Intimate partner violence and contraception in Pakistan: Results from Pakistan Demographic and Health Survey 2012–13

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ABSTRACT

This study examined the association between reports of IPV and the use of contraceptives among a sample of 658 women from the Pakistan Demographic and Health Survey 2012–13. Sample characteristics, bivariate associations, and multivariate analyses were conducted. Three types of IPV were examined as predictors of different types of contraceptive use/intention. Results from multinomial logistic regressions indicated that if lifetime prevalence of physical violence, past-year physical violence, and emotional violence increased by one unit each, the relative risk for using modern methods of contraception increased significantly by a factor of 3.15, 2.75 and 3.44 respectively. If lifetime prevalence of physical violence and past-year physical violence increased by one unit each, the relative risk for using traditional methods of contraception increased significantly by a factor of 4.02 and 2.34. If lifetime prevalence of physical violence and emotional violence increased by one unit each, the relative risk for intending to use contraceptives increased significantly by a factor of 2.42 and 1.97 respectively. Policy and practice implications are discussed.

Introduction

Globally, approximately 35% of women experience any form violence at least once in their lifetimes, and about one in three women in relationships experience intimate partner violence (Falb, Annan, & Gupta, n.d.; WHO, 2016). Women in the Global South are particularly vulnerable to violence given structural factors like poverty, political instability, climate change, weak institutions that contribute to gender inequality, and patriarchal norms that maintain violence against women in all spheres including in the home (Hindin, Kishor, & Ansara, 2008; WHO, 2016). The possible effects of intimate partner violence on women's reproductive health, particularly regarding rate of use of contraceptives, increased chances of contracting sexually transmitted diseases, and increased risk of unwanted pregnancies, have only been explored in some countries in the global South although such effects have been well documented in the global North (Silverman, Gupta, Decker, Kapur, & Raj, 2007; Stephenson, Koenig, Acharya, & Roy, 2008; Williams, Larsen, & McCloskey, 2008). The current study examines the association between intimate partner violence and use of contraceptives while controlling for potential confounders age, education, employment status, presence of children, number of household members, wealth assets, and urban vs. rural residence in Pakistan a country in the global South that is steeped in patriarchy and gender inequality (Agha, 2016). The intention of the study is to begin to address an important

gap in the current literature while also informing policy and practice in international development.

Pakistan has one of the highest rates of intimate partner violence against women in the world and ranks 147 out of 188 on gender equality on the Gender Inequality Index (GII) of the United National Development Program (UNDP, 2014), indicating that women are chronically vulnerable to violence (Ali, Asad, Mogren, & Krantz, 2011; Ali, Israr, Ali, & Janjua, 2009; Rizvi, Khan, & Shaikh, 2014). At the same time, the reported rates of reproductive and sexual health indicators such as incidence of HIV are relatively high compared to neighboring countries like Bangladesh. UNAIDS, the United Nations agency that focuses on AIDS, reports that 94,000 individuals in Pakistan were living with HIV in 2014 (UNAIDS, 2014), while 8900 individuals were living with HIV in Bangladesh in 2014 despite similar ranks in terms of gender inequality. Meanwhile, the rate of unintended pregnancies is high as well, at 48%, indicating low uptake of contraceptives (Institute, 2015; Klima, 1998). These rates of HIV prevalence and unintended pregnancies when coupled with the high rates of reported intimate partner violence underscore the need for understanding how intimate partner violence may be associated with contraceptive use in Pakistan.

Intimate partner violence and use of contraceptives

Research from the Global North indicate that when women

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experience intimate partner violence, particularly sexual violence, they are forced to cede control over their own bodies to their abusers. As abusive husbands force unprotected sex on their partners, they are often unable to negotiate the use of contraceptives such as condoms (Campbell, 2002). This loss of control, as reflected in women's inability to access and use contraceptives, is associated with higher odds of contracting sexually transmitted infections, experiencing unwanted pregnancies, and undergoing unsafe abortions particularly in regions where abortion services are illegal or stigmatized; indeed, this is the case in many parts of the United States (Boonstra & Nash, 2014; Campbell, 2002; Wilson-Williams, Stephenson, Juvekar, & Andes, 2008; Wyatt et al., 2000).

Studies from the Global South are few in comparison and they report mixed findings regarding intimate partner violence and contraceptive use. A national study of women in Colombia reported that sexual violence was associated with decreased use of contraceptives (Gomez, 2011). Similarly, another study found that women in India who experienced intimate partner violence were less likely to use contraceptives and more likely to report unwanted pregnancies (Stephenson et al., 2008). National studies of women in Bangladesh, however, consistently have found that women who experienced intimate partner violence were more likely to use contraceptives (Dalal, Andrews, & Dawad, 2012; Murshid & Ely, 2016). This may be attributed to the widespread availability of contraceptives in Bangladesh where individuals can access contraceptives without a prescription (Murshid & Ely, 2016). In countries where access to contraceptives is tied to access to health care and health insurance, women, particularly those in violent relationships, are unable to access contraceptives.

