Policy Brief

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SPOUSAL VIOLENCE IN EGYPT

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Women who marry at a younger age are generally more vulnerable to spousal violence.

50%

of women surveyed in Alexandria Governorate said they experienced physical violence by their husbands.

Policies and programs aimed at addressing gender-based violence must correct the imbalances in rights and power-sharing between males and females in Egyptian families and society.

One-third of Egyptian women have been physically abused by their husbands, according to the 2005 Egypt Demographic and Health Survey; and 7 percent said they are beaten "often." These women mostly suffered silently and did not seek help (see Figure 1).[1]

Violence against women is a costly and pervasive public health problem and a violation of human rights. It is often referred to as "gender-based violence" because it stems from women's subordinate status in the family and society. The abuse can take many forms (see Box 1, page 2). Violence against women, whether perpetrated by husbands or others, and whether it happens inside or outside the home, undermines women's health and well-being. It can also have far-reaching and long-term consequences for the women's children and for society.[2]

Today, patriarchal norms continue to relegate many Egyptian women to a subordinate position relative to men, providing fertile ground for men's abusive and damaging behaviors at home and in public. Harassment of women in public has escalated to the point where Egypt's national economy may be affected: A recent World Bank study showed that 15 percent of men and 12 percent of women in Cairo who oppose the idea of women working outside the home cite potential sexual harassment as the reason.[3]

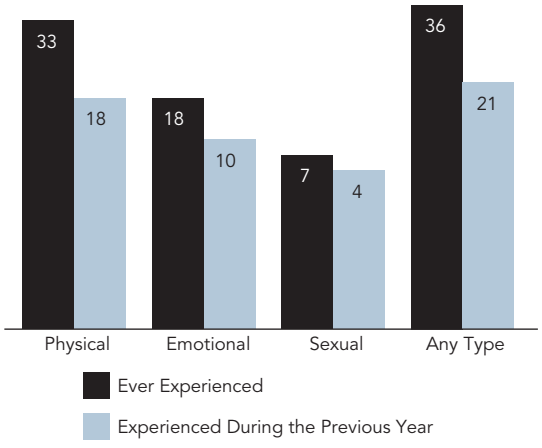
This policy brief presents an analysis of the 2005 and 2008 Egypt Demographic and Health Surveys and the latest research on spousal violence conducted in the Alexandria Governorate by the Suzanne Mubarak Regional Centre for Women's Health and Development. These studies reveal that violence against women is widespread and alarming, and highlight the urgent need for government and civil society to address the issue and end this scourge that hinders progress toward Egypt's development goals.

A Global Concern

In 1996, the World Health Assembly declared violence against women a major public health problem requiring urgent attention by governments and health organizations. Gender-based violence causes a host of health problems that drain health systems' resources, limit women's growth and productivity, and hinder governments from achieving their national health goals. The impact on women's health from gender-based violence is well documented: a major cause of injuries and death among women worldwide; a higher risk for unintended pregnancies and sexually transmitted infections, including HIV; and an increased risk of gynecological disorders and pregnancy complications, including serious harm to the mother and fetus.[4]

FIGURE 1

Percent of Ever-Married Women Ages 15-49 Who Have Experienced Spousal Violence, by Type of Violence, Egypt 2005



Source: Egypt Demographic and Health Survey 2005: table 17.6.

Defining Violence Against Women

The United Nations defines violence against women as "any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life."

The terms "gender-based violence" and "violence against women" are often used interchangeably. Technically, the term "gender-based violence" refers to violence directed against a person because of his or her gender and expectations of his or her role in a society or culture. But it most often is used when describing violence against women because women are far more likely than men to experience discrimination or abuse. Violence against women can take many forms, including honor killing; domestic violence; harassment of women and girls in public, in schools, and in the workplace; trafficking of women and girls; and female genital cutting and other harmful traditional practices, such as child marriage.

Similarly, the terms "domestic violence" and "spousal violence" are often used interchangeably and refer to husbands as the perpetrators, the most common case. Domestic violence, a more general term, can also include abuse of other family members such as children. Although women can be violent toward their husbands, the burden of spousal violence is borne overwhelmingly by women.

