*	1.05–1.80	2.09*	1.53–2.86
Burns the food (<i>n</i> = 3,887 ^a , 3,886 ^{b,c,d})								
No (<i>n</i> = 3,153 ^a , 3,152 ^{b,c,d})								
Yes (<i>n</i> = 734 ^{a,b,c,d})	1.36*	1.15–1.61	1.25*	1.05–1.50	1.13	.82–1.55	1.66*	1.17–2.35

Note. ^a*n* size of emotional violence variable & their categories.

^b*n* size of less severe physical violence variable & their categories.

^c*n* size of severe physical violence variable & their categories.

^d*n* size of sexual violence variable & their categories.

**p* < .05.

OR = Odds ratio.

Table 3. Multivariate Logistic Regression for Factors Associated With Intimate Partner Violence in Married Women of Reproductive Age in Pakistan.

Variables	Emotional IPV		Less Severe Physical IPV		Severe Physical IPV		Sexual IPV	
	aOR	95% CI	aOR	95% CI	aOR	95% CI	aOR	95% CI
Place of residence								
Urban								
Rural	1.01	.84–1.22	.97	.79–1.18	.86	.61–1.22	.58*	.39–.85
Wealth index								
Poorest	1.39*	1.00–1.92	1.13	.79–1.62	1.76	.87–3.58	.66	.33–1.34
Poorer	1.42*	1.05–1.93	1.12	.80–1.58	1.17	.58–2.36	.44*	.21–.90
Middle	1.51*	1.12–2.04	1.29	.92–1.81	2.06*	1.06–4.02	1.04	.54–1.99
Richer	1.22	.90–1.66	.98	.69–1.39	1.40	.69–2.85	.70	.34–1.43
Richest								
Husband's age								
15–19	.30*	.10–.91	.77	.23–2.54	.00	.00–.00	.64	.06–6.85
20–24	.35*	.19–.63	.83	.43–1.60	.40	.13–1.26	1.13	.34–3.73
25–29	.53*	.34–.84	1.02	.62–1.69	.61	.26–1.41	.55	.20–1.55
30–34	.58*	.39–.89	1.07	.67–1.69	.64	.30–1.37	.84	.35–2.04
35–39	.89	.61–1.31	1.11	.72–1.71	.74	.36–1.49	.87	.39–1.97
40–44	1.11	.78–1.58	1.40	.95–2.07	.98	.51–1.85	1.26	.61–2.62
45–49	1.24	.90–1.71	1.23	.86–1.76	.87	.48–1.57	1.07	.54–2.10
≥ 50								

(continued)

Table 3. continued

Variables	Emotional IPV		Less Severe Physical IPV		Severe Physical IPV		Sexual IPV	
	aOR	95% CI	aOR	95% CI	aOR	95% CI	aOR	95% CI
Husband's education								
No education	1.05	.79–1.39	1.29	.95–1.76	1.56	.91–2.67	2.62*	1.35–5.07
Primary	1.34	.99–1.82	1.37	.98–1.91	1.16	.63–2.13	2.69*	1.34–5.37
Secondary	1.25	.98–1.58	1.18	.90–1.54	.99	.60–1.64	1.38	.75–2.54
>Secondary								
Husband drinks alcohol								
No								
Yes	4.13*	2.78–6.14	5.56*	3.73–8.28	6.84*	4.31–10.84	3.77*	2.15–6.58
Respondent's age								
15–19	3.11*	1.53–6.31	1.97	.90–4.33	2.53	.69–9.32	1.55	.34–6.95
20–24	1.75*	1.04–2.97	1.16	.64–2.08	1.05	.39–2.81	1.24	.40–3.80
25–29	1.71*	1.08–2.71	1.38	.83–2.29	1.13	.49–2.61	.89	.34–2.33
30–34	1.75*	1.16–2.64	1.31	.83–2.07	1.27	.60–2.68	1.19	.52–2.74
35–39	1.24	.86–1.79	1.09	.72–1.64	.87	.45–1.72	.97	.46–2.03
40–44	1.08	.76–1.54	.97	.65–1.44	.68	.35–1.32	.51	.23–1.12
45–49								
Respondent's education								
No education	1.02	.73–1.43	1.86*	1.25–2.77	2.30*	1.03–5.15	1.16	.52–2.62
Primary	1.09	.77–1.55	1.63*	1.08–2.48	2.26*	.99–5.16	1.64	.73–3.70
Secondary	.94	.69–1.28	1.43	.98–2.08	1.87	.86–4.09	.79	.35–1.77
>Secondary								

(continued)

