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PHYSICAL INTIMATE PARTNER VIOLENCE: PREVALENCE, CAUSES, RISK FACTORS, RELATED ATTITUDES, AND CONSEQUENT INJURIES: A STUDY FROM MANSOURA, EGYPT.

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ABSTRACT

Background: Intimate partner violence (IPV) is a global public health issue with drastic consequences. The extreme consequences of IPV do not only include the women's physical, reproductive and mental health, but also extends to include her children and the community at large. Intimate partner violence IPV destroy women's health, disrupt their lives and indirectly erode their self confidence and self-esteem.

Aim: To estimate the prevalence of physical IPV against women in Mansoura, determine the causes and risk factors of the problem, point out the attitudes related to the problem, and to explore the injuries caused by such violence.

Methods: A cross sectional study was conducted in Mansoura, Egypt and included 758 ever married women randomly selected from attendants of 12 primary health centers (PHCs). The sample included women in the child bearing period from 15 to 49 years, attending the selected health centers for any reason except women who were too ill to participate. These 12 PHCs were randomly selected from PHCs of Mansoura city and its suburbs. Data were collected using a structured questionnaire that was administered by a female trained interviewer. Women were individually interviewed after giving informed consent to participate. The interview was conducted with each woman separately to ensure privacy. The women decisions and choices was respected.

Results: Self-reported past-year and lifetime prevalence of physical IPV was 28.8% and 34.3%, respectively. The prevalence of ever exposure to sever violence was 18.6%. The prevalence of violence during pregnancy was 22.3%. Results found that15.6% of women have lost consciousness at least once due to violence and 18.3% were ever injured due to violence and 8.9% were injured during the last 12 months. Eight percent of women were hurt enough to require medical care. Five percent were hospitalized due to injury. Scratches, abrasions, bruises, were the most common types of injuries due to physical IPV (10% of ever married women), followed by cuts, puncture, and bites (9.6%), then sprains, dislocations (5.6%). Financial problems (82%) were the most common situations leading to physical IPV followed by problems related to husband (36%) include being drunken, jealous or having problems at work. Other causes (9%) include children problems, infertility, children death, educational disparity, or husband wants more children. Regarding the risk factors that was significantly associated with violence, the study found the most commonly affected age group was (35-44 year) with Odds ratio 2.3 (95%CI1.4-3.8). The women who were illiterate, not working, living in rural areas, had insufficient income were 11(95%CI 7-19), 2.5 (95%CI 1.8-3.4), 2 (95%CI 1.5-2.7), 4.2 (95%CI 2.5-6.9) times more risk of exposure to violence than those who had higher education, working, living in urban area, and women who could save money respectively. The study found that women whose age was more than10 years younger than their husbands and those who were married for >10 years were 1.8 (95%CI 1.2-2.9) and 2.7 (95%CI 1.9-4) times more risk of exposure to abuse than women who were ≤5 younger than their husbands and women who were married for ≤5 years respectively.

Women who saw their mothers beaten by their fathers and women whose mothers and fathers were separated were 4.6 (95%CI 3.3-6.5) and 12 (95%CI 4.7-32) times more risk of exposure to violence. The women who accepted wife beating in case of not completing housework, disobeying husband, refusing sex, asking whether he had girlfriend, suspecting her infidelity, and finding out her infidelity were 2.4 (95%CI 1.4-4), 3.4 (95%CI 2.4-4.8), 2.6 (95%CI 1.7-4), 2.9 (1.5-5.8), 2 (1.6-2.9), and 2 (1.6-3) times more risk of exposure to physical violence.

Conclusion: Physical IPV is a considerable problem in Mansoura, Egypt. Poverty, illiteracy and attitudes prevalent in the society are key target to deal with the problem. Improving the standards of living of the population and supporting women to achieve high education and changing their attitudes may help reduce the magnitude of the problem.

