Justification of Intimate Partner Violence in Egypt

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ABSTRACT

Background: Intimated Partner Violence (IPV) is an important problem in developing countries and associated with poor reproductive health outcomes.

Objectives: To describe trends and justification of IPV in Egypt

Methods: We used the 2008 Egypt Demographic Health Surveys (EDHS). Information on IPV was drawn from 16,527 women in 2008. We performed bivariate analyses to examine trends in and risk factors for justification of IPV .

Results: 39.5% of respondents reported that IPV is justifiable. Logistic regression suggests that age, education, wealth and female autonomy are associated with respondents not justifying IPV. In contrast respondents who supported the continuation of female circumcision and who were related to their husband reported that IPV is justifiable.

Conclusions: Justification of IPV continues to be prevalent in Egypt. Further research is needed to identify points of intervention to reduce the support for IPV in Egypt.

INTRODUCTION

One of the most common forms of violence against women is perpetrated by a husband or intimate male partner.

In 48 population-based surveys from around the world, 10-53% of women reported IPV (physical assault).

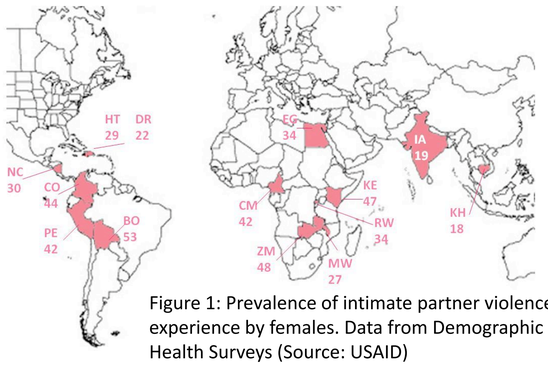

Figure 1: Prevalence of intimate partner violence experience by females. Data from Demographic Health Surveys (Source: USAID)

Physical IPV is often accompanied by psychological abuse and sexual IPV. Other health outcomes of IPV include gastrointestinal disorders, chronic pain syndromes, poor reproductive health outcomes, and depression and suicidal behavior.

Factors linked to a male's risk of committing IPV include: young age, low income, witnessing IPV against his mother, belonging to a society where there are marked inequalities between men and women and where there are legal frameworks that grant and protect a male's right to inflict IPV against females.

Reported prevalence of IPV in Egypt ranges from 20 to 60%. Social learning theorists have argued that IPV is a learned behavior. In Egypt corporal punishment is widespread : 69% of Egyptian mothers report use.

Invisible power is a construct that has been used to explain women's justification of IPV. In Egypt invisible power has been illustrated with the example of female genital mutilation/ cutting (FGM/C). 96% of women 15-49 years have had FGM/C in Egypt.

We examine justification of IPV in Egypt, it's association with FGM/C and health outcomes.

METHODS

Setting: Egypt is the most populous country in the Middle East and North Africa Region, with a population of about 83 million. 49.5% of the population are below 15 years of age and 3.4% are 60 years and above. Since January 2011, Egypt has been undergoing rapid political and societal transitions coupled with a serious economic crisis.

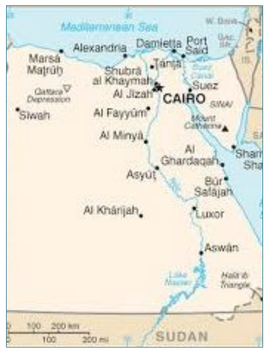

Figure 2: Map of Egypt, Source: travel.state.gov

Demographic Health Surveys (DHS) capture nationally representative information on fertility, family planning, infant and child mortality, reproductive health, child health,

and the nutritional status of women and children. Data from the 2008 Egypt DHS were used for this analysis.

Justification of domestic violence was captured by the EDHS with the questions in Table 1.

