

Association of dowry practices with perceived marital life and intimate partner violence

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Abstract

Objective: To understand the perceptions of women about the influence of dowry customs on their marital life and on intimate partner violence.

Method: The cross-sectional study was conducted in Karachi between 2008 to 2010, and comprised married women of reproductive age. Data was collected through a valid World Health Organisation questionnaire which was validated for the local context after translation into Urdu. Data was analysed using SPSS 10.

Results: Of the 810 women approached, 759(93.7%) formed the final sample. Of them, 447(59%) women and 307(40.4%) of the husbands were aged 25-35 years. Women in arranged marriages involving dowry transaction reported more positive marital outcomes (adjusted odds ratio: 11.5). Consenting to a marriage was positively associated with positive marital life (adjusted odds ratio: 36.8), and the same was the case when the marriage was contingent on dowry transaction (adjusted odds ratio: 10.4). Provision of a dowry, however, was not protective from physical (adjusted odds ratio: 3.7), sexual (adjusted odds ratio: 3.7) or psychological violence (adjusted odds ratio: 8.9).

Conclusion: Dowry practices exist in Pakistani culture despite the fact that dowry wives were found to have no protection against intimate partner violence. However, women perceived that the provision of dowry to groom's family had a positive impact on marital life.

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Introduction

Intimate partner violence (IPV) is a common and serious public health issue. It has detrimental physical, mental and social effects. The World Health Organisation (WHO) defines IPV as "any behaviour within an intimate relationship that causes physical, psychological or sexual harm to those in that relationship". IPV is more commonly experienced by women and is widespread in low- and middle-income countries (LMICs) where the estimated lifetime prevalence of physical and/or sexual violence among women is up to 71%, according to the WHO, and ranges from 17.5-52% in independent studies.¹⁻³ Prevalence of specific forms of IPV can vary due to varying definitions and geography. In Pakistan, the prevalence of IPV in general among married women ranges from 34% to 54.8%, with a prevalence of sexual IPV reaching 21%.⁴⁻⁶

Understanding the determinants that encourage or lead to IPV is an essential component to developing strategies to curb the level of violence experienced by women. Studies commonly point to economic or financial causes⁶⁻⁸ which

are thought to be related to the extent of power among intimate partners within the marital home. In particular, studies suggest that unemployment of either the husband or the wife causes an increased risk of violence, whereas higher levels of education have minimised this risk.^{1,2,9} These factors, taken together, suggest that the power of relationships related to financial standing are closely accountable factors for IPV.

The custom of a bride's family to give dowry to the groom's family at the time of marriage has been practised for centuries in a variety of forms around the world, and has been associated with IPV. This is particularly so in developing countries where there is a lack of social and legal support for women, allowing injustice to persist.¹ In practice, dowry is traditionally considered payment in exchange for accepting the bride into the family, or as a compensation for wedding costs incurred by the groom's family in the form of cash or material goods, including jewellery.⁹ Evidence suggests that women risk violence at the hands of their husbands and/or in-laws after marriage, often because of the inability of the bride's families to give the promised payment in adequate amount and state.¹⁰ Forced marriages may further boost the risk of violence.

Dowry practices range from 87% to 97% in both rural and urban areas of Pakistan, but there has been little research in the context of Pakistan to understand the association between dowry practices and IPV.⁷

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The current study was planned to understand the cultural practices surrounding dowry and whether or not it acts as a protective factor against IPV. It was hypothesised that Pakistani women would perceive the practice of dowry to have positive impact on their marital life, and that women who chose their own partner would have less risk of IPV.

