



## **STUDY OF DOMESTIC VIOLENCE AGAINST WOMEN ATTENDING OUT PATIENT CLINICS IN ASSIUT UNIVERSITY HOSPITALS**

**Asmaa Ghareeb Mohamed\***, **Hammam Mohamed Hammam\*\***, **Mahasen  
Ahmed Abd El-Wahed\*\*\***, **Hoda Diab Fahmy Ibrahim\***, and **Shokria Adly  
Labib\***

\*Community Health Nursing Department, Faculty of Nursing, Assiut University

\*\* Community Medicine Department, Faculty of Medicine, Assiut University

\*\*\*Community Health Nursing Department, Faculty of Nursing, Alexandria University

---

### **ABSTRACT:**

This study aimed to identify the magnitude of domestic violence and to assess the underlying factors for it among women seeking medical care from out patient clinics in Assiut University Hospitals. The study was conducted in four out patient clinics (antenatal, gynecological, family planning and sterility clinics) affiliated to Assiut University Hospitals. The studied sample age ranged from 18-49 years. The total number of the women was 1000. Two tools for data collection were used a quantitative (structured interview questionnaire) used to collect data such as socio-demographic data, history of violence, underlying causes, health effects of violence upon women health status and a qualitative (FGDs) focus group discussions which utilized to gain insight and identify views of women regarding domestic violence. Data was collected during the period from October 2003 to September 2004. The results of the study revealed that 54.2% of wives and one third (34.1%) of husbands were illiterate, while (21%) of wives and (31.3%) of husbands graduated from secondary school. The vast majority of the women were housewives, while 25.4% of husbands were employees. Regarding the residence, more than three quarters 78.2% of the study sample lives in rural areas, compared to 21.8% in urban areas. Concerning the history of violence against the wives, 41.3% of the studied sample experienced one or more types of violence. Physical violence was reported in the form of pushing, hitting, pushing on the floor and pulling hair in a percentage of 45%, 82.8%, 41.2% and 35.8%, respectively. As regard to the psychological abuse, the results show that 89.3% of wives faced violence verbally abused. The most important causes of domestic violence stated by women were husband relatives problems (33.1%), financial problems (21%), and household duties problems (e.g late preparing food, poor house hygiene) (20.8%). Concerning the psychosocial impact of violence upon wives health, 45% of wives faced violence not tell any one about abuse and keep it in her internal feeling, while 30.5% of them had a feeling of loneliness. A statistically significant difference was found between husband education, wife education and the presence of violence It was observed that as the education level of them increase the occurrence of violence became lesser. On the other hand, the results of the present study revealed that there is statistically significant difference between wife's age and violence, it was founded that about one third of wives who faced violence, their age ranged between 20-24 years and about 24.9% of them their age ranged between 25-29 years. Results of the qualitative part revealed that, women who don't face any type of violence since marriage stated that, love and respect between husbands was the key for being enjoy a stable and happy life till now. Based on the finding of the present study, it can be concluded that, domestic violence was found as a public health problem which has many consequences on health, physically and emotionally. The study recommended that health education programs should be directed toward increasing awareness of people about the problem of domestic violence and its effect upon family health and more studies should be directed toward studying the magnitude and prevalence of domestic

---

violence. Thus community health care workers and other influential health providers can take the lead in introducing awareness and behavior change in the community.

## **INTRODUCTION:**

Violence against women cuts across social and economic situations and is deeply embedded in cultures around the world, so much so that millions of women consider it a way of life (Johnson, 1997). Domestic violence is a global problem that occurs regardless of culture, ethnicity, orientation, or socioeconomic class. In 2001, the U.S. Department of Justice found that more than half a million American women (588,490 women) were victims of nonfatal violence committed by Intimate Partners (Bureau of Justice Statistics Crime Data Brief, 2003).

In Egypt, an estimate of incidence of abuse is not widely available. However, the results of a survey conducted by the National Social and Criminal Research Center revealed that 50% of violent crimes were within families (Zayed & Nasr, 1996). The National Demographic Health Survey conducted in Egypt in 1996 found that 35% of ever-married women had been beaten at least once since marriage (El-Zanaty *et al.*, 1996). Children who witnessed domestic violence are victims of abuse. Daughters who witnessed their mother abused often, accept abuse later when they grow up from their brothers and husbands, i.e. they will behave as her model (mother). (Gage, 1990). Battering also poses a significant danger to unborn children. Nursing research has found that as many as 15.9% of women and 21.7% of female adolescents report abuse during pregnancy (Parker, *et al.*, 1993). In Arab and Islamic countries, domestic violence is also a major understudied social problem. Surveys in Egypt, Palestine, Israel and Tunisia show that at least one out of three women is beaten by her spouse (Douki *et al.*, 2003). This is not to say that

domestic violence is a muslim problem, since a fair reading of the Koran shows that domestic violence is entirely prohibited. It seems that the high rate of domestic violence in Islamic countries is a result of culture rather than religion. Women who are abused have poorer mental and physical health, more injuries, and a greater need for medical resources than non-abused women (Campbell, 2002). There are many different effects that are caused by domestic violence; health may be impaired, which includes any thing from minor injuries to chronic problems. Children and young women are also greatly affected through both experiencing and witnessing abuse. Intimate partner violence is associated with both short- and long- term problems, including physical injury and illness, psychological symptoms, economic costs and death (National Research Council 1996). Long term effects of domestic violence on women who have been abused may include: anxiety, chronic depression, chronic pain, death, dehydration, dissociative states, drug and alcohol dependence, eating disorders, emotional "over reactions" to stimuli, health problems, malnutrition, panic attacks, poor adherence to medical recommendations, poverty, repeated self- injury, self neglect, sexual dysfunction, sleep disorders, strained family relationships, suicide attempts and an inability to adequately respond to the needs of their children (Newton, 2001).

