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Exploring the Nexus of Domestic Violence, Gender Inequality, and Women's Health: A Qualitative Study in District Bannu

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Abstract

Domestic violence encompasses any violence suffered by women from biological relatives, predominantly men within the family or relatives. The issue persists in silence, finding legitimacy through cultural norms. Violence represents a serious violation of women's rights, a significant cause of injury, and a risk factor for various physical and psychological health problems. This study utilizes secondary data collected from literature, including books, journals, newspapers, and the internet. Objectives of this study is to explore the factor that promote domestic violence abuse specifically against women, and to assess the multifaceted impact of domestic violence and gender inequality on the physical, health of women in District Bannu. The research design is qualitative, based on primary data, and descriptive. Structured interviews serve as the data collection instrument, with domestic women in District Bannu comprising the population and domestic women as the study sample. Results highlight major types of domestic violence affecting women's health. The consequences of abuse extend beyond individual wellbeing, impacting entire communities. Living in a violent relationship diminishes a woman's selfesteem and her ability to engage in the community. Recommendations include raising community awareness through national campaigns, conducting a national prevalence survey on domestic violence, and ensuring well-trained health professionals can assess domestic violence cases.

Keywords: Domestic violence, Violence against women, Global borders, Cultural boundaries, Marital dynamics, Dominance of husbands, Gender inequality

1.1. Introduction:

In the intricate tapestry of societal dynamics, the interconnected threads of domestic violence, gender inequality, and women's health weave a compelling narrative that demands our attention (Epstein, D., & Goodman, 2018). This research endeavors to unravel the intricate web that binds these elements together, seeking to illuminate the profound impact they collectively exert on the well-being of women worldwide. Wilcox, Greenwood, Pullen, et, al. (2021) states that the intersections between domestic violence, gender inequality, and women's health represent not only a significant research endeavor but also a critical exploration of the fundamental human rights and dignity that every woman deserves.

Domestic violence, often concealed behind closed doors and veiled in societal taboos, is a pervasive issue affecting countless women across the globe. Beyond the physical scars it leaves, domestic violence permeates the fabric of gender relations, perpetuating a cycle of inequality that extends far beyond the immediate act of abuse (Wilcox, T., Greenwood, M., Pullen, et, al. (2021). This research recognizes the need to delve into the roots of domestic violence, understanding its manifestations and exploring the ways in which it intertwines with broader issues of gender disparity.

Gender inequality, a deeply ingrained and persistent societal challenge, forms both the backdrop and the catalyst for the prevalence of domestic violence. From unequal access to education and economic opportunities to discriminatory cultural norms, women find themselves ensnared in a complex web of disadvantage (Heise, L., Greene, M. E., Opper, et, al. (2019). This research contends that addressing domestic violence necessitates a comprehensive examination of the societal structures that sustain and exacerbate gender inequalities, recognizing that dismantling one requires dismantling the other.

At the heart of this exploration lies the impact on women's health—a holistic perspective that extends beyond the immediate physical consequences of violence (Moulding, N., & Franzway,

2021). Salter, Conroy, and Dragiewicz, et, al. (2020) The repercussions of domestic violence reverberate through the psychological, emotional, and reproductive dimensions of women's lives, contributing to a myriad of health challenges that endure long after the abuse has ceased. This research aims to shed light on the intricate ways in which the nexus of domestic violence and gender inequality converges upon the health of women, underscoring the urgency of adopting a multifaceted approach to address these interconnected issues.

As we embark on this journey of exploration, it is imperative to recognize the inextricable link between domestic violence, gender inequality, and women's health. By unraveling the complexities of this nexus, we endeavor not only to understand the underlying mechanisms that perpetuate these issues but also to pave the way for informed interventions and policy changes that can foster a more equitable and healthier future for women globally.

Objectives of this study is to explore the factor that promote domestic violence abuse specifically against women, and to assess the multifaceted impact of domestic violence and gender inequality on the physical, health of women in District Bannu,

1.2. Significance of the study:

This qualitative study, "Exploring the Nexus of Domestic Violence, Gender Inequality, and Women's Health in District Bannu," holds paramount significance in its potential to illuminate the intricate dynamics shaping the lives of women in this specific geographical context. District Bannu, like many regions, grapples with the pervasive issues of domestic violence and gender inequality, each casting a long shadow on the health and well-being of its female population. By undertaking a qualitative exploration, this study aims to unravel the nuances of these challenges, providing a localized lens through which the complexities of domestic violence, entrenched gender disparities, and their implications on women's health can be discerned. The findings are poised to inform targeted interventions, policies, and support systems tailored to the unique socio-cultural landscape of District Bannu. Moreover, this research is not only an academic pursuit but a call to action, offering a platform for the voices of those affected by these issues to be heard. By shedding light on the lived experiences of women in District Bannu, this study seeks to foster empowerment, drive community engagement, and pave the way for tangible improvements in the lives of women facing the multifaceted challenges of domestic violence, gender inequality, and compromised health.

