



REPRODUCTIVE CONTROL!; WHO'S RESPONSIBLE? WHO'S DECISION?

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INTRODUCTION

Violence, be it physical or emotional against women at the hands of their husbands or perpetuated by the in-laws is one of the most systematic and prevalent human rights abuse in the world which is occurring in every continent and country that harms families, communities and reinforce inequality and violence¹. Such gender based inequality against women affects their productivity, autonomy, quality of life and physical and mental well-being¹. The World Health Organization multi-country study indicated that worldwide domestic violence against women was ranged 15% in Japan to the highest level 71% in Ethiopia². Various international studies have demonstrated that violence against women has been documented to be perpetrated not only by male partners but also by the family members of male partners (i.e. in-laws); with prevalence of violence from family members ranging from 5 to 26%^{3,4}. Abuse, including maltreatment and violence, from the extended family members may

ABSTRACT... The aim of this study was to assess the frequency of various forms of in-law perpetuated reproductive control asserted on the female and any possible factor such as education level or early age of marriage which might be responsible for it as various studies have demonstrated that violence against women has been documented to be perpetuated not only by male partners but also by the family members of male partners. This multi-centric cross sectional observational study was carried out on 424 consecutive patients in 6 hospitals. The mean age (+ S.D) was 33.7+7.8 years and age of marriage (+S.D) was 21.3+2.8 years. 116(27.4%) were uneducated, 142(33.5%) had obtained education till primary level, 124(29.2%) had secondary education and 42(9.9%) had higher level of education. Upon asking about any life time in-law perpetuated reproductive control 205 (48.3%) of the females answered one or more than question as yes and 142 (33.5%) of the participating females said that the in-laws advised their husbands to go for a second marriage if they did not become pregnant. The more uneducated the participants of the study were, more abuse was faced at the hands of her in-laws (p-value <0.005). The most common form of reproductive control asserted by the in-laws was telling the husband to go for a second marriage if the female did not become pregnant and this was most commonly seen in the less educated females (p-value <0.005). In conclusion increased efforts are needed to involve the in-laws in programs that seek to improve women's reproductive health.

Key words: Reproductive control

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be similar to the experience of the intimate partner violence in which a woman may have restricted ability to seek health care and experience emotional and physical abuse⁵. Studies done in India and Jordan highlight how much influence the in-laws have over a married couple in terms of contraception use, method of contraception, number of male off-springs and how in-laws have a significant influence on perpetuating violence against the female at the hands of the husband⁶.

The aim of this study was to assess the frequency of various forms of in-laws perpetuated reproductive control asserted on the female and abuse faced by the married females either directly or indirectly in Pakistan.

MATERIAL AND METHODS

This cross sectional observational study was carried out on 550 consecutive patients of which 424 gave consent to participate in the study. This multi-centric study was done at the obs/gyne

out-patient department of six hospitals; district headquarter hospital Jhelum, district headquarter hospital Mirpur, Kohat private hospital, district headquarter hospitals of Gujrat and Lala Moosa and Rawalpindi cantonment board hospital Rawalpindi from June 2013 to January 2014. All married females willing to give consent were included in the study. Data collection was started after formal approval from the hospital ethical committee and after obtaining informed consent from the patient. Patients were selected by consecutive sampling. The subjects were informed about the research and its objectives. They were assured that confidentiality would be maintained during and after the study and information given would be used purely for research purposes. Those enrolled in the study were evaluated through a questionnaire designed both in English and Urdu to assess the stress from in-laws and its association with control of reproductive decision among rural women. In-laws were considered to be the family members of the husband. The questionnaire had ten questions and the patients were required to answer either yes or no. The items included 1) Have your in-laws told your husband to prevent you from using contraception. 2) Tell you husband to leave you if you didn't become pregnant. 3) Go for a second marriage. 4) Tell your husband to physically hurt you if you don't become pregnant. 5) Not allowed to eat good food if not pregnant. 6) Insult you if you don't become pregnant. 7) Not allowed to leave the house if you don't become pregnant. 8) Interfere in the ability to see your family. 9) Take your possessions. 10) Force for abortion if fetus is not male. Demographic details included age, age at marriage, marital status, religion, level of education, number of pregnancies, working women and area of residence were also noted in the study. The purpose of the study was to evaluate what kind of stress the women are put through either physical or mental or both. All data was analyzed using SPSS-17. Mean and standard deviation were calculated for quantitative variables i.e. age, age at marriage and number of pregnancies. Frequency and percentages were calculated for level of education, marital status, working lady or house-wife and if living in joint

family system or separately from in-laws. Chi-square test was used to determine the p-value.

