Domestic Violence and Female Genital Mutilation

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Introduction : Wife beating by their husbands was reported by 35% of women responding of EDHS-95 (Egyptian Demographic Health Survey) results, while female circumcision was universal among them (97%).

Objective: To determine the association between female circumcision and attitude of Egyptian women towards wife beating by husbands.

Methodology: Secondary analysis of women status questionnaire of EDHS95 was conducted. The characteristics of wife beaten including their circumcision status were investigated using tests of significance. Acceptance that husbands are justified to beat wife was examined against different women characteristics. Multivariate analysis was conducted to determine if the practice of female circumcision leads to women acceptance of beating per se or education, work, economic levels and residence influence that acceptance.

Results: Showed that ever beaten women were universally circumcised (99%), mostly from rural areas, living in lower economic levels, not educated or had primary education, married to uneducated husband or who had primary education, and not working in their majority. Acceptance of husbands are justified to beat wife was more likely to be 7.5 times among circumcised women than not circumcised ones. Results of multivariate analysis showed that this influence is still the strongest determinant even after introduction of education, working, economic level and residence variables.

Conclusion: The study concludes that female circumcision shapes the attitude of women to accept abuse and beating.

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INTRODUCTION

Domestic violence, which is also called spouse abuse, intimate partner abuse, battering, and partner violence, is when an individual is in some way hurt by a person that he or she knows. These "hurts" are not limited to physical harm: a person can also be sexually abused or psychologically abused. Often a victim is hurt in more than one of these ways. Domestic violence usually continues over a long period of time and gets more frequent and more severe over time. Family and Domestic Violence is a crime. It is where one partner uses direct or threatened physical, sexual, economic or psychological violence in order to establish and maintain power and control over another person. (American Psychological Association, 1996).

World Health Organization (WHO) convened a Technical Working Group and defined Female Genital Mutilation (FGM) as "the removal of part or all of the external female genitalia and/or injury to the female genital organs for cultu-

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ral or other non-therapeutic reasons" FGM is usually performed by traditional practitioners, (the WHO is opposed to the medicalization of this procedure) on girls and young women of any age (but the average age is decreasing).

Literature review

Family violence (e.g., intimate partner violence, child abuse, and elder abuse) is a well-documented social and public health problem that physicians are uniquely positioned to play a crucial role in addressing (Hendricks-Matthews 1992). An estimated 12% to 30% of women are assaulted by their male partners at least once during the relationship (Ferris et al 1997) Victims and/or witnesses of family violence seek care in all medical settings more often than do persons without such a history (Goldman et al, 1995), overuse medical services (Koss et al 1991), and may be aided through intervention by physicians (American Medical Association, 1996)

Ratner, (1995) found that women who reported exposure to wife abuse within the previous year were more likely than women free of abuse to have terminated their marriage, to have visited an emergency room, to have been hospitalized, and to have contacted public health nurses, psychiatrists, and psychologists, in the preceding year. They also were more likely to have sustained large bruises, lacerations, sprains or strains, and to have more frequent headaches and backaches, psychiatric morbidity, and alcoholism than women free of abuse were. The abused women were likely to have more education than their partners, relatively lower total household incomes, and partners who were unemployed.

Adults who grew up in a violent home are more likely to become abusers or victims of domestic violence. They may see abuse as a "normal" way of life. One third of the women who are physically abused by a husband or boyfriend grew up in a household where this happened to their mother. About 1 in 5 were abused themselves as children. Adults who were abused as children have an increased risk of abusing their own children. They may not be able to see that their behavior is damaging, because it how they were raised. Sometimes domestic violence includes child abuse. When a spouse or partner is being abused, sometimes abuse of children in the house becomes part of abusing the partner. (Cycle of Abuse by American Medical Association 1996)

According to results of Egyptian Demographic Health Survey (EDHS, 1995), one out of three ever-married Egyptian women has been beaten at least once since marriage (35%). Among women who reported being beaten, 18.3% said that they were hurt as a result of beating, 10.2% needed medical attention after beating and less than half (47.2%) sought help. Pregnancy does not necessarily protect women from beating. Overall about one third of women reported ever being beaten, have been beaten during pregnancy. Most ever married women agree that husbands are at least sometimes justified in beating wives (86%).