The common types of spousal violence that women experience are:

- Physical violence, including threats of physical violence and injuries resulting from the threat.
- Sexual violence, including sexual harassment and rape.
- Emotional abuse, including being shouted at, insulted, put down, and restricted from visiting family and friends.
- Economic abuse, including being forced to work, to give income to the husband, or to borrow money.

Sources: United Nations General Assembly Resolution 48/104, "Declaration on the Elimination of Violence Against Women" (December 1993); and UNIFEM's Virtual Knowledge Center to End Violence Against Women and Girls, "Defining Violence Against Women and Girls," accessed at www.endvawnow.org, on July 8, 2010.

In a 2002 report, *World Report on Violence and Health*, the World Health Organization noted that the events that trigger violence in abusive relationships are remarkably consistent around the world. 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, and being suspected of infidelity. In general, men with a history of violence in their families—especially if they saw their mothers beaten—are more likely to become abusive husbands. Women are particularly at risk of spousal abuse in societies where there are marked inequalities between men and women, rigid gender roles, cultural norms that support a man's right to sex regardless of a woman's feelings, and weak sanctions against such behavior.[5]

In 2006, the United Nations General Assembly adopted a resolution calling for an intensification of efforts to eliminate all forms of violence against women and for a coordinated database on the extent, nature, and consequences of violence against women, and on the impact and effectiveness of policies and programs for combating such violence. The database (www.un.org/esa/vawdatabase) compiles information on individual countries and serves as a forum to exchange ideas about how best to tackle the problem at all levels, from informing and helping individuals and communities to adopting supportive national policies.

The information gathered in this database includes a number of promising practices that countries have developed to address violence against women. In 2004, for example, legislators in Spain passed "Integrated Protection Measures Against Gender Violence," which was developed with strong involvement from women's organizations. The law brought together and modified articles of several Spanish laws (such as the Penal Law, the Criminal Law, the Employment Act, and the Workers' Statute Act) and included provisions for education and training of health care providers. And the government of Denmark has recently allocated the equivalent of US$6.5 million to implement a three-year national strategy to combat intimate partner violence.[6]

In Malaysia, women's crisis centers offer counseling and legal advice through a telephone hotline or face-to-face. If requested by the woman, the center will also counsel the abuser that domestic violence is not a solution to marital problems, and that the violence can be a crime. The trained counselors are drawn from various ethnic groups so that the service can cater to a wide range of clients. These centers also help women (and their children) stay in temporary shelters. If needed, staff from the center accompany women to the police and hospitals, and to other agencies such as the welfare department or the courts. At government hospitals, the One-Stop Crisis Centers handle cases of domestic violence. The center arranges for a medical examination and treatment, and hospital social workers and volunteers from women's organizations are available to provide counseling and coordinate further assistance.[7]

Good policies and practices developed in one country can be used as models for other countries to develop and adapt.[8] A new report by the World Health Organization, *Preventing Intimate Partner and Sexual Violence Against Women: Taking Action and Generating Evidence*, provides a framework for developing policies and programs to help prevent intimate partner and sexual violence. The report reviews the latest available evidence on effective, promising, and theoretically feasible prevention strategies and emphasizes the importance of integrating scientific evaluation procedures into all prevention initiatives to continuously monitor and improve their effectiveness and to expand the global evidence base in this area.[9]

Less-Privileged Egyptian Women at Higher Risk

While spousal violence occurs across social strata and religions, certain characteristics of women and their husbands may reinforce the subordinate position of women in the family and, therefore, put some women at greater risk of experiencing violence. Stigma against divorced women, for example, increases the risk of spousal abuse in Egypt. Nearly half (48 percent) of married women who have had a previous marriage have experienced spousal violence, according to the 2005 DHS.

Poor and less-educated women—who generally tend to marry at a younger age—are more likely to experience spousal violence than those who marry later and have more education and higher family incomes. Women belonging to the lowest wealth quintile (the poorest one-fifth of households) are twice as likely as those in the highest wealth quintile to have experienced spousal violence during the previous year (see Figure 2). Poverty can produce a sense of hopelessness and exacerbate women's vulnerability. Poor families often live in stressful, overcrowded environments, and women may have no other choice but to live with their abusive husbands.[10]

Alexandria Study Reveals Higher Rates of Spousal Violence

Nearly three-quarters of women visiting family health centers in the Alexandria Governorate have experienced spousal violence in their lifetimes, according to a recent study conducted by the Suzanne Mubarak Centre (see Figure 3). About one-half of the women who reported ever experiencing spousal violence were subject to two to three types of violence, with emotional abuse and physical violence being the most common.