Nurses are often the first professionals to assess clients when they come to a health care facility; they are in position to identify women, children, and elders whose presenting problems are associated with abuse. Community health nursing is in a unique position to address the health needs related to violent behavior. Community nursing directs community health

nurses toward establishing long-term relationships with individuals, families, and communities. They have the knowledge, perseverance, and sensitivity to assist clients in coping with the many concerns and health needs associated with violent behavior.

### **Aim of the Study:**

#### **The present study aims to:**

- 1- Study the magnitude of domestic violence against women who attend the outpatient clinics in Assiut University Hospitals.
- 2- Investigate the underlying factors behind it.

### **SUBJECTS AND METHODS:**

**I-Setting:** This study was conducted in four outpatient, clinics' namely antenatal, gynecological, family planning and sterility clinics affiliated to Assiut University Hospitals.

**II-Subjects:** women who attending the previously mentioned outpatient clinics. The total number of the interviewed women was 1000, selected by a quota sample. The magnitude of the problem (violence inflicted on the woman) was calculated as a percent from the total interviewees.

### **III-Tools of the study:**

#### **1-The quantitative part (structured interview):**

This part consists from structured interview questionnaire which was designed to collect quantitative data about some items which includes:

Sociodemographic data such as wife and husband age, residence, educational level, wife age at marriage, occupation, family type and consanguinity, present and past history of wife abuse, history of obstetrical complications

accompanied by spousal abuse, effect of spousal abuse upon the physical, psychological and social status of the women and the causes of wife's abuse.

#### **2-The qualitative part (Focus group discussions):**

Focus group discussion (FGD) are a powerful information gathering technique that uses small group discussion to identify views of people in the group about certain subject (Leebov, *et al.*, 1991). This approach was selected to gain insight by encouraging participants to speak in their own words, to introduce related issues and to voice their concern during the course of the discussion. An interview guide was designed in Arabic language to obtain rich in- depth description of the wives belief and experiences about domestic violence, Participants were provided with an explanation of the purpose of the study, assured that their participation was voluntary and any information shared would remain confidential. To facilitate the group discussion, physical environment was prepared prior to the interview to ensure that each group member was physically comfortable as much as possible.

### **Methods:**

#### **I-Preparatory phase: It included the following activities:**

Permission was obtained through an official letter to the Director of Assiut University Hospitals to carry out the study, after explanation of the aim and methods for data collection the data. An oral consent was obtained from women to participate in the study after explaining the purpose of the study.

Pilot study was carried out on 10% of women attend the previously mentioned clinics to test the clarity and relevance of the tools according to results of pilot study necessary

modifications in the sheet were done. A structured interview method was used for data collection. The researcher read every question to the participant and obtained the participant's responses and their feedback.

## II-Data collection:

- Data was collected during the period from October 2003 to September 2004, through the interview of the women individually on 2 days weekly with a range of 10 questionnaire sheets per day, every sheet took an average time for 10-15 minutes. Every woman was interviewed individually according to the circumstances of the previously mentioned clinics in order to obtain the necessary information. The purpose of the study was explained to each woman before starting the interview to gain her confidence, cooperation and to allay her fear and anxiety. Women were assured that the data is confidential and secret.
- Six focus group discussion were conducted over a three weeks period. Each group comprised an average from 5-6 women.

FGDs were conducted by the researcher as a moderator with the assistance of a note taker to write every thing during the interview, and a tape recorder was used. FGDs were approximately 30-40 minutes in length. The data yield from each of the focus group interviews were analyzed and categorized based on the recurrent themes that emerged.

## III- Data analysis:

The obtained data were analyzed and tabulated. Descriptive statistics were calculated e.g. frequency, percentage, mean and standard deviation. Statistical analysis was applied and the relevant tests (Chi square tests) were done by SPSS version 11 statistical program. P value

considered significant when its value  $\leq 0.05\%$  was adopted.

## RESULTS:

Results of this study were presented according in the following sequence:

Section I- results of quantitative study.

Table(1): shows sociodemographic characteristics of the studied sample. The mean age of wives was  $26.89 \pm 6.55$ , more than half of women were illiterate of (54.2%). Only 5.6% of them were working for cash; more than half (56.3%) of them married at age of (15-19). The mean age at marriage was  $19.01 \pm 3.72$ . Regarding to their husbands characteristics, their mean age was  $32.84 \pm 8.43$ , one third of them were illiterate and about one third completed the secondary school education. Husbands were employees (25.4%) followed by farmer (23.8%). More than three quarters 78.2% live in rural areas compared to only 21.8% in urban areas, also half of them live in nuclear family, and two third of them (66.3%) had children and more than half (57%) of them had consanguinity with their husbands.

