

Domestic violence against women in Egypt—wife beating and health outcomes

Nafissatou Diop-Sidibé^{a,*}, Jacquelyn C. Campbell^b, Stan Becker^c

^aCenter for Communication Programs, Johns Hopkins Bloomberg School of Public Health, 111 Market Place, Suite 310, Baltimore, MD 21202, USA

^bAnna D. Wolf Chair, School of Nursing, Johns Hopkins University, 525N, Wolfe Street, Office 436, Baltimore, MD 21205, USA

^cDepartment of Population and Family Health Sciences, Johns Hopkins University 615N, Wolfe Street, Office E4148, Baltimore, MD 21205, USA

Available online 31 August 2005

Abstract

Research has consistently demonstrated that a woman is more likely to be abused by an intimate partner than by any other person. Many negative health consequences to the victims have been associated with domestic violence against women. Data from the 1995 Egyptian Demographic and Health Survey, a nationally representative household survey, were analyzed for 6566 currently married women age 15–49 who responded to both the main questionnaire and a special module on women's status. Multivariate logistic regressions were used to examine the association of ever-beating, beating in past year or frequency of beatings in past year with contraceptive use, pregnancy management, and report of health problems. Thirty-four percent of women in the sample were ever beaten by their current husband while 16% were beaten in the past year. Ever-beaten women were more likely to report health problems necessitating medical attention as were women beaten in the past year compared to never-beaten women. Regarding reproductive health, higher frequency of beating was associated with non-use of a female contraceptive method, while ante-natal care (ANC) by a health professional for the most recent baby born in the past year was less likely among ever-beaten women (OR = 0.17, $p < 0.05$). Unexpectedly, among professional ANC patients, those ever-abused were more likely to make four or more visits (OR = 36.54, $p < 0.05$). In Egypt as elsewhere around the world, wife beating is related to various negative health outcomes. Women's programmes must take domestic violence into account if they want to better address the needs of a non-negligible proportion of their target population.

© 2005 Elsevier Ltd. All rights reserved.

Keywords: Egypt; Violence against women; Domestic violence; Women's health; Reproductive health; Human rights

Introduction

Attention to the issue of violence against women, of which domestic violence is a component, has been growing over the past few decades. Research all over the world has consistently indicated that a woman is more

likely to be injured, raped or killed by an intimate partner than by any other person (Heise, Ellsberg, & Gottemoeller, 1999; UNICEF, 2000; Krug, Dahlberg, Mercy, Zwi, & Lozano, 2002).

Domestic violence, or intimate partner violence (IPV), is an important cause of morbidity and mortality for women in every country where these associations have been studied. It results in acute medical conditions such as multiple injuries to the face, head, neck, breast, or

*Corresponding author. Tel./fax: +1 (410) 337 9328.

E-mail address: nsidibe@jhsph.edu (N. Diop-Sidibé).

abdomen, and in chronic conditions such as headaches, abdominal pain, pelvic pain and sexual dysfunction (Campbell, 2002; Ellsberg, 1997; Gelles & Straus, 1998; Goodman, Koss, & Russo, 1993; Karol, Micka, & Kuskowski, 1992; Martin & Younger-lewis, 1997; Nduna & Goodyear, 1997). Intimate partner violence is also associated with lowered self-esteem and lowered self-perception of health by the victims (Amoakohene, 2004; Baker, 1997; Ellsberg, Caldera, Herrera, Winkvist, & Kullgren, 1999; McCauley et al., 1995; Skupien, 1998).

Domestic violence has serious reproductive health consequences, including inability to use a contraceptive method at all or consistently, unwanted pregnancy, and increased levels of sexually transmitted infections and HIV/AIDS. Even the period of pregnancy is not protective (Blaney, 1998; Diop-Sidibé, 2001; Gazmararian et al., 2000; Jejeebhoy, 1998; Maman, 2000; Letourneau, Holmes, & Chasedunn-Roark, 1999; Martin et al., 1999; Parsons, Goodwin, & Petersen, 2000; Rickert, Wiemann, Harrykissoon, Berenson, & Kolb, 2002; Sharps & Campbell, 1998). Of course the most extreme physical consequences of this type of violence are death of the victim, by suicide or homicide, and homicide against the perpetrator (Breiting et al, 1989; Wilson & Daly, 1994). Although the associations of IPV and detrimental health outcomes have been well established in research from industrialized countries, they have seldom been studied in developing countries. Similarly, despite the fact that IPV against men is known to occur in the USA, there is almost no research on the phenomenon in developing countries. In addition, the research has been almost entirely cross sectional, with the pathways from violence to chronic physical health and reproductive problems poorly understood.