This study of more than 3,000 married women living in the Alexandria Governorate found that more than 40 percent of the respondents had been beaten by a person other than their husband since age 15, with the main perpetrators being the mother, father, and/or brother. The survey interviewed women who visited maternal and child health centers and family health centers from December 2009 to June 2010.

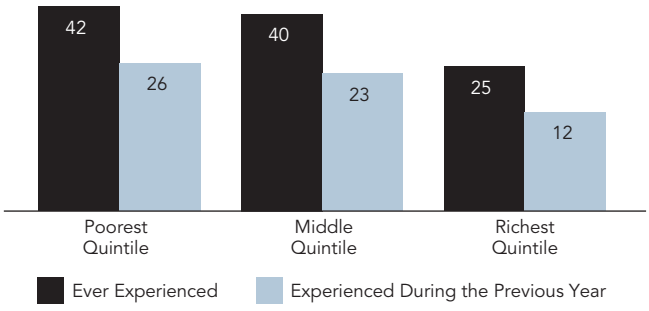
Women participating in the Alexandria study reported experiencing higher rates of spousal violence than Egyptian women reported on average in the nationally representative survey, the 2005 DHS (a household survey). Several factors may explain the difference:

- Women visiting the publicly funded health facilities in the Alexandria Governorate generally belong to lower socioeconomic groups, and are thus more vulnerable to domestic violence.
- The Alexandria study included more questions on gender-based violence and asked women about their experience with spousal violence differently and more comprehensively.
- Women in the Alexandria study may have felt more comfortable speaking openly because the interviews were conducted in health facilities and not in their homes.

Physical violence. One-half of women in the Alexandria study said that they experienced physical violence by their husbands at some point in their married life, and one-third mentioned a recent experience. The most common forms of physical violence were slapping and beating, pushing and grasping hair, and kicking and dragging on the floor. One-half of the women who experienced physical violence reported being injured as a result; among those who were injured during the previous year, 22 percent were injured three or more times.

FIGURE 2

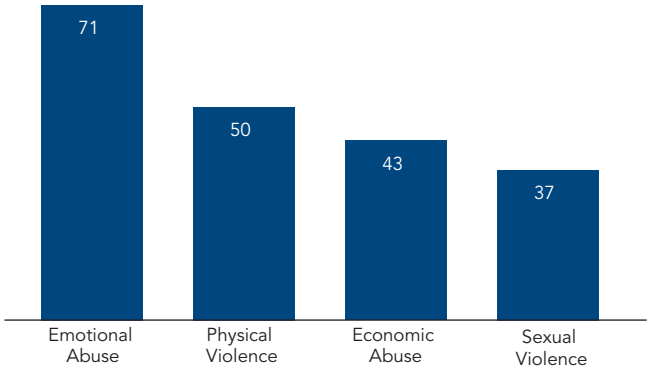
Percent of Married Women Ages 15-49 Who Experienced Spousal Violence During the Previous Year, by Wealth Quintile*, Egypt 2005



*Wealth quintiles (five groups of equal size) were created using an index of household assets. The first, third, and fifth quintiles are shown here.
Source: Egypt Demographic and Health Survey 2005: table 17.5.

FIGURE 3

Percent of Married Women Ages 15-49 Who Have Ever Experienced Spousal Violence, Alexandria Governorate 2010*



*Data refer to women visiting public health clinics.
Source: Suzanne Mubarak Regional Centre for Women's Health and Development.

Sexual violence. One in four women said they recently experienced sexual violence, noting the most common forms as being forced to have sex against their will or when they were ill. Among women who reported recent sexual violence, about one-third said that sexual violence was the only type of spousal violence they experienced during the previous year, but two-thirds said that they were subject to other types of violence as well.