Figure (1) revealed that more than one third 41.3% of the studied sample had experienced one or more type of abuse.

As for types of abuse, table (2) shows that more than three quarters of them 89.3% verbally abused, 82.8% of them were physically abused by hitting, while about half of them were pushed, 41.2% pushed on the floor and more than one third of them pulled from hair. Regarding the psychosocial abuse facing wives, the present study revealed that, 14.2% of abused wives their husbands frustrate and inferior look to his wife, 11.1% of them their husbands prevent them from visiting relatives or friends and about 9.9% of abused wives their husbands prevent them to seek job.

Regarding the causes of domestic violence, table (3) revealed that one third 33.1% of stated causes by women who faced violence were due to husbands relatives problems, while 21% of causes were due to financial problems and 20.8% due to household duties (e.g late preparing food, poor house hygiene). Moreover, 19.1% of abused women mentioned that they were abused when refusing sex with their husbands, while 10.6% of causes due to children problems and 10.1% of causes when wife's reply on her husband instructions by bad words.

As regard the causes that prevent the abused wife from leaving home, figure (2) shows that among the abused wives who thinking about leaving home; 28% of them don't leave the house for many causes mentioned by them. The most important causes are fear about children, love her family, keeping her house from destruction and for traditions and values in a percent of 52.5%, 38.3%, 31.3%, and 16.1% respectively.

As regard the physical problems of physically abused women, table (4) shows that 26.8% had cyanosis in different parts of the body, while 9.9% of them had injuries, and there are (0.9%) women had bone fracture. Moreover, among the abused women 35.3% of them faced physical abuse during pregnancy. On the other hand, 8.2% of them had abortion and 1.3% of them had bleeding. As for the psychosocial problems facing the abused wives, it was noticed that about half of women not tell any one about abuse even their mothers and keep it secret, while more than one quarter 26.4% of them had a sense that they can not talk or discuss her own feelings with their husbands. On the other hand, about one third 30.5% of abused wives had a feeling of loneliness, and 19.9% had a feeling of unhappiness.

Table (5) shows the distribution of wife and husbands education in relation to violence. It was observed that the higher education of wives and husbands the lesser episodes of abuse. Statistically significant difference was observed between education of wife and violence also education of husband and violence, where ( $p \leq 0.05$  and  $p \leq 0.001$  respectively).

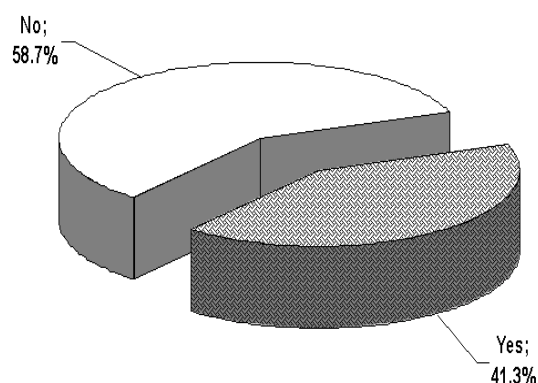
Figure (3) shows the relationship between wives' age and experiences of violence. It was noticed that about one third 32.4% of abused wives, their age ranged between (20-24), while 24.9% their age ranged between (25-29). Moreover, 14.8% were in age group (30-34), and 13.8% their age between (35-39).

Table (6) shows the relationship between husbands' age and occurrence of violence. It was observed that one quarter (24.7%) of violent husband, their age ranged from (25-29), while 21.5% their age between (20-24). On the other hand, it was observed that 16.7% their age ranged from (30-34), and 14.3% their age ranged from (35-39). Statistically significant difference was observed between husband age and violence, where ( $P \leq 0.05$ ).

Table (7) shows the relationship between husbands' education and types of violence. It was noticed that verbal abuse was high (38.5%) among illiterate husbands and became lesser (3.5%) among university graduated husbands. Similarly, physical abuse by pushing, hitting, push on the floor and pulling hair was higher among illiterate husbands in a percent of (43%, 39.2%, 44.1% and 43.9%) respectively and it became lesser among husbands who achieve university education. Statistically significant difference was found between verbal abuse, physical abuse by pushing, push on the floor and pulling hair in their relation to husband education, where, ( $P \leq 0.05$ ).

**Table (1): Demographic data of the studied subjects**

Demographic variable	(n= 1000)	
	No	%
<b>Wives age :</b>		
< 20	78	7.8
20-24	349	34.9
25-29	249	24.9
30-34	150	15
35-39	117	11.7
40+	57	5.7
<b>Mean age 26.89±6.55</b>		
<b>Wives age at marriage:</b>		
< 15	56	5.6
15-19	563	56.3
20-24	300	30
25-29	61	6.1
30-34	15	1.5
35+	5	0.5
<b>Mean age at marriage 19.01±3.72</b>		
<b>Wife Education:</b>		
Illiterate	542	54.2
Read & write	73	7.3
Primary	91	9.1
Preparatory	50	5
Secondary	210	21
University	34	3.4
<b>Wives occupation:</b>		
Working for cash	56	5.6
House wife	944	94.4
<b>Husband' age :</b>		
< 20	57	5.7
20-24	246	24.6
25-29	268	26.8
30-34	177	17.7
35-39	139	13.9
40+	113	11.3
<b>Mean husband age 32.84±8.43</b>		
<b>Husbands' education:</b>		
Illiterate	341	34.1
Read & write	158	15.8
Primary	63	6.3
Preparatory	55	5.5
Secondary	313	31.3
University	70	7
<b>Husband occupation:</b>		
Unemployed	39	3.9
Farmer	238	23.8
Employee	254	25.4
Skilled laborer	153	15.3
Unskilled laborer	270	27
Free biasness	29	2.9
In military service	15	1.5
Retired	2	0.2
<b>Residence:</b>		
Rural	782	78.2
Urban	218	21.8
<b>Family type:</b>		
Nuclear	526	52.6
Extended	474	47.4
<b>Having consanguinity</b>	570	57
<b>Having children</b>	663	66.3