RESULTS

A total of 424 females participated in the study. The mean age (\pm S.D) was 33.7 ± 7.8 years and age of marriage (\pm S.D) was 21.3 ± 2.8 years. Of the 424 females 401 (94.6%) were married, 15 (3.5%) were divorced and 8 (1.9%) were widows. Of the 424 females 35 (8.3%) had one child, 152 (35.8%) had two children, 95 (22.4%) had three children, 69 (16.3%) had four, 53 (12.5%) had more than four children and 20 (4.7%) had no children. 410 (96.7%) of the participants were Muslim and 14 (3.3%) were from the Christian faith. Regarding the level of education 116 (27.4%) were uneducated, 142 (33.5%) educated till primary level, 124 (29.2%) had secondary education and 42 (9.9%) had higher level of education. 347 (81.8%) were house wife's and 77 (18.2%) were working women. Most of the working females did minimum wage jobs and three were teachers and 2 were doctors by profession. 15 (3.5%) were residing in Gujrat, 53 (12.5%) were from Jhelum, 46 (10.8%) from Kohat, 107 (25.2%) lived in Lala Moosa, 144 (33.9%) were the residence of Mirpur and 59 (13.9%) were from Rawalpindi. 284 (67%) were living in joint family system and 140 (33%) were living separately.

Upon asking about life time abuse at the hands of their in-laws, 205 (48.3%) answered one or more question as yes and 219 (51.7%) answered no to all the questions asked in the questionnaire. 330 (77.8%) said that their in-laws did not tell their husbands to prevent them from using contraception whereas 94 (22.2%) said that their in-laws interfere with their decision to use contraception in any form. When asked if the in-laws pressurized their husband to leave them if they did not become pregnant. 308 (72.6%) denied whereas 116 (27.4%) accepted.

142 (33.5%) of the participants said that the in-laws advised their husbands to go for a second marriage and 282 (66.5%) said no. 125 (29.5%) of the females admitted to being physically abused at the hands of their husbands if they did not

Characteristics		Study population (n=424)
Age (\pm S.D) in years		33.7 \pm 7.8
Age at marriage (+S.D) in years		21.3 \pm 2.8
Religion	Muslim	410(96.7%)
	Christian	14(3.3%)
	Other	0(0%)
Residence	Mirpur	144(33.9%)
	Rawalpinid	59(13.9%)
	Lala Moosa	107(25.2%)
	Kohat	46(10.8%)
	Gujrat	15(3.5%)
	Jhelum	53(12.5%)
Marital status	Married	401(94.6%)
	Divorced	15(3.5%)
	Widows	8(1.9%)
Number of children	No children	20(4.7%)
	One child	35 (8.3%)
	Two children	152(35.8%)
	Three children	95(22.4%)
	Four children	69(16.3%)
	>4 children	53(12.5%)
Level of education	Uneducated	116(27.4%)
	Primary level education	142(33.5%)
	Secondary level education	124(29.2%)
	Higher level education	42(9.9%)
Occupation	House wife	347(81.8%)
	Working females	77(18.2%)
Living circumstances	Joint family system	284(67%)
	Living separately	140(33%)

Table-I. Demographic data

become pregnant and 299(70.5%) said they were never abused by their husbands. When asked if they were allowed to eat good and proper food , 91(21.5%) answered yes and 333(78.5%) answered no. Whether they were verbally insulted for not getting pregnant 142(33.5%) said yes and 282(66.5%) said no. 122(28.8%) said they were not allowed to leave the house till they became pregnant while 302(71.2%) had no such restriction. Whether the in-laws interfered with their ability to communicate with their natal family,only 108(25.5%) admitted it while 316(74.5%) denied.103(24.3%) said their in-laws

took possession of their precious belongings but 321(75.7%) said it did not happen with them. When inquired if they were ever forced to have an abortion if the fetus was a female 73(17.2%) said yes and 351(82.8%) said no.

The more uneducated the participants of the study were, more was the abuse faced at the hands of her in-laws (p-value <0.005). The most common form of reproductive control asserted by the in-laws was to pressurize the husband for a second marriage and this was most commonly observed in the less educated females (p-value <0.005).

DISCUSSION

In this study, almost half of the participants reported one or more than one form of reproductive control inflicted by the in-laws directly or indirectly. Various studies done throughout Asia and Africa report similar results and emphasize the need to address the issues of gender inequality and targeted abuse among women.

In a study done among rural women in Côte d'Ivoire more than one in four (27.0%) women reported experiencing lifetime in-law perpetrated reproductive control and abuse. The in-law abuse was significantly associated with in-law-perpetrated reproductive control (P < 0.0001). In this study the other reasons behind in-law-perpetrated reproductive control were religion and having fewer pregnancies⁷.