El-Hadad et al (1998) investigated domestic violence in Egypt when they interviewed one hundred women attending an MCH center at Alexandria. They found that the incidence of abuse in that sample was 76%. Three quarters of them mentioned that husbands yell at them, while almost half of them were cursed or called names by their husbands while 59% were physically abused. As a reaction of abuse, 33% of women left home while 25% thought of leaving but did not while 40% remained at home and had a negative reaction. Those who left

home were mostly to their own families ones (43%). The own families helped in counseling and re-union in 18% while in laws helped in 32%. One third of this sample had conflict with husbands over money and 20% over children. Women in this study reported that only 8% of their husbands are either drug or alcohol abusers. For previous history of abuse, 59% of them were abused by their parents and 48% mentioned that they witnessed their mothers being abused. Sixty percent of these women mentioned that they hit their children while 56% of their husbands did. The study found that 95% of the sample had a low self-esteem, which was significantly correlated to physical abuse.

It is estimated that more than 120 million females have undergone female genital mutilation (FGM) and that 2 million more girls are at risk of mutilation each year. FGM has often been referred to as female circumcision and compared to male circumcision. However, such comparison is often misleading. A more appropriate analogy would be between clitoridectomy and penisdectomy where the entire penis is removed. Family honor, cleanliness, protection against spells, insurance of virginity and faithfulness to the husband, or simply terrorizing women out of sex are sometimes used as excuses for the practice of FGM. Because of the large number of cases of FGM and some of the deaths it has caused, FGM is now outlawed in some European countries (Britain, France, Sweden, and Switzerland) and some African countries (Egypt, Kenya, Senegal).(National Organization of Circumcision Information Resource Centers ,1995)

The practice of female genital mutilation predates the founding of both Christianity and Islam. Though largely confined among Muslims, the operation is also practiced in some Christian communities in Africa and Ethiopian Jews (Falashas). HIV transmission, and shock; long-term complications such as keloid scar formation, painful intercourse, chronic infection, and problems in pregnancy and childbirth. Psychological problems are associated with sexual dysfunction caused by painful intercourse, the loss of trust in care-givers, and depression.(Dorkenoo, 1996). The practice seems to be rooted in both African tradition and Islamic beliefs, although many Islamic countries do not practice female circumcision. The main motivation seems to be in controlling women's sexual urges, and the belief that circumcision makes a woman more feminine. (Wiens , 1996).

Ericksen (1995) mentioned that although institutional efforts to eliminate the practice in Egypt will meet with resistance, significant demographic shifts already taking place are producing changes in family systems and the opportunity structure that coincide with the abandonment of excision in key sectors of the urban population

Karim (1997) discussed the effect of female circumcision on sex behavior and mentioned that it starts by sex phobia developed at time of surgery and proceeds to vaginismus and abnormal spasms during coitus. He mentioned that the deprivation of normal sexual genital feelings from the female has a direct effect on her marital status and sexual relationships.

In her study, Khattab (1996) found that rural women perceived female circumcision as a hygienic and beautifying practice. They claimed that beautifying means removing the part that would otherwise make them look like men. Psychosexual impact of female circumcision was investigated by Lotfy & El-Defrawi (1995) to find significantly more circumcised women complained of

dysmenorrhea (80.5%), reported vaginal dryness during intercourse (48.5%), lack of sexual desire (45%), and having difficulty to reach orgasm (60.5%) than those not circumcised. Although that more than two third of them (69%) recalled the circumcision as a painful and harmful experience, however 61% of them appeared willing to circumcise their daughters. Again the authors (El Defrawi et al, 1996), described the prevalence of female circumcision at Ismailia to reach 75% and it was higher among rural vs urban women and among the less educated ones. While Wassif et al (1994) found that mothers aged 40 years and over, married at age less than 20 years , housewives, illiterate and those living in rural areas are more significantly practicing daughter circumcision. They stated that the level of husband education was the only significant factor influencing the continuation of this practice. The main reason for this practice was the preservation of morals and customs. Sayed et al (1996) found that a total of 67% of the fathers of girls who had undergone FGM at Upper Egypt and 92% of their mothers were illiterate.. The most prevalent reason for FGM was that it followed customs and traditions (77%). On the other hand, El-Sheneiti (1998) mentioned that parents were mostly asking for female circumcision for their daughters due to their belief that it is recommended by Islam or to prevent corruption of girls, to control their sexual drive, as a treatment of long labial or repeated vulval infection and as a method to cope with a sexually defective husband in the future.

Alaa El-Din and Moustafa (1998) found that the practice of Female Circumcision in Upper Egypt is deeply rooted in the minds of mothers, and fighting it should be through correcting wrong beliefs associated with it.

SUBJECTS AND METHODS

The present study aims to determine the association between female circumcision and attitude of Egyptian women towards wife beating by husbands. Secondary analysis of women status questionnaire of EDHS95 was conducted. The characteristics of wife beaten including their circumcision status were investigated using tests of significance. Acceptance that husbands are justified to beat wife was examined against different women characteristics. Multivariate analysis was conducted to determine if the practice of female circumcision leads to women acceptance of beating per se or education, work, economic levels and residence influence that acceptance.