Economic violence. Most married women in Egypt do not work and depend on their husbands' income. Therefore, women may need to endure their husbands' abusive behavior because of this dependency. In the Alexandria study, 72 percent of the respondents were housewives who were not employed. Twenty-seven percent of women who ever experienced economic abuse said their husbands forced them to beg for money; 25 percent said their husbands forced them to borrow money from parents and relatives; and 14 percent said their husbands refused to spend money on them.

Women who earn their own money, however, are not necessarily immune from their husbands' abusive behavior. Twenty-seven percent of women who earn income said that their husbands demanded all their earnings. This percentage was as high as 45 percent for women working in lower-level occupations such as manual workers, janitors, and sellers.

Emotional violence. While any form of physical, sexual, or economic violence affects women emotionally, the Alexandria study revealed that, in addition, women routinely suffer emotional abuse. Sixty-two percent of women reported that their husbands recently used abusive language to insult them and make them feel bad, ignored them or treated them indifferently, threatened divorce, or prevented them from visiting their parents or from going out. Nearly 90 percent of women who ever experienced emotional abuse said they experienced multiple forms of emotional abuse.

Risk Factors for Spousal Violence

Women who marry at a younger age are generally more vulnerable to spousal violence. Girls who marry at a young age are typically trapped in a vicious cycle of poverty, low education, and high fertility—factors associated with higher risk of experiencing spousal violence. Egyptian women who married before their 20th birthday are one-and-a-half times more likely to experience spousal violence than those who married after their 24th birthday (see Figure 4).[11]

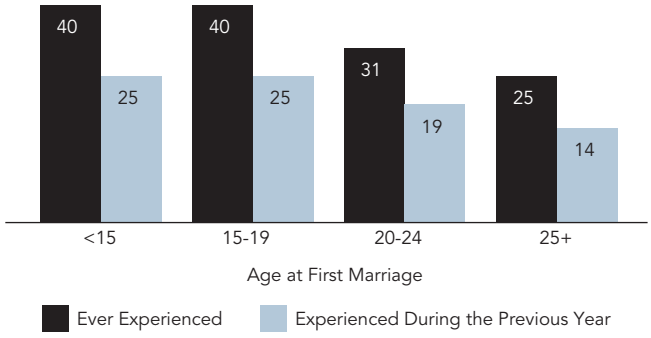
Egyptian women living in rural areas and those whose husbands are involved in agriculture and manual work—characteristics that may be related to their low income and lack of education—are at higher risk of experiencing spousal violence. Women whose husbands are addicted to alcohol or other substances are the most likely to have experienced any type of spousal violence. More than 90 percent of such women in the Alexandria study said they have experienced physical and emotional violence. The Alexandria study also showed that women in general are most likely to report having experienced spousal violence when they have been married for about 10 years. (see Figure 5).

WHAT ABOUT EDUCATION?

More-educated women generally marry more-educated men, and the possibility of both spouses holding professional jobs helps create respect. The Alexandria study showed that women whose husbands are highly educated—a university degree or higher—or hold professional jobs are least likely to have experienced spousal abuse. Still,18 percent of women whose husbands are university educated (see Figure 6), and 23 percent of women whose husbands hold a professional job reported having experienced physical violence in the previous year, with higher percentages reporting emotional abuse.

FIGURE 4

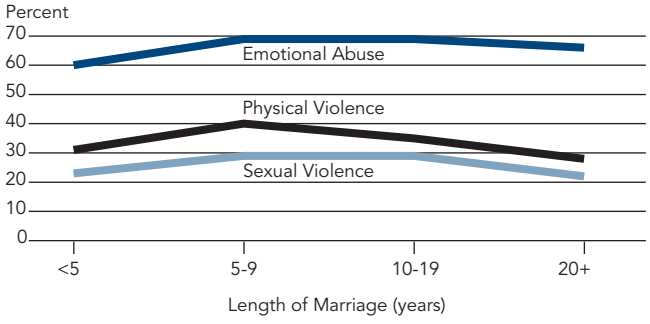
Percent of Married Women Ages 15-49 Who Experienced Spousal Violence, by Women's Age at First Marriage, Egypt 2005



Source: Eman M. Monazea and Ekram M. Abdel Khalek, "Domestic Violence Against Egyptian Women and its Impact on Reproductive Indicators."

