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Intimate Partner Violence in Pakistan: A systematic review

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Abstract

Intimate partner violence (IPV) is a major social and public health problem affecting people in various cultures and societies. Though the issue of IPV in Pakistan has been researched since the 1990s, no attempt has been made systematically to review the available evidence on IPV in Pakistan.

This article presents findings of a systematic review of available empirical literature related to IPV in Pakistan. Using various key words, MEDLINE, CINAHL, and PsycINFO were searched to identify relevant studies. This resulted in the identification of 55 potential studies for inclusion. After application of exclusion criteria 23 studies were identified, 20 of which used quantitative research designs, two used qualitative designs and one adopted a mixed method case study approach. All studies reported men as the perpetrators of IPV and women as its victims. Findings are presented and discussed for IPV for its forms, predictors, effects and victims' responses. Pakistani peoples' perceived reasons for and their attitudes towards IPV are also presented and discussed.

Keywords: Intimate partner violence, domestic violence, IPV, Pakistan, Review

INTRODUCTION

Intimate partner violence (IPV) is used to describe violence or a pattern of abusive behaviors between intimate partners (Toro-Alfonso & RodrIguez-Madera, 2004). This term not only suggests that violence can be perpetrated by women as well as men with no restriction to marital, heterosexual or homosexual relationships, but also helps in distinguishing IPV from other types of violence such as child abuse and elder abuse. The World Health Organization (WHO) (1997) defines IPV as a range of sexually, psychologically, and physically coercive acts used against women by current or former male intimate partners. Though this definition identifies men as perpetrators of violence against women, WHO later (2002) acknowledged that women can also be violent towards their male partners (Anderson, 2002; Archer, 2000, 2002; Brown, 2004; Capaldi, Kim, & Shortt, 2007; Capaldi & Owen, 2001; Hamberger & Potente, 1994; Straus & Gelles, 1986).

IPV is considered a major public and social health problem in more developed as well as in less developed countries such as Pakistan (Andersson, Cockcroft, Ansari, Omer, Chaudhry et al., 2009; Andersson, Cockcroft, Ansari, Omer, Ansari et al., 2009). The Islamic Republic of Pakistan is predominantly a patriarchal society where a girl child from her birth is taught to follow or obey males (Niaz, 2004). From childhood, a girl is socialized to be silent, patient and submissive, to become a selfless person who is pleased to keep her husband and her in-laws, especially her mother-in-law, happy (Hamid, Johansson, & Rubenson, 2010; Hussain, 1999; Winkvist & Akhtar, 2000). IPV is regarded as a private matter, as it occurs within the family and, therefore, is not an appropriate focus for external assessment, intervention or policy changes (Andersson, Cockcroft, Ansari, Omer, Ansari et al., 2009; Fikree & Bhatti, 1999; Mumtaz, Salway, Shanner, Bhatti, & Laing, 2011). It is considered to be “generally part of the patterns of abusive behavior and control rather than an isolated act of physical aggression” (Niaz, 2004, p. 61).

Marriage is the only socially acceptable way for two adults to live in an intimate relationship in Pakistan. Women often prefer to stay in an abusive relationship due to real or

imagined fear of harm by their husbands and in-laws, lack of financial support, concern for their children's safety and future, stigmatization, emotional dependence, lack of support from family and friends and, finally, hope that their husband will change his behavior (Andersson, Cockcroft, Ansari, Omer, Ansari et al., 2009; Niaz, 2004). Divorce, though permitted, is generally considered taboo and stigmatizing and is, therefore, discouraged (Khan, Islam, & Kundi, 1996). The national survey in Pakistan of violence against women (VAW) , to which 23430 women from across the country responded, reported a divorce rate of only 1% (Andersson, Cockcroft, Ansari, Omer, Ansari et al., 2009).

The issue of VAW in Pakistan is often discussed and highlighted in the print and electronic media at national and international levels. For example, various Non-Governmental Organizations (NGOs) such as the Human Rights Commission for Pakistan provide some evidence of VAW, typically obtained from the press and official bodies such as the police (Andersson, Cockcroft, Ansari, Omer, Chaudhry et al., 2009). According to the figures provided by Aurat Foundation (2013), during 2012 a total of 7516 cases of VAW across the country were reported. This figure includes cases of abduction/kidnapping (1607), murder (1747), domestic violence (989), honor killing (432), rape/gang rape (820), sexual assault (63), and acid throwing (83). Table 1 provides numbers of the reported cases of VAW across the country between 2008-2012. The Aurat Foundation (2012) also reports that relatives such as husband, brother, cousin, father, uncle, father and mother-in-law, brother-in-law, son or step son remain the most common perpetrators of VAW. Though such evidence is important and provides an insight in to the extent of VAW in Pakistan, empirical evidence about IPV in Pakistan is scarce (Andersson, Cockcroft, Ansari, Omer, Chaudhry et al., 2009). No attempt has so far been made to aggregate and systematically review the evidence related to IPV in Pakistan. In order to understand the issue of IPV in Pakistan and to identify the need for further research it is important to review the available evidence. The aim of this study, therefore, is to systematically review and synthesize the available

empirical evidence related to IPV in Pakistan to enhance understanding of IPV there and help to identify areas for further research.

METHODS

Eligibility Criteria

Any empirical study that explored IPV in Pakistan was included for possible inclusion in the review. For inclusion, studies had to be (a) based on empirical data; (b) written in English; (c) published in a peer reviewed journal; (d) published during the period 1985-2011. English is the official language of Pakistan as well as for research and academic publication in Pakistan. Scholarly or theoretical papers, editorials, commentaries, and articles published in any language other than English were excluded from the review.

Data Sources

For the purpose of this systematic review, a comprehensive literature search using the search engines MEDLINE, CINAHL, and PsycINFO was performed. Keywords used in the search included domestic violence AND Pakistan, domestic violence in Pakistan, intimate partner violence AND Pakistan, intimate partner violence in Pakistan, wife abuse AND Pakistan, spousal abuse in Pakistan, spousal violence AND Pakistan, women abuse in Pakistan, women abuse AND Pakistan, violence against women AND Pakistan, and violence against women in Pakistan. A search was also conducted using Google and Google Scholar to identify studies not published in indexed journals. In addition, the reference list of each article was scrutinized to identify studies that may not have been listed in the searched databases.

Study Selection and Data Extraction

The initial search resulted in the identification of 55 potentially relevant studies. Review of the titles and abstracts of identified papers resulted in the selection of 28 studies that met the inclusion criteria. As mentioned previously, scholarly or theoretical papers, editorials, commentaries, and

articles published in any language other than English were excluded from the review. The full text was retrieved for all of these 28 articles and two independent reviewers read these articles to determine inclusion. This review resulted in narrowing the set of articles down to 23 which are identified in Table 1. We also tried to find literature focusing on IPV in Pakistani diaspora living elsewhere in the world. There were some studies that included Pakistani participants amongst representatives of other ethnic, cultural and national groups but it was not possible to disaggregate the findings for Pakistani participants in these studies and so they were not included in the review. Figure 1 also presents study exclusion criteria

Among the 23 included studies there are some that explored IPV in relation to pregnancy. In addition, in some studies IPV was explored indirectly. For instance, one study (Naeem, Irfan, Zaidi, Kingdon, & Ayub, 2008) was conducted to determine the association between self-esteem, quality of relationships, social support, stressful life events, psychiatric symptoms and different measures of anger with domestic violence. Despite this indirect focus, it was decided that such studies provide significant information about IPV in Pakistan and therefore these are included in the review. Table 2 presents details of the aims of each study included in the review.

