

# Community-based Study to Describe the Different Forms of Violence against Women in Greater Cairo, Egypt

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## Abstract

**Background:** Violence against women is an urgent criminal and major health problem with devastating consequences for women, children, and families. It is the most pervasive yet least recognized human rights abuse in the world. **Objectives:** This study was done to assess the perception and experiences of women and girls in the reproductive age group (18-49) towards violence and to reveal their current knowledge about the available services & laws. **Subjects and Methods:** A cross-sectional survey was conducted among women and girls in the reproductive age group (18-49) from four informal urban communities in greater Cairo Ezbet El Haggana, El-Marg, Manshit Nasser, and El-Mokattam using a structured interview questionnaire for four target groups of women (Domestic workers, Female sex workers, victims of violence, Women living with HIV). **Results:** The most frequent stated causes of VAW were traditions and customs (77%) followed by economic reasons (60%), most of the female (57%) respondents agreed that discussing it as a family was the most common response, 42% stated that cases are not usually reported. DWs were the least group who experienced violence in the past 6 months, however, they were the highest group (72%) who reported seeking help when exposed to violence followed by 60% Victims of violence, 17% WLHIV and the least 7% FSWs, these differences were found to be highly significant (p-value =0.000). **Conclusion:** Domestic violence against women is among the most challenging health problems with morbidity consequences. Its etiology is mostly multifactorial. However, many of these risk factors could be potentially controlled.

**Keywords:** Public health problem, exposure to violence, women

## Introduction

Women's violence is a serious criminal and public health issue that has catastrophic effects on women, children, and families. It is the world's most widespread yet least recognized human rights violation. It is found in communities and countries all over the

world in various forms, cutting overall lines of geography, class, color, age, and religion<sup>(1)</sup>. "Any act of gender-based violence that results in, or is likely to result in, physical, sexual, or psychological harm or suffering to women, including threats of such acts, coercion, or arbitrary deprivations of liberty, whether occurring in public or pri-

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vate life," the United Nations defined violence. Violence against women is a worldwide problem in many countries. Intimate partner abuse affects 15 to 75 percent of women at some time in their life, according to studies. According to the findings of 80 population-based studies undertaken in 50 countries, 10 to 60% of ever-married or ever-partnered women had experienced at least one episode of physical violence by a previous partner/spouse<sup>(2)</sup>. Intimate partner violence, female genital mutilation, rape, human trafficking, sexual assault, and early marriage are all common types of violence against women. Honor killings and dowry-related violence are examples of other forms of violence against women. Furthermore, sex-selective abortion, female infanticide, and inheritance deprivation are also considered types of violence against women<sup>(1,2)</sup>. In Egypt, According to the 2014 Egyptian demographic and health survey, three in ten ever-married women aged 15-49 years in Egypt have ever experienced some form of spousal violence, with twenty-five percent saying they were subjected to physical violence, 19% emotional violence, and 4% sexual violence<sup>(3)</sup>. Almost one-fifth of women were the target of an episode of spousal violence within the last year. More than one in every three women experiencing spousal physical or sexual violence is injured as a result of the violence, and seven percent have serious injuries. Husbands are the most common perpetrators of violence, but ever-married women also report experiencing violence since age fifteen involving other perpetrators; the most commonly cited perpetrators other than the spouse were mothers/stepmothers (31%) and fathers/stepfather (26%)<sup>(4,5)</sup>. Seven percent of women reported they have experienced physical violence during pregnancy. One-third of women who experienced violence since age 15 never sought help to deal with the violence; among