INTRODUCTION

World health organization considers violence against women as a 'global health problem of epidemic proportions'. The study found that intimate partner violence (IPV) was the most prevalent type of violence against women (VAW), affecting 30% of women worldwide [1]. The serious consequences of IPV not only embrace the women's physical, reproductive and mental health, but also extend to include her children and the community at large. Intimate partner violence IPV abolish women's health, upset their lives and indirectly by erode their self confidence and self-esteem [2,3]. Poverty, low income, unemployment and illiteracy are common cited risk factors of IPV in many studies [4,5,6,7,8]. Several studies had found that witnessing IPV as a child was positively associated with IPV perpetration and victimization in adulthood[9,10,11]. Women's positive attitudes of violence is also associated with the experiencing of intimate partner violence [12,13]. These attitudes could be communicated across generations through learning processes, the media, schools, and witnessing and experiencing violence throughout life [14]. Traditional social gender norms also contribute to VAW by generating power hierarchies where men are considered by society as of higher social status compared to women who are sometimes viewed as a liability [14,15]. The health consequences of violence could be immediate and acute, long-lasting and chronic, and/or fatal. Consistent research results find that the more severe the abuse, the greater its impact on women's physical and mental health. Also, the negative health consequences may persist long after abuse has stopped [16]. Exposure to current violence is strongly associated with psychological distress, depression, and the use of psychoactive drugs. In addition, women who reported only past violence were more likely to report psychological distress [17,18]. Depression and attempted suicide are closely associated with intimate partner violence [19, 20].

Domestic violence in Egypt shares some globally identified features like the hiddenness of the problem, the extent and modes of the violence, the inclination to blame the women, and the poor support or services for women living under violence [21]. A comparative analysis of the 1995 and 2005 Egypt's Demographic Health Survey (EDHS) recommends that there might have been a decrease in the prevalence of more severe forms of wife beating in parallel with an increase in overall reporting of violence [22]. In Egypt, it is difficult to make precise comparisons between the studies reporting prevalence rates of different types of violence and especially IPV. The prevalence rates of physical IPV reported in different recent studies are widely variable. It ranges from (22.4%) [23] in one study to (40%) in another study [24]. The way the questionnaire questions are formulated with, could affect the response of the women to the questions whether they have been exposed to violence or not. There is considerable variation in definitions of abuse and the settings across these studies [25,26].

The study was conducted to estimate the prevalence of physical IPV against women in Mansoura, to explore the injuries caused by such violence, to determine the causes and risk factors of the problem, and point out the attitudes related to the problem.

METHODS:

This study uses the WHO Violence Against Women Instrument as developed for use in the WHO Multi-Country Study on Women's Health and Domestic Violence and adheres to the WHO ethical guidelines for the conduct of violence against women research. Additionally it incorporates sections from the WHO study questionnaire (sections of Attitudes, Respondent And Her Partner, Injuries).

Mansoura is one of 18 centres in Dakahlia governorate. The estimated population number in Mansoura in 2011 was 973152 according to information centre in Dakahlia health administration. Mansoura centre comprises Mansoura city and its suburbs which are 39 villages. Four urban primary health care centres were randomly selected, two were selected from East Mansoura district and two were selected from West Mansoura district. Eight rural family health centres were randomly selected. The selected urban primary health care centres serve about 13% of the urban population while the selected rural family health centres serve about 15% of the rural population in Mansoura. The females in the age group (15-49) represent about 26% of the population in Dakahlia governorate. So, the size of the population is about (253019 females). Prevalence of physical IPV during the past 12 months was 20.4% according to EDHS 2005. Sample size was calculated using EpiInfo verion 6 and the minimum required sample is 691.

A cross sectional study was conducted using a standard questionnaire. Women in in the age groups (15-49years) attending the selected health centres for any reason were eligible except women who are too ill to participate. The questionnaire was administered by a female trained social worker who interviewed women after giving informed consent to participate in the study. The interview was conducted with each woman separately to ensure privacy. The women decisions and choices was respected. The interviewer visits the centres 2 times per week, one time for urban centre and the other for rural centre and data collection extended from October, 2011 to August, 2012. The sample included 785 women in the child bearing period from 15 to 49 years. Data were analyzed using SPSS version 22. As all the data were categorical, we used proportions and Chi square tests were used for testing significance. Also, Odds ratios were used to calculate the risk.