A data extraction template was constructed to record relevant information such as purpose, research design, sampling method, sample characteristics, data collection method, method of data analysis, results of the study, limitations and comments by the reviewer. Study results were also analyzed to summarize prevalence of various forms of IPV, reasons for IPV, predictors of IPV, effects of IPV, attitudes of Pakistani people towards IPV, and victims' response to IPV. Data from the 23 included studies were abstracted by one author, which were then subsequently reviewed and confirmed by members of the research team.

RESULTS

Study Characteristics

Table 3 presents details of the 23 included studies. The majority of the studies (n = 21) were quantitative and used cross-sectional survey designs (Ali, Hassan, & Ahmad, 2005; Ali, Asad, Morgan, & Gunilla, 2011; Ali & Bustamante-Gavino, 2007; Ali, Mogren, & Krantz, 2011; Asif, Zafar, Maann, & Ahmad, 2010; Ayub et al., 2009; Farid, Saleem, Karim, & Hatcher, 2008; Fikree & Bhatti, 1999; Fikree, Jafarey, Korejo, Afshan, & Durocher, 2006; Fikree, Razzak, & Durocher, 2005; Kapadia, Saleem, & Karim, 2010; Naeem et al., 2008; Shaikh, 2000, 2003; Shaikh, Shaikh, Kamal, & Masood, 2008). Only two studies were qualitative (Hussain & Khan, 2008; Zakar, Zakar, Hornberg, & Kraemer, 2011) and Rabbani, Qureshi and Rizvi (2008) adopted a mixed methods case study approach. The majority of the studies (n =13) were conducted in only one province in Pakistan and more specifically in only one of the country's cities, Karachi. The majority of studies were conducted in hospital environments such as post-natal wards (Fikree et al., 2006; Fikree, Jafarey, Korejo, Khan, & Durocher, 2004; Kapadia et al., 2010), outpatient departments of family medicine (Ali, Israr, Ali, & Janjua, 2009; Fikree & Bhatti, 1999; Fikree et al., 2005), outpatient departments of psychiatry (Ali et al., 2009; Niaz, Hassan, & Tariq, 2002) and antenatal clinics (Fikree & Bhatti, 1999; Karmaliani et al., 2008; Shaikh et al., 2008; Zakar et al., 2011; Zareen, Majid, Naqvi, Saboohi, & Fatima, 2009) or in primary care physicians' practices (Ayub et al., 2009; Naeem et al., 2008), with only six studies undertaken in community settings (Ali, Asad et al., 2011; Ali & Bustamante-Gavino, 2007; Ali, Mogren et al., 2011; Andersson, Cockcroft, Ansari, Omer, Ansari et al., 2009; Asif et al., 2010; Rabbani et al., 2008). The majority of the studies (n =19) involved interviews with women, with seven of these focusing on pre- or post-natal women. Most studies (n = 18) utilized purposive or convenience samples and collected data using questionnaire surveys (n = 20). Other methods of data collection included in-depth qualitative interviews (n = 2).

Only one study reported to use questionnaire as well as in-depth interview as a method of data collection.

Prevalence of IPV in Pakistan

Four different forms of IPV have been identified in various studies which are psychological (including verbal, and emotional abuse), physical, sexual and economic. The majority of these studies (n = 20) focused on reporting the prevalence of physical IPV. Some (n = 17) reported the prevalence of psychological IPV and some (n = 12) reported the prevalence of sexual IPV. In the following the prevalence of various types of IPV and definitions used in various studies are described.

Psychological IPV

The majority of studies (n = 17) found psychological IPV (including verbal IPV) to be present in their sample. Acts of psychological IPV included repeated yelling and degradation (Kapadia et al., 2010), humiliation, threats to harm the individual's loved ones and inducing fear through intimidating words or gestures (Ali, Asad et al., 2011; Farid et al., 2008; Kapadia et al., 2010; Zareen et al., 2009), suspected or actual infidelity by the husband, emotional blackmailing, character assassination, social isolation or perceived neglect of the basic needs of the wife by the husband (Rabbani et al., 2008). The prevalence of psychological IPV - reported by 11 studies - ranged between 48% and 84% (Ali et al., 2009; Ali, Asad et al., 2011; Ali, Mogren et al., 2011; Farid et al., 2008; Fikree & Bhatti, 1999; Kapadia et al., 2010; Niaz et al., 2002; Rabbani et al., 2008; Shaikh, 2003; Shaikh et al., 2008; Zareen et al., 2009). The prevalence of psychological IPV was reported to decrease during pregnancy in one study (Farid et al., 2008).

Acts identified as verbal abuse include taunting, blaming or criticizing (Ali et al., 2005; Ali & Bustamante-Gavino, 2007), shouting and yelling (Shaikh, 2003), use of bad or abusive language, use of excessive loudness, threatening to divorce and asking the wife to desert the house (Ali et al., 2005; Fikree et al., 2005). Shouting, yelling and the use of abusive language

were the most frequently reported acts perpetrated by husbands (Fikree et al., 2005). Only nine studies (Ali et al., 2009; Ali et al., 2005; Ali & Bustamante-Gavino, 2007; Fikree & Bhatti, 1999; Fikree et al., 2006; Fikree et al., 2005; Karmaliani et al., 2008; Rabbani et al., 2008; Shaikh, 2000, 2003; Zareen et al., 2009) specifically reported verbal abuse, the prevalence of which varied between 31% (Karmaliani et al., 2008) and 100% (Rabbani et al., 2008; Shaikh, 2000). The frequency of verbal IPV was reported to decrease in pregnancy in two studies - Karamaliani et al. (2008) report a decrease in verbal IPV in pregnancy from 31% to 24% and Fikree et al. (2006) from 80% to 66%.

Physical IPV

Various acts identified as physical IPV included pushing, shoving, hitting, slapping, choking, hair pulling, kicking, grabbing and threatening or using a weapon (Ali, Asad et al., 2011; Ali & Bustamante-Gavino, 2007; Farid et al., 2008; Fikree & Bhatti, 1999; Fikree et al., 2006; Fikree et al., 2005; Shaikh, 2003; Zareen et al., 2009). Slapping and pushing were the most commonly reported forms of physical abuse (Fikree & Bhatti, 1999).The prevalence of physical IPV was reported in 20 studies (Ali et al., 2009; Ali et al., 2005; Ali, Asad et al., 2011; Ali, Mogren et al., 2011; Andersson, Cockcroft, Ansari, Omer, Ansari et al., 2009; Asif et al., 2010; Farid et al., 2008; Fikree & Bhatti, 1999; Fikree et al., 2006; Fikree et al., 2005; Kapadia et al., 2010; Karmaliani et al., 2008; Niaz et al., 2002; Rabbani et al., 2008; Shaikh, 2000, 2003; Shaikh et al., 2008; Zareen et al., 2009). The lifetime prevalence of physical IPV, defined as experiencing physical IPV at least once during the marital period, ranged from 16%-80% with the six studies reporting a life time prevalence of physical IPV between 28%-35% (Andersson, Cockcroft, Ansari, Omer, Ansari et al., 2009; Farid et al., 2008; Fikree & Bhatti, 1999; Fikree et al., 2004; Niaz et al., 2002; Shaikh, 2000). Four studies suggested a negative association between pregnancy and physical IPV (Farid et al., 2008; Fikree et al., 2006; Kapadia et al., 2010; Zareen et al., 2009). Though the reported prevalence of IPV during pregnancy varied between studies, it was consistently reported to decrease in pregnancy in two studies (Karmaliani et al., 2008; Shaikh, 2000; Shaikh et al., 2008).