Table 1: DHS questions to capture justification of IPV. by husbands towards wives

In your opinion, is a husband justified in hitting or beating his wife in the following situations:

1) goes out without telling him
2) neglects children
3) argues with him
4) refuses to have sex with him
5) burns the food

Based on our literature review we decided to examine the association between justificationn of IPV, demographic factors, variables related to FGM/C, and health-care seeking variables listed in Table 2.

Table 2: Demographic, risk factors, health care seeking

Demographic	FGM/C	Health-care seeking
Education	Has FGM/C	Attending antenatal care
Work status	Has daughter with FGM/C	Having a premarital gynecological exam
Religion	Justifies FGM/C	
Age		

Univariate analysis were conducted of all variables to assess distributions. Bivariate associations between all variables were estimated to assess colinearity. Logistic regression was used to analyze factors independently associated with justifications. Weights were used to obtain nationally representative estimates.

RESULTS

Table 3: Descriptive data, Number (weighted %)

Age	
15-19	636 (3.8)
20-29	5,939 (36.0)
30-39	5,256 (31.8)
40-49	4,696 (28.5)
Urban	6,677 (41.2)
Rural	9,850 (58.8)
Muslim	15,702 (95.2)
Christian	820 (4.7)
Education	
No education	5,542 (32.1)
Primary	2,042 (12.4)
≥Secondary	8,943 (55.5)
Circumcised	15,605 (95.5)
Circumcision should be continued	10,292(68.4)
Respondent justifies IPV	7,065 (39.5)

Figure 3: Justifications of IPV in Egypt, 2008

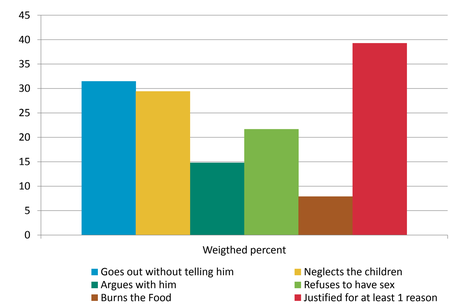

Table 4: Adjusted odds ratios of the association between justification of IPV and select risk factors in Egypt, 2008

	Justifies IPV	
	Adjusted OR#	95% CL
Age		
15-19	1.00	
20-29	0.73	0.59-0.90
30-39	0.70	0.57-0.87
40-49	0.73	0.58-0.91
Urban	1.0	
Rural	0.99	0.86-1.15
Muslim	1.00	
Christian	0.97	0.77-1.23
Education		
No education	1.00	
Primary	0.84	0.73-0.96
≥Secondary	0.40	0.35-0.45
Currently Working	0.90	0.79-1.02
Husband and wife are related	1.26	1.15-1.38
Invisible Power		
Circumcised	1.26	1.00-1.60
Circumcision should be continued	1.24	1.10-1.39
Autonomy measure		
Respondent's say in daily purchases		
Respondent alone	1.00	
Respondent/husband/others jointly	0.76	0.68-0.86
Husband/others	1.32	1.17-1.48

#Adjusted for wealth index in addition to listed variables

CONCLUSIONS

- Higher education for females, older age at marriage , and higher socio economic status were associated with respondent's negative views towards IPV.
- There is evidence that female autonomy is associated with justification of IPV but further research is warranted to understand the differences between household decision making dynamics and women's autonomy.

•DHS questions may not be adequate to capture constructs related to women's autonomy,. Recommendations have been made to improve measures for female autonomy in the DHS. In additional variables related to invisible power, and childhood experience with IPV are not adequately capture by the DHS.

•However among the key strengths of the DHS is that it allows for the collection of important public health information largely using the same methods over time making it possible to document trends. Additionally it is often the only nationally representative survey conducted in low and middle income countries.

•Our next steps are to complete the analysis and explore the relationship between justification of IPV and important women's health issues.

•Anecdotal evidence suggests that recent events in Egypt are increasing the prevalence of violence against women. It is critical for public health practitioners to actively engage both government and civil society to continue to address IPV.

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