Table 3. continued

Variables	Emotional IPV		Less Severe Physical IPV		Severe Physical IPV		Sexual IPV	
	aOR	95% CI	aOR	95% CI	aOR	95% CI	aOR	95% CI
Number of children alive								
No children	.50*	.33-.77	.31*	.19-.51	.46	.19-1.11	.38	.14-1.02
1-2 children	.79	.61-1.04	.68*	.51-.91	1.08	.66-1.77	.78	.44-1.38
3-4 children	.94	.76-1.17	.90	.71-1.13	1.12	.75-1.65	.95	.61-1.48
≥ 5 children								
Children born in last 5 years								
No children	.73*	.55-.96	.73*	.54-1.00	.84	.50-1.42	1.07	.58-1.96
1-2 children	.76*	.61-.96	.86	.68-1.10	.80	.52-1.21	1.16	.72-1.88
3-4 children								
Women empowerment variables Owns House								
No ownership								
Owns alone/jointly	1.15	.69-1.94	2.10*	1.21-3.64	2.14	.86-5.29	2.40	.93-6.18
Owns Land								
No ownership								
Owns alone/jointly	1.82*	1.06-3.12	.83	.42-1.64	1.18	.40-3.51	.73	.20-2.71
Working in last 12 months								
No								
Yes	1.14	.90-1.43	.96	.74-1.24	.94	.59-1.48	1.23	.77-1.97

(continued)

Table 3. continued

Variables	Emotional IPV		Less Severe Physical IPV		Severe Physical IPV		Sexual IPV	
	aOR	95% CI	aOR	95% CI	aOR	95% CI	aOR	95% CI
Control on husband's income								
No								
Full/joint control with husband	.62*	.49-.78	.72*	.56-.93	.38*	.24-.60	.52*	.31-.86
Can refuse sex								
No								
Yes	1.10	.90-1.34	.90	.73-1.13	.93	.60-1.36	.67	.44-1.03
Ask husband to wear condom								
No								
Yes	.69*	.57-.84	.95	.77-1.18	1.14	.78-1.67	1.09	.71-1.67
Health care decision								
Husband/someone else								
Alone/jointly with husband	1.09	.85-1.39	.92	.70-1.20	1.12	.70-1.80	1.21	.71-2.05
Household purchases decision								
Husband/someone else								
Alone/jointly with husband	1.04	.80-1.35	1.14	.85-1.53	2.10*	1.26-3.50	1.05	.59-1.87
Visiting family/relatives decision								
Husband/someone else								
Alone/jointly with husband	.81	.65-1.02	.79	.61-1.01	.70	.45-1.10	.92	.56-1.51

(continued)

Table 3. continued

Variables	Emotional IPV		Less Severe Physical IPV		Severe Physical IPV		Sexual IPV	
	aOR	95% CI	aOR	95% CI	aOR	95% CI	aOR	95% CI
Beating justified if wife Goes out without husband's consent								
No								
Yes	1.83*	1.40–2.41	2.15*	1.61–2.88	2.69*	1.65–4.39	1.40	.78–2.51
Argues with husband								
No								
Yes	1.73*	1.30–2.30	1.46*	1.07–1.99	.87	.52–1.46	.79	.43–1.43
Refuses sex with husband								
No								
Yes	1.51*	1.15–1.97	1.51*	1.13–2.01	1.47	.91–2.36	1.33	.77–2.30
Neglects children								
No								
Yes	.58*	.44–.76	.53*	.40–.71	.68	.44–1.07	1.56	.91–2.67
Burns the food								
No								
Yes	.58*	.44–.75	.54*	.41–.71	.63	.40–1.01	.88	.53–1.47

Note. * $p < .05$.

aOR = Adjusted odds ratio.

Majority of the respondents did not hold patriarchal beliefs. A total of 64% of the respondents did not believe that wife beating was justified if she went out without telling the husband or if wife argued with her husband, respectively. Similarly, 69% of the respondents believed that beating was not justified if wife refused to have sex with husband. A total of 70% did not believe that beating was justified if wife neglected her children and 81% did not believe husband was justified in beating wife if she burns food.

The univariate statistics further revealed that almost one-third (30.2%) of the women included in the sample had experienced emotional violence. Similarly, almost a quarter (24.1%) of the married women in the sample had experienced physical violence of a less severe nature at the hands of their husbands. This percentage is alarmingly high as “less severe violence” pertains to situations involving actual physical contact like being pushed, shook, slapped, punched, hit by something harmful, or having an arm twisted or hair pulled. A little more than 6% (6.5%) of the women reported having suffered severe physical violence and 4.3% of the women in the sample reported experiencing sexual IPV.

Multivariate Logistic Analysis of Control, Empowerment, and IPV Variables

The multivariate logistic models presented in Table 3 showed that no significant differences were found in the risk of experiencing IPV among women residing in rural areas when compared to urban areas, with the exception of sexual IPV, where women living in rural areas were significantly less likely to experience sexual violence. Economic status of respondents' family was related to prevalence of emotional IPV. As compared to the richest category, women in the poorest category, poorer category, and middle category experienced more emotional IPV. Women in the middle category were 2.06 times more likely to experience severe violence compared to the respondents in the richest group. In case of sexual IPV, poorer women experienced significantly less sexual IPV than women in the richest category. Age of husband was only related to emotional IPV. Women with husbands between ages of 15–19 years, 20–24, 25–29 years, and 30–34 years experienced less emotional IPV. Women whose husbands were uneducated were twice as likely to experience sexual IPV as compared to women whose husbands had higher than secondary level education. Husband's use of alcohol was a consistently significant indicator for predicting all four types of IPV. In cases where the husband consumed alcohol, wives were four times more likely to experience emotional IPV, five times more likely to experience less severe IPV, almost seven

times more likely to experience severe IPV, and almost four times more likely to experience sexual IPV.

The multivariate analysis further showed that younger respondents were at a higher risk of facing emotional IPV. The youngest group of married respondents (15–19 years) were most susceptible, as they were three times more likely to experience emotional IPV when compared to the oldest group. Juxtaposing this finding with the previous finding that older husbands were more likely to perpetrate emotional IPV, it can be surmised that age difference between husband and wife may also be a predictor of emotional IPV. To test this proposition, an age difference variable was calculated by subtracting the husbands' ages from the ages of their wives. The resulting continuous variable was recoded into a categorical variable ($n = 3,964$) with the following 4 categories: (a) wife older than husband ($n = 564$), (b) husband 1–5 years older to wife ($n = 1,820$), (c) husband 6–10 years older to wife ($n = 1,072$), and (d) husband older than 10 years ($n = 526$). The multiple logistic regression for emotional IPV was performed again after replacing Husband's age and Respondent's age with this new variable. Results showed that the odds of IPV were higher among women whose husbands were 5–10 years and more than 10 years older as compared to women who were older than their husbands.

Respondent's education reduced the chances of less severe IPV. Uneducated women and women with primary level education were at a greater risk of experiencing less severe IPV compared to women with higher than secondary education. The odds of women with no education to face severe physical IPV were also 2.30 times greater compared to women with more than secondary education. Women with no children experienced less emotional violence and less severe violence compared to women with 5 or more children. Women with 1–2 children also faced less severe violence compared to women with 5 or more children. This trend was confirmed when we considered births in the last 5 years. Compared to women that gave 3–4 births in the last 5 years, women who did not have children in the last 5 years or gave birth to 1–2 children experienced less emotional violence. Women who did not have children in the last 5 years were also significantly less likely to experience less severe violence.

The relationship between IPV and economic empowerment variables was generally found to be weak, with the exception of "control over husband's income" (refer to Table 3). Ownership of immovable assets (woman owning her own house or any land or property) was found to be related to only certain types of IPV. Compared to women who did not own their houses, women who owned their houses were twice as likely to experience less severe physical IPV. Similarly, women who owned any property of land were at a significantly higher risk of facing emotional violence. Women with complete or

partial control over their husband's income were significantly less likely to face emotional violence, less severe violence, severe violence, and sexual violence. Women's autonomy in decision-making related to their physical and reproductive health was not found to be related to any of the four types of IPV, with one exception. Women who could ask their husbands to use a condom were less likely to experience emotional violence. Interestingly, autonomy over household decision-making was also not found to be related to IPV, with one exception. Respondents who believed that they had some or complete say in large household purchases were 2.1 times more likely to experience severe physical violence as compared to women who had no say in large household purchases.

With respect to beliefs in patriarchy, women who believed that beating wife was justified if wife goes out without telling husband were more likely to experience emotional, less severe, and severe physical violence. Likewise, women who believed that beating wife was justified if she argued with husband were 1.73 times more likely to experience emotional violence and 1.46 times more likely to experience less severe violence. Lastly, women who believed that wife beating was justified if wife refuses to have sex with husband were also more likely to experience emotional and less severe violence. Findings clearly establish that women with patriarchal beliefs were more likely to face emotional and less severe physical IPV. This was found to be only partially true in the case of severe IPV as it was positively related to only one of the three questions (beating is justified if wife goes out without telling husband). Sexual IPV was not found to be related to any of the three questions.