Sexual IPV

Of the 23 selected studies, twelve reported the prevalence of sexual IPV (Ali et al., 2009; Ali, Asad et al., 2011; Ali, Mogren et al., 2011; Fikree et al., 2006; Kapadia et al., 2010; Niaz et al., 2002; Rabbani et al., 2008; Shaikh, 2000, 2003; Shaikh et al., 2008; Zareen et al., 2009). Sexual IPV was defined and identified as non-consensual sex, forced sex or sexual coercion (Ali, Asad et al., 2011; Hussain & Khan, 2008; Shaikh, 2003; Zareen et al., 2009) forcing the woman to do something sexual that she considered degrading/humiliating (Kapadia et al., 2010), rape (Ali et al., 2009) and forced prostitution (Rabbani et al., 2008). The prevalence of sexual IPV varied between 1% and 77% is reported in six studies (Ali et al., 2009; Rabbani et al., 2008; Shaikh, 2003, 2000; Shaikh et al., 2008; Zareen et al., 2009). The prevalence of sexual IPV during pregnancy is reported in four studies with a range of between 14% and 21% (Fikree & Bhatti, 1999; Kapadia et al., 2010; Karmaliani et al., 2008; Shaikh et al., 2008). In two studies sexual abuse is reported as always accompanied by physical or psychological abuse (Ali, Asad et al., 2011; Rabbani et al., 2008).

Economic IPV

Only one study explored monetary or *economic abuse.* Acts identified under this heading included withholding money from the victim or refusing to meet household expenses, taking control of the woman's wages or assets and stealing her valuable assets such as personal jewelry or land. Abuse often occurred in combination with other forms of violence and was reported by 39% of the participants in one study (Rabbani et al., 2008).

In conclusion, physical violence was the most common form of IPV reported in the studies reviewed. Other forms of IPV such as verbal, psychological, sexual and economical IPV usually accompanied by physical IPV. As mentioned previously, seven studies explored IPV in pregnancy. However, reasons behind focusing on this specific area were not mentioned. In some studies, various terms were used without providing appropriate definition or description. For instance,

Rabbani et al., (2008) in their study mentioned terms of 'emotional blackmailing', 'character assassination' and 'forced prostitution' but failed to provide a definition or example of such acts thus making it difficult to understand what they mean in relation to IPV. Another study stated that examination of sexual abuse was an objective of the study, but did not report the findings on this phenomenon (Andersson, Cockcroft, Ansari, Omer, Ansari et al., 2009).

Reasons for IPV in Pakistan

Some of the studies also explored reasons for IPV (Ali & Bustamante-Gavino, 2007; Fikree & Bhatti, 1999; Fikree et al., 2006; Rabbani et al., 2008; Zareen et al., 2009). Reported reasons given for verbal abuse (psychological IPV) included disagreements over finance, infertility, failure to produce a son, the husband beating the children and the husband's drug addiction (Ali & Bustamante-Gavino, 2007). Other less common causes of verbal abuse included the wife's refusal to have sex, disobeying/arguing with in-laws, arguing with the husband, not understanding the household chores needed or knowing how to do them, not doing the household chores properly, going out without permission, going to her parent's home without permission, interference by the wife's parents, conflicts about family planning, incitements by in-laws and the husband having another wife. Figure 2 summarizes the reasons for verbal IPV between a husband and wife.

Commonly reported instigating factors for physical IPV developed from conflicts included the wife disobeying/arguing with in-laws, disobeying her husband, not looking after the in-laws, visiting her natal family, neighbors, or friends without permission, infertility, not having a son (Ali & Bustamante-Gavino, 2007; Fikree et al., 2005), arguing over financial matters, using contraception without spousal permission, suspected sexual infidelity, neglect of household chores, arguments over child rearing, or the husband's substance abuse (Ali & Bustamante-Gavino, 2007; Fikree & Bhatti, 1999; Fikree et al., 2006; Zareen et al., 2009). Additional instigating factors for abuse during pregnancy included stress caused by the husband's job, interfamilial conflicts and the husband's unemployment (Farid et al., 2008; Zareen et al., 2009) and the husband's intimate

involvement with other women (Zareen et al., 2009). Figure 3 summarizes the reasons given for the husband's physical IPV against his wife during their married life including during pregnancy.

Arranged marriages and family formation patterns, lack of economic resources, declining social support from the maternal home, lack of a legal support system, a cultural tendency to view women as objects, the husband's unmet sexual needs and a culture of acceptance of violence and silence were also identified as factors contributing to IPV (Rabbani et al., 2008). Though reasons identified in the various studies for different types of abuse overlapped (see Figures 2 and 3), the weight given to each reason and the ranking of their importance varied from study to study. For instance, Fikree et al. (2006) identified visiting friends or family without the husband's permission as a major reason contributing to physical abuse, whereas Ali and Bustamante-Gavino (2007) identified this as a minor reason for verbal abuse. However, both studies identified disobeying or arguing with in-laws as a major contributing factor. Rabbani (1999) also identified close involvement of the family, especially the mother-in-law, in daily family matters as a cause of interfamilial conflict that may result in IPV. Studies included in the review have identified reasons for verbal/psychological and physical IPV. No attempt was made to identify reasons for sexual or economic IPV. This may be because psychological and physical IPV are most frequently reported form of IPV that may or may not accompany sexual or economic IPV. On the other hand, sexual IPV was reported to occur in the presence of physical and psychological IPV.

Predictors of IPV in Pakistan

Among the 23 selected studies, only eight examined predictors or risk factors of IPV (Ali, Asad et al., 2011; Farid et al., 2008; Fikree et al., 2006; Fikree et al., 2005; Kapadia et al., 2010; Karmaliani et al., 2008; Naeem et al., 2008; Zareen et al., 2009). The findings of one study (Fikree et al., 2005) suggest that men who report having been physically abused as children are five times more likely to perpetuate physical abuse as adults, whereas men who have witnessed their fathers beating their mothers are 3.5 times more likely to physically abuse their wives (Fikree et

al., 2005). Low socio-economic status (Ali, Asad et al., 2011), longer duration of marriage (> 5 years), being beaten as a child, having witnessed their mothers being beaten as a child (Farid et al., 2008; Fikree et al., 2006; Fikree et al., 2005), a low level of education (Ali, Asad et al., 2011), marriage between distant relatives (Fikree et al., 2006), higher number of children (Farid et al., 2008), unemployment of the husband (Ali, Asad et al., 2011), the husband having other wives, previous pregnancy (Karmaliani et al., 2008), tobacco use by the husband, interfamilial conflicts (Farid et al., 2008), aggressive behavior of the wife (Naeem et al., 2008), the aggressive nature of the husband and involvement of in-laws, and conflict with in-laws (Zareen et al., 2009) were identified as significant predictors of the risk of IPV. The identified predictor variables can be summarized in three categories, which include individual, couple and macro level predictors. Individual level predictors may include witnessing or experiencing abuse as a child, and personal characteristics such as aggressiveness. Couple level predictors include consanguinity, length of marriage, number of children and husband having another wife and husband's use of tobacco. Macro level predictors may include socioeconomic status, education, employment, interfamilial conflicts, and relationships with the extended family.

Availability of social support for women (Farid et al., 2008), women's satisfaction with the intimate partner relationship, and living with the extended family were identified as protective factors against IPV (Naeem et al., 2008). For instance, Kapadia et al. (2010) note that "Women, who reported an increased level of social support, were at lower risk of sexual violence. With each one point increase in perceived social support, the risk of sexual assault decreases by 76% (95% CI 0.58–0.98)" (p.165).

