

Empowerment, Intimate Partner Violence, and Psychological Wellbeing among Married Women in South Punjab, Pakistan

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This study aims to find the relationship between IPV, PWB and WE . Explore the relationship between WE and PWB, determine the mediating role of WE on the relationship between IPV and PWB, and evaluate the predictive potential of WE and IPV on PWB. Utilizing a cross-sectional survey design, data were collected from 387 married women through structured questionnaires. The findings revealed a significant positive relationship between IPV and PWB, indicating that as IPV increases, so does psychological distress. A significant relationship between IPV and WE was also found, demonstrating that higher levels of IPV are associated with greater perceived WE. However, a negative relationship between WE and PWB was identified, suggesting that increased WE is linked to lower PWB. Mediation analysis showed that WE fully mediated the relationship between IPV and PWB. This indicates that WE plays a critical role in influencing the psychological outcomes of women experiencing IPV.

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Furthermore, WE was a strong predictor of PWB ($\beta = -.32$, $p \leq .01$), as was IPV ($\beta = -.29$, $p \leq .001$), with an overall R^2 of .147. These results suggest that high levels of WE, in the context of IPV, may exacerbate psychological distress.

Keywords: *Women Empowerment, Intimate Partner Violence, Psychological Well-being, Gender Roles, Pakistan.*

INTRODUCTION

Globally, more than 30% of women face IPV, either psychological, physical, or sexual, in intimate relationships (World Health Organization, 2021). The situation of IPV is not different in Pakistan. A recent report reveals that 30.8% of married women in Pakistan reported psychological, physical and sexual violence (NIP, 2019). Furthermore, it is well-established that women in Pakistan also face economic violence, characterized by their lack of control and access to financial resources (Ahmed & Warraich, 2024).

Moreover, a significant portion of women in the country possess limited land or house ownership, and even when they own economic assets, decisions regarding those assets are typically managed by male family members due to cultural constraints. In this context, a woman is often discouraged from questioning a man's actions, and if she does, it may result in aggression and violence from the male counterpart (Merino et al., 2019).

In addition, another form of invisible violence, rarely discussed in society and considered taboo in intimate relationships, is sexual violence (Tayyab & Sadaf, 2024). Issues such as forced intercourse, a partner's unilateral use of contraceptive or family planning methods, and other forms of sexual coercion are highly sensitive, and married women often find it difficult to speak out. While both men and women may experience similar rates of isolated incidents in partnerships, men are more likely to repeatedly abuse women through coercion, sexual assault, or serious bodily harm (Shaikh, 2024). Previous research consistently shows that women in heterosexual relationships are disproportionately affected, both in terms of health-related outcomes and access to survivor care (Imran & Yasmeen, 2020).

Fowler and Faulkner (2011) demonstrated that women subjected to IPV are significantly impacted psychologically and physically by the trauma associated with such abuse. The prevalence of practices such as verbal abuse, battering, beating, torture, acid attacks, and even homicide is alarmingly high, resulting in profound psychological trauma. Disturbingly, these acts are often not recognized as serious threats and are frequently normalized and overlooked within society (García-Moreno et al., 2013).

Furthermore, Rivera et al., (2012) observed that society has generally failed to recognize IPV as a detrimental factor affecting the PWB of its victims. However, it has been established that IPV not only causes physical injuries but also leaves lasting mental scars. This

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form of violence adversely affects both the physical and mental health of individuals, thereby impairing their capacity to learn and engage in social activities.

Individuals who have been identified as victims of IPV consistently exhibit diminished self-esteem, reduced social interaction, and a decreased sense of hope for the future. Fulu et al., (2014) have emphasized that the repercussions of IPV extend beyond human rights concerns to encompass significant global public health issues. PWB is a widely utilized concept among mental health professionals and psychologists (Ryff et al., 2001). Despite its extensive use, there is no consensus on a definitive definition of PWB, as numerous theories of well-being are actively researching the most accurate description of this construct within a general setting (Stephoe et al., 2014). The contributions of various theorists have highlighted the complexity of PWB, leading to numerous controversies regarding its precise definition (Seligman, 2011).