Forms of physical violence included (a) Slapping or throwing something at her that could hurt her, (b) Pushing or shoving, (c) Hitting with fist or something else that could hurt, (d) Kicking, dragging or beating up, (e) Choking or burning on purpose, and (f) Threatening to use or actually using a gun, knife or other weapon against her. If any form of violence from c to (f) is present, it's graded as sever violence. When any of these forms of violence is present, this is considered physical violence. If this violence occurred during the previous 12 months, this is considered current violence.

RESULTS:

The study included 758 ever married females, 47.9% of them were in urban residence and 21.5% were (illiterate, read and write) while 6.6% received basic education, 40.8% received secondary education, and 31.1% received higher education. The working females represented 41.6% of the sample and 29.7%, 54.7%, 15.6% of females had insufficient, sufficient income, and can save money respectively. The study found that the prevalence of current exposure to some form of (physical IPV) was 28.8% of women included in the study, and the life time prevalence of ever exposure to some form of (physical IPV) since marriage was 34.3%. The women who ever exposed to sever violence represent 18.6% of the sample. The prevalence of physical violence during pregnancy was 22.3%. The prevalence of punching or kicking in abdomen while pregnant is 13.5%. Table (1) shows that the most prevalent forms of physical IPV among women who was currently exposed to beating was slapping (24.4%) followed by being pushing or shoving (19. 1%).The severe acts of violence, such as being kicked, dragged (6.8%), choked, burned (2.5%) were less common.

Table (1): Prevalence of different Forms of physical IPV (Total number of women in the study is 758)

Type of physical IPV	Life Time		Past12 Months	
	No	%	No	%
Slapping, throwing something	222	29	185	24.4
Pushing or shoving	173	28	145	19.1
Hitting with a fist or something	127	17	101	13.3
Kicking, dragging, beating	68	9	52	6.8
Choking or burning	29	4	19	2.5
Threatening or using a weapon	20	2.6	13	0.6

Table (2) shows that15.6% of women have lost consciousness at least once due to violence and 18.3% were ever injured due to violence and 8.9% were injured during the last 12 months. Eight percent of women were hurt enough to require medical care. Five percent were hospitalized due to injury. Scratches, abrasions, bruises, were the most common types of injuries due to physical IPV (10% of ever married women), followed by cuts, puncture, and bites (9.6%), then sprains, dislocations (5.6%). Other injuries were less common.

Figure (1) showed that financial problems (82%) are the most common situations leading to physical IPV followed by problems related to husband (36%) include being drunken, jealous or having problems at work. Other causes (9%) include children problems, infertility, children death, educational disparity, or husband wants more children. Results showed that 170 women (66% of physically abused women) left their home due to physical IPV but return after some time. Median number of days women stayed away from home last time was 7 days. Divorce occurred in 12% of cases of physical IPV. For women who returned back after leaving home, the most important causes for their return was financial (32%), moral and emotional (love husband or think he would improve and sanctity of marriage) (32%). Other cause include husband threatening her, or difficulty of staying in the place where she left for.

Table (2): Consequences of physical IPV and types of injuries (among all women who ever exposed to physical IPV, N=260)

Consequences of physical IPV	Number	(%) of abused women	(%) of ever married women
lost consciousness	119	45.8	15.6
Injured	139	53.5	18.3
Injured in past 12 months	68	26	8.9
Hurt enough that needed health care	61	23	8
Received healthcare	56	21	7.3
Hospitalized due to injury	39	15	5.1
Types of injury			
Scratch, abrasion, bruises	76	54.7	10
Cuts, puncture, bites	73	52.2	9.6
Sprains, dislocations	43	30.9	5.6
Fractures, broken bones	22	15.8	2.9
Penetrating injury, deep cuts	18	12.9	2.3
Burns	14	10.1	1.8
Rupture ear drum, eye injuries	11	7.9	1.4
Internal injuries	9	6.5	1.1
Broken teeth	4	2.9	0.5
Others	4	2.9	0.5