FIGURE 5

Percent of Married Women Ages 15-49 Who Experienced Spousal Violence During the Previous Year, by Length of Their Marriage, Alexandria Governorate 2010*

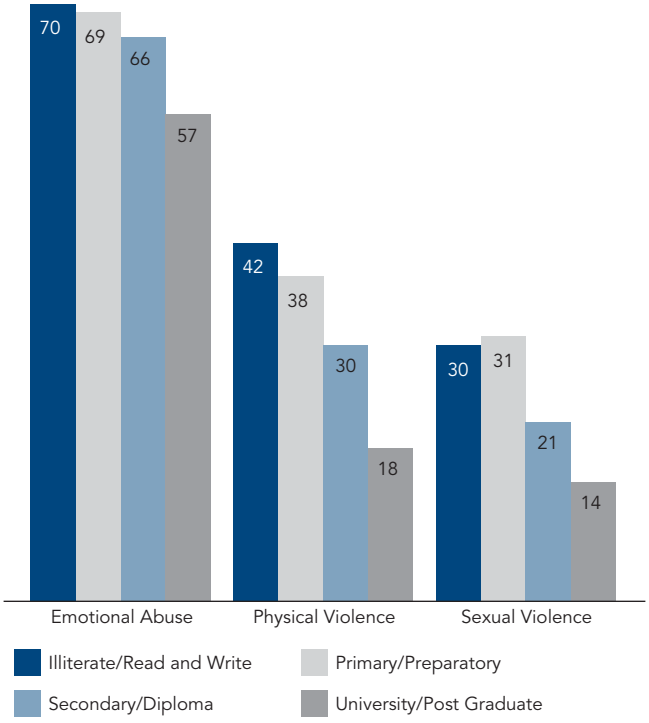


*Data refer to women visiting public health clinics.
Source: Suzanne Mubarak Regional Centre for Women's Health and Development.

Education is a key to women's empowerment. Modern education encourages new ways of thinking about social issues and gender norms based on individual rights and equality between men and women. It also provides opportunities for women to work outside the home and to be economically independent. But what seems to put women at risk of spousal violence is the power dynamic between husbands and wives, in which husbands usually dominate. The results of the 2005 DHS suggest that female education is most likely to help safeguard women against spousal violence when the couple shares similar years of schooling. Only 14 percent of women who have been to school and have similar years of schooling as their husbands reported experiencing spousal violence recently, compared with 23 percent of women with either lower or higher education than their husbands.[12] In other words, having more education than one's husband—as do 15 percent of Egyptian women of reproductive age, according to the 2005 DHS—does not necessarily help a woman gain more respect from her husband.

FIGURE 6

Percent of Married Women Ages 15-49 Who Experienced Spousal Violence During the Previous Year, by Husband's Educational Level, Alexandria Governorate 2010*



*Data refer to women visiting public health clinics.
Source: Suzanne Mubarak Regional Centre for Women's Health and Development.

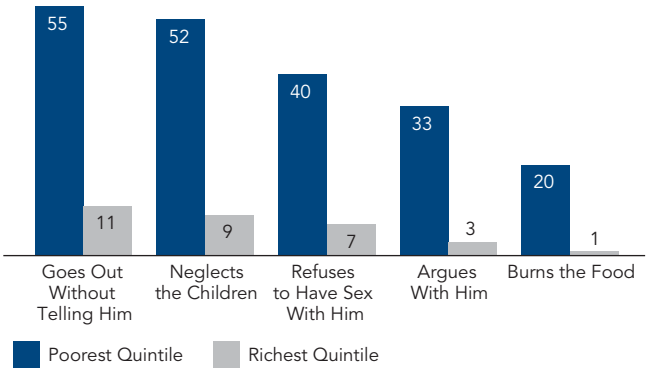
Despite improvements in education, a significant proportion of Egyptian women still have not gained any formal education. According to the 2008 DHS, 35 percent of married women of reproductive age are not able to read a newspaper or letter.[13] These women are at highest risk of experiencing spousal violence, particularly if their husbands are also illiterate—44 percent of such women have ever experienced spousal violence, with 26 percent experiencing it during the year prior to the survey.[14]