**Fig.(1): Distribution of wives and husbands according to presence of violence**

**Table (2): Distribution of abused wives according to their exposure to the different types of violence**

Variable	(n=413)	
	No	%
#Type of abuse:		
-Physical abuse:		
Pushing	186	45
Hitting (by hand, with other object)	342	82.8
Pushing on the floor	170	41.2
Pulling hair	148	35.8
- Psychosocial abuse		
Verbal abuse	369	89.3
Inferior look to his wife	59	14.2
Prevent her visiting family/friends	46	11.1
Prevent her seek job	41	9.9

# More than one answer was stated

**Table (3): Distribution causes of domestic violence among wives who experienced it**

Causes of domestic violence <sup>#</sup>	(n=413)	
	No.	%
- Children problems	44	10.6
- Household duties problems	86	20.8
- Financial causes	87	21
- Refusing to have sexual intercourse	79	19.1
- Go out of house without his permission	21	5
- delayed pregnancy/ husband refuse family planning	34	8.2
- Husband relatives problems	137	33.1
- Second wife/husband jealousy	32	7.7
- Husband/children illness	11	2.6
- wife's reply on her husband instructions by bad words	42	10.1
- Problems in husband work/Husband addiction /smoking	32	7.7
- Neighbors/problems with wife family	4	1

# More than one cause was stated

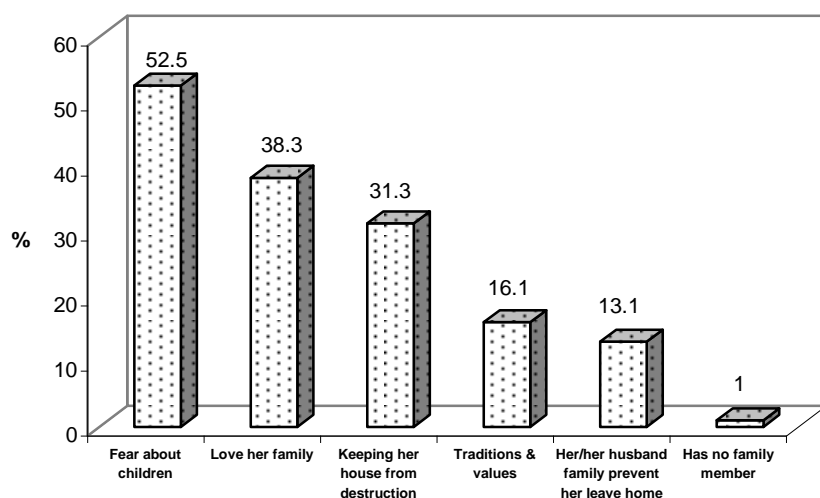


Fig. (2): Distribution of Causes that prevent the wives from leaving their homes

Table (4): The effect of violence on wives' health

Effect of violence on health	(n=413)	
	No.	%
Physical violence during pregnancy	146	35.3
Effect on pregnancy as:		
- Bleeding	2	1.3
- Abortion	12	8.2
Physical effect of violence as: #		
- injuries	41	9.9
- Cyanosis	111	26.8
- Fracture	4	0.9
Psychosocial problems as: #		
-Can not talk with husband about her own feelings	109	26.4
- Feeling of loneliness	126	30.5
- Not tell anyone about abuse	186	45
- Feeling of unhappiness	82	19.9

# More than one answer was stated

Table (5): Wives & husbands education in relation to violence

Husbands' Education	Violence (n=413)			
	Wife		Husband	
	No.	%	No.	%
Illiterate	239	57.9	153	37
Read & write	33	8	75	18.2
Primary	35	8.5	28	6.8
Preparatory	23	5.6	24	5.8
Secondary	79	19.1	115	27.8
University	4	1	18	4.4
X <sup>2</sup>	0.005*		0.001*	