those who did seek help, most turned to their families for assistance<sup>(5)</sup>. Women between the ages of 25 and 49 had a median age at first marriage of 20.8 years. Women in rural Upper Egypt marry roughly four years earlier on average than women in urban governorates<sup>(5,6)</sup>. There is a relationship between women's educational attainment and their susceptibility to violence. Educating a woman helps her become more aware of her rights and less willing to accept abuse against her<sup>(4,5)</sup>. Another cause for the prevalence of this issue, which is also tied to culture and traditions, is women's acceptance of violence and lack of awareness of their own rights. Women accept violence against them because they are so ignorant of their own rights that being battered by a husband or male family members is easy to rationalize<sup>(5,6)</sup>. Effective preventative techniques are required to prevent VAW occurrences from occurring in the first place<sup>(7-9)</sup>. Education is emphasized as one of the most important factors in reducing violence against women. Education aids in the provision of the required information on gender equality to youngsters, resulting in a new atmosphere in which men respect and treat women well in all areas<sup>(8-10)</sup>. In 2017, Egypt released a national strategy for women's empowerment to protect women's dignity and protect them from acts of abuse, as well as to put them on an equal footing with men in both the household and public arenas, allowing women to flourish in their lives<sup>(11)</sup>. Many challenges hinder forms of intervention to prevent violence against women in Egypt, some of them related to cultural values and beliefs, socioeconomic status, and gender inequalities making the issue more complicated. So, there is an urgent need, to begin with, the description of the situation appropriately to build on successful intervention efforts. The current study was carried out to

assess the perception and experiences of women and girls in the reproductive age group (18-49) from four informal urban communities in greater Cairo towards violence and gender roles. In addition to revealing the current knowledge of women and girls from the selected communities about the available services and laws.

## Subjects and Methods

### *Study design*

A baseline (cross-sectional) survey was conducted from April 2019 to August 2019 among the below-mentioned target groups and served as a basis for an interventional program that will be conducted through AL-Shehab institutional for comprehensive development. (A Non-governmental organization working on the development of the informal areas in Greater Cairo mainly targets women and children as the most marginalized and underserved populations. This study was part of a big project designed to scale up the provision of essential services (psychosocial, legal, HIV counseling and testing, and medical services) for the most marginalized and left behind women from four informal urban communities in Greater Cairo, Al-Shehab institution located in Ezbet Elhaggana in Cairo, Egypt

### *Target population and study setting*

The baseline survey was conducted targeting women and girls in the reproductive age group (18-49) from four subgroups: a) Domestic Workers (DWs): those women who are working in private households. b) Female sex workers (FSWs): those women who sell sex for commercial service. c) Women living with HIV (WLHIV): those who are surviving with HIV/AIDS (already diagnosed). d) Victims of violence: those who are already exposed to violence (of

any type) before for one or more times. This survey was conducted on the above-mentioned target groups from four informal urban communities in greater Cairo namely; Ezbet El Haggana, El-Marg, Manshit Nasser, and El-Mokattam communities. The previous abovementioned target groups were identified based on AL-Shehab experience in outreach activities. The data collection took place at Al-Shehab drop-in center for female sex workers and WLHIV and in the community center for victims of violence and domestic workers to ensure the privacy and safety of the participants with available services if needed. The study included those who agreed to participate in the study. Women and girls in the reproductive age group (18-49). Women among underserved populations are deprived of accessing medical, legal, and economic services. Data was collected using a baseline interview survey questionnaire (individual face-to-face) for the four target groups of women focusing on perception and experiences towards violence. The sample size was calculated using the Epi info 7 statistical software with a margin of error +5 at a 95% confidence level, it is determined to be 107 distributed among the four target groups as follows: FSWs (34), WLHIV (13), Victims of violence (35) and DWs (25). A convenient sample with the recruitment strategy was based on AL-Shehab experiences with outreach activities to cover the required sample size.

### **Ethical considerations**

The study got ethical approval from the Research Ethics Committee of Alexandria Faculty of Medicine with IRB No. :00012098 & FWA NO: 00018699, and the serial number for approval of the study was 0304688. From the outset of the study, it is recognized that violence is a highly sensitive is-

sue, and research on gender-based violence raises important ethical challenges. The baseline study was drawn on the international ethical guidelines for epidemiological studies and WHO ethical and safety guidelines for violence against women. These points were considered: The safety of the respondents and the research team was taken to be paramount and guide all project decisions. This was achieved by ensuring the participants the degree of anonymity and confidentiality of the researcher. Respect the study participants as well as their cultures and histories. Ensure that participation is voluntary and based on informed consent. Informed consent of subjects before data collection was obtained. Research subjects were fully aware of the nature of the research in which they were being asked to participate. Referral services or immediate assistance if needed from AL-Shehab institution. (i.e., psychological assistance, financial support, legal

services as well as treatment services through referral to specialized clinics).