Women's Attitudes Toward Wife Beating

Although more-educated women in Egypt are less likely to condone husbands' violent behavior toward their wives, one in five married women with completed secondary education or higher condones wife beating for one reason or another.[15] In 2008, a substantial percentage of women—about 40 percent—said that the beating is justified if the wife goes out without telling her husband, neglects her children, argues with him, refuses to have sex with him, or burns the food. Nearly 60 percent of women with no education condoned wife beating for at least one of those reasons, compared with 22 percent of women who had completed secondary school or higher. Similarly, 63 percent of women belonging to the lowest wealth quintile condoned wife beating versus 16 percent of those in the highest wealth quintile (see Figure 7).

FIGURE 7

Percent of Married Women Ages 15-49 Who Agree That a Husband Is Justified in Beating His Wife, by Reasons for Beating and Wealth Quintile*, Egypt 2008



*Wealth quintiles (five groups of equal size) were created using an index of household assets. The first and fifth quintiles are shown here.
Source: Egypt Demographic and Health Survey 2008: table 3.14.

Spousal Violence and its Impact on Women's Health

Violence against women is associated with a host of health problems, particularly reproductive health problems such as sexually transmitted infections (STIs), unintended pregnancy, low utilization of antenatal care, and low birth weight.[16] According to the 2005 DHS, Egyptian women who reported having experienced spousal violence had more children and more unintended pregnancies. Among women who gave birth during the five years prior to the survey, 28 percent of those who experienced spousal violence said they did not want their last birth—they wanted it at least two years later or not at all—compared with 20 percent of those who never experienced such violence. Furthermore, women who experienced violence were less likely to use antenatal care during their last pregnancy and more likely to have a miscarriage or abortion.[17]

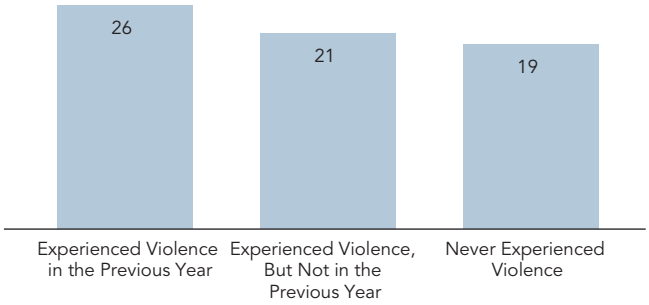
The 2005 DHS asked women whether they had STI symptoms in the past year. Women who reported spousal violence were more likely to report having STI symptoms, particularly if there had been recent episodes of violence: One in four women who experienced any type of spousal violence in the 12 months prior to the survey reported having STI symptoms (see Figure 8). The survey results also show that, among the women who had experienced physical violence during the previous year, 40 percent had bruises and aches as a result; 12 percent had a broken bone or other injury; and 6 percent had to seek treatment in a health facility.[18]

Violence during pregnancy can harm a woman as well as her unborn child. The 2005 DHS showed that 6 percent of women were hit, slapped, kicked, or subjected to some other form of physical violence at least once during a pregnancy. Among the women who reported violence during pregnancy, over 80 percent identified the husband as the perpetrator of the violence; aside from the husband, in-laws were named most often as perpetrators.[19]

In the Alexandria study, nearly one-quarter of respondents said they had experienced physical violence during a pregnancy. Among these women, 12 percent felt that the level and frequency of physical abuse was higher during the pregnancy; 42 percent believed it was lower; and the remaining 46 percent reported no difference from when they were not pregnant. About 20 percent of women who had experienced physical violence during pregnancy said the violence led to a miscarriage.

FIGURE 8

Percent of Married Women Ages 15-49 Who Reported Having STI Symptoms in the Previous Year, by Their Experience of Spousal Violence, Egypt 2005



Source: Eman M. Monazea and Ekram M. Abdel Khalek, "Domestic Violence High in Egypt, Affecting Women's Reproductive Health."

