

Prevalence of spousal physical Violence among married women in El-Sinbelawin Center, Al-Dakahlia Governorate, Egypt

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Abstract: Background: Violence by intimate partners is an important public health problem. It occurs in all countries, irrespective of social, economic, religious or cultural group. Resolving it requires the involvement of many sectors. **Objectives:** To determine the prevalence, investigate risk factors, and to determine health consequences of spousal physical violence among married Egyptian women **Subjects & Methods:** A cross sectional study conducted during the year 2012 at El-Sinbelawine Center, Dakahlia Governorate, Egypt. The study was conducted on 292 married women (151 from urban area and 141 from rural area) with a mean age of 30.83 ± 7.34 years. The data was collected through interviews with all participants. **Results:** The prevalence of violence in the last 12 months before the current study and lifetime was 26.0% and 45.9%, respectively. The violence was more common among women living at the lowest economic levels (70.7%), illiterates (87.5%), less educated (78.1%) and non working women (54.5%). The most common causes of violence were; disobey the husband (29.1%), economic problems (23.1%), jealousy (20.9), refuse to practice the legitimate rights of husbands (9.8%), and extravagance and waste of money (7.5%). The negative health outcomes of violence were; psychological disturbance (35.2%), bruises (26.8%), cut wound (11.9%), pain (9.7%), broken bone (7.5), haemorrhage (6.7%), and burn (2.2%). Out of studied women exposed to violence, (58.2%) tried to seek help. The reasons of not seeking assistance were; to keep the family (26.8%), considering violence as a part of life (21.4%), fear of further violence (19.4%), fear of divorce (17.9%) and embarrassment (14.3%). **Conclusions:** Violence still represents an important social problem among married women in Egypt, and the following are recommended: community mobilization to raise public awareness that violence against women is not legitimate or acceptable and that it harms the health and well-being of women. Initiate pilot programs to sensitize young men and engage them to develop more respectful and egalitarian behaviours toward women. There is a need for better mechanisms to assess the legal, social, and health needs of women facing violence to respond to these needs, and to protect them from further harm, in addition to encouraging education and employment among females.

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Key words; Physical spousal violence, married women, prevalence, risk factors, health consequences.

I. Introduction

Violence by intimate partners is an important public health problem worldwide. Resolving it requires the involvement of many sectors working together at the community, national and international levels^(1,2).

According to WHO (2002), between 10% and 69% of women reported physical violence by an intimate male partner at some point in their live and from 5% to 38% in the last 12 months⁽¹⁾.

Domestic violence in Egypt remains a significant social problem⁽³⁾. Spousal violence is one of the most common forms of violence against women in Egypt and one third of women report that they had ever been hit, slapped, kicked, or subjected to some other forms of physical violence at some points by their current or previous husband, those women mostly suffered silently and did not seek help⁽⁴⁾.

World Health Organization (2002) noted that the events that trigger violence are remarkably consistent around the world, and they include

disobeying or arguing with the man, questioning him about money or girlfriends, not having food ready on time, not caring adequately for the children or the home, refusing to have sex⁽⁵⁾.

Married women are more likely to experience physical violence by husbands than by anyone else⁽⁶⁾. Women who marry at a younger age are generally more vulnerable to spousal violence. 12% of women aged 18–24 years experienced at least one incident of violence, compared to 6.5% of women aged 35–44 years and 1.7% of women aged 55 years and over^(5,7).

Poor and less-educated women are more likely to experience spousal violence than those have higher education and higher family incomes. Women whose husbands are addicted to alcohol or other substances are the most likely to have experienced any type of spousal violence⁽⁵⁾.

Women who have been exposed to violence have a greater risk of developing health problems, including post traumatic stress disorder, anxiety,

depression, pain syndromes, phobias, bruises, broken bone and somatic symptoms. In addition violence poses serious health risks to pregnant women and infants⁽⁸⁻¹²⁾.

The most widely accepted reasons for wife beating are going out without telling the husband (40%) and neglecting children (40%), followed closely by arguing with the husband (37%) and refusing to have sex (34%). About one-fifth of women believed that burning the food is a justifiable reason for a husband to hit or beat his wife⁽¹⁰⁾.

Rational

So far, there have been few studies on spousal violence in Egypt, but none in Dakahlia Governorate. Therefore the current study was conducted to estimate the prevalence, investigate the risk factor and to determine the health consequences of physical spousal violence among married women in El-Dakahlia Governorate, Egypt.