2. Literature review:

The intricate interplay between domestic violence, gender inequality, and women's health is a complex and globally significant issue that demands comprehensive exploration (Rempel, E., Donelle, L., Hall, J., & Rodger, S. (2019). This literature review seeks to synthesize existing research to elucidate the nuanced connections between domestic violence, gender roles, and the health outcomes of women. This review encompasses studies conducted in various cultural contexts to provide a broader understanding of the multifaceted dynamics at play.

2.1. Domestic Violence:

Research consistently highlights domestic violence as a pervasive and global concern, cutting across socio-economic, cultural, and geographic boundaries (Gibbs, A., Jewkes, R., Willan, S., & Washington, L. (2018). The manifestations of domestic violence range from physical and emotional abuse to economic coercion, with implications for the overall well-being of women (Adams, A. E., & Beeble, M. L. 2019). Factors contributing to the perpetuation of domestic violence include power imbalances within relationships, societal norms, and cultural expectations (Naz, S., & Malik, N. I. 2018). Fear of social stigma, reprisals, and lack of adequate support structures often hinder reporting and exacerbate the prevalence of domestic violence.

2.2. Gender Inequality and Traditional Gender Roles:

The literature underscores the integral role of gender inequality and traditional gender roles in perpetuating domestic violence. Ellemers, (2018) says that gender roles often prescribe distinct expectations, attributing specific attributes and behaviors to each gender. These roles contribute to unequal power dynamics, limiting women's opportunities in education and employment and fostering dependency (Mello, S., & Tan, et, al. 2019, and Bullough, A., & Guelich, et, al. 2022). Societal expectations further constrain women within submissive roles, hindering their ability to challenge prevailing norms. The examination of gender roles provides critical insights into the structural underpinnings of domestic violence.

2.3. Women's Health Consequences:

The health consequences of domestic violence on women are profound and multifaceted. Physical injuries, including visible and long-term effects, impact survivors' daily lives and functionality (Stubbs, A., & Szoeke, C. (2022). Mental health repercussions, such as heightened stress, anxiety, depression, and post-traumatic stress disorder (PTSD), further compound the toll on emotional well-being. Reproductive health is also adversely affected, with increased risks of gynecological complications and challenges in family planning (Bramhankar, M., & Reshmi, R. S. (2021). These health consequences intersect, creating a complex web that necessitates holistic support systems for survivors.

2.4. Interventions and Support Systems:

The literature reveals a growing recognition of the need for comprehensive interventions and support systems. Various studies explore the effectiveness of counseling, legal reforms, and community-based initiatives in addressing domestic violence and its health consequences. Additionally, the role of healthcare systems in identifying and supporting survivors is gaining prominence (Kapilashrami, A. (2021). The integration of domestic violence awareness into healthcare practices and the establishment of specialized services reflect emerging strategies to address the complex needs of survivors.

2.5. Conclusion

This literature review illuminates the intricate relationships between domestic violence, gender inequality, and women's health. Recognizing the global prevalence of these issues, researchers and practitioners are increasingly focusing on developing comprehensive interventions and support systems. Future research should continue to explore the contextual nuances of these dynamics, ensuring that strategies are tailored to the specific challenges faced by women in different cultural settings. The synthesis of existing knowledge contributes to a more informed and nuanced understanding of the nexus between domestic violence, gender inequality, and women's health, paving the way for effective interventions and social change.

Methods and methodology

The research design is qualitative, based on primary data, and descriptive. Structured interviews serve as the data collection instrument, with domestic women in District Bannu comprising the population, and domestic women as the study sample.

Finding, Conclusion and recommendation

1. In your opinion, what are the prevalent patterns and dynamics of domestic violence, and how do they impact women in this community?