The last two questions that measured respondents' belief in patriarchy asked respondents whether beating wife was justified if wife neglected children or burned food. Both items were significantly related to emotional and less severe IPV but not in the predicted direction. Women who believed that beating wife was justified when wife neglected her children or when wife burned food was significantly less likely to experience emotional IPV and less severe physical IPV. Women who believed that beating wife was justified if wife burned food were also significantly less likely to report experiencing emotional IPV and less severe IPV. These findings apparently suggested that women holding the paternalistic beliefs that beating was justified if wife neglected children or burnt food was at a significantly low risk of facing emotional or less severe physical violence. However, there was an inconsistency found between the results of the bivariate analysis and the findings of the multivariate analysis (refer to Tables 2 and 3). Comparing results of last two questions on beliefs in patriarchy with the results of the same questions in multiple logistic regressions in Table 3 with respect to emotional and less severe physical IPV variables, we can see that in both cases the level of

significance has remained below .05 but direction of the relationships is reversed.

One reason for the change in direction of relationship could be correlation between independent variables. To check this, possibility bivariate correlations was run between the all the independent variable. As expected, the correlation between the five attitudes about wife beating variables was high (ranging between .50–.71). This would be expected as the five questions on attitudes about wife beating represented a scale. In the present study, the authors chose to treat them as separate variables as the five questions look at three different dimensions of patriarchal beliefs (wife challenging husband's dominance over the interpersonal, social and sexual aspects of their marital relationship, wife neglecting her children, wife neglecting her household duties). It was considered more important to look at the relationship of IPV with each dimension separately rather than looking at the cumulative effect by adding these variables to construct an attitudes towards wife-beating scale. However, the disadvantage of this approach was the possibility of bias in the results due to correlation found between questions that measured beliefs in patriarchy. Since, the correlation between the five attitudes about wife-beating variables was moderately high, the next step was to check if there was multicollinearity. Four separate OLS regressions were performed with IPV variables and all the empowerment variables and control variables as independent variables. Collinearity diagnostics were also computed. The results showed that there was no multicollinearity between the five attitudes about wife beating variables. The VIF scores of all five attitudes towards wife beating variables were under 4 and the tolerance values were under .3. Another more probable possibility is that the direction changed because there was a spurious relationship between the independent variables (beating wife is justified if wife neglects children and beating wife is justified if wife burns food) and the dependent variables (emotional and less severe IPV). A third possibility is that the multiple logistic regressions revealed the actual relationship between the emotional and less severe IPV across the three dimensions of the belief in patriarchy scale.

Discussion

The present study explored the relationship between women's level of economic empowerment, autonomy in decisions related to physical and reproductive health, autonomy in household decision-making, and beliefs regarding patriarchy in addition to many control variables with four types of IPV. The study found that majority of women did not own their house, land, and were not employed in the last 12 months. Considering ownership of

immovable assets and work status as indicators of economic empowerment, it can be observed that a disproportionately large number of women were found to be economically disempowered. Similarly, 53% of the women had no control over their husband's income, which includes cases where the husband had no income. This variable was perhaps the strongest indicator of economic empowerment in the household context. Assuming the monthly expenditure of the household is fully or mostly paid out of the husband's income, wife's control over husband's income will influence her level of dependency or autonomy in routine decision-making related to household spending or saving. The prevalence of emotional and less severe physical violence was reported to be greater than 20%. Likewise, severe physical and sexual violence was reported to be 6.5% and 4.3% respectively. Albeit, literature consistently points towards the tendency among female victims to under-report IPV (Murshid & Critelli, 2020), these percentages should still be considered unacceptably high as the last two categories pertain to incidents that could lead to life-threatening situations, marital rape, or both.

The multivariate logistic analysis found that women residing in rural areas were less likely to experience sexual IPV as compared to their urban counterparts. There is scarce evidence suggesting that women in rural areas experience less sexual IPV as compared to urban women whereas many studies have shown an opposing trend (Lawoko, 2006; Mukherjee, 2015; Silverman et al., 2007; Uthman et al., 2009). Rural societies are more traditional and conservative, while urban societies tend to be more materialistic and individualistic. Rural communities are also more socially cohesive whereas urban communities, especially poor urban communities are more socially disorganized (Bouffard & Muftić, 2006; Kubrin & Wo, 2016). Families living in rural communities are under greater social control and adhere to conservative standards of honor. In the conservative Pakistani culture, women are often referred to as the "Izzat" (honor) of the family, meaning that her body, her character, and her reputation reflect the honor of the entire family (Adeel & Yeh, 2018). Sexual deviance by women and sexual violence against women is considered as the ultimate affront to a family's honor. This could be one reason why husbands in rural areas were less likely to sexually abuse their wives. However, the same argument could be further extended to state that rural societies are more paternalistic, hierarchical, and domineering towards women. Therefore, it is also likely that women living in rural communities were reluctant or unwilling to report that their husbands were victimizing them with violence of a sexual nature.