Table (3) shows women risk factors that was significantly associated with violence, the study found the most commonly affected age group was (35-44 year) with Odds ratio 2.3 (95%CI1.4-3.8). The women who were illiterate, not working, living in rural areas, had insufficient income were 11(95%CI 7-19), 2.5 (95%CI 1.8-3.4), 2 (95%CI 1.5-2.7), 4.2 (95%CI 2.5-6.9) times more risk of exposure to violence than those who had higher education, working, living in urban area, and women who could save money respectively. The study found that women whose age was more than10 years younger than their husbands and

those who were married for >10 years were 1.8 (95%CI 1.2-2.9) and 2.7 (95%CI 1.9-4) times more risk of exposure to abuse than women who were ≤5 younger than their husbands and women who were married for ≤5 years respectively. Women who did not accept their marriage and those who had no social networks were 1.8 (95%CI 1.03-3.3), and 2.2 (95%CI 1.3-3.8) times more risk of exposure to violence than women who accepted their marriage and women who had social networks. Women who saw their mothers beaten by their fathers and women whose mothers and fathers were separated were 4.6 (95%CI 3.3-6.5) and 12 (95%CI 4.7-32) times more risk of exposure to violence.

Table (3): Risk factors of physical intimate partner violence (the number of women who were ever exposed to violence is 260 women).

Risk factor	Total NO **758**	Abused group **%**	**OR**	**(95%CI)**	**P value**
Age					
15 -	134	23.9	1(r)		
25 -	342	34.8	1.7	1.07-2.7	0.02
35 -	187	42.2	2.3	1.4-3.8	0.0007
45 - 49	95	31.6	1.4	0.8-2.6	0.197
Education					
higher	236	12.3	1(r)		
Secondary	309	35.3%	3.9	2.5-6	<0.0001
Basic	50	42%	5.2	2.6-10	<0.0001
Illiterate, read and write	163	62%	11.6	7-19	<0.0001
Occupation					
work	315	22.9	1(r)		
Not work	443	42.4	2.5	1.8-3.4	<0.0001
Residence					
Urban	363	26.4	1(r)		<0.0001
Rural	395	41.5	2	1.5-2.7	
Income					
Save	118	27.1	1(r)		
Sufficient	415	21.9	0.8	0.5-1.2	0.2
Insufficient	225	60.9	4.2	2.5-6.9	<0.0001
Presence of IPV in family					
No	403	18.6	1(r)		
Yes	301	51.5	4.6	3.3-6.5	<0.0001
Not live together	23	73.9	12	4.7-32	<0.0001
Not know	31	41.9	3	1.5-6.7	<0.0001
Social networks					
Yes	93	20.4	1(r)		0.003
No	665	36.2	2.2	1.3-3.8	
Accept marriage					
Yes	565	29.7	1(r)		
No	193	47.7	2	1.5-3	<0.0001
Age difference					
Husband < 5 years older	211	27	1(r)		
Husband 5-9 years older	352	36.6	1.5	1.1-2.3	0.019
Husband 10+ older	155	40.6	1.8	1.2-2.9	0.006
Husband younger	40	27.5	1.02	0.5-2.5	0.94
Educational disparity					
Husband higher education	152	29.6	1(r)		
Same	469	34.8	1.3	0.9-1.9	0.24
Husband less education	137	38	1.4	0.8-2.4	0.13
Marriage times of females					
Once	708	33.3	1(r)		
More than once	50	48	1.8	1.03-3.3	0.035
Duration of marriage					
≤ 5 years	242	20.7	1(r)		
> 5-10	199	39.2	2.5	1.6-3	<0.0001
>10	317	41.6	2.7	1.9-4	<0.0001