## Results

### *Sociodemographic characteristics of the studied sample*

The present study included 107 females subdivided into 4 subgroups as follows: FSWs (34), WLHIV (13), Victims of violence (35), and DWs (25). Their sociodemographic characteristics are displayed in Table 1. When studying the sociodemographic characteristics of the female respondents according to their different target groups, Table 1 reveals that the age distribution of the studied female participants the mean ages for FSWs, WLHIV, victims of violence, and domestic workers were 32.24+8.41, 34.833+6.82, 31.063+7.37, and 34.640+6.04 years respectively with no statistically significant difference between them.

<b>Table 1: Distribution of the socio-demographic characteristics of the studied females according to the target group</b>					
	<b>FSWs</b>	<b>WLHIV</b>	<b>Victims of violence</b>	<b>DWs</b>	<b>Test of sig. (P value)</b>
<b>Age group</b>	(n=29)	(n=12)	(n=32)	(n=25)	
Less than 25	8(28%)	1(8%)	7(22%)	1(4%)	F test 1.486 (0.223)
More than 25	21(72%)	11(92%)	25(78%)	24(96%)	
Mean +SD	32.24+8.41	34.833+6.82	31.063+7.37	34.640+6.04	
<b>Educational status</b>	(n=30)	(n=13)	(n=34)	(n=25)	
Illiterate	9(30%)	3(23%)	2(6%)	5(20%)	X <sup>2</sup> =19.482 (0.003)
Below secondary	12(40%)	4(31%)	10(29%)	16(64.0%)	
Above secondary	9(30%)	6(46%)	22(65%)	4(16%)	
<b>Marital status</b>	(n=34)	(n=13)	(n=34)	(n=25)	
Ever married	26(76.4%)	12(92.0%)	32(94.1%)	25(100%)	McP (0.014)
Never married	8(24%)	1(8%)	2(6%)	0	
<b>Husbands drug use</b>					
Yes	15(78.9%)	8(80.0%)	8(24%)	13(52.0%)	McP significant
NO	4(21%)	2(20%)	26(76.4%)	12(48%)	
<b>Age at marriage</b>					
Mean +SD	19.333+4.234	20.100+1.96	20.613+5.61 35	20.200+3.278 7	F test 0.358 (0.783)

Significant statistical difference at p-value < or equal 0.005, McP (Montecarlo test) / F test (ANOVA)

Forty percent of FSWs and 64% of DWs had education below the secondary level while 46.0% of WLHIV and 64.7% of victims of violence had education above the secondary level with a statistically significant difference between the four groups=0.003. Three-quarters of FSWs were ever married compared to most of WLHIV, victims of violence, and DWs were ever married (92.0%, 94.1%, and 100.0% respectively), and these differences were statistically significant=0.014. The prevalence of husbands' drug use among FSWs, WLHIV, victims of violence, and DWs were 78.9%, 80.0%, 76.45 and 52.0% respectively. The mean ages at marriage for FSWs, WLHIV, Victims of violence, and DWs were 19.3+4.2, 20.1+1.9, 20.6+5.6, and 20.2+3.2 years respectively. Additionally, 70% of females are victims of violence, and their husbands had no work, followed by DWs (44%), WLHIV (27%), and the least (20%) among FSWs.

#### *Family behavior and social background during childhood in relation to the target sub-groups*

when they were asked about punishment by violence when young, witnessing mother beating, and Brother-sister discrimination (son preference), it was revealed that among the total female respondents (n=107), the FSWs were the highest percentage (29%, 25%, 19%) respectively in those three issues followed by victims of violence, DWs and lastly WLHIV, as shown in Fig. 1. the differences between the four target groups were found to be statistically significant in only two aspects (Punishment by violence when young; (p=0.022) and witnessing mother beating; (p=0.007).