2. Subjects and Methods

Study Design: The present study was a cross sectional study, conducted among married women living in El-Sinbelawin Center, El-Dakahlia Governorate, Egypt during the year 2012.

Sample Setting: El-Sinbelawine Center was chosen for the study due to the following reasons; Ease of obtaining approvals from the relevant authorities to conduct the study, ease of data collection and ease of transportation. El-Sinbelawin City contains one primary health care center, one health office, and a central hospital, all of these provides the health care services for the urban area. The primary health care center, the health office, and antenatal and family planning clinics in the central hospital were included in the study. On the other hand there are 59 rural health units for the providing health services for rural area, 3 of them were selected for the study by simple random sampling technique. All married women aged from 18-49 years attended the selected health care facilities for any purposes during the period of data collection (through July 2012) were asked to be included in the study and the only 292 married women accepted. Oral consent was obtained from every participant before taking place in the study with nearly 60% response rate.

Data collection: The data was collected by the researcher through an interview questionnaire from all participants. The questionnaire used in the study was adapted from Egypt Demographic Health Survey (2008) and WHO (2002), and included questions on socio-demographic factors, causes, forms, and health consequences of violence, as well as questions on risk factors and attitude towards violence. Field survey was conducted after obtaining approval for conducting the study from El-Sinbelawine Health Administration and from all health care facilities that were chosen for the

study. The data was collected through July (2012). The field work took 3 days /weeks. The average number of women interviewed per day was 25-30 and the time needed to complete the questionnaire was 8-10 minutes. In order to ensure the privacy and confidentiality, data were collected in special closed place. The questionnaire form was tested on 20 women as a pilot study in order to evaluate the internal consistency and to determine the time needed to fill the questionnaire. The socioeconomic status was assessed using Fahmy and El-Sherbini scale (Low <17, Moderate 17-25 and High 26-34)⁽¹³⁾.

Data analysis: Data were entered, organized, tabulated and analyzed using the standard computer program SPSS version 19. Quantitative data were expressed as Mean±SD, while Qualitative data were expressed as frequency and percent. Student *t*-test was used to measure the difference between means of two quantitative groups, while Chi square (χ^2) was used assess the relationship between two qualitative variables, with the significant level set at 0.05.

According to the CDC, Spousal abuse, or domestic violence, is abuse or violent action that occurs between two individuals in a close relationship. **Physical violence** is the intentional use of physical force with the potential for causing death, disability, injury, or harm⁽¹⁴⁾.

3. Results

The current study included (292) married women, 151 from the urban area and 141 from the rural area, with a mean age of 31.21 ±7.69 years. There was no statistically significant difference between exposed and non exposed to violence and age ($t=0.784$, $P>0.05$). The prevalence of violence in the last 12 months before the current study and lifetime was 26.0% and 45.9%, respectively, fig. 1.

The violence was not significantly associated with the residence ($\chi^2_1=0.16$, $P>0.05$). The violence was commonly observed among women living at lower and middle economic levels (70.7% and 41.4%, respectively), compared to (16.9%) for those living at higher levels. It there was a significant association between exposure to violence and educational level of women ($\chi^2_3=67.23$, $P<0.05$), with the highest frequency among illiterate (87.5%) and less educated women (78.1%), compared to (24.1%) among highly educated women. Similar finding was observed among educational level of their husbands. Regarding the educational differences between the wives and their husbands, it was found that, the violence was commonly prevalent, when the educational level of wife is higher than her husband (66.7%), or when both couples were illiterates (65.5%). The table shows also a significant association between exposure to violence and occupational level of women ($\chi^2_1=26.2$, $P<0.05$), where the violence was commonly reported among non

working women (54.5%), compared to (20.3%) among working. Also similar finding was observed among occupational level of their husbands. Regarding the occupational differences between the wives and their husbands, it reveals that the violence was more prevalent among non working couples (75.3%) or when the occupational level of wife is higher than her husband (75.0%), table 1.