Effects of IPV in Pakistan

Eleven studies reported on the effects of IPV (Ali et al., 2009; Ali, Mogren et al., 2011; Asif et al., 2010; Ayub et al., 2009; Fikree & Bhatti, 1999; Fikree et al., 2006; Fikree et al., 2005; Karmaliani et al., 2008; Niaz et al., 2002; Rabbani et al., 2008; Shaikh et al., 2008). These effects include

muscle strain, head injury including scalp lacerations, black eyes and swollen lips (Asif et al., 2010; Fikree & Bhatti, 1999; Fikree et al., 2006; Shaikh et al., 2008), bruises, lacerations, vaginal trauma (Asif et al., 2010; Fikree et al., 2004; Fikree et al., 2005), fractures (Asif et al., 2010; Fikree et al., 2005; Shaikh et al., 2008), general aches and pains (Asif et al., 2010; Rabbani, 1999; Rabbani et al., 2008; Shaikh et al., 2008), burns (Fikree et al., 2004; Shaikh et al., 2008), and unwanted pregnancies (Hussain & Khan, 2008). Effects of IPV on mental health included anxiety and depression (Ali et al., 2009; Ayub et al., 2009; Fikree & Bhatti, 1999; Karmaliani et al., 2008; Niaz et al., 2002), feelings of worthlessness (Ali, Mogren et al., 2011), suicidal ideation and attempts (Ali, Mogren et al., 2011; Ayub et al., 2009; Karmaliani et al., 2008; Rabbani et al., 2008) and difficulties in making decisions (Ali, Mogren et al., 2011).

Attitudes towards IPV in Pakistan

Only one study explored men's attitudes towards IPV (Fikree et al., 2005). In this study 46% (N = 176) of the men who were physically abusive towards their wives believed that husbands had a right to do so. The majority of participants perceived IPV as a common problem in society (76%) and felt that there is a tolerance of IPV among the general public (86%). In another study women were asked their opinions of the role of religion in IPV (Shaikh et al., 2008). The majority (95.1%) of the participants (N = 493) believed that religion does not allow a husband to beat his wife, even if she has been unfaithful to him. However, 21.3% of the participants maintained that religion allows a husband to forcibly have sex with his wife even if she does not want it (Shaikh et al., 2008). None of the studies explored women's attitudes towards IPV directly, but their attitudes can be ascertained to an extent from their response to abuse, which is discussed below.

Victim's Response to IPV in Pakistan

Victim's response to IPV and the strategies that they used to cope with it were reported in five studies (Ali, Mogren et al., 2011; Andersson, Cockcroft, Ansari, Omer, Ansari et al., 2009; Rabbani et al., 2008; Shaikh, 2000; Zakar et al., 2011). The majority of women either do not tell

others about the IPV that they experience and/or use other strategies to minimize the risk of further IPV such as avoiding situations causing conflict for example by refraining from asking for money (Rabbani et al., 2008). Other responses to IPV included crying (Shaikh, 2000), leaving the husband temporarily or conditionally and returning to their parents' house (Rabbani et al., 2008), initiating legal action for separation, divorce or the recovery of property (Rabbani et al., 2008), visiting friends and relatives for distraction (Rabbani et al., 2008; Zakar et al., 2011), becoming involved in religious activities (e.g., optional prayers, reciting holy texts, visiting shrines/holy places, participating in congregational activities like Milad[1], Majalis[2]), avoiding contact with the husband (e.g., by presenting oneself as busy with household activities) (Zakar et al., 2011). Only one study reported that some women (33.3%, n = 21) attempted to educate their husbands about the health and legal consequences of IPV (Zakar et al., 2011). Women who did not have strong family support systems because, for example, their parents were dead or very poor were more likely to accept the situation and continue to live with their husbands (Rabbani et al., 2008). Many women found it difficult to disclose their experiences of IPV to anyone because of their feelings of shame, helplessness and fear. Specifically, women feared bringing a bad name to the family, causing distress to the maternal family, escalating the abuse, precipitating separation or divorce or losing access to children (Andersson, Cockcroft, Ansari, Omer, Ansari et al., 2009; Rabbani et al., 2008).

As mentioned previously most women do not tell others about their IPV victimization. However, some abused women share their experience of IPV with their mother or another immediate family member such as their father, sister or brother (Ali, Mogren et al., 2011; Andersson, Cockcroft, Ansari, Omer, Ansari et al., 2009; Zakar et al., 2011) or their in-laws (Ali, Mogren et al., 2011; Zakar et al., 2011). Only a very small proportion of women tell someone else

[1] Milad is the celebration of the birthday of Muhammad (PBUH). It is usually celebrated on or around 12th Rabi' al-awwal, and on the occasion processions are held, homes or mosques are decorated, charity and food is distributed, stories about the life of Muhammad are narrated, dhikr and Durood -o- salam are recited

[2] A Majlis is a program of speeches on various issue from religious perspective (usually at a mosque)

such as a friend or a neighbor. In addition, the number of women who disclosed their experience to the police, the local council or a health care professional was negligible (Ali, Mogren et al., 2011; Andersson, Cockcroft, Ansari, Omer, Ansari et al., 2009). "The women perceived formal institutions to be unsympathetic, uncaring, and bureaucratic" (Zakar et al., 2011, p. 77). They were also thought to be ineffective (Rabbani et al., 2008) and women were fearful of the possible consequences of disclosing their experience of IPV to formal institutions (Zakar et al., 2011). Anderson et al.'s study (2009) reported that the proportion of women in the provinces of Sindh, Punjab and Balochistan who disclosed their experience of IPV to someone was 37%, whereas in Khyber-Pakhtoonkhwa the proportion of such disclosure was only 26%. In the provinces of Balochistan and Khyber-Pakhtoonkhwa, abused women were more likely to tell someone about their experience if they came from a less crowded household. Younger women, those with some formal education and those with some income of their own, were more likely to disclose their experience of physical IPV (Andersson, Cockcroft, Ansari, Omer, Ansari et al., 2009). Finally, "women who did not think a man hitting a woman could be justified were more likely to have disclosed about their beating" (Andersson, Cockcroft, Ansari, Omer, Ansari et al., 2009, p. 8).

DISCUSSION:

The review has found that a small number of studies have been conducted on IPV in Pakistan. Only recently has the issue attracted the attention of public health professionals and researchers with the first empirical study being published in 1999. The majority of studies have aimed to assess the prevalence of IPV (Ali & Bustamante-Gavino, 2007; Farid et al., 2008; Fikree & Bhatti, 1999; Fikree et al., 2006; Kapadia et al., 2010; Karmaliani et al., 2008; Niaz et al., 2002; Shaikh, 2003, 2000). It is interesting to note the wide variation between reported prevalence of various forms of IPV in the studies reviewed. This could be due to variations in the aims and objectives of the studies, differences in the definitions of IPV used and in sample selection procedures, the

types of samples studied, instruments and questionnaires used for data collection, psychometric properties of the instruments and questionnaires and/or data collection procedures.

There is a particularly wide variation in the reported prevalence of sexual IPV and this raises several questions. Though studies have generally reported a high prevalence of sexual IPV (1-77%) (Ali et al., 2009; Rabbani et al., 2008; Shaikh, 2000, 2003; Shaikh et al., 2008; Zareen et al., 2009), none of them have discussed the possibility that women may have given what they perceive as socially appropriate or desirable responses. On the one hand, studies report a perception that religion permits non-consensual sex and that a husband has a legitimate right to sexual relations with his wife (Shaikh et al., 2008). On the other hand, the rate of non-consensual sex as reported was very high. Most of these studies explored sexual IPV by asking participants if their husbands forced them to have sexual intercourse or if their husbands had touched them in a sexual way that they did not like (Zareen et al., 2009). In Pakistan, the majority of men and women do not receive any education about sexuality or what a sexual relationship might entail (Hamid, Johansson, & Rubenson, 2009; Hamid et al., 2010). Sexual relations, sexual desire and sexual intercourse are taboo topics (Ali, Ali, Waheed, & Memon, 2006; Hamid et al., 2009). It is important to consider that women may not feel it is appropriate to present themselves to researchers as willing to engage in sexual intercourse. Therefore, they may over report their unwillingness to have sexual intercourse, which would lead to an overestimation of the prevalence of sexual IPV. Similarly, studies that have explored men's attitudes towards perpetuation of IPV (Fikree et al., 2005) against women may be affected by socially desirable responses. Men may also be reluctant to tell an interviewer that their wives consent to have sexual intercourse and instead claim that they have used force. In addition, it may be that having an obedient and submissive wife is often taken by men as a sign of their masculinity. These issues highlight an important area for future research into the prevalence of sexual abuse in Pakistan.