#### *Knowledge & and perception of violence and of VAW term among female respondents*

Table (2) portrays the most stated form of

violence as perceived by the female respondents was slapping (n=63) followed by emotional abuse (n=58) rape (n=45), denial of education (n=44), early marriage (n=42) burning (n=40) physical abuse (n=40), unwanted kissing or touching (n=35), child abuse (n=34), FGM (n=33), denial of health services (n=29), denial of inheritance (n=29) while the least perceived sexual assault as a form of violence (n=25).

**Table 2: perception of VAW term among the female respondents (n=107)**

	No.	%
• Rape	45	42
• Sexual assault	25	23
• FGM	33	31
• Unwanted kissing or touching	35	33
• Child abuse	34	32
• Physical abuse	40	38
• Slapped	63	59
• Burning	40	37
• Early marriage	42	39
• Denial of education	44	41
• Denial of health services	29	27
• Denial of inheritance	29	27
• Psychological or emotional abuse	58	54

**Table 3: Community Responses towards violence**

	No.	%
• Perpetrators taken to police	11	10%
• Cases usually not reported	45	42%
• Discuss as families	61	57%
• Cases taken to religious leaders	12	11%
• Taken to health centers	5	5%

#### *Common causes of violence and community responses towards it*

Figure (2) shows that the most frequently stated causes of VAW were as follows; traditions and customs (77%) followed by economic reasons (60%), women being ignorant of their rights (27%), women's fear of

reporting (21%), gender inequality (16%), not enforcing the law (6%), limited contribution of women to the workforce (5%), and lastly lack of legislation (2%). Regarding community responses to violence, it was noticed that the majority of the female (57%) respondents agreed that discussing

it as a family with relatives was the most common response, 42% stated that cases are not usually reported, to national authorities followed by cases taken to religious leaders (11%) or to the police (10%) and the minority (5%) stated that cases taken to the health office (Table 3).

**Table 4: Awareness of the female respondents about the existence of community support networks that address VAW according to their TG and their place of residence.**

	Yes N= 16	No N= 91	Test of significance (p-value)
Place of residence	15(25%)	45 (75%)	29.098 (p=0.000)*
Others	1	46	
TG			36.303(p=0.000)*
FSWS	0	34 (100%)	
WLHIV	2(15%)	11(84.6%)	
Victims of violence	10(29%)	25(69.4%)	
DWs	4(16%)	21(84%)	

\*= Fisher's Exact test

**Table 5: Receiving any information about violence during the past 3 months according to the four target groups**

	Yes		No		Test of significance
	No.	%	No.	%	
FSWs (n=34)	2	6%	32	94%	Mcp (p=0.000)#
WLHIV (n=13)	4	31%	9	69%	
Victims of violence (n=35)	26	74%	9	26%	
DWs (n=25)	17	68%	8	32%	
Total (n=107)	49	46%	58	54%	

#MCP (Montecarlo test)