Table (4) shows that 69%, 78%, and 58% of the sample agreed with the traditional gender roles as a good wife obeys her husband even if she disagrees, family problems should only be discussed with people in the family, and it is important for a man to show his wife/partner who is the boss respectively. The women who rejects these roles were 2.6 (95% CI 1.9-3.6), 1.9 (95% CI 1.3-2.6), and 2.6 (95% CI 1.9-3.6) times more risk to be exposed to physical violence. The results also showed that 8%, 24% 13.6%, and 5% of the sample accept wife beating in case of the wife did not complete housework satisfactorily, disobeyed husband, refused sex, or asked whether the husband had girlfriend. The percent of women who accepted wife beating when suspecting or finding out her infidelity were 41.5%, and 60%. Accepting wife beating among women in the sample at any situation was significantly associated with exposure to physical violence. The women who accepted wife beating in case of not completing housework, disobeying husband, refusing sex, asking whether he had girlfriend, suspecting her infidelity, and finding out her infidelity were 2.4 (95%CI 1.4-4), 3.4 (95%CI 2.4-4.8), 2.6 (95%CI 1.7-4), 2.9 (95%CI 1.5-5.8), 2 (95%CI 1.6-2.9), and 2 (95%CI 1.6-4) times more risk of exposure to physical violence. Results showed that 66%, 89%, 79%, and 78% of the women in the sample supported the right of the married women to refuse sex with her husband in case of she did not want, he was drunk, she was sick, or he mistreated her. Only 7.7% of all women said that women had no right to refuse sex under any condition. And the study found no significant association between exposure to physical violence and the women attitude toward their right to refuse sex in all of the previous situations.

Table (4): The association between Physical partner violence and attitudes of the females (the total number of women who were ever exposed to any form of violence is 260).

	Total NO **758**	Abused group **%**	**OR (95%CI)**	**χ2**	**P value**
A good wife obeys her husband even if she disagrees					
Agree	525	27.4	2.6(1.9-3.6)	35.7	<0.001
disagree	233	49.8			
Family problems should only be discussed with people in the family					
Agree	597	31.2	1.9(1.3-2.7)	12.33	<0.001
disagree	161	46			
It is important for a man to show his wife/partner who is the boss					
Agree	443	25.3	2.6(1.9-3.6)	38.4	<0.001
disagree	315	47			
a man has a good reason to hit his wife in case of:					
1. not completing her household work to his satisfaction					

disagree	698	32.7	2.4(1.4-4)	10.4	0.001
Agree	60	53.3			
disobeying him					
disagree	574	27.2	3.4(2.4-4.8)	53.2	<0.0001
Agree	184	56.5			
refusing to have sexual relations with him					
disagree	662	31.4	2.61.7-4)	19.25	<0.0001
Agree	96	54.2			
2. asking him whether he has other girlfriends					
disagree	238	33	2.9(1.5-5.8)	10.9	0.0015
Agree	37	59.5			
suspecting that she is unfaithful					
disagree	443	27.1	2(1.6-2.9)	24.6	<0.0001
Agree	315	44.4			
finding out that she has been unfaithful					
disagree	304	24.3	2(1.6-3)	22.3	<0.0001
Agree	454	41			
A married woman can refuse to have sex with him in case of					
1. Not wanting to					
Agree	501	35.7	0.8(0.6-1)	1.3	0.248
disagree	257	31.5			
2. He is drunk					
Agree	676	33.7	1.3(0.8-2)	0.9	0.34
disagree	82	39			
3. Her sickness					
Agree	602	33.2	1.3(0.9-1.8)	1.5	0.2
disagree	156	38.5			
Mistreating her					
Agree	593	34.9	0.9(0.6-1.3)	0.44	0.5
disagree	165	32.1			