Studies included in this review highlighted reasons for psychological and physical IPV, but have failed to provide any reasons for sexual or economic IPV. This could be because sexual and economic IPV often occur in the presence of physical IPV. In addition, another possibility is that participants were not asked to highlight any perceived reasons related to sexual and economic IPV and the participants themselves did not share any perceived reasons due to the sensitive nature of issue. Various studies included in the review have identified predictors of IPV that can be classified as individual, couple and macro level predictors. Such categorization may help in further exploration of these predictors and development and implementation of interventions at individual, couple and macro level to tackle IPV. It is also important to note that the predictors identified in various studies from Pakistan are not unique to Pakistan and have been reported in studies from other countries as well (Capaldi, Knoble, Shortt, & Kim, 2012). For instance, childhood abuse and witnessing IPV as a child (Ehrensaft et al., 2003; Linder & Collins, 2005; Roberts, Gilman, Fitzmaurice, Decker, & Koenen, 2010), aggressive nature (Moffitt, Krueger, Caspi, & Fagan, 2000) and unemployment (Brownridge & Halli, 2002; Caetano, Vaeth, & Ramisetty-Mikler, 2008; Capaldi et al., 2012; Ellison, Trinitapoli, Anderson, & Johnson, 2007). Similarly, effects of IPV identified in this review are consistent with reported effects of IPV in studies from other countries (Dillon, Hussain, Loxton, & Rahman, 2013; Vives-Cases, Ruiz-Cantero, Escribà-Agüir, & Miralles, 2011; WHO, 2010).

Attitudes towards IPV were examined in only one study in which men who were physically abusive towards their wives believed that the husband had a right to do so. This findings support previous research which have shown IPV as justifiable in some circumstances such as refusing to have sex, the late cooking of supper (Arias & Johnson, 1989; Gentemann, 1984; Gibbison, 2007), disobedience, infidelity, disrespect for a husband's relatives (Haj-Yahia, 2003), and women's deviation from normative roles in society (Hindin, 2003; Kazungu & Chewe, 2003; Koenig et al., 2003; Rani, Bonu, & Diop-Sidibe, 2004) and challenging a husband's authority (Lawoko, 2008). However, it is important to note that not much research has been conducted to explore people's

attitudes towards IPV in Pakistan or on Pakistani diaspora in other countries. Various studies included in the review discussed various victims' responses to IPV. Findings revealed various strategies that victims used to reduce the risk of IPV and these included avoiding situations in which conflict occurred, avoiding contact with husband, involvement in religious activities, crying, and leaving the husband temporarily. Findings also revealed that most women tend not to disclose their experience of IPV to anyone and that the women perceived formal institutions to be unsympathetic, uncaring and bureaucratic. As mentioned previously, IPV is considered to be private matter (Andersson, Cockcroft, Ansari, Omer, Ansari et al., 2009; Fikree & Bhatti, 1999). It is important to acknowledge that in recent years there have been initiatives by the government of Pakistan to address VAW. However, these resources are primarily found in urban areas and "… have proven ineffective in many aspects of assisting women victims of violence" (Rittenhouse, 2011, p. 15). When it comes to IPV, evidence suggests that police stations have tended to act as mediators between couples instead of offering women protection. In recent years, the government of Pakistan has established a network of women's centres, shelters and crisis centres in major cities. However, these facilities suffer from untrained staff and lack of a gender sensitive environment (Rittenhouse, 2011). Findings of the review also revealed a difference in the rate of IPV disclosure in provinces in Pakistan. The proportion of women who disclosed their experience of IPV to someone was higher in Sindh, Punjab and Balochistan compared with Khyber-Pakhtoonkhwa. This may be explained by the differences in the provincial cultures affecting the attitudes of women towards IPV, women's educational level, and income levels (Andersson, Cockcroft, Ansari, Omer, Ansari et al., 2009).

All of the studies conducted focus on IPV where men were the perpetrators and women were the victims. The majority of the studies involved women as the only participants while only four included male participants in their explorations of IPV. These four studies are on: the prevalence and types of IPV perpetrated by men on their wives (Shaikh, 2000); the psychological consequences of IPV on both genders (Niaz et al., 2002); and the behaviors and attitudes of

Pakistani men towards wife abuse (Fikree et al., 2005). Only one study identified men as victims of IPV although this study failed to provide any details about men's experiences and so it is unclear whether the violence was perpetrated by an intimate partner (Niaz et al., 2002). Another study reported participation of male participants in focus group discussions but made no specific mention of their thoughts on IPV (Rabbani et al., 2008).

Almost all of these studies define a woman as physically abused if she reports at least one IPV experience in her married life. In using this very inclusive criterion, researchers have typically and crucially failed to take into account the length of the marriage or, for example by reporting the incident rate per year. This failure represents a major limitation of these studies. Furthermore, most of these studies (n = 13)have been conducted in only one province in Pakistan and more specifically in only one of the country's cities, that is, Karachi - the biggest metropolitan city of the country where people from various parts of the country live- which may again lead to a distorted picture of IPV in Pakistan. The majority of the studies were conducted in hospital environments (post-natal wards, outpatient departments of family medicine, psychiatry and antenatal clinics and primary care physicians' practices) and so they may not reflect the situation in the wider community. Interestingly, all of these studies have been conducted in the same hospitals in each city. The likelihood of recruiting people with experience of violence may be higher in hospital based groups. None of the studies has mentioned any reasons behind selecting participants from hospital environments although ease of recruiting participants and the sensitive nature of the topic may be the reasons why studies are often conducted in hospital environments. Although there are some community based studies (Ali, Asad et al., 2011; Ali & Bustamante-Gavino, 2007; Ali, Mogren et al., 2011; Andersson, Cockcroft, Ansari, Omer, Ansari et al., 2009; Asif et al., 2010; Hussain & Khan, 2008; Rabbani et al., 2008) most of these recruited women of low social economic background and so are not representative of the population as a whole. Taken together these study characteristics raise questions about the generalizability and representativeness of their findings to the population in the whole of Pakistan.

The majority of the studies reviewed (n = 21) reported that they had used pre-tested standardized questionnaires as shown in Table 2. However, with the exception of one (Niaz et al., 2002) none of the studies reported the psychometric properties of the questionnaires used. In addition, the use of structured questionnaires does not allow exploration of the other contextual variables such as the particular circumstances of an argument that preceded IPV. As previously mentioned it is important to note that of the 23 studies reviewed, four were conducted by the same primary author and in similar settings (Fikree & Bhatti, 1999; Fikree et al., 2006; Fikree et al., 2004; Fikree et al., 2005) as were a further three studies (Shaikh, 2003, 2000; Shaikh et al., 2008). This may have an impact on the synthesis of study findings due to the authors' focus and use of similar instruments and sampling populations. Another major limitation is the possibility of participant recall and response biases. In the majority of the studies, multiple interviewers collected data. This may have led to interviewer bias affecting the results. In conclusion, taking all of these limitations together, the studies reviewed may over-estimate the extent of IPV in Pakistan.