Additionally, a study conducted in South Punjab established that husband supremacy and wife depreciation create gender inequality in marital relations. This inequality-based status quo creates power discrimination between spouses, which perpetuates violence in the intimate relationship (Sattar et al., 2022). This violence has been found to adversely impact women's psychological well-being (PWB) in multiple dimensions, including behavior, emotions, perceptions, self-esteem, memory,

learning capacity, social interactions, and understanding (Adams & Beeble, 2019).

Statement of the problem

Married women often face psychological issues such as anxiety, stress, sleep disorders, depression, poor self-concept, feelings of powerlessness, and low self-esteem due to IPV (Dillon et al., 2013). Sattar et al., (2022) found that in the South Punjab region, many women experience various forms of IPV, including economic abuse sexual and physical violence, which are closely linked to psychological violence. Moreover, IPV allows the perpetrator to subject the victim to a continuous mental struggle characterized by psychological trauma, intimidation, and constant humiliation. Consequently, this context prompted the researcher to investigate the relationship between WE, IPV, and PWB among married women in South Punjab, Pakistan.

Objectives

1. To examine the relationship among WE, IPV, and PWB.
2. To establish the mediating effect of WE on IPV and PWB.
3. To assess the extent to which WE and IPV predict PWB.

Hypotheses

1. There is a statistically significant relationship among WE, IPV, and PWB.
2. WE mediate the relationship between IPV and PWB.

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3. We and IPV significantly predict PWB.

Significance of the study

This study provides policymakers and service providers with essential insights into the relationship between WE, IPV, and PWB, aiding in the development of strategies that enhance women's access to reproductive health services by addressing IPV and WE at all levels. It also informs the Ministry of Human Rights on improving women's status and effectively managing victims of partner violence. The findings offer valuable data on the correlations between IPV, WE, and PWB, contributing to efforts to address these issues comprehensively. Additionally, the study serves as a critical resource for future researchers exploring these interrelated themes, offering a foundation for further inquiry and literature development.

Conceptual framework

The conceptual framework is informed by the work of several prominent scholars (Allen et al., 2004; Barnett et al., 1997; Hughes et al., 2015; Ryff, 1989), and each variable is derived from these influential studies. The framework illustrates a relationship between IPV, WE, and PWB, where WE serves as a mediator between IPV and PWB.

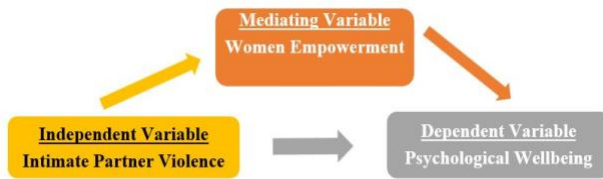


Figure 1 Conceptual framework

Furthermore, Ryff (1989) developed a model of PWB comprising six dimensions, each addressing specific individual concerns related to optimal functioning (Ryff et al., 2003; Ryff, 1989; Ryff & Keyes, 1995). These dimensions include self-acceptance, positive relations with others, environmental mastery, autonomy, purpose in life, and personal growth. Collectively, these indicators contribute to an individual's PWB, contentment, and happiness (Ryff et al., 2003).

Therefore, the study utilized the "Conservation of Resources Theory" proposed by Hobfoll (1989). This model posited that psychological distress resulting from traumatic and stressful life events led to significant "resource loss," encompassing social, economic, and interpersonal resources that were essential to an individual's well-being. Consequently, women involved with abusive partners face challenges such as relocation, abandonment by depression, family and friends, physical injuries, and a diminished sense of self, all of which contribute to a decrease in their PWB. So, the researcher formulated hypotheses regarding the associations among variables from the conceptual framework. Notably, these variables had not been previously examined within the specific context of South Punjab, Pakistan.

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METHODOLOGY

Research design

The study used a cross-sectional survey design.