\* Significant



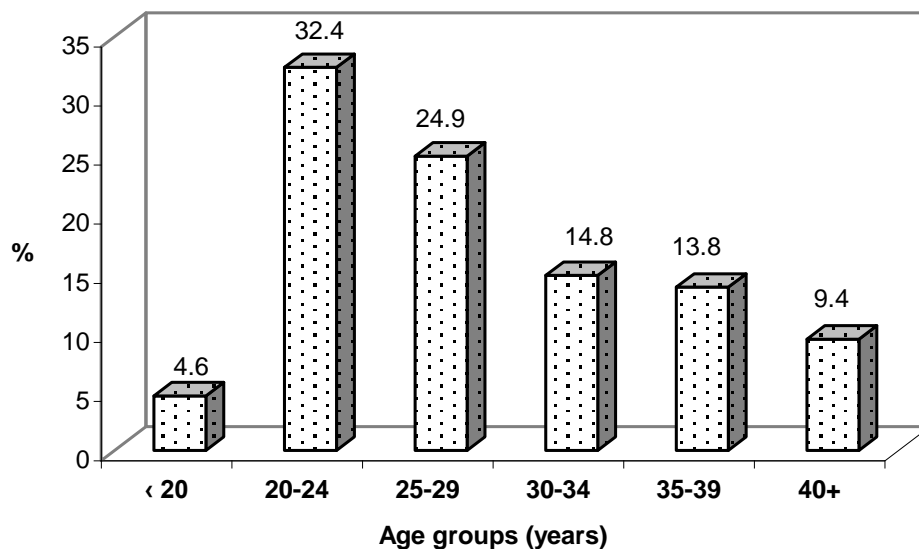


Fig. (3): Relationship between wives' age and experiences of violence.

Table (6): Relationship between husbands' age and occurrence of violence

Husband age' group	Violence (n= 413)		X <sup>2</sup>
	No.	%	
< 20	24	5.8	.000*
20-24	89	21.5	
25-29	102	24.7	
30-34	69	16.7	
35-39	59	14.3	
40+	70	16.9	

\* Significant

Table (7): Relationship between husbands' education and types of violence

husbands' Education	Types of Violence				
	Verbal	Physical Violence			
		Pushing	Hitting	Push on the floor	Pulling hair
Illiterate	142 (38.5%)	80 (43%)	134 (39.2%)	75 (44.1%)	65 (43.9%)
Read & write	68 (18.4%)	32 (17.2%)	57 (16.7%)	26 (15.3%)	26 (17.6%)
Primary	27 (7.3%)	16 (8.6%)	25 (7.3%)	14 (8.2%)	13 (8.8%)
Preparatory	19 (5.1%)	12 (6.5%)	21 (6.1%)	10 (5.9%)	8 (5.4%)
Secondary	100 (27.1%)	40 (21.5%)	91 (26.6%)	39 (22.9%)	35 (23.6%)
University	13 (3.5%)	6 (3.2%)	14 (4.1%)	6 (3.5%)	1 (0.7%)
p. value	p=0.010*	p=0.007*	p=0.154 <sup>NS</sup>	p=0.026*	p=0.005*
Total	369 89.3%	186 45%	342 82.2%	170 41.2%	148 35.83%

\* Significant

NS = Not significant

## II- Results of qualitative study (FGDs):

Wives in this part of the study had verbalized their knowledge, experiences regarding domestic violence. In this regard, three main categories were expressed:

A-Wives perception of domestic violence.

B- Factors that influence domestic violence.

C-Reaction of wives regarding domestic violence.

There were a total number of 33 participants who respond to share in focus group discussion.

A- Participants perception of domestic violence (D.V):

A-1- What the term domestic violence means?

- ما هو تعريف العنف الأسرى؟

Participants were asked to describe what to them constitutes D.V. Two thirds of the participants don't know anything about D.V, and the rest of them describe D.V in different

ways. Cited below, are a few sample of how FGD participants described D.V:

-To me domestic violence means using physical force.

- بالنسبة لي العنف الأسرى يعنى لما الزوج يمد أيداه على مراتاه

- D.V. is any kind of abuse.

- العنف الأسرى يعنى الشتيمة- الضرب- الإهانة

- D.V. can define as misunderstanding between the woman and man.

-العنف هو سوء التفاهم بين الرجال والست

- D.V. is any problems between spouses in the home.

- المشاكل اللي بتحصل بين الزوجين في البيت

A-2- Is there any type of abuse occurred to any one of you?

- هل تعرض اى احد منكم إلى اى نوع من أنواع العنف الأسرى؟

Participants were asked to verbalize their experiences of abuse. After they gain a sense of confidentiality and the group became familiar to each other, they began to express their history

of being abused by their husbands. About half of the participants had a past history of physical abuse and more than one third of them abused verbally.

#### A-Factors influence domestic violence:

What are the causes that can provoke domestic violence?

- ما هي الأسباب التي تساعد على حدوث العنف الأسري؟

Participants were asked to describe the factors and causes that can emerge a marital conflict lead to abuse. The three most cited factors as having influence on D.V were home duties, financial pressure and children. Other factors mentioned as having negative influence on D.V were her mother in law; go out side home without husband permission and late pregnancy.

#### B-Reaction of wives towards domestic violence:

C-1 What is your reactions when any one of you faced violence?

- ما هو رد فعلكم عندما يواجه اي احد منكم العنف؟

All Wives had a history of abuse stated that they cannot defend their selves or wife's reply on her husband instructions by bad words because it is not from their traditions and cultures they bringing up on it.

Most of participants stated that they thinking about leaving home but they don't do for bringing up their children and because there is a love between the two spouses.

C-2 what are the factors that can help domestic violence not occurring?

- ما هي العوامل التي تساعد على عدم حدوث العنف الأسري؟

Wives, who don't experience any kind of abuse since they married, stated that love and understanding between spouses is the key for their happy life.

Two thirds of participants stated that it is very useful if there is a clinic present a service for domestic violence management; they will come if it is found to seek help when a marital conflict occur and it must be for the two spouses not the wife only.