#### Exposure to the event of violence

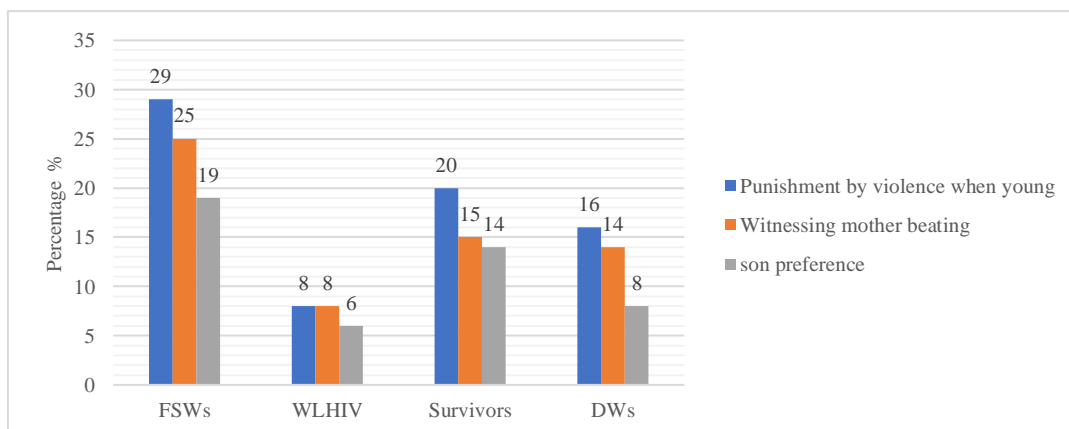
According to the different target groups, the frequency of exposure, the perpetrator of violence, seeking help, educational status, women's occupation, and husbands consumption of Alcohol or drugs. Those abused women (exposed to violence) were distributed as follows among the different target groups, the highest percentage was among the FSWS and Victims of violence (32%) Fig.3. From those who experienced violence (n=96), less than half of them (44%, n= 42) sought help. It was found that the majority of the abused women reported seeking help from their

family and relatives (76%), followed by police 14%, lawyers (8%), and religious leaders (2), the others who didn't seek help (n=54, 56%), when they were asked about the reasons, most of them agreed that "his religious right" (26%) and "hoping to change" (22%), Fig.4. It is important to mention that despite that, DWs were the least group who experienced violence in the past six months, however, they were the highest group (72%) who reported seeking help when exposed to violence followed by 60% victims of violence, 17% WLHIV and the least 7% FSWS, and these differences were found to be highly significant (p-value



=0.000). Fig. 4. As regards the most frequent types of violence stated by the abused women in the past six months, it was revealed that physical assault was the most frequent form of violence (67% of abused women) followed by emotional abuse (34%), sexual assault, unwanted kissing or touching, denial of education, denial of health services, denial of inheritance, and child abuse (8%,6%,5%,4%,4%,3%,2% respectively). Fig.5. For easier associations, Group the types of violence into four main categories as follows. 1) Sexual includes rape, sexual assault, FGM, child abuse. 2) Physical includes unwanted kissing or touching, slapping, and burning. 3) Economic includes denial of inheritance, denial

of health services, and denial of education. 4) Verbal includes psychological and emotional abuse, it was found that the most frequent form of violence was physical as stated by 48% of abused women followed by verbal (38%), sexual (11%), and economic (3%) during the past six months. On studying the most common type of violence according to the different target subgroups of women, it was found that *physical assault* was the most common type of violence among FSWs (47%), whereas 100% of WLHIV stated that *unwanted kissing or touching* was the most frequent type, while *psychological abuse* was the most common type among victims of violence and DWs (37%, 52%).



**Figure 1: Family behavior and social background during childhood about the women exposed to different forms of violence.**

#### Services and laws

It was found that 46.2% of females know FGM law. more than one-third of females (36.5%). have knowledge about the law of early marriage, (46.2%) of females have knowledge about sexual harassment law. Three-quarters (75%) of participants who live in El- Haggana and the majority (93.6%) of participants who live in other places were not aware of the existence of community support networks that address VAW. Regarding the four target groups, it was found that all FSWs (100%), most of

WLHIV (84.6%), more than two-thirds of victims of violence (69.4%), and most of the DWs (84%) were not aware of the existence of community support networks that address VAW and these differences were statistically significant  $p=0.001$ . Table 4. Of those who are aware of the existence of community support networks that address VAW ( $n=16$ ), more than half of them (56%) agreed that these networks give their support through counseling and psychological support. Table (5) illustrates that the majority of FSWs (94%) and more than three-

fifths of WLHIV (69%) did not receive any information about violent acts during the past three months while most of victims of

violence (74%) and less than three-quarters of DWs (68%) received information about violent acts during the past three months.