Target population

The target population of the study consisted of married women who were living in the region of South Punjab.

Sample size

A sample size of 400 was used in this study. According to Krejcie and Morgan (1970), the minimum acceptable sample size was 384. However, the researcher accounted for potential dropouts and incomplete questionnaires. Therefore, more questionnaires were distributed than the estimated sample size to ensure the sample remained representative for the study.

Sampling technique

South Punjab region consists of 11 districts. Therefore, the researcher employed a multistage sampling technique. In the first stage, four districts were selected randomly (i.e., Bahawalpur, Muzaffar Ghar, Multan, and Vehari). In the second stage, 100 participants were selected conveniently from each selected district hospital.

Data collection instruments

The researcher collected data through a structured questionnaire. This questionnaire included demographic

characteristics (i.e., age, education, current working status, and type of residence), as well as the WE, IPV, and PWB instruments. Care (2014) developed the WE instrument (19 items) and the IPV instrument (12 items), which were measured using a Likert scale (i.e., 1 = Strongly Disagree to 5 = Strongly Agree). The reliability of the WE and IPV instruments in our study was $\alpha = 0.85$ and $\alpha = 0.90$, respectively. Ryff (1989) developed the PWB instrument (42 items), which measured PWB using a Likert scale (i.e., 1 = Very Low to 5 = Very High). The reliability of this instrument in the study was $\alpha = 0.78$.

Data collection procedure

The researcher obtained oral permission from the Medical Superintendent of each selected district hospital to collect the data. Participants were approached and invited to participate in the study voluntarily. The researcher guided participants through the distributed questionnaire to ensure clarity and then regained all questionnaires from them.

Data analysis

The researcher used SPSS to analyze the data, employing both descriptive and inferential statistics. Descriptive statistics included obtaining frequency counts and means. Pearson's correlation coefficient was used to find the relationship between variables, Model 4 of the Hayes Process macro (Hayes, 2012) was used to explore the mediation effect, and multiple linear regression was used to assess the predictive effect of independent variables on

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dependent variables. The reliability of the scales was measured through Cronbach alpha.

Ethical considerations

Before administering the questionnaire, the researcher addressed key ethical issues as recommended by Neuman (2007). They informed respondents about the study to ensure informed consent, guaranteed voluntary participation with the freedom to withdraw at any time, and respected confidentiality by ensuring anonymity.

RESULTS

Table 1 shows the demographic characteristics of the participants. The mean age of the participants was 35.2

Table 1
Demographic characteristics of the participants (N = 387)

| Variables | Frequency | Percentage |
|------------------------|------------------|-------------------|
| Age (mean) | 35.2 (years) | |
| Education | | |
| Illiterate | 29 | 7.5 |
| Primary | 55 | 14.2 |
| Secondary | 46 | 11.9 |
| Middle | 86 | 22.3 |
| Matric or higher | 171 | 44.1 |
| Current working status | | |
| Not working | 289 | 74.7 |
| Working | 98 | 25.3 |

years. The majority of the participants, 171 (44.1%), had an education level of matriculation or higher, and a higher number of participants, 289 (74.7%), were not currently working.

Pearson’s correlation analysis

Table 2 represents the associations among WE, IPV, and PWB scores of the participants. Pearson’s correlation analysis showed a significant positive relationship between WE and IPV ($r = .342, p < .01$), indicating that higher levels of WE were associated with higher levels of IPV. Additionally, a significant positive relationship was found between WE and PWB ($r = -.273, p < .05$), suggesting that participants with higher WE scores reported lower PWB. Moreover, the analysis demonstrated a significant negative relationship between IPV and PWB ($r = -.302, p < .01$), showing that participants who reported higher levels of IPV exhibited lower PWB (hypothesis 1).