## DISCUSSION:

Domestic violence or intimate partner violence, which typically occurs when a man beats his female partner, is the most prevalent form of gender- based violence (UNICEF, 2000). The results of the study are discussed within the frame of the references of the effect of domestic violence on women health. The present study revealed that 41.3% of the studied sample reported being abused at some point in their marriage. It is similar to that reported by El-Zanaty 1996, who reported that 35% of women reported being abused by their husbands. Concerning the physical pattern of violence, the present study showed that 82.8% of women being abused by hitting with hand or any other object, Further more, a little less than half of them abused by pushing. While Abou El- Naga, 2001 reported that out of 1326 study sample (women who ever married), 48.42% of them had experienced physical violence by a current or former partner at some point in their marriage. On the other hand, a finding seen in a population reports, 1999 which conducted a study among six population region based surveys from around the world, indicated that 10% to 50% of women report being hit or other wise physically harmed by an intimate male partner at some point in their lives. As regards to the effect of domestic violence on women health, the present results revealed that injuries were about 10% of all abused women. This result was on contrary with the study done by Nelson and Zimmerman, 1996 in Cambodia who found that 50% of all women reporting

abuse had sustained injuries. Another study done by Rodgers, 1994 in Canada's national survey on violence against women revealed that 45% of wife assault incidents resulted in injuries and of the injured women, 40% subsequently visited a doctor or a nurse. Pregnancy doesn't necessarily protect women from being battered, the results of the present study revealed that slightly more than one third of wives faced violence were physically abused during pregnancy. This finding supported that reported by Abou El- Naga, 2001 that slightly less than one third of ever being battered and have had at least one birth or were currently pregnant, have been battered during pregnancy. Concerning the psychological pattern of violence, many forms of psychological violence were mentioned by the wives in the present study as their husbands prevent them visiting family/friends, prevent them to seek job. This study supports that of Kandeel *et al.*, 2003. National Center on child abuse and neglect (NCCAN 1996c), reported that emotional abuse is almost always present when other types of abuse or neglect are found. This agreed with the result of the present study, where verbal abuse represented more than three quarters of all wives faced violence. Regarding the causes that provokes violence, the present study revealed that one third of the mentioned causes by wives were due to problems with their husband's relatives (especially problems with their mother in-law). Women justify this, as because they live in an extended families the conflicts with their husbands increased, and if they have a separate house these conflicts will be decrease. The second cause of violence, as revealed by the present study, was financial or economic problems. This result is similar to that reported by Kandeel *et al.*, 2003. Also Tadros, 1998 concluded that a main reason for violence was expenses, either in terms of the women merely

asking for house expenses or because husbands believe that the women over spend. Also UNICEF, 2000 emphasized that lack of economic resources underpins women's vulnerability to violence and their difficulty in extricating themselves from violent relationship. On the other hand, the other most mentioned causes for violence, as revealed by the present study, were failure to get house work adequately (e.g. late in preparing food and lack of house hygiene), failing to care for the children (e.g. children crying, lack of child hygiene and problems with neighbor children). This result similar to that reported by Armstrong 1998, that among the events that trigger violent responses were failing to care for the children or home and not having food ready on time. In addition, the present study also showed that some of wives mentioned that their refusal to have sex with their husbands was the cause of marital conflict in many cases. This result coincides with those studies done by Kandeel *et al.* 2003, Abou El-Naga 2001, Armstrong 1998 and Tadros 1998. The present study shows that as the educational level of both wives and husbands increases, the episodes of violence decreased. This finding was supported by Kandeel *et al.*, 2003, Abou El-Naga 2001, Smith & Maurer 2000 and Population reports in 1999. The present study shows that as the educational level of both wives and husbands increases, the episodes of violence decreased. This finding was supported by Kandeel *et al.*, 2003, Abou El-Naga 2001, Smith & Maurer 2000 and Population reports in 1999. The results of this study shows that wives who were married to a relative and faced violence represents 43.3% from the total wives who had consanguinity with their husbands. While Abou El-Naga 2001, reported that women who were married to a relative were significantly more encountered among battered wives (56.70%) than non

battered group (41.30%). The present study revealed that wives who experienced violence and had children represents 74.8%. This means that violence increases in families with children.

Wives' age play an important role in the occurrence of violence, the present study revealed that wives faced violence were significantly younger. It means that as the age of wife increase, the lesser that she experience violence. This result was consistent to that reported by Kandeel *et al.*, 2003, Abou El-Naga 2001, Hassan 1997, and Goldberg & Tomlanovich 1984. The present study highlighted how wives perceived domestic violence and how they react with it. A qualitative study [FGDs] was carried out to explore the nature of domestic violence as perceived by wives. The following questions guided the analysis of the data: what the term domestic violence means? What are the types of domestic violence faced participants? What are the factors influence domestic violence? What is the reaction of wives towards domestic violence?. El Rafei and Mekheimer, 2004 stated that, interventional studies are lacking, especially in developing countries. Egypt is no exception- only limited studies can be found on what is acknowledged to be a pressing topic. Wife beating is very much under- reported and under- documented; due to the social conventions and pressures that lead individuals to keep silent about this issue. The human cost in grief and pain is difficult to calculate. Its prevalence is also under estimated around the world as it can be defined only against a backdrop of local cultures, traditions and customs. The result of the present qualitative study supports that of the quantitative study. It shows that, several factors were mentioned by the participants to be the most causes that can emerge a marital conflict on the home; it

included the household duties, financial causes and concern for children.