Strengths and Limitations

The present review is the only attempt that has so far been made to aggregate the empirical evidence on IPV in Pakistan. It provides useful information about the quality and quantity of studies conducted on this issue in Pakistan and it has helped to identify further areas of research in this field. The review was not been limited to any one type of studies (such as quantitative or qualitative studies) and therefore offers a broad perspective of how IPV is seen in Pakistan in the light of the available empirical literature. We also tried to find literature focusing on IPV in Pakistani diaspora living elsewhere in the world. However, we found no such studies. Another limitation of the review is that we only included studies, which were published in peer-reviewed journals and were in English. It is also possible that some studies, which were published in journals not indexed in MEDLINE, CIHALL, and PsychInfo, could not be identified. There may be some studies that may have never been published due to publication bias and therefore we were

unable to identify and include them in the review. Some of the studies were conducted by the same authors and in similar settings. While selecting the studies to be included in the review, we have made every effort to ensure that only studies representing an independent sample are included. The possibility of reporting studies with the same sample may not be completely eliminated. This may have an impact on the observed prevalence rate of IPV and may portray a false picture and heightened prevalence of IPV. Therefore, the findings of the review should be considered in the light of these limitations.

Implications for further Research

From the studies reviewed, it is clear that to date no study has been conducted attempting to understand the meaning of IPV from the perspective of Pakistani men and women. There is a need to conduct more rigorous studies that explore how Pakistani men and women define IPV, why it occurs and to examine attitudes towards IPV. There is also an urgent need to reveal the psychological, social and economic consequences of such violence on the marital relationship, children, the extended family, the local community and wider society. There is a need to conduct more qualitative studies to understand the perceptions, subjective feelings, attitudes and experiences of people. Such studies can then be utilized to develop culturally specific, valid and reliable questionnaires and other instruments for use in quantitative studies. There is a need to develop a theory of IPV from the perspective of Pakistani people, which takes into account the social and cultural context. Such a theory may help in understanding the process through which IPV occurs in Pakistani society. It is also very clear that what people consider IPV in other social and cultural contexts may not be completely relevant and applicable in the Pakistani context. For instance, the definition of various forms of IPV differs for people living in different cultures.

Conclusion

IPV is a significant public health problem affecting the lives of men and women around the world. Most of the research conducted in Pakistan has been quantitative and no attempt has been

made to explore the perspectives of Pakistani people about IPV, its definitions and the processes through which it occurs. The definition of IPV used in other countries and cultures is being used in questionnaire surveys amongst Pakistani people with an assumption that the definition is understood by the respondents and is aligned with their own definitions. Therefore, we content that instead of imposing the definition of abuse from other cultures and contexts on to Pakistani people, we first have to understand what their definition of IPV is to help further investigate other issues of IPV.

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Table 1: Comparison of VAW cases in Pakistan reported during 2008- 2012

Categories of Crime	**Year 2008**	**Year 2009**	**Year 2010**	**Year 2011**	**Year 2012**
Abduction/ Kidnapping	1784	1987	2236	2089	1607
Murder	1422	1384	1436	1575	1747
Domestic Violence	281	608	486	610	989
Suicide	599	683	633	758	574
Honor Killing	475	604	557	705	432
Rape/ Gang rape	778	928	928	827	820
Sexual Assault	172	274	74	110	63
Acid Throwing	29	53	32	44	83
Burning	61	50	38	29	-
Miscellaneous *(Attempted suicide, torture, injury, attempt to murder, attempted rape, threat to life, harassment, attempt to kidnap, illegal custody, trafficking, vanni, forced marriage, child marriage, incest, attempt at karo kari and watta satta*	1970	1977	1580	1792	1201
Total	**7571**	**8548**	**8000**	**8539**	**7516**

Source: Aurat Foundation. (2012). Press Briefing: Incidents of Violence against Women in Pakistan: Reported during 2011. . Retrieved 23 February, 2013, from www.af.org.pk

Aurat Foundation. (2013). Press Briefing: Incidents of Violence against Women in Pakistan Reported during 2012. Retrieved 23 February, 2013, from www.af.org.pk

Table 2: *Studies published on domestic violence in Pakistan*

	Author		Purpose
01	Zakar et al	2011	To understand coping strategies adopted by pregnant women in to resist spousal violence
02	Ali et al.,	2011	To estimate the prevalence and frequency of different forms of IPV and their associations with socio-demographic factors
03	Ali et al.,	2011	To investigate mental health effects associated with physical, sexual and psychological violence perpetrated by husbands towards wives
04	Asif, Zafar, Maann & Ahmad	2010	To explore type, frequency, and severity of violence against married women in the two districts of Punjab
05	Kapadia et al.,	2010	To determine the magnitude and factors associated with sexual intimate partner violence (SIPV) in women presenting to tertiary-care hospitals of Karachi, Pakistan
06	Ali, et al.,	2009	To determine the association of depression with lack of various reproductive rights and domestic violence among married women in Karachi, Pakistan
07	Ayub et al.,	2009	To measure prevalence of psychiatric disorders and their correlates among women from primary health care facilities in Lahore
08	Anderson, Cockcroft, Ansari, et al.	2009	To identify barriers to disclosing and reporting violence
09	Zareen et al., (2009)	2009	To determine the causes and type of domestic violence endured by pregnant women and their effect on pregnancy, in terms of maternal and neonatal outcome
10	Farid, et al.,	2008	To identify the magnitude (prevalence) and factors related to spousal abuse during pregnancy
11	Shaikh, Shaikh, Kamal & Masood (Shaikh et al., 2008)	2008	To determine the prevalence, and severity of domestic violence; opinions about role of religion in domestic violence, and correlates of health consequences of those experiencing this violence

	Author		Purpose
12	Naeem, et al.,	2008	To determine the association between self-esteem, quality of relationships, social support, stressful life events, psychiatric symptoms, and different measures of anger with domestic violence
13	Karmaliani, et al.,	2008	To investigate domestic violence before and during pregnancy among women in an urban area of Pakistan.
14	Rabbani et al.,	2008	To explore the nature and forms of domestic violence, circumstances, impact and coping mechanisms amongst selected women victims in Karachi
15	Hussain & Khan	2008	To explore women's perceptions and experiences of sexual violence in marital relationships and its effects on their reproductive health
16	Ali & Bustamante-Gavino	2007	To estimate the prevalence and reasons of domestic violence
17	Fikree et al.,	2006	To determine the magnitude (prevalence) and determinants of IPV in the marital life, during pregnancy and attitudes regarding domestic violence
18	Fikree, Razzak & Droucher,	2005	To identify the behaviors and attitudes of Pakistani men on wife abuse and to examine predictors of the risk of physical abuse
19	Ali, Hassan & Ahmad	2005	To find out the effect of education on gender violence in the context of rural farm families in Tehsil Dera Ghazi Khan
20	Shaikh	2003	To identify the scale (prevalence) and type of domestic violence
21	Niaz, et al.,	2002	To explore the prevalence, forms, and associated psychological consequences of domestic abuse on both genders, particularly incidence of depression and anxiety
22	Shaikh	2000	To identify prevalence and type of domestic violence perpetrated by men on their wives
23	Fikree & Bhatti	1999	To identify the prevalence and health outcomes of domestic violence and examine the association of anxiety/ depression with physical abuse