Table 2

Pearson’s correlation (N = 387)

| Variable | WE | IPV | PWB |
|----------|--------|--------|-----|
| WE | 1 | | |
| IPV | .342** | 1 | |
| | | - | |
| PWB | -.273* | .302** | 1 |

**p < .01 *p < .05

Mediation analysis results

The study employed mediation analysis to assess the extent to which WE mediate the relationship between IPV and

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PWB. To examine the mediating effect, Model 4 of the Hayes Process macro (Hayes, 2012) was utilized in SPSS, allowing for a comprehensive analysis of the mediator's impact. Using the Preacher and Hayes approach, three key effects are examined in mediation analysis: the total effect, the direct effect, and the indirect effect.

Hypothesis 2 examines the mediating role of WE in the relationship between IPV and PWB. Table 3 presents the indirect effect of IPV on PWB, with lower limit and upper limit confidence intervals of -.6025 and -.0312, respectively. Both the LL and UL share the same negative signs, with no zero value between them, indicating a statistically significant indirect effect. This supports that WE mediates the relationship between IPV and PWB. Thus, it is evident that the independent and dependent variables have a significant mediation relationship.

Table 3

Mediation analysis

| Effect on IV on M (IPV \Rightarrow WE) | Effect of M on DV (WE \Rightarrow PWB) | Total Effect of IV on DV (IPV \Rightarrow PWB) | Direct Effect of IV on DV | Bootstrap Results for Indirect Effects | |
|---|---|---|------------------------------|---|---------|
| β | β | β | β | LLCI | ULCI |
| 0.342** | -0.273* | -0.302** | -0.186** | -0.6025 | -0.0312 |

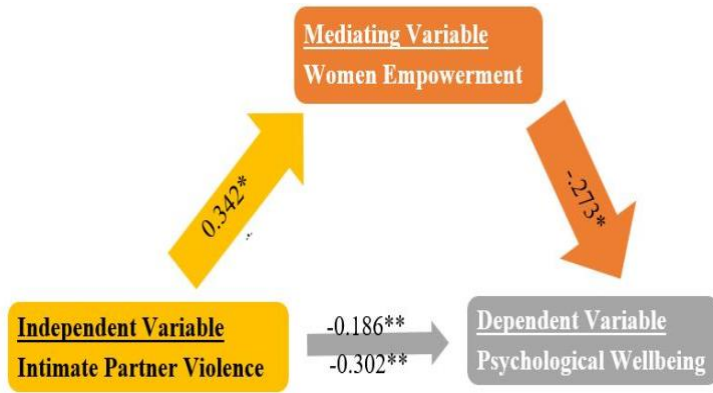


Figure 2 Mediation analysis

Multiple linear regression analysis

Hypothesis 3 explored the predictive relationship between IPV, WE, and PWB. The results from the multiple linear regression analysis indicated that both WE and IPV were

Table 4

Multiple linear regression

| Model | Unstandardized Coefficients | | Standardized Coefficients | T | Sig. |
|-----------|-----------------------------|-------|---------------------------|--------|------|
| | B | SE | B | | |
| (Constant | 165.25 | 5.975 | | 26.783 | .000 |
| WE | -0.349 | 0.061 | -0.32 | -6.1 | .000 |
| IPV | -0.327 | 0.161 | -0.29 | -5.73 | .01 |

a. Dependent Variable: PWB

R square = .147, Adjusted R square = .141, F change statistics = 27.88**

significant predictors of PWB (Table 4). Specifically, WE emerged as a stronger predictor of PWB ($\beta = -.32$, $p < .001$)

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compared to IPV ($\beta = -.29, p < .01$). This suggests that WE play a more influential role in shaping PWB than IPV.

DISCUSSION

The study examined the relationship among WE, IPV, and PSW among married women in South Punjab, Pakistan. The study findings showed a statistically significant negative relationship between IPV and PWB. It indicated that a high level of IPV decreased the PWB. This study attributed IPV to factors such as economic independence and flexible norms and values. Male partners often did not view women's economic independence and self-efficacy favorably, which may have escalated partner violence (Abramsky et al., 2019), ultimately reducing PWB (Adams & Beeble, 2019).