Another significant finding having strong implications was that income, wealth, and education were significant predictors of emotional and sexual IPV (Adebowale, 2018; Dhungel et al., 2017). Less-educated husbands may

have a greater tendency to hold traditional paternalistic ideas of gender dominance and violence as a socially acceptable strategy for controlling wives since education exposes individuals to the universal standards of gender equality. This finding is consistent with the resource theory which states that when other resources such as income, education, wealth, and prestige are inadequate, violence becomes a resource for regulating or organizing life (Allen & Strauss, 1975; Atkinson et al., 2005). In this case husbands in families that have inadequate resources may use violence as resource to maintain control and dominate their wives. Social acceptance of male dominance in intimate relationships and its expression through violence resides deep within cultural systems and usually cuts across all economic classes in a society (Lawson, 2012). In a patriarchal society values that imbue male dominance will be reinforced across different economic classes, however, the manifestation of this dominance and the mechanisms through which it is imposed and maintained may differ. It is possible that the normative structures that allow certain forms of violence to be socially accepted or tolerated in the culturally legitimate pursuit of dominating the female partner in marital relationship may be different across economic groups or classes. It is possible that as emotional violence emerged as more rampant and perhaps more socially tolerated in the poor and poorer group, sexual IPV may be more prevalent and tolerated in the richest group. This possibility warrants further exploration as it may allow scholars to better understand the existence of IPV in its various forms and its prevalence in different groups in Pakistan by integrating the critical and structuralist perspective.

The study also revealed that husband's age was an important factor in predicting IPV. Our finding was not in the predicted direction as it was hypothesized that younger husbands were more likely to perpetrate IPV. The internalization of paternalistic values that legitimize violence as a strategy for controlling women may be greater among older males. While the younger generations are more likely to challenge convention and have an awareness of contemporary norms related to gender and power as they have better access to education and modern modes of (interpersonal, social, and mass) communication. This could explain why older husbands were more likely to use emotional violence against their wives as compared to younger husbands (Adebowale, 2018; Ali et al., 2011). Consistent with the literature, the study also found that alcohol abuse was a significant predictor of all four types of IPV as the odds of all types of violence were very high in women whose husbands' were abusing alcohol so it can be concluded that that alcohol or drug use by husband exacerbates IPV in marital relationships (Dhungel et al., 2017).

It was also found that women age and number of children also predict chances of IPV (Ali et al., 2011; Dhungel et al., 2017; Speizer, 2010). Women with more children are more financially dependent on their husbands and would be willing to tolerate more abuse and violence by their husbands (Meyer, 2012; Rusbult & Martz, 1995). From a resource perspective, husbands in households with more children will require more resources to maintain their role as a provider and the head of the family. Where the required resources are scarce, husbands will be more inclined to use violence as a resource to control their families and spouses. From a rational choice perspective, this proposition is especially applicable to paternalistic societies where the cost of violence against wife may be relatively low (Meyer, 2012). Another possible explanation for relationship between higher number of children and chances of IPV can be reproductive coercion which suggests that births are related to sexual coercion by intimate partner.

Another finding bolstering the empowerment hypothesis is that educated women are more empowered and are therefore less likely to be victimized through violence by their intimate partners (Ali et al., 2011). The study found no evidence of IPV in relation to working status of women nevertheless, this finding is important as previous literature provides divergent evidence on this issue, with some studies showing a higher (Adebowale, 2018) and others showing a lower (Ali et al., 2011) incidence of IPV among working wives. Evidence of emotional and less severe physical IPV was found in women who owned property (Adebowale, 2018). These findings support the critical or feminist explanation that economically empowered women, or in this case women with ownership of immovable assets like property or a house, can be perceived by husbands as a potential challenge to the existing power dynamics of their marital relationship, pushing them to resort violence as a strategy for restoring dominance (Iqbal & Fatmi, 2018). Further investigation is required to elucidate the relationship between women's economic empowerment and their chances of experiencing IPV in the Pakistani household context. Our study indicates that women's economic empowerment is a complex and multi-dimensional concept and different dimensions of this concept may be incongruously interacting with risk of IPV. However, this study clearly shows that control over husband's income can reduce chances of IPV (Raj et al., 2018). We have already pointed out that control over husband's income is an important indicator of economic empowerment in the household context as it entitles women to participate in day to day decision-making related to spending and saving. Women's autonomy in decision-making related to their physical and reproductive health was not found to be related to any of the four types IPV, with one exception. Women who could ask their husbands to use a condom during conjugal relations were less likely to experience