Subjects and Methods

The cross-sectional study was conducted in Karachi between 2008 to 2010, and comprised married women of reproductive age. After approval from the ethics review committee of Aga Khan University (AKU), the sample size was calculated with 80% probability and a mean estimated 30%⁴ IPV prevalence to identify a 1.6-fold increase in the risk of sexual, physical and/or psychological violence using EpiInfo version 6.¹¹ The calculated sample size was inflated to target 800 participants. The sample was raised using multi-stage random sampling in parts of Karachi city which is sub-divided into 18 towns and a total population of around 19 million. In the first stage, list of all the households were developed by community midwives using a surveillance system under the Health and Nutrition Development Society (HANDS), a non-governmental organisation (NGO). From the list, using computer-generated numbers online version,¹² households were randomly selected. Collaboration with HANDS was done to conduct the interviews as it is a trusted community-based organisation. Since HANDS was working only in six field sites of two towns, we collected the data from all the available field sites.

The study included married women aged 25-60 years living in two of the towns having HANDS surveillance system. Women aged <25 were excluded for cultural reasons. Data was collected from the residents of six field sites with ethnic diversity and lower-middle socioeconomic communities.

For data collection, a WHO questionnaire developed for the 'multi-country study on Women's Health and Life Experiences' was modified and used.¹¹ The questionnaire was developed and adapted for use in cross-cultural contexts and has been used in studies in more than 15 countries.¹¹ Two abuse assessment scales, the Index of Spouse Abuse (ISA) and the Conflict Tactics scale (CTA, with established validity and reliability were used to create relevant questions. These questions on IPV were added to the WHO questionnaire based on expert opinion and field testing. Validity and reliability of the translation was ensured by experts, including those with clinical, research, public health and data-collection expertise.¹¹ Reliability was checked using Chronbach's alpha, which was found to be 0.8. Reliability was also checked for tool and identified as 0.7.¹³

During the modification of the questionnaire, a few items were excluded from the final tool due to cultural considerations. Examples of the excluded questions include those related to alcohol consumption patterns, and husband's involvement with multiple sexual partners. The final tool contained items regarding socio-demographic and psycho-social factors, marriage and dowry practices, different forms of violence, physical, sexual and psychological, and their proportion, and any consequent effects of the violence experienced. The modified tool was translated into Urdu by an expert and was pilot-tested. It was then back-translated to English. No major incongruities were found after back-translation.

The variables included were: whether or not it was the woman's choice to marry her current husband (i.e. had a love marriage); whether she provided consent to the marriage (versus being forcibly married); if the marriage was on the condition of dowry provision (or promise) to the groom's family; and if dowry was given to the groom's family (i.e. either as custom or as specific demands met either partially or fully).

The subjects were asked about the outcome variable "impact of provision of dowry to the groom's family on marital life (i.e. 'self-reported perception of dowry having a positive impact on marital life').

Age of the respondent and her husband was recorded. Age was dichotomised into younger (25-35 years) and older (36-60 years) groups. In households with more than one woman who fulfilled the criteria, only one participant was chosen and alternatively we selected the oldest or the youngest.

IPV was described as any form of abuse (physical, sexual, or psychological) by the present or former partner. Physical abuse was categorised as medium (e.g. pushing, shoving, slapping and throwing objects) or high (e.g. beating, kicking, choking, dragging, burn and hit).¹¹ Sexual abuse was defined as being forced to perform sexual acts (including intercourse) against the woman's will.¹¹ Psychological abuse was defined as insulting, humiliating or degrading the partner, intimidating or scaring her purposely or threatening her.¹¹ Exposure to abuse throughout married life was measured by questions identifying violent acts of different forms (sexual, psychological and physical violence) and frequency of abuse. The three acts of violence were treated as independent outcome variables.¹¹

Socio-demographic variables were analysed as independent risk factors. Educational accomplishment was categorised into primary, secondary, intermediate, higher

education (at least 13 years) and no education. Education was divided into 'no formal education' in contrast to 'any type of schooling' for multivariate analysis. Employment status of the couple was categorised as employed or unemployed.