In the current study the reported causes of violence were; disobey the husband (29.1%), economic problems (23.1%), jealousy (20.9%), refuse to practice the legitimate rights of husbands (9.8%), and extravagance and waste of money (7.5%), while other causes like; psychological disturbance of the husband (5.2%), carelessness (2.2%), and alcohol and drug addiction (2.2%) were represented low percentages. The common forms of violence were; slapping (29.9%), twisting arm (15.7%), kicking (14.9%), punching with fist (11.9%), dragging (11.2%), and throwing something at her (9.0%), while other forms like; strangling (3.0%), pushing (2.2%), and threatening with a knife (2.2%) were represented low percentages. The negative health outcomes of violence were; psychological disturbance (35.2%), bruises (26.8%), cut wound (11.9%), pain (9.7%), broken bone (7.5), haemorrhage (6.7%), and burn (2.2%), table 2.

Women aged from 20-29 years were more exposed to violence (58.2%) compared to other age groups. More than half of married women (51.5%) were exposed to violence in the first 5 years of marriage. Concerning the number of violence episodes; 42.5% were exposed to violence more than 20 times of throughout their married life, 12.7% were exposed to 5-9 times, 14.9% to 2-4 times and 29.9% were exposed only to one time, table 3.

More than one half of women (58.2%) who had experienced to spousal physical violence tried to seek help. Out of them 34.6% sought assistance from their fathers, 23.1% from their mothers, 21.8% from the family of their husbands, 12.8% from their brothers, and 7.7% from their neighbours. On the other hand, about 41.8% did not seek help. The reasons for not seeking help were; to keep the family (26.8%), considering violence as a part of life (21.4%), fear of further violence (19.4%), fear of divorce (17.9%) and embarrassment (14.3%), table 4.

Nearly half of women (47.6%) agreed that it is justifiable for a husband to beat his wife under some circumstances; if she neglects her house (34.5%), if she disobeys her husband (32.4%), if she goes out without telling her husband (12.9%), if she refuses to practice the legitimate rights of her husband (10.8%), and if she argues with him (9.4%), table 5.

Table (1): Distribution of studied sample according to socio-demographic characteristics and violence

Socio-demographic characteristics		Violence				Total No.	χ^2	P value	df
		Exposed (n. = 134)		Non exposed (n.=158)					
		No.	%	No.	%				
Residence	Urban	71	47.0	80	53.0	151	0.161	0.689	1
	Rural	63	44.7	78	55.3	141			
Economic level	Low	70	70.7	29	29.3	99	47.56	0.000*	2
	Middle	53	41.4	75	58.6	128			
	High	11	16.9	54	83.1	65			
Wife education	No education (illiterate)	28	87.5	4	12.5	32	67.23	0.000*	3
	Primary level	32	78.1	9	21.9	41			
	Secondary level	40	51.3	38	48.7	78			
	Higher level	34	24.1	107	75.9	141			
Wife occupation	Yes	15	20.3	59	79.7	74	26.2	0.000*	1
	No	119	54.6	99	45.4	218			
Husband education	No education (illiterate)	39	69.6	17	30.4	56	32.13	0.000*	3
	Primary level	26	68.4	12	31.6	38			
	Secondary level	25	42.4	34	57.6	59			
	Higher level	44	31.6	95	68.4	139			
Husband occupation	Yes	76	36.7	131	63.3	207	24.11	0.000*	1
	No	58	68.2	27	31.8	85			
Educational differences between the wife and her husband	Both no education (illiterates)	19	65.5	10	34.5	29	12	0.007*	3
	Husband-wife same level	69	42.9	92	57.1	161			
	Husband higher than wife	28	37.3	47	62.7	75			
	Wife higher than husband	18	66.7	9	33.3	27			
Occupational differences between the wife and her husband	Both no Occupation	55	75.3	18	24.7	73	45.97	0.000*	3
	Husband-wife same occupation	13	22.4	45	77.6	58			
	Husband higher than wife	57	38.3	92	61.7	149			
	Wife higher than husband	9	75.0	3	25.0	12			

* Statistically significant

Table (2): Distribution of women exposed to violence according to causes and forms

Causes and forms of violence		Spousal violence (n.=134)	
		No.	%
Causes of violence	Due to disobey to her husband	39	29.1
	Due to economic problems	31	23.1
	Due to jealousy	28	20.9
	Due to of its refusal to practice the legitimate rights of her husband	13	9.8
	Due to extravagance and waste of money	10	7.5
	The husband suffer from Psychological Diseases	7	5.2
	Due to carelessness of her husband	3	2.2
	Due to alcohol and drug addict	3	2.2
Violence forms	Slapping	40	29.9
	Twisting arm	21	15.7
	kicking	20	14.9
	Punching with fist	16	11.9
	Dragging	15	11.2
	Threw something at her	12	9.0
	Tried to strangle/burn	4	3.0
	Pushing	3	2.2
Health consequences	Threatening her a knife	3	2.2
	Psychological disturbance (Depression, anxiety or stress)	47	35.2
	Bruises	36	26.8
	Cut wound	16	11.9
	Pain	13	9.7
	Broken bone	10	7.5
	Haemorrhage	9	6.7
Burn	3	2.2	