Table 3: *Details of Each Study included in the Review*

	Author	Design	Setting	Sampling	Sample size	Data Collection
01	Zakar et al (2011)	Qualitative	Obs and Gynae outpatient departments of 3 hospitals in Lahore	Purposive	21 pregnant women victim of IPV	In-depth interview
02	Ali et al., (2011	cross-sectional community-based survey	Two towns in Karachi	Multistage random sampling	759 married women	Questionnaire based on WHO multicounty study
03	Ali et al (2011)	cross-sectional community-based survey	Two towns in Karachi	Multistage random sampling	759 married women	Questionnaire based on WHO multicounty study
04	Asif, Zafar, Maann & Ahmad (2010)	Cross sectional survey	Two randomly selected districts of Punjab Province	Multistage random sampling	800 married woman	Questionnaire
05	Kapadia et al., (2010)	Cross sectional survey	Four tertiary care hospitals, Karachi	Convenience	500 postnatal women	Questionnaire (based on WHO domestic violence module)
06	Ayub et al., (2009)	Cross sectional survey	Primary Care Physicians clinic, Lahore	Convenience	650 married woman	Questionnaires (Relationship assessment scale; women experience with battering (WEB); Conflict Tactic Scale ; Life events checklist for Pakistan)
07	Anderson, Cockcroft, Ansari, et al. (2009)	Survey and focus groups	4 provinces of Pakistan	Multistage random sampling	32136 women 1572 men	Questionnaire and focus groups (household Survey)

	Author	Design	Setting	Sampling	Sample size	Data Collection
08	Zareen et al., (2009)	Cohort survey	Outpatients department and Labour ward of a tertiary care hospital in Karachi	Random	82 abused and 82 non abused Pregnant woman	Questionnaire(WHO instrument)
09	Ali, et al., (2009)	Case Control study	Psychiatry and family medicine clinic of two tertiary care hospitals, Karachi	Purposive/ Convenience	Cases (depressed) 152, Controls (non depressed) 152	Questionnaire (Self Reporting Questionnaire (SRQ 20) for anxiety and depression; Questionnaire based on WHO multicounty study)
10	Hussain & Khan(2008)	Qualitative interviews	Low to middle income areas of Karachi	Snow ball		key informant interviews, 3 focus group discussions, 10 individual in-depth interviews
11	Farid et al (2008)	Cross sectional survey	4 tertiary care hospitals, Karachi	Convenience	500 postnatal women	Questionnaire (based on WHO domestic violence module)
12	Shaikh, Shaikh, Kamal & Masood (2008)	Cross-sectional survey	Obs & Gynae outpatient departments of two public sector hospitals each in Islamabad and Rawalpindi	Convenience	493 pregnant women	Questionnaire (Abuse Assessment Screen (AAS)
13	Naeem, et al., (2008)	Cross sectional survey	Primary Care Physicians clinic, Lahore	Convenience	650 married woman	Questionnaires (Women's Experience with Battering (WEB) scale Domestic Abuse Checklist)
14	Karmaliani, et al., (2008)	cohort survey	Urban community in Hyderabad	Convenience	1324 pregnant women	Questionnaire (WHO screening instrument modified based on the Pakistani National Gender Indicators List for Violence Again Women)

	Author	Design	Setting	Sampling	Sample size	Data Collection
15	Rabbani et al (2008)	Case study	Community Setting	Purposive	108 women victims of violence; 8 key informants interviews and 13 14focus groups	Questionnaire, individual interviews, focus groups
16	Ali & Bustamante-Gavino (2007)	Cross-sectional survey	5 Low socioeconomic communities, Karachi	Purposive	400 married women	Questionnaire
17	Fikree et al., (2006)	Cross-sectional survey	Postnatal ward in public tertiary care hospital, Karachi	Convenience	300 postpartum women	Questionnaire (pre-coded structured questionnaire; modified Conflict Tactics Scale
18	Fikree, Razzak & Droucher, (2005)	Cross sectional survey	Vegetable market, consulting clinics of a private hospital	Convenience	176 married men	Questionnaire
19	Ali, Hassan & Ahmad (2005)	Cross sectional survey	15 villages of Tehsil DG Khan	Purposive	150 married women	Questionnaire
20	Shaikh (2003)	Cross-sectional survey	Obs & Gynae Dept, Islamabad and Rawalpindi	Convenience	216 married women	Questionnaire
21	Niaz, et al., (2002)	Correlational survey	Psychiatric outpatient clinics, Karachi	Convenience	70 males & 70 females victims of violence	Questionnaire (Karachi domestic violence screening scale)
22	Shaikh (2000)	Cross-sectional survey;	Public Sector Hospitals	Convenience	70 men accompanying patients	Questionnaire
23	Fikree & Bhatti (1999)	Cross sectional survey	Outpatient clinic Karachi	Convenience	150 married women	Questionnaire (Aga Khan University Anxiety and Depression Scale; questionnaire