A list of households was used to construct socioeconomic status (SES) variables. Each participant noted the assets present in the household, and weights were assigned to each according to their market price and how commonly they were found. Assets such as television and/or electricity were rated as 1; items such as telephone and/or computer were rated as 2; and assets such as refrigerator and/or air conditioner were rated as 3. The weights were condensed and grouped into quartiles. Households up to the 25th percentile were classified as low SES, with each successive group classified as lower middle, upper-middle and high SES respectively. The SES of families was further categorised into low, middle and upper IPV risk groups.

The number of children was grouped into five categories (0, 1-2, 3-4, 5-6, and ≥ 7). This variable was thereafter dichotomized as 0-4 and ≥ 5 children. The number of family members was identified by the number of individuals living jointly in a household and sharing a kitchen. The variable of the number of family members was divided into two categories; 1-4 people in the family represented the reference, while ≥ 5 was the other category.

Data was analysed using SPSS 10. To estimate associations between socio-demographic variables and lifetime exposure to all three forms of violence, odds ratios (ORs) with 95% confidence interval (CI) were used in bivariate and multivariate analyses.

Statistically significant variables in the bivariate analysis were entered into the multivariate model in a stepwise fashion. All those variables having $p < 0.2$ values were entered in the model one by one. Different variables were added or removed from the model and different models were tried to avoid a correlation effect, and the models included only items with correlation coefficients < 0.4 . Only final models were tabulated. Sexual, physical or psychological variables were divided into 'exposure of violence' and 'no exposure of violence'.

The collaboration with HANDS helped address ethical issues in data-collection as it was understood that the interviewees and their families would feel more comfortable discussing this sensitive subject matter with women (i.e. HANDS employees) whom they already knew and were comfortable with. Furthermore, it might have also been unsafe for the data-collectors to approach households unfamiliar to them. The women who

participated in the study were educated about their rights, provided with referrals to mental health professionals and offered a free consultation with a lawyer, if needed.

Results

Of the 810 women approached, 759(93.7%) formed the final sample. Of them, 447(59%) women and 307(40.4%) of the husbands were aged 25-35 years; 361(47.6%) women had no formal education; 109(14.4%) were employed outside the home; 242(31.9%) families had low SES; 315(41.5%) women had > 4 children; 494(65%) families had > 5 family members living in the household; 230(30.3%) women had chosen their own partners; 714(94.1%) women reported their families had given dowry at the time of marriage; and 13(1.7%) stated that the marriage was actually contingent on the provision (or promise) of a dowry. The overall prevalence of IPV was 661(87.1%). Lifetime experience of physical, sexual and psychological violence was 437(57.6%), 414(54.5%) and 634(83.5%), respectively (Table-1).

Table-1: Socio-demographic profile of the participants (n=759).

Individual and Family Characteristics		n (%)
Age (year)	25-35	447 (58.9)
	36-45	228 (30)
	46-60	84 (11.1)
Education	No formal education	361 (47.6)
	Primary school (<6 years)	175 (23.1)
	Secondary school (6-8 years)	110 (14.5)
	Secondary school (9-10 years)	87 (11.5)
	Intermediate (11-12 years)	17 (2.2)
Husbands Age	Higher education (at least 13 years)	9 (1.2)
	25-35	307 (40.4)
	36-45	263 (34.7)
Currently employed outside the home	46-60	189 (24.9)
	Housewife	109 (14.4)
	Housewife	650 (85.6)
Occupation	Skilled worker	47 (6.2)
	Unskilled worker	21 (2.8)
	Low and medium-skilled worker	41 (5.4)
Socioeconomic status	Low	242 (31.9)
	Medium-low	172 (22.7)
	Medium-high	202 (26.6)
	High	143 (18.8)
Marriage and Dowry Characteristics		
Choose current husband		230 (30.3)
Said yes to marriage if their parents chosen the husband for them		289 (38.1)
Dowry given to groom's family from bride's family in any case		714 (94.1)
Type of dowry given*	Money	12 (1.6)
	Material goods	714 (94.1)
Marriage was contingent on the provision (or promise) of a dowry to the groom's family		13 (1.7)
Self-reported perception of dowry having a positive impact on marital life		227 (29.9)
Reported Physical violence		437 (57.6)
Reported Sexual violence		414 (54.5)
Reported Psychological violence		634 (83.5)

Table-2: Association between marriage and dowry practices with self-reported perception of dowry having a positive impact on marital life among women (n=759).