In our study, the most common form of reproductive control asserted by the in-laws was trying to convince the husband for a second marriage if the female didn't become pregnant (33.5%) and in a study done in Côte d'Ivoire the most common form of reproductive control were in-laws telling the husband to leave the woman if she did not get pregnant or telling the husband to have a baby with someone else if she did not get pregnant (64.5%) and least common form of reproductive control was not being allowed to eat good food because the woman was not pregnant (3.2%) as in our study it was also the least common form(21.5%).

In study done by Zakar R and el al in regards

Form of reproductive control	In-law abuse reported	In-law abuse not reported
Told husband to prevent woman from using contraception	94 (22.2%)	330 (77.8%)
Told husband to leave woman if she did not get pregnant	116 (27.4%)	308 (72.6%)
Told your husband to go for 2nd marriage if didn't become pregnant	142 (33.5%)	282 (66.5%)
Told her husband to hurt her physically if she did not get pregnant	125(29.5%)	299(70.5%)
Not allowed to eat good food if didn't become pregnant	91(21.5%)	333(78.5%)
Insulted or humiliated if the woman did become pregnant	142(33.5%)	282(66.5%)
Interfere in the ability of the female to communicate with her natal family	108(25.5%)	316(74.5%)
Not allowed to leave the house if not pregnant	122(28.8%)	302(71.2%)
Take possession of your things if not pregnant	103(24.3%)	321(75.7%)
Force for an abortion if foetus not male	73(17.2%)	351(82.8%)

Table-II. Types of reproductive control asserted by in-laws among rural women in Pakistan

to intimate partner violence and its association with women's reproductive health in Pakistan from 2008 to 2009 has showed women who experienced severe physical violence were more likely to have their husband's noncooperation in using contraception as was seen in our study as well⁸. Similarly in a study done in Jordan by Clark CJ et al, 353 females were surveyed and it examined the association between intimate partner violence and women's experience of interference with their attempts to avoid pregnancy. Approximately 20 percent of respondents indicated that their husbands or someone else had interfered. Among those others than husbands who were identified, mothers-in-law were the most frequently mentioned, followed by the respondents' mothers and sisters-in-law. This study concluded that physicians, nurses, and family planning counselors must be made aware of the challenges that women may face from their families when they attempt to regulate their fertility⁹. In a study which included 225 women done by Williams CM et al it was reported that women experiencing physical and emotional abuse were more likely to report not using their preferred method of contraception compared with women who were not abused¹⁰. Clinicians should consider the role of family members of the male partner and of the women, regardless of marital status, in relation to reproductive health risks, fertility-related decision making and use or choice of contraceptive methods for the woman. In our study 33.5% of the female participants were verbally insulted if they didn't become pregnant,

similar results were seen in a study done in Cote d'Ivoire which showed that 45.2% of the women faced verbal insults at the hands of their in-laws⁷.

A study done on 169 South Asian females in the United States by Raj A et al was designed to assess quantitatively the association between intimate partner violence and emotional abuse by in-laws. Quantitative findings demonstrate a significant relationship between intimate partner violence and abuse from in-laws. Qualitative data demonstrated that abuse by in-laws included emotional abuse (e.g., isolation, social and economic control, and domestic servitude), awareness or support of intimate partner violence and direct physical abuse¹¹.

In our study 8.3% had one child, 35.8% had two children, 22.4% had three children, 16.3% had four, 12.5% had more than four children and 4.7% had no children but no significant correlation was observed between the numbers of children and perpetuated reproductive control (p-value 0.006). However having no children can be risk of maltreatment from family members of the husband¹². No significant co-relation was observed between marital status and in-laws trying to control reproductive decisions (p-value 0.987) in our study. Research done on Iranian, South Asian, Rwandan, Turkish and Nigerian women a high prevalence of violence and maltreatment, both by husbands and in-laws, has been documented among infertile women¹³⁻¹⁵. Largely as the result of cultural expectations for

the production of offspring and viewing women as responsible for infertility. The current findings suggest that like pregnant women, women who are infertile or childless may be a particularly vulnerable group for maltreatment and violence from in-laws.

The limitations in our study was firstly, that it was a community based survey which relied on self-reporting has the main source of the information thus depending heavily on remembrance and social desirability bias due to its delicate nature and cultural barrier for confession. Secondly our study didn't include the husbands or in-laws input in assessment of reproductive control.

In conclusion, increased efforts are needed to involve in-laws in programs that seek to improve women's reproductive health. Despite these limitations this study highlights the need to address the subject of reproductive control at the grass-root level thus involving the women, husbands and in-laws. Effective strategies are required at a local level and national level to stop the perpetuation of reproductive control inflicted on women in both urban and rural environment.

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