The participant answer about the first question is that in District Bannu, the prevalent patterns and dynamics of domestic violence weave a complex tapestry that significantly impacts the lives of women. The community experiences a range of abuses, encompassing physical, emotional, and economic dimensions. Traditional gender roles and societal norms often contribute to power imbalances within intimate relationships, fostering an environment where control and coercion manifest. Cultural expectations may perpetuate these dynamics, creating barriers for women to report incidents due to fear of social stigma or reprisal. The impact on women's health, both physical and mental, is profound, with survivors facing not only immediate injuries but also enduring psychological trauma. Economic factors, such as financial dependence, can exacerbate vulnerability, trapping women in abusive situations. Despite the existence of support systems, there may be barriers to access, further complicating the journey for women seeking refuge. A comprehensive exploration of these patterns is crucial to inform targeted interventions, address systemic issues, and empower, women in District Bannu to break free from the cycle of domestic violence.

2. From your perspective, how are traditional gender roles and expectations manifested in District Bannu, and how do they contribute to gender inequality?

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The participant answer about the second question is that in District Bannu, traditional gender roles and expectations are deeply ingrained in the fabric of societal norms, shaping the dynamics of relationships and contributing to gender inequality. Manifestations of these roles are evident in the division of labor, where women are often assigned domestic responsibilities while men assume roles associated with external work. These expectations reinforce stereotypes that prescribe distinct attributes and behaviors based on gender, perpetuating an unequal distribution of power. The reinforcement of traditional gender roles contributes to limited opportunities for women in education and employment, reinforcing a cycle of dependency that further entrenches gender disparities. Additionally, societal expectations often dictate submissive roles for women, inhibiting their ability to challenge or question prevailing norms. These dynamic fosters an environment where gender inequality thrives, as women encounter systemic barriers to autonomy and empowerment. Addressing these deeply embedded norms is crucial to dismantling the foundations of gender inequality in District Bannu and fostering a more equitable and inclusive society.

3. In your observations, what are the health consequences faced by women who have experienced domestic violence, and how do this manifest in their daily lives?

The participant answer about the third question is that, women who have experienced domestic violence commonly grapple with a spectrum of health consequences that intricately manifest in their daily lives. Physically, survivors may bear the scars of injuries, ranging from visible bruises to long-term health issues, impacting their ability to perform routine tasks and engage in physical activities. Mental health repercussions are evident through heightened stress levels, anxiety, depression, and symptoms of post-traumatic stress disorder (PTSD), influencing their emotional well-being and daily coping mechanisms. The toll on reproductive health is palpable, with increased risks of gynecological complications and challenges in family planning. These health consequences intersect with survivors' daily lives, affecting their capacity to work, maintain relationships, and participate in community activities. Emotional trauma may

lead to self-isolation and strained interpersonal interactions, while the physical toll can result in missed workdays and decreased productivity. The complex interplay of these health consequences underscores the urgent need for comprehensive support systems that address the multifaceted needs of survivors, promoting both physical and mental wellbeing as they rebuild their lives.

Conclusion

In conclusion, the prevalent patterns and dynamics of domestic violence in District Bannu create a complex web that significantly impacts the lives of women. The community grapples with a range of abuses, from physical to economic, with traditional gender roles and societal norms exacerbating power imbalances within intimate relationships. The cultural expectations surrounding reporting incidents further contribute to the perpetuation of these dynamics, hindering women's ability to seek help. The profound impact on women's health, both physical and mental, underscores the urgency of targeted interventions, systemic changes, and empowerment initiatives to break the cycle of domestic violence.

Addressing gender inequality in District Bannu requires a dismantling of deeply ingrained traditional gender roles and expectations. The division of labor and stereotypical attributes assigned to each gender perpetuate an unequal distribution of power, limiting opportunities for women in education and employment. Tackling these societal norms is crucial to breaking the cycle of dependency and fostering a more equitable and inclusive society.

The health consequences faced by women who have experienced domestic violence are extensive and intricately woven into their daily lives. Physical scars, mental health issues, and reproductive health challenges intersect with survivors' abilities to work, maintain relationships, and participate in community activities. The multifaceted nature of these health consequences emphasizes the need for comprehensive support systems that address both physical and mental well-being as survivors rebuild their lives.