The consequences of domestic violence do not affect the victims alone. Studies have found that children who grow up in families with such violence are more likely to have strong feelings of helplessness, anger, shame or guilt (Davidson, 1994; Ellsberg, 1997). They are also more likely to be victims of abuse and to become abusive themselves. In fact, the cost is high and borne by the whole society (Day, 1995; Friedman, Tucker, Hartman, & Stark, 1997; Heise et al., 1999; (The) Hesperian Foundation, 1998; Karol et al., 1992; MacCulloch, 1997; Michau & Naker, 2003; SADC, 1998; UNICEF, 2000). First, it may cause people to believe that violence is a reasonable way to solve problems. Second, it can sustain the false belief that men are better than women, and that women deserve to be beaten. Third, everyone's quality of life suffers because the participation and productivity of abused women in social and economic activities are lessened. And fourth, the monetary costs are very high. For example, UNICEF (2000) reports annual estimates of 5–10 billions dollars for the USA, and these are only for direct service-related costs. Significant costs

are also estimated in developing countries (World Bank, 1993).

Despite the importance of the problem, the number of studies with nationally representative samples in either North or Sub-Saharan Africa is limited. One exception is the Egyptian Demographic and Health Survey (EDHS-95) conducted in 1995 by the country's National Population Council and Macro International Inc (El-Zanaty, Hussein, Shawky, Way, & Kishor, 1996).

There are many types of domestic violence against women, including psychological (e.g. controlling behavior, economic abuse, social isolation), physical, and sexual abuse (Counts et al., 1999; Haj-Yahia, 2000; Heise et al., 1999; Michau & Naker, 2003). However, EDHS-95 only addressed wife beating (physical abuse). While the prevalence of wife beating¹ was analyzed and published in the EDHS-95 report, the associated health consequences were not examined. The present study used the EDHS-95 data to examine the association among currently married women between wife beating and contraceptive use, pregnancy management, and report of health problems and illnesses requiring a visit to the doctor.

Data and methods

EDHS-95 was a nationally representative household survey of ever-married women age 15–49 selected using a multistage sampling technique. Survey questionnaires were administered face-to-face by female interviewers. The overall response rate to EDHS-95 for eligible women exceeded 99% in all areas (El-Zanaty et al., 1996).

In addition to the main survey instrument, a special module on women's status was administered to a sub-sample of women in one-third of the households in 24 of the 26 governorates. In the two other governorates, which were targeted for a special panel study, all the selected households were included in the sub-sample. Weights were incorporated into the calculations to account for the sampling design.

¹In the original, English, version of the questionnaire, violence was assessed using the word "Beaten". This was translated in Arabic by "Dharbak". Our understanding is that "Dharbak" could be used, by order of importance, to mean (1) "Punch with fist or with something that could hurt", (2) "Slap or twist arm", (3) "Kick or drag", (4) "Push, shake, or throw something at the victim", (5) "Attack with a knife, gun, or other type of weapon", or (6) "Try to strangle or burn". However, "threaten with a knife, gun, or other type of weapon" would be translated differently. We prefer to use "wife-beating" instead of "physical abuse" because we think the former is more specific and reflects better the fact that we are solely looking at violence against married women by their current husband.

متن کامل مقاله

دریافت فوری ←

ISIArticles

مرجع مقالات تخصصی ایران

- ✓ امکان دانلود نسخه تمام متن مقالات انگلیسی
- ✓ امکان دانلود نسخه ترجمه شده مقالات
- ✓ پذیرش سفارش ترجمه تخصصی
- ✓ امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
- ✓ امکان دانلود رایگان ۲ صفحه اول هر مقاله
- ✓ امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
- ✓ دانلود فوری مقاله پس از پرداخت آنلاین
- ✓ پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات