# Birth spacing and domestic violence: Outcome on women and child health

***Azza MA Abul-Fadl, Ehsane M. Fahmy, Ibrahim El-Kerdany***

*Pediatric department, Benha Faculty of Medicine, Benha University*

*Neuropsychiatry department, Benha Faculty of Medicine, Benha University*

*Mental health unit, High Institute of Public Health, Alexandria University*

**Abstract**

**Background:** The extent to which domestic violence influences the population growth problem is an issue that has been marginalized. The extent to which this is linked to the health status of mothers is examined.

**Aim:** To study the relationship between birth spacing and domestic violence against women (DVW) and the tradition of circumcision and their outcome on women health.

**Methods:** Data was retrieved from the Egypt demographic health survey of 2014. Data for 25 governorates in Egypt including 4 Urban, 12 in Lower Egypt (LE), 8 in Upper Egypt (UE) and 3 Frontier governorates. Data included justified reason for hitting or beating by the husband for refusal to have sex, arguing, not taking permission to go out, burning food or neglect of children. Other data included obesity, anemia, prevalence of circumcision and mother’s intention to circumcise her daughter, attitudes towards circumcision and husband preferences. Health status of women was assessed by obesity and anemia. The data was statistically analyzed using Pearson’s correlation coefficient by the SSPS software (20).

**Results:** The most common reason for beating was going out without telling husband which was highest in UE governorates. Beating for refusing to have sex was highest UE governorates ranging from 59.4% in Qena to 9.8% in Giza. Demand for family planning was inversely correlated with all the reasons for DVW (P<0.01) but not birth spacing. Women whose daughters were circumcised correlated positively with birth spacing and negatively with family planning. Obesity correlated with demand for family planning (r0.6) and negatively with DVW related to refusal to have sex (r-0.7) and beating due to any of the reasons mentioned (r-0.7) at P<0.001 but not with anemia among pregnant women.

**Conclusions:** Demand for family planning is inversely associated with DVW female circumcision but correlated positively with obesity. Abating DVW can have positive effects on family planning and improve women’s health.

**Introduction**

Domestic violence against women (DVW) is a global problem. However it is influenced by traditional, cultural, socioeconomic and geographic factors. The extent to which domestic violence influences the population growth problem is an issue that has been marginalized. The World Health Organization (WHO) defines violence (2) as: The intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation **(1)**.

In its 1996 resolution WHA49.25, declaring violence a leading public health problem, the World Health Assembly called on the World Health Organization to develop a typology of violence that characterized the different types of violence and the links between them. Few typologies exist already and none is very comprehensive. The typology proposed here divides violence into three broad categories according to characteristics of those committing the violent act: — self-directed violence; — interpersonal violence; — collective violence. The nature of violent acts, which can be: — physical; — sexual; — psychological; — involving deprivation or neglect **(2)**.

A major obstacle is simply an absence of knowledge. For many decision-makers, the idea that violence is a public health problem is new – and indeed rather contrary to their belief that violence is a crime problem. This is particularly the case for the less visible forms of violence, such as abuse of children, women and the elderly. The notion that violence is preventable is also new or questionable for decision-makers **(3)**. In Egypt studies have focused on domestic violence against women (DVW) and female circumcision.

Family planning is a major health issue for the Egyptian government. The total wanted fertility (2.8 births per woman) is lower than the total fertility rate (TFR) (3.5 births per woman) in 2014 with a rising trend from the 2008 EDHS (2.4 births per woman). According to the most recent DHS study six in ten currently married women do not want another birth or are sterilized, and 17 percent would like to delay the next birth for at least two years. The average married woman considers a three-child family to be ideal. More than one-fifth of married women believe their husband wants more children than they do **(4)**.

Population growth is a problem that is challenging many populations and threatening human survival. The consequences include shortage of food and resources and increasing waste of resources, contamination and pollution from the increasing industrial competition to measure up and keep up with the demand by the growth of the demand by the population growth. DVW can interfere with family planning as it nullifies the women’s decision in reproduction **(5)**.

The rising rates in DVW and total fertility rate (TFR) calls for an assessment of the relationship between DVW and family planning. Hence the aim of this study is highlight the impact DVW may have on family planning and birth spacing and it relation to female circumcision and women health across Egypt by governorate.

**Methods**

**Source of data:** Egypt demographic health survey (EDHS) **(6)** was used as the source for the data for family planning, domestic violence andcircumcision**.** Data were taken for each of the 25 governorates. Governorates included urban governorates (Cairo, Alexandria, Suez and Post Saed), Lower Egypt governorates. (Beheira, Dameitta, Dakahlia, Gharrbia, Ismailia, Kafr-ElSheikh, Kaluibiya, Menoufia and Sharkia), Upper Egypt governorates (Aswan, Assuit, Beni Suef, Fayoum, Giza, Luxor, Menya, Qena and Souhag) and Frontier governorates (Red sea, New Valley, Matrouh). North and South Sinai were not included.

Data included wife exposure to domestic violence from her husband including the perceived justified reason by the wife for hitting or beating by the husband with a focus on refusal to have sex and any reason related to arguing, not taking permission to go out, burning food or neglect of children. Health status of mother examined included obesity and anemia. Circumcision data related to prevalence of circumcision and mother’s intention to circumcise her daughter, attitudes towards circumcision and husband preferences. The data was analyzed through Pearson’s correlation coefficient using the SSPS software (20) for statistical analysis.

**Results**

Figure (1) and Table (1) show the frequency distribution of ever-married women aged 15-49 who agree that a husband is justified to beat the wife for refusing sex and relates this to other reasons for beating. By governorate, beating for refusing to have sex was highest in Qena 59.4% and lowest in Kafr El-Sheikh 0.3%. By region, in urban governorates it was highest in Alexandria (10%) and lowest in Suez (3.3%); in LE it was highest in Beheira (25%) and lowest in Dameitta (5.5%); in UE governorates it was highest in Qena (59.4%) and Luxor (39.8%) and lowest in Giza (9.8%) followed by Aswan (15.9%). The most common reason for beating was going out without telling husband which was 60% in Assiut and 58.8% in Qena, 50.5% in Menya and Souhag, 40.8% in Luxor and 30.3% in Fayoum.

Table (2) and figure (3) presents correlations between demand for a contraception method, whether for birth spacing or family planning, with the different reasons for domestic violence against ever married women aged (15 to 49 years) in the governorates under study. There was a significant negative correlation between domestic violence for all of the mentioned reasons and demand for family planning (P<0.01). The correlations of domestic violence with birth spacing were positive but not statistically significant (P<0.05).

Table (3) shows that there was a statistically significant correlation between women who had already circumcised their daughter with demand for contraceptive methods for birth spacing (r0.5, P=0.02) and negatively for family planning (r-0.6, P=0.002). Also there was a statistically significant correlation between demand for birth spacing among women who agree that husbands prefer circumcision (r0.5, P=0.02). There was some correlation but insignificant of demand of birth spacing with prevalence of circumcision among ever married women (r0.3, P>0.05) and women expected to circumcise their daughter (0.4, P=0.6).

**Table (1) Correlations between p**ercentage of ever-married women age 15-49 who agree that husband is justified to beat wife who refuses to have sex vs. other reasons, by governorate, Egypt 2014

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Justified reason for beating or hitting wife by husband: | | | | | | |
| Variable | Statistics | Goes out without husband permission | Argues with husband | Neglects child | Burns Food | Any reason |
| Refuses sex with husband (25) | Pearson Correlation | r0.75\*\* | r0.8\*\* | r0.8\*\* | r0.8\*\* | r0.9\*\* |
| Sig. (2-tailed) | .000 | .000 | .000 | .000 | .000 |

**Table (2) Correlating the reason for demand of family planning with the perceived reason for justified beating or hitting of wife among ever married women aged (15 to 49 years) by governorate in Egypt**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Demand for use of contraceptives | For spacing | Sig. (2-tailed) | For family planning | Sig. (2-tailed) | Total Demand | Sig. (2-tailed) |
| **Beating for not taking permission to go out (25)** | r0.4 | 0.075 | r-0.6\*\* | 0.002 | r-0.5\*\* | 0.01 |
| **Beating for child neglect (25)** | r0.3 | 0.176 | r-0.6\*\* | 0.001 | r-0.6\*\* | 0.001 |
| **Beating for child neglect (25)** | r0.3 | 0.1 | r-0.5\*\* | 0.007 | r-0.5\* | 0.02 |
| **Beating for refusal to have sex (25)** | r0.1 | 0.491 | r-0.6\*\* | 0.003 | r-0.7\*\* | 0.000 |
| **Beating for burning food (25)** | r0.3 | 0.2 | r-0.6\*\* | 0.004 | r-0.6\*\* | 0.004 |
| **Beating for any reason (25)** | r0.3 | 0.2 | r-0.6\*\* | 0.004 | r-0.6\*\* | 0.004 |

Pearson Correlation (r), Significant \*, highly significant \*\*

**Table (3) Correlating the reason for demand of contraceptives with practices and beliefs about circumcision among ever married women aged (15 to 49 years) by governorate in Egypt**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Circumcision/ Demand for family planning method | For birth spacing (r) | Sig. (2-tailed | For Family Planning ( r ) | Sig. (2-tailed) |
| Prevalence of circumcision in women (25) | r0.3 | 0.2 | r0.11 | 0.6 |
| Daughter circumcised (25) | r0.5\* | 0.02 | r-0.6\*\* | 0.002 |
| Intention to circumcise daughter (25) | r0.180 | 00.4 | r-0.05 | 0.8 |
| Expected to circumcise daughter (25) | r0.4 | 0.062 | r-0.4 | 0.053 |
| Believes men want this practice to continue (25) | r0.34 | 0.101 | r-0.34 | 0.102 |
| Agrees that husband prefers it (25 | r0.4\* | 0.04 | r-0.3 | 0.10 |
| Agrees that daughter can die (25) | r-0.04 | 0.8 | 0.164 | 0.433 |

Pearson Correlation (r)

**Table (4) Correlating women health status with domestic violence and attitudes towards circumcision**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | | Demand Birth spacing | Demand family planning | Total demand Family planning | Refuses intercourse | Any reason for beating |
| Ever married Anemia (25) | Pearson Correlation | r0.43\* | r-0.25 | r-0.03 | r0.13 | r0.26 |
| Sig. (2-tailed) | 0.031 | r0.23 | 0.9 | 0.550 | 0.207 |
| Ever Married obese (25) | Pearson Correlation | r-0.356 | r0.65\*\* | r0.6\*\* | r-0.7\*\* | r-0.7\*\* |
| Sig. (2-tailed) | r0.08 | 0.000 | 0.001 | 0.000 | 0.000 |

**P<0.01= significant, P<0.001: highly significant.**

**Discussion**

Our study showed that women aged 15-49 who agree that a husband is justified to beat the wife for refusing sex is closely associated with other reasons for beating. This was more common in UE governorates. The most common reason for beating was going out without telling husband which was again mostly in UE.

In contradistinction we found a significant negative correlation between DVW for all of the mentioned reasons and demand for family planning. This could indicate that disempowerment and subservience of women in UE may be influencing their demand for family planning. Other workers have shown that family planning is under used in UE more than other parts of the country **(7)**.

However the roots and origins of population growth cannot be attributed to the sole inadequate demand and use of contraceptives. An understanding of the dynamics of the society and human interactions that lead to such behavior is also of vital importance to solve this dilemma.

There was some correlation but insignificant of demand of birth spacing with prevalence of circumcision among ever married women and women expected to circumcise their daughter.

A likely interpretation of such findings is that women in the Egyptian cultural norms, especially in rural settings, are ruled by a society that places men on a pedestal as the upper hand decision maker and control button for all human reactions in a society. The destiny of women and daughters depends on the will of the husband. Women are out to please men with what they think men want and end up in many cases losing the men. In many cases women end up being submissive and men getting more violent in response, leading to vicious circle of domestic violence which is often carried down to their children and manifested by the circumcision of the daughters and physical discipline to the boys who grow to become violent husbands and fathers **(8)**.

In this study when we compared the demand for contraceptives for family planning vs. for spacing. We found that women who tended to demand contraceptive methods for birth spacing were those who circumcised their daughters. However there was an inverse relationship between use of contraceptives for family planning and circumcision of daughters. We found that the former women who demand contraception believe that husbands prefer circumcision. Hence men play an important role in the decision of women to use contraceptive methods whether for birth spacing or for family planning. Males indirectly influence their decisions through conveying their preferences to them. Other studies have shown that the preference of men for circumcision was influenced by the their own mother (the older female in the family) who instilled such ideas and beliefs in the minds of their male off springs, making them believe that girls who are not circumcised become males or that these girls become hypersexual, so that circumcision is a means of abating their sexual desires. Hence women become solely a vehicle for reproduction but not for fulfilling their sexual desires and this makes men seek their sexual desires elsewhere. This could be related to DVW which makes their sexual relationship unsatisfactory for both partners **(9)**.

Changing such beliefs and attitudes are challenging and requires decades of empowerment of young women through education particularly higher education and early stimulation through books, toys and exposure to responsive parenting care **(8)**.