Men perceived these changes as a deviation from traditional values and resorted to violence to reassert control. Furthermore, assessing the extent of IPV in society proved challenging, as it was often considered a private family matter that should not be publicly disclosed (Tayyab & Sadaf, 2024). However, IPV had long been a prevalent practice in the culture, and as a result, many acts of pushing, kicking, slapping, punching, and beating were rarely recognized as violent (Tayyab & Sadaf, 2024). The construct of PWB was considered to be a more appropriate measure than relationship status, as it reflected the desired outcome for individuals to lead safe and fulfilling lives. It was believed that the relationship status of women should

have improved their well-being by shaping the types of environments they were exposed to, thereby influencing their overall quality of life (Bayeh, 2016).

Furthermore, the study findings illustrated that there was a statistically significant positive relationship between WE and IPV. This suggested that rather than reducing IPV, WE exacerbated it. This finding was consistent with the results of the earlier study, which indicated that most men perceived WE negatively (Schuler et al., 2018), thereby continuing to pose a threat to women's PWB (Shawon et al., 2024).

A systematic review and meta-analysis revealed that economic dependency might have reduced violence against women in societies where a certain degree of violence is viewed as a symbol of affection. Women who opposed such violence were often perceived as defiant. Moreover, the findings suggested that WE (economic and social) increased the risk of IPV, as many women continued to rely on men for financial support, potentially leading to a tolerance of abuse in exchange for financial and social stability (Eggers et al., 2022). Conversely, women with greater financial independence were less likely to experience violence due to reduced reliance on male partners (Gürsoy & Kara, 2020).

The prevalence of traditional gender stereotypes and oppressive male roles likely contributed to the limited support for women's emancipation, with any progress being undermined by IPV (Ali et al., 2011). The findings suggested that adherence to conventional views of male dominance and female subordination significantly

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increased the likelihood of IPV. This, in turn, diminished PWB and reduced the potential benefits of WE. In addition, Tornello et al., (2014) recommended that the conclusions drawn from research on WE and wellbeing should be interpreted with caution.

It was believed that in society, women who were economically and socially empowered faced a higher risk of experiencing IPV (Dalal, 2011), as men often used such violence to reassert their dominance and uphold traditional gender norms when patriarchal structures were challenged (McKinley et al., 2021). This highlighted the importance of identifying the inconsistencies between WE and the risk of violence. Addressing these inconsistencies was crucial for developing effective interventions and methods to tackle both WE and IPV simultaneously.

Another finding of the current study revealed a statistically significant negative relationship between WE and PWB. This suggested that women have more chances to achieve better economic status and engage more actively in spousal relationship decisions and needs when they possess greater power through financial autonomy and an enhanced capacity to refuse sex. Although Tornello et al., (2014) viewed it as a beneficial addition to the stability and harmony of the partnership, it posed a challenge for couples who continued to adhere to traditional gender norms.

While it was true that factors such as self-efficacy, financial independence, and the capacity to decline sex

were powerful indicators of WE, they also served as warning signs for decreased levels of positive feelings among married women. It suggested that when women became more independent and deviated from stereotypical gender roles and engaged in household decision-making, their partners (husbands) might not have viewed this favorably, potentially escalating IPV and deteriorating PSW. Consequently, the findings indicated that WE in Pakistan could potentially undermine families and relationships, necessitating a review of the existing programs aimed at promoting WE. Conversely, the results contradicted the assertion made by the WHO (2016) that women who experience greater levels of empowerment also report higher levels of PWB.

According to the study, women in Pakistan who assume greater equality and control in their relationships may observe a decrease in their male partners' engagement, which, in turn, results in a decline in PWB. Tuladhar et al., (2013) suggested that this phenomenon might occur because a male partner may perceive a woman's sense of strength as a "takeover." Consequently, the male spouse might withdraw and relinquish his responsibilities, thereby granting the woman more authority. This sense of being burdened with responsibilities could lead to diminished autonomy and lower levels of happiness.