RESULTS

The analysis of the data showed that circumcised women (Table 1) were significantly younger, less educated, not working, living in poorer and rural households and married to less educated husbands than not circumcised ones were. Similarly, ever-beaten women (Table 2) were significantly less educated, not working, living in poorer and rural households and married to less educated husbands than the never beaten ones. All of them (99%) were circumcised.

Eighty Six percent of the women accept that husbands are justified to beat wives for one or more reasons (Table 3). The most accepted reason was refusing sex with him and the least was burning the food. Those accepting beating from husbands had the same characteristics, i.e. they were significantly younger, less educated, not working, living in poorer and rural households

Table 1
Characteristics of Study Population According to Circumcision Status

	Not circumcises		Circumcised		X^2
	Freq.	%	Freq.	%	P
Age:					
< 30 years	53	25.4	2610	37.7	12.9
>30 years	154	48.6	4310	26.3	0.000
Education:					
Not educated	20	9.6	3136	45.3	333.9
Primary education	5	2.2	1788	25.8	0.000
More education	185	88.2	1996	28.8	
Husband Education:					
Not educated	16	7.7	2206	31.9	214.6
Primar education	4	1.8	1967	28.4	0.000
More education	187	90.5	2748	39.7	
Economic level:					
High/ high - moderate	64	45.3	1130	16.3	118.6
Moderate/low	113	54.7	5791	83.7	0.000
Residence:					
Urban	187	90.6	3126	45.2	166.5
Rural	19	9.4	3795	54.8	0.000
Work:					
Not working	133	64.3	5845	84.5	60.0
Work for cask	74	35.7	1076	15.5	0.000
Total	207	2.9	6921	97.1	7128

Table 2
Characteristics of Study Population Aaccording to Beating Status

	Never Beaten		Ever beaten		X^2
	Freq.	%	Freq.	%	P
Age:					
< 30 years	1752	37.9	911	36.3	1.7
>30 years	2868	62.1	1596	63.7	0.192
Education:					
Not educated	1817	39.3	1339	53.4	414.7
Primary education	1012	21.9	780	31.3	0.000
More education	1790	38.7	389	15.5	
Husband Education:					
Not educated	1261	27.3	961	38.3	294.6
Primar education	1116	24.1	855	34.1	0.000
More education	2243	48.5	692	27.6	
Economic level:					
High/ high - moderate	847	18.3	377	15.0	12.2
Moderate/low	3774	81.7	2130	85.0	0.000
Residence:					
Urban	2310	50.0	1003	40.0	65.3
Rural	2310	50.0	1505	60.0	0.000
Work:					
Not working	3724	80.6	2254	89.9	103.2
Work for cask	896	19.4	254	10.1	0.000
Circumcision					
No	180	3.9	27	1.1	46.2
Yes	4440	96.1	2481	98.9	0.000
Total	4620	64.8	2508	35.2	7128

Table 3
Distribution of Acceptance That Husband is Justified to Beat Wife

Husband is justified to beat wife	Freq.	%
If she burned the food	1936	27.2
If she neglected children	3626	50.9
If she answered him back	4926	69.1
If she talked to men	4577	64.2
If she wasted money	3060	42.9
If she refused sex	4980	69.9
Acceptance (for any of these reasons)	6159	86.4
Not accepting	968	13.6

N=7128

Table 4
Characteristics of Study Population according to Acceptance of Husband Beating

	Never Beaten		Ever beaten		X^2
	Freq.	%	Freq.	%	P
Age:					
< 30 years	311	32.1	2352	38.2	13.2
>30 years	657	67.9	3807	61.7	0.000
Education:					
Not educated	208	21.5	2948	47.9	614.7
Primary education	134	13.9	1658	26.9	0.000
More education	626	64.7	1552	25.2	
Husband Education:					
Not educated	163	16.8	2059	33.4	360.9
Primar education	136	14.1	1834	29.8	0.000
More education	669	69.1	2266	26.8	
Economic level:					
High/ high - moderate	223	23.1	1000	16.2	28.4
Moderate/low	745	76.9	5159	83.8	0.000
Residence:					
Urban	679	70.1	2634	42.8	251.3
Rural	290	29.9	3525	57.2	0.000
Work:					
Not working	615	63.6	3562	87.1	341.7
Work for cask	353	36.4	797	12.9	0.000
Circumcision					
No	107	11.0	100	1.6	261.1
Yes	862	89.0	6059	98.4	0.000
Total	968	13.6	6159	86.54	7128

Table 5
Multivariate Analysis of Influence of Female Circumcision on Acceptance that Husband is Justified to Beat Wife

	Model 1	Model 2	Model 3
Female circumcison	7.5***	3.4**	2.6***
Ref: (Not circumcised)	1.0	1.0	1.0
Education:			
Not educated		1.5***	1.4***
Primary education		1.4***	1.4***
Ref (more educated)		1.0	1.0
Husband Education:			
Not educated		1.3**	1.3**
Primary education		0.8**	0.8**
Ref (more educated)		1.0	1.8
Work:			
Not working		1.5***	1.5***
Ref: (work for cask)		1.0	1.0
Economic level:			
Moderate/low			1.2**
Ref (High/ high - mod.)			1.0
Residence:			
Rural			1.4***
Ref (Urban)			1.0
Model Significance	***	***	***

*P < 0.05 **P<0.01 *** P<0.001

and married to less educated husbands and they were more circumcised than those who were not accepting.

In spite that the characteristics of those were circumcised, beaten and accepting husband beating were the same, multivariate analysis (table 5) showed that women who were less educated, not working were more likely (1.5 times) and being married to less educated husband (1.3) to accept beating. Also living in poorer and rural households is more leading cause (1.2,1.4 times respectively). But the strongest determinant was female circumcision. Circumcised women were more likely to accept violence 7.5 times those not circumcised and even 3 times after controlling for education, work, economic and rural residence.

DISCUSSION

In a previous study, Refaat & Dandash (1998), found that the Egyptian women are moderately empowered and moderately protected from violence. The prevalence of domestic violence is 35%

in Egypt. It is more in rural areas and among lower income classes or less educated groups. But it is still a fact that 40% of the beaten women are from urban areas and 16% of them had more than primary education and 28% married to educated husbands. Fifteen percent are living in high economic levels and 10% are working for cash. That may make the problem more than socio-economic conditions. The same socio-economic conditions apply for those who were circumcised.

The psychological and sexual impact of female genital mutilation were discussed by literature (Lotfy & El-Defrawi 1995, Dorkenoo,1996, Karim, 1997). While Khaled & Vause (1996) considered it as a continuous abuse. The present study results showed that the majority of the Egyptian women are circumcised (97%), accepting that husbands are justified to beat wives for at late one reason (86%) and the most accepted reason was refusing sex with husband (70%). The results of the multivariate analysis showed how that practice of female circumcision on young girls would affect their acceptance of beating and violence whatever their future educational level, working status, economic level or residence.

CONCLUSION

The study concludes that female circumcision shapes the attitude of women to accept abuse and beating. The practice of FGM on young girls leads to their future acceptance of violence from husbands mainly for refusing sex with them.

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العنف الأسرى والتشويه الجنسى للإناث

قررت ٣٥٪ من السيدات المجيبات لنتائج المسح الصحى الديموجرافى لمصر (١٩٩٥) حدوث ضرب الزوجات من قبل أزواجهن بينما كانت نسبة إجراء ختان الإناث عالية جدا بينهم (٩٧٪) والهدف من الدراسة الحالية هو تحديد العلاقة بين ختان الإناث ووجهة نظر السيدات المصريات فى ظاهرة ضرب الأزواج لزوجاتهم وتم عمل تحليل ثانى لبيانات استمارة وضع المرأة فى المسح الصحى الديموجرافى ١٩٩٥ وتم بحث الصفات الخاصة بالمرأة التى يتم ضربها بما فيها حالتها من الختان باستعمال اختبارات الدلالة الإحصائية. وتم اختبار القبول بان الزوج له مبرر فى ضرب الزوجة تبعا للصفات المختلفة للمرأة وتم عمل اختبار تحليل متعدد المتغيرات لتحديد ما إذا كان لختان الإناث فى حد ذاته تأثير على هذا القبول من المرأة أم أن للتعليم والعمل والوضع الاقتصادى ومكان الإقامة أثرهم فى هذا القبول.

وأظهرت النتائج أن السيدات اللاتى سبق وتعرضن للضرب كن مختتنات بصورة عامة (٩٩٪) ومعظمهن من الريف ومن مستوى اقتصادى منخفض ولسن متعلمات أو متعلمات إلى المرحلة الابتدائية ومتزوجات من أزواج غير متعلمين أو متعلمين حتى المرحلة الابتدائية ومعظمهن لا يعملن والقبول بأن للزوج مبرر فى ضرب الزوجة كان سبع مرات ونصف بين السيدات المختتنات عن الغير مختتنات وأظهرت نتائج التحليل المتعدد المتغيرات أن هذا التأثير يظل من أقوى المحددات حتى بعد إدخال المتغيرات الخاصة بالتعليم والعمل والمستوى الاقتصادى ومكان الإقامة وتخلص الدراسة بان ختان الإناث يشكل اتجاه السيدات لقبول العنف والضر.