	Self-reported perception of dowry having a positive impact on marital life n (%)		OR (95% CI)	OR1 (95% CI)
	Yes	No		
Choose current husband				
Yes	149 (64.7)	81(35.2)	10.7 (7.4, 15.3)	11.5 (6.2, 21.5)
No	78 (14.7)	451 (84.2)	1.0 (reference)	1.0 (reference)
Said yes to marriage if their parents chose the husband for them				
Yes	198 (68.5)	91(31.4)	33.1(21.1, 51.9)	36.8(16.6, 81.3)
No	29 (6.1)	441(93.8)	1.0 (reference)	1.0 (reference)
Marriage was contingent on the provision (or promise) of a dowry to the groom's family				
Yes	7 (53.8)	6 (46.1)	2.8 (0.9, 8.34)	10.4 (1.1, 95.5)
No	220 (29.4)	526 (70.5)	1.0 (reference)	1.0 (reference)
Dowry given to groom's family				
Yes	219 (30.7)	494 (73.7)	2.1 (1.0, 4.6)	11.8 (1.5, 90.9)
No	8 (17.4)	38 (82.6)	1.0 (reference)	1.0 (reference)

Legend:¹ The univariate analysis adjusted for respondent's age, husband's age and schooling.

OR: Odds ratio, CI: Confidence interval.

Table-3: Association between marriage & dowry practices with lifetime physical, sexual and psychological violence, presented as odds ratios (ORs) with 95% confidence intervals (CIs) (n=759).

	Physical Violence (n=437)	Sexual Violence (n=414)	Psychological Violence (n=634)
	OR (95% CI)		
Choose current husband			
Yes	0.6 (0.4, 0.8)	1.7 (1.3, 2.4)	0.3 (0.2, 0.5)
No	1.0 (reference)	1.0 (reference)	1.0 (reference)
Said yes to marriage if their parents chose the husband for them			
Yes	0.5 (0.4, 0.7)	1.7 (1.3, 2.4)	0.2 (0.1, 0.3)
No	1.0 (reference)	1.0 (reference)	1.0 (reference)
Dowry given to groom's family			
Yes	3.7 (1.9, 7.2)	3.7 (1.9, 7.2)	8.9 (4.8, 16.6)
No	1.0 (reference)	1.0 (reference)	1.0 (reference)
Self-reported perception of dowry having a positive impact on marital life			
Unadjusted	0.5 (0.4, 0.7)	1.7 (1.2, 2.3)	0.2 (0.1, 0.3)
Adjusted ¹	0.7 (0.4, 1.2)	3.0 (1.7, 5.1)	0.4 (0.2, 0.8)

¹Univariate analysis adjusted for the respondent's age, husband's age, schooling and socioeconomic status.

Multivariate analysis showed an association between a woman choosing her current husband and having the perception that the dowry had a positive impact on marital life; there was a positive impact on marital life when the woman consented to the marriage or when the marriage was agreed on the condition that dowry was to be given to the groom's family; and the act of providing a dowry was overall associated with the perception among the married women that it will lead to prosperous marital life (Table-2).