Table (3): Distribution of women exposed to violence according to some background characteristics

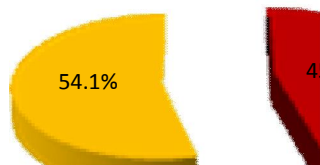
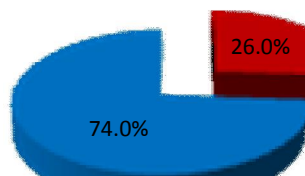
Background characteristics		Spousal violence (n.=134)	
		No.	%
Age of women vulnerable to physical spousal violence	Less than 20 year	27	20.2
	From 20-29 year	78	58.2
	From 30-39 year	24	17.9
	From 40-49 year	5	3.7
What is the duration of marriage when you exposed to physical violence?	Less than 5 years	69	51.5
	From 5-9 years	27	20.2
	From 10-14 years	18	13.4
	From 15-19 years	15	11.2
	Above 20 year	5	3.7
Number of violence episodes	Only one time	40	29.9
	From 2-4 times	20	14.9
	From 5-9 times	17	12.7
	More than 20 time	57	42.5

Table (4): Distribution of studied group according to seeking assistance

Seeking assistance		Spousal violence (n.=134)	
		No.	%
Seeking assistance	Yes	78	58.2
	No	56	41.8
Sought assistance from (n.=78)	From Father	27	34.6
	From Mother	18	23.1
	From family of her husband	17	21.8
	From Brother	10	12.8
	From neighbours	6	7.7
Reasons for not seeking assistance (n.=56)	Keep the family	15	26.8
	Considering violence a part of life	12	21.4
	Fear of further violence	11	19.6
	Fear of divorce	10	17.9
	Embarrassment	8	14.3

Table (5): Distribution of studied group according to women attitude towards physical violence

Women attitude towards physical violence		Studied group (n.=292)	
		No.	%
Attitude towards physical violence	No	153	52.4
	Yes	139	47.6
Common Justification for physical violence (n.=139)	If she neglects her house	48	34.5
	If she disobey her husband	45	32.4
	If she goes out without telling her husband	18	12.9
	If she refuses to practice the legitimate rights of her husband	15	10.8
	If she argues with him	13	9.4

Fig. (1a) Lifetime prevalence of physical violence**Fig. (1b) Prevalence of physical violence in the last 12 months study**

4. Discussion

Violence by intimate partners worldwide still represents an important public health problem, dealing with this problem requires involvement of many sectors working together at community, national and international levels⁽¹⁾.

In a study conducted in Alexandria, Egypt about one half of studied women were exposed to physical violence by their husbands at some points in their married life, and one-third mentioned a recent experience⁽⁵⁾. In the recurrent study, the lifetime prevalence rate of physical spousal violence was 45.9%, in agreement with other studies^(5, 15-17). The current figure is higher than that reported in other countries as in India⁽¹⁸⁾ and Northern Ethiopia⁽¹⁹⁾. Several factors may explain the discrepancy in the prevalence between different localities such as;

research methods, definition used, sampling techniques, and cultural differences⁽²⁰⁾.

The prevalence of violence in the last 12 months before the current survey interview was 26.0%, in consistency with Feseha *et al.*⁽¹⁹⁾, and the findings of Egypt Demographic Health Survey⁽²¹⁾, but lower than that reported in other countries as in Republic of Korea (38%) and Gaza Strip (52%)⁽¹⁾. The difference in the magnitude of physical violence reported in different literatures and the current study could be explained by differences in socio cultural perspectives and contexts of the population under study⁽¹⁹⁾.

Regarding residence, urban and rural women were equally exposed to violence, in agreement with Kharboush *et al.* in Egypt⁽⁵⁾ and the findings of Egypt Demographic Health Survey⁽²¹⁾.

