

Domestic Violence Against Infertile Women in Karachi, Pakistan

Neelofar Sami¹ and Tazeen Saeed Ali²

¹Department of Community Health Sciences, ²School of Nursing,
Agakhan University, Karachi - 748 000, Pakistan

E-mail : neelofar.sami@aku.edu

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Abstract - This study investigates the prevalence of physical and psychological violence against infertile women in Karachi, Pakistan. A total of 400 infertile women attending the selected infertility clinics in Karachi, Pakistan were interviewed using the Abuse Assessment Screen (AAS) questionnaire to investigate their experiences of physical and psychological violence. Out of 400 infertile women, 278 (64%) reported to be the victims of violence during the last 12 months before they were interviewed. Nearly one quarter (23.1%) reported facing physical violence. All women reported their husbands and their family members to be the perpetrators. It is concluded that Clinicians should identify the abused women and provide them with medical care and supportive counseling.

Keywords: Physical Violence, Psychological Violence, Women, Infertility

I. INTRODUCTION

Infertility is the inability of a couple in the reproductive age group to achieve pregnancy within 12 months of unprotected intercourse. It may be primary or secondary in nature. Primary infertility refers to couples who have never conceived whereas in secondary infertility couples are unable to conceive after previous pregnancy irrespective of their outcomes [1]. The WHO estimates that globally 8-12% of couples are infertile [2].

Reproduction, a natural desire and a fundamental human need [3] is considered to be the most important element for enduring marital relationship especially in South Asian countries. However, it is woman who is believed to be responsible for producing next generation. Her secure status in husband's home and her cultural and social identities [4] are very much dependent on her ability to produce desired number and sex of children [5]. Woman's inability to reproduce, i.e., infertility, becomes a threat for her status in the society and she could become the victim of various forms of violence [6]. This could lead to serious implications for psychological, physical, economical and social well-being for women as motherhood is seen as a supreme achievement for a woman and demonstrates her physical and psychological adequacy [3]. Pakistan's culture is not different from those of

other Asian countries. The prevalence of infertility in the country is 22% with almost equal prevalence of causes among men and women [7]. However, it is the woman who bears the brunt of being infertile and faces severe psycho-social consequences [8].

A study was conducted to estimate the prevalence of physical and psychological violence in a sample of infertile women seeking treatment from selected infertility clinics in Karachi, Pakistan.

II. METHODOLOGY

This is a cross sectional study with 400 currently married women aged 15-35 years seeking treatment for primary or secondary infertility from selected infertility clinics in Karachi, Pakistan. The women were interviewed in the absence of their husbands. The data was collected from May to August 2006. A structured questionnaire modified from the Abuse Assessment Screen (AAS) questionnaire [9], a standardized and validated screening tool [10] was used to determine frequency and type of violence against infertile women. Additionally, information for socio-demographic variables for respondent and their husbands was obtained through a separate questionnaire.

The original questionnaire was translated into Urdu and was pretested. The interviewers were gynecologists who, after recruitment, were given a formal training. The Ethical Review Committee of Aga Khan University gave the ethical approval for the study. Informed written consent was taken from all the respondents and administrators of infertility clinics.

Statistical analysis was performed using SPSS version 11.5 (SPSS, Chicago, IL, USA). The t test, χ^2 test, and z-test were used, where appropriate, for comparing the groups of non-victims and victims of violence. $P < 0.05$ was considered significant.

III. RESULTS

A. Socio-Demographic Profile

Out of 400 infertile women, 278 (64%) reported to be the victims of violence during the last 12 months before they were interviewed.

The socio-demographic characteristics of women who belonged to the groups of victims and non-victims of violence are given in Table I. There were no significant differences in age and duration of marriage and infertility between the two groups ($P>0.05$).

The educational level and employment status of respondent did not show any differences in two groups. However, there were associations between husband's low education and unemployment status and violence against women ($P<0.05$).

B. Pregnancy Outcome

Out of 400 women, 274 (68.5%) did not have any live children. Out of 126 women who had live births, 110 had only one live birth and 16 had more than one live birth followed by

infertility. Out of 126 women who had live births, 84 women did not have a son (Figure 1).

There was strong association between violence against women and the infertility status. The women with no live children were more likely to be the victims of violence compared to those who had a live child ($P<0.05$). Also women who did not have a son were more often the victims of violence compared to those who had a son ($P<0.05$).

C. Types of Violence

The types and prevalence of violence against infertile women is shown in Table II. The verbal abuse was most common type of violence faced by infertile women. This was followed by threat of violence and intimidation for divorce and ejection from home. Nearly one quarter of women (23.1%) reported to be physically abused. The perpetrators were either the husbands or their family members.