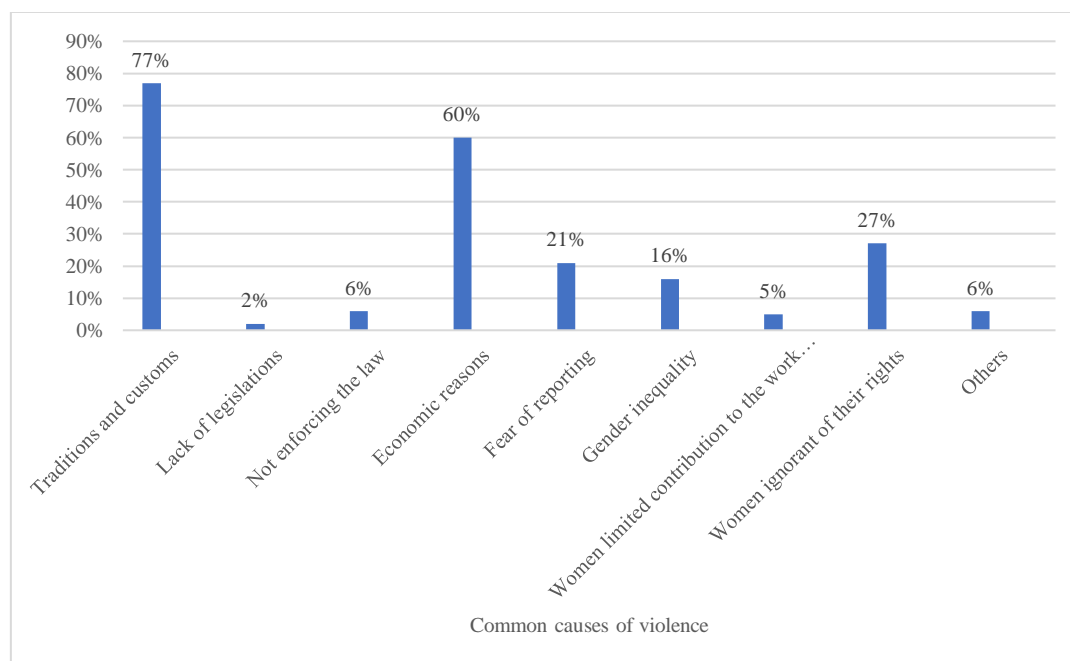


Figure 2: Common causes of violence against women

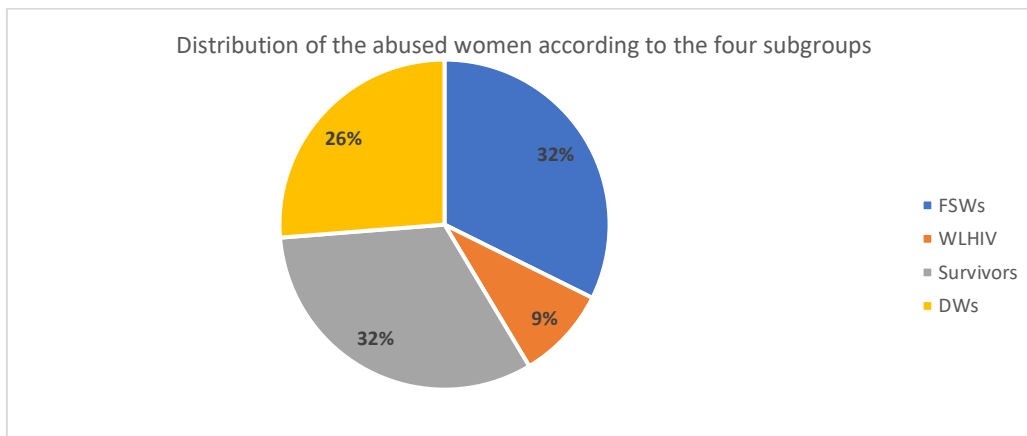
These differences were statistically highly significant  $p=0.000$ . In other words, From the total studied sample, Victims of violence were the highest group receiving information about violence during the past 3 months (53%) followed by DWs (35%), WLHIV (8%), and lastly FSWs (4%).