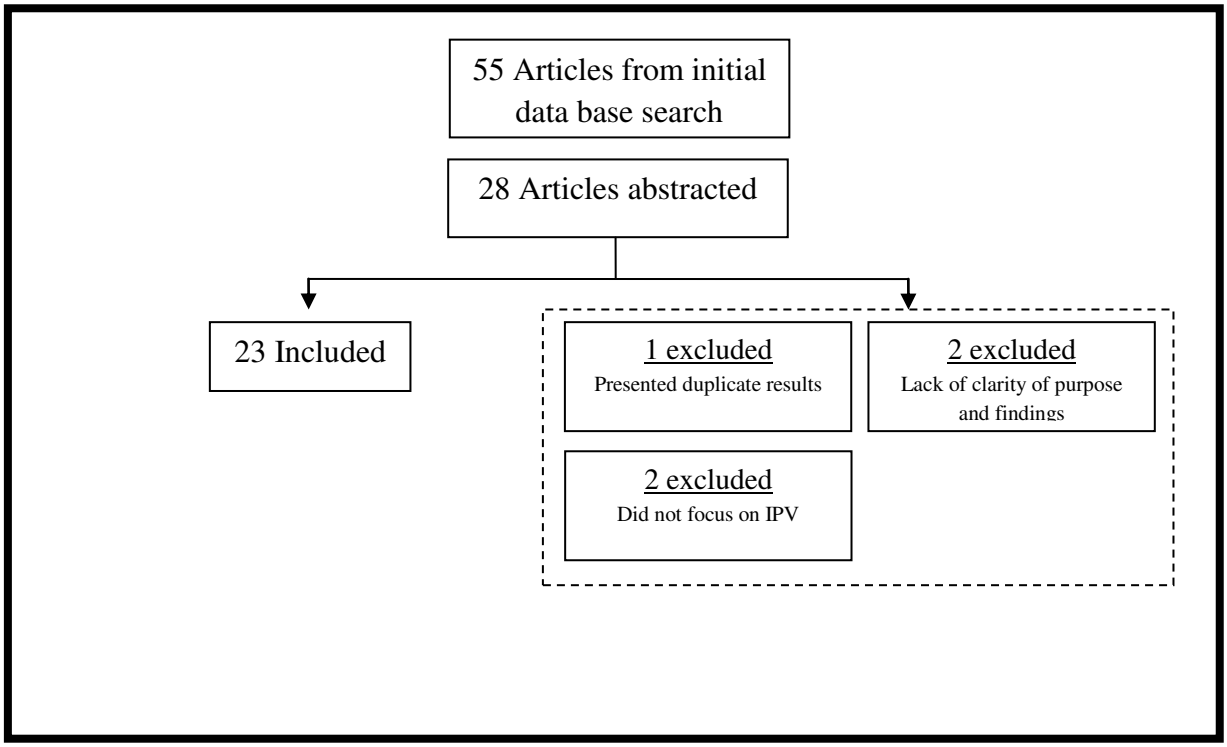

Figure 1: Flow chart of Study Inclusion and Exclusion

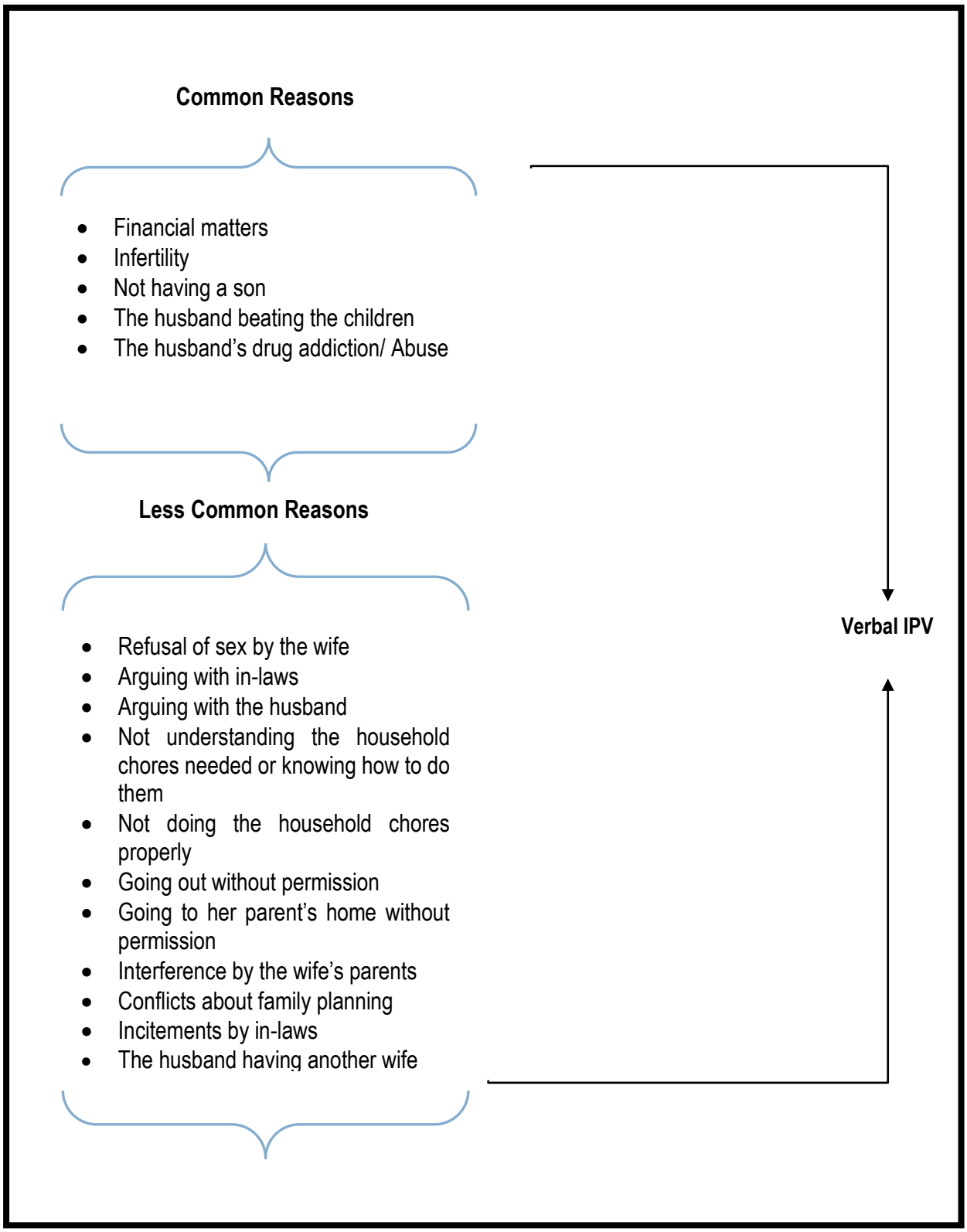

Figure 2: Common Reasons for Verbal IPV in Pakistan identified in various studies

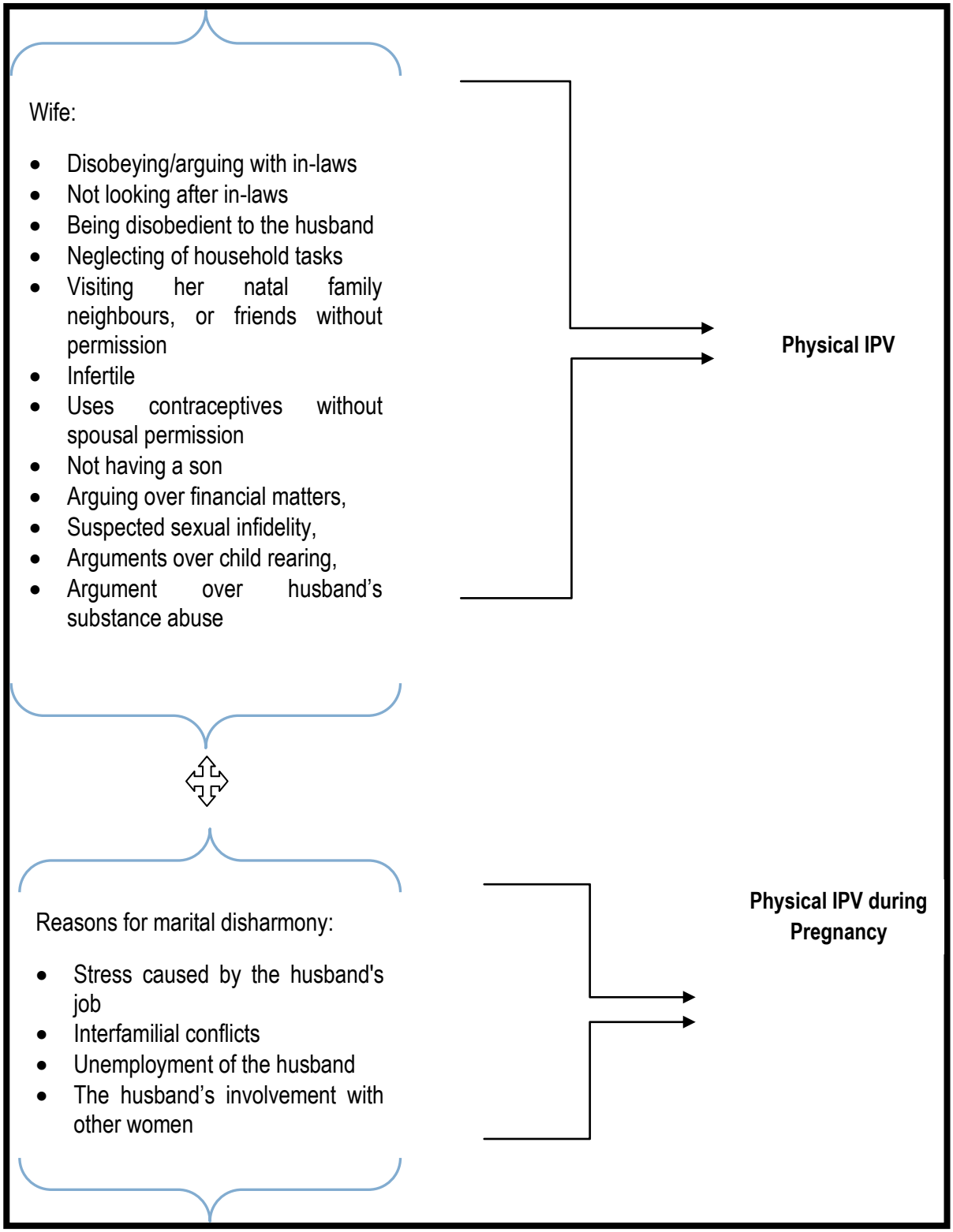

Figure 3: Common Reasons for Physical IPV in Pakistan as identified in various studies