1. Impact on Social Relationship

More than two third (67.7%) of victims of violence reported that infertility has affected the inter-spousal

TABLE I CHARACTERISTICS OF THE INFERTILE WOMEN AND THEIR HUSBANDS

Characteristics	Victims of Violence (n=268)	Not Victims of Violence (n=132)	P value
Respondent's Age (years)	28.9 ±4.3	29.1 ±3.8	>0.05
Husband's age (years)	34.5 ±5.2	33.8 ±6.3	>0.05
Duration of marriage (years)	11.0±5.2	10.7±4.9	>0.05
Duration of infertility (Years)	7.33±2.78	8.31±3.65	>0.05
Education respondent			>0.05
Primary and below	156(58.4)	74 (56.0)	
Above Primary	112(41.6)	58 (43.9)	
Education Husband			<0.05
Primary and below	89(33.2)	34(25.8)	
Above Primary	179(66.7)	98(74.2)	
Employment status of respondent			>0.05
House wife	256(87.5)	111 (84.1)	
Employed	12(12.5)	21 (15.9)	
Employment status of husband			<0.05
Unemployed	34(12.6)	8 (6.0)	
Employed	234(87.3)	124 (94.1)	

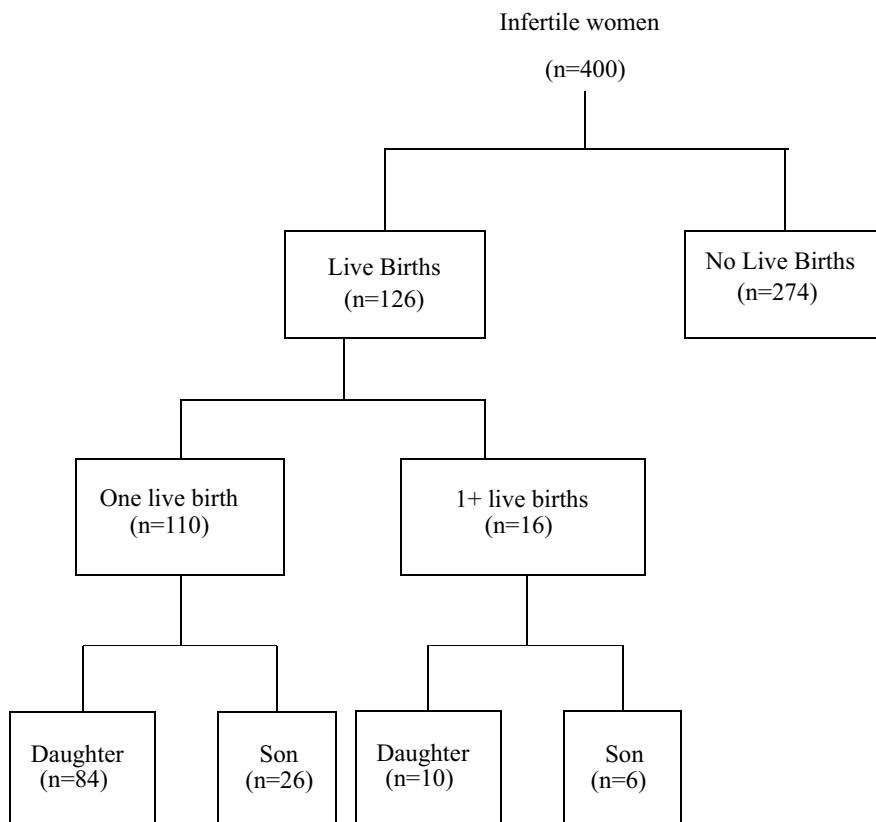


Fig. 1 Pregnancy Outcomes of Infertile Women Attending the Infertility Clinics In Karachi, Pakistan.

TABLE II PREVALENCE OF TYPES OF VIOLENCE AMONG THE INFERTILE WOMEN (N=268)

Type of violence ^a	n	%
Physical	62	23.1
Verbal	163	60.8
Ridicule	74	27.6
Threat of violence	113	42.1
Threat for divorce/ejection from home	104	38.8

a: Multiple responses, do not add up to 100

relationship negatively. Approximately 60% of women held infertility responsible to be the cause of argument among the couple in day-to-day life and even the usual discussion results in taunting by their husbands/in-laws for their inability to reproduce. 32% of victims of violence mentioned that their husbands and their family members blamed the women being unlucky for the whole family too.

2. Impact on Marital Stability

Of the victims of violence interviewed, a little over one third (38.8%) reported to be threatened for divorce and sending back to parents' homes. In majority of the cases, it was the women's in-laws (65%) who threatened the women. However, husbands threatened their wives too (30.2%).

The threats for divorce and husband's remarrying were directly related to the pregnancy outcomes and the gender of the live births. Approximately 53 % of the women who were threatened for divorce did not have any live births.