emotional violence. Therefore, we found some evidence that autonomy over reproductive health may reduce risk of emotional IPV. Autonomy in household decision-making was hypothesized to reduce risk of IPV however we have found that autonomy in household decision-making was unrelated to risk of experiencing IPV. Indeed, in one case we have found evidence to the contrary, that women who have more autonomy in decisions related to large household purchases are significantly more likely to experience severe IPV (Fakir et al., 2016). With respect to beliefs in patriarchy, results showed that risk of IPV was higher for women who believed that husbands were justified in beating wives if they challenged their authority in the social, interpersonal, and sexual domain and lower for those who believed that abuse is justified if women neglected their duties (Rahman et al., 2013).

The study suffers from some limitations. First, the study was a survey-based study and although the DHS instrument has adequate cross contextual validity, concepts such as empowerment, IPV, and patriarchy are very complex and at times culture specific. Second, this was a self-report study of IPV, and the data could be subject to the underreporting or overreporting bias. As discussed before, concepts such as empowerment and IPV are sensitive and there is probability that the information related to sexual and physical violence was underreported. Third, the study used cross-sectional data, making it difficult to establish causality between the independent and dependent variables (Dixon, Singleton & Straits, 2016). Additionally, cross-sectional data capture a snapshot at a given point in time which may not be representative, and cannot be used to study trends across time (Dixon, Singleton & Straits, 2016). Lastly, the data and hence the analysis was not based on case-control methods so the analysis cannot draw causal inferences (Tariq et al., 2018).

Notwithstanding the limitations mentioned above, this cross-sectional study was conducted using a representative national sample of Pakistan and the results presented here are fairly reliable across Pakistan. The results of the study can also be used to gain some insight into the relationship between women empowerment and IPV within the South Asian context. The study can help researchers identify groups of women that have a higher risk of experiencing IPV in Pakistan and other South Asia countries. Study shows that uneducated and poor women are at a greater risk of experiencing emotional and less severe violence. Women living in urban areas are at a greater risk of experiencing sexual IPV. Educated women and women with educated spouses are less likely to be victimized; whereas women holding patriarchal beliefs experience more IPV. Lastly, compared to other types of empowerment, women with greater control over their husband's income experienced less IPV.

Findings suggest that microfinance programs, entrepreneurship schemes, and other programs and policies that aim to economically empower women in Pakistan and South Asia can be more effective in reducing incidence of IPV if they can also increase domestic empowerment by securing women's control over the household income. Future research should further investigate this relationship and explore strategies for financially empowering women within the household context through education, awareness-raising, and social policy.

Conclusion

The study concludes that emotional IPV was the most pervasive form of violence. The relationship between economic empowerment and emotional IPV was mixed and requires further elaboration. Ownership of immovable property, in our case respondent owning land, increased risk of emotional violence. Control over husband's income can be considered a stronger measure of economic empowerment in the household context as it can empower women to routinely participate in decisions related to spending and saving. Financial empowerment and autonomy related to reproductive health can improve the status of the woman in the household and reduce the risk of victimization in the household context. Women who believe in patriarchal values can become willing victims, and by not offering resistance to their husbands can perhaps remove the strongest mechanism of control over the husband's violent behavior. There is also a need to address poverty as low-income families usually live in culturally conservative pockets where IPV against women is more common and socially accepted. Having more children also increased the probability of emotional and less severe IPV against women. This provides evidence that women would be willing to tolerate more abuse and violence as their dependency (especially financial dependency) over their husband's increases. We have found that empowerment of women reduces risk of IPV. However, this negative influence on IPV seems to be primarily confined to less serious forms of IPV such as emotional IPV and less severe IPV. This is an important observation for policymakers. Empowering women in the household context can enable them to counter and prevent less serious form of IPV. When violence escalates, empowerment alone may not provide an adequate solution. Here a more proactive and structure-oriented approach that aims at providing help and support at the community and family level to women who are being victimized in their homes will be more beneficial.

Declaration of Conflicting Interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The author(s) received no financial support for the research, authorship, and/or publication of this article.