A key concept that has received relatively little attention in the literature examining associations between intimate partner violence and contraceptive use in the Global South that is addressed in the current study is the type of contraceptives that women may have access to and thereby use as well as the intention to use contraceptives by non-users of contraceptives. This is important to assess to get an understanding of the social acceptability of different types of contraceptives. It is also important to include intention to use contraceptives among current non-users as part of such a measurement tool to get an understanding of social acceptability of contraceptive use among non-users. The present study addresses this issue by constructing a measurement of contraceptive use that breaks it down by type of contraception: modern methods of contraception, traditional methods of contraception, intention to use contraception by non-users, and no intention to use contraception by non-users.

Additionally, there is a need to understand whether different types of intimate partner violence have differential impact on type of contraceptives used in order to inform policy and practice surrounding women's reproductive health. The present study, thereby, assesses whether lifetime prevalence of physical violence, past year physical violence, emotional violence, and controlling behaviors by husbands inform type of contraceptive use among a nationally representative sample of women in Pakistan.

Based on studies that indicate that age, education, employment, presence of young children, number of household members, wealth, and urban dwelling also inform contraceptive use, the present study accounts for these factors in the multivariate models (Ali, Rizwan, & Ushijima, 2004; Murshid & Ely, 2016; Rizvi et al., 2014; Ross & Hardee, 2013).

Methods

Data

Using data from a nationally representative sub-sample of 658 women between the ages of 15 and 49 years who responded to the domestic violence module as well as questions on contraceptive use, and listwise deletion of missing data from the Pakistan Demographic

and Health Survey 2012–13 (PDHS), the present study examined whether different types of intimate partner violence—physical violence, emotional violence, and controlling behaviors—were associated with different types of contraceptive use or intention to use. The original data was collected from a national sample of women randomly sampled via a two-stage stratified sampling design that involved selection enumeration areas and then households from which respondents were selected. Further details about the study design can be found in the DHS report on Pakistan (Studies, 2013). Missing data accounts for the reduced sample size of the current study. The difference between the original sample and the reduced sample is not statistically different when compared on variables of interest.

Measures

The dependent variable *contraceptive use* was measured by women's reports of contraceptive use as collected in the DHS. Women indicated whether they used a modern method (IUD, condoms, contraceptive pills), a traditional method (withdrawal or rhythm), or whether they were non-users who intended to use contraceptives later, or non-users who did not intend ever to use contraceptives. Contraceptive use was created as a categorical variable.

The independent variables were measured as follows:

Physical violence was measured by a conflict tactics scale (Straus) modified for the DHS. Women were asked about lifetime and past-year occurrence of the following events: being pushed, shaken, or having something thrown at them; being slapped; being punched with a fist or hit with something harmful; being kicked or dragged; being strangled or burnt; and being threatened with a knife, gun, or other weapon.

Emotional violence was measured by three questions asking women if they had ever been humiliated, threatened with harm, or insulted or made to feel bad by their husbands/partners. Women who reported experiencing any of these were deemed to have experienced emotional violence.

Controlling behaviors by husbands was measured through five questions. Women were asked if their husbands or partners i) were jealous if they talked to other men, ii) accused them of being unfaithful, iii) did not permit them to meet female friends, iv) tried to limit their contact with family members, or v) insisted on knowing where they were. Women who reported experiencing any of the above were deemed to have husbands who use controlling behaviors.

Control variables included demographic variables age, education, employment, children, number of household members, wealth, and urban dwelling. Wealth was measured by the DHS using an index based on material assets such as television sets and materials used to construct their residences, which was then used to categorize respondents into the following groups: poorest, poor, middle, richer, and richest.

Analytic plan

Sample characteristics were computed to arrive at population estimates for all variables: contraceptive use, physical violence, emotional violence, controlling behaviors by husbands, and demographic variables.

Bivariate multinomial regressions were conducted to compute relative risk ratios between all independent variables and dependent variables, while bivariate and multivariate multinomial logistic regressions were conducted to compute unadjusted and adjusted relative risk ratios (RRR) between key independent and dependent variables. RRRs can be interpreted as following: "for a unit change in the predictor variable, the relative risk ratio of outcome relative to the referent group is expected to change by a factor of the respective parameter estimate, given the variables in the model are held constant"(IDRE, 2016). The referent group in the present study consists of those who responded that they were non-users of contraceptives and had no intention of using contraceptives in the future. The multivariate model controlled for age,