Responding to the Needs of Women Facing Domestic Violence

In both the 2005 DHS and the Alexandria study, around one-half of women who had experienced their husband's physical aggression tried to seek help—mainly from relatives and neighbors. The women in the Alexandria study who did not ask for help cited a number of reasons, such as: The violence is something personal or improper to talk about outside the family (36 percent); seeking help is of no use (31 percent); she would be embarrassed if anybody knew (30 percent); and fears of divorce (18 percent). Six percent said they did not seek help because they got used to it. Only 5 percent said that they had ever called the police.

Neither the 2005 DHS nor the Alexandria study, however, explored whether relatives and neighbors were able to play helpful roles (if any), or whether women who sought help were better off in preventing future acts of violence than those who did not ask for help. Nor did the studies explore whether those who sought help from the police were better off than those who sought help from relatives and neighbors. Clearly, considering the level of domestic violence, Egypt needs better mechanisms to assess the legal, social, and health needs of women facing violence (beyond what relatives and individuals might be able to do), to respond to these needs, and to protect women from further harm.

The alarming findings of the Alexandria study prompted the Suzanne Mubarak Centre to establish a Family Support Clinic in its headquarters in Alexandria. Managed by a mental health specialist, the new clinic offers counseling—including legal consultation if needed—to women who have experienced domestic violence, and provides medical help when required. All family health units and centers affiliated with the Ministry of Health and Population in the Alexandria Governorate can refer women to the clinic—the first in the country designed to serve women who are victims of domestic violence.

Need for Actions

Policies and programs aimed at addressing gender-based violence of any kind, including spousal violence, must address the roots of the problem—cultural practices that discriminate against women—and correct the imbalances in rights and power-sharing between males and females in Egyptian families and society. Outdated and patriarchal behaviors and laws that support male domination need to be abolished, and the status of girls and women needs to be raised in both the family and society.

Preventing gender-based violence and punishing the perpetrators not only helps uphold women's rights as full citizens, it also helps countries meet their development goals of improving maternal and child health. Interventions to address gender-based violence must be carried out across multiple sectors because of the issue's legal, social, cultural, and health implications. Knowing that change in any of these areas takes time, the Egyptian government and the NGO community can join forces to:

- Mobilize communities to speak out about all forms of violence against women; and make use of all available educational and communication tools to raise public awareness that violence against women is not legitimate or acceptable, and that it harms the health and well-being of women and their children.
- Educate young people early in life about gender issues, to prepare them for healthy marital relationships; and initiate pilot programs to sensitize young men and engage them in developing more respectful and egalitarian behaviors toward women.
- Strengthen and enforce laws against domestic violence to hold perpetrators accountable for violence (rather than blaming the victim); and inform women, health providers, and other social services about women's legal rights with regard to spousal violence.
- Educate health care providers about the serious health consequences of spousal violence; incorporate gender issues in medical and nursing school curricula; and integrate health services and counseling for abused women into existing maternal and child health services.
- Fund research to better understand men's behaviors, the magnitude and forms of domestic violence, and the needs of the victims; and disseminate the results and connect researchers with relevant government agencies, NGOs, and activists.

Suzanne Mubarak Centre

Women are counseled at the Family Support Clinic in the Suzanne Mubarak Regional Centre for Women's Health and Development, in Alexandria, Egypt. The clinic is the first in the country designed to serve victims of domestic violence.

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PRB's Middle East and North Africa Program

The goal of the Population Reference Bureau's Middle East and North Africa (MENA) Program is to respond to regional needs for timely and objective information and analysis on population, socioeconomic, and reproductive health issues. The program raises awareness of these issues among decisionmakers in the region and in the international community in hopes of influencing policies and improving the lives of people living in the MENA region. MENA program activities include: producing and disseminating both print and electronic publications on important population, reproductive health, environment, and development topics (many publications are translated into Arabic); working with journalists in the MENA region to enhance their knowledge and coverage of population and development issues; and working with researchers in the MENA region to improve their skills in communicating their research findings to policymakers and the media.

Suzanne Mubarak centre

The Suzanne Mubarak Regional Centre for Women's Health and Development

The mission of the Suzanne Mubarak Regional Centre for Women's Health and Development is to help help improve women's health in Egypt, the Arab World, the Middle East and Africa, health being a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, and is firmly linked to women's development.

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