## Discussion

VAW is a serious health issue that can have severe consequences for women, jeopardizing their physical health as well as their self-esteem and mental well-being. It is projected to be a leading cause of death and disability among women of reproductive age over the world. A baseline (cross-sectional) survey was conducted to assess the perception and experiences of women and girls in the reproductive age group (18-

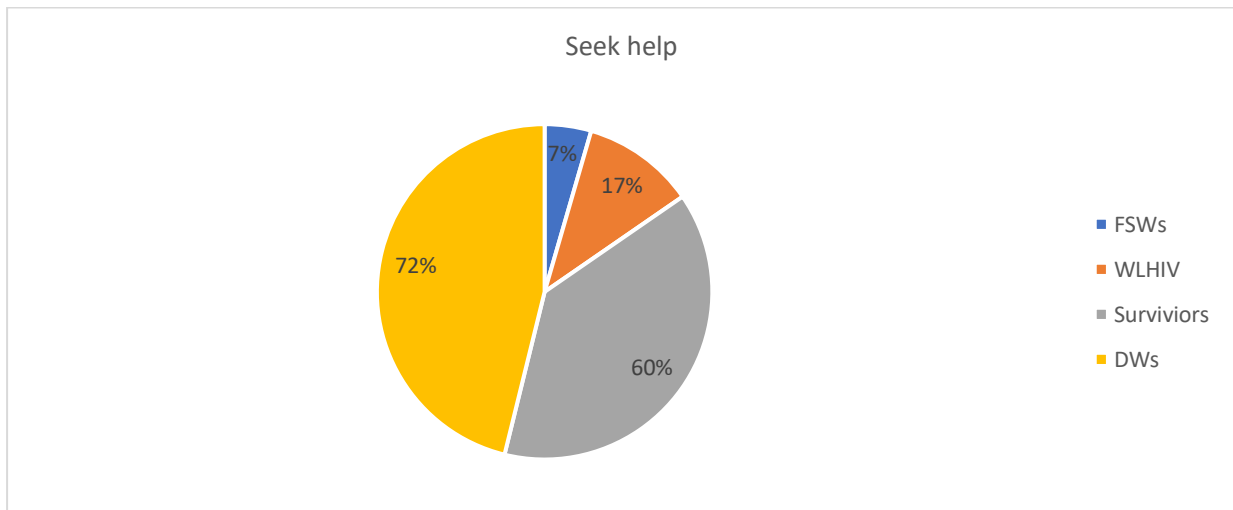
49) from four informal urban communities in greater Cairo towards violence and gender roles as well as to reveal the current knowledge of the study target groups from the selected communities about the available services & laws. This study highlights concerns about violence in four communities in Egypt, where DWs were the least group that experienced violence in the past six months, however, they were the highest group (72%) who reported seeking help when exposed to violence followed by 60% victims of violence, 17% WLHIV and the least 7% FSWs. A study carried out in three communities in Alexandria Egypt reported Nearly half of the studied women experienced spouse-beating one or more times during their marriage, with slightly higher rates among rural and squatter women than urban women<sup>(12)</sup>.





**Figure 3: Distribution of the abused women according to the women exposed to different forms of violence (**

FSWs: Female sex workers, WLHIV: Women living with HIV, Survivors: Victims of violence, DWs: Domestic workers