## CONCLUSION:

Based on the findings of the present study, it can be concluded that, the main causes of domestic violence against women were mothers in law problems due to living in a shared house with extended families, household duties problems, children problems, sexual and financial causes. Demographic factors contributing to a predisposition for violence were pinpointed. These include a wife and husband age and education, wife age at marriage, family type and having children. Societal factors included cultural norms and attitudes play an important role in the wife decision to don't leave the home although experiencing domestic violence.

## RECOMMENDATIONS:

From the results of the present study the following could be recommended:

- 1-Reaching out the men to change their behaviors is an important part of the solution of the problem.
- 2-The primary goal is to make men accept personal responsibility for their violent behavior and to teach them non- violent way to manage their anger and inter-personal conflict.
- 3-Health education programs should be directed toward increasing awareness of people about the problem of domestic violence.
- 4-More studies should be conducted about the magnitude and prevalence of domestic violence and how to manage it.
- 5-Focus discussion sessions in this field of study was lack, so it should be increased as it helped women to overcome their structural

isolation and realize that their individual sufferings have social causes and are, in some ways, shared by other women.

## REFERENCES:

- Abou El-Naga A. (2001): Battered wives in Alexandria: a community based study; 31(2): 290-390.
- Armstrong, A. (1998): Culture and choice: lessons from survivors of gender violence in Zimbabwe Research project; and visaria, leela.1999."violence against women in India: A summary report of three studies, by the international center for Research on women, pp.9-17; 1999. Washington, D.C.: International center for research on women (ICRW).
- Bohn D.K. (1990): Domestic violence and pregnancy. J. Nurse Midwifery; 35:86-98.
- Bureau of Justice Statistics Crime Data Brief (2003): Intimate partner violence, 1993-2001, February, 2003.
- Campbell. J. *et al.* (2002): Health consequences of intimate partner violence. The Lancet 359(9314):1331-1336(April 13, 2002).
- Douki S., Nacef F., Belhadj A., Bouasker A., Ghaachem R. (2003): Violence against women in Arab and Islamic countries. Arch. Women Ment. Health. Aug; 6(3): 165-171.
- El Rafei M., & Mekheimer S. (2004): "Community-based advocacy to Identify and to reduce domestic violence against females. In an Upper- Egyptian village" partnership in development research. Research Briefs, No.12.
- El-Zanaty F., Hussein E.M., Shawky G.A., Way A. A. (1996): Egypt Demographic and Health survey. Cairo:National population council; 200-215.
- Gage, R. B. (1990): consequences of children's exposure to spouse abuse. Pediatric Nursing. 16(3):258-260.
- Goldberg W.G., Tomlanovich M. C. (1984): Domestic Violence Victims in Emergency Department JAMA; 251(24): 3259-64.
- Hassan MHAH (1997): Medicolegal study on trauma among adult females referred to Emergency Department of Alexandria Main University Hospital. Master thesis in Forensic Medicine and Toxicology, faculty of Medicine, Alexandria University.
- Johnson, C. (1997): "Violence against women": an issue of human rights" gender action 1(4):1-4 Washington, D.C.: Office of women in development, United states agency for international development.
- Kandeel H., Toama Z., Sobhy S., and Yassin S. (2003): Identifying the patterns and factors contributing to domestic violence against pregnant women, ASNJ. Vol. 2, No. 2.
- Leebov Jean C, Eroze LW, Eroz CJ (1991): The health care manager's guide to continuous quality improvement. American Hospital Publishers, 105-9.
- National Center on Child Abuse and Neglect (NCCAN). (1996c): What is child abuse and neglect? Washington, DC: National clearing house on child abuse and neglect.
- National Research Council (1996): Understanding Violence Against Women. Washington (CD): National Academy Press; 1996. p. 74-80.
- Nelson E., Zimmerman C. (1996): Household survey on domestic violence in Cambodia. Ministry of women's Affairs, Project against Domestic Violence, Cambodia.

- Newton, C. J. (2001): Domestic violence: An overview, February, Mental health journal.**
- Parker, B., Mc Farlane, J., & Soeken, K. *et al.* (1993): Physical and emotional abuse in pregnancy: A comparison of adult and teenage women. Nursing Research, 42(3), 173-178.**
- Population reports (1999): Ending violence against women. December 1999; 25(11): 43-54.**
- Rodgers K. (1994): wife assault: The findings of a national survey. Jurist at service bulletin, statistics Canada, 14(9).**
- Smith C.M& Marurer F. A. (2000): "Violence: A social and family problem" Community Health Nursing, 2<sup>nd</sup>. ed., chapter 21, P: 584.**
- Tadros M. (1998): Right less women, heart less men. The legal Research and Resource Center for Human Rights [LRRC]. Cairo, Egypt.**
- Zayed A., Nasr S. (1996): Assumptions surrounding violence in daily life in the Egyptian community. J. Nati Crimes 1996; 39(2): 1-15.**