ORCID iD

Mohammad Vaqas Ali  <https://orcid.org/0000-0001-6933-9430>

References

- Adebowale, A. S. (2018). Spousal age difference and associated predictors of intimate partner violence in Nigeria. *BMC Public Health, 18*(1), 212.
- Adeel, M., & Yeh, A. G. (2018). Gendered immobility: Influence of social roles and local context on mobility decisions in Pakistan. *Transportation Planning and Technology, 41*(6), 660–678.
- Ali, T. S., Asad, N., Mogren, I., & Krantz, G. (2011). Intimate partner violence in urban Pakistan: Prevalence, frequency, and risk factors. *International Journal of Women's Health, 3*, 105.
- Allen, C. M., & Straus, M. A. (1975). Resources, power, and husband–wife violence. *National Council on Family Relations, 12*, 1–29.
- Anand, E., Unisa, S., & Singh, J. (2017). Intimate partner violence and unintended pregnancy among adolescent and young adult married women in south Asia. *Journal of Biosocial Science, 49*(2), 206–21.
- Atkinson, M. P., Greenstein, T. N., & Lang, M. M. (2005). For women, breadwinning can be dangerous: Gendered resource theory and wife abuse. *Journal of Marriage and Family, 67*(5), 1137–1148.
- Bouffard, L. A., & Muftić, L. R. (2006). The “rural mystique:” Social disorganization and violence beyond urban communities. *Western Criminology Review, 7*(3), 56–66.
- Castro, R., Casique, I., & Brindis, C. D. (2008). Empowerment and physical violence throughout women’s reproductive life in Mexico. *Violence Against Women, 14*(6), 655–677.
- Croft, T. N., Aileen, M. J. M., & Courtney, K. A. (2018). *Guide to DHS Statistics: DHS-7*. https://dhsprogram.com/pubs/pdf/DHSG1/Guide_to_DHS_Statistics_DHS-7.pdf
- Dalal, K. (2011). Does economic empowerment protect women from intimate partner violence? *Journal of Injury and Violence Research, 3*(1), 35–44.
- Dhungel, S., Dhungel, P., Dhital, S. R., & Stock, C. (2017). Is economic dependence on the husband a risk factor for intimate partner violence against female factory workers in Nepal? *BMC Women's Health, 17*(1), 82.

- Dixon, J. C., Singleton, R., & Straits, B. C. (2016). *The process of social research*. Oxford University Press.
- Durevall, D., & Lindskog, A. (2015). Intimate partner violence and HIV in ten sub-Saharan African countries: What do the Demographic and Health Surveys tell us? *The Lancet Global Health*, 3(1), e34–e43.
- Fakir, A. M., Anjum, A., Bushra, F., & Nawar, N. (2016). The endogeneity of domestic violence: Understanding women empowerment through autonomy. *World Development Perspectives*, 2, 34–42.
- Hindin, M. J., & Adair, L. S. (2002). Who's at risk? Factors associated with intimate partner violence in the Philippines. *Social Science & Medicine*, 55(8), 1385–1399.
- ICF International. (2016). *Demographic and Health Surveys Domestic Violence Module, Demographic and Health Surveys Methodology*. ICF International.
- Iqbal, M., & Fatmi, Z. (2018). Prevalence of emotional and physical intimate partner violence among married women in Pakistan. *Journal of Interpersonal Violence*. <https://doi.org/10.1177/0886260518796523>
- Kelly, U. A. (2011). Theories of intimate partner violence: From blaming the victim to acting against injustice intersectionality as an analytic framework. *Advances in Nursing Science*, 34(3), E29–E51.
- Kubrin, C. E., & Wo, J. C. (2016). Social disorganization theory's greatest challenge: Linking structural characteristics to crime in socially disorganized communities. *The Handbook of Criminological Theory*, 4, 121–136.
- LaBore, K., Ahmed, T., Rizwan-ur-Rashid, , & Ahmed, R. (2019). Prevalence and predictors of violence against women in Pakistan. *Journal of Interpersonal Violence*. <https://doi.org/10.1177/0886260518824652>
- Lawoko, S. (2006). Factors associated with attitudes toward intimate partner violence: A study of women in Zambia. *Violence and Victims*, 21(5), 645–656.
- Lawson, J. (2012). Sociological theories of intimate partner violence. *Journal of Human Behavior in the Social Environment*, 22(5), 572–590.
- Lee, M., Stefani, K. M., & Park, E. C. (2014). Gender-specific differences in risk for intimate partner violence in South Korea. *BMC Public Health*, 14(1), 415.
- MacQuarrie, K., Mallick, L., & Kishor, S. (2016). *Intimate partner violence and interruption to contraceptive use*. ICF International.
- Marshall, A. D., & Holtzworth-Munroe, A. (2002). Varying forms of husband sexual aggression: Predictors and subgroup differences. *Journal of Family Psychology*, 16(3), 286.
- Meyer, S. (2012). Why women stay: A theoretical examination of rational choice and moral reasoning in the context of intimate partner violence. *Australian & New Zealand Journal of Criminology*, 45(2), 179–193.
- Mukherjee, A. (2015). Transmission of intergenerational spousal violence against women in India. In Y. Djamba & S. Kimuna (Eds.), *Gender-based violence* (pp. 215–238). https://doi.org/10.1007/978-3-319-16670-4_10
- Murshid, N. S., & Critelli, F. M. (2020). Empowerment and intimate partner violence in Pakistan: Results from a nationally representative survey. *Journal of Interpersonal Violence*, 35(3–4), 854–875.