DISCUSSION

The study found that the prevalence of life time exposure to physical marital violence remained very close to the figures found by EDHS-95 and EDHS-2005 which were 34% and 33.2% of women in the sample but the prevalence of current violence had increased compared to figures of EDHS1995 and 2000 which were 16% and 18% [27,28,29]. The study prevalence is higher than that found by other studies [30,31,32]. which are only (11.1%), (29.9%) and (20.5%) respectively for a lifetime prevalence of physical abuse but it is lower than that found by El Maqsoud et al.'s study which found that physical IPV was (40%) but the cause may be using different questionnaire and the sample that was taken from Health Insurance Clinics in Alexandria that may overestimate the problem [24]. The study prevalence of physical abuse during pregnancy was much higher than that found in EDHS (2005) 6.6%. Also, it is high if compared to the result of WHO multicountry study in which the prevalence of abuse during pregnancy was from1-15% for all sites except for provincial Peru which was 28% [33]. The prevalence also was higher than results of population-based studies from Canada, Chile and Nicaragua that have found that 6–15% of ever-partnered women have been physically abused during pregnancy, usually by their partners [34,35]. Regarding the forms of violence, our results are consistent with WHO multicountry study which showed that the most commonly experienced acts of physical aggression in most countries include being slapped, having arms twisted, or hair pulled. The more severe acts of violence were less common [36].

The study showed that financial problems (82%) were the most common situations leading to physical IPV. Poverty and the associated stress are main contributors to intimate partner violence. Although violence occurs in all socioeconomic groups, it is more frequent and severe in lower groups across different settings [37]. Other situations that causes physical IPV include problems related to husband (drunken, jealous, problems at work), and familial problems, refusing sex and disobeying husband each. The causes of marital violence were not administered in EDHS 2005. The same reasons of abuse were reported by Rageb et al. (2009) but with different order as their study showed that the majority of abused women noted that refusing sex was the major cause (69.9%) behind the abuse, followed by financial reasons (60.8%), mainly due to withholding money from the victim, while disobedience accounted for 14% of cases of violence [38]. Ali and Bustamantte-Gavino (2007) found in their study in Karachi that the key reasons of physical violence by the husband were disobeying and arguing with in-laws (38.8%), infertility (22.8%), financial reasons (19.8%), not having a son (18.8%) and husband being addicted to drugs (15.8%) [39]. Koenig et al., 2003 found that the most common reason for physical assault in Uganda was the wife's neglect of household chores (28.8%). Other commonly reported reasons were disobeying the husband or family elders (24%), refusal to have sex (17%), arguments over money (14%) and suspected infidelity by the woman (13%) [40].

Regarding the woman related risk factors of IPV, the present study showed significant relationship between age of woman and experiencing violence and the most commonly affected age group was (35-44 year). This contradicts Habib et al.'s study (2011) that found a negative association of age and IPV [31]. Also, findings of a systematic review of 228 articles were relatively consistent that age is protective against IPV in adulthood [41]. Other studies found that age is not a sifnificant risk factor of IPV [42,43,7]. The findings of this research as well as many other studies support the view that poverty is key contributors to intimate partner violence [44,45,4,46,47,7,31,48]. High levels of female empowerment seem to protect against IPV, but power can be derived from many sources such as education, income, social networks, and community roles and not all of these convey equal protection or do so in a direct manner [37]. Educational attainment has been consistently found to reduce the likelihood of violence ([47, 49] and this could be partly explained as being linked to the degree of acceptance of traditional gender roles [39]. Educated women are more autonomous and possess the resources and skills necessary to better terminate a potentially abusive relationship [37,47]. The study found significant association between unemployment and IPV and this also was found in other studies [50,51] . High occupational status could have opposite effects as it could be protective of women from violence, but it can also increase the likelihood of IPV if their status exceeds that of their husband. This also could be explained in other way as more financially competent women are more likely to demand equality and independence, and this may lead to spousal conflict and violence if husbands are not able to cope with these changes [47].