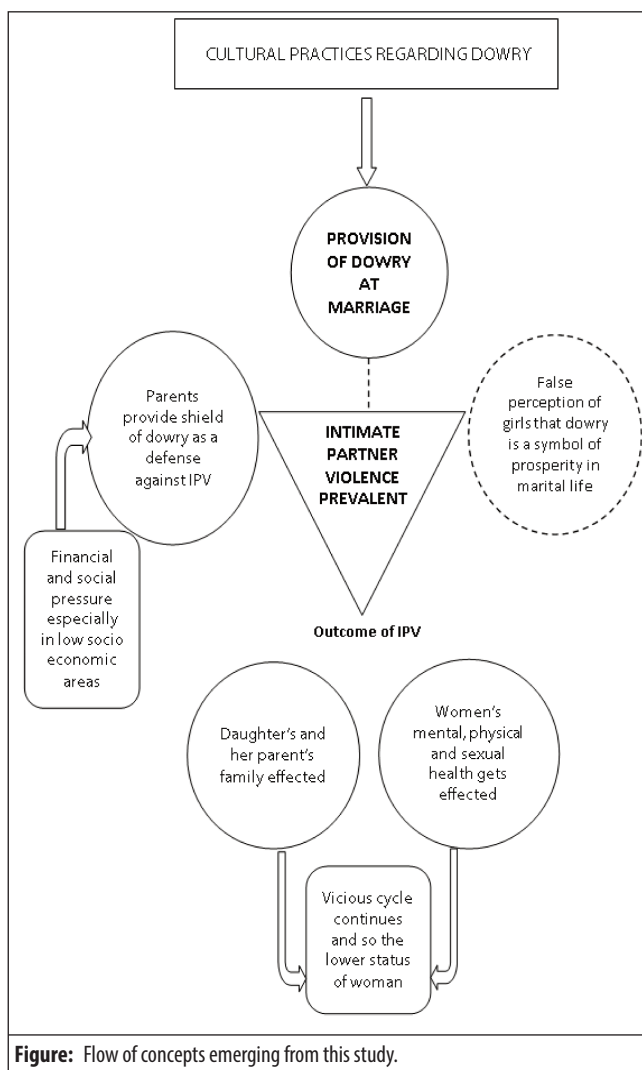
Further, those who choose their husbands and consented to the suggested marriage were protected from experiencing psychological and physical violence; women who were given dowry still experienced physical, sexual and psychological violence; Women were exposed to sexual violence regardless of the reason (Table-3).

Discussion

The study found that providing dowry does not necessarily protect against IPV. An earlier study suggested that almost all the brides' families give dowry to their in-laws, but only quarter of those women reported that dowry actually played a positive role in their marital life.¹⁴ The findings were similar to the data of other studies which have reported that prevalence of dowry practices ranging from 87% to 97% in both rural and urban areas.⁷ Taken together, this suggests the cultural prevalence of dowry practices.

The current study found that the arranged marriages were common, as only 30% of the participants reported having chosen their own partners. Consent of nearly 60% of women in the study was not taken. Therefore, these arranged marriages that took place without the interest or consent of the bride may be considered as 'forced marriages', in which the spouse has been coerced into marrying by using physical, psychological and social pressure. This is an abuse of human rights which has been associated with violence within the home.¹⁵ There is specific data in the current study to validate the belief that many marriages in the sample were indeed forced. In the South Asian context, arranged marriages were considered the sine qua non across the sociocultural, economic and religious spectrum, occurring in as many as 90% of all marriages.^{11,15,16} Such controlling behaviour has been seen in patriarchal societies where denying the autonomy of women is prevalent and leads to social disparities and inequities.^{13,16} Dowry is also a facet of male dominance where a submissive woman is bound to comply with their in-laws' demands and rely upon the dowry to be a promise of security after the marriage.^{7,10,11} This issue could perhaps be explored in future qualitative studies to better understand the findings of the current study.