العنف الأسرى ضد السيدات المترددات على العيادات الخارجية  
بمستشفيات جامعة أسيوط  
أسماء غريب محمد\*، همام محمد همام\*\*، محاسن أحمد عبد الواحد\*\*\*،  
هدى دياب فهمى إبراهيم\*، شكرية عدلى لبيب\*  
\* قسم تمريض صحة المجتمع بكلية التمريض - جامعة أسيوط  
\*\* قسم طب المجتمع بكلية الطب - جامعة أسيوط  
\*\*\* قسم تمريض صحة المجتمع بكلية التمريض - جامعة الأسكندرية

تهدف هذه الدراسة إلى دراسة حجم العنف الأسرى بين المترددات على العيادات الخارجية بمستشفيات جامعة أسيوط والتعرف على العوامل التي تساعد على حدوث العنف الأسرى. وقد أجريت الدراسة على ١٠٠٠ سيدة ممن تتراوح أعمارهن ما بين ١٨-٤٩ عاماً، واللائي يترددن لطلب الخدمة من بعض العيادات الخارجية بمستشفيات أسيوط الجامعية، وهي عيادة الحوامل وعيادة أمراض النساء وعيادة تنظيم الأسرة وعيادة العقم. وقد تم جمع بيانات هذه الدراسة كمي وكيفي بطريقتين الأولى هي المقابلة الشخصية والتي استخدمت لجمع البيانات الشخصية والاجتماعية، تاريخ التعرض للعنف والأسباب وراء حدوث العنف وتأثير العنف على الناحية الصحية للمرأة. والثانية هي الجزء الوصفي عن طريق عقد مناقشات المؤثرة لبعض المجموعات من السيدات لمناقشة مشكلة العنف الأسرى ومعرفة أداء السيدات تجاه العنف الأسرى، وقد تم جمع بيانات هذه الدراسة في الفترة من أكتوبر ٢٠٠٣ إلى سبتمبر ٢٠٠٤ .

وقد أظهرت النتائج ما يلي : بالنسبة للحالة التعليمية فإنه وجد أن (٥٤.٢٪) من الزوجات وحوالي ثلث (٣٤.١٪) من الأزواج أميين، بينما (٢١٪) من الزوجات، (٣١.٣٪) من الأزواج تخرجوا من مدارس ثانوية. كانت الأغلبية من السيدات ربات منزل بينما (٢٥.٤٪) من الأزواج موظفين. وبالنسبة لمحل الإقامة أكثر من ثلاثة أرباع (٧٨.٢٪) من عينة الدراسة كانوا من أماكن ريفية بالمقارنة بـ (٢١.٨٪) من أماكن حضرية. وبالنسبة لتاريخ تعرض الزوجات للعنف فإنه وجد أن (٤١.٣٪) من عينة الدراسة تعرضن لنوع أو أكثر من العنف. كان العنف الجسدي في صورة زق، ضرب، زق على الأرض، وشد شعر بنسب (٤٥٪، ٨٢.٨٪، ٤١.٢٪، ٣٥.٨٪) بالتتابع. وقد أظهرت الدراسة أن من بين العنف النفسي الاجتماعي للزوجات اللائي تعرضن للعنف (٨٩.٣٪) منهن عنفوا لفظيا كذلك أظهرت النتائج أن ثلث أسباب العنف الأسرى كانت ترجع إلى مشاكل خاصة مع أسرة الزوج، بينما (٢١٪) من الأسباب ترجع إلى مشاكل مادية، (٢٠.٨٪) ترجع إلى مشاكل خاصة بشئون المنزل. وبالنسبة للتأثير النفسي الاجتماعي للعنف على صحة الزوجات فقد أظهرت الدراسة أن (٤٥٪) من السيدات اللائي تعرضن للعنف لا يخبرن أحد عما حدث لهن وتجعل ذلك بداخلها فقط، بينما (٣٠.٥٪) منهن لديهن الشعور يعانين من الشعور بالوحدة. ولقد أظهرت نتائج هذه الدراسة وجود علاقة ذات دلالة إحصائية بين تعليم الزوج والزوجة وحدوث العنف حيث أنه لوحظ كلما ارتفع المستوى التعليمي لأي منهما كان حدوث العنف أقل، وكذلك تبين وجود علاقة ذات دلالة إحصائية بين عمر الزوجة وحدوث العنف، حيث وجد أن حوالي ثلث السيدات اللائي تعرضن للعنف كانت أعمارهن تتراوح ما بين (٢٠-٢٤ سنة)، (٢٤.٩٪) منهن كانت أعمارهن ما بين (٢٥-٢٩ سنة). وقد أظهرت نتائج الجزء الوصفي من الدراسة أن السيدات اللائي لم يتعرضن لأي نوع من العنف الأسرى منذ الزواج ذكرن أن الحب والاحترام بين الزوجين كان السبب وراء بقاء الحياة مستقرة إلى الآن. وقد استخلصت الدراسة أن العنف الأسرى هو مشكلة عامة ينتج عنها آثار جسمانية ونفسية واجتماعية تؤثر على صحة المرأة . وقد أوصت الدراسة بأنه يجب أن توجه برامج التثقيف الصحي نحو زيادة الوعي حول مشكلة العنف الأسرى وأثارها على صحة الأسرة ككل كما يجب أن توجه الدراسات نحو دراسة حجم ومعدل انتشار العنف وكيفية التصدي له