Domestic violence covers a broad range of outcomes – including psychological harm, deprivation and maldevelopment. This reflects a growing recognition among researchers and practitioners of the need to include domestic violence that does not necessarily result in injury or death, but that nonetheless poses a substantial burden of hurt or insult to women’s physical and psychological health. Many forms of violence exist against women in the form of physical, psychological, emotional and social aggressiveness that do not necessarily lead to injury, disability or death, but can disbar her from the community and impair her image of herself and her abilities and make her incapable of functioning as a mother or a wife or an individual in the society **(10, 11)**. These consequences can be immediate, as well as latent, and can last for years after the initial abuse. Defining outcomes solely in terms of injury or death thus limits the understanding of the full impact of violence on individuals, communities and society at large **(12)**.

In conclusion, this study highlights some of the associations that exist between violence against women and daughter (in the form of circumcision) and fertility. It shows that violence is deeply rooted in our society and starts from early childhood as we teach our children about violence through aggressive physical and emotional discipline that grows with the males as they become fathers and husbands, and also with the female child as she becomes accepting to violence from her partner. Both parents share in this criminal cascade of events, imitating a vicious circle of violence that ends in women being illiterate, disempowered in their decision in family planning and unsatisfied with their sexual and parenting experiences. More efforts should be invested in improving parenting styles child-centered and child-rearing friendly towards either gender equally by becoming understanding and responsive to the needs of children involving them in decision making through problem solving and modeling behaviours.

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**قرارات المباعدة و علاقتها بالعنف الأسري ضد المرأة و تأثير ذلك على صحتها**

***الإستاذة الدكتورة / عزة أبو الفضل ، الإستاذة الدكتورة /إحسان محمد فهمي ، الإستاذ الدكتور/ إبراهيم الكرداني***

**نبذة مختصرة**

**الخلفية:** ارتباط العنف الأسري ضد المرأة بمشكلة النمو السكاني هي قضية مهمشة و لكنها تدرس بعمق في دول أخرى و يسلط عليها اهتمام علماء النفس. ان قضية التضخم السكاني تحتاج من الباحثين الدراسة و الاهتمام لايجاد حلول غير تقليدية لمواجهة هذه القضية المتفحمة.

**الهدف**: دراسة العلاقة بين العنف الأسري ضد المرأة و الختان و تأثير ذلك على قرارات المباعدة و صحة المرأة بالنسبة للسمنة و الأنيميا..

**الأساليب**: تم ​​استرجاع البيانات من المسح السكاني للصحة في مصر لعام 2014. بيانات 25 محافظة في مصر بما في ذلك 4 مدن ، 12 في مصر السفلى ، 8 في صعيد مصر (UE) و 3 محافظات حدودية. تضمنت البيانات سببًا مبررًا للضرب أو الضرب من قبل الزوج لرفضه ممارسة الجنس أو الجدال أو عدم أخذ إذن بالخروج أو حرق الطعام أو إهمال الأطفال. وشملت البيانات الأخرى السمنة وفقر الدم وانتشار الختان وعزم الأم على ختان ابنتها والمواقف تجاه الختان وتفضيلات الزوج. تم تقييم الحالة الصحية للمرأة عن طريق السمنة وفقر الدم. تم تحليل البيانات إحصائيا باستخدام معامل ارتباط بيرسون بواسطة برنامج SSPS (20).

**النتائج**: كان السبب الأكثر شيوعًا للضرب هو الخروج دون إخبار الزوج الذي كان أعلى معدل في محافظات الاتحاد الأوروبي. كانت الضرب لرفض ممارسة الجنس أعلى محافظات الاتحاد الأوروبي التي تتراوح بين 59.4 ٪ في قنا و 9.8 ٪ في الجيزة. ارتبط الطلب على تنظيم الأسرة عكسيا مع جميع أسباب العنف المنزلي (P <0.01) ولكن ليس المباعدة بين الولادات. النساء اللائي تم ختان بناتهن يرتبطن بشكل إيجابي مع المباعدة بين الولادات وسلبًا مع تنظيم الأسرة. ترتبط السمنة بالطلب على تنظيم الأسرة (r0.6) وسلبًا مع العنف المنزلي المرتبط برفض ممارسة الجنس (r-0.7) والضرب بسبب أي من الأسباب المذكورة (r-0.7) عند P <0.001 ولكن ليس مع فقر الدم .

الاستنتاجات: يرتبط الطلب على تنظيم الأسرة بشكل عكسي بختان الإناث للعنف المنزلي ولكن بشكل إيجابي مع السمنة.