- National Institute of Population Studies (NIPS) and ICF. (2018). *Pakistan Demographic and Health Survey 2017–2018*. https://www.nips.org.pk/abstract_files/PDHS%20-%202017-18%20Key%20indicator%20Report%20Aug%202018.pdf
- Rahman, M., Hoque, M. A., & Makinoda, S. (2011). Intimate partner violence against women: Is women empowerment a reducing factor? A study from a national Bangladeshi sample. *Journal of Family Violence, 26*(5), 411–420.
- Rahman, M., Nakamura, K., Seino, K., & Kizuki, M. (2013). Does gender inequality increase the risk of intimate partner violence among women? Evidence from a national Bangladeshi sample. *PLoS One*. <http://doi.org/10.1371/journal.pone.0082423>
- Raj, A., Silverman, J. G., Klugman, J., Saggurti, N., Donta, B., & Shakya, H. B. (2018). Longitudinal analysis of the impact of economic empowerment on risk for intimate partner violence among married women in rural Maharashtra, India. *Social Science & Medicine, 196*, 197–203.
- Rusbult, C. E., & Martz, J. M. (1995). Remaining in an abusive relationship: An investment model analysis of nonvoluntary dependence. *Personality and Social Psychology Bulletin, 21*(6), 558–571.
- Schuler, S. R., & Nazneen, S. (2018). Does intimate partner violence decline as women's empowerment becomes normative? Perspectives of Bangladeshi women. *World Development, 101*, 284–292.
- Silverman, J. G., Decker, M. R., Kapur, N. A., Gupta, J., & Raj, A. (2007). Violence against wives, sexual risk and sexually transmitted infection among Bangladeshi men. *Sexually Transmitted Infections, 83*(3), 211–215.
- Speizer, I. S. (2010). Intimate partner violence attitudes and experience among women and men in Uganda. *Journal of Interpersonal Violence, 25*(7), 1224–1241.
- Sween, M., & Reyns, B. W. (2017). An empirical test of target congruence theory on intimate partner violence. *Deviant Behavior, 38*(1), 61–73.
- Tariq, J., Sajjad, A., Zakar, R., Zakar, M. Z., & Fischer, F. (2018). Factors associated with undernutrition in children under the age of two years: Secondary data analysis based on the Pakistan demographic and health survey 2012–2013. *Nutrients, 10*(6), 676.
- Uthman, O. A., Lawoko, S., & Moradi, T. (2009). Factors associated with attitudes towards intimate partner violence against women: A comparative analysis of 17 sub-Saharan countries. *BMC International Health and Human Rights, 9*(1), 14.
- Vyas, S., & Watts, C. (2009). How does economic empowerment affect women's risk of intimate partner violence in low and middle income countries? A systematic review of published evidence. *Journal of International Development: The Journal of the Development Studies Association, 21*(5), 577–602.
- Waltermaurer, E. (2005). Measuring intimate partner violence (IPV) you may only get what you ask for. *Journal of Interpersonal Violence, 20*(4), 501–506.
- World Health Organization. (2013). *Global and regional estimates of violence against women: Prevalence and health effects of intimate partner violence and non-partner sexual violence*. <https://apps.who.int/iris/bitstream/han>

dle/10665/85239/9789241564625_eng.pdf;jsessionid=39952B9F8DA4E7269323F617214A2633?sequence=1

Author Biographies

Mohammad Vaqas Ali has a PhD in Criminal Justice from Michigan State University, United States. He is currently working as an assistant professor in the Department of Sociology and as a Director of Population Research Center at Forman Christian College (A Chartered University), Lahore, Pakistan. His research interests include terrorism and its coverage in mass media, social construction of national conflicts in mass media, violence and radicalization research.

Jawad Tariq is a doctoral scholar in the Department of Sociology, University of the Punjab, Lahore, Pakistan. He is currently working as an assistant professor in the Department of Sociology and as a Coordinator of Population Research Center at Forman Christian College (A Chartered University), Lahore, Pakistan. His research interests include aging and social policy, organizational culture and its implications, and family dynamics.