Concerning the economic status, women living in the low economic levels were more likely to experience physical spousal violence, in agreement with Kharboush *et al.* in Egypt⁽⁵⁾, and National Family Health Survey, in India⁽⁶⁾. Poor families often live in stressful, overcrowded environments, and women may have no other choice but to live. Poverty may increase the risk of violence by itself or by the accompanying situations such as overcrowding, hopelessness and inability to attain basic requirements⁽⁵⁾.

The violence was more among less or non-educated women, in agreement with other studies^(6, 18, 21 - 23). More educated women generally marry more educated men, and the possibility of both spouses holding professional jobs help to create mutual respect⁽⁵⁾. Many studies had reported that, the lifetime physical violence was five times more among women whose current husbands were illiterates or read and write compared to those whose current partners have higher levels of education^(5, 6, 19). The same findings were reported in the current study

Modern education encourages new ways of thinking about social issues and gender norms based on individual rights and equality between men and women⁽⁵⁾. In the current study, violence was more prevalent when the educational level of wife was higher than that of the husband or when both couples

were illiterates, in agreement with other studies^(10, 21, 24).

Non-working women are more exposed to violence than others as they are fully dependent on their husbands, leading them to endure their husbands' abusive behaviour^(5, 21, 23) as also reported in the current study.

Concerning the husband occupation; the violence was more common among married women whose husband were non-working. This finding is supported by Feseha *et al.* who found that, women whose partners were working were less likely to have physical violence than those women whose partners were non-working⁽¹⁹⁾. Also the violence was found to be more prevalent if the occupational level of the wife was higher than that of the husband or if the both couples were non-working. This agree with the findings of study conducted by Burazeri *et al.* in Albania⁽²⁴⁾.

The most prevalent causes of spousal violence reported in the current study were; disobey the husband, economic problems, jealousy, refuse to practice the legitimate rights of husbands, and extravagance and waste of money. While other causes like; psychological diseases, carelessness, and alcohol and drug addict were represented low percentages, in agreement with others^(5, 21, 25).

In the current study, the most prevalent forms of violence were; slapping, twisting arm, kicking, punching with fist, dragging, and throwing something at her, while other forms like; strangling, pushing, and threatening with a knife, represented low percentages, in agreement with others^(5, 6, 21).

In the present study, the negative health outcomes of spousal physical violence included; psychological disturbance (like depression, anxiety, and stress), bruises, cut wound, pain, broken bone, haemorrhage, and burn. Others studies reported the same findings^(8, 9, 20, 27).

Women aged 20-29 years were found to be more vulnerable to spousal violence, and commonly was reported in the first five years of marriage and declined with the increasing duration of marriage. This may be explained by comparatively early age at marriage, in agreement with others^(18, 21, 24, 27).

Seeking help is considered a way to manage violence. Most of women who had experienced their husband's physical aggression tried to seek help, mainly from their relatives, families of the husbands and neighbours^(5, 6, 21). The same findings were reported in the current study. Reasons for not seeking help included; trial to keep the family, considering violence as a part of life, fear of further violence, fear of divorce, and embarrassment, in agreement with others^(5, 21).

Nearly half of married women agreed that it is justifiable for a husband to beat his wife under some circumstances as if she neglects her house, disobey her husband, goes out without telling her husband, refuse to practice the legitimate rights of her husband, and argues with him. The same findings reported by others^(5, 10).

Conclusion

In conclusion, the current study revealed that the prevalence of spousal violence among married women is still high and the factors significantly associated with violence were; women living in the low and middle economic levels, less and non-educated couples, non working couples, if the educational or occupational level of wife is higher than that of the husband. The most prevalent causes of spousal violence were; disobey the husband, low economic status, jealousy, refuse to practice the legitimate rights of husbands, and extravagance and waste of money. The most common forms were; slapping, twisting arm, kicking, punching, dragging, and throwing something at her. The negative health outcomes of spousal violence included; psychological disturbance (like depression, anxiety, and stress), bruises, cut wound, pain, broken bone, haemorrhage, and burn.

Recommendation

Based on our findings the following are recommended; community mobilization to raise public awareness that violence against women is not legitimate or acceptable and that it harms the health and well-being of women. Initiate pilot programs to sensitize young men and engage them to develop more respectful and egalitarian behaviours toward women. There is a need for better mechanisms to assess the legal, social, and health needs of women facing violence to respond to these needs, and to protect them from further harm, in addition to encouraging education and employment among females.

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