Rural residence was a significant risk factor of physical IPV and this seems to be due to community-level gender inequality (operationalized as women's autonomy, women's status, male patriarchal control, and intimate partner violence) [52], low educational attainment levels and poverty among both men and women [7]. Data from Koenig et al.'s study (2006) showed attitudes towards domestic violence at the community level were associated with experiencing physical IPV [53]. However, these findings are in contrast with some studies. Babu and Kar's study found that at community level, living in an urban area increased the likelihood of being a victim of physical IPV as the urban social environment might be more stressful than a rural environment, and such conditions may influence spousal relations [54,47]. The association between violence and presence of social networks was significant as social support is another source of power for women. Huang et al. found that social support reduced the odds of exposure of women to IPV. Witnessing violence between their parents was found to be significant risk factor if IPV [55]. Nearly all studies that have included a variable on witnessing interparental violence have found this experience to be a significant risk factor for women experiencing violence [56,57,10,58,11].

The unacceptance of the husband before marriage was risk factor of IPV in the present study. Findings from the WHO multi-country study showed that woman's participation in her choice of husband was associated with IPV differently across sites, as in 6 out of 15 sites woman's lack of participation was associated with higher levels of IPV (3 significant) [47]. The study found that increased age difference between spouses increases the risk of physical IPV. This finding is in agreement with Hindin et al.'s study (2008) and with Maziak and Asfar's study (2003) which suggested that age difference between couples can serve as a basis for an ongoing imbalance within the marital relation that can lead to a vicious cycle of continuous abuse by the husband [36,59]. Koenig et al. (2003) found that there is no systematic relation for the age difference between partners and the risk of domestic violence [40]. The present study found that longer marriage duration is a risk of IPV and this is consistent with Babu and Kar's study (2010) [49]. On the other hand, Koenig et al. (2003) also found that relationships of shorter (<5 years) and intermediate (5–9 years) durations were associated with significantly higher risks of violence (odds ratios 1.52 and 1.30, respectively) than longer relationships (≥10 years) [40]. Findings from the WHO multi-country study on women's health and domestic violence found inconsistent results [47].

The study revealed that accepting some traditional gender roles was highly prevalent among women in the sample and rejecting these traditional gender roles was significantly associated with exposure to violence. This rejection of the gender roles may be the result of the exposure to violence as women consider it as a form of these gender roles and male dominance. Also, this rejection of gender roles may be the cause of exposure to violence as the Arabic culture with its inherent attitudes towards sex role stereotypy, and patriarchal beliefs frames women in a subordinate position and Whenever men perceive threats to these powers and privileges, retributions and punishment may result which can lead to an increased likelihood of violence [38]. Wife beating was not acceptable in all situations among women in the study except in case of suspecting or finding out infidelity of the wife and the study showed that accepting wife beating at any situation was significantly associated with exposure to violence. Positive attitudes towards wife beating may be an indication of profound malaise in the society and suggest a difficult unpaved pathway to manage the problem [60]. Going back to EDHS 2005, we will discover that there had been a dramatic change in the attitudes of women towards wife beating. The results of the EDHS showed that accepting wife beating was much more accepted than now. It showed that nearly half of the females accepted wife beating for at least one cause although the causes being investigated in EDHS 2005 did not include causes related to infidelity. The causes were going out without telling her husband, neglecting children, arguing with husband, refusing sex, and burning food [29]. But though the attitude towards wife beating has been changed the prevalence of wife beating is still near its previous values if EDHS 1995 and 2005 and even increased in case of the prevalence of current exposure to violence. The changes in the attitude of women may be related this increase in the prevalence. As the problem has another pole which is the husband that is rarely to be involved in any program or any intervention to deal with the problem.

EDHS 2005 also showed that accepting wife beating was higher among women who had been beaten by their husbands [29]. Women's attitude to wife beating affects the level of tolerance of marital violence [61]. These results were found also in many other studies [61,62,47,63]. The results go in a line with WHO multi-country study on women's health and domestic violence which showed that in almost all sites, women who had attitudes supportive or justifying of a husband beating his wife had increased odds of IPV and the most widely accepted reason as a justification for violence was female infidelity, but the range was wide: from 80% in Ethiopia to 6% in Serbia and Montenegro [47]. Although supporting traditional gender roles was highly prevalent, most of the women supports the women right to refuse marital sex in different situations and attitudes of the women towards their right to refuse marital sex was not associated to physical IPV in the present study. Women preferences was the least accepted reason (66% only) for refusing sex. Only few women saw that under no circumstances marital sex can be refused by women. WHO multi-country study showed that in the provincial sites of Bangladesh, Peru, and the United Republic of Tanzania, and in Ethiopia and Samoa, between 10% and 20% of women saw that women did not have the right to refuse marital sex under any circumstances [47].