The idea behind dowry stems from providing the women with her share of the family inheritance at the time of her marriage. More commonly, the bride's family considers it a means of moving up the social hierarchy by giving their daughter in marriage to a person from a better SES.^{17,18} The underlying principle is that the cash, goods, or services given will cover the cost that the groom's family will incur to have her join their household, or it may be given as a gesture to ensure the bride's safekeeping in her new home and family.⁷ Dowry practices may have particularly detrimental effects on the bride and her family. In order to secure a marriage to a family with an attractive social standing, families may go into significant debts in order to fulfill dowry demands which may seldom be repeated or



intensified even after the marriage has occurred and are often fulfilled by the bride's family in order to ensure her continued safety.^{14,19} Multiple daughters in a family can create a significant financial burden in this regard, consequentially reinforcing the negative connotations attached to the female gender and contributing to the cultural belief that it is better to bear sons who will bring financial gain to the family. The dowry is given to protect the daughters against the likelihood of IPV while making a marital life more successful and to enhance equity.¹⁹ Interestingly, in the current study, women were not able to escape IPV even when they had a love marriage, had consented to the marriage, or had paid dowry to the groom's family (Figure). This might be because of the widely-practised patriarchal culture of Pakistan in which wives are expected to fulfill a submissive gender-oriented role.

The current study demonstrated that the continuation of

dowry practices had negative effect on the quality of marital life for the woman as it contributed to an increased risk of violence from her partner. Women who selected their partners or actively consented to marriage may be more independent and confident than those who do not. In Pakistani society, women who are passive are seen to be more ideal.^{19,20} The current study also suggested that women may see dowry practices as an outlet of blame for their experience of IPV.

The current study has limitations as it was conducted only in two towns of Karachi and excluded women aged <25 years. Furthermore, women whose marriages were conditional on the provision of a dowry to the groom's family generally reported a more prosperous marital life, but there was a significant amount of variation as demonstrated by large confidence intervals.

The strength of the current study includes a large sample size. It is also the first published study to assess the relationship between dowry practices and IPV experiences within an urban Pakistani context. However, findings can only be generalised to the lower and middle socioeconomic groups of Karachi. Also, this study collected the data by 2010. But by the time we analyzed and submitted the manuscript for publication it took about 6 years of time. However, women's cultural situations takes around one or two decades to change, so we believe that our results are still applicable to the current situation.

In the light of the findings, dowry puts a massive economic and social pressure on a girl's family. Changing cultural practices is extremely difficult, but can be accomplished through well-organised efforts through public education and policy development. Given that this cultural change is a process that may take many years, there are actions that can be undertaken in the immediate future to protect women in and entering into marriage. These activities should include the strengthening of women's support organisations to provide legal, social and medical support to women in need, as well as the training of medical and paramedical professionals to recognise and immediately respond to IPV. Training and education should also be delivered to create awareness in society about the importance of a consent-based relationship.

The understanding of this relationship requires further study. It is possible that with increased education, promotion of the autonomy of women, and their increased role in decision-making within the home, women may be able to eliminate the continuation of this practice within their own families. This would improve the health and well-being of their daughters, daughters-in-law and future generations.

Conclusion

Women who chose their husband or consented to a marriage had a predominant belief that the provision of dowry to the groom's family had a positive impact on marital life. Yet, many of them were not immune to physical, sexual or psychological abuse from their husbands. Thus, it is likely that the relationship between dowry practices and IPV are complex as the provision of dowry or lack thereof bore no relationship to the actual protection against IPV.

Limitation

The data collection for this study was completed in 2010. Since it was the mixed methodology, authors intended to publish the qualitative research in 2013.²¹ Then by the time full manuscript was developed and submitted for the publication, it took a further six years' time frame which means the results might be redundant. However, authors strongly believe that since women's cultural circumstances takes an abundant time to change, the results of this study are still pertinent to the current situation.

Disclaimer: The title of the article is different from the one that was submitted to the institutional ethics review board because the current analysis is part of a larger study.