Recommendations:

- **1. Comprehensive Intervention Programs:** Implement targeted intervention programs that address the various dimensions of domestic violence in District Bannu. These programs should include awareness campaigns, counseling services, and legal support to empower women and break the cycle of abuse.
- **2.** Community Education Initiatives: Launch community education initiatives to challenge traditional gender roles and expectations. These initiatives should promote equality in education and employment opportunities, fostering a more inclusive and empowered community.
- **3.** Accessible Support Systems: Enhance accessibility to support systems for survivors of domestic violence. This includes establishing safe spaces, helplines, and community resources that ensure women can seek help without fear of social stigma or reprisal.
- **4. Legal Reforms:** Advocate for and implement legal reforms that strengthen protections for survivors of domestic violence. This may involve updating and enforcing laws that criminalize abuse and provide avenues for justice.
- **5. Healthcare Integration**: Integrate domestic violence awareness and support into healthcare systems. This involves training healthcare professionals to identify signs of abuse, offering specialized services, and creating a network of support for survivors' physical and mental well-being.
- **6.** Collaboration with NGOs: Foster collaboration with non-governmental organizations (NGOs) specializing in women's rights and domestic violence prevention. These partnerships can enhance the reach and effectiveness of interventions while leveraging the expertise of organizations dedicated to empowering women.

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By implementing these recommendations, District Bannu can work towards creating a safer, more equitable environment that empowers women and breaks the cycle of domestic violence.

References:

- Adams, A. E., & Beeble, M. L. (2019). Intimate partner violence and psychological well-being: Examining the effect of economic abuse on women's quality of life. *Psychology of Violence*, 9(5), 517.
- Bramhankar, M., & Reshmi, R. S. (2021). Spousal violence against women and its consequences on pregnancy outcomes and reproductive health of women in India. *BMC women's health*, 21, 1-9.
- Bullough, A., Guelich, U., Manolova, T. S., & Schjoedt, L. (2022). Women's entrepreneurship and culture: gender role expectations and identities, societal culture, and the entrepreneurial environment. *Small Business Economics*, 58(2), 985-996.
- Ellemers, N. (2018). Gender stereotypes. Annual review of psychology, 69, 275-298.
- Epstein, D., & Goodman, L. A. (2018). Discounting women: Doubting domestic violence survivors' credibility and dismissing their experiences. U. Pa. L. Rev., 167, 399.
- Gibbs, A., Jewkes, R., Willan, S., & Washington, L. (2018). Associations between poverty, mental health and substance use, gender power, and intimate partner violence amongst young (18-30) women and men in urban informal settlements in South Africa: A crosssectional study and structural equation model. *PLoS one*, *13*(10), e0204956.
- Heise, L., Greene, M. E., Opper, N., Stavropoulou, M., Harper, C., Nascimento, M., ... & Gupta, G. R. (2019). Gender inequality and restrictive gender norms: framing the challenges to health. *The Lancet*, 393(10189), 2440-2454.

- Kapilashrami, A. (2021). Transformative or functional justice? Examining the role of health care institutions in responding to violence against women in India. *Journal of interpersonal violence*, 36(11-12), 5471-5500.
- Mello, S., Tan, A. S., Sanders-Jackson, A., & Bigman, C. A. (2019). Gender stereotypes and preconception health: Men's and Women's expectations of responsibility and intentions to engage in preventive behaviors. *Maternal and child health journal*, 23, 459-469.
- Moulding, N., Franzway, S., Wendt, S., Zufferey, C., & Chung, D. (2021). Rethinking women's mental health after intimate partner violence. *Violence against women*, 27(8), 1064-1090.
- Naz, S., & Malik, N. I. (2018). Domestic violence and psychological well-being of survivor women in Punjab, Pakistan. *Psychol Clin Psychiatry*, 9 (2), 184-189.
- Rempel, E., Donelle, L., Hall, J., & Rodger, S. (2019). Intimate partner violence: a review of online interventions. *Informatics for health and social care*, 44(2), 204-219.
- Salter, M., Conroy, E., Dragiewicz, M., Burke, J., Ussher, J., Middleton, W., ... & Noack-Lundberg, K. (2020). A deep wound under my heart": Constructions of complex trauma and implications for women's wellbeing and safety from violence.
- Stubbs, A., & Szoeke, C. (2022). The effect of intimate partner violence on the physical health and health-related behaviors of women: A systematic review of the literature. *Trauma, violence, & abuse, 23*(4), 1157-1172.
- Wilcox, T., Greenwood, M., Pullen, A., O'Leary Kelly, A., & Jones, D. (2021). Interfaces of domestic violence and organization: Gendered violence and inequality. *Gender, Work & Organization*, 28(2), 701-721.
- Wilcox, T., Greenwood, M., Pullen, A., O'Leary Kelly, A., & Jones, D. (2021). Interfaces of domestic violence and organization: Gendered violence and inequality. *Gender, Work & Organization*, 28(2), 701-721.