**Figure 4: Distribution of the abused women who seek help among the different target groups**

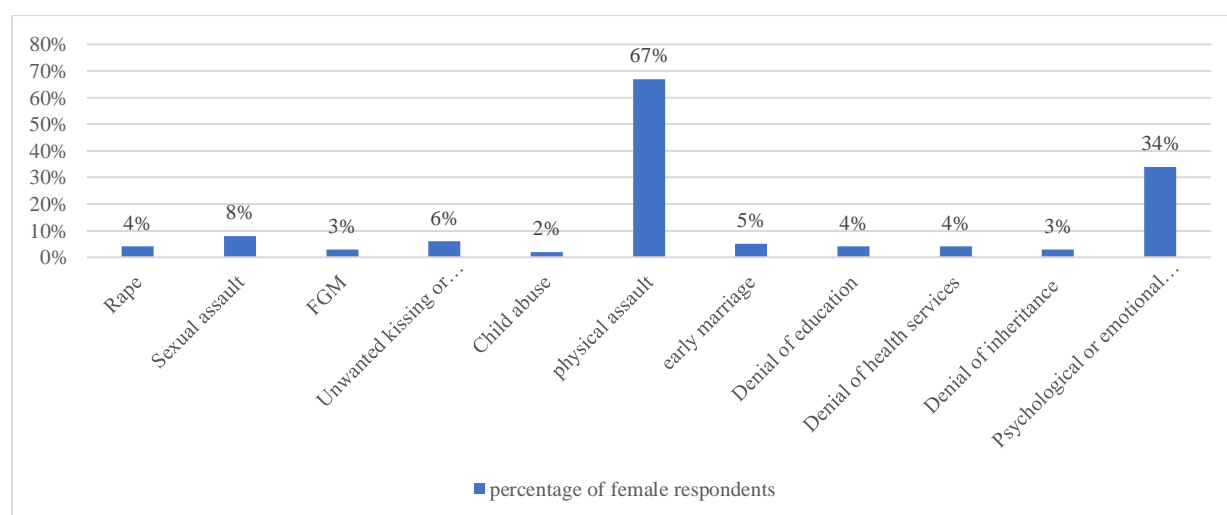
FSWs: Female sex workers, WLHIV: Women living with HIV, Survivors: Victims of violence, DWs: Domestic workers

VAW is most widespread and justified in situations when gender roles are tightly maintained, such as when masculinity is linked to toughness and dominance, according to global studies. Accepting violence as a means of resolving conflicts and the belief that men have more rights than women, including the right to control them, were other cultural norms linked to abuse<sup>(13)</sup>. As education is an important factor for violence in communities, A study conducted in Alexandria, Egypt revealed that people with a lower level of education

may be unaware that violence is a violation of human rights. Women with more education have a lower risk of being assaulted. And this matched the findings of the current investigation<sup>(12)</sup>. Poverty raises the probability of violence, as does low income, crowding, and higher parity, all of which cause males stress and frustration<sup>(14)</sup>. Domestic workers and survivors of abuse were shown to be the most vulnerable to DV in this study. This matches UNFPA and UNICEF's finding<sup>(15)</sup> that women's vulnerability to violence is based on a lack of

economic power. As in the current study, sixty percent of the causes were linked to economic factors. Poverty limits a wom-

an's ability to escape domestic abuse, acquire protection, and seek justice, and she is forced to stay in violence as a survival strategy.



**Figure 5: The frequency of different forms of violence as stated by the abused women during the past six months**

Family conduct and social setting during childhood are also crucial factors in DV. This study discovered that abused women were more likely to have been subjected to physical punishment as a child, witnessing mother beatings, and brother-sister discrimination (son preference). Others have confirmed this link<sup>(16-18)</sup>. In addition, a strong substantial link between DV and husband drug misuse was discovered, which is corroborated by another research<sup>(19)</sup>. By lowering inhibition and clouding judgment, substance usage raises the chance of aggression<sup>(14,20)</sup>. This study found that the most common type of violence stated was physical violence. That is consistent with EDHS 2005, which found that one in six Egyptian women believed wife-beating was justified in certain situations.<sup>(21)</sup> Higher percentages were reported in a study of Jordanian women<sup>(15)</sup>. Fear, dependency on abusers, feelings of failure, or the abusers' vows to change may lead to victims of domestic violence

failing to seek help<sup>(22)</sup>. And this was supported by our research, which found that most women did not seek aid. In addition, A previous on domestic violence among women attending an outpatient clinic in Cairo reported that only a small fraction (9%) of battered women sought help<sup>(19)</sup>. Help-seeking behavior among women is restricted by cultural factors, isolation, feelings of helplessness, isolation, and lack of support and transportation.

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### Competing Interests

The corresponding author was a

consultant who conducted the study for Al-Shehab institutional for comprehensive development (implementing agency)  
Other co-authors had no competing interests.

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