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References

- Garcia-Moreno C, Jansen HAFM, Ellsberg M, Heise L, Watts CH; WHO Multi-country Study on Women's Health and Domestic Violence against Women Study Team. Prevalence of intimate partner violence: findings from the WHO multi-country study on women's health and domestic violence. *Lancet* 2006; 368: 1260-9.
- Kocacik F, Dogan O. Domestic violence against women in Sivas, Turkey: survey study. *Croatian Med J* 2006; 47: 742-9.
- Kumar S, Jeyaseelan L, Suresh S, Ahuja RC. Domestic violence and its mental health correlates in Indian women. *Br J Psychiatry* 2005; 187: 62-7.
- Fikree FF, Bhatti LI. Domestic violence and health of Pakistani women. *Int J Gynecol Obstet* 1999; 65: 195-201.
- Kapadia MZ, Saleem S, Karim MS. The hidden figure: sexual intimate partner violence among Pakistani women. *Eur J Public Health* 2010; 20: 164-8.
- Naeem F, Irfan M, Zaidi QA, Kingdon D, Ayub M. Angry wives, abusive husbands: relationship between domestic violence and psychosocial variables. *Women's health Issues* 2008; 18: 453-62.
- Anderson S. The economics of dowry and brideprice. *Journal of Economic Perspectives* 2007; 21: 151-74.
- Jejeebhoy SJ, Sathar ZA. Women's autonomy in India and Pakistan: the influence of religion and region. *Population and Development Review* 2001; 27: 687-712.
- Krishnan S, Rocca CH, Hubbard AE, Subbiah K, Edmeades J, Padian NS. Do changes in spousal employment status lead to domestic violence? Insights from a prospective study in Bangalore, India. *Soc Sci Med* 2010; 70: 136-43.
- Hussain R. Community perceptions of reasons for preference for consanguineous marriages in Pakistan. *J Biosocial Sci* 1999; 31: 449-61.
- García-Moreno C, Jansen H, Ellsberg M, Heise L, Watts C. WHO multi-country study on women's health and domestic violence against women. [Online] 2005 [Cited 2020 May 20]. Available from: URL: https://apps.who.int/iris/bitstream/handle/10665/43309/924159358X_eng.pdf. Online random generated numbers. [Online] [Cited 2020 May 20]. Available from: URL: <https://www.random.org/> dated Jan 2008.
- Ali TS, Mogren I, Krantz G. Intimate partner violence and mental health effects: A population-based study among married women in Karachi, Pakistan. *Int J Behav Med* 2013; 20: 131-9.
- Mehndiratta MM, Paul B, Mehndiratta P. Arranged marriage, consanguinity and epilepsy. *Neurology Asia* 2007; 12: 15-7.
- Gill A, Mitra-Kahn T. Modernising the other: Assessing the ideological underpinnings of the policy discourse on forced marriage in the UK. *Policy and Politics* 2012; 40: 104-19.
- Ghimire DJ, Axinn WG, Yabiku ST, Thornton A. Social Change, Premarital Nonfamily Experience, and Spouse Choice in an Arranged Marriage Society. *Am J Sociol* 2006; 111: 1181-218.
- Suran L, Amin S, Huq L, Chowdury K. Does dowry improve life for brides? A test of the bequest theory of dowry in rural Bangladesh. *Population Council*; 2004.
- Ali TS, Abbas A, Ather F. Associations of controlling behavior, physical and sexual violence with health symptoms. *J Women's Health Care* 2014; 3:1000202.
- Ali TS, Árnadóttir G, Kulane A. Dowry practices and their negative consequences from a female perspective in Karachi, Pakistan—a qualitative study. *Health* 2013; 5: 84.
- Assembly UNG. Universal declaration of human rights. [Online] [Cited 2020 May 20]. Available from: URL: <https://www.un.org/en/about-us/universal-declaration-of-human-rights>
- Ali TS, Árnadóttir G, Kulane A. Dowry practices and their negative consequences from a female perspective in Karachi, Pakistan—a qualitative study. *Health* 2013; 5: 84. [same as ref no 19]