Those who had a live birth, sex of child was related to threats to divorce and ejection from home and majority of these women (70%) did not have a male child.

Since we interviewed only currently married women, we cannot comment how many women were actually divorced due to infertility. However, 11 women reported that their husbands had remarried. Of these, 7 women had all their pregnancies ending up abortions or still births. Remaining 4 women reported to have a live birth but did not have a son.

Because of their inability to give birth to live child, 17 women remembered that they were sent back to their parent's homes at least once out of which six women had faced such experiences more than once.

IV. DISCUSSION

Infertility is a stressful condition as infertile women suffer from anxiety and depression because of not having a child as well as due to the fear of losing husbands' interest [11]. The situation becomes gloomier for those women who become the victims of violence due to infertility or for not having a son.

The study has shown that the infertile women are not only socially stigmatized but have to bear the brunt of being infertile and become the victims of violence too. This is irrespective of the fact that who has the cause of infertility. This has been shown by similar studies conducted in south Asian countries like Bangladesh and India [12,13,14]. This is probably due to the fact that it is the woman who has to

undergo child bearing.

The results of this study highlights that infertility negatively affected the marital relationship and subjected the women to contempt and exploitation. The women, who could not reproduce at all, faced poor outcomes of pregnancy or were unable to give birth to sons, were being ridiculed. These women not only faced the threats of divorce, husband's remarrying or sending back to parents' home but experienced these consequences too. Infertility has been reported as a major cause of marital discord and divorce in some countries like Turkey and Iran. Since, in our study, only those women living with their spouse were interviewed, we cannot comment on infertility as a cause of divorce.

Commonly, infertility itself is a chronic stressor with no clear solution and often results in strong feelings of doubt and ambiguity about the future [15,16,17]. Moreover, while receiving treatment there is continued hope by the couple that the woman will become pregnant. The unsuccessful events of treatment end up in feelings of helplessness and powerlessness, especially by the women [18]. Such feelings of uncertainty and skepticism result in resentment, misery, grief and guilt and affect the physical and psychological well-being of the woman. Such consequences are augmented if women become the victims of violence due to infertility.

Violence against infertile women is a predicament with critical consequences. There is evidence that women who experience domestic violence because of infertility are generally twice as vulnerable as women with children [19]. Our study has found a higher prevalence of violence against infertile women than in other countries [20,21,22]. This is quite alarming as the effects of violence could be fatal [23]. Such effects may be much more intense for an infertile woman who already suffers from severe stress, depression and anxiety due to the dilemma of infertility. There is a dire need to develop and assess various psycho-social supportive interventions for infertile women [24].

The study has shown that there is no association between violence against infertile women and women's educational and employment status. However, like other studies [25, 26] there has been a strong relationship between violence against infertile women and husband's educational and employment status. The women were more likely to be the victims of violence where husbands' educational status was low and they were unemployed.

Our study shows the husbands and their family members to be the perpetrators for violence against women. This is similar to other studies conducted in Iran and Turkey [26,27].

In the present study, majority of the abused women were threatened by their husbands for divorce and ejection from home. In other studies, husbands' remarriages has been reported as a solution for infertility as children are considered important for the continuation of the family and providing support to parents in their old age [12].

There are several limitations to the study. The sample size was small and selective and consisted of women attending infertility clinics for the treatment so were not the representatives of general population in Pakistan. Additionally, though infertility is a couple's problem, the results represent the views off infertile women only as we did not interview men. Additionally, we were unable to answer if prevalence of domestic violence is higher in infertile women than in the general female population in Pakistan. Further studies are necessary to clarify the situation. Also we were unable to comment on sexual violence as pretest the questions in this regard had to be removed as these were culturally sensitive issues.

V. CONCLUSION

In Pakistan, only woman is being considered responsible for child bearing and bears the brunt of being infertile. This is irrespective of with whom the cause of infertility lies. People in general and infertile couples in particular should be provided with appropriate information regarding the causes of infertility that either of the partners could be responsible. Also the husbands and their families should be counseled for the fact that it is the man's chromosome, and not woman's that determines the sex of child so woman is not responsible for inability to give birth to son.

Most people receiving infertility treatment experience high levels of stress and only some will use communication and coping strategies to reduce it. It is important for the service providers to understand the stress of infertile couples. The couples must be offered counseling and support because of the stress and anxiety due to persistent infertility.

Women with infertility are extremely vulnerable patients with poor reproductive health and it is their right to have special attention and care [28]. Generally, domestic violence

being under reported is often overlooked by most of the physicians. Routine screening for domestic violence in infertility clinics should be mandatory to identify the victims and to facilitate them with appropriate health care and support services.

In conclusion, domestic violence against infertile women should not be neglected. It is the responsibility of physicians managing infertility to ascertain the victims of violence and facilitate them to overcome their problems related to infertility and violence.

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