The study demonstrated that the association between IPV and PWB was indirectly mediated by WE. These results were consistent with Khalid and Choudhry's (2021) claim that an individual's capacity to overcome obstacles is enhanced by the qualities fostered by

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empowerment. The findings demonstrated that higher levels of empowerment were associated with a reduction in IPV, which, in turn, contributed to increased positive emotions by enhancing the PWB of women. It was imperative to promote domestic movements to facilitate the growth of transformative WE strategies that mitigate the long-term uncontrolled effects experienced by abused married women. Consequently, WE needed to be understood as an ongoing, iterative process that emphasized individual values, and the specific desires of abused married women within communities.

The study showed that IPV and WE were the strong predictors of PWB. Furthermore, Tuladhar et al., (2013) also mentioned that WE was conceptualized as a model that individuals could utilize to address various life situations. Women could leverage the diverse indicators of empowerment to enhance their potential across multiple domains and overcome life's challenges. One significant aspect of this empowerment was decision-making, which played a crucial role in enabling individuals to make choices that fostered their PWB.

When women defied gender norms and became more autonomous and assertive, it could be perceived by their male partners as a challenge to their authority, potentially leading to resignation and an escalation of aggression within the relationship (Ali et al., 2011). There was a weak correlation between IPV and women's PWB. Although extreme physical violence had been outlawed,

IPV was often regarded as a culturally acceptable practice, perceived as a form of punishment to reinforce traditional representations of masculinity (Siddique et al., 2019). Women were more likely to experience various forms of abuse, including control, psychological abuse, neglect, and isolation. Consequently, as empowerment increased, so too did IPV (Dalal, 2011), which in turn negatively affected individuals' PWB (Shawon et al., 2024).

CONCLUSION

The results demonstrated that women's psychological health declined and that IPV increased at higher levels of WE. It was likely that the empowerment programs aimed at women in Pakistan inadvertently led to an increase in IPV, which negatively impacted women's PWB. Consequently, this finding refuted the study's initial theories and assumptions, which posited that women's psychological health would improve and IPV would decrease as a result of WE. This was attributed to the perception that empowerment posed a threat to male dominance and traditional gender norms. Males expressed concerns that WE could lead them to diverge from established traditional gender norms, be independent of men, and challenge their authority. Consequently, many men regarded this shift as a "takeover" by women.

RECOMMENDATIONS

The study recommends that enhancing the role of WE in improving PWB is essential. The underlying principles and

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approaches to WE in Pakistan require a comprehensive reevaluation. To ensure stability, families should prioritize how WE positively contribute to psychological welfare, fostering environments that support both empowerment and mental health. This shift will help in aligning empowerment strategies with the broader goal of enhancing women's psychological resilience and overall well-being.

In Pakistan, initiatives focused on emancipating and empowering women have the potential to reduce the emotional and psychological challenges women face in intimate relationships. By promoting healthy and equitable gender roles, these initiatives can foster environments that support both WE and PWB. These efforts are crucial for addressing the systemic barriers that hinder women's full participation in both personal and societal spheres, ultimately leading to more balanced and supportive relationships.

Prioritizing the reduction of IPV is essential, as it directly impacts women's PWB. Educating women on how to utilize their newfound economic autonomy and independence in ways that preserve family stability is equally important. Additionally, involving men in WE programs is crucial to fostering a shared understanding of the benefits of women's liberation. This approach can help men recognize how WE contribute to the overall stability and well-being of families, promoting healthier and more supportive relationships.

LIMITATIONS OF THE STUDY

A limitation of this study was the reluctance of respondents to engage with the data collection process, which may have influenced the depth and quality of responses. Despite efforts by the researcher to establish rapport and clarify the academic purpose of the study, some participants faced challenges due to the length of the questionnaire. Additionally, respondents with limited reading proficiency found the questionnaire particularly difficult to navigate. While the researcher allowed sufficient time for completion based on participants' availability, these factors could have impacted the accuracy and comprehensiveness of the data gathered.

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