STUDY LIMITATIONS

It is preferred for a prevalence study to be carried out through house to house investigation, but due to the Egyptian culture, safety considerations together with sensitivity of the topic and the need for privacy and giving women a chance to disclose this problem away from any person that could affect her response, we chose PHC centers for carrying out the study. Sampling of women in primary care settings may result in an overestimation of the findings.

On the other hand, sensitivity of the subject makes the possibility of underestimation strongly suggested. Some of the participants were unwilling to express their own actual problem because they were affected by traditional cultural thinking that any conflicts within the family should not be declared with anyone outside the family. However, we tried our best to alleviate the sensitivity of the subject when interviewing women.

CONCLUSIONS & RECOMMENDATIONS

Intimate partner violence is a public health problem in Mansoura that while has serious consequences, does not receive sufficient attention. The prevalence of physical IPV is considerable especially the prevalence of beating during pregnancy. The risk factors of the problem are mainly related to the socioeconomic standard of living of the female and to the prevailing traditional social norms. That make empowerment of women through education and working, and changing the social norms that support wife beating a key targets to deal with the problem. Giving women a chance for higher education can not only raise the standard of living but also can change the prevailing traditional gender norms.

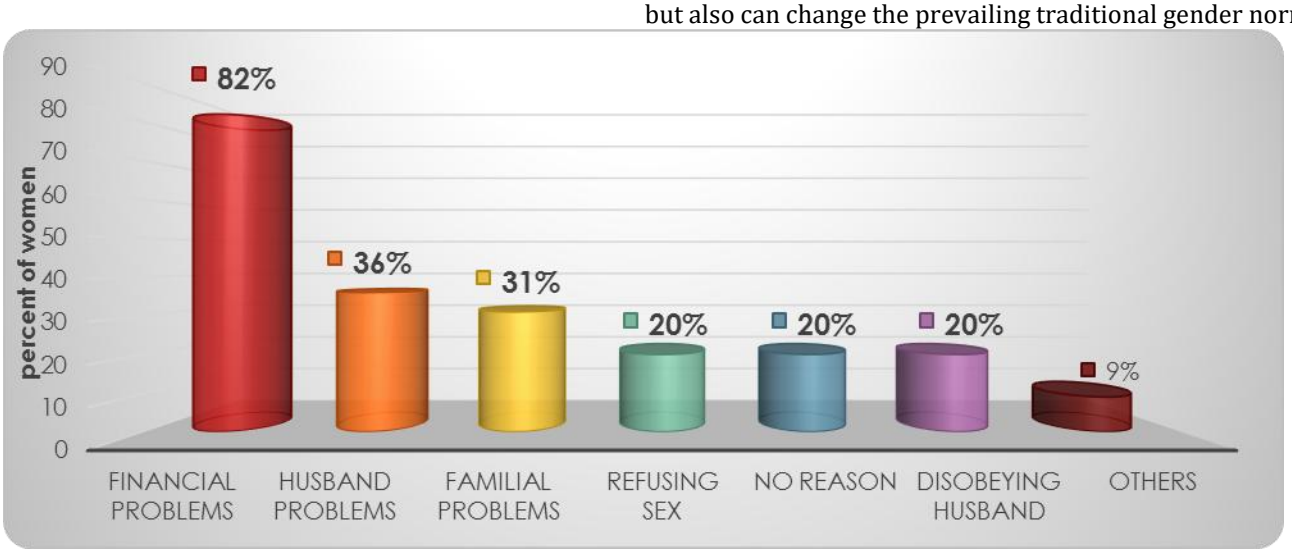

Figure (1): Situations